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AI Statement

I have not used AI in any way for this assignment.

Link

[ECEY 5009 Presentation.mp4](#)

Script

Kriznik *et al.* (2018) define health as the result of a complex interplay between individual and social factors, declaring it foundational to all aspects of well-being and development. This definition aligns with social models of health which recognise not only individual factors but the wide array of social factors, such as employment, housing, and economic health, influencing individual and national health (Rahman *et al.* 2024).

One of the most commonly used social models of health is Dahlgren and Whitehead's 1991 model (Dahlgren and Whitehead, 2021, pp. 21). Sometimes called the rainbow model of health, the Dahlgren and Whitehead model emphasises the interrelated nature of societal structure, public policy, and health, highlighting the role of a multi-tiered response to treating health crises (Dyar *et al.* 2022).

In contrast, biomedical models maintain a strict focus on the identification, treatment and prevention of illness or disease (Beyera, O'Brien and Campbell, 2021). While this is a valuable aspect of health promotion, its strict focus on physical causes of ill-health may risk shifting conversations of health towards individual fault or causation (Brown, 2018). Critics, including Shakespeare, Watson, and Alghaib (2016), suggest that this reduces the likelihood of chronically ill or disadvantaged patients seeking support when necessary as they fear facing judgement for matters outside their control.

This presentation has elected to focus primarily on the impact of poverty on health and wellbeing due to its social relevance and far-reaching impact.

The Marmot report (2010) is a health inequality review conducted on behalf of the UK Department of health which identifies poverty as a structural determinant of health and highlights the national scale of the problem (Marmot, 2010). A 2020 update to the Marmot report, created to assess the progress of tackling health inequalities in the UK (Health Foundation, 2020), reaffirms the original report's position and further indicates a trend of worsening child poverty over the intervening decade (Marmot *et al.* 2020).

For example, recent data published by Corcoran (2024) indicates that 4.5 million or approximately 31% of children in the UK are living in poverty, up from 4.1m in 2018 (Joseph Rowntree Foundation, 2018). This data utilises a relative definition of poverty, wherein poverty is determined by the median income of a given population (Brown, 2024), in this case, relative poverty is determined to be less than 60% of the current UK median household income.

Furthermore, it must be acknowledged that 26% of children in the UK are living in absolute poverty (Corcoran, 2025) up from 18% in 2018 (Royal College of Paediatrics and Child Health, 2020). According to Habitat for Humanity (2018) absolute poverty refers to a state of lacking sufficient resources to meet one's basic needs. In the UK, this is considered to be a household income of less than 60% of the median UK household income in the 2010 to 2011 fiscal year (Brown, 2024).

This presentation will explore the profound impact that poverty has on holistic health in early childhood and the ways in which early years practitioners can utilise multiagency working and evidence-based intervention to alleviate its damaging effects.

First the significance of poverty in determining the physical of health of a child must be considered.

Families living in poverty, both relative and absolute, often struggle to provide adequate nutrition to their children (Robinson, 2025). While the impact of food deprivation is well documented and

significant (Spettigue *et al.* 2025; Dispasquale, Cucinotta and Romano, 2020), a growing area of public health concern is the quality of food provided to low-income families and its effect on health outcomes (Wentworth and Chapman, 2024).

Many economically deprived families rely on foodbanks run by charitable organisations (Devine, 2024). However, these organisations are often unable to provide enough groceries for all those in need, due to funding and donation limitations (Goodwin, 2023). For example, in the 2024 to 2025 fiscal year the Trussell Trust reported a 26% percent increase in demand compared to the same period in 2019 and 2020 (Trussell Trust, 2025), while donations and funding fell by £35m between 2020 and 2023 (Legraien, 2023).

This suggests a systemic overreliance on charitable provision which was never intended to meet such sustained, large-scale demand, causing the government to fall short of its duty to ensure a good standard of health for all of its citizens, regardless of background (Sekalala, Hearty and Namyalo-Ganafa, 2023).

