



Healthcare
Management
Advisors

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH,
DISABILITY AND AGEING

**Evaluation of the National
Breastfeeding Helpline and
LiveChat**

FINAL REPORT

22 JULY 2025



OUR VISION

To positively impact people's lives by helping create better health services

OUR MISSION

To use our management consulting skills to provide expert advice and support to health funders, service providers and users

HMA acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities.

We pay our respect to Aboriginal and Torres Strait Islander cultures, and to Elders both past and present.



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ABBREVIATIONS

ABBREVIATION	DEFINITION
ABA	Australian Breastfeeding Association
ANIFS	Australian National Infant Feeding Survey
BFHI	Baby Friendly Health Initiative
BJOG	Breastfeeding Jurisdictional Officers Group
BMI	Body Mass Index
CALD	Culturally and Linguistically Diverse
CGRG	Commonwealth Grants Rules and Guidelines
CRANA	Council of Remote Area Nurses of Australia
Department, the	Department of Health and Aged Care
ED	Emergency Department
GNI	Gross National Income
GP	General Practitioner

Helpline, the	National Breastfeeding Helpline
HMA	Healthcare Management Advisors
IBCLC	International Board of Certified Lactation Consultants
KPI	Key Performance Indicator
LCANZ	Lactation Consultants of Australia and New Zealand
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and other sexually or gender diverse
MCaFHNA	Maternal, Child and Family Health Nurses Australia
NHMRC	National Health and Medical Research Council
NICU	Neonatal Intensive Care Unit
NRS	National Relay Service
PANDA	Perinatal Anxiety & Depression Australia
PBB	Pregnancy, Birth and Baby

ABBREVIATIONS

RTO	Registered Training Organisation
SCN	Special Care Nursery
TIS	Translation and Interpreting Service
UK	United Kingdom
US	United States
UNICEF	United Nations International Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

BACKGROUND

The Department of Health and Aged Care (the Department) engaged Healthcare Management Advisors (HMA) to:

‘... undertake an independent evaluation of the National Breastfeeding Helpline and LiveChat service run by the Australian Breastfeeding Association (ABA).’

The ABA is a volunteer-based organisation that provides information, education and support services for breastfeeding. Two key services are the 24-hour National Breastfeeding Helpline (the Helpline) and LiveChat service with more limited hours. The Australian Government has funded the ABA to operate the National Breastfeeding Helpline since 2008 and the LiveChat since its launch in 2018. Although volunteers staff the Helpline and LiveChat, funding from the Department supports administration, the volunteers' training and the telecommunications infrastructure.

In alignment with the Australian National Breastfeeding Strategy: 2019 and beyond (the National Strategy), the Helpline and LiveChat are individual enablers, helping Australians breastfeed by addressing their personal challenges. The intent of the Helpline and LiveChat is to provide universal access to breastfeeding supports and improve awareness and maintenance of breastfeeding, including for priority groups. Volunteers staffing the Helpline and LiveChat provide evidence-based information, reassurance and counselling to consumers, and co-create strategies to mitigate breastfeeding challenges.

The National Strategy articulates an aim of 50% of babies being exclusively breastfed until six months of age but current estimates of exclusive

breastfeeding rates at six months range from <1% to 37.5%. Estimations of the economic implications of low breastfeeding rates in Australia equate to \$5 billion per year, based on morbidity, mortality, and health system costs associated with not breastfeeding. Current literature demonstrates that parents breastfeed for longer with the correct forms of support, including support provided by health professionals or peers. Therefore, the evaluation of the Helpline and LiveChat provided critical understanding of preferred breastfeeding supports for the initiation and maintenance of breastfeeding among Australians in 2024.

The evaluation had the following objectives:

- Assess to what extent ABA has achieved the intended objectives of the services, with a focus on the appropriateness, sustainability and effectiveness of the services.
- Make recommendations to inform the future of breastfeeding support services in Australia.

The evaluation included diverse data collection methods. Consultations were conducted with ABA Senior Managers, government, peak bodies, health professionals, consumer organisations, and organisations representing priority populations. Focus groups were conducted with ABA volunteers and consumers who had used the Helpline and/or LiveChat. Other data sources were data collected by the ABA and included annual reports, financial statements, performance reports, volunteer surveys, consumer surveys, Helpline and LiveChat consumer demographic data, exit survey data, and an evaluation-specific financial and service data request. The findings were triangulated in the Final Report (this document) under the headings of implementation and appropriateness, effectiveness, and efficiency, with comments on sustainability throughout.

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IMPLEMENTATION AND APPROPRIATENESS

The awareness of the Helpline and LiveChat was found to be high among health professionals and peak bodies but mixed among consumers. Awareness of the LiveChat appeared lower than the Helpline though, while many stakeholders knew about both services, not everyone knew about the trained volunteer staffing model or the different LiveChat hours compared to the 24/7 Helpline. The ABA said they did not have enough funding for widescale promotion of the Helpline. Instead, there was a strong reliance on health services to promote the Helpline and LiveChat with some services, like Breastfeeding Friendly Hospital Initiative-accredited hospitals, quoted to be the greatest proponents.

The design of the Helpline and LiveChat was widely accepted as a valuable form of breastfeeding support, with consumers saying that the virtual Helpline and LiveChat were more convenient, timely and cost-effective than other in-person services. Although not staffed by health professionals, peer support was considered an evidence-based model, where lived experience helps build rapport and empathy. Yet, the ABA training was seen as adding further value to the quality and delivery of breastfeeding support. Training was also seen as important for maintaining evidence-based currency and enabling volunteers to address misinformation appropriately.

The Helpline and LiveChat were the only breastfeeding-specific services in Australia; stakeholders felt they catered to the complexity of breastfeeding and parent preferences for specialised supports. The peer staffing model, 24/7 Helpline availability, and national reach were further unique features of the Helpline and LiveChat services. In particular, the LiveChat was the only national breastfeeding specific web-based chat. Some features of other national helplines and web-chats included video call options, a call-back service, and choice of a staff member by demographic.

Consumers said the Helpline and LiveChat individually catered to different preferences. Some consumers preferred the Helpline, wanting a more personal interaction on the Helpline, and felt that their situation was easier to

explain by talking on the phone; others used the Helpline because it was available 24/7, unlike the LiveChat. Other consumers felt more comfortable on the LiveChat, which was seen as less disturbing to the baby or other people and easier to multi-task.

The Helpline and LiveChat were seen as valuable resources for many Australians, but there were significant challenges in meeting the needs of priority populations. First Nations and Culturally and Linguistically Diverse (CALD) populations found there were technological, language, and cultural barriers to accessing the Helpline and LiveChat.

Younger parents were perceived as preferring the LiveChat to the Helpline, with some stakeholders saying the ABA were not current enough to be perceived as useful support at all by younger people. The evaluation found not just young parents under 25 years, but those under age 35 may prefer different digital support, such as through social media. This meant the ongoing relevance of the Helpline and LiveChat was questioned.

In comparison with other national and international helplines or web-chats for breastfeeding support, the ABA emerged as one of the leading services nationally and internationally. They had many national and international collaborations which could be leveraged to seek advice and stay abreast of new initiatives. However, the evaluation found greater potential for national services to refer to the ABA as the source of more specialist support.

The evaluation also discussed new initiatives and triangulated data on how the Helpline and LiveChat could be improved. Of primary importance, the evaluation showed that the Helpline and LiveChat system need upgrading to reduce technical issues for consumers and provide capability for enhancement with emerging technologies. Other ways to improve service delivery included simplifying language, tailoring information more effectively, and leveraging collaborations with priority population organisations.

EXECUTIVE SUMMARY

Summary of recommendations

Recommendation 1 Increase funding for widescale promotion of the Helpline and LiveChat, including a focus on antenatal education and awareness.

Recommendation 2 Support integrating ABA service information into existing national maternal health resources, such as the My Health Record book and new parent information packs.

Recommendation 3 Support the ABA in enhancing the visibility of the LiveChat service by developing targeted strategies to address current gaps in awareness compared to the Helpline.

Recommendation 4 Maintain and promote a virtual breastfeeding-specific peer-to-peer support model as a valuable complement to professional healthcare services for breastfeeding mothers. The lived experience and training of peer supporters help build rapport and empathy, providing a unique perspective that many mothers find relatable and helpful compared to clinical advice from healthcare professionals.

Recommendation 5 Expand the availability of the LiveChat service to improve accessibility across different time zones and accommodate varying user preferences while maintaining the 24/7 availability of the Helpline.

Recommendation 6 Provide funding for the ABA to collaborate with priority group organisations, empowering local peers and ensuring that services are culturally safe and better aligned with the needs of First Nations and CALD individuals.

Recommendation 7 Conduct a comprehensive needs assessment to determine the most effective and preferred mode of breastfeeding support for younger and future generations of parents, focusing on digital and social media platforms.

Recommendation 8 Increase the ABA's brand presence on related government-funded websites, such as Healthdirect and Raising Children Network, to enhance visibility and accessibility of breastfeeding support services.

Recommendation 9 The Department should consider a one-time investment to upgrade the ABA's telecommunications systems, addressing current technological issues to ensure stability and reliability. This upgrade should facilitate the integration of additional features, such as video calls, call-backs, follow-ups, and warm handovers in the future, should demand arise.

EFFECTIVENESS

There was very high satisfaction ratings among consumers for both the Helpline and the LiveChat. Consumers particularly valued the interaction with the volunteers, describing them as warm, reassuring, supportive, knowledgeable, empathetic, and relatable. Due to this, up to ~50% of consumers used the Helpline or LiveChat service more than once. A few consumers were dissatisfied with the Helpline and LiveChat, quoting issues with the information being too generic, a long wait time, or technical issues.

Even though satisfaction was high, the overall number of Helpline calls and LiveChats was declining. Contributing factors may have included the declining national birth rate, decreasing preference of consumers for helplines, and the increasing range of ABA's support services which may attract some consumers away from the Helpline and LiveChat. The decline in demand for ABA's services could also be interpreted as a concerning warning sign for breastfeeding rates in Australia more broadly. However, the lack of national data on breastfeeding meant it was not possible to explore this interpretation further.

Data on consumers showed that most consumers were English-speaking, over 30 years of age, and from high socioeconomic backgrounds. First

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Nations people, CALD communities, and young parents were underrepresented users of the Helpline and LiveChat compared to the national birth rates in these demographics. The data further suggested that CALD communities were more likely to access the Helpline than LiveChat but young parents accessed the LiveChat over the Helpline. Taking a broader view of priority populations showed that there were many disadvantaged groups who also were not accessing the Helpline and LiveChat, such as parents from rural or remote locations, lower socioeconomic backgrounds, LGBTIQ+ people, or parents from complex social circumstances (e.g. domestic violence).

The support provided to consumers on the Helpline and LiveChat was enhanced by the complementary services offered by the ABA. In particular, the website was a consistent information source to which consumers and volunteers could refer; volunteers said they sent links to the website on ~45% of all LiveChats.

The Helpline and LiveChat complement the broader ABA objectives of raising national breastfeeding awareness and encouraging the maintenance of breastfeeding. Many consumers spoke about the open, curious and non-judgmental way in which the ABA approached their issues, meaning they could seek help without fear of criticism. Health professionals saw this help as essential given diminishing supports from maternity and community health services, such as shorter postpartum hospital stays. However, some stakeholders perceived the ABA as pushing an exclusive breastfeeding agenda, rather than supporting consumers' diverse breastfeeding goals, such as mixed feeding, early weaning, or transitioning to formula. This was seen as a reason why consumers may be reluctant to use their services, and not in harmony with broader societal factors such as mothers returning to work.

Overall, stakeholders felt that the Helpline and LiveChat were contributing to breastfeeding awareness and maintenance, but the issue was larger than the ABA alone. Stakeholders felt that more should be done to implement the National Strategy and address extraneous variables outside the control of the

ABA, such as changing attitudes to breastfeeding and addressing shortages of breastfeeding health professionals.

Summary of recommendations

Recommendation 10 Determine appropriate modifications to regular quality assurance processes (such as the Helpline exit survey) to understand trends in the reasons for unhelpful calls and user dissatisfaction.

Recommendation 11 The Department may want to explore ways to enhance the understanding of the decline in demand for the ABA Helpline by considering improvements in the collection and analysis of breastfeeding data across Australia. Establishing a comprehensive, ongoing national survey could yield valuable insights into current breastfeeding practices, user demographics, and potential barriers to accessing support services. This approach might help clarify whether the decline in Helpline usage is indicative of broader trends or shifts in consumer preferences, particularly among priority populations that may currently be underserved.

Recommendation 12 The Department should continue funding the ABA to support its vital Helpline and LiveChat services. Despite challenges such as misinformation, limited access to lactation consultants, and societal attitudes towards breastfeeding, the ABA plays a key role in providing accurate support. This funding is essential for promoting informed choices and improving breastfeeding outcomes across Australia.

EFFICIENCY

The cost-efficiency of the Helpline and LiveChat was notably lower than similar services, primarily due to the volunteer staffing model. The operational cost per call and chat supported was \$7.73–\$7.77. When administration, marketing, and training costs were included, the cost per call/chat supported

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was \$44.44. However, there may be further hidden costs of the Helpline and LiveChat, with volunteers saying they absorbed some of the associated costs.

The evaluation found the Helpline and LiveChat provided significant healthcare savings associated with avoided presentations to their General Practitioner (GP) or Emergency Department (ED). Avoided presentations saved an estimated \$1.4 million in FY2022–23, plus cost savings for consumers associated with lost productivity and travel for in-person medical appointments. However, some stakeholders felt that their GP would not be a useful source of breastfeeding support but the Helpline and LiveChat instead provided answers they could not obtain from traditional healthcare. This extended the value of the Helpline and LiveChat beyond mere cost savings.

While economical, the reliance on volunteers caused some stakeholders to question the ongoing sustainability of the staffing model. ABA volunteers spoke about their enthusiasm for volunteering with the ABA, including the appreciation of consumers and the incredible flexibility of rostered shifts. As supported by the evaluation's data analysis, the ABA said their retention rates were high among volunteers, with many serving 30–40+ years.

Nevertheless, rising living costs were quoted as the reason why volunteers stopped and why recruitment was proving a challenge. Many stakeholders suggested the option of changing to a paid staffing model, saying that paying the volunteers would be the recognition they deserve. Some consumers said they would feel more comfortable using the service knowing the staff were paid. In contrast, not all ABA volunteers thought it was required, saying a paid model would change the volunteer-driven nature of the service.

Some of the main costs for the volunteer staffing model were the extensive training required to staff the Helpline or LiveChat and for the ABA to maintain its status as a Registered Training Organisation. The evaluation showed there was capacity to improve the cost and resource efficiency of the volunteer training by improving completion rates. An estimated ~53% of enrolled trainees ended up graduating, representing large investment in trainees that did not continue with the ABA.

The ABA were largely reliant on Federal grant funding for training costs as well as related infrastructure for the Helpline and LiveChat. The grant funding was provided in cycles of different lengths, the current cycle being two years in duration. The ABA said this was an administrative burden that took them away from essential work and created financial instability. Other evidence from the evaluation similarly showed that volunteers were spending significant time on grants from other sources to supplement the income, with limited success gaining significant funds.

The evaluation discussed whether there was unmet demand for the Helpline and LiveChat to warrant a change to the ABA's funding arrangement. Since FY 2019–20, the Helpline has experienced a 21.7% decline in calls received and the LiveChat a 30.9% decline in chats. Even though numbers were decreasing, the proportion of supported, answered, and triaged calls also decreased. This suggested there were challenges in efficiently handling calls despite reduced demand.

Summary of recommendations

Recommendation 13 Allocate additional funding to hire dedicated staff members for administrative tasks, thereby reducing the non-core workload on volunteers and allowing them to focus on their primary roles in supporting breastfeeding mothers through the Helpline and LiveChat services.

Recommendation 14 Develop and implement a comprehensive monitoring framework for the Helpline and LiveChat services to track volunteer engagement, service use, and priority population reach on an ongoing basis, allowing for timely adaptations in response to declining call numbers and changing volunteer dynamics.

Recommendation 15 Conduct a comprehensive feasibility study to explore a paid staffing model for the Helpline and LiveChat services, considering financial implications, service quality, volunteer retention, and long-term sustainability.

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Recommendation 16 The Department and the ABA need to determine a mutually acceptable way to improve volunteer training completion rates without discouraging participation. This is crucial for ensuring the program's long-term sustainability and preserving its vital role in breastfeeding support and education.

Recommendation 17 The Department should consider a once-off infrastructure investment for a volunteer management system. This would streamline data collection, enhance tracking methods, ensure more accurate reporting, and improve support for trainees throughout their certification process. Such an investment could lead to long-term efficiencies in volunteer management and reporting.

Recommendation 18 The Department should consider extending the Helpline and LiveChat funding cycle duration beyond two years to reduce administrative burden, enhance long-term planning capabilities, and allow the ABA to focus more resources on service delivery and improvement.

Recommendation 19 The grant agreement should include clearly defined KPIs around call handling and require consistent supporting data reporting to better measure service efficiency and identify improvement areas.

1 INTRODUCTION

1.1 BACKGROUND AND PROGRAM OBJECTIVES

The Australian Breastfeeding Association (ABA) is a volunteer-based organisation that provides information, education and support services to initiate and maintain breastfeeding. One of the key services provided by the ABA is the 24-hour National Breastfeeding Helpline (the Helpline) and LiveChat service with more limited hours. The LiveChat is a web-based support, providing education and advice to breastfeeding mothers and families across Australia. The services are delivered by accredited trained breastfeeding counsellors. The ABA also provides breastfeeding education and training to volunteers and health professionals, via health professional seminars, workshops and eLearning modules, as an associated service.

The Australian Government has provided funding to the ABA for the Helpline since 2008. The 2023–24 Federal Budget provided two years of funding to ABA to support the continuity of the Helpline and associated services. In addition, funds were assigned to conduct an external evaluation of the Helpline and the associated services.

1.2 EVALUATION AIM AND OBJECTIVES

The Department of Health and Aged Care (the Department) appointed HMA to independently evaluate the Helpline and LiveChat service run by the ABA. The evaluation has the following objectives:

- Assess to what extent ABA has achieved the intended objectives of the services, with a focus on the appropriateness, sustainability and effectiveness of the services.

- Make recommendations to inform the future of breastfeeding support services in Australia.

1.3 METHODOLOGY

The evaluation methodology comprised the following stages:

- **Stage 1 – Planning and design phase:** The evaluation approach was confirmed in consultation with the Department, including communication protocols, stakeholder lists and data collection techniques.
- **Stage 2 – Scoping:** which included three key activities:
 - Desktop Analysis of all Helpline and LiveChat program documentation, including the broader policy context for the provision of breastfeeding support in Australia and the prevalence of breastfeeding
 - Literature scan answering the research question: ‘What electronic service delivery modes can effectively support parents in initiating and maintaining breastfeeding?’
 - Preliminary Consultation Report summarising the themes and findings from preliminary consultations with ABA senior management
- **Stage 3 – Evaluation framework:** A detailed evaluation framework and program logic were developed to guide the evaluation. The framework sets out the methodology for the evaluation, including stakeholder consultation and data collection processes necessary for assessing the achievement of Helpline and LiveChat objectives.
- **Stage 4 – Data collection and analysis:** HMA undertook the following activities:

1 INTRODUCTION

- Stakeholder consultations: with 31 stakeholders from various organisations detailed in Appendix A.
- ABA volunteer focus groups: covering the views of 17 individual volunteers (Appendix B).
- Consumer Focus Groups: covering the views of 15 participants.
- A quantitative data analysis of program data and an analysis of ABA 2024 Consumer Survey data.
- **Stage 5 – A Final Report** (this document) which includes evaluation outcomes and recommendations. This document comments on the appropriateness, sustainability and effectiveness of ABA's services and, drawing on the findings above, makes recommendations for future service provisions.

1.4 REPORT STRUCTURE

This chapter has summarised the key objectives and project methodology of the evaluation. The remainder of the report is structured as follows:

- **Chapter 2:** Situation Analysis
- **Chapter 3:** Evaluation Approach
- **Chapter 4:** Implementation and Appropriateness
- **Chapter 5:** Effectiveness
- **Chapter 6:** Efficiency
- **Chapter 7:** Appendices

2 SITUATION ANALYSIS

Breastfeeding offers significant health benefits for both mothers and children, making it an important public health intervention with long-lasting positive effects. For mothers, breastfeeding reduces the risk of breast and ovarian cancers, aids in birth spacing through lactational amenorrhea, and provides various physiological and psychological benefits [1] [2] [3]. In infants and young children, breastfeeding is associated with lower mortality rates, reduced risk of infections, and improved overall health outcomes [2] [3]. The long-term benefits for offspring extend into childhood, adolescence, and adulthood, including a lower risk of obesity, reduced blood pressure, and decreased likelihood of developing type 2 diabetes [3] [4].

This chapter provides contextual information to

- Australian breastfeeding policy
- Breastfeeding prevalence in Australia
- Existing evidence on best practices for breastfeeding support, including economic evaluation
- The ABA, including the operations of the Helpline and LiveChat, and
- An overview of surveys that ABA administers, from which some of the evaluation data were taken

2.1 AUSTRALIAN BREASTFEEDING POLICY

Breastfeeding is widely accepted as the preferred form of infant nutrition, associated with reduced short-term mortality, reduced long-term non-

communicable diseases, and improved cognitive development [3]. Hence the World Health Organization (WHO) recommends that breastfeeding is [5]:

- Established within the first hour after delivery and continued exclusively¹ to age 6 months.
- Practically supported to enable mothers to establish breastfeeding.
- Supported in an ongoing manner after discharge from facilities providing maternal and newborn services.

Australian policy and guidelines align with these recommendations. The National Health and Medical Research Council Infant Feeding Guidelines (NHMRC Guidelines) advocate for [6]:

- Exclusive breastfeeding to around 6 months of age
- Maintaining breastfeeding beyond 6 months even after the introduction of complementary foods
- Breastfeeding beyond 12 months of age for as long as the mother and child desire

Improving breastfeeding rates across Australia can benefit the health outcomes of mothers and the next generation. Importantly, the ABA's support services were directly funded to help achieve this intent [7].

2.1.1 The National Strategy

The most fundamental Australian document on breastfeeding is the National Breastfeeding Strategy: 2019 and beyond (the National Strategy) [8]. The

¹ The child receives no other food or drink, only breast milk

2 SITUATION ANALYSIS

National Strategy was launched by the Honourable Greg Hunt, the former Minister for Health under the Morrison Government on 3 August 2019, with a \$10 million investment to support, encourage and promote breastfeeding. Of the \$10 million, the ABA received \$8.29 million to support their work. In addition, \$2 million was invested in the Australian Red Cross Blood Service to increase access to donor milk for premature babies.

The objectives of the National Strategy were to increase the proportion of exclusively breastfed babies until 6 months of age, aiming for 40% by 2022 and up to 50% by 2025, and breastfeeding along with complementary foods until 12 months or beyond [8]. The Australian goal for 2025 was consistent with the WHO Global Target for Breastfeeding, i.e. 50% of babies exclusively breastfed until 6 months of age [9].

To achieve these objectives, the National Strategy detailed methods included:

- Giving mothers, fathers/partners, and other caregivers evidence-based information for informed decision-making
- Improving the number of breastfeeding-friendly environments
- Improving community awareness
- Increasing the proportion of health professionals receiving breastfeeding education.

The National Strategy remains a current framework to inform the promotion and support of breastfeeding in federal and state government policy but is also relevant for other stakeholders such as industry, research, communities, and individual families [8]. The National Strategy identified three overarching priority areas for a breastfeeding-enabling environment, along with corresponding action items:

- Priority area 1: Structural enablers
 - Community education and awareness
 - Prevent inappropriate marketing of breast milk substitutes
 - Policy coordination, monitoring, research, and evaluation
 - Dietary guidelines and growth charts

- Priority area 2: Settings that enable breastfeeding
 - Baby Friendly Health Initiative
 - Health professionals' education and training
 - Breastfeeding-friendly environments
 - Milk banks
- Priority area 3: Individual enablers
 - Universal access to breastfeeding support services
 - Breastfeeding support for priority groups

The National Strategy identified eight specific priority populations that are less likely to meet breastfeeding recommendations than the general population and require more specialised and tailored support:

1. Aboriginal and Torres Strait Islander people
2. Culturally and linguistically diverse mothers
3. People of a low socioeconomic background or low education level
4. Mothers of preterm infants
5. Young mothers (<25 years)
6. Daily smokers
7. Obese mothers
8. Mothers experiencing a caesarean section birth, obstetric complications, or childbirth complications

2.1.2 ABA and the National Strategy

The ABA was referenced numerous times in the National Strategy as an organisation that was already implementing useful interventions when the National Strategy was launched. The ABA was referenced in the following places within the National Strategy:

1. Health Professionals' education and training:
 - The ABA trains volunteers to support the National Breastfeeding Helpline

2 SITUATION ANALYSIS

- The ABA delivers the Diploma of Breastfeeding Management for Health Professionals
 - The ABA runs seminars and training workshops
2. Breastfeeding-friendly environments
 - The ABA collaborated with the University of New South Wales and the Australian National University on The Breastfeeding Friendly Childcare Scheme
 3. Universal access to breastfeeding support services
 - The ABA provides a toll-free 24-hour national peer-support helpline
 4. Breastfeeding support for priority groups
 - In 2015–16, the ABA, New South Wales Health, and First Nations consultants and families funded community mentoring workshops to empower Aboriginal fathers/partners to support breastfeeding

Further, the ABA aligned its activities with the priority action areas outlined in the National Strategy [10].

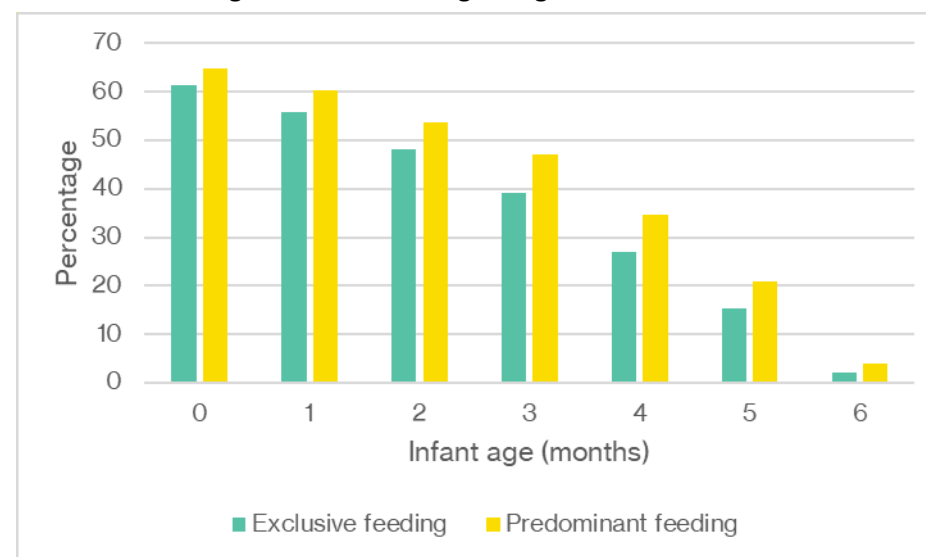
2.2 BREASTFEEDING PREVALENCE IN AUSTRALIA

The current state of breastfeeding in Australia was largely unknown as the last national collection of infant feeding practices was in 2010. This was the Australian National Infant Feeding Survey (ANIFS). The survey had 52,000 responses and showed that breastfeeding was initiated for 95.9% of children aged 0–2 years, and 60.1% still received some form of breast milk at 6 months. Only 2.1% of infants were exclusively breastfed and 3.9% were predominantly breastfed.

² The main source of nourishment is breast milk but may have also received other liquids (e.g. water or fruit juice)

were predominantly breastfed² at 6 months of age (Figure 2.1) [11]. A smaller but more recent study in 2021 named The Australian Feeding Infants and Toddler Study (OzFITS), found similar initiation rates but lower exclusive breastfeeding rates at 6 months (<1%) [12].

Figure 2.1: Breastfeeding findings from the 2010 ANIFS



Source: The Australian Institute of Health and Welfare, 2010 ANIFS

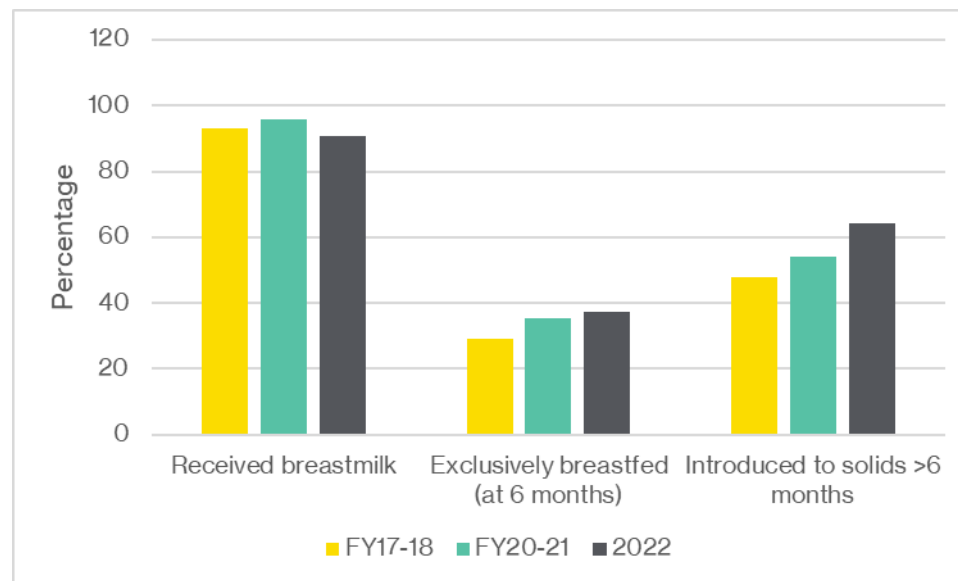
The 2022 ABS National Health Survey collected information on breastfeeding using sample sizes of ~500–600 responses. Key statistics indicated that

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exclusive breastfeeding rates at 6 months had increased to 37.5%, compared to 29.0% in 2017–28 and 35.4% in 2020–21 (Figure 2.2) [13].

These exclusive breastfeeding rates were substantially higher than both the ANIFS and OzFITS studies, leading to the findings being questioned by the World Breastfeeding Trends initiative (WBTi), an international technical working group that arose from the joint UNICEF and the Global Breastfeeding Collective³. The WBTi stated that the Australian National Health Survey data may not truly reflect breastfeeding practices within Australia. The WBTi described the National Health Survey as *‘weak, inconsistent with other infant feeding surveys, and not sufficient to claim that Australian breastfeeding rates are increasing’* [14]. The concerns arose from the small sample population and data collected at different time points, often relying on recall of mothers of infants up to 47 months of age.

Figure 2.2: Changes in feeding practices in Australia from the National Health Survey



Source: The Australian Bureau of Statistics – National Health Survey. Breastfeeding data were only collected for the financial years 2017–28 and 2020–21 and the Calendar year 2022.

The need for better data collection on infant feeding practices in Australia was a recurring theme across breastfeeding documentation, including the National Strategy [8] and the WBTi report for Australia [14]. As reported in 2023 by the WBTi, there was a lack of nationally consistent data collected on:

- Initiation of breastfeeding (within 1 hour)
- Exclusive breastfeeding under 6 months
- Median duration of breastfeeding

³ A collaboration of international agencies seeking to increase investment into breastfeeding globally

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- Bottle-feeding (0–12 months)
- Complementary feeding (6–8 months)

Improved data collection would enable the effectiveness of the National Strategy and other breastfeeding interventions to be assessed more accurately.

2.2.1 Demographics influencing breastfeeding rates

The ANIFS in 2010 explored some of the factors influencing breastfeeding decisions in Australia (Table 2.1). Babies born via caesarean birth were less likely to be ever breastfed, predominantly breastfed at 6 months or exclusively breastfed at 6 months. Similarly, breastfeeding was less likely in mothers with a high BMI or young maternal age. There was no effect of remoteness or socioeconomic index for areas (SEIFA) on breastfeeding rates, ever or at 6 months.

Table 2.1: Sociodemographic factors and the impact on breastfeeding rates in Australia

FACTOR	EVER BREASTFED	PREDOMINANTLY BREASTFED AT 6 MONTHS	EXCLUSIVELY BREASTFED AT 6 MONTHS
Caesarean delivery (vs. vaginal)	↓	↓	↓
Culturally and linguistically diverse	↔	↑	↔
Currently working	↑	↓	↔
High BMI (vs. normal)	↓	↓	↓
First Nations status	↔	N.P.	N.P.
Low household income	↓	↔	↓
Low level of education	↓	↓	↓

FACTOR	EVER BREASTFED	PREDOMINANTLY BREASTFED AT 6 MONTHS	EXCLUSIVELY BREASTFED AT 6 MONTHS
More than one child	↓	↑	↑
Remoteness	↔	↔	↔
Smoking	↓	↓	↓
Socioeconomic status	↔	↔	↔
Took maternity leave	↑	↓	↔
Young maternal age (<25 years)	↓	↓	↓

Source: The Australian National Infant Feeding Survey (ANIFS) 2010. ↑ = increased prevalence, ↓ = decreased prevalence, ↔ = negligible difference in prevalence. A negligible impact was determined by prevalence within 2% or an unclear trend across variable categories. N.P. = not provided.

