



Report on Baby Café Services during 2017

Author's Contributions

This report is based on the 2017 evaluation of Baby Café services. Rebekah Fox is the lead researcher on the project and was responsible for the design of the evaluation tools and annual survey. She also conducted the quantitative analysis of the data and drafting of the final report. Sarah McMullen and Agnes Hann were involved in the writing of the annual report.

Rebekah Fox is Senior Research and Evaluation Officer at NCT, employed on the Baby Café Project since 2012. Sarah McMullen is Head of Knowledge at NCT and Agnes Hann is Research Manager at NCT.

Acknowledgements

The authors would like to thank all of the Baby Café facilitators for their hard work throughout the year, and for gathering and submitting the data for the Annual Return. We would also like to thank Trina Warman (Baby Café Co-ordinator) and Ali Macleod (Baby Café Operations Coordinator) for their help with proofreading the annual report and the distribution of the survey and results.

Report to be cited as: Fox, R and McMullen, S. Report on Baby Café Services during 2017. London, NCT, 2018.

© 2018 NCT maintains copyright on all content included in this report. Reprint or reproduction is not permitted without prior consent.

**Published by NCT, 30 Euston Square, London, NW1 2FB
0844 243 6000
www.nct.org.uk**

**NCT is a registered charity in England and Wales: 801395.
NCT is a registered charity in Scotland: SC041592**

Executive summary

Baby Café co-ordinates a network of community-based breastfeeding support services across the UK. A Baby Café is a breastfeeding drop-in run by skilled facilitators with the help of volunteers and peer supporters, accessible, free of charge to all mothers needing support with breastfeeding. Baby Cafés are designed to provide both social support and expert help to mothers with breastfeeding questions or concerns, and each session is attended by a suitably qualified midwife, health visitor, lactation consultant or breastfeeding counsellor. The sessions are held in an informal café-style environment, with refreshments, comfortable seating and play areas for accompanying children. Funding comes from a variety of sources, including NHS trusts, local authorities, Children's Centres, NCT branches, community funds or grants. All Baby Cafés must adhere to the 12 Baby Café Quality Standards, as set out in their Licence Agreement.

Standard 1: A named facilitator

The Baby Café has a named facilitator(s) responsible for ensuring that Baby Café brand requirements are met, as set out in the Licence Agreement.

Quality Standard 2: A qualified facilitator

The Baby Café facilitator is experienced in helping and supporting breastfeeding families and is either:

- A qualified health professional, e.g. RN, RM, RHV, IBCLC
- A qualified Breastfeeding Counsellor with accreditation from ABM/ BfN/ LLL / NCT
- A local authority or other worker with post-18 education and specific training or professional development in breastfeeding

Quality Standard 3: Multidisciplinary working

The Baby Café encourages multidisciplinary working and involvement of a range of staff and volunteers. This should include:

- Collaborative working with local health care professionals
- Liaison with children's services, community groups and voluntary organisations
- Training and involvement of peer supporters and volunteers.

Quality Standard 4: A welcoming environment

The Baby Café provides a weekly drop-in which:

- Has a safe, hospitable café-style environment
- Serves refreshments and snacks

Quality Standard 5: A combination of social and clinical support

The Baby Café provides both a social model of care and one-to-one breastfeeding support from a skilled practitioner, which:

- Attracts women to attend regularly, while ensuring there is always sufficient capacity for new mothers with acute breastfeeding difficulties.
- Responds empathetically to mothers' social and emotional needs
- Responds effectively to the clinical needs of each mother and her baby
- Identifies women and babies with additional physical or mental health needs and refers them to appropriate services

Quality Standard 6: Promoting and supporting breastfeeding at all stages

The Baby Café attracts antenatal and postnatal mothers and ensures that women feel encouraged to continue breastfeeding exclusively, or in combination with using formula for 6-8 weeks or longer, using peers as support and positive role models.

Quality Standard 7: Serving the whole community

The Baby Café is committed to serving all women and is promoted effectively, so that mothers from all sectors of the community are aware of and feel motivated to access the service, receiving timely and appropriate breastfeeding information and support.

Quality Standard 8: An accessible service

The Baby Café is easy for mothers to access including:

- a place to park buggies
- close to public transport
- close to shops, health or family services or other amenities
- a conveniently located, affordable car park or off-street parking
- link workers and/or peer supporters speaking community languages
- translation facilities available.

Quality Standard 9: Referring appropriately

The Baby Café refers on promptly and appropriately to other services as required, whilst maintaining confidentiality of the client and keeping records.

Quality Standard 10: High quality information

The Baby Café displays posters, leaflets and other 'easy to read', evidence-based breastfeeding information. These might include:

- Leaflets or posters on preventing and resolving common breastfeeding difficulties, e.g. perception of too little milk, sore nipples, mastitis
- Leaflets or posters on preventing and resolving less common breastfeeding difficulties, e.g. thrush, tongue-tie
- Leaflets or posters on hand expressing and storing breast milk
- Pictures, displays or written information about the importance of support from family and friends

- Lists or posters of other sources of information, such as reliable websites.

Quality Standard 11: Regular review and improvement

- The Baby Café team meets regularly to review their service and reflect on practice. Notes are kept of issues and action points and actions carried out to address these.

Quality Standard 12: Providing reliable data

- The Baby Café facilitator keeps accurate records and submits the online Annual Return to Baby Café head office in January, using data collected throughout the previous calendar year.

Annual Return 2017

In total there were 46 Baby Cafés across the UK in December 2017. This represents a total net decrease of 3 Baby Cafés since December 2016, and considerable decreases in numbers from 2012-2015, largely due to funding issues. Funding remains the key concern for Baby Café going into 2018 reflecting the situation affecting breastfeeding support services more generally across the UK. The management team and facilitators continue to focus on new ways to provide sustainable funding in an era of public funding cuts to enable the continued expansion of this valuable service.

All Baby Café facilitators were sent a link to an online Annual Return to report their activity during the period 1st January – 31st December 2017. The Annual Return was created using SurveyMonkey software and contained a series of questions relating to the 12 Quality Standards against which all Baby Cafés are monitored. Overall 47 responses were received (a 96% response rate including the four of the seven cafes that had closed during 2017). Not all Baby Cafés provided data for the whole period because they either opened or closed during this time.

Evaluation findings

- **A wide reaching service** – There were 46 Baby Cafés across the UK in December 2017, recording a total of 14, 802 visits and supporting 6,322 mothers to breastfeed.
- **A high quality service** – Annual Returns data demonstrate that Baby Cafés are performing to the required high standards. Overall rates of self-reported performance showed continuous improvement, with over 80% of Baby Cafés meeting each of the 12 Quality Standards.

- **A social model of care** – 43% of women who attended Baby Café attended more than once and 6% attended six or more times, suggesting that the service is successful in providing a social model of care for ongoing breastfeeding support. Qualitative feedback from women suggests that they value the continuity of care provided by a named facilitator and ongoing social support and role modelling from peer supporters and other breastfeeding mothers.
- **Antenatal education** - Antenatal visits to UK Baby Cafés accounted for 5% of the total in 2017, enabling women to pre-empt possible feeding difficulties, meet key individuals and explore opportunities for support in advance of feeding their babies.
- **Supporting breastfeeding at all stages** – Baby Café aims to provide ongoing expert and social support for women throughout their breastfeeding journey. Mothers most commonly attend Baby Café for the first time when their baby is aged between two - four weeks (20%), a time when routine post-natal support tends to drop away and women often report struggling with ongoing feeding issues. 16% of women attended when their baby was under one week old and 17% between 8-14 days, whilst around a quarter did not attend until after two months and 10% after six months, emphasising the value of providing support beyond the immediate postnatal period.
- **An accessible service** –Baby Café facilitators work hard to ensure that they promote their services widely to attract women from all sectors of the local community. Overall 65% of women using the service during 2017 described themselves as White British, 16% White other, 10% Asian / Asian British, 4% Black / Black British, 3% Mixed / Multiple ethnic groups and 2% as other. However, 94% of women using UK Baby Cafés are aged 25 or over and just 1% aged 19 and under, suggesting this is an area where further outreach work is needed to attract younger mothers to attend the service, potentially through the use of younger volunteers or peer supporters.
- **A professional service** – Baby Café Quality Standards require a named facilitator(s) who is skilled and experienced in supporting breastfeeding women. 2017 data shows that 51% of Baby Café facilitators have received UNICEF Baby Friendly training, 56% are qualified Breastfeeding Counsellors, 38% are IBCLC lactation consultants, 30% are health visitors and 23% are midwives (with many holding several of these qualifications). Qualitative feedback from women attending the service¹ suggests that they value the expertise and continuity of care provided by skilled facilitators.
- **Involvement of peer supporters and volunteers** – Baby Cafés benefitted from an average of 147 volunteer hours during 2017, with 70% of Baby Cafés using trained peer supporters and referring a total of 182 women for peer supporter training.

Volunteers and peer supporters play a key role in providing a welcoming environment for women attending the service and ensuring ongoing social support throughout the breastfeeding journey.

- **Integration with local healthcare systems** – Baby Cafés are well-integrated with local health and social care systems, with midwives and health visitors providing the main pathways of referral into the service, followed by children’s centres and word of mouth from family and friends. This emphasises the high regard that many health professionals have for the Baby Café model and the importance of good relationships with health professionals to make the service accessible to all women in the local community.
- **Appropriate referral** – Baby Café facilitators identify women who require further support and refer them to other local health services. 94% of UK Baby Cafés reported making recommendations for mothers to visit another health professional during 2017, whilst 79% made direct referrals. Most commonly these referrals were to GP’s, health visitors, tongue-tie clinics or other breastfeeding support services.
- **A continuously improving service** - The Annual Returns process provides an opportunity for facilitators to reflect upon practice and continuously review and improve their service. Pro-active support and training from the Baby Café team in the form of site visits, induction and update days is in place to help all Baby Cafés achieve the Quality Standards, with a total of 12 update days conducted during 2017.

Conclusion

The Baby Café mission is to provide a social model of community-based support for breastfeeding mothers in a café-style environment, with access to expert breastfeeding practitioners and prompt referral for additional care when necessary. The findings of this report show that the Baby Café network is successful in providing this social model of care for women. Cafés provide professional support for new mothers and work closely with local healthcare providers to give women opportunities for extra care where needed.

Baby Café facilitators are well aware of the challenges of providing care for women from all sectors of the community and this is a priority in 2018 and beyond. Similarly, having accurate data on each Baby Café’s activities will help Baby Café to evaluate and monitor its services to ensure that this high quality care continues. 2017 has seen a continued increase in the numbers of Baby Cafés meeting each of the 12 Quality Standards and excellent response rates (96%), in data collection and reporting.

In-depth qualitative research published during 2015¹ explored the role of Baby Café in helping women to establish and maintain breastfeeding. This research shows that both the expert and social support provided in a Baby Café setting is valued by mothers using the service and plays a key role in increasing breastfeeding confidence and duration. These findings were supported by a telephone follow-up evaluation conducted in July /August 2015², which showed that 75% of mothers attending Baby Café felt that this had enabled them to breastfeed for longer than they would have done without the support and 96% found the service useful. 81% had breastfed for as long as they intended and 26% specifically stated that they had fed for longer, with reported duration rates well above national averages.

Baby Cafés are now part of wider breastfeeding strategies to help meet UNICEF Baby Friendly standards for breastfeeding support in the community³, and in some areas the service is being specifically commissioned to meet this need. However, funding remains the service's biggest challenge, particularly in the current UK political and economic climate, where funding pressure on NHS and local authority public health budgets are having a significant impact. Sustainable sources of funding need to be secured to ensure the continued growth of the Baby Café network.

