

## **Appendix B**

### **Early Years Health & Place Consultation**

by Let's Grow Kids UK - Argyll

# Early Years Health & Place Consultation

## What Matters to Me: Understanding the Voices of Children Aged 3–5

*A Play-Based, Rights-Based Research Study Conducted in Patchwork Nursery, Dunoon*

Prepared for NHS Highland - Director of Public Health Annual Report by Let's Grow Kids UK - Argyll

### Executive Summary

The early years are the foundation of lifelong health. As Marmot and others have argued, a fair society invests early, acts on the social determinants of health, strengthens communities and creates the conditions for every child to thrive. This research contributes directly to that agenda by asking a simple but profound question: What does health look and feel like to children aged 3–5?

Using a fully child-led, play-based and rights-based methodology, this project explored how young children in Argyll & Bute understand health, wellbeing, community and care. Conducted in partnership with Patchwork Nursery in Dunoon, the consultation created developmentally appropriate spaces for children to express their views through imaginative play, storytelling, sensory exploration and peer interaction. The method aligned with the Four Pillars of the NHS Highland Director of Public Health Annual Report (DPHAR): Social & Economic Factors, Places & Communities, Enabling Healthy Living, and Equitable Health & Care.

Across the consultation, children shared a remarkably consistent picture. They did not describe health as treatments, appointments or outcomes, but as a set of everyday relational, physical and social experiences that made them feel safe, connected and able to flourish. For these children, being healthy meant:

- playing outdoors, especially at the park, beach or among trees
- brushing their teeth and caring for their bodies
- visiting older people and spending time with their families

- walking to the shops and recognising familiar places in their community
- enjoying stories, routines and shared mealtimes
- caring for others and being cared for
- understanding money and taking part in simple social exchanges
- exploring medical tools with confidence and curiosity
- feeling supported, secure and free to choose how they participate

Children demonstrated early health literacy, a strong connection to nature, confidence in health-related role play and clear understanding of oral hygiene, one of the most embedded routines in their day. They also showed an intuitive grasp of the social and economic world around them, including early concepts of exchange, fairness, food, hospitality and community roles.

Relationships were at the heart of their understanding. Whether through pretending to be doctors, comforting a peer, feeding soft toys or describing daily family routines, children showed that health is fundamentally relational. A child with additional support needs communicated powerfully through sensory engagement, reminding us that inclusive environments unlock every child's ability to participate meaningfully.

These insights align closely with the Marmot framework and with the DPHAR Driver Diagrams. Children's voices reinforce the need for prevention-focused systems, nurturing family environments, high-quality early years settings, accessible green and blue spaces, stronger community connections and early support that reduces the inequalities which appear so early in life. Their perspectives point to the wider determinants of health, including poverty, place, routine, relationships and belonging, often more clearly than adult-led consultations.

This project also demonstrates the effectiveness of play-based, rights-led methods for engaging very young children in service design. It provides a replicable model for listening to children in ways that honour their developmental stage, uphold UNCRC commitments and produce meaningful evidence for policy, planning and strategic investment.

The findings offer actionable recommendations for NHS Highland, Argyll & Bute HSCP, early years practitioners, community planners and strategic partners. They provide robust evidence to strengthen future grant applications and justify investment in early years interventions that align with prevention, health equity and children's rights.

Ultimately, children told us that good health begins long before illness, in the everyday moments that give them security, joy, connection and a sense of belonging. Their voices offer a clear, compelling and hopeful message: when we create environments where children can play, feel safe, explore their world and be cared for, we are investing not only in individual wellbeing, but in the future health of our communities.

This Executive Summary sets the tone for a public health report rooted in evidence, equity and the lived experiences of the youngest members of our communities, which is exactly the type of work Marmot calls for.

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## Introduction

Early childhood represents a critical window for shaping long-term health and wellbeing. Experiences in the first five years influence physical development, emotional security, cognitive growth, social relationships and lifelong health behaviours. In Scotland, the incorporation of the United Nations Convention on the Rights of the Child (UNCRC) into domestic law strengthens the requirement for public bodies to meaningfully hear, respect and act upon the views of children, including very young children who primarily communicate through play.

This research project was commissioned to support the NHS Highland Director of Public Health Annual Report (DPHAR) by ensuring that the voices of children aged 3 to 5 meaningfully inform its analysis, recommendations and strategic direction. Traditional consultation approaches are not developmentally appropriate for this age group. Instead, a play-based, child-led and rights-based method was designed to allow children to express their experiences, priorities and ideas in ways that feel natural, safe and enjoyable.

Working in partnership with Patchwork Nursery in Dunoon, early years practitioners created a nurturing environment where children could explore themed activities aligned to the Four Pillars of the DPHAR:

- Social and Economic Factors
- Places and Communities
- Enabling Healthy Living
- Equitable Health and Care

Children interacted with treasure baskets containing familiar, everyday items such as pretend money, toy medical tools, photos of local places, natural materials, crockery, books and toothbrushes. These objects were chosen for their ability to stimulate imaginative play, recreate lived experiences and open space for children to communicate their thoughts and feelings.

The purpose of this approach was not to test children's knowledge, but to observe what they naturally gravitate towards when presented with open-ended opportunities to play and explore. Through their choices, conversations, gestures and interactions with peers, children revealed how they see health, care, community and wellbeing, and what they believe they need to feel safe, happy and healthy.

This project builds on an established developmental understanding that play is a primary mode of communication for this age group. Children make sense of the world through imitation, storytelling, role play and sensory exploration. Their spontaneous actions often express deeper insights into their lived experiences than direct questioning could elicit. This was particularly important for including children who are non-verbal or who have additional support needs, ensuring their perspectives were equally valued and represented.

