

"Most parents provide their children with the love and care they need to grow up into happy and successful adults, no matter what their personal circumstances may be, but we know that children living in difficult circumstances, for example with parents with mental health problems, and exposed to domestic abuse are more likely to suffer emotional and behavioural problems that can have a life-long, negative effect on their future health and wellbeing. This draft guidance responds to a real need to improve the level and quality of early education and childcare services, especially to make sure these services are readily available to those who need them most: vulnerable children and their parents." **Professor Mike Kelly, NICE Director of Public Health.**

Note: This document comprises the recommendations from the draft guidance, using the original language. Some examples have been omitted, shown by "....." This is draft guidance, with the consultation period ending on 15th June 2012.

Recommendation 1: Strategy, commissioning and review

Who should take action?

All those responsible for planning and commissioning (including joint commissioning) services for children aged under 5 in local authorities and the NHS. This includes:

- Health and wellbeing boards.
- Public health, education and social services within local authorities.
- Those working in the voluntary, independent and private sectors.

What action should they take?

- Health and wellbeing boards should ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy', as one of the most effective ways of addressing health inequalities. The resulting plan should include outcomes for ensuring healthy child development and 'readiness for school' and for preventing mental health and behavioural problems².
- Directors of public health and directors of children's services should assess the social and emotional needs of children under 5, including vulnerable children (and their families), as part of the strategic needs assessment. Population-based models (such as PREview³) should be considered as a way of determining need and ensuring resources and services are effectively distributed.
- Health and wellbeing boards should ensure arrangements are in place for integrated commissioning of universal and targeted services for children aged under 5. The aim is to ensure:
 - Vulnerable children at risk of developing (or who are already showing signs of) social and emotional difficulties and behavioural problems are identified as early as possible by children and family services.
 - Targeted, evidence-based (and structured) interventions are available to help vulnerable children and their families. These should be monitored against outcomes.
 - Children and families with multiple needs have access to specialist services, including child protection and mental health services. Also see [other] NICE guidance.
- Local authority scrutiny committees for health and wellbeing should review delivery of plans and programmes designed to improve the social and emotional wellbeing of vulnerable children aged under 5.

Recommendation 2: Identifying vulnerable children and assessing their needs

Who should take action?

All those involved in providing services for children and families including those working in:

- Maternity services.
- Health visiting.
- The Healthy Child Programme.
- Early years organisations, including children's centres, nurseries and primary schools (independent, maintained, private, and voluntary).
- Voluntary sector organisations.
- General practice.
- Paediatrics.
- Child protection services.
- Local authority housing departments.
- Police.
- Child and adolescent mental health services.

What action should they take?

All health and early years professionals should develop trusting relationships with vulnerable families and adopt a non-judgmental approach. They should do this by:

- identifying the strengths and capabilities of the family, as well as factors that pose a risk to the social and emotional wellbeing of the child

- talking about the aspirations and expectations for the child
- seeking to understand and respond to perceived needs and concerns
- discussing any risk factors in a sensitive manner to ensure families do not feel criticised, judged or stigmatised.
- Health professionals in antenatal and postnatal services should identify factors that may pose a risk to the child's social and emotional wellbeing. This includes any risks to the mother's social and emotional wellbeing which could impact on her capacity to provide a loving and nurturing environment. For example
 - her mental health
 - substance or alcohol misuse
 - family relationships, circumstances and networks of support.
- Health visitors, nursery staff and other early years professionals should identify any risk factors that were not evident at the antenatal stage, as part of an ongoing assessment of the child's development. For an infant or child, factors could include being withdrawn, unresponsive or showing signs of behavioural problems. For parents, this could include indifference to the child or insensitive or harsh behaviour towards them.
- Others who are in contact with a vulnerable child and their family should be aware of factors that pose a risk to the child's social and emotional wellbeing. They should raise any concerns with the local GP or health visitor (working in the context of local safeguarding policies).
- Health and early years professionals should ensure procedures are in place:
 - to collect, consistently record and share information as part of the common assessment framework (relevant child and adult datasets should be linked)
 - for integrated team working
 - for continuity of care
 - to avoid multiple assessments.

Recommendation 3: Pre- and postnatal home visiting for vulnerable children and their families

Who should take action?

- Maternity services.
- Health visiting.
- The Healthy Child Programme.
- Children's centres and related early years services.

What action should they take?

- Health visitors or midwives should offer a programme of home visits by specially trained professionals to women assessed to be in need of additional support (see recommendation 2). For example, they could refer first-time teenage mothers to the Family Nurse Partnership from early pregnancy onwards.
- Health visitors or midwives should provide information about the programme of home visits, including its purpose and benefits. The information should take into account the mother's first language and differing attitudes, expectations and approaches to parenting (for example, according to their ethnic or religious background).
- Health visitors or midwives should ensure the programme is agreed with the mother or mother-to-be. They should encourage them to participate, taking into account their priorities and commitments. They should also try to involve fathers and other family members, if appropriate
- Health visitors or midwives should ensure the programme comprises a defined number of visits over a sustained period of time. It should be based on a set curriculum of activitiesin relation to:
 - maternal sensitivity (how sensitive the mother is to her child's needs)
 - the parent-child relationship
 - home learning
 - parenting skills and practice.
- Health visitors or midwives should consider using interactive video guidance

to improve maternal sensitivity, mother-infant attachment and the child's behaviour.

