

BREASTFEEDING PEER SUPPORT

CORE PRINCIPLES FOR
VOLUNTEERING IN SCOTLAND



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Introduction

Breastfeeding is much more than nutrition. Breast milk is full of essential nutrients to help babies to grow, it also protects them from infection and encourages development of a close and loving relationship between mother and baby. Due to the positive impact on the health of both mothers and babies, breastfeeding is viewed as an important public health intervention that impacts on health inequalities through building on the potential of every child by optimising physical, mental and social health. This has resulted in a global effort towards promoting, supporting and protecting breastfeeding.

The Scottish Government has invested in a national Breastfeeding Improvement Programme led by a Breastfeeding Leadership Team (BFLT) who are experienced infant feeding clinicians. The BFLT work collaboratively with colleagues from NHS and peer support organisations to develop agreed plans for national implementation. The Breastfeeding Improvement Programme started in 2019 using a Quality Improvement approach and with a stretch aim to *'reduce the drop off in breastfeeding rates at 6-8 weeks by 10% by 2025'*. There are many strands of work within this programme. These include changing culture and enhancing promotion, support and protection for breastfeeding. To ensure that women can breastfeed they need to live within a supportive community and have access to the right support at the right time, allowing them to breastfeed for as long as they wish to.

The [Becoming Breastfeeding Friendly Scotland](#) report published in 2019 produced eight themes and their accompanying recommendations and actions which are incorporated in the BFLT Improvement programme. Theme seven is 'Ensuring families have equitable access to evidence-based infant feeding support when and how they need it through multi-component, structured models of care'.

All maternity units, health visiting and family nursing services are Unicef UK Baby Friendly Accredited. To hold this prestigious award means meeting requirements for delivery of evidence-based high quality care to support families with feeding and in developing close, loving relationships, ensuring that all babies get the best possible start in life.

Part of the Baby Friendly assessment process is to ensure that there is support across three levels of care; universal service provision, additional and specialist support. Universal provision in Scotland is delivered by maternity services, health visiting and family nurse partnership. Specialist support is provided through infant feeding specialists within these teams and this service supports mothers who have complex or intractable challenges.

It is within the additional support layer that peer support has a pivotal role; providing social, emotional and practical infant feeding and other support to families. Peer support is complimentary to health professional support and mothers should be able to access both types of support. There are many models of peer support provided across Scotland; we have paid and unpaid peer supporters, some

services are delivered and managed within the NHS and some are wholly delivered through Third Sector including, but not exclusively, breastfeeding organisations.

This document provides core principles for delivery of all peer support services delivered in Scotland. Peer supporters or those thinking of taking on this role should be able to read this document and be clear of both their rights and responsibilities. Health professionals should be able gain insight into the role and be clear about the expectations and, importantly, the boundaries of the role. Peer support works best when provided within a framework of joint working with health professionals which is clearly in the best interest of families.

The BFLT intend working with partners to support the implementation of the core principles set out in this document which will provide a quality standard framework by September 2023. This will enable Third Sector organisations and NHS Boards to provide equitable, evidence-based care and support to families based on best practice. The aim is to improve health outcomes for families within Scotland and ensure a skilled workforce of volunteers who feel supported and valued.

Important note; individualised care

This document uses the words mother or mum to describe the parent who is breastfeeding. We acknowledge that there are parents who are breastfeeding who may have a gender identity other than female, and may use terms other than 'mother' to describe themselves. We also know that some parents may prefer 'chest feeding' to 'breastfeeding'. We are clear that all parents should be treated with dignity and respect when accessing support. When we are asked to use pronouns, terms, and descriptors other than those in this document we will use the preferred words as part of individualised care.

Current context

In the peer support advisory group there were several issues identified for development; these were the result of the number and types of services delivered and the lack of agreed parameters as shown below:



Core Principles

A Breastfeeding Peer Support Advisory Group was established to develop recommendations of core principles for breastfeeding volunteers throughout Scotland. These core principles provide a minimum standard for those responsible for recruiting and supporting volunteers in Scotland. The group included individuals from Scottish Government, the Breastfeeding Leadership Team, NHS Boards and Third Sector breastfeeding organisations. Membership of the group is provided in Appendix 1.