The voice of women benefitting from Baby Café services during 2017

If I didn't have Baby Café, I would be no longer feeding my baby. Baby Café has got me through a tough time, with a history of depression, I have had lots of low moods after birth. Knowing that Baby Cafe was there for me every week kept me going through this time and I am still breastfeeding my baby!

If it wasn't for Baby Café I would never have managed to get my baby to latch on and still be feeding at 6 months. The whole team is so friendly and welcoming they always make us feel at home when we come, sometimes just for a chat when it's been a difficult week. It's been a long hard journey with highs and lows and Baby Café have been there for me at every stumbling block to help me find the strength to keep going.

I have attended Baby Café for both of my children and received much needed help and support from the staff. It's also been a great way to build my confidence for feeding in public and getting to know other mums.

Contents

Author's Contributions	2
Acknowledgements	2
Executive summary	3
Annual Return 2017	5
Evaluation findings.....	5
Conclusion.....	7
1 Introduction	11
Baby Café	11
Baby Café vision, mission and intended outcomes	11
The Baby Café service objectives are as follows:.....	12
Quality Standards.....	12
Number of Baby Cafés	15
2 Method	16
3 Results	17
Meeting the Quality Standards.....	17
Staffing	18
Facilities	20
Attendance.....	22
<i>How many women do Baby Cafés support?</i>	22
<i>Antenatal attendance</i>	23
<i>Age of babies at first visit</i>	23
<i>How many times do women attend the Baby Café?</i>	24
Support and breastfeeding continuation	25
<i>Why do women attend?</i>	25
Inclusion and diversity	28
<i>Ethnicity</i>	28
<i>Country of birth</i>	29
<i>Using community languages</i>	29
<i>Age</i>	29
<i>Education</i>	30
Disability.....	30
Accessibility.....	30
<i>Promotion and marketing</i>	32
Links with other services.....	33
Referrals	34
Written information.....	35
Review and Improvement.....	36
Keeping accurate data	40

Successes and Challenges	40
Funding	42
4 Discussion and conclusions	43
Attendance.....	44
A high quality service	44
Relationships with health professionals	45
Working with the whole community	45
Reasons for visits	45
Supporting continuing breastfeeding	46
Conclusion.....	46
Bibliography	47
Glossary of Terms	47

1 Introduction

Baby Café

Baby Café co-ordinates a network of breastfeeding drop-in centres to support breastfeeding mothers across the UK. A Baby Café is a breastfeeding drop-in centre run by paid skilled facilitators, accessible free of charge to all mothers needing support with breastfeeding. Pregnant and breastfeeding mothers are welcome to drop in at any time during opening hours. Baby Cafés are designed to provide both social support and expert help with any breastfeeding concerns or questions from a midwife, health visitor or breastfeeding counsellor, who is present at each session. The service design is based on a social model of care which aims to focus on the whole person and the family, providing a supportive social environment for breastfeeding. The sessions are held in an informal café-style environment with coffee tables, comfortable seating and play areas for accompanying toddlers. No appointment is necessary and partners, supporters and visiting health professionals are also welcome.

Baby Cafés are required by the Licence Agreement to be run by a suitably qualified health professional (e.g. midwife, health visitor or lactation consultant) or ABM / BfN / LLL / NCT Breastfeeding Counsellor. They must be open at least once a week for 90 minutes or more and for a minimum of 48 weeks in the year. Many Baby Cafés have peer supporters attending sessions and some operate their own peer supporter training programmes. Funding comes from a variety of sources such as NHS trusts, health boards, local health and social care trusts, Sure Start programmes, Children's Centres or community funds or grants. Baby Cafés are situated in a variety of locations, from church halls and community rooms to health centres or children's centres.

Baby Café vision, mission and intended outcomes

The Baby Café vision

The Baby Café vision is for a world in which women from all social groups feel motivated and supported to breastfeed by their friends, family, community and professionals. Mothers are able to breastfeed for as long as they want to and feel empowered about their feeding decisions and experiences.

The Baby Café mission

The Baby Café mission is to provide a social model of community-based support for breastfeeding mothers in a café-style environment, with access to expert breastfeeding practitioners and prompt referral for additional care when needed.

Outcomes and impact

Baby Café will have had its desired impact if progressive change is made towards achieving its vision. The following measurable outcomes are key to this:

1. More women have a positive experience of breastfeeding.
2. More women are breastfeeding at 6-8 weeks.
3. Fewer women giving up breastfeeding before they intended to.

The Baby Café service objectives

The Baby Café service objectives are as follows:

- To provide a social model of breastfeeding support in a comfortable café-style environment.
- To provide a universal service that is accessible to women from a range of social backgrounds including more disadvantaged mothers.
- To provide direct access to expert support and knowledge for breastfeeding difficulties and questions, and prompt referral for additional care where needed.
- To provide a consistent quality of service as set out in the Baby Café Licence Agreement and Quality Standards document.
- To enable more women to breastfeed for at least 6-8 weeks, by helping them to overcome any problems effectively and in a timely way, and contributing to them having a positive experience of breastfeeding so that they feel able to breastfeed for as long as they intended to.

Quality Standards

The Baby Café model is based upon 12 Quality Standards as set out in the Licence Agreement. These standards are designed to support facilitators by making explicit the required components of the Baby Café model. Annual reporting against the standards enables performance to be monitored so that improvements can be made year-on-year and any concerns identified and additional management support provided. The standards address staffing, relationships with local healthcare professionals, venue and facilities, care and support provided, information offered, diversity and accessibility, referral processes and governance.

The 12 Quality Standards

Standard 1: A named facilitator

The Baby Café has a named facilitator(s) responsible for ensuring that Baby Café brand requirements are met, as set out in the Licence Agreement.

Quality Standard 2: A qualified facilitator

The Baby Café facilitator is experienced in helping and supporting breastfeeding families and is either:

- A qualified health professional, e.g. RN, RM, RHV, IBCLC
- A qualified Breastfeeding Counsellor with accreditation from ABM/ BfN/ LLL / NCT
- A local authority or other worker with post-18 education and specific training or professional development in breastfeeding

Quality Standard 3: Multidisciplinary working

The Baby Café encourages multidisciplinary working and involvement of a range of staff and volunteers. This should include:

- Collaborative working with local healthcare professionals
- Liaison with children's services, community groups and voluntary organisations
- Training and involvement of peer supporters and volunteers.

Quality Standard 4: A welcoming environment

The Baby Café provides a weekly drop-in which:

- Has a safe, hospitable café-style environment
- Serves refreshments and snacks

Quality Standard 5: A combination of social and clinical support

The Baby Café provides both a social model of care and one-to-one breastfeeding support from a skilled practitioner, which:

- Attracts women to attend regularly, while ensuring there is always sufficient capacity for new mothers with acute breastfeeding difficulties.
- Responds empathetically to mothers' social and emotional needs
- Responds effectively to the clinical needs of each mother and her baby
- Identifies women and babies with additional physical or mental health needs and refers them to appropriate services

Quality Standard 6: Promoting and supporting breastfeeding at all stages

The Baby Café attracts antenatal and postnatal mothers and ensures that women feel encouraged to continue breastfeeding exclusively, or in combination with using formula for 6-8 weeks or longer, using peers as support and positive role models.

Quality Standard 7: Serving the whole community

The Baby Café is committed to serving all women and is promoted effectively, so that mothers from all sectors of the community are aware of and feel motivated to access the service, receiving timely and appropriate breastfeeding information and support.

Quality Standard 8: An accessible service

The Baby Café is easy for mothers to access including:

- a place to park buggies
- close to public transport
- close to shops, health or family services or other amenities
- a conveniently located, affordable car park or off-street parking
- link workers and/or peer supporters speaking community languages
- translation facilities available.

Quality Standard 9: Referring appropriately

The Baby Café refers on promptly and appropriately to other services as required, whilst maintaining confidentiality of the client and keeping records.

Quality Standard 10: High quality information

The Baby Café displays posters, leaflets and other 'easy-to-read', evidence-based breastfeeding information. These might include:

- Leaflets or posters on preventing and resolving common breastfeeding difficulties, e.g. perception of too little milk, sore nipples, mastitis
- Leaflets or posters on preventing and resolving less common breastfeeding difficulties, e.g. thrush, tongue-tie
- Leaflets or posters on hand expressing and storing breast milk
- Pictures, displays or written information about the importance of support from family and friends
- Lists or posters of other sources of information, such as reliable websites

Quality Standard 11: Regular review and improvement

- The Baby Café team meets regularly to review their service and reflect on practice. Notes are kept of issues and action points and actions carried out to address these.

Quality Standard 12: Providing reliable data

- The Baby Café facilitator keeps accurate records and submits the online Annual Return to Baby Café head office in January, using data collected throughout the previous calendar year.

Number of Baby Cafés

In December 2017 there were 46 active Baby Cafés across the UK, showing a net decrease of 3 Baby Cafés since December 2016 (see Table 1). This decrease can be linked to funding difficulties in an uncertain economic climate where NHS and local authorities are forced to make significant budget cuts. However due to the changeable availability of funding, premises and facilitators, Baby Cafés tend to open and close throughout the year, therefore such snapshots in time simplify the lived reality of the situation. New Baby Cafés continue to open and it is hoped that the next few years will see renewed growth. Several Baby Cafés have been rescued from potential closure during 2017 due to the determination of local facilitators and it is hoped that alternative sources of sustainable funding can be secured to support the ongoing provision of this valuable service.

Table 1: Changes in the numbers of Baby Cafés: December 2012 to December 2017

Total Dec 2012	Total Dec 2013	Total Dec 2014	Total Dec 2015	Total Dec 2016	Total Dec 2017	Opened during 2017	Closed during 2017	Net change 2016-2017
104	108	94	58	49	46	4	7	-3

2 Method

Baby Café facilitators were sent a link to an online Annual Return survey to report their activity during the period 1 January to 31 December 2017. The link was sent in a personalised email in early January 2018, requiring them to submit their return by 31st January 2018 as part of their Licence Agreement. The Annual Return survey was created using SurveyMonkey software and contained a series of questions related to the 12 Quality Standards against which Baby Cafés are monitored.

Returns were received from 47 of the 50 Baby Cafés considered to be operational in 2017 (a 96% return rate). Of these, 41 Baby Cafés were able to provide data for the whole year (1st January -31st December 2017), whilst 6 could only provide data for part of the year because they either opened or closed during this time.

Missing returns were followed up by the Baby Café Operations Coordinator, and were mainly due to facilitator absences, a change of facilitator without updated contact details, or actual or imminent closures due to lack of funding. The data were cleaned and then analysed using a combination of IBM SPSS Statistics software and Microsoft Excel. All missing data is excluded from the analyses.

3 Results

Findings are reported for the 47 Baby Cafés that provided substantive data, including 6 that were not open for the whole period (1st January-31st December 2017).

Facilitators were asked to describe how their Baby Café functions in relation to staffing, relationships with local healthcare professionals, their venue and facilities, care and support provided, information offered, diversity and accessibility, referral processes and governance. They were also asked to assess their own performance in relation to the 12 Quality Standards which Baby Café aspires to reach and expects of all those who hold a licence.

Meeting the Quality Standards

Overall, rates of self-reported performance were positive among those Baby Cafés who submitted a detailed return. All 12 Quality Standards were met by over 80% of Baby Cafés for whom data was available (see Table 2). 28 Baby Cafés (60% of those responding) reported meeting all 12 standards in full. The hardest standards to meet appeared to be Standard 11 (continuous review and improvement), 12 (Reliable data collection), 4 (café-style environment) and 6 (breastfeeding continuation). Many facilitators commented that they did not have time or budget for reflective meetings, although most held some kind of informal debriefing sessions to discuss issues as they arose. This suggests that perhaps a slight re-wording of this standard removing the need for formal meetings or note-taking may make this standard more achievable. Problems with data collection and completing the Annual Return on time led to cafés not meeting Standard 12.

