

# **Bliss Impact Evaluation**

**Measuring Perceptions of change for staff working on units undertaking the Bliss Baby Charter**

June 2018

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### Introduction

Over 95,000 babies are born premature or sick and in need of neonatal care in the UK each year. The time babies spend on a neonatal unit and the care they receive is vital to determining their chances of survival, long-term outcomes and quality of life. The Bliss Baby Charter forms part of Bliss’ core strategic objectives by supporting neonatal professionals to deliver high quality family-centred care where parents are actively involved in their baby’s care. We know that this model of care has proven benefits for the baby and their long-term health outcomes.

We believe that premature and sick babies deserve the best chance of survival and quality of life. We aim to make this a reality by:

- Supporting parents of babies born premature or sick to be as involved as possible in care and decision-making for their babies.
- Supporting neonatal professionals to deliver high quality baby-centred care and involve parents actively in their babies' care.
- Placing premature and sick babies' voices at the heart of decision-making to ensure that their best interests are always put first.
- Supporting research that can tangibly improve outcomes for babies born premature or sick.

By providing neonatal units with a framework from which to evaluate and improve the quality of family-centred care they deliver, the Bliss Baby Charter aims to improve services and standards across the UK and, therefore, improve outcomes for babies. The purpose of this survey was to evaluate whether the Bliss Baby Charter is making a difference to the quality of family-centred care delivered on neonatal units.

## Key findings

- 89% of respondents told us there was better promotion of skin-to-skin and increased uptake as a result of working on the Bliss Baby Charter
- 82% of respondents told us there was better promotion of breastfeeding on the unit as a result of working on the Bliss Baby Charter
- 82% of respondents were able to provide unrestricted access to parents (including during ward rounds, teaching rounds and handovers) as a result of working on the Bliss Baby Charter
- Only 18% of respondents were able to provide sibling support as a result of working on the Bliss Baby Charter
- 75% of respondents feel that close and meaningful relationships between the family and their baby have got better as a result of working on the Bliss Baby Charter
- Only 38% of respondents felt that staff satisfaction had got better as a result of working on the baby charter.

## Background

The Bliss Baby Charter<sup>1</sup> is a practical framework that neonatal units can use to self-assess their family-centred practice and make lasting and tangible improvements to this so that parents are consistently involved in their baby's care.

Over the last 2 years there has been a real commitment from all 19 units within the Y&H network and the ODN team to complete the Bliss Baby Charter. Currently all of the Yorkshire and Humber neonatal units are actively undertaking the Bliss Baby Charter and 17 are working on secondary audits.

During 2017-18 Bliss has held 10 mini Baby Charter workshops in the Yorkshire and Humber region to support units to ensure momentum is maintained when completing the Bliss Baby Charter. These workshops have taken place as specific workshops for individual neonatal units, as part of Trust away days and as part of network meetings. A total of 132 staff have attended the workshops over the 10 sessions and feedback has been really positive.

The workshops have allowed units to share ideas, challenges and best practice and we have seen a real increase in take up and momentum as a result of these workshops.

When providing feedback on audits there have been a number of FCC improvements and initiatives which have been put in place, including but not limited to,

- Increasing the number of breast pumps on the unit

- 'My first cuddle' milestone cards, which help parents to celebrate and capture important milestones in their baby's journey
- More opportunities for staff to attend developmental care and bereavement study days
- Better signage on doors to help families navigate through the neonatal unit
- More accessible and parent friendly language to help break down communication barriers and help parents to feel better engaged with their babies care
- Creation of a communication sheet for by the cot side which gives babies and parent's names but also has lots of useful information for parents and staff such as weigh day, NIPE completion and baby's favourite position etc
- Applying successfully for funding for a new kitchen on the neonatal unit for families
- Parents have 24/7 access to their baby including during ward rounds and nursing handovers
- Parent checklist
- lidded cups provided so parents can have hot drinks at the cot side instead of going to the sitting room
- Kangaroo care board
- Sibling packs

Anecdotally staff have shared how the Bliss Baby Charter has been a great tool in helping them to bring about changes on their unit which have otherwise felt insurmountable. The Bliss Baby Charter provides evidence based guidance about what FCC should and can look like, and has been instrumental in bringing about many positive changes across the Yorkshire and Humber region.

### **Survey purpose and context**

The purpose of the Bliss Baby Charter impact evaluation survey was to evaluate whether the Charter is an effective resource that improves the quality of family-centred care on neonatal units. To do this we measured staff perceptions of change in relation to core areas of the Charter including: breastfeeding, emotional support for families, parental involvement in their baby's cares and end of life care. The survey also enabled us to capture the most significant changes to care that have been introduced on neonatal units as a result of working on the Bliss Baby Charter.