These data suggested that certain groups may be a priority:

- Young mothers
- Mothers with a low level of education
- Smokers
- Low-income households
- Mothers with higher BMIs
- Mothers who had caesarean section deliveries

Nevertheless, there were some limitations to the ANIFS data. Given the older nature of this 2010 data, the currency of these findings is uncertain. The data snapshot at 6 months also may not have truly reflected the factors impacting breastfeeding rates. For instance, culturally and linguistically diverse (CALD) populations were less likely to breastfeed exclusively at other time points, such as 1, 2, 3, 4, and 5 months of age. Still, no differences were seen at 6 months. Therefore, CALD populations may also be considered a priority population for breastfeeding support. Further, ANIFS is also missing data on First Nations populations. The National Aboriginal and Torres Strait Islander Health Survey in 2018–19 indicated that 87% of First Nations children aged 0–

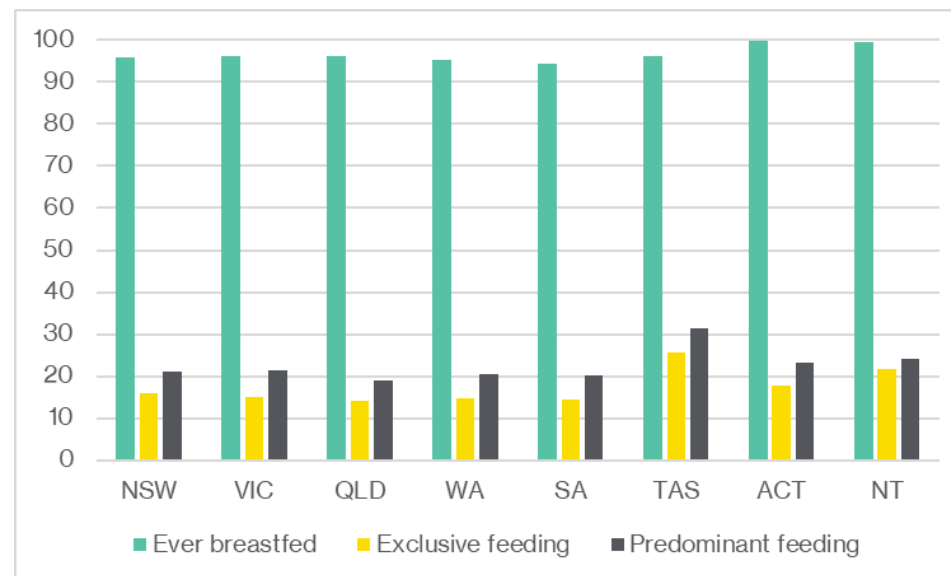
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2 years had ever been breastfed, compared to 93% of non-First Nations children [15]. This suggested that First Nations populations should also be considered as a priority group.

Within jurisdictions

The ANIFS study revealed variations in breastfeeding practices across jurisdictions; see Figure 2.3. While breastfeeding initiation rates were consistently high nationwide, with the Australian Capital Territory (99.6%) and Northern Territory (99.5%) leading and South Australia (94.3%) slightly lower, the picture changed when examining breastfeeding rates at 6 months. Less than a third of infants who had started breastfeeding were still being breastfed predominantly or exclusively at 6 months. Tasmania showed the highest exclusive and predominant breastfeeding rates at 6 months (25.7% and 31.4%), while Queensland had the lowest (14.1% and 19.0%). This discrepancy between initiation and maintenance rates suggested that factors beyond an initial willingness to breastfeed, such as the availability of support systems, played a crucial role in sustaining breastfeeding practices.

Figure 2.3: Ever, exclusive and predominant breastfeeding rates by jurisdiction at 6 months



Source: The Australian National Infant Feeding Survey (ANIFS) 2010

2.3 BEST PRACTICE FOR BREASTFEEDING SUPPORT

The effectiveness of telephone support for pregnant and postpartum women remains inconclusive. A 2013 Cochrane review found mixed results, with some studies reporting improved breastfeeding outcomes while others showed no significant differences [85]. The review concluded that the evidence did not justify investment in telephone resources due to inconsistent findings. Factors complicating the assessment included variability in intervention design, small sample sizes, diverse study contexts, and differences in comparator groups. While some telephone support interventions showed promise, their effectiveness appears context-

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dependent, which indicated a need for further research to optimise these supports.

Examining a recent, relevant study was valuable in better understanding the potential of telephone-based breastfeeding support in the Australian context. The Ringing Up about Breastfeeding earlyY (RUBY) randomised controlled trial evaluated proactive telephone support for first-time mothers in Australia [16] [17]. Conducted in collaboration with the ABA, the trial used peer volunteers who received brief ABA training. The intervention group showed higher breastfeeding rates at 6 months (75%) than the usual care group (69%), highlighting the potential benefits of proactive support over usual care (including the ABA's reactive Helpline).

Mothers reported receiving emotional, informational, and appraisal support from volunteers, with high satisfaction rates [18] [19]. However, some negative experiences were noted, including feeling their problems were minimised. The trial identified common breastfeeding issues across different infant ages, which could inform future volunteer training.

Volunteers, mostly young Australian mothers, found the experience fulfilling and the training adequate [20]. The intervention was potentially cost-effective, estimated at \$4,146 per additional mother breastfeeding at 6 months, or \$1,393 excluding volunteer time value [21].

This study provided valuable insights into the effectiveness and implementation of proactive telephone support for breastfeeding in Australia, offering a helpful comparison to the reactive Helpline.

Building on these insights, it is important to consider how various characteristics of breastfeeding support interventions contribute to their effectiveness. Breastfeeding support programs vary significantly in their design and implementation, and understanding these differences was important for evaluating the Helpline and LiveChat services.

Table 2.2 summarises key characteristics of effective breastfeeding support programs, comparing research evidence with the design of the ABA Helpline and LiveChat services. This comparison highlights how the ABA's services

align with best breastfeeding support practices while identifying potential areas for consideration in future service development. By examining these characteristics, a more comprehensive understanding of the ABA's service model and its place within the broader landscape of breastfeeding support interventions was achieved.

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Table 2.2: Key characteristics of effective breastfeeding support programs, comparing research evidence with the design of the ABA Helpline and LiveChat services

CHARACTERISTIC	EVIDENCE	HELPLINE AND LIVE CHAT DESIGN
Breastfeeding only versus combined support	Support focused exclusively on breastfeeding was generally more effective than approaches that combined breastfeeding with other parenting advice, particularly up to 9 months postpartum [22]	Breastfeeding only
Professional versus peer support	While both professional and peer support were beneficial, professional counselling tends to have a greater impact on initiating breastfeeding [23]. However, peer support remained valuable, especially for mothers seeking relatable experiences [24]	Peer support was provided by volunteers who have extensive training
Frequency of support	A systematic review and meta-analysis compared the impact of one contact to more than one on breastfeeding self-efficacy and breastfeeding rates. [25] One contact was able to improve self-efficacy, but only multiple contacts improved rates of any breastfeeding. Multiple contacts, ideally four or more, significantly improved breastfeeding rates compared to one-time interventions [22] [23].	The Helpline and LiveChat were one-off services. However, people can use the services multiple times.
Face-to-face versus virtual	Both face-to-face and virtual delivery of breastfeeding counselling were found to have similar efficacy at reducing the cessation of breastfeeding at 4–6 weeks; [23] face-to-face interventions reduced the risk by 33% and phone counselling by 28%. However, face-to-face support reduced the likelihood of stopping breastfeeding at 6 months postpartum but not phone support.	Telephone and web-based
Proactive versus reactive support	Proactive support enhanced maternal confidence and increased the duration of breastfeeding [26] [27] while reactive support often required mothers to seek help during stressful times [24] [28]. 'Peer support provided reactively will tend to be taken up by mothers who are strongly motivated to overcome breastfeeding challenges and/or are unusually confident to seek help. This form of support was less likely to be used by mothers who are more ambivalent or unsure about asking for help and was therefore unlikely to improve breastfeeding outcomes.' [28]	Both the Helpline and LiveChat were reactive services
Antenatal and postnatal support	Interventions that provide both antenatal and postnatal support were more effective than those offering only one type, in helping to prevent breastfeeding cessation before 6 months [23]	Both antenatal and postnatal
Community versus hospital support	Support delivered in both hospital and community settings yielded better outcomes than interventions in a single setting [25]	The ABA Helpline and LiveChat were community supports. However, many mothers first learned about these services in hospital settings.
Individual versus group support	Individual support was more personalised and boosted breastfeeding self-efficacy [29] whereas group delivery methods of breastfeeding support may also improve breastfeeding maintenance [30], with no clear superiority of one approach over the other [29], [30]	Individual, although the ABA does offer options for in-person group support

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2.3.1 Economic evaluations of breastfeeding

Improving breastfeeding rates could have avoided many health costs, but there was mixed evidence for the cost-effectiveness of specific breastfeeding interventions. The willingness to invest in breastfeeding support varied between low-, middle-, and high-income countries, with different spending acceptance levels.

Limited standardised breastfeeding outcomes for economic evaluations and incomplete data collection in high-income countries resulted in a lack of comprehensive cost-effectiveness studies for breastfeeding interventions [3] [31]. Further research was needed to determine the cost-effectiveness of proposed breastfeeding interventions [31].

Some interventions were cost-effective, such as promoting breastfeeding in neonatal intensive care units [31] [32] and providing community group education and breastfeeding counselling [33]. Yet, the delivery mode of the support and the comparison with other alternatives influenced the cost-effectiveness. A support program that involved fewer visits, or clinic visits rather than home visits, was more cost-effective than a more resource-intensive support intervention [33].

Conversely, some interventions have been deemed not cost-effective. A United Kingdom (UK) study of antenatal and postnatal breastfeeding education and support interventions found the cost per quality-adjusted life year (QALY) to be above the country's threshold [34]. Similarly, a Ugandan study on community peer counselling for breastfeeding was not considered cost-effective. This may be due to the study using a single outcome (reducing diarrhoea) to determine cost-effectiveness [35] and not the range of potential benefits associated with breastfeeding [3].

These findings highlight the importance of considering a wide range of potential benefits when calculating cost-effectiveness, as well as selecting appropriate health outcomes and cost-effectiveness thresholds relevant to the specific country context [36]. Including more diverse potential benefits of

breastfeeding in cost-effectiveness calculations may demonstrate greater value for previously deemed ineffective interventions.

The Mothers' Milk Tool calculated the volume and value of breast milk each year and the loss due to suboptimal breastfeeding [37] [38]. Based on an estimated 339,000 live births in 2020, the annual production of breast milk for infants fed for the first 6 months equated to 29.26 million litres with a value of \$4.3 billion. It was estimated that through policy and structural barriers, there was a significant volume of 'lost breastmilk' that equated to \$~1.5 billion in the first 6 months, \$3.9 billion in the first year, \$9.5 billion in the first two years, and \$13.8 billion in the first three years.

Another tool for an economic evaluation of breastfeeding was The Cost of Not Breastfeeding tool [39]. This tool explored the economic costs of not breastfeeding on mortality, morbidity and the health system in general, in addition to the non-monetary costs of human capital and health and wellbeing. Not breastfeeding was estimated to lead to global economic losses of US\$1.5 billion per day [40]. Currently, there is insufficient Australian data for the tool but the aggregation of the costs across high-income countries equates to US\$289.1 billion, or 0.75% of the Gross National Income (GNI) [39]. Based on an Australian GNI of AU\$675 billion in 2023, the economic costs of not breastfeeding in Australia could equate to over AU\$5 billion.

2.4 THE AUSTRALIAN BREASTFEEDING ASSOCIATION

The ABA was established in 1964 in Melbourne to provide support and share information between breastfeeding mothers [9]. Originally called the Nursing Mothers' Association, the association went national in 1969 and changed its name to the Australian Breastfeeding Association in 2001 to communicate its purpose more clearly. The vision of the ABA for society is:

'that breastfeeding is recognised as important by all Australians and is culturally normal.'

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The mission of the ABA is:

‘support, educate and advocate for a breastfeeding inclusive society.’

The ABA is nationally recognised as a Registered Training Organisation (RTO) for health professionals (Diploma of Breastfeeding Management) and volunteers (Certificate IV in Breastfeeding Education). The ABA is internationally recognised for its advocacy and expertise. For example, the Breastfeeding Mothers’ Support Group in Singapore used the ABA syllabus to train its breastfeeding counsellors [41].

The ABA provides services that are run by ~1,000 volunteers and trainees, including ~680 volunteers who are fully qualified⁴. Examples of some ABA services are [42]:

- a 24-hour helpline and LiveChat
- an information hub
- mum2mum app
- local support groups
- antenatal classes
- accreditations and recognitions

In addition to peer support, the ABA supports the education of health workers, promotes awareness of breastfeeding, advocates for breastfeeding with decision-makers, and provides personal and professional memberships.

2.4.1 Helpline and LiveChat objectives

The Department provides funding to continue support for the National Breastfeeding Helpline and associated education opportunities. The grant agreement with the Department articulated six objectives of the funding [7]:

1. Increase the community’s awareness, knowledge and understanding of the importance of breastfeeding to future health outcomes, and the role of families, communities and breastfeeding-friendly environments
2. Encourage exclusive breastfeeding for the first six months and continued breastfeeding for up to two years and beyond to improve population health outcomes
3. Provide evidence-based education, information and support to breastfeeding mothers their partners, and families through a National Breastfeeding Helpline and other innovative approaches that make use of available and emerging technologies
4. Provide evidence-based education and training for health professionals and volunteer breastfeeding counsellors (including annual Health Professional Seminars)
5. Improve the reach of the National Breastfeeding Helpline to targeted populations that experience health inequalities or social disadvantage by delivering evidence-based, culturally sensitive breastfeeding education and support; and
6. Collect adequate data to determine caller demographics (specifically callers from priority populations) and trends in calls over time of day.

Some aspects of the objectives were outside the scope of this evaluation, including those around the promotion of breastfeeding and training for health professionals. The objectives to improve community awareness and

⁴ Completion of the Certificate IV is mandatory for staffing the Helpline and LiveChat but not for all volunteer roles within the ABA

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encourage exclusive breastfeeding only applied as they related to improving awareness and breastfeeding rates through the Helpline and LiveChat.

2.4.2 Volunteer staffing model

Across the ABA, most of the workforce is volunteers. The reasons for volunteering included giving back, helping others, being passionate about breastfeeding, and considering the ABA a leading organisation for breastfeeding in Australia [43].

'I have accessed ABA helpline services multiple times, and I would love to give back, and support other mums to have a positive breastfeeding experience' ~ ABA volunteer

Volunteers who staff the Helpline and LiveChat must have undertaken the nationally accredited Certificate IV through the ABA and met standardised requirements to become a breastfeeding counsellor or educator, the costs of which were met by funding from the Department. To ensure flexibility, particularly for trainees who were new mothers, the course is open for continuous enrolment and is self-paced, taking 12–18 months for many candidates [44]. This training is delivered in a hybrid model with online and face-to-face components or 100% online.

While both breastfeeding counsellors and educators take the same core modules, different electives distinguish counsellors from educators. Counsellors are trained to answer the Helpline and provide reassurance, whereas the educators answer the LiveChat and focus on information provision. Some counsellors said they staff both the Helpline and LiveChat, but said they find the LiveChat delivery mode less conducive to providing counselling support and instead direct consumer to the Helpline as required. The training also embeds the ABA's scope of practice, ethical code of conduct, values, and interacting skills taught through online modules and 150 hours of simulation. These simulations include routine calls or chats and more

complex situations, which might involve crisis management such as a caller with suicidal ideations.

The prerequisites for becoming a breastfeeding counsellor or educator differ slightly. A counsellor must have breastfed a baby for at least six months, but this is not a requirement for an educator. Therefore, educators could be all genders. Despite this flexibility, focus groups with volunteers found that the workforce was predominantly female.

Volunteers often come from a helping professional background, including teachers, social workers, and healthcare professionals. 33–40% of volunteers are health professionals trained to work within the ABA volunteer scope of practice as a peer supporter [44].

As retention is important to the ABA, the volunteer experience is a priority [44]. Volunteers answer phone calls or LiveChat from their homes and have flexibility over their shifts. Shift duration can vary depending on volunteer availability, from an hour to a whole day, which can be negotiated. An on-call roster is an opt-in process providing extra staff for busy times. Staff are encouraged to notify the caller that they are a volunteer, calling from their home, with their own family, to manage expectations.

As part of the ABA's commitment to its volunteers, the ABA provides resources including:

- headsets
- professional development activities
- monthly updates in the ABA newsletter

2.4.3 The Helpline

Through funding from the Department, the ABA has provided the Helpline nationally since October 2008. The Helpline is promoted using various methods, including a communication strategy with maternity hospitals and providing free breastfeeding Helpline service materials. ABA local groups

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provide promotion packs for pharmacies and local health facilities across Australia.

Recent developments for the Helpline included a triage system that reduced wait time by connecting callers to the most appropriate option, which included a counsellor or a pre-recorded message on contact information for the nearest local group.

Table 2.3 presents data on the Helpline from the financial year (FY) 2017–18 to FY 2022–23. Current demand data shows that the demand for the Helpline has been decreasing since FY 2019–20, with a 30.2% decrease in calls across the five years (an average decline of ~6.0% per year). The data also indicates that the proportion of calls supported has been declining, although the data is not available for every year. The rate of decline in ABA volunteers over the five years was similar to the number of calls, with a 32.1% decline (~6.4% per year). This decline raises concerns about the sustainability of the volunteer model, as discussed in Section 6.4.

Table 2.3: ABA National Helpline statistics by financial year

	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23	% 5-YEAR CHANGE
Number of calls received	77,000	71,151	68,625	66,609	66,737	53,726	-30.2%
Helpline calls supported	N/A	85%	80%	83%	79%	78%	N/A
Helpline volunteers	694	649	600	558	489	471	-32.1%

Source: ABA Annual Reports, 2017–18 through to 2022–23. N/A = not available from the report

Helpline caller satisfaction

A 2023 ABA publication of Helpline feedback found a clear need for peer support for breastfeeding in Australia [45]. The top three reasons for calling the Helpline in 2023 were:

- sore breasts or nipples
- information on feeding patterns
- concerns with the frequency of feeds

There were high levels of satisfaction among callers, with many agreeing or strongly agreeing with the following statements:

- The counsellor was professional and approachable (95%)
- The counsellor empathised with my situation (90%)
- The information and support provided by the counsellor was helpful (86%)

Mothers who called the Helpline were more confident following a call to the Helpline, with mothers agreeing or strongly agreeing that they felt:

- Less worried (91%)
- Reassured (88%)
- More confident (88%)
- Less stressed (84%)
- More knowledgeable (81%)
- More determined to continue breastfeeding (69%)

2.4.4 The LiveChat

The LiveChat was launched in May 2018 and was initially open for chats only on weeknights between 8:00 pm and 10:00 pm AEST/AEDT. In March 2020, two daytime shifts were added from 12:00 pm to 2:00 pm Monday and Friday, and a Wednesday shift from 12:00 pm to 2:00 pm was recently added in April 2024. Despite being newly available, the Wednesday time was immediately used to the same extent as existing timeslots [44]. The ABA stated this

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indicated demand for the LiveChat, but expansion was hindered by volunteer capacity and financial resources.

The LiveChat service was upgraded to enhance both the experience of users and volunteers. Users had an improved experience on mobile devices, and volunteers could connect with each other for support during a shift. In December 2023, the LiveChat Artificial Intelligence Assistant, Abby, was introduced to answer 20 common breastfeeding queries. Abby provides instant access to evidence-based information.

The top three reasons for using the LiveChat in 2023 were:

- concern with the frequency of feeds
- information on feeding patterns
- reassurance

To access the LiveChat, users must fill in some key questions, including their name, reason for chatting, the baby's name, the baby's age, and the postcode, with further optional questions about maternal and infant demographics. If the LiveChat is busy during operational hours, then a notice informs the user that it may be quicker to call the Helpline or gives them the option of leaving a message. Users are also redirected to call the Helpline during busier periods, stating that they may receive help sooner that way. However, the leave-a-message service was not available outside of the hours of LiveChat operation.

Table 2.4 presents data on LiveChat from FY 2019–20 to FY 2022–23; the available data from FY 2018–19 is limited, given that LiveChat was introduced in 2018. The number of LiveChats has declined by 30.9% over the three years (~10.3% per year), with the number of volunteers declining by 20.4% (~6.8% per year).

Table 2.4: ABA LiveChat statistics by financial year

	2019–20	2020–21	2021–22	2022–23	% 3-YEAR CHANGE
Number of LiveChats	6,802	6,313	5,255	4,699	-30.9%
LiveChats answered	99%	99%	98%	98%	-1.0%
LiveChat volunteers	108	97	88	86	-20.4%

Source: ABA Annual and Performance Reports

The decreasing number of LiveChats since FY 2019–20 was the same pattern of decline as the Helpline. However, compared to the Helpline, the proportion of LiveChats answered was much higher than the Helpline, with ~98% of LiveChats answered, compared with ~82% of Helpline calls supported. The LiveChat was staffed by fewer volunteers than the Helpline (86 compared to 471 respectively in FY 2022–23), which was most likely because the LiveChat was open for a maximum of 16 hours per week, rather than 24/7 like the Helpline. The annual rate of decline among LiveChat volunteers was similar to that of Helpline volunteers (6.8% and 6.4%, respectively), suggesting that pressures on volunteers are similar across both services.

2.5 ABA SURVEYS

The ABA conducted two annual surveys: one for consumers and one for volunteers. Unfortunately, the timing of those surveys coincided with this evaluation, making it impractical to run evaluation-specific surveys. Conducting additional surveys would have likely confused participants and resulted in low response rates, as participants might have believed they had already taken part. To address this challenge, this evaluation used the raw

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data from both 2024 ABA surveys, effectively eliminating the need for a separate evaluation-specific survey conducted by HMA.

2.5.1 Consumer survey

The consumer survey comprised 46 questions and included multiple-choice questions and open comment boxes. All questions were optional. The survey was distributed through the ABA networks at the end of the Helpline call and LiveChat, through local branches, and on social media.

Similar questions were asked for both the Helpline and LiveChat, including:

- Caller and relevant child demographics
- How respondents heard about the service
- Repeat usage
- The main reason(s) for calling
- The impact of the service on breastfeeding
- The post-service feelings of consumers
- The quality of interactions with the volunteers
- Positive feedback and suggested improvements

2024 consumer participant demographics

A total of 1,064 respondents completed the Helpline questions of the survey, and 68 respondents completed the LiveChat questions, totalling 1,132 responses overall.

- The majority of Helpline and LiveChat respondents were over 30 years old, with a slight trend for younger users preferring the LiveChat.
- Approximately 75% of respondents were first-time parents, with about 20% being second-time parents.
- First Nations people were underrepresented, comprising only 0.7% of Helpline users and no LiveChat users, whereas First Nations people make up 3.2% of Australia's population.

- About 92% of respondents spoke English at home, compared to 72% of the general Australian population.
- Respondents were predominantly from high-income backgrounds, with LiveChat users having slightly lower household incomes than Helpline users.
- The jurisdictional distribution of respondents largely mirrored the national population distribution.
- Most respondents were from metropolitan or regional areas, with a slightly higher proportion from rural and remote areas compared to the national population distribution.

2.5.2 Volunteer survey

The volunteer survey captured data about the shift or log-in a volunteer had just completed. Volunteers could, therefore, complete the survey multiple times, providing a cross-section of data on calls and chats.

In the 2024 volunteer survey, there were 471 responses to Helpline-related questions and 60 responses to LiveChat questions.

The data captured as part of the Helpline questions were:

- Shift duration
- Number of calls
- Use of an interpreter or National Relay Service
- The age of the child the call is about
- The main reasons for the calls during the shift

The data captured as part of the LiveChat questions were:

- Number of chats
- The age of the child the chat is about
- The main reasons for the chat during the shift
- Places where users were referred

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Limitation

HMA could not access the full raw data set for the volunteer survey, only the questions that focused on throughput. Therefore, the volunteer survey did not provide insights into the volunteers' experience volunteering for the Helpline or LiveChat, such as respondents' ideas for service improvement.

3 EVALUATION APPROACH

This chapter presents HMA's approach to undertaking the evaluation of the Helpline and LiveChat, which includes defining the program's logic and specifying the evaluation areas that will be examined in the evaluation.

3.1 PROGRAM LOGIC

The program logic articulates the reasoning driving the service design and delivery arrangements for the ABA Helpline and LiveChat, highlighting the linkages between the different activities.

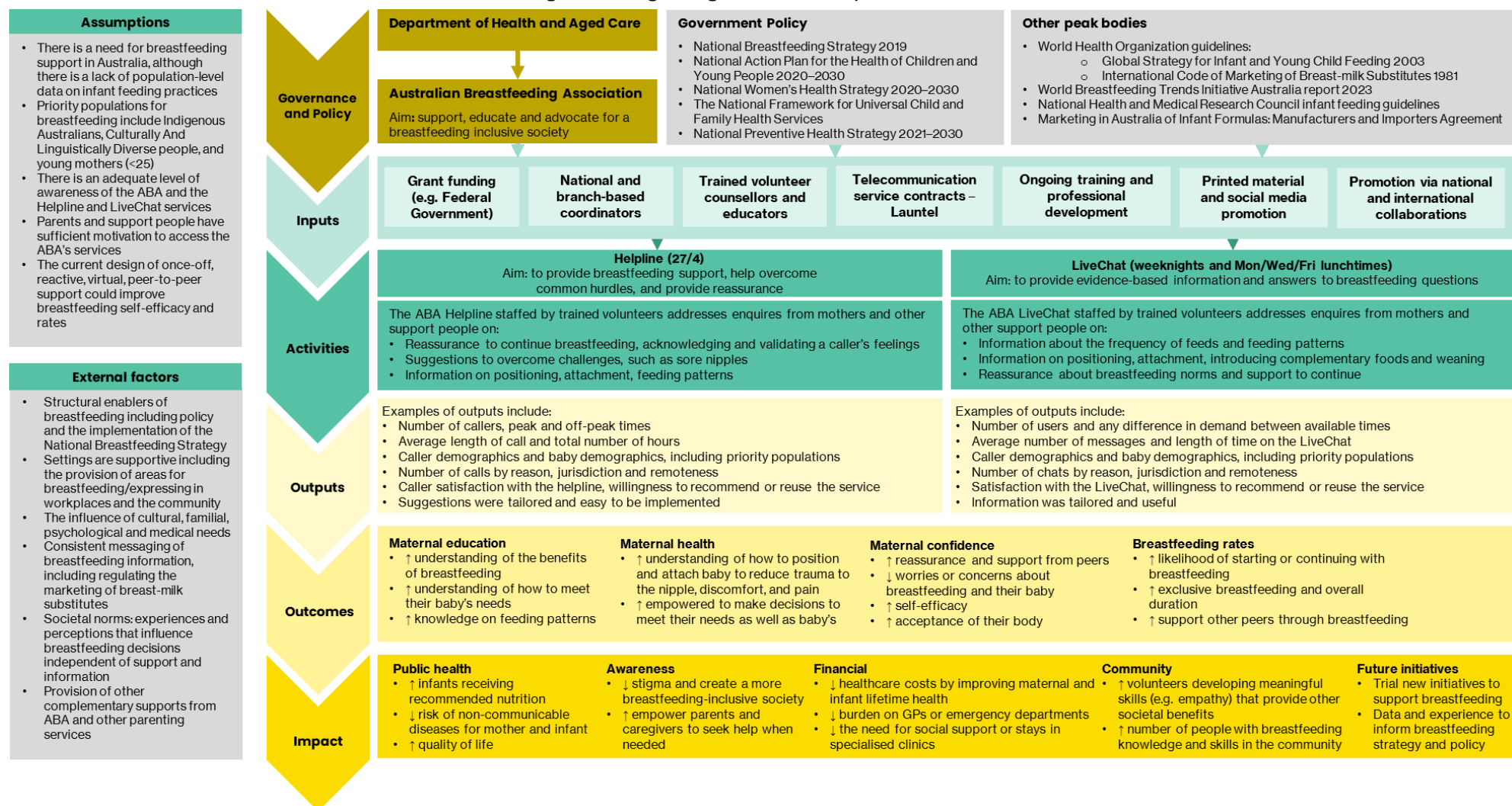
The program logic contains:

- **Governance and policy:** the overarching objectives of the services, considering policy and strategy (the why)
- **Inputs:** human and financial resources and equipment (the what and the who)
- **Activities:** the provision of the services (the how)
- **Outputs:** quantifiable measures of the services produced
- **Outcomes:** short-, medium- and long-term expected consequences
- **Impact:** the broader implication of the services on society
- **Assumptions:** expectations and beliefs underpinning the services
- **External factors:** other influences that can change how the logic model operates and the potential outcomes and impacts

Figure 3.1 on the next page presents a program logic model for the ABA Helpline and LiveChat.

3 EVALUATION APPROACH

Figure 3.1: Program logic for the ABA Helpline and LiveChat



3 EVALUATION APPROACH

3.2 EVALUATION FRAMEWORK

Once the program logic was defined, HMA used it to identify key evaluation areas based on the evaluation requirements. Consistent with the RFQ, this project considered the evaluation areas of implementation and appropriateness; effectiveness; efficiency; and sustainability. Evaluation questions were then mapped under each area.

The definitions of these terms are detailed below:

- **Implementation:** the degree to which the program has been delivered as intended
- **Appropriateness:** the continued relevance of the program in light of current circumstances including government policy and alternative services
- **Effectiveness:** the extent to which the services have achieved their intended objectives
- **Efficiency:** the extent to which the services convert resources (inputs) to outputs efficiently to generate outcomes
- **Sustainability:** the suitability of the services and funding arrangements in the short- to medium-term.

Table 3.1 outlines the key evaluation question and sub-questions for each evaluation area.

This report presents the four evaluation areas under the chapter headings implementation and appropriateness; effectiveness; and efficiency to enable succinct discussion. Given the relationship between sustainability questions and other key evaluation areas, these questions were interspersed throughout other chapters, with the relevant sustainability questions covered articulated at the beginning of each chapter.

3 EVALUATION APPROACH

Table 3.1: Evaluation Framework

KEY EVALUATION AREA AND QUESTION	SUB-QUESTIONS
Implementation and appropriateness 1. How effective has the implementation of the National Breastfeeding Helpline and LiveChat service been to date, and what can we learn from it?	1.1. Are there gaps or areas of duplication in ABA's services (including services funded by the Australian Government)? How can these be addressed? 1.2. <i>To what extent are parents, caregivers, health professionals and other stakeholders aware of the existence and features of the Helpline and LiveChat?</i> 1.3. <i>To what extent is there an ongoing need for exclusive breastfeeding support delivered by peers?</i> 1.4. To what extent are services utilising emerging technology? Can this be improved? 1.5. <i>Are there other national or international initiatives that could enhance the Helpline?</i> 1.6. <i>To what extent does the delivery mode of the Helpline/LiveChat continue to meet the needs of the general population and priority populations?</i>
Effectiveness 2. How effective are ABA services for consumers?	2.1. How satisfied are consumers with services? 2.2. To what extent has each service reached its target population? 2.3. <i>To what extent do you think people are unwilling or unable to access the Helpline and LiveChat services, even if aware of them?</i> 2.4. Have the services improved access to breastfeeding support <i>including</i> for disadvantaged or priority groups? 2.5. <i>To what extent does the Helpline/LiveChat increase awareness of the importance of breastfeeding?</i> 2.6. <i>Have the services supported the initiation and maintenance of breastfeeding in Australia?</i>
Efficiency 3. How efficiently have resources been used by ABA?	3.1. Are there opportunities to improve the cost efficiency of the service delivery model? 3.2. To what extent are the resources sufficient to implement the program? 3.3. <i>Is there evidence of unmet demand for ABA services, particularly the LiveChat with limited available hours?</i>
Sustainability 4. Are there any changes required to the design, implementation, and funding arrangements of ABA to enable it to meet its objectives?	4.1. Are the current funding arrangements sustainable? 4.2. What alternate sources of funding or revenue could support the service? 4.3. <i>Is the volunteer model of service delivery sustainable?</i> 4.4. What opportunities (if any) exist to leverage off other complementary service infrastructure?

3 EVALUATION APPROACH

KEY EVALUATION AREA AND QUESTION	SUB-QUESTIONS
	4.5. What are the barriers and enablers to ABA meeting its objectives?
	4.6. To what extent do the other ABA services enhance the delivery of the Helpline / LiveChat (or vice versa)?
	4.7. <i>Do you think the Helpline and LiveChat maintain evidence-based currency?</i>
	4.8. <i>How could the Helpline and LiveChat services be improved to meet changing volunteer and consumer needs?</i>

Questions added by HMA, in addition to the RFQ evaluation questions, have been italicised

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An assessment of a program's implementation determines:

the degree to which the program has been delivered as intended

and appropriateness determines:

the continued relevance of the program in light of current circumstances including government policy and alternative services

This chapter addresses the following key evaluation questions under the main question: how effective has the implementation of the Helpline been to date and what can we learn from it?

- Are there gaps or areas of duplication in ABA's services (including services funded by the Australian Government)? How can these be addressed?
- To what extent are parents, caregivers, health professionals and other stakeholders aware of the existence and features of the Helpline and LiveChat?
- To what extent is there an ongoing need for exclusive breastfeeding support delivered by peers?
- To what extent are services utilising emerging technology? Can this be improved?
- Are there other national or international initiatives that could enhance the Helpline?