The group scoped the strands of work required to establish a set of core principles. This led to the formation of short life sub groups, each tasked with a specific topic area. Membership of the subgroups is provided in Appendix 2. The sub group topics were:

- **Roles and Responsibilities;** including recruitment and induction
- **Education and Supervision;** including core curricula and mentorship
- **Data and Evaluation;** core data to be collected by all volunteers
- **Digital health;** with a specific focus on online support individually or in groups

Core Principles - Role and Responsibilities

Clearly defining roles and responsibilities enables a shared understanding that can be utilised by those working with mothers and babies including potential volunteers. This is important as volunteers work within a number of large and small organisations who may currently use a variety of definitions with potential for confusion.

Our working definition of peer supporter

A breastfeeding peer supporter is a mum who has breastfed and/or provided breastmilk for her child and who has undertaken a recognised peer support training programme.

(It is noted and accepted that the length of breastfeeding experience required may be different across organisations).

Role of the peer supporter

A peer supporter will provide social, emotional and practical infant feeding support to mothers and families. Volunteering within clear role boundaries, the peer will develop an affirming relationship, normalising breastfeeding and helping mothers to recognise when feeding is going well. Peer supporters will recognise feeding and other family issues or challenges and signpost to sources of professional or other support when required. This joint working can enable mothers to meet their feeding goals and help the transition to parenthood.

Practical support for breastfeeding may include giving information to make changes that parents can implement themselves. This may include suggestions for helping mum with positioning and attachment, expressing and storing breast milk, helping mum to recognise effective feeding and how to access different types of support. There may be other challenges which may also be practical support and not exclusively about breastfeeding experience; for example the challenge may be a breastfeeding toddler who is transitioning to sharing breast milk or simply to sharing his mum.

It must be recognised that peer supporters volunteer in a variety of ways and places to carry out this work. They might volunteer in the community or in hospital settings, and they may work in a group setting or 1:1 with mothers, offering online/phone/video call support. Peer supporters might volunteer in a neonatal unit or alongside a perinatal mental health team.

In the wider context, peer supporters could also work to raise awareness of breastfeeding and helping to change the culture in their community, by talking to children and young people in schools or supporting schemes such as Breastfeeding Friendly Scotland. In this way they are building community capacity and changing the often embedded formula feeding culture.

This variety of settings and types of support mean that describing volunteers and volunteering is a complex process, and one which is constantly evolving.

Recruitment

There are core principles which must be met when recruiting breastfeeding peer support volunteers. Recruitment must:

- Be a fair process, open to all who meet the *definition* of peer supporter (as given above).
- Provide clear information to the individual about the role and responsibilities of both the peer and the recruiting organisation.
- Have a screening process which should include an interview, which may be informal and could be online, to ensure that the individual has the potential to meet the requirements of both training and practice. The discussion should include what they hope to achieve from the experience.
- Ensure that the individual be advised of the training required for the post and the time required to complete this. There should also be a conversation about expectations of volunteering time, further training, mentoring and supervision.
- Ensure that following a successful interview the individual provides contact details to enable two references to be taken up.
- Make clear that the individual is aware of the requirement to apply to Disclosure Scotland for a Protecting Vulnerable Groups (PVG) certificate and advised of the circumstances where this could result in a decision not to recruit to this role.
- Advise the individual of the outcome of the recruitment process and direct to other volunteering opportunities when a decision not to recruit has been made.

Induction

There should be an induction process to ensure that the volunteers are aware of the measures necessary to protect both themselves and the families in their care. This induction can be delivered in person or through online learning where appropriate. Core learning is listed in Appendix 3.

Core Principles - Education and Supervision

Education, mentorship and ongoing supervision are key to ensuring a safe, effective volunteer workforce who feel confident and competent to provide mums with evidence-based practical infant feeding support.

