

Children's Centre / early years settings policy self-assessment checklist

Your policy should clearly cover the following points:	Is the point clearly covered? (Answer yes, no or unclear):	See guidance note number:
Introduction and purpose		
Covers all staff		1
The Code is implemented throughout the centres		2
The outcomes that will be monitored		3
A commitment to collaborative working		4
Trust support for implementation of the policy		
Orientation of staff to policy		5
Training for all staff (according to role)		6
Parents' involvement in planning/evaluation of services		7
Mechanisms by which mothers'/parents' experiences of care will be listened to		7
Mechanism for internal audit		8
Pregnancy		
Recognises importance of pregnancy and role children's centres can play		9

Those who are pregnant are contacted to offer information/support (e.g. by phone, invitation to classes, one-to-one contact, peer support, etc.)		9
All classes and information reflect the standards and are Code compliant		10
Protection and support for breastfeeding		
Mothers are welcome to breastfeed and comfortable facilities are provided		11
Mothers are informed of services available to support breastfeeding		12
Breastfeeding is valued by staff, with praise and encouragement offered		
Referral system is in place for mothers who need additional help		13
All mothers are supported to introduce solids at around six months		14
Support for parenting and close relationships		
Parents are encouraged to respond to baby's needs for love, comfort and security		15
All materials and classes reflect this		16
Parents who are bottle feeding are encouraged to do so responsively		17

Guidance notes

Introduction and purpose

1. Compliance with the policy is required and applies to all staff. Staff should be aware of the significance of the policy and must account for any deviation from it.
2. The Children's Centre service must adopt the International Code of Marketing of Breastmilk Substitutes. The policy should clearly state that it prohibits the display or distribution of materials which promote breastmilk substitutes, feeding bottles, teats or dummies. Staff training should ensure that staff understand the rationale behind this requirement and equip them to apply this in their own practice.
3. The policy should state the outcomes that it intends to deliver and that will be monitored. These outcomes would align with national guidance and locally agreed outcome indicators (where these exist) and should be reported effectively.
4. The service should establish a clear commitment to collaborative working across professions and sectors (including the voluntary sector) to make the most of the resources available and deliver improved care and support for babies, mothers and families. The policy should identify specific commitments to local collaborative working arrangements where they have been established. For example:
 - A plan to enable information about those who are pregnant to be shared with Children's Centre/early years' settings.
 - Working with health visiting/maternity services to ensure staff are aware of referral pathways for support with feeding and parenting.
 - Working closely with local voluntary groups and peer supporters to improve support for mothers.

Support for implementation of the policy

5. All staff should be orientated to the policy as soon as their employment begins in order to enable them to understand what is required of their role and to ensure that they do not inadvertently undermine the work of the rest of the team.
6. Training of all staff regarding the Baby Friendly standards is an essential element of successful implementation of the policy. Including statements in the policy regarding the provision of training will emphasise to all staff and managers the importance of the training and the requirement that attendance is mandatory.
7. Listening to parents'/mothers' experiences and involving them in planning of the service is essential. The policy should make clear the service's commitment to this aspect of quality monitoring and the mechanisms by which it will do this.
8. It is a requirement for Baby Friendly accreditation that the policy be audited. Guidelines are provided regarding the frequency of audit at each stage of the assessment process. Therefore, the policy should include a statement to this effect. Regular and thorough audit

conducted by questionnaires, face-to-face interviews and telephone interviews with mothers, as well as the monitoring of staff, will inform all concerned of the level of implementation of the standards. Reporting mechanisms for audit results should be identified.

Information and support in pregnancy

9. The policy should acknowledge that the Children's Centres provide an important service for mothers in pregnancy. A mechanism should be in place so that all mothers can be proactively identified and contacted to offer information and support according to their needs. This mechanism can be implemented in collaboration with maternity and/or health visiting services so that all mothers can be offered information about relevant services and encouraged to access these.
10. All services provided (for example displays, one-to-one discussions and classes) should ensure they maximise the opportunity to provide effective information, reflect Baby Friendly standards and comply with the International Code of Marketing of Breastmilk Substitutes.

Protecting and supporting breastfeeding

11. The centres should create a welcoming environment for breastfeeding so that mothers can feel confident to breastfeed in any part of the centre. For many new mothers, feeding away from the privacy of their home can be a daunting experience – having a safe haven where they can meet other mums and feed their baby without feeling awkward or embarrassed is very important. The policy should confirm how this will happen.
12. Being a new mother can be an overwhelming experience and many may stop breastfeeding before they want to due to a lack of support. Children's centres are in a unique position to provide social, emotional and, in some cases, skilled support to help mothers to continue to breastfeed for as long as they want. Staff should be able to discuss aspects of breastfeeding, such as practical tips for how to succeed, how to breastfeed responsively, and the fact that breastfeeds can be offered for comfort, love and convenience in addition to food. Staff should be able to refer mothers to the best staff to explain this. The policy should state that services are provided and that mothers will be informed about their availability.
13. From time to time, a mother will experience a more complex breastfeeding challenge which requires additional support. It is required that a formal mechanism to provide this within the locality is developed with an appropriate referral pathway. It is unlikely that this will be provided by the Children's Centre service, however the policy should be that staff are able to signpost to this additional service.
14. The policy should conform with Department of Health guidance about the appropriate introduction of solid foods for all babies. This suggests that around six months is the appropriate age for the introduction of solid foods for both breast and formula fed babies. A mechanism which ensures that all mothers are made aware of local services available which provide this information should be in place.

Support for parenting and close relationships

- 15.** There is overwhelming evidence for the crucial importance of early relationship building for the future well-being of children, as well as the value of parenting that is sensitive and responsive to the baby's needs. Both of these help to establish a secure attachment between parents and their baby. Therefore, it is expected that Children's Centre services support parents to understand baby's needs for closeness, touch, comfort, verbal and visual communication.
- 16.** All services provided (for example displays, one-to-one discussions and classes) should ensure they maximise the opportunity to provide effective information, reflect Baby Friendly standards and comply with the International Code of Marketing of Breastmilk Substitutes.
- 17.** Encouraging mothers who formula feed to give most feeds themselves while holding their baby close will support relationship building. It is important that this information is shared in a sensitive and supportive manner and that, where possible, close family members are included in the discussion. There is very limited research to guide us when talking about responsive formula feeding and it is important to remember that it is possible to overfeed a baby who is formula fed. Parents should be informed about responsive feeding and encouraged to respond to cues that their baby is hungry, invite the baby to draw in the teat rather than forcing the teat into the mouth, pace the feed so that the baby is not forced to feed more than they want to, recognise their baby's cues that they have had enough milk, and not force babies to take a bit more milk so that they will go longer between feeds as this can lead to overfeeding and should be discouraged.