The findings from this consultation show that children's concepts of health and wellbeing are grounded in everyday relational and environmental contexts, including:

- feeling connected to nature
- having safe outdoor spaces to play
- understanding daily routines such as brushing teeth
- participating in simple community activities such as walking to the shops
- caring for, and being cared for by, others
- seeing their families as central to their wellbeing
- feeling comfortable with healthcare experiences through pretend play
- exploring ideas linked to money, food, stories and shared spaces

Children described health not as a medical construct but as a combination of relationships, routines, environments and experiences that enable them to flourish.

This research also highlights the importance of early years settings as health-promoting environments where children develop social skills, emotional regulation and early health literacy through everyday interactions. The consistency between home and nursery routines was found to strengthen wellbeing, confidence and curiosity.

By placing children's voices at the centre of this work, NHS Highland is modelling a rights-based approach to public health planning. This approach recognises that children are not only future adults but citizens whose lived experiences today should shape the systems designed to support them.

## **Methodology**

### **Approach**

This research used a play-based, child-led and rights-based methodology, recognising play as the primary mode of communication for children aged 3–5. The approach was grounded in developmentally appropriate early years research methods and aligned with children's rights as set out in the UNCRC (Incorporation) (Scotland) Act 2024, particularly Article 12, which affirms children's right to express their views in matters affecting them.

The methodology was informed by national and third-sector best practice guidance, including the Scottish Government's Voice of the Infant – Best Practice Guidelines and the Care and Learning Alliance's Consulting with Our Youngest Children Toolkit. Together, these frameworks support rights-respecting, play-based approaches that recognise verbal, non-verbal, relational and sensory forms of communication as valid expressions of children's views.

The design ensured that all children, including those who are pre-verbal or have additional support needs, could participate meaningfully and safely. Rather than directing children towards predetermined themes, the consultation created open, supportive conditions in which children could show what matters to them through spontaneous, imaginative, relational and sensory play.

## Setting

The consultation took place at Patchwork Nursery in Dunoon, a familiar environment that supports emotional safety and confident exploration. A dedicated room was arranged into four themed zones, each corresponding to one of the Four Pillars of the Director of Public Health Annual Report:

1. Social and Economic Factors
2. Places and Communities
3. Enabling Healthy Living
4. Equitable Health and Care

Children were free to move between zones at their own pace, choosing how, where and with whom they wished to engage.

## Treasure Baskets and Materials

Treasure baskets were carefully curated to reflect everyday objects and familiar experiences relevant to young children in Argyll and Bute.

## Social and Economic Factors

- pretend money
- toy bank cards
- mini cash register
- crockery and play food
- café items
- storybook prompts such as The Tiger Who Came to Tea

These materials supported exploration of value, exchange, social interaction, family routines and shared meals.

## Places and Communities

- photographs of the nursery and outdoor spaces
- images of local parks, coastline, shops and roads
- community helper prompts

These supported discussion of belonging, place identity and local experiences.

## Enabling Healthy Living

- images of walking, running and active play
- sports-related props
- books and story prompts
- items linked to shared routines such as crockery or library books

These encouraged conversation about movement, stories, routines and active living.

## Equitable Health and Care

- stethoscopes
- thermometers
- a doctor's coat
- dental model with toothbrushes
- bandages, wipes and soft toys

These enabled rich medical role play, offering insight into children's comfort with, and understanding of, healthcare routines.

## Sensory Materials

- real foliage such as branches, leaves and pine
- faux grass mats
- natural textures

These were particularly significant for sensory regulation and inclusive participation, especially for the pre-verbal child with additional support needs.

## Procedure

Children participated in small groups. Practitioners facilitated but did not lead the play. Their role was to:

- cultivate a warm, safe environment
- observe without directing
- use open prompts such as “I wonder what is happening here”
- record comments, play patterns and gestures
- support communication in whatever form each child used
- ensure sensory and emotional safety

Children were free to:

- move between zones
- combine materials
- play alone or with peers
- explore sensory items
- initiate stories, routines and imaginative scripts
- decline participation at any time

The environment was intentionally flexible, responsive and child-led.

## Data Collection

Multiple data sources were used to generate a rich and credible dataset:

- detailed practitioner notes capturing children's words, actions, interactions and play patterns
- the Researcher's reflections
- photographs showing children's engagement (analysed in anonymised form, with original images available for the published report)
- children's direct quotes
- non-verbal communication, particularly from the child with additional support needs
- contextual information such as peer influence, emotional regulation and home-nursery alignment

Triangulating these sources strengthened the validity and depth of the analysis.

## Analytical Framework

A thematic analysis was undertaken, integrating:

- what children said
- what children did
- the materials they chose
- how they interacted with peers
- how they responded to sensory cues
- practitioner interpretations informed by knowledge of home routines, child development and emotional cues

Themes were developed inductively and then mapped against:

- the Four Pillars of the DPHAR
- the Driver Diagrams
- public health framework outcomes
- Scotland's early years policy landscape
- UNCRC principles

This ensured the findings were both grounded in children's lived experiences and directly relevant to public health planning.

## Inclusivity

The methodology ensured full participation by:

- including a pre-verbal child with ASN who communicated through sensory exploration
- being sensitive to children's comfort levels in group play
- recognising the influence of different family and socioeconomic backgrounds

The method proved highly inclusive and developmentally appropriate.

## Role of the Practitioners

Practitioners provided essential insight by:

- interpreting children's gestures and non-verbal cues
- noting alignment between home and nursery routines
- observing group dynamics such as peer leadership
- identifying wellbeing concepts emerging in play
- recognising themes not visible in photographs, such as money play or café scenes
- ensuring emotional safety and rapport

Their expertise added depth, warmth and contextual understanding, grounding the findings in real early years practice rather than observation alone.

