Baby Steps
Program Evaluation 2022–2023
Executive Summary

Nova Scotia Early Childhood Development Intervention Services

BABY STEPS

strengthing support for high-risk infants

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Nova Scotia Early Childhood Development Intervention Services, 2024

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Introduction

The report presents findings from an evaluation conducted during the 2022-2023 pilot year of the Baby Steps Program, involving families, healthcare partners, and Developmental Interventionists (DIs). Using a developmental evaluation approach, the following fundamental questions served to guide data collection and synthesis of findings:

- **How are we engaging with families and healthcare partners?**
- **What are we learning from families, healthcare partners, and staff in the delivery of Baby Steps?**
- **What emerging patterns of ideas and changing practices are we seeing among our staff?**
- **How do we best move forward in the next phase of Baby Steps?**

Background

Nova Scotia Early Childhood Development Intervention Services (NSECDIS) is a provincially funded organization that supports families of young children, from birth to school entry, who are experiencing delays in their development or are at risk for delay due to biological risk factors. Each year NSECDIS serves over 3,000 families within their communities across Nova Scotia through home based and community consultation services.

Infants at risk for developmental delays due to factors such as prematurity, in utero substance exposure, and complex medical needs qualify for services from NSECDIS. However, numerous barriers exist which may hinder families' access to these early services. In 2020, NSECDIS received 152 referrals for infants under one year of age. Of these, 43% did not participate in active services. To engage families earlier, NSECDIS consulted with community partners, including IWK Health Centre, Brazelton Institute, and Cape Breton Regional Hospital, to develop strategies for earlier outreach.

Stemming from these partnership conversations, the Baby Steps program was born on April 1, 2022. Using existing resources and locally established partnerships, a pilot project was developed and implemented within four NSECDIS regions within the province with close proximity to NICU hospitals: Halifax Region, Annapolis Valley Region, South Shore Region, and Cape Breton Victoria Region.

The primary purpose of the Baby Steps program is to provide a strengthened coordinated pathway of wraparound care for families of high-risk infants (e.g., born prematurely, with medical/biological risk, and/or with substance exposure in utero) in Nova Scotia. Core program components include:

- Collaborative, coordinated partnerships across existing services to support families' early transitions
- A family centered, strengths-based model of intervention and care provided in the family's home and community
- Family capacity building through parent coaching and service navigation
- Weekly communication between the FNCU/NICU and the Baby Steps Program Coordinator
- Referral planning and information sharing to support referral process

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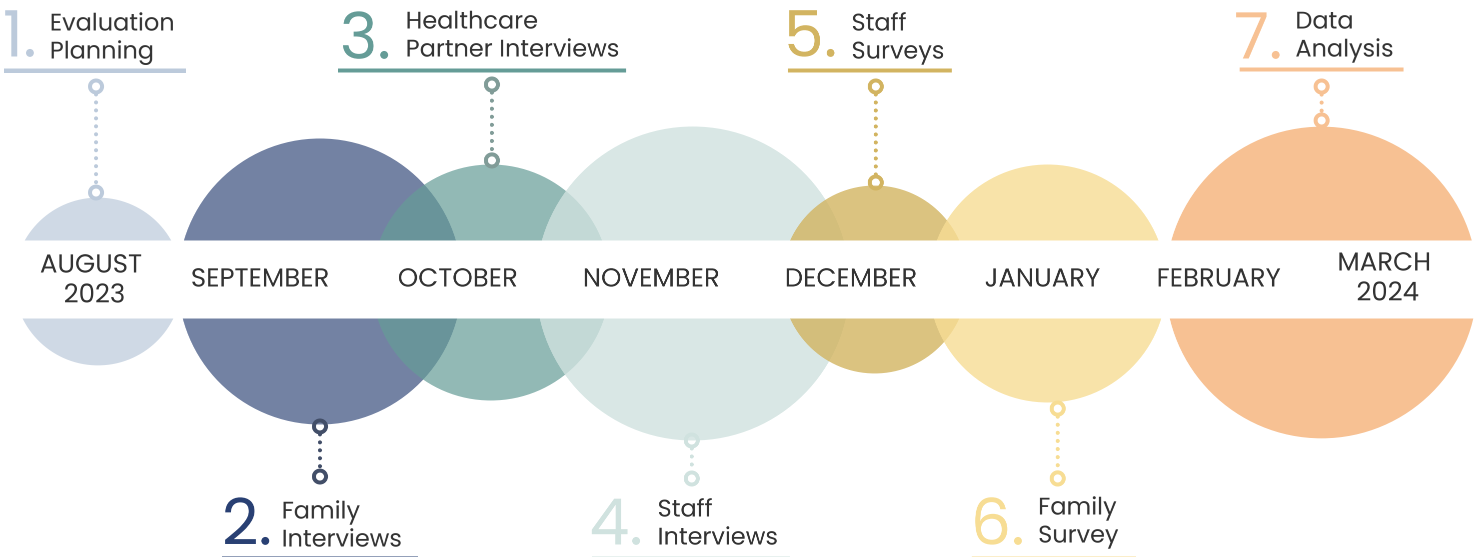
A secondary focus of the program is on enhancing the knowledge, skills, and capacity of NSECDIS' Developmental Interventionist workforce to provide quality programming for infant and family mental health promotion. Recognizing the need to provide specific training geared to the needs of high-risk infants and their parents around the perinatal period, NSECDIS partnered with a Developmental Consultant to help the organization increase staff competence around interacting with high-risk infants and supporting parental skill-building. Core Baby Steps staff responsibilities include:

