**Revalidation submission**

**Gold accredited services - Health visiting/public health**

**nursing 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 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 report:** |  |
| **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** |

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

|  |
| --- |
| **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. Please include any relevant documents with this submission. Significant changes should be documented on a* [*change of circumstance report*](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/revalidation-and-annual-report/)

|  |
| --- |
| **Theme 1 – Leadership** |

|  |  |
| --- | --- |
| The role, responsibilities and capacity of the team remain largely unchanged. | Yes/NoIf 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 |  |

|  |
| --- |
| **Theme 2 - Culture** |

|  |  |
| --- | --- |
| The processes in place to enhance the culture within the organisation remain largely unchanged | Yes/NoIf 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.* |  |

|  |
| --- |
| **Theme 3 - Monitoring** |

|  |  |
| --- | --- |
| Monitoring and reporting processes remain largely unchanged | Yes/NoIf 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.* |  |

|  |
| --- |
| **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/)*.*

*New projects should be listed below and described on the* [*improvement report template*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.unicef.org.uk%2Fbabyfriendly%2Fwp-content%2Fuploads%2Fsites%2F2%2F2021%2F02%2FReport-template-for-improvements-1.docx&wdOrigin=BROWSELINK)*.*

|  |  |
| --- | --- |
| 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/NoIf 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.*

|  |
| --- |
|  |

**Latest audit results**

Please complete one of the sections below, depending on which audit tool you’ve used.

* **Section 1:** Using 2019 audit tool Health Visiting
* **Section 2:** Using 2024 audit tool for community services (health visiting and early years services- complete relevant sections)

*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 questions numbers in the relevant audit tool.*

**Section 1: Using 2019 audit tool – Health Visiting**

|  |
| --- |
| **Numbers included in the audit** |
| Number of staff  |  |
| Number of breastfeeding mothers  |  |
| Number of formula feeding mothers  |  |

|  |
| --- |
| **Standard 1 – Antenatal care** |

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| 1a. The importance of developing a close and loving relationship |  |
| 1b. How to encourage this process |  |
| 1c. What information mothers to be may need |  |
| 1d. The principles of effective communication |  |

*(If the facility does not provide routine antenatal care for pregnant women you do not need to complete the following section)*

|  |  |
| --- | --- |
| **Mothers had a discussion appropriate to needs about …** | **% giving correct/adequate response** |
| 3a. Comforting and caring for her baby |  |
| 3b. Feeding her baby |  |

|  |
| --- |
| **Standard 2 – Enabling continued breastfeeding** |

|  |  |
| --- | --- |
| **Staff can describe/demonstrate….** | **% giving correct/adequate response** |
| 2a. Signs a baby is receiving enough milk |  |
| 2b. The key principles of positioning  |  |
| 2c. How babies attach to the breast |  |
| 2d. The signs of effective attachment |  |
| 2e. The importance of effective attachment |  |
| 2f. What is meant by responsive feeding |  |
| 2g. Why hand expressing is useful |  |
| 2h. How to support a mother with hand expressing |  |
| 2i. How to support continued breastfeeding |  |
| **Breastfeeding mothers confirmed that ….** | **% giving correct/adequate response** |
| 1a. Breastfeeding was assessed |  |
| 1b. They know how to recognise baby is getting enough breastmilk |  |
| 1c. They know about responsive feeding |  |
| 1d. They were given information about help and support available |  |
| 7**.** They were offered information about feeding out and about or with other people |  |
| 8.They were offered information about feeding and going back to work |  |
| **All mothers confirmed that ….** | **% giving correct/adequate response** |
| 1e. They had a discussion about the importance of closeness and comfort |  |
| 1f. They were given information on what enhances closeness and responsiveness |  |
| 1g. They were aware of local support available for parents |  |
| 5. They were offered information about feeding at night (bottle feeding mothers) |  |
| 6. They were offered information about feeding at night (breastfeeding mothers) |  |
| **Services accessed met mothers’ needs….** | **% giving correct/adequate response** |
| 2. Service…………………………………….  |  |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |
| 2. Service……………………………………. |  |

