

Introduction

This poster will provide research into the importance of health, wellbeing, and lifestyle for a child in their early years. Furthermore, multiple theories and models will be considered connecting to the early years. The role of the practitioner will be explored unpicking how best to support a child’s holistic development with health, wellbeing, and lifestyles. Save the children (NoDate) state in article 24 that all children have the right to the greatest possible health. For example, governments have the responsibility of providing quality health care, food, and access to education on wellbeing enabling children to remain healthy. Brivio et al. (2023) support the above further stating that wellbeing is used as a key term for different decisions that individuals make within their lives. For example, events that happen within their bodies, beliefs, and the environments that they live. UK Government (2018a) support the above believing that experiences during pregnancy and early years can affect the child’s health and wellbeing later in life. The key themes of this poster will be exploring the links between all three concepts and how the impact of these on the child.

Health

HM Government (2010) state that the definition of health is extensive that incorporates an individual’s physical, wellbeing, and mental health. For example, health is not only being physically ill or suffering a condition. Health is also based on how mentally healthy and well an individual is. Australian Institute of Health and Welfare (2024) supports the above further stating that health is complete of physical, wellbeing and lifestyle. NSPCC (2024a) state that mental health is ones cognitive, behavioural, and emotional wellbeing that may or may not be medically diagnosed. Henry Healthy Start, Brighter Future (2023) supports the above believing that when a child has a healthy and happy life from conception to adolescence the child has good foundations for a healthier future. However, when a child has negative experiences, this impacts a child’s, development, weight, physical activity, communication skills and oral health. Furthermore, stating that 1 in 20 children who are obese at the age of 5 will return to a healthy weight by the time the child reaches 11; however, the majority will continue living with obesity within their lifetime.

Department of Education (2023) state that each child will encounter individual experiences with their mental health. For example, it is believed that individuals experience mental health the same as physical health that fluctuates over time. Furthermore, factors such as relationships, nutrition and early experiences can effect a child’s emotional development and wellbeing. Mental Health Foundation (2016) support the above believing that a dependable and sensitive relationship is needed when building secure attachments with caregivers that impacts children’s relationships. Attachment Research Community (2019) state attachment are one of a child’s primary needs that should be met to increase the child’s survival potential, as children are not born with the ability to form attachments. Mentally Healthy Schools (2020) define attachment as a connection between a child and their caregiver, that is created within the early years of a child's life that can be harmful to the child later in life. Furthermore, synthesising Bowlby's (1997) theory of attachment that identifies the positive effects of children creating secure attachments with caregivers, that is usually between a mother and the child to provide healthy social, emotional, and competence to learn. Kirklees Local Offer (2023) support the above further believing that children can form attachments with multiple caregivers.

Save the children (NoDate) state in article 6 that each child has the right to develop to their full potential. However, World Health Organisation (2022) state that in 2016, 43% of children worldwide were unable to fully develop physically and mentally. NSPCC (2024a) supports World Health Organization (2022) stating that a child’s mental health can impact educational achievements, relationships, and physical wellbeing. UK Government (2024b) support the above stating that when a child is exposed to toxic stress by experiencing things such as abuse, neglect, and substance misuse. Furthermore, resulting to higher risk of suffering physical and mental health issues in the future. Boullier and Blair (2018) support the above stating that children who experience adverse experiences are more likely to suffer illnesses such as cancer, liver and lung diseases and heart issues that can lead to early death.



Wellbeing

Mental Health Foundation (2015b) state that well-being can be understood as individual’s feelings around personal and social interactions and how they view their lives as a collective. Welsh Government (2019b) believe that implementing well-being into the curriculum supports children in developing a holistic understanding of health and well-being. UK Government (2021c) reaffirms Welsh Government (2019b) in that the curriculum supports children to develop an understanding of health and wellbeing, providing the child with the tools to support them to make positive decisions on their own health and wellbeing. For example, a child will begin to understand what is normal and when they need to seek support from appropriate people.

Welsh Government (2017c) suggest that programmes such as Flying Start has been implemented into disadvantaged areas of Wales. Furthermore, Flying Start programmes have been implemented to support the impact of poverty that are linked to poor future health. For example, through children under four years old attending early education provisions support to improve the child's outcomes in language, social, cognitive, emotional, and physical development. Welsh Government (2024d) support Welsh Government (2017c) state that Flying Start and Healthy Child Wales programme work in parallel. Furthermore, through implementing this programme the government can identify support needed at earlier stages in supporting minimizing impact on a child's health later in life. Blaenau Gwent CBC (NoDate) support the above stating that through accessing Flying start children in their early years are being stimulated in supporting development, through providing activities and quality childcare provision.

