

**An Evaluation Of Breast Start, The Crawley Sure Start
La Leche League Peer Counsellor Programme: the Administrator's
training and the Peer Counsellors (Supporters) Training**

FINAL REPORT

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Introduction

The importance of breastfeeding is now generally recognised as being the preferred and most healthy option in giving babies the best possible start in life. Sikorski and Remfrew, (1999) demonstrated that mothers who are given extra support for breastfeeding are likely to engage in and continue breastfeeding for longer. Research evidence also shows that peer support initiatives in which advice is given by experienced and trained peers can promote and increase breastfeeding (Thompson, 1998; Wright, 1996) and that a major advantage of using peer counsellor supporters who come from the same community is, that they will have had similar experiences to those to whom they are offering support.

The training of health visitors and midwives does include certain elements regarding breastfeeding, however, the depth of knowledge and the training in its application to supporting breastfeeding mothers is often inadequate. The La Leche League, therefore, have devised a training programme to address this. The La Leche League Peer Counsellor's Programme was started in the United States and was written specifically for low income minority groups. Since 1990, there have been over 60 programmes established in the UK, many of them are now located within Sure Start programmes. Administrators are usually either La Leche League Leaders or health professionals but in some Sure Start programmes they also have other roles e.g. community workers. Mothers who participate in the training need to have had an enjoyable breastfeeding experience with at least one child, and have an enthusiasm for promoting breastfeeding within their peer group. The programme works by training administrators who then recruit and train local mothers to become Peer Administrators. The aims of the programme are to raise awareness of breastfeeding generally in the targeted community; to increase the duration of breastfeeding amongst mothers who choose to breastfeed and, in the longer term, to raise the incidence of breastfeeding and increase the confidence of those mothers who participate in the programme. This is in line with the objective: Improving Health.

Training the Administrators

Crawley Sure Start at Broadfield, funded two Crawley based Health Visitors and one Midwife to train as Peer Administrators in February 2003, and the Sure Start Midwife and Health Visitor underwent similar training during September and October 2003.

The training programme, which was chosen by the Crawley Sure Start Health Coordinator, was the La Leche League's 'Train the Trainers' five-day programme. It is a ready-made training programme which has been known to be an effective way of supporting and promoting breastfeeding in other programmes

The February training was held in London during February 2003. A second programme of training was held during Autumn 2003 at Crawley in the Sure Start Centre at Broadfield House to which health professionals from two other Sure Start programmes (Littlehampton and Margate) were invited alongside the Crawley Start Health Visitor and Midwife. Four of the five health professionals in the Crawley area completed all five sessions but one was only able to attend three sessions, was only able to attend 3 sessions due to professional commitments.

Training of the Peer Support Counsellors

At the time of this evaluation, only the three Health Professionals who were trained in London had had the opportunity to carry out a pilot training programme for the breastfeeding support counsellors

This training course was held during May 2003 and consisted of 10 two-hour sessions. There were 12 mothers who volunteered to do the course after attending a coffee-morning in which the course and its commitment were fully explained.

The Evaluation:

The evaluation had two main objectives

1. To assess the effectiveness of the La Leche League training of Health Professionals in equipping them in their role for training parents as Administrators
2. To assess the effectiveness of the training of mothers in equipping them in their role as Peer Supporter Counsellors.

It addresses a number of questions concerning:

1. How good was the learning experience?
2. How adequate was that experience in preparing people for their role either as an Administrator or as a Peer Support Counsellor?

Methodologies

The evaluation was carried out in two stages: Firstly it examined the training of the Administrators and then that of the Peer Support Counsellors.

1. The Administrators

A semi-structured questionnaire (see Appendix 1) was devised to elicit qualitative data regarding the Administrators training and subsequent experience of training the Peer Support Counsellors. The researcher handed out the questionnaires at a meeting in which all 5 health professionals attended in which they were briefed about the evaluation. In addition, a semi-structured in depth interview was carried out with two of the professionals in order to enhance the quality of data. This was taped and transcribed.

The training sessions aimed (i) to impart the latest research information concerning breastfeeding to the professionals and (ii) to look at how the professionals could convey this knowledge at an appropriate level to the peer supporters.

The purpose of the evaluation of the professionals training was to assess how successfully these two aims had been met.