|  |
| --- |
| **Standard 3 –Informed decisions regarding the introduction of food or fluids other than breast milk** |

|  |  |
| --- | --- |
| **Staff can describe…** | **% giving correct/adequate response** |
| 3a. Support for a mother to maximise breastmilk |  |
| 3b. Information for mothers who use formula milk |  |
| 3c. How to support a mother to bottle feed responsively |  |
| 3d. Why the recommended age for starting solids is six months |  |
| 3e. The importance of avoiding formula advertising |  |
| **Breastfeeding mothers…** | **% giving correct/adequate response** |
| 4. Were supported to maximise breastmilk given |  |
| **Bottle feeding mothers….** | **% giving correct/adequate response** |
| 1a. Understand how to make up feeds safely |  |
| 1b. Know about type of milk to offer |  |
| 1c. Know how often to feed |  |
| 1d. Had a discussion about ensuring baby gets the right amount of milk |  |
| **All mothers….** |  |
| 5. advised appropriately about starting solid food |  |

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

|  |  |
| --- | --- |
| **Staff can describe…** | **% giving correct/adequate response** |
| 4a The importance of close and loving relationships |  |
| 4b. How to encourage close and loving relationships |  |
| **All mothers confirmed that….** | **% giving correct/adequate response** |
| 1e. They had a discussion about the importance of closeness and comfort |  |
| 1f. They were given information on what enhances closeness and responsiveness (breastfeeding mothers) |  |
| 1f. They were given information on what enhances closeness and responsiveness (bottle feeding mothers) |  |
| 1g. They were made aware of local support for parents (all mothers) |  |

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

|  |  |
| --- | --- |
| **Mothers…** | **% giving correct/adequate response** |
| 9a. Had a conversation about safer sleep |  |
| 9b. Received written information or were referred to appropriate websites |  |
| 9c. Mother happy with care overall | very happy |  |
| fairly happy |  |
| unhappy |  |
| 9d. Staff were kind and considerate | always |  |
| mostly |  |
| sometimes |  |
| not at all |  |

**Section 2: Using 2024 audit tool for community services (health visiting and early years services- complete relevant sections)**

*Some questions are now asked to different groups of staff. Where this is new and therefore subject to transition arrangements, the results box has been split.*

|  |
| --- |
| **Numbers included in the audit** |
| Number of staff  | Health visiting staff |  |
| Early years L3 |  |
| Early years L2 |  |
| Early years L1 |  |
| Number of breastfeeding mothers  |  |
| Number of formula feeding mothers  |  |

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

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| 1a. What information mothers to be may need(All staff) | % |
| 1b. The importance of developing a close and loving relationship (All staff) | % |
| **L1**  | % |
| 1c. How to encourage this process(All staff) | % |
| **L1** | % |
| 1d. How to help get breastfeeding off to a good start(HV,L3) | % |
| **L3** | % |
| 1e. How to support previous challenges(HV, L3) | % |

|  |  |
| --- | --- |
| **Mothers had information and a conversation appropriate to needs about …** | **% giving correct/adequate response** |
| 1a. services available in pregnancy | % |
| 1b. comforting and caring for baby | % |
| 1c. feeding baby | % |

