

Health, lifestyle, and wellbeing in early childhood

The following academic poster defines health, lifestyle, and well-being and introduces theories that can help understand, promote, and apply these concepts in the early years. Furthermore, the poster discusses the impact of poverty and inequality and the role of healthcare professionals and multi-professional practice. It also presents applications that practitioners can implement in their practice.

According to the World Health Organization (2022), to be healthy does not only mean to be free from sickness or infirmity; rather, to be healthy means to be in a condition of total mental, physical, and social well-being. Moreover, National Research Council and Committee on Evaluation of Children's Health (2004) claim that children's health is how well each child or group of children can grow and reach their full potential, meet their own needs, and learn the skills they need to interact well with their biological, physical, and social environments. By contrast, children's perspectives in several studies, including Children's Society (2014) and La Valle *et al.* (2012), are consistent. Rather than seeing health as the absence of ill-health symptoms, they regard health as feeling well and being able to participate in daily activities. They can recognise a distinction between mental and physical health and emphasise the significance of having healthy emotions. The capacity to engage in physical activity is seen as a sign of physical health, with the advantages of playing, participating in sports, or just enjoying these activities. Moreover, United Nations (2022) states that according to international human rights legislation, all children have the right to health care. The Convention on the Rights of the Child's Article 24, which stipulates that children have the entitlement to the best possible quality of health and access to health care services, is the specific provision that establishes the Child's right to health.

Furthermore, according to Cambridge Dictionary (2019), *Lifestyle* is the term used to describe a person's manner of living or the regular activities in which an individual or group participates. Moreover, Medway Community Healthcare (2022) claims that a healthy lifestyle means good changes for children's physical, mental, and social health. That includes a balanced diet, 60 minutes of daily exercise, time spent with family and friends, adequate rest, proper personal hygiene, and attendance at health visits.

At the same time, Department of Health (2014) highlights that *well-being* is about feeling good and performing well, and it includes an individual's life experience in addition to a comparison of living conditions with society's standards and ideals. Moreover, according to HM Government (2015), supporting children's health and doing everything possible to promote good health and avoid illness can assist in promoting children's well-being. Reggio Emilia pedagogy, for instance, emphasises the well-being and personal development of children, and it is expected that activities and the environment will be organised to promote their well-being, according to Palaiologou, 2016.

Furthermore, The National Institute for Health and Care Excellence (NICE, 2012) divides well-being into three categories: psychological, emotional, and social, and lists various

factors to determine. These elements include topics ranging from being confident and happy to have positive interactions with others to controlling feelings and adaptability.

The Wheel of Well-Being, recommended by Healthy Surrey (2021), is a valuable tool for thinking about what individuals can do to enhance their mood, lower their risk of depression, and improve their relationships, which can also be applied to children.



(Healthy Surrey, 2021)

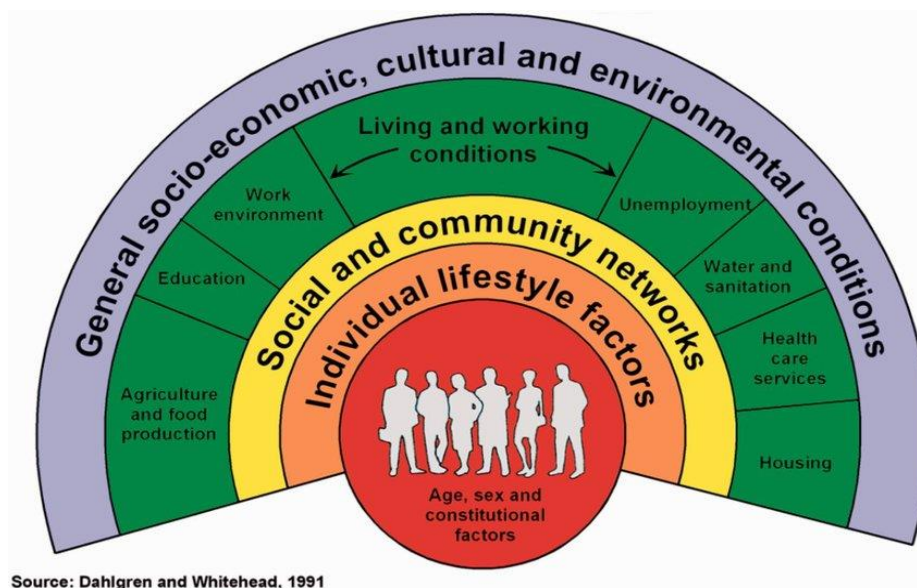
According to Rose, Gilbert and Richards (2015), the social model of health takes a comprehensive view of the impact of health, or poor health, on individuals, taking into consideration emotional, social, and environmental aspects. When it comes to children, it is essential to consider their care and educational requirements.

