

Health, Well-being and Lifestyles

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Introduction

This poster aims to define and investigate the concepts of health, wellbeing and lifestyle, giving readers an insight into how these three areas contribute to Early Years development. Theories relating to each area will be discussed, and advice will be provided on how practitioners can utilise these theories, when planning activities around health, well-being and lifestyle, for the children in their setting. All three areas are closely connected, with each adding a positive aspect to children's development and helping them form stable and positive relationships with adults and peers in their lives. NSPCC (2023) state that positive relationships are key to children's wellbeing. Positive relationships are also an integral part of the Early Years Foundation Stage Statutory Framework (2024).

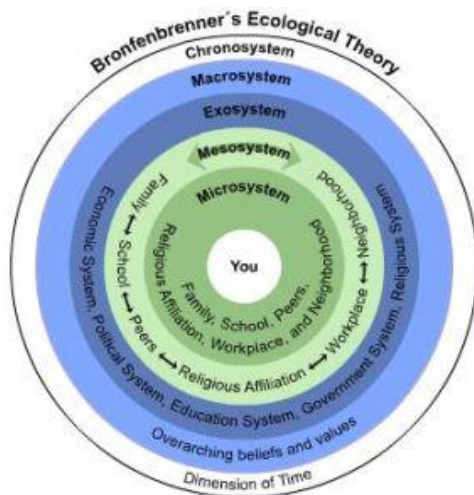
Health

The World Health Organisation (2024) defines health as having total mental, physical and social well-being, rather than being free of illness, and suggests the healthy development of a child is crucial. Leonardi (2018), however, believes the definition given by WHO is no longer suitable for the challenges faced by today's healthcare systems and suggests there could be many definitions dependent on how they are applied. Sartorius (2006) believes there are three definitions of health, firstly being free of disease, secondly being able to cope with the demands of daily life and thirdly feeling a state of balance between oneself and the world around you. Welsh Government (2022), state in their curriculum, that health should be considered using a holistic approach, covering physical and mental health alongside emotional and social wellbeing. Public Health England (2013) believe that a child's physical health and health behaviours can affect their resilience and the way they deal with adverse situations in their lives. Musgrave (2017) suggests that by promoting and supporting good health, children's wellbeing will also be supported. Svalastog et al (2017) emphasise the holistic nature of health, and says health is a state where someone can function well in physical, social, mental and spiritual ways, enabling them to achieve their full potential in their environment.

Applying this to practice

Public Health England (2013) state that health behaviours formed in childhood can greatly influence health outcomes in later life. Practitioners can educate children in the benefits of healthy eating, by providing breakfast clubs serving healthy snacks, for those children who are unable to eat at home,

engaging children in tasting activities where they can sample new healthy foods and by explaining the consequences of an unhealthy diet, for example obesity, cardio-vascular issues and diabetes. Singh (no date), suggests schools should provide adequate facilities for children to exercise, e.g. playground equipment and walking paths, and could also make relationships with the broader community, for example, local food growers or sports clubs. This would demonstrate partnership between people from different ecological systems, as promoted in Bronfenbrenner's Ecological Model (Bronfenbrenner, 1979). In addition to helping promote healthy behaviours, this partnership gives children another opportunity to make positive relationships with people in their community.



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With regard to mental health, it is important for practitioners to have open communication with children and to provide spaces within the setting for children to chat with friends, or have time alone if they need it. Oldham Council (2024) mentions the importance of asking open ended questions, giving children chance to respond with more detailed answers. It is also important to consider the needs of children who may not be able to communicate as well as others and this can be assisted by the provision of picture cards or communication boards. Mentimeter (2022) also suggest providing more opportunities for teamwork in the classroom. This takes the pressure off children having to compete with each other, and encourages them to talk to their peers on an equal basis. They suggest the most important factor is to make the classroom a safe and supportive space, as some children's communication may develop more gradually than others. However, the more comfortable they feel, the more likely it is that they will eventually have the confidence to contribute.

Well-Being

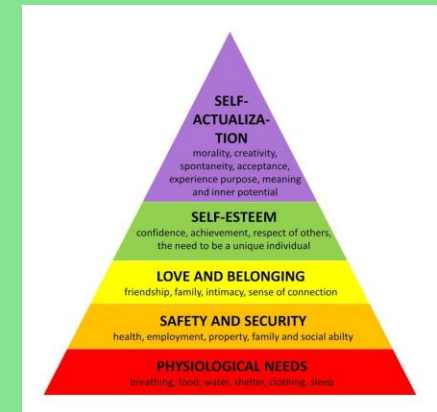
According to Jarden and Roache (2023), a precise definition of wellbeing is yet to be found. Crisp (2014) defines it as how well someone's life is going. Other definitions are vague, referring to happiness and contentment, low distress levels, or good quality of life (APA, 2023). A more used definition, is that of Michaelson (2012), who states wellbeing is understood as how people feel and how they operate on a personal and social level, together with the way they evaluate their lives as a whole. According to Colorado State University Pueblo (no date), there are eight dimensions to well-being - emotional, physical, occupational, social, spiritual, intellectual, environmental, and financial. These dimensions are thought to be mutually co-dependent and therefore, if any one of them is neglected, it will affect a person's holistic wellbeing. Lancashire County Council (2020) states that wellbeing means feeling at ease, having freedom to be spontaneous and having no emotional tensions. Wellbeing is also considered crucial to ensuring a child's mental health.

