Final version

NICE

# Fieldwork report on draft guidance: the social and emotional wellbeing of vulnerable children (early years).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

June 2012

CordisBright
Consulting

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# 1 Executive summary

## 1.1 Background and aims

This report presents the findings of fieldwork with a range of professionals involved in working with vulnerable children under 5 and their families. This fieldwork tests the relevance, use and ease of implementation of the NICE draft recommendations. The findings of the fieldwork will inform the final NICE guidance and recommendations on the social and emotional wellbeing of vulnerable children under 5 and their families.

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

- Strategy, commissioning and review
- Identifying vulnerable children and assessing their needs
- Pre- and postnatal home visiting for vulnerable children and their families
- Early education and childcare
- Managing services
- Delivering services

The NICE methods manual for developing public health guidance provides the following description about the role of the fieldwork stage in helping to further develop draft guidance:

'*The fieldwork phase tests how easy it will be for policy makers, commissioners and practitioners to implement the draft recommendations and how the recommendations will work in practice*'[1]

More about the purpose of the fieldwork can be seen in Section 2 of the report, with a detailed methodology outlined in Section 3 of the report.

## 1.2 Summary of main findings

Overall professionals welcomed and were positive about the NICE recommendations in relation to the social and emotional wellbeing of vulnerable children (early years). This summary presents an overview of key improvements that professionals discussed which may further strengthen the NICE recommendations.

[1] See: Methods for the development of NICE public health guidance (second edition), April 2009.

### *Clarity of purpose of the recommendations*

Professionals made the following overarching improvement suggestions:

- The rationale and purpose of the recommendations needs to be spelt out more clearly to provide the recommendations with a context as to why they are needed. This includes NICE setting out what the aims and objectives of the recommendations are hoping to achieve.

- Linked to the above point, some professionals would like NICE to be more explicit about how it expects implementing the recommendations will help improve the social and emotional wellbeing outcomes of vulnerable children and their families.

- Professionals would like the recommendations to be more explicitly linked, or provide sign-posts, to the current policy environment and importantly to existing statutory guidance.

### *Improving definitions and language*

Professionals felt improving definitions used in the recommendations and addressing some language issues would help strengthen the draft NICE recommendations:

- Professionals strongly felt that the definition/description of “vulnerable children” used in the introduction to the recommendations needs to be improved. There were concerns that there is no clear rationale as to why some “risk factors” are included in the definition and why others are not. Some professionals felt that an approach to defining vulnerability using a risk-based approach utilised in the Cabinet Office’s “Think Family” research could help strengthen the NICE definition. There was also discussion that NICE could outline the size of the population of vulnerable children the recommendations are aimed at. Some professionals pointed out that uncertainty around the target audience of vulnerable children risks weakening the recommendations.

- Professionals felt that certain terminology should be clarified and refined throughout the recommendations, including:

    - There was a call for NICE to change the use of “mother (or primary carer)” as a synonym for primary carer in the recommendations. There were also concerns that in some places the use of “mother” was inconsistent with other terms including parents and family being used. Linked to this there are occasions where some recommendations are explicitly aimed at the birth mother, but the term mother is used which can create confusion.
    - Some professionals suggested NICE should use parent and carer in place of “mother”. Other professionals were concerned that the role of the father could be usefully made more explicit in some of the recommendations.
    - The recommendations could be strengthened by defining which professionals make up certain groupings used in the recommendations. For example, which professionals make up “early years professionals”, “managers of early years services”, “health and early years professionals”?

  - To address uncertainty in terminology and language, some professionals felt that the NICE recommendations could utilise a glossary to ensure that key terms are defined to help professionals from different backgrounds to achieve a shared understanding of commonly used wording. This glossary could also explain what the "healthy child programme" is and what local "health and wellbeing boards" are.
  - Specifically in relation to draft NICE recommendation 3, the meaning of the term "programme" needs clarifying. In all discussion groups this caused confusion among professionals.

- Professionals felt that the *"who should take action"* sections throughout the recommendations could be strengthened. This included improvements such as: (a) ensuring that the focus is on groups of professionals – sometimes this varies to the use of programmes and groups of professionals that are not well-defined (e.g. Children's Centres, The Healthy Child Programme), (b) some terminology could usefully be changed, for example, some professionals preferred the use of local safeguarding arrangements or local safeguarding children boards rather than child protection services, and (c) improving consistency between *"who should take action"* in each section. This may include a rationale for why certain professionals have been highlighted. As well as this there was some concern that currently professionals are identified in one recommendation but not in others where they may also be deemed to be appropriate to take responsibility.

- Professionals suggested the recommendations could be strengthened by taking a "whole family" approach. This was because it should be recognised that the social and emotional wellbeing of vulnerable children does not occur in isolation, they are impacted on by their family circumstances and backgrounds. For instance, vulnerable children are not born vulnerable they become vulnerable often because their parents and carers are vulnerable.