## Ethical Approval and Consent

- Children opted in or out through their actions.
- Photographs appear in the final report with parental consent and without identifying information.
- The approach followed best practice in rights-based early years research.

## Summary

This methodology was rigorous, inclusive and firmly grounded in children's rights, ensuring that every child, including those who are pre-verbal or have additional support needs, could participate meaningfully. It was developmentally appropriate and generated rich insights into children's lived experiences. By observing children's spontaneous interactions within a safe and familiar environment, this approach provides a high-quality evidence base for understanding how young children conceptualise health, care, routines, relationships, place and community in Argyll. Its strength lies in both the depth of what children shared and the direct applicability of these insights to public health planning and service design.

# Findings

## Overview

The thematic analysis drew on practitioner observations, children's verbal contributions, non-verbal communication and patterns of play across the four themed areas. Six interrelated themes emerged, illustrating how children aged 3–5 understand health, wellbeing, place and care. The findings reflect not only what children said, but also what they showed through their choices, play narratives, interactions and sensory engagement.

Across all themes, children conceptualised health not as a medical outcome, but as something created through relationships, routines, environments and feelings of safety and belonging.

### **Theme 1: Health and care are familiar, positive and relational**

Children demonstrated ease, confidence and enthusiasm when engaging in medical role play. They independently used stethoscopes, thermometers, wipes and a doctor's coat, adopting roles such as doctor, nurse and patient. Children lay calmly on mats while peers "checked" temperatures or listened to heartbeats. These interactions were relaxed, playful and reassuring rather than anxious.

"I go to the doctor when I'm poorly."

"My mummy gives me medicine."

Care was consistently relational. Children comforted peers, offered blankets, checked on one another and combined caregiving actions with gentle physical closeness. Health and care were experienced as acts of trust, reassurance and shared responsibility.

### **Interpretation**

Children view healthcare as a normal and supportive part of life. Early childhood offers a critical opportunity to reinforce positive health literacy and trusting relationships with services.

## **Theme 2: Oral health is highly salient and well embedded**

Strong engagement with oral health materials was observed across all groups. Children confidently used toothbrushes on the dental model, discussed brushing routines and corrected one another's technique, including reminders to brush "the back teeth".

"I like brushing my teeth."

"My teeth were sore and I went to the dentist."

Practitioner observations confirmed that tooth brushing is a consistent routine across home and nursery environments.

### **Interpretation**

Oral health literacy is already well established in early childhood, providing a strong foundation for broader health behaviours and prevention-focused approaches.

## **Theme 3: Health and wellbeing are shaped through everyday routines and relationships**

Children consistently linked health to familiar daily experiences rather than abstract health messages. These included walking with family members, visiting older relatives, reading stories, shared meals and outdoor play.

"I walk to the shops with my mum."

"We like stories at home and at the library."

"I visit the old people."

Children recreated home, café and family routines through imaginative play, using food, crockery and storytelling to explore social roles, care and connection.

### **Interpretation**

For young children, wellbeing is embedded in predictability, family life and shared routines. These everyday experiences form the foundation of emotional security and healthy development.

## **Theme 4: Outdoor spaces and connection to nature are central to wellbeing**

Children repeatedly identified parks, trees, beaches and outdoor play as important to their happiness and wellbeing. They recognised local landmarks in photographs and described favourite outdoor places with enthusiasm.

“I like the trees.”

“I like going to the swing park and playing on the beach.”

A pre-verbal child with additional support needs engaged deeply with natural materials such as branches, leaves and textured surfaces, using them for sensory regulation and communication.

### **Interpretation**

Access to green and blue spaces plays a fundamental role in children’s wellbeing, emotional regulation and inclusion. Nature-based environments support participation for all children, including those with additional support needs.

## **Theme 5: Children show early curiosity about bodies, tools and how the world works**

Children demonstrated sustained interest in healthcare tools, measurement and bodily awareness. They explored weighing scales, listened to breathing with stethoscopes, checked temperatures and examined the dental model in detail. Some children assumed leadership roles, showing peers how to use equipment or organising sequences of play.

These behaviours were often embedded within stories or routines rather than isolated exploration.

### **Interpretation**

Children are developmentally ready for early health literacy. Hands-on, story-based and relational learning supports curiosity and understanding in ways that are meaningful and age appropriate.

## **Theme 6: Safe, sensory-rich and inclusive environments enable participation**

Children engaged most deeply when environments provided soft mats, natural textures, defined spaces and predictable layouts. Sensory engagement was particularly important for children who communicated non-verbally or required additional support.

The presence of familiar adults and a calm, responsive environment enabled all children to participate in ways that felt safe and self-directed.

### **Interpretation**

Health-promoting environments for young children must be sensory-informed, predictable and emotionally safe. These conditions enable meaningful participation across diverse communication styles and needs.

## Summary of Findings

Across all themes, children demonstrated that health is experienced as a holistic, relational and place-based phenomenon. Their wellbeing is shaped by:

- secure relationships and caregiving
- predictable family routines
- access to outdoor and natural environments
- opportunities for imaginative and narrative play
- early health literacy embedded in everyday life
- inclusive, sensory-informed environments

These findings reinforce the importance of grounding public health planning in children's lived experiences and highlight the early emergence of health inequalities through differential access to safe, nurturing environments and supportive routines.

## Limitations of the Research

This research provides rich qualitative insight into how children aged 3–5 experience health, wellbeing, place and care. As with all play-based, participatory research, the findings should be interpreted in light of the study design and context.

## Influence of peer dynamics

The methodology intentionally prioritised child-led, open-ended play. Practitioner observations noted that some confident or socially influential children naturally directed group play, shaping narratives and areas of focus. This reflects real-world early years social dynamics but may have amplified certain themes through peer modelling, while quieter children may have contributed more subtly through imitation, observation or non-verbal engagement. This influence was mitigated through small group sizes and practitioner facilitation, but not eliminated. Importantly, peer-led play itself provides valid insight into how children make sense of health and care through social interaction.

