

FINAL REPORT

HEALTHY EARLY YEARS LONDON: YEAR 1 EVALUATION

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Executive Summary

Background

The Mayor's new Healthy Early Years London (HEYL) awards programme is targeted at London's 13,000+ childcare settings with the aim of tackling health inequalities across the city at the earliest opportunity in a child's life. Following extensive development and piloting, HEYL was launched by the Mayor in October 2018. Since that date, 32 London boroughs have become involved in HEYL, and over 1,500 settings have registered to take part.

This evaluation

This report describes a process evaluation of the first year of HEYL's operation. The evaluation aimed to assess the contribution that the programme makes to improving health, wellbeing and child development and to reducing health inequalities among children, aged under five, in London's Healthy Early Years (HEYL) settings (including childminders). The evaluation makes recommendations for improvements to the ongoing programme for taking to scale across London.

The evaluation combined surveys of stakeholders and early years settings; one-to-one interviews and focus groups; ethnographic visits to settings; analysis of existing routine data.

Summary of findings

HEYL is strongly supported by early years policy

Healthy Early Years London (HEYL) was described by one senior stakeholder as a '*policy no-brainer*', meaning that it was an uncontroversial and clear approach to the challenge of improving health, wellbeing and development in the early years. It is seen to be a universal programme – ensuring standards are high and consistent across all settings in London – but also targeted proportionately – aiming to reduce inequalities by securing involvement within more deprived communities.

HEYL adds value through working in partnership

HEYL is clearly an example of what can be achieved through working closely in partnership. The GLA and local authorities in London have co-designed the programme and the award evaluation framework. The evaluation tool was specifically designed to mirror national standards. By doing this, the HEYL framework is relevant to both education and health services, providing an evaluation efficiency that measures progress toward targets for both sectors using a common assessment tool.

Resources are severely stretched within Local authorities

The biggest challenge that HEYL faces is the strain on local authorities, who have faced significant budgetary and staff cuts in recent years. The programme relies on the cooperation and goodwill of staff in local authorities, but this is extremely stretched at times. Most borough leads spend less than one day a week on HEYL, due to demands on their time from other parts of their portfolio. Many would like to spend more time on HEYL, and it is likely that if this were possible, this would lead to an increased rate of recruitment of settings, perhaps including priority settings. Instead, as more settings come on board, the already thin resource is spread more thinly.

HEYL is associated with many examples of positive impacts, but evidence is thin

This report has highlighted numerous examples of positive changes associated with participation in HEYL. These are at all levels:

- Children changing behaviour: trying new foods; walking to school; being more active; better oral health etc.
- Parents/carers changing attitudes and behaviour: learning from setting staff; trying new approaches with their children
- Setting staff changing their practice: attending training; trying new approaches to HEYL related areas of work; focusing more on health and wellbeing
- Setting Managers: amending policies

However, the evidence for these changes is only anecdotal. The evaluation did not uncover any systematic approaches being taken to collecting data on impacts/outcomes

Taking part in HEYL requires a lot of paperwork, which may be a barrier to participation

The main barrier to involvement in HEYL is the time needed to take an active role in the programme. Seventy-six per cent of settings interviewed said this was a barrier. Interviews showed that the amount of paperwork needed for the assessments was a major issue. There are seen to be too many areas to focus on in the assessment, and too much detail and checking required. This may have contributed to a lower 'conversion rate': the fact that more settings register for the award than go onto First Steps, and in particular achieve First Steps but do not go onto apply for a Bronze award.

Addressing health inequalities is challenging

A key objective of HEYL has been to contribute to reducing health inequalities among children across London. As noted above this is through a universal programme (available to all childcare settings across London) but also targeted (aiming to ensure involvement among the more deprived boroughs and settings).

At a macro level, HEYL has done very well in reaching the more deprived communities. Of the 17 priority boroughs identified by HEYL in 2018, sixteen have confirmed or are committing local resource to the HEYL programme (the other is joining in spring 2020). All 17 have early years settings that have signed up to the programme, with the most active borough being Islington with four early years settings receiving their Gold award.

Within boroughs, however, there is clearly an ongoing challenge in reaching and recruiting more settings in the more deprived communities, and reaching the most deprived children and families, especially if parents/carers are out of work. Borough leads are very focused on this issue, and given more time and resource, would be able to reach out to recruit and influence more settings in deprived areas. This remains a core challenge for HEYL.

Recommendations

The report contains recommendations for GLA; boroughs, and childcare settings.

Contents

1	BACKGROUND	5
2	METHODOLOGY	8
3	FINDINGS	13
4	DISCUSSION	43
5	RECOMMENDATIONS	44
6	APPENDICES	50

1 BACKGROUND

1.1 CONTEXT

The Mayor's new Healthy Early Years London (HEYL) awards programme is targeted at London's 13,000+ childcare settings (circa 300,000 children under five in childcare) with the aim of tackling health inequalities across the city at the earliest opportunity in a child's life. Following extensive development and piloting, HEYL was launched by the Mayor in October 2018. Since that date, 32 London boroughs have become involved in HEYL, and over 1,500 settings have registered to take part.

HEYL is included as a key ambition of London's Health Inequalities Strategy¹ and is seen as a natural extension, into early years settings, of the successful Healthy Schools London programme². HEYL is supported in part by the Bloomberg Philanthropies Partnership for Healthy Cities, a prestigious global network of cities committed to saving lives by preventing noncommunicable diseases (NCDs) and injuries in partnership with the World Health Organization and Vital Strategies. The Partnership for Healthy Cities provided funding to conduct a first-year evaluation of HEYL and to report on how well HEYL settings complied with England's Voluntary Food and Drink guidelines (2017). A contract for the evaluation was issued to Cavill Associates Ltd (led by Dr Nick Cavill and Mike Parker) in late 2018, for a Year One evaluation to report in December 2019.

1.2 HEYL'S POSITIONING WITHIN EARLY YEARS POLICY

There is strong evidence that providing every child with the best start in life is crucial to reducing health inequalities. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing from obesity, heart disease and mental health, to educational achievement and economic status. Evidence also indicates that inequalities that exist in these early years perpetuate throughout life. Therefore, improving experiences in the early years is central to reducing inequalities in childhood and later life³.

In 2010, Professor Sir Michael Marmot, in his report on inequalities '*Fair Societies, Healthy Lives*'⁴ made improving experiences in the early years a priority objective for reducing health and other inequalities. It was made clear that children's outcomes worsen progressively the further down the socioeconomic spectrum you go and the gap between those groups is growing relatively wider and more entrenched. Policies and programmes that are universal and proportionate (proportionate universalism) to

¹ The London Health Inequalities Strategy (2018) https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf (web access. Accessed 13/11/2019)

² Healthy Schools London <https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/> (web access. Accessed 13/11/2019)

³ UCL Institute for Health Equity (2012) An Equal Start: Improving outcomes in Children's Centres.

⁴ Marmot M (2010) Fair Society Healthy Lives, The Marmot Review.

increasing need are critical to reducing inequalities. HEYL is one such programme with close connections to other relevant policies and standards, which include:

The Mayor's Health Inequalities Strategy⁵

The strategy lays out the actions to address London's stark health inequalities, focussing on reducing the number of years Londoners live in poor health. It tackles the determinants of health by focusing on five key areas: Healthy Children (helping every London child to have a healthy start in life by supporting parents and carers, early years settings and schools); Healthy Minds; Healthy Places; Healthy Communities and Healthy Living. In the Annual Report of the Chief Medical Officer, 2019 Health, our global asset – partnering for progress⁶, Michael Bloomberg stated, *"In London, Mayor Khan's administration is pioneering a comprehensive approach to improving childhood nutrition, the Healthy Early Years London program."*

The Early Years Foundation Stage Framework⁷

The Early Years Foundation Stage (EYFS) Framework sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. The EYFS promotes teaching and learning to ensure children's 'school readiness' and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life. It targets seven areas of learning and development that must shape educational programmes in early years settings. All areas of learning and development are important and inter-connected. Three areas are particularly crucial for igniting children's curiosity and enthusiasm for learning, and for building their capacity to learn, form relationships and thrive. These three areas are specific to the HEYL agenda and are:

- **Communication and language:** involves giving children opportunities to experience a rich language environment; to develop their confidence and skills in expressing themselves; and to speak and listen in a range of situations.
- **Physical development:** providing opportunities for young children to be active and interactive; and to develop their co-ordination, control, and movement and help understand the importance of physical activity, and to make healthy choices in relation to food.
- **Personal, social and emotional development:** helping children to develop a positive sense of themselves, and others; to form positive relationships and develop respect for others; to develop social skills and learn how to manage their feelings; to understand appropriate behaviour in groups.

⁵ The London Health Inequalities Strategy (2018) https://www.london.gov.uk/sites/default/files/health_strategy_2018_low_res_fa1.pdf (web access. Accessed 13/11/2019)

⁶ Annual Report of the Chief Medical Officer, 2019 Health, our global asset – partnering for progress. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832948/annual-report-of-the-chief-medical-officer-2019.pdf

⁷ The Statutory Framework for Early Years Foundation Stage (2017) web access (accessed February 2019) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf

The EYFS also sets out the safeguarding and welfare requirements, designed to help providers create high quality settings which are welcoming, safe and stimulating, and where children are able to enjoy learning and grow in confidence. Included in this is specific reference to healthy eating [*Section 3.47: Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious*] and physical activity [*Section 5.8: Providers must provide access to an outdoor play area or, if that is not possible, ensure that outdoor activities are planned and taken on a daily basis*].

OFSTED Inspections

Once a provider is registered on the Early Years Register, the Office for Standards in Education, Children's Services and Skills (OFSTED) carries out regular inspections to evaluate the overall quality and standards of the early years provision in line with the principles and requirements of the EYFS listed above. The Early Years Inspection Framework⁸ was renewed in 2019 with key changes including personal development, behaviour and welfare being separated into behaviour and attitudes and personal development. A grade descriptor under 'Good' for personal development relates to providing a healthy diet, opportunities for physically active play, clear and consistent messages to children that support healthy choices around food, rest, exercise and screen time. This, amongst other standards can be evidenced through HEYL participation.

Best start in life and beyond: Improving public health outcomes for children, young people and families

This guidance supports commissioning of The Healthy Child Programme 0-5 and 5-19. The Healthy Child Programme aims to bring together health, education and other key partners to deliver an effective programme for prevention and support.

Every child a healthy weight.⁹

London's Child Obesity Taskforce (established by the Mayor) has a vision that every child in London grows up in a community and an environment that supports their health. Its **purpose** is to bring about a transformation in London so that every child has every chance to grow up eating healthily, drinking plenty of water and being physically active. Its **commitment** by 2030 is to halve the percentage of London's children who are overweight at the start of primary school and obese at the end of primary school, and to reduce the gap in childhood obesity rates between the richest and poorest areas in London. Its ambitions most relevant to HEYL include: *Nurseries and schools giving us the best chance to be the best that we can, by helping us be healthy; it's easy for mums to breastfeed; we are always close to fresh, free water to drink; Business' are helped to make healthier food and drink; everyone helps us develop healthy habits from when we are little; and all families can afford healthy food and fun activities.*

⁸ Education Inspection Framework (2019) <https://www.gov.uk/government/collections/education-inspection-framework>

⁹ Every child a healthy weight: Ten ambitions for London https://www.london.gov.uk/sites/default/files/every_child_a_healthy_weight.pdf (web access. Accessed 13/11/2019)

2 METHODOLOGY

This section presents the methods used in the evaluation. It outlines the evidence upon which this evaluation is based and includes the methodology for each component. This is primarily a process evaluation methodology, that makes use of both quantitative and qualitative data, adopting a mixed methods approach to data collection.

2.1 EVALUATION AIM

To assess the contribution that the HEYL programme makes to improving health, wellbeing and child development and to reducing health inequalities among children, aged under five, in London's Healthy Early Years (HEYL) settings (including childminders). The evaluation makes recommendations for improvements to the ongoing programme for taking to scale across London.

2.2 EVALUATION OBJECTIVES

- To develop a detailed understanding of the project, through background desk research and discussions with the HEYL team
- To modify and update the HEYL universal and targeted logic models
- To assess the level of engagement with the HEYL programme and any differential uptake by settings based on: socio-economic; ethnicity and health / developmental factors and OFSTED rating (where available)
- To explore the extent to which stakeholders think HEYL status is associated with changes in policy and practice likely to impact on health knowledge, skills, understanding, attitudes and behaviour, such as changes in eating, drinking, physical activity or toothbrushing in children, parents/carers and staff
- To explore the extent to which involvement in HEYL is associated with reducing health inequalities
- To explore the facilitators and barriers to setting/childminder engagement in HEYL
- To assess the extent that settings comply with the Voluntary Food and Drink Guidelines for Early Years settings in England¹⁰ and breastfeeding friendly initiatives
- To assess whether HEYL adds value to local work in early years settings
- To assess the effectiveness of this evaluation approach and identify an ongoing evaluation framework that would allow future evaluations to assess whether HEYL affects health, wellbeing and developmental outcomes and to identify tools and approaches and make recommendations for measuring the potential health-economic impact of HEYL post year one

¹⁰ <https://www.actionforchildren.org.uk/media/9750/eat-well-practical-guide-final-check.pdf> (November 2017)

2.3 DATA COLLECTION METHODS

The evaluation was conducted through a series of connected work packages. It was agreed that no personal identifiable data would be reported in the evaluation.

Table 1: Methods used in the evaluation

Work Package	Evaluation Methods Used
Context Setting	<ul style="list-style-type: none"> Review of related policy and background documents Meetings with the evaluation commissioner
Secondary Data Analysis	<ul style="list-style-type: none"> Analysis of programme level data from the GLA programme lead Analysis of external evaluation reports from the GLA Programme lead
Stakeholder e-survey	<ul style="list-style-type: none"> Electronic survey (using Survey Monkey) distributed to Healthy Early Years London Borough Leads and Early Years Professionals at commencement of the evaluation. Questions explored included: Time dedicated to HEYL activities; funding for HEYL activities; additional resources provided; HEYL targets; measures of impact; prioritising of hard to reach communities; views on the approach taken and support provided; and suggestions for improvement
HEYL Settings e-survey	<ul style="list-style-type: none"> Electronic survey (using Survey Monkey) distributed to participating Early Years settings. Questions explored included: type and location of setting; OFSTED rating; free early years entitlement; level of award gained; priority areas of work; targeting of inequalities; impact on health and wellbeing; parental views; changes made to policy; and views on the overall programme.
Stakeholder Insight	<ul style="list-style-type: none"> One to one interviews with identified key stakeholders engaged in the programme Interviews explored the following areas: understanding of the policy context for HEYL; contribution to reducing health inequalities; opinions of the impact of the programme; role of borough leads, and administration of the programme; ideas for improvement Interviews were digitally recorded and transcribed verbatim
Ethnographic Field visits	<ul style="list-style-type: none"> Visits to six settings across London Sample chosen to represent a variety of settings based on type; award level; level of deprivation

	<ul style="list-style-type: none"> • Each visit combined observation with interviews with key staff, parents and carers and children • Full details of the case studies from each visit are in the Appendix
Final Stakeholder e-survey	<ul style="list-style-type: none"> • Electronic survey (using Survey Monkey) distributed to key stakeholders at the end of the evaluation period. Questions explored included: recent developments; challenges; future plans; support needed; ideas for the future.
Data analysis and reporting	<ul style="list-style-type: none"> • All available data was analysed • Qualitative evidence was entered into <i>Hyperresearch</i> and manually coded against the question areas agreed with the commissioners. Quantitative data was coded and analysed against the key objectives. Data was then brought together and discussed by the evaluation team before being written up into the report. •

2.3.1 DATA COLLECTION BY GLA

This work package included a review of all data reported through the monthly progress reports and a review of applications for awards.

2.3.2 EARLY YEARS SETTINGS E-SURVEY DATA COLLECTION

A total of 391 surveys were returned, from a distribution list of 966 (40% response rate). Just under half of these (48%) were from private, voluntary or independent nursery settings. Just over a fifth (21%) of responses came from early years settings located in the borough of Bromley.

Table 2. Percent of survey responses by early years type

Early Years Setting	%
Private, voluntary and independent nursery	48
Childminders	21
Early Years in school including school with two-year old provision	12
Children's Centre	6
Nursery School	5
Creche or playgroup	2
Other (please specify)	6

Table 3. Percent of total survey responses by borough

GLA Borough	%	GLA Borough	%
Barking and Dagenham	2	Islington	7
Barnet	6	Kensington and Chelsea	3
Bromley	21	Kingston upon Thames	3
Camden	0.5	Lewisham	2
City of London	1	Merton	3
Croydon	3	Newham	2
Ealing	2	Redbridge	3
Enfield	3	Richmond upon Thames	3
Greenwich	0.5	Southwark	1
Hammersmith and Fulham	1	Sutton	3
Haringey	4	Tower Hamlets	4
Harrow	3	Waltham Forest	3
Havering	7	Wandsworth	5
Hillingdon	0.5	Westminster	3
Hounslow	2		

2.3.3 STAKEHOLDER SURVEY DATA COLLECTION

Thirty-two borough leads and professionals returned the e-survey from a distribution list of 99 (32% response rate). Of the 33 London boroughs 79% submitted at least one response. There were zero responses from seven boroughs. The majority of responders (69%) worked within the education departments of the local authority, 9% worked within public health and the remainder (22%) worked for local authority commissioned services. Some respondents had multiple roles acting as borough lead and application reviewer/ HEYL strategic advisory group (SAG) member. The majority of responses, 84% (n=27) came from the HEYL borough lead.

Table 4. Percent of total survey responses by role

HEYL Role	
HEYL Borough lead	84%
Reviewer of applications/ HEYL SAG member	22%
Assistant to Borough lead	12%
Other (please describe)	3%

2.3.4 STAKEHOLDER INTERVIEWS

Key stakeholders were identified through discussions with the HEYL team and visits to the HEYL Strategic Advisory Group and Network meetings. The sample for interview was selected to represent a wide range of views, from across the programme, including public health; education; OFSTED; evaluation funders; the Greater London Authority; etc.

