

# Health and Well-being in Early Childhood

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# INTRODUCTION

The significance of young children's health and well-being is well established and increasingly on the agenda of government departments and agencies worldwide. This worldwide concern for, and understanding of, childhood well-being has increased over the past decade (UNICEF, 2013a). National success is no longer considered to be exclusively defined by traditional economic indicators such as Gross Domestic Product, but should also assess societal progress by measuring well-being (Stiglitz et al., 2010). The United Nations Convention on the Rights of the Child recognises a child's right to survive and thrive, to learn and grow, to have their voices heard, and to reach their full potential. This includes addressing their health and well-being, an issue that continues to permeate not just the non-Western world, but also shows signs of regressing in the Western world (UNCRC, 1989). A recent UNICEF (2014a) report calls for more information regarding the improvement of children's health and well-being to be made available.

## What is health and well-being?

Defining health and well-being is challenging given that it may mean different things to different people in different socio-cultural contexts. It might be viewed objectively (such as via health status or household income) or subjectively (via personal perceptions of quality of life) (Statham and Chase, 2010). When considering definitions of health, we might only view health as relating to *physical* health but this does not

## 2 INTRODUCTION

reflect the growing evidence of how *emotional* health can affect our physical health. For example, it has been shown that mental illness and stress affect the immune system and reduce life expectancy (NIMH, 2013). Similarly, we might enjoy physical health but still not have life satisfaction or a sense of happiness due to other needs not being met, such as financial security. Therefore, being healthy includes our *mental* health and well-being. This was affirmed by the World Health Organisation back in 1948 who defined health as a 'state of complete physical, mental and social well-being' (WHO, 1948). Later, this definition was amended to accommodate the realities of achieving this objective (such as personal and social capabilities) and drew attention to the processes involved in promoting health (WHO, 1984).

When we look for definitions of well-being we can see further complexity in attempting a definition. For example, Pollard and Lee's (2002) review of well-being identifies five different domains for well-being – physical, psychological, cognitive, social and economic. In England, the National Institute for Health and Care Excellence (NICE, 2012) separates well-being into three different categories – emotional, psychological and social – and identifies a wide range of factors that ought to be considered. These aspects address factors such as being happy and confident and having good relationships with others to managing emotions and being resilient.

In relation to the early years, Laevers (1994) has characterised well-being in children as reflecting factors such as openness and receptivity, self-confidence and self-esteem, vitality, enjoyment, relaxation and inner peace and self-assurance. Laevers equates higher levels of well-being (in other words, children who display high levels of these signals) with having an increased capacity to learn and being more deeply engaged, motivated and interested in learning. This might entail being able to persist and engage with more complex and creative aspects of learning. Roberts (2010) has also created a holistic framework of well-being for early years practice which centres around having a sense of agency and a sense of belonging, recognising the determining factor played by communication and active interaction in achieving well-being, and how all this rests on a bedrock of physical well-being.

In many respects the terms health and well-being can be used interchangeably (Walker and John, 2012); for example, emotional health might also be considered the same as emotional well-being, or at least that one leads to the other. In this book, health and well-being is used as a single term *health and well-being*. Within this term, it is acknowledged that:

- they are dynamic and multi-faceted concepts;
- they involve physical, emotional and mental manifestations;
- they are processes not just products;
- that one invariably affects the other.

A *multi-dimensional perspective* is therefore needed in order to understand the meaning of health and well-being and how best to promote both. This book draws on interdisciplinary frameworks to explore what is involved in supporting young children's health and well-being – a *biopsychosocial* model, a *psychoneurobiological* model and an *ecological systems* model, all of which provide us with an evidence-base and a more robust insight into health and well-being.

