**Application form**

**Stage 3 assessment**

**Health visiting**

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

**Introduction**

At a Stage 3 assessment we are looking for evidence of the delivery of a high standard of care for pregnant women and new mothers and babies. The assessment itself takes place on a date agreed with the Baby Friendly Initiative office. However, in order for this date to be confirmed, written evidence must be submitted of the facility’s readiness for assessment. When completed, this form provides much of that evidence. 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 some further background information via email for your organisation. Certain documents need to be submitted in advance of the assessment. These are mentioned in the relevant section and included in a checklist at the end of the form. Please do not submit these documents with the application form.

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

Please contact the Baby Friendly office to arrange an 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. We anticipate that Stage 3 assessments will where possible, be carried out onsite and therefore we need to have this discussion in time to enable plans to be made for travel/accommodation for the assessment team. 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 Stage 3 assessment**](http://www.unicef.org.uk/BabyFriendly/stage3healthvisiting), which provides guidance on the information required for each section.

*Please complete the information in the following tables. If you have completed this information recently on previous application forms, you could copy and paste across and update as needed.*

|  |
| --- |
| **Section 1 - Processes for implementing, auditing and evaluating the standards** |

1.1 The 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 |  |

* 1. Tools to support the implementation of the standards

1.2.1 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**

1.2.2 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 relevant documentation**

1.2.3 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**

1.2.4 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.**

1.2.5 Written information and other materials for mothers

*Please tell us about the written information for parents and other materials used to support the standards. 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.**

*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 submit a copy of any paper based materials used e.g. leaflets and include links to relevant websites**

🗐 **Please take a sample selection of photographs of displays and leaflet racks. Your assessor will guide you as to which centres have been selected for review.**

1.3 Mechanism for auditing practice

*Please tell us about your audit programme.*

|  |  |
| --- | --- |
| Please confirm that the Unicef audit tool 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  |  |

1.4 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 |  |

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

1.5.1 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 |  |  |  |  |
| Support provided via social media |  |  |  |  |
| Telephone helpline/s |  |  |  |  |
| Specialist support with difficult challenges |  |  |  |  |
| Parenting support |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

🗐 **Please submit relevant documentation.**

🗐 **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:*

|  |
| --- |
|  |

1.5.2 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **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.*

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

|  |
| --- |
| **Section 2 – Audit results** |

*Please use the results of your most recent audit to complete the tables below\*.*

*\*Please note that your audit should have been carried out on a random sample of mothers and should have included a sample size relevant to the size of your facility as recommended in the guidance document. The question number relates to the relevant question of the audit tool.*

|  |  |
| --- | --- |
| **Number of breastfeeding mothers included in audit:**  |  |
| **Number of formula feeding mothers included in audit:** |  |

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

|  |  |
| --- | --- |
| **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** |

|  |  |
| --- | --- |
| **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……………………………………. |  |

Please give details of child health clinics and breastfeeding support groups **taking place on the dates of your assessment (you do not need to list a full week’s schedule)**

|  |  |  |
| --- | --- | --- |
| **Day and time of clinic** | **Where held***(please specify location)* | **Additional information****(e.g. immunisation only)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

|  |  |
| --- | --- |
| **Breastfeeding mothers…** | **% giving correct/adequate response** |
| 4. supported to maximise breastmilk given |  |
| **Bottle feeding mothers….** | **% giving correct/adequate response** |
| 1a. understand how to make up feeds safely |  |
| 1b. knows about type of milk to offer |  |
| 1c. knows 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** |

|  |  |
| --- | --- |
| **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 (advisory)** |

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

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 – Stage 3 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 Stage 3 each manager will be asked about how they do this. Please also ask each manager to sign their commitment and submit in advance of the assessment. *Please obtain signatures from each relevant manager and print/photocopy this page if more boxes are needed.*

|  |  |
| --- | --- |
| **Name of ward/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 ward/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 ward/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 – Stage 3 assessment**

|  |
| --- |
| **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 – Stage 3 assessment**

**Confirming that the consents list is a true reflection of mothers available (please see Stage 3 guidance document pages 11-12)**

|  |
| --- |
| **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**

**Stage 3 assessment – health visiting/public health nursing service**

Finally, prior to applying for a Baby Friendly assessment, it is important to make sure that the facility is adequately prepared in order to make sure of 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 to 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 you have addressed all of the recommendations from the Stage 2 report and can provide evidence of this for the visiting assessor
* Made sure that any changes to documents such as the [policy](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/), [training curriculum](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/Guidance-on-writing-a-curriculum/), guidelines etc have been done with reference to the relevant guidance document
* Ensured that you have completed an effective audit of mothers to include sufficient numbers and spread across geographical areas and wards to ensure you aware of practice across the whole service
* Implemented any changes to practice required as a result of the audit findings and re-audited to assess effect
* Ensured that the venues covered by the service do not display any advertising for infant formula, bottles, teats and dummies, including checking of Bounty bags

🗐 **At least three months in advance of your assessment dates** Please send this form via email to bfi@unicef.org.uk

🗐 At least one week prior to the assessment please send the telephone numbers of mothers for interview – see the guidance document for information on consenting mothers and how to send this list

🗐 **Checklist of documents to send two weeks in advance of Stage 3 assessment**

**For on-site assessments, please discuss with your assessor, it is most likely that the documents can be viewed as a paper copy during the assessment and so should be collected in a folder.**

|  |  |
| --- | --- |
| ✓ | **Document** |
|  | Signature pages of this application form – signed commitment from managers and Head of Service and Baby Friendly lead. |
|  | A copy of the latest infant feeding policy |
|  | A copy of any other policy/ies which may be relevant to the care provided in relation to infant feeding, e.g. guidelines on the management of jaundice. |
|  | 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. |