2. The Peer Support Counsellors

Telephone interviews were carried out with peer support counsellors using a semi-structured format (see Appendix 2) in order to elicit qualitative data concerning their experience of the training and its adequacy in preparing them for their role. The peer support Counsellors were advised of the evaluation by letter, sent by the Sure Start Health Coordinator, and permission sought for them to be interviewed by telephone. No objections were received and so the researcher was given the

address and telephone numbers of the peer supporters. Subsequently, 10 out of the 12 peer supporters were contacted by telephone and interviewed. One peer supporter asked for the questions to be sent by post. One peer support counsellor was unable to be contacted either by post or by telephone.

RESULTS

1. The Administrators

Generally it was felt that the La Leche League training was good, the level at which it was pitched was appropriate, and that the content was very informative and 'challenging': It engendered enthusiasm amongst the professionals:

'It encouraged me to promote breastfeeding more'.

'There's so much more to learn, because there doing so much research and scanning women breastfeeding and now they've discovered exactly how they work and how the milk comes down...which is only what we assumed happened but not how we imagined at all'.

There was also praise for the enthusiasm of the trainers and the organisation of the course. They felt the literature supplied, especially the reference leaflets and the manual, were excellent although there was a criticism that these were written predominantly for the 'middle class' American woman.

'It was brilliant. You were given the different lessons and what to teach in the different lessons and that was excellent, very well broken down and good information beside it which would have been very difficult to put together yourself. If we had had to do something like that it would have taken us hours'.

Asked if they would have changed anything about the course, there were a few criticisms regarding the lack of hands-on practical experience:

'It may have been nice to talk to some Administrators during the course to see how their advisors had supported them, what works and what doesn't'.

Also they would have liked more advice on troubleshooting and how to support peer support counsellors in initiating and encouraging mothers in breastfeeding.

Although the three professionals who were trained in London appreciated their one-to-one tuition, they felt that a wider group of professionals would have offered the opportunity of networking and would have enriched the knowledge and experience of the group.

Asked whether or not they would have felt competent to train the peer supporters prior to the training, most were 'fairly' or 'quite' confident, but one stated she would definitely not have undertaken teaching a course before the training. Another stated she would have found difficulty in knowing what to include in the training. All five professionals stated that felt much more confident as a result of their training.

The Administrators were asked about their experience of putting their training into practice. Although apprehensive to start with, all the trainers had the advantage of having done group work before in Parentcraft classes. They met prior to each session

and planned them in a way that each could share their expert knowledge in their particular field and they found this partnership working very rewarding:

'We worked it out each week, you know, the bits we were good at, and gave support to each other and then actually we got better and it worked well'.

Although everyone attended at least 9 out of the 10 sessions, inevitably there were a few sessions where mothers were unable to attend, all for *bone fide* reasons, and this caused the trainers concern about how to make the sessions up.

The trainers felt that the sessions had gone well, and were particularly pleased with the listening skills session in which they had used role play:

'It went brilliantly. We never had anybody refusing even though they had the opportunity to opt out. They were very very keen and some of them, you know, were better than us'.

The trainers were struck by the peer supporters enthusiasm and in how well the group had 'gelled': *'It not only been good because they are supporting each other but they've actually got another group of friends'.*

All the mothers 'graduated' at the end of the course and had been sent a certificate.

2. The Peer Support Counsellors

The majority were motivated to take part in the training because of their own experience and wanting to share this by helping others. One mother, who was not sure about attending surprised herself by completing the course which she *'really loved'*. One of the volunteers was training to be a Midwife and working at the time with the Sure Start Community Midwife. Another, was already working as a Midwife. Both of these wanted to extend their knowledge in the area.

The mothers were from a variety of ethnic backgrounds although the majority were white British. No requirement was made that the mothers should be from the Sure Start area but all were required to have breastfed their own children. Those mothers who wanted to take part were given the opportunity to decide on the day and time so that they were able to fit the course in around their children.

