

Final version

NICE

Fieldwork report on draft guidance:
the social and emotional wellbeing
of vulnerable children (early years).
Views of parents and carers.

June 2012

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1 Executive summary

1.1 Objectives of the research

This report presents the findings of fieldwork with parents and carers to test draft NICE (National Institute for Health and Clinical Excellence) recommendations on social and emotional wellbeing for vulnerable children under 5 years. It forms part of a wider consultation on the draft recommendations which included consultation with early years' professionals across 8 Local Authority areas. This research was also conducted by Cordis Bright on behalf of NICE. A separate report presenting the results of this consultation can be read in conjunction with this report.

More information about the aims and objectives of the research is presented in Section 2. More about the methodology is presented in Section 3.

Based on the consultation with parents and carers, NICE should consider the following issues when considering improving the draft recommendations.

1.2 Participants views of NICE definitions

- Definitions used in the NICE recommendations should make reference to age appropriate behaviour and attitudes in relation to social and emotional wellbeing. For example, some participants were concerned that reference to disruptive behaviour in the definition of social wellbeing does not reflect the fact that young children being disruptive does not necessarily mean a child has poor social and emotional wellbeing.
- Parents and carers were concerned about the groups currently referenced in the definition/description of vulnerable children. They felt that some risk factors were missing, for example, postnatal depression. There were also concerns that the present definition stigmatises some groups of parents and carer who may not necessarily have vulnerable children. They felt the definition should reflect the fact that although you may fit into one of the groups in the definition this does not mean your children will be vulnerable.

1.3 Recommendation 2: Identifying vulnerable children and assessing their needs

- Parents and carers identified a number of characteristics which professionals should display in order to encourage supportive and trusting relationships with vulnerable children and their families. These characteristics included that professionals should be:
 - Approachable, honest, non-judgemental
 - Empathetic
 - Persistent and tenacious
 - Patient

Parents and carers would also like professionals to have proven experience of working with children.

- The majority of participants agreed that “vulnerability” should be identified on an individual needs basis, not in standard indicators or a profile of vulnerability. Linked to this, participants were concerned about issues in relation to identification of vulnerable children and families by professionals. These concerns particularly related to risks of stereo-typing, stigmatisation and labelling.
- Participants felt that, in line with NICE recommendations, there is a need for more effective information sharing processes.
- Participants felt that consistency in service provision is critical to ensure effective identification of vulnerable families and is a necessity for developing trusting relationships. Related to this participants would like to see the same professional consistently when receiving services.
- Participants felt that referrals and signposting needs to improve and therefore generally welcomed the NICE recommendations.
- Participants also would like services that are tailored to meet their needs after issues have been identified. These services should be well sequenced with a balance to be struck between too much and too little support from services.

1.4 Recommendation 3: Pre- and postnatal home visits

- Participants agreed with the NICE recommendation that health visitors and midwives should offer a home visiting service for vulnerable children and families. Participants felt that this support should be available before the birth of the child.
- Parents and carers felt that midwives should do a joint home visit with health visitors when they hand over support to health visitors.
- Participants would like to see the same midwives and health visitors to ensure they develop a good relationship. Participants do not like seeing different health visitors and midwives, they would like to see the same person consistently.
- Participants welcomed the focus on information provision. They suggested that information should be provided very early on after their child is born, when they are feeling positive and excited. Participants strongly agreed that NICE recommendations should take into account cultural differences when considering information provision.
- The majority of participants were very uncomfortable with the idea of interactive video guidance. Some felt it would be intrusive and that they would be criticised about a succession of things they have done wrong with their child. Some participants suggested that this approach could be improved if

they were able to do the filming themselves and if professionals conducting the approach were supportive and also demonstrated that there were other families experiencing similar issues. Some participants suggested NICE could include methods other than interactive video guidance such as parenting programmes and parent and carer support networks in this recommendation.

1.5 Recommendation 4: Early education and childcare

- Parents and carers welcomed the recommendations on high quality childcare. Participants suggested the following improvements which would further improve their experiences of childcare: (a) extended opening times, (b) ensuring services are accessible and local to where parents and carers live, (c) ensuring childcare is affordable, and (d) that childcare and early education staff form trusting relationships with vulnerable children and parents and carers.
- The majority of participants welcomed the NICE recommendation concerning children having the opportunity to attend high quality pre-school education (from the age of 2 years). Participants felt that more information should be made available about the 2 year old offer for free early education as very few of them were aware of it before the consultation.

1.6 Recommendation 5: Managing services

- Participants agreed with the NICE recommendations in relation to consulting with vulnerable families about what they want from services to assist in service planning. However, some participants felt that there should be clarity about what impact involving parents and carers would have on improving outcomes for their children and for services. There were also concerns that parent and carer involvement in planning should: (a) not become a substitute for professional management and support, (b) not be too onerous, or an additional responsibility and (c) involvement should be tailored to meet parents and carers' understanding of service provision.
- Participants felt that NICE were right to be recommending that vulnerable families from groups commonly referred to as "hard-to-reach" should be encouraged to access services and be involved in service planning. To help attract parents and carers to services participants suggested having more user friendly and accessible names for services, meetings and groups and also building peer support networks.

1.7 Recommendation 6: Delivering services

- Parents and carers felt that it was essential that services are not delivered in a way that stigmatises, stereo-types or labels vulnerable children and families. This would help ensure that more vulnerable children and families access services that are targeted at them.

- Participants felt that Family Support Workers (FSWs) were a good example of professionals that were able to encourage families and children to access services.
- The majority of parents and carers felt that it was very important to make a special effort with vulnerable children and their families to ensure that they use early years' services. A range of suggestions to help vulnerable children and families in terms of service delivery were discussed including: (a) using a "buddy-system" of peer support to ensure vulnerable parents and carers were comfortable in services, and (b) a supportive professional should be at groups to help introduce new parents and carers to services.
- Participants suggested that a one-stop-shop, similar to children's centres, would be helpful in improving access to services for vulnerable families.

2 Introduction

2.1 Overview

The Centre for Public Health Excellence (CPHE) at the National Institute of Health and Clinical Excellence (NICE) was asked by the Department of Health to develop guidance aimed at promoting the social and emotional wellbeing of vulnerable children (early years) in the home, and in early education and childcare settings in order to support the Government's commitment to early years development.

The guidance aims to define how the social and emotional wellbeing of vulnerable children aged under 5 years can be effectively supported through home visiting, childcare and early education. The six recommendations relate to:

- **Recommendation 1:** Strategy, commissioning and review.
- **Recommendation 2:** Identifying vulnerable children and assessing their needs.
- **Recommendation 3:** Pre- and postnatal home visiting for vulnerable children and their families.
- **Recommendation 4:** Early education and childcare.
- **Recommendation 5:** Managing services.
- **Recommendation 6:** Delivering services.

The recommendations were developed by the Public Health Interventions Advisory Committee (PHIAC) and are based on the best available evidence. For more information on how this NICE guidance has been developed please see here: <http://www.nice.org.uk/guidance/index.jsp?action=folder&o=58878>

The draft guidance is aimed at a number of audiences including those planning and commissioning children's services in local authorities (including education), the NHS, and the community, voluntary and private sectors. The audience also includes: midwives, health visitors, GPs, paediatricians, practitioners working in child and adolescent mental health services, social workers, teachers, staff in children's centres, nursery nurses and childminders. The guidance and recommendations may also be of interest to parents and carers, other family members and the general public

2.2 Objectives of the consultation with parents and carers

This report presents the findings of fieldwork with parents and carers to test draft NICE public health guidance recommendations on social and emotional wellbeing for vulnerable children under 5 years. It forms part of a wider consultation on the draft recommendations which included consultation with professionals. The

consultation with professionals was also conducted by Cordis Bright. A separate report presenting the results of the consultation with professionals can be read in conjunction with this report¹.

This report presents findings of the fieldwork with parents and carers of vulnerable children which aimed to test how the NICE recommendations may impact on service delivery.

2.3 Draft guidance

A copy of the full draft guidance on supporting the social and emotional wellbeing of vulnerable children under 5 years can be found on the NICE website and accessed here:

<http://www.nice.org.uk/guidance/index.jsp?action=folder&o=58878>.

