**Guidance notes**

**Stage 2 assessment – An educated workforce**

**Maternity - remote**

**Introduction**

Stage 2 of the Baby Friendly Initiative assessment procedure is designed to assess the level of knowledge and skills of the staff who are providing care for pregnant women, mothers and babies. A satisfactory overall level of knowledge and skills is required if the Baby Friendly standards are to be implemented effectively.

**An educated workforce**

* **Educate staff to implement the standards according to their role and the service provided.**

You will be ready for Stage 2 assessment when at least 80% of your staff have completed the training programme and when audit results give a good indication that, by the date you think you will be ready, at least 80% of the staff will be able to demonstrate the necessary knowledge and skills (see Section 2 of this guidance). Using the Unicef UK audit tool throughout the time when you are working towards assessment at both Stages 2 and 3, will help you to monitor your progress, judge when you are ready to be assessed and minimise the chances of a disappointing outcome at the assessment. It will also enable you to complete the application form easily.

When you are planning for Stage 2 assessment, please contact the Baby Friendly Initiative office to discuss the preparations to be made and to arrange an assessment date. This is likely to be several months ahead and we will ask for the Stage 2 application form ***at least three months*** before the agreed date for the assessment. This is to allow for consideration of the audit results and discussion with you about whether and how any outstanding issues can be addressed within the timescale. After this discussion, you may feel that you would rather re-schedule the date of the assessment and we will be able to postpone without financial penalty, *provided that* you have submitted the application form at least three months in advance. Any applications received later than this may incur costs should a decision be made to postpone.

🖳 Please read this guidance document in conjunction with the [Stage 2 assessment application form.](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-2-an-educated-workforce/)

**Understanding the requirements**

Throughout this document, we refer to each piece of evidence as being either ***required*** or ***recommended.***

* When a piece of evidence is said to be ***required*** this means that itforms part of the Baby Friendly Initiative standards and is therefore necessary in order for the unit to be accredited as Baby Friendly. If a piece of evidence identified as a requirement is not submitted, then we will be unable to award a pass at Stage 1.
* When a piece of evidence or a certain action is ***recommended*** this means that we believe it to be an effective way of making sure that the standards are implemented and therefore the Baby Friendly Initiative recommends that this is what is done.

As an example:

The standards state that all health care staff must be trained to support a mother to position and attach her baby for breastfeeding according to her needs. An appropriate overall level of ability to do this amongst staff interviewed is therefore ***required***. Experience has shown that the most effective way to achieve this is for all relevant staff to undergo practical training in the necessary skills. The Baby Friendly Initiative therefore ***recommends*** that Practical Skills Reviews be included as part of the mandatory staff education programme.

**Background information required prior to Stage 2 assessment**

We need you to supply us with certain pieces of information to help us to plan the assessment. This includes demographic, birth and infant feeding data. We will send an email to ask for this information (or an update to the information we previously have on file). A prompt response would be appreciated as the details will help us to organise the assessment.

**Documentary evidence required at a Stage 2 assessment**

The infant feeding policy, staff training curricula and mechanisms for ensuring attendance at training and for auditing practice were assessed at Stage 1. We may review any or all of these in the light of practice found at the Stage 2 assessment. Please submit these 2 weeks in advance of the assessment. We will also need to review staff training records- we will aim to do this during the assessment using a shared screen.

🖳 For further information about the standards please refer to the [Guide to the Unicef UK Baby Friendly Initiative Standards](http://unicef.uk/babyfriendlystandards) and [The evidence and rationale for the Unicef UK Baby Friendly Initiative standards](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/the-evidence-and-rationale-for-the-unicef-uk-baby-friendly-initiative-standards/)

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| **Coronavirus, Covid -19: Remote assessments**During the coronavirus pandemic and in the immediate aftermath, Baby Friendly assessments will be carried out remotely. As such, all aspects of the assessment which would normally be carried out on-site will need to be conducted remotely by the assessment team. At Stage 2, this will include:* Submission of documents electronically in advance of the assessment
* Interviews with staff carried out via video link using a platform such as Microsoft teams, Skype for Business, Zoom etc
* Sharing of data such as staff training records electronically

Introductory and feedback meetings will be held via video link. Please complete the relevant version of the application form which will guide you regarding how to make sure we receive all of the necessary evidence. We have included a section for you to tell us about how you have adapted training and care to meet the needs of mothers during the pandemic. |

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| **Section 1 – The standards for staff education** |

Listed below are the standards which will be assessed at Stage 2.

