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Assessing the impact of current provision to support breastfeeding in Oxfordshire Children's Centres

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1 Executive Summary

The promotion and support for increasing both breastfeeding initiation and duration is a national priority for improving children's health. It is a key part of the service specification for Children's Centres in Oxfordshire. This evaluation draws on research into the impact of current provision in both the Roundabout Children's Centre and the Baby Café bus located at three further Children's Centres.

The research took into account the limited baseline data available. The focus was on qualitative data, using field based interviews with a variety of stakeholders to draw out common themes.

Provision for breastfeeding at the Roundabout Children's Centre is provided by the Baby Café. It is a charitable organisation whose aim is to promote breastfeeding, to encourage the continuation of breastfeeding once begun and to provide education and support to women on all aspects of breastfeeding. It is open once a week for a two hour session and provides a freely accessible, drop-in service for women. The Baby Café Bus also provides a mobile breastfeeding drop-in similar to that at the Roundabout Centre at three further locations.

The service provided is used, in the main, by local people and the numbers accessing the service is growing. The support offered to those who have used the service has been well received and has resulted in greater voluntary participation by members of the community.

The main conclusions are:

- The Baby Café at the Roundabout and as a mobile provision is highly valued by those who access it due to its geographical proximity, being community based and because of the informal nature of the service. This sets it apart from other provision
- The success in establishing the provision is due to the drive of the local facilitator and the clear support of both the Children's Centres and health professionals

The research indicates a number of positive outcomes for service users from the provision of the service:

- Timely and quality professional advice when facing difficulties in breastfeeding
- Relaxed, informal support from peer support workers and other mothers
- Integrated service provision from other professionals such as midwives and health visitors
- The opportunity to mix with other mothers and the normalisation of the experience of breastfeeding
- Access to further education and training opportunities

The impact on breastfeeding initiation and duration was more difficult to ascertain. However, it appears:

- There is no established link, as yet, between the service offered and the decision to begin to breastfeed
- There are clear indications that some women are breastfeeding longer due to increased knowledge of the benefits involved and the support and practical help received
- Some service users are actively promoting breastfeeding amongst their peers and this may lead to an increase in those likely to breastfeed

Recommendations:

1. Promote and publicise the current provision more effectively
There is a need to develop the profile of the available breastfeeding provision in Children's Centres so that it is well known to professionals and those living and working in the local communities.
2. Investigate the potential for a more coordinated delivery of informal, practical, breastfeeding education at the antenatal stage.
Greater antenatal awareness and support for deciding to breastfeed is required, particularly for those mothers who are less likely to access Children's Centre services.
3. Investigate the potential for early support in the first few weeks to ensure that lactation problems are identified and that mothers are supported appropriately.
4. Consider the development and extension of the peer training programme.
5. Review how to make the existing projects more independently sustainable.

2 Remit of the review

Breastfeeding has a major role to play in promoting public health and reducing inequalities. Breastfeeding especially if sustained for the first six months of life can make a major contribution to an infant's health and development and is associated with better health outcomes for the mother. The Infant feeding survey 2005 states that 77% of mothers in England initially breastfeed their baby. Oxfordshire reports average breastfeeding initiation rates of 75% for the first quarter of 2007/08¹.

The promotion and support for increasing both breastfeeding initiation and duration is a governmental concern which is reflected in the Oxfordshire Breastfeeding Strategy 2005-2008² strategic aims and objectives and the service specification outcome for Children's Centres.³

Reasons for not breastfeeding or not continuing with breastfeeding are multifaceted. To improve breastfeeding rates a sustainable co-ordinated approach is needed requiring effective partnerships between statutory, voluntary and community services.

This review concentrates on the impact to date of strategies and activities to support breast feeding in Oxfordshire Children's Centres.

