

ntroduction

Early intervention is crucial for improving children's outcomes. The Marmot Review (2020) highlights health inequalities and the affect on health, wellbeing and lifestyles of children emphasising that poverty, education and living conditions all have significant impact on children. In Wales the interconnectedness of health, wellbeing and lifestyle are shaped by physical health, mental health and social environments (Welsh Government [hereafter WG], 2022). Nutrition, physical activity and emotional support are paramount to positive future outcomes. Early interventions supporting sleep, nutrition and mental health are also needed due to the decline in childhood health and wellbeing (WG, 2022; Einhorn *et al.*, 2024). This poster explores the definitions and interconnectedness of health, wellbeing and lifestyle and the application in the early years including the role of the Early Years Practitioner [hereafter EYP] and relevant WG policies and initiatives.

The World Health Organisation [hereafter WHO] (2025) defines health as not just being without disease but as a complete state of physical, mental and social well being. They determine that health is a fundamental right aligning with Articles 6 and 24 of the United Nations Rights of the Child [hereafter UNCRC] which state survival and the right to best possible health, with governments responsible for provision (Unicef, no date).

Musgrave (2017) suggests that the definition of health can be challenging and vague while referring to WHO's (1986) definition they describe health as a resource for everyday life rather than its sole purpose (Musgrave, 2017, p. 2).

Musgrave (2017) discusses the Medical Model which focuses on biomedical information, impairments, diagnosis and treatment and the Social Model which takes a more holistic approach focusing on belonging and basic needs without pathologising the person (Killam, 2025; Nursing Answers, 2024; NeuroDiverCity, 2017). Killam (2025) agrees and states that social health, relationships and connections to others are essential for reducing life long conditions and life longevity.

Both health models align with Maslow's Hierarchy of Need, the Medical Model ensuring survival and basic needs, while the Social Model emphasises holistic development and wellbeing in terms of relationships and societal factors (Care Learning, 2024). The Social Model also connects to Bronfenbrenner's Ecological Systems Theory which includes family, community and societal factors influencing a child's mental health (Care Learning, 2025). Both models are interdependent of one another. However when health deficits are given too much focus prejudice and discrimination are the result (NeuroDiverCity, 2017).

Carter and Hill-Dixon (2022) use the Dahlgren and Whitehead model to determine health which shows the interconnectedness of the cultural, social and economical determinants of health. This model is widely recognised for understanding the layers of influence over health and helps to reframe the impact of social factors on health, especially for children. (Department of Public Health [hereafter DPH], 2021; Dahlgren and Whitehead, 2021;).

In its 'Statements of What Matters' Welsh curriculum define what a healthy lifestyle is. This highlights developing physical competence, active lifestyles, emotional communication, developing critical thinking skills and social engagement within their own culture as well as others. This holistic approach is fundamental to a child's health, body and mind and aims to support learners to understand how the interconnectedness between physical health, mental health, development and social wellbeing support learning (WG, 2020).

Social Care Wales (2025) and WHO (2020) pinpoint the uniqueness of each child and how their own personal characteristics, including age, gender, ethnicity and disability status contribute to their overall health and mental health. This is usually compounded by, where they live, who they live with, their socio economic circumstances and any adverse childhood experiences, [hereafter ACE's], any form of stressful or traumatic event, they may have experienced. Croke (2024) defines early years mental health as overall wellbeing focusing on resilience, stress management and positive relationships.

The Children's Commissioner for Wales (2025) addresses the impact of mental health and wellbeing as a fundamental issue for children and caregivers. Senedd (2020) and Croke (2024) agree and acknowledge progress with early years policies however stress the urgency for further action. Despite advancements, issues still remain largely unresolved. Knowing the issues still require action for solutions (Dahlgren and Whitehead, 2021).

Wellbeing is a broad and complex concept with varying definitions. Musgrave (2017) and Bautista *et al.* (2023) describe wellbeing as a state of health, comfort or happiness. NHS England (2022) adds wellbeing includes self-perception emotions and life satisfaction which are all influenced by physical and mental health.

The foundations of lifelong wellbeing begin pre-birth and are interconnected to the child's biological system. A child's life experiences and environment impact their wellbeing and can have potential lifelong consequences (Harvard University, no date).