Core curriculum

This core curriculum is designed to deliver all aspects of the peer support role. The full programme can be accessed in Appendix 4. The main topics are:

- Communication skills
- Antenatal preparation for breastfeeding
- Understanding Unicef Baby Friendly Standards
- Understanding how breastfeeding works
- Getting breastfeeding off to a good start
- Understanding common breastfeeding challenges
- Formula feeding
- Safer Sleep
- Stopping breastfeeding

- Breastfeeding out and about
- Breastfeeding and return to work
- Infant feeding skills
- United Nations Convention on the Rights of the Child (UNCRC) and World Health Organization International Code of Marketing of Breast Milk Substitutes (WHO Code)

Mentorship

Mentorship is an important bridge from education to practice and should form a part of the volunteering experience. Mentoring is a 1:1 relationship in which an individual is given the opportunity to draw on the knowledge and assistance of a more experienced person in a supportive and encouraging environment to increase their confidence and develop their potential. The mentor will be responsible for signing the newly developed Infant Feeding Skills Workbook, which contains a practical skills review, or accepted equivalent, to record that the volunteer has met the required level for practice. The organisation can decide how this is completed, but there should be a process for ensuring that the volunteer meets the required standard. It is acknowledged that the mentoring process will vary in length of time from one volunteer to another and the mentor holds responsibility for the decision to register the volunteer as competent.

Role of the mentor

A mentor can become many different things to the mentee – a friend, an advisor, a coach, a motivator, a buddy. In some organisations the word ‘mentor’ may not be used, it may be tutor or volunteer coordinator. Whatever they are called, the role is to provide a listening

ear which allows the mentee to explore their thoughts, feelings, aspirations and develop their learning at a pace and style that is personal to them.

Being a mentor calls on key skills and the mentor will model evidence-based practice and good behaviours within infant feeding. They can demonstrate excellent communication skills, showing strength-based compassionate, person-centred care and supportive challenge. They will be non-judgemental, non-critical, empathetic and respectful and maintain confidentiality. Tools may be used to facilitate this process, allowing the mentor to sign off on competencies achieved and those which require further development. The Infant Feeding Skills workbook, or accepted equivalent, should be used. Peer supporters bring differing skills to the role initially, therefore becoming a mentor is not a decision based on time providing peer support; this needs to be about knowledge, skills and experience an individual can bring to the role.

It is recognised that there may be occasions when the mentoring relationship breaks down or the mentee is not progressing in adapting theory to practice. The mentor and mentee should discuss the difficulties being experienced and engage another senior member of the team in this process. Where the issue is the relationship, the mentee may request an alternative mentor and/or the mentor may request this change. Where there is an issue of conduct or capability of mentee, a plan should be made to address the issues and timescales for improvement agreed. At the end of this time a decision should be made to allow the volunteer to progress, with or without further support, or for the volunteer to leave the process.

Supervision

Ongoing supervision is required to ensure that the volunteer continues to develop their knowledge and skills in a supportive environment. An integrated approach to supervision considers three separate aspects: Management, Education and Reflective practice. The mentor may sign off competencies of a peer supporter and then take on the supervisor role, or this may be a different person. Supervision should include an annual review of practical skills to ensure that good practice continues; this can be done on an individual basis or in small groups.

Definition of Supervision

Supervision may be described as; What happens when people who work in the helping professions make a formal arrangement to think with another or others about their work with a view to providing the best possible service to clients, and enhancing their own personal and professional development (Scaife 2001). Reflective practice, thinking about or reflecting on what you do, or have done, and is a focus for those providing support to families.

Definition of reflective practice

Defined as 'learning through and from experience towards gaining new insights of self and practice' (Finlay, 2008). For some this might be called debriefing, allowing for discussion of experiences; to aid learning and also to help deal with those that are difficult. Any experiences that have resulted in anxiety or distress should be discussed and peer supporters advised where to seek further support when required.

