National Institute for Health and Care Excellence

Centre for Guidelines

Surveillance programme

Surveillance review consultation document

No update proposal for PH40: Social and emotional wellbeing: early years

Background information

Guideline issue date: October 2012

This guideline covers supporting the social and emotional wellbeing of vulnerable children under 5 through home visiting, childcare and early education. It aims to optimise care for young children who need extra support because they have, or are at risk of, social or emotional problems.

Surveillance proposal for consultation

- We will not update the guideline at this time.

Reason for proposal

Two literature searches were undertaken, which identified new evidence from 36 studies (see Appendix 1):

1. A quantitative search strategy considered intervention only studies around resilience, mental wellbeing and transitioning in children, published from 2012 onwards.

2. A focused search considered intervention only studies around wellbeing pre-birth published from 2012 as experts and policy documents highlighted that “early years” starts in the womb.

The included evidence did not have an impact on the guideline recommendations.

We considered the views of topic experts, including those who were involved in the development of the guideline and other correspondence we had received since the publication of the guideline.

We checked for ongoing and newly published research from NIHR and Cochrane and new policy developments. No new evidence was identified which would invalidate the guideline recommendations.

Overall decision

After considering the guideline content, the views of internal teams within NICE and external experts, the Surveillance team recommend that Social and emotional wellbeing: early years (PH40) does not require an update at this time.

For details of the process and update decisions that are available, see ensuring that published guidelines are current and accurate in 'Developing NICE guidelines: the manual'

Appendix 1

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
PH40 Recommendation 1 Strategy, commissioning and review evidence statements 1.1, 1.2, 1.4, 2.ES1, 2.ES3; Additional evidence expert report 1, expert report 2; expert testimony: PREview project		
Two RCTs[1,2] looked at targeted and universal interventions for improving development and behaviour. One RCT[1] was identified that compared a targeted intervention called the Strong Start Pre-Kindergarten intervention (involving 10 lessons over 35 minutes presented over 10 weeks for 3 days each week) to usual care. The lessons were around the following subjects: The Feelings Exercise Group, Understanding your Feelings, When You're Angry, When You're Happy, When You're Worried, Understand Other People's Feelings, Being a Good Friend and Solving People Problems. The participants (n=11) were randomly assigned to the treatment or control group and were followed up 3 weeks after cessation. Results did not show a significant improvement in behaviours however there was a trend towards improved behaviour in the intervention group. Both the treatment and control group showed a decrease in aggressive interactions. One RCT[2] evaluated child centred play therapy in children (n=54) who had disruptive behaviour. Children either received the intervention or a control which involved reading mentoring. Those in the intervention group had a decrease in disruptive behaviour (p=0.05) and a decrease in aggression and attention problems (p=0.025)	None	**New evidence was identified that does not have an impact on the recommendation.** Recommendation 1 cites the Health and Wellbeing Strategy focusing on child development, readiness for school and mental and behavioural problems. It discusses the Joint Strategic Needs Assessment (JSNA) and commissioning services for children at risk. These studies showed a number of targeted and universal interventions for improving development and behaviour that support the current recommendations.
PH40 Recommendation 2 Identifying vulnerable children and assessing their needs evidence statement 3.1; Additional evidence expert report 1; expert testimony: PREview project		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
None	None	**No new evidence was identified, no changes**
PH40 Recommendation 3 Antenatal and postnatal home visiting for vulnerable children and their families evidence statement 1.1, 1.2, 1.4, 2.ES1, 2.ES3, 2.PS1, 2.PS2, 2.PS3; Additional evidence expert report 1, expert report 2; expert testimony: Family Nurse Partnership		
Thirty four studies (1 MA[3], 4 SR[4-7] and 29 RCTs[8-36]) were identified that assessed the effectiveness of parent infant programmes (PIP), including home based programmes both prenatally and postnatally. Out of these studies eight (1 SR[7] and 7 RCTs[18,29-34]) did not show any difference in effectiveness between the PIP intervention and the control. The remaining 25 studies (1 MA[3], 3 SRs[4-6] and 22 RCTs[8-17,19-28,35-36]) showed that there were improvements in parental practices, child behaviour, mental health, emotional problems, parent/child attachment/adjustment and child safety. Two studies[35-36] looked at the intervention of video feedback to promote parent/child interaction. <u>Parent-infant programmes</u> <u>Effective studies</u> A systematic review[4] of 21 studies from USA, UK, Canada, Australia, Mexico and Peru involving 3161 parents and children evaluated the effectiveness of group based parenting programmes to improve emotional and behavioural adjustment in young children and prevent emotional and behavioural problems. The studies involved behavioural, cognitive-behavioural or videotape modelling programmes. The group based parenting programmes reduced externalising behavioural problems (SMD -1.34 95% CI -2.37--0.31). There	Public Health England (PHE) encouraged the inclusion of health visitors and their role in maintaining social and emotional wellbeing both prenatally and postnatally. PHE also believed that there should be more around parental attachment, maternal mental health and the early year in the womb. There was a request to attempt to join up NHS, Maternity and Early Years Services as well as build capacity and resilience within children. In 2016 a Quality Standard was published entitled Early years: promoting health and wellbeing in under 5s. Quality Statement 1 discussed 5 key contact that under 5s are meant to receive that are not mentioned in the PH40 guideline. Quality Statement 2 discussed an integrated review when the child is 2-2.5 years old and this is also not mentioned in the PH40 guideline. The guideline overview page provides links to the Quality Standard Early years: promoting health and wellbeing in under 5s QS128 There was ongoing research found in regard to parenting interventions. The THRIVE study[37] is a 3-arm longitudinal randomised controlled trial which plans to evaluate the efficacy of two parenting interventions, Enhanced Triple P for Baby and Mellow Bumps by comparing them against the routine care provided to vulnerable women during pregnancy (care as usual). Its	**New evidence was identified that does not have an impact on the recommendation.** Recommendation 3 states that professionals should offer home visits and evidence based interventions to support parents and their children. There should be co-working between professionals and any other services that families may be using. The new evidence indicates, that overall parenting programmes are effective in improving behaviour. The evidence confirms that the parenting programmes discussed in the Healthy Child Programme could be useful interventions. There is also evidence from four RCTs to show that prenatal interventions such as Family Foundations, with parents and families can be effective at improving parental behaviour, child behaviour and mental health and therefore this again confirms that prenatal interventions discussed in the Healthy Child Programme could be useful. The role of health visitors and the interventions identified by PHE are all addressed by the Healthy Child Programme which is currently recommended within recommendation 3. It is noted that the guideline should have a hyperlink to the Healthy Child Programme so that the resource can be readily accessed. Two studies also reported that video interaction interventions already noted in the current guideline recommendation are effective.