## Context-specific setting

The consultation was conducted in a single early years setting in Argyll and Bute. Findings reflect this local context, including geography, access to outdoor spaces and nursery culture, and should not be assumed to represent the experiences of all children across NHS Highland.

## Practitioner interpretation

Much of the data relied on practitioner observation and interpretation, particularly for children who communicated non-verbally or through sensory engagement. While this enhanced inclusivity and depth, it introduces an interpretive element informed by professional judgement. Credibility was strengthened through triangulation of quotes, play patterns, non-verbal behaviour and photographic evidence.

## Qualitative, exploratory design

This study was exploratory and qualitative. It illustrates *how* children experience health and wellbeing rather than measuring prevalence or outcomes.

## Summary

These limitations are inherent to rights-based, play-led research with very young children and do not diminish the value of the findings. Acknowledging them provides transparency and strengthens the report's contribution to public health planning.

## **Alignment with the Four Pillars**

The findings from this consultation align closely with the Four Pillars of the Director of Public Health Annual Report. Although young children express their understanding of the world through play, relationships and sensory exploration rather than formal policy language, their insights map directly onto the conditions required for good population health. Their experiences reflect the social, environmental and relational systems that support early development and wellbeing, and demonstrate that even very young children hold clear views about what helps them feel healthy, connected and safe.

## **Social and Economic Factors**

Children's play highlighted the importance of everyday family routines, social interaction and early economic experiences in shaping wellbeing. Walking to shops, visiting older relatives, sharing stories at home and spending time in familiar community spaces all reflect the role of stability and predictable rhythms in emotional security and early development. These activities mirror key domains within the social determinants of health.

The Researcher's observations added further depth. Children engaged confidently with pretend money, bank cards and a toy cash register, demonstrating early financial awareness and an understanding of exchange and fairness. Café and shopping role play allowed them to explore cooperation, social roles and the idea that food and shared experiences hold value. Such early financial literacy is influenced by what children observe in their families, as well as wider socioeconomic conditions.

Differences between groups also illustrated the influence of home environments. Children from more active households tended to emphasise movement and outdoor play, while children from sociable households gravitated toward group interaction and narrative-driven play. These insights show that children's wellbeing is deeply embedded in the social and economic contexts of their daily lives.

## Places and Communities

Children expressed a strong emotional connection to their local environments. Parks, trees, beaches and the coastline were described repeatedly as favourite places, and children showed clear recognition of local landmarks when examining photographs. Their conversations and imagination suggested a secure sense of belonging to their community and an understanding of outdoor spaces as central to their wellbeing.

Engagement with images was thoughtful and sustained. Children recognised playground equipment, recalled visits to beaches and parks, and showed interest in roads, paths and shops. For them, community environments are not abstract concepts but lived spaces that shape play, movement and emotional experiences.

These findings align closely with the pillar's focus on connected and enabling communities. Children's voices reinforce the importance of accessible green and blue spaces, walkable neighbourhoods and public environments that feel familiar, safe and welcoming to young families.

## Enabling Healthy Living

Children described healthy living through familiar routines, not through abstract health messaging. They spoke about brushing their teeth, walking with family members, running, climbing, reading stories and playing outdoors. These activities show that health behaviours in early childhood are relational, enjoyable and embedded in daily life.

Oral health emerged as a particularly strong theme. Children showed confidence with dental tools, understood the purpose of brushing teeth and took pride in their routines. This indicates that oral health promotion in early years settings, when reinforced across home and nursery, is creating consistent and positive habits.

Imaginative and story-based play also shaped children's understanding of healthy living. Café scenes, tea parties and narratives inspired by books such as *The Tiger Who Came to Tea* allowed children to explore food, sharing, fairness, emotional regulation and family rituals. These interactions highlight how stories and shared routines support social learning, cooperation and wellbeing.

## Equitable Health and Care

Children experienced healthcare as familiar, safe and positive. Their willingness to engage in medical role play, lie calmly while being “checked,” listen to each other’s heartbeats or pretend to give medicine demonstrates trust and comfort with health-related routines. This suggests that early experiences with healthcare providers have generally been reassuring.

Children also understood care as relational and reciprocal. They comforted peers, offered help and nurtured animals or dolls, reflecting a view of care that aligns with rights-based and trauma-informed models.

The participation of the pre-verbal child with additional support needs highlighted the importance of sensory-informed environments. This child engaged deeply with natural materials, showing that inclusive, flexible settings allow all children to express themselves and participate meaningfully.

These insights reinforce the pillar’s focus on designing responsive, equitable health services that adapt to diverse communication styles, needs and ways of engaging.

## Summary

Across all four pillars, children demonstrated that their health is shaped by the combined influence of relationships, routines, environments and community experiences. Their voices support a holistic model of public health that prioritises nurturing family environments, accessible community spaces, predictable routines, early health literacy and relational, inclusive approaches to care. These findings align with the strategic direction set out in the DPHAR Driver Diagrams and serve as a clear reminder that children are active participants in shaping their own wellbeing.

## Implications for Service Design

The findings from this research provide rich, practical insight into what helps young children feel healthy, safe, connected and cared for. Although expressed through play, the themes carry clear implications for how services across NHS Highland, Argyll and Bute HSCP and wider partners design, deliver and evaluate early years provision. Children's perspectives reinforce the importance of prevention, relational practice, outdoor access and inclusive environments, all of which contribute to reducing health inequalities and supporting positive developmental trajectories.