Therefore, according to Musgrave (2017), Bronfenbrenner's ecological systems theory is beneficial for considering the effects of many environments on children's health. The macrosystem includes national influences such as legislation and policies affecting the health of children. It is also critical that the macrosystem recognises global implications for children's health. This is particularly significant when many children are migrating from their home countries, taking their culture, religion, and ethnic variety with them, all of which may impact many areas of health. Given this, the Department of Health (2016) claims that the Children Act of 1989 offers a broad framework for the care and safeguarding of all children in need, including those who live away from their homes. Notably, under Section 22 of the Act, local governments have a special duty to protect and improve the welfare of every child in their care. Also, under Section 27 of this Act, local authorities may expect other authorities and specific NHS organisations to help them fulfil their duties toward needy children, their parents, or their caregivers.

Additionally, according to Public Health England (2017) the "social determinants of health" are the general social and economic conditions that affect health across the life cycle.

Many of these factors that affect health have a socioeconomic gradient, with poorer people suffering worse health outcomes than those who are better situated in society. Children who grow up in less affluent neighbourhoods often have disadvantages throughout their lives, impacting their physical and mental health. These disadvantages might range from scholastic achievement to career chances.

Notably, in the Dahlgren-Whitehead rainbow, the individual is at the centre, with layers of health determinants surrounding them, including personal lifestyle factors, community influences, working and living conditions, and more general social circumstances. This model helps identify health inequalities, according to Patient Safety Learning, 2021.



However, Diderichsen, Dahlgren and Whitehead (2021) claim that early childhood development and education impact a child's future academic success and place in the job market. As a result, reducing educational disparities by, for example, decreasing the difference in educational accomplishment by parental socioeconomic status and promoting social mobility has been an essential strategy for reducing health inequality.

In an adaptation of Bronfenbrenner's systems in connection to children in the early years, Clark (2013) points out that children have two microsystems, one at home and one in their early years setting. Moreover, Clark notes that an increasing number of children spend significant time daily in non-family day-care centres. A child may spend as much time there as they might at home. However, the requirement to support children's health and well-being continues and becomes the practitioner's obligation to fulfil throughout the children's stay.

In view of this, Maslow's hierarchy of needs offers a framework for understanding how to motivate and engage students and suggests that these needs must be addressed before a child may be ready to learn, according to Noltemeyer *et. al.*, 2012.



Source: Kurt, 2020

Moreover, Maslow's theory is classified as a Deficiency/Growth requirements theory, which means that a student deficient in one or more needs would be unable to concentrate on other topics until those needs are fulfilled. In general, Maslow's hierarchical approach to analysing student requirements argues that when students feel secure and their fundamental physiological needs are addressed, they will be driven to explore areas of creativity and participate in cognitively difficult tasks. As a result, teachers must not only guarantee that students have access to programmes that support their health and well-being, but they must often deliver such services directly in the classroom. (Noltemeyer *et. al.*, 2012).