The remit given to the research team was as follows:

To assess the impact of current provision to support breastfeeding through

- Reviewing current provision at one centre and the provision provided by the Baby Café bus used at other Children's Centres
- Reviewing outcomes for service users
- Identifying effective practices in these centres
- Evaluating the initial impact of the UNICEF training
- Making recommendations for future practice and development

The research was carried out between the 7th November, 2007 and 10th February, 2008.

3 Research methodology

The research methodology takes into account the limited base line data at the start of the project. However by using field based interviews it was possible to triangulate and cross reference the views of a variety of stakeholders – Children's Centre managers, staff, volunteers and service users and thus evaluate impact. The focus is on qualitative evidence, capturing perceptions

¹ Local Delivery Healthcare Commission Indicator Q1 2007-2008

² Oxfordshire Breastfeeding Strategy 2005/2008 - 1.2 strategic aims and objectives

³ Oxfordshire Children's Centre Manual - Be Healthy Service Specification 2

and individual stories to demonstrate how the work of the centres has impacted on service users and communities.

A variety of methods were used for collecting data and to ensure the inclusion of multiple perspectives.

These included:

- Semi-structured interviews with service users.

Semi-structured interviewing was used with six service users to generate descriptions of women's experiences and perceptions of the use of the Baby Café and Baby Café bus. This allowed each participant to discuss issues within broadly defined research themes. This method ensured that the data reflected women's own personal experiences.

The ages of the women in the interviews ranged from 17 to 40 years. All the women interviewed had made a decision to breastfeed prior to giving birth.

Two women were breastfeeding for the first time. Three of the remaining participants were below the age of 18 years when they gave birth to their first child.

- Group interviews with peer support workers.

A group interview with five peer support workers was used to gather information in a more informal and less threatening way. All of the workers were previously involved with the Children's Centre and had received training in their new role. Some had become involved because of their own breastfeeding experiences.

- Interviews with two Children's Centre managers and the lead facilitator for the Baby Café provision.

- Questionnaires used with 16 attendees on the UNICEF Breastfeeding training. Semi-structured questions were posed with participants responding in their own words. General themes were drawn from the responses.

- Comments books at the Baby Café sessions.

- Data collection of details of participants at the Baby Café sessions

This report seeks to explore the personal perceptions of those involved in the breastfeeding initiatives at the children's Centres. It does not claim to be statistically representative, or typical, of all women's experiences.

4 Background Information

4.1 Roundabout Children's Centre - Baby Café

The Baby Café, located in the Roundabout Children's Centre, was launched in the spring of 2005. Its aim is to offer help on all aspects of breastfeeding and its impact on daily life; to promote breastfeeding as the choice for infant feeding; and to encourage women to continue breastfeeding once they have begun.

The project runs once a week for a two hour session and provides a freely accessible, drop-in service for women and those who support them. It offers a wide range of help and support.

It is accessed for a variety of reasons. For some women these will be critical visits with babies who are not feeding effectively, or at all, and they are given intensive, 1:1 help. These women may also be accessing services from the specialist breastfeeding clinic at the John Radcliffe. For others it may be that their babies are feeding but feeds may be painful and they are supported by some hands-off teaching as well as encouragement and friendly exchanges with other mothers, staff and volunteers.

The project also welcomes pregnant women who come for an antenatal session on breastfeeding which may include seeing a new baby breastfeed, watching a DVD, seeing a demonstration with a doll, getting answers to queries and collecting information in order to make an informed choice about infant feeding.

Advice and practical support, from a lead facilitator/breastfeeding counsellor is available at the sessions. In addition there is a pool of trained volunteers who are willing to give their time to the project. For some this is on a weekly basis, talking to new mothers as peer supporters, for others it involves helping out at special events.

A standardised training programme for volunteer peer supporters has been held. The course is led and developed by The Baby Café management committee.

The project is also supported by two midwives who attend the sessions regularly and the local Health Visitor.

The Baby Café has a dedicated space in the Children's Centre with its own notice board. It provides a relaxed and informal environment for women to meet with soft furnishings, flowers and plenty of tea and cake available.