The impact of the Bliss Baby Charter has never been formally measured and no baseline data was ever captured. As the team looking after the Charter has grown in recent years, we have reflected on the importance of having tangible figures that highlight the impact of the Charter and we have had increased resource to deliver this valuable work. Not only will this information highlight the importance of the Bliss Baby Charter and inspire neonatal teams to engage with it, but it will also be invaluable to support Bliss funding applications.

Due to the way the Charter has been supported by neonatal networks and consistency is expected between units in the same network, the team decided to focus exclusively on the impact the Charter has had within one Network before delivering this on a wider scale. The Yorkshire and Humber Network was selected for this because they were a highly engaged network at the time

of launching this work, with every unit working on the Charter in some way, and because we have a Bliss regional staff member embedded within the Network who could support the delivery of this work. By piloting in one network, we will be able to take learning forward as we expand our impact work in subsequent years to evaluate the Charter within the wider UK context.

## **Methodology**

Survey monkey was used to collect responses for this survey. The Network Manager for the Yorkshire and Humber Network sent out the survey to 120 healthcare professionals across the Network and encouraged them to disseminate this to staff within their units too. The survey was then also sent via the leads at each unit to their staff, therefore the total number of people who received the survey is unknown and we are unable to deduce a response rate.

Posts were also added to the Bliss Yorkshire and Humber Network Facebook page to promote the survey and encourage unit staff to complete it. A total of 68 healthcare professionals completed the survey from 18 different units

## **Survey results**

The survey is designed so that it asks three kinds of questions.

1. Questions about the respondent, these questions gave an overview on the respondents; profession and the unit they worked on referred to as summary questions.
2. Questions about things the unit has done, or put in place referred to as “Initiative” questions.
3. Questions about how the unit is performing in a range of areas referred to as ‘Effect’ questions.

The logic goes; you have applied an initiative as a result of the Baby Charter, then we can measure the ‘effect’ that initiative has had on the outcomes in question. For example, if we increase the promotion of breastfeeding rates on a unit does this result in close and meaningful relationships between the family and their baby? We do appreciate that respondents may have applied initiatives that are not entirely as a result of the Baby Charter, but we think the insights the results give us are still valid.

## Summary Questions

A total of 68 respondents completed the survey yet the total number of people that this survey was shared with for completion is unknown.

Table 1 provides information on the respondents and how actively involved in the charter they have been.

<b>Table 1</b>	
<b>What is your role on your unit?</b>	
Nurse	85%
Doctor	13%
Allied health professional (e.g. Occupational Therapist, Physiotherapist)	2%
<b>What type of unit do you currently work at?</b>	
Neonatal Intensive Care Unit (NICU)	65%
Local Neonatal Unit (LNU)	20%
Special Care Unit (SCU)	11%
Other (please specify)	4%
<b>How long have you been working on your current unit?</b>	
One year or less	7%
Between one and three years	11%
Between three and five years	4%
Over five years	78%
<b>How much do you know about Bliss? (please select only one option)</b>	
Nothing	0%
Some knowledge (I signpost to some Bliss services)	67%
I understand all of Bliss' services and regularly signpost families	33%
<b>How actively have you been involved in working on the Bliss Baby Charter on your current unit?</b>	
Not at all/I don't know what it is	18%
Some involvement (I attend some meetings)	44%
I am fully involved in action planning and regularly attend meetings	22%
I lead on an area of work	4%
I am the audit lead	13%

## Initiative Questions

Initiative questions were asked about things the unit has done, or put in place as a result of working on the charter.

**Table 2:** As a result of working on the Charter, what have your unit put in place to foster close and meaningful relationships between the family and their baby/ies

Better promotion of skin-to-skin and increased uptake	89%
Privacy enabled and encouraged at the cot-side	71%
Separate rooms allocated for families to have private time with their baby	31%
A comfortable cot-side environment	58%
Protected time e.g. period of time with no interventions	42%
Better promotion of breastfeeding	82%
Unrestricted access provided to parents (including during ward rounds, teaching rounds and handovers)	82%

Responses to this question indicated that close and meaningful relationships between families and their babies had significantly improved on most units as a result of working on the Charter, in particular around skin to skin promotion and improved promotion of breastfeeding. Some units shared that they had already put some of these initiatives in place prior to starting the Charter but that the Charter was helping them to build on these changes.

“We did most of this before the audit, however we aim to get even better. We are currently implementing plans which have arisen from undertaking the audit, such as parental NGT feeding and not asking parents to leave at ward rounds.”

