Health and Well-being

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Health, Wellbeing, and Lifestyles in Early Years Education and Care: A Holistic and Theoretical Perspective

Introduction

In the field of Early Years Education and Care (EYEC), the concepts of health, wellbeing, and lifestyle are distinct yet deeply interconnected. Traditionally, health has often been understood through a medical model, which defines health as the absence of illness or disease. While this model remains important for diagnosing and treating physical conditions, it is limited when applied to early childhood, as it fails to acknowledge the complex social, emotional, and environmental factors that influence children's development. Contemporary early years practice increasingly adopts a social model of health, recognising that health outcomes are shaped by wider determinants such as family circumstances, socio-economic status, housing, education, and access to services (Power and Graham, 2021; Marmot, 2020).

Concept 1

The World Health Organisation (2021) defines health as a "state of complete physical, mental and social well-being, and not merely the absence of disease." This definition aligns closely with early years pedagogy, which is underpinned by a holistic view of the child. In early childhood, physical health cannot be separated from emotional wellbeing or social development, as children experience the world through integrated interactions within their everyday routines. Activities such as eating, sleeping, playing, and forming relationships all simultaneously contribute to physical growth, emotional security, and social competence. As a result, early years practitioners must view health as a multidimensional concept rather than a purely physical state.

Concept 2

Wellbeing is a broader and more subjective concept than health. It encompasses emotional resilience, self-worth, confidence, a sense of belonging, and the ability to cope with everyday challenges. UNICEF UK (2022), through the United Nations Convention on the Rights of the Child (UNCRC), emphasises that children experience positive wellbeing when they feel safe, valued, listened to, and empowered within their environments. This is reinforced by the Children's Commissioner for Wales (2024), who highlights that children's wellbeing is closely linked to feeling secure within their families, early years settings, and wider communities. Wellbeing therefore emerges from relationships and experiences rather than being an internal trait that a child either possesses or lacks.

Concept 3

Lifestyle refers to observable patterns of behaviour, including dietary habits, levels of physical activity, sleep routines, and engagement with screen-based activities. In early childhood, lifestyle behaviours are not chosen independently by children; rather, they are shaped by adults, cultural expectations, and socio-economic conditions (Tobi et al., 2021). This highlights the importance of avoiding individual blame when discussing health behaviours in young children. Luker et al. (2023) stress that early intervention and family support are crucial in shaping healthy lifestyle patterns, particularly for families experiencing disadvantage. Consequently, early years settings play a significant role in influencing children's lifestyles by modelling healthy behaviours and providing structured routines.

Health, wellbeing, and lifestyle should therefore be understood as dynamic and reciprocal processes rather than isolated outcomes. For example, inadequate sleep—a lifestyle factor—can lead to irritability, emotional dysregulation, and reduced concentration, which negatively affects wellbeing and learning. This may then impact peer relationships and participation in play-based activities. Conversely, positive emotional wellbeing can act as a protective factor, encouraging children to engage confidently in physical activity and explore new foods. Sahoo et al. (2015) emphasise that lifestyle behaviours established in early childhood significantly influence both immediate health and long-term outcomes.

The interconnected nature of these concepts can be further illustrated through dietary habits. A child who regularly consumes high levels of sugar may experience dental decay, fatigue, or energy fluctuations, negatively impacting physical health. Physical discomfort can result in frustration and reduced concentration, diminishing emotional wellbeing and limiting engagement with peers. Over time, repeated negative experiences may affect self-esteem and social participation. Rankin et al. (2022) and Nittari et al. (2022) highlight that such experiences can have lasting psychological consequences, particularly when accompanied by stigma or negative labelling. These examples demonstrate that addressing health, wellbeing, or lifestyle in isolation is ineffective and fails to reflect children lived experiences.

Maslow

One key theoretical framework that supports a holistic understanding of children's health and wellbeing is Maslow's Hierarchy of Needs. Maslow proposed that human motivation is structured through a hierarchy of needs, progressing from basic physiological requirements to higher-level psychological growth. Maslow's theory is particularly relevant to early years practice, as it emphasises that children cannot achieve optimal learning or wellbeing unless their fundamental needs are met. This framework provides practitioners with a useful lens for assessing the quality of care provided within early years settings.