Responsibilities of supervisor and supervisee

- The role of the volunteer is to attend supervision meetings and commit to the process. It is helpful to prepare for the sessions and to bring experiences or questions for discussion.
- The supervisor is responsible for arranging sessions, ensuring minimum attendance and for supporting the volunteer to explore experiences and to learn from them.

Records of supervision

- As a minimum standard, supervision should be planned with the volunteer and dates of supervision sessions recorded. This should ensure that the minimum level of supervision is provided to all volunteers.
- Notes of the general discussion are at the discretion of the supervisor. However, discussions with the potential to lead to discussions about capability and the need for retraining or about concern for the physical or mental health and wellbeing of the supervisee should be recorded.
- Any reports or concerns about the peer supporter failing to deliver support that is not in line with organisational values should be discussed and recorded. The individual should be reminded about boundaries and behaviours expected from these values and the consequences of any further lapse.

Frequency of supervision

- The supervisor should make contact with the volunteer once a month and this can be by telephone, text or email.
- There should be a minimum of quarterly supervision meetings, these can be in person or online.
- Supervision can be group or individual sessions depending on the reason for meeting. However, the volunteer should be able to access an individual session on request.
- The volunteer should have the ability to contact the supervisor outwith these times should they need support and there should be a system in place for this.
- Failure to attend minimum levels of supervision for the organisation without agreement from the supervisor will result in suspension of the volunteer role. This may be returned following agreement for future supervision.

Core Principles - Data and Evaluation

Peer support provision varies throughout Scotland as it can be delivered by NHS, Third Sector or voluntary organisations. This results in different data being collected and reported by the differing peer service providers.

A data set was developed for use across Scotland. The first questions asked are; who are the volunteers, what do they do and what do they get from volunteering. The second questions are about the mothers accessing our services; who are they, what was the reason for accessing support and how did

they know about the support services available to them. The data set was designed to answer these questions.

This data will allow for monitoring of recruitment and provide a profile of volunteers who are representative of their community. Similarly, it is important to gather the profile of women supported, ensuring that the service is accessible to mothers from across the locality. Finally we need to monitor the benefits of volunteering by measuring experiences and outcomes.

The Core data set is provided in Appendix 5.

Core Principles - Digital Support

The COVID-19 pandemic resulted in a requirement to change service provision to meet the need of families in a lockdown situation. In April 2020 the migration of in person to digital support provided an opportunity to test this method of delivering individual and group support.

Provision of online support brings opportunities and challenges:

Positive factors of digital support

Support – digital support can save time and travel costs and meet the needs of many mothers. This may also be the same for volunteers who can support mothers from their own home. This may be especially important for potential volunteers who live in remote areas and previously would have been unable to offer support.

There is a potential to offer a digital group covering a wider area, even pan-Scotland to meet the needs of particular groups:

- A group for young mothers
- Groups for mums whose first language is not English
- Partners or other family members

Supervision – Volunteer supervision can continue to be in person but recognising that digital may be more suitable for some volunteers following risk assessment

Training – digital training may widen opportunities for volunteering due to reduced time and travel costs.

Challenges

There can be challenges with delivering online support, supervision or training. Some families may not have the necessary IT equipment or a good quality internet connection; women may also not have the privacy which allows for a confidential conversation. There may be language issues and the need for an interpreter which could result in a delay for support. Organisations should be aware of this and consider links with others such as Connecting Scotland who would support digital inclusion for all.

Safety and security

There are a range of platforms which can be used. Some platforms are secure and these are to be recommended. Where a platform is less secure mothers should be advised and safety measures put in place to mitigate risk and protect mothers and babies. Some examples are given in Appendix 6.

This support is complementary to and should not replace in person support which some mothers may prefer. However, provision of online support offers opportunities for collaboration between NHS Board areas and across Scotland, and may deliver an improved service.

Conclusions

Breastfeeding peer support is recognised as a valuable aspect of care provision to families and complementary to current NHS maternity and community universal services provision. These core principles for breastfeeding peer support volunteering in Scotland provide a structure for local or national work.

