



# Impact Analysis Report

Prepared for: Oxfordshire Breastfeeding Support

Prepared by: Impact Labs, Oxford Hub

7 March 2019

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# Contents

## **MEMBERS**

### **PART I: INTRODUCTION**

History of Oxfordshire Breastfeeding Support (OBS)

Outline of impact analysis

### **PART II: ANALYSIS**

Surveys

Analysis of survey data

Geographical analysis

### **PART III: CONCLUSION**

Conclusions

Framework for continual analysis

Recommendations

## **APPENDIX**

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# Members

## **IMPACT LABS TEAM**

This report was completed by volunteers from Oxford Hub's *Impact Labs* project. The volunteers are all students at the University of Oxford:

- Kayla Li, MSc Clinical Embryology
- Naya Yerolemou, DPhil Mathematics
- Hayley Ip, MBBS Medicine

## **OBS TEAM**

This report was completed on behalf of the trustees of OBS, with participation from:

- Dr Juliet Rayment, BA, MA, PhD - Chair of Trustees, OBS
  - Jayne Joyce, MA, MSc, DipSW, IBCLC - OBS facilitator and Project Lead
  - Charlotte Gilman, BSc - OBS facilitator
  - Emily Tammam, BSc, IBCLC - OBS facilitator
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# PART I: INTRODUCTION

## HISTORY OF OBS

### **TARGET AUDIENCE AND AIMS**

Oxfordshire Breastfeeding Support (OBS) offers breastfeeding support services for antenatal and postnatal families in the community. OBS aims to provide a social model of community based support for families in a drop in setting and online (through Facebook groups) in terms of accessing expert breastfeeding practitioners and breastfeeding information, whilst working closely with local healthcare providers to give families opportunities for extra care when necessary.

*'We are focusing on [providing an] accessible service, serving the whole community, multidisciplinary working, and promoting and supporting breastfeeding for all'.*

OBS Annual Report, 2017-18

Through the provision of OBS services, the charity to increase women's breastfeeding confidence and provide a supportive environment within the community to encourage breastfeeding. The purpose of the sessions is not to encourage breastfeeding among parents; whilst lobbying for an increase in breastfeeding rates in the UK comprises some of their work, the sessions and online group are there to support those who already have a desire to breastfeed but might be having difficulties doing so.

*'[We aim to] empower women and their supporters to define and achieve their own breastfeeding goals by providing them with evidence-based information, skilled breastfeeding support, emotional care and positive connections with other families.'*

OBS Annual Report, 2017-18



**Figure 1:** service user Ines (R) and her baby Aksel.

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Obtaining sustainable funding sources is a major challenge for OBS, and hence to ensure that the funds are allocated effectively, OBS has commissioned Oxford Hub (an independent NGO) to conduct an impact evaluation of their services.

## **STRUCTURAL CHANGE OUTLINE**

Between 2006 and 2017-18, Oxford Baby Cafes Group (OBCG) was a financially independent branch of the Baby Café Charitable Trust. In April 2018, Oxford Baby Cafes Group became an independent charity. The public-facing aspects of the service did not alter, but the governance structure changed, placing much more responsibility with trustees than previously.

## **CURRENT SERVICES**

OBS offers drop-in sessions, antenatal sessions and an online community, via a Facebook group.

### *Drop in sessions:*

- Face to face sessions held four days per week allowing for families to easily gain free, expert advice from International Board Certified Lactation Consultants (IBCLCs), providing a safe space for families to share their concerns about breastfeeding.
- Each drop-in session lasts for two hours and are run at Grandpont (Tuesday), Jericho (Wednesday), East Oxford (Thursday), and Donnington Doorstep (Friday).
- There is also a strong sense of community that is built around the drop-in sessions, enabling families to feel socially and emotionally supported when they face challenges during breastfeeding.
- Partners and family members are welcome to join the primary caregivers at these sessions so they can also learn how to support with breastfeeding.

### *Antenatal sessions:*

- Provide key information and introduce the benefits and concepts of breastfeeding to pregnant women and their families.

### *Online presence:*

- OBS operates a Facebook group (with around 1400 members) which is a women only platform aiming to offer a safe and comfortable environment for individuals to share their concerns or problems around breastfeeding.
- The online platform allows for 24/7 access to breastfeeding support.

### *Training health professionals:*

- OBS allows health professionals, e.g. midwifery students, to observe sessions in order to further their education with respect to breastfeeding.



**Figure 2:** Charlotte (facilitator) with a service-user

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## **FUTURE AIMS IN RELATION TO IMPACT MEASUREMENT**

By commissioning Oxford Hub to conduct impact measurement and evaluation, OBS hopes to:

1. Assess the quality of face to face and online services.
2. Distinguish between the face to face and online services in terms of the support they provide.
3. Obtain geographical analysis of face to face and online services to investigate if location is a major barrier to accessing face to face services.
4. Obtain evidence to justify the opening of new locations providing face-to-face services.
5. Set up an easily understandable, methodological process of gathering, analysing and evaluating data to allow for better monitoring and evaluation of long term services.
6. Identify gaps in services that could be improved in the future.

## OUTLINE OF IMPACT ANALYSIS

### **WHAT WE ARE MEASURING AND WHY**

We are working from the *Impact Outcomes Framework* to understand which outcomes OBS has and how they can be measured. OBS senses that they are making a positive difference, but would like to learn more about the impact of their services.

We are measuring two types of feedback:

#### *Quantitative:*

- Postcodes: how far do people travel to attend sessions? Is location a barrier to access?
- Scaled questions about experience from service users and partners

#### *Qualitative:*

- Written feedback from service and non-service users
- Demographic data: for future analysis to see if there is a correlation between response to sessions and demographics
- What additional help does OBS provide? How is it different from traditional breastfeeding help and/or other services?
- Barriers to access
- Experience of the Facebook group.