- Attending Prenatal visits to introduce our program and build relationships prior to delivery
- Conduct visits at the FNCU/NICU when the family is ready, to introduce our services, foster connections, and assist with transition planning for discharge
- Carry out weekly home visits to support new parents
- Monitor infant development and connect families to supports and services within their community
- Use the NBO to contribute to the development of positive parent-infant relationships
- Establish goals with the family and together build a support plan for the child and family

Evaluation Methodology

The evaluation was intended to investigate the effectiveness of Baby Steps program strategies in the four pilot regions before a province-wide rollout. Additionally, the evaluation sought to determine how NSECDIS can evolve and expand to sustainably support high-risk infants and their families.

To accomplish these objectives, evaluation planning began in August 2023. We started with developing a Theory of Change (ToC) through a collaborative effort between internal leadership and the evaluation team. Our model details the investments we've made, such as mentoring and training, and the program activities we engage in, including partnerships with NICU/FNCU and home visits. These are designed to yield short- and long-term outcomes for high-risk infants, their families, and our staff (see page 9).



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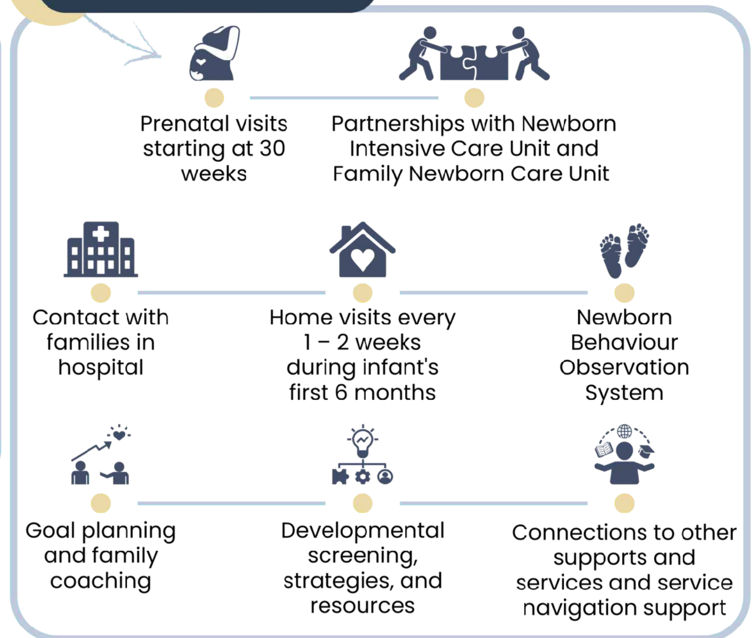
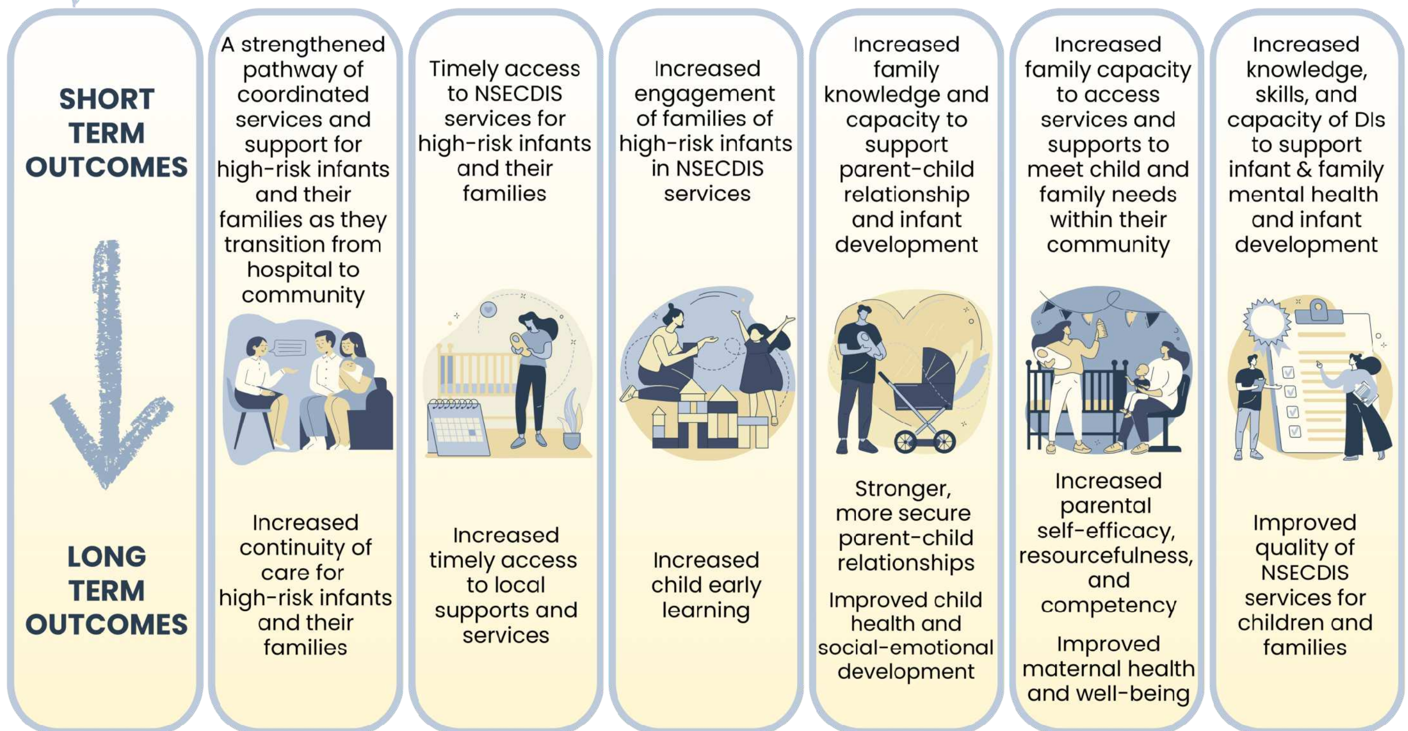
Informed by the ToC, the evaluation was designed to use a mix of qualitative and quantitative methods. Data was collected between September 2023 and January 2024 with families who had been part of the Baby Steps program, healthcare partners representing IWK and Cape Breton Regional Hospital, DIs who had completed NBO training and had at least one Baby Steps family on their caseload, and Leadership Staff trained in the NBO. Qualitative data included semi-structured interviews with six families, five healthcare partners, and six DIs as well as open-ended survey responses from DIs and Leadership Staff. Quantitative data included a survey of 11 DIs who completed NBO training.