The following interviews were conducted:

- Seventeen one-to-one semi structured interviews
- Two focus groups with the Strategic Advisory Group
- Two focus groups with the Network Group (mainly borough leads)
- Six interviews with settings staff (some one-to-one, some groups) as part of the ethnographic element
- Six interviews with borough leads

The interviews followed an agreed discussion guide that set out the key topics to be explored (see Appendix 6.2).

2.3.5 FIELD VISITS

Six settings were visited, with interviews in each case with:

- The relevant borough lead
- The setting manager and other staff
- Parents and carers and children where appropriate

2.3.6 FOLLOW UP E-SURVEY OF STAKEHOLDERS

From a contact list of 106 stakeholders a follow up e-survey was returned by 24 (23%).

2.4 EVALUATION LIMITATIONS

- Budget and time constraints limited the number of interviews. More interviews across a more diverse sample might have changed the findings.
- Stakeholders recognised that systems have not been put in place to assess any measurable health impacts or economic impacts brought about by this programme. The evaluation can therefore not report on cost savings for example, but can suggest approaches to measure this in the future.
- In any evaluation like this it is challenging to find and interview people or organisations who did not engage with or dropped out of the programme (as they then do not tend to want to engage in the evaluation). This might lead to a positive bias.
- The evaluation was carried out over a 12-month period. Initial e-surveys of settings were distributed in month one (of the evaluation) therefore the e-survey only sought response from 966 early years settings. By completion of data collection at month 12, there were 1,488 early years settings engaged on the programme, a growth of 54%. These new settings did not take part in the baseline survey and therefore the e-survey results presented may not give a full appreciation of the current data.

3 FINDINGS

This section presents all the data gathered during the evaluation. Where applicable direct quotes from stakeholders are used to emphasise the issues raised, but only where they reflect a strong collective view.

3.1 THE POLICY CONTEXT FOR HEYL

Stakeholders generally had a very clear understanding of the fundamental principle of the importance of influencing children at an early stage in life. One stakeholder referred to this as:

“...a no-brainer that if you’re trying to introduce healthy eating and lifestyle that you do that with children in their early years because that’s when habits can most be imprinted in them. It’s when parents are most receptive to trying to influence their children’s behaviour.” (Senior stakeholder, Strategic Advisory Group)

Stakeholders reflect that HEYL is a strong example of a ‘settings approach’ to public health: influencing the policies and provision in early years settings so that children are surrounded by health influences throughout their days, which may set habits for life, and also ‘rub off’ on the parents. One senior stakeholder referred to HEYL as “a model approach to doing population health”.

“It’s the right thing to do, isn’t it?” (Senior public health stakeholder)

HEYL clearly represents real life partnerships between early years and public health teams at a borough level and is seen by many stakeholders as a very practical and tangible thing that local authorities can do to bring their early years policies to life. HEYL is seen as a way for the Mayor’s policy priorities to be turned into action at a grass roots level. While some stakeholders saw HEYL as primarily being about food and activity, the vast majority understood it to be much more about a holistic approach to child health, and in particular helping to ensure children were ‘school ready’.

“The biggest evidence base is if you get the best start in life right, before the kid starts school. That’s why the outcome about readiness at age 5 is absolutely critically important, otherwise you’re fighting a losing battle and it costs more money to address the issues later on. So that’s why early years is absolutely critical”
(Senior public health stakeholder)

Stakeholders interviewed were generally clear about the potential for HEYL to have a positive impact on health inequalities, but only with the proviso that it could not address the fundamental issues of poverty and income inequalities. No-one claimed that HEYL was the panacea for reducing health inequalities, but only that it could play its part within an economically strained system. Some stakeholders had more ambitious visions for the potential for HEYL, arguing that if the programme became more integral to early years settings, it could be the basis for work on objectives such as violence reduction and maybe

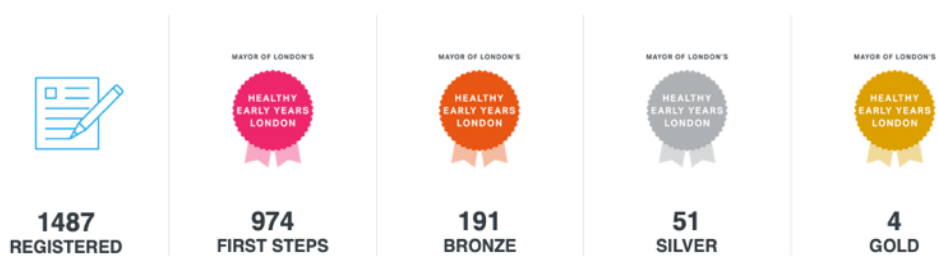
even working more closely with social services to have a role in early identification of problems in families.

One clear policy issue that was praised by stakeholders was the strong integration between HEYL and the OFSTED frameworks, notably that HEYL evidence supports and complements evidence required for OFSTED Inspections. This was thought to be a large part of the reason for the rapid uptake of the programme across London in the first year.

3.2 LEVEL OF ENGAGEMENT WITH THE HEYL PROGRAMME BY LOCAL AUTHORITIES AND RATE OF UPTAKE

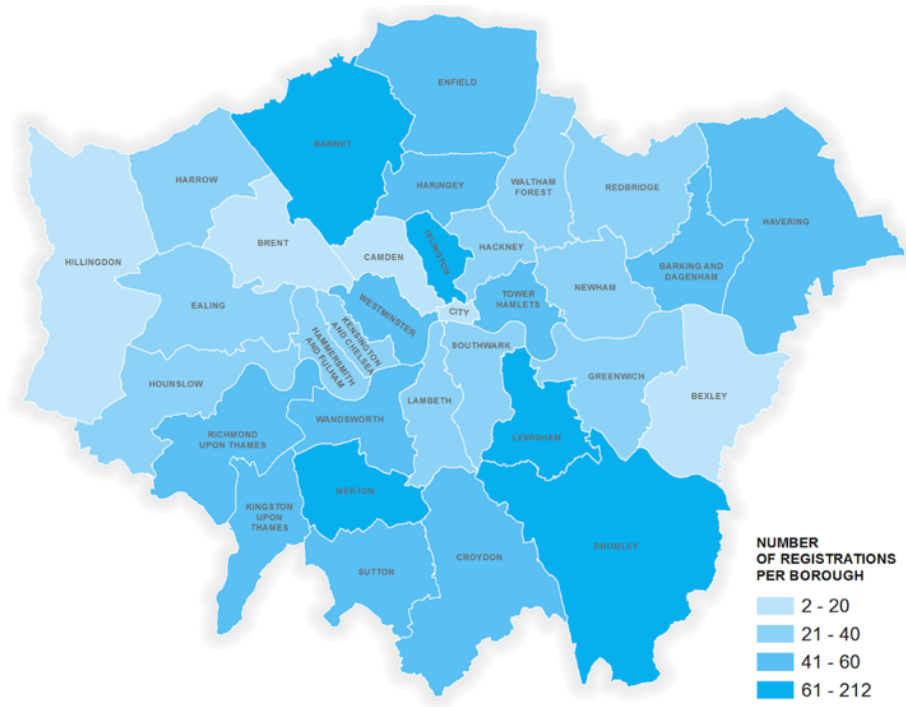
There has been an excellent uptake of the HEYL programme across the London boroughs with 32 of London’s 33 boroughs engaged to date and one due to engage in Spring 2020. Across the boroughs 1,488 early years settings have registered on the HEYL programme (end October 2019). Of these registered 66% (n=983) have received HEYL First Steps award. The Bronze award has been achieved by 13% of registered settings (n=191), 3% (n=51) have received the Silver award and four settings have received the Gold award.

Fig 1 Number of participating HEYL settings



Source: <https://www.london.gov.uk/what-we-do/health/healthy-early-years-london> (accessed 28/10/2019)

Fig 2. HEYL Registrations by borough



Source: HEYL Monthly progress report (October 2019)

Stakeholders were unanimously impressed with the rapid take-up of the programme across London. It has exceeded its March 2020 targets in terms number of settings registered on the HEYL website (1478/1330). It is seen to be ‘incredible’ and ‘amazing’ that this level of engagement has been achieved in such a short time period.

“The fact we’ve got almost every single one shows... commitment beyond our initial aspirations.” (Senior stakeholder, Strategic Advisory Group)

HEYL was the first regional policy delivery programme of its type, building on the learning from the Healthy Schools London programme,¹¹ a rigorous pan-London evidence review¹² and a Health Inequalities Impact Assessment¹³. It is seen to be a particularly strong achievement in the context of cuts to local authority budgets and the pressures on health and education agendas.

“I think that’s incredible considering how local government has less capacity and less expectation to do this type of work. They have thought about this and prepared to commit some resource to it, however small.” (Stakeholder, Strategic Advisory Group)

Interviewees made it clear that they thought HEYL was the right idea at the right time. The reasons for settings engaging in the programme were varied and are explored later [section 4.5]. But it is important to consider that the programme was built on the foundations of a number of existing local programmes and that the GLA team were noted to have worked closely with boroughs to develop the programme, without ‘treading on their toes’, instead focusing on supporting, complementing and developing their local approaches. This approach clearly helped with early borough engagement.

Snapshot of HEYL Practice:

The Rocking Horse Nursery was one of the borough’s early adopters. They had already been through the Borough’s own Healthy Early Years award and had good practice in place. The nursery team was keen to engage in HEYL, understanding the importance of their role in enabling the children in their care to thrive.

(Rocking Horse Nursery. Barnet. Appendix 1: Case Study 1)

¹¹ Healthy Schools London <https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/> (web access. Accessed 13/11/2019)

¹² Winslade C Evidence base for a Healthy Early Years Programme in London. Greater London Authority (2016)

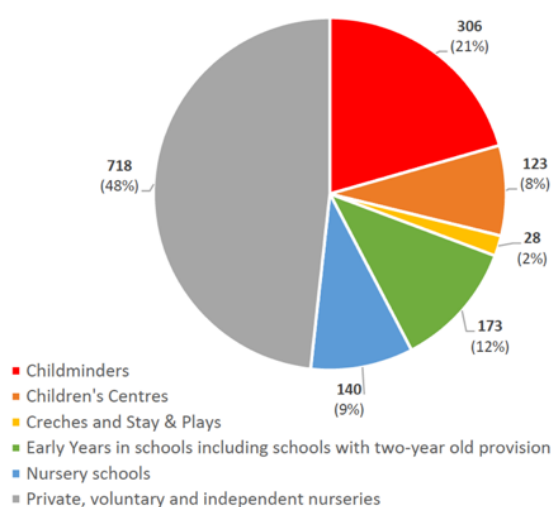
¹³ Winslade C Evidence base for a Healthy Early Years Programme in London. Greater London Authority (2016)

3.3 DIFFERENTIAL UPTAKE BY SETTINGS

“The programme has been widely recognised for the contribution it can make in reducing inequalities and giving all children the best start in life” (Early Years Professional)

It is encouraging to see the wide variety of settings that have registered onto the programme, from larger Children’s Centres through to individual child minders. Just under half (48%) of registered settings were private, voluntary or independent nurseries, whilst one in five (21%) were childminders. The lowest percentage uptake of registered settings was Creches and Stay and Plays (2%)

Fig 3: Registrations by setting type

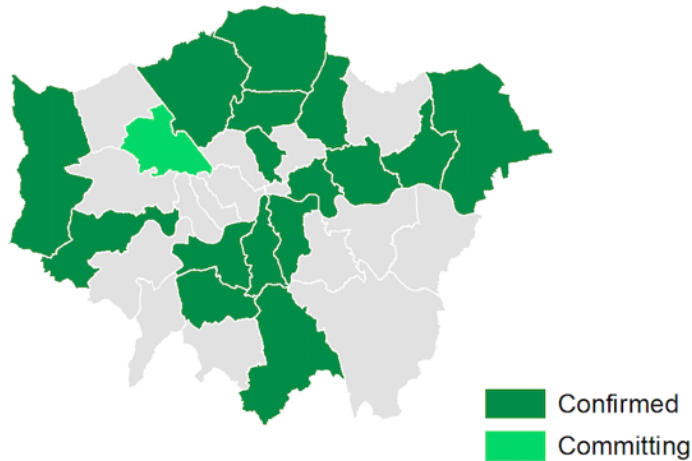


Source: HEYL Monthly progress report (October 2019)

A key objective of HEYL has been to contribute to reducing health inequalities among children across London. The first step in achieving this objective is to ensure the programme is established in the boroughs identified as high priority according to key inequalities indicators. This section looks at differential uptake by settings based on socio-economic; ethnicity and health / developmental factors and OFSTED rating (where available).

Seventeen priority boroughs were identified by HEYL in 2018, based on the Public Health Outcomes Framework indicators: obesity; oral health; school readiness; Free Early Education Entitlement (FEEE) 2yr take up; Indices of Multiple Deprivation; Early Years Hubs status; and HEYL pilot boroughs. All have confirmed or are committing local resource to the HEYL programme

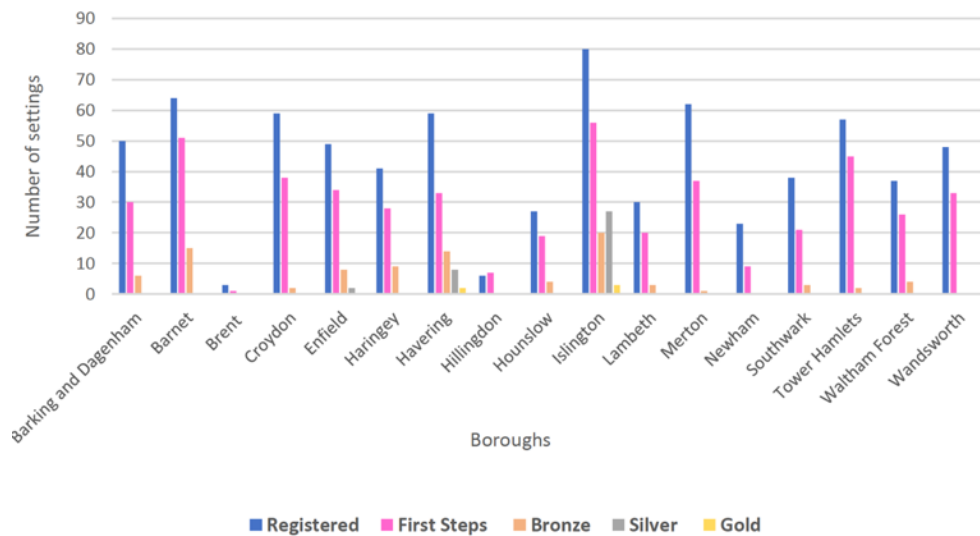
Fig 4. HEYL commitment by priority boroughs



Source: HEYL Monthly progress report (October 2019)

All 17 boroughs have early years settings registered on the programme with the most active borough being Islington with four early years settings receiving their Gold award.

Fig 5. Priority boroughs settings registration and award status

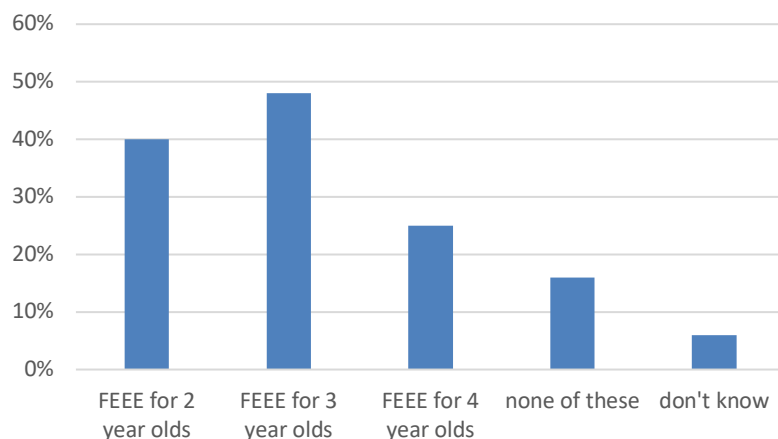


Source: HEYL Monthly progress report (October 2019)

Of the 391 early years settings responding to the e-survey, 40% received Free Early Education Entitlement (FEEE) 2yr take up which is a good indicator of reaching the more deprived communities. Across London as a whole, the targeted 2 year-old entitlement is taken up by 61% of eligible settings.¹⁴

¹⁴ Dept for Education. 2018. Take-up of free early education entitlements. Research Report

Fig 6. Take up of HEYL by nurseries receiving Free Early Education Entitlement



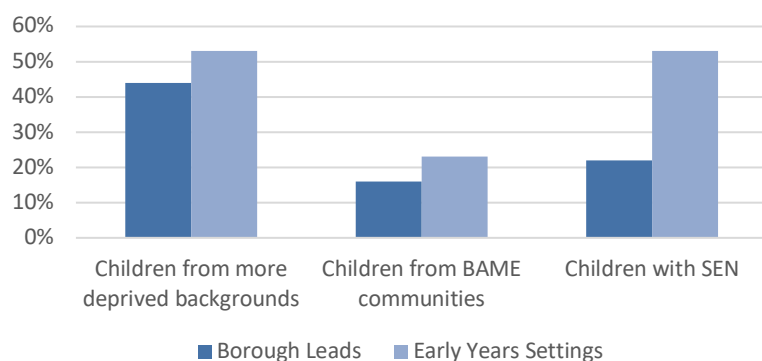
Source: HEYL settings e-survey (n=391)

It is evident, from the survey of borough leads, that they prioritise efforts to target the hard to reach communities, with 44% targeting work with children from more deprived backgrounds, 16% with children from Black, Asian and Minority Ethnic (BAME) communities and 22% on children with Special Educational Needs (SEN). The early years settings also prioritise these areas, however they place a greater emphasis on each of these areas in particular SEN (53%).