“More parent information boards and awareness of asking parents involvement when making or looking at changes”

**Table 3:** As a result of working on the Charter, what have your unit put in place to increase parental confidence in looking after their baby?

Teaching sessions for parents	60%
Peer-to-peer parent support	44%
Information about parental involvement provided in the welcome pack/on admission	82%
Parent attendance and contribution at ward rounds	82%
Increase in opportunities for parental involvement in their baby's daily cares	91%

The results to this question show that undertaking the Charter has resulted in a general overall increase in mechanisms employed by unit to encourage parents to feel confident in caring for their baby/ies. Over 80% of respondents shared that, as a result of working on the Charter, their unit provides parents with information on admission and over 90% have increased opportunities to involve parents in their babies care.

In addition several units shared specific initiatives which they have implemented whilst working on the Charter to further increase parental confidence. Some units had already been making changes and improvements before working on the Charter but acknowledged that the Bliss Baby Charter has helped them to make further improvements.

“Post discharge support group monthly (lead by the community nurses), coffee and cake sessions fortnightly (lead by the nursing team), sibling diaries and diary sheet provided for parents”

“We did most of this before the audit, however we aim to get even better. We are currently implementing plans which have arisen from undertaking the audit, such as parental NGT feeding and not asking parents to leave at ward rounds”

<b>Table 4:</b> As a result of working on the Charter, what have your unit put in place to support the emotional well-being of parents?	
Access to dedicated and professional emotional support	51%
Support group sessions	42%
Peer to peer support	47%
Sibling support	18%
Increased information about emotional well-being	53%
Signposting to relevant support services	65%

Mothers of premature babies are 40 percent<sup>ii</sup> more likely to be affected by postnatal depression soon after birth than mothers of full term babies. Having a baby born premature or sick and in need of neonatal care is an extremely stressful and anxious time for parents. It is vital that there is adequate provision and access to psychological support on admission to the neonatal unit, as well as after their baby has been discharged or sadly passes away.

National standards<sup>iii</sup> for neonatal care across the UK indicate that all parents should have access to psychological and social support, including a trained counsellor.

Whilst encouraging that many units are now offering more support to families, the responses from this question indicate that there is more needed for units to be able to fully support parents and siblings emotional well-being.

**Table 5:** As a result of working on the Charter, what has your unit put in place to support families whose baby is receiving end of life care?

Dedicated palliative care lead	33%
Links with the local hospice	62%
Improved access to training opportunities to support staff delivering end of life care	31%
Memory boxes	73%
Palliative care guidelines	47%

Responses to the question around end of life care were mixed. Positives included increased links with hospice teams and memory boxes being used, although the results indicate that some of these initiatives were already in place before the Charter. It was, however, acknowledged that the Charter has helped to maintain momentum. The results also show that there is potential for more Bliss support in this area.

“We were already planning lots of improvements but the Charter helped to push us!”

“...already had memory boxes but have started to use a professional photography service, but don’t feel this is linked to working on the charter really”

**Table 6:** As a result of working on the Charter, what have your unit put in place to support the baby's developmental needs on the unit e.g. creating an optimum environment?

Light audit conducted	5%
Sound audit conducted	9%
Incubator covers	76%
Protected time offered	38%
Developmental care noticeboard and/or signage around the unit	65%
Guidelines about the developmental environment (including smell)	40%
Dimmer lights	55%
Use of developmental care aids	58%
Staff attending developmental care training e.g FINE	67%
Promotion of pain and stress management strategies	53%

Developmental Care is an area of the Charter which often throws up challenges, particularly around changing staff attitudes, staffing shortages and funding for training. The responses to this question are, therefore, unsurprisingly mixed and indicate areas where Bliss may wish to focus on as well as highlighting the challenges faced as a result of staffing issues impacting on areas such as protected time for staff to focus on developmental care.

However there were a number of respondents (67%) who fed back that their unit has sent staff on FINE training<sup>iv</sup> and some really encouraging comments about what they have achieved through

working on the Charter. The responses to this question appear to demonstrate that the Charter has helped highlight the importance of developmental care within units.

“Again, lots of work already underway but the Charter has helped remind us the importance of this aspect of care.”

“We are encouraging more staff to attend FINE, and have funding sourced.”