Limitations placed upon the Baby Cafés by the venue meant that in some areas they were unable to serve hot drinks or snacks due to health and safety restrictions, local healthy eating policies or simply lack of budget, meaning they were unable to meet the standard for a café-style environment. This particularly seemed to be a problem amongst cafés commissioned by local health authorities, perhaps because these tended to be run in local health facilities. However, they have continued to provide a welcoming environment despite this challenge.

Table 2: Number and percentage of UK Baby Café services meeting each Quality Standard

	Quality Standard	2017						2016	2015	2014	2013	2012
		Meets the standard		Working towards Standard		Does not meet the standard		Meets the standard				
		n	%	n	%	n	%	%	%	%	%	%
1	Named facilitator	46	98%	1	2%	0	0%	100%	100%	99%	98%	97%
2	Qualified facilitator	46	98%	1	2%	0	0%	98%	100%	99%	98%	97%
3	Collaborative relationships	43	91%	4	9%	0	0%	94%	95%	92%	93%	96%
4	Café-style environment	41	87%	4	9%	2	4%	92%	95%	95%	95%	93%
5	Social model of care	43	91%	4	9%	0	0%	96%	93%	97%	93%	92%
6	Breastfeeding continuation	42	89%	5	11%	0	0%	96%	93%	92%	88%	88%
7	Diversity	44	94%	3	6%	0	0%	96%	100%	96%	87%	87%
8	Transport and access	46	98%	0	0%	1	2%	94%	98%	95%	90%	90%
9	Referral	47	100%	0	0%	0	0%	98%	100%	100%	93%	79%
10	Information	46	98%	1	2%	0	0%	98%	98%	93%	93%	90%
11	Review and improvement	42	89%	4	9%	1	2%	92%	85%	90%	79%	76%
12	Reliable data collection	42	89%	5	11%	0	0%	96%	95%	97%	76%	81%

The 12 Quality Standards relate to key aspects of the work of the Baby Cafés, providing guidance on what is expected. These will be discussed under eight headings: staffing, facilities, attendance, support and breastfeeding continuation, inclusion and diversity, accessibility, referral, and review and improvement.

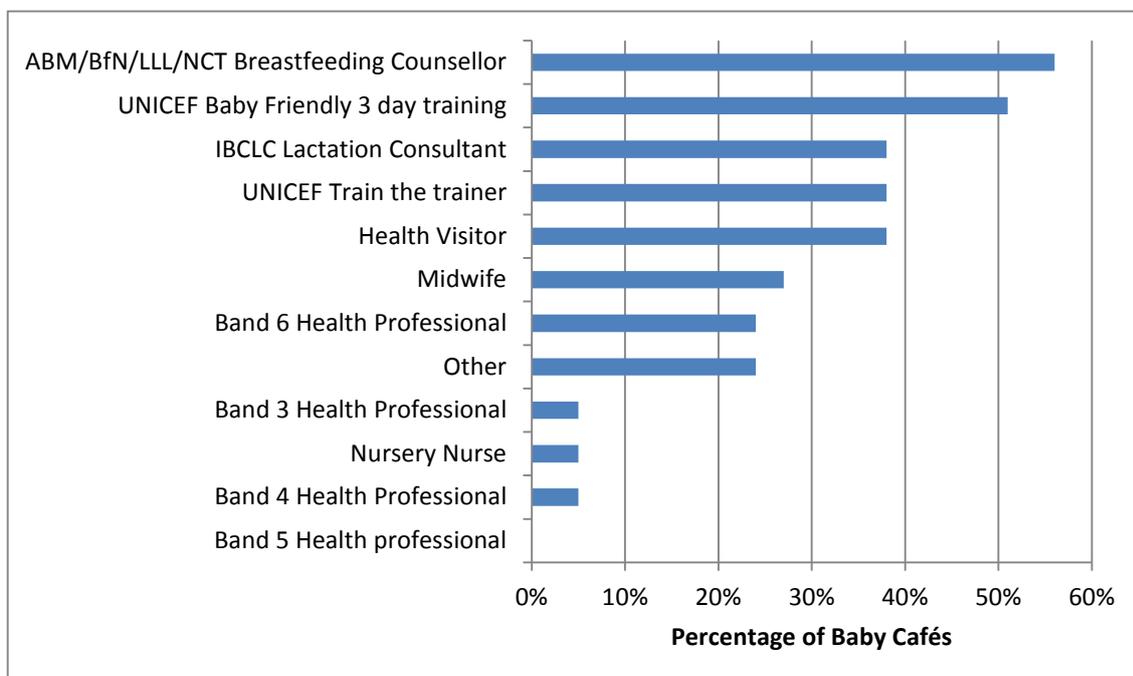
Staffing

Having appropriately qualified and trained staff is central to the Baby Café model. Each Baby Café must be run by a named facilitator(s) who are responsible for ensuring that the requirements of the Licence Agreement are met. Those who are motivated to run a Baby

Café will usually have a strong commitment to support breastfeeding women and babies, and to create an environment where breastfeeding is enabled and encouraged. Many Baby Café facilitators have had UNICEF Baby friendly (3-day) training and a substantial number are IBCLC qualified lactation consultants.

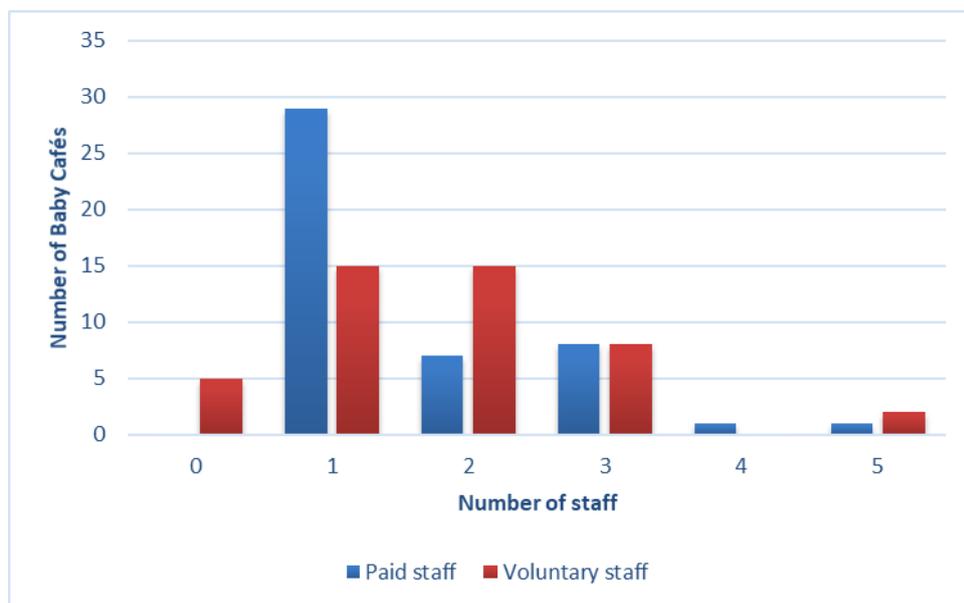
Figure 1 shows the qualifications and seniority of facilitators of UK Baby Cafés during 2017. Many facilitators held several of these positions consecutively. 56% of facilitators were qualified ABM / BfN / LLL / NCT Breastfeeding Counsellors, 51% had received UNICEF Baby Friendly 3 day training, 38% were IBCLC lactation consultants and 38% were health visitors. 24% were Band 6 health professionals. Staff listed under the 'other' category included maternity support workers, children's centres managers, student midwives and Band 7 health professionals.

Figure 1: Qualifications and seniority of facilitators of UK Baby Cafés



Most Baby Cafés have more than one regular staff member. The mean number of paid staff present each week was 2.1 (range 0-4) and the average number of volunteers was 2.2 (range 0-5). Each Baby Café received an average of 135 volunteer hours during 2017, although this varied greatly (range 0-355 hours).

Figure 2: Number of paid and voluntary staff present each week in UK Baby Cafés



70% of Baby Cafés used trained peer supporters and together they reported having referred 182 women for peer supporter training during 2017. 34% of these Baby Cafés used NCT training, whilst 43% had their own peer supporter training programme, 5% used BfN training and 2% ABM training. The remaining 16% used other peer support training programmes run by the NHS or other local organisations.

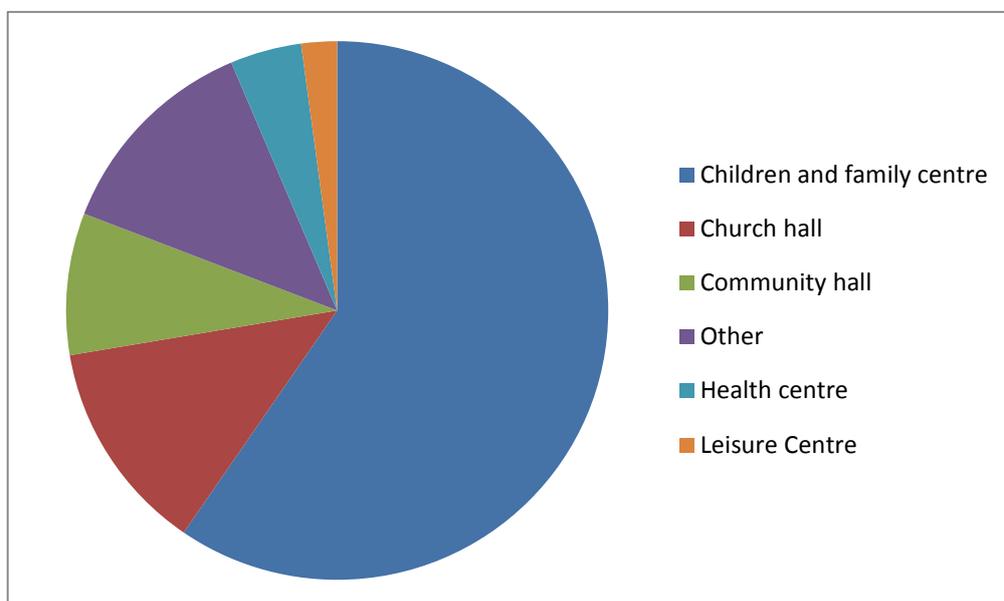
Facilities

Quality Standard 4 requires that Baby Cafés provide a weekly drop-in with a safe, hospitable, café-style environment, serving refreshments and snacks.

Accounting for public holidays, staff sickness or annual leave and term time opening, the average number of sessions held per Baby Café in 2017 was 43.

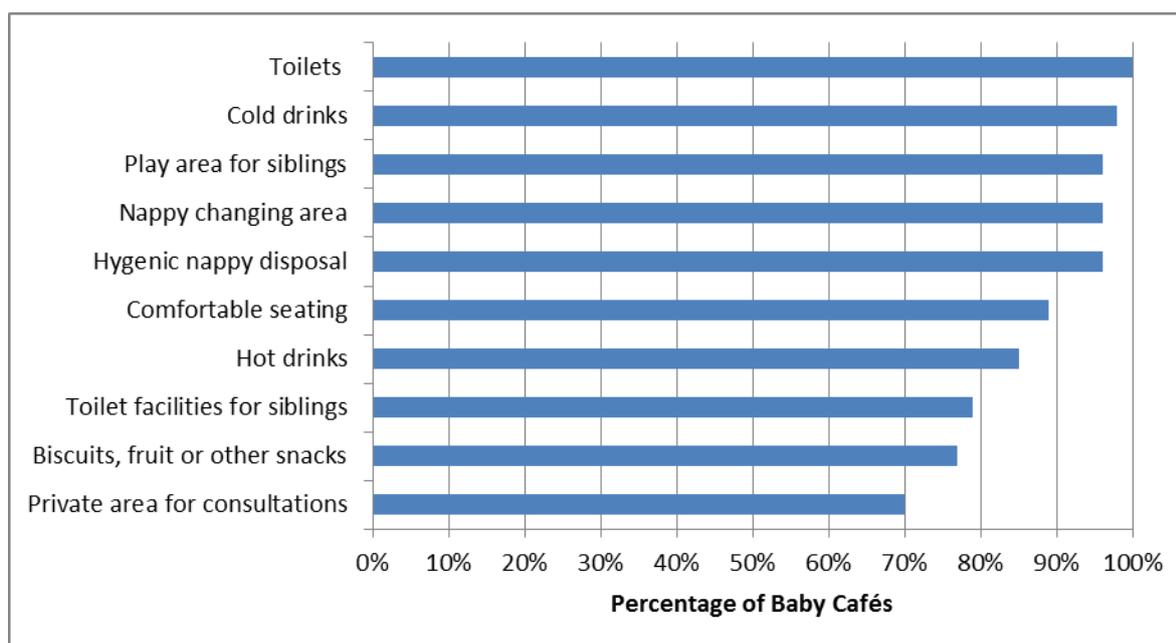
Cafés are run from a number of different venues (see Figure 3), with a large majority (60%) being held in children and family centres, others in community or church halls, health centres or leisure centres. Alternative venues include a community room in a shopping centre, a ballet school and a church community café.

