IMPLEMENTATION EVALUATION
OF BABY STEPS SCALE-UP

IMPACT AND EVIDENCE BRIEFING

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NSPCC
EVERY CHILDHOOD IS WORTH FIGHTING FOR
Impact and Evidence series

This report is part of the NSPCC’s Impact and Evidence series, which presents the findings of the Society’s research into its services and interventions. Many of the reports are produced by the NSPCC’s Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.
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Baby Steps is an evidence-based perinatal education programme that helps vulnerable parents prepare for parenthood. The programme has been previously evaluated, with very promising results (Hogg et al, 2015). Once services like Baby Steps have been evaluated, it is part of the NSPCC’s strategy to consider whether other agencies may be able to replicate the service – a process called scale-up. This is a way of reaching and helping more families than the NSPCC would be able to do alone.

The NSPCC is scaling up several programmes, tools and services. Baby Steps was one of the first, with scale-up starting in 2015. An implementation evaluation is being undertaken for each service to understand how the process is working and what the barriers and facilitators to scale-up are. The findings are being used to inform how the NSPCC can make scale-up of Baby Steps and other programmes more successful in the future.

This briefing summarises evaluation findings of the scale-up of Baby Steps in the first six ‘early adopter’ sites. A mixed-method approach was used, involving surveys and interviews, administered at two time points. The views of a range of stakeholders were sought including commissioners, managers, operational leads, trainers and practitioners (Baby Steps “facilitators”). The key findings were:

- The scale-up of Baby Steps progressed well, with all early adopter sites having delivered the programme during the implementation phase. It is a highly valued programme and there was a sense that the programme was helping families.
- Training for facilitators was generally very well received although there was a call for more of a focus on practical aspects of programme delivery and implementation.
- There was variation in the way Baby Steps had been implemented among the early adopter sites. Senior management support was crucial to implementation, along with the formation of a multi-agency steering group with senior management representation. A strong operational lead was also important to ensure staff were given the right support.
• Sites encountered some challenges with programme delivery, such as the time commitment required for the programme, difficulties with cross-agency working and in meeting the licence requirement for groups to be co-facilitated by health and children’s services practitioners. Having a dedicated Baby Steps team helped with some of these issues.

• The nature of funding could be problematic, with short-term commissioning cycles – sometimes of just one year – and commissioning taking place across different organisations. There was uncertainty surrounding the future of Baby Steps in two of the six early adopter sites.
Background

The perinatal period is a crucial time for laying firm foundations for babies’ emotional wellbeing and long-term outcomes. It is also an opportune time to implement prevention and support programmes. However, many disadvantaged parents, who are most likely to need support, do not receive any antenatal education or support on top of their standard midwife care. Furthermore, antenatal programmes tend to be medicalised with a focus on labour and birth, and often do not prepare parents for their new role in caring for their baby. The NSPCC, in conjunction with Warwick University, therefore developed Baby Steps: an evidence-based (Hogg et al, 2015) perinatal education programme that is designed to help vulnerable parents prepare for parenthood. It focuses on parents who need additional support, including those who may have chaotic lifestyles and who traditionally might be called ‘hard to reach’.

The programme is based on the Department of Health’s *Preparation for Birth and Beyond* framework (2011), but also incorporates evidence relating to risk and protective factors in the perinatal period. It is delivered to groups of parents over 11 sessions. It begins with a home visit, and then parents attend six weekly group sessions before the baby is born, followed by a second home visit and three more weekly group sessions after the birth. Groups are co-facilitated by a health practitioner (a midwife or health visitor) and a children’s services practitioner (family support/engagement worker or social worker). The skills mix of these different professionals is important to enable the programme to deal effectively with families’ emotional, social and physical needs. The programme is led locally by an ‘operational lead’, who is responsible for leading the implementation in their area.

The programme is very interactive and delivered through a range of engaging approaches, including discussions, creative activities and film. It covers topics like birth, breastfeeding and practical baby care that are traditionally addressed in antenatal classes. However, it also focuses on the key themes that reflect the importance of risk and protective factors in the perinatal period:

- strengthening parent–infant relationships
- strengthening couple relationships
- building strong support networks
- improving feelings of self-confidence as well as levels of low mood and worry
- helping parents to understand babies’ development.

