

# Contribution of schools to child health and wellbeing



*Critically discuss the contribution that schools can make to children's health and wellbeing .*

As a society we want the best for our children to enable them to grow and develop into healthy human beings. Looking at their wellbeing gives an overview of the person as a whole and their identity in society, and how we can ensure that they are given the best start in life and assist to maximise each child's potential.

This aspect is supported by the United Nation Convention on the rights of the child's (1989) cited in Collins & Foley 2008. This convention in many articles focus on the child ensuring that they have a say in their health and wellbeing giving them the best start to life. Kamerman and Kahn (2003) highlights the importance of child welfare and talks about ' human capital'. As educators we have a large role in providing for all children giving them the best opportunities in life.

There are many factors that can influence the health and wellbeing of children. Research has shown that early childhood experience has a significant impact on childhood development and how they continue into adulthood. As Vygotsky (1978) identified, children from a very young age can learn and develop new capacities through the collaboration and interaction with adults. (Cited in connecting with children; developing working relationships). Learning Guide 5 Activity 5. 2 and watching the DVD on children's participation brings to light how we as adults should listen more to children and permit children to have more of a say. On the video it

identifies when children are given the opportunity to participate, it enhances their confidence and self-esteem to be part of society.

When looking at children's health and wellbeing it is important to look at how they identify themselves. As Cooley (1902) studies show how children develop and how they participated in society depends on what they feel about themselves and how other's perceive and act towards them. As a foster carer for children with special needs I can relate too this as people can look at their disability instead of the person they are. Like Louis (foley 2008) the first identity is the disability. This identity can have an impact on health and well-being. In my role as foster career I found that the child I had on a long term basis was considered as having serve needs and labelled as difficult. In contrast when given the opportunity and not looking at her disability she was quite able. As adults we can influence the child's identify and relate to this disability rather than the whole person. If we looked at wellbeing and health and not the disability would this change his outlook on life? Bennett and Sani 2004 p. g13 studies support this aspect as they talk about how changes can change our identity and how we are looked upon. As adults we can become engaged in the disability and unknown to ourselves we may label this child as disabled and think we know what is best. It can be criticised that the labelling or identifying a child's disability can be positive in not only the home but in school as they are able to avail of better services e. g. the school get funding of a one to one assistant attending, having outside agencies like speech theorist etc.. In my own setting it is benefited when having a child's special needs recognised as it relieves some of the pressures having an extra member and extra support when required

The identity of a child can steer us as practitioners to how we contribute to the child's health and wellbeing. In the school setting we have to be open minded and considerate of the home environment, the child's culture, relationships and family life. These factors all coincide to contribute to the health and well-being of the child. The child identity can change depending on the situation and the environment. Children's voices can change depending on the opportunities they are given and how we as a society recognise the child. This is supported by Bennett and Sani 2004 studies and shows it takes time to get familiar with a person.

Children's social backgrounds can have a large influence on their health and wellbeing. Poverty unfortunately has a negative effect on children's health and wellbeing. When looking at the Millennium Cohort (Dex and Joshi) study in the UK it came to my attention that is a high percentage of our children are in poor health and wellbeing. The institute of Education (2007) studies showed how children's cognitive development assessments showed higher scores from families of stable employment. Poverty in the home has an ongoing effect on the child's health and wellbeing. Children can be labelled as being poor carrying with them throughout school. Ridge's study (2006) shows how children's self-confidence and feeling of belonging within their social network can be affected. Children can feel left behind when parents can't afford the latest trend be it clothes or latest technology. Children's social wellbeing is affected when they are unable to attend social outings with their peers and this may cause a child to become withdrawn from the group of friends and experience a feeling of isolated.

Schools provide a large contribution to children's health and wellbeing through support in all areas. Children can feel valued by the interaction of praise and achievement, having the opportunity of healthy snacks, warmth and intellectual stimulation. In my own setting we can see the contribution to a child health by providing that simple healthy snack. This is beneficial for some children, not necessarily from an unprivileged background, but simply not having the time to ensuring that their child has eaten breakfast or lunch before arriving at nursery.

Moss (2006) believes listening to children as part of ethical practices is extremely important and it is a vital part to the wellbeing of children. If children are not given the opportunity to speak and be listened to they cannot be expected to fit into society. Practitioners have an important role in promoting and developing children's emotional wellbeing. Billington and Pomerantz 2004 talked about the importance of circle time and how this leads to the building of confidence with children. Circle time allows children to feel included as part of a group and helps to build self-confidence and belief in their ideas. Being critical of this it can also devalue children as they may feel under threat and find circle time intrusive. As practitioners we have to judge the situation and look at what suits the individual child.

As an early years practitioner I feel it is equally important for children to have free play where they can form their own relationships without the influences of staff allowing children time to explore their own emotions. We have a critical role in ensuring that all children are listened to and voices not been silent. Children's first-hand experience can change their perspective and it only takes that one individual to provide a positive artist for change in a <https://assignbuster.com/contribution-of-schools-to-child-health-and-wellbeing/>

child's well-being and health. Schools provide the opportunity for children to interact with a broadened section of society and benefit children's opinion on society. One teacher may have a significant effect on a child's well-being inclusive of all the other factors preventive to the child's life. For example the famous story of Helen Keller (1968) whose life was wasting away until she met Anne. Anne changed her life by believing in her and through her inspiring work developed her health and wellbeing and her life as a whole. Today Helen is well known for her work and the dedicated work she did helping others.

