

# Guidance for children’s centres on implementing the Baby Friendly Initiative standards

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## INTRODUCTION

Children's centres (or equivalent early years community settings in Wales, Scotland and Northern Ireland) have an important role to play in improving outcomes for young children and their families, with a particular focus on the most vulnerable groups. They are an excellent source of information and are in an ideal situation to work collaboratively with health providers to support the implementation of the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative standards within their areas.

Many children's centres\* have already engaged with local health services to work towards implementing Baby Friendly standards at a basic level. With the introduction of a specific set of standards for children's centres, it is anticipated that they can further expand their role to support breastfeeding and very early year development.

Collaborative working is a major element of Baby Friendly practice and it is anticipated that a joint approach with local health visiting and/or maternity services will continue to be adopted as this will ensure better outcomes for families. Whilst it is possible for a group of children's centres to apply for Baby Friendly accreditation as a standalone service, we would encourage services to approach the assessment process jointly with the local health visiting service.

The journey towards Baby Friendly accreditation is a significant one. It will involve looking at services from the perspective of the families that use them, and then implementing the changes required, followed by an audit and evaluation to check where the standards are being met. Baby Friendly accredited services are expected to provide a universal level of support. If your service is very targeted and services for families are limited, please discuss with the Baby Friendly team in advance of embarking on the assessment process.

The assessment process is in stages, each of which can be assessed so that you have feedback to ensure that you can keep on track and do not waste your time, energy and money. There is flexibility to allow children's centres to combine stages and to be assessed with health visiting services if that is required.

This guidance document looks at each of the children's centres standards in detail and outlines the assessment process.

*\*Please note that this document refers to children's centres for simplicity, but these standards apply to an equivalent service that works with young families (for example Flying Start in Wales, early years services in Scotland and Sure Start in Northern Ireland).*



For further information about the evidence and rationale for the standards please refer to [The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards](#)



Download the application forms for Stage 1, Stage 2 and Stage 3 assessment from the Baby Friendly website.

## KEY CRITERIA FOR BABY FRIENDLY ACCREDITATION

At the start of the process for implementing the Baby Friendly standards in your children's centres, you will need to consider the following areas:

### Children's centres policy\*

Each group of children's centres should have a policy which outlines how they implement the Baby Friendly Initiative standards. This is vital to ensure that everyone has a clear picture of how the centre and its staff will work to support pregnant couples and new parents to provide the best possible start for their baby. There is a [sample policy](#) available on the Baby Friendly Initiative website which you can copy or adapt and we suggest that you have one policy to cover all the centres.

You will also need to consider how staff will be introduced to the policy and how they can incorporate it into their everyday work.

The standards also require that all relevant managers sign a commitment to ensure that they and the staff working in their area adhere to the policy. Without the commitment of the manager in each area, full implementation of the standards is unlikely to be achievable. This requirement is intended to ensure that all staff, from managers down, engage fully with the implementation of the standards. A sample signature page is provided for this in each application form.

*\* The guidance refers to a 'policy', but it is understood that some services will use other terms such as guidelines, protocols etc. What is important is that all relevant documents clearly support staff to implement the standards.*

### Staff education

All children's centre staff should attend training which will help them implement the Baby Friendly Initiative standards. The level of training required will depend on the role of the individual staff member. For example, if the staff member works in a mainly administrative role and is not expected to provide information on feeding or parenting, they will need basic awareness training on the Baby Friendly Initiative standards and where to signpost parents for appropriate support (Level 1).

However, if a staff member is facilitating a breastfeeding support group or class, they will need more in-depth education to enable them to handle queries and provide relevant information (Level 3). It is important that all staff should have clearly designated roles in relation to implementation of the Baby Friendly Initiative standards, and that the education programme should enable them to carry out their role safely and effectively. This will also involve setting boundaries on when and where to refer for additional support in order to protect both staff and families.

Examples:

- **Level 1 – A receptionist/administrator** will be expected to be able to answer questions about:
  - the policy
  - why breastfeeding is important
  - where to signpost mothers for additional help
  - the welcome the centre provides for breastfeeding mothers
  - how to deal with a sales representative from a formula milk company.
- **Level 2 – A children’s centre family support worker** who does not have specific responsibility for supporting breastfeeding will be expected to be able to answer questions about:
  - supporting parents to build a close and loving relationship with their baby
  - supporting safe, responsive bottle feeding and the appropriate introduction of solid foods.

This is *in addition* to the questions asked of reception/clerical staff.

- **Level 3 – A children’s centre family support worker** who is involved in supporting breastfeeding mothers will, *in addition* to all other questions, be expected to be able to answer questions about:
  - basic breastfeeding knowledge and skills
  - problem solving and signposting.

Where staff have already been orientated to the older Baby Friendly community standards (prior to 2013), they will need a brief update relevant to their role.

It is also important to ensure that the training provided is effective, so consideration needs to be given to who will develop and roll out training to children’s centre staff.

- If working collaboratively with health visiting services, it is recommended that the infant feeding lead for the service (or another designated trainer from the infant feeding team) is involved with developing and delivering the training programme. That will ensure consistency across all sectors and make for better collaborative working relationships.
- If a group of children’s centres choose to work towards Baby Friendly accreditation as a standalone service, it is crucial that they are able to access effective training provision. They may decide to buy in training from UNICEF UK or their local health service, or they may have a member of staff who has attended recognised breastfeeding and parenting courses who may be able to deliver in-house training.

Whoever is responsible for training needs to ensure that the programme covers all of the Baby Friendly Initiative standards for children’s centres.

The Baby Friendly Initiative provides a [curriculum guidance document](#) to support you with the development of your education programme.

UNICEF UK's course '[Breastfeeding and Relationship Building for Children's Centre Staff](#)' concentrates on the basics of breastfeeding and the importance of supporting strong loving bonds between babies and their parents. A '[Train the Trainer](#)' course is also available which is designed to support key staff to learn how to produce a curriculum and enable them to deliver an effective training package with the help of the comprehensive package of training materials which is provided as part of the course.