“We are provided with setting lists to target based on those settings with funded children” (HEYL Borough Lead)

“We target through 2yr- old funding, inclusion funding for early identification of children with emerging SEND needs as well as children already receiving specialist interventions. We are also currently developing programmes to specifically focus on raising the outcomes and aspirations of black Caribbean boys and white working-class boys as these pupil groups are underachieving within our borough” (HEYL Borough Lead)

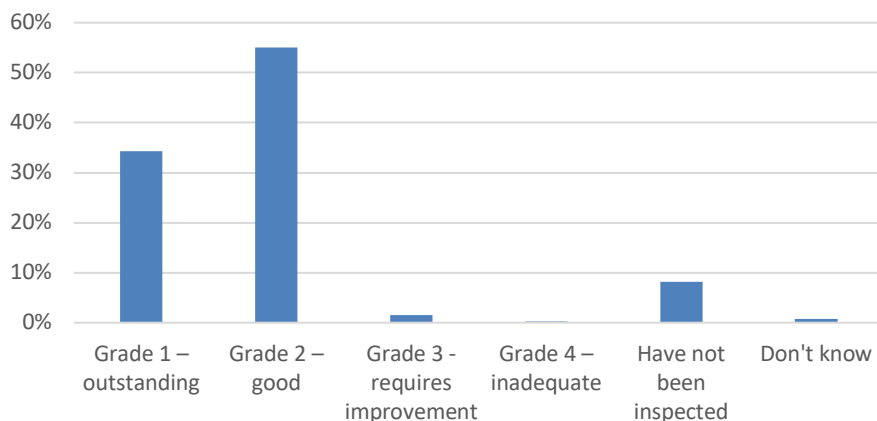
Fig 7. Targeting of provision based on hard to reach communities



Source: HEYL Borough Leads Survey (n=32 responders) & HELY Settings e-survey (n=391)

Of the 391 early years settings that completed the e-survey the OFSTED ratings were already high with 34% rated as 'Outstanding' and 55% as 'Good'. Only 2% (n=7) of the settings were 'Requiring Improvement' or 'Inadequate'. This suggests that early years settings are more engaged with HEYL when they are highly rated by OFSTED as opposed to low rating early years settings engaging to boost their rating.

Fig 8. OFSTED ratings of participating HEYL settings



Source: HEYL settings e-survey (n=391)

Stakeholders generally understand that HEYL has a focus on reducing health inequalities. Most stakeholders talked about the importance of recruiting and working with specific settings in their boroughs who they had identified as having higher numbers of deprived children in their care, while also ensuring universal provision.

“I believe very much in the universal approach, and then the targeted approach combined. You can't have one or the other, you've got to have both...you are looking at inequalities not just from a...London-wide perspective, we're looking at it from the setting perspective as well.” (Senior stakeholder)

Targeting was frequently done by using data about free 2 year-old provision, recognising that this helped identify the most deprived families. But some stakeholders did seem to struggle with this a little as they viewed HEYL as a universal programme that did not have the reach into the more deprived areas:

“... it mainly works with children that are already in provision having access to other services..... So, as always, the problem with inequalities is those that are harder to reach. I am not sure the programme is actually aiming to reach the harder to reach communities.” (Borough lead)

It was noted a few times that additional funding would help borough leads to have the time to concentrate more specifically on targeting deprived areas. Another idea put forward was that it may actually be more effective to focus on getting more settings to Bronze level than it would be to focus on the Silver and Golds. In this way it might be feasible to have a greater impact on more settings (and therefore more children):

“...from an inequalities perspective that’s what we would be trying to do, just trying to come from the bottom up, raise up that lowest level as it were...getting more settings up to a baseline or a good or a Bronze level, certainly would be the aspiration for me”. (Senior health stakeholder)

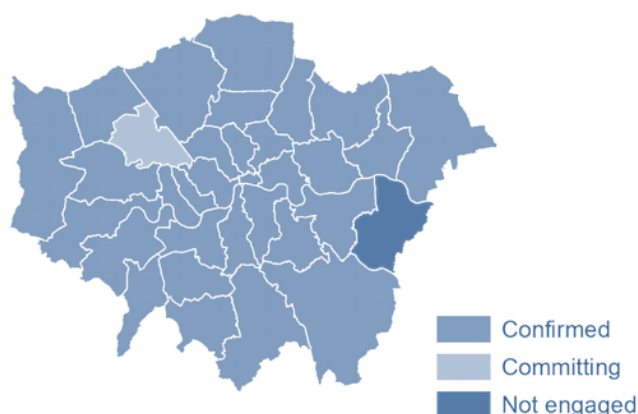
However, it is important to point out that a significant minority of interviewees did not emphasise the importance of reducing health inequalities in their work. For some, this issue came as a surprise, as they saw HEYL as a universal programme, and the inequalities message appeared not to have reached them. As for future emphasis on this topic, one senior health stakeholder spoke about how the first year has been – quite rightly – focused on maximising the number of sign-ups and making sure HEYL reached the priority boroughs. But in the future the emphasis should change

“What I’d envisage as the programme goes forward, we’re going to need more intelligence about settings that are signed up and their distribution, in relation to deprivation. We’re going to need more information around settings that haven’t signed up and why and we’re going to need information at a more granular level of child health outcomes. You know, as it rolls out, it’s becoming more and more intelligence led.” (Senior health stakeholder)

3.4 LOCAL AUTHORITY INVESTMENT, POLICIES AND TARGETS FOR HEYL

There has been an excellent uptake of the HEYL programme across the London boroughs with 32 of London’s 33 boroughs engaged with the remaining borough coming on board in Spring 2020.

Fig 9. Boroughs committing resources to the HEYL programme

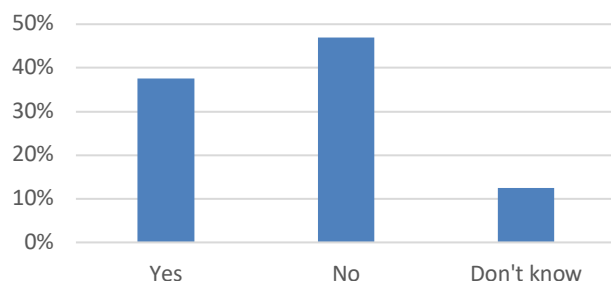


Source: HEYL Monthly progress report (October 2019)

Out of the 31 stakeholders that responded to the survey 12 indicated that funding is provided for HEYL activities in the borough and 15 indicated that no funding is provided. Where there is no specific funding provided it was reported that the role has been built into existing capacity and it is this commitment to staff time that contributes to the resource allocation.

“There is no specific funding allocated to HEYL. Specific work for HEYL implementation is being absorbed into existing staff/capacity. The budget for staff sits within education. HEYL has become embedded into our core offer for setting support” (HEYL Borough Lead)

Figure 10. Is funding provided at a borough level for HEYL activities?



Source: HEYL Borough Leads Survey (n=31 responders)

Further information provided through the stakeholder survey showed that the maximum funding allocation by a responding borough was £65,000, whilst two boroughs received £25,000, one borough received £15,000 and one £10,000. The local investments predominately come from public health and education departmental budgets (42% and 25% of responders respectively).

Just over half (57%) of borough leads responding to the survey said that additional resources (other than direct financial contributions) were provided to HEYL. The bulk of this additional resource was for training of staff and resources to support implementation.

“The Early Years Team provide training that can be accessed by all early years settings... the team have also provided small financial incentives for settings who successfully gain Bronze/Silver to be used to purchase resources to help them develop the promotion of the health and wellbeing of the children in the setting” (HEYL Borough Lead)

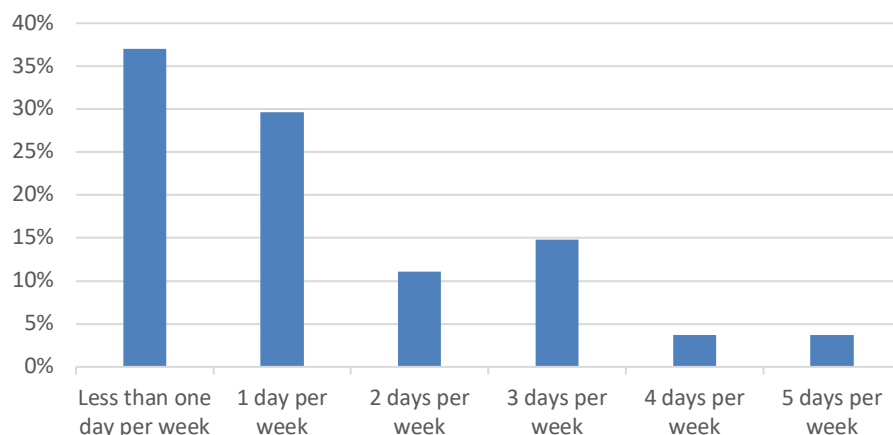
The current pressures on funding (within local authorities) has meant that, in many cases, there is a risk that HEYL is seen as a luxury or ‘nice to have’ programme, with borough leads in many cases being asked to do HEYL work alongside their ‘normal’ roles. This seems at odds with the prevalent view that programmes such as HEYL are a high priority and an essential aspect of investing in children’s health and wellbeing.

“I think what was really clear is just how varied it is from one borough to another...some people have got it as part of their role with not that much time and really no capacity to do more than....look at applications and provide central support, through to dedicated leads who actually have the time and capacity to go out and sit down and meet with settings and provide one-to-one support in settings.” (Borough lead, Network Meeting)

3.5 ADMINISTRATION OF HEYL

Borough leads identified lots of tensions within their roles, primarily arising from the vast majority of leads having to do the job alongside other tasks and responsibilities within the borough. Only 3.7% of borough leads responding to the survey worked on the programme full time (5 days per week) with the majority of responders (67%) working on HEYL one or fewer days per week.

Fig 11. Amount of time spent on HEYL by borough leads in an average week



Source: HEYL Borough Leads Survey (n=27 responders)

That said, it was clear that borough leads play a pivotal role in the programme and are highly committed to their roles, motivated primarily by the desire to contribute to improved health and wellbeing among children. In supporting HEYL, the majority of borough leads work across a variety of areas including for example: recruiting and visiting early years settings, reviewing applications for HEYL status, coordination between departments, staff supervision and monitoring and evaluation.

Table 5. Work done by borough leads to support HEYL within the borough

HEYL actions by borough lead	%
Email contact with settings	93
Recruit new settings to HEYL	93
Phone contact with settings	89
Review/feedback on applications for HEYL status	89
Publicise HEYL across the Borough	89
Visit settings	78
Provide training	74
Promote HEYL through engaging with wider policy	63
Run network meetings	52
Hold celebration events	48
Other (please describe)	19

Clearly a great deal of work is done by borough leads in the assessment process, working with settings to gather the evidence required, checking it and making sure they have enough of the right kind of evidence for the award they have applied for. This is obviously

also onerous for settings themselves, who are short of time anyway, and tend to see this as additional to their usual work. However, it is generally thought of as 'worth it'.

"Initially, I was just overwhelmed, and I think the settings were quite overwhelmed, just how much evidence was required. But I think the more that they do it, and once they've engaged in the process and seen that it's up to them to... enter information onto the audit as and when they can...when they've got evidence to add, so it's an ongoing thing. I think when they step away from being hung up about how much they need to do, and actually take time to reflect on their practice, it's been a really good celebration of what they're doing already, it's really empowering for them to see just how many things they are doing. (Borough lead)

Settings tend to recognise that it is an incremental process, and that working their way up through the awards is likely to be a learning experience. There is a concern however – especially among those with a more strategic view of the programme – that the award is easier to access by those who have the resources to put towards this type of programme:

"I think most of the ones that are engaging at the moment are quite proactive and quite good settings anyway." (Borough lead)

There is a concern that too many settings that are registered for the programme have not yet completed their First Steps let alone their Bronze awards. This shows that they have the interest in health and wellbeing but perhaps not the time or resources to give over to completing the forms. One proposal was to reduce the emphasis on the higher levels, and put more effort into getting a larger number of settings – notably those in deprived areas – onto the first rung of the ladder:

"From an inequalities perspective...as long as you have more settings up to a baseline or a good or a Bronze level... yes, certainly that would be the aspiration for me." (HEYL Strategic advisory group member)

Snapshot of HEYL Practice:

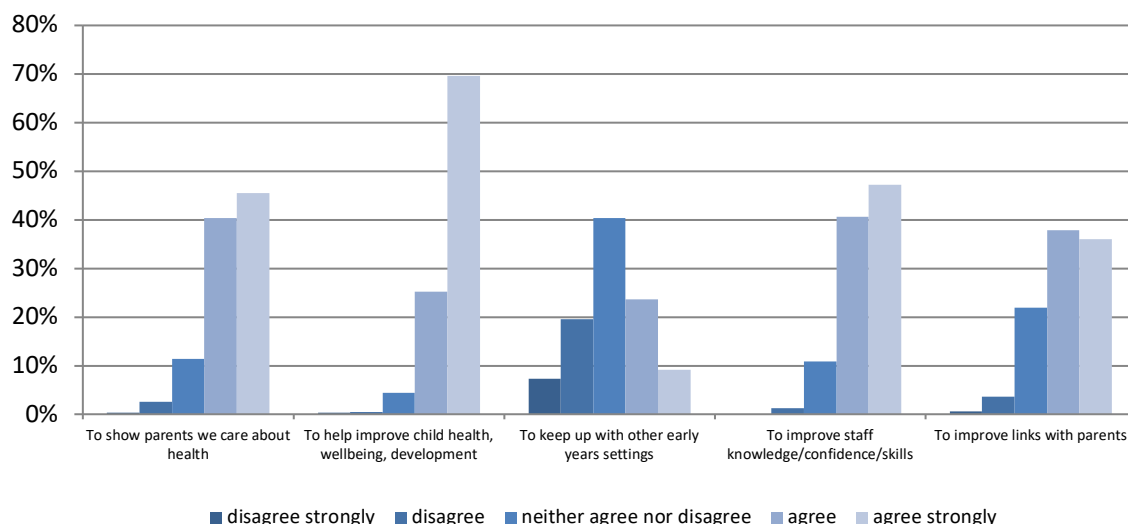
The London Borough of Bromley runs HEYL as part of the work of its early years quality team. The programme is led by the quality improvement manager, who has a staff of four advisors split geographically across the borough. These advisors are responsible for providing guidance and advice to early years providers across their areas. This includes supporting providers through the HEYL application, ensuring that they are on the right track, that they have read the questions and provided enough supporting evidence, then it goes to the quality improvement manager for assessment.

(Judy's Childcare. Bromley. Appendix 1: Case Study 2.)

3.6 MOTIVATORS FOR EARLY YEARS SETTINGS TO ENGAGE WITH HEYL

It is clear that the major factor in settings signing up to HEYL was to improve child health, wellbeing and development (70% of settings).

Figure 12. Motivations for becoming involved in HEYL



Source: HEYL Borough Leads Survey (n=27 responders)

Less than half of early years settings responding to the survey agreed that improving OFSTED ratings was a motivator for joining HEYL (40% of settings). This did not vary by the settings’ current OFSTED rating (i.e. those rated good or outstanding or those rated requiring improvement or inadequate)

Table 6: Improving OFSTED ratings as a motivator for joining HEYL

We joined HEYL to help improve our OFSTED results	Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Agree Strongly
	5%	15%	40%	28%	12%

Source: HEYL settings e-survey (n=391)

The interviews showed overwhelmingly that while it might be a consideration to use the programme to show either OFSTED or the borough that a setting was taking health seriously, the real motivational factor was a genuine desire among settings staff to help improve the health and wellbeing of children and young people.

“Early years practitioners want to do the best for children and families, and they can see how this helps. My experience of working with early years practitioners is they’re very enthusiastic about things that make a difference for children and young people” (Senior stakeholder)

Settings staff could understand the importance of ‘getting it right’ in the early years to lay the foundations for the future. And they saw HEYL as a systematic and well-organised way to help them achieve this.

“It’s not just a tick box to say ‘Oh OFSTED we’ve done this as well...’ but you’re doing it for your children and your families” (Early years setting manager)

A small number of settings said they engaged with programmes like HEYL to set themselves apart from the competition, but this was the minority view.

3.7 BARRIERS TO ENGAGEMENT IN HEYL.

By far the biggest challenge raised by early years settings in fully engaging with HEYL was the time demand: 76% of early years settings respondents listed this as the main challenge. The following quotes from the settings survey are reflective of the views of the majority.

“This is a great scheme but as a sole worker/childminder I feel the amount of work and commitment needed to complete the awards is overwhelming” (Childminder)

“I have enjoyed taking part in HEYL, the most challenging for me as a childminder was finding free time to do it. I spent my Christmas, weekends and few evenings working on it” (Childminder)

“The award is really good however the expectations/ level of work required is rather overwhelming and could put some settings off. It may be better to have a more succinct programme which could be more manageable and have positive results as more would be inclined to sign up” (Early years provider, private sector)

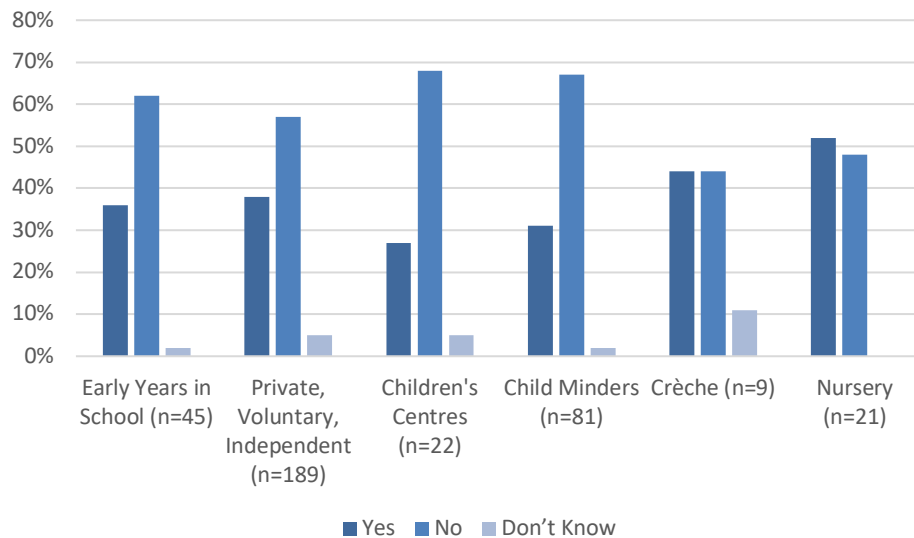
“The Bronze award is far too complicated. Linking it to all aspects of the OFSTED inspection framework takes away the focus on healthy early years. It would have been better to allow settings to be able to focus just on HEYL issues and be able to choose 4 or 5 to focus on for Bronze, rather than expecting them to cover so much” (Early years provider, Children’s Centre)

“It’s very time consuming and with ever increasing paperwork, it’s very difficult to arrange for staff to be included in completing it.” (Early years provider, Voluntary sector)

3.8 CHANGES IN SETTING-LEVEL POLICIES, ACTIVITIES AND PROGRAMMES

Overall, 36% of early years settings have reported making changes to policy as a result of the HEYL programme. When filtered by type of setting, children’s centres have made the fewest policy changes (27%), arguing that they already have strong policies in these areas. Over half of nurseries (52%) have introduced new policies as have 44% of crèches.

