**Application form**

**Re-assessment**

**Health visiting - remote or onsite**

|  |  |
| --- | --- |
| **Service name:** |  |
| **Contact name, email & telephone:**  |  |
| **Assessment date(s):** |  |

**Introduction**

Facilities that have achieved Baby Friendly accreditation will routinely be re-assessed, usually at 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, 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 organisation. Certain documents will also need to be submitted - these are mentioned in the relevant section and included in a checklist at the end of the form and we ask that you send these two weeks before the date of the assessment.

**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 Service 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 notes for re-assessment**](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/re-accreditation/), which provides guidance on the information required for each section

**Baby Friendly lead**

*Please tell us about the Baby Friendly lead role:*

|  |  |
| --- | --- |
| Summary of roles and responsibilities |  |
| Hours worked  |  |
| Support provided for the lead (by key workers for example) |  |
| Line management arrangements |  |

*Please complete the sections below. If you have completed these tables recently in your previous application forms, you could copy and paste across and update as needed.*

|  |
| --- |
| **Section 1 – Policies and guidelines** |

1.1 The infant feeding policy

|  |  |
| --- | --- |
| Has the 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  |

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

1.2 Commitment to adhere to the policy

*Please tick all that apply.*

|  |  |
| --- | --- |
| The policy is accompanied by written commitment to adhere to the policy signed by relevant managers including: | ✓ |
| * Service lead
 |  |
| * Team leaders (please state how many)
 |  |
| * Others – please list
 |  |

🗐 **Please submit signed commitment from all relevant managers (see signature page 1).**

1.3 Orientation of new staff of the policy

*Please tell us about how you orientate new staff to the policy (add new rows if needed)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category/grade of staff** | **How they are informed** | **How soon after of employment starts** | **How completed orientation is recorded** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1.4 Other policies and guidelines

*Please tell us about any additional policies and guidelines which relate to the standards (add new rows if needed)*

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

🗐 **Please submit relevant documentation.**

|  |
| --- |
| **Section 2 - Staff education** |

2.1 Training curricula

|  |  |
| --- | --- |
| Has any of the training curricula changed since the facility was assessed? | Yes/No |
| If Yes, please outline the changes that have been made: |

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

2.2 Records of staff training and orientation to the policy

*Please use the records you have kept of staff attendance at the various elements of the Baby Friendly training programme, and of staff orientation to the infant feeding policy to complete the table below. You need to show what percentage of staff who have been employed for more than six months have completed each element of the training.*

|  |  |  |
| --- | --- | --- |
| **Category/grade of staff** | **% employed ≥ 1 week who have been orientated to the policy** | **% employed ≥ 6 months who have completed this element of the training** |
| **Classroom/ theoretical education** | **Supervised Practical Skills Review** | **Additional compulsory sessions** | **Other prescribed training (e.g. for doctors)** |
| Health visitors/public health nurses |  |  |  |  |  |
| Staff nurses |  |  |  |  |  |
| Nursery nurses |  |  |  |  |  |
| Health care assistants |  |  |  |  |  |
| Other staff or volunteers who provide support for mothers |  |  |  |  |  |
| Other |  |  |  |  |  |

🗐 **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 review this via a shared screen.**

|  |
| --- |
| **Section 3 – Processes for implementing, auditing and evaluating the standards** |

3.1.1 Information for pregnant women

*Please tell us about how pregnant women are offered a discussion/information, for example, as part of routine antenatal visiting, via a parent education class, peer supporter contact and whether it happens at a specified gestation. \*If routine antenatal contact is not part of the current service, please omit the remainder of this section.*

|  |  |
| --- | --- |
| \*The service currently provides a routine antenatal contact for all women  |  |
| Describe the mechanism/s by which pregnant women have the opportunity to have a discussion about feeding and caring for their baby and are encouraged to develop a positive relationship with their growing baby |  |
| If the service provides antenatal services such as workshops/classes please describe who facilitates these, how they are trained and how the service is evaluated |  |
| List documentation used to support information giving (e.g. guidance sheet, written record) |  |

🗐 **Please submit relevant documentation.**

3.1.2 Antenatal parent education classes

*Please tell us about any antenatal parent education classes provided for mothers to be (+/- partners)*

|  |  |
| --- | --- |
| **Class title/type/method of delivery** | **Provided for** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