### **Recording staff attendance at training**

Each children's centre manager should take responsibility for ensuring that all staff attend appropriate training and that records of staff attendance are maintained. These records will be looked at as part of the assessment. Most facilities use a simple spreadsheet or database to maintain records.

### **Project Lead**

Implementing the Baby Friendly Initiative standards is a change management project and so requires someone to take responsibility for co-ordinating planning, implementation, audit and evaluation. Experience shows that the lead needs to have sufficient knowledge, experience and time to allow them to undertake the role adequately, but that there is no one model that is essential to success. It is recommended that services consider what they want this role to include before deciding on the person specification and hours required.

At assessment you will be asked to provide details of the hours worked by the project lead, any support from other key workers and duties in the role.

In order to make the changes sustainable, buy-in and support for the project lead are needed from all levels of management within the service. We will therefore ask you to provide details of how the project lead works with the leadership team. This will include a description of the management structures across the Children's Centre service. This can be done via a written description, or by submission of an organogram.

### **Collaborative working systems**

One important decision that you will need to make at the start of this journey is whether you will work alongside your health visiting colleagues or as a group of children's centres standing alone. It is *strongly recommended* that you work towards accreditation with your local health visiting team (this makes assessment planning more straightforward, is significantly more cost effective and results in a more integrated service to parents). Groups, clusters or networks of children's centres can apply for accreditation together. In this case, it is important that there are enough similarities in the way that children's centre services are provided for the

assessment team to be able to assess them together e.g. if a group of 20 children's centres are working together across the city there would need to be one overarching implementation plan and one assessment application form at each stage submitted. **It will not be possible for an individual children's centre to apply for accreditation.**

As part of the assessment, you will be asked how you work with colleagues in other departments and services to ensure best possible implementation of the standards. This may include how services are organised and how mothers are informed of the services available. If parents are referred to local voluntary organisations, you should develop mechanisms to collaborate formally with these organisations, including appropriate referral pathways.

### Audit and evaluation

Audit and evaluation are the elements of implementation that make a real difference, they will help you develop your ideas and turn them into consistently high-quality services. Auditing is simply a process of checking what is actually happening against the standards that have been set.

You will be asked to develop a plan for how you will audit to make sure that the standards have been implemented and maintained. In order to ensure equity across facilities, it is essential that you use the appropriate Baby Friendly audit tool. You will submit your audit results at intervals, including in advance of Stage 2 and 3 assessments and re-assessments. If the audits show that there are aspects of the service which require improvement you will be expected to provide details of how audit results are shared and what actions are being taken to improve the service.

It is important that staff who will be carrying out audits of practice are trained to do so in order to ensure that results are consistent and accurate. You will therefore be asked to describe how staff are trained and supported.

### Audit programme

It is recommended that an audit programme is developed in order that any necessary changes to practice to improve care can be identified and the necessary data can be made available to Baby Friendly as part of the assessment process.



The Baby Friendly [audit tool for children's centres](#) should be used to carry out the audits.

### Choosing interviewees

Baby Friendly audits are carried out predominantly by interviewing staff and mothers and carrying out observations in the centres. As a general rule, the greater the number of people interviewed, the better sense you will get as to the quality of the service provided. It is important to ensure that staff and mothers interviewed are representative of all the centres included in the process in order to avoid making assumptions that what is happening in one or two centres

is the same across all centres. See the example below to help you decide what may be right for your area.

**Anytown** is a cluster of 10 centres employing between 2-10 members of staff in each centre. Between them they provide services for around 2,000 births per year. Two of the centres run specific antenatal classes, five run breastfeeding support groups and all of them provide general parenting support (including sessions about the introduction of solid foods, baby massage or specific parenting classes).

When selecting staff for interview a decision was made to carry out a baseline audit of all staff employed to identify training needs. When a group of staff completed the training a further audit of those staff was done to identify any additional training needs. This was then followed up with an annual audit of 30 randomly selected staff to ensure knowledge and skills were maintained.

In order to audit outcomes for mothers a baseline audit was carried out which included face to face and telephone interviews with mothers who had accessed services from across all centres. This was accompanied by observations made within each centre whilst groups and other activities were being run. In total around 30 women were interviewed with every effort made to ensure that each centre was represented.

This process was repeated at 3-6 monthly intervals with subsequent audits targeting areas where particular weaknesses were identified, either with implementation of the standards (e.g. inappropriate or inaccurate information provided) or a problem with an individual or small number of centres.

## Evaluation

You are probably already collecting feedback from parents on their experiences of the services provided as part of your service monitoring and you will be asked to show how this is collected and how you use this to improve services. The audit results can also be used to help you with the overall evaluation of the service.

You are probably in addition, monitoring the reach of the services and the uptake of the various activities that you provide. You will be asked to show that uptake by local families is of a level that is likely to support meeting the three standards as described below.

## THE STANDARDS IN DETAIL

The Baby Friendly Initiative recognises that children's centre services are rooted in the communities in which they work and respond to the needs of local families. This means that the way that the standards are implemented has the potential to look quite different from one area to another. What needs to be consistent are the outcomes that are achieved. This section provides an overview of the children's centres standards so that you have a good understanding of each of them and what they mean in terms of your children's centre services.

### **Standard 1 – Information and support for pregnant women**

This standard recognises the important role children's centres have in supporting pregnant women and their families to prepare them for feeding and caring for their new baby. Services should be relevant to local need, accessible and mother/family-centred. It is expected that the children's centres will proactively identify and make contact with pregnant women in their area and offer information and support according to their needs. The services offered could include one-to-one contact with a centre worker, peer support, drop-ins, written information, telephone contact and/or classes which cover topics such as preparing for parenthood, wellbeing in pregnancy and feeding and caring for new babies.