Fig 13. Have you made any changes to policies in your early years setting since you got involved in HEYL?



Source: HEYL settings e-survey (n=391)

“We have fully implemented the voluntary food and drink guidelines as part of achieving our Bronze award” (PVI Manager)

“We created a wellbeing policy and officer and updated our other policies with support groups for alcohol, smoking, drugs and debt” (PVI Manager)

“We have limited the foods and drinks children have in the centre. Milk and water only. Reduced sugar and salt intake. Broadened the food we eat, we have bread, cheese, fruits, vegetables and salad and have started to grow our own herbs and vegetable plots to teach children about healthier choices.” (Children’s Centre)

Most early years settings responding to the e-survey focused change in multiple policy areas. Of particular note, physical activity (83%), speech language and communication (84%), healthy eating (67%) and in social and emotional wellbeing (79%) are the key areas.

“About healthy eating [policy], parents must provide healthy food and I provide healthy snacks, also physical activity, taking children to the park and how water is important after physical activities, and brushing their teeth after meals.” (Child Minder)

Table 7. What are the main healthy early years priorities that your setting has focused on?

Answer Choices	Responses	
Speech, language and communication	84%	330
Physical activity, physical development, reducing sedentary behaviour	83%	325
Social and emotional wellbeing	79%	310
Healthy eating, including breastfeeding and starting solid food	67%	260
Oral health	54%	211
Early cognitive development	52%	203
Parenting and home learning	47%	184
Supporting children with chronic health conditions, special educational needs and disabilities	33%	128
Infection control and immunisations	25%	97
Home safety, accident prevention and reducing injuries	23%	90
Parent and staff health concerns, including mental health, alcohol and substance misuse. smoking	18%	72
Sustainability e.g. air quality	12%	50
Other (please specify)	4%	17

Source: HEYL settings e-survey (n=391)

The interviews with stakeholders uncovered some important distinctions between policy and practice. The clear feeling from interviewees was that the written policies were far less important than the extent to which they were implemented. Many settings reported that they did not have any problems in adopting (or adapting) written policies, it was their practice that was more important:

“There are an awful lot of settings out there who will buy policies off the shelf and then adapt them for use in their own settings...so I think you find that most of what needs to be in there with regard to health and wellbeing is probably in there but it’s about how the settings adapt and take ownership of them that’s really important and is certainly what OFSTED would expect to see.” (Stakeholder, Strategic Advisory Group)

When asked about policy changes, many settings described changes to their practice rather than to written formal policies (eg *“We have been making sure that all children are eating more fruit. We also make sure that they have to brush their teeth daily...”*).

Snapshot of HEYL Practice:

To deliver HEYL, the children’s centre provides a whole range of activities including: parenting courses; home safety; physical activity, staff have undertaken the BHF early movers training; speech and language; oral health; healthy eating, for example sitting at the table; specific sessions, for example introduction to solids; referral courses, for example cook and eat.

The team have developed a number of new policies too that all centres are required to follow. For example, each site has to have a champion for different topics eg oral health. That champion then links in with and works in partnership with borough experts. It is the role of that champion to ensure that the whole team know about the topic. (Orchards Children’s Centre. Redbridge. Appendix 1: Case Study 4.)

3.9 HEYL RELATED ACTIVITIES WITHIN THE EARLY YEARS SETTINGS

It's clear that there has been a wide range of activity interventions. It became clear from interviews with (and visits to) settings and through the settings survey that in the vast majority of cases, these activities were integrated into a very holistic model of child-centred care. Stakeholders and setting managers were very keen to stress that HEYL offered the framework for looking at the whole child and addressing a wide range of health-related issues.

“It's getting at the children at that very early stage ... and educating the parents to make those right decisions, whether it be about healthy eating, child development, getting them school ready, reading, and about doing it in the home as well and not just sitting them in front of the TV. It's that whole package to move them forward, so when they get to school they're ready to learn, they're healthy, they're not overweight, they have good oral health...” (Setting Manager)

This has led to a rich and diverse range of activities that are done under the HEYL banner. Examples include:

- Modifying menus for food served at the setting
- Making fruit available all day
- Talking to parents / carers about offering sweets as rewards
- 10-minute activity 'shakeups'
- Immunisation: talking to parents
- Teeth cleaning
- Making sure children are school-ready including basics such as holding cutlery; toilet training
- Garden activities including gardening and vegetable growing
- Linking to the local community with activities e.g. chatting to the street cleaner and local people
- Visits from outside people e.g. dentists;
- Relaxation and stress management
- Group work with parents/carers e.g. 'guess how much sugar' or encouraging water-only bottles
- Working with poorer families e.g. food vouchers and free breakfasts
- Banning pushchairs at drop-off so children have to walk

3.9.1 CHANGES TO FOOD AND DRINK PRACTICES

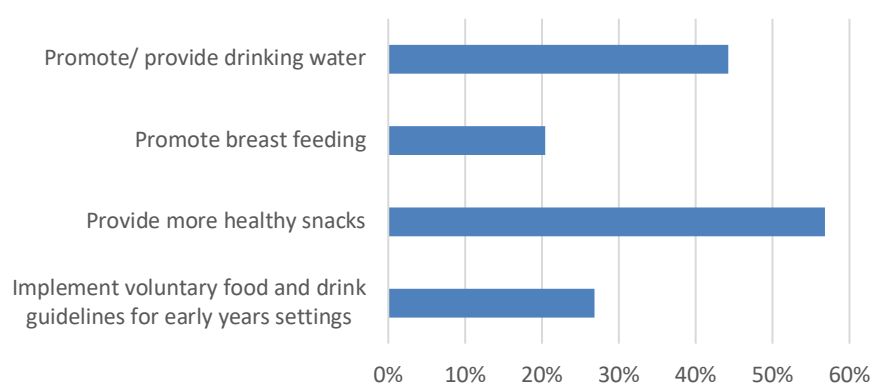
The most significant activities carried out by early years settings related to food and drink practices and provisions. To achieve the Bronze award early years settings must comply with the Voluntary Food and Drink Guidelines for Early Years settings in England¹⁵. Therefore 205 early years settings have provided evidence of complying with these guidelines whilst a further 974 settings who have achieved their First Steps award are working towards full implementation of the guidelines. From the e-survey, 27% indicated that they had fully implemented the voluntary food and drink guidelines since registering with the programme. A further 57% had started to provide healthier snacks, 44% promoted or provided drinking water and 20% had promoted breastfeeding.

“Too early to say for sure [the impact that HEYL has had on children's health and wellbeing] but certainly settings are taking notice of the food and drink guidelines.”
(Borough lead)

This is very interesting, as for many stakeholders interviewed, the first thought [on HEYL] was often relating to healthy eating. It seems that this is often viewed as the ‘way in’ to conversations about health and well-being, especially with parents/carers. Because diet is clearly related to health, and changes to food provision are very tangible and visible interventions, they are often used as the first changes to be made:

“It calls itself Healthy Early Years, and the very first part of it is all about healthy eating. I think there's a very large misconception that it's all about healthy eating”
(Childminder)

Fig 14: Changes made to food and drink practices since engaging in HEYL



Source: HEYL settings e-survey (n=391)

The HEYL work relating to improving healthy food knowledge and provision for children in early childhood education and childcare settings has featured in a new report ‘The

¹⁵ <https://www.actionforchildren.org.uk/media/9750/eat-well-practical-guide-final-check.pdf>

Power of Cities: tackling noncommunicable diseases and road traffic injuries¹⁶ and a World Health Organisation Case Study relating to ‘Healthy Food for All’¹⁷

Snapshot of HEYL Practice:

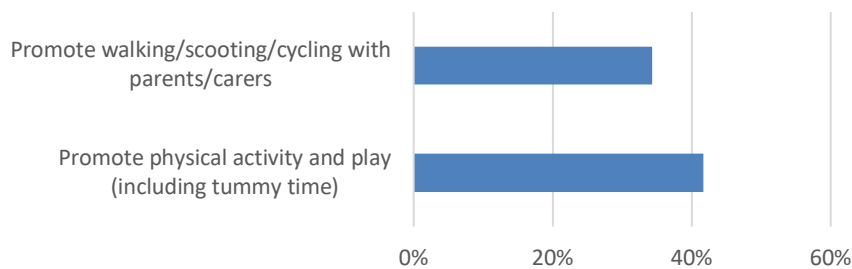
Hunger is an issue for families locally, to help tackle this the school buy into scheme called “Magic Breakfast”. This provides every child at the school the opportunity to have a hot bagel in the playground every morning. Vulnerable children are offered a place at the school’s breakfast club. They also give out boxes of cereal to parents and foodbank vouchers. In addition, each week a class are encouraged to invite their parents/carers to join them for lunch at school.

(St Marks Primary School. Islington. Appendix 1: Case Study 5.)

3.9.2 CHANGES TO PHYSICAL ACTIVITY RELATED PRACTICES

The other consistent and significant area of change to practice across early years settings, as a result of enrolling on the programme, is related to physical activity, with 42% of survey responders promoting physical activity and active play and 34% promoting walking/cycling/scootering with parents/carers.

Fig 15: Changes made to physical activity practices since engaging in HEYL



Source: HEYL settings e-survey (n=391)

“The difference [we see] is children’s behaviour, it’s really, really, you know, improved. We had a child who used to bite, even staff members... so we increased our physical activities and that engaged them. That stopped that, you know, the biting and all the negative behaviour... big difference, definitely. Big difference.”

¹⁶ The Power of Cities: tackling noncommunicable diseases and road traffic injuries. World Health Organisation (2019) <http://www.who.int/ncds/publications/tackling-ncds-in-cities/en/>

¹⁷ <https://www.who.int/ncds/publications/London-case-study-final.pdf?ua=1>

Snapshot of HEYL Practice:

The borough lead has observed improvements in physical activity. For example, the nursery engaged with a purposeful play advisor, who was brought in by the borough to help settings with ideas for movement through play and provide training. They have also undertaken moving matters training, which encourages activities such as sensory play. They have also encouraged staff to take ownership of HEYL, for example one of their practitioners is passionate about callisthenics and the other with yoga, which they have engaged both children and staff in. (Rocking Horse Nursery. Barnet. Appendix 1: Case Study 1.)

3.9.3 ADDITIONAL HEYL PRIORITY ACTIVITIES

As outlined above, key healthy early years priorities identified by settings were:

- speech language and communication (84%)
- physical activity (83%)
- social and emotional wellbeing (79%)
- healthy eating (67%)
- oral health (62%)

There was strong feedback that HEYL offers settings a framework that allows for a considerable amount of autonomy, despite the award assessment criteria being relatively fixed. This allows settings to adapt according to the needs of the children and parents they work with, and according to their own preferences and available facilities. So, for example, one setting interviewed was entirely vegan, driven by the manager's own preferences, but also the views of local parents. Another did regular visits to an allotment, no doubt facilitated by having been given free access. This autonomy and flexibility seems to be an essential aspect of HEYL that will support future development of the programme.

Snapshot of HEYL Practice:

Taking part in HEYL has provided a number of benefits to the school including:

- supported the school to reflect and formulating an action plan.
- helped the school to collate all the evidence of the work that they are doing, which they use for other purposes such as OFSTED.
- helped develop a strong working relationship with Islington council, and other agencies such as occupational health and the health visiting service – prior to HEYL they had never had a strong connection with.
- helped to develop a focus on speech and language.

“I think the main thing we changed was probably the speech and language focus, the training that we've done with our staff, although it was part of our school development, SDIP, and also it's something that's national, but it's something we honed in on it, so we had a much finer tuned look at it, yeah, so it's probably that.”
(St Marks Primary School. Islington. Appendix 1: Case Study 5.)

3.9.4 ENGAGEMENT WITH PARENTS / CARERS

A key aspect of settings work with HEYL is how they engage with parents / carers to gain their support and involvement in health-related ideas and initiatives. At the most basic level, settings try to make sure that parents / carers are informed about the activities, through noticeboards and email announcements that may contain health-related information. But most settings interviewed stressed that they went much further than this, really trying to make sure that parents were engaged and involved with the programme, recognising how important this is:

“The focus is on the child and through the child we can influence parental behaviours and change parental behaviours” (Senior stakeholder, strategic advisory group)

Many settings involve parents / carers directly in activities, to aim to bridge the gap between the early years setting and home, and influence their behaviours. For example:

“We’re sat round a table with the snacks and a bowl of fruit and this little child picked a pear and said to mum “ooh this is a pear and I like this, can we have it at home?” Boom, you know, so that’s parent engagement” (HEYL stakeholder).

These initiatives can be extremely wide-ranging, including cooking workshops; teeth cleaning instruction; advice about nappies and weaning, and so on. For the settings the key issue is creating a strong, trusting and open relationship with parents / carers:

“A lot of these parents, especially the most vulnerable parents are so used to being told what they’re doing wrong, when you introduce something like this in an early years setting it’s done in what’s seen to be a safe environment for parents, so they feel that they can ask questions, they feel that they can admit to perhaps where they’ve been struggling without feeling that they’re being judged.” (Senior stakeholder, Strategic Advisory Group)

Snapshot of HEYL Practice:

The manager reports that parents / carers regularly come to her for advice in relation to health and well-being, such as on healthy eating, screen time, speech and language, health conditions like chickenpox. The parent of one of the children reported that they were struggling to get their children to eat fruit and vegetables at home and came to Judy for guidance and advice after keeping her older daughter at home with her during maternity leave with her second child. (*Judy’s Childcare. Bromley. Appendix 1: Case Study 2.*)

However, parental engagement was viewed as a significant challenge for many settings. Eleven percent of e-survey respondents feel that parents are not supportive of HEYL and a further 46% do not know if parents are supportive or not. Equally only 18% of setting responders feel that parents are aware of HEYL.

“The main challenges are educating parents to change poor lifestyle and eating habits. Also motivating parents to encourage healthy living and eating” (Early Years Manager)

“When the nursery is putting in place things for a healthy setting and having to battle with some parents around healthy eating.” (Early Years Manager)

“In our nursery children bring pack lunch. It is hard to get parents to change their habits and send healthy pack lunches with less sugar/salt and processed food for their children” (Early Years Manager)

“Getting our parents on board. We have open lines of communication with them, newsletters, face to face time, parents evening, notice boards and so on, but unfortunately we only have a handful of parents that will participate in nursery life and will offer their support where they can.” (Early Years Manager)

Snapshot of HEYL Practice:

One children’s centre piloted an initiative to encourage families to swap sugary drinks for water. They provided a free branded sports bottle with a cartoon character called hydro, with the strap line of “re-think your drink” and they provided free refill stations. Next to these were information displays about sugar content in drinks.

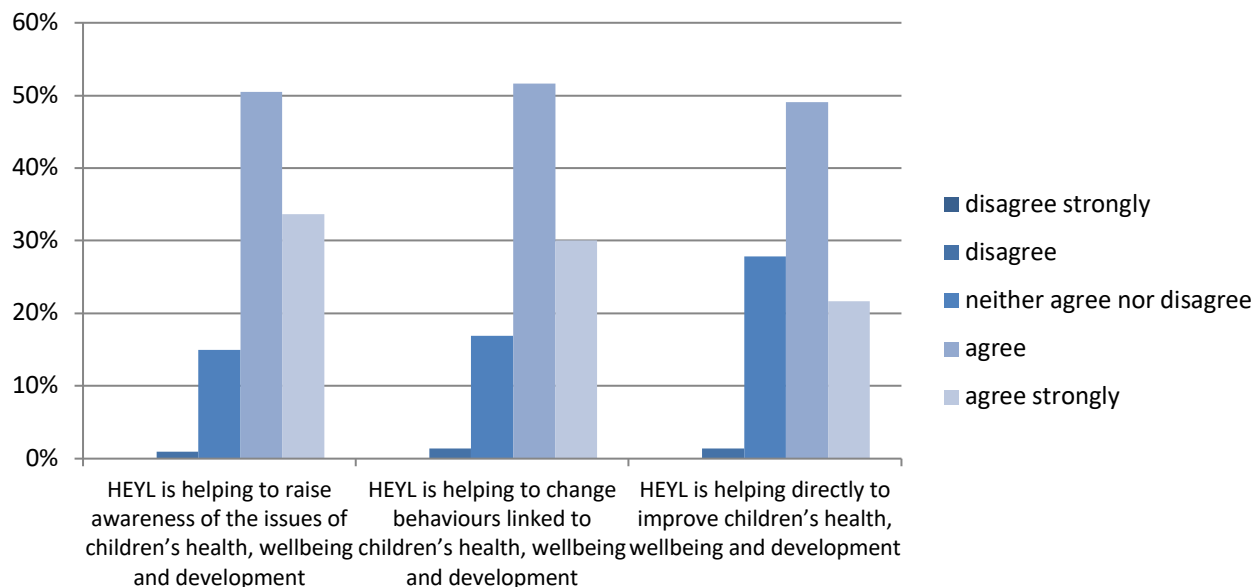
Snapshot of HEYL practice: One setting found through HEYL that a number of children in their care weren’t registered with a dentist. They then developed a parent information file to help families ensure that they were engaging with their children’s health and well-being. This has information on *‘every service any parent may need, about the immunisations, about the oral health, about how they can manage their own stress, anxiety, through meditation, and other things.*

3.10 IMPACTS OF HEYL AMONG CHILDREN, PARENTS/CARERS AND STAFF

The anticipated outputs, impacts and outcomes of HEYL have been identified and articulated in the modified HEYL Logic Model (Appendix 2). The Logic Model was developed as part of this evaluation and it is intended to inform the ongoing HEYL evaluation frameworks.