Outcomes evaluation of Baby Steps within NSPCC service centres

Between 2012 and 2015, the NSPCC delivered Baby Steps to around 3,000 parents across the UK. The evaluation of the programme showed very promising results (Hogg et al, 2015). Parents were very enthusiastic about the programme and felt supported by it. There was positive change across a range of outcomes including an improvement in the quality of their relationship with their babies, reduced anxiety and depression, and increased self-esteem. There was also a lower caesarean rate, higher birth weight and fewer premature babies compared with the general population. You can click here to read the full evaluation report.

Evaluation of scale-up of Baby Steps by other organisations

Baby Steps is one of several evidence-based programmes being scaled up to other organisations. The NSPCC’s strategy (Link) for 2016–21 outlines the organisation’s commitment to ensuring that more children and families have access to NSPCC evaluated services. To enable this to happen, the NSPCC has embarked on a programme of scaling up its piloted and evaluated services by supporting other organisations to successfully implement them. It does this by equipping other agencies with the knowledge, motivation and skills to deliver Baby Steps, by providing implementation support, training and resources for them to use the programme. The process is led within the NSPCC by an Implementation Manager (IM) who translates learning from the delivery of Baby Steps at the NSPCC into an implementation framework that can be applied in an external environment. An implementation evaluation is being carried out for each programme, so the NSPCC can learn more about how we scale-up programmes to other organisations, what works well and what needs to be improved.

The NSPCC has been scaling up the delivery of Baby Steps since 2015, when the first six ‘early adopter’ sites were granted a licence to deliver the programme. For the most part these sites were funded by public health. Different agencies within each site were involved. When sites adopt Baby Steps, they agree to the terms set out in the licence agreement, which includes certain criteria relating to model fidelity, such as the programme being delivered by the correct mix of facilitators.

Each early adopter site received implementation support through site visits and telephone calls to assist with project planning, stakeholder engagement and troubleshooting any implementation challenges. Once sites were ‘implementation ready’ they each received training in the Baby Steps programme, with a total of 81 facilitators trained.
across the six sites. All of these sites took part in the evaluation and were trained by the original developer of the programme, Dr Angela Underdown. Since the evaluation finished there has been a transition to training being delivered by a team of NSPCC health and social work practitioners with experience of delivering Baby Steps and/or work with parents during the perinatal period.

Baby Steps training is delivered over a period of a few months. The first part consists of three days’ training, after which facilitators will start delivering their first group. Days 4 and 5 take place around a few months later. Two months after days 4 and 5 of the training, a final day’s training takes place, in which delegates reflect on video footage in relation to their work with parents. The NSPCC also provided Baby Steps manuals to each facilitator, that guides facilitators through the delivery of the programme.
Methodology

Data was collected between February 2016 and May 2017. A mixed-methods approach was adopted, with data being collected with those implementing and delivering the programme both quantitatively through surveys and qualitatively through interviews. There were two time points for data collection:

- ‘Post-training’ – soon after facilitators had received their initial training
- ‘Post-implementation’ – around 10 months after initial training had been received

Surveys

Questionnaires were designed to capture key contextual information, views of the training and Baby Steps programme, delivery experience and/or plans, support needs and perceptions of how the programme had helped families. The extent to which these topic areas were addressed varied according to whether it was post-training or post-implementation. The survey was circulated to all 81 trainees. Thirty-four people responded to the post-training survey (a response rate of 42 per cent), and 25 people completed the post-implementation survey (31 per cent)\(^2\). Survey data was collected using Snap Professional and analysed in Snap Professional and Excel.

Interviews

Thirty-six qualitative interviews were carried out, across all six sites at both time points. These were semi-structured interviews carried out over the telephone, which typically lasted between 45 minutes and an hour. Interviews focused on views of the training, views on the programme and manual, reflections on running the programme, implementation issues, support needs and future plans.

