

WELL-BEING, HEALTH AND LIFESTYLES

INTRODUCTION

This academic poster explores the definitions of well-being, health, and lifestyles in early years education. Furthermore, the interconnectedness of these will be evaluated and connected to early years practitioner's and their roles. Hereby, the Working Together to Safeguard Children (HM Government, 2022) states that adults are responsible for safeguarding children from acquiring unhealthy circumstances.



The definition of Health according to the World Health Organization (WHO, 2023) is, to achieve a good mental, social and physical well-being rather than having no disease or illness. The Welsh Government (2023) evaluates further by stating that one's circumstances and environment have an influence on health and well-being. In particular, factors from childhood such as adverse childhood experiences (ACE's) have a significant impact on early childhood development. However, to a substantial extent, factors like income and education level, relationships to family and friends as well as housing and living influences one's health (The World Health Organization, 2015)

In the following, determinants of health within diverse contexts will be explored. Hereby, Bronfenbrenner's ecological systems theory (1979) is especially useful to discover various influential factors on children's health. However, McDowall Clark (2013) adapted Bronfenbrenner's theory for early years settings by highlighting that children mostly have two microsystems instead of one- their family environment and their school setting. Figure 1.1 shows the connection between the different layers of Bronfenbrenner's theory (1979) and how they relate to working with and understanding children in early years settings.

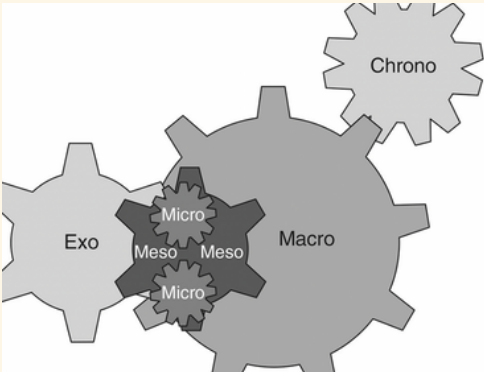


Figure 1.1 Bronfenbrenner's ecological systems as adapted by McDowall Clark (2013)

Concepts

Miret (2014; 2017) highlights that a satisfactory level of well-being affects one's health status positively and similarly, a good health and healthy lifestyles are crucial to maintain a positive well-being. Therefore, there is an interconnectedness between health, lifestyle, and well-being. Hereby, several factors that influences health meaning determinants of health lead to implications of health and impact one's well-being and lifestyle (Wilkinson & Marmot, 2003)

In the Exosystem, practitioners are working with multi-agencies and the local community. The most influence on children's health has the community they are surrounded by as well as the environment they are living in. Thus, if the early years setting is in an impoverished area, it is likely that people experiencing poverty live there which results in more children facing health problems and hindered socio-emotional development. This system is interconnected with the Macrosystem in which global influences on children's health are embraced. Therefore, people with diverse backgrounds living together in an environment practice their own health beliefs and habits which makes working in an early years setting even more challenging. This might also lead to the practitioner having limited or pervasive contact with multi-agencies, in this case a health visitor such as a doctor, nutritionist or dentist. If the early years setting is privately owned, the practitioner might have limited contact and work with multi- agencies. However, in a public early years setting the staff works closely together with multi- agencies (Musgrave, 2017). As a result, the needs of the children and of the collective working together are met, which can unify families and their needs.

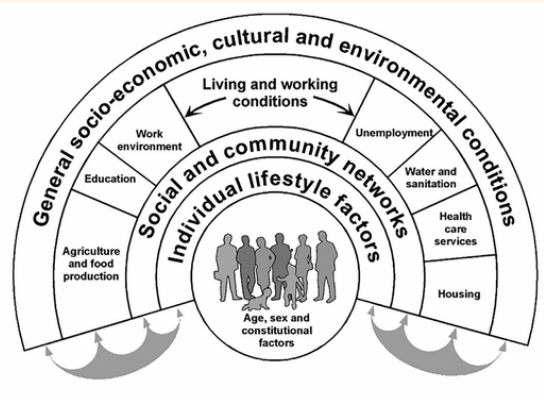


Figure 1.2 Dahlgren & Whiteheads Model of Health Determinants (2007) (adapted from Dahlgren & Whitehead,1991)

