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Description automatically generated**Guidance notes**

**Community**

**Re-assessment**

**(June 2025 – May 2026)**

**Introduction**

Re-assessment of Baby Friendly accredited facilities usually takes place two years after the initial accreditation and then at intervals decided by the Baby Friendly Initiative’s Designation Committee, usually 3-4 yearly. Evidence is gathered via interviews with mothers and staff and the review of documentary evidence (including internal audit results) to determine whether the Baby Friendly standards are being maintained.[[1]](#footnote-2)

You will be reminded by the Baby Friendly Initiative office a few months before your re-assessment is due and asked to contact the office to arrange re-assessment dates.

The requirements for passing a re-assessment are the same as for initial accreditation; the difference is that all the standards are assessed together, rather than in stages. This is because re-assessment looks at maintenance of standards previously confirmed as being in place rather than at the initial implementation of those standards.

A full re-assessment includes:

* Review of documents such as policy, guidelines, curriculum etc
* Review of staff training records
* Interviews with managers
* Interviews with staff
* Interviews with mothers
* Observations in the service

This enables the assessment team to make an informed decision about the overall effectiveness of the way the programme has been implemented.

🖳 For more information please refer to the [Guide to the Baby Friendly Initiative standards](http://unicef.uk/babyfriendlystandards) and please read this guidance document in conjunction with the [Re-assessment application form](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/re-accreditation/)

**Transition to the revised standards**

Changes to some of the ‘foundation standards’ are expected as part of the move to the revised standards. These include:

- A strategy group

- A Guardian

- Data sharing - pregnancies and new births

- Hand over from acute services

- Training – annual updates for all, training for commissioned service workers

- Consideration of population needs

- Co-design of services

**For assessments booked:**

**January 2025 – May 2025**

These foundation standards do not need to be fully implemented at this stage, however we ask that you submit an action plan with suitable time lines to demonstrate how you plan to implement these.

Standards for staff and mothers assessed by interview do not need to be met- we will continue to use assessment tools based on the previous standards (2019 audit tools).

**June 2025 – May 2026**

Foundation standards as above- an action plan will be reviewed.

Staff and mother standards assessed using the new assessment tools (2024 audit tool) with a 50% requirement.

**June 2026 onwards**

All standards to be met in full.

**All** revised standards are highlighted in a grey box in the guidance and application form for clarity.

**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 a key part of the standards and is therefore necessary in order for the unit to be re-accredited as Baby Friendly. We will not be able to confirm re-accreditation if any evidence identified as a ***requirement*** is lacking.
* When a document or action is said to be ***recommended*** this means that we believe it to be an effective way of implementing the standards and therefore the Baby Friendly Initiative recommends that this is what is done.

As an example:

The standards state that anyone who isbreastfeeding must have a formal assessment of breastfeeding at approximately 10-14 days and at all mandated health visitor contacts as a minimum. We will be looking for acertain percentage of those breastfeeding to confirm, at interview, that the assessment took place and that should problems have been identified an appropriate, a plan of care was made with them. This is therefore ***required***. Use of a standard assessment tool to document this assessment is also ***required.*** Implementing an assessment tool based on the Baby Friendly sample is ***recommended*** to ensure that all assessments are carried out in a consistent and effective way.

**Background information required prior to re-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 re-assessment**

The infant feeding policy, staff training curricula and mechanisms for ensuring attendance at training and for auditing practice were assessed at previous assessments and we will need to review all of these at re-assessment, along with other policies and materials, as explained in this guidance.

: 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/)

**Results of internal audit**

We will work with you to decide whether the service is ready to undergo an external assessment based on the on the audit 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. In addition, the results submitted will help inform the assessment outcome with the external assessment being intended as a process of validating the internal audit results. It is therefore crucial that the results are valid so 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 is of sufficient size (see table below), chosen at random and representative;
* Be carried out face to face or on teams (Health Visiting and L3 staff- L2 and L1 can be carried out by phone if needed) and face-to-face or by telephone (mothers)
* Enable you to be confident that the information and care provided would support a mother/parent/primary caregiver effectively.

**Audit programme**

The audit tool suggests sample sizes based on the number of births. The following example of frequency and numbers is appropriate for maintaining accreditation. The numbers should be seen as a minimum.

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| **Re-assessment** | |
|  | **Frequency** | **Numbers** |
| **Staff** | Six monthly | 15-20 (up to 3000 births)  20-30 (3000+ births) |
| **Mothers\*** | Quarterly | 15-20 mothers who are breastfeeding  10-15 mothers who are formula feeding (up to 3000 births)  20-25 mothers who are breastfeeding  ~15 mothers who are formula feeding (3000+ births)\*\* |
| **Environment (Code and information including digital)** | Six monthly as a minimum | All areas |

\*The sample should be representative of the area as a whole and therefore include mothers from all localities served by the HV and Early Years service.

*\*\** Samples of mother who are breastfeeding and formula feeding should be representative of the local rates. This may mean that larger numbers of mother who are formula feeding will be appropriate in some areas.

In early years services it is not essential for each venue to provide a full range of services, rather that parent/primary caregivers can access what they need within a reasonable travelling distance. See the example below to help decide what may be suitable for your area.

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| **Anytown** has 10 centres/family hubs each employing between 5-20 members of staff. Between them they provide services for around 2500 births per year. Two of the centres run antenatal classes, facilitated jointly by the maternity and health visiting services, five run breastfeeding support groups facilitated by the early years staff and supported by peer supporters, three of which run alongside a health visitor well baby clinic and all of them provide general parent/primary caregivers support such as stay and play, baby massage and introduction to solid foods or specific parent/primary caregiver sessions.  Staff training was followed by audit of staff selected from each level and across all of the venues and further updates planned based on the outcomes. This was followed up with a further audit of 30 staff chosen randomly to ascertain whether the service was ready to apply for Stage 2 assessment.  In order to audit mothers, a random selection of mothers was chosen who had attended the service across all centres. Mothers were mainly interviewed face to face and some by phone. This was accompanied by observation during sessions to establish that the support offered was consistent. In total around 30 parent/primary caregivers were interviewed with every effort made to ensure each centre was represented.  The process was repeated 3-6 monthly with actions planned to address any issues. |

: The Baby Friendly audit tool for community services should be used to carry out the audits. If you do not have the 2024 version, please email [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk) to request this.

