

Introduction

This academic poster will examine the concepts of health, well-being and lifestyle. Each concept will be defined and the significance considered. Marmot (2010) found that in early childhood, the foundation for future aspects of health and well-being are laid. This academic poster will also discuss theories, relevant legislation and links to early years practice, as well as the holistic nature of these concepts, and how these concepts are interconnected.

Health

Health is not just the absence of disease or disability, but a state of complete physical, mental and social well-being (World Health Organization, 2024). This holistic view of health has been widely adopted since the World Health Organization first defined health in 1948. The World Health Organization's definition has evolved over time to acknowledge potential health limitations (Underdown, 2007). Musgrave (2017) defines health as a combination of physical, social, intellectual and emotional factors.

Health can be affected by various factors. Dahlgren and Whitehead (1991) created a model of health determinants, which demonstrated the economic and social circumstances that determine the quality of health.

Poverty can affect a child's health as they may not have access to adequate nutrition, health care services, and they may live in poor conditions that may adversely affect their health. Marmot (2010) found that the lower a person's social and economic status, the poorer their health is likely to be, and people living in the poorest neighbourhoods in England, die on average seven years earlier than people in the most affluent areas.

According to Save the Children (2024) England has one of the highest rates of child poverty in the developed world, with more than a quarter of England's children living in poverty.

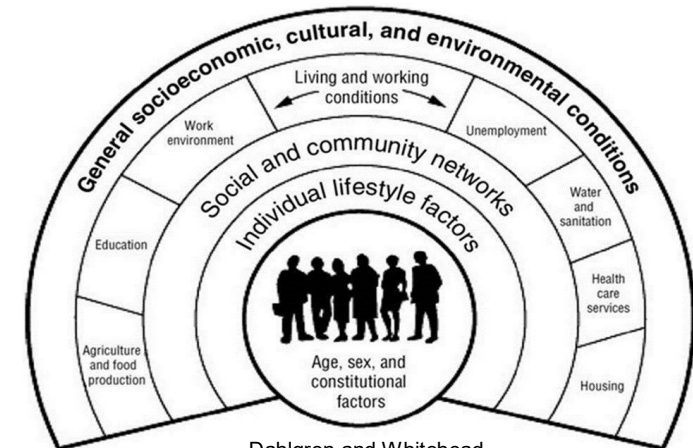
Griggs and Walker (2008) discuss how poverty affects child health through the antenatal period, into infancy and beyond. Poverty can affect birth weights, mortality, increase the likelihood of infectious diseases as well as diabetes, asthma and poor dental health. Poverty is also associated with poor housing and poor health behaviours.

Berlinski and Shady (2015) are clear about the role of the state in supporting the poorest in society with maternal health and nutrition as well as infant health, nutrition and quality early education.

The Child Poverty Act (2010) was conceived with the intention of eradicating child poverty.

Unicef (2023) states that vaccination is vital to improve children's health and eradicate preventable diseases. One in five children around the world are unvaccinated.

The Coronavirus pandemic negatively impacted children's health (Dahlgren and Whitehead, 2021; Public Health England, 2022; The Children's Society, 2022; Unicef, 2023).



Dahlgren and Whitehead

(Public Health England, 2017)

