WHAT IS WELL-BEING?

‘Well-being’ is a term occurring frequently in policy and practice relating to children, but as Pollard and Lee (2002: 62) suggest, ‘well-being is … inconsistently defined in the study of child development. A systematic review of the child well-being literature reveals that the definition of well-being is highly variable’. A generic definition as given by the Oxford English Dictionary (2002) presents well-being as ‘the state of being comfortable, healthy or happy’ (2002: 960), and this may reflect a general understanding of the term. When we come to consider how a concern for children’s well-being relates to practice though, this is not enough. The initial section of this chapter aims to unpick some aspects of the concept ‘well-being’ in order to develop a deeper understanding of what the term may involve.

Historically, well-being has been linked to health – the World Health Organization (1948) refers to ‘well-being’ as a concept which defines the global health of a person: ‘health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (1948: 2). More recently, Pollard and Lee (2002) have suggested that there are five distinct domains of child well-being that appear in the literature:

1. physical
2. psychological
3. cognitive
The physical domain includes physical health, rates of growth and knowledge about eating healthily and staying safe.

The psychological domain includes mental health, anxiety levels and psychosocial aspects such as self-esteem, confidence and emotion.

The cognitive domain includes aspects that are intellectual or school-related; this may include how children feel about school and their academic performance.

The social domain includes sociological perspectives such as family and peer relationships, communication skills and the availability of emotional and practical support.

The economic domain includes family income and wealth, economic hardship, availability of and access to economic support such as government benefit systems.

Roberts (2006) considers emotional well-being and reports on Bird and Gerlach’s (2005) description of emotional health and well-being as:

... the subjective capacity and state of mind that supports us to feel good about how we are and confident to deal with present and future circumstances. It is influenced by our emotional development and how resilient and resourceful we feel ourselves to be. (Roberts, 2006: 6)

Such an understanding of emotional well-being would place this within Pollard and Lee’s psychological domain, though in literature related to early childhood we may be more likely to come across the term ‘emotional well-being’ rather than ‘psychological well-being’.

As practitioners working with early years children, we may be concerned with some or all of these aspects of well-being; and clearly some domains will overlap and impact upon other domains – for example, a family support officer may be more concerned with the economic aspects of a child’s well-being than the health visitor who may have the physical aspects of the child’s well-being foremost in his/her mind. The early years setting practitioner may have social and cognitive aspects of the child’s well-being as their primary concern. What is important is not to lose sight of the global, or holistic, nature of the concept of well-being, nor to assume that a positive or negative assessment in one domain necessarily means that the child’s well-being as a whole corresponds to this assessment.

Case Study

In this case study, a child enters the nursery class of her local school, following a home visit where the practitioner met the child and her mother. A relative was looking after the younger twins for the duration of the visit. The child was quiet during the visit but keen to show the practitioner the new clothes she was wearing. The practitioner noted that the
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(Continued)

home environment was fairly sparse and the child’s mother was anxious for the visit to be completed before her other children returned.

Tamsin entered her nursery class as a well-dressed, well-mannered 3-year-old of average height and build. She joined in with the activities of the nursery and, though quiet, appeared to be making positive relationships with other children in the setting. At an open day, her mother spoke to the practitioner of her concerns about Tamsin whom she reported to be uncooperative and stubborn at home, who hit her small twin brothers and could not be left alone in a room with them and who was reported to be hating school. Tamsin’s mother also reported that she was very concerned about the cost of nice clothes for Tamsin to wear to nursery because milk and nappies for the twins were very expensive too.

Reflection

Here, at face value, Tamsin appeared to be a child with a high level of well-being – her appearance suggested good economic and physical well-being, and her engagement with nursery activities suggested good levels of cognitive and social well-being. However, following the open evening, it becomes clear to the practitioner that Tamsin’s home life may be potentially stressful. Her mother is clearly concerned that Tamsin must be well turned out for school and this is impacting negatively on the family’s finances; the demanding nature of young twins may mean that Tamsin seeks attention at home by hitting her siblings and complaining about school. Tamsin appears to be managing her anxiety effectively in the nursery setting, but clearly any positive assessment of her well-being in general would need to be adjusted in the light of these issues.

