



La Leche League GB

Ten New Groups Project

Evaluation Report



Dr Susan Battersby

Independent Midwifery Lecturer/Researcher

Alison Parkes

La Leche League Leader and
LLL Coordinator of Leader Accreditation

La Leche League Great Britain (LLLGB)
Ten New Groups Project: Evaluation
Susan Battersby and Alison Parkes

Executive Summary

Project objective: to set up ten La Leche League led mother-to-mother support groups.

Breastfeeding is the natural way for human infants to be nourished. Research findings show that breastfeeding confers health benefits to both baby and mother. Yet rates of initiation and duration of breastfeeding in the UK are low. Mother-to-mother breastfeeding support groups can be a significant factor in improving breastfeeding rates. The LLLGB Ten New Groups Project set up ten new mother-to-mother breastfeeding support groups in parts of the country where they did not exist. This report evaluates the project from its inception to its impact on mothers attending the newly created LLL groups.

Breastfeeding confers health benefits to both baby and mother (Agostoni 2009; Quigley 2007; Agency for Healthcare Research and Quality 2007), with the potential to provide cost savings to the NHS (Battersby, Bennet and Sabin, 2007). There has been a concerted effort by the UK government and health professionals over the last two decades to increase breastfeeding rates.

A significant factor in improving breastfeeding rates has been shown to be mother-to-mother support (Battersby 2005; Renfrew, Dyson et al., 2005). Recent National Institute for Clinical Excellence (NICE) guidelines (NICE 2006, 2008) as well as Baby Friendly Initiative Standards (BFI 2011) recommend that the establishment of breastfeeding support groups is fostered and that mothers should be referred to them on discharge from hospital. La Leche League (LLL) has been providing this peer support through networks of local groups led by women accredited by La Leche League International (LLL Leaders) for over 60 years.

La Leche League Great Britain (LLLGB) was awarded funding by the Department of Health to run the Ten New Groups Project from 2008 – 2011. The project targeted areas in England where mothers did not have access to LLL mother-to-mother support groups. The aim of the project was to establish ten new LLL groups, with between ten and twenty new Leaders to set them up. Five key regional areas were identified, from each of which two new groups were expected to be created: Liverpool, north London, Peterborough, South West England, and Sheffield.

Ten new LLL groups have been set up as a result of this project.

Data collected from the mothers attending the new groups confirms the value of mother-to-mother support groups in the targeted communities. Mothers report that the groups have helped empower them to continue breastfeeding. Further evaluation and research would need to be done to establish whether the groups have a significant effect on the incidence and duration of breastfeeding.

Every stage of the project has been evaluated, from the orientation of project trainers and the quality of resources to the impact of the new LLL mother-to-mother support groups on individual mothers attending the new groups. This report details those evaluation results. In addition, this evaluation considers how to build on the achievements and lessons of this project, in order to provide adequate support for existing LLL groups and to grow more LLL groups elsewhere in the country.

Summary of project outcomes

- Established ten new groups; a further four groups are expected in the next six months;
- Eleven new leaders; seven more Leaders are due to be accredited within six months;
- Currently helping over 50 mothers with potential to reach many more;
- New groups policy developed and recommended to LLLGB;
- Resources and expertise rolled out to rest of LLLGB, in order to support further growth and development and to reach more breastfeeding mothers.

**LA LECHE LEAGUE GREAT BRITAIN (LLLGB)
TEN NEW GROUPS PROJECT
EVALUATION REPORT
APRIL 2011**

by Susan Battersby and Alison Parkes

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1. Background to the Ten New Groups Project

Breastfeeding has important health benefits for both mother and baby and strategies to improve breastfeeding initiation and continuation rates have the potential to increase the health of many individuals and provide cost savings to the NHS (Battersby, Bennet and Sabin, 2007). Improving the breastfeeding initiation and duration rates of breastfeeding is important particularly in areas of social deprivation where there has been a bottle feeding culture for many decades.

Breastfeeding peer support projects have been shown to improve duration of breastfeeding (Battersby 2005, Renfrew, Dyson et al., 2005). Recent National Institute for Clinical Excellence (NICE) guidelines (NICE 2006, 2008), as well as Baby Friendly Initiative Standards (BFI 2011), recommend that the establishment of breastfeeding support groups is fostered and that mothers should be referred to them on discharge from hospital.

1.1 Why breastfeeding support?

Although breastfeeding is a natural process it has been argued that breastfeeding is also a learnt art, one learnt through the process of observation of others who undertake the act (Battersby 2006). It is a process learnt through the cultural backdrop of the society in which it occurs and is more likely to be learnt through social interaction patterns where breastfeeding is held in positive regard.

In western society breastfeeding has been undermined by society and as a consequence the 'naturalness' and ease of breastfeeding have been lost to many mothers (Battersby 2006). To compensate for this mothers have been instructed in the art of breastfeeding by health professionals. This has often resulted in breastfeeding becoming a mechanical process rather than an instinctive one. The consequence of this is that many mothers' fail to follow their own instincts and consequently encounter problems which often leads to early discontinuation of breastfeeding. In the 2005 Infant Feeding Survey (Bolling et al 2007) only 3% of mothers stated that they had breastfed for as long as they initially intended.

Although breastfeeding initiation rates in England and Wales have risen over the last two decades from 65% in 1985 to 77% in 2005, there continues to be a high drop off rate. Despite 76% of new mothers commencing to breastfeed in the United Kingdom in 2005

this rapidly declined to 63% at one week and by six weeks three-quarters of all new mothers had given their infants formula (Bolling et al, 2007).

1.2 The risks associated with not breastfeeding

Many may perceive that in developed countries the risks associated with not breastfeeding are minimal compared to those in developing countries, but this is not the case, as there are long and short term risks for both mothers and babies. ESPGHAN (Agostoni 2009) explains that not breastfeeding is associated with demonstrable infant morbidity. There is clearly an increased risk in the short term of gastrointestinal infections and otitis media when babies are not breastfed (Quigley 2007). Alongside this, there is evidence that where there is a history of breastfeeding there is also a reduced risk to many diseases in later life for infants and mothers (Agency for Healthcare Research and Quality 2007) (see Table 1).

Table 1: Benefits and reduced risks associated with breastfeeding for both baby and mother

Benefits of breastfeeding for baby	Benefits for the mother
Optimal nutrition	Convenience and cost
Enhanced immunity	Reduced risk of maternal breast and ovarian cancer
Reduced risk of infections especially gastroenteritis, respiratory infections and otitis media	Reduced hip fractures after 65
Reduced risk of mortality from necrotising enterocolitis and Sudden Infant Death Syndrome	
Reduced atopic disease: asthma and eczema	
Optimal brain development	
Reduced risk of autoimmune disease	

(for further information see Agency for Healthcare Research and Quality (AHRQ) (2007)

Despite some of the reduced risks being refuted recently (Carlsen 2010), UNICEF points out that the evidence remain strong for breastfeeding and draws attention to the fact that many of the benefits are dose related (UNICEF UK 2010). Therefore the longer the duration of breastfeeding and the more exclusive it is, the higher the overall benefits and the greater the reduction in risks.

1.3 National directives

As a consequence of the increasing knowledge of the health benefits it confers to both mothers and babies, and the inherent saving that could result for the NHS, breastfeeding has become a key public health issue. There has been a concerted effort by the UK government and health professionals over the last two decades to increase breastfeeding

initiation and continuation rates. The World Health Organisation and UK Department of Health recommend that infants should be exclusively breastfed for the first six months of life and then around this time offered appropriate amounts and types of solid food (D o H 2004). This has resulted in the Department of Health including breastfeeding in their Operational plans 2008/09 - 2010/11 (NHS 2008) and they now require the percentage of infants breastfed at 6-8 weeks to increase as well as the already existing requirement to increase breastfeeding initiation by 2% per annum (D of H 2003).

Government and national guidelines (NHS NICE 2008, 2006; BFI 2011) have recognised the importance of breastfeeding support not only by health professionals but also by voluntary organisations, such as La Leche League, National Childbirth Trust, Association of Breastfeeding Mothers and the Breastfeeding Network, and other breastfeeding peer support groups. Breastfeeding peer support is about sharing information and providing a support network for mothers who wish to breastfeed their infants.

1.4 Evidence for Peer Support

Breastfeeding peer support has been increasingly recognised in England as an intervention that is effective in increasing the initiation and continuation of breastfeeding (Fairbank, O'Meara et al. 2000; Department of Health 2004a). Breastfeeding peer support is when there is mother-to-mother support for breastfeeding. The support is given by women who have breastfed their own children and who, with specialised training, act as role models sharing information and experiences and offer support to other women, who wish to breastfeed, in an atmosphere of trust and respect. La Leche League is one of the key voluntary organisations offering breastfeeding peer support programmes.

Breastfeeding peer support programmes have clearly demonstrated that they are able to increase the initiation of breastfeeding (Battersby 2002, 2007) but many programmes are unable to demonstrate a link with increased duration. This is because of the problems associated with available statistics rather than a flaw in the programmes. This is understandable as the collection of initiation rates has been required by the Department of Health for a number of years whereas until recently there has no responsibility to collect duration.

Despite minimal evidence available in the UK, it has been recommended that having appropriate peer support in the early weeks could enable and empower many mothers to work through difficulties and to continue breastfeeding for longer and be less likely to

introduce formula (Renfrew et al 2005). This could then provide subsequent health benefits for both infants and mothers.

1.5 LLL Mother-to-mother breastfeeding support groups

At the commencement of the Ten New Groups Project, LLLGB had 74 mother-led support groups around Great Britain. These LLL groups are run by internationally accredited La Leche League Breastfeeding Counsellors (Leaders).

LLLGB provides local mother to mother support by:

- Offering 24 hour telephone counselling.
- Running local meetings covering various topics related to breastfeeding and parenthood.
- Providing group libraries of books, leaflets, videos and DVDs.
- Providing information to mothers and health professionals in the form of leaflets, books, DVDs and presentations at local meetings.
- Online support through help forms to answer breastfeeding queries from mothers and families.
- One to one mother support through home visits is also offered in some areas, where feasible.

2. Project planning

2.1 Impetus for the project

LLLGB recognised the need for mother-led support groups in underserved areas, through (a) their delivery of the LLLGB Peer Counsellor Programme (PCP) and (b) mothers from these areas contacting LLLGB for breastfeeding support. The Peer Supporters (mothers trained through the LLLGB PCP in basic breastfeeding support techniques) were keen to become internationally accredited La Leche League Leaders. This would enable them to establish LLLGB groups in their local areas to create a sustainable community of breastfeeding mothers leading to better health outcomes in these deprived areas.

