** 

Southampton Healthy Early Years Award (HEYA)

Silver Healthy Mouths Self-Assessment Form

Setting name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setting address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of children enrolled to participate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing form and job role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete ALL parts of this form – these parts are to assess whether you’re meeting the criteria for Silver**

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| **1. Healthy Mouths Policy** | | |
| **Criteria** | **Self-assessment questions (please complete all)** | |
| The setting has a healthy mouth policy in place (which has been consulted on), which covers the following as a minimum:   * Background information about type of setting, number of children on roll, mouth care provided * Healthy Mouth Lead * Supervised brushing programme details * Role modelling   Date produced and review date | **When was your health eating bronze award completed?** |  |
|  | **When was your physical activity bronze award completed?** |  |
|  | **Are you currently running a supervised toothbrushing programme within your setting?**  **Did you have a healthy mouth policy in place prior to starting this award?** | **If your answer is no, then you may find it helpful to refer to the** [**HEYA Healthy Mouth policy template**](https://search3.openobjects.com/mediamanager/southampton/directory/files/heya_hm_policy_template_1.pdf)  **when developing your own policy.** |
|  | **Tell us how your setting consulted with parents/carers on this policy.**  **How will your parents/carers contribute to the policy?**  **How has your setting consulted with staff and committee (if applicable)?** | **Example: Have you discussed at a staff meeting? Have your team made contributions to the development of the policy?** |
| **Did you have to overcome any barriers to developing and/or implementing this policy? If so, please provide a summary of the barriers.** | **Perhaps parents/staff were resistant to change?** |
| **How do you plan to keep parents/carers and staff updated on further changes to your policy?** |  |
| **What changes were made (if any)** **as a result of developing/updating your policy?** |  |
|  | **Do you routinely check if a newly registered child has a dentist? If they do not, how do you signpost to local services?** |  |

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| **2. Leadership and Managing Change** | | |
| **Criteria** | **Self-assessment questions (please complete all)** | |
| The setting has:   1. A member of staff (possibly Healthy Mouth Lead) for overseeing all aspects of a healthy mouth policy development, implementation in the setting and ensuring that tooth-brushing standards are met. 2. System that ensures that staff and parents/carers can identify the Health Mouth Lead. 3. Evidence of consultation with staff and parents/carers about embarking on the Healthy Mouth Award. | **Healthy Mouth Lead name:** |  |
| **How can the Health Mouth Lead be identified (by parents, carers, and staff?)** |  |
| **Did you have someone in this role prior to starting this award? (YES / NO)** |  |
| **Who governs change in your setting?** **E.g. Manager, committee, staff** |  |

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| **3. Tooth-Brushing Environment** | | |
| **Criteria** | **Self-assessment questions (please complete all)** | |
| The purpose of these questions is to evaluate your setting’s toothbrushing environment.  **The tooth brushing environment and practice will be assessed by the oral health team during an observational visit** **in order to meet the relevant criteria and pass the award**. | **Please provide a summary of your tooth-brushing environment, including:**   * **Details of the process from set-up, brushing and cleaning** * **How toothbrushes are cleaned, stored, and replaced** * **Details of cleaning checks to ensure hygiene is kept to optimum levels** | **All these points can be answered here or in the policy, but it** **doesn’t need to be in both places.** |
| **How much toothpaste would you apply to a toothbrush for a child aged 0-2 years?** |  |
| **How much toothpaste would you apply to a toothbrush for a child aged over 3 years and over?** |  |
| **Describe how you make the environment more welcoming and conducive to supervised brushing and social interaction?** | **Describe how you ensure that the children are getting the most out of the experience** |
|  | **How does your setting source the toothpaste and toothbrushes?**  **What arrangements are in place to ensure supplies are replenished?** |  |

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| **4. Curriculum Links** | | |
| **Criteria** | **Self-assessment questions (please complete all)** | |
| Oral Health Promotion is included in curriculum planning e.g. healthy eating, the importance of drinking water, the importance of healthy teeth etc. | **Please describe how you promote healthy eating and drinking to support children to make healthy choices.** |  |
| **Provide details of the resources for children you use to promote the importance of healthy teeth.** |  |
|  | **What are the links between your healthy mouths policy and the EYFS requirements?** | **Include examples** |

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| **5. Staff Training & CPD** | | |
| **Criteria** | **Self-assessment questions (please complete all)** | |
| The purpose of these questions are to assess the setting’s approaches (including the Healthy Mouths policy and positive role modelling) are covered in induction for all new staff | **How do you ensure that all** **new staff have a full understanding of the Healthy Mouth Award?** |  |
| The purpose of these questions are to evidence your current practice around supporting staff training in implementing good mouth care | **How does your setting continue to support the healthy mouth lead with their ongoing development / training?** |  |
| **Tell us how staff keep up to date with their training needs around oral health?** |  |
|  | **How do you support your parents /carers to access dental care for their child for routine and emergency care?**  **If so, where do you get this information from and how often**? |  |
|  | **How do you ensure that staff members know what to do in the case of an injury to the mouth?**  **Where can this information be found?** |  |

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| **6. Communicating Messages Home** | | |
| **Criteria** | **Self-assessment questions (please complete all)** | |
| The purpose of these questions is to evaluate your healthy mouth policy around communicating messages regarding good mouth health to the children’s home environment | **Please provide a summary or an example of how you share messages about good mouth health with parents and carers and the sort of information which is included**. |  |
| **Have you had any positive feedback from parents/carers about toothbrushing at home since you started the award?**  **If not, tell us how you will collect this information.** |  |
| **How have you communicated messages home to parents/carers recently, regarding the healthy mouth message** **e.g. brushing, use of dummies, bottles, snack/ lunch box policy etc?** |  |

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| **7. Staff Health & Wellbeing** | | |
| **Criteria** | **Self-assessment questions (please complete all)** | |
| Staff are aware of the opportunities they have to maintain/improve their health and wellbeing  Staff have been involved in informing and developing opportunities for them to maintain / improve their health and wellbeing | **Does the team have an opportunity to maintain / improve their oral health & wellbeing?**  **Please provide an example of this?** |  |
|  | **How do you enable staff to manage their health care appointments** **e.g. during working hours for GP /Dental appointments?** |  |

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| **Moving Forward** |
| Summary of any area(s) identified to be developed further when undertaking the Gold Award |
| 1. |
| 2. |

**Submission Details**: **SUBMIT TO:** [**HEYA@southampton.gov.uk**](mailto:HEYA@southampton.gov.uk)

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| **Please Include ALL the following documents in your submission and SUBMIT TO** [**HEYA@southampton.gov.uk**](mailto:HEYA@southampton.gov.uk) |
| * **Your setting Silver HM Policy/updated Policy** * **Evidence of cascading training (certificate of HM training)** * **Completed Silver HM Self-Assessment** |