Furthermore, Dahlgren and Whiteheads Model of Health Determinants (1991) broadens and encourages the mindset of people to integrate not only health services and the sector to health determinants but also the local community and society. Thus, professionals and politicians from other sectors are working actively against the bias that health of the society is only determined by the health services. By doing so, they are reflecting on their own sector they are working in and developing strategies on how to influence the health of the community. Since different sectors have the same goal of influencing and promoting health, collaboration amongst them can be initiated which results in diverse strategies and thoughts (Dahlgren, 1991). Additionally, professional agencies working together are also aiming to improve their organizational and reflection skills jointly, where everyone demonstrates their own perspectives and skills in a team setting (Gasper, 2009). However, Dahlgren's and Whiteheads Model of Health Determinants (1991) creates an assumption that lifestyles especially of socio-economic societies are freely chosen which ignores the fact that lifestyles are shaped by the living and working conditions they are living in. Hereby, nutrition could be seen as an example. Families with young children do not choose nutritious food or follow a healthy diet. It is more of a question if healthy food is accessible to them by having a sufficient and stable income to buy decent quality food (Dahlgren, 2021).

WELL-BEING

According to the Merriam- Webster Dictionary, well-being is "the state of being happy, healthy, or prosperous" (Berlinski, 2015, p.1). Children have stated that being happy is natural and often occurs in human relationships. Therefore, they experience happiness when they are with others or even from other people. Therefore, happiness for children can be influenced by their surroundings and close environment (Thoilliez, 2011). Statham and Chase (2010) however evaluate the definition of well-being even further by highlighting the complexity of the concept of well-being. It connects and relates physical, emotional, and social well-being with each other in children's present and future lives (Statham and Chase, 2010).



Figure 1.3 Maslows Hierarchy of Needs (1943) (adapted by Dr. Serhart Kurt, 2021)

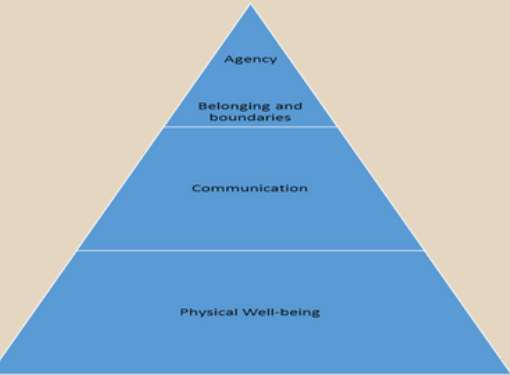


Figure 1.4 Roberts ABC Model (2010) (adapted by Dr. Serhart Kurt, 2020)

In general, the contents of well-being can be divided into two- hedonia and eudaimonia. According to Huta (2015), hedonic contents integrate satisfaction, enjoyment of self and comfort with the focus on oneself, what one needs and wants. Contrary to that, eudaimonic contents involve bringing meaning to a specific context, personal growth, and authenticity with the focus on including a balance between self and others as well as present and future. Hedonia and eudaimonia are complementary functions working together to make people flourish and have a good outcome of well-being (Huta, 2015). Moreover, relating the simultaneous work of hedonia and eudaimonia to the ABC Model of Well-being by Roberts (2010) is beneficial to understand the diverse layers and concepts of well-being and support children in achieving good well-being. Therefore, connecting Maslow's Hierarchy of Needs (1943) to the ABC Model by Roberts (2010) will enhance the understanding. Looking at both models, at their bases are physical needs such as drinking enough water, eating healthy food as well as communication and safety needs like security, health services and having enough resources. These needs are related to hedonic contents since the focus is on oneself and one's own comfort. Furthermore, the next stages belonging, love, and esteem involve respect, boundaries and strength which balances the focus on oneself out by also including others. To achieve the highest good of well-being, one must focus on bringing meaning to a specific context, for instance, changing something in the world through teaching, which is also called agency or self-actualization.

However, the development process of children is progressive meaning specific circumstances and events can happen which would result in a lack of development in certain areas and stages. Moreover, that might lead to consequences that affect children’s well-being since one of the needs of Maslow's hierarchy (1943) or Roberts ABC model (2010) could not be achieved. Those consequences could affect children their entire life cycle, for instance dealing with obesity (Berlinski, 2015). Most of the time, the question is whether families or caretakers with young children have access to healthy food or have sufficient income to buy quality food. Here, the lifestyle is shaped and chosen by living and working conditions. Since healthy and nutritious food is more expensive, young children will be introduced to unhealthy food, often leading to obesity. In those families, the first two stages of Maslow's Hierarchy of Needs (1943) are manageable but barely. Thus, children's well-being decreases. But what action should practitioners take? Professionals in early years and health settings develop systems to deliver specific and individual services that support children’s social and emotional wellbeing. In those systems, multi-agencies are working together, such as play therapists, counselors, and dietitians, to help families and caretakers (NICE, 2012).