It is clear that early years settings believe that HEYL is having a positive effect on many of these outcomes in particular on child health wellbeing and child development, with 84% of e-survey responders reporting that it is raising awareness, 82% believing it is changing behaviours and 71% believing it is directly improving children’s health, wellbeing and development.

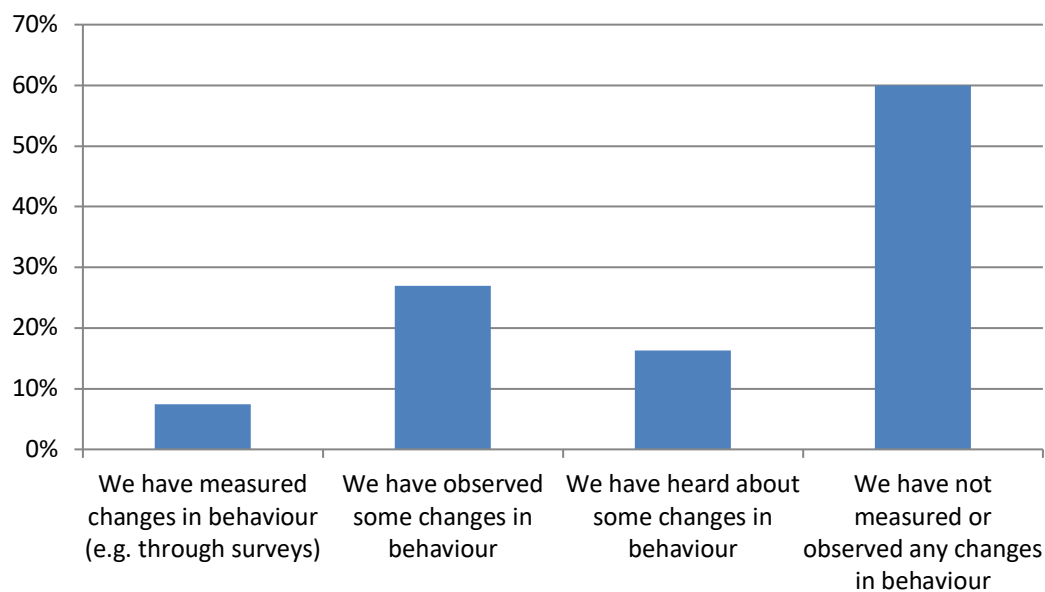
Figure 16. Perceived impacts of HEYL



Source: HEYL settings e-survey (n=391)

However, only 7% of early years settings responding to the survey claim to have directly measured changes in behaviour (e.g. eating healthier, being more physically active, improved dental health, improved social and emotional wellbeing etc) and a further 60% have neither measured nor observed these changes.

Figure 17. Approaches to measuring change



Source: HEYL settings e-survey (n=391)

Snapshot of HEYL Practice:

As a team, the children's centre and borough early years staff are focused on outcomes, constantly evaluating the impact of their work and looking to continuously improve the support they are providing to families. For example, they piloted an initiative to encourage families to swap sugary drinks for water, providing a free branded sports bottle with a cartoon character called hydro, with the strap line of "re-think your drink" and they provided free refill stations. Next to these were information displays about sugar content in drinks. Parents were really shocked by the visual impact of these, they were often observed taking photos to show others. This initiative was viewed as a success, particularly as it is a relatively simple change that families who are struggling can more easily implement.

(Orchards Children's Centre. Redbride. Appendix 1: Case Study 4.)

Interviews highlighted this issue further. Many setting managers had stories or examples of changes they had seen among children and families, but there was almost nothing provided in terms of objective evidence of any changes. The only exceptions were surveys that setting managers had conducted among parents / carers.

"I think the parents are more aware and we're talking about it much, much more. From what I can gather from talking to the parents, at parents and carers' meeting and everything, I feel that they do have quite a healthy diet with their children and the research from the, when they did the survey, I think it's quite good." (Setting manager).

"Is it about hard indicators? So, you know, it depends whether they want to measure some kind of hard outcome, do they actually want to see that children who go to settings which are accredited with Healthy Early Years London eat an extra portion of vegetables per week or whatever, some kind of hard outcome, or is it that the setting has embraced the standards, so that when you visit that setting you feel a real sense of engagement with what is going on, a sort of more qualitative approach." (Senior stakeholder)

There are a number of possible explanations for this lack of firm evidence. Firstly, it is methodologically challenging to measure an aspect of health among children and then document a change at a future date and ascribe it to the programme. Secondly, setting managers (and stakeholders such as borough leads) have never been required to collect such evidence by the HEYL programme, which relied on a subjective self-assessment approach. Finally, it might be argued that this sort of evidence is not a familiar aspect of work for people who work in early years settings as they rely much more on stories, examples and case studies.

3.11 APPROACHES TO EVALUATION AND MONITORING

Stakeholders indicated varying approaches to evaluation and monitoring, heavily dependent on their level of operation within the programme:

- **Senior stakeholders** (including members of the HEYL strategic advisory group and HEYL team): These tended to view the programme as a whole, and so were very focused on output measures such as: the reach of the programme (number of boroughs signed up; reach particularly into priority boroughs; number of settings; number of Bronze, Silver, Gold); proportion of settings with free 2 year old places; etc. School readiness indicators¹⁸ along with other public health data such as: oral health, (admissions/referrals to dentists); child weight etc. However, it is readily acknowledged that it is extremely challenging to be able to link any changes in these ‘hard’ outcomes to HEYL.

“We struggle with it around, you know, mental health, trauma, around healthy eating, physical activity, all those things. It’s a terribly complex thing to evidence, it’s so much more difficult than children getting five GCSEs, isn’t it? Or achieving the desired level of their SATS in Year 6 or whatever...” (Senior stakeholder)

- **Borough leads:** Are clearly focused on recruiting and working with settings in their boroughs, so view this as a measure of impact. Some are focused on early years foundation stage (EYFS) measures, but struggle with these as they *‘were never meant to assess health’*. As they communicate frequently with settings they collect lots of positive examples of changes, but tend not to have brought these together. There is also a feeling that the qualitative examples are extremely valuable, and it would actually be counter-productive to try to focus any evaluation too much on hard measures.

“It would be a shame to skew the programme to things that you can most easily measure.” (Borough lead)

- **Setting managers:** Are focused on changes they have been made at policy or practice level in their setting, as well as individual case studies and stories and examples of positive changes among children and families in their settings.

“One child we have is getting investigated for autism...so I usually spend a lot of time just going through lists of different fruit and vegetables that he wouldn’t mind trying, and often just sitting with him through lunches, dinners, just to stop him overloading with anxiety about the whole meal”. (Early Years Setting Manager)

“It’s amazing, she’s got...aquariums with lizards and snakes, and the children, they’re encouraged to sort of prepare snacks for them and...respect the

¹⁸ Improving School Readiness: creating a better start for London -Public Health England (2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459828/School_readiness_10_Sep_15.pdf

environment, living things, so it's kind of like a big part of what she...provides.

(Borough lead)

"You've only got to walk in there and see them sitting down and eating and you can hear the parents saying, "he won't eat that at home..." (Borough lead)

"Because we do oral health quite a lot with our casework families they are now regularly going to the dentist." (Early Years Setting Manager)

"As the weeks went on he grew in confidence, he joined the table, he started choosing food, some of the food he spat back out, that's fine, there's no fuss over that, but each week he started trying different new things and where he started to build relationships with his peers." (Early Years Setting Manager)

"My kid loves school, they really do love being here, I think they'd rather be at school than at home sometimes to be honest." (Parent)

"She eats a lot more different food here than what she will at home, and it's slowly now coming into the home. Before she wouldn't really eat a lot of veg, because she didn't like it, and now she's asking for it, and we'll go shopping and she's like, "Oh can I buy some." (Parent)

"Then they've gone home and they're talking about brushing their teeth, going to the dentist, doing yoga, doing physical activities, so it's kind of had that massive impact overall, you know." (Early Years Setting Manager)

"She has mango, yeah, and so she has mango when she gets picked up and that's what her daughter knows that she gets and I just think that's wonderful but she doesn't like sharing with anybody." (Early Years Settings worker)

"[the little girl went home and said to her mum] 'well I would like some cucumber and some tomatoes please' she nearly fell off the chair, and she did it so, and she had to call me to say thank you so much because I would never have even thought of offering that to him" (Early Years Setting Manager)

Overall there was a feeling that it is too early to be able to quantify impacts on health or educational outcomes: both in terms of HEYL not having been established for long enough to see measurable impact, but also a concern that children are at an early stage of development and post nursery is when impacts can best be seen and potentially measured. This leads to a feeling that the most appropriate form of evaluation would include a strong qualitative element that allowed the programme to be better described and the nuances of changes at different levels understood.

3.12 ADDED VALUE OF HEYL TO LOCAL WORK IN EARLY YEARS SETTINGS

There is a strong feeling among stakeholders that HEYL adds significant value to the work that early years settings might be doing with a focus on health. This is for a number of reasons:

- Consistency across London. Previous schemes have existed, and one of the main reasons for the rapid uptake of HEYL in the first year is that many settings were able to transfer existing work into the HEYL framework. But it is seen to be extremely helpful to have consistency across London. It was pointed out that:

“I think this is the first time something [relating to early years health promotion/prevention programme] has been done so consistently across a city (possibly anywhere in the world)” (Senior Stakeholder)

- It is holistic. The programme would not have been so well thought of by settings if it had just focused on obesity (for example).

“I think what really works for HEYL is that it’s a holistic programme and it looks at different aspects and it brings all aspects together and of course it’s the wellbeing that is also included which is very important and is becoming more and more recognised as an area that should be focused on”. (Senior education stakeholder)

- It provides practical support. Many setting managers and others are very familiar with the rhetoric around early years and the importance of instilling early healthy habits etc., but what it needs are practical ideas for turning this into action. This saves them having to spend time doing their own research on what the standards are and what has been shown to work.

“The framework is great, it’s great that there’s a recognition scheme, because actually, schools, nurseries, everybody likes a certificate, likes a stamp, but there has to be a purpose and a reason for that, and the, what particularly impressed me around HEYL is that it’s supported with resources, there are things there physically, people can actually pick up and use, which is great.” (Stakeholder)

- Integration with OFSTED and EYFS standards, which makes the process easier.

“It ticks all the boxes and fits with what we want to do anyway, but it adds value to the health element, and it enhances what we have to do for health, and it helps us consider health.” (Senior stakeholder)

3.13 SUGGESTIONS FOR SUSTAINING, EXPANDING AND IMPROVING HEYL

Early years settings are generally very happy with the support offered to them through HEYL, with around three quarters (73%) of early years settings responding to the e-survey stating that the overall design and organisation of HEYL was good or excellent.

Table 8 Early years settings rating of HEYL organisation and support

	Poor/Very poor	Average	Good/Excellent
Overall design and organisation of HEYL	0%	27%	73%
Support Materials	3%	27%	70%
Support by GLA staff	6%	32%	61%
Support by borough lead / team	6%	20%	74%
HEYL Website	5%	28%	67%

Source: HEYL settings e-survey (n=391)

The borough leads survey explored suggestions for improving the delivery of HEYL across the Greater London Authorities. Responses could be grouped into three categories:

- **Improvements to the website.** Whilst no one rated the website as poor, 39% of borough leads rated the site as average. Most notably simplifying it and creating a borough leads area with resources including 'how to guides' and a bank of PowerPoint presentations
- **Improvements to the moderation process.** No one rated the process as poor, however 32% of borough leads rated the process as average. Most notably it was suggested that the quality of applications varies considerably between boroughs
- **Simplification of the HEYL awards application process.** This was the most frequently given area for improvement with a high level of responders, most notably in the early years settings citing the process as burdensome.

“HEYL Audit is too long! Asks too much of EY settings, Bronze seems out of proportion to Silver and Gold requirements.” (Early Years Setting Manager)

“We are still struggling to engage childminders and lots of PVI's have registered but are not moving to Bronze despite us contacting them, they are finding it quite lengthy” (Borough lead)

“Completing the application process can be very onerous to smaller settings” (Borough lead)

Interviews also revealed some ideas for potential improvements:

- More sharing of good practice between settings
- Resources on specific topics e.g. healthy eating; wellbeing
- Stimulating more integrated working between health and education

- Recurrent consistent funding
- Embedding the programme more consistently within the health in all policies approach
- Enabling borough leads to see the same pages as the settings when they are completing their assessments
- Higher quality designed certificates

3.14 PROPOSED FUTURE EVALUATION FRAMEWORK

It was acknowledged during the interviews that what was being conducted in year one was a process evaluation rather than an outcomes evaluation. This was entirely appropriate at this stage of the programme's development. In fact, some people said it was extremely positive that such a comprehensive process evaluation was being conducted during the first phase of HEYL.

However, moving forward there is a need to try to capture some of the impacts and outcomes, identified in the Logic Model (Appendix 2) alongside the continuation of the process evaluation. As discussed earlier in this report, there are many methodological challenges to evaluating the impacts of programmes such as HEYL:

- It is not possible to separate the impact of the programme overall (or the specific interventions within a setting) from the other influences on children
- HEYL is (quite rightly) broad in its coverage, leading to a complex mix of potential outcomes, from child development to obesity to oral health
- Collecting data on these measurable health outcomes is challenging with children
- Data on longer-term health impacts are not available with children, who are too young to have associated developed diseases or health conditions

If there is a need to focus on clear measurable outcomes, then it might be possible to commission a study that used mixed methods, perhaps including a controlled trial. This would recruit 'intervention' nurseries and compare them with 'control' nurseries (who would be invited to join the programme at a later date). Clear measurable outcomes would need to be defined, as the focus of the evaluation, for example: dental registrations; minutes spent being physically active; or fruit and veg consumption. These would be measured before and after HEYL registration and compared with control nurseries. Mixed methods approaches would be taken, including interviews with staff and observation of processes to try to uncover the underlying mechanisms behind any changes.

This approach would technically be possible, and there are examples of this in the literature. However, it does appear to be extremely reductive, and ignores the complex and multi-faceted nature of HEYL. The risk is that the impact of HEYL on broad health, social and psychological outcomes gets boiled down to the things that are easier to measure.

3.14.1 EVALUATING HEYL AS A SYSTEM

What is recommended instead is an evaluation design that acknowledges that HEYL operates within a complex system. Based on recent evaluation guidance on system approaches to local public health evaluation¹⁹, this would include the following components:

- Designing an evaluation approach based on systems thinking. This acknowledges that HEYL is an intervention within a complex system; it is one contribution to changing the system to improve health and wellbeing in children with a wide variety of potential short and long-term outcomes.
- Being realistic about what HEYL can achieve, and not setting it up to fail by setting the evaluation bar too high. Conversely not constraining the evaluation too much by focusing on the easily measurable.
- Starting by mapping the system. What are the influences on child health and wellbeing? How does HEYL aim to intervene? How does it aim to modify the environment and other influences on health? What is the role of HEYL within the system?
- Define the boundaries of an evaluation. What can be measured? What is challenging to measure but still worthwhile? (See HEYL Logic Model Appendix 2)
- Define measurable indicators and data that can be collected at all levels (from children; parents; settings; boroughs; etc).
- Collect data including a large qualitative element, perhaps working with ‘pilot’ settings who collect outcome data. Embed researchers to study mechanisms of change. Make sure that the selected pilots include priority deprived areas.

3.14.2 IMPROVE EVALUATION METHODS ACROSS THE SYSTEM

It is also recommended that there is training and guidance on better data collection across the system. Professionals working in early years do not seem to see data collection as a routine part of their job. More could be done to ensure that they collect some key data as part of their recruitment processes. For example, part of sign-up to a setting could be baseline measures of some key indicators (number of children registered with dentist; number walking to setting; fruit and vegetable consumption). It would also be helpful to improve data collection on the costs of administering HEYL locally as well as centrally.

3.14.3 KEEP EVALUATION FOCUSED AT LONDON SYSTEM LEVEL

It is also important to continue the London-wide monitoring that is already taking place in the GLA, working with local authority and regional public health and education teams. This monitors routinely collected public health and education data – obesity; oral health etc –

¹⁹ Egan et al. Guidance on Systems Approaches to Local Public Health Evaluation. NIHR School for Public Health Research. (2019) <https://sphr.nihr.ac.uk/wp-content/uploads/2018/08/NIHR-SPHR-SYSTEM-GUIDANCE-PART-2-v2-FINALSBnavy.pdf>

and maps it against levels of deprivation and participation in HEYL. Over time this will help to see whether the programme is associated with changes in these key indicators. This is global level monitoring and does not try to disentangle the impacts of each component of the programme, but it helps to provide a long-term overview.

3.15 TOOLS AND APPROACHES FOR MEASURING THE POTENTIAL HEALTH ECONOMIC IMPACT OF HEYL

“A programme like this clearly is extremely unlikely to do any harm, I suppose as long as it’s seen to be a good use of resources then...” Senior Stakeholder

There are a number of ways to measure economic impact of a programme such as HEYL:

- **Cost effectiveness.** This compares the costs and health effects of an intervention to assess the extent to which it can be regarded as providing value for money. This is not possible with HEYL (at the moment) as the health impacts of the programme have not been quantified.
- **Cost-utility analysis.** This is a type of cost effectiveness analysis, as used by NICE. This standardises the health impacts (in NICE’s case, as a Quality Adjusted Life Year, or QALY) so that interventions can be compared. Again, this is not possible with HEYL due to the lack of measured health impacts. It is also very challenging with early years (as health impacts would not manifest themselves in terms of reduced disease or death).
- **Cost benefit analysis.** This compares costs and benefits directly to give a benefit:cost ratio. This requires the health benefits to be valued, so is also not possible with HEYL.
- **Cost consequence analysis.** This is the most basic form of analysis and involves comparing the inputs and outputs of a programme. This could be undertaken by summing up all the ‘outputs’ of HEYL and comparing them to the inputs. So we would end up with rough calculations that showed for example that for £X input, the programme saw Y children newly registered with the dentist, and Z children eating more fruit and veg. Even these basic output figures are not currently collected within HEYL.
- What is possible is the most rudimentary analysis at a programme level for HEYL, costing the reach of the programme:

Example of a potential cost analysis for 'Reach' of the Healthy Early Years London programme

The GLA direct costs for the first year of HEYL were **£142,000** (staff, marketing and promotion, digital platform, training and capacity building)

HEYL reaches **1508** registered settings across London

This potentially reaches **33,900** children²⁰

GLA therefore spends **£94 per year to reach one setting**, and **£4.18 per year to reach each child** involved in the programme.