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
was a reduction of negative behaviour (SMD -0.22 95% CI -0.39--0.06) and improved positive behaviour (SMD 0.48 95% CI 0.17-0.79). A systematic review[5] of 14 RCTS on the Incredible Years Parenting programme in Europe (n=1799)noted that parental use of praise, corporal punishment, threats and shouting improved after the intervention however parental use of rewards, monitoring or laxness did not improve. There were improvements in children conduct problems and attention deficit hyperactivity disorder symptoms, however there were no improvements in emotional problems or parental mental health. One RCT[8] looked at children and mother outcomes (n=52) in Portugal where mothers had received Incredible Years parent training. It was found that there was a decrease in self-reported dysfunctional parenting practices and an improved sense of competence and positive parenting. After 12 months it was reported that AD/HD behaviours fell by 30% in 59% of children. One RCT[9] involved the Triple P (Positive Parenting Programme) where 17 preschools, 280 families were assigned to either the intervention or the control group. Those in the intervention group reported significant reductions in dysfunctional parenting behaviour after 4 years. Mothers also reported an immediate improvement in child behaviour in the intervention group, however this was not significant after 4 years. In one RCT[10], 83 families were assigned to either a parent training programme called Incredible Years aiming to improve positive relationships between parents and children or the control group. They were	aim is to see what is the most effective in reducing mother's anxiety, depression and irritability and improving outcomes for children. The results are due to be published in January 2018. Further ongoing research was found in regard to the effectiveness and cost-effectiveness of the Family Nurse Partnership home visiting programme[38]. Results are due to publish in December 2018. Another ongoing trial that looks at parenting programmes, specifically the Incredible Years Programme is considering whether the programme makes a difference to families[39]. The results will publish in July 2019.	

