Self-Assessment Tool

The Growing Healthy Families (GHF) standards provide a framework for early years providers to create healthier environments for children, and for practitioners to be knowledgeable and confident discussing healthy lifestyles with families. The standards are evidence-based and have been developed alongside representatives from early years in Luton, as well as our key partners in health and education.

This tool has been adapted from the standards to provide a universal offer for all early years childcare and education providers. Each of the standards contain criteria covering areas of best practice for providers to self-assess and implement improvements.

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Self-Assessment Guidance

Step 1. Nominate a Growing Healthy Families coordinator

Before starting the self-assessment, appoint a practitioner to take ownership of the process. The coordinator will lead the assessment, monitor progress, and review annually.

Step 2. Notify Growing Healthy Families of your involvement in programme

The Growing Healthy Families coordinator should email ccs.growinghealthyfamilies@nhs.net to notify of their involvement.

Step 3. Begin initial self-assessment

Read the standards carefully and take time to understand the criteria listed under each one.

Step 4. Assess your practice

For each criterion, consider how well you currently meet the standard. Use the ‘evidence’ box to reflect your current practice.

Step 5. Plan improvements

For any standards where improvements are needed, detail actions in the ‘actions for improvement’ box and set a deadline.

Step 6. Finalise initial self-assessment

Once the actions are implemented, review the criteria again to determine if the standard has now been achieved.

Step 7. Review annually

This document should be reviewed annually to maintain and improve best practice. The Growing Healthy Families coordinator is responsible for setting the review date and ensuring the self-assessment is updated each year.

Growing Healthy Families contact: ccs.growinghealthyfamilies@nhs.net

Early Years Provider Details

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| **Name of provider:** |  |
| **Address:** |  |
| **Name of nominated Growing Healthy Families coordinator:** |  |
| **Number of staff:** |  |
| **Number of children:** | **0-1 years** | **1-2 years** | **2-3 years** | **3+ years** | **Children with SEND** |
|  |  |  |  |  |
| **Type of early years provider:** |  |
| **Date of initial self- assessment:** |  |
| **Date of annual review:** |  |

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| **Healthy Policy and Practice** |
| **Standard** | **Evidence** | **Actions for****improvement** | **Deadline** | **Achieved****Y / N** |
| **The Growing Healthy Families standards and ethos will be incorporated across the whole environment.** |
| 1. | A nominated practitioner will coordinate the Growing Healthy Families programme. They have a minimum NVQ Level 3 or at least 2 years childcare (or other relevant)experience. |  |  |  |  |
| 2. | All staff are aware of the Growing Healthy Families programme and will recognise theprogramme standards. |  |  |  |  |
| **An Early Years Health Policy, which has been developed alongside parents, carers and staff will be in place and reviewed****annually.** |
| 3. | Develop, promote and review annually an Early Years Health Policy.*Please see policy template that provides guidance on what the policy should cover.* |  |  |  |  |
| 4. | All parents and staff are made aware of the Early Years Health policy.*Please see policy template that provides guidance on what the policy should cover.* |  |  |  |  |
| **Children are actively encouraged to eat well and develop healthy habits.** |
| 5. | Babies and children are supervised andhave a shared mealtime experience where |  |  |  |  |

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|  | social interaction is encouraged at thetable. |  |  |  |  |
| 6. | Meal and snack time are used as anopportunity to learn about food and develop good eating habits. |  |  |  |  |
| 7 | The celebration of childrens birthdays will not involve the sharing of unhealthy food or drinks, such as cakes and sweets. Children will be made to feel special in other ways, such as using a birthday hat or a birthdaysong. |  |  |  |  |
| **Babies and infant specific** |
| 8. | If bottle-feeding, make sure babies are fed responsively i.e. held close, have eye contact, not encouraged to finish a bottle, and are well- supported in a semi upright position in their key workers arms. For each baby, ensure that one key worker is responsible for feeding who can respond to their feeding cues appropriately.*See ‘Start for Life: Guide to Bottle Feeding’**for further information*. |  |  |  |  |
| 9. | Encourage babies to start solids around 6 months of age, or when they aredevelopmentally ready. Babies should also |  |  |  |  |

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|  | be given the opportunity to self-feed from 6 months of age by offering finger food. |  |  |  |  |
| 10. | Encourage babies to use an open top cup from 6 months of age. Discourage bottle and dummy use by 12 months of age. |  |  |  |  |
| **Children participate in purposeful physical play which has been planned to meet their development needs and are****encouraged to develop their physical skills.** |
| 11. | A minimum of 45 minutes of purposeful physical play is provided each session (every 3 hours), for babies and children. This should be provided as short bursts of varied, age-appropriate activities. |  |  |  |  |
| 12. | Physical activity sessions are planned to develop both gross and fine motor skills, and practitioners understand the aims of each session.*Please use ‘Physical Activity Ideas and**Planning Template’ to implement skill- focussed physical activity into each day.* |  |  |  |  |
| 13. | Practitioners adapt physical activities to meet childrens different levels of abilities and needs (including those with delayedphysical development). |  |  |  |  |