Applying this to practice

According to Jones et al (2015), by the end of a child's first year, they will have developed strong connections to their parents and other significant adults. This can include Early Years practitioners, who often spend more time with the child, if they have working parents. John Bowlby (1907 – 1990, cited in Berant, 2013), believes that children have an innate response to anything that threatens their connection to their main caregivers. This is known as attachment behaviour. As Early Years Practitioners often act in loco parentis, it is important that they make every effort to meet a child's needs effectively. This can involve ensuring the setting is safe, carrying out frequent checks on equipment and resources, building positive relationships with children and families and fostering a sense of trust. As per the Early Years Foundation Stage Framework (2024), children should all be treated as unique, and any communication or learning should be tailored to their specific needs where possible. Children should also be supported to achieve their goals independently, as per Maslow's Hierarchy of Need (Maslow, 1943).

According to Vygotsky (1978) and his theory on the zones of proximal development, each child can be supported to learn from their own unique starting point, building on the knowledge they already have. This will help them to learn at their own pace, being scaffolded where necessary, without feeling anxious about failing. Just Teachers (no date) states that recognising mental health problems in children is vital to preserve their wellbeing and to prevent their education from suffering. Practitioners should look out for changes in behaviour, mood, academic performance, or social interactions.

The Department for Education (2021) emphasises the need for multi-agency working, when dealing with children's mental health and well-being. Agencies such as counsellors, Educational Psychologists, School Nurses and Educational Welfare Officers can all play a part in keeping children healthy, by providing talking therapies, giving health examinations, providing reports to support referrals to specialist agencies and making sure children are not kept off school unnecessarily, to prevent their mental health or education deteriorating.



Lifestyles

Merriam-Webster (2024) defines lifestyle as the typical way of life of an individual. World Health Organisation (2020), defines it as patterns of behavioural choices. Jensen (2007) states that lifestyle is either defined in many different ways or not at all. Pulkkinen & Kokko (2020) define it as how you live or want to live your life, whilst Cockerham (2022) and Bolt (2022) think that lifestyle accounts for a person's total health related factors, such as tobacco, alcohol, drugs, fat, sugar and exercise. On an individual level, Johansson & Miegel, (1992, 23) consider that lifestyle means understanding the differences and similarities between ways in which individuals face reality and lead their lives. Also, how they express their personality and identity and how they relate to other individuals.

Applying this to practice

Isaacs (2024), believes that if a child lives an independent life, it will teach them to have positive self-image and to have good perseverance. These two elements will help to improve a child's resilience and encourage them to try new things later on in life. Giving children control of things, such as how much they eat, or which clothes they wear, encourages their independence and enables them to improve their motor skills, whilst giving practitioners opportunity to talk about what is happening and how their choices could affect future decisions. For example, is the food they have chosen healthy, or could they find something healthier? This shows how all areas of learning are interconnected, as it gives opportunity for physical, language and personal development. These aspects all contribute to a child's holistic development.

South Australia Health (2024), suggest developing a whole school food policy, offering parents a chance to contribute and taking action on any feedback received. This would reassure parents that they were being listened to and promote the continuation of positive relationships already made. Practitioners could also promote healthy eating habits, by packing their own healthy lunchboxes and eating them alongside the children.

According to De Walt and Hink (2009) and Lee et al (2020), if families were involved more in the activities aimed at improving their child's health, the families' learning would increase the health outcomes for the children. BBC Bitesize (no date) says that if a family has a positive attitude towards sport and healthy activities, then their child will likely have a similar attitude. Children rely on their families for equipment and transport, to reach their chosen activities and therefore, schools and other sports providers should be aware of the costs involved, before trying to engage parents and families. Activities such as running, football, basketball or rounders can be easy to organise and inexpensive, if a school already has the necessary equipment. Schools are in a good position to promote physical activity, having knowledge of physical development, good leadership skills, good role models and links to community organisations such as gyms, swimming baths and sports clubs.