🗐**Please submit a written outline for each different type of class.**

3.1.3 Assessing breastfeeding

*Please tell us about the process for assessing the effectiveness of breastfeeding*

|  |  |
| --- | --- |
| The mechanism by which the feeding assessment/s are carried out and care planned where necessary |  |
| The documents used to support the implementation of this standard |  |

🗐 **Please submit relevant documentation.**

3.1.4 Information and care for mothers and families

*Please tell us about how information and care is provided for mothers according to individual need. For example, it would be helpful to tell us which members of staff are involved, whether aspects of care are carried out at specified times, as part of home visits, in well baby clinics, in groups, via DVD etc. Please describe how care is documented.*

|  |  |
| --- | --- |
| Any additional information and care provided as part of the new birth visit *(for example recognising that baby is getting enough milk, responsive feeding, expression of breastmilk)* |  |
| How/when additional information is provided *(for example feeding at night and when out and about, going back to work)*  |  |
| Mothers who have chosen to formula feed are enabled to do so as safely as possible |  |
| Mothers are supported to introduce solid foods in ways that optimise health and well-being |  |
| How mothers are supported to have a close and loving relationship with their baby |  |
| Mothers are supported to keep babies safe when they are asleep (advisory, see Guidance) |  |
| List documentation used to support information giving (eg guidance sheet, written record, information about feeding out and about) |  |
| 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 submit relevant documentation.**

3.1.5 Written information and other materials for mothers

*Please tell us about the written information for parents and other materials used to support the standards. Include details of leaflets etc. which are given only to certain groups of mothers.* *This includes links to the service website if this includes information and other relevant websites and relevant social media sites.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of material** **(e.g. leaflet, poster, app, website, DVD)** | **Name/title** | **When given** | **Free from advertising of infant formula, bottles, teats and dummies (**✓/🗶) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

🗐 **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.*

*Please confirm that an audit of venues currently in use and accessed by families has been carried out using the Observation Form in the Health Visiting 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 |

🗐 **Please take a sample selection of photographs of displays and leaflet racks.**

3.2 Mechanism for auditing practice

*Please tell us about your audit programme.*

|  |  |
| --- | --- |
| Please confirm that the Unicef audit tool for staff and mothers will be used | Yes/No |
| Who will be carrying out the audit and how will they be trained |  |
| Describe the planned frequency and numbers to be audited  |  |

3.3 Data collection

🗐 **Please complete your latest infant feeding statistics along with other background information via email when requested.**

*Please tell us about your system for obtaining feedback from mothers and how you address relevant complaints*

|  |  |
| --- | --- |
| Feedback |  |
| Complaints |  |

3.4 Support for mothers including collaborative working and an appropriate referral pathway

3.4.1 Support for mothers

*Please tell us about the support available locally for mothers (add new rows if needed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of support** | **Name/details of service** | **Availability for mothers (number of groups etc)** | **Provided by/in collaboration with** | **How mothers are informed or referred** |
| Additional support e.g Breastfeeding groups |  |  |  |  |
| Peer support |  |  |  |  |
| Telephone helpline/s |  |  |  |  |
| Support provided via social media |  |  |  |  |
| Specialist support with difficult challenges |  |  |  |  |
| Parenting support |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

🗐 **Please submit written information given to mothers about the services provided.**

🗐 **Please submit details about the specialist service, including referral pathway and information about outcomes, for example a brief report.**

*Please tell us how you ensure that the information provided for mothers on the support available to them and of how they may access this support, is kept up to date:*

|  |
| --- |
|  |

3.4.2 Collaborative working

*Please tell us about the other disciplines and services that you collaborate with, including how this is formalised where appropriate and outcomes monitored*

|  |  |  |
| --- | --- | --- |
| **Discipline/service** | **Service provided and how this is organised** | **Outcome** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Section 4 - The International Code of Marketing of Breastmilk Substitutes** |

4.1 Adherence to the International Code of Marketing of Breastmilk Substitutes

*Please tell us about the planned mechanism to ensure that there is no advertising.*

|  |
| --- |
|  |

*For remote assessments, please confirm that any packs of materials (such as Bounty packs for example) have been checked and are free from advertising materials.*