### **JUSTIFICATION OF STRATEGY**

Evaluation of *The Breastfeeding Network* has used surveys with similar content to evaluate impact and the best way to determine what outcomes an organisation is having is by asking feedback from all people associated with it.

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We administered the surveys in a variety of ways (online and at the drop-in sessions) and in a variety of formats (tablet/laptop/paper/phone) in order to learn the best methods for eliciting feedback from service users. We are also evaluating whether our survey questions provide us with useful feedback i.e. whether this feedback allows us to assess the impact of OBS services.

We have gathered feedback from all groups related to OBS:

- Face-to-face (drop-in sessions) service users and the online users give the most direct feedback about the quality of the services offered by OBS
  - Partners/family members of service users help to enrich our understanding of how OBS services support mothers and to understand their experience of OBS services.
  - Volunteers give insight into community, learning at all levels and the experience of peer support
  - Health professionals give insight into the gaps that OBS fill and differences in service provided by the NHS and private or voluntary sectors.
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# PART II: ANALYSIS

## SURVEYS

### **SURVEY DESIGN**

#### *Target audience:*

- Separate surveys have been designed for face-to-face users and online users, as one of the main aims of this impact measurement project was to analyse and distinguish the different services provided by OBS in drop-in sessions (face-to-face) and their online presence (Facebook group).
- Additionally, separate surveys have been designed and completed by mothers/primary caretakers and partners, family members and supporters, recognising that these groups may have distinct needs, expectations and experiences when accessing services provided by OBS.
- A separate survey was designed for volunteers, health professionals and student health professionals to get another perspective on the services.

#### *Vital statistics:*

- Data on age, ethnicity, religion, sexual orientation, age of child have been collected to outline and provide a better picture of the demographics of OBS service users.

#### *Postcode data:*

- Postcode data has been collected to allow for geographical analyses of service users. This may provide evidence to identify possible barriers in terms of accessing OBS face to face services and can be used as reference data if OBS needs to set up new locations for their face to face services in the future.

#### *Other ways to access breastfeeding support:*

- It is important to see where service users could and would go seek help if OBS services could not be provided as this could indicate how OBS services differ from other available services, as well as helping to get an improved understanding of how far OBS alleviates demand on other services. Additionally, it is also possible to compare the similarities and differences between other ways to access breastfeeding support with OBS services to see if there are possible ways to improve OBS service or if there are overlaps in services that could be adjusted in the future.

### **IMPACT MEASUREMENT SURVEY FOR FACE-TO-FACE SERVICE USERS**

1. Reasons for attending face to face sessions
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- Identify main reasons for attending face to face sessions may allow experts, peer supporters, volunteers and staff to better prepare for sessions.
  2. Possible improvements in understanding of breastfeeding
    - One of the core aims of OBS is to improve users' knowledge and understanding of breastfeeding with the hope of increasing women's confidence and duration of breastfeeding.
  3. Confidence
    - Another core aim of OBS is to improve user's confidence in terms of breastfeeding. Confidence is often a subjective perception and hence, through the use of a survey that allows for both a positive and negative scale (increased and reduced confidence), this could help OBS assess if their services meet the aims.
  4. Social and emotional wellbeing
    - OBS provides a community for breastfeeding women and their families. As having a child along with experiencing problems with breastfeeding can be very stressful, a sense of social and emotional support within the community is another aim that OBS hopes to achieve through their services.
  5. Sense of welcoming
    - The sense of feeling welcomed in the community is very important for community based services such as that provided by OBS. Results can indicate if users do feel welcomed and if not, possible ways to improve the current services should be explored.
  6. Satisfaction with logistics
    - Assessing the logistics (e.g. time and location of sessions, communication from facilitators etc.) of face-to-face sessions will highlight any necessary adjustments that may benefit service users.
  7. Support from facilitators and volunteers
    - Facilitators and volunteers play a significant role in OBS's face to face sessions. Assessments on the support that they provide can help further improve OBS services and act as a source of motivation to maintain/improve their contributions.
  8. Possible improvements (open question)
    - Assess the possible gaps in the service provision of OBS from the perspective of users.

## **IMPACT MEASUREMENT SURVEY FOR ONLINE USERS**

1. Barriers preventing attendance at face to face sessions
    - OBS hopes to provide face to face sessions to those who have a need and a desire to attend. Through assessing the possible barriers that prevent individuals and families from attending face to face sessions, OBS could see if there are ways to improve their current arrangements to benefit the most number of users whilst maintaining the quality of their service.
  2. Reasons for posting on Facebook group (if applicable)
    - Identify main reasons for attending face to face sessions may allow experts to better prepare their responses. Additionally, if the reasons for posting are similar, there may be ways to group posts together (or encourage the use of hashtags) to allow easier access to previous posts/information.
  3. Sense of comfort to seek help on Facebook group
    - This is important to allow those who have a need and want to seek help on Facebook group feel comfortable to do so. There may be ways that could help make users more comfortable (e.g. remind
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users that they could send a private message to the group, provide a private message service, or OBS posting questions and responses anonymously on behalf of users to allow more people to have the benefit of understanding possible breastfeeding problems, etc).

The full surveys can be found in the Appendix.

## ANALYSIS OF SURVEY DATA

### SUMMARY

*'[OBS services are] far superior to all other services in terms of knowledge, skill, compassion, non-judgemental approach to supporting women, families and babies who struggle with breastfeeding. Attending [OBS] is like getting a hug from the wise elders of womanhood! The emotional support, empathy, friendliness, practical advice and assistance is invaluable at a very vulnerable point in life. The community ethos and emphasis on the whole family runs through their practice. The ability to drop in throughout the full breastfeeding journey and have continuity of support is especially helpful and means the service is responsive to the changing needs of its users. And sometimes there's biscuits...'*

Brid Spillane, OBS service user

In total we collected 220 responses from service users and 40 responses from non-service users. Note that 'service users' includes mothers/primary caretakers as well as their partners/family members/supporters and 'non-service users' includes volunteers/peer supporters/health professionals/referees/student health professionals/observers.