Belson, Snelling and Heap (2018) claim that school leaders and practitioners may promote healthy behaviours among students by setting a good example and providing explicit instruction; this will have positive economic and social effects in the long term. It is essential to address the different factors influencing one's health choices, such as the environment, availability of meals and physical activity, community norms, etc. Obesity and bad health are not the consequences of a single cause. The idea of an ecological approach in a school environment tackles the numerous policy, educational, and societal institutions that contribute to the smooth operation of these elements.

Nonetheless, schools alone are unable to address all of a child's requirements. However, when practitioners and school officials support children in meeting their fundamental requirements, they may collaborate with local organisations to ensure that these needs are satisfied. Future teachers must be able to learn the knowledge and skills they need to evaluate the health and well-being of their students and find community groups that can help them, according to Belson, Snelling and Heap, 2018. Given this, the Department of Health (2016) claims that the Children Act of 2004 encouraged local authorities, Primary Care Trusts (PCTs),

and other care partners for children to work together to protect and improve the health and well-being of children.

In that case, the Royal College of Paediatrics and Child Health (2018) claims that health visitors play a crucial role in providing parents with health advice, early identification of children with specific health, educational, and potential safeguarding needs, and implementation of interventions, as well as in accident prevention, injuries, and more significant problems later in life. Moreover, school nurses expand upon this by assisting children in adopting a healthy lifestyle, allowing them to attain their maximum potential and enjoy the moment.

Furthermore, according to the National Society for the Prevention of Cruelty to Children (NSPCC, 2021), supporting children's and young people's well-being is essential to keeping them safe, assisting them in their development, and ensuring they have excellent outcomes as adults. Additionally, anyone who works with children and adolescents is responsible for ensuring their health and well-being, identifying any issues about a child's welfare, and knowing how to keep them safe. This includes knowing what actions to take to keep children safe from harm.

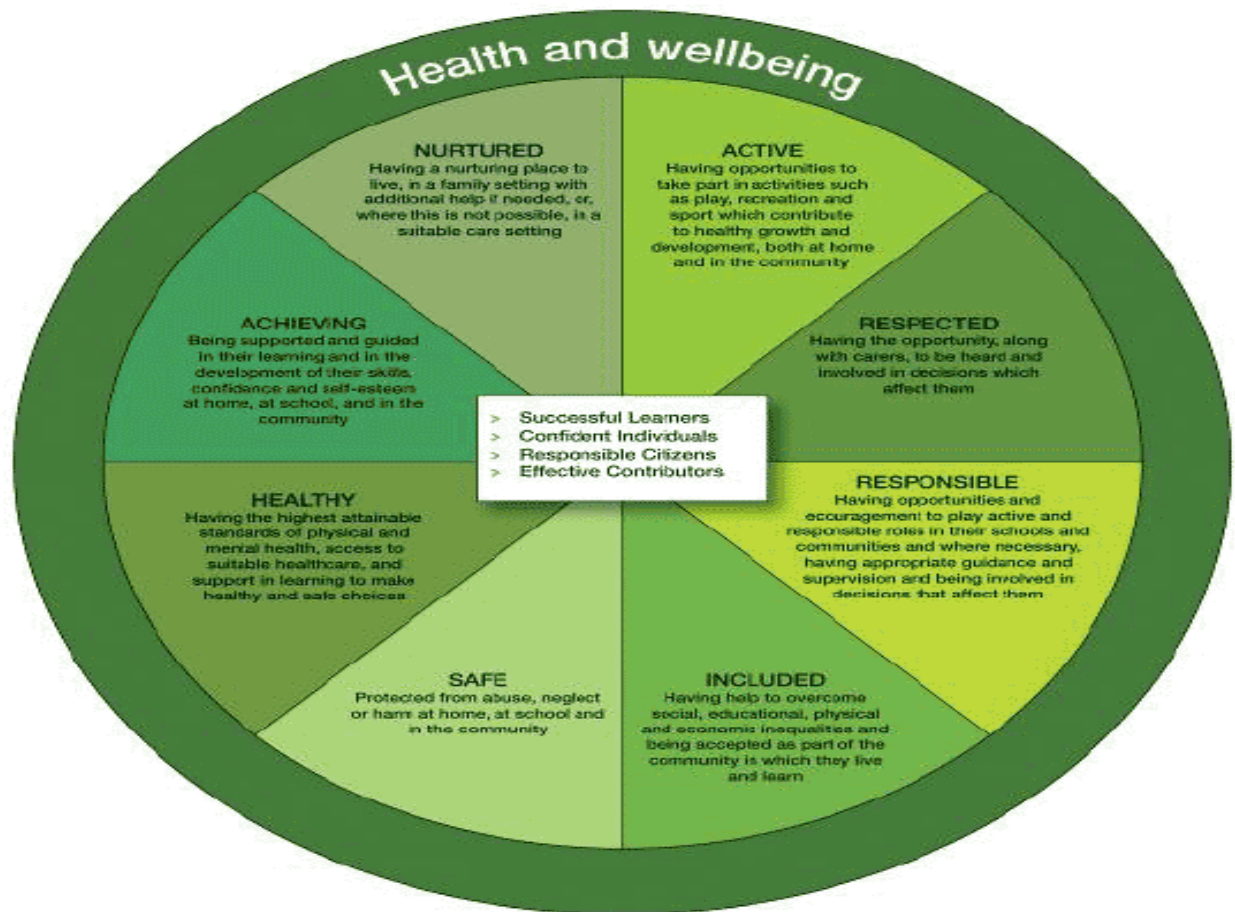
Besides, schools may have positive or negative effects on the health and welfare of young people. They serve as crucial environments for early intervention to prevent future physical and mental health issues. Effective prevention may lower the expense of health care in the long run. Wales' educational system is now going through a significant overhaul. All schools have started using a new curriculum in 2022 that, for the first time, puts health and well-being at the centre of education. Long (2019) claims that, according to the curriculum, all Welsh children should grow up as "healthy, confident people."