After securing Department of Health, Section 64 funding La Leche League identified 10 areas within Great Britain which are socially deprived and underserved by La Leche League GB (LLLGB). Once these areas were identified LLLGB embarked on a project to train and accredit 20 new mothers as LLL breastfeeding Counsellors and to establish 10 new mother-led groups.

This Project fits with the following Strategic priorities:

- LLLGB Strategic Plan 2007-2010 identifies development of breastfeeding support, information and education as one of its priorities and to reach 10% more women through LLL Groups every year.
- The DOH priority for children, families and maternity – To support mothers to increase the duration of exclusive breastfeeding up to the age of six months. (Priority 9 – National Programme Delivery – Obesity/Nutrition/Physical activity as part of Section 64 funding)

2.2 Project objectives

- To identify 10 areas within Great Britain which are socially deprived and underserved by La Leche League GB and other organisations.
- To develop the recruitment process to recruit 2 mothers to train as LLL Leaders in each of the 10 areas.
- To deliver the training programme for the 20 mothers and support the trainee mothers through the programme.
- To support the newly accredited LLL Leaders to establish new groups.
- To monitor and evaluate the information and support given to mothers by capturing their experience, and attitudes to duration of breastfeeding.

2.3 Benefits of the project

- Babies, mothers and families in socially deprived areas where breastfeeding mother to mother support, information and education was previously lacking or not available will have access to breastfeeding support groups through La Leche League Project.
- Training and accrediting mothers will increase their employability if they choose to return to work.
- PCTs will have sustainable mother led breastfeeding groups in their areas contributing to improved breastfeeding rates.
- The health of the local community will benefit in the long run and socially the community will have a network of mothers.
- LLLGB will have an increased capacity to reach more mothers and families.

3. The Project Step by Step

3.1 Initiation of the project

The project aimed to create ten new La Leche League (LLL) groups. With a limited budget and limitations on the resources available to us, the project committee decided there would be five project areas, each of which would generate two groups. The project areas would be identified in five places where (a) no LLL Leaders/groups existed, so the mothers were “isolated” from LLL mother-to-mother support groups (b) mothers responded to information about the project and expressed interest in LLL leadership, (c) a central venue would be accessible to mothers from different parts of the area.

LLL Leaders were recruited as project trainers, two for each of the project areas. They received a day’s induction, plus support from the Project Training Coordinator, to introduce them to the aims and resources of the project and support them in fulfilling the training role.

Information about the project was disseminated through the LLLGB members’ magazine, *Breastfeeding Matters*, and the LLLGB website. Initial responses indicated clusters of mothers around potential project areas. Flyers were sent to local health professionals to recruit additional mothers from peer supporters/peer counsellors.

The project areas identified in this way were:

- Peterborough
- Liverpool
- London
- South West England
- Sheffield

3.2 Induction of project trainers

At an induction day, the project trainers were given an overview of the goals of the project, the resources being developed, and the specific role of the project trainer. Two project trainers would be assigned to each project area, one to take the role of Associate Coordinator of Leader Accreditation (ACLA) and the other the role of supporting Leader.

3.3 Awareness Days

Awareness Days were held in each of the project areas. Project trainers found a suitable venue for their area. Mothers who attended received information about LLL, what

leadership entails and what LLL Leader accreditation would involve, including the commitment to attend 3 workshops. One of the project trainers then had further pre-application dialogue with the mothers who wanted to apply for leadership. In a few cases, the mothers decided not to proceed with an application; either they recognised that they didn't meet the prerequisites or they did not want to commit to the work of a Leader.

3.4 Workshops

Three workshops were to be held in each area to guide the women through the application process and prepare them for leadership. Mothers who had committed themselves at the Awareness Days and completed pre-application dialogue now became Leader Applicants. The areas have progressed at different rates; workshops in Liverpool, London, South West England and Sheffield have now been completed. For feedback from workshops held before June 2010, see the interim evaluation report provided in Appendix A.

3.5 Resources

The following resources were developed for use with the isolated Leader Applicants on this project:

- *Leader Applicant's Handbook*
- *Module Resources*

In addition, the following resources were available to the project:

- LLLGB information sheets
- LLLGB laptop available to borrow for workshops
- Project projector available to borrow for workshops
- Project staff available to provide support

Two main resources were developed for the project, the *Leader Applicant's Handbook* (LAH) and an accompanying set of Module Resources, which includes documents, articles, skills practice sheets and Module Summaries. The LAH is set out in twelve modules, each with activities for the Leader Applicant to complete. The Module Summaries list the activities for easy reference and as a checklist so the applicant and project trainers can keep track of what has been covered. The LAH was designed with scrupulous attention to the LLLI Criteria for Leader Accreditation, to ensure that completion of the LAH activities would fulfil those criteria; this was approved by members of the LLLI Board of Directors.

3.6 Support for New Leaders and Groups

The project highlighted the need for the newly accredited Leaders to continue receiving central support, in terms of:

- Clear information necessary for the setting up of new groups: this led to the production of a *Leader Resource File*
- Additional resources such as LLL posters and other stationery, to promote the group locally
- Personal support from an experienced Leader in a dedicated support role: two Leader Support Coordinators were appointed for this purpose.

3.7 Achievements

- Ten new LLL groups have been set up to date, in Liverpool, Preston, rural Devon, St Neots, north London and north Bucks.
- Eleven Leaders have been accredited to date.
- 4-5 further groups and seven more Leaders are anticipated in Sheffield, Warrington, Barnsley, Peterborough and Barnstaple within the next six months
- High-quality application resources produced
- Support for new Leaders and groups identified and delivered, in terms of resources and personal support
- New group policy developed, incorporating project recommendations.

4. Project Evaluation

4.1 Evaluation aims

- To appraise the training programme for the 20 mothers.
- To review the support given to the newly accredited LLL Leaders when establishing and running the new groups.
- To monitor and evaluate the information and support given to mothers by capturing their experience, and attitudes to duration of breastfeeding.

4.2 Evaluation design and data collection

This evaluation comprises three stages:

Stage 1 is an appraisal of the training programme for the new mothers. This utilised and collated the on-going evaluation documents completed by the new mothers on the

completion of their training. The results of this stage of the evaluation were collated as an interim evaluation document in July 2010 and are attached as Appendix A. This includes evaluation of:

- induction of project trainers
- Awareness Days
- Workshops
- resources

Stage two reviewed the effectiveness of the training and support given to the newly accredited LLL Leaders when establishing and running the new groups. This was achieved through the completion of a simple evaluation form by the new Leaders (see Appendix B). The results of this stage of the evaluation are given in section 5 below, and contribute to the draft New Groups Policy developed as a result of this project.

Stage three monitored and evaluated the information and support given to mothers by capturing their experiences, and attitudes to duration of breastfeeding. The results of this evaluation are provided in section 6 below (Mothers' Evaluations of the Groups). There were four formats used for data collection for this stage.

1. Data was collected where it was available to demonstrate that the areas in which the groups have been established were socially deprived and underserved by La Leche League GB and other organisations.
2. Simple evaluation forms completed by the mothers who attend the support groups (See Appendix C).
3. Initially it was intended to Interview mothers in two of the areas where groups had been set up. Provisionally this was Sheffield and Liverpool. These areas were chosen because of their proximity to the evaluator. It was intended to interview 3 mothers in each area. After discussion with the Leader Support Coordinators it was decided that this would not be feasible because of
 - a. The delay encountered in the setting up of the Sheffield group.
 - b. The venues where the groups were held were not always conducive to interviews being undertaken.

It was therefore decided by the Project Team (this was a group set up to oversee the running and the evaluation of the project) that telephone interviews would be conducted instead. Letters and forms were then distributed to the Leaders to give to mothers (See Appendix D)

4. Mothers' stories. Leaders were asked to identify mothers in their groups who would be willing to share their experience of breastfeeding and how the group has encouraged and enable them to breastfeed for longer than they envisaged.

4.3 Ethical considerations

Ethical approval was not sought for this evaluation. This is because it falls in to the domain of service evaluation rather than research (National Research Ethics Service 2009) (See Appendix E). However, this does not mean that ethical principles were not adhered to. Informed consent was obtained from all Leaders and mothers who gave a written history of their experiences or who were interviewed. This included the right to disseminate the information from the evaluation once completed. The right of any Leader or mother not to participate was be respected. The right to anonymity and confidentiality is be respected and pseudonyms are used for all participants.

4.4 Value of the Evaluation

The Department of Health set Local Authority a target of increasing breastfeeding initiation rates by 2% per year in 2003 (Department of Health 2003) and more recently they also require the percentage of infants breastfed at 6-8 weeks to increase (NHS 2008). In order to achieve these targets, multifaceted approaches must be employed. Renfrew, Dyson et al (2005) found high quality evidence that peer support can be effective in supporting both exclusive and any breastfeeding in women who plan to breastfeed. This evaluation will hopefully demonstrate the value of breastfeeding support groups to new mothers and demonstrate how they can enable mothers to breastfeed for as long as they desire.

5. New Leaders' Evaluation of Leader Training and Support

Eight of the newly accredited Leaders completed the evaluation form, "Evaluation of Leaders' Training" (Appendix B). There were seven questions.

5.1 Setting up a new group: *How do you feel your training prepared you for setting up the new group?*

Table 2: How the training prepared the Leaders

Extremely Good	Very well	Well	Generally good
1	1	5	1

The responses highlighted the value of the workshops, since all the Leaders had been isolated applicants (i.e. with no local LLL group or Leader). One new Leader wrote: “As I had never been to an LLL meeting before, I found the workshops especially helpful. They ‘modelled’ LLL group meetings and leadership for me.”

Another Leader wrote: “I feel that I am well prepared to hold my own group due to all the work I did during my Leader application and also from the resources I have and can use and all the lovely info sheets, booklets, etc.”

One Leader expressed her wish for more role-play in order to practice active listening skills. Another Leader described herself as having weak IT skills – she would have liked help with producing leaflets and ideas for posters.

Whether or not the Leaders answered ‘yes’ to question #2 (5.2 below), they were positive about the ways in which their training had prepared them for setting up their new groups.

One Leader wrote that the training she received was “generally good. Training is fine. But there should have been a warning that setting up a group in conventional communities would be an uphill battle.”

