



Evaluating the impact of Beat's helpline

Final report

February 2020

"The service you provide is incredible. I honestly do not know where I would be if it wasn't for the support of the lovely helpline team. I always come off the phone to the Helpline feeling a sense of relief that I've spoken about how I feel and a feeling of empowerment of that I do deserve to get help and I do deserve to get better. I have struggled for far too long with this eating disorder and it's taken the majority of my life away. I'm hopeful of change."



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1. Executive Summary

Beat's helpline exists specifically to encourage and empower people to seek and get access to treatment as early as possible. It helps sufferers and family members with the wide range of issues they face, including understanding their illness, to deal with crises and helping them to decide their best next step.

Fiveways were commissioned to conduct an evaluation of the Helpline service to determine

- The difference Beat's Helpline makes to service users' knowledge, attitudes and emotional state
- The extent to which contacting Beat's Helpline results in service users taking action
- The effect of those actions on service users' wellbeing, confidence in recovery and health

Across all these areas the evaluation has revealed the Helpline is having a very positive impact on its users.

Changes in knowledge and attitudes

3-4 weeks after contacting the Helpline:

- 52% of service users agree they understand their condition better (only 3% disagree, the remainder neither agree nor disagree)
- 62% agree they know the importance of acting quickly (8% disagree)
- 65% feel confident they can take some action (6% disagree)

Changes in emotional state

3-4 weeks after contacting the Helpline:

- 76% of users agree they feel less isolated (10% disagree)
- 35% agree that the Helpline made them feel that a full recovery was possible (21% disagree)
- The proportion of users experiencing these positive changes increases slightly 3-4 months after contacting the Helpline

Prompting action

3-4 weeks after contacting the Helpline:

- 66% of users had done at least one the following actions - contacting their GP, reading Beat's information, or acting on advice about other sources of support.
- 88% of those who took action (58% of all users) had found at least one of those actions helpful.
- 43% of those advised to see a GP will do so

- Over half of those who see their GP are referred to a specialist service, however qualitative comments reveal that that referral can be difficult to achieve with concern over GPs' understanding and appreciation of eating disorders.

The impact of those changes

- Although "recovery" can mean different things to different people – 41% of service users agree that some progress towards recovery has been made 3-4 weeks after contacting the service
- 41% also agree their lives have changed for the better in that short time
- This impact is sustained and that the proportions of users experiencing that positive change increases by around 10% 3-4 months later
- 35% of those experiencing positive change attribute all or most of that change to the support they received on the Helpline.
- However, barriers to progress still exist for some – particularly those who are 16-17, with multiple disorders and who have experienced symptoms for some time before contacting Beat. Those barriers are both personal (anxiety) and systemic (waiting lists and difficulty navigating the care system).

Differences by audience subgroup

- Overall some groups of service users tend to achieve more positive change following their contact. These include those only using the phone service, carers, those contacting about Binge Eating Disorder and those who have experienced symptoms less than a year before contacting Beat.
- Those groups that still experience positive change, but to a lesser extent are those not using the phone service (i.e. online only), those contacting about Bulimia, those who have experienced symptoms for 1-5 years before contacting Beat and those aged 16-17.

Experience of using the Helpline

Respondents were overwhelmingly positive about their experience of using the Helpline service. There was very little feedback from users in terms of suggested improvements, but where there were, they tended to focus on extending the hours of the service and improving waiting times for people to get through more easily in a time of distress.

- 85% agree their concerns were taken seriously (6% disagree)
- 82% felt supported (10% disagree)
- 83% of users who discussed next steps were clear on the action they needed to take next (5% disagree)

These figures are even higher for those only using the phone service (e.g. 97% felt their concerns were taken seriously). This is perhaps understandable as the telephone offers greater opportunity for the Helpline adviser to actively listen, communicate empathetically, build a better understanding of the caller's situation, and discuss options.

Recommendations

The evaluation has revealed highly positive feedback from users in terms of increased knowledge, preparedness to seek support, emotional wellbeing, action taken and progress towards recovery. There was not a great deal of feedback for improvement from users, but there are three areas the Helpline might consider if they are to improve on this already encouraging picture.

- Consider extending the availability of the service
- Review the service from the perspective of Bulimia sufferers
- Review the service from the perspective of 16-17-year olds
- Continue to use its influence to ensure the health care system better supports those with eating disorders (especially within GP practices).

2. Introduction

Beat is the UK's eating disorder charity. It exists to end the pain and suffering caused by eating disorders by giving individuals experiencing an eating disorder and their loved ones a place where they feel listened to, supported and empowered.

Beat provides a Helpline for adults and young people offering support and information about eating disorders. The Helpline is free to call from all phones and is open 365 days a year from 12pm–8pm during the week, and 4pm–8pm on weekends and bank holidays. In addition to the telephone, the Helpline can be contacted by email and live webchat (a one to one, secure instant messaging service).

Beat's Helpline advisors are highly trained, and available to talk to anyone affected by an eating disorder. They listen to concerns in a non-judgemental way, provide callers with support, and help them to decide on their best next step.

In order to understand the impact of the Helpline and whether it was achieving its desired outcomes of callers increasing their knowledge, confidence in recovery, self-efficacy and emotional well-being in both the short and longer-terms, Beat commissioned Fiveways (www.fivewaysnp.com) to conduct an evaluation of the Helpline.

Fiveways is dedicated to helping charities achieve more by delivering insightful audience research and practical service evaluations that drive improvement.

This report confirms the findings of the evaluation which ran from October 2018 to January 2020.

3. About the evaluation

3.1 Aims of the evaluation

The evaluation aimed to answer the following overarching questions:

- What difference does contacting Beat's Helpline make to service users' knowledge, attitudes and emotional state? (these changes can be described as "potential" value – precursors to action but not in themselves action)
- **Does contacting Beat's Helpline result in callers taking action?** (this can be described as "applied" value – i.e. the potential has been applied and action has been taken)
- **What effect do those actions have on service users' wellbeing, their confidence in recovery and their health?** (these changes can be described as "realised" value in that the actions have resulted in the desired outcome).

3.2 Evaluation methodology and response

To find answers to these questions a set of outcomes were agreed, to be measured against for three different helpline audience groups – sufferers, carers, and professionals. See appendix 1.

The following research activities were conducted to gather insight for the evaluation.

- **Initial online survey** – those contacting the Helpline who were over 16 years old and were invited to participate in the research (opt in).¹ Those who agreed were sent an online survey between one and two weeks after their contact with the service. The initial survey was distributed in two rounds. The first round only included those using the telephone service, the second round involved those using all three ways of contacting the service (telephone, webchat and email).

Across both rounds **775** people participated in the initial survey - 311 telephone users (40%), 278 webchat users (36%) and 186 email users (24%).

This response represented 9% of all those who contacted the telephone service over the period of the evaluation, 4% of webchat users and 17% of email users.

	Telephone		Webchat	Email
	Round 1	Round 2	Round 2	Round 2
	6 weeks (Oct- Nov 18)	24 weeks (May-Oct 19)	22 weeks (May-Oct 19)	22 weeks (May-Oct 19)
Callers to Helpline	827	2470	-	-
Asked to opt in to survey	81%	69%	-	-
Opted in (of those asked)	76%	64%	-	-
Successful emails sent	469	1084	2929	1113
Initial survey responses	124	187	278	186
Initial survey response %	26%	17%	9%	17%

- **Follow up interviews to the initial survey** – telephone interviews were conducted with 13 of those who completed the initial survey.
- **Follow up survey** – approximately 12-14 weeks after their initial contact with the Helpline, those telephone and webchat users who had opted-in were sent a follow up survey to measure change in the medium term.

Across both rounds, **99** people completed the follow up survey – a response rate of 38% (262 people had opted in). 71 could be matched with responses to the initial survey for comparison.

- **Follow up interviews to the follow up survey** – telephone interviews were conducted with 11 of those who completed the follow up survey.

¹ Guidance was provided to the Helpline team on how to recruit callers, including where it may be acceptable to leave a caller out of the research, for example if it was felt that asking them to opt-in would negatively impact on the help provided to them.

- **Telephone interviews after six months** – to understand change over a longer timeframe, 11 service users were interviewed six months after contacting the service.

Securing engagement in the research

To encourage a good response rate, survey completions were incentivised. Anyone completing the initial survey was invited to enter a prize draw for £50 of shopping vouchers. For the follow up survey, individuals were invited either to claim a £5 shopping voucher, or to donate the equivalent £5 to Beat.

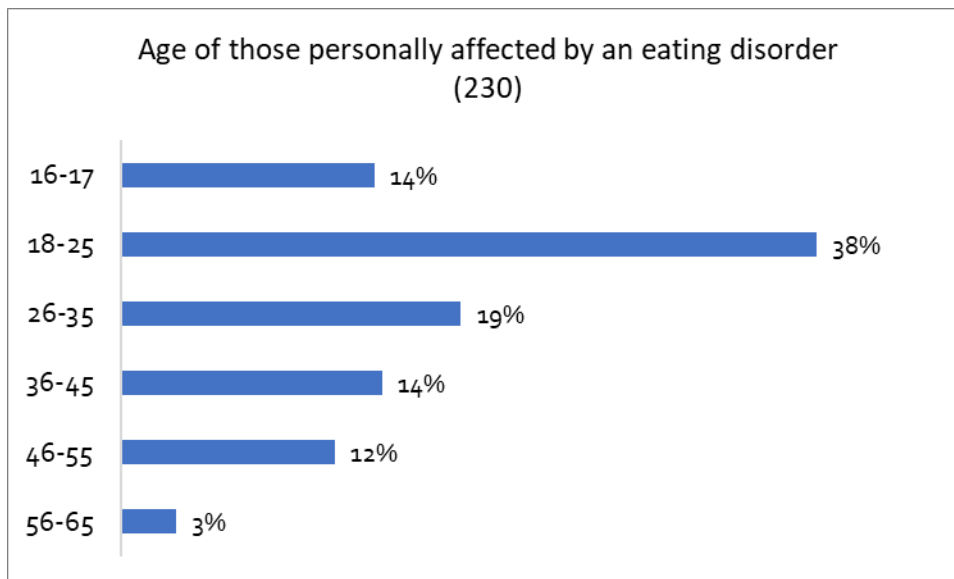
In addition, a voluntary advisory panel of five sufferers and five carers was formed to ensure the research design was informed by the effective engagement of people with lived experience of eating disorders. The panel's input made important improvements to the approach (for example advising on timing, tone and wording, and adding questions relating to the impact of the Helpline service on relationships with family and friends).

Fiveways also met with the helpline team in Warrington to better understand the service and discuss the outcomes framework and the practicalities of asking Helpline users to opt-in to the research.

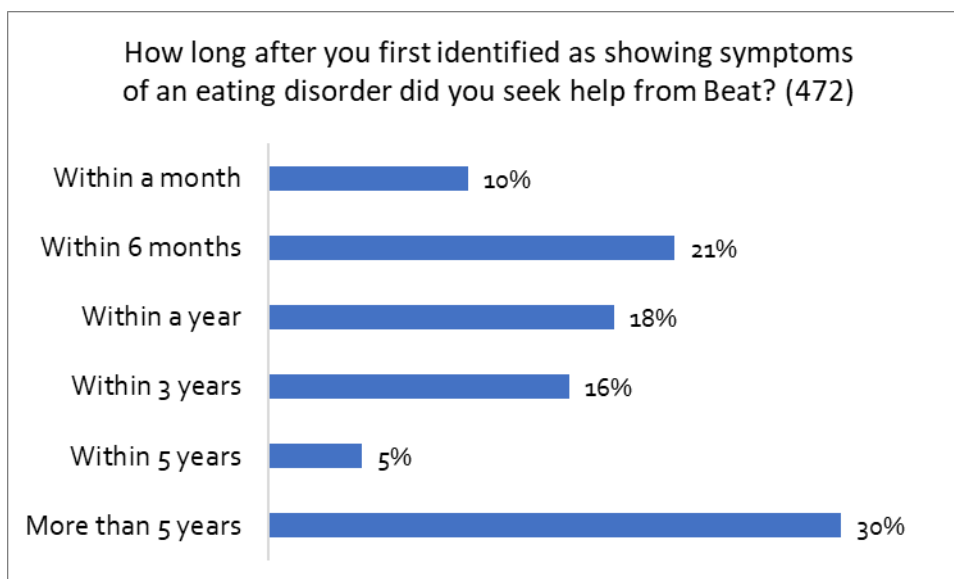
3.3 Profile of participants in the initial survey

- 68% of respondents were personally affected by an eating disorder, 29% call on behalf of a friend or family member, and 3% on behalf of a client
- 90% were female, 10% male
- 40% contacted the Helpline about Anorexia, 21% EDNOS, 18% Bulimia and 17% Binge Eating Disorder. 5% mentioned other disorders²
- 77% were concerned about one disorder, 18% two disorders and 4% three disorders
- Just over half (52%) of those personally affected by an eating disorder were under 25, 15% were 46 or older.

