



Early Childhood Health Promotion: A Toolkit for Early Childhood Education and Care Practitioners

A resource to support your practice in improving the health of children in pre-school settings



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Introduction

This document, *Child Health Promotion: A Toolkit for Early Childhood Education and Care Practitioners*, has been written to foreground the valuable role that you have in promoting the health of the children in your setting. Early Childhood Education and Care (ECEC) is provided by a range of private, voluntary, independent and state-maintained settings, which can include day care nurseries, childminders and nursery schools. Early Childhood practitioners are ideally placed to promote the health of the children in out of home settings. This is partly because the principles of many early childhood curricula lend themselves to promoting the health of children. Indeed, within the Department for Education document it says that:

*The Early Years Foundation Stage sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe’
(Department for Education 2024 p7)*

The EYFS statutory framework for groups and school-based providers states that ‘children learn best when they are healthy, safe and secure’ (DfE 2024 p23). Therefore, improving the quality of children’s health is a way of improving the quality of children’s learning.

The first version of this Toolkit was created in November 2018. Between January to May 2019, a nursery with 105 children on roll, worked with us to pilot the Toolkit and to find out whether it was helpful to practitioners working in early childhood education and care settings. I am very grateful to the practitioners in the setting where the Toolkit was piloted, in particular to the co-researcher, Karen, who led her colleagues in the use of the Toolkit. The findings from the research, which are reported in Musgrave and Payler (2021), have been fed into this version of the Toolkit.

It is important to be conscious that what you practice as an Early Childhood Educator can promote children’s health, although the role that you play may not be explicitly articulated. For example, the pedagogical benefits of play for children can also be extended to health benefits. Play can be a powerful way of promoting children’s mental and physical health; play is widely used to support children in hospital and as a therapy following adverse experiences. However, the therapeutic benefits of play can help children to process events and emotions on a day-to-day basis. Play opportunities that help to promote physical development can play an important role in preventing obesity. Outdoor play opportunities are known to stimulate the release of endorphins. These chemicals promote a sense of wellbeing, therefore, giving children the opportunity to take part in outdoor play activities can be an important strategy for promoting children’s mental health.



Our children across the world are precious and it is up to the adults in their lives to do all they can to support and promote their health so that they can live the best life possible – they deserve no less.

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The purpose of this toolkit is to:

- Increase your knowledge and understanding of promoting children’s health
- Offer information and resources relevant to promoting children’s health
- Introduce you to the 5 Step Programme for Early Childhood Health Promotion

Promoting the health of children is best done in partnership with parents and the importance of working with parents and families in supportive, respectful and sustainable ways to promote health is essential. It is also important to understand the roles that other professionals can play in promoting children's health and to identify collaborative ways of working together.

This Toolkit is in two parts:

Part 1 includes 8 sections which will help you to develop your knowledge of health promotion in relation to the needs of the children and families in your setting.

Part 2 introduces you to the 5 Step Programme for Early Childhood Health Promotion. The 5 steps are designed to support you in identifying, implementing and evaluating a health promotion activity or intervention for the children in your setting.

I hope that you find the Toolkit informative and helpful to support you in your child health promotion work.

If you have any queries or comments about the content of the Toolkit, please get in touch.

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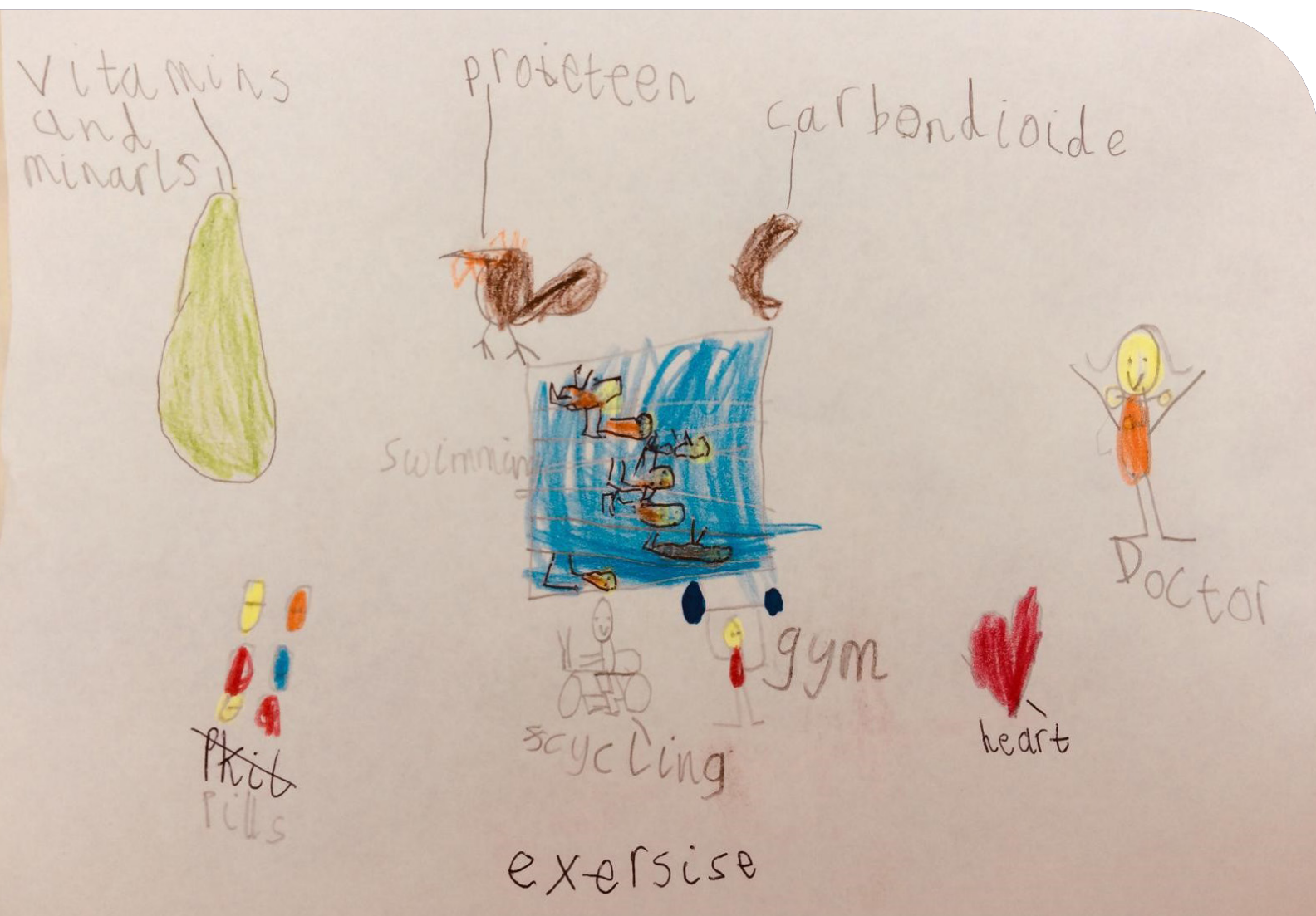


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Musgrave, J. and Payler, J. (2021) Proposing a model for promoting Children's Health in Early Childhood Education and Care Settings. *Children and Society* – <https://onlinelibrary.wiley.com/doi/full/10.1111/chso.12449>

With thanks to Oscar (aged 6) for his illustration of what health means to him



Section 1

Definition of Health Promotion

Health Promotion seeks ways to educate people about behaviours that will maximise their health. A guiding principle of health promotion is to prevent poor health or diseases from occurring. Good levels of health can be achieved by avoiding some of the factors that can contribute to diseases occurring. Health Promotion is defined by the World Health Organisation (WHO) as

the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (2021)

Therefore, health promotion is the process of adopting behaviours and a lifestyle that helps to prevent some of the illnesses that can cause poor health from occurring. In England, the Department of Health and Social Care published the Prevention is better than cure document in November 2018, (DHSC 2018) which outlines the government's vision of investing in the prevention of illnesses occurring, rather than spending on curing illnesses. The Secretary for State outlines the government's vision of how 'prevention creates the right conditions for good health and wellbeing – helping everyone to live well for longer' (p5). Within the document, the following features of prevention are described:

- Prevention creates the right conditions for good health and wellbeing.
- Prevention is about helping people stay healthy, happy and independent for as long as possible. This objective is as relevant at seventy years old as it is at age seven.
- Prevention means stopping problems from arising in the first place.
- This means giving people the skills, knowledge and confidence to take full control of their lives and their health and social care and making healthy choices as easy as possible. (p 5).

Clearly, this approach raises considerations when applied to health promotion in very young children, and some of these considerations will be discussed in the following sections.

Health Promotion in Early Childhood Education and Care settings

As an Early Childhood Education and Care educator, you will already have many activities or interventions that promote health built into the routines of your setting. In England, the Early Years Foundation Stage (DfE 2024) statutory guidance includes many aims that are linked to promoting the health of children. These are summarised in Section 5. Therefore, some of the activities will be influenced by the need to comply with the EYFS. Such health promotion activities make an important contribution to promote the health of children in the short term and in the long term, and even into adulthood.

When it comes to considering health promotion in relation to children there are several important factors to bear in mind. It may be obvious to state the fact that children's learning is shaped and influenced by the adults around them and in relation to health promotion, it is the same. Children learn what they see as normal or acceptable behaviour from what they observe at home and in education settings. As young children can spend a great deal of their lives in your setting, your influence on their health can be profound. However, such influence will depend on the level of knowledge, skills, motivation and resources that are available to you and colleagues. Gaining the knowledge and skills can be challenging because of limited time available to attend courses and funding for training is limited. In addition, it may be difficult to assess the quality of some training that is available.