4.2 Baby Café Bus

A donated bus has been converted into a specially-designed Baby Café. This has enabled the provision to be extended to more locations.

The Baby Café Bus provides a mobile breastfeeding drop-in, similar in nature to that at the Roundabout Centre, providing breastfeeding education and support to women. It is open for two hour sessions, three days per week, one day each in Marston, Donnington and Cutteslowe. It has forged close links with the three centres that it visits and is supported by the managers.

It is designed with appropriate height seating in a comfortable, private space with kitchenette and baby changing facilities.

The project is supported by three health visitors from the three localities, who give 1 to 2 hours of their time each week to the project. Along with community midwives, they refer clients from their clinics to the bus and provide a health professional presence at each session.

4.3 Usage

The Baby Café at the Roundabout Centre and the Baby Café Bus have collected some basic data on those people who attend its sessions. Information has been collated for the year January 2007 to December 2007 for the Roundabout Centre and for the period June to December for the bus, following its opening.

There is a considerable demand for the service with over 1,000 visits taking place at the various venues. The number of people taking advantage of the service for the first time is also considerable with over 450 people visiting (Tables 1 and 2).

It is not possible with the data available to determine the numbers who attend who are breastfeeding but anecdotal evidence suggests it is a significant majority.

Table 1	
Roundabout Centre Baby Café	
Attendance figures for 2007	
Total attendance	753
Number of first time visitors	252
% from target area (OX3)	63%

Table 2	
Baby Café Bus	
Attendance figures for 2007	
Total attendance	268
Number of first time visitors	216
% from target areas	71%

The development of an extensive peer support network of trained volunteers is also evident (Table 3). Figures from the Roundabout Centre Café show that there are, on average, 6.8 support workers at a session and more importantly that this figure is growing (up from 6.0 during the first six months of the year to 7.4 in the second six months).

Table 3	
Roundabout Centre Baby Café Peer Support Workers	
Total attendance	357
Average attendance per week	6.8
Average attendance per week (Jan-Jun)	6
Average attendance per week (Jul-Dec)	7.4

The collection of more specific data has been problematic. Many who use the service have seen this collection of information as a barrier to coming. More detailed information is therefore not available at the moment

4.4 Funding

The Baby Café drop-in is a fully funded service, run by a paid facilitator and freely accessible to all mothers needing support with breastfeeding.

Funding for setting up the Baby Café at the Roundabout Centre came from a variety of sources including a grant from 'Awards for All', the PCT and OCC.

The Baby Café Bus came about as a result of successfully winning 'The People's Millions Big Lottery' competition. This enabled a donated bus to be converted into a specially-designed Baby Café. It has also financed the running costs for one year, with funding for a lead facilitator/breastfeeding counsellor; for maintenance of the bus; and training. The first year ends on the 31st March 2008.

In order to maintain the current provision, further funding of approximately £25,000 is needed for the coming year.

5 Outputs, outcomes and impact

This section is divided into four parts. Each reflects the common themes emerging from the gathering of stakeholder views and a review of the data available. The aim is to provide an insight into the personal factors related to the project that affected women's decisions to breastfeed or continue to breastfeed.

5.1 Making breastfeeding decisions

Research suggests that the majority of women make infant feeding decisions some time prior to giving birth⁴. The interview data from this research supports these findings. Of the 6 women who participated in the study, all had made a decision to breastfeed prior to the birth of their child. In some cases this was despite previous experiences or negativity from either friends or partner.

For example:

Service user 1: I wanted to breastfeed long before he was born.

Interviewer: When did you make that decision?

Service user 1: I hadn't been able to breastfeed my older child but really wanted to, so I was determined to do it this time, even if I had to pay for help.

The main advantages cited for deciding to breastfeed were the health benefits. All respondents mentioned it was good for the baby with three respondents emphasising 'breast is best', and one citing convenience.

Both women breastfeeding for the first time had family support to breastfeed.

Interviewer: Why had you decided to breastfeed?

