



Key messages

- Resilience is promoted through attachment and each child being special to at least one significant person.
- Children's dietary and physical needs underpin their ability to develop.
- Opportunities to explore and play in a safe and secure environment, and children's mobility and movement, are important for their development.
- Brain development depends on nourishment: a good diet, in both the form of food and of physical and psychological stimulation.
- Reasonable rules, which fit with children's rhythms and give a pattern to life, matter.
- Parents, as well as children, need support.
- Young children enjoy contributing to life in their setting and being with their friends.
- Child abuse, neglect and failure to thrive impact on children's Health and Well-being.
- Babies and young children with special needs have additional requirements. They need access to similar experiences and opportunities as other children, in both a philosophical as well as practical sense.
- It is important that each child knows their key person.
- Senior practitioners in your setting should be designated and trained to be responsible for child protection issues and health and safety.
- Communities and the public need help to understand the importance of positive interactions and experiences in the first five years of life, for all areas of development and for enjoyment in the here and now.
- Strong links between the setting and other professionals such as health visitors and community paediatricians are vital.

What Health and Well-being means

Being healthy means much more than having nutritious food and being free from illness. For babies and young children being special to and cared for by someone who is important to them is essential for their physical, social and emotional Health and Well-being. Health and Well-being underpin and determine children's responses to their environment, to people and to new experiences. Emotional well-being includes relationships, which are close, warm and supportive, and being able to express feelings such as joy, grief, frustration and fear. This leads to the development of coping strategies when faced with new, challenging or stressful situations. Early emotional health and freedom from stress bodes well for mind, brain and body.

Health and Well-being for young children means that they lead healthy lifestyles, are physically, mentally, socially, emotionally, spiritually and environmentally healthy. Working to ensure children's Health and Well-being involves practitioners in enabling them to engage in physical play, have a balanced diet and learn about healthy eating, and in protecting them from being ill, injured or suffering from stress. Children therefore need to have healthy choices in a setting which is welcoming, calm, clean, comfortable, accepting and affirming. The setting should also provide opportunities for safe, energetic play, for quiet contemplation and for bodily relaxation.

The basic needs of babies and children for achieving and maintaining healthy growth and development are:

'protection from infection and injury; shelter, warmth, clothing; access to health care; intellectual stimulation; praise and recognition of achievements; social contacts; security; cleanliness; fresh air and sunlight; love and consistent and continuous affection; sleep, rest and activity; and food.'

(Meggitt, 2001, p.4)

Why Health and Well-being is important

Early health provides a firm foundation for later life, whereas illness and deprivation cast long shadows forward. Children who enjoy good Health and Well-being are innately curious. They have a zest for life which results in their taking advantage of opportunities to grow and develop, to advance their knowledge, skills and attitudes in all areas of learning. They are strong, resilient and resourceful young people who can contribute to the communal good, who will develop these powers throughout their lives. As a Principle applied to practice, Health and Well-being matters because it shows that a humane society cares about each of its new members and because investment in the early years produces benefits in terms of the contributions – societal, intellectual and tangible – that healthy people make throughout their lives.

Effective practice in relation to Health and Well-being

In settings where Ofsted (2005) reports outcomes for children's Health and Well-being to be good, they learn about healthy eating, are provided with nutritious, balanced meals and snacks appropriate to their dietary needs, are protected from infections and are tended when ill or if they have an accident. They also have regular opportunities for physical play, indoors and out.

Growing and developing

Human growth and development depends on the interplay of innate, or genetic, and environmental factors. Children thrive when their physical and emotional needs are met. Although babies vary in size at birth, the physical patterns of development and rates of growth are similar, when conditions are optimised.