2.4 Report structure

The report is structured as follows:

- **Section 3 - Methodology:** outlines the methodology for the fieldwork.
- **Section 4 - Definitions:** presents the parents and carers views of definitions in the draft NICE guidance and recommendations.
- **Section 5 - Recommendation 2:** presents parents and carers views of the recommendation on identifying vulnerable children and assessing their needs².
- **Section 6 - Recommendation 3:** outlines parents and carers views of the recommendation on pre- and postnatal home visits.
- **Section 7 - Recommendation 4:** presents parents and carers views of the recommendation on early education and childcare.
- **Section 8 - Recommendation 5:** outlines parents and carers views of the recommendation on managing services.
- **Section 9 - Recommendation 6:** presents parents and carers views of the recommendation on delivering services.

¹ *Fieldwork report on draft guidance: the social and emotional wellbeing of vulnerable children (early years). Views of professionals.* (June 2012 – draft)

² Please note, in agreement with NICE it was decided that the fieldwork with parents and carers would not focus on recommendation 1. More about this is outlined in the methodology section.

3 Methodology

3.1 Overview

Figure 1 presents a summary of our approach to delivering the NICE fieldwork on testing the recommendations in relation to the social and emotional wellbeing of vulnerable children (early years). This fieldwork followed the NICE guidance on undertaking fieldwork as outlined in *Methods for the development of NICE public health guidance (second edition), April 2009*³.

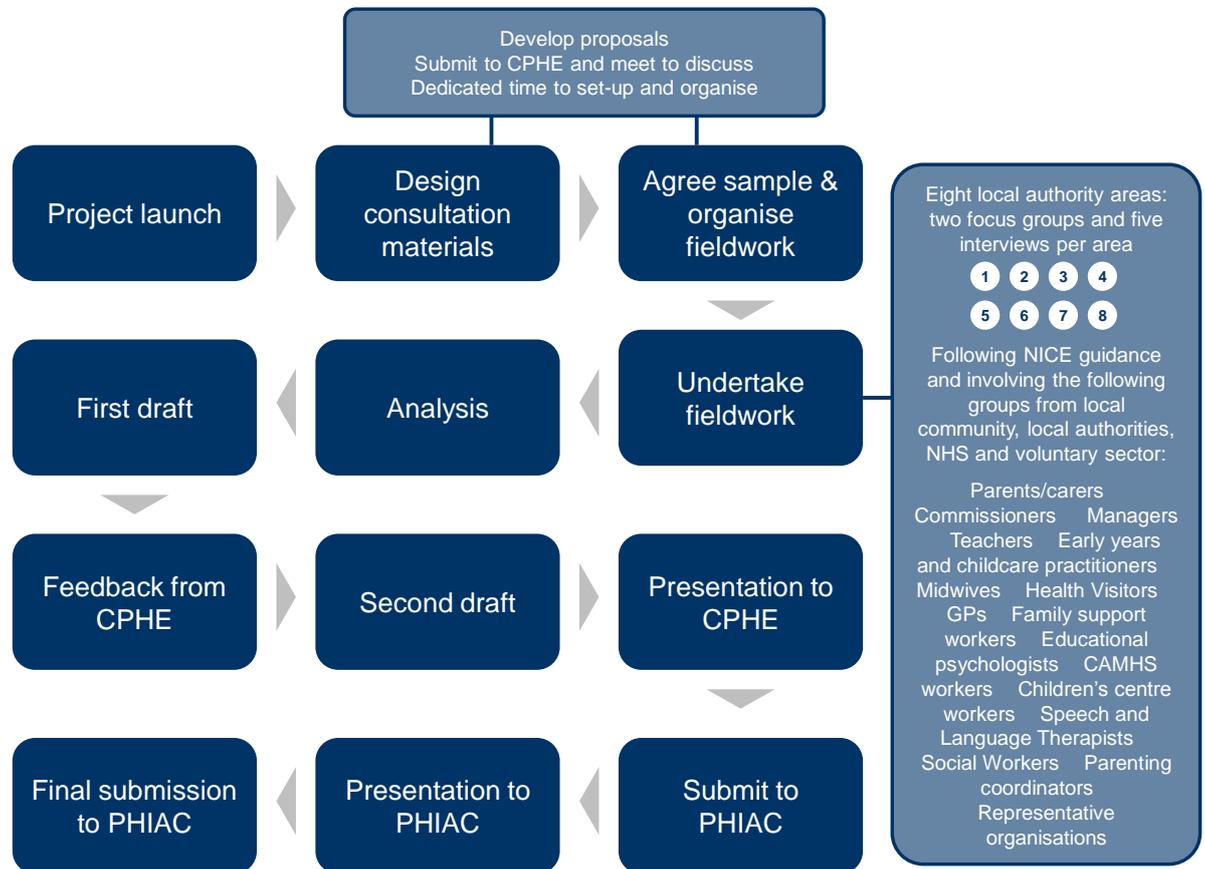
Two group discussion events with professionals were undertaken in each of eight local authority areas identified for the research (more about how these were chosen is outlined below). These events were facilitated by two experienced Cordis Bright researchers and senior consultants and involved a broad spectrum of professionals involved in working with vulnerable children under 5, and their families.

Cordis Bright was asked to consult with parents and carers of vulnerable children aged under 5 years in each local authority area where a consultation with professionals about the NICE recommendations was also taking place.

This report presents the findings of fieldwork with parents and carers.

³ See: <http://www.nice.org.uk/media/2FB/53/PHMethodsManual110509.pdf>

Figure 1 Summary of fieldwork approach



3.2 Design of consultation materials

In collaboration with NICE, Cordis Bright designed a plain English and shortened version of the NICE recommendations which were incorporated into the research template to be used with parents and carers. This template focused on recommendations which NICE and Cordis Bright felt would be most relevant to parents and carers and vulnerable children in terms of having a direct impact on the services they receive.

Therefore, for example, NICE and Cordis Bright decided not to test recommendation one on strategy, commissioning and review with parents and carers as it was felt that this recommendation although being highly important may not be that directly relevant to parents and carers, i.e. they may not be in the best position to comment on them. It was also important to design a template which could be used in a consultation time period of no more than one hour.

Shortened descriptions of the recommendations agreed with NICE for use with parents and carers are presented in the overview section in the recommendations section of this report.

In collaboration with NICE, the template was designed to test the following recommendations:

- Recommendation 2: Identifying vulnerable children and assessing their needs
- Recommendation 3: Pre- and postnatal home visiting
- Recommendation 4: Early education and childcare
- Recommendation 5: Managing services
- Recommendation 6 :Delivering services

The fieldwork focussed on addressing the following questions, which were agreed with NICE, with parents and carers:

- What are your thoughts about these recommendations? Do they make sense to you?
- Do you think that services you interact with already work in this way?
- How might these recommendations improve the way that services work?
- If you were a family with a vulnerable child do you think the recommendations would be helpful? How?

3.3 Local Authority areas in the sample

A sampling framework was developed in order to give a robust picture of how diverse professionals, working in different settings and parents and carers of vulnerable children from different areas and backgrounds responded to the draft guidance and recommendations developed by NICE. The framework was developed to include Local Authority areas that reflected:

- A geographical spread across the country
- Different sizes and types of areas (e.g. City, metropolitan borough, county etc)
- Good balance between urban and rural areas
- A range of disadvantage (using the Index of Multiple Deprivation (IMD), 2010 as a measure of disadvantage)
- A range of involvement in vulnerable families' initiatives (e.g. Family Nurse Partnerships, Community Budgets etc.)

Some of the Local Authority areas identified in the original sampling framework were unfortunately not willing or able to support the fieldwork. Reasons for not taking part mainly related to capacity issues. For instance, one Local Authority colleague stated: *“Like many LAs, we have huge capacity issues with so many quality staff having left to make budget savings which unfortunately stops us getting involved on occasions with valuable projects such as these”*.

Figure 2 below shows the eight Local Authority areas where the fieldwork with parents and carers took place.

Figure 2: Achieved Sample of 8 Local Authorities

LA name (type of LA)	Region	Type of LA	IMD 2010 quartile (1=most deprived)	Community budget area	Family Nurse Partnership site	Urban/rural
Birmingham city council	West Midlands	Metropolitan borough	1	✓	X	Urban
Tower Hamlets	London	London Borough	1	X	✓	Urban
Barking & Dagenham	London	London Borough	1	X	X	Urban
Sheffield	Yorkshire & the Humber	Metropolitan Borough	2	X	X	Urban
Luton	East of England	Unitary Authority	2	X	X	Urban
Reading	South East	Unitary	3	X	X	Urban
Northamptonshire	East Midlands	County	3	X	✓	Rural
Cambridgeshire	East of England	County	4	X	X	Rural

3.4 Recruiting parents and carers

Cordis Bright conducted interviews and discussion groups with 41 parents and carers, with vulnerable children under 5 years, in all 8 Local Authority areas. Identifying and recruiting parents and carers of vulnerable children to take part in research like this presents a number of challenges in relation to:

- Identifying parents and carers of vulnerable children, i.e. it is not clear what “vulnerability” the research is targeting.
- Recruiting parents and carers to take part in the research in a challenging time period.
- Attracting parents and carers to take part in the research.

