Community Infant Feeding Support

Consultation Questionnaire

This questionnaire can be completed online at

[www.kent.gov.uk/infantfeeding](http://www.kent.gov.uk/infantfeeding)

Alternatively, fill in this paper form and hand it in to your local children’s centre.

If you need the questions in an alternative format, please email alternativeformats@kent.gov.uk or call 03000 421553 (text relay service number: 18001 03000 421553). This number goes to an answering machine, which is monitored during office hours.

**Please ensure your response reaches us by 3 September 2017.**

**Section 1 – About You**

**Q1. Are you responding as…?**

Please select the option from the list below that most closely represents how you will be responding to this consultation.

*Please tick one only.*

|  |  |  |
| --- | --- | --- |
|  | Parent with a child under 12 months old | |
|  | Parent with youngest child under 5 years | |
|  | Parent of children 5-17 years | |
|  | Family member of someone who has children under the age of 5 years | |
|  | A member of the public | |
|  | A social care or health professional | |
|  | A provider of infant feeding services\* | |
|  | Responding on behalf of an organisation (Local authority, VCS group etc)  *\*Please tell us the name of the organisation or provider:* | |
|  |  |  |
|  | Other  *Please specify:* | |
|  |  |  |

**Q2.**

**Are you accessing or have you previously accessed specialist community infant feeding services, for example clinics provided by PS Breastfeeding CIC?**

|  |  |
| --- | --- |
|  | Currently access services |
|  | Previously accessed services |
|  | Have not accessed services |
|  | Don’t know |

**Section 2 - Our Proposal**

KCC is proposing that access to infant feeding and healthy eating advice is part of the Health Visitors duty to deliver the Healthy Child Programme and it will include the following:

* A Health Visiting service public-view website and duty telephone line
* Information about how to access a Health Visitor at every contact point
* Drop-in child health clinics
* Health Visitor breast feeding drop-in sessions
* Specialist support for mothers with more complex feeding issues (IBCLC accredited)
* Accredited training for volunteer breast feeding peer supporters
* Access to advice on healthy eating- introducing solid food and family meals
* KCHFT wide UNICEF Baby Friendly Initiative accreditation process <https://www.unicef.org.uk/babyfriendly/>

**Q3.**

**To what extent do you agree or disagree with the proposal to introduce the new service model for infant feeding?**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Neither agree nor disagree |
|  | Disagree |
|  | Strongly disagree |
|  | Don’t know |

**Q4.**

**Please tell us to what extent you agree or disagree with each of the core aspects of the proposed service model for infant feeding.**

**4a. Health Visitors should provide infant feeding advice to all families**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Neither agree nor disagree |
|  | Disagree |
|  | Strongly disagree |
|  | Don’t know |

**Q4b.**

**Infant feeding Peer Supporter volunteers should continue to be trained and supervised.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Neither agree nor disagree |
|  | Disagree |
|  | Strongly disagree |
|  | Don’t know |

**Q4c.**

**Appointments with a specialist Lactation Consultant should only be available to women with complex breast feeding problems, via referral from a healthcare professional and based on clinical needs**

It is proposed that open access to lactation consultants will no longer be available. Support from Lactation Consultants will continue to be available to women with more complex problems, but this will be in response to referral from a health professional based on clinical needs. Lactation consultants will also provide telephone advice to health professionals.

More complex problems include:

• latching difficulties

• painful breastfeeding

• low milk production

• babies who are not gaining enough weight

• mastitis

• tongue tie

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Neither agree nor disagree |
|  | Disagree |
|  | Strongly disagree |
|  | Don’t know |

**Q5.**

**Do any adjustments need to be made to this model to meet the needs of any specific groups, e.g. people with disabilities, lone parents and teenage parents?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t know |

**Q5a.**

**If you answered yes to Q5, please state which groups require adjustments**

|  |  |
| --- | --- |
|  | Disabled adults |
|  | Teenage mothers |
|  | Lone parents |
|  | Others  *Please specify* |

|  |  |
| --- | --- |
|  |  |

**Please tell us what adjustments need to be made**

|  |
| --- |
|  |

**Q6.**

**Do you have any other comments or suggestions about the proposed service model?**

|  |
| --- |
|  |

**Q7.**

**We are keen to get the views of as many people as possible. If you would like to be contacted by KCC in the future about infant feeding services, please enter your contact details below:**

Our preferred method of communication is by email, however if you do not have an email address then please provide your postal address.

|  |  |
| --- | --- |
| Name: |  |
| Email address: |  |
| Postal address: |  |
| Postcode |  |

**Equality Impact Assessment (EqIA)**

We have completed an initial EqIA on the proposal. An EqIA is a tool to assess the impact any service change, policy or strategies would have on age, disability, gender, gender identity, race, religion or belief, sexual orientation, pregnancy and maternity, marriage and civil partnership and carers’ responsibilities. The EqIA is available online at [www.kent.gov.uk/infantfeeding](http://www.kent.gov.uk/infantfeeding) or on request.