² Respondents could select more than one disorder

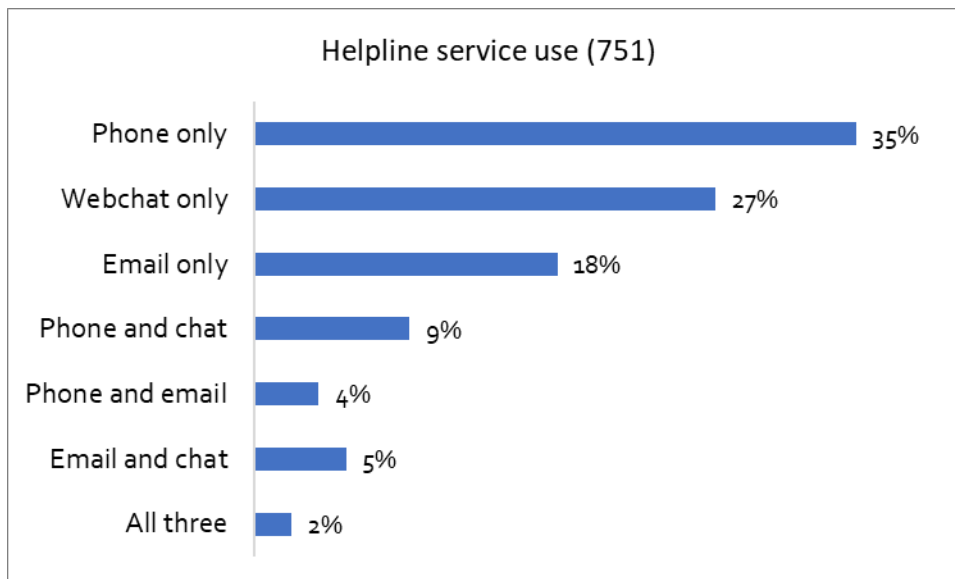


- 54% had contacted the Helpline once, 46% more than once
- 31% of those personally affected by an eating disorder contacted Beat within six months of noticing symptoms – a similar proportion (30%) had had symptoms for over five years before contacting Beat.



- In terms of service use, 35% of respondents had only used the telephone as a way of accessing the Helpline³. 80% had only used one of the three main channels (telephone, webchat and email), with 12% using two and 2% all three.

³It is possible that respondents used other information services from Beat, e.g. the website



- 87% of respondents were from England, 8% from Scotland, 3% from Wales and 2% from Northern Ireland.

A note on how findings are presented.

Most survey questions asked people to respond to statements. For the overall finding, proportions of positive and negative responses are presented.

Comparisons are made between different subgroups within the overall response – see Appendix 2. For these subgroups “net positive response” is used to present findings.

Net positive response is the difference (in percentage points) between those that positively agree with a statement and those that disagree.

For example, if 50% agree and 20% disagree the net positive response is +30. If 25% agree and 60% disagree the net positive response -35.

The higher the net positive response the more positive the result as more people agree with the statement and fewer disagree with it.

For a subgroup to be highlighted in the narrative it needed to have a net positive response either 6 percentage points higher or lower than the average for its category (i.e. channel, age, disorder etc).

4. Findings relating to potential value

This section looks at the difference contacting Beat’s Helpline makes to service users’ knowledge, attitudes and emotional state. It mainly describes changes in the short term (from the initial survey - between three and four weeks after contacting the Helpline) but where possible it highlights changes in the medium term (from the follow up survey – between three and four months after contacting the Helpline) by comparing the answers given by the same 71 people (called “the matched group”) to both surveys.

4.1 Knowledge and understanding

4.1.1 Short term change (from the initial survey)

All groups experience significant positive change in terms of improved knowledge and understanding of the condition, of where to get support, and of the importance of acting quickly. Importantly 85% of service users know they can contact Beat again and 62% realise the importance of taking action quickly.

Since contacting the Helpline...	Respondents	Agree	Disagree ⁴	Net positive
"My understanding of my/their condition has improved"	713	54%	3%	+51
"I now understand what help is available for my/their condition"	448	72%	9%	+63
"I know I can contact Beat again for more support"	731	85%	8%	+77
"I now realise the importance of taking action quickly"	447	62%	8%	+54

"[It was helpful to have] the opportunity to speak to someone who could understand my situation, a helpful contact for a support group, and understanding that I could contact Beat again."

Subgroups experience this positive change in understanding to different degrees (see Appendix 3, chart 1). Groups where the net positive result is significantly higher than average are:

- Carers
- Those contacting about Binge Eating Disorder

⁴ Most questions also included response options such as "I don't know", "Neither agree nor disagree" or "Stayed the same." These explain the difference between the sum of those who agree and disagree and 100%.

- Those using the phone service only
- Those who contacted Beat less than a year after experiencing symptoms
- Those aged 46 or over

Subgroups that still show positive results, but to a lesser extent than the average for their category are:

- Those calling for themselves
- Those contacting about Bulimia
- Those with multiple eating disorders
- Those using the email service in combination with the phone or webchat
- Those aged 16-17

For example, a Helpline user highly likely to realise the importance of acting quickly is a carer, using the telephone to discuss Binge Eating Disorder. Of the 14 respondents matching this profile – 13 agreed (93%) with no disagreement. A Helpline user less likely to realise this is a 16-17 sufferer who does not use the phone to make contact. Of 26 respondents matching this profile 46% agreed and 12% disagreed.

4.2 Preparedness to seek and provide support

The improvements in knowledge and understanding are matched by improvements in all groups' confidence and ability to seek support (an important "potential value" if action is to be taken).

4.2.1 Short term change (from the initial survey)

Clearly the Helpline is positively influencing people's preparedness to act in the short term. Three quarters of carers feel their ability to support their friend and family member has improved since contacting the Helpline (with only 1% feeling it got worse). 65% of all callers feel more confident to act.

"The person I spoke to was chatty, friendly, and made me feel at ease. This was specifically what made the service so useful for me and gave me the confidence to be more open about my problem with the people in my life."

"The lady I spoke to was very understanding and helpful. She gave me lots of advice on how I can support my son and it gave me more confidence. She also made me realise that I'm not on my own."

Since contacting the Helpline...	Respondents	Agree	Disagree	Net positive
"I feel it is okay to ask for support for my condition" (Self group only)	511	64%	14%	+50
"My ability to ask for support has improved" (Self group only)	505	42%	7%	+35
"My ability to support has improved" (Carers group only)	214	75%	1%	+74
"My confidence to do something about my/their friend and family member's condition has improved"	717	65%	6%	+59

When comparing subgroups, a similar pattern to above emerges (See Appendix 3, chart 2). Groups that are most likely to be positive regarding their preparedness to seek support are:

- Carers
- Those contacting about Binge Eating Disorder
- Those using the phone service only
- Those who contacted Beat less than a year after experiencing symptoms

Those who are still positive, but to a lesser extent are:

- Those calling for themselves
- Those contacting about Bulimia
- Those using chat and email services only
- Those who contacted Beat more than a year after experiencing symptoms
- Those aged 16-17

For example, a Helpline user highly likely to feel confident to do something about their condition is a carer, using the telephone service only. Of the 133 respondents matching this profile – 112 agreed (84%) with only one respondent disagreeing (1%). A Helpline user less likely to feel confident to act is a sufferer from Bulimia who uses the chat or email service to make contact. Of 32 respondents matching this profile 44% agreed and 13% disagreed.

4.3 Feeling motivated

As well as having the understanding and the preparedness to seek support, people also need to feel positive and motivated to act. The survey asked about changes to feelings of isolation and the extent to which people felt a positive outcome (a full recovery) could be made.

4.3.1 Short term change (from the initial survey)

The Helpline considerably reduces feelings of isolation amongst all groups in the short term. Over three quarters (76%) agree that speaking to someone from Beat made them feel less isolated.

"By having the support of Beat you know you are not the only one going through it, and you are not as isolated as you think you are. That's really important. It can be quite overwhelming dealing with it on your own. Just thinking you are the only person, when in fact there's a lot of us."

"It was really nice to be able to talk to a professional over the live chat because I've not been able to open up to anyone before and I feel like a weight has been lifted now that I've talked about my concerns."

"The most important aspect was just being there... not even necessarily saying what to do but just being there and responding with understanding and maybe one or two thoughts or ideas or reassurance to focus on. I am so grateful for the listening ear."

"I would like to thank Beat for being there for me when I needed them the most, and for giving me the courage and inspiration to seek further help for my eating disorder. I am truly grateful."

Overall more people (35%) agree that the Helpline made them feel that a full recovery can be made than those who disagree (21%).

"Talking to people so lovely and empathetic yet objective was so helpful and made me feel like I am worthy of recovery, and that I can get there, someday. Because I've received such lovely support, I hope that one day I might be able to do a similar job. It's a long road of recovery ahead but it's such a wonderful, worthwhile and appreciated service:)"

	Respondents	Agree	Disagree	Net positive
"Speaking to someone from Beat made me feel less isolated"	729	76%	10%	+66
"Using the Helpline made me feel that I/the person I called about can fully recover"	721	35%	21%	+ 14

However, within the subgroup comparison there are some wide variations in the extent to which people agree the Helpline made them feel a full recovery is possible, with some subgroups showing a net negative result - i.e. more people disagreeing than agreeing. See (Appendix 3, chart 3). "Recovery" can mean different things to different people and there is no definition of what it represents. Clearly for some it is a more distant and unrealistic prospect than for others.

Groups most likely to agree the Helpline made them feel a full recovery is possible are:

- Carers
- Those contacting about Binge Eating Disorder
- Those using the phone service only
- Those aged 46 or over
- Those who contacted Beat more than five years after experiencing symptoms

Those who are still positive, but to a lesser extent are:

- Those calling for themselves
- Those contacting about Bulimia
- Those with two disorders

Those groups that are negative (i.e. more people disagreeing than agreeing).

- Those who contacted Beat between 1 and 3 years after experiencing symptoms
- Those aged 16-17
- Those using the chat service only
- Those with three or more disorders

For example, a user highly likely to agree the Helpline made them feel a full recovery is possible is a carer, using the telephone service only to discuss Binge Eating Disorder. Of the 10 respondents matching this profile – 6 agreed (60%) and one disagreed (10%). A user less likely to the Helpline made them feel a full recovery is possible feel confident to act is a sufferer, who contacted Beat 1-3 years after noticing symptoms using the chat service. Of 27 respondents matching this profile – 3 agreed (11%) and 9 disagreed (33%).

4.3.2 Medium term change (from the follow up survey)

These questions were repeated in the follow up survey so we can assess how changes to motivation have been sustained over the next three to four months. In both cases the levels of positive change continued for the first few months after contact with the Helpline. Slightly more of the matched group feel less isolated.

"Speaking to someone from Beat made me feel less isolated"				
	Respondents	Agree	Disagree	Net positive
Initial survey	71	90%	0%	+90
Follow up survey	71	93%	0%	+93

Furthermore, in the medium term the levels of optimism for a recovery have increased from those in the short term, with slightly more people feeling a recovery can happen, and slightly fewer disagreeing. The net positive result rose from +33 to +39 (an increase of 18%).

"Using the Helpline made me feel that I/the person I called about can fully recover"				
	Respondents	Agree	Disagree	Net positive
Initial survey	71	44%	11%	+33
Follow up survey	71	48%	9%	+39

4.4 Summary findings relating to potential value

In terms of potential value, the changes in knowledge, attitudes and feelings required to facilitate action, the Helpline is having a very positive impact.