Service user 4: Well, I knew it was good for the baby and helps keep them healthy. My mum had breastfed me and was keen for me to do the same. She was with me to help.

Three women had attended ante-natal classes but these had only reinforced their already established views that they would breastfeed. One Children's Centre Manager and the lead facilitator also echoed this opinion:

'I don't think it has really changed people's minds whether to breastfeed but it helps whether people continue.'

'Not even the ante-natal group changes people's views'

⁴ Dyson L, McCormick F and Renfrew MJ. Interventions for promoting the initiation of breastfeeding. The Cochrane Database of Systematic Reviews. 2005

This view was also reflected in the views of the Peer Support Workers who believed ante-natal classes were useful at 36 weeks for those who are 'committed to breastfeeding'.

5.2 Choosing to use the Children's Centre / Baby Café

Women's social networks are highly influential in their decision-making processes and can be either barriers or points of encouragement for breastfeeding.⁵ New mothers' preferred resource for concerns about child rearing is other mothers. In addition, women's early experiences with breastfeeding considerably affect whether and how long they continue to breastfeed. Lack of support from professionals has been identified as a barrier to the continuation of breastfeeding,

The provision of the Baby Café project at the Children's Centres aims to address both these areas but how successful is it in marketing its availability and using other agencies to signpost to it?

Of the service users interviewed five had first-hand knowledge of the existence of the project prior to giving birth. Four had previous experience of the Children's Centre and what was available through using the facilities with their older children. Another had visited a centre with a friend and one had been told about it by another user with an older child.

In addition the information had been available for some in different forms: one woman had been given a card in a pack of information when she left hospital; one had been encouraged to attend by her midwife; and one had been informed about pre-natal classes by the Health Visitor.

Two women had seen posters or flyers advertising the provision and two had seen the 'bus' out on the roads.

However, some concern was expressed around the lack of clarity surrounding available resources to support someone wishing to breastfeed.

Service user 6: It is really difficult to know where stuff is and what exactly is available and you need practical stuff too, like how to get there and bus routes.

Service user 1: I didn't know about the Café. I'm not sure how people find out. My Doctor's surgery signposted me to the clinic at the JR

All the users believed that 'knowing' the Children's Centre or someone who used it was important in them using the service.

Service user 4: I came because the Children's Centre manager told me about it.

⁵ Renfrew M., Dyson L., Wallace L., D'Souza L., McCormick F and Spiby H. Breastfeeding for longer: what works? Systematic review NICE 2005

The peer support group thought the best route to promote the project was through word of mouth and that the midwives did a really good job of this.

Trying to get a co-ordinated and systematic way of communicating the services on offer seemed to be a consistent theme.

5.3 Experiences of the Children's Centre / Baby Café

The overwhelming experience of all those interviewed was the positive impact the provision had, not just on their breastfeeding experience, but on their general well-being. This was related in terms of receiving professional advice, formal and informal support, increased networking and development of friendships, the opportunity to meet other professionals involved with childcare, and the normalisation of breastfeeding in a friendly environment.

5.3.1 Professional advice

The service users identified the support received from the breastfeeding counsellor, midwives and peer counsellors as the single most important intervention offered to help them breastfeed. This reflects findings from other breastfeeding projects.⁶

The professional support promoted breastfeeding by helping the mother and baby with a range of issues such as latch and positioning, managing different lactation problems and addressing any other concerns of the mothers and their families.

Service user 2: To get experienced breast feeding advice was really important. It helped with the baby not feeding regularly.

Service user 1: I can't explain but small differences in how you do it makes such a difference.

Service user 4: There was the baby crying, me crying. The most consistent help was the bus. I just couldn't latch. I don't know what I would have done if it hadn't been for the advice I got.

Service user 6: Once a week to wake up and think 'Oh, the bus is there' I can go and get some advice.

Service user 5: They may be common problems but at the beginning you don't know that and to get some help from someone who knows makes all the difference.