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

1.1 The infant feeding policy

A policy\* which adequately covers all the Baby Friendly Initiative standards is***required***. Prior to submitting your policy, we ***recommend*** that you use the relevant [sample policy guidance and checklist](http://www.unicef.org.uk/BabyFriendly/Resources/Guidance-for-Health-Professionals/Writing-policies-and-guidelines/Sample-infant-feeding-policies/) to make sure that it covers all the standards and is as up to date as possible.

*\* We refer to a ‘policy’ but appreciate 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.*

🗐 **Please submit a copy of your policy and tell us about any changes since you were last assessed.**

1.2 Commitment to adhere to the policy

We ***require*** that all relevant managers sign a commitment to ensure that they and the staff working in their area adhere to the policy. This requirement is intended to ensure that all staff, from managers down engage fully with the implementation of the standards. A sample signature form is provided for this as part of the re-assessment application form.

🗐 **Please submit a form signed by each relevant manager.**

1.3 Orientation of new staff of the policy

We ***require*** that all staff who are involved in the care of those who are pregnant, mothers, parents/primary caregivers and babies be orientated to the policy during the first week of their employment. We ask you to include health visitors and other team members such as staff nurses, nursery nurses and health-care assistants. In early years settings, we ask that all staff who have contact with parents/primary caregivers are included in this process.

🗐 **Please describe the mechanisms in place in the relevant section of the application form.**

1.4 Other policies and guidelines

Additional policies, protocols and/or guidelines may be developed to assist the staff to support mothers, parents/primary caregivers and babies effectively in specific situations, for example for babies who have lost an excessive amount of weight, are jaundiced or to guide staff with specific aspects such as introduction of solid foods. The content of such guidelines can have a significant effect on practice, particularly with regard to safety and the incidence of exclusive breastfeeding/prevalence of breastfeeding. Whilst they will vary depending on local needs, it is important that they are unambiguous and effective. Your service may not have or need all of these guidelines. The need will be apparent based on the results of internal audit.

In order that any guidelines you have produced are effective, we ***require*** that the content does not undermine the ability of the service to meet the standards. The support provided for mothers and parents/primary caregivers will be reviewed at assessment through interviews.

🗐 **Please submit relevant documentation.**

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| **Section 2 - Staff education** |

Listed below are the standards which will be assessed

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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 care for babies and parent/primary caregivers as part of their role | By interview and review of internal audit data | 50%/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.*

We ***require*** that all staff who are involved in the care of those who are pregnant, mothers, parents/primary caregivers and babies receive training to enable them to implement the infant feeding policy and provide effective information and support according to their role. Health visitors need a full programme of basic education, as do staff nurses nursery nurses and health care assistants if their role demands it. Early years level 3 staff also need the full programme with the programme for Level 2 and 1 staff tailored to their needs (see examples of training for different groups of early years staff in table below). Others involved in caring for mothers may also need relevant training for example peer supporters.

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| 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 * the importance of close and loving relationships * how breastfeeding is protected by the International Code of Marketing of breastmilk Substitutes. * **Level 2 – A family support worker** who does not have specific responsibility for supporting breastfeeding will be expected to be able to answer, *in addition to the above*, questions about: * supporting parents/primary caregivers to build a close and loving relationship with their baby * responsive breastfeeding * supporting safe, responsive bottle feeding and the appropriate introduction of solid foods. * **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. |

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.

Annual updates are ***required***  to ensure that staff knowledge and skills are maintained and to allow discussion of any new information. The content of these should be informed by ongoing audit results and emerging evidence. In addition, it is ***strongly recommended*** that the programme should include individual one-one sessions with staff to enable practical skills reviewing.

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.

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

* The knowledge and skill to effectively support mothers/parents/primary caregivers, 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’/parents/primary caregivers’ concerns and questions, to empathise with their circumstances and demonstrate sensitivity, and to build confidence will be valued.

*\*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 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, parents/primary caregivers and babies. Therefore, services that do create systems by which these staff are educated will be recognised 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.

**A note about GPs**

General practitioners can impact significantly on breastfeeding success. Ideally, they need to have sufficient, relevant, information and/or education about breastfeeding to enable them to provide appropriate and effective care for breastfeeding mothers and babies and to be able to signpost to relevant local services. In many settings, expecting the health visiting service to provide that information has presented a huge challenge with changing structures and boundaries and defined service specifications frequently inhibiting this process. Therefore, you are not expected to evidence that you have provided this information as part of the standard Baby Friendly accreditation programme. Given the significance for mothers however, services are encouraged to work with their GP colleagues, providing relevant local information. Where evidence of an effective training programme can be shown, this would be recognised. UNICEF UK have developed an [e-learning tutorial for GPs](http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/E-learning-for-GPs/) to cover the information for GPs to support mothers.

2.1 Training curricula

A curriculum which adequately covers all the Baby Friendly Initiative standards for each staff education programme\* was required at previous assessments. This/these will be reviewed at re-assessment 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, we ***strongly recommend*** that you refer to the Baby Friendly Initiative’s guidance document on [writing a curriculum](https://www.unicef.org.uk/babyfriendly/?s=curriculum+guidance) 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.*

🗐 **Please submit a copy of the latest curriculum/a and tell us about any changes since you were last assessed.**

2.2 Records of staff training and orientation to the policy

Evidence of the mechanisms to enable effective orientation of relevant new staff to the policy and recording staff’s attendance at training were required at previous assessments. Evidence that these mechanisms work and are being adhered to is ***required*** at re-assessment.