- To what extent does the delivery mode of the Helpline/LiveChat continue to meet the needs of the general population and priority populations?

This chapter also discusses the following questions relating to sustainability:

- What are the barriers and enablers to ABA meeting its objectives? (with a focus on two of the six objectives)⁵
- Do you think the Helpline and LiveChat maintain evidence-based currency?
- How could the Helpline and LiveChat services be improved to meet changing volunteer and consumer needs?
- What opportunities (if any) exist to leverage off other complementary service infrastructure?

The objectives of the ABA's grant funding to operate the Helpline and LiveChat are stated in Section 2.4.1.

4.1 SUMMARY OF RECOMMENDATIONS

Recommendation 1 Increase funding for widescale promotion of the Helpline and LiveChat, including a focus on antenatal education and awareness.

⁵ The other four objectives are discussed in Chapter 5, where more relevant

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Recommendation 2 Support integrating ABA service information into existing national maternal health resources, such as the My Health Record book and new parent information packs.

Recommendation 3 Support the ABA in enhancing the visibility of the LiveChat service by developing targeted strategies to address current gaps in awareness compared to the Helpline.

Recommendation 4 Maintain and promote a virtual breastfeeding-specific peer-to-peer support model as a valuable complement to professional healthcare services for breastfeeding mothers. The lived experience and training of peer supporters help build rapport and empathy, providing a unique perspective that many mothers find relatable and helpful compared to clinical advice from healthcare professionals.

Recommendation 5 Expand the availability of the LiveChat service to improve accessibility across different time zones and accommodate varying user preferences while maintaining the 24/7 availability of the Helpline.

Recommendation 6 Provide funding for the ABA to collaborate with priority group organisations, empowering local peers and ensuring that services are culturally safe and better aligned with the needs of First Nations and CALD individuals.

Recommendation 7 Conduct a comprehensive needs assessment to determine the most effective and preferred mode of breastfeeding support for younger and future generations of parents, focusing on digital and social media platforms.

Recommendation 8 Increase the ABA's brand presence on related government-funded websites, such as Healthdirect and Raising Children Network, to enhance visibility and accessibility of breastfeeding support services.

Recommendation 9 The Department should consider a one-time investment to upgrade the ABA's telecommunications systems, addressing current technological issues to ensure stability and reliability. This upgrade should

facilitate the integration of additional features, such as video calls, call-backs, follow-ups, and warm handovers in the future, should demand arise.

4.2 AWARENESS

This section discusses the extent to which parents, caregivers, health professionals and other stakeholders are aware of the existence and features of the Helpline and LiveChat. Stakeholders had differing levels of awareness of the Helpline and LiveChat, being lowest among consumers. This section discusses the importance of health professionals promoting the Helpline and LiveChat to consumers.

4.2.1 Consumer awareness

There were concerns that some consumers were unaware of the ABA, the Helpline or the LiveChat services. Some health professionals reported that their clients often spoke about ringing the Helpline, whereas others did not ask for feedback, or did not hear much feedback about the ABA from clients. ABA volunteers talked about how consumers wished they had known about the Helpline and LiveChat earlier and that many people still do not know about the ABA when they do community advertising.

'I often come across mums who say, "I wish I knew about ABA last month; I have weaned now", or "I have started mixed feeding."' ~ ABA volunteer

The Maternity Consumer Network, Australia's largest maternity consumer organisation, perceived that awareness of the Helpline was very low. Other stakeholders also questioned whether consumers were universally aware of the Helpline and LiveChat.

'The biggest barrier is knowing about the Helpline. There is not enough promotion of it.' ~ Maternity Consumer Network

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'I have just completed a study on breastfeeding support in WA hospitals. The vast majority are not being told ABA exists, so lots of people are left floundering.' ~ Lactation Consultant

Consultations and focus groups involved only consumers who had previously used the Helpline and LiveChat and, therefore, had high awareness of the ABA and its services. This evaluation did not assess broader community awareness among the general population. As a result, the findings may not fully represent the perceptions of those outside the ABA's consumer base, potentially limiting the understanding of overall public awareness and support for breastfeeding initiatives.

Consultation with the ABA indicated that they do not always have the budget for widescale promotion of the Helpline and LiveChat but do have some standard promotion methods. ABA senior managers and volunteers spoke about smaller-scale advertising through printed resources or fridge magnets given out in maternity services or in new parent bounty packs. Consumers confirmed that this advertising works for some people. They referred to the Helpline number in the My Health Record book (or a sticker in the book), a brochure from the hospital, and many said they had it on a fridge magnet given to them by their midwife.

This aligned with other evidence from this evaluation indicating that most people hear about the Helpline and LiveChat from health services. For instance, data from the ABA Consumer Survey showed the main ways that respondents heard about the Helpline and LiveChat (Table 4.1). For the Helpline, 93.0% of survey respondents mentioned hearing about it from healthcare professionals or services, and 53.8% of LiveChat respondents. Other places of information about the Helpline and LiveChat included online resources, the Australian Birth Stories podcast, family and friends from antenatal ABA courses, and other parenting supports. Some consumers felt that referral to the ABA by a health professional held more credibility, whereas others resonated more strongly with personal experience from friends.

Table 4.1: The proportion of users of the Helpline (n=1038) and LiveChat (n=65) by the five main ways respondents heard about the service

NO.	HELPLINE (%)	LIVECHAT (%)
1	Midwife (36.9%)	ABA website (67.7%)
2	Child Health Nurse (32.7%)	Child Health Nurse (26.2%)
3	Information/Material provided in hospital (23.4%)	Midwife (15.4%)
4	ABA website (22.1%)	Information/Material provided in hospital (12.3%)
5	Friend or family member (18.6%)	Baby expo (10.8%)

Source: ABA Consumer Survey 2024. N.B. participants could select more than one answer.

Hearing about the Helpline and LiveChat from multiple sources was seen as a useful way to remind people of the service given that new parents receive lots of information antenatally and postnatally. Some consumers said they should have paid more attention to breastfeeding information antenatally, but they found the reminder very helpful later. Others said that the multiple sources gave the Helpline greater credibility. Evidence from health professionals showed that the multifaceted approach was done purposefully to remind parents of the availability of breastfeeding support at each stage of their breastfeeding journey.

'Hearing it from multiple sources gave it a bit more credibility - hearing from the midwives in particular.' ~ Consumer (Focus Group)

FINDING 1 Consumers were not universally aware of the Helpline and LiveChat with mixed reports from stakeholders. Consumers hearing about the Helpline and LiveChat from various sources strengthened awareness.

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4.2.2 Peak bodies and health professional awareness

Peak bodies demonstrated a good level of awareness of the ABA, in contrast to the mixed awareness of the Helpline and LiveChat among consumers. Some peak bodies had even collaborated with the ABA. Rainbow Families, a charity supporting LGBTIQ+ parents, collaborated with the ABA to produce a breastfeeding information booklet for LGBTIQ+ parents. Other peak bodies, such as the Australian College of Midwives and the Lactation Consultants of Australia and New Zealand, had a working relationship with the ABA, including the ABA providing breastfeeding education. Some stakeholders, such as the National Rural Women's Health Coalition, said they had not heard about the Helpline and LiveChat, although some of their members had. This may relate to how closely the stakeholders' remit aligns with maternity and postnatal care.

'ABA is support for midwifery care and a standard recommendation we give that consumers connect with ABA as it is online and available after hours' ~ Australian College of Midwives

Health professionals were also aware of the ABA, the Helpline, and the LiveChat. Midwives working in public maternity services spoke about promoting the ABA to every new parent, as did the maternal and child health nurses. Lactation consultants were aware of the ABA but often did not refer their clients as they viewed their services as a more intensive, face-to-face support option that clients might seek after first trying the ABA's Helpline and LiveChat. This supported another stakeholder view that health professionals may be knowledgeable about the ABA but may only sometimes recommend it. Many health professionals thought it was the ABA's role to come to their service and do the promotion.

'We need to get ABA girls back into the ward, visiting the ward, and encouraging women to contact the ABA' ~ Midwife-Lactation Consultant

Conversely, some ABA volunteers felt hospitals needed to do more to promote the ABA and its services.

'I ran an ABA group yesterday and a health professional was running a similar group in the same place, and the health professional didn't know about us. They have no obligation to know about us or tell their mums about it. And it's the mums missing out – if only they knew. It needs to be mentioned in the training of the health system.' ~ ABA volunteer

The desire for increased local involvement from ABA volunteers often appeared to conflict with the acknowledged challenges of operating an organisation heavily dependent on volunteer support (explored in Section 6.4). There was an expectation that ABA volunteers should be doing more despite their existing pressures and demands. This contradiction highlighted the tension between the desire to increase the awareness and reach of ABA services and the practical limitations of a volunteer-driven model.

FINDING 2 While ABA volunteers and health professionals were both aware of the ABA's services, these groups were ambiguous about whose role it was to promote these resources to new parents, potentially leading to missed opportunities for support.

Reliance on health services to promote the Helpline and LiveChat

Consumer awareness of the Helpline and LiveChat appeared largely reliant on whether health professionals shared the information, which was inconsistent across the health system. Stakeholders spoke about the decreased exposure to the ABA's breastfeeding support from health services, including shorter postpartum stays of consumers, decreased postnatal midwifery visits, and fewer interactions with maternal, child and family health services. This reduced exposure may have decreased opportunities for the Helpline and LiveChat to be promoted. This was supported by consumers who described different experiences with

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promoting the ABA within the health system; some even had differing experiences with subsequent children. Therefore, different preferences and methods between health professionals may have underpinned the inconsistent promotion of the Helpline and LiveChat.

'All midwives know about ABA but there is a discrepancy of using it as a first resource.' ~ CRANAPlus

Health professionals said community maternity, child, and family health services also heavily promote the Helpline and LiveChat. Maternal and child health nurse stakeholders identified the growing importance of maternal, child, and family health services, given the shorter stay in hospital postpartum. However, consultation with Maternal Child and Family Health Nurses Australia (MCaFHNA) identified there can be geographical and jurisdictional differences in promotion.

'We have the local ABA group's brochure and the link with them supporting us. It's not the case in other jurisdictions. Rural and remote is a big challenge and might not even have a maternal and family health nurse. It depends on each city.' ~ MCaFHNA

One initiative that increases the uniformity of promotion of the Helpline and LiveChat was the Baby Friendly Health Initiative (BFHI). There was a perceived greater awareness of the Helpline and LiveChat among parents, caregivers, and health professionals associated with a BFHI-accredited hospital. Stakeholders attributed the greater promotion of the ABA at BFHI services to the implementation of the tenth step of the WHO's Ten Steps to Successful Breastfeeding [46] [47], about timely access to ongoing breastfeeding support and care in the community.

This interrelationship between access to maternity health services and awareness of the Helpline and LiveChat impacted consumers with decreased access to health services. Some stakeholders argued that consumers in rural and remote communities have decreased access to maternity care and may, therefore, be less aware of the Helpline and LiveChat.

FINDING 3 Peak bodies and health professionals largely recognised the value of the ABA's services. Yet, there was a desire for greater integration within the healthcare system to enhance overall maternal and infant care and address systemic barriers to breastfeeding.

FINDING 4 Health services especially played an important role in promoting the Helpline and LiveChat, with BFHI-accredited hospitals or services being perceived as the largest promoters.

4.2.3 Awareness of the Helpline compared to the LiveChat

There was a perceived difference in awareness between the Helpline and the LiveChat. Most stakeholders spoke predominantly about the Helpline rather than the LiveChat or breastfeeding support more generally. Three health professionals indicated that the evaluation was the first they had heard about the LiveChat, even though they regularly recommended the ABA and the Helpline to new parents.

Focus groups with ABA volunteers also highlighted the greater awareness of the Helpline compared to the LiveChat. The difference may be because the Helpline has been around for 10 years longer.

'I think the Helpline is the most well-known service. Fewer people know about LiveChat, but it does pop up on the website.' ~ ABA volunteer

Data from the ABA Consumer Survey 2024 demonstrated more LiveChat users were aware of the Helpline than the proportion of Helpline callers aware of the LiveChat (81.0% and 47.6%). Many other ABA services (online sessions, the ABA phone application, social media) had an even lower awareness than the LiveChat (<47.6%) among both Helpline and LiveChat consumers. Instead, the data may have been more indicative of the uniquely

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high level of awareness of the Helpline compared to other ABA support services. This provided further evidence for individual promotion of the Helpline alone, as stakeholders said occurs in health services.

FINDING 5 The evidence suggested a greater awareness of the Helpline than the LiveChat. The survey responses indicated that Helpline callers are less aware than LiveChat users of the range of services the ABA provides.

4.2.4 Awareness of existence compared to features

Many stakeholders were aware of the Helpline, but their understanding typically stopped at recognising it as a resource for breastfeeding issues, without knowledge of its specific features or the service.

Some health professionals emphasised that they promoted the Helpline to consumers as a service provided by trained volunteers. However, not all consumers were aware of the trained volunteer staffing model, with different terms used in the ABA Consumer Survey to describe the volunteer, including 'consultant', 'nurse', 'professional', and 'lactation consultant'. Other consumers were unclear about the volunteers' training and expressed initial scepticism about the guidance they would receive. Focus group discussions indicated that promotional materials should emphasise the training of volunteers to enhance credibility.

When discussing the LiveChat, few people knew about the current opening hours; some even presumed it to be open 24/7 like the Helpline. Stakeholders noted that the opening times were hard to remember and would be difficult both to explain and for parents to remember.

'I would hate to explain to a mum about time slots for support, because with LiveChat it is about [needing it] here and now.' ~ Institute of Urban Indigenous Health

Additionally, there were concerns regarding inclusivity and cultural safety. Consultations highlighted the importance of knowing that the Helpline and LiveChat were 'safe' for people from CALD backgrounds or identifying as LGBTIQ+.

FINDING 6 Stakeholders appeared more aware of the Helpline and LiveChat's existence than the features of each service, including opening times and cultural safety.

4.2.5 Increasing antenatal awareness

Peak bodies talked about how there were missed opportunities in antenatal clinics to promote the ABA and start awareness early. Health professionals agreed that introducing the ABA at an earlier stage could establish familiarity with the ABA and increase the likelihood of using its supports. Health professionals also spoke about how there was no set public antenatal information provided, and one maternal and child health nurse said that antenatal information had been 'diluted over time'. As a result, breastfeeding supports were not formally included in antenatal education. Many consumers said they wished they had known about the ABA sooner, and ABA volunteers hoped that consumers would be more prepared to breastfeed before they began.

'Breastfeeding is hard, and I think that there needs to be a message somewhere in the antenatal classes to prepare people that they're going to have to grit their teeth and get through those first few weeks, amongst all the other stuff they're learning. It might be natural, and it might be the best thing for the baby and for you, but it's not going to be easy.' ~ ABA volunteer

Conversely, other health professionals said that mothers were predominantly focused on getting through pregnancy so antenatal breastfeeding education was often the last thing on their minds.

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'The focus for mothers is definitely on getting through pregnancy and birth. Even though we talk about breastfeeding antenatally, it may not hit them until afterwards.' ~ Nurse-Midwife-Lactation Consultant

Even if the ABA were not promoted antenatally, health professionals felt that the Helpline and LiveChat should be promoted before discharge from maternity services, and before follow-up with other community supports. Health professionals identified that the Helpline and LiveChat were important to navigate the first few days of breastfeeding, including when a person's milk comes in.

'Early referral to the ABA could change the date of an early home visit if people are encouraged to get support early. It is important to identify some critical health issues within the early stages after birth because waiting until day six to 10 may be too late.' ~ Midwife-Maternal and Child Health Nurse

The Consumer Survey identified that consumers may have different preferences for the Helpline and LiveChat antenatally and in the first few days postpartum. The proportion of Helpline calls was smaller than LiveChat during pregnancy (0.9% and 6.2%), but greater under a week old (8.0% and 1.5%). This suggested that the information provision purpose of the LiveChat was more useful during pregnancy and the counselling service offered by the Helpline was more important when the child was under a week of age.

FINDING 7 Some stakeholders felt that the Helpline and LiveChat should be promoted antenatally given its critical role in helping consumers after discharge from maternity services. However, some health professionals said that consumers often will not focus on breastfeeding until postpartum.

Increasing awareness of the ABA may put a strain on a system that was already unable to answer all the calls received – 78–86% are supported. Section 6.6 discusses the demand and unmet need associated with the Helpline, suggesting that a surge in additional calls may overwhelm the

current operating model. Section 6.6.1 does, however, indicate that volunteers have additional capacity which could be realised through improved call handling efficiencies.

Recommendation 1 Increase funding for widescale promotion of the Helpline and LiveChat, including a focus on antenatal education and awareness.

Recommendation 2 Support integrating ABA service information into existing national maternal health resources, such as the My Health Record book and new parent information packs.

Recommendation 3 Support the ABA in enhancing the visibility of the LiveChat service by developing targeted strategies to address current gaps in awareness compared to the Helpline.

4.3 APPROPRIATENESS OF THE DESIGN OF THE HELPLINE AND LIVECHAT

This section discusses several design elements of the Helpline and LiveChat as a method of delivering breastfeeding support, and comments on whether these modes met the needs of the general population. Design elements include the provision of evidence-based, virtual, breastfeeding-focused, peer-to-peer support.

4.3.1 Virtual breastfeeding support

There was a growing acceptance of virtual health support, particularly in the realm of breastfeeding. Many stakeholders drew positive comparisons between the Helpline, LiveChat and other forms of telehealth, which have been widely expanded since 2020 due to policy changes during the COVID-19 pandemic [48]. For instance, peak body stakeholders highlighted

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successful virtual breastfeeding supports such as the Thompson method⁶ [49].

Consumers echoed this sentiment, expressing that virtual breastfeeding support, whether provided by the ABA or not, was useful and was of consistent quality compared to in-person options. The ABA Consumer Survey 2024 revealed that consumers would prefer online breastfeeding support over in-person if the Helpline and LiveChat were unavailable. Notably, LiveChat respondents said they would prefer to continue breastfeeding without getting any answers (18.3%) above seeing a general practitioner (GP)/early childhood nurse (13.3%), a lactation consultant (11.7%) or using another ABA service (11.7%).

Consumers appreciated the Helpline and LiveChat as free and convenient forms of breastfeeding support. Consumers valued the capacity to access support without leaving the house, which they said could be a barrier to in-person support, particularly in the first few days and weeks postnatally. This convenience aspect was compared to other breastfeeding supports like doctors or lactation consultants, often seen as costly and time-intensive. This accessibility relieved many users who might have struggled to find timely support.

'Breastfeeding can be difficult to navigate on your own sometimes so it's great to have this service to ask questions and get help without having to pay hundreds of dollars for a lactation consultant.' ~ Consumer (ABA Survey)

Unlike many in-person supports, the Helpline's 24/7 availability was seen as incredibly useful by consumers who could contact the ABA whenever an issue arose, including overnights, weekends, and public holidays. There was

also a perception among ABA volunteers that out-of-hours callers, specifically overnight, were in more desperate need of support, justifying the Helpline being continually open.

'The sheer nature of the breastfeeding is that it is not a "9 to 5" issue.' ~ National Rural Health Alliance

Despite positive feedback regarding the Helpline and LiveChat, many consumers wanted face-to-face assistance to remain available. Some perceived in-person as the gold standard, saying they preferred face-to-face to connect with people. Face-to-face services were seen as more of a necessity for priority or disadvantaged population groups, needing to meet in a safe place or space. The ABA recognised the value of in-person support, with the original model of local face-to-face groups still forming the basis of the ABA today.

'How do we create the village that we need? How do we help the parents find their people? That social support and that social connection is what they [LGBTIQA+ families] need.' ~ Rainbow Families

Health professionals also commented on how face-to-face support was important for some medical breastfeeding issues. This could be because they required a physical examination, such as visiting a lactation consultant to diagnose tongue-tie or a GP to diagnose mastitis. Health professionals also spoke about the helpfulness of watching a feed from different angles and being able to physically adjust the positioning of a baby. It was recognised that the Helpline and LiveChat were not intended to replace in-person services, as discussed further in Section 4.3.3.

⁶ Online breastfeeding education by Dr Robyn Thompson based on her research into nipple trauma and preventing pain while breastfeeding

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'Nothing can replace face-to-face; breastfeeding a baby is a practical task. Breastfeeding is a relationship – completely virtual does not work.' ~ MCaFHNA

4.3.2 Breastfeeding-specific support

The Helpline and LiveChat were unique among other parenting helplines in that they provide breastfeeding-specific support, as shown in Table 4.2.

Table 4.2. A comparison of topics covered by helplines offering breastfeeding support

ORGANISATION	TOPICS COVERED
Australian Breastfeeding Association	Breastfeeding
Healthdirect	General medical advice
Karitane	Parenting advice (birth to 5 years)
Miracle Babies	Support for families with threatened pregnancy, baby in NICU or SCN, or a preterm baby
MotherSafe	Exposure to drugs, infections, radiation or other hazards during pregnancy or breastfeeding
Pregnancy, Birth and Baby	Parenting journey from pre-pregnancy to 5 years postpartum
Tresillian	Baby's sleep, feeding, and development

Sources: websites of the individual organisations. NICU = Neonatal Intensive Care Unit. SCN = Special Care Nursery (also known as Special Care Baby Unit in some jurisdictions)

Health professionals expressed how the specialist nature of the Helpline was appreciated by parents who have specific questions about breastfeeding and want tailored, not generic, information. They also thought the complexity of breastfeeding justified its own helpline and warranted specialist training for ABA volunteers.

'Breastfeeding has such complexity that it would be too hard to include it in a general parenting line. Parenting lines could not take over breastfeeding.' ~ Lactation Consultant

Consumers provided feedback on how they appreciated the depth of knowledge of the volunteers, the range of suggestions, and the way the information was tailored to their needs. This appreciation was reflected in the Consumer Survey results, where 82.1% of Consumer Survey participants indicated they felt more knowledgeable after using the Helpline and 72.9% after using LiveChat.

Consultations revealed the interconnected nature of breastfeeding with other aspects of early parenthood. Health professionals noted that breastfeeding challenges can stem from environmental factors like relationship stress or lead to consequences such as mental health issues. This suggested that the Helpline and LiveChat, while focused on breastfeeding, have broader impacts on overall parental wellbeing and support.

'If you are disempowered in this part of your life [breastfeeding], your confidence will suffer. This has huge impacts on self-esteem and mental health.' ~ GP Lactation Consultant

FINDING 8 Compared to other services in Australia, a dedicated Helpline and LiveChat for breastfeeding-focused support was a unique value proposition, catered to the complexity of breastfeeding, and met parent preferences for specialised services.

4.3.3 Peer-to-peer support

All stakeholders considered the peer-to-peer support model valuable and backed by a good evidence base. There was an emphasis on how the ABA markets itself as a 'mother-to-mother service' and provides a different perspective to that of health professionals. Stakeholders considered peer-to-peer support to be speaking to someone who had lived experience with

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breastfeeding. Volunteers and consumers said the lived experience helped build rapport and empathy.

'The ABA are trying to meet mother where they are at.' ~ ABA volunteer (Focus Group)

'Yes, the volunteers are very caring, having been through it before. It is great to speak to other mums in similar situations.' ~ Consumer (Focus Group)

The Helpline and LiveChat were important resources for providing evidence-based information without requiring families to book a GP appointment or see another healthcare professional. In this sense, stakeholders, particularly ABA volunteers, identified these peer services as cost-saving measures that reduced the need for GP consultations and emergency department visits (see HMA's calculations in Section 6.3).

Volunteers saw the provision of peer support as the reason why they volunteered. Many ABA volunteers expressed deep satisfaction from helping others and making a difference in their communities.

'The reward is talking to people and helping them.' ~ ABA volunteer

'Sometimes I think "ughhh I am on the Helpline today," but then you get those comments like "thank you so much for listening". It's those little comments that make it all worth it.' ~ ABA volunteer

FINDING 9 The key strength of the peer support model was that it enabled a conversation between people with lived experience of breastfeeding.

Peer support compared to health professional support

ABA volunteers compared their peer support to health professional breastfeeding support. They considered themselves more knowledgeable and skilled in breastfeeding education than many health professionals,

particularly GPs, despite GPs being a commonly accessed source of breastfeeding advice. Some consumers supported the volunteer perception, saying that health professionals provided them with more generic advice, while the ABA was more specific.

'Doctors just don't get a lot of training in breastfeeding. If a mum comes to a four-hour breastfeeding education class, they have had more education than a GP. That's terrible.' ~ ABA volunteer (Focus Group)

Other consumers said they related better to peers than health professionals because they viewed the suggestions as information intended to be helpful, rather than derived from a medical textbook. The level of informality from volunteers, even though providing evidence-based information, was seen as an important distinction relative to health professionals.

The ABA scope of practice clearly stated that medical questions were out of scope for the volunteer. Yet, while some breastfeeding questions were medical (medication, stimulating low supply, or addressing nipple damage), stakeholders agreed that building confidence, validating feeding norms, and answering more general questions were important to breastfeeding support. There was agreement among all stakeholders, including ABA volunteers, that it was important to refer callers with medical issues to health professional-led, face-to-face services. However, ABA volunteers were sometimes hesitant to suggest a caller visit a health professional due to concerns about their breastfeeding education.

'I get nervous as a counsellor sending people to their GP or a Maternal and Child Health Nurse [...] I don't know what their education is like. Maybe they won't be able to help them.' ~ ABA volunteer (Focus Group)

A couple of stakeholders suggested there may be an increased consumer preference for professional lactation consultants, particularly those accredited through the International Board of Certified Lactation Consultants

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(IBCLC) exam. While peak bodies and health professionals did not comment on consumer preferences, many similarly perceived lactation consultants to be more specialised than ABA volunteers. The Lactation Consultants of Australia and New Zealand (LCANZ) said that lactation consultants have a greater understanding of the anatomy and physiology of breastfeeding, reflected in the science-based prerequisites for the IBCLC exam [50].

The broad range of ABA volunteers, lactation consultants and their respective experience levels meant that the generic comparison did not capture additional factors. For instance, many lactation consultants who participated in consultations also had nursing, midwifery, and/or maternal and child health qualifications. This breadth of experience and qualifications was unmatched by a new ABA volunteer with a Certificate IV in Breastfeeding Education.

However, not all stakeholders thought the IBCLC accreditation meant a person was more knowledgeable and qualified than an ABA volunteer. Some stakeholders, including one breastfeeding medicine specialist, said that the IBCLC qualification was all about practical hours of providing support. ABA volunteers who wanted to be an IBCLC-accredited lactation consultant could gain credit for their hours staffing the Helpline and LiveChat. This suggested that some aspects of the volunteer experience may be similar to those of a lactation consultant.

Volunteer training

While the ABA's support model was described as peer-to-peer, the volunteers were trained to provide knowledgeable breastfeeding support. This training requirement elevated the peer-to-peer model by improving volunteers' breastfeeding knowledge, counselling skills, and ability to present unbiased suggestions.

All stakeholders considered training to be essential to the service; the training was also highly valued by the ABA volunteers themselves. This sentiment was echoed in the ABA Consumer Survey, where being knowledgeable was cited as an important characteristic for a positive interaction by 30% of respondents (n=54).

'The two volunteers were extremely caring, empathetic, very knowledgeable and gave out valuable information that seriously helped me get through the first 6 weeks of my breastfeeding journey.' ~ ABA consumer (Consumer Survey)

Some consumers in focus groups indicated they felt comfortable talking with other mothers who had lived experience of breastfeeding, but others admitted to initial scepticism about the volunteers' qualifications.

'I was a little bit sceptical when I heard what was done by volunteers. I need to say that saying volunteers were trained in the promo material would have made a difference as I was surprised. I was blown away by the quality of the information given.' ~ ABA consumer (Focus Group)

This feedback highlights how the training adds credibility and value to the peer support model, bridging the gap between informal support and professional advice. The combination of lived experience and formal training enables ABA volunteers to offer a unique form of support that many mothers find particularly valuable.

FINDING 10 Some consumers found support from trained peers as more valuable than health professional support, particularly GPs. There were, however, mixed perceptions about how ABA volunteers compare to other breastfeeding specialists, such as IBCLC-accredited lactation consultants.

Recommendation 4 Maintain and promote a virtual breastfeeding-specific peer-to-peer support model as a valuable complement to professional healthcare services for breastfeeding mothers. The lived experience and training of peer supporters help build rapport and empathy, providing a unique perspective that many mothers find relatable and helpful compared to clinical advice from healthcare professionals.

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4.3.4 The Helpline compared to the LiveChat

The ABA senior management identified that the Helpline and LiveChat have different intents, though consider the services a complementary pair. The Helpline was seen as a one-to-one counselling service, provided using a person-centred peer-to-peer support model and a questioning and reassurance approach. The LiveChat was seen as a delivery mode primarily for information provision, with volunteers redirecting consumers to the Helpline if counselling was required.

'The LiveChat is not nuanced enough [for counselling]. If a user has complex needs, you cannot get clarification easily. The Helpline offers more benefit ... the LiveChat can be a stepping stone to the Helpline' ~ ABA Senior Manager

The ABA Consumer Survey showed that consumers use the two delivery modes with the same intent. For the Helpline, 39.6% of positive feedback was about reassurance and 29.9% about helpful information. For the LiveChat, 54.2% of respondents gave positive feedback on being provided reassurance, and 29.2% on information. Instead, this suggested that each service was a highly valued source both for information and reassurance on breastfeeding. This had implications on whether the two training streams (breastfeeding counsellor or educator) were warranted, and how volunteers staffing the LiveChat should interact with consumers.

In focus groups, HMA explored reasons why consumers would choose the Helpline or LiveChat over the other delivery mode. Consumers gave the following reasons for why they chose to use the Helpline over the LiveChat:

1. The Helpline was a more personal interaction. Many Helpline callers said that even if the LiveChat were open, they preferred to speak to someone in person.
2. It was easier to explain their situation by talking.
3. Phone calls are hands-free. Consumers felt this aspect was particularly helpful while parenting.

4. The Helpline had greater availability than the LiveChat. When consumers wanted to contact the ABA, the LiveChat was only sometimes open, whereas the Helpline was available 24/7.

Conversely, other consumers chose to use the LiveChat rather than the Helpline for the following reasons:

1. Some consumers felt more comfortable on the LiveChat than the phone.
2. The LiveChat was better for multitasking.
3. The LiveChat did not disturb other people (e.g. babies, partners) as much as a phone call.

The 24/7 Helpline was universally appreciated, while opinions on the LiveChat varied. Health professionals found LiveChat hours irregular, and consumers expressed mixed feelings about the timing, with some finding it suitable and others feeling it was too restrictive. Time zone differences impacted accessibility too, with Western Australian users facing more challenges than those in New South Wales or Victoria. Many stakeholders advocated for expanded LiveChat hours to improve access, regardless of time zone issues.

'Be available different times on different days maybe? I find 8 to 10 pm I am so exhausted by then and the morning session I am so busy! So hard to utilise the help sometimes due to timing'. ~ Consumer (ABA Survey)

FINDING 11 Consumers used both the Helpline and LiveChat services for similar purposes – primarily for reassurance and information – despite the ABA's intention for these services to have distinct roles.

Recommendation 5 Expand the availability of the LiveChat service to improve accessibility across different time zones and accommodate varying user preferences while maintaining the 24/7 availability of the Helpline.

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4.4 APPROPRIATENESS FOR PRIORITY POPULATIONS

Stakeholders identified priority populations for breastfeeding support largely consistent with the National Strategy [8], focusing on First Nations people, CALD communities, and young mothers (<25 years). However, opinions varied about some groups. For instance, while some health professionals prioritised medically complex births, others prioritised mothers with vaginal births and short hospital stays, citing limited access to in-hospital support. Perspectives also differed on First Nations and CALD populations; some highlighted these groups as priorities, while others noted the strong breastfeeding cultural norms in some of these communities. Notably, daily smokers, mentioned in the National Strategy, were not identified as a priority in any consultations.

'We generally find that for a lot of women, breastfeeding is taken for granted. They think, "of course I'm going to breastfeed, why would you ask me," and they just get on with it.' ~ Ishar
Multicultural Women's Health Services

Some stakeholders identified further populations to include as a priority for breastfeeding support:

- people with disabilities, physical or intellectual
- LGBTIQ+ parents
- people who have experienced birth trauma
- people without family or friends to support
- people who have grown up in environments where breast milk is not considered the standard form of infant nutrition
- first-time parents
- people from challenging social backgrounds, such as domestic violence
- rural and remote communities with limited access to maternity and other health services

Some stakeholders emphasised the need for a more nuanced approach to identifying priority groups, focusing on factors that might limit access to support or information about breastfeeding rather than broad demographic categories.

FINDING 12 Stakeholders largely identified the same priority populations as the National Strategy, although many thought that more groups should be considered. These groups could be summarised as those without other forms of support to achieve their breastfeeding goals or requiring greater support.

The remainder of this section discusses whether the Helpline and LiveChat delivery mode meets the needs of priority populations, specifically First Nations, CALD, and young populations.

4.4.1 First Nations and CALD communities

While valuable resources for many, the ABA's Helpline and LiveChat services faced significant challenges in meeting the needs of First Nations and CALD populations. These challenges stemmed from a complex interplay of cultural, technological, and linguistic factors that impacted the accessibility and acceptability of these support services.

