

Content page

1. AI acknowledgement
2. Powerpoint Presentation Script
3. Powerpoint Presentation Slides – I have emailed the recorded presentation

I acknowledge the use of Chat GPT on 18th May 2026 to look for further sources of information.

I used the prompt(s):

1. My assignment is looking at Health, well-being and lifestyle within early years.
I have read research but am wanting more sources to study.
2. Can you summarise this source?
3. What theorists disagree with this?

I acknowledge the use of Chat GPT on 20th June 2026 to help structure, check citations and proofread.

I used the prompt(s):

1. Can you help me structure my poster on health, wellbeing and lifestyles in early childhood?
2. Can you check if I am missing any citations
3. Can you check whether my poster links to health, wellbeing, lifestyles, theory, policy and early years practice
4. Check the structure of this paragraph

I confirm that I have not presented any AI generated text as my own work

I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

Well-being Presentation Script

Childhood obesity in the early years is a significant health and wellbeing issue because it can affect children's physical development, emotional wellbeing, confidence, participation and long-term health outcomes (Welsh Government/Public Health Wales, 2021; Public Health Wales, 2025).

This presentation discusses that childhood obesity should not be understood simply as the result of individual lifestyle choices. Although food, physical activity, sleep and routines are important, children's health is also shaped by family circumstances, poverty, access to safe play spaces, community resources, health services and wider social inequalities (Marmot *et al.*, 2020; Bambra, 2019).

For this reason, childhood obesity needs to be approached holistically. Early years practitioners have an important preventative role in promoting active play, positive food experiences, emotional wellbeing and partnership with families. However, this support must be sensitive, inclusive and non-judgemental, recognising that families may face barriers that affect their ability to make healthy lifestyle changes. This is supported by the All Wales Weight Management Pathway and Marmot *et al.*'s work on health inequalities (Welsh Government/Public Health Wales, 2021; Marmot *et al.*, 2020).

Childhood obesity is commonly characterised as having an excessive body mass, which can be harmful to one's health. The World Health Organization (WHO) defines obesity in 2025 as abnormal or excessive fat accumulation that constitutes a health concern. According to the NHS (2024), children's BMI should be calculated differently from adults' because they are still developing, and their age, sex, height, and weight should all be considered.

However, BMI alone cannot tell us everything about a child. According to the All Wales Weight Management Pathway 2021, BMI should not be used as the only indicator of weight management intervention since obesity is complicated and caused by several factors. It recommends considering the child's and family's physical, psychological, and social well-being.

As a result, childhood obesity cannot be reduced to a number on a chart. It should be viewed within the context of the whole child, their family and their surrounding environment. This reflects the All Wales Weight Management Pathway's emphasis that BMI should not be used in isolation, and Marmot *et al.*'s (2020) argument that children's health is shaped by wider social and environmental conditions (Welsh Government/Public Health Wales, 2021; Marmot *et al.*, 2020).

Childhood obesity matters because it can affect children both now and later in life. Over 35 million children under the age of five were overweight in 2024, according to the WHO, making childhood obesity one of the biggest public health concerns of the twenty-first century. Public Health Wales data for 2023 to 2024 shows that childhood obesity remains a current concern in Wales, with 13.7% of measured children overweight and 11.8% living with obesity.

The impact is not only physical. The All Wales Weight Management Pathway 2021 highlights that excess weight in childhood can be associated with physical health concerns, poor psychological and emotional health, and bullying. Musgrave's 2017 research on children's health and wellbeing supports the concept that early childhood practitioners must consider the whole child, including physical, emotional, and social welfare.

This suggests that childhood obesity should be understood as a wellbeing issue rather than only a weight issue. If a child lacks confidence when participating in play, experiences criticism, or feels different from others, this may affect their emotional wellbeing and social involvement. This links with the All Wales Weight Management Pathway, which highlights that excess weight in childhood can be associated with poor psychological and emotional health and bullying, and with Musgrave's (2017) holistic view of children's health and wellbeing (Welsh Government/Public Health Wales, 2021; Musgrave, 2017).

The Daily Mile is a useful practice example because it shows both the value and the limitations of physical activity interventions (Darby *et al.*, n.d). Darby *et al.* (n.d) investigated the Daily Mile with Foundation Phase students at a Swansea primary school. Their survey discovered that 46% of children surveyed were significantly overweight or obese, compared to the Welsh national average of 26% at the time. However, following the intervention, children's fitness increased although their BMI remained the same.