Overall, having contacted the helpline 52% of service users understand their condition better, 62% know the importance of acting quickly and 65% feel confident they can take some action.

As a result of their contact 76% of users feel less isolated and 35% agree that the Helpline made them feel that a full recovery was possible. There is evidence that these positive changes reported a few weeks after contacting the Helpline are sustained and even increase slightly in the medium term. Within this positive picture there is a range of experience. Some possible explanations of these differences are discussed below.

In terms of who contacts the helpline, carers are more likely to be positive than sufferers. Although in a highly challenging and emotional situation, carers (typically parents) are one step removed from the disorder and, therefore, are perhaps more able to feel a greater sense of confidence and agency to take action. It is also possible that carers' understanding of the condition and support options was lower than sufferers when contacting Beat so they may experience a greater increase in knowledge.

Those using the phone service are more positive than those using chat or email. This is perhaps understandable as the telephone offers greater opportunity for the Helpline adviser to actively listen, communicate empathetically, build a better understanding of the caller's situation, and discuss options.

Also understandable is the finding that those dealing with more established and complex eating disorders (i.e. those contacting about more than one condition and those who experienced symptoms for longer before contacting Beat) are less positive than other groups. This finding supports Beat's overall approach aimed at early intervention – ensuring people receive effective support and treatment as soon as possible after symptoms are experienced.

One hypothesis (based on Beat's experience) was that the longer someone experiences symptoms before contacting Beat, the less positive they will be about a recovery. This is broadly the case - those who have experienced symptoms for longer may have accepted it as "part of life" so change is much harder to affect.

However, it is sometimes the case that those who have had symptoms the longest (over five years) are more positive than those who have had them between one and three years. This may be because those in the “one to three year” group have tried to make changes but are currently navigating the support system, perhaps stuck in a waiting list doubting whether recovery is possible. Those who have had symptoms for longer may have had a worse experience over a longer period and are therefore, more welcoming of Beat’s support.

Users at the youngest end of the age range (16-17) are usually much less positive than those at the oldest end (46 or over). This may also be due to a lack of agency. Older users may be able to draw on more experience and resilience to brace themselves for change.

Finally, those contacting the Helpline about Binge Eating Disorder tend to be positive and those contacting for Bulimia less positive. As Binge Eating Disorder is not always acknowledged by health professionals it may be that finding someone who does and who takes you seriously possibly for the first time is, in itself, a positive experience.

The finding relating to Bulimia is harder to explain. It may be case that as the greatest proportion of calls to the Helpline concern Anorexia (40% in our sample, compared with 18% for Bulimia), the advisers have been able to develop a deeper understanding of the support options for those with Anorexia, resulting in a better service.

5. Findings relating to applied value (action taken)

This section covers the extent to which users took action as a result of their contact with the Helpline, and their opinion on the helpfulness of those actions. It describes findings both in the short and medium terms.

5.1 Action in general

5.1.1 Short term change (from the initial survey)

In general terms, 58% of all users say the Helpline enabled them to take action in the short term (15% disagreed). All subgroups have a net positive result for this statement (i.e. more people agreeing than disagreeing). 42% say that they made decisions they would not have made otherwise if they hadn’t called the Helpline (20% disagreed).

The survey asked specifically whether people had taken the next steps they had discussed during their contact with the Helpline. 55% had acted on them in the few weeks since their Helpline contact⁵, a further 28% said they hadn’t acted yet but intended to, 28% said that they hadn’t taken those steps.

⁵ It is hard to determine the exact gap between people contacting the service and completing the initial survey. The survey was sent 1-2 weeks after their contact, but although most people complete surveys in the first few days after receiving it, some may have completed it a few weeks later.

	Respondents	Agree	Disagree	Net positive
"Have you taken the next steps?" (those who discussed next steps)	524	55%	28%	+27
"The Beat helpline enabled me to take action"	720	58%	15%	+33
"I have/the person I called about has made decisions about my/their condition that I/they would not have made if I hadn't called the helpline"	449	42%	20%	+20

"I was given good advice on how to support my daughter in the right way. Also, how to go about getting her referred to the eating disorder service, which I wasn't aware of existed. We talked through the signs she has started to show as I wanted reassurance that my concerns were real. I also wanted to know of any parent support groups available. All my questions were answered. Since calling and acting on the advice my daughter has been referred this week and today received a call from the eating disorder service offering an appointment next Friday. Can't thank you enough."

Taking action following their Helpline call is more likely to happen in the following subgroups. These are broadly consistent with the findings of the previous section (See Appendix 3, chart 4)

- Carers
- Those contacting about Binge Eating Disorder
- Those using the phone service only
- Those aged 46 or over

Those for whom taking action (in the short period after their Helpline call) is more challenging include:

- Those calling for themselves
- Those contacting about Bulimia
- Those with three or more disorders
- Those who contacted Beat more than a year after experiencing symptoms
- Those aged 16-17
- Those using the chat service

As a comparison, a user highly likely to have taken the next steps they discussed on their Helpline call in the few weeks afterwards is a carer, using the telephone service only. Of the 113 respondents matching this profile – 81% had taken action with 16% intending to, 4% had not. However, of 75 sufferers, who contacted Beat over a year after noticing symptoms using the chat or email service only, 36% had taken action, with 40% intending to, 21% had not.

5.1.2 Medium term change (from the follow up survey)

Two of these questions were repeated in the follow up survey. Responses from the “matched” group reveal an increase in the proportion of users taking action over time.

The proportion of the matched group who took the next steps discussed with the Helpline rose from 67% a few weeks after contact to 87% a few months after contact (an increase of 30%)

“Have you taken the next steps?” (those who discussed next steps)				
	Respondents	Agree	Disagree	Net positive
Initial survey	71	67%	32%	+35
Follow up survey	71	87%	13%	+74

The proportion of the matched group who feel the Helpline enabled them to take action rose slightly from 79% a few weeks after contact to 83% a few months after contact (an increase of 8%)

“The Beat helpline enabled me to take action”				
	Respondents	Agree	Disagree	Net positive
Initial survey	71	79%	6%	+73
Follow up survey	71	83%	6%	+77

5.1.3 Reasons for not taking action

Of those who did not take any further steps after their initial contact with Beat, respondents overwhelmingly state that they did not feel ready or were scared or uncomfortable (25). Some respondents felt that it was pointless, sometimes due to negative past experiences, (10) or felt they were not ill enough (7). A few respondents answered that they feared they would not be taken seriously by the health professional (7) or did not want their family to know of their condition (4).

“I feel a lot of shame and embarrassment and like my condition is not severe enough. In the past reaching out to medical professionals has not been helpful. With all respect, they just don’t care as long as your BMI is normal. I am in recovery already but still struggle a lot mentally, and I don’t feel there is any real support available once you are

weight restored. It's distressing to reach out for help and not get it and so I have just kind of given up on asking."

"They advised me to go to a GP but the reason I came to chat was that I had just been to a GP and did not go well which means I do not want to go back."

"I'm scared my previous eating habits are not important anymore because I'm not as scared of food as I was. I went to the doctor when I was fully in my eating disorder and they didn't see anything wrong so now that I'm a bit better I definitely don't think that I'll be taken seriously."

"I'll ruin my parents' lives if I tell them."

5.2 Seeing the GP

5.2.1 Short term change (from the initial survey)

Seeing a GP is an important step to access support and specialist treatment services for eating disorders. 61% of respondents to the baseline survey were given advice to contact a GP.

	Respondents	Agree	Disagree	Net positive
"Did you receive guidance to contact your GP/the person you were contacting on behalf of should contact their GP about your/their condition?"	709	61%	30%	+32
"Did you/they contact your GP about treating your condition?" (those who received guidance)	435	57%	42%	+16
"Was the guidance to/for them to contact your GP helpful?" (those who contacted)	296	74%	7%	+67
"Have you since seen your GP about your condition?" (Self group only – those who contacted)	171	77%	30%	+48
"Did you use any advice or information you received from the Helpline about what to say to the GP?" (Self group only – those who saw)	131	70%	30%	+40
"Was seeing your GP helpful?" (Self group only – those who saw)	131	64%	18%	46

For every 100 sufferers advised to see their GP, 27 will have done so and found it helpful) in the few weeks following their contact with Beat.



Comparison by subgroup shows how this progression differs between subgroups (See Appendix 3, chart 5). Although only 52% of those calling about Anorexia are given the advice to contact their GP, of those 40 will meet their GP and find it helpful (this compares with 80% of those calling about Binge Eating Disorder being advised to contact their GP, but only 21 do so and find it helpful)

Other groups with good conversion from being advised to contact their GP and going and finding it useful include those with three or more disorders (44/100) and those using the both the phone and chat services (41/100).

Other groups are more likely to contact their GP when advised, but less likely to progress to having a helpful meeting. For example, those using the telephone service (69/100 will contact, but only 26 will have a helpful meeting), those who have had symptoms for between six months and a year (67/100 will contact, 32 will have a helpful meeting), and those aged 26-45 (62% will contact, 24 will have a helpful meeting).

Groups comparatively less likely to contact their GP in the first place include those using the email service (50/100), those who have had symptoms for over three years (44/100) and those aged 16-17 (35/100).

Others groups are less likely to contact their GP, but when they do they are more likely to progress to a helpful meeting such as those using the chat and email service (44/100 contact, 36/100 have a helpful meeting) and who have had symptoms for between three and five years (36/100 contact, 29/100 have a helpful meeting).

Importantly there are groups who see their GP but who are more likely to not describe it as helpful. These include those contacting about Bulimia only (only 55% of meetings are described as helpful), those using the chat service (58%), and those who have had symptoms for over five years (48%).

5.2.2 What people found helpful about Beat's advice on GPs

Of those sufferers who went to see the GP, the advice they found most useful was taking the leaflet and NICE guidelines with them in order to demonstrate that weight is not the only criteria for treatment or referral (17). In addition advice on how to raise their concerns (10), prepare for the appointment by writing down what they wanted to discuss (8), better knowledge of the system and how to obtain a referral (8) and better understanding of their

condition (6) were all mentioned regularly. Some respondents found that the advice they valued the most was to be honest with themselves and others (8).

"The helpline recommended I print off the NICE guidelines about treating disorders to show my GP that I still needed treatment despite not meeting the criteria for the local hospital service but being too severe for the early intervention team. They said that might help because often "not meeting criteria" is a weight-based thing, but according to the guidelines I should be treated regardless."

"I used the GP leaflet to guide the appointment and felt more prepared for any comments from the GP. The leaflet made me feel ready enough to seek help."

"How to prepare to go, courage to go, what to say when there."

"Explaining both the physical, mental and emotional consequences of my illness."

"[Advice on] how to deal with potential questions my GP may say that might've been along the lines of 'you don't have an eating disorder'. This definitely helped my confidence in going to see my GP."

5.2.3 Reasons for not seeing the GP

The most commonly given reason given in the initial survey for not contacting a GP was "I didn't feel they could help" given by 42% of those who answered (170), followed by "I didn't feel able to" (35%) and "I got support elsewhere" (18%).

When specifically asked about the reason why they did not visit the GP, respondents report feeling anxious and scared (7), believing that they are not ill enough (6), worrying that they won't be taken seriously (5), being put off by negative past experiences with health professionals (5) or finding it difficult to obtain appointments (5). A few respondents mentioned that the GP seemed unwilling (4) or unable (2) to help.

"[I'm] Scared of being taken away."

"[I've] Already discussed [it] with my GP but his NHS policy will only enable him to provide a service directed at depression, they seem unable to support anything else and try to provide support for something I can easily handle. I therefore was advised by my doctor to contact Beat and find another way of support."

"I don't trust my GP will recognise my eating disorder as I am overweight, and fear not being taken seriously."

"GP really not clued up. Train[ing] them would be good, ours dragged his feet a bit... the nurse always made unhelpful (but polite) comments about my daughter's weight gain. Untrained!"

