Achievement Program
Early childhood education and care services

Coordinate
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Getting started

To lay the foundations for adopting a health promoting services approach it is suggested that you work through a number of steps (see diagram below).

This Coordinate booklet will guide services through Steps 1, 2 and 3 of the cycle.

Before starting Step 1:
Read through Health promoting services approach (page 5). This information explains the approach and how it applies to the Achievement Program, and contains recommendations for further reading.
Health promoting services approach

What is health and wellbeing?

Health and wellbeing incorporates the integration of physical, social, emotional, cognitive and spiritual aspects of development.\(^1\) Wellbeing includes good physical health, feelings of happiness, satisfaction and successful social functioning.\(^2\)

What is a health promoting services approach?

A health promoting services approach is an internationally recognised best practice approach for enhancing health, learning and development outcomes through a whole service commitment to health and wellbeing.

The Achievement Program can support services to adopt a health promoting services approach through coordinating action across the six components as described below:

- **Healthy policies**
  - Policies clearly articulate conditions and practices necessary to create a physical and social environment which promotes health and wellbeing.

- **Healthy physical environment**
  - The physical environment facilitates and encourages healthy choices and lifestyles, complementing the health messages taught in the curriculum.

- **Healthy social environment**
  - Respect, fairness and equality is promoted and modelled, and a sense of belonging is fostered.

- **Learning and skills**
  - Learning opportunities and experiences within the curriculum enable children and young people to gain knowledge and skills and take action to enhance health and wellbeing.

- **Engaging children, young people, staff and families**
  - Structures are established to engage children, young people, families and staff as active participants in the promotion of health and wellbeing.

- **Community partnerships**
  - Partnerships with local health professionals, services and the wider community enhance health promotion capacity and support children, young people and their families’ health and wellbeing needs.

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Research indicates that for a health promoting services approach to be effective it must:\(^3\)

- be driven by the service
- become a part of the organisation and structure
- reflect the needs and wants of the whole service
- be embedded in the service culture and educational program
- adopt a whole-service approach.

What is a whole-service approach?

A whole-service approach brings together management, educators, staff, children families and the broader community to promote health and wellbeing. It is a process of continuous improvement rather than a one-off project or an activity that is information-based and implemented only in the educational program.\(^4\)

‘…a way of thinking and working that is adopted by the whole school [service] in order to make the school [service] the best possible place to learn, work and play’.\(^5\)

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How this works in practice

The following table outlines the difference between a traditional approach to health promotion and a health promoting services approach. Services can use this table to reflect on current health promotion activity.

<table>
<thead>
<tr>
<th>Traditional approach</th>
<th>Health promoting services approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach health as part of the educational program</td>
<td>Take on responsibility to educate and enable children and other service members to adopt and advocate for health promotion activities</td>
</tr>
<tr>
<td>Implement one-off health-related events that have been developed by a few key people in the service</td>
<td>Implement policies that have been collaboratively developed by educators, staff, parents and other community members, along with input from children</td>
</tr>
<tr>
<td>Focus on the wellbeing of children above all other members of the service</td>
<td>Value equally the wellbeing of children, their families, educators, staff and all other members of the service</td>
</tr>
<tr>
<td>View health as separate and unrelated to education</td>
<td>Recognise and value the integral relationship between education and health</td>
</tr>
<tr>
<td>Educators plan the educational program</td>
<td>Negotiate the educational program with children and other interested members of the service</td>
</tr>
<tr>
<td>Address health issues such as healthy eating and sun safety by teaching children about what they should do</td>
<td>Address health issues by ensuring that the physical and social environments of the service are consistent with what is being taught in the educational program</td>
</tr>
<tr>
<td>May have one or two service members enthusiastically involved in health promoting projects</td>
<td>Gain the commitment of the whole service to use a health promoting services approach to protect and improve the health and wellbeing of all members</td>
</tr>
</tbody>
</table>

Great further reading

Here are some additional resources that explain the health promoting services approach further.


‘A health and wellbeing team should be representative of the whole service’
Step 1: Coordinate a health and wellbeing team

Before establishing a health and wellbeing team it’s important to find someone to take on the role of ‘champion’. They will be responsible for raising awareness and creating interest in the Achievement Program and the health promoting services approach, as well as commencing the cycle. The champion will work independently in the beginning; however, once the health and wellbeing team has been established they will work as part of this team.

What is a health and wellbeing team?

It is a representative group that focuses on improving the health and wellbeing of staff, educators and children, and leads the cultural change within the service.

The composition of a health and wellbeing team is flexible and can exist as a group of members from within the service (internal), both internal and external partners, or a broader network of representatives. Different services will have different approaches, but ideally a range of partners will be involved to support health promotion planning and decision making.

There’s no need to reinvent the wheel; there may already be a group that meets regularly about health and wellbeing. Where existing structures or groups exist it may be best to build on these rather than create new or separate teams.

Why establish a health and wellbeing team?

- Creates interest in a health promoting services approach and a vision for health and wellbeing.
- Establishes an environment that promotes health and wellbeing for the whole service.
- Prevents change being driven solely by one person, which can impact on the sustainability of work.
- Develops and builds upon strategies to strengthen health promotion across the service.
- Supports the development of health related skills and knowledge through the educational program.
- Identifies child, staff and family health and wellbeing needs.
- Strengthens staff and educator participation in health and wellbeing promotion and development.
- Supports the development and integration of service practice into policy and vice versa.
- Guides partnership work with children, families and the local community in health and wellbeing.
- Monitors health and wellbeing activities, reviews goals and tracks progress.

Who should be on the team?

A health and wellbeing team should be representative of the whole service. The makeup of the team will depend on individual circumstances, such as who is interested, who has expertise and who has the time to contribute. Members could include the director or coordinator, second-in-charge, staff, cook, family members and local health professionals. It’s important that senior management are engaged and are part of the team to ensure ongoing support and commitment from decision makers. This will also help integrate health promotion actions into Quality Improvement Plans.

In early childhood education and care services the management committee may lead the process, and in some services it may become the responsibility of one or two committee members to oversee health and wellbeing initiatives. In kindergartens, where there are often only two staff, it would be important that both staff are engaged.

Health promoting schools [services] begin well if the workload is shared and all key groups are involved in decision making and implementation.7

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External partners such as local health professionals and businesses can be valuable additions to the team: they may have local knowledge, resources and capacity to support health promotion activities.

Things to consider when appointing members of the team

Does someone in the team:

- have a strong understanding of current policies and practices?
- have a thorough knowledge and understanding of the National Quality Standard, the Victorian Early Years Learning and Development Framework and the National Early Years Learning Framework? This will help incorporate the Achievement Program into current accountability and reporting requirements.
- have the ability to ensure that the program is incorporated in the Quality Improvement Plan or Service Improvement Plan for services that are part of a kindergarten cluster?

Are team members:

- enthusiastic about health and wellbeing?
- active participants that inspire others?
- committed to building partnerships with families and community?
- committed to a health promoting services approach and ensuring the sustainability of health and wellbeing in the service?

Working as part of a network

Working as part of a network can support setting shared goals, achieving shared outcomes and developing shared understanding of effective health promotion practices. For some services it may be feasible to develop a health and wellbeing team as part of a local network with other early childhood services or schools, or as part of their kindergarten or child care cluster. The network could be made up of:

- early childhood services and primary schools working together
- a number of early childhood services working together
- preschool (kindergarten) cluster representatives
- initiatives within a local government area (e.g. Best Start partnerships)
- any of the above combinations, along with a local health professional, community agency, organisation or local government representative.