WHO (1986, quoted in Musgrave, 2017, p. 4) links wellbeing to both social interactions and self-perception while highlighting the importance of developing self reliance and resilience in children so that they develop a good sense of wellbeing. Seaman and Giles (2019, quoted in Peill, 2022, p, 113) recognise that in the early years wellbeing is essential to developing relationships and communicating with the wider world.

Wellbeing can be explored through different theoretical perspectives. Hedonic wellbeing focusing on happiness, pleasure and the absence of distress and, in contrast, eudaimonic wellbeing emphasising personal growth, self actualisation, being true to ones self while engaging in meaningful activities. Philosophers perspectives of how either are achieved differ, some advocate for hedonic and how to please ones self while others support eudaimonic, gaining pleasure and fulfilment from helping others (Carter and Anderson, 2023).

However both hedonic and eudaimonic wellbeing are relevant to the early years and directly link to Welsh curriculum. Children thrive in non-stress environments where positive emotions are promoted. In addition Welsh early years education promotes principles that encourage exploration, autonomy and self actualisation (Care Learning, 2024; WG, 2024).

In addition Morton-Manning (no date) discusses multidimensional wellness. This relates to the holistic, interconnectedness of wellbeing and in the early years involves physical, spiritual, environmental, emotional, cognitive and social aspects. With wellbeing being influenced by secure attachments, nutrition, play based learning and environment (Morton-Manning, no date; Statham and Chase, 2010; Colorado State University, no date).

Bowlby and Malsow's theories both relate to children's wellbeing highlighting the importance of secure attachments and having their basic needs met, such as love, safety and belonging (Care Learning , 2025). NSPCC (2021) state that unmet emotional and wellbeing needs can have significant consequences in later life and can lead to anxiety, difficulty with forming

relationships and behavioural challenges. Unmet needs due to Adverse Childhood Experiences [hereafter ACEs] can significantly impact development and wellbeing. ACEs significantly impact development increasing the risk of mental health issues, behavioural difficulties. Severe and prolonged ACEs can also affect brain development (NHS England, 2025).

Early interventions focusing on emotional security and social connections are vital to develop coping strategies and emotional regulation for children (Freud, 2024). WG are clear on their stance regarding wellbeing in the early years and have integrated it into early childhood play, learning and frameworks. Thus ensuring every child has the right to a strong foundation of learning and development (WG, 2025).

Varnaka (2021) simply states that lifestyle can be described in the way in which one lives. Healthy lifestyles promote health, mental health and wellbeing. Lifestyle in the early years refers to daily habits, routines and behaviours that shape a child's physical, emotional and social development. This includes factors such as physical activity, nutrition, sleep, play and social interactions, which all contribute to long term wellbeing (WG, 2025; Musgrave, 2017).

A child's health behaviours and lifestyle are shaped by their families and communities (Hagell et al., 2018). Adult lifestyles and habits directly impact those of the child. For example homes with insufficient personal hygiene may increase the risk of illness, disease and dental issues (Sherwood, 2018). While a home that engages in regular exercise reduces health risks, increases wellbeing and enhances muscle strength and flexibility which are all essential for physical health, development and quality of life (NHS, 2024). Essentially children imitate the habits of those around them. Bandura's social learning theory explains how children imitate the actions and habits of caregivers. Bronfenbrenner's ecological theory highlights the interconnectedness of a child's relationships between their environment, caregivers, and culture (Brodie, 2025). As such parents and communities play a key role in habit building directly impacting on a child's lifestyle choices and outcomes (Medd et al., 2020).

WG outline four lifestyle behaviours for children - not smoking, eat five portions of fruit and vegetables daily, rarely or never drink alcohol and being active for an hour or more seven days a week. When a child engages in these behaviours it has a direct impact on their health (Carter and Hill-Dixon, 2022).

WG legislation (Public Health Wales Act 2017) emphasises and promotes a healthy lifestyle to reduce the burden of disease. They focus on social conditions that support healthy choices, the reasons for unhealthy behaviours and making health choices more accessible. By 2030 PHW want easier access to healthy choices.

