

# Evaluation of the National Breastfeeding Helpline in Scotland

The Breastfeeding Network

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## CONTENTS

Chapter	Page
Executive Summary .....	i
1. Introduction .....	1
2. How the Service Operates .....	12
3. Impact of the Helpline.....	31
4. Conclusions and Recommendations .....	42



## Executive Summary

### Introduction and context

Blake Stevenson Ltd was commissioned by the Breastfeeding Network (BfN) to evaluate the impact of the National Breastfeeding Helpline (NBH) in Scotland. The evaluation included an in-depth analysis of NBH call data, a survey of service users, and interviews with helpline volunteers and internal and external stakeholders.

The National Breastfeeding Helpline is a phone and webchat service, run by BfN in collaboration with the Association of Breastfeeding Mothers (ABM), which is open from 9.30am to 9.30pm every day of the year. The service is based upon the principle of peer support and calls are dealt with by volunteer mothers (trained and supervised by both BfN and ABM) across the UK, who have breastfed and subsequently received training in breastfeeding support. There are specific support services available in Welsh, Polish, Bengali, Sylheti.

The NBH has received funding from the Scottish Government since 2015. In its grant agreement, the Scottish Government set out its key aims and objectives in relation to the helpline. Primarily, these were to:

- increase capacity to offer peer support on the National Breastfeeding Helpline in Scotland by training new volunteers and supporting existing ones; and
- raise awareness of the National Breastfeeding Helpline with families and professionals.

The NBH was previously evaluated at a UK level in 2011 by researchers at the University of Central Lancashire. The evaluation found that most callers were satisfied with the service. Building on the findings from the 2011 evaluation, BfN commissioned Blake Stevenson to evaluate the extent to which capacity and awareness have increased in Scotland.

### How the service operates

The NBH receives funding from the Scottish Government in the form of a grant, which was initially secured in 2015. The original amount of the 2015–16 grant was £33,500. In the 2016–17 financial year, the Scottish Government agreed to provide an additional one year grant of £87,271 to BfN, of which £35,000 was allocated to the NBH.

The NBH is delivered by a team of trained volunteers across the UK. Volunteers can log on to the Virtual Call Centre (VCC) system any time between 9.30am and 9.30pm, and can remain online for as long as they are available to answer calls. The VCC is accessible on any device (phone, tablet, laptop, desktop etc.). Volunteers take calls from across the UK, and they are not directed based on the geographical location of the caller. The NBH webchat service is managed in a similar way to the phone line but unlike the phone service is available whenever a volunteer is logged on to the system, and is not limited to the opening hours of the phone service.

Between 1 December 2015 and 20 September 2017, the overall number of NBH volunteers in Scotland increased by a significant amount from 23 in December 2015, to 38 in September 2017, with just under half currently active on the helpline. The recruitment and training of new volunteers demonstrates progress towards increasing capacity of the helpline. When combining the numbers of trained volunteers and actual 'talk time' (minutes volunteers spend supporting callers on the helpline) capacity has increased by 197%.

There is difficulty in establishing an accurate figure for the number of Scottish calls received and answered by the NBH. This is because over 85% of all calls made to the helpline come from mobiles, which do not provide geographic data. The internal call record system, which aims to record location of calls is not robust and some checks are in hand to improve this. Therefore, any figures derived from the current system should be treated with caution until such time as internal improvements can be implemented. Based on completed call record forms, a total of 833 calls from Scottish callers were answered by NBH volunteers between June 2015 and June 2017.

An online survey of NBH callers in Scotland was conducted as part of this research, which found that there was an almost even split between respondents from cities, and those living in smaller towns. Almost all respondents were breastfeeding parents and over half had accessed local NHS services. Popular times for contacting the helpline were either when the helpline first opened in the morning, or in the evening. Most contacted the helpline's phone service, while only a few used the webchat.

### Impact of the helpline

Based on the survey results, a large number of respondents were highly satisfied with all aspects of the service they received through the NBH. In interviews, Scottish volunteers were also positive about their experience of the NBH, and felt equipped to provide the necessary information and support to service users. Volunteers also believed that the training they received was a key factor in preparing them for volunteering on the helpline, as was supervision support.

A large number of respondents to the survey of Scottish NBH callers agreed that the helpline had a positive impact across a range of different aspects including increasing confidence, improving knowledge, and increasing awareness of other services.

In interviews, NBH volunteers in Scotland commented that they felt confident to signpost service users to relevant services. Volunteers indicated that this was both through the training they received, and up to date information and resources they could access through the private Facebook page, and directly from their supervisor. Most Scottish callers who were surveyed had been signposted to other services, and more than half of these had followed up with these services.

Most survey respondents said that they would use the helpline phone service again, while just under half said that they would use the webchat again. Suggestions made by Scottish service users and volunteers for how the NBH could be improved mainly related to increasing the number of volunteers and extending the helpline's opening hours.

## Evaluation findings

This evaluation has made a number of key findings and recommendations relating to data availability, Scottish Government outcomes, capacity, awareness raising, and performance. These findings include:

- There are inherent challenges in measuring the extent to which the helpline is achieving, or realistically could achieve, some of the targets and milestones detailed in the Scottish Government grant award given that it is essentially a single intervention service.
- With the majority of calls being made by mobile phones and no location being automatically recorded, by necessity this has led to a dependency upon volunteers seeking information and callers' willingness to participate in surveys resulting in some challenges in accurately determining the number of service users in Scotland.

The voluntary nature of the service has resulted in a relatively low call pick up rate. Despite this, helpline users expressed very high levels of satisfaction with the service and the research indicates that the helpline has been effective in helping parents to resolve the reason for their call, provided them with relevant information and signposting to other support, and enabled them to make informed choices.

- There is wide-scale promotion of the NBH telephone service, but this is not reaching all potential users. There is limited awareness of the webchat service, and there is potential for this and social media to be used on a larger scale.
- The helpline is a strong fit with the Scottish Government's strategic objectives in relation to breastfeeding support. Despite the existence of other helplines and peer support models, it occupies a unique place as a universal service, which complements other service provision.
- The number of volunteers in Scotland has increased significantly since the introduction of Scottish Government funding, and there has been a substantial increase in the amount of talk time recorded by volunteers in Scotland. This means that not only has helpline capacity increased but so too has the pool of trained supporters and advocates of breastfeeding living in Scottish communities.

## Recommendations

A number of recommendations have been made, based on these findings:

- BfN should review the delivery model to determine the best means of ensuring that access to the helpline is maximised, taking into account the implications for resources. This review should also take into account the role of alternative forms of digital access and social media in providing the service, as any developments in this respect will also have a bearing on resource requirements.
- BfN, the Scottish Government, and local NHS services should work together to understand and articulate the position that the NBH occupies in Scotland's breastfeeding support framework at a national, regional and community level – currently and in the future, and

develop a collaborative approach that will increase awareness and take up of helpline services.

- The difficulties in identifying the scale of usage and impact in Scotland should be addressed as far as possible, recognising the challenge that this poses and the need for data collation and monitoring to be proportionate.



## 1. Introduction

- 1.1 Blake Stevenson Ltd was commissioned by the Breastfeeding Network (BfN) to evaluate the impact of the National Breastfeeding Helpline (NBH) in Scotland. The evaluation included an in-depth analysis of NBH call data, a survey of service users, and interviews with helpline volunteers and internal and external stakeholders.
- 1.2 This final report sets out the findings of the evaluation and provides recommendations for future service delivery of the NBH in Scotland.

### Context

- 1.3 The Breastfeeding Network is a Registered Charity, which provides independent information and support for breastfeeding mothers and their families across Scotland, England, Wales and Northern Ireland. BfN aims to inform women, parents and the community about the benefits of breastfeeding, encourage positive attitudes about breastfeeding, and ensure that parents are confident about making informed breastfeeding decisions.
- 1.4 The National Breastfeeding Helpline is a phone service, run by BfN in collaboration with the Association of Breastfeeding Mothers (ABM), which is open from 9.30am to 9.30pm every day of the year. The service is based upon the principle of peer support and calls are dealt with by volunteer mothers (trained and supervised by both BfN and ABM) across the UK, who have breastfed and subsequently received training in breastfeeding support. There are specific support services available in Welsh, Polish, Bengali, Sylheti, and a webchat service is also provided.
- 1.5 The NBH has been funded by Public Health England since 2008, and the Scottish Government since 2015. In its grant agreement, the Scottish Government set out its key aims and objectives in relation to the helpline. Primarily, these were to:
  - increase capacity to offer peer support on the National Breastfeeding Helpline in Scotland by training new volunteers and supporting existing ones; and
  - raise awareness of the National Breastfeeding Helpline with families and professionals.

## Policy context in Scotland

- 1.6 There is substantial evidence to indicate both short and long term health benefits to mothers and infants of breastfeeding.<sup>1</sup> As a result, there has been a global directive towards improving infant feeding practices, including the World Health Organisation (WHO) 2003 Global Strategy for Infant and Young Child Feeding,<sup>2</sup> and the United Nations Children's Fund (UNICEF) and WHO's Baby Friendly initiative.<sup>3</sup>
- 1.7 Meanwhile, breastfeeding rates in Scotland are currently among the lowest in Europe. In 2012–13, only 26.2% babies were exclusively breastfed for the first six to eight weeks of life.<sup>4</sup> This has led to an increased policy focus on improving breastfeeding rates, and Scotland has adopted WHO advice that babies should be exclusively breastfed for the first six months of their life. Several key policy and legislative documents have been developed to reflect this focus, and are discussed below.
- 1.8 The recently published A Plan for Scotland: the Government's Programme for Scotland 2016–17<sup>5</sup> laid out the key legislative and practical steps that the Scottish Government intends to implement in coming years. Giving children the best possible start in life was highlighted as an integral component of making the Scottish education system world class and with equal opportunities for all.
- 1.9 In the Programme the Scottish Government sets out its intention to *"increase resources for breastfeeding to support mothers, particularly in the days immediately following birth, and support the maternal and infant nutrition framework."*
- 1.10 This resonates with an earlier pivotal publication, Getting it Right for Every Child (GIRFEC),<sup>6</sup> that emphasises the importance of promoting children's health and wellbeing. GIRFEC suggests that the wellbeing of Scotland's children is attained by ensuring they are safe, healthy, active, nurtured, achieving, respected, responsible and included (SHANARRI), of which being breastfed for the first six to eight weeks after birth makes a significant contribution to determining health.

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<sup>1</sup> 'Improving Maternal and Infant Nutrition: A Framework for Action', 2011

<http://www.gov.scot/Resource/Doc/337658/0110855.pdf>

<sup>2</sup> <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf>

<sup>3</sup> <https://www.unicef.org.uk/babyfriendly/> accessed 30 September 2017

<sup>4</sup> 'Setting the Table: Nutritional Guidance and Food Standards for Early Years Childcare Providers in Scotland', 2015

<http://www.healthscotland.com/documents/21130.aspx>

<sup>5</sup> <http://www.gov.scot/Resource/0050/00505210.pdf>

<sup>6</sup> <http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing> accessed 30 September 2017



- 1.11 The principles of GIRFEC have since been reinforced by the 2011 Framework for Improving Maternal and Infant Nutrition,<sup>7</sup> and the Children and Young People (Scotland) Act 2014. A key vision of the framework is that women receive the support necessary to initiate and continue breastfeeding for as long as they wish. Such enablement has been reflected in specific guidance for those potentially influencing infant nutrition, such as 'Setting the Table: Nutritional Guidance and Food Standards for Early Years Childcare Providers in Scotland'.<sup>8</sup> These guidelines emphasise the importance of ensuring that there are supportive environments for breastfeeding, as this could influence a parents' choice of childcare provision.

#### Breastfeeding support services in Scotland

- 1.12 The provision of breastfeeding support across Scotland has dramatically improved in recent years, as highlighted in a survey to understand maternal and infant nutrition promotion activities, which was summarised in the 2011 Framework for Improving Maternal and Infant Nutrition. Respondents were from NHS Boards, Local Authorities and the voluntary sector across all 14 Health Boards. This found that every Health Board either had, or was progressing towards, Baby Friendly accreditation in accordance with UNICEF's Baby Friendly Initiatives.
- 1.13 Almost all Boards provided breastfeeding training for midwives, public health nursing staff, and clinical and health support workers. Most Boards (10 out of 14) also led breastfeeding support groups in their area, and had peer/mother to mother support programmes (11 out of 14); some of which are in partnership with voluntary sector organisations such as BfN. There was also evidence of breastfeeding friendly schemes, working in collaboration with nurseries and schools, and inclusion in local authority improvement plans.
- 1.14 In addition to BfN, there are a number of other voluntary sector organisations that also provide a range of breastfeeding support services in Scotland. These organisations are La Leche League Great Britain (LLL), the National Childbirth Trust (NCT), and the Association of Breastfeeding Mothers (ABM).

#### Local peer support

- 1.15 Local breastfeeding peer support groups are active in locations across Scotland, providing mothers with the opportunity to discuss experiences and challenges of breastfeeding with other mothers, as well as healthcare professionals.

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<sup>7</sup> <http://www.gov.scot/Resource/Doc/337658/0110855.pdf>

<sup>8</sup> <http://www.healthscotland.com/documents/21130.aspx>

- 1.16 Some Scottish NHS Boards organise and facilitate breastfeeding peer support groups in their local areas. These groups are often facilitated by health visitors, nurses, midwives, and other healthcare professionals. There are also examples of Boards providing training to mothers who want to become peer supporters in their local area and facilitating meetings such as breastfeeding cafes.
- 1.17 In the statutory sector, broadly, the picture of provision across Scotland is inconsistent and reflects local circumstances and priorities. For example, in relation to rurality and the associated development of peer support models, or levels of deprivation, with a focus on education and cultural change.
- 1.18 BfN also organises and facilitates local peer support groups in Scotland. BfN peer support groups are active in areas including Fife, Inverclyde, Renfrewshire, Ayrshire and Glasgow. There is also a peer support project operating in Ayrshire, which involves trained peer supporters visiting hospital maternity wards, and one to one breastfeeding support for the first six weeks after giving birth.
- 1.19 La Leche League provides peer support through groups in Aberdeen, Edinburgh, Fife, Tayside and Glasgow. Peer support group meetings are led by a LLL volunteer breastfeeding counsellor, and discussion covers topics relating to experiences of breastfeeding.
- 1.20 NCT is also active in Scotland though its focus is broader than breastfeeding, for example through the provision of antenatal classes.
- 1.21 In addition to BfN, LLL, ABM and NCT also operate breastfeeding helplines and online support in Scotland as part of their UK wide services, although there are variations between them. These other helplines are discussed below, and we consider the operation of the National Helpline in the next chapter.