- Ensuring an ethical approach is taken where informed consent is achieved.

In agreement with NICE, Cordis Bright took the following steps to achieve the fieldwork in the challenging time period specified:

- Cordis Bright discussed the fieldwork with parents and carers with key professionals in each Local Authority area who took part in the consultation with professionals on the NICE recommendations. Cordis Bright explained the research requirement to consult with parents and carers of vulnerable children under 5 and asked for professionals help to identify and to organise and recruit appropriate parents and carers to the research. This often meant that the consultation with parents and carers of vulnerable children “piggy backed” onto groups where parents and carers of vulnerable children were already meeting. Cordis Bright were reliant on the goodwill and support of professionals in the 8 Local Authority areas to help make this research happen.
- The consultation with parents and carers took place in children’s centres and nurseries at convenient times for parents and carers, who were often attending to use other services.
- In order to help professionals recruit parents and carers of vulnerable children, Cordis Bright fully briefed professionals as well as provided written information as appropriate. The parents and carers were also offered a £10 high street voucher as a reward for giving their time and taking part in the research (this was agreed with Local Authority professionals before proceeding).
- In line with the Cordis Bright research governance framework and NICE guidelines on conducting fieldwork, the purpose of the research was made clear to parents and carers who participated in the research. It was also made clear that participation was voluntary and that parents and carers could leave the discussion group or interview whenever they liked. Informed consent was achieved throughout the research.

As the research was reliant on the goodwill of professionals in local areas to help identify and recruit parents and carers of vulnerable children the sample of parents and carers in this research can be termed a convenience sample. This should be considered when interpreting the findings. It is also true that the parents and carers of vulnerable children who participated in the research were already known to services, i.e. it was not possible to recruit parents and carers of vulnerable children not known to services in the specified timeframe and with the resources provided. This should also be considered in interpreting the findings.

3.5 Profile of participants

Figure 3 shows a breakdown of the number and the gender of parents and carers who participated in the fieldwork in the 8 Local Authority areas. A total of 41 parents and carers (which included 3 fathers) participated in the consultation.

It is difficult in research such as this to present a specific profile of research participants. In line with the sensitive and ethical approach with which we undertook the research with, we are unable to provide more specific profile information about the research participants. For example:

- We did not ask parents and carers whether they were biological parents of the vulnerable child they cared for. Similarly we did not ask if they were foster carers or adoptive parents. For this reason, we refer to parents and carers in this report.
- We did not ask parents and carers to report on what ethnicity they were in the discussion groups or interviews, as in our experience of conducting similar research this can negatively impact on the research dynamic, i.e. some parents and carers are sensitive about these issues. Similarly, we did not make our own categorisations as these could have been inaccurate. However, parents and carers from a range of backgrounds participated in the consultation, including from a range of ethnic and cultural backgrounds.

We are highly confident that the parents and carers who participated in this research are parents and carers of vulnerable children. For instance:

- Parents and carers often referred to themselves or their children as “vulnerable”.
- Parents and carers were identified by local professionals who identified them as parents and carers of vulnerable children.
- Over 10% of parents and carers that participated in the consultations did not have English as their first language.
- The majority of parents and carers attended consultations at children’s centres (or discussed their use of children’s centres). Equally parents and carers all had experience of using health services such as GPs, health visitors and midwives.

Figure 3: Profile of participants at consultations by area

Name of local authority area	Number of participants	Gender breakdown
Barking and Dagenham	3	3 Females
Birmingham	4	4 Females
Cambridgeshire	4	2 Female, 2 Male
Luton	5	5 females
Northamptonshire	5	5 Females
Reading	7	7 Females
Sheffield	5	5 Females
Tower Hamlets	8	7 Females, 1 Male
Total	41	38 Female, 3 Male

4 Participants views of NICE definitions

4.1 Overview

This section presents findings concerning how parents and carers:

- Understand the concepts of social and emotional wellbeing.
- Viewed the NICE definitions of social and emotional wellbeing.
- Viewed the NICE definition/description of vulnerable children

4.2 Understanding of social and emotional wellbeing

Parents and carers were asked about their own understanding of social and emotional wellbeing. This was to help parents and carers think about the focus of the recommendations and put them into context. Discussions focused on the following:

- **Social wellbeing:** Parents and carers described children's social wellbeing in terms of confidence, pleasure in socialising with others, and developing healthy relationships. Some specifically stated: *"social well-being is having confidence"*, *"being happy around people, not nervous"* and *"being socialised with different groups of people and different cultures"*.

They also identified social wellbeing with feeling safe in their own environment as well as in their wider relationships. Parents and carers related social wellbeing to their own situations concerning their children. For example, one stated that they tried to ensure their child's social wellbeing by: *"avoiding situations that are bad for them, like going to my husbands' parents, when my children come back they can be crying and tormented"*.

Some parents and carers also described social wellbeing in terms of having very basic amenities, i.e. having food on the table and somewhere to live.

- **Emotional wellbeing:** Children's emotional wellbeing was described by parents and carers with terms such as feeling happy and confident to express their feelings, for example, parents and carers referred to children: *"having a good emotional range and dealing with these emotions appropriately"* and *"having their emotional needs met"*.

Some parents and carers defined children's emotional wellbeing in relation to the need for parents and carers themselves to manage their own emotions and ensure that their emotions do not impact on their children.

Participants felt emotional wellbeing required healthy family relationships, which was also highlighted by comments such as: *"spending time with mum and dad, family interaction, family-time"*.

Allowing children to partake in a range of 'normal' activities was seen as important in establishing emotional wellbeing, comments included: "*just doing normal things, like going to the corner shop to get sweets*", "*having a laugh*" and "*going out at the weekend on day-trips*".

4.3 Parent and carer views of NICE definitions of social and emotional wellbeing

Social and emotional wellbeing

Figure 4 below shows the NICE definition of social and emotional wellbeing that was discussed with parents and carers.

Figure 4: NICE definition of social and emotional wellbeing

Emotional wellbeing - this includes being happy and confident and not being anxious or depressed.

Psychological wellbeing – this includes the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive.

Social wellbeing – has good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully.

Most parents and carers felt comfortable with the terminology and definitions of social and emotional wellbeing used by NICE in the draft recommendations and felt they were appropriate. However, they felt NICE could strengthen the definitions to meet the needs of very young children. Some parents and carers suggested that very young children may not be able to achieve social and emotional wellbeing as described by the NICE definitions. In particular, they highlighted the following issues:

- **Experiencing empathy:** Some parents and carers felt that this is a challenge for very young children as they only begin to feel this as they get older.
- **Bullying and violence:** Some parents and carers suggested that although very young children may experience or witness this, they may not fully understand what is happening.
- **Disruptive behaviour:** Parents and carers were concerned that this may be overly ambitious and hard to achieve for very young children. This is because they felt very young children were in the process of learning what disruptive behaviour is and were in the process of working out what the rules are. They felt that this was a learning curve about what was acceptable.

Parents and carers explained that a child with emotional and social wellbeing issues is not necessarily one that has behavioural issues, or is naughty. Parents and carers with children with ADHD acknowledged that it was difficult

for them to manage their children's behaviour. However, they felt that there are different reasons for bad behaviour, not necessarily neglect or bullying, but that their children might be disruptive because, for example, they are frustrated. One participant explained that their son had been disruptive because he was having communication problems which have now improved since seeing a speech and language therapist. They felt that one label for every child is not helpful as sometimes issues are the result of parenting, whereas sometimes they are about the individual child.

As a result of this parents and carers suggested that some of the aims in the definitions of achieving social and emotional wellbeing included in the NICE recommendations were more applicable for older children than very young children. However, parents and carers did not make suggestions of how NICE could improve the definitions to take more account of very young children's requirements. Some parents and carers felt that references to empathy and disruptive behaviour could be taken out of the definitions.

Vulnerable children

Figure 5 below presents the NICE definition of vulnerable children that was discussed with parents and carers.

Figure 5: NICE definition of vulnerable children

NICE defines vulnerable children as children who are at risk of, or who are already experienced, social and emotional problems. Vulnerability may be linked to disadvantage and poverty.