“Whole host of interventions to improve developmental care - audit has focussed minds to really concentrate on it”

“lights are dimmed & noise reduced for rest period during the afternoon, purchased more developmental aids”

<b>Table 7</b> As a result of working on the Charter, what have your unit put in place to improve communication between healthcare professionals and parents?	
Communication cards	22%
Parents invited to be present and contribute at ward rounds	85%
Feedback from families collected and responded to	93%
Opportunities for private discussions with staff	73%
Information board	80%
Support for families who don't have English as their first language (e.g. translation service)	69%
Welcome pack for parents	84%

Responses to this question were overall really encouraging, especially around gathering and responding to feedback from parents and offering opportunities for parents to be on ward rounds and to have private discussions with staff. Again some of the qualitative feedback from this question suggests that some initiatives were already in place before the Charter but that the Charter has helped to enhance and further these.

“in place before working on charter but enhanced due to working on charter”

“You said, we did board developed, encouragement to use the parent app for further feedback, new welcome booklet currently being developed”

**Table 8** As a result of working on the Charter, what have your unit put in place to encourage parents to be present on the unit for extended periods of time?

Free/reduced parking	82%
Rooming-in rooms	82%
Space to make a hot meal	49%
Comfortable chairs	80%
Free meals/ meal coupons	60%
Text reminders e.g. reminding parents about ward rounds, daily cares	0%
Flexible visiting policy	76%
Access to free wifi	62%
Family room	82%
Sibling support	24%

Research<sup>v</sup> has shown that when parents are the primary care giver and are able to spend long periods of time with their baby/ies, the outcomes for the baby/ies is significantly better. The responses to the question around encouraging parents to be present for extended periods of time were generally positive. From flexible visiting policies to rooming rooms to free meals and a family room the majority of respondents shared that their unit had several things in place to support parents to spend time on the unit with their baby/ies.

Where initiatives were already in place before the Charter, staff shared that the Charter has helped support and further develop these initiatives for parents.

“these things have been in place a while but are getting better due to the audit.”

“free meals for resident mum's, new comfortable reclining chairs ordered, lidded cups provided so hot drinks can be drunk at the cotside, 24/7 visiting for parents and siblings but still some restrictions for other visitors due to infection prevention interventions. Trust is planning to implement free wifi in the near future.”

<b>Table 9</b> As a result of working on the Charter, what have your unit put in place to support feeding?	
Breastfeeding policy	73%
Staff training on benefits of breastfeeding and how to support lactation	78%
Breastfeeding lead	85%
Peer-to-peer support	45%
Sufficient equipment available e.g. breast pumps, funnels and storage bottles	80%
Reclining chairs	69%
Privacy screens/curtains	84%
Expressing room	75%
Clear and consistent information about the benefits of breastfeeding	82%
Information on how to donate surplus breast milk	53%
Parents supported to tube feed their baby	82%

Results from this question indicate there has been an increase in the support offered to mothers to initiate expressing and breastfeeding. Whilst it is not easy to correlate these results as a direct effect of the Bliss Baby Charter, the responses indicate that the charter has supported these initiatives and helped to further the work already started.

“most of these in place before charter. Parent tube feeding introduced since start”  
 “again most in place pre charter but now have breastfeeding lead”

<b>Table 10</b> As a result of working on the Charter, what have your unit put in place to deliver an effective discharge?	
Outreach team in place	64%
Health Visitor visits unit before discharge	11%
Multi-disciplinary discharge planning meetings (that include the parents)	65%
Clear guidelines from admission to discharge	53%
Parent passport	33%
Teaching sessions	69%

Response to this question indicate that some units feel that they have more work to do on their discharge planning but that the Charter is a welcome support tool to achieve their goals.

“Admission to discharge pathway to be in use soon. Parent passport is in development. More education for nurses re discharge planning.”

“this needs to improve and the audit is showing us this. Team in place to implement this and it is getting better.”

## Effect Questions

<b>Table 10</b>	<b>Got better</b>	<b>Stayed the same</b>	<b>Got worse</b>
<b>To what extent do you feel close and meaningful relationships between the family and their baby have changed?</b>	75%	18%	0%
<b>To what extent do you feel parental confidence looking after their baby has changed?</b>	78%	16%	0%
<b>To what extent do you feel that the emotional well-being of parents has changed?</b>	64%	27%	0%
<b>To what extent do you feel that families whose baby is receiving end of life care are better supported?</b>	42%	38%	0%
<b>To what extent do you feel that the baby's developmental needs are being met?</b>	75%	20%	0%
<b>To what extent do you feel that communication with parents has changed?</b>	78%	16%	0%
<b>To what extent do you feel that parental presence on the unit has changed?</b>	62%	31%	0%
<b>To what extent do you feel that breastfeeding rates have changed?</b>	51%	31%	0%
<b>To what extent do you feel that discharge planning has changed?</b>	40%	45%	0%
<b>Staff satisfaction</b>	38%	44%	4%
<b>Your working environment</b>	45%	40%	5%
<b>Staff relationships with families</b>	51%	40%	2%

### **What factors are making it difficult to embed the principles of the Bliss Baby Charter on your unit?**

Whilst the feedback around the effect of the Bliss Baby Charter on areas such as meeting the baby's developmental care needs and improving communication with parents was extremely positive, staff also shared that there are a number of challenges faced by units when undertaking the Bliss Baby Charter. These were predominantly around protected time, staffing issues, access to funding and staff attitudes. Some respondents also felt that the Charter paperwork was a challenge.