Working collaboratively can help build a service’s capacity to enhance health and wellbeing. Capacity building can be achieved through sharing information, skills, resources and professional learning. This approach helps to build positive relationships between services and health and community professionals, and increases the potential for further health promotion opportunities.

The advantages of working as a network include:

- building relationships with other local early childhood services and primary schools
- sharing the workload with a bigger team
- accessing networks and developing community connections
- sharing professional learning opportunities
- mentoring between services to share strategies, experiences, ideas and resources
- supporting transitions by working across settings (e.g. a kindergarten/child care service working with a local primary school).
What next?

Once a health and wellbeing team is established, the team could spend some time defining a shared vision and sense of purpose.

It’s important that the team works together to develop, coordinate, monitor and review initiatives: it is not just a body to rubber stamp plans.

Tips:

• Ensure team members’ contact details, names and titles are recorded, and that an effective method of communication between members is established.
• Develop terms of reference for the group.
• Planned agendas and goals, as well as a calendar of meetings, will help the team keep on track.
• Be sure to capture decisions and delegate actions amongst the team members.
• Membership of this group should be reviewed on an ongoing basis to ensure it continues to reflect the targeted health and wellbeing priorities and activities.
• It is also important to acknowledge the team’s achievements – take the time to celebrate successes and share them with children, staff, families and the local community.

Useful resources

Health and wellbeing team contact form (page 12)

The health and wellbeing team contact form can be used to capture the details of health and wellbeing team members. It can be cut out or photocopied. You may wish to create a folder to store hard copy health promoting services documents.

Recap

Well done. You’ve now reached the end of Step 1: Coordinate a health and wellbeing team

Have you:

• Established a health and wellbeing team?
• Collected their details?
• Set a meeting date, time and agenda for your first meeting?
• Decided who will be leading the health and wellbeing team?

What next?

Once you have established a team:

1 As a group, read and discuss what a health promoting services approach means. Look through the available information on page 5.
2 Familiarise yourselves with the benchmarks for the health priority areas.
3 Move on to Step 2: Explore current practice and needs.
## Health and wellbeing team contact form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position:</th>
<th>Organisation:</th>
<th>Email:</th>
<th>Work phone:</th>
<th>Mobile:</th>
<th>Best times and method for contact:</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<th>Position:</th>
<th>Organisation:</th>
<th>Email:</th>
<th>Work phone:</th>
<th>Mobile:</th>
<th>Best times and method for contact:</th>
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</table>

<table>
<thead>
<tr>
<th>Position:</th>
<th>Organisation:</th>
<th>Email:</th>
<th>Work phone:</th>
<th>Mobile:</th>
<th>Best times and method for contact:</th>
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</tbody>
</table>
Step 2 provides support to explore current health and wellbeing practices across the health priority areas.
Step 2: Explore current practice and needs

Once the health and wellbeing team is established, it’s time to move to Step 2 in the cycle.

This section is for your use only. It could be valuable to reflect on the information collected in this step when monitoring progress and change.

You do not need to return this section to the Achievement Program state team.

This section is split into two parts:

Part 1
- Review current health and wellbeing activities
- Health priority areas and benchmarks

Part 2
- Mapping your service data
- Mapping your community data

After completing this section, the service will have:
- a baseline of current health promotion policy and practice
- a tool to monitor progress by
- an indication of any gaps and potential areas for health promotion action
- a service health and wellbeing profile.

This will help you decide which two health priority areas your service could focus on.
Step 2: Part 1

Reviewing current health and wellbeing practice

The Achievement Program can be used as a framework to coordinate current health and wellbeing practice. Understanding what your service is currently doing to promote health and wellbeing can help identify activities, strengths and opportunities, which can be built upon through your work in the Achievement Program.

Use the table below to map the range of health and wellbeing activities your service has participated in during the past 24 months. Here are a few ideas to get you started, but there may be many other activities and initiatives your service is undertaking that you could include.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>KidsMatter (mental health and wellbeing program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SunSmart (promotes a healthy UV balance to minimise skin cancer risk and help with vitamin D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smiles 4 Miles (oral health promotion program)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list other initiatives you have participated in or activities you have undertaken:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________


Health priority areas and benchmarks

There are eight health priority areas in the Achievement Program. In this section we would like services to indicate whether they have fully achieved, have partially achieved, or are yet to achieve the benchmarks for each health priority area. When you tick a box for each benchmark you will see the number of points allocated to it. Once your team has completed the table, add up the points to get a total rating. This process will help your health and wellbeing team identify areas of need and determine the effort and resourcing required to achieve benchmarks for each health priority area.

Here is an example of how to assess your current health promotion position:

*(if a benchmark is not applicable, please tick fully achieved: 3 points)*

<table>
<thead>
<tr>
<th>Healthy eating and oral health benchmarks</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy policies</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2/3</td>
<td>✓ Very little</td>
<td></td>
<td>By Term 3 - JB</td>
</tr>
<tr>
<td>A whole service nutrition/healthy eating policy is in place.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Consider how we can ensure staff, families and children are involved in guiding healthy eating policy and practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy physical environments</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1/3</td>
<td>✓ Very little</td>
<td></td>
<td>Make contact with HEAS to find out what is required for a menu review.</td>
</tr>
<tr>
<td>The service menu, if applicable, is assessed by the Healthy Together Healthy Eating Advisory Service (HEAS) to ensure it meets Australian Guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Make contact with HEAS to find out what is required for a menu review.</td>
<td></td>
<td>HWT Term 2</td>
</tr>
</tbody>
</table>

**What your total score indicates:**

- **6-9** There is a gap in this area with potential for health promotion action
- **10-15** You have made a good start in this area with further work required to achieve benchmarks
- **16-18** You have good practice in this area and could achieve recognition with a bit more work
# Healthy eating and oral health benchmarks

<table>
<thead>
<tr>
<th>Healthy policies</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
</table>
| • A whole service nutrition/healthy eating policy is in place.  
  • A whole service oral health policy is in place.  
  • The service has a staff health and wellbeing policy that supports healthy eating and oral health. | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| Healthy physical environment | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| • The service promotes the consumption of fruit and vegetables and healthy food options in line with Australian Guidelines.  
• The service menu, if applicable, is assessed by the Healthy Together Healthy Eating Advisory Service (HEAS) to ensure it meets Australian Guidelines.  
• Children are encouraged to taste a wide variety of foods with a range of flavours, colours, textures and aromas/through menus and food experiences.  
• Safe drinking water is available at the service.  
• Children are encouraged to undertake oral hygiene practices in the service where appropriate. | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| Healthy social environment | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| • The service provides a positive eating environment with relaxed, social and enjoyable experiences.  
• Food and drink are not used as an incentive, bribe or reward at any time.  
• Educators, staff and families recognise they are role models and are encouraged to bring foods and drinks that are in line with the service’s healthy eating and oral health policies. | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| Learning and skills | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| • Opportunities to learn about food, healthy eating and oral health are embedded in the curriculum as recommended in the NQS, the EYLF, VEYLD and Australian Government Guidelines.  
  • As active learners, children are involved in healthy food experiences through growing, cooking and shopping.  
  • Educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to promote healthy eating and oral health. | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| Engaging children, young people, staff and families | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| • Families, children, educators and staff are key partners in developing and supporting healthy eating and oral health initiatives. | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| Community partnerships | 3 | 2 | 1 | /3 | Very little  
  Some  
  A lot | | |
| • Educators and staff are encouraged to work with local health professionals, services and other organisations to increase their capacity to deliver and promote healthy eating and oral health initiatives. | | | | | | |

