

Health, Well-being and Lifestyles



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Introduction

Wellbeing, Health and Lifestyle are concepts which are part of our daily lives, a mother's health physically, mentally and her lifestyle all affect her health to some degree and the health of the unborn baby, according to Talukdar and Baruah (2022). All adults, directly linked to and indirectly linked such as government have the potential to influence these concepts to some degree and therefore impact on an infant/baby's life (UNCRC, 2024). After all children only know what they are exposed too and are reliant on their family and society for their wellbeing (Pound, 2018). Bronfenbrenner's Ecological Systems model clearly demonstrates the relevance of families, practitioners and society in relation to the proximity of a child (Pound, 2018). This poster will discuss aspects of these concepts and what is happening within our early years settings to support holistic development.

Health

The UNCRC Article 24 asserts every child should have access to the highest attainable standard of healthcare, including medical facilities, treatment and rehabilitation from prenatal, infancy and throughout their childhood (Save the children, 2024). UNCRC Article 24 also states that governments have a responsibility to provide children clean drinking water, nutritious food, safe environments and to educate children on the concepts of health and well-being informing children on how to make choices to stay healthy (UNICEF, 2024). Articles 6 and 12 articulate that children have the right to survive and thrive, to learn and grow, have their voices heard and have the chance to reach their full potential (UNICEF,2024).

Rose, Gilbert and Richards (2016) argue that defining health and wellbeing may be thought-provoking concepts, as 'health' can have different meanings to different people; for example, one interpretation of health might be viewed objectively and based on physical health status, or it may be viewed subjectively based on a person's perception of what defines quality of life. Birth to five matters (2021) suggests that positive early relationships are

where the emotional needs of feeling safe, relaxed and loved are of equal importance to those of physical needs, such as having a safe environment, nutritious food, appropriate clothing, healthcare and education, sleep, mental stimulation and physical activity, for a child's long-term health their development and wellbeing. Health and wellbeing are of both national and international importance and as such are often referred to together as a singular concept (Spratt, 2015). The World Health Organization (2024) Constitution defines health as 'a state of complete physical, mental and social well being and not merely the absence of disease or infirmity'. Put another way, 'health' is formed from a state of wellbeing (Spratt, 2015). CDC (2023) posits that mentally healthy children tend to reach developmental and emotional milestones easier and can function better at school and within their communities. Answorth and Bowlby's work on attachment theory complements this statement; their research found that the type of interactions between primary caregivers and infants impacted the child's emotional and social development (Goldberg,Muir and Kerr, 2009 and Bretherton, 1992).

Health

Practitioners also need to meet basic physical and psychological needs as set out in Maslow's model Hierarchy of Needs, and should consider their pedagogical choices including enabling the learning environment and personal interactions. These all affect how children engage with learning and support a child to feel valued and heard (EYFS, 2024, Spratt, 2016, Weinburg, 2011). Breakfast clubs are one way of meeting these needs - according to figures from Family-Action (2023), headteachers reported seeing improvements in areas including readiness to start school and pupil wellbeing both measured 97% since taking part in the national breakfast programme, however this summary did not provide the contrasting data.

Article 24 also states that Governments from wealthier countries should support countries which are struggling to meet the health needs and rights of children (UNICEF, 2024). Governments can face many challenges including lack of infrastructure, resource constraints, and disasters, meaning that implementing Article 24 is not always possible and assistance is needed from NGOs such as Save the Children (2024) to support governments to meet these

rights. The UK government (2023) has several guidelines for healthcare practitioners to ensure the health needs migrant children are met, as they may have missed developmental checks or not received preventative healthcare such as dental, eye or hearing checks or immunisations. Actions like these are necessary in meeting the needs of all children in our communities, as according to Birth to 5 Matters (2021) inequity and poverty also have long-term and lifelong effects on a child's health and wellbeing.

