**Revalidation submission**

**Gold accredited services – Joint award, Health Visiting/**

**public health nursing services and Children’s Centres**

Facilities accredited as Gold Baby Friendly service 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 an annual report in the intervening years. The initial revalidation will take place after **two** and **four** years after accreditation and then every three years subsequently. This revalidation process will include an update from the leadership team on progress, successes and challenges over the first year, a review of progress with any recommendations made in last year’s Achieving Sustainability assessment report, 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).

Please use this form to tell us the story of your progress with Achieving Sustainability standards within the last year. This will include submission from your portfolio of relevant documents, for example minutes of meetings, evaluation and feedback summaries, reports on innovations and projects. In addition, where changes have occurred please give details and include the new documentation, for example if you have a new leadership structure please describe this to us and include a change of circumstance form if not already submitted.

Facilities are requested to complete the form and submit along with portfolio evidence a week before the revalidation date scheduled. Please make sure that the Baby Friendly lead, head of Service and Guardian are available on the planned day for interview (year 2) and subsequently to support delivery of a presentation about progress to the Baby Friendly assessor. Revalidations will take place online.

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| **Organisation name/s:** |  |
| **Contact names, email & telephone:** |  |
| **Date of Gold accreditation:** |  |
| **Date of this revalidation report:** |  |
| **Number of staff in each service** |  |

**Table of contents:**

|  |
| --- |
| **Individual reports:**   * **Baby Friendly Leads** * **Heads of Service** * **Guardians** |
| **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**

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| --- |
| **Baby Friendly Lead report – Health Visiting service**  *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.*  ***At year four, then subsequently three yearly:*** *we will ask you to develop and present a Powerpoint presentation to explain your progress covering not only the previous year, but the work and progress to date.* |
|  |
| **Baby Friendly Lead report – Children’s Centres (if different)**  *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.*  ***Three yearly revalidation only (i.e at year four, then subsequent three yearly):*** *In addition we will ask you to develop and present a Powerpoint presentation to explain your progress* |
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| **Head of Service report – Health Visiting Service**  *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.* |
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| **Head of Service report – Children’s Centres (if different)**  *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.* |
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| **Guardian report – Health Visiting Service**  *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.* |
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| **Guardian report – Children’s Centres (if different)**  *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.* |
|  |

**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 form.*

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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 |  |

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

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| **Theme 3 - Monitoring** |

|  |  |
| --- | --- |
| 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 |  |

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| **Theme 4 – Progression** |

*Please refer to your original Gold application form and/or last years 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 form.*

*New projects should be listed below and described on the improvement report template and included in the relevant section of your portfolio.*

|  |  |
| --- | --- |
| Changes/improvements previously reported which are **largely unchanged.**  Please list titles of submissions from last year. |  |
| Changes/improvements previously reported **which have been changed.**  Please list titles of submissions from last year |  |
| Summary of changes |  |
| New projects |  |
| Collaborative working with other local agencies remains largely unchanged | Yes/No  If no, please describe changes |

**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 – Health Visiting Service**

*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:** |  |

|  |
| --- |
| **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……………………………………. |  |

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| **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 |  |

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| **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) |  |

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| **General** |

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| **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 |  |

**Latest audit results – Children’s Centres**

*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 |  |

|  |  |  |
| --- | --- | --- |
| **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 |  | |
| **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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| **Coronavirus, Covid -19**  *Please tell us about Covid-19 locally, including actions taken to mitigate the impact for sustainability of the Baby Friendly programme.* |
|  |

**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**

|  |  |  |
| --- | --- | --- |
| 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 and/or updated | Health visitors |  |
| Childrens centre workers |  |
| Support staff |  |
| Managers |  |
| Others |  |
| Overall number of staff | Health visiting service |  |
|  | Children’s Centre service |  |

**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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*Use this box to any additional comments that you feel will substantiate your case for the Gold Award revalidation.*

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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** | **Year** | **Year** | **Year** |
|  |  |  |  |  |
| **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)**  **I confirm that the information in this application form is accurate, to the best of my knowledge** | | | |
| **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:** |  |

**Table of supporting documents**

Please 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. D1, D2 etc. Only documents listed on this page will be reviewed by your assessor.

In the application, you can use this to reference a document, for example *“The leadership team structure consists of….(see D1)”*

|  |  |
| --- | --- |
| **No.** | **Document titles** |
|  | **Leadership** |
| D1 |  |
| D2 |  |
| D3 |  |
|  |  |
|  |  |
|  | **Culture** |
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|  | **Monitoring** |
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|  | **Progression** |
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|  | **Change of circumstance** |
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Thank you for completing this information. Please ensure this revalidation form and supporting documentation is sent a week before your revalidation meeting.

**Submitting your portfolio**

At revalidations you will be required to submit the relevant sections of your portfolio for the most recent calendar year. Our preferred method of submission is through our encrypted cloud storage system, Box. Once you are awarded Gold, you will be invited as a collaborator to a Box folder that you can use to upload documents / add folders as suggested. You should receive an invite email from Box.com to allow access, and we will also send a unique file uploading link, which you can use to send documents to the folder without a Box account.

If you cannot access the Box uploader page, please contact the Baby Friendly office to discuss alternative arrangements for sending the files: either by another secure transfer method or by email.