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| **Standard****Staff…** | **This applies to…** | **How assessed?** | **Minimum % required to pass** |
| **1.** Have been orientated to the infant feeding policy | Staff who have been employed for ≥ 1 week | Via records  | 80% |
| **2.** Have completed the mandatory training programme | Staff who have been employed for ≥ 6 months | Via records &by interview | 80% |
| 1. Can describe how the standards are implemented in their area and answer a range of relevant questions\* about how they would:
* support mothers to breastfeed
* support mothers to formula feed
* support mothers to build close and loving relationships with their baby
 | Staff who would be expected to support pregnant women/ mothers as part of their role | By interview and review of internal audit data | 80% |
| **4.** Can demonstrate an understanding of the International Code of Marketing of Breastmilk Substitutes | All staff  | By interview and review of internal audit data | 80% |

*\*Staff will be asked specific questions related to their role and responsibilities. Their ability to communicate sensitively with mothers will be valued.*

All staff who are involved in the clinical care of babies and their parents are ***required*** to have received training, according to their role, to implement the standards outlined in the infant feeding policy. We ***recommend*** that those planning and delivering the education programme have some additional training to ensure that they have sufficient knowledge and skill in relation to:

* Infant feeding
* The importance of early relationships on childhood development
* How to deliver effective training.

Unicef UK provides a [Train the Trainer course](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Training/Train-the-trainer/) which is designed to support key staff to learn how to produce a curriculum which will enable them to deliver an effective training package and provides participants with a comprehensive package of training materials. We ***recommend*** that a key member of staff be enabled to attend this course.

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| **Section 2 – Ensuring effective implementation of the standards for staff education** |

*Please use the notes in this section to help you to complete the Stage 2 application form.*

🗐 **Please complete all sections of the application form. The numbered headings below relate to the section of the application form with the same number.**

* 1. Numbers of staff employed and working patterns

In order to plan for the assessment we need to know the numbers of staff employed of each grade in the maternity unit(s) which are to be assessed. In addition, it is helpful to know about the working patterns of the different groups of staff as this will help us to plan most effectively how we will decide which staff to interview.

2.2 Orientation of new staff to the infant feeding policy

We ***require*** that all new staff who are involved in the care of pregnant women, mothers and babies be orientated to the infant feeding policy during the first week of their employment. This includes midwives, neonatal nurses, nursery nurses, maternity care assistants, obstetricians and paediatricians. It does not include domestic staff and porters.

Evidence of a mechanism to enable effective orientation of relevant new staff was required at Stage 1; evidence that this mechanism works and is being adhered to is ***required*** at Stage 2. The application form therefore asks you to tell us of the percentage of new staff who have been orientated to the policy. We will verify this by reviewing the records during the Stage 2 assessment.

Please note that staff who were already in post when you completed Stage 1 do not need to be orientated to the policy. Instead, they will be expected to have completed the Baby Friendly training programme (see Section 2.3, below).

2.3 Staff education

We ***require*** that all staff who are involved in the care of pregnant women, mothers and babies receive training to enable them to implement the infant feeding policy and provided effective information and care according to their role. Midwives and neonatal nurses need a full programme of basic education, as do nursery nurses and maternity care assistants if their role demands it.

Paediatricians require specific, targeted training which focuses on their role in the care of newborn babies. Unicef UK has developed an [e-learning package for paediatricians](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/E-learning-for-paediatricians/) to support this. Domestic staff and porters do not require training.

A description of the mechanism for recording staff’s attendance at the training programme was required at Stage 1 and we will review this at Stage 2. It is ***recommended*** that the attendance records be kept on a simple Excel spreadsheet.

As evidence of your facility’s readiness for Stage 2 assessment, you are asked to specify how many of your staff have been trained. The Stage 2 assessment will confirm this data through examination of the records and interviews with individual staff members.

*Staff who are not employed by the service seeking accreditation*

There are a number of staff groups who have a role in supporting mothers and babies or breastfeeding but who are not routinely employed by the services eligible for Baby Friendly accreditation. Such groups include paediatric nurses, GPs, pharmacists, practice nurses, school nurses etc. Although we do not ask services to educate staff that they don’t employ, our ultimate goal is a consistent level of care for mothers and babies. Therefore, services that do create systems by which these staff are educated will be awarded by Unicef UK accordingly. For example, such innovation could form part of the package of innovations which could be submitted as part of a Gold award application.