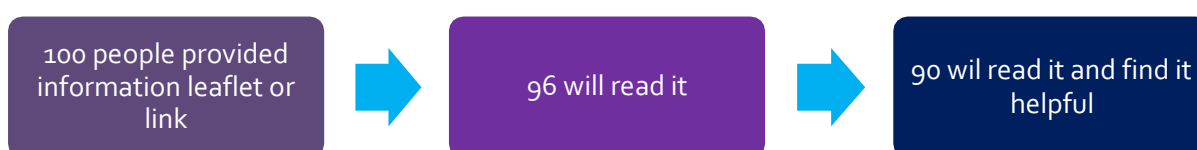
"I was told to go back to my GP. I've been back time and time again and quite frankly they couldn't care less whether I end up dead or alive."

5.3 Using Beat's information

5.3.1 Short term change (from the initial survey)

54% of survey responders had received an information leaflet or a link to information on the Beat website. Of those who had read it, 90% had found it helpful.

	Respondents	Agree	Disagree	Net positive
"As part of your contact with the helpline, did you receive an information leaflet or a link to information on the Beat website?"	718	54%	37%	+18
"How helpful was the information for you?" (those who read it)	375	90%	2%	+86
"How helpful was the information for the person you called about" (carer group only)	120	66%	9%	+57



5.3.2 What people found helpful and less helpful about the information

Short term

Qualitative analysis reveals that the aspect of Beat's information that users found most useful was the specific information on eating disorders and steps to recovery, including how to talk to friends and family (mentioned by 38 respondents), followed by signposting to available online and local support (33 respondents). The Helpline was also valued as a source of empathy and reassurance (25), especially for sufferers who felt let down by health professionals. 19 respondents mentioned that the information received helped them make sense of their situation and realise that they needed and deserved support.

A considerable number of respondents felt that the information empowered them to navigate the health system, with users mentioning that they valued the information on what to expect from their GP (16), how to ask for referrals or treatment (8) and the leaflet provided to them to show at their appointment (6). Other valuable aspects were the information on how to approach a sufferer (12), the online chat service (11), and recommendations of books to access (5).

"I found it to be very reassuring and informative (particularly surrounding the misconceptions of the disorder). It highlighted that the problem is real but not uncommon and – as cliché as it may sound – that I'm not alone."

"It showed everything I needed to know, very detailed information. It didn't leave anything out, there were tons of alternatives for you to work with."

"Being able to talk through how best to talk to my adult daughter and useful advice about framing the words I used and how to help support her. Helping be clear in my head what stage she was at, and encouragement to talk to others about [my] concerns about her and building a network of supportive help."

"I found it helpful that the information links were given as suggestions and not as an outright 'this is what you have' - it allowed me to identify symptoms for myself rather than being put in a box category. The links were specific to me, not just a generic 'have a look at our website' which made it feel more personal. It was detailed information and answered many questions I had, as I was confused about my condition at the time."

The information deemed to be least helpful (although by very few) was the recommendation to go to the GP (2 respondents), and that which was considered irrelevant (1) or already known (1). One respondent mentioned that the website is geared predominantly towards new sufferers.

"Everything is about a new diagnosis with nothing to help chronic sufferers."

Medium term

Qualitative responses from the follow up survey reflect a sustained appreciation of the information received by both sufferers and carers, however implementing changes is perceived as an arduous and time-consuming process, partly because of the individual's internal barriers to change but also more generally because the sufferers' needs often clash with the rigidity of the health system.

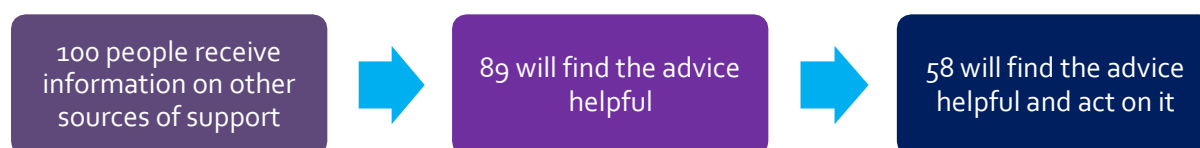
In the medium term, respondents cite that their enhanced understanding of how the system works has empowered them to fight for a referral (10). Another significant outcome is an improvement in sufferers' understanding of their situation, leading to better communication with health professionals, friends and family; likewise, carers report a better understanding of what the sufferer is going through leading to better outcomes in their relationship and pattern of care.

"Being able to speak out about my eating disorder and not be ashamed of it, because I have done nothing to cause the illness and my eating disorder is not my fault. This has really helped put things in perspective."

5.4 Using other sources of support

64% of survey responders had received information on where else to go for further help and support. Of those who had, 65% acted on that advice.

	Respondents	Agree	Disagree	Net positive
"As part of your contact with the helpline, did you receive information about where else to go for further help and support?"	496	64%	22%	+42
"How helpful was the advice on where else to go for further help and support for you?"	236	89%	1%	+88
"How helpful was the advice on where else to go for further help and support for the person you were contacting Beat on behalf of?" (carer group only)	132	72%	1%	+71
"Did you act on the advice you were given about where else to go for further help and support?"	287	65%	29%	+36



5.4.1 Sources discussed

In terms of the sources respondents received information about, the one most often mentioned in qualitative responses is support groups (both online and local, 33 respondents), followed by Beat's group chat (28), GPs (26), websites (including Beat's, 23), book recommendations (23) and public and private mental health support offered locally (19).

5.4.2 Reasons for not taking action

Of the reasons for not acting on other sources of help, the most commonly cited was by carers about the sufferer being in denial (5), not having "come round" to it (4) or not yet being ready to take action (3).

5.5 Summary of findings relating to applied value (taking action)

In a short period of time (perhaps 3-4 weeks after contacting the Helpline), 90% of those who received Beat information had read it and found it useful, 58% had acted on advice on where to find other sources of support and 29% had seen their GP and found it helpful.

In total, in a matter of weeks after contacting the Helpline, 66% of users had done at least one the following actions - contacting their GP, reading Beat's information, or acting on advice about other sources of support. 88% of those (58% of all users) had found at least one of those actions helpful.

Broadly the groups that gain more in terms of knowledge and preparedness (potential value) the same as those more likely to take some action (for example carers and those using the telephone service). Those who find taking action less easy (or less helpful) include those contacting about Bulimia and those with multiple and/or more established conditions.

For some, the advice to see their GP is problematic. Over four in ten of those who gave a reason why they hadn't seen their GP, said they didn't feel a GP could help them – others mentioned previous bad experience with GPs. This feedback points to a need for Beat to continue their work both to support GPs to better understand eating disorders and offer those suffering from eating disorders routes to support that do not involve GPs.

6. Findings relating to realised value (what's changed?)

With any service it is possible to encourage people to take appropriate action, but it is important to determine whether those actions result in change to the overall desired outcome (in Beat's case a recovery from an eating disorder).

This section describes that "realised" value. It first describes changes in the short term (from the initial survey - between three and four weeks after contacting the Helpline) and then changes in the medium term (from the follow up survey – between three and four months after contacting the Helpline). We can compare the answers given by the same 71 people (called "the matched group") to both surveys.

6.1 The outcome of seeing the GP

128 people had seen their GP within a few weeks of contacting the Helpline, as a result they experienced the following outcomes.

- 56% had been referred to a specialist service
- 25% had taken some positive action
- 20% felt less isolated
- 16% increased their understanding of their condition
- 13% indicated that nothing had changed as a result of seeing the GP

When commenting on the outcomes of the meeting with their GP, respondents often mention the impression that they are being sent from pillar to post or are still awaiting therapy (8), that they not received the help they needed (6), or that they only obtained a referral when their condition deteriorated further (2). On the positive side, outcomes such as referral for depression (6), further tests to rule out underlying causes (4) and making self-referrals were also mentioned.

"My GP wasn't willing to refer me back to the ED service because she didn't think I was "ready to recover" I spoke to the Helpline about this and they suggested to either see another GP or go back to her and ask for another referral and after much persuasion she finally re referred me and I'm now about to go into inpatient!"

"The GP actually refused to refer me and then months later I was in crisis and the crisis team referred me again to a specialist service."

Perceptions of GPs' interventions are not always positive. Although carers appreciate Beat's advice on how to approach sufferers to persuade them to go to the appointment (3), the outcome can be unsatisfactory, with GPs not taking meaningful action (7) or referrals being made to the wrong specialist (3).

"I'm being referred from service to service."

"I was told to drink a can of coke a day to stop me passing out. I got worse and eventually referred."

"GP and its staff are untrained on eating disorders. If I had to go for weighings, the comments from staff were awful and unhelpful, even if they did not mean it. The GP told my daughter she was fine, when she was clearly massively underweight; when we managed to go to the experts, they took her in immediately!! We either train the GPs or we take them out of the equation."

"My GP said my BMI meant I didn't have any eating disorders but did think I was using diet as self-harm. So, I'm a bit confused."

"I made an official complaint against my GP as the meeting with him left me in tears."

"It has taken over a year for treatment and GP doesn't seem to follow things up e.g. no regular blood tests."

6.2 Recovery and lives changing for the better

6.2.1 Short term (initial survey)

The Helpline is clearly making a positive difference to many people's lives, even in the short term.

- 41% agree that they (or the person they care for) is making progress to a recovery. There is a net positive result in every subgroup bar one (those contacting about three or more disorders).

"I acted on [your advice] immediately. Within a week had an appointment where [my daughter] was diagnosed with early stages of anorexia. Now in the early stages of recovery and got the support she needs to make a steady recovery."

- 41% agree that contacting the Helpline has changed their life for the better. In every subgroup more people agree than disagree.

	Respondents	Agree	Disagree	Net positive
"I have/the person I called about has made progress towards a recovery"	449	41%	24%	+17
"Contacting the Helpline has changed my/my family member or friend's life for the better"	449	41%	13%	+28

Interestingly, despite not showing as much potential and applied change as other subgroups in their category and being less likely to consider their visit to the GP helpful, those contacting the Helpline about Bulimia are comparatively more likely to agree that some progress has been made towards a recovery (See Appendix 3, chart 6) Other groups more likely to feel this include:

- Those using the both the phone and chat service
- Those who had noticed symptoms in the last six months
- Those aged 26-45

Groups who do not report much progress towards recovery include

- Those calling about Binge Eating Disorder (despite often being more likely to experience positive potential and applied change)
- Those contacting about three or more disorders (as noted above, this group has a net negative result)
- Those using both the email and chat service (as many agree as disagree that progress has been made)
- Those with symptoms between one and five years (again, as many agree as disagree that progress has been made)
- Those aged 16-17.

There is some correlation between subgroups more likely to report progress towards recovery and those more likely to say their life has changed for the better – but there are also some differences. Groups more likely to feel contacting the Helpline has changed their lives for the better include

- Those contacting the Helpline for themselves
- Those who had contacted the Helpline more than once
- Those who had noticed symptoms in the previous six months

Groups that are positive overall about Helpline changing their lives, but to a comparatively lesser extent include:

- Carers
- Those who contacted the Helpline about EDNOS
- Those who contacted the Helpline about 3 or more disorders
- Those who had experienced symptoms for between one and three years before contacting the Helpline
- Those aged 16-17.