Of the 220 responses from service-users, 99.5% would recommend OBS to others. When asked how OBS can improve their services, the answers focused overwhelmingly on more sessions, more times, more locations, longer sessions and more facilitators. From our survey data, there is no doubt about the popularity of OBS's work or how valuable it is to those who access it.

When mothers/primary caretakers were asked *'In what way is the support offered by OBS different from [other] services [that you have used]?'*, the most common response is the relaxed and friendly atmosphere, the convenience of drop-in sessions (over needing to book an appointment), the expert and professional advice offered by the facilitators and the peer support gained from a face-to-face and/or online community.

*'The informal nature of it [OBS services]. It feels like you're having a friendly chat when in fact you are getting expert advice. So understanding. Some of my family don't understand breastfeeding and sleeping and advocate giving more solids sooner and/or giving the bottle in order to get more sleep. It was nice to have a service there that reinforced my own beliefs.'*

Anonymous

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Of the responses from partners/family members/supporters who attended a face-to-face session, 100% of them said they learnt something new from OBS and they all reported an increase in their partner's confidence, an increase in their own understanding of breastfeeding as well as feeling welcome at the sessions.

*'Had OBS not been there to support my partner, we may well not have succeeded at establishing and maintaining breastfeeding for our daughter.'*

Anonymous

When asked how the drop-in services could be improved, some suggested involving fathers/partners more, so this could be an area for improvement.

When asked 'If you couldn't come to OBS, where would you seek help?', 52% would use a midwife/maternity care assistant, 56% would use a health visitor, 47% would turn to friends/family, 44% would attend a breastfeeding clinic, 22% a midwifery-led unit and 12% would go to their GP. 67% would use another voluntary breastfeeding support organisation, which highlights the demand for organisations like OBS. From these results, we can deduce that OBS services are either taking a significant burden off the aforementioned services, or offering support to women who would otherwise have nowhere else to seek help.

*'The hands on help I got at OBS was better than the practical help I got at any of the government healthcare sources I used. The volunteers at OBS are an incredible source of information, practical help and genuine emotional support. They are a real font of knowledge for all things breastfeeding-related. Their drop in clinics are a one-stop-shop for a huge proportion of mothers and they are providing absolutely crucial emotional support and warmth alongside expertise related to feeding at the most vulnerable phase of the breastfeeding relationship between mother and child. The benefits of breastfeeding are innumerable, unquantifiably [sic] diverse and large for both babies and mothers. The wonderful people at OBS play a pivotal role in helping the future generation of our community in Oxford and surrounding areas to be the best and brightest people they can be. I honestly don't know how they manage to sustain what they do with so little support or funding and really wish that this will increase in the near future so that this phenomenal service can continue.'*

Anonymous

## **ANALYSIS OF ONLINE SERVICE USERS SURVEY DATA**

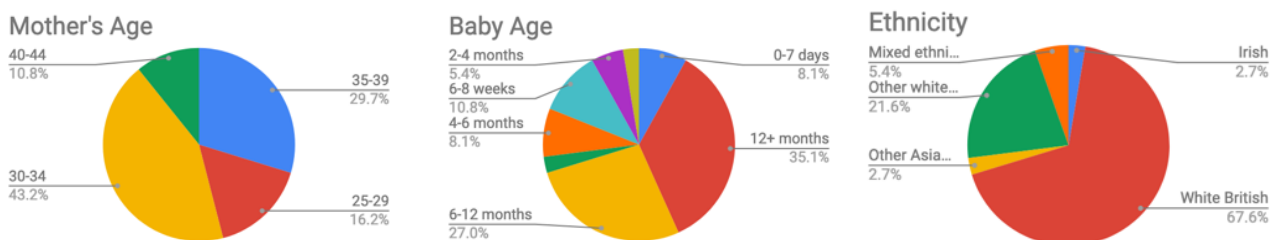
*'The online support is amazing for moral support and for small niggles that you wouldn't want to bother others with. It helps to avoid the dangers of googling something and getting terrible or conflicting advice.'*

Anonymous, OBS Facebook group member

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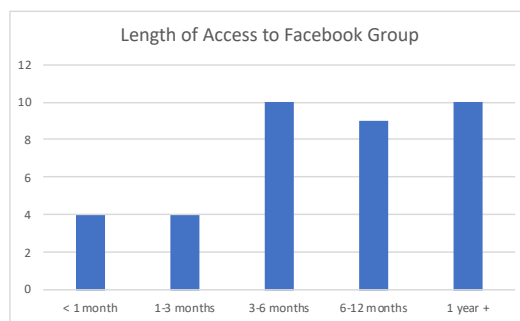
The Facebook group offers a platform for mothers to ask questions related to breastfeeding. We received 37 responses from service-users who have not attended a drop-in session but are users of the online service. We appreciate that this is not a huge sample size, however there are some useful conclusions to draw from the results.

The graphs below indicate the demographic accessing the OBS online group.



60% of respondents said that location was a barrier to access while 30% said that time and day of the week was.

In addition to the above, about 15% of online users do not feel comfortable posting in the group. This highlights the limitations of an online group, albeit a private one, and we would recommend offering the option to ask questions anonymously.