Adhering to these core principles will deliver a quality standard for recruitment, training, mentorship and supervision and ensure that volunteers meet the expected standards. Volunteers will be supported and encouraged to flourish and to develop in the role which could increase recruitment and retention. Importantly, these core principles will ensure that the care provided to families throughout Scotland is safe, effective and delivered by knowledgeable and skilled volunteers working in partnership with health professionals.

Appendix 1: Membership of advisory group

Elizabeth Smith, Co-Chair, Breastfeeding Advocacy and Culture Lead for Scotland

Melissa Kallat, Co-Chair, Breastfeeding Lead for Scotland (East Region) (Chair)

Odette Burgess, Senior Policy Manager, Scottish Government

Erin Clark, Administrative Assistant, Scottish Government

Karen Mackay, Breastfeeding Lead for Scotland (North Region), NHS Highland

Barbara Jessop, Health Improvement Specialist, NHS Borders

Elaine Ronald, Infant Feeding Lead, NHS Forth Valley

Emma Williams, Advanced Public Health Practitioner, NHS Grampian

Arlene Rollo, Breastfeeding Coordinator, NHS Highland

Tracey McGillivray, Team Leader, NHS Lothian

Yvonne Reid, Infant Feeding Midwife, NHS Lanarkshire

Anne Jobling, La Leche League Leader

Sarah Edwards, Scottish Programme Manager, The Breastfeeding Network

Kirstin Worsley, Scottish Peer Support Service Manager, The Breastfeeding Network

Gaynor Spence, Community Infant Feeding Nurse, NHS Ayrshire and Arran

Susan Keay, Integrated midwife, NHS Shetland

Gillian McMillan, Senior Health Improvement Officer, NHS Tayside

Donna McSwiggan, Scottish Breastfeeding Programme Manager, National Childbirth Trust

Sarah Denniston, La Leche League

Adele Hosie, Infant feeding Peer Support coordinator, NHS Grampian

Carol Stewart, Public Health Manager, NHS Orkney

Appendix 2: Membership of sub groups

Roles and Responsibilities group membership

Elizabeth Smith, Co-Chair, Breastfeeding Advocacy and Culture Lead for Scotland

Melissa Kallat, Co-Chair, Breastfeeding Lead for Scotland (East Region) (Chair)

Odette Burgess, Senior Policy Manager, Scottish Government

Barbara Jessop, Health Improvement Specialist, NHS Borders

Gaynor Spence, Community infant feeding nurse, NHS Ayrshire and Arran

Emma Williams, Advanced Public Health Practitioner, NHS Grampian

Tracy Sharman, Infant Feeding Advisor, NHS Highland

Zoe Brown, Breastfeeding Services Project Manager, National Childbirth Trust

Sarah Denniston, La Leche League

Kirstin Worsley, Scottish Peer Support Service Manager, The Breastfeeding Network

Education and Supervision group membership

Elizabeth Smith, Co-Chair, Breastfeeding Advocacy and Culture Lead for Scotland

Melissa Kallat, Co-Chair, Breastfeeding Lead for Scotland (East Region) (Chair)

Anne Evans, Breastfeeding Lead for Scotland (West Region)

Odette Burgess, Senior Policy Manager, Scottish Government

Sarah Denniston, La Leche League

Adele Hosie, Infant feeding Peer Support coordinator, NHS Grampian

Anne Marie Bruce, Infant Feeding Development Midwife, NHS Lanarkshire

Yvonne Reid, Infant Feeding Midwife, NHS Lanarkshire

Jocelyn Smith, Breastfeeding Services Programme Manager, NCT

Sarah Edwards, Scottish Programme Manager, The Breastfeeding Network

Donna McSwiggan, Scottish Breastfeeding Programme Manager, National Childbirth Trust