The sampling strategy entailed obtaining a cross-section across different sites and different job roles as far as possible. Interviews took place with people with a range of roles in relation to the Baby Steps programme including all operational leads and commissioners, 15 practitioners who had been trained to deliver groups, trainers and NSPCC development and implementation managers overseeing the Baby Steps scale-up project. Interviews were recorded and transcribed. They were analysed using a ‘Framework’ approach to analysis, which involves coding and summarising the data thematically, while also taking into account the data source. The coding categories were informed by Proctor’s work on knowledge transfer (Proctor et al, 2011).

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\(^2\) A small number of participants completed it twice but, since the survey could be filled in on an anonymous basis, the exact number is not known.
Results

This section describes the key findings from the evaluation, addressing implementation approaches training, experiences of delivery, adaptations to the programme, perceptions of positive changes for families and programme sustainability.

Implementation

Implementation was more likely to go to plan when commissioners were on board from the beginning and were able to offer their full support to the implementation of the programme. There was variation in the way Baby Steps had been set up across sites, with some having multi-agency steering groups with senior management support, while in others set up was more challenging due to a lack of strategic support. Senior management support could be lacking when there was a lack of awareness of the nature of the programme or its benefits, staff turnover and concerns about the costs involved. These issues were overcome by senior managers sitting on steering groups (including those authorised to sign off on proposals), and ensuring a good understanding of the programme, for example through attendance at Baby Steps training or events:

“… that would be something that I would recommend certainly to other areas is that your key, both operational leads and more strategic leads if they attend that training they will get a really good grounding and understanding of Baby Steps and all that’s required and the reasons why things are required because I think certainly I had knowledge of Baby Steps before I’d been on the training and thought, gosh there’s an awful lot of requirement in terms of supervision and it seemed I didn’t fully have a grasp of what was underpinning it all and why all those things were required but as soon as I went on the training it all became very, very clear.”

Strategic Lead

The operational lead role, responsible for leading the delivery of Baby Steps across the area, was seen as vital in the successful implementation of the programme, and an important aspect of this is providing support to practitioners. Facilitators generally felt supported, but some (mostly less experienced staff) wanted more support, for example with group facilitation skills.
Reflective supervision is an integral part of the Baby Steps programme and aims to support facilitators to improve the quality of the programme and ensure fidelity to the model. This supervision was highly valued, where it was being received.

Baby Steps was perceived to be a time-intensive programme, which could present challenges for practitioners delivering the programme, especially those who were delivering the programme in addition to their normal roles. Having protected hours for Baby Steps work, ideally a dedicated team with administrative support, was identified as a significant facilitator in the successful delivery of the programme. The programme was running more smoothly in the four sites that had this in place, indicating that having a dedicated team is linked to successful implementation.

The support provided by the NSPCC Implementation Manager (IM) in helping sites with set up, implementation and addressing emerging challenges was gratefully received by sites and seen as “helpful in sustaining motivation”. However, there was a feeling that it would have been helpful to have more of that support earlier on in the set-up stage of the programme, and it was acknowledged that the capacity of the NSPCC IM could be limited. Sites also valued the opportunity to learn from other sites through development days facilitated by the NSPCC, although sometimes such learning took place more informally as well.

Referrals were generally seen as appropriate although there was some hesitancy around child protection cases/pre-proceedings where there were plans to remove the baby. In these cases, attendance was often mandatory, which was felt to go against the ethos of the programme and could also make engagement more difficult. There were a number of suggestions for facilitating the process, such as increasing the number of pre-programme home visits, ensuring clarity on information sharing between agencies to address anxieties and additional sensitivity in relation to some aspects of the course, such as pre-birth bonding.

There could, at times, be unstable referral pathways due to poor relationships with referring agencies or a lack of commitment from midwifery to the programme. Findings suggest that it is very important to establish strong referral pathways and that the key here is building good working relationship with referring bodies. There were a number of suggestions for how this could be helped, such as running briefing sessions for midwives. It was important to ensure ongoing, proactive promotion of the programme to referrers.
Training

Generally, the training was well received, although the second part of the training, which was delivered once facilitators had started to run groups, was rated less highly than the initial part of training. Eighty-five per cent rated the overall quality of the first part as 5 (on a 5-point scale, where 5 was ‘very good’), while only 56 per cent gave the same score for the second part of the training. Perceived lack of clarity over expectations and a slower pace were cited as reasons for this.