Lifestyle

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Word count 2,168

Simply
Psychology
(2024a)

SELF-ACTUALIZATION
morality, creativity,
spontaneity, acceptance,
experience purpose, meaning
and inner potential

SELF-ESTEEM
confidence, achievement, respect of others,
the need to be a unique individual

LOVE AND BELONGING
friendship, family, intimacy, sense of connection

SAFETY AND SECURITY
health, employment, property, family and social ability

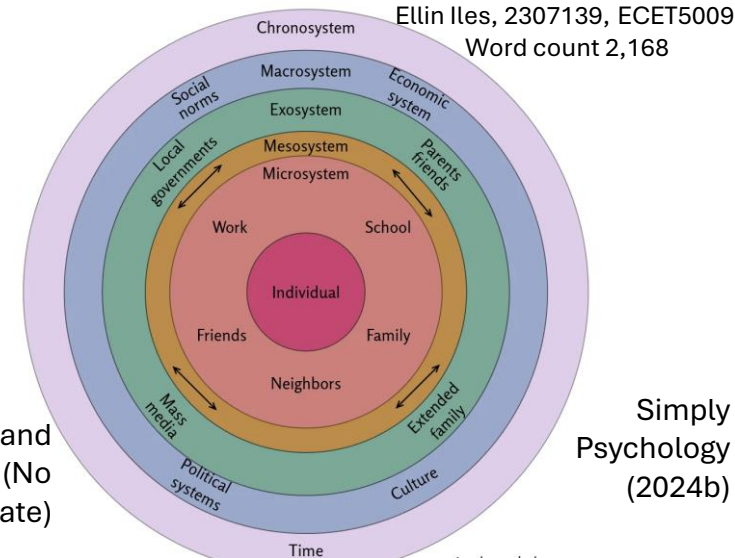
PHYSIOLOGICAL NEEDS
breathing, food, water, shelter, clothing, sleep

Daines et al., (2021) believes that families are made of distinctive operations, where parenting cycles are passed through generations. Furthermore, family's parenting techniques being passed down generations can lead to health issues being passed through generations experiencing negative cycles. Although, this research is limited due to exploring family cycles is new when conducting research. However, Brivio et al. (2023) state that there is no clear definition of lifestyle, and lifestyle is complex to define following research and theories that are variable.

Music (2016) state that children who are from ethnic minority backgrounds, may be subject to discrimination. For example, this could impact the caregiver's health and wellbeing leading to impact on the child's health and wellbeing. Race Equality Foundation (2014) supports the above stating that children from the minority ethnic communities are less open in receiving support from services at a point of early intervention. For example, communities may view mental health differently leading to difference in understanding the support being offered. However, stating that there is limited statistics on the mental health needs of ethnic minority children.



Cleavland
Clinic (No
Date)



Simply
Psychology
(2024b)

Application to early years practice

Surrey County Council (NoDate) state that children should feel secure within the environment, through creating nurturing environments and attuning into the child's emotional and physical needs through providing key adults. Department for Education (2021d) support the above stating that practitioners should be adaptive when implementing the curriculum, offering extra interventions where needed in supporting removing barriers to a child's learning.

NSPCC (2021b) suggest that practitioners should have good knowledge on attachment when working with children. Birth to 5 Matters (NoDateB) support the above stating that practitioners should acknowledge the importance of their support in creating healthy attachments and emotional well-being of the child and the family. Department of Education (2023a) support both NSPCC (2021b) and Birth to 5 Matters (NoDateB) in believing that practitioner should develop relationships with children enabling them to understand a child's individual behavioural pattern supporting them to identify changes. For example, practitioners should remain attentive to the child's behaviours and curios to the possible triggers. However, furthermore children can display behavioural changes when experiencing regular development. For example, when a child is feeling unwell this can impact on their emotions and behaviours.

NHS Wales (No Date) state The Early Action Together programme has been implemented in enhancing collaboratively working between multi-agencies in aim to recognise individuals in supporting breaking negative generational cycles. The Psychology Notes HQ (2021) highlight Bronfenbrenner's (1977) theory of the Ecological Systems, identifying how environments can impact a child's development. For example, when practitioners witness children in various settings practitioners can identify behaviours of the child within multiple environments. Hayes et al. (2022) support the above stating that Bronfenbrenner's (1977) theory consisted of different systems. Firstly, microsystem; where the child's immediate environment such as family, school, friends. Secondly, mesosystem, where both microsystem and mesosystems interact such as home and school life. Thirdly, exosystem; external environments that indirectly affect the child such as extended family or neighbours. Next, macrosystem; where attitudes and societal cultures influence the child. Lastly, chronosystem; where over time the child will experience changes in their life such as environment. Hampshire Safeguarding Children Partnership (2024) support the above, believing that practitioners should implement a coordinated and multiagency approach when working with children and families. For example, over an individual's life they will access a range of services by professionals collaborating when supporting will provide a holistic overview of the family's circumstances and support needed. Welsh Government (2018a) support the above in believing through use of multiagency approaches practitioners can maintain a what matters approach keeping the child central

Conclusion

Considering Taking the above information within the poster there are evidential links between health, wellbeing and lifestyle highlighting that all play a key role in supporting a holistic development of the child. Providing children with strong attachments and supporting caregivers in understanding the importance in doing so. Furthermore, being mindful that each child's experience with health, wellbeing and lifestyle is unique and this should be supported appropriately.