When considering health promotion in relation to children, it is important to bear in mind the age and stage of development, as well as their uniqueness and individual needs. In the case of young children, understandably, they may not be reliable in following the routines that are required to prevent infections from occurring. Some children may have cognitive or physical developmental delay, which may mean they are unable to engage with some health promotion activities.

As mentioned already, the adults in children's lives are the people who are going to teach them about health habits, either consciously or unconsciously. Children will copy adults, and you may not be aware of the powerful influence that you have on them; as professionals with responsibility for their education and care, you may need to consider how you can model positive health behaviours for children when in your care.

Naturally, the most influential adults in children's lives are their parents and carers and in shaping health behaviours, section 3 discusses some of the important points to consider in relation to promoting children's health

Conclusion

The role of Early Childhood Education and Care practitioners is an important one in promoting the health of young children. Many of the policies in your setting already promote children's health. This Toolkit will help you to reflect on what you do and reading Section 1 and following the 5 Step Programme for Early Childhood Health Promotion in Part 2 will help you to identify effective and sustainable activities and interventions that meet the needs of the children and families in your setting.

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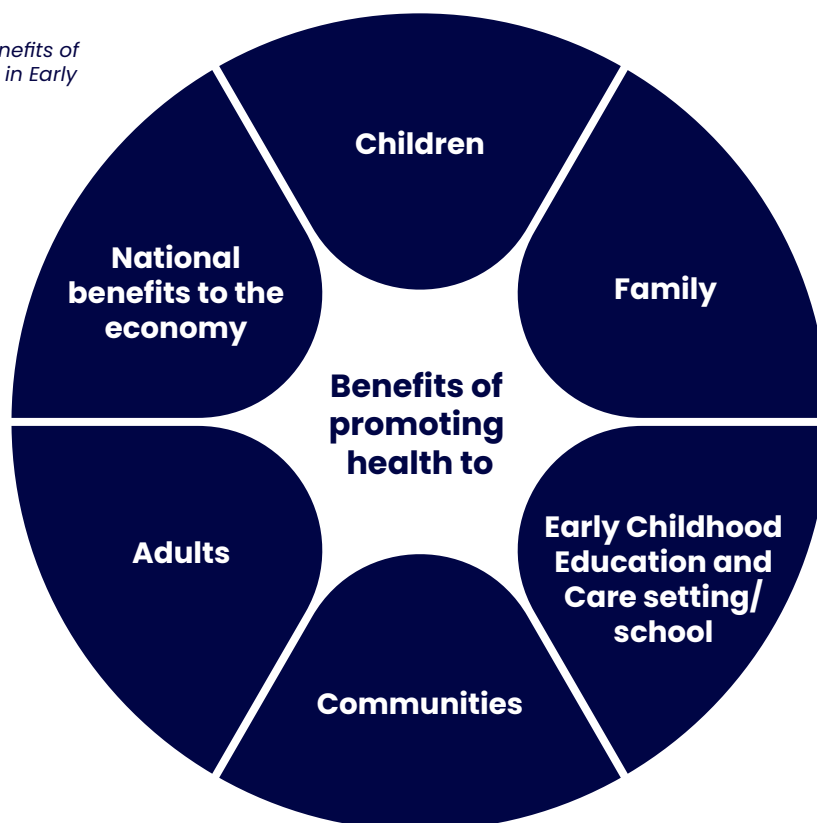
Section 2

Promoting Children's Health: benefits to the child, children, practitioners, families, society

Introduction

This section summarises the benefits to children, adults and society of promoting children's health right from the start of life. Figure 1 summarises the different stakeholders who can benefit from promoting good health and avoiding illnesses that are preventable.

Figure 1: summary of the benefits of promoting children's health in Early Childhood



The document *Prevention is better than cure* was published by the Secretary of State for Health and Social Care in November 2018 (DHSC 2018). The content outlined the need to make health promotion a priority for all people, stating that:

greater focus, and spending, is needed on prevention, not just cure...this means services which target the root causes of poor health and promote the health of the whole individual, not just treating single acute illnesses. In practice this requires greater funding for pre-primary, primary and community care – and support for the staff who work in these services.

This statement acknowledges that promoting health and preventing the causes of poor health needs to start in the early years. Early years practitioners working with young children have an important role to play in working with children right from the start which will have positive benefits to the whole of society.

Short- and long-term benefits of promoting children's health

Health promotion activities and interventions can be effective in the short-term. For example, in the past, infectious diseases were a significant threat to children's health and were frequently life-threatening. Many infectious diseases, such as polio, diphtheria and tetanus were common amongst children, causing them to have a long period of illness, and if they did survive the infection, they were often left with a legacy of disability. Nowadays, many infectious diseases are preventable because of the National Health Service childhood immunisation programme. (NHS 2019)

Public health has improved because of increased levels of knowledge and understanding about the ways of reducing the spread of infection. And the Covid-19 pandemic drew our attention to the steps that we can all take to limit the spread of infectious diseases. There are many infections, such as the common cold, which is spread by viruses, and are often regarded as a 'mild' illness. Such infections are almost taken for granted and are regarded as inevitable in a setting where there are lots of people in close proximity. Other common infections include the norovirus and other 'germs' that can cause diarrhoea and vomiting. These conditions may be regarded as having a short-term impact because they only affect children for hours, or in some cases for days, but they can result in periods of absence for children from their setting. Such absences mean that children are missing out on their early education. The nature of infectious diseases is that they are indiscriminate in who they infect, meaning that the conditions are spread amongst staff and can of course be spread to others beyond the setting.

There are many examples of how promoting health in children can have long-term influences. For instance, the consequences of a poor diet in childhood can have profound effects, for example the risks of obesity in childhood extend into later life because of the increased risk of heart disease.

The individual child: Improving the health of each individual child has many benefits. Feeling healthy, both physically and mentally, mean that children are likely to flourish and have an increased sense of wellbeing. In contrast, a child who experiences poor health is likely to have a reduced sense of wellbeing. Poor health can result in absence from their education setting and can reduce their ability to take part in educational and social activities. In turn, children can feel excluded and may start to fall behind in their development and educational achievement.

All children: promoting health in each child will have positive benefits for all children. As illustrated in the previous section, infectious diseases can be prevented or reduced by teaching children about good handwashing and other ways of preventing the spread of infection. Therefore, if all children learn how to handwash effectively, they can play a positive role in reducing the spread of infections. This has positive benefits to children and adults. Reducing the spread of infection for children who have a pre-existing condition such as asthma or complex medical needs, is especially important because infectious illnesses can affect them more severely.

Parents and families: There are several benefits to the family of promoting good health in children and avoiding poor health. A child who is experiencing either short or long-term ill health can place an additional layer of strain on parents and families. Short-term illnesses can mean that parents need to miss time from work which can impact on their income. Parents may need to make alternative childcare arrangements which may be distressing for parents and even more importantly, for their children. Long-term poor health or illnesses can mean that children need on-going medical attention, this can mean that parents may not be able to work. Therefore, children's poor health can create financial hardship.

Adults: the benefits of promoting good health in childhood can continue across the age range into and across adulthood. Put simply, a healthy child is more likely to become a healthy adult. Life expectancy is greater now than it was in the past, a child who is born today is likely to live for 79 years (males) or 82.9 years (females) (ONS 2011). However, illnesses that can develop because of childhood obesity (such as diabetes or heart disease), the long term impact of receiving poor nutrition or the long-term consequences of an infectious disease, can mean that adulthood can be spent in poor health. Having poor health in later age because of early childhood health is a reason why starting to teach children about behaviours that promote good health is important for a better quality of later life.

Society: Healthy adults who have less reliance on the need for medication and health services reduce the strain on health budgets. Good health in adulthood can mean that individuals can play a positive role in society and make a positive contribution to the country's economy. As stated in the *Prevention is better than cure* document (DHSC 2018), 'a healthy nation is a vital for a strong economy' (p5) because having healthy adults means they can continue to work and make a positive contribution.

Conclusion

The case for promoting children's health right from the start is a compelling one. There are many benefits of maximising health that can improve how a child experiences their childhood. The benefits last into adulthood and can mean that there is a positive impact on society and the economy. But as early years educators, our concern is to ensure that all can be done to improve and promote children's health so that they can enjoy their childhood and flourish.

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Section 3

Working with parents

As with all aspects of children's education and care, working in partnership with parents to promote children's health will be important to share understanding and hopefully gain their cooperation with the health promotion activities or interventions that you decide to implement together.

The family environment creates what becomes the norm for children. The norm for many families may not be what professionals advocate, and may not comply with current research findings, government policy, the policies in your setting or with your own beliefs. There are many reasons why parents do not create what we may consider to be health promoting lifestyles for their children. Such reasons may be influenced by living in poverty; although, poverty is not simply a lack of money. Food poverty, meaning a lack of nutritious food and a well-balanced diet, can be a feature of families who have sufficient money to provide a healthy diet, but may not have much spare time to give to buying and preparing nutritious meals. However, many children do have an unhealthy diet, and many go hungry because of lack of money. In addition, there are social, cultural, religious and other economic influences that can affect how parents promote or inhibit the health of their children. Many parents will hold very strong health beliefs, therefore your role in working with parents to gain their cooperation and trust may be challenging. You may find that when discussing health you need to be especially sensitive and non-judgmental in your approach to parents.