This professional support was seen as particularly critical in the first few weeks after delivery, when lactation is being established.

⁶NHS Good practice and innovation in breastfeeding Department of Health, London 2004
Department of Health Infant Feeding Initiative A Report Evaluating the Breastfeeding Practice Projects 1999-2002. Department of Health 2003

Service user 1: The first 4 to 6 weeks were really, really hard. You feel so exposed in those first few weeks.

Service user 3: It's great to just be able to trust what someone says and know it is going to work, especially at the beginning.

Service user 4: Right from the start I was damaged by the feeding - and it became my life line. I am sure I would have given up without help.

The peer support group highlighted the presence of the midwife as important. 'It is good for helping to answer difficult questions.'

This was echoed by the views of two managers and the breastfeeding counsellor who were grateful for the support and attendance of the Midwives and Health Visitors.

Having a range of professionals available was also seen as helping with other medical issues being faced by parents with young children

Service user 3: It was really good to have the Midwife and Health Visitor for general medical stuff and the counsellor for breastfeeding because the Midwife doesn't always have the time to spend just on one thing

Service user 2: When the Health Visitor comes it is really helpful because she knows about a load of other stuff like chicken pox.

Data collected from the Roundabout Centre showed that advice and support was given 186 times during the 12 month period with the most common concerns being around positioning and attachment and breast refusal.

5.3.2 Peer Support

The goal of the peer supporters is to encourage and support pregnant women and those who currently breastfeed. Peer support is provided by mothers who are currently breastfeeding or who have done so in the past. It includes individual and group support. Women who provide peer support undergo specific training and may work in an informal group or one-to-one. This role was seen as important as offering friendly, practical advice from 'other mums who have been and done it'.

It was seen as offering something quite different to the role taken by the professionals

Service user 3: Sometimes the best advice is from other parents and it's not always just about breastfeeding. They have vast knowledge about practical stuff and become your friends.

Service user 4: You are able to chat and have a cry if you need to. They are down to earth people just like me.

Service user 6: The peer support worker I talked to a lot stopped me getting depressed when my baby was constantly crying.

The role of the peer supporter was an aspiration and something that three of the service users were considering.

Service user 2: I have booked onto a post-natal breastfeeding course and want to become a peer supporter myself

Service user 3: They help such a lot and have helped me so much. I am thinking of becoming one myself and helping others who might have the difficulties I had.

The peer support workers felt that being part of the community was an important part of their role. 'Having familiar faces around...' made the service that they offered very personalised. They believed that as experienced mums they were able to offer a range of help and support and that lots of the users have similar problems to ones they had faced. Being able to offer practical advice was an essential part of their role.

Some had come into the role due to their own challenging experiences of breastfeeding and the confidence they had received from being with experienced mothers. However experience was not considered enough and training was thought to be a necessary component of the peer support role.

Some professionals suggested that peer supporters should have a minimum of UNICEF training as mothers had said they received varied advice based on personal experience rather than factual knowledge. This was not an issue raised by the service users interviewed.

5.3.3 Normalisation

The interviews with the service users raised a number of issues around the impact of the environment of the Baby Café and Bus in normalising breastfeeding. The ability to see breastfeeding as part of a normal social activity and the opportunity to mix with other mothers were seen as important parts of the provision.

The welcoming nature was very important, coupled with the opportunity for social interaction and to meet new people

Service user 1: It was a nice drop-in, it just felt normal. I met someone from across the road who I didn't know had recently had a baby

Service user 2: It was great just to go and speak to other mothers and friendly staff. The bus was good, warm, with seats at the right height

Service user 6: You were always welcome and could stay as long as you like - even after the two hours were up and they would phone up later to see if you were ok

Service user 5: You could go to the bus and have a piece of cake and a chat and just relax for a change

All those with older children enjoyed the fact there were activities for them

Service user 1: Your older child can go off and play and give you time to chat to the other mums

The project was also clearly seen as an opportunity to share the experience of breastfeeding with others

Service user 3: When I fed my son in the first few weeks some of my friends were really negative. It was good to speak with other women who don't care what others think about breastfeeding. It made me more confident in myself

Service user 5: ...I just enjoyed the visual experience. It was very informal; some people just came for a look at what was going on

Service user 4: I felt self-conscious at first but it was somewhere small and safe when everything was changing...met other people who bonded with my misery

Service user 6: I didn't feel exposed, not failing. It was good to see other people struggling too. It made me feel normal

In addition the opportunity to discuss issues and learn from other mothers was greatly valued.