When babies are born their heads are large in relation to their bodies, to hold their large and active brains. Babies' brains appear to be 'wired' to be social, to communicate and to try to make sense of where they are. Through loving and meaningful interactions with familiar people, their brains strengthen relevant connections and discard those that are useless. For example, during their first year babies produce the sounds needed to speak any language in the world, but by the time they are one-year-old, hearing babies will no longer incorporate the sounds they do not hear around them when babbling or enjoying proto-conversations (early communication). Brain development relies on a good diet, both physically and mentally. It is impaired only when malnutrition and lack of appropriate stimulation are severe, a situation any civilised society would wish to prevent for all children.

Compared with most other species, the human brain is very 'elastic' or 'plastic'. There may be sensitive periods that are optimal points for particular learning but, if these are missed, all is not lost, because humans have the capacity to learn new skills and acquire new knowledge throughout life. However,

neuroscientists suggest that around the age of 18 months, young children begin to realise that other minds are not the same as their own; other people do not always think the same as themselves or like the same things and this causes their brains to be 'redesigned' (Gopnik et al., 1999, pp.36–7). From this time on they become 'mind readers' and they learn this feat by interacting with different people, especially other children, who do not always make allowances for them. This means that children need opportunities to play together in freely-chosen activities, where they can share ideas and express their thoughts.

Development is very rapid in the first three years. We can see healthy bodies growing in size and physical capability. What we cannot see is the rapid neurological development. However, we witness this through children's increasing coordination and control, their powers of communication, growing knowledge and understanding of their world, and agency in their families, communities and familiar environments. Children continue to grow and develop beyond puberty into early adulthood and there are certain periods when particular growth is dictated by the body's internal systems.

Experience gained during physical activity promotes brain development as well as strengthening muscles. With each new physical ability – controlling eyes, limbs, neck, being able to sit up unaided, becoming mobile – the baby sees the world in a different way. Being able to explore through movement enables a baby to make a mental image or map of their surroundings, so they feel secure and know where to find their familiar carer. Similarly, young children in the Early Years Foundation Stage (EYFS) need time to familiarise themselves with a new setting. They will often find a secure base near their childminder or key person, or in the home corner or book area, from which to spend a high proportion of their time in the first few weeks, observing what is going on and eventually venturing forth. This is a healthy human response to unfamiliar contexts and one that we, as adults, indulge in too!

Children gain an understanding of what is good for their health through informal learning in their own home or their setting. Practitioners, as in all areas of their work, need to develop trusting, friendly relationships with parents and other family members in order to access their knowledge about such things as children's health histories, any special conditions, and dietary requirements (whether dictated by health conditions such as allergies, or by religious beliefs). Ensuring all adults in a setting know when a child has a special dietary requirement or prohibition could be vital to a child's life.

Practitioners also need to sensitively monitor children's growth and development, as failure to thrive is sometimes the result of emotional abuse or neglect. Careful interpretation tempered with experience is vital here, so each practitioner needs to know who the Named Person is (in group settings), or to whom they can turn for confidential, knowledgeable advice. They also need to maintain their knowledge bases and training in new research and techniques related to growth and development, such as: SIDS (sudden infant death syndrome), the possible implications of being born pre-term, breast-feeding, immunisation, maternal depression, poverty and its effects on health, and environmental hazards.

Physical well-being

Physical well-being includes the growth and physical development of a baby or child for whom rest and sleep are as important as good food. Appropriate clothing and covers that ensure a baby or small child's temperature is carefully maintained are also vital. Babies and young children's bodily temperature regulation mechanism takes time to develop, so the adult who cares for them must ensure they are neither too hot nor too cold.

Improvements in medical skills have resulted in an increase in the survival rates of children born with special needs, compared with a few decades ago. While this survival rate is a very positive development, the extra cost of support and other implications for their families, siblings, children themselves and their communities (both local and national) must also be acknowledged. Children who inherit medical conditions or disabilities can demonstrate resilience and develop strengths which they use to inform society and support younger children in similar situations.