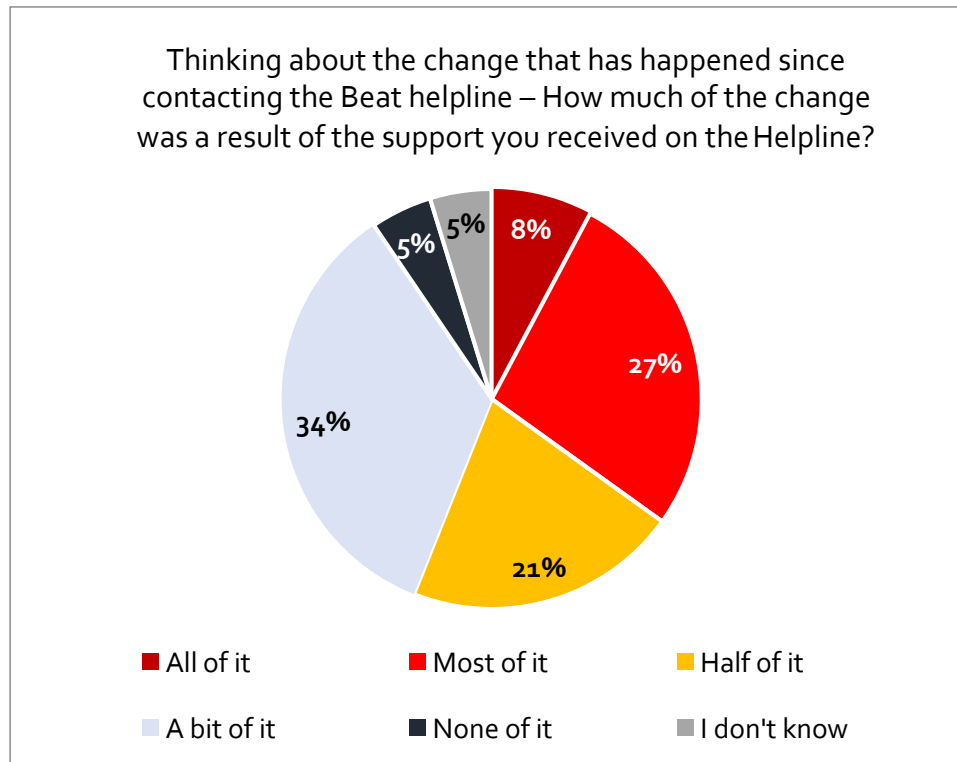
"Thank you for continuing to change my life and be a lifeline to me and giving me hope of beating this"

"Thank you, your advisors were a ray of light in a dark time :)"

6.2.2 Attribution of short-term positive change

232 respondents to the initial survey (31% of the sample) agreed that, since contacting the Helpline, either some progress had been made towards a recovery, or their lives had changed for the better. These respondents can be said to have experienced positive change.

When asked to attribute how much of that change was due to the Helpline, 91% attribute at least some of the change to the Helpline and 35% attribute all or most of the change to the Helpline.



"I just want to say a massive thank you to everyone I have spoken to. Everyone has been incredibly supportive, understanding and sincere. I have had so many wobbles over the last few months and the Beat helpline has ALWAYS been there to pick me up and tell me I can do this, and I deserve to get the support. I have fought so hard to get to where I am now and on Monday I start inpatient care to get me on my recovery journey. If it wasn't for the Helpline I wouldn't have had the confidence to see my GP, talk to my friends and family about it. The Helpline has given me an outlet to say exactly how I feel without being judged. Thank you!"

6.2.3 Medium term change (follow up survey – matched group)

Encouragingly, more of the matched group agree that there has been some progress towards a recovery after three to four months than did after three or four weeks (and fewer disagree). The net positive result increases by 112%. This is evidence of the sustained impact of the Helpline's support.

"I have/the person I called about has made progress towards a recovery"				
	Respondents	Agree	Disagree	Net positive
Initial survey	71	46%	29%	+17
Follow up survey	71	51%	15%	+36

There is a smaller increase (6%) in the net positive score of those saying that the Helpline had changed lives for the better.

"Contacting the Helpline has changed my/my family member or friend's life for the better"				
	Respondents	Agree	Disagree	Net positive
Baseline	71	56%	5%	+51
Follow up	71	61%	7%	+54

The follow up survey also included other questions aimed at assessing medium term change. More respondents reported their health and wellbeing to be improving rather than getting worse.

	Respondents	Agree	Disagree	Net positive
"My health has improved since contacting the Beat helpline"	88	45%	28%	+17
"I have an improved sense of well-being after using Beat's helpline"	87	46%	26%	+21
"My condition is having a less negative impact on my health since contacting Beat's helpline"	85	42%	32%	+11

Qualitative responses to the follow up survey reveal one of the most valued outcomes from contacting Beat is a significant improvement in interpersonal relations for both sufferers and carers. Sufferers report a better understanding of their situation and a better ability to reach out to friends and family (16), whereas carers report a better understanding of the condition and how it affects the person they are supporting (8).

"I understand a lot more about her personality and the moods and behaviour caused by the eating disorder. We are closer because there is less anxiety and criticism, I try to listen more."

"I now have a greater understanding of my condition and feel less ashamed of it and so able to open up to friends and family I feel comfortable with."

Likewise, both sufferers and carers feel that the helpline has contributed to an improvement in their perception of themselves, their understanding of the underline causes of their condition, and eliminating the shame, stigma and isolation associated with their situation.

"I have been kinder to myself."

"It has changed my life so much for the better. Beat really listen, understand and help so I know I can call them to process difficult emotions and/or triggers without reverting to eating disorder behaviours. It has also enabled me to seek out help and support."

"I feel a lot less isolated knowing that the Beat helpline is available to me."

When asked in the follow up survey about the reasons why taking further steps had not led to positive outcomes, the two main explanations are the long NHS waiting times and difficulty to get appropriate referrals to the right type of support, and sufferers reporting that they felt too anxious or obfuscated by their condition to be able to seek help (8).

"I was told that the nurse knew nothing of referring me. I need to go back with the leaflet supplied by Beat."

"I've opened up about some of my struggles which has been helpful! I feel like I haven't made progress yet because of waiting lists and not yet speaking to someone properly about it."

6.3 Experience with services

Qualitative feedback reveals the challenges some users experience with secondary services.

"I think the support from the Helpline is fantastic and I don't know what I'd do without it - but the local support for my daughter is unbelievably poor. The only help she's received since being in hospital for nasogastric tube re-feeding in February/March is a meal plan in the post!! Oh, and they gave me Beat's helpline number! My daughter's view is that they're just leaving her to die so they don't have to deal with her."

"Services within my local mental health authority are very poor (or better described; harmful and abusive). I am between services right now- being discharged from one (specialist service) which was pretty much excellent, back to that of my local mental health authority (who are anything but). It was due to funding running out not because I was better or recovered. My local authority were given guidance and a strong recommendation for further treatment and they appear to have ignored any of this and are not providing anything (OK, I lie- I get a social worker I don't know who has no experience of any part of my difficulties, call me every 2 weeks for a 10 minute "catch up" (her words) she often can't make the phone call and forgets what I tell her week to week. I feel very alone and very hopeless, so I called Beat.)"

"The first referral was to a department that only dealt with depression and anxiety. They therefore couldn't help me and suggested non-NHS counselling. The second referral was to a specialist outside of my area as they had no availability in my own area. I called them for an appointment to be told they don't support my GP surgery. The third referral was to local eating disorder specialist. They have declined my referral as my assessment from the first referral (to a team that didn't support my issue) was to see non-NHS counselling."

6.4 Summary of findings relating to realised value

In earlier sections we have seen how the Helpline successfully encourages a significant proportion of users to contact their GP (43% of all those advised to see their GP will do so in the following weeks).

Over half of those who see their GP are referred to a specialist service, however qualitative comments reveal that that referral can be difficult to achieve with concern over GPs' understanding and appreciation of eating disorders, and that they are sometimes applying guidance (e.g. the use of BMI to assess eating disorders) that does not always result in a satisfactory outcome. Clearly this an area of focus for Beat's influencing work.

Although "recovery" can mean different things to different people – 4 out of 10 service users agree that some progress towards recovery has been made in the few weeks after contacting the service, and a similar proportion agree their lives have changed for the better. The follow up survey indicates that this impact is sustained and that those proportions could increase by around 10% a few months later. One finding that emerges from the qualitative responses is just how close to the cause and the charity many Helpline users feel – for many this is more than just a Helpline – it is a lifeline.

35% of those experiencing positive change attribute all or most of that change to the support they received on the Helpline.

However, barriers to progress still exist for some – particularly those who are 16-17, with multiple disorders and who have experienced symptoms for some time before contacting Beat. Those barriers are both personal (anxiety) and systemic (waiting lists and difficulty navigating the care system).

7. Service quality

7.1 Feedback from the initial survey

Respondents were positive about their experience of the Helpline service with the majority feeling they were taken seriously and supported. 83% of users who discussed next steps were clear on the action they needed to take next.

	Respondents	Agree	Disagree	Net positive
"My concerns were taken seriously"	746	85%	6%	+79
"I felt supported by the person I spoke to"	747	82%	10%	+72
"As part of your contact with the Helpline, did you discuss next steps or actions that you could take?"	713	74%	18%	+56
"When I finished my contact with the Beat Helpline, I was clear on what action I needed to take next"	524	83%	5%	+77

Subgroups within the sample that are more likely to be positive about being taken seriously and supported (See Appendix 3, chart 7) are:

- Carers
- Those using the telephone service only, and those using both chat and email
- Those aged 46 or over

Groups that are still positive about being taken seriously and supported, but to a lesser extent are:

- Those contacting the Helpline about Bulimia
- Those contacting about three or more eating disorders
- Those not using the telephone service only, or both the chat and email services
- Those who noticed symptoms in the last month

Groups that are more likely to discuss and be clear on next steps are:

- Those using the phone only service
- Those who have experienced symptoms between one and three years before contacting Beat.

Groups less likely to discuss and be clear on next steps (though the majority are) include:

- Those using the chat service only
- Those who have experienced symptoms between six months and a year before contacting Beat
- Those aged 16-17.

"They asked a lot of questions about my personal life in order to help me find out the root cause of my problems, I felt that they connected with me personally and didn't just tell me to visit a website for advice"

"They are non-judgemental which is really important; I'm not being judged when I call; I'm not being criticised for anything – that's really important cos sometimes other people, like [health] professionals are quick to do that. The advisors haven't done that."

"It's just a shame that I don't have my own little Beat counsellor on my doorstep; both of the counsellors that I spoke to were fabulous – really brilliant listeners – of course they will be – understanding, really good at explaining things, empathic, gave me the advice in a clear way."

"I think the service is excellent. The speed of response, the professional and yet friendly tone, the efficiency of information provision are all fantastic."

7.2 Suggestions for improvement

When asked if there is something from the service that they would change, most respondents report full satisfaction with the support they received from Beat (93).

Some respondents suggest extending the hours of the live service (15) and improving waiting times for people to get through more easily in a time of distress (15).

"Wait times when you call the helpline are sometimes very, very long. (I had to wait an hour once, and still didn't get through). It can get frustrating because you don't know if anyone will ever pick up so one way to help with that could be having a recording of someone telling us what number we are in the queue as that would help motivate us to stay on the line."

"[Don't] leave a person who has got up the courage to phone waiting more than 20 minutes. I phoned many times [with] no answer."

"Once I waited for a long time before realising no one was going to answer - I hadn't realised that 8pm was out of hours."

"Increase [the] hours active. I know this is difficult due to resource but [have] later hours - as night times can be key trigger points."

"I would have liked to be able to contact in the morning when my daughter was at school, maybe morning service once a week?"

"Maybe the only thing would be expand the hours that people can phone on the weekend? As I had a real blip on Saturday morning but couldn't call until 4pm. But that's being really nit-picky and I do understand you already do as much as you can with the helpline service already."

"My advice for Beat would be, keep doing the fantastic job they're doing - caring and saving lives everyday- Such an important role and I admire every single one of you. If it's possible to have the Helpline open more hours that would be brilliant."

Some users would rather not be referred to the website or the GP (14) as it is something felt to add little to what they already know or have already experienced in the past.

Some respondents suggested making the tone of the webchat and the emails more personal, more frequent, and preferably handled by the same person (8).

"Everything that you're doing is great but maybe in regards to the email helpline you should make sure our emails and replies are answered by the same Beat worker throughout the whole chain as it's hard having to re-explain your situation each time a new worker replies."

Other suggestions include making the chats easier to connect to (9), having professionals qualified to diagnose disorders (7), and ensuring that the information provided is up to date and available (4). A minority reported that the chat room felt superficial (3) and triggered unwanted thoughts (2).

"Beat helped me the most by showing me that recovery is possible. Because if the advisors helping me have recovered from an eating disorder, then that gives me a lot of hope because there's living proof that it can happen. I also find that I can trust what you are saying more because I know they understand what I'm going through and I never was made to feel like what I'm worrying about is too silly or insignificant. Everything was taken seriously and that helped me to continue opening up to people. Thank you, Beat!"