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Findings

The evaluation identified key thematic findings, supported by the consistency of themes across both qualitative and quantitative data, enhancing confidence in the evaluation's validity. While the findings are organized by stakeholder perspectives, it's important to recognize that the relationships among families, NSECDIS staff, and healthcare partners are interconnected.

Families

Three main themes emerged from family interviews. These themes were interrelated, reflecting the complexity of family experiences.

1. **Overwhelming:** Families felt inundated by information, emotions, the hospital environment, and the challenges of caring for a newborn.

   *"**When you go home with a new baby, you're not sure what way is up,** no matter what happens in those beginning stages. And so we were, I mean, new parents, a little overwhelmed. And our **DI was very good** about, like, "I'm here for whatever support you need, so if you need me to come over, great. If you don't need me to come over, great." And that for me was really fantastic. **She was able to take that approach of being there if I needed her, but also not pushing herself onto us."** - Parent*

2. **Family Adjustment:** This theme highlighted families' experiences in adapting to parenthood, supporting a high-risk infant, and transitioning to life at home.

   *"**They don't know what's next**. They may have just received a diagnosis at birth, so **we're kind of walking that road with them**." - DI*

3. **Clarity of Supports:** Families expressed confusion about the services and supports available during their hospital stay and at discharge.

   *"I think **there's just so much unknown at that point that you're open to all the help you can get** once you're out of there. I didn't have much information really, aside from the pamphlet, and I knew that my son would also be a part of the perinatal follow up program through the IWK. **So, I just asked her** [healthcare partner] a few questions. Kind of, 'What's the difference between those two [programs]?'" - Parent*

Healthcare Partners

Healthcare partners, spanning disciplines such as nursing and social work, contributed varied perspectives on the Baby Steps Program. Despite differences in their interactions with families, commonalities emerged, yielding three main themes:

1. **Connection:** Partners discussed diverse methods used to engage families in discussions about the program and how they communicate with DIs and other NSECDIS staff.

   *"[We] meet on a weekly basis since the day it started to review our families and, you know, **just stay in touch in what's happening.** She would send me the copies of the draft poster that was being made to get my opinion and things like that. So, **we've been quite closely connected right from the onset** of the Baby Steps program." - Healthcare Partner*

2. **Timing:** Considerations and tactics for determining the best moments to involve families were discussed, highlighting the importance of strategic engagement.

    "Just because, you know, the clinics are quite busy. ***They're getting blood work, they're getting all their medical things checked out, and also meeting with social work, or pharmacy, dietitian. So, it is a busy time.*** *And then a different business, of course, when the baby's born. But sometimes the babies would be kept in hospital for more monitoring because they go through a withdrawal from their mom's medication. And so, we have to treat that medically sometimes. So sometimes babies would be in the hospital for up to a month or more,* ***and so we found that when early intervention could come into the hospital and start that relationship with the mom and then myself kind of bridging that, it was beautiful. It was a wonderful support."*** *- Healthcare Partner*

3. **(Mis)Trust:** This theme recognized the existence of deep-seated mistrust among some families towards healthcare systems, underscoring the necessity of building trust to encourage family participation.

    "I think the trust is important*. Them trusting our team first, and then that the fact that I'm endorsing this program, was really helpful to them to say,* ***'OK, if they're endorsing this and partnering with Early Intervention and Baby Steps, then I think I'm okay to do it.****'A little hesitancy sometimes with people coming into their home to be honest,* ***but especially if the trust isn't there."*** *- Healthcare Partner*

In contrast to the overlapping family themes, the three themes that emerged among our healthcare partners displayed a cyclical and iterative connection. This illustrates how one theme, such as connection, can affect and shape the others, like timing and (mis)trust.

Developmental Interventionists

The evaluation identified three key themes among DIs:

1. **Meeting Families Where They Are:** This theme encompassed two primary concepts: physical presence and space with families, as well as emotional considerations.

    "I think the biggest piece is ***just be very open-minded.*** *Just going in, putting your things aside, and* ***just listen to their story. They're in a really difficult space.*** *Sometimes they're still in that hospital. They're dealing with things that we can't even imagine and think of. That's why they're there. So be that person, be that staff, be that individual who's just going into hear their story. Hear how things are. It can be good stories. It can be sad stories. It can be really hard stories.* ***Just be that person who's there to listen and give them information when they're ready,*** *when they ask for it, and keeping that very open mind that you don't want to go in and be a burden...So just being like that blank slate of just going in and just really listening to their story."*

2. **Practical Knowledge:** DIs discussed using personal and professional experiences to support families, and shared insights into desired training and support.

