

PART 1

CONTEXT



THE IMPORTANCE OF HEALTH AND WELLBEING

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LEARNING OBJECTIVES

In this chapter, we will:

- Examine the global population context and birth generation traits of early years and child learners.
- Understand the concepts of health and wellbeing generally and then specifically for the early years and childhood.
- Investigate initiatives that have put health and wellbeing on the agenda for early years and child learners in contemporary times.
- Recognise the impact of the COVID-19 global pandemic on young people in the early years and childhood and proactively engage in thinking and problem-solving to address this reality in order to optimise their health and wellbeing.

INTRODUCTION

According to the United Nations, the world population reached eight billion on 15 November 2022 and is projected to increase to over 8.5 billion by 2030 (United Nations, Department of Economic and Social Affairs [UNDESA], 2022). In 2019, around 26 per cent of the world population was aged between birth and 15 years (UNDESA, 2019). It is predicted that by 2050 the relative percentage of young people aged from birth to nine years will decline – see Figure 1.1 (UNDESA, 2015).

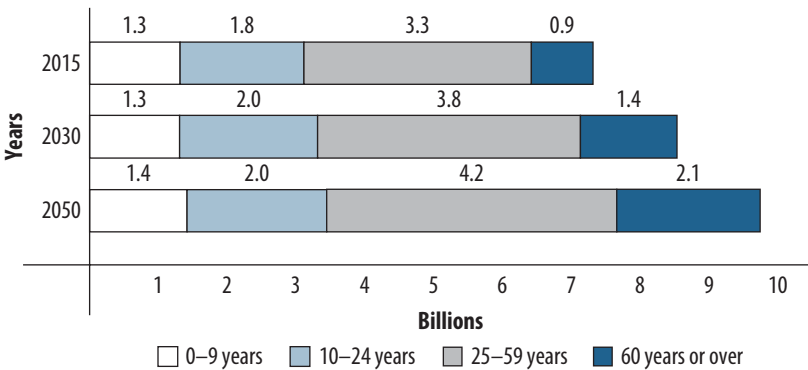


Figure 1.1 Global population by age group – 2015, 2030, 2050

Source: Data from UNDESA (2015).

Early years: include preschool and the first two years of formal schooling.

Early years can be described as the age range between birth to eight years of age. Early childhood education can be described as the age range between birth to five years of age. In this book, we take a holistic focus with childhood, describing the age range between birth to 12 years of age.

Recently, some of the patterns and projections around birth rates, mortality, migration and global population have been affected by the COVID-19 pandemic. There has also been a decline in global life expectancy to 71 years in 2021 from 72.8 years in 2019 (UNDESA, 2022). One impact of the pandemic has been a renewed and amplified focus on health and wellbeing across all age groups, and children are no exception. This is a welcome focus, as prioritising health and wellbeing has extensive positive, long-term benefits. Being mindful and proactive about health and wellbeing provides an empowering environment for people to be optimistic and make worthwhile contributions to their community.

When considering the global population, more than half the growth of the global population up to 2050 is expected to occur in African countries. Of interest to this chapter is that the proportion of the world's population in the birth-through-childhood group is large and, although it will decrease proportionately in the future, it will continue to be a dominant group in the world population (see Figure 1.1), making it an important focus for global health and wellbeing.

An engaging way of thinking about children is through the lens of generations. Children currently aged 0–9 years are all members of what has been labelled 'generation Alpha'. The previous generation, now in later childhood, adolescence and early adulthood, is known as generation Z. A **generation** is typically defined as the average interval of time between the birth of parents and the birth of their offspring, with a birth generation spanning, on average, 20 to 22 years and having a lifespan four times that of the generation (Pendergast & Garvis, 2014). Increasingly, due to rapid change, generations are becoming more compressed; the generation Alpha birth years will range from 2010 to 2024 and the following birth generation will likely extend from 2025 to 2039. This birth generation has been tentatively named generation Beta, the logical chronology following Alpha in the Greek alphabet – but this label is yet to be confirmed by theorists in the field.