This suggests that early years settings should focus on more than weight-based outcomes. They should also value improvements in fitness, confidence, participation and wellbeing.

Childhood obesity is influenced by a range of interconnected factors, rather than one single cause. Diet, physical activity, sleep and sedentary behaviour can all affect a child's health, but these behaviours do not happen in isolation. The All Wales Weight Management Pathway recognises that obesity is complex and shaped by multiple factors, while Marmot *et al.* (2020) show that health is also influenced by wider social and economic conditions (Welsh Government/Public Health Wales, 2021; Marmot *et al.*, 2020).

Darby *et al.*'s (n.d) Daily Mile study found that children spent a large amount of time in front of screens and that very few children were involved in organised clubs or activities outside school. This also links with Christakis and Hale's (2025) work on children and screen use, which is relevant because long periods of screen time can reduce opportunities for active play, movement and social interaction.

Family routines are important because children often develop food, sleep, activity and screen-time habits within the home. However, it would be too simplistic to suggest that childhood obesity is only the result of parental choices, as families' routines are also shaped by income, housing, time pressures, access to safe play spaces and wider social inequalities (Marmot *et al.*, 2020; Bamba, 2019).

Practitioners should avoid viewing childhood obesity as primarily the outcome of poor parental choices. Bamba's (2019) research on austerity and health inequalities

complements this broader view by demonstrating how poverty and limited resources can impair families' ability to live healthily. Families may face difficulties such as high food expenses, time constraints, insecure housing, limited transportation, limited access to healthcare, and less safe outside play areas.

Children do not develop in a closed environment, according to Bronfenbrenner's ecological systems theory. They are influenced by interconnected systems around them, including family, early years settings, community services, wider policy and social conditions. Tudge also (2021) explains that Bronfenbrenner's ecological theory remains highly relevant to early education and care because it connects children's development with families, teachers, services and wider social contexts.

Dahlgren and Whitehead's (2007) Rainbow Model provides a framework for understanding how various lifestyle choices, social connections, and where people live and work are all influenced by a variety of larger influences, including socioeconomic, cultural, and environmental factors that, in turn, affect health outcomes.

According to Marmot *et al.* (2020), there is a fundamental connection between an individual's health and the factors that determine their birth, upbringing, location, employment, and ageing. There are also disparities in the resources, wealth, and power that various social groups possess.

These essential ideas help to move the conversation away from individual responsibility. Rather than questioning why a family is not making healthier choices, practitioners should consider the wider barriers the child and family may be facing and how early years practice can respond sensitively and practically (Marmot *et al.*, 2020; Welsh Government/Public Health Wales, 2021). Welsh policy supports the idea that childhood obesity prevention should be early, holistic and shared across services.

The Healthy Child Wales Programme 2021 provides universal contacts for children and families, focusing on screening, immunisation, monitoring and supporting child development. Healthy Weight: Healthy Wales is Wales's long-term strategy to

support healthy weight, and the 2025 to 2027 delivery plan places children and young people at the heart of action through a whole-system approach (Welsh Government, 2025).

The All Wales Weight Management Pathway 2021 promotes holistic, non-judgemental support rather than relying only on BMI. It also identifies different levels of support, from self-directed support to multi-component and specialist multi-disciplinary services.

By integrating health and wellness into the daily routines of childcare settings, the Healthy and Sustainable Pre-School Scheme 2023 promotes this proactive approach. Exercise and active play, mental and emotional health, the environment, safety, family contact, and nutrition and dental health are all addressed.

The United Nations Convention on the Rights of the Child also frames health and wellbeing as children's rights. Article 24 gives children the right to the best possible health, including nutritious food and health information. Article 31 protects children's right to play, rest and leisure, which links directly to active play and physical activity. Article 12 is also relevant because children have the right to express their views, so early years practitioners should include child voice and choice when planning healthy lifestyle activities (UNICEF n.d; Children's Commissioner for Wales, n.d.).

Early childhood practitioners have an important role since they influence a children's daily experiences. Obesity prevention does not have to be restricted to formal health education. It may be included into regular routines (Public Health Wales, 2023; Welsh Government/Public Health Wales, 2021).