The Health Hexagon Model

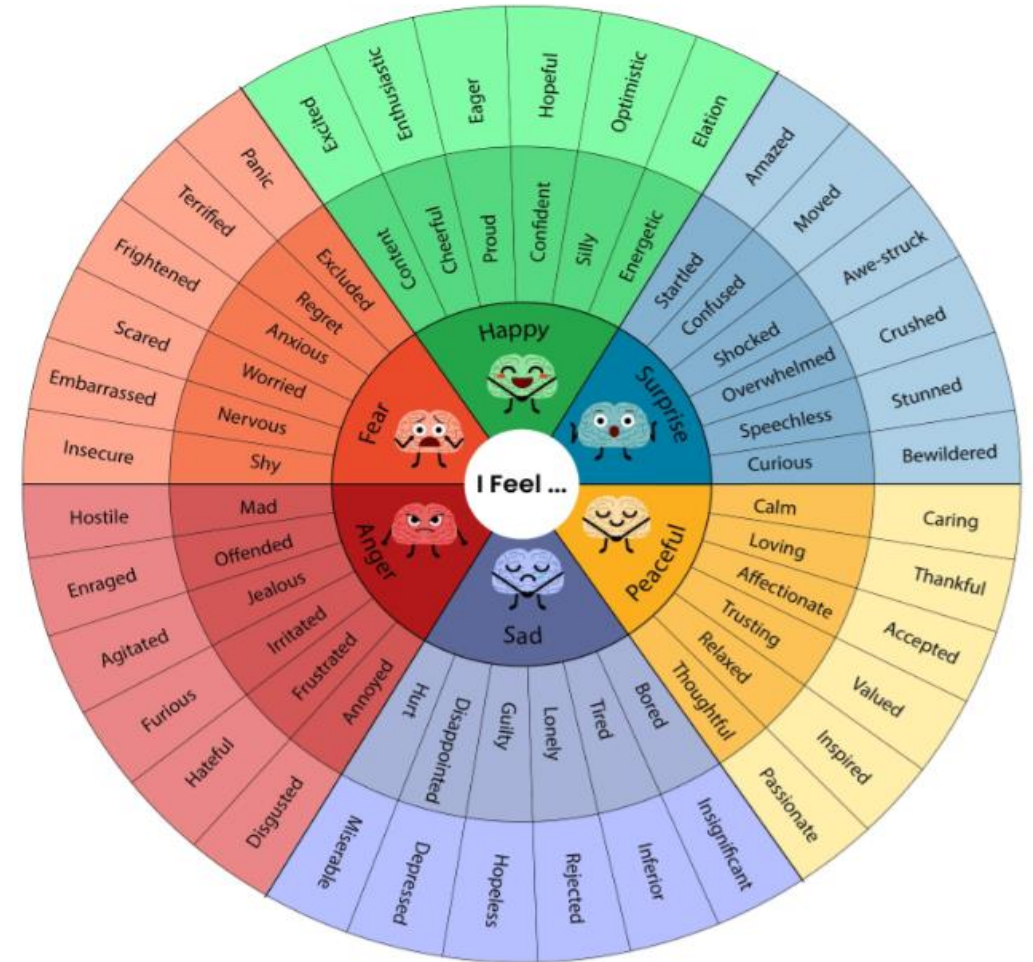


Source: Chan and Hazan (2022) The Health Hexagon Model

Wellbeing

Wellbeing is often understood as the quality of life a person has or how happy a person is, and while these broad terms can help set parameters and focus an approach to or when thinking of how to define wellbeing but as practitioners, we need investigate deeper and consider what a state wellbeing looks like in a young child (Manning-Morton, 2014). LMU/NCB's (2009) Wellbeing Project defines wellbeing as a dynamic and mutable state in which predisposing factors and experiences are needed, and internal/subjective factors such as motivation or self-esteem may be influenced by external factors such as social and economic. Equally, our engagement and interpretation of social factors are influenced by our inner-wellbeing; this interconnectivity and interdependence highlights the holistic nature of the concept of wellbeing and the need for an holistic approach from practitioners (Manning-Morton, 2014).

Under section 78 of the Education Act (2002), a curriculum must 'promote the spiritual, moral, cultural, mental and physical development of pupils', meaning that schools have a statutory duty to promote wellbeing. Social, physical and psychological factors all contribute towards a child's wellbeing and schools can play a key role in the modelling of wellbeing and aiding children to access learning and achieving full academic potential (Public Health England, 2014).