The application form therefore asks you to tell us of the percentage of new staff who have been orientated to the policy and specify how many of your staff have been trained. We will verify this by reviewing the records during the assessment and through interviews with individual staff members,

🗐 **Please ensure that the database recording staff orientation to the policy and staff training is available for the assessors to see on the day of the assessment. This can be done via a shared screen.**

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

This section of the application forms asks for more details about the way in which the standards are implemented. Listed below are the four community standards and more details about what is required.

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| **Standard 1 – Antenatal information and support** |

Listed below are the standards which will be assessed at reassessment

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| **Standard**  **Those who are pregnant……** | **This applies to…** | **How assessed?** | **Minimum % required to pass?** |
| **1.** Have a conversation about feeding and recognising and responding to their baby’s needs and why this is important, including the opportunity to discuss previous feeding challenges | All those who are pregnant who have received care during pregnancy from the service | Via records, internal audit data and interview\* | 50% |
| **2.** Are encouraged to develop a positive relationship with their baby in utero | All those who are pregnant who have received care during pregnancy from the service | Via records, internal audit data and interview\* | 50% |
| **3.** Confirm that the information was helpful and enabling | All those who are pregnant who have received care during pregnancy from the facility | Interview | 50% |
| **4**. Systems in place enable all those who are pregnant to be made aware of local health visiting and early years services, including how data is shared between services | Systems | Review of systems | Yes |
| **5**. An antenatal pathway has been designed with relevant touchpoints | Systems | Review of systems | Yes |
| 6. Local services are available for those who are pregnant to support them for feeding and caring for their new baby.  The services provided are accessible to parent/primary caregivers, relevant to local need and include targeted elements for vulnerable families | Services | Review of services | Yes |
| **7.** Written information is evidence based, largely accurate and effective | All written information provided for pregnant those who are pregnant, to include online information and posters | Review | Yes |

The service is ***required*** to make sure that all those who are pregnant have the opportunity to have a meaningful conversation about caring for their baby to include feeding and recognising and responding to their baby’s needs. In addition, all those who are pregnant should be encouraged to develop a positive relationship with their growing baby. The discussion should aim to take into account a person’s own individual circumstances and needs and include the opportunity to discuss previous feeding challenges.

It can be carried out face to face or online and can also be carried out as part of a group. It is expected that this will be in addition to that provided by maternity services, although we would review provision in line with that provided by other services as part of an overall antenatal package. Where this antenatal conversation is facilitated by another provider or via close collaboration with another provider, quality assurance should be monitored with evidence of feedback to ensure that the service is effective. We ***recommend*** that you work with local partners including maternity and early years services to develop a comprehensive, clear antenatal pathway which identifies all potential touchpoints for parents/primary caregivers.

In order for conversations to be able to be facilitated, it is essential that all relevant service providers have access to information about those who are pregnant in their area. Data sharing agreements are therefore ***required*** with key local partner organisations.

We recognise that some mothers may choose not to take up the antenatal offer, and whilst this is their choice, we ***recommend*** that you develop an offer mechanism that is inclusive and welcoming in order to make sure that the value of the contact is understood. We will also ask for data to be provided about uptake of the offer.

Written or online information used to back up discussion can be very helpful for example, online courses, recorded sessions, information provided via the website or other means such as Padlets, apps etc. Ensuring that the information is evidence based, accurate, effective and where possible, co-produced is ***required.*** If resources for parents/primary caregivers have been developed in-house, or accessed via external providers we ***recommend*** that these compliment any standard national materials, and consider:

* include parents/primary caregivers in the development process
* the need for clarity, accuracy and simplicity of the messages
* avoidance of duplication
* that the layout is attractive and readable
* that the International Code of Marketing of Breastmilk Substitutes is upheld.

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| **Standard 2 – Protecting and supporting continued breastfeeding** |

Listed below are the standards which will be assessed at reassesssment.

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| **Standard.**  **Mothers…** | **Applies to…** | **How assessed?** | **Minimum % required to pass?** |
| 1. Are contacted and offered feeding support in advance of the new birth visit | All breastfeeding mothers | Via records, internal audit data and interview | 50% |
| **2.** Have a formal breastfeeding assessment carried out at approximately 10-14 days and at all mandated contacts as a minimum, to include developing an appropriate action plan with the mother to address any issues identified.  *\* Health visiting service* | All breastfeeding mothers | Via internal audit data and interview | 50%/80% |
| **3.** Have the opportunity for a discussion about continued breastfeeding (including responsive feeding, expression of breastmilk, positioning and attachment, feeding out and about, going back to work) according to individual need | All breastfeeding mothers | Via internal audit data and interview | 80% |
| **4.** Are informed of local and national services to support continued breastfeeding for example peer support groups | All breastfeeding mothers | Via review of processes, internal audit data and interview | 80% |
| **5.** Specialist support for those mothers with persistent and complex challenges, including an appropriate referral pathway is available and mothers know how to access this (to include availability of a frenulotomy service and breast- pump loan) | All breastfeeding mothers | Via review of processes, evaluation, interview and internal audit data | 80% |
| 6 .A welcoming atmosphere for breastfeeding is created | All venues | Observation and internal audit data | Yes |
| 7. Written information is largely accurate and effective | All written and online information provided for mothers, parents/primary caregivers | Review | Yes |

We ***require*** that information and support provided to parents/primary caregivers is of a standard that will enable breastfeeding to continue for as long as possible and according to individual needs.

This will include making a proactive early contact to enable mothers who are struggling to be offered support and signposting. This can be in the form of a phone call by an appropriately trained member of staff who can identify any issues, ideally using the breastfeeding assessment tool or similar as a framework and can point the mother in the right direction for support, information and/or resources. We ***recommend*** that you develop a defined process for this, for example the contact could be carried out by the health visiting team, infant feeding team or peer support service, or it could be part of the process of arranging the new birth visit. Earlier timing of this call, with relevant signposting has been shown to avoid early introduction of infant formula or breastfeeding cessation before the new birth visit.

