Public Health Intervention Guidance

SOCIAL AND EMOTIONAL WELLBEING – EARLY YEARS
- Consultation on Draft Guidance
Stakeholder Comments Response Table

Consultation: 20 April - 18 June 2012

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4Children	General		4Children believe strongly in the positive benefits of taking an early intervention approach which has been proven to be a cost effective way to deliver improved outcomes. We are pleased to see early intervention mentioned through the draft guidance and believe that this should remain in the final guidance.	Thank you, the guidance aims to ensure more targeted and/or intensive services are offered to vulnerable children (that is, children who are at risk of, or who are already experiencing, social and emotional problems and who need additional support).
4Children	General		We are pleased to see that throughout each recommendation stakeholders are clearly identified. For any strategy or guidance to achieve its stated aims successful partnership working is crucial. The final guidance should make reference to the importance of partnership working and the role this plays to delivering services which will develop children's social and emotional well being.	Partnerships in needs assessment, information management, service delivery and working with families are promoted though out the guidance. Recommendation 3 specifically refers to 'partnership' working
4Children	General		As various points the draft guidance makes reference to the importance of parental health and emotional wellbeing. There is a strong body of evidence to suggest that the well being of parents plays a crucial role in the long-term outcomes for children. We believe that parental health and emotional well being and child social and emotional well being should be viewed as two sides of the same coin.	Comments noted.
4Children	Recommendation 1	7	Health and well being boards are ideally placed to ensure that social and emotional wellbeing is given the priority it requires. 4Children agrees that this should feature prominently in Health	Comments noted - thank you.

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			and wellbeing strategies.	
4Children	Recommendation 1	8	For any approach to improve long-term outcomes for social and emotional wellbeing, services and key stakeholders must work together. To avoid duplication of services, and to promote targeted work, we believe that health and well being boards should ensure arrangements are in place for integrated commissioning, this should be a priority. This should be one of the first steps taken to implement the final guidance.	Comment noted – these are included in the aims of the guidance.
4Children	Recommendation 1	8	Successful early intervention rest upon successful early identification of issues. The reformed Early Years Foundation Stage 2012 requires settings working with children to produce an assessment at age 2. This is not a test but an assessment that helps practitioners and parents identify any potential problems with a child's development. It is intended in future for health checks conducted away from the early years setting to be integrated into this assessment. With this in mind the progress check at age 2 could be used as a template to help identify issues early on that require targeted support. At this point parents should also be notified of issues so that they can support practitioners to deliver the support their child needs in the home.	Comment noted – the guidance is consistent with and refers to the Early years foundation stage.
4Children	Recommendation 2	10	As mentioned in the general comments section of this response there is strong evidence to suggest that the health and well-being of children is closely linked to that of their parents. We believe that health professionals, especially health visitors, are	Comment noted – the guidance focuses on action to support social and emotional wellbeing of children. Features of the parents' social and emotional wellbeing are

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			ideally placed to identify through home visits and interaction with parents issues, which may affect the well-being of parents for example post-natal depression.	considered where these could impact on their capacity to provide a loving and nurturing environment. These include the mental health of either parent. Recommendation 3 focuses on ante- and postnatal home visiting, and includes partnership working to ensure families receive coordinated support. This could include identification of post natal depression (potential referring the mother to general or specialist services) and working with mothers who have depression.
4Children	Recommendation 2	10	To ensure health professionals are equipped to identify wide ranging problems and understand referral routes available we believe that there is a need for the strengthening of the assessment, identification and support skills of health professionals. We would envisage this to include training in the cognitive behavioural therapy skills that have been shown in pilot programmes to improve outcomes for children and their families.	The guidance also recommends referral to specialist services and partnership working. This could include involvement of professionals with training in cognitive behavioural therapy.
4Children	Recommendation 2	10	As this response has already mentioned successful strategies require clear identification of stakeholders and strong partnership working. Underpinning this should be a consistent	Comment noted.

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			sharing and recording of data and information. We are supportive of the guidance's intention to ensure procedures are in place to make sure information sharing is possible.	
4Children	Recommendation 3	11	We are supportive of health visitors and midwives being able to provide intensive support for issues they identify namely domestic violence and abuse. We understand the various and timely requirements placed upon health visitors and midwives. However, the degree of interaction they have with parents is hard to find in other services. With this in mind the support they can offer would be timely, and as pilots have shown, successful.	Comments noted - thank you.
4Children	Recommendation 4	12	We believe that all children should have access to high quality childcare and early education services. As this recommendation mentions high quality childcare or early education services offer children the chance to enhance social and emotional well being. We would ask that the final guidance stresses how important this can be and highlights that creating and implementing approaches which ensure that all children, including the most vulnerable and disadvantaged, have access to high quality childcare and early education services should be a priority for stakeholders.	Comments noted – the focus of this guidance is targeted intervention for vulnerable children
4Children	Recommendation 4	12	The guidance is right to highlight the challenges that can be faced by parents in accessing services. We agree that stakeholders should take steps to ensure that barriers such as geographical access or a sense of discrimination for using services are tackled.	Comment noted – thank you.

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4Children	Recommendation 4	13	To best support vulnerable parents many early years settings are increasing their outreach services, in line with a new focus on reaching the most vulnerable families. We know that outreach work is highly successful and play a crucial role to increase parental involvement. We would suggest that outreach work is given as an example of how stakeholders can successful reach the most vulnerable families.	Comments noted - The guidance includes a number recommendations relating to the work in home of vulnerable children and early education and childcare. Recommendation 5 (in the guidance) uses the term 'outreach methods' in relation to maintaining or improving participation in programmes and activities.
4Children	Recommendation 4	14	We are aware of the desire of parents to play active roles in their child's development. The reformed Early Years Foundation Stage 2012 now offers parents guide to how they can become involved in their child's developed through the home, in a way that will supplement their development in early years settings.	The guidance also refers to and is consistent the Early years foundation stage.
4Children	Recommendation 4	14	To further support parents in their involvement the progress check at age 2 that early years settings will provide from September will help practitioners to identify any potential issues with a child's developments and work with parents to discuss how their children can be best supported. This approach can be built upon to ensure that parents are provided with information at key times to remain in a constant dialogue with practitioner about how best to support their child.	Comments noted. – thank you.
4Children	Recommendation 4	14	We are supportive of all approaches that encourage parents to become more involved in decisions regarding the planning and	Thank you – recommendation 5 in the guidance includes 2 sections on

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			delivery of services their children access. We believe that greater parental involvement offers many benefits to early years settings including a simple and efficient way of gaining input from parents to best shape services to meet demand.	involving parents, including service development.
4Children	Recommendation 5	15	As previously mentioned we are supportive of approaches that increase parental involvement in the services offered by early years settings. We believe that many settings already take steps to include parents in decision making regarding services. We would encourage the final guidance to make reference to how and why, settings could increase parental involvement. This should, as mentioned in the draft guidance, include how settings can include vulnerable or hard to reach parents. This would help develop services that are reflective of local needs and better support parents and children who may not use services as readily as others but have much to gain from using settings.	Comments noted - the guidance focuses on activities to support social and emotional wellbeing of vulnerable children. Recommendations include use of outreach and working with community and voluntary groups to help parents of vulnerable children use services, however, the guidance did not consider evidence comparing methods of supporting parental involvement, so PHIAC has not made more detailed recommendations of these. In order to support implementation. NICE recommendations are generally written as direct instructions. Including a description of 'why' would not comply with NICE writing style.
Anxiety UK	1 (Background)	6	Anxiety UK feels that caution should be exercised when labelling	PHIAC considered that there was evidence

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			children as 'vulnerable' purely on the basis of them having a parent that has a mental health issue. This is unhelpful, stigmatising and potentially inaccurate. Many individuals with mental health issues, including those living with anxiety disorders make excellent parents. Given the statistic that 1 in 4 people at some point in their lives will experience a common mental health problem such as anxiety or depression, if this guidance were to be issued, this would lead to the subsequent unnecessary labelling of a significant proportion of children as 'vulnerable.	that parental mental health was a factor that may contribute to vulnerability of children. The definition of vulnerable children (see glossary) acknowledges that a number of factors may contribute, to varying degrees, to making a child vulnerable and that these vary with time. The guidance also recommends discussing any risk factors in a sensitive manner to ensure families do not feel criticised, judged or stigmatised (se recommendation 2).
Anxiety UK	2 (Identifying vulnerable children & assessing their needs(	10	Anxiety UK would recommend that such discussions should include the impact of any pre-existing mental health difficulty that the mother may have on ability to attend appointments including visits to the GP, nursery etc. It is Anxiety UK's experience that mothers living with agoraphobia often have unmet needs which are not picked up by health visitors/other healthcare professionals. These issues, if left undetected, can lead to problems around school attendance further down the line.	Comment noted – recommendation 2 includes assessment of the parents mental health needs, circumstances and networks of support. Recommendation 5 (delivering services) states that professionals should be 'systematic and persistent in their efforts to encourage hard-to-reach vulnerable parents to use early years services' and use various methods to engage parents (publicity, home visits and repeated invitation). This systematic and

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				persistent may help engage people with anxiety or experience agoraphobia.
Anxiety UK	3 (Pre & postnatal home visiting for vulnerable children & their families)	12	Anxiety UK would suggest that this statement be strengthened by adding that 'where involvement is lower than expected, that Health Visitors and other relevant healthcare professionals, should seek to elicit and understand the reasons for this. For example, again in the case of mothers affected by agoraphobia, their non attendance at appointments should not be interpreted as an indication of lack of interest/engagement but instead a symptom of their condition. In such circumstances, support should be put in place to enable the mother/family member to actively participate in their child's life.	The guidance includes a number of recommendations advising that professional seek to understand parents circumstances and discuss these in a sensitive manner. Recommendation 3 is centred on home visiting inventions, which may reduce some barriers to participation by people with anxiety, including agoraphobia. Furthermore, though not the focus of the guidance, recommendations 1 and 2 include access to specialist services for families that need these and Recommendation 3 includes partnership working with other professionals (including psychologists and therapists). Recommendation 5 includes support to participation of vulnerable parents and those who may lack confidence or are isolated.
Association for Family	General		Family therapy and systemic practice provides a useful model	Comments noted.

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therapy and Systemic Practice (AFT)			for offering training, supervision and consultations for taking a whole system approach when working with different agencies and including family members when working with a young child and the parent. Details can be found on the website: www.aft.org.uk	
Association for Family therapy and Systemic Practice (AFT)	General		Family therapy and Systemic practice is recommended in some interventions for children and young people with problems, and it would be helpful for this model to be used for training as well as supervision. There are recommendations for this model, that also recognise the value in early interventions for families where there are problems associated with vulnerability in young children. including for cost effectiveness: Reclaiming Social Work Preventing Antisocial Personality Disorder (CG77) Working with vulnerable and disadvantaged children and young people (PH4)	Comments noted – The guidance aims to support social and emotional wellbeing of vulnerable children and may have benefits in in terms of mental health and need to use support services. The Guidance does refer to other related NICE guidance, including Interventions to reduce substance misuse among vulnerable young people (PH4). CG77 includes children, with conduct disorders – diagnosis of Antisocial Personality Disorder is not normally made until later in life. The guidance does, however, refer to the guideline Attention deficit hyperactivity disorder (CG72)
Association of Educational Psychologists	General		The AEP would highlight the important role which educational psychologists play as part of the children's workforce in early years' settings.	Comments noted - psychologists and other practitioners are included in the listing of people that the guidance is of relevance particular to.

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			Educational psychology underpins our understanding of how children learn and develop. Educational psychologists do not only have responsibilities for supporting young people directly, but also have a critical role in the training of teachers and educational professionals to identify and respond to the first signs of developmental, emotional, social or learning difficulties. In particular, educational psychologists are often a source of specialist support and advice for practitioners in the early years, especially in relation to their care for vulnerable children, whose emotional and social development or behaviour is causing concern. The majority of local authority educational psychology services will have an early years' specialist within the team and early years settings are considered to be an integral part of the service's remit.	Throughout the guidance, partnership working is recommended as is developing and agreeing pathways and referral routes across different services – this includes specialist involvement by educational psychologists. Comment noted.
Association of Educational Psychologists	General ctd.		The AEP feels that the draft guidance should recognise the contribution which educational psychologists make in the early years, particularly in relation to the support and advice that they provide to practitioners and they should be referenced as an important partner in supporting the social and emotional development of the under-fives.	Comments noted - psychologists and other practitioners are included in the listing of people that the guidance is of relevance particular to.

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Association of Educational Psychologists	General		The AEP welcomes the reference to resilience within the definition which the draft guidance uses to measure and define emotional and social wellbeing.	Comment noted – thank you.
Association of Educational Psychologists	General		The AEP welcomes the identification of exposure to domestic violence as a vulnerability that should be taken into consideration. The AEP would also like to see exposure to inappropriate material or images of explicit violent or sexual conduct also included as a vulnerability.	Comment noted – thank you. PHIAC carefully considered the factors to be included in the definition of vulnerable children. It agreed that these factors should be readily identifiable. As PHIAC had not considered evidence specific to explicit material, it could not make recommendations specific to this, but noted that violence and criminality are included as factors that indicates vulnerability.
Association of Educational Psychologists	Recommendation 1	8	Educational psychology should be referenced as a specialist service in the early years. This is especially relevant given the link role which educational psychology services often play between health and education services, settings and parents. The AEP would highlight the positive evaluations of educational psychologists which the Targeted Mental Health in Schools	Comments noted. The Targeted Mental Health in Schools projects appears focused on school setting and not early years. Educational psychology specialist

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			projects, conducted for the Department for Education, have demonstrated. Reference: https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR177.pdf These projects showed that educational psychologists play a very important role in settings to improve mental health outcomes and build children's and young people's resilience. In light of the role which educational psychologists play in supporting other professionals to understand children's needs and identify strategies to improve wellbeing, it is therefore important for educational psychology services to be aware of and involved in this guidance.	involvement are not excluded from recommendation 1 and the 'specialist services' referred to As stated in the comment, it would appear useful for educational psychology services to be aware of this guidance and involved, where appropriate, in supporting social and emotional wellbeing.
Association of Educational Psychologists	Recommendation 2	9	Educational psychologists and educational psychology services should be listed within the guidance as providing services for children and families in early years' settings and therefore as a service which should take action. This is particularly relevant given the role which educational psychology services play in supporting other professionals in the children's workforce to communicate with parents, identify and support child development and the other steps outlined in the	The relevance of the guidance to psychologists in highlighted in the introduction to the guidance (see Introduction, 'Who is this guidance for?'). In recommendation 3, states that health visitors and midwives should involve other professionals, including psychologists.

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			guidance. EPs already work actively with parents to provide a vital link between them and the full range of children's service professionals who hold a duty of care towards their child. An EP's independent, professional advice is appreciated by parents and EPs are often able to involve the parent and child in decisions to foster a co-operative approach and response. It is therefore appropriate for educational psychology services to be aware of this guidance.	
Association of Educational Psychologists	Recommendation 2	9	Developing trusting relationships with parents is fundamental in the early years, so that both parents and practitioners can be supported to form strong, early attachments with young children. Poor attachment with early carers is one of the most crucial and reliable predictors of impairments to children's social and emotional capability later on in life. However, practitioners need to be supported to communicate effectively and in a non-hierarchical manner with parents, as it is the AEP's experience that practitioners find this element challenging. The AEP would agree with the approach outlined to adopt a non-	PHIAC recognised the importance of pre-birth and the post natal period. Recommendation 3 focuses on this period and includes recommendations on attachment. Comments noted – the recommendations have been redrafted to highlight the need to be sensitive or judged. The guidance also makes reference to the Family Nurse Partnership model and Early Years Foundation Stage – both of which contain advice on effective collaboration between

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			judgmental approach when communicating with parents. Identifying a child's or a family's strengths as well as areas causing concern is a crucial part of developing a non-hierarchical relationship, and reinforcing messages about a child's potential and achievements. Given the focus within this recommendation on multiple services and settings having regard to identifying risks to a child's wellbeing and assessing needs, the AEP would again underline the statutory role which educational psychologists enact for local authorities in identifying and assessing children's needs. It is appropriate for educational psychologists to be included within the scope of this guidance.	professionals and parents. Comment on statutory role of educational psychologists noted. NICE would not normally make recommendations on a role that is statutory. Psychologists who work with children and parents (and parents to be) are included within the guidance.
Association of Educational Psychologists	Recommendation 2	10	The AEP agrees with the recommendation to ensure procedures are in place to share information through the common assessment framework. Sharing of information is part of good professional practice and effective multi-disciplinary working. While the AEP understands the intention to avoid multiple assessments, it is important to note that different disciplines may be required to ask differing questions or seek alternative perspectives in order to inform an accurate assessment of a child's or a family's needs and suggested appropriate strategies.	Comments noted. Psychologists are specifically referred to in the 'Who this guidance is for?' section. It was considered useful to not specify the discipline/speciality so as to highlight the relevance of various psychology professionals. Recommendation 3 also cites

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			It should also be noted that educational psychology services are an integral part of the common assessment framework in early years' services. Furthermore, educational psychology services, working across early years and over transitions into school settings, provide continuity of care, which the guidance highlights as a priority for practitioners.	psychologists as professionals how should be involved.
Association of Educational Psychologists	Recommendation 4	13	Again, the AEP would stress the important role and partnership which educational psychologists have with practitioners and other services in early years' settings. The service should be identified within local authority children's services and the list of providers in early years' settings.	Comments noted – psychologists are listed in the 'Who is this guidance for?' section at the opening of the guidance.
Association of Educational Psychologists	Recommendation 4	14	The AEP strongly supports the principle that early years' settings cover both welfare and learning/development requirements, since this allows practitioners to develop and follow a holistic, child-centred approach. A child's emotional and social wellbeing is fundamental to learning and should not be addressed separately by practitioners, especially during the phase from birth until five. This is particularly important for the most vulnerable children who often have inter-dependent educational, developmental and welfare needs, which need to be addressed as one whole, rather	Comments noted - Thank you. The goal of supporting social and emotional wellbeing is repeated throughout the guidance. This is consistent with recommendation 4 which includes the statement that 'services which aim to enhance their social and emotional wellbeing and build their

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			than as itemised areas of concern. As settings increasingly offer combinations of “education” and “care”, welfare requirements must be highlighted in early years settings to emphasise the need to promote learning and development as well as provide a safe environment.	capacity to learn’.
Association of Educational Psychologists	Recommendation 4	14	The AEP particularly welcomes the recommendation to identify a key worker to provide continuity of care in early years settings and build relationships with children, whereby staff get to know and develop an understanding of a particular child’s needs. This is especially important for very young children. Practitioners should also engage parents and support them to build strong attachments and nurturing relationships with children.	Comments noted - thank you.
Association of Educational Psychologists	Recommendation 5	15	This recommendation should include local authority children’s services and educational psychology, particularly as they are part of the pathway and referral routes in early years’ multi-disciplinary teams. Furthermore, this should be considered given the expertise of the profession in identifying the practical impact of a medical diagnosis and an understanding of the range of strategies and approaches that practitioners can take to support a child’s and a	The guidance has been redrafted following stakeholder consultation. In general, changes have been made to organisations and individuals referred to in the guidance to correct inaccuracies and to simplify, but reference to psychologists in the introduction and in recommendation 3 has been added. Local authority children’s services are the focus of recommendations

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			family's needs.	within recommendation 4. Partnership working, ensuring effective referral and co-ordinated support feature in the guidance, including recommendation 5.
Association of Video Interaction Guidance in the UK	Recommendation 3	12	Row 11 "Video Interaction Guidance' instead of " interactive video guidance' Evidence –base from Barlow review relates to Video Interaction Guidance (VIG), Video Home Training (VHT)and Video feedback Intervention to promote positive parenting (VIPP) Kennedy,H., Landor, M. and Todd,L. (2011) *Video Interaction Guidance: a relationship-based Intervention to promote Attunement, Empathy and Wellbeing* Pages 84-88 London : Jessica Kingsley Publishers	Thank you – the term 'Video Interaction Guidance' is used in the guidance (and defined in the glossary).
Bangor University	general		This is a really important topic and I appreciate an opportunity to submit views. I wish to make two general comments and to submit what I consider to be additional relevant evidence. 1. It is unfortunate that the papers reviewed focus only on home visiting based parenting programmes as there is considerable relevant evidence in the group based parenting literature, some of which is mentioned in the Dartington response including that related to the Incredible Years parent programme for parents of 2 – 8 year olds and to which I also refer below. **2.** The Incredible Years child and teacher programmes	<<< Comments noted. NICE also note the effort in preparing a detailed response to the consultation of the draft guidance. The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children pre-birth and in early years (up to 5 years of age). PHIAC considered comments received in consultation and agreed that the interventions (Incredible

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			designed to promote children's social and emotional competence have not been reviewed as part of the NICE review process although they have extensive evidence of good outcomes for children aged 3 – 8 including from RCTs going back over many years. I summarise below some key features and outcomes	Years) described in the response are out with the scope of the guidance as relate to primary school- aged children.
Bangor University			**Incredible Years Teacher and Classroom Dinosaur School programmes** These programme are part of the Incredible Years (IY) suite of parent, child and teacher programmes that have been recognised in every systematic review of effective programmes for the prevention and reduction of violence in young children (see for example *www.colorado.edu/cspv/**blueprints**/)*. There is a strong evidence base for the programmes for children in the 2 – 8 age range. The basic parenting programme has been included in the submitted Dartington review however none of the reviews report on the extensive work involving the child and teacher programmes. There is also evidence for some of the other IY parent programmes, including the school aged parenting programme for parents of 8 – 13 year olds (Hutchings, Bywater, Williams et al., 2011) and the toddler programme for parents of one and two year olds (Griffith, 2012; Hutchings, Griffith, et al., in preparation). Details of programme content and the extensive research background to all of the programmes are	PHIAC agreed that the interventions (Incredible Years) described in the response are out with the scope of the guidance as relate to primary school- aged children.

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			described in Webster-Stratton, 2011.	
Bangor University			***Clinical Intervention Research using the IY Child and Teacher programmes*** Having established the effectiveness of the parent programme with a clinical population in the early 1990s (see the summary in the Dartington submission) Webster-Stratton devised a clinical programme for the children, the Therapeutic Dinosaur School programme. This is an eighteen to twenty-two session programme, run for two hours a week, for groups of six referred children. It teaches social and problem solving skills, anger management and academic skills such as concentrating and checking. The parenting programme produced improvements in parent-child relationships and child compliance at home, the addition of Dinosaur School achieved improvements in child friendships with peers, number and quality of problem solutions and academic attainment.	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children pre-birth and in early years (up to 5 years of age).
Bangor University			Following the development of the therapeutic Dinosaur School programme Webster-Stratton developed a classroom management programme for teachers. This programme uses video footage of classroom situations and is run for one-day per month over five or six months. The addition of this programme resulted in significant improvements in teacher classroom management including increased positive attention to children	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children pre-birth and in early years (up to 5 years of age).

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			and reductions in use of aversive discipline strategies. This had further significant beneficial effects on child outcomes demonstrating that children with well-established problems have the best chances of making and maintaining gains when all three programmes, parent, child and teacher, are used. This is particularly the case for those children with the most significant problems who are at greatest risk of long-term delinquency, drug abuse and violent criminality (see Webster-Stratton, Reid, & Hammond, 2004; Webster-Stratton & Reid, 2004, for research outcomes on the clinical trials of the child and teacher programmes).	
Bangor University			**Early Intervention Prevention Research using the IY Parent, Child and Teacher programmes** Having developed and researched the parent, child and teacher programmes for referred children with severely challenging behaviour, and established that they were effective clinical programmes, Webster-Stratton took all three programmes into Head Start early intervention settings targeting high risk pre-school children and demonstrating that they were equally effective as preventive programmes for young children aged three to five years at high risk of developing conduct disorder.	Comments noted – PHIAC agreed recommendations for early years education settings which ensure vulnerable children can benefit from early education and childcare services, including universal provision and entitlement for social disadvantaged children. It did not make specific recommendations on targeted interventions that are delivered within the early education.
Bangor University			**Parent programme**	Comments noted – PHIAC agreed

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			Used in Headstart early intervention settings, Webster-Stratton demonstrated that her BASIC parent programme had the components and collaborative process needed to engage the high risk families that so often fail in other programmes and achieve sustained change in their relationships with their children and in their children's behaviour (Hartman, Stage, & Webster-Stratton, 2003; Gardner, Hutchings, Bywater, & Whitaker, 2010).	recommendations for early years education settings which ensure vulnerable children can benefit from early education and childcare services, including universal provision.
Bangor University			**The Classroom Child Dinosaur School social skills and problem solving and teacher classroom management programmes** For the Head Start research the IY teacher classroom management programme was delivered alongside a universal classroom based Dinosaur School programme. This was a redesigned version of the social skills and problem-solving curriculum developed as a treatment programme. The classroom programme was delivered twice a week in 20-minute circle time activity, backed up by small group activities. The sessions were delivered to the whole class and supported by the regular classroom teachers who, at the same time, received monthly training in the classroom management programme. In this study the Dinosaur curriculum was delivered throughout the school year to 23 classes of Head Start children in Seattle during their first two years in school. Results of the Head Start preventive work show the combined parent, child and teacher programmes	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children pre-birth and in early years (up to 5 years of age).

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			to be just as effective as preventive programmes as they were as treatment programmes. (see Webster-Stratton, Reid, & Stoolmiller, 2008; Raver et al., 2008; Reid, Webster-Stratton, & Hammond, 2007)	
Bangor University			***Recent programme developments*** Webster Stratton's most research has involved delivering the parent programme and small group therapeutic child programmes to young children with ADHD with positive effects (Webster-Stratton, Reid, & Beauchaine, 2011)**.**	Comments noted.
Bangor University			The best summary of the entire programme of research over the last 25+ years is available in Webster-Stratton 2011 and this also includes a summary of dissemination in Wales (Hutchings & Bywater, 2011).	Comments noted – PHIAC did not consider (or invite) submission of further evidence at this point of the guidance development.
Bangor University			**Incredible Years parent, child and teacher programmes in Wales** There has now been over twelve years of work using the IY Parent, Teacher and Child programmes in Wales, including many high quality research studies and the development of expertise across Wales in their implementation (Hutchings, in press). We have been using the parent, child and teacher programmes in Wales for the last eleven years starting in 2002 with the BASIC parent programme as an early preventive intervention with parents of high-risk pre-school children from Sure Start areas	Comments noted, please see response above.

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			across North Wales. The Welsh research on the basic parent programme is included in the Dartington submission and we have subsequently researched the school aged parent programme (Hutchings, Bywater, Williams, et al., 2011) completed an RCT of the toddler parent programme for parents of one and two year olds (Bywater, Hutchings, Gridley, & Jones, 2011; Griffith, 2012) and are currently concluding studies of the baby and school readiness parent programmes (Cooper, 2012).	
Bangor University			Training in Wales to deliver the child and teacher programmes commenced in 2002 and Welsh Government (WG) funding since 2006 for training, resources, supervision and dissemination through our conference and newsletter has put Wales at the forefront in demonstrating good outcomes from pragmatic trials of the IY programmes. This work is disseminated internationally and has been presented in Poland, Finland, Canada, Australia, USA, Portugal, Ireland, Denmark and Jamaica as well as at numerous academic and service settings in England and Scotland.	Comments noted, please see response above.
Bangor University			**2. Development of the programmes in Wales:** The TCM programme and Classroom Dina programmes were first introduced in Gwynedd in 2002. After piloting the programmes for three years and following some very positive Estyn reports from the pilot schools it was rolled out as a county	Comments noted, please see response above.

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			wide strategy with a full time secondment of a Head Teacher, to support this development. Currently almost all 102 schools in Gwynedd are TCM trained and using the Classroom Dina programme in KS1. Most of our research with these programmes has been in Gwynedd although they are now extensively delivered in Powys, where 40% of primary schools are using the programmes, and there is a recently established project in Neath Port Talbot using Small Group Dina with high challenge children and to put the TCM programme into many schools. In addition both Wrexham and Flintshire are beginning to roll out the TCM programme and Flintshire and Denbighshire have for some years delivered the Small Group Dina programme. We are currently researching the Small Group Dina and School Readiness Parent Programmes delivered by school based staff to help develop strong home-school links.	
Bangor University			**A: The Child and Teacher programmes** When first introducing the IY child Dinosaur School programmes we published brief reports on both the Classroom and Therapeutic Dinosaur School programmes. The results from both were positive and, as a result, the programmes have continued to be used in Wales.	Comments noted, please see response above.
Bangor University			*The Small Group Dinosaur School Therapeutic programme delivered in an NHS CAMHS service*	The guidance focuses on identification of and targeted

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			Results from the pilot study of the Therapeutic Dina programme with North West Wales NHS CAMHS referred children with Conduct Disorder and/or ADHD demonstrated reduced inappropriate behaviours that generalised to both home and school settings. This included significant reductions in inattentiveness for the children with an ADHD diagnosis (Hutchings, Bywater, Daley, & Lane, 2007).	services to support the social and emotional wellbeing of vulnerable children pre-birth and in early years (up to 5 years of age). It does not cover the clinical treatment of emotional and behavioural difficulties or mental health conditions, but does refer to related NICE guidance (where available).
Bangor University			*Preliminary evaluation of the Classroom Dinosaur School curriculum* This study reported on the implementation of Classroom Dinosaur School curriculum in the first school in Wales to deliver this curriculum. Results demonstrated positive effects on academic performance, social and emotional development and reductions in behavioural problems. There was evidence that improvements had generalised to other settings, including the playground and home, and to other children in the school. The success of the programme in the first year helped to ensure the continuation of the programme, which is now in all 102 primary schools in Gwynedd (Hutchings, Lane, Owen, & Gwyn, 2004).	Comments noted, please see response above.
Bangor University			*The Teacher Classroom Management (TCM) programme* Having established the benefits of the Classroom Dinosaur School social skills and problem-solving curriculum we began to	Comments noted, please see response above.

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			train local teachers in the principles of the TCM programme. Initially we undertook a survey of teachers to establish whether the programme was acceptable to them and then an observational comparison of trained and untrained teachers. Trained teachers reported satisfaction with the programme and reported that the strategies taught were effective and improved pupils' conduct. In the second study blind observation of teacher classroom behaviour was undertaken in 21 classes, ten teachers had received the TCM training and eleven had not. Teachers who received TCM training gave clearer instructions to children and allowed more time for compliance before repeating instructions. The children in their classes were more compliant than children in the classes of untrained teachers (Hutchings, Daley, Jones et al., 2007).	
Bangor University			In a subsequent study we undertook an RCT of the TCM programme in 11 schools. Key findings from this study were that TCM trained teachers were more positive and gave clearer commands and their pupils were significantly more on task, more compliant and less negative, both in general and towards their teachers. Identified high challenge children were also significantly more on task and less negative towards their teachers. The TCM course changed teacher behaviour for the better and resulted in benefits for both pupils in general and for high-risk children. (Hutchings, Martin-Forbes, Daley, Whitaker, &	Comments noted, please see response above.

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			Williams, under revision). We also published data obtained in this study on levels of behavioural difficulties in young Gwynedd school children. This showed a significant increase in levels of teacher report of difficulties among young Gwynedd children over a 25-year period (Hutchings, Williams, Martin, & Pritchard, 2011).	
Bangor University			*Small Group Dinosaur School Therapeutic programme in schools* As a result of the collaboration with Gwynedd, who have implemented the TCM and Classroom Dina School curriculum across the County, we ran a small project to evaluate the added benefit for high-risk children of the Small Group Therapeutic Dina programme. This was run in one school with two groups of six pupils, half of whom were deemed by their teachers to be at risk of school failure. A comparison group of twelve children who were effectively a waiting list control had five high-risk children. Comparisons between the high-risk children that did and did not receive the programme produced statistically significant benefits for intervention children in teacher rated behaviour and increased ability to produce positive solutions to problems. (Hutchings, Bywater, Gridley, et al., 2011).	Comments noted, please see response above.
Bangor University			Blind observation of child behaviour showed that intervention children were more positive towards their teachers and their teachers were more positive towards them, whereas control	Comments noted, please see response above.

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			children had reduced levels of positive behaviours towards teachers and their teachers had reduced their positive behaviour towards them. The trial provided the preliminary evidence of the benefits of additional coaching for high-risk children who were already receiving the Classroom Dina curriculum and this provided the basis for the successful lottery bid for £400k to further explore this within schools in North- and Mid-Wales that we are currently undertaking (Bywater, Hutchings, Evans & Parry, 2011; ISCRTN; NISCHR UK).	
Bangor University			**B. Ongoing/currently funded child/teacher research studies in Wales** *School Readiness programme RCT evaluation* This is a PhD project in which school based staff have run the four-session Parent School Readiness programme with parents of children as they enrol for school. The programme promotes parent-child pay and teaches strategies to encourage children's interest in books. This trial took place in schools across north and mid Wales. The aim is to see whether the programme improves home school links and enhances children's school readiness and preliminary results showed promising outcomes (Cooper, 2012).	Comments noted, please see response above.
Bangor University			*The Lottery funded Small Group Therapeutic Dinosaur School*	Comments noted, please see

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			project. This is an RCT study funded for three years from 2010 to work with up to twenty-four schools in North- and Mid-Wales to establish the benefit of additional Small Group Therapeutic Dina social skills and problem solving sessions for high-risk Key Stage one pupils. It is the first ever trial of the Therapeutic Dina programme delivered to children in schools where the Classroom Dina and TCM programmes are already established (Bywater, Hutchings, Evans & Parry, 2011; ISCRTN; NISCHR UK). The project involves 240 children and the intervention is delivered by school-based staff. Research funding provides for a part time research officer, three part-time research assistants, a half-time seconded teacher and a part time administrator.	response above.
Bangor University			**Conclusion** There is national and international evidence for the effectiveness of the IY parent child and teacher programmes across the age group being considered for inclusion in the the NICE determination on Public Health Evidence – Social Emotional Wellbeing – Early Years.	Thank you – PHIAC did not consider (or invite) submission of further evidence at this point of the guidance development.
Bangor University			**References** References Bywater, T., Hutchings, J., Evans, C., Parry, L., & Whitaker, C.J. (2011). Research Protocol: Building Social and Emotional	Comments noted, please see response immediately above.

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			Competence in Young High-Risk School Children: A Pragmatic Randomised Controlled Trial of the Incredible Years Therapeutic (Small Group) Dinosaur Curriculum in Gwynedd Primary Schools, Wales. Trials doi:10.1186/1745-6215-12-39. Bywater, T., Hutchings, J., Gridley. N., & Jones, K. (2011). Incredible Years parent training support for nursery staff working within a disadvantaged Flying Start area in Wales: A feasibility study. Child Care in Practice, 17(3), 285-302. Cooper, K. (2012). Preliminary outcomes from the IY School Readiness programme. Conference presentation: Centre for Evidence Based Early Intervention North Wales Conference: Developing and Researching Evidence Based Early Intervention Programmes across Wales and beyond. Bangor University, 20th January. Griffith, N. (2012). Outcomes from the IY Toddler Parenting Programme. Conference presentation: “Supporting Parents, Children and Teachers: research and practice” 7th March. Copthorne Hotel, Cardiff Gardner, F., Hutchings, J., Bywater, T., & Whitaker, C.J. (2010). Who Benefits and How Does It Work? Moderators and Mediators of Outcome in an Effectiveness Trial of a Parenting	

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			Intervention. Journal of Clinical Child & Adolescent Psychology, 39(4), 1–13. Hartman, R., Stage, S., & Webster-Stratton, C. (2003). A growth curve analysis of parent training outcomes: examining the influence of child risk factors (inattention, impulsivity, and hyperactivity problems), parental and family risk factors. Journal of Child Psychology and Psychiatry, 44(3), 388-398. Hutchings, J. (2012). Developing and researching the Incredible Years programmes in Wales. Manuscript in press. Hutchings, J. & Bywater, T. (2011). Developing the Incredible Years Programs in Wales. In: C. Webster-Stratton (Ed.), The Incredible Years Parents, Teachers, and Children Training Series: Program content, methods, research and dissemination (pp 293-298). Seattle: Incredible Years Inc. Hutchings, J., Bywater, T., Daley, D., & Lane, E. (2007). A pilot study of the Webster-Stratton Incredible Years Therapeutic Dinosaur School programme. Clinical Psychology Forum, 170, 21-24. Hutchings, J., Bywater, T., Gridley, N., Whitaker, C., Martin-	

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			Forbes, P., & Gruffydd, S. (2011). Introducing The Incredible Years Therapeutic Social and Emotional Skills Programme: A Pilot Study with High Risk Children. School Psychology International doi:10.1177/0143034311415899 Hutchings, J., Bywater, T., Williams, M. E., Whitaker, C., Lane, E., & Shakespeare, K. (2011). The extended School Age Incredible Years parent programme. Child and Adolescent Mental Health, 16(3), 136-143. Hutchings, J., Daley, D., Jones, K., Martin, P., Bywater, T., & Gwyn, R., (2007). Early results from developing and researching the Webster-Stratton Incredible Years Teacher Classroom Management Training Programme in North West Wales. Journal of Children's Services, 2(3), 15-26. Hutchings, J., Griffith, N., Bywater, T., Gridley, N., & Whitaker, C.J. (2012). Outcomes from the Incredible Years Toddler Programme with parents of one and two year old children living in Flying Start areas in Wales. Manuscript in preparation. Hutchings, J., Lane, E., Ellis Owen, R., & Gwyn, R. (2004). The introduction of the Webster-Stratton Classroom Dinosaur School Programme in Gwynedd, North Wales. Education and Child Psychology, 21(4), 4-15.	

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			Hutchings, J., Martin, P., Daley, D., Whitaker, C.J., & Williams, M.E. (2012). The impact of a teacher classroom management programme on the classroom behaviour of children with and without behaviour problems. Manuscript under revision. Hutchings, J., Williams, M.E., Martin, P., & Pritchard, R.O. (2011). Levels of Behavioural Difficulties among Young Welsh Schoolchildren. The Welsh Journal of Education 15(1), 103-115. Raver, C.C., Jones, S.M., Li-Grining, C.P., Metzger, M., Champione, K., & Sardin, L., (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. Early Childhood Research Quarterly, 23, 10–26. Reid, J.M., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a Classroom Social Competence and Problem-Solving Curriculum by Offering Parent Training to Families of Moderate- to High-Risk Elementary School Children. Journal of Clinical Child & Adolescent Psychology, 36(4), 605–620. Webster-Stratton, C. (2011). The Incredible Years Parents, Teachers, and Children Training Series: Program Content, Methods, Research and Dissemination. Incredible Years, Seattle.	