Figure 3: Venues in which Baby Café services are based



The majority of Baby Cafés reported that they met the requirements for a comfortable café-style environment, with over 90% of Baby Cafés offering toilets, nappy changing area facilities, cold drinks and a play area for siblings.

Figure 4: Baby Café facilities



The majority of Baby Cafés were also able to provide additional facilities such as comfortable seating for breastfeeding mothers (89%), hot drinks (82%), toilet facilities for siblings (81%), biscuits, fruit or other snacks (77%), and private areas for consultations (74%). Where such facilities were not available this was generally due to a lack of space or budget, or restrictions placed upon the Baby Café by the venue, as shown by the comments below.

Unable to offer hot drinks as kitchen is far away and would be a safety issue. Also not enough manpower.

There is not always a free private consultation room to use. There is not a designated baby changing area, we have to set up a space with a mat on the floor. The seating is like you'd find in a waiting room - comfortable but not brilliant - there is nowhere we can do laid back breastfeeding etc. We do not have the time to bake and provide cakes - but only provide biscuits.

We can't provide food, we take donations for tea, coffee, biscuits, and milk. Limited comfortable seating, just a few sofas, one feeding chair, all other chairs are desk chairs.

Attendance

One of the key elements of the Baby Café model is that it provides a social model of care which attracts women to attend regularly. Figures provided in the Annual Return show the overall numbers of women attending the service and the number of times they visited.

How many women do Baby Cafés support?

The 47 Baby Cafés who responded to the survey provided a service to a total of 6,322 individual women throughout the year, a mean of 147 women per Baby Café (range 3-453), (note that some Baby Cafés were not open for the whole year). These women made a total of 14,802 visits, an average of 344 visits per Baby Café (range 3-1373).

This shows similar numbers of mothers using the service to 2016 (6,283) but a decrease from an estimated 7,494 women using the service in 2015, reflecting the overall decrease in the numbers of UK Baby Cafés over the past two years due to funding difficulties. However, Baby Cafés are now seeing more individual women (an average of 147 women per Baby Café compared with 143 in 2016, 134 in 2015 and 93 in 2014).

Antenatal attendance

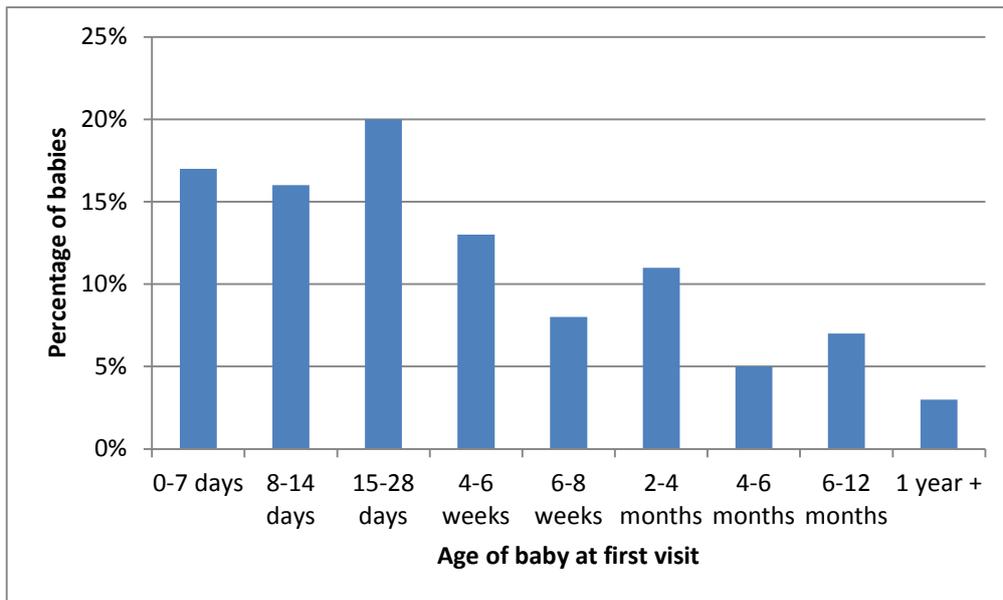
One area that Baby Café is particularly keen to promote is increasing the number of antenatal visits by mothers. These visits can help promote breastfeeding, connect women to local services before they need them and potentially pre-empt common breastfeeding problems through antenatal education.

In 2017, 339 antenatal visits were recorded by the 47 Baby Cafés for which data was available, an average of 8 women per Baby Café (approximately 5% of visits). This suggests that attempts to increase antenatal attendance are paying off; however there is still scope for further marketing of the Baby Cafés to pregnant women.

Age of babies at first visit

Baby Café facilitators also collected data on the age of babies at first visit to Baby Café. The results are shown in Figure 5 below. Figures show that mothers most commonly first attend Baby Café when their babies are aged 15-28 days (20%), a time when routine postnatal support tends to drop away and women are left struggling with ongoing feeding issues. Particularly for first-time mothers it may take several days / weeks before they feel able to leave the house or contemplate feeding in public. However, a significant proportion of women (17%) attend within the first seven days and a further 16% between 8-14 days, showing the value in providing early support to address breastfeeding issues. Interestingly a quarter of women do not attend until after two months (with 7% first attending after 6 months and 3% after one year), emphasising the importance of ongoing support beyond the immediate postnatal period.

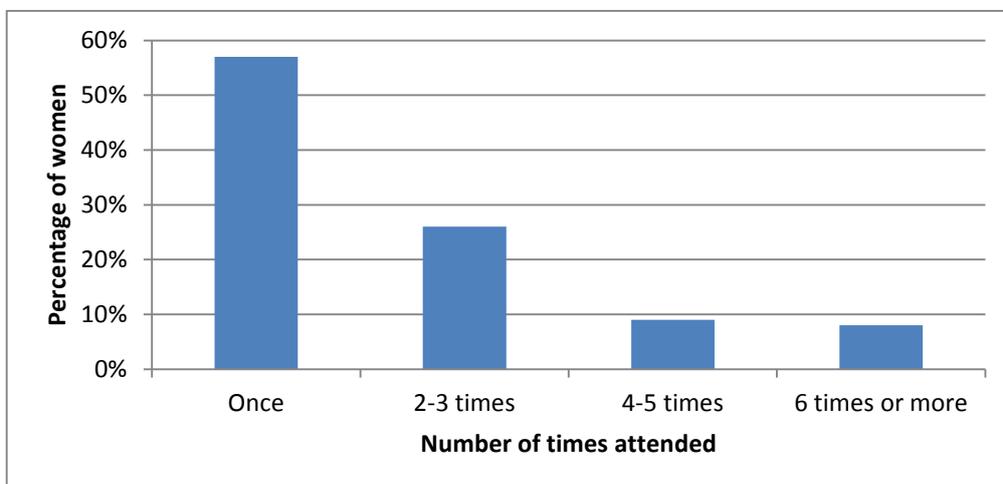
Figure 5: Age of babies at first visit to the Baby Café service



How many times do women attend the Baby Café?

Overall, 43% of women who used a Baby Café service attended more than once and 8% came six times or more. This finding supports the philosophy of the Baby Café, that the service is a social model, with women attending to spend time with other breastfeeding mothers as well as to seek expert support and care when they have a particular concern or difficulty.

Figure 6: The number of times women attended their Baby Café service



It is possible that repeat visits reflect a higher proportion of unresolved breastfeeding difficulties, continuing beyond one or two visits. However, comments from mothers and facilitators suggest that women generally have positive reasons for attending a Baby Café frequently. This is supported by the results of a qualitative research study into women's experiences of Baby Café services published during 2015¹.

Support and breastfeeding continuation

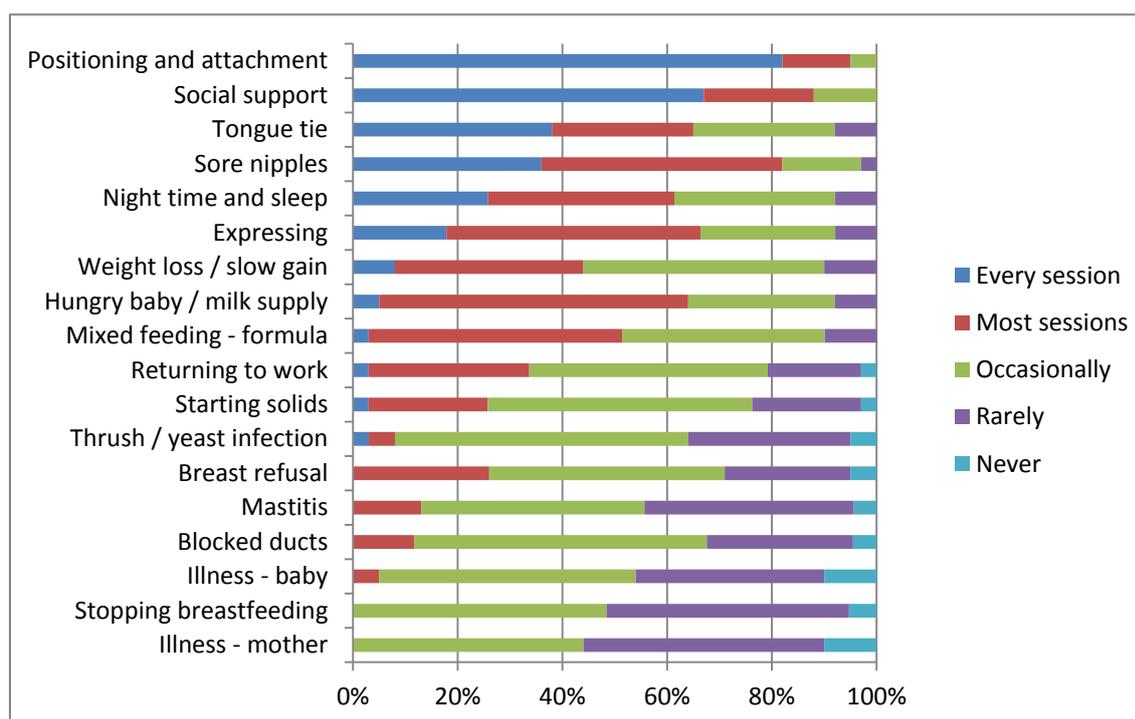
The Baby Café model is designed to provide continuing support with a view to increasing breastfeeding continuation rates at 6-8 weeks. Baby Cafés appear to be providing a welcoming and acceptable social environment for women to visit regularly and comments from women suggest that the support they receive from Baby Café staff, volunteers and other mothers has made a difference to their breastfeeding experience.

Why do women attend?

