**Revalidation submission**

**Gold accredited services – Community**

**(June 2025 – May 2026)**

Services accredited as Gold Baby Friendly Services must demonstrate 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 in the form of a presentation.

Information will be provided in part through the completion of this submission form and via interviews with or a presentation from the leadership team from 4 years onwards. 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.

The submission form has been expanded to include information about how the service has embedded the [Foundation Standards](https://www.unicef.org.uk/babyfriendly/foundation-standards-factsheet/)

**2 year (First revalidation)**

* 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.
* Staff culture audit.

**4, 7 and 10 year (and subsequent revalidations)**

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

**Table of contents:**

|  |
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| **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** |

**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 (already included for Gold services)

- A Guardian (already included for Gold services)

- 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).

Please complete the previous version of the application form (instead of this one).

**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 audit results table.

\***Please note,** this form covers both Health Visiting and Early years services. If this Gold revalidation is for one of these services, please feel free to omit information related to the other.

**Reports**

|  |  |
| --- | --- |
| **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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

|  |  |
| --- | --- |
| **Baby Friendly Lead report** **– Early Years service (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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

|  |  |
| --- | --- |
| **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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

|  |  |
| --- | --- |
| **Head of Service report – Early Years service**  **(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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

|  |  |
| --- | --- |
| **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.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

|  |  |
| --- | --- |
| **Guardian report – Early Years service (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.* | |
| **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 form.*](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/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 |  |
| 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/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 |  |
| Data and information sharing including handover to relevant services |  |
| Consideration to training needs of staff in commissioned services |  |
| **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 form*](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](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/achieving-sustainability-apply-now/) |  |
| Summary of changes |  |
| Collaborative working with other local agencies remains largely unchanged | Yes/No  If no, please describe changes |
| Evidence of co-production |  |
| **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 enhanced consideration to diversity including feedback from parents about how they experience the service |  |
| **Revised community standards**  Please tell us about the progress you have made towards implementing the revised community standards. Refer to the [Foundations standards](https://www.unicef.org.uk/babyfriendly/foundation-standards-factsheet/) checklist and comment on anything not already covered as part of the revalidation. |  |

**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 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.*

**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. 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 | % | |

|  |
| --- |
| **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.

|  |
| --- |
|  |

**Supplementary information**

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

**Additional data**

*Please tell us about any additional data such as hospital readmission data, age of baby when introducing solid foods 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.*

|  |
| --- |
|  |

**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*

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

🖉 **Signature page 1 – Gold revalidation – Head of Service**

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

|  |
| --- |
| **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 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 – Health Visiting 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:** |  |

|  |
| --- |
| **Declaration by Head of Service – Health Visiting 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:** |  |

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

|  |
| --- |
| **Declaration by Head of Service – Early Years 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** |
| D1L1 L1 |  |
| D2L2 |  |
| D3 |  |
|  |  |
|  |  |
|  | **Culture** |
| C1 |  |
|  |  |
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|  |  |
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|  | **Monitoring** |
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|  | **Progression** |
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|  |  |
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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 2 weeks before your revalidation.