Promoting the health and welfare of the child requires protection from harm, provision of nutritious food, appropriate opportunities for rest, and secure relationships characterised by trust and respect.
Introduction

Within an early childhood service, it is the shared responsibility of all adults to ensure that children are kept safe and healthy. Parents and children have a right to expect that those responsible will ensure that the environment, equipment, activities and materials will be suitable and monitored for safety (Moloney, 2006). This responsibility is paramount and is supported by legislation (Government of Ireland, 2005). For the setting manager, this involves ensuring that sensible policies and procedures for the prevention of illness, protection from harm and effectively dealing with medical situations that may arise are put in place and recognised by everyone (Research Digest/Standard 10: Organisation).
Recent Research

Policies, procedures and actions
Prevention of illness is based on awareness of how diseases are spread and how cleanliness is used to control its transmission. Accurate information on exclusion periods for common communicable diseases should be sought and followed and an illness policy developed (French, 2003; Moloney, 2006). The most common ways to transmit infections are:

- **Touch** - infections may enter the body through grazes
- **Airborne droplets** – through uncovered coughs or sneezes
- **Poor hygiene practices** - particularly through a lack of hand washing (Moloney, 2006)

In order to deal with emergencies appropriately, it is expected that staff will be trained in First Aid. Regular fire drills should be carried out, emergency exits clearly identified, and emergency plans in place with staff and children familiar with the procedures. Moloney (2006) advises settings to engage with the local Fire Safety Officer regarding the development of an appropriate fire safety policy.

The service should have a positive approach to health promotion. Local health centres and the Department of Health and Children (DHC) Health Promotion Unit (see http://www.healthpromotion.ie/) will be able to provide a range of information and advice for use by settings. The Centre for Early Childhood Development and Education (CECDE) (2006) identifies broad elements of preventative healthcare and health promotion which include:

- **Active reviews of children’s developmental progress**
Ensuring children’s mental health is supported through information, education and activities

Parenting guidance on the importance and modelling of physical activity, healthy sleep patterns and infant positioning

Screening and early detection of hearing and vision impairment and immunisations (DHC, 1999a)

The encouragement of ‘healthy communities’ who value and understand the influence which early preventative health measures can have on children’s well-being

More detailed aspects of preventative healthcare include scrupulous attention to general hygiene and cleanliness after every use of toilets, nappy changing areas, and areas where food is prepared and consumed (French, 2003).

The implementation of national guidelines in relation to child protection

In 1999 the DHC published *Children First: National Guidelines for the Protection and Welfare of Children* (DHC, 1999b). These guidelines are intended to assist people in identifying and reporting child abuse and to improve professional practice in statutory, voluntary and private agencies and organisations that provide services for children and families. Settings have a responsibility and corporate duty to protect children through:

- Ensuring the consistent application of safe and clearly articulated recruitment policies and procedures
- The development of policies regarding toileting, dressing and rest periods that have safety and security as core components
- Ensuring that children are supervised at all times during the day
Developing clearly written guidelines on identifying and reporting child abuse so that every person working with children is equipped with the knowledge and skills to respond effectively where there is concern about the welfare of a child (Moloney, 2006)

The National Children’s Nurseries Association (NCNA) (2000) advocates that protecting children is more than simply developing policies, procedures and guidelines and should be seen in the context of safeguarding and promoting the welfare of children generally. Personal autonomy and self-esteem will develop in an environment where respect, trust, equity and an authentic willingness to listen to children is established. *Our Duty to Care, the Principles of Good Practice for the Protection of Children and Young People* (DHC, 2002), provides practical guidelines on the protection of children. While the internet is a wonderful tool for research, communication, education, and entertainment, it does carry material unsuitable for children. Barnardos (2004) offers guidelines to children and parents/carers in the use of the medium.

The encouragement of healthy eating habits in a social context

The provision of a healthy environment and adequate nutrition is essential to the well-being of children and adults, to physical growth, cognitive development and health, and to full participation in an active programme. A review of literature conducted by the CECDE (2006) promotes good practice for the developing and learning child and states that:

- A balance of essential vitamins, minerals and fats is necessary for appropriate weight gain in young children
- Children experiencing obesity benefit from early intervention and physical activity
- Maternal nutrition and drug free environments prior to and during pregnancy are critical
- Breastfeeding should be encouraged and, therefore, services should support mothers who choose to continue breastfeeding while their children are in their care
- Drinking water should be available continuously to children
- All children, particularly those living in poverty should be provided with opportunities for consumption of breakfast

Good digestion is linked to relaxed emotional states and eating together provides the opportunity to socialise and learn about each other. Eating habits developed at an early age will often form the basis for life. Mealtimes can be a nutritious, learning, fun experience for children, parents and staff (Research Digest/Standard 7: Curriculum). In addition to helping to serve food, children should participate in activities that encourage knowledge of hygiene and health issues, nutrition, food preparation, different tastes and textures, and the food traditions of a variety of cultures (French, 2003). Moloney (2006) refers to the relevant legislation regarding food and suggests that children can be involved in planning, preparation and management of snacks and meals.