Barriers to living a healthy lifestyle are vast with poverty being a determining factor. Unicef (2025) depict poverty as a public health crisis. They state poverty and deprivation have a direct impact on health, wellbeing and lifestyle. Children born in the most deprived areas have the worst health and lifestyle outcomes impacting development, mental health, cognition and life long health conditions (Unicef, 2025). Children living in poverty experience higher stress levels and when this is chronic it can rewire the brains pathways and alter brain development (Unicef, 2025).

Carter and Hill-Dixon (2022) agree and state poverty impacts every aspect of a child's life. They are at a greater risk of experiencing ACEs, increased food insecurity, lack access to physical activity, live in unstable and poor housing conditions within higher pollution areas and are often faced with barriers to health care and education (Unicef, 2025; Carter and Hill-Dixon, 2022).

Having access to good quality education, for families and children, and care with supportive environments increases the likelihood of healthy lifestyle's and behaviours (Carter and Hill-Dixon, 2022).

In Wales every child has the fundamental right to grow up safe, happy and healthy, this is outlined in the UNCRC (WG, 2023b). These principles are deeply rooted within early years practice (Commissioner for Wales, 2024).

Wales has a clear focus on health in the early years with investment being paramount to life-long learning, wellbeing and healthy development overall (PHW, no date/b). As such they have a wide variety of policies, programmes and guidelines in place. A few of which are the Healthy Child Wales Programme supporting health with immunisations, screening and child development monitoring, First 1000 Days focusing on parental and community support and the Health and Sustainable Pré-School Scheme which includes Flying Start, Early Years Wales, Designed to Smile, Health Snack Award and Healthy Work Wales (WG, no date; Cardiff and Vale University Health Board, no date).

Throughout their journey EYP's will encounter a wide range of diverse families and children, each bringing with them their own language, culture, ability or disability and story. EYP's will need to practice compassion and understanding for a range of values, biases and worldviews to be able to address any inequalities the families may face in relation to health, wellbeing and lifestyle (NHS England, 2023).

Positive early childhood experiences are essential for health and wellbeing (NHS Wales, 2023). It is therefore essential for EYP's to offer protective childhood experiences. By providing key protective factors such as supportive connections with children to enhance emotional security, safe stable environments that offer consistency to reduce stress, a space for children to be able to express all of themselves while encouraging problem solving and emotional regulation will not only promote resilience but also mitigate adversity. All of which promote health, wellbeing and lifestyle (Child Wellbeing and Trauma, 2024; Public Health England, 2020; Hays-Grudo and Morris, 2020).

In Wales EYP's play a crucial role in supporting learners. Welsh curriculum emphasises child-centred settings who focus on children's health and wellbeing needs, with enabling adults who encourage confident, ambitious learners (WG, 2020).

The term 'meeting them where they are' adopts an approach that encompasses empathy and adaptability, ensuring reasonable adjustments are made. For instance modifying pick up times or locations for a child or parent with an ALN can ease transitions, ease stress and positively impact everyone's wellbeing (WG, 2024).

Multi-agency working is vital in early years, ensuring collaboration between health, education, housing, and third-sector services to address children's health, well-being, and lifestyle needs. Collaboration with GPs, health visitors, local authorities, and charities like Barnardo's and Action for Children help tackle specific issues such as asylum support, housing, and food insecurity. This approach not only aids children and communities but also

enhances the EYP's understanding of local health and social inequalities (NHS Wales, 2023).

Conclusion

In this poster the holistic approach and interconnectedness relating to health, wellbeing and lifestyle is clear. While they can differ from child to another, one culture to another and can change over time they are still critical to the foundation of growth and development in the early years (Harvard University, 2022) and theory tells us that with a robust and healthy foundation, children are enabled to thrive (Care Learning, 2025).

Figure 1: Urie Bronfenbrenner: Ecological Systems Theory (as cited on Brodie, 2025)

Figure 2: Social determinants of child health, adapted from Bronfenbrenner (1979) and Dahlgren and Whitehead (2019)

(Pearce, 2019, cited on Wales Centre for Public Policy, 2022)

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Nutrition

The Welsh Government's 2024 Eatwell Guide defines nutrition as the process of consuming a balanced, healthy diet that supports overall well-being. Good nutrition and hydration in early childhood are essential for healthy growth, brain development, and well-being.