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			Webster-Stratton, C. & Reid, J.M. (2004). Strengthening Social and Emotional Competence in Young Children—The Foundation for Early School Readiness and Success. Infants and Young Children, 17(2), 96–113. Webster-Stratton, C. Reid, J.M., & Beauchaine, T.P. (2011). Combining Parent and Child Training for Young Children with ADHD. Journal of Clinical Child and Adolescent Psychology, 40(2), 191-203. Webster-Stratton, C., Reid, J.M., & Hammond, M. (2004). Treating Children With Early-Onset Conduct Problems: Intervention Outcomes for Parent, Child, and Teacher Training. Journal of Clinical Child and Adolescent Psychology, 33(1), 105–124. Webster-Stratton, C., Reid, J.M., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. Journal of Child Psychology and Psychiatry, 49(5), 471-488.	
Barnardos	General		DCYPPP facilitate young people with disabilities to share their	Thank you – provided for information

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			experiences and in doing so advocate on their own behalf and that of others living with disabilities.	
Barnardos	General		One of the issues that the projects advocacy group have identified and have been influencing on for some time is the emotional wellbeing and mental health support needs of young people with disabilities	Comment noted - the guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children pre-birth and in early years (up to 5 years of age).
Barnardos	General		The young people are of a firm belief that some of their stressors as they enter into adolescences is attributed to;	Please see responses below
Barnardos			(a) A negative attitude to disability. Young People belief that until the medical and social care professions adopt a less negative and more of a can do approach to disability then the lives of children with disabilities will in general be impeded. Young people believe that parents and professionals should be able to focus on what the child can do and strive to instil a can do attitude to enable the child to live to their fullest potential.	Comments noted – the guidance recommends discussing any risk factors in a sensitive manner to ensure families do not feel criticised, judged or stigmatised (see recommendation 2), and that children and families with multiple needs have access to specialist services. PHIAC agreed that number of factors may contribute, to varying degrees, to making a child vulnerable to poor social and emotional wellbeing and

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				circumstances may vary with time. However, that parental mental health and having a disability may indicate that a child is vulnerable and could benefit from more targeted interventions to support social and emotional wellbeing.
Barnardos			(b) Better support for parents and families at the point of diagnosis and disclosure. Young people accept that professionals should be honest about the disability and its impact on the child and the family. However they believe that the way the news is broken and the lack of emphasis and understanding of what they may be able to do impacts on their relationship with their parents and siblings. In many cases young people feel that the social isolation and inability to be included in mainstream activities stems from the parents in ability to allow them to be independent.	Comments noted – in addition to the responses above, the guidance also recommends that early professional seek to understand and respond to perceived needs and concerns of families of vulnerable children.
Barnardos			I would like to invite NICE to meet with the 6th sense reference group on Emotional wellbeing and Mental Health. This is a group of young people who are currently working with CAMHS in the Southern Area to develop an Awareness Raising Program for professionals and parents to raise awareness of the EWBMH support needs of children with disabilities.	Comment noted – however, in line with NICE process, we are consulting on the draft guidance only and PHIAC has not considered (or invited) submission of further evidence. PHIAC has considered the results of

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				commissioned fieldwork research which sought the view of parents and carers of early years children and professional in early years settings.
Barnardos			The young people will also be able to give a considered response to the consultation.	Thank you – NICE commissioned fieldwork involving parent and carers – including young parents. PHIAC carefully considered the result of the fieldwork in agreeing the final guidance (please see appendix C)
Blackpool Teaching Hospitals NHS Foundation trust	General		This document is very comprehensive and welcomed by our service.	Comment noted – thank you.
Blackpool Teaching Hospitals NHS Foundation trust	Recommendation 1	7	An addition to this section of the requirement to ensure staff training is part of the strategic vision and commissioners are also committed to that. Without the appropriate training, staff will be unable to deliver services as in recommendations 2 and 3.	Comment noted – The guidance makes reference to existing models such as the Family Nurse Partnership. These models provide guidance of the professional roles involved and professional registration bodies determine competencies. The guidance has not commented on detail on specific competencies and training needs, but in recommendation 4 does state that an appropriately trained nurse

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				should conduct home visiting (which is consistent with the Family Nurse Partnership model) and that local authority children's services and managers should ensure early education and childcare services are run by 'well-trained' staff.
Blackpool Teaching Hospitals NHS Foundation trust	Recommendation 2	10	Add to the final points of 'What action should they take?' They should do this by: - hearing the voice of the child and keeping the baby in mind.	Recommendation 2 now includes the text 'focusing on the child's needs' to reflect the importance of keeping the child 'in mind'.
Blackpool Teaching Hospitals NHS Foundation trust	Recommendation 3	11	Change "(Health Visitors and Midwives) ..... should also offer to provide similar intensive support.... To ".....should also offer to provide more intensive support as described in the Partnership Plus element of the Health Visiting Vision". The Family Nurse Partnership programme is very intensive, delivers a replicated programme and continues for two and a half years and so impossible for HV or MW practitioners to deliver a "similar" model.	PHIAC agreed it was not appropriate to recommend one specific programme, considering that that long-term follow-up and an analysis of the costs and effects of intensive support is 'crucial', but on going.
Blackpool Teaching Hospitals NHS Foundation trust	Recommendation 4	14	Add to the final point ".the environment .....offers appropriate facilities for educational and other activities" so it reads ".....appropriate facilities for educational and other activities including access to outdoor play."	Outdoor environment has been added - the recommendations include that both indoor and outdoor environment is spacious, well maintained and pleasant.
Blackpool Teaching	Recommendation 6	17	Change " Using home visits by family support workers to " using	Recommendation 3 includes partnership

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Hospitals NHS Foundation trust			co-ordinated visits by family support workers in partnership with health professionals." In order to promote more integrated partnership working.	working to ensure coordinated support for vulnerable children.
Bright Horizons Family Solutions	General		Bright Horizons Family Solutions warmly welcomes this draft guidance on social and emotional wellbeing in the early years and wholeheartedly agrees with each of the recommendations made in the draft guidance. For too long children's emotional and social wellbeing has been overshadowed by the focus on early academic skills such as numeracy and literacy. The Tickell Review repositioned the importance of children's social and emotional wellbeing as being crucial for successful learning and PSE has now been enshrined in the revised EYFS as one of the Prime areas of Learning that lays the foundation for later development in literacy and maths. This has been further reinforced by Ofsted who will prioritise how well staff support children's social and emotional wellbeing when provision is inspected from Sept 2012. .	Comments noted – thank you.
Bright Horizons Family Solutions	General		The much awaited Nutbrown review will, we anticipate, also stress the importance of initial training including significant learning on the importance of children's social and emotional wellbeing linked to current research and the role that Early Years staff play in support the child and the family We would recommend that NICE is consulted on the content of	Comments noted – the guidance includes recommendation for early years education and childcare. PHIAC did not make specific recommendation on the content of training, but implementation tools

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			any revised Early Years initial training courses.	(including NICE pathways) will be made available once the guidance is published
Bright Horizons Family Solutions	General		We agree with NICE that children's social and emotional wellbeing needs to be viewed holistically in the context of the family. We recommend that Nice is involved in advising in the content of CPD modules to support the up skilling of staff working in EY settings. The importance of being skilled in working with the whole family will be a key part of support that EY staff provide.	Thank you – PHIAC did not make specific recommendations on the content of training, but implementation tools (including NICE pathways) will be made available once the guidance is published. These materials could be used as a reference for developing and delivering and for measuring quality of services.
Bright Horizons Family Solutions	General		We would also add that the emotional wellbeing of staff working with young children also impacts on children and recommend that references is made to the importance of EY settings supporting the emotional wellbeing of staff through effective supervision.	Comments noted – PHIAC did not make specific recommendations on the importance of staff wellbeing, but recommendations for staff to be 'well-trained', managers to ensure 'all vulnerable children can benefit from high quality services' and services 'promote the development of positive, interactive relationships between staff and children' are in keeping with and may support wellbeing of staff.

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British Psychological Society's	General		The BPS welcomes the inclusion of a range of different professionals and the recognition of their role in supporting social and emotional wellbeing in the early years, and the need for the sharing of expertise across health, education and social care.	Comments noted – thank you
British Psychological Society's	General		It would be helpful to align the guidance with existing policies such as *Every Child Matters* and *Getting it Right for Every Child* (e.g. recommendation 5 which refers to multidisciplinary team working).	Current Department for Education policies are referenced in section 9 of the guidance.
British Psychological Society's	General		The BPS believes that the proposals included in this document create an opportunity for multi-agency professional development focussing on areas such as brain development, attachment, solution oriented approaches and perinatal mental health. Applied psychologists with expertise in these areas, e.g. Educational Psychology Services and Clinical Psychologists working within Child and Adolescent Mental Health services could play an integral role in supporting the systematic planning and delivery of such CPD opportunities. This could take the form of training or skill development opportunities. An example of such development is the BICS Health visitor placement scheme at Alder Hey Children's NHS Trust Liverpool (Craig & Power, 2010), in which Health Visitors on short-term	Comments noted – the guidance lists psychologists as professional for whom the guidance is of particular relevance. Comment and reference noted – PHIAC did not specifically consider training and CPD in developing this guidance.

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			placements work alongside clinical psychologists in an early intervention CAMHS service to develop family mental health competencies and then act as a resource to their health visitor teams Reference: Craig, J. & Power, C. Service innovation 'on the cheap': The development of a health visitor/tier 2 CAMHS partnership. *Clinical Psychology Forum*, 205, 42-45.	
British Psychological Society's	General		The BPS recommends that a range of ante-natal sessions are developed to share information with parents regarding the importance of attachment and brain development.	Comment noted – the guidance recommends that health visitors and midwives explain that interventions aim to ensure the healthy development of the child. The guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides explain and aid assessment of development as well as identification of where there may be difficulties.
British Psychological	General		The BPS believes that training for early years providers should	Comments noted – while

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Society's			also focus on pedagogy and approaches to learning which promote the development of cognitive skills (see review in Siraj-Blatchford *et al*, 2002). The development of cognitive skills supports emotional wellbeing and the development of skills needed for learning life and work. Reference: Siraj-Blatchford, I., Sylva, K., Muttock. S., Gilden, R. & Bell, D. (2002). *Researching Effective Pedagogy in the Early Years.* Department of Education & Skills. https://www.education.gov.uk/publications/eOrderingDownload/RR356.pdf Accessed June 2012.	recommendations include developing capacity to learn and 'school readiness', and PHIAC noted that areas of development may be interrelated, it agreed that inventions considered in the guidance focus on the social and emotional wellbeing of vulnerable children. This guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides aid assessment of development and identification of where there may be difficulties. Current educational policy describes assessment and goals for cognitive and educational attainment.
British Psychological Society's	General		We believe that strong connections need to be made between the roles and responsibilities of those who provide home visiting, childcare, early education and those within health and social care. In addition, there would need to be a mechanism for sharing and developing practice.	Comment noted – recommendation 5 includes health and early years services provider have systems in place for sharing information and for multidisciplinary training and development.
British Psychological Society's	General		The BPS believes the guidance would be strengthened by greater acknowledgement of the connection between emotional	The recommendations include evidence based interventions which

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			health and wellbeing and cognitive development and the role of the adults in mediating early experiences. In particular the importance of the primary carers.	involved work with professionals, parents and children to develop parenting skills and confidence (such as the Nurse Family Partnership, see recommendation 3); assessment of needs of the family, in relation the social and emotional wellbeing of the child (recommendation 2) and involvement of parents in early education ('which should focus on social and emotional, as well as educational, development') in a balance of adult-led and child initiated activities.
British Psychological Society's	1	5	Background, bullet point 1 – we recommend adding "*cognitive development and their*" before the words "*health and wellbeing*", so that the sentence reads "*Adopt a 'life course perspective', recognising that disadvantage in a child's early years can have a life-long, negative effect on their cognitive development and their health and wellbeing*".	<<< Comments noted – PHIAC noted that cognitive development was important and areas of development may be interrelated and support of social and emotional development may have other benefits for the child. The inventions considered in the guidance focus on the social and emotional wellbeing of vulnerable children.

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British Psychological Society's	Recommendation 1	8	*What action should they take*, bullet point 4. We recommend the guidance makes it clear how frequently LA scrutiny committees for health and wellbeing boards should review delivery of plans and programmes.	This level of detail is not within the scope of the guidance and PHIAC did not consider evidence on this and have therefore not made specific recommendations. It is assumed that good quality planning would include a schedule for review of delivery.
British Psychological Society's	Recommendation 2	9	*What action should they take,* bullet 1, sub-bullet point 1. The BPS welcomes the strengths based approach.	Comment noted - thank you.
British Psychological Society's	Recommendation 2	10	*What action should they take*, bullet 1, Sub-bullet point 3. Regarding the text "*and respond to perceived needs...."* It is unclear who this refers to. We recommend clarifying whether this refers to parental perceptions, or perceived needs raised by anyone in relation to the child/family.	The intention is these are parental perceptions of needs and their concerns.
British Psychological Society's	Recommendation 2	10	*What action should they take*, bullet point 5. Regarding the text "*Health and early years professionals should ensure procedures are in place: to collect, consistently record and share information as part of the common assessment framework (relevant child and adult datasets should be linked)".*	Comments noted.

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			The common assessment framework process can provide an ideal opportunity for specialist services to support the multi-agency network around a family, through focussed consultation and co-working ahead of a referral to specialist services, e.g. CAMHS. Structures to enable early access to such input should be built into this guidance.	
British Psychological Society's	Recommendation 3	12	*What action should they take,* bullet point 5. Video Interaction Guidance is the term typically used, rather than "*interactive video guidance*".	Thank you – the term 'Video Interaction Guidance' is used in the guidance (and defined in the glossary).
British Psychological Society's	Recommendation 3	12	*What action should they take,* bullet point 7. Regarding the text "*Health visitors or midwives should involve other professionals such as therapists and family support workers from the Healthy Child Programme and children's centres".* The BPS recommends adding *"and child and adolescent mental health services*" to the end of this sentence. In addition, we believe that there should be an ongoing consultation process from family mental health specialists to support the work of these professionals. This is built into the family nurse partnership model (see for example Department of Health, 2011).	The recommendation now includes health visitors or midwives should work in partnership with other early years practitioners including, 'psychologists, therapists and, family support workers from and other professionals'. The list is not intended to be exhaustive, but includes psychologists who may provide CAMHS. The guidance notes the Family Nurse Partnership model as an intervention that has evidence of benefit for vulnerable children.

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			Reference: Department of Health (2011). *The Family-Nurse partnership Programme in England: Wave1 implementation in toddlerhood & a comparison between waves 1 and 2a of implementation in pregnancy and infancy.* http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123366.pdf Accessed June 2012.	PHIAC was mindful that long-term follow-up and an analysis of the costs and effects is 'crucial', but on-going.
British Psychological Society's	5.1	24	We are concerned that the evidence base review in the development of this guidance is rather limited, and focuses primarily on early years education and health visiting. It is unclear which interventions to support vulnerable children and their families to develop social and emotional wellbeing are being referred to. There *is* reference to policies being in place to ensure that improving the social and emotional wellbeing of children and families is a priority, together with reference to people being clear about their roles in improving such outcomes, but there is little guidance on what these roles entail and which evidence-based approaches to adopt. We therefore recommend a focus on developing this evidence	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children. The evidence considered in developing the guidance is summarised in appendix C and considerations of PHIAC in section 3 of the guidance. PHIAC carefully considered evidence for specific interventions. It noted that, for example the Family Nurse Partnership had evidence of positive effect on children's social and emotional wellbeing, but that this evidence was derived in from US-

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			base further, with a wider focus on the breadth of professionals providing interventions to this age group and their families.	based RCTs; that a UK-based trial was in progress and longer term follow-up and assessment of cost and benefits was crucial. PHIAC agreed that evidence-based interventions should be recommended, but that it could not select particular evidence-based interventions. The research recommendations aim to map out and provide a possible mechanism for addressing key uncertainties encountered by PHIAC.
British Association for Adoption and Fostering (BAAF)	General		This response is being submitted on behalf of the BAAF Health Group, which is also a special interest group of the Royal College of Paediatrics and Child Health (RCPCH). The Health Group was formed to support health professionals working with children in the care system, through training, the provision of practice guidance and lobbying to promote the health of these children. With over 500 members UK-wide, an elected Health Group Advisory Committee with representation from community paediatricians working as medical advisers for looked after children and adoption panels, specialist nurses for looked after children, psychologists and psychiatrists, the Health Group has considerable expertise and a wide sphere of influence.	Thank you – provided for information The PHIAC recognised the importance of being from a background of being looked after and therefore included being born to parents who are (or were as children) looked after in the definition of vulnerable children (see glossary). The guidance also recommends that health and early years professionals make referrals to specialist services where needed;

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			Our area of concern is the particularly vulnerable group comprised of looked after and adopted children and young people. However, prior to care entry many of these children will come to the attention of professionals and be recognised as children in need.	collect, consistently record and share information and procedures are in place for continuity of care. Guidance as a whole supports recognition of children who may be vulnerable, assessment of their needs and interventions to support their social and emotional wellbeing.
British Association for Adoption and Fostering (BAAF)	General		We welcome the development of Public Health guidance Social and emotional well-being: Early Years.	Comment noted – thank you.
British Association for Adoption and Fostering (BAAF)	Vulnerable children	7	It is good to see inclusion of children with mothers who are or were in the care system, in the vulnerable group.	Comment noted – thank you.
British Association for Adoption and Fostering (BAAF)	Recommendation 1	8	It is difficult to envision how commissioning will effectively address individual child minders.	Comment noted. PHIAC consider implementation along with other factors in agreeing recommendations (see process and methods for NICE public health guidance, 2009). Individual childminders may be considered in planning and commissioning by local authorities if commissioned by the public sector. Other early years services which

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				are commissioned would be apply to vulnerable children irrespective of how childcare is provided. Recommendation 4 makes specific recommendations for early education and childcare services (including childminders)
British Association for Adoption and Fostering (BAAF)	Recommendation 4	13	While it is important that these recommendations extend to individual child minders, what steps will be taken to ensure that such individuals who often work in isolation will be trained to adequate standards and have awareness of such guidance?	<<< PHIAC considered that the Childminder sector was important and should not be omitted from the guidance. PHIAC agreed that implementation for this group of early years provider may be challenging. Childminders must register and are inspected to assess the quality of care they provide. Current government policy intends that inspections will include consideration of children's 'personal and emotional development' and this may be expected to raise awareness of statutory and non-statutory guidance on the topic. The guidance aims to provide clear recommendations on what action should be taken and is supported by a glossary of key terms such as 'vulnerable children'.

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				This guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides aid assessment of development and identification of where there may be difficulties.
British Association for Adoption and Fostering (BAAF)	3.4 and 3.5	22	Our members support the expansion of the health visitor workforce and development of more family nurse partnerships, but note the need for specialised training. The guidance should specifically address the provision of adequate resources over prolonged periods of time which may be needed to address the large numbers of vulnerable children and families who could benefit from their expertise. It is crucial that their caseloads allow them additional time to engage and build strong relationships with parents. Provided this occurs, then signposting to more specialist help is easier and has the advantage that being part of universal services thus avoiding stigma.	Comments noted – however, it is not within the remit of this guidance programme to direct funding allocations, rather to provide guidance on effective practice and service composition. PHIAC was aware of current policy to expand the home visiting workforce and that evidence based models of more intensive home visiting (such as the Family Nurse Partnership) may be an effective use of some of the expanded workforce.
British Association for Adoption and Fostering (BAAF)	General		While it is hard to generalise from Sure Start because each area developed its own programme, it is important to recognise certain values such as service users influencing the development of local services. This helps to create a local culture of "working with" families which facilitates involvement	Comments noted – thank you. The guidance includes recommendations for involving parents in service delivery and development and that staff are well trained.

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			and ownership, assists with spreading the word about what is on offer, and should improve access to services. It is of course crucial to establish high quality services with appropriately trained staff, which will develop a good reputation locally, thus leading to greater acceptance and uptake.	
British Association for Adoption and Fostering (BAAF)	General		To be effective, the guidance should acknowledge the importance of relevant training and provision of appropriate and adequate resources, as engagement and building relationships in partnership with vulnerable families is often resource intensive work.	Comments noted. The guidance focuses on targeted interventions for vulnerable children and that some of these interventions require additional resources proportionally compared to universal services – but are cost effective.
BASW (British Association of Social Workers)	**General**		BASW welcomes guidance being produced in relation to public health intervention and social and emotional wellbeing during a child's early years. It is essential that there is good integration between health and social care services to promote this objective through well co-ordinated services.	Comment noted – provision of a co-ordinated service for vulnerable children is recommended throughout the guidance, including developing and agreeing pathways and referral routes across different services within a given locality.
BASW (British Association of Social Workers)	**Vulnerable children**	6	Poverty is mentioned in this section but never appears to feature again throughout the document. It is really important to take into account the pressures poor housing and debt can have on children and families particularly in the current economic climate. We would like to see much greater emphasis put on issues emanating from poverty and the support that can be offered by	PHIAC agreed that factors indicating vulnerability should be readily identifiable. It agreed that parents provide for the social and emotional development of children despite socially disadvantaged circumstances.

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			the agencies mentioned in both firstly recognising the issue and secondly providing appropriate help.	PHIAC noted that socioeconomic factors may make accessing services more difficult and the current policy context to expand entitlement to early education. Recommendation 4 includes local authority children's services ensure vulnerable children take up their entitlement to early childhood education childcare and education services offering flexibility and addressing barriers to participation.
BASW (British Association of Social Workers)	**Current service**	19	We commend the guidance for emphasising the importance of early intervention in light of the three important reviews that were conducted. We have serious concerns that although there is a strong consensus that this is a central plank to improved outcomes for children particularly into adulthood, this agenda is being undermined by cuts to public services and closures to vital early years provision including children's centres and many third sector community resources for children and families.	Comment noted - PHIAC consider cost-effectiveness, along with other factors (such as implementation) in developing guidance. It agreed that the recommendations are a cost-effective use of public resources.
BASW (British Association of Social Workers)	**What action should they take?**	10	The penultimate bullet point is about various agencies coming into contact with vulnerable families raising concern with GPs and Health Visitors if they have any concerns about risks to a child's social and emotional wellbeing perhaps needs some unpicking and clarity about when to refer directly to children's	The recommendation has been revised to include professional should work within the context of local safeguarding policies.

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			social care.	
BASW (British Association of Social Workers)	Continued from previous page		As it stands, this point is a bit ambiguous and open to misinterpretation.	Unclear on section of guidance referred to.
BASW (British Association of Social Workers)	General		We would also like to see greater community/family systems studies considered in this guidance or at least referenced.	The guidance focuses on identification of and targeted interventions to support the social and emotional wellbeing of vulnerable children. The focus has been on parent-child interaction and on early years education
BASW (British Association of Social Workers)	General		Finally, we need to promote more opportunities for professionals from health and social care and early years to receive joint training in supporting vulnerable families as this would help to promote shared values and effective working together.	Comment noted – recommendation 5 includes health and early years providers having systems in place for sharing information and for multidisciplinary training and development.
BASW (British Association of Social Workers)	General		This is not the most well designed response form and is quite difficult to negotiate!	Comment noted
BASW (British Association of Social Workers)	**General**		BASW certainly wpl	No response.

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BASW (British Association of Social Workers)				
Buckinghamshire County Council	Section 1 Recommendation 1	7-8	The responsibility for the assessment of the social and emotional needs of children under 5 at a strategic level as part of the strategic needs assessment presents many challenges because of the personalised and localised nature of carrying out such an assessment. It requires building relationships with families before any assessment can be undertaken. The assessment also requires a professional, who not only has a strong relationship with the family but also has knowledge and expertise in child development. With this in mind, such a role should be an integral element of a professional role and should be formalised on a wider scale so that is it not left to chance as to whether funding is available for specific interventions. The term 'readiness for school' should be clarified. As the guidance relates to the under 5s; readers may assume this phrase refers to starting the reception year whereas it refers to 'readiness' for year 1.	Recommendation 1 includes examples of personal (see definition of vulnerable children) and assessment of population level needs using tools such as PREview – thereby combining personal and local/regional assessment. The recommendation also supports integrated commissioning of both universal and targeted (based on assessment) services. Other recommendations state that professionals build relationships with families, consistent with targeted programmes, one example being the Family Nurse Partnership. With regard to expertise in child development, the recommendations refer to appropriately training and qualification of early years professionals, list some risk factors which may be observed in children or parents as well as refer to 'Early years

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				foundation stage' assessment process (see recommendation 2). PHIAC noted that non-statutory supporting guides may provide useful support to early years. Recommendation 1 aims to ensure that social and emotion wellbeing of vulnerable children is integrated into strategic planning, commissioning and review and there available resource
Buckinghamshire County Council	Section 1 Recommendation 2	9-10	Early Years organisations have a long history of identifying vulnerable children and assessing their needs as best they can. They take action to support the child and family, often with a lot of support from LA staff. To improve the quality of the service they provide at the frontline, staff in early year's organisations should be better resourced in terms of training and funding made available to them.	Comment noted – recommendation 2 highlights the important role of a range of early years services in identifying and assessing the needs of vulnerable children. NICE recommends cost effective interventions which would be effective use of public funds. It does not control a specific budget to fund services.
Buckinghamshire County Council	Section 1 Recommendation 4	13-14	The recommendation suggests that all children should have the opportunity to attend high quality childcare and early education services outside the home. To achieve this aspiration requires a commitment from the government to properly fund the running of those services to a high standard. At present the early education	Comments noted – NICE guidance does not routinely comment on funding streams or levels. PHIAC consider implementation along with other issues when developing recommendations.

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			funding rate does little to support the aim and although childcare and early years settings are best placed to carry out some of this work, they are hampered by lack of appropriate funding of well qualified staff. Research shows that in settings with highly qualified staff children achieve better educational outcomes and yet the required standard of those leading settings continues to be NVQ3 and progress will continue to be slow whilst this is the case. Often those who qualify to degree level move onto jobs elsewhere that are well paid. Similarly the pay scale for early education and childcare settings does not attract qualified teachers. In addition, funding for vulnerable 2 year olds is aimed at attendance at high quality settings. However, settings in disadvantaged areas often attract less well qualified staff, who themselves may have social and emotional needs and quality suffers as a result.	PHIAC agreed that the equality of staff was important. Recommendation 4 includes local authority children's services ensuring attend early years education run by well-trained qualified staff, including graduates and qualified teachers.
Buckinghamshire County Council	Section 1 Recommendation 5	15	Agree with the recommendation that managers and trainers should ensure early years professionals are trained to deliver evidence based programmes and services (with reference to the comments in recommendation 4 about appropriate levels of qualifications and training). The recommendation about "providing a structured daily schedule offering a range of opportunities for independent group and adult led learning" should be consistent with the framework	The guidance refers to and is consistent the Early years foundation stage recommendation 4 has been redrafted to include text (with hyperlink) stating: 'In line with the statutory framework for the early years foundation stage, managers and providers of early education and

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			for the EYFS and follow the principles for effective teaching and learning. Suggest using the wording in the revised EYFS i.e. "planned, purposeful play and through a mix of adult-led and child-initiated activity." (statutory framework for the Early Years Foundation Stage 1.9 page 6)	childcare services'
Buckinghamshire County Council	Section 1 Recommendation 6	16-17	The outreach methods suggested to maintain and improve participation of vulnerable parents and children in programmes and activities is an aspiration, in relation to the statutory requirements of the EYFS. Early years professionals in early years and childcare settings are not trained or equipped to carry out this role and are focused on the requirements of Ofsted. A change in the legislative requirements, a change in the training and qualifications of staff and a change in funding streams would be necessary for this to succeed in making a difference. Although children's centre staff are better placed to reach vulnerable parents and children in the home, many are not sufficiently equipped to meet the challenges they are faced with. The biggest difficulty is knowing when babies have been born, and sometimes before they are born. NHS refuses to provide this information, whereas in other counties, a way has been found of providing this information.	Comments noted - PHIAC considered the available evidence (including expert testimony) and agreed that outreach methods should be used to maintain and improve participation. The guidance recommends co-ordinated support to vulnerable children and sharing of information between services.
Buckinghamshire County Council	Section 2	19	A focus on closing the gap in behavioural, social and educational outcomes before children reach the age of 5 is essential as children have a maximum predisposition for learning at that age.	The guidance focuses on identification of and targeted services to support the social and

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			Beyond the age of 5 these skills, as well as communication and language, are much more difficult to acquire. As the report suggests, the most disadvantaged children are likely to get the worst provision. However, how can these children benefit from the highest quality of provision without significant increase in resources?	emotional wellbeing of vulnerable children. PHIAC agreed recommendations that were cost effective.
Buckinghamshire County Council			**Additional comment**: The most successful children's Centres are well provided with facilities. They should be located in the centre of communities, have facilities that Health visitors want to use that cater for weighing, private rooms for consultation and health facilities. Separately, the Centre itself requires separate space for special needs and places to do more than one activity at a time. Further research is required to better design the Centres to provide facilities needed by staff for the range of their work.	Comment noted – PHIAC did not consider specific evidence on the configuration of children's Centres (this was not within the scope of the guidance). The guidance does include recommendations on integrated commissioning of universal and targeted services (recommendation 1) and on make referrals to specialist services, based on an assessment of need (recommendation 2).
Changing Faces	General		Working with children with disfiguring injuries, conditions, marks and illnesses, who face particular social and emotional challenges to their well-being throughout their lives, we strongly endorse the availability of this guidance for everyone working in the foundation years - but it is vital that children whose appearance makes them seem 'different' should be recognised	Comment noted – PHIAC agreed not to make specific recommendation on perceived different appearance, but guidance does include to children with physical disabilities and language,

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			as vulnerable - see comment below relating to p.6.	communication and language difficulties in the definition of vulnerable.
Changing Faces	Background to the Draft Recommendations	5	We are wholly in agreement with the focus on supporting the social and emotional wellbeing of vulnerable children as the foundation for their healthy development and to offset the risks relating to disadvantage.	Comments noted – thank you.
Changing Faces	Vulnerable children Public health need and practice	6 17	We would earnestly request that the definition of vulnerable children be extended to include all children who have a condition, injury or mark which affects the way they look. There may be no disability and no particular challenges such as poverty or substance mis-use affecting their family, and yet **these children are very vulnerable to social and emotional difficulties due to other people's reactions to the way they look.** So if disfigurement or stigmatised appearance is not specified in the NICE guidelines there is a real risk that these children will continue to fall through the net, their social and emotional needs unrecognised or misunderstood until it is too late. When a child has a large facial birthmark or facial scars from a scald, for example, other children's staring and curiosity and the often negative reactions of their parents have a huge impact on the very young child's access to social and emotional well-being, confounding the aims of the foundation years and jeopardising their social development, which can seriously affect their	<<< Comments noted. The definition of vulnerable children includes some factors which may also mean that a child is considered to appear different or communicate differently by children. These include children with a disability or speech, language or communication difficulties. PHIAC selected factors that may indicate a child is vulnerable that were readily identifiable and could be consistently defined. PHIAC did not consider specific evidence on appearance and agreed not to include 'appearance' in isolation as an indicator that a child was likely to be vulnerable. This guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS

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			chances to succeed at school and in later life (Kish, V. & Lansdown, R. (2000) 'Meeting the psychosocial impact of facial disfigurement - Developing a clinical service for children and families', *Clinical Psychology and Psychiatry,* 5 (4). 497-512).	statutory guidance and non-statutory supporting guides aid assessment of development, valuing the 'unique child' and identification of where there may be difficulties.
Changing Faces	Para 3.2	21	WE fully support the expansion of the focus beyond just physical health and cogniticve development, important those these both are. Social and emotional well-being are especially vital for school-readiness when the new children and their parents, encountered in the new school environment, are going to stare and ask questions or turn away.	Comments noted.
Changing Faces	Cost saving - 3.8	23	We fully endorse the judgement concerning cost saving in the longer term - when children with disfiguring conditions, injuries or marks, who have not gained the social confidence to understand and manage other children's (and grown-ups') reactions to their unusual appearance, transfer from early years settings into mainstream primary school, and even more so when they transfer to secondary education, all kinds of difficulties ensue including aggression, avoidant behaviours and lack of motivation to participation and learn at school. Our case examples of children with facial disfigurements include a child of above average ability who in year 8 was being assessed for moderate learning difficulties, and a Yr 11 student who was 'accepted' at school but who could not progress to college or sixth form. Both these young people had developed a serious but 'hidden'	Comments noted – PHIAC consider cost-effectiveness (including future resource saving and benefits), with other factors, in agreeing its recommendations.

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			inability to deal with other people's reactions to their congenital facial disfigurement, which could and should have been addressed, with the child and their family, in the foundation years. Substantial, expensive and time-consuming interventions were required to turn around these young people's lives - the first now works in film and television, the second eventually achieved a place on a course at her local agricultural college. Effective intervention in early years would have laid firm foundations for social and emotional health and well-being, and also, these and many other children would have been saved from much isolation and unhappiness in the intervening years.	
Changing Faces	'High fidelity' - 3.10	23	The interventions which Changing Faces has developed have been informally evaluated by hundreds of users over many years so that they are reliable and effective. Very little is required to get it right - failure to invest this little in staff training and an extra couple of meetings with the family ahead of joining the nursery or pre-school. (see Frances, J. (2004) *Educating Children with Facial Disfigurement – Creating Inclusive School Communities* London: RoutledgeFalmer; and also see http://www.changingfaces.org.uk/downloads/3to6guide1startingschool.pdf)	Comment noted – the guidance aims to support social and emotional wellbeing of vulnerable children identified through indications (as in the definition of vulnerable children) or because of difficulties in development of social and emotional wellbeing (noting guides, such as those accompanying the Early years foundation stage) and through home visiting which includes broad consideration of strength and capabilities of the family, factors that pose a risk and seeking to

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				understand perceived need and concerns. All these activities aid support to children who may have difficulties with social and emotional wellbeing, include what may be perceived by some as different appearance.
Changing Faces	4. Implementation	24	While a NICE document will surely emphasise quality and the importance of reducing health inequalities, action against educational inequalities is also salient: for example, when staff working in early years understand the social challenge of looking 'different' and have access to role models of children and adults with facial disfigurements and other disfiguring conditions or injuries who are happy and successful, the child in their care whose appearance is disfigured is able feel good about learning, whereas low expectations are demotivating and demoralising for any child (see case study above relating to para. 3.8 of draft guidelines.	Comment noted – the scope of the guidance does not include making specific recommendations for perceived different appearance, however, it does include recommendations to support social and emotional wellbeing of early years children who have difficulties with their social and emotional wellbeing. The guidance also seeks to address issues of access, stigma and inclusivity.
Chelsea Open Air Nursery School and Children's Centre	2	5	Totally agree with a 'life course perspective' approach and the principle of 'progressive universalism' as underpinning the recommendations. However, these must be based in the highest quality provision for young children led by the highest quality professionals. If young children grow up together they learn to value diversity and uniqueness amongst us all.	Comments noted – the recommendations include early years education services are run by well-trained qualified staff (including graduates and qualified teachers) and be based on ethos of openness and inclusion (see recommendation 4). In addition, cross service and profession working is

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				encouraged to provide an integrated service to vulnerable children. This guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides reinforce the concept of the 'unique child' and to consideration of diversity.
Chelsea Open Air Nursery School and Children's Centre	2	6	As Scandinavia demonstrates-put quality (and funding) into the early years and social and emotional well-being of both child and parent is enhanced.	Comment noted - the guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children.
Chelsea Open Air Nursery School and Children's Centre	2	9	Maintained nursery schools and high quality children's centres are based upon the growth of trust and positive relationships. We are the cornerstone so value us and the interagency approach we provide to families.	Term 'maintained' added to listing in recommendation 2.
Chelsea Open Air Nursery School and Children's Centre	2	13	Keep and support maintained nursery schools and children's centres and give 3-5 year olds full time places-15hours barely scratches the surface and does not help children to grow or families to work and better themselves.	The scope of the guidance focuses on targeted intentions for vulnerable children. It has not considered or comments on the extent of universal provision
Chelsea Open Air Nursery School and	3	13	Full time places 32.5 hours a week for all children!	As above, the scope of the guidance focuses on targeted intentions for

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Children's Centre				vulnerable children.
Chelsea Open Air Nursery School and Children's Centre	1	14	Graduate teachers and highly qualified nursery nurses (old NNEB) can provide such openness and inclusion based upon a knowledge of child development and pedagogy.	Comments noted.
Chelsea Open Air Nursery School and Children's Centre	2	14	In such high quality settings PSED is the core focus	Comments noted - The guidance focuses on identification of vulnerable children and targeting services to support the social and emotional wellbeing of such children, while also referring to and being consistent with the Early years foundation stage (EYFS). NICE note that the EYFS refers to 'personal social and emotional development'.
Chelsea Open Air Nursery School and Children's Centre	4	14	Ensure high quality play space outside as well as indoors-it makes a huge difference.	Both indoor and outdoor environment is referred to in recommendation 4.
Chelsea Open Air Nursery School and Children's Centre	4	15	We do this and more-totally agree.	Noted – thank you.
Chelsea Open Air	9	18	Totally agree	Noted – thank you.

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Nursery School and Children's Centre				
Chelsea Open Air Nursery School and Children's Centre	2	23	Invest the greatest possible sum now and gain the rewards throughout that child's life. Remove political change in how it effects education and health and we will be rewarded by a stronger society.	Comments noted – PHIAC consider cost-effectiveness with other factors – such as larger societal benefits – in agreeing its recommendations.
College of Optometrists, Optical Confederation & LOCSU	General		**The College of Optometrists** is the professional, scientific and examining body for optometry in the UK with over 13,000 members working for the public benefit. **The Optical Confederation** represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). **LOCSU** (Local Optical Committee Support Unit) supports Local and Regional Optical Committees (LOCs/ROCs) across England and Wales in developing local eye health services. It helps community optometrists and opticians work with local commissioners to make community	Provided for information – noted.