5.2 Ways to improve training: *Do you feel that anything extra was required before starting the group? If yes, please explain what.*

Table 3: Is anything extra required before starting the groups

Yes	No
4	4

Four of the Leaders felt that there were extra areas that required addressing before they started the group whilst four were happy with what they had received. One Leader would have appreciated more communication about the resources she received on accreditation, as well as information about how to use her LLLGB vouchers to buy books for her group library. This concurs with another Leader, who wrote that she would have liked: “A tutorial and hand-holding for the accounting and admin. It is not terrible, but I never imagined how many forms and questionnaires I would be asked to do on top of everything else.” This Leader also suggested that the process for setting up a group bank account should be simplified.

Another Leader expressed her anxiety about supporting mothers one-to-one; this is the one who would have liked more role-play practice. However, this Leader also said, in answer to question #3 (5.3 below), “the training was brilliant”.

5.3 Running the group: *How do you feel your training prepared you for the running of the group?*

The responses to this question could be summed up by one Leader’s response: “I felt well prepared.” Another Leader wrote: “There were no surprises as to what was required, as the resources prepared me really well.” Another Leader said she felt well prepared, “but I am aware that this is just the beginning of my LLL journey.”

One Leader itemised the ways in which she felt well prepared. This included:

- “To learn how to listen rather than talk.
- To empathy with others
- To accept that we are all different and we have different parenting styles
- That as a leader I am facilitating the meeting rather than lecturing or running it. I am learning from the mother experiences, rather than teaching them as I first thought was my role.”

These are all excellent traits which would help the Leader empower mothers to successfully breastfeed.

Two Leaders described how they found the role of Leader very time-consuming. Despite receiving good support after starting up the group, one wrote that it can be “a bit daunting because I am a lone Leader and also working part time... there is a lot of support and resources available but I have difficulty fitting everything in because of time pressures.”

Another Leader expressed a similar view: “I feel there is an underestimation of how much work it is for a single person to run a group. I spend so much time on it! Even now when I have women who are more involved, it still takes up so much energy.”

Another Leader wrote: “I really appreciated the £200 grant given to get the group started. To walk into a room with a fantastic library and leaflet to offer to mums gave me great confidence and the feeling of being professional.”

5.4 Ongoing support from LLLGB: *How have you found the ongoing support from LLL?*

Table 4: How the Leaders found the ongoing support

“Excellent”	“Good”	“Adequate”
4	3	1

The first Leader to be accredited through the project described some shortcomings in support, which were later addressed: “In the beginning I didn’t know who to ask what to. Most were friendly and pointed me in some direction, though sometimes not the right one.” This Leader’s experience accelerated the recruitment and appointment of two Leader Support Coordinators.

Other Leaders’ comments include: “It’s been good to have a personal contact for inspiration and support. I also found it helpful that ... (Leader Support Coordinator named) attended some of my meetings. It makes me feel connected to the wider LLL network.” Also: “... (Leader Support Coordinator named) is tireless in her help and encouragement – I feel like an empty bucket sometimes and she helps keep me full.” And “I haven’t felt on my own and I have been warmly welcomed by everyone I’ve had contact with.”

Another Leader wrote that her questions have always been answered although she has sometimes had to wait a while for a response.

5.5 Future Leaders: *Would you encourage other mothers attending the group to become LLLGB Leaders? Please say why.*

The Leaders unanimously agreed that they would encourage mothers attending the group to become LLL Leaders. Each Leader expressed her reasons for this, which could be summed up by this response: “It is very rewarding to help other mums and see a mother-baby breastfeeding relationship continue. In addition, the atmosphere at LLL meetings is very special.”

One Leader said: “We desperately need to help mums who frequently fail to meet their breastfeeding hopes through lack of time and ongoing support, and help babies maximise their lives by being breastfed and mothered appropriately.”

Another Leader wrote passionately about the impact of LLL leadership on her life: “I have never done a training course or studied a subject that has helped me to develop so much as a person; the training has had a positive knock-on effect throughout my whole life as a friend/parent/wife. I can’t speak highly enough of it.”

Another Leader said frankly that she would encourage other mothers to apply for leadership “because being a single Leader is so painful.” She expressed her wish to receive more commendation from LLLGB for the sacrifices she has made for her group and for the national organisation.

5.6 Local need for LLLGB group: *Why do you think your area needs an LLLGB group?*

The Leaders’ responses indicated their knowledge of their local communities, often highlighting the low rates of breastfeeding initiation and even lower rates of breastfeeding continuation:

- “Breastfeeding rates in the Liverpool/Knowsley area are well below the national average.”
- “The local culture is very much alternative [formula] feeding.”
- “There is no adequate support group for mothers breastfeeding beyond the culturally ‘normal’ time frame – around 6 months. We are in a ‘pocket’ of low support (unless you are wealthy and can afford £75 per hour for a lactation consultant – and know that they exist!)”
- “There are many myths and misinformation about breastfeeding coming from health professionals and the general public.”

One Leader’s experience was the opposite – she described her area as having many breastfeeding women and felt an LLL group would be popular.

5.7 Additional comments: *Any other comments you would like to add about the training, setting up or the running of the group?*

Comments about training:

- “The new *Leader Applicant Handbook* is brilliant – I would not have become a Leader otherwise. LLL is a fantastic organisation when it produces all it does with just the resources of volunteer mothers.”

- “I have undertaken many training and other courses during my PhD and in the company I previously worked. The training offered by LLL is of the highest standards. Thank you very much. It is full of useful tools applicable in day-to-day life.

Comments about setting up or running of the group:

- “It can be quite a responsibility at times to organise everything on your own until you have enough active members or a co-Leader. I’m finding the issue of fund-raising a struggle at the moment, as I feel I simply have not got the time alongside doing Help Forms, supporting a Leader Applicant, promoting the group, planning group meetings, taking care of the library, etc. I’m also experiencing a slight dip in confidence in leading meetings, but this may be because I have completed the first two sets of series meetings and it feels like I’m moving on from being a new Leader.”
- “The biggest issue I face is attracting mothers – our local BFI initiative cannot be seen to promote individual groups, and the interface with health professionals is almost non-existent.”
- “I’d like to repeat the difficulties I have because of working part-time and also having two pre-schoolers. Helpline, running a group, setting it up all feels a bit overwhelming. Hopefully it will get easier. All the Leaders I have spoken to have been helpful and supportive and it is exciting to be part of LLL.”
- “Anyone setting up a new group needs extra love and support from others who have some experience with starting a group or becoming a lone Leader... I feel that I have used every bit of my knowledge, experience and energy to start this group. I have no idea what other women do when they might have less job or life history.”
- “I would just like to thank the Leaders, mothers and everyone who made this project possible... it has made a huge difference to me personally and I am now passing this on to the lovely group I run which is thriving and helping a growing number of mothers in the area. We already have 7 memberships and average about 9 mothers a meeting, which is respectable. Mothers are contacting us regularly to join and attend meetings so I hope this group will grow and grow.”

5.8 New Leaders' Evaluations: Summary

Becoming an accredited LLL Leader and setting up a new group has proved to be a rewarding experience for all the Leaders concerned. The new Leaders are generally satisfied, or more than satisfied, with the standard of training and support they've received. There remain ways in which the training and support could be improved, particularly with regard to administrative procedures, managing money, IT and fund-raising.

This project has required a great deal from the women who have undertaken training to be Leaders and set up LLL groups. Completing the training has been an achievement in itself, especially without having a local group or Leader to provide on-the-spot support. To then set up a new LLL group "from scratch" presents challenges, involving such things as finding a venue, promoting the group to local mothers, setting up a group bank account, managing group funds, etc – in other words, all the things a Leader does which go beyond providing mother-to-mother breastfeeding support. Juggling the responsibilities of LLL leadership with family and other commitments can be hugely challenging and should not be underestimated. New Leaders need to feel valued for their contributions and achievements.

The project team responded quickly to shortcomings identified by the first new Leader to be accredited, and appropriate support systems were implemented as quickly as possible. These support systems should set the standard for new Leader support and provide LLLGB with the basis for a "new group policy".

6. Mothers' Evaluation of the Groups

The sample size for this stage of the evaluation had not been pre-determined. It was very dependent upon the number of groups that were up and running and the number of mothers attending. It was realised that not all 10 groups would be up and running when the evaluation was undertaken in April 2011 (see Table 5).

It was also realised that the number of mothers would be small at the commencement and would slowly increase therefore large numbers of evaluations were not expected. Leaders asked all mothers who attended the groups if they would be willing to complete a

questionnaire and/or be interviewed by telephone or would like to present their stories. There were 29 questionnaires completed from 6 different groups as identified in Table 5.

Table 5: Information of groups and numbers of evaluations

Group Name	Date group commenced	Questionnaires completed
1. St Neots	June 2010	6 + 3 comments
2. Preston	Sept 2010	7
3. Liverpool Central	July 2010	2
4. Liverpool South	August 2010	9
5. Torridge & NW Devon	December 2010	4
6. London Fields	May 2011	0
7. North Buckingham	February 2011	0 + 3 comments
8. Sheffield	Not yet commenced	
9. Group not named		1
TOTAL		29 + 6 comments

Alongside the questionnaires five mothers agreed to be interviewed and four were interviewed. The fifth declined to be interviewed when contacted. There were only one Leader and one mother who were happy for their stories to be used. Six mothers gave direct feedback about the groups they had attended via email. These tended to be short usually made up of just a few sentences or a paragraph. All four sources of data are used in the evaluation.

6.1 Demographic and breastfeeding information

The data presented in the Tables is from the questionnaires and the numbers do not always add up to 29 as some mothers gave more than one answer to some of the questions whilst some mothers did not answer every question. The mothers who were interviewed had also completed a questionnaire and therefore data about themselves and their babies has not been duplicated. No demographic details were obtained from mothers who made comments.

Table 6: The ages of mothers completing the questionnaires

Mother's age	Number of mothers in the range
24 - 29	8
30 – 34	9
35 – 39	7
40 – 45	4
50	1

The ages of the new mothers completing the questionnaires ranged from 24 to 45 and there was one mother who attended who was 50 years old and was no longer

breastfeeding. No teenagers or young mothers were represented by the respondents as can be seen in Table 6.

The mothers who completed the questionnaires were asked if they had their baby or if they were pregnant. 25 said they had had their baby, four stated they were pregnant and one said the question was not applicable (this was the mother who was 50 years old).