Script

Croeso my name is Ellin Iles, and my student number is 2307139. This is the second part of my ECET5009 module, Well-being, care and healthy living. The poster within the first section of the module gives an overview of the meanings of health, wellbeing and lifestyle and possible factors that can impact children within their early years. This presentation will be focusing on children's mental health being impacted by ACEs and its effect. Furthermore, exploring how practitioners can support in preventing health implications later in life.

Mentally Healthy Schools (NoDateB) state that when children have good wellbeing health, they can develop coping skills to develop resilience and confidence. For example, this can lead to children managing emotions, have a positive relationship with education. NHS England (2022) state that in 2022 18% of children aged 7 to 16 suffered with mental health disorder. Young Mind (NoDate) support the above further stating that 1 in six children from the ages 5 to 16 had suffered mental health, resulting in the child less likely to engage in education. Shawmind (NoDate) support the above statements believing that children who suffer with mental health can see impacts on their emotional and behaviours. For example, children are more irritable, emotional, aggressive or boredom can result in the child displaying these behaviours. Save the children (NoDate) state within article 24 all children have the right to access the highest possible health. For example, governments are responsible in granting quality health care, food, enabling children to remain healthy through providing education on wellbeing. Pinetree Institute (2024) state that 10 in 100 people that have experienced 3 ACEs attempt suicide, this risk increases to 20 in 100 people attempting suicide when an individual suffers 7 ACEs.

Morse et al. (2018) support the above when synthesizing Dr. V.Felitti and Dr. R.Anda (1980) study highlighting the relation between exposure to negative experiences through childhood and health implications later in life. Kalmakis and Chandler (2015) state that Adverse Childhood Experiences (ACEs) have been related to health implications later in life. For example, health implications such as physical, and psychological health. Osofsky et.al. (2021) state that ACEs can begin to have an impact on children as early as in the womb. Monnat and Chandler (2015) state that ACEs are where children are exposed to negative experiences, such as suffer abuse verbally, physically, or sexually, witnessing domestic violence, parental separation, death, parents suffering mental health or being subject to witnessing substance misuse. Furthermore, these can be described as traumatic experiences in early childhood (Jones et al., 2020). Smith et al. (2016) state that a child being exposed to ACEs when in the womb can impact on their development and reduce their birth weight.

Boullier and Blair (2018) support the above when synthesizing CDC-Kaiser Study stating that Adverse Childhood Experiences (ACEs) cause long lasting effect on children's health in the future. Furthermore, an individual that are exposed to a score of four or higher ACEs there is an intensified risk of developing chronic disease, e.e. cancer, heart disease, diabetes, and mental health. Bryan (2019) supports the above and state that having experienced 6 or more ACEs increases the risk in dying 20 years younger than not experiencing ACEs. For example, obesity, mental health, depression, substance misuse is also a common factor of children who have experienced ACEs. CDC (2021) support the above stating that 1 in 6 adults who have four or more ACEs. Furthermore, ACEs can have effects on a child's brain development, that can affect how the individual responses to stress. Shonkoff et al., (2012) support both CDC (2021) and Boullier and Blair (2018) stating that when an individual produces higher or lower levels of stress hormones like cortisol can result in harmful effects on the body and the development of the child's brain and how it can function following exposure to toxic stress. Resulting in a child having difficulties with their well-being, learning and behaviours following experiencing negative experiences.

Daines et al., (2021) support the above and state that families are built through use of unique functions that are individual to families. Therefore, cycles are fed through family generations that can impact the child leading to them being at greater risk of suffering health issues that get passed down generations that will also experience negative cycles. However, it is also stated that this is difficult to measure due to little research information on the topic.

UK Government (2010e) state that wellbeing is recognised as the quality of an individual's life, where personal and social goals have an effect. For example, household income, education and health status linked with views of what quality of life and fulfilment looks for the individual. The Robertson Trust (2023) state that children living in the most deprived areas were nearly twice as likely to experience ACEs than those who do not.