### *Improving the flow of the recommendations*

Professionals felt that the flow of the recommendations could be improved. Some professionals reported that the recommendations currently appear to be a bit disjointed, whilst one professional felt the recommendations felt as if they had been written by different people. Ways suggested to improve the flow include:

- NICE should ensure a consistent approach to the *who should take action* sections.

- Ensuring that the purpose, aims and objectives of the recommendations and what outcomes they are hoping to address are more clearly stated.

- Ensuring a balance is more clearly struck between what some professionals described as very high-level or general recommendations and very prescriptive recommendations.

- There were also some concerns that issues, including resourcing and training issues, for later recommendations were not included in recommendation one.

- Some professionals were concerned that the recommendations do not spell out clearly, or flow, in terms of which interventions should be targeted and

which should be universal. For example, is the NICE recommendation in relation to home visiting suggesting provision should be part of existing universal health visiting services, targeted services in addition to universal health visiting services, or does the recommendation supersede current arrangements? Some professionals also noted that recommendation four fluctuates between universal and targeted provision in relation to early education and childcare and sometimes the relationship between which are targeted and which are universal is not clear.

### *Addressing resource and capacity issues*

Professionals recognised that the recommendations, if implemented, would have significant implications in relation to resources and put pressure on capacity in the context of an increasingly challenging financial environment. They would like the NICE recommendations to acknowledge this. Discussions in relation to resources and capacity came up in relation to every recommendation.

### *A clearer emphasis on multi-agency working*

Professionals felt that the recommendations currently *assume* that multi-agency working and cooperation will take place in order to implement the recommendations. However, professionals felt that the recommendations could be strengthened by clearly stating and identifying the need and importance of effective multi-agency working for the recommendations to be implemented effectively.

Professionals discussed other ways the NICE recommendations could be strengthened in relation to multi-agency working:

- Some professionals felt the NICE recommendations should include a clear description of different professionals' roles and responsibilities to help professionals achieve a shared understanding. It was felt that this could assist professionals work in a more joined-up way. This could be set out in a glossary, for example.

- Professionals would like the recommendations to be more explicit about the role and make-up of Health and Wellbeing boards including what the make-up of them is. Some professionals felt NICE could be more specific about the role and responsibilities of Health and Wellbeing boards in terms of their commissioning and performance management responsibilities in relation to the social and emotional wellbeing of vulnerable children.

### *Turning the recommendations into practice*

Professionals highlighted the following in terms of how the recommendations could be strengthened to help implementation:

- Professionals would like more "real" life examples of practice that works, as well as explicit references to the evidence base to help them implement recommendations. These should be interwoven into the text of the recommendations. This could also be in the form of signposting or links to other sources.

- Professionals would like a clearer steer for who is responsible locally for implementing the recommendations. Linked to this some professionals would also like the recommendations to include guidance on how the NICE recommendations can be cascaded from senior and strategic managers to front-line professionals.

- Throughout the recommendations professionals would like further specific steer in what types of outcomes they should be aiming to address, what types of data they should collect to demonstrate outcomes and also what types of steps they can take to improve data-use, data sharing and information sharing. There was some concern that in places the recommendations needed to be clearer around what was meant by terms such as “integrated administrative systems and datasets”. Some professionals were concerned without further clarity valuable resources could be spent on expensive IT solutions which would not necessarily deliver the objectives the NICE recommendations are seeking.

### *Addressing implicit assumptions that sit behind the guidance*

Professionals felt that NICE should address the following implicit assumptions in the recommendations in order to further strengthen them:

- Professionals felt that the recommendations currently assume that parents/carers of vulnerable children are either: (a) already engaging with services, or are (b) willing and waiting to engage with services, which is not always the case. It was felt that the recommendations could do more to acknowledge the difficult challenges that professionals face when working with vulnerable children and their families.

- Some professionals felt that the recommendations currently imply that early years and childcare settings are the best place for the child which research evidence does not necessarily back-up. Some professionals felt that recommendation 4 could acknowledge that although focussed on early education and childcare that it is often the case that vulnerable children can also benefit from a stable home and home learning environment.

- Some professionals shared concerns that there appears to be a limited recognition in the recommendations on the transitional nature of services in the current policy and challenging financial climate.

- There was concern that the recommendations do not reflect or address cultural and diversity issues. For example, some professionals felt that the recommendations could be strengthened by recognising challenges faced by working with culturally diverse groups. For example, some professionals felt that recommendation 6.3 does not address how to engage “hard-to-reach” groups from culturally diverse backgrounds.

### *There should be a parent and carer friendly version of the recommendations*

Some professionals suggested that there should be an accessible parents/carer version of the recommendations.

## 1.3 Improvements specific to each recommendation

The following focuses on specific improvement suggestions for each of the six recommendations.

*Recommendation 1: Strategy, commissioning and review*

- **(General point)** Some professionals suggested that the clearer NICE can be about expectations in this recommendation the better. There was a concern that if the recommendations are not specific when people come to implementation they may not achieve this in the detail or depth that NICE envisages.