### 1. Embed relational and rights-based approaches across early years and family services

Children consistently demonstrated that health is experienced through relationships: being cared for, caring for others, sharing routines and feeling secure with familiar adults. These insights reinforce the importance of service models that:

- strengthen trust and connection
- recognise family relationships as central to children's wellbeing
- support consistent and predictable routines at home and in early years settings
- value practitioner observation and presence as essential to children's sense of safety

Relational care should be central to service design, with time, training and support for staff to build strong, secure relationships with children and families. This aligns with the UNCRC, trauma-informed practice and the principles of Getting It Right For Every Child.

## **2. Strengthen sensory-informed and inclusive environments**

Participation from the pre-verbal child with additional support needs highlighted the importance of flexible, sensory-rich environments. Services should provide:

- natural materials and varied textures
- clearly defined spaces that support containment and regulation
- quiet, cosy areas for children who need reduced stimulation
- predictable layouts that help children feel safe
- opportunities for movement, exploration and sensory engagement

These features support neurodiverse children and enhance engagement for all learners. Sensory-informed design should be considered across early years, community and health settings.

## **3. Prioritise access to outdoor and nature-based spaces**

Children's strong attachment to trees, parks, beaches and outdoor play demonstrates the central role of natural environments in wellbeing. This has direct implications for service and infrastructure planning:

- early years settings should embed daily outdoor play as a core component of practice
- planning decisions should protect and enhance accessible green and blue spaces
- walkable, safe routes for young families should be prioritised
- outdoor activities should be considered in family support and public health programmes

Equity of access is essential. Rurality, transport barriers and socioeconomic disadvantage can limit children's opportunities to benefit from natural environments.

#### **4. Use oral health as an anchor for wider health literacy**

Children demonstrated clear understanding of oral hygiene and strong engagement with dental tools. This provides a solid entry point for broader conversations about health. Services can:

- use oral health routines as a starting point for discussing body awareness and self-care
- reinforce links between home and nursery tooth brushing practices
- incorporate real but safe tools in guided play
- integrate oral health messages within family support programmes
- provide visual and story-based materials that help children explore healthy habits

Strengthening early oral health builds confidence in interacting with health professionals and supports the Prevention-Focused System.

#### **5. Integrate stories, imaginative play and familiar routines into health improvement activity**

Children used narrative play to explore concepts such as sharing, fairness, food, belonging and emotional regulation. Story-based methods provide opportunities for children to process experiences and practise social roles. Services should consider:

- using storybooks and imaginative play as part of health messaging
- co-creating narratives with children that reflect local community settings
- incorporating play-based elements into anticipatory guidance and health visiting practice
- drawing on familiar environments such as cafés, beaches or libraries in educational materials

This approach makes health improvement interventions more accessible, meaningful and enjoyable for young children.

## **6. Recognise the importance of daily routines and family context in shaping health behaviours**

Children's references to walking to the shops, reading at home or at the library, visiting older relatives and spending time outdoors demonstrate that health is influenced heavily by family life. Services should:

- support families to establish predictable and nurturing routines
- consider socioeconomic pressures that disrupt consistency
- offer non-stigmatising early support for families under stress
- embed whole-family approaches into early years provision
- commission programmes that promote connection, play and emotional regulation

Wellbeing begins long before school and is shaped by the environments in which children grow.

## **7. Equip early years staff to observe, interpret and respond to children's cues**

Practitioners played an essential role in interpreting meaning that was not always captured through quotes or photographs. To strengthen this skill across settings, services should:

- embed reflective practice and observation training
- support staff to document child voice in varied forms
- recognise practitioner interpretation as a legitimate and essential component of rights-based participation
- create mechanisms for early years insights to feed into strategic planning

Listening to young children requires attentiveness to words, gestures, choices and interactions.

## **8. Adopt child-led, play-based consultation as a standard method for gathering children's views**

This consultation demonstrates that very young children can meaningfully contribute to public health planning when engaged through developmentally appropriate methods. Services can:

- embed play-based consultation into routine planning cycles
- use themed treasure baskets and zones to explore different topics such as food, sleep, digital habits, housing or safety
- develop a child voice toolkit for early years practitioners
- ensure that UNCRC Article 12 is applied in practice, not only in principle

This method is low cost, highly inclusive and replicable across early years, community and family support contexts.

## **9. Strengthen cross-sector collaboration around children's lived experiences**

Children's wellbeing spans multiple systems including health, education, planning, transport, greenspace, housing and the third sector. Their perspectives reinforce the need for coordinated and coherent approaches across:

- NHS Highland Public Health
- Argyll and Bute HSCP services
- Early years and education
- Community planning
- Greenspace and outdoor services
- Housing and transport
- Third sector organisations

Children's experiences do not fit neatly within service boundaries, which means effective support must be integrated across sectors.

## **Summary**

Children's perspectives point toward service models that are relational, inclusive, sensory-responsive, nature-connected and grounded in everyday life. They call for approaches that emphasise prevention, equity, co-production and predictable routines. These insights support NHS Highland's strategic shift towards a prevention-focused, rights-based public health system and offer clear guidance for designing environments and services in which young children can thrive.

## **Recommendations**

The findings from this research provide clear, evidence-based direction for strengthening early years health, wellbeing and equity across Argyll and Bute and NHS Highland. The recommendations below translate children's lived experiences into practical actions for systems, services and partners, aligned with prevention, children's rights and health equity.

## **1. Embed play-based, rights-based consultation as standard practice for engaging young children**

Public bodies should adopt developmentally appropriate, play-based methods as a routine way of hearing the views of children aged 3–5. This includes:

- integrating play-based consultation into planning, service design and review cycles
- using simple, low-cost methods such as themed play zones or treasure baskets
- supporting early years practitioners with time, guidance and recognition to facilitate child voice
- ensuring UNCRC Article 12 is applied in practice, not only referenced in policy

This approach is inclusive, replicable and produces meaningful evidence for public health decision-making.