Vulnerable children include those who are exposed to:

- parental drug and alcohol problems
- parental mental health problems
- family relationship problems, including domestic violence
- criminality

Vulnerable children may also include those who are in a single parent family or who were born to mothers:

- aged under 18
- with a low educational attainment
- who are (or were as children) looked after (that is, they have been in the care system)

Parents and carers had mixed views about the NICE definition of vulnerable children. Some felt that it was an appropriate definition, while others were concerned that it was a way of labelling certain groups as vulnerable when in fact they may not be.

Some parents and carers had very strong views that the definition was inappropriate. For example, one participant stated: *“the only thing I agree with is drugs and alcohol”*. They were concerned that these descriptions were generalised and that there needed to be awareness that each case was different and also that people could turn their lives around despite possibly being in one of the groups in the definition. For instance, one participant explained: *“If you are a single parent or under 18 you can still make a very good parent. It should not be about danger, but it’s about the support needed”*.

Parents and carers discussed other concerns:

- **Discomfort with the term “vulnerable”:** Some parents and carers were very uncomfortable with the term vulnerable. For example, one participant stated: *“My child is being described as vulnerable at the moment - this is a horrible way of describing someone”*. Some participants were also concerned that using labels such as vulnerable can sometimes lead to people not wanting to engage with services for the fear of being stigmatised.
- **Parents and carers felt the definition could be strengthened by making reference to postnatal depression:** Many parents and carers drew on their own experiences of having postnatal depression, their own vulnerability during that time, and the way this affected their relationship with their child. For example, one participant explained that: *“I couldn’t look after my child, I didn’t want to”*. Some parents and carers also discussed that they thought there should be more information available about postnatal depression, as they felt professionals did not warn them about it and its implications sufficiently.

4.4 Summary

Based on the consultation with parents and carers, NICE may consider the following issues when considering improving the draft recommendations:

- Definitions used in the NICE recommendations should make reference to age appropriate behaviour and attitudes in relation to social and emotional wellbeing. For example, some participants were concerned that reference to disruptive behaviour in the definition of social wellbeing does not reflect the fact that young children being disruptive does not necessarily mean a child has poor social and emotional wellbeing.
- Parents and carers were concerned about the groups currently referenced in the definition/description of vulnerable children. They felt that some risk factors were missing, for example, postnatal depression. They were also concerned that the present definition stigmatises some groups who may not necessarily have vulnerable children. They felt the definition should reflect the fact that although you may fit into one of the groups this does not mean your children will be vulnerable.

5 Recommendation 2: Identifying vulnerable children and assessing their needs

5.1 Overview

This section presents findings from the consultation with parents and carers in relation to action points outlined in draft NICE recommendation 2: identifying vulnerable children and assessing their needs. In particular, this section presents findings in relation to NICE recommendations which outline that:

- Health and early years' professionals (such as health visitors, GPs, midwives, children's centres workers, primary schools and social services) *should develop trusting relationships with vulnerable families and not judge families.*
- All health and early years' professionals should identify anything that might make it more likely for a child to have social and emotional difficulties. For example, a child that is unresponsive, or has behavioural problems.
- Ideally this identification should be done by midwives and health visitors both before and soon after they are born. For example, they should pick up on the mother's poor mental health, any problems with alcohol or drugs, or any problems with family relationships.

5.2 Developing trusting and non-judgemental relationships

Parents and carers were very receptive to the recommendation that health and early years' professionals should develop trusting and non-judgemental relationships with vulnerable families. They drew on their own experiences, highlighting that professionals often did not seem to have sufficient time to discuss their concerns (notably GPs), or that their home-visits were infrequent (notably health visitors), which made some participants feel isolated.

Some participants, who identified themselves and their children as vulnerable, discussed their experiences of feeling over scrutinised, not listened to and judged too quickly by some professionals. However, some participants contrasted this feeling with experiences with professionals that they did trust, with whom they felt safe and secure to disclose any concerns about their children.

Parents and carers drew on their own experiences of services to express clear views on the attributes of professionals that would allow for a trusting and supportive relationship to develop. Across the consultation, the following themes emerged:

- **Approachable, honest and non-judgemental:** Parents and carers stated that they felt that if professionals were honest, approachable and non-judgemental they could open up to them more easily. Many felt these were the most important characteristics of professionals in developing and sustaining relationships with vulnerable families and their children.

- **Empathetic:** Parents and carers also felt professionals should be empathetic and *“on the same wavelength”*. Participants often described good relationships they had developed with key workers in the children’s centre or with midwives. For example, one key worker was described as *“doing more than ticking the boxes. You genuinely feel that she cares and wants to help you”* and *“you need to know they’re not just poking their nose in and that they genuinely care”*.
- **Experience of working with children:** Some participants also felt it was essential for professionals to have good experience with young children. For instance, if professionals did not have children of their own, they should have good experience with children in their training. One participant stated: *“I had a health visitor who didn’t have children and they didn’t know what they were talking about”*.
- **Persistent and tenacious:** The majority of parents and carers also felt that professionals needed to be persistent and tenacious in their approach to supporting vulnerable parents and carers and their children. One participant stated: *“you can’t just do the obligatory two visits and then expect parents and carers to respond. [Professionals] should not give up”*.
- **Patient:** Parents and carers identified that trusting relationships took time to develop and were concerned that some professionals did not have time available for the mother or were unable to come to the house very often (for example, health visitors). Most parents and carers, based on experiences with their GPs, felt GPs had very limited time available for them.

However, some parents and carers felt that professionals should be building relationships with all families, and there was no requirement for the preferential treatment of vulnerable families. One participant stated: *“singling out vulnerable families makes them more vulnerable.”*

Parents and carers generally agreed with the recommendation that professionals should not be judgemental and should try to understand them and really listen. One participant commented: *“All parents and carers can have good days and bad days and you have to spend time with parents and carers and children to really get to know them”*.

5.3 Identification of factors that may increase chances of a vulnerable child having social and emotional wellbeing issues

Risk factors in relation to vulnerability

Parents and carers shared some concerns in relation to identification of factors that may increase the chances of a vulnerable child having social and emotional wellbeing issues. For example, participants discussed the following concerns:

- **Stereo-typing and stigmatisation of families:** Some participants were concerned that identification should not stereo-type families based on socio-economic or demographic characteristics. For example, one participant was concerned about stereo-typing of young mothers stating: *“I feel its belittling to say that because a mum is young she is more likely to be vulnerable. It seems ‘age-ist’ to tick a box as vulnerable just because you are young. Identification should be on needs not age. I know many older mums who struggled more than the mums in my young mum’s group”*.
- **Stereo-typing and stigmatisation of children:** Parents and carers expressed similar concerns for their children as they felt it is very hard in early years to work out if a child is not communicating properly as their children only respond to certain people. They were concerned that professionals would jump to conclusions, and felt children should be properly assessed before giving someone a label.

Overall, the majority of parents and carers agreed that ‘vulnerability’ should be identified on an individual needs basis, not on standard indicators or a profile of vulnerability. Parents and carers expressed frustration that their (or their partners) identification in a risk category (for example, mothers aged under 18) meant they were labelled and faced considerable scrutiny by professionals.

Processes of identification

Parents and carers were generally receptive to the idea of effective processes to identify vulnerable children and that this would help vulnerable children. Some participants felt this was the most important stage in supporting vulnerable children and families. Participants felt that the NICE recommendations in relation to identification of vulnerable children should assist professionals make more informed judgements about children and their families, which should help in assessments.

Parents and carers also discussed the following issues which may assist improved identification of vulnerable children and therefore improve impact of the services that they receive:

- **There is a need for more effective information sharing processes:** Parents and carers felt strongly that for effective assessment of needs there has to be an effective information sharing process in place. This was highlighted by participants who commented: *“they would need to ensure that workers shared information”* and *“social services and health visitors worked with my family and they didn’t share any information. I just had to repeat*

myself to everyone". One participant stated: "I was attacked by my husband and filed a complaint with the police, ..., but this information wasn't shared between any professionals and I think it would have really helped if it had been passed on to social services and action had been taken so I felt support was out there."

- **The role of early years' professionals:** Participants identified the importance of early years' professionals in the identification process as they may see children regularly, know them well and are able to see the way that their children behave. Parents and carers identified that children may be disruptive because of speech and language issues, which teachers and speech and language therapists, for example, were able to identify and signpost to other services.
- **There is a need for consistency in service provision:** Consistency of service provision was also identified by some participants as critical to effective identification of vulnerable families, and a necessity for developing trusting relationships. These opinions were demonstrated through comments such as: *"don't change health visitors all the time, keep one constant person who knows what's going on, don't chop and change"*.