Discussion Points

As a response to the open evening, the practitioner might reassure the parents that old clothes (or simple play clothes) are best for children attending the nursery. She/he might adjust the play provision in the nursery to encourage play and exploration of the tension of living with younger siblings. The practitioner will attend to and monitor the various aspects of Tamsin’s well-being through observation and interaction, intervention and the development of a close working relationship with Tamsin’s family.

The concept of well-being is not, then, a straightforward one. However, as early childhood professionals and practitioners, it is important to consider how the setting in
which we work considers the term well-being. We may ask of our policy and practice: does this reflect an *instrumental* or a *holistic* view of well-being?

The instrumental view can be reflected by considering well-being in terms of what children should know about and what skills they should have – for example:

- knowing how to keep safe
- knowing how to eat healthily
- knowing how to keep clean.

The holistic view can be reflected by considering well-being in terms of how children experience their lives – for example:

- feeling part of a community
- feeling valued
- having a voice.

Policies and practices adopting either view will impact upon the child’s experience within the setting, and in the following sections we will consider the importance of being aware of the complex nature of well-being and the value of being willing to discuss such complexity within settings.

The generic definition cited above indicates that well-being is generally perceived as an individual or ‘within-person’ (Anning and Edwards, 2006: 55) characteristic. This means that well-being can be viewed as something one person has or lacks independently of the well-being of other individuals, family or community. This approach, prevalent in UK policy and literature, is not universally applied however. Some international perspectives appear to perceive well-being as a social concept – a characteristic of the group, rather than the individual. The bi-cultural early years curriculum document of New Zealand: Te Whariki (Ministry of Education, 1996) states that ‘The well-being of children is interdependent with the well-being and culture of: adults in the early childhood education setting; whānau/families; local communities and neighbourhoods’ (1996: 42). The curriculum emphasizes the need for all the early years staff to be knowledgeable about different child-rearing practices and Maori culture. Under the guidance given to practitioners who are working to ensure the well-being of young children, it is stated that ‘Culturally appropriate ways of communicating should be fostered, and participation in the early childhood education programme by whānau, parents, extended family, and elders in the community should be encouraged’ (Ministry of Education, 1996: 42). The implicit understandings of the concept of well-being within this document are therefore clear; well-being for a community is linked to the respect afforded the group and its practices by others; well-being, then, has strong social and cultural links. This sociocultural link and social understanding of the term well-being is also implied by the Norwegian Framework Plan for the Content and Tasks of Kindergartens (Kunnskapsdepartementet, 2006) for children aged 0–6 (see Aasen and Waters, 2006).
WELL-BEING AND POLICY DOCUMENTS

The term ‘well-being’ within UK policy is variously linked to other individual characteristics – health in particular; and, similar to the position described by Pollard and Lee (2002) when they reviewed academic literature, usually not clearly defined.

We can take the 0–3 frameworks and subsequent early education guidance materials in England and Wales as examples. Roberts (2006) reports on the emphasis that well-being has within the ‘Birth to Three Matters’ framework (Sure Start, 2002), where children’s earliest relationships are seen to have a bearing on their well-being – ‘a relationship with a key person at home and in the setting is essential to young children’s well-being’ (2002: 3). Well-being here is seen as an individual, holistic feature of the child. The Early Years Foundation Stage (DfES, 2007a) in England has as one of its stated aims to support, foster, promote and develop ‘children’s personal, social and emotional well-being’ (2007a: 8). In order to achieve this, it sets out support for transitions and inclusion and aims for each child to become a valued member of their community so that ‘strong self-image and self-esteem are promoted’ (ibid.). Emotional well-being is described as ‘knowing who you are and where you fit in and feeling good about yourself’ (2007a: 28). This suggests that, as McGillivray (2007) asserts, the view of well-being as an individual, holistic feature of the child is extended in English early years policy from the birth to three matters documentation into the foundation stage guidance materials.