## The biopsychosocial model of human development

For many years, developmental psychology has tended to dominate our understanding of how children develop. However, increased research and technological advances have introduced different ways of thinking about how different disciplines within the natural and social sciences need to work together to produce more holistic perspectives on how to support children's development. This is particularly true in relation to health and well-being as new discoveries reveal how everything affects everything else at multiple levels and in varying ways (Rutten et al., 2013). As our knowledge of the physiological, psychological, sociological and neurobiological components of childhood increases, traditional boundaries between different disciplines are breaking down. It is now increasingly accepted that we need to adopt what has been termed a *consilience* approach to understanding human development (Sroufe and Siegel, 2011). That is, we need to draw upon the evidence from a range of fields that reach the same conclusions and blend these insights to create a unity of knowledge and understanding about health and well-being in the early years. This includes dissolving traditional debates about nurture versus nature and recognising the *contingent and recursive* relationship between physiological, neurological and behavioural responses in order to optimise well-being (Siegel, 1999). This involves, for example, recognising the evidence that genes (*biology*) and experiences (*environment*) are indivisible, interrelated and interdependent with each affecting and enabling the expression and growth of

the other in order to create the *psychological mind* (McCrory et al., 2010). Feldman and Eidelman have affirmed this from their research which reflects the ‘dynamic interchange of biological dispositions and environmental provisions’ (2009: 194). In other words, the genetic structure we are born with transacts with a range of environmental stimuli and influences, which in turn interface to create the person that we are. The National Scientific Council on the Developing Child based at Harvard University in America has confirmed that

the biology of health explains how experiences and environmental influences ‘get under the skin’ and interact with genetic predispositions, which then result in various combinations of physiological adaptation and disruption that affect lifelong outcomes in learning, behavior, and both physical and mental well-being (NSCDC, 2010: 5).

In essence, they combine to create a *biopsychosocial* model of child development which correlates with the comprehensive *psychoneurobiological* model of health and well-being on which this book is based.

## The psychoneurobiological model of brain, body and mind

The biopsychosocial model of human development discussed above emphasises the symbiotic relationship between health and well-being and the interrelationships between the various factors that affect young children’s health and well-being. The new discipline of *interpersonal neurobiology* is an example of consilience that embraces all branches of science to find a common, universal understanding of the mind and well-being (Siegel, 2012). In particular, evidence from the social, cognitive and affective neurosciences has led to an understanding that the brain is not simply an organ that enables us to think cognitively, but is a *biosocial* organ – in other words it requires external *social* interactions for growth *and* it needs to work closely with other *physiological* processes within the body (such as the stress response system), *and* it needs to pay particular heed to the role of *emotions* in order to optimise our health and well-being (Schore, 2001a; Porges, 2011; Immordino-Yang, 2011). This book therefore considers the interactions between different internal systems, such as the autonomic nervous system, alongside the

external ecological system (Damasio, 1998). It also provides illustrations of interventions that work in an *integrated* manner with the brain, the body and the surrounding context to support young children's health and well-being – in other words practical strategies based on *psychoneurobiological* processes coupled with an *interpersonal environmental* approach (Schoore, 2001a).

## The bioecological systems model of human relationships

The *interpersonal environmental* approach links closely to Bronfenbrenner's (2005) *bioecological systems theory*. This idea essentially acknowledges that many factors interplay to affect children's development and these manifest themselves in the early years largely through the personal encounters a child has with the environment and with other humans, along with the relationships that subsequently may develop. Bronfenbrenner envisaged a child's development in terms of the *interpersonal relationships* that the child encounters within systems of different (and increasingly complex) *environments* or layers of influence. These *layers of influence* have been named the microsystem, the mesosystem, the macrosystem, the exosystem and the chronosystem. According to Bronfenbrenner, it is the quality of the reciprocal relationships within these various systems that determines the nature of children's experiences and have a direct bearing on shaping human development. The microsystem is the layer (or layers) closest to the child and with which and with whom the child has direct contact, such as the immediate family, the neighbourhood and early years settings. The mesosystem is less tangible to envisage since it is conceived in terms of the connections or relationships between the various structures within the microsystems. The mesosystem comprises, for example, the interrelationship between child and parent. The early years' professional is another example of the reciprocal relationships encountered by the child within the growing microsystems.