Burnage (2017) suggests inviting parents to attend after school clubs or other extra-curricular sessions, to help engage children in their chosen activity. Obviously for safeguarding purposes, this would involve obtaining DBS checks on the parents concerned. Parents and carers can be reluctant to attend school events, possibly as a result of their own bad experiences. It may be useful to obtain parents' views on what they would like from the school, therefore ensuring you are providing things that will draw them in and provide a positive experience for all involved.

Conclusion

Through research presented in this poster, it is clear the concepts of Health, Wellbeing and Lifestyle are closely linked, and each have a major impact on children's development. All indicators point to the fact that children need effective input around these concepts, during the first five years of their lives, to embed good habits for their future health. Supported by government policies and with their expert knowledge of theories relating to wellbeing, health and lifestyle, Early Years practitioners are ideally placed to provide engaging, positive experiences for the children in their care. In addition, the positive relationships made with children's families, will hopefully encourage more involvement and participation from parents and carers, to further support the child's development.

Reference list for academic poster

- American Psychological Association (2023), American Psychological Association . *APA Dictionary*. American Psychological Association; Washington, DC, USA: 2023. [[accessed on 3 February 2023]]. Well-Being. Available online: <https://dictionary.apa.org/well-being> (Accessed: 16/6/24)
- BBC Bitesize (no date), Family, education, time and cost in sport, Available at: <https://www.bbc.co.uk/bitesize/guides/zy62hv4/revision/3> (Accessed: 16/6/24)
- Berant, E. (2013), 'Empirical and Clinical Aspects of Attachment Theory.', *Journal of the International Society for the Rorschach*. 111-114.
- Bolt , H M .(2002), 'Occupational versus environmental and lifestyle exposures of children and adolescents in the European Union ' . *Toxicol Lett* , 127 : 121 – 126 .
- Bronfenbrenner, U. (1979), *The ecology of human development: Experiments by nature and design*, Cambridge, MA: Harvard University Press.
- Burnage (2017), *Parental Engagement: Some Ideas and Approaches*, Available at: <https://www.sec-ed.co.uk/content/best-practice/parental-engagement-some-ideas-and-approaches/> (Accessed: 16/6/24)
- Cockerham, W C. (2002) . 'Health lifestyles in Russia' , *Soc Sci Med* , 51 : 1313 – 1324 .
- Colorado State University Pueblo (no date), *8 Dimensions of Well-being*, Available at: <https://www.csupueblo.edu/health-education-and-prevention/8-dimension-of-well-being.html> (Accessed: 16/6/24)
- Crisp R. (2014), 'Being. In: Zalta E.N., editor.', *The Stanford Encyclopedia of Philosophy*. Winter 2014 ed. Stanford University; Stanford, CA, USA: 2014., Available at: <http://plato.stanford.edu/archives/win2014/entries/well-being/> (Accessed: 16/6/24)
- Department for Education (2021), Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges, Available at: <https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges> (Accessed: 16/6/24)
- DeWalt D.A., Hink A. (2009), 'Health literacy and child health outcomes: a systematic review of the literature', *Pediatrics*. 2009;124(Supplement_3):S265–S274.
- Department for Education (2024), *Early Years Foundation Stage Statutory Framework*, Available at: <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
- Isaacs, B. (2024), *Why You Need to Teach Healthy Habits to Early Years Children*, Available at: <https://www.teachearlyyears.com/enabling-environments/view/why-you-need-to-teach-healthy-habits-to-early-years-children#:~:text=These%20two%20elements%20contribute%20significantly,later%20emotional%20and%20cognitive%20autonomy.> (Accessed: 16/6/24)

Jarden and Roache (2023), 'What is Wellbeing?', *Int J Environ Res Public Health*. 2023 Mar; 20(6): 5006., Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10049282/> (Accessed: 16/6/24)

Jensen, M. (2007). 'Defining *lifestyle*',. *Environmental Sciences*, 4(2), 63–73. Available at: <https://doi.org/10.1080/15693430701472747> (Accessed: 16/6/24)

Johansson , T and Miegel , F . (1992) , 'Do the right thing. *Lifestyles and identity in contemporary youth culture*' , Stockholm : Almqvist & Wiksell .

Jones D E, Greenberg, M. and Crowley, M. (2015), 'Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness'. *American Journal of Public Health. Research and Practice*

Just Teachers (no date), Nurturing Wellbeing in Children and Young People, Available at: <https://www.justteachers.co.uk/nurturing-wellbeing-in-children-and-young-people/#:~:text=Recognising%20Signs%20of%20Mental%20Health%20Concerns&text=Teachers%20and%20support%20staff%20play,and%20listening%20to%20children's%20concerns>, (Accessed: 16/6/24)

Lancashire County Council (2020), *Wellbeing and Early Years Children: Transitioning Back After Lockdown*, Available at: <https://www.lancashire.gov.uk/media/917497/eyfs-early-years-and-wellbeing-june-2020.pdf> (Accessed: 16/6/24)

