

happened anyway or might be attributable to other factors). These steps need to be taken in consultation with identified key stakeholders and results verified with them. Actual calculation involves summation of positive impacts, subtraction of negative impacts and comparison with costs/investment. The findings from this study show:

The social return on investment is €15.85. In other words, every €1 spent on breastfeeding support groups returns €15.85 in social value.

Limitations

It is not possible to determine whether those randomly selected for inclusion were similar to all breastfeeding support groups in Ireland. In addition, information was not available about, or collected from, mothers who had stopped coming to the breastfeeding support groups. While there are many reasons mothers may stop attending (e.g. stopped breastfeeding, gone back to work, does not have time to attend), dissatisfaction with the group may also be a factor.

Areas for consideration

The findings from this study clearly highlight a number of benefits for key stakeholders, reflected in the positive return on investment of €15.85 for every €1 invested. It is clear that the facilitation of breastfeeding groups by PHNs has a demonstrable impact on maternal and child health. Based on these findings, the following areas should be considered:

1. Adopt a more systematised approach to the implementation of PHN-facilitated breastfeeding groups nationally to ensure equity of access for all breastfeeding mothers at local level.
2. PHN lactation consultants should be made universally available, and resourced, so that they can share their expertise with all PHNs providing a service for breastfeeding mothers.

3. A national policy on activities, processes and procedures for breastfeeding support groups should be developed to ensure consistency in how groups are implemented.

4. Consideration should be given to ensuring the premises, location and facilities available for breastfeeding support groups are a suitable environment for the delivery of the group.

5. Each PHN-facilitated group should be provided with a small amount of annual funding to ensure that basic equipment and facilities (e.g. baby mats, tea, coffee) are available at each breastfeeding group.

6. Local level information about the breastfeeding groups (e.g. leaflets with information about times, location and contact details) need to be made widely available and accessible.

7. It is recommended data on the frequency and outputs emerging from PHN-facilitated breastfeeding groups be collected and published.

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SUMMARY REPORT

SOCIAL RETURN ON INVESTMENT

PHN-facilitated breastfeeding groups in Ireland

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Aim of study

The overall aim of the project was to estimate the value of PHN-facilitated breastfeeding support groups. The research was informed by, and coherent with, the methodology used to calculate Social Return on Investment (SROI). This type of approach provides a framework for measuring and accounting for the broad concept of value by measuring changes in ways that are relevant to the people or organisations that experience or contribute to it.

Participants

This research focused on breastfeeding groups facilitated by PHNs in 11 locations across Ireland. Information was collected using qualitative and quantitative methods and data were collected from all relevant stakeholders. In total, 75 interviews (individual, joint and focus groups) were conducted with PHNs who facilitate a breastfeeding group (n=8), mothers currently attending a breastfeeding group (n=61), PHNs who do not facilitate a breastfeeding group but where mothers in their care attend one (n=3) and PHN managers (n=2). Surveys were completed by mothers (n=104), family and friends of mothers attending a PHN-facilitated breastfeeding group (n=16), PHNs who facilitate a breastfeeding group (n=11) and PHNs who do not facilitate a breastfeeding group but where mothers in their care attend one (n=8).

Findings: Inputs

Mothers attending the group were mainly aged between 30 to 40 years, had completed third-level education and about one in six had not been born in Ireland. Over 60% were first time mothers and a further 6% had not breastfed before although they had other children. About 30% of the 11 PHNs who facilitated groups had been doing so

for more than five years, about 40% for three to five years and 30% for less than one year. Four of those included in the study had undertaken the required training to be a lactation consultant while the remaining PHNs had completed a range of training and education in breastfeeding. The groups were facilitated in different ways, including by one PHN (generally a lactation consultant), by two PHNs, and, in one case, by a rota of PHNs where each PHN facilitates the group every six to eight weeks. Facilitating a group was estimated to take zero to two hours by six of the PHNs and three to four hours by three PHNs.

Costs

Costs, other than time costs for PHNs, associated with facilitating the group were negligible and the vast majority did not pay for the hire of the venue. In general, funding is not provided for the operation of breastfeeding groups although in one case, €200 was grant aided through a community scheme and in another couple of cases, the HSE paid for the hire of the room. In some cases, the PHNs paid for tea and biscuits themselves and, in most cases, PHNs reported no travel costs associated with attending the group. Again, costs associated with attending the group were small for mothers. The vast majority of mothers did not have any childminding costs although five mothers (5%) reported having child minding costs of more than €20. Almost all mothers (96%) reported having no travel costs (54%; n=54) or costs of less than €5 (43%; n=43). Some mothers identified travel costs.

Activities taking place at the groups

In summary, a range of activities were identified by PHNs and mothers as taking place before, during and after the breastfeeding group. While mothers could attend the group without

a referral, it was noted that in general, they were told about it and referred to it by their PHN. Other less common sources of referral included ante-natal classes where attending the breastfeeding group was an element for anyone wishing to breastfeed, GPs and maternity hospitals. In some instances where the same PHN was not in attendance each week, a rota had to be developed. On arrival at the venue, PHNs generally prepared the room which included putting out chairs, getting baby mats ready for use, making a weighing area available if that activity took place there, preparing tea and coffee and getting records ready. In a small number of instances, mothers spoke about getting childminding arrangements in place.

The activities taking place at each breastfeeding group were very similar and five main activities were identified. These were:

- PHNs mediating the group;
- mothers socialising with each other;
- sharing information;
- one-to-one consultations with the PHN; and
- in eight of the 11 groups, weighing breastfeeding infants.

After the group, some mothers went for coffee together, while PHNs reported that they ensured their records were up-to-date, that feedback to other PHNs were given, if necessary, and that they followed-up with mothers they had concerns about.

Outcomes and impact of attendance at the group

Two broad impacts of attendance at the breastfeeding support groups for mothers were identified and these were:

1. improved mental health (through having a purpose and reason to get out of the house, development of a social network, and feeling reassured and supported) and

2. breastfeeding for a longer period of time (through improvements in knowledge, confidence and through the normalisation of breastfeeding).

The findings for each area were exclusively positive and many examples were given of specific incidents or developments that were beneficial to mothers. Positive outcomes were also identified for PHNs facilitating the groups and these were:

1. an increase in their knowledge about breastfeeding;
2. an increase in job satisfaction; and
3. the ability to provide a better quality service.

PHNs who did not facilitate the breastfeeding group themselves but had mothers in their care who attended the group (n=8) also highlighted positive benefits including an increase in the quality of their service to breastfeeding mothers, greater levels of confidence in helping mothers, and an increase in their knowledge and awareness of breastfeeding. Almost two-thirds of these PHNs reported their workload decreased in respect of breastfeeding mothers.

With the exception of one partner, family and friends of mothers who attended the group (n=16) reported that as a result of their family member/friend attending the breastfeeding group, they were more knowledgeable, more supportive of their family member, more positive about breastfeeding and more likely to recommend breastfeeding to others.

Social Return on Investment

Calculating an SROI for any programme of action involves a number of stages, notably (i) mapping outcomes and impacts for all relevant stakeholders (showing relationship between inputs, outputs and outcomes), (ii) verifying and putting a value on outcomes, and (iii) accounting for impacts that cannot be attributed to the programme (that might have