## What your total score indicates:  

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-9</td>
<td>There is a gap in this area with potential for health promotion action</td>
</tr>
<tr>
<td>10-15</td>
<td>You have made a good start in this area with further work required to achieve benchmarks</td>
</tr>
<tr>
<td>16-18</td>
<td>You have good practice in this area, and could achieve recognition with a bit more work</td>
</tr>
</tbody>
</table>
### Physical activity/active play benchmarks

<table>
<thead>
<tr>
<th></th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy policies</strong></td>
<td></td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A whole service active play/physical activity policy is in place.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• The service has a staff health and wellbeing policy that supports physical activity and active travel.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy physical environment</strong></td>
<td></td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children have access to a range of environments and equipment that encourages active play.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• Screen time is not used, or is limited in the service in line with Australian Guidelines.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Educators, staff and families are encouraged to use active travel to and from the service.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Healthy social environment</strong></td>
<td></td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators and families recognise they are role models and are encouraged to actively engage with children in active play/physical activity.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td><strong>Learning and skills</strong></td>
<td></td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child initiated and adult guided active play/physical activity experiences, which challenge and encourage children to explore, extend and test limits, are planned and provided on a daily basis.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• Opportunities to learn about the importance of active play/physical activity are embedded in the curriculum as recommended in the NQS, the EYLF, VEYLDF and Australian Government Guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Road safety education is incorporated into the curriculum.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to engage in adult guided active play/physical activity with children.</td>
<td></td>
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</tr>
<tr>
<td><strong>Engaging children, young people, staff and families</strong></td>
<td></td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Families, children, educators and staff are key partners in developing and supporting active play and physical activity initiatives.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td><strong>Community partnerships</strong></td>
<td></td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators and staff are encouraged to work with local health professionals, services and other organisations to increase their capacity to deliver and promote active play and physical activity initiatives.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
</tbody>
</table>

**Total Score /18**

**What your total score indicates:**

6-9 There is a gap in this area with potential for health promotion action

10-15 You have made a good start in this area with further work required to achieve benchmarks

16-18 You have good practice in this area, and could achieve recognition with a bit more work
<table>
<thead>
<tr>
<th>Sun protection benchmarks</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy policies</td>
<td>□ 3 □ 2 □ 1</td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A whole service sun protection policy that supports healthy UV exposure practices is in place.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• The service has a staff health and wellbeing policy that supports healthy UV exposure practices.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>Healthy physical environment</td>
<td>□ 3 □ 2 □ 1</td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sufficient shade is available in outdoor areas.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• SPF 50+ broad spectrum, water resistant sunscreen is available for all children and staff.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>Healthy social environment</td>
<td>□ 3 □ 2 □ 1</td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children are encouraged to use a combination of sun protection measures when outdoors from September-April, and whenever UV levels reach 3 or above.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• Staff and families recognise they are role models and are encouraged to use a combination of sun protection measures in line with the service’s sun protection policy.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>Learning and skills</td>
<td>□ 3 □ 2 □ 1</td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sun protection, vitamin D education and related health messages are incorporated into the curriculum.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• Educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to promote sun protection and vitamin D across the curriculum.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>Engaging children, young people, staff and families</td>
<td>□ 3 □ 2 □ 1</td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Families, children, educators and staff are key partners in developing and supporting sun protection and vitamin D initiatives.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>Community partnerships</td>
<td>□ 3 □ 2 □ 1</td>
<td></td>
<td></td>
<td>/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators and staff are encouraged to work with local health professionals, services and other organisations to increase their capacity to deliver and promote sun protection and vitamin D initiatives.</td>
<td></td>
<td></td>
<td></td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td><strong>Total Score</strong> /18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What your total score indicates:**

- **6-9** There is a gap in this area with potential for health promotion action
- **10-15** You have made a good start in this area with further work required to achieve benchmarks
- **16-18** You have good practice in this area, and could achieve recognition with a bit more work
## Tobacco control benchmarks

<table>
<thead>
<tr>
<th>Area</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy policies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A whole service tobacco policy is in place.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The service has a staff health and wellbeing policy that supports smoke-free practices.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy physical environment</strong></td>
<td></td>
<td></td>
<td></td>
<td>3/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The service provides a totally smoke-free environment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy social environment</strong></td>
<td></td>
<td></td>
<td></td>
<td>3/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff who smoke are supported to quit and/or manage their smoking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff and families recognise they are role models and present smoke-free behaviour.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Learning and skills</strong></td>
<td></td>
<td></td>
<td></td>
<td>3/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tobacco prevention education and related health messages are incorporated into the curriculum.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to deliver tobacco education and prevention initiatives across the curriculum.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Engaging children, young people, staff and families</strong></td>
<td></td>
<td></td>
<td></td>
<td>3/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Families, children, educators and staff are key partners in developing and supporting smoke-free initiatives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community partnerships</strong></td>
<td></td>
<td></td>
<td></td>
<td>3/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators and staff are encouraged to work with local health professionals, services and organisations to increase their capacity to deliver and promote tobacco education and prevention initiatives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Score** /18

**What your total score indicates:**

- **6-9**  There is a gap in this area with potential for health promotion action
- **10-15** You have made a good start in this area with further work required to achieve benchmarks
- **16-18** You have good practice in this area, and could achieve recognition with a bit more work
# Mental health and wellbeing benchmarks

<table>
<thead>
<tr>
<th>Healthy policies</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A whole service mental health and wellbeing policy is in place.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• The service has a staff health and wellbeing policy that supports mental health and wellbeing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy physical environment</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The service provides a physical environment that is inclusive and safe.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy social environment</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The service provides a safe, inclusive and empowering social environment.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• Educators, staff and families recognise they are role models and are encouraged and supported to demonstrate respectful relationships and a positive approach to mental health and wellbeing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The service works together with families and professionals to support children experiencing social, emotional, behavioural or mental health difficulties.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning and skills</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Social and emotional learning is embedded in the service program and practice.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
<tr>
<td>• Educators and staff are supported to access resources, tools and professional learning to enhance their knowledge and capacity to promote mental health and wellbeing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engaging children, young people, staff and families</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Families, children, educators and staff are key partners in developing and supporting mental health and wellbeing initiatives.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community partnerships</th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Educators and staff are encouraged to work with local health professionals, services and other organisations to increase their capacity to deliver and promote mental health and wellbeing.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td>Some</td>
<td>A lot</td>
</tr>
</tbody>
</table>

**Total Score /18**

**What your total score indicates:**
- 6-9 There is a gap in this area with potential for health promotion action
- 10-15 You have made a good start in this area with further work required to achieve benchmarks
- 16-18 You have good practice in this area, and could achieve recognition with a bit more work
### Safe environments benchmarks

<table>
<thead>
<tr>
<th></th>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Yet to achieve</th>
<th>Rating</th>
<th>How much effort do you envisage it will take to achieve this benchmark?</th>
<th>Notes</th>
<th>Person responsible and timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy policies</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A whole service safe environments policy is in place.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The service has a staff health and wellbeing policy which promotes safety.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy physical environment</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The service provides a physical environment which is inclusive and safe.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Healthy social environment</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The service provides a safe, inclusive and empowering social environment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators, staff and families recognise they are role models and are encouraged to demonstrate behaviours that promote safety.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Learning and skills</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Social and emotional learning and safety education are embedded in the service program and practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators and staff are supported to access resources, tools and professional learning to enhance their knowledge and capacity to promote safe environments and behaviours.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Engaging children, young people, staff and families</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Families, children, educators and staff are key partners in developing and supporting safety initiatives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community partnerships</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>/3</td>
<td>Very little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators and staff are encouraged to work with local health professionals, services and other organisations to increase their capacity to deliver safety initiatives and promote safe environments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Score /18**

What your total score indicates:

- **6-9** There is a gap in this area with potential for health promotion action
- **10-15** You have made a good start in this area with further work required to achieve benchmarks
- **16-18** You have good practice in this area, and could achieve recognition with a bit more work
Step 2: Part 2

Mapping the data within your service and community

Part 1 has provided the health and wellbeing team with an overview of your service’s current health promotion practice. It is now time to consider the broader context for your service.