Service user 2: Most people there can help and talk about simple things. You don't feel like you're doing something wrong

Service user 3: With my second child I had a new partner. I had to go upstairs to feed her because he didn't like it. I gave her a bottle so I could be part of the family. Now I have seen other people breastfeeding I feel better about myself and it's not such a problem.

Peer supporter: I didn't think I had enough milk. It has given me confidence seeing others

The informal nature of the setting was also valued with some preferring this to other local provision.

Service user 3: You made friends there. It was like going to mother and toddler group. The JR felt formal, it had a clinical atmosphere

Service user 2: I didn't want to use the JR, I just wanted something I could walk to that was near home

Service user 4: The JR clinic is good and you get good advice but it is a hospital and it felt like you had to do it

5.4 The impact of the provision

The support and help available at the Children's Centres through the Baby Café and Bus is quite extensive. The evidence for effectiveness is difficult to ascertain and it should be noted that some aspects of the support may not be as effective standing alone. Stakeholders see the provision as a whole and not as separate components.

5.4.1 Increased duration of breastfeeding

There was no evidence from the interviews with the service users or professionals to suggest that the project had any impact on the decision to breastfeed. However, the responses of four service users indicate that the duration of breastfeeding has been increased due to the emotional support, practical help and advice and education available.

For three service users the knowledge gained from attending the project has altered their opinions on the duration of breastfeeding.

Service user 1: I thought breastfeeding was good, healthy but I have changed my view on how long I will continue. I thought I would go on for about 4 or 5 months but I am going to carry on for about a year if I can.

Service user 2: With my first three (children) it was difficult to keep going after 8 weeks. I wanted to get them onto the bottle at night because it was so much easier... learned it's much better to keep going longer and so I am

Service user 3: Meeting lots of other people who are breastfeeding has changed my mind. I knew about the health benefits but thought I would stop after the first few months but this has been good for my self esteem and I have gone on longer because of the benefits

One service user said she continued longer because of the professional advice she was given

Service user 4: I had the milk and I wanted to feed but I was damaged by the feeding. It (the Baby Café) was my lifeline. I would definitely have given up without the help (at 4/5 weeks)... I carried on feeding but later on when the teeth came through I needed more help. It was easier to carry on because I knew people could help me sort it out.

The peer support group recounted a number of occasions when they had been told by mums that they would have 'given up' if it hadn't been for the

help they received. This view was echoed by the experiences of other professionals, in particular the breastfeeding counsellor.

The Breastfeeding Counsellor and Children's Centre Manager also thought the project helped encourage duration, with volunteers who were breastfeeding toddlers acting as role models for those attending.

5.4.2 Promoting breastfeeding

Peer support has been used successfully, and is viewed as vital, for breaking down barriers within a woman's social network, especially among groups of women with low breastfeeding rates.

There is anecdotal evidence that the development of peer support workers and the help, advice and support given to service users could begin to have an impact on initiation as well as duration rates.

Three of the women in the survey expressed a desire to become peer counsellors and all six were keen to promote the benefits of breastfeeding as well as the assistance that could be obtained from the Baby Café. Their own experiences and the additional understanding of the benefits were cited as a real driving force to convince friends to breastfeed. The peer counsellors also believed they were beginning to have an impact on the views of women who attended the Children's Centre but were not currently breastfeeding, and related stories of mums who might consider breastfeeding the 'next time'.