- Health visitors or midwives should regularly check the mother's level of involvement and offer her a break from the programme, if necessary. In such cases, they should continue to communicate regularly with her. Encourage parents participation in other services provided by the Healthy Child Programme and children's centres.
- Health visitors or midwives should involve other professionals such as therapists and family support workers from the Healthy Child Programme and children's centres.
- Those managing and providing the intensive home visiting programme should conduct regular audits to ensure consistency and quality of delivery.
- Volunteers should only provide help with home visits in conjunction with a health or early years professional. Volunteers should be trained for this role, which should be for a specific purpose and carried out according to an agreed plan. Volunteers should be given support sessions on a regular basis.

Recommendation 4: Early education and childcare

Who should take action?

- Local authority children's services.
- All those involved in providing early education and childcare services. This includes those working in children's centres, nurseries and primary schools (maintained, private, independent and voluntary).
- Child minders.

What action should they take?

- Ensure all children have the opportunity to attend high quality childcare⁴ and early education services outside the home on a part- or full-time basis. Attendance times should be flexible so that parents or carers have the opportunity to take on paid employment.
- All those involved in providing early education and childcare services should encourage a broad social mix of children to attend high quality childcare services. They should address any barriers that may hinder participation by vulnerable children
- Those involved in early education services should ensure vulnerable children have the opportunity to attend high quality preschool education (from the age of 2 years) to enhance their social and emotional wellbeing and build their capacity to learn.
- Ensure childcare and early education services are run by well-trained qualified staff, including graduate staff and qualified teachers. Services should be based on an ethos of openness and inclusion. They should promote the development of positive, interactive relationships between staff and children, whereby individual staff get to know, and develop an understanding of, a particular child's needs
- Ensure staff in childcare and early education services focus on social and emotional, as well as educational development. They should provide a structured daily schedule offering a range of opportunities for independent group and adult-led learning.
- Ensure parents and other family members are fully involved in early education and childcare services. For example, parents should be encouraged to get involved in making decisions aboutservices....
- Ensure the environment is spacious, well maintained and pleasant, offering appropriate facilities for educational and other activities.

Recommendation 5: Managing services

Who should take action?

- Maternity services.
- Health visiting.
- The Healthy Child Programme.
- Early years services, including children's centres, nurseries and primary schools (maintained, private, independent and voluntary).
- General practice.
- Paediatrics.
- Child protection services.
- Child and adolescent mental health services.
- Training organisations involved with professionals who work with young children.

What action should they take?

- Managers of early years services should ensure local systems are in place to secure the social and emotional wellbeing of vulnerable children aged under 5.

This involves developing and agreeing pathways and referral routes that define how professionals will work together to:

- identify children at risk of developing (or already showing signs of) social and emotional difficulties and behavioural problems as early as possible
- involve parents in determining the additional help and support they need to promote a child's social and emotional wellbeing
- provide an integrated set of universal and targeted services and programmes.
- Managers of early years services (including children's centres) should ensure improving the social and emotional wellbeing of vulnerable children is an explicit aim stated in the operational policy and plans. Relevant outcome measure should be in place to manage, monitor and evaluate performance.
- Managers of early years services should ensure processes are in place to systematically involve parents and families in the planning and development of services. As part of this process, vulnerable parents and families should be asked about their needs and concerns – and their experiences of the services on offer.
- Managers and trainers should ensure early years professionals are trained to deliver evidence-based programmes and services to support and develop the social and emotional wellbeing of vulnerable children aged under 5.

Recommendation 6: Delivering services

Who should take action?

- Maternity services.
- Health visiting.
- The Healthy Child Programme.
- Early years services, including children's centres, nurseries and primary schools (maintained, private, independent and voluntary).
- General practice.
- Paediatrics.
- Child protection services.
- Child and adolescent mental health services.
- Training organisations involved with professionals who work with young children.

What action should they take?

- Health and early years organisations should have integrated administrative systems and datasets to support the planning, management, review and evaluation of both universal and targeted services to support vulnerable children's social and emotional wellbeing.
- Health and early years professionals should be clear about their roles and responsibilities for improving the social and emotional wellbeing of vulnerable children and their families in any particular locality.
- Health and early years professionals should be systematic and persistent in their efforts to encourage hard-to-reach vulnerable parents to use early years services. (This includes parents who do not use universal services, such as primary care.) Activities should include:
 - targeted publicity campaigns
 - using key workers and referral partners to make contact
 - sending out repeat invitations
 - knocking on doors
 - using local community venues, such as places of worship and play centres to encourage them to participate and to address any concerns about discrimination and stigma
 - using home visits by family support workers.
- Health and early years professionals should use outreach methods to maintain or improve the participation of vulnerable parents and children in programmes and activities. Parents who may lack confidence or are isolated will require particular encouragement. (This includes those with drug or alcohol problems and families experiencing domestic violence.)

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