### La Leche League Great Britain

#### Helpline

- 1.22 The LLLGB National Helpline is a voluntary helpline that operates across the UK 24/7. There are currently 227 LLL helpline volunteers (referred to as LLL Leaders), of whom approximately 25 are in Scotland.
- 1.23 After training, LLL Leaders volunteer on the helpline whenever they are available, and receive calls through a queuing system. Leaders also use a private Facebook group to communicate with each other for support. They can also use the group to link the caller with a volunteer who lives locally, or signpost to local LLL peer support groups.

- 1.24 There are two groups of LLL Leaders: a larger group that answers calls, and a smaller one that responds to voicemail messages, which can be left when no volunteers are available. Callers are also able to call back the same Leader for any follow up calls, and Leaders follow up with callers after one or two days to check that progress has been made in resolving the issue, and if any further support is required.
- 1.25 In interview, LLL volunteers indicated that some 80% of calls to the LLLGB National Helpline come from mobiles so it is difficult to determine the location of the caller. However, in our interviews with the organisation it was suggested that there is a correlation between helpline use and the organisation's local presence.
- 1.26 According to the interviewees, one of the helpline's key strengths is the close connection between the support provided on the helpline, and local support groups in the caller's area: *"When a mum calls I listen, I can get her in touch with and arrange a meet up with another volunteer."*

### Online support

- 1.27 LLL operates a Facebook page for mothers to post questions about any issues relating to breastfeeding. Local LLL peer support groups also often have Facebook groups, which are used to answer questions and conduct discussions about breastfeeding.
- 1.28 The LLL website includes a help request form, which allows mothers to post a query to LLL Leaders about breastfeeding related issues. These help request forms are usually answered within a week, and LLL receives 700–800 such forms a year. LLL does not offer a specific breastfeeding webchat service.

### National Childbirth Trust

#### Helpline

- 1.29 NCT operates a helpline, which is not exclusively related to breastfeeding, and parents can call *"whether you are exclusively breastfeeding or using formula milk."*<sup>9</sup> The helpline is open every day from 8am to midnight, and is staffed by trained breastfeeding counsellors. The helpline is mainly used by parents who are already engaged in some way with the NCT through, for example, antenatal classes.
- 1.30 Counsellors do not only support the helpline but are also involved in antenatal provision and in breastfeeding cafes and groups etc. Unlike the NBH or LLLGB National Helpline, NCT counsellors are self-employed and opt-in to provide a certain amount of time answering calls, being paid an hourly rate.

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<sup>9</sup> <https://www.nct.org.uk/parenting/breastfeeding-concerns>

- 1.31 Counsellors are highly trained and supported through a system of regular supervision, and are encouraged to participate in reflective practice sessions with their peers and other specialists. There is also a closed Facebook page where counsellors can seek advice on specific calls from others in the group.

#### **Online support**

- 1.32 NCT provides limited online support to parents. Although NCT has a social media presence through Facebook and Twitter, these platforms are not used for parents to submit questions or request breastfeeding support, and NCT does not offer a webchat service. It does, though, have an enquiries team who may receive requests for support.
- 1.33 Work is ongoing in NCT to review the technology underpinning the service and to develop their capacity in this respect. Like other helpline providers they too have difficulty in collecting data about their service users due to the nature of the calls and mobile phone use.

#### **Association of Breastfeeding Mothers**

##### **Helpline**

- 1.34 ABM Counsellors volunteer on the National Breastfeeding Helpline. In addition, ABM also operates its own helpline, which is open from 9.30am–10.30pm every day. Calls to this number will only be answered by ABM volunteers.

##### **Online support**

- 1.35 As with the NBH, ABM volunteers also respond to NBH webchat messages. In addition, ABM offers email counselling, similar to LLL's online help request forms. This option is for non-urgent breastfeeding questions, and volunteers aim to respond to the email within five working days.

#### **Drugs in Breastmilk information service**

- 1.36 BfN also operates the Drugs in Breastmilk information service, which provides specific information on issues relating to drugs in breastmilk. This service is provided via email and Facebook messenger by a trained pharmacist and a small team of volunteers who provide evidence-based information on the impact of medication on breastfeeding. Due to the more specialised information that is provided, the service is operated separately to the NBH. As a result, the Drugs in Breastmilk information service is not part of this evaluation, but we recognise that there is a referral link between the two services.

## 2011 national evaluation

- 1.37 The NBH was previously evaluated at a UK level in 2011<sup>10</sup> by researchers at the University of Central Lancashire. The evaluation found that 74.6% of callers were very satisfied with the service, and a further 19.8% were satisfied. Overall satisfaction related to the helpfulness of the information received, and the ability of the support to resolve the issue.
- 1.38 The evaluation concluded that *“this helpline service provides rapid, targeted, realistic, practical, and responsive support as well as affirmation and encouragement.”* The report recommended that the helpline continues to ensure families could easily access the service, including the possibility of extending the service to 24/7.
- 1.39 Although the evaluation provided valuable insight into the effectiveness of the helpline across the UK, the data that was collected was not disaggregated by nation and region. The evaluation also pre-dated any financial support to the helpline from Scotland. As a result, the evaluation did not specifically analyse the impact of the NBH in Scotland, or how this compared with its impact in other parts of the UK.

## 2017 Evaluation requirements

- 1.40 Building on the findings from the 2011 evaluation, BfN commissioned Blake Stevenson to evaluate the extent to which capacity and awareness have increased in Scotland. This will contribute evidence towards the key target of the Scottish Government grant agreement that *“more parents across Scotland will have access to telephone and other methods of support.”*

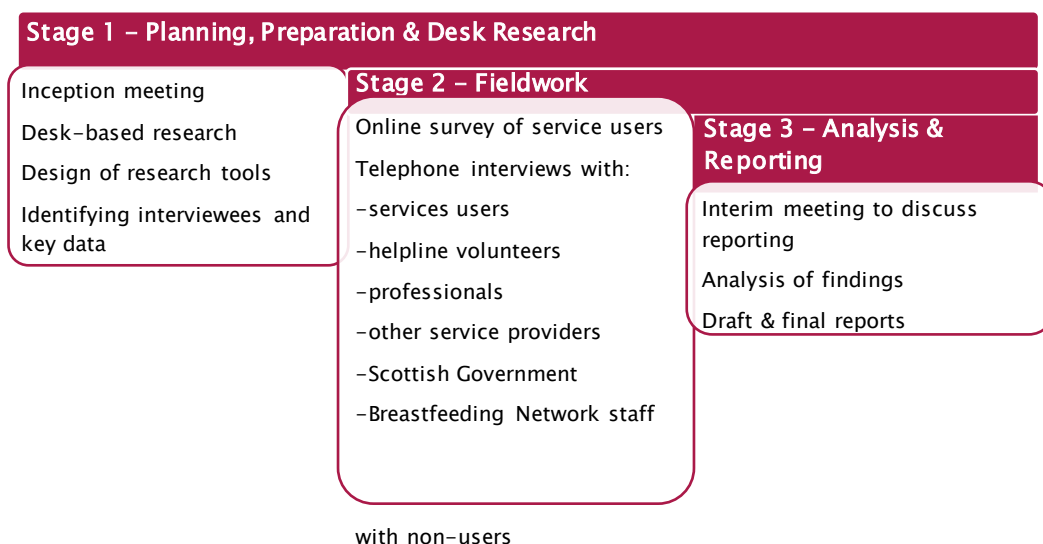
## Methodology

- 1.41 Blake Stevenson used a mixed methodology combining desk research, data analysis, a survey, and face to face and telephone interviews. Figure 1.1 provides an overview of the methodology used for the evaluation.

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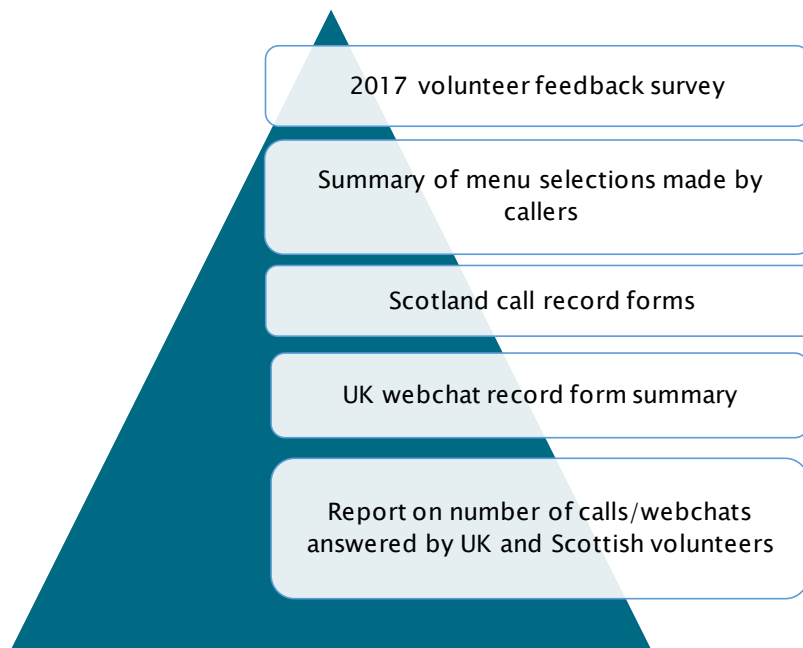
<sup>10</sup> Thomson, G., Crossland, N., Dykes, F., Sutton, C.J. 2012 *UK Breastfeeding Helpline support: An investigation of influences upon satisfaction* BMC Pregnancy and Childbirth, 12:150.

Figure 1.1: Evaluation methodology



- 1.42 An online survey was conducted with NBH service users between July and September 2017, to understand their experience with the helpline, and the impact it had on them and their child. The survey was open to Scottish users of the phone service and webchat. During this time, a total of 38 responses were received.
- 1.43 Twenty-four telephone interviews were conducted with a number of different groups. These included:
- 11 NBH volunteers;
  - 1 service user;
  - 5 Scottish NHS health professionals;
  - 1 Scottish Government representative;
  - 4 other service provider representatives; and
  - 2 BfN representatives.
- 1.44 Two consultations were also conducted with non-users of the NBH through library based activities for young children at Central Library and Craigmillar Library in Edinburgh. A total of ten interviews were conducted through these visits.
- 1.45 Data was also gathered from a variety of secondary sources in order to inform the evaluation. These included sources gathering the views of service users, service providers, in addition to helpline use statistics; as shown in the diagram below.

Figure 1.2: Secondary Data Sources



- **2017 volunteer feedback survey:** a UK-wide online survey of National Breastfeeding Helpline and Association of Breastfeeding Mothers volunteers that was conducted by the Breastfeeding Network in February 2017. 63 responses were submitted by volunteers in locations across the UK.
- **Summary of menu selections made by callers:** breakdown of responses from UK-wide helpline callers to an automated post-call phone survey between January and March 2017 and July and September 2017.
- **Scotland call record forms:** individual and aggregated records of the forms filled out by UK-wide helpline volunteers, for calls from Scottish service users between June 2015 and June 2017.
- **UK webchat record form summary:** Summary of webchat record form data for UK-wide webchat users for the period June 2015 to June 2017.
- **Report on number of calls/webchats answered by UK and Scottish volunteers:** comparative data on the total number of calls received/answered, webchats requested/answered, and total amount of time Scottish BfN volunteers spent answering calls during the period of Scottish Government funding.

### Methodological challenges

- 1.46 A number of methodological challenges were encountered during the evaluation. These included the following:

- **Gaps in data collection relating to callers.** Primarily, this concerns the gathering of demographic information from callers through the 'Scotland call record' forms, which had a low response rate. This information has proved difficult to record because callers may be in distress or have limited time and be less willing to provide this information, and it is also dependent on volunteers asking the questions. Given the high number (85%) of callers who access the NBH by mobile phone, it is not possible to automatically track where callers are based, unless they are using a landline. However, the high overall number of calls received from mobiles suggests that the number of calls from Scottish mobiles is likely to be higher than the number of calls from Scottish landlines.
- **Limitations on the collation of data on volunteer numbers.** The data provided on the number of NBH volunteers, both across the UK and in Scotland, did not contain a high level of detail. For instance, it was difficult to determine how many volunteers were active, inactive, or on sabbatical, for the period of Scottish Government funding. Although it is possible to collate this data on a month by month basis, resource limitations prevented comprehensive data being provided on the number and status of volunteers for the full funding period. The complexities around determining whether a volunteer is active or inactive (e.g. the length of time a volunteer has not logged on to the helpline), and the fact that the data has to be collated reactively instead of automatically, also posed challenges to analysing volunteer data.
- **Low response rate to the survey.** Although the survey was open for a six week period, a relatively low number (38) of NBH service users in Scotland responded which limits how representative the survey is in relation to awareness and use of the helpline among mothers in Scotland. The low response rate may in part be due to other commitments associated with being a mother, preventing service users from finding the time needed to complete the survey.
- **Low take up of service user interviews.** In keeping with the low survey response rates, few service users were willing to be interviewed for this research. Although some indicated in their survey response that they would be happy to be interviewed, it proved difficult to subsequently contact them and arrange an interview time. Again, this is likely due to the significant responsibilities of caring for young children.
- **The research was conducted over the summer,** which may have affected the take up of the survey and some interview requests. The timeframe was extended to accommodate these issues but the extension had limited impact.



## Report structure

1.47 The rest of the report is structured as follows:

- Chapter 2 examines in detail how the National Breastfeeding Helpline operates in Scotland, including its objectives, funding arrangements, service delivery, and statistics on accessing the service.
- Chapter 3 analyses the impact of the NBH on service users and volunteers in Scotland, by drawing on the evidence gathered through interviews and the survey of service users.
- Chapter 4 presents the conclusions drawn from the key findings of the research, and includes a set of recommendations for the future operation of the NBH in Scotland.

## 2. How the Service Operates

- 2.1 The National Breastfeeding Helpline has been in operation since 2008. It is a service run by the BfN in collaboration with the ABM, which enables mothers to receive phone support every day of the year from 9.30am to 9.30pm. Calls are answered by mothers across the UK, who have breastfed and subsequently received training in breastfeeding support, and are supervised by the charities. There are also specific support services available in Welsh and Polish, as well as a webchat service.
- 2.2 The NBH also incorporates the BfN Supporterline, which is contactable through a different number but is received through the same virtual call centre, and will only be answered by BfN volunteers. Separate phone lines also offer support in Bengali and Sylheti.

### Service objectives

- 2.3 The overarching objectives of BfN are to:
1. promote breastfeeding and a greater understanding of breastfeeding in the United Kingdom;
  2. collect and disseminate information on breastfeeding and baby and infant nutrition;
  3. provide information and support to parents on the feeding of babies and infants;
  4. set, and to encourage the acceptance of, quality standards for breastfeeding support; and
  5. establish and publish codes of practice for such support.
- 2.4 Objectives 1–3 are particularly relevant to the service provided through the NBH, and inform service delivery.