Lee H.Y., Zhou A.Q., Lee R.M., Dillon A.L., 'Parents' functional health literacy is associated with children's health outcomes: implications for health practice, policy, and research', *Child. Youth Serv. Rev.* 2020;110

Leonardi, F. (2018), 'The Definition of Health: Towards New Perspectives', *International Journal of Social Determinants of Health and Health Services*, Volume 48, Issue 4, Available at: <https://journals-sagepub-com.ezproxy.uwtsd.ac.uk/doi/full/10.1177/0020731418782653> (Accessed: 16/6/24)

Man of the Word (2013), *Bronfenbrenner's Ecological Model*, Available at: <https://manoftheword.com/wp-content/uploads/2013/07/person-in-environment.jpg?w=300> (Accessed: 16/6/24)

Maslow, A. H. (1943). 'A theory of human motivation', *Psychological Review*, 50(4), 370–396. Available at: <https://doi.org/10.1037/h0054346> (Accessed: 16/6/24)

Mentimeter (2022), *Five Ways to Establish Effective Communication in the Classroom*, Available at: <https://www.mentimeter.com/blog/education/effective-communication-in-the-classroom> (Accessed: 16/6/24)

Merriam-Webster (2024), *Dictionary Definition*, Available at: <https://www.merriam-webster.com/dictionary/lifestyle> (Accessed: 16/6/24)

Michaelson J., Mahony S., Schifferes J., *Measuring Wellbeing: A Guide for Practitioners*. New Economics Foundation; London, UK: 2012.

Musgrave, J. (2017). Supporting children's health and wellbeing. SAGE Publications Ltd, Available at: <https://doi.org/10.4135/9781529715040> (Accessed: 16/6/24)

NSPCC (2023), *Promoting Healthy Relationships*, Available at: <https://learning.nspcc.org.uk/safeguarding-child-protection-schools/promoting-healthy-relationships> (Accessed: 16/6/24)

Oldham Council (2024), *Improving Communication Skills in the Classroom*, Available at: https://www.oldham.gov.uk/info/201166/resources_for_schools/2415/improving_communication_skills_in_the_classroom/3 (Accessed: 16/6/24)

Public Health England (2013), *How Healthy Behaviour Supports Childrens' Wellbeing*, Available at: https://assets.publishing.service.gov.uk/media/5a7c72c5e5274a5255bceb73/Smart_Restart_280813_web.pdf (Accessed: 16/6/24)

Pulkkinen, L. and Kokko, K. (2000), 'Identity development in adulthood: A longitudinal study', *J Research in Personality*, 34 : 445 – 470 .

Sartorius, N. (2006), 'The Meanings of Health and its Promotion', *Croatian Medical Journal*, 47(4): 662–664. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080455/> (Accessed: 16/6/24)

South Australian Health (2024), *What Can I Do As a Teacher or School to Encourage Healthy Eating Habits and to be Active?*, Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/healthy+communities/schools/what+can+i+do+as+a+teacher+or+school+to+encourage+healthy+eating+habits+and+to+be+active>

Svalastog, A. L., Donev, D., Kristofferson, N. J. and Gajovic, S. (2017), 'Concepts and Definitions of Health and Health-related Values in the Knowledge Landscapes of the Digital Society', *Croatian Medical Journal*, 2017 Dec; 58(6): 431–435., doi: [10.3325/cmj.2017.58.431](https://doi.org/10.3325/cmj.2017.58.431) Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5778676/> (Accessed: 16/6/24)

Vygotsky, L. S. (1978), *Mind in society: The development of higher psychological processes*. Massachusetts: Harvard University Press.

Welsh Government (2022), *Health and Wellbeing*, Available at: <https://hwb.gov.wales/curriculum-for-wales/health-and-well-being/> (Accessed: 16/6/24)

World Health Organisation (2024), *Constitution*, Available at: <https://www.who.int/about/accountability/governance/constitution> (Accessed: 16/6/24)

Script for video presentation

Good afternoon and welcome. My name is Kerri McLachlan, student number 2316526, Module Code ECEY5009. My presentation today will focus on maternal mental health, a subject of special importance to me, as my daughter has recently given birth to twin girls.

According to Maternal and Newborn Health (2017), maternal health relates to a woman's health during pregnancy, childbirth, and the postnatal period. Menon and Arora (2021) define maternal health as making the whole experience of motherhood a fulfilling and positive one, despite the fact they believe it is often ignored and not given the attention it requires, either nationally or internationally. One of the Millenium Goals outlined by United Nations (no date) was to improve maternal health for all women. Whilst some progress has been made, the targets of reducing the maternal mortality ratio and providing universal access to reproductive healthcare have not yet been fully achieved. Unicef (2008) believe that improving women's health is central to fulfilling the rights of girls and women under the Convention on the Rights of the Child, Article 6 (1989). The Lancet (2016) states that every year 210 million women become pregnant, and 140 million babies are delivered. Department of Health (2014) states the mental and general health behaviours of mothers can have a significant impact on the wellbeing of their child. This is supported by The World Health Organisation (2017), who say if a woman remains healthy during and after birth, she is more likely to remain healthy later in life. If, however, the mother experiences poor mental health during the first five years of her child's life, the effects can be more severe, due to this being the formative period for the child, where brain plasticity is at its optimum level (Berens et al, 2017).

