**Achieving Sustainability self-assessment tool**

Please refer to the [Achieving Sustainability guidance document](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/achieving-sustainability-standards-guidance/) for details of the evidence required for each criteria at the Gold Award assessment. This self-assessment tool is designed to support you to decide if you are ready for a Gold assessment. Please work through the checklist below deciding if you feel each criteria is met. Only tick ‘met’ when you believe that all the evidence required is available. Once you have completed the checklist and all standards appear to be met, please email it to bfi@unicef.org.uk so we can decide on a Gold assessment date with you.

**Service details**

|  |  |
| --- | --- |
| **Service name** |  |
| **Contact name, email & telephone** |  |
| **Re-assessment date** |  |
| **Please indicate when you would be ready to have a Gold assessment (e.g. month)** |  |

|  |  |  |
| --- | --- | --- |
| **Themes, Standards and criteria** | **Met / partially met / not met** | **Action required** |
| **Theme 1: Leadership** |
| 1. There is a named Baby Friendly lead/team with sufficient knowledge, skills and hours to meet their objectives
 |  |  |
| * Baby Friendly care would be maintained if the current lead was no longer in post
 |  |  |
| * The role is achievable within routinely worked hours without the need for routine overtime – paid or unpaid
 |  |  |
| * Succession planning has been considered.
 |  |  |
| 1. There is a mechanism for the Baby Friendly lead/team to remain up-to-date with their education and skills
 |  |  |
| * The lead/team are enabled to attend NIFN meetings, Baby Friendly Annual Conference etc.
 |  |  |
| 1. A Baby Friendly Guardian with sufficient seniority and engagement is in post
 |  |  |
| * The Guardian is a Board member, or has access to the Board
 |  |  |
| * The Guardian can demonstrate engagement via examples of where they have been able to influence decisions or actions in the service.
 |  |  |
| 1. The leadership structures support proportionate responsibility and accountability
 |  |  |
| * There is a formal leadership structure such as a strategy group or similar
 |  |  |
| * This group receives reports related to data and audit results, agrees actions and ensures these are delivered
 |  |  |
| * All relevant managers in all areas are engaged and aware of roles and responsibilities.
 |  |  |
| 1. All relevant managers are educated to support the maintenance of the standards
 |  |  |
| * All relevant managers, including the Guardian, have received specific training to enable them to understand Baby Friendly and the wider social and political context.
 |  |  |
| **Theme 2: Culture** |
| 1. There is support for ongoing staff learning
 |  |  |
| * Ongoing updates are responsive to local outcomes as well as emerging evidence and will support progression
 |  |  |
| * At least 80% of staff have been supported to access the updates.
 |  |  |
| 1. There are mechanisms in place to support a positive culture, such as staff recognition schemes, mechanisms for staff to feedback concerns and systems to enable parents’ and families’ feedback to be heard and acted upon
 |  |  |
| * There are mechanisms in place to show that staff are valued – at a Trust/authority-wide level and at a local/departmental level
 |  |  |
| * Staff are able to contribute ideas and express concerns about Baby Friendly care – and can do this anonymously if needed
 |  |  |
| * Examples of how staff feedback has impacted on the service can be provided
 |  |  |
| * Suitable mechanisms are used to gain feedback from mothers/families
 |  |  |
| * The mechanisms are effective – for example if the FFT or other relevant evaluation tool is used, the response rate is reasonable
 |  |  |
| * Examples of how mothers’/families’ feedback has impacted on the service can be provided.
 |  |  |
| **Theme 3: Monitoring** |
| 1. Baby Friendly audits are carried out regularly according to service needs
 |  |  |
| * There is a structured plan for conducting audits throughout the year
 |  |  |
| * The audit plan is responsive to service need and this can be demonstrated.
 |  |  |
| 1. All relevant data is available and is accessed
 |  |  |
| * Breastfeeding data is available, for at least two time points
 |  |  |
| * Additional data is also available, for example readmission rates, drop off rates, rates by postcode or geographical area, introduction of solid foods, sessional activity in children’s centres.
 |  |  |
| 1. Data is analysed effectively and collectively to give an overall picture
 |  |  |
| * Data and audit results are considered by the leadership team regularly – 3-6 monthly at least.
 |  |  |
| 1. Action plans are developed in response to findings
 |  |  |
| * Action plans related to core standards are developed according to need
 |  |  |
| * Action plans to aid progression have been developed in response to relevant local data or changing evidence base.
 |  |  |
| 1. Relevant data is routinely reported to the leadership team
 |  |  |
| * A mechanism for reporting e.g. a standard report template, dashboard or other mechanism is used to ensure that all data is reported
 |  |  |
| * Examples are available to be submitted.
 |  |  |
| 1. Relevant data is routinely reported to Unicef UK
 |  |  |
| * Annual audits have been submitted routinely to Unicef
 |  |  |
| * Any audits required following recent re-assessment are available and ready to be submitted.
 |  |  |
| * Current staff and mother audit results indicate that all standards continue to be met
 |  |  |
| **Theme 4: Progression** |
| 1. The service demonstrates innovation and progress
 |  |  |
| * Examples of developments made to services can be evidenced and submitted
 |  |  |
| * Developments have been planned/made based on audit results, data, feedback from parents and/or emerging evidence and have the potential to improve outcomes
 |  |  |
| * The rationale for the development, and details of planning, implementation and evaluation are clear and can be explained in the submission – see the Baby Friendly Progression Model (in the Achieving Sustainability Standards and Guidance).
 |  |  |
| 1. There is evidence of improved outcomes
 |  |  |
| * Data is available that demonstrates an improvement in outcomes – these outcomes may be breastfeeding rates (initiation, continuation, by area etc.) but could also be related to other outcomes such as timing of introduction of solid foods, increased attendance at parent education, staff or maternal satisfaction etc.
 |  |  |

|  |  |  |
| --- | --- | --- |
| 1. The needs of babies, their mothers and families related to the Baby Friendly standards are met through effective integrated working
 |  |  |
| * There is evidence that the service is working collaboratively to deliver a comprehensive care pathway for mothers
 |  |  |
| * There is evidence of collaboration at a strategic level.
 |  |  |

Please note that significant changes in service provision such as a major reorganisation, merger of services or re-tendering process can have a significant impact on the ability of the service to meet these standards, in particular Leadership and Culture, so you are advised to consider very carefully whether you apply for a Gold assessment at such times or shortly afterwards.