### Funding

- 2.5 The NBH receives funding from Public Health England and the Scottish Government. Public Health England is providing £150,000 in annual funding until 2019. Funding from the Scottish Government is in the form of a one-year grant, which was initially secured in 2015. Prior to this, although the service was available and promoted in Scotland, no contribution was made by the Scottish Government. The original amount of the 2015–16 grant was £33,500. In the 2016–17 financial year, the Scottish Government agreed to provide an additional one year grant of £87,271 to BfN. 8% of this additional grant contributes to running costs of the helpline, which broadly equates to the birth rate in Scotland. Additional money funds development within peer support and the charity.

- 2.6 BfN is currently seeking to secure continued funding for the NBH in Scotland from the Scottish Government for the 2018/19 financial year and ideally would wish to secure longer term funding to allow for greater resource planning and service development.
- 2.7 The key objectives of the current Scottish Government grant are to:
- increase capacity to offer peer support on the National Breastfeeding Helpline in Scotland by training new volunteers and supporting existing ones; and
  - raise awareness of the National Breastfeeding Helpline with families and professionals.
- 2.8 The relevant targets and milestones for these objectives are:
- more babies will receive breast milk for longer leading to health benefits that last throughout the child's life;
  - more parents across Scotland will have access to telephone and other methods of support;
  - improving choice and reducing barriers to information and support for families, especially those families who are least likely to breastfeed, such as young parents and those from areas of social deprivation, enabling breastfeeding to be normalised, visible and genuine option in their community; and
  - the BfN will be able to clearly articulate specific details about which mothers are being supported and by what method as per the agreed evaluation and monitoring plan.
- 2.9 In undertaking this evaluation, Blake Stevenson has reviewed a broad range of quantitative and qualitative evidence to analyse the extent to which the NBH has achieved these objectives. We would, however, question the appropriateness of these targets and milestones in view of the low rates of breastfeeding across Scotland and difficulties in measuring some of them in relation to what is, for the most part, a single intervention service.

### Service delivery

- 2.10 The NBH is delivered by a team of trained volunteers across the UK. Volunteers can log on to the Virtual Call Centre (VCC) system any time between 9.30am and 9.30pm, and can remain online for as long as they are available to answer calls. The VCC is accessible on any device (phone, tablet, laptop, desktop etc.). Volunteers take calls from across the UK, and they are not directed based on the geographical location of the caller.
- 2.11 If volunteers are unable to answer the specific questions being asked by the caller, they can contact other volunteers or their supervisor to ask for help, and inform the caller that they will call back once they have done further research. As with LLL and NCT, there is a private NBH volunteer Facebook group where volunteers can ask for help from other volunteers, supervisors and tutors.

- 2.12 According to the Contacting Callers Policy, the best option for following up with callers is the system's call back function. Follow up emails are discouraged as it is easy to mistakenly record email addresses and then have no way of contacting the caller. However, the NBH Contacting Callers Policy emphasises that it is not expected that volunteers will call back or email callers, and this should happen *"only very rarely."* This is similar to NCT's approach but differs from LLL which does provide a follow up call. Appropriate procedures are in place to deal with rare threatening or abusive calls, or where the volunteer may have concerns for the health and safety of a caller or child.

#### Webchat service

- 2.13 The NBH webchat service is managed in a similar way to the phone line, with volunteers able to choose when they log on to the webchat, and for how long, using the VCC system. Unlike the phone service, the webchat is available whenever a volunteer is logged on to the system, and is not limited to the opening hours of the phone service. Service users access the webchat through the BfN, ABM, and NBH website. A sign on the webchat webpage indicates whether a volunteer is available or not.

#### Supervision and Coordination

- 2.14 NBH volunteers are supported by Link Workers (or in the case of ABM, Regional Coordinators), who are designated a particular area of the UK. Link Workers encourage volunteers in that area to take calls, provide support to do this, and handle any technical issues with the VCC system. Each volunteer is also allocated a supervisor, who provides support and feedback on a regular basis, including after difficult or distressing calls. BfN NBH volunteers are required to receive at least one supervision session every two months (a minimum of six per year), including at least one session that takes place on a one to one basis. Supervision sessions take the form of face to face, one to one, group, by phone, and online supervision is also being trialled. Sessions are logged using the Supervision Passport document, which is completed by volunteers after each session.

#### Training

- 2.15 There are a number of stages of training that BfN NBH volunteers must go through before responding to calls/webchats. These are the BfN Helpers and Supporters courses, which are accredited through the Open College Network (OCN) London. Volunteers are not charged for the cost of completing these two courses. ABM offers slightly different training, however, this is not covered in this report due to the focus on the Scottish Government funded activities delivered by BfN.

#### Helpers course

- 2.16 All individuals who wish to volunteer for BfN, regardless of whether they want to volunteer for the NBH or another aspect of the organisation, must complete the Helpers course. The course is comprised of 12 two hour sessions to complete two modules: 'Peer support for breastfeeding mothers' and 'Skills to support the breastfeeding mother'.

- 2.17 The Helpers course is assessed through a Learner Assessment Log, which can be completed in a variety of ways. By completing the course, participants are qualified to become Registered Breastfeeding Helpers, and can volunteer as peer supporters in drop-in groups, hospitals, schools, and antenatal classes.

### **Supporters course**

- 2.18 The Supporters course builds on the content of the Helpers course. The course consists of three modules. Module 1 is 'Providing emotional support for breastfeeding mothers', Module 2 is 'Influence of society and research on infant feeding choice,' and Module 3 is a non-OCN accredited subject on the role of groups and self-reflection skills.
- 2.19 Any Supporter can take calls on the NBH, but individuals who only wish to volunteer for the helpline can instead complete a Helpline Support module to become a Helpline Supporter. This module can be undertaken either through face to face group sessions or through a 'Fast track Helpline' online course. This module covers helpline-specific topics such as 'Communicating with new parents', 'Active listening skills', 'Feeding help over the phone', 'Challenging calls', and 'Boundaries, signposting, referrals'. Assessment is conducted through assignments completed at the end of each topic. It is our understanding that the development of the online course has been made possible by the Scottish Government funding and acts as a means to increase the number of volunteers able to answer calls.
- 2.20 After completing the Support course or the Helpline Support module, the course Tutor and the relevant Link Worker assist the volunteer to be paired up with a supervisor, and begin taking calls/webchats on the NBH. An additional two modules form a probationary period of 48 units (where a unit is two hours being active on the NBH). An additional training course is available to become a Tutor and/or Supervisor through five days of face to face residential and online learning, with practical and written assessments.

### **Profile of volunteers**

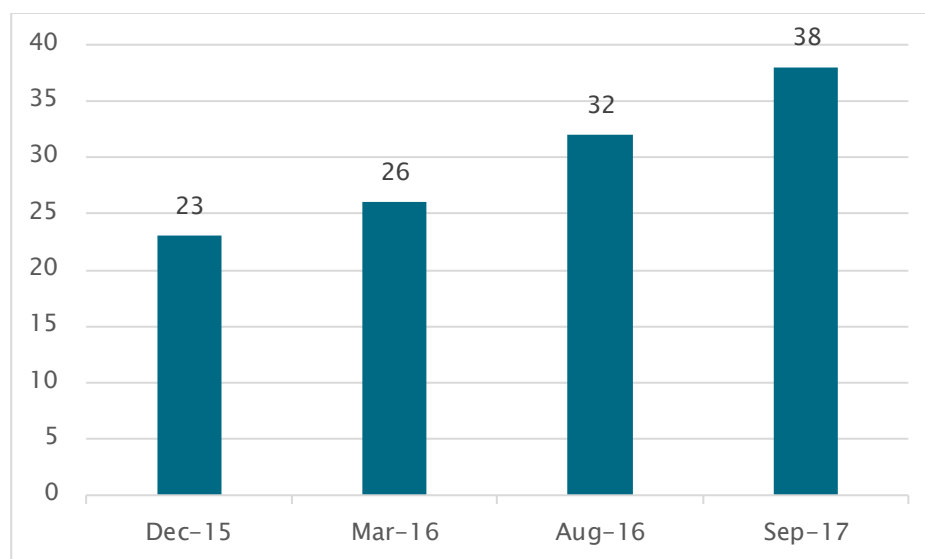
- 2.21 Currently there are 252 NBH volunteers (including trainees) registered across the UK. Information about the current number of these volunteers who are active or inactive is not available due to the limitations on data collation outlined in the introduction to the report. However, since 1 September 2017, 115 volunteers have taken at least one call, providing some insight to the number that are currently active.
- 2.22 During the period June 2015 – June 2017, NBH volunteers spent a total of 5728 hours and 23 minutes speaking with callers to the helpline. Scottish BfN NBH volunteers spent a total of 151 hours answering calls during the period, with 38 hours of talk time between 1 July 2015 – 30 June 2016, and 113 hours of talk time between 1 July 2016 – 30 June 2017. This represents a 197% increase in time spent on the NBH by Scottish BfN volunteers.

- 2.23 A UK-wide survey was conducted in February 2017 among all active and inactive NBH volunteers, receiving 63 responses (including both BfN and ABM volunteers). Of the 63 respondents, 67% (42) were active on the helpline, with the remaining 32% (21) inactive. Of the respondents who were active on the helpline, just under half (17, 42%) logged on either more than once a week, or once a week. 18% (8) logged on once a fortnight, 12% (5) logged on once a month, and 28% (12) logged on less than once a month or another amount of time.
- 2.24 The primary reason respondents who were inactive gave for not logging on to the helpline was that they did not have enough time (76%), with 45% giving other reasons such as working, and changes in family circumstances. 28% also indicated that the house was too busy or noisy.

### Scottish volunteers

- 2.25 Funding in Scotland has enabled the appointment of a part time staff member to promote the helpline and support the recruitment and training of volunteers in Scotland.
- 2.26 Data on Scottish volunteer numbers was not available for pre-December 2015. Between 1 December 2015 and 20 September 2017, the overall number of NBH volunteers in Scotland increased by a significant amount. As of 20 September 2017, there were 38 NBH volunteers in Scotland, compared to 23 in December 2015. Of these 38, 17 are currently active, five are on sabbatical (an agreed period of absence usually for maternity leave or similar) and 13 are inactive, indicating that although the overall number of Scottish volunteers has risen considerably since 2015, just under half are currently active on the helpline.

**Figure 2.1: Number of Scottish NBH volunteers**



- 2.27 As part of this evaluation, 11 NBH volunteers were interviewed, of whom nine were active. Most volunteers who were active only responded to calls rather than webchat. At least six of the volunteers interviewed worked in other paid or unpaid roles within BfN, including as peer support coordinators and administrators. One volunteer was also an NHS Peer Coordinator. One of the two ABM NBH volunteers in Scotland was also interviewed.
- 2.28 The amount of time that interviewees had been volunteering on the helpline varied considerably, with quite a few having volunteered for less than a year. Several others had been volunteering for 11 to 12 years, although one of these interviewees was no longer active on the helpline. This interviewee indicated that they were no longer active because they were involved in too many other activities, including as a BfN peer support coordinator. This shows that the interviewee has progressed to other roles in the organisation, rather than disengaging completely, although this is not necessarily representative of the experience of other inactive volunteers. For example, another interviewee who was inactive said that this was because they *“felt a bit nervous”* and came up with reasons to stop volunteering.
- 2.29 Only four interviewees had themselves used the NBH before becoming a volunteer, although many had used other services such as BfN online resources, peer support groups, and NHS support. Interviewees gave a range of reasons for why they became an NBH volunteer. Many interviewees said that it was because they had themselves experienced issues with breastfeeding. Of these, some indicated that they had received support for these issues, which motivated them to volunteer: *“There wasn’t really support when my eldest was born.”* Others were motivated by the opposite experience of receiving support for their issue, and wanting to do the same for other mothers. Some interviewees also said that they were already involved in other aspects of BfN, such as working as volunteer coordinators, and wanted to get involved in the helpline as well.
- 2.30 Patterns of volunteering varied greatly between volunteers in Scotland, with some preferring to log on in the evenings once their children had gone to bed, while others preferred to log on in the mornings. Many commented that it depended on what their children were doing, and whether they were in the house or not: *“Mainly childcare, as with four children it can be very difficult to find an appropriate time.”*
- 2.31 Interviewees provided similar comments about enablers and barriers to providing support. The main enablers related to their own children being asleep or in childcare, and receiving support from other volunteers and supervisors. Barriers included disruption from children, poor English of the caller, not knowing what support services are available in the caller’s local area, and living in an area without a BfN project.

## Profile of helpline service users in Scotland

### Call/webchat records

- 2.32 For every call or webchat that is responded to by a volunteer, an online form is meant to be completed by the volunteer through the Survey Monkey platform. Information that is collected for calls/webchats includes the:
- helpline volunteer's name and whether they are a BfN or ABM volunteer;
  - date of call/webchat;
  - age of baby/babies;
  - whether service user is breastfeeding parent, partner, or other;
  - reason for contacting NBH;
  - distress level of service user and volunteer;
  - urgency of the call/webchat;
  - first half of service users postcode; and
  - country caller is calling from (England, Scotland, Wales or Northern Ireland).
- 2.33 A further set of demographic questions are meant to be asked of every fifth caller/webchat user including:
- whether the service user has contacted the helpline before;
  - the service user's ethnicity;
  - age they completed full time education;
  - whether English is their first language;
  - their age; and
  - how they heard about the NBH.
- 2.34 Additional information is collected through the webchat form about how the webchat ended (whether the conversation ended naturally, the service user ended the chat, the volunteer ended the chat, or the volunteer phoned the caller). However, only a very small proportion of service users respond to the additional phone and webchat questions, and the data is collected inconsistently. Below we provide an analysis of the available data, recognising the limitations of the information available.