It will also include ensuring that a formal feeding assessment is carried out at around 10-14 days by the health visiting service to establish whether the feeding is progressing well or there are issues which need to be addressed. The outcome of the assessment should be discussed with the mother with the aim of building her confidence and supporting breastfeeding. Where any issues are identified, a plan of care should be agreed with the mother and documented on a standard breastfeeding assessment tool. We ***recommend*** that you use the Baby Friendly assessment tool or adapt this to suit local needs. Assessments should be repeated at each mandated contact as a minimum so that any new or persistent issues can be identified and effective support given.

A referral pathway for mothers/parent/primary caregivers with persistent or complex challenges is ***required.*** The service can provide this or work collaboratively with another organisation to ensure that all mothers within the locality are able to access such a service. This should include a pathway for frenulotomy when this is needed, including a plan for assessment and follow up after the procedure. The specialist service should also be able to provide breast-pump loan as part of a plan of care. Again, these can be provided by the service or in collaboration with another provider. We ***recommend*** consideration at ICB level about how frenulotomy service and breast-pump loan schemes can be supported in order to enable equity of provision where possible.

Social support is also important as part of a multi-faceted approach to support continued breastfeeding. Support services such as peer support, drop-in groups, digital support should be established and again, this can be done collaboratively with another local provider. We ***require*** that these services meet the mothers’ needs. These could be services run wholly by the health visiting/public health nursing service for example well baby clinics or services run in collaboration with other organisations for example breastfeeding support groups perhaps jointly run by a health visitor and early years worker and/or peer supporter. We ***recommend*** that consideration is given to provision of services that support mothers to continue breastfeeding at times known to be pivotal points when breastfeeding is likely to cease. For example, breastfeeding data highlights the period around 3-6 and 10-14 days as potential crisis points. Development of a local source of information about the support available is ***recommended*** and effective mechanisms put into place so that mothers are made aware proactively of provision in the early period after the birth so they can access at time of need. The effectiveness of services should be evaluated and amended as needed to ensure that they meet the needs of mothers and babies.

As part of support provision, it is a ***requirement*** that parent/primary caregivers are offered information about the variety of issues which can impact on longer term breastfeeding. Such issues may include feeding when out and about, returning to work or feeding at night, or any other issue which the mother, parent/primary caregiver or family considers may be a barrier to ongoing breastfeeding. Existing strengths and resources for support could be explored with individuals and relevant information provided according to individual need.

It is a ***requirement*** that mothers/parent/primary caregivers are encouraged to feed their baby in response to their baby’s hunger cues. It is also crucial that mothers are supported to view breastfeeding as not just a way of providing food, but also as an effective way of comforting and calming babies, or to meet their own needs for comfort, rest, emotional wellbeing, or to manage competing demands as well as strengthening the relationship with their baby. The impact of dummy use on responsive feeding and therefore on future milk supply should be explained.

We ***recommend*** that staff are encouraged to provide relevant information and support according to the mother’s individual need, with guidance/documentation developed to support this. Written/online information used to back up discussion can be very helpful. Ensuring that all information given is evidence based, accurate and effective is ***required.*** If resources have been developed in-house or by another provider, we ***recommend*** that these compliment any standard national materials and those provided by other services to local families, and consider:

* the inclusion of parents/primary caregivers in development
* the need for clarity, accuracy and simplicity of the messages
* avoidance of duplication
* that the layout is attractive and readable
* inclusivity of language and access
* that the International Code of marketing of Breastmilk Substitutes is upheld.

Venues should all offer a welcoming environment where mothers feel comfortable to breastfeed. For many new mothers, feeding in public can be a daunting prospect so having a safe haven where they can meet other mums and feed without feeling awkward or embarrassed is very important. Any poster displays should be informative, and contain information which is accurate, effective and proportionate and cover issues such as breastfeeding, introduction of solid food and relationship building. Ensuring consistency across a large number of facilities can be a challenge, hence we ask you to carry out observations using the Observation Form in the Community audit tool. We will ask you to submit a selection of photographs of displays so taking photographs as part of the observation process.

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| **Standard 3 – Support for informed decision making about introducing food or fluids other than breast milk** |

Listed below are the standards which will be assessed at reassessment.

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| **Standard.**  **Mothers/Parent/primary caregivers…** | **Applies to…** | **How assessed?** | **Minimum % required to pass?** |
| **1.** Are provided with information about why exclusive breastfeeding leads to the best outcomes, and why when this is not possible, continued partial breastfeeding is important and the amount of breastmilk offered is maximised according to individual situations | All breastfeeding mothers | Via internal audit data and interview | 80% |
| **2.** Who give other feeds in conjunction with breastfeeding are supported to do so as safely as possible | All breastfeeding mothers | Via internal audit data and interview | 80% |
| **3.** Who formula feed are enabled to do so responsively and as safely as possible | All bottle feeding mothers | Via internal audit data and interview | 80% |
| **4**. Are supported with a bottle feeding assessment (when expressed breastmilk or infant formula are being offered)  *\* Health visiting service* | All mothers who are offering EMB or infant formula by bottle | Via internal audit data and interview | 50% |
| **5.** Are enabled to introduce solid foods in ways that optimise babies’ health and wellbeing | All mothers | Via internal audit data and interview | 80% |

We recognise the crucial importance of exclusive breastfeeding and this should be communicated clearly and sensitively to mothers, however if formula milk has been introduced ensuring that they are supported and encouraged to offer any breastfeeds/breastmilk if this is their goal is ***required*** so that the baby benefits from receiving the maximum amount of breastmilk possible. We ***recommend*** that any relevant guidelines such as for management of faltering growth guidelines provide clear guidance for staff about how to sustain lactation and increase milk supply if appropriate.

Where the mother is not exclusively breastfeeding, we ***require*** that she be supported to provide infant formula in a way which will minimise the disruption to breastfeeding and that she is able to make up infant formula and feed her baby responsively and as safely as possible including the importance of choosing a first stage milk. Parents who use a dummy should be made aware of the possible implications of its use in masking feeding cues and potentially reducing milk supply to enable them to make an informed choice.