For First Nations communities, the virtual nature of the Helpline and LiveChat presented a fundamental obstacle. Many households in these communities shared a single phone, exacerbating the digital divide and potentially deepening health inequities.

'Not everyone has access to a working mobile phone. A lot of Aboriginal women share a phone. And they can have no data to do the web chat.' ~ First Nations Organisation

The technological barrier First Nations communities face was further complicated by cultural preferences and norms surrounding breastfeeding

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support. Many First Nations individuals preferred face-to-face interactions and support from trusted community members.

'Relationships and connections are everything for Aboriginal and Torres Strait Islander people.' ~ Institute of Urban Indigenous Health

Some health professionals challenged the notion of First Nations being a priority group for breastfeeding support, arguing that cultural norms in these communities are already strongly supportive of breastfeeding. Health professionals said that many First Nations individuals grow up seeing breastfeeding as a natural part of everyday family life. This provides them with more exposure and normalised attitudes towards breastfeeding, compared to the general population.

Language barriers presented another significant hurdle. While the Helpline offered access to the Translation and Interpreting Services (TIS), this service only covered some Aboriginal languages and left some First Nations people unable to access support. The LiveChat faced an additional challenge, as some First Nations individuals may not feel confident in their reading and writing skills, even in their native language:

'ABA info is wordy. Lots of these communities were not afforded a chance to learn to read, historically, so they are very graphically minded.' ~ Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

For CALD communities, similar issues of language barriers and cultural preferences existed. While the TIS option had enhanced accessibility for some CALD users of the Helpline, it was not without its challenges.

'No one is using the interpreting service. There are lots of problems with TIS in rural and remote where there is a higher rate of new arrivals and a lot of issues with connectivity and TIS. Another issue with TIS is domestic violence and knowing the

person. There are problems with interpreters who seem to be preoccupied.' ~ Multicultural Centre for Women's Health

Trust issues also played a significant role for CALD populations. Many migrants and refugees, especially those from backgrounds where government distrust was prevalent, may have struggled to understand or feel comfortable accessing support from what they perceived as a government-affiliated service.

'A lot of migrant and refugee women don't understand the concept of a peak body or getting information from bodies associated with the government. There's a lot of distrust with the government from where they are from, so they often won't use such a resource.' ~ Ishar Multicultural Women's Health Services

Cultural biases further influenced the uptake of these services among CALD communities. Some preferred to receive health information from medical professionals rather than volunteers, which may have reduced their willingness to engage with the ABA's peer support model. However, this preference was not universal; some organisations, such as the Multicultural Centre for Women's Health, had successfully used trained peer educators from similar cultural backgrounds.

The ABA recognised these challenges and acknowledged that its volunteer diversity is limited. They have collaborated with other organisations to deliver breastfeeding services to hard-to-reach communities, including partnerships with CALD individuals and Aboriginal health workers in New South Wales.

Given these barriers, it may be more effective for the ABA to focus on working with other organisations to upskill peers within these communities rather than relying solely on virtual support models. Empowering First Nations individuals to provide support for their communities – and similarly for CALD populations – could create more culturally appropriate avenues for breastfeeding support. This approach would align with community preferences for trusted relationships while addressing existing barriers related to language, literacy, and cultural safety.

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FINDING 13 Stakeholders identified that the Helpline and LiveChat services may not be appropriate forms of support for First Nations and CALD communities due to barriers such as technological limitations, language challenges, and cultural preferences, which hindered effective engagement with these virtual resources.

Recommendation 6 Provide funding for the ABA to collaborate with priority group organisations, empowering local peers and ensuring that services are culturally safe and better aligned with the needs of First Nations and CALD individuals.

4.4.2 Younger parents

Many health professionals and peak bodies believed younger parents would prefer the Helpline to LiveChat. The reasons for this included a desire to receive concise information and avoid directly speaking to someone. The characteristics of parenting supports wanted by young parents were most strongly articulated by the Brave Foundation, an organisation that supports teenage parents. They said young parents wanted continuous support, with the same person, and either face-to-face, via texting, or on social media. Therefore, the phone support of the Helpline, or the connection with different volunteers each time, might have been less appropriate for younger parents.

'We are seeing some troubles with engagement at the moment. As well as social media and tech being the thing for that cohort, a lot of them are wanting face-to-face. Going to a home or place where they feel safe.' ~ Brave Foundation

The only data in this evaluation directly from young consumers was collected in the ABA Consumer Survey – a total of 57 Helpline and four LiveChat survey respondents were under 25 years of age. Most young respondents said that when they used the services, they felt comfortable talking to the volunteer

and had no issues with the peer model, or the type of information provided. Only three respondents said they had a negative experience of not finding the information they sought or the Helpline being too busy to connect.

Nevertheless, some health professionals doubted younger mothers accepted any form of support from the ABA. Some stakeholders believed that younger parents perceived the ABA to be an older organisation that was not current, even though it offered the LiveChat. As such, there might be more scope to provide breastfeeding support through social media platforms preferred by younger people, such as Instagram or TikTok. Information could be provided alongside the option to comment for further information or even private message the ABA.

However, some stakeholders said that the way that all parents access support was shifting, speaking about parents under 35 years of age. Historically, this age group had been well-served by the ABA, but stakeholders expressed concern that changing dynamics in how parents sought support impacted the ABA's effectiveness in reaching them. These differences in how parents under 35 years of age wished to receive breastfeeding support had implications for the ongoing relevance of the ABA's services and whether future generations of parents will access the Helpline and LiveChat.

'Facebook, Instagram and Google. That is how we all get our information. Not just young mothers.' ~ Maternal and Child Health Nurse

'No one under 35 is going to go to their website and [be] able to relate to [the ABA]' ~ GP Lactation Consultant

FINDING 14 While the LiveChat may be preferable to younger parents than the Helpline, they may be less likely to access the Helpline and LiveChat overall. Instead, younger parents may prefer online, social media, or continuous in-person support.

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Recommendation 7 Conduct a comprehensive needs assessment to determine the most effective and preferred mode of breastfeeding support for younger and future generations of parents, focusing on digital and social media platforms.

4.5 EVIDENCE-BASED SERVICE

This section discusses the evidence-based currency of the Helpline and LiveChat and the barriers and enablers to providing an evidence-based service. This section relates to two of the six funding objectives [7]:

- *Provide evidence-based education, information and support to breastfeeding mothers their partners, and families through a National Breastfeeding Helpline and other innovative approaches that make use of available and emerging technologies.*
- *Provide evidence-based education and training for health professionals and volunteer breastfeeding counsellors (including annual Health Professional Seminars).*

4.5.1 Currency of the evidence base

Most health professionals agreed that the Helpline and LiveChat maintained evidence-based currency and frequently directed consumers to the ABA website. Health professionals often said they used the ABA resources to inform their own practice too.

'The ABA are viewed highly in this space. They are the primary source of evidence-based information and resources.' ~ Maternal and Child Health Nurse-Breastfeeding Jurisdictional Officers' Group member

Evidence-based currency was maintained through continuing professional development for volunteers. The ongoing education was provided at ABA conferences and facilitated by local ABA groups. Local groups sometimes reimbursed expenses associated with the training or conference attendance, minimising the financial burden on volunteers.

However, health professionals said that a few times, they found that the ABA information was not evidence-based. Some stakeholders thought that certain ABA materials lacked medical insight and that the ABA would benefit from a close relationship with a medical advisor. Other topics were considered more relevant for a medical professional to investigate than an ABA volunteer, for example, the causes of low milk supply.

'The problem is that they are doing their best to be medically up to date, but they are not hitting the mark. The lack of connection between medicine and the ABA undermines the information they give.' ~ GP Lactation Consultant

Case study: mastitis guidelines

ABA senior management, ABA volunteers, stakeholders and consumers spoke about an update to the mastitis guidelines as an example of how current evidence was disseminated within the ABA. The guidelines changed to recommend a different self-management strategy for suspected mastitis with the old information seen as potentially exacerbating the issue.

The ABA senior managers centrally coordinated the education of volunteers concerning the updated guidelines, prioritising training for volunteers staffing the Helpline and LiveChat. Managers tracked the completion of the guideline education to ensure all staff received the update and enabled uniformity of information provided by the ABA. Some anecdotal evidence from ABA volunteers included how the mastitis guideline changes took longer to filter to GPs and through certain hospitals than the ABA.

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Nevertheless, one Consumer Survey respondent said they did not receive the correct advice. However, this was on the website, not the Helpline or LiveChat. Updating the website was important, as ABA volunteers said they used the website to answer consumers' queries, and LiveChat volunteers often share website links with users (Section 5.4).

'Mastitis has new research – ice. Please ensure this is updated on the website as the heat information caused me more issues.' ~ Consumer (ABA Survey)

FINDING 15 Most stakeholders spoke about the strong evidence base of the ABA and the rapid dissemination of new findings. A few stakeholders quoted occasions where the information was not evidence-based, and others thought the ABA would benefit from more medical insight.

4.5.2 Addressing misinformation

In focus groups, ABA volunteers highlighted their role of filtering and countering misinformation on breastfeeding. Stakeholders spoke about how parents had often completed their own research before contacting the Helpline or LiveChat, using a variety of sources. ABA volunteers saw themselves as empowering parents by clarifying conflicting information and explaining what was supported by evidence and what was not. Volunteers also stated that there was a benefit in talking through the misinformation, rather than the ABA focusing on online promotion of correct information.

'When you are online, you are looking for confirmation bias, looking for something that agrees with you. I don't know. Even if the correct information is out there, people may not recognise it.' ~ ABA volunteer (Focus Group)

'We do often deal with callers who have clearly googled a lot, have information from social media, and it's often conflicting information.' ~ ABA volunteer (Focus Group)

Understanding a consumer's level of knowledge, and breastfeeding goals and intentions, was part of the standard volunteer approach. ABA volunteers emphasised the importance of listening to each caller's unique situation, allowing them to feel comfortable and empowered in their decision-making process. Consumers also perceived that intent, saying they felt heard, and that the volunteer explained themselves well (see Section 5.2). This approach fostered a supportive environment where mothers could explore their options and ask questions about what they read elsewhere, rather than simply receiving directives.

Addressing an increasing amount of breastfeeding misinformation may be adding an extra burden to volunteers. ABA volunteers described how addressing misinformation had added to the complexity and duration of Helpline calls. This was shown in the average call length increasing from ~12 minutes in 2012 [51] to ~15 minutes in 2023 [52].

Some consumers said the ABA had provided conflicting advice or misinformation to them. ABA managers said that when they received such complaints, they followed up with the volunteer but found that issues were largely with how the consumer received the information. Therefore, taking additional time to listen to the consumers and provide explanations may improve how the information was received.

Addressing misinformation provided another reason for a breastfeeding-specific service (Section 4.3.2). Stakeholders spoke about the ABA being an authority on breastfeeding and being able to challenge breastfeeding misinformation because they were recognised as subject-matter experts whose voices were heard. This suggested that the ABA could further leverage this value proposition as breastfeeding misinformation becomes more prevalent online.

FINDING 16 ABA volunteers who staff the Helpline reported increasing complexity of enquiries, as parents often came with conflicting information from various sources, necessitating longer conversations.

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4.6 GAPS AND DUPLICATION

This section addresses whether there are gaps or areas of duplication in ABA's services with other services.

4.6.1 Duplications and differences with other helplines

HMA's desktop review highlighted that the ABA's Helpline was not the only national helpline receiving federal or jurisdictional government funding to provide breastfeeding support. Table 4.3 outlines the main duplications and differences with other breastfeeding helplines relative to the ABA Helpline – some details of which are included in the gap analysis in Appendix C. The main duplications were overlapping scope, similar online supporting resources, and 24/7 availability. The main differences were the broader scope of many helplines, staffing by health professionals, and more limited hours for some helplines.

Table 4.3: Duplications and differences between the ABA Helpline and other breastfeeding helplines

ORGANISATION	MAIN DUPLICATION(S) WITH ABA	MAIN DIFFERENCE(S) TO ABA
Healthdirect (general advice)	24/7 service	Broader scope; health professional staff
Karitane	Supporting website resources on breastfeeding	Broader scope; limited opening hours
Miracle babies (preterm infants)	Also 24/7 service; subset of the ABA's target population	Focus on preterm, SCN, and NICU babies
Pregnancy, Birth and Baby (pre-pregnancy to 5 years)	Supporting website resources on breastfeeding	Broader scope; health professional staff

ORGANISATION	MAIN DUPLICATION(S) WITH ABA	MAIN DIFFERENCE(S) TO ABA
Tresillian	Baby sleep and feeding specialism	Residential services (select jurisdictions); health professional staff

Sources: websites of the individual organisations

While the helplines in Table 4.3 were national or covered multiple jurisdictions, Raising Children's Network listed a further 12 jurisdiction-specific parenting helplines [53]. The parenting scope of practice meant that breastfeeding support was duplicated by many other helplines, yet none were breastfeeding-specific, and many were not available 24/7 (Appendix C).

As discussed in Section 4.3.2, stakeholders felt the breastfeeding specialisation remained an important distinction for the ABA. This provided the ABA with a clearly defined, narrow scope (breastfeeding), in contrast to the broader scope of other services. For example, the Pregnancy Birth and Baby (PBB) review discussed how PBB needed to define its role and position as a federal-funded provider of advice [54]. Health professionals also saw the peer support of the ABA Helpline and LiveChat as distinct from health professional lactation support, providing for different needs of the consumer.

However, there were mixed views on whether other parenting helplines and services directed consumers to the ABA if more specialised knowledge was required. Some consumers said they had used other helplines too, but for issues unrelated to breastfeeding, taking it upon themselves to determine which helpline was most relevant. Other consumers said they were referred to the ABA from other helplines and ABA volunteers said they have callers who say they were referred.

'I get feedback from other mums saying they might have called more general line and couldn't get an answer.' ~ ABA volunteer (Focus Group)

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Some peak bodies and government stakeholders felt that ABA was rarely referenced in other resources as a place for more specialised breastfeeding support, even though resources may overlap on many of the same breastfeeding topics and the ABA is a key source. This was particularly commented on by the PBB helpline team and the Australian College of Midwives about the Raising Children website:

'We looked at the Raising Children website – there is no reference to ABA. There is a need to link together government-funded resources, linking all the touchpoints where parents go.' ~ Australian College of Midwives

Consumers said they did not want the Helpline and LiveChat to replace other not-for-profit or health professional supports but work together, saying they were often complementary rather than duplicative. There was a feeling that different forms of support held value for different circumstances and issues and that knowing about the range of breastfeeding supports would empower consumers.

'I used Tresillian. It's different as they are paid, and they came to my house in a rural area (no one comes to my house!). They were very good, but all these supports are complementary; it is good to have different perspectives.' ~ Consumer (Focus Group)

FINDING 17 While other parenting helplines provided breastfeeding support, their scope was broader, and the support was mostly offered from a health professional's perspective. The ABA Helpline and LiveChat provided a specialised breastfeeding service using a peer-to-peer support model.

Recommendation 8 Increase the ABA's brand presence on related government-funded websites, such as Healthdirect and Raising Children Network, to enhance visibility and accessibility of breastfeeding support services.

HMA completed a comparison of the features of 17 different national and jurisdictional parenting helplines providing breastfeeding support across Australia (Appendix C). Features offered by the ABA but only present in five or fewer other helplines were:

- National reach
- 24/7 support
- Free call
- Volunteer staff
- Peer-to-peer support
- Webchat option

Features not currently offered by the ABA but present in other helplines were:

- Video call option
- Call-back service
- Email address to contact counsellors

Section 4.7.2 discusses the possibility of introducing these features not currently offered by the ABA.

FINDING 18 Features offered by other parenting and early childhood helplines but not the ABA Helpline were a video option, a call-back service, and the option to email to contact counsellors.

4.6.2 LiveChat gaps and duplication

The LiveChat was identified as a unique national breastfeeding-specific support offered by the ABA, a finding also confirmed by the PBB Review [54]. Of all the services compared in Appendix C, only two had a web chat: the Ngala Parenting Line (Western Australia), although only a pilot trial [55], and the Parentline Queensland and Northern Territory, although not national [56]. Table 4.4 shows a comparison between the ABA LiveChat and the Parentline.

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Table 4.4: A comparison of the ABA LiveChat features with Parentline Qld and NT Webchat

	ABA LIVECHAT	PARENTLINE QLD AND NT WEBCHAT
Scope	Breastfeeding-specific	Parenting children ages 0–8 years
Opening hours	Mon, Wed, Fri: 12:00–2:00 pm AEST/AEDT Weeknights: 8:00–10:00 pm AEST/AEDT	Daily from 8:00 am–9:00 pm
Reach	National	Queensland and Northern Territory
Staff title(s)	Educators or counsellors	Counsellors
Consumer options	Connected to next available	Choose the gender of the counsellor
Access	Through ABA website	Through Parentline website
Login details	Asks for name, question, baby name, and baby age	Have to log in and complete short questionnaire prior to commencing the chat

Source: <https://parentline.com.au/>. NT = Northern Territory; Qld = Queensland

This comparison highlighted potential avenues to enhance the LiveChat. Parentline features not currently offered by the ABA LiveChat included extended and regular hours, choice of a relevant staff demographic, and collection of more consumer details before connecting.

FINDING 19 The LiveChat was the only national, breastfeeding-specific web-based chat. Only Parentline Queensland and Northern Territory had an established webchat, that was open more hours, although with a broader scope.

4.7 IMPROVING THE HELPLINE AND LIVECHAT

This section discusses how the Helpline and LiveChat can be improved to meet changing volunteer and consumer needs. The section compares the Helpline and LiveChat with other national and international initiatives and provides feedback from stakeholders on how they thought the Helpline and LiveChat could be improved. The feedback includes new technologies and comments on the alignment with one of the six funding objectives [7]:

Provide evidence-based education, information and support to breastfeeding mothers their partners, and families through a National Breastfeeding Helpline and other innovative approaches that make use of available and emerging technologies.

4.7.1 ABA collaborations

On a national level, the ABA collaborates with many other organisations. They receive funding from every jurisdictional health department except Western Australia. The ABA also works with other organisations that provide helplines and web chat services, including mutual technological assistance and insights, and refers calls between the services. For instance, the ABA assisted Perinatal Anxiety & Depression Australia (PANDA), Red Nose, and Pink Elephant in launching their web chat services. The ABA connects to many other organisations too through their volunteers:

‘Volunteers belong to many different advocacy groups; they are so passionate’ ~ ABA Senior Manager

The ABA also has research collaborations to further explore novel initiatives for breastfeeding support [57]. Examples of collaborations included:

- the Queensland University of Technology to trial SMS breastfeeding support [58]

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- the University of New South Wales and the Australian National University on The Breastfeeding Friendly Childcare Scheme [8]
- La Trobe University for the RUBY trial [16] (Section 2.3)
- Small World Social trialling Google glass [59]

These collaborations mean that the ABA has good visibility of national initiatives for breastfeeding support and is seen as a valuable research collaborator.

The evaluation found that the ABA was not only nationally recognised but was an internationally recognised organisation for peer-to-peer breastfeeding support. For example, the Breastfeeding Mothers' Support Group in Singapore used the ABA's syllabus to train their own breastfeeding counsellors [41]. The ABA senior management spoke about how the UK breastfeeding helpline reached out to the ABA for advice and how the World Health Organization contracted them to develop learning modules on the Code of Marketing of Breast-milk Substitutes [60]. The ABA also collaborated with the World Breastfeeding Trends initiative, an international technical working group that arose from the joint UNICEF and the Global Breastfeeding Collective (a group of international breastfeeding-related agencies) [14]. Therefore, the ABA has international connections and a positive reputation that could be leveraged to further explore international initiatives to enhance the Helpline and LiveChat.

The one group of stakeholders that did not routinely collaborate with the ABA were organisations representing priority populations. The evaluation found that collaborations with multicultural organisations could identify improvements for the Helpline and LiveChat to meet the needs of priority populations (Section 4.4.1).

FINDING 20 The ABA has many national and international collaborations, being a valued partner for new initiatives and research into breastfeeding support.

4.7.2 Upgrading the Helpline features

The evaluation identified Helpline improvements from stakeholders in consultations, focus groups, the ABA Consumer Survey and through the gap analysis comparing national helplines (Section 4.6). The following technological suggestions were made for the Helpline: video, call-backs, follow-ups and warm handovers.

The features of other similar breastfeeding helplines internationally were compared in HMA's desktop analysis (Appendix D). The evaluation found that a national breastfeeding helpline was only offered in Bulgaria, Singapore, the UK, and the United States (US). Peers with counselling training almost exclusively staffed these helplines, although not all were described as volunteers, which indicated some may have been paid. Many of the features offered by international breastfeeding helplines were similar to those offered by the ABA Helpline or were more limited. Some helplines were 24/7 but others had shorter or irregular hours. One feature offered by international helplines but not the ABA was a call-back service, also identified in the gap analysis. Overall, the ABA Helpline appeared as one of the world's leading breastfeeding helplines, with features enabling it to be one of the most organised, regular, and readily available breastfeeding helplines globally.

Consultations identified that some elements of the Helpline system required upgrading to function effectively. For example, the ABA senior managers spoke about how there was a requirement for volunteers to log in using a unique PIN code, but there were issues with the system interpreting the PIN code due to poorer 'tone recognition' from mobile phones. The ABA was exploring the option of voice activation and improving tone recognition to reduce issues for volunteers. Other consumers said they had connection issues, with the calls hanging up or not connecting in the first place. Before additional features are explored, the ABA may wish to consider addressing some of the technological difficulties.

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Video

One of the most discussed suggestions was integrating video call capabilities into the Helpline services. Some health professionals argued that video could enhance the quality of care by allowing for visual assessments during consultations, such as evaluating a baby's positioning or latch. Consumers and ABA volunteers flagged video as rapport building and making it easier to provide tailored support.

However, stakeholders also recognised the limitations of video. Health professionals noted that while seeing a caller can be beneficial, it may not capture all necessary angles for a comprehensive evaluation. There were also technical limitations; internet connections were essential for effective video communication, and this requirement may not be feasible for all users, especially those in rural, remote, or First Nations communities.

'Video is very limiting and may increase inequities as so many disadvantaged people can't access it.' ~ Peak body

'While you can see their face, you cannot see every angle. It may look like a great feed from 600 kilometres away, but the mother might still feel pain. If a health professional says it looks good, but they still have pain, they think it is a problem with them.' ~ Endorsed Midwife-Lactation Consultant

No stakeholders thought that the Helpline should move to a video-only service, but rather that video should be an optional extra. Some ABA volunteers expressed discomfort with conducting video calls, particularly during overnight shifts, because video interactions may demand higher professionalism. Privacy concerns were also raised, as voice calls often provide confidentiality that some parents and ABA volunteers preferred.

Call-back

ABA volunteers, health professionals, and consumers spoke about how the Helpline could be enhanced by using a call-back option, an initiative used by

other national and international helplines. The initiative involved a consumer leaving their number and receiving a call-back later, often within 24 or 48 hours. For the US breastfeeding helpline and the Ngala parenting helpline in Western Australia, the call-back mode was their only operating model. For the ABA Helpline, consumers said they appreciated the ability to connect straight to a counsellor.

For the ABA Helpline, a call-back feature was suggested to remove the need to wait on hold. Consumers suggested that a call-back could be offered once they were informed as to the length of the wait time, while also retaining the option of waiting on hold for the next available counsellor. The waiting time was highlighted by 15% of consumers in the ABA Consumer Survey as an area for improvement.

However, there were mixed opinions on whether the feature was worthwhile. As some ABA volunteer's comments indicated, the waiting times may not be long enough to warrant the investment in this feature. Adding further options at the start of the call may be off-putting to consumers. In the ABA Consumer Survey, some described how the pre-call communications were long and even added to their anxiety.

'It took nearly 3 minutes of clicking through unrelated phone tree options to even get to the hotline – would have been cool not to have that' ~ Consumer (ABA Survey)

'I've never had a mum on the other end of the phone who had waited too long or were annoyed with the wait time.' ~ ABA volunteer (Focus Group)

Follow-up

Stakeholders suggested that a follow-up service could maintain the connection between the ABA and callers. Follow-up options included an SMS to remind them that the ABA was there for any further needs, or a follow-up phone call to see how a caller was going with their breastfeeding action plan. Discussions in consumer focus groups identified that some people would not

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choose to call again if their issues were unresolved but would accept a follow-up call, especially if it was from the same volunteer they spoke to originally. Some ABA volunteers thought this was a useful option and other volunteers said they often already send follow-up information to consumers, mostly via a personal email since there was no formal method.

'Yes, follow-up could help; I am constantly reminding mums if they need us again in two hours, two days, or two years they can call. An invitation back would not hurt.' ~ ABA volunteer

One health professional went as far as to say that if the ABA were constructing breastfeeding plans with consumers, they should have had a follow-up in place. They said that health professionals had an obligation to review interventions, and that the ABA should too, to increase accountability.

However, concerns were raised about the workload a follow-up service could create. Consumers said that it might be too much work for volunteers, quoting that helplines were often already oversubscribed. One lactation consultant thought that if the same ABA volunteer who took the call then had to follow-up, this was really overstepping the responsibility of the volunteer role. Automated SMS, as had previously been trialled with the ABA [58], could maintain connection but reduce workload.

'I think this would need someone who is paid to offer a follow-up service. You can't have volunteers having that burden' ~ Lactation Consultant

The logistics of the most acceptable form of follow-up would need to be co-created with consumers. One consumer discussed in detail how a follow-up service would ideally operate, in their opinion:

'A return phone call two weeks later, maybe as an option, might be good – potentially the same person to be really helpful. Maybe text to see if you want a follow-up call two weeks later? Maybe then the same volunteer could call back. You could get a notification

when the call would be, e.g. between two times. Then have a link to click on before the call to say if you do or don't still want it.' ~ Consumer (Focus Group)

Warm handovers

Stakeholders identified the need for some consumers to be directly put through to a different helpline service, perhaps more medicalised, or for more specialised mental health support. Concerns were expressed about the current model where consumers were given another phone number to call instead of being put through. Health professionals explained that making the access pathway easier for consumers means that they are more likely to engage with the support.

'When I am doing a referral to somewhere you need to help that person to engage and get across more easily. It reduces the energy needed for parents to engage.' ~ Midwife

ABA senior managers said that the system did not allow for this 'warm handover', but they were looking into potential upgrades. However, they said this would require further funding to upgrade the telecommunications system.

FINDING 21 Options for additional Helpline features included video, call-backs, follow-ups and warm handovers. However, the evaluation did not find strong enough evidence to justify the immediate implementation of any feature.

4.7.3 Upgrading the LiveChat features

A comparative analysis with other national and international web-based chat options for breastfeeding identified that this mode of support was gradually emerging, and the ABA was one of the few organisations globally using this delivery mode. The equivalent of the ABA's LiveChat was only available in Ireland, the UK, and the US (Appendix D). The only webchat staffed by

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volunteers was in the UK; the service did not have regular hours being subject to volunteer availability [61]. The Irish service was run by the health system, provided through the Health Service Executive Organisation, Ireland's public health and social care service⁷ [62].

The evaluation found that other instant message services had features that could be used in the LiveChat. Although not a webchat, the Singapore Breastfeeding Mothers' Support Group offered counselling over WhatsApp, which had more functionality, e.g. sending photos or videos. Consumers said they wanted to upload a video to the LiveChat so the volunteer could see what they had talked about.

Other technical features were discussed to improve the user experience. Consumers wanted a LiveChat option in a separate window that saved the user history and did not reset when a browser was refreshed. They said the LiveChat needs to be a phone application or embedded into the ABA's mum2mum application.

Although some other national helplines offered email counselling (Appendix C), the ABA senior management saw the LiveChat as less effective at counselling than the Helpline due to the limited interaction and inability to ask a series of background questions. This evaluation therefore considered it unlikely that email counselling would be considered a worthwhile delivery mode by the ABA.

FINDING 22 The LiveChat was one of a handful of similar breastfeeding supports internationally, showing the ABA was trialling different delivery modes before other comparable organisations. However, some consumers reported technical difficulties with the LiveChat that required addressing.

Recommendation 9 The Department should consider a one-time investment to upgrade the ABA's telecommunications systems, addressing current technological issues to ensure stability and reliability. This upgrade should facilitate the integration of additional features, such as video calls, call-backs, follow-ups, and warm handovers in the future, should demand arise.

4.7.4 Continuity of care

Stakeholders spoke about the importance of continuity of care during the perinatal and postpartum period. Peak bodies and health professionals saw this as the gold standard model of breastfeeding support and an important model for priority populations, such as young parents. Stakeholders spoke about the burden on consumers of repeating their social and medical history to different support people, including for communities who do not meet the cis-heterosexual norms, such as LGBTIQ+ parents. This evidence matched findings from consumers who had used the PBB helpline and wished they had their call history on file [63].

'Continuity is an important point with young parents. They build trust with that one person. Participants we support are allocated to be supported by one mentor. Our cohort only wants to tell their story once.' ~ Brave Foundation

One consumer did get repeat service by chance and spoke highly of the connection:

'[The volunteer] helped me four years ago with my first child and it was like calling an old friend ... she was warm and reassuring and

⁷ N.B. the service does not provide a breastfeeding helpline equivalent

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gave very clear practical information that I put to use in the next feed.’ ~ Consumer (ABA Survey)

While continuity of care was not the practice of the ABA, this model may provide more impactful breastfeeding support. The high proportion of repeat callers (Section 5.2.2) meant the Helpline and LiveChat could have provided continuity of care but there are some notable barriers for the ABA. The ABA service model meant that the caller was anonymous, and no formal notes were taken during a Helpline call or chat. The system randomly allocated Helpline callers and LiveChat users to the next available volunteer.

Health professionals and peak bodies acknowledged that continuity of care was different in a professional capacity to a volunteer. There were concerns that documenting consumer notes would add to volunteers’ burdens, disincentivise them and add responsibilities beyond their scope of practice and training. However, evidence from ABA volunteers indicated that volunteers had to make notes on calls during their first few shifts after training, to discuss with a mentor. These notes were personal reflections and were not attributed to a particular individual or phone number but could set a precedent if the ABA wants to pursue such an option.

Instead of keeping notes on file for continuity of care, other stakeholders suggested the ABA follows up with a call or message after the initial contact. These follow-up options were discussed in Section 4.7.2.

FINDING 23 Continuity of care was considered a gold standard model of providing postnatal breastfeeding support. Stakeholders discussed how the Helpline and LiveChat could provide this by documenting consumer details, although acknowledged it might be beyond what should be expected of volunteers.

4.7.5 Improving information delivery

Two themes arose from the evaluation about the information that the ABA provided: the information and language should be simplified, and the information should be more tailored to the consumer.

Simplifying language and information

Stakeholders highlighted the diverse range of parenting initiatives and expressed how parents wanted easy-to-access, easy-to-understand, bite-size information, such as the information found on social media.

‘I think the ABA is an amazing organisation started by volunteers, but they are an out-of-touch old organisation. Parents ask: “Can’t you do a reel, can’t you do an Instagram post, can you put it on TikTok.” People really are more open through social media.’ ~ GP Lactation Consultant

Stakeholders said the language should be simple on the Helpline and LiveChat, in ABA resources and in advertisements. Some stakeholders felt that the current language used on the ABA website was too complex and would have dissuaded some consumers from accessing the Helpline and LiveChat.

FINDING 24 The ABA as a whole, the Helpline and the LiveChat may have benefitted from using simpler language in its communications, advertisements, and resources.

Tailoring information

Approximately 20% of Helpline survey respondents and ~21% of LiveChat respondents said the Helpline and LiveChat could be improved by providing more tailored and less generic information. Consumers indicated they felt like the information was repeated from the ABA website, that the ABA needed a

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broader scope of breastfeeding-related topics, and sometimes they were not given the information they sought.

In contrast, many more consumers commented on the thoroughness of the Helpline and LiveChat. They said that volunteers provided not one, but multiple suggestions tailored to the parents' challenges. Some consumers even commented in the survey that, while they appreciated the volunteer's thoroughness, they wished for a quicker answer.

'Volunteer was thorough and thoughtful, however I called in a high stress situation with a screaming child and was interested in suggestions quicker, possibly unreasonably.' ~ Consumer (ABA Survey)

In focus groups, there was a feeling among consumers that the LiveChat particularly provided more generalised information compared to the Helpline. This kind of information provision was by design, with less capacity on the LiveChat to ask questions about a consumer's personal circumstances. Even so, there was a desire for the LiveChat to be more personalised, reflecting the fact that it was staffed by volunteers rather than artificial intelligence.

'The LiveChat could feel more personal though – I don't want a chatbot' ~ Consumer (Focus Group)

FINDING 25 Many consumers found the information tailored to their needs, but some said that it felt like the volunteer repeated the website. Consumers found the LiveChat more generic than the Helpline, which reflects the service's design of repeating website information.

5 EFFECTIVENESS

An assessment of a program's effectiveness determines:

the extent to which the services have achieved their intended objectives

This chapter addresses the following key evaluation questions under the main question: How effective are ABA services for consumers?

- How satisfied are consumers with services?
- To what extent has each service reached its target population?
- To what extent do you think people are unwilling or unable to access the Helpline and LiveChat services, even if aware of them?
- Have the services improved access to breastfeeding support *including* for disadvantaged or priority groups?
- To what extent does the Helpline/LiveChat increase awareness of the importance of breastfeeding?
- Have the services supported the initiation and maintenance of breastfeeding in Australia?