Flying Start was launched in Wales by the Welsh Assembly Government (WAG) in October 2005 as a programme for birth to age three targeted towards families in deprived areas. Wyn Siencyn and Thomas (2007) report that this programme ‘sees the integration of childcare, early learning, parenting, and health services as one vision for promoting the well-being of children in Wales … [and has] … been welcomed as a cornerstone in the WAG’s drive to combating child poverty’ (2007: 146). Here, clear links are being made between a family’s economic and cultural capital and children’s well-being. The framework for children’s learning for three-to seven-year-olds in Wales (DCELLS, 2008) places well-being ‘at the heart’ (2008: 15) of the foundation phase. The term is linked with children learning about themselves and others, developing their own sense of self-esteem and ‘cultural identity’ (2008: 15) alongside developing a respect for that of others. The description for the area of learning – personal and social development, well-being and cultural diversity – firmly associates an awareness of Welsh cultural heritage with children’s sense of identity and well-being. Again, Welsh policy places an emphasis on the cultural aspects of children’s well-being – it might be argued that this interpretation of the term involves a consideration of the well-being of the collective group as well as the holistic individual.

Well-being can be considered on a national policy level as well as on a local policy level. On a national level, Walsh (2007) describes policy and practice relating to early years children, their families and education in Northern Ireland. She reports that ‘there is growing concern within some areas of Northern Ireland about young children’s health and well-being’ (2007: 63). This is supported by research and statistical evidence
of young children's high levels of ill-health, poverty, obesity and increasing levels of asthma and mental health issues. She outlines a number of policies that have been put in place to overcome such concerns in the hope that these will have the effect of raising children's well-being in the longer term. Such policies include: a political commitment to peace within Northern Ireland, school policies to address healthy eating and tackle sectarianism and racism, inclusive policies for early years classrooms to include children with special educational needs and children of minority groups, policy statements to include the voice of the child in decision making and policy formation. This suggests that the concern over children's well-being is being taken seriously at the highest levels of government. Walsh suggests that, in order to be effective, adult approaches to and understandings of young children may have to change (2007:77), and it is this issue that is particularly addressed in sections three and four of this chapter.

On a local level, in any setting, it is important for practitioners to discuss and agree their understanding of the term well-being and how this relates to policies regulating their practice. Not to raise this issue, and to leave practitioners to work within their own subjective interpretations of the term, offers the prospect of different ways of working with the child within a setting, a lack of continuity of approach and a potential undermining of positive outcomes for the child. For example, Aasen and Waters (2006) suggest that 'if teachers interpret well-being differently this may lead to variations in classroom practice' (2006:124), indicating concerns that the promotion of child well-being will be context-specific, influenced by the teacher's subjective understanding and perspective, rather than influenced by an agreed understanding of the term within the local early years community.

Such local discussion may be particularly important during times of transition in curriculum guidance. For example, in a Scottish setting, providers of local authority-funded education are required to observe the Curriculum Framework for Children 3–5 (Carmichael and Hancock, 2007; Scottish Executive, 1999) but implement the framework 'in a way appropriate to the needs of the children who attend' (Carmichael and Hancock, 2007:119). In this document, the term well-being is linked largely with the physical health of children: 'They [children] should be encouraged to feel good about their growing range of physical skills and to enjoy the feeling of well-being that good health and physical play bring' (Scottish Executive, 1999:37), and so may lend itself to an instrumental understanding of children's well-being. However, the planned Curriculum of Excellence in Scotland (Learning and Teaching Scotland, 2008) describes well-being as an holistic individual quality, valued because 'with a sense of well-being they [children] will be better able to deal with the unexpected and cope with adversity' (Developing the curriculum 1: health and well-being; Learning and Teaching Scotland, 2008). In order for such changes in interpretation of the term well-being to be fully implemented, open discussion and agreement at a local level would clearly be beneficial.