The ages of the babies that were currently being breastfed at the time the questionnaires were completed ranged from one month to 24 plus months (see Table 7). As all the groups were relatively new when the mothers first attended, this demonstrated that mothers with older babies and toddlers felt the need to attend such a group not just new mothers. The age of previous children ranged from 1 year to 12 years old. There were 4 mothers attending the groups who were pregnant and two of these mothers were also breastfeeding.

Table 7: Ages of the children and number of pregnant mothers

Age of babies currently B/F	Previous children	Gestation if Pregnant
1 - 2 months = 2	1 year = 1	11 weeks = 1
3 - 6 months = 11	2 years = 5	Not given = 3
7 - 12 months = 5	3 years = 2	
13 - 17 months = 2	4 years = 1	
18 - 24 months = 5	7 years = 1	
24 months + = 1	9 years = 3	
	12 years = 1	

There were 16 respondents who were first time mothers whilst 12 had previously breastfed at least one child. The respondent who was 50 responded that this question was not applicable.

Ten babies were being totally breastfed, only four were being breastfed and being given infant formula, whilst 12 were being breastfed and were also receiving weaning foods. Three mothers stated the question was not applicable to them.

It can be seen from Table 8 that many mothers had preconceived ideas about how long they intended to breastfeed for at the onset of breastfeeding. 6 months was the target that 11 mothers aimed for, although a majority (14 mothers) aimed for 12 months or more.

Table 8: Intended duration of breastfeeding

Intended duration	Number of mothers
3 months	1
6 months	11
12 months	7
More than 12 months	7
Didn't plan	3

Many appear to aim for six months and this is possibly because of the Department of Health recommendation to breastfeed exclusively for the first six months of a baby's life (Department of Health 2004) and also this is the recommended time for weaning. This is explained by the interviewed mothers:

“Because obviously you know, when I was pregnant, I'd read all the stuff and got the advice, sort of exclusive breastfeeding for six months was advised, etc. So I thought okay, I'll aim to do that. But as you rightly say, when it came to it, it was all going fine, she was still very happy to take it, so I thought well why stop?”

“I was aiming for six months and that was ... I don't think I'd really thought about the process of weaning being a gradual thing when I was pregnant. Quite naively just kind of thought oh yes, they go from breastfeeding to solids you know, overnight. And hadn't really thought about the fact that actually weaning means a gradual thing. So yeah, I was aiming for six months and then I thought yeah, then it's solids and we don't need to worry about breastfeeding. But obviously now that I've got here, I've realised that it's not quite that straightforward and it's not like closing a door.”

Those who opt for 12 months usually do so because many women go back to work at this stage and other suggest it's because the baby can then have cow's milk. “Well I'm now aiming for a year until she can have cow's milk as her main source of kind of milk but we'll see really, that's my kind of aim. “

The high number of mothers who decided to breastfeed for longer than 12 months may be accounted for because of the high proportion of mothers with more than one child (12).

6.2 Group information

There were various sources from which the mothers had heard about the groups and several had heard from more than one (see Table 9). The main source was overwhelmingly from friends (13) followed by La Leche League (6). Others had read or heard about the group via other groups, Children's Centres, leaflets, newspapers. One had never attended a group but had telephoned and found the help offered invaluable. None of the mothers had heard about the groups via health professionals.

Table 9: How mothers heard about the group

Source	No. of mothers
Friend	13
LLL Website / Helpline / Organiser / Leader	6
Local B/F Group / Other Group / baby massage	5
Children's centre	2
SureStart Leaflet	1
Newspaper	1
Never attended group but phoned	1
Hospital / Midwife / Health visitor	0

6.3 Why mothers attended the groups

Many mothers ticked more than one reason for attending the groups. The main reason was to meet other mothers (20) and this was closely followed by them wanting information (17) or support (15). Only 5 attended because they wanted direct help with feeding and one mother joined because she thought she might be able to help other mothers.

6.4 Meeting Expectations

The groups met the expectations of all the mothers who had attended and all the mothers were able to relate what they liked about the groups. There were seven main concepts that arose from the data and these were:

- The value of mother-to-mother support
- Not feeling the odd one out
- Meeting like minded people
- Sharing experiences
- Receiving good support and information
- Being empowered
- Being able to discuss and share in an informal forum

6.5 The value of mother-to-mother support

La Leche League believe very strongly in the ethos of mother-to-mother support and this aspect of the New Groups was a strong theme commented upon by many of the mothers. Many mothers benefited from talking to other mothers and felt supported by these mothers especially those who were more experienced. A mother who was interviewed told how she had had problems feeding her first baby and at the time there was no group available for her to attend. She recalled how

"I felt quite isolated by the experience and I did feel ... I don't know, not very supported I suppose. And very much like ... how can I say it? It was a battle if you like, to carry on ... that's when I would have needed or when I would have benefited I think from moral support.

Isolation was also spoken about in an email comment received from a mother. She told of how she had her first meeting:

“... and can not overstate how much of a relief it was to meet other breastfeeding mothers. I have been the only mum still breastfeeding in my circle of friends since our little ones reached 3 months (now 7 months) and I was feeling quite isolated and felt pressure to change my parenting style. The LLL meeting made me feel normal again, and really boosted my confidence in my choices”.

The importance of the information being based on fact was also important as one of the email comments highlighted:

“Just a quick note to say how important the LLL Group is. I live in Bedfordshire and there is little breastfeeding support, especially support from peers grounded in fact and information”.

Box 1: Mothers' comments about the value of mother-to mother support

- Mother to mother experiences are vital and this group has really helped me in breastfeeding my youngest. The group offers great support and advice.
- Meeting supportive mothers who care
- Nice to talk to other more experienced mothers.
- Mum's supporting mums.
- Meeting other mums and hearing their stories.
- Knowing that others have experienced same problems as me and how they have worked through problems.
- Hearing other mums views and experiences.
- Chatting to other mums and information giving.
- Peer support and 'alternative' information.

6.6 Not feeling the odd one out

The feeling of being the odd-one-out was particularly relevant to mothers with older infants. One of the interviewed mothers explained:

“I think it was when I realised that I didn't know anyone in real life that was still breastfeeding their toddler because you know, like a lot of my friends ... there's quite a high breastfeeding rate in my village but most people sort of stopped at around about ... between six months and a year. And I thought well you know ... I wasn't feeling pressure to stop but I thought it would be nice to meet other mums that were breastfeeding toddlers, so that we could you know, swap stories.”

Some of the mothers felt they were the odd one out before they attended the groups and this was because they were still breastfeeding whereas many of their friends had discontinued. One of the interviewed mothers explained how belonging to the group helped give her confidence in what she was doing.

“It was mostly because I'm the only person in my circle of friends and the people that I know who's still breastfeeding. And I was feeling a bit like I wanted to meet some other mothers that were also breastfeeding because some of my friends were sort of starting to say 'Are you still feeding?', and 'Are you still going to keep feeding her when she's got teeth?', and 'Well aren't you being a bit of a martyr now? You've taken this a long way'. And I was feeling like well no actually, I don't think I have taken it too far and I do want to continue and it'd be nice to speak to

some people who have got similar views really, so that I can feel a bit more confident about what I'm doing".

Box 2: Mothers' comments about the not feeling the odd one out

- Very friendly group with children of all ages.
- Lots of feeding toddlers
- Meeting other mothers breastfeeding toddlers as in day-to-day life you feel a bit different. Vindication that breastfeeding is the right thing to do!
- Other mums the same as me with the same experiences. I'm not so strange after all!
- Common feelings about how stressful weaning is!

6.7 Meeting 'like-minded' mothers

Societal pressures existed for some of the mothers and belonging to the group confirmed what they were doing was the right thing to do. Especially mothers who were breastfeeding toddlers felt pressures to conform and to formula feed.

"It was very good, I mean I always went away feeling better about breastfeeding and you know, feeling stronger about carrying on I guess ... I guess there's a lot more pressure as they get older isn't there from relatives and neighbours and generally people. And just feeling more self-conscious in public as well ... That's the reasons why I carried on, it gave me ... yeah, it made me stronger (laughs) you know, in that way.

Some mothers felt the need to attend the group to meet other breastfeeding mothers because as one mother explained it helped to normalise breastfeeding:

"I mean I went along to meet other breastfeeding mums and the support was good in that it was normalising for me something that was normal anyway."

For those mothers who were established at breastfeeding they felt it valuable to meet similar minded mothers:

"I guess in some ways, the stage of things that I'm at, it's not so much that I feel like I need help as it were because I'm fairly established in my breastfeeding but meeting just sort of people who are kind of like-minded and you know, want to breastfeed their children".

Box 3: Mothers' comments about meeting like-minded mothers

- It is nice to meet people who are committed to breastfeeding as a concept.
- People are like minded with regards to breastfeeding and understand why you want to do it.
- Not feeling like the odd one out and being able to help other mothers.
- Meeting like minded mums

6.8 Sharing experiences

The sharing of stories is an age-old method of knowing and when women share their experiences through stories they use the same language which incorporates terms that

are understandable and not encroached by medical terminology (Battersby 2006). Through sharing stories women are able to learn in a deeper, richer and more meaningful manner. The term 'Sharing' was a frequently used by the mothers has can be seen from the comments in Box 4. Although sharing experiences was the most commonly mentioned, other aspects of sharing were also important. For some mothers it was very important emotionally to be able to share their feelings with others as can be seen by the first comment and in the following quote,

“I think there was a lot more emotional support because they have the time ... you know, there's a lot of other mums there that have been through similar things and the leaders seem to have more time than health visitors because they don't have as much to do you know, they're just focused on breastfeeding support... Yeah, and it's not just the technical support either that women need I think, it's the empathy of when you know, you're up all night feeding a baby every 20 minutes, it's nice to know that other people are going through the same thing”.

Many mothers found that sharing stories also helped them to resolve difficulties they were encountering and help them develop strategies to help them successfully breastfeed.

Box 4: Mothers' comments about sharing

- | |
|--|
| <ul style="list-style-type: none"> ▪ I would go mad if I couldn't share my feelings and experiences at this group. ▪ Nice to meet others with similar experiences. ▪ Sharing information ▪ Sharing everyone's experiences and difficulties ▪ Sharing information and strategy for breastfeeding success ▪ Sharing experiences. ▪ Sharing experiences and problems with breastfeeding and related issues and hearing new possible solutions. |
|--|

6.9 Receiving good information and support

The key aspects for why women attended the groups were for information and support, and this was regularly voiced as being one of the best things about the groups. The good quality of the information and support was commented upon and especially the fact that it was given without being forceful.