Every person is a member of a generation, based on their year of birth. Generational theory seeks to understand and characterise cohorts of people according to their birth generation. It is a dynamic, socio-cultural theoretical framework that employs a broad brush-stroke approach, rather than an individual focus (Pendergast, 2008). Generations are defined not by formal processes, but rather by demographers, the press and media, popular culture and market researchers, and by members of the generations themselves (Pendergast, 2007). The basic notion is that, as members of a generation, we typically share a birth year range, which is more likely to expose us to experiences that are typical of that time, and to social and economic conditions that shape our generation in particular ways. The effect of these shared conditions is that patterns and influences on collective thinking emerge, which lead to the acquisition of broad, common values and beliefs among that generation. The acquisition of values and belief systems principally occurs during the formative or childhood years of each generation (Pendergast, 2008).

The values and beliefs of the Alpha generation are currently being shaped and defined, with contemporary world and local events influencing this generation in ways never experienced previously. According to McCrindle (2021), there are four distinctive features of the Alpha generation: growing up digital; the experience of COVID-19 during their formative years of development; being globally connected and influenced; and fiscal conservatism and social pragmatism – a response to the

Generation: the average interval of time between the birth of parents and the birth of their offspring, with an on-average birth generation spanning 20 to 22 years and a lifespan four times that of a generation (Pendergast & Garvis, 2014). Generations are increasingly compressed and the most recent birth generation is regarded as spanning just 15 years, such is the acceleration of change in the world.

economic volatility of the world today. Generation Alpha is also known as the ‘global generation’ or ‘generation glass’, which is a reference to their exposure to technologies delivered through glass, or glass-like surfaces, such as touch screens, smartphones and other devices. The rapidly moving impact of artificial intelligence and interfaces such as ChatGPT means that learning must evolve for members of the Alpha generation to ensure they are equipped to function as effective members of a fast-changing society and, importantly, to acquire 21st century learning capabilities, such as empathy, critical thinking, adaptability, leadership, collaboration, emotional intelligence and creativity – a range of capabilities that have effects on health and wellbeing.

While the immediate crisis of the COVID-19 pandemic is now behind us, it has left what has been described as the silent pandemic, with anxiety, depression and fear among children more apparent than before the pandemic. Also significant are learning losses that have impacted children’s developmental progression, making this a defining feature of the Alpha generation. Forty per cent of children aged two to four years and 62 per cent of children aged five to nine years reported experiencing negative impacts on their mental health as a consequence of the pandemic (Biddle et al., 2021). According to World Vision (2023), children are the hidden victims of the pandemic, especially those affected by international conflicts, resulting in potentially long-term deterioration of mental health and wellbeing. Children’s vulnerable status and trauma, increased anxiety and the uncertainty of the pandemic at crucial times during their development place them at risk of long-term consequences that can impact their present and future lives (Vyjayanthi et al., 2020).

SPOTLIGHT 1.1

COVID-19 and children’s health and wellbeing

The Centre for Community Child Health (2022), at the Murdoch Children’s Research Institute, conducted a study to examine the impact of the COVID-19 pandemic on young children in their first five years of life. The study provides an insight into the direct and indirect effects of the pandemic. Some of the findings include:

- Direct health impacts on young children (0–5 years) have been relatively minimal, with small numbers of children being directly infected by the SARS-CoV-2 virus (coronavirus).
- Indirect impacts have been far more significant, including the following effects: worsening behaviour and mood; increased clinginess, anxiety and levels of stress; increased hyperactivity and inattention; increased abuse and neglect; decreased physical activity and increased screen time; and possible disruptions to the length and quality of sleep.

Along with the establishment of values and belief systems, the early years, from birth to 12 years, are increasingly recognised as the crucial time in which the foundations for life are laid, with significant consequences for educational success, resilience and future participation in society. The formative years are the years in which the capacity for carers and educators to make a difference can and does have profound effects. Carers and educators need specialist preparation because they are required to promote and teach health and wellbeing and to have the skills and knowledge to understand and manage

World Health Organization (WHO): an agency of the United Nations, and the lead agency for global health. The work of the WHO includes aiming to eradicate communicable diseases such as polio and smallpox, and also works towards safer communities through violence prevention.