Women with poor mental health may turn to smoking or drinking as a way of dealing with their problems. During pregnancy, smoking or consumption of alcohol can negatively affect a child's development. According to Better Health Channel (2024), babies of smoking mothers are more at risk of sudden infant death, as their lungs are weakened from the effect of smoking, and it may lead to them having a low birth weight. In turn, this can lead to breathing problems and poor health in adulthood. Consuming alcohol whilst pregnant has similar effects, according to NHS (2023), resulting in low birth weight and the potential of developing foetal alcohol spectrum disorder. Children suffering from this condition are likely to have problems with learning and behaviour, difficulties managing their emotions, poor social skills and speech and communication issues. A graph illustrated by Kelly et al (2009), shows the percentage of three-year-old children experiencing emotional difficulties, rose from 6.3% with non-drinking parents, to 10.1% with heavy drinking parents. The results show other factors may be involved, however, as children of parents who drank only lightly to moderately throughout pregnancy, showed slightly lower levels of emotional difficulty.

Following the birth of a child, new mothers can experience something called perinatal obsessive-compulsive disorder (perinatal OCD). This anxiety disorder can manifest itself any time during pregnancy, up to one year after giving birth (Mind 2024). The condition comprises a mixture of obsessive thoughts and compulsive actions, such as fear of giving your baby a dangerous disease, fear of making the wrong choice regarding vaccinations, together with compulsions such as excessively washing clothes and toys, or going over daily events in your head, repeatedly, to check you have not hurt your baby in any way. Although these thoughts and actions can be distressing, it does not necessarily mean a mother will act on them. If they become so bad that they affect daily life, there are treatments available, such as Cognitive Behavioural Therapy and Exposure and Response Therapy, a talking therapy which helps mothers understand how their OCD works and how to deal with it. Therapists can help mothers confront their obsessions and teach them how to resist carrying out compulsive actions. In some cases, there can be long waiting lists for such therapies, which may lead to added anxiety. In such circumstances, medication is available to treat anxiety, or a combination of medicine and therapy could be recommended. As practitioners, the provision of coffee mornings, support groups for new parents and leaflets giving details of helpful organisations, can be an effective way to support mothers experiencing perinatal OCD symptoms. It may be helpful for them to chat with others, who could be experiencing similar thoughts and to realise that they are not alone.

Another factor which can affect mental health, after the birth of a child, is how traumatic the birth process was for the mother. For example, if the labour itself was prolonged or painful, or if emergency treatment of any sort was required. Alternatively, the after-effects of an unplanned caesarean section can cause anxiety or disappointment that the birth was not as originally planned. Similarly to perinatal OCD, there are cognitive behavioural therapies available to deal with postnatal post traumatic stress. In addition, it can be treated through eye movement desensitisation and re-processing (EMDR), where mothers are asked to perform rhythmic eye movements whilst recalling their trauma. These movements stimulate both sides of the brain, enabling the mother to process the trauma, then later recall it without experiencing intense symptoms of post-traumatic stress. Again, coffee mornings and support groups provided by Early Years settings, could provide opportunities for parents suffering postnatal PTSD to discuss their feelings with others in similar situations.

Another factor affecting children's behavioural and emotional development is antenatal depression. Xu et al (2020) found a connection between severe depression in late pregnancy and pre-term birth. Observations showed no adverse effect, however, when mothers suffered only mild to moderate depression. Jahan et al (2021) carried out a similar study and found that prenatal depression of any level and in any stage of pregnancy, could result in pre-term or still birth and potentially postpartum depression also. Jahan recommends that depression should be monitored throughout pregnancy to prevent these outcomes. In 2014, the Maternal Mental Health Alliance worked towards the provision of a Specialist Maternal Mental Health Nurses project. The aims of the project were to ensure that every maternity trust had at least one senior level mental health specialist midwife, that a whole system approach to perinatal mental health be adopted by every board and that all professionals working with women were to have a basic understanding of maternal mental health issues.