All the mothers who attended thought the information that they received at the group was either very good (24) or good (5). None rated it as adequate or poor. The information received by many mothers (18) was different to that given by from health professionals, with only five saying it was the same and six saying it was not applicable to them.

The main differences between the information given by the health professionals and groups were that the information gained from groups tended to be more informal, based

upon experience, was more realistic and user friendly and consequently more helpful. This was assisted by the women giving honest reporting of their own situations.

Health professionals were found to give conflicting advice and their knowledge tended to be text book based rather than from experience. One mother described how she

“had soreness with feeding since day one and spent a lot of the 1st 3 months with mastitis, which no one had been able to help me with. Our latch seemed to be fine and the baby’s weight gain was fine. Our LLL Leader did lots of research and it seems that my baby might have a high arched palette, which could be causing the problem. The midwives were very kind to me, and encouraged me that we were latching on correctly, but they didn’t have the expertise or experience of this situation”

Another mother explained how she “felt that health visitors/health professionals are keen to move you from breastfeeding to formula far too easily – for me it was a battle to keep breastfeeding”.

This view was also expressed by another mother who also thought:

“... in general the health professionals do not sufficiently support breastfeeding and seem to encourage people to stop at the first sign of trouble rather than looking at the bigger picture/support them which is TOTALLY WRONG!!! Groups like this can redress the balance!!” (mother’s own emphasis)

The groups also tended to cover a wider range of topics than that provided by health professionals. They “covered topics not directly related to how to latch on – which was the only thing covered by the midwife” and it was “different from the health visitor – don’t think they promote baby-led weaning”. Importantly the groups were seen to cover “all aspects of motherhood”

The majority of mothers also thought that the support they received from the groups was very good (20) or good (6) with only one mother feeling it was adequate whilst for two mothers it was not applicable.

Box 5: Receiving good information and support

- The support and info I receive is always so helpful
- If I had not contacted La Leche League I would have given up on breastfeeding but the encouragement and patience I was shown is priceless.
- They exceeded my expectations the ladies were always at the end of the phone and one leader ... even visited me at home a few times to help as I live in a village and don't drive!
- Very friendly and supportive.
- Was supportive and informative without forcing opinions on me.
- Their patience, expertise and knowledge was wonderful.

6.10 Empowerment

Many new mothers feel unsure and lack confidence and often turn to health professionals for reassurance that they are doing the correct thing for their baby. Although mothers don't always feel the advice given by health professionals is correct, they feel they must comply. This was evident in one of the interviews when a mother was referred to the hospital because her baby wasn't gaining weight fast enough. She was told to supplement breastfeeding with formula which she didn't believe was the right thing to do. She conformed but upon looking back she believes she "was not given the correct advice for my situation".

Mother's can soon lose their confidence and self-esteem and this was shown in the Leader's story when she highlights how she "learnt the hard way how easily a young mother's confidence can be undermined and how susceptible young mothers can be to the advice they receive from authority figures" (see Appendix 5).

Empowerment is a social process of recognizing, promoting and enhancing people's abilities to meet their own needs, solving their own problems and mobilizing the necessary resources in order to feel in control of their lives (Gibson, 1991). LLL model is based on empowerment, where mothers are helped to breastfeed through mother-to-mother support, encouragement, information and education (LLL 2011). Empowerment is gained when women are enabled to gain knowledge and understanding of the breastfeeding process so that they can work out their own solutions to problems and develop strategies to encourage successful breastfeeding. By being given this power mothers gain in both confidence and self-esteem as can be seen by the comments in box

Box 6: Mothers' comments on empowerment

- Helped me feel more confident to continue breast feeding and not rush weaning until my baby is ready. Feel I am happier to make decisions for myself and know what is right for my baby regardless of what other people say.
- I was curious about baby led weaning and the information and discussion were useful, and different from the health visitor info, so I can now make my own decision.

6.11 Being able to discuss and share in an informal forum

An important aspect of empowerment is to enable women to feel safe to share their stories. This was achieved in the groups as mothers as can be seen from the comments in Box 7 and also by the comments mothers made in their interviews.

“It was very good, I mean I always went away feeling better about breastfeeding and you know, feeling stronger about carrying on I guess”.

“The LLL meeting made me feel normal again, and really boosted my confidence in my choices”.

Box 7: Being able to discuss and share in an informal forum

So informal – didn't feel awkward asking questions.
The led discussion... we mums can talk.
Ability to discuss issues.
It's very friendly and open. I feel I can discuss my problems openly and good advice.
Informal close group.
It was informal and interesting to hear the experiences of others

6. 12 Breastfeed for longer

Of the 29 mothers who completed the questionnaire 18 mothers believed attending the group would possibly help them to breastfeed for longer whilst 3 said it wasn't applicable to them (these were those who were pregnant). Those that said it would highlighted the support aspect of the groups and how they intended to try to feed for a longer period of time as a result (See Box 8).

Box 8: Mothers' comments on breastfeeding for longer

- Again just through peer support.
- Many friends and family think it is time for my daughter to stop breastfeeding. Meeting people with another point of view helps.
- Nice to know it can be achieved with the right support.
- I already planned to go over one year and borrowed book on baby led weaning – this has convinced me further.
- I am now going to try to breastfeed for a year.
- I won't be able to breastfeed once I'm pregnant again due to medication I have to take but a year would be good

There were eight mothers who said attending the groups wouldn't make them breastfeed longer and in many instances it was because they were already determined about breastfeeding for as long as possible or had got a set target in sight (See Box 9).

Box 9: Reasons why coming to the groups wouldn't help them to breastfeed for longer

- I now intend to breast feed until my daughter self-weans.
- I don't think anything would affect that decision – I hope anyway.
- I already fed my daughter till 2.5 and will feed 1 year old until its time to stop.
- No because it's my second time.
- I'm committed to self weaning
- I am already breastfeeding for longer than I thought I could.
- I was planning to do it for a long time anyway due to the fact that I did with my first child.
- Intend to wean at 12 months as I feel I will want to stop by then.
- I had already decided to breastfeed for as long as Flora wanted it.

6.13 Attendance at groups and recommending the group to others

All the mothers said that they were likely to go to the group again. They had appreciated the support they had received and thought it would be valuable for other mothers too. They were “really grateful to leaders for the time they give up and the care and support they show”. Other comments included “Wish I had this group 18 months ago”, “I look forward to coming every month” and “Nice for something to have been set-up – would have been good to come to before baby was born – but think it would have to be more structured to be helpful in that case. For one mother she said “I owe any breastfeeding I do to this group, it’s a real lifesaver!!”

All the mothers said they would recommend it to others and Box 10 gives the reason why they would do this.

Box 10: Why the mothers would recommend the group to others

- The women would really benefit from information and sharing so I will recommend to them.
- Mums absolutely need experienced mothers to support them and give advice on the details of breastfeeding.
- Very friendly group
- Would be useful for others to get the support I think.
- Everyone should have a group like this.
- Definitely as there are so many women who give up on breastfeeding when there is no REAL help from the NHS.
- It offers good support for women who are breastfeeding and especially if they are struggling.
- I have already recommended to friends

6.14 Suggestions for improving the groups

There were very few suggestions made on how to improve the groups. Some suggestions were related to individual groups and therefore would not be applicable to others. This included the accessibility and the timing of the groups. It is difficult to find a venue and times that would be suitable for every mother to attend.

One mother thought it would be beneficial to have someone “to check my latch” and I am sure that at many of the groups if a mother had this request it could be accommodated. Another mother felt it would be “nice if everyone would be polite enough to arrive at the start so we don’t keep stopping and starting”. This is a very difficult thing to achieve and could undermine the friendliness of the groups.

Overall the consensus was to keep the group going in the same format and to advertise so that more mothers were aware of the groups.

Have you been to any other breastfeeding support groups?

Eleven mothers had attended another breastfeeding support group as well as LLL groups. In comparison to these groups LLL groups fared very well. The LLL groups tended to be very different but equally beneficial, more informal, much more enjoyable and easy to relate to. They were also very friendly and welcoming. They were better because the leader was very good at generating discussion and was very gentle and not over bearing. There also tended to be more useful information available and more individual attention. There were no negative comments.

6.15 Mothers' Evaluations: Summary

Feedback from the mothers reached by the ten new groups endorses the need for and value of LLL mother-to-mother breastfeeding support groups in terms of:

- (a) the personal support provided,
- (b) the quality of breastfeeding information provided,
- (c) a place for mothers to interact and support one another,
- (d) raising expectations of mothers' intentions to continue breastfeeding;
- (e) empowering the mothers to do what they felt was right for them and their babies.

The mothers were unanimously happy with the format of the groups, which created an informal, friendly, welcoming and supportive atmosphere. The mothers were able to share their experiences through discussions guided by the Leaders' "patience" and "expertise". Many mothers expressed their appreciation for the group and the support it gave them to continue breastfeeding.

7. Conclusions

This report highlights how all the project objectives were met successfully. The project aimed to set up 10 new groups in areas previously identified as having low rates of breastfeeding and where no LLL support group existed. This was achieved along with training sufficient LLL Leaders to sustain the new groups. In addition to successfully bringing proven peer-to-peer breast-feeding support to areas which needed it, the 10 new groups project has allowed LLLGB to develop its unique approach to existing new Leader training and management, as well as apply its approach to low-breastfeeding rate areas.

The potential knock-on effects of this project are significant. Support groups which help to increase breastfeeding rates contribute to the health of breastfeeding mothers and babies, with the potential to provide cost savings to the NHS.

LLLGB can learn from the feedback of the new Leaders, and acknowledge that there are ways to improve provision of Leader training and support, especially when the Leader Applicants are isolated and will be setting up a new group. This “double whammy”, of a new Leader setting up a group in a low-breastfeeding rate area, deserves the maximum support the organisation can provide. The experience gained during this project has shown that a “new groups policy” would benefit the establishment and sustainability of more LLL groups. In particular, greater support with administrative procedures, managing money, IT and fund-raising would help to take the successes of the project forward.

Feedback from the mothers reached by the ten new groups endorses the need for and value of LLL mother-to-mother breastfeeding support groups. The mothers’ evaluations confirm the value of the LLL approach to providing quality information, personal support and empowering women to breastfeed. The LLL groups have shown that they provide key information and support to women at a critical time in their lives, enabling women to make informed decisions and nurturing their local communities.