*'I think the online forum is really brilliant - [it is] very supportive and [there is] not too much judgement of other practices.'*

Anonymous, OBS Facebook group member

## **ANALYSIS OF FACE-TO-FACE SERVICE USERS SURVEY DATA**

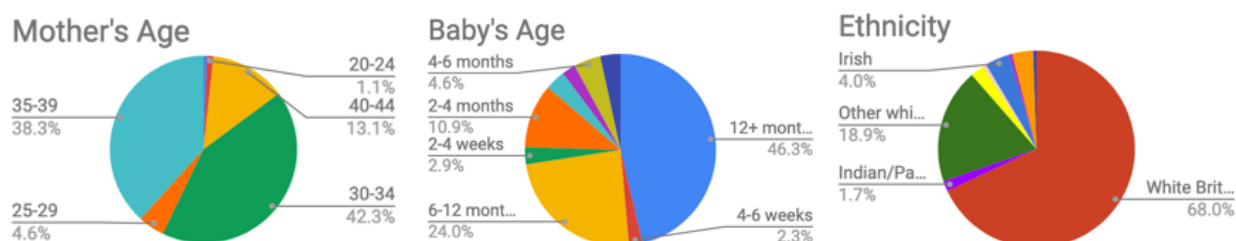
In total, we had 175 responses from mothers/primary caretakers who had attended a drop-in session, 98.3% of whom said they had learnt something new at their visits to OBS. 98.3% of those surveyed said they felt welcome at the sessions with 93.7% reporting a positive impact on their social and emotional wellbeing and 95.4% reporting increased confidence with breastfeeding.

We also asked service users how satisfied they were with the facilitators and volunteers at the sessions, regarding how much time they spent with them, their communication and the information provided. 87.4% of respondents were extremely satisfied, 11.4% were satisfied and only 0.6% (1 individual) were dissatisfied.

41.7% of respondents have visited more than 5 sessions, 30.9% have visited 3-5 sessions, 12% have visited 2 sessions and 15.4% have visited one session. So, the vast majority of those who attend drop-in sessions are repeat-users of the service. 98.3% of mothers/primary caretakers surveyed reported that they have learnt

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something new at the sessions. The graphs below give an indication of the demographic who are accessing OBS services.



## ANALYSIS OF NON-SERVICE USERS SURVEY DATA

We surveyed those who volunteer with OBS, those who observe sessions and those who refer mothers/primary caretakers to sessions in order to better understand another perspective on the service and, in particular, why referees refer to OBS over other services.

We received 40 total responses from this group, split as follows: 45% health professionals/other referrer, 35% peer supporter/volunteer and 20% student health professional/observer. 71.4% of peer supporters/volunteers have been volunteering with OBS for more than a year. As well as 78.6% of this group saying they chose to volunteer in order to help the community, a significant number (64.3%) said they chose to volunteer to gain new skills. In addition to this, 71.4% of students/observers reported a large/very large contribution to their own learning as a result of attending a session. This emphasises the fact that OBS services are not only valuable to their service users, but to a wider group of volunteers and students. 100% of volunteers/peer supporters said they would recommend OBS to others.

*'Mainly I have gained confidence in supporting other mothers, learned a lot about breastfeeding and increased my acknowledgement of how each mother and family have a different breastfeeding journey.'*

Anonymous, volunteer/peer supporter

When we asked health professionals/other referees 'What does OBS provide that you are unable to provide in your role?', the most common responses are more specialised expertise, more time and ongoing support in the community. We also asked this group 'If OBS were not available, what difference would this make to you and the families you support?'. The responses highlight the following:

1. Mothers would receive much less support because other services cannot offer as much time as OBS
2. This would result in a decrease in the breastfeeding rates because mothers would give up on breastfeeding sooner than necessary (which could lead to a bigger strain on NHS services)

*'It would put a bigger strain on the Health Visiting services. Families would potentially need to wait longer to receive support. Also, the OBS volunteers are so knowledgeable and have a lot of experience, in comparison to some of the HV [health visitor] teams.'*

Referrer, health professional

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- This could impact the mental health of mothers and/or parents if they are unable to reach their breastfeeding goals.

Overall, 89% of health professionals were satisfied with their interaction with OBS volunteers and staff and 94.5% of these respondents were satisfied with the support offered to families by OBS.

*'We are so lucky to have this service in Oxford. It is a shame the government fail[s] to prioritise this support and expertise.'*

Referrer, health professional

## GEOGRAPHICAL ANALYSIS

### FACE-TO-FACE USERS

The following map displays the postcodes of current drop-in-session service users, coloured by their most recently attended session.