Source: Vallejo, M. (2024) Emotion Wheel for Kids

Wellbeing

The 'characteristics of effective learning' - unique child, enabling environments and positive relationships as set out in the Development matters (date) - support holistic development and inform a practitioner's pedagogy. Social Emotional Learning, circle time can be used to explore concepts of empathy, self-regulation and help children articulate a range of emotions. When supported by concrete resources such as adaptations of Plutchik's Wheel with pictures and emotional vocabulary, children may be able to recognise and label emotions in a way that is safe for their emotional wellbeing. Practitioners might want to discuss a theme for circle time such as the difference between different types of happiness or explore moral dilemmas, challenges and games. These experiences encourage collaboration, negotiations and navigate situations with peers and understand the impact actions and emotions have on relationships. Mindfulness is another method practitioners can use to promote wellbeing in early years and costs nothing. Forestry England (no date) state that activities such as forest bathing are fantastic for a child to de-stress and support their emotional wellbeing as the process requires the child to be in the moment, observing nature, being still and quiet and slow deep breathing. However not everyone has a forest and Forestry England suggest that this mindful process could equally be carried out in a garden, park or school

playground. The Woodland Trust (2024) claim that being in nature has a positive impact on our physical health, trees even release 'phytoncides' which protect them from diseases but have also been proven to improve our immune system and reduce stress. Green spaces have been said to be good at reducing stress and mental health problems such as anxiety and improve energy levels and concentration.

National Childrens Bureau (2019) concludes in the 'Manifesto for a better childhood' that persevering and promoting children's wellbeing and mental health should be a top priority of governments as children are increasingly exposed to topics such as serious youth violence, climate change and misinformation through social media platforms from an early age. The manifesto suggests all professionals working with children should undergo training to understand the significance of secure attachments, positive relationships and emotional intelligence, all children should receive an education that enables them to care for their own mental health and understand how to navigate adversities and challenges. Additionally, children must have access to specialised services during times of crises (NCB, 2019).

Lifestyle

Lifestyle

WHO (1999) states that a healthy lifestyle is a way of living that lowers the risk of becoming seriously unwell and potentially living longer, and when a healthy lifestyle is adopted by adults in a family they then can act as a positive role model to other family members, especially children. NIH (2019) agrees, stating that when parents, caregivers and practitioners guide children to develop healthy lifestyle habits this provides positive reinforcement to maintain these habits that will support their health long term and into their adulthood. Mental health and physical health are inextricably linked; when we have a strong sense of wellbeing in our mental health we are more inclined to make positive lifestyle choices and be able to manage and recover from physical health conditions easier (Public Health England, 2017). NIH (2019) also state the importance of school-enabled environments, positive relationships, active lifestyles and exposure to nature and outdoor experiences all play a role in positive mental health and wellbeing, and contribute towards a healthy lifestyle for the child.

From these definitions we can see that not only is the concept of lifestyles interlinked with wellbeing and health, but so too are the aspects of a healthy lifestyle. When looking at if a child has had adequate sleep to access the