    "I wouldn't mind a refresher on some of those things like breastfeeding or that are kind of more specific to infants, just because things have changed, or ideas have changed. *Or philosophies in the hospital and just kind of knowing what people [parents] are being given or told. Information that's shared." - DI*

3. **Confidence:** DIs disclosed their varying levels of confidence and the factors influencing these levels.

> *"...they're very fragile. Some of them are coming home with tubes and hooked up to all kinds of things. So,* ***you need to be comfortable and confident handling an infant or comfortable and confident in asking families to show you things,*** *right? You need to know that you're there as a partner to support families." - DI*

The relationships among these themes are complex and multifaceted, particularly when compared to those involving families and healthcare partners. 'Meeting Families Where They Are' and 'Practical Knowledge' exhibit a bidirectional relationship, each influencing the other. Practical knowledge facilitates the ability to understand and meet families' needs, while insights gained from engaging with families inform practical knowledge. Confidence serves as the bedrock of these interactions, suggesting that effective engagement with families and the acquisition of practical knowledge are dependent on first establishing confidence.

Moving Forward with Baby Steps

Revisiting the initial guiding questions serves as an anchor point for evaluating the program's progress. The relationships between families, healthcare partners, and NSECDIS staff are tightly knit, with each relying on the others for support and collaboration. Consequently, addressing questions directly proves challenging due to the interconnectedness of the responses. Instead of providing answers outright, we present insights derived from the emergent learning gleaned from our stakeholders.

Meeting Families. We are meeting families where they are in terms of strategy (offering personalized support and resources tailored to their unique circumstances) and in terms of physical space (hospital and home visits).

Home Visiting Is Key. Families appreciate our staff's expertise, empowering them to care for high-risk infants and navigate complex systems confidently. DIs feel most confident conducting home visits, considering them a critical part of their role.

Clear and Essential Information. Healthcare partners and DIs recognize that families receive an abundance of information after childbirth. Healthcare providers need simplified materials to discuss the program with families. Moreover, families need clear information about the Baby Steps program and sufficient time to consider available services and support options.

Flexibility. Our family support approach relies on flexibility, respecting parents' preferences, and empowering them to make well-informed decisions about their child's care. Through adaptable scheduling, personalized care plans, and responsive services, we enable families to navigate their journeys confidently. Healthcare partners have praised NSECDIS for its flexible, family-centered approach and willingness to collaborate with hospital staff.

Dual Settings. Families navigate dual environments while using our services: the hospital and the transition to home. Recognizing the distinct demands of each environment facilitates more effective assistance for families in navigating both contexts.

Collaboration. Strong working relationships, particularly between healthcare partners and the Baby Steps Coordinator, ensure consistent messaging to partners and families, enhancing the program's

effectiveness. These relationships also foster broader conversations with hospital staff. Sustaining and nurturing relationships between Regional Directors and healthcare partners will further enrich understanding of regional dynamics.

Timing is Tricky. Healthcare partners and staff recognized the difficulty of engaging with families during periods of stress. Enhanced collaboration and coordination with hospital staff to identify ideal times would benefit everyone involved.

Practical Experience. Staff have suggested several infant-specific topics for additional training. They emphasize the importance of extra practice before engaging with vulnerable babies, noting potential benefits such as increased comfort and confidence. They recommend more training opportunities, particularly in the initial stages, with the NBOs to improve practice and skill development.

Hospital Knowledge. DIs have expressed concerns about NICU and FNCU units and desire more information about what to expect during visits. They also seek clarity on the roles of various hospital staff to feel integrated into families' care teams.