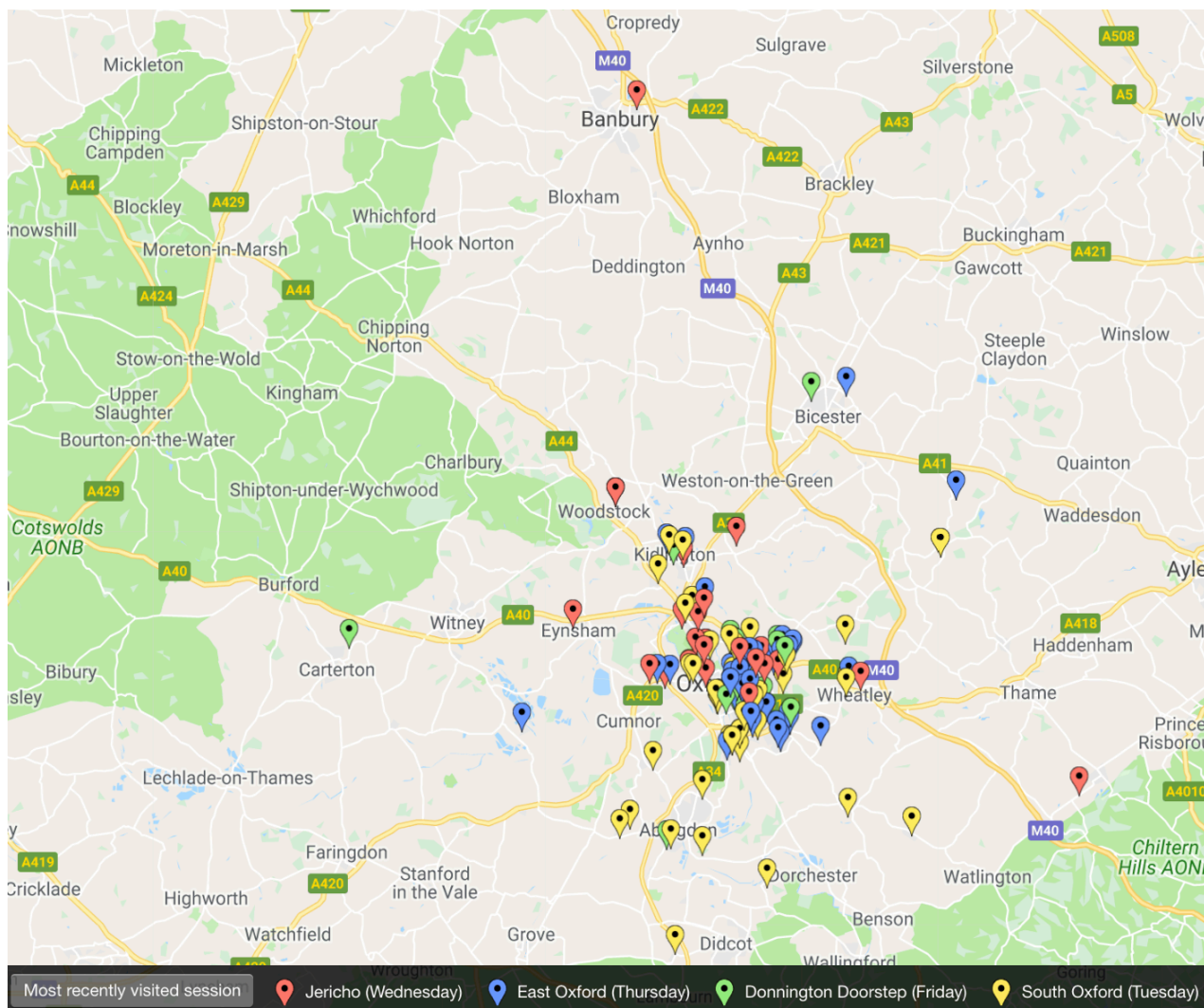


Figure 3: drop-in session users from 2019 survey results

## ONLINE USERS

The following map displays the results of the 2019 survey data collected from members of the Facebook group who have not attended a face-to-face session. It details their barriers to entry.