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

The management team are expected to take responsibility for the implementation of the standards across the service. It is not expected that they will have been fully implemented by the time of the Stage 2 assessment, but it will be expected that audits of care will have been undertaken and appropriate actions taken in response to any areas of weakness. Managers will be interviewed during the assessment to ascertain how they support the implementation of the standards in their area.

This will relate in particularly to:

* how policy and guidelines are developed
* how the policy is implemented
* how staff are enabled to attend the training programme
* how the standards are audited and actions taken should audit results highlight any weaknesses in care.
* the International Code of Marketing of Breastmilk Substitutes and an awareness of how this is enforced in their area

2.5 The role of the Baby Friendly lead

The Baby Friendly lead will be interviewed at Stage 2 to discuss progress so far, audit results and actions required to progress to Stage 3. If this lead post also takes responsibility for the provision of additional support for mothers with complex breastfeeding challenges they will be asked about their education and experience and their ability to support mothers and enhance confidence. If this additional support is provided by another member of staff within the maternity unit, they will be asked these questions.

2.6 Training curricula

A curriculum which adequately covers all the Baby Friendly Initiative standards for each staff education programme\* was required at Stage 1. This/these will be reviewed at Stage 2, in light of the level of knowledge and skills found, and amendments may be ***required*** and/or ***recommended*** as a result. The assessors will need to see a copy of the current curricula on the day of the assessment.

If you have any doubts about the efficacy of your curriculum in the run-up to Stage 2 assessment, we ***strongly recommend*** that you refer to the Baby Friendly Initiative’s guidance document on writing a curriculum and if possible that a key member of staff has attended Unicef UK’s Train the Trainer course.

*\*A separate curriculum is required if different groups of staff receive different training. However, if the same training is provided for all, then only one curriculum is needed.*

2.7 Hours of training provided

Health care providers are ***required*** to provide information on the number of hours training provided for all grades of staff, including the length of any Practical Skills Review sessions. Whilst we do not stipulate that it must be of a certain length, realistically, in order to include all of the necessary topics, in a way which will be most likely to result is the learning outcomes being met, the minimum amount of time spent on face-to-face classroom training for staff such as midwives should not be less than one full day and ideally two days.

Information on the number of hours training to be provided was required at Stage 1. This will be reviewed at Stage 2 in light of the level of knowledge and skills found and further requirements and/or recommendations may be made as a result.

2.8 Effectiveness of the education programme

The Baby Friendly Initiative requires that staff be trained to implement the infant feeding policy. At Stage 2 we therefore assess the effectiveness of the training programme. A random sample of staff members will be interviewed to assess their knowledge and skills in relation to breastfeeding. The interview will ask specific questions that relate to the role of each member of staff. For example, a midwife who is working on a delivery suite will be asked questions relating to her practice in this area.

Assessors will be looking for staff to demonstrate that they have:

• The knowledge and skill to effectively support mothers, including giving relevant practical tips (this will include teaching positioning and attachment and hand expressing where this is appropriate).

• The ability to communicate information effectively in a way which will enhance mothers’ confidence; qualities such as the ability to listen to the mothers’ concerns and questions, to empathise with her circumstances and demonstrate sensitivity, and to build confidence will be valued.

It is ***required*** that a minimum of 80% of those interviewed provide adequate answers to a series of questions on basic breastfeeding and formula feeding management and relationship building.

As evidence of the facility’s readiness for Stage 2 assessment, you are asked to submit audit results in relation to staff education as part of your application. When submitting your audit results it is important to be aware that we will base our decision as to whether your unit is ready to undergo an external assessment on the results presented. The aim of asking for this data is to avoid the disappointment and additional costs of having to undergo a follow-up assessment, should the results of the assessment fall short of what is required. It is therefore vital that the results are valid.

In order to facilitate this your audit should:

* Use the recognised Unicef UK audit tool (latest version)
* Be carried out by staff who have been trained to audit in order to ensure that the results are consistent and accurate.
* Be based on a sample which of sufficient size (see table below), has been chosen at random and is representative of the workforce;
* Be carried out face to face with staff – not by asking staff to complete forms
* Enable you to be confident that staff can provide information about how they would support a mother effectively by answering the questions clearly and in a way which demonstrates understanding of the physiology of lactation, that (if relevant) they can demonstrate the skills required in a confident and competent manner and that they are able to articulate the information in a way which demonstrates that they can communicate effectively with mothers.