Each children's centre may offer a different service and you will be expected to show how each service is evaluated in terms of numbers who access the service, whether it meets mothers/families' needs in terms of accessibility and welcoming environment, and whether women who access the services are more likely to consider breastfeeding.

For example, a children's centre which has good links with local maternity services may already run antenatal classes. In this case, the vision developed for the implementation of Standard 1 might be to influence what is covered in the classes so that more about relationship-building is included, and to have a member of children's centre staff co-facilitate some of the sessions.

In an area where there are not close links between maternity services and children's centres the vision could be the same, to ensure that classes which cover feeding and relationship building are available jointly provided by the midwifery and/or health visiting service and children's centre staff and work would need to start on building that collaboration. Or the children's centre could take a different approach and offer a complementary service e.g. pamper session for pregnant women, baby shower events, preparing for fatherhood for dads, and an offer of home visiting covering these topics for known vulnerable families.

Collaborative working and effective information sharing policies will be needed to ensure that local children's centres are able to make contact with local pregnant women. The expectation is that the children's centre will develop a robust mechanism that enables them to contact all (or nearly all) local pregnant women. Audit results relating to the number of local pregnant women will be reviewed at assessment and compared to the typical birth rate for the area. We will also need to look at audit results which tell us what proportion of local pregnant women



accessed the service; this will provide feedback on how accessible and relevant the service is to local need. The expectation is that children's centres will see a rise in uptake of services for pregnant women over time.

### What the standards should look like

- ✓ Children's centres developing services that meet the needs of local pregnant women having looked at what is available locally, identified existing gaps, and listened to local pregnant women about what they would like.
- ✓ Children's centres are able to identify pregnant women locally and contact them to let them know about services available.
- ✓ A close working relationship between maternity and children's centre services including information-sharing so that the children's centres:
  - know who is pregnant and can contact them to let them know about what's available locally
  - are aware of vulnerable women in their area and are able to be proactive in providing appropriate support.
- ✓ Children's centre staff who understand the importance of breastfeeding and are positive and enthusiastic about encouraging women to think about/find out about breastfeeding.
- ✓ Children's centres staff who understand the importance of early relationships, including how they start in pregnancy, and are skilled in providing gentle encouraging support for pregnant families.

### What other areas have done

1. Children's centres in **Sheffield** have peer support workers who visit antenatal clinics and talk to women about breastfeeding and the peer support services that are available locally.
2. **Barnardos Nurture Services in Inverclyde** offer a 12-week prenatal programme which was developed in close collaboration with the local midwives, who deliver part of the programme. Enrolment of women to the group is proactive and sensitive, to ensure it is accessible to those that need it most. Women are asked to sign the referral form as confirmation of their agreement to be referred. They are then contacted by a member of Barnardos staff and an initial visit is arranged at a venue of their choice (usually either their home or the course venue). The aim of this meeting is to give further information about the group, to develop a relationship with the woman and to alleviate any concerns about attending the group. There may be a second meeting to allow the woman to become familiar with the venue or if the worker senses that the woman needs further support and relationship building prior to the group.

### **Barnardos Nurture Services (continued)**

The service works hard to create a warm, friendly atmosphere and does this through:

- Having a specific time within the first session to allow the group to get to know each other.
- Ensuring sessions are interactive and informal, not a teaching-style group.
- Providing lunch where all the practitioners delivering at the session that day are invited for further discussion and reflection on the session content.

The programme also runs Mellow Bumps which aims to reduce antenatal stress and assist women to engage with their unborn child.

3. In **Newry, County Down**, the SureStart midwife has negotiated with the hospital midwives in Daisy Hill Hospital to give information to parents in the area about SureStart services. She also attends antenatal clinics regularly and has an excellent relationship with hospital and community midwives. The experience of Newry City SureStart is that home visits and accompanying women to services are vital steps for women who feel less confident accessing in-house services. They also find that women who need help to 'get organised and to plan ahead' need practical help to develop these skills.
4. In **Leeds**, work has been ongoing for some time to roll out Pregnancy, Birth and Beyond and a course will be available to every new mother by March 2015. All courses are run by health visitors in conjunction with children's centre staff and, in most cases, a midwife facilitates one of the seven sessions.
5. In **Doncaster**, midwives run their antenatal clinics in children's centres. They find that this is a really good way to introduce pregnant women to the children's centres environment, culture and services.

## Standard 2 – Protecting and supporting breastfeeding

### Welcoming environment

This standard asks that children's centres create a welcoming environment for breastfeeding so that mothers can feel confident to breastfeed in any part of the centre. For many new mothers, feeding away from the privacy of their home can be a daunting experience so having a safe haven where they can meet other mums and feed their baby without feeling awkward or embarrassed is very important.

It is essential that the culture created throughout children's centre services is one that values breastfeeding. A welcoming atmosphere for breastfeeding mothers will flow from this. Creating such an atmosphere should not be restricted to services which relate specifically to infant feeding, but should be created in all relevant groups and classes, as well as in nurseries etc. It is also suggested that consideration be given to the influence the children's centre may have on the local area by, for example, encouraging a welcoming atmosphere in local community buildings cafes, shops etc. that breastfeeding mothers may visit.

### Support for breastfeeding

Being a new mother can be an overwhelming experience and many stop breastfeeding before they want to, owing to lack of support. Children's centres are in a unique position to provide social, emotional and, in some cases, skilled support to help women to continue to breastfeed for as long as they want.

Evidence shows us that a proactive approach, where women are offered a service and made to feel welcome and valued, rather than needing to find out about and opt in to what is offered, is effective at improving outcomes. Therefore knowing who has had a baby in your area so that support can be offered is important. Evidence also shows that mothers are more likely to continue breastfeeding if there are people in their lives who actively support them to do so. Providing opportunities for mothers to access support in ways that meet their particular needs is therefore important. What works in one area will not work in all, so appropriate planning which includes parents in the process is important, as is collaboration between children's centres and other services.

