**Annual submission**

**Gold accredited services – Community**

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

4 **Please send this form to** [bfi@unicef.org.uk](mailto:bfi@unicef.org.uk)

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

**Report**

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| **Baby Friendly Lead report** **– Health Visiting Service**  *Please give a brief summary of progress made in the last year in relation to each of the standards below (maximum 500 words). No additional documents are required unless specifically requested.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

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| **Baby Friendly Lead report** **– Early years service (if different)**  *Please give a brief summary of progress made in the last year in relation to each of the standards below (maximum 500 words). No additional documents are required unless specifically requested.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

**Breastfeeding trends**

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

*Please add the year into each column heading to show when the data is from and change XX days/weeks to the data point you’re tracking.*

*If you have further years to add, please add columns or copy and insert a new table*

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| **Feeding type** | **Age/stage collected** | **Year (Gold)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
|  |  |  |  |  |  |  |  |
| **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** |  |  |  |  |  |  |  |  |

**Data trends**

*Please summarise trends in the data since the service achieved the Gold award.*

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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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**Change of circumstance**

*For changes in key personnel or service provision, please complete a* [*change of circumstance form*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.unicef.org.uk%2Fbabyfriendly%2Fwp-content%2Fuploads%2Fsites%2F2%2F2021%2F02%2FChange-of-circumstance-report-1.docx&wdOrigin=BROWSELINK)*.*

**Transition to the revised standards**

Changes to some of the ‘foundation standards’ are expected as part of the move to the revised standards. These include:

- A strategy group

- A Guardian

- Data sharing – pregnancies and new births

- Hand over from acute services

- Training – annual updates for all, training for commissioned service workers

- Consideration of population needs

- Co-design of services.

**For assessments booked:**

**January 2025 – May 2025**

These foundation standards do not need to be fully implemented at this stage, however we ask that you submit an action plan with suitable time lines to demonstrate how you plan to implement these.

Standards for staff and mothers assessed by interview do not need to be met; we will continue to use assessment tools based on the previous standards (2019 audit tools).

**June 2025 – May 2026**

Foundation standards as above **–** an action plan will be reviewed.

Staff and mother standards assessed using the new assessment tools (2024 audit tool) with a 50% requirement.

**June 2026 – onwards**

All standards to be met in full.

**All** revised standards are highlighted in a grey box in the guidance and application form for clarity.

**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 questions numbers in the relevant audit tool.*

* ***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.*

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| **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 | |  |

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

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| **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) | % | |

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| **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 | % |

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

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| **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. early contact was made | % | |
| 2b. breastfeeding was assessed with appropriate care planning if needed | % | |
| 2c. they know how to recognise baby is getting enough breastmilk | % | |
| 2d. they know about responsive feeding | % | |
| 2e. ongoing breastfeeding assessments in place | % | |
| 2f. they were given information about help and support available | % | |
| 2g. support group/class/peer support met mothers’ needs | % | |
| 2h. clinics met mothers’ needs | % | |
| 2i. support with ongoing breastfeeding | % | |
| 2j. specialist support (if accessed) met needs | % | |
| 2k. supported to maximise breastmilk given | % | |

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

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| **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) | % | |

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| **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 | % | |

! **Signature page 1– Gold annual review – Head of Service**

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| **Declaration by Head of Service – Health visiting 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:** |  |

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| **Declaration by Head of Service – Early years 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 annual 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 – Health visiting service** |

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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:** |  |

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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:** |  |

! **Signature page 2 continued – Gold annual review**

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| **Declaration by Baby Friendly lead – Early years service** |

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

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