Referrals and signposting

Parents and carers identified very mixed experiences, particularly with health visitors and midwives in relation to referral and signposting after issues had been identified. Some participants recognised that professionals had successfully identified concerns and signposted them to other professionals, for example, putting them in touch with mental health workers. However, others felt that they had been very much left on their own. In this respect, parents and carers identified the value of having a number of services under one roof, like in a children's centre. Those that attended children's centres were positive about this support and recognised that they were good at referring and signposting to other services.

Tailoring and delivering well sequenced services after identification

Participants also made reference to what happens after a family has been identified as vulnerable, including:

- **Services should be tailored:** Participants suggested that it was important that after issues had been identified services should be tailored to meet individual needs. Participants suggested that tailoring of services in this manner was currently variable. They discussed services ranging from those that were effectively targeted at parents and carers' needs, those services that signposted and referred them to relevant professionals as discussed above, to either too much or too little service provision.
- **The importance of striking a balance between too much and too little support.** Some parents and carers also discussed the feeling of being overwhelmed by too many professionals being involved at once. One participant, whose wife had died, commented that: *"the professionals are*

constantly on you to check you are ok... I felt I couldn't get on and be a dad on my own, there was too much direction – telling you to follow one path or another". In contrast, another participant felt that: "all the services just fell away after I'd had my child. I felt there was no support".

5.4 Summary

Based on the consultation with parents and carers, NICE should consider the following issues when considering improving the draft recommendations:

- Parents and carers identified a number of characteristics which professionals should display in order to encourage supportive and trusting relationships with vulnerable children and their families. These characteristics included that professionals should be:
 - Approachable, honest, non-judgemental
 - Empathetic
 - Persistent and tenacious
 - Patient

Parents and carers would also like professionals to have proven experience of working with children.

- The majority of participants agreed that “vulnerability” should be identified on an individual needs basis, not in standard indicators or a profile of vulnerability. Linked to this, participants were concerned about issues in relation to identification of vulnerable children and families by professionals. These concerns particularly related to risks of stereo-typing, stigmatisation and labelling.
- Participants felt that, in line with NICE recommendations, there is need for more effective information sharing processes.
- Participants felt that consistency in service provision is critical to ensure effective identification of vulnerable families and a necessity for developing trusting relationships.
- Participants felt that referrals and signposting needs to improve and therefore generally welcomed the NICE recommendations.
- Participants also would like services that are tailored to meet their needs after issues have been identified. These services should be well sequenced with a balance to be struck between too much and too little support from services.

6 Recommendation 3: Pre- and postnatal home visits

6.1 Overview

Parents and carers discussed the following NICE recommendations:

- Health visitors and midwives should offer home visits to mothers who need additional support so that they can develop a caring and loving relationship with their child and be able to respond to their needs.
- Mothers should be given information about these visits including the way health visitors and midwives would help her and her child. This should take into account her first language and any different cultural attitudes to parenting.
- One of the methods that NICE suggests midwives and health visitors could use with mothers in these home visits is interactive video guidance, where, for example, a mother is filmed with her child and then the midwife or health visitor talk them through the video. This could be to help them form a close mother-child bond and to help them manage any behavioural issues their child has.

6.2 Home visits

Participants varied experience of home visits, midwives and health visitors

Participants' experience of health visitors varied considerably. Some participants acknowledged that health visitors had limited time to spend on appointments, but were concerned that visits had become a checklist, with the focus of the visit on the child not on the parent. One participant commented: *"Right at the beginning they assess your home and if they decide you're not vulnerable, they don't come back..., but I wish they had"*. Parents and carers discussed how the number of home visits from midwives and health visitors had declined over time. They stated they knew this based on discussions with their own mothers, or experience of having children in the past. They felt the NICE recommendation may address this trend in the reduction of home visiting and therefore welcomed this.

Participants agreed with the NICE recommendation on Home Visits

Parents and carers agreed with the NICE recommendation that health visitors and midwives should offer a home visiting service. Some participants talked enthusiastically about the support that they had received from midwives and health visitors on breastfeeding and advice about bathing their child. One participant felt that: *"there should be a visit once a week for at least 6 weeks after the birth of a child. I had postnatal depression after the birth of my daughter and it wasn't identified until she was 6 months old...I was identified with PND by my GP"*

who referred me to CAMHS, but when I phoned to ask for help they said that I wasn't ill enough".

Home visiting support should be available before the birth of the child

Parents and carers felt that this support should be available before the birth of the child and should provide greater support soon after the baby was born, as this is an important time, for example, to pick up on postnatal depression.

How implementation of home visits could be improved

Parents and carers identified issues that they felt would improve the implementation of the home visiting support:

- **Midwives should do a joint home visit with health visitors when they hand over support to health visitors.** Some participants suggested that midwives should stay on for a month extra. One participant explained that after a month on your own the excitement reduces and the reality of having a child really sets in.
- **Participants highlighted the importance of developing good relationships with health visitors:** Some participants felt that it can be difficult to develop good relationships with health visitors currently. For example, one participant stated: *"As a first time mum I didn't know anything and I needed help. The health visitor watched to see that I was ok, but it wasn't supportive – I felt she was looking to see if I could manage the baby"*. Parents and carers felt that seeing the same person consistently was important to help build relationships.
- **Choice was considered an important aspect in the provision of home visiting support:** Parents and carers felt that it was important that support was not compulsory in relation to home visiting and would also like more choice in terms of when they have home visits. The issue of choice was wider than just in relation to home visiting, with participants generally wanting more choice about the support they receive. For example, one participant drew on their experience and explained that: *"If I don't attend parenting classes, I get social services. I'm struggling to get my child right, but I'm threatened with social services, who only fill in boxes. I need help about where to take my child, where to get help."*

Good practice identified by parents and carers

An example of a project that helps foster good relationships was highlighted in **Northamptonshire**. In the home birth team midwives are matched with parents and carers who they have worked with on previous births. This is because they recognise parents and carers are more comfortable if they have the same midwife and have the chance to develop a relationship. Parents and carers were very positive about this service and explained that it had increased the number of home births in the area.

6.3 Information provision

Participants particularly welcomed the focus on providing information to parents and carers. This would help parents and carers consider whether they had the time for a visit from a midwife or health visitor and also whether they wanted the support being offered.

Some participants felt that information should be provided very early on after their child is born, when they are feeling positive and excited.

Participants strongly agreed that cultural differences should be taken into account. One participant commented: *“they definitely need more information tailored to different cultures”*, another participant stated: *“my child has a South African dad and parenting is very different. That needs to be considered”*. However, some parents and carers felt that there was scope for greater provision of information in general about what services were available, about what other support there is and where to go for information.

6.4 Interactive Video Guidance

The majority of parents and carers were very uncomfortable with the idea of interactive video guidance and considered it intrusive and unhelpful for the following reasons:

- They were concerned it would not reflect reality. When someone else is in the house parents and carer felt their child behaves in a very different way.
- Parents and carers were concerned that they would be criticised about a succession of things they have done wrong with their child. One participant stated: *“It could be helpful, but parents and carers would be worried about social services, if they tell the child off, and if they don’t they’ll be doing a bad job – you can’t win”*.
- Parents and carers were clear that the success of this intervention would be dependent on the person they were working with. They were concerned that they would not be comfortable or feel they could trust the person filming them.

Parents and carers suggested some improvements for this recommendation:

- Interactive video guidance may work better if parents are able to do the filming and then show the film to a professional. For example, one participant stated that if: *“I filmed it myself and then showed someone that that was my son’s behaviour - that would help”*.
- Parents and carers also indicated that if professionals could work with them to demonstrate that their experience was shared by others, then this may help them open up in relation to interactive video guidance.
- Some participants suggested methods other than interactive video guidance that would be helpful in addressing the same aims as interactive video

guidance. These included access to more methods of parenting support (e.g. parenting programmes) as well as a parent and carer support networks.

6.5 Summary

Based on the consultation with parents and carers, NICE should consider the following issues when considering improving the draft recommendations:

- Participants agreed with the NICE recommendation that health visitors and midwives should offer a home visiting service for vulnerable children and families. Participants felt that this support should be available before the birth of the child.
- Parents and carers felt that midwives should do a joint home visit with health visitors when they hand over support to health visitors.
- Participants would like to see the same midwives and health visitors to ensure they develop a good relationship. Participants do not like seeing different health visitors and midwives, they would like to see the same person consistently.
- Participants welcomed the focus on information provision. They suggested that information should be provided very early on after their child is born, when they are feeling positive and excited. Participants strongly agreed that NICE recommendations should take into account cultural differences when considering information provision.
- The majority of participants were very uncomfortable with the idea of interactive video guidance. Some felt it would be intrusive and that they would be criticised about a succession of things they have done wrong with their child. Some participants suggested that this approach could be improved if they were able to do the filming themselves and that professionals conducting the approach were supportive and demonstrated that there were other families experiencing similar issues. Some participants suggested NICE could include methods other than interactive video guidance such as parenting programmes and parent and carer support networks.

