**Revalidation submission**

**Gold accredited services – Children’s Centre services**

Services accredited as Gold Baby Friendly must demonstrate in an ongoing way that they continue to maintain the core Baby Friendly standards and to further enhance the service. This process will involve periodic revalidation with a brief annual submission in the intervening years. The initial revalidation will take place **two** and **four** years after accreditation and then **every three** years subsequently. This revalidation process will include an update from the leadership team including a review of progress with any recommendations made last year, annual audit results, the most recent infant feeding data and confirmation of continuing adherence to the International Code of Marketing of Breastmilk Substitutes (the Code). In addition, ongoing revalidations from 4 years will review progress since the service initially received the Gold award.

Information will be provided in part through the completion of this submission form and via interviews with or a presentation from the leadership team. Please use this form to tell us the story of your progress with Achieving Sustainability standards within the **last year**. This will include relevant documents from your portfolio, for example minutes of meetings, evaluation and feedback summaries, reports on innovations and projects.

**2 year**

* send in a submission form plus additional relevant evidence, two weeks before the revalidation date.
* Baby Friendly Lead, Head of Service and Guardian to be available on the planned day for interview online.
* Change of circumstance report/s if indicated.

**4, 7 and 10 year**

* send in submission form plus additional relevant evidence, two weeks before the revalidation date.
* Develop presentation (example slides provided) about progress since the Gold award or previous revalidation.
* Presentation to be delivered by Baby Friendly Lead, Head of Service and Guardian.
* Change of circumstance report/s if indicated.
* Staff culture audit.

Revalidations will take place online.

|  |  |
| --- | --- |
| **Service name:** |  |
| **Contact name, email & telephone:** |  |
| **Date of Gold accreditation:** |  |
| **Date of this revalidation submission:** |  |
| **Number of staff in the service:** |  |

**Table of contents:**

|  |
| --- |
| **Individual reports:**   * **Baby Friendly Lead** * **Head of Service** * **Guardian** |
| **Summary of changes related to each of the Achieving Sustainability standards** |
| **Review of progress made in relation to previous recommendations** |
| **Annual audit results** |
| **Breastfeeding and other data** |
| **Confirmation of adherence to the International Code of Marketing of Breastmilk Substitutes** |
| **Table of supporting documents** |

**Reports**

|  |  |
| --- | --- |
| **Baby Friendly Lead report**  *Please tell us about 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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

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| **Head of Service report**  *Please tell us about 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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

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| **Guardian report**  *Please tell us about 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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

**The standards**

*Please consider how each standard has been met over the last year. You may need to refer to the Gold application form to help you consider what progress has been made. Please include any relevant documents with this submission. Significant changes should be documented on a change of circumstance report.*

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| **Theme 1 – Leadership** |

|  |  |
| --- | --- |
| The role, responsibilities and capacity of the team remain largely unchanged. | Yes/No  If yes, proceed to next section.  If no, please describe minor changes in the box below or, for significant changes, complete and submit a change of circumstance form. |
| Summary of changes |  |

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| **Theme 2 - Culture** |

|  |  |
| --- | --- |
| The processes in place to enhance the culture within the organisation remain largely unchanged | Yes/No  If yes, proceed to next section.  If no, please describe minor changes in the box below or, for significant changes, complete and submit a change of circumstance form. |
| Summary of changes |  |
| **7 year and onwards**  How are women’s/parents voices and staff voices (and possibly those of the wider community) used to enhance service provision.  *Share examples as part of documents submission or via presentation.* |  |

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| **Theme 3 - Monitoring** |

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| Monitoring and reporting processes remain largely unchanged | Yes/No  If yes, proceed to next section.  If no, please describe minor changes in the box below or for significant changes, complete and submit a change of circumstance form. |
| Summary of changes |  |
| **7 year and onwards**   * How is data used to advance service provision * What local KPI’s/outcomes are set to meet local need * How does the data compare with national statistics * Overall, how has the data changed, do you see a culture shift towards breastfeeding? If not, what do you think are the barriers to this?   *Share examples as part of documents submission or via presentation.* |  |

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| **Theme 4 – Progression** |