If the programme reached all 300,000 children estimated to be in childcare across London, with the same level of GLA input costs, this cost would reduce to **47 pence per child reached** (these rough calculations are for GLA direct costs only).

A more comprehensive analysis would include costs incurred by local authority teams engaged in HEYL. However, collecting this data would be very challenging:

- Few if any local authorities collect data on HEYL costs routinely
- Many would not want to share cost/expenditure data
- Most boroughs combine HEYL activities with other related programmes and more general early years work; disentangling would be very problematic

Collecting cost data from local authorities would be possible if seen as a distinct economic analysis project. Participating boroughs would have to be trained in how to assign costs to the programme, and this data would need to be collated by a central researcher. It is possible that this additional burden would not be worthwhile and would detract from the running of the programme.

Another approach might be economic modelling. For example, the costs associated with childhood obesity could be estimated, and then potential reductions in costs due to health impacts from HEYL could be estimated and valued. This is theoretically possible but full of methodological challenges and may not provide estimates that are reliable enough to be used to inform policy.

²⁰ Estimates from GLA based on current participation rates (November 2019)

4 DISCUSSION

4.1 HEYL IS STRONGLY SUPPORTED BY EARLY YEARS POLICY

Healthy Early Years London (HEYL) was described by one senior stakeholder as a *'policy no-brainer'*, meaning that it was an uncontroversial and clear approach to the challenge of improving health, wellbeing and development in the early years. It is seen to be a universal programme – ensuring standards are high and consistent across all settings in London – but also targeted proportionately – aiming to reduce inequalities by securing the involvement within the more deprived communities. This 'proportionate universalism' is seen to be an entirely appropriate use of resources, by making sure that all children in childcare have the potential to be involved, but also attempting to tackle the pernicious problem of health inequalities.

Another important component is the universal support for the notion of enhancing children's development in their early years. Whatever the academic evidence says, childcare professionals and parents/carers alike agree that the early years represent a critical time when children's habits and preferences can be directly influenced. It is also seen to be entirely appropriate to do this through a settings or environmental approach. Rather than attempting to lecture parents/carers on health, or handing out well-meaning information leaflets, HEYL aims to modify the environments where children spend time, helping them to make healthy choices and develop healthy habits.

The other core component of the HEYL approach that is strongly supported by stakeholders is its ability to reach parents/carers, through the childcare environment. There are many examples of subtle and supportive ways that childcare professionals in HEYL settings have been able to influence parent/carer behaviour, from helping with dentist registrations to cooking workshops and advice on dummies or breastfeeding. This element of HEYL has enormous potential to reach parents in deprived communities, if done carefully and with respect. Some childcare professionals would value advice and guidance on how to do this.

It is also appreciated that HEYL is holistic, and not focused on a single issue like nutrition. This fits with the views of parents/carers and childcare professionals (who tend to look at the whole child and do not tend to compartmentalise health issues) and also with children's policy developments.

Finally, the link with the Early Years Foundation Stage and OFSTED Education Inspection Framework has been seen to be very helpful, with stakeholders supporting the alignment of policies so that HEYL supports and compliments EYFS and OFSTED requirements. However, it is noteworthy that the vast majority of HEYL settings are already rated 'good' or 'outstanding' so it appears that settings are seeing HEYL as an complementary to their OFSTED rating rather than using HEYL to boost their rating.

4.2 HEYL ADDS VALUE THROUGH WORKING IN PARTNERSHIP

HEYL is clearly an example of what can be achieved through working closely in partnership. The Greater London Authority and local authorities in London have co-designed the programme and the award evaluation framework. The evaluation tool was specifically designed to mirror national standards against which schools in England are judged: the Common Inspection Framework of the Office for Standards in Education, Children's Services and Skills (OFSTED). By doing this, the HEYL framework is relevant to both education and health services, providing an evaluation efficiency that measures progress toward targets for both sectors using a common assessment tool.

The rate of recruitment to HEYL in the first year has been extremely fast, with one-year targets met and exceeded. This is no doubt due in part to the hard work and commitment of the GLA team, alongside the extensive early years work being delivered within the boroughs. HEYL appears to have added considerable value by bringing existing schemes under one umbrella; standardising awards and criteria; centralising resources; reducing overlaps and duplication. This directly supports the mayoral manifesto commitments, while also supporting the many policy priorities of local authorities across London.

This 'added value' also relies heavily on the enthusiasm and commitment from professionals working in local authorities – notably borough leads and their teams – and those working in the settings. Interviews showed a real feeling of partnership between boroughs and the GLA, with a feeling of shared policy goals and partnership working to achieve them. HEYL relies heavily on this commitment from boroughs.

One aspect of partnership working that was considered a 'surprise' was the drive and take-up of HEYL by early years education departments, as historically healthy schools delivery has been primarily driven within public health. Many boroughs have good, strong partnerships between education and public health, but for some the relationships are not as strong. HEYL perhaps provide a shared agenda that can influence partnerships between education, public health and other local authority departments.

4.3 RESOURCES ARE SEVERELY STRETCHED WITHIN LAS

The biggest challenge that HEYL faces is the strain on local authorities, who have faced significant budgetary and staff cuts in recent years. As outlined above, the programme relies on the cooperation and goodwill of staff in local authorities, but this is extremely stretched at times. Most borough leads spend less than one day a week on HEYL, due to demands on their time from other parts of their portfolio. Many would like to spend more time on HEYL, and it is likely that if this were possible, this would lead to an increased rate of recruitment of settings, perhaps including priority settings. Instead, as more settings come on board, the already thin resource is spread more thinly.

It may be that the success story of HEYL so far may be used to 'sell' the programme and the importance of early years to policymakers across London, to secure further

investment. The programme would also benefit from greater involvement from public health colleagues.

4.4 HEYL IS ASSOCIATED WITH MANY EXAMPLES OF POSITIVE IMPACTS, BUT EVIDENCE IS THIN.

This report has highlighted numerous examples of positive changes associated with participation in HEYL. These are at all levels:

- Children changing behaviour: trying new foods; walking to school; being more active; better oral health etc.
- Parents / carers changing attitudes and behaviour: learning from setting staff; trying new approaches with their children
- Setting staff changing their practice: attending training; trying new approaches to HEYL related areas of work; focusing more on health and wellbeing
- Setting Managers: amending policies

The case studies and quotes paint a vivid picture of a body of people who are trying extremely hard to create healthy happy early years settings for children, and these environments are in turn are having an extremely positive influence on the children in their care. However, the evidence for these changes is only at the level of story and anecdote. The evaluation did not uncover any systematic approaches being taken to collecting data on impacts/outcomes. Even data on outputs (see Logic Model in the appendix for clarification of these terms) was inconsistently collected. There is some evidence from the audits (Silver and Gold) of more quantifiable evidence being presented, but this is also mainly focused on outputs and self-assessed behaviour or attitudes.

In some ways this is not surprising: collection of impact data is not a core aspect of setting managers' jobs; it is not perhaps part of their normal way of working; and it has not been required by the GLA team. Also, this is only year one and it could be argued it was entirely appropriate to focus on process evaluation at this stage. However, this is likely to become a core challenge for the programme, if it needs to demonstrate quantifiable impact to justify future funding. The challenge of demonstrating value for money is even greater, due to the challenges inherent in conducting an economic analysis of programmes such as this.

4.5 TAKING PART IN HEYL REQUIRES A LOT OF PAPERWORK, WHICH MAY BE A BARRIER TO PARTICIPATION

The most significant barrier to involvement in HEYL is the time needed to take an active role in the programme. Seventy-six percent of settings interviewed said this was a barrier. Interviews showed that the amount of paperwork needed for the assessments was a major issue. There are seen to be too many areas to focus on in the assessment, and too much detail and checking required. This may have contributed to a lower 'conversion rate' i.e.

the fact that more settings register for the award than go onto First Steps and in particular achieve First Steps but do not go onto apply for a Bronze award.

There is also tension here with the role of borough leads. As outlined above, borough leads are very stretched for time and would welcome initiatives to make the assessment process quicker. However, this conflicts with their desire – in general – to make sure that HEYL represents high standards, and so they welcome the rigour of the process. There is a need to find a more agreeable compromise.

4.6 ADDRESSING HEALTH INEQUALITIES IS CHALLENGING

A key objective of HEYL has been to contribute to reducing health inequalities among children across London. As noted above this is through a universal programme (available to all childcare settings across London) but also targeted (aiming to ensure involvement among the more deprived boroughs and settings.)

At a macro level, HEYL has done very well in reaching the more deprived communities. Of the 17 priority boroughs identified by HEYL in 2018, 16 have confirmed or are committing local resource to the HEYL programme (the other is joining in Spring 2020), and all 17 have early years settings that have signed up to the programme with the most active borough being Islington with four early years settings receiving their Gold award.

Within boroughs however there is clearly an ongoing challenge in reaching and recruiting more settings in the more deprived communities, and reaching the most deprived children and families, especially if parents are out of work. Borough leads are very focused on this issue and given more time and resource, would be able to reach out to recruit and influence more settings in deprived areas. This remains a core challenge for HEYL.

5 RECOMMENDATIONS

For GLA

- Healthy Early Years London is having a significant positive impact on the provision of care in early years settings across London. The approach is strongly supported by local authorities and settings and therefore we recommend that GLA should continue to invest and develop the programme with the following suggested amendments to design and delivery:
 - Consider amendments to the programme to reduce the burden placed on early years settings within the application process. This could for example mean streamlining the awards system to three levels (registration, First Steps and accredited as opposed to Bronze Silver Gold).
 - Consider developing a minimum data set that is agreed across the partnership by GLA borough leads and settings managers (selected from the HEYL Logic Model) that must be collected / recorded by all accredited early years settings on an annual basis. The approach needs to be pragmatic, taking account of the time implication on settings, but could be incentivised. Early years settings would be required to complete the data annually or risk losing their accreditation/award.
 - Consider investing in a continuation of this process evaluation and developing outcome indicators to further explore impact. This should take a systems perspective as outlined in the report.
 - Consider additional events and activities to facilitate the sharing of knowledge among early years settings and borough leads. This might include training; good practice events; buddying and 'partnering' between Gold/Silver and other settings.
 - Continue to develop methods to assess the reach of HEYL into deprived communities in London
 - Implement improvements to the website to make it more user-friendly and useful for borough leads and other users.
- Openly share the learning from this evaluation. There have been some real successes that should be promoted and celebrated and used in enhancing future development of the programme. Alongside this the report has raised challenges, that whilst not unique to this programme highlight the level of support required at a regional, local and settings level. This information is of significant value in informing the development of such programmes at every level.

For Boroughs

- There is considerable added value to local authority early years work from taking a London Wide approach (HEYL). However, this still requires significant investment at a local authority level, and we recommend that local authorities consider the amount of investment needed locally to maximise benefits within a local system.
- Whilst this programme is universally accessible, it is critical that resources are targeted in areas of greatest need. We therefore recommend that investment at a local level, focuses in the first instance on early years settings faced with the greatest disadvantage.
- Consider initiatives/interventions to ensure the process does not allow early years settings to lose focus once they have received the award. Ensure that settings are required to submit annual data to maintain their award and consider other initiatives such as networking / buddying between early years settings or involving them in further services / programmes locally.

For Settings

- As outlined within this report, there is considerable added value to early years settings from involvement with HEYL. However, to maximise impact, settings should continue to invest resource into HEYL activities once the award has been received. We recommend that settings for example, continue to assess and update policies on an annual basis; continue to monitor and record related data (in consultation with borough leads); continue to carry out internal evaluations of related interventions (case studies); and share good practice across the network.
- All early years settings should continue to fully implement the Voluntary Food and Drink Guidelines as a priority action.
- Consider initiatives that continue to develop activity related to HEYL such as on-going staff CPD; parental engagement workshops; newsletters to parents/carers; links with supportive services (breastfeeding, stop smoking etc).
- Continue to engage with similar settings, network and share learning.

Appendices

5.1 APPENDIX ONE: DETAILED CASE STUDIES

CASE STUDY ONE: ROCKING HORSE NURSERY, LONDON BOROUGH OF BARNET.

BRONZE AWARD

Background to the Rocking Horse Nursery

The nursery is in central Finchley, a mainly affluent area of North London. Most children attend the nursery full time (7:45am until 6:15pm), with both parents and carers working. It has been running for 11 years, and has an 'Outstanding' OFSTED rating. The nursery looks after 76 children each day, grouped into "classroom" age groups. There are two classrooms for under two-year-olds; two classrooms for two and three-year-olds and a pre-school classroom. All the classes are named after Costa Rican birds

Approach taken to HEYL by the local authority

The London Borough of Barnet is highly committed to early years and has set up a steering group with input from a range of key stakeholders, including early years advisory teachers, who have influenced the development of HEYL in the borough.

There are a number of aspects of HEYL that are slightly different in Barnet:

- Barnet had their own award scheme, and transferred to HEYL at an early stage, so they already had experience of this type of programme
- Public Health have commissioned Health Education Partnership, an external agency, to run the programme, including setting support, application assessments and quality assurance. The Barnet HEYL programme ensures that each setting has a quality assurance visit as part of their Bronze application, with two officers (one from health, and one from education).
- They have bought in additional quality assurance to specific elements of the award, for example menus are checked by a catering consultant.
- Any setting that wants to work towards their silver award must make their plan and deliver it for six months before being awarded their silver status.
- They are aware that some settings feel this is slightly unfair, as it can be harder to achieve the awards in Barnet than elsewhere. However, the borough team believe that this is the right way to proceed to ensure standards are consistently high.

Engaging the setting in HEYL

The Rocking Horse Nursery was one of the borough's early adopters. They had already been through the Borough's own healthy early years award and had good practice in place. The nursery team was keen to engage in HEYL,

understanding the importance of their role in enabling the children in their care to thrive.

“these days their wellbeing and their physical and mental health and diet and dentistry etc is so, so important and if we’re teaching them, they have these little roots from the beginning of their time and hopefully it will spread as they grow older.”

The Rocking Horse Nursery became the first setting to achieve their HEYL Bronze award in Barnet. They found the Barnet team proactive and supportive, valuing the site observational visits where the borough lead provided guidance and advice on how to proceed.

“...just really engaging and really supportive and I know if I had a query I can just email them or pick up the phone and they’re really, really supportive and helpful.”

The early years environment in Rocking Horse Nursery

The nursery is on a leafy residential road in central Finchley, in a converted house. The majority of “classrooms” are in the main house, with the exception of the pre-school room which is at the back of the garden. On each classroom door, there is a picture of the class teacher with their name and the languages that they speak. There is a large garden, which has several zoned areas, including: an outdoor classroom space, mud kitchen, a kitchen garden where the children are growing vegetables, a yoga space, play equipment including a tyre swing in the shape of a house.

There are visual displays on the garden walls about healthy lifestyles, showing what they have been doing at the setting and providing information, e.g. on oral hygiene. In the staff area, there was clear information on handwashing, safeguarding and whistle blowing policies. The nursery provides the staff with fruit to eat.

Their early years ethos

The nursery staff work closely to support not just the children, but their families too. They operate an open-door policy, for parents and carers to be able to ask for parenting advice.

“ I mean I’ve had a parent up here this morning who just came up and, you know, she just said...’ I’m really struggling with toilet training’ so I just gave her some ideas, gave her that book, we went through everything.”

During the observational visit, one mum was waiting in the staff room, her son was having his first settling in session. The manager gave her a hug, they discussed the settling in strategy and observed that the child was happy, and that they would call her if there were any issues. The mum said that this was her 3rd child at the nursery and how much they love it.

What are they doing differently as a result of implementing HEYL?

The borough believes that the staff at the nursery have made genuine efforts to improve their offer as a result of being involved in HEYL.

The nursery's view is that, through the work that they are doing, families as a whole are more aware of the importance of health and well-being and the role that they have to play in helping their children to thrive.

"...I think the parents and carers are more aware and we're talking about it much, much more and from what I can gather from talking to the parents and carers...they do have quite a healthy diet with their children and the research...when they did the survey, I think it's quite, quite, quite good."

Recently the staff at the nursery have developed an innovative series of fun learning events that are based on the needs of the parents and carers, to help develop their parenting skills and meet the HEYL objectives.

"...so two groups found that children throwing their food was really concerning, so I then talked about schemas and said how children, you know, they do throw things and then so I handed them lots of information about top tips for behaviour, all about schemas and how children act because they just don't know. Again, no-one prepares you for parenting and unless someone gives you this information, so it was really interesting and great feedback from them."

The nursery provide a weekly newsletter, that now includes a health tip of the week, taking advantage of information and resources provided by the borough to support healthy early years.

Once a month, they take a group of 6 children to a local care home for the elderly Clovelly House, to encourage intergenerational communication. They also take children to the library and arrange for professionals to come and visit the nursery to talk to staff and children such as the dentist.

"one of our parents and carers is a patron for an art charity. So, he comes in and helps us, do you know The Big Draw? He came for The Big Draw and so he'll come in when we're doing that festival and he has loads of ideas and he helps out and he's just wonderful."

- **Physical activity**

The borough lead has observed improvements in physical activity. For example, the nursery engaged with a purposeful play advisor, who was brought in by the borough to help settings with ideas for movement through play and provided training. They have also undertaken moving matters training, which encourages activities such as sensory play. They have also encouraged staff to take ownership of HEYL, for example one of their practitioners is passionate about callisthenics and the other with yoga, which they have engaged both children and staff in.