**Q8. If you have any comments about the equality impact assessment, please provide them here:**

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Section 3 - More About You**  We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We’ll use it only to help us make decisions and improve our services.  If you are responding on behalf of a provider or an organisation, there is no need to complete the additional questions below.  **If you would rather not answer any of these questions, you don't have to.**  **Q9. Please tell us your postcode**  We use this to help us to analyse our data. It will not be used to identify who you are.  *Please write in below:*   |  | | --- | |  | | | |
| **Q10.** | | **Are you......?** *Please tick one only.* |  |
|  | | Male | | |
|  | | Female | | |
|  | | I prefer not to say | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q11.** | **Which of these age groups applies to you?** *Please tick one only.* | | | | | | | | | | |
|  | | | 0-15 |  | 25-34 |  | 50-59 |  | 65-74 |  | 85 + over |
|  | | | 16-24 |  | 35-49 |  | 60-64 |  | 75-84 |  | I prefer not to say |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Q12. To which of these ethnic groups do you feel you belong?** *Please tick one only.*  (Source: 2011 Census)   |  |  |  |  | | --- | --- | --- | --- | | White English |  | Mixed White & Black Caribbean |  | | White Scottish |  | Mixed White & Black African |  | | White Welsh |  | Mixed White & Asian |  | | White Northern Irish |  | Mixed Other\* |  | | White Irish |  | Black or Black British Caribbean |  | | White Gypsy/Roma |  | Black or Black British African |  | | White Irish Traveller |  | Black or Black British Other\* |  | | White Other\* |  | Arab |  | | Asian or Asian British Indian |  | Chinese |  | | Asian or Asian British Pakistani |  | I prefer not to say |  | | Asian or Asian British Bangladeshi |  |  |  | | Asian or Asian British Other\* |  |  |  |   \***Other Ethnic Group - If your ethnic group is not specified on the list, please describe it here**   |  | | --- | |  | |  | |

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example), are considered to be disabled from the point that they are diagnosed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Q13.** | **Do you consider yourself to be disabled as set out in the Equality Act 2010?**  *Please tick one only.* | | | | | |
|  | Yes |  | No |  | I prefer not to say |

|  |  |  |  |
| --- | --- | --- | --- |
| **Q14.** | **If you answered ‘Yes’ to Q13, please tell us the type of impairment that applies to you.** *You may have more than one type of impairment, so please tick* ***all*** *that apply. If none of these applies to you, please select ‘Other’, and give brief details of the impairment you have.* | | |
|  | Physical impairment | |
|  | Sensory impairment (hearing, sight or both) | |
|  | Longstanding illness or health condition, or epilepsy | |
|  | Mental health condition | |
|  | Learning disability | |
|  | I prefer not to say | |
|  | Other *Please write in* |  |

A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

|  |  |  |
| --- | --- | --- |
| **Q15.** | **Are you a Carer?** *Please tick one only.* |  |
|  | Yes | | |
|  | No | | |
|  | I prefer not to say | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Q16.** | **Do you regard yourself as belonging to a particular religion or belief?**  *Please tick one only.* | | | | | | |
|  | Yes | |  | No |  | I prefer not to say |
| **Q17.** | | **If you answered ‘Yes’ to Q16, which of the following applies to you? you.** *Please tick one only.* | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Christian | | |
|  | Buddhist | | |
|  | Hindu | | |
|  | Jewish | | |
|  | Muslim | | |
|  | Sikh | | |
|  | Other  *Please write in below:* | |
|  |  |  |
|  | I prefer not to say |  |

**Q18. Are you…?** *Please tick one only.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Heterosexual/Straight | | |
|  | Bi/Bisexual | | |
|  | Gay woman/Lesbian | | |
|  | Gay man | | |
|  | Other  *Please write in below:* | |
|  |  |  |
|  | I prefer not to say |  |

Thank you for taking the time to complete this questionnaire.

Please hand it in to your local Children’s Centre. They will ensure it reaches us at KCC.

Please let us know if you would like to be sent a freepost envelope to return you questionnaire: [communitysupport@kent.gov.uk](mailto:communitysupport@kent.gov.uk) or call 03000 414128. If you need the questions in an alternative format, please email alternativeformats@kent.gov.uk or call 03000 421553 (text relay 18001 03000 421553).

**Closing date for responses: 3September 2017**

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