**Application form**

**Re-assessment**

**Children’s centres** **- remote or onsite**

*\*or equivalent early years community settings*

|  |  |
| --- | --- |
| **Children’s Centres group/service name:** |  |
| **Contact name, email & telephone:** |  |
| **Assessment date(s):** |  |

**Introduction**

Facilities that have achieved Baby Friendly accreditation will routinely be re-assessed two years after gaining accreditation and then at intervals of three to five years to ensure that standards have been maintained. This will be carried out using a combination of submitted written evidence, telephone and video interviews with staff and telephone interviews with new mothers. Completion of this form will form part of the written evidence required. Please provide information which is as full as possible in relation to each section.

**Additional documents we will need**

When arranging an assessment date, we will also send you a booking form which needs to be completed for payment for this assessment, and we will request an update to background information via email for your children’s centres. Certain documents will also need to be submitted two weeks before the assessment - these are mentioned in the relevant section and included in a checklist at the end of the form.

**What do I do once I am ready to apply?**

Please contact the Baby Friendly office to arrange a re-assessment date, and we will confirm who your assessor will be. You will need to submit this form ***at least three months*** in advance of the planned date in order to allow time for full consideration of the audit results and discussion with you about whether and how any outstanding issues can be addressed within the timescale. Please note that any decision to re-schedule the date of the assessment is likely to incur costs if the application form has been received later than three months before the previously agreed date.

**Declaration**

The application formshould be signed by the Head of Children’s Centres who will confirm agreement with the submission and the information provided.

We care about keeping your data safe; for more information about Unicef UK’s privacy policy please visit [unicef.org.uk/legal/cookies-and-privacy-policy/](https://www.unicef.org.uk/legal/cookies-and-privacy-policy/)

: To help you to complete this form, please refer to the [Guidance for children’s centres on implementing the Baby Friendly Initiative standards](http://www.unicef.org.uk/BabyFriendly/ccguidance). This document also gives further information about working collaboratively with the health visiting service and the options available for progressing with the assessment process.

*Please complete the information in the following tables. If you have completed this information on previous application forms, you could copy and paste across and update as needed.*

**Project Lead**

*Please tell us about the project lead role:*

|  |  |
| --- | --- |
| Summary of roles and responsibilities |  |
| Hours worked |  |
| Support provided for the project lead (by key workers for example) |  |
| Who do they report to? |  |

**The service**

*Please tell us about the service:*

|  |  |
| --- | --- |
| Please tell us the name/s of the organisation/s which provide the centres |  |
| If it is more than one organisation, please describe how they work together |  |
| Please tell us the amount of the service (%) which is universal and the amount which is targeted. What services are available to all families? |  |
| Please tell us about the reach of the services:  % of under 5’s registered  % seen  % engaged |  |

**Policies, guidelines and training programme**

The policy

|  |  |
| --- | --- |
| Has your policy been changed since the last assessment? | Yes/No |
| Does the policy fully cover all the Baby Friendly Initiative Standards? | Yes/No |
| Does the policy prohibit the display or distribution of materials which promote breastmilk substitutes, feeding bottles, teats and dummies? | Yes/No |
| The policy is accompanied by written commitment to adhere to the policy signed by relevant managers | Yes/No |

4 **Please submit a copy of your policy.**

Other policies and guidelines

*Please tell us about any additional policies and guidelines which relate to the standards.*

|  |
| --- |
| **Title of document** |
|  |
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|  |

4 **Please submit a copy of all listed guidelines with this form.**

|  |  |
| --- | --- |
| Has any of the training curricula changed since the children’s centres was accredited? | Yes/No |
| If Yes, please outline the changes that have been made: | |

4 **Please submit a copy of the latest curriculum/a.**

4 **Please ensure that the database recording staff orientation to the policy and staff training is available for the assessors to see on the day of the assessment. We would like to view this via a shared screen.**

|  |
| --- |
| **Standard 1 – Information and support for pregnant women** |

*Please complete the boxes below to enable us to see what services are offered by children’s centres. If all centres work similarly, an overall description is acceptable. Otherwise please describe what happens at each centre.*

|  |  |  |
| --- | --- | --- |
| How does each children’s centre identify and contact pregnant women to let them know about the services provided? What percentage of mothers are contacted during pregnancy? | | |
|  | | |
| List the services provided for pregnant women and their families across the areas covered by the children’s centres, with a brief description of the content. Please indicate if services are open to all mothers or limited to mothers within the area/postcode. | | |
| Service | Description | Day and time held |
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4 **Please submit relevant documentation.**