There were two examples of this in action

Service user 2: I've been talking to a friend who is going to try and breastfeed her second child... she's been to the Children's Centre and seen what goes on and how much help people get.

Service user 4: My friend is going to breastfeed her second child. I have been telling her how good it is and the help you get is fantastic. I'm sure she will have a go.

5.4.3 Education

The goal of educating mothers is not only to increase their breastfeeding knowledge and skills, but also to influence their attitudes toward breastfeeding. The informally structured small group ante-natal classes and post-natal classes run as part of this project is not evaluated here. However, there is evidence that the views of service users are significantly changed following attendance at the Baby Café. This seems to be due, at least in part, to informal discussions with a range of professionals, peer support workers and other women attending the Café around their own particular experiences.

Service users expressed greater understanding and changed attitudes towards:

- The personal benefits of greater knowledge of breastfeeding
- The benefits of a longer duration period
- Dealing with negative attitudes to breastfeeding
- Breastfeeding in public
- The challenges of immediate issues such as attachment and positioning

5.5 UNICEF Training

A two-day course from the UNICEF UK Baby Friendly Initiative was undertaken by 20 key staff from Oxfordshire Children's Centres in June 2007. The course provided participants with practical-based information and skills to enable them to educate and support women about the normal process of breastfeeding. The course was suitable for mother/peer supporters and link workers.

There were a variety of attendees including centre managers, peer support workers and family outreach workers. All were seen as having an important role to play in the promotion of breastfeeding in the Centres.

A semi-structured questionnaire was used in August to collect views on the course and its impact upon individuals and provision at the Children's Centres.

16 replies were obtained. The major points from this were:

- The course was seen as very successful with 81% of the attendees rating it as very good or better, the remainder as good 'I thought the course was excellent'. 'Probably the best training I have done'.
- 38% stated their confidence was enhanced
- Practical initiatives now undertaken at the centres following the training included:
 - 75% of people now offering advice and support on breastfeeding
 - 25% have developed provision (baby group, lunch box club, support café)
 - 13% have increased the levels of information available
- A range of further developments are planned (running breastfeeding sessions, ante-natal course - 6 centres, raise awareness - 3 centres, developing community links - 2 centres)
- Support to continue to develop the work in the Centres focused on further training for individuals in the centre 50%; to have a trained person in the centre, 19%; additional resources 13%.

All respondents were positive about the training, felt they had enhanced their own knowledge and were now involved in developing provision in their Centre.

The results of this survey align with the views of those peer support workers interviewed
'UNICEF training is very important for everyone doing this work. It gives you confidence especially for those not breastfeeding at the time or weren't successful when they were'.

6 Conclusions and ways forward – challenges and opportunities

The evidence presented in this report offers some insights into the perceptions and personal experiences of breastfeeding from a limited range of service users and professionals. Whilst statistical generalizations cannot be made, some tentative conclusions can be drawn that are relevant to the work currently being promoted via the Roundabout Children's Centre and Baby Café Bus.

A range of initiatives have been implemented to try to increase breast-feeding initiation and continuation rates. Choosing the most appropriate methods for a given setting and population can be challenging given the breadth of possibilities. However the views of the service users and professionals presented here give an insight into what they consider to be effective working practices. Most of these developments have not been formally evaluated but have an established history elsewhere or a strong rationale. It should be noted that this report is unable to determine whether a particular initiative can be effective standing alone as they have been evaluated as a whole.

Conclusions

Breastfeeding has a major role to play in promoting public health and reducing inequalities. Reasons for not breastfeeding are multifaceted and there is a need for the provision of a variety of services to promote breastfeeding effectively.

The developments of the Baby Café and the Baby Café Bus have enabled a localised drop-in service to support breastfeeding mothers. This would not have been achieved without the drive of the local facilitator and the clear support of the Children's Centre Managers and the local health professionals.