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

*For on-site assessments, please have a sample pack for the assessors to review,*

*For remote assessments, please confirm that a review of all areas of the unit accessed by families has been carried out and are free from advertising for infant formula, bottles, teats and dummies.*

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

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

🗐 **Please attach signed commitment from the Head of Service (see signature page 2)**

**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. Check the guidance document for re-assessment for recommended sample sizes. The question numbers relate to the question number in the relevant audit tool.*

|  |
| --- |
| **Numbers included in the audit** |
| Number of staff  |  |
| Number of breastfeeding mothers  |  |
| Number of formula feeding mothers  |  |

|  |
| --- |
| **Standard 1 – Antenatal care** |

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| 1a. The importance of developing a close and loving relationship |  |
| 1b. How to encourage this process |  |
| 1c. What information mothers to be may need |  |
| 1d. The principles of effective communication |  |

*(If the facility does not provide routine antenatal care for pregnant women you do not need to complete the following section)*

|  |  |
| --- | --- |
| **Mothers had a discussion appropriate to needs about …** | **% giving correct/adequate response** |
| 3a. Comforting and caring for her baby |  |
| 3b. Feeding her baby |  |

|  |
| --- |
| **Standard 2 – Enabling continued breastfeeding** |

|  |  |
| --- | --- |
| **Staff can describe/demonstrate….** | **% giving correct/adequate response** |
| 2a. Signs a baby is receiving enough milk |  |
| 2b. The key principles of positioning  |  |
| 2c. How babies attach to the breast |  |
| 2d. The signs of effective attachment |  |
| 2e. The importance of effective attachment |  |
| 2f. What is meant by responsive feeding |  |
| 2g. Why hand expressing is useful |  |
| 2h. How to support a mother with hand expressing |  |
| 2i. How to support continued breastfeeding |  |
| **Breastfeeding mothers confirmed that ….** | **% giving correct/adequate response** |
| 1a. Breastfeeding was assessed |  |
| 1b. They know how to recognise baby is getting enough breastmilk |  |
| 1c. They know about responsive feeding |  |
| 1d. They were given information about help and support available |  |
| 7. They were offered information about feeding out and about or with other people |  |
| 8. They were offered information about feeding and going back to work |  |
| **All mothers confirmed that ….** | **% giving correct/adequate response** |
| 1e. They had a discussion about the importance of closeness and comfort |  |
| 1f. They were given information on what enhances closeness and responsiveness |  |
| 1g. They were aware of local support available for parents |  |
| 5. They were offered information about feeding at night (bottle feeding mothers) |  |
| 6. They were offered information about feeding at night (breastfeeding mothers) |  |
| **Services accessed met mothers needs….** | **% giving correct/adequate response** |
| 2. Service…………………………………….  |  |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |

|  |
| --- |
| **Standard 3 –Informed decisions regarding the introduction of food or fluids other than breast milk** |

|  |  |
| --- | --- |
| **Staff can describe…** | **% giving correct/adequate response** |
| 3a. Support for a mother to maximise breastmilk |  |
| 3b. Information for mothers who use formula milk |  |
| 3c. How to support a mother to bottle feed responsively |  |
| 3d. Why the recommended age for starting solids is six months |  |
| 3d. The importance of avoiding formula advertising |  |
| **Breastfeeding mothers…** | **% giving correct/adequate response** |
| 4. They were supported to maximise breastmilk given |  |
| **Bottle feeding mothers….** | **% giving correct/adequate response** |
| 1a. Understand how to make up feeds safely |  |
| 1b. Know about type of milk to offer |  |
| 1c. Know how often to feed |  |
| 1d. Had a discussion about ensuring baby gets the right amount of milk |  |
| **All mothers….** |  |
| 5. Advised appropriately about starting solid food |  |

|  |
| --- |
|  **Standard 4 – Close and loving relationships** |

|  |  |
| --- | --- |
| **Staff can describe…** | **% giving correct/adequate response** |
| 4a The importance of close and loving relationships |  |
| 4b. How to encourage close and loving relationships |  |
| **All mothers confirmed that….** | **% giving correct/adequate response** |
| 1e. They had a discussion about the importance of closeness and comfort |  |
| 1f. They were given information on what enhances closeness and responsiveness (breastfeeding mothers) |  |
| 1f. They were given information on what enhances closeness and responsiveness (bottle feeding mothers) |  |
| 1g. They were made aware of local support for parents (all mothers) |  |

|  |
| --- |
|  **General**  |

|  |  |
| --- | --- |
| **Mothers…** | **% giving correct/adequate response** |
| 9a. Had a conversation about safer sleep |  |
| 9b. Received written information or were referred to appropriate websites |  |