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			eye services accessible for patients and cost effective for the NHS.	
College of Optometrists, Optical Confederation & LOCSU	General		Eye health is an overlooked weak link in early years development which can have a serious lifelong impact on the social, physical and emotional development of children and their carers1. There are worrying inequalities in children's eye heath and unjustifiable variation in the care and support they are offered, particularly amongst children with learning difficulties who are far more likely to be visually impaired2. Therefore we particularly welcome the priority given in the guidance to the Healthy Child Programme. In line with National Screening Committee policy3, the Healthy Child Programme recommends all children are screened for reduced vision at 6-8 weeks and at 4-5 years to ensure 'school readiness'.	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children. It includes sensory and physical disability as an indicator of vulnerability (see glossary), if it consistent with and refers to the Early Years Foundation Stage, which has non-statuary guides to assessment of child development, which may help indicate issue with development and consideration of underlying sensory difficulties. Please also see the considerations (section 3) which notes the

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				policy context of the guidance. The guidance, does not have a remit to consider physical development of early years children, other than considering where this may indicate vulnerability. As noted in the comment service provided as part of the healthy child programme have protocols for assessment of eye health
College of Optometrists, Optical Confederation & LOCSU	General		Screening at 6-8 weeks is carried out almost universally as part of the National Screening Programme. However visual screening at age 4-5 is not part of that Programme. Consequently provision is patchy and too many children slip though the net. A recent survey by *Which?* reported that a fifth of PCTs had no visual screening programme for children age 4-5 whatsoever despite the National Screening Committee policy4. This is particularly worrying as amblyopia (lazy eye) becomes much harder to treat after age 7. Furthermore, there is concern that it is the more vulnerable children who will be hit hardest if they are not screened, in particular: children with learning difficulties who are ten times more likely to have problems with their vision and whose vision problems are not as easy to spot as for other children5,6; certain ethnic groups who are more susceptible to problems with their vision7; and children in lower socio-economic groups who are less likely to access healthcare	Comments noted – the guidance did not consider visual screening programmes within the published scope, it does recommend partnership working, agreeing pathways and referral routes across different services within a given locality. This would not exclude con-ordination to support children with need for eye health services

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			services8.	
College of Optometrists, Optical Confederation & LOCSU	General		By emphasising the Healthy Child Programme's 'school readiness' measures, the draft guidance will highlight the importance of visual screening, particularly for those more vulnerable child populations. We fully support this and believe it is extremely important that the National Screening Committee Policy on screening for visual defects in children age 4-5 is carried over from the Healthy Child Programme to the Public Health Outcomes Framework as a part of the placeholder measure being developed for 'school readiness'.	Comments noted – however, this is not within the remit of the guidance or NICE
College of Optometrists, Optical Confederation & LOCSU	1	8	We support the recommendation that Health and Wellbeing strategies should specifically address the needs of vulnerable children. We would like to draw particular attention to the need for integrated commissioning of eye care services for children with learning difficulties. As noted above, children with learning difficulties are ten times more likely to have vision problems9 but both the children and their parents and carers find those problems harder to recognise10. Perceived behavioural problems can be a symptom of reduced vision. Testing and treating the vision of a child with learning difficulties requires particular skills from optometrists and can need a longer appointment time. Care pathways can be particularly complex but the outcomes especially rewarding for children and their families and carers. A	Thank you. Comments noted – the definition of vulnerable children includes notes that children with a disability may be vulnerable, though no specific recommendations are made with regard to eye care for children with learning disabilities as it is not within the scope of the guidance to make recommendations for children with a disability and PHIAC have not considered such evidence. Recommendation 1 states that Health and wellbeing boards should ensure that children and families

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			model pathway for people with learning difficulties has been developed by the LOC Support Unit with full support of SeeAbility, the specialised vision charity for people with learning disabilities11.	with multiple needs have access to specialist services.
Department for Education	Recommendation 4	13	Need to be clear about the difference between (a) ensuring that children who access early education/childcare are able to access 'high quality' provision and (b) ensuring that all children can access early education (affordability issues). I think the guidance should make three separate points: - LAs should make sure that all parents/children can access their free entitlements to early education (and this is extending to more children as the government gives 40% of two year olds an entitlement too) and should seek to increase take-up amongst more vulnerable groups - that the early education available should be high quality to have the greatest impact on outcomes - that everyone should seek to ensure that parents/children can access affordable, high quality childcare provision that helps parents improve economic well being by going to work.	Thank you – the guidance has been redrafted to include recommendations on local authority ensuring vulnerable children take up their entitlement for free early years education and that early education has features of quality (such as well-trained staff and consistency with the Early years foundation stage) and is open, flexible and addresses barriers such as transport.
Department for Education	Para 3.4	22	Amend bullet to read: Free early education extended to 40% of infants aged 2 years (starting with the most disadvantaged).	Thank you – this information has been updated in considerations (section 3.10).
Department for	Under	**7**	the current term 'mother' should be replaced with 'parent'	Thank you – the term 'parent' is

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Education	**"Definitions"**		because it is more generic and inclusive	used in the guidance, expect where intentionally specific meaning is intended. The role and inclusion of the father is included in the recommendations (for example antenatal and postnatal home visiting see recommendation 3) and considerations (see sections 3.9-3.9)
Department for Education	**Under Recommendation 3 "What action should they take?"**	**11**	could we please bring out the importance of consistently strong partnership working across Health and other agencies in the early years? I would suggest inserting the following wording please in the existing para on Page 11:	Partnership working is recommended to ensure families receive coordinated support
Department for Education			"Health visitors or midwives **should work in partnership with other early years professionals and practitioners.** They should offer a programme of home visits by specially trained professionals to women assessed to be in need of additional support	Text added, to read: Health visitors or midwives should involve work in partnership with other professionals such as early years practitioners to ensure families receive coordinated support'.
Department for Education			As a general point linked to above, we think that the final version of the guidance would benefit if it were to contain more emphasis on partnership working with **parents**, **early years professional** and **practitioners**.	Text has been added on 'work in partnership'. Recommendation 5 (delivery services) includes involving parents in commenting on their experience of and reviewing and

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				improving services.
Department for Education		**13**	The draft guidance makes the assumption of thinking that Ofsted sets out the early years framework (as in the footnote on **Page 13** of the draft guidance). – which is not the case.	Thank you – Ofsted omitted
Department for Education			The draft guidance does set out the broad aims for early years provision, which are in line with the Early Years Foundations Stage (EYFS - and is good to see), <u>but</u> the final version of the guidance should contain more robust wording that specifically refers to it and which replaces the current Ofsted reference (as mentioned in the previous bulleted point) in the draft.	This guidance also refers to and is consistent the EYFS. The reference to Ofsted has been removed.
Department for Education		**13**	In light of the above clarification, could the current footnote be replaced with the following wording please:	Please see response below
Department for Education	"**What action should they take?"**	**13**	**please delete the current wording –** "Ensure all children have the opportunity to attend high quality childcare and early education services. Attendance times should be flexible so that parents or carers (including those from vulnerable families) have the opportunity to take on paid employment." …. **and replace it with the following:** "Ensure that all children have the opportunity to attend high quality childcare outside the home on a part- or full-time basis to learn and develop well in a safe environment, enabling them to have the best possible start in life and get the support that will	Recommendation 4 has been redrafted to include 'support they need to fulfil their potential' which NICE consider is comparable to the suggested text.

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			enable them to fulfil their potential. Attendance times should be flexible so that parents or carers (including those from vulnerable families) have the opportunity to take on paid employment."	
Department for Education	**General point**		**-** the draft guidance refers to "practitioners" in some places and "professionals" in others. This might be fine, but in the final read-through, it might be worth reflecting on the balance between using these two references.	Thank you – the guidance has been redrafted so that terms used to describe 'those who should take action' are clear and more consistent. For example in recommendation 4, the term 'Health and early years services providers' is used.
Department of Health	**General comments**		The **Healthy Child Programme** is the evidence based prevention and early intervention programme, delivered by health visitors which sets out the good practice framework for the delivery of services to promote optimal health and wellbeing and reduce health inequalities. Throughout this consultation document, the programme is referred to as a "service", which is incorrect. We have suggested changes in our comments below to reflect this. In some instances, we have suggested removing references completely.	The guidance has been reworded to correctly identify Health Child Programme and distinguish it from the service that may be commissioned as part of the programme
Department of Health			The current maternity workforce is at a near record level and there are national programmes to grow the health visiting and Family Nurse Partnership workforce. The workforce implications of the guidance are therefore less about the size	Comments noted.

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			and shape of the current children's workforce and more about changing what they do and how they do it. Education and training policies are in place to help health staff deliver the kind of service envisaged by the guidance. There are geographical variations in the children and early years health workforce which will need to be resolved locally.	
Department of Health			The transition into school is happening before the 5th birthday - so there is contact with School Nurses. We feel the document needs to reference/link to school nursing - particularly in terms of transition and readiness for school.	School nursing services and primary schools are included in those recommendations for early education and childcare (please see recommendation 4) The guidance includes recommendations on developing and agreeing pathways and referral routes that define how practitioners will work together across different services within a given locality (please see recommendation 5).
Department of Health	**General comments**		We consider that there is a need to make reference to the interface between Health Visitors and School Nurses when a child has complex or additional needs (the planning between the 2 services would start quite early).	School nursing services are included in recommendations for early education and childcare (please see recommendation 4).
Department of Health			We consider that there is a need to link the guidance to the Joint Strategic Needs Assessment	The guidance refers to Joint strategic needs assessment in recommendation 1. (In additional, Joint strategic needs

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				assessment is included as a glossary term)
Department of Health			In our view, School Nurses need to be included in list of people who should take action – the guidance will be pertinent to School Nurses and school health teams.	Thank you – School nursing services are included in recommendations for early education and childcare.
Department of Health			We notice there are references to “child protection” services. We don’t recognise this concept – does this refer to children’s social care? Please can you clarify?	This guidance does not cover the role of child protection services, other than to make this exclusion clear reference to ‘child protection services’ has been removed. The guidance does refer to ‘child safeguarding’ as a goal and policies to support the goal of safeguarding (please see glossary).
Department of Health			We consider that there should be some inclusion of the role of adult services such as those dealing with parental substance abuse and mental health problems in recognising children’s emotional and psychological needs and sharing information appropriately.	Adult services (including, for example, adult mental services) are included in recommendation 2. The guidance includes recommendations on collecting and sharing information as well as developing and agreeing pathways and referral routes that define how practitioners will work together across different services within a

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				given locality (please see recommendations 2 and 5).
Department of Health	**Appendix A Membership**	29-32	We notice that the advisory committee has no midwife, health visitor or commissioner representatives, and feel it is important to ensure that the committee has such input.	<<< This guidance has been developed with the necessary expert input, though research commissioned by NICE to produce expert papers (which summarised expert knowledge of research and current practice) and fieldwork (pooling the view of practitioners, (ncluding health visitors and a midwife); expert testimony (for example, on the Family Nurse Partnership) and the participation Expert advisers and co-optees to PHIAC.
Department of Health	**Specific comments**			
Department of Health	What is this guidance about - bullet point 3	1	Rather than pre- and postnatal home visiting for vulnerable children and their families we feel it should read "**ante** and postnatal home visiting for vulnerable children and their families".	Comment noted – recommendation 3 is titled 'Antenatal and postnatal home visiting for vulnerable children and their families'.
Department of Health	**1. Draft recommendations – background,**	5	We feel that the 'life course' approach starts pre-birth as well as in the early years	Thank you – the life course is intended to include 'pre-birth'. The use of the term 'children' in the

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	bullet point 1			background section is not intended exclude the pre-birth period. Recommendation 3 is titled antenatal and postnatal home visiting. The definition of vulnerable children includes features of the parents which may be identified in the pre-birth period, acknowledging the importance of the life course from before birth.
Department of Health	**background, bullet point 1**	5	We feel 'progressive universalism' is old terminology and not now widely used.	The guidance has been redrafted, omitting use of the term from the introduction to the guidance.
Department of Health		5	There is no specific mention of LAs or commissioners under who should take action – we feel this needs to be clearer	Local authority commissioners are included in the section 'Who is this guidance for?' of the introduction and in 'Who should take action?' section of recommendation 1. The introduction has been redrafted, relocating or omitting text, which may make the target of the guidance clearer.
Department of Health	Draft recommendations - Definitions -	6	Could you consider adding an extra bullet point: • Lack of attachment/or impoverished environment of care	PHIAC carefully considered the definition of vulnerable children. The definition is now contained within a glossary entry

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	Vulnerable children			(please see glossary in section 8) and intends to define readily identifiable factors in a child's circumstances that indicate a child may be vulnerable. Recommendation 2 - 'Identifying vulnerable children and assessing their needs' provides detail on the closer assessment of a child's behaviour and development, including 'being withdrawn' and further parental factors such as indifference to the child or insensitive behaviour. Recommendation 3 - 'Antenatal and postnatal home visiting' includes assessment of maternal sensitivity and parent-child relationships
Department of Health	**Recommendation 1: Strategy, commissioning and review**	7	Who should take action – we suggest adding two extra bullet points: • **Clinical commissioning groups** • **Those working in the primary, secondary and tertiary health care**	Recommendation 1 now includes reference to 'the NHS (primary, secondary and tertiary healthcare)' including 'Clinical commissioning groups'
Department of Health	Bullet point 1	8	Please consider adding: Directors of public health, directors of children's services **and commissioners of maternity care** should assess the social and emotional needs of children under	Recommendation 1 now includes reference to 'commissioners of maternity care'

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			5	
Department of Health	Bullet point 2	8	Would you consider amending to "Vulnerable children at risk of developing (or who are already showing signs of) social and emotional difficulties and behavioural problems are identified as early as possible by **universal** children and family services."	Recommendation 1 now includes reference to 'universal children and family services'
Department of Health	Bullet point 2 – second sentence	8	The text in the second sentence (These include general practice, maternity services, health visiting…) appears to mix people, services, programmes and places and possibly needs re-wording to be grammatically correct.	Recommendations have been reworded to be clear and correct with regard to label of those taking action.
Department of Health	**Recommendation 2**			
Department of Health	Who should take action - bullet point 2	9	Please could you consider adding - Health Visiting '**services'**	Thank you - the term 'Health visiting services' is now used.
Department of Health	Who should take action – bullet point 3	9	The Healthy Child Programme - it is a programme delivered by Health Visitors so covered by bullet point 2 above. Hence, we suggest the removal of this bullet point.	Thank you - the recommendations have been reworded to address this point.
Department of Health	What action should they take? Bullet point 1	10	Please could you consider adding text to reflect the following – Health Professionals **starting at the health and social care assessment of needs, risks and choice by the 12th week of pregnancy and during post natal care** should identify….	Assessment of vulnerability of unborn children (based on parental factors) is included in the recommendation 2. The recommendation that follows (3) focusses on the ante and postal period and has been retitled to make this focus clear.
Department of Health	Bullet point 1,	10	We suggest that this be amended to: This includes any risks to	Thank you – revisions made to

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	second sentence		the **parent's** social and emotional wellbeing which could affect **their** capacity to provide a loving and nurturing environment. For example, discuss any problems **they** may have in relation to..	better represent the role of the father and use wording that applies to all parents.
Department of Health	Bullet point 1,	10	We suggest the removal of "**her"** in the point re 'her mental health'	Thank you – revision made.
Department of Health	Bullet point 1,	10	Under "family relationships, circumstances and networks of support", we suggest adding "**attachment**"	Recommendation to assess parental sensitivity to the child is included in the bullet point which follows. This paragraph refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides provide further detail on child development and assessment and helps identify needs or concerns (including features of positive parent-child relationships).
Department of Health	**Recommendation 3**		We have serious concerns about the parts of this recommendation that seem to be suggesting that midwives and health visitors should come up with their own programmes of intensive home visiting for vulnerable families. We consider this to be at odds with the evidence in this area. We feel going forward with such a recommendation could result in a waste of	The recommendation states that the series of intensive home visiting should be based on a curriculum. This could include a curriculum and service based on the Family Nurse Partnership model. PHIAC noted evidence for the US

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			resource and, according to the evidence, is unlikely to result in improved outcomes for children. Whilst there is some evidence that some home visiting programmes can improve social and emotional outcomes for young children we feel this does relate to specific programmes and understand there is no evidence to suggest that their approaches can be generalised or specific elements extracted from them. We believe they must be delivered in full and with fidelity to the specific programme model to get the benefits. Suggesting Health Visitors and Midwives develop their own programmes might require a huge amount of resource which may be better spent on delivering tried and tested approaches or focussed on developing a few effective programmes that could be more delivered more widely rather than 'letting a thousand flowers bloom'. Even so, this approach would need to have a good level of implementation management to ensure that such programmes are being developed and delivered in line with evidence, as well as rigorous evaluation to be assured that were working and having the desired impacts.	(on the Nurse Family Partnership) and that studies of the Family Nurse Partnership were on going in the UK. PHIAC did not consider able to only recommend the Family Nurse Partnership acknowledging that long-term follow-up and an analysis of the costs and effects is 'crucial' (see section 3.11).
Department of Health	**Recommendation 3**		One of the key ingredients of successful intensive home visiting programmes is the specific skills and training of the home visitors. We would suggest it is unethical to ask health visitors and midwives to develop and deliver such programmes without them having the necessary training, skills and knowledge in the	Recommendation 3 had been redrafted to clarify that 'an appropriately trained nurse' would deliver the intensive home visiting. The recommendation specifies that 'managers of intensive home-visiting

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			relevant areas. Even though some of the recommendations make a hint towards the evidence, we feel this is too high a level for health visiting and midwifery service managers to be able to adequately act upon it e.g. 'those managing and providing the intensive home visiting programme should conduct regular audits to ensure consistency and quality of delivery'. We think more specific attention to delivering/commissioning of intensive home visiting programmes that have been proven to work such as NFP/FNP should be given. This recommendation also seems contradictory to other statements made in this draft guidance which cite the importance of evidence based approaches (e.g. page 20)	programmes' should undertake audit as part of quality assurance. The Family Nurse Partnership is referred to in recommendation 3 as an evidence based programme. PHIAC agreed FNP showed evidence of being effective, but as evaluation of the is on going it was appropriate not specify only one evidence-based approach in the recommendation. Consideration of on going studies of the Family Nurse Partnership is presented in section 3.11. PHIAC considered that that long-term follow-up and an analysis of the costs and effects is 'crucial'
Department of Health		11	Please could you consider amending the title of this recommendation to : **Ante**-and postnatal home visiting for vulnerable children and their families	Thank you - revised as suggested.
Department of Health	Who should take action	11	Second bullet point please add - Health Visiting **services**	Health visiting services is now used in this recommendation
Department of Health	Who should take action	11	Third bullet point. Please consider removing Healthy Child Programme – it is a programme not a person.	Noted – Reference to Healthy Child Programme has been removed for this part of the recommendation. The guidance has been redrafted to

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				refer to services provide as part of the Healthy Child Programme.
Department of Health	**Recommendation 3** What action should they take? Bullet point 1	11	**It** refers to specially trained professionals - what does this mean, who does the training and what does this include?	The guidance has been redrafted to make clear that targeted intervention may be delivered by 'specially trained nurses'
Department of Health	What action should they take? Bullet point 1	11	The pilot programme for Family Nurse Partnership is currently not universally available.	The scope of the guidance focuses on targeted intentions for vulnerable children of which the Family Nurse Partnership is one evidence-based example with relevance to the UK setting.
Department of Health	What action should they take? Bullet point 2	11	Please could you clarify whether this would be for local arrangement and whether the lead responsibility would rest with the CCG/midwives or health visitors.	The guidance has been redrafted to make clear that targeted intervention may be delivered by 'specially trained nurses'.
Department of Health	Bullet point 1	12	Please could you clarify whether health visitors/midwives or commissioners would be accountable	The guidance does not indicate a hierarchy of accountability, other than indicating professions and groups with responsibilities for planning and delivery.
Department of Health	Bullet point 2	12	"Health visitors or midwives should consider using interactive video guidance" – please consider clarifying who would provide the videos – is there a pool?	Video interaction guidance is now defined in the glossary to the guidance.
Department of Health	Bullet point 3	12	Last sentence – could this be amended to: Encourage parents	Guidance has been redrafted to

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			participation in other services provided **as part of the** Healthy Child Programme **delivered at** children's centres	refer to services provided as part of the Healthy Child Programme.
Department of Health	Bullet point 4	12	Please consider removing: **from the Healthy Child Programme and children's centres.**	Comment noted – reference to the Healthy Child Programme no longer referred to in the recommendation.
Department of Health	Bullet point 6	12	"Volunteers should be trained for this role" **-** who does the training and where is it?	Reference to volunteers removed from this recommendation.
Department of Health	**Recommendation 4: Early education and childcare**			
Department of Health			We are concerned that this recommendation is not sufficiently specific regarding the age of child. Can you clarify if it means from age 12 months, 24 months or something else? Again, much of the evidence in this area relates to children from age 2 onwards or about the child care being of sufficiently high quality. We agree it is important to stress importance of high quality childcare whatever the age of the child. Can you clarify if the recommendation is about attending childcare per se from an early age (what age?) or about attending **high quality** childcare and what is needed to ensure the childcare is high quality?	<<< The recommendations build on national developments to promote and protect the social and emotional wellbeing of children. PHIAC noted free early education extended to 40% of infants aged 2 years, starting with those who are from disadvantaged families. Recommendation 4 includes ensuring those vulnerable children take-up their entitlement for early education. Noting currently policy, this could be from 24 months. The guidance also refers to and is consistent the Early years

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				foundation stage – the non-statutory advice which accompanies the Early years foundation stage describes what can contribute to an 'enabling environment'.
Department of Health	Who should take action? Bullet point 2	13	Please could you consider adding: This includes **close/partnership working with health visitors to ensure appropriate and planned support to vulnerable families**, those working in children's centres, nurseries and primary schools …	The 'Who should take action' section should only list the entity to take action, not describe the nature of the actions to be considered in the later parts of the recommendations. Recommendation 3 includes health visitors and midwives work in partnership with other early years practitioners to ensure families receive coordinated support. Recommendation 5 includes developing and agreeing pathways and referral routes that define how practitioners will work together, as a multidisciplinary team, across different services within a given locality
Department of Health	**Recommendation 5: Managing Services**			

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Department of Health	Who should take action - bullet point 2	14	Please consider adding: Health Visiting **services**	Health visiting services are referred to in recommendation 5 (a revision and combination of recommendations 5 and 6 from the draft guidance)
Department of Health	Who should take action - bullet point 3	14	Please remove: Healthy Child Programme – it is a programme not a service	Thank you – wording revised
Department of Health	What action should they take?	15	We believe this section needs to include health.	Recommendation 5 (a revision and combination of recommendations 5 and 6 from the draft guidance) includes the NHS – general practice
Department of Health	What action should they take? all bullet point's	15	Please consider adding: **Commissioners of maternity and child health services,** Managers of early years……	Maternity services are referred to (though commissioners are not).
Department of Health	**Recommendation 6 Delivering services**			
Department of Health	Who should take action - bullet point 2	16	Please consider adding: Health Visiting **services**	Health visiting services are specified in recommendation 5.
Department of Health	Who should take action bullet point 3	16	Please remove: Healthy Child Programme it is a programme not a service	Thank you – terminology corrected.
Department of Health	Who should take action bullet point 3	16	Please consider amending to: Paediatric **services.**	The term 'paediatrics' is used in recommendation 5 as part of a list of

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				NHS services.
Department of Health	What action should they take? Bullet point 1	16	Please consider adding: systems and **linked** datasets to support the planning, **commissioning** management	Recommendation 2 (identification) includes linkage of relevant child and adult datasets for information managed as part of the common assessment framework. The guidance has been redrafted following consultation and PHIAC consideration and the section referred to no longer appear sin recommendation 5
Department of Health	What action should they take? Bullet point 2	17	Please consider adding "activity – **early identification during pregnancy"**	Recommendation 2 focuses on identification and Recommendation 3 on home visiting in pre-birth and postnatal. Recommendation 5 includes practitioners working together across different services within a given locality. This includes maternity and other services
Department of Health	Current services – para 4	19	There is a typo – replace "is" with "**are".**	<<< Thank you – the use of 'is' will be discussed with the publishing team at NICE
Department of Health	**3. Considerations** Page 21		We are surprised that there is no mention of the Government's intention to develop a population measure of child development at age 2 – as set out in the Public Health Outcome Framework published Jan. 2012.	Public Health Outcome Framework is referred to the guidance

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Department of Health	**Considerations** 3.4 bullet point 5	22	Could you consider amending to: Stronger links between the Healthy child Programme **review at 2 years** and early education **summary** to help identify and respond to children with particular needs.	This section of the considerations has been redrafted to refer to the both Healthy Child Programme activities and Early years foundation stage (EYFS). Reference to policy developments from the Department for Education have been added (and are included in the reference section of the guidance, see DfE 2012b).
Department of Health	3.5	22	Although it is true that the true effectiveness of FNP in an English context will be determined by the RCT that is underway, the NFP/FNP also has a strong implementation model attached to it and delivering the programme with fidelity will help ensure that the programme delivers the intended benefits. We feel there is good evidence to suggest the programme can and is being delivered well in an English context (see Barnes et al 2009, 2010). We think there needs to be more emphasis on commissioning FNP in this guidance seeing as one of the few evidence based intensive home visiting programmes for vulnerable young families and children.	<<< Comment noted – PHIAC agreed it was not appropriate to recommend one specific programme, considering that that long-term follow-up and an analysis of the costs and effects is 'crucial', but ongoing.
Department of Health	**7. Related NICE guidance**			
Department of Health	published	26	Please could you add: Pregnancy & complex social factors (CG110)	Thank you – this is included in the related guidance listing
Department of Health	8. References	27	Reference could be made to the Health Visitor to School Nurses	The guidance includes

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			pathway	recommendations on developing and agreeing pathways and referral routes that define how practitioners will work together across different services within a given locality (please see recommendation 5).
Department of Health		27	Reference should be made to the School Nurse Development Plan.	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children – in the early years, up to age 5
Early Years and Childcare Service	General	1 (and 24)	How will information on planning and commissioning be shared, how will people know and follow the recommendations. “Responsible” is a big word when parents are really the only people who are really responsible for their children. How would other agencies ensure/take action?	The guidance promotes sharing of information to support planning, commissioning, delivery and CPD of early years services. Some of these mechanisms will be developed by services, some already in place such as procedures for the Common assessment framework. <<< Comment noted - Health and wellbeing boards are allocated responsiblity for development of Health and wellbeing strategy, in turn local authority scrutiny

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				committees review delivery of plans and programmes designed to improve the social and emotional wellbeing of vulnerable children. The guidance sets out a range of recommendations on actions that should be taken.
Early Years and Childcare Service	1-1	5	Concerns about how PVIs and CCs will be able to put this into practice. How will “cost effective” be measured?	PHIAC consider implementation considerations and cost effectiveness along with other factors in agreeing recommendations (see process and methods for NICE public health guidance, 2009). Evidence from economic evaluation is summarised in Appendix C of the guidance
Early Years and Childcare Service	1-1	6	In the definition of vulnerable children there is no category for children with disabilities and worklessness.	Thank you for your comment. The definition used in the guidance acknowledges that children with a disability may be vulnerable. PHIAC recognised that a number of factors may contribute to making a child vulnerable, but has not included parental employment status as a factor to define

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				vulnerability (see definition of vulnerable children).
Early Years and Childcare Service	1-1	7	Concerns about practical nature of implementing joint commissioning	PHIAC consider implementation considerations along with other factors in agreeing recommendations (see process and methods for NICE public health guidance, 2009).
Early Years and Childcare Service	1-1	7	'readiness for school' – should include definition here (as Page 21 para 3.2, page 25 para 5.6) – this could be different for individual children particularly for children that have come from a background of disadvantage or vulnerability. Objection to the term "school readiness"! How is school readiness measured?	The guidance uses terms which are consistent with other policy relevant to early years children, such as the 'Statutory framework for the early years foundation stage'. At time of writing (2012), the indicator/metric for 'School readiness' is still in development by Department for Education. A brief description of 'school readiness' is included in the glossary.
Early Years and Childcare Service	1-1	8	Identification of vulnerable children – how will PVIs identify these children – there is very little guidance available especially for those under 3years. Children's centres will require better guidance, training and resourcing. In Surrey there is an emerging awareness of the emotional well	The guidance also makes reference to the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides provide further detail on child development and

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			being of children under 5, although it would be fair to say that this not a priority (at the moment).	assessment from birth to age 5 years
Early Years and Childcare Service	1-1	8	There is no definition or reference to 'targeted, evidence based (and structured) interventions....monitored against outcomes'. What will these be and how will there be assurance that these are consistent? SEAD is only designed for children from 3yrs. The delivery of plans and programmes is currently limited and we need to widen the variety on offer.	The recommendation aims to succinctly describe the key elements of good quality commissioning, that is, choice of effective interventions and monitoring of the implementation or effects of these interventions.
Early Years and Childcare Service	1-2	9	There is a list of services on this page, how will working together be "enforced"? Is there a role for more effective use of CAF? Again for PVIs there is no tool for "identifying the strengths and capabilities of the family, as well as .....wellbeing of the child" What support will be provided? Recommendation 2 should include the probation service and parenting organisations in order to identify children exposed to criminality.	NICE guidance provides recommendations on high quality, cost effective practice, but does not have a remit for monitoring implementation. Other quality monitoring organisations (such as the Care Quality Commission) use NICE guidance in their assessments The guidance also makes reference to the Early years foundation stage. The EYFS statutory guidance and non-statutory supporting guides provide further detail on child development and assessment. The guidance includes family

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				welfare, housing, voluntary services, the police and others who are in contact with a vulnerable child and their family being aware of factors (including criminality) and raising concerns with key professionals – GP or health visitor.
Early Years and Childcare Service	1-2	10	Concerns that PVIs will have the training to identify risk factors – again who will support? Early years staff will need clear pathways of how to identify and access support when considering risk factors within the whole family as opposed to the individual child which has been the traditional focus. This is big expectation for low paid staff. Common Assessment Framework needs to evaluated and adapted to be better suited its actual use. Early Years Practitioners require further training in CAF. Is CAF and assessment tool or referral tool? If it is a referral tool it use needs to be consistent across services ie Health. There needs to be data sharing protocols between services. For Surrey once the need to complete a CAF to access two year old funding is removed for the majority of families, fewer CAF's are likely to be completed for vulnerable families, particularly in the health sector where there is a lack of capacity to complete lengthy assessments. There are some areas where there is currently, and will continue	Comments noted – the guidance lists some risk factors that may indicate a child in vulnerable (see glossary – vulnerable children). This list of indicators can be used by all those working within health and early years services. The gudiance refers to the Early years foundation stage. The EYFS statutory guidance and non-statutory supporting guides provide further detail on child development and assessment. The intention of the recommendation is to promote use of the common assessment framework and to support consistency. Challenges in implementing are noted, but the recommendation intends to encourage consistent practice.

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			to be, significant challenge until the technology enables integrated administrative systems, (pg 16) linked datasets and a single assessment, recording and referrals process to support vulnerable families and their young children, including the consistent use of the CAF . It may be however that due to the diversity of the early years sector other means and ways of working together will need to be developed and promoted through this guidance. The engagement of GPs in children's centres is a critical area yet to be cracked and is a vital missing link in the process currently. This guidance will need to be promoted rigorously to gain the interest of this group of practitioners. If ongoing assessment is needed - how would Playwork settings feed in?	Noted – GPs are listed in the recommendations
Early Years and Childcare Service	General	11	Family Nurse Partnerships are not routinely available. HV only currently offer support to families needing intervention, this is at odds with the message in the document.	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children – this includes more intensive home visiting such as the Family Nurse Partnership.
Early Years and Childcare Service	1-3	12	“set curriculum” needs clarification.	The ‘set curriculum’ implies that aims and activities of trained nurse home visiting are

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			In reality is the programme of home visiting a possibility for EY professionals in the PVI sector – how will practitioners be able to do this and do they have the expertise for working with parents? Promoting the services offered by children's centres as part of the pre and post home visiting service is critical in ensuring their earliest contact with vulnerable families. Currently the health visitors struggle to include this in their early visits because there is so much to cover. Each local authority has worked independently with their health colleagues to find a solution to this and this guidance helps to underpin this aspect of the health visitors' role. There are opportunities in the 'set curriculum of activities' to further promote links with early years providers and children's centres including support for home learning and parenting skills. However, to enable the necessary links to be made sufficient time and resources need to be made available within the working day for all practitioners involved. This guidance could provide that 'permission' for time to be taken on this.	defined across a programme (curriculum) of visits. Components of a 'set curriculum' are described in the recommendation. Comments noted – thank you.
Early Years and Childcare Service	1	12	How will HV have time to put in this level of support? Will this be reflected in the increased numbers of HV? Is there any scope for creating HV assistant roles for specifically trained people?	NICE advisory bodies consider implementation along with other factors in developing recommendations. The level of

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			We would support the recommendation that volunteers should be trained to support home visiting and should be included in professional supervision sessions if they are part of plan of support for a family. As more and more children's centres are encouraged to use volunteers, this new 'work force' must be skilled and supported to be of help.	visiting in for targeted groups and is in line with policy to develop the health visitor workforce. Reference to the involvement of volunteer personnel has been removed. The guidance is, however, relevant to voluntary and community sector organisations and professionals and providers are encouraged to work with such organisations.
Early Years and Childcare Service	1-4 1	13	Concerns about number of high quality childcare provisions and how barriers to accessing this can be addressed. Does this mean Las will need to provide transport? If only specific provision can be used how will this affect the 'broad social mix' if there is not enough of this provision available. How will links be built in for the extended services sector to provide holistic care/support for children? Looking for ways to improve the quality of provision in the most disadvantaged communities and focusing resources on creating better links between children's centres, early years settings and health could be promoted more strongly in the guidance rather than promoting transporting children to other areas with better	The guidance recommends Local authority children's services should ensure address any barriers that may hinder participation by vulnerable children, such as geographical access, the cost of transport. Throughout the guidance, partnership working, provision of integrated services and linkage to community and voluntary sectors are recommended. Comments noted – response as above.

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			quality provision. The broadening of two year old funding should remove any sense of stigma but funding will not allow for meeting the cost of transport (in line with Early Years Free Entitlement) which has an impact when considering geographical access. The broadening of two year old funding should remove any sense of stigma but funding will not allow for meeting the cost of transport (in line with Early Years Free Entitlement) which has an impact when considering geographical access. Parental choice must always be considered re choice of childcare	If all early provision is open, flexible and address barriers to uptake, then parents will have choice.
Early Years and Childcare Service	1	13	Some children seen as vulnerable will not fall under the financial criteria for two year old funding but will be able to access any places not taken up by eligible families. This number of children would be restricted by the uptake of funding by eligible families. Are the Ofsted inspection criteria really rigorous to ensure high quality childcare and early education? Additional quality tools should also be used. Reference should be made to the "Improving Quality" document; it recommends a broad range of measures for judging quality.	Comment noted - The scope of this guidance does not defining financial criteria for free early years provision. Ofsted has inspection criteria and proposed government policy for assessment of early years provision is to focus on social and emotional development of children. Implementation of NICE guidance is considered a marker of

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			Paid employment – additional hours will mean additional costs. With the EYFE at such a low rate and a stop on top up funding how are nurseries expected to meet this? There are already processes in place to support the flexible offer of the Early Years Free Entitlement to enable families to take on paid employment or attend training in preparation for this. However the barriers including transport costs for those most vulnerable families in an issue more complex to resolve as most early years education and childcare is run by community committees with limited funds or small businesses already. Recommendation 4 should identify FIS under the 'Who should take action' section as this forms part of our (Early Years and Childcare) responsibility under Section 12 of the Childcare Act.	quality. <<< Comment noted – PHIAC consider implementation issues along with other factors in developing recommendations. Comment noted. The guidance focuses on actions to be taken to develop high quality services which are inclusive of vulnerable children. Information on the early years service may be shared with the Family Information Service to allow parents and early year professionals working with vulnerable families locate good quality providers. PHIAC did not consider how information on availability of early years service might be shared, so there are not specific recommendation on this, therefore, it would not be appropriate to include the Family Information Service in the 'who

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				should take action' section of the recommendation.
Early Years and Childcare Service	1-4	14	Qualifications of staff are an ongoing issue- and there are additional implications from the recommendations about specific training in the identification of 'vulnerable children' and working with families. Funding will be an issue for PVIs, extended service providers and CC budgets are already squeezed. The focus on social and emotional wellbeing as well as, and as a means of, supporting educational attainment is refreshing and the inclusion of this in the EYFS is vital. However this aspect of child development is not always considered by schools or teachers to be their role. In the early years sector social and emotional wellbeing are a key feature and sometimes seen as the 'soft' or 'care' approach rather than essential to a child's learning, school readiness and success in life. This guidance goes someway to addressing this balance but it is not made clear how the guidance will be included in future teacher or early years professional training or promoted as an expectation within the profession. With a rise in university fees the requirement for graduates and qualified teachers has implications regarding funding. Will the government be providing grants?	Comments noted - The definition of vulnerable children is provided in a glossary to the guidance. This listing of risk factors could be referred to by all early years providers. The guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides aid assessment of a child's development. Proposed government policy for assessment of early years provision is to focus on social and emotional development of children. The guidance focuses on action to support the social and emotional wellbeing of vulnerable children. PHIAC has not consider evidence on training curricula for those providing early years education and cannot therefore makes recommendations on this area. NICE cannot comment on University

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			How will staff not working in children's centres, ie those in the PVI sector be able to be involved in decision making and be given the confidence to do so?	funding arrangements. Unclear on 'decision making' comment - the role of all early year staff is to identify vulnerable children and signpost or refer to services providing support and more intense intervention.
Early Years and Childcare Service	1-4	14	There is no definition of 'spacious' – is this beyond the Ofsted regulations? Ofsted are often not rigorous when registering new provision, would local authorities be required to include this in their local terms and conditions? There has been significant government investment over the last 10 years in the fabric of buildings and environments for early years settings and this has been well used to provide the sort of environment the guidance sets out. However without ongoing investment in this area, community providers and small business running from church and community halls will continue to fall short of the ideal.	This guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides indicate elements of an enabling environment. The guidance recommends that providers of early education and childcare services provide indoor and outdoor environment – in line with Early years foundation stage – which is spacious well maintained and pleasant.
Early Years and Childcare Service	1-5	15	Improving the social and emotional wellbeing of vulnerable children is not currently required as a specific aim in an early years setting's operational policy or plan although the social and emotional wellbeing of a child is monitored through observation and planning. Specific training in how to support vulnerable	The guidance focuses on targeted interventions for vulnerable children within current universal services. This guidance also refers to and is

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			families would need to be devised to include programmes of support that have been shown to be effective. Again 'evidence based programmes are specified but there is no definition of these. Who will provide and fund training? What would the outcome measure of performance look like? In Surrey there are many private providers running their own businesses, how would we ensure that systematic processes are in place, as we can only currently suggest best practice ways of working.	consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides aid assessment of development. The guidance recommends systems are in place multidisciplinary training and development. PHIAC did not consider evidence on training of early years professionals, so did not make recommendations on who should provide training. <<< Private providers are subject to registration and monitoring.
Early Years and Childcare Service	1-6	16	Integrated services and data sets are desirable but in reality the practicalities of achieving this are lengthy and hampered by current systems.	Comment noted – PHIAC consider implementation along with other factors in developing its recommendations
Early Years and Childcare Service	1-6	16	Again implications for training	Comment noted.
Early Years and Childcare Service	1- 6	17	Would this include practitioners in PVIs? Again implications for training.	Systematic and persistent in efforts to encourage parents of vulnerable children to use early years services, using a variety

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			Health and early years professionals should be systematic and persistent in their efforts to encourage hard-to-reach vulnerable parents to use early years services. Activities should include.....knocking on doors! We were wondering about the safety of this!??	of methods (see recommendation 5) including outreach is recommended in the guidance. Local policies will include dictate risk assessment of activities undertaken by employees and to users of services.
Early Years and Childcare Service	2 – general	17-20	The necessity of providing early intervention is clear and the premise is well-founded, however in practice the interventions are poorly joined up and poorly funded leading to patchy services. If vulnerable children and families are to be supported it will be vital to ensure properly funded systems and training is in place to support the work.	Comments noted - Recommendation 5 includes developing and agreeing pathways and referral routes that define how practitioners will work together, as a multidisciplinary team, across different services within a given locality. Responsibilities are defined within the recommendations.
	1	19 and 7	The whole document relies on successful joint working across a variety of services. Who will lead on this and who will be ultimately responsible for ensuring that services are working together with the same support systems in place? This is very challenging when even geographic areas conflict ie Health – central Surrey, Surrey community health. Education – NE, NW, SE, SW areas.	Recommendation 1 states' Local authority scrutiny committees for health and wellbeing should review delivery of plans and programmes designed to improve the social and emotional wellbeing of vulnerable children aged under 5'
Early Years and Childcare Service	2	20	The revised EYFS requires that a child's cognitive, physical and emotional development would be measured at the age of two years.	Comments noted – the guidance refers to and is consistent the Early years foundation stage (EYFS). It is not within

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			Surrey is undertaking longitudinal research into children's language development which also focuses on emotional well being with the The Royal Holloway. Some vulnerable children will receive an assessment of development through the healthy child programme but will not be attending an early years setting at the age of two years and therefore will not be assessed in a group situation. Parents will also need to be informed about how the two year old summary to be completed in early years setting compliments the assessment carried out by the Health Visitor through the healthy child programme.	the scope of the guidance to make any recommendation relating to how EYFS assessments are carried out. In addition, the guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children .It is not within the scope of the guidance to consider how services or programmes are provided universally. The EYFS statutory guidance and non-statutory supporting guides aid assessment of development and identification of where there may be difficulties.
Early Years and Childcare Service	3.3	21	Measurements in the EYFS are limited and do reflect individual circumstance.	It is not within the scope of the guidance to make any recommendation relating to EYFS assessments.
Early Years and Childcare Service	3-4	22	It will be important to align the 2yr old EYFS assessment with the Healthy Child Programme – there will be a need to ensure that consistent procedures are firmly in place and that the capacity with the HV service and from practitioners in PVIs is established so that all children and family needs can be met. The "core purpose" of children's centres need clear definition, as	Comments noted.