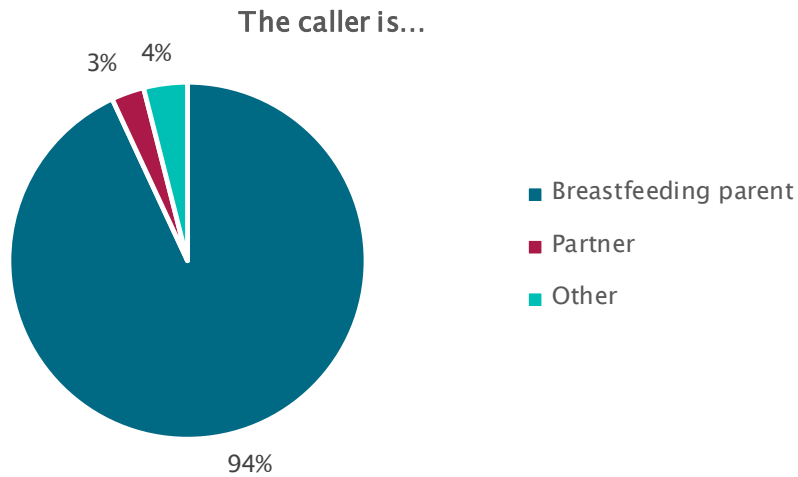
## Accessing the helpline

- 2.35 Between June 2015 and June 2017, a total of 74,851 answerable calls<sup>11</sup> were received by the NBH across the UK, of which 21,212 were answered (28%). However, only 16,641 (78%) calls had completed call record forms. Of these call record forms, 833 (5%) were completed for callers in Scotland. 385 (47%) were answered by BfN volunteers, compared with 438 (53%) answered by ABM volunteers (it is unknown who answered the ten remaining calls). This suggests that the provision of NBH is quite evenly divided between the two organisations. 420 of the calls were answered between June 2015 and June 2016, and 413 calls between June 2016 and June 2017, suggesting that use in Scotland has remained broadly consistent during the period of funding from the Scottish Government. However, it is not possible to determine whether there has been a sizeable increase in the overall number of calls received from Scottish callers, due to a large majority (69,258, 77%) of calls being made using mobiles, which do not provide geographic data.
- 2.36 BfN has collected data from call handling/virtual call centre reports for the period June 2015 – June 2017 on the location of landline calls received by the NBH, including both answered and unanswered calls. However, these only account for 23% (20,177) of the total 89,435 calls received during this period. Of these landline calls, 1,730 calls were received from Scottish landlines (8.6%), 17,707 (87.8%) were received from English landlines, 582 (2.9%) were from Welsh landlines, and 148 (0.73%) were from Northern Irish landlines. A very small number (10, 0.05%) were from Jersey, Isle of Man and Guernsey. As previously mentioned, although it is not possible to determine the number of calls received from Scottish mobiles, the high proportion of calls to the NBH from mobiles overall suggests that the number of calls from Scottish mobiles is likely to be significantly higher than the number of calls from Scottish landlines.
- 2.37 There were 451 webchat record forms completed over the period June 2015 to June 2017 across the UK, of which 20 (4%) were from service users in Scotland; representing a response rate consistent with that of the phone lines. However, specific data on the reasons for using the service, whether the service users had accessed the webchat previously, and demographic information, was not available for service users in Scotland.
- 2.38 Available information regarding the status of callers in Scotland to the NBH was examined (see Figure 2.2). The majority of calls were from the breastfeeding parent (785, 94%), with remaining calls coming from the partner of the breastfeeding parent (25 3%), or ‘other’ callers including health visitors, other professionals, or family members (30, 4%). The total number of breastfeeding parents, partner, or other (840) is higher than the total number of call record forms as volunteers are able to select more than one option (i.e. if the caller hands over to another family member).

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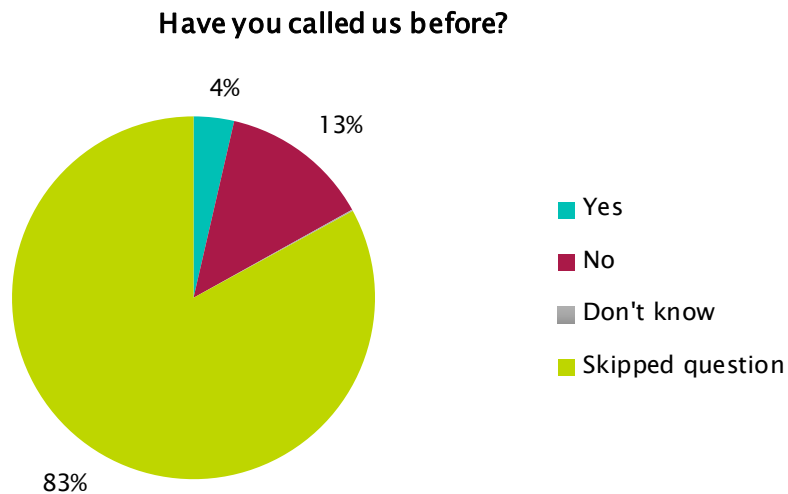
<sup>11</sup> Answerable calls are calls that are made within the operating hours of the NBH and do not hang up during the welcome message.

Figure 2.2: Caller status (n=840)



2.39 Callers are also asked whether they have called the helpline before, in order to understand how often the phone line is called repeatedly. Figure 2.3 shows that this question is often skipped as it is only meant to be asked of every fifth caller. Of those answering, more people were first time callers than repeat callers.

Figure 2.3: Repeat callers (n=833)



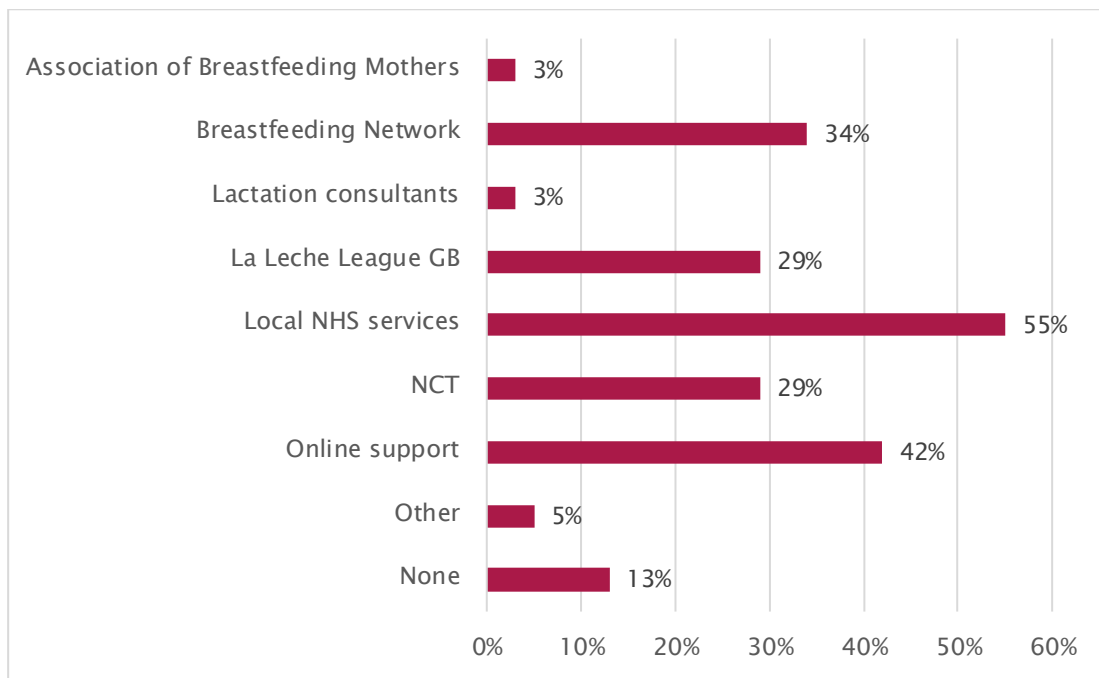
2.40 Attempts were made to collect various pieces of demographic information regarding service users. However, the majority of this information remains incomplete or inconsistently collected, and is only meant to be asked of every fifth caller, so it is difficult to draw any definite conclusions. For example, the ethnicity of 84% (701) of callers is unknown, with the majority of the remaining respondents describing themselves as white (127, 15%).

- 2.41 Similarly, the age of completing full time education is unknown for 84% (699) of callers; with remaining respondents saying they completed full time education aged 19 or over (99, 12%), 18 (24, 3%), 17 (6, 1%), or 16 or under (5, 1%). The same limitations are encountered in questions concerning the age of the caller, and whether English is their first language. More information is required in order to fully understand the demographic profile of those accessing the helpline.
- 2.42 The age of the child concerned is meant to be asked of all callers, and is answered more consistently, illustrating that the majority of calls concerned children aged up to six months. However, differences in the way that information has been collated over time means that it is difficult to analyse overall. Age categories were introduced to call/webchat record forms in March 2017 to address this issue and ensure data is collected more consistently.

#### NBH Impact Survey (Scotland) 2017

- 2.43 As part of this evaluation, an online survey was opened for users of the NBH in Scotland, from whom we received 38 responses. Geographically, there was an almost even split between respondents from cities (18, 47%) such as Glasgow, Edinburgh, and Aberdeen; and those living in smaller towns (20, 53%). However, most respondents lived in the Central Belt, in areas such as Kirkcaldy (7, 18%), Motherwell (5, 13%), and Kilmarnock (4, 11%). This correlates with the location of many of the BfN breastfeeding support groups in the Central Belt, with groups located in Kirkcaldy and Glasgow. There are also BfN drop-in centres in Kirkcaldy, Glasgow, and Kilmarnock, suggesting that there is some link between the location of BfN face to face support services, and helpline access.
- 2.44 A large majority of respondents (36, 95%) were breastfeeding parents, with the remaining two respondents (5%) a friend and a relative. Close to half of respondents who were breastfeeding mothers (17, 47%) were aged 35–39, 25% (9) were aged 30–34, 17% (6) were aged 25–29, and 11% (4) were 40 or over. Of the 36 respondents who were breastfeeding parents, 18 (50%) had one child, 12 had two children (33%), five had three children (14%), and one had four or more children. All 18 parents with one child had breastfed them, and 11 (92%) of the parents with two children had breastfed both of them, with the remaining parent having breastfed one of the two. All five parents with three children, as well as the one respondent with four or more children, had breastfed all of their children.
- 2.45 All respondents identified as white, with 71% (27) indicating that they were Scottish, 18% (7) describing themselves as other British, 5% (2) describing themselves as Irish, and 5% (2) selecting other white ethnic group (Czech and Italian). Conversely, 34 (94%) respondents indicated that English was their first language with the remaining two (6%) indicating that Czech and Italian were their first languages.

**Figure 2.4: Have you used any other breastfeeding support services? (n=38)**



- 2.46 Over half of respondents (21, 55%) had accessed local NHS services and close to half (16, 42%) had accessed online support groups. 34% (13) had accessed other Breastfeeding Network resources, while 29% (11) had accessed La Leche League and NCT. Many of the respondents who said that they had accessed online support groups indicated that these were Facebook-based groups. Others included Mumsnet, Kellymom and BabyCentre, as well as local breastfeeding support groups. 13% had not used any other support.

### Hearing about the helpline

- 2.47 Survey respondents had heard about the helpline through a broad range of sources. The highest number of survey respondents (10, 26%) had found out about the NBH from a health professional, while 16% (6) had found out about it through an internet search or other website, and 13% (5) had heard about the helpline through NHS Health Scotland resources. 11% (4) had also found out about the helpline through social media or hospital.
- 2.48 This chimes with an analysis of BfN's own data for the helpline. Of the 131 callers in Scotland who responded to the question, they had most commonly heard about the helpline through health services including hospitals (30, 23%), healthcare professionals (28, 21%), and NHS Health Scotland Resources (25, 19%). Internet searches were also a popular way to find out about the service (26, 20%).

Figure 2.5: Hearing about the helpline

Answer Options	TOTAL	% (of those answered)
Department of Health resource (e.g. Pregnancy, Birth to Five, Start4Life etc.)	7	5%
Leaflet display (library/cafe)	2	2%
Via a friend	7	5%
Via a Peer Supporter	1	1%
Via a Health Professional	28	21%
NHS Health Scotland Resource (e.g. Off To A Good Start, Ready Steady Baby!)	25	19%
Hospital (e.g. discharge pack, red book)	30	23%
Department of Health website (www.nhs.uk/breastfeeding)	1	1%
Internet search/other website	26	20%
Magazine/newspaper/book	0	0%
Social media (e.g. Facebook/Twitter)	4	3%
Total answered question	131	n/a
Total skipped question	702*	n/a

\* This question is only required to be asked of every fifth caller to the helpline.

- 2.49 Our interviews with healthcare professionals in Scotland revealed an awareness of the NBH, and that it was being promoted to mothers through leaflets, at point of discharge after giving birth and in their red book. The extent to which healthcare professionals actively signpost to the service depends upon local factors such as geographic location, complexity of need, and the existence of other support mechanisms. For instance, a healthcare professional in one rural area commented that there was a wide range of NHS peer support services locally that are the *“first line of call and women would go to them rather than the national helpline.”*
- 2.50 In another interview, the healthcare professional commented that *“there can never be too much support,”* but also said that she was unsure whether local women used the NBH and indicated that there was a wide variety of local peer support services that women could access. This suggests that awareness and promotion of the NBH by health professionals may depend on what other breastfeeding support services are available in an area.

- 2.51 All health service interviewees were aware of the service and felt it complemented other services. They were not all able to comment on how well used the helpline was as this depended on their role and level of contact with mothers. One interviewee was aware of women sometimes having difficulty getting through. Some interviewees felt that it would be beneficial to receive more information about the helpline and how it was being used at a local level if this was possible. It is our understanding that BfN has recently initiated a new approach to promote the NBH through the Scottish Infant Feeding Advisor Network (SIFAN).

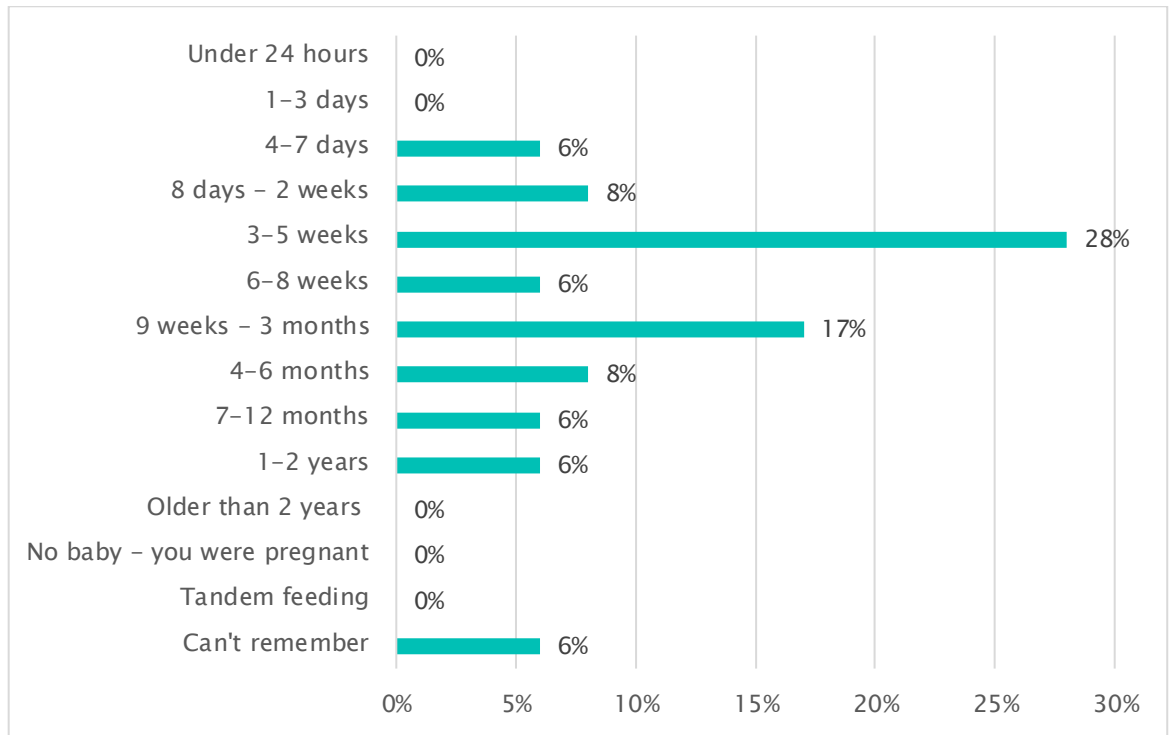
#### Awareness of the National Breastfeeding Helpline among non-service users in Scotland

- 2.52 As well as conducting the survey with people who had used the helpline, we were interested to gather the views of non-service users and to this end interviewed a total of ten non-service users at Central Library and Craigmillar Library in Edinburgh. Awareness of the NBH was low amongst non-users. Half (5) of the interviewees had not heard of the NBH, with a further three unsure whether they had been informed about it. Most interviewees had not accessed other helpline support services, and some said that they were able to get the support they needed from other sources, such as health visitors and breastfeeding clinics: *“Health visitor has given advice that was helpful.”*
- 2.53 Others indicated that they did not require breastfeeding support as they did not have any issues with breastfeeding. For example, one interviewee said that they did not have any difficulty breastfeeding but believed that the helpline *“could be good for some mothers.”* Several interviewees who had not heard about the NBH also indicated that they would have accessed it if they had known about it. This suggests that there are some mothers who would benefit from accessing the NBH but may not be currently aware of it. Widening promotional activities to reach a broader audience could help to engage mothers who are unaware of the service.
- 2.54 One mother who had not heard of the helpline also indicated that she would not have accessed the phone line because she has anxiety about phone lines, reinforcing the need for alternative forms of helpline provision such as the webchat service.