**Progressing towards Gold**

Unicef UK’s Baby Friendly Initiative’s Achieving Sustainability standards provide a roadmap for improving care for the long-term and lead to the Gold Award.

For more details please see the [Achieving Sustainability guidance](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/achieving-sustainability-standards-guidance/)

|  |  |
| --- | --- |
| Assuming a positive outcome from this assessment, is the Service considering progressing towards a Gold assessment within 12 months of this re-assessment?  | Yes/No |
| Has the leadership team received specific manager training? | Yes/No |
| Have you appointed a Baby Friendly Guardian? | Yes/No |
| How many managers have been trained? (e.g 10 out of 12) |  |

Please tell us about any major change in the service which have resulted in significant gaps in care provision, or any other external assessment which has highlighted significant problems for example poor CQC report, an external review of the service, service in special measures etc.

|  |
| --- |
|  |

Please specify date and outcome of last CQC inspection:

|  |
| --- |
|  |

🖉 **Signature page 1 – Re-assessment**

The role of managers in ensuring that staff are able to implement the policy

The management team is expected to take responsibility for ensuring that the standards are implemented in their area. At re-assessment each manager will be asked about how they do this. Please also ask each manager to sign their commitment and submit with the application.*Please obtain signatures from each relevant manager and print/photocopy this page if more boxes are needed.*

|  |  |
| --- | --- |
| **Name of area:** |  |
| **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 area:** |  |
| **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 area:** |  |
| **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 – Head of Service**

|  |
| --- |
| **Declaration by Head of Service** |
| **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 Service is asked to confirm adherence to the International Code of Marketing of Breastmilk Substitutesand sign the declaration below for this application form.

|  |  |
| --- | --- |
| **Name of facility:** |  |
| **I confirm that we will fully implement the International Code of Breastmilk 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:** |  |

🖉 **Signature page 3 – Re-assessment**

**Confirming that the consents list is a true reflection of mothers available (please see Re-assessment guidance document)**

|  |
| --- |
| **Declaration by Baby Friendly lead**  |

|  |  |
| --- | --- |
| **Name of facility:** |  |
| **Assessment date(s):** |  |
| **Description of how the sample was collected:** |  |
| **Period of collection of consents:** |  |
| **Please note any particular issues:** |  |
| **I confirm that the list of names of mothers for interview is a true reflection of the local population.**  |
| **Signed**  |  | **Date:** |  |

**This application should be sent to the Baby Friendly office at least three months in advance of your assessment, preferably by email to** **bfi@unicef.org.uk**

**Submission checklist for Baby Friendly Leads**

**Re-assessment – health visiting**

🗐 **Please send this form via email to** **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.**

🗐 Two weeks prior to the assessment please send the staff duty rotas

🗐 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.

🗐 Please make sure staff have access to relevant props to support the interviews- a doll, breast model and leaflets

🗐 **Checklist of documents – please send these two weeks in advance of the assessment.**

|  |  |
| --- | --- |
| ✓ | **Document** |
|  | Signature pages – signed commitment from managers and Head of Service |
|  | A copy of the latest version of the infant feeding policy |
|  | A copy of the curricula 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. |
|  | Copies of the antenatal and postnatal prompts sheets and associated documentation |
|  | A copy of the breastfeeding assessment tool. |
|  | A copy of the specialist referral pathway, audit and evaluation data. |
|  | Venue audits |
|  | Photographs of display boards. We will ask for a random selection. These can be taken in advance, or once it has been agreed with the lead assessor which venues are chosen, staff based in the venue could be asked to submit. |

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

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