At the base of Maslow's hierarchy are physiological needs, including nutrition, hydration, sleep, warmth, and physical comfort. These needs are essential for maintaining physical health and biological functioning. When physiological needs are not met, the body turns to survival, limiting the child's capacity for emotional regulation, concentration, and learning. Children experiencing food insecurity, poor sleep, or inconsistent care are therefore significantly disadvantaged within educational contexts. Welsh Government (2023) guidance on food and nutrition in childcare highlights the role of early years settings in providing consistent access to healthy meals. Public Health Wales (2023), through the PIPYN evaluation, further emphasises the importance of early nutritional and lifestyle interventions in reducing health inequalities.

Once physiological needs are met, children require safety and security. This includes emotional security, predictable routines, stable relationships, and protection from harm. Maslow argued that without safety, individuals remain in a heightened state of anxiety. In early childhood, prolonged exposure to stress can lead to elevated cortisol levels, which negatively affect brain development and emotional regulation (Luker et al., 2023). Early years environments that are nurturing, consistent, and responsive enable children to feel safe, allowing them to engage more fully in play, learning, and social interaction.

The need for belongingness and love is central to children's wellbeing. Secure attachments with practitioners support emotional resilience, positive self-esteem, and a sense of identity. Children who feel valued within their early years setting are more likely to form positive peer relationships and engage confidently in shared activities. Epstein (2018) and Goodall (2022) emphasise that strong partnerships between families and early years settings further reinforce children's sense of belonging, ensuring consistency between home and educational environments.

The upper levels of Maslow's hierarchy focus on esteem and self-actualisation, often described as growth needs. These include confidence, independence, autonomy, and a sense of achievement. The Curriculum for Wales (2022) Health and Well-being Area of Learning and Experience aims to develop healthy, confident individuals who are capable of making informed choices. However, Maslow's theory highlights that these outcomes cannot be achieved unless lower-level needs are consistently met. A child who feels secure, nourished, and emotionally supported is more likely to take appropriate risks in physical play, supporting the development of a healthy and active lifestyle.

Maslow's hierarchy also highlights the ethical responsibility of early years practitioners to prioritise care alongside education. Practitioners often act as protective figures for children whose needs may not be fully met at home due to socio-economic disadvantage. This aligns with Marmot's (2020) assertion that health inequalities begin early in life and are socially patterned, reinforcing the importance of early intervention and equitable provision.

Bronfenbrenner

While Maslow focuses on individual needs, Bronfenbrenner's Bioecological Systems theory provides a complementary framework for understanding how external systems shape children's health, wellbeing, and lifestyles. Bronfenbrenner proposed that development occurs through complex interactions between the child and their environment over time.

The microsystem includes the child's immediate environments, such as the home and early years setting. Within these contexts, adults model behaviours related to diet, physical activity, sleep routines, and emotional regulation. The mesosystem refers to the relationships between microsystems, particularly the connection between home and the early years setting. Epstein (2018) argues that effective partnerships between families and educational settings support consistent health messages, reducing confusion for the child and supporting sustained lifestyle behaviours.

The exosystem includes factors that indirectly influence the child, such as parental employment, access to healthcare, and the availability of community resources. For example, long working hours or limited access to safe outdoor spaces can restrict opportunities for active play and family meals. Tobi et al. (2021) describe this as part of an "obesogenic environment," where environmental factors make unhealthy choices more likely. The macrosystem reflects broader cultural values, social norms, and legislation. In Wales, this includes the Well-being of Future Generations (Wales) Act 2015, which places a legal duty on public bodies to promote long-term health and wellbeing.

From a practical perspective, early years practitioners play a crucial role in translating these theoretical frameworks into everyday experiences that support children's health, wellbeing, and lifestyle development. Within the microsystem, practitioners influence children's daily routines by providing structured opportunities for physical activity, promoting balanced nutrition, and supporting emotional regulation through responsive interactions. Consistent routines for meals, rest, and active play contribute to children's sense of predictability and safety, supporting both physiological and emotional needs. Practitioners also play an important role in observing children's behaviours and identifying early signs of unmet needs, such as fatigue, withdrawal, or emotional distress, allowing for timely and appropriate intervention.

At the mesosystem level, effective communication and partnership with families are highly important and play a large role. Sharing information about children's routines, dietary preferences, and emotional wellbeing supports continuity between home and the early years setting. Goodall (2022) emphasises that respectful, non-judgemental engagement with parents encourages shared responsibility for children's health without placing blame on families experiencing disadvantage. In this way, early years settings act not only as educational environments but also as supportive community spaces. By adopting a reflective and inclusive approach, practitioners help ensure that health-promoting practices are accessible to all children, reinforcing the idea that healthy lifestyles are shaped through relationships, environments, and shared responsibility rather than individual choice alone.