This chapter also discusses the following questions relating to sustainability:

- What are the barriers and enablers to ABA meeting its objectives? (with a focus on four of the six objectives)⁸
- To what extent do the other ABA services enhance the delivery of the Helpline / LiveChat (or vice versa)?

The objectives of the ABA's grant funding to operate the Helpline and LiveChat are stated in Section 2.4.1.

5.1 SUMMARY OF RECOMMENDATIONS

Recommendation 10 Determine appropriate modifications to regular quality assurance processes (such as the Helpline exit survey) to understand trends in the reasons for unhelpful calls and user dissatisfaction.

Recommendation 11 The Department may want to explore ways to enhance the understanding of the decline in demand for the ABA Helpline by considering improvements in the collection and analysis of breastfeeding data across Australia. Establishing a comprehensive, ongoing national survey could yield valuable insights into current breastfeeding practices, user demographics, and potential barriers to accessing support services. This approach might help clarify whether the decline in Helpline usage is indicative of broader trends or shifts in consumer preferences, particularly among priority populations that may currently be underserved.

Recommendation 12 The Department should continue funding the ABA to support its vital Helpline and LiveChat services. Despite challenges such as misinformation, limited access to lactation consultants, and societal attitudes towards breastfeeding, the ABA plays a key role in providing accurate support.

⁸ The other two objectives are discussed in Chapter 4, where more relevant

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This funding is essential for promoting informed choices and improving breastfeeding outcomes across Australia.

5.2 CONSUMER SATISFACTION

Findings from consumers show a high satisfaction with the Helpline and LiveChat services. Evidence from stakeholders, the ABA Consumer Surveys, and the consumer focus groups consistently show that consumers feel supported and reassured by positive interactions with volunteers and, therefore, would recommend the services and use them again.

'Love you support 24/7.' - Helpline Consumer (ABA Survey)

Feedback from the ABA Consumer Survey 2024 showed that the overall satisfaction levels were 94% for the Helpline and 95% for the LiveChat. Other survey measures such as whether the service met consumers' expectations exceeded 90%; over 80% of survey respondents felt less worried and more confident about breastfeeding, and over 93% felt that the volunteer was approachable, helpful, and empathetic. These findings were similar for both the Helpline and LiveChat and were consistent with previous years. Evidence from previous ABA performance reports shows average scores of 90–95% satisfaction for the Helpline and 95–97% for the LiveChat.

All these customer satisfaction ratings exceeded the funding milestone that customer ratings exceed 75%, as stated in the ABA Final Performance Report [52]. The high ratings were similar to other breastfeeding and baby helplines, including 93% satisfaction from the RUBY randomised controlled trial [18], and 90% for the PBB helpline from July to December 2023 [54]. The PBB Review said that the minimum standard for the PBB helpline was 95%, a considerably higher target than the ABA Helpline. However, the ABA prides itself on delivering high-quality service.

Second-hand reports from stakeholders and health professionals were consistent with the other evidence sources about consumer satisfaction with

the Helpline and LiveChat services. Consumer organisations such as the Maternity Consumer Network received no negative feedback from members on the Helpline and LiveChat. Similarly, National Rural Women's Coalition consumers also spoke positively about the Helpline. These comments provided reassurance that the findings from the ABA Consumer Surveys and the focus groups were not a result of selection bias, i.e. consumers with a positive experience may have been more inclined to participate.

5.2.1 Reasons for consumer satisfaction

The open-text survey responses and focus group discussions identified some of the reasons why the Helpline and LiveChat had high satisfaction ratings. One of the most highlighted aspects of the Helpline and LiveChat was the interaction between consumers and volunteers. Feedback from consumers showed that some of the key aspects of a positive experience included that the consumer felt heard, the information was delivered in the right way, and the volunteer made considerable effort on behalf of the consumer. HMA analysed the survey responses that referred to a positive interaction with volunteers to determine the characteristics of a positive call; a summary is presented in Table 5.1.

Table 5.1: The 10 key characteristic groupings exemplified by respondents who had a positive interaction with the breastfeeding counsellor (n=180)

CHARACTERISTICS	TOTAL (%)	CHARACTERISTICS	TOTAL (%)
Warm, reassuring and supportive	67 (37.2%)	Friendly, calm and approachable	30 (16.7%)
Knowledgeable	54 (30.0%)	Patient listener	19 (10.6%)
Empathetic and relatable	53 (29.4%)	Encouraging	11 (6.1%)
Helpful	49 (27.2%)	Collaborative	6 (3.3%)

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CHARACTERISTICS	TOTAL (%)	CHARACTERISTICS	TOTAL (%)
Kind and caring	33 (18.3%)	Professional and courteous	5 (2.8%)

Note: respondents' answers could be allocated to more than one character grouping

These characteristics are similar to the description of supportive calls as described in HMA's literature. Research shows that the characteristics of supportive helpline calls include being information-seeking and sharing, questioning, respectful, prioritising the caller and their concerns, and collaborating on a course of action [64]. Peer support for breastfeeding was found to be helpful when there was listening, help, acceptance, practical advice, and validation that a mother's experiences or concerns were normal [18].

Consumers also spoke highly about the suggestions provided by the volunteers on the Helpline and LiveChat. The information was seen to be trustworthy and actionable, delivered by knowledgeable volunteers who were willing to tailor the information to a consumer's personal circumstances. Consumers appreciated how the information was not limited to a particular direction, but that the volunteer provided a range of strategies to overcome a consumer's breastfeeding challenge. Even if the volunteer did not have the answer, or it was out of their scope (i.e. a medical question), consumers were satisfied, including with how the volunteer redirected them to other services.

Another theme was the accessibility of the Helpline and LiveChat (discussed further in Section 4.3.1). Consumers said that the 24/7 nature of the Helpline, combined with short wait times, made it a more accessible support to access than many in-person supports. Both services were considered more convenient than a GP or Lactation Consultant, which may have several days' wait and could result in out-of-pocket costs.

FINDING 26 The Helpline and LiveChat both had extremely high consumer satisfaction rates (90–95%), with the most notable feature being the quality

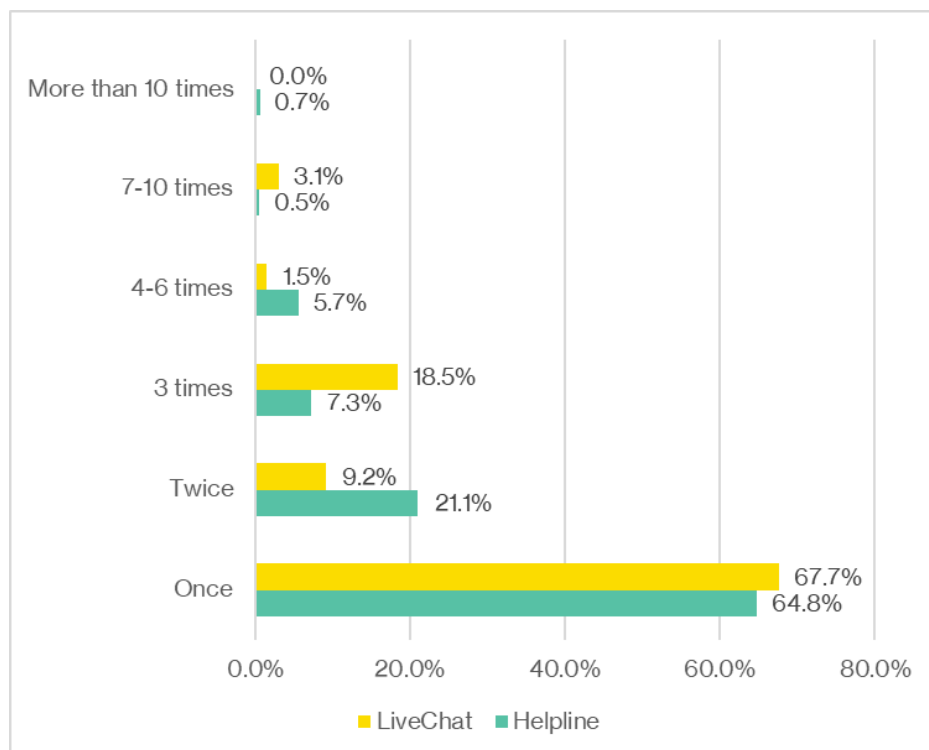
of the interaction with the volunteer. This high level of satisfaction was consistent across the past few years and showed no sign of diminishing.

5.2.2 Repeat callers

One of the most telling measures of the high levels of consumer satisfaction was the number of repeat callers. The proportion of repeat users for each service was approximately the same, with 35.2% for the Helpline and 32.3% for the LiveChat. Several consumers reported they used the services repeatedly during the last year (Figure 5.1).

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Figure 5.1: The proportion of users of the Helpline (n=1025) and LiveChat (n=65) by the number of times they had used the services during the past 12 months



Source: ABA Consumer Survey 2024

The proportion of repeat callers may be higher than this estimate, given the survey question did not capture whether respondents had used the other complementary service (e.g. if a Helpline respondent had used the LiveChat in the last 12 months) or if they used the service more than 12 months previously. Instead, the Helpline exit surveys showed that, from July 2019 to December 2023, 46% of Helpline callers were repeat callers [52]. By comparison, the PBB helpline had approximately half the number of repeat

callers (~25%) even though satisfaction levels were similar (90% and above) [54]. Therefore, this suggested that parents were more likely to have repeat breastfeeding issues they wanted addressing, than general parenting advice.

'I've called three times now over two babies with different issues and always had such quality, practical advice.' ~ Consumer (ABA Survey)

FINDING 27 Up to 50% of Helpline and LiveChat consumers said they would use the Helpline or LiveChat again, a testament to their satisfaction with the service. Some consumers even said they used the Helpline more than 10 times in a 12-month period showing that the services offered a form of longitudinal care.

5.2.3 Dissatisfied consumers

There were some dissatisfied consumers from the ABA Consumer Survey 2024, and one focus group consumer had negative experiences with the LiveChat but positive ones with the Helpline. Nevertheless, the proportion of people who had a negative experience may be less than 5% of calls and chats, given the overall satisfaction ratings of ~95%.

The main reasons why survey respondents were dissatisfied with the Helpline were the quality of the information, the wait time, and technological issues. The responses from LiveChat survey respondents were similar saying that they had connection issues, the information was unhelpful, but also said the LiveChat opening times were restrictive.

'I felt as if I was being read to the same information as available on the website' ~ Consumer (ABA Survey)

Information issues centred around the suggestions being too generic, conflicting, insufficient, repeating what they had read online, or providing information for which they had not asked, which was in opposition to the

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consumer's breastfeeding goals. Consumers felt like the suggestions should be more tailored, less scripted, and answer their questions. These concerns were the opposite of the positive characteristics described by many consumers who were satisfied with their support and said volunteers listened well and addressed their concerns with various suggestions. These contrasting experiences suggest that while most interactions meet high standards, there was room for improvement in ensuring tailored support across all calls. Nevertheless, continuing training for volunteers and quality assurance of calls was necessary to maintain high standards. The ABA said that if they received a complaint, they could identify the volunteer and speak directly to them about the interaction, if necessary.

Consumers who participated in both the focus groups and survey responses explained that they had technological issues with both the Helpline and LiveChat. Reported issues included calls dropping out, sound issues, losing the chat window, and not receiving a response. The ABA senior management said they were aware of these issues and planned a system upgrade with advanced capabilities, as stated in their funding proposal [65].

However, the evaluation found no reasons for consumer dissatisfaction in any ABA data outside of the Consumer Survey. Routinely collected data in the Helpline exit survey asked if consumers found the call helpful but there were no underlying reasons reported. ABA Performance Reporting from July 2019 to December 2023 stated that 8% of callers did not find the service helpful, equating to 17,987 people over that period. Therefore, extrapolating dissatisfaction reasons from 118 respondents from the Consumer Survey 2024 may not have captured the breadth of themes.

FINDING 28 A minority of consumers (~5%) were dissatisfied with the Helpline and LiveChat, saying they felt there were issues around quality of the information and technological challenges. The ABA could address complaints about information but did not have the funding to upgrade their technology.

Recommendation 10 Determine appropriate modifications to regular quality assurance processes (such as the Helpline exit survey) to understand trends in the reasons for unhelpful calls and user dissatisfaction.

5.3 OVERALL PROGRAM REACH

The breastfeeding peer support offered by the ABA is intended to help mothers and other parents make informed decisions about their breastfeeding journey alongside practical support [66]. The Helpline and LiveChat peer support was not limited to mothers, but also fathers, partners, grandparents and other carers and support people. The Helpline and LiveChat were still marketed as a mother-to-mother peer support service, and the Helpline number itself was mum2mum, and the ABA's app is also called mum2mum. Many stakeholders saw this as a positive and attractive aspect, although some mentioned it would be more accessible to diverse groups with more inclusive language.

While the ABA provides support to a broad range of people, the evidence shows that callers are most likely to be breastfeeding mothers. ABA Consumer Survey 2024 data showed that respondents were mostly mothers – 94.8% of Helpline respondents and 93.9% of LiveChat respondents. Similarly, ABA volunteers in focus groups spoke predominantly about speaking to mothers on the Helpline. However, some said there appears to be a rise in partners joining in the call on speaker phone.

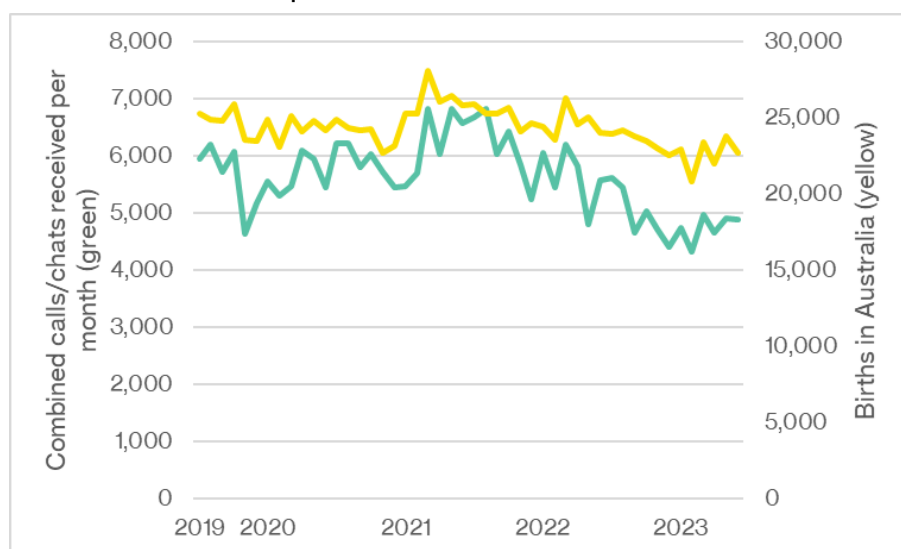
5.3.1 Trends in call and chat numbers

The number of calls and chats has been declining, which has caused some to question the uptake of the services. Between FY 2019–20 and FY 2022–23, the Helpline experienced a 21.7% decline in calls and the LiveChat and a 30.9% decline [52]. However, these trends were approximately in line with the decline of births nationally. Figure 5.2 depicts the monthly number of

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combined calls and chats relative to the national birth rate. The pattern of monthly Helpline calls particularly is mainly similar to the birth rate, which is unsurprising given that over 50% of Helpline calls and chats are within the first two months postpartum [67]. Therefore, a decreased uptake of the Helpline and LiveChat services may be partly related to the number of births in Australia rather than a lack of willingness among new parents to use the services.

Figure 5.2: The combined number of Helpline calls and LiveChats per month relative to the national birth rate



Source: ABA Performance Reports (Additional Reporting) and Australian Bureau of Statistics 2024, *Births, by year and month of occurrence, by state*. LiveChat data was only reported from July 2020, but numbers are much lower than the Helpline, e.g. FY 2022–23 average monthly number of chats was 394.

However, these data show that the decline rate since mid-2021 is greater for the number of calls and chats than the decline of the birth rate. This has implications for the ongoing sustainability of the services if the same trajectory continues. Nevertheless, the ABA Helpline supported 42,014 calls in FY 2022–23⁹, comparable to the ~40,000 calls delivered by the 24/7 PBB helpline [54]. These data suggested that, even with declining numbers, the ABA Helpline was still assisting more consumers than comparable helplines.

Health professionals reported they often spoke to clients about their interactions with the ABA, which suggested the continued relevance of the Helpline and LiveChat services. However, other stakeholders said the ABA is becoming increasingly irrelevant, and consumers do not want breastfeeding support via a Helpline or LiveChat. ABA Consumer Survey data showed that online is the main alternative consumers would have used if the Helpline and LiveChat were unavailable (Section 4.3.1). This was supported by stakeholders who said parents would prefer to use websites and online tools first before speaking to someone in person.

'There is a generational thing where people don't want help on the phone. I think people use it as there is nothing else out there.' ~
Department of Social Services: Family Policy and Planning

The ABA also commented on the declining number of calls and chats. They said some other of their new initiatives may provide breastfeeding support for people who would otherwise have used the Helpline and LiveChat. These initiatives included upgrades to the Helpline such as a triage service, where people can press for different options: medication advice, details for local groups, or a breastfeeding counsellor. Other ABA initiatives included increased provision of other ABA services and resources, such as the Virtual

⁹ Received calls were 53,726 for FY 2022–23

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Village and even LiveChat, which may have attracted some people away from the Helpline.

'We are doing lots of work in helping mothers be well resourced which might contribute to declining helpline calls. It is preventative; mothers are not at the point of desperation' ~ ABA Senior Management

Declining numbers may relate to concerns about the services among consumers. In focus groups, consumers articulated reasons why they were hesitant to call the Helpline or use LiveChat. They spoke about a sense of guilt in contacting volunteers in their own time, especially after hours and overnight. Some even felt a sense of guilt that the volunteers received no financial reimbursement for these inconveniences. Other consumers said that they felt a stigma attached to the Helpline and LiveChat because they are counselling services or questioned the ability of the ABA to help with their personal challenges. Consumers said they sometimes needed encouragement to overcome these hesitations.

Further, a lack of awareness may have contributed to declining numbers, with some stakeholders saying that the lack of awareness was the biggest barrier to accessing the Helpline and LiveChat. This was discussed in Section 4.2.1.

FINDING 29 The number of Helpline calls and LiveChats was declining with different explanatory reasons from the evidence. The decline may have been influenced by declining birth numbers, lack of awareness, or consumer preferences to receive breastfeeding support elsewhere, with some of those options being initiated by the ABA.

User demographics

Many users did not fit into any of the three priority populations on which data were collected (Section 5.3.2), although it was unknown whether they were from other populations identified by stakeholders as a priority (Section 4.4). Demographic caller data collected by the ABA indicated that ~87% of Helpline

calls and 89% of LiveChats were from English-speaking, non-First Nations people over the age of 25. This was supported by the ABA Consumer Survey 2024 where 75.9% of Helpline respondents, and 75.0% of LiveChat respondents were not from any of the three priority groups.

One of the more surprising findings from the Consumer Survey was that ~50% of survey respondents said they had a gross annual household income of \$150,000 or higher, whereas national data suggests that ~25% of people were in this income category [68]. Even if this was an overestimate from this cross-section, it still indicates that people of a higher socioeconomic background use the Helpline and LiveChat.

The characteristics of Helpline and LiveChat users from service and survey data matched the perception among several stakeholders that the ABA is 'white, middle-class, well-educated women'. It appeared that the demographics of the service users largely matched the volunteers who staff the service. This indicates that the service may not be a universal service to all Australians, but rather a select group.

'We're getting to point where breastfeeding is an elite pursuit by a privileged cohort. Their body is fit and healthy and they can take time out of the workforce.' ~ Brave Foundation

FINDING 30 Demographic data and stakeholder evidence suggested that English-speaking mothers from middle to high socioeconomic backgrounds were the predominant users of the Helpline and LiveChat.

Recommendation 11 The Department may want to explore ways to enhance the understanding of the decline in demand for the ABA Helpline by considering improvements in the collection and analysis of breastfeeding data across Australia. Establishing a comprehensive, ongoing national survey could yield valuable insights into current breastfeeding practices, user demographics, and potential barriers to accessing support services. This approach might help clarify whether the decline in Helpline usage is indicative

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of broader trends or shifts in consumer preferences, particularly among priority populations that may currently be underserved.

5.3.2 Data collection on priority populations

Determining the reach of the Helpline and LiveChat for priority populations features in two of the six funding objectives [7]:

Collect adequate data to determine caller demographics (specifically callers from priority populations) and trends in calls over time of day.

Improve the reach of the National Breastfeeding Helpline to targeted populations that experience health inequalities or social disadvantage by delivering evidence-based, culturally sensitive breastfeeding education and support.

In line with the objective, data on caller demographics, specifically three priority populations, had been collected since June 2021 [52]. The following data on users had been collected for each call and chat:

- Aboriginal or Torres Strait Islander people
- People 15–24 years of age
- People who speak English as a second language

While data was not collected on other priority populations, stakeholders identified First Nations people, young mothers, and CALD communities most frequently as priorities. This suggested that ABA collects data on the groups considered the greatest priorities in Australia.

The data ABA collected on people who speak English as a second language may have underestimated the number of CALD people accessing the Helpline and LiveChat. As defined by the Australian Bureau of Statistics [69], CALD indicators also include country of birth, main language spoken at home, and proficiency in spoken English, not only English as a second language.

For any data collection, consideration should be given to whether additional questions are burdensome to consumers and how to improve the ease of information provision. Some consumers reported that questions before the Helpline call contributed to increased anxiety; no comments were provided about the questions before the LiveChat.

'I felt the questions and information provided before being connected was quite stressful as I was already quite vulnerable and anxious.' ~ Consumer (ABA Survey)

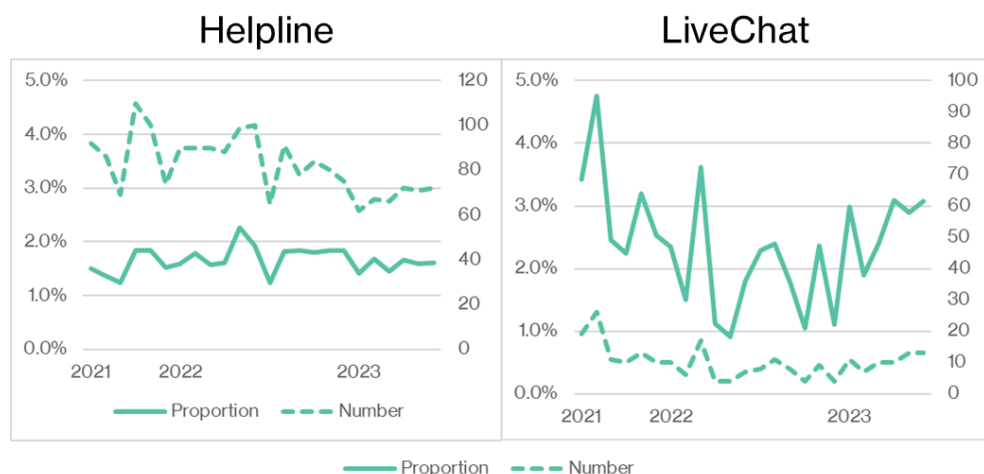
FINDING 31 The ABA has routinely collected data on priority populations since June 2021. These data showed that First Nations, Young (<25 years), and CALD consumers have accessed the Helpline and LiveChat to some extent.

5.3.3 First Nations

There may have been a lower uptake of the Helpline and LiveChat among Aboriginal and Torres Strait Islander Australians compared to the general population. Routinely collected Helpline and LiveChat consumer data, shown in Figure 5.3, indicated that the monthly proportion of First Nations Helpline callers is ~1–2%, with more variation among LiveChat users (~1–5%). By comparison, national data showed that 5.3% of the women giving birth are Aboriginal or Torres Strait Islander people [70], suggesting that First Nations people are underutilising the Helpline and LiveChat. In agreement with this, stakeholders perceived that First Nations people were reticent to access the Helpline and LiveChat, saying that this population can be less likely to engage with health services in general (Section 4.4.1).

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Figure 5.3: The proportion and number of Helpline calls and LiveChats from First Nations people by month across two consecutive financial years



Source: ABA Performance Reports (Additional Reporting)

There are limited findings from First Nations people in the ABA Consumer Survey 2024. Of the 993 survey respondents who answered whether they identified as an Aboriginal or Torres Strait Islander person, only six Helpline respondents (0.6%) said they were First Nations, five of whom were from metropolitan areas. All six First Nations respondents were positive about the Helpline and the non-judgemental empathy of the counsellors. Therefore, consultations explored the underlying reasons for the lack of uptake among First Nations people.

Stakeholders identified several reasons why First Nations people are unwilling or unable to access the Helpline and LiveChat. First, health professionals who had worked with First Nations people said the Helpline and LiveChat were not perceived as services for Aboriginal and Torres Strait Islander parents. There were also concerns about racism and a lack of cultural safety and understanding. Instead, there was a perception that the Helpline was for well-educated people, and the LiveChat for those who can

write well. First Nations communities can also prefer support from trusted members of their own community or from people with whom they have built rapport, and many volunteers were not First Nations people (Section 5.3.1). Further, the TIS did not cover all the First Nations languages and therefore some people were unable to access the Helpline.

'[First Nations women] have a fear of being exposed to racism, judgement, a lack of understanding of women's business and what that means, and how culturally safe and responsible people are on the line. It's not that they don't want to access, it's the fear about what and who is behind it.' ~ First Nations Organisation

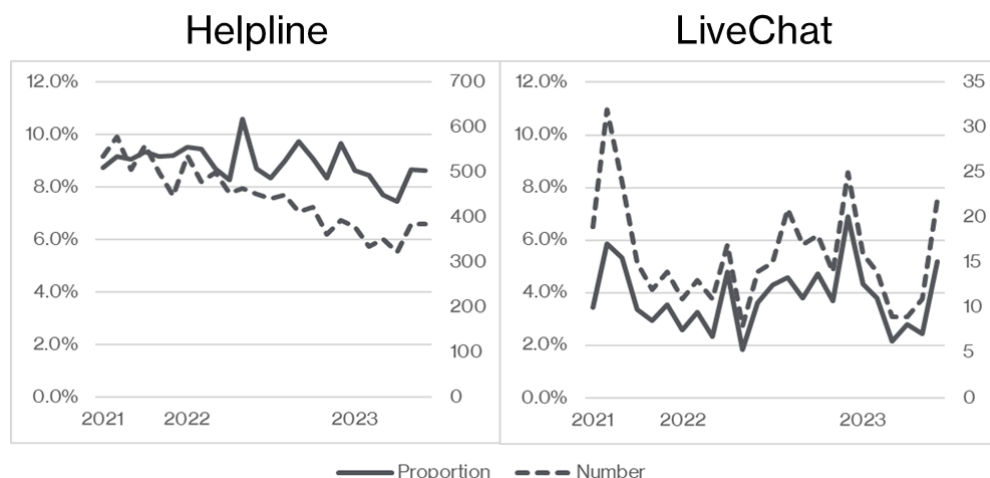
Further related thoughts on the appropriateness of the Helpline and LiveChat for First Nations people were discussed in Section 4.4.1.

5.3.4 CALD communities

Similar to First Nations people, the evidence suggested that CALD communities were also less likely to access the Helpline and LiveChat. ABA reporting data indicated that ~8–10% of callers and ~2–6% of LiveChat users per month speak English as a second language (Figure 5.4). By comparison, national estimates from the National Perinatal Data Collection 2022 showed that ~33.8% of women giving birth are born outside of Australia, with ~27.2% born in non-English speaking countries [70]. This shows that CALD populations were not proportionally represented among Helpline and LiveChat consumers and suggested lower service uptake. The proportion of CALD consumers was higher for the Helpline than the LiveChat, which may be related to the availability of the TIS option on the Helpline but not the LiveChat.

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Figure 5.4: The proportion and number of Helpline calls and LiveChats from CALD consumers by month across two consecutive financial years



Source: ABA Performance Reports (Additional Reporting)

Even though the ABA offered the TIS for CALD communities on the Helpline, the impacts on accessibility are unclear. Focus groups with ABA volunteers identified heterogeneity in the number of TIS calls between volunteers. Some volunteers felt like they had lots of TIS calls and others had them infrequently. The ABA's reporting data showed that TIS calls had declined from 76 in FY 2019–20 to 50 TIS calls in FY 2022–23 [52]; these numbers equated to ~0.1% of supported calls being TIS. There was insufficient data to determine whether CALD populations were more likely to access the Helpline because of the TIS option or whether the intersection with other barriers meant that the TIS option was insufficient to change consumer usage rates. ABA volunteers said that sometimes CALD communities will use a friend or relative to translate instead of the TIS service.

'Sometimes it's dads that call for people from CALD communities as dad is often the one better at English. It's very hard and we

wish they would use the interpreter service. But they don't want to. It's becoming a real family thing much more than it was.' ~ ABA volunteer

Multicultural organisations spoke about how people were less likely to access the Helpline and LiveChat, even with the TIS option, because the advertisements were not in a language they knew.

ABA volunteers recognised that the lack of diversity in their organisation may be a barrier to CALD communities accessing the Helpline and LiveChat. Even if there were a local ABA group near a CALD enclave or multicultural suburb, volunteers commented that it was unlikely there would be interaction between the ABA group and the CALD community. Instead, volunteers recognised their lack of expertise in engaging with diverse communities.

'Australia is very culturally diverse but not reflected in our organisation. It is so hard to reach CALD populations' ~ ABA volunteer (Focus Group)

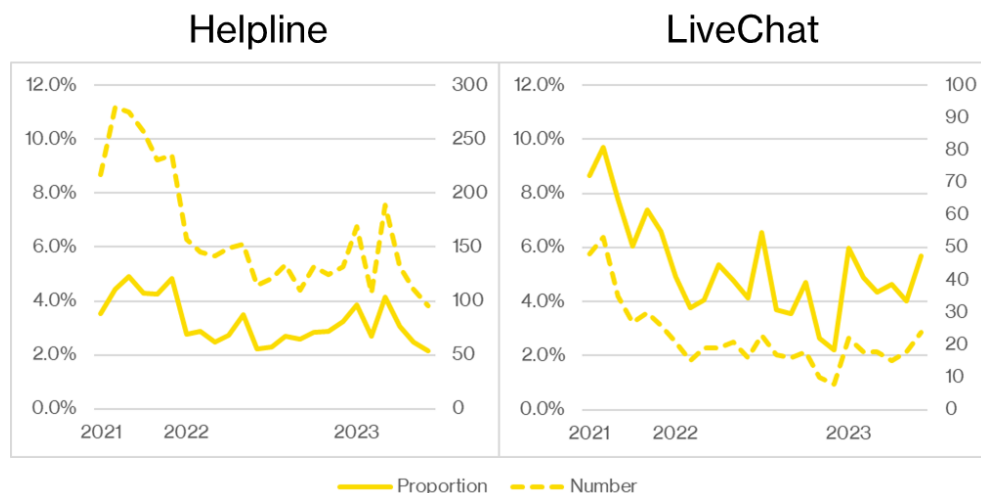
Further related thoughts on the appropriateness of the Helpline and LiveChat for CALD communities are discussed in Section 4.4.1.

5.3.5 Young mothers

The evidence suggested that young mothers were also less likely to access the Helpline and LiveChat. ABA reporting data showed that ~2–4% of Helpline consumers and ~2–10% of LiveChat users per month were between the ages of 14 and <25 years (Figure 5.5). National data stated that 11.1% of mothers were under 25 [70], suggesting this priority population was underrepresented among Helpline and LiveChat consumers. This was further supported by data from the ABA Consumer Survey showing that 6.1% of Helpline respondents and 6.9% of LiveChat respondents were under 25 years of age. Instead, survey respondents over 30 years were overrepresented.

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Figure 5.5: The proportion and number of Helpline calls and LiveChats from consumers aged 14 to <25 years by month across two consecutive financial years



Source: ABA Performance Reports (Additional Reporting). Note: for July to December 2021, for both Helpline and LiveChat, young users were defined as 25 years or younger, whereas a definition of young users between 15 and 24 was subsequently used.

The proportion of young consumers was higher for the LiveChat than the Helpline, which may indicate a greater uptake of the text-based service. However, other consumers said that the support provided by the ABA, Helpline or LiveChat may be less acceptable to younger parents, which is driving the lower uptake in this age group. The appropriateness of the Helpline and LiveChat for young parents is discussed more in Section 4.4.2.

FINDING 32 The reach of the Helpline and LiveChat was static or declining among First Nations, young, and CALD populations. This may be related to reduced acceptability of the Helpline and LiveChat services among these priority populations.

5.3.6 Other priority and disadvantaged populations

As discussed in Section 5.3, multiple stakeholders identified that there can be a perception that the ABA is 'white, middle-class, well-educated women'. Parents who do not fit into this category, including those who are not cis-heteronormative or English-speaking, may not consider the services to be for them.

'We have complex low SES [socioeconomic status], lots of DV [domestic violence], drug use, and child safety involvement. These are the women who won't go along to the ABA for support. The ABA women tend to be middle-class, educated women.' ~ Nurse-Midwife-Lactation Consultant

Discussions with First Nations organisations, CALD organisations, and LGBTIQ+ organisations identified the need for a more diverse representation of communities as part of the ABA. However, stakeholders identified challenges of having diverse representation. The Institute of Urban Indigenous Health identified that First Nations women were often from low socioeconomic backgrounds and may be working multiple jobs, meaning that volunteering would add extra unnecessary pressure. LGBTIQ+ Health Australia said that the number of gender-diverse people, including transgender women, was small, meaning it could be difficult to find representatives from this group who are willing to volunteer.