7 Recommendation 4: Early education and childcare

7.1 Overview

Parents and carers discussed the following NICE recommendations:

- Local Authority area children's services including children's centres, nurseries and pre-schools should make sure that all children have the opportunity to attend high quality (i.e. really good) childcare and early education. This should mean that it is run by well-trained, qualified staff, including staff with a degree and qualified teachers. To make sure that all children can access high quality childcare they should make sure:
 - Children can attend at flexible times e.g. in the early morning, so that their parents and carers are able to get paid work if they wish
 - They should particularly help to make it easier for parents and carers with vulnerable children to attend childcare. For example, by making sure transport costs are not too high, or that they do not feel labelled.
- Local Authority area children's services including children's centres, nurseries, pre-schools etc. should make sure that all children have the opportunity to attend high quality pre-school education (from the age of 2 years) to develop their social and emotional wellbeing and help them to become ready to learn. In both childcare and early education settings staff should:
 - Make sure that all children feel included and can develop good relationships with staff
 - Focus on social and emotional wellbeing, as well as the child's education
 - Make sure that parents and carers or other relatives are involved in the service. For example, they could be supported to make decisions as part of a parents and carers forum or take part in activities like play and stay or a fete.

7.2 High quality childcare and flexibility

Parents and carers welcomed the recommendation on high quality childcare and many identified that their own experiences of childcare (particularly in children's centres) was very positive. Participants suggested the following would further ensure childcare met parents and carers needs:

- **Extended opening times:** Participants commented that extended opening times would further help childcare meet their needs, particularly in relation to helping them with work, education or training commitments. One participant commented: *"making sure they open earlier and later so that parents and carers who work can get there"*.

- **Ensure services are accessible:** Some parents and carers shared the opinion of one mum who said that: *“services need to be provided locally, within walking distance, so that you don’t need to take buses or a car”*.
- **Childcare costs should not be prohibitive:** Parents and carers agreed that this was particularly important. One participant commented: *“parents should be given support to help them meet the costs of childcare. Half my earnings went on paying for my daughter to go to childcare”*, another participant commented: *“many parents can’t afford to work because of childcare costs”*.
- **Trusting relationships between childcare and early education staff, children and parents and carers:** Parents and carers felt that it was essential for staff to form trusting relationships with parents and carers, not just children.

Parents and carers did not disagree with the recommendation that high quality childcare should be run by graduate staff. However, many parents and carers expressed the view that experience of looking after children (and particularly having children of their own) was an important attribute for staff providing childcare. They were concerned that young people who had just graduated may just be *‘book smart’* and they felt that practical experience was more valuable. Furthermore, some parents and carers felt the emphasis should be on specialisms to deal with behavioural problems and learning difficulties over being a graduate.

Some participants would also like the recommendation to acknowledge the importance of peer support, which they regarded as very important as peers could provide empathy, understanding and reassurance.

The majority of parents and carers were positive about the provision of childcare at flexible times, but they were concerned about whether this was realistic and feasible for the settings to deliver.

7.3 Pre-school education from 2 years

Some participants were very positive about the opportunity to access early education for their child at 2 years, but many were unaware of its existence. They explained that their child was often bored at home at 2 years, particularly if they had older siblings.

Parents and carers could see the benefits that attending high quality early education would have for the child as it meant that they could pick up on development delays or any other problems.

Some participants felt that the 2 year old offer should be open to all, not just vulnerable children.

However, other participants felt that this was too early for a child to attend childcare, with some being of the view that the child should still be at home at this point.

Parents and carers identified that more information should be made available about the 2 year old offer for free early education as very few of them were aware of it before the consultation. Those who were aware had been directed to it by their Family Support Worker.

7.4 Parental involvement in the service

Parent and carers felt that the settings which they currently attended were good at involving them in the service, making sure their child felt included, and also focused on social and emotional wellbeing.

7.5 Summary

Based on the consultation with parents and carers, NICE should consider the following issues when considering improving the draft recommendations:

- Parents and carers welcomed the recommendations on high quality childcare. Participants suggested the following improvements which would further improve their experiences of childcare: (a) extended opening times, (b) ensuring services are accessible and local to where parents and carers live, (c) ensuring childcare is affordable, and (d) that childcare and early education staff form trusting relationships with vulnerable children and parents and carers.
- The majority of participants welcomed the NICE recommendation concerning children having the opportunity to attend high quality pre-school education (from the age of 2 years). Participants felt that more information should be made available about the 2 year old offer for free early education as very few of them were aware of it before the consultation.

8 Recommendation 5: Managing services

8.1 Overview

Parents and carers discussed the following issues based on the draft recommendations:

- Managers of early years services (children's centres, nurseries, primary school etc) should involve parents and carers and families in the planning of services. For example, what kind of activities they might have in place the next year.
- Vulnerable parents and carers and families should be asked about what they want from the service they receive and anything they might be worried about or is putting them off as well as their experiences of the services on offer.

8.2 Parental involvement in the planning of services

Participants were positive about greater involvement in the planning of services

Generally participants were positive about greater involvement in the planning of services.

Some participants felt that involvement of parents and carers in planning would allow services to be tailored more effectively to parents and carers' needs. However, some participants felt that there should be clarity about what impact parents and carers would be expected to have on planning outcomes. Whilst others were concerned that parents and carers expectations should be managed regarding what impact on planning and services they could realistically have.

Some parents and carers expressed some key concerns with getting involved in the planning of services, these included:

- That parent and carer involvement in planning should not become a substitute for professional management and support.
- It should not be onerous or an additional responsibility for parents and carers.
- The level of involvement should be tailored to parents and carers' understanding of service provision. One participant stated: *"there would be no good asking me what activities this children's centre should have. I wouldn't have a clue"*, and another stated: *"I think it would be useful to ask parents and carers anything to do with what their children enjoy, for example, what toys the children would like, but running of services or money would be too complicated."*

Engaging vulnerable parents and carers commonly referred to as “hard to reach” in service planning

Some participants recognised the difficulty in engaging vulnerable parents and carers from groups commonly referred to as ‘hard to reach’. This was considered an important barrier to overcome in involving parents and carers. One participant commented: *“The problem is that it would probably just be the same people that always get involved. [It wouldn’t] necessarily be the vulnerable ones that you want to attract. My wife doesn’t have the confidence to express her opinions and get involved in something like that, even though what she said would be really valuable. It would be really important to look at ways in which this could happen.”*

One participant suggested that planning and management meetings should be called something less intimidating, such as “*coffee meetings*” to help encourage vulnerable parents and carers to attend. Parents and carers identified that involvement in planning services would improve if they knew it would have a positive impact on their child, themselves and the service.

Participants particularly supported the idea of providing peer support to encourage the attendance of parents and carers with vulnerable children at different services and to assist involving them in planning. They discussed volunteers accompanying parents and carers to groups for the first time. They also suggested providing ‘coffee mornings’ or other meetings which would provide an opportunity just to meet other parents and carers to build their own support networks.

8.3 Gathering parents and carers views

Participants felt strongly that families did have expertise on their children, and as such should be consulted on their children’s needs and preferences. One participant commented: *“parents are aware of what their children need”*, whilst another stated: *“they can provide advice on what their children like to do”*.

Most parents and carers were aware of avenues to get involved in feedback on the provision of services. Some participants stated that nurseries and children’s centres used surveys and suggestions boxes to collect feedback from parents and carers. A number of participants referred to having been involved in a parents and carers’ forum for the local children’s centres, which was held once a month. Participants were enthusiastic about having a variety of ways to gather the views of parents and carers, but recognised that this would also be about talking to people face to face, as well as anonymous suggestions like comment boxes. One participant stated this helped parents and carers: *“to have your say about how services are delivered”*.