**Audit programme**

The audit tool suggests sample sizes based on the number of births. It is recommended that an audit programme is developed. The following example of frequency and numbers is appropriate whilst the facility is progressing to Stage 2 and 3. The numbers should be seen as a minimum.

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| **Stage 2 assessment** | **Stage 3 assessment** |
|  | **Frequency** | **Numbers** | **Frequency**  | **Numbers** |
| **Staff** | Quarterly | 10-20 (up to 3000 births)20-30 (3000+ births) | Six monthly | 10-20 (up to 3000 births)20-30 (3000+ births) |
| **Mothers** | Six monthly | 10-20 (up to 3000 births)20-30 (3000+ births)Plus 6 mothers with a baby on NNU | Quarterly | 10-20 (up to 3000 births)20-30 (3000+ births)Plus 6 mothers with a baby on NNU |
| **Supplement audit** | Ongoing for all mothers | 10 interviews per month10 sets of records reviewed per month | Ongoing for all mothers | 10 interviews per month10 sets of records reviewed per month |
| **Environment (Code and information e.g. Bounty Bags)** | Six monthly | All areas | Six monthly | All areas |

Supplementation rates will be collected and reported to Baby Friendly as part of the assessment process. It is anticipated that steady progress to reduce supplementation rates (specifically those supplements given without medical indication or fully informed choice) will be made. Whilst the ***recommended*** method of monitoring supplements is an ongoing continuous audit, we recognise that implementing such a process may take some time. The minimum ***requirement*** would therefore be a regular sampling and review of written records by the Baby Friendly Lead at a rate of around 10 of each per month (*based on an average sized unit of 3000-4000 births*).

Facilities with computer systems may find these easier to use to track their supplementation rates and it is hoped that in time, all services will be able to track their rates electronically. Details about both will be required with each assessment and annual audit submission.

Please see our [Supplementation guidance](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/further-guidance-on-implementing-the-standards/supplementation-guidance/) for more details.

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| **The Stage 2 assessment process** |

**The structure of the assessment**

Stage 2 assessment will usually be carried out by a number of Baby Friendly Initiative assessors over a two day period.

An introductory video meeting will be held with key members of staff at the beginning of the assessment to explain what will happen, and a feedback meeting will be held at the end to explain the findings.

The assessors will select a representative sample of staff for interview from the list of those on duty during the assessment. They will then interview these members of staff and collate their responses.

The aim of the assessment is to ensure that the education programme is effective, not to ‘test’ individuals’ knowledge. The assessors will therefore do their best to put interviewees at their ease so that they feel confident to discuss their everyday practice and demonstrate their knowledge and skills.

It is important that the staff are made aware that all interviews will be carried out in confidence and that the assessors will not record interviewees’ names. The assessors have a background in midwifery, nursing, health visiting and/or public health and are bound by the Nursing and Midwifery Council’s Code of Professional Conduct and Unicef UK’s own policies. They are particularly aware of the requirement to protect the confidentiality of information provided during an assessment.

**Preparations in advance of the assessment**

Certain preparations need to be made in advance of the assessment to help the process to run smoothly on the day. Once the dates of the assessment have been agreed, please:

* Inform all staff who may be involved that the assessment will be taking place, giving them as much information as possible on how the assessment will run and what to expect.
* Consider what video technology is available for the staff to use for the interview. It may be helpful to set up some practice sessions so that staff are familiar with the technology. See box below.
* Arrange video meetings for an introductory meeting and a feedback meeting (see timetable).
* Organise appointment times for the Head of Service and relevant managers to be interviewed (see timetable template).
* Arrange for two key members of staff to be available at all times during the assessment to assist the assessors as necessary.
* Set up two interview rooms with computers that can access the relevant video technology. We suggest you name the rooms 1 and 2 so it is clear to the staff and assessor which room they are meant to be in for their interview. The computer can be left on and staff can be brought into the room, one after the other, for interview.
* Make sure staff have access to a doll and breast model and any relevant leaflets that are routinely used. Staff would not be expected to have access to staff education materials or copies of the Baby Friendly audit tool during their interview. If the assessor suspects that staff are using such prompts to answer questions, she will opt the staff member out of the scoring process.

