Beyond basic ‘minding’: Adopting an ecological, evidence based approach to promoting children’s well-being and developing child health advocacy with early childhood undergraduate students

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Introduction

It is now well-acknowledged that the foundations of lifelong health are built in early childhood (Center of the Developing Child at Harvard, 2010). Internationally, there has been a growing body of evidence highlighting the importance of early life experiences for future health and well-being (Barker, 1994; Barker, 2000; Marmot 2010). At a national level, the Growing up in Ireland Study has identified key public health issues that are emerging by age three, including obesity (ERSI, 2011) and significant health inequalities across a range of indicators which persist into later childhood (ERSI, 2013). Early childhood professionals who work directly with young children and their families in early childhood settings on a daily basis have a significant role to play in promoting children’s health and wellbeing. Drawing on current literature and recent policy developments, this paper aims to highlight the
importance of early childhood practice in promoting child health and well-being and
documents some of the key principles that are stressed when working with Early Childhood
Care & Education (ECCE) degree students.

The first key principle is that early childhood experiences matter. For early childhood educators of the future,
recognising their role and adopting an evidence based approach to their practice needs to be instilled during
their undergraduate studies. This paper stresses the need to encourage students to identify broader definitions of
health and well-being, beyond the traditional confines of health and safety practices. The evidence tells us that
early life experiences matter and so do ECCE students as the future early childhood educators and advocates for
children (Center of the Developing Child at Harvard, 2010). The early childhood setting can play a vital role in
providing an environment that enables healthy choices and experiences, promotes child well-being, identity and
belonging, communication and exploring and thinking (NCCA, 2009).

**An ecological approach to child health and well-being**

A key principle for ECCE students is to recognise the importance of an ecological approach to promoting health
and well-being.

Adopting an ecological approach to child health recognises the many different factors in
children’s lives that influence their health and well-being, such as family health and
relationships, poverty, early childhood settings, local communities, social capital, cultural
perspectives and national and international policy, amongst others. This universal societal
approach is advocated in Irish policy through Healthy Ireland. During their undergraduate
ECCE degree, students’ understanding of the concepts of health and wellness develops with
their increasing theoretical knowledge and understanding compounded by their practicum
placement experiences. Students begin to appreciate that many different factors in children’s
lives influence their health and wellbeing and consider how factors such as poverty, housing
and family health and relationships may influence children’s health and well-being and how
these factors may exist or work together to influence children’s lives. It is important therefore
that students consider the broader determinants of health. This can be achieved through
investigating how social inequalities in health are evident in Ireland, drawing on Growing up in Ireland data for example (ESRI, 2013), or using key examples such as low birth weight, obesity and the health status of children within the Traveller community and recognising the complexities of health promotion.

An evidence based approach: Practitioners as researchers

A key principle for ECCE students is to recognise the importance of an ecological approach to promoting health and well-being.

Looking to evidence helps to avoid complacency, while engaging in reflective practice is a marker of professionalism. This includes asking questions such as, with regard to consideration of infant sleeping position, for example, why it is recommended to put babies to sleep on their backs and what are the other factors that may reduce the risk of Sudden Infant Death Syndrome. It is important that ECCE students question and think as researchers, exploring and understanding the ‘whys’ so that they can make informed decisions in their practice. They may also be asked advice from parents in relation to topics such as immunisation, so having a clear understanding of the evidence is important. Students also engage in small scale research to develop these skills further and to transfer such skills to their future practice. Other considerations need to be given to questions such as how the ECCE setting can facilitate mothers to continue breastfeeding, how the ECCE setting can maximise indoor and outdoor environments for learning and well-being, addressing the Aistear theme of well-being (NCCA, 2009), gender differences in how early childhood educators encourage different types of play, physical activity and rough and tumble play, as just some examples. In terms of obesity rates at age five, significant gender differences are for example apparent with higher rates in girls (ESRI, 2013)

Advocates for children’s health and well-being

Another key principle is that students are encouraged to see themselves as advocates for children’s health and well-being for now and into the future.

ECCE students are encouraged to recognise their future role as early childhood practitioners within an ecological model along with the influence they have in promoting the health and well-being of
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children in their care, as well as the children’s families, local communities, and the role they have in creating links, lobbying local councils and at a national level to advocate for young children so that the factors that influence their health and well-being will be prioritised to ensure that every child has the best start in life (Marmot, 2010). Siolta, The National Quality Framework for Early Childhood Education (CECDE, 2006) established 16 standards of quality. Standard 1 considers the rights of the child. From a social justice and moral perspective, all children should have the right to a healthy childhood, as also specified in Article 24 of the UN Convention on the Rights of Child (1989). To justify the importance of the earliest years of life, we sometimes tend to adopt a futuristic perspective, the notion of wellbecoming rather than well-being. For example, the World Health Organisation (2008) notes that,

“Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies”.