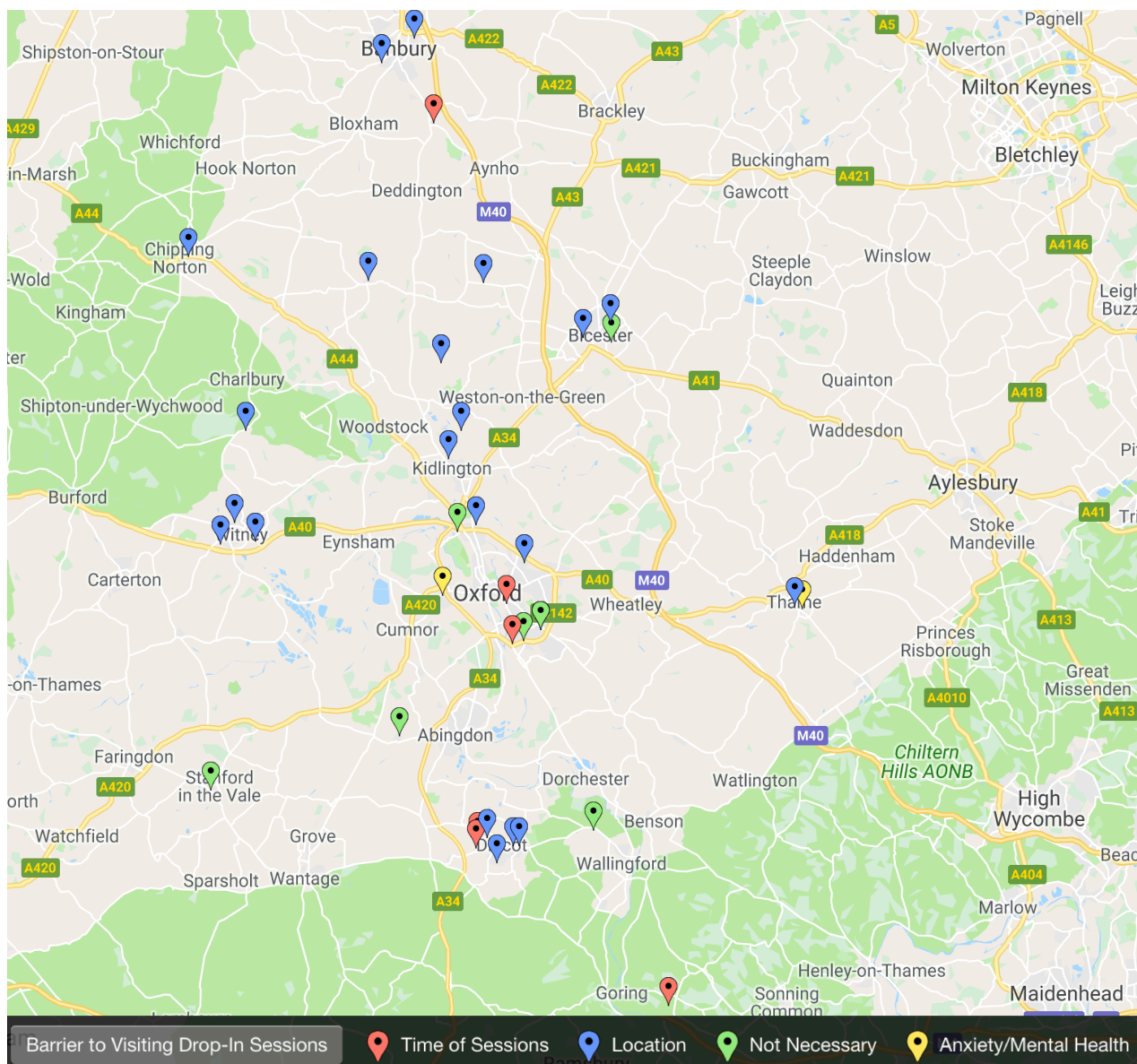


Figure 4: online-only users from 2019 survey results

From this map and the (albeit small amount of) data, it is clear that the main reason online-only-service-users do not attend drop-in sessions is due to location, with a clear clustering in Didcot, and the areas in north and

*'I live in Bicester and would love something there.'*

Anonymous drop-in session user

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west Oxfordshire. This highlights a demand for sessions in these areas, since these service users have indicated that they would attend a session if it were more accessible geographically.

Looking at figures 3 and 4 together, it is clear that there is a demand for more services in the wider Oxfordshire area, not only from the online-only service users, but also from those who attend drop-in session but travel relatively far to attend.

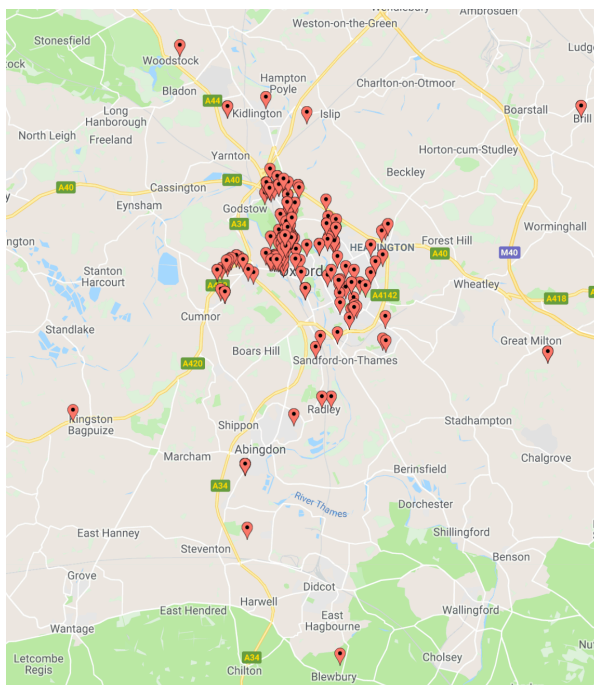
The feedback from the survey question 'How do you think OBS drop-in sessions could be improved?' overwhelmingly focused on more sessions at different times and locations.

*'It would be good to increase the number of locations.  
As a C-section mum living in Headington, it was hard  
for me to get to sessions when I really needed them  
early on.'*

Lucy, drop-in session user

## **HISTORICAL DATA**

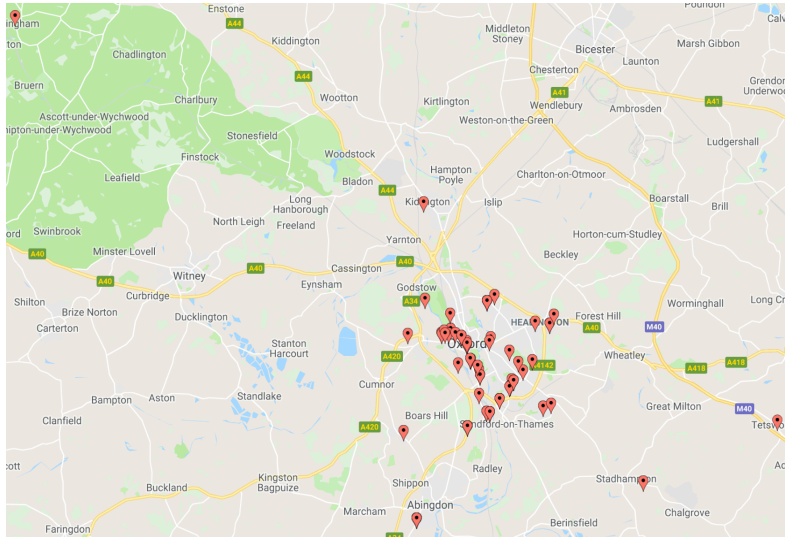
OBS had already collected data from drop-in session visits from April-December 2018. Below is a map view of where users are based, broken down by session. These maps show that many users are willing to travel far in order to reach OBS services. All four centres are located in central Oxford, within the ring-road.