While governmental schemes such as Healthy Start vouchers aim to offset these deficits by subsidising food costs for low-income families (UK Government, n.d), provision and uptake are uneven and so fall short of fully bridging the gap (Food Sense Wales, 2025). For example, while Healthy Start vouchers can be used to purchase cow-based milk and infant formula, they cannot be used to purchase allergy-safe alternatives meaning that their efficacy is limited for low-income families needing to cater for dietary limitations (NHS, n.d). Furthermore, the value of Healthy start provision has not kept pace with food inflation with its last increase being in 2020 (Barrett, Spires and Vogel, 2022)

As a result, parents often find themselves in the position of needing to supplement these provisions with the most affordable options available (Barnardo's, 2025). A recent study by the Food Foundation (2025) found that healthier foods, such as fruits, vegetables, and minimally processed meats, cost nearly twice as much per thousand calories than less healthy alternatives, like highly processed foods and those high in added sugar.

This price differential reflects a wider trend towards processed and artificial foods in supply-chain policy nationally (Wentworth and Chapman, 2024), which Wood *et al.* (2023) theorises to be due to their reduced production costs and longer shelf life, which enables businesses to sell their products at a higher profit margin. In practice, this means that children from lower income families are developing serious conditions, such as diabetes and vitamin deficiencies, as a result of an insufficient diet (Waitzman, 2023).

While diet and nutrition are key factors of poverty's impact on physical health, equal consideration must be given to poverty's effect on mental health in early childhood.

Children in early childhood require stability and secure attachments to kind, nurturing caregivers in order to develop a balanced sense of identity and belonging (Shen, Liu and Brat, 2021, pp. 129-142). Research conducted by Sobowale and Ross (2018) shows that the chronic stress experienced by parents raising children in poverty can have a significant impact on their parenting practices and approach, reducing the efficacy of parental attachment. This exacerbates the stress experienced by the children themselves, as they do not receive the support and guidance required to thrive despite the adversity (Blair and Raver, 2016).

Furthermore, both poverty and parental health are significant contributing factors if Adverse Childhood Experiences, or ACEs (Farooq *et al.* 2024). According to Keator *et al.* (2024) ACE's, which include such things as abuse, neglect, parental illness or loss and serious illness, have a significant and lasting impact on the structure of a child's brain which can have a profound effect on a child's emotional and social health. Emotionally, ACEs heighten a child's risk of developing mental ill-health, including serious mental health conditions like anxiety disorders, personality

disorders and behavioural disorders (Tzouvara *et al.* 2023). Socially, ACEs can cause significant difficulty creating and maintain peer to peer relationships, negatively impacting all friendship related metrics, including quantity, quality, and satisfaction (Wang *et al.* 2024).

However, ACEs are not the only link between poverty and worsened social development. In Elgar *et al.*'s (2019) study which looked at the correlation between low socioeconomic status and bullying across approximately 850 thousand children and 30 countries, identified that low economic status in early childhood was causatively linked to increased bullying victimisation in adolescence, even if the families' finances have stabilised in the intervening time. Being the victim of bullying can lead to feelings of social isolation and alienation which impact a child's sense of self-worth, confidence and belonging causing social delays and lifelong difficulty forming strong positive relationships (Armitage, 2021).

In order to fully understand poverty's effect on health, one must also consider poverty's impact on a child's lifestyle.

According to Mollborn and Lawrence (2018) a child's lifestyle, their daily way of living, is influenced at every level by their family dynamics and resources. Taking, for example, a child's access to opportunities for physical activity. Recent research by the Department of Levelling Up, Housing and Communities (2022) found that families living in socially rented properties have on average 66m² of usable home floor space compared to 106m² for those living in privately owned dwellings while The Health Foundation (2024) found that 28% of deprived children live in communities with limited access to green spaces.

Furthermore, poverty restricts children's access to extracurricular activities, like sporting clubs and musical tuition (Social Mobility Commission, 2019). Activities such as these have been proven by Oberle *et al.* (2019) and Zarazaga *et al.* (2024) to improve children's academic achievement and social development, alongside supporting their mental wellbeing. However, while many community-based children's programmes attempt to keep costs as accessible as possible, charging a median cost of £6.67 per session (Walker *et al.* 2023), many parents report that this is still out of reach during the current cost of living crisis (Jacob, 2019),

When compounded by lack of access to space at home and declining provision for funded sports programmes (Crossley, Campenhout and Billingham, 2025), this puts children experiencing poverty at a significant physical disadvantage when compared to their more financially fortunate peers (Eyre *et al.* 2022).