Bronfenbrenner's model is particularly valuable for understanding health inequalities. Power and Graham (2021) argue that social determinants such as poverty, housing, and education significantly influence health outcomes. Early years settings can act as protective environments by providing nutritious meals, opportunities for physical activity, and inclusive health education, helping to mitigate the effects of disadvantage and promote equity.

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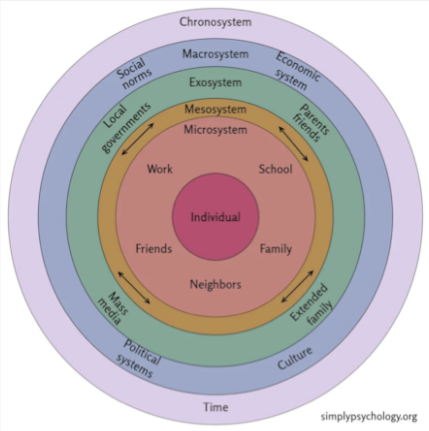
The importance of early intervention is further emphasised by the life-course perspective. Research indicates that health behaviours established before the age of five often track into adulthood. Childhood obesity is associated with increased risk of cardiovascular disease (Sahoo et al., 2015) and Type 2 diabetes (Jebeile et al., 2022). Psychological consequences, including stigma, anxiety, and reduced self-esteem, can also impact educational attainment and future life chances (Nittari et al., 2022).

Contemporary research identifies the first 1,000 Days as a critical window for intervention (Academy of Medical Sciences, 2021). This evidence underpins Welsh policy initiatives that emphasise prevention and whole system approaches rather than individual blame. The Curriculum for Wales (2022) and national healthy weight strategies prioritise physical literacy, defined as the motivation, confidence, and competence to engage in physical activity (Stodden et al., 2021).

By upholding children's rights under the UNCRC (UNICEF UK, 2022), early years practitioners act as protective agents within the child's microsystem, ensuring that health and wellbeing are supported regardless of socio-economic background.

Conclusion

In conclusion, health, wellbeing, and lifestyle in early childhood are inseparable and socially constructed. Maslow's Hierarchy of Needs and Bronfenbrenner's Bioecological Systems theory provide complementary frameworks for understanding how individual needs and environmental systems interact to shape children's experiences. By adopting a holistic, preventative, and rights-based approach, early years practitioners play a vital role in promoting lifelong health, wellbeing, and equity.



(SimplyPsychology, 2025)

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Presentation Script:

Hello and thank you for taking the time to listen to this presentation today. My name is Abbie Mottram, and this presentation will be highlighting mental health in young children, why it is the significant, the factors behind it and applications in practice.

Intro:

Children's mental health refers to a child's emotional, psychological, and social wellbeing. It influences how children think, feel, behave, and cope with everyday challenges, as well as how they learn, form relationships, and develop emotionally. Mental health is just as important as physical health, particularly during childhood, as this is a critical period of growth and development.
According to the World Health Organisation, mental health conditions often begin during childhood or adolescence, and early experiences can have a lasting impact on mental wellbeing during a lifetime (WHO, 2021). This highlights the importance of recognising and addressing mental health needs at an early stage.
Research published by the Mental Health Foundation states that good mental health in childhood supports emotional resilience, positive self-esteem, and healthy social development, whereas poor mental health can negatively affect educational achievement and overall wellbeing (Mental Health Foundation, 2022). In the UK, the NHS reports a growing number of children experiencing anxiety, depression, and emotional difficulties, suggesting that children's mental health has become an increasing public health concern (NHS, 2023).
This growing concern is reflected in UK legislation and national policy. The Children Act 1989 places a legal duty on local authorities and professionals to safeguard and promote the welfare of children, which includes their emotional and mental wellbeing. This is further supported by the Children and Families Act 2014, which emphasises early identification of needs and coordinated support across education, health, and social care services. In addition, the government policy, Transforming Children and Young People's Mental Health Provision (Department of Health and Social Care, 2018) and the NHS Long Term Plan (2019) both highlight the importance of early intervention and improving access to mental health services for children and young people.
Therefore, understanding children's mental health is highly important, not only to support children in the present, but also to improve their long-term health, wellbeing, and quality of life into adulthood.

Why is it significant:
Children's mental health is significant because it directly influences a child's development, educational outcomes, behaviour, and long-term health. Mental health difficulties that emerge during childhood can disrupt emotional regulation and social

development, which may have lasting effects if appropriate support is not provided early.