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			it is interpreted differently by different people.	
Early Years and Childcare Service	3.6 3.7	23	There should be involvement from local children's centres included. Early Support Services show evidence of cost saving.	
Early Years and Childcare Service	5.1	24	How will there be consistency of thresholds set across the country, ensuring the same expectations and criteria?	This could be an outcome of the research. Good quality commissioning includes planning delivery and assessment. Recommendation 1 acknowledges the important role of local authority scrutiny committees for health and wellbeing in review of delivery of plans and programmes designed to improve the social and emotional wellbeing of vulnerable children.
Early Years and Childcare Service	5 general	24-25	It is hard to evaluate the recommendations when there are clearly such ranges of research still outstanding which will underpin the effectiveness of any early intervention. There is still little clarity about the tools which could be used to assess children and families' needs or to evaluate the outcomes of any intervention.	Children's centres are specifically included in recommendations 2, 4 and 5 Comments noted – guidance research recommendations aim to 'frame' key research questions

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			The biggest issue to resolve is to understand, have in place and assess appropriate outcome measures for young children's social and emotional wellbeing. The list of further research acknowledges these challenge pg 25 bullet points 5.8. 5.2. Case studies from Early Support Services could be looked at and the effectiveness of CAF researched. How are homebased childcarers included, as many of the youngest children access this type of childcare?	arising from PHIAC consideration of the topic.
Early Years and Childcare Service	Appendix B – key questions	36- 37	The key questions here remain outstanding and until the answers are clear and contained within the guidance. Until this happens putting the guidance into practice is suspect. It is clear that the range of EY settings and practitioner qualifications has not been taken into consideration.	Comments noted - The key questions were established as part of the scoping process. They formed the starting point for the reviews of evidence and PHIAC developed recommendations on best available evidence. It noted uncertainties when wording recommendations and identified future research to address areas key areas of uncertainty.
Early Years and Childcare Service	Evidence statement 1.4	49	Concerns that adult led, direct teaching activities need to be a part of what EY settings do and that this is saying that they are most effective. This is at odds with the ethos of the EYFS.	Comments noted – Recommendation 4 (early years education and childcare) has been

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				redrafted to include a balance of opportunities for adult-led and child-initiated activities, to acknowledge that activities such as play are important. This guidance also refers to and is consistent the Early years foundation stage (EYFS). PHIAC was aware that the EYFS statutory guidance and non-statutory supporting guides describe support to each (unique) child's learning and development, including observing children's activities, components of enabling environments and positive relationships.
Early Years and Childcare Service			**Points to consider in the consultation** Points or areas that are not covered, but which appear to fall within the scope of the guidance. Potential inconsistencies or any disagreement with the Public Health Intervention Advisory Committee's interpretation of the evidence and its applicability. The practical value of the provisional recommendations. Issues of presentation and style, including how the provisional recommendations have been grouped and ordered.	Provided for informationj

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			Whether the right organisations and individuals have been identified under 'Who should take action' for each recommendation. Do you think this guidance could be improved to better promote equality of opportunity relating to age, disability, gender, gender identity, ethnicity, religion and belief, sexual orientation or socio-economic status? If so, please include details of: - Which particular parts of the guidance you think affect equality of opportunity. - Why and how you think equality of opportunity is affected. In addition are there are reasons why any of the recommendations in the guidance may result an increase in inequality of opportunity relating to age, disability, gender, gender identity, ethnicity, religion and belief, sexual orientation or socio-economic status?	
Early Years and Childcare Service	General Comments		This draft guidance is long overdue and clearly makes the case for integrated working between all statutory and non statutory providers to support families and their children under 5. A considerable amount of the points within the 4 recommendations are already emerging in practice but this guidance helps to support the argument for continued work in this area as budgets become even more restricted.	Comments noted – thank you. PHIAC noted emerging policy context in early education and developed recommendations to complement this context, which it considered would be effective use of publically funded resources.
Early Years and			The main aims and aspirations are the same as we have always	This guidance also refers to and is

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Childcare Service			promoted. EYFS fits in with all of this ie PWP, PSED as prime area. Issues that arise are that the current economic situations makes the scope to carry out the recommendations very limited, long term investment will be required to secure the high quality provision through the country and the high qualification levels required by early years staff. Training offered to practitioners will need to reflect the high emphasis on PSED ie SEAL, attachment and Key person training.	consistent the Early years foundation stage (EYFS). PHIAC was aware of the financial constraints on public sector services, and the need to ensure value for money. It agreed that there is a strong economic case for early years 'preventive' services (see section 3.12) Recommendations on early years education acknowledged that services be run by well-trained qualified staff, including graduates and qualified teachers (see recommendation 4)
Early Years and Childcare Service			Schools need to have a better understanding of the importance of school links to playwork setting especially with regard to safeguarding issues for children's emotional health.	The guidance supports cross service working and the collection, recording and sharing information (such as part of the common assessment framework). It does not consider specific arrangements for child protection, but the guidance should be used in conjunction with local safe guarding policies and PHIAC agreed that implementation

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				of the guidance may prevent child maltreatment
Early Years and Childcare Service			There seems to be little mention of families not already engaged with services (Hard to reach) other than in 'Recommendation 2 – Identifying vulnerable children and assessing their needs. The danger is that the focus could be drawn away from these groups.	Comment noted – in addition to recommendation 2, the guidance also includes a range of recommendations to support involvement of children and parents in services which are applicable to families that may not be engaged all available or any services. These include encouraging parents to participate in other services delivered by children's centres and as part of the healthy child programme (see recommendation 3); early education services encouraging uptake of entitlement for early education, addressing barriers to participation and being based on an ethos of openness and inclusion (see recommendation 4) and health and early years practitioners should be systematic and persistent in their efforts to encourage use of services, including use of outreach methods and work

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				with community and voluntary organisations to help vulnerable parents who may find it difficult to use health and early years services (see recommendation 5).
Early Years and Childcare Service			Although, there is a crossover with other guidance and recommendations this document does not address the fact that families do not inherently know the benefits of all services on offer or as is often the case what services there are. There is a need to have information readily available to families to enable them to self serve in addition to face to face contact with 'identified' families.	Comments noted – recommendation 3 includes health visitors or midwives explaining during contacts to parents that home visits aim to ensure the healthy development of the child, recommendation 4 includes encouraging parents to take entitlement for early education and are fully involved (in line with the Early years foundation stage) and in recommendation 5 that health and early years practitioners are systematic and persistent in their efforts to encourage vulnerable parents to use early years services (including those that may not use universal services such as primary health care) using a variety of activities (please see recommendation 5).

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Enfield CAMHS	General		We welcome this Guidance. In response we would also welcome NICE Guidance on Perinatal Parent-Infant Mental Health. PPIMH Guidance would be considered and implemented alongside and in conjunction with this document and provide guidance for pathways of care and multi-agency assessment and treatment.	Information on NICE topic selection is available at http://www.nice.org.uk/getinvolved/topicselection/topicselection.jsp
Faculty of Public Health	General		The Faculty very much welcomes this guidance and sees it as having great potential to influence public health On the whole the guidance is good and well balanced. At times however, it missed opportunities to set social and emotional wellbeing in the context of family 'health'. At what point does a service looking after a parent need to consider the impact on young children's social and emotional wellbeing? At one end of the spectrum are safeguarding responsibilities but should this guidance refer to opportunities particularly for adult services to have regard to young children's welfare? Of course there may not be the evidence to demonstrate this.	Comment noted – thank you. The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children (up to age 5). s. Recommendations provide support to service providers in identifying vulnerable children (see recommendation 2, glossary). The guidance acknowledges that practitioners' experience and expertise will be paramount in assessing the needs and risks of individual children and their families. Providers of adults services are not excluded for the recommendations (recommendation 2 refers to , 'The NHS' - general practice, health visiting services, maternity services, mental health services

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				[perinatal, child and adolescent and adult] and paediatrics.) PHIAC developed recommendations based on best available evidence
Faculty of Public Health	General		At present the guidance only makes reference to fathers in the context of those acting as primary carer. This undervalues the role fathers play. Whilst the guidance on what works for fathers in terms of interventions is sparse, father involvement is known to potentiate programmes like the FNP. The importance of fathers role could receive more emphasis.	Comment noted – The role of fathers has been added to the recommendations and consideration (see sections 3.7-9).
Faculty of Public Health	General		Adult psychiatric services are not mentioned in the sections on who should take action or what action should they take. These services are ideally placed to identify pregnant women who have severe psychiatric problems and do not currently contribute to identification.. They need to be named in these sections	Comment noted – thank you. The guidance makes specific mention to perinatal, child and adolescent and adult mental health services.
Faculty of Public Health	General		There is room in the guidance for more detailed recommendations with regard to training. The current workforce is not adequately trained in the skills necessary to implement these guidelines and this skills development is itself a skilled job.	Comments noted - the guidance acknowledges the role of well-trained qualified staff (recommendation 4) and that systems should be in place for multidisciplinary training and development. It was not within the scope of this guidance to consider evidence on specific training programmes, and therefore PHIAC have not made recommendations on the content or organisation of training.

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				The guidance could, however, be used a component of training needs assessment.
Faculty of Public Health	1. Background	5	Bullet five suggests that the aim is to ensure all vulnerable children have the best start in life. It will take more than a home visiting programme to 'ensure this'. The guidance can however contribute to the goal	Comment noted.
Faculty of Public Health	1. Definitions : Social and emotional wellbeing	6	Add 'r***elationship's*** to definition – as in 'Social and Emotional wellbeing provides the building block for healthy ***relationships*** behaviours and educational attainment ' And Bullet 3 '***makes*** good relationships with others '– rather than 'has good relationships with others' The point here is that the child is an active player rather than a passive recipient	This section has been redrafted (please see glossary, in section 8 and considerations, section 3.5.
Faculty of Public Health	1. Definitions : Vulnerable children	6	This section is very well worded - putting the key risk factors first and explaining the link with poverty subsequently. It is however important to flag fathers here (see comment above) 'Parents in local authority care as a child ' is a stronger risk factor than maternal age or educational attainment and is relatively easily identified. It should perhaps head the list	Comments noted. The role of fathers has been added to the recommendations and consideration (see sections 3.7-9).
Faculty of Public Health	Recommendation 2 What action should they take	9/10	The statement ''all health professionals should develop trusting relationships with vulnerable families' makes it sound much easier than it may be, Perhaps say that 'trusting non-judgemental relationships are fundamental to effectiveness and that all professionals should endeavour to make such	NICE recommendations are generally written as 'instructions' in order to support their implementation. The importance of trusting relationships and sensitive manner is reiterated in

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			relationships in all families ' Health professional in antenatal and postnatal services can discuss any problems mothers may have in relation to being looked after by local authority in childhood Add the word ***hostile*** to 'insensitive or harsh behaviour 'towards children	recommendation 2. <<< The risk factors are based on evidence considered by PHIAC
Faculty of Public Health	Recommendation 3	11	Has the committee addressed the impact of possible negative outcomes from the on-going trial of the FNP programme in the UK?	Consideration of on-going studies of the Family Nurse Partnership is presented in section 3.11. PHIAC considered that that long-term follow-up and an analysis of the costs and effects is 'crucial'.
Faculty of Public Health	Recommendation 3 What action should they take	12	Is it not important to flag up that in the context of a curriculum of activities ,home visiting programmes can be tailored to each family's needs ? It is important to flag up the findings from reviews that empowering, strengths based approaches are important in terms of effectiveness It was very good to see video interaction guidance receive a specific mention Parent infant psychotherapy could also be mentioned. Trials of this intervention may have been carried out on a centre base but the intervention can and is also delivered in the home. In the same vein infant massage is a helpful intervention which is taught as part of home visiting programmes although the trials	This guidance refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides support assessment of development and positive aspects (strengths). Video interaction guidance also focuses on strengths and is used as an example of an evidence-based approach. Recommendation 3 now includes health visitors or midwives should considering evidence-based intervention such as infant massage. Reference to the involvement of

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			are in other settings. The role of volunteers in outreach needs to be mentioned	volunteer personnel has been removed. The guidance is, however, relevant to voluntary and community sector organisations and professionals and providers are encouraged to work with voluntary and community organisations to help vulnerable families use services.
Faculty of Public Health	Recommendation 5	15	Should prisons be mentioned in this list.	The recommendation is intended to apply to all early years settings.
Faculty of Public Health	Recommendation 6 What action should they take	17	Volunteers have a role to play in engaging parents in early years services	The guidance recommends that health and early year practitioners should 'work with community and voluntary organisations to help vulnerable parents who may find it difficult to use health and early years services'
Faculty of Public Health	Recommendations for research	5.2	It was very good to see research to protect wellbeing mentioned specifically	Comment noted.
Family Links	General		Family Links UK welcomes this NICE guidance and its particular emphasis on the social and emotional wellbeing of children. It does however seem to have a limited remit in the areas it has	The guidance focuses on identification of and targeted services to support the social and

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			considered and we would have encouraged a broader remit to cover the social and emotional well-being of ALL children, not just those who were vulnerable.	emotional wellbeing of vulnerable children.
Family Links			The Guidance gives clear and welcome credence to the importance of the Healthy Child and the clarification of the circumstances that define a vulnerable child which often include their mental well-bring of the adult care-giver. We would have welcomed therefore a greater emphasis on the strong connection between the social and emotional well-beings of adults which is essential to support children in developing these key skills and interventions put in place to support them	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children. Some interventions recommended (such as intensive home visiting) and engagement in early education activities, (provided with some flexibility to allow for parents to take up other life opportunities) have the potential to positively impact of parental and family wellbeing.
Family Links			The guidance presented a narrow remit concentrated on limited home visiting programmes with an extensive emphasis on health services visiting homes. Much of the work of Early Years Education is outreach or home based and a greater acknowledgement of these potential ways to improve the emotional well-being of children would have been welcomed in addition.	This guidance refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides aid assessment of development, identification of where there may be difficulties as well as information on activities to support and enable child development at

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				home, childcare and in early education.
Family Links			Family Links welcomes the inclusion of the importance of home-visiting. However with the emphasis being on home visiting programmes many of the additional methods of promoting social and emotional health and well-being appear to have been excluded. For examples there are a range of evidence based parenting programmes in the UK (including the Family Links Nurturing programme) which have evidence based research to demonstrate effective outcomes for families and an improvement in the social and emotional well-being of both parents and children. These parenting programmes - working with the parents and caregivers - help parents understand and develop their own social and emotional well-being and be able to promote good emotional health within their children	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children. These interventions may be in additional to and complement others.
Family Links		1/9	The Guidance sets out a wide range of practitioners who should be responsible for ensuring the social and emotional wellbeing of children aged under 5 years and those that should take action.. We would have liked to have seen Training organisations associated with families, children and young people included in this brief as an acknowledgement of the many examples of shared good practice and partnership between statutory and third sector organisations.	Comment noted – while training organisations are not specifically referred to, 'voluntary and community sector organisations' are identified as sector that should take action. Health and early years professionals are tasked in the guidance with ensuring procedures are in place for integrated team working, make referrals and sharing information.

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Family Links		15/16	We welcome the acknowledgement that training organisations have a role ('....should ensure early years professionals are trained to deliver evidence-based programmes and services to support and develop the social and emotional wellbeing of vulnerable children aged 5 and under'). We recommend a greater emphasis on recognising that these training organisations enhance the quality of work with the whole family and support the emotional well-being of parents as a key requirement for them to promote subsequent well-being within their children.	Comments noted – in order to support implementation , NICE recommendations are generally written as direct instructions. Including a description of the other benefits of training would not comply with NICE writing style. PHIAC recognised the value of training and that social an emotional wellbeing of children would be supported by appropriately trained staff and implementation of evidence-based interventions, some of which include: activities to develop parental confidence, skills and attachments (the Family Nurse Partnership, being one example).
Family Links		19	We would have welcomed broader based research into the evidence-based interventions used for poor parenting and some more specific guidance here on the effectiveness of certain programmes such as the Family Links Nurturing Programme and other evidence based parenting programmes.	Comment noted – the guidance is supported by a set of systematic reviews and expert inputs
Family Lives	Recommendation 1	7/8	Family Lives is strongly supportive of measures to include social and emotional wellbeing of vulnerable children in the strategic aims of health and wellbeing boards. Family Lives recognises	Thank you – comments noted. Recommendation 1 states that Health and wellbeing boards should ensure social and

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			that until recently there has been little consideration of measures to support child outcomes through parenting interventions as part of the broader public health strategy. Integrating family support across child health and early years services will help to ensure that children and families can be treated in a holistic manner that supports better social, emotional and future educational outcomes.	emotional wellbeing of vulnerable children is considered in strategy development. It also states that Health and wellbeing boards should ensure arrangements are in place for integrated commissioning of both universal (for all children) and targeted services for children under 5 years of age.
Family Lives	Recommendation 2 section 2.3	10	Family Lives suggests GPs should be included in the list of professionals who should identify risk factors not evident at the antenatal and postnatal stage as part of an ongoing assessment of the child's development. At present the guidance mentions "Health Visitors, nursery staff and other early years professionals". GPs should play a role in identifying children at risk alongside being made aware from other agencies and voluntary services. Family Lives through its work on the DfE funded project, *Instructions Not Included* has sought to up-skill these 'gateway' practitioners to strengthen referral links into effective, low cost parental and family interventions. It is clear that not all GPs are aware of their role in this area. A recent survey (October 2011) conducted by Doctors.net for Family Lives found that a worrying 44% of GPs were not aware of NICE guidance that recommends	The recommendation has redrafted to include looking for risk factors 'that were not evident at an earlier stage'. Comment noted – the guidance refers to other related guidance (such as antenatal and postnatal mental health; attention deficit hyperactivity disorder (ADHD); children and young people on the autism spectrum; conduct disorder in children – parent-training/education programmes). In addition, the published guidance will be supported by NICE Implementation activity and NICE Guidance is disseminated in range of new formats, with the intention of improving uptake. Consistency with NICE guidance is

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			parenting education as the primary clinical intervention in patients who present with ADHD and childhood conduct disorders. Family Lives recommends that the Department of Health and NICE should work together to ensure that GPs are aware of this guidance and increase the number of referrals for these type of interventions.	an indicator of good professional practice which may be monitored by the Care Quality Commission and other quality agencies. In the case of Technology Appraisal guidance, there are specific provisions in the NHS Constitution.
Family Lives	Recommendation 3 section 1	11	Family Lives agrees that health visitors should play a role in supporting vulnerable women in need of additional support. However in a 2011 survey of 230 Health Visitors, we found that 39% felt that they had less time to support each family than they used to have. In addition, the guidance states that Health Visitors or midwives should offer a programme of home visits by "specially trained professionals". It is not clear from the guidance who "specially trained professionals" are and whether professionals in the voluntary service would be applicable in this context.	Comments noted – NICE advisory bodies consider implementation along with other factors in developing recommendations. The guidance has been redrafted to make clear that targeted intervention may be delivered by 'specially trained nurses'
Family Lives	Recommendation 6 section 2.3	17	Family Lives suggests that engaging hard-to-reach vulnerable parents can also be achieved via a befriending route. Family Lives, through its Instructions not Included project has developed a volunteer befriending model which has shown remarkable success in engaging vulnerable adults who would not otherwise engage with professional services. In this way, Family Lives suggests that the section which deals with	<<< PHIAC did not consider specific evidence on befriending and so has not made recommendations about befriending

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			"activities should include" could also include using befrienders alongside key workers and referral partners to make contact.	
I CAN	***General***		Poor communication skills are a significant risk factor for the development of social and emotional difficulties and behaviour problems. Large numbers of children with social, emotional and behavioural difficulties have undetected speech, language and communication needs[1] There is robust evidence about the link between speech, language and communication skills and social and emotional development and behavioural difficulties: • Studies of two year olds show there is a particularly strong link between delayed language and aggressive behaviour with evidence that the link is causal and may be caused by frustration.[2]	Speech language and communication difficulties added to the definition of vulnerable children. In addition, This guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides aid assessment of development and identification of where there may be difficulties. PHIAC noted evidence for difficulties with speech, language and communication may contribute

[1] Cohen, N.J., Barwick, M.A., Horodezky, N.B., Vallance, D.D. and Im, N. (1998) Language, Achievement, and Cognitive Processing in Psychiatrically Disturbed Children with Previously Identified and Unsuspected Language Impairments Journal of Child Psychology and Psychiatry 39, 6, 865-877

[2] Children's Language Proficiency at Ages 2 and 3 as Predictors of Behavior Problems, Social and Cognitive Development at Age 3 Communication Disorders Quarterly Spring 1998 19: 21-30

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			• Two in three (59%) of language-delayed three year olds have behaviour problems, compared to only 14% of non-language-delayed children[3] These difficulties can persist in the long term: • Two thirds of young offenders have speech, language and communication difficulties, but in only 5% of cases were they identified before the offending began[4] I CAN would like to see better understanding and acknowledgement of the link between speech, language and communication needs and social, emotional and behavioural difficulties. We feel this link could helpfully be highlighted within the guidance as part of the background information on page 5. Further information on identification of speech, language and communication needs as a factor impacting on social and emotional wellbeing could also be included in section 2 on page 18.	significantly to social and emotional wellbeing problems and the resulting behaviour. A consideration has been added to the guidance (please see section 3.9).
I CAN	***Definitions***	6	Children with special educational needs, including speech	Comment noted - speech language

[3] Silva, P. A., Williams, S. M., and McGee, R. 1987: A longitudinal study of children with developmental language delay at age three: later intelligence, reading and behaviour problems. *Developmental Medicine and Child Neurology* **29**, 630–40

[4] Bryan, K. (2008) Speech, Language and Communication difficulties in juvenile offenders. In C. Hudson (ed) *The Sound and the Silence: Key Perspectives on Speaking and Listening and Skills for Life*. Coventry: Quality Improvement Agency

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	Vulnerable children		language and communication needs, can be extremely vulnerable and often experience disadvantage and poverty. I CAN would like to see children with special educational needs included in the list of those who are at risk of or who are, experiencing social and emotional problems. According to the DfE**,** pupils with special educational needs were much more likely to be eligible for free school meals than those without special educational needs. Of pupils with statements those with a primary need type of behaviour, emotional and social difficulties were most likely to be eligible for free school meals. 52 per cent of the 35,600 children looked after for at least a year at 31 March 2009 had special educational needs, compared to approximately 21 per cent of all pupils in January 2009. Looked after children were over seven times more likely than all pupils to have statements of special educational needs.	and communication difficulties added to the definition of vulnerable children.
I CAN	***Recommendation 1 Strategy, commissioning and review***	8	Children and family services will be better equipped to identify children at risk of developing social and emotional difficulties and behavioural problems if they are aware of the issues that can lead to these difficulties. This means knowledge about speech, language and communication development and speech, language and communication needs is essential. More than half of children starting nursery school in socially	The definition of vulnerable children includes speech, language and communication difficulties as factors which may indicate that a child is vulnerable. The definition also acknowledges that a number of factors may contribute The guidance also makes reference to the Early years foundation stage.

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			disadvantaged areas of England have delayed language - while their general cognitive abilities are in the average range for their age, their language skills are well behind[5] Practitioners and others working with children and their families should be alert to the role language and communication development can play in the development of social and emotional skills. To strengthen the early identification of SLCN we wish to see better training and workforce development for all staff working in the early years. This would ensure that the early years workforce and other professionals who come into contact with families and young children - health visitors, GPs and early years practitioners, school nurses - are adequately equipped to identify SLCN to ensure that accurate and timely referral can take place.	The EYFS statutory guidance and non-statutory supporting guides provide further detail on child development and assessment.
I CAN	***Recommendation 2 Identifying vulnerable children and assessing their needs***	9	We have mentioned the risk factors of poor communication skills affecting social and emotional development and behaviour problems. There is also an additional factor to consider; vulnerable families may be less able to nurture good communication skills in children. Research shows that children with secure attachments have better communication skills.[6] It is	Comments noted – the definition of vulnerable children includes children with a speech, language and communication difficulty may be vulnerable (see glossary).

[5] Locke A. Ginsborg J. and Peers I. (2002) Development and Disadvantage: Implications for the Early Years. International Journal of Communication Disorders 2002 Vol 27 No 1
[6] Tamis-lemonda, C. S., Bornstein, M. H., Baumwell, L. and Damast, A.M. (1996)
Responsive Parenting in the Second Year: Specific influences on children's language

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			important to note therefore the role that practitioners will play in identifying children who are vulnerable to developing poor speech, language and communication skills through poor attachment. This will in turn impact on social and emotional development. I CAN has supported practitioners to identify children at risk of poor language skills and helped families understand the importance of communication skills: The DfE funded Early Language Development Programme, led by I CAN, is able to help practitioners identify children with speech, language and communication needs as early as possible, and make the links between speech, language and communication and social and emotional wellbeing. The Communication Ambassadors project, run by I CAN and The Communication Trust, provides information to thousands of families in disadvantaged areas in England. Using parents as 'communication ambassadors', meeting and talking with their peers, it helps vulnerable families understand the importance of good communication skills and how to support development of these in their children.	
I CAN	***Recommendation 2 Identifying vulnerable***	9	Research as part of the development of I CAN's *Early Talk* 0-3 programme found that although GPs felt they were the gateway for many parents of young children, there were gaps in their	Comments noted – While GP training is not with the scope of this guidance, the recommendations aim to support effective

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	children and assessing their needs		understanding of speech, language and communication milestones. Evidence from Communication Champion Jean Gross's report[7] showed that only 9% of referrals to speech and language therapy services in London are currently made through GPs. We recommend that GPs access information and/or training to identify and understand SLCN in order to enable them to effectively commission services for these vulnerable children.	referrals and 'poor language and communication skills' is specified as a risk factor to consider in recommendation 2. Commissioning of services is covered in recommendation 1 – which includes reference to Clinical Commissioning Groups (of GPs) and Health and Wellbeing Boards (with GP membership).
I CAN	***Recommendation 3 Pre- and postnatal home visiting for vulnerable children and their families***	12	A home visiting programme should include a range of information, including the importance of speech, language and communication skills for life and learning, and easily accessible information on speech and language milestones. Many parents do not know what to expect from their child's speech and language development and vulnerable families have a significant need for this information: • On average a toddler from a family on welfare will hear around 600 words per hour, with a ratio of two prohibitions ('stop that', 'get down off there') to one encouraging comment. A child from a professional	The definition of vulnerable children now includes children with speech, language and communication difficulties. This guidance refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides support assessment of development.

[7] Two Years On: final report of the Communication Champion for children Jean Gross, Communication Champion December 2011

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			family will hear over 2000 words per hour, with a ratio of six encouraging comments to one negative[8] • Upwards of 50% of children in some areas of the UK have delayed language on school entry[9]. In addition to this it is now becoming clear that although approximately half of those with limited language skills will make progress as they get older others, particularly in areas of deprivation, continue to have limited language skills well into their school career [10]. I CAN would like to see a home visiting programme that includes information on speech, language and communication development and ways to support this.	
I CAN	***Recommendation 4 Early education***	14	I CAN would like to see staff in early years and childcare settings trained in speech, language and communication development,	The guidance refers to and is consistent the Early years foundation stage – this

[8] Hart, B., and Risley, T. (2003). *The early catastrophe: The 30 million word gap by 3. American Educator*, 27(1), 4-9

[9] Locke, A., Ginsborg, J., and Peers, I. (2002). Development and disadvantage: Implications for early years and beyond. *International Journal of Language and Communication Disorders,* 37(1), 3-15

[10] Spencer, S., Clegg, J., Stackhouse, J. and Leicester, S. (2006) Language and Social Disadvantage: a preliminary study of the impact of social disadvantage at secondary school age Proceedings of the Royal College of Speech and Language Therapists Conference May 2006

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	and childcare		and the impact that poor communication skills can have on social and emotional development and behaviour.	includes some guidance on assessment of children's development. The definition of vulnerable children includes language and communication difficulties. Early years providers using this guidance should note these difficulties and referral to specialist services may be appropriate. Recommendation 4 includes individual staff develop an understanding of particular children's needs.
I CAN	***Recommendation 4 Early education and childcare***	14	We recommend staff provide opportunities for language based activities and social communication opportunities as part of their daily programme to support social and emotional development.	PHIAC did not consider evidence specifically on language based activates and social communication, but the guidance refers to and is consistent the Early years foundation stage which has accompanying non-statuary advice. This advice includes activities for communication and language
I CAN	***Recommendation 4 Early education and childcare***	14	Attending a good pre-school is an important factorin developing language skills and preventing socialexclusion. We support the need for all children to access good pre-school provision. I CAN's early years programmes – the Early Language	The guidance focus of targeted interventions for vulnerable children. It does not make specific recommendations on universal

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			Development Programme (ELDP), Early Talk and Early Talk 0-3 – focus specifically on ensuring good communication environments in early years settings and have been shown to support pre-school provisions in establishing the right environment for supporting the development of language skills[11]. The ELDP and Early Talk 0-3 offer a specific focus on early language development, supportive of the increase in settings offering free early years placements for 2 year olds.	provision (other than that universal services are also important to vulnerable children).
I CAN	***Recommendation 5 Managing services***	15	We recommend that speech, language and communication needs is clearly identified as a risk factor for developing social and emotional problems in young children. We feel that information about this should be made available to all professionals working with vulnerable children.	The definition of vulnerable children includes speech, language and communication difficulties.
I CAN	***Recommendation 5 Managing services***	15	Practitioners could be supported by understanding the role of organisations like I CAN in helping parents to develop their child's language skills, thus supporting their social and emotional development. I CAN offers support, information/resources to parents/ carers: • Our free telephone / email Enquiry Service offers parents and practitioners the chance to speak directly with one of our speech and language therapists. They offer information about communication milestones,	Comments noted – recommendation 5 includes practitioners developing and agreeing pathways for referral and working together across services.

[11] Dockrell et al (2008) *I CAN Early Talk: an evaluation in two local authorities*

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			identify helpful strategies for support, provide information on assessment and highlight resources to use to support speech, language and communication development. • The Talking Point website is a 'one-stop shop' for children's communication development and SLCN with free information, activities, links to a wide range of other organisations and an online tool for checking progress. Our Communication Ambassador programme has reached thousands of families in disadvantaged areas of England to share information and awareness about children's language development and where to get help if there is a problem. We would like to see professionals working with vulnerable families signposting families to these services in order to help them support their children's speech, language and communication development.	
I CAN	***Recommendation 5 Managing services***	15	Programmes such as I CAN's Early Talk 0-3 , Early Talk and the DfE funded Early Language Development Programme are able to provide evidence based support, training and resources to early years practitioners. This can be used to ensure early years professionals are trained to deliver evidence-based programmes and services to support and develop the social and emotional wellbeing of vulnerable children aged under 5, through supporting good communication skills.	Comments noted.

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Stakeholder Comments Response Table

Consultation: 20 April - 18 June 2012

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I CAN	Recommendation 5	15	As the Marmot Review[12] has shown, poor health in adulthood is strongly related to poverty and to factors in early childhood that affect development. Marmot identified as a priority objective reducing inequalities in the early development of physical and emotional health, and cognitive, linguistic and social skills – and put giving every child the best start in life as the review's highest priority recommendation. I CAN would like to see speech, language and communication development highlighted as a key factor in early development and in the improvement of social and emotional development. We would also like to see poor communication skills highlighted as a significant risk factor in poor emotional and social development.	The definition of vulnerable children includes children with speech, language and communication difficulties (see glossary).
I CAN	***2 Public health need and practice Factors that impact on social and emotional wellbeing***	19	I CAN would like to highlight the following points: 1) Poor communication skills impact on social and emotional wellbeing and these are regularly not identified. We know that children with speech, language and communication needs often go on to experience social, emotional and educational difficulties. We know that limited language skills are a risk factor for mental health difficulties[13]	Comment noted - speech language and communication difficulties added to the definition of vulnerable children (see glossary).

[12] 'Fair Society Healthy Lives' (The Marmot Review) February 2010

[13] Snowling, M. J., Bishop, D.V.M., Stothard, S.E., Chipchase, B. and Kaplan, C.

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			and behaviour[14]. Research also shows that children whose language difficulties are unresolved by the time they start school are more likely to have later academic difficulties.[15] As there is less time after the pre-school period to close the social, emotional and educational gap, early identification of communication difficulties is therefore essential.	
I CAN	***2 Public health need and practice Factors that impact on social and emotional wellbeing***	19	2) The impact of poor attachment on language development Research tells us that children who fail to develop good attachment with their carers often have poor language skills[16]The guidance highlights poor parenting as a specific problem in the development of children. However we know that	Comment noted - speech language and communication difficulties added to the definition of vulnerable children. In addition, This guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS

(2006) Psychosocial Outcomes at 15 Years of Children with a Pre-school History of Speech-Language Impairment Journal of Child Psychology & Psychiatry 47(8):759-765

[14] Huaqing Qi, C. and Kaiser, A.P. (2004) Problem Behaviour of Low Income Children with Language Delays: an observation study Journal of Speech Language and Hearing Research 47 3 595-609

[15] *Snowling, M.J., Adams, J.W., Bishop, D.V.M., and Stothard, S.E. (2001) Educational Attainments of School Leavers with a Pre-School History of Speech-Language Impairments IJLCD 36*

[16] Tamis-lemonda, C. S., Bornstein, M. H., Baumwell, L. and Damast, A.M. (1996) Responsive Parenting in the Second Year: Specific influences on children's language and play Early Development and Parenting 5 (4) 173-183

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			many parents do not have the knowledge they need to provide adequate support for their children. I CAN would like to see more available information for parents about communication milestones and the importance of developing communication skills.	statutory guidance and non-statutory supporting guides aid assessment of development, identification of where there may be difficulties and characteristics of enabling environment to support development.
I CAN	***2 Public health need and practice Factors that impact on social and emotional wellbeing***	19	There is compelling evidence that poor speech, language and communication skills impact significantly on emotional and social wellbeing. Therefore I CAN would like to see this link clearly described in this section, highlighting the impact of poor communication skills on emotional and social wellbeing.	PHIAC noted evidence for difficulties with speech, language and communication may contribute significantly to social and emotional wellbeing problems and the resulting behaviour. A consideration has been added to the guidance (please see section 3.9).
I CAN	***Current services***	19	I CAN agrees that services to support young children can be fragmented and poorly coordinated. The work of the Communication Champion for Children, Jean Gross CBE highlighted a need for joined up provision for supporting children with speech, language and communication needs. The Bercow review[17] into services for children and young people with speech, language and communication needs cited a lack of coordination between health and education.	Speech, language and communication difficulties added to the definition of vulnerable children – the guidance recommends that Health and wellbeing boards ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy' and

[17] Bercow Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs (2008)

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			I CAN would like to see an increase in the number of areas in which joint commissioning takes place and the use of pooled budgets. Joint commissioning should be the corner stone of services for children and young people with speech, language and communication needs. It enables different parts of the system to work more effectively to meet the needs of children in the area. The report[18] of the outgoing Communication Champion for Children, Jean Gross CBE highlighted good practice for children with SLCN. However, the report also made it clear that joint commissioning of integrated approaches across health and education is still not happening in 70% of local areas. This needs to be improved. Children and young people with SLCN and their families have been ill served by the divide in commissioning between 'health' and 'education' and I CAN would like to see commissioning for speech and language services dealt with in this way.	that social emotional wellbeing is assessed as part of joint strategic needs assessment.
I CAN	***Considerations***	21 3.2	I CAN would like to see the important role that speech, language and communication play in supporting social and emotional wellbeing and improving 'readiness for school'. Joined up thinking and the integration of information should result in all sectors focusing on same outcomes and needs not being	Comment noted.