8.4 Summary

Based on the consultation with parents and carers, NICE should consider the following issues when considering improving the draft recommendations:

- Participants agreed with the NICE recommendations in relation to consulting with vulnerable families about what they want from services to assist in service planning. However, some participants felt that there should be clarity about what impact involving parents and carers would have on improving outcomes for their children and for services. There were also concerns that parent and carer involvement in planning should not: (a) become a substitute for professional management and support, (b) be too onerous or an additional responsibility, and (c) that involvement should be tailored to meet parents and carers' understanding of service provision.
- Participants felt that NICE were right to be recommending that vulnerable families from groups commonly referred to as “hard-to-reach” should be encouraged to access services and be involved in service planning. To help attract parents and carers to services participants suggested having more user friendly and accessible names for services, meetings and groups and also building peer support networks.

9 Recommendation 6: Delivering services

9.1 Overview

Parents and carers discussed the following issues based on the draft NICE recommendation 6 in relation to delivering services:

- Health and early years professionals (such as health visitors, GPs, midwives, children's centre workers, primary schools and social services) should make a special effort to encourage vulnerable parents and carers to use early years services. For example, parents and carers who may lack confidence or feel on their own, lack friends etc. will require particular encouragement. (This includes those with drug or alcohol problems and families experiencing domestic violence).
- Professionals should do this in a variety of ways such as having parenting courses in local settings, e.g. church halls, or repeating invitations.

9.2 Approaches to encourage service use

Parents and carers discussed the following issues which would help encourage service use for vulnerable children and families and should be taken into account in service delivery:

- **Ensuring that services do not stereo-type, stigmatise, label or are judgemental:** Parents and carers felt that it was essential in the delivery of services that families did not feel judged, stereo-typed or over scrutinised. One participant stated: *"if you know you are in a vulnerable position, you put up a front because you don't want to be judged. You don't feel understood"*. There was a concern shared by some parents and carers about very targeted services that focussed on specific groups of people, such as groups for young mums (under 25), in that they may serve to increase stigmatisation and segregation. One participant commented about such services: *"This just serves to segregate young mums even more, when they should be supported to integrate with other mums. Also, then when they reach 25 years, they aren't allowed in the groups anymore and then get booted out"*.
- **Family Support Workers (FSWs) were seen as important in helping to ensure vulnerable children and families' access services.** Parents and carers cited Family Support Workers (FSWs) as a good example of professionals that were able to encourage vulnerable families and children to access services. One participant explained that they were very unwilling to leave the house, but their FSW was very patient with them and worked with them over a long period of time. She explained that they would visit her at home to encourage her to attend a group, but often she would not make it, so instead of judging her the FSW would contact her and continue encouraging. Parents and carers explained that it can be very hard to step through the door the first or second time, especially if they were juggling their other children.

- **Persistence and personal contact:** Participants discussed the importance of persistence and personal contact with vulnerable parents and carers to encourage them to access and use services. This persistence and contact was also important to ensure sustained service use. One participant who felt that more could be done to sustain service use among vulnerable families commented: *“the worst thing is to try it once and then walk away”*.

9.3 Approaches to making services more user friendly and accessible

The majority of parents and carers felt that it was very important to make a special effort with vulnerable parents and carers to ensure that they use early years' services. A range of suggestions to make services more inclusive were proposed, including:

- **Using a 'buddy-system':** This was a very popular suggestion across the consultation. For example, one participant stated: *“Could mums be linked together? I asked my health visitor about putting me in touch with other mum's in my situation, but confidentiality prevented it. But I think a buddy system where you can meet other mums would be really good. It would be great if you could find out if there were people in the local area”*.
- **A supportive professional should attend meetings:** Participants suggested a health visitor, or another professional, should be at groups and meetings to support parents and carers, who may not know anyone else. Parents and carers suggested that if a health visitor or other professional, known to vulnerable families was present at a meeting then this would help parents and carers feel more confident in attending services, meetings and groups.
- **Linking services with voluntary and community services:** Parents and carers felt that interlinking services would allow for services to be better tailored to individuals' needs. One participant suggested that: *“if services were linked to voluntary organisations, for example Home-start, then services can be [better] tailored to parents and carers' needs”*.
- **Location of services:** The location of services was important in encouraging families to access them. One participant commented: *“I didn't know there was help like this available. There was no help like this in the area where I used to live. It is only been this service that has saved me”*.
- **A one-stop-shop:** Participants stated that a one-stop-shop similar to a children's centre would be helpful in improving access to services for vulnerable families as this provided a central location where services are co-located. Schools and education settings were also suggested as central venues where additional services could be provided.
- **A low key, step by step approach:** Parents and carers identified the benefits of building support up, step by step, as opposed to over-burdening the parent with too much at one go. One suggestion for how this could be

achieved was for health visitors to provide more information to parents and carers.

9.4 Summary

Based on the consultation with parents and carers, NICE should consider the following issues when considering improving the draft recommendations:

- Parents and carers felt that it was essential that services are not delivered in a way that stigmatises, stereo-types or labels vulnerable children and families. This would help ensure that more vulnerable children and families access services that are targeted at them.
- Participants felt that family support workers (FSWs) were a good example of professionals that were able to encourage families and children to access services.
- The majority of parents and carers felt that it was very important to make a special effort with vulnerable children and their families to ensure that they use early years' services. A range of suggestions to help vulnerable children and families in terms of service delivery were discussed including: (a) using a "buddy-system" of peer support to ensure vulnerable parents and carers were comfortable in services, and (b) a supportive professional should be at groups to help introduce new parents and carers to services.
- Participants suggested that a one-stop-shop, similar to children's centres, would be helpful in improving access to services for vulnerable families.

10 Appendix: Parent and carer consultation template

Figure 6 presents the parent and care consultation template.

Figure 6 Parent and carer consultation template

Introduction	Notes for facilitator
<p>Introduce yourself, Cordis Bright and the aims of the project. Thank the parents and carers for attending.</p> <p>We are conducting some research for NICE – the National Institute for Health and Clinical Excellence.</p> <p>NICE has written draft recommendations about how the social and emotional wellbeing of vulnerable children aged under 5 can be supported by the services that families use. We will discuss what we mean by social and emotional wellbeing in a few minutes but the recommendations focus on support for vulnerable children through home visits (for example from a health visitor), childcare and early year’s education (like children’s centres and nurseries).</p> <p>NICE are very interested in hearing the views of parents and carers on these recommendations. The discussion today will therefore cover:</p> <ul style="list-style-type: none"> Your thoughts on each recommendation What differences these recommendations will make to families as well as services if 	<p>Provide some details/background on NICE, e.g. NICE provides guidance on the most effective ways to prevent, diagnose and treat disease and ill health.</p> <p>You may have heard of them on the news in relation to medicines.</p> <p>Hand out A3 paper versions of the parent and carer friendly recommendations and explain these will be talked through. <i>(Each subsection will be revealed one by one to assist discussion).</i></p>

<p>implemented</p> <ul style="list-style-type: none"> Your overall impressions of the recommendations <p>This discussion group/interview will last around one hour. The group is confidential. This means that your name will not appear in our report to NICE and your name will not be passed on to them. The overall findings from this focus group/interview along with those from similar consultations with parents and carers from other areas will be fed back to NICE to help them improve their final recommendations. The only time where this would not be the case and we would pass your name on is if you say anything that leads us to believe that you or someone else is a risk of harm when we would have to inform the relevant authorities. We would try to discuss this with you before we do this.</p> <p>Please note that you are free to leave this session at anytime. Thank you for taking part in this research.</p> <p>We are interested in your own views. There are no right or wrong answers. It may mean that people have different views. If this happens please respect people's right to have a different view or opinion. We will record all the different views or opinions expressed during the session.</p>	<p>For Facilitator to record:</p> <p>Local Authority Area:</p> <p>Date:</p> <p>Number of participants:</p> <p>Number of Males</p> <p>Number of females:</p>
<p>Introductions</p>	
<p>Just as an introduction please can you tell me: your name, how many children you have and their ages.</p>	
<p>Definitions</p>	<p>Notes for the facilitator</p>

We know that there are lots of different ways to understand the terms social and emotional wellbeing. So we would like to know what you think social and emotional wellbeing might mean. There are no wrong answers; this is just to start us thinking about the topic....

- **What kind of things do you think of when we say social and emotional wellbeing?**

Definitions used by NICE are:

- **Emotional wellbeing** – this includes being happy and confident and not being anxious or depressed
- **Psychological wellbeing** – this includes the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive
- **Social wellbeing** – has good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully.

NICE also defines **Vulnerable children** as children who are at risk of, or who are already experiencing, social and emotional problems. Vulnerability may be linked to disadvantage and poverty.