The third and fourth sections below suggest a possible mechanism for supporting the social, emotional and cognitive aspects of young children's well-being and may provide a focus around which practitioners may start to consider these aspects of well-being for the children in their care.
POSITIVE DISPOSITIONS

Self-esteem

Self-esteem is linked to self-concept – it relates to how children see themselves and how they behave as a result of their self-perception. As Schaffer (1996: 159) points out, self-concept derives from experience which if perceived as successful generates feelings of competence, and if perceived as unsuccessful generates feelings of incompetence. Roberts (1998: 161) argues that ‘children’s self-esteem is a key factor not only for their well-being but also for learning outcomes’. However, self-esteem is a complex concept. Brooker and Broadbent (2003: 33) make an important point about the self-esteem of young children:

Self-esteem has been described as the value that a child assigns him or herself: attempts to measure or describe it have focused on the disparity between what a child would like to be like and that child’s view of how he or she actually is. But in early childhood it principally reflects the value the child perceives he or she has in the eyes of others, particularly those ‘significant others’ whose opinions count most.

Curry and Johnson (1990: 5–9, cited in Roberts, 2002: 12) identify four areas of self-esteem:

1. Acceptance (between mother and child and other significant people including family and friends).
2. Control (exerting control over the environment and self-control).
3. Moral worth (developing the concept of good and bad, right and wrong).
4. Competence (the ability to solve problems and the resulting sense of competence).

Roberts (2002: 105) argues that the characteristic of acceptance is at the core of self-concept and that ‘unconditional acceptance’ is critical for positive self-esteem. She suggests that ‘the sort of acceptance that babies need from parents and other important people is acceptance that is independent of behaviour; without reservations and without judgements’ (Roberts, 2002: 5). Such an argument can be taken forward for the older early years child. Johnston-Wilder and Collins (2008), who consider self-esteem and how it develops alongside a child’s sense of identity, suggest that such acceptance is particularly important because ‘children can begin to become the people we think they are’ (2008: 43). They report on the ‘teacher-expectancy effect’ (2008: 48) where children tend to behave in ways that reflect the expectation that teachers have of them or support the labels that have been assigned them (either formally or informally). Johnston-Wilder and Collins argue that ‘practitioners need to be aware that labels are likely to have consequences’ (2008: 49), and that in order to support the development of positive self-esteem, ‘practitioners can help by working towards positive relationships that display high levels of warmth and low levels of criticism’ (2008: 52).
Dispositions

Roberts (2006) suggests that ‘we have seen an important expansion in the view of the curriculum [for early years children] itself, in which children’s personal, social and emotional areas of development are all acknowledged’ (2006: 143). Arguably, this expansion includes a focus on children’s self-esteem in the early years. However, Roberts (2006) suggests that children’s learning dispositions are not yet given such acknowledgement. Katz (1993) suggested that educators need to consider four types of learning goals: ‘those related to knowledge, skills, dispositions and feelings’ (1993: 1). She defines dispositions as ‘habits of mind’ (Katz, 1999: 2) or ‘tendencies to respond to certain situations in certain ways’ (ibid.). Examples of dispositions may be friendliness, shyness, curiosity, bossiness. Katz reminds us that not all dispositions are positive and suggests that practitioners need to attend to the dispositions they want to encourage in the children in their settings – identifying which dispositions are to be strengthened and which to be weakened (1999) and creating situations to support certain dispositions above others (Anning and Edwards, 2006). How a child learns is seen as equally important as what she learns (Riley, 2003: 17). Self-esteem clearly influences learning dispositions; as Anning and Edwards (2006: 59) point out, ‘dispositions are rooted in our sense of our likely effectiveness’. Those dispositions that are seen as positive for children’s learning can be viewed as positive learning dispositions. Research concerning learning dispositions suggests that fostering positive learning dispositions leads to children becoming more purposeful, successful and less likely to become disaffected (Brooker and Broadbent, 2003). Carr and Claxton (2002) have identified three positive learning dispositions that may be particularly valuable to strengthen in early years children: resilience, playfulness and reciprocity. Resilience is the disposition to persist with a task even after a setback, to tackle a learning challenge where the outcome may be uncertain and to persist, even when this is hard work. Playfulness involves the inclination to be creative in response to situations: to tend to notice, imagine and explore alternative possibilities. Reciprocity is the willingness to engage with others, ask questions, communicate ideas and to listen to and take on board the views of others (Carr and Claxton, 2002).