To guide and inform the health priority areas to focus on, there are a number of points to consider. These include:

- examining the health and wellbeing data currently collected
- exploring local information to determine the health priority issues for your area.

Service based information

Many services generate data through parent, staff, educator and child consultations and annual surveys. This information can be useful to identify areas of success and potential areas for action. It can also provide a baseline for monitoring improvement over time.

Activity: Mapping service data

Make a list of the data currently collected by the service which relates to health and wellbeing:

- Talk to your director/cluster manager about relevant data and how this can be accessed.
- Review current strategic/annual plans for any relevant information.

Consider: What does this data indicate about the perceived health and wellbeing needs of the service according to children, staff, educators and parents?

Community based information

Investigating available community based data can provide a wealth of information about your community and the people in it.

Each local community has specific health and wellbeing issues, concerns, priorities and influences. Factors such as location (metropolitan or rural), access to community facilities, safety, culture and levels of disadvantage can all impact on the health, wellbeing and educational outcomes for services.

Connecting with a local health professional is a good way to find out about the health priorities for your Local Government Area (LGA). Find a local health professional by getting in touch with admin@achievementprogram.org.au, or contacting your local government or community health promotion team. You may also consider determining local level health priorities through a partnership approach, by linking with other early childhood services, schools or networks to share the workload and discuss local data.

As part of the Victorian Government’s new prevention effort, 12 Healthy Together communities are using local partnerships and a skilled health promotion workforce to encourage healthy eating and physical activity, and reduce smoking and harmful alcohol use. Early childhood services are encouraged to take part and can receive additional support to promote health and wellbeing.

If your service is in one of the following LGAs, you can access more information at www.health.vic.gov.au/prevention/healthytogether.htm or contact admin@achievementprogram.org.au to be connected with a member of the team in your area:

- Healthy Together Bendigo
- Healthy Together Cardinia Shire
- Healthy Together Geelong
- Healthy Together Grampians Goldfields (Ararat, Pyrenees & Central Goldfields)
- Healthy Together Greater Dandenong
- Healthy Together Hume
- Healthy Together Knox
- Healthy Together Latrobe
- Healthy Together Mildura
- Healthy Together Whittlesea
- Healthy Together Wodonga
- Healthy Together Wyndham
Local government plays a significant role in positively influencing the health and wellbeing of communities. Municipal plans related to health and wellbeing are publicly available via council websites and can provide lots of information on local health priorities and activities. To access your local government website, visit: www.mav.asn.au/about-local-government/council-details/Pages/Council-details.aspx

Once you access your local government website, look out for:

**Municipality Profile**: this determines location and often demographic information.

**Municipal Public Health Plan**: this includes public health and health promotion strategies and priorities.

**Municipal Early Years Plan**: this plan acts as a local area strategic plan, guiding the development and coordination of early education, care and health services, activities and other local developments for children.

**Early Childhood Community Profiles**: these are available through the Department of Education and Early Childhood Development website at www.education.vic.gov.au/about/research/Pages/reportdatacommunity.aspx

**Best Start**: this is a Victorian Government initiative aimed at improving learning, development and health and wellbeing outcomes for children (0-8 years) in 30 project sites across Victoria.

Once you have done some research and gathered some local community data, consider mapping out the information into a table format.

### Activity: Mapping community data

- What are the health priority issues in our local area?
- What are some unique characteristics of our community in regards to diversity, culture, demographics, etc.?
### Useful links

<table>
<thead>
<tr>
<th>Population and community data</th>
<th>Websites</th>
<th>Summary of information available</th>
</tr>
</thead>
</table>
• [www.education.vic.gov.au/about/research/pages/vcams.aspx](http://www.education.vic.gov.au/about/research/pages/vcams.aspx) | Guidance on analysing data to identify partnership goals as well as links to contacts and websites that provide data. The Victorian Child and Adolescent Monitoring System (VCAMS) reports on how children are faring from birth to adulthood across 35 outcomes. |
• [maps.aedi.org.au/](http://maps.aedi.org.au/) | The AEDI is a national collection of information on young children’s development. Data is collected every three years and the results provide a snapshot of how our children are developing. Community maps, community profiles and school profiles are available. |
• [www.communityindicators.net.au](http://www.communityindicators.net.au) | Provides a range of health and wellbeing data links. You can access this community data by going to the Wellbeing Reports tab on the home page. You can access community profiles for your region. |
Recap
Well done for reaching the end of *Step 2: Explore current practice and needs.*
Has your team:
- Recorded the range of health and wellbeing activities participated in during the past 12 months?
- Assessed your service against the benchmarks?
- Used service level data to guide your work?
- Commenced profiling your service’s health and wellbeing needs?
- Accessed community based information and data to guide your work?
- Considered how these results can be fed back to the whole service?

What next?
Move onto *Step 3: Engage the whole setting.* This step will support the health and wellbeing team to:
- Share the results from Step 2 with staff, educators, families and children so they are aware of health and wellbeing priorities.
- Raise awareness of the Achievement Program and the health promoting services approach.
- Engage all members of the service in discussions about health and wellbeing.
- Conduct further consultation with staff, educators, families and children regarding their health and wellbeing needs.
Step 3: Engage the whole setting

It’s now time for Step 3.

This section is divided into two parts.

Part 1
The first part contains strategies and tools to help engage the whole service in health and wellbeing.

This part covers ways to engage:
A. The whole service
B. Staff and educators
C. Children
D. Families
E. External partners

Part 2
The second part is about developing a health promotion charter. It includes an explanation and sample health promotion charter.
Step 3: Part 1

A) Whole service engagement

Children, families, educators and staff can all be active participants in the promotion of health and wellbeing as part of a health promoting services approach. For more information on health promoting services please see page 5.

The first part of this step focuses on engaging educators, staff, children and families by raising awareness of the health promoting services approach and the Achievement Program, and consulting with them about health and wellbeing.

The second part of this step focuses on developing a health promotion charter. This document cements the whole service’s commitment to a health promoting services approach and is the culmination of all of the hard work undertaken in Steps 1–3 of the Achievement Program cycle.

When engaging with members of the whole service you may wish to consider the following questions:

• Which groups comprise our service?
• How can we inform members of the service about the health promoting services approach and our work in the Achievement Program?
• What information should we feed back to the whole service from Step 2: Explore current practice and needs?

Here are some ideas for raising awareness of the health promoting services approach

• Use newsletters and regular communication methods to include information about health promoting services, current health and wellbeing priorities and links to relevant community services and organisations.
• Record and promote activities that take place, and share information and highlights with families.
• Make health prominent around the service by displaying health related posters or exhibits. This will encourage children to share messages and activities with families.
• Link with local community health professionals to support work with families. For example, engage a dietitian to provide a healthy lunchbox workshop or a mental health worker to run stress management sessions for families and staff.
• Consider how to communicate information and policies to families from culturally and linguistically diverse backgrounds and indigenous communities. Consider using a visual format, translations of key points, discussion forums or parent communication networks.
• Avoid using negative health terms and focus on the benefits to families, such as addressing health and wellbeing, improved learning and concentration, and developing healthy habits and behaviours.
Have you considered diversity?