Most Baby Café facilitators reported that women attended their Baby Café for both social support and for help with specific feeding concerns or difficulties. Responses indicated that the most common reasons for attendance were positioning and attachment, social support, tongue-tie, sore nipples, concerns about sleep and night feeds. However, there were many other presenting issues that Baby Cafés responded to (see Figure 7 below). Other reasons not listed were tandem feeding, twins, biting and teething, reflux, colic, allergy, nipple shields and postnatal depression.

Interestingly tongue tie has become an increasingly common reason for attendance with 65% of facilitators stating that mothers attended every or most sessions with this concern, compared to just 20% in 2014. This reflects the recent surge in babies being suspected or diagnosed as having this condition, the mixed availability of tongue-tie services across the UK, and the current debate in professional and popular circles regarding appropriate identification and treatment options³.

Figure 7: Reasons for attending Baby Café services



Women’s experiences of breastfeeding

The three service aims for the Baby Café include more women having a positive experience of breastfeeding, fewer women giving up breastfeeding before they intended to, and more women breastfeeding at 6-8 weeks.

Robust data on breastfeeding rates at 6-8 weeks is difficult to collect using routine monitoring tools within a Baby Café setting. By the very nature of the service, almost all women who attend are breastfeeding. And where mothers only attend before 6 weeks, resources are not available to routinely follow up these mothers to record their breastfeeding status at 6-8 weeks. What is more, even where women are able to provide this information, it is difficult to ascertain the exact contribution of Baby Café to achieving this. Baby Café facilitators therefore no longer routinely collect data on 6-8 week feeding rates. However, a telephone follow-up evaluation conducted in July /August 2015² showed that 75% of mothers attending Baby Café felt that this had enabled them to breastfeed for longer than they would have done without the support, with reported duration rates well above national averages.

Examples of comments provided by mothers are shown below. Many women commented that without the support of Baby Café they would have given up breastfeeding and often saw their visit to Baby Café as a turning point in their breastfeeding relationship.

If I didn't have Baby Café, I would be no longer feeding my baby. Baby Cafe has got me through a tough time, with a history of depression, I have had lots of low moods after birth.

Knowing that Baby Cafe was there for me every week kept me going through this time and I am still breastfeeding my baby!

Women used phrases like 'I could not have done this without the support'. They referred to the expertise, approachability and encouragement of the Baby Café staff and the friendly welcoming nature of the café environment.

If it wasn't for Baby Cafe I would never have managed to get my baby to latch on and still be feeding at 6 months. The whole team is so friendly and welcoming they always make us feel at home when we come, sometimes just for a chat when it's been a difficult week. It's been a long hard journey with highs and lows and Baby Cafe have been there for me at every stumbling block to help me find the strength to keep going.

I know I can ask for help if I need it at groups I attend. I feel as though breastfeeding is normal and okay to do at the groups and staff make you feel welcome and comfortable to do so. It's nice to have a place to feed and socialise with other breastfeeding mothers

You have saved my life. You have saved my sanity. Thank goodness you were here. I am glad my HV referred me here.

Some of the comments collected from women explicitly referred to the combination of clinical care and emotional or practical support that the Baby Café provided, including links with other services, which enabled them to continue their breastfeeding journey.

The weekly cafe has helped me continue feeding both my children. The support received from the supporters and other mums has helped understand what's normal with breastfeeding and what's not. They also helped me realise I needed extra support with my mental health

I was informed about the breastfeeding group by a friend after struggling to breastfeed my daughter and having reached out to many other places for support but not been successful. I found the group to be exactly what I needed at the right time. The professionals on hand were so supportive and reassured me I was doing a good job at a time where I felt I was failing and inadequate. During the five months I attended this group I was supported with my position and attachment as well as an undiagnosed tongue-tie that was successfully snipped for my daughter at 7 weeks. My daughter is now 7 months old and has been diagnosed with some food allergies and severe reflux but to date I am still breastfeeding and feel it has brought us a lot closer together. I feel [facilitators] went above and beyond their role to ensure we were fully supported and I know without their support I would have stopped breastfeeding very early on. This is an invaluable service that provides additional support at a critical time. Many thanks for all you do.

Women also commented on the importance of social support from other mothers and peer supporters in giving them confidence to continue feeding for as long as they wished.

I have attended Baby Café for both of my children and received much needed help and support from the staff. It's also been a great way to build my confidence for feeding in public and getting to know other mums.

Baby Café is something to look forward to each week. Nice to know you're not the only one going through things and have a hot cup of tea. I enjoy meeting other mothers and getting to know the staff and feel comfortable to talk and open up. There is always a friendly face to ask any questions.

Inclusion and diversity

Baby Café are committed to supporting women from all sectors of the community. As part of improved data collection procedures introduced since January 2013, facilitators routinely collect demographic data on the women using the service in order to monitor inclusion and diversity, including mother's age, ethnicity and education.

Ethnicity

Overall 65% of women using Baby Café services during 2017 described themselves as White British and a further 16% as White Other, with 10% Asian / Asian British, 4% Black / Black British and 3% Mixed / Multiple ethnic groups and 2% as Other. Interestingly women in the 'White Other' category are particularly over-represented in relation to the UK population, perhaps reflecting the fact that women living outside their home country, who are isolated from friends and family, are more likely to seek out support.

Table 4: Ethnicity of women visiting Baby Café services during 2013-2017

	2013	2014	2015	2016	2017
Asian / Asian British	6%	9%	9%	9%	10%
Black / Black British	3%	6%	4%	3%	4%
White British	74%	65%	65%	69%	65%
White other	13%	15%	17%	14%	16%
Mixed / multiple ethnic groups	2%	2%	3%	3%	3%
Other ethnic group	2%	2%	2%	2%	2%

Country of birth

As of 2015 UK Baby Cafés were required to collect information on country of birth, showing that 78% of women visiting Baby Cafés during 2017 were born in the UK and 22% outside the UK. However, many Baby Cafés did not collect this data and it is hoped fuller figures will be available in 2018.

Using community languages

Baby Cafés were asked about their use of community languages and verbal or written translation services. 46% of Baby Cafés reported that they had access to translation services either through Language Line, or face-to-face interpreters, whilst 54% had staff or peer supporters who spoke community languages. Many others had so far found no need for interpretation as they were situated in areas without large migrant communities.

42% of Baby Cafés said they had access to leaflets in community languages, most often UNICEF leaflets that could be downloaded as required. Most other Baby Cafés had had no need for leaflets in languages other than English or had relied on picture cards and face-to-face demonstration of, for example, positioning.

Age

Breastfeeding is less common amongst younger mothers and Baby Café is keen to encourage women from these age groups to attend. Overall 94% of women visiting Baby Café services during 2017 were aged 25 and over, with just 5% aged 20-24 and 1% aged 19 and under. This is an area where further outreach work is required to try to attract younger mothers who may be less confident in their feeding decisions or lack alternative social or professional support.

Table 5: Age group of women visiting Baby Café services during 2017

Age	Percentage of mothers
19 and under	1%
20-24	5%
25-29	23%
30-34	40%
35-39	24%
40 and over	7%

Education

Research has shown that breastfeeding rates are also linked to levels of education. This is reflected in the survey results which show that overall 79% of mothers attending Baby Café services during 2017 have either an undergraduate or postgraduate degree, with less than 1% having no formal qualification.

Table 6: Educational qualifications of women visiting Baby Café services during 2017

Highest educational qualification	Percentage of mothers
No formal qualification	1%
GCSE / equivalent	6%
A-Level / equivalent	12%
Undergraduate degree	39%
Postgraduate degree	40%
Other	3%

Disability

Overall 3% of those mothers visiting Baby Café during 2017 considered themselves to have a disability.

Accessibility

In order for Baby Cafés to be as accessible as possible to all sectors of the community, they need to be well connected with public transport links and local amenities. As the majority of Baby Cafés are located in children’s centres or health facilities, these are usually designed to be accessible for local communities and Baby Cafés may run alongside other health clinics or

social activities for mothers and babies, allowing for ease of access between the two. Many facilitators also work specifically with health professionals and other agencies to encourage attendance from all sectors of the community.

We have outreach workers that are Level 3 trained who take their training to 'hard to reach' groups for example: Young Parent Group, Women's Refuge, Refugee families, Family Nurse Partnership, low income and we have a Level 2 'welcomer' who has additional languages - Punjabi and Urdu

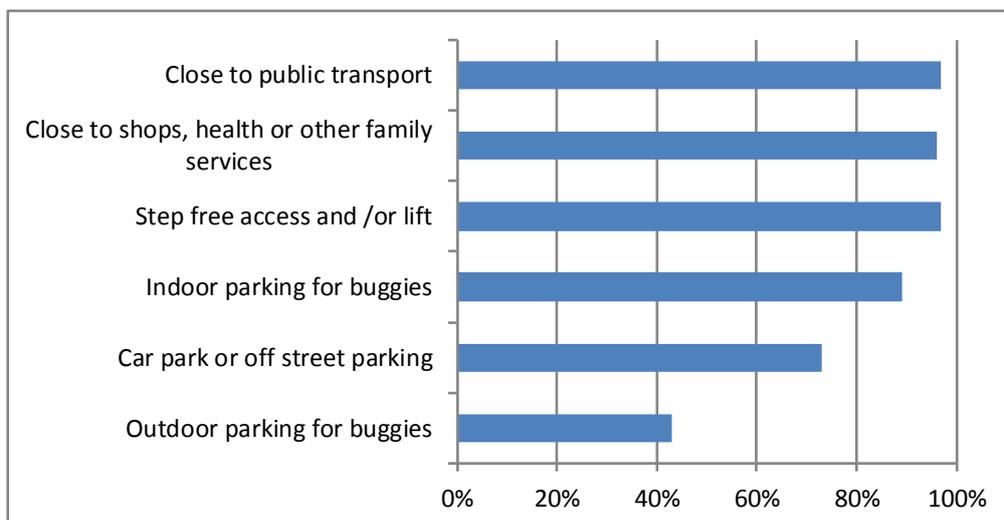
All new parents giving birth in our local maternity hospitals are informed of Baby Café's services via their antenatal care, discharge information and then by their midwife and health visitor postnatally. GP's also signpost mothers to Baby Café. It is not possible for new parents to not know about Baby Café and our service is accessible to and welcoming to everyone.

Our Baby Cafés generally provide the universal breastfeeding service, however we do have a mum2mum peer support programme which provides enhanced support in two areas of low breastfeeding rates and deprivation. There is also a family nurse partnership to support vulnerable teenage mothers

We have placed ourselves at the heart of this local community where these mothers visit for Health Visiting, weighing and stay and play.

Physical ease of access can also be a major factor for new mothers, some of whom may not have ventured out in public with their baby before. 97% of Baby Cafés reported that they were close to public transport, whilst 73% had either on-site parking or nearby car parking facilities. 96% of Baby Cafés were close to shops, health, family services or other amenities, 97% had step free access and / or a lift. 89% of Baby Cafés were able to provide indoor buggy parking and a further 43% had secure outdoor buggy parking.