Barbara Jessop, Health Improvement Specialist, NHS Borders

Data and Evaluation group membership

Elizabeth Smith, Co-Chair, Breastfeeding Advocacy and Culture Lead for Scotland

Melissa Kallat, Co-Chair, Breastfeeding Lead for Scotland (East Region) (Chair)

Odette Burgess, Senior Policy Manager, Scottish Government

Karen Mackay, Breastfeeding Lead for Scotland (North Region)

Tracy McGillivray, Team Leader, NHS Lothian

Gillian McMillan, Senior Health Promotion Officer, NHS Tayside

Lesleyann Currie, Infant feeding Advisor, NHS Greater Glasgow and Clyde

Sarah Edwards, Scottish Programme Manager, The Breastfeeding Network

Sarah Denniston, La Leche League

Donna McSwiggan, Scottish Breastfeeding Programme Manager, National Childbirth Trust

Digital Health group membership

Elizabeth Smith, Co-Chair, Breastfeeding Advocacy and Culture Lead for Scotland

Melissa Kallat, Co-Chair, Breastfeeding Lead for Scotland (East Region) (Chair)

Odette Burgess, Senior Policy Manager, Scottish Government

Jenny Walker, Breastfeeding Peer Support Coordinator/Infant feeding team

Zoe Brown, Breastfeeding Services Project Manager, National Childbirth Trust

Sarah Edwards, Scottish Programme Manager, The Breastfeeding Network

Sarah Denniston, La Leche League

Juliet Fraser, Community Food worker, NHS Borders

Appendix 3: Induction

Core induction:

The induction process may be affected by the organisation and area of practice; the NHS may have mandatory induction for all who work in acute areas. Induction processes should include:

Essential:

- Role; what it is and what it is not, boundaries and responsibilities
- Child protection training
- Infection control
- Confidentiality and information governance
- Violence and aggression/personal safety
- Use of digital platforms
- Local contacts

Role dependent

- Health and Safety
- Manual handling
- Lone worker training
- Safeguarding training

Appendix 4: Core curriculum

The core curriculum has been agreed with all providers of peer support services in Scotland. There is recognition that peer supporters need an understanding of infant feeding in areas which they have no responsibility for; for example they require to know about, and recognise, common breastfeeding challenges but are not responsible for diagnosis or treatment.

- Communication skills
 - Postnatal conversations
 - Strength-based, person-centred conversations
 - Compassionate care
 - Effective and active listening skills
 - Perinatal mental health
- Antenatal preparation for breastfeeding
 - Antenatal conversations
 - Making informed decisions
- Understanding Unicef Baby Friendly Standards
 - Maternity
 - Community
 - Neonatal
- Understanding how breastfeeding works
 - Anatomy and physiology
 - Microbiome
 - Positioning and attachment
 - Responsive feeding
 - Expressing breast milk
 - Storage, preparation and feeding of expressed breast milk
 - Donor milk
- Getting breastfeeding off to a good start
 - Skin to skin contact
 - Early, frequent and effective feeding
 - Responsiveness/brain development
- Understanding Common breastfeeding challenges
 - Nipple pain/damage
 - Mastitis
 - Thrush
 - Unsettled baby, colic, crying
 - Baby who is reluctant to breastfeed
- Formula feeding
 - Sterilising and safe preparation of formula milk
 - Responsive formula feeding
- Safer Sleep
 - Bed sharing and co-sleeping
- Stopping breastfeeding
 - Maximising breastmilk
 - Reasons why mothers stop breastfeeding
 - Supporting a mothers choice to mixed feed
 - Supporting a mothers decision to stop breastfeeding
 - Safely reducing milk supply and stopping breastfeeding
 - Relactation
 - Introduction of solid foods and continued breastfeeding

- Breastfeeding out and about
 - Feelings about feeding out and about
 - The Breastfeeding etc. (Scotland) Act 2005
 - Breastfeeding Friendly Scotland
- Breastfeeding and return to work
 - Rights and responsibilities
- Infant feeding skills
 - Infant feeding skills workbook
 - The mentoring process
- UNCRC and WHO Code
 - Rights and responsibilities

Appendix 5: Data set

Peer support Volunteering data

Volunteers – who are they?