## **2. Prioritise relational, rights-based practice across early years and family services**

Children consistently described health through relationships, care and shared routines. Services should:

- place relational care at the centre of early years, health visiting and family support models
- protect staff time for building trust and secure relationships with children and families
- align practice with UNCRC, trauma-informed approaches and GIRFEC
- recognise practitioner observation and interpretation as legitimate expressions of child voice

Relational practice is foundational to prevention, resilience and early intervention.

### **3. Protect and enhance access to outdoor, green and blue spaces for young children**

Children identified parks, beaches, trees and outdoor play as central to their wellbeing. Partners across health, planning and community services should:

- safeguard accessible green and blue spaces through planning and place-based decisions
- ensure daily outdoor play is embedded within early years provision
- prioritise safe, walkable environments for families with young children
- address inequalities in access related to rurality, transport and deprivation

Nature-based environments are a core public health asset, not an optional extra.

### **4. Design early years and community environments to be sensory-informed and inclusive**

Children's participation was strongest in environments that were predictable, calm and sensory-responsive. Services should:

- incorporate natural textures, defined spaces and opportunities for sensory regulation
- design environments that support diverse communication styles, including non-verbal children
- ensure staff are trained to recognise and respond to sensory needs
- view inclusive design as a universal benefit, not a specialist adaptation

Inclusive environments enable all children to participate meaningfully in health-promoting activity.

## **5. Use oral health as a gateway to wider early health literacy**

Oral health routines were strongly embedded and well understood by children.

Services should build on this by:

- reinforcing daily tooth-brushing programmes in early years settings
- using oral health as an entry point for broader conversations about caring for the body
- linking oral health messages consistently across home, nursery and health services
- ensuring materials are visual, playful and developmentally appropriate

Early oral health provides a strong foundation for prevention and confidence in healthcare engagement.

## **6. Integrate storytelling, imaginative play and familiar routines into health improvement activity**

Children made sense of health, care and wellbeing through stories, role play and everyday routines. Services should:

- use story-based and imaginative approaches within health improvement programmes
- reflect familiar community settings (e.g. parks, cafés, beaches, libraries) in materials
- incorporate play-based elements into anticipatory guidance and early intervention
- co-produce resources with early years practitioners and children where possible

Narrative approaches support understanding, emotional regulation and engagement.

## **7. Support families to establish predictable, nurturing daily routines**

Children linked wellbeing to everyday family activities such as walking, shared meals, reading and visiting others. Services should:

- support families to build stable, nurturing routines from the early years
- recognise the impact of financial pressure, stress and housing insecurity on consistency
- provide early, non-stigmatising support where routines are disrupted
- embed whole-family approaches across early years and family services

Predictable routines act as a protective factor across the life course.

## **8. Strengthen early years workforce skills in observation, reflection and interpretation**

The richness of this consultation relied on skilled practitioner observation. To strengthen this capacity, services should:

- embed reflective practice within early years teams
- provide training on interpreting play as communication
- create simple mechanisms for documenting child voice
- ensure insights from early years settings inform wider strategic planning

Listening to young children requires attentiveness beyond words alone.

## 9. Strengthen cross-sector collaboration around children's lived experiences

Children's wellbeing spans health, education, planning, transport, housing, greenspace and the third sector. Partners should:

- align early years priorities across HSCP, Public Health, Education and Planning
- ensure children's lived experiences inform place-based and community planning
- connect early years insights to wider prevention and community wealth building agendas
- avoid siloed approaches that fragment support

Children's lives do not sit within organisational boundaries; systems must respond accordingly.

### Summary

These recommendations call for a public health system that is relational, inclusive, preventive and grounded in the everyday lives of young children. Acting on what children have shared supports NHS Highland's strategic direction towards prevention, equity and children's rights, and strengthens the foundations for lifelong health and wellbeing.

## What Children Told Us

The following quotations and paraphrased expressions capture the essence of what children shared through their words, gestures, choices and play. They provide a clear and accessible window into young children's understanding of health, care, place and routine.

### Being Healthy

"I brush my teeth every day."

"My teeth were sore so I went to the dentist."

"I go to the doctor when I'm poorly."

"My mummy gives me medicine."

Children described health as something that happens in everyday life through care, comfort and familiar routines, rather than as an abstract concept.

### Caring for Others

"I will look after you."

"Lie down, I am checking you."

"Here is your medicine."

Children frequently moved between caregiving and care-receiving roles, showing empathy, reciprocity and a shared understanding of how people look after each other.

### Daily Routines That Feel Good

"I walk to the shops with my mum."

"We go to the library for stories."

"I visit the old people."

"We have dinner at home."

Children located health within predictable, relational routines that involve spending time with family and taking part in community life.

## Outdoor Play and Nature

“I like the trees.”

“I go to the swing park.”

“I love the beach.”

Children expressed a strong emotional connection to natural spaces such as beaches, parks and wooded areas. Being outdoors was linked closely with happiness and freedom.

## Community Places

“That is the slide at the park.”

“That is where we go.”

“This is our nursery.”

Children recognised and valued familiar community landmarks, showing a strong sense of place and belonging.

## Food, Stories and Shared Spaces

“I am making you dinner.”

“Here is your tea.”

“You need to pay.”

Through café play, tea parties and references to favourite books, children explored ideas about fairness, sharing, social roles and nurturing relationships.

## Exploring How Things Work

“Let me see your heartbeat.”

“Stand on this, it has numbers.”

“I am checking the temperature.”

Children showed curiosity about tools, bodily processes and routines, indicating readiness for early health literacy when it is approached through play and exploration.