#### Reasons for calling the helpline

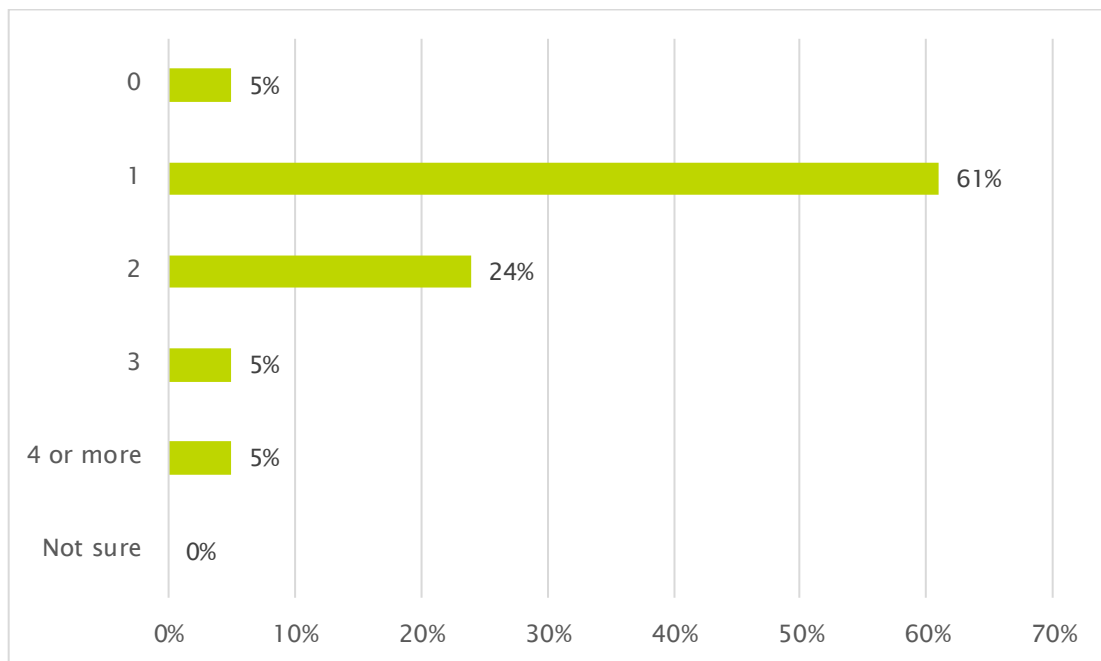
- 2.55 As shown in Figure 2.6, 28% (10) of survey respondents in Scotland said that their most recent contact to the helpline (including webchat) was 3–5 weeks old. 17% (6) said that their child was 1–2 years and 8% (3) said that the child they were calling about was either 8 days–2 weeks (3, 8%) or 4–6 months (3, 8%).

Figure 2.6: How old was your child whose feeding you were calling /chatting about? (n=38)



2.56 More than half of respondents (23, 61%) had only contacted the NBH once, with a further 24% (9) having contacted the helpline twice, and 10% (4) having contacted the helpline three or more times. Two respondents (5%) indicated that they had not accessed the helpline at all.

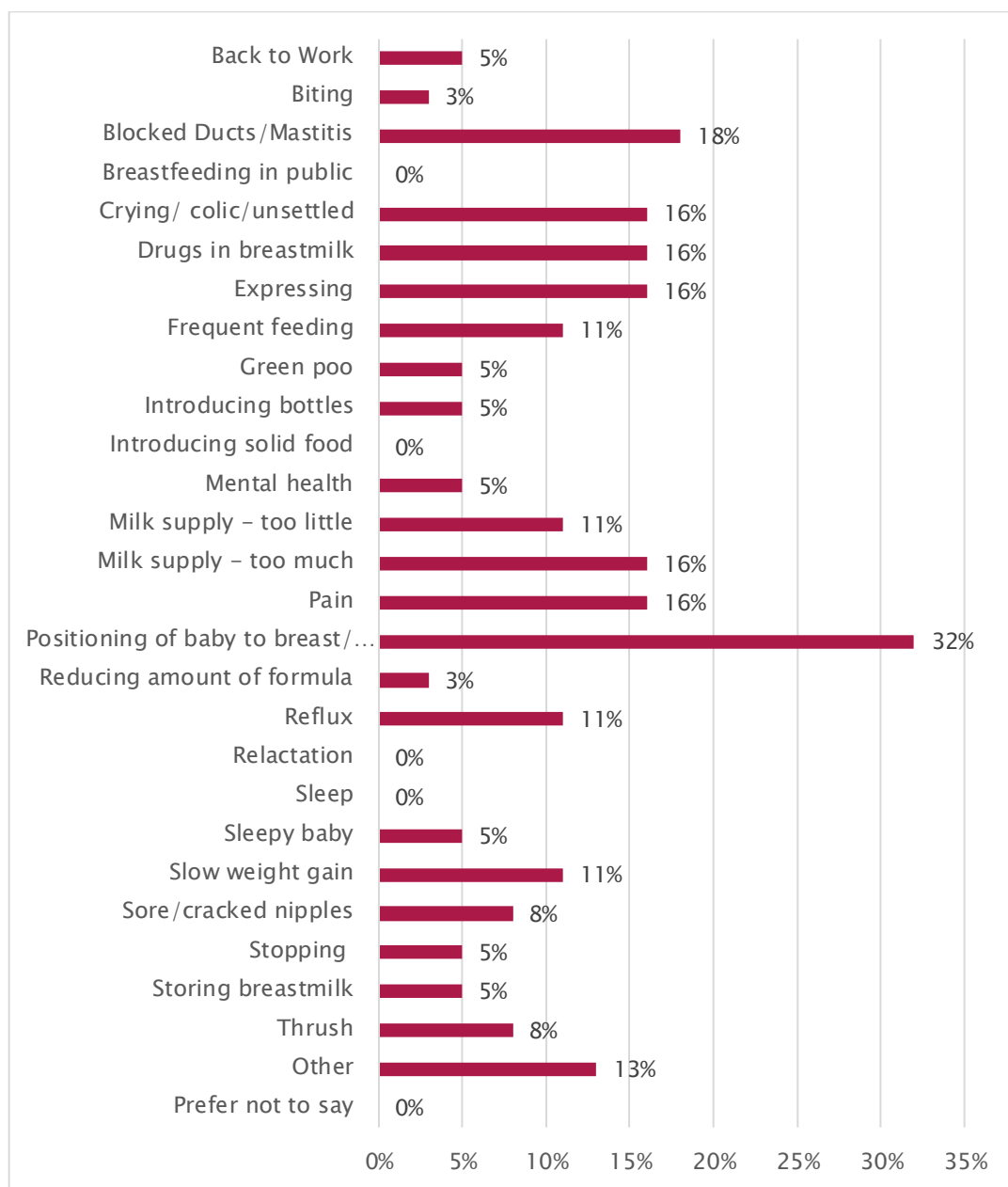
Figure 2.7: How many times have you used the National Breastfeeding Helpline? (n=38)



2.57 According to the Scottish phone record forms, the reasons for the calls were varied. Prevalent themes included the baby’s health (for example, concerns about whether the baby was feeding enough or the baby’s weight), and the mother’s health (including infections). There were also a number of calls regarding changing feeding behaviours (for example, how to wean onto solid food from breastfeeding), and other practicalities involved with breastfeeding (such as appropriate milk storage).

2.58 More than a quarter of survey respondents (12, 32%) said that they contacted the helpline because of issues with positioning/attaching their baby to their breast. 18% (7) gave blocked ducts/mastitis as a reason, while 16% (6) said that they called because of crying/colic/unsettled, drugs in breastmilk, expressing, too much milk supply, or pain.

**Figure 2.8: Why did you contact the helpline, when you accessed the most recently? (n=38)**





2.59 In comments, many respondents also described pain as a key reason for calling the helpline:

*“Worried about breast pain and a coating on my baby’s tongue.”*

*“Strong pain in my breast after feeds.”*

*“To find out why it was painful to feed, turns out I had infectious mastitis.”*

2.60 This was reflected in interviews with NBH volunteers in Scotland, with many describing pain as a contributing factor to the mother calling. For instance, one volunteer said that calls related to *“real pain when breastfeeding – called helpline, got some advice to improve comfort.”* Other survey respondents said that they called because they were disappointed with the medical support they had received:

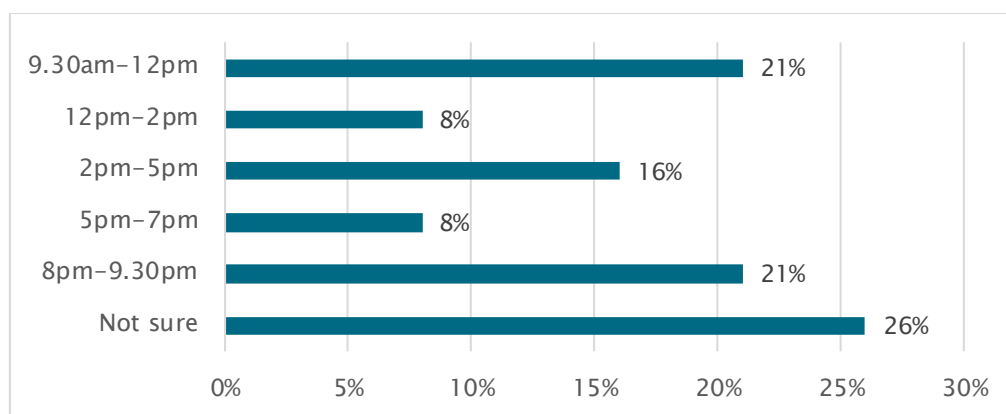
*“I was very upset at a lack of NHS support to establishing breastfeeding.”*

*“I found the advice from two male doctors very unhelpful – suggesting that I should stop feeding until the thrush cleared.”*

2.61 In interviews, NBH volunteers in Scotland also indicated that one of the most common reasons for accessing the helpline related to wanting reassurance when beginning breastfeeding a new-born baby. For example, one volunteer explained that, *“there’s nothing actually wrong but they are just shocked at how full on everything is, they want reassurance that they’re doing it right/it’s going to be OK.”*

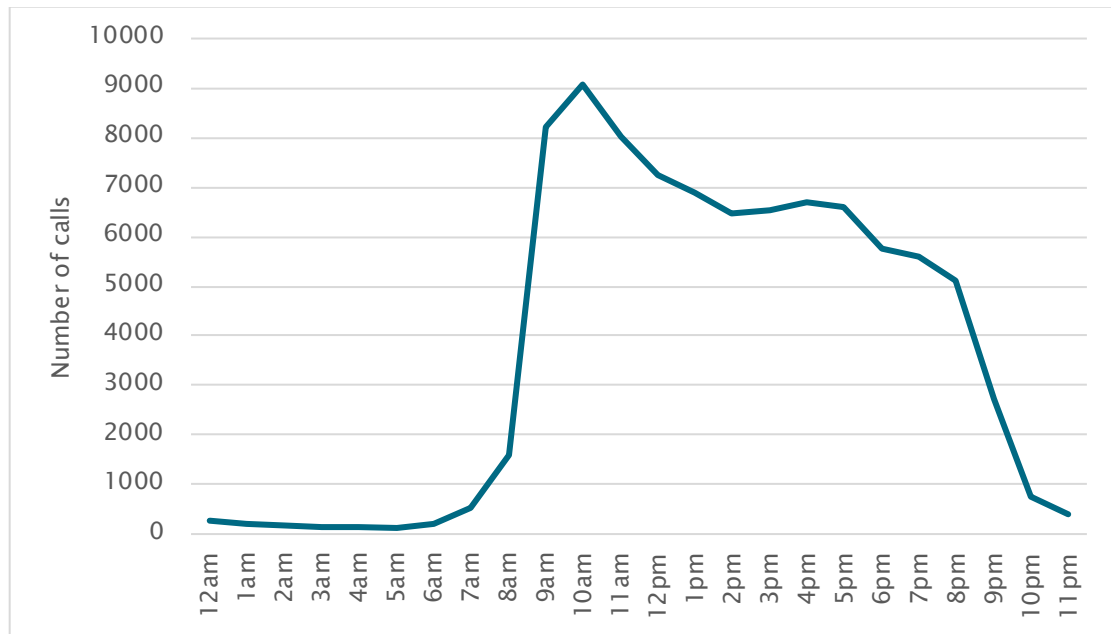
2.62 Just over a quarter of respondents (10, 26%) were unsure of the time of day that they had contacted the helpline most recently. An equal number (8, 21%) had contacted the helpline either between 9.30am–12pm or 8pm–9.30pm, indicating that the beginning and end of the day were both popular times for calling the helpline. A slightly smaller number (6, 16%) had contacted the helpline between 2pm–5pm, and only 8% (3) had called between 12pm–2pm or 5pm–7pm. Health professionals and other stakeholders commented that they expected evenings to be the busiest times.

**Figure 2.9: What time of day did you contact the helpline, when you accessed the service most recently? (n=38)**



2.63 According to UK-wide call handling reports/VCC data on calls received for the period June 2015 – June 2017, the most popular time to call the helpline was 10am (9,072 calls), with 9am and 11am also popular times, and calls dropping off in the evenings. This suggests that more broadly, mornings are when the helpline is most in demand across the UK. However, it is not possible to determine whether Scottish calls matched this pattern.