|  |
| --- |
| **Standard 2 – Protecting and supporting breastfeeding** |

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| --- | --- | --- |
| How do the children’s centres ensure a welcoming atmosphere for breastfeeding mothers? | | |
|  | | |
| Please provide an outline on how each children’s centre informs new mothers about the services available. | | |
|  | | |
| Outline the services provided to support breastfeeding mothers, with a brief description of the content. Please indicate if services are open to all mothers or limited to mothers within the area/postcode. | | |
| Service | Description | Day and time held |
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| How do children’s centre staff refer breastfeeding mothers for specialist support if required? | | |
|  | | |
| How are mothers made aware of local facilities where breastfeeding is welcomed? | | |
|  | | |
| How do children’s centre staff support parents to introduce solid food in ways that optimise health and well-being? | | |
|  | | |
| How does each children’s centre ensure that there is no advertising of breastmilk substitutes, teats and dummies anywhere in the service or by any of the staff? | | |
|  | | |

4 **Please submit relevant documentation.**

|  |
| --- |
| **Standard 3 – Support parents to have a close and loving relationship with their baby** |

*Please tell us about how the children’s centres support this standard and philosophy*

|  |  |  |
| --- | --- | --- |
| How does each children’s centre support parents to develop a close and loving relationship with their baby? | | |
|  | | |
| Outline the services provided to support parenting with a brief description of the content. Please indicate if services are open to all mothers or limited to mothers within the area/postcode. | | |
| Service | Description | Day and time held |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| How does each the children’s centre encourage parents who bottle feed to do so in ways which optimise their baby’s health and well-being? | | |
|  | | |

4 **Please submit relevant documentation.**

**Written information and other materials to support services outlined**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of material**  **(e.g. leaflet, poster, app, website, DVD)** | **Name/title** | **When given** | **Free from advertising of infant formula, bottles, teats and dummies (**ü/û) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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4 **Please submit a copy of any paper based materials used eg leaflets and include links to relevant websites**

*If the assessment is being carried out remotely, please review posters displayed within the unit and confirm below.*

|  |  |
| --- | --- |
| Main languages spoken (other than English) and what information/support is available |  |
| For assessment purposes please suggest options for interviewing mothers who do not speak English as their first language |  |

*Please confirm that an audit of venues currently in use and accessed by families has been carried out using the Observation Form in the Children’s Centre version of the audit tool.*

|  |  |
| --- | --- |
| Venues have been checked and displays are accurate, effective and proportionate related to breastfeeding, introduction of solid food and relationship building | Yes/No/N/A |

4 **Please submit a venue audit form for each venue accessed by families.**

4 **In order to ‘showcase’ your service, please take photographs of display boards related to infant feeding, introduction of solid food and early development/parenting and be prepared to submit on the day of the assessment.**

**International Code of Marketing of Breastmilk Substitutes**

*Please confirm that an audit of venues currently in use and accessed by families has been carried out using the Observation Form in the Childrens Centre version of the audit tool.*

|  |  |
| --- | --- |
| Venues have been checked and are free from advertising | Yes/No/N/A |

4 **Please submit signed commitment from the Head of Service (see signature page 2)**

**Audit and evaluation of service**

*Please provide the assessment team with examples of how the relevant services provided across the children’s centres are evaluated. This may be in the form of reports provided for the local authority, details of attendance at the various sessions and summaries of mothers’ feedback.*

4 **Please submit evaluations.**

4 **Please complete an observation sheet (audit tool) for each children’s centre and submit.**

**Latest audit results**

*Please note that your audit should have been carried out on a random sample of staff (or all staff), not just on those who have completed the training, and a random sample of mothers. The samples should be from across all of the children’s centres. Check the guidance document for recommended sample sizes. The question numbers relate to the question number in the relevant audit tool.*