For instance, Welsh Government (2023) introduced their program ‘Healthy Weight, healthy Wales’ in which they encourage pupils to make healthy choices and be active by 2030. They are expecting to see changes in early years settings as well by implementing more healthy foods and diets in schools where students and professionally trained staff can learn about healthy foods and make healthy choices by trying them out. This way, students can implement healthy choices into their everyday life and introduce them to other pupils. Additionally, and ideally, their well-being will increase since their struggle with obesity will decrease (Welsh Government, 2023). As National States Service (NHS) (2021) is pointing out, children whose well-being is healthy and greater, achieve a higher self-esteem and physical benefits such as concentration. However, for each human being, the standards of having a good and healthy well-being differ from each other. For some students, eating healthy food at school supports them with their well-being, some children have different standards to regulate themselves such as choosing an activity (Estyn, 2023).



The World Health Organization (WHO) (2017) defines ‘lifestyle’ as a way of living with repetitive behavior and patterns which are based on individual and personal characteristics, relationships as well as environmental living circumstances. These factors determine a way of life as well as one’s own health condition. Therefore, living conditions are determined by the choices everyone is making. As a result, those behaviors can be divided into ‘health-risk’ behaviors and ‘health-promoting’ behaviors. According to Bagordo et al. (2017) health-risk behaviors such as smoking, drug misuse or high-calorie diet are activities and circumstances which increase those people's negative health outcomes for instance cancer, obesity, or diabetes. Contrary to that, health-promoting behaviors such as physical activity and healthy nutrition increases one's well-being which leads to living a long and healthy life (Bagordo *et al*, 2017).

The socio-economic context influences the behavior towards health and well-being. Furthermore, whether healthy goods or services are available and accessible during childhood or influence the decision making on living a healthy lifestyle during adulthood as well (Bagordo et al, 2017). As Marmot (2010) states, it is individuals with low income or poverty that can not afford a healthy lifestyle and therefore are forced to do health-risk behaviors. Those individuals only have a restricted range of options available in grocery stores or other shops as well as suffer from poor health and well-being because of the adverse conditions and stress they are under which results from poverty (Marmot, 2010). This behavior connected with environmental issues impacts individuals' energy balance, often leading to childhood obesity. Their lifestyle therefore is mostly a high-calorie diet and limited physical activity because of their poor well-being (Katzmarzyk, 2013). Looking at early years settings where children from families with diverse incomes are learning and collaborating, children who are from lower socio-economic families are more likely to develop less in the first years of school than students who have parents with a stable income. This results from younger students being stressed and anxious about their future and family and having limited access to learning resources for developing communication and language skills because of limited income.

For those students practitioners and teachers can implement the spiral curriculum into their work which is based on Bruner’s work (1960). Thus, the spiral curriculum is grounded in cognitive development and learning. Hereby, the content will be revised throughout the school years, the content will get more complex after each revisit and the added content has connections to the old information. This will result in students having a healthy well-being and lifestyle since they are more likely to be less stressed at school about their learning and development (Johnston, 2012).



Figure 1.5 The Spiral Curriculum based on Bruner (1960) (adapted by Johnston, 2012)

One concept to improve the development of students with lower income families is for schools to provide more family support services (Marmot, 2010). For instance, the Welsh organization ‘Flying start’ supports families with young children from more disadvantaged areas by giving them free and part-time childcare for children between the ages two to three (Welsh Government, 2023). However, the ‘No Health Without Mental Health Strategy’ (Department of Health, 2011) highlights that mental health problems start to develop by age 14. Thus, where are the organizations and support for families with primary school children and above? Furthermore, educational staff should receive training in the development of a child's well-being, when the children are vulnerable or at risk and what the further steps are (House of Common Health Committee, 2014).

CONCLUSION

All in all, it became evident that health, well-being, and lifestyle are strongly connected with one another (Wilkinson and Marmot, 2003). However, the environment influences health, well-being, and lifestyle especially family and friends but also school, other peers, and teachers (Musgrave, 2017). Thus, if specific events and situations happen in one’s childhood, for instance ACE’s, cognitive development will lack in certain areas. This might lead to decreasing well-being and health since the lifestyle is changing in a bad manner. Those consequences might also change the children’s entire life (Berlinski, 2015). To prevent such an outcome, schools integrate the spiral curriculum where the content keeps getting revised while more content is being added resulting in increased cognitive development (Johnston, 2012). Welsh Government (2023) also created several organizations that support families in need by letting children go to childcare for free or support the Welsh community by creating a Health campaign with the goal to be healthier and more active by 2030 which early years settings integrate into their daily routines.

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