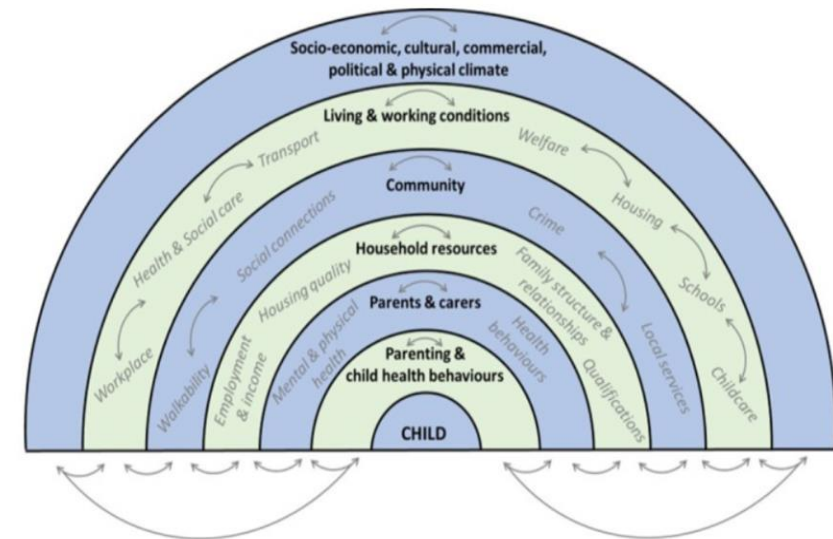
school day for example, practitioners need to understand the complex lives and decisions some of these families have to make. Barnardos' (2024) report 'No crib for a bed: the impact of the cost-of-living crisis on bed poverty' discovered that families over the UK were having to prioritise essentials such as food and heating over replacing a bed for their child. Child Poverty Action Group (2023) states that children growing up in poverty are more likely to have difficulties linked to their developmental health and wellbeing, as well as their education and social mobility. The Royal College of Paediatrics and child health (2021) similarly found that children from poorer families were more vulnerable to mental health problems and chronic physical health conditions and obesity, academic underachievement and subsequent employment challenges and claim that in a typical UK classroom 30% of children live in poverty. Child Poverty Action Group (2023) state that children in poverty are going without basic necessities are coming into school hungry, wearing shoes that are not fit for purpose and sleeping on a mattress on floor. Poverty denies them of new experiences and developing interests or talent; such children are also often excluded from social activities with friends because they cannot afford to go swimming or buy a party dress.

Lifestyle

Musgrave (2021) posits that the impact of Covid on young children's physical activity has been significant leading to children having reduced stamina and losing muscle strength, children impacted the most were children with special educational needs and children living in poverty. Musgrave (2021) suggests that factors that influenced these issues around physical wellbeing are connected to a lack of space available – environment and mental health of primary care givers. Primary and early years settings are in a fantastic position to support these families as they have a variety of resources and inhouse programs including foodbanks, after school clubs and swap shops, as well as external agencies such as family hubs, Early Help at their disposal. Baker, Knight and Leckie (2023) states there are more food banks in school and externally in the community, and that schools are progressively having to provide 'crisis' services to support a family's wellbeing as well as supporting children with the ability to succeed academically. Chan and Hazan (2022) The Health Hexagon Model reaffirms the importance of a holistic perspective and approach when supporting a family or child, as their physical, biological, social, and spiritual needs are just like the concepts of health and wellbeing, and are dependent on and impact one another.

Pearce *et al's* (2019) model of social determinates of child health, adapted

from Bronfenbrenner's Ecological Systems and Dahlgren and Whitehead's Determinates of Health, looks at factors that surround and have impact on the child such as housing, health, behaviours, and crime. To better understand why children from disadvantaged backgrounds had poorer health and how to reduce these differences, a crucial role of being mindful and aware of these social determinates of health in daily practice may help practitioners advocate for better equality and reenforce a child- centred approach.



Source: Pearce, A. et al. (2019) Social determinates of child health.

Conclusion

The health, wellbeing and lifestyles of children is dependent on that which it is afforded to them by their families, communities and government. It is up to caregivers and early years practitioners to build a relationship and work together to give children the best possible start so they can thrive and become mentally and physically strong and healthy and successful individuals

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Presentation Script

Word count: 1715

Part 1 Self-regulation in early childhood.

Introduction

Hello and welcome to this presentation today on self-regulation in early childhood part 1 of Health, wellbeing and lifestyles, module number ECEY 5009 my name is Pandora Oates student number 2317746.