Often children's centres are the first port of call for new mothers who are experiencing challenges with breastfeeding and staff should be able to refer these women for appropriate additional help. Additional support with basic breastfeeding challenges may be provided through local peer support services or breastfeeding groups taking place in one or more of the local children's centres. Breastfeeding mothers sometimes face challenges with breastfeeding which require support from someone who has more in-depth knowledge and skills. We therefore ask services to work collaboratively to make sure that mothers have access to this more specialist help where required.

Careful audit and evaluation, as well as willingness to change services which don't meet mothers' needs, is also important.

### **Appropriate introduction of solid food**

Children's centre staff often have more access to older babies than health professionals so can be actively involved in supporting parents to introduce solid food to babies in ways that optimise their health and wellbeing. They can do this through one-to-one contact with families or by running groups within the centres. In addition, effective displays within centres can further inform families.

### **International Code of Marketing of Breast-milk Substitutes**

Protecting breastfeeding within a culture where bottle feeding is often seen as 'the norm' is an essential element of the Baby Friendly Initiative standards. To this end, it is required that children's centres comply with the International Code of Marketing of Breast-milk Substitutes.

This involves ensuring that there is no advertising or promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by its staff. This includes the use of company-sponsored leaflets, posters, diary covers, pens, mugs, obstetric wheels and other materials. There should also be a system in place for dealing with company representatives who come to the children's centre to promote their products.

This requirement does not prevent the children's centre staff from offering independent, evidence-based information, guidance and support to parents who are bottle feeding their baby. It is only designed to ensure that there is no advertising or promotion for bottle feeding via children's centres.



The Baby Friendly Initiative has produced *A guide for health workers to working within the International Code of Marketing of Breastmilk Substitutes* to explain what practices are and are not acceptable within the Code. For accurate and impartial information on infant milks in the UK please see First Steps Nutrition Trust report *Infant Milks in the UK*.



Signature pages within the application forms are provided so that the children's centre managers can sign to confirm their commitment to implementing the Code.



Environment audits, using the Observation Form in the Children's Centre audit tool should be submitted by each Children's Centre as part of the Stage 3 and reassessment submission process.

### **What the standards should look like**

- ✓ Collaborative working with maternity and health visiting service colleagues to provide proactive support to keep women going through the early days of breastfeeding.

- ✓ A network of warm, welcoming breastfeeding support groups (or generic support groups where breastfeeding is valued if that is what local mothers want).
- ✓ Children's centre staff who value and encourage breastfeeding and a welcoming atmosphere.
- ✓ Children's centre staff who are aware of the current guidance about introducing solids foods and who encourage parents to adopt these recommendations.
- ✓ Effective signposting to additional support services.
- ✓ Systems in place to ensure adherence to the Code.

### **What other areas have done**

1. In **Sheffield**, breastfeeding peer supporters based in children's centres are told when mothers have left hospital and then contact the mother by telephone within 48 hours of discharge. At this point they will ask if the mother has any problems or issues with her breastfeeding, inform the mother of the breastfeeding support in the area, and offer a home visit if necessary to support with breastfeeding. She will also offer information about other children's centre services. Each children's centre also runs a breastfeeding drop in café on a weekly basis to offer support for women breastfeeding and a place to ask for help or get comfortable breastfeeding in public.
2. In **Doncaster**, where all children's centres are now under Local Authority control, health visiting services have based senior team members (CPT) in each centre. This has protected the high profile of the public health work, including breastfeeding support, carried out by children's centres in Doncaster at a time of change and service cuts in other areas.

### **Standard 3 – Support parents to have a close and loving relationship with their baby**

This is an extremely important part of the Baby Friendly Initiative standards and is an area where children's centre services already have a high level of knowledge and expertise.

In order to meet this standard, children's centres are encouraged to work collaboratively with other agencies including health, education and local authorities to support new parents to build strong and loving relationships with their baby. Promoting responsiveness and becoming attuned to the needs of young babies, and helping parents enjoy their baby, will result in the best outcomes for all families. Services which consider the needs of both parents and even grandparents can be very helpful.

Breastfeeding helps provide a good foundation for the development of a close and loving relationship between a mother and her baby. This is because the hormones that are responsible for helping her produce milk also encourage feelings of love and make her want to protect her baby instinctively. The act of breastfeeding means that a mother will naturally spend a lot of time holding her baby as only she can breastfeed. If a mother chooses to bottle feed, she may spend less time with her baby as often other relatives and friends offer to help feed him. Children's centre staff can help encourage mothers who bottle feed to give most of the feeds themselves to help support a close loving relationship from the start. This forms part of a bottle feeding technique known as 'responsive bottle feeding' whereby mothers (and fathers) are encouraged to hold their baby close during feeds and pace feeds according to baby's needs rather than to what it says on the tin.

#### *Mother-baby closeness and safety issues*

Young babies need to be close to their mother, as this is the biological norm. We want to see services/ staff telling mothers about the benefits of keeping their baby close, and encouraging them to do so. However, in day-to-day life there can be risks associated with mothers and babies being close to each other, particularly when the mother falls asleep (which could be night or day). It is therefore vital that safety issues, in particular safe sleeping, are discussed in a way that is proportionate to the risks involved and that does not frighten parents or close down discussion. If it is part of their role to discuss safe sleeping, then training and guidance for staff to enable them to do this safely and effectively will be needed.

You will need to provide the Baby Friendly Initiative with details of how you support parents to develop a close and loving relationship with their baby. This would include details of any programmes or classes that the Children's Centres run with parents and babies and which may have content with related topics, such as baby massage, understanding baby behaviour, parenting etc. This would also include details of any additional training related to these programmes that staff may have attended. We recommend that the content of all additional programmes is checked to ensure that it is consistent with Baby Friendly messages. We suggest that you review both written, including on-line and practical/verbal content.