In the pilot study of the Toolkit, the success of the health promotion activities was partly because the co-researcher consulted with parents to find out more about their health beliefs and practices at home. To do this, the co-researcher sent a questionnaire to parents. Learning more about the practices at home is important because this information will help you to understand what happens at home. The co-researcher described how obtaining information from parents helped her to 'build a bridge between home and nursery'.

Exploring home practices relating to health

If you were to create a questionnaire to send home with parents, to make the responses as helpful as possible, it will be important to ask for some personal details, such as the age of the child. However, to increase the chances of parents responding, avoid asking for any information that identifies the child and family. And make sure that you provide a space where parents can drop their returned questionnaires

The following is a list of questions that could be used to find out more about what parents do at home:

1. Do you have any concerns about your child's health?
2. Does your child enjoy eating?
3. If yes, what sorts of food does your child enjoy most?
4. What does your child dislike?
5. Do you think your child has a healthy diet?
6. Do you have any difficulties in providing a healthy diet to your child?
7. Do you think that your child is a healthy weight?
8. What sorts of drinks does your child have at home?
9. Does your child enjoy drinking water?
10. Does your child drink from a cup or a bottle?
11. How healthy are your child's teeth?
12. Do you have any concerns about the appearance of your child's teeth?
13. Does your child visit the dentist?
14. How many hours sleep does your child get each night?
15. What is your child bedtime routine?

16. Does your child have a bottle at night?
17. Does your child have a dummy/pacifier?
18. Is your child physically active?
19. How does your child come to nursery – in a car/bus/walking/other?
20. Does your child use a buggy?
21. What is your child's favourite sort of play?
A) solitary play? Doing what? B) playing with others? Doing what?
22. Does your child use an electronic device, if so, what is it?
23. How much screen time does your child have each day?
24. Does your child have a medical condition?
25. A special or educational need?
26. Difficulties with mobility?

Findings from the research about helpful approaches to working with parents

Health practices and what parents do to support and promote children's health can be a sensitive area. Many parents may not have the means or resources to provide the foundations of health for children. However, what you do in your setting can have a significant impact on children's health. This can be strengthened by building bridges between home and setting. The following case study is based on the pilot that was carried out

Case Study

After completing Step 1 of the 5 Steps of the Toolkit (see Section 2, Step 1) our co-researcher, Karen, who was employed as the Family Support Worker, had built up a picture of the parents of the 105 children in the setting. This helped her to become aware of the diversity of the families and some of the factors that needed consideration. For instance, she became aware that some parents did not have English as a first language, some were illiterate, some children were in the care of the state, and some parents were engaged in higher education courses. Therefore, careful consideration needed to be given to the ways that the setting approached working with parents.

To find out more about home practices, Karen developed a questionnaire that included the questions listed above in section 3. The findings from the questionnaire revealed that many parents were short of time, and many were very honest about the mealtime routines and content of food at home. Their responses revealed that some parents lacked knowledge about what healthy eating is, or how to go about providing healthy food and hydration. Many stated that they did not have the time to make meals from scratch, and some parents didn't have the spare cash to spend on food that their children may not eat.

Considering the comments and feedback from parents about their concerns about healthy eating, Karen planned a health education campaign based on this topic. She wanted to capture the interest and attention of as many parents as possible, so she planned to launch the campaign at the setting's parents' evening. The decision to use this opportunity was because 96% of parents attended the evening. As parents would need to wait in the entrance hall until it was their appointment time, and they were less likely to be rushing in and out of the setting as on a normal day, this would give them the time to look at the information provided.

Karen thought carefully about how to present the information, and thinking about the diversity of the families, she wanted to develop an inclusive approach to the resources used in the campaign.

Karen produced several visual displays aimed at educating parents about healthy eating and drinking for children.

The following images illustrate some of the displays.

Sugar content display

The practitioners in the setting had noticed that many of the food and drink items that were included in the children's lunch were very high in sugar content. To illustrate this fact, she displayed some of the items that were frequently included, and then she measured out the amount of sugar and poured it into a plastic bag as image 1 shows.

To gain maximum impact, the display was erected just inside the entrance to the setting where parents needed to wait until their appointment. Many of the parents expressed their surprise. Karen was able to pick up on comments that the parents made, and in an informed and sensitive way she was able to open up the conversation with the parents.

Karen had also extended the information to include leaflets about healthy drinking and oral health. This is because she had noted in the response to the parent questionnaire that some parents had demonstrated that they needed to know more about oral health. She had prepared leaflets to give to parents.

The Eat Well Plate

Karen prepared a poster which showed very clearly recommended food that would be regarded as healthy for young children. Using images meant that the information was more accessible for all parents. This was especially important because of the diverse nature of the parents, some had English as an additional language, were illiterate, had learning difficulties or had low levels of education. Karen also addressed healthy drinking, illustrating this with milk and water.

Karen included the cost of the day's eating and drinking, an important consideration for parents, especially as the setting was in an area of deprivation and many parents were living in poverty.



Image 1: The sugar content display

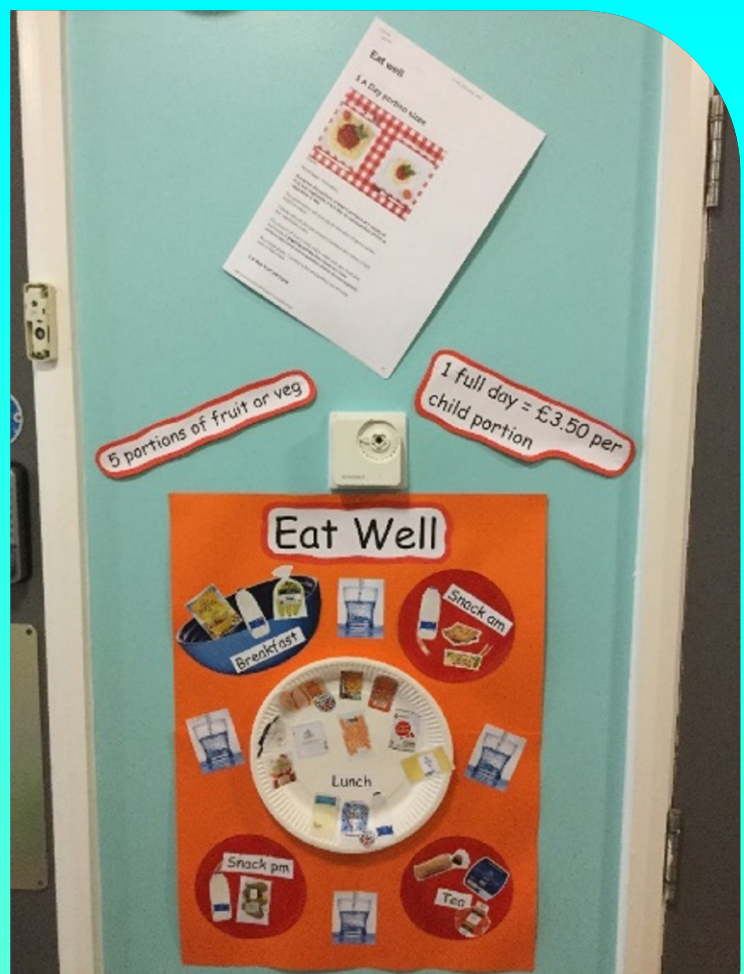


Image 2: The Eat well plate

Recipe card display

Karen was keen to encourage parents to adopt some of the healthy eating approaches that had been developed in the setting. To make this a realistic objective, the setting chose healthy recipes that only used a few ingredients that were readily available and relatively inexpensive.

Encouraging parents to adopt similar menus to the setting would mean that children would receive healthy options at home and in the setting. However, Karen had learned from the parents that many of them had reservations about adopting the healthy eating approach.

There were several reasons for their reservations.

Firstly, some parents were sceptical that their children would eat some of the recipes that were used at the setting. For example, dishes such as African curry, which had spinach as a main ingredient. Another dish that many of the children ate with relish was a Polish sausage and cabbage dish.

Some parents claimed that their children didn't eat vegetables at home. And they didn't have the time or money to waste on buying and preparing food that that they thought the children wouldn't eat and their children would still need feeding.



Image 3: Recipe card display

To counter the parents' scepticism about eating new and different dishes, the practitioners sent photos to parents via their electronic communication system of their children eating the meals at nursery. This caused surprise, but also gave some parents confidence to give the recipes a go.

The second main reservation about introducing different recipes was that parents were concerned that preparation and cooking would take up a lot more time. To counter this objection, as already mentioned the setting had selected recipes that required a small number of ingredients. Karen gave suggestions about cooking larger batches in one go and then freezing small portions for later use. However, she was conscious that many parents may not have a freezer, and may not have suitable cooking facilities, therefore, knowing the family, being sensitive and not making assumptions was something they kept in mind.

Karen then produced a handout of each day's recipe for the parents to take with them to try it at home, as illustrated in Image 3. Many parents were very responsive to the healthy eating approach taken and claimed that it had helped them to change their eating habits.

Clearly Karen and the practitioners worked hard to educate parents about healthy eating and drinking. The approach taken demonstrates a sensitive, realistic and supportive approach. They gave a great deal of thought to how they could make the information and resources as accessible to the diverse needs of the parents. And at the heart of the success of this campaign, was the positive relationships that the practitioners had developed with their parents.

Reflection

1. What are your thoughts about Karen's approach to educating parents about healthy eating and drinking?
2. What if anything would you do differently?

Section 4

Contemporary issues relating to children’s health

Introduction

The advances in medicine and living conditions over the last 150 years or so have resulted in improved life expectancy and reduced child mortality, meaning that many more children survive infancy. The medical discoveries that have been significant in preventing death and improving the quality of lives includes the discovery of vaccines and penicillin. Improved living conditions in countries like England, such as sanitation and access to clean water, have been significant in improving health.