"The chat rooms are sometimes technically difficult to manage and scroll through. Also, sometimes, if there are a lot of people on the chat it can be difficult to get anything out of it, so maybe if there's more than 12 people the chat could be split into two different ones? I feel that the fewer people in one chat, the more I can get out of it."

"Email us and contact us more. I felt so alone"

"Everything that you are doing is great but maybe in regards to the email helpline you should make sure our emails are answered by the same Beat worker throughout the

whole chain as it's hard having to re-explain your situation each time a new worker replies,"

7.3 Professional's use of the Helpline

The initial survey was completed by 19 people who contacted the Helpline wishing to support someone they worked with in a professional capacity – these included people working in the NHS, teachers and counsellors. As the sample is small it is difficult to draw many firm conclusions about this group, however the feedback was broadly positive.

- 74% agreed they felt supported by the person they spoke to (16% disagreed)
- 71% agreed their concerns were taken seriously (11% disagreed)
- 68% agreed that *"having spoken to Beat I have more knowledge about the condition"* (16% disagreed)
- 71% agreed that *"I now understand what help is available for the person I called about"* (18% disagreed)

Of the ten professionals who were directed to other sources of help and support, eight agreed that information was helpful and eight had passed that information on to their client by the time they completed the initial survey (two to three weeks after contacting the Helpline).

8. Recommendations

The evaluation has revealed highly positive feedback from users in terms of increased knowledge, preparedness to seek support, emotional wellbeing, action taken and progress towards recovery. There was not a great deal of feedback for improvement from users, but there are three areas the Helpline might consider if they are to improve on this already encouraging picture.

Consider extending the availability of the service

Although resource dependant, the evaluation has revealed a demand for increased Helpline hours and/or capacity. On the whole users are very satisfied with the service they receive but where people do mention how things might be improved it tends to be around having more advisers to reduce waiting times and extend the hours of the service.

Review the service from the perspective of Bulimia sufferers

Although broadly positive, Bulimia sufferers experience less positive change than those contacting the Helpline about other conditions. This is an area for the Helpline to explore further, possible focussing on questions such as: are the expectations of those contacting the Helpline about Bulimia different? Is the service less equipped to support people with Bulimia? Are there fewer options for further support? and do Bulimia sufferers access or experience services differently?

Review the service from the perspective of 16-17-year olds

In a similar way, 16-17 year olds tend not to experience as much positive change as older service users – particularly in terms of the Helpline helping them feel they can recover and taking the agreed next steps where, in both cases, more 16-17 disagree that positive change has happened than agree. This is also worth of further exploration – again expectations and experiences of accessing support may be different and understanding those differences in greater depth may reveal opportunities to enhance the service for this age group.

Continue to campaign for improved care in the health system

Beat's Helpline is highly effective at preparing and encouraging people to seek support (see 4.2.1) and the advice the Helpline provides to use when meeting GPs is clearly valuable and leads to more positive outcomes from those consultations (see 5.3.1). However, many people's journey to recovery is stymied by the system – whether that be a lack of awareness from GPs, inflexible referral processes, or under-resourced specialist services. This evaluation has shown that Beat's ongoing campaigning and influencing work for a more effective health care system is important and should continue.

Case Studies

Abby - sufferer

Abby came across the Beat website on an internet search after visiting her GP and facing a three-month wait for an appointment at an outpatient eating disorder unit: *"I knew I had to get better so I contacted Beat to see if there was anything I could do in the meantime. My condition was getting so out of control that at the time I could not take on board the practical information that Beat gave me, although simply knowing that there was someone out there able to help me and listen to me meant a lot from an emotional point of view".*

Abby did eventually attend the outpatient appointment, but her condition deteriorated further and now she is an inpatient at the hospital: *"I just couldn't stop. The more appointments I had and the more I had people trying to support me, the worse it all felt. It was a very difficult period, and Beat was there, trying to offer me extra support between my GP appointment and my referral to the outpatient unit, which in my circumstances was just what I needed."*

In her first call with Beat, Abby had the opportunity to talk about her situation and how her illness was taking a toll on her relationships: *"It probably helped my partner more than me at the time, because the illness makes you do horrible things, so seeing that I contacted someone and was getting support made a big difference. At that first conversation, Beat asked me what impact my condition was having in my relationships, and they gave me information to pass on to him so that he also felt supported. That helped at the time".*

That call to Beat made her feel listened to, although implementing any changes in her daily life was a challenge that she was not ready to attempt yet: *"Looking at it now I realise that I was in such a cycle that I wanted to change but not enough, I couldn't start putting all the advice that Beat gave me into practice because I just wasn't in the right place to do that, I couldn't take that information on board at the time. Looking back on it, and now that I've spent time in the inpatient unit, I realise that all that information that Beat gave me will be very useful when I get back home, to go back to normal life".*

Although Abby could not act on the practical information given at the time, she feels that the emotional support that Beat provided in that first call made a positive difference to her in terms of emotional impact: *"they were very supportive and it is a great service. What they do is really, really good. Just having someone that listens, really, and is able to understand what you are going through, and even now, knowing there is somebody there for when I get out of the hospital and back to normal life, is very helpful, it makes you feel supported".*

Talking to Beat felt like a "wake up call" for Abby to address the issues underlying her illness: *"Before talking to Beat I used to think, 'I'm okay, I don't have a problem', but after that conversation I was able to say 'I have a problem; I need to fix this'. It alleviates that pressure. The fact that was somebody there to talk to made a big difference, I could have easily not gone to the outpatients' appointment. Knowing that there's somebody there for when I'm out of hospital gives me hope and motivation. I just want to say thank you to Beat, I know I'll need them in the future and that their forums and helpline will definitely help me in my recovery journey".*

Phil - carer

Phil contacted the Beat helpline after his daughter was diagnosed with anorexia and referred to CAHMS. *"She wasn't dangerously underweight or on the verge of hospitalisation, but we felt pretty desperate at the time because she was surviving on very little amounts of food a day. The initial call to Beat was a lifesaver, it was the catalyst for all the changes that came afterwards. I told them that I was desperate, I was trying to find information about what we could do, and we got information about food plans, how to make her eat six times a day"*.

The support of the helpline empowered Phil to feed his daughter and stop the progression of his daughter's condition during the difficult time between the diagnosis and the appointment with CAHMS: *"We didn't get an appointment with CAHMS until ten days later but by that point my daughter was eating six meals a day. Her therapists were very impressed with the progress we've made in such a short time. I really don't know what would have happened if we hadn't called the Beat helpline, it was a combination of the practical advice and emotional support from Beat that gave us the confidence to act."*

The fact that Beat recommended the book which helped Phil was a guarantee that the information in it was reliable: *"Beat recommended some excerpts from a book that were free to read from a website so that I could start doing something quickly. I followed the advice on the website, it made me feel confident that I could help my daughter, and on the first day she was already eating again; not six times a day, that took a few days, but a couple of times, and that made such a difference. I might have stumbled upon the book on an internet search, but I wouldn't have known whether the information was reliable. I had never heard of Beat before I did my online research but it was recommended on the NHS website and the advice they gave me was authoritative, and the person who answered my call was very reassuring, so I fully trusted them"*.

Phil's daughter is now attending an Eating Disorders Unit. Although her level of engagement with the support is still low, the relationship between father and daughter has improved thanks to the actionable guidance they received from Beat early in the process: *"we've become a lot closer than we were prior to her becoming ill. You hear a lot of stories about parents trying to deal with their child's eating disorder and becoming frustrated and angry, but I think that the fact that we got the information very quickly we avoided doing that no matter what her behaviour was like"*.

Although recovery is a complex process involving several factors and it is therefore difficult to quantify the impact that Beat has had in it on its own, Phil does not hesitate to consider that first call *"a catalyst"* to all the positive changes that came after his call to the helpline.

Tasha - Carer

Called Beat as her 11-year-old daughter, Molly was suffering from ARFID (avoidant/restrictive food intake disorder). *"I was in absolute turmoil; we had asked the GP to try the eating disorders service, but they wrote a fairly careless letter to the local eating disorders team and they rejected the referral – and resented having to justify it. I was personally so demoralised that I don't think I had the confidence to call anyone else. I don't think it can be over-emphasised, the level of support that was given by Beat at that point."*

Tasha felt the main impact of her initial call was that she felt emotionally stronger *"I think that the manner of the person was essential in making me feel less isolated. They calmed me down, gave me information about NICE guidelines, and confirmed the need for a formal complaint as things had been handled inappropriately. The information Beat gave me was empowering and definitely helped me take the next step to support Molly."*

Since that call Tasha has experienced a number of positive changes *"The support Beat gave me has been crucial. "Because I'm her primary care giver, she is entirely dependent on me, So, me feeling supported equals Molly being supported. My ability to problem solve has increased and this has a positive impact on the quality of my care giving."*

Beat's support has also helped Tasha take action *"Just that little bit of support was enough to give me a boost for going back to the GP. I was much more assured when I spoke to the them. I said – 'Look, your letter was rubbish, but the eating disorders service shouldn't have treated us like that.' So, the GP wrote a better letter of referral, and we are back in the system looking for more help for Molly – well that was all dependent on that phone call really."*

Tasha emphasises just how important Beat's support for carers is *"Without the primary care giver feeling supported, they can't do their job. They just can't. The psychological stress of being forced to feed your child in a way that you know is not optimal to their growth and development is very hard to describe, at the same time I have to create a very low anxiety environment for Molly. Whoever handled that phone call to Beat did a good job for me. It suited me really well to have someone who really calmly told me the facts. It was a huge solace to think that there was an organisation that had could help me. It can't be overstated what a lifeline that conversation provided."*

Annabel - Sufferer

Annabel had been suffering on her own with Binge Eating Disorder for ten years before discovering the Beat helpline.

"The helpline adviser was the first person to tell me that it wasn't my fault - other therapists had said nothing could be done – so to have someone say 'I know you are trying really hard and you can get better' was amazing. Speaking to someone in person gave me the reassurance a website can't give you – that I wasn't making it up, that I was interpreting things correctly, and that the help I wanted was warranted."

Annabel's call also prompted action in terms of contacting her GP. *"The call made me feel that this was something that needed to be dealt with - if the Helpline hadn't been there it would have taken me so much longer to go to that initial GP appointment. Even booking an appointment is a monumental task, having someone help you through that is the difference between going to that appointment and not."*

The helpline had warned Annabel that GP appointments do not always go well, which unfortunately was the case for her *"The GP got the hump because I suggested a referral rather than him – I am really grateful Beat warned me about that, I was mentally prepared – it made such a difference."* Although the process of navigating the referral system has not gone smoothly, Annabel feels *"Beat gave me enough to persist with it - a feeling that there is someone there on your side saying, 'just take the next step.'"*

Several months from her initial call Annabel has now been assessed by an eating disorders service and is due to start therapy – but even before then she feels that Beat have helped her take the first steps to recovery. *"I've stopped gaining weight – so I must be bingeing less. It was the call to Beat that allowed me to access the other things that will help. I don't feel I would have made it here without that helpline person right at the beginning saying, 'this is what you need to know.'"*

Claire - carer

Support for carers is an important service provided by the Beat helpline. Although Claire's daughter Emily who suffers from anorexia has yet to contact Beat herself, the helpline has provided different types of invaluable support to Claire to help her daughter. *"You have to look after yourself – I can't help Emily if I'm not right – Beat have got me through it."*

Firstly, there has been emotional support *"I didn't know where else to turn. I was so upset. The helpline people were so good, the understanding they have of it all is amazing, so helpful. They have brought me from a place of despair thinking 'am I a complete disaster as a mother?' to being able to cope with it - they've been brilliant."*

In addition, there have been several practical pieces of advice that have helped progress Emily's access to services – starting with the GP, *"Following the call it was clear we needed to push to see the doctor. Beat explained what I should expect and gave me resources to use if the doctors weren't taking it seriously – so I went with confidence. I felt I knew more than him. Without that support I could have got fobbed off and I wouldn't have known what to do next."*

Emily was sent an appointment for an assessment, but for several months ahead. Claire didn't want to feel she wasn't doing anything and wanted to call to see if they could get an earlier appointment if there was a cancellation. *"I wasn't sure if I should call as I knew that ultimately Emily had to want to go through with it, so I called Beat. They said, 'if you think it will help her, phone every day and try to get an early appointment'. They assured me that the decision on treatment wasn't down to me – that was between Emily and the medical professionals – but I could still do all I could to help by chasing an early appointment and that made me feel so much better."*