Section 1 Self-regulation in Early Years

In the EYFS (2024) there is an early learning goal around self-regulation; some of the success criteria for meeting this goal include a child being able to understand their own feelings and others, to begin to regulate behaviour appropriately, demonstrate control over impulses, have focused attention, and the ability to follow instructions. Birth to 5 Matters (no date) suggests that self-regulation requires a child's emerging ability to regulate emotions, thoughts and behaviour to support them in acting in decisive ways toward an objective or goal. However, Development matters (2023) states that the ability to self-regulate is reinforced by language development and executive functioning skills, including: working memory, flexible thinking, focused attention, and inhibiting impulses. This suggests that self-regulation skills help children focus, plan and adapt what they are doing, whether this be behaviour, learning or in play. A child that has the beginnings of self-regulating strong emotions should also be able to bounce back problems and demonstrate patience. Contrary to these statements, Vohs and Baumeister (2016) state that control over impulses is more about self-control than self-regulation. Even though these concepts are often used interchangeably, self-control is about inhibiting impulses with willpower and effort, and it is our ability to self-regulate first that makes self-control possible. Fisher (2021) posits that although focus is often desired in a class environment, it should be seen as more of an indicator of compliance rather than an aspect of self-regulation. This should especially be taken into consideration for SEND children. as them "focussing" may actually be a demonstration of anxiety or fear of doing something wrong. Therefore, self-regulation should be taught in order to improve focus, not the other way around (Fisher, 2021).

Children experiencing trauma, issues around attachment, developmental delays or who are neurodivergent are more likely to struggle with self-regulation in comparison to peers that do not face these challenges (Fisher, 2021). It is crucial therefore to remember that these early learning goals are only checkpoints to help practitioners assess where children are and to support when needed, as well as to help adapt pedagogy and environments in order to support self-regulation, development and learning (EYFS, 2024). Self-regulation is part of 'The Characteristics for Effective learning' and these also help practitioners enable children to develop and become able learners (Development Matters, 2023). Self-regulation is possibly the most important aspect of emotional development that a practitioner will support children with, as all their learning rests upon this skill (Asquith, 2020). Children with an inability to self-regulate or whom struggle to learn self-regulation skills such as calming, reflection or pausing before acting on an impulses, are likely to develop long term mental health problems and adopt maladaptive coping strategies, according to Shekhawat and Jain (2022) and Woodward (2016). Carl Rogers 'Unconditional positive regard' believes that children learn through unconditional acceptance and understanding, therefore practitioners to decipher and unpick the behaviours being communicated to meet the needs of the child (Bozarth et al, 2001 and Campbell and Maidstone-Cotton 2022)

Section 2 Self-regulation and brain development

Shanker's (2020) 'The blue brain, red brain balance', referred to by Paul Macleans as the 'Triune Brain Hypothesis', states that the red brain (limbic system) without connection to the blue brain (Neocortex) is the dysregulated child practitioners see in their settings, practitioners need to be mindful of their interactions with a dysregulated children it they are to avoid sending the child into the non-rational state of fight, flight, freeze or fawn and as young children struggle with self-regulation during this time of brain development. Garvey (2023) and Grimmer (2022) posit that during this state of fight, flight, freeze or fawn, stress hormones and adrenaline are released inhibiting our ability to reason. Arnsten (2020) agrees, stating that parts of your brain 'switch off' when we become overwhelmed, reducing our capacity to think logically.

Presentation Script

Bryson and Siegel (2012) go into more detail about the functions of the brain and how it develops and why children might find self-regulation difficult. They describe the brain as a “house”, stating that at birth the “downstairs” part of the brain of a healthy baby is mostly developed; this area includes the limbic system, brainstem and hippocampus, which are important for remembering details and storing memories and the amygdala responsible for fight, flight freeze, fawn response however the amygdala also plays an important in storing memories and therefore learning (Garvey, 2023, Bryson and Siegel, 2012). “Upstairs” is the prefrontal cortex, the last part of the brain to develop. This is responsible for problem solving, decision making, analysing and interpreting experiences, and helps with emotional control, flexibility, empathy and morality, according to Conkbayir (2023), Bryson and Siegel (2012). During the early years of childhood, the brain is under major construction, and it will not be fully developed until 25 years. The “staircase” is the most important part of the brain as it connects the “downstairs” with the “upstairs”; unfortunately, children will not yet have developed the “staircase” that links the two areas of the brain, which are needed in order to self-regulate. (Conkbayir, 2023, Bryson and Siegel, 2012).