Additionally, according to the Welsh Government (2022), the Health and Well-being Area of Learning and Experience delivers an in-depth framework for comprehending health and well-being. For example, physical exercise, proper diet, hygiene, personal care, sleep, and infection prevention, are all health-promoting behaviours. It also involves knowledge of health-harming practices. Based on this knowledge, learners may build good, informed behaviours that enable them to care for and respect themselves and others. These behaviours help learners' feelings of self-worth, mood, and energy levels. Learners will be supported to gain the confidence, motivation, physical ability, understanding, and knowledge necessary to lead healthy and active lives that promote physical health and well-being.

Similarly, Education Scotland (2009) claims that Curriculum for Excellence plays a vital role in supporting the health and well-being of children. Moreover, children should feel happy, protected, respected, and involved in the school environment. All staff members should take responsibility for fostering excellent behaviour in the classroom, playground, and throughout the school community. Robust rules and practices that safeguard children's safety and well-being should already be in place. Furthermore, institutions may help young people in a variety of ways. These are examples of peer support, friends, breakfast or lunch groups, safe areas, mentors, student support personnel, and extended support teams.

Effective learning and preparation for independent life rely heavily on good health and well-being. This goal for every child can only be achieved with a cooperative effort by schools and their partners, who collaborate closely to specifically develop their health and well-being

programmes while taking into consideration local conditions and student requirements. Each practitioner must be informed of his or her specific tasks and obligations. This unified vision and aim are shown in the figure below. (Education Scotland, 2009)



(The Scottish Government, 2015)

In conclusion, children's health and well-being are vast and complex concepts that may be determined by economic, social, environmental, and personal variables. It is well acknowledged that children's health and well-being significantly influence their development. This statement indicates that the mission of every practitioner in this field is to foster growth and learning, and everyone is responsible for preserving good health and preventing children from suffering life-threatening diseases.

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