In the end, Claire's persistence resulted in Emily having an assessment three months earlier. *"We are further down the line - because we've pushed it, Emily and I have talked about things more - she is more open about it, it has brought forward the realisation that something needs to be done."*

Other pieces of advice from Beat that Claire has found useful include guidance on how to talk to Emily about things, *"If our relationship had worsened she would have gone further downhill, but I was helped by tips from Beat and as a result our relationship hasn't suffered in any way."* Beat also suggested making sure Emily's university was aware of her condition – *"Emily was more inclined to do that because it wasn't just me saying she should - it helps to have Beat behind you. You worry about doing something that will make things worse, but knowing you have Beat's advice takes the pressure off."*

Appendices

Appendix one: Agreed evaluation outcomes framework

Short-term

Area	Measurable outcome	Audience
Support	<ol style="list-style-type: none"> 1. Users feel supported 2. Users feel less isolated 3. Users feel their concerns are taken seriously 4. Users know they can contact Beat again for more support 	All S, C All S, C
Confidence (Potential value)	<ol style="list-style-type: none"> 5. Users feel that it's OK to ask for support (from Beat or health services) 6. Users believe that a recovery is possible 7. Users feel empowered to take action 8. Users have increased confidence to act 	S S, C S, C All
Knowledge (Potential value)	<ol style="list-style-type: none"> 9. Users understand more about their condition 10. Users understand that help is available 11. Users are provided with additional sources of information 12. Users are provided with information about where to go for further help and support 13. Users understand the benefit of taking action quickly 14. Users know what first steps they could take 	S All All All S, C S
Action and change (Applied and realised value)	<ol style="list-style-type: none"> 15. Users take first steps/actions 16. Users read information provided to them 17. Users find information provided to them helpful 18. Users seek help from health services 19. Users engage with other services 20. Users feel some progress towards recovery has been made 	S, C All All S S SC

Medium-term

Area	Measurable outcome	Audience
Attitudinal change (Applied value)	<ol style="list-style-type: none"> 21. Users believe that a recovery is possible <i>[repeat]</i> 22. Users feel some progress towards recovery has been made <i>[repeat]</i> 	S, C S, C
Behavioural change (Realised value)	<ol style="list-style-type: none"> 23. Users change behaviour based on action(s) taken 	S

Changes to health and well-being (Realised value)	24. Users feel less isolated <i>[repeat]</i>	S
	25. Users' engagements with health services have a positive outcome	S
	26. Users' engagements with other services have a positive outcome	S
	27. Users have better relationships with those around them	S, C
	28. Users feel the negative impact of their condition on their health has lessened	S
	29. Users feel their health has improved	S
	30. Users have improved sense of well-being	S

Appendix two: Subgroups compared

Category	Name	Description
On behalf of	Self	Those personally affected
	Carer	Those calling on behalf of a friend or family member
Disorder	Anorexia only	Those who contacted for one disorder: Anorexia
	BED only	Those who contacted with one disorder: BED
	Bulimia only	Those who contacted with one disorder: Bulimia
	EDNOS only	Those who contacted with one disorder: EDNOS
Number of disorders	1 disorder	All Those who contacted with one disorder
	2 disorders	Those who contacted with two disorders
	3 or more disorders	Those who contacted with three or more disorders
Number of contacts	Contacts - once	Those who had contacted Beat once
	Contacts - more	Those who had contacted Beat more than once
Channel	Phone only	Those who used phone service only
	Chat only	Those who used webchat service only
	Email only	Those who used email service only
	Phone and chat	Those who used both phone and chat services
	Phone and email	Those who used both phone and email services
	Chat and email	Those who used both chat and email services
Time since symptoms (Self group only)	Time since symptoms - last month	Gap between noticing symptoms and contacting Beat - one month
	Time since symptoms - within 6 months	Gap between noticing symptoms and contacting Beat - less than six months
	Time since symptoms - within 1 year	Gap between noticing symptoms and contacting Beat – less than a year
	Time since symptoms - within 3 years	Gap between noticing symptoms and contacting Beat – less than 3 years
	Time since symptoms - within 5 years	Gap between noticing symptoms and contacting Beat – less than 5 years
	Time since symptoms - over 5 years	Gap between noticing symptoms and contacting Beat – more than 5 years
Age (Self group only)	16-17	
	18-25	
	26-45	
	46 plus	

Responses from England and females formed too large a proportion of their category that meaningful comparison between gender and UK countries was not possible.

Appendix three: Comparison charts

In these comparison tables

- Green cells indicate where the net positive result is significantly higher than the average for that category
- Pink cells indicate where the net positive result is still positive yet significantly lower than the average for that category.
- White cells indicate where the net positive result was within six percentage points of the average for the category.
- Blue cells indicate where there is a net *negative* result – i.e. more people in that subgroup disagreed with the statement than agreed.
- Grey cells indicate the question was not asked to that subgroup, or only one group in the category so a comparison cannot be made.
- Numbers in brackets show the proportions of positive and negative responses. For example - 43 (47%/4%) indicates a +43 positive net result (47% agreeing and 4% disagreeing).
- Red text indicates fewer than 30 respondents in the group so some caution can be applied to the result.

Chart 1 – Knowledge and understanding

Category	Subgroup	Since calling the Beat Helpline... Net positive (% agree/% disagree)			
		"My understanding of my/their condition has improved"	"I now understand what help is available for my/their condition"	"I know I can contact Beat again for more support"	"I now realise the importance of taking action quickly"
On behalf of	Self	43 (47%/4%)	61 (71%/11%)	72 (81%/9%)	47 (57%/10%)
	Carer	71 (72%/1%)	68 (74%/6%)	89 (92%/3%)	65 (69%/4%)
Disorder	Anorexia only	56 (58%/2%)	71 (76%/5%)	82 (88%/6%)	54 (60%/6%)
	BED only	60 (62%/2%)	70 (77%/7%)	85 (91%/6%)	64 (70%/5%)
	Bulimia only	45 (47%/2%)	76 (79%/3%)	66 (78%/12%)	64 (70%/6%)
	EDNOS only	48 (52%/4%)	62 (69%/7%)	75 (83%/8%)	59 (64%/5%)
Number of disorders	1 disorder	53 (55%/3%)	68 (74%/6%)	78 (86%/7%)	58 (64%/6%)
	2 disorders	52 (53%/2%)	59 (74%/14%)	72 (81%/9%)	44 (55%/11%)
	3 or more disorders	41 (47%/6%)	53 (68%/16%)	66 (78%/13%)	37 (53%/16%)
Number of contacts	Contacts - once	50 (53%/3%)	69 (75%/5%)	75 (82%/7%)	57 (64%/6%)
	Contacts - more	53 (55%/2%)	56 (69%/13%)	79 (87%/8%)	52 (60%/9%)
Channel	Phone only	63 (64%/1%)	76 (79%/3%)	92 (93%/2%)	63 (66%/4%)
	Chat only	41 (43%/2%)	52 (66%/15%)	64 (76%/12%)	46 (57%/11%)
	Email only	44 (52%/7%)	57 (68%/11%)	71 (79%/9%)	48 (58%/10%)
	Phone and chat	54 (54%/0%)	67 (75%/8%)	70 (82%/12%)	64 (69%/6%)
	Phone and email	46 (50%/4%)	35 (52%/17%)	64 (82%/18%)	43 (61%/17%)
	Chat and email	39 (51%/12%)	50 (65%/15%)	88 (90%/2%)	54 (58%/4%)
Time between symptoms and contacting Beat (Self group only)	Last month	56 (69%/4%)	74 (79%/5%)	59 (76%/16%)	42 (58%/16%)
	Within 6 months	48 (51%/2%)	69 (80%/12%)	76 (83%/7%)	53 (65%/12%)
	Within 1 year	56 (60%/4%)	55 (65%/10%)	72 (82%/11%)	50 (55%/5%)
	Within 3 years	34 (40%/5%)	58 (67%/8%)	70 (78%/8%)	36 (47%/11%)
	Within 5 years	38 (43%/5%)	27 (64%/36%)	83 (91%/9%)	45 (55%/9%)
	Over 5 years	38 (39%/1%)	63 (73%/10%)	75 (83%/8%)	27 (63%/35%)
Age (Self group only)	16-17	41 (50%/9%)	44 (59%/16%)	81 (88%/6%)	28 (41%/13%)
	18-25	61 (62%/1%)	61 (71%/10%)	87 (91%/3%)	54 (63%/9%)
	26-45	57 (59%/1%)	61 (72%/11%)	93 (96%/3%)	50 (58%/8%)
	46 plus	70 (70%/0%)	79 (82%/3%)	100 (100%/0%)	41 (53%/12%)

Chart 2 – Preparedness to seek and provide support

Category	Subgroup	Since calling the Beat Helpline... Net positive (% agree/% disagree)			
		"I now feel that it is OK to ask for support for my condition" (self only)	My ability to ask for support has improved (self only)	My ability to provide support has improved (Friends/family only)	"My confidence to do something about my/their condition has improved"
On behalf of	Self				52 (59%/7%)
	Other				76 (80%/3%)
Disorder	Anorexia only	52 (65%/13%)	42 (48%/6%)	74 (74%/0%)	57 (62%/5%)
	BED only	71 (64%/14%)	39 (41%/3%)	92 (92%/0%)	77 (78%/1%)
	Bulimia only	34 (57%/23%)	17 (23%/6%)	75 (75%/0%)	53 (60%/7%)
	EDNOS only	48 (62%/14%)	44 (50%/6%)	72 (72%/0%)	63 (69%/6%)
Number of disorders	1 disorder	52 (66%/14%)	38 (44%/5%)	75 (75%/0%)	61 (66%/5%)
	2 disorders	44 (60%/16%)	39 (44%/5%)	77 (77%/0%)	57 (63%/7%)
	3 or more disorders	48 (67%/19%)	0 (19%/19%)	100 (100%/0%)	47 (59%/13%)
Number of contacts	Contacts - once	50 (64%/14%)	32 (40%/8%)	73 (74%/1%)	61 (65%/5%)
	Contacts - more	50 (64%/14%)	38 (44%/6%)	76 (77%/2%)	57 (65%/7%)
Channel	Phone only	61 (71%/9%)	46 (50%/4%)	81 (81%/0%)	79 (80%/1%)
	Chat only	44 (59%/15%)	33 (37%/5%)	73 (73%/0%)	43 (49%/6%)
	Email only	47 (64%/17%)	27 (37%/10%)	59 (64%/5%)	50 (61%/11%)
	Phone and chat	33 (56%/23%)	20 (37%/18%)	46 (46%/0%)	54 (65%/11%)
	Phone and email	53 (63%/11%)	53 (58%/5%)	67 (78%/11%)	46 (57%/11%)
	Chat and email	56 (64%/14%)	33 (38%/5%)	50 (50%/0%)	56 (66%/10%)
Time between symptoms and contacting Beat (self only)	Last month	60 (77%/17%)	56 (56%/0%)		54 (67%/13%)
	Within 6 months	60 (71%/11%)	54 (59%/5%)		56 (63%/7%)
	Within 1 year	52 (69%/18%)	45 (52%/7%)		58 (65%/7%)
	Within 3 years	36 (51%/15%)	23 (34%/11%)		41 (51%/10%)
	Within 5 years	38 (52%/14%)	29 (29%/0%)		57 (62%/5%)
	Over 5 years	52 (64%/12%)	27 (31%/4%)		59 (59%/0%)
Age (self only)	16-17	38 (53%/16%)	44 (47%/3%)		53 (59%/6%)
	18-25	67 (74%/7%)	48% (52%/5%)		72 (59%/6%)
	26-45	68 (74%/6%)	55 (58%/3%)		67 (69%/3%)
	46 plus	82 (85%/3%)	38 (38%/0%)		73 (73%/0%)