[18] Two Years On: final report of the Communication Champion for children Jean Gross, Communication Champion December 2011

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			measured in different ways.	
I CAN	***Considerations***	22	There is evidence that states a focus on developing early language skills effectively can have a positive impact on children's social and emotional wellbeing. The Rose report[19] states that: "Speaking and listening, together with reading and writing are prime communication skills that are central to children's intellectual, social and emotional development." I CAN would like to see the important role of supporting language and communication skills highlighted as crucial for good development of a child's social and emotional wellbeing.	Comments noted – the guidance recommends interventions that may help interaction and communication. The guidance does not cover interventions to support children with a specific disability, sensory difficulty or mental health problem. Where specialised services are required, the guidance recommends referral to specialist services, based on an assessment of need
I CAN	***Considerations***	23 3.10	The Early Language Development Programme, currently being rolled out across children's centres in England is evidence informed to support for early years practitioners, enabling them to provide a communication supportive environment for children to learn and develop in and making the link between speech, language and communication and social and emotional wellbeing. We would like to see examples such as these included, highlighting positive practice for supporting children with social, emotional and behavioural difficulties.	This guidance also refers to and is consistent the Early years foundation stage (EYFS). NICE understand that interventions such as the Early Language Development Programme, may support achievement toward EYFS markers and in some cases interventions for a specific group may be effectively applied to broader groups. PHIAC did not consider evidence on language development interventions

[19] Rose, J. March 2006 Independent review of the teaching of early reading (Department for Education and Skills)

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				impact on social and emotional wellbeing and therefore specific recommendation cannot be made within the guidance.
Kings College London			I have read with great interest this draft document. As you can imagine I have a specific clinical and research commitment to the wellbeing of vulnerable children, in my role of Consultant Perinatal Psychiatry and Head of the Academic Section or Perinatal Psychiatry. I would like to stress that what is perhaps missing at the moment from this document is the required emphasis of pregnancy as a key period for early detection and intervention, in order to change the trajectory of these children toward vulnerability.	Comment noted. The guidance takes a life course approach with includes pre-birth and the antenatal period. Recommendation 3 focuses on antenatal and postnatal home visiting – reflecting that PHIAC recognised the importance of pregnancy.
Kings College London	***Recommendation 3 Pre- and postnatal home visiting for vulnerable children and their families***		My comment regarding this section is that it does not emphasise enough that some women may be suffering from clinically significant depression that may require a specialist pharmacological or psychological intervention, which can only be offered within specialist perinatal psychiatry services. While this situation may only apply to a small number of women (when considered within the broad range of women that may require general forms of support), nevertheless the presence of these women, and the requirement for clinical assessment (and thus link to the "antenatal and postantal mental health" guidance	Thank you – the guidance makes reference to NICE guidance on antenatal and postnatal mental health (CG45). Recommendations include referring to specialist services where appropriate

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			should be clearly stated	
Kings College London	***Recommendations for research***		Following from the point above, I would also recommend that research should be conducted on the effects on the children of the various available support and treatment strategies for mothers during pregnancy. Most evidence on interventions for maternal mental health (psychological or pharmacological) is limited to mothers' mental state, while the truly important question is whether these intervention also affect the children in terms of vulnerability. Interventions during pregnancy require the same kind of evaluation (in terms of children's outcome) as recommended for the interventions offered directly to children.	Pre-birth vulnerable children are not excluded from research recommendation 1. The definitions of vulnerable children were carefully considered by PHIAC. It agreed to select key factors that were readily identifiable by early years practitioners and others involved with parents and vulnerable children. The definition includes parent mental health as PHIAC agreed there was evidence for impact on vulnerability of children's social and emotional wellbeing.
Lancashire Care NHS Foundation Trust	General		Who will be part of the Health & Wellbeing Boards? Is this not established within Children's Trust arrangements?	Health and wellbeing boards comprise elected representatives, patient representatives and commissioners of health public health and social care services.
Lancashire Care NHS Foundation Trust	General		No mention of more local perinatal mental health services to improve outcomes around attachment	The guidance focuses on identification of and targeted services to support the social and

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				emotional wellbeing of vulnerable children. PHIAC noted that the strong economic case for early years 'preventive' services. It agreed that evidence reviews supporting the guidance showed that the greatest cost savings could be achieved by intervening during the early years of life – this could include perinatal mental health services (which are specifically referred to in the guidance).
Lancashire Care NHS Foundation Trust	General		Improved access to Infant Mental Health Services	Mental health services including perinatal, child and adolescent and adult are included in the recommendation 2
Lancashire Care NHS Foundation Trust	General		Health Visitors should complete attachment training as standard practice	PHIAC has not consider evidence specific to health visitor training
Lancashire Care NHS Foundation Trust	General	14	Makes the assumption that hard to reach families recognise the importance & will have the confidence & capacity to take part in the 'decision making process' around services that are provided in early education services	The recommendation is that managers and providers ensure parents and other family members are fully involved – this is also in line with the Early years foundation stage statutory framework

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Lancashire Care NHS Foundation Trust	General		There is no reference to the length of time that it takes to engage vulnerable families to build strong enough relationships to facilitate change	Comment noted - It is not clear from current evidence how many home visits are needed. The Family Nurse Partnership, an evidence-based, intensive home visiting programme, provides weekly or fortnightly home visits for 60–90 minutes throughout most stages of the programme (with more in the early stages and less later). PHIAC understood, that defining the necessary outcomes for home visiting allow for some professional judgement in frequency and duration of visiting, providing the implementation fidelity of the programme is maintained
Lancashire Care NHS Foundation Trust	General	6	Where it lists the elements that vulnerable children may be exposed to, parental learning difficulties needs to be included	The definition of vulnerable children includes 'parents of low educational attainment' – this is intended to include parent learning difficulties. Where parental learning difficulty may be in a specific area (such as a person with an autistic spectrum condition) and the parent has an average education

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				attainment, the definition also notes relationships and mental health and the guidance identifies characteristics of the child's social and emotional and development which indicates the child may benefit from targeted interventions.
Lancashire Care NHS Foundation Trust	General	12	It suggests that volunteers should not be visiting families without the support of a health professional & should be given 'support sessions on a regular basis. By whom? How? Who's responsibility?	This section of the guidance has been redrafted. Reference to volunteers has been omitted.
Lancashire Care NHS Foundation Trust	General		It suggests a programme of work for health visitors or midwives to undertake. How does this impact on referrals to other services? Should this work have been completed prior to engagement?	PHIAC understood that intensive home visiting would not limit access to or use of other universally provided services
Lancashire Care NHS Foundation Trust	General	36 - 37	The key questions are suggested without knowledge of models such as the Emotional Health Team or other similar models across the UK. (How do we evidence our work & outcomes to influence policy?)	Comments noted – public health guidance considers the best available evidence to support decision making. They can include grey literature in the form of well conducted, but unpublished reports, expert reports and invited expert testimony. Please see appendices B and C for an outline of the methods used and evidence considered. The evidence reviews for this

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				guidance include report form an expert panel in the area of promoting social and emotional wellbeing of vulnerable early years children.
Lancashire County Council			The recommendation should also take into account Statutory Guidance for the EYFS published March 2012. The new SEN guidance (correct title will be added) New Development matters EYFS	This guidance also refers to and is consistent the Early years foundation stage (EYFS).
Lancashire County Council	Recommendation 1	7	It should be clear that school readiness is for year one birth to 5 years of age and not below.	Comment noted. The guidance does not exclude children below 1 year of age. A child's level of 'School readiness' may result from multiple factors; including influences before the stage it is measured. Furthermore recommendation 3 focuses on support for children in ante- and postnatal stages of development
Lancashire County Council	Recommendation2	10	Part of this recommendation should be a suggestion to provide workforce development to support the recognition of what is a vulnerable child and how and who to respond to.	Comment noted – the guidance focuses on support of social wellbeing of early years children. Evidence was reviewed for professional roles and practices which highlighted the need for

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				training and support. Recommendation 5 (delivering services) includes a recommendation for systems for training and support
Lancashire County Council	Recommendation 3	11 - 12	This recommendation is suggesting that a targeted service related to teenage mother and those form ethnic backgrounds as being the norm however would it not be best practice to have home visiting linking Health Visitors, Children's Centre staff with and agreed visiting patter to be offered universally in proportion to need be the best approach.	The guidance aims to ensure universal services (including maternity, child health, social care, education and family welfare services), as well as more targeted services, support all vulnerable children. Targeted services for vulnerable child are anticipated to be additional to, but may be complemented by other universal services. The recommendation now includes health visitors or midwives should work in partnership with other early years practitioners and acknowledges that partnership working would involve services such as those provided as part of universal programmes such as the Healthy Child programme. The recommendation does not intend to suggest that the home visiting

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				service act in a co-coordinating or linking role.
Lancashire County Council	Recommendation 3	12	The suggestion to use interactive video guidance with a mother who has depression is not best practice.	<<< The term 'consider' is used deliberately to indicate that the professional should *consider* the appropriateness offering and delivery of the intervention – using clinical judgement were applicable. Video interaction guidance can improve maternal sensitivity and mother-–infant attachment which may be issues when the mother has depression or has had depression.
Lancashire County Council	Recommendation4		This should be aligned with the new code of practice with regard to the expectation on PVI to provide transport?	The guidance has been redrafted to recommend childcare and education services address barriers such as cost of transport.
Lancashire County Council	Recommendation 6	16	Data protection and level of sharing information is still an issue, it may take government action to ensure that an integrated administrative system and data set is in place that is meaningful and fit for purpose.	Comments noted - PHIAC develop recommendations for high quality, cost effective practice and does not have a remit for informing government policy.
Leeds City Council	Rec 2	9	To include childminders	Recommendations have been re-drafted to include a range of early years services – including childminders (childcare services)

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				where appropriate. Recommendation 4 focuses on early education and childcare – including childminders
Leeds City Council		10	It will be difficult to link child and adult data sets across health and early years providers.	PHIAC considered implementation issues in making its recommendations. It was considered that it was important to recommend that child and adult data sets should be linked and that this would be consistent with the approach adopted for common assessment framework
Leeds City Council	Rec 3	12	'Volunteers…….' This challenges the validity of the Homestart model.	Reference to the involvement of volunteer personnel has been removed. The guidance is, however, relevant to voluntary and community sector organisations and professionals and providers are encouraged to work with such organisations.
Leeds City Council	Rec 6	16	Integrated admin systems and data sets will be difficult to achieve.	Comment noted – PHIAC consider implementation along with other factors in developing its recommendations

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Maternal OCD	Results Figure 1	18	Please advise where the anxiety disorder Obsessive Compulsive Disorder sits within the diagram of influencing factors – thank you.	No figure was included in the draft guidance for consultation. Related NICE guidance is listed in section 7 of the guidance. Following publication, recommendations from this guidance will be integrated into the NICE pathway (please see http://pathways.nice.org.uk/).
Maternal OCD	General		Please detail where the further causes of poor emotional development such as childhood early trauma and OCD/Autistic spectrum disorders are to be found – thank you.	With regard to the recommendations - the definition of vulnerable children (please see glossary) includes children with a disability or have speech, language and communication difficulties. NICE guidance documents concentrate on presenting the recommendations developed by its independent advisory bodes (for this guidance, PHIAC), consequently, background sections (such as section 2) only provide an introduction to the topic area the guidance considered and are not exhaustive.
Maternal OCD	General		Irrespective of deprivation factors, children's unhealthy	The guidance acknowledges that

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			behaviour could be identified in other ways to 'red flag' any possible disorders from developing – please detail how this could be included in this paper to minimise risk factors – thank you.	most parents living in poor social circumstances provide a loving and nurturing environment, despite many difficulties. PHIAC agreed that the factors used in the definition of vulnerable children indicate that a child is vulnerable and are readily identifiable (please see glossary).
National Day Nurseries Association	**general**		The recommendations support the ethos of multi-agency working to support children and families and provide better outcomes. This vision is invaluable.	Comment noted – thank you.
National Day Nurseries Association	**general**		The language throughout needs to be in line with the new Early Years Foundation Stage (EYFS). Some of the descriptions do not reflect the way practice is described in the EYFS and current ideas of good practice. Further reference to the EYFS would be useful, including the underpinning principles of the unique child and positive relationships. The guidance refers to "social and emotional" aspects throughout but for the early years childcare elements should be consistent with the EYFS language and use "Personal, Social and Emotional". The role of the key person in early years needs to be included.	Comments noted - This guidance is a distinct product, but does refers to and is consistent with the Early years foundation stage (EYFS). Some language differs from that used in the EYFS to ensure consistency with other NICE documentation and to the NICE scope on which the guidance is based and methodology used identifying evidence for the guidance.

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National Day Nurseries Association	**general**		The right organisations and individuals have been identified under “Who should take action” but some of the terms need to be reviewed, for example “nursery practitioners” rather than “staff” and “early years childcare” which includes nurseries, pre-schools and childminders. It may be necessary to mention nannies too. See further comments below.	Thank you – recommendation 4 - Early education and childcare (in particular) has been redrafted to make those ‘who should take action’ clear.
National Day Nurseries Association	**general**		The guidance should refer to "early years practitioners" rather than "nursery nurses" or "staff in children's centres etc" This is in line with current terminology in the early years childcare sector and is a broader term covering all people working in these settings.	Thank you – the guidance now refers to early years practitioners and manager and providers of early education and childcare services.
National Day Nurseries Association	**general**		The guidance should refer to "early years childcare settings in all sectors, including voluntary and private" rather than just nurseries, or the “voluntary and private sectors” - this is a broader term and covers childminders and sessional pre-schools, rather than just nurseries.	Thank you – the guidance introduction uses the phrase ‘those working in all early years settings’ and (for example recommendation 4) refers to ‘All those involved in providing early education and childcare services’
National Day Nurseries Association	**general**		To promote equality and inclusion, consideration should be given to the language used. In some cases in the draft this appears negative towards children from disadvantaged areas.	NICE documentation is carefully written with Editorial advice to ensure it is clear and addresses individuals and groups with dignity. PHIAC agreed that most parents living in poor social circumstances

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				provide a loving and nurturing environment, despite many difficulties. It noted evidence of inequalities in 'school readiness' and that children from poorer background may be more likely to be exposed adverse factors. The guidance focuses on identification of and targeting services to support the social and emotional wellbeing of vulnerable children, with the aim intervening early and to reducing inequalities
National Day Nurseries Association	**general**		We understand the guidance's official remit is England only, but that it may be referred to for good practice guidance in Wales. If this is the case, consideration may be needed as to whether to reference relevant language and documents relevant to early years curriculum and practice in Wales.	Comment noted – the NICE public health guidance has a remit for England only. Recommendation 5 includes helping vulnerable parents to use health and early years services, noting difficulties may include language
National Day Nurseries Association	Section 1	5 'Background' bullet oint 3	Early years childcare should be included in the universal services listed.	This section of the guidance has been redrafted, with a definition of universal services located in the glossary. This list is illustrative and not exhaustive. Also, entitlement to free early years education varies. Current policy is to

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				expand free early education to 40% of infants aged 2 years, starting with those who are from disadvantaged. Families (please see 3.10).
National Day Nurseries Association	Section 1	10	An explanation of the "common assessment framework" and link to further information would be useful as not everyone for whom the guidance is intended will be familiar with it.	This recommendation is aimed at professionals who should already be engaged with the common assessment framework
National Day Nurseries Association	Section 1	13	As the regulatory body, should Ofsted be listed under "who should take action"?	<<< Recommendation 4 has been redrafted, omitting the footnote referring to Ofsted. Actions focus on responsibilities of local authorities and managers and providers of early education and childcare to deliver high quality services which support vulnerable children.
National Day Nurseries Association	Section 1	13 final two bullet oints	Reference should be made to the two year old early education offer and the statutory duty beginning in 2013 as well as local authorities' childcare sufficiency duties under the Childcare Act.	Thank you – the recommendation refers to ensure vulnerable children can take you their entitlement to early childhood education
National Day Nurseries Association	Section 1	14 bullet oint 1	"practitioners" rather than "staff"	The recommendation 4 has been reworded to refer to 'managers and providers' and to 'services'
National Day Nurseries Association	Section 1	14 bullet	Terminology should be "personal, social and emotional" development to be in line with EYFS. "structured daily schedule"	Recommendation 4 now includes 'a balance' of adult-led and child-

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		oints 2, 4	doesn't reflect current good practice - it would be better to refer to “a high quality environment with a balance of adult-led and child-initiated activities”. Similarly, bullet point 4 should refer to play and learning rather than “educational and other activities” and the key person approach of EYFS should be mentioned as well as information sharing and consultation with parents.	initiated activities’.
National Day Nurseries Association	Section 2	18	EYFS and the Statutory Guidance for Local Authorities on Delivery of Free Early Education should be included in the relevant policy documents.	Relevant Department for Education policies are referred to in the guidance (please see section 3.10 and, for example, reference DfE 2012b).
National Day Nurseries Association	Section 2	19 aragrah 2	Current services - nearly 80% of early years provision is rated good or outstanding. It would be more accurate to say that “quality tends to be less good in disadvantaged areas, meaning children are less likely to be in good or outstanding provision”	PHIAC was mindful of variations in current services. The guidance provides recommendations for good quality services and cost effective interventions.
National Day Nurseries Association	Section 2	20	Can any UK research be used in paragraph 2?	A comprehensive review of evidence was conducted to inform the recommendations made in the guidance. This includes searching for UK-based evidence (please see appendices B and C).
National Day Nurseries Association	Section 2	20	'dealing with' is rather negative language, 'supporting' would be more positive.	Thank you – this has been changed as suggested.

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National Day Nurseries Association	Section 3	22, 3.4	Better to refer to 'two year olds from disadvantaged families'	This section has been redrafted (as section 3.10) and includes reference to current Department for education policy.
National Day Nurseries Association	Section 3	22, 3.4	'personal, social and emotional development'	The guidance focuses on identification of and targeted services to support the social and emotional wellbeing of vulnerable children, up to age 5. NICE note that the terms ‘'personal, social and emotional development' are used in some DfE documentation and Early years foundation stage. It was considered that ‘social and emotional’ development was the appropriate term to use within the guidance in order to be consistent with the scope for the guidance and methodologies used to identify relevant evidence.
NCT, Alexandra House, Oldham Terrace, Acton, London W3 6NH	Introduction: scope and purpose of this draft guidance	1	We warmly welcome the aim of the guidance to support the social and emotional wellbeing of vulnerable children under 5 years.	Noted

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NCT, Alexandra House, Oldham Terrace, Acton, London W3 6NH	1	5	We also warmly welcome that the recommendations in this guidance are part of the broader goal of children's services to ensure that **all** children have the best start in life, as we feel that this should be the underlying aim.	Comments noted – however, the guidance focuses on identification of vulnerable children and targeted services to support the social and emotional wellbeing of those children.
NCT, Alexandra House, Oldham Terrace, Acton, London W3 6NH	1	9	We warmly welcome the focus on identifying vulnerable families, and we welcome the use of universal services that are provided to all children to identify vulnerable children. We note the inclusion of the Healthy Child Programme among those who should take action to identify vulnerable children, but we feel that there should be explicit reference to the contacts made during this programme as they are all key opportunities for identifying vulnerable children.	Thank you – this concept is now highlighted in the introduction to recommendation 2 'Alongside other universal services, home visiting, early education and childcare have an important role in identifying and assessing the needs of vulnerable children as well as responding to those needs'. The guidance has been redrafted and now focuses on the services provided as part of the Healthy Child Programme.
NCT, Alexandra House, Oldham Terrace, Acton, London W3 6NH	1	10	This states that "Health professionals in antenatal and postnatal services should identify factors that may pose a risk to the child's social and emotional wellbeing" and "For example, discuss any problems she may have in relation to: her mental health; substance or alcohol abuse; family relationships, circumstances and networks of support".	The guidance focuses on support of social wellbeing of early years children. Features of the parents are important for social wellbeing of early years children but it is not within the scope of this guidance to

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			The document does not, however, go on to say what support or follow-up for these problems should then be available or offered to the woman. This should be made clear as otherwise the recommendation may not be followed and opportunities for intervention may be missed.	develop recommendations on addressing issues such as substance misuse or mental health. Where applicable, other NICE guidance is referred to including: antenatal and postnatal mental health; depression in children and young people; looked-after children and young people; pregnancy and complex social factors and when to suspect child maltreatment.
NCT, Alexandra House, Oldham Terrace, Acton, London W3 6NH	1	11-13	These actions will mean a large additional workload for health visitors and midwives, but workforce planning does not seem to have been taken into account in any of the recommendations about managing or planning these services. Without this, a lack of staff available may mean that the recommendations are not able to be followed.	PHIAC consider implementation – along with other factors in developing its recommendations. It agreed that the recommendations constitute an effective use of public resources.
NCT, Alexandra House, Oldham Terrace, Acton, London W3 6NH	3.9	23	Our understanding is that this guidance concerns children who are vulnerable for any reason, including neglect or abuse regardless of whether it is associated with living in disadvantaged circumstances. We note and welcome, therefore, that these recommendations should help to prevent child abuse, and we would welcome any further emphasis on achieving this outcome, for example by further use of the Family Nurse Partnership.	Comments noted – thank you. While prevention of child abuse is not the primary focus of this guidance, PHIAC agreed the recommendations should help prevent child abuse (see section 3.14).

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NHS DERBY AND DERBYSHIRE	1	6	1. Definition of social and emotional wellbeing. • There is mention of resilience and confidence and not displaying bullying behaviour. I would like to see this extended to the child being resilient to exploitation plus violence and bullying (a focus on the child avoiding being a victim of as opposed to not being the perpetrator of)	This guidance also refers to and is consistent the Early years foundation stage (EYFS). The guidance acknowledges that there are different descriptions of social and emotional wellbeing and uses a definition based on that used in the EYFS (please see glossary).
NHS DERBY AND DERBYSHIRE	1	6	2. Vulnerable child. I would like to see a mention of poor parenting here separately. Emerging findings from the Millennium Cohort study indicate that parenting has a separate and additive effect to poverty. A child born into affluence who experiences poor parenting skills is likely to have as poor development (or worse) as those born into poverty that experience good parenting skills.	Health and early years practitioners should use the guidance along with their expertise and professional judgement. The definition of vulnerable children includes family relationship problems, but is not an exhaustive listing. Factors included in the definition were considered by PHIAC to have an evidence base and be readily identifiable Recommendation 2 includes health professionals in antenatal and postnatal services assessing parents capacity to provide a loving and nurturing environment
NHS DERBY AND DERBYSHIRE	1	9	Pleased to see reiteration of family and child interventions. Social and emotional difficulties developing within a child often	Recommendation 3 focuses on ante- and postnatal stages and promotes an

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			stem from very early experiences with their carer particularly where satisfactory attachment does not exist. To undo this damage, significant work needs to take place with carer and child within the family. I would like to see stronger emphasis on the child/ carer/ family around addressing attachment difficulty specifically mentioned here. Feel this "bond" between primary carer (often mother) and the child although mentioned on page 19 is not emphasised enough in this document both in terms of being a significant issue and in terms of appropriate interventions to help the family overcome the impact caused.	approach which involves the whole family. Recommendation 3 also states that evidence based intervention to improve maternal sensitivity and mother-infant attachment should be considered
NHS DERBY AND DERBYSHIRE	1	14	"parents should be encouraged to get involved in decision-making" they should also be **supported** in accordance to their need. This is slightly alluded to on page 15 but again support systems, advocacy could be reiterated for consideration in practice.	The guidance has been reworded to use the term 'contributing to decisions'. This allows for direct or supported contributions and advocacy where appropriate
NHS DERBY AND DERBYSHIRE	GENERAL		Generally no other specific comments to make with regard to recommendations and we feel it fits perfectly with our local CYP forward planning for early intervention and prevention in the Early Years. It advocates targeting resources at an earlier age and working in a more targeted way with the most vulnerable children and families. There is a strong evidence base which focuses on all of the reviews which we have used as part of our CYP business planning sessions e.g. Tickell, Allen, Monroe etc.'	Comments noted – thank you.
NHS Direct		General	NHS Direct welcome the guideline and have no comments on	Comments noted – thank you

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			the content as part of the consultation.	
NHS Health Scotland	General		There is no mention of play throughout the document	PHIAC carefully considered its recommendations on early year seduction and childcare, noting that it was limited to making recommendations based on the available evidence and that government policy and regulatory documentation may define features of early years provision. This guidance also refers to and is consistent the Early years foundation stage (EYFS). PHIAC agreed that recommendation 4 should include (in line with EYFS) a 'balance of adult led and child-initiated activities' – which could include play.
NHS Health Scotland	General		The document needs to include reference to CG110 Pregnancy and complex social factors	Thank you – reference added.
NHS Health Scotland	Definition	6	Vulnerability may be linked to physical or cognitive disability in the child	Noted – having a disability is included in the definition of vulnerable children (as are speech, language and communication difficulties.)
NHS Health Scotland	Definition	6	Vulnerability may be transient	Comments noted – PHIAC agreed that circumstance may vary with

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				time, not all children with risk factors will be vulnerable – and others, without these risk factors, could have social and emotional problems. The definition of vulnerable children used for the guidance acknowledges this (please see glossary).
NHS Health Scotland	Recommendation 2	9	Scotland's Getting It Right approach may be of interest to the guidance developers http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright	Comment noted – PHIAC considered relevant evidence in development of the recommendations (see section 9 and appendix B) and review further evidence at this stage
NHS Health Scotland	Recommendation 3 What action should they take?	11	The wording suggests all health visitors will offer a specialist programme themselves. Should this be reworded to suggest that health visitors may undertake this or *appropriately refer* parents to such a specialist programme?	The wording of the recommendation intends to reflect that all health visitors should offer intensive home visits which are provided by an appropriately trained nurse. The recommendation now begins: *'Health visitors or midwives should offer a series of intensive home visits by an appropriately trained professionals nurse to parents assessed to be in need of additional support (see recommendation 2).'*

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NHS Health Scotland	Recommendation 3 What action should they take?	11	Midwives/Health visitors are expected to provide a similar intensive support to that of the Family Nurse Partnership. However, currently, midwifery/health visitor's caseloads suggest that this may not be a realistic suggestion.	NICE advisory bodies consider implementation when developing recommendations. The intensive home visiting would be delivered by Family Nurse Partnership teams – if adopting the by Family Nurse Partnership programme. Midwives/Health visitors may refer children to such teams, where available. Current Government policy is to develop home visiting capacity
NHS Health Scotland	Recommendation 3 What action should they take?	11	The Scottish Ante Natal Parent Education Programme used across Scotland may be of interest to the guidance developers http://www.maternal-and-early-years.org.uk/the-scottish-antenatal-education-pack	Noted, thank you, though PHIAC has not invited or considered additional evidence at this stage of the development of the guidance.
NHS Health Scotland	Recommendation 3 What action should they take?	11	Third bullet point-The wording states ' They should encourage them to participate, taking account priorities and commitments'. It is not clear whose priorities, is this the mother or the health professional	The section has been redrafted and reviewing by PHIAC and NICE editorial advisers.
NHS Health Scotland	Recommendation 3 What action should they take?	12	Fourth bullet point - curriculum to achieve specific goals is inappropriately outcome focussed as these outcomes are not necessarily directly or easily measurable	The recommendation has been redrafted with a footnote and reference to the Family Nurse Partnership.

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NHS Health Scotland	Recommendation 3 What action should they take?	12	Fifth bullet point – The evidence regarding video-feedback does not appear to be sufficient to adopt video-guidance as an approach in isolation of other interventions such as the use of soft infant carriers or kangaroo care. Whilst interactive feedback may improve maternal sensitivity, Barlow et al's (2008) review of health-led parenting interventions in pregnancy and the early years highlights that there is no evidence regarding video-interactive guidance and improved attachment. The considered Bakermans-Kranenburg et al (2003) review also reports that the interventions which were most effective in enhancing infant attachment security did not use video feedback. Consideration should also be given to the existing recommendations about parenting and emotional attachment contained in NICE CG37 – Routine Postnatal care of women and their babies.	<<< PHIAC considered that Video Interactive Guidance and Baby Massage could be effective in selected cases. The Committee was mindful that evidence across other interventions and of relative effectiveness was lacking. The recommendation does not intend to promote these interventions over other, where there is also evidence for effectiveness. Word has been selected to reflect the level of uncertainty (using 'should consider' and 'such as') and that intervention should be evidence based Thank you – reference to this guidance included.
NHS Health Scotland	Recommendation 3 What action should they take?	12	This element also has budgetary implications	Noted. The published guidance will be supported by implementation tools.
NHS Health Scotland	Recommendation 3 What action should	12	We would question the appropriateness of involving midwives in the recommended actions subject to provision of Healthy Child	PHIAC agreed that midwives should have a key role in identifying

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	they take?		Programme.	vulnerable children and offering more intensive interventions (delivered by specially trained professionals – such as in the Family Nurse Partnership model).
NHS Health Scotland	Recommendation 3 What action should they take?	12	Sixth bullet point- the evidence around the critical period of attachment and child development may indicate that that having a break is not appropriate.	The break is only offered to reduce the risk that parents will stop participating altogether. If the parents do decide to have a break, the nurse should continue to communicate with them on a regular basis
NHS Health Scotland	Recommendation 3 What action should they take?	12	Ninth bullet point- we suggest that this be reworded to emphasise that the health or early years professional *primarily* provides the home visit with help from a trained volunteer as such emphasis takes account of the evidence that nurses-led home visiting interventions are most effective.	Reference to the involvement of volunteer personnel has been removed. The guidance is, however, relevant to voluntary and community sector organisations and professionals and providers are encouraged to work with such organisations
NHS Health Scotland	Recommendation 4 What action should they take?	13	It would be helpful to clarify the evidence around Early Education and childcare and justify age 3 for mainstream and age 2 for vulnerable children	Unclear on comment – The Family Nurse Partnership model provides more intense intervention for vulnerable children from pre-birth to age 2 years

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NHS Health Scotland	Recommendation 4	14	Fourth bullet point: we suggest staff should have understanding of interventions that improve outcomes for children and factors that contribute to inequalities	Application of the guidance should improve outcome and reduce inequalities. Recommendation 4 and 5 include actions to overcome barriers, consider difficulties in accessing services (such as 'social circumstances, language, culture or lifestyle') and involving community and voluntary groups.
NHS Health Scotland	Recommendation 5	14	Play services should be included	The guidance refers to a balance of adult and children initiated activities and both indoor and outdoor space
NHS Health Scotland	Recommendation 5 What action should they take?	15	The Scottish Pathway of Care for Vulnerable Families 0-3 may be of interest to the guideline developers http://www.scotland.gov.uk/Publications/2011/03/22145900/1	Noted, however, PHIAC have not invited submission of further evidence at this stage of the development of the guidance
NHS Health Scotland	Recommendation 6 What action should they take?	17	Bullet point 3- In contrast to being persistent in efforts to encourage hard-to-reach parents to use services as they currently exist, the emphasis needs to be on designing universal services that are equally engaging of hard to reach families. Additionally, we question that use of the term "hard to reach" as it suggests that such families actively absent themselves from services, rather than indicating that their absence may reflect the failure of services to actively engage these parents	Comments noted, however, this guidance focuses on targeted intervention for vulnerable children. NICE does not understand the term 'hard to reach' (recommendation 5 uses '…who may find it difficult to use health and early years services.') implies that potential

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				users or services are actively absent.
NHS Health Scotland	Recommendation 6 What action should they take?	17	Bullet point 3- Sending out repeat invitations may not be effective nor efficient use of resources in view of the circumstances of hard to reach families.	PHIAC considered it important to recommend that practitioners should be systematic and persistent in efforts to encourage vulnerable parents to use services. The guidance also recommends working with community and voluntary organisations to help vulnerable parents to use services.
NHS Health Scotland	Recommendation 6 What action should they take?	17	Bullet point 3- Suggest include community workers who support families	Voluntary and community sector organisations are included in with those how should take action in recommendation 5. The guidance recommends working with community (and voluntary) organisations to help vulnerable parents to use services.
NHS Health Scotland	Recommendation 6 What action should they take?	17	Bullet point 4-Need to define “outreach methods”	Outreach methods, may take various forms, but include activities like home visiting, coordinated ‘knocking on doors’ and being present in community, health and social care venues. Examples of

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				outreach are included in the guidance such as early years and health practitioners using play centres and places of worship to encourage use of services.
NHS Health Scotland	5.3	25	This should read the wellbeing of all children, including vulnerable children	Comment noted – the research recommendations have been derived from PHIAC's consideration of the available evidence and gaps identified. PHIAC agreed that its recommendations for research should be specific to the decision problem considered in this guidance and therefore the recommendation focuses on vulnerable children
NHS Health Scotland	5.7	25	This links with 5.1	Comment noted – agreed
NHS Health Scotland	General		There is a gap in the evidence around the role of childminders	Comment noted – childminders are included in the guidance.
NHS Lanarkshire	The guidance is for all those responsible for ensuring the social and emotional wellbeing of	General key recomme	The guidance focuses on the identification of vulnerability, and in order to do this requires universal services and partner agencies working together to identify needs as early as possible, pre birth or earlier and supporting parents, parents to be, to get the best start for their child .	Comments noted - The guidance aims to ensure universal, as well as more targeted services, provide the additional support all vulnerable children need to ensure their mental and physical health and wellbeing. Key services involved in identification,

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	children aged under 5 years. This includes those planning and commissioning children's services in local authorities (including education), the NHS, and the community, voluntary and private sectors. It 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		As a recommendation , highlighting the need for an antenatal contact to improve the social and emotional wellbeing of the child at the centre, and promote early understanding of the importance of building good relationships for the parent and child would be a positive development which universal services are best placed to implement. In Scotland – MNiC and the Best Possible Start programme developments, will continue to build on improvements in these issues . It is important to highlight that this should focus on all children, and take a partnership approach .	referral, co-ordination and intervention include maternity, child health, social care, early education and family welfare. The guidance includes recommendations for partnership working.

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	child minders. It may also be of interest to parents, other family members and the			
NHS Lanarkshire	Health and wellbeing boards should ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy'	key recommendations	Our response is to highlight the importance of taking a Getting it Right For Every child approach , which is our clear and shared commitment in Lanarkshire to supporting families using the Child and Young people's pathway both universally and for vulnerable families and welcome any references that would further enhance the links between adult and child services	Comments noted.
NHS Lanarkshire	• All health and early years professionals should develop trusting relationships with vulnerable families and adopt a non-judgemental approach.	key recommendations	Building on a strengths based approach which sees families as partners in the care of their children and are endeavouring to be doing things together parents and professionals in partnership, to support families, working with rather than doing to is welcomed as a way to develop trusting relationships. The Lanarkshire parenting strategy and the National Parenting strategy (draft) embraces this ethos	Comments noted.

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NHS Lanarkshire	• Others who are in contact with a vulnerable child and his or her family (such as family welfare, housing, voluntary services or the police) should be aware of factors that pose a risk to the child's social and emotional wellbeing.	key recommendations	This highlights the importance of the development of local multiagency support teams, where in partnership , families can be supported by local staff and information shared to ensure that the needs of the child within the family are being considered by taking a partnership approach .	Comments noted – thank you.
NHS Lanarkshire	Health visitors or midwives should offer a programme of home visits by specially trained professionals to women assessed to be in need of additional support.	key recommendations	Family Nurse Partnership is welcomed as a programme to support first time mothers. It is important to highlight, that the existing health visiting/ public health nursing profession, required to support the other existing groups of vulnerable families and provide the universal care pathway for all families need acknowledgement in their role. Health visitors/Public health nurses, taking the lead role in highlighting the importance to parents and carers, of providing social and emotional wellbeing to children, require their skills to	The scope of the guidance focuses on targeted intentions for vulnerable children. The role of universal, as well as more targeted services, is acknowledged in the background to the recommendations.

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	For example, they could refer first-time teenage mothers to the Family Nurse Partnership from early pregnancy onwards. They should also offer to provide similar intensive support themselves to other vulnerable women, such as young mothers-to-be presenting late in pregnancy and postnataly to those experiencing domestic violence and abuse.		be enhanced, to ensure that this workforce is also promoted, supported and protected as a valued universal service .	
NHS Lanarkshire	• Health visitors or midwives should consider using interactive video		This recommendation supports local work that has been happening in North Lanarkshire , Mellow babies programme and further work within the Investing in Infants programme . the recommendation is appropriate but should also ,to ensure	Comments noted

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	guidance to improve maternal sensitivity, mother-infant attachment and the child's behaviour. (For example, this might be necessary when the mother has depression or the infant shows signs of behavioural difficulties.)		working in this way is carried out in the appropriate way, staff will require to have training. In Lanarkshire , the GIRFEC core competency training that is being developed would hopefully consider this.	
NHS Lanarkshire	• Ensure all children have the opportunity to attend high quality childcare and early education services outside the home on a part- or full-time basis. Attendance times should be flexible		The new welfare reforms will have also to be considered as changes to financial support for vulnerable families may make this difficult to achieve in some circumstances	Recommendation 4 refers to enabling vulnerable children to take up their entitlement for early years education. Government policy is to expand provision of early education for eligible children from age 2 years.