*Please also tell us about how you audit and evaluate the service(s) you provide for families in your area.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you use the Unicef audit tool? | Yes/No | | | |
| Who carries out the audits? |  | | | |
| What happens to the audit results? |  | | | |
| **Numbers included in the audit** | | | |
| Number of staff interviewed who answered questions at each level | | Only Level 1 |  |
| Level 1 and Level 2 |  |
| Level 1,2,3 |  |
| Number of breastfeeding mothers | |  | |
| Number of formula feeding mothers | |  | |

|  |  |  |
| --- | --- | --- |
| **Level 1. All staff understand…** | | **% giving correct / adequate response** |
| 1a. How the centre creates a welcoming environment | |  |
| 1b. Why breastfeeding is important for mothers and babies | |  |
| 1c. Why it is important to restrict advertising of formula milk | |  |
| 1d. Awareness of roles, responsibilities and appropriate signposting | |  |
| **Level 2. In addition to the above, staff can describe / demonstrate…** | | **% giving correct / adequate response** |
| 2a. How they promote loving and responsive parenting | |  |
| 2b. Why it’s important not to leave babies to cry | |  |
| 2c. How to explain responsive bottle feeding | |  |
| 2d. What information a bottle feeding mother needs | |  |
| 2e. Why waiting to start solids until around 6 months is important | |  |
| **Level 3. In addition to the above, staff can describe / demonstrate…** | | **% giving correct / adequate response** |
| 3a. What would cause, and how to address sore nipples whilst feeding | |  |
| 3b. How to support an ill breastfeeding mother | |  |
| 3c. How to explain responsive breastfeeding | |  |
| **All mothers reported…** | | **% giving correct / adequate response** |
| 1a. that they had been made aware of services provided (groups, classes) by the local children’s centre. | |  |
| 1b. if they attended services during pregnancy that they were suitable to their needs. | |  |
| 1c. if they attended services following the birth, that they were suitable to their needs | | |
| Service |  |  |
| Service |  |  |
| Service |  |  |
| Service |  |  |
| 1d. they had a discussion on the importance of responsive parenting | |  |
| 1e. they understood why responsive parenting is important | |  |
| **Breastfeeding mothers confirmed that they…** | | **% giving correct / adequate response** |
| 2a. were given information about sources of help and support | |  |
| 2b. found support useful (according to need) | |  |
| 2c. were given accurate information about responsive breastfeeding | |  |
| 2d. knew how to access additional support in local area | |  |

! **Signature page 1: Re-assessment**

**Have written policies and guidelines to support the standards**

Each member of the management team is expected to take responsibility for ensuring that the standards are implemented in their centres and we ask that managers confirm they are committed to implementing the policy in their area and submit in advance of the assessment. *Please obtain signatures from each relevant manager and print/photocopy this page if more boxes are needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of children’s centre:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the policy** * **implementation of the policy is audited regularly and action is taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of children’s centre:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the infant feeding policy** * **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of children’s centre:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the infant feeding policy** * **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

! **Signature page 2: Re- assessment**

|  |
| --- |
| **Declaration by Head of Children’s centres** |
| **Standard 4 – Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff** |

The Head of Children’s Centres is asked to confirm adherence to the International Code of Marketing of Breast-milk Substitutesand sign the declaration for this application form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of facility/ children’s centres:** |  | | |
| **I confirm that we will fully implement the International Code of Breast-milk Substitutes (and subsequent relevant WHA resolutions)**  **I confirm that the information in this application form is accurate, to the best of my knowledge** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

**This application should be sent to the Baby Friendly office at least three months in advance of your assessment to** [**bfi@unicef.org.uk**](mailto:bfi@unicef.org.uk)

**Submission checklist for Baby Friendly Leads**

**Re-assessment: Children’s centres**

4 **Please send this form via email to** [**bfi@unicef.org.uk**](mailto:bfi@unicef.org.uk) **at least three months in advance of your assessment dates, and provide the signature pages to your assessors during your assessment.**

4 Two weeks prior to the assessment please send the staff availability on the days of the assessment

4 At least one week before please send the telephone numbers of mothers for interview.

See the guidance document for information on consenting mothers and how to send these lists.

4 **Checklist of documents – please send these two weeks before the assessment**

|  |  |
| --- | --- |
| ü | **Document** |
|  | A copy of the latest infant feeding policy |
|  | A copy of the programme for staff training and an outline of the induction programme for new staff. |
|  | Copies of all written materials on infant feeding and relationship building currently provided for pregnant woman and/or new mothers |
|  | Venue audits |
|  | Signature pages – signed commitment from managers and Head of Children’s Centres |

4 **Checklist of documents – please make available for the assessor to view during the assessment.**

|  |  |
| --- | --- |
| ü | **Document** |
|  | Orientation records of new staff to the infant feeding policy |
|  | Staff education records |
|  | Photographs of displays |