NICE National Institute for Health and Care Excellence

NICE quality standard

Early years: promoting health and wellbeing in under 5s

Quality standard

Published: 11 August 2016

www.nice.org.uk/guidance/qs128

Contents

This standard is based on PH40.

This standard should be read in conjunction with QS115, QS84, QS37, QS31, QS133, QS145 and QS197.

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Statement 2 Children have their speech and language skills assessed at their 2 to 2½ year integrated review.

Quality statement 1: Identifying risk

Quality statement

Parents and carers of children under 5 have a discussion during each of the 5 key contacts about factors that may pose a risk to their child's social and emotional wellbeing.

Rationale

If factors that may pose a risk to a child's social and emotional wellbeing are identified during these key face-to-face contacts, early action can be taken to prevent or reduce the potential impact on the child. Factors that may pose a risk can be identified by using a validated tool.

Poor social and emotional wellbeing in young children can lead to behaviour and developmental problems and, later in childhood, severe depression, anxiety, self-harm and other poor mental health outcomes.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that parents of children under 5 have a discussion during each of the 5 key contacts about factors that may pose a risk to their child's social and emotional wellbeing.

Data source: Local data collection. This can include the Office for Health Improvement and Disparities Health visitor service delivery metrics.

Process

a) Proportion of parents and carers who have a discussion at the antenatal health visitor appointment about factors that may pose a risk to their child's social and emotional wellbeing.

Numerator – the number in the denominator who have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – the number of parents and carers who are eligible to attend the antenatal health visitor appointment.

Data source: Local data collection and the Office for Health Improvement and Disparities Health visitor service delivery metrics.

b) Proportion of parents and carers who have a discussion at the new baby health visitor appointment about factors that may pose a risk to their child's social and emotional wellbeing.

Numerator – the number in the denominator who have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – the number of parents and carers who are eligible to attend the new baby health visitor appointment.

Data source: Local data collection and the Office for Health Improvement and Disparities Health visitor service delivery metrics.

c) Proportion of parents and carers who have a discussion at the 6- to 8-week health visitor appointment about factors that may pose a risk to their child's social and emotional wellbeing.

Numerator – the number in the denominator who have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – the number of parents and carers who are eligible to attend the 6- to 8-week health visitor appointment.

Data source: Local data collection.

d) Proportion of parents and carers who have a discussion at the 9- to 12-month developmental review about factors that may pose a risk to their child's social and emotional wellbeing.

Numerator – the number in the denominator who have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – the number of parents and carers who are eligible to attend the 9- to 12-month developmental review.

Data source: Local data collection and the Office for Health Improvement and Disparities Health visitor service delivery metrics.

e) Proportion of parents and carers who have a discussion at the 2 to 2½ year integrated review about factors that may pose a risk to their child's social and emotional wellbeing.

Numerator – the number in the denominator who have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – the number of parents and carers who are eligible to attend the 2 to 2½ year integrated review.

Data source: Local data collection and the Office for Health Improvement and Disparities Health visitor service delivery metrics.

Outcome

a) Behaviour and developmental difficulties.

Data source: Local data collection.

b) Depression, anxiety, self-harm and other poor mental health outcomes later in childhood.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as health visiting services, early years providers and other services involved in providing the 5 key contacts) ensure that local protocols are in place for parents and carers to discuss the factors that pose a risk to their child's social and emotional wellbeing. This offer is made during each of the 5 key contacts.

Health and social care practitioners (such as health visitors, early years practitioners and other practitioners involved in providing the 5 key contacts) ensure that during each of the 5 key contacts they discuss the factors that pose a risk to a child's social and emotional wellbeing with parents and carers.

Commissioners (such as NHS England, clinical commissioning groups and local authorities) ensure that they commission services with local protocols to discuss the factors that pose a risk to a child's social and emotional wellbeing with parents and carers. This offer is made during each of the 5 key contacts.

Parents and carersof children aged under 5 can discuss any difficulties they have that could affect their child's development. They have at least 5 appointments with their child's health visiting team when they can talk about this. (In some cases, the early years service will be involved in the fifth appointment.) At these appointments, the child is also assessed to check their progress.

Source guidance

Social and emotional wellbeing: early years. NICE guideline PH40 (2012), recommendation 2

Definitions of terms used in this quality statement

Discussing factors that may pose a risk

The discussion should be carried out in accordance with local protocols. Use a validated tool, for example, Early Help Assessment or Outcome Star, to identify what help a child and family may need. It could include an interagency assessment to determine if a child

has needs that are not being met by universal services, and, if so, deciding how those needs should be met. The discussion should cover the whole family, not just the child, to reduce the need for multiple assessments. Practitioners should work together to assess, plan and support families to prevent problems escalating to the point where statutory intervention becomes necessary. [Expert opinion]

5 key contacts

These face-to-face contacts are part of the Department of Health and Social Care's Healthy Child Programme: pregnancy and the first 5 years of life. They are carried out by health visitors, but other practitioners may be involved if necessary. Sometimes the last key contact also involves early years practitioners. The contacts are at the following stages:

- antenatal (around 28 weeks into pregnancy)
- new baby (10 to 14 days after the baby's birth)
- 6 to 8 weeks
- 9- to 12-month developmental review
- 2 to 2½ year integrated review.