Since the start of this century, other threats to children’s health have emerged which are of great concern to global, national and professional organisations. The Royal College of Paediatrics and Child Health State of Child Health Report (RCPH 2017) stated that

The health of infants, children and young people in the UK has improved dramatically over the last 30 years. Many will lead happy and healthy lives, but the future health and happiness of a significant number is in jeopardy. The bottom line is that the UK could do far more to improve child health and wellbeing (p4)

It is important to note that many of the conditions that affect children’s health are preventable if effective health promotion activities and interventions are implemented into children’s routines.

Summary of preventable health conditions

Health conditions can be categorised into those that are ‘communicable’, and ‘non-communicable’. Communicable illnesses are spread by micro-organisms, that is, viruses, bacteria or fungi, these are so small they are not visible to the naked eye. On the other hand, health conditions can be caused by factors that are not communicable, or not passed on by micro-organisms. **Table 1** summarises the two categories of preventable health conditions and gives examples of the illnesses they cause, ways of preventing them and the impact in adulthood.

Table 1: summary of areas of preventable health conditions

Preventable health conditions	
Communicable: conditions which are passed on by micro-organisms which include viruses, bacteria and fungi	Non-communicable: not passed on through contact with micro-organism; caused by poor diet, physical inactivity, lifestyle and poor dental hygiene
Examples: conditions which can be prevented (or minimised) by immunisation such as poliomyelitis, diphtheria, tetanus and whooping cough Conditions which can be prevented (or minimised) by good hygiene , especially handwashing, hygienic food preparation and a healthy environment Impact in adulthood: infections can leave a legacy of disability, eg poliomyelitis	Examples: childhood obesity; inadequate nutrition; dental caries; mental health difficulties Impact in adulthood: coronary heart disease, diabetes, cancers, poor mental health

Prevention of communicable health conditions

Effective handwashing is one of the single most effective ways of reducing the risk of infections that are caused by 'germs', that is, by bacteria, viruses and fungi that cause a range of infections. For handwashing to be effective, children need to be taught a good technique. Useful handwashing requires you to supply the resources, such as warm water, soap and towels or driers, all of which are freely available in all settings in England. Handwashing can become a taken for granted activity, because it is so much part of our routine to include handwashing after visiting the toilet and before eating, that we may not think about how we do it. This can be a threat to the effectiveness of handwashing because if it is not carried out well, it can be ineffective, and this is when the risk of spreading infection can increase. For some children, the chance of them remembering to wash their hands, let alone to use an effective approach, is a routine that requires adult attention.

Childhood immunisations are offered to the majority of children in the UK. There is a wide range of infections, such as measles, mumps and polio, all these conditions are life-threatening but are preventable by giving children the full immunisation schedule (NHS 2019). It is important to point out that immunisations may not be 100% effective for all children, however receiving immunisation can reduce the severity of an infectious disease. There are many parents who choose not to have their children immunised, either because of their health beliefs or because of their living situation.

The current government policy regarding childhood immunisations supports the view that most children should be protected from infectious diseases by receiving immunisations. And it is important to note that very few children should not receive immunisations. The exceptions being children who have suppressed immunity, usually because of medication that is prescribed for cancer treatment or for organ transplant recipients (for example, heart, kidney or liver) recipients.

Prevention of non-communicable health conditions

The causes of non-communicable conditions can be influenced by a range of factors in the child's environment, such as social, economic, cultural and other lifestyle determinants. The most negative determinant on children's health are the factors that are associated with living in poverty. Living in poverty can mean that children do not receive healthy, well-balanced food and drink. This can lead to a range of health problems such as vitamin deficiency, childhood obesity and dental caries (decay) because of poor oral health. Lifestyle changes in childhood have meant that many children are less physically active than they used to be. The toxic combination of high energy food and drink and low levels of activity have led to the worrying levels of childhood obesity.

Poor mental health is also a cause of concern in very young children. The presence of adverse childhood experiences can impact negatively on children's emotional and social development, which can in turn reduce their sense of well-being and can increase the risk of mental health conditions being diagnosed. Adverse childhood experiences are often linked to poor attachment and a lack of positive relationships in infancy. Children who are looked-after (by the state) have often experienced disrupted childhoods and are especially predisposed to developing diagnosable mental health conditions.

The features of high-quality Early Childhood Education and Care can be effective in promoting children's wellbeing and reducing the incidence of poor mental health. For example, the requirement of the EYFS that each child must have a key person who knows and understands each child and can develop a positive relationship which can help with attachment.

References

National Health Service (2019) NHS Vaccinations and when to have them. Available from [NHS](https://www.nhs.uk) vaccinations and when to have them - NHS (www.nhs.uk) accessed 6 January 2023

Section 5

Early Childhood Curricula: how is health promoted in the aims and principles?

Children's health is a priority around the world and there are several policies aimed at improving children's health. Many countries around the world have a curriculum for the education and care of babies and young aged from birth until 5. In the UK, each of the four nations have an early childhood education curriculum. In England, the Early Years Foundation Stage (EYFS) is the statutory guidance from the Department for Education for providers of Early Childhood Education and Care providers in England. From January 2024, there are two versions of the EYFS that must be followed. There is an EYFS statutory framework for group and school-based providers (DfE 2024a) and there is another version of the EYFS (DfE 2024b) for childminders providing learning and care for children in their homes.

The two sets of guidance have similar aims and principles that relate to the health and wellbeing of children. For ease of reading, the next section includes content that relates to the EYFS for group and school-based providers (DfE 2024a). Please see the reference to the EYFS for childminders (DfE 2024b) in the reference list.

The next section examines the EYFS and identifies the aims and principles that support the promotion of children's health.

Aims of the Early Years Foundation Stage for group and school-based providers (DfE 2024a)

The Early Years Foundation Stage (DfE 2024) states that 'providers must promote the good health, including the oral health, of children attending the setting' (p 34). This statement conveys the understanding that children's health is linked to their learning. The EYFS also states that 'children learn best when they are healthy, safe and secure' (p 23). Therefore, improving the quality of children's health is a way of improving the quality of children's learning.

As discussed in the introduction, the play-based pedagogy of the EYFS is highly beneficial to children's health and wellbeing, although this may not be immediately evident. The opportunities for indoor and outdoor play can be an important way to promote children's health by offering opportunities that may prevent physical and mental health difficulties from developing.

There are around 50 pages in each version of the two EYFS statutory guidance. Table 1 summarises the content of the EYFS in relation to the promotion of children's health. The third column in the table includes questions which are designed to help you to critically reflect on how the practice, policies and pedagogy in your setting help to promote children's health. The questions are designed to provoke your thinking about some of the guidance. In particular, the questions encourage you to consider how broad guidance can meet the needs of each unique child. For example, how do you address the needs of children with health conditions, special educational needs or complex medical needs? How can the concept of 'healthy eating' be applied to children who have dietary restrictions because of a medical need (such as diabetes)? And how may diet be restricted because of religious teachings? Continuing to use the example of healthy eating, how can this issue be addressed with parents in ways that are sensitive to the parent's wishes, capabilities and their family situation?

Table 2 illustrates that there are many aims within the EYFS guidance which relates to how settings must promote children's health.

Table 2: the Early Years Foundation Stage – summary of statutory requirements relating to children's health

Page number	EYFS statement	Critical questions
Introduction	The EYFS sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe.	What steps do you take in your setting to ensure that children are 'kept healthy'?
9	Lists the prime areas of learning and development 1. Communication and language 2. Physical development 3. Personal, social and emotional development	What aspects of the practice and policies in relation to promoting children's health in your setting make a contribution to developing the prime areas of development? Are you aware of the UK Chief Medical Officers' Physical Activity Guidelines (CMO 2019)?
10	Personal, social and emotional development Children's personal, social and emotional development (PSED) is crucial for children to lead healthy and happy lives.	How can good levels of PSE development contribute to children's wellbeing and in turn reduce the chance of children developing poor mental health? How can the policies and practice in your setting help to promote children's PSE development?
10	Underpinning their personal development are the important attachments that shape their social world.	How do you and your setting help children and practitioners to develop attachments that are 'strong, warm and supportive'?
10	Through adult modelling and guidance, they will learn how to look after their bodies, including healthy eating, and manage personal needs independently.	How do you and colleagues role model and guide children to eat healthily and manage personal needs independently?
11	Physical development: physical activity is vital in children's all-round development, enabling them to pursue happy, healthy and active lives.	What is the current guidance on the amount and type of physical activity that children should do each day? How can you do this in ways that are sensitive and meaningful to the age and stage of the children? How do you include all children, for example, children who have mobility difficulties; have a health condition, such as asthma, that may be affected by physical activity?
13	Early Learning Goals: Self-regulation Children at the expected level of development will show an understanding of their own feelings and those of others, and begin to regulate their behaviour accordingly.	What is your knowledge about 'self-regulation'? How do you support children to self-regulate? How do you support children and their families who may have difficulty with self-regulation?