There are lessons which can be taken from this project regarding the development of future training programmes, the provision of support for new Leaders, and the need to strengthen the infrastructure of the organisation by recruiting Leaders to national work.

8. Recommendations

It is important to build on this project’s achievements in order to grow more LLL mother-to-mother support groups in the future, as well as ensure their sustainability. Evaluation of the LLLGB Ten New Groups Project points to the following recommendations to LLLGB:

- Utilise resources and expertise from this project, in future similar projects.

Wales New Groups Project

Thanks to a generous donation from the [Oak Foundation](#) we are able to expand our successful New Groups Project into Wales.

Details are still being finalised, but we hope to be starting dialogue with mothers who wish to be LLL Leaders by autumn 2011 and establishing workshops by early 2012.

- Utilise resources and expertise gained from this project, to benefit the rest of the organisation and thus grow more LLL groups; this includes:
 1. application resources, including *Leader Applicant Handbook* and Module Resources;
 2. workshop outlines for Leader Applicant workshops;
 3. offer Leader Applicant workshops (##1-3) on a rolling programme around the country; if appropriate, places could be offered to newly accredited Leaders wishing further practice with listening skills;
 4. project trainer orientation for other similar projects or to lead workshops;
 5. resources for accredited Leaders, including *Leader Resource File*, posters and stationery;
 6. support for new Leaders and groups from a Leader Support Coordinator.

- Draft “New Group Policy” (to be considered by LLLGB Council of Directors) – for consideration:
 1. provide personal support for new Leaders and groups from a Leader Support Coordinator;
 2. provide information and support in relation to the Leader resources which a new Leader will receive; this includes information about how to process any LLLGB Shop vouchers, support with opening a group bank account, support with form-filling and other administrative tasks.
 3. provide IT support to set up local LLL group web pages and develop other ways to attract local mothers;
 4. provide support with funding applications and other fund-raising concerns;
 5. encourage setting up Chapters of several LLL groups, to facilitate networking and support for Leaders and groups within the same region;
 6. provide incentives to encourage setting up new groups (by existing Leaders) so as to reach more mothers, possibly through LLLGB Shop vouchers and funding to national workshops and conferences.

- Update the orientation programme and resources in the Leader Accreditation Department (LAD), to take account of the new application resources.

- Recruit more Leaders into the LAD in order to meet the demand, due to increased number of groups, from the anticipated increase in the number of mothers interested in LLL leadership;
- Recruit more Leaders into the Leader Department, for the role of Leader Support Coordinator;
- Assess the true cost of Leader accreditation and seek new funding strategies to reflect this cost.

An expanded LLLGB infrastructure of Leaders in national jobs (e.g. the Leader Department and Leader Accreditation Department) would support growth of the organisation and increase the number of mother-to-mother support groups around the country. This would have an increasingly positive impact on national rates of breastfeeding initiation and duration.

9. References

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Appendix A

**TEN NEW GROUPS PROJECT:
INTERIM TRAINING EVALUATION REPORT
JULY 2010**

Compiled by Susan Battersby and Alison Parkes

A) BACKGROUND

The project aimed to create ten new La Leche League (LLL) groups. With a limited budget and limitations on the resources available to us, the project committee decided there would be five project areas, each of which would generate two groups. The project areas would be identified in five places where (a) no LLL Leaders/groups existed, so the mothers were “isolated” from LLL mother-to-mother support groups (b) mothers responded to information about the project and expressed interest in LLL leadership, (c) a central venue would be accessible to mothers from different parts of the area.

LLL Leaders were recruited as Project Trainers, two for each of the projects. Five of the ten Project Trainers were already members of the LLL Leader Accreditation Department (LAD). The LLL Leaders received a day’s induction, plus support from the Project Training Coordinator, to introduce them to the aims and resources of the project and support them in fulfilling the job description.

Information about the project was disseminated through the LLLGB members’ magazine, *Breastfeeding Matters*, and the LLLGB website. Initial responses indicated clusters of mothers around potential project areas. Flyers were sent to local health professionals to recruit additional mothers from peer supporters/peer counsellors.

The project areas identified in this way were:

- Peterborough
- Liverpool
- London
- South West England
- Sheffield

B) INDUCTION OF PROJECT TRAINERS

At an induction day, the Project Trainers were given orientation to the goals of the project, the resources being developed, and the specific role of Project Trainer. Two Project Trainers would be assigned to each project area, one from the LAD, who would take the role of Associate Coordinator of Leader Accreditation (ACLA) and the other the role of Supporting Leader.

c) EVALUATION OF INDUCTION OF PROJECT TRAINERS:

- Later feedback indicated that the Project Trainers with the role of Supporting Leader would have welcomed more support to conduct pre-application dialogue with the mothers interested in leadership. This is because it was recognised that the quality of pre-application dialogue with isolated mothers was crucially important, since the mothers had no prior LLL experience. An alternative suggestion was for the ACLA Project Trainer to conduct pre-application dialogue rather than the one with the role of Supporting Leader. ACLAs already have relevant experience of dialoguing with mothers about their experience of breastfeeding and mothering through breastfeeding.

- If a similar project were to be run in the future, feedback indicates that it would be helpful to spend more time discussing how the two Project Trainers in each project area might share the workload, communicate together and share the delivery of workshops.
- Despite the concerns to ensure satisfactory pre-application dialogue, only three mothers have withdrawn their applications, indicating good pre-application preparation and that the project applicants are a good match for leadership.

d) AWARENESS DAYS:

Awareness Days were held in each of the project areas. Project Trainers found a suitable venue for their area. Mothers who attended received information about LLL, what leadership entails and what LLL Leader accreditation would involve, including the commitment to attend 3 workshops. One of the Project Trainers had further pre-application dialogue with the mothers who wanted to apply for leadership. In a few cases, the mothers decided not to proceed with an application; either they recognised that they did not meet the La Leche League International (LLLI) prerequisites to applying for leadership or they did not want to commit to the work of a Leader.

E) EVALUATION OF THE AWARENESS DAYS

Both mothers and Trainers completed evaluation forms for the Awareness Days and Table 1 details the number of evaluations received from each.

Table 1: Number of evaluations received for Awareness Days

Place	Mothers	Trainers
London	5	
Exeter		
Peterborough		
Liverpool	5	3
Sheffield	4	2
Total	14	5

f) MOTHERS' EVALUATION OF THE AWARENESS DAYS

Number of mothers' evaluations for Awareness Days: 14

Question 1: How did you find out about the Ten New Groups Project?

Table 2: How mothers learnt about the Project

Method	Number
LLL Web site	1
LLL Conference	1
Breastfeeding Matters	1
LLL Leader	8
From a Friend	1
Peer Counsellor Training	1
LLL Meeting	2

NB: Numbers add up to more than 14 as some mothers gave more than one source.

The mothers had found out about the project from various different sources as seen through Table 2. However the commonest method was through a LLL Leader.

Question 2: Before you came to the Awareness Day, how well informed did you feel about the project? What other information would have helped at that stage?

Table 3: How well informed mothers felt before Awareness Day

Comment	Number
Fairly well/quite well/very well informed	7
Aware of general outline	1
Had read about the project / been online	3
Spoken with a LLL Leader	2
All information useful	1
No information received about the project	1
Received good information via Email	1
Unsure of where groups would be located	1
The meeting helped me get a clear information about the stages	1

Table 4: Other information that would have been helpful

Comment	Number
Would have liked to have known that the training was going to be modular	1
No other information required	2

Seven out of the 14 mothers felt well informed about the project before the Awareness Day. Five had also read about the project, been online or spoken with a Leader before the day to find out more information. Another mother had received good information via email. Only one mother required any further information whilst 2 felt no further information was required.

Question 3: Please tell us what you enjoyed most about the Awareness Day?

Table 5: What participants enjoyed most about the day

Comment	Number
Meeting other like minded people/new friends	7
Finding out more about the LLL ethos/Philosophy	3
Finding out about the LLL Leadership in more depth	6
Useful information	1
Meeting the Leaders	3
The flexibility	1
Conducting the meeting at the pace required by the participants	1
Talking about the different aspects of breastfeeding and mothering	1
The relaxed feeling about the day	2

There was a general feeling that the Awareness Days had been well received. The majority of mothers expressed more than one aspect they had enjoyed about the day. The key aspect they enjoyed was meeting other like minded people and making new friends. This was closely followed by learning more about LLL leadership preparation. The mothers also valued meeting the Leaders and learning more about LLL ethos and philosophy.

Question 4: Do you have any suggestions about how they day could have been made better for you?

There were very few suggestions on how the day could have been made better. Only three comments were received about how the day could be improved. One participant thought the day a little long. The Leader commented that this was the only mother who attended without a child to look after and felt that the comment may indicate that the day's pace was set by the children, because none of the other mothers with children felt the day was slow. Another would have

enjoyed a break between each section to allow assimilation of the information. The last participant would have liked tea or coffee. Participants generally enjoyed the day with one commenting that “The day had been well structured but also with a practical level of flexibility - time to ask questions, share personal thoughts and hear others do the same on top of the requirements for leadership – gave the day a harmonious and memorable quality”.

Table 6: How things could have been made better

Comment	Number
No	5
Day a little long especially for women with children	1
Would have liked tea or coffee	1
It would have been nice to have a break between each section to have space to mentally absorb the information	1
I found it really enjoyable has it was	2
It has been great	1
Happy with how the day had been facilitated	1

g) TRAINERS’ EVALUATION OF AWARENESS DAYS

Number of Trainers’ evaluations for Awareness Days: 5

Trainers were asked what their personal and project goals were for the Awareness Days. The project goals were identified as:

- Getting to know the mothers and making them feel welcome
- Letting mothers know more about LLL as an organisation/ its ethos and philosophy
- Giving an overview of the project and the process involved in becoming a Leader.

Personal goals included:

- To have the experience and to learn more about LLL
- Presenting PowerPoint presentations

All the Trainers felt happy with their level of involvement and felt that the pre-prepared material was excellent. They enjoyed working with their partners and supporting each other.

The Trainers believed that the project goals for the Awareness Days were achieved with mothers seeming clearer about LLL Leadership

There were a number of aspects of the Awareness Days that were identified by the Trainers that could improve the days and the general consensus was that more participants would have been an advantage. The other aspects identified were pertinent to individual venues. One Trainer had experienced difficulty parking, another thought more toys for the participants’ children would have been helpful and the last comment was that a remote for the PowerPoint would have been beneficial.