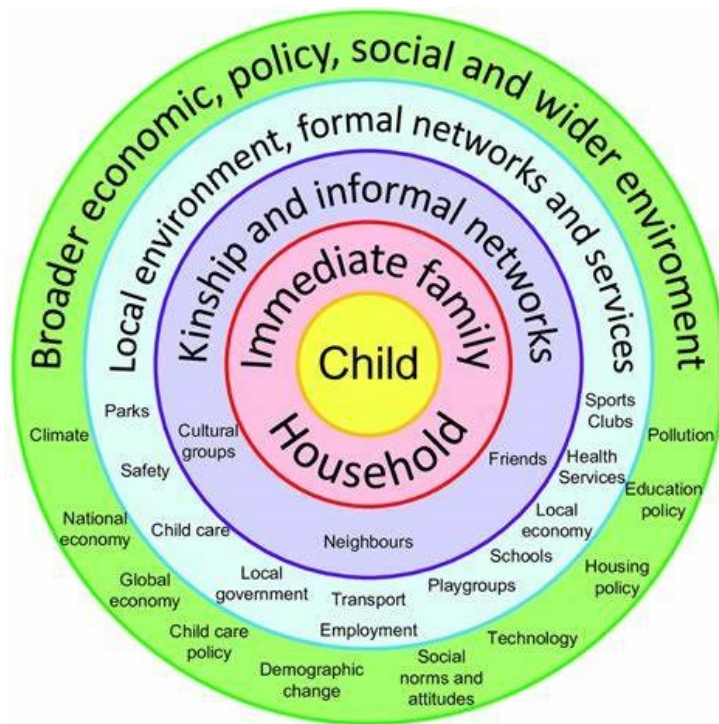
Early years practitioners can support families to maintain good health by signposting families to relevant available support and make referrals where necessary. The Early Years Foundation Stage Statutory Framework (2024) states that providers must promote good health. Practitioners must follow their setting's safeguarding and illness policies to ensure that children are kept safe and from harm.

Practitioners can provide and promote healthy eating in the setting, as well as good hygiene and dental hygiene. The EYFS Framework now requires practitioners to promote good oral health (Department for Education, 2023; 2024).

According to Public Health England (2015), good mental health is essential if children are to thrive.

In 2017, the Green Paper; '*Transforming Children and Young People: Mental Health Provision*' set out plans to improve the provision for young people's mental health by developing earlier intervention and prevention strategies.

The mental health of children and young people in England survey (2020) found that one in six children aged five to sixteen years have a probable mental health disorder. According to The Children's Society (2022) and Public Health England (2022), the Coronavirus had a negative impact on children's mental health, with some evidence that some children have been substantially impacted, and that disadvantaged children were particularly affected.



Bronfenbrenner's ecological model
(Research Gate, 2024)

Well-being

Well-being in young children is demonstrated by their trust, engagement and resilience (Manning-Morton, 2014). Well-being is not static and can be affected by many factors, including interactions with others (Underdown, 2007). Bronfenbrenner (1979) developed a model to illustrate how the environment and interactions affect a child's development. Best practice places the child at the centre of multi-agency working, where the family, practitioner and other professionals work effectively together to ensure the best possible outcomes for the child. Maslow (1970) created a hierarchy of needs, where basic physiological needs must be met, before other needs. If children's basic needs are met, children will then be able to feel fulfilled.