## What the standards should look like

- ✓ Children's centre staff who understand the importance of responsive parenting and are able to facilitate this.
- ✓ Children's centre services which proactively provide opportunities for parents to interact positively with their babies and with each other to create an environment which is supportive of positive nurturing parenting.
- ✓ Mothers who have chosen to bottle feed their infants receive information and support to do this as safely as possible and in a sensitive, responsive manner.

## What other areas have done

1. In **Sheffield** many peer support workers are also trained in baby massage and so deliver massage groups which are very popular with women. They particularly target those women least likely to attend other services or who have specific needs for invitation to baby massage classes.
2. At **Barnardos Inverclyde Parent and Baby Drop-in** the emphasis is on the parent and child playing together and interacting with other parents and children. Parents attend who have been referred from the pre-natal group or who have come along through word of mouth. A family support worker from health visiting attends once a month to do specific play sessions including messy play. There is various play equipment suitable to all babies and toddlers and a short 10-minute bookbug/rhyme time session takes place each week to round off the group for the day.
3. **Torfaen Flying Start** programme has developed an integrated approach to supporting mother-baby attachment which includes antenatal support and Brazelton Newborn Baby Observations, which act as a catalyst for attachment with the majority of parents. Postnatal maternal mental health support is available in the form of a support group, including individual Cognitive Behavioural approaches and listening visits from health visitors and mental health nurses. Infant massage is facilitated with each parent and baby by community health nursery nurses. There are one-to-one sessions with a psychologist where needed, child-led play sessions and the Incredible Baby Programme. They are proud to have developed a 'psychologically minded' team in which the role of Flying Start psychologist is vital in providing training, valued support and containment for the staff group.
4. **Newry SureStart** has a range of activities to engage parents, including infant massage classes, weekly breastfeeding groups, weekly Baby and Me Clubs, baby reflexology, baby speech and language workshops, and use a 'soft approach' through activity sessions such as 'pottery pieces' for your baby. They also have a focus on nurturing parents through activities (pottery, relaxation, crafts etc.) and courses (paediatric first aid, parents classes).

## Staged approach to Baby Friendly accreditation

### Preparing to go Baby Friendly

#### Register intent

If your facility is not yet registered with UNICEF UK, it is a good idea to register your intention of working towards Baby Friendly accreditation as this allows UNICEF UK to keep relevant staff up to date with the latest news and information. This is a simple process, requiring the completion of a [register of intent form](#)

#### Developing an action plan

As you develop your vision of how your children's centre(s) will implement the standards you will inevitably start to draw up a list of actions that are needed. This will form the basis of your action plan. It is important that you make sure your action plan is comprehensive and that it does not miss out vital elements: check it fully addresses all three children's centre standards. An [action plan template](#) is available to support you.

#### Implementation visit

The Baby Friendly Initiative provides the option of an implementation visit so that a Baby Friendly assessor can work with staff to develop an action plan that is suitable for local needs. At this visit, a Baby Friendly assessor will make an introductory presentation for the Head of Service and other key staff, then will facilitate an action planning meeting with key workers (lasting approximately three hours) which will enable the development of a structured action plan. Please see the [implementation visit information](#) for further details and contact the office to explore available dates for an implementation visit.

### Certificate of Commitment

Once a children's centre policy and action plan have been finalised, you can apply for a Certificate of Commitment. This is the first award given by UNICEF UK in recognition that the service is committed to moving forward with the standards and has already begun work on the process.

Your service will be awarded a Certificate of Commitment once you have:

- completed an action plan
- adopted a policy that covers all the Baby Friendly standards for children's centres
- completed an [application form](#) for the Certificate of Commitment



## Preparing for assessment

There are a number of options available to you when considering how and when you apply to have your service assessed.

You can decide to apply for assessment as a cluster of children's centres within a specific area, or as part of a joint children's centre and health visiting service assessment. The latter option is recommended because it encourages collaborative working between the two services which will ultimately benefit mothers, babies and families. It also has benefits in terms of the assessment process, being more streamlined and cost effective.

Once this decision has been made you then need to consider the assessment pathway best suited to your service.

### Option 1

You can work through the entire assessment pathway, completing a formal Stage 1 assessment which will be assessed by a Baby Friendly assessor, followed by **separate Stage 2 and 3 assessments** when your audit results demonstrate that the service provided meets Baby Friendly standards. This option works well if the local health visiting service is also at the beginning of their assessment journey and the two services can work together.

### Option 2

You complete a formal Stage 1 assessment, followed by a **combined Stage 2 and 3 assessment** when audit results demonstrate that the service provided meets Baby Friendly standards.

### Option 3

If you are confident that you have already begun to implement the standards and are working collaboratively with a health visiting service that is on the Baby Friendly pathway, you may wish to complete the Stage 1 application as an internal exercise (rather than have it formally assessed) to help you develop your action plan. You could then apply for **separate or combined Stage 2 and 3 assessments** when audit results demonstrate readiness or to fit into a timescale already determined by your health visiting partners

If you have any queries regarding the best option for your service please contact the Baby Friendly office ([bfi@unicef.org.uk](mailto:bfi@unicef.org.uk)).

## Stage 1 assessment

### Standards

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
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.

Stage 1 of the Baby Friendly assessment procedure is designed to ensure that the paperwork and processes are in place to support the implementation of the Baby Friendly standards.

When you are confident that you have a plan which addresses:

- how you will implement the standards
- how you will train staff to facilitate this
- how you will audit and evaluate this

then you are ready for Stage 1 assessment.

Please contact the Baby Friendly Initiative office to discuss the preparations to be made and to schedule an assessment date if this is needed. When undergoing a formal Stage 1 assessment, all the necessary evidence must be gathered and the Stage 1 application form completed and sent by post to the assessor at least two weeks before the agreed assessment date. In addition, a copy of the application form should be emailed to the Baby Friendly office.

Children's centres working with the health visiting service can either choose to undergo a formal Stage 1 assessment and so gain an independent Stage 1 accreditation, or use the application form internally to help inform the development of an action plan. Once the action plan has been implemented, the Stage 2 and 3 assessments can be carried out independently or jointly incorporated into the next assessment of the health visiting services. Subsequently, if appropriate, the two services can move forward together.