Figure 10: Accessibility of Baby Café facilities

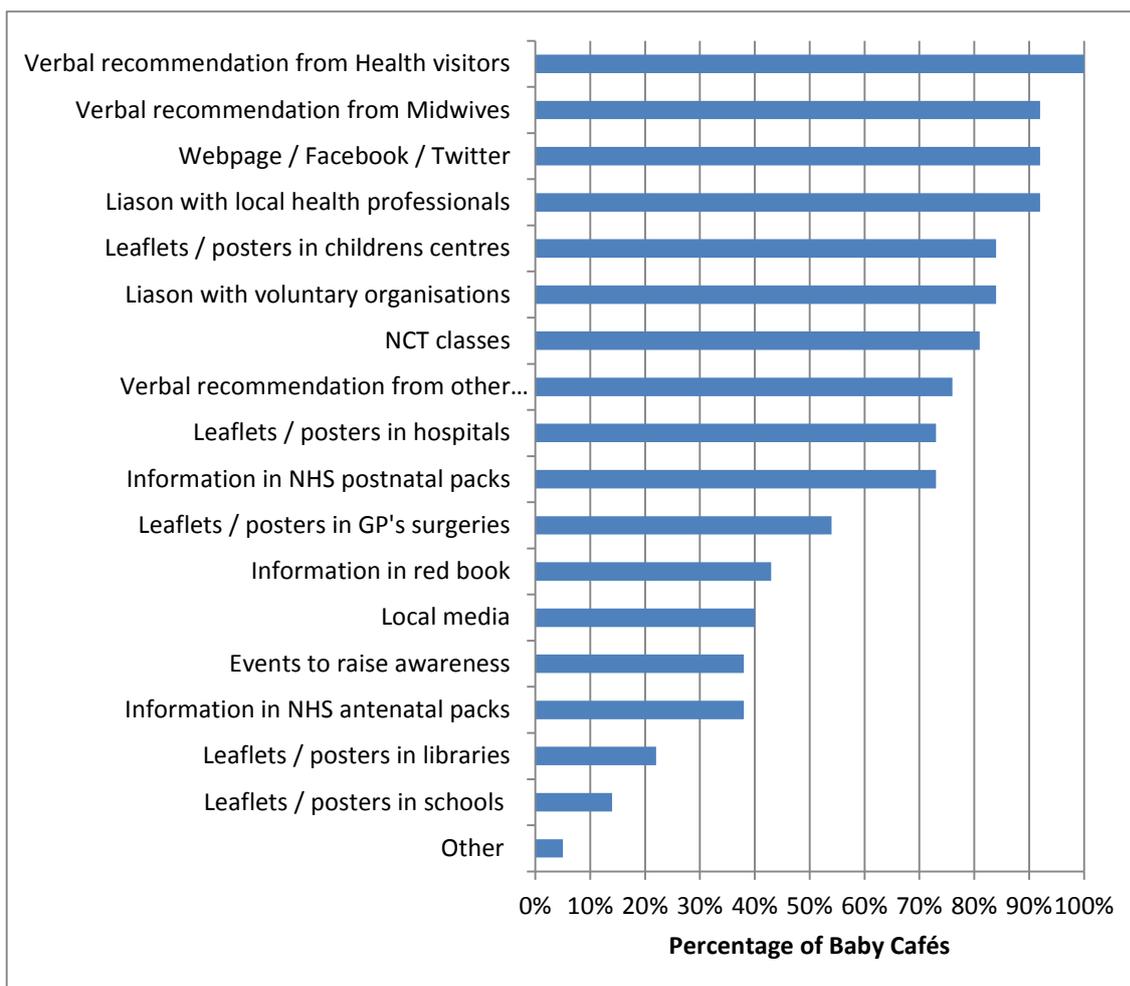


Promotion and marketing

Baby Cafés reported using a wide range of methods to promote their services. Verbal recommendations from health visitors (100%) and midwives (92%) were named as the top methods of promoting the service. Liaison with local health professionals, voluntary organisations and other breastfeeding services were also important as well as recommendations from NCT classes.

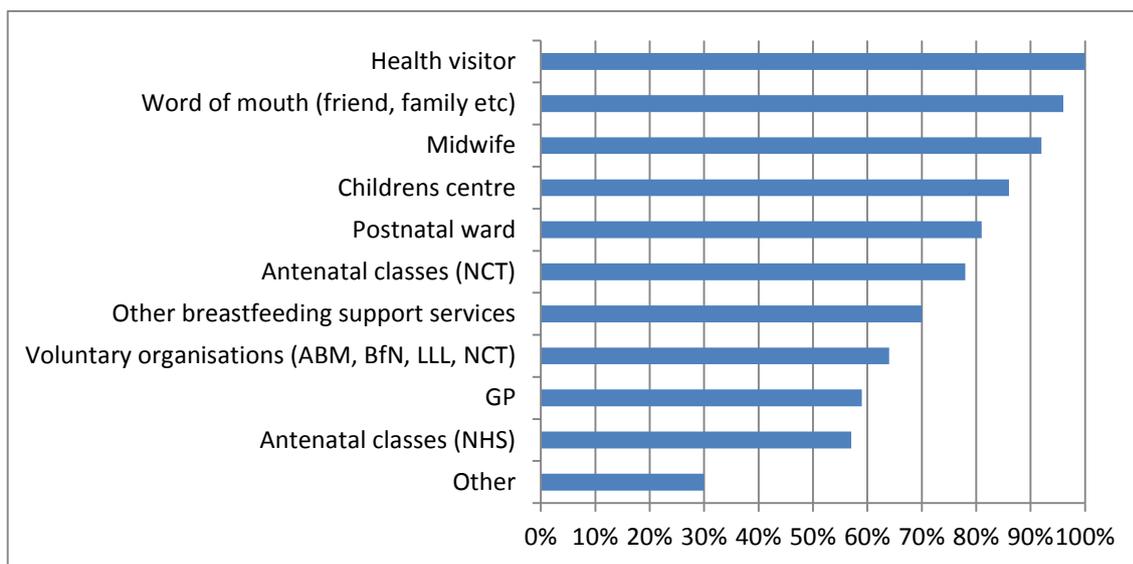
Changing methods of communication were reflected in this year's results, with 92% of Baby Cafés now using social media (Webpage / Twitter / Facebook (compared with 74% in 2015); whilst smaller numbers mentioned local media or events to promote their services (see Figure 11 below). Written advertising was also widely used in the form of leaflets / posters in Children's Centres, local hospitals and GP surgeries, or information in NHS antenatal/postnatal packs and/or red books.

Figure 11: How Baby Cafés advertise and promote their services



Recommendations into the service came from a variety of channels. Children’s Centres, word of mouth from family / friends, health visitors and midwives seemed to be the top forms of recommendation. Recommendations from NCT classes and other voluntary organisations seem to be becoming an increasingly important form of recommendation, most likely due to the increasing numbers of Baby Cafés run by NCT Breastfeeding Counsellors. NHS antenatal classes, the postnatal ward, GP’s and other breastfeeding support services also directed women to the service (see Figure 12 below).

Figure 12: Pathways of recommendation in to Baby Café services



Links with other services

These findings confirm the importance of integration and good working relationships with other health services in the local area to ensure prompt referrals to Baby Café during the early breastfeeding days, when many women struggle to establish feeding and are in need of expert support and advice. Midwives and health visitors are often the key gatekeepers during this ‘investment and adjustment’ period and can be used to promote the service universally to all women giving birth in the local area (via both verbal recommendations and information in postnatal discharge packs etc.). Many reported having health visitors or midwives who worked across the postnatal services as well as within Baby Café.

Where Baby Cafés were run by non-health professionals, they may have to work a little harder on establishing good working relationships with mainstream health services to ensure that their services are actively promoted to all women in the area, particularly to more ‘hard-to-reach’ groups who are less likely to actively seek out services.

85% of Baby Cafés reported that they were part of a wider breastfeeding strategy in the area, working alongside other professionals and services (NHS, local authorities, Children's Centres etc.) to improve breastfeeding rates.

I am part of the Infant Feeding Team within the health visiting team. We meet regularly to discuss issues and strategies to help improve breastfeeding rates.

BFI Stage 3 achieved by HV service in 2017 BFI Stage 1 achieved by maternity and neonatal unit in 2017 Our service supports and underpins both of these, as we are now the only specialist bf service for babies beyond 6 weeks in Oxfordshire.

We are part of a group of four Baby Cafés and work is coordinated with the community healthcare team and their breastfeeding policy.

Project lead sits on the county wide breastfeeding alliance and we all work closely with the Breastfeeding Clinic at the hospital.

In some areas Baby Cafés are specifically commissioned to provide breastfeeding services by the local NHS Trust. New UNICEF Baby Friendly guidelines on supporting breastfeeding in the community⁴ mean that in many areas Baby Cafés are now seen as an important part of achieving Baby Friendly accreditation. Baby Café Quality Standards exceed the expectations for breastfeeding drop-ins as outlined in the UNICEF audit tools, making them a valuable asset in achieving Baby Friendly status. In addition to providing a welcoming environment, social support, information and referral, they offer specialised support in the form of named skilled facilitators and trained peer supporters who provide continuity of care and a social model of support in a comfortable café-style environment, encouraging repeat attendance and mother-to-mother support.

Referrals

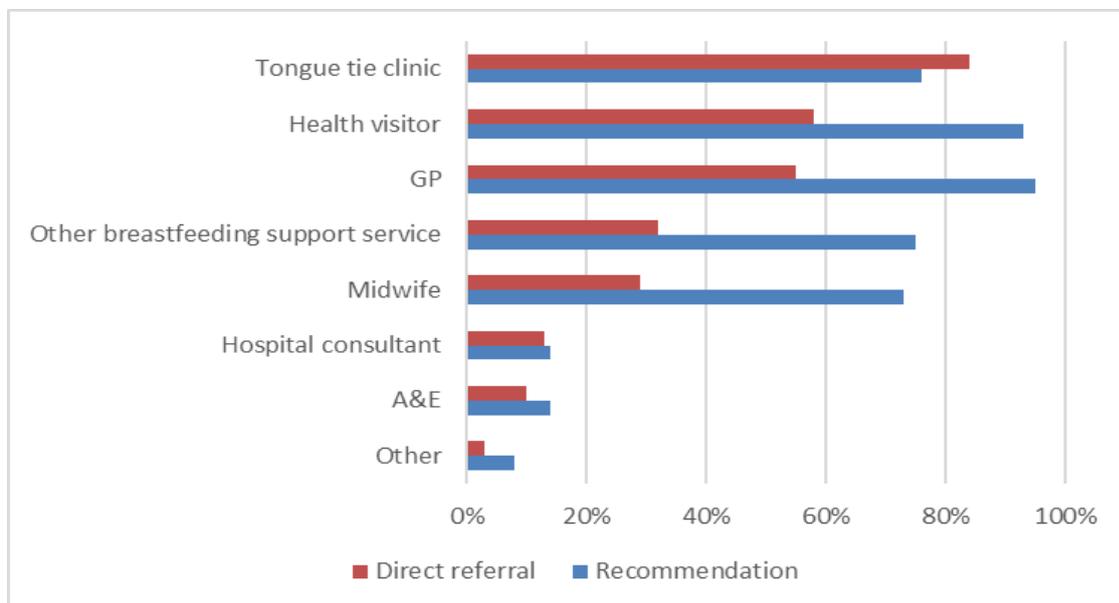
Identifying clients who need further help and referring them appropriately to mainstream health or social services is a key role of the Baby Café facilitator. 94% of Baby Cafés reported making recommendations to women to visit a health professional during 2017, whilst 79% made direct referrals. The total number of referrals /recommendations made was 1769 (883 direct referrals and 886 recommendations).

Facilitators referred or recommended women to a number of different professionals with the most common forms of recommendation being to the GP, tongue-tie clinic or health visitor, whilst for formal referrals this was the tongue-tie clinic. Some facilitators said their local tongue-tie clinic required a referral from a breastfeeding specialist and so women came to the drop-in specifically to be referred on. This may account for the relatively high numbers of referrals for tongue-tie. Others were not permitted to refer directly to the

tongue-tie clinic, but referred to another professional (e.g. lactation consultant) who was then able to do this. Growth in the numbers of women referred for tongue-tie reflects the increased diagnosis of this condition nationally over the past few years, with recommendations rising from 78% in 2015 to 92% in 2016 and referrals rising from 67% to 75%.

Only three Baby Cafés reported referring families due to safeguarding concerns during 2017, with all 3 referred to their health visitor.