“that has all had a massive impact and they’ve really influenced all their colleagues in the nursery as well, as well as the parents and carers.”

- **Oral health**

The nursery, at the time of the visit, were working towards their Silver HEYL award, focusing on oral health. They have put in place plans every month to deliver supporting activities, on the day of the observational visit a dentist had been visiting the children. The team were very complimentary about the training provided by the borough, and how it has impacted on the service that they now offer.

“I thought I knew about oral health but it really showed me I just knew the basics actually and it was just 3 hours of learning and they just gave me so many resources which I’ve shared with parents and carers and the staff here, it was just wonderful.”

- **The environment**

Through HEYL, the nursery has also been working on environmental sustainability, reducing plastic and toxicity within the setting.

“we don’t have any plastic bottles, we encourage the staff to all have drinking bottles, we’ve gone to eco products, we use an eco-egg for washing, so no washing powder anymore.”

Recommendations by the early years setting for HEYL

They are frustrated that some boroughs made achieving the awards easier than others:

“So, I think it should be if it’s going to be the Healthy Years London it should be consistent in all the boroughs”

They believe that HEYL will need ongoing support to continue to deliver the principles of HEYL and deliver continual improvement.

“it’s got to be ongoing, it can’t, you know ... it’s great to have the bronze, the silver and the gold but then it’s got to continue. So I think the way they have it lasts for a certain amount of years, I think that’s really important as well because ... all our children, our pre-schoolers are going to leave now and go on to school so we’ve got our others coming through, so we need to keep that going so it needs to be continuous all the time.”

They think that some networking between the boroughs would be valuable. They also thought that additional setting visits and inhouse talks and training would be valuable:

“it would be great if they could do, come in and do a staff meeting with all our team ... although... we do feedback all the information and send all the information to them....”

CASE STUDY TWO: JUDY'S CHILDCARE, LONDON BOROUGH OF BROMLEY.

SILVER AWARD

Background to the early years setting

The setting manager provides childminding services in her home, and has converted her garage into a playroom, that leads straight into the back garden. She has been working as a childminder since 2010, before which she worked in a crèche and run an afterschool club. The manager has a Level 3 in childcare, and a Level 4 in child psychology, and regularly attends continuing professional development courses, such as a recent training day on English as a second language, led by Educational Psychologists. Currently over the course of the week, Judy's Childcare has four children (two, two-year olds and two, three-year olds). Two of the children are siblings and do not have English as their first language, they are being brought up as bi-lingual.

Approach taken by the local authority

The London Borough of Bromley runs HEYL as part of the work of its early years quality team. The programme is led by the quality improvement manager, who has a staff of four advisors split geographically across the borough. These advisors are responsible for providing training, guidance and advice to early years providers across their areas. This includes supporting providers through the HEYL application, ensuring that they are on the right track, that they have read the questions and provided enough supporting evidence, then it goes to the quality improvement manager for assessment.

They have observed that early years settings are using HEYL as an evaluation tool, assessing gaps in their practice. They are hearing positive reports from their providers that they are making changes and seeing benefits to the children's health and well-being. They have also found HEYL a useful tool at a borough level to audit the skills and competencies of early years practitioners. The team in Bromley have identified some interesting issues in the borough:

- The team have identified a need for training in communication and language and working with diverse cultures, which they plan to provide early next year.
- The team also run a series of early years hubs, one for each geographic area, which they encourage all early year's providers to attend including schools, after school clubs, nurseries, child minders etc. These hubs support networking, peer learning, sharing good early years practice. HEYL is often on the agenda.
- The team have found that HEYL has helped them to engage strategically with public health, and the programme reports against a number of borough wide objectives including mental health.

- They also plan to use peer support and sharing of good practice across settings.

Engaging the setting in HEYL

The setting manager is part of a childminding network. When the borough first contacted early years settings about HEYL, the network discussed it as a group but at the time were not keen to add to their additional workloads. She reviewed the HEYL information and decided that she would take part. She also found completing the award to be a helpful contribution towards self-evaluation for OFSTED.

The early years environment

On a typical day the children are taken out in the mornings, they attend a stay and play, go to the park or on an outing. Usually they then come back for lunch, the two-year olds then have a nap, whilst the older children play. They usually spend the afternoons playing at the house, unless they have gone out on an all-day outing.

The early years ethos

The manager is proactive in engaging the children in learning about their health and well-being. For example she takes children to visit the emergency service open days, and has taken the children to a first aid course for kids.

What are they doing differently as a result of implementing HEYL

- **Special educational needs**

Completing HEYL highlighted the importance of understanding how to support children with special education needs, or where the child might be at risk.

- **Advice to parents and carers**

The manager reports that parents and carers regularly come to her for advice in relation to health and well-being, such as on healthy eating, screen time, speech and language and health conditions like chickenpox. One parent kept her daughter at home with her during maternity leave with her second child. On her return to the childminder the parent reported that they were struggling to get their child to eat fruit and vegetables at home so she asked Judy for guidance and advice.

What do they think of HEYL

The borough, whilst finding the support and auditing process time consuming, are very positive about the concept of HEYL. In particular helping settings to be reflective and self-evaluate their practice. The loss of the OFSTED self-evaluation form (SEF) is seen as a real setback to some providers, but HEYL can partially fill that gap. The manager is positive about HEYL, as part of business marketing, using it as in her adverts. However she did say that any decent childcare provider would be delivering across all HEYL areas anyway.

Recommendations for HEYL

- The manager feels that initially there was a misconception by a number of childminders, that HEYL is a healthy eating programme, rather than covering areas of the EYFS and Ofsted.
- When the manager completed the online application, she felt that it wasn't clear upfront what would be covered in the application or the number of sections that the form had. That this could be made clearer.
- The manager reports that she and other providers have found that the online form doesn't always save and you can easily lose the work that you have already inputted which is frustrating, particularly if completing the form using a phone.
- It would be beneficial to involve parents and carers in the application form for HEYL, for example a questionnaire.
- The manager would really like something to share with parents and carers. More than a certificate but not as detailed as the whole submission, that provides an overview of what HEYL is and what the provider has had to do to be accredited with a HEYL award.

CASE STUDY THREE: LITTLE POPPETS CHILDMINDERS, LONDON BOROUGH OF HAVERING.

SILVER AWARD.

Background to the early years setting

Little Poppets is based on a residential street just outside the centre of Romford. It is described as a “home from home” childminding service, there are three childminders registered at the service: mum dad and their daughter. Little Poppets provide childcare services to early years, as well as before and after school care. They currently have 14 children in their care, six of whom are under the age of five. They tend to look after the children long term from infant through to the end of junior school. Children come from varied backgrounds and levels of affluence, some with parents commuting into central London. Several of the children that they look after have English as a second language, including children whose parents are from Slovakia, Poland and Bosnia.

Approach taken by the local authority

In the London Borough of Havering, HEYL is led by the Health and Wellbeing in Schools Advisor, based in Public Health. The lead works closely with the Senior Inspector for Early Years Quality Assurance, in School Improvement, in the Council, who has also had HEYL added into their existing role. This partnership way of working is viewed as a real strength to the delivery of HEYL in the borough.

Interesting aspects of HEYL in the borough include:

- A positive working relationship between the council officers and the settings, which they believe has made it easier to engage early years settings in HEYL.
- Piloting of HEYL in the borough involved prioritising one of the more disadvantaged areas of Havering, initially inviting 12 settings to engage in the programme. Eight of these engaged to some extent, by the end of the pilot phase, three settings had gained their Bronze award. Two of whom subsequently gained their Silver award.
- The borough has found that it is easier to engage more proactive settings, most of which already have Good or Outstanding ratings from OFSTED. The borough team is hopeful that as HEYL develops they will be able to engage settings that are struggling, where they think they will see greater impact from HEYL.
- Training is offered to settings to explain the programme, alongside detailed feedback on applications.
- The borough has set up a Quality Assurance group between Public Health and Education, which then reviews the applications together.

Engaging Little Poppets in HEYL

It was not one of the settings from the prioritised disadvantaged area, but the setting was keen to engage and became one of the early adopters. They have long had a positive working relationship with the borough. For example, regularly taking part in the borough's training offer. The borough lead provided support to Little Poppets in navigating the HEYL process. They view the setting as being very proactive, and holistic in their approach to child well-being.

The early years environment

Little Poppets is run out of the family home, the HEYL awards are proudly displayed at the entrance to the house. Downstairs is the kitchen with a large dining table where the children eat their meals. Off the kitchen is a conservatory, where there is an indoor playroom area. Outside there are two play areas, one is covered, the other has Astroturf. The family have a number of pets, including dogs and reptiles that the children are encouraged to look after.

The early years ethos

The borough HEYL lead talked passionately about the early year's ethos inspired by the manager at Little Poppets:

"She's amazing, she's such a passionate woman..., the place it's just amazing, and all of the children are obviously really...there's a real bond, they really have got a good attachment with her."

It is clear that the setting manager is an extremely experienced and passionate professional, who believes strongly in putting the health and well-being of the children that she looks after, and their families first. She also believes in developing the profession, using her experience to mentor and guide others. For example, allowing childcare students or new childminders to shadow her and her team at the setting.

Well-being and the environment are real focal points of the service they deliver. Including offering a vegan food menu, running mindfulness sessions with the children, they have an aquarium with lizards and snakes. They also try very hard to have very strong and positive relationships with the children's parents.

What are they doing differently as a result of implementing HEYL?

- **Movement through gardening and healthy eating**

The setting manager and her team have become involved in the RHS's Gardening Schools Scheme. They started initially with planting rocket and parsley in the front garden, then moving onto planters as they worked through the five levels of the scheme. Having completed all levels of the scheme, Little Poppets now has an allotment, where they take the children to grow their own food.

"The gardening, they're growing their own, getting children to be much more hands-on than they were, very easy just to do everything yourself and provide, but really getting them involved, because through their involvement their learning comes, the questioning comes, their communication comes, so that has been really good."

- **Healthy eating**

One of the setting's parents suggested working with a nutritionist to ensure that the vegan meals that they provide the children are completely balanced.

"...he said, "Why don't you get involved with a nutritionist and although you know you're covering protein, calcium and they're getting everything, by getting a nutritionist to do your menus and signing off on those menus that's extra peace of mind for parents" and we went with that idea and that's what we've done now"

- **Links with support services**

The setting manager focuses on the needs of the children (including those with special needs) including connecting to local support services such as the local children's centre and signposting to local services when necessary. For example they had found through HEYL that a number of children in their care weren't registered with a dentist. They then developed a parent information file to help families ensure that they were engaging with their children's health and well-being.

"...it's through Healthy Early Years we did a parent information file which now has everything about every service any parent may need, about the immunisations, about the oral health, about how they can manage their own stress, anxiety, through meditation, and other things, so we really built up a big file..."

- **Engaging in the community**

The setting works hard to engage the children in their local community

"The community is hugely important, and that's again why we like the ethos of our setting being out and about in the community is very important, natural play areas, meeting important people in the community, and that means the street cleaner, that means everybody is important in the community..."

Well-being and the environment

The setting focuses on the natural environment, including making sure the children have exposure to nature, as well as changing cleaning products and common chemicals used in the home to be organic and natural.

What do they think of HEYL?

Borough officers, and settings initially found the requirements for HEYL overwhelming, in particular the level of evidence required.

"I think initially, I just was overwhelmed and I think the settings were quite overwhelmed, just how much evidence was required. But I think the more that they do it, and once they've engaged in the process and seen that it's up to them to sort of enter information onto the audit as and when they can, and as and when they've got evidence to add, so it's an ongoing thing.

The setting wasn't convinced initially that other childminders would take up the HEYL awards, thinking that for a childminder to be engaged in HEYL that they really have to believe that it is going to be a real benefit for the children that they

look after, and you have to be someone who wants the best for the children and their families. But they are now convinced of the benefits:

“It’s definitely meeting its aims as in health, wellness, wellbeing, and getting children school ready in that respect, but it’s the only hitch I’m seeing is from the practitioner side... you’ve got to really want to do it... you’ve really got to want to be a setting that wants to do that for your nursery, for your children, for your families”

Recommendations for HEYL

The setting does not want to have to re-do each of the awards again, they would rather have to do a self-reflection piece on their development.

They feel that the application process could have been made easier, they found some of the Bronze application fairly repetitive.

Concern was raised about the level of support some settings would need to engage with HEYL, and the capacity in the borough to support this.

The setting suggests that there is a scheme for those who are already on their HEYL journey to mentor and support others

“it might be helpful if we helped to mentor, or like when we go to a training course..., that would be a prime time to say, look, there’s this Healthy Early Years London, this is what it could do for your setting...”

CASE STUDY FOUR: ORCHARD CHILDREN'S CENTRE, LONDON BOROUGH OF REDBRIDGE.

SILVER AWARD

Background to the early years setting

Orchard children's centre is situated within one of the most deprived areas of Redbridge. The children's centre is on the ground floor of a tower block in the middle of a housing estate but inside the environment is welcoming, spacious and feels friendly and safe. Whilst children's centres are no longer assessed by OFSTED, its former rating was outstanding.

Overall across Orchard Children's Centre's 'hub and spoke' network, there is a reach of three thousand families, of which 94% are registered and about 88% engaging. Residents from the housing estate make good use of the children's centre, with 95% of families with children under five accessing services. Families from outside the estate, from higher income groups, also access the children's centre services. This is a more recent change and is attributed in part to the well-child health clinics such as baby weighing that are accessed through the children's centre. Once families start by accessing the midwife services through the centre, they then stay on and access the other children's centre services. In terms of ethnicity the largest proportion of families in the borough is still white British, there are increasing number of families who are Asian, Chinese and from Eastern Europe. As a result, there is an increasing proportion of families who access the children's centre services who have English as a second language.

Approach taken by the local authority

HEYL is currently an integrated component of children's centres services of the early years' team which is part of the Education and Inclusion directorate at the London Borough of Redbridge. The children's centres'/early years' work is included within the borough-wide obesity strategy and action plan, and the food poverty action plan. The obesity-related deliverables report to a group chaired by the Director of Public Health. The lead for HEYL is also the Strategic Lead for Children's Centres for the borough, and plays a lead role for the Education and Inclusion Directorate on health in early years.

The borough at the time of interview, provided a level of support to settings completing their HEYL awards and provided a comprehensive training and support programme that settings can access. This includes face to face, online and bespoke to meet the needs of specific providers. However, with a restructure of children's centres and early years being underway it's unclear if this capacity will continue at the same level.

Engaging the children's centres in HEYL

As the children's centres are overseen by the borough's lead for HEYL programme, rolling out HEYL to the centres has not been an issue. However, the team has found that taking HEYL to other early years settings has been more challenging despite there being a lot of interests from the settings. Some settings need a lot of hands-on help and with the budget cuts there is often not the resource for this. The children's centres are set up to operate under what is described as a "hub and spoke model". There are eight hub children's centres, that each have a group of smaller satellite centres that they support. In total children's centre services are delivered from 21 sites. The children's centres support the delivery of the borough's strategy for "meeting the needs of early years", including their school readiness programme.

The team overseeing the children's centres and delivery staff are all council employees. There is an overarching strategic lead who oversees the children's centres and two locality managers, each of these three managers have a responsibility for a geographic area and have additional lead borough wide responsibilities for example data analytics, health, and special education needs (SEN).

The children's centres team are extremely proud of what they have achieved and have the data to back up their achievements. For example, across the children's centres:

- There is standardised practice and policies,
- All have achieved the award for being autistic friendly spaces,
- All have hearing loops and associated accreditation (Louder than Words)
- Several centres have sensory rooms, training for staff and support for parents and carers when they come to use the sensory rooms
- All centres have staff who have been on speech and language "Elklan" training.
- They are also a pilot authority for the Level 3 SENCO for the PPI sector.
- There is a parent champion programme that has won two national awards.

As a team they are focused on outcomes and evaluation, tracking and demonstrating the impact of their work.

The early years environment

The centre is spacious, light, clean and tidy. There is a reception with a number of offices, and a range of facilities including a sensory room, that can be used by parents and carers, particularly for those with SEN, and can also be booked by groups. There is a room with comfortable chairs and a large kitchen where

women come if they want to breastfeed in private, this is also where they run cook and eat classes, that are targeted at specific groups. All around the centre there are posters and leaflets providing information about health and well-being, both for children and parents and carers and they advertise other supportive services.

The centre hold baby weighing clinics and also the one and two-year-old checks. This has helped more people to come in and use the children's centre, including those from more affluent areas, helping the mums to mix more.

Linked to the centre are mums and babies exercise classes e.g. buggy fit, mums are encouraged to take up these opportunities. Outside there is a small covered outdoor area, that has been cleverly designed, it feels spacious and light. It runs along two sides of the building and is split into different sections, including play areas, (with a mud kitchen), sensory garden, reading den, growing areas where children are encouraged to plant, grow, cook and eat e.g. strawberries and tomatoes. The garden also has visual educational information displayed e.g. lifecycle of a plant, key words and magnifying glasses for children to look more closely at mini beasts.

The early years ethos

As a team, the children's centre and borough early years staff are focused on outcomes, constantly evaluating the impact of their work and looking to continuously improve the support they are providing to families. For example they piloted an initiative to encourage families to swap sugary drinks for water, providing a free branded sports bottle with a cartoon character called hydro, with the strap line of "re-think your drink" and they provided free refill stations. Next to these were information displays about sugar content in drinks. Parents and carers were really shocked by the visual impact of these, they were often observed taking photos to show others. This initiative was viewed as a success, particularly as it is a relatively simple change that families who are struggling can more easily implement.

What are they doing differently as a result of implementing HEYL

Implementing HEYL has allowed the team to both celebrate what they've achieved, but also to identify gaps. For example, encouraging the children to be more self-sufficient in hanging up their own coats, putting on their own shoes; or toddler snack time, getting the children to help.