For those parent/primary caregivers who have chosen to formula feed their baby, we ***require*** that a full bottle feeding assessment is carried out at the new birth visit and subsequent relevant contacts. We ***require*** that they be shown how to make up feeds, use a first stage milk and be and given any information necessary to enable them to feed their babies responsively and as safely as possible, including the risks associated with the use of preparation machines, according to their individual need. Ideally, this should take place early in the postnatal period, preferably on a one-to-one basis, but it is the responsibility of community staff to check that this has happened. If the family is experienced in formula feeding it is acceptable for staff to confirm that they are confident to prepare feeds and feed responsively and aware of any guidelines which may have changed since their last baby was born.

We ***require*** that parent/primary caregivers are enabled to introduce solids in a way which will optimise babies’ health and well-being. In practice this is likely to mean that a local system is established which ensures that all mothers have a conversation at a time which meets the needs of local parent/primary caregivers and that they are made aware of this so that they know what to expect. This could be via an individual conversation and/or in a group setting, reinforced by written or on-line materials.

We ***recommend*** that staff are encouraged to cover the relevant areas according to the mother’s individual need, with guidance/documentation developed to support this.

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| **The International Code of Marketing of Breastmilk Substitutes** |

In accordance with the International Code of Marketing of Breastmilk Substitutes (1981) and subsequent relevant WHA resolutions, we ***require*** that there is no advertising or promotion of breastmilk substitutes, bottles or teats in any part of the facility or by its staff. This includes the use of company-sponsored leaflets, posters, diary covers, pens, mugs, age calculators and other materials.

This standard is necessary to ensure that breastfeeding is protected and that parent/primary caregivers receive unbiased information to support their decisions. It means that:

* There should be no display or distribution of any materials produced by the manufacturers of breastmilk substitutes, bottles, teats or dummies, in any part of the health care facility. This includes gifts bearing company logos intended for health professionals (including pens, diary covers, obstetric calculators, notepads, etc) and written materials intended for mothers (including leaflets that do or do not relate to infant feeding).
* Images which ‘normalise’ bottle feeding should not be displayed.
* There should be no sale of breastmilk substitutes on health care premises, or donations made to services.
* Health care facilities should not accept free or subsidised supplies of breastmilk substitutes, bottles or teats
* There should be no promotion of solid feeds advertised as being suitable below 6 months of age.

This standard does not restrict the provision of accurate and impartial information about formula feeding. We ***require***  that parents/primary caregivers who have chosen to formula feed their baby should be given clear written instructions and shown how to make up a feed safely before they leave hospital. This discussion should include guidance to use a first stage milk for the first year and how to bottle feed responsively. All community-based staff should ensure that this information has been given and is understood.

We will ask you to confirm that the Code is implemented fully through the service.

: The Baby Friendly Initiative has produced a [guidance document](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/the-code/a-guide-for-health-workers-to-working-within-the-international-code-of-marketing-of-breastmilk-substitutes/) aimed at health care facilities and describing what practices are and are not acceptable within the Code.

: For accurate and impartial information on infant milks in the UK please visit [First Steps Nutrition Trust’s website](http://www.firststepsnutrition.org/)

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

Listed below are the standards which will be assessed

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard.** | **Applies to…** | **How assessed?** | **Minimum % required to pass?** |
| **1.** Parent/primary caregivers are supported to understand a newborn baby’s changing developmental abilities and needs | All parent/primary caregivers | Via internal audit data and interview | 80% |
| **2.** Parent/primary caregivers are encouraged to respond to their baby’s needs (including encouraging frequent touch, sensitive verbal and visual communication, keeping babies close, responsive feeding and safe sleeping practices) | All parent/primary caregivers | Via internal audit data and interview | 80% |
| **3.** Parent/primary caregivers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds themselves during the early weeks | All bottle feeding mothers | Via internal audit data and interview | 80% |
| **4.** Services are provided to support the development of close and loving relationships | Services | Review of services | Yes |
| **5.** Parents/primary caregivers are provided with information about how to keep their baby safe while they are asleep | All parent/primary caregivers | Via internal audit data and interview | 50% |
| **6.** Parent/primary caregivers are encouraged to access social and educational support networks that enhance health and well-being | All parent/primary caregivers | Via internal audit data and interview | 80% |
| **7.** Processes enable parent/primary caregivers to discuss the impact of feeding challenges on their emotional wellbeing | Processes | Review of processes | Yes |

We ***require*** that all parent/primary caregivers are supported to build a close and loving relationship with their baby. This should involve keeping their baby close, learning how to recognise and respond to their baby’s cues for feeding, communication and comfort and encouraging skin-to-skin contact throughout the postnatal period. When mothers and babies breastfeed they spend a great deal of time in close contact, which helps build and enhance their relationship. Encouraging formula/bottle feeding mothers to give most feeds themselves while holding their baby close will support relationship building.

Parent/primary caregivers should be given information about any local parenting groups which are available. The service is encouraged to work collaboratively to provide parent/primary caregivers with social and educational opportunities designed with them to help build strong and loving relationships with their baby. This could include social groups, parenting classes, baby massage etc. The service is not expected to provide all of these opportunities itself, but rather to know what is available, signpost mothers appropriately and work with others to highlight and fill any gaps in provision.

We ***require*** that services consider how to support mothers emotional wellbeing should they have had a previous or current issue with feeding which has impacted their mental health. We ***recommend*** that services consider how this can be provided either through existing health visiting services or via the perinatal mental health team or via other partner services. We recognise that in many instances this is already in place, by health care professionals or peer supporters using active listening skills when parents/primary caregivers describe birth stories or feeding challenges, building on this by providing guidance for staff about when to refer on is ***recommended.***

**Mother-baby closeness and safety issues**

Young babies need to be close to their mothers, parent/primary caregivers or primary care givers, as this is the biological norm. We want to see that services/staff share with parent/primary caregivers about the benefits of keeping their baby close and encourage them to do so. However, modern lifestyles sometimes mean that there are safety risks associated with parent/primary caregivers and babies being close to each other, particularly when a parent/primary caregiver 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 parent/primary caregivers or close down discussion. Training and guidance for staff to enable them to do this effectively will be needed.

