**Application form**

**Stage 1 assessment**

**Children’s centres**

*\*or equivalent early years community settings*

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

**Introduction**

Thank you for submitting the information for Stage 1 assessment. The aim of this process is for a Baby Friendly assessor to be able to review the plans you have made for implementing the standards and to give you some feedback on these plans. The information you provide will help us to guide you as you progress to Baby Friendly accreditation.

**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 of this assessment, and we will request some further background information on your organisation via email. Certain documents will need to be sent and these are mentioned in the relevant sections.

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

Please contact the Baby Friendly office to schedule an assessment date, and we will confirm who your assessor will be. You will need to send a copy of this form and related documents by email to [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk) **at least** **two weeks before the assessment date**.

**Declaration**

The application formshould be signed by senior manager with responsibility for all the children’s centres being assessed who will confirm agreement with the submission and the information provided.

🖳 To help you to complete this form, please refer to the [Guidance for children’s centres on implementing the Baby Friendly Initiative standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/guidance-for-childrens-centres-on-implementing-the-baby-friendly-initiative-standards/). This document also gives further information about working collaboratively with the health visiting service and the options available for progressing with the assessment process.

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/)

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| **Section 1 – Supporting documents and background information** |

**Policy and signed commitment**

🗐 **Please send us a copy of your children’s centre policy**

🗐**Please send signed commitment from all relevant children’s centres managers (see signature page 1 at the end of this application form)**

*Please tell us about how you introduce new staff to the policy.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job title of staff group** | **How they are informed** | **How soon after employment starts** | **How this is recorded** | **For office use** |
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**Staff education**

🗐**Please attach copies of the training programme for all levels of children’s centre staff.**

*Please tell us about the training provided for each group of staff, describing what form this education takes, i.e. how many hours are provided and how the training is delivered in relation to each group of staff.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group of staff** | **Classroom/**  **theory training** | **Practical training** | **Additional training e.g. parenting courses** | **How training is recorded** |
| Level 1 |  |  |  |  |
| Level 2 |  |  |  |  |
| Level 3 |  |  |  |  |
| **For office use** | | | | |

*Please tell us about how staff involved in the provision of the training programme are trained and supervised.*

|  |  |  |
| --- | --- | --- |
| **Training type** | **Carried out by** | **Training received** |
| Classroom based training |  |  |
| Practical Skills Reviews *(if relevant)* |  |  |
| Other (may include parenting courses etc) |  |  |
| **For office use** | | | |

**Project Lead**

*Please tell us about the project lead role:*

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

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| **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.*

🗐 **Please attach a copy of any documentation (workshop outline, leaflets, etc) to support the services provided.**

|  |  |  |
| --- | --- | --- |
| How do the children’s centres identify and contact pregnant women to let them know about the services provided? | | **For office use** |
|  | |
| 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 | |
| Service | Description |
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| **Standard 2 – Protecting and supporting breastfeeding** |

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| --- | --- | --- |
| How do the children’s centres ensure a welcoming atmosphere for breastfeeding mothers? | | **For office use** |
|  | |
| Please provide an outline of how the children’s centres inform newly delivered women about the services available. | |
|  | |
| Outline the services provided to support breastfeeding mothers, with a brief description of the content | |
| Service | Description |
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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 do the children’s centre(s) ensure that there is no advertising of breastmilk substitutes, teats and dummies anywhere in the service or by any of the staff? |
|  |

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

*Please tell us about how the children’s centre supports this standard and philosophy*

|  |  |  |
| --- | --- | --- |
| How does the children’s centre(s) support parents to develop a close and loving relationship with their baby? | | **For office use** |
|  | |
| Outline the services provided to support parenting with a brief description of the content | |
| Service | Description |
|  |  |
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|  |  |
|  |  |
| How does the children’s centre(s) encourage parents who bottle feed to do so in ways which optimise their baby’s health and well-being? | |
|  | |

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

*Please tell us about the written information for parents and other materials used to support the standards. This should include information about other programmes that are run by the centres such as Five to Thrive.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of material**  **(e.g. leaflet, poster, app, DVD)** | **Name/title** | **When given** | **Free from advertising of infant formula, bottles, teats and dummies** (✓/ 🗶) |
|  |  |  |  |
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🗐 **Please attach a copy of any paper-based materials used (e.g. leaflets, posters)**

**Audit and evaluation of service**

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

|  |  |  |
| --- | --- | --- |
|  | | **For office use** |
| Do you use the Unicef audit tool? | Yes/No |  |
| Who carries out the audits? |  |  |
| What happens to the audit results? |  |  |
| Please tell us about other methods used to evaluate services |  |  |
| Please tell us about the reach of the services, for example the number of mothers registered, accessing services etc |  |  |

*Please tell us about your system for obtaining feedback from families and how you address relevant concerns.*

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| --- | --- | --- |
|  | | **For office use** |
| Feedback |  |  |

**Collaborative working**

*Please tell us about the other disciplines and services that you collaborate with, (midwifery, health visiting, peer support, other)*

|  |  |
| --- | --- |
| **Discipline/service** | **How you work together** |
|  |  |
|  |  |
|  |  |
| **For office use** | |

🖉 **Signature page 1: Stage 1 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. *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: Stage 1 assessment**

**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 below 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 there are no sales of breastmilk substitutes on the service’s premises or by its staff**  **I confirm that the information in this application form is accurate, to the best of my knowledge** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

**Submission checklist for Baby Friendly leads**

**Stage 1 assessment: Children’s centres**

Finally, prior to submitting this application form for assessment, it is important to make sure that the facility is adequately prepared in order to make sure it has the best possible chance of meeting all of the standards and avoid as far as possible the need for follow-up.

Completing the following checklist will help make sure you are as well prepared as possible.

Before submitting, have you:

* Made sure that all of your documents address the relevant Baby Friendly standards – check the [Guide to the Baby Friendly Standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/guide-to-the-baby-friendly-initiative-standards/).
* Made sure that the policy and any guidelines you submit are the most up to date produced by the facility.
* Made sure that you have checked the policy against the most up to date version [on the Baby Friendly Initiative website](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/).

🗐 **Please submit this form and accompanying documents electronically to** [**bfi@unicef.org.uk**](mailto:bfi@unicef.org.uk)