Think about the families in the community:

Does the service have:

- culturally and linguistically diverse (CALD) families?
- Aboriginal or Torres Strait Islander (ATSI) families?
- single parent families?
- asylum seeking families?
- families with insecure housing?
- families living in rural vs. metro localities?
- families living in farming communities or high-rise dwellings?
- families with gay or lesbian parents?
- families who live a long distance from the service?
- families with long term illness?
- families where domestic violence is an issue?
- families who are financially disadvantaged?
- families living in farming communities or high-rise dwellings?
- families with gay or lesbian parents?
- families who live a long distance from the service?
- families with long term illness?
- families where domestic violence is an issue?
- families who are financially disadvantaged?

This may impact on their access to health knowledge, skills and medical services.

If so, consider how to engage with these groups, whether they have specific information needs and what their health priorities may be. Try contacting the local community health service for support in determining these needs.

The following websites may be a good starting point:

FKA Children’s Services – supports early childhood services to engage with culturally and linguistically diverse families with young children: www.fka.com.au

You may also like to refer to the DEECD Early Years paper on equity and diversity: www.eduweb.vic.gov.au/edulibrary/public/earlylearning/evi-equitydiversity.pdf

This guide on family-centred practice might also be useful: www.eduweb.vic.gov.au/edulibrary/public/earlylearning/prac-family.pdf

Consultation

Consultation ensures the input and feedback on health and wellbeing activities and initiatives reflects the needs of the whole service. Consulting on health and wellbeing data collected as part of Step 2 is a great way to raise awareness of the health promoting services approach and the Achievement Program. It is also a great way to engage the school community in health and wellbeing.

There are many creative ways to engage, raise awareness and consult the whole service. It may be appropriate to use a variety of methods for different groups. Involving a local health professional can be beneficial, as they can often provide advice on collecting and interpreting community data and information.

Things to consider include:

- How will we engage with staff, families and members of the wider community?
- Do these groups have specific needs?
- Do all groups have the opportunity to contribute?
- What information do we need to collect?
- Why do we want to collect it?
- How will this information be collected?
- What information do we already have?
- How will we use this information to inform practice?
- Who is available to assist with this process?
- How will we provide feedback?

Key questions to ask when consulting with staff, families and members of the wider community include:

- What does the service do well in terms of health and wellbeing?
- What does a healthy service mean to you?
- What issues would you like to see addressed in relation to health and wellbeing within the service?
- How do you think the health and wellbeing of the service could be improved?
It could be helpful to research these questions with each group within the service and organise the information gathered into a table. This can help to identify trends or differences in the perceptions of children, educators, staff and families. This information can also be a useful form of evaluation for the service. Collect this information at the start of your work in the Achievement Program and at a later stage. You can then compare the initial levels of engagement with the later one to see how far the service has come in its journey to achieving health promoting service status.

Example of a data collection table:

**Question:** What does the service do well in terms of health and wellbeing?

<table>
<thead>
<tr>
<th>Day/Month/Year</th>
<th>Educators/Staff</th>
<th>Children</th>
<th>Families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Common themes:**

---

**Question:** What issues would you like to see addressed, in relation to health and wellbeing, within the service?

<table>
<thead>
<tr>
<th>Day/Month/Year</th>
<th>Educators/Staff</th>
<th>Children</th>
<th>Families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Common themes:**

---

Tips to consider when consulting:

- Ensure the consultation includes the broad population of children, families, educators and staff.
- Try to ensure consultation methods reflect the diversity of the service.
- Discuss appropriate methods with health professionals or other partners.
- Set a realistic timeframe to consult with members of the whole service.
B) Engaging staff and educators

Service staff are key partners in the development of a health promoting service. Outside of the health and wellbeing team there will be educators and staff with the skills, knowledge and enthusiasm to support the development of a health promoting service culture and environment. It is important to recognise these educators and staff and encourage them to get involved.

To strengthen staff engagement it is important to recognise their needs in terms of health and wellbeing.

To motivate staff to become involved in health promotion:
- place an emphasis on their own health and wellbeing
- offer professional learning opportunities
- provide a supportive service culture (this could encompass promoting positive relationships, addressing staff health and wellbeing, and ensuring leadership is committed to health and wellbeing)
- engage them in developing policies and procedures.

Policies and procedures
- **Educators and staff as key partners** – Educators and staff are encouraged to be actively involved in the development of relevant health and wellbeing policies across the service. Keep them regularly updated and consult with them in regards to policy and procedure changes to ensure they are supportive of implementation.
- **Educators and staff members are a service’s most important asset** – A staff health and wellbeing policy encourages the service to think about ways to improve the health and wellbeing of their staff. Get staff involved in developing this policy and provide them with the opportunity to voice their health and wellbeing needs.
Service culture

1 Ensure health promotion is embedded in the environment – Services are not only settings for children, they are workplaces that can support health and wellbeing for staff. Healthy service staff can be role models for children and families.

2 Consult educators and staff – They will have valuable insights to offer about what they feel the service is doing well and what could be improved. These consultations can help to inform the direction the service wishes to take in regards to addressing the health priority issues. They can also inform the development of a staff health and wellbeing policy.

3 Incorporate more components of health promotion into the educational program – This is a great way of ensuring that health and wellbeing becomes part of the service culture. The eight health priority areas can be incorporated into many aspects of the program to create meaningful and engaging learning experiences for children.

4 Create a shared vision – To ensure educators and staff are engaged in health and wellbeing there needs to be a shared vision of a healthy, safe and supportive service culture. This requires leadership and support from the service director or coordinator, and can be reflected in your service’s adoption of a health promotion charter.

Professional learning

To effectively teach and promote health and wellbeing across the service it is essential that educators and staff have a shared understanding of the components of a health promoting service. To get staff and educators speaking the same health promotion language:

- give staff the necessary resources and time to develop their capacity and understanding
- have a local health professional present at a staff meeting
- provide regular health promotion information and messages.

Staff meetings can be used to raise awareness of the health promoting services approach, as well as to stimulate discussion around how to integrate health promotion into the service. Two simple ideas are:

- keep health promotion as a regular agenda item at staff meetings so that staff and educators will remain involved and informed
- take time to provide specific health promotion presentations or workshops. This is an ideal way of engaging with a number of educators and staff.
Review tools
This is the first of a series of review tools. Each tool is designed to assist with engagement of key groups within the service. All review tools have been designed for your service’s reflective use only and will not be collected or reviewed by external parties (e.g. a local health professional), unless the service requests them to do so. The health and wellbeing team can complete the tool in a number of ways:
• **In brief** with ticks, crosses and brief notes
• **As an example** so that the health and wellbeing team can develop a more detailed and specific version for the service
• **As a basis for discussion.** The tools could help influence or guide discussion around the issue.

What is your vision of a healthy service?
This can help educators and staff to envisage a healthy early childhood service.
A cloud chart (see next page) can guide discussion about what staff believe a healthy service is and the effect this can have on the whole service.

Educators and staff can record their individual responses on Post-it notes and add them to a group cloud chart. Considering and grouping ideas can help educators and staff identify what is important to the group. The responses could be used to inform the direction the service takes when selecting health priorities, as well as help with reviewing and informing current practice.

Engaging staff review tool
This tool will help the health and wellbeing team consider how staff and educators are being engaged and if there are areas that can be improved.

<table>
<thead>
<tr>
<th>Yes/no</th>
<th>Current practice</th>
<th>Future possibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator/director/cluster manager is supportive of health promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and wellbeing is a regular agenda item at our staff meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educators and staff are provided with health and wellbeing professional learning opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Input from staff guides planning around health and wellbeing activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for their own health and wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This is achieved via:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Committee meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other (please state)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Our healthy service

Who is part of our service?