Health: a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1948).

Health promotion: based on the WHO's *Ottawa Charter for Health Promotion* (WHO, 1986), calls for educators to promote and maintain the health of children and young people and the wider community. It includes whole-of-community approaches that enable an individual or group to realise their aspirations, satisfy their needs and cope with their environment. Health is therefore a resource for everyday living and encompasses personal, social and physical capacities.

Wellbeing: a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions.

the plethora of issues related to young children. Around the world, including in Australia, early years education is undergoing significant reform as the potential for educators to improve children's quality of life is better understood. These reforms herald health and wellbeing as central constructs of this agenda. This chapter explores the concepts of health and wellbeing and shares some of the initiatives that have put health and wellbeing on the agenda for early years learners in contemporary times.

CASE STUDY 1.1 JACK

Baby Jack was born in 2023. This means he is a member of the Alpha generation. Jack's older siblings were born more than a decade earlier and are members of the Z generation. What does it mean to be a member of a generation? Why is the concept of generation relevant when investigating early years learners' health and wellbeing? How might the gap between Jack's formative years and those of his siblings affect the way their generations evolve?

HEALTH

According to the **World Health Organization (WHO)**, in a definition that has stood the test of time and remains unamended since 1948, 'health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 1948). The first international conference for the promotion of health was held in 1986, and it was there that the *Ottawa Charter for Health Promotion* (the Charter) was formalised to encourage action to achieve health for all by the year 2000 and beyond. The public health agendas for **health promotion** were shaped globally for the first time. According to the Charter, the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites (WHO, 1986).

WELLBEING

The WHO's definition of health relies on an understanding of the concept of 'physical, mental and social wellbeing'. The term **wellbeing** is a ubiquitous term that is used widely in a large range of discourses in society, including in policy and legal arenas, in schools and higher education, in workplaces, in commercial settings and in media discourses, such as on TV and in magazines. In 2021, the WHO announced, for the first time, a definition of wellbeing (WHO, 2021). This development is useful for anyone who works in the wellbeing field, as sharing an agreed definition of wellbeing enables consistency in measuring impact and building an evidence base for the field.

The commentary that accompanies this definition provides a useful context for appreciating the importance of wellbeing:

Wellbeing encompasses quality of life, as well as the ability of people and societies to contribute to the world in accordance with a sense of meaning and purpose. Focusing on wellbeing supports the tracking of the equitable distribution of resources, overall thriving, and sustainability. A society's wellbeing can be observed by the extent to which they are resilient, build capacity for action, and are prepared to transcend challenge. (WHO, 2021, p. 10)

SPOTLIGHT 1.2

Be You

Be You is an initiative of Beyond Blue in collaboration with Early Childhood Australia that provides tools, resources and collaborative communities to enhance wellbeing in the early years and childhood in the area of mental health (Be You, 2023). Be You frames wellbeing as follows:

Wellbeing is about balance in all aspects in life. It encompasses the health of the whole person – physical, mental, social and emotional. A person’s wellbeing can change moment to moment, day to day, month to month and year to year. It can be influenced by what’s happening in a specific moment and the actions that people take. As with positive mental health, wellbeing is most likely to flourish in a supportive and inclusive environment – a safe place where diversity is acknowledged, respected and seen as adding to the vibrancy and strength of the entire community. (Be You, 2023)

Be You provides access to support and evidence-informed tools to assist educators to create positive, inclusive and resilient learning communities to enhance the mental health and wellbeing of every child.

For the purposes of this book, we are adopting the new WHO definition and commentary surrounding wellbeing, and considering these in terms of early years and child learners.

PAUSE AND REFLECT 1.1

The value of focusing on child health and wellbeing

What are some of the benefits of investing in child health and wellbeing in Australia? What are the global benefits?