We ***require*** that parent/primary caregivers are supported to keep their baby safe when they are asleep, both in conversation and with written or on-line information to reinforce the messages.

More information can be found here:

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| UNICEF UK has collaborated with the [Lullaby Trust](https://www.lullabytrust.org.uk/) and [Basis](https://www.basisonline.org.uk/) to develop a set of materials to support staff to have sensitive conversations with parent/primary caregivers about the crucial importance of safer sleep. These materials include a [quick reference guide](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-quick-reference-card.pdf) and a more detailed [guide for parent/primary caregivers](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-a-guide-for-parents.pdf) together with a [guide for professionals](https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-saving-babies-lives-a-guide-for-professionals.pdf) to support them to have a helpful and evidence based conversations. The materials are available to purchase from the Lullaby Trust as printed copies or to download free of charge, and are translated into a number of languages. |

*Caring for your baby at night leaflet for parent/primary caregivers* - [unicef.uk/caringatnight](https://unicef.uk/caringatnight) (and accompanying Health Professional’s guidance)

*Co-sleeping and SIDS: A Guide for Health Professionals* - [unicef.uk/safesleeping](https://unicef.uk/safesleeping)

**Progressing to Gold**

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

For more details please see the [Achieving Sustainability guidance](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/implementing-the-baby-friendly-standards/achieving-sustainability-standards-guidance/) and the infosheet [Should we go for Gold?](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/guidance-for-health-professionals/should-we-go-for-gold-award/)

The management team are expected to take responsibility for the implementation of the standards across the service. 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

If you intend to progress towards the Gold award, we will ask more detailed questions around the Achieving Sustainability standards. You can arrange a Gold assessment anytime up to two years from the completion of the reassessment. In the second year we will ask to interview a sample of mothers to ensure core Baby Friendly standards remain in place.

The application form asks for your intentions around progressing towards the Gold award so that your lead assessor can give further support and advice as part of your re-assessment, and so the appropriate manager interviews are conducted.

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| **Re-assessment process** |

**Planning**

Re-assessments will generally take place over a two day period and involve a number of Baby Friendly assessors. Timings will usually be from around midday on day 1 to 13.00 on day 2. The onsite assessors will be supported by a remote team carrying out staff interviews via video call and phone interviews with mothers.

A short 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. These meetings will be in-person for on-site assessments and via video call for remote assessments.

**Interviews**

The assessors will select a representative sample of staff for interview from the list of those working during the two days. 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.

A selection of managers will be interviewed to ascertain how they support the process of implementing and maintaining the standards.

The assessors will also select a representative sample of mothers for interview from the lists provided by the service (see below). In on-site assessments we will also aim to talk to a small sample of mothers face to face. In order to gain a representative sample in your area, it may be necessary to interview some mothers via a translator or using a service such as language line. The same consenting processes will apply – see below. The aim of the assessment is to establish the overall standard of care delivered, not to ‘test’ individuals’ knowledge or unearth personal details. The assessors will therefore do their best to put mothers at their ease so that they feel confident to discuss the care they have received.

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 early years services 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.

**Document review**

In addition to the interviews, the assessors will review the application form and associated documents with the aim of ensuring that all adhere to the standards. Relevant documents should be submitted two weeks in advance of the assessment. Service leads will be expected to confirm adherence to the International Code of Marketing of Breastmilk Substitutes and to ensure any written and digital visual materials are largely accurate and effective.

**Observations**

For onsite assessments, observations in a randomly selected number of venues will take place, ideally venues which are delivering a service such as a well baby clinic, feeding or postnatal group or class. We will liaise with you as to the best services to visit. We will take the opportunity to talk to some mothers in person about their experience. We will also review the venue to ensure Code compliance and displays to ensure materials are accurate and effective. For venues which we are not able to visit, the lead assessor with discuss with you how we can obtain evidence, for example via photographs.

**Information Governance**

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 UNICEF UK 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.

**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:

* Have a conversation with your lead assessor to discuss the arrangements and confirm whether the assessment will be carried out on-site.
* 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.
* Consider what video technology is available for the staff to use for interview in case this is needed.
* For an on-site assessment, please arrange a room (lockable) for the assessors to use for the duration of their time in the service and rooms for the introductory and feedback meetings.
* Organise appointment times for the Head of Service and relevant managers to be interviewed (see timetable)
* Arrange a meeting for an introductory and feedback meeting and invite key members of staff (including senior managers and medical staff, where relevant).
* Arrange for a member of staff to be available to drive each of the assessors to their chosen venues. This is most likely to be the infant feeding lead and an additional member of the team, however please consider alternative arrangements should these be needed at short notice e.g. due to sickness.
* 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.
* Assessors will ideally need access to wi-fi. Establish whether this is a possibility in your organisation, either by enabling use of a Trust computer or a wi-fi password so that UNICEF laptops can be used.