What are we currently doing well in regard to health and wellbeing?

What issues would we like to see addressed in relation to health and wellbeing within our service?

What influences the health and wellbeing of our service?

What does a healthy service mean to me?

What are the opportunities for improvement for health and wellbeing?

What are the barriers to improving health and wellbeing within our service?

What are the priorities for our service in regard to health and wellbeing?
C) Engaging children

By involving children as partners in health promotion you can help build confidence, encourage empowerment and strengthen their ability to bring about positive change.\textsuperscript{8} Active participation in health is also linked to improved health and educational outcomes.\textsuperscript{9}

Things to consider
• What do children think is working well and what needs to be improved?
• How can we engage with all children, including those from hard-to-reach groups?
• How are we enabling children to have a voice?

Engaging and including children
• Hold a discussion with a group of children – Children could also draw pictures of what they are thinking about.
• Children’s voice – Empower children to make decisions and give them responsibility over various aspects of day-to-day life. Children can work in partnership with educators, staff, families and the community to explore health and wellbeing issues. For example, children could be involved in discussing with educators how they want to set up the playground for the day.
• Child-led research – For example, children could research the number of children walking or riding to and from the service and record this on a picture chart.

The health promoting service approach ‘… improves young people’s abilities to take action and generate change … Young people’s empowerment, linked to their visions and ideas, enables them to influence their lives and living conditions.’\textsuperscript{8,9}

Thinking tool for children
This is a series of stimulus questions to promote discussion with children about healthy environments.

Why use this with young children?
The questions are about hearing the child’s voice and supporting them to think about topics that relate to their own health and wellbeing.

How do you do it?
• This can be completed with a small group of children or with the whole group.
• Use some of the suggested books to engage and prompt children to think about health.
• You can start by reading one of the books to help stimulate discussion with children. You may also use puppets or some other prop to stimulate discussion and encourage participation.
• Just ask one question, as the discussion may go in a number of directions depending on what children say and how you help to develop the conversation.

Stimulus resources

Food:
Some of the key concepts covered in these books include colours, textures, cultural relevance, home grown food/gardens, family time, eating all together and ‘food is fun’.

• Let’s Eat: Children and their food around the world by Beatrice Hollyer (all royalties go to Oxfam) – Culturally relevant, great photographs, different countries
• Eat Your Peas by Kes Gray & Nick Sharratt (Winner of The Children’s Book Award) – Explores foods we do not like but are healthy foods. Great for introducing the concept of trying a food 10 times before we can say we do not like it.
• What is bush food? by Beth Hall (Scholastic) – Big book exploring indigenous culture. Has great photographs and has an explanation of bush food at the back of the book. The fishing picture can stimulate a discussion about where our food comes from.
• Fast Food by Saxton Freyman and Joost Elffers (Scholastic)
• Let’s Eat by Ana Zamorano and Julie Vivas – Explores a Spanish family eating all together. Has a glossary at the back of the book explaining meaning of the words such as gazpacho, paella, pollo and sardinas. Also discusses the family’s garden.
• Not now Mrs Wolf by Shen Roddie and Selina Young – Humorous retelling of classic story. Discusses picnic and food choices and includes great watermelon pictures.
• Shhh! Little Mouse by Pamela Allen – Little mouse eats some foods including pumpkin, cheese, green apple, bread and strawberries. This is also a great book for physical activities such as tip toeing, creeping and running.

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Physical activity:

Some of the key concepts covered in these books include sports/cricket, bouncing, splashing and dancing.

- When’s it My Turn by Hayley Smithers Illustrator John Yahyeh – Australian cricket in the backyard. Leads into discussions about other sports, favourite sports, Olympic sports – is cricket an Olympic sport – discover and try Olympic sports and play cricket at the service
- We’re Going on a Bear Hunt by Michael Rosen and Helen Oxenbury – Language explores movement and directional language that can be explored further outdoors going on a bear hunt in the playground. Children can create their own stories and illustrate i.e. going through a tunnel, jumping in a hoop.
- Emily Loves to Bounce by Stephen Michael King – Bouncing, jumping
- Lettice the Dancing Rabbit by Mandy Stanley – (Dancing)

Feelings:

The question ‘What does a healthy kindergarten feel like?’ may raise social and emotional responses from the children. To introduce this aspect of health it may be best left as the last question tackled in the process.

Key concepts covered in these books include anger, sadness, jealousy, friendship, giggles/humour

- Look see, look at me by Leonie Norrington and Dee Huxley – Indigenous and celebrates childhood and community life and focuses on what the child can do
- Sometimes I feel like a mouse by Jeanne Modesitt – A book about feelings (shy, bold, sad, happy, scared, brave, excited, calm, mad, warm, ashamed and proud)
- Pearl Barley and Charlie Parsley by Aaron Blabey – Explores differences in people and demonstrates respect for diversity
- Danny in the Toybox by Richard Tulloch and Armin Greder – Explores anger in a humorous manner and is a good stimulus book for developing a conversation about things we can do when we are angry
- Alexander and the Terrible, Horrible, No Good, Very Bad Day by Judith Viorst Illustrator Ray Cruz – Explores emotional resilience, anger, sadness, disappointment and can be developed in different directions depending on the age and literacy levels of the children in the group

Questions to capture children’s views

Once you have chosen the book/s you wish to use, decide which questions to focus on first.

1. What does healthy mean?
2. My body is healthy when...............  
3. What does a healthy service/kindergarten look like?
4. What does a healthy service/kindergarten feel like?

The children may also be encouraged to draw some of the things they have been discussing. These could then be displayed to promote further discussion with children and their families.

Staff could also ask family members, What they see in a healthy service? The family responses could be embedded into the service’s policies and used to provide feedback for the Quality Improvement Plan.
Engaging children review tool

The statements below can help the health and wellbeing team determine the current level of engagement with children and how these relate to the Early Years Learning Framework.\textsuperscript{10}

Try to keep in mind that participation is about genuine involvement in decision making to build collaborative social environments, not simply involving children in pre-defined activities.

<table>
<thead>
<tr>
<th>Yes/no</th>
<th>Current practice</th>
<th>Future possibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>We give children a voice in decision making:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children contribute to fair decision making about matters that affect them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Opportunities are planned for children to participate in meaningful ways in group discussions and shared decision making about rules and expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators discuss health and safety issues with children and involve them in developing policies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We encourage children to be active participants:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children are engaged in experiences, conversations and routines that promote healthy lifestyles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children are encouraged to participate in a variety of rich and meaningful inquiry-based experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children’s involvement in learning is recognised and valued.</td>
<td></td>
<td></td>
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<tr>
<td>We support children to lead:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children’s ideas are listened to and the ways they are discussed might be developed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Careful consideration is given to how children are grouped for play. Possibilities for peer scaffolding are considered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We foster collaboration within the early childhood setting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children are encouraged to listen to others and to respect diverse perspectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children are supported to participate with others to solve problems and contribute to group outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contributions children make to shared projects and experiences are recognised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educators collaborate with children to document their achievements and share with families.</td>
<td></td>
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</tr>
</tbody>
</table>

D) Engaging families

Families have the first and most significant influence on their children’s learning, development, health, safety and wellbeing, and should be partners in their child’s early childhood education.

As families are a key component of a whole-service approach to health promotion, it is important they have opportunities to share their ideas, concerns and priorities.

Encourage families to become active participants in their child’s learning about health and wellbeing. This will create stronger links between the home and the service and promote healthy lifestyles. It is also important to raise awareness of the health promoting services approach with families so they have an understanding of what it is and why the service is working in this way.