Training and Mentoring. Supporting families in the FNCU and parents of infants with NAS presents challenges and uncertainties. Staff are seeking a strengthened mentoring program to shadow experienced colleagues for guidance. DIs express interest in regional and provincial communities of practice to create a supportive environment for asking questions, sharing experiences, and learning from Baby Steps implementations in other areas

Mental Health. For some, working with Baby Steps families differs from other NSECDIS services. While core services and philosophies of NSECDIS apply to all of the families we serve, families using Baby Steps often experienced heightened emotion and trauma. DIs assist families during this challenging time, which can be stressful and affect their own well-being.

How do we best move forward in the next phase of Baby Steps?

As the Baby Steps program advances towards a province-wide rollout, it's imperative for NSECDIS to thoughtfully contemplate the evaluation findings and conclusions. This reflection should emphasize successes and pinpoint potential areas for enhancement. It may be necessary to develop new competencies and strategies to effectively address emerging challenges. The following recommendations are proposed to steer this process:

Training

1. Facilitate more NBO refreshers and add videos of NBOs to the LMS.
2. Organize small group outings to hospitals and facilitate more hospital shadowing visits for newly trained staff.
3. Host cross-disciplinary training, workshops, and/or presentations with healthcare and community partners.
4. Create or expand specific modules of training including infant care and development, mental health and trauma training for working with families and for maintaining well-being, understanding contextual factors of hospital and home.

Communication

1. Update promotional materials like brochures and flyers for the Baby Steps program to provide clear, concise information and branding.

2. Prioritize essential "bite-size" pieces of information using visuals and infographics.
3. Develop scripts and/or talking points for DIs and healthcare providers to aid in communicating with families.

Relationships and Partnerships

1. Increase communities of practice.
2. Provide more support with establishing mentor-mentee relationships.
3. Work to develop a systematic approach or set of strategies for initiating discussions with families in various situations.
4. Continue to foster collaborative relationships between the Baby Steps Coordinator and healthcare partners.
5. Strengthen relationships between healthcare partners and RDs.

Monitoring and Evaluation

1. Form an evaluation working group and/or advisory committee prior to the next phase of evaluation.
2. Pivot from developmental evaluation to an outcomes evaluation approach.
3. Revisit and revise the theory of change based on the current evaluation's findings.
4. Implement a short exit survey for families leaving the Baby Steps program or transitioning into long service.
5. Re-administer the survey for DIs to better establish a baseline of data prior to the next phase of evaluation.

Limitations

The evaluation acknowledges several limitations that may have affected the representation of the Baby Steps program:

Potential Bias in Interviews: Families interviewed were nominated to avoid contacting those in crisis, potentially biasing the sample towards those with more positive views of Baby Steps and NSECDIS.

Missing FNCU Voices: Despite efforts to include families from all pilot regions, feedback from families referred by the FNCU was lacking. Engagement challenges led to limited participation, hindering a comprehensive understanding of their needs.

Ability of Healthcare Partners to Speak to the Broader System: While interviews were conducted with various healthcare partners, their understanding was confined to their own behaviors and practices rather than broader healthcare system workings, affecting the depth of insights provided.

Small Survey Sample: Low participation in surveys during the pilot year hindered meaningful analysis. Lack of incentives may have contributed to low response rates, impacting the representativeness of survey data.

Conclusion

The evaluation findings affirm that the program strategies adopted by NSECDIS to support the pilot of the Baby Steps program have been effective. Investments in trained DIs, a Baby Steps Coordinator, training in infant development and using the NBO, mentoring through the Brazelton Institute have helped to lay a

strong foundation for the program's implementation. This foundation positioned NSECDIS to service seventy-one high-risk infants referred from six different healthcare partners during its pilot year.

Program components, including partnerships with NICU/FNCU and hospital family visits, are highly regarded by families and healthcare partners. Other aspects, like home visits, goal setting and family coaching, and use of NBO, are seen as reassuring and essential by families. The DIs are recognized as crucial to the program's success. Healthcare partners appreciate their dedication and adaptability, and families see them as indispensable allies.

Given the strong and positive feedback from partners, NSECDIS is prepared to sustain and expand these relationships. As NSECDIS continues to refine the program strategies for Baby Steps using feedback from this evaluation, it is well-positioned to build a strong infrastructure that will support a province-wide implementation.

NSECDIS