For Katz (1995: 63), some dispositions to learn (such as exploration) are inborn but these can be adversely affected and even destroyed by inappropriate learning experiences. She gives the example of the child who, having been drilled in the methods for decoding words, is able to read but lacks the disposition to do so – and is therefore not ‘a reader’. Dispositions are influenced by early experience: Anning and Edwards (2006) suggest ‘these habits of mind are shaped in young children’s interactions with others and in the opportunities for being a learner that are available to them, particularly in their families and in early childhood settings’ (2006: 55). High-quality early learning involves supporting and strengthening learning dispositions (Carr, 2001; Sylva, 1994a).

Attending to children’s learning dispositions and their self-esteem in early years settings is a mechanism for supporting aspects of young children’s well-being. Whether well-being is viewed as an intrapersonal trait or one that is socially mediated, supporting children’s tendencies to respond positively to learning opportunities, their ability to
respond with resilience to setbacks and their tendency to communicate effectively with others can be seen to be theoretically contributing to high levels of well-being. However, unless we can assess or measure well-being in the children in our care, then this link remains a theoretical one. It is to this issue that we now turn.

**CAN WELL-BEING BE MEASURED?**

In their review of literature, Pollard and Lee (2002) conclude that ‘there is little agreement in the research literature on how to best measure child well-being’ (2002: 66). They outline a wide range of measures that are employed throughout the research literature, including objective measures such as: child case history reviews, educational assessments, medical records and national statistics like rates of death, drug abuse and suicide. Subjective measures are also used, including participants being asked to respond to multiple separate measures such as self-esteem levels, depression and relationships. Pollard and Lee make the point that such measures, particularly those that focus on self-esteem and depression levels and claim that these are measures of well-being, do not actually measure well-being since they attend to only one aspect of this complex construct: the psychological/emotional aspect. We should similarly guard against looking for a straightforward or simple way to assess the well-being of children in our care. What we might look for are ways of gaining an insight into aspects of children's well-being and treating these insights as indicators rather than measures of 'how our children are doing' (terminology adapted from Laevers, 2000).

Laevers (2000) argues that we can gain an insight into how children are doing by considering the linked dimensions of ‘well being’ and ‘involvement’ (2000: 24) that children display when engaged in activity:

> when we want to know how each of the children is doing in a setting, we first have to explore the degree to which children feel at ease, act spontaneously, and show vitality and self-confidence. All this indicates that their emotional well-being is ‘OK’ and that their physical needs, the need for tenderness and affection, the need for safety and clarity, the need for social recognition, the need to feel competent and the need for meaning and moral value in life, are satisfied ... The concept of involvement refers to a dimension of human activity. Involvement is linked neither to specific types of behaviour nor to specific levels of development. (2000: 24)

He argues that children experiencing the highest levels of involvement demonstrate their well-being (Anning and Edwards, 2006) and are disposed to engage in 'deep level learning' (Laevers, 2000: 20). Well-being is described as 'feeling at home, being oneself and feeling happy' (Laevers, 1994: 5). Involvement concerns 'the intensity of the activity, the extent to which one is absorbed' (ibid) and is linked to Csikszentmihayli's (1979) 'state of flow' – usually experienced, in young children, in play (Laevers, 2000).

Laevers argues that adult observation of children’s activity can allow an evaluation of the extent to which a child is involved in their activity; this in turn provides an insight into 'how they are doing' or their well-being. Well-being is indicated by the following:
- openness and receptivity
- flexibility
- self-confidence and self-esteem
- assertiveness
- vitality
- relaxation and inner peace
- enjoyment without restraint
- being in touch with one's self.

The signals of involvement that the adults attend to during their observation of a child’s activity include:

- concentration
- complexity and creativity
- persistence
- reaction time
- satisfaction
- energy
- facial expression and composure
- precision
- verbal expression.