An NHS (2021) Mental Health Children and Young People survey stated that children as young as preschool had experienced a mental health disorder, with boys (6.8%) more likely than girls (4.2%) to experience some type of mental disorder. These stresses can have a lifelong impact. Jones and Gwenin (2020) have found that prolonged bouts of stress leading to dysregulation in cortisol secretion may lead to health issues in later life, such as diabetes, heart disease and strokes.

Section 3 Co-regulation and the role of the practitioner

The early learning goals for self-regulation might be a challenge to meet, as children need loving adults around to help them by demonstrating caring behaviours and empathic attunement to the child's needs and emotions. Self-regulation does not develop in isolation, but within relationships with others. Bowlby's theory of attachment suggests children are biologically preprogrammed to survive through forming of attachments with others; understanding this theory may help practitioners support a child's wellbeing, especially when starting school. Bowlby's theory can also help practitioners to understand what the child is trying to communicate through their externalised behaviours. Erikson (1950) states that psychosocial development is relevant to self-regulation, as in the first year of life an infant begins to develop a sense of trust, which is the foundation for self-regulation. This is

only possible if the primary caregivers' interactions are responsive, attuned and consistent. According to Grimmer (2022) a child's social emotional and mental health is reliant on the first attachments they make. By developing positive relationships with their primary caregiver and child as a key person, practitioners can begin to enable the child to socially and emotionally develop, accessing play with confidence and cooperatively, and learning effectively and persevering through adversity, all part of the 'characteristics of effective learning' (Development Matters, 2023 and Tickell, 2011). Shanker (2020) stated 'children acquire the ability to self-regulate by first being co-regulated'. Shanker (2020) goes on to define co-regulation as the warm and responsive interactions, including serve and return and modelling. Co-regulation requires practitioners to pay close attention to cues children send and respond to them sensitively, consistently and with the right amount of support. It is also dependent on the practitioner's awareness of their own emotional state (Conkbayir, 2023). Garnett (2024) agrees, stating that co-regulation needs observation, meaningful interactions and collaboration, adding that practitioners and parents need to have strong partnerships sharing strategies to create a unified and unique child approach. Co-regulation is about nurture, connection and wellbeing, practitioners need to first establish trust with a child by providing a space which is predictable and adults that are emotionally available to them so children can explore emotions safely, (Garnett, 2024).

The ability to self-regulate is also affected by physiological needs, such as those in Maslow's Hierarchy of Needs; if a child feels hungry, tired or unwell they will struggle more with self-regulation as the child is already at a disadvantage. (Garvey, 2023).

Barkley (2022) states that 'the children who need our love the most will always ask for it in the most unloving ways'. Barkley (2022) suggests it may be helpful to reframe 'attention seeking' as 'connection seeking' - by doing so, practitioners are in a better place to meet the needs of the child. Siegel's (2020) 'Window of Tolerance' describes the state of stimulation in which we are able to function and thrive. Children within this window are ready to learn and able to relate to others, however outside this window children can become hyper-aroused or hypo-aroused. A child's tolerance is affected by many factors including environment and care, which is where practitioners can support in widening their own windows of tolerance.

Presentation Script

Co-regulation is different to behaviour management or managing behaviour, which is usually about controlling, coercion and punishment. While co-regulation is about validating the child's emotion and listening to the child's needs (Kuypers, 2011), Grimmer (2022) suggests that practitioners adopt a loving pedagogy and uses Chapman and Campell (2016) love languages theory, saying that there are different ways children like to express and receive love. Grimmer (2022) states it is important for a practitioner to know children emotionally and understand how they like to feel loved, as then we can talk in a language that makes the child feel safe and secure.

Summary

In summary, a child's ability to self-regulate will be a journey they navigate all the way through to early adulthood. Co-regulation is possibly one of the utmost effective tools we can develop as practitioners when communicating with and understanding the needs of our children. By developing our awareness of co-regulation, to consciously and intentionally connect with children and influence their state to a place of calm through warmth and expertise, this will not only benefit the child in the short term but will also impact their lifelong health and wellbeing.

Thank you for your time today, I hope you found this presentation insightful and interesting.

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