- **(General point)** Some professionals would find it useful if NICE could provide more information about commissioning timeframes. For instance, how long should they commission services for? Can NICE provide a steer as to good practice in this area?

- **(Point 1)** Professionals would like to change the term "readiness for school". Some professionals were anxious that this was not the most appropriate term in the context of social and emotional wellbeing, rather they would prefer terminology including "readiness for life" or an approach similar to Every Child Matters where all aspects of a child's development are given an equal weighting.

- **(Point 3)** Professionals would like greater clarity about which outcomes they should measure locally to ensure that targeted, evidence-based and structured interventions for vulnerable children and their families are working effectively.

*Recommendation 2: Identifying vulnerable children and assessing their needs*

- **(General point)** Professionals would like this recommendation to make it more explicit that pro-active prevention is more effective in the long-run than re-active treatment.

- **(Point 1)** Professionals would like NICE to provide greater clarity about the meaning of "trusting relationships" and adopting a "non-judgemental approach".

- **(Point 2)** Professionals argued that fathers should be included in relation to point 2. Currently, there was a feeling that they are in danger of being marginalised in this recommendation.

- **(Point 2 & 3)** Professionals would like greater clarity from NICE about what actions should be taken after identification of risk factors in relation to points 2 and 3. They felt that there was currently insufficient information and clarity around next steps following identification of vulnerable children.

- **(Point 4)** GPs were not considered the most appropriate stakeholders for professionals to raise concerns with in relation to social and emotional wellbeing issues. Alternative suggestions included social services and local safeguarding children boards. One professional also commented:

*"professionals already have a duty to pass relevant information to the relevant professional".*

- **(Point 5)** Professionals welcomed the reference to the Common Assessment Framework (CAF) in point 5. However, they also wondered whether NICE could make more reference to the CAF elsewhere in the recommendations to help ensure effective multi-agency working. Professionals also suggested that NICE could recommend local areas to establish a professional with responsibility over social and emotional wellbeing issues in relation to the CAF.

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

- **(General point)** The main way professionals felt that NICE could strengthen this recommendation is greater clarity over the nature and definition of the term "programme". There was confusion among professionals as to what the "programme" is and also how if follows through the recommendation.

- **(General point)** Some professionals felt that the recommendation is currently too strongly focussed on home visiting by health visitors and mid-wives. It was noted that professionals in areas other than health conduct home visiting and some professionals felt that joined-up working between health and professionals from other backgrounds may help to alleviate the resource and capacity implications of this recommendation.

- **(Point 5)** Professionals felt that the recommendation relating to interactive video guidance may be overly prescriptive. They also felt there were other interventions including baby massage and parenting programmes which would achieve improved maternal sensitivity, mother-infant attachment and child's behaviour that have not been referenced in the recommendation.

- **(Point 9)** Professionals were concerned about the use of volunteers. Some professionals were surprised to see this point in this recommendation stating that is was an example of where the recommendations suddenly become very detailed. Some professionals felt the recommendation was okay as it is. Others would like more discussion of the implications of using volunteers in terms of safeguarding requirements, training, coordination, quality assurance, oversight and supervision, for example.

### *Recommendation 4: Early education and childcare*

- **(General point)** Some professionals felt that this recommendation could usefully be set in the context of, or refer to, the Local Authority's statutory duty to ensure sufficient childcare. They felt this may help strengthen aspects of the recommendation.

- **(Point 1)** Some professionals expressed concerns that the focus seemed to be on childcare and early education to provide parents/carers with the opportunity to take paid employment. Some professionals felt that the recommendation needed to take a stronger focus on the social and emotional wellbeing of the child which may not be best served by parents and carers taking paid employment. They felt that the recommendation should

acknowledge the informed choice of parents/carers to stay at home and look after their child.

- **(Point 1)** Some professionals were concerned that Ofsted inspection criteria may not be the best measure of the quality of childcare. Alternative suggestions were that NICE should include local quality childcare standards alongside Ofsted criteria in the recommendation.

- **(Point 3)** Professionals felt that point 3 should clearly reference the 2, 3, and 4 year entitlements to free early education.

- **(Point 5)** The recommendation should make it clear that *all* settings must deliver Personal, Social and Emotional Wellbeing Development (PSED) for children in line with the revised Early Years Foundation Stage (EYFS).

*Recommendation 5: Managing services*

- **(Point 1)** Some professionals would like NICE to strengthen the recommendation by providing more of an explanation as to what is meant by "local system". They suggested that currently the term "local system" was open to interpretation by professionals.

- **(Point 2)** Some professionals suggested that regular audit of how outcome measures are being impacted by operational policy and plans should be included. This will help further ensure the quality of services.

- **(Point 4)** Professionals would like greater steer from NICE about what evidence-based programmes and services should be commissioned. This would also include information on the rationale for how programmes may be selected as well as guidance on how they should be rolled out.