GLOBAL CONTEXT: HEALTH AND WELLBEING

The revised WHO glossary also includes the term ‘**planetary health**’. This is an aspirational, global term that is directly aligned to the United Nations **Sustainable Development Goals (SDGs)** agenda (United Nations, 2015).

CONVENTION ON THE RIGHTS OF THE CHILD

We have a global responsibility to ensure the health and wellbeing of young people. This is enshrined in the *Convention on the Rights of the Child* (CRC), which is the recognised international treaty outlining our legal and moral obligations towards children (United Nations Children’s Fund [UNICEF], 1989). The CRC sets out the basic rights of children, along with the obligations of governments to fulfil those rights. It has been accepted and ratified by almost every country in the world. It was adopted by the United Nations General Assembly in 1989 and ratified by Australia in

Planetary health:

‘the achievement of the highest attainable standard of health, wellbeing and equity worldwide through judicious attention to the human systems – political, economic and social – that shape the future of humanity, and the Earth’s natural systems that define the safe environmental limits within which humanity can flourish’ (WHO, 2021).

Sustainable Development Goals (SDGs):

targets set by the United Nations; ‘a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity’ (United Nations Development Programme, 2015). Governments, organisations, private and public sectors and citizens are expected to work together within each nation, and across nations, to achieve these goals by 2030.

1990, which means Australia has a duty to ensure all children in Australia are afforded the rights set out in the CRC. The CRC has 54 articles, with numbers 43 to 54 specifying how adults and governments should work together to make sure that all children are able to realise their rights. The articles are based on four fundamental principles:

1. *Non-discrimination.* Children should neither benefit nor suffer because of their race, colour, gender, language, religion, national, social or ethnic origin, or because of any political or other opinion; because of their caste, property or birth status; or because they are disabled.
2. *The best interests of the child.* Laws and actions affecting children should put their best interests first and benefit them in the best possible way.
3. *Survival, development and protection.* The authorities in each country must protect children and help ensure their full development – physically, spiritually, morally and socially.
4. *Participation.* Children have a right to have their say in decisions that affect them and to have their opinions taken into account (UNICEF, 1989).

The United Nations Committee on the Rights of the Child monitors compliance with the CRC, with governments required to report every five years on what they are doing to ensure that children's rights are being met.

OECD CHILD WELLBEING MEASUREMENT FRAMEWORK AND DASHBOARD

Over the past two decades, the Organisation for Economic Co-operation and Development (OECD) has worked with a number of researchers to develop an evidence base that can inform policy-makers and citizens to better understand the notion of wellbeing, to develop measures in order to improve wellbeing and to build an evidence-base to measure wellbeing. For example, subjective wellbeing links the concept of wellbeing with happiness and quality of life (OECD, 2013). The OECD's Better Life Initiative, launched in 2011, aimed to measure society's progress across 11 domains of wellbeing, ranging from income, jobs, health, skills and housing, to civic engagement and the environment. In the 2020 report *How's Life?* (OECD, 2020), based on 2018 data, the domains were expanded to 15. The data reveals there is an improvement in some measures of wellbeing but there are persistent inequalities based on differences by gender, age and education. These inequalities are reflected in the data reported for Australia, and while the data are not specific to children, the 15 domains of wellbeing impact the experiences of children directly.

In 2021, the OECD developed the Child Wellbeing Dashboard, which is a tool for monitoring countries' efforts to promote child wellbeing. This dashboard is aligned to an aspirational framework for child wellbeing measurement, presented in the report *Measuring What Matters for Child Wellbeing and Policies* (OECD, 2021). The framework is reproduced as Figure 1.2.