The Peer Supporters found the level of teaching and methods used, were appropriate for the purpose of the course. There was lots of participation and opportunity to get involved which was valued as: *'it encouraged you to talk about yourself, we drew a map of the work and you had to put on it where your heart lies'.* All sessions began with ice-breakers and a variety of teaching methods were used including videos, discussions and role play. There was no written content which was a surprise to one mother: *'However, it was very straightforward. There were lots of handouts which were very good because if you missed a session you could read up about it'.* A criticism was made about the length of time groups were left to discuss topics: *'we were left far too much time for discussion so there was a lot of chitchat'.*

The trainers were generally considered to be *'very good, friendly, entertaining supportive and approachable'* and their expertise was very much appreciated: *'they were very good and it was lovely of them to make time'.*

The majority of peer supporters agreed that the sessions were *'about the right length'*, however, one mother thought they were *'too short'*. The sessions, which were mentioned as being particularly enjoyable, were the two anatomy sessions on the physiology and composition of breast milk, both of which were delivered in a lecture style. However, one mother thought that some of the vocabulary used was a little difficult to understand. Included in this session was a video which all seemed to have enjoyed. Also mentioned by some as being particularly enjoyable, was the session on *'judging other people'* which, for one, had been quite a revelation: *'it really changed how I perceive things and how to deal with women from other cultures'*. Another mother enjoyed learning all about all the recent research.

There were a few criticisms regarding the content of the sessions, these were mainly to do with the lack of practical skills e.g. problem solving, how to approach and engage people, which one mother felt would be helped by involving more professionals in talking to the group about their experiences. Another mother felt that the course concentrated predominantly on *'well, full-term babies'* and there was no information on how set about *'weaning'* babies or about *'helping mothers who had premature or problem babies'*. One mother found some of the anatomy and physiology a little advanced but also stated that they were given plenty of opportunity for asking questions.

Asked about any personal affects/changes of doing the course, everyone was very positive. For some there had been increased self-confidence, for others a sense of achievement, increased motivation to help other breast-feeders, and, for the trainee Midwife, an interest in Sure Start. There was also a great sense of pride in having done something worthwhile:

For one mother, there had been quite a profound change:

'It made me realise I can achieve something. I usually give up. I can look at my badge and feel very proud. It gave me the confidence to know that I have to do what I feel is right even though people try to tell me differently, I can't just do what they tell me anymore.'

Almost all found that the course had been beneficial in forging new friendships with like-minded mothers with whom they could share their experiences. This was viewed by the majority as the most enjoyable aspect of the course:

'I enjoyed meeting with like-minded people who wanted to encourage breastfeeding.'

'I enjoyed the interaction, it got me out of the house and my other two children went to the crèche so I had no worries and was very happy. It was good to get out amongst other adults.'

The peer supporters were asked about the most important thing they learnt from the course. There were a variety of responses, these fell into three main themes: parenting skills, confidence and communication skills:

Parenting Skills

'Parenting, as a mum, consistency is what's important, never give up.'

'You learnt other things about parenting. In my culture you don't show your children love – you are taught the opposite – it taught me a lot about myself.'

'How important it is to get fathers involved'.

'It really emphasised to me just how important it is - I certainly feel glad that I have done something good for my children'.

Confidence

'It gave me a lot more confidence in speaking to people'.

Communication Skills

'The role play had been beneficial in teaching listening skills: I find it hard to listen and it gave me good ideas about techniques'.

'I learnt at what level to pitch comprehension, that you don't have to go into such great depth. Breastfeeding can be quite technical but it's important to pitch it at the right level'.

Most felt reasonably confident in their role as a peer support counsellor after having completed the course. However, none of them (other than the Midwives) had had the opportunity to put their learning into practice formally, although most had given advice to friends or relatives. One reported she had done this very successfully having supported a friend, who did not want to breastfeed initially, who was still feeding her baby after 4 months.

One peer supporter was worried about *'accountability'* and there were a few mothers who felt it would be useful to have a professional initially observing them in their role:

