



# 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 to your local Children's Centre.

If you need the questions in an alternative format, please email [alternativeformats@kent.gov.uk](mailto: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 December 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.

Parents 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 breastfeeding Peer Supporter

Breastfeeding Counsellor

Responding on behalf of an organisation (.e.g. Local Authority, VCS group etc.) or a provider of infant feeding services \*

Please tell us the name of the organisation or provider

Other

Please give details

### Q2 Are you accessing or have you previously accessed specialist community infant feeding services?

Please tick one only.

Currently access services

Previously accessed services

Have not accessed services

Don't know

## Section 2: Our Proposal

KCC is proposing that providing support with breastfeeding should be an integral part of every Health Visitor's duty to deliver advice on infant feeding and healthy eating under the Healthy Child Programme. The Health Visiting Service is now in a position to take on these additional responsibilities as a result of the additional £10m investment and transformation programme which has taken place following transfer of commissioning responsibilities for the service from NHSE to KCC.

KCC is therefore proposing to introduce a new model of service delivery which will include the following:

- 36 drop-in breastfeeding sessions a week, with health visitors and peer supporters.
- 111 drop-in child health clinics a week (in addition), covering all aspects of infant feeding.
- 4 Specialist clinics a week, with at least 6 face-to-face appointments available at each clinic (approximately 100 appointments per month in total across Kent).
- Home visits and/or telephone advice provided directly by Health Visitors, Infant Feeding Leads and/or Lactation Consultants.
- Referral to specialist support (either face-to-face, home visits or telephone advice) to be made by anyone (including self-referral). Appointments will be offered according to clinical need.
- Maintaining the same number of volunteer breastfeeding peer supporters as now.
- Accredited training for volunteer breastfeeding peer supporters on all aspects of breastfeeding.
- Health visitor antenatal appointments from 28 weeks.
- Information about access to a Health Visitor at every contact point.
- A Health Visiting service website and duty telephone line.
- KCHFT wide UNICEF Baby Friendly initiative accreditation process <https://www.unicef.org.uk/babyfriendly/>

**Q3a How effective do you feel the proposed service model will be in helping mothers to feed their new-born babies according to the method that they prefer – regardless of whether they choose to breastfeed or use formula?**

Please tick one only.

Extremely effective	<input type="checkbox"/>
Very effective	<input type="checkbox"/>
Somewhat effective	<input type="checkbox"/>
Neither effective nor ineffective	<input type="checkbox"/>
Somewhat ineffective	<input type="checkbox"/>
Very ineffective	<input type="checkbox"/>
Extremely ineffective	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**Q3b Please tell us why you say that**



**Q5** Having taken into account feedback from the first stage of the Consultation, we are proposing that anyone can request an appointment with a Lactation Consultant. It is expected that specialist support will be provided to women with more complex problems via a face-to-face appointment, telephone call or home visit.

**Complex problems include, but are not limited to:**

- \* **Latching difficulties**
- \* **Painful breastfeeding**
- \* **Low milk production**
- \* **Babies who are not gaining enough weight**
- \* **Mastitis**
- \* **Tongue tie**

**Q5a** To what extent do you agree or disagree with the proposal that anyone can request an appointment with a Lactation Consultant. Appointments with a Lactation Consultant will be offered via triaged clinical need.

Please tick one only.

Strongly agree	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**Q6 We have put in place the following adjustments to meet the needs of those who may require additional support, as recognised in the Equality Act 2010:**

- \* **Flexibility to provide home visits for those whose additional needs prevent them from attending a clinic**
- \* **Provision of signing/visual aids where needed**
- \* **Provision of interpreters and translation service where needed**
- \* **Provision of support for clients with a disability, impairment or sensory loss**

**Q6a Are these the right systems to have in place?**

Please tick one only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

**Q6b Are there any other adjustments that we should make for people with additional needs such as poor literacy skills, parents who do not speak English, lone parents and teenage parents, parents with a number of young children and people with disabilities? Please tell us below.**

**Q7 Do you have any other comments or suggestions about the proposed service model?**





**Q9 Equality Impact Assessment (EqIA)**

We have completed an initial EqIA on the proposal. The 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.

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 is 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 to help up to 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 questions below.

**If you would rather not answer any of these questions, you don't have to.**

### Q10 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Q11 Are you ...?

Please tick one only.

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>

### Q12 Which of these age groups applies to you?

Please tick one only.

0-15	<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>
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60-64	<input type="checkbox"/>	65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>	85+	<input type="checkbox"/>
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I prefer not to say	<input type="checkbox"/>
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**Q13 To which of these ethnic groups do you feel you belong?**  
(Source: 2011 Census) Please tick one only.

White English	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>
White Scottish	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
White Northern Irish	<input type="checkbox"/>	Mixed Other*	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black / Black British Caribbean	<input type="checkbox"/>
White Gypsy/Roma	<input type="checkbox"/>	Black / Black British African	<input type="checkbox"/>
White Irish Traveller	<input type="checkbox"/>	Black / Black British Other*	<input type="checkbox"/>
White Other*	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Asian / Asian British Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian / Asian British Pakistani	<input type="checkbox"/>		
Asian / Asian British Bangladeshi	<input type="checkbox"/>		
Asian / Asian British Other	<input type="checkbox"/>	I prefer not to say	<input type="checkbox"/>

\* Other Ethnic Group – If your ethnic group is not specified on the list, please describe it here

**Q14 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 they were diagnosed.**

**Do you consider yourself to be disabled as set out in the Equality Act 2010?** Please tick one only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>

**Q15 IF YOU ANSWERED 'YES' AT Q14**

**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 details of the impairment that you have.

Physical impairment	<input type="checkbox"/>
Sensory impairment (hearing, sight or both)	<input type="checkbox"/>
Longstanding illness or health condition, or epilepsy	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>
Other <i>Please give details</i>	<input type="checkbox"/>

**Q16 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.**

**Are you a Carer?**

Please tick one only

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>

**Q17 Do you regard yourself as belonging to a particular religion or belief?** Please tick one only

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I prefer not to say	<input type="checkbox"/>

**Q18 IF YOU ANSWERED 'YES' TO Q18**

**Which of the following applies to you?**

Please tick one only

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other

Please write in below

**Q19 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 Kent County Council.

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

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