**Annual report - Gold accredited services**

**Children’s centres\***

*\*or equivalent early years community settings*

Facilities accredited as Gold Baby Friendly service must submit an annual report in order that effective maintenance and progress of standards may be monitored. Facilities are requested to complete the form and submit electronically to the Baby Friendly office.

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| --- | --- | --- | --- |
| **Organisation name:** |  | | |
| **Contact name, email & telephone:** |  | | |
| **Date of Gold accreditation:** |  | | |
| **Date of this annual report:** |  | | |
| **Total number of staff in the service** |  | | |
| **Number of staff who answered questions at each level** | | Level 1 |  |
| Level 2 |  |
| Level 3 |  |

**Report**

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| **Baby Friendly Lead report**  *Please give a summary of progress made in the last year. This should include challenges faced, successes and any learning from these. You may also wish to comment on any threats to the programme together with opportunities identified and taken.* |
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**Breastfeeding statistics**

*Please provide your latest data in the table below with your average percentages from the past year – entering values for the ‘xx’ listed.*

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| --- | --- | --- | --- | --- |
| **Age/stage collected** | **Feeding category** | | | |
| **Full / total breastfeeding** | **Partial breastfeeding** | **Artificial feeding** | **Not known** |
| **Initiation** | xx% |  | | |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx days/weeks** | xx% | xx% | xx% | xx% |
| **xx weeks/months** | xx% | xx% | xx% | xx% |
| **Period covered by the figures** | |  | | |
| **Percentage population coverage** | | These statistics relate to XX% of the population served by the facility. | | |

*Please tell us about how the breastfeeding data has changed in the period that the service has had a Gold award.*

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| **Age/stage collected** | **Year** | | | | | | |
| **0**  **Gold award** | **1** | **2** | **3** | **4** | **5** | **6** |
| **Initiation** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **xx days/weeks**  Full / total breastfeeding |  |  |  |  |  |  |  |
| **xx days/weeks**  Partial breastfeeding |  |  |  |  |  |  |  |

**Additional data/evidence of improved outcomes**

*Please tell us about any additional data that the service collects and how this has changed over the last year. This may also relate to other improved outcomes such as maternal or staff satisfaction.*

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**Supplementary information**

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| Does the policy full cover all the Baby Friendly Initiative Standards? | Yes/No | |
| Does the policy prohibit the display or distribution of materials which promote breastmilk substitutes, feeding bottles, teats and dummies? | Yes/No | |
| Percentage of staff trained | Level 1 |  |
| Level 2 |  |
| Level 3 |  |
| Overall number of staff |  | |
| Have any significant changes been made related to the Achieving Sustainability standards. If so, please submit a [Change of Circumstance](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/) report | Leadership | Yes/No |
| Culture | Yes/No |
| Monitoring | Yes/No |
| Progression | Yes/No |

**Latest audit results**

*Please note that your audit should have been carried out on a random sample of staff (or all staff), not just on those who have completed the training, and a random sample of mothers. Check the guidance document for re-assessment for recommended sample sizes. The question numbers relate to the question numbers in the relevant audit tool.*

|  |  |
| --- | --- |
| **Number of staff included in audit:** |  |
| **Number of breastfeeding mothers included in audit:** |  |
| **Number of formula feeding mothers included in audit:** |  |
| **Number of premises audited:** |  |

|  |  |
| --- | --- |
| **Level 1. All staff understand…** | **% giving correct / adequate response** |
| 1a. How the centre creates a welcoming environment |  |
| 1b. Why breastfeeding is important for mothers and babies |  |
| 1c. Why it is important to restrict advertising of formula milk |  |
| 1d. Awareness of roles, responsibilities and appropriate signposting |  |
| **Level 2. In addition to the above, staff can describe / demonstrate…** | **% giving correct / adequate response** |
| 2a. How they promote loving and responsive parenting |  |
| 2b. Why it’s important not to leave babies to cry |  |
| 2c. How to explain responsive bottle feeding |  |
| 2d. What information a bottle feeding mother needs |  |
| 2e. Why waiting to start solids until around 6 months is important |  |
| **Level 3. In addition to the above, staff can describe / demonstrate…** | **% giving correct / adequate response** |
| 3a. What would cause, and how to address sore nipples whilst feeding |  |
| 3b. How to support an ill breastfeeding mother |  |
| 3c. How to explain responsive breastfeeding |  |

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| **All mothers reported…** | | **% giving correct / adequate response** |
| 1a. that they had been made aware of services provided (groups, classes) by the local children’s centre. | |  |
| 1b. if they attended services during pregnancy that they were suitable to their needs. | |  |
| 1c. if they attended services following the birth, that they were suitable to their needs | | |
| Service |  |  |
| Service |  |  |
| Service |  |  |
| Service |  |  |
| 1d. they had a discussion on the importance of responsive parenting | |  |
| 1e. they understood why responsive parenting is important | |  |

|  |  |
| --- | --- |
| **Breastfeeding mothers confirmed that they…** | **% giving correct / adequate response** |
| 2a. were given information about sources of help and support |  |
| 2b. found support useful (according to need) |  |
| 2c. were given accurate information about responsive breastfeeding |  |
| 2d. knew how to access additional support in local area |  |

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| **General** |

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| **Mothers…** | **% giving correct/adequate response** | |
| 3a. Mother happy with care overall | % | very happy |
| % | fairly happy |
| % | unhappy |
| 3b. Staff were kind and considerate | % | always |
| % | mostly |
| % | sometimes |
| % | not at all |

Please tell us about any major change in the service which have resulted in significant gaps in care provision, or any other external assessment which has highlighted significant problems for example poor Ofsted/CQC report, an external review of the service, service in special measures etc.

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**Action planning**

*Please describe the actions you are taking in response to any issues with the audit findings:*

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| **Coronavirus, Covid -19**  *Please tell us about Covid-19 locally, including actions taken to mitigate the impact for sustainability of the Baby Friendly programme.* |
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🖉 **Signature page 1 – Gold review**

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

The management team is expected to take responsibility for ensuring that the standards are implemented in their area. Please also ask each manager to sign their commitment. *Please obtain signatures from each relevant manager and copy and paste this page if more boxes are needed. Signatures can be obtained electronically or as a hard copy and scanned for submission.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of ward/area:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the infant feeding policy** * **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of ward/area:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the infant feeding policy** * **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of ward/area:** |  | | |
| **I confirm that it is my intention to ensure that**   * **all staff working in this area are adequately trained to implement the infant feeding policy** * **implementation of the policy is audited regularly and action taken to improve practice when this falls below the standard required by the policy** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

🖉 **Signature page 2 – Gold review – Head of Service**

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| **Declaration by Head of Service** |
| **Standard 4 – Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff** |

The Head of Service is asked to confirm adherence to the International Code of Marketing of Breastmilk Substitutesand sign the declaration below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of service:** |  | | |
| **I confirm that we will fully implement the International Code of Breastmilk Substitutes (and subsequent relevant WHA resolutions)**  **I confirm that the information in this application form is accurate, to the best of my knowledge** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

🖉 **Signature page 3 – Gold review**

**Confirming that the content of this form and the supplementary documentation submitted is a true reflection of the service provided.**

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| **Declaration by Baby Friendly lead** |

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| --- | --- | --- | --- | --- |
| **Name of facility:** |  | | | |
| **Review date:** |  | | | |
| **I confirm that the information submitted is a true reflection of the work undertaken within the service over the past 12 month period.** | | | | |
| **Signed** | |  | **Date:** |  |

🗐 **Please send this audit report and any additional documents to** [**bfi@unicef.org.uk**](mailto:bfi@unicef.org.uk)