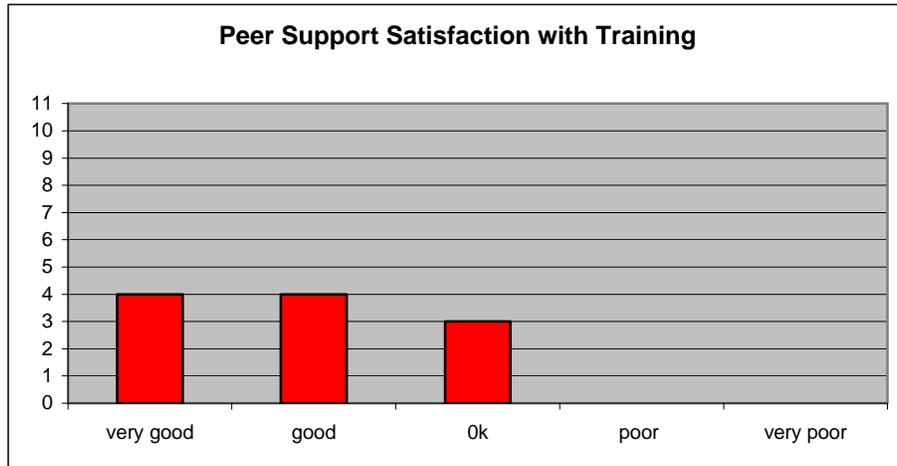
'At first you need someone to listen to you giving advice, to say: 'yes you did that well' or 'you didn't do that very well'.

Surprisingly, although one of the aims was to prolong the duration of breastfeeding and despite the enthusiasm shown by the peer support counsellors, only half of them agreed that attending the course had prolonged their own period of breastfeeding.

The Trainee Supporters were asked about how they thought it would be best to engage other mothers in breastfeeding. The majority thought that educating mothers about breastfeeding and about the availability of the support group needs to take place well before birth, mainly in the antenatal clinics. Some even felt an input should be made in schools. It was generally felt that health visitors and midwives could play a much larger role in promoting breastfeeding prior to birth. Promotion of breastfeeding after the birth was seen to be too late: *'After the child's born, it doesn't make much difference as most have already made up their mind'.* It was also felt that famous people, or 'stars' seen breastfeeding, would help in role-modelling breastfeeding as the norm. As one mother said, the trouble is that breastfeeding *'always done behind clothes, away from view'.*

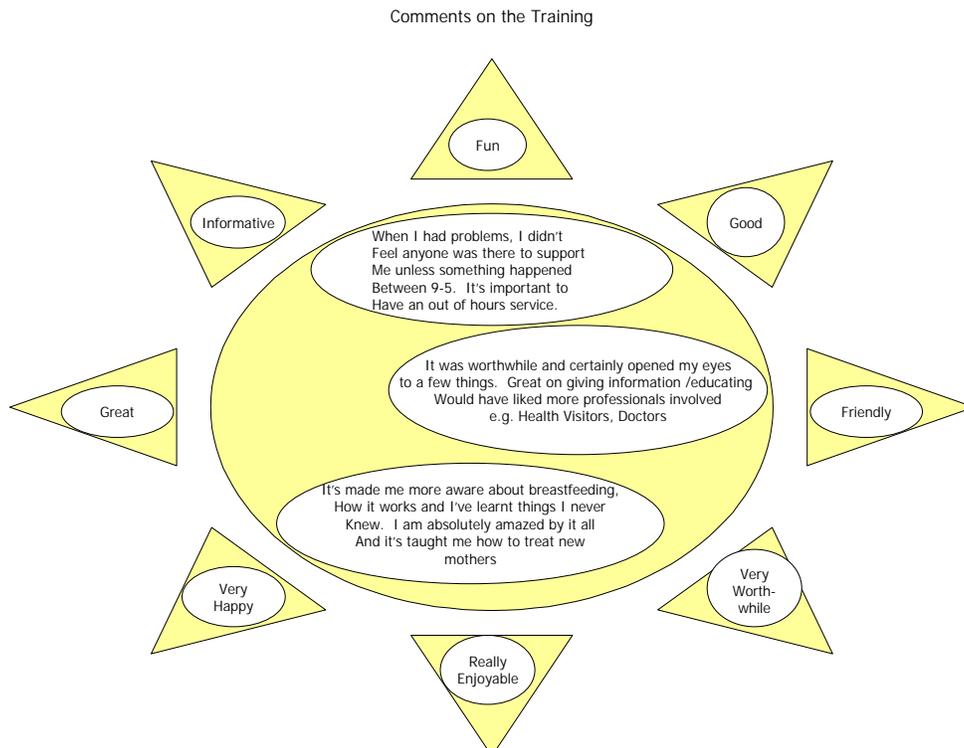
With regard to the Breastfeeding Support Group at Broadfield, concern was expressed regarding the location of Broadfield House which was not perceived as easily accessible to mothers without transport. This was seen as a potential barrier, especially in being able to support new mothers.