Evidence suggests that many mental health disorders begin early in life. According to Kessler et al. (2005), around half of all mental health conditions develop before the age of 14, demonstrating that childhood is a critical period for early identification and intervention. If mental health needs are not addressed at this stage, difficulties are more likely to continue into adolescence and adulthood (Belfer, 2008).
Children experiencing poor mental health often face challenges within education. Research shows that anxiety, depression, and behavioural difficulties are associated with reduced concentration, school attendance, and academic achievement (Deighton et al., 2018). These difficulties can limit future opportunities and contribute to long-term social and economic disadvantage. The Mental Health Foundation (2022) further highlights that poor mental health in childhood is linked to low self-esteem, social isolation, and increased risk of self-harm later in life.
Children's mental health also has significant implications for physical health and overall wellbeing. Research into adverse childhood experiences indicates that prolonged stress and emotional distress can affect brain development and increase the risk of chronic physical health conditions in adulthood (Shonkoff et al., 2012). This supports the World Health Organisation's position that promoting mental wellbeing in childhood is important for lifelong health and resilience (WHO, 2021).
From a public health perspective, rising levels of mental health among children place increasing pressure on health, education, and social care systems. Population-based studies in England have identified increasing rates of emotional and behavioural disorders among children (Ford et al., 2003; NHS Digital, 2023), highlighting the importance of prevention, early intervention, and effective support services.
Children's mental health is significant because early mental health difficulties can affect a child's immediate wellbeing, limit life opportunities, and lead to long-term health and social inequalities. Addressing children's mental health effectively can improve educational outcomes, reduce future health risks, and support children in developing into healthy, resilient adults.

Factors:

Children's mental health is influenced by a wide range of biological, psychological, and social factors. These influences can interact with one another and may increase a child's risk of developing mental health difficulties, particularly if protective support is not in place.
Family environment plays a significant role in shaping children's mental wellbeing. Research shows that children who experience family conflict, parental mental illness, neglect, or inconsistent caregiving are at a higher risk of developing emotional and behavioural difficulties (Reiss, 2013; McLaughlin, 2016). In contrast, secure and

supportive relationships with parents or caregivers are associated with improved emotional regulation and resilience in children.

Socioeconomic factors are also strongly linked to children's mental health. Children growing up in poverty or experiencing social disadvantage are more likely to experience stress, anxiety, and depression. A review by Reiss (2013) found clear associations between low socioeconomic status and increased rates of mental health problems in children, suggesting that wider social inequalities play a key role in mental wellbeing.

School-related factors can have both positive and negative effects on children's mental health. Academic pressure, bullying, and poor peer relationships have been identified as significant risk factors for anxiety and emotional distress (Arseneault, 2018). On the other hand, schools that promote inclusive environments, emotional literacy, and access to wellbeing support can positively influence children's mental wellbeing. Long term research has demonstrated that mental health difficulties can negatively impact academic performance, creating a cycle of stress and reduced educational progress (Deighton et al., 2018).

Exposure to adverse childhood experiences (ACEs), such as abuse, domestic violence, or household substance misuse, is another major influencing factor. Research by Shonkoff et al. (2012) shows that prolonged exposure to stress during childhood can disrupt brain development and increase the likelihood of mental and physical health problems later in life. This highlights the importance of early identification and intervention to reduce long-term harm.

In recent years, digital technology and social media have also been recognised as emerging influences on children's mental health. Studies suggest that excessive screen time and negative online interactions may be associated with increased anxiety, low self-esteem, and depressive symptoms, particularly among older children and adolescents, (Twenge et al., 2018). However, it is important to acknowledge that online platforms can also provide social connection and support when used appropriately.

This indicates that, children's mental health is shaped by a complex interaction of individual, family, social, and environmental factors. Understanding these influences is essential for developing effective prevention strategies and ensuring that children receive appropriate support at the earliest possible stage.

Who tells us:

Understanding children's mental health is informed by a wide range of evidence from international organisations, national health bodies, government agencies, and academic research. These sources collect data, conduct research, and develop guidance that shapes policy and practice.