13	Managing self: children at the expected level of development will be confident to try new activities and show independence, resilience and perseverance in the face of challenge?	How do you support children to develop their confidence, to be independent and to develop resilience and to be able to persevere? How do you, your colleagues and the settings ethos and policies help children to achieve this ELG?
14	Manage their own basic hygiene and personal needs, including dressing, going to the toilet and understanding the importance of healthy food choices.	How do the routines and activities help children to achieve this ELG? What are the potential challenges for children?
14	Building relationships: children at the expected level of development will work and play cooperatively and take turns with others; form positive attachments to adults and friendships with peers and show sensitivity to their own and others' needs.	How can you enable children to develop positive relationships? What practical activities can you plan to achieve this goal?
14	Physical development – gross motor skills: children at the expected level of development will demonstrate strength, balance and coordination when playing.	How do you provide opportunities for children to be physically active so they can develop gross motor skills?
14	Literacy – comprehension: children at the expected level of development will demonstrate understanding of what has been read to them by retelling stories and narratives using their own words and recently introduced vocabulary.	How well do you know the words that children use to describe parts of their bodies? What stories do you use to enlarge their vocabulary in relation to health? How can you encourage children to develop language that will help them to describe how they are feeling physically and emotionally?
21	Progress check at age two: practitioners should encourage parents and/or carers to share information from the progress check with other relevant professionals, including their health visitor...the progress check and the Healthy Child Programme health and development review at age two (when health visitors gather information on a child's health and development) should inform each other and support integrated working.	Are the Progress Checks at age two carried out in an integrated way, meaning do you work with Health Visitors in a collaborative way to check the progress of two-year-olds? If so, how do you work together to make it work? If not, what are the challenges? Are there solutions? What are the benefits to children's health of the Progress Check at age two?
23	The safeguarding and welfare requirements Children learn best when they are healthy, safe and secure. 'The requirements in this section explain what providers must do to...promote good health'.	Do you agree with this statement? If so, why? What are the barriers to children being healthy in your setting?

27	Providers must train all staff to understand their safeguarding policy and procedures. Training made available by the provider must enable staff to identify signs of abuse and neglect...and to respond in a timely and appropriate way. These may include... decline in children's general wellbeing.	How do you and your setting respond to this?
27	Any reasons to suspect neglect or abuse outside the setting...or that a child may have been subjected to (or is at risk of) female genital mutilation.	What do you know about female genital mutilation (FGM)? How is FGM addressed in your safeguarding policy?
27	Smoking and vaping: providers must not allow smoking in or on the premises when children are present or about to be present. Staff should not vape or use e-cigarettes when children are present, and providers should consider Public Health England advice on their use in public places and workplaces.	What are the benefits to children of eradicating smoking in your setting? What are the potential effects of children observing adults smoking or vaping?
28	Staff qualifications, training, support and skills: the daily experience of children in early years settings and the overall quality of provision depends on all practitioners having appropriate qualifications, training, skills and knowledge and a clear understanding of their roles and responsibilities... induction training must include information about ... health and safety issues.	How do you access the training, knowledge and skills that are necessary to promote children's health?
28	At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and must accompany children on outings.	How does being qualified in paediatric first aid help to promote children's health? How does your setting access high quality PFA?
29	Providers must ensure that staff have sufficient understanding and use of English to ensure the wellbeing of children in their care. For example, settings must be in a position to keep records in English, to liaise with other agencies in English, to summon emergency help, and to understand instructions such as those for the safety of medicines or food hygiene.	Consider how you would highlight to staff how this requirement helps to keep children safe and promote their health?
29	Key person: each child must be assigned a key person ... to offer a settled relationship for the child and build a relationship with their parents.	How does the role of the key person help to develop positive relationships with children and parents help promote good wellbeing and improve mental health?
32	Health: The provider must promote the good health, including oral health, of children attending the setting.	How would you define 'good health' for children? How would they define it? Why is oral health specifically included? What does/ can/should your setting do to promote good oral health for children? What are the barriers and what are the solutions?
34	Health: The provider...must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.	How do you and your setting address this principle? What are the barriers and solutions?

34	Medicines: providers must have and implement a policy and procedures for administering medicines. Staff must have training if the administration of medicine requires medical or technical knowledge.	The guidance about preventing infection and working with parents to do so, is included in the section about medicines. Does this provide clear guidance? How could this be improved?
34	Food and drink: where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious. Provider must...obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements. Fresh drinking water must be available and accessible to children at all times. Providers must record and act on information from parents and carers about a child's dietary needs.	How does this work in practice? What are the most common reasons why children have dietary restrictions because of health reasons? What are the challenges? What are the solutions?
34	There must be an area adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children...including suitable sterilisation equipment for babies' food.	Are there any challenges to ensuring your premises meet the requirements for safe preparation? How do you accommodate the need for safe preparation and storage of babies' food and milk?
34	Providers must be confident that those responsible for preparing and handling food are competent to do so.	How do you assure the quality of the food handling training for practitioners?
34	Food and drink: fresh drinking water must be available and accessible at all times.	
35	Registered providers must notify Ofsted or the childminder agency ... of any food poisoning affecting two or more children. Notification must be made as soon as is reasonably practicable, but within 14 days of the incident.	What are the implications of this happening? What is the impact on children?
36	Safety: providers must comply with requirements of health and safety legislation (including safety and hygiene requirements).	How does your setting do this? What are the challenges?
37	Providers must provide access to an outdoor play area...if that is not possible, ensure that outdoor activities are planned and taken on a daily basis.	How does playing outdoors help to promote children's health? How does your setting provide outdoor play to children? Are there any challenges?
37	Premises: section 3.61 – providers must ensure there is an adequate number of toilets and hand basins available. Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always available.	How does your setting do this? What are the benefits? What are the barriers?

The following sections identifies the health-related themes that are embedded in the EYFS.

The child health promotion themes in the EYFS

Reading through the EYFS, it becomes evident that the health-related aims fall into 5 broad themes which include:

Theme 1: Healthy eating and drinking

This theme aims to provide children with a diet that is balanced, meaning that the food and drink includes the essential nutrients for health, as well as offering food that is of the correct calorific content for children's energy needs. Fluids that are included in the diet should supply the hydration that children require and not necessarily supply additional calorific content. Healthy eating and drinking play a significant role in preventing and reducing the incidence of childhood obesity.

Theme 2: Physical development

Is a prime area of the learning and development. Promoting physical activity helps with physical development, and in turn this has positive health benefits. High levels of physical activity are beneficial to wellbeing and good mental health as well as contributing to the prevention of obesity. The UK Chief Medical Officers' (2019) guidelines includes useful information for children under 5. In 2022, further guidance 'physical activity for disabled children and disabled young people' (CMO 2022) was published.

Theme 3: Preventing the spread of infection

By providing a safe environment which is hygienic, in particular, the guidance highlights the care and attention that must be given to ensuring that the preparation of food (and drink) to children and babies is conducted in an appropriate environment. In addition, the guidance highlights the importance of teaching children to become responsible for their self-care and personal hygiene needs to prevent the spread of infection.

Theme 4: Promoting wellbeing and preventing poor mental health

The prime area of personal, social and emotional development within the EYFS are directly linked to promoting good mental health in children. The requirement for each child to have a key person is aimed at ensuring 'every child's care is tailored to meet their individual needs... (and to) offer a settled relationship for the child' (p 29). Such a relationship is aimed at offering security to each child so that they have a special person who knows and understands their needs.

Theme 5: Safeguarding and promoting children's health and wellbeing

The Working together to safeguard children statutory guidance states that the legal responsibilities of early years providers to safeguard children are outlined in the EYFS, this was a requirement that was made explicit in Section 40 of the Childcare Act in 2006. Section 3 of the EYFS includes the safeguarding and welfare requirements which must be followed to comply with the law. The first sentence states that 'children learn best when they are healthy, safe and secure' (p 23), thus making explicit links between the importance of promoting the health of children as part of the legal duty of safeguarding children. Failing to promote the health of children can therefore be seen as a failure to safeguard children.



Image 4: Outdoor physical activity – whatever the weather

Conclusion

As Table 1 illustrates, the EYFS includes many statements that outline the statutory requirements that providers must fulfil to comply with their legal requirements in relation to promoting children's health. The statements fall into the themes that are described above. However, the statements within the themes can inter-relate and complement each other. This is illustrated by the example of how providing healthy eating and drinking in combination with opportunities to be physically active are effective approaches to reducing the risk of obesity. A less obvious example of how the EYFS aims to promote children's mental and physical mental health is by encouraging children to self-care and manage their own hygiene needs. This means that children can develop their independence, which in turn can promote their self-esteem and confidence. These are concepts linked to social and emotional development. Supporting children to develop confidence in these areas can be empowering for children and can help children make the transition between pre-school and school education settings.

References

UK Chief Medical Officers (2019) Physical Activity Guidelines. Available from <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

UK Chief Medical Officers (2022) Physical Activity for Disabled Children and Disabled Young People. Available from <https://www.gov.uk/government/publications/physical-activity-guidelines-disabled-children-and-disabled-young-people/physical-activity-for-disabled-children-and-disabled-young-people-text-of-the-infographic>

Department for Education (2024) Early Years Foundations Stage statutory framework for group and school based providers available from https://assets.publishing.service.gov.uk/media/657aed70095987000d95e0e6/EYFS_statutory_framework_for_group_and_school_based_providers.pdf

Her Majesty's Government (2018) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf accessed 3 January 2019

Section 6

Identifying child health priorities in your setting

So far, the first section of the Toolkit has defined what we mean by the term 'health promotion' for children and in section 2, the benefits to children and to society of promoting children's health – right from conception – have been summarised. As outlined in section 3, there are several areas of health that affect children that can be effectively promoted in early years settings. Section 5 summarised the statutory guidance relating to child health promotion in the EYFS. Whilst you have a legal duty to fulfil these requirements, you may be thinking that there is a different area of child health promotion that needs to be addressed in order to benefit the children, families and possibly practitioners in your setting.

