

**Healthy Early Years London**

**Gold Award transition pathway for early years settings**

The Mayor of London’s
Award Programme

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Introduction

**This document outlines the pathway for those settings who hold an in-date Silver Award from the previous programme and want to progress to their Gold Award under the updated programme.**

**This includes any settings whose Silver Awards are due for renewal and where these renewal requirements were removed as part of the September 2024 updates.**

# How this transition pathway differs from the updated programme

Under the updated programme, the Silver and Gold Awards process is divided into two clearly defined stages:

1. To apply for the Silver Award, settings use the Silver Award tool to plan and implement a new health and wellbeing initiative.
2. To apply for the Gold Award, settings use the Gold Award tool to evaluate and report on its impact.

Each award stage requires a separate submission, completed at different points in time. Settings achieve a Silver Award when their Silver Award tool is approved and a Gold Award when their Gold Award tool is approved.

In contrast, this transition pathway combines both stages into a single process as the eligible settings already hold a valid Silver Award from the previous programme. Rather than completing and submitting a new Silver Award and then a separate Gold Award, settings following this pathway, complete both steps internally but only submit once, once their reporting is complete, similar to the previous programme’s case study-style submission process used to achieve the Gold Award.

This transition pathway has been introduced to ensure that your existing Silver Award is recognised and valued. Without this transitional option, you would need to re-complete the Silver Award under the updated programme before progressing to Gold. The transition pathway removes that duplication, allowing you to move directly to Gold, in recognition of your prior achievement.

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| **As part of this transition pathway, there are two steps:**1. **Complete the planning section:**
* This evidences that you have identified a health and wellbeing priority and devised a new approach, project, practice or intervention to target the priority.
* The planning section must be for work that the setting is planning to do and cannot be retrospective.
* Implement your action plan. New approaches, practices, activities and interventions undertaken as part of your plan should run over at least 2 terms or 6 months.
1. **Complete the reporting section:**
* This recognises that you have demonstrated the impact and sustained the outcomes of this new approach, project, practice or intervention.
* The reporting section is to evaluate the activities that you carried out and their outcome/results.

When completing both sections, your responses should be concise and clear. Bullet points are welcome where appropriate. |

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| Planning section | Reporting section |
| A setting will identify a main health and wellbeing priority and specific focus area/s for their setting and devise a new approach, practice, activity or intervention to target the priority. | A setting will evaluate, sustain and learn from the outcomes and impact of the new approach, practice, activity or intervention introduced in the planning section. The setting will demonstrate excellent practice in supporting children to achieve and maintain good health and wellbeing.  |
| **A setting should:*** Hold an in-date HEYL Bronze Award
* Hold an in-date HEYL Silver Award
* Identify the health and wellbeing issues affecting children in the setting (needs analysis)
* Use the information gathered (needs analysis) to identify and define group/s and number of children for example, whole setting (universal) or targeted group of children
* Develop a project with planned measurable outcomes and an action plan to achieve the health priority
* Show how it will monitor and evaluate the project to measure success and demonstrate improvements
 | **A setting should:*** Have completed the planning section and implemented their action plan
* Record results and outcomes
* Reflect on approach taken
* Provide analysis of results and share impact
* Explain how activity is being sustained
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**Further information and guidance to support you**

Information included within this tool is to help you complete each section. More detailed examples, practical examples and links to resources can be found in the Healthy Early Years guidance pack.

**We strongly encourage you to refer to the guidance pack alongside the tool as it’s there to support you every step of the way**.