To deliver HEYL, the children's centre provides a whole range of activities including

- Parenting courses
- Home safety, with a safety topic of the month
- Physical Activity, staff have undertaken the BHF early movers training

- Speech and language
- Oral health
- Healthy eating, for example sitting at the table
- Specific sessions, for example introduction to solids
- Referral courses, for example cook and eat

The services are all designed with significant expert input and are modified to meet the needs of the service users. The team have developed a number of new policies too that all centres are required to follow. For example, each site has to have a champion for different topics eg oral health, that champion then links in with and works in partnership with borough experts, it is the role of that champion to ensure that the whole team know about the topic.

They have also linked their work on HEYL to the healthy school's programme, with the aim to having a continuous service to support children to thrive as they grow.

What do they think of HEYL

The team viewed HEYL as an opportunity to demonstrate their work and achievements, supporting their completion of the self-evaluation form, and helping to identify areas where action plans were required. They were positive about the national resources and the support of the GLA team.

Recommendations for HEYL

Redbridge faces the same challenges as other local authorities with budget restrictions. If there was an opportunity for funding to be allocated to local authorities to support the borough lead there would be more opportunities to develop HEYL to a wider audience.

There was a view that the removal of Ofsted inspections from children's centres was detrimental. National scrutiny was always welcomed by the Early Years service and provided valuable feedback.

There was a view that London/ National investment for the programme was welcomed.

One idea was that as well as running a 'train the trainer' programme, that the GLA directly run/commission training for borough settings.

A further suggestion is to facilitate peer learning across settings and boroughs, to share ideas and see what others are doing.

CASE STUDY FIVE: ST MARKS PRIMARY SCHOOL, LONDON BOROUGH OF ISLINGTON.

GOLD AWARD

Background to the early years setting

St Mark's primary school, is a single form entry school with 2-year-old and pre-school provision. The school intake is mixed, but predominantly children from more deprived communities. The school has capacity for 16 2-year olds, 8 attending in the morning, 8 in the afternoon. Overall in early years there are 100 children.

The families whose children attend the school are from very deprived backgrounds, the school report that a high proportion of children attending the school are exposed to a significant level of domestic abuse. The school believe that they have the highest percentage of child protection and child in need cases in London, with five members of staff managing this case load. As a result of this the school is also engaged in a two-year pilot that has upskilled the staff in implementing different strategies around trauma and ACEs (Adverse Childhood Experiences). A CAMHS clinician comes into the school an afternoon a fortnight, and supports teachers who are working with these children.

Many of the children live locally. However, because of the special needs and trauma work that the school deliver they receive many out of borough referrals and have a high proportion of out of borough looked after children. In addition to trauma, malnutrition and hunger are also dominant issues for the school, with the school reporting increasing cases of rickets.

Approach taken by the local authority

Islington borough were pioneers in the development of HEYL: they developed a standard for healthy early years and worked with the GLA to support the subsequent development and roll out of HEYL across London.

In Islington there are a number of council officers, who have HEYL within their job specification. They have the capacity to go into settings to support their development, carry out quality assurance visits and they have also set up and run regular early years hubs. The "Health Early Years hub" is a regular open afternoon for early years providers to drop in and get expert support. *"people bring their questions and their concerns, they have access to computers, they can sit there and use that as headspace to complete their applications, to get out of the setting to do it."*

Engaging St Marks in HEYL

St Mark's primary school, had already been awarded the Islington standard and then worked to update this to the HEYL standard. The school reflected that it took

a year to complete the Islington standard, and that they worked closely with the borough officers to achieve this. The lead borough officer helped the school set up an action plan, and the school's early years lead gained the buy in of all early years staff who were strongly supportive of the approach.

The early years environment

The school is situated in the middle of a square with houses around the outside facing the school, there is a community basketball at one end that leads into gardens and playground, it is clean and very well maintained. The school has a "school road" in place, which teachers and parents/carers are very positive about.

The school's HEYL certificate is framed and hangs proudly in the entrance hall, alongside as posters advertising parent well-being courses run by the school. The school have maximised all space with multiple garden areas, all planted up, growing wildflowers, vegetables and herbs.

Early years are in a newly built building on the far side of the playground. The 2-year olds have a separate playground, the pre-school and reception share a playground. Behind the early years building is a garden where they have a green house, rainwater butts, wildflower mini meadow, composting, and a number of beds planted up including strawberries. A gardener comes once a week and the children come out in small groups to help.

To the side of the early years building they have another garden where there is a chicken coup and chickens, and the children collect the eggs. The produce from the gardens is either sold by the children in a "farmers market" to their parents / carers or given to the school cook.

The school's ethos

The school's ethos is *"every child, every day, every chance,"* and that includes their families. In early years they have a strong focus on building trusted relationships with the parents /carers, so that they can identify support that the child or family might benefit from. This ethos comes across strongly in their approach to everything that they do, including HEYL.

The school get involved in individual family lives, and provide support. *"everything from making referrals to social care, to CAMHS, to OT, to speech and language, to offering coffee mornings, social groups, support for parents getting back into education, we do the whole caboodle here really."*

They take everything a step further to see things from the perspective of the families, and provide a truly holistic offer. For example school will pay for taxis, or top up their Oyster cards, to help vulnerable families get to this support. In addition, the school apply to charities to help fund *"holidays, respite breaks, clothes, furnishings, some of our children have got beds, shoes, we've applied for school uniform, school shoes..."*

This holistic ethos is demonstrated by the schools open-door policy for parents / carers

“so every child’s parent is invited into the school for the first ten minutes of the day, so they bring them in to class, they have a look at the previous day’s learning or speak to the teacher, you know, just settle their child, read with them all the way up {through the school}.”

Hunger is an issue for families locally, to help tackle this the school buy into scheme called “Magic Breakfast”. This provides every child at the school the opportunity to have a hot bagel in the playground every morning. Vulnerable children are offered a place at the school’s breakfast club. They also give out boxes of cereal to parents and foodbank vouchers. In addition, each week a class are encouraged to invite their parents/carers to join them for lunch at school.

“We invite them in and say Year 1 parents you’re invited to lunch next Wednesday and we’ll have at least 30 parents.”

The school doesn’t just get families involved, they aim to build connections with the wider communities, with community groups coming in ... for example from the St Marks church. On top of all of this the school also provide regular additional support for parents/carers directly, including well-being workshops, training and social coffee mornings. The school’s senior leadership team believe passionately in the importance of healthy lifestyles for their children.

What are they doing differently as a result of implementing HEYL

- Taking part in HEYL has provided a number of benefits to the school including:
- supported the school to reflect and formulating an action plan.
- helped the school to collate all the evidence of the work that they are doing, which they use for other purposes such as OFSTED.
- helped develop a strong working relationship with Islington council, and other agencies such as occupational health and the health visiting service – prior to HEYL they had never had a strong connection with.
- Helped to develop a focus on speech and language.

“I think the main thing we changed was probably the speech and language focus, the training that we’ve done with our staff, although it was part of our school development, SDIP, and also it’s something that’s national, but it’s something we honed in on it, so we had a much finer tuned look at it, yeah, so it’s probably that.”

What do they think of HEYL

They are positive about HEYL, they have found it a useful reflective practice tool

“you need to be reflective, it’s not a matter of ticking boxes, it’s a proper full-on actual plan that you’ve got to be held accountable for, and it’s something you need to be working with, so I think it should take time.”

“I think that Healthy Early Years London is a tool that evidences the work that they are doing, {but} it would be happening whether {or not} they had a gold star or a plaque on the wall.

Recommendations for HEYL

- If HEYL is a priority, then there needs to be funding at a local level to support implementation.
- Rather than each school or children’s centre having to re-invent the wheel each time, good practice settings could be funded to support other similar settings across boroughs.
- Support resources could potentially be joined up and shared across boroughs
- Suggest that a working group that includes settings, that looks at what the settings really need to deliver HEYL well.

APPENDIX TWO MODIFIED HEYL LOGIC MODEL

HEALTHY EARLY YEARS LONDON

Healthy Early Years London (HEYL) is an awards scheme which supports and recognises achievements in child health, wellbeing and development in early years settings.

HEYL aims to help to reduce health inequalities by supporting a healthy start to life across the areas of:

Healthy Eating Oral Health Physical Activity Mental Wellbeing Speech, language and communication Cognitive Development Social and emotional wellbeing Parental and home learning
 Home safety and accident prevention Chronic health conditions, SEN and disabilities Parent and staff health outcomes Environmental Sustainability

CONTEXT	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
<p>Why HEYL: Building on the success of Healthy Schools London and its 2016 recommendation to expand into Early Years, the Healthy Early Years London (HEYL) awards programme represents the Mayor's commitment to joined up work across London to improve the health, wellbeing and development of young children. The programme recognises that good health begins in childhood and is not just important for the wellbeing of children in the short term, but also because of its influence on school readiness and therefore future life chances. Improving early years health is therefore a way of reducing inequality.</p> <p>Geography: HEYL currently operates across 32 of the 33 Greater London boroughs. In October 2019, 31 of these boroughs had confirmed local resource to support HEYL activity with the remaining borough planning to commit.</p> <p>Health Inequalities: Considerable inequalities exist within and between the London boroughs. Therefore, HEYL targets areas and groups with the worst outcomes. Seventeen priority boroughs with the poorest outcomes have been identified based on: PHOF indicators - obesity, oral health, school readiness; FEE 2yr take up; Indices of Multiple Deprivation; Early Years Hubs status. All 17 have confirmed/ committed local resource to HEYL. Health inequalities are reduced directly through education that influences healthy ways of living. A child's health in the earliest stages of their life has far reaching consequences for their health, wellbeing and life chances throughout their life. However, the health of many children in London is poor.</p> <ul style="list-style-type: none"> 1 in 5 children in reception year are overweight or obese 1 in 4 five-year olds in London have tooth decay 1 in 10 children aged under 5 have a longstanding illness or disability 69% of the most deprived children compared to 82% of the wealthiest children reach a good level of development by the age of five Children eligible for FSM are almost 20% less likely to have a Good level of development at age 5 than those not eligible 9 in 10 children (aged 2-5) do not meet the recommended levels for physical activity 1 in 5 women suffer from perinatal mental health problems Babies born in Tower Hamlets are 2.5x more likely to be born with a low birth weight than those born in Richmond upon Thames Breastfeeding rates are lower in London Take up of immunisations are lower in London 	<p>Greater London Authority</p> <p>Governance GLA Health Team HEYL Strategic Advisory Group HEYL Borough Leads</p> <p>Finance £142,000 approximately pa. covering staff, marketing and promotion, digital platform, training and capacity building £60,000 Bloomberg Grant including evaluation</p> <p>GLA support Direct input to early years settings in boroughs signed up to HEYL</p> <p>GLA Policy Wider policy and strategy to support HEYL</p> <p>Data analysis and evaluation</p> <p>London Boroughs 32 boroughs. 17 priority boroughs</p> <p>Governance Local governance infrastructure (eg Health and Wellbeing Board; Children and Young People's Board)</p> <p>Staffing HEYL Borough co-ordinator and teams</p> <p>Finance HEYL borough investment into HEYL and Early Years related work</p> <p>Additional borough resources e.g. Public Health; Education</p> <p>Early Years Settings 1,488 registered settings including: PVI's; Children's Centres; Childminders; EYs in schools; Schools with 2yr FEE; Nursery Schools; Creches; and Stay and Plays</p> <p>Staffing Early years setting leaders, staff and support staff</p> <p>Policy Related HEYL policy and supporting resources</p>	<p>Greater London Authority</p> <ul style="list-style-type: none"> Coordination and management of HEYL including: developing programme infrastructure; ensure effective delivery; and stakeholder engagement Ensure a universal and targeted approach at a scale and intensity proportionate to the degree of need ('proportionate universalism') Agree and define support expected to be provided by LAs and GLA; Develop training and development programme for boroughs to cascade to setting staff Development of data and access to data sources (eg health inequalities data) to identify and support appropriate action Centrally run website with information and resources Supportive/robust assessment process and award panels Marketing and communications HEYL Evaluation <p>London Boroughs</p> <ul style="list-style-type: none"> Identify level of investment in HEYL Coordinate and manage the local programme Engage and support settings based on local need (proportionate universalism) Identify settings, staff and child/parental needs Staff access to high quality training on relevant health issues Support and approve awards applications Link HEYL to relevant local policy and strategy <p>Early Years Settings</p> <ul style="list-style-type: none"> Review of current policy and practice against HEYL criteria Develop policy and actions within setting to meet identified criteria Staff awareness of targeted health & developmental issues and cultural influences within children and families Promotion of HEYL within the setting Develop HEYL applications with support from borough lead 	<p>Greater London Combined Authority</p> <ul style="list-style-type: none"> Updated GLA HEYL policy / strategy Monthly and annual universal and targeted monitoring data Annual evaluation report # Boroughs engaged and active # Target boroughs engaged and active # EY settings registered (by type) # EY settings registered (by priority PHOF indicators, poverty, IDACI & obesity) # EY settings by Ofsted rating # EY settings by award level # stakeholders engaged / supported # training programmes / resources developed # internal and external events / meetings supported £ investment into the programme # Children reached by programme (by age, gender, ethnicity, priority post code, disability or specific health need) # Parents / Families reached by Development and maintenance of website and digital resources Development of marketing and promotional materials <p>Borough and Settings</p> <ul style="list-style-type: none"> # EY settings supported # EY settings registered (by type) # EY settings registered (by priority PHOF indicators, poverty, IDACI & obesity) # EY settings by Ofsted rating # EY settings by award level # stakeholders engaged / supported # training programmes / resources delivered # internal and external events / meetings supported £ investment into the local programme # Children reached by programme (by age, gender, ethnicity, priority post code, disability or specific health need) # Parents / families reached by programme 	<p>Health and Wellbeing</p> <ul style="list-style-type: none"> Healthy Early Years prioritised across policy at a regional and local level Wellbeing policy developed implemented and monitored in early years settings Reductions in gaps between priority groups in all indicators Improvements in early years education & childcare environments to improve health and wellbeing (e.g. physical activity, breastfeeding, nutrition, oral health) Measured sustained increase in children's physical activity Measured sustained reduction in children's sedentary behaviour Measured sustained improvement in physical, social and emotional wellbeing Measured sustained improvement in children's diets with children eating and drinking age appropriate healthier food Measured improvement in knowledge and confidence relating to health and wellbeing in early years staff, parents and carers Measured sustained improvements in oral health amongst children and increases in children registered with a dentist Measured sustained improvements in early years staff wellbeing Measured improvements in early years staff knowledge on immunisation uptake and confidence to raise the issue with parents/carers Measured increase in child knowledge and understanding in keeping themselves clean, healthy and safe <p>Cognitive and Educational Development</p> <ul style="list-style-type: none"> 'Children meeting the Early Years Foundation stage Early Learning Goals Measured improvements in the level of child development when starting school Reduced absence Targeted support identified and in place to meet the child's development needs Improved Ofsted ratings across early years settings Reduction in educational attainment between most and least affluent boroughs 	<p>Reduction in health and educational inequality</p> <ul style="list-style-type: none"> ⇒ Children and families are more confident to fully engage with services as a preventative approach to improve health, wellbeing and development ⇒ Children, parents and carers receive appropriate and timely health and wellbeing support ⇒ Mothers and young babies are supported and encouraged to breastfeed ⇒ Increase in childhood vaccinations ⇒ Reduction in childhood and adulthood obesity ⇒ Children develop appropriate resilience ⇒ Children have a healthy diet appropriate to their development ⇒ Children have improved oral health ⇒ Children are more active, less sedentary and sleep well ⇒ Parent, carer and child relationships are more positive ⇒ Children, parents and carers feel physically and mentally healthy and supported ⇒ Children are confident learners and contributors ⇒ Children reach a good level of development by the age of five regardless of their backgrounds ⇒ Reduction in the gap in healthy life expectancy between poorest and wealthiest areas ⇒ REDUCED HEALTH INEQUALITIES
<p>• HEYL complements and enhances the statutory Early Years Foundation Stage Framework adding to the focus on children, families and staff health and wellbeing. HEYL also supports the Mayors Health Inequalities Strategy</p> <p>• The Mayors Manifesto pledges to 'improve the quality of early years provision for all children, particularly the most disadvantaged' supporting the wider priorities of reducing economic inequality and health inequality and to increase social integration</p> <p>• We know childcare activities are not the only influence on these outcomes. The programme must work in tandem with a range of early years and maternity services. When we are reporting on our progress, we must take other influences into account</p>					

APPENDIX THREE THE EVALUATION TEAM

- **Dr Nick Cavill** (Cavill Associates Ltd) has extensive experience in evaluation, and national and international reputations in public health, specialising in physical activity promotion. Nick was lead for evaluation for Public Health England's obesity team and has worked on numerous evaluation frameworks in recent years. He is currently involved in three major national evaluation projects and regularly runs evaluation training sessions and lectures on the topic. He was a lead member of a review team evaluating the GLA's London Healthy Workplace Charter in 2016. Nick also worked with Liz Prosser on the original evaluation framework for the Healthy Schools London Programme.
- **Mike Parker** (Progress Health Partnerships Ltd) has worked internationally in developing, delivering and evaluating a range of high-profile health and well-being interventions. He has led European, national and regional programmes and strategies. Over recent years Mike has worked closely with supporting the development and commissioning of the local public health infrastructure including conducting needs assessments, developing outcomes frameworks and evaluating impact of policies and strategies. This has included evaluations of GLA London Healthy Workplace Charter 2016 & 2018.
- **Jo Foster Stead** is a specialist in healthy lifestyle behaviour change, at a population level. She has a research masters from the LSE, which focused on social exclusion. She has a strong track record in strategy development, evidence-based intervention development, evaluation design, and spread of good practice. Specifically, Jo led the development and implementation of the NHS Physical Activity Care Pathway "let's get moving", and the Macmillan Cancer Support "move more" programme. Jo is a mum of a 6 year old, and has a good practical knowledge of the early years setting in London.
- **Professor Harry Rutter** is Professor in Global Public Health, at the Department of Social & Policy Sciences, University of Bath. Harry is a globally recognised public health expert and is highly experienced in strategic policy development, organisational management, innovation, and translating knowledge into action. Harry is specialist advisor to the project due to his recent experience conducting the evaluation of the Healthy Schools London programme (2016).