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
evaluated immediately after the intervention and also 6 months and 12 months after. It was noted that children's behaviour improved significantly in the intervention group and were sustained at 12 months follow up. In one RCT[11], 112 families with new-borns were randomised to the incredible years parent and babies programme or usual care. The intervention aimed to improve parenting confidence however there were no significant differences here. The mothers in the intervention group who were highest functioning had significantly lower stress levels. An RCT[12] of a legacy for children intervention in low-income families to improve child behavioural and socioemotional outcomes involved 574 mother child pairs and assessments and took place at 6,12,24,36,48 and 60 months of age. The legacy intervention involved meetings for mothers where they develop and explore parenting goals alongside other mothers. Those in the intervention group were at lower risk for behavioural concerns at 24 months and lower risk of socioemotional problems at 48 months, and lower risk of hyperactive behaviour at 60 months. A meta analyses[3] of 19 studies was conducted which involved a dyadic intervention with the aim of improving the parent-infant relationships and promoting infant attachment and development. There were no effects on parental depression from the parent infant programme however there were improvements on infant attachment (RR 8.93 95% CI 1.25-63.70) and a reduction in avoidant attachment style (RR 0.48 95% CI 0.24-0.95). There was also an increase in infants moving from insecure to secure attachment (RR11.45 95% CI 3.11-42.08).		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
One RCT[13] involved a short term, brief, universal transition to parenthood intervention (Family Foundations). There were 399 couples randomly assigned to the intervention or control and followed up after 10 months. It involved nine sessions, five prenatal and four postnatal psychoeducation programmess delivered in small groups. The intervention couples showed better outcomes than the control couples in regard to co-parenting, parent mental health, child adjustment and family violence. A systematic review[6] of 13 trials of 1078 participants looking at parent training to help child conduct problems concluded there were statistically significant improvements in parent mental health in the intervention groups and improvements in parenting skills. There were also significant reductions in negative or harsh parenting practices. One RCT[14] involved a 6 session group parenting programme for children with behaviour problems. It targeted parent emotion awareness, regulation and emotion coaching skills with 54 parents being randomised to the intervention or treatment as usual. Parents in the intervention group reported greater empathy and improved emotion coaching skills. Children from the intervention group had greater emotional knowledge and reduced teacher-reported behaviour problems. In one RCT[15], 2704 infants were randomly assigned to the intervention or to the control group. The intervention involved the creation of a Child Development Account to encourage lifelong savings. It was found that at the age of 4 years the intervention had positive effects on social-emotional		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
development for children and this was higher among low-income households (P=0.04). In one RCT[16] the intervention aimed to enhance the parent/child relationship and decrease parental stress and harsh parenting. There were 142 parents randomised into the intervention and control group. Those in the intervention group had reduced harsh parenting and improved parent/child relationships. Parental stress scores did not differ. In one RCT[17] the 105 adolescents and partners were randomised to the intervention or the control and were assessed 12 weeks and 18 months after birth. The intervention was the Young Parenthood Program which was a 10 week counselling programme during pregnancy with the aim of developing interpersonal skills development and positive parenting among adolescent parents. Fathers in the intervention group had improved positive parenting. <u>Non effective</u> A systematic review[7] looking at the effectiveness of PIP in improving parent infant relationships concluded that PIP showed no significant differences compared to other similar interventions in the 8 studies identified. No further details around the interventions were provided. One RCT[18] looked at the outcomes of parent infant programmes (PIP) for parents who experienced mental health problems. Dyads (n=72) were randomly allocated to the intervention or control. There were no significant differences between infant development, parent-infant interaction or maternal reflective functioning. There were significant differences in regard to maternal mental health,		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
parenting stress and parental representation of their baby in the intervention groups. <u>Home based programmes</u> <u>Effective</u> An RCT[19] which involved a home-based adaptation of Parent-Child Interaction Therapy which aimed to improve behaviour and stress compared to standard care was implemented on 60 infants considered high risk due to being poor or from ethnic backgrounds. Infants in the intervention group were more compliant to maternal commands and had reduced behavioural problems. Mothers showed higher positive and lower negative behaviours when playing with their child. There were no differences in regard to stress. Another RCT[20] (n=704) involved a home visiting programme for first time adolescent parents who received advice on parenting, child development, educational attainment, family planning and maternal health and wellbeing compared to the control. Those in the intervention group had positive improvements in parent stress, partner violence and engagement in risky behaviours. One RCT[21] (n=60) involved a home-based adaptation of Parent-Child Interaction Therapy intervention on infant language production. Families received the intervention or standard care. Those in the intervention group had significant decreases in behaviour problems which led to increases in infant language production. It was noted that there is an association between behaviour problems and language impairment.		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
An RCT[22] involving mothers in a home start group (n=59) received the intervention for 6.6 months and were compared to a comparison group (n=56) and a randomly selected community sample (n=36). Those in the intervention group reported an improvement on feelings of competence, consistent and non-rejecting parenting behaviour and internalising and externalising problem behaviours. In one RCT[23] a total of 4777 babies were assigned to the intervention or control and 80% participated. The intervention was entitled Durham Connects and involved 4-7 home visit sessions to assess family needs and connect parents with the community. Those in the intervention group reported fewer infant emergency care episodes (59% lower), more community connections, more positive parenting behaviours and lower rates of anxiety. One RCT[24] enrolled 361 high risk mothers with half attending home visitation coaching programmes of 55 sessions and half having monthly phone calls from a coach, printed materials and community resource referrals. Mothers in the intervention group showed higher levels of contingent responsiveness and verbal stimulation and decreased levels of negativity after 24 months. Children from the intervention group had higher levels of engagement with the environment and expressive language skills and social engagement. One RCT[25] involved 152 low income families randomly assigned to the intervention or the comparison. The intervention was called the Infant Mental Health Home Based Early Head Start programme and focused on family functioning aiming to improve supportive relationships between children and parents. Those in the intervention group had		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
healthier psychological and family functioning between 2 and 5 years after the intervention. In one RCT[26] 600 mothers and children were randomised to prenatal/infancy nurse home visits and were followed up 18 years later, compared to a control group. Children whose mothers had been in the intervention group and had high self-efficacy were better behaved at 2 years of age. Poor maternal health affected externalising disorders in infants up to 12 years. In one RCT participants[27] (n=755) were randomised to receive regular home visits or standard community services. The intervention group had small positive effects on parental self-efficacy, social support and knowledge on child rearing. High risk mothers in the treatment group reported more social support overtime and the children had higher developmental scores compared to the control group. In one RCT[28] (n=2253) participants were referred to the HANDS intervention which involved home visiting for first time high risk mothers and received a mean of 12.9 home visits, or to the control group who had no visits. Those in the intervention group were significantly less likely to have reports of child maltreatment compared to the controls and had an increase in adequate prenatal care and a reduction in maternal complications in pregnancy. Outcomes improved as prenatal home visits increased. <u>Not effective</u> One RCT[29] involved 93 depressed mothers between 2 and 10 months post-partum who randomly received either In Home Cognitive Behaviour Therapy plus home visiting or standard home visiting. There were		