"We have so many ideas but time and resources can be a barrier. Staff do not always get time to work on their individual work streams. For some, staff motivation can be a challenge. Some families aren't on the Unit for long periods and this can be an obstacle for teaching and providing support."

**What has been the most significant change that your unit have introduced as a result of working through the Bliss Baby Charter?**

The final question asked about the most significant change introduced as a result of the baby charter. There were 47 responses to this question. Overall themes were around family experience, greater parent involvement, access to facilities and improved skin to skin. Some staff acknowledged that it was difficult to say if some changes could be attributed fully to the Charter. However some changes such as access to psychological support and free parking, family groups and parents tube feeding were more specifically attributed to working on the Charter.

“Happier families”

“Welcome packs, more comfy chairs. Working towards free meals for parents”

“Breastfeeding and the importance of skin to skin”

“Parents tube feeding”

“Education on implementation of developmental care. Parents being present during ward round and information for parents”

“Improved parental involvement overall with their baby”

“parents more involved in care eg taking temperatures and blood pressures”

“Unable to say. There have been lots of changes on the unit and hard to say what is down to the charter work or other pieces of work. Parents being able to stay through ward rounds has been significant in changing the culture”

“We now have 2 clinical psychologists working on the unit They have employed a lead to work towards implementing the Baby Friendly Neonatal Standards. We have introduced "Family Matters" which is a parent booklet/ hand book along-side a nursing checklist o try and help parents become more involved in their baby's care and carry out some tasks previously done by a nurse.”

“Prolonged periods of skin to skin and parents being more involved in the caring for their babies”

“Working through the charter as made us all aware of what we have achieved and what could be made better, also what we need to improve on.”

“Parents better prepared for going home. They are more confident and empowered”

“MDT ward round highlighting the need for regular communication between parents and medical staff. Implementing a developmental care guideline. Increasing the number of privacy screens.”

## Conclusion

Although the Baby Charter is a framework to support units to deliver family centred care, fundamentally it about improving the culture of encouraging and supporting families to be with their baby on the neonatal unit. These results show how the Yorkshire and Humber neonatal network have embraced the Baby Charter and are positive about the impact it is making. Across many of the units there are clearly areas of tangible improvements particularly those which support the closeness and attachment between with the family, which also improve breastfeeding rates. Whilst we acknowledge that there are other interventions that support the development of breastfeeding the Baby Charter encompasses a wider range of support from improving communication, better relationships with parents and understanding their emotional needs, all of which have significant impact on the ability of the neonatal unit to provide family centred care, thus improving the outcomes of the baby.

The Yorkshire and Humber neonatal network has shown great dedication to their families and commitment to the Baby Charter by taking a multidisciplinary approach to the participation of the charter, which is encouraging more parents to be present on the unit.

The next stage for Bliss and the Yorkshire and Humber Network will be, to continue to support individual units to reach accreditation and to ensure consistency of practice for the babies and families that move within the network.

“...we have always been a good team who works together well. However, I think the audit process is making us think more about the smaller things which impact upon the larger issues faced by the families of the babies in our care. And we are working together to implement our findings.”

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## References

<sup>i</sup> <https://www.bliss.org.uk/health-professionals/bliss-baby-charter/what-is-the-bliss-baby-charter>

<sup>ii</sup> Vigod, S.N, Villegas, L., Dennis, C.L., Ross, L.E. (2010) Prevalence and risk factors for postpartum depression among women with preterm and low-birth-weight infants: a systematic review, BJOG, 117(5) pp.540-50

<sup>iii</sup> [http://webarchive.nationalarchives.gov.uk/20130123200735/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107845](http://webarchive.nationalarchives.gov.uk/20130123200735/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107845)

<sup>iv</sup> <https://www.bliss.org.uk/health-professionals/training-and-events/the-fine-programme>

<sup>v</sup> <https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/documents/Research-and-campaigns/Campaigns/Families-kept-apart.pdf?mtime=20180411131112>