A further study by Severo et al (2023), highlights the fact that assessment of maternal health has long been limited to the postpartum period, with little consideration of the timing, intensity, and chronicity of symptoms. These factors all affect a child's neurocognitive abilities, and it would seem further investigation into these areas would be beneficial. In practice, good relationships between parents and Early Years staff could help spot signs of maternal depression. A mother may also be more comfortable opening up about any difficulties she is facing, if she knows staff are friendly and attuned to the needs of herself and her child. Public Health England (2021) talks about the importance of early intervention to support good parenting and Early Years practitioners are ideally placed to spot signs that this intervention is needed. The need for multi-agency partnerships is also mentioned. Practitioners may be able to steer mothers towards other agencies, specialising in the type of support needed, via Family Support Workers in school. Public Health England (2021) also emphasises the idea of upskilling Early Years Practitioners to offer or refer public health services where necessary. It may be that a parent does not have the resources, time or confidence to seek external help independently, but they may be willing to discuss their needs with Early Years staff in a place they already attend and where they feel comfortable. Data provided by the Royal Foundation and the London School of Economics, shows an estimated cost to society of £16.13 billion each year, during 2018/2019, for addressing issues which could have been prevented by early childhood intervention. This figure is an underestimate as it does not account for the later cost of failing to provide the right support earlier on. It remains, however, almost five times the annual amount spent on early education and childcare entitlements. It is also forty-four times the annual amount spent on specialist perinatal programmes.

Rasmussen et al (2022) discovered that family structure can also play a part in affecting maternal health and the onset of maternal depressive symptoms (MDS). For example, if a divorce or separation occurs in the family, this may not only cause upset and depression but could affect what resources are available to the mother, due to reduced household income. Rasmussen's study was carried out across the United Kingdom, United States and Australia, and results were not consistent across all countries. It is clear from this conclusion that public policies play a large part in deciding the outcome for single parents and it is therefore important to look at each case of poor maternal health alongside the legislation of the country where they live. For example, Kingsley Napley (2023) explains the differences in timescales for completion of a divorce settlement, dependent on the country where proceedings take place. In Ireland, a couple must live together for two out of the three years before divorce proceedings are issued. In England, however, if a couple has been married for at least a year before the issue of proceedings, a divorce can be completed in nine to twelve months. This difference in time could affect how quickly the mother's mental health improves or deteriorates, as if forced to spend longer with a partner before divorcing, this could place more pressure on both her and her child due to relationships becoming strained. Following a divorce, there may be financial concerns for both parties, due to the loss of a joint income. There are strong links between child behaviour and maternal poverty, as stated by Larson (2007). Many mothers living in poverty may have lower education, poor maternal health, experience of marital conflict and the tendency to engage in unhealthy habits such as smoking or drinking. An inter-generational study by De Genna et al (2006), highlights the fact that poverty and behaviour problems usually run in a cycle, continuing from generation to generation. De Genna et al (2006) suggests a life-course approach to this problem,

where transitions and settings play a big part in improving health and wellbeing, very much like the ecological model produced by Bronfenbrenner (1979), which reiterates the importance of environmental systems on a child's development. As practitioners in the child's microsystem, Early Years staff have a duty to promote healthy living and a love of education, enabling children to understand what they need to live a healthy lifestyle. The World Health Organisation (2017) identifies the implementation of nationally appropriate social protection policies, as one of its sustainable development goals, with Columbini et al (2011) stating that poverty and lack of financial protection are one of the barriers to women obtaining access to good health services.

When a child is exposed to many adverse childhood experiences, also known as ACEs, the pattern seems to repeat in the future life of that child as demonstrated in a video from Public Health Network Cymru (2017), showing how a young boy's life could have continued had he not received the support he needed from teachers and agencies around him. The importance of positive relationships throughout a child's life is emphasised in the EYFS Framework (Department for Education, 2024), as a way of ensuring they become strong and independent. Similarly, Early Intervention Foundation (2023) discusses the importance of positive relationships between new parents. The arrival of a new baby can cause parental depression, financial stress, reduced time spent with a partner and an increase in housework, all affecting the normal functioning of the family. When parental conflict occurs during pregnancy, this has been linked to conduct and emotional problems in children, up to the age of 42 months or three and a half years, with predictions for further conduct issues later in life. When parental conflict occurs postpartum, this also affects a child's adaptive emotion regulation. Information like this can be useful to practitioners when planning sessions for a Family Hub, as this could include a session on helping reduce family conflict. Systems can also be implemented in school, such as emotion boards, allowing children to express how they feel and recognise the emotions they are experiencing. The Academy of Medical Sciences (2024) states that parents are not always aware of how different aspects of development, such as socio-emotional, cognitive and physical, contribute to their child's health and development during the first 5 years and it is therefore crucial for Early Years settings and Family Hubs to promote the importance of this, whenever possible, by way of parenting support groups, leaflets and focus groups. The World Health Organisation (2014) states that barriers to women accessing health services, include poverty, travelling distance, lack of information and inadequate services. Provision of information by Early Years settings would contribute towards a reduction in these barriers, by making information easily accessible without the need to travel or seek professional advice.