Figure 13: Professionals and other services to which women were referred



Written information

Quality Standard 10 requires that Baby Cafés display posters, leaflets and other ‘easy to read’ evidence-based breastfeeding information for women to read or take away. The majority of Baby Cafés reported being able to provide such information on a variety of themes. These included: preventing and resolving common breastfeeding difficulties, e.g. perceptions of too little milk, engorgement or mastitis (88%); hand expressing and storing breast milk (88%); the importance of support from family and friends (64%) and preventing and resolving less common breastfeeding difficulties, e.g. thrush, tongue-tie (76%). Many Baby Cafés also compiled lists of other reliable sources of support, e.g. NCT / LLL / BfN websites and NHS Choices (84%), and many reported having a library of books and DVD’s for

loan or recommending the use of the Baby Buddy app and ISIS online (Infant Sleep Information Source) website.

Review and Improvement

Regular meetings can help Baby Cafés to develop and improve the quality of the service provided by identifying issues and ways of addressing them. 89% of Baby Cafés reported having some kind of regular meeting, though this was often an informal debriefing rather than a formal meeting. Those who reported that they were working towards the standards also reported that it was often difficult to get staff together in one place at one time. Instead, they communicated by telephone or Facebook between sessions, and would chat during or after the sessions regarding issues and plans.

Examples of issues discussed at meetings and acted upon to improve the service related to various issues, including management of peer supporters and volunteers regarding their role and interaction with mothers:

Need for better division of tasks between peer supporters. One designated each week now to do sign-in sheet and registration forms.

In busy sessions the venue was overcrowded, registration was sometimes chaotic and women weren't always seen in order of arrival. Pram parking was haphazard and sometimes dangerous. Prams must be left in the pram park and are not permitted in the seating area. We set up a large registration table which is easier for mothers to spot and use if all volunteers are busy greeting others.

Other concerns related to the venue and equipment:

There was an issue with storage of all our equipment. We negotiated with the Health Visitors so that we had enough room to store pumps that we could hire as well as extra pillows for families to use.

The peer support staff who assist at the café was aware of the need for the loan of breast pumps to mothers who were struggling during the early days, so it was discussed with the children's centre and they acquired 4 small pumps from the local health visiting team and the centre purchased the giving sets, so that these could be loaned out to mothers following a referral process and ongoing support from the café, a small charge is applied to allow this to become an ongoing service.

Baby Cafés also looked at ways to improve the service

We managed to raise some money to provide antenatal sessions at one of our venues. It was decided that we should do this at lunch time as this would make it

accessible for pregnant women who are still working in the city centre, as well as providing good parking facilities for others.

We have developed letter templates on a variety of subjects e.g. Domperidone, Novogel wound dressings, treatment of thrush for women to take with them to GP.

Mothers bring red books (Health Visitor records) along to Baby Café sessions to record the advice so that all health professionals can see progress. Was promoted on Facebook and website - to encourage mothers always to bring red book.

Issues also related to balancing the concerns of mothers with those of Baby Café staff.

We are seeing more mothers with mental health concerns since the closure of Oxon Children's Centres. We are recording this in terms of frequency and work hard to maintain a balance of support for bf concerns and providing a safe space for mothers with high anxiety or low mood, etc.

It has been very difficult to run the Baby Cafe within allotted time of 2 hours. We found that the children's centre staff frequently showed women in at closing time, which meant that the member of staff would be extremely delayed in returning to the office/carrying out other duties. We have since amended the breastfeeding flyer to include 'please ensure you arrive at least 1/2 hour before the end of the Baby Café. We have also liaised with the manager of the Children's Centre.

Mother's bringing unhealthy fast food meals into group - discussed healthy eating choices with support from children's centre staff.

Training / update day

As part of efforts to improve the Baby Café service, the national co-ordinator and a team of regional trainers have begun a programme of training for induction / updates, as well as site visits in order to connect with staff on the ground and ensure the maintenance of the Quality Standards. Training events and site visits all add value to the Baby Café model and increase NCT's reach amongst health professionals and other organizations.

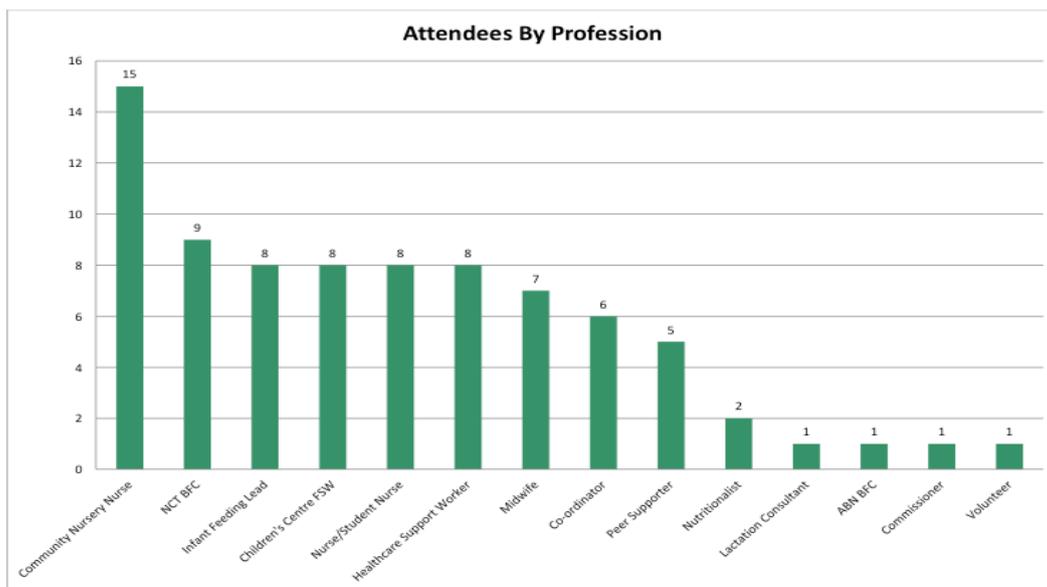
Induction days are compulsory for all new Cafes and update days are considered beneficial when there are changes of staffing within the team in the Baby Café. The cost for update days is £500. Although this represents good value for money, it remains out of the price range for most Baby Cafes in the current economic climate of cuts to funding. Those who request updating events most frequently are those who have a bigger contract for services with NCT, i.e. clusters of Baby Cafes and peer support contracts running alongside each other. The initial induction event is costed into the first payment for a licence (£675); so all Cafes receive some training.

Number of training events

Nine Training events took place throughout the year, reaching 18 Baby Cafes (clusters such as Glasgow who have 4, Peterborough 4, Hounslow 4, and Central London 3, attend one event for each cluster). Total number of attendance at these events was 111.

Those reached were NCT BFCs, ABM BFCs, Lactation consultants, NCT Project co-ordinators, Nutritionist, Health Visitors and Student Health Visitors, Community Nursery Nurses, Midwives, Peer Supporters, Infant Feeding Leads, Health Care Support Workers and Children’s Centre Family Support Workers, Volunteers , with the majority of attendees being health professionals.

Figure 14: Attendees at training event by profession



Evaluation of training events

All attendees are asked to complete an evaluation of training events. All attendees rated the training as very useful and useful and said that they now felt confident or very confident in their understanding of the model and quality standards.

“Great day, I learnt lots”

The bit people enjoyed the most were the collaborative working with colleagues and a chance to discuss things together.

“Loved sharing ideas with health professionals”

The practical elements of the events are much appreciated too

“Everything discussed today will be used in Baby Café”

“I will be able to promote the Baby Café to my colleagues and expectant and new mums and their families”

Feedback from the Annual Return confirmed this with 12 Baby Cafés stating that they had received a training / update day which had been useful for learning and collaboration with other facilitators in the local area.

We had training at a separate venue. The training was useful in focusing ideas and thoughts to improve Baby Café.

It was good for the mothers who attend to realise we are part of a wider network and support group.

Roles and responsibilities of each person present as a facilitator/peer supporter.

Seven Baby Cafés stated that they would like a visit for update / training during 2018, while others said that they would be glad of this, but that the cost was prohibitive due to funding issues.

Site visits

Site visits involve observing how standards are being met, in addition to being the friendly supportive face of the Baby Café team and offering suggestions for improvement. It offers an opportunity to share good practice and for the member of staff visiting to meet the team and speak to mothers who are receiving support through the Baby Café model. Site visits remain a good way of connecting with staff and mothers and being able to respond on the spot to any questions or issues, in addition to contributing to the maintenance of standards.

The Baby Café team made 14 site visits during 2017. Present at these visits were 42 different members of staff, including health professionals, breastfeeding counsellors and volunteers who work within Baby Cafes. This highlights and emphasises the success of the model using multidisciplinary teams. 125 mothers were present during the site visits, many of who spoke to the person visiting.

Keeping accurate data

89% of Baby Cafés were able to meet the requirements for accurate data collection. The introduction of new data collection tools from January 2013 has greatly improved the quality of data collected and standardised procedures across all UK Baby Cafés. However some facilitators reported finding the data collection procedures onerous or intrusive to the women they served, and felt that procedures were hampered by lack of time or staffing etc. Facilitator feedback on the data collection forms was sought in October 2014 and these were revised for 2015 to make them more user-friendly. Facilitators have found these forms more user-friendly in a busy Baby Café environment and they have remained unchanged for 2017/18. However the new data protection regulations under GDPR from 25th May 2018 may mean practical changes for the ways in which personal data is collected within a Baby Café environment.

Successes and Challenges

Baby Cafés reported on their successes and challenges during 2017. Successes generally related to feedback from mothers, satisfaction at being able to help women successfully breastfeed and increasing attendance, particularly from 'hard to reach' groups or antenatal mothers.

Applying for BC licence and securing a venue in area identified by Health Visitors. Recently qualified peers, volunteering at PP. Making relationships with infant feeding health professionals and the community around us. The quality of peer support with mothers using the service. We have small numbers at present with only 2 frequent mothers attending, however those mothers have been welcomed and individually listened to with personal signposting and support. My personal moment was observing a mother struggling with tandem feeding talking with a peer who tandem feeds. I could feel the relief and also joy in the communication that has seen ongoing benefit for that mother. The peer also gained a lot as a newly qualified volunteer.

Many satisfied clients, an ever improving and increasing reputation, increased attendance on previous years and an excellent number of volunteer hours.

Recruiting and working with 3 peer supporters has made a huge difference to the Baby Café. Supporting mums with faltering growth. Supporting a mum whose baby has a heart condition, ensuring that she was able to keep pumping her milk while her baby was in intensive care. Helping a mum who had PND and a difficult breastfeeding experience first time round, overcome her anxieties and solely breastfeed her baby successfully.

We have moved venue which was a big challenge after 10 years in one place. We have seen our numbers go up and we are getting a wider range of women visiting because we are closer to the town centre and closer to areas of deprivation.

Continuing or extended funding in an era of health cuts was also seen as a positive success, with many Baby Cafés struggling to remain open in the current economic climate.

Obtaining a grant to keep us going for a further year. We had our 5th birthday.

Remaining open when all funding was withdrawn

Getting extra funding to run peer support training we are shortlisted in the Lansinoh "Feed with Confidence" Awards (now in top ten) and were nominated by a regular attendee.

Facilitators also mentioned successful interdisciplinary working and integration with mainstream health services.

Providing great support to local women. The fact that more health visitors from the local area are now familiar with how Baby Café works.

Liaison with health visiting team that runs the child health clinic in the centre increases attendance and access to mothers/babies

Challenges most commonly related to issues of funding, staffing, facilities or attendance, with many Baby Cafés struggling to stay afloat amid a constantly changing health and social care system. Examples of challenges included:

Number of mums visiting means it is a challenge to spend as much time with mums struggling as would be ideal. It also means lots more paperwork.

Our challenge is to continue to raise money to ensure that this essential service will continue into 2018/19.