The exosystem is easier to identify as this refers to the larger social system within which the child might not directly participate but it still has the potential to have an impact upon the child. For example, a parent's work place is part of the exosystem which might affect the amount of time a child spends in childcare. The exosystem thus may act as an indirect

force shaping what relationships the child encounters in the microsystem. The macrosystem is less overt since it refers to cultural values, customs and laws that exist within or directly (and indirectly) dictate how the microsystems and exosystem operate. The macrosystem might affect the child through cultural norms or ideological blueprints that support a particular type of child-rearing practice or through legal frameworks such as a statutory early years curriculum. The macrosystem also incorporates broader issues such as socioeconomic status and ethnicity. The final layer is the chronosystem, which is another less tangible, but still influential, system and relates to events and transitions related to time that occur within the child's life. The chronosystem also entails wider sociohistorical circumstances such as changes in equal opportunities for women and the impact of these on young children's circumstances today via increased working prospects and consequent childcare issues.

The *bioecological systems* model focuses attention on an important theme in this book, namely that all the factors influencing a child are mediated by the child's *relationships* from conception to the start of school (and beyond). An important point to note, however, is that the child is viewed as an active participant within the relationships and environments, not a passive recipient. Indeed, Bronfenbrenner emphasised *mutual* interaction as integral to human development and noted how disruptions in one system had a knock-on effect on another. He considered that such influences were *bi-directional* which means that the relationships or structures within and between the different layers or environments are affected by and interact with each other. Moreover, Flear (2005) warns against only envisaging contextual factors as operating as social influences *on* the child. She draws on Rogoff's (2003) views that children's learning and development is not only constituted by the external socio-cultural context but they also *contribute to and participate in* that context. This book certainly reflects this notion of the child as a contributing and active agent in the creation of the circumstances that promote their health and well-being.

## A relational model of health and well-being

The ecological systems model is now widely considered to be an effective model for supporting early childhood education and care, particularly for the most vulnerable (NSPCC, 2011). The NSPCC rightly identifies that 'at the heart of the model is the relationship

between the primary caregivers and the child' (2011: 20). Similarly, the World Health Organisation (WHO, 2014) lists stable, responsive, and nurturing care-giving and safe, supportive, environments as the two main ingredients for determining health and well-being, (a third cornerstone is appropriate nutrition). Despite recognising children's active agency in their own development, this book focuses its attention on the *adult's role* in supporting young children's growth and progress and articulates how relationships are a powerful inoculation for children in relation to their health and well-being. Indeed, a recent research project on well-being in the early years identified that children viewed social relationships as central to their happiness (Manning-Morton, 2014). This book will reiterate throughout how relationships and the *quality* of these relationships with important adults are a major determinant of child health and well-being (Rees et al., 2013). It draws particular attention to the power of the relationship between practitioner and child, but acknowledges the critical role of familial relationships and the impact of this on children's immediate and ongoing health and well-being (Entwistle, 2013). The premise of this book therefore rests on the interactive process between a child's brain, body and surrounding relationships creating what Siegel (2012) refers to as the *triangle of well-being*.

## Structure of the book

The book begins by considering the role of the brain and body in health and well-being. Chapter 1 introduces the role and function of the brain in creating the adaptive behaviour necessary for health and well-being. It will set the scene for the complex interplay of environment and experience on brain function in relation to health and well-being, based on the biopsychosocial and psychoneurobiological models. Chapter 2 looks at the important features and processes that support health and well-being such as the connectome, plasticity, mirror neurones, pruning and tuning and vagal tone. Chapter 3 reviews the stress response system and highlights its significant role in affecting health and well-being. This is followed in Chapter 4 with a brief overview of the importance of nutrition and some key issues related to the nutritional dimensions of health and well-being.