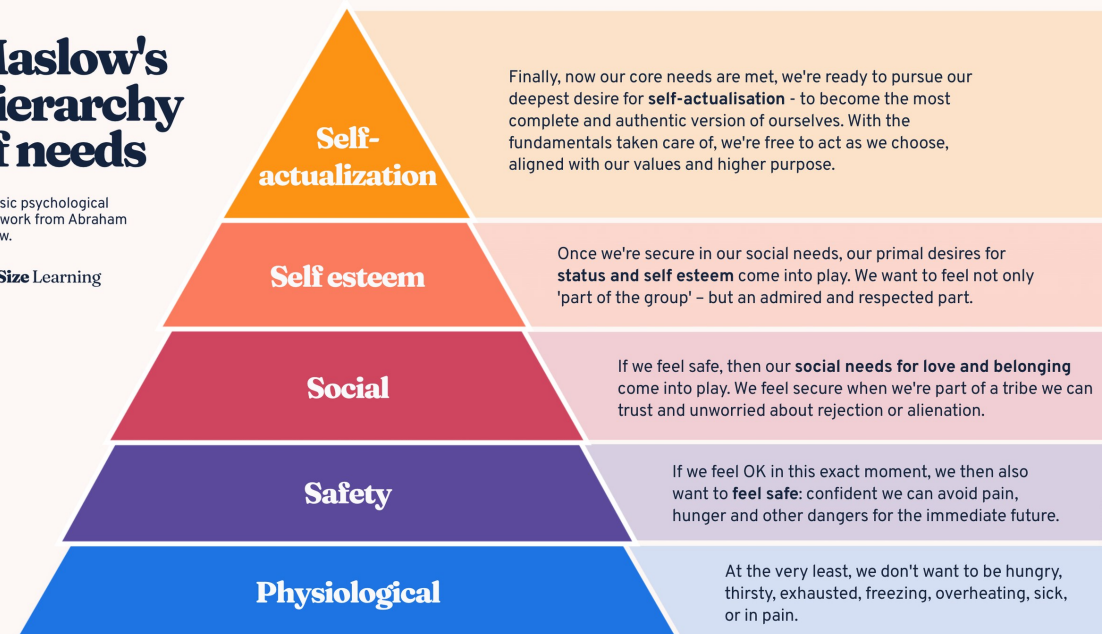
Current best practice is shaped by attachment theory, where children need to develop secure attachments with their carers in order to feel secure and safe and be able to learn. The Early Years Foundation Stage Statutory Framework (2024) states that each child must be assigned a key person.

The unique child, one of the overarching principles of the EYFS, is reflected by an emergent curriculum, that constantly evolves to meet the ever changing needs of the child.

Maslow's hierarchy of needs

A classic psychological framework from Abraham Maslow.

BiteSize Learning



McAuley and Rose (2010) identified four major influences on children's well-being; children's rights and opinions being respected, childhood being valued, recognition that well-being is influenced by many dimensions and the recognition of the importance of happiness over wealth.

The right for children to have their views respected is enshrined in Article 12 of the United Nations Convention on the Rights of the Child (Christensen and James, 2008: Unicef, 2016). According to Underdown (2007), children's well-being is compromised if their views are not considered.

Just like children's health can be negatively impacted by poverty, children's well-being can also be negatively impacted by poverty. Bradshaw (2016) discusses the affect of child poverty on children's well-being. According to Save the Children (2024), more than a quarter of England's children live in poverty. According to the English Indices of Deprivation (2019) deprivation is dispersed across England, with 61% of local authorities containing at least one of the most deprived neighbourhoods in England.

According to The Children's Society (2022) and Public Health England (2022), the Coronavirus had a negative impact on children's well-being, with some evidence that some children have been substantially impacted, and that disadvantaged children were particularly affected. The Children's Society (2022) also identified the recent cost of living crisis and the impact of global events, such as wars, as having a detrimental impact on children's well-being.

The Statutory guidance; Keeping Children Safe in Education, places a statutory duty on all schools and early years settings to promote the welfare of all students (Department for Education, 2023). Early years practitioners can support children's well-being by ensuring that the environment is enabling, with enabling adults, who offer enabling experiences.

According to the Office for National Statistics (2020), young people place great importance in the ability to be themselves, and are particularly aware of the importance of sleep and the impact of social media on their well-being.

Lifestyles

Lifestyle is how people live and Lifestyles can vary dramatically. Lifestyles are determined by choice as well as circumstance. Lifestyles can be influenced by parental experiences, the environment, community, health, mental health, income, religion, education, as well as other influences, such as society and the media.

Life styles can by perceived to be healthy or unhealthy. Healthy lifestyles could include healthy eating, adequate physical exercise, good physical and mental health, and responsible attitudes and behaviours.

Chan and Hazan (2022) favour a holistic approach to lifestyle with their Health Hexagon Model, which identified basic fundamental elements in everyday life such as healthy sleep, a healthy diet, regular physical activity, closeness with nature, supportive relationships, and a sense of purpose. Chan and Hazan advocated for communities to identify missing fundamental elements, rather than adopting the more negative medical model, often focused on western ideas about mental health.