Finding enough volunteers. Two joined the team during 2017 and one has returned to work and the other will be returning to work in April 2018. We would like a rota of volunteers, instead of relying on the same few people to attend every week, some of whom will return to work or only come in term time. Funding is always a challenge and stress! As soon as I've secured funding for one year, I'm worrying about the next year's grant. It hangs over me constantly because I don't know for how long the local Healthcare Charity is prepared/able to support Baby Café and it's become so important to me that the service continues indefinitely.

Reduction in HV attendance due to their workload.

Not having consistent staff. Not having enough experienced staff. Not having a meet and greet person. Moving venue. Not having consistent peer supporters.

Several long-standing peer supporters have moved, had new babies etc. On several occasions the Baby Café has been so busy, we have felt overwhelmed. Sometimes the toddlers of our supporters have been noisy and disruptive.

Plans and objectives for 2017 related to increasing attendance, particularly from diverse and antenatal groups, solving staffing issues, interdisciplinary working and better promotion of the service in the local community.

To fundraise to continue this vital service. To recruit more peer supporters as it is such a busy café, to make sure that mothers feel welcomed by supporters at the sessions.

My plan for 2018 is to reach more people that result in more folk accessing our support. This will hopefully spread then through local communities and we will become embedded as a go-to place.

To secure consistent staff so they can become experienced in supporting women with complex breastfeeding problems. Upskill the meeter and greeter to take ownership of the statistics collection at the end of each session.

Funding issues were also top priority, with many Baby Cafés unsure of their support for the next financial year.

Head down, keep going and pray for a sustainable solution to the enormous challenge of austerity and lack of focus/understanding of highly skilled community bf support.

All other breastfeeding services are under threat so there could be a bigger demand for our service in 2018. We are working with other agencies to work out how best to meet need when support is being taken away.

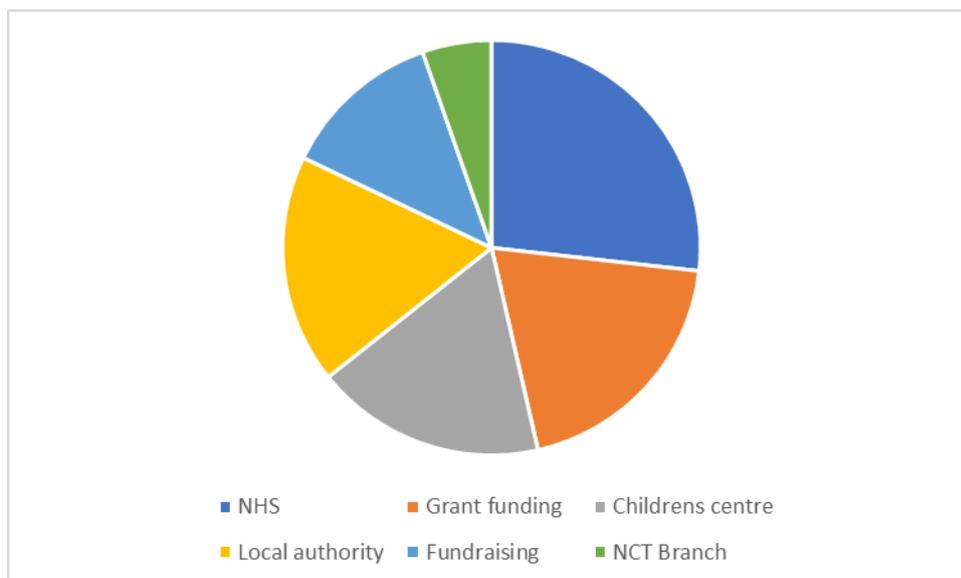
Funding

Funding is recognised as a major issue for many Baby Cafés, particularly securing ongoing funding beyond initial set-up costs (which is often through fundraising, grants or support from NCT branches). This is a particular problem in the current climate of health budget cuts. Feedback shows that otherwise successful Baby Cafés often close because of lack of continuing funding, contributing to the fall in numbers during 2017 Therefore the 2017 survey included a question on the ways in which Baby Cafés are funded, in order to better understand the funding picture and look at ways in which this could become more sustainable in the future.

Figure 15 below shows the funding sources for UK Baby Cafés during 2017. The NHS (27%) Grant funding (20%), local authorities (18%) and children’s centres (18%) provided the largest proportion of funding, although many Baby Cafés relied on more than one source of funding. Alternative sources of funding included churches, universities, health charities and in one case the facilitator paying the licence fee from her own pocket.

Baby Cafés relying on public funding tend to be more sustainable than those relying on individual fundraising or grant funding (which often has to be reapplied for each year). However, NHS, Children’s Centre and local authority budgets are susceptible to changes in health and government priorities. Therefore, it is important for Baby Cafés to demonstrate their impact on breastfeeding rates through accurate data collection and the ways in which their services can assist in attaining UNICEF Baby Friendly accreditation in the community. Several long standing Baby Cafés closed during 2017, or narrowly avoided closure through local fundraising efforts. However ongoing sources of funding are not guaranteed and others may face closure during 2018 if alternative funding arrangements cannot be secured.

Figure 15: Sources of funding for UK Baby Cafés



4 Discussion and conclusions

Over the past year, Baby Café has focused on maintaining provision of high quality, woman-centred, breastfeeding support in the community. Whilst new Baby Cafés continue to open, continuity of funding remains the service's biggest ongoing challenge. Despite positive feedback from mothers, several successful services have been forced to close due to lack of funding and others face an uncertain future. Therefore means of securing ongoing funding from NHS, local authority or other sources is a key priority going forwards, to ensure that services continue to run beyond initial set up periods. Data collected as part of the Annual Returns and broader evaluation can play a role in evidencing the impact of the service to secure this future funding.

Attendance

Overall the 47 Baby Cafés for whom data were available were attended by a total of 6,322 individual women during 2017, making a total of 14,802 visits, an average of 147 women per Baby Café. Nearly half of women who attended Baby Cafés (43%) attended more than once and 8% attended six or more times, benefitting from a social model of care for ongoing breastfeeding support.

Antenatal attendance

Attending sessions antenatally may help women to pre-empt some of the difficulties that they face in the early days and weeks after birth. Antenatal visits to Baby Cafés accounted for 5% of the total in 2017, enabling women to explore opportunities for support and meet key individuals in advance of feeding their babies. However there is scope for further improvement in this area and many cafes have set antenatal attendance as a key priority for 2018.

A high quality service

Annual returns data suggest that Baby Cafés are performing to the required high standards, providing a social model of care that is accessible and popular with local women. All 12 Quality Standards were met by over 80% of Baby Cafés for whom data was available (see Table 2). 28 Baby Cafés (60% of those responding) reported meeting all 12 standards in full. The hardest standards to meet appeared to be Standard 11 (continuous review and improvement), Standard 12 (data collection) and Standard 4 (café-style environment). Many facilitators commented that they did not have time or budget for reflective meetings, although most held some kind of informal debriefing sessions to discuss issues as they

arose. This suggests that Standard 11 could perhaps be reviewed or re-worded to take account of the reality of running a busy Baby Café. Limitations imposed by venues or budgets meant that Baby Cafés were not always able to provide hot drinks and snacks due to health and safety restrictions or healthy eating policies.

Relationships with health professionals

Close relationships with other local healthcare professionals are crucial to the success of Baby Cafés in attracting women and referring them when they need more specialist care. Inviting health professionals to visit the service during a drop-in session has helped some Baby Cafés to demonstrate what the service can offer and in many areas Baby Café is part of a wider breastfeeding strategy in the local area. Midwives and Health Visitors provide the main pathways of referral into the service, alongside Children's Centres and personal recommendations from friends and family, emphasising the importance of good relationships with these professionals to making the service accessible to all women in the local community.

Working with the whole community

Baby Café facilitators clearly understood the need to target younger women and those minority ethnic communities, and many facilitators said that a key objective going into 2018 was to improve their outreach. There is potential for Baby Cafés throughout the UK to benefit from their close relationships with children's centres, with around 60% of UK Baby Cafés held within a children's centre setting. Close working relationships with these centres may help Baby Cafés to attract a wider variety of women from all sectors of the community. Statistics show that Baby Cafés have been successful in attracting a slightly wider range of ethnic groups during 2017, however just 6% of those attending Baby Cafés were aged 24 and under, suggesting that further work needs to be done to attract younger mothers to the service.

Reasons for visits

The most common reason for women to visit Baby Cafés is positioning and attachment, followed by social support, sore nipples, tongue-tie, night time and sleep and hungry baby / milk supply, although women also attend for a wide variety of less common breastfeeding problems. One interesting trend in 2017 has been the sharp rise in women attending for

suspected tongue-tie, reflecting the recent surge in babies being diagnosed with this condition and current debate in professional and popular circles regarding its effect on breastfeeding.

Supporting continuing breastfeeding

Whilst it is difficult to quantify the exact role that Baby Café plays in supporting continuing breastfeeding qualitative evidence suggests that for many women the combination of social and expert support provided in a Baby Café setting can play a key role in increasing breastfeeding duration, enabling them to overcome breastfeeding difficulties and providing 'breastfeeding role models'¹.

A follow up evaluation of 100 women attending Baby Cafés between May 2014 and May 2015 found that 81% of mothers had been able to breastfeed for as long as they intended and 75% said that Baby Café had helped them to breastfeed for longer than they would have done without the support.

Conclusion

The Baby Café mission is to provide a social model of community-based support for breastfeeding mothers in a café-style environment, with access to expert breastfeeding practitioners and prompt referral for additional care when necessary. The findings of this report show that the Baby Café network is successful in providing this social model of care for women. Baby Cafés provide professional support for new mothers and work closely with local healthcare providers to give women opportunities for extra care where needed.

Baby Café facilitators are well aware of the challenges of providing care for women from all sectors of the community and this is a priority in 2018 and beyond. Similarly, having accurate data on each Baby Café's activities will help Baby Café to evaluate and monitor its services to ensure that this high quality care continues.

In-depth qualitative research published during 2015¹ explored the role of Baby Café in helping women to establish and maintain breastfeeding. This research shows that both the expert and social support provided in a Baby Café setting is valued by mothers using the service and plays a key role in increasing breastfeeding confidence and duration. These findings were supported by a telephone follow-up evaluation conducted in July /August 2015², which showed that 75% of mothers attending Baby Café felt that this had enabled them to breastfeed for longer than they would have done without the support. 81% had

breastfed for as long as they intended and 26% specifically stated that they had fed for longer, with reported duration rates well above national averages.

Baby Cafés are now part of wider breastfeeding strategies to help meet UNICEF Baby Friendly standards for breastfeeding support in the community³, and in some areas the service is being specifically commissioned to meet this need. However, funding remains the service's biggest challenge, particularly in the current UK political and economic climate, where national cuts to NHS and local authority budgets are having significant effects. Sustainable ongoing sources of funding need to be secured to ensure the continued growth of the Baby Café network.

Bibliography

1. Fox, R, McMullen, S and Newburn, M (2015) Women's experiences of breastfeeding and additional breastfeeding support: a qualitative evaluation of Baby Café services' *BMC Pregnancy and Childbirth* 15:147
2. Fox, R, McMullen, S (2015) Community support for breastfeeding: a case study of Baby Cafés in Lewisham' NCT.
3. Fox, R, Wise, P, Dodds, R, Newburn, M, Figueras, J & McMullen, S. (2016) 'United Kingdom tongue-tie services: a postcode lottery'. *MIDIRS Midwifery Digest* 26(2) 243-249
4. UNICEF UK Baby Friendly Initiative Audit Tool for Health Visiting services

Glossary of Terms

ABM – Association of Breastfeeding Mothers

BfN - Breastfeeding Network

IBCLC – International Board Certified Lactation Consultant

LLL – La Leche League

NCT – National Childbirth Trust

UNICEF – United Nations Children's Fund