Age Group

19 & under 20-24 25-34 35+

Postcode (first 4 digits)

Gender

Female

Male

Other.....

Prefer not to answer

Ethnic Group

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple ethnic background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black, African, Caribbean or Black British

- African
- Caribbean
- Any other Black, African or Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

Sexual orientation:

Heterosexual or straight

Gay or lesbian

Bisexual

Other:

Prefer not to answer

Health:

Do you have a disability or long-term health condition? Yes/No

Languages spoken:

Is English your first language? Yes/No

If no, what is your first language?.....

What other languages are you fluent in?

.....

Reason for volunteering: Please state here

.....

.....

Volunteers - what are they doing?

My role:

I provide (tick all that apply):

- Phone support
 - Online support
 - Supporting on a postnatal ward
 - Supporting in a neonatal unit
 - I support an online group for mums
 - I support mums in a face-to-face group setting
 - I support mums in walking groups
 - I mentor new peer supporters
 - I supervise new peer supporters
 - I am a member of a national advisory group for breastfeeding
 - Other: please record any other work here:
-

Volunteers - what did they gain from volunteering?

There is a need to look at what the individual peer supporter gains from their volunteering experience. This impact assessment, from NHS Tayside, provides a template for data collection on the impact of volunteering.

Peer Support Volunteer Impact Assessment

Peer Supporter:		Course Start Date:
		Course End Date:
		3-month Date:
		6-month Date:

We are committed to offering volunteers a quality volunteering experience. To help us to understand the impact volunteering with us has on you and to inform funders and other key stakeholders how much our volunteers benefit from the volunteering experience we have devised a questionnaire for you to let us know how you are feeling at key stages in your journey.

Please score how you feel from 0-5 (0 = very low/no experience and 5 = excellent)

Personal Development	At Start of Breastfeeding Training (0-5)	At End of Breastfeeding Training (0-5)	After 3 months (0-5)	After 6 months (0-5)
Self-confidence				
Sense that I have things to look forward to				
Ability to communicate with others				
Skills Development	At Start of Breastfeeding Training (0-5)	At End of Breastfeeding Training (0-5)	After 3 months (0-5)	After 6 months (0-5)
Overall knowledge of breastfeeding skills				
Knowledge of benefits of breastfeeding to Mum and baby				

Skills Development	At Start of Breastfeeding Training (0-5)	At End of Breastfeeding Training (0-5)	After 3 months (0-5)	After 6 months (0-5)
Knowledge of breast milk storage				
Knowledge of breastfeeding positioning & attachment				
Awareness of when I am outwith my remit and need to refer to health professionals				
Awareness of group dynamics - ensuring the groups provide a non-judgemental environment				
Knowledge & understanding of Home-Start ethos, policies, and procedures				
Ability and understanding of the importance of collating, completing and submitting regular, relevant information and paperwork				

Health & Well-being	At Start of Breastfeeding Training (0-5)	At End of Breastfeeding Training (0-5)	After 3 months (0-5)	After 6 months (0-5)
Physical health & well-being				
Emotional health & well-being				

Diversity and Inclusion	At Start of Breastfeeding Training (0-5)	At End of Breastfeeding Training (0-5)	After 3 months (0-5)	After 6 months (0-5)
Appreciation of other people's cultures				
Appreciation of other's views & values				

Friendships, Contacts and Community	At Start of Breastfeeding Training (0-5)	At End of Breastfeeding Training (0-5)	After 3 months (0-5)	After 6 months (0-5)
Making new friends				
Seeking further training or qualifications				

**'I feel that the Breastfeeding training provided me with the knowledge required to support a Mum through her breastfeeding journey'. What is your reaction to this statement?
Please tick a box.**

Please tick relevant boxes	At End of Breastfeeding Training Course (0-5)	After 3 months (0-5)	After 6 months (0-5)
Strongly agree			
Agree			
Disagree			
Neither agree nor disagree			
Strongly disagree			
Not relevant			

Are there any additional subjects you feel should be added to the training?