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|  | *Refer to the SENS team or your SEN advisor for further advice and support.* |  |  |  |  |
| **Healthy Lifestyle Education** |
| **Standard** | **Evidence** | **Actions for improvement** | **Deadline** | **Achieved Y / N** |
| **All staff will have basic knowledge of infant feeding and healthy eating for under 5s, what constitutes purposeful physical play and good oral health practice.** |
| 14. | A minimum of 50% of staff, including the coordinator will attend Growing Healthy Families training at programme commencement and will cascade learning to all staff.*Training sessions are offered once per term, please email* *ccs.growinghealthyfamilies@nhs.net* *to**book.* |  |  |  |  |
| **All staff will have the confidence to promote healthy lifestyles messages to parents.** |
| 15. | Staff will have the confidence in their knowledge to actively promote healthier lifestyles and recommendations to parents, carers and families. This will include nutrition, physical activity and oral health messaging but can also incorporate wider public health concerns such smoking andimmunisations. |  |  |  |  |

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| **Children of all ages and stages of development are provided with opportunities to experience and learn about healthy****eating, good oral health care and the benefits of being physically active.** |
| 16. | A variety of activities are offered across each term that will increase childrens exposure to different foods and support their understanding of healthy eating, oralhealth care and physical activity. |  |  |  |  |
| 17. | Food based or cooking activities are planned at least once per term with an emphasis on healthy, savoury foods. Playcooking activities are conducted frequently. |  |  |  |  |
| 18. | Children are encouraged to explore cultural events and celebrations with an emphasis on healthy food or non-food based activities. |  |  |  |  |
| **Food and Physical Activity Provision** |
| **Standard** | **Evidence** | **Actions for****improvement** | **Deadline** | **Achieved****Y / N** |
| **Children and babies are offered regular healthy meals and snacks throughout the day, which are varied and appropriate to their age and stage of development. Food and drink provided will meet the Growing Healthy Families catering****standards as a minimum requirement.** |
| 19. | If offering full day care, food provisionshould include breakfast, lunch, tea and both morning and afternoon snacks. All |  |  |  |  |

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|  | menus should adhere to catering standards and be tooth friendly.*See the Growing Healthy Families catering standards for further information.* |  |  |  |  |
| 20 | A minimum of a three-week menu rotation for main meals should be in place. |  |  |  |  |
| 21 | Portion sizes are age appropriate.*See the Growing Healthy Families catering standards for further information.* |  |  |  |  |
| 22. | Packed lunches that are brought from home or offered at a picnic should meet the recommendations within the packed lunch standards.*See the Growing Healthy Families packed lunch standards for further information*. |  |  |  |  |
| 23. | A procedure should be in place for managing packed lunches that don't meet the GHF catering standards or appropriate portion sizes. Parents and carers should besupported to provide healthier options. |  |  |  |  |
| **Children with special dietary requirements will be accommodated where possible and their nutritional needs will be met.** |
| 24. | Special dietary requirements, includingthose for cultural, religious or medical reasons will be met wherever possible. The |  |  |  |  |

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|  | suitable alternative should meet the GHF catering standards and me similar in texture and appearance to that of the main mealsoffered. |  |  |  |  |
| **Children are provided with an environment and resources that challenge and develop their physical skills.** |
| 25. | The environment is designed for children to move freely and enable purposeful physical play, indoors and outdoors. Including appropriate clothing being available for allweather. |  |  |  |  |
| 26. | Age-appropriate resources are available that help children to develop a range ofphysical skills. |  |  |  |  |
| **Working with Families** |
| **Standard** | **Evidence** | **Actions for****improvement** | **Deadline** | **Achieved****Y / N** |
| **Healthy lifestyle messages will be consistently promoted throughout the year.** |
| 27. | Practitioners will work with parents andcarers who need support with recognising and changing unhealthy behaviours. |  |  |  |  |
| 28. | Providers will be supportive of breastfeeding mothers including those who may be returning to work and wishing to breastfeed.*See ‘Start For Life: Breastfeeding and**returning to work’ for further information.* |  |  |  |  |

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| 29. | All practitioners will have knowledge of, and parents will have access to; appropriate local healthy lifestyle programmes, resources (on a range of topics from nutrition, physical activity, oral health, immunisations and smoking). Parents will be signposted accordingly.*See Luton Family Hubs app for further information.* |  |  |  |  |
| **Parents and carers will have the opportunity to feedback on food provision and healthy lifestyle activities.** |
| 30. | A plan for capturing parent feedback on food provision and healthy lifestylepromotion activities is in place. |  |  |  |  |
| **Healthier Communities** |
| **Standard** | **Evidence** | **Actions for****improvement** | **Deadline** | **Achieved****Y / N** |
| **Identify at least one activity a year where healthy lifestyles can be promoted throughout the wider community.** |
| 31. | Identify one community activity each year, where they will promote the importance of good nutrition, oral health, physical activity and immunisations.*Refer to guidance on the Growing Healthy Families website.* |  |  |  |  |