Musgrove (2017) highlights that hydration is necessary for healthy bodies and minds, reinforcing its role in cognitive function and concentration. Ensuring children receive adequate nutrition and hydration helps maximize engagement with the wider world and supports bladder and bowel health.

Proper nutrition strengthens the immune system, aids cognitive function, and establishes lifelong healthy eating habits. Hydration is equally important, supporting digestion, body temperature regulation, and energy levels (Public Health Agency, 2018)

Musgrave (2017) states that access to food does not guarantee adequate nutrition for children. Increased food choices can also make it harder for parents to make the right decisions. Socio-economic and socio-cultural factors—such as income, time constraints, religion, medical conditions, and nutritional awareness—shape children's diets, making nutrition a complex issue.

When considering nutrition it must start early. At anytime a healthy diet is essential for a healthy lifestyle, this is especially vital during pregnancy for maternal and foetal

health and development. The NHS (2023) emphasizes that eating well while pregnant helps ensure the baby receives necessary nutrients. Up to 12 weeks of pregnancy Folic acid is recommended for all mothers to reduce the risk of development issues.

While a varied diet is ideal, the NHS advises that additional vitamins and supplements may be necessary during pregnancy:

- Vitamin D – Supports healthy bones, teeth, and muscles.
- Vitamin C – Promotes healthy cells and cell protection.
- Iron – Recommended if blood tests indicate a deficiency to prevent anaemia.
- Calcium – Essential for building the baby's bones and teeth.

Black mothers face significant maternal health disparities, including higher pregnancy-related complications, due to socioeconomic, medical, and dietary factors (Lawson et al., 2024; BMMA, 2020). Research suggests that increasing dairy intake can have positive health outcomes, however food insecurity remains a major barrier to accessing good nutrition (BMMA, 2020).

The NHS (2023) advises that mothers with darker skin or those who cover their skin may need additional vitamin D. Vegan and vegetarian mothers are also encouraged to supplement B12, primarily found in fish and meat, and iodine, found in cereals and grains, to maintain a balanced diet (NHS, 2023; Cwm Taf UHB, no date⁴).

For Black mothers, omega-3 fatty acids are recommended to support mental health during pregnancy and baby brain development (Lawson et al., 2024).

The Foodwise in Pregnancy App, developed by Cardiff and Vale University Health Board (CAV UHB, 2025), provides helpful tips, practical ideas, recipes, shopping advice, and pregnancy-safe exercise suggestions for expectant mothers. The app is designed to support healthy eating and lifestyle choices during pregnancy and is available for free on Google Play and the Apple Store².

In Wales, qualifying mothers can access the Healthy Start Scheme, a means-tested weekly payment that helps parents buy fresh, frozen, or dried fruit and vegetables, pulses, and milk (NHS, 2025). The scheme also provides Healthy Start vitamins for mothers and vitamin drops for children aged birth to four years⁵.

Additionally, the Department of Health recommends that all children aged six months to four years take a daily supplement of Vitamin A, C, and D to support growth, immune function, and overall health (Betsi Cadwaladr UHB, no date)

It is well researched that breastfeeding has long term benefits for babies and children. NICE (2021) guidelines state that Breastfeeding provides long-term benefits for babies and children, supporting immune function, cognitive development, and overall health. Musgrove (2017) adds that it can also reduce the incidences of eczema, infections, asthma and obesity in later life. The nice guidelines also emphasize that breastfeeding advice, guidance, and support are essential for better breastfeeding outcomes. However, practitioners must also respect parental choice and consider social, emotional, environmental, and financial factors when advising on infant feeding.

Additionally, NICE (2021) acknowledges that younger mothers and those from disadvantaged or low-income backgrounds may require additional support to engage in and maintain breastfeeding.

Unicef (2018) states that breastfeeding offers significant health benefits for babies, including a reduced risk of infections, asthma, eczema, obesity, and diabetes in later life. Many mothers also report that breastfeeding helps strengthen emotional bonds with their baby.