Laevens has developed the ‘Leuven Involvement Scale’ (LIS) in order for the observer to ‘measure’ the levels of involvement (as indicated by the presence of the signals) displayed by any particular child at any time. The LIS is essentially ‘a five point rating scale. At level 1 there is no activity. At level 5 there is total concentration’ (Laevens, 2000: 25). This scale has been termed the ‘Child Involvement Scale’ by Pascal et al. (1997) and is used as a tool for self-evaluation and improvement for settings involved in the Effective Early Learning (EEL) Programme (Anning and Edwards, 2006). Use of such a scale may help avoid the contentious issues of ‘measurement’ of well-being highlighted by Aasen and Waters (2006: 124): ‘Well-being is a … complex construct that can be subjectively interpreted’. Laevens (2000) has reported positively on the inter-observer reliability in studies that have employed the Involvement Scale.

There are, however, also calls for the child’s voice to be considered when evaluating children’s well-being. An argument can be made for children’s perspectives to be included in research concerning their well-being on two counts – one: children’s subjective perspectives should be a part of this assessment as it recognizes childhood as a stage in itself and it also supports their human rights (Ben-Arieh, 2005; Ben-Arieh and Frones, 2007); and two: children’s active participation in research has been found to promote their well-being (Clark and Moss, 2001; Thomas, 2000). Lancaster (2006) places such arguments within the Every Child Matters (ECM) policy framework and the 2004 Children Act. She considered that the resulting initiatives – to ask for, listen to and respond to the voice of the child – make ‘a positive contribution in challenging some of
society’s unwritten values and norms such as children should be seen and not heard, they should do as they are told and adults know best’ (2006: 63). She suggests that this policy context ‘is a lever to not only think about listening to children as routine, but also implementing child participation as everyday practice’ (2006: 63). Such policies do not go without a challenge to traditional understandings about adults’ and children’s roles within society. ‘Our taken for granted views about children and childhood have the potential to hinder children from actually achieving the outcomes we are working towards’ (Lancaster, 2006: 67).

Carr (2001) has worked on methods that consider assessments of the child’s learning dispositions alongside their right to be heard and have a voice within such assessments in education or care settings. She views learning dispositions as situated in and interwoven with action and activity, not as an individual attribute like temperament. For Carr (2001: 21), learning dispositions are ‘situated learning strategies plus motivation – participation repertoires from which a learner selects, edits, responds to, searches for and constructs learning opportunities’.

Carr developed a framework for assessing learning dispositions from multiple perspectives (including the child’s perspective), which she termed ‘learning stories’. ‘Learning stories’ are structured narrative documentation based on critical incidents of children’s learning, including the child’s own comments (see Carr, 2001: 96).

It may be that by considering such initiatives as Carr’s participatory approach to assessment via learning stories and Laevers’ concern with attending to ‘how children are doing’ using involvement scales, we begin to attend to the needs and voices of children within our care in a manner that genuinely places their well-being at the centre of practice.

Case Study

Joshua had been highlighted as a cause for concern by early years practitioners within his nursery setting. He appeared unhappy and agitated in the setting when group time was taking place; he made little contact with other children or adults. He appeared most content when engaged in construction play alone and became very distressed when not permitted to remain in this area. By the time Joshua entered the Reception class, he was very resistant to attending school and had been identified as having a developmental disorder on the autism spectrum. Joshua was assigned one support worker for two and a half hours every morning. The Reception class teacher, while very supportive of Joshua’s inclusion in the setting and efforts to support him, privately felt that the busy classroom environment might prove to be too much for him and that alternative provision may be more appropriate.