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	so that parents or carers (including those from vulnerable families) have the opportunity to take on paid employment.			
NHS Lanarkshire	• Those involved in early education services should ensure vulnerable children have the opportunity to attend high quality preschool education (from the age of 2 years) to enhance their social and emotional wellbeing and build their capacity to learn.		Caution here as vulnerable children may require to be cared for and further nurtured within the home learning environment in preparation for pre school education	PHIAC did not consider evidence that delay in attending pre-school education was appropriate for some vulnerable children. The recommendation aims to reinforce that the opportunity is ensured, whether preschool attendance is appropriate will be the decision of the parents, in individual circumstances. Recommendation 4 includes staff getting to know each child and understand their needs – this may support children considered in need of additional 'nurturing'.

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NHS Lanarkshire			Having in place a National and local parenting strategy supports the guidance.	Comment noted – NICE public health guidance has a remit for England.
NHS Outer North East London	General		Whilst welcome, I think the guidelines should include children with learning disabilities and those with physical disabilities and long term conditions as vulnerable. There is plenty of evidence demonstrating poor emotional and mental health trajectories for these children and life long compared with the general population. The difficulty is often in getting service providers to (CAMHS and other statutory services) to acknowledge their needs and provide specialist support (as they will often do in Peri-natal/ post natal mental health provision) for this group of CYP and their families. The danger is that unless they are identified as a category in the guidance, they will continue to remain not a priority.	The definition of vulnerable children includes children who have a have disability or speech, language and communication difficulties.
Norland	General		Needs to be consistency in the reference being made to Early Years professionals, it keeps changing between nursery staff and Early Years Professionals	Comments noted – thank you. Recommendations have been redrafted to be clear and consistent.
Norland	1	5	Bullet 1 – "negative effect on their health, *development* and wellbeing."	NICE understand that negative effects on development result in effects on health and wellbeing.
Norland	1	6	**Definitions** bullet 1: self esteem?	This section has been redrafted, and is in line with the statutory framework for the early years foundation stage.

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Norland	1	6	**Definitions** bullet 3: "*Can establish and maintain appropriate* relationships with others and does not have behavioural problems, this is, they are not disruptive, violent or a bully" – Not sure the word "bully" is appropriate but unsure how this can be re-worded	Comment noted.
Norland	1	6	**Vulnerable children** bullets – add abuse? Bullet 3; include death/bereavement	This section has been redrafted. The definition of vulnerable children includes domestic abuse. Death or bereavement is not included in the definition, though effects of loss of family members (such as being a sole parent, family relationship problems) are considered.
Norland	1	7	**Whose health will benefit?** Change "Vulnerable children aged under 5 years and their parents" to "*Vulnerable children within the Early Years Foundation Stage and their families."*	PHIAC considered that the wording used was clear (and would be readily understood by users of the guidance who may not be familiar with current early policy, including the Early Years Foundation Stage).
Norland	General		Throughout change "children aged under 5" to "children within the Early Years Foundation Stage"	Comments noted – The guidance refers to and is consistent the Early years foundation stage (EYFS).
Norland	1	8	Bullet 2, sub-bullet point 5 - what outcomes does this refer to?	Outcomes refer to healthy child development and readiness for school (see glossary) and to

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				indicators within the Public Health Outcomes framework. Later in recommendation 1 'outcomes' refer monitoring of interventions across services integrated commissioning.
Norland	1	10	Add sub-bullet point 4 of "*Identifying a key person to work alongside the child and family in care and education settings and a lead professional in all others."*	<<< The recommendation to ensure integrated team working and continuity of care intends to focus on the key features of how the team operates and experience of care - from the child and parents point of view. Identifying a key person could be one approach to achieve this. The guidance (recommendation 3) makes reference to and is consistent with the Family nurse partnership model. This involves a nurse working closely with parent(s) over a sustained period of time and according to a set curriculum of activities.
Norland	1	10	Bullet point 2, line 3 – "assessment of the child's development" reference what assessment methods. An agreement to share information must be highlighted	The recommendation makes clear reference to the 'Early years foundation stage' assessment process' to help identify and share any needs and concerns'.

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				Information sharing should be in accordance with the law as well child safeguarding and professional practice
Norland	1	10	Bullet point 4 – "should ensure *policies and* procedures are in place"	Recommendation 5 contains further description of processes and responsibilities and working together with other services.
Norland	1	11	Sub bullet 3 change to "to avoid multiple assessments *thus preventing further family stress"* Add sub-bullet – *"to ensure best practice*	NICE recommendations are generally written as 'instructions' in order to support their implementation. Furthermore, avoiding multiple assessment does not only avoid stress, it is efficient.
Norland	1	11	**Who should take action?** Add bullet "*Early Years Professionals where siblings are already known to childcare/education provider"*	Taking action would not be limited to situations where a sibling is known to the early years provider
Norland	1	14	Bullet 1 – ref. key person system Bullet 2 – link the language to the EYFS e.g. enabling environments and positive relationships. Change second sentence to "They should provide a *semi*-structured daily schedule offering a range of *play* opportunities *supporting a balance of individual, group, childled and adult led activity."* Bullet 3 – 1st sentence "Ensure parents and other family members are fully involved in *the* early education, *care of the*	The guidance also refers to and is consistent the Early years foundation stage (EYFS). Recommendations include service promoting 'positive, interactive relationships'. Recommendation 4 has been redrafted to state: 'provide a structured, daily schedule

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			child and childcare services." Does this bullet need to mention the EYFS, especially as one of the prime areas is social and emotional development. Bullet 4 – change the word "pleasant" to "*appropriate to the childs needs".* Relate "educational and other activities" to the EYFS wording	comprising a balance of adult-led and child-initiated activities'
Norland	General		Consistency of references to Early Years services or Early Years organisations and Early Years professionals	Comments noted – thank you. Recommendations have been redrafted to be clear and consistent
Norland	1	17	Bullet 1, sub-bullet 2 change "key workers" to "key *persons"* Add sub-bullet – "*Making use of services already accessed by families as a point to move forward from"*	PHIAC considered that recommendation should specify 'workers'. Comment noted.
Norland	2	18	Bullet point 8 – Change "The importance of teaching *the Early Years Foundation Stage (Department of Education 2012)"*	This guidance refers to and is consistent the Early years foundation stage (EYFS).
Norland	3	3.2	Re: 'readiness for school' please offer definition of readiness	Definition of 'school readiness' has been added, to a glossary.
Norland	3	3.3	Link to UNICEF charts Include definition and scales on how to evaluate "lacking mental or social and emotional wellbeing." We would be happy to include the What Matters to Children findings from ECEERA papers – please contact for further details	Thank you - PHIAC has not considered or invited further submissions of evidence at this stage of guidance development.
Norland	3	3.4	Are the group considering recommending increased antenatal care?	This consideration (now 3.10) has been redrafted and includes

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			Bullet 2 – What rollout is planned for PVI's? Bullet 3 – Include criteria for disadvantage – ensure cohesion Bullet 4 – to also include personal development Bullet 5 – add *"at 2 years and 5 years"*	reference to the Early years foundation stage (EYFS).
Norland	5	5.4	Concern re. deregulation of childminders	Comment noted – PHIAC developed recommendations for high quality early years services.
Northamptonshire Council	Recommendation 3	12	I endorse these recommendations, especially about the use of Video Interaction Guidance. There may be an issue about training and supporting/supervising practitioners to use Video **Interaction** Guidance – the numbers of trained supervisors in England and Wales are quite small; much greater numbers are trained in Scotland In the draft document, the intervention is called Video **Interactive** Guidance. Please can the spelling be amended.	NICE advisory bodies consider implementation along with other issues. Video Interaction Guidance is an example of an evidence-based intervention and is therefore appropriate to include in the recommendations. Thank you – the term 'Video Interaction Guidance' is used in the guidance (and defined in the glossary).
Nottinghamshire Healthcare NHS Trust	General		Although Specialist Community CAMHS work with very few people of this age group we regularly provide support, supervision and Consultation to our colleagues within the City and County Emotional Health and Well Being teams. This document links in to the work that these teams carry out as well as our own work with our paediatric colleagues. I feel that this guidance will help pull services together by giving	Thank you – comments noted.

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			direction to all.	
Nottinghamshire Healthcare NHS Trust	GENERAL		You have no reference to special needs dentistry and how this can improve intervention for caries at an early age.	The guidance focuses on identification of vulnerable children and targeting services to support the social and emotional wellbeing of such children. Other NICE guidance may address oral health in the future (please see http://www.nice.org.uk/guidance/phg/indevelopment/).
Royal College of General Practitioners	General	General	The established link between psycho somatic symptoms in both childhood and adulthood and social and emotional wellbeing in early years appears to have been omitted . This relationship is of huge financial significance to the health service – resulting in psychiatric liaison services as well as extensive unnecessary and costly investigation in both primary and secondary care. Secure relationships in early infancy contribute to the child and adults ability to manage their own physical symptoms. Common psychosomatic symptoms in childhood include abdominal pains and headaches.	Comment noted – (as above) the guidance focuses on identification of vulnerable children and targeted services to support the social and emotional wellbeing of those children. PHIAC agreed that implementation of the guidance may have other benefits on health and building of 'resilience' of vulnerable children.
Royal College of General Practitioners	1	8	In para 2 under vulnerable children I feel social care, paediatrics and CAMHS should be mentioned in view of their responsibility toward siblings of children they see. Also community and voluntary sector incl charities such as Barnardos	Planning and commissioning should aim to ensure that vulnerable children are identified as early as possible by universal children and family services, these services may in social care, paediatrics

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				and CAMHS (as well as, general practice, maternity services, health visiting, school nursing and all early years services). Recommendation 1 includes the voluntary, community and private sectors
Royal College of General Practitioners	1	9	Social Care, children's centres and related networks, nurseries and childminders. Community and voluntary sector. Charities eg Barnardos .Paediatrics includes community and acute ie includes Physical Sensory and Learning Disability Teams	These services are not specifically excluded
Royal College of General Practitioners	1	9	What action should they take? – listen to the voice of the children and young people and families and integrate their voice into service design by ensuring that people in decision making roles are fully engaged with ' Hear Our Voice' projects.	This guidance focuses on support of social and emotional wellbeing of children pre-birth to aged 5 years. Recommendations include sensitivity, avoiding stigma and considering culture of parents and children in providing services. Health and wellbeing boards (included in recommendation 1) membership is mandated to include 'Healthwatch' representatives to ensure views of users of services are considered.
Royal College of General Practitioners	1	11	Health visitors, midwives or family support workers should provide or offer ..... apply to each paragraph..	This recommendation has been redrafted and provides a clear indication of the action to be carried out.

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Royal College of General Practitioners	1	13	School readiness is an Every Child Matters Outcome and is everybody's business- ie everyone should take action- CAMHS staff have a responsibility to be available as an Outreach service to all Early Years professionals , Health Visitors have a responsibility toward children who have social or emotional difficulties and share the vision of school readiness with LA children's services, child minders etc. What action should they take: Include ' Hear Our Voice' ie ensure engagement with children young people and families and use this engagement to inform service redesign. Personal budgets/ personalisation as per SEND paper.	Recommendation 4 includes providing services based on an ethos of openness and inclusion, that develop positive, interactive relationships and 'ensure parents and other family members are fully involved' (including service provision).
Royal College of General Practitioners	1	14	Service providers including private companies successful in bids for children's services.	Early year settings provided by private companies are included in the recommendation
Royal College of General Practitioners	1	15	Involve parents , carers , children and young people in determining the additional help and support they need etc – para 1 and 3 under what action should they take	Recommendation 5 includes involving parents in improving services and asking parents about their needs and concerns
Royal College of General Practitioners	1	16	Service providers including private sector	The guidance is applicable to private sector providers. This is highlighted in the introduction to the guidance '…. local authorities (including education), the NHS, and the community, voluntary and private sectors'

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Royal College of General Practitioners	1	17	Activities should include ' hear our voice' projects as per organisations such as Young Devon, Barnardos, Participation Projects , Action for children	Comments noted. The recommendations include involving parents in service evaluation and improvement.
Royal College of General Practitioners	2	18	Benefits of social and emotional wellbeing - include psychosomatisation. RCGP would be able to provide evidence base for this if required.	Comment noted, thank you - PHIAC did not consider (or request) submission of new evidence at this point of the guidance development.
Royal College of General Practitioners	2	20	Psychosomatic illness extremely costly to both primary and secondary care – unnecessary investigation, outpatient app'ts, inpatient investigation and treatment.	Comment noted - the guidance focuses on identification of vulnerable children and targeted services to support the social and emotional wellbeing of those children. PHIAC agreed that there may be other benefits of intervention to support social and emotional wellbeing and that early intervention can provide a good 'return on investment' in terms of avoidance of other difficulties and resource use later in life.
Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop this public health guidance. It is timely.	Comment noted – thank you.
Royal College of	Introduction	General	Is there a need to reflect the systemic nature of the development	The introduction is intentionally brief.

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Nursing			of Social and emotional wellbeing in the introduction? We need more recognition of the social and economic determinants of wellbeing, such as housing, financial insecurity, economic mobility, access to opportunities, facilities and services, community resources or lack off etc.	The guidance focuses on identification of vulnerable children and targeting services to support the social and emotional wellbeing of such children, but does also include recommendations that health professionals discuss problems such as family circumstances and networks or social support; that family welfare, housing, voluntary services, the police and others who are in contact with a vulnerable child and their family should be aware of factors that pose a risk to social and emotional development and that early years education providers act to reduce barriers to participation in services.
Royal College of Nursing	General	General	The tone of this document appears to place responsibility for health and wellbeing primarily with individuals. Thus it masks the full impact of context on health choices and health behaviour. Considering that we are talking about young children, this is particularly inaccurate and unhelpful.	The recommendations have been redrafted be clear and consistent as to who should take action to support social and emotional wellbeing of vulnerable children
Royal College of	Recommendation 2	9	Who should take action?	Perinatal, child and adolescent and

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Nursing			Adult Mental health services should also be included in this list	adult mental health services are specified in recommendation 2.
Royal College of Nursing	Recommendation 2	10	Paragraph 1: "Health professionals in antenatal and postnatal…" – suggest add 'economic circumstances' to the bullet list.	PHIAC did not include 'economic' factors alone in the recommendations. It acknowledged both that most parents in poor social circumstances provide a loving and nurturing environment (despite many difficulties), and that children living in a disadvantaged family are more likely to be exposed to adverse factors.
Royal College of Nursing	Recommendation2	10	Should there be a note to say to contact the social worker if already LAC as they would not have a Common Assessment Framework (CAF), or even if on a child protection plan they should already have a social worker so people should be working alongside them.	<<< Comments noted – the guidance recommends that information is collected, consistently recorded and shared as part of the common assessment framework.
Royal College of Nursing	Recommendation 3	11	There should be mention of parenting programmes, such as, Mellow parenting, Triple P, Webster Stratton, etc and liaison with targeted services where required, to promote emotional and social wellbeing in very young children.	The recommendation includes setting goals in parenting skills and practice. PHIAC did not consider the evidence was sufficient to recommend specific interventions.
Royal College of Nursing	Recommendation 4	13	Suggest acknowledge educational, emotional and social value of (i) play and (ii) unstructured time	This guidance also refers to and is consistent the Early years foundation stage (EYFS). It includes

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				recommendations for a balance between adult-led learning and child-initiated activities.
Royal College of Nursing	Recommendation 5	14	Again should include Adult mental health services for a more integrated approach	The guidance focuses on vulnerable children from pre-birth to aged 5 years. The definition of vulnerable children includes having a parent
Royal College of Nursing	Recommendation 5	15	Suggest add: "Managers should work closely with housing providers and local planners."	Recommendation 5 and 6 have been redrafted and combined.
Royal College of Nursing	Recommendation 5	16	Who should take action? 7th bullet point: states child protection – should it state safeguarding?	Thank you – child safeguarding is the term now used in the guidance.
Royal College of Nursing	2	17	Suggest greater prominence for this section - Public Health need and Practice - because the messages are key.	Comments noted – NICE guidance is produced to a set template for ordering sections.
Royal College of Nursing	2	20	Suggest new heading - replace "costs" with "economic costs" to improve clarity of this point.	'Costs' is the set heading for this subsection
Royal College of Nursing	3.4	22	Second bullet point: potential risk that users of children's centres become stigmatised because of the new core purpose?	Comments noted – PHIAC were mindful of the risk of stigmatisation (also noting the results of the fieldwork – see appendix C). The recommendation include health and early years service providers

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				avoiding stigmatisation and address concerns about stigma (see for example, recommendation 5)
Royal College of Nursing	5.1	24	Does not seem read clearly. Perhaps consider taking out the bit that says "*reduce the vulnerability"* as it seems like another question within a question?	PHIAC agreed research recommendations based on its consideration of key uncertainties in the evidence base.
Royal College of Nursing	5.2	24	Suggest rephrasing for clarity – currently it seems to have a question within a question	PHIAC agreed research recommendations based on its consideration of key uncertainties in the evidence base – research recommendations have been reviewed by NICE editorial advisers and some revisions have been made to the wording of the recommendations.
Royal College of Nursing	5.5	24	Not clear seems to have a question within a question	Comment noted
Royal College of Nursing	5.6	24	Not clear seems to have a question within a question	Comment noted
Royal College of Nursing	5.7	24	Not clear seems to have a question within a question	Comment noted

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Royal College of Nursing	General	General	Should the document have a comment around those children who are placed with family members or already in foster care as these children may still be living with carers who cannot meet their needs? We may need to be mindful that children in these circumstances may have inadequate carers. We also need to consider those children who are placed at home to live with parents who have a full care order.	Comment noted – Within the guidance, the term 'parent' includes mothers, fathers, carers and foster parents (please see section 3.7). PHIAC considered that the guidance should be used in conjunction with local child safeguarding policies.
Royal College of Nursing	General	General	Should there be a mention of the Statutory guidance for Looked After Children and the use of the Strength and Difficulties Questionnaire? All carers are asked to complete this questionnaire for children between the age of 4-16 years and this could be used as a baseline for some of the children.	This guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides aid assessment of development and identification of where there may be difficulties. Comment noted - The guidance includes assessment of strengths, capabilities and risk (see recommendation 2). The focus of the guidance is on vulnerable children up to the age of 5 years, PHIAC did not consider evidence on the use of this questionnaire with the

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				age range considered.
Royal College of Paediatrics and Child Health	General		There is no acknowledgement of the social and emotional wellbeing of children with physical and/or learning disabilities, although perhaps they are included under the umbrella of 'vulnerable children'. This group of children is one of the most vulnerable. As services move towards 'universalism' there is a danger that resources are spread too widely leading to the intensity and expertise of the support required by disabled children being diluted too much, threatening the social and emotional wellbeing of children with disabilities.	Comments noted – thank you. The introductory section of the guidance has been redrafted. The definition of vulnerable children, specifies children with a disability (please see glossary). The guidance focuses on identification of vulnerable children and targeted services to support the social and emotional wellbeing of those children, which includes (as above) children with a disability.
Royal College of Paediatrics and Child Health	General		We do endorse the statements made and agree with where they have included paediatricians though we would like paediatricians to be more involved in enhancing maternal sensitivity and observations of the maternal child interaction.	Comments noted – as noted in the comment paediatrics are specified in the recommendations. This includes recommendation 2 – on identifying and assessing the needs of vulnerable children.
Royal College of Psychiatrists.			This is an important document emphasising the need to intervene early for vulnerable children. There are a few additions that would be recommended:	Comment noted – PHIAC agreed that early intervention is important and, indeed, potentially more effective.
Royal College of Psychiatrists.		6	Vulnerable children definition – this should also include the vulnerability of children with developmental delay, physical disability and severe, chronic illness	The definition of vulnerable children, specifies children with a disability (please see glossary), this could

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				include children with a disability chronic illness.
Royal College of Psychiatrists.		7	The characteristics of mothers states those with low educational attainment – there should be an emphasis on mothers with special educational needs to identify those with social and communication disorders (including those on the autistic spectrum who may have reasonable educational attainment but may need additional support with parenting)and emotional problems that may also lead to additional vulnerability in their children.	As noted in the comment, the definition of vulnerable children includes parents with low educational attainment. Where parental learning difficulty may be in a specific area (such as a person with an autistic spectrum condition such as Asperger syndrome) and the parent has an average education attainment, the definition of vulnerable also notes relationships and mental health and the guidance identifies characteristics of the child's social and emotional and development which indicates the child may benefit from targeted interventions. PHIAC agreed that practitioners' experience and expertise will be paramount in assessing the needs and risks of individual children and their families and the indicators of vulnerable children included in the guidance provide a common base for identification and assessment of vulnerable children, but are not

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				exhaustive.
Royal College of Psychiatrists.		8	The NICE guidance should also include diagnosis of autism.	NICE clinical guideline on children and young people on the autism spectrum is now referred to in recommendation 1 and in Related NICE guidance section.
Royal College of Psychiatrists.		9	This list should also include those who work in the community to assess and treat behavioural problems in children such as the Child Behaviour Intervention Initiatives. It should also include those working with adults such as adult mental health services, and adult alcohol and substance misuse services, who identify that their patient is responsible for young children (linking to Think Family)	Perinatal, child and adolescent and adult mental health services are specified in recommendation 2.
Royal College of Psychiatrists.		13	We fully support the use of high quality inclusive child care and early education but would like to ensure guidance includes provision to meet childrens needs if they have global developmental delay, speech delay and difficult behaviours. These provisions should have access to professionals who can advise on appropriate management with development plans to intervene early	The definition of vulnerable children includes children with speech, language and communication difficulties. The guidance also refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides aid assessment of a child's development.
Royal College of Psychiatrists.	General		We wish to draw attention to the patchy implementation of Healthy Child Programme and poor access to many of the required support services and would hope the guidance provides	Comment noted.

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			further impetus to address this.	
Royal College of Psychiatrists.	General		A significant challenge is for parents with identified mental illness who often don't reach thresholds for AMHS and thus don't receive appropriate support / intervention. I would suggest we either need to look at different models of service or commissioning or both. Simply having services provided by the same Trust won't tackle this as this still doesn't get over the threshold issue.	Comments noted – the definition of vulnerable children includes children with a parent with mental health problems.
Royal College of Psychiatrists.	General		The Perinatal section welcomes this report	Comments noted – thank you.
Royal College of Psychiatrists.		1, 8,9	The document does not mention the role of general psychiatrists in identifying vulnerable children whose parents have mental illness	Comment noted – thank you. The guidance includes NHS professionals, including those working in mental health services (perinatal, child and adolescent and adult).
Royal College of Psychiatrists.			Role/ responsibility of Perinatal Mental health teams in meeting recommendations is not remarked on.	Recommendations also include perinatal, child and adolescent and adult mental health services ensuring vulnerable children are identified and procedures are in

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				place for referral to specialist services.
Royal College of Psychiatrists.			Prevention of maternal mental illness not alluded to though clearly very important given the implications of illness for the infant/child	Comment noted - The guidance focuses on identification of vulnerable children and targeting services to support the social and emotional wellbeing of such children
Royal College of Psychiatrists.			Would welcome reference to the need for greater links between adult and child services	The recommendations include collecting, consistently recording and sharing information and that the relevant child and adult datasets should be linked (see recommendation 2).
Royal College of Psychiatrists.			Services such as health visiting etc should know how to enable a parent to be referred for psychiatric assessment and treatment	Comment noted.
Royal College of Psychiatrists.		1	Suggest needs to be all children not just vulnerable children (2nd line of text) Needs to include promoting the social and emotional wellbeing of children at higher risk of poor social and emotional wellbeing – such groups include those with mental disorder as well as looked after children, children with physical illness, children with LD. Also services caring for parents with mental disorder who have children need to know what interventions both parents and children should receive	The guidance focuses on identification of vulnerable children and targeting services to support the social and emotional wellbeing of such children. Vulnerable children include those with a parent with mental health problems, who have been looked after and children with a disability or speech, language and communication difficulties (see glossary).

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				Recommendations also include perinatal, child and adolescent and adult mental health services ensuring vulnerable children are identified and procedures are in place for referral to specialist services.
Royal College of Psychiatrists.		2	DH has produced a series of evidence reviews which are still undergoing peer review. The 3rd review covers children and adolescents and includes levels of wellbeing, risk factors for poor wellbeing and mental disorder, protective factors for wellbeing, interventions to promote wellbeing and cost effectiveness of such interventions. Given DH has asked NICE to do this, suggest that you ask DH for the latest draft of this	Comment noted - PHIAC did not consider (or request) submission of new evidence at this point of the guidance development. Other NICE public health guidance cover primary and secondary school students.
Royal College of Psychiatrists.			Other areas which could be covered re child wellbeing 1) Pregnancy: mental health and wellbeing during pregnancy affects the mental health and wellbeing of the child. It would be helpful to refer to any evidence regarding impact of maternal smoking on child wellbeing – it is associated with reduced birth weight. 2) Breastfeeding: Some evidence suggests that breast feeding is associated with reduced behavioural problems (Heikkila et al, 2011). Again to highlight evidence for impact of breast feeding on wellbeing 3) Parenting programmes reduce parental depression (Barlow et	Comments noted: 1. The guidance focuses on identification of vulnerable children and targeting services to support the social and emotional wellbeing of such children. 2. The guidance recommends evidence based programmes of intensive home visiting, such as the Family Nurse Partnership. Such interventions can support breast feeding and other activities which may benefit parent and child.

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			al, 2003). There is a several fold increased risk of child mental disorder in children of parents with mental disorder (Green et al, 2005). Therefore, it would be helpful to highlight the effect interventions which promote mental health or treat mental disorder of parents on the mental health and wellbeing of children Barlow J, Parsons J (2003). Group-based parent-training programmes for improving emotional and behavioural adjustment in 0-3 year old children. Cochrane Database of Systematic Reviews Issue 2. Art. No.: CD003680. DOI: 10.1002/14651858.CD003680. Heikkila K, Sacker A, Kelly Y et al (2011) Breast feeding and child behaviour in the Millennium Cohort Study. Arch Dis Child doi: 10.1136/adc.2010.201970 Green H, McGinnity A, Meltzer H et al (2005). Mental health of children and young people in Great Britain, 2004. London: Office for National Statistics.	3. PHIAC agreed that supporting the social and emotional wellbeing of children may have other benefits. References noted - PHIAC did not consider (or request) submission of new evidence at this point of the guidance development.
Royal College of Psychiatrists.			It would be helpful to include practical information on which data local sources can be accessed to see what proportion of children and adolescents are receiving these interventions including from higher risk groups	Comments noted – this was not within the scope of this guidance, though NICE implementation tools may be developed once the guidance is published and the recommendations contained in the

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				guidance can be used as a basis of audit. Local authority scrutiny committees for health and wellbeing may review delivery of plans developed by commissioners (Health and Wellbeing Boards).
Royal College of Psychiatrists.			It would be helpful to highlight that since half of lifetime mental disorder arises by age of 14 (Kim-Cohen et al, 2003; Kessler et al, 2005) and three quarters by the mid 20s (Kessler et al, 2007), promotion of child wellbeing and associated resilience can prevent a proportion of mental disorder from, arising. levels of mental disorder can be predicted by the average level of symptoms experienced by children and adolescents which highlights the potential of population interventions to improve child mental health (Goodman & Goodman, 2011). Goodman A, Goodman R (2011) Population mean scores predict child mental disorder rates: Validating SDQ prevalence estimators in Britain. Journal of Child Psychology and Psychiatry 52(1): 100-108 Kessler RC, Berglund P, Demler O et al (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Archives of General Psychiatry 62: 593-602.	Comments noted – PHIAC agreed that social and emotional wellbeing is important in its own right, but it also provides the basis for future health and life chances. References noted - PHIAC did not consider (or request) submission of new evidence at this point of the guidance development

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			Keyes CLM (2006). Mental health in adolescence: is America's youth flourishing? American Journal of Orthopsychiatry 76: 395-402 Kim-Cohen, J. Caspi A, Moffitt TE et al (2003). Prior juvenile diagnoses in adults with mental disorder: developmental follow-back of a prospective longitudinal cohort. Archives of General Psychiatry 60: 709-717.	
Royal College of Speech and Language Therapists	general		We are concerned that the guidance should reflect the importance of early language development. There is a clear association between early language difficulties and poor social and economic outcomes in later life. A study using data from a UK birth cohort of 17,196 children, following them from school entry to adulthood, found that, even after adjustment for a range of other factors, early language difficulties were significantly associated with poor literacy, mental health and employment outcomes at 34 years of age.[1] We would draw attention, in particular, to the overlap between communicative competence and mental health. A so-called 'behaviour problem' may be a manifestation of linguistic skills inadequate for engagement with others and for the attainment of goals. Many of the factors which increase 'resilience' are	The definition of vulnerable children includes children with speech, language and communication difficulties.

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			verbally mediated outcomes central to the role of speech and language therapy. [1] Law, J., Rush, R., Schoon, I. and Parsons, S. (2009) 'Modeling developmental language difficulties from school entry into adulthood: literacy, mental health, and employment outcomes', *Journal of Speech, Language and Hearing Research*, vol. 52, pp. 1401-16.	
Royal Society of Public Health	1	5	We strongly support a life course approach and link to public health, as well as individual, outcomes and believe this should start in pregnancy to provide the opportunity for genuine early intervention.	Comments noted – recommendation 3 focuses on the antenatal and postnatal home visiting
Royal Society of Public Health		5	As children are a product of their families and environment it is not enough to just focus on children's social and emotional wellbeing	PHIAC recognised that an approach that involves the whole family is important. The recommendations include assessing the needs of vulnerable children and support access to services which benefit the child through improving family circumstances.
Royal Society of Public Health			The term *progesssive universalism* was devised by the last government and is very unpopular with the health visiting profession. We would suggest that you take Michael Marmot's term – gradient of need (and a universal service, delivered	Reference to progressive universalism has been omitted

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			proportionately to need)which is easier to articulate to those outside clinical practice.	
Royal Society of Public Health		5	Agree important to support a broad range of universal and targeted services	Comment noted.
Royal Society of Public Health		6/7	Whilst you cite reasons for significant child vulnerability, children are also vulnerable if their parents lack parenting skills and support, had a poor parenting experience themselves or lack emotional intelligence. The result of this vulnerability may stay hidden until the child becomes a teenager when the child's emotional and social needs may become very evident.	The guidance focuses on identification of vulnerable children and targeting services to support the social and emotional wellbeing of such children early in life – from pre-birth to age of 5 years.
Royal Society of Public Health		7	The health visiting service will be commissioned by the National Commissioning board until 2015.	Comment noted.
Royal Society of Public Health	Whose health will benefit?	7	Addressing the social and emotional health of young children doesn't only address health inequalities, it should improve the health of the whole population by affecting the quality of relationships in families, the workplace and communities, the physical health of the population – e.g. vulnerability to CHD may be related to emotional factors in infancy, the cost of mental health and criminal justice, releasing costs in the NHS – we believe you need to make the public health case to promote this early investment to commissioners – this is done too late in the document	Comments noted, however, NICE recommendations are generally written as 'instructions' in order to support their implementation. NICE guidance documents deliberately separates the overview of the its advisory bodies' considerations and the evidence used in developing recommendations from the recommendations themselves. As noted in the comment, the importance of the value of promoting is presented in

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				the guidance documentation, but it is NICE style to present this a separate, clearly labelled section of the guidance (see sections 3 and 4). The published guidance will be supported by implementation tools which can include guides for commissioners
Royal Society of Public Health	Assessment	8	How do you think that DPHs etc should assess the emotional and social health needs of the under 5s? There are 2 issues here, the health of the child and the vulnerability of the child based on the health of the family – this statement needs unpicking more as it's a relatively new science for universal services.	The definition of vulnerable children used for the guidance includes features of the child and of parents that may indicate that a child is vulnerable (see glossary). Recommendation 1 includes assessment of population level needs. Recommendations also refer to the Early years foundation stage which contain detail on the development and assessment of early years children
Royal Society of Public Health		8	We strongly support 2nd bullet	Noted – thank you.
Royal Society of Public Health	Rec 2 What action should	9	What is being missed here is that social and emotional vulnerability is not always conspicuous – it is present across the	This is acknowledged in the definition od vulnerable children used in the guidance

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	they take – point one		social spectrum though clearly more so in some vulnerable groups. The real skill can be case finding of very vulnerable children in more affluent homes. These children can provide a heavy cost to society later although socially they might not be deemed vulnerable by the social status of their parents. You might rephrase this to say: ' All Y&EYPs should develop trusting relationships with vulnerable children and families identified through universal services and should adopt a non-judgemental approach……	(see glossary). Definition notes: 'These indicators can be used to identify groups of children who are likely to be vulnerable. However not all children in these groups will be vulnerable and also children who do not fall within these groups will be vulnerable. Therefore it is important that professionals use their experience and expertise identifying and assessing the needs of children who may be at risk (or already showing signs) of developing social and emotional problems.' The recommendation refers to All those involved in providing services for children and families, though note guidance focuses on support of social and emotional wellbeing of children in the early years - pre-birth to aged 5 years.
Royal Society of Public Health	Bullet 1, point 3	10	The couple or partner relationship should be emphasised as well as family relationships	The guidance has been redrafted to better represent the role of the father and use wording that applies to all parents. This includes recommendations on involving father and other family members

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				and a description of PHIAC's consideration (section 3.7).
Royal Society of Public Health	Bullet 2	10	Important parent factors include perinatal depression and couple relationship difficulties	The definition of vulnerable children notes and parent mental health and family relationship problems as factors that may make a child vulnerable
Royal Society of Public Health			Another bullet here would be helpful: Health visitors and midwives should consider the quality of the parent's attachment to their infant at each contact during the first year of its life, and there should be specialist services to whom health visitors can refer if they identify difficulties in this field	Recommendation 2 includes 'indifference to the child or insensitive or harsh behaviour towards them' as parental risk indicators for social and emotional wellbeing of the child. Recommendation 3 includes home visiting to develop maternal sensitivity and the mother-child relationship
Royal Society of Public Health	Rec 3, point 1	11	This is confusing, all health visitors should be trained to offer additional support not just the FNP nurses who only address the needs of teenage parents and less than one percent of the population. This type of preventative role has been lost from much current health visiting with the fall in numbers. However this organisation sees it as a priority for all health visitors in the future as their numbers increase, if social and emotional wellbeing is to be successfully addressed in infancy as it should. The DfE has had a recent task group looking at just this and will	The scope of the guidance focuses on targeted intentions for vulnerable children of which the Family Nurse Partnership is one evidence-based example. Other effective evidence based interventions and delivery models may be offered. PHIAC did not consider evidence on whole Health Visiting service providing such targeted intervention, but has recommended that all

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			be recommending for health visitors to be able to assess need and intervene early. The key here is to recommend that all health visitors should be trained to offer additional support to families where the child/children are vulnerable to social/emotional ill health issues – there are various successful approaches to working with these families such as the family partnership approach (ref: Davis and Day 2010) and the Solihull approach. Once again vulnerable women include those suffering from postnatal depression, and where there has been a breakdown in the couple relationship, even in the absence of domestic violence – a loss of relationship is a loss of support for the mother.	Health Visitors are involved in identifying vulnerable children and referring on to appropriate sources of further support. PHIAC noted that current policy is to expand the Health Visitor workforce. The definition of vulnerable children used in the guidance includes children where there are mental health difficulties, relationship problems or violence
Royal Society of Public Health	Rec 3, point 2/3		Excellent to highlight cultural and linguistic needs and those of other family members.	Comment noted – thank you
Royal Society of Public Health	Point 4	12	Whilst we wouldn't disagree with this important point, the only programme such as this is the FNP. Perhaps rather than talking of a programme you should say 'interventions comprising….. and take out set curriculum as that is meaningless except to FNP nurses – can talk about just 'activities' The 'curriculum' approach is most attractive to young mothers who have recently left school, but can be off-putting to more mature mothers This list of points needs a 5th one – parental wellbeing – you can't address the needs of the child without considering the	Examples of what may be included curricula of activity are included in the guidance. PHIAC did not consider evidence that a structured programme (curriculum) would have different effectiveness for parents of different age (though it PHIAC is aware that the FNP targets younger mothers). The guidance has been redrafted to

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			psychopathology of the parents.	include consideration of parent wellbeing - where it impacts on the wellbeing of the child.
Royal Society of Public Health	Point 5		Excellent	
Royal Society of Public Health	Point 6		This makes no sense in a general document, it only applies to FNP so only relevant for less than 1 % of families. We advise you take this out	The scope of the guidance focuses on targeted intentions for vulnerable children of which the Family Nurse Partnership is one evidence-based example with relevance to the UK setting.
Royal Society of Public Health	Point 7		…..involve other professionals **in supporting families** such as therapists etc	Comment noted. The guidance states that the aim is to 'ensure families receive coordinated support'.
Royal Society of Public Health	Point 8		Excellent to mention audit but should apply to all services – quality assessment is as important as intervention	Comment noted – thank you.
Royal Society of Public Health	Point 9		We question you mentioning the use of volunteers at all as this is very difficult work and if you mention volunteers commissioners will think they can be substituted for health visitors by giving them some training. Where is the evidence for this statement?	Comment noted – reference to volunteers has been removed, though community and voluntary groups are referred to help vulnerable parent engage with services (later recommendation)
Royal Society of	Rec 4 points 1/2	13	Agreed	Noted – thank you.