*Please refer to your original Gold application form and/or the previous revalidation submission and tell us about any changes that have occurred in the last year related to this standard. This may include changes or cessation to any of the previously described projects/innovations. Significant changes should be documented on a* [*change of circumstance report*](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/revalidation-and-annual-report/)*.*

|  |  |
| --- | --- |
| List changes/improvements previously reported which **have had a positive outcome** |  |
| List changes/improvements previously reported **which have been changed/not progressed** |  |
| List **new** changes/improvements and complete an improvement template |  |
| Summary of changes |  |
| Collaborative working with other local agencies remains largely unchanged | Yes/No  If no, please describe changes |
| **7 year and onwards**  Evidence of sharing expertise (e.g. buddying with another service, peer support, peer review, sharing of case studies, sharing via NIFN) and influencing wider policy and agendas |  |
| **7 year and onwards**  Evidence of co-production |  |
| **7 year and onwards**  Evidence of enhanced consideration to diversity including feedback from parents about how they experience the service |  |

**Actions taken in response to previous recommendations**

*Please tell us about any actions taken in relation to recommendations in the Gold Assessment report.*

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**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:** | Only Level 1 |  |
| Level 1 and Level 2 |  |
| Level 1,2,3 |  |
| **Number of breastfeeding mothers included in audit:** | |  |
| **Number of formula feeding mothers included in audit:** | |  |

|  |  |
| --- | --- |
| **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 | |  |

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| --- | --- | --- |
| **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 |  | |
| **General** | |

|  |  |  |
| --- | --- | --- |
| **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 |  |

**Action planning**

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

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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 CQC report, an external review of the service, service in special measures etc.

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**Supplementary information**

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| --- | --- | --- |
| Percentage of staff trained and/or updated | Level 1 |  |
| Level 2 |  |
| Level 3 |  |

**Additional data**

*Please tell us about any additional data that the service collects and how this has changed over the last year (supplementation is described above).*

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**Summary**

*Please summarise the impact of being a Gold Baby Friendly service, how has this increased impact, enabled resilience, protected services and breastfeeding through challenges.*

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***Complete this section at your three yearly revalidation only***

***(i.e at year four, then subsequent three yearly)***

**Breastfeeding trends**

*Please tell us about the data over time, starting at the time of your Gold assessment:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Feeding type** | **Age/stage collected** | **Year (Gold)** | **Year**  **(revalidation)** | **Year**  **(revalidation)** | **Year**  **(revalidation)** | **Year**  **(revalidation)** |
|  |  |  |  |  |
| **Exclusive breastfeeding** | **Initiation** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx weeks/months** |  |  |  |  |  |
| **Partial breastfeeding** | **Initiation** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx weeks/months** |  |  |  |  |  |
| **Formula feeding** | **Initiation** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx days/weeks** |  |  |  |  |  |
| **xx weeks/months** |  |  |  |  |  |

! **Signature page 1 – Gold revalidation – 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 facility:** |  | | |
| **I confirm that we will fully implement the International Code of Breastmilk Substitutes (and subsequent relevant WHA resolutions)** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

! **Signature page 2 – Gold revalidation**

**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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |  |

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| **Declaration by Head of Service** |

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| **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:** |  |

**Table of supporting documents**

Please consider the documents you wish to send. Only send those that help tell the story as the assessor has limited time to review. List all documents you are submitting as part of this application. You should list the filename of the document below, and give each document a reference number e.g. L1, L2 etc. Only documents listed on this page will be reviewed by your assessor. Documents can be embedded in this table or attached as file attachments when you submit the form.

|  |  |
| --- | --- |
| **No.** | **Document titles** |
|  | **Leadership** |
| L1 |  |
| L2 |  |
| L3 |  |
|  |  |
|  |  |
|  | **Culture** |
| C1 |  |
|  |  |
|  |  |
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|  |  |
|  | **Monitoring** |
| 1. M1 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Progression** |
| P1 |  |
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|  | **Change of circumstance (if relevant)** |
|  |  |

Thank you for completing this information. Please ensure this revalidation form and supporting documentation is sent 2 weeks before your revalidation.