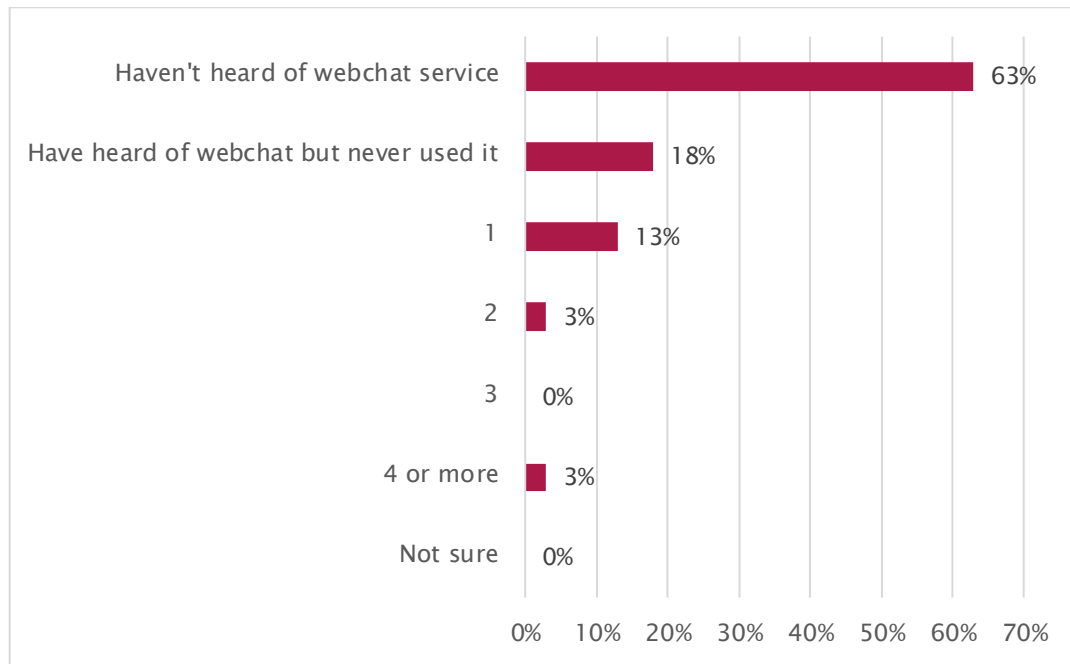
**Figure 2.10: The times of calls received by the NBH (June 2015–June 2017)**



2.64 A large majority of survey respondents (33, 87%) had contacted the helpline by phone most recently, with 13% (5) using the webchat. When asked why respondents used the phone instead of the webchat, a large number said that they did not know that the webchat existed. Others said that they preferred communicating by phone, or that they had been given the number for the phone line in an NHS leaflet or information sticker.

2.65 A majority of survey respondents (30, 79%) got through to a volunteer on their first attempt. Of the eight (21%) who had to make multiple attempts, three (38%) got through after two attempts, three (38%) got through after three attempts, and two (25%) did not get through. The webchat was used far less by respondents, with 63% (24) having never heard of it, and a further 18% (7) having heard of it but never used it. 13% (5) had used the webchat once, while one respondent had used the helpline twice, and one had used it four or more times.

**Figure 2.11: How many times have you used the National Breastfeeding Helpline Webchat? (n=38)**

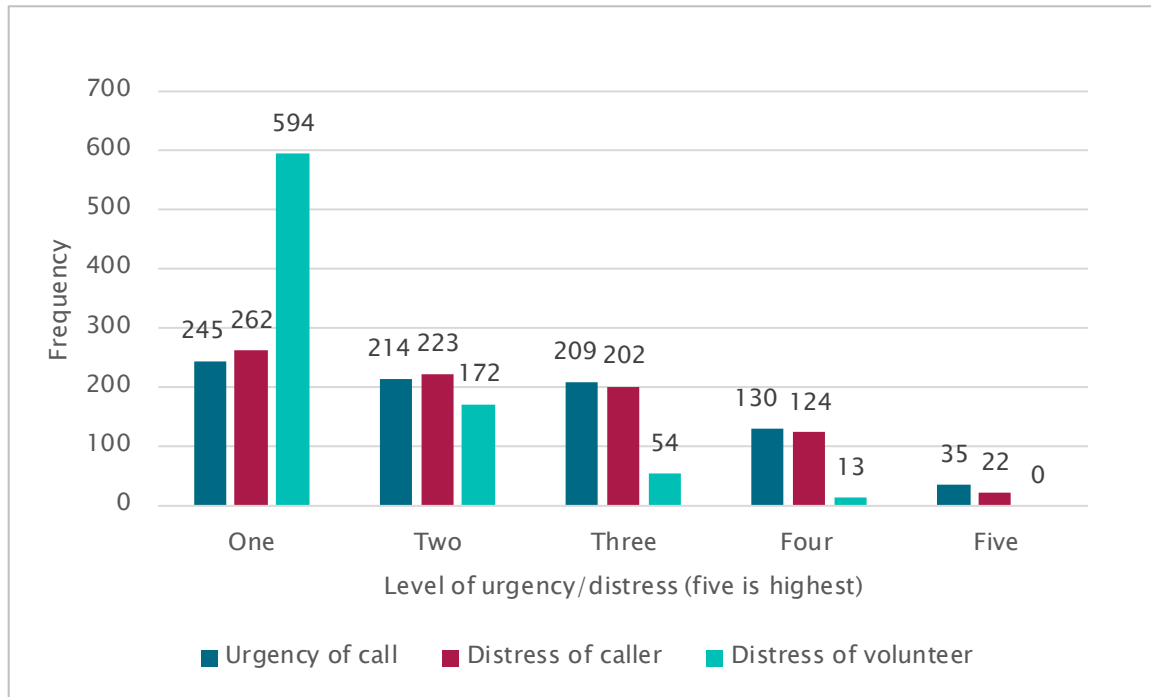


2.66 Those who had used the webchat said that they preferred it because they would rather access online help (5, 100%), they were unable to use the telephone due to other factors (e.g. baby asleep) (3, 60%) and/or they felt uncomfortable talking about the issue over the phone (3, 60%). In comments, webchat users in Scotland said that they found the webchat 'easier'. One respondent indicated that it was *"easier to chat and look after baby,"* while another said it was *"easier for me in a busy/noisy house."* Respondents also felt that the webchat was more private, with one webchat user saying *"it feels more private because you don't fear someone overhearing the words breast or post-natal depression."* Comments such as these indicate that the webchat serves a particular purpose in reaching a smaller number of mothers who do not feel comfortable using the NBH phone service.

### Responding to urgency and distress

2.67 As part of the call record forms that are completed for every call made to the helpline, volunteers are asked to gauge the urgency of calls, the perceived distress of the caller, and the distress of the volunteer themselves. This is judged on a five point scale, where five is the highest level of urgency or distress. It emerged that the levels of stress and urgency of callers in Scotland for the period June 2015 – June 2017, as perceived by the volunteer, are relatively low, and the distress of volunteers even lower (see Figure 2.11).

Figure 2.12: Stress and urgency of the caller and volunteers



- 2.68 This is reflective of urgency and distress levels across the UK. During the period June 2015 – June 2017 more than half (61%) of NBH volunteers rated the distress of callers a 1 or 2. Similarly, 58% rated the urgency of the call a 1 or 2, and 91% rated their own distress level a 1 or 2.
- 2.69 While the accuracy of this is limited by not directly asking the caller about their levels of urgency or distress, such figures might suggest that the current delivery model is well equipped to ensure that volunteers feel supported.
- 2.70 In the next chapter of this report, we will use the data we have collected to examine how the National Breastfeeding Helpline has impacted on service users, volunteers and healthcare professionals in Scotland.

## 3. Impact of the Helpline

### Position of the National Breastfeeding Helpline in Scotland

- 3.1 In interviews, healthcare professionals felt that the helpline was most suited to respond to more immediate needs when a woman could not access other forms of support or when desperate in the middle of the night, although the helpline was not available at that time. They saw the benefits of the helpline as being this immediacy and its demand led nature (women could call when they needed to), it was available out of hours when other health services were not, and that it was a peer-based service.
- 3.2 The helpline was viewed as being part of the package of support available to women. One interviewee noted that they worked on the assumption that the helpline would always be there so they could be confident that this type of support was covered and they could therefore focus on other things.
- 3.3 One professional mentioned that she was aware of women trying to call the helpline and not being able to get through. She and others also commented on the value of the helpline being operated by people who had experience of breastfeeding and understood the position of the caller, and were available when statutory services were not.
- 3.4 Even those who worked in areas where they felt there was adequate local support, including local peer support and helpline services, felt that there was a need for a national helpline service, given the need to promote and support breastfeeding across the country. A universal, national service also offered a level of anonymity that some women found helpful. BfN was regarded as providing sound, evidence based information and one interviewees commented on how the independence of the helpline was important.
- 3.5 The healthcare professionals were not aware of the webchat service but saw this aspect of the service as being a good thing. They and other stakeholders commented on the increasing need for services to be offered via social media (Twitter, Facebook pages, Facebook messaging) web, text, Skype and so on, particularly in the case of engaging with young mothers who were more used to these forms of communication and others who might find it easier to write about a problem rather than discuss it over the phone.
- 3.6 As previously stated, the Scottish Government has incorporated breastfeeding support into its Programme for Government and our interviews suggest that the development of further online and social media responses may form part of the approach, as could a more localised, community based focus which builds upon social capital. This presents both opportunities and challenges for the helpline. There is potential to further develop its web based support, and although in its current form as a UK delivery model it could be hampered in forming part of a more localised approach in Scotland, the increase in

Scottish volunteers sits well with the development of local social capital as these volunteers represent a source of knowledge and support within their communities

### Satisfaction with the National Breastfeeding Helpline

- 3.7 Based on the findings from our survey of service users in Scotland, and interviews with volunteers, we have analysed satisfaction with the helpline in Scotland, and its impact on these groups. We have also examined existing evidence gathered by BfN through a survey of service users and volunteers across the UK.

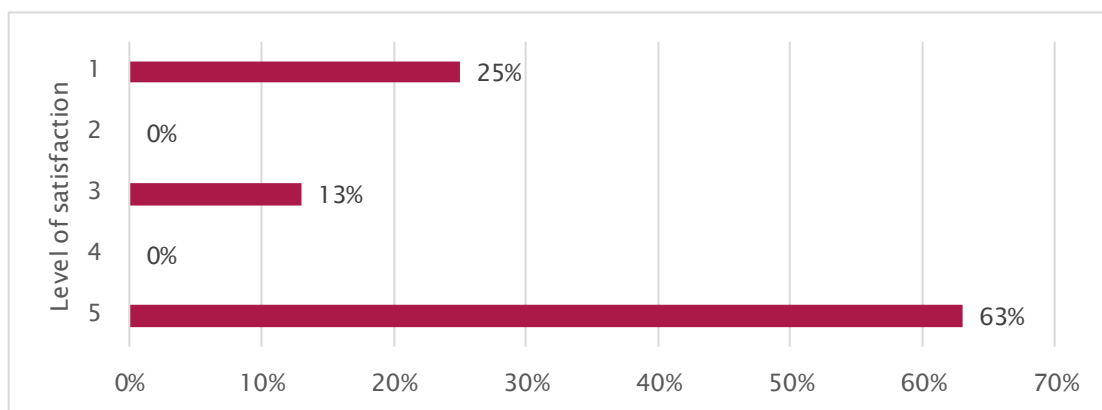
#### UK-wide phone survey

- 3.8 In January to March and July to September 2017, those completing a call with a NBH volunteer were asked three questions. Data was not collected on the respondent's location so the results were only available for all UK respondents, however we have included the findings to illustrate the high levels of satisfaction among callers at a UK level. Of the 226 people who answered the question, 98% (221) thought their call had been good, very good or excellent. Of 224 respondents who rated the support they received from the volunteer, 98.5% (219) reported it to be good, very good or excellent, and 95% (213) of the 224 respondents to the final question said that they would recommend NBH to a friend.

#### Views of service users in Scotland

- 3.9 Of the 38 respondents to the survey of service users in Scotland, a majority (30, 79%) got through to a volunteer on their first attempt. More than half of the eight respondents (5, 63%) who made multiple attempts to get through were satisfied with the number of times it took, selecting five on a scale of 1 to 5 (1 – not satisfied, 5 – very satisfied). One respondent rated their satisfaction as a 3, and two rated their satisfaction as a 1.

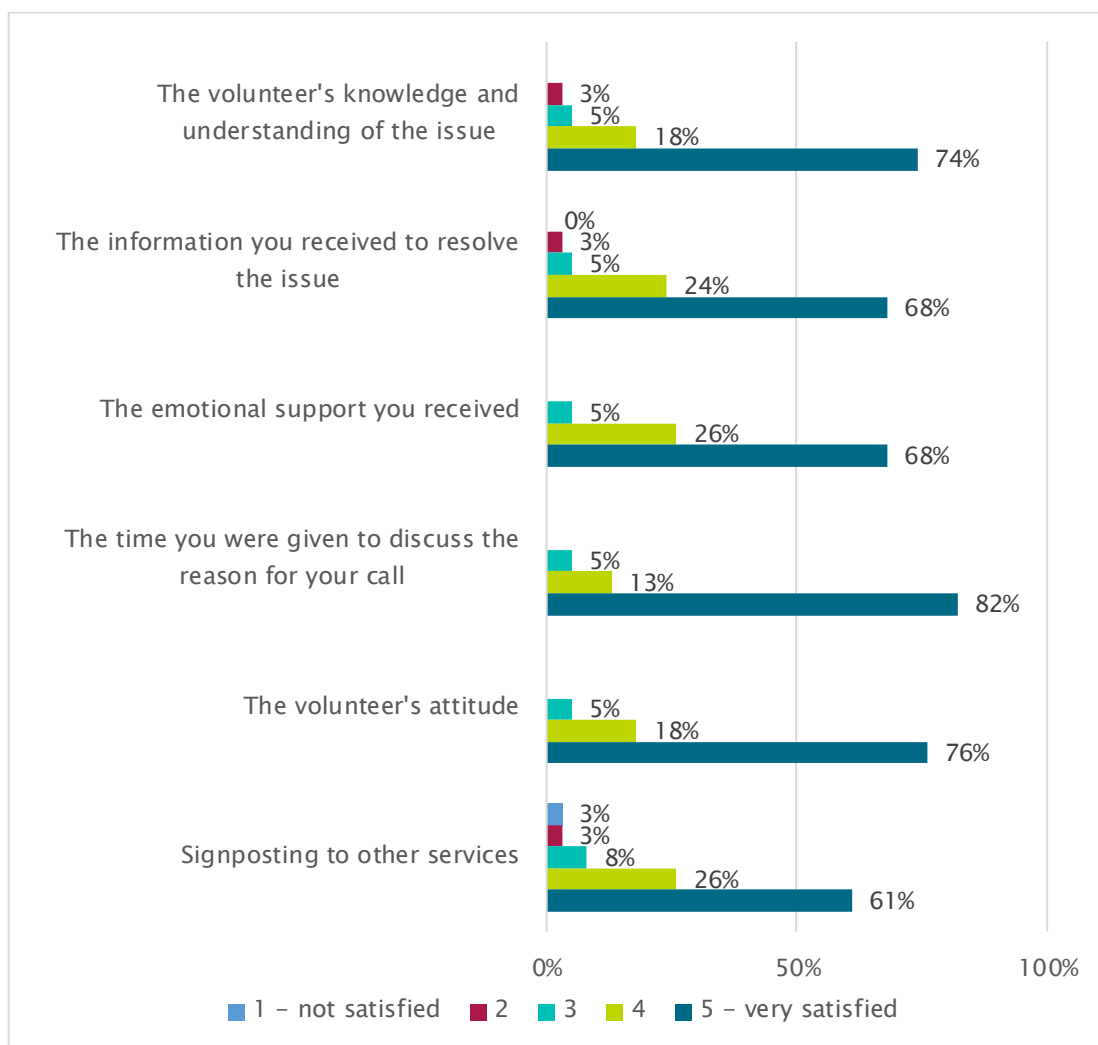
**Figure 3.1: On a scale of 1 –5 (1 – not satisfied, 5 – very satisfied) how satisfied were you with the number of times it took for your call/message to be answered? (n=8)**