Instead, stakeholders also spoke about the need for the ABA's advertisements, videos, graphics, images and information to reflect the diversity of the Australian population requiring breastfeeding support. This was particularly important for the images on the ABA landing page, which peak bodies said should be carefully selected positive images to portray diverse people breastfeeding. LGBTIQ+ Health Australia and Rainbow Families spoke about how more inclusive language and materials were required to appear welcoming of the LGBTIQ+ community.

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'We are building a cache of safe spaces, and it might be helpful to know that ABA is inclusive. In our community [LGBTIQ+ as soon as someone has a bad experience, they will tell everyone they know.] ~ Rainbow Families

Rural and remote

Another priority population was people living in rural and remote Australia. The ABA estimated that 21% of consumers were from rural and remote communities [45], although figures were taken from older consumer survey data. 2024 data showed that 13.6% of Helpline respondents and 17.2% of LiveChat respondents lived in rural and remote areas. In comparison, national data recorded births by remoteness of usual residence [71] showed that 29.3% of people with newborns lived outside of metropolitan areas, and 12.6% lived outside combined metropolitan and inner regional areas. The differences in classification posed a challenge to accurately determine if uptake is lower among people in rural and remote areas, although it appeared likely.

This was confirmed by health professionals working in rural and remote communities and rural peak bodies who said that there was often not enough phone signal to make a call, or strong enough Wi-Fi to maintain a LiveChat connection. However, some stakeholders identified telehealth as an important investment for rural and remote communities when accessing physical services is difficult.

'I think there are core challenges in that access is not equal to all communities and it's not equal to all health professionals. For example, there are issues with connectivity, mobile phone range, and clinics in rural areas where phone lines are down. Rural staff have to physically get out to find a connection.' ~ CRANaplus

HMA's findings differ from the ABA's reporting on whether they met this objective. In the ABA Final Performance Report [52], the ABA estimated that the proportion of callers from First Nations and CALD backgrounds was

equivalent to the proportions represented in the national population from the Census in 2021. Compared to the National Perinatal data set in this report, HMA found that the proportions of First Nations and CALD people were lower than the proportion of birthmothers from those priority populations. One contributing factor to the disparity may be the higher fertility rate in First Nations women [71]. The definition of CALD and associated data collection, as previously discussed in Section 5.3.2, may also have contributed to differences between the reports.

FINDING 33 Many broader disadvantaged groups were not accessing the Helpline and LiveChat, including people living in rural or remote locations, with lower socioeconomic backgrounds, LGBTIQ+ people, or parents from complex social circumstances (e.g. domestic violence).

FINDING 34 Disadvantaged populations wanted more inclusive images and language in ABA resources and advertisements, to appear more welcoming of diverse groups

5.4 COMPLEMENTARY ABA SERVICES

The ABA has a diverse range of electronic delivery modes for breastfeeding support. These include the:

- **ABA website** is a key resource for breastfeeding support, providing evidence-based information, education, and promoting its services.
- **ABA memberships** are tiered and provide members with discounted education sessions, breast pump hire, ABA booklets, newborn virtual village access, and other free online resources [50]. This includes a free tier introduced in 2023, with 17,000 members.
- **mum2mum app** offers easy access to information and services, used by 3,000–4,000 users monthly.

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- **social media** – the ABA engages over 122,000 Facebook and 39,400 Instagram followers, promoting seminars, blogs, and breastfeeding tips while sharing personal stories and research.
- **podcast** titled ‘Breastfeeding ... with ABA.’
- **monthly eNewsletters** to members and health professionals, achieving a 53% open rate in 2022–23.

The evidence indicates a close relationship between the Helpline, LiveChat, and other ABA services. Data from the ABA Volunteer Survey showed that LiveChat volunteers frequently refer consumers to these complementary services¹⁰. The five most common places to which a volunteer referred a LiveChat user were:

- the ABA website (44.6%)
- the ABA Helpline (11.4%)
- ABA membership services (9.0%)
- GPs (8.5%)
- the local ABA group (7.0%)

Of the top five places to refer consumers, four were ABA services. Other less common ABA services that volunteers referred to were an ABA booklet, the ABA’s mum2mum app, the ABA’s podcast, or breast pump hire. The data suggest that LiveChat is fulfilling its purpose for information provision, directing users to the sources of information they require, often provided within the ABA.

Consumers referred to the ABA website for additional information following a call or chat, or to gain knowledge about the Helpline and LiveChat.

‘I expected a shorter call, but she talked me through for around 15 minutes explaining in depth and referred to the website on where I could read more info.’ ~ Consumer (ABA Survey)

However, most consumers do not have an ABA membership, which is an indicator of consumers’ engagement with other services. The Helpline exit survey data shows that only ~10% of callers have an ABA membership. Similarly, the proportions of membership-holding respondents from the ABA Consumer Survey 2024 were 9.4% for the Helpline and 20.7% for the LiveChat. This evidence suggests that the Helpline and LiveChat are primarily used by non-members of the ABA, people who would not otherwise use their services.

ABA volunteers in focus groups said they rarely speak to people with an ABA membership. Reporting ABA members are already well educated in breastfeeding and, therefore, need the Helpline and LiveChat services less.

‘People who come to us are not involved [with the ABA].’ ~ ABA volunteer (Focus Group)

FINDING 35 Complementary ABA services enhanced the delivery of the Helpline and LiveChat, with the LiveChat particularly being reliant on the ABA website.

FINDING 36 Consumers who had a high level of engagement with the ABA were less likely to use the Helpline and LiveChat, which suggested they were better supported, and that proactive breastfeeding education can reduce the need to access the Helpline and LiveChat.

¹⁰ The Volunteer survey did not collect similar information for the Helpline.

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5.5 BREASTFEEDING HEALTH PROMOTION

This section discusses breastfeeding awareness and breastfeeding rate outcomes associated with one of the objectives of the grant funding agreement [36]:

Increase the community's awareness, knowledge and understanding of the importance of breastfeeding to future health outcomes, and the role of families, communities and breastfeeding-friendly environments;

5.5.1 Breastfeeding awareness

Consultations with stakeholders about raising breastfeeding awareness in Australia centred largely around the ABA, rather than the Helpline and LiveChat individually. Even then, many of the discussions with stakeholders explored how breastfeeding awareness is larger than the ABA alone. Stakeholders quoted that breastfeeding awareness should be the responsibility of individual health professionals through to the federal government.

In the context of breastfeeding awareness, stakeholders referred to the ABA more in relation to their work with health professionals than consumers. LCA NZ specifically spoke about their collaboration with the ABA to raise awareness and education among health professionals together. However, ABA volunteers said that there were still many health professionals who were unaware of the ABA, or who had limited knowledge about breastfeeding.

'Often we are more educated [in breastfeeding] than doctors so we don't have people to refer to. Doctors just don't get a lot of training in breastfeeding. If a mum comes to [a] four-hour breastfeeding education class, they will have had more education than a GP.' ~ ABA volunteer

Evidence from stakeholders indicated that the ABA may have promoted breastfeeding awareness more in the past. Health professionals particularly spoke about how they used to have collaborations with the ABA to jointly run antenatal breastfeeding sessions with midwives, or ABA volunteers would visit postnatal wards of hospitals.

A more limited impact on breastfeeding awareness may reflect the ABA's competing priorities, utilising an already stretched volunteer workforce (see Section 6.4). Raising public awareness of breastfeeding and the ABA remained a core part of the ABA's strategy alongside providing breastfeeding peer support [66]. The ABA's strategy specified some of the outcomes associated with raising awareness of breastfeeding in Australia. This included awareness and perception of the ABA in the media, among health workers and consumers, as well as increased use of ABA services and resources. Given that the promotion of breastfeeding and the organisation are complementary, the findings about the lack of awareness of the ABA also apply here (Section 4.2).

These evaluation findings suggest that the Helpline and LiveChat had less of a role in raising awareness of breastfeeding but instead were services to which consumers could be directed through awareness campaigns.

FINDING 37 The ABA raised breastfeeding awareness among consumers and health professionals, although significant progress was still required. Raising awareness of breastfeeding was seen more as the responsibility of the ABA as an organisation, than the Helpline and LiveChat services alone.

5.6 SUPPORTING AND ENCOURAGING BREASTFEEDING

Another objective of the grant funding agreement centred around supporting and encouraging breastfeeding [36]:

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Encourage exclusive breastfeeding for the first six months and continued breastfeeding for up to two years and beyond to improve population health outcomes;

The evaluation found that the Helpline and LiveChat services have been instrumental in providing critical support and encouragement to new mothers. Many consumers expressed profound gratitude for these services.

'The ABA had saved my breastfeeding journey' ~ Consumer (ABA Survey)

'Outstanding support that has led to a very happily breastfed baby for 10 months. Couldn't have done without this advice' ~ Consumer (ABA Survey)

The effectiveness of the Helpline was attributed to its model of listening and providing information rather than prescriptive advice. Many consumers noted how this approach left them feeling empowered. Such feedback highlighted how the non-judgemental support provided by volunteers fostered an environment where mothers could seek help without fear of criticism.

'Very thorough sound advice. I felt heard and not at all rushed which meant I felt informed and empowered to take appropriate measures with my breastfeeding management.' ~ Consumer (ABA Survey)

Quantitative data from the ABA Consumer Survey further illustrated this impact. An impressive 90.9% of respondents indicated feeling reassured after using the Helpline, while 86.0% reported feeling less worried, and 84.4% felt less stressed. Additionally, 82.1% of respondents stated they felt more knowledgeable about breastfeeding, 80.4% reported increased confidence, and 75.4% felt more determined to continue breastfeeding. These statistics reflected a strong relationship between using these services and positive emotional outcomes for mothers.

FINDING 38 The ABA's Helpline and LiveChat services provided crucial support and encouragement to breastfeeding mothers. Over 90% of users reported feeling reassured and less stressed after using these services.

5.6.1 Breastfeeding in the first 6 months

The evaluation found that the Helpline and LiveChat services had a critical role in supporting breastfeeding during the first six months postpartum. This period aligned with the National Strategy and the NHMRC Infant Feeding Guidelines, which promoted exclusive breastfeeding up to six months of age [72]. Data from the ABA Volunteer Survey showed peak usage occurring between less than one week to four months postpartum. Specifically, 77.8% of Helpline callers and 75.2% of LiveChat users had children aged 0 to 6 months, indicating a strong demand for support during this critical time.

Volunteers reported fielding calls about basic breastfeeding techniques that would typically have been addressed during longer hospital stays. Issues such as proper latching, managing engorgement, and understanding milk supply were frequently addressed by Helpline and LiveChat volunteers rather than hospital staff. This observation reflected changes in shorter hospital stays, which seemed to have increased these early calls, where volunteers often described mothers as tearful and overwhelmed.

'Our guidelines used to be not to counsel people [with a newborn] under a week old. This has changed as public hospital length of stay has decreased. Now mothers come home before their milk has come in. No one has explained how to attach a baby to an engorged breast. These mothers need more support in the first week; they should be seen by a health professional every day. It is terrible that they come home before their milk has come in, and then the milk comes in and they are in tears. What is going on in our health system? Why is that happening?' ~ ABA volunteer

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This sentiment highlighted a perceived gap in immediate postpartum care, with the Helpline increasingly filling a role that volunteers felt should be better addressed within the healthcare system.

Health professionals emphasised the importance of the Helpline in providing much-needed support outside of business hours, particularly during weekends when access to lactation consultants is limited. This illustrated how these services complement traditional healthcare systems.

'I regularly see mums on Monday mornings who have rung the Helpline over the weekend.' ~ Lactation Consultant

The observations made by volunteers highlighted the essential role that the Helpline and LiveChat play in bridging the gap between hospital discharge and community health services. They emphasised that while the Helpline and LiveChat provide invaluable assistance, it was often reactive rather than proactive, addressing issues that could potentially be prevented with proper in-hospital education and support.

While the ABA's Helpline and LiveChat services were crucial in supporting new mothers during the early postpartum period, volunteers suggested a need for systemic changes to ensure adequate support is provided immediately after birth. This included extending hospital stays or enhancing post-discharge follow-up care to prepare mothers for successful breastfeeding journeys.

FINDING 39 The Helpline and LiveChat played a vital role in supporting breastfeeding initiation and maintenance during the critical first six months, filling gaps left by the healthcare system, particularly in the immediate postpartum period.

5.6.2 Maintaining breastfeeding

While many consumers reported that accessing these services improved their confidence and made their journey easier, some noted that it did not change their decision to breastfeed.

'Honestly changed my whole feeding trajectory. I was ready to wean at 3 weeks old and was asking for advice regarding bottle top-ups. They helped me so much explaining I could top up at the breast. I am still feeding my toddler now and never used a bottle.' ~ Consumer

However, service usage decreased noticeably after six months postpartum, suggesting that initial support is crucial for establishing breastfeeding practices. Data from volunteer surveys indicated that only 1.2% to 7% of calls were made after six months postpartum. This decline may reflect improved knowledge and confidence among mothers as they gain experience with breastfeeding.

Some consumers emphasised that the focus should be on enabling individuals to meet their breastfeeding goals, whether that involves weaning early or transitioning to formula feeding. A few comments reflected concerns about perceived biases towards exclusive breastfeeding within the ABA, which might deter some parents from accessing these services

'[The volunteer] continued to subtly advocate for exclusive breastfeeding despite my disclosure that I have strived for exclusive breastfeeding for months but was unable to reach this goal (due to a variety of circumstances).' ~ Consumer (ABA Survey)

The ABA emphasised that the Helpline's primary goal is not to give advice, but rather to reduce the burden on the health system by helping women achieve their breastfeeding goals and overcome challenges. Volunteers were trained to be supportive, validate callers' feelings and thoughts, acknowledge difficulties, and provide tailored practical suggestions. The ABA stressed the

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importance of offering multiple options rather than prescribing a single course of action, which could be perceived as being ‘told what to do.’

‘Psychology says that we should not tell people what to do, especially with something as emotive as breastfeeding. If we give advice, we are telling someone to do X, Y, and Z. Instead, the ABA’s scope of practice and code of ethics focus on empowering consumers to make informed decisions.’ ~ ABA Senior Management

Stakeholders commented on broader societal issues, such as women returning to work earlier, impacting breastfeeding maintenance. As mothers transition back to work, many sought advice on mixed feeding strategies. However, there was a perception that the ABA may not fully support these approaches. Lactation consultants observed that the ABA was sometimes perceived as pushing exclusive breastfeeding, which may have alienated some mothers who were unable or chose not to exclusively breastfeed. This perception could deter parents from accessing the Helpline and LiveChat services and highlighted a need for greater inclusivity in how support was offered across all breastfeeding support services. This feeling was reflected in some consumers’ feedback.

‘I called when my daughter was around 4 weeks to get advice on expressing for a nightly bottle for my husband to help out (I had also had multiple people in my life struggle to introduce a bottle because they left it quite late and I didn’t want this for myself). The ABA counsellor just told me they don’t recommend expressing at the stage I was at. I thankfully got other advice from a lactation consultant who was completely relaxed about it and [I] started expressing.’ ~ Consumer

These experiences highlight a potential disconnect between the ABA’s intended approach of providing multiple options and some consumers’ perceptions of bias towards exclusive breastfeeding. This perception could have deterred parents from accessing the Helpline and LiveChat services

when they needed them, particularly as they experienced breastfeeding challenges when transitioning back to work.

The challenge for the ABA lies in how it balances its commitment to empowering consumers with evidence-based information while also ensuring that their support remains relevant and accessible to a broader range of breastfeeding experiences and goals.

FINDING 40 While the ABA’s Helpline and LiveChat services were crucial in supporting many Australian mothers in their breastfeeding journeys, addressing broader systemic issues remained essential for further enhancing these efforts. Integrating these services more effectively within the healthcare system and tackling extraneous factors such as misinformation and resource limitations will be key to improving national breastfeeding rates.

5.6.3 Extraneous factors

Despite the success of the ABA’s Helpline and LiveChat services, stakeholders identified several systemic challenges and extraneous factors affecting breastfeeding rates in Australia. These factors highlighted the need for a more comprehensive approach to improve breastfeeding outcomes.

1. **Health System Integration and Reform.** Stakeholders, particularly ABA volunteers, expressed a desire for better coordination between the ABA and the healthcare system. Some felt that the ABA was performing roles that should be the responsibility of the healthcare system. As mentioned earlier in Section 5.6.1, stakeholders felt this was related to short postpartum hospital stays:

‘Breastfeeding is about exposure. There are a lack of resources around breastfeeding in large tertiary facilities and women are pushed out of hospitals before their milk supply has come in. We need to be systematic in changes to breastfeeding. There are not

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enough lactation consultants in the hospital setting' ~ Midwife-Lactation Consultant

2. **Resource Shortages.** A significant barrier identified was the insufficient access to lactation consultants, especially in the public healthcare system. This shortage limited effective breastfeeding support, particularly for those unable to afford private consultations.

'There are not enough lactation consultants in the hospital setting.' ~ Midwife

'Breastfeeding needs more resources in our health services, more face-to-face. It is great to have a phone line, but if you really want to increase breastfeeding rates, the government needs to increase publicly funded positions for midwives with lactation consultant qualifications. Currently, we are setting women up for failure before they have even started. Just having a helpline is not enough, if I am being brutally honest, not just for First Nations but for every woman nationwide.' ~ First Nations Organisation

3. **Societal Attitudes and Marketing Influences.** The marketing of commercial milk formula was identified as a major challenge, particularly affecting vulnerable populations. Health professionals commonly spoke about the dangers of such marketing, noting that some communities, such as First Nations and CALD populations, may be more susceptible.

'Breastfeeding is not valued well in Australia. That is reflected in things like Medicare and the PBS. Anything associated with lactation is disregarded.' ~ Lactation Consultant-Endorsed Midwife

4. **Misinformation and Lack of Data.** Stakeholders highlighted the prevalence of breastfeeding misinformation, exacerbated by social media. They noted that conflicting advice, even from health professionals, can confuse new mothers. For instance, the suggestion to 'top up' with formula was cited as a common piece of misinformation.

Additionally, the lack of national data collection on breastfeeding practices since 2010 was identified as a significant barrier to understanding and improving breastfeeding rates in Australia.

5. **Policy and Advocacy.** Some stakeholders emphasised the need for stronger advocacy for breastfeeding policy in Australia. The ABA said that they wanted this role to be more than just a 'Band-Aid solution' but a voice for breastfeeding, advocating and supporting preventative interactions within the healthcare system. The ABA expressed a desire for a closer relationship with the Department of Health and Aged Care, providing advice on policy development. They expressed a desire for recognition as a peak body, in addition to the funding that goes with it.

'We don't have any resources or funding to do advocacy. If we were funded as a peak body, we could advocate more strongly for structural changes within the community.' ~ ABA Senior Manager

Many stakeholders felt that the government had not revisited the National Strategy, and no new changes had arisen from it. The Breastfeeding Jurisdictional Officers Group (BJOG) identified that it was their responsibility to implement the National Strategy but there had been minimal progress. Consultation with BJOG showed that their members had concerns about their effectiveness, stating that BJOG could have a greater impact with more coordination.

'BJOG's role is to implement the National Strategy published just before COVID-19. We have only come together once or twice since then. I think the concern is we have lost momentum' ~ BJOG member

'I didn't know a lot about BJOG until today. There is not enough learning and sharing. There should be more of that. National used to coordinate BJOG but we are now without that leadership at the national level.' ~ BJOG member

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Additionally, consumers identified that parental leave pay can impact a person's breastfeeding ability, as people may stop breastfeeding when they return to work.

In conclusion, while the ABA's Helpline and LiveChat services provide crucial support, stakeholders emphasised that these services alone cannot address all the challenges affecting breastfeeding rates in Australia.

'As far as I know [...] breastfeeding rates are going down everywhere not up. Need to do more to increase funding and support the ABA.' ~ BJOG member

This sentiment stressed the need for a multifaceted approach that addresses systemic issues, societal attitudes, and policy reforms to create a more supportive environment for breastfeeding in Australia.

FINDING 41 Stakeholders identified multiple extraneous factors affecting breastfeeding rates in Australia, including inadequate healthcare system integration, resource shortages, societal attitudes, and misinformation. These factors highlighted the need for a comprehensive approach beyond the ABA's services to improve breastfeeding outcomes.

FINDING 42 There is an opportunity for increased oversight and advocacy regarding breastfeeding policy in Australia. Strengthening departmental leadership to support the BJOG and providing funding for the ABA as a key breastfeeding advocacy organisation could facilitate collaboration in addressing systemic challenges and improving breastfeeding rates.

Recommendation 12 The Department should continue funding the ABA to support its vital Helpline and LiveChat services. Despite challenges such as misinformation, limited access to lactation consultants, and societal attitudes towards breastfeeding, the ABA plays a key role in providing accurate support.

This funding is essential for promoting informed choices and improving breastfeeding outcomes across Australia.

6 EFFICIENCY

An assessment of a program's efficiency seeks to ascertain:

the extent to which the services convert resources (inputs) to outputs efficiently in order to generate outcomes

This chapter of the report seeks to answer the evaluation questions related to efficiency including:

- How efficiently have resources been used by ABA?
- *To what extent are the resources sufficient to implement the program?*
- *Is there evidence of unmet demand for their services, particularly the LiveChat with limited available hours?*
- *Are there opportunities to improve the cost efficiency of the service delivery model?*
- *Is the volunteer model of service delivery sustainable?*
- *Are the current funding arrangements sustainable?*
- *What alternate sources of funding or revenue could support the service?*

This chapter has the following layout:

- The sustainability of the volunteer model
 - The volunteer models compared to paid staff
 - Efficiency of the volunteer training
 - Upgrading the volunteer management system
- Program budget and financial resources
 - The burden of grant applications
- Cost efficiency
 - Declining call rates and response rate challenges

- Healthcare savings
- Overall assessment of efficiency and use of resources

6.1 SUMMARY OF RECOMMENDATIONS

Recommendation 13 Allocate additional funding to hire dedicated staff members for administrative tasks, thereby reducing the non-core workload on volunteers and allowing them to focus on their primary roles in supporting breastfeeding mothers through the Helpline and LiveChat services.

Recommendation 14 Develop and implement a comprehensive monitoring framework for the Helpline and LiveChat services to track volunteer engagement, service use, and priority population reach on an ongoing basis, allowing for timely adaptations in response to declining call numbers and changing volunteer dynamics.

Recommendation 15 Conduct a comprehensive feasibility study to explore a paid staffing model for the Helpline and LiveChat services, considering financial implications, service quality, volunteer retention, and long-term sustainability.

Recommendation 16 The Department and the ABA need to determine a mutually acceptable way to improve volunteer training completion rates without discouraging participation. This is crucial for ensuring the program's long-term sustainability and preserving its vital role in breastfeeding support and education.

Recommendation 17 The Department should consider a once-off infrastructure investment for a volunteer management system. This would streamline data collection, enhance tracking methods, ensure more accurate

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reporting, and improve support for trainees throughout their certification process. Such an investment could lead to long-term efficiencies in volunteer management and reporting.

Recommendation 18 The Department should consider extending the Helpline and LiveChat funding cycle duration beyond two years to reduce administrative burden, enhance long-term planning capabilities, and allow the ABA to focus more resources on service delivery and improvement.

Recommendation 19 The grant agreement should include clearly defined KPIs around call handling and require consistent supporting data reporting to better measure service efficiency and identify improvement areas.

6.2 COST EFFICIENCY

The method for calculating cost efficiency aligned with past analyses of similar services [54] [51]. Notably, these calculations:

- Focus solely on system costs, excluding administration and training expenses
- Were based on the total number of calls and chats supported, rather than the total received

The calculations presented in Table 6.1 were based on figures from FY 2022–23, when 46,652 calls and chats were supported, and uses direct, operational costs only. Appendix E includes a broader cost efficiency analysis considering other variables such as total calls and chats received and incorporating training costs.

When indirect costs of administration and training are included, the cost is \$44.44 per call/chat supported or \$50.62 per call/chat answered (Appendix E). Of note, the Government funding for these other variables delivers benefits to the ABA that extend beyond the Helpline and LiveChat e.g. training raises the quality of support delivered at local groups. In this way, the funding delivers a greater return on investment.

Table 6.1: Cost efficiency analysis for calls and chats supported in FY 2022–23 based on system costs

SYSTEM COST BY ITEM	EXPENDITURE	COST PER CALL/CHAT SUPPORTED
IT system	\$343,009	\$7.35
Maintenance	\$17,512	\$0.38
Total	\$360,521	\$7.73

Source: HMA's data request to the ABA

The cost of running the Helpline and LiveChat, based on the system costs, is \$7.73 per supported call/chat. This very low cost per call/chat is likely due to the volunteer model, rather than using paid workers. For example, the PBB Review stated that the operating costs largely reflect the staffing costs of using maternal and child health nurses combined with the operating hours [54].

The service's cost efficiency fluctuates depending on the number of calls and chats supported. As explored in Section 5.3.1, this has been declining over the last five years. The costs relative to the total number of calls and chats, and number of supported calls and chats for the last four financial years, is outlined in Table 6.2.

Table 6.2: Expenses per Helpline call and LiveChat for different financial years

	2019–20	2020–21	2021–22	2022–23	AVERAGE
Helpline expenses	\$503,494	\$613,669	\$546,193	\$362,297	\$506,413
Number of Calls/chats supported	60,834	52,130	51,528	46,652	52,786
Cost per supported calls/chats	\$8.28	\$11.77	\$10.60	\$7.77	\$9.60

Sources: ABA Financial Statements, Annual Reports, and ABA Performance Reports (Additional Reporting data)

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The Helpline and LiveChat services have demonstrated exceptional cost efficiency, with the cost per supported call/chat reaching its lowest point of \$7.77¹¹ in 2022–23. However, this efficiency coincides with a decline in both funding and the number of calls supported. While this showed the ABA's ability to adapt to financial constraints, it raised questions about the service's capacity to meet potential increases in demand.

This high cost-efficiency, while a positive evaluation finding, must be considered within a broader context. The impressive figures were largely attributable to the reliance on volunteers, who form the backbone of these services. However, this volunteer-based model comes with its own set of challenges. Focus group discussions revealed high workloads and personal financial burdens. This situation raises questions about the sustainability of the current model and the potential hidden costs borne by dedicated volunteers, which may not be reflected in the cost-efficiency calculations.

Some of the potential hidden costs were related to significant local administrative tasks performed by volunteers, undertaken in addition to staffing the Helpline and LiveChat. ABA volunteers handled tasks including printing resources, social media marketing, organising meetings, and fundraising. Despite some jurisdictions having funding for branch administration, costs associated with local group administration often went unreimbursed. This situation was burdensome and detracted from their ability to engage in more meaningful work.

'I don't think I should need to do cake stalls to raise money to fund photocopying when I could be using that time helping a mother, using my skills.' ~ ABA volunteer

'There are some aspects of volunteering that are administrative bookings or fundraising things, time that could be spent giving services to mothers.' ~ ABA volunteer

'I will often get health professionals asking for resources, but the problem is that I would have to pay for shipping myself. I pay for boxes and boxes of shipping. I want them to have them all. We should get more money for distribution.' ~ ABA volunteer

The ABA's strategic plan outlined a goal to increase awareness and use of their services, which aligned with their mission to support more breastfeeding mothers [66]. It would be unrealistic to expect this growth without a corresponding increase in funding. The current volunteer model, while cost-effective, may be stretched to its limits. Additional resources would likely be necessary to maintain service quality and volunteer sustainability in the face of expanded outreach and increased call volumes.

This analysis of cost efficiency and its implications for service capacity leads to a deeper examination of the volunteer model's sustainability, which will be explored in Section 6.4.

FINDING 43 The Helpline and LiveChat demonstrated impressive cost efficiency, primarily due to the dedication of volunteers. However, this model may face sustainability challenges as volunteers manage significant administrative burdens and personal expenses.

Recommendation 13 Allocate additional funding to hire dedicated staff members for administrative tasks, thereby reducing the non-core workload on

¹¹ This cost differs slightly to the \$7.73 due to a discrepancy of \$1,776 between data provided to HMA directly from the ABA and the figure in the financial report

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volunteers and allowing them to focus on their primary roles in supporting breastfeeding mothers through the Helpline and LiveChat services.

6.3 HEALTHCARE SAVINGS

The cost efficiency of the Helpline and LiveChat was also demonstrated in cost savings for the healthcare system. Table 6.3 shows the estimated cost savings based on ABA 2024 Consumer Survey data of how many consumers would have gone to a GP/Child health nurse or presented to the emergency department (ED) if the Helpline and LiveChat had not been available. Estimated cost savings were based on the Medicare benefit for a standard GP consultation and the cost of a non-admitted ED presentation. Combined, the Helpline and LiveChat saved governments an estimated ~\$1.4 million in FY 2022–23.

Table 6.3: Healthcare cost savings associated with the Helpline and LiveChat

	HELPLINE	LIVECHAT	TOTAL
Calls/chats supported	42,014	4,638	46,652
GP/child health nurse			
Proportion of respondents who would have seen a GP/Child health nurse	22.4%	13.3%	
Number of GP/Child health nurse presentations avoided (value: \$42.85)	9,411	617	10,028
Subtotal value saved	\$403,261	\$26,438	\$429,699
Emergency department (ED)			
Proportion of respondents who would have gone to the ED	4.0%	1.7%	

	HELPLINE	LIVECHAT	TOTAL
Number of ED presentations avoided (value: \$561)	1,681	79	1,760
Subtotal value saved	\$943,041	\$44,319	\$987,360
Total saving	\$1,346,302	\$70,757	\$1,417,060

Sources: Medicare Benefits Schedule: standard GP consult (Item 23), National Hospital Cost Data Collection 2022 (non-admitted ED presentation), and the 2024 ABA Consumer Survey. GP = general practitioner.

These savings were an underestimation of total savings, seeing that there would also have been cost savings for consumers, reducing travel time, waiting time and lost productivity [48].

The proportion of consumers who would have seen a GP/Child health nurse or gone to the ED was lower than similar findings from the PBB helpline [54]. Of PBB consumers, 31% would have used a GP and 30% would have gone to the ED if not for the helpline service.

The difference between the ABA Helpline and LiveChat and the PBB helpline rates may be a perception that the GP or ED are not always helpful for breastfeeding:

‘GPs don’t get taught much on breastfeeding, although they may be good at managing mastitis’ ~ Lactation Consultant

The lower proportion of ABA Helpline and LiveChat users seeking medical help compared to PBB helpline users highlighted a gap in breastfeeding support within traditional healthcare. This suggested that the ABA’s services are cost-effective and essential resources for mothers.

While the financial savings from avoided medical presentations were significant, the Helpline and LiveChat also provided crucial accessibility for parents who may lack adequate support from healthcare professionals. By addressing specific breastfeeding concerns, these services offered

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specialised support that complemented traditional healthcare, extending their value beyond mere cost savings.

FINDING 44 The Helpline and LiveChat saved healthcare costs of ~\$1.4 million in FY 2022–23, plus cost savings for consumers associated with lost productivity and travel for in-person medical appointments

6.4 THE SUSTAINABILITY OF THE VOLUNTEER MODEL

Volunteering in Australia has been on a downward trajectory, presenting significant challenges for organisations like the ABA in recruiting and retaining volunteers [73]. FY 2017–18 to 2022–23 data from the ABA indicated a 2.2% decline in volunteer numbers, with a notable drop occurring during the FY 2020–21 period, likely a reflection of the widespread impact of COVID-19 (see Figure 6.1). Senior management at ABA had observed this trend, noting that the organisation was experiencing a gradual decrease in volunteer engagement.

Figure 6.1: Number of qualified volunteers, FY 2017–18 to 2022–23



Source: ABA Annual Reports

FINDING 45 The ABA experienced a slight decline in its total number of volunteers over FY 2017–18 to 2022–23.

In addition, there has been a noticeable change in how people approach volunteering. Not only were fewer individuals participating, but those who did volunteer were committing less time [73]. This trend was particularly evident among younger generations, who found it increasingly challenging to dedicate extensive hours to volunteer work.

‘People are looking for discrete, time-boxed [volunteering] opportunities’ ~ ABA Senior Management

The rising cost of living significantly impacted ABA’s volunteer base, particularly affecting mothers who traditionally form a core part of their volunteer network. Many of these women were returning to work sooner

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postpartum and at higher rates than in previous years, leaving less time for volunteer activities. This trend was evident in national data showing that in 2022, 71% of couple families with children under 15 had both parents employed, a sharp increase from 56% in 2000 [74]. This shift in workforce participation directly affected ABA's ability to maintain a stable volunteer workforce.

For ABA's Helpline and LiveChat services, this decline posed specific challenges. Volunteers must commit eight hours per month for two years following their training and continue to staff the Helpline for at least two hours each month. Similar expectations were required for LiveChat. While an estimated 95% of volunteers met this commitment, the extensive training and ongoing commitment may have deterred potential volunteers or caused existing volunteers to stop. ABA senior management spoke of how they ran a webinar for potential volunteers to ensure they were aware of what they were signing up for and encouraged volunteers to look through a training module to know what was involved. From those attending the webinar, it sometimes took two to 10 years before someone became a volunteer.

'Personal circumstances will often cause a time lag, not due to a lack of spaces on the course. Because we require commitment, it is a lot to consider.'