- **(Point 4)** Professionals welcomed the reference in this recommendation to ensuring early years professionals are trained to deliver evidence-based programmes and services. However, some professionals would like more of a steer as to what types of training may be required as well as expectations in terms of the amount of supervision that would be required to deliver programmes and services.

*Recommendation 6: Delivering services*

- **(Point 1)** Professionals were concerned about the terms: "i*ntegrated administrative systems and datasets"* . Professionals identified that this terminology was open to interpretation and lacked clear references to the evidence base that states achieving this benefits service users. Some professionals were concerned that expensive Information Technology (IT) solutions may be seen by some as addressing this recommendation. In the past these have not necessarily delivered the positive results that NICE may envisage that this recommendation should achieve. Alternative terminology suggestions included: local information sharing arrangements and making a more explicit reference to the Common Assessment Framework (CAF) .

- **(Point 3)** Some professionals welcomed the terminology of "systematic and persistent" in terms of helping to ensure that efforts are made to encourage

vulnerable children and their families to use services. However, some professionals were concerned that this terminology could be seen as leading to harassment of vulnerable children and their families.

- **(Point 3)** Professionals identified concerns about the list of methods to engage with vulnerable children and families. They felt that NICE should link the list of methods to the evidence base that show these methods are the most effective. Related to this, some professionals questioned whether knocking on doors is the most effective use of resources.

Figure 16 in appendix 2 presents a summary of specific feedback on each of the six draft NICE recommendations.

# 2 Introduction

## 2.1 Overview

This report presents the findings of fieldwork with a range of professionals involved in working with vulnerable children under 5 and their families. This fieldwork tests the relevance, use and ease of implementation of the NICE draft recommendations. The findings of the fieldwork will inform the final NICE guidance and recommendations on the social and emotional wellbeing of vulnerable children under 5 and their families.

## 2.2 Objectives of the draft guidance

The Centre for Public Health Excellence (CPHE) at the National Institute of Health and Clinical Excellence (NICE) was asked by the Department of Health to develop guidance aimed at promoting the social and emotional wellbeing of vulnerable children (under 5 years) in the home, and in early education and childcare settings in order to support the Government's commitment to early years development.

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

- Strategy, commissioning and review
- Identifying vulnerable children and assessing their needs
- Pre- and postnatal home visiting for vulnerable children and their families
- Early education and childcare
- Managing services
- Delivering services

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

The draft guidance and recommendations are aimed at a number of audiences including those planning and commissioning children's services in local authorities (including education), the NHS, and the community, voluntary and private sectors. 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 childminders. The guidance and recommendations may also be of interest to parents, other family members and the general public.

## 2.3 Objectives of the consultations

The NICE methods manual for developing public health guidance provides the following description about the role of the fieldwork stage in helping to further develop draft guidance:

*'The fieldwork phase tests how easy it will be for policy makers, commissioners and practitioners to implement the draft recommendations and how the recommendations will work in practice'*[2]

In effect the aim of the fieldwork stage is to "sense test" the draft recommendations with a range of professionals who are involved in working with vulnerable children under 5 and their families at strategic, managerial and operational levels so that recommendations can be amended as appropriate before final publication of the guidance and before recommendations are implemented.

The fieldwork with professionals aims to examine the relevance, utility and ease of implementation of the draft NICE recommendations. In particular, the fieldwork focussed on the following questions that were agreed with NICE:

- What are the views of those commissioning and providing early years services on the relevance and usefulness of the draft recommendations to their current work or practice?
- What impact might the draft recommendations have on current policy, commissioning, service provision or practice?
- What benefits might the guidance achieve?
- What factors (for example, available time, training, access to services) could help or hinder the implementation and delivery of the guidance?
- Do those working in these early years services know of any evidence, either from their own experience and practice or elsewhere, not currently taken into account by the draft recommendations?
- What are the views of parents and carers of vulnerable children under 5 years about the draft recommendations and how they might affect service delivery?

In order to ensure these aims were addressed in the fieldwork stage the following questions were developed for use in the discussion groups:

- **Relevance:** How relevant are the draft recommendations for your current work or practice?
- **Impact:** What impact might the draft recommendations have on current:
  - Policy?

[2] See: Methods for the development of NICE public health guidance (second edition), April 2009.

  - Commissioning?
  - Service provision?
  - Practice?

- **Benefits:** What benefits might the recommendations achieve?
- **Implementation:** What factors could help or hinder the implementation and delivery of the recommendations?
- **Clarity and ease of understanding:** How clear is the wording of the recommendations? How easy are they to understand?
- **Other evidence available:** Do you know of any evidence, either from your own experience and practice or elsewhere, not currently taken into account by the draft recommendations?

The chapters that discuss the NICE recommendations are structured by these questions headings.

The discussion guide used with practitioners can be found at Appendix 1.

A separate fieldwork report is available which presents the findings of the fieldwork with parents/carers[3].