|  |
| --- |
| **Standard 2 – Enabling continued breastfeeding** |

|  |  |
| --- | --- |
| **Staff can describe/demonstrate….** | **% giving correct/adequate response** |
| 2a. Creating a welcome for breastfeeding(All staff) | % |
| **HV**  | % |
| 2b. Referral pathways(L1, L2) | % |
| 2c. Signs a baby is receiving enough milk(HV, L3) | % |
| **L3** | % |
| 2d. The key principles of positioning (HV, L3) | % |
| 2e. How babies attach to the breast(HV, L3) | % |
| 2f. The signs of effective attachment(HV, L3) | % |
| 2g. The importance of effective attachment(HV, L3) | % |
| **L3** | % |
| 2h. What is meant by responsive feeding(HV, L3, L2) | % |
| **L2** | % |
| 2i. How to support a mother with hand expressing(HV, L3) | % |
| **L3** | % |
| 2j. How to support a mother with mastitis(HV, L3) | % |
| 2k. Support for going back to work(HV, L3) | % |
| **L3** | % |
| 2l. Support for feeding out and about(HV, L3) | % |
| **L3** | % |
| 2m. Feeding at night(HV, L3) | % |
| **L3** | % |
| **Breastfeeding mothers confirmed that ….** | **% giving correct/adequate response** |
| 2a. breastfeeding was assessed with appropriate care planning if needed | % |
| 2b. they know how to recognise baby is getting enough breastmilk | % |
| 2c. they know about responsive feeding | % |
| 2d. ongoing breastfeeding assessments in place | % |
| 2e. they were given information about help and support available | % |
| 2f. support group/class/peer support met mothers’ needs | % |
| 2g. clinics met mothers’ needs | % |
| 2h. support with ongoing breastfeeding | % |
| 2i. specialist support (if accessed) met needs | % |
| 2j. supported to maximise breastmilk given | % |

|  |
| --- |
| **Standard 3 – Informed decisions regarding the introduction of food or fluids other than breast milk** |

|  |  |
| --- | --- |
| **Staff can describe…** | **% giving correct/adequate response** |
| 3a. Support for a mother to maximise breastmilk(HV, L3, L2) | **HV** | % |
| **L3** | % |
| **L2** | % |
| 3b. Information for mothers who use formula milk(HV, L3, L2) | % |
| 3c. How to support a mother to bottle feed responsively(HV, L3, L2) | % |
| 3d. Why the recommended age for starting solids is six months(HV, L3, L2) | % |
| 3d. The importance of avoiding formula advertising(All staff) | % |
| 3e. The importance of avoiding formula advertising (Code)(All staff) | % |
| **Bottle feeding mothers confirmed that….** | **% giving correct/adequate response** |
| 3a. a feeding assessment was carried out | % |
| 3b. understand how to make up feeds safely | % |
| 3c. knows about type of milk to offer | % |
| 3d. knows how often and how to feed | % |
| 3e. ongoing assessments in place | % |
| **All mothers….** |  |
| 3f. advised appropriately about starting solid food(HV, L3, L2) | % |

|  |  |
| --- | --- |
| **Standard 4 – Close and loving relationships** |  |
| **Staff can describe…** |  |
| 4a The importance of close and loving relationships(All staff) | % |
| **L1** | % |
| 4b. How to encourage close and loving relationships(All staff) | % |
| **L1** | % |
| **All mothers confirmed that ….** | **% giving correct/adequate response** |
| 4a. They had a discussion about the importance of closeness and comfort | % |
| 4b. They were given information on what enhances closeness and responsiveness | % |
| 4c. They were aware of local support available for parents/primary caregivers | % |
| 4d. They were offered information about keeping babies safe when asleep | % |
| 4e. They were offered support with nighttime feeds | % |

**Action planning**

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

|  |
| --- |
|  |

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.

|  |
| --- |
|  |

**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.*

|  |  |
| --- | --- |
| **Age/stage collected** | **Feeding category** |
| **Full / total breastfeeding** | **Partial breastfeeding** | **Formula 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. |

**Supplementary information**

|  |  |  |
| --- | --- | --- |
| Percentage of staff trained and/or updated | Health visitors |  |
| Support staff |  |
| Managers |  |
| Others |  |

**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).*

|  |
| --- |
|  |

**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.*

|  |
| --- |
|  |

***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**

|  |
| --- |
| **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.**

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

|  |
| --- |
| **Declaration by Head of Service**  |

|  |
| --- |
| **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 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Monitoring** |
| M1 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Progression** |
| P1 |  |
|  |  |
|  |  |
|  |  |
|  | **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 meeting.