Facilitators had a lot of positive comments about the training course and found it very motivating. They valued the opportunity for peer learning from other attendees, the fact that the content was well-evidenced and the structure of sessions. They particularly liked the fact that it was delivered by the original developer of the programme, and felt that this helped them to feel more confident:

“The trainer was awesome. Compassionate and inclusive, and she really represented what the programme was about...She was exceptionally knowledgeable.”
Facilitator

However, there were a number of suggestions relating to changes in content and delivery, such as the training being co-delivered by an experienced Baby Steps facilitator. The transition to the NSPCC Baby Steps training team may be advantageous in this respect, as trainers will have had experience of facilitating groups themselves. Facilitators thought that there was a good balance of practical and theory in the training and greatly valued the opportunity for role-play. However, they also felt that there was a lack of focus on programme delivery and implementation, specifically relating to practicalities of how the programme would be run:

“I mean we barely really talked about the manual at all and I think when you come away from it you’re still quite unaware of the structure of the programme, so we didn’t really know, like, how many sessions there’d be or that kind of thing.”
Facilitator
Experience of delivery

Most of those who had been trained to deliver groups were running them a few months after the initial training and/or were optimistic about having the opportunity to do so. Participants felt that the programme fitted well with organisational priorities, such as early intervention and a reduction in children going into care, and practitioners’ individual practice. Training generally left practitioners feeling fairly confident, and confidence increased over time with experience in running the programme – a third felt very confident at ‘post-training’ while half felt very confident by the ‘post-implementation’ stage.

Baby Steps was highly valued by the early adopter sites and views of the programme were very positive. On a scale of 1 to 5 (with 1 meaning very poor and 5 meaning very good), all but one rated it as 4 or 5 as a perinatal parenting programme to support vulnerable parents (n=24). They liked several aspects of the programme and the Baby Steps manual was highly rated and felt to be user friendly and accessible. However, they found two particular aspects more difficult to deliver in practice. First, during “talk and listen time”, which supports parents to build communication skills, facilitators found it difficult to engage parents who were reluctant to take part. Second, the filming session during the second home visit could be problematic where parents did not want to be filmed, practitioners were not confident introducing the session or there were issues with recording equipment, such as data security concerns.

Generally, the delivery of groups was going well, although there were operational challenges. Sites often struggled with the time required to deliver the programme, and this could be particularly difficult to accommodate in an environment characterised by high workloads and staff turnover:

“In order to deliver Baby Steps this takes considerable amount of time out to prepare and administrate it well. As a part time worker, this feels quite intensive to manage alongside my other work commitments.”

Facilitator
In addition, cross agency co-delivery by two practitioners could be complicated for a number of reasons, including a perceived hierarchy of professions, anxiety about different working styles and logistics of cross-agency working. Cross-agency infrastructures, such as recording systems, were sometimes challenging to negotiate or missing. There were ways of mitigating against this, such as all agencies signing up to an integrated way of working and agreeing on arrangements for information sharing and recording. Other challenges included logistical issues, such as finding appropriate venues and transport issues.

**Group composition** was varied with a range of families from different backgrounds and with different levels and needs of vulnerabilities. There were some benefits to having mixed groups, although this could also be challenging due to the difficulties in handling the dynamics. Groups varied in size, with smaller groups generally being seen as more beneficial. There was some attrition between referral and home visit (broadly in line with other parenting programmes, such as the Incredible Years Parent Training Program, as well as the initial evaluation of Baby Steps [Coster et al, 2015]), but once parents started the group, retention was good. Where there was attrition or poor engagement, there were several reasons cited relating to logistical issues and client preference surrounding the group dynamics in large, diverse groups. The key to **engagement** was building a relationship with families, particularly through the initial home visit. Working with referrers to address barriers also helped, as did being flexible with the timings of sessions, engaging in outreach with parents who missed a session and sharing positive feedback from those who had completed the programme.