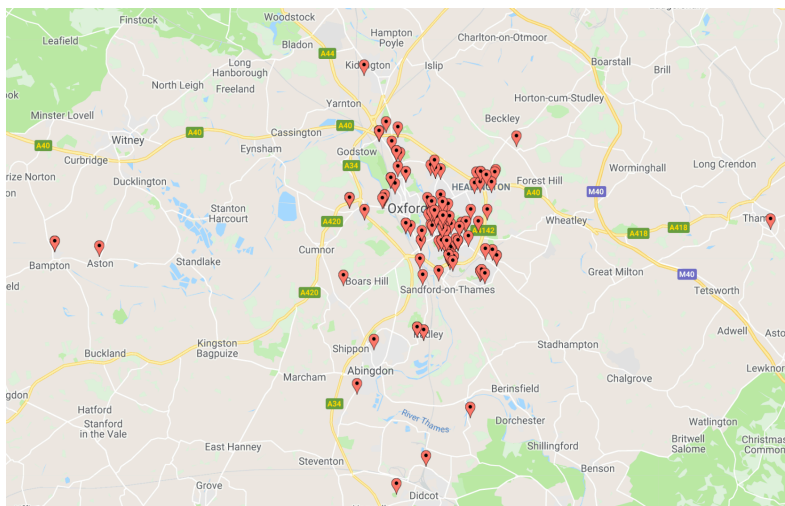
**Figure 5:** Jericho

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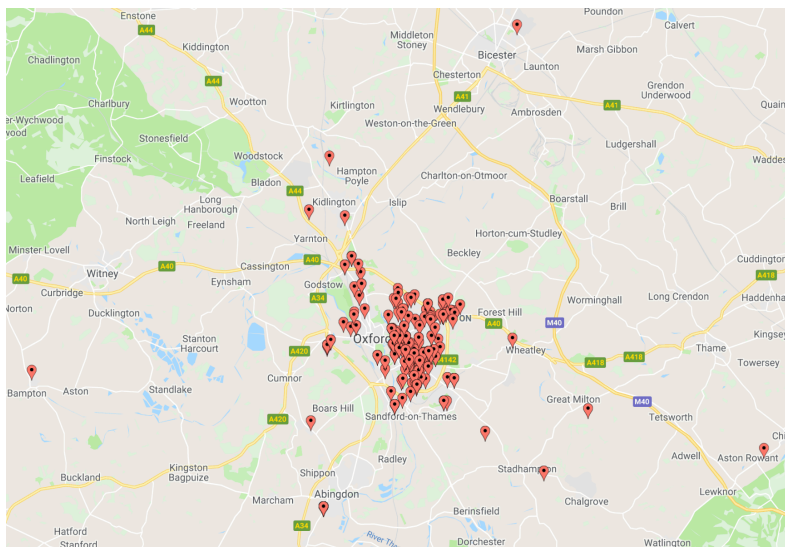




**Figure 6:** Grandpont



**Figure 7:** Donnington Doorstep



**Figure 8:** East Oxford

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# Part III: Conclusions

## CONCLUSIONS

### LIMITATIONS

We collected data over a five day period and received a total of 260 responses to both of our surveys.

1. The data was limited with regards to online-only service users and partners/family members/supporting figures. Hence, it is difficult to say anything conclusive from these user groups, although patterns are evident from the small number of responses.
2. As with any non-mandatory data collection format, there will be a natural bias in the results, based on the type of people who are willing to complete the survey and those who were accessible. Administering the surveys in person and on the online group will not capture negative feedback from users who were dissatisfied with their experience with OBS and removed themselves from the group.

### CONCLUSIONS

The feedback was overwhelmingly positive, with an emphasis on the welcoming atmosphere and convenience of the drop-in sessions, the highly skilled facilitators, the social support of both the online and face-to-face communities and the trust in the information provided by OBS online.

From our results, we conclude that OBS offers services beyond those of the NHS, as highlighted by user feedback and comments from health professional referring mothers to OBS.

Here, we recall OBS's aims for this report, as stated in the section titled '*Future aims in relation to impact measurement*' in Part I.

1. **Quality of service:** Our results have indicated a high quality service, as perceived by OBS users, volunteers and health professionals.
  2. **Face-to-face vs. online support:** the drop-in sessions offer a personal, welcoming place to access high-quality face-to-face support whilst the Facebook group offers a place to get quick, reliable answers to questions about breastfeeding. Both services offer a sense of community.
  3. **Geographical analysis:** our maps show that there is demand for more services in Oxfordshire from the online community as well as the face-to-face community, given some users travel far to access OBS drop-in sessions.
  4. **Justification of the opening of new locations:** the geographical data as well as comments from service users on how to improve OBS services both indicate a strong demand for more locations.
  5. **Process for continual analysis:** we have provided this in the section below.
  6. **Gaps in current services:** the main gaps we have identified are not enough locations/times for drop-in sessions and not enough facilitators at busy sessions.
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# FRAMEWORK FOR CONTINUAL ANALYSIS

## **SURVEYS**

We are providing OBS with the surveys we used to conduct our analysis. These surveys were made using Google Forms, and will be available to the OBS team via Google Drive access. Hence, they will be easily adjustable if the results indicate that the surveys have missed any key feedback. The downside of using Google Forms to administer surveys is that they do not work offline.

## **DATA COLLECTION**

We trialled data collection in person (using a tablet, laptop and paper surveys) as well as posting it online. We suggest data collection be done primarily online, since the drop-in sessions can be very busy and/or emotional and it is not always appropriate to ask mothers/primary caretakers to complete a feedback survey if they are attending a session to resolve a personal issue. If the surveys are to be administered in person, we suggest using tablets; this was the most effective way for us to collect data in-person, since they are more portable and easier for mothers to use when holding a baby.

We have also created a QR code to access the surveys; this allows face-to-face service users to scan the code using their own phone, on which they can complete the survey. This will also make it easier to collect data in-person, although it is less convenient completing the survey on a smaller screen.

We collected the majority of our results from posting the surveys in the Facebook group and we recommend any further data collection includes this format. Given that most face-to-face users are also members of the online group, this maximises access to all OBS users and does not put any additional strain on volunteers/facilitators who are already busy at the drop-in sessions.

## **DATA ANALYSIS**

Google Forms offers an immediate summary of the responses, broken down by question. It also allows access to a spreadsheet with the full results. For smaller data-sets, we recommend using <https://batchgeo.com/> for the map plots, since this service is free for the first 250 rows of data and it takes a spreadsheet format as its input, hence is practical in combination with Google Forms surveys.