Ideas for family engagement:

- Encourage families to be part of a health and wellbeing team.
- Consider which methods to use for communicating with families, such as forums, service newsletters, information flyers or displays.
- Provide opportunities for consultation on health promotion at annual general meetings, orientation days, open days or parent information days. It’s a great opportunity to keep families informed of what work has been done so far and future plans.
- Ensure families have access to policies, are informed of what the policies are, and are invited to provide feedback. This could be through hand-outs, newsletters or workshops.
- Encourage families to get involved in health promotion activities with their children. This could include walk to child care days, healthy cooking or gardening sessions, mental health events or health focused fundraisers.
- Family members often manage fundraising activities for the service – work with them to come up with ideas for healthy fundraising.
- Encourage family members to become ‘champions’. Champions can take a leading role in promoting health initiatives across the service and with families.
- Investigate whether there are parents with unique skills who could be involved in certain activities. They may be prominent in sport, health professionals, artistic or creative parents, or possibly parents that run local businesses such as greengrocers.

The survey on the next page is one way in which services can gather information and seek feedback from families. The survey could be made available online or distributed with the newsletter to reach families who may find it difficult to attend forums or other events. The results can be used to help inform service priorities. This information can also be used as a form of evaluation for the service.

Consider including articles in your service’s newsletter to highlight the health and wellbeing work happening. You could do this when the service first joins the Achievement Program, and again when it reaches various celebratory milestones along the way to being recognised for health priorities.
# Health promoting services survey for families

1. Are you aware of what the health promoting services approach is?
   - [ ] Yes
   - [ ] No
   - [ ] No, but I would like some information

2. What does our service do well, in terms of health and wellbeing?

3. What issues would you like to see addressed, in terms of health and wellbeing, within the service?  
   *Please rate these health issues in terms of importance where (1) is the most important.*
   - [ ]
   - [ ]
   - [ ]
   - [ ]

4. Please complete the following statement.
   I think our service’s health and wellbeing could be improved by…

5. Is our service a healthy place for children to learn?
   - [ ] Very healthy
   - [ ] Healthy
   - [ ] Uncertain
   - [ ] Unhealthy
   - [ ] Very unhealthy
   Why/why not?

6. Is our service a healthy place for educators to work?
   - [ ] Very healthy
   - [ ] Healthy
   - [ ] Uncertain
   - [ ] Unhealthy
   - [ ] Very unhealthy
   Why/why not?
Health promoting services survey for families continued

7. Are you willing to participate in making our service a healthier place?
   [ ] Yes  [ ] No

   If yes, would you be prepared to offer help in any of the following ways?
   [ ] Providing feedback on ideas for activities within the service
   [ ] Becoming a member of the health and wellbeing team
   [ ] Helping with service activities, such as veggie planting
   [ ] Giving your time to help with projects on weekends, such as working bees
   [ ] Donating money or equipment
   [ ] Participating in fundraising activities

8. Would you attend information sessions developed around health and wellbeing issues if organised by the service?
   [ ] Yes  [ ] No

   If yes, please indicate which sessions you would be particularly interested in:
   [ ] Healthy lunch box ideas
   [ ] Developing resilience
   [ ] Information about the health promoting schools approach
   Other, please state:

   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

Thank you for taking the time to complete this survey. Your participation is greatly appreciated.
Engaging families review tool

There are varying levels at which families can be involved. The stages below will help determine the current level of engagement and how to increase it. This is to help the health and wellbeing team review current practice.

<table>
<thead>
<tr>
<th>Family Engagement Level</th>
<th>Yes/no</th>
<th>Current practice</th>
<th>Future possibilities</th>
</tr>
</thead>
</table>
| **Families are informed** – via emails, newsletters, brochures and displays.  
  • Are our communication processes effective?  
  • Do we communicate with hard-to-engage families? |        |                  |                      |
| **Families are consulted** – their views are captured and considered using strategies such as parent surveys and forums.  
  • Do we ask the views of culturally diverse and hard-to-reach families in the community? |        |                  |                      |
| **Families are involved** – in some aspects of service life and decision making, e.g. family events, action planning and running activities.  
  • Do we encourage families to become involved in the service? |        |                  |                      |
| **Families are fully engaged** – in decision-making processes, planning and working in partnership with staff and educators. For example, is there representation on the health and wellbeing team?  
  • If families are not engaging, do we know the reason why? |        |                  |                      |
E) Engaging external partners

Strong and strategic education partnerships between services and the wider community can improve learning and development and health and wellbeing outcomes for children.

Research shows that partnerships make a real difference to children's learning and wellbeing by providing them with additional opportunities, support and services. Many services are now working with a variety of organisations to find new ways to meet children’s needs.

While an external partner may not be part of your service's health and wellbeing team, it is likely that a range of partnerships are already established. For example, services may have partnerships with community health organisations, local government, local businesses and other external agencies and networks.

New partnerships could be made with:

- health professionals to work with the service to help plan and implement health promotion strategies
- members of the local community garden to help set up and maintain a vegetable garden in the service
- local police to offer road safety training
- external groups to promote health and wellbeing with staff and educators
- the local football club or sports star to promote the benefits of physical activity and engage the children in skill development
- a local dietician to speak to parents about healthy lunchbox choices or review the nutrition/healthy eating policy.

External partners and networks can help to:

- review current health promotion practice
- develop your health promotion charter
- be an active member of your health and wellbeing team
- develop and plan a health and wellbeing policy
- achieve benchmarks across selected health priority areas
- provide professional learning for educators and staff related to various health topics
- support parent engagement, consultation and forums
- access local data on health needs
- provide links to other professionals, services and organisations
- link to broader health networks.
Engaging external partners review tool

This tool will help determine partnerships that already exist and opportunities for the future. The level and type of support available from local organisations, (such as community health or local government), will vary between communities.

<table>
<thead>
<tr>
<th>We currently work in partnership with the following professionals from local agencies to support our work in health and wellbeing:</th>
<th>Yes/no</th>
<th>Current practice</th>
<th>Future possibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietitian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal and child health nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best Start Facilitator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YMCA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local businesses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please state)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Our service currently partners with other schools/services on health and wellbeing issues via these methods | | | |
|---|---|---|
| Best Start Partnership | | | |
| Other (please state) | | | |

What next?

1. Review and complete the whole service engagement planning tool (page 47).
2. Move on to develop a health promotion charter.
Whole service engagement planning tool

This tool will help to collate all the information on the individually grouped review tools and should raise some questions for health and wellbeing teams to consider.

From data collected in the review tools, which members of the whole service are currently engaged?

What strategies are used to engage these groups?

What other engagement strategies could be used?

Which additional groups could be engaged?

List...

Staff engagement strategies

Child engagement strategies

Family engagement strategies

Health professional and community engagement strategies

Reflection questions: Does the team have a good understanding of working collaboratively with other staff, educators, families and children? Were there any issues raised? If so, please state these:
Resources for more information

Engagement:
The Queensland Government’s Health Promoting Schools Audit Toolkit, particularly Booklet 6 – How to gather information, is a good resource as it outlines methods for engagement. It can be found at: www.health.qld.gov.au/healthyschools/toolbox.asp

Practice guides and evidence papers for early childhood professionals, including papers on family-centred practice, respectful relationships and responsive engagement, can be found at: www.education.vic.gov.au/earlylearning/eyldf/profresources.htm


Diversity:

Partnerships:
The education partnerships resource is designed to help schools (and services) form effective, mutually beneficial partnerships with a wide range of external organisations: www.education.vic.gov.au/school/principals/management/Pages/partnershipsres.aspx

Step 3: Part 2

Health promotion charter

What is a health promotion charter?