While these challenges are significant, they are not insurmountable. This piece will now consider the ways in which early years practitioners may support these children and their families through a multiagency approach and evidence-based interventions.

Multiagency working, defined by the Welsh Government (2025) as an integrated approach which encourages collaboration and information sharing between professional organisations and individuals, plays a critical role in reducing harm to families experiencing poverty (Welsh Government, 2019).

For example, in line with the Nursery Milk Scheme, all childcare settings across Britain who are caring for children below the age of 5 are entitled to free cow's milk at the rate of 189ml per child, per day (Department of Health and Social Care, n.d). This helps to minimise the costs surrounding nutritionally balanced meals and snacks for young children; however, this provision does not extend to milk substitutes, even in the case of allergy or intolerance (Department of Health and Social Care, n.d), leaving settings to absorb the cost or pass it along to the parents. This is significant for families experiencing poverty as even a minor increase in childcare fees can cause significant financial difficulties when resources are already stretched thin (Oxfam Wales, 2023).

Practitioners, when given sufficient and appropriate training, can provide significant support for allergy management by working in partnership with parents, dietitians, and the local authority to facilitate the child's access to allergy-safe alternatives without penalising the parents (Santos *et al.* 2023). Meanwhile, programmes such as subsidised milk and free school meals available for children who have reached formal education aged offer children multiple balanced, allergy aware meals and snacks throughout the day (UK Government, 2024; Caerphilly Council, n.d). This highlights the disparity between early years and school aged provision which persists despite notable research, such as the marmot report (2010;2020) reinforcing the importance of early childhood intervention.

Another key way in which practitioners can support children from low socio-economic backgrounds is by forming a strong, working partnership with the children's parents (Duncan, 2023). The Early Childhood Play, Learning and Care Plan in Wales (Welsh Government, 2024) highlights the importance of this partnership and establishes its creation and maintenance as a core tenet of best practice in the Welsh childcare sector. By creating an open, professional relationship with the parents of the children attending their setting, practitioners can position themselves to provide education and signposting to help organisations or institutions, such as foodbanks, Healthy Start vouchers and income assistance schemes (Kambouri *et al.* 2022, pp. 642).

However, practitioners must ensure that this support is offered in such a way that the families' privacy and dignity as preserved as established in the Human Rights act 1998 and Equality act 2010. Research shows that parents who feel judged or pitied may reject offers of support and assistance, even to their or their child's detriment (Dempster, Wildman and Keating, 2013), therefore practitioners must ensure offers of support are sensitive to the individuals family's needs and circumstances (Department for Education, 2025).

In terms of direct practice, according to the National Children's Bureau (2022), one of the most powerful ways an early years' practitioner can support children experiencing poverty is by adopting an inclusive, trauma-informed approach to caregiving and education. In order to support children enduring adverse experiences, it is vital that early years' practitioners are knowledgeable and vigilant to the wide-reaching effects of trauma and the most beneficial responses and support strategies (Zero to three, 2021).

However, recent data indicates a significant deficit of qualified, experienced nursery practitioners across Wales (Champion, 2024). Therefore, young children experiencing poverty may not be receiving the support they require to overcome that adversity, resulting in lower academic achievement and worse quality of life (Estyn, 2024). Practitioners can help to bridge this gap by partaking in regular professional development, maintaining their qualifications, and engaging in independent research as required (Dubiel, 2024).

In conclusion, this presentation has examined how poverty impacts the holistic health and wellbeing of young children, framed through the social model of health. It has shown how wider social determinants – such as housing, nutrition, and access to services – shape outcomes from early childhood onwards.

While policy responses like the Marmot Review and Welsh government strategies offer valuable frameworks, inequalities persist. Early years professionals, while limited in their ability to address the causes of poverty directly, play a vital role in recognising its effects and supporting children and their families with compassion and insight.

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