Equality Impact Assessment Template: Please complete alongside the guidance document.

Title of work:

Toddler Guidance: Food, Mood and Health.

Promoting a healthy body image and eating well in children aged 1-5 years

Date of completion:

26th April 2023

Completed by:

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Description of work:

This guidance has been produced to support childcare providers to enhance the care they deliver and meet the food and health needs of children aged one to five years across the whole of NHS Highland.

This guidance is the revised and updated chapter four of The Maternal and Child Nutrition Best Practice Guidance (2012).

Outcome of work:

The purpose of this guidance is to help people who look after children meet the Scottish Government National Care Standards: Early Education and Childcare up to the age of sixteen. This guidance outlines best practice on a healthy body image and eating well for children aged one to five years in NHS Highland. It highlights the important role child care providers have in food and health education in the early years. All who are involved in the health and wellbeing of children have a key role in ensuring that additional help and support are in place at the earliest stages.

Who:

Stakeholders: (who will this work affect?)

Health Visitors
Dietitians
Paediatricians

Nursery and Toddler Group Staff Foster/Adoption Services Care and Learning Alliance Parents/Carers Community Centres Childsmile

How do you know:

Stakeholder engagement: How will you know what impact this will have - please detail what work you have done to find this out? Remember to consider the way in which you use language matters.

A needs assessment was undertaken to inform the guidance in 2015; it was identified that this document would be better utilised by professionals if it could be accessed as standalone guidance for Body Image and Eating Well for children aged one to five years.

The guidance has been widely consulted on with stakeholders during the 2023 review process, and has been re-ratified by the Nursing, Midwifery and Allied Health Professionals (NMAHP) group

What will the impact of this work be? (see appendix 1 for list of protected characteristics and other groups that you may wish to identify)

Age – During discussion with all stakeholders it was identified that this guidance should address food and health in children aged one to five years. The Maternal and Child Nutrition Best Practice Guidance which this document was originally a chapter of is still current for the pre 1 age group. Once a child is older than 5 the Curriculum for Excellence's Health and Wellbeing outcomes become valid.

Gender – There is no assumption made in this guidance as to whether the parent/carer is male or female. However, during scoping work to inform this guidance we attended toddler groups where mainly mothers were consulted.

Disability – In the initial draft of the guidance additional guidance around children with learning disabilities and more information on physical activity for children with mobility issues was added. It is acknowledged that some of the guidance around competent eating may not be appropriate for children with ADHD or other behavioural issues.

Ethnicity/Religion – This guidance acknowledges that eating well can be described as consuming a nutritious and varied diet that is affordable, accessible and culturally appropriate. In this guidance, children are encouraged to try new textures, tastes and colours which can reinforce healthy eating choices and encourage young children who have had less exposure to food choices.

Sexual Orientation/Gender Reassignment – This is not applicable for this guidance.

Pregnancy/Maternity – It is noted that pregnant women and families with a child aged under 4 years of age, who have a low income, may be eligible for Healthy Start vouchers. These vouchers can be used to buy fruit and vegetables (as well as milk and infant formula). There are appendices in this guidance with instruction on how to apply for healthy start.

Other Groups to consider:

Remote and rural communities - Within Highland, we know that the remote and rural nature of many communities requires significant additional consideration. In addition to other indicators of deprivation, the impact of remote geography imposes limits around accessibility and equality of provision of facilities and opportunities. A discussion with over 150 child care providers was conducted around their needs in the provision of food and health interventions. The child care providers were from a number of disciplines and based in a variety of different locations throughout NHS Highland; including Argyll and Bute, Inverness, Caithness, Sutherland, Easter Ross, Lochaber, Skye, Lochalsh and Wester Ross. Access to healthy food or childcare was not identified as an issue for them.

People living in poverty – Social influences on weight are acknowledged and addressed. Information around food banks, income maximisation, family nurse partnership and fuel poverty are included.

Foster / adoption services – These services described their concerns about the lifestyle behaviours of the young children in their care. Children known to these services have potentially had a lack of routine, healthy eating patterns and vitamin drops. They may have had a difficult start to life, which has a knock on effect on their vulnerability and their trust in society. Foster / adoption services also highlighted young children from multi cultural backgrounds, as a particular concern. Additional considerations for looked after children could be added to this guidance.

Carers – Carers were accessed at a selected sample of nurseries and toddler groups throughout NHS Highland including Inverness, Lairg, Fort William, and Wick. They reported that information regarding healthy eating was mainly accessed and received from family, the media and health professionals. Recurrent issues were confusion about healthy eating because of mixed messages in the media. They wanted further discussion with health professionals about healthy eating choices and behaviours, like fussy eating. These issues are addressed in this guidance.

Given all of the above what actions, if any, do you plan	ın to take?	ou plan '	ınv. do v	if any.	what actions.	above	ıll of the	Given
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Approved by: Susan M Birse Health Improvement Principal, Public Health