Despite the positive experiences many volunteers have had with ABA, some expressed concerns about the sustainability of such a demanding volunteer model in light of rising living costs.

'There can be pressure from a partner to earn money – "we can't afford for you to do that." ~ ABA volunteer

'I struggle to recommend to other mums that they should do it. It's a huge commitment: the course, the shifts. Mums need to work these days.' ~ ABA volunteer

Recognising the significant commitment of volunteers, the evaluation found that the ABA strived to offer flexibility in its rostering system. They provided a variety of shift lengths – two-hour, four-hour, or full-day options – allowing volunteers, particularly mothers with young children, to integrate their responsibilities into daily life. Volunteers were not required to be at a desk, which further enhanced their ability to contribute.

'Some volunteers log in from the park. Some volunteers log in even if not rostered on' ~ ABA Senior Management

FINDING 46 The ABA has made commendable efforts to provide flexibility through various rostering options and adaptable working environments. However, their Helpline and LiveChat services still require a substantial time commitment from volunteers.

Recommendation 14 Develop and implement a comprehensive monitoring framework for the Helpline and LiveChat services to track volunteer engagement, service use, and priority population reach on an ongoing basis, allowing for timely adaptations in response to declining call numbers and changing volunteer dynamics.

6.4.1 The volunteer model compared to paid staff

Many volunteers had an ongoing association with the ABA for over 20 years, with no plans to stop volunteering, and younger volunteers aspired to the same level of service.

'I'm going to be here until I'm 80. That's the goal. I'm not going anywhere. The friendships. The learnings. The opportunities.' ~ ABA volunteer

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This was consistent with what the ABA reported. They said they have excellent retention, but recruitment is the bigger challenge in the current climate.

'Retention is high; recruitment is the challenge.' ~ ABA volunteer

Despite positive experiences volunteering for the ABA, some perceived the volunteer model as unsustainable given the cost-of-living pressures. The evaluation explored various incentives for retaining volunteers, with financial incentives seen as the most favourable, surpassing tokens of appreciation. This reflected a growing recognition that the current volunteer-based model may be increasingly at odds with contemporary societal values and economic realities. The theme of changing to a model where the volunteers were paid came up in several focus groups with ABA volunteers.

'At the moment, we are all passionate. I still think you would still get that same cohort; I don't imagine you would have people who are not passionate getting into it because it's paid. The main reason people I know have had to stop is paid employment and demands of having a young family.' ~ ABA volunteer

'Payment recognises what breastfeeding support means to the health of Australia's women and mothers. Else you have breastfeeding completely taken for granted.' ~ ABA volunteer

The lack of payment was also a focus during a consultation with many BJOG members, with strong views that this needed to change.

'I don't agree with it all. I think it's a terrible model where we end up paying admin support then not the people at the front line. We are taking advantage of the nurturing nature of these volunteers; it's very unfair, is it a disservice.' ~ BJOG member

Consumers in focus groups shared this sentiment, with one commenting incredulously about the dedication of the volunteers.

'It is wild that it is a volunteer-led service and amazing that women do this for free. It has to be mentioned in the report, and it has to change.' ~ ABA consumer

Consumers felt paying volunteers would make them more comfortable to access the Helpline and LiveChat. A payment was seen as a means to empower volunteers and validate their qualifications.

'Unpaid work placements have been acknowledged to be challenging and now get they paid, but these women don't; they should be treated in the same way' ~ ABA consumer

FINDING 47 The sustainability of ABA's volunteer model is under pressure from economic realities and evolving societal expectations, with financial incentives emerging as a potential solution to retain volunteers.

Financial incentives could help retain volunteers, but there were mixed feelings about whether such changes would impact the volunteer-driven nature of the ABA's services.

'If you want to pay us, pay us. But it is not the magic answer. The beauty of what we do is that it is in our home, we are mothering, hanging up the washing, but here and listening. That in itself is disarming.' ~ ABA volunteer

It was important to note that the ABA itself did not raise the issue of changing to a model where the volunteers were paid. Instead, the ABA was focused on improving volunteer retention, management and technological improvements.

'We are passionate about volunteers seeing at a glance the amazing work they are doing' ~ ABA Senior Management

However, this may be more of a reflection of the difficulties in obtaining funding to cover the existing model's costs, let alone paying volunteers. The

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volunteer model of the Helpline and LiveChat is a large component of the service's cost efficiency.

Our analysis showed that if volunteers were paid a casual rate under the relevant award, including penalties, the operational costs per relevant call would increase dramatically (minimum \$35.44 to maximum \$81.73), although further exploration is required to understand if a paid model could also be cost-efficient. See Appendix F for more details.

The Centre for Volunteering's Cost of Volunteering Calculator [74] supported HMA's analysis showing the cost savings associated with using volunteers [75]. This calculator showed that replacing volunteers with paid staff would have increased ABA's operating costs by at least 3.6-fold.¹² This highlighted the volunteer model's significant economic value while emphasising the financial challenges ABA would face in transitioning to a paid staffing model.

This tension reflected the complex challenge of aligning ABA's volunteer model with contemporary values while ensuring long-term sustainability and maintaining its cost-effectiveness. While paying volunteers would certainly increase operational costs, the analysis indicated that it would still provide relative value for money compared to other helplines. This approach could also enhance the long-term sustainability of the service by addressing growing concerns about fairness and volunteer retention in today's economic climate.

FINDING 48 The Helpline is highly cost-efficient yet implementing financial incentives could significantly increase costs. This presents a complex

challenge for the ABA in balancing financial viability with the need to support its volunteers.

Recommendation 15 Conduct a comprehensive feasibility study to explore a paid staffing model for the Helpline and LiveChat services, considering financial implications, service quality, volunteer retention, and long-term sustainability.

6.4.2 Efficiency of the volunteer training

To ensure flexibility for trainees, especially new mothers, the course allowed continuous enrolment and is self-paced, typically lasting 12–18 months. It was delivered in a hybrid model with online and face-to-face components or entirely online. The training was flexible and part-time, accommodating various timelines, and recognised prior learning if the course was paused, restarted, or altered. Even though the delivery was family-friendly, the extensive Certificate IV program was rigorous, with many participants noting its demanding nature.

'Some people say it is the hardest Cert IV they did. "I did less for my masters"' ~ ABA Senior Manager

There was feedback in volunteer focus groups that the flexible course delivery was needed to accommodate social challenges such as COVID-19, employment, and cost-of-living pressures. However, it did mean many volunteers never finished the training.

¹² This model uses an hourly part-time wage plus 15% employers on-costs totalling \$939,737.86 annually (\$43.27 per hour), within the range of HMA's modelling

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'Lots don't really finish the training. I think the reason is everyone has a baby, then they start training, then they go back to work, then they have another baby and a toddler. It is also a period of life when people often move house. So many life pressures.' ~ ABA volunteer

Table 6.4 provides the number of enrolments and graduates over three financial years. The data showed a strong initial period, with 70 enrolments recorded in the second half of 2020. Subsequent periods saw fluctuating enrolment numbers. Interestingly, the graduation rates showed considerable variation, ranging from a low of 29.2% to a high of 100% of enrolments per period.

Table 6.4: The number of enrolments and graduates, July 2020–June 2023

	JUL-DEC 2020	JAN-JUN 2021	JUL-DEC 2021	JAN-JUN 2022	JUL-DEC 2022	JAN-JUN 2023
Enrolments	70	40	49	29	48	44
Cert IV graduates	36	23	16	14	14	44
Graduates per enrolment	51.4%	57.5%	32.7%	48.3%	29.2%	100.0%

¹³ The data does not capture whether these volunteers enrolled in the same period as they graduated or were previously enrolled. Given the quoted 12–18-month duration to complete the Certificate IV, it appears more likely that the

	JUL-DEC 2020	JAN-JUN 2021	JUL-DEC 2021	JAN-JUN 2022	JUL-DEC 2022	JAN-JUN 2023
The cumulative total of enrolments yet to graduate	34	51	84	99	133	133

Source: ABA Performance Reports July 2020 to June 2023

What stood out in this data was the cumulative total of enrolments yet to graduate. This figure steadily increased from 34 in the first period to 133 by the end of 2022, indicating a growing backlog of students who had not completed their certification. The final period, January to June 2023, saw an unusual occurrence where all 44 enrolled students graduated, matching the number of new enrolments exactly.¹³ However, this did not reduce the cumulative total of 133 students who have yet to graduate from previous periods.

FINDING 49 There was a growing backlog of enrolled students who have not completed their certification, which may be exacerbated by the flexibility of the training program that, while appreciated, contributed to low completion rates.

enrolments were from a previous period and the matching numbers of enrolments to graduates is fortuitous.

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The ABA offered a tuition fee exemption valued at \$2,500 for the Certificate IV in Breastfeeding Education. Table 6.5 presents data based on this fee structure, illustrating the total cost of tuition per graduate across different periods.

The first row shows the total waived tuition costs for graduates. The second row represents the total value of waived fees for non-finishers based on the cumulative total of enrolments yet to graduate. While these individuals do not pay the fee, their non-completion still represented a cost to the ABA regarding resources invested and unrealised capacity. The only revenue generated from trainees was an enrolment fee of \$120. Based on the rate of non-completion, we estimated that only \$15,960 in income would offset the cost of waived tuition fees.

However, this may be a significant overestimate since some of the enrolled trainees will eventually graduate. ABA senior management also stated that the dropout was mostly before commencement, although this was inconsistent with feedback from volunteer focus groups. Nevertheless, the cost estimates highlighted the significant lost investment in trainees who do not complete the training.

'At end of the core units, there is a clarification meeting for counsellor vs educator pathways. Once at this point after doing the core units, the dropout rate is very low. The greatest dropout rate is early on, before starting.' ~ ABA Senior Management

Yet, this approach provided insight into the realised investment in successful trainees and the potential financial impact of non-completion.

Table 6.5: Certificate IV trainee numbers and associated sponsored tuition fees

	JUL- DEC 2020	JAN- JUN 2021	JUL- DEC 2021	JAN- JUN 2022	JUL- DEC 2022	JAN-JUN 2023	TOTAL
Total tuition fee per graduate (\$2,500)	\$90,000	\$57,500	\$40,000	\$35,000	\$35,000	\$110,000	\$367,500
Maximum tuition fee total for non-finishers	\$85,000	\$42,500	\$82,500	\$37,500	\$85,000	\$0	\$332,500

Source: ABA Performance Reports July 2020 to June 2023

A pattern of volunteers never completing the training suggested a concerning issue with the efficiency of the training program. While most appreciated it, the flexibility that the ABA offered in delivering the training, was also thought to be why people never finished.

'It took me a long time because it is so flexible. I don't need to do it tonight because there is not a deadline.' ~ ABA volunteer

'It is too flexible? I think ABA at times need to push trainees a bit more; might help them to finish it.' ~ ABA volunteer

Another volunteer said that people who train slower have a more ongoing connection with the ABA:

'The slower you train the more likely you are to stick around – you've already shown that commitment coming to the group' ~ ABA volunteer

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While the Department's funding covers costs associated with ABA's RTO status, including registration and accreditation, the challenge lies in the incomplete certifications. Substantial time and resources were invested in delivering partial certifications to individuals who did not complete the program and did not reimburse the costs; this greatly drained the ABA's resources. This situation not only represented a financial loss but also impacted the overall effectiveness of the volunteer program. Valuable volunteer time and effort could have been better directed towards fully trained individuals or other critical areas of operation.

To save money, ABA volunteers said that in some local groups, trainees would not be reimbursed for any professional development expenses until they had graduated. A similar model was used for the enrolment administration fee associated with the Certificate IV, where local groups may opt to reimburse this fee. Even then, the enrolment fee was only a fraction of the tuition costs (4.8%).

FINDING 50 The average rate of Certificate IV completion after enrolment was 53.2%. Given that the ABA waives tuition fees worth \$2,500 for each graduate, the maximum cost of tuition fees for non-finishers would be ~\$333,000 between July 2020 and June 2023. Initial enrolment fees totalled \$15,960 in comparison.

The ABA faces a delicate balance: addressing training completion challenges while maintaining its flexible, volunteer-friendly approach. Stakeholders proposed different solutions; however, the impact of such measures was uncertain; volunteers could be deterred altogether, creating a new set of challenges. Current measures to help trainees with motivation and direction include:

- conversations with training managers about the commitment required
- weekly sessions with other trainees
- drop-in sessions to see a trainer model counselling and educating skills
- integration with a local ABA group
- face-to-face role playing

- meeting with course coordinators about volunteer's goals and options.

Focus groups showed that the friendships and camaraderie were reasons they continued with the ABA, often stemming from fellow trainees. Even those who would have preferred to complete the training individually spoke positively about the group training. For example, one volunteer said they would like to have completed the training quicker but had to keep a maximum pace established by the group.

'Me as person would like to do it [the training] quicker but you have to do it with a group. This made me better counsellor. I had to take time to do it properly.' ~ ABA volunteer

The non-completion rate suggests that the current measures were insufficient to encourage trainees through to graduation. Some volunteers said the ABA should enforce more deadlines for course completion. Some suggested a more individualised method, establishing personalised deadlines in collaboration with a course coordinator who could consider a trainee's circumstances.

'The thing that made me finish was that I set up deadlines and told the trainer this was when I needed to hand things in. So yes, flexible is great, but setting deadlines is what eventually helped [to] get it done.' ~ ABA volunteer

Other volunteers suggested making the training a Certificate III instead of a Certificate IV, quoting that the course is complex. Some referenced other paid jobs that required fewer qualifications. However, this needs to be balanced with appeal of the advanced professional skills for some volunteers and providing more reassurance to health professionals directing consumers to the service (Section 4.3.3).

'I think Cert IV is a bit over the top – maybe even Cert III is overkill.' ~ ABA volunteer

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'When take a big step back [...] earlier units on code conduct, ethics, conflict resolution, those prepared me now for what I am doing now [in my professional life].' ~ ABA volunteer

Volunteers also mentioned financial support during the training. Some said that the availability of Government scholarships and the likelihood of being awarded one was higher for Certificate III than IV courses. A scholarship associated with the training and a time limit on the scholarship could encourage timely completion.

FINDING 51 Significant time and resources were invested in delivering partial certifications to volunteers who do not complete the program, creating a drain on the ABA's resources and impacting the overall sustainability of the volunteer program.

Recommendation 16 The Department and the ABA need to determine a mutually acceptable way to improve volunteer training completion rates without discouraging participation. This is crucial for ensuring the program's long-term sustainability and preserving its vital role in breastfeeding support and education.

6.4.3 Upgrading the volunteer management system

In the 2024–27 Helpline services funding proposal [65] [76], the ABA costed for IT infrastructure maintenance and development. Further financial data from the ABA indicated the main two upgrades were:

- Volunteer management system: \$139,379
- Integrating the ABA Health professional website with the main website: \$100,000

Consultation with ABA senior management showed that the volunteer management system would track the number of hours, shifts, calls, and chats of volunteers. The current method of collecting volunteer data comes from

several sources, making it an arduous administrative task to collate the data for 12-monthly reporting purposes. A volunteer management system would allow managers, coordinators, and volunteers to instantly see data, such as how many hours they have completed in a month.

'Currently we have workarounds for the data that is in bits and pieces ... we have to match a lot of data and cross-check' ~ ABA Senior Manager

An aside issue noted in the analysis completed under Section 6.4 was the total number of trainees figures used in ABA's Annual Reports. The evaluation could not use these figures as the total trainees data does not match the progress reports, with the total number of trainees increasing each financial year much faster than the number of enrolments in the progress reports, even before the number of graduates was removed.

Unfortunately, due to unavailable data on the total number of trainees, the evaluation could only deduce the presence of a growing backlog of trainees by calculating the cumulative total rather than quantifying the size of the backlog. The evaluators considered total trainee data as an essential metric that could enhance ABA's progress reporting, providing transparency into the backlog of enrolled trainees yet to graduate.

The inconsistencies in tracking and managing the trainee population, particularly those volunteers who have not yet completed their certification, highlighted the need for more accurate and transparent reporting methods. The ABA is aware of this issue, hence wanting a volunteer management system to better track volunteer activity but did not receive funding [65] [76].

FINDING 52 The absence of a dedicated volunteer management system significantly hampered the ABA's ability to collect, compile, and report volunteer data efficiently. This limitation led to time-consuming manual processes, potential inconsistencies in reporting, and difficulties in accurately tracking volunteer activities and contributions.

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FINDING 53 Inconsistencies between trainee numbers reported in ABA's Annual Reports and progress reports made it difficult to accurately measure or track the backlog of enrolled trainees yet to graduate.

Recommendation 17 The Department should consider a once-off infrastructure investment for a volunteer management system. This would streamline data collection, enhance tracking methods, ensure more accurate reporting, and improve support for trainees throughout their certification process. Such an investment could lead to long-term efficiencies in volunteer management and reporting.

6.5 PROGRAM BUDGET AND FINANCIAL RESOURCES

Financial statements showed that most of the revenue for the ABA came from grant income, which was provided by federal, state, and local governments [77]. For FY 2022–23, the combined grant revenue was ~\$2.9 million. Federal funding was \$4.8 million (ex. GST) for FY 2023–24 and FY 2024–25 [7], showing that over 80% of the ABA's funding is federal. Other funding sources included membership subscriptions, workshops and seminars, ABA training and donations.

The grant agreement had a broader scope than the objectives of the evaluation and included the promotion of breastfeeding awareness and training for health professionals.

The costs associated with the operations of the Helpline and LiveChat for FY 2022–23 are detailed in Table 6.6. Costs have been broken down into administration costs, training costs, and system costs, with relevant subtotals.

Table 6.6: A breakdown of the costs related to the Helpline and LiveChat for FY 2022–23

	ITEM	EXPENDITURE
Administration costs	ABA staff	\$1,351,540
	Marketing	\$90,001
	Subtotal	\$1,441,541
Training costs	Course delivery	\$203,306
	RTO related	\$68,075
	Subtotal	\$271,381
System costs	IT system	\$343,009
	Maintenance	\$17,512
	Subtotal	\$360,521
	Total	\$2,073,443

Source: HMA's data request to the ABA

6.5.1 Sources of funding

Table 6.7 shows the revenue of the ABA by financial year. Most of the ABA's revenue came from grant funding (62.3–72.1%) and, of the grant funding, most came from the Department (69.7–80.8%). Funding from other Federal Departments was also provided to the ABA, albeit the large changes from FY 2021–22 to FY 2022–23 indicated this was not a consistent grant. Instead, it appeared more likely that this was funding for a specific project, such as the Babies and Young Children in the Black Summer (BiBS) Study [78]. Other funding from Jurisdictional Governments covered 17.5–21.9% of the ABA's grant income. Evidence from BJOG indicated that this jurisdictional funding was often only small amounts per jurisdiction and for short durations – a couple of years. Other sources of funding were more intermittent and smaller amounts, including local government or charitable foundations.

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Table 6.7 Grant income by source by financial year

	2020–21	2021–22	2022–23	2023–24
Total revenue	\$5,217,629	\$4,177,088	\$4,224,366	\$4,585,180
Total grant income	\$3,250,453	\$2,732,331	\$2,974,104	\$3,304,920
Grant incomes as a proportion of total revenue	62.3%	65.4%	70.4%	72.1%
Department of Health and Aged Care grant	\$2,627,416	\$2,115,811	\$2,073,443	\$2,479,509
DoHAC grant as a proportion of total grant income (%)	80.8%	77.4%	69.7%	75.0%
Jurisdictional Government grant	\$567,414	\$549,151	\$652,121	\$622,924
Proportion of total grant income (%)	17.5%	20.1%	21.9%	18.8%
Other Federal grants*	\$21,690	\$44,556	\$248,540	\$202,487
Local Government grants	\$6,102	\$3,994	\$0	\$0
Other grants	\$4,965	\$1,685	\$0	\$0

Source: ABA Financial Statements. *The Department of Industry, Science, Energy and Resources and the Department of Social Services. DoHAC = Department of Health and Aged Care

Grants were not the only form of income for the ABA, although they were the main source. Additional sources of funding (with relative amounts for FY 2022–23) included:

- Membership subscription (\$344,754)
- Workshops and seminars (\$412,049)
- ABA training (\$82,125)
- Endorsement, sponsorship & advertising (\$6,180)
- Donations (\$105,864)
- Breastfeeding friendly workplaces (\$167,440)

- Equipment hire (\$38,652)
- Sale of goods (\$62,299)
- Other revenue (\$11,507)
- Interest (\$19,392)

As shown in Table 6.6 and Table 6.7, the ABA used the whole \$2,073,443 of the Department of Health and Aged Care's grant in FY 2022–23 for Helpline and LiveChat, indicating that other sources of funding may support the Helpline and LiveChat if they go over budget. Additionally, the other sources of income were important to support the diverse range of services that are complementary to the Helpline and LiveChat and enhance their delivery (Section 5.4).

These data suggested that without the support of the Department of Health and Aged Care, the Helpline and LiveChat would not be operational. The other grant income streams or alternative forms of revenue would not be sufficient to sustain the Helpline and LiveChat. Even combined, other grant funding would not total the amount received from the Department.

FINDING 54 The ABA were heavily reliant on the Department of Health and Aged Care to provide ongoing funding to support the Helpline and LiveChat

6.5.2 The burden of grant applications

The ABA's federal funding cycle was only two years in duration, unlike the previous four-year funding cycle. The ABA identified this shorter cycle as a significant challenge to its operations and long-term planning. This short-term funding arrangement has created several critical issues:

6. Administrative burden: The recurring nature of funding applications places enormous pressure on senior management and the Board to reapply for federal funding every two years. This process is seen as arduous and costly for the ABA.

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7. Limited capacity for improvements: While current funding covers operating costs, it does not allow for necessary upgrades to the Helpline or LiveChat services, limiting the ABA's ability to expand its capabilities.
8. Financial instability: Funding delays have sometimes forced the ABA to use its reserves, raising concerns about job security and the ABA's long-term sustainability.

Volunteers in focus groups spoke of the pressure of the short funding cycle.

'It's our 60th anniversary showing that we are doing an awesome job. [The government should say] "you are doing a great job. Here is a longer funding cycle."' ~ ABA volunteer

The evaluation examined the funding cycles of similar organisations providing national helpline services to provide context for this concern. As evident from Table 6.8, the ABA's two-year funding cycle was significantly shorter than most other national helplines, which typically received funding agreements of 4–5 years.

Table 6.8: Comparison of length of funding agreements for Australian helplines

ORGANISATION	HELPLINE	FUNDING AGREEMENT LENGTH
Lifeline	Lifeline Crisis Support	5 years [79]
Beyond Blue	Beyond Blue Support Service	5 years [79]
Kids Helpline	Kids Helpline	5 years [79]
Continence Foundation of Australia	National Continence Helpline	3 years [80]
Perinatal Anxiety & Depression Australia (PANDA)	National Perinatal Mental Health Helpline	4 years [81]

ORGANISATION	HELPLINE	FUNDING AGREEMENT LENGTH
PBB	PBB helpline	2 years (with the option to extend to 3 years) [54]

As stated previously, the ABA primarily relies on federal funding constituting a significant portion of its income. However, this is not their only source. The ABA applied for various grants from state and local health departments to diversify funding, many of which also offer short-term grants. ABA volunteers said they had spent lots of time applying for grants and funding from local councils and state government but were unsuccessful.

'My job for the last four months has been applying for more funding and grants. We just get knocked back because there is no money anywhere. The government won't allow us to have any more; we have asked.' ~ ABA volunteer

This showed that even volunteers are being pulled away from frontline work to cope with the demands of applying for grant funding, often without any guarantee of success, which further strains the ABA's resources and impacts service delivery

A BJOG member also raised concerns about how much work ABA volunteers had to spend on grant submissions to get so little in return.

'We provide two years of state funding to support administration and support local volunteers. However, the amount of work volunteers had to do to prepare for that grant submission was huge. Then what did they get? \$55,000 over two years for administration support costs. Sustainability and relying on volunteers are huge issues.' ~ BJOG member

The Commonwealth Grants Rules and Guidelines 2017 (CGRGs) outlined the principle of proportionality in grants administration, stating that 'the application of the CGRG and related processes should be proportionate to the scale, nature, complexity and risks involved in the grant opportunity and

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grants awarded.’ [82] This principle suggested that the administrative burden and complexity of the grant application process should be appropriate to the size and risk of the grant.

In the ABA’s two-year federal funding cycle context, it was worth considering how this principle applied. The ABA reported that the recurring nature of funding applications placed significant pressure on senior management and the Board. This raised questions about balancing necessary oversight and administrative efficiency in the grant process.

The evaluation noted that while shorter funding cycles may allow for more frequent review and adjustment of program outcomes, they can also create challenges for grant recipients’ long-term planning and resource allocation. The impact of the current funding cycle length on the ABA’s operations and service delivery warrants further examination to determine if it aligns with the CGRG’s aim of ensuring that grant processes are efficient and effective for both the government and grant recipients.

FINDING 55 The ABA’s two-year federal funding cycle creates significant administrative burdens, diverting resources from service delivery and potentially conflicting with the Commonwealth Grants Rules and Guidelines’ principle of proportionality.

FINDING 56 Despite extensive efforts to diversify funding for the Helpline and LiveChat services through numerous grant applications, the ABA encountered significant obstacles due to a resource-intensive process with low success rates, further hindering their capacity to deliver effective services.

Recommendation 18 The Department should consider extending the Helpline and LiveChat funding cycle duration beyond two years to reduce administrative burden, enhance long-term planning capabilities, and allow the ABA to focus more resources on service delivery and improvement.

6.6 DEMAND AND UNMET NEED

The Helpline experienced a significant decline in call and chat volume, dropping from 68,625 calls in FY 2019–20 to 53,726 in FY 2022–23, representing a 21.7% reduction. There was also a 30.9% decline in LiveChat numbers over the same period, albeit the numbers were ~10-fold smaller (6,802 to 4,699), likely due to the more limited opening hours. This reduction in call and chat volume could be interpreted in various ways. It suggested a decrease in the need for breastfeeding support, changes in how new parents seek information, or issues with awareness of the ABA’s Helpline and LiveChat services (as discussed in Section 5.3.1). This section focusses on the Helpline as the data were more comprehensive than for the LiveChat.

The ABA reported different caller metrics depending on how the consumer’s needs were addressed. This section uses the following terms and corresponding definitions:

- Received calls: the number of consumers who called the Helpline phone numbers
- Answered calls: the number of consumers who were connected to speak with a breastfeeding counsellor
- Triage calls: the number of consumers who were directed to other information or Helplines instead of opting to speak to a counsellor
- Supported calls: the total number of calls that were answered or triaged
- Unsupported calls: calls that were not answered or triaged

The 21.7% drop in calls received coincided with a modest increase in the percentage of answered calls from 62.5% to 67.6% over this period (see Table 6.9). While this 5.1 percentage point improvement was positive, it was less substantial than expected, given the significant decrease in call volume. This suggested that the Helpline had not fully capitalised on the reduced demand to enhance its answer rate.

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Table 6.9: Data on received and answered calls by financial year

Year	Received calls	Answered calls	% Answered
FY 19–20	68,625	42,898	62.5%
FY 20–21	66,605	45,750	68.7%
FY 21–22	65,737	44,282	67.4%
FY 22–23	53,726	36,319	67.6%
Change	-21.7%	-15.3%	+5.1%

Source: ABA Performance Reports (Additional Reporting)

The data on supported calls indicated a shift in performance trends. While the ABA supported around 86% of calls in FY 2019–20, the rate has slightly decreased and stabilised around 78% in subsequent years (see Table 6.10). This change occurred despite a reduction in overall call volume.

Even with lower demand, the support rate's consistency suggested there may be room for improvement in service efficiency. Additionally, there had been a notable decrease in triaged calls, from 16,194 in FY 2019–20 to 5,695 in FY 2022–23. This substantial reduction, combined with the steady support rates despite lower call volumes, may indicate areas for review in call handling procedures or volunteer capacity.

Table 6.10: Calls supported and triaged by financial year

Year	Supported	% Supported	Triaged
FY 19–20	59,092	86.1%	16,194
FY 20–21	52,130	78.3%	6,380
FY 21–22	51,528	78.4%	7,246
FY 22–23	42,014	78.2%	5,695
Change	-17,078	-7.9%	-10,499

Source: ABA Performance Reports (Additional Reporting)

Regarding unsupported calls, consultations with ABA senior management stated that many people hung up quickly.

'Not all calls are connected. Lots of callers hang up in the first minute of being on hold' ~ ABA Senior Management

Therefore, it could be argued that this reflected the consumer's uncertainties or simultaneous caring responsibilities, rather than the ABA's rostering or handling of calls. This was further supported by evidence from the consumer focus group which showed that callers can already be hesitant when contacting the Helpline (Section 5.3.1) and may disconnect if the wait time is lengthy.

In the Consumer Survey answers, nine respondents who suggested Helpline improvements (7.6%) commented on the pre-connection messages, saying they were long in duration.

'The length of messages at the beginning of the call was very long even before being put into the queue to speak to someone. If I was early in my breastfeeding journey and stressed or overwhelmed, it would have made the situation worse having to wait through it all.' ~ Consumer (ABA Survey)

Therefore, the combination of initial hesitation and the duration of the pre-call information may deter some consumers from waiting on hold for any length of time.

Table 6.11 details the percentage of calls answered within five minutes. These data showed the proportion of calls answered within five minutes decreased from 65.4% to 60.8%, with a corresponding drop of 5,980 calls answered over the four years (from 28,045 to 22,065). This decline in rapid responses occurred alongside the overall decrease in call volumes noted in Table 6.9, and suggested persistent challenges in efficiently handling calls despite reduced demand.

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Table 6.11: Call response time by financial year

Year	Answered within 5 mins	% within 5 mins
FY 19–20	28,045	65.4%
FY 20–21	28,053	61.3%
FY 21–22	25,139	56.8%
FY 22–23	22,065	60.8%
Change	-5,980	-4.6%

Source: ABA Performance Reports (Additional Reporting)

The declining call volumes and response rates observed in the ABA's Helpline and LiveChat services may not indicate a reduced need for breastfeeding support. Instead, these trends could mask a significant unmet demand within the community, underpinned by several potential reasons.

First, the consistent support rates despite lower call volumes suggested that the service may be operating at capacity, limited by the available volunteer resources rather than actual demand. Second, the decrease in rapid response rates (calls answered within five minutes) could have discouraged some mothers from reaching the service, leading to underreported needs. Additionally, the substantial reduction in triaged calls, from 16,194 in FY 2019–20 to 5,695 in FY 2022–23, may indicate that many potential callers were not even entering the system to be triaged, possibly due to long wait times or difficulty accessing the service.

Additionally, as discussed in Section 4.4.2, the changing landscape of information-seeking behaviour among new parents could have contributed to this hidden demand. As more individuals turn to online resources and social media for immediate answers, they may forego traditional helpline services, even when qualified support would be beneficial. This shift does not necessarily mean the need for expert breastfeeding support has diminished, but rather that the current service model may not be fully aligned with how modern parents seek help.

FINDING 57 The stable support rate of around 78% in the face of declining call volumes indicates that the ABA Helpline was effectively assisting consumers. However, it indicates unmet demand and highlights the need for enhanced operational efficiency.

6.6.1 Demand on volunteer time

When comparing volunteers' hours, the number of calls answered and the median call length, there appeared a small increase in call length and the proportion of the shift spend answering calls over four sequential financial years. Table 6.12 shows that 38.6–46.4% of volunteer hours staffing the Helpline were spent answering calls. The total volunteer hours had declined as expected with declining volunteer numbers and number of calls received.

Table 6.12: Data on volunteer call handling based on number of answered calls by financial year

Year	Median call length (mins)	Volunteer hours	% shift answering calls
FY 19–20	14.25	26,400	38.6%
FY 20–21	14.5	28,082	39.4%
FY 21–22	15	23,846	46.4%
FY 22–23	14.75	21,718	41.1%
Change	+0.5	-4,682	+2.5%

Source: ABA Performance Reports (Additional Reporting). Note: the exact volunteer hours figure for FY 19–20 was not available from the reports

A decline in volunteer hours but increase in the proportion of the shift answering calls, even when the length was increasing, speaks to some improved efficiencies. However, these changes were relatively small. Evidence from this evaluation showed more consideration of high demand

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than low demand. For example, there was an on-call roster for times of high demand, but there was no discussion of reducing volunteer hours at times of low demand. These data suggested there were more shifts with low demand than high, an inefficiency that could be addressed.

Nevertheless, it could be argued that a minimum of one volunteer was required to staff the shifts where fewer calls are received; the average number of calls per hour was less than one from 12–6 am, peaking at 10–12 am with an average of ~14 calls per hour. The lower caller uptake for the night shift may have contributed to volunteer time not being used to answer calls.

The fact that volunteers were spending less than half of their rostered time answering calls may speak to inefficiencies in call handling but may also be more acceptable to volunteers. In focus groups, volunteers spoke about the busyness of answering back-to-back calls but appreciated when they had a break to do other tasks while on shift. For volunteers on night shifts, some appreciated the opportunity to sleep and those with shift during the day were often home with young children and were also attending to their needs.

FINDING 58 On average, volunteers spent less than half of their shift answering calls. This suggested opportunities to improve efficiencies in handling of low and high demand, although more intense shifts may be off-putting for volunteers who balance their volunteering with other tasks.