**Please note:** At Stage 1 assessment, the assessor will expect policies, training curricula and mechanisms for implementing the standards to have been developed. However it is not expected that staff have received training or that the standards have been fully implemented at this stage.

### Stage 1 application form

To download, please visit [unicef.org.uk/babyfriendly/stage1](https://www.unicef.org.uk/babyfriendly/stage1)

## Stage 2 assessment

*Please note that this information pertains to those areas that have chosen to go for separate Stage 2 and 3 assessments. If a decision has been made to have a combined Stage 2 and 3 assessment, children's centres will need to consider the information below and contact the Baby Friendly office to discuss options for moving forward. Baby Friendly staff will be happy to discuss the options in more detail.*

### Standard

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

Stage 2 of the Baby Friendly Initiative assessment procedure is designed to assess the level of knowledge and skills of the staff as appropriate to their role.

You will know you are ready for Stage 2 assessment when at least 80% of your staff have completed the training programme and your audit results shows at least 80% of the staff are able to demonstrate the necessary knowledge and skills as appropriate to their role. 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 Stage 2 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 of the likely date and you will be asked 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 a 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 you 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 you decide to postpone.

### Background information required prior to Stage 2 assessment

You need to supply certain pieces of information to help the Baby Friendly Initiative plan the assessment. This includes information about your local area and about the sites which will form part of the assessment and which the assessors will need to visit to access staff for interview. You will be sent an email requesting this information (or an update to the information previously held on file). The assessors will also look at documents such as training curricula and records of attendance, policy and audit results, even if these have already been formally assessed at Stage 1.

## **Arrangements for the assessment**

Stage 2 assessment involves a visit to the facility, usually by two Baby Friendly Initiative assessors. The schedule will be determined by the type of assessment (standalone or combined) and number of centres included.

A brief introductory 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 working on the assessment days. All interview responses will be collated and feedback given on any themes that have been identified. The aim of the assessment is to ensure that the education programme is effective, not to test individuals' knowledge. The assessors always aim to put interviewees at their ease so that they feel confident to discuss their everyday practice and demonstrate their knowledge and skills. A representative sample of children's centre managers and the Head of Service will also be interviewed to establish how they support the implementation of the standards in their centres and across the service as a whole.

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. Depending on the size of the cluster, it may be appropriate to randomly select centres for the assessors to visit. This will be discussed on the day of the assessment, so you should anticipate that any or all of your centres could be visited and staff interviewed. With large staff numbers, the assessors will choose from the available staff, again randomly, in order to ensure a representative sample. You will need to ensure that a member of staff (or more than one, depending on size) is available to drive the assessors between children's centres. Some staff may be interviewed by phone, this is particularly relevant for level 1 staff.

Recently we have noted that in some services, the Information Governance team has asked for staff to give consent for their name to be shared with UUK for the purpose of interview selection. This may be something you want to discuss with your own Information Governance team. It is important to recognise that we need to be able to interview a random selection of staff, without any bias that maybe introduced as a result of staff not wishing to be put forward, as without this we cannot be assured of a representative sample and outcome. If this is required by your service we suggest that you consider how staff are approached, possibly being asked by a senior figure such as the Head of Service so the importance of the process is understood and explaining the care and sensitivity with which we will store, securely destroy and use the data and carry out the interviews, all of which are confidential. If staff are not in a good position to be interviewed because ill health or other genuine reason they can be excluded – please discuss with a member of the Baby Friendly team when the application is submitted or your lead assessor as part of the preparations for the assessment.

In addition to the interviews, the assessors will make observations in centres to determine how welcoming and inclusive they are and to check the facility's adherence to the International Code of Marketing of Breast-milk Substitutes.

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 be run and what to expect.
- Arrange for a private space to be available for the assessors to use at any time during the assessment. There should also be a private, lockable room suitable for the assessors to leave confidential information, carry out interviews and collate results.
- Provide a list of staff to the lead assessor two weeks in advance of the assessment. Please break down the list according to which Children's Centres staff work in and the level (1,2, or 3) that they are working at. Please supply the phone number for each Children's centres. We will give you one weeks' notice of the staff chosen (level 3 and possibly level 2 staff - please discuss with your lead assessor) Level 1 staff will be interviewed at the venues visited and also by phone.
- Arrange a meeting room for the introductory meeting at the beginning of the assessment and the feedback meeting at the end.
- Invite key members of staff (including the children's centre managers) to the meetings.
- Organise appointment times for the head of service and key manager/s to be interviewed. Ideally this should be fairly soon after the arrival of the assessors. Interviews should generally not take longer than 15-20 minutes.
- Arrange for one key member of staff to be available at all times during the assessment to assist the assessors as necessary.
- Arrange for a driver/s to transport the assessors between children's centres.

Please ensure that the following are available at the beginning of the assessment:

- A copy of the children's centre policy.
- A copy of the curricula for staff training and an outline of the induction programme for new staff.
- Records of staff attendance at the various elements of the training programme.

### **Confirmation of the outcome of the assessment**

Results of the assessment will be presented at a feedback meeting towards the end of the visit and you will be given a written summary of the assessment findings.

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. This should happen within 10 days of receiving the report 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.

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 six 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.

**Please note:** If you would like to combine your children's centre Stage 2 and 3 assessment or combine your assessment with a Stage 2, 3 or re-assessment of a health visiting service, please [contact the Baby Friendly office](#).

 **Stage 2 application form**

To download, please visit [unicef.org.uk/babyfriendly/stage2](https://unicef.org.uk/babyfriendly/stage2).

## Stage 3 assessment

### Standards

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

Stage 3 assessment involves talking to mothers about their experience of services provided and observing interactions between staff and mothers within centres.