The common contemporary health conditions described in Section 2 are of national and in some instances of global concern. However, it is possible to find out what Public Health England describe as a snapshot of child health in each local authority in England. You can access the PHE website here [2020 child health profiles – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/2020-child-health-profiles) and you can enter the name of the Local Authority in which your setting is located. The data that you locate will give an overview of the key findings in relation to the indicators of child health. The level of child poverty reported for an area is an important statistic to be aware of, because the higher the level of poverty, the higher level of health needs.

In part 2 of the Toolkit, step 1 of the 5 Step programme is 'the Early Childhood Setting Health Profile'. This document is designed to give you the opportunity to conduct an audit of what you already do in relation to promoting children's health. The questions are aimed at provoking your thoughts about an area of health that you want to improve upon, or to address.



Section 7

Resources to support Health Promotion interventions

There are many resources that are available to support you in your health promotion interventions. Below, are some that have been used successfully in settings. Please feel free to use your own resources and also please feel free to make other suggestions.

1. Healthy Eating

Healthy eating guidance published for the early years sector from the Department for Education (2017) and published on the Gov.uk website [Healthy eating guidance published for the early years sector - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/healthy-eating-guidance) accessed 10 January 2023

Influencing healthy eating habits through early years settings guidance published on the UK Health Security website [Influencing healthy eating habits through early years settings - UK Health Security Agency \(blog.gov.uk\)](https://www.ukhsa.gov.uk/influencing-healthy-eating-habits-through-early-years-settings)

2. Physical Activity

National Day Nurseries Association 'Healthy Body, Happy Me' campaigns. Available from [Healthy Body, Happy Me 2022 - NDNA](https://www.ndna.org.uk/healthy-body-happy-me) accessed 10 January 2023

Department of Health and Social Care (2019) UK Chief Medical Officers' Physical Activity Guidelines – September 2019. Infographic. Available from [Physical activity for early years: birth to 5 years \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/824444/physical-activity-guidelines-uk-chief-medical-officers-report.pdf) accessed 10 January 2023

Department of Health and Social Care (2019) UK Chief Medical Officers' Physical Activity p9, pages 21-28 available from [UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/824444/physical-activity-guidelines-uk-chief-medical-officers-report.pdf) accessed 10 January 2023

UK Chief Medical Officers (2019) Physical Activity Guidelines. Available from <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

UK Chief Medical Officers (2022) Physical Activity for Disabled Children and Disabled Young People. Available from <https://www.gov.uk/government/publications/physical-activity-guidelines-disabled-children-and-disabled-young-people/physical-activity-for-disabled-children-and-disabled-young-people-text-of-the-infographic>

Free course produced by The Open University in partnership with the UK Health Security Agency and Active Matters *Supporting Physical Development in Early Childhood* <https://www.open.edu/openlearn/health-sports-psychology/supporting-physical-development-early-childhood/content-section-overview?active-tab=description-tab>

3. Dental Health

Child oral health: applying All Our Health guidance that is available on the Office for Health Improvement and Disparities website. In particular scroll down to look at the top 3 interventions for preventing tooth decay [Child oral health: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health) accessed 10 January 2023

4. Prevention of infection

Health protection in schools and other childcare facilities: guidance available on the UK Health Security website [Health protection in children and young people settings, including education - GOV.UK \(www.gov.uk\)](https://www.ukhsa.gov.uk/health-protection-in-children-and-young-people-settings-including-education) accessed 10 January 2023

5. Mental Health

The mental health of children and young people in England guidance available on Public Health England's website [Mental health of children in England \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671112/mental-health-of-children-and-young-people-in-england.pdf) accessed 10 January 2023

Anna Freud Centre: Early Years in Mind is a free online network for early years practitioners. <https://www.annafreud.org/early-years/> accessed 10 January 2023

A **free course** produced by Early Childhood at The Open University *Supporting children's health and wellbeing* <https://www.open.edu/openlearn/education-development/supporting-childrens-mental-health-and-wellbeing/content-section-overview?active-tab=description-tab>

6. Physical and Mental Health Free Course

A **free course** produced by Early Childhood at The Open University *Physical and Mental Health for Young Children* <https://www.open.edu/openlearn/education-development/physical-and-mental-health-young-children/content-section-overview?active-tab=description-tab>

Creating your own resources

In the pilot, the practitioners used different resources that are available via some of the websites in the previous section, and then adapted them to suit the needs of the children and families in their setting. **Image 5** illustrates a display using a range of readily available resources.



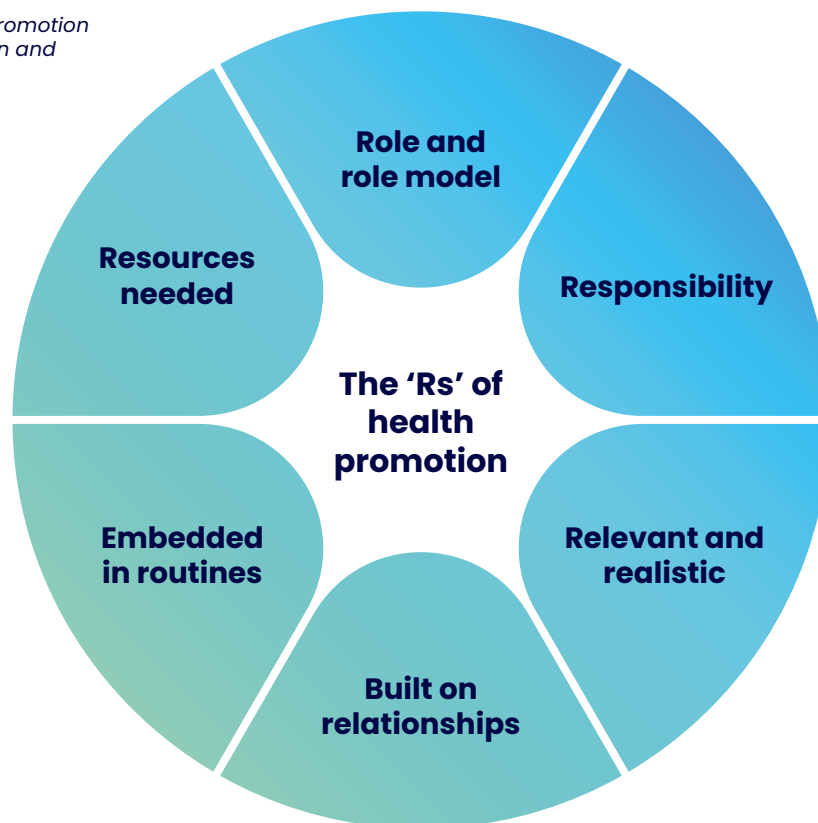
Image 5: a display using a range of readily available resources

Section 8

The 'Rs' of health promotion in Early Childhood Education and Care settings

This section discusses some of the points that emerged from this research that are useful to bear in mind when identifying, implementing and evaluating health promotion activities. The themes that emerged were all words starting with 'R', hence the 6 Rs of health promotion as illustrated in Figure 2! The following section describes what the 'Rs' are in detail.

Figure 2: the 'Rs' of health promotion in Early Childhood Education and Care settings



Role and role model: the participants recognised that they had an important role to play in promoting children's health. They also recognised that they needed to be positive role models for the children. They modelled positive behaviour by changing their own habits, for example substituting their usual drinks for water.

Responsibility: as well as a moral responsibility for the children, the participants were aware that they had a legal responsibility to implement high quality care and education as a requirement of the Early Years Foundation Stage (DfE 2024). And as there are over 30 aims and principles that relate to promoting and supporting children's health, delivering high quality ECEC can make a useful contribution to children's health.

Relevant and realistic: to ensure that the health promotion intervention was relevant to the children and families, the participants carried out Step 1 of the 5 Step Approach. This was an audit of the health needs and details of the families' circumstances. This step helped them to gain a greater understanding of the children and the context of their lives and the factors that may influence their health. The information gathered about the families helped the participants to learn more about the families and helped to decide what sorts of intervention would be realistic.

Built on relationships: at the heart of the success of the healthy eating and drinking campaign was the relationship with the families. The participants were mindful of the World Health Organisation's warning that health promotion should not be done to, but should be done with people, therefore, they worked with the parents as partners. The positive relationships that they had developed with their parents meant that they were able to have sensitive and helpful conversations with parents.

Routines: the participants realised that many health promoting activities can and already are embedded in everyday routines. For example, routines that include adequate time for mealtimes that offer healthy food, drink and sleep and rest times are examples of some of the foundations that children need for good health. Supporting children to develop self-care with good hygiene practices are also part of toileting and handwashing routines. The participants sought playful approaches to building in the handwashing routines by singing 'the handwashing song'

Resources: the research highlighted the need to ensure that resources are available to that support health promotion activities. Such resources need to be up to date and accessible to all parents. And the resource of time is needed to be able to plan and prepare effective health education information.

Conclusion

Part 1 has brought together an overview of health promotion in early childhood settings. Good habits that are shaped in early childhood are essential for health not just in the early years, but across the lifespan. An important message for you to takeaway is that practitioners in early childhood education and care settings are well placed to make a difference, you can and do make a positive contribution to promoting the health of babies and young children.

The next part of the Toolkit looks at the 5 Steps that have been designed to help you to identify, implement and evaluate a health intervention that is relevant to the health needs of the children and families in your setting.



Further reading

Part 1 has brought together an overview of health promotion in early childhood settings. Good habits that are shaped in early childhood are essential for health not just in the early years, but across the lifespan. An important message for you to take away is that practitioners in early childhood education and care settings are well placed to make a difference, you can and do make a positive contribution to promoting the health of babies and young children.