In practical terms, this may involve frequent outdoor play, games of movement, dancing, active storytelling, walking, climbing, gardening, cooking, and cutting down on extended periods of sitting. The All Wales Weight Management Pathway 2021 and the Healthy and Sustainable Pre-School Scheme 2023 both encourage this.

Based on the UK Chief Medical Officers' 2019 physical activity guidelines, movement is associated with health, sleep, development, and wellbeing. Lynch (2024) agrees that physical education improves children's general welfare, learning, and health.

Additionally, by offering water, balanced snacks, cooking classes, growing food, and having positive conversations about nutrition, practitioners may promote healthy eating.

Children should not be defined by their body size, and food-related practice should avoid shame or stigma. The All Wales Weight Management Pathway 2021 recommends that both children and youth be handled seriously, while also taking a courteous approach. Given the complexities of childhood obesity, there are several agencies and community-based organisations that may help. While they are not intended to be the primary source of these traits, teachers in early years settings may note improvements in a child's confidence, energy, curiosity, or overall wellbeing (Welsh Government/Public Health Wales, 2021; Public Health Wales, 2023).

Wilson's 2024 work on collaboration with parents and carers is related to this. This is important for preventing childhood obesity because professionals should respectfully assist families instead of causing them to feel guilty or condemned. It involves collaborating to comprehend procedures, obstacles, and practical adjustments.

The All Wales Weight Management Pathway 2021 promotes collaborative efforts across health, education, social care, and families. The Healthy and Sustainable Pre-School Scheme 2023 also promotes collaboration with other agencies, such as health visitors, dietitians, speech and language services, and health improvement programs.

In practice, obesity prevention should focus on realistic and sustainable changes that can be built into everyday early years routines. Settings can support this through music and movement, outdoor play, obstacle courses, walking, running, dancing and child-led physical activity. However, these approaches are most effective when they are part of wider joined-up support around the child and family. Therefore, multi-agency working should not mean passing responsibility away, but working together

to support the child's health, wellbeing and participation (Public Health Wales, 2023; Welsh Government/Public Health Wales, 2021). One of the study's key conclusions was that every child could prefer a different kind of exercise. While some children might like running, others would rather play games, practise yoga or dance, or engage in artistic activities.

The study found that a range of activities was needed to increase motivation and engagement. Brown *et al.*'s Cochrane review (2019) found that interventions combining diet and physical activity can help reduce the risk of obesity in young children. Fane *et al.* 2020 research on preschool children's accounts of wellbeing also supports the importance of child voice, meaning children should be involved in choices about play, movement and wellbeing activities where possible.

The Healthy and Sustainable Pre-School Scheme 2023 also supports family involvement, action planning, and assessment. It suggests that activities should be specific, measurable, achievable, reasonable, and time-bound, and that parents, carers, and children should be consulted when appropriate.

Although early years settings can have a positive influence, families may still face challenges such as food costs, time limits, insecure housing, limited transport, unsafe outdoor spaces or restricted access to activities.

Marmot's (2020) work on health inequalities shows that health is shaped by the conditions children grow up in. The National Institute for Health and Care Excellence (2025) guidance on overweight and obesity management also supports the need for prevention and management that is evidence-based and appropriate to the individual.

The All Wales Weight Management Pathway 2021 understands that weight-related discussions can be sensitive. It notes that many children and parents may feel ashamed or afraid of being blamed, and that interactions should emphasise support rather than criticism. According to Welsh Government data from the Welsh Index of Multiple Deprivation, 28% of children aged 0 to 4 lived in financial deprivation between 2016 and 2017. This is significant since poverty can limit families' access to

nutritious food, transportation, safe outdoor places, and overall support. It advances the premise that childhood obesity is determined by inequality rather than individual family decisions.

Peill (2022) highlights that supporting children's health is not only an individual practitioner responsibility. Settings must ensure that they incorporate family support, inclusivity, health, and well-being into everyday operations. Therefore, universal care for all children and specialist help for families with additional challenges are necessary for successful obesity prevention.

In conclusion, childhood obesity is a complex concern that can affect many elements of a child's life such as physical health, well-being as well as social involvement. Evidence from the World Health Organisation, Public Health Wales, Marmot, Welsh government policy, the All Wales Weight Management route, and best practice in the early years all suggest that preventing childhood obesity is not primarily the responsibility of the child or family. Practitioners should have a holistic perspective of practice. This allows them to approach childhood obesity prevention by encouraging a range of experiences and routines for children and their families, whilst still having an awareness of the barrier they may face such as poverty and inequality. With a supportive, empathetic environment children may develop healthy habits which in turn will improve their sense of self-worth and well-being from an early age.