Similarly to health and well-being, lifestyle can be adversely affected by poverty. Nutrition may be affected by poverty, as families may be unable to buy high quality ingredients and fruit and vegetables, or lack the equipment, skill or utilities to prepare healthy meals. Sufficient space or outdoor space may not be available for exercise. A lack of knowledge may impact a families lifestyle, if the family are not aware of the need for limiting sugar intake and the potential impact of prolonged dummy or bottle use on teeth and speech development. A lack of understanding and knowledge about effective child rearing may negatively impact on a families lifestyle.

According to Griggs and Walker (2008) poverty can lead to poor health behaviours. Lower income households are more likely to smoke, and more likely to have poor housing conditions, such as mould or inadequate heating, which may all adversely affect health and well-being.

Early years practitioners must promote good health (Department for Education, 2024) Promoting dental health is a key aspect of lifestyle for practitioners to support children with to promote good health (Bradshaw, 2016; Department for Education, 2023, Department for Education, 2024). Practitioners can advise parents about the adverse effects of prolonged dummy and bottle use, and discourage drinking juice rather than water. Practitioners can provide healthy meals and provide information to parents about healthy eating at home. Practitioners can support families and children with toilet training and increasing independence and personal care. Adequate physical activity is essential for a healthy lifestyle. According to the National Health Service (2022) being physically active every day is vital for healthy growth and development. Babies should have at least 30 minutes of tummy time every day, and toddlers and pre-schoolers. should be physically active for at least 3 hours every day, with pre-schoolers engaged in at least one hour of moderate –to-vigorous intensity physical activity every day. Early years practitioners should support children and families to maintain or adopt healthy lifestyles. If families require additional support, practitioners can initiate Early Help. Early Help is not a single service, but a network of services, processes and interactions that aim to help children and families (Department for Levelling Up, Housing and Communities, 2022). If Early Help is not successful, practitioners can make referrals for additional help and support for families. Effective multi-agency working is vital to ensure the very best outcomes for families and children. In addition to services, there are various organisations who can support children and families; including Save the Children, Barnardo's, Change4life, Eric, Braveheart, and Family Action.

Conclusion

Health, well-being and lifestyle are all connected and not exclusive concepts. Poor health can have an adverse affect on well-being and limit lifestyle. If well-being is poor, mental-health may suffer and again, this may limit lifestyle choices. Poor lifestyle choices can have a detrimental affect on health and well-being. Factors such as poverty, can negatively impact health, well-being and lifestyle. The Coronavirus pandemic, had a negative impact on some children's health and well-being and lifestyle was limited through lockdowns. Individual families and circumstances also affect health, well-being and lifestyle choices. Early years practitioners can support children and families to maintain or adopt healthy lifestyles and this can positively impact on their health and well-being. Early years practitioners can offer support and seek additional support to promote good health and well-being. There has been an increasing amount of research into children's well-being, with UNICEF's *well-being indices*, The Children's Society's *good childhood reports*, the Office for National Statistic's *Index of Children's well-being*, reports by Save the Children and Public Health England. Childhood health and well-being has never been more scrutinised and recognised as being vitally important, and there is a range of policies and legislation to improve the health and well-being of children. Practitioners working effectively with families and the multi-disciplinary team can ensure the very best foundations for children.

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Part 2 –script

Childhood obesity

Hello, my name is Elizabeth Llewellyn-Jones. Student number 2306796. The aspect that I have chosen to explore in depth is childhood obesity.

I have chosen to explore childhood obesity because this aspect of health is of particular interest to me.

According to the NHS (2023) the term obese describes a person who has excess body fat. Body Mass Index (BMI) is a commonly used method to check if someone is a healthy weight. The BMI takes into account a person's height and weight.

UK Parliament statistics (2023) show that of every thousand 4 and 5 year old in England, 101 are obese, 121 are overweight, 765 are of a healthy weight, and 12 are underweight.