Despite these benefits, breastfeeding rates vary globally, with many countries reporting low levels of breastfeeding. In Wales, breastfeeding rates have been steadily increasing. In 2023, 65% of babies were breastfed at birth, marking the highest recorded rate (WG 2024c). The UNICEF Baby Friendly Initiative also supports breastfeeding policies in Wales, aiming to improve maternity services and early years nutrition (Unicef, no date).

Breast and Formula milk provide all the nutrition a baby needs for the first 6 months of life. However occasionally vitamin D drops can sometimes be advised for breastfed babies (NHS, 2025).

Nutrition Skills for Life [hereafter NSF] (2025) state that by 12 months, toddlers should have three meals a day with nutritious snacks in between. They can start eating family meals—just in smaller portions and appropriately cut up.

The Eatwell Guide (2024) provides a framework for balanced eating but does not fully apply to children under 2 years due to their unique nutritional needs. From ages 2 to 5, children can gradually transition to the same food balance as adults.

NHS (2024) states that while children can develop food allergies or intolerances, including reactions to nuts, dairy, soya, or eggs. If a food allergy is suspected, it's essential to consult a medical professional for guidance.

It's important not to exclude any food group unless medically advised, as each contributes essential nutrients for development. For children following vegetarian or vegan diets, extra planning ensures they receive adequate protein, calcium, iron, and vitamin B12. Good sources of plant-based protein include lentils, chickpeas, tofu, and beans

Encouraging children to develop a positive relationship with food from an early age helps establish lifelong healthy habits. Key strategies are:

- Be a role model by eating nutritious foods yourself.
- Offer variety instead of forcing children to eat foods they dislike.
- Involve children in cooking and food shopping.
- Maintain consistent mealtime routines to create structure.

Providing balanced, age-appropriate meals and snacks helps build a strong nutritional foundation, supporting physical and cognitive development (Care learning, 2025).

A parent's need to feed their child is deeply ingrained in human psychology. Two key theories that relate to this are:

- Maslow's hierarchy of needs – This theory emphasizes that a child's physiological needs, including nutrition, must be met as a foundation for overall development (Care Learning, 2025).
- Bowlby's attachment theory – Highlights the importance of parental responsiveness, including feeding, in strengthening emotional bonds and supporting healthy development (NSPCC, 2021).

Both theories stress the necessity of consistent and adequate nutrition for physical and emotional well-being.

Musgrave (2017) highlights that child nutrition is a sensitive topic for parents, requiring tact and diplomacy when addressing concerns such as obesity, food allergies, fussy eating, or ALN-related feeding issues. To support families, early years settings can implement clear, inclusive policies while fostering understanding and empathy. Strategies for Supporting Families -

- Educating parents without judgment through healthy snack choices at parent stay-and-play sessions.
- Providing nutritious food options in domestic areas of childcare settings.
- Collaborating with professionals such as:
 - Speech and language therapists for feeding and swallowing issues.
 - Dietetics specialists for nutritional needs.
 - Inclusion services for sensory sensitivities in children with ALN.

Families can be directed to nutrition-focused programs such as:

- NYLO (Nutrition for Your Little One, 2025) – Supporting parents in making better food choices.
- Get Cooking (CAV UHB, no date) – Helping families learn to cook and build confidence in preparing nutritious meals.

Betsi Cadwaladr UHB (no date) and Nutrition Skills for Life (NSL, 2025) both emphasize that eating well in the first five years is essential for growth, development, long-term health, and disease prevention. Establishing healthy eating habits early lays the foundation for lifelong balanced food choices, making a nutritious diet vital both at home and in childcare settings.

Children in childcare receive around 90% of their daily energy and nutrients from meals provided by their childcare provider. Therefore, it is imperative that early years settings offer a variety of nutritious foods and sugar-free drinks to ensure:

- Adequate energy intake for growth and activity.

- Healthy eating habits that children carry into later life.
- Reduced risk of tooth decay through lower sugar consumption.
- Healthy weight maintenance in early childhood.
- Lower risk of iron deficiency, supporting cognitive and physical development.
- Improved bladder and bowel health, promoting overall well-being (NSL, 2025).