All the Trainers had learnt things from the day that might help other Trainers and these included:

- Not being downhearted because mothers had not turned up
- Attention to small detail is important
- The day may have been too long; however there was plenty of time to explore all that was presented and to answer questions.
- Balancing the time
- The listening skills exercise worked really well and highlighted the need for practice.

h) WORKSHOPS

Three workshops were to be held in each area for the purpose of Leader training. Mothers who had committed themselves at the Awareness Days had individual dialogue with a Project Trainer and went on to submit their applications and become Leader Applicants. The areas are progressing at different rates and at the date of this interim report London, Liverpool and Exeter have completed all three workshops. Both Leader Applicants and Trainers were asked to complete an evaluation form at the end of each workshop. The Leader Applicants evaluation form was the same for all three workshops (see Appendix 1) as was the one for Trainers (see Appendix 2).

i) EVALUATION OF WORKSHOPS:

Table 7: The number of evaluations completed in each area for the three workshops

Place	AWS1	TWS1	AWS2	TWS2	AWS3	TWS4
London	6	1	2	1		
Exeter	4		5		5	1
Peterborough	3					
Liverpool	5	1	5	1	5	1
Sheffield						
Total	18	2	12	2	10	2

(WS = Applicants Workshop evaluations; TWS = Trainers Workshop evaluations)

j) LEADER APPLICANTS' EVALUATION OF THE THREE WORKSHOPS

Total number of Leader Applicants evaluations - 40

All the Leader Applicants found the arrangements for the workshops were good for them. One however, commented that her special diet did not materialise whilst another found the acoustics poor at the venue she attended.

Table 8: What Applicants found enjoyable or helpful about the workshops

Aspect found to be enjoyable/helpful	Number
Skills practice/listening skills	9
Role play	8
Group discussion	7
Opportunity to ask Leaders questions/Leaders responded in depth to concerns about Leader training	6
Mini series meeting	5
Being around like minded people/meeting others	4
Learning about reflecting back	3
Hearing about/ being able to chat through Leader application issues	3
Sharing experiences and thought	2
Practice exercises	2
Discussion to clarify mixing causes	2
Openness	1
All of it	1
Group dynamics	1
Mother-baby dance DVD	1
Ideas and info for setting up a group	1
Leading part of a meeting	1

Many aspects of the workshops were found to be enjoyable and/or helpful with many Applicants highlighting more than one. Table 8 details the aspects identified and the number of Applicants that found it enjoyable/helpful. Skills practice and particularly listening skills rated highest with role play and group discussion following very closely. Having the opportunity to ask Leaders questions appertaining to Leader training appeared to be appreciated.

When asked if they had found anything confusing, only four identified areas that they had found problematic and two of these were the same. The following are the Leader Applicants comments regarding their confusion.

- “The normal course of breastfeeding. I think of normal as the natural, biological norm. To me the barriers and challenges are not part of this, they are obviously part of the cultural/societal norm. So I found this slightly confusing at first”.
- “Philosophies of giving advice if people are not following the philosophies”.
- “Mixing causes seems more of a minefield than I thought”.
- “‘Mixing causes’ was a bit confusing but talking through philosophy clarified some ‘mixing causes’ questions”.

NB: Mixing causes - LLL aims to help mothers to breastfeed; Leaders learn how to avoid supporting or promoting any other cause.

All the applicants could identify aspects of the workshops that had helped them to gain confidence in their preparation as an LLL Leader. Often it was several aspects combined that had boosted their confidence and many of these reflected the aspects that the applicants had highlighted as being enjoyable. Practicing listening skills appeared to be the key aspect in boosting the confidence of many of them along with the group discussions. The support of the course Leaders also played a role in boosting confidence. Meeting others who were just as busy as themselves was found to be very inspiring for some applicants. Importantly the applicants realised that they still had a lot to learn but it was also OK for them if they didn’t have all the answers, they could always go away and find out.

The workshops appeared to meet the needs of most of the applicants as there were only a few suggestions of what they would welcome at future workshops. One applicant would have liked a handout of the phrases and prompts that were used by the Leaders. A number would have liked more skills practice and role play. Whilst one would have liked more opportunity for mini-meetings, another would have liked a little more focus on resources and working alongside professionals.

Overall the workshops appeared to be very well received by the Leader Applicants as the following comment highlights:

“The workshops were real high points because it was good to meet the others and catch up, to try skills in a friendly setting and learn yet more about breastfeeding and mothering. I felt a bit of a low point between the first and second workshop, when the application work seemed like a huge mountain. As a lone applicant without an LLL group nearby, three months in between workshops felt like a very long time to touch base with other applicants. I definitely think the yahoo group will help there.”

NB: A yahoo group has been set up for all LLLGB Leader Applicants, providing a place to “meet” others and share concerns and resources.

k) PROJECT TRAINERS’ EVALUATION OF THE THREE WORKSHOPS

There were six Project Leaders evaluations for the workshops.

The project goals for the workshops were varied although they all centred on getting to know the Leader Applicants better, to facilitate them to work forward through the *Leader Applicants Handbook* and to empower them to run their own groups.

The Trainers were all happy with their level of involvement in the workshops and enjoyed working together with other Project Leaders.

Although some of the goals were varied, the Trainers believed that they had met their goals for each of the workshops. Having lots of informal time was helpful in talking through the goals with the applicants. The Trainers found that the applicants were very motivated which assisted them in meeting their goals. This was enhanced because the applicants were happy to share their ideas and raise questions.

Overall the Trainers felt the days had gone well and were very full and productive. Things that could have improved individual workshops included:

- More time and mothers staying to the end of the workshop.
- Ordering more food as it was not anticipated that the toddlers would also require food.
- Having less to cover as the group liked to reflect.
- Perhaps giving earlier notice of what would be covered at the next workshop would be helpful.
- A hat! For being the Leader in the group dynamics session.

All the Trainers had learnt from running the workshops. They had learnt things that would be helpful for future workshops for example:

- To be flexible in the plan of the day.
- To use real scenarios when discussing mixing causes as this made things clearer.
- To be more structured and allow more time for role play of helping situations.
- To have more toys available for older children.
- To spend some time to get applicants to recall listening skills from the previous workshop.
- To run the last item of the day as a mini meeting and to explain that the applicants would be leading part of the next workshop.

One Trainer explained that the purpose of the workshop was twofold because:

- “I think having the workshops helps to set a deadline for the applicants to complete some application work.”

The Trainers also appeared to gain on a personal level also as explained in the following comment:

- “I am really enjoying the preparation for the workshops, liaising with BC [other Project Trainer] and staying in touch with the mums in anticipation of meeting up at the workshop. The workshop outlines you have provided really make the planning very straightforward and clear.”

1) RESOURCES

The following resources were developed for use with the isolated Leader Applicants on this project:

- *Leader Applicant's Handbook*
- *Module Resources*

In addition, the following resources were available to the project:

- LLLGB information sheets
- LLLGB laptop available to borrow for workshops
- Project projector available to borrow for workshops
- Project staff available to provide support

Two resources were developed for the project, a *Leader Applicant's Handbook* (LAHB) and an accompanying set of Module Resources, which includes documents, articles, skills practice sheets and Module Summaries. The LAHB is set out in twelve modules, each with activities for the Leader Applicant to complete. The Module Summaries list the activities for easy reference and as a checklist so the applicant and Project Trainers can keep track of what has been covered. The LAHB was designed with scrupulous attention to the LLLI Criteria for Leader Accreditation, to ensure that completion of the LAHB activities would fulfil those criteria; this was confirmed by members of the LLLI Board of Directors.

m) EVALUATION OF RESOURCES

As with the Awareness Days and the Workshops, the resources were also evaluated by the Trainers and the Leaders Applicants.

n) PROJECT TRAINERS' EVALUATIONS

- Identifying some activities as self-assessing is motivating and enables Applicants to work at their own pace.
- Encouraging applicants to use alternative ways to dialogue about application work, such as Skype, allows flexibility to suit their preferred ways of working.
- "I think the LAHB is excellent so far."
- "Generally the LAHB seems a great resource. It seems to give Leader Applicants independence in their application work with a clear structure and progression. The content seems very comprehensive."
- "I love the layering style of learning which this handbook offers. Previously a subject would be tackled, say 'leading meetings' and then it was more or less done with, with just the occasional reference again. This way the applicant gets to think about the same topics again and again but with more experience, more reading each time."
- "The limited experience I have of using the LAHB as opposed to traditional methods is that it is more time-efficient (as well as giving more clarity and control over their own learning to the Leader Applicant)."
- "The Leader Applicants I am working with rely heavily on the Module Summaries to plan their way forward. Using these they seem very clear about the activities."
- "The content of the Module Resources is about right – not too overwhelming."

Specific comments to help with revision of LAHB and Module Resources:

- a) "Would it be possible to put page numbers against each activity on the Module Summary sheets?"
- b) "On the relevant resource in Module Resources, would it be possible to put the activity number and possibly page number from the part of the LAHB it is part of?"
- c) "One of the Applicants has requested information sheets that have been produced since she was sent her pack. Is there a way of ensuring they get sent a copy of the latest sheets?"
- d) "I think it should have been clearer (maybe even in the handbook) which activities would be covered by the workshops." [NB: the LAHB was printed before the workshops were planned, but this could be taken into account in a revision.]
- e) One Leader Applicant commented she felt there was some overlap between Module 4 and Module 10.

o) LEADER APPLICANTS' EVALUATIONS:

Three Leader Applicants have currently completed their applications and two have submitted some comments evaluating the resources:

- "About the LAHB – it was well put together and good that everything was in one book; I could pick and choose what to do; I appreciated having the freedom to work within the framework of the LAHB using it as a guide. I think it's important to make sure that the applicant doesn't have to slavishly follow it, which could have made it boring for me."

- “I found the listening skills set very helpful, as it gave good suggestions for things to say in a helping situation. The LAHB in itself was very helpful in terms of the information it contained on each topic. I think I would have preferred it had the Module Summary been part of the handbook rather than a separate sheet. I mislaid mine a couple of times (you know, small children in the house) and in the end decided to mark activities off in the book itself.”