3.10 Similarly, six (75%) of these respondents indicated that it was worth the multiple attempts to get through, while two said it was not worth it. Those who said it was worth multiple attempts indicated that they thought it was worthwhile because of the level of support given, and because it resolved the issue they were calling about. For instance, one respondent said that the *“volunteer was extremely knowledgeable and empathetic,”* while another indicated that it was worth it because *“of the quality of advice and level of support given.”*

3.11 Both phone and webchat service users were generally satisfied with the quality of the service they received. A large number of respondents were highly satisfied (selecting either 4 or 5) with all aspects of the service, including the time given to discuss the reason for the call (36, 95%), the volunteer’s attitude (36, 95%), the emotional support received (36, 95%), the volunteer’s knowledge and understanding of the issue (35, 92%), the information provided (35, 92%), and signposting to other services (33, 87%).

**Figure 3.2: When you have used the helpline (telephone or webchat) overall, on a scale of 1 – 5 (1 – not satisfied, 5 – very satisfied) how satisfied were you with: (n=38)**



3.12 The only areas with a small amount of dissatisfaction (selecting either 1 or 2) were signposting to other services (2, 6%), the volunteer's knowledge and understanding (1, 3%), and the information received (1, 3%).

3.13 Many positive comments about service user's experience of the NBH related to the volunteer being 'helpful':

*"They were competent and supportive which is just what I needed at the time."*

*"Volunteer very helpful. She didn't know the answer to my question but took my details and found out then called the next day."*

*"The volunteer was warm and professional."*

*"Volunteer was very good at making me feel like I wasn't just being crazy, listening to what problem was, reassuring and offering good advice."*

3.14 Less positively, one respondent found that the volunteer was too positive about the difficulty she was having in getting her baby to latch, indicating that, *"in retrospect I would have appreciated a more balanced response, encouraging me but not giving me 'false' promises."* Although this was the only comment about NBH volunteers giving 'false promises', it suggests that caution is needed in providing support to callers that balances reassurance with accurate information.

### Impact on volunteers

3.15 In the 2017 NBH Volunteer Feedback Survey, completed by 63 volunteers across the UK, respondents indicated that they mainly enjoyed working on the helpline because they felt that they were making a difference (10, 16%), helping people (11, 17%), and the flexibility that it offered. Conversely, volunteers least enjoyed feeling like they do not know enough (6, 10%), or not knowing what to expect when they log on (6, 10%). Insufficient time was the main barrier to volunteering on NBH (48, 76%).

3.16 In interviews, volunteers in Scotland were largely positive about their experience of the NBH. Most volunteers said that they felt equipped to provide the necessary information and support to service users. For instance, volunteers commented that they felt 'confident' to signpost service users to other services when they were not able to resolve the issue themselves. One volunteer said that the issues callers often asked about were usually *"the same things that you're asked repeatedly,"* which made it easier to provide support. Another said that the helpline often served a counselling function, which involves *"just listening to mothers work through their problems, especially when they're coming towards the end of their breastfeeding."*

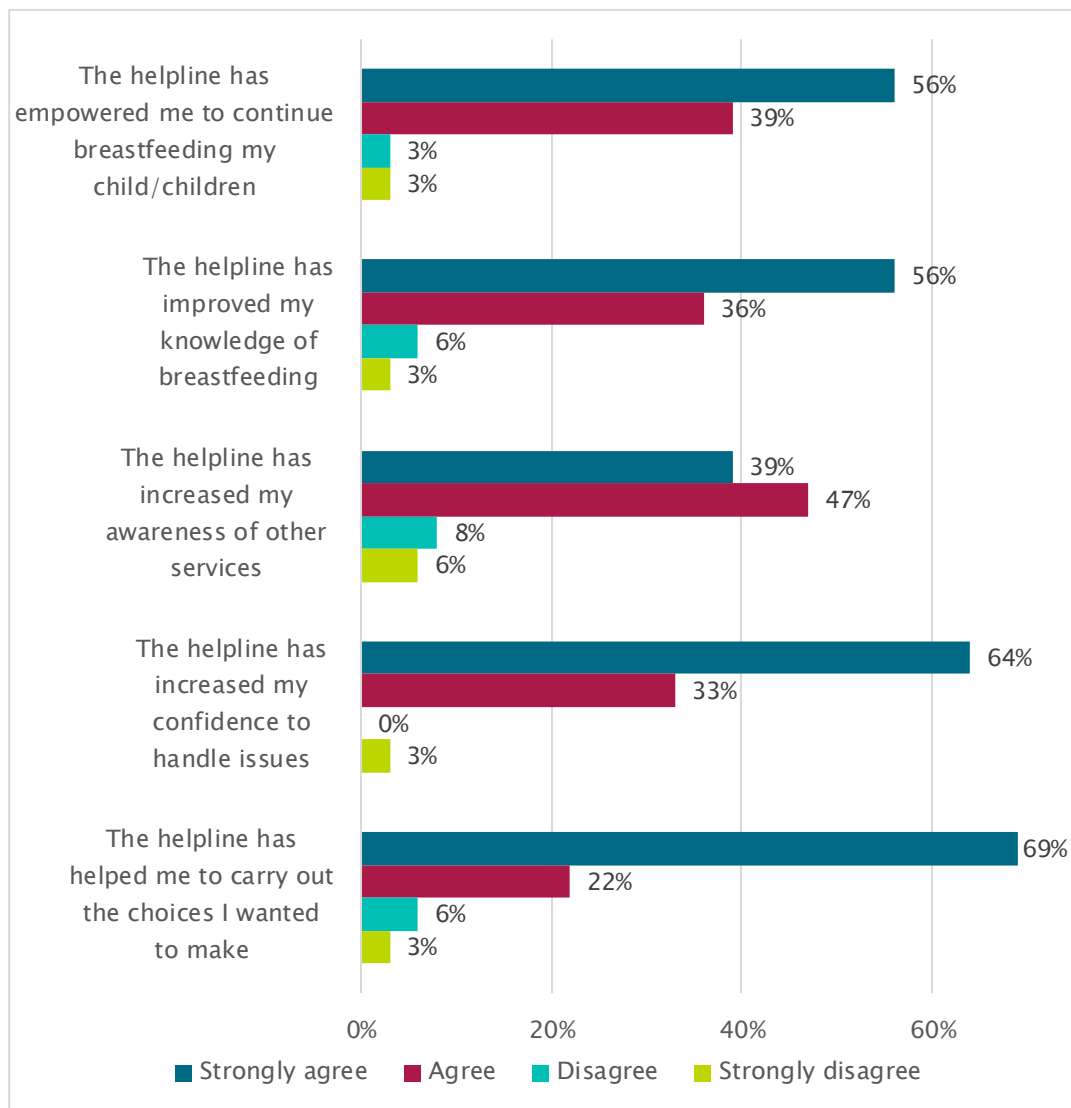


- 3.17 Volunteers in Scotland also believed that the training they received was a key factor in preparing them for volunteering on the helpline. In particular, interviewees commented on the fact that the training was ongoing and that volunteers aren't *"let loose without feeling confident."* Others commented on the quality of supervisors and tutors, with one interviewee describing them as the *"glue for support."*
- 3.18 Many interviewees believed that no improvements to the training were needed, indicating that they were *"really impressed"* with the quality of the training and that *"no improvements are necessary."* Only a small number suggested improvements. One interviewee was critical of the feedback provided for the role play activity, indicating that lots of mistakes were pointed out, which led to a misunderstanding and made her feel like she *"didn't have a clue."* Several other interviewees commented on the difficulty of undertaking the training if you live in a remote area, and suggested that more aspects of the training could be made available online. Some volunteers also felt that more practical training elements were needed, although it was unclear what these might be.
- 3.19 Only one interviewee indicated that they did not feel *"quite ready"* and knew the information but did not have the confidence. Another interviewee commented that although they felt well equipped, the fact that the service is a 'one-off' with only rare follow-up was a drawback.
- 3.20 Volunteers were highly positive about the support they received, especially through supervision. Interviewees were generally satisfied with the frequency of supervision meetings and the support available through the private volunteers Facebook group. For instance, one interviewee said that she *"cannot fault"* her monthly supervision sessions while another said that their supervisor was *"extremely insightful."* Volunteers in more remote locations commented that this support was particularly important as it is *"harder to stay motivated."* However, for some interviewees the requirement to attend two study days can be difficult as they are often not available in their local area.
- 3.21 Interviewees described a number of challenges with undertaking their role, such as finding the time to log on, handling distressing or challenging calls, and the stress of responding to back to back calls. One interviewee also described answering a call from a mother who did not realise how unwell her baby was, however, the volunteer received useful feedback from her supervisor which she found helpful.
- 3.22 Overall, helpline volunteers in Scotland were positive about the impact the NBH is having on them. Interviewees commented that they *"felt good"* about helping other breastfeeding mothers, and being part of a supportive network. Some interviewees also said that they have learnt a lot, and have developed new skills, which may help with future employment.

### Impact of the National Breastfeeding Helpline among service users

3.23 As shown in Figure 3.3, a high proportion of survey respondents in Scotland who were breastfeeding parents agreed or strongly agreed that the helpline had a positive impact on them across all aspects that were listed, with a particularly large majority (35, 97%) agreeing or strongly agreeing that the helpline has increased their confidence to handle issues and 91% (33) agreeing or strongly agreeing that the helpline helped them to carry out the choices they wanted to make. This indicates that the service is successfully achieving its key objectives in relation to the provision of information and enabling choice.

**Figure 3.3: To what extent do you agree with the following statements about the impact of calling the helpline: (n=36)**



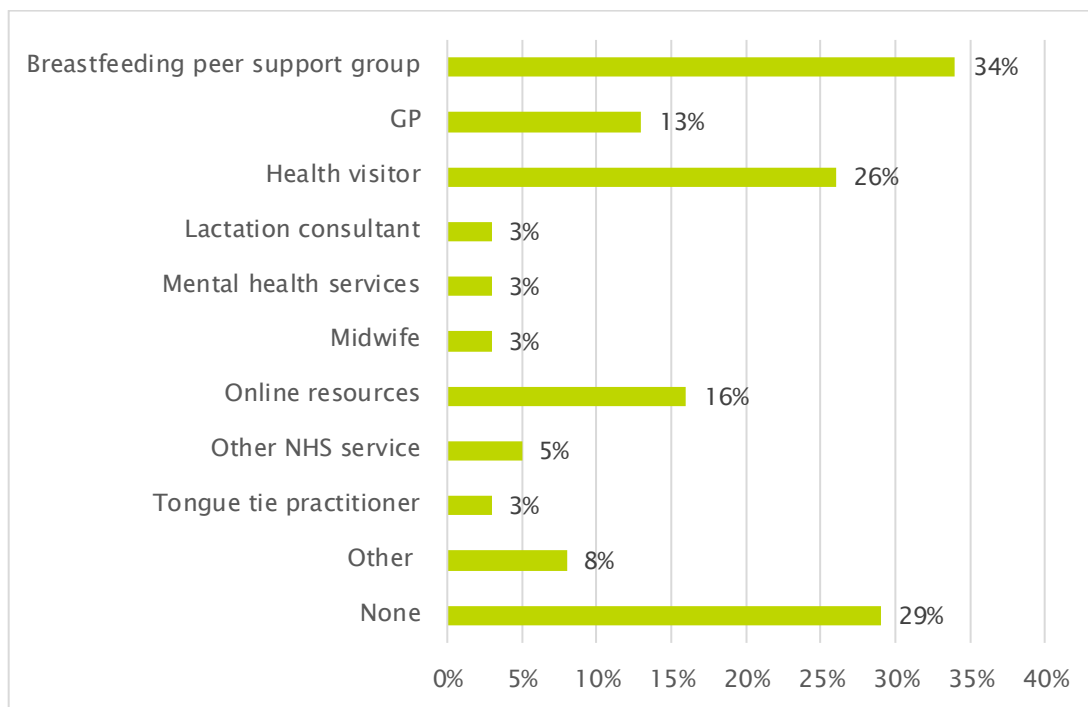
- 3.24 Of the two respondents who were not breastfeeding parents, both agreed that they felt empowered to provide the support needed by the mother/baby, and that the helpline had increased their confidence to handle issues that may arise during breastfeeding. Of these two respondents, one agreed and one disagreed that the helpline had improved their knowledge of breastfeeding, and that it had increased their awareness of other services.
- 3.25 In interviews, health professionals in Scotland were also positive about the impact of the helpline, with one interviewee commenting that *“people on the helpline are experts,”* and that in the area where they worked, the NBH was a *“trusted brand.”* The NBH was seen as filling an important gap created by health visitor hours being only 9–5, Monday to Friday. Other health professionals believed that face to face support was more effective, but acknowledged that the helpline plays a role in *“addressing very immediate and acute problems then signposting to other peer support.”* This indicates that the helpline can complement other support services, rather than competing with them.
- 3.26 Survey respondents listed a number of ways that the support they received from the NBH had made a difference to them, their child and family. Many respondents believed that the helpline had increased confidence and provided reassurance. One respondent said that the helpline *“gave me confidence that I was doing OK,”* while another said that they had received *“confidence and reassurance for a struggling first time mum.”* A third also indicated that the service *“reassured me at the weekend when no other breastfeeding specific support was available.”*
- 3.27 These comments provide evidence that the NBH is fulfilling a key need of reassuring mothers as they begin to breastfeed their child. Some respondents also said that the helpline had made a difference by encouraging them to continue breastfeeding: *“It encouraged me to carry on and that even though I hadn’t established breastfeeding it could still be done.”* Another respondent said that it *“helped me continue breastfeeding (almost two years now, which is my goal).”*
- 3.28 Others felt that the helpline had helped to resolve issues with breastfeeding, commenting that the NBH had *“helped resolve oversupply”* and had *“helped me avoid further pain.”* This extended to improving the wellbeing of the baby, with one respondent claiming that calling the helpline had *“improved weight gain,”* while another said that *“my baby is continuing to get the best nutrients possible.”*
- 3.29 Emotional support was also valued by respondents, with one mother commenting that it was a *“very important source of emotional support when I felt very alone and that health professionals weren’t listening to me.”* Another said that they received *“emotional support at difficult time, reassurance.”*

- 3.30 The impact of the helpline extended beyond the mother and baby with several respondents also indicating that it had reduced stress on their family. One respondent said that it had resulted in a *“happier household,”* while another said that calling the helpline had *“decreased overall stress levels.”* A third respondent indicated that it had helped their partner *“who could see I was very distressed.”* Such comments highlight the extent to which the helpline has an impact beyond the individual caller.
- 3.31 Only one respondent gave negative feedback on the impact of the helpline, stating that they *“did not get through and felt let down as had taken a lot of courage to call and ask for help.”* This comment underscores the issue of not being able to respond to the volume of calls that are received, with just over a quarter (28%) of calls being answered by NBH volunteers across the UK between April 2015 and June 2017.