**Adaptations**

Facilitators were encouraged to be creative and adapt to the method delivery of the programme to **facilitate engagement** and tailor sessions to suit groups, for example by adding activities to make sessions more interactive. There was evidence of this kind of creativity taking place. In some instances, facilitators were also making alterations to the structure of the programme, for example merging sessions or omitting an activity, to meet the needs of the group. There were also some **significant changes** being made to delivery of the programme, particularly around maintaining the correct facilitator mix and gaps in the provision of reflective supervision. This was often attributed to local resource constraints and sites acknowledged that they struggled to adhere to the **licence conditions**. There was a perception that the programme could be inflexible, and it appears there may be some
uncertainty as to what constitutes a breach of model fidelity and what
does not. It may be helpful to have further clarity regarding what
sorts of adaptations are acceptable (and even encouraged) and what
are not. It was also seen as helpful to take a flexible approach and
consider potential breaches of the licence agreements in the context of
mitigating factors and working with sites to find a solution:

“…I think everyone’s committed to fidelity; but I think what gets in
the way are practical issues. Sometimes we have to look at local
solutions to overcome challenges…I think it’s taking a situation
and then analysing each site individually. And it’s learning what
will work and what won’t work…I’d weigh up the situation and not
take it as a flat no.”
NSPCC Implementation/Development Manager

Baby Steps was designed as a targeted programme for vulnerable
parents. However, one of the early adopter sites was rolling out the
programme on a universal basis, i.e. to all pregnant mothers and their
partners within certain geographical parameters. Where Baby Steps
is delivered as a universal service, the findings suggest that certain
considerations should be taken into account, for example more of
a focus in the training around the anticipated differences between
universal versus targeted delivery. Implications on the extent to which
model fidelity can be upheld should also be explored, particularly
when universal delivery would typically mean a large roll-out and
resource issues may impact on delivery.

Positive changes for families

Participants shared their views on how the programme had helped the
families they had worked with. It should be noted that as the focus
on this evaluation was on process and implementation, this did not
include interviews with parents, or an outcomes study. Facilitators and
operational leads felt that Baby Steps had benefitted parents in several
different ways:

“Baby Steps makes a difference – often in small ways but
they make a big difference. It empowers women, gives them
confidence, helps them build support networks.”
Operational Lead
They felt the programme helped give parents confidence in their parenting skills, in becoming a parent and interacting with their babies. There were several examples of benefits for families who had a history with social services and it was suggested that course attendance could reduce case escalation. There were also some observed changes in the behaviour of parents who had attended the programme, for example smoking cessation. Interviewees felt that Baby Steps helped parents relate to their babies by emphasising the importance of bonding with their unborn baby and making the connection between the baby’s development and their environment. The focus on mental health and conflict resolution was perceived to contribute to parents’ awareness of their own needs and strengthened relationships between caregivers. Parents were said to also benefit from the peer support provided by the groups and formed social support networks outside of the Baby Steps groups.

These findings fit with five key themes central to the programme relating to risk and protective factors in the perinatal period: the parent–infant relationship, couples’ relationship, building social support, emotional wellbeing and understanding babies’ development.

Professionally, practitioners felt that Baby Steps “added massively” to their work with parents, for example by improving the way they related to service users.

**Funding and sustainability**

There is a lot of commitment and enthusiasm for Baby Steps and sites wanted to continue to deliver the programme. In three sites, there was general optimism that the programme would continue, and that funding was likely to be secured, at least in the short term. Another site was funded for an additional 10 years through Better Start. However, there was less optimism in the remaining two sites. In one, reviews were taking place meaning that commissioners were not able to commit to the programme’s future at the point of interview but were in discussion with the NSPCC to explore options for continued delivery. The future of Baby Steps in the other site was uncertain due to a struggle to meet the licence agreement conditions in terms of having the recommended grades of staff facilitating the programme. This site also had concerns around costs associated with delivery of the programme.
Baby Steps was viewed as a **time intensive and expensive** programme to run and, for some, this cast some doubt around the sustainability of the programme. Managers explained the programme was more costly to run than they had anticipated, due to the time required for preparation and delivery of groups. This was more of an issue if there were low numbers of referrals or delivery took place in small groups, as the programme was seen as less cost effective in these instances. There were also unanticipated costs around additional training for new staff. Expectations for meeting these costs were not drawn into the original licence agreements, and there was a recommendation that the length of time it is likely to take and the associated costs should be made clear from the outset.