Betsi Cadwaladr UHB (no date), NSL (2025), Early Years Wales (2020) and CAV UHB (no date) all agree that Early years settings are instrumental in shaping healthy eating habits and ensuring children receive adequate nutrition and hydration.

Providing balanced, appropriate portion sized meals and fluids helps prevent obesity, nutrient deficiencies, and dehydration, supporting growth, development, and long-term health. emphasize that childcare settings play a crucial role in establishing routines and healthy eating patterns for young children.

In Wales, early years settings are encouraged to participate in the Gold Healthy Snack Award and the Boliau Bach/Tiny Tums Best Practice Award. These awards recognize childcare providers that excel in offering quality snacks, food, and drinks while fostering healthy eating habits, in line with the 2018 Welsh Government guidance.

Additionally, the Designed to Smile national oral health programme promotes teeth brushing in early years settings. The food provided in childcare also plays a role in supporting healthy teeth development (Welsh Government, 2023)

The Welsh Government (2024b) has introduced food and nutrition guidance for childcare providers, ensuring young children receive balanced meals and snacks to support healthy growth and development. This guidance applies to children up to 12 years old and emphasizes the importance of nutritious food choices in early years settings

In Wales children also have access to the Food and Fun summer holiday program which provides healthy meals, physical activities, and enrichment sessions for all children, including those with ALN. In 2024, it supported over 13,040 children every day, focusing on those from disadvantaged areas.

Gdula and Williams (2025) assessed its impact on mental health, aspirations, and physical activity, while Morgan (2025) proposed expanding access for looked-after children, ALN learners, and asylum seekers alongside a multi-year funding cycle for long-term sustainability. Morgan (2025) and Flintshire County Council (2024) also supported its continuation, citing positive effects on social inclusion and nutrition.

Child poverty remains a critical issue in Wales, directly affecting nutrition and well-being. The Joseph Rowntree Foundation (JRF, 2022) defines relative poverty as households earning below 60% of the UK's average income, making it difficult to afford essential needs.

Leading up to the COVID-19 pandemic, child poverty trends were slowing, but low-income families experienced slower income growth, causing relative child poverty to rise to 31% by 2019/20. Between 2014 and 2019, food parcel distribution more than doubled, from 900,000 to 1.9 million (Tyler, 2021, cited in Poverty Statistics UK, 2022). Families with three or more children saw poverty rates increase from 34% to 47%, and 70% of children in relative poverty were from working families.

In Wales, child poverty remains higher than anywhere else in the UK (Murphy, 2025). Between 2023 and 2024, 31% of children lived in relative poverty, with areas like Blaenau Gwent and Rhymney reaching 36% (Parry, 2025). Farfour (2025) reported that JRF and the Bevan Foundation found little progress in the last 20 years, warning that child poverty in Wales could rise to 34% by 2029/30. Parry (2025) noted that only 2 of 35 Welsh Parliamentary constituencies have fewer than 25% of children living in poverty.

Evans (2025, quoted in Parry, 2025) acknowledged Welsh Government (WG) efforts, such as free school meals for all primary school children, but emphasized the need for bolder political action to address child poverty.

In England, Stedman (2025) cited UNICEF's report, revealing that 35% of English children live in poverty, making them more likely to be obese, suffer from tooth decay, and require hospital visits. Children under five in deprived areas are three times more likely to have teeth removed due to decay, and 25% of children are overweight or obese. There are calls to lift the two-child benefit cap, expand free childcare spaces, and increase the number of Health Visitors by 1,000.

IN SUMMARY

Ensuring proper nutrition in early years is essential for growth, development, and long-term health. Here are the key messages:

- **Balanced Diet** – Young children need a variety of nutrient-rich foods, including fruits, vegetables, proteins, dairy, and whole grains.
- **Hydration** – Regular water intake is crucial for digestion, energy levels, and overall well-being.
- **Early Habits Matter** – Establishing healthy eating patterns early helps prevent obesity, deficiencies, and chronic diseases.
- **Childcare Nutrition** – Settings should provide nutritious meals and snacks, ensuring children receive adequate energy and nutrients. With carefully planned meals for any specific dietary/ feeding requirements.
- **Parental Involvement** – Encouraging positive food experiences at home and in childcare settings fosters lifelong healthy habits.