The framework is underpinned by six principles, namely, that child wellbeing measurement should: be multidimensional; reflect children's lives today and tomorrow; be age sensitive; integrate children's views and perspectives; capture children's environments; and include child-related public policies (OECD, 2021). The measurable outcomes are presented in the four domains of: cognitive

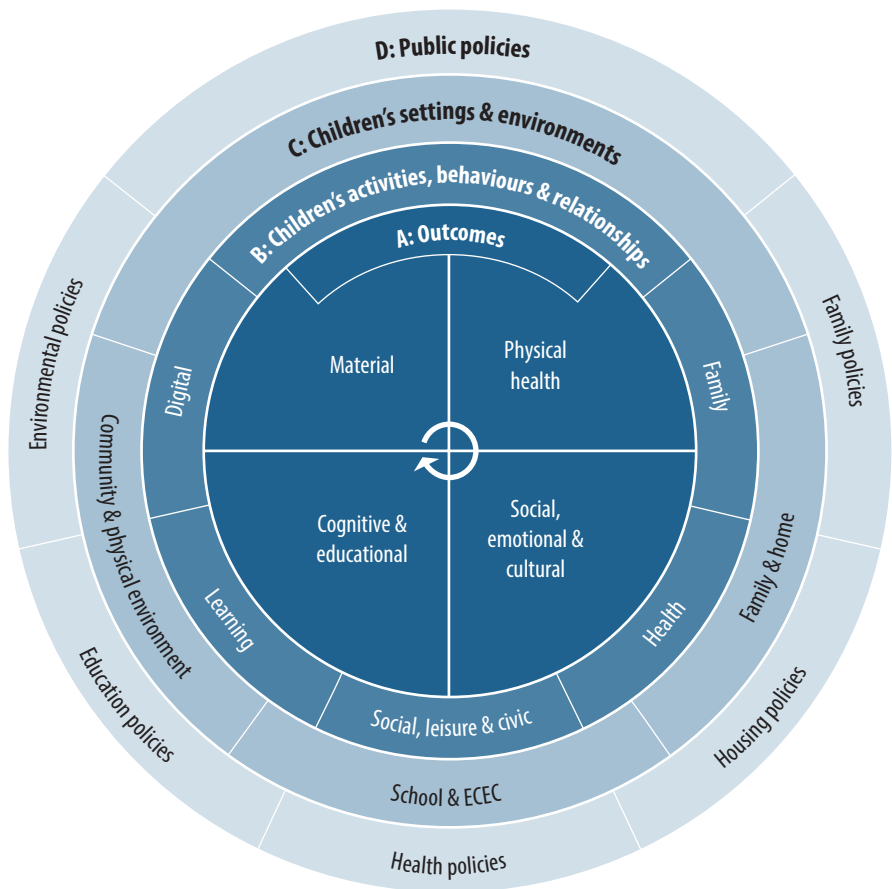


Figure 1.2 OECD conceptual framework for child wellbeing measurement
Source: OECD (2021, p. 37).

and educational; social, emotional and cultural; material; and physical health. While the Child Wellbeing Dashboard is in its infancy, the conceptualisation underpinning it has been developed over decades and serves as a crucial indicator of child health and wellbeing across OECD countries, including Australia.

UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS

An important initiative that sets out to make substantial progress against the global problems of poverty, health, education and the environment was the establishment in 2000 of the United Nations Millennium Development Goals (MDGs), which set targets for 2015 (United Nations, 2000). All member states of the United Nations, including Australia, committed to achieving eight agreed targets.

Without exception, the MDGs had the potential to affect the health and wellbeing of early years learners around the world. In particular, Goal 2: Achieve universal primary education was

particularly pertinent to health and wellbeing, as the notion of a minimal global attainment for all children by 2015 would serve to increase levels of literacy, numeracy and scientific literacy, thereby improving children’s health and wellbeing status globally.