If you're unsure how to evidence a particular criterion, or would like support in reviewing your provision, please contact your Borough Lead or email us: HEYL@ncb.org.uk

You can also find more information, support and guidance on the [**HEYL website**](http://www.london.gov.uk/healthy-early-years-london)**.**

Settings details

**Complete the table below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Setting** |  | **Borough** |  |
| **Key contact** |  | **Job title** |  |
| **Date achieved Bronze Award** |  |
| **Setting leader sign off** | *Name and date:* |
| **Date achieved Silver Award** |  |
| **Setting leader sign off** | *Name and date:* |



Planning section

**When completing this section, your responses should be concise and clear and bullet points are welcome where appropriate.**

**The word count for each section is 150 – 300 words.**

# Purpose

**What are you trying to achieve?**

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| Health and wellbeing priority |
| **Choose a main priority from the following list.**Your chosen priority should be informed by your needs assessment. |  | *Tick one priority:* |
|  | Social and emotional health and wellbeing |[ ]
|  | Independence in managing self and hygiene |[ ]
|  | Oral health  |[ ]
|  | Healthy eating, breastfeeding and starting solid food  |[ ]
|  | Physical activity and health |[ ]
|  | Speech, language and communication |[ ]
|  | Family wellbeing |[ ]

# Needs analysis

**Why are you focusing on this priority and who will benefit?**

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| National and local data and evidence |
| **Describe and provide evidence of how your selected health and wellbeing priority links to national, regional and local level public health priorities.****Examples:*** Data – for example, Local Authority Child Health Profiles
* Guidance and Reports – Office for Health Improvement and Disparities (OHID), Department for Education, Local Authority Health and Wellbeing Strategy
* Evidence-Based practice – reference research or best practices for example, Education Endowment Fund, EYFS, Development Matters, Birth to 3 Matters, Education Endowment Fund
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| Setting data and evidence: |
| **Describe and provide evidence of the unique health and wellbeing issues affecting your setting.****Examples of data that could be included***:* * Parent survey data
* Practitioner observations
* Child’s voice
* Practitioner reflections or feedback
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| Group |
| **Describe who will benefit from this work and explain why you have chosen to focus on them.** This could be the whole setting or a smaller group of children, parents/carers or staff.**Examples:**All children in the setting * All children in a particular room/part of the provision for example, the baby room/provision
* A targeted group within the provision where a particular need has been identified

**Describe how you will ensure that you address health inequalities:** How will your approach be inclusive such as for children with special educational needs, disabilities, those who qualify for Early Years Pupil Premium, other groups experiencing disadvantage. You may identify a particular group of children who will require a targeted approach with specific measurable outcomes set to measure success.**Example:** We are aiming to increase participation in active play and movement-based activities for all children. Through observation and tracking, we noticed that some children with SEND required additional support or adapted activities to fully participate. We have introduced more structured, small-group movement sessions led by a familiar adult, and have invested in inclusive physical play resources such as balance bikes and textured stepping stones. |  |

# Planned outcomes and monitoring

**How will you monitor and measure the results?**

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| Planned outcomes | Monitoring & measurement methods |
| **List your outcomes (between 3-7) and how you intend to monitor and measure them.** You should include a combination of both whole setting and individual outcomes.**Whole Setting**: List any organisational changes which you expect to result from your activities and how you will measure them**Individual outcomes**: List the specific measurable changes that you expect to result from your activities for example, changes in attitudes, behaviours, knowledge or skills of your children/practitioners/parents.**Examples:**Individual – To increase the number of children who have visited the dentist. From a baseline of 35% (12/35) to an endline of 75% (26/35)* Individual – To increase the number of parents who feel confident about supporting their child’s oral health. From a baseline of 50% (17/35) to an endline of 75% (26/35)
* Whole setting – To develop a calming, sensory area in the outside space.
 | **List the tools and methods that you will use to monitor whether your activities are being implemented as planned.****Examples:*** Pre and post parent staff survey or audits
* Pre and post parent survey relating to parents’ knowledge and confidence
* Daily timetable, staff observations, photos
* Workshop attendance data
* Parent feedback through discussions
* Observations
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| *Please add further rows as required* |  |