Chart 3 – Feeling motivated

Category	Subgroup	Since calling the Beat Helpline... Net positive (% agree/% disagree)	
		Speaking to someone from Beat made me feel less isolated"	"Using the helpline made me feel that I/the person I called about can fully recover"
On behalf of	Self	63 (74%/12%)	4 (29%/25%)
	Other	75 (80%/6%)	39 (49%/10%)
Disorder	Anorexia only	70 (79%/9%)	18 (37%/18%)
	BED only	75 (79%/4%)	30 (47%/17%)
	Bulimia only	56 (71%/15%)	7 (32%/25%)
	EDNOS only	63 (76%/13%)	11 (30%/9%)
Number of disorders	1 disorder	67 (77%/10%)	17 (36%/19%)
	2 disorders	62 (71%/9%)	6 (32%/26%)
	3 or more disorders	63 (69%/6%)	-9(22%/31%)
Number of contacts	Contacts - once	61 (72%/11%)	13 (34%/21%)
	Contacts - more	72 (81%/8%)	16 (36%/20%)
Channel	Phone only	83 (85%/2%)	35 (48%/13%)
	Chat only	53 (68%/15%)	-6 (22%/28%)
	Email only	54 (69%/16%)	8 (32%/24%)
	Phone and chat	55 (70%/15%)	8 (37%/29%)
	Phone and email	50 (68%/18%)	4 (25%/4%)
	Chat and email	85 (90%/5%)	2 (27%/24%)
Time between symptoms and contacting Beat (Self group only)	Last month	58 (75%/17%)	19 (42%/23%)
	Within 6 months	64 (75%/11%)	19 (34%/15%)
	Within 1 year	68 (78%/9%)	8 (33%/25%)
	Within 3 years	65 (74%/9%)	-12 (18%/32%)
	Within 5 years	83 (83%/0%)	14 (32%/18%)
	Over 5 years	65 (75%/10%)	26 (26%/0%)
Age (Self group only)	16-17	78 (81%/3%)	-6 (13%/19%)
	18-25	82 (85%/3%)	21 (34%/14%)
	26-45	75 (80%/6%)	24 (39%/15%)
	46 plus	94 (94%/0%)	32 (44%/12%)

Chart 4 – Action in general

Category	Subgroup	Since calling the Beat Helpline... Net positive (% agree/% disagree)		
		Have you taken some of the (next step) actions? (asked of those who said they given clear next steps)	"The Beat helpline enabled me to take action"	I have made decisions about my condition that I would not have made if I hadn't called the helpline
On behalf of	Self	-4 (47%/50%)	33 (51%/18%)	36 (53%/17%)
	Other	54 (76%/22%)	67 (73%/7%)	7 (31%/14%)
Disorder	Anorexia only	27 (62%/35%)	46 (56%/10%)	19 (41%/22%)
	BED only	1 (51%/49%)	61 (71%/10%)	36 (52%/16%)
	Bulimia only	-8 (46%/54%)	26 (50%/24%)	33 (48%/15%)
	EDNOS only	9 (53%/44%)	48 (62%/14%)	17 (39%/21%)
Number of disorders	1 disorder	16 (57%/41%)	46 (59%/13%)	21 (42%/20%)
	2 disorders	17 (56%/39%)	38 (57%/19%)	33 (49%/16%)
	3 or more disorders	4 (52%/48%)	19 (41%/22%)	21 (47%/26%)
Number of contacts	Contacts - once	12 (55%/43%)	44 (58%/14%)	12 (35%/23%)
	Contacts - more	17 (57%/40%)	42 (58%/16%)	33 (50%/17%)
Channel	Phone only	33 (66%/33%)	65 (72%/7%)	24 (43%/19%)
	Chat only	-15 (41%/56%)	26 (44%/19%)	22 (42%/19%)
	Email only	9 (51%/43%)	33 (52%/19%)	18 (35%/18%)
	Phone and chat	29 (63%/35%)	35 (60%/25%)	25 (47%/22%)
	Phone and email	48 (67%/19%)	32 (57%/25%)	-9 (26%/35%)
	Chat and email	-16 (41%/56%)	34 (49%/15%)	35 (58%/23%)
Time between symptoms and contacting Beat (self only)	Last month	10 (55%/45%)	36 (55%/19%)	74 (74%/0%)
	Within 6 months	-6 (45%/51%)	40 (56%/16%)	49 (59%/10%)
	Within 1 year	-4 (47%/51%)	39 (55%/16%)	33 (53%/20%)
	Within 3 years	-19 (40%/60%)	27 (47%/19%)	25 (42%/17%)
	Within 5 years	-30 (35%/65%)	24 (48%/24%)	27 (45%/18%)
	Over 5 years	4 (50%/46%)	32 (52%/20%)	30 (52%/22%)
Age (self only)	16-17	-30 (35%/65%)	34 (47%/13%)	16 (41%/25%)
	18-25	17 (49%/32%)	59 (68%/9%)	43 (54%/21%)
	26-45	10 (49%/39%)	55 (63%/8%)	39 (56%/17%)
	46 plus	6 (47%/41%)	71 (74%/3%)	35 (56%/21%)

Chart 5 – Contacting and seeing the GP

In this chart, green cells represent where the net agreement for that question was higher than average for the category and pink for lower. This can be used to see how progress to seeing the GP differs by group.

		Proportion advised to contact their GP	For every 100 people advised			
			Will contact their GP	Will see the GP	Will use Beat advice with GP	Agree seeing the GP was helpful
On behalf of	Self	62%	55	43	30	27
	Other	61%	62			
Disorder	Anorexia only	52%	65	57	38	40
	BED only	80%	50	33	24	21
	Bulimia only	63%	61	40	29	22
	EDNOS only	66%	51	37	20	23
Number of disorders	1 disorder	61%	57	44	29	29
	2 disorders	59%	63	53	44	30
	3 or more disorders	72%	74	57	38	44
Number of contacts	Contacts - once	63%	55	37	27	23
	Contacts - more	60%	60	51	34	33
Channel	Phone only	68%	63	41	30	26
	Chat only	58%	54	42	26	24
	Email only	50%	45	30	26	19
	Phone and chat	66%	65	62	41	41
	Phone and email	64%	44	44	30	30
	Chat and email	68%	44	36	31	36
Time between symptoms and contacting Beat (self only)	Last month	65%	61	45	26	32
	Within 6 months	65%	58	48	38	36
	Within 1 year	72%	67	48	34	32
	Within 3 years	59%	56	42	28	23
	Within 5 years	67%	36	29	29	29
	Over 5 years	60%	49	38	25	19
Age (self only)	16-17	64%	35	26	17	17
	18-25	72%	59	43	31	31
	26-45	80%	62	40	29	24
	46 plus	76%	54	43	29	25

Chart 6 – Recovery and changing lives for the better

Category	Subgroup	Since calling the Beat Helpline... Net	
		"I have/the person I called about has made progress towards a recovery"	"Contacting the helpline has changed my/my family member or friend's life for the better"
On behalf of	Self	19 (43%/24%)	40 (59%/10%)
	Other	17 (41%/24%)	20 (35%/15%)
Disorder	Anorexia only	26 (48%/22%)	34 (45%/11%)
	BED only	16 (39%/23%)	30 (39%/9%)
	Bulimia only	33 (48%/15%)	27 (45%/18%)
	EDNOS only	20 (41%/21%)	24 (37%/13%)
Number of disorders	1 disorder	22 (44%/21%)	29 (42%/13%)
	2 disorders	16 (38%/22%)	34 (46%/12%)
	3 or more disorders	-5 (32%/37%)	16 (32%/16%)
Number of contacts	Contacts - once	13 (38%/25%)	19 (32%/13%)
	Contacts - more	23 (44%/21%)	40 (52%/12%)
Channel	Phone only	18 (40%/22%)	28 (38%/10%)
	Chat only	18 (39%/21%)	30 (40%/10%)
	Email only	14 (39%/25%)	28 (43%/15%)
	Phone and chat	25 (47%/22%)	36 (53%/17%)
	Phone and email	17 (43%/26%)	0 (35%/35%)
	Chat and email	0 (38%/38%)	38 (50%/12%)
Time between symptoms and contacting Beat (self only)	Last month	32 (47%/16%)	53 (53%/0%)
	Within 6 months	41 (55%/14%)	53 (59%/6%)
	Within 1 year	18 (40%/23%)	40 (48%/8%)
	Within 3 years	0 (31%/31%)	28 (36%/8%)
	Within 5 years	0 (36%/36%)	36 (45%/9%)
	Over 5 years	19 (45%/25%)	37 (49%/12%)
Age (self only)	16-17	3 (34%/31%)	28 (38%/9%)
	18-25	18 (43%/24%)	41 (48%/7%)
	26-45	26 (49%/22%)	44 (56%/11%)
	46 plus	15 (41%/26%)	38 (53%/15%)

Chart 7 – Service and next steps

Category	Subgroup	Since calling the Beat Helpline... Net positive (% agree/% disagree)			
		"I felt supported by the person I spoke to"	"My concerns were taken seriously"	"Did you discuss next steps or actions that you could take?"	"I was clear on what action I needed to take next"
On behalf of	Self	68 (80%/12%)	75 (83%/7%)	54 (73%/19%)	74 (80%/7%)
	Carer	84 (89%/4%)	90 (92%/2%)	61 (77%/16%)	87 (90%/2%)
Disorder	Anorexia only	79 (87%/8%)	88 (91%/3%)	54 (73%/19%)	82 (85%/3%)
	BED only	78 (87%/9%)	87 (92%/5%)	76 (83%/7%)	80 (86%/6%)
	Bulimia only	66 (74%/8%)	68 (74%/6%)	37 (65%/28%)	95 (95%/0%)
	EDNOS only	71 (81%/10%)	77 (84%/7%)	64 (78%/14%)	81 (85%/5%)
Number of disorders	1 disorder	75 (84%/9%)	82 (87%/5%)	57 (75%/17%)	81 (86%/4%)
	2 disorders	69 (79%/10%)	74 (83%/9%)	55 (74%/19%)	67 (76%/9%)
	3 or more disorders	64 (78%/14%)	67 (75%/8%)	56 (72%/16%)	61 (70%/9%)
Number of contacts	Contacts - once	69 (79%/10%)	77 (83%/6%)	53 (72%/19%)	79 (84%/5%)
	Contacts - more	77 (86%/9%)	82 (87%/5%)	60 (76%/17%)	77 (82%/5%)
Channel	Phone only	90 (92%/2%)	95 (97%/2%)	76 (85%/9%)	90 (92%/2%)
	Chat only	60 (74%/14%)	70 (78%/8%)	45 (68%/23%)	65 (77%/11%)
	Email only	57 (74%/17%)	66 (74%/8%)	28 (57%/29%)	72 (77%/4%)
	Phone and chat	66 (79%/13%)	71 (81%/10%)	54 (75%/18%)	80 (84%/4%)
	Phone and email	55 (76%/21%)	55 (72%/17%)	57 (75%/18%)	14 (52%/38%)
	Chat and email	85 (90%/5%)	90 (93%/2%)	66 (78%/12%)	63 (69%/6%)
Time between symptoms and contacting Beat (Self group only)	Last month	60 (77%/17%)	69 (78%/8%)	35 (65%/29%)	81 (84%/3%)
	Within 6 months	70 (78%/8%)	85 (89%/4%)	55 (73%/18%)	75 (80%/5%)
	Within 1 year	73 (85%/12%)	76 (85%/8%)	75 (86%/11%)	60 (74%/14%)
	Within 3 years	66 (78%/12%)	74 (81%/7%)	38 (64%/26%)	87 (94%/6%)
	Within 5 years	83 (91%/9%)	78 (83%/4%)	95 (95%/0%)	65 (80%/15%)
	Over 5 years	66 (79%/13%)	75 (83%/8%)	54 (73%/20%)	80 (82%/2%)
Age (Self group only)	16-17	84 (88%/3%)	91 (91%/0%)	50 (72%/22%)	65 (78%/13%)
	18-25	89 (92%/3%)	92 (95%/3%)	82 (89%/7%)	78 (86%/8%)
	26-45	88 (90%/3%)	85 (89%/4%)	72 (82%/10%)	90 (93%/3%)
	46 plus	97 (97%/0%)	100 (100%/0%)	91 (94%/3%)	75 (78%/3%)