## Feeling Safe and Included

Although not expressed verbally, the body language and sensory engagement of the child with additional support needs communicated:

- comfort with natural materials
- a need for grounding sensory experiences
- the ability to participate meaningfully when environments are responsive

This child's choices and interactions highlighted the importance of sensory-informed practice and inclusive design.

## Conclusion

This consultation shows that even the youngest children hold clear and meaningful views about what helps them feel healthy, safe and connected. Their understanding of health is rooted in the everyday experiences that shape their lives: secure relationships, predictable routines, outdoor play, familiar community spaces and opportunities to care for others and be cared for. These insights reinforce a core public health message, championed by Marmot and echoed throughout the DPHAR, that the conditions in which children grow, learn and play form the foundation of lifelong wellbeing.

Children's voices highlight the importance of prevention, early intervention and whole-system approaches that reduce the inequalities experienced from the earliest years. Their perspectives show that health is not separate from family life, place or community, but is created through them. This underscores the need for services that are relational, inclusive, sensory-responsive and grounded in the environments where children live their daily lives.

The findings also demonstrate the value of developmentally appropriate, play-based consultation as a method for understanding the experiences of children aged 3 to 5. When we create space for children to communicate in ways that are natural to them, they provide insights that are both practical and profound. Embedding this approach across early years and public health systems would strengthen NHS Highland's ability to design responsive, rights-based services informed by the lived experiences of the children they aim to support.

Taken together, the evidence from this study offers a clear call to action. If we want children in Argyll and Bute, and across NHS Highland, to thrive, we must continue to invest in the relationships, environments and community conditions that shape their earliest years. By listening to children and acting on what they tell us, we build not only healthier childhoods but also healthier communities for the future.

## References and Evidence Frameworks

This consultation is grounded in established public health, early years and children's rights frameworks that emphasise prevention, equity, relational practice and meaningful participation. Key references informing the design, analysis and interpretation of this work include:

- [Fair Society, Healthy Lives](#)  
Marmot, M. (2010). *Fair Society, Healthy Lives: The Marmot Review*.  
This report underpins the focus on early years as a critical period for reducing health inequalities and improving lifelong health outcomes.
- [UN Convention on the Rights of the Child](#)  
The United Nation Convention on the Rights of the Child (incorporation) (Scotland) Act  
This work is particularly informed by Article 12, which affirms children's right to express their views in matters affecting them, and the requirement for those views to be given due weight in accordance with age and maturity.
- [Getting It Right For Every Child \(GIRFEC\)](#)  
Scottish Government.  
The emphasis on relationships, routines, safety, wellbeing and whole-family support aligns closely with the GIRFEC approach and the SHANARRI wellbeing indicators.
- [Voice of the Infant – Best Practice Guidelines](#)  
Scottish Government.  
This guidance informed the rights-based, play-led approach to capturing the voices of very young children, recognising non-verbal communication, sensory engagement and practitioner interpretation as valid forms of expression.
- [Consulting with Our Youngest Children Toolkit](#)  
Care and Learning Alliance (CALA).  
This toolkit supports the use of play-based, child-led consultation methods in early years settings and informed the design of the consultation approach used in this study.

## Appendix A

### Visual Representations of Children's Engagement

The following figures provide contextual evidence that complements the thematic analysis. Each image captures aspects of children's play, interactions and exploration that relate directly to the themes identified in the findings.

**Figure 1. Exploring personal space with health and community props**



#### Description

A child sits inside a shallow plastic tray (of weighing scales), creating a defined personal space while holding a toy thermometer. Photographs of familiar community places, including the nursery and local outdoor areas, are spread on the floor around them. The child appears calm and focused as they examine the objects.

#### Interpretation

This reflects sensory regulation, a preference for clear physical boundaries and early understanding of self-care tools. It connects to themes about healthy living, place recognition and safe environments.