You will know you are ready for Stage 3 assessment when your audit results show that mothers using your service are receiving support that meets the Baby Friendly standards as set out in the children's centre audit tool.

When you are planning for Stage 3 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 you will be asked for the Stage 3 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 reschedule the date of the assessment and you 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.

### Background information required prior to Stage 3 assessment

You need to provide certain pieces of information to help the Baby Friendly Initiative team plan the assessment. This includes information about your local area and about the sites which will form part of the assessment and which the assessors will need to visit to access staff for interview. You will be sent an email to ask for this information (or an update to the information already held on file). The assessors will also look at documents such as training curricula and records of attendance, policy and audit results even if these have already been formally assessed at Stage 1.

### Arrangements for the assessment

Stage 3 assessment involves a visit to the facility, usually by two Baby Friendly Initiative assessors and timings will be determined depending on the type of assessment (stand alone or combined) and number of centres included.

A brief introductory 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 mothers to talk to during visits to clinics/groups/etc. and also from the lists of mothers who have consented to a telephone interview provided by the service. The aim of the assessment is to determine if the services meet the needs of local mothers and their families. The assessors will therefore do their best to put mothers at their ease so that they feel confident to talk to them about the care and services provided.

It is important that both staff and mothers are made aware that all interviews will be carried out in confidence and that the assessors will not normally record names. All copies of personal information, including telephone numbers, will be returned to the facility or destroyed at the end of the assessment.

Assessors will also make observations in a selection of the children's centres to check that the standards are being met in relation to provision of a welcoming atmosphere, that all material and displays reflect the Baby Friendly ethos and adherence to the International Code of Marketing of Breast-milk Substitutes. This will include visiting services provided within the centres, for example breastfeeding groups, where the assessors will talk to mothers and listen to their experience of the service/s. 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 be run and what to expect.
- Choose an appropriate venue to use as a base for the assessment. It is helpful if this is relatively central in the area being assessed so that the assessors can access a variety of venues. It can also be helpful if a service such as a breastfeeding group is located in this venue. Arrange for a private area to be available for the assessors to use at any time during the assessment. If possible, it should be a private, lockable room suitable for the assessors to leave confidential information, carry out interviews and collate results. It should have a telephone which can be used for outgoing calls.
- Arrange a suitable place for the introductory meeting at the beginning of the assessment and the feedback meeting at the end.
- Organise an appointment time for the head of children's centres to be interviewed. Ideally this should be fairly soon after the arrival of the assessors. Interviews should generally not take longer than 30 minutes.
- Invite key members of staff including senior managers to the meetings.
- Arrange for one key member of staff to be available at all times during the assessment to assist the assessors as necessary. In addition a member of staff who can drive the assessors to the various venues is also needed.



## Guidance for collecting telephone numbers and consenting mothers

You will need to prepare a list of names and telephone numbers of potential interviewees. This should include a list of **all mothers** with a baby of four – six months or younger at the time of the assessment who have consented to be interviewed (see exclusion criteria below). When collecting names and contact details it is important to ensure that they are representative of all centres in the area. It should include both mothers who are breast and bottle feeding and who live in the different areas served. Informing the assessors which centre the mother was based at will be helpful when carrying out the interviews to ensure that they manage to speak to a representative sample from all centres.

For those services who are carrying out a joint assessment with the local health visiting service, we suggest that the mothers' consents collected by that service could be utilised. We request that those mothers who have attended a specific group of session at a children's centre be highlighted on the list in order that we can make sure we interview sufficient mothers who have accessed a centre. Alternatively, separate lists of mothers who have attended children's centre activities can be provided.

It is important that the mothers give their consent, in advance, to be interviewed but that they are not told that the focus of the interview will include breastfeeding, as this may invalidate both the consent itself (or lack of it) and their responses when interviewed. It is recommended that you explain that you have arranged for external people to come and look at the services run locally to help make them as good as they can be. You should also reassure them that their names are not recorded and the 'chat' will last around 10 minutes.

Staff can obtain consent when they are in contact with the women in the period before the assessment. Alternatively, women can be given or sent a letter explaining what is happening.

### Exclusion criteria

There may be reasons to exclude some mothers from your sample. The following mothers should be excluded. Mothers:

- who are under the age of 18
- who could be too ill to take part in an interview
- with mental health issues
- with other vulnerabilities where the service feels contact would be inappropriate
- with a baby who is unwell
- who live out of the area.

### Obtaining consent

We provide a sample Mother consent form ([unicef.uk/motherconsent](http://unicef.uk/motherconsent)) to help you obtain consent. You may wish to use our sample, or adapt the wording into your own format however it is essential that the wording retains the following information:

*What happens to the information I give?*

- *Your contact details will only be used for the purpose of the interview and will not be used by UNICEF UK for any other reason nor passed on to anyone else. UNICEF UK*

*will securely destroy your contact details within two weeks of the assessment being completed.*

- *What you tell UNICEF UK is confidential and won't be linked to you by name. We will make brief notes of the conversation, which will be securely deleted from UNICEF UK systems 6 months after the assessment.*
- *We're talking to many mothers in your area and will use all the answers together to find out what is working well and where we could do better.*
- *UNICEF UK will only feedback your individual information to the service if you or your baby need urgent help or are in danger.*

In addition to those consents you collect in advance and submit on the list, you may also be approaching mothers during the assessment to consent them to a face-to-face interview; in this instance all mothers should be shown the consent form information before giving verbal/written consent.

Whether face-to-face or by telephone, the interviewers will confirm consent with each interviewee before proceeding with the interview.

### **Safeguarding policy**

Throughout our work in the Baby Friendly Initiative, the welfare of children is our paramount consideration. Under Working Together 2018, we have a duty to both report any concerns we have that a child may be at risk of harm, and to follow up with the agency to whom we have reported these concerns, to confirm that action has been taken to protect the child. In order to conduct Baby Friendly assessments, we routinely work in partnership with experienced healthcare professionals and our normal reporting process will be to inform the Infant Feeding Lead that we are working with of any concerns, so that these can be processed in the usual way within the healthcare setting.