Yet for some children, a kaleidoscope of problems in their families, their home environments and related to their own birth weight, appears to link with their displaying developmental delays and problems with appropriate behaviour. Trusting relationships between practitioners and parents, and with professionals from other services, are vital. Interventions aimed at improving the well-being of children can then be made without stigmatising individuals or communities, as they are based on respect for families, celebrate the contributions of parents and other family members, are responsive, 'joined-up' and flexible.

Many parents will express anxiety that their young children will not eat certain foods. They need reassurance by practitioners, because generally, children will eat what others are eating if they are among friends who eat what is offered in a setting. Making a snack or meal a relaxed, sociable event, often incorporating foods the children have helped prepare (with due attention to hygiene), can make what is on offer attractive. In order to promote health and prevent obesity, children can be helped to understand why some foods are healthy and others are not. They can be introduced to unfamiliar fruits and vegetables and encouraged to enjoy a wide variety of new dishes. By displaying menus and the ingredients of food produced during cooking activities for parents to read when they collect their children, you can help them know what the children have consumed as well as what they may have learned. In settings with access to an outdoor space, garden or window-sills, some ground or pots can be devoted to growing fruit and vegetables from seed.

Research has shown that food is associated with affection and love, and that both children and adults use food as measures of commitment. If foods that are offered don't provide the best diet, it can be hard to change this pattern of eating once established. Being able to access cheap, nutritional food helps both buying and eating patterns. One survey by the British Medical Association (1999) found the diets of the poorest children aged between birth and five to be inadequate, particularly babies' and young children's fruit intake. Families in low income groups were found to be 50 per cent less likely to eat fruit and vegetables than those in the higher income groups. Many preventable health risks are associated with poverty and its stressful effects, for example, the risks related to adults smoking, consuming risky levels of alcohol, atmospheric pollution, higher rates of infection and illness, inadequate housing and accidental injuries.

Adults working with children need to be aware of these health risks to physical development and to be able to find ways of supporting families and young children to overcome these potential hazards.

Health and Well-being has, therefore, many strands related to physical well-being to which practitioners will need to pay attention in relation to premises, equipment and practices. Cleanliness, freedom from injury and infection, diet (including access to drinking water to avoid dehydration), opportunities for restful relaxation and sleep, being warm and comfortable, and freedom to exercise and develop physical skills, form the central strands of this entitlement. Children themselves will become adept at ensuring they wash their hands before eating or touching food, and after using the toilet. Similarly, brushing teeth after eating and using individual face cloths, in settings where this is appropriate, can become a fun part of the daily rituals associated with good health. Practitioners also promote children's Health and Well-being when they pay careful attention to hygiene, such as, handwashing, sterilising feeding equipment, and following practices such as wearing gloves when changing nappies or cleaning up when a child has been ill.

Protecting children by providing shade from too much sun, changes of clothing when they are wet or muddy, and wrapping them up warmly for outdoor play on cold days helps them be aware of how to look after themselves, as well as providing opportunities for shared thinking and conversation that promotes cognitive development.

Babies and young children have a biological drive to use their physical skills and benefit from physical activity. They need plenty of opportunities for both gross and fine motor activity. Many types of equipment cater for this type of play, depending on the age and stage of the children, for example: outdoors – tricycles and scooters, two-person carts, climbing frames, some trees; indoors – dance,

large equipment including items for balancing, throwing and kicking (if premises are appropriate and flooring safe), paintbrushes (large and small), threading beads, the contents of treasure baskets (Goldschmied et al., 1994), building blocks, water, sand and clay.

Most recently, research has shown how happiness produces chemicals in the body that influence the immune system and brain development (Martin, 2005). This means that practitioners need to do whatever they can to ensure children feel welcome and happy in whatever setting they attend.

Emotional well-being

Each child needs to feel they matter to someone who is special to them and with whom they have formed an attachment, so that they have a loving, secure relationship. Babies and young children learn to feel good about themselves when they feel secure and valued.