# Action plan

**What do you intend to do?**

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| Activities, practices, or interventions | Timescale | Lead |
| **Describe the new approaches, practices, activities or interventions that you have planned for practitioners, children and parents to achieve your improvements.** Including any resources or partner services that will be providing support. | **List the month & year when you expect each activity to take place.** | **List the staff member responsible for leading on each activity.** |
| **Examples:****Practitioners:** Hold a team training session on nurturing children’s confidence and self-esteem, including how to reinforce positive risk-taking through play. | September 2025 | Julie Law, Nursery manager |
| **Children:** Introduce weekly “Brave Explorers” sessions in the outdoor area, where children are supported to try new physical challenges such as balancing, climbing, or jumping at their own pace. Practitioners use encouragement and language that promotes perseverance, confidence, and safe risk-taking. | November 2025 | Brian Jones, Outdoor Learning lead |
| **Parents/Carers**: Run a parent workshop or coffee morning on “Building Confidence Through Play at Home”, offering simple ideas and language to encourage resilience, independence, and self-expression in everyday routines. | January 2026 | Debbie Shaw, Deputy Manager |
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| *Please add further rows as required* |  |  |



Reporting section

**When completing this section, your responses should be concise and clear. Bullet points are welcome where appropriate.**

**The word count for each section is**

**150 – 300 words.**

Complete this section when your above activities in the planning section have been concluded and you are ready to apply for the Gold Award.

# Results and impact

**What have you achieved and what has been the impact?**

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| Intended outcomes |
| **Describe whether you were able to achieve your planned outcomes and the difference this has made (positive or negative). Describe any changes in timescales or cohort that had an effect on your project.**You could include graphs, examples of work, observations, and survey results. Check your data reflects the planned outcomes.**Example:****Outcome:** Increase the percentage of children who eat two or more portions of vegetables or salad with dinner (Target: 75%)* Baseline (Sept 2022): 30% (20/65)
* Endline (July 2023): 75% (49/65)
* Outcome status: Target Met

The setting introduced a “Veggie of the Week” tasting table, food-themed storytime, and a simple take-home “Dinner Plate Challenge.” Practitioners also modelled positive eating habits and shared recipes with families.The same cohort of 65 children was tracked. Parent feedback showed increased willingness to try new vegetables at home, and some families reported the changes influenced older siblings too. |  |

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| Unintended outcomes |
| **Describe any unintended outcomes (positive or negative).**This could be anything that happened as a result of the interventions you made which were not necessarily planned for but still had a positive or wider impact on the health and wellbeing of children, staff, parents/carers, community such as changes in policy, practice, ethos, behaviour, attendance, staff values.**Example:**An unexpected outcome was the enthusiasm from parents, who began sharing photos of their children helping to prepare meals at home. This sparked conversations about family cooking, and several parents requested a follow-up session on healthy family recipes. As a result, the setting is now planning a simple “cook together” workshop to build on this positive engagement. |  |

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| Activities |
| **Explain if the activities in your action plan were delivered as intended, or if there were any changes and why. Describe any external or unanticipated factors that influenced your project.****Example:**All planned activities were delivered as intended, including our “Veggie of the Week” tasting sessions and the take-home “Dinner Plate Challenge.” These were well received by children and families.An unexpected opportunity arose when our local Family Support Team offered to co-deliver a short workshop for parents on healthy food swaps and child-friendly veg recipes. This aligned well with our aims, and several parents who had previously been hesitant about changing food routines chose to attend. |  |

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| Lessons learnt |
| **Describe what went well, what didn’t go so well, and what recommendations you would make for the future.****Example:**We introduced daily small-group story and song sessions to support children with delayed speech and language development. These sessions went well, and children became more confident in joining in with repeated phrases, and practitioners noticed an increase in spontaneous speech during play.However, our plan to involve parents with weekly take-home rhyme sheets didn’t have the engagement we hoped for. Some families said they forgot to use them or weren’t sure how to support their child at home. In future, we will trial short videos of familiar rhymes recorded by staff, shared via our parent app, to make it more accessible and engaging. |  |

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| Sustainability |
| **Describe your next steps to keep your new approach going and to develop further.****This could be achieved by:*** Embedding into setting’s daily routines, curriculum planning, activities, environment
* Securing ongoing resources or funding through fundraising
* Training for staff built into the CPD programme/ staff induction
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| Photographs and quotes |
| **Include photographs, quotes, feedback, or other evidence either here or throughout the document, to help illustrate and support your responses for each individual section.** |
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