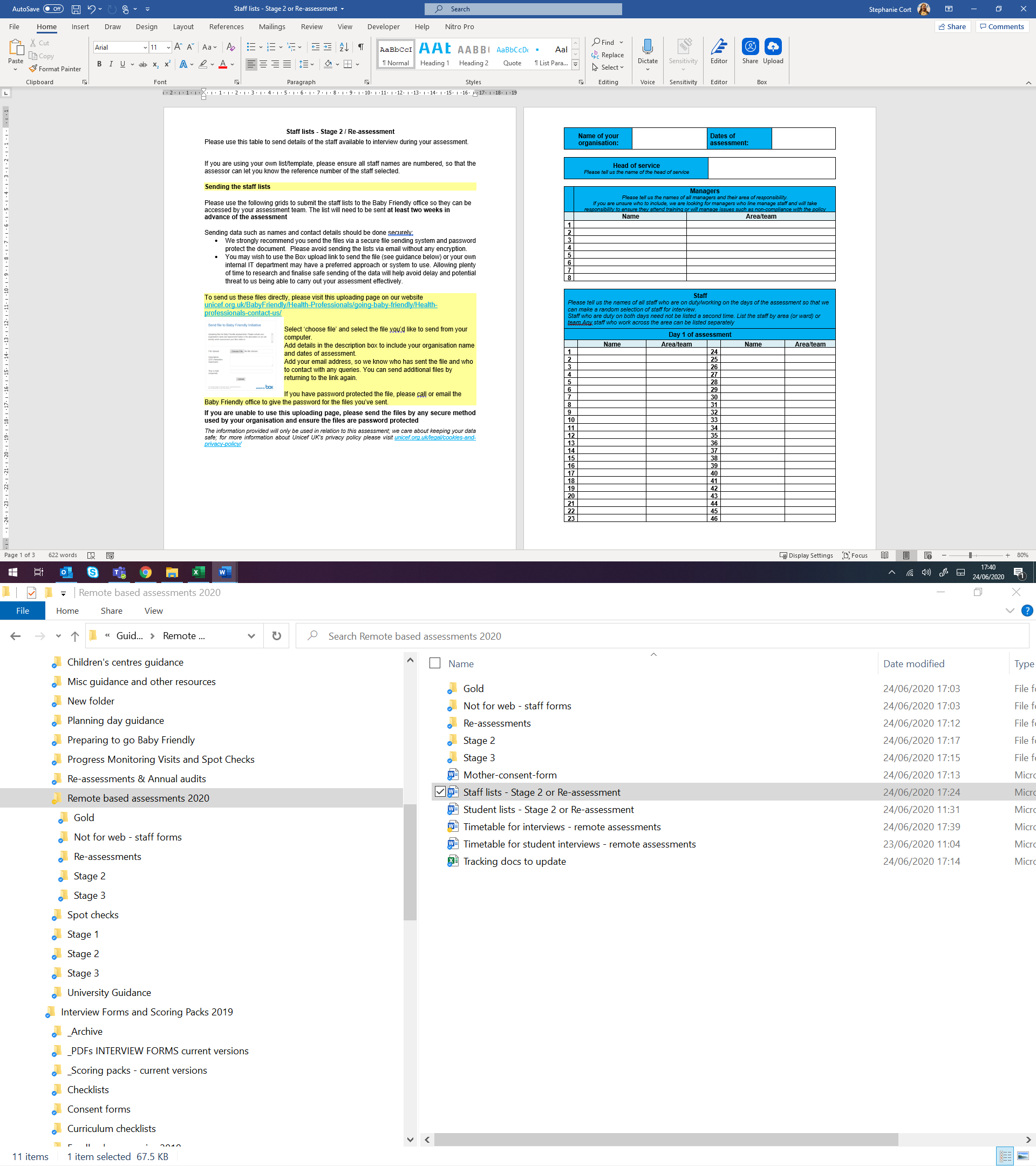
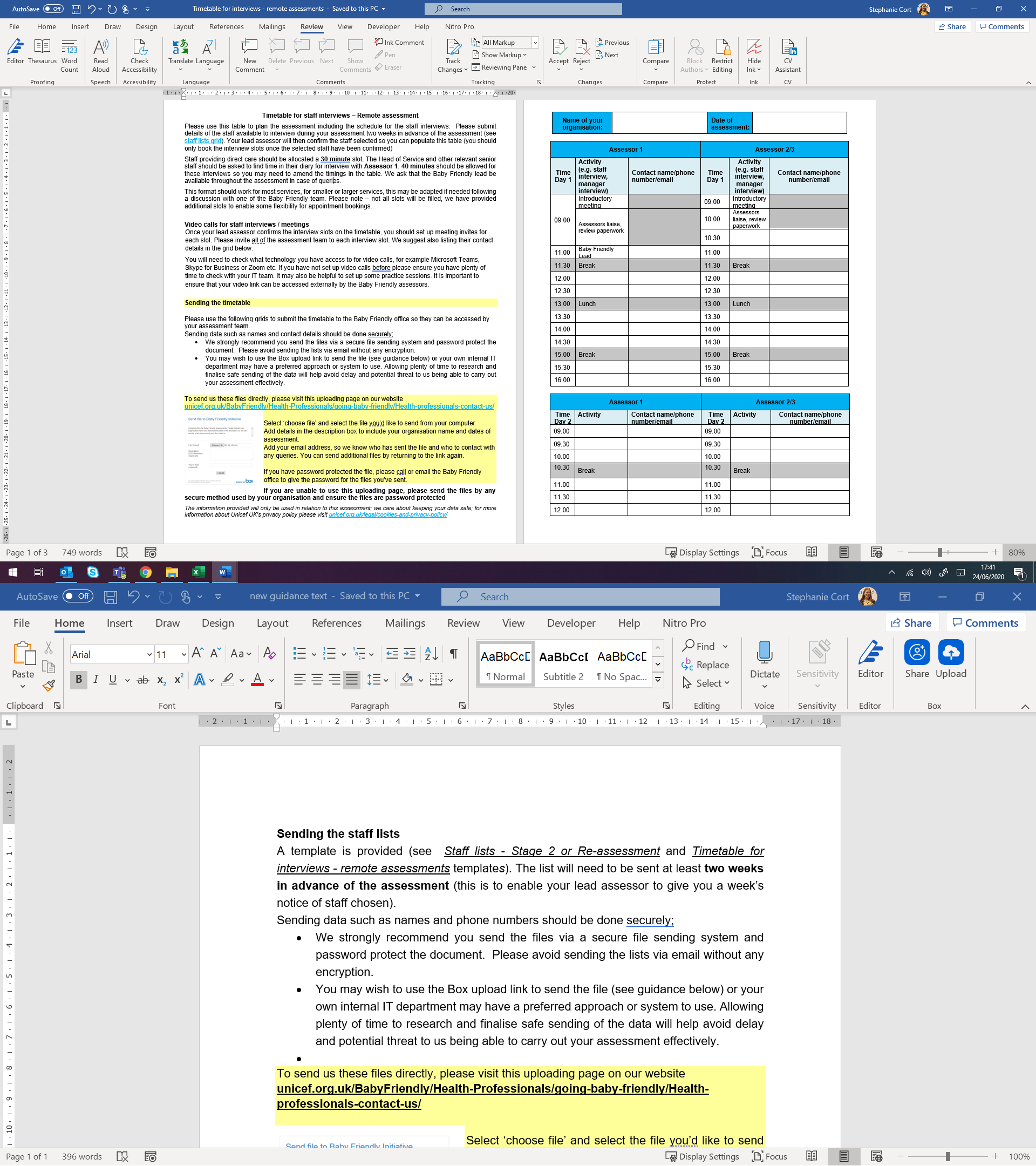
🗐 Then, at least two weeks before the assessment, please send details of the staff working during the period of the assessment.