6.6.2 Current performance indicators

Current Key Performance Indicators (KPIs) around call-handling, demand and unmet need included:

- The number and proportion of supported calls per year (maintaining an average of 70% or above)
- The number of triaged calls per month
- The number of unsupported calls per month

- The number and proportion of calls answered within five minutes per year (maintaining an average of 50% or above)
- The median duration of calls per month
- The number of calls received per day by hour

These KPIs provided a wealth of information and have significantly contributed to the analysis provided in this report. Further details on some of these metrics could confirm or deny hypotheses about consumer habits, including:

- Average connection time for unsupported calls, including minimum and maximum – per month
- Number of calls for each triage option e.g. number of callers wanting local group information or the medications helpline – per month

The KPIs could be expanded to provide more visibility on the handling of calls and the capability of the volunteer workforce to meet changing demands. These data could include:

- Ratio of calls received to volunteer hours ratio – per month
- Volunteer time spent on shift answering calls – by hour across each day of the week
- Number of calls taken by on-call volunteers rather than standard rostered volunteers – per month

Trend data would benefit the performance reports, rather than a figure without context or referring to a single point in time. Five-year trend data, similar to the data presented in this report, would add greater visibility to the changing demand on the Helpline and LiveChat services. The trend data could be provided per year for the following indicators as a minimum: number of received calls, number and proportion of supported calls, number and proportion of calls answered in five minutes.

Further, LiveChat KPIs should be established in addition to the Helpline. For comparison purposes, it would be appropriate to have similar KPIs to the Helpline, including:

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- The number and proportion of supported chats per year (maintaining an average of 70% or above)
- The median duration of chats per month
- The number of chats received per day by hour (during opening times)

Other LiveChat KPIs would be more specific to this delivery mode:

- Median number of chats per volunteer – per month
- Number of messages left by people who could not connect to the LiveChat – per month

More transparent reporting of training data would enable the assessment of future capacity to meet demand. Some of these figures are reported, albeit intermittently, as discussed in Section 6.4. KPIs around training could include:

- The total number of trainees – per six months
- The total number of new and existing enrolments – per six months
- The total number of completions – per six months
- The total number of qualified trainers – per six months
- The average duration to complete the Certificate IV – per six months
- The number of enrolled trainees exceeding two and five years duration – per six months
- The number of trainees who have withdrawn and accompanying reasons if available – per six months

Additional data collection may pose further administrative burden on the ABA without upgrading the ABA's telecommunications and consumer reference systems (Sections 4.7 and 6.4.3). Joint consideration should be given to the capacity of the ABA to collect the data in addition to redefining the performance indicators.

Recommendation 19 The grant agreement should include clearly defined KPIs around call handling and require consistent supporting data reporting to better measure service efficiency and identify improvement areas.

6.7 OVERALL ASSESSMENT OF EFFICIENCY AND USE OF RESOURCES.

The ABA's Helpline and LiveChat services demonstrate impressive cost efficiency and significant value to the healthcare system. The following points summarise the main insights related to efficiency and resource utilisation covered in this chapter:

1. **Cost efficiency:** The cost per supported call/chat reached its lowest point of \$7.77 in FY 2022–23, significantly lower than comparable services staffed by health professionals.
2. **Healthcare savings:** The services saved an estimated \$1.4 million in FY 2022–23 by reducing unnecessary GP and ED visits. This financial impact highlights their role as essential resources for mothers seeking breastfeeding support.
3. **Volunteer sustainability:** While the reliance on volunteers contributes to cost-effectiveness, it raises concerns about sustainability amid declining volunteer numbers and increasing economic pressures on potential volunteers.
4. **Training challenges:** The flexible training program, while accommodating for new mothers, has led to a growing backlog of uncompleted certifications, representing unrealised potential within the ABA.
5. **Administrative burden:** Volunteers often handle significant administrative tasks without reimbursement, which detracts from their ability to focus on direct support services.
6. **Short-term funding cycle challenges:** The ABA's two-year federal funding cycle creates significant administrative burdens, diverts resources from service delivery, and limits capacity for improvements. This cycle is significantly shorter than funding cycles for similar national helplines, creating financial instability and hindering long-term planning.
7. **Funding diversification obstacles:** Despite extensive efforts to diversify funding through numerous grant applications to state and local sources, the ABA encountered significant obstacles. The volunteer-intensive

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process of applying for grants often yielded low success rates, further straining the ABA's capacity to deliver effective services.

8. **Response rate challenges:** Despite improvements in the proportion of answered calls, rapid response rates have declined, and the number of calls supported, indicating persistent inefficiencies in call handling.

The ABA's Helpline and LiveChat services demonstrate remarkable cost efficiency and provide significant value to the healthcare system. This financial impact highlights the importance of these services beyond mere cost savings, as they also enhance accessibility for parents who may lack adequate support from traditional healthcare providers.

Overall, while the ABA's Helpline and LiveChat services demonstrate impressive efficiency in resource management and provide substantial healthcare savings, they face significant challenges related to volunteer sustainability and operational capacity. The interplay between these factors reflects broader societal shifts and economic pressures that may impact the viability of these essential support services for breastfeeding mothers across Australia. The current model's reliance on dedicated volunteers has yielded impressive results. However, it also highlights a need to review how best to support both volunteers and service users in a changing landscape.

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APPENDIX A STAKEHOLDER CONSULTATION LIST

Table 7.1: The organisations that were invited and included in consultations

STAKEHOLDER GROUP	STAKEHOLDER	STATUS
Peak Professionals bodies (N.B. many representatives were also practising health professionals)	Australian College of Midwives	Consulted
	Baby Friendly Health Initiative (BFHI) Australia	Consulted
N=9 consulted (n=10 approached)	Australian Research Alliance for Children and Youth (ARACY)	Consulted
	Childbirth and Parenting Educators of Australia (CAPEA)	Consulted
	Council of Remote Area Nurses of Australia (CRANA) Plus	Consulted
	The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	Consulted
	Lactation Consultants of Australia and New Zealand (LCANZ)	Consulted
	Maternal, Child and Family Health Nurses Australia (MCaFHNA)	Consulted
	National Rural Health Alliance (including representation from the Australian College of Rural and Remote Medicine (ACRRM) and the Australian Nursing and Midwifery Federation (ANMF))	Consulted
	Royal Australian College of General Practitioners (RACGP) Specific Interests Group – Antenatal and Postnatal Care	Declined – forwarded invitation to most relevant member who was consulted separately
Consumer organisations	Maternity Consumer Network	Consulted
N=1 consulted (n=2 approached)	Consumers Health Forum	Did not reply

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STAKEHOLDER GROUP	STAKEHOLDER	STATUS
Government	Department of Social Services – Early Years Strategy Taskforce	Consulted
N=4 consulted (n=4 approached)	Pregnancy Birth and Baby (PBB) Helpline/Healthdirect	Consulted
	Department of Social Services – Family Policy Branch	Consulted
	Department for Health and Wellbeing (South Australia)	Consulted
Priority population organisations (N.B. some representatives were also practising health professionals)	Multicultural Centre for Women's Health	Consulted
	National Aboriginal Community Controlled Health Organisation (NACCHO)	Did not reply
	Birthing on Country (Molly Wardaguga Research Institute)	Declined – considered not appropriate to consult
	The Institute for Urban Indigenous Health	Consulted
	Central Australian Aboriginal Congress (CAAC)	Declined – unable to help at this stage
	Ishar Multicultural Women's Health Services	Consulted
	LGBTIQ+ Health	Consulted
	Rainbow Families	Consulted
	Luma	Declined – do not provide any breastfeeding support
	Jean Hailes	Declined – do not provide any breastfeeding support
Health professionals (N.B. many professionals held more than one qualification/role)	Lactation Consultants	Consulted
	Maternal and Child Health Nurses	Consulted
	GP Lactation Consultants	Consulted
	Midwives	Consulted
N=12 consulted (n=23 approached)		

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APPENDIX B DEMOGRAPHICS OF ABA VOLUNTEERS IN FOCUS GROUPS

Table 7.2: The demographics of ABA volunteers who participated in focus groups

CHARACTERISTICS	NUMBER OF VOLUNTEERS (TOTAL N=17)
Services staffed	
Helpline only	12
LiveChat only	2
Helpline and LiveChat	3
Duration volunteering	
1–4 years	4
5–10 years	3
11–20 years	2
>20 years	8
Jurisdiction	
Queensland	7
New South Wales	3
South Australia	2
Victoria	2
Western Australia	2
Northern Territory	1

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APPENDIX C A COMPARISON OF PARENTING HELPLINES IN AUSTRALIA

Table 7.3: A comparison of features of different parenting Helplines providing breastfeeding support in Australia

FEATURE	ABA	HEALTHDIRECT	MIRACLE BABIES	PBB	TRESILLIAN	PARENTLINE (ACT)	PARENT LINE (NSW)	KARITANE (NSW)	MOTHERSAFE (NSW)	FACES FAMILY SUPPORT (NT)	PARENTLINE (QLD & NT)	13 HEALTH (QLD)	PARENT HELPLINE (SA)	PARENT LINE (TAS)	MATERNAL & CHILD HEALTH LINE (VIC)	PARENTLINE (VIC)	NGALA PARENTING LINE (WA)
National	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
24/7 support	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗*	✗	✓	✓	✗	✗
Free call	✓	✗	✗	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	^
Trained staff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Volunteer staff	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Peer-to-peer	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Translation service	✓	✓	✗	✓	✗	✗	✓	✗	✓	✗	✗	✓	✗	✗	✓	✓	✗
National relay service	✓	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗	✓	✓	✗
Web chat option	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓
Video option	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
Call-back service	✗	✗	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓	^
Email	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗

Key: ✓ = the service has this feature. ✗ = the service does not have this feature or there is no evidence of the service having the feature. *While the service is offered 24/7, child health nurses only staff the helpline from 6:30 am–11:00 pm daily. ^ The Ngala service only offers a call-back option – the cost is borne by Ngala.

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APPENDIX D INTERNATIONAL BREASTFEEDING HELPLINES AND WEB CHAT SERVICES

These comparison tables are taken from HMA's desktop review.

Table 7.4: A comparison of international helplines for breastfeeding support

COUNTRY	ORGANISATION	STAFF	AVAILABILITY	HELPLINE OPTIONS	OTHER SUPPORTS
Bulgaria	La Leche League Bulgaria	Volunteers	N/A	Phone	Online information
Singapore	Breastfeeding Mothers' Support Group	Trained Volunteers	9:00 am–9:00 pm, 7 days a week	Phone and WhatsApp	Facebook group, online information
UK	La Leche League GB	Volunteers	8:00 am–11:00 pm, 7 days a week	Phone (costs apply), with a call-back within 48 hours	Online information
UK	National Helpline: Breastfeeding Network & Association of Breastfeeding Mothers	Trained volunteers	24 hours, 7 days a week (English) 9:30 am–9:30 pm for support in Welsh, Polish, Bengali, Sylheti	Phone (costs apply)	Web-based chat, private messages on Facebook and Instagram
UK	Association of Breastfeeding Mothers	Trained volunteers	9:30 am–10:30 pm, 7 days a week	Phone	Information Library

COUNTRY	ORGANISATION	STAFF	AVAILABILITY	HELPLINE OPTIONS	OTHER SUPPORTS
UK	National Childbirth Trust	Qualified counsellors	8:00 am–midnight, 7 days a week	Phone	Online resources
US	Office on Women's Health	Peer counsellors	9:00 am–6:00 pm, ET, Monday to Friday	Phone	Online information
US	Breastfeeding USA	Peer counsellors	Only a call-back service	Phone, call-back within 24 hours	Online information, Facebook support groups, in-person breastfeeding counsellors
US	MotherToBaby (environmental exposures)	Health professionals	8:00 am–7:00 pm, Monday–Friday ET	Phone, text, web-based chat	Online resource, MotherToBaby pregnancy studies
US	Pacific Post Partum Society	Trained peer supporters	10:00 am–3:00 pm, Monday–Friday, PST/PDT	Phone, call-back within 1 business day	Online resources, podcasts, videos, blogs, text services

Sources: websites of the individual organisations. N/A = information not available

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Table 7.5: A comparison of international web-based chat services for breastfeeding

COUNTRY	ORGANISATION	STAFF	AVAILABILITY
Ireland	Health Service Executive	Lactation consultants	Monday–Friday, 10:00 am–3:00 pm
UK	The Breastfeeding Network	Trained volunteers	No set hours, subject to volunteer availability
US	MotherToBaby (environmental exposures)	Health professionals	8:00 am–7:00 pm, Monday–Friday ET
US	Independent Lactation Consultant (Start Breastfeeding)	One Individual	Monday–Thursday, 10:00 am–12:00 pm, 1:00–4:00 pm CST

Sources: websites of the individual organisations

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APPENDIX E HELPLINE AND LIVECHAT COSTS FOR FINANCIAL YEAR 2022–23

HMA has used the following variables in the table below.

- Calls/chats received: the number of calls/chats received by the ABA – not all consumers will get some form of assistance
- Calls/chats supported: the number of calls/chats that are either triaged or answered – consumers get some form of assistance
- Calls/chats answered: the number of calls/chats that require the main bulk of the cost and volunteer time – consumers speak to a volunteer
- Relevant calls/chats: the costs associated with calls/chats with which consumers are satisfied – consumers derive benefit from their interaction with the volunteer

Table 7.6: A breakdown of the costs related to the Helpline and LiveChat for FY 2022–23

	ITEM	EXPENDITURE	CALLS/ CHATS RECEIVED	CALLS/ CHATS SUPPORTED	RELEVANT CALLS/ CHATS	CALLS/ CHATS ANSWERED
Admin costs	ABA staff	\$1,351,540	\$23.12	\$28.97	\$30.50	\$33.00
	Marketing	\$90,001	\$1.54	\$1.93	\$2.03	\$2.20
	Subtotal	\$1,441,541	\$24.66	\$30.90	\$32.53	\$35.20
Training costs	Course delivery	\$203,306	\$3.48	\$4.36	\$4.59	\$4.96
	RTO related	\$68,075	\$1.16	\$1.46	\$1.54	\$1.66
	Subtotal	\$271,381	\$4.64	\$5.82	\$6.12	\$6.63
System costs	IT system	\$343,009	\$5.87	\$7.35	\$7.74	\$8.37
	Maintenance	\$17,512	\$0.30	\$0.38	\$0.40	\$0.43
	Subtotal	\$360,521	\$6.17	\$7.73	\$8.13	\$8.80
	Total	\$2,073,443	\$35.47	\$44.44	\$46.78	\$50.62

Source: HMA's data request to the ABA. A call/chat relevance of 95% from pooling Helpline and LiveChat data has been used.

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APPENDIX F HELPLINE AND LIVECHAT COST MODELLING – PAID VOLUNTEERS

Table 7.7 shows costs associated with operating the Helpline and models costs associated with paying volunteers. The ABA reported 21,718 volunteer hours on the Helpline for FY 2022–23 which has been used in these calculations.

- **Actual costs:** the operating costs provided by the ABA for FY 2022–23
- **Model 1:** the FY 2022–23 operating costs plus the hourly base casual rates for the lowest and higher bands of the social and community services award
- **Model 2:** as per Model 1 plus 25% to account for after-hours, weekend, and public holiday penalties, given the 24/7 opening hours of the Helpline

Table 7.7: A comparison of ABA Helpline costs based on FY 2022–23 financial and service data and modelling paid staff rates

	HELPLINE CALL QUANTITY	ACTUAL RUNNING COSTS	MODEL 1: MINIMUM	MODEL 1: MAXIMUM	MODEL 2: MINIMUM	MODEL 2: MAXIMUM
Total operating cost*		\$360,521	\$1,050,285	\$2,374,323	\$1,222,726	\$2,820,031
		Cost per output				
Received calls	53,726	\$6.71	\$19.55	\$44.19	\$22.76	\$52.49
Calls answered	36,319	\$9.93	\$28.92	\$65.37	\$33.67	\$77.65
Relevant calls	34,503	\$10.45	\$30.44	\$68.81	\$35.44	\$81.73

Sources: the methodology was based on the work done by the Allen Consulting Group: National Breastfeeding Helpline Evaluation: Research Report 2012, Department of Health and Ageing.

The figures are for the Helpline call data only, not including LiveChat numbers. The per unit figures may therefore be an overestimation.

To calculate pay rates, the same Modern Award has been used as in the 2012 evaluation (social and community services employee from the Social, Community, Home Care and Disability Services Industry Award [MA000100]), although the bands were not included in the 2012 report. The minimum and maximum figures use casual rates for a Victorian employee in 2024 using the lowest rate at \$31.76 per hour (Level 1 – Pay Point 1) and the highest at \$82.09 per hour (Level 8 – Pay Point 3).

*The operational costs are those attributed to running the IT system and maintenance, not including governance, marketing, or training.

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APPENDIX G REFERENCES

- [1] J. Hahn-Holbrook, “The Psychological Effects of Breastfeeding,” Family Larsson-Rosenquist Foundation, 2018.
- [2] J. H. J. van Sadelhoff, S. P. Wiertsema, J. Garssen and A. Hogenkamp, “Free Amino Acids in Human Milk: A Potential Role for Glutamine and Glutamate in the Protection Against Neonatal Allergies and Infections,” *Frontiers in Immunology*, vol. 11, p. 1007, 2020.
- [3] C. G. Victora, R. Bahl, A. J. D. Barros, G. V. A. França, S. Horton, J. Krasevec, S. Murch, M. J. Sankar, N. Walker and N. C. Rollins, “Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect,” *The Lancet*, vol. 387, no. 10017, pp. 475-490, 2016.
- [4] E. L. Amitay and L. Keinan-Boker, “Breastfeeding and Childhood Leukemia Incidence: A Meta-analysis and Systematic Review,” *JAMA Pediatrics*, vol. 169, no. 6, p. e151025, 2015.
- [5] World Health Organization, “Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services,” 2017. [Online]. Available: <https://www.who.int/publications/i/item/9789241550086>. [Accessed 6 February 2024].
- [6] National Health and Medical Research Council, “Infant Feeding Guidelines: information for health workers,” 2012. [Online]. Available: <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>. [Accessed 7 February 2024].
- [7] Australian Government, “Commonwealth Standard Grant Agreement between the Commonwealth represented by Department of Health and Aged Care and Australian Breastfeeding Association,” 2022.
- [8] Department of Health and Aged Care, “Australian National Breastfeeding Strategy: 2019 and beyond,” [Online]. Available: <https://www.health.gov.au/resources/publications/australian-national-breastfeeding-strategy-2019-and-beyond?language=en>. [Accessed 2024 February 2024].
- [9] World Health Organization, “Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition,” 2014.
- [10] Australian Breastfeeding Association, “Annual Report: 2022-23,” 2023.

7 APPENDICES

- [11] Australian Institute of Health and Welfare, “2010 Australian National Infant Feeding Survey,” 2010.
- [12] M. Netting, N. Mounin, E. Knight, R. Golley, M. Makrides and T. Green, “The Australian Feeding Infants and Toddler Study (OzFITS 2021): Breastfeeding and Early Feeding Practices,” *Nutrients*, vol. 14, no. 206, 2022.
- [13] Australian Bureau of Statistics, “National Healthy Survey 2022: Breastfeeding,” 2023.
- [14] World Breastfeeding Trends Initiative, “Assessment Report Australia 2023,” 2023.
- [15] Australian Institute of Health and Welfare, “National Aboriginal and Torres Strait Islander Health Survey,” 2018-2019.
- [16] D. Forster, F. McLardie-Hore, H. McLachlan, M. Davey, H. Grimes, C.-L. Dennis, K. Mortensen, A. Moorhead, S. Tawia, L. Gold, T. Shafiei, R. Small, C. East and L. Amir, “Proactive Peer (Mother-to-Mother) Breastfeeding Support by Telephone (Ringing Up About Breastfeeding Early [RUBY]): A multicentre, unblinded, randomised controlled trial,” *EClinicalMedicine*, vol. 8, pp. 20-28, 2019.
- [17] D. Forster, H. McLachlan, M. Davey, L. Amir, L. Gold, R. Small, K. Mortensen, A. Moorhead, H. Grimes and F. McLardie-Hore, “Ringing up about breastfeeding: a randomised controlled trial exploring early telephone peer support for breastfeeding (RUBY) - trial protocol,” *BMC Pregnancy and Childbirth*, vol. 14, p. 177, 2014.
- [18] F. McLardie-Hore, H. McLachlan, T. Shafiei and D. Forster, “Proactive telephone-based peer support for breastfeeding: a cross-sectional survey of women's experiences of receiving support in the RUBY randomised controlled trial,” *BMJ Open*, vol. 10, no. 10, p. e040412, 2020.
- [19] F. McLardie-Hore, D. Forster, T. Shafiei and H. McLachlan, “First-time mothers' experiences of receiving proactive telephone-based peer support for breastfeeding in Australia: a qualitative study,” *International Breastfeeding Journal*, vol. 17, no. 1, p. 31, 2022.
- [20] H. Grimes, T. Shafiei, H. McLachlan and D. Forster, “Volunteers' experiences of providing telephone-based breastfeeding peer support in the RUBY randomised controlled trial,” *Public Health Nutrition*, vol. 23, no. 16, pp. 3005-3015, 2020.
- [21] F. McLardie-Hore, D. Forster, H. McLachlan, T. Shafiei, L. Amir, M. Davey, H. Grimes and L. Gold, “Is proactive telephone-based breastfeeding peer support a cost-effective intervention? A within-trial cost-effectiveness analysis of the 'Ringing Up about Breastfeeding early' (RUBY) randomised controlled trial,” *BMJ Open*, vol. 13, no. 6, p. e067049, 2023.

7 APPENDICES

- [22] A. Gavine, S. Shinwell, P. Buchanan, A. Farre, A. Wade, F. Lynn, J. Marshall, S. Cumming and S. Dare, "Support for healthy breastfeeding mothers with healthy term babies," *Cochrane Database of Systematic Reviews*, no. 10, p. CD001141, 2022.
- [23] A. McFadden, L. Siebelt, J. Marshall, A. Gavine, L. Girard, A. Symon and S. MacGillivray, "Counselling interventions to enable women to initiate and continue breastfeeding: a systematic review and meta-analysis," *International Breastfeeding Journal*, vol. 14, no. 42, 2019.
- [24] E. Burns, L. Duursma and Z. Triandafilidis, "Breastfeeding support at an Australian Breastfeeding Association drop-in: a descriptive survey," *International Breastfeeding Journal*, vol. 15, no. 101, 2020.
- [25] M. Brockway, K. Benzie and K. Hayden, "Interventions to Improve Breastfeeding Self-Efficacy and Resultant Breastfeeding Rates: A Systematic Review and Meta-Analysis," *Journal of Human Lactation*, vol. 33, no. 3, pp. 486-499, 2017.
- [26] H. Dodou, R. Bezerra, A. Chaves, C. Vasconcelos, L. Barbosa and M. Oriá, "Telephone intervention to promote maternal breastfeeding self-efficacy: randomized clinical trial," *Revista da Escola de Enfermagem da USP*, vol. 55, p. e20200520.
- [27] T. Lavender, Y. Richens, S. Milan, R. Smyth and T. Dowswell, "Telephone support for women during pregnancy and the first six weeks postpartum," *Cochrane Database of Systematic Reviews*, no. 7, p. CD009338, 2013.
- [28] H. Trickey, G. Thomson, A. Grant, J. Sanders, M. Mann, S. Murphy and S. Paranjthy, "A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings," *Maternal Child Nutrition*, vol. 14, no. 1, 2018.
- [29] B. Beggs, L. Koshy and E. Neiterman, "Women's Perceptions and Experiences of Breastfeeding: a scoping review of the literature," *BMC Public Health*, vol. 21, no. 1, p. 2169, 2021.
- [30] I. Rodríguez-Gallego, F. Leon-Larios, I. Corrales-Gutierrez and J. González-Sanz, "Impact and Effectiveness of Group Strategies for Supporting Breastfeeding after Birth: A Systematic Review," *International Journal of Environmental Research and Public Health*, vol. 18, no. 5, p. 2550, 2021.
- [31] E. Camacho and H. Hussain, "Cost-effectiveness evidence for strategies to promote or support breastfeeding: a systematic search and narrative review," *BMC Pregnancy and Childbirth*, vol. 20, no. 757, 2020.
- [32] S. Rice, D. Craig, F. McCormick, M. Renfrew and A. Williams, "Economic evaluation of enhanced staff contact for the promotion of breastfeeding for low birth weight infants," *International Journal of Technology Assessment in Health Care*, vol. 26, no. 2, pp. 133-40, 2010.

7 APPENDICES

- [33] C. Desmond, R. Bland, G. Boyce, H. Coovadia, A. Coutoudis, N. Rollins and M. Newell, “Scaling-up exclusive breastfeeding support programmes: the example of KwaZulu-Natal,” *PLoS One*, vol. 3, no. 6, p. e2454, 2008.
- [34] I. Mavranouzouli, J. Varley-Campbell, S. Stockton, J. Francis, C. Macdonald, S. Sharma, P. Fleming, E. Punter, C. Barry, M. Kallioinen, N. Khazaezadeh and D. Jewell, “The cost-effectiveness of antenatal and postnatal education and support interventions for women aimed at promoting breastfeeding in the UK,” *BMC Public Health*, vol. 22, no. 1, p. 153, 2022.
- [35] L. Chola, L. Fadnes, I. Engebretsen, L. Nkonki, V. Nankabirwa, H. Sommerfelt, J. Tumwine, T. Tylleskar and B. Robberstad, “PROMISE-EBF Study Group. Cost-Effectiveness of Peer Counselling for the Promotion of Exclusive Breastfeeding in Uganda,” *PLoS One*, vol. 10, no. 11, p. e0142718, 2015.
- [36] R. Daroudi, A. Akbari Sari, A. Nahvijou and A. Faramarzi, “Cost per DALY averted in low, middle- and high-income countries: evidence from the global burden of disease study to estimate the cost-effectiveness thresholds,” *Cost Effectiveness and Resource Allocation*, vol. 19, no. 1, p. 7, 2021.
- [37] J. Smith, A. Iellamo, T. Nguyen and R. Mathisen, “The volume and monetary value of human milk produced by the world's breastfeeding mothers: Results from a new tool,” *Frontiers of Public Health*, vol. 11, p. 1152659, 2023.
- [38] Alive & Thrive, “Mothers' Milk Tool,” Australian National University and Alive & Thrive, [Online]. Available: <https://mothersmilktool.org/#/>.
- [39] “The Cost of Not Breastfeeding,” Alive & Thrive, 2022. [Online]. Available: <https://www.aliveandthrive.org/en/the-new-cost-of-not-breastfeeding-tool>.
- [40] Nutrition International, “The Global Cost of Not Breastfeeding,” 2022.
- [41] Breastfeeding Mothers' Support Group, “Counselling,” [Online]. Available: <https://breastfeeding.org.sg/counselling/>. [Accessed 24 October 2024].
- [42] Australian Breastfeeding Association, “Vision, Mission and Strategic Plan,” [Online]. Available: <https://www.breastfeeding.asn.au/vision-mission-and-strategic-plan>. [Accessed 5 February 2024].
- [43] Australian Breastfeeding Association, “Reasons for becoming a qualified volunteer with ABA: from the Language Literacy and Numeracy Assessment Form,” 2024.
- [44] The Australian Breastfeeding Association, Interviewee, *Scoping Consultations*. [Interview]. 24 May 2024.

7 APPENDICES

- [45] S. Tawia and N. Haines, “The impact of the National Breastfeeding Helpline in Australia: An evaluation of caller satisfaction, wellbeing and breastfeeding,” *Breastfeeding Review*, vol. 31, no. 2, pp. 6-13, 2023.
- [46] World Health Organization and the United Nations International Children's Emergency Fund, “Protecting, promoting and supporting breastfeeding: the special role of maternity services. A joint WHO/UNICEF statement,” 1989.
- [47] World Health Organization, The United Nations International Children's Emergency Fund, “Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services: the revised Baby-Friendly Hospital Initiative,” 2018.
- [48] Productivity Commission, “Leveraging digital technology in healthcare: Research paper,” Australian Government, Canberra, 2024.
- [49] R. Thompson, “The Thompson Method,” [Online]. Available: <https://www.thethompsonmethod.com/>. [Accessed 22 October 2024].
- [50] International Board of Certified Lactation Consultants Commission, “Start Your IBCLC Journey,” [Online]. Available: <https://ibclc-commission.org/how-to-become-an-ibclc/>. [Accessed 25 October 2024].
- [51] The Allen Consulting Group, “National Breastfeeding Helpline Evaluation: Research Report,” 2012.
- [52] Australian Breastfeeding Association, “Final Progress Performance Report,” 2024.
- [53] Raising Children Network, “Parent helplines and hotlines,” 27 November 2023. [Online]. Available: <https://raisingchildren.net.au/grown-ups/services-support/about-services-support/helplines>.
- [54] Cube Group, “Healthdirect Pregnancy, Birth and Baby service review: Final report,” Department of Health and Aged Care, 2024.
- [55] Ngala, “Parenting Line FAQ,” [Online]. Available: <https://www.ngala.com.au/services/ngala-parenting-line/parenting-line-faq/>. [Accessed 15 October 2024].
- [56] Parentline, “Frequently Asked Questions,” [Online]. Available: <https://parentline.com.au/about/faqs>. [Accessed 15 October 2024].
- [57] Australian Breastfeeding Association, “Research collaborations,” [Online]. Available: <https://www.breastfeeding.asn.au/research/research-collaborations>. [Accessed 29 October 2024].

7 APPENDICES

- [58] Queensland University of Technology, “MumBubConnect: Using Mobile Technology to Support Breastfeeding Mothers,” [Online]. Available: <https://research.qut.edu.au/servicesocialmarketing/research-projects/mumbubconnect-using-mobile-technology-to-support-breastfeeding-mothers/>. [Accessed 29 October 2024].
- [59] Small World Social, “Breastfeeding Support Program,” [Online]. Available: <https://www.smallworldsocial.com/breastfeeding-support-project/>. [Accessed 29 October 2024].
- [60] World Health Organization, “International Code of Marketing of Breast-Milk Substitutes,” 1981.
- [61] The Breastfeeding Network, “National Breastfeeding Helpline – Live Chat and Social Media Support,” [Online]. Available: <https://www.breastfeedingnetwork.org.uk/chat/>. [Accessed 24 October 2024].
- [62] Health Service Executive, “Ask our breastfeeding expert,” [Online]. Available: <https://www2.hse.ie/services/ask-our-breastfeeding-expert/>. [Accessed 24 October 2024].
- [63] fiftyfive5, “Pregnancy Birth and Baby: Consumer satisfaction - deep dive,” 2023.
- [64] K. Thorpe, S. Danby, C. Cromack and D. Gallegos, “Supporting, failing to support and undermining breastfeeding self-efficacy: Analysis of helpline calls,” *Maternal and Child Nutrition*, vol. 16, no. 2, p. e12919, 2020.
- [65] Australian Breastfeeding Association, “Proposal for continued funding of ABA Breastfeeding Helpline Services 2023-2027,” 2022.
- [66] Australian Breastfeeding Association, “Strategic Plan 2023-2026,” 2023.
- [67] Australian Breastfeeding Association, “Consumer Survey,” 2024.
- [68] Australian Bureau of Statistics, “Household Income and Wealth, Australia: Summary of Results, 2019–20,” 2022.
- [69] Australian Bureau of Statistics, “Standards for Statistics on Cultural and Language Diversity,” 22 February 2022. [Online]. Available: <https://www.abs.gov.au/statistics/standards/standards-statistics-cultural-and-language-diversity/latest-release>.
- [70] Australian Institute of Health and Welfare, “National Perinatal Data Collection annual update 2022,” 2024.

7 APPENDICES

- [71] Australian Bureau of Statistics , “Births, Australia,” 16 October 2024. [Online]. Available: <https://www.abs.gov.au/statistics/people/population/births-australia/latest-release#data-downloads>.
- [72] National Health and Medical Research Council, “Infant Feeding Guidelines: Information for health workers,” 2012.
- [73] Volunteering Australia, “National Strategy for Volunteering,” Volunteering Australia., 2023–2033..
- [74] J. Baxter, “Employment patterns and trends for families with children,” Australian Institute of Family Studies, 2023.
- [75] Centre for Volunteering, “Cost of Volunteering Calculator,” 2024. [Online]. Available: <https://www.volunteering.com.au/resources-tools/cost-of-volunteering-calculator/>.
- [76] Australian Breastfeeding Association, “ABA Helpline Services funding proposal 2023-2027: additional information request,” 2023.
- [77] Australian Breastfeeding Association, “Financial Statements Year Ended 30 June 2023,” 2023.
- [78] Australian Breastfeeding Association and Western Sydney University, “‘Want to Help the Children? Help the Parents’: Challenges and Solutions from the Babies and Young Children in the Black Summer (BiBS) Study,” 2023.
- [79] Department of Health and Aged Care. , “New digital services the first step towards a better, fairer mental health system. Australian Government.,” 29 November 2023. [Online]. Available: <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/new-digital-services-the-first-step-towards-a-better-fairer-mental-health-system>. [Accessed 21 October 2024].
- [80] Continence Foundation of Australia Limited., “Financial Report 2020-2021.,” 2021.
- [81] Perinatal Anxiety & Depression Australia (PANDA)., “2020/2021 Budget Submission.,” The Treasury, Australian Government., 2021.
- [82] Department of Finance., “Commonwealth Grants Rules and Guidelines 2017.,” Australian Government., 2017.