The peer support counsellors were asked to rate their training overall on a scale 1-5 (1, being 'very good' and 5, 'very poor').



As can be seen, the majority thought it to be 'good' or 'very good'. Those who did not rate it quite so highly did so, not because they had not enjoyed the course or did not think that the quality of the training was good, but because, generally, they felt the content could have included 'more on the practicalities'. This reflects the criticisms which the professionals themselves felt about the La Leche League training.

Finally, as shown below, there were many positive comments about the course in response to the peer supporters being asked to put their feelings about the course into words.



Conclusion

The aim of this project was to train health professionals to train mothers who had experience of breastfeeding to become Peer Support Counsellors. The evidence from this evaluation demonstrates that this has been successfully achieved. Both professionals and mothers who have undertaken the training have gained in knowledge and confidence and the experience for both Administrators and Peer Support Counsellors had been very enjoyable. For the Peer Support Counsellors especially, there has been increased 'social inclusion' in terms of contact with other mothers and new friendships. The only main criticism about the training which was common to both groups was that there was a feeling that there was a bias towards 'normal, healthy babies' and that they would have benefited from learning about 'abnormal feeders and from a greater input concerning dealing with breastfeeding problems. In addition, the Peer Support Counsellors felt, that they would like some initial support once they start offering advice.

Both the Administrators and Peer Support Counsellors are eager to establish the Breastfeeding Support Group at Broadfield House which, whilst set up, has not yet taken off. Unfortunately, the publicity leaflets advertising the Breastfeeding Support Group have been delayed but there may be a number of other reasons why it has been slow to get going, including the timing of the session and the venue. As several Peer Support Counsellors mentioned during interview, Broadfield House is not easily accessible especially for first-time mothers without transport and it may well be that the timing or venue need to be changed in order to attract breastfeeding mother.

However, whilst many of the Peer Support Counsellors have been unable to put their training into practice formally in the group setting, many have already offered support and advice amongst friends and relatives. In order to foster the Peer Support Counsellors enthusiasm before it is too late, a possible solution may be to build on this informal approach: Instead of holding a formal Breastfeeding Support Group at Broadfield House, additional Peer Support Counsellors could be trained on a regular 'rolling basis' in order to flood the area with mothers who have the necessary expertise to carry out their role by supporting family and friends in their community.

APPENDIX 1

Breast Feeding Training - Professionals

1. Why was the La Leache League Training programme chosen?
2. How were you chosen to be part of it?
3. Where did the training take place?
4. When did it take place?
5. Who actually gave the training?
6. What were the requirements of the programme?
7. How many sessions did you attend?
8. Was the content of each session good?
9. Were the sessions well structured and well presented?
10. Was there anything you feel that should have been covered that wasn't?
11. Did you feel that the training was adequate?
12. How confident did you feel in training parents before the course started?
13. How confident did you feel in training parents after the course had taken place?
14. How confident do you feel now?
15. Are there any issues that have arisen during your training of parents that you feel you were not prepared for?
16. Would you have changed anything?

Name:

Position:

APPENDIX 2:

Questionnaire re Evaluation of the Breast Feeding Training for Peer Supporters

1. Why did you decide to do the training and how did you hear about it?
2. Were you fully aware of the commitment before you started?
3. Were the sessions too short, about the right length, or too long?
4. How many sessions out of 10 did you attend?
5. If you missed any, why was that?
6. Was the training pitched at the right level for you?
7. Was the method of teaching appropriate for you?
8. Were there any sessions which you thought were particularly good?
9. Were there any sessions which you did not enjoy?
10. Was there anything you felt you should have covered which wasn't?
11. Have you had the opportunity to put your training into practice yet? If so, with whom?
12. How good did you feel the trainers were?
13. What was the relationship like with the trainers/others in the group? Have you kept in touch with them?
14. What was the most important thing you learnt?
15. What did you most enjoy about the course?
16. What did you least enjoy?
17. Is there anything about the training that you would have changed?
18. What effect, if any, did the course have on you personally?
19. Do you feel confident now in your role as a peer supporter?
20. How do you think it would be best to engage other parents in breastfeeding?
21. How do you rate overall the training on a scale 1-5 (1=very good, 5=very poor)
22. Could you sum up your feelings about the course in a few words.