## 2.4 Draft guidance

A copy of the full draft guidance on supporting the social and emotional wellbeing of vulnerable children under 5 years can be found on the NICE website and accessed here:
http://www.nice.org.uk/guidance/index.jsp?action=folder&o=58878 .

## 2.5 Structure of the report

The report is structured as follows:

**Section 3** presents the methodology that was adopted for this fieldwork.

**Section 4** presents an overview of findings. This section reports feedback from professionals which applied to one or more of the recommendations, i.e. general overarching feedback.

The following sections present feedback specific to each individual recommendation.

- **Section 5 –** Recommendation 1: Strategy, commissioning and review
- **Section 6 –** Recommendation 2: Identifying vulnerable children and assessing their needs

[3] *Fieldwork report on draft guidance: the social and emotional wellbeing of vulnerable children (early years). Views of parents and carers.* (June 2012 – draft)

- **Section 7 –** Recommendation 3: Pre- and postnatal home visiting for vulnerable children and their families
- **Section 8 –** Recommendation 4: Early education and childcare
- **Section 9 –** Recommendation 5: Managing services
- **Section 10 –** Recommendation 6: Delivering services

Finally, **Section 11** an appendix, presents the consultation template used in the fieldwork and another appendix, **Section 12**, collates a summary of specific feedback we received on each individual recommendation into a summary table.

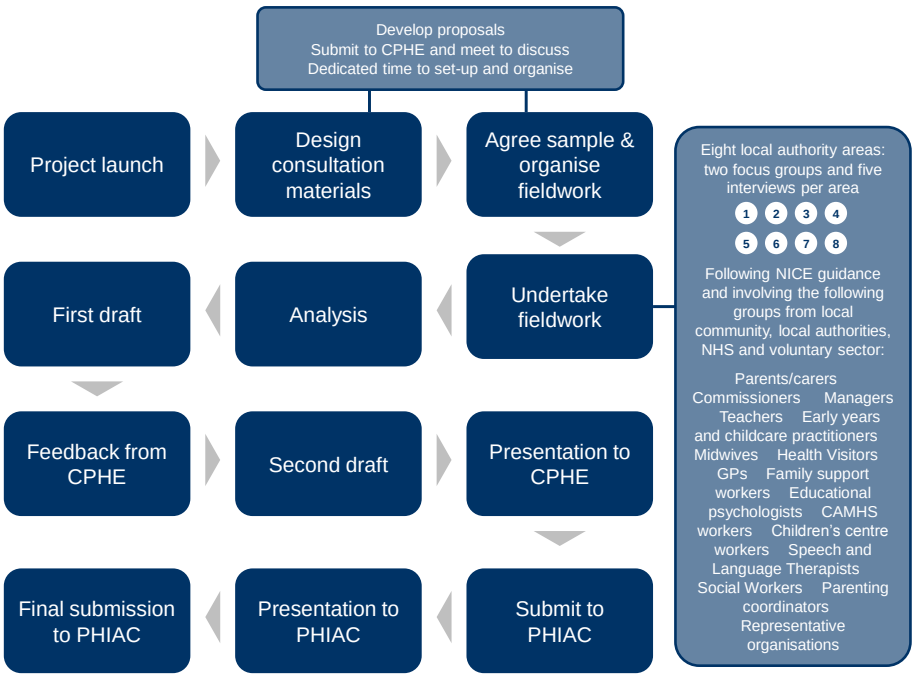
# 3 Methodology

## 3.1 Overview

Figure 1 presents a summary of our approach to delivering the NICE fieldwork. This fieldwork followed the NICE guidance on undertaking fieldwork as outlined in *Methods for the development of NICE public health guidance (second edition), April 2009*[4].

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

*Figure 1 Summary of fieldwork approach*




## 3.2 Design of consultation materials

The consultation template (found in Appendix 1) was designed by Cordis Bright in line with NICE fieldwork guidance. The template was agreed with NICE before use in the field.

[4] See: http://www.nice.org.uk/media/2FB/53/PHMethodsManual110509.pdf

## 3.3 Local authority area sample

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

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

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

Figure 2 below shows the eight Local Authority areas where the fieldwork took place.

*Figure 2: Achieved Sample of 8 Local Authorities*

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

| LA name (type of LA) | Region | Type of LA | IMD 2010 quartile (1=most deprived) | Community budget area | Family Nurse Partnership site | Urban/rural |
|---|---|---|---|---|---|---|
| Cambridgeshire | East of England | County | 4 | X | X | Rural |

## 3.4 Recruitment and organising fieldwork

The following methods were used to contact and secure the involvement of the professionals in each Local Authority area:

- Initial email contact was made with the Assistant Director with responsibility for early intervention and prevention or Head of Early Years, as well as the Director/Assistant Director of Public with a letter/email approach
- Follow up telephone conversations were conducted with key contacts to explain the objectives of the research and what assistance Cordis Bright would require and could provide for the consultations to take place
- Example invitations were sent to key contacts to assist with circulation through existing networks. Directors of Public Health and Assistant Directors with responsibility for Early intervention and prevention then circulated invitations to commissioners, managers and practitioners working with children aged 0 to 5 years through their existing networks
- Commissioners, managers and practitioners willing to participate in the consultations were invited to sign up to an electronic invitation hosted on SurveyMonkey[5] for 1 of 2 discussion groups sessions on a specific date held in their local authority area
- A reminder email with information about the time and venue along with an electronic copy of the draft recommendations was sent to professionals 2-3 days before the event. Hard copies of the draft recommendations were also provided at each of the discussion groups.