It can be clearly seen how changes in society change our views and opinions on how to give children the best health and wellbeing. This can be demonstrated in modern society with more services readily available and working in partnership with agencies to support children's needs. Children's first experiences are seen as critical to later development.

While schools provide the best health and wellbeing for children, the dilemma many teachers face is not being able to reach out to all children due to lack of parental support and consent alongside time factors and funding. Learning guide 11.6 looks at how agencies work together and try to give each other as much support as possible. Lynne talks about her role as a health visitor and how this contributes to children's health and wellbeing, while her role is as vital as practitioners in a school setting our hands can be tied and barriers in our way not allowing us to avail of these services. In my role as a pre-school leader the partnership is important between schools and health visitors, however without parental consent we cannot work with outside agencies provided to others..

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While it is seen from the government that the child's health and wellbeing are top priority and as a society we draw up policies to ensure legislation meets their needs. It is seen how Tony Blair and Gordon Brown have looked at family lives and helping with back to work systems which will benefit children's health and confidence along with their general wellbeing. The new government has looked at the roots of the problems and putting services into place to reshaping services.

The sure start programme has increased the help for families from deprived areas, provided well needed services for example parenting class, 2 year old programmes etc... While this has been a positive input it can be critically argued that it not necessary always being for families from deprived areas needing help but working families too can need as much attention. In my own setting it can be seen that full time working parents need as much help at times with parenting skills as other less well off families. Their careers can leave pressures on families and just having extra support can help their anxiety and any worries they may face as their children develop.

While the United Nation Convention on the rights of the child's (1989) cited in Collins & Foley 2008 report focuses on six key areas: material, wellbeing, health and safety, educational wellbeing, family and peer relationship it can be critically said that this is not always possible and feasible for those who require it. Looking at education sector the number of children with special needs has risen and funding has had a cut back therefore all needs are not met as they should be. In my own setting due to funding and the demand on other agencies it is not always possible to get a child with special needs an assessment before school age. While these children's needs are not being

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met not only is their pressure on the workplace but the child's health and well-being is being deprived. Children who haven't got English as a first language suffer due to the lack of resources available in society for them. As educators we work on the legal documents and in writing state what is needed for our children however in reality this depends on funding and government support. When looking at a child's health and well-being they interweave with one another so when a school struggles to get help with a child's physical needs their emotional health can also be affected in many instances.

Giddens (1998) looked at the needs of our children and how investment is put into all areas of the children's health and wellbeing looking at the full picture. This has shown improvement with the rest 10-Year Strategy (2009). Children are given and entitled to free pre-school education which has been a positive step in the health and wellbeing of all children.

In my own setting we have a role as practitioners to ensure we promote diversity and inclusion. This comes from the UN Convention on The Right of the child (1989), which supports the right for children to grow up in a familiar surrounding which is characterised by equality and free from any form of discrimination due to colour, race, sex, language, relation etc... (Article Two ([www.unicef.org/crc/](http://www.unicef.org/crc/))). In my own setting this is not only done to ensure that all children are treated equally but also with the use of our Media Initiative programme. This programme was developed to provide children with the opportunity to explore similarities and differences and developing the child in an appropriate way, using age appropriate resources.



This has found to be of benefit to children who infinity themselves as different and helps them to feel included in the setting.

Over the years there has been considerable work done in relation to Childrens health and wellbeing policy documents. UNICEF was one of the largest pieces of legislation from which a number a policies was drawn from. When looking at the policies throughout the UK it can be seen that while different countries have their own policy, there main objectives being the best services for the health and wellbeing of our children can be found in them all. A lot of changes have come about due to major cases of poor services which have result to child death some high profile media cases throughout the mediafor example;. Baby P, Victoria Climbe and most recently Tiffany Wright. As work continues in improving the local services to children the health and welfare of the children remains upmostimportance and with this high priority we will hopefully see an increase in more agencies working together to improving services.

In conclusion to the question on looking at what contribution that school can be seen how all agencies have an important role. Legislation over the years has changed giving children the right to an opinionon their health and wellbeing.

One quote from the UNICEF Report Card 7 to me evaluates children health and wellbeing and is very key that the nation is key to the support children are provided with. Health and safety is a majoy aspect in UNICEF's ideas and their material security and educational needs is focused on aswell as socialisation. UNICEF have strong beliefs on the sdense of being loved and

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being valued from society and people around them and included in the families and society in which they are brought up in.

Collins & Foley 2008)

As practitioner we have a duty of care in the wellbeing of children by working for the child in partnership with their parents and other available agencies to ensure that the child is given the best start to life allowing them to continue in to adulthood. All children no matter of their background or abilities should be given the same opportunities and say to their rights. The time it takes or the funding needed shouldn't determent the quality of services for a child health and well-being to be met.

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