#### Impact of the helpline on accessing other resources and services

- 3.32 A significant number of survey respondents in Scotland (27, 71%) had been signposted to other services. The most common services respondents were signposted to were breastfeeding peer support groups (13, 34%), followed by health visitors (10, 26%) and online resources (6, 16%). Of those respondents who were signposted to other services, a large number (18, 67%) followed up with these services. Reasons for doing so included getting more information, meeting other breastfeeding mothers, and receiving medical help. As noted in Figure 3.3 above, a high proportion (86%) also agreed or strongly agreed that the helpline had increased their awareness of other support services.

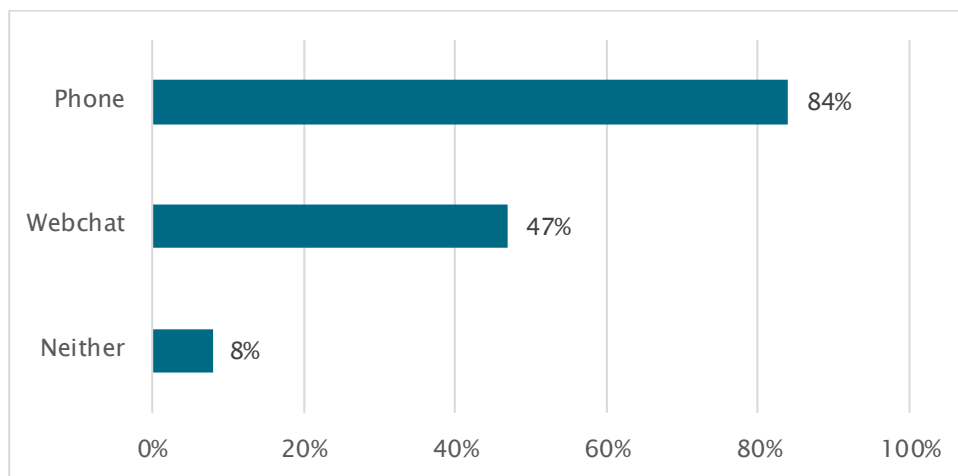
**Figure 3.4: Were you signposted to other services when you called the NBH? (n=36)**



- 3.33 Those service users who did not follow up with suggested services indicated that this was because the issue had improved, they were already receiving other support, or they were too busy. Almost all respondents who followed up with the suggested services said that the service was useful. Only one respondent said that the service they were signposted to was not helpful for treating their baby's tongue tie: *"I find that NHS services are inadequate in diagnosing and treating tongue ties."*
- 3.34 In interviews, NBH volunteers in Scotland commented that they felt confident to signpost service users to relevant services (recognising that callers in Scotland could be put through to volunteers in other parts of the UK). Volunteers indicated that this was both through the training they received, and up to date information and resources they could access through the private Facebook page, and directly from their supervisor. However, one interviewee believed that the fact the service was a 'one off' limited the ability to find further information that may be relevant, and follow up with the service user.
- 3.35 A large majority of respondents who were breastfeeding parents (33, 92%) have not required further support from other services for the same issue that they contacted the NBH about. The remaining three respondents indicated that they have received further support from the NHS, including a local breastfeeding support group, and an ABM group. Of the two respondents who were not breastfeeding parents, one had sought information or support from other services, while the other had not.

### Future helpline access

Figure 3.5: Which, if any, NBH services would you access in the future? (n=38)



- 3.36 A large number of survey respondents in Scotland (32, 84%) indicated that they would use the NBH phone service again, while just under half (18, 47%) said that they would use the webchat again. Three respondents (8%) said that they would not use the service in the future. Respondents who preferred the phone service commented:

*"I like hearing someone's voice."*

*"Phone much more personal and direct."*

3.37 Whereas, respondents who preferred the webchat commented:

*"Webchat would be hopefully easier and also able to use more privately if required."*

*"The webchat would be useful in the middle of the night so I wouldn't have to wake anybody up in the night."*

3.38 Others said that they would be happy to use either service. All respondents said that they would recommend the helpline to someone else. Comments included:

*"Breastfeeding much harder than I imagined, support invaluable."*

*"It was very helpful and the volunteer so supportive and knowledgeable."*

*"It helps to know you are going to be advised by someone who is supportive of breastfeeding as not all health professionals are."*

### Improvements

3.39 As noted earlier, levels of satisfaction were very high among service users who responded to our survey. When asked about any possible improvements, the following suggestions were made:

- a local volunteer answering the phone;
- more volunteers available in the evenings and later opening hours;
- volunteers able to access past calls on file if it is a recurring issue; and
- maximising training opportunities for volunteers.

3.40 Others said that they could not think of any improvements that could be made: *"This is a hugely beneficial service and cannot fault it."*

3.41 Similar to service users, many of the improvements suggested by volunteers in Scotland related to increasing the number of volunteers and extending the helpline's opening hours. One interviewee commented that it is *"quite shocking"* how many calls to the helpline are missed and suggested that, *"if there's someone willing to be on, it should be open."* Other volunteers did not think that having the helpline open 24/7 was realistic but suggested that the helpline should be open earlier in the morning (e.g. 8am or 8.30am). Several interviewees also felt that no improvements were needed to the helpline.

3.42 Other stakeholders we interviewed suggested:

- increased use of social media and promotion of other forms of helpline support such as web-based and Skype; and
- more information about the usage of the helpline and enhanced opportunities for collaboration, for example, providing data to local health service providers or better promotion and awareness raising.

- 3.43 Overall, NBH volunteers and service users in Scotland expressed a variety of views that were largely positive about the impact that the helpline has had. Volunteers greatly valued the training and support they received, and were positive about the difference they were making for breastfeeding mothers. Service users appreciated the level of support they received, and the information that was provided by volunteers.



## 4. Conclusions and Recommendations

- 4.1 In this final chapter we address the key areas of the NBH covered by Scottish Government funding, by examining issues and providing recommendations relating to the availability of data, Scottish Government outcomes, awareness raising, performance, and capacity.

### Conclusions

#### Data availability

- 4.2 We and BfN have experienced some challenges in gathering and analysing data, which have caused difficulty in accurately assessing the impact of the helpline in Scotland, and determining what the Scottish Government secures for its annual investment.
- 4.3 With the majority of calls being made by mobile phones and no location being automatically recorded, by necessity this has led to a dependency upon volunteers seeking information and callers' willingness to participate in surveys. This approach has not resulted in the production of a comprehensive picture of users. It is worth noting that this is a problem encountered by other helpline providers as well.
- 4.4 We also acknowledge that despite their best efforts, there are limitations to the resources available to BfN for the collection and analysis of data

#### Scottish Government outcomes

- 4.5 There are also inherent challenges in measuring the extent to which the helpline is achieving, or realistically could achieve, some of the targets and milestones detailed in the Scottish Government grant award given that it is essentially a single intervention service. For example, it is impossible to determine the extent to which calling the helpline will result in *"more babies receiving breast milk for longer,"* or that there will be improved choice and support for young parents and those from areas of social deprivation with a longer term outcome of breastfeeding becoming *"normalised, visible and a genuine option in their community."*

#### Awareness raising

- 4.6 Health professionals we interviewed as part of this process were all aware of the telephone helpline, though not the webchat service. The telephone helpline is promoted through the provision of leaflets, the red book, stickers and word of mouth with women being advised of the line at the point of discharge. Interviews with non-service users, however, suggested that these messages are not reaching all would-be users.



- 4.7 It is important to see the helpline as only one part of an array of support mechanisms that are available to women in Scotland, and its level of use at a local or national level will be influenced by the availability of other local services provided by NHS staff and peer support organisations. These too take the form of group based, face to face and telephone support, though alternative helplines run by other voluntary sector organisations would appear to be more likely to be used by parents already engaged with those organisations, or where there is more of a local presence and corresponding awareness.
- 4.8 It is evident that providing the right type of support to women at the time when they need it is an important aspect of enabling them to begin and sustain breastfeeding for as long as they wish to, or are able to do so. The helpline is an important, complementary component of the package of support that is provided, particularly as an out of hours and responsive service that is delivered by peers whom the caller can be assured have direct experience of breastfeeding and are trained to provide an informed, accurate and appropriate response to their call.
- 4.9 Although by definition a national service, there is scope for BfN to promote the helpline in a more targeted way to engage particular communities such as women in disadvantaged areas and younger mothers, for example by improving links with local service providers ( which has already begun through SIFAN) and peer support groups. Some targeting at particular groups or geographical communities has taken place and, as noted earlier, data capturing about the impact on specific communities has not proved possible.
- 4.10 There is also an argument to suggest that a greater emphasis on online support, as well as telephone, could be more attractive to some potential service users. Although the helpline includes the webchat service, awareness and take-up of this is low, and volunteers have been less keen to provide this form of support.
- 4.11 While some service users prefer being able to talk to a volunteer, it is likely that others, and in particular younger mothers, could be more comfortable with using digital media that they are familiar with, including social media. Other services also use or are interested in the use of email and Skype. There would be merit in BfN increasing the promotion of the webchat service, and examining and developing other forms of digital access, recognising that any such strategy would need to take into account the implications for the current delivery model and resources.

## Performance

- 4.12 The helpline is a strong fit with the Scottish Government's strategic objectives in relation to breastfeeding support. Despite the existence of other helplines and peer support models, it occupies a unique place as a universal service, which complements other service provision.
- 4.13 The service is achieving high levels of satisfaction among those callers who get through to the helpline, and there is a very low level of recorded complaints. Our survey indicated that even those callers who had to try repeatedly to get through were very satisfied with the call and the help they received once they did get through.
- 4.14 The research indicates that the helpline has been effective in helping parents to resolve the reason for their call, provided them with relevant information and signposting to other support, and enabled them to make informed choices.
- 4.15 The impact of the helpline is inevitably influenced by the relatively low call pick-up rate, which is in turn affected by the number of volunteers and coverage they are able to provide.
- 4.16 BfN has made considerable efforts to address this issue, and further improvement over time may be expected as the number of volunteers increases in Scotland, but there has been limited impact thus far.
- 4.17 An inherent problem exists in responding to calls and ensuring the line is adequately covered when it operates as a volunteer model. A staffed model could be more effective but would inevitably require increased funding, and potentially conflict with BfN's ethos. Other providers run different models from voluntary to self-employed, and alternative models may be worth exploring further.
- 4.18 The service runs daily from 9.30am to 9.30pm, and some interviewees and survey respondents indicated that an overnight/24 hour service would be ideal. While a laudable aim, in practice this might be difficult to achieve with the current model and available funding. It was also suggested by service users that having helpline volunteers who are local would be helpful but we note that this has previously been trialled by BfN and resulted in a reduction in calls being answered.
- 4.19 An improved online presence through webchat, digital resources, social media or an app could be an alternative approach, though this will require further investigation by BfN. Given the growth in use of social media more generally, it would be of benefit to BfN in futureproofing the service to investigate alternatives to telephone provision.

## Capacity

- 4.20 The number of volunteers in Scotland has increased significantly since the introduction of Scottish Government funding from 23 to 38, and there has been a substantial increase in the amount of talk time recorded by volunteers in Scotland. This means that not only has helpline capacity increased but so too has the pool of trained supporters and advocates of breastfeeding living in Scottish communities.
- 4.21 Volunteers have benefited from a comprehensive system of training and support, and Scottish Government funding has enabled the development of online training, which it is anticipated will support the recruitment and training of more volunteers in Scotland. At a more personal level, volunteers have benefited from their involvement through training, confidence building, and the development of core skills that could help them personally, for example in seeking employment.
- 4.22 Volunteers mostly feel well supported and capable of providing the service, though some did comment on the need to build their confidence – something which can, to a degree, only come with experience, and the limitations surrounding their ability to log on will affect this.
- 4.23 There is an effective supervision and support system in place. Volunteers have indicated through survey and interviews that they can feel isolated in their role and BfN has made efforts to respond to this.
- 4.24 It has been suggested during this research process that the Programme for Government could see a greater emphasis on a community based approach to the promotion of breastfeeding, building on social capital. Greater consistency and quality of breastfeeding support is also of interest to Government. The approach being taken by BfN in this regard, through its training and support for volunteers in local areas, will provide a good foundation upon which to build.
- 4.25 We note that funding in Scotland has been provided over a relatively short period of time and on an annual basis. A longer term funding allocation could underpin the achievement of more significant outcomes, particularly when focused on capacity building, which inevitably takes time to come to fruition.
- 4.26 As noted earlier, the findings have flagged a question about the efficacy of the voluntary nature of the model in optimising the delivery of the service. There would need to be a significant increase in the number of volunteers across the UK before this had a real bearing upon the number of calls being answered.

## Recommendations

4.27 Below we make recommendations in regard to the future delivery of the helpline in Scotland:

- BfN should review the delivery model to determine the best means of ensuring that access to the helpline is maximised, taking into account the implications for resources. This review should also take into account the role of alternative forms of digital access and social media in providing the service, as any developments in this respect will also have a bearing on resource requirements.
- BfN, the Scottish Government, and local NHS services should work together to understand and articulate the position that the NBH occupies in Scotland's breastfeeding support framework at a national, regional and community level – currently and in the future, and develop a collaborative approach that will increase awareness and take up of helpline services.
- The difficulties in identifying the scale of usage and impact in Scotland should be addressed as far as possible, recognising the challenge that this poses and the need for data collation and monitoring to be proportionate. A review of the targets and milestones associated with the Scottish Government funding to more accurately reflect what is measurable and achievable given the nature of the service could assist this process.