Consent to note-taking was gained from professionals at the beginning of each discussion group as part of the sign-up process.

## 3.5 Professionals sample

A final sample of 104 professionals attended discussion groups across the 8 Local Authority areas, despite a reduction in workforce in some areas which meant that Local Authority professionals did not always have capacity to attend the discussion groups. **Error! Reference source not found.** provides a breakdown of attendance in each area as well as the roles of those attending.

[5] See: www.surveymonkey.com

*Figure 3 Professionals who took part in the consultation*

| Area | Number | Role description |
|---|---|---|
| Reading | 17 | • Headteacher<br>• Health lead for children and families<br>• Social worker (2)<br>• Primary mental health worker (3)<br>• Educational Psychologist (portage)<br>• Assistant Team Manager<br>• Children's centre manager (2)<br>• Executive head teacher<br>• Children's centre coordinator<br>• Children's centre strategic lead<br>• Assistant team manager children's services<br>• Children's commissioning officer<br>• Consultant clinical psychologist CAMHS |
| Sheffield | 16 | • Preschool manager<br>• Health Visitor (7)<br>• Named Nurse for safeguarding<br>• Clinical Psychologist<br>• Family Nurse<br>• Children's centre programme manager<br>• Teen pregnancy support worker<br>• Assistant service manager (Health)<br>• Children's Centre Manager<br>• Sure Start Programme manager |
| Birmingham | 20 | • Early Years Inclusion manager<br>• Operational manager (NHS)<br>• Manager of early years services<br>• Health and family support for voluntary organisation<br>• Area CAF coordinator<br>• Advisory Teacher CIA team<br>• Deputy coordinator sensory support<br>• Manager of Day Nursery<br>• Framework for intervention manager<br>• Principal of private nursery<br>• Children's centre manager (2)<br>• Divisional Director private nursery group (2)<br>• Manager private nursery<br>• Deputy manager private nursery<br>• Childminder connect worker<br>• Project manager for voluntary childcare provider<br>• Associate Director Commissioner (NHS)<br>• Operations manager children's centre and nursery |
| London Borough of Barking & Dagenham | 5 | • Group manager early years and childcare<br>• Group manager early intervention |

| Area | Number | Role description |
|---|---|---|
| | | • Early Years Advisory Teacher<br>• Director of Public Health<br>• Divisional Director Targeted Support |
| Luton | 8 | • Assistant Director of Public Health<br>• Designated Nurse for Safeguarding<br>• Named Nurse for safeguarding children<br>• Early years safeguarding lead and workforce development<br>• Children's Joint commissioning manager<br>• Lead for CAMHS early intervention<br>• Chief superintendent local policing<br>• Integrated commissioning manager |
| London Borough of Tower Hamlets | 13 | • Senior Area coordinator Early Years service<br>• Head Teacher Nursery School<br>• Strategy Policy and Performance officer<br>• Parent Support Advisor<br>• Public Health Strategist<br>• Healthy Early years project coordinator<br>• Early years teacher (2)<br>• Children's centre quality lead<br>• Lead Nurse for Vulnerable Children<br>• Head teacher<br>• Family Nurse Partnership support<br>• Clinical Practice Improvement Lead |
| Northampton | 14 | • Teacher<br>• Children's Centre leader<br>• Children's' centre manager<br>• Specialist teacher for Looked after Children<br>• Early Years Advisor<br>• Headteacher Children's Centre<br>• Quality Improvement manager<br>• Family Nurse Partnership Supervisor<br>• F.S. Advisor<br>• Head Teacher<br>• Deputy Head<br>• Senior educational psychologist<br>• Foundation stage teacher<br>• Early years consultant |
| Cambridgeshire | 11 | • Named Midwife for safeguarding and vulnerability<br>• Specialist health visitor for infant mental health<br>• Foundation stage coordinator<br>• Early Years Foundation Stage Advisor (2)<br>• Area Senior Advisor EYC<br>• Early years N and G Adviser<br>• Children's centre manager (2)<br>• Strategy and support managers Children's centre manager<br>• Team leader Speech and Language therapy (NHS) |

## 3.6 Undertaking fieldwork

NICE guidance on undertaking fieldwork was followed throughout the data collection stage. With this in mind, we:

- Undertook two discussion groups in each of the eight local authority areas, with commissioners, managers and practitioners from statutory and non-statutory organisations. A breakdown of the number and roles of those who attended can be found at **Error! Reference source not found.**.
- Gave participants information in advance of the discussion groups about the draft recommendations and the structure of the consultations. We also secured their consent in writing in advance to a scribe being present to record discussions.
- Ensured that each discussion group was led by an experienced facilitator. A researcher was also present to take detailed notes of the discussion within the discussion group.
- Discussion groups (timed to take 2 hours) were structured in line with NICE guidance. The discussion group template can be seen at Appendix 1.