Department of Education (2023) states that an individual child will experience individual encounters with their mental wellbeing. For example, individuals experience mental health fluctuation the same way a child's physical health can fluctuate over periods. Furthermore, relationships, nutrition and early experiences can be influences on a child's emotional development and wellbeing. Mental Health Foundation (2016a) believing that creating a consistent and sensitive relationship with a child will be beneficial in building secure attachments. Attachment Research Community (2019) support both support Department of Education (2023) and Mental Health Foundation (2016a) stating that attachment is a child's primary need that must be met to increase the child's survival potential, due to children not having the ability to form attachments when born. HelpGuide (2024) support the above stating that attachments are emotional bonds formed through nonverbal communications between the child and the caregiver. Mentally Healthy Schools (2020) support HelpGuide (2024) defining attachment as a relationship that is formed within the early years of a child's life with the caregiver that can be harmful to the child later in life. Furthermore, synthesising Bowlby's (1997) theory of attachment that recognises the positive impact forming secure attachments with caregivers has on a child. For example, the attachment is most often between a mother and the child providing healthy social, emotional, and competence to develop. Sheehan (2017) support the above and believe that children go on to use this strategy to create attachments with practitioners and peers.

Children's Commissioner Wales (2024) state that poverty can have a negative impact on a child's wellbeing, highlighting that 30% of children live in poverty. Action for Children (2023) support the above expressing that families living in poverty are at greater risk of not being able to access the basics of everyday life such as food and heating due to financial difficulties. Pichère and Cadiat (2015) synthesize Maslow's hierarchy of needs theory (1943) stating that there are five stages in meeting an individual's needs enabling them to progress in stages. Firstly, physiological needs being met, these can be eating, drinking, and sleeping essential for an individual to live. Secondly, security needs being met through having a safe environment that protects the individual from harm. Thirdly, when the earlier stages are met individuals are able to develop a sense of belonging, love, and affection. Next, the individual feeling the need for esteem or recognition that define individuals within civilization. Lastly, other stages of the theory is based on others opinions, whereas the last stage depends on the individual's need in moving forward. When a child experience poverty they are grater not having their basic needs met prior to attending school (Child Poverty Action Group 2024). For example, experiencing hunger, sleep deprivation or poor fitting clothing. Furthermore, the above support Pichère and Cadiat (2015) when considering Maslow's hierarchy of needs theory, these children will remain on the first stages until their basic needs are met.

However, Pataky et.al. (2019) states that ACEs can have an impact on children in adulthood, but when children are provided with the appropriate support, they can develop resilience to cope with the trauma. The Outward Bound Trust (NoDate) state that having a trusting relationship with at least one safe adult during childhood can lower the risk of mental health later in life.

Barbour (2020) state that during the pandemic in 2020 there was a lack of development within the early years. For example, due to closures of early years settings children were unable to attend. Furthermore, children had missed developing their social skills with peers. Goddard (2023) support Barbour (2020) stating that children did not have opportunities to develop the skills that is needed in creating relationships that follows in development in their speech and communications.

Hayes et al. (2022) support Bronfenbrenner's (1977) theory of Ecological Systems, highlighting the impact environments can have on a child's development. The Psychology Notes HQ (2021) also support Bronfenbrenner's (1977) theory explaining the microsystem as where the child's immediate environment such as family, school, friends. Secondly, mesosystem, where both microsystem and mesosystems interact such as home and school life. Thirdly, exosystem; external environments that indirectly affect the child such as extended family or neighbours. Next, macrosystem; where attitudes and societal cultures influence the child. Lastly, chronosystem; where over time the child will experience changes in their life such as environment. Ali (2021) supports the above suggesting that this can be considered when considering the impact of the pandemic. Welsh Government (2024e) state that there are barriers when supporting the children within the early years setting following the pandemic. For example, overall funding are short-term and low paid salaries create a barriers in attending effective training to best support the children.

Hampshire Safeguarding Children Partnership (2024) believe that practitioners should implement multiagency approaches when working with children and families. For example, an individual encounters access to multiple services, and when professionals collaborate during supporting families will provide a comprehensive overview of circumstances and support identifying the assistance needed. Welsh Government (2018a) support the above expressing that multiagency approaches enable practitioners to provide a what matters approach with the child remaining central. However, Department of Education (2021b) state that although multi-agency working can be beneficial there are still limitations. For example, agencies can feel apprehensive in the information that can be shared with agencies due to data sharing protocols. Department of Education (2023c) support the above stating that practitioners use multiple systems to store information, this can lead to practitioners missing relevant information to share their information in supporting creating a holistic picture in providing the best support for the child and family. UK Government (2023d) support the above stating that funding can be a barrier to multi-agency working, as services can be targeted to support specific areas such as areas of high deprivation although the support would be beneficial for all children who are at risk.

To conclude there are many factors that impact a child's health, wellbeing, and lifestyle. Where these factors also play a role in supporting each other, this poster highlights the running theme of children that require support for mental health often require support in their health and wellbeing. Practitioners can provide children with strong attachments in the setting and offer support to caregivers in helping them understanding the importance in doing and signposting to agencies that can support in more detail. Furthermore, one should remember that each child's experience with health, wellbeing and lifestyle is unique and this should be supported appropriately.

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