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Public Health				
Royal Society of Public Health	Point 3	13	…..education services **and supporting children particularly health visitors** should ensure vulnerable…	Health visiting services are specified in the 'Who should take action?' section of recommendation 4.
Royal Society of Public Health	Point 4	14	Run by well-trained **and emotionally competent** qualified staff … This is very important as unfortunately often some of the youngest and least emotionally competent are attracted to looking after infants – our most vulnerable citizens	Recommendation 4 now includes, that early education and childcare be run by well-trained qualified staff, including graduates and qualified teachers. Well trained staff would be expected to be competent to provide high quality environment and managers and providers should work to ensure 'emotionally competent' services are provided by staff (specifically, promoting 'the development of positive, interactive relationships between staff and children'
Royal Society of Public Health	Rec 5	15	Use of pathways is the right approach.	Noted – thank you.
Royal Society of Public Health	Action point 2	15	This will be impossible to achieve if the parents emotional needs are not also addressed	The guidance focus on interventions to support social and emotional wellbeing of vulnerable children, however,

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				recommendations note that particular encouragement to particulate should be considered for parents who lack confidence or isolated and practitioners should work with community and voluntary organisations to help vulnerable parents who may find it difficult to use health and early years services. It is considered that well delivered home visiting interventions could have benefits for the social and emotional wellbeing for parents and children.
Royal Society of Public Health	Top bullet	17	It's a big ask for all early years professionals to be systematic, they don't have universal access and struggle to reach vulnerable families. This is a health visiting role. Needs rephrasing – activities are useful but it takes more than that to reach some families. Perhaps take out 'systematic', 'persistent' is good. We think you need to say 'especially health visitors' although they should do this anyway as they are responsible for them – clearly there are always some families who are nigh on impossible to engage despite the best skilled efforts!	Comments noted - The guidance acknowledges the role all those involved in early years services can have in identifying and engaging vulnerable children. Some recommendations focus on particular life stages or settings, but this does not exclude cross service working (Recommendation 2 and 3 focus of identification and home visiting. Recommendation 4 on early years education and childcare.). Recommendations have been

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				redrafted and recommendation 5 now refers to Health and early years providers in ensure process(es) is in place to systematically involve parents of vulnerable children and Health and early years practitioners being persistent in their efforts to encourage use of services
Royal Society of Public Health		18	Suggest you move the 'Benefits of social and emotional wellbeing paras to the start of the document, similarly the factors that impact, these should be up front by way of introduction and why this topic is important. We support the rest of sections 3-4.	Comments noted – NICE guidance is written to a set template to ensure consistency across guidance and support ease of access. The introductory section has been redrafted, but is intentionally brief
Royal Society of Public Health	5 Recommendations for research	5.1	Need to state what interventions?	The research recommendations are based on PHIAC's consideration of the key uncertainties in the evidence
Royal Society of Public Health		5.2	….under 5 years be **best** identified and assessed….	Comment noted – it is anticipated that research would consider the relative value of different factors and methods of identification and assessment
Royal Society of Public Health		5.6	Would this also cover who delivers? – There is an acute need to look at the relative benefits of interventions being delivered by different skilled staff.	Comments noted – potentially, research could explore interventions organised to be delivered by

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				different staff
South West Yorkshire Partnership NHS Foundation trust	General		Greater cross referencing to the statutory framework for the EYFS and to the Development Matters in the Early Years Foundation Stage.	This guidance also refers to and is consistent the Early years foundation stage (EYFS). It also recommends that parents are encouraged to use other services such as those offered as part of the Healthy Child Programme or at Children's Centres.
South West Yorkshire Partnership NHS Foundation trust	Recommendation 4 What action should they take Bullet point 1	13	We agree attendance times should be flexible so that parents or carers have the opportunity to take on paid employment – provided this is not to the detriment of the child – including (especially) vulnerable children. Too much flexibility could lead to lots of changes throughout the day and/or week for the child – and have an adverse effect on the child's social and emotional wellbeing.	<<< Comments noted – the recommendation specifies that the flexibility is offered to support parents or carers to take up employment, training or other opportunities. The recommendations does not promote an irregular pattern to use or early years services and where services can support this, flexibility in duration of early years sessions (for example early 'drop off' or 'collection' of children may help reduce the number different care environment a child uses in a day).
	Bullet point 2	13	Whilst we aspire to encourage a broad social mix of children within early years provision this is likely to prove more difficult within the current financial climate and in the context of extensive revision of the current state benefits system.	
	Bullet point 3	13	DfE are now referring to 'targeted' two year olds in respect to 2 year entitlement rather than vulnerable/disadvantaged children,	The recommendation now focuses on addressing barriers to participation. The guidance uses 'targeted' to

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			it would be helpful therefore if we all used the same terminology	describe intervention for children who may be vulnerable to problems in social and emotional wellbeing and benefit from such targeted intervention.
South West Yorkshire Partnership NHS Foundation trust	Recommendation 4 What action should they take Bullet point 4	14	There is potential to cross reference to the "Key Person" The role is defined in the Statutory Framework for the EYFS. "Their role is to help ensure that every child's care is tailored to meet their individual needs to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents." DfE, 2012, Statutory Framework for the EYFS p.18	The guidance also refers to and is consistent the Early years foundation stage (EYFS). Recommendation 4 includes services ensuring individual staff get to know, and develop an understanding of each child's needs.
South West Yorkshire Partnership NHS Foundation trust	Recommendation 4 What action should they take Bullet point 5	14	Good practice indicates that planned purposeful play and a thorough mix of adult-led and child initiated experiences are the medium through which children are supported in their development in the early years. It is the balance of this that is important rather than independent, group and adult led learning. Adult led learning could be with an individual or a group or the learning could be child initiated but with timely adult intervention to support further development and learning. Social and emotional development is a prime area of learning in the early years. I.e. **it is an area of education** for early years children not something separate. In fact it is a crucial area of	Recommendation 4 has been redrafted to state: 'provide a structured, daily schedule comprising a balance of adult-led and child-initiated activities'. Comments noted - The guidance also refers to and is consistent the Early years foundation stage (EYFS). Services should be provided in line with EYFS. To combined aim to enhance social and emotional wellbeing and build capacity to learn is included in the

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			education (Statutory Framework for EYFS 2012 p.4-5	recommendations.
South West Yorkshire Partnership NHS Foundation trust	Recommendation 4 What action should they take Bullet point 7	14	I don't think this point goes far enough. The environment forms part of the educational provision for these very young children and **this includes the emotional environment** as well as the physical environment. It needs to welcome, nurture, provide a sense of safety, confidence, build self esteem, provide challenge, etc… Perhaps it also needs to be recognised that the **outdoor environment** also forms part of an effective early years environment. For many children effective use of the outdoor environment particularly the natural environment can be highly supportive of social and emotional development..	As above, the guidance The guidance also refers to and is consistent the Early years foundation stage (EYFS). Thank you. Outdoor environment has been added - the recommendations include that both indoor and outdoor environment is spacious, well maintained and pleasant
South West Yorkshire Partnership NHS Foundation trust	Recommendation 5 What action should they take Bullet point 4	15/16	This appears to send contradictory messages as in the recommendations it is stating managers and trainers should be trained to deliver evidence based programmes whereas on page 21 within considerations you clearly state that the evidence base on interventions is limited and the main body of evidence is from the US which is difficult to draw relevancy from. It would be helpful to give a clearer message of the evidence based programmes that are being recommended - the current document is too vague and the supporting documents do not necessarily give the information freely or reference programmes that no longer exist.	Comments noted – PHIAC noted evidence for the US (on the Nurse Family Partnership) and that studies of the Family Nurse Partnership were on going in the UK. PHIAC did not consider it was able to only recommend the Family Nurse Partnership acknowledging that long-term follow-up and an analysis of the costs and effects is 'crucial' (see section 3.11). The guidance has been redrafted following stakeholder consultation

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				and PHIAC consideration of the consultation comments. Changes have been made to organisations and individuals referred to in the guidance to correct inaccuracies and to simplify.
Standing Together Against Domestic Violence	Definitions	6	We welcome the opportunity to comment on this important issue and feed in our experience on early years safeguarding and domestic violence. The definition of vulnerable children clearly includes those exposed to parental substance misuse or parental mental health issues. We take issue with "family relationship problems, including domestic violence" as we feel it minimises the importance of domestic violence in the safeguarding arena. Domestic violence is not a family relationship problem, but a pattern of abuse of power and control, taking in elements of physical, psychological, emotional, sexual and financial abuse. It is vital to name domestic violence and not couch it in unclear terminology to ensure it gets sufficient attention to deal safely and effectively with it where it occurs. Domestic violence is present within 34% of serious case reviews, and in our local area is found in up to 77% of child protection conferences. It is an extremely common and	<<< PHIAC recognised domestic violence as having a significant impact on social and emotional wellbeing and therefore included domestic violence in the definition of vulnerable children. Recommendations include health and early years practitioners should consider methods to maintain or improve participation, noting that those experiencing domestic abuse may particular support. While the guidance does not focus on prevention of child, PHIAC agreed that neglect and abuse are major risks to a child's social and emotional development (as well as to their overall health and wellbeing). PHIAC believes the recommendations should help

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			important safeguarding issue.	prevent child abuse.
Standing Together Against Domestic Violence	Recommendation 1	8	Where the document states that children and families with multiple needs should have access to specialist services, we would like the wording amended to state "including child protection, mental health services and services for helping children deal with the effects of domestic violence".	Comment noted – the sub bullet now reads: 'Children and families with multiple needs have access to specialist services, including child safeguarding and mental health services' and linkage to related NICE guidance has been expanded.
Standing Together Against Domestic Violence	Recommendation 2	10	Health visitors should be trained in domestic violence, and aware of how best to ask about the issue safely. In addition to discussing any problems a mother may have in relation to her mental health and substance issues health visitors should also feel confident on how to ask mothers about domestic violence and referral pathways for adult and child survivors of domestic violence. The wording of "family relationships, circumstances and networks of support" is not helpful in relation to domestic violence. This minimises the issue and does not make it clear that domestic violence is a key safeguarding problem.	Comment noted – the guidance focuses on actions to support the social and emotional wellbeing of children. Discussion of domestic violence and referral pathways is not excluded from the guidance and, where applicable, related NICE guidance may be followed (including: looked-after children and young people; pregnancy and complex social factors; and when to suspect child maltreatment). PHIAC agreed that domestic violence is important and should be included in the definition of vulnerable children (see glossary).
Standing Together Against Domestic Violence	Recommendation 3	11	In any work with vulnerable women health visitors and midwives should be particularly aware of the risk to pregnant women and very young babies from domestic violence. Domestic violence is	The definition of vulnerable children notes domestic violence as a factor that may make a child vulnerable.

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			linked to child abuse, miscarriage and maternal death. Health visitors need to be clear on how to refer survivors on to appropriate services so they can keep themselves and their babies safer.	The guidance refers to other relevant NICE guidance related to child maltreatment and (in development) domestic violence
Standing Together Against Domestic Violence	Recommendation 3	12	Where working with survivors who have experienced domestic violence, work with perpetrators must be risk focussed and focussing on the safety of child and non-abusing parent as the first priority.	The guidance is to be used in conjunction with child safeguarding arrangements. It does not aim to make specific recommendations on child safeguarding or support to those experiencing or perpetrating domestic abuse, however, the guidance does include: domestic violence as a risk factor for vulnerability, child safeguarding services should identify vulnerable children, share information and be involved in delivery of co-ordinated services; planning should include ensuring access to specialist services; and that relationships between professionals and families should remain focused on the needs of the child. The guidance also makes reference to other NICE guidance, such as When to suspect child maltreatment (NICE clinical guideline 89). NICE

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				guidance on how services and individuals identify, prevent and reduce domestic violence is in progress
Standing Together Against Domestic Violence	Recommendation 5	15	Managers of early years services should ensure that staff are trained in domestic violence and able to refer on to appropriate services.	Exposure to domestic violence is included in the definition of vulnerable children
Standing Together Against Domestic Violence	Current services	19	The document makes the point that some interventions working with vulnerable families have been proven to be cost effective and effective, whilst others have not. It is worth pointing out at this stage that some interventions have not been proven due to funding issues, and the potential ethical concerns associated with clinical control groups for high-risk lifesaving interventions.	Comments noted – PHIAC developed research recommendations relating to key areas of uncertainty, including the effectiveness and cost effectiveness of interventions.
Tavistock Centre for Couple Relationships	General		The Tavistock Centre for Couple Relationships welcomes much that is contained in this draft guidance, we also believe that the guidance would be significantly improved with both more emphasis on the importance of babies' and young children's relationship with their fathers and also on the importance of the quality of relationship between parents (whether or not they live together or are still in a relationship together) to babies' and children's development. There is plentiful evidence to support both of these suggestions, and we feel it is a major omission that the draft guidance makes little or no mention of these factors.	Comments noted – as above, the guidance redrafted to include fathers and other family members, as appropriate.
Tavistock Centre for	Recommendation 2	10	We think that the paragraph beginning 'Health professionals in	Thank you – the guidance has been

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Couple Relationships			antenatal and postnatal services' should make reference to risks to the father's social and emotional wellbeing as well as the mother's (e.g. 'This includes any risks to the mother's **and father's** social and emotional wellbeing which could impact on her **or his** capacity to provide a loving and nurturing environment'. In the list beginning 'her mental health', we feel that the term 'family relationships' is unnecessarily unspecific and suggest that 'intimate partner relationships and wider family relationships' would help to underline the importance which the quality of the relationship with the father/partner can have on infant development.	redrafted to better represent the role of the father and use wording that applies to all parents. This includes recommendations and a description of PHIAC's consideration (section 3.6 and 3.7).
Tavistock Centre for Couple Relationships	Recommendation 3	11	While we agree with the statement beginning 'Health visitors or midwives should offer a programme...' we feel that health visitors *must* be able to offer an understanding of the 'co-parenting' dimension to their practice. This would allow the infants and children in the families with whom they work to benefit from a way of thinking which properly takes into account the enormous impact which the couple relationship has on children and families. Helping frontline professionals such as health visitors to understand the adult couple relationship is vital if problems are to be picked up early before corrosive conflict or other relationships distress sets in.	Comments noted – the guidance has been redrafted to use wording that applies to all parents.
Tavistock Centre for	Recommendation 3	11	Paragraph beginning 'Health visitors or midwives should provide	Thank you – the guidance has been

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Couple Relationships			information': we do not understand why this paragraph makes no mention of fathers. The exclusive focus on mothers contained in this paragraph and many of the subsequent ones is far less helpful than an approach which takes into account the role of fathers/partners, and, most importantly, the quality of the relationship between mothers and fathers/partners in children's social, emotional and academic development.	redrafted to better represent the role of the father and use wording that applies to all parents. This includes recommendations and a description of PHIAC's consideration (section 3.6 and 3.7).
Tavistock Centre for Couple Relationships	Recommendation 3	12	Following on from the previous point, why should health visitors and midwives consider using interactive video guidance to improve maternal sensitivity but not paternal sensitivity as well? (second bullet point on page 12). Father-infant attachment is also important for children's development.	The guidance has been revised to include the term 'parent' and make specific reference to the role of fathers
Tavistock Centre for Couple Relationships	Section 2 – Public health needs and practice	18	Last paragraph. We feel that the statement 'The child's relationship with their mother (or main carer) has a major impact on social and emotional development' completely misses the importance of the child – father relationship for children's social and emotional development. We remain convinced that to improve children's emotional and social development all frontline agencies and their staff need both to understand the importance of a parental couple and the importance of a child's relationship with their father as well as their mother and siblings/kinship relationships.	Comments noted – Thank you – the guidance has been redrafted to better represent the role of the father and use wording that applies to all parents. This includes recommendations and a description of PHIAC's consideration (section 3.6 and 3.7).

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			The failure of this guidance to recognise these two points is a significant omission in our view and jeopardises the overall efficacy of this worthwhile project.	
Tavistock Centre for Couple Relationships	Section 3 – Considerations, section 3.6	23	While the document states that 'PHIAC recognised that a 'whole-family' approach should be adopted to promote and protect the social and emotional wellbeing of children', we feel that the document in no way bears this assertion out. TCCR would be delighted to help with references, research and clinical examples should you require it.	Comments noted. Thank you, however, PHIAC did not consider (or request) submission of new evidence at this point of the guidance development
The Institute for Effective Education (IEE)	General		We are unclear why only home visiting based parenting programmes are included when there is considerable evidence of group based parenting effectiveness, some of which is mentioned in the Dartington response including that related to the Incredible Years parent programme for parents of 2–8 year olds.	The guidance was scoped with a focus on home and early education settings.
The Institute for Effective Education (IEE)	General		The guidelines recommend additional research into the role of fathers in improving child social and emotional wellbeing. Work has, however, recently been conducted into parent programmes that encourage father participation; please see 'Fatherhood: Programmes and Policy - A Critical Review of Best Practice' project conducted by the Fatherhood Institute.	Comment noted – thank you.

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The Institute for Effective Education (IEE)	General		Foster carers should be included in these guidelines as they play a very important role in the social and emotional wellbeing of very vulnerable children, regardless of whether reunification is the ultimate goal or not. The Incredible Years group-based parent programme has been shown to improve carer and looked after children's (from age 2–17 years) wellbeing (Bywater et al., 2010).	The guidance has been redrafted to use the term 'parent' – this includes mothers, fathers, carers and foster parents. The Incredible Years programme was considered outside the scope of this guidance.
The Institute for Effective Education (IEE)	Recommendation 3	11	In a general response to Recommendation 3, there is a shortage of evidence based interventions for this very young age group. A group based parenting intervention or coherent 'wraparound' service model would help forge strong community and social links and networks. Such links have been shown to be supportive long-term such as in the Leksland Model. This model is outlined below (taken from 'Parenting Matters: Early Years and social mobility', written by Chris Patterson from Centre Forum). **Leksand Model** *"One particular Swedish practice – initially operated in the community of Leksand and now being extended across the country – is worthy of particular attention in view of the UK government's stated desire to make "parenting advice and support... the norm – just as many new parents choose to access ante-natal education". Under the Leksand model, expecting parents are invited ante-natally to join a group within their local community and this group provides the hub for*	PHIAC agreed it was not appropriate to recommend one programme, considering that that long-term follow-up and an analysis of the costs and effects is 'crucial'. The 'Leksand model' presented in the comment appears to have intended to be offered universally and this guidance focuses on targeted interventions (complemented by universal services, where appropriate). The guidance was developed with the current policy context in mind. NICE is not aware of any current policy to offer universally continuing parenting education continuing after the antenatal period. Recommendation 5, however, does include practitioners working with community and voluntary

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			everything that follows. A specially trained midwife is then generally invited to run an antenatal class for this group of parents. However, rather than being disbanded at the point of childbirth (i.e. the end of the antenatal course), the group itself continues to meet over the first few years of the children's lives (up even to the age of 5) to provide a platform for parenting education programmes as well as a network for mutual support and advice. The results of this model have been particularly impressive. Attendance at the parenting groups is high across all social groups. In 1999–2000, parents from 91 Leksand families took part in parent group activities during pregnancy. In 2004, when the children were between 3 and 5 years old, around half of the parents were still continuing (46 women and 46 men). Due to the continuing nature of the group, it was found that fathers participate to about the same degree as mothers – which is not the case in relation to other forms of parenting programmes elsewhere in Sweden – suggesting a particular potential merit of the Leksand model. This may be of interest to the government in light of its expressed commitment to always "consider the needs and perspective of both parents" and to "think about how better to engage fathers in all aspects of their child's development". It is strongly recommended that the possibility of piloting and fully evaluating a similar model in the UK is explored. The model itself provides significant advantages that dovetail well with the government's objectives. In terms of easing an attitudinal shift	organisations to help vulnerable parents.

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			towards normalising parenting education, the model has the significant benefit of flowing directly out of and building on the degree of social acceptance already attained by antenatal classes. Indeed, the continuing nature of the group from pre-birth through into the early years lends itself to the neutral idea of 'child-development classes', with the potentially more palatable connotative nature of this term to specific 'parenting classes' possibly easing the desired attitudinal shift. Another significant benefit of the model is that it provides a platform for the provision of evidence based parenting programmes (such as, for example, the now well established and evaluated 'Incredible Years' programme, as occurs in some groups in Leksand) without these initiatives actually themselves serving as the rationale for the gathering. It is not an Incredible Years parenting group (say) that parents are attending, but an established parenting group to which an Incredible Years practitioner is invited to attend. This concept of a platform also opens up significant possibilities for local community involvement and development conducive to a 'Big Society' context: subject of course to a degree of regulation as to what they contain, the platform provided by the groups could be open to local, charitable and other organisations to develop and put forward specific and tailored programmes free from excessive central proscription and control."	

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The Institute for Effective Education (IEE)	Recommendation 3	12	*"Health visitors or midwives should consider using interactive video guidance to improve maternal sensitivity, mother-infant attachment and the child's behaviour. (For example, this might be necessary when the mother has depression or the infant shows signs of behaviourial difficulties.)"* In response to this recommended action we think the guidance should clarify what 'videos'? Can it be recommended that they are based on evidence or come from an evidence-based programme with clear instructions to use effectively and with fidelity to achieve stipulated outcomes?	Video interaction guidance is now defined in the glossary to the guidance.
The Institute for Effective Education (IEE)	Recommendation 3	12	*"Health visitors or midwives should regularly check the mother's level of involvement and offer her a break from the programme, if necessary. In such cases, they should continue to communicate regularly with her. Encourage parents participation in other services provided by the Healthy Child Programme and children's centres."* In response to this recommended action we are of the opinion that 'breaks from programmes' could be counter-effective: Mothers may feel a sense of failure. This needs to be carefully thought through and alternative strategies suggested.	The guidance has been reworded to make it clear that breaks are offered in order to reduce complete withdrawal from the programme and that ongoing support (in or out with the progamme) should be offered. 'If necessary, [Health visitors or midwives] should offer them a break, to reduce the risk that they will stop participating. If the parents do decide to have a break, the nurse should continue to communicate with them on a regular basis.'
The Institute for Effective Education	Recommendation 3	12	*"Health visitors or midwives should involve other professionals such as therapists and family support workers from the Healthy*	The listing is not intended to be exhaustive. Other stakeholder

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(IEE)			*Child Programme and children's centres."* 'Therapists' is emotionally and politically loaded; this proposal needs to be very carefully considered and terms clearly defined.	feedback has suggested psychological and therapeutic disciplines should be listed.
The Institute for Effective Education (IEE)	Recommendation 4	14	*"Ensure staff in childcare and early education services focus on social and emotional, as well as educational development. They should provide a structured daily schedule offering a range of opportunities for independent group and adult-led learning."* It is unclear what is meant by a focus on SE development, or a 'daily schedule', or 'adult-led'. This recommended action could lead to a very diluted and ineffective approach unless guidance can be a bit more specific.	Recommendation 4 has been redrafted to state: 'provide a structured, daily schedule comprising a balance of adult-led and child-initiated activities'. PHIAC agreed that the wording used in the guidance was of sufficient detail across early years education and childcare and as it had not considered evidence on – for example – different schedules – it could not make more specific recommendations.
The Institute for Effective Education (IEE)	Recommendation 4	14	*"Ensure parents and other family members are fully involved in early education and childcare services. For example, parents should be encouraged to get involved in making decisions about how the services are provided, or to participate in learning or other activities, as appropriate."* In this context the wording is misleading here. Parent involvement/participation and engagement is key. How involved can parents be in decision-making and how can we make this an actual goal rather than a paper exercise?	PHIAC agreed that involving parents is important and have recommended this in the guidance. The guidance has be redrafted to note that services should be delivered in line with the Early years foundation stage.

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The Institute for Effective Education (IEE)	Recommendation 4	14	*"Ensure childcare and early education services are run by well-trained qualified staff, including graduate staff and qualified teachers. Services should be based on an ethos of openness and inclusion. They should promote the development of positive, interactive relationships between staff and children, whereby individual staff get to know, and develop an understanding of, a particular child's needs (that is, they provide continuity of care, particularly for younger children)."* Early education and childcare: 'High quality' childcare and early education does not always equate to staff being trained in an evidence-based programme to improve children's social or emotional wellbeing. A platform study (Bywater et al., 2011) demonstrated that a 'parent' programme (Incredible Years) when delivered to groups of nursery workers working in disadvantaged areas increased the social emotional and behavioural skills of toddlers in their care. It would make sense for such workers to have undergone such training either as part of their original nursery-worker qualification or as additional training.	PHIAC was unable to recommend a single training or preparatory programme for staff
The Institute for Effective Education (IEE)	Recommendation 5	15	*"Managers of early years services should ensure local systems are in place to secure the social and emotional wellbeing of vulnerable children aged under 5. This involves developing and agreeing pathways and referral routes that define how professionals will work together as a multidisciplinary team across different services.* • *identify children at risk of developing (or already*	Comments noted - PHIAC did consider the role of a specific person to lead on parent engagement – but the guidance includes recommendation for early years providers to have process in place for involving parents as well

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			showing signs of) social and emotional difficulties and behavioural problems as early as possible • *involve parents in determining the additional help and support they need to promote a child's social and emotional wellbeing* • *provide an integrated set of universal and targeted services and programmes."* We would like to suggest that early years services, including education, develop parent engagement strategies and possibly employ a dedicated person for 'parent engagement', or at least have a dedicated budget to conduct such important relationship working. In my experience in working with early years services and education it is rare for services to have a consistent approach, let alone have their approach based on self-evaluation of 'what does and doesn't work' to get parents on board. For evidence please see Nick Axford's report ' How to engage parents in parenting programmes' (2011, Social Research unit, Dartington) based on work conducted in Birmingham where Children Centres found it incredibly difficult to find and engage with vulnerable parents and families. Services may need more help and support than that offered by the current guidelines in order to be successful.	as practitioners being clear about their roles in working together across services and being systematic and persistent in the efforts to encourage vulnerable parents to use early years services and methods to maintain or improve participation of parents and vulnerable children.
NSPCC	General		The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading charity specialising in child protection and the prevention of cruelty to children. The NSPCC	Noted – provided for information. Section 3.14 of the guidance, states

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			aims to end cruelty to children in the UK over future generations. In pursuit of our vision we will: • Create and deliver services for children which are innovative, distinctive and demonstrate how to enhance child protection most effectively; • Provide advice and support to ensure that every child is listened to and protected; • Provide advice and support to adults and professionals concerned about a child and if necessary take action to protect the child; • Work with organisations which work with children to ensure they effectively protect children and challenge those who do not; • Campaign for changes to legislation, policy and practice to ensure they best protect children; • Persuade everyone to take personal responsibility for preventing cruelty to children; • Inform and educate the public to change attitudes and behaviours towards children; • Use our statutory powers as necessary to protect children.	'While prevention of child abuse is not the primary focus of this guidance, neglect and abuse are major risks to a child's social and emotional development (as well as to their overall health and wellbeing). PHIAC believes the recommendations should help prevent child abuse.' The guidance complement (but does not replace) NICE guidance relating to child maltreatment and pregnancy and complex social factors (see section 7).
NSPCC	General cont'd		One of our key priorities is the protection of babies. Babies are eight times more likely to be killed than any other age group in childhood. Factors such as domestic violence, mental health problems, and drink and drug dependency among parents are known to be important risk factors in cases of abuse and	Comments noted – actions in recommendation 2 include an early statement that health and early years professionals should develop relationship with vulnerable families while 'focusing on

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			neglect. Pregnancy and the first year are key times for a child's development. Alcohol and substance misuse and domestic abuse in particular can have serious negative affects during pregnancy, while the first year is particularly important for neurodevelopment and building secure attachments, which will aid a child's social and emotional wellbeing throughout their life. We are currently undertaking a project to look at what actions need to be undertaken by government and local areas in England to ensure all babies are given the best possible start in life, even before they are born. This will include a review of the sufficiency and effectiveness of maternity services and services for under twos. We therefore welcome the focus of this draft guidance on the social and emotional wellbeing of children under 5. However the needs of vulnerable children change substantially between birth and five years. Pregnancy and the first year of life is a key window of opportunity to achieve healthy child development and prevent mental health and behavioural problems, and we are concerned that the specific needs of children under one are not currently captured in the draft guidance.	the child's needs'. The definition of vulnerable children includes parental mental health difficulties and substance misuse (please see glossary). Keys stages identified in the comments are included in the guidance. Recommendation 2 is directed at the NHS (including general practice, health visiting services, maternity services, mental health services [perinatal, child and adolescent and adult] and paediatrics) and also includes family welfare, housing, voluntary services, the police and others who are in contact with a vulnerable child. Recommendation 3 focuses on the antenatal and postnatal home visiting.
NSPCC	General cont'd		We will also be happy to share findings from our review of service provision to inform the development of the implementation tool.	Thank you – NICE implementation select information for the tools it develops. Comments noted – thank you. Children

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			It is also important to note that disabled children are not referred to specifically within this guidance yet disabled children are some three times more likely to experience abuse (Sullivan and Knutson 2000 found 3.4 times). Research comparing risk against age is limited although some studies eg Sullivan and Knutson (1998, 2000) suggest that disabled children are more likely to be abused at younger ages. Families with disabled children may need additional support towards ensuring their child's social and emotional wellbeing during their early lives. Attachment issues may need to be addressed where a child has been on ventilation or received other treatment in hospital for significant periods of time; the parent/carer(s) will need information about a child's diagnosis provided in a sensitive way that values the child and recognises the opportunities; parent/carer(s) may need counselling and support in understanding the child's medical condition and in managing their emotions; they may need advice and support in responding to the child's specific developmental needs and in developing communication skills with the child (eg makaton, British Sign Language) and the siblings of disabled children may need support in understanding their brother or sister's diagnosis and what this this means in their day to day lives.	with a disability are included in the definition of vulnerable children (please see glossary, section 8). Comments noted – as above, Children with a disability are included in the definition of vulnerable children. The recommendations include assessment of and interventions to support attachment and parenting skills. The guidance also recommends that procedures for referral to specialist services are in place (which may apply in for children with disabilities), partnership working across professions/services and that information is shared.
NSPCC	Section 1;	7-8	We welcome the recommendation for Health and Wellbeing	Thank you – comments noted.

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	Recommendation 1		Boards (H&WBs) to focus on the social and emotional needs of vulnerable children, particularly those under 5 years of age in the Health and Wellbeing Strategy. However the needs of vulnerable children change substantially between birth and five years, and it is important that these varied needs are captured by H&WBs. We are concerned that this is not currently captured in the draft guidance. We feel that the needs of pregnant women and vulnerable children in their first year of life should be considered as an important priority, and should not be lost in the wider under 5 category. It is particularly important that H&WBs address both pregnancy and the first year of life as distinct categories when conducting JSNAs and Joint Health and Wellbeing Strategies. More work has been done to develop evidence based commissioning for 2-5 year olds, particularly around school readiness. However, pregnancy and the first year of life is a key window of opportunity to achieve healthy child development and to prevent mental health and behavioural problems. Pregnancy and the first year are a critical stage in child development, providing the essential foundations for all future learning, behaviour and health. Adverse prenatal and postnatal experiences can have a profound effect on the course of health and development over a lifetime.	Recommendation 3 has been reworded to focus on support for children in ante- and postnatal stages of development.
NSPCC	Section 1;	7-8	Child abuse or neglect and general trauma, including witnessing	PHIAC developed the recommendations

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	Recommendation 1		violence, alter normal child development and, without intervention, can have lifelong consequences[20]. We now have evidence that such early adversities also make adults more vulnerable to stress and stress-related conditions such as cardiovascular disease and substance abuse[21]. Services for pregnant women and babies cross health services and local authority adult and children's services, and H&WBs provide a good opportunity to ensure that these services are joined up and complement each other to achieve the best start for babies. The Joint Health and Wellbeing Strategy developed by H&WBs should include outcomes relevant to pregnancy and the first year of life, while fitting within the Public Health and NHS Outcomes Frameworks and the forthcoming child health outcomes framework. Recommendation: Guidance under 'recommendation 1: Strategy Commissioning and Review' should be reworded to stress that Joint Strategic Needs Assessments (JSNAs) should capture the needs of pregnant women and children under one as distinct categories. In particular the assessment should capture: • The needs of parents, including pregnant women, and including the numbers of parents affected by stressors such	that should consistent and complement key policy and practice developments, where possible, including the Public health outcomes framework indicators for early years. Further linkages are acknowledged in consideration 3.7. As above, recommendation 3 has been reworded to focus on support for children in ante- and postnatal stages of development. Terminology has been revised to refer to parents, acknowledging the role of fathers and others involved in parenting. PHIAC acknowledgement of this is presented in Consideration. Recommendations are specific for stages in a child's life where PHIAC consider this appropriate, that is ante- and post natal period and early years education and childcare (following birth to age 5 years).

[20] Scannapiecco, M. (2005) *Understanding child maltreatment: an ecological and developmental perspective*

[21] Felitti, V.J. (2002) *The relationship of adverse childhood experiences to adult health: turning gold into lead*.

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			as substance misuse, domestic violence and mental health problems. This should be broken down by the age of child. This should cover the needs of both mothers and fathers.	Important and identifiable risk factors for vulnerability of a child's social and emotional wellbeing are identified in the definition of vulnerable children within the guidance. These include parental factors
NSPCC	Section 1; Recommendation 1	7-8	• Needs and outcomes for children, broken down by the age of the child. The number of young children with disabilities or additional needs should also be assessed. Local areas should ensure that the social and emotional development and attachment security of all children is regularly assessed, and that this information is captured to understand the profile of need in the local area The joint health and wellbeing strategy should set out clear plans to meet the needs identified in the JSNA. It should set out a clear offer of services and pathways of care that range from universal preventative services, through to intensive interventions for families with complex needs. It is important that services for fathers are considered and included in the strategy, as well as those for mothers. It should also identify and address the specific needs of disabled children and the potential barriers to the accessing of services to ensure these needs are met. It should identify the specific skills required for meeting the child's	The definition of vulnerable children used in the guidance acknowledges that factors may change with time. Recommendation 2 states that the Early years foundation stage assessment process should be used, which provides further detail of needs and outcomes of early years children. Recommendation 3 specifically considers the ante- and postnatal period within early years. Children with a disability are included within the definition of children who may be vulnerable. Recommendation 1 states that social and emotion wellbeing of children is to be assessed (as part of Joint strategic needs assessment, where appropriate)

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			social and emotional wellbeing needs	
NSPCC	Section 1; Recommendation 2	9	Additional pressures on parents from factors such as mental illness, domestic abuse, alcohol and substance abuse can adversely affect their capacity to be good parents. This in turn can have adverse effects on child development. Analysis of the National Psychiatric Morbidity Survey for the NSPCC[22] has estimated that in the UK: • **19,500 babies** under 1 year old are living with a parent who has used Class A drugs in the last year • **39,000 babies** under 1 year old live in households affected by domestic violence in the last year • **93,500 babies** under 1 year old live with a parent who is a problem drinker • **144,000 babies** under 1 year old live with a parent who has a common mental health problem It is important to recognise the role that mental health, alcohol and substance misuse and domestic abuse services play in identifying struggling families and babies who may be at risk. Services working with those with learning disabilities, teenagers, disabled children, refugees and asylum seekers and families who do not speak English also play an important role.	Comments noted – PHIAC recognised the importance of parent's mental health. The description of vulnerable children includes parental drug and alcohol problems and parental mental health problems as risk factors (see glossary) and Recommendation 2 includes and makes specific reference to mental health services in identifying vulnerable children.
NSPCC	Section 1;	9	Recommendation: The following should be added to the list of	These services are not specifically

[22] Manning, V. (2011) *Estimates of the numbers of infants (under the age of one year) living with substance misusing parents*, NSPCC

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	Recommendation 2		'children and family services' who should identify vulnerable children at risk of developing social and emotional difficulties: • Adult mental health services • Alcohol and substance misuse services • Domestic abuse services • Adult physical and learning disability services • Specialist medical staff working with disabled children reflecting a range of impairments • Speech and language therapists, physiotherapists, occupational therapists • Services working with refugees and asylum seekers • Services working with teenagers • Services working with families who do not speak English. Referral pathways into children's services by those agencies mainly working with adults should be easily accessible, and available. Services working with adults should also be invited to join multi-agency support networks for families with children at risk of developing social and emotional difficulties.	excluded
NSPCC	Section 1; Recommendation 2	10	Recommendation: the paragraph beginning 'Others who are in contact with a vulnerable child and their family' the list of services should include those working with refugees and asylum seekers, specialist medical staff working with disabled children, teenagers, and with families who do not speak English.	The recommendation does not excluding services for the groups of people listed in the comment. The definition of vulnerable children notes disability as a factor that may make a child vulnerable.

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				Recommendation 5 (delivering services) includes recommendations on outreach and consideration of 'social circumstances, gender, language, culture or lifestyle.
NSPCC	Section 1; Recommendation 2	10	The guidance focuses on the social and emotional wellbeing of the mother, however the social and emotional wellbeing of the father will also have a significant impact on the wellbeing of both the mother and the child. Other significant family members, such as grandparents, who may have some childcare responsibilities for the child could also have a significant impact on the child's wellbeing, as could others in the household, such as other children and those who may not be related to the child. Recommendation: Guidance should be reworded to state 'risks to the social and emotional wellbeing of the mother, father, significant family members and others in the household, which could impact on the family's ability to provide a loving and nurturing environment. For example any problems they may have in relation to…'	Thank you – the guidance has been redrafted to better represent the role of the father. This includes recommendations and a description of PHIAC's consideration (section 3.7)
NSPCC	Section 1; Recommendation 2	10	Attitudes and assumptions about disabled children can significantly affect the quality of service delivery for disabled children and impact on their social and emotional wellbeing and their protection. The Second Joint Chief Inspector's Report (2005) and Ofsted's (2009) review of Serious Case Reviews	The definition of vulnerable children notes disability as a factor that may make a child vulnerable. Recommendations also state that professionals should ensure procedures

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			2008 – 2009 found that the safeguarding needs of disabled children are not always given sufficient recognition or priority; that there remain significant issues in identifying and acting on welfare concerns and that the child's disability can mask child protection concerns. In undertaking their support role for parents/carers, professionals can sometimes lack a focus on the child and the child's experience of the care they are receiving or make assumptions about indicators of concern or possible abuse, believing they are due to the child's disability/impairment. They may also minimise the impact of any possible abuse on the disabled child. Recommendation: Guidance should highlight the need to look out for these risk factors in disabled children, and professionals should be alert to the fact that they may not be due to the child's disability.	are in place to make referrals to specialist services, based on an assessment of need – this includes consideration of the disability that I child may have. The guidance have also been redrafted to emphasise that professionals should, focus on the child's needs (see Recommendation 1, *What action should they take*?).
NSPCC	Section 1; Recommendation 2	10	Risk factors which health professionals in perinatal services should identify should include: • Suspected or proven incidence of domestic abuse. • Multiple crises in the family • Social isolation • Illness or injury • Crime or behavioural issues • Poverty	The risk factors included in the guidance are those considered by PHIAC, based the evidence presented. Though not part of the recommendations, in *Public health need and practice* section (section 2) PHIAC acknowledges that most

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			• Low educational attainment • Low self esteem • Unemployment • Additional support needs, e.g. for a learning disability	parents in poor social circumstances provide a loving and nurturing environment (despite many difficulties), but children living in a disadvantaged family are more likely to be exposed to adverse factors.
NSPCC	Section 1; Recommendation 2	10	The level of empathy shown by a carer towards young children is a good predictor of babies' attachment and future social and emotional development. Research from the University of Durham has shown that 'mind-mindedness' – parents' ability to assess and comment accurately on their infants' internal states - is strongly linked with parent-infant attachment security[23]. It is important to recognise these early signs to prevent poor attachments forming between babies and their carers. Recommendation: Guidance should include lack of empathy or an inability to understand and respond to their child or infant's thoughts and feelings as risk factors for parents.	Recommendation 2 includes 'indifference to the child or insensitive or harsh behaviour towards them' as parental risk indicators for social and emotional wellbeing of the child. Recommendation 3 includes home visiting to develop maternal sensitivity and the mother-child relationship.
NSPCC	Section 1; Recommendation 2	10	Recommendation: Risk factors which health visitors and nursery staff should look out for in babies and young children include the child failing to meet standard development milestones and the child not seeking support and safety from the parent/carer.	The guidance refers to and is consistent The Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides provide further

[23] Bronia Arnott and Elizabeth Meins, (2007). Links among antenatal attachment representations, postnatal mind–mindedness, and infant attachment security: A preliminary study of mothers and fathers. Bulletin of the Menninger Clinic: Vol. 71, June, pp. 132-149.