In addition, in-depth interviews or a discussion group has taken place within each local authority area to engage parents/carers in the discussion. The findings from these discussion groups and interviews can be found in a separate fieldwork report.

## 3.7 Approach to the reporting of findings

The following approach has been adopted in relation to reporting the findings:

- During the discussion groups a summary of the discussion made by the note taker was fed back to the group by the facilitators for clarity and agreement. Themes that emerged in that summary are reported here as the group view. Reporting reflects the themes that emerged from these summaries. In the report where we state **"professionals"**, this means that the majority of professionals agree with the point being made.
- Minority views are also reported if they were identified in two or more discussion groups. This is because it is assumed that issues identified in less than two discussion groups are very specific to that role or that area. These themes are referred to in the document as **"some professionals"**. Where specific suggestions and examples are provided this approach does not apply.
- The views of all professionals have been treated with equal importance in the reporting.

As each of the NICE draft recommendations includes a series of different bullet points, these have been numbered in the following sections and are referred to by these numbers in the text, to allow for cross referencing and clarification.

# 4 Summary of main findings

## 4.1 Overview

This section draws out overarching themes that emerged from the discussion groups with professionals. It presents analysis and feedback which applies to one or more of the recommendations. In order to be as concise as possible, these general issues will not be repeated in the specific discussions around recommendations one to six in the following sections. The main themes that were discussed in relation to one or more of the recommendations relate to:

- Clarity of purpose of the recommendations
- Improving definitions and language
- Improving the flow of the recommendations
- Addressing resource and capacity issues
- A clearer emphasis on multi-agency working
- Practical implications of turning the recommendations into practice
- Addressing some implicit assumptions that seem to sit behind the recommendations

Recommendations one to six are discussed individually in the sections 5 to 10 which follow this.

## 4.2 Clarity of purpose of the recommendations

Professionals would like the purpose of the recommendations to be further clarified. They discussed:

- **A need for NICE to present the purpose and rationale of the recommendations more clearly:** Professionals would like an upfront statement as to the purpose of the recommendations including what they are trying to achieve. Some professionals felt that a section in the introduction to the recommendations clearly stating their purpose, aims and objectives would strengthen the recommendations.
- **A clearer focus in relation to which social and emotional wellbeing outcomes of vulnerable children the recommendations aim to address:** Professionals felt that this would assist in clarifying the need for, and the focus of, the recommendations. This may be achieved through a section in the introduction outlining what the current context is in relation to vulnerable children and what types of outcomes NICE envisages the implementation of the recommendations achieving.
- **The recommendations should be linked or provide sign-posts to the current policy environment and existing statutory guidance.**

Professionals felt that the recommendations should clearly state how they align with and add value to existing statutory guidance and national policy. This would help professionals set the recommendations in context as well as help them to interpret the recommendations. It would also ensure that duplication of actions locally is minimised. For example, links to the following policy areas and guidance were particularly highlighted as missing or needing integration into the recommendations:

- Early years Foundation Stage (EYFS): in particular the statutory guidance for Review at 2 years and profile at 5[6]
- 'Think Family' guidance[7]
- Reference to the Allen review[8]
- Childcare sufficiency duty on local authorities[9]
- The entitlements for two, three and four year olds to free childcare[10]
- New Ofsted guidance[11]
- The Children's Act, 2006[12]

## 4.3 Improving definitions and language

Professionals reported that the definitions and language employed in the recommendations could be improved. The following issues in relation to this were discussed in relation to at least one of the six recommendations:

- **The definition/description of "vulnerable children" needs to be improved:** Professionals were critical of the existing definition of vulnerable children in the recommendations. Some professionals welcomed the fact that the definition acknowledged that vulnerability may be linked to poverty and disadvantage. However, others were concerned that the current definition did

[6] Particularly pertinent for recommendation 2, as all early years settings have to work to EYFS Department for Education, *Early Years Foundation Stage*, 2012 http://www.education.gov.uk/schools/teachingandlearning/curriculum/a0068102/early-years-foundation-stage-eyfs

[7] Department for Education, "*Think Family Service Guidance*" 2010 https://www.education.gov.uk/publications/eOrderingDownload/Think-Family-AnnexB.pdf

[8] Graham Allen, "*Early Intervention: The next steps"* http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf

[9] Department for Education, *"Securing Sufficient Childcare: Statutory guidance for local authorities in carrying out their childcare sufficiency duties"* https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00274-2010