The provision offered has been seen as advantageous by service users due to it being:

Relatively local

'I don't want to have to walk for ages with a pushchair and my three year old or wait in the rain to get on a bus'

Rooted in the community

'It's good to mix with other mum's who you can get to know and become friends with'

Informal and practical

'It doesn't feel like you've got a medical condition'

The service is enabling a significant number of service users to:

- Have local access to a range of professional support and encouragement about breastfeeding practice, including at critical moments
- Access peer support and counselling that they may find difficult to do otherwise
- See breastfeeding as a normal activity
- Mix socially with other mothers in a friendly and supportive environment
- Access training and education
- Have access to a range of resources and equipment

The active development of this service has enabled:

- Children's Centres and the Baby Café to benefit by reaching target groups through joint promotion and publicity. Children's Centres are now being seen by many users as breastfeeding friendly.
- The establishment of links with maternity services for the benefit of target groups (Midwives, Health Visitors, Breastfeeding Counsellor on site together)
- Greater promotion of breastfeeding support and services
- The development of a core of trained volunteers able to champion breastfeeding

The provision of UNICEF training has meant:

- An increase in the numbers of people offering advice and support in the centres
- The development of a number of new initiatives and enhanced provision in the centres

It is difficult to establish a direct impact on breastfeeding targets but the qualitative evidence suggests:

- Some mothers breastfeeding for longer than planned
- The greater understanding by service users of the health reasons for continuing to breastfeed
- A desire by those who have used the service to promote breastfeeding amongst their peers

The Way Forward

There are a number of areas that need to be addressed:

1. Communication

The knowledge of the Baby Café and the service it offers is not widely known. Service users most often knew of its existence due to visits to the Children's Centre with older siblings or through friends who used the centre

Action:

- Identify local professionals who can approach local media outlets and can present stories to the media about the breastfeeding service available
- Publicity materials to be given to local GP's, schools, clinics, hospitals, and child care providers
- Promote awareness of the facility amongst all NHS professionals e.g. school nurses, health visitors
- Investigate the potential for mothers to be informed of the Baby Café provision on discharge from hospital.

2. Antenatal education

A common theme amongst all the service users was how the settings provided a good environment for the delivery of education and for the accessibility of peer support

Action:

- Investigate the potential for more informal, practical, breastfeeding education at the antenatal stage. In particular review how to engage with first time mothers and those who do not already attend the Children's Centres
- Consider the involvement of breastfeeding mothers who can champion the benefits of breastfeeding and provide a role model to others

3. Earlier support

A number of service users suggested that earlier support, particularly in the first few weeks, is vital in the decision to continue to breastfeed. This view about timely support for those experiencing difficulties was echoed by the peer support workers.

Action:

- Investigate the potential for home visit/telephone hot-line to ensure that lactation problems are identified early and that mothers are supported appropriately

4. Peer support workers

The peer support workers are seen as key people in the support offered to the service users. There is some anecdotal evidence that this role may begin to have an impact in improving the numbers of mothers who decide to breastfeed.

Action:

- Review the ongoing training, support and supervision needs for existing and new peer supporters

5. Sustaining Provision

At present the funding streams for the Baby Café are uncertain. At best this will prevent the development of any future work. At worst it may see the loss of a facility that is benefitting significant numbers of mothers in known targeted areas.

Action:

- Investigate possible funding streams available to support this work

6. Improving current provision

A number of suggestions were put forward by service users and professionals. These were not explored in any detail.

- Extending current provision to further venues
- Outreach/educational visits to: schools; women's refuge; teenage pregnancy groups
- Interpreters for those whose first language is not English

Action:

- Investigate potential impact of these initiatives

Women's ability to choose to breastfeed is constrained by barriers at a range of levels. The work of the Children's Centres and the Baby Café and Bus are considered a valuable, additional resource by those service users and professionals interviewed. In particular its community based, informal nature coupled with timely professional support and help for those mothers faced with problems around breastfeeding is seen as invaluable.

7 Acknowledgements

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Julie Osborne