Vulnerable children include those who are exposed to:

- parental drug and alcohol problems
- parental mental health problems
- family relationship problems, including domestic violence

Explain the language i.e. what anxious and depressed mean, independent, able to solve problems, cope with different emotions like being sad or angry, being able to understand how someone else is feeling, paying them attention and being able to cope well in difficult situations

<ul style="list-style-type: none"> • criminality. <p>Vulnerable children may also include those who are in a single parent family or who were born to mothers:</p> <ul style="list-style-type: none"> • aged under 18 • with a low educational attainment • who are (or were as children) looked after (that is, they have been in the care system). <ul style="list-style-type: none"> • What do you think of the NICE definitions? 	
<p>Recommendation: Identifying vulnerable children and assessing their needs</p>	<p>Notes for the facilitator</p>
<p>One of the NICE recommendations is about the importance of identifying those families with a vulnerable child at risk of social emotional difficulties. It recommends that:</p> <ul style="list-style-type: none"> • Health and early years professionals (such as health visitors, GPs, midwives, children’s centres workers, primary schools and social services) <i>should develop trusting relationships with vulnerable families and not judge families.</i> • All health and early years professionals should identify anything that might make it more likely for a child to have social and emotional difficulties. E.g. a child that is 	<p><i>Take the group through the recommendations asking the main questions outlined at the bottom of this section, but also using the following prompts to assist the discussion:</i></p> <ul style="list-style-type: none"> • What would you want in a ‘trusting relationship’?, or a non-judgemental attitude?

<p>unresponsive, or has behavioural problems.</p> <ul style="list-style-type: none"> Ideally this identification should be done by midwives and health visitors both before and soon after they are born. For example, it might pick up on the mother's poor mental health, any problems with alcohol or drugs, or any problems with family relationships,. <p>Thinking about the recommendations ask the following questions:</p> <ul style="list-style-type: none"> What are your thoughts about these recommendations? Do they make sense to you? If you were a family with a vulnerable child do you think it would be helpful? How? How might these recommendations improve the way that services work? 	<ul style="list-style-type: none"> How would you feel about these professionals being involved? Does this already happen in your experience? i.e. do the professionals that you work with work in this way? Are there any that don't? Do the things recommended already happen in your experience? What doesn't in your view?
<p>Recommendation: Pre and post-natal home visiting for vulnerable children and their families</p>	<p>Notes for facilitators</p>
<p>NICE is interested in your views on the following recommendations about home visiting for vulnerable children. They recommend that</p> <ul style="list-style-type: none"> Health visitors and midwives should offer home visit to mothers who need additional support so that they can develop a caring and loving relationship with their child and be able to respond to their needs 	<p><i>Take the group through the recommendations asking the main questions outlined at the bottom of this section, but also using the following prompts to assist the discussion:</i></p> <ul style="list-style-type: none"> Do the things recommended

<ul style="list-style-type: none"> • Mothers should be given information about these visits including the way they would help her and her child. This should take into account her first language and any different cultural attitudes to parenting • One of the methods that NICE suggests midwives and health visitors could use with mothers in these home visits is interactive video guidance, where for example a mother is filmed with her child and then the midwife or health visitor talk them through the video. This could be to help them form a close mother-child bond and to help them manage any behavioural issues their child has <p>Thinking about all the recommendations, consider the following questions:</p> <ul style="list-style-type: none"> • What are your thoughts about these recommendations? Do they make sense to you? • Do you think that services you work with work in this way? How might these recommendations improve the way that services work? • If you were a family with a vulnerable child do you think it would be helpful? How? 	<p>already happen in your experience? What doesn't in your view? Could you give some examples?</p> <ul style="list-style-type: none"> • What information would you want about home visits from a health visitor? • What are views about interactive video guidance? Would it be helpful? What might you learn from it? <p>Interactive video guidance is where a mother is filmed with her child, followed by feedback with a professional –</p>
<p>Recommendation: Early education and childcare</p>	<p>Notes for facilitators</p>

NICE is interested in your views about their recommendations on Early education and childcare

They recommend that:

- Local Authority, (like ... Name of the Area Cambridgeshire) Children's services and children's centres, nurseries, pre-schools should make sure that all children have the opportunity to attend high quality (i.e. really good) childcare and early education. This should mean that it is run by well-trained, qualified staff, including staff with a degree and qualified teachers.

To make sure that all children can access high quality childcare they should make sure:

- Children can attend at flexible times e.g. in the early morning , so that their parents and carers or carers are able to get paid work if they wish
- They should particularly help to make it easier for parents and carers and carers with vulnerable children to attend childcare. For example by making sure transports costs are not too high, or that they feel labelled.
- Local Authority Children's services and children's centres, nurseries, pre-schools etc should make sure that all children have the opportunity to attend high quality pre-school education (from the age of 2 years) to develop their social and emotional wellbeing and help them to become ready to learn.
- in both childcare and early education settings staff should:
 - make sure that all children feel included and can develop good relationships with

Take the group through the recommendations asking the main questions outlined at the bottom of this section, but also using the following prompts to assist the discussion:

- **What would you want in high quality childcare?**
- **The recommendation mentions flexible childcare. What timings would be helpful for you to work?**
- **Are you aware of any ways that people are encouraged to attend high quality childcare in your area? What kind of impact might this recommendation have on childcare attendance?**
- **Are you aware of the qualifications of the staff in the childcare and early years services that you use? What kind of impact might this recommendation have on the service that you receive?**
- **Are you aware of any ways that**

<p>staff</p> <ul style="list-style-type: none"> ○ Focus on social and emotional wellbeing, as well as the child’s education ○ make sure that parents and carers and carers or other relatives are involved in the service. e.g. they could be help make decisions as part of a parents and carers forum or take part in activities like play and stay or a fete. <p>For all recommendations go through these questions:</p> <ul style="list-style-type: none"> ● What are your thoughts about these recommendations? Do they make sense to you? ● If you were a family with a vulnerable child do you think it would be helpful? ● How might these recommendations improve the way that services work? 	<p>childcare/preschool education is supporting your child’s social and emotional wellbeing? How might this recommendation improve this?</p> <ul style="list-style-type: none"> ● Do you think that the current early years services you and your child attend focus on social and emotional wellbeing? How important do you think this is for your child? How might this recommendation change the way current services are run ● How would you want to be involved in making decisions about how services are provided?
<p>Recommendation: Managing services</p>	<p>Notes for facilitators</p>
<p>NICE is suggesting that managers of early years services (children’s centres, nurseries, primary school etc) should involve parents and carers and families in the planning of services. For example what kind of activities they might have in place the next year.</p> <p>Vulnerable parents and carers and families should be asked about what they want from the service and anything they might be worried about or is putting them off as well as</p>	<p><i>Additional prompts in this section might include:</i></p> <ul style="list-style-type: none"> ● Do the things recommended already happen in your experience? What doesn’t in your

<p>their experiences of the services on offer.</p> <ul style="list-style-type: none"> • What are your initial reactions to this recommendation? Does it make sense to you? • If you were a family with a vulnerable child do you think it would be helpful? How? • Do you think that professionals that you have contact with work in this way? • How might this recommendation improve the way that services work? 	<p>view? How do parents and carers/carers get involved in planning to your knowledge?</p> <ul style="list-style-type: none"> • What types of planning might you want to get involved in?
<p>Recommendation: Delivering services</p>	<p>Notes for the facilitator</p>
<p>NICE is interested in the views of parents and carers on the following recommendations about delivering services:</p> <ul style="list-style-type: none"> • Health and early years professionals (such as health visitors, GPs, midwives, children’s centre workers, primary schools and social services) should make a special effort to encourage vulnerable parents and carers to use early years services. For example parents and carers who may lack confidence or feel on their own, lack friends etc will require particular encouragement. (This includes those with drug or alcohol problems and families experiencing domestic violence.) • Professionals should do this in a variety of ways such as having parenting courses in 	<p><i>Take the group through the recommendations asking the main questions outlined at the bottom of this section, but also using the following prompts to assist the discussion:</i></p> <ul style="list-style-type: none"> • What other approaches do you think might work in your area? <p>Other approaches might include: texting, social media like facebook groups, using different settings, making sure contact</p>

<p>local setting e.g. church halls, or repeating invitations</p> <ul style="list-style-type: none">• What are your thoughts about this recommendation? Does it make sense to you?• If you were a family with a vulnerable child do you think it would be helpful?• Do you think that professionals already encourage vulnerable parents and carers to use early years services? In what ways?• How do the services that you attend encourage parents and carers to attend? How successful are they in your view?	<p>through trusted intermediaries</p>
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