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no differences between the groups on parenting and child adjustment. In one RCT[30], 190 women at risk of postnatal depression were randomly assigned to receive the intervention from health visitors or the control. The intervention involved 11 home visits, 2 antenatal and 9 postnatally. The mothers were assessed at 8 weeks, 18 weeks, 12 months and 19 months post-partum. The intervention had no impact on maternal mood, quality of parenting behaviours or infant outcomes. One RCT[31] (n=not stated in abstract) involved parents from socio-economically disadvantaged communities being randomly assigned to an intensive 5 year home visiting parenting programme or a control group. The intervention had no impact on global wellbeing or parenting stress. In one RCT[32] families (n=643) were randomly assigned to home visits or control group. The intervention group received intensive services by trained paraprofessionals for 3 years. Children were monitored at 1,2,3 and 7,8,9 years old. There were no significant differences between the groups. In one RCT[33] pregnant women (n=530) were assigned to the intervention group involving nurse or community health worker home visitation or standard community care which included nurse home visitation. There were no differences in overall child health between the two groups. In one RCT[34] 823 women in the UK were randomly assigned to receive the Family Nurse Partnership (FNP) intervention and 822 were assigned to usual care. The intervention involved up to 64 structured		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
home visits from pregnancy to the child's second birthday. In the intervention group 81% of assessed children attended an emergency department or hospital compared to 77% of standard care. The FNP had no additional short term benefit to outcomes. Video feedback An RCT[35] of a video feedback intervention to promote positive parenting and sensitive discipline involved 43 families and mothers being observed at home and then reporting on family functioning. Compared to the control group the intervention group had improved parent child interactions and positive family relations. In one RCT[36] 75 families received the intervention and 57 families had treatment as usual. The intervention involved video feedback of infant-parent interaction in a naturalistic setting where videos were taken before treatment, immediately after treatment and 6 months after treatment. There was a short term improvement in depressed parents from the intervention group on parent/child interaction. There were also long term positive effects noted.		
PH40 Recommendation 4 Early education and childcare evidence statement 1.3, 2.PS1, 2.PS2; Additional evidence expert report 1, expert report 2		
None	None	None
PH40 Recommendation 5 Delivering services evidence statement 2.ES3, 2.PS1, 2.PS2, 2.PS4; Additional evidence expert report 1		
None	None	None
Research Recommendations – PH40		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
How effective are interventions to promote social and emotional wellbeing among, and reduce the vulnerability of, different groups of vulnerable children aged under 5 years?		
None	None	None
How can the factors that pose a risk to, or protect, the social and emotional wellbeing of children aged under 5 years be identified and assessed to determine how children can benefit from different interventions?		
None	None	None
What approaches can be used to ensure fathers and grandparents help protect or improve the social and emotional wellbeing of vulnerable children aged under 5 years?		
None	None	None
What types of home-based intervention are effective in promoting the social and emotional wellbeing of vulnerable children aged under 5 years without involving the parents? (This could include childcare provided by other family members or childminders.)		
None	None	None
How can interventions which have been proven effective in other countries be assessed for their cultural relevance to the UK? What measures should be used to assess how transferrable they are?		
None	None	None
RR – 06 What organisational mechanisms can ensure interventions to improve the social and emotional wellbeing and 'readiness for school' of vulnerable children aged under 5 years are effectively implemented? How do these differ according to the local context?		
None	None	None
RR – 07 What are the short, medium and long-term economic benefits of interventions aimed at developing the emotional and social skills of vulnerable, preschool children – for the individual, family and wider society? How should these be assessed?		
None	None	None
RR – 08 What indicators and datasets should be used to measure and predict social and emotional wellbeing over time? Which indicators and datasets can be used to assess the long-term benefits of interventions aimed at improving the social and emotional wellbeing of vulnerable children aged under 5 years?		
None	None	None
Gaps in the evidence – PH40		
There is limited UK evidence on the effectiveness of interventions (home visiting, childcare and early education) to improve the social and emotional wellbeing of vulnerable children aged under 5 years.		