The next part of the Toolkit looks at the 5 Steps that have been designed to help you to identify, implement and evaluate a health intervention that is relevant to the health needs of the children and families in your setting.

Books

Musgrave J (2022) *Health and Wellbeing for babies and children: contemporary issues*. London: Routledge

Musgrave, J. (2017) *Supporting children's health and wellbeing*. London: Sage

Chapter in a book

Musgrave, J. (2021) *Children's Health and Wellbeing in Palaologou, I. (Ed) (2021) The Early Years Foundation Stage: Theory and Practice*. 4th Ed. London: Sage

Journal articles

Musgrave, J. and Payler, J. (2021) Proposing a model for promoting Children's Health in Early Childhood Education and Care Settings. *Children and Society* – <https://onlinelibrary.wiley.com/doi/full/10.1111/chso.12449>

Musgrave, J. and Levy, R. (2019) Including Children with Chronic Health Conditions in Early Childhood Education and Care Settings. *The Journal of Early Childhood Research* Vol 18, No 2. June 2020

Publications for practitioners

Parenta Magazine: Promoting young children's health: putting it into practice. August 2019 <https://www.parenta.com/2019/08/01/promoting-young-childrens-health-putting-it-in-to-practice/>

Parenta Magazine: Preventing infections in early years settings. April 2018 <https://www.parenta.com/2018/06/01/preventing-infections-in-early-years-settings/>

Parenta Magazine: The Role of Practitioners in Supporting Children' health and wellbeing <https://www.parenta.com/2018/04/01/the-role-of-practitioners-in-supporting-childrens-health-and-wellbeing/>

Podcast

Children's health and wellbeing (2022)

<https://earlyyearsreviews.co.uk/podcast/childrens-health-and-wellbeing-in-the-early-years-dr-jackie-musgrave/>

Free Online Courses

OpenLearn free course – Supporting children's mental health and wellbeing (0-8) <https://www.open.edu/openlearn/education-development/supporting-childrens-mental-health-and-wellbeing/content-section-overview?active-tab=description-tab>

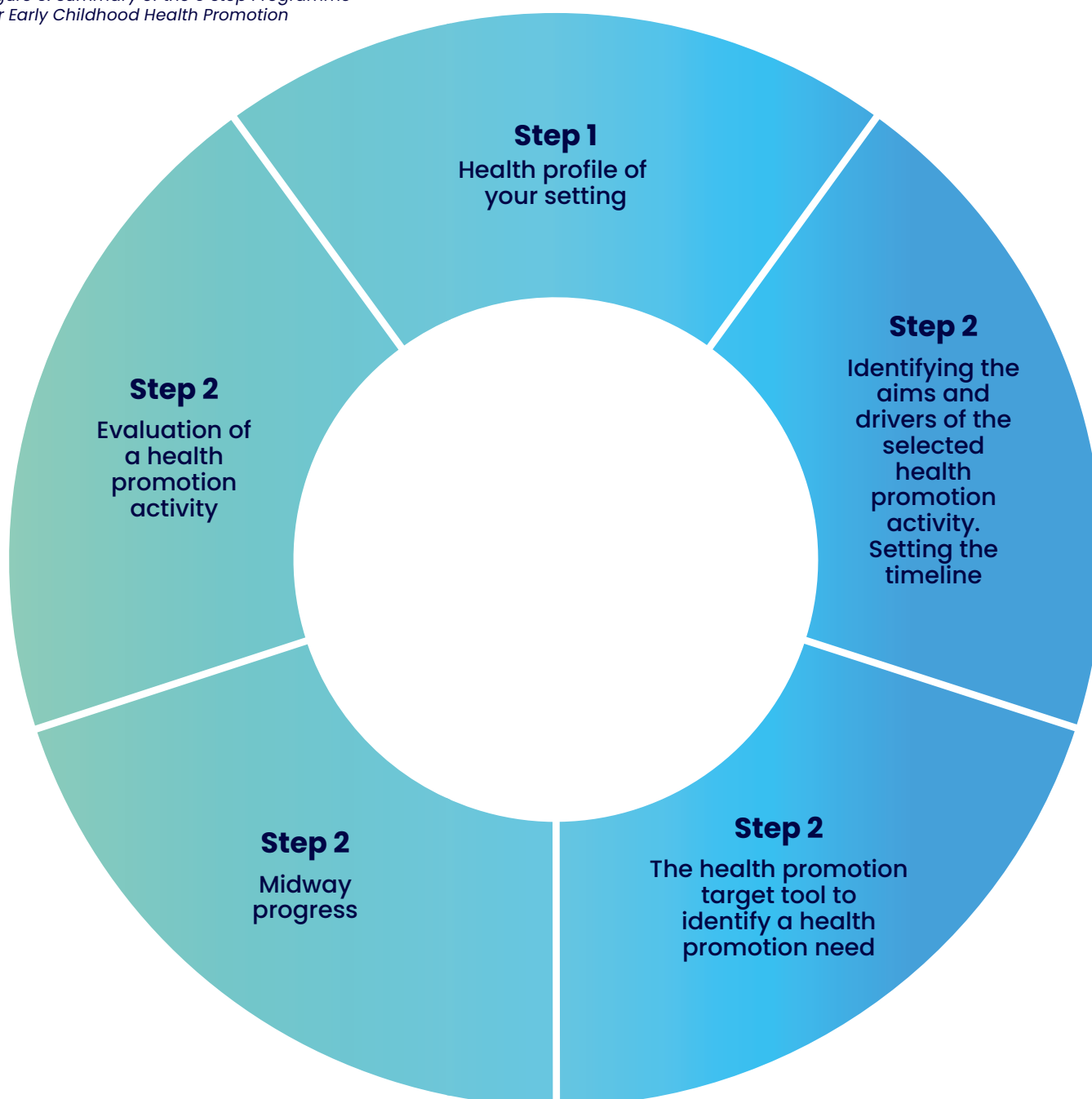
FutureLearn free course written in partnership with the UK Health Security Agency/Early Childhood at the Open University/Active Matter: Supporting physical development in early childhood <https://www.futurelearn.com/courses/supporting-physical-development-early-childhood>

Part 2

A 5 Step Programme for Early Childhood Health Promotion

The 5 Step Programme aims to support you to seek ways to promote the health of the children in your setting. Figure 2 is a diagram which summarises each of the steps.

Figure 3: Summary of the 5 Step Programme for Early Childhood Health Promotion



Below is a detailed explanation of each of the steps, including the purpose of each step and how it will be achieved.

- Step 1: Early Childhood Health Profile:** The content of the EC Health Profile is designed to assist you to consider the health needs of the children and families in your setting. On completion of this stage, you are encouraged to decide on a health promotion priority for the children in the setting.
- Step 2: Early Childhood Health Promotion Tool:** The purpose of this step is to focus on identifying the benefits of the health promotion intervention and for you to reflect on how you are going to implement and evaluate the intervention.
- Step 3: Illustrative diagram of the aim and drivers for the intervention (adapted from Bryk et al 2010).** The purpose of this step is to focus on the chosen intervention. The questions in the diagram will encourage you to select a specific health promotion aim. You are encouraged to consider what the primary and secondary drivers of the aim will be. This will be discussed and completed during the initial interview. Step 3 includes a discussion of the timeline for the selected intervention.
- Step 4: Mid-way progress – an interview to assess the progress made and next steps.** The purpose of this step is to take stock of how the intervention is going; to reflect on progress, identify any barriers or challenges to success, identify solutions, for us to work together and if necessary, for the researcher to offer further support and plan next steps.
- Step 5: End of implementation of HP intervention – an interview to evaluate how the intervention went and to identify next steps.** The purpose of this step is to identify the end of intervention impact on children, families and practitioners; to assess the sustainability of the intervention and to identify the findings and how they can be disseminated to inform best practice in promoting children’s health

Identifying key dates

Planning the timeline for the ‘life’ of the chosen health promotion intervention will be helpful to ensure that the research goes to plan and that the aims are met. **Table 3** lists the key dates for you to decide.

Table 3: Timeline for the Health Promotion intervention

Steps	Key Dates	Comment
Step 1: Early Childhood Health Profile:		
Step 2: Early Childhood Health Promotion Tool		
Step 3: Illustrative diagram of the aim and drivers for the intervention		
Step 4: Mid-way progress		
Step 5: Evaluation of HP intervention		

Step 1:

Early Childhood Setting Health Profile

The content of the EC Health Profile is designed to assist you to consider the health needs of the children and families in your setting. On completion of this stage, you are encouraged to decide on a health promotion priority for the children in the setting.

Name of setting:	
Telephone number:	
Email address:	
Main contact:	

Description of your setting	
Type of setting	☐ Privately owned ☐ Nursery school in the state-maintained sector ☐ Children's Centre ☐ Childminder ☐ Voluntary ☐ Other
Location of setting: what description fits where your setting is located	An area of ☐ Affluence ☐ Deprivation ☐ Other
Number of children in the setting	Ages: Babies Toddlers Pre-school
Number of staff in the setting	Practitioners: Cleaning staff: Other staff:
Ethnicity of children and families	What proportion of parents describe themselves as White Black English Other nationalities
Minority groups	Do you have any children who are living in families who are: Refugee/asylum seeking Gypsy/Traveller/Roma

English as an Additional Language	Do you have children who belong to families who have English as an Additional Language? If so, how many children? Which languages, other than English are spoken by children and families in your setting?
Children not living with their biological parents	Do you have any children who are Looked-after by the State or Living with Kinship carers, for example grandparents?

Health priorities in your setting

What are the children's health issues that are of most concern?