The book then turns its attention to a focus on emotional health with Chapters 5 and 6 highlighting the significance of nurturing environments

and experiences. Chapter 5 emphasises the importance of developing positive relationships between and within caregivers and young children by exploring attachment theory and the processes of interactional synchrony and attunement. Chapter 6 builds on the attachment relationship by highlighting the links to emotional development and, in particular, emotional self-regulation and the role of reflective functioning in supporting this. It also highlights the role of empathy and the development of emotional intelligence.

The next few chapters look more closely at the enabling environment practitioners can provide in their work with children. Chapter 7 initially focuses on the significance of active learning in promoting optimal health and well-being and highlights key aspects of physical development such as coordination, control and movement. The role of play is emphasised along with the importance of physical activity and interactive learning. Chapter 8 outlines the use of Emotion Coaching as a key strategy for helping to create an optimal, enabling environment and the promotion of nurturing relationships for emotional well-being and behaviour. It draws on a recent research project conducted by Rose and Gilbert (Rose et al., 2015). Chapter 9 turns its attention to more cognitive aspects of health and well-being by emphasising the importance of promoting self-efficacy and resilience in young children. The notion of Learning Power as a model for enhancing young children's health and well-being is explored.

The final chapters look at some of the broader issues that need to be taken into account when considering the factors that affect health and well-being, such as poverty, government policy, economics, inclusion and sustainability. Chapter 10 reflects on some of the challenges to resilience in health and well-being, such as poverty and trauma. The notion of early intervention is explored in Chapter 11 with examples of initiatives that have particular relevance to health and well-being. In doing so, the importance of integrating the inter-professional team around the child is emphasised alongside practitioner well-being. The final chapter provides an illustrative case study on the framework known as Five to Thrive. This framework draws together the key messages of the book and provides an effective model for early years practitioners to employ in their work with children and families in promoting health and well-being. The book concludes by identifying the need for a sustainable future in health and well-being. It highlights how practitioners can adopt an empowering approach for children to take ownership of their health and well-being, laying the foundations for sustainable health and well-being.

## Mindful Moments

Within each chapter there are some additional reflective activities or questions that will help you consider the implications of what you are reading for your own practice. We have called these *Mindful Moments* in order to draw attention to the importance of how adopting a *mindful* approach to your reading might enhance your understanding and awareness of the content. The *Mindful Moments* draw on some of the principles behind the practice of Mindfulness (Kabat-Zinn, 2006), such as pausing and contemplating on some of the things you have been reading, and thinking curiously and openly about them. Doing this should enable you to have greater awareness of your understanding and enable you to be more flexible and adaptable in how you translate this understanding into practice. They may lead you to take more considered action to create quality practice and in doing so potentially challenge habitual ways of working. Being mindful therefore operates in a similar way to *critical reflection* which entails questioning inherent values, beliefs and attitudes within personal and professional knowledge, including any practical wisdom and assumptions you might have about your practice (Rose and Rogers, 2012a). Also included in each chapter are chapter summaries, key points, suggestions for further reading and web links to useful resources.

## A cautionary note

It should be noted that, for the most part, this book does not address every aspect of health and well-being that might relate to young children. For example, we acknowledge the significance of pre-natal influences and the importance of nutrition on young children's development. However, we are unable to address fully the complexity of research on physical health and well-being within this book. Nor do we review the particular circumstances of children with additional needs or safeguarding issues related to health and well-being. Readers are also cautioned that it primarily adopts a Westernised perspective and therefore may not address cross-cultural dimensions.

Nonetheless, it does provide a concise overview of many central aspects of most young children's health and well-being, and emphasises the symbiotic relationship between health and well-being and the

## 10 INTRODUCTION

interrelationships between various factors that affect the majority of young children's health and well-being. In general, the book provides a solid foundation for all early years professionals in promoting young children's health and well-being, but perhaps the biggest message of all within this book is how the nature of a child's *positive relationships* with caregiving adults helps to pave the way for their optimal health and well-being (Shonkoff, 2010).