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
A systematic review[4] of 21 studies from USA, UK, Canada, Australia, Mexico and Peru involving 3161 parents and children evaluated the effectiveness of group based parenting programmes to improve emotional and behavioural adjustment in young children and prevent emotional and behavioural problems. The studies involved behavioural, cognitive-behavioural or videotape modelling programmes. The group based parenting programmes reduced externalising behavioural problems (SMD -1.34 95% CI -2.37--0.31). There was a reduction of negative behaviour (SMD -0.22 95% CI -0.39--0.06) and improved positive behaviour (SMD 0.48 95% CI 0.17-0.79). A lot of the studies used were of poor quality. In one RCT[34] 823 women in the UK were randomly assigned to receive the Family Nurse Partnership intervention and 822 were assigned to usual care. The intervention involved up to 64 structured home visits from pregnancy to the child's second birthday. In the intervention group 81% of assessed children attended an emergency department or hospital compared to 77% of standard care. The FNP had no additional short term benefit to outcomes.		There was one RCT found that was conducted in the UK that looked at home visiting which partially addresses this gap. There were no significant improvements for children's health from this intervention. There was a systematic review which looked at five studies conducted in the UK which showed that parenting programmes improved behaviour in the intervention group participants. It is suggested that the gap still remains as there is still limited UK evidence on this subject.
There is limited UK evidence on the cost effectiveness of early interventions to improve the social and emotional wellbeing of vulnerable children aged under 5 years. This includes evidence on the distribution of costs and benefits across all relevant sectors including health, education, social care, welfare and criminal justice.		
None	None	None
There is a lack of nationally agreed definitions and measures of vulnerability and risk relating to the social and emotional wellbeing of children aged under 5 years. This makes surveillance, planning and evaluation difficult.		
None	None	None
There is limited evidence on the effectiveness of different methods of delivering early interventions.		
None	None	None

Summary of new evidence from 4-year (PH40)	Summary of new intelligence from 4-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
There is limited evidence on the differential impact of early interventions on the social and emotional wellbeing of particular groups of vulnerable children aged under 5 years and their families. (This includes, for example, the impact on particular minority ethnic groups and on children whose parents have mental health problems.)		
None	None	None

Appendix 2 References

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