At an international level, the World Health Organisation (WHO) plays a key role in monitoring and reporting on children's mental health. The WHO produces global reports highlighting the prevalence of mental health conditions in children and

adolescents and emphasises the importance of early intervention, prevention, and mental health promotion. The WHO's evidence-based guidance supports governments and healthcare systems in developing effective mental health strategies (WHO, 2021).
In the UK, national data on children's mental health is provided by NHS Digital, which conducts large-scale surveys on the mental health of children and young people in England. These surveys provide reliable population-level data on the prevalence of emotional, behavioural, and mental health disorders, and show increasing levels of need among children (NHS Digital, 2023). This data is widely used by policymakers and health services to inform planning and service provision.
Charitable and voluntary organisations also contribute valuable insight into children's mental health. The Mental Health Foundation publishes research-informed reports that explore risk factors, prevention strategies, and inequalities in children's mental wellbeing. Their work highlights the social and environmental factors that influence mental health and supports early intervention approaches (Mental Health Foundation, 2022).
Academic research further strengthens understanding of children's mental health. Long term and population-based studies provide evidence on the causes, prevalence, and long-term impact of mental health difficulties. For example, Kessler et al. (2005) demonstrate that many mental health disorders begin in childhood, while Belfer (2008) identifies children's mental health as a global public health issue requiring coordinated action across health, education, and social care sectors.
In addition, professional guidance from organisations such as the National Institute for Health and Care Excellence (NICE) helps translate research evidence into practice. NICE produces evidence-based guidelines on the identification and treatment of mental health conditions in children, ensuring that care is effective and consistent across services (NICE, 2019).
Together, evidence from international organisations, national health bodies, charities, and academic research provides a strong and reliable understanding of children's mental health. These sources ensure that policies and interventions are based on research, data, and best practice rather than opinion, reinforcing the importance of evidence-led approaches to supporting children's mental wellbeing.

Application:
The application of knowledge about children's mental health focuses on how evidence, policy, and guidance are used in real-life settings to support children effectively. Support is delivered through a combination of early intervention, prevention strategies, and multi-agency working across health, education, and social care services.
Early identification and intervention are central to supporting children's mental health. Schools play a key role in recognising early signs of emotional and behavioural difficulties, as children spend a significant amount of time in educational settings. National policy such as Transforming Children and Young People's Mental Health

Provision, (Department of Health and Social Care, 2018) has led to the introduction of Mental Health Support Teams in schools, which aim to provide early help and reduce the need for specialist services.

Healthcare services also play an important role in supporting children's mental wellbeing. Child and Adolescent Mental Health Services (CAMHS) provide assessment and treatment for children experiencing more complex mental health difficulties. The NHS Long Term Plan (2019) commits to expanding access to CAMHS and reducing waiting times, ensuring that children receive timely and appropriate support.

Evidence-based interventions are widely used in practice. Psychological therapies such as Cognitive Behavioural Therapy (CBT) have been shown to be effective in treating anxiety and depression in children (Thapar et al., 2012). NICE guidance recommends the use of evidence-based therapies tailored to the child's age and needs, ensuring consistent and effective care (NICE, 2019).

Multi-agency working is important in applying mental health support effectively. Collaboration between schools, healthcare professionals, social workers, and families helps ensure that children receive holistic care. Research suggests that integrated approaches improve outcomes and reduce the risk of long-term mental health difficulties (Patel et al., 2007).

In addition, prevention and mental health promotion are increasingly prioritised. These approaches align with the World Health Organisation's emphasis on promoting mental wellbeing rather than focusing solely on treatment (WHO, 2021).

Overall, the application of research, policy, and professional guidance ensures that children's mental health support is proactive, evidence-based, and centred on early intervention. Effective application can improve children's wellbeing, reduce pressure on services, and support positive long-term outcomes.

Conclusion:

In conclusion, children's mental health is a significant aspect of overall health and wellbeing, particularly as childhood is a critical period of emotional, social, and psychological development. Evidence from research, international organisations, and national data clearly demonstrates that mental health difficulties often begin early in life and can have long-term consequences if they are not identified and supported appropriately.

Throughout this presentation, it has been shown that children's mental health is influenced by a range of factors, including family circumstances, socioeconomic conditions, school environments, and exposure to adverse experiences. Research evidence highlights that poor mental health in childhood can negatively affect educational achievement, physical health, and future life opportunities.

Evidence from organisations such as the World Health Organisation, alongside national data from the NHS and guidance from NICE, emphasises the importance of early intervention, prevention, and evidence-based support. In practice, this has led to the development of school-based mental health support, improved access to CAMHS, and the use of therapeutic interventions shown to be effective for children and young people.

Ultimately, promoting and protecting children's mental health is important not only to support children in the present, but also to reduce long-term health inequalities and improve outcomes into adulthood. By applying research, policy, and professional guidance effectively, children can be supported to develop resilience, emotional wellbeing, and the ability to thrive throughout their lives.

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