We often cite literature highlighting the longterm implications of child health and early life experiences into adulthood. However, it is important that for ECCE students, the focus is not just from such a futuristic perspective but addresses the fundamental and present rights of the child. Health and well-being are specifically covered under Siolta’s Health and Welfare and Environments standards, yet one could argue that all the quality standards relate to child wellbeing in some capacity. Key developments in early childhood policy and practice Another key principle is that best practice should reflect current policy and legislation. Within the field of early childhood practice in recent years there have been some significant developments. Aistear, the early childhood curriculum framework in Ireland (NCCA, 2009) was launched in 2009. Designed for children from birth to six, Aistear adopts a continuum of learning across four key themes: Exploring and thinking, Communication, Identity & belonging
and Well-being (NCCA, 2009). The themes are interlinked with the ultimate aim of promoting confident and competent learners. The theme of well-being has four key aims:

Aim 1: Children will be strong psychologically and socially

Aim 2: Children will be as healthy and fit as they can be

Aim 3: Children will be creative and spiritual

Aim 4: Children will have positive outlooks on learning and on life

Within each aim there are six further learning goals for children to meet ‘in partnership with the adult’. As a curriculum framework, Aistear is designed to be broad and meet the needs of all children, in all early childhood settings across infancy, preschool and into primary school. It can therefore be challenging for students and ECCE practitioners to decipher how best to fully address these key aims and learning goals. The theme of well-being moves beyond the traditional notion of health and safety. Meal times for example should incorporate a healthy eating policy but should also be valued as an important daily social event, providing many potential learning opportunities and scope for building relationships with children and adults. Children and adults eating together in respectful and aesthetically pleasing environments, growing and preparing food or table settings etc and encouraging positive attitudes to eating. Similarly, indoor and outdoor environments should be maximised to engage children in physical activity, both adult-guided and child-initiated. These can include traditional games, yoga and obstacle courses that help to develop fundamental movement skills.

ECCE students need to recognise that not only is it important that children grow up in a physically safe environment, children also need a safe and secure emotional environment.
Relationships in early childhood can have lifelong implications for emotional health, stress responses, competency of the immune system and appropriate health-related behaviours (Center on Developing Child at Harvard, 2010). The wellness of children is strongly influenced by the wellness of those around them, parents and caregivers, families, ECCE practitioners, local communities and of society at large. Students are therefore encouraged to focus on their own well-being and there are a range of resources and supports available to them.

The Childcare Regulations (Gol 2016) provide the legislative framework to ensure that basic standards of quality care are provided for young children and have developed beyond addressing just the static environmental factors traditionally associated with health and safety. As adults working with young children, it is essential that every effort is made to anticipate and eliminate potential dangers but to also provide a challenging and stimulating learning environment. This can be a difficult balancing act as children need physical activity to promote their physical development and the questions are asked of the students whether there is an overemphasis on safety. Similarly, in terms of hygiene there are concerns that it is becoming too clean, trying to prevent the spread of infections in ECCE settings with standard precautions but risking creating too clinical an environment for young children and their developing immune systems.

**Significant developments to promote well-being for all of our youngest children**

Another key principle is that the health and wellbeing of children should matter to all in society.

In 2010, the government introduced the free preschool year for children. The scheme was extended to two years for each child in 2016 and uptake is now almost universal, engaging almost 5000 preschool services. The DCYA (2016) published the Diversity, Equality and Inclusion charter and guidelines for early childhood care and education, which
links with promoting the well-being of young children in ECCE practice. The Access and Inclusion Model (AIM, 2016) was established to promote an inclusive culture within early childhood, reiterating the ethos of promoting the health and well-being of all children. It is also paramount that those working in related fields can recognise the potential of the early childhood setting in promoting health and well-being. Through AIM, early childhood educators are working with other professionals in the field to promote the well-being of all children. For ECCE students today, through recent developments in policy and legislation the landscape is changing to give more consideration to the well-being of young children.

**Conclusion**

It is essential that early childhood practitioners working directly with young children and their families have a fundamental understanding of the many different factors that determine children’s health and well-being and an understanding of how to promote the health and well-being of young children in the early years of their lives that is evidence-based. This understanding is instilled in ECCE students during their undergraduate education and this paper highlighted some of the key principles addressed with students. Providing a clean, safe and nutritious environment is important but if the foundations of health are to be addressed, children need to be exposed to positive, healthy experiences in environments that enable healthy choices, both indoors and outdoors. Children need environments that stimulate and challenge, that encourage positive relationships, address diversity and truly promote inclusion and positive health for all children. This culture needs to be nurtured in order to maximise the potential of the ECCE setting in producing an optimal environment for children during their most formative years in which their health and wellbeing can develop and thrive.