A health promotion charter is a document that reflects the whole service's health and wellbeing beliefs and values. Many services display their charter in a prominent place. This allows the charter to be seen by families, health professionals and the local community, and it demonstrates the service's commitment to health and wellbeing.

Developing and committing to a health promotion charter

Developing a charter is a good activity for the health and wellbeing team to work on, potentially with partners and a local network. This will help the service form an agreement, and will cement a strong commitment to the values of the health promoting services approach and this way of working.

Display the health promotion charter

The health promotion charter template (page 50) provides services with an example to guide the development of their service charter. Services can use this template and incorporate their logo, or if they prefer they can use it as a basis to inform the development of their own health promotion charter.

Once the charter has been developed it is important that it is displayed in a prominent place, such as the foyer. Services could also consider communicating the importance of the charter to families, educators and staff by including it in newsletters, putting it on the website and discussing it at meetings.
Health promotion charter template

[Insert service name] strives to create an environment that assists all members of the service to experience physical, mental, emotional and social wellbeing. We recognise the importance of a whole-service approach to health and wellbeing.

To become a health promoting service, we are committed to working together to:

• develop policies to create a physical and social environment that promotes health and wellbeing
• provide an environment that facilitates and encourages healthy choices and lifestyles, and that complements health messages taught in the educational program
• ensure respect, fairness and equality is promoted and modelled, and a sense of belonging is fostered
• encourage educators, staff and families to be positive role models for healthy choices and lifestyles
• provide learning opportunities and experiences within the educational program to enable children to gain knowledge and skills and take action to enhance health and wellbeing
• engage children, families, educators and staff as active participants in the promotion of health and wellbeing
• build partnerships with local health professionals, services and the wider community to enhance health promotion capacity
• link children, young people and their families to support services to meet their health and wellbeing needs
• seek continuous improvement through ongoing reflection, monitoring and evaluation.

[Insert service name] is committed to ensuring this charter is reflected in the day-to-day practice of the service. We believe that creating a healthy service will improve health and wellbeing outcomes for all members of our service and will impact positively on the learning and development of our children.

Signed

X

Service coordinator

Date:

X

Health and wellbeing team member

Date:

X

Management representative

Date:

X

Parent representative

Date:
Wrapping up

Congratulations on reaching the end of the Coordinate section of the cycle. You should now have completed Steps 1, 2, and 3.

Here’s a quick recap on what to do next:

Please complete the following documents:

• Health Promotion Charter
• Progress Report (on next page)

Please send both documents to:

Achievement Program
Administration Coordinator
CEIPS
PO Box 35
Carlton South VIC 3053

or

email admin@achievementprogram.org.au

For more information please call 1300 721 682.

It is a good idea to keep copies of these documents to help your service track progress, as well as support your health and wellbeing team later on when reviewing and reflecting on work achieved and celebrating success.
## Step 1 - Establishing a health and wellbeing team

1. Please tick the relevant members of your health and wellbeing team.

<table>
<thead>
<tr>
<th>Internal</th>
<th>External</th>
<th>Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>Community health professional</td>
<td>Child care services</td>
</tr>
<tr>
<td>Coordinator</td>
<td>Health promotion officer</td>
<td>Kindergartens</td>
</tr>
<tr>
<td>Cluster manager</td>
<td>Local government representative</td>
<td>Primary schools</td>
</tr>
<tr>
<td>Parents</td>
<td>Local business operator</td>
<td>Other (please state)</td>
</tr>
<tr>
<td>Staff and educators</td>
<td>Other (please state)</td>
<td></td>
</tr>
<tr>
<td>Centre cook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please state)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Is this team a new group or have you restructured a pre-existing committee?

- [ ] New
- [ ] Pre-existing

3. If a pre-existing group, please state the name of this group

4. Do you believe anyone else needs to be involved? If so, who?

- [ ] Staff/educators
- [ ] Children
- [ ] Families
- [ ] Director/coordinator
- [ ] Health professional
- [ ] Other (please state) ________________________________

- [ ] No additional members required

5. Who has taken on the role of health promoting schools champion or leader within the team?

   Position/job title

6. How often will the team meet?

- [ ] Once a month
- [ ] Bi-monthly
- [ ] Once a term
- [ ] Other (please state) ________________________________
Step 2 - Explore current practice and needs

1. We have used Step 2 in the following ways:
   - [ ] To inform selection of the health priorities to work on
   - [ ] To identify areas of good practice
   - [ ] To identify gaps in current practice
   - [ ] To include in the Quality Improvement Plan
   - [ ] As evidence to show Australian Children’s Education and Care Quality Authority assessors
   - [ ] Other (please state) ____________________________

2. Please include the data from Step 2 to indicate how your service is currently faring against the health priority areas (tick the relevant box).
   As a result of completing Step 2:

<table>
<thead>
<tr>
<th>Health priority area</th>
<th>We have a gap in this area with potential for health promotion action (score 6-9)</th>
<th>We have made a good start in this area with further work required to achieve benchmarks (score 10-15)</th>
<th>We have good practice in this area, and could achieve recognition with a bit more work (score 16-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy eating and oral health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sun protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health and wellbeing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe environments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Step 2 - Explore current practice and needs [continued]

3. We have accessed service level data to guide our work
   - Yes
   - No

   If yes, please indicate which pieces of service based data you used:
   - Parent/family survey information
   - Staff/educators survey information
   - Relevant enrolment information
   - Other (please state)

4. Did your service access community based data to assist in guiding your work?
   - Yes
   - No

   If yes, please indicate which pieces of community based data you used:
   - Information from a local health professional
   - Municipality Profile
   - Municipality Public Health Plan
   - Municipal Early Years Plan
   - Community profile/indicators
   - Other (please state)

5. Have you used any other data sources to inform your work?
   - Yes
   - No

   If yes, please indicate the data sources used:

   [Blank]

6. Have you reported the results of Step 2 and your health and wellbeing priorities back to the whole service?
   - Yes
   - No
   - Planned
   - If yes, how did you do this?

   [Blank]
### Step 3 - Whole service engagement

1. Have you informed the whole service about your participation in the Achievement Program and working towards health promoting service status?
   - Yes
   - No
   If yes, please indicate how you did this:
     - Meetings
     - Newsletters
     - Parent forum
     - Other (please state)

2. Has there been support from leaders when planning and implementing the Achievement Program?
   - Yes
   - No
   If yes, from whom:
     - Director/Coordinator
     - Cluster Manager
     - Committee of Management
     - Other (please state)
   If yes, how is this support evident?

3. Who is currently actively involved in promoting health and wellbeing in your service?
   - Educators/staff
   - Children
   - Families
   - Wider community

4. Have you engaged with any new groups/agencies/organisations since participating in the Achievement Program?
   - Yes
   - No
   If yes, please indicate which groups/agencies/organisations you have engaged with:
     - 
     - 
     - 
     - 

Step 3 - Wholeservice engagement [continued]

5. Please indicate the strategies you have implemented, or plan to implement, to engage the following groups within your service (note: you will be asked to provide evidence for these groups when applying for health promoting service status at Step 5).

<table>
<thead>
<tr>
<th>Staff/Educators</th>
<th>Children</th>
<th>Families</th>
<th>External Groups e.g. health professionals, local government</th>
</tr>
</thead>
</table>

You have now completed the Coordinate section of the cycle.

Please return a copy of your health promotion charter and the progress report to the Achievement Program state team. You will then be sent support materials to move onto the Create section (Steps 4-6). In this section you will select your two health priority areas to work on, and develop a health and wellbeing action plan using the benchmarks for the selected health priority areas. You will be able to apply for health promoting services status once Step 5 is completed and the relevant evidence is provided.