**Figure 2. Peer-led medical role play: temperature check and rest**



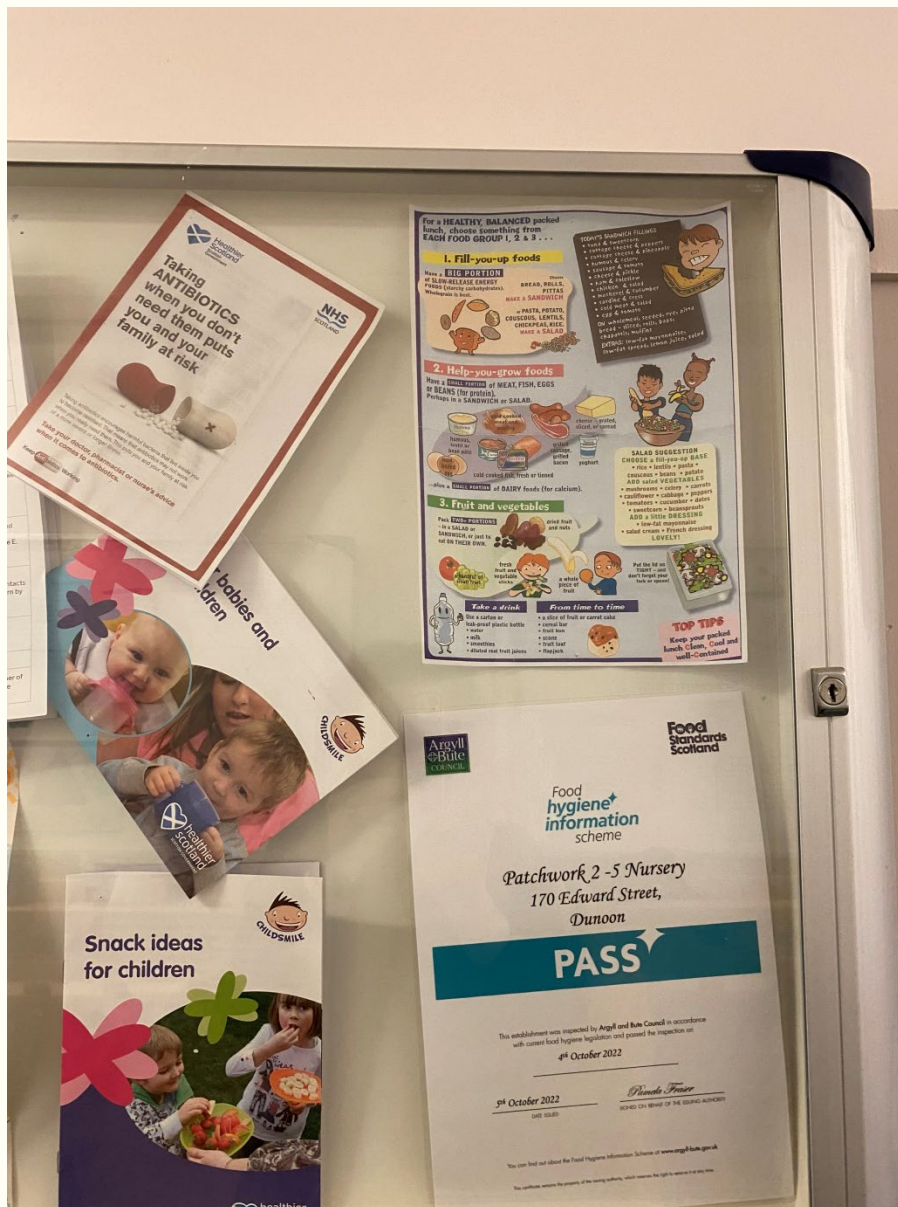
### **Description**

Three children lie/sit on soft mats. One child holds a toy thermometer to another child's forehead while a third child also engages. All children appear relaxed and comfortable.

### **Interpretation**

This demonstrates familiarity with healthcare routines, empathy and relational care. It supports Theme 1: health and care as positive and playful.

Figure 3. Health-promoting environment: visual cues in the nursery



## Description

A nursery wall display shows posters about healthy snacks, food safety, oral health and hygiene. Although no children are in the frame, the environment provides important background context.

## Interpretation

Early years settings reinforce health routines and messages through everyday visual prompts. This strengthens links between home and nursery learning.

**Figure 4. Curiosity about measurement and the body**



### **Description**

A child stands independently on digital weighing scales and looks down at the display. Their brightly coloured slippers draw attention to their stance and interest.

### **Interpretation**

This shows early curiosity about bodily awareness, numeracy and measurement.

**Figure 5. Collaborative oral health exploration**



### **Description**

Two children kneel close together, examining a large dental model. One child uses a toy dental tool while the other looks intently at the teeth.

### **Interpretation**

This illustrates strong engagement with oral hygiene and cooperative learning.

**Figure 6. Group pride and enthusiasm for health roles**



### **Description**

A small group of children pose and smile for the camera. Several hold healthcare props, including a stethoscope, thermometer and red medical bag.

### **Interpretation**

Children show confidence and positive associations with healthcare roles, with a focus on positive health experiences and relational care.

**Figure 7. Integrating oral health and medical play**



### **Description**

One child uses a stethoscope on a peer while the peer holds a toothbrush, smiling. The dental model and play mat are visible in the background.

### **Interpretation**

Children integrate oral health with wider health routines, demonstrating comfort with both. This reinforces early health literacy and cooperative play.

**Figure 8. Temperature checking and peer care**



### **Description**

A child leans forward with a toy thermometer, checking the temperature of another child who is lying comfortably on a mat. A third child plays alongside them.

### **Interpretation**

This reflects familiar experiences of illness, rest and care. It supports trust in healthcare and care as relational.

**Figure 9. Sensory engagement with nature and place-based images**



## **Description**

Two children explore a nature area containing branches, leaves and a faux grass mat. One child examines outdoor photographs while the other handles natural materials.

## **Interpretation**

This highlights the importance of outdoor spaces and sensory experiences, particularly for children with additional support needs. It shows the significance of nature for wellbeing.

**Figure 10. Independent practice in oral health routines**



### **Description**

A child sits on the floor brushing the large dental model with focused concentration. A stethoscope and other props are nearby.

### **Interpretation**

This demonstrates self-directed learning around oral hygiene and confidence in health routines.

**Figure 11. Imaginative caregiving supported by an adult**



### **Description**

An adult lifts a child so they can pretend to feed branches to a large toy giraffe. Nearby, images of food and beverages suggest a tea-party or feeding scene.

### **Interpretation**

This shows co-regulation, guided play and narrative exploration, supporting relational care and story-based wellbeing.

**Figure 12. Recognising and interpreting community spaces**



### **Description**

Two children lean over printed photographs of local playgrounds, parks and coastal areas. A basket of natural materials sits beside them.

### **Interpretation**

Children show strong recognition of community landmarks and emotional connection to local places. This relates to the Places and Communities pillar.

**Figure 13. Combining community environments with health play**



### **Description**

A child sits on a play mat decorated with roads and buildings, wearing a toy stethoscope. Dental tools are scattered around them.

### **Interpretation**

Children integrate ideas about community infrastructure with health roles, suggesting early awareness of how people live, move and access help.

**Figure 14. Shared curiosity around healthcare tools**



### **Description**

Several children gather around a set of healthcare props, watching each other, talking and experimenting with the equipment.

### **Interpretation**

This highlights peer modelling, collaborative learning and shared meaning-making around healthcare experiences.

**Figure 15. Oral health and caregiving roles combined**



### **Description**

One child smiles while brushing their teeth with a toy toothbrush. Another uses a stethoscope on their chest.

### **Interpretation**

This reinforces positive associations with health behaviours, peer interaction and routine care experiences.