Fathers can also suffer from mental health problems relating to the birth of a child. Making the transition to parenthood can be daunting for both parents and some fathers feel they are not giving enough support to the mother of their child (Public Health England, 2021). Mental health problems can make it hard for parents to bond with their baby, in turn leading to an insecure attachment style, as per Bowlby (1978), who discusses the implications of an insecure attachment style. Children who have an insecure attachment to their main caregiver may struggle with regulating their emotions and have difficulty making stable relationships. Mental illness is also more likely in children with insecure attachment (Public Health England, 2021).

According to Public Health England (2021), around fifty percent of perinatal depression cases are undetected. If they are picked up, evidence-based treatment is not always provided, due to a lack of awareness. This is especially the case with black and ethnic minority groups, as there can be a stigma surrounding mental health issues, leading women to be reluctant to discuss their difficulties, for fear of having their baby removed from their care.

In conclusion, whilst some progress has been made towards supporting maternal health, there is still a long way to go. Early education is crucial, to embed a culture of caring and support for new mothers, together with the need for multi-agency working to be at its best, giving a broader picture of what new mothers need to thrive and provide the best outcomes for their children. I hope this presentation has given you some insight into the challenges faced by new mothers and that you have gained some knowledge to help you improve the provision we give to parents in our settings. Hopefully, in the future, this will benefit all new mothers, my daughter included.

Thank you for listening.

Reference List for part 2 – video recording

Academy of Medical Sciences (2024), *Prioritising early childhood to promote the nation's health, wellbeing, and prosperity*, Available at: <https://acmedsci.ac.uk/file-download/16927511> (Accessed: 15/6/24)

Berens AE, Jensen SKG & Nelson CA (2017). 'Biological embedding of childhood adversity: from physiological mechanisms to clinical implications,' *BMC Med.* 15, 135.

Better Health Channel (2024), *Pregnancy and Smoking*, Available at: <https://www.betterhealth.vic.gov.au/health/healthyliving/pregnancy-and-smoking> (Accessed: 15/6/24)

Bowlby, J. (1978), 'Attachment theory and its therapeutic implications', *Adolescent Psychiatry*, 6, 5–33.

Bronfenbrenner, U. (1979), *The ecology of human development: Experiments by nature and design*, Cambridge, MA: Harvard University Press.

Colombini, M., Mayhew, S. H., Rechel, B. (2011), *Sexual and reproductive health needs and access to services for vulnerable groups in eastern Europe and Central Asia*. Istanbul: United Nations Population Fund Eastern Europe and Central Asia Regional Office; 2011, Available at: http://eeca.unfpa.org/sites/default/files/pub-pdf/vulnerable_groups_book_0.pdf (Accessed: 15/6/24)

De Genna, N. M., Stack, D. M., Serbin, L. A., Ledingham, J. E., Schwartzman, A. E., 'From risky behavior to health risk: Continuity across two generations,' *J Devel Behav Pediatric*. 2006; 27:297–309.

Early Intervention Foundation (2023), *Supporting Healthy Relationships Among New Parents*, Available at: <https://www.eif.org.uk/> (Accessed: 15/6/24)

Department for Education (2024), *Early Years Foundation Stage Statutory Framework*, Available at: https://assets.publishing.service.gov.uk/media/65aa5e42ed27ca001327b2c7/EYFS_statutory_framework_for_group_and_school_based_providers.pdf (Accessed: 15/6/24)

Department of Health (2014), *Starting Well – Pregnancy to 5 Years*, Available at: https://assets.publishing.service.gov.uk/media/5a7cda81e5274a2ae6eeb2c6/Starting_Well.pdf (Accessed: 15/6/24)

Jahan, N., Went, T. R., Sultan, W., Sapkota, A., Khurshid, H., Qureshi, I. A. and Alfonso, M. (2021), 'Untreated Depression During Pregnancy and Its Effect on Pregnancy Outcomes: A Systematic Review', Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8448270/> (Accessed: 15/6/24)

Kelly, Y. et al. (2009), 'Light drinking in pregnancy, a risk for behavioural problems and cognitive deficits at 3 years of age?', *International Journal of Epidemiology*, 38, 129-140.