What aspects of health improvement do you promote in your setting at the moment?

What aspect of children's health would you most like to improve?

What resources do you use to promote children's health?

Health issues that affect the children in your setting

Chronic Health Conditions	Are any of the children in your setting affected by any of the following health conditions: An on-going health condition, such as ☐ Asthma ☐ Diabetes ☐ Eczema ☐ Epilepsy ☐ Sickle cell anaemia
Allergies	Do any of the children have an allergy? How many children? What are they allergic to? How would you describe the severity of their allergy: mild/moderate/severe? Do they require to have an EpiPen injection?
Complex medical conditions	Complex medical conditions, Yes/No How many children? Please name the condition(s) Does the child(ren) require any support such as ☐ Tube-feeding ☐ Any other clinical procedure?

Infectious Illnesses	Do the children in your setting ever have infectious illnesses such as: ☐ Colds ☐ Diarrhoea and Vomiting ☐ Conjunctivitis ☐ Hand, foot and mouth Absence because of being ill with an infectious disease? How often are children absent because of an infectious disease? Frequently/occasionally/never How often are staff absent because of being ill with an infectious disease? Frequently/occasionally/never
Mental Health Conditions	Do any of your children have any of the following: ☐ Behavioural difficulties ☐ Attention-deficit hyperactivity disorder ☐ Autism ☐ Anxiety ☐ Depression ☐ Phobias ☐ Any other mental health conditions.
Other child health conditions	How many children in your setting have one, or more, of the following health conditions: ☐ Overweight or obese ☐ Dental decay
Education Health Care Plans (EHCP)	Do you have any children with an EHCP? How many?
Working with other professionals	Do you work with other professionals or agencies to support children's health? Please specify: ☐ Health visitor ☐ School Nurse ☐ Hospital Staff ☐ Speech and Language Therapist ☐ Dentists/Dental Nurses ☐ Physiotherapist ☐ Other

Step 2:

The Early Childhood Health Promotion Target Tool

The purpose of this step is to focus on identifying the benefits of the health promotion intervention and for you to reflect on how you are going to implement and evaluate the intervention

Aim of the health promotion activity		
Questions to consider	Response	Challenges/barriers/solutions
1. Why have you selected this as a health promotion priority?		
2. How did you select the health promotion priority?		
3. Who is going to benefit from this Health Promotion activity?		
4. Why is it important to your setting?		
5. What evidence supports your selected health promotion activity?		
6. How do you propose to approach your target?		
7. What resources will you use?		
8. Who can help you to achieve your target?		
9. How are you going to involve/appoint them to work with you?		
10. What are the possible barriers to achieving your target?		
11. How can you keep track of your progress?		
12. How are you going to measure the success or the impact of your intervention?		

Step 3:

Identifying the aims and drivers of the health promotion intervention

Step 3 is to focus on identifying the main aim of the chosen health promotion intervention.

Questions to guide your thinking:

1. What is the overall **aim** of the intervention?
2. What are the **primary drivers**, or the main reasons, for selecting the intervention?
3. What are the **secondary drivers**, or other reasons, for the chosen intervention?
4. How can the health promotion intervention improve quality in your setting?

Figure 4 is an example of a selected health promotion intervention, showing the primary and secondary drivers

Figure 5 is a template for you to use for your selected intervention

Figure 4: Illustrative Driver Diagram for Child Health Promotion Activity (adapted from Bryk et al 2010)

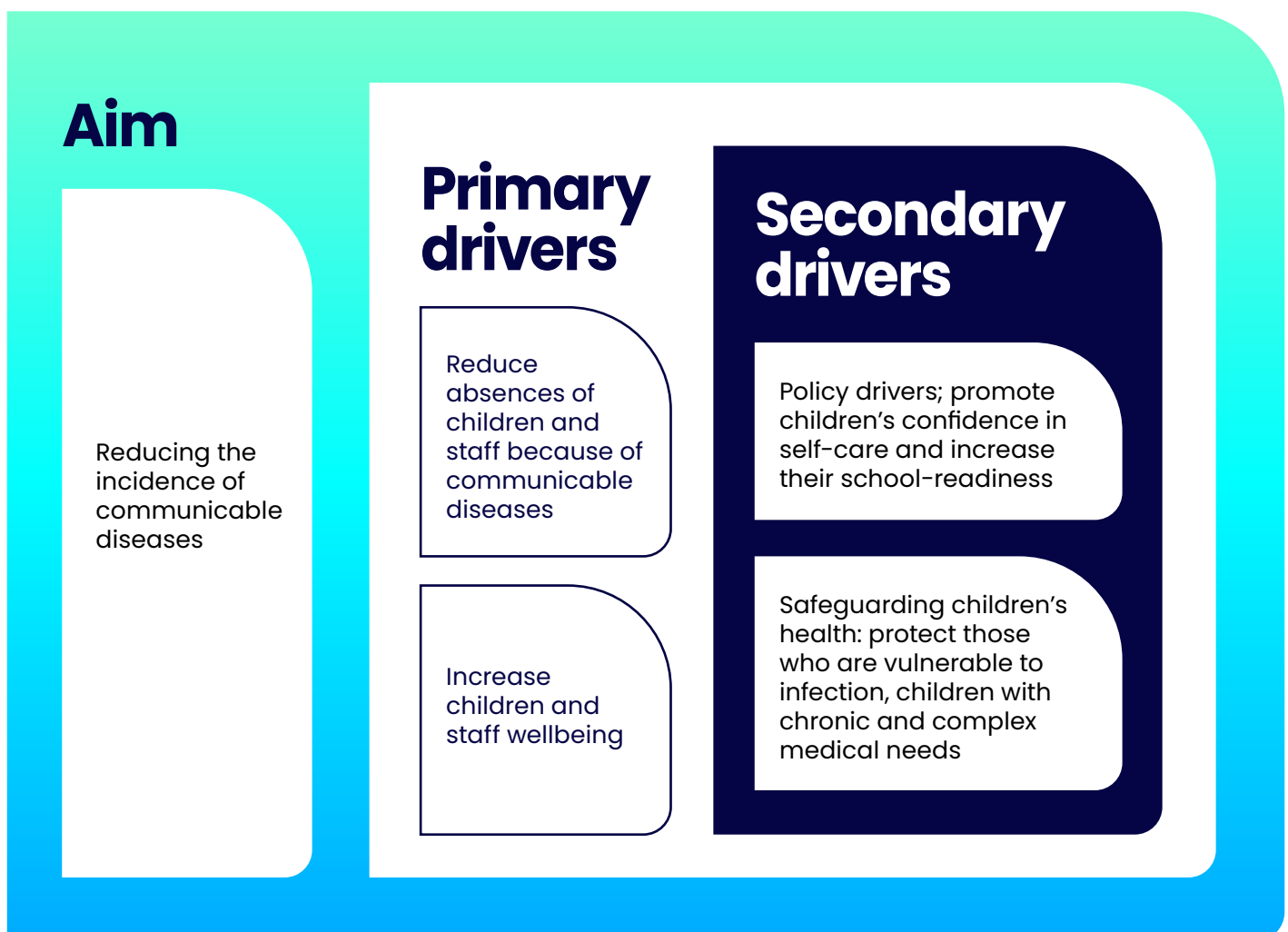


Figure 5: template to use for identifying aims and drivers for health promotion intervention

Aim	Primary drivers	Secondary drivers

References

Bryk, A. S., Gomez, L. M. and Gomez, A. (2010) Getting ideas into action: building networked improvement communities in education. Reorganising Educational Research and Development. Carnegie Perspectives. Stanford: Carnegie Foundation for the Advancement of Teaching. Available from <https://files.eric.ed.gov/fulltext/ED517575.pdf> accessed 3 October 2018

Step 4:

Mid-way progress: Review step 2 and 3

The purpose of this step is to take stock of how the intervention is going; to reflect on progress, identify any barriers or challenges to success, identify solutions, for us to work together and if necessary, for the researcher to offer further support and plan next steps.

Questions to consider

1. What has gone well?

2. Is there anything that could have gone better?

3. Were there any specific barriers or challenges?

4. If so, how were they resolved?

5. What do you think the children think about the intervention?

6. How have you worked with parents and carers?

7. What are your predictions about the success of the intervention?

8. Is there anything that I can help you with?

9. Any other comments?

Step 5:

End of implementation of HP intervention – an interview to evaluate how the intervention went and to identify next steps

The purpose of this step is to take stock of how the intervention is going; to reflect on progress, identify any barriers or challenges to success, identify solutions, for us to work together and if necessary, for the researcher to offer further support and plan next steps.

Questions	Comment
1. How useful was the Early Childhood Health Promotion Target Tool to support you in identifying a target?	
2. How did you evaluate the intervention? What steps did you take to measure success?	
3. What are the benefits to the children?	
4. Were there benefits to parents/carers?	
5. What was the reaction from colleagues • Within your setting • Other professionals	
6. How sustainable is your Health Promotion Target? How likely are you to continue or repeat the intervention?	Very likely Not sure Unlikely
7. What are the reasons for your answer to question 6?	
8. What points from your HP activity do you think would be useful to share with other settings as examples of good practice?	

Conclusion

Part 2 of the Toolkit has laid out in detail each of the 5 steps that have been designed to help you to identify, implement and evaluate an intervention that is aimed at promoting the health of the babies and children in your setting. We hope that you have found the Toolkit useful, and would very much welcome your feedback about how you use it and how this has helped to improve their health. Also keen to hear from you about any improvements to the Toolkit that we could make, so please get in touch

Many thanks for your interest

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