The Reception class teacher used baseline assessments for all the children in her class upon entry and supplemented this information with measurements of children’s involvement levels during free play and teacher-directed activity. Joshua’s baseline assessment caused some concerns for the teacher. His involvement levels varied from 1–2 during teacher-led group activity (such as story time, news time, circle time, to 2–3 during teacher-directed activity (such as shape sorting, making shape pictures) and 4–5 during freely chosen play activities (in which he consistently chose to play in the construction area).
The teacher noticed that when she took her class into the school garden area, a weekly activity, Joshua appeared less distressed during group time. She used the involvement scale to measure Joshua's involvement when he was outside. Joshua consistently demonstrated higher levels of involvement outside: 3–4 during group activities (such as listening activities), 4–5 during teacher-directed activity (such as a spider hunt) and during free play outside, Joshua was highly involved in solitary exploratory activity – exploring puddles with a stick, digging holes in the soil and collecting small seeds – and consistently scoring a level 5 over a number of weeks.

The teacher began to take the class outside on two or three occasions during the week and began planning for more curriculum learning outside. Joshua's learning assistant was also encouraged to take Joshua and a group of children from the class outside when possible to play and for directed learning activities.

Over the next term, Joshua settled well into this routine and showed significantly reduced anxiety when undertaking group activities indoors. At Joshua's annual review, the practitioners working with him were able to report on the many aspects of school that he enjoyed and Joshua's parents reported that his resistance to going to school had noticeably decreased.

Reflection

Over the time that Joshua was with the Reception teacher, she used observation and measurement of his involvement levels to gain an insight into 'what worked' for this particular child. By attending to a measure that attended to Joshua's well-being, rather than separate aspects of his cognitive and social development, she was able to adapt her practice and routines to cater effectively for him. Joshua's well-being appeared to increase as a result of these changes.

Joshua also appeared to be developing a more positive disposition to schooling in general, in that his resistance to attend had reduced. He began to demonstrate a strengthening disposition to explore his environment, to be curious. It was hoped that in time, and by providing for, encouraging and developing Joshua's enthusiasm for being outdoors, a level of reciprocity may be developed, within the bounds of his disorder. The positive behaviour and progress noted by the teacher enabled her to re-assess the expectations she had of Joshua and as a result her relationship with him was warmer and more positive. This may, over time, protect and help support Joshua's sense of self-esteem.

WELL-BEING IN THE UK

UNICEF (2007b) carried out an assessment of the well-being of children in rich countries. Child well-being was given an 'implied definition' (2007b: 3) within this study
that was ‘guided by the UN Convention of the Rights of the Child’ (2007b: 2). Child well-being was measured in 40 separate indicators across six dimensions in order to compare how children were doing in the rich countries of the world.

These six dimensions were:

- material well-being
- health and safety
- education
- peer and family relationships
- behaviours and risks
- young people’s own subjective sense of their own well-being.

Among the key findings was the fact that the UK ranks among the worst in the developed world for children’s well-being. This is a shocking headline and bears further scrutiny; across the six dimensions, the UK ranks higher in the child health and safety dimension than in others (12th out of 21), with the educational well-being and material well-being dimensions being ranked above the bottom four (17th out of 21). The UK ranks very poorly in terms of the quality of children’s relationships with their parents and peers (bottom of the table), behaviour and risk-taking (bottom of the table) and subjective well-being (20th out of 21). Similarly, the Good Childhood Inquiry (The Children’s Society, 2007a) reports that ‘children’s well-being, particularly mental well-being, is lower in the UK than many other European countries’ (2007a: 5).

The Children’s Society commissioned the Good Childhood Inquiry to look at people’s views about what constitutes a good childhood. Over 700 5–17-years-olds responded to the Children’s Society’s call for evidence and through different routes, the voices of thousands of contributors were used by the society to provide summaries on the following aspects of childhood: friends, family and learning (other aspects to follow from them). The ‘friends’ summary (The Children’s Society, 2007b) reports that ‘from the second year onwards, friendship is very important for children, both for their social and emotional development and for their own sense of well-being’ (2007b: 3). Children’s voices are included in this summary, for example: ‘you can’t have a good childhood without friends; every child needs friends’ (2007b: 4). This summary serves as a reminder to practitioners that children’s friendship experiences may be those that, to children, are the most important aspects of what happens in their education and care settings.