We would only report directly to statutory agencies if our concern was so urgent that contacting the Infant Feeding Lead would cause delay that could prejudice the child's welfare, or where we were unable to confirm that action had been taken and therefore needed to escalate our concern in order to ensure the child was protected from harm.

A copy of our full safeguarding procedures can be provided upon request.

### **Record keeping**

Please collect all written consent forms from mothers and transfer their contact numbers into the telephone grid. You do not need to send each copy of a mother consent to us. Please keep copies of the individual consents until your assessment is complete (i.e. you have received your assessment report) and then destroy the forms securely.

UNICEF UK will not keep any data of the consented mothers you submit to us after the assessment; all phone numbers are deleted and would not be used for any other purpose other than the Baby Friendly assessment. For more information about UNICEF UK's privacy statement please visit [unicef.org.uk/legal/cookies-and-privacy-policy/](https://unicef.org.uk/legal/cookies-and-privacy-policy/)

## Sending the telephone numbers

A grid is provided (see *Telephone numbers – children’s centres assessment* on [Stage 3 or Re-assessment pages on the website](#)). The list will need to be sent to the lead assessor **at least a week in advance of the assessment** (occasionally this can be up to two weeks in advance as the phone interviewers may be doing the calls up to a week before the actual assessment). Please use these grids with numbering as it will help us to divide telephone numbers between assessors, including the telephone assessor/s.

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

- **Please do not send the lists via email**
- To send us the files, use our Sharepoint upload link (see guidance below)
- If you cannot use this, please contact the Baby Friendly office to discuss further. It is important that this data is sent securely, so allowing plenty of time to check and finalise safe sending of the data will help avoid delay and potential threat to us being able to carry out your assessment effectively.

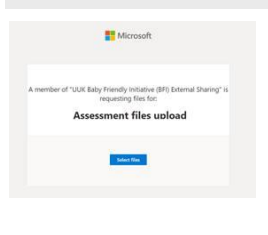
*Telephone numbers – children’s centres assessment – download from website*

**Mother interviews by telephone (children’s centres assessment)**  
Please use this table to submit the telephone numbers of consented mothers to the lead assessor – see the guidance document for more information on consenting mothers and how to send this list.

| Organisation name: |                        | Assessment dates:   |            |                |                   |                    |             |
|--------------------|------------------------|---------------------|------------|----------------|-------------------|--------------------|-------------|
| No.                | Children’s centre name | Mother’s first name | Baby’s DOB | Feeding method | Telephone numbers | Preferred day/time | Consent (✓) |
| 1                  |                        |                     |            |                |                   |                    |             |
| 2                  |                        |                     |            |                |                   |                    |             |
| 3                  |                        |                     |            |                |                   |                    |             |
| 4                  |                        |                     |            |                |                   |                    |             |
| 5                  |                        |                     |            |                |                   |                    |             |
| 6                  |                        |                     |            |                |                   |                    |             |
| 7                  |                        |                     |            |                |                   |                    |             |
| 8                  |                        |                     |            |                |                   |                    |             |
| 9                  |                        |                     |            |                |                   |                    |             |
| 10                 |                        |                     |            |                |                   |                    |             |
| 11                 |                        |                     |            |                |                   |                    |             |
| 12                 |                        |                     |            |                |                   |                    |             |
| 13                 |                        |                     |            |                |                   |                    |             |
| 14                 |                        |                     |            |                |                   |                    |             |
| 15                 |                        |                     |            |                |                   |                    |             |
| 16                 |                        |                     |            |                |                   |                    |             |
| 17                 |                        |                     |            |                |                   |                    |             |
| 18                 |                        |                     |            |                |                   |                    |             |
| 19                 |                        |                     |            |                |                   |                    |             |
| 20                 |                        |                     |            |                |                   |                    |             |
| 21                 |                        |                     |            |                |                   |                    |             |

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/](https://www.unicef.org.uk/BabyFriendly/Health-Professionals/going-baby-friendly/Health-professionals-contact-us/) and follow the link to the Sharepoint upload page

Before you send us any files, please ensure the file names are clear and concise as to what the file contains. Please ensure your organisation name is specified within the document as well. E.g. “Telephone list – Organisation name” or “Curriculum – Organisation name”.



Click ‘select files’ and then choose the file you’d like to send from your computer. You will be prompted to enter your first/last name.

**Please then send an email to [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk) to confirm how many files you have uploaded to us, so we can confirm receipt of the files.**

This will help us identify your files quickly, particularly when we are receiving a large number of files relating to different assessments.

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

Please ensure that the following are available at the beginning of the assessment:

- The lists of mothers who have consented to take part, with their telephone numbers (see above).
- A copy of the current children's centre 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.
- A completed observation form for every children's centre.

### **Confirmation of the outcome of the assessment**

You will be informed of the results of the assessment at a feedback meeting towards the end of the visit and be given a written summary of the assessment findings.

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. This will normally happen within 10 days of receiving the report and you will then receive a copy of the report and any requirements suggested by the Committee. 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 Stages 1 and 2 will not be formally re-assessed at Stage 3, the assessors will comment at this visit on anything they notice which conflicts with the information provided previously. They will then include recommendations for addressing these anomalies in their Stage 3 report. If Stage 3 is deemed passed, the facility will be accredited as Baby Friendly.

Once the facility is accredited, this lasts for two years, at which point you will be invited to undertake a re-assessment in order to maintain Baby Friendly status. Re-assessment takes place in one go, not in stages.

**Please note:** If you would like to combine your children's centre Stage 2 and 3 assessments or combine your assessment with a Stage 2, 3 or re-assessment of a health visiting service, please [contact the Baby Friendly office.](#)

### **Stage 3 application form**

To download, please visit [unicef.org.uk/babyfriendly/stage3](https://www.unicef.org.uk/babyfriendly/stage3).