Children feel a sense of belonging in a setting when their parents are involved in that setting. Those who have established positive emotional relationships and attachments with at least one parent are found to be able to establish positive relationships with their particular key person and with other children. Making friends and getting on with others helps young children to feel positive about themselves and others, and they gain a sense of well-being when they are encouraged to take responsibility and join in by helping with manageable tasks that interest them.

Sometimes a parent's mental illness or history of difficult relationships with their own parents can hamper the development of a positive, accepting relationship with their child. It is important for practitioners to be able to recognise when a parent needs support, sometimes from people outside the setting, because parents' mental illnesses can impact on children's social, emotional and cognitive development. As with physical development, young children's impaired emotional well-being has often been found to be linked with poverty.

With the high rates of break-up of parental relationships, leading to separation and divorce, in the UK this is an aspect of family life where the role of the setting can be central for both the child and other family members. How the couple, wider family and community handle the split will have repercussions for the child, for example, sadness at the rupture of some relationships, and the implications of poverty caused by living in a one-parent family. The setting can provide a calm, secure, accepting place for a child whose home may seem chaotic and whose parents may be preoccupied with stressful circumstances. Parental separation, especially in cases of domestic violence, can impact on children's physical well-being as well as their emotional health.

Children whose families have suffered from racism and other forms of exclusion need the positive experience of being unconditionally loved and accepted as members in their setting, so practitioners need to evaluate all aspects of their provision to be confident that it practises what it preaches. Courses and publications can help in this process.

Above all, having reasonable rules that fit with each child's rhythms and give a pattern to life will best promote emotional well-being, as will treating each child as an individual who is respected and celebrated and who sees practitioner and parent relate to each other in a genuine, friendly partnership.

Emotional well-being is linked to other areas of development. The research on happiness mentioned above confirms this. So for optimal emotional well-being for children, practitioners need to find the best ways of offering care, nurture and learning that match with the needs and interests of the individual baby or young child. Being capable of giving this kind of emotional support depends on practitioners being emotionally strong, and they too need support and a nurturing work context to enable them to display the degree of commitment this demands.

Practitioners also need to recognise that emotional well-being is linked to moral and spiritual development. They can contribute further to emotional well-being by making time to discuss moral issues when children raise them. They can spend time with children, quietly watching the clouds, a

rainbow or trees blowing in the wind, for example, which can provoke deep feelings of awe, wonder and peace, and attachment to the earth.

How Health and Well-being relates to specific areas of Learning and Development

Personal, Social and Emotional Development

Children learn a great deal about Health and Well-being in activities intended to promote their Personal, Social and Emotional Development. Settings that help children develop autonomy and dispositions to learn, with opportunities to play alone, in pairs, in small groups and large groups, promote children's confidence. Children will be acknowledged and affirmed as individuals, making friends and enjoying sharing thinking, conversations and fun. Activities that develop children's moral, spiritual, social and intellectual development contribute to their well-being.

Communication, Language and Literacy

What young children know most about are their own lives and they use this knowledge in their play and shared talk with other children and with adults. Their knowledge about Health and Well-being can be extended through the provision of activities that use this knowledge and build on it, for example, in the home corner, hospital play, with small cars and dolls' houses, and in demanding physical play outdoors. Discussions at meal times, during food preparation and outdoor activities are rich, natural sources for children's most eloquent conversations. Even before they have words to express their thoughts themselves, babies will enter into proto-conversations (early communication), using sounds and signals about their food likes and dislikes, for example, which sensitive, observant adults will interpret into words in sociable, relaxed turn-taking.

Problem Solving, Reasoning and Numeracy

Food and physical activity are two of the areas that are most abundant in connection with problem solving, reasoning and mathematics. Exploring the shapes, sizes, weights and patterns in different fruit, or how heart rate and breathing speed up when you run about, are just two examples of simple aspects of life in a setting that can be used to develop children's PSRN.