Funding for Baby Steps was seen as **precarious**. Complicated set up, for example with different agencies within one site commissioning separately, meant the long-term funding situation was complex and fragile. In one site, this was compounded by the programme being commissioned as a pilot rather than core business which was perceived to cause problems:

“It needs to be commissioned so that they’re actually delivering it as part of their core business and I think that’s the issue going forward but at the moment when it’s a pilot it’s always an add on to what people are already being commissioned to do.”

Commissioner

In addition, the delivery of the programme is generally tied to a specific funding period, typically one year, after which the programme would need to be re-commissioned. Sites were carrying out their own local outcomes evaluations of the programme, often in order to provide evidence of outcomes and thereby justify further funding.
How these findings are being used

The NSPCC is addressing the recommendations that have emerged from the evaluation, as detailed in Table 1.

Table 1: Barriers and NSPCC responses

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| • Issues around clarity and pace in relation to second part of training and a lack of focus on delivery in practice in training. | • Undertaking a review of the Baby Steps training programme to incorporate learning from implementation in early adopter sites, including the universal delivery site.  
• Established an NSPCC training team that includes experienced Baby Steps facilitators. Early feedback from training delivered by this new team suggests that participants value the practical tips, for example how to approach particular activities or group dynamics, that trainers are able to provide based on their own experience of facilitating groups.  
• The IM will meet with current universal delivery site and review findings from their internal evaluation to take forward learning. |
| • Implications of universal roll out, eg training content. |                          |
| Model fidelity:         |                          |
| A perception that the programme can be inflexible and/or difficulties in meeting the licence agreement, such as facilitator mix and inconsistent reflective supervision. | • The IM will discuss local changes to the model with sites and look at options and solutions with them. A tailored local approach to fidelity will be agreed where this does not compromise the model. |
| Resource requirements:  |                          |
| • Time required to run the programme, in some cases with unprotected time and/or a lack of administrative support. | • Detailed implementation guidance and resource pack produced for new sites incorporating learning from early adopter sites. It includes tools to support sites to map resource requirements and estimate costs as part of their implementation planning process.  
• A ‘training for trainers’ model will be trialled in some early adopter sites to enable sites to have their own trainers to minimise ongoing training costs. |
| • Unanticipated costs, such as additional training. |                          |
| Issues in relation to facilitator confidence in delivering “talk and listen time” and filming sessions with parents and babies at the second home visit. Also problems relating to recording equipment for the filming session. | • Improved ways to support facilitators to feel confident to undertake filming with parents will be explored as part of the review of the training programme for Baby Steps, eg more opportunity to practice in training.  
• Films produced that include Baby Steps facilitators demonstrating how to set up the “talk and listen time” activity and clips of Baby Steps parents talking about how “talk and listen time” has benefited them.  
• Baby Steps sites will be supported to think through equipment requirements, information-sharing protocols and data security issues to ensure facilitators are able to deliver this crucial element of the programme. |
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| A lack of strategic support for the programme in some sites. | • The implementation guidance and resource pack includes tools to support sites with stakeholder engagement planning and promotion.  
• The implementation readiness assessment carried out with new Baby Steps sites is being reviewed to ensure that this includes evidence of strategic senior management buy-in to inform assessment of the strength of the local partnership in new Baby Steps sites. |
| Lack of infrastructures to support cross-agency working: some issues relating to information recording and sharing across agencies using different systems and policies. | • The implementation guidance and resource pack includes infrastructure considerations that need to be worked through as part of planning for cross-agency delivery.  
• New Baby Steps sites will be recommended to set up a multi-agency steering group to drive the development work required to deliver Baby Steps groups and oversee implementation. This will include ensuring that systems are in place to accommodate programme expectations. The IM will be actively involved in attending steering group meetings in new sites. |
| Logistical issues in group delivery: timings, venue, transport considerations. | • The implementation guidance and resource pack includes guidance to support sites with planning around venues, transport and timings of groups. |
| Strategic and organisational instability: staff turnover (at all levels), reviews and funding cuts. | • Guidance now states that new Baby Steps sites must establish a multi-agency steering group to plan and oversee the implementation of the programme. Sites are encouraged to include representatives at all levels.  
• If the ‘training for trainers’ model is successful, ongoing training costs resulting from staff turnover will be minimised.  
• Readiness assessment will address organisational stability. |
| Providing sufficient evidence to commissioners to ensure recommissioning/ongoing funding. | • The implementation guidance and resource pack includes guidance for Baby Steps sites to carry out their own local evaluations to support them to demonstrate local outcomes and benefits of the programme. |