[Adapted from Department of Health and Social Care's Healthy Child Programme: pregnancy and the first 5 years of life; and expert opinion]

Risks to a child's social and emotional wellbeing

This includes factors that could affect the carers' capacity to provide a loving and nurturing environment. For example, problems with mental health, drug or alcohol misuse and family relationships, or lack of support networks. Signs of problems could include the parent or carer being indifferent, insensitive or harsh towards the child. The child could be withdrawn or unresponsive, showing signs of behavioural problems, delayed speech or poor language and communication skills. [Adapted from NICE's guideline on social and emotional wellbeing: early years, recommendation 2]

Social wellbeing

A child has good relationships with others and does not have behavioural problems that is, they are not disruptive, violent or a bully. [NICE's guideline on social and emotional wellbeing: early years, glossary]

Emotional wellbeing

This includes the child being happy and confident, not anxious or depressed and ready for, and able to function well at, school. [NICE's guideline on social and emotional wellbeing: early years, glossary; and expert opinion]

Equality and diversity considerations

There is a risk of stigmatisation when identifying vulnerable children. It is important that practitioners take a non-judgemental approach when discussing with parents and carers any factors that may pose a risk to their child's social and emotional wellbeing.

Practitioners and local services should ensure that groups who are underserved by, or not in regular contact with, services are contacted and encouraged to attend these 5 key contacts meetings. This could include arranging appointments at children's centres or at home if they feel uncomfortable about, or have difficulty attending clinics.

Practitioners should take into account cultural factors, educational attainment levels and whether English is the child or family's first language when discussing risks with the child's parents and carers, to ensure they understand.

Quality statement 2: Speech and language

Quality statement

Children have their speech and language skills assessed at their 2 to 2½ year integrated review.

Rationale

Children and young people with communication difficulties are at increased risk of social, emotional and behavioural difficulties and mental health problems. So identifying their speech and language needs early is crucial for their health and wellbeing. Many young children whose needs are identified early do catch up with their peers.

The 2 to 2½ year integrated review is a good time to assess speech and language skills because there is time to offer support before they start school.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children's speech and language skills are assessed at their 2 to 2½ year integrated review.

Data source: Local data collection and the NHS Digital Community services data set.

Process

a) Proportion of children who have the 2 to 2½ year integrated review.

Numerator – the number in the denominator who have the 2 to 2½ year integrated review.

Denominator – the number of children aged 2 to 2½.

Data source: Office for Health Improvement and Disparities Health visitor service delivery metrics.

b) Proportion of children having the 2 to 2 ½ year integrated review who have their speech and language skills assessed.

Numerator – the number in the denominator who have their speech and language skills assessed.

Denominator – the number of children who have the 2 to 2½ year integrated review.

Data source: Local data collection and the NHS Digital Community services data set.

Outcome

a) Speech and language skills in children under 5.

Data source: Local data collection and the NHS Digital Community services data set.

b) School readiness of children under 5.

Data source: Local data collection.

c) Social, emotional and behavioural difficulties.

Data source: Local data collection.

d) Mental health difficulties.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as health visiting services and early years providers) ensure that they put systems in place to assess speech and language skills at the 2 to 2½ year integrated review. Locally defined pathways and referral routes ensure that the appropriate services care for children who need support.

Health, social care and early years education practitioners (such as health visitors and pre-school education staff) ensure that they assess the speech and language skills of children at the 2 to 2½ year integrated review. Locally defined pathways ensure that the appropriate services care for children who need support.

Commissioners (such as clinical commissioning groups and local authorities) ensure that they commission services that assess speech and language skills at the 2 to 2½ year integrated review. Services have locally defined pathways so that the appropriate services care for children who need support.

Parents and carers are offered a review of their child's health and wellbeing when their child is aged 2 to 2½. During this review their child's speech and language is assessed. If their child needs help to develop these skills, they are offered care from the appropriate service.

Source guidance

Social and emotional wellbeing: early years. NICE guideline PH40 (2012), recommendation 2

Definitions of terms used in this quality statement

2 to 2½ year integrated review

The integrated review of children aged between 24 and 30 months incorporates the Healthy Child Programme assessments and the Early Years Progress Check (at age 2). The aim is to give parents a picture of their child's health and educational development. Depending on local protocols, the review may be carried out by a health visitor and an

early years practitioner, or by a health visitor who will then share information with the early years practitioner.

The NHS Digital and Ofsted Ages and stages questionnaire is used to carry out the review.

[Adapted from Department of Health and Social Care and Public Health England Services for children aged 0 to 5: transfer to local authorities; and expert opinion]

Equality and diversity considerations

Practitioners should take into account cultural and language differences when carrying out the review with the child and discussing it with the child's parents and carers. If the child's first language is not English it may be necessary for a practitioner with the relevant experience to assess their speech and language skills.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-2011-2

Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of General Practitioners (RCGP)
- Royal College of Paediatrics and Child Health