The second summary is that concerning ‘family’ (The Children’s Society, 2007c) – this summary begins with the statements that ‘at the heart of the family is the precious relationship between parent and child, which is closely linked to child well-being’ (2007c: 2) and ‘families are the most powerful influence on children’s lives’ (2007c: 3). Children’s voices support such statements: ‘it’s just a family that loves each other and as long as they do that’s a happy family’ (2007c: 4). These reported voices make no reference to material possessions or family circumstance, suggesting that love and
respect within the family are what are valued by contributors. However, the summary also states that ‘poverty remains one of the most significant predictors of children’s well-being, causing material and emotional disadvantage and limiting aspiration’ (2007c: 3).

The third of the summaries, ‘learning’ (The Children’s Society, 2007d), makes no explicit link between children’s well-being and learning, but states that ‘our evidence shows that many children are ambitious. They want to succeed and dislike being held back by disruptive pupils. Children want their classes to be structured and clear. They want their teachers to be interesting and fun. Most of all, they want to learn’ (2007d: 2). Children also reported feeling pressurized by a primary and secondary school structure that values external testing as a measure of progress. Arguably, children’s cognitive well-being is best served by considering such evidence and the concerns raised by children themselves. And given that ‘the student–teacher relationship is at the heart of learning’ (2007d: 3), this means considering the ways that, as practitioners, we meet the needs of curriculum requirements in ways that support, encourage and value the child’s autonomy, ability and innate worth. On the topic of participation, the Children’s Society (2007d) reports: ‘adults need to understand that children can form and express their views in coherent ways. Their inclusion should not be seen as ‘cute’: something that the media often presents… We must continue to promote participation as a right not a gift’ (2007d: 7).

Given the poor placing of the UK within international well-being tables, it may be that a focus on the core themes of a ‘good childhood’ is needed within UK society as a whole and within local communities and early years settings in particular if we are to help contribute to children’s well-being though our early years practice.

**SUMMARY**

This chapter considered the concept of well-being as a complex construct that consists of a number of aspects including: physical, psychological (emotional), cognitive, social and economic. Policy documents may focus on one or two specific aspects of well-being or may be more holistically focused; they may consider well-being as an intrapersonal characteristic or one that is associated with the social or cultural group. When practitioners attend to the well-being of the children in their care, they are encouraged to consider which aspects their policy documents attend to and to avoid taking an instrumental view of well-being rather than a holistic view. It is suggested that attending to children’s involvement levels during activity and considering the dispositions that children display within the setting helps with assessing the levels of well-being the children are experiencing. The chapter concludes by noting that international comparison tables place the UK poorly with regard to levels of child well-being. It is suggested that in order to improve such a placing, all those working with young children need to attend, thoughtfully and pro-actively, to the holistic well-being of children in their care.
QUESTIONs FOR DISCUSSION AND REFLECTION

1. What do you understand by the term ‘well-being’? Try to come up with your own definition and compare this with a partner’s definition. In what ways are the terms similar? How do they differ?

2. What interpretations of the term ‘well-being’ have you seen in practice? Try to ask a number of early years practitioners what they understand by the term. Compare and discuss the responses you get.

3. Discuss within a small group how you might define ‘well-being’ and how this might influence what you would plan, do and record in an early years education/care setting.

4. Given the evidence from the Good Childhood Inquiry (you can find the remaining reports from the end of 2008 on the website below), what should practitioners attend to in early years settings to ensure children experience a ‘good childhood’? Do you think this is enough to ensure children’s well-being? Why?/Why not?

Recommended reading


Recommended websites

1. The Children’s Society – Good Childhood Inquiry: www.childrenssociety.org.uk/all_about_us/how_we_do_it/the_good_childhood_inquiry/1818.html – from this site, you can access all the information and publications about the Good Childhood Inquiry.

2. Te Whariki, New Zealand: www.minedu.govt.nz/index.cfm?layout=document&documentid=3567&data=1 – from this site, the New Zealand Early Years curriculum guidance and support materials are available as downloads.