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				detail on child development and assessment. Recommendation 2 lists being withdrawn, being unresponsive, showing signs of behavioural problems (among others) as risk indicators that could be observed in vulnerable children. Would 'not seeking support', be an example of being 'withdrawn' or 'unresponsive'?
NSPCC	Section 1; Recommendation 3	11	Recommendation: Introduction and delivery of the programme should take account of the communication needs of the parents/carers. Guidance should highlight that BSL or other language interpreters should be used especially when sensitive information is being discussed. Many deaf and disabled parents/carers can be isolated and have difficulty accessing information about parenting. It is essential that supporting material is available in BSL for deaf parent/carers and easy read for parent/carers with learning disabilities. Similarly communications need to be suitable for parents whose first language is not English – material should be provided in their preferred language where possible, or translated where this is not possible.	This guidance refers to and is consistent the Early years foundation stage (EYFS). The EYFS statutory guidance and non-statutory supporting guides support development of children, including those with special educational need or a disability. Recommendation 3 includes accounting for the parents' first language and making provision for those who do not speak English.
NSPCC	Section 1;	12	In addition to achieving the goals specified in the draft guidance,	By planning a programme of visits, with

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	Recommendation 3		midwives and health visitors need to be alert to any deterioration in maternal sensitivity, the parent-child relationship and parenting skills, in addition to the risk factors cited under recommendation 2. An analysis of Serious Case Reviews showed that 45% of SCRs were for under ones. In 2007-2009, 44% of children under one were under three months of age 32% were aged three to five months. Of the babies under six months old, the main way of being harmed was physical assault[24]. Deterioration of parenting ability can happen quickly, and perinatal home visiting provides a key opportunity to safeguard babies Recommendation: Amend the draft guidance under recommendation 3 to add that, in addition to achieving the goals specified, health visitors and midwives need to be alert to deterioration in parenting capacity, or any other risk factors, and to follow local safeguarding procedures where there are concerns. In particular, health visitors and midwives should be alert to: • Changes, even small changes, in parents' ability to keep their child in mind • Provision of support improving (or reducing) parents' belief that they can do things for themselves	defined aim and activities, change – both positive and negative – should be noted. Recommendation 2 states that relationships between professionals and families should remain focused on the needs (and protection) of the child. Later in recommendation 3, interventions improve sensitivity and attachment are recommended, where needed. The guidance also makes reference to other NICE guidance, such as When to suspect child maltreatment (NICE clinical guideline 89) which includes considering features of parent or carer–child interaction.

[24] Brandon, M. et al (2010) *Building on the learning from serious case reviews: A two-year analysis of child protection database notifications 2007-2009*

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			• Family remaining physically and emotionally healthy and promoting their own health and that of their baby	
NSPCC	Section 1; Recommendation 3	12	Recommendation: Other professionals that health visitors or midwives should involve include professionals with specialist knowledge in engaging and communicating with disabled children with a range of impairments.	Thank you – The recommendations include health and early years professionals ensuring procedures are in place to assess need and making referrals to specialist services, based the assessment of need (please see recommendation 2).
NSPCC	Section 1; Recommendation 4	14	Recommendation: The last point should also reflect that the space should be accessible to disabled children with equipment and images (play materials, books, posters etc) that reflect diversity (disability, ethnicity, culture etc).	Comments noted – the guidance does not focus on specific aspects of the space used of early years education and childcare, but does include recommendations that services adopt an 'ethos of openness and inclusion' and get to 'know, and develop an understanding of particular children's needs' and 'address any barriers that may hinder participation'. Recommendation 5 (on delivery) includes recommendations to support inclusion by using local community venues, such as places of worship and involve community groups to help vulnerable parents

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				who find it difficult to use health and early years services.
NSPCC	Section 1; Recommendation 5	15-16	Recommendation: Specific mention should be made of perinatal and infant mental health services. NICE clinical guidance 45 recommends the establishment of locally managed, clinical networks, but it is important that universal and targeted services are available, delivered in community settings such as children's centres. Services with a good evidence base, such as Mellow Babies, which are non-stigmatising and promote attachment between mothers and babies are invaluable for parents who may be experiencing post natal depression, and ensuring that babies are secure and attached to their parents or carers.	Recommendation 5 includes reference to mental health services ((perinatal, child and adolescent and adult). Recommendation 3 focuses on antenatal and postnatal home visiting for vulnerable children and their families. Parental mental health is included in the definition of vulnerable children. The recommendation includes working with other practitioners working with families to ensure they receive co-ordinated support.
NSPCC	Section 1; Recommendation 6	16	It is important that practitioners from different professionas have regular contact to ensure clarity about the roles and responsibilities of different professions. Recommendation: In order to ensure clarity around the roles and responsibilities of different professionals it is important that practitioners from different professions have regular contact with each other. Face to face contact is important, as well as telephone and email contact. In particular, if a referral to a service is declined this should be accompanied by a clear	Recommendation 5 includes practitioners developing and agreeing pathways for referral and working together across services.

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			reason why the child/family was not eligible for the service. Joint training is an important way that professionals can learn about each other's' roles.	
NSPCC	Section 1; Recommendation 6	17	We recommend that where the guidance states that parents are 'hard-to-reach' this is reworded to clarify that some vulnerable parents find services inaccessible or difficult to access[25].	Comment noted – the guidance has been reworded to refer to 'parents who may find it difficult to use health and early years services' (see recommendation 5)
NSPCC	Section 1; Recommendation 6	17	Recommendation: Guidance should include a section on access issues. Access issues need to be identified and addressed such as: physical access; staff skills; staff attitudes and transport. For example, disabled children may have many different medical appointments, sometimes at regional centres of expertise, and may have particular daily treatment needs that can make it difficult for families to attend appointments. Medication needs and dietary requirements can be a further factor. The issue of non-attendance may not reflect the parent/carer(s) motivation, and outreach services could potentially be of enormous benefit in supporting families in these circumstances. Any access issues need to be identified and considered by services as soon as they come in to contact with a client. It is important that professionals	The Comment noted – the guidance has been redrafted to include a description of difficulties which may influence access to services (see recommendation 5) and recommendations for systematic and persistent activities to involve vulnerable children in series, including the use of outreach activities, community venues and working with voluntary organisations (to help parents who find it difficult to use health and early years

[25] Daniel, B., Taylor, J., & Scott, J. (2011). *Recognizing and Helping the Neglected Child: Evidence Based Practice for Assessment and Intervention*. London: Jessica Kingsley.

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			working with vulnerable families to attempt to be understanding of individual family circumstances, and not to discharge families quickly for non-attendance. Professionals working with families should try different means of communication and different venues, being as flexible as possible.	services).
The School of Infant Mental Health	General		The importance of emotional wellbeing for pre-school is paramount for school readiness.	Comment noted – in line with Early years foundation stage, implementing this guidance can support school readiness.
The School of Infant Mental Health			An emotional screening programme for the earliest relationship is paramount for detection of a rising number of emotional and communicative difficulties such as post-natal depression and autism.	Recommendation for home visiting include assessment of mother-child interaction and a programme of intensive home visiting which can help support parenting skills and parent-child relationships/interaction.
The School of Infant Mental Health			Early intervention is **ke**y to the future wellbeing of society – Early intervention is a big intervention for a big society and yet costs so little if the right professionals are trained with emotional competency for prevention and early detection of the difficulties that so often lead to the breakdown of families and society.	Comment noted – PHIAC agreed that early intervention is a goal of the guidance, and evidence suggests that the greatest cost savings could be achieved by intervening during the early years of life.
The School of Infant Mental Health			If we get emotional competency right in the beginning of an individual's life and support family as a wider priority in society	Comment noted.

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			then our nation's wellbeing has something larger to contribute to the globalisation of these difficulties of which Britain is currently scored poorly on.	
The School of Infant Mental Health			Frontline professionals need to have specialist training in the emotional field of the Parent/Infant relationship.	The guidance recommends that an appropriately trained nurse conducts the intensive home visiting.
The School of Infant Mental Health			Parent Infant Partnerships are key in Local Area agreements	Comment noted.
The Social Research Unit	General		The term 'evidence-based' is used at several points in the draft guidance in relation to interventions but without definition. Many interventions in this subject field are said to be 'evidence-based' yet the quality of the evidence underpinning them varies widely. This can be confusing for commissioners and policy makers, and contributes to the widespread use of interventions for which there is little if any convincing evidence of effectiveness. The standards used by the Social Research Unit in Expert report 2 (adopted in prototype form by the Graham Allen MP Review of Early Intervention in 2011 and now adopted in their revised format by one of the major international clearinghouses for evidence-based programmes – *Blueprints for Youth Development*) are an attempt to bring clarity to this area. We suggest that a clear indication be given of what is meant by 'evidence-based', either by referencing these standards or by providing a précis of what is meant by 'evidence-based' that	PHIAC considered that the term was sufficiently clear, but agreed that, ideally, evidence should be of good quality and assessed for applicability to the context in which the intervention is to implemented.

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			gives due prominence to the importance of well-conducted randomised controlled trials or quasi-experimental evaluations.	
The Social Research Unit	1	8	The report recommends that 'targeted, evidence-based (and structured) interventions are available to help vulnerable children and their families'. First, we think that this should not be limited to targeted interventions. Second, as indicated in our first point above, there is no indication in the draft guidance of what is meant by 'evidence-based'.	The scope of the guidance is to consider vulnerable children and how targeted services may be developed and delivered. Please see response above
The Social Research Unit	1	11	The draft guidance advises that 'Health visitors or midwives should offer a programme of home visits… for example, they could refer first-time teenage mothers to the Family Nurse Partnership'. This relates to our first (general) point above, and it concerns the fact that not all home visiting interventions are equal as regards the quality of evidence supporting them. Given this, it should be made clear that the advice is to use evidence-based interventions as far as possible – of which FNP is an excellent example.	PHIAC noted the Family Nurse Partnership and considered there was evidence for its effectiveness (based on research conducted in the USA). It also noted arrangements for intervention 'fidelity' for the Family Nurse Partnership in the UK. PHIAC, however, agreed it was not appropriate to recommend one specific programme, considering that that long-term follow-up and an analysis of the costs and effects is 'crucial', but on-going for the Family Nurse Partnership.
The Social Research Unit	3	21	The meaning of 'local' in 3.1 is unclear. Does it mean local in the geographic sense or in the sense of programmes/interventions	The intention is that local refers to a geographical locality (crossing a

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			rather than policy?	range of services and professions).
The Social Research Unit	3	21-22	Point 3.3 - The report states that 'it was difficult to determine how relevant this [evidence from the US on the effectiveness of interventions] was for early years services in the UK'. The meaning of this phrase needs to be clarified. Does it mean (a) it is not known whether the same impact would be found in a UK context, and/or (b) it is not known whether the interventions would fit a UK service context (eg. for cultural or organisational reasons)? This is an important distinction. It could be noted that some of the interventions tested and found to be effective in the US are now being used in the UK, as noted in Expert Report 2 supplied by the Social Research Unit.	Comments noted.
The Social Research Unit	3	23	Point 3.10 - The report states that 'Evidence showed that effective interventions had 'high fidelity', that is, they were structured, replicable and auditable'. This phrase needs to be clarified. In the literature 'fidelity' does not generally mean what is suggested here; rather, it means that an intervention is implemented as intended, or as designed. The evidence is that when this happens outcomes tend to be better. It is also true, as suggested in the phrase cited, that effective interventions are structured, replicable and auditable – but this is not 'fidelity'. It is more about what might be called 'system readiness' – which is one of the four dimensions making up the standards of evidence	This consideration (3.15) has been redrafted and now refers to ''high implementation fidelity' with original programmes.

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			used in the Allen Review. We suggest that the text is amended to make both points – (i) about the importance of implementation with fidelity and (ii) about the importance of being structured, replicable and auditable.	
The Social Research Unit	3	23	Point 3.11 - In order 'to scale-up and systematically deliver evidence-based interventions' as described in the guidance it is important to note considerations besides those mentioned. Programmes need to be made 'system ready', for example by ensuring that training and technical assistance are in place, but service systems, like education or children's centres, also need to be made 'programme ready', for example by ensuring that staff are suitably trained, by embedding methods for monitoring fidelity and outcomes, and by providing incentives for high-quality implementation and outcomes through the use of suitable indicators and, possibly, financial rewards for success.	Recommendation 1 includes review of delivery plans by local authority scrutiny committees.
The Social Research Unit	5	24-25	In the list of points under '5. Recommendations for research' the draft guidance identifies several areas in which more research of effectiveness is needed. A brief comment is made that ''effectiveness' in this context relates not only to the size of the effect, but also to cost effectiveness and duration of effect.' We think it is important to add some indication of the kind of study needed to determine 'effectiveness'. This can be linked to standards of evidence - see our first (general) comment above.	The research recommendations briefly represented the key areas of uncertainty considered by PHIAC, but may not include prescribing the detail of the design of studies to investigate these areas of uncertainty. Any evidence considered within any subsequent guidance developed in

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			Not every intervention is ready to be subjected to an experimental or quasi-experimental evaluation but when an intervention is ready and (a) the desire is to test for effectiveness and (b) there are no practical or ethical reasons to do otherwise, the aim should be to conduct a high-quality randomised controlled trial or quasi-experimental study. Unless this is stated clearly there is a danger that the recommendations will be used to justify studies that cannot show whether any 'effect' detected is attributable to the intervention. Further, unless more high-quality RCT/QED studies are conducted of 'home-grown' UK interventions the concern expressed elsewhere in the report that we are overly reliant in this subject field on US evidence will never be addressed.	this area would be subject to rigorous review to determine quality and assessment by the advisory body.
The Social Research Unit	5	25	Point 5.5 - The report suggests that research be undertaken on the question of 'How can interventions which have been proven effective in other countries be assessed for their cultural relevance to the UK?' This is an important question, but it is also important to ask a related but different question, which is whether interventions proven effective in other countries are effective in the UK, because we know that some interventions tested and found effective in one country do not show the same (or indeed any) impact when transferred to a different context. There are numerous possible reasons for this. As such, we need more studies like the FNP trial.	Comments noted.

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UK Association of Infant Mental Health (AIMH-UK)	General		The Guidance clearly recognizes that many 'vulnerable' children have parents experiencing mental health problems and domestic abuse, and one of the strengths of this Guidance is the many links made to the Healthy Child Programme. Recent research (e.g. Ward et al 2010; 2012) highlights the lack of co-ordination between adult and children's services, and we would welcome **more reference to the need for links with other services.**	The recommendations include partnership working with others (including mental health professionals) to ensure families receive coordinated support.
UK Association of Infant Mental Health (AIMH-UK)		19 and 23	While we note that the Guidance acknowledges the importance of maltreatment, it explicitly *excludes* an examination of interventions to prevent maltreatment. The WHO (1999) definition of maltreatment explicitly refers to '*the failure to provide a developmentally appropriate and supportive environment in which the child can develop the full range of emotional and social competencies commensurate with her or his personal potential*'. **We would therefore also welcome a greater emphasis on the potential role of the interventions identified in achieving this outcome**. For example, home visiting programmes are recommended and the NFP provides very good evidence about its effectiveness in preventing abuse.	PHIAC believes the recommendations should help prevent abuse and that prevention of abuse could help protect social and emotional development.
UK Association of Infant Mental Health (AIMH-UK)			We welcome the recommendation made with regard to the use of Video Interaction Guidance, but considerable effort will be required to ensure that health visitors for example, have the necessary skills, to enable them to provide this. We would	PHIAC consider implementation, along with other factors in developing its recommendations. Use and sharing of information to

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			therefore welcome the addition of some reference to the **need to upskill the existing workforce** in some of these new ways of working using the training funds that are currently available in the service of continuing professional development for key groups such as health visitors and/or social workers.	support training is included in the recommendations.
UK Association of Infant Mental Health (AIMH-UK)			Another key issue that we welcome is the focus in the Guidance on the identification of vulnerable families. Successful intervention with parents of vulnerable children depends to a greater extent on the success of universal services in identifying families in need of enhanced/targeted interventions. For example, the Healthy Child Programme recommends the delivery of a promotional interview by the health visitor to all pregnant women at 28 weeks antenatal and 6-8 weeks postnatal. This provides the basis not only for promoting wellbeing in all pregnant women, but also of identifying women who are experiencing the type of problems that put the social and emotional wellbeing of the infant at risk, with the possibility of putting in place early intervention. We would welcome seeing some reference to the use of the Healthy Child Programme **Promotional Interviews** for this purpose.	The recommendations include professionals (such as health visitors) being aware of indicators of a child being vulnerable, identifying such children and referring to or involving services to support (please see recommendation 2).
UK Association of Infant Mental Health (AIMH-UK)	General		This review was a missed opportunity in terms of the focus on home-based provision, one of the consequences of this being an emphasis on home visiting programmes, which have already	The review methodology is summarised in appendix B. NICE consider that the evidence reviews followed the scope of the

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			been widely reviewed, and one of the few home visiting programmes that have been shown to work (e.g. FNP) is already being implemented. As a result of this focus we feel that some of the important evidence about effective interventions to improve the social and emotional wellbeing of children under 5 is actually in the excluded studies list because it did not meet the inclusion criteria (i.e. was not targeted or home based) or because detailed evidence is not available about its applicability for vulnerable groups. **We would like to see some reference to this wider evidence-base somewhere in the Guidance, to ensure that people are aware that the interventions referred to are not the only ones available.**	guidance. PHIAC also considered a board range of evidence from a panel of expert sand expert testimony. PHIAC did not consider (or request) submission of new evidence at this point of the guidance development.
UK Association of Infant Mental Health (AIMH-UK)	General		Related to the above point, many of the methods of promoting the social and emotional wellbeing of vulnerable children actually involve working with families outside the home environment (e.g. infant massage) or therapeutically (e.g. parent-infant psychotherapy) all of which were excluded by the remit on home-based interventions. For example, there is increasing evidence from rigorous studies that infant massage that is delivered to high-risk groups such as depressed mothers improves the social and emotional wellbeing of those babies. There is also evidence highlighting the benefits of parent-child psychotherapy particularly in terms of children exposed to severely compromised or traumatising environments or with	Comment noted – the remit of the guidance focuses on home and early education and childcare. Recommendations now include health visitors and midwives considering evidence based interventions to improve maternal sensitivity, including baby massage and video interaction guidance.

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			significant attachment problems, and for parents who are emotionally abusive or who have major depressive disorder. **We would like to see some reference made in the Guidance to these other methods of working.**	
UK Association of Infant Mental Health (AIMH-UK)				
UNICEF UK	General		The UNICEF UK Baby Friendly Initiative welcomes this guidance and its stated aims. The UNICEF UK Baby Friendly Initiative has extensive experience of working with maternity and health visiting services and children's centres to improve the universal services provided for pregnant women, new mothers and their families and our comments are based on this experience. Our key recommendations are that the guidance: • Make more explicit the need for universal services to align with and compliment targeted services • Make more specific reference to the importance of pregnancy and the very early post-birth period for developing strong mother baby relationships	Comments noted. Noted – provided for information. The guidance contains recommendations on services and professional working together across universal and more specialised provision, including recommendations on identification of vulnerable children in what would be expected to be initially universal services. The recommendations also include health and wellbeing boards should ensure arrangements

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			• Make reference to the importance of early care practices, including breastfeeding to the outcomes for vulnerable children. These are briefly discussed on the next pages.	are in place for integrated commissioning of universal and targeted services for children aged under 5 Recommendation 3 focuses on antenatal and postnatal home visiting for vulnerable children and their families. It includes assessment and intervention relating to attachment and parent-child relationship and parenting skills. Recommendation 3 includes parenting skill development and support. The guidance focuses on social and emotional wellbeing of vulnerable early years children, but it agreed that there may be other benefits of implementing the guidance eon the health of the child and quality of parenting practices.
UNICEF UK	General (continued)		Aligning universal services	The guidance contains recommendations on services and

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			The draft guidance does not clearly identify the importance of ensuring that universal services are aligned with and complement the more targeted services described. It appears that only *after* a child is identified as vulnerable, will support for parent–child relationship building be delivered. We believe that changing mindsets so that relationship building is seen as a priority for all babies (and particularly for those identified as vulnerable) rather than as an 'intervention' only for the vulnerable, would do much to provide a foundation on which to build the support services described in the guidance. This would also ensure that the "proportionate universal programmes" described by Marmot become a reality. The Healthy Child Programme clearly advocates an approach which will align well with the guidance in this document. However, it is not delivered in large areas of the UK. Maternity services have no such guidance and currently the majority of maternity services play a very limited role in supporting early relationship building.	professional working together across universal and more specialised provision, including recommendations on identification of vulnerable children in what would be expected to be initially universal services. In addition, recommendations include supporting families to be use other services such as those provided as part of the Healthy Child programme The recommendations also include health and wellbeing boards should ensure arrangements are in place for integrated commissioning of universal and targeted services for children aged under 5
UNICEF UK	General (continued)		<u>Pregnancy and the early post-birth period</u> The life course approach underpins the document, which is excellent. We suggested that this be expanded to include	Recommendation 3 focuses on antenatal and postnatal home visiting for vulnerable children and their families. It includes

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			pregnancy and the early post-birth period. Effective strategies to give all babies the best possible foundation for emotional and social wellbeing will, where possible, start in pregnancy (Marmot 2010). Therefore, we suggest that the guidance include the positive contribution that can be made by high quality maternity and health visiting services providing support for the transition to parenthood, through pregnancy and into the first months of life. Early post-birth practices such as skin-to-skin contact, support with responsive communication and breastfeeding form the foundation for strong mother-baby relationships, and their promotion and protection should be routine practice in maternity and health visiting services. Health and wellbeing strategies need to include a requirement that maternity, neonatal, health visiting and children's centres services provide support from pregnancy onwards with mother / parent baby relationship building and breastfeeding. To make this happen in reality, complementary standards specific to each service with audit and evaluation mechanisms are needed. Draft standards relating to relationship building and infant feeding for all relevant services can be seen at www.unicef.org.uk/babyfriendly.	assessment and intervention relating to attachment and parent-child relationship and parenting skills.
UNICEF UK	General (continued)		Breastfeeding We would recommend that the importance of protecting,	The guidance focuses on social and emotional wellbeing of vulnerable early years children, but it agreed

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			promoting and supporting breastfeeding is highlighted as an integral part of the preventative work that can take place to support the emotional wellbeing of all babies and in particular those that are vulnerable. Breastfeeding is associated with improved parenting outcomes, regardless of marital status or income level, but has also been shown to be particularly important for single and lower-income mothers, continuing to have a positive effect for these groups when their children were five years of age (Gutman 2009). In addition, breastfeeding is associated with: improved cognitive development (Kramer 2008, Sacker 2008), reduced risk of socio-emotional difficulties (Heikkila K et al 2010), less postnatal depression (Ip 2007) and less neglect (Strathearn 2009). Field (2010) identified breastfeeding as a key component of drivers of outcomes in childhood and young adulthood associated with birth.	that there may be other benefits of implementing the guidance eon the health of the child and quality of parenting practices. PHIAC did not consider evidence specifically on breastfeeding, but intensive home visiting by an appropriately trained nurse such as that provided according the Family Nurse Partnership, may include or indirectly provide support for breast feeding.
UNICEF UK	General (continued)		<u>Supporting references for general comments</u> Field F (2010). The Foundation Years: preventing poor children becoming poor adults. The report of the Independent Review of Poverty and Life Chances Gutman LM, Brown J, Akerman R (2009). Nurturing parent	References noted - PHIAC did not consider (or request) submission of new evidence at this point of the guidance development.

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			capability: the early years. Institute of Education, University of London.2009. Wider benefits of Learning Research Report no 30. Heikkila K et al (2010). Breast feeding and child behaviour in the Millennium Cohort Study. Arch Dis Child doi:10.1136/adc.2010.201970. Ip S, et al. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. Agency of Healthcare Research and Quality. Kramer MS, et al (2008). "Promotion of Breastfeeding Intervention Trial (PROBIT) Study Group. Breastfeeding and child cognitive development: new evidence from a large randomised trial." Archives of General Psychiatry 65(5): 578-584 Marmot M (2010). Fair Society Healthy Lives. Strathearn L, Mamun AA, Najman JM, O'Callaghan MJ (2009). Does breastfeeding protect against substantiated child abuse and neglect? A 15-year cohort study. Pediatrics. 2009 Feb;123(2):483-93.	
UNICEF UK	Recommendation 1	7	The guidance would be strengthened by the addition of the following points:	Recommendation 1 states that Health and wellbeing boards should ensure social and

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			• Health and wellbeing boards should ensure that the social and emotional needs of all children feature in the 'Health and wellbeing strategy' in order to ensure that the proportionate universal programmes advocated by Marmot (2010) are realised • Health and wellbeing boards should ensure that local services are encouraged to work in partnership to ensure services support and complement one another, that there are no gaps in services or unnecessary and expensive duplication • To support effective partnership working between agencies it is essential that health and wellbeing boards urgently address the need to develop effective information sharing protocols between agencies where these do not yet exist • Under bullet 2 which advocates *integrated commissioning of universal and targeted services for children aged under 5,* the aim should be to ensure that universal services play their role in supporting early relationship building and thereby enhance the social wellbeing of all babies and young children • Health and wellbeing boards should ensure that effective local plans to encourage and support increased breastfeeding are developed and implemented.	emotional wellbeing of vulnerable children is considered in strategy development – 'as one of the most effective ways of addressing health inequalities'. The scope of the guidance focuses on vulnerable children. Recommendation 1 also states that Health and wellbeing boards should ensure arrangements are in place for integrated commissioning of both universal (for all children) and targeted services for children under 5 years of age. Recommendations 2 and 5 state early years professionals should ensure systems are in place for information sharing. As stated above, the scope of the guidance focuses on vulnerable children The guidance aims to support vulnerable children and includes activities based on a 'curriculum' to support parent-child relationships, parenting skills and practice and evidence based interventions that improve maternal sensitivity. The guidance does not make

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				recommendations on breastfeeding, but implementing such programmes and tailoring or targeting interventions – where evidence based – are not excluded.
UNICEF	Recommendation 2	10	The guidance would be strengthened by the addition of the following points: • Health professionals providing antenatal and postnatal services should ensure that information about and support for parenting practices which enhance social and emotional wellbeing such as preparation for parenting in pregnancy, post-birth skin contact, keeping mothers and babies close, understanding newborn behaviours, responsiveness and breastfeeding are consistently integrated into services. Draft standards relating to relationship building and infant feeding for all relevant services can be seen at www.unicef.org.uk/babyfriendly • Health professionals providing antenatal and postnatal services should ensure that breastfeeding is protected, promoted and supported. Services should be in line with best practice guidance (Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households PH 11 (2011) and postnatal care guidelines CG 37 (2006)).	This advice is relevant to the universal services (which are also available to children and parents offered more targeted services). The guidance makes reference to the Early years foundation stage, which will be statutory in England. The EYFS statutory guidance and non-statutory supporting guides provide further detail on child development and assessment. The related guidance is listed in section 7

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Virgin Care	General	General	The established link between psycho somatic symptoms in both childhood and adulthood and social and emotional wellbeing in early years appears to have been omitted . This relationship is of huge financial significance to the health service – resulting in psychiatric liason services as well as extensive unnecessary and costly investigation. Secure relationships in early infancy contribute to the child and adults ability to manage their own physical symptoms. Common psychosomatic symptoms in childhood include abdominal pains and headaches.	Comment noted – (as above) the guidance focuses on identification of vulnerable children and targeted services to support the social and emotional wellbeing of those children. PHIAC agreed that implementation of the guidance may have other benefits on health and building of 'resilience' of vulnerable children.
Virgin Care	1	8	In para 2 under vulnerable children I feel social care, paediatrics and CAMHS should be mentioned in view of their responsibility toward siblings of children they see. Also community and voluntary sector incl charities such as Barnardos	Planning and commissioning should aim to ensure that vulnerable children are identified as early as possible by universal children and family services, these services may in social care, paediatrics and CAMHS (as well as, general practice, maternity services, health visiting, school nursing and all early years services). Recommendation 1 includes the voluntary, community and private sectors
Virgin Care	1	9	Social Care, children's centres and related networks, nurseries and childminders. Community and voluntary sector. Charities eg Barnardos .Paediatrics includes community and acute ie	These services are not specifically excluded

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			includes Physical Sensory and Learning Disability Teams	
Virgin Care	1	9	What action should they take? – listen to the voice of the children and young people and families and integrate their voice into service design by ensuring that people in decision making roles are fully engaged with ' Hear Our Voice' projects.	This guidance focuses on support of social and emotional wellbeing of children pre-birth to aged 5 years. Recommendations include sensitivity, avoiding stigma and considering culture of parents and children in providing services. Health and wellbeing boards (included in recommendation 1) membership is mandated to include 'Healthwatch' representatives to ensure views of users of services are considered.
Virgin Care	1	11	Health visitors, midwives or family support workers should provide or offer ..... apply to each paragraph..	This recommendation has been redrafted and provides a clear indication of the action to be carried out.
Virgin Care	1	13	School readiness is an Every Child Matters Outcome and is everybody's business- ie everyone should take action- CAMHS staff have a responsibility to be available as an Outreach service to all Early Years professionals , Health Visitors have a responsibility toward children who have social or emotional difficulties and share the vision of school readiness with LA children's services, child minders etc. What action should they take: Include ' Hear Our Voice' ie	Recommendation 4 includes providing services based on an ethos of openness and inclusion, that develop positive, interactive relationships and 'ensure parents and other family members are fully involved' (including service provision).

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			ensure engagement with children young people and families and use this engagement to inform service redesign. Personal budgets/ personalisation as per SEND paper.	
Virgin Care	1	14	Service providers including private companies successful in bids for children's services.	Early year settings provided by private companies are included in the recommendation
Virgin Care	1	15	Involve parents , carers , children and young people in determining the additional help and support they need etc – para 1 and 3 under what action should they take	Recommendation 5 includes involving parents in improving services and asking parents about their needs and concerns
Virgin Care	1	16	Service providers including private sector	The guidance is applicable to private sector providers. This is highlighted in the introduction to the guidance '…. local authorities (including education), the NHS, and the community, voluntary and private sectors'
Virgin Care	1	17	Activities should include ' hear our voice' projects as per organisations such as Young Devon, Barnardos, Participation Projects , Action for children	Comments noted. The recommendations include involving parents in service evaluation and improvement.
Virgin Care	2	18	Benefits of social and emotional wellbeing - include psychosomatisation. RCGP would be able to provide evidence base for this if required.	Comment noted, thank you - PHIAC did not consider (or request) submission of new evidence at this point of the guidance development.

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Virgin Care	2	20	Psychosomatic illness extremely costly to both primary and secondary care – unnecessary investigation, outpatient app'ts, inpatient investigation and treatment.	Comment noted - the guidance focuses on identification of vulnerable children and targeted services to support the social and emotional wellbeing of those children. PHIAC agreed that there may be other benefits of intervention to support social and emotional wellbeing and that early intervention can provide a good 'return on investment' in terms of avoidance of other difficulties and resource use later in life.
Weston Area Health NHS Trust	Recommendations 1-3		There is a need for more local CAMHS services to consider putting more resources into the early years from 0-5 if we are to meet the requirements of this NICE guidance. Whilst many CAMHS nationally have a specific service for infant mental health and early years many (including my local one) seem to have a main interest in the older age groups as a priority.	Comment noted – the guidance includes recommendations aimed at mental health services (perinatal, child and adolescent and adult). Implementing the guidance should support access to services for early years children within CAMHS (where appropriate).
Weston Area Health NHS Trust	Recommendations 1-3		I also believe that every area Health Visiting service should be considering placing more emphasis on training and employing more specialist HVs working in conjunction with CAMHS services in this vital area, again as the guidance is suggesting.	Comment noted – thank you.

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Weston Area Health NHS Trust	“ Recommendatins 1-3		A wealth of research globally continues to expand our knowledge and is showing us the importance of early interventions and how vital the early years of life are on the developing infant brain and that there can be considerable cost effectiveness of such both in monetary and societal areas, by concentrating resources in this area.	Comments noted - Comment noted – PHIAC consider cost effectiveness along with other factors in developing its recommendations. It may also consider broader society benefits.
Weston Area Health NHS Trust	general		I work as a HV for my employers who have recently become a social enterprise, I have completed post grad CAMHS training over the past 6yrs and am seconded one day a week into the local CAMHS with a remit of early years work. Our CAMHS has no dedicated infant mental health specialist service as such and there are only a few practitioners who work specifically in the 0-5 age range. Our lead/Consultant Nurse has always been very active in championing early intervention services and was active several years ago in developing jointly with the HV teams a maternal mental health pathway and screening tools. HVs in our social enterprise assess all mothers at 6-8wks post natally, using specific tools (Had & Mors) and the assessments are repeated again at 1yr. Dependent on scores a pathway is adopted which could be referral on the adult MH/GP/ Listening Visits and a package of parent interventions as available (this provision has been reduced in past two years due to resources).	Comment noted.

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Weston Area Health NHS Trust	general		After much campaigning we now have an adult mental health specialist within the HV team and again work with adult services to use their expertise with mother s needing extra support. However we have been unsuccessful in establishing a full time post to work with the infants of those mothers After much hard work and lobbying of managers and stakeholders by our perinatal steering group we also have within the CAMHS service, access to parent child relationship clinics with Watch Wait & Wonder and Theraplay and use the interactive video methods considerably in this work (as recommended by the NICE guidance). Currently we also have a pilot in place in collaboration with midwives to detect expectant mothers showing high levels of stress and anxiety and are looking to offer them quicker intervention and support and plan to start Mellow Bumps courses. We also offer other Mellow groups i.e. Mellow Babies, Mellow Parenting and also the Incredible Years parenting programmes, though again limits on resources mean we never meet all the needs out there.	Comments noted.
Weston Area Health NHS Trust	general		There are never enough resources and due to financial constraints in the last two years our offer has had to be reduced across the area with less parenting groups and less complimentary packages available across the area covered.	Comments noted – PHIAC considered the interventions recommended are cost effective for vulnerable children. PHIAC noted

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			There are a range of reasons for this, within the SE our HV teams are commissioned to provide certain specific services and commissioners are not commissioning us to provide post natal and antenatal groups or parenting groups from within the HV service and tend to rely on the local authority for parenting groups though there is some collaboration with the CAMHS early years staff as well. Our SE is still to sign up to the FNP programme and we currently are only offering a similar type service on a much smaller scale and without any additional training being offered to those involved	that the Allen reviews ((see references) set out a strong economic case for early years 'preventive' services. The reviews showed that the greatest cost savings could be achieved by intervening during the early years of life.
Weston Area Health NHS Trust	General		We have people trained to offer PEEP, Parenting Groups, Post/Ante natal groups and baby massage within our HV service but we cannot currently offer this due to commissioning requirements and financial constraints. Our area has within it considerable areas of deprivation and need and children living in disadvantaged circumstances. I am lucky enough to now be based in a children's centre believe there is great value in HV teams being based within CCs as there is such opportunity to build partnerships and joint working. This guidance is much needed and I hope will signal to commissioners the need to consider more fully the implementation of and funding for greater provision of early intervention services and support for families where there is risk to the social and emotional wellbeing of vulnerable children under 5.	Comments noted – thank you.

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Wiltshire Council	General		We agree with all the recommendations – the draft guidance includes things we already do in Wiltshire and some very helpful suggestions for better integrated working.	Comment noted – thank you.
Wiltshire Council	General		We are attempting to integrate the new Early Years Foundation Stage development check at 24-36 months for children in childcare with the 2 year 3 month Heath Visitor group contact in order to have a rounded picture of the child. We will need to consider how the families who do not attend are picked up under the umbrella of safeguarding.	Comment noted – the guidance should be used in conjunction with local safeguarding practices and prioritising the needs of the child.
Wiltshire Council	General		There is a gap in the involvement of fathers in their partner's pregnancy and possibly a gap in their role in antenatal visits which needs attention.	Thank you – the guidance has been redrafted to better represent the role of the father and use wording that applies to all parents. This includes recommendations and a description of PHIAC's consideration (section 3.6 and 3.7).
Wiltshire Council	Page 6		Under the definition "vulnerable", should it state children with Special Educational Needs and disabilities?	The definition of vulnerable now includes children with a disability.
Wiltshire Council	Page 16		We do not have an integrated Health and Early Years data system and are not sure how this could be achieved or what could be used for this purpose. We agree that better communication is needed regardless of data.	Some information sharing systems may already be in place (such as for the common assessment framework), others may require development. Comment noted – thank you.
Wiltshire Council	Page 17		In Wiltshire, we have altered the criteria for referral for 2 year old	Comments noted

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			childcare places so that it matches the health visitor universal partnership plus criteria for their enhanced package of support which gives us access to the most vulnerable children as they approach their 2nd birthday. The referral form requires evidence of a CAF and each funded 2 year old has a TAC. The family is required to engage with their children's centre.	