Kingsley Napley (2023), *Why “where” matters jurisdiction considerations for international divorces*, Available at: <https://www.kingsleynapley.co.uk/insights/blogs/family-law-blog/why-where-matters-jurisdiction-considerations-for-international-divorces> (Accessed: 15/6/24)

Lancet (2016), *Maternal Health 2016*, Available at: <https://www.thelancet.com/series/maternal-health-2016> (Accessed 14/6/24)

Larson, C.P. (2007), 'Poverty during pregnancy: Its effects on child health outcomes', *Paediatric Child Health* 2007 Oct; 12(8): 673–677. doi: [10.1093/pch/12.8.673](https://doi.org/10.1093/pch/12.8.673) Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528810/#:~:text=Preterm%20birth%20and%20intrauterine%20growth%20restriction&text=Explanations%20for%20these%20disparities%20in,among%20lower%20income%20pregnant%20women> (Accessed: 15/6/24)

Maternal and Newborn Health (2017), *Copenhagen: WHO Regional Office for Europe; 2017*, Available at: <http://www.euro.who.int/en/healthtopics/Life-stages/maternal-and-newborn-health/maternal-and-newborn-health>, (Accessed: 15/6/24)

Maternal Mental Health Alliance (2023), *Specialist Maternal Mental Health Midwives*, Available at: <https://maternalmentalhealthalliance.org/campaign/projects/specialist-maternal-mental-health-midwives/> (Accessed: 15/6/24)

Menon and Arora (2021), 'Maternal Health: Challenges and the Way Forward', *Med J Armed Forces India*. 2021 Apr; 77(2): 121–124, doi: [10.1016/j.mjafi.2021.03.006](https://doi.org/10.1016/j.mjafi.2021.03.006) Available at: <https://ncbi.nlm.nih.gov/pmc/articles/PMC8042492/> (Accessed: 15/6/24)

Mind (2024), *What is Perinatal OCD?*, Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/perinatal-ocd/> (Accessed: 15/6/24)

NHS (2023), *Drinking Alcohol While Pregnant*, Available at: [https://www.nhs.uk/pregnancy/keeping-well/drinking-alcohol-while-pregnant/#:~:text=Drinking%20alcohol%20during%20pregnancy%20increases,alcohol%20spectrum%20disorder%20\(FASD\).](https://www.nhs.uk/pregnancy/keeping-well/drinking-alcohol-while-pregnant/#:~:text=Drinking%20alcohol%20during%20pregnancy%20increases,alcohol%20spectrum%20disorder%20(FASD).) (Accessed: 15/6/24)

Public Health England (2021), *Early Years High Impact Area 1: Supporting the Transition to Parenthood*, Available at: <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-1-supporting-the-transition-to-parenthood> (Accessed: 15/6/24)

Public Health England (2021), *Early Years High Impact area 2: Supporting Maternal and Family Mental Health*, Available at: <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-2-supporting-maternal-and-family-mental-health> (Accessed: 15/6/24)

Public Health Network Cymru (2017), *Adverse Childhood Experiences*, Available at: <https://www.youtube.com/watch?v=XHgLYI9KZ-A> (Accessed: 15/6/24)

Royal Foundation Centre for Early Childhood (2021), *Big Change Starts Small*, Available at: https://assets.ctfassets.net/qwnplnakca8g/2iLCWZESD2RLu24m443HUf/1c802df74c44ac6bc94d4338ff7ac53d/RFCEC_BCCS_Report_and_Appendices.pdf (Accessed: 15/6/24)

Severo, M., Ventriglio, A., Bellomo, A., Iuso, S. and Petito, A. (2023), 'Maternal Perinatal Depression and Child Neurocognitive Development: A Relationship Still to be Clarified', *Front.Psychiatry*, 20 March 2023, (Sec. Perinatal Psychiatry), Volume 14 – 2023, <https://doi.org/10.3389/fpsy.2023.1151897> Available at: <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsy.2023.1151897/full> (Accessed: 15/6/24)

Unicef (2009), *Maternal and Newborn Health*, Available at: <https://www.unicef.org/media/84866/file/SOWC-2009.pdf> (Accessed: 15/6/24)

United Nations (no date), *Millennium Development Goals and Beyond*, Available at: <https://www.un.org/millenniumgoals/maternal.shtml> (Accessed: 15/6/24)

United Nations Conventions on the Rights of the Child (1989), Available at: https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf (Accessed: 15/6/24)

World Health Organisation (2014), *Maternal Mortality*, Available at: https://iris.who.int/bitstream/handle/10665/112318/WHO_RHR_14.06_eng.pdf?sequence=5&isAllowed=y (Accessed: 15/6/24)

World Health Organisation (2017), Available at: <https://iris.who.int/bitstream/handle/10665/340843/WHO-EURO-2017-2363-42118-58039-eng.pdf?sequence=1> (Accessed: 15/6/24)

Xu, L. L., Li, J. Q., Pu, Y.Q., Zhou, C., Feng, S.W. and Luo, Q. (2020), ***Effect of prenatal depression during late pregnancy on maternal and neonatal outcomes***, Available at: <https://www.imrpess.com/journal/CEOG/47/5/10.31083/j.ceog.2020.05.5398/htm> (Accessed: 15/6/24)