🗐 Then, at least two weeks before the assessment, please send details of the staff working during the period of the assessment.

A template is provided (see [*Staff lists - Stage 2 or Re-assessment*](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/03/Staff-lists-Stage-2-or-Re-assessment.docx)and[*Timetable for interviews - remote assessments*](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/06/Timetable-for-interviews-remote-assessments.docx)template*s*). Your lead assessor will notify you one week in advance of the assessment of the names of community staff/staff who are home based who have been randomly selected so that you can arrange appointment times, so you can complete the grid once these names are given. Other staff will be chosen on the day of the assessment.

*Staff lists and Staff interview timetable templates – download from website*

  

Sending data such as names and phone numbers should be done securely;

* We strongly recommend you send the files via a secure file sending system and password protect the document. Please avoid sending the lists via email without any encryption.
* You may wish to use the Box upload link to send the file (see guidance below) or your own internal IT department may have a preferred approach or system to use. Allowing plenty of time to research and finalise safe sending of the data will help avoid delay and potential threat to us being able to carry out your assessment effectively.

To send us these files directly, please visit this uploading page on our website

[**unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/**](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/)

Select ‘choose file’ and select the file you’d like to send from your computer.

Add details in the description box to include your organisation name and dates of assessment.

Add your email address, so we know who has sent the file and who to contact with any queries. You can send additional files by returning to the link again.

If you have password protected the file, please call or email the Baby Friendly office to give the password for the files you’ve sent.

*If you are unable to use this uploading page, please send the files by any secure method used by your organisation and ensure the files are password protected.*

Video calls for staff interviews / meetings

Once your lead assessor confirms the interview slots on the timetable, you should set up meeting invites for each slot. Please invite all of the assessment team to each interview slot.

You will need to check what technology you have access to for video calls, for example Microsoft Teams, Skype for Business or Zoom etc. If you have not set up video calls before please ensure you have plenty of time to check with your IT team. It may also be helpful to set up some practice sessions. It is important to ensure that your video link can be accessed externally by the Baby Friendly assessors.

Once you have been provided with this list, please arrange a 30-minute interview schedule for those selected – to coincide with their shifts and allowing meal breaks for the assessors. All other staff will be selected for interview on the day.

Please ensure that the following are submitted in advance of the assessment:

* A copy of the infant feeding policy.
* A copy of the curricula for staff training and an outline of the induction programme for new staff.

We will ask to review the database of staff training, this can be done during the assessment via a shared screen:

* Records of staff orientation to the infant feeding policy.
* Records of staff attendance at the various elements of the training programme.

🗐 **Use the checklist on the application form to help track the documentation required**

**What happens after the assessment**

**Feedback of findings**

You will be informed of the results of the assessment at a video feedback meeting towards the end of the assessment. We request that you consider carefully who is invited to attend this meeting. We suggest that this is limited to the Baby Friendly lead/s, line manager and other managers with involvement in implementing the standards together with the head of service. This meeting is an opportunity to discuss and plan how any shortfalls can be addressed in order that this assessment is passed or to consider how progress can be made towards the next assessment/reassessment.

**Confirmation of the outcome of the assessment**

After the assessment, the results will be written up in a detailed report. A copy of this report will be sent to the Baby Friendly Initiative’s Designation Committee, which has to approve the report. They will normally do this within ten days of receiving it and you will then receive a copy of the report and any requirements suggested by the Committee via email. Occasionally, the report has to be considered at one of the Committee’s meetings, which take place every two months. In this case you will need to wait a little longer for confirmation of the result of the assessment.

Although standards assessed on the basis of the information provided at Stage 1 will not be formally re-assessed at Stage 2, the assessors will comment at this assessment on anything they notice which conflicts with the information provided previously. They will then include recommendations for addressing these anomalies in their Stage 2 report.

If Stage 2 is deemed passed, you will have 12 months in which to prepare for Stage 3. If Stage 2 has not been achieved, up to 6 months may be allowed (at the discretion of the Baby Friendly Initiative) to enable you to repeat the parts of the assessment which have not been achieved, or to submit additional evidence related to the unmet standards.

🗁 **Stage 2 application form:**  To download, please visit [unicef.org.uk/babyfriendly/stage2](http://www.unicef.org.uk/BabyFriendly/stage2)