According to the UK Parliament (2023), children who live in the most deprived areas of England are substantially more likely to be obese.

Among reception children; aged 4-5 years, in 2021-2022, 13.6% of those in the most deprived areas were obese, whereas 6.2% of those in the least deprived areas were obese.

Obesity is an increasing problem, particularly in the most deprived areas. Over the past 15 years, rates of obesity in 10-11 year olds have increased by 10% in the most deprived areas, but barely changed in the least deprived areas.

According to Save the Children (2024) England has one of the highest rates of child poverty in the developed world, with more than a quarter of all English children living in poverty. Increasing rates of poverty, align with increasing rates of obesity.

According to the UK Health Security Agency (2018) Childhood obesity is a bad thing, as obesity can affect the health and well-being of children.

Children who are obese are more likely to be absent from school with illness, and absence from school can negatively impact a child's education.

Being obese as a child, increases the risk of being obese as an adult. Adult obesity can lead to high blood pressure, high cholesterol and diabetes.

According to the UK Health Security Agency (2018) Obesity can make it harder for children to join in with activities, and children can sometimes be bullied about their appearance.

According to the Office for Health Improvement and Disparities (2022) What causes childhood obesity? There is a significant link between maternal obesity and higher birth weight babies and babies who subsequently become obese. Poor diet and low levels of physical activity are the primary causal factors of obesity.

According to the National Diet and Nutrition Survey (2020)

Children's fibre intake is below the government recommendations.

Children's Saturated fat intake exceeds government recommendations.

Children aged 1.5 years to 3 years consume 19g of sugar sweetened soft drinks per day, which is above the government guidelines.

Sugar intake has decreased though, after the introduction of the Soft Drinks Industry Levy in 2018.

The NHS website Change4life offers support for families to eat healthier.

Support includes: healthier swaps, sugar calculator, healthy recipes, activity ideas to keep active, NHS food scanner, information about healthy eating and healthy lifestyle choices.

Public Health England produced an eat well guide in 2018.

According to the World Health Organization (2024) "Overweight and obesity result from an imbalance of energy intake (diet) and energy expenditure (physical activity)."

In 2020: 37 million children (0-5 years) were overweight. 390 million + children (5-19 years) were overweight, including 160 million who were obese.

According to National Centre for Sport and Exercise Medicine (2015) Early years children are more active if their parents are active. Children who spend more time outdoors engage in higher levels of physical activity than children who spend more time inside. Children are 2 to 3 times more active when they are outside.

According to NHS Physical Activity Guidelines for under 5's (2022) Babies should have 30 minutes of tummy time every day. Toddlers should be physically active for at least 3 hours every day. Pre-school children should be active for at least 3 hours every day and at least 1 hour should be moderate-to-vigorous intensity physical activity.

How can early years practitioners do to support children and families with childhood obesity?

Practitioners have an obligation to help children and their families.

The Statutory Guidance; Keeping Children Safe in Education states that all schools have a statutory duty to promote the welfare of their pupils.

The Statutory Framework for the Early Years Foundation Stage states that providers must promote good health.

Practitioners can support children and families to eat healthily:

Support parents to make healthy choices.

Teach children about healthy eating and making healthy lifestyle choices.

Serve healthy, balanced, nutritious meals.

Promote drinking water rather than juice.

Learn about food and involve children with growing and preparing food.

Practitioners can support children to ensure that they are active:

Provide outdoor play opportunities daily.

Work in partnership with parents.

Offer babies 30 minutes of tummy time daily.

Ensure that children get to be physically active for at least 3 hours every day.

Conclusion

Childhood obesity is detrimental to a child's health, mental-health and well-being.

Childhood obesity is caused by poor diet and low levels of activity.

Practitioners can support children and families to maintain a healthy weight by promoting healthy eating and ensuring that children are physically active.

Practitioners should work in partnership with families to support a healthy lifestyle.

Practitioners should work effectively as part of the multi-disciplinary team to support children and families.

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