Building upon and expanding the MDGs since the expiration of the commitment period in 2015, the SDGs replaced the MDGs and will encompass the period from 2015 to 2030. Both the MDGs and the SDGs have similar focus areas; however, the SDGs expand development into additional focus areas, including justice and prosperity. Officially known as *Transforming Our World: The 2030 Agenda for Sustainable Development* (United Nations, 2015), the SDGs are a set of 17 aspirational global goals with 169 targets overall. The SDGs set a deliberative approach involving 194 member states, and are comparatively universal, more ambitious and more comprehensive than the MDGs. A further development is expansion from the MDGs’ limited focus on developing countries to a new focus on all countries. The SDGs encompass a vision that requires the world to be significantly transformed, whereby poverty and gender inequality no longer exist; good health care and education are available for all; and economic growth no longer harms the environment. Presently, there is no country in the world that achieves this vision: every country is failing on at least half of the 17 SDGs, while a quarter fall short on all 17 of the goals. The SDGs set specific and measurable targets in relation to the 17 goals. As the SDG agenda gains momentum, finding ways to activate change will be central to success.

While all 17 SDGs impact aspects of human life in ways that ultimately affect young people, SDG 3: Good health and well-being is specifically focused. The goal is to ‘Ensure healthy lives and promote wellbeing for all at all ages’ (United Nations, 2015). In particular, one of the targets of SDG 3 relates to young people:

Target 3.2 By 2030, end all preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality and under 5 mortality. (United Nations, 2015)

There are many challenges to achieving the SDGs and each of the targets. For example, the indicators measuring target achievement vary and there have been serious impacts from the COVID-19 pandemic, setting back progress on the targets (Martín-Blanco et al., 2022). Nevertheless, the aspirations of the SDGs and, in particular, Goal 3, set a clear agenda for health and wellbeing.

PAUSE AND REFLECT 1.2

United Nations Sustainable Development Goals

The SDGs are a set of 17 aspirational global goals, with 169 targets overall. You have been introduced to one of these goals and one of the targets. Conduct a search to locate the 17 goals and 169 targets and consider each in turn. How many goals and targets are directly relevant to the health and well-being of early childhood learners? How can the aspiration of planetary health become part of your personal goals?

AUSTRALIAN CONTEXT: HEALTH AND WELLBEING

SPOTLIGHT 1.3

Australia’s childhood population

On 30 June 2021, the resident population of Australia was 25.7 million (Australian Institute of Health and Welfare [AIHW], 2022). Children aged 0–9 years made up 12.3 per cent of the population – that is 3 157 000 young people. Australia’s population growth has been affected by the COVID-19 pandemic, which led to a slowdown in the projected growth rate, largely the effect of a decline in overseas migration.

There are many agencies in Australia that provide updates of indicators related to children’s health, development and wellbeing. The AIHW has been monitoring the health, wellbeing and development of Australian’s children since 1996. The AIHW (2018) reports against a set of 19 indicators, which are high-level, measurable indicators important to children’s health, development and wellbeing. These are known as the Children’s Headline Indicators (CHI). The latest data available for the CHI was updated in 2018, and a summary of this data is presented in Table 1.1.

Table 1.1 Children’s Headline Indicators trends for Australia’s children aged 0–14 years: Health, development and wellbeing

Domain	Indicator	Value	Change from previous
Early earning and care	Attendance at primary school	93.6%	No change
	Early childhood education	73.6%	No comparison data
	Literacy	93.9%	Favourable increase
	Numeracy	95.4%	Favourable increase
	Transition to primary school	22%	No change
Family and community	Child neglect and abuse	10 per 1000 children	Unfavourable increase
	Family economic situation	\$542	Favourable increase
	Family social network	87.2%	No comparison data
	Shelter – homelessness	0.4%	No change
	Shelter – housing stress	22.3%	No change
	Shelter – overcrowding	0.4%	No change
	Social and emotional wellbeing	10.3%	No comparison data
	Teenage births	11.4 per 1000 females	Favourable decrease
Health	Breastfeeding	61.6%	No comparison data
	Dental health	0.013	No change
	Immunisation	90.80%	Unfavourable decrease
	Infant mortality	3.1 per 1000 births	Favourable decrease
	Injury deaths	4.1 per 100 000 children	Favourable decrease
	Low birthweight	6.5%	No change
	Overweight and obesity	26.1%	No change
	Smoking during pregnancy	10.10%	Favourable decrease

Source: Developed from AIHW (2018).