# RECOMMENDATIONS FOR FURTHER WORK

## **FUTURE WORK**

We recommend the following actions:

1. The continuation of data entry from the data collected April-December 2018.
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2. To work with another Impact Labs team in order to analyse this historical data. There is a vast amount of useful data here and we would recommend analysing the following:
    - Total number of visits per week/month, including a separate view on each centre.
    - An evaluation of repeat services users vs. single-use users, similar to what we have provided in this report with respect to the total number of visits.
    - A breakdown of where service users are referred from (this should be broken down by user, not visit)
    - A breakdown of how many visits are to address complex vs. non-complex issues.
  3. Further collection of survey data from online-only users to better analyse the best location(s) of a new centre(s). We recommend administering surveys once per year.

## **SUGGESTIONS FOR IMPROVEMENT OF OBS SERVICES**

Based on our experience collecting data and the survey results from service and non-service users, we have amalgamated the following suggestions:

1. The investment in at least one tablet for data collection. This applies not only to feedback surveys, which will most likely be infrequent, but also for the registration of service-users at drop-in sessions.
2. The purchase of a router/wifi access at centres that do not currently have internet access. We observed that at Jericho, for example, there is access to the (educational) Eduroam network so it would be worth investigating whether access to OBS would be possible.
3. The running of more sessions. Many services users requested more sessions (including evenings/weekends), longer sessions and sessions at more locations in the wider Oxfordshire area. This is, of course, dependent on funding; however, we note that the demand is there.
4. The option to anonymously submit questions on the Facebook group. A notable number (~15%) of current online users do not feel comfortable posting online, despite the fact that the group is private and only accessible to women. There are services, such as <https://www.crush.ninja/>, offering this capability for Facebook groups. Alternatively, OBS could allow users to privately contact an admin to post on their behalf and advertise this option on the Facebook group.

Despite the majority of feedback being positive, several face-to-face users have recommended some suggestions in particular to do with the structure and logistics of the sessions:

### **1. Expected waiting times**

*'Knowing where you are in the "queue" of people getting support. [This would] give a rough idea of how many people [there are] waiting/wait times.'*

Anonymous

Several users have suggested to give an indication of the waiting times. This could be improved by giving users a ticket number and calling the ticket number out along with the name (as addressing service users with numbers may not be as friendly).

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## 2. Integration with other services

*'It would be great if there could be a health visitor available at all the drop ins.'*

*'South Oxford clinic was recommended to me because of the stay and play that runs alongside it.'*

Both anonymous

The services provided in each of the four sessions vary, where some include health visitor services and “stay and play” services. Problems may occur if users are not free on a particular day, but would also want to attend the additional services provided. Though this would be dependent on resource availability, but increasing the number of “stay and play” sessions and health visitors present may be beneficial. This could also be relevant when finding new locations in the future, where it could be one of the factors for choosing a particular location that has space for additional integrated services.

## 3. Combination feeding

*'[I'd like] more flexibility of advice around combination feeding. For a few it's the only way to maintain breastfeeding at all and yet it can feel like it's not a realistic option.'*

Anonymous

## 4. Session times

*'Times could be varied. I have an older child who's at nursery in the mornings—it has made it really hard to attend any session apart from the Tuesday one, and south oxford is far away from where I live. That session seems to be really busy, too!'*

Anonymous

Extending the length of sessions and re-considering the time of day at which the sessions are held could also be possible ways to move forward. However, this may be dependent on the schedules of the health facilitators and the availability of location.

*'Possibly be longer so on the days there are a lot of people staff can have time to work with you.'*

Anonymous

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## 5. Facilities

This could be one of the considerations for future locations of OBS services.

*'Ease of parking would make me choose one location over another.'*

*Anonymous*

## FINAL REMARKS FROM THE IMPACT LABS TEAM

*'OBS is an organisation that provides a community approach to helping mothers through a rewarding, but also potentially stressful time in their lives. I have never seen such kindness and support among strangers before attending an OBS session and I am truly amazed at the community they have fostered among mothers, partners, family members, and other supporting members in Oxfordshire to offer physical, emotional, and technical support to all those in need.'*

*Kayla Li, Impact Labs*

*'It was clear from attending the sessions that the support offered by OBS is invaluable; not only are they supporting mothers with practical advice, they are also creating a much-needed sense of community. Before this project I had no idea about the potential complexities associated with breastfeeding, so I imagine it is reassuring to enter an environment where other mothers are experiencing similar difficulties. It was surprising to hear from mothers that they would have given up breastfeeding without OBS. I think this says it all in terms of the need for this service, given all we ever hear about breastfeeding is how beneficial it is for both mother and baby, we should be supporting services that seek to help achieve this.'*

*Naya Yerolemou, Impact Labs*

*'OBS is definitely an extremely valuable service to the Oxfordshire community. As breastfeeding can be very technical, it can become a huge burden for both mothers and families who are trying to care for their newborn baby or child. By engaging in the OBS drop-in sessions, it gave me great insight into the holistic breastfeeding care that is provided by OBS; and the medical, emotional, and social support that is encompassed within their services. It is only every so often that I come across a charity that feels like a family, and the community at OBS truly celebrates the love and care that is not only be shared between newborns and children, but also mothers and families as well.'*

*Hayley Ip, Impact Labs*

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# Appendix

## ***PHOTO CREDITS***

- Cover photo & Figures 1 and 2: thanks to OBS and their service-users for allowing us to use their images.
- Figures 3-8: we used <https://batchgeo.com/> to produce the maps in this section.

## ***ATTACHMENTS***

- Service user survey
  - Non-service user survey
  - Survey results in spreadsheet format
  - List of survey respondents who are willing to be contacted about their feedback
  - All maps included in this report
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