The learning from this evaluation will inform the future scale-up of Baby Steps and help those implementing the programme to negotiate challenges. Please see Appendix 1 for recommendations for sites wishing to adopt Baby Steps. The findings will also feed into broader learning around the scale of the NSPCC’s services.
Conclusion

The scale-up of Baby Steps progressed well, with all early adopter sites having delivered the programme and taking steps to address challenges faced, although there was uncertainty around continued delivery in two of the sites. Baby Steps is a very well-liked programme, and participants felt that the programme was helping families. Implementation was variable between sites although the findings show that senior management buy-in from the beginning was a strong facilitator of successful implementation. The training for Baby Steps group facilitators was generally very well received although the second part less so, and there was a call for more of a focus on the operational issues. Sites encountered some challenges with programme delivery, such as the time commitment required to deliver the programme, challenges in meeting the licence requirements and difficulties with cross agency working. There is some learning for how scale-up could be improved in the future and challenges that need to be addressed to ensure that Baby Steps can be embedded and sustained in the long term.
References


Appendix 1: Recommendations for organisations adopting Baby Steps

Pre-implementation

• Recruit a strong, experienced operational lead who is dedicated to the programme.
• Commission the programme as core business rather than a pilot.
• Ensure buy-in from all agencies involved and that all agree to an integrated way of working. This includes agreeing arrangements for information sharing and storage across agencies. Ensure this infrastructure is in place before delivery begins.

Implementation

• Form a multi-agency steering group with senior management representation, including commissioners, to authorise and oversee the implementation of the programme and monitor resource issues. It is beneficial for commissioners to attend Baby Steps events.
• Form a dedicated team of Baby Steps workers and provide protected time for the programme. This should include adequate administrative support for the Baby Steps team.

Training and support

• Develop a plan to accommodate the training of new staff and facilitators to cover sick/maternity leave.
• Facilitate peer support locally among their Baby Steps workers, especially those who are less experienced in delivering perinatal programmes. Consider opportunities for shadowing and peer support forums where possible.
• Ensure reflective supervision is in place and is attended by all facilitators. Note more support may be required around ‘talk and listen’ time and the home video session.

Delivery

• Encourage proactive, ongoing promotion of the programme among referring agencies and the development of strong working relationships, for example by running sessions on Baby Steps for midwifery or sharing information postcards. Approach group delivery in a flexible way within the parameters of the licence agreement (for example, timings of groups, adaptations to enhance engagement).
• Promote service integration in delivery of the programme by emphasising the advantages of co-delivery and addressing any initial anxiety.

• Promote group attendance by:
  - Encouraging facilitators to develop a good relationship with clients, and to understand the value of the initial home visit here.
  - Working with referrers to address barriers.
  - Ensuring sessions are run in an accessible and comfortable venue, such as a children’s centre. Town centre venues are recommended due to access by public transport. Provision or subsidising of transport may need to be considered if necessary.
  - Being flexible in the timing of groups, as they need to be organised at a time that works best for the participants; for example, teenage parents are developmentally in a different stage to older parents and typically may sleep later in the morning, making early morning sessions potentially harder to access for some.
  - Engaging in outreach with those who miss sessions.
  - Sharing positive feedback from families who have completed the programme.