Knowledge and Understanding of the World

Young children learn most effectively through first-hand experience. Health and Well-being is no exception to this and is one aspect of each child's unique life that informs their knowledge and understanding of the world. Settings can extend children's knowledge and understanding of the world through drawing on the knowledge of the children, their parents and grandparents concerning Health and Well-being. They can stimulate children's curiosity about foods, farming and cooking, the environment, weather, their local neighbourhood, and the people and cultures with whom they share their worlds. They can find out how these, and many more topics, are inextricably linked with their own Health and Well-being. Cameras, computers and recording equipment can be incorporated into such explorations.

Physical Development

Children's physical development is centrally implicated in this aspect of the Unique Child. Providing time to support explicit understanding of how physical activities, food and drink, sleep, safety and hygiene are vital to life helps children appreciate the roles these play in their lives, rather than simply doing them mindlessly. For many children these may be the things that interest them most! Children with motor impairments will be no less interested and devoting time to developing their physical skills, working in partnership with other professionals, such as physiotherapists and occupational therapists, contributes to effective practice. For babies, physical activity and movement is essential for brain development; it is also the way they express their desires and feelings.

Linking the language of movement to children alongside their actions helps them to develop it and to become more aware of their bodies and feelings. It thus helps them acquire the means for talking about and understanding Health and Well-being and to empathise with others.

Creative Development

Given appropriate opportunities for creative expression using different senses, young children will draw on their experiences and knowledge of Health and Well-being in their fantasy play, retelling of stories, using and making puppets, poetry, paintings, dance, music and other modes of the 'hundred languages of children' (Malaguzzi, 1993). Valuing children's unique ideas and accommodating the cultural and religious beliefs of their families, so that a wide variety of art forms and methods of representation are introduced to them at the setting, enriches their feelings about themselves and their ability to understand the world, at the same time developing their brains. Most importantly, this is an area of learning where children should feel secure about using their imaginations, taking risks, making mistakes and being adventurous. Role-play and imaginative play frequently centres on aspects of Health and Well-being, since children often deal with issues that concern them in these ways. Examples of this are hospital play, when pretending to give injections to a doll or to another child helps children come to terms with fears about such an event. Similarly they play out concerns about fearful people or creatures by chasing, hiding and expressing their hidden anxieties about strangers or monsters.

References

British Medical Association (1999) *Growing Up in Britain: ensuring a healthy future for our children – a study of 0–5 year olds*, BMJ Books, London.

Goldschmied, E. and Jackson, S. (1994) *People under Three*, Routledge London.

Gopnik, A., Meltzoff, A., and Kuhl, P. (1999) *How Babies Think: the science of childhood*, Weidenfeld and Nicolson, London.

Malaguzzi, M.L. (1993) 'History, ideas and basic philosophy' in Edwards, C., Gandini, L. and Forman, G. (eds) *The Hundred Languages of Children: the Reggio Emilia approach to early childhood education*, Greenwood Press, Westport, CT.

Martin, P. (2005) *Making Happy People: the nature of happiness and its origins in childhood*, Fourth Estate, London.

Meggitt, C. (2001) *Baby and Child Health*, Heinemann Educational Publishers, Oxford.

Ofsted (2005) *Early Years: firm foundations*, Ofsted, London (Ref. HMI 2436); available online from: <http://live.ofsted.gov.uk/publications/firmfoundations>

Further resources

David, T., Gooch, K., Powell, S. and Abbott, L. (2003) *Review of the Literature to Support Birth to Three Matters: a framework to support children in their earliest years*, DfES Publications, Nottingham (Research Report 444); available online from: www.surestart.gov.uk/_doc/0-99C16C.pdf

Gerhardt, S. (2004) *Why Love Matters: how affection shapes a baby's brain*, Brunner-Routledge, Hove.

Hoghugh, M. and Long, N. (eds) (2004) *Handbook of Parenting: theory and research for practice*, Sage, London.

Wall, K. (2006) *Special Needs and Early Years: a practitioner's guide*, PCP/Sage, London.