'I feel confident that I can approach my Co-ordinator for support'. What is your reaction to this statement? Please tick a box.

Please tick relevant boxes	At Start of Breastfeeding Training (0-5)	At End of Breastfeeding Training (0-5)	After 3 months (0-5)	After 6 months (0-5)
Strongly agree				
Agree				
Neither agree nor disagree				
Disagree				
Strongly disagree				
Not relevant				

Many thanks for completing this questionnaire. If you have any queries, please do not hesitate to ask your Co-ordinator for help.

Mothers accessing support

Age Group

19 & under 20-24 25-34 35+

Postcode (first 4 digits)

Contact Number

Age of baby:

0-7 days 8-14 days 2-6 weeks 6-8 weeks 2-6 months 6 months +

Gender

Female

Male

Other.....

Prefer not to answer

Ethnic Group

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple ethnic background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black, African, Caribbean or Black British

- African
- Caribbean
- Any other Black, African or Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

Sexual orientation:

Heterosexual or straight

Gay or lesbian

Bisexual

Other:

Prefer not to answer

Health:

Do you have a disability or long-term health condition? Yes/No

Languages spoken:

Is English your first language? Yes/No

If no, what is your first language?.....

What other languages are you fluent in?

.....

Your family

Is this your first baby? Yes/No

If no: how many other children are in the family?

Is this your first time breastfeeding? Yes/No

If no: how many times have you breastfed and what was the longest you breastfed for?

Current Feeding method

Exclusively breastfed

Mixed (breast & formula)

Expressing and giving expressed breastmilk

Formula feeding

Breastfed plus solids

Mixed plus solids

Reason for contact with peer support:

Meet other mums

Worried about milk supply

Pain when feeding e.g. sore nipples, thrush

Mastitis

Baby - slow weight gain/weight loss

Going back to work

Restart breastfeeding

Stop breastfeeding

Other: please tell us why

Who referred you/how did you hear about the group/peer support service?

- GP
- HV
- MW
- FN
- Peer Supporter
- Friend/family
- Social media
- Other: Please tell us who

Appendix 6: Online safety and security

Where possible secure systems are the preferred option. Platforms which are not as secure, for example zoom, are being utilised for online groups. The following principles ensure the safety and security of mothers and the need for clarity with families.

Individual support

Individual support can include a breastfeeding assessment and/or observation of a breastfeed. For this purpose a secure site, for example Near Me, is the preferred option.

Where another platform is used for individual support the mother should be advised that the link may not be secure and there is a need for consent to continue the call.

Online groups

Mothers are asked to register for the online group meeting and complete a registration form. The mother then receives a link to the meeting. There is guidance for online meetings available and these can be used or adapted as required.

GDPR

Mothers who are supported through individual calls or online groups should be advised about the need for data collection and the purpose of this data collection. An example is given below:

'We collect information on those who attend our meetings so that we can contact you about future meetings and updates. Registers are kept for one year and then destroyed, and so we will not retain your written contact information for longer than one year from when you last attend a meeting.'

Appendix 7: References and evidence papers

Finlay, L., 2008. Reflecting on 'Reflective practice'.

Scaife, J., 2013. *Supervision in clinical practice: A practitioner's guide*. Routledge.

<http://www.healthscotland.com/uploads/documents/22529-BreastfeedingPeerReport.pdf>

<https://www.nice.org.uk/guidance/ph11>

<https://www.gov.scot/publications/becoming-breastfeeding-friendly-scotland-report/>

<https://investinginvolunteers.co.uk/>

<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2011/01/improving-maternal-infant-nutrition-framework-action/documents/0110855-pdf/0110855-pdf/govscot%3Adocument/0110855.pdf>

<https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/>

<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/03/Unicef-UK-Baby-Friendly-Guidance-Sheet-1-Planning-A-Virtual-Conversation.pdf>

<https://connecting.scot/>



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