PROGRESS TO DATE

p) LEADER APPLICANTS AND ACCREDITATIONS

- Recruitment of Leader Applicants – to date, 26 Leader Applicants, of which three have withdrawn their applications for personal reasons; three are moving out of their project areas. This leaves 20 Leader Applicants.
- As of July 8th: 3 accreditations (1 St Neots, 1 Liverpool South, 1 Liverpool Central)
- Duration of applications: 3 months, 7 months, 8 months. This indicates that using the new resources is a successful way of achieving accreditation with isolated Leader Applicants.
- Expected accreditations by the end of September 2010: 4 more (1 Preston; 1 Peterborough; 2 South West England). Expected accreditations: by end November: 6 more (2 South West England; 3 London)
- Expected accreditations: by end March 2011: 7 more (1 SW England; 2 London; 4 Sheffield)
- Total expected accreditations: 20

q) NEW GROUPS

- To date (July 8th): St Neots; Liverpool South; Liverpool Central
- Expected new groups: 1 x Peterborough; 1 x Preston; 3 x South West England; 3 or 4 London; 2, 3 or 4 Sheffield (TBC)
- Total expected new groups: 11/12 plus Sheffield (2-4)

FUTURE DEVELOPMENT

r) RESOURCES

The *Leader Applicant's Handbook* and Module Resources are being revised and updated for December 2010, with a view to further use in LLLGB.

s) WORKSHOPS

Workshop plans are being made available for future Leader Applicant workshops.

t) NEW LEADER SUPPORT

With 20 new Leaders setting up ten new LLL groups, the project team is aware of the need for ongoing support in order to ensure the success of LLL mother-to-mother breastfeeding support groups in the project areas. This is a focus of the project team as it moves into the final phase of the project.



The 10 New Groups Project

Appendix B

Evaluation of Leaders' Training

To be completed after the commencement of the new group

Group Name _____

1. How do you feel your training prepared you for setting up the new group?	
2. Do you feel that anything extra was required before starting the group?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2 a. If yes, please explain what:	
3. How do you feel your training prepared you for the running of the group?	
4. How have you found the ongoing support from LLL?	
Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Very poor <input type="checkbox"/> Comment:	
5. Would you encourage other mothers attending the group to become LLLGB Leaders? Yes <input type="checkbox"/> No <input type="checkbox"/> Please say why:	



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6. Why do you think your area needs a LLLGB group?

7. Any other comments you would like to add about the training, setting up or the running of the group?

Thank you for completing this evaluation. Your comments are valued and will help us improve the service.



The 10 New Groups Project

Appendix C

Mothers' Evaluation Form

Group Name _____

Mother's name (Optional) _____

Mother's age _____ baby's age(s) _____ , _____

Note: "n/a" means "not applicable to me"

Breastfeeding information

1	I am pregnant <input type="checkbox"/>	I have had my baby <input type="checkbox"/>				
2	Is this your first time breastfeeding?	yes	no	n/a		
3	If no, how many babies have you breastfed before?	1	2	3	4	more
4	My baby is having	Only breastmilk <input type="checkbox"/> Breastmilk and infant formula <input type="checkbox"/> Breastmilk and weaning foods <input type="checkbox"/>				
5	When you started breastfeeding how long did you plan to breastfeed for?	<input type="checkbox"/> Less than 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months				

Group information

6	How did you hear about this group?	Hospital <input type="checkbox"/> Midwife <input type="checkbox"/> Health visitor <input type="checkbox"/> Friend <input type="checkbox"/> Other (please state).....				
7	Why did you come to the group?	For information <input type="checkbox"/> For support <input type="checkbox"/> For help with feeding <input type="checkbox"/> To meet other mothers <input type="checkbox"/> Other (please state)				
8	The information I received today was:	V.good <input type="checkbox"/>	Good <input type="checkbox"/>	Adequate <input type="checkbox"/>	Poor <input type="checkbox"/>	n/a <input type="checkbox"/>
9	Was this information the same as that given by your midwife or health visitor?	yes	no	n/a		



The 10 New Groups Project

10	Comment:					
11	The support I received today was:	V.good <input type="checkbox"/>	Good <input type="checkbox"/>	Adequate <input type="checkbox"/>	Poor <input type="checkbox"/>	n/a <input type="checkbox"/>
12	Comment:					
13	Did the group meet your expectations	yes	no			
14	Comment:					
15	What was the best thing about the group?					
16	Do you think that coming to this group may help you to breastfeed for longer than expected?	yes	no			
17	Comment:					
18	Are you likely to come to the group again?	yes	no			
19	Would you recommend this group to any other mum you know?	yes	no			
20	Comment:					
21	Have you any suggestions about how the group could be improved?					



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22	Have you been to any other breastfeeding support groups?	yes	no	
23	How did this group compare?			

Any other comments:

When completed please place in the envelope provided and seal it before giving it to the Leader.

Thank you for completing this evaluation. Your comments are valued and will help us improve the service.

Appendix D



“Mother and Child”
by Pierre-Auguste Renoir

Sue Battersby

Independent Researcher/Lecturer Infant Feeding
PhD MSc PGDipEd BA(Hons) ADM RM RN

Telephone: 0114 2884232
Mobile: 07706990119
Email: sue.battersby@fsmail.net

Dear

The group that you have attended today is part of La Leche League 10 New Groups Project. The aim of this project is to provide breastfeeding support for mothers in areas that were previously underserved by La Leche League. The project has funding from the Department of Health and part of the requirement of this funding is that the project should be evaluated.

My name is Sue Battersby and I am an Independent Researcher in Infant Feeding and I have been commissioned by La Leche League to undertake the evaluation of the project. You will have been given an evaluation form by your group leader and I would be very grateful if you could just spend a small time to complete this and hand it back to your leader.

To enhance the evaluation it would be wonderful if mothers were willing to share their experiences of breastfeeding and how the group has encouraged and enabled them to breastfeed. This can be done in a number of ways if you would like to share your story. You could:

- a) Write your story and hand it in to your leader who will forward it to me.
- b) Email your story to me at sue.battersby@fsmail.net
- c) Tell me your story by phone and I would record it as we speak. If you would be willing to undertake this option please complete the attached form.

When the evaluation is written up all names will be changed to preserve your anonymity. If you wish to be excluded from the evaluation at anytime this is fine and will not affect you attending the group.

By conforming to the Department of Health's requirements it may be possible in the future to obtain funding for similar projects, therefore supporting even more breastfeeding mothers. Your help is therefore gratefully appreciated.

Many thanks

Sue

Dr Sue Battersby

Form for mothers willing to be interviewed by telephone

Thank you for agreeing to tell your story to me over the phone. This will involve you telling me about your breastfeeding experience and how you found attending the group as helped you.

I would telephone you so that you do not incur any expense. The telephone conversation would be recorded but when I am writing up the evaluation I would give you and your baby different names so that you would not be recognised by those reading the report.

When I ring up if it is not convenient I would be happy to ring again at a more convenient time. If you have decided that you do not wish to participate that is OK. This would not prevent you attending the group as I would not tell the leader of the group of the outcome.

Please supply the following information if you are happy to tell your story to me on the telephone. Please hand the completed form to your group leader who will forward the information onto me.

Thank you for your support in our evaluation

Sue

Dr Sue Battersby
Independent Researcher Infant Feeding

Name:

Telephone number:

Email:

Best day to be contacted:

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

Best time for me to ring:

Morning 10am -12md

Afternoon 2pm – 4pm

Evening 7pm – 9pm

Please state anytime that would be very inconvenient:

Thank you

Appendix E

Differentiating clinical audit, service evaluation, research and usual practice/surveillance work in public health

RESEARCH	SERVICE EVALUATION*	CLINICAL AUDIT	SURVEILLANCE	USUAL PRACTICE (in public health)
The attempt to derive generalizable new knowledge including studies that aim to generate hypotheses as well as studies that aim to test them.	Designed and conducted solely to define or judge current care.	Designed and conducted to produce information to inform delivery of best care.	Designed to manage outbreak and help the public by identifying and understanding risks associated.	Designed to investigate outbreak or incident to help in disease control and prevention.
Quantitative research – designed to test a hypothesis. Qualitative research – identifies/explores themes following established methodology.	Designed to answer: "What standard does this service achieve?"	Designed to answer: "Does this service reach a predetermined standard?"	Designed to answer: "What is the cause of this outbreak?"	Designed to answer: "What is the cause of this outbreak?" and treat.
Addresses clearly defined questions, aims and objectives.	Measures current service without reference to a standard.	Measures against a standard.	Systematic, statistical methods to allow timely public health action.	Systematic, statistical methods may be used.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.	Involves an intervention in use only. The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference.	Involves an intervention in use only. The choice of treatment is that of the clinician and patient according to guidance, professional standards and/or patient preference.	May involve collecting personal data and samples with the intent to manage the incident.	Any choice of treatment is based on clinical best evidence or professional consensus.
Usually involves collecting data that are additional to those for routine care but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.	Usually involves analysis of existing data but may include administration of interview or questionnaire.	Usually involves analysis of existing data but may include administration of simple interview or questionnaire.	May involve analysis of existing data or administration of interview or questionnaire to those exposed.	May involve administration of interview or questionnaire to those exposed.
Quantitative research – study design may involve allocating patients to intervention groups. Qualitative research – uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications.	No allocation to intervention: the health professional and patient have chosen intervention before service evaluation.	No allocation to intervention: the health professional and patient have chosen intervention before audit.	Does not involve an intervention.	May involve allocation to control group to assess risk and identify source of incident but treatment unaffected.
May involve randomisation.	No randomisation.	No randomisation.	No randomisation.	May involve randomisation but not for treatment.
Normally requires REC review. Refer to www.nres.npsa.nhs.uk/applications/apply/ for more information.	Does not require REC review.	Does not require REC review.	Does not require REC review.	Does not require REC review.

* Service development and quality improvement may fall into this category.

Source: National Research Ethics Service - (2009) **Defining Research:** NRES guidance to help you decide if your project requires review by a Research Ethics Committee www.nres.npsa.nhs.uk

La Leche League GB

PO Box 29, West Bridgford,
Nottingham NG2 7NP

Breastfeeding Helpline: 0845 120 2918

Office: 0845 120 1855

Website: www.laleche.org.uk

Email: enquiries@laleche.org.uk

La Leche League Great Britain (an affiliate of La Leche League International) is a charity and company limited by guarantee registered in England.

Registered office: 129a Middleton Boulevard, Wollaton Park, Nottingham, NG8 1FW.

Reg charity number: 283771. Company number: 1566925