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Presentation

2514677 ECEY5009

Childhood Obesity in the Early Years

Promoting healthy living, wellbeing and positive lifestyle habits.



Source - <https://flatworldknowledge.lardbucket.org/books/an-introduction-to-nutrition/s18-nutrition-and-society-food-pol.html>

Childhood Obesity

What is childhood obesity?

- Excess body fat that may affect health
- Children's BMI is assessed differently from adults
- BMI alone does not explain the whole child



Source - ChatGPT

Why Childhood Obesity Matters

Childhood obesity can affect:

physical health

emotional wellbeing

social confidence

long-term health outcomes



Source - <https://www.mises.org/es/2018/12/los-derechos-de-los-ninos-en-la-teoria-juridica-libertaria/>

Evidence from Practice: The Daily Mile

The Daily Mile study

- Foundation Phase children
- Physical activity intervention
- Fitness improved
- BMI did not change
- Wider wellbeing benefits observed





Factors Influencing Childhood Obesity

Influencing factors

- diet and nutrition
- physical activity
- screen time
- sleep and routines
- family habits
- poverty and inequality
- access to safe play spaces

Source - <https://evikarandekarblog.blogspot.com/2010/10/review-of-nirman-viva-4-acre-township.html>

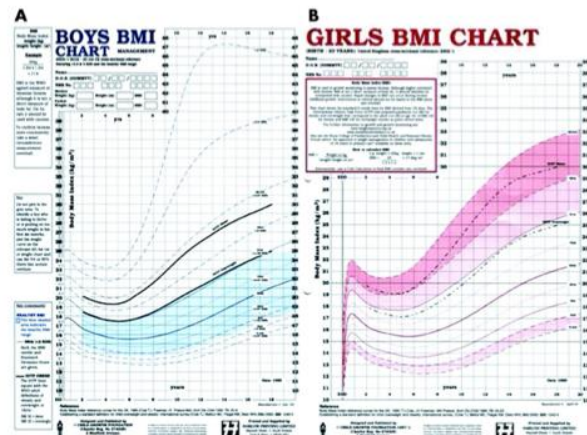
Understanding the wider picture

- **Bronfenbrenner:**
child, family, setting, services, community and policy
- **Dahlgren and Whitehead:**
lifestyle factors, social networks, living conditions and wider inequalities

Welsh Policy and Guidance

Policy and guidance

- Healthy Child Wales Programme
- Healthy Weight: Healthy Wales
- All Wales Weight Management Pathway
- Healthy and Sustainable Pre-School Scheme
- Curriculum for Wales
- UNCR



Source - <https://ep.bmj.com/content/89/3/ep57>

Role of Early Years Practitioners

Practitioner role

- create active daily routines
- offer healthy snacks and water
- model positive attitudes
- avoid shame and stigma
- work with families
- observe wellbeing and participation



Source - <https://www.stonebridge.uk.com/blog/distance-learning/what-skills-do-you-need-to-become-an-early-years-practitioner/>

Multi-Agency Working and Family Support



Source - <https://www.nurseryworld.co.uk/content/features/multi-agency-working-part-6-multi-tasking>

Working together

Support may involve:

- early years practitioners
- parents and carers
- health visitors
- school nurses
- dietitians
- GPs
- community services



What Can Be Done in Practice?

Practical approaches

- daily movement opportunities
- active outdoor play
- healthy snacks and water
- reduced sedentary time
- parent partnerships
- local health promotion links
- child voice and choice

Source - <https://pazoms.blogspot.com/2015/04/greece-and-russia-fruit-n-veg-for-gas.html>

Barriers to Healthy Living

Challenges include:

- poverty and food costs
- family routines
- time pressures
- access to safe play spaces
- weight stigma
- engagement with services

Chart 1: Percentage of children aged 0 to 4 living in income deprivation, 2016 to 2017

28% of children aged 0 to 4 were living in income deprivation



Source: Welsh Index of Multiple Deprivation (WIMD), Indicator data, Welsh Government

Conclusion

Childhood obesity is:

- a health and wellbeing issue
- a lifestyle issue
- a social inequality issue
- a shared professional responsibility

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