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*). The list will need to be sent at least **two weeks in advance of the assessment** (this is to enable your lead assessor to give you a week’s notice of staff chosen). Please follow the below guidance for sending securely.

A sample timetable is included for guidance as to how the assessment will run; your lead assessor will notify you one week in advance of the assessment of the names of community staff who have been randomly selected so that you can arrange appointment times, so you can complete the grid once these names are given.

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. Staff will need to be able to access props for the assessment- to include a doll (or equivalent such as a teddy bear), breast model and commonly used leaflets.

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

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.

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/)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”.

A screenshot of a computer

Description automatically generatedClick ‘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.

If you have a large number of files to upload and send to us, please contact the office before sending as we may set up a bespoke link for you to use.

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. 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.

**Guidance for collecting telephone numbers and consenting mothers**

**Consenting mothers for interview**

In order to ensure that a fair and representative sample of mothers is interviewed, it is crucial that the following is adhered to:

**Sample size**

Many mothers don’t answer the phone, so in order for us to talk to sufficient mothers, we need a big list of names of mothers who have consented to be interviewed. For most services**\***, this means that we will need to receive *at least* 150 names.

**Sample validity**

When consenting mothers, it is important to select entirely at random. Therefore the following is required:

* Commence consenting mothers 5-6 weeks in advance of the assessment.**\***
* *All* mothers who have had a primary visit/contact from the health visiting service in the last 2-3 months should be asked to consent to interview (see exclusion criteria below).
* It is not acceptable to bias the sample by selecting mothers based on their feeding history, or to select only those who have accessed classes, groups or been seen by the Infant Feeding Lead. However, some of these mothers are suitable for interview as part of a random sample.
* It is not acceptable to bias the sample by asking staff to select only two or three mothers each from their caseload or by selecting mothers from certain areas only.
* Please consent mothers who do not use English as a first language. The telephone numbers list has a column for you to identify preferred language spoken. Your lead assessor will discuss with you about how we can interview a sample of these mothers, if appropriate.

The goal is to achieve a random list of mothers – different types of birth, parity, feeding experience, babies with varying ages, living in different areas, breast and formula feeding in order to give the fairest representation of the care the facility provides.

If you are being assessed jointly with the health visiting service you may want to co-ordinate collection to avoid duplication.

***\*****For average sized facilities – we may need more or fewer numbers so smaller or larger facilities may need to collect numbers for a longer/shorter period.*

**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 vulnerabilities where the service feels contact would be inappropriate
* with a baby who is unwell
* who live out of the area.

**Obtaining consent**

We suggest that you ask all mothers for consent to be interviewed, when staff are in contact with them in the period prior to the assessment. 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 passed on to anyone else. UNICEF UK will destroy your contact details within a week of our conversation.*
* *What you tell UNICEF UK is confidential and won’t be linked to you by name. 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.*

If mothers are being consented by telephone, it is important that the member of staff gaining consent covers all of the information on the form and signs and dates the form. 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 consent forms and transfer contact numbers into the telephone grid. You do not need to send each copy of the consent form 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://www.unicef.org.uk/legal/cookies-and-privacy-policy/)

**Sending the telephone numbers**

There is a sample grid provided to submit these telephone numbers (see [website Stage 3 page](https://www.unicef.org.uk/babyfriendly/accreditation/maternity-neonatal-health-visiting-childrens-centres/stage-3-parents-experiences/parents-experiences-of-health-visiting-services/)). Please use the form as it will help us to divide telephone numbers between assessors. The list will need to be submitted **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).

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.

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/)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”.

A screenshot of a computer

Description automatically generatedClick ‘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.

If you have a large number of files to upload and send to us, please contact the office before sending as we may set up a bespoke link for you to use.

The telephone number list will be held electronically in a restricted access folder for the Baby Friendly assessment team. The list will be securely deleted within two weeks of completion of the assessment.

Assessors will make brief, relevant notes about each interview. This will not include any reference to the mother’s name, we will use the identification number from the consent list.

The notes will be securely deleted from UNICEF UK systems by the assessors six months after the assessment.

🗐 **Please confirm that the consents list has been collected in accordance with the above guidance and is a true reflection of the mothers cared for by the facility in the application form (signature page 3)**

🗐 **Use the checklist on the Re-assessment 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 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 members of the senior leadership team 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. 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. Committee members are expected to maintain confidentially regarding all elements of Committee business. They will ensure that reports are disposed of securely. The final written report will be sent by email directly to the service, Baby Friendly does not make reports public.

If the standards have been met, the facility will be re-accredited for a number of years, to be determined by the Designation Committee. If all the standards have not been met, the Designation Committee may consider a follow up visit or further internal audit is appropriate to re-examine the criteria which are lacking and they will decide the timescale to be allowed for this.

🗁 **Re-assessment application form**

To download, please visit the website

1. We care about keeping your data safe; for more information about UNICEF UK’s privacy policy please visit [unicef.org.uk/legal/cookies-and-privacy-policy/](https://www.unicef.org.uk/legal/cookies-and-privacy-policy/)

   The UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative fully supports inclusivity in accordance with Article 2 (non-discrimination) of the UN Convention of the Rights of the Child and the Equality Act 2010. Learn more about our inclusivity policy at: [unicef.uk/bf-inclusivity](https://unicef.uk/bf-inclusivity)  [↑](#footnote-ref-2)