Providing children with opportunities for rest and quiet time

A number of studies have demonstrated the importance of physical activity for the developing and learning child (CECDE, 2006). However, highly rigorous and intense exercise can have harmful effects. Moderate levels of activity (for thirty minutes, three times a week) are recommended. Furthermore, the essential functions that sleep plays in the growth and development of young children include:
- Repairing and enhancing neural activity and immune system functioning
Aiding memory encoding processes
Releasing growth hormones (CECDE, 2006)

The research, therefore, highlights the need for settings to offer a balance of opportunities for physical exercise and rest.

Supporting secure relationships with adults, siblings, peers and others

Hanafin and Brooks (2005:40) assert the ‘centrality of interpersonal relationships with family and friends’, which emerged as a core theme identified by children in relation to their well-being. Children discussed how positive relationships give them a sense of belonging, feelings of safety, and being loved, valued and cared for. This has clear implications for settings to develop and maintain relationships between children in their care with adults, siblings, peers and other children. Research strongly suggests the need for young children to experience secure attachments with caregivers based on empathetic understanding of children’s experiences, and responsiveness and sensitivity towards the unique needs and interests of the developing child (CECDE, 2006). It also demonstrates that children who experience fractured attachments are particularly vulnerable. Supportive, nurturing structures to encourage resilience and endeavours to rebuild children’s trust in significant others are required (CECDE, 2006).

It is important that patterns of ‘shared care’ and continuity are developed between practitioners and parents to promote optimal holistic development (Research Digest/Standard 5: Interactions). Practitioners need to provide all children with opportunities to engage in interactions which involve:

- Developing an understanding of others’ interests
- Pro-social behaviours such as sharing and turn-taking
- Being friendly and polite
- Co-operating and collaborating
- Conflict resolution
Cultural diversity in the development of peer relationships must be recognised and any perceived differences or difficulties addressed (Research Digest/Standard 14: Identity and Belonging). Practitioners need to be proactive in creating an open, honest and accepting community for all children including those with additional needs or those who are vulnerable (CECDE, 2006).

Implementing the Standard

The research outlined above has detailed the various and specific Components that constitute health and welfare. In a broad context, a setting endeavouring to promote the overall health of all children and adults should implement certain strategies:

- Make information leaflets available on a variety of health issues (e.g., vaccinations, oral hygiene, prevention of infection)
- Invite regular contact with the relevant health professionals
- Host information/health promotion events for parents
- Offer adults working within the setting opportunities to participate in training on health promotion matters
- Incorporate health promotion into the curriculum/programme used within the setting
- Support children to develop good personal hygiene routines
- Ensure that adults within the setting contribute positively to the promotion of children’s health – modelling good hygiene practices, not smoking, being responsive and sensitive to children’s needs for reassurance and comfort, etc.
Conclusion

The consideration of health and welfare within a setting must be comprehensive, exceeding First Aid checklists and a basic awareness of relevant guidelines. The setting needs to implement a full range of policies and procedures to prevent the spread of infectious diseases, reduce exposure to environmental hazards and stress, and deal effectively with medical situations that may arise. In addition, the setting should be able to demonstrate that:

- It has implemented the guidelines from *Children First* and *Our Duty to Care* in relation to child protection
- It is being proactive in supporting the development of healthy eating habits in children
- Children’s need for rest, quiet time and privacy is acknowledged and respected
- It makes provisions to ensure that children can form and sustain secure relationships with adults, siblings, peers and other children
- All adults and children are prepared for emergency situations

All early years practitioners have a significant role in developing safe environments that support children’s physical and psychological safety. Balance is a key characteristic of this responsibility as, though physical safety is important to children, they also need to develop independence by taking some limited risks and learning to think autonomously. It therefore remains the task of the reflective practitioner to balance safety issues with the child’s need to grow and learn through experiencing new environments.
Resources for Health and Welfare


**Children’s Books**