[10] Department for Education , *Draft statutory guidance for Local authorities on the delivery of free early education to 2, 3 and 4 years olds* http://www.google.co.uk/url?sa=t&rct=j&q=guidance%20on%20the%203%20and%204%20year%20old%20childcare%20offer&source=web&cd=1&ved=0CFcQFjAA&url=http%3A%2F%2Fwww.education.gov.uk%2Fconsultations%2FdownloadableDocs%2FStreamlined%2520Code%2520-%2520for%2520consultation.doc&ei=nzPGT6OlOMeB8gPLhoGJBg&usg=AFQjCNEXSuToFr1RqVUwE5xxFlJqYjGp5w

[11] Ofsted *Inspection registered early years provision managed by the governing body* http://www.ofsted.gov.uk/resources/inspecting-registered-early-years-provision-managed-governing-body

[12] See: http://www.legislation.gov.uk/ukpga/2006/21/contents

not recognise and acknowledge vulnerability as existing outside deprivation and poverty, for example, children of middle class mothers experiencing depression.

There was a concern that the current description suggests certain risk factors but ignores others without a clear rationale. For example, some professionals felt that the current description is in danger of overly emphasising children from single parent families or who were born to mothers aged under 18, with a low educational attainment and who are (or were as children) looked after (that is, they have been in the care system). Some professionals were concerned that this description did not capture vulnerable children from dual parent families where the parents are arguing all the time. Others noted that the current definition/description does not include mothers with post-natal depression, or parents/carers who experienced abuse as children. There is also currently no discussion in relation to children with learning or physical disabilities who may also be vulnerable.

There was also a concern that the current definition does not take account of cultural issues which may impact on the social and emotional wellbeing of vulnerable children, for example, those children and families for who English is a second language.

Some professionals suggested that vulnerable children could be defined using the risk factor approach outlined in the Cabinet Office's "Think Family" research. For example, this research shows that children's outcomes will be poorer across Every Child Matters outcome areas if families experience five or more specific risk factors[13]. Some professionals felt that such an approach could also help address an issue whereby professionals apply their own values as to what "vulnerable" is, which is an issue some felt the current definition/description risked.

Some professionals felt that the recommendations could be strengthened if the guidance and recommendations could identify or estimate how large the population of vulnerable children with social and emotional wellbeing needs is and provide an estimate of how much money is being spent on them currently and an estimation of how much money should be spent on them in the future.

- **The language and terminology throughout the document requires greater clarity:** Professionals identified that in places the recommendations were unclear about the meaning of a particular word or phrase. For this reason concepts appeared to be open to interpretation. During the discussion groups we witnessed discussions within discussion groups between professionals who had understood terms used in the recommendations in different ways. This was also true when comparing responses between discussion groups. Some examples of where language / terminology could be improved includes:

[13] For more information see: Reaching Out: Think Family. Analysis and themes from the Families At Risk Review. Cabinet Office (2007). Weblink: http://webarchive.nationalarchives.gov.uk/+/http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/think_families_full_report.pdf

- **Reference to "mother" throughout the recommendations:** The definition of mother (as a synonym for the primary carer) was criticised by some professionals. Some professionals were concerned about inconsistent references to the mother/parents and the family. This definition, in particular, causes confusion when there are some recommendations that are specifically aimed at the birth mother (for example, in the use of "mother" in recommendation 3 compared to the use of "mother" in other recommendations).
- **Some professionals felt that it was a shame that the recommendations did not refer to "parent and carer" or reference "fathers" more specifically.** Professionals were aware of the definition of "mother (or primary carer)" in the introduction to the recommendations but felt fathers and other family members (who are not necessarily primary carers) should be referenced in the recommendations. This point is also linked to some professionals suggesting the recommendations need to be set in more of a "whole family" context (see separate point below).
- **A need to include more information about which professionals make up the following groups: "early years professionals" / "managers of early years services":** Some professionals felt that the recommendations should stipulate who is included under terms such as "early years professionals" and "managers of early years services". Some professionals felt that this could be addressed through the incorporation of a glossary of terms in the recommendations. Linked to this some professionals felt that the use of the term "early years professionals" was not consistently used through the recommendations. For example, sometimes it seems to refer to childcare only, whereas elsewhere it appears to be used with a wider definition in mind.
- **The use of the term "programme" in recommendation 3:** There was confusion as to whether the "programme" was a consistent programme throughout this recommendation, or whether the recommendations were referring to different programmes.

- **The *"who should take action"* sections could be improved:** Some professionals outlined a range of improvements in these sections including:

  - **Ensuring that the focus is on groups of professionals:** For example, some professionals did not like the use of "The Healthy Child Programme" and "Health and Wellbeing boards" as they felt that this was made up of a range of different professionals. Some professionals felt that these sections should specify groups of professionals only.
  - **Terminology:** For example, some professionals felt that the term "local safeguarding services" should be used as opposed to "child protection services". This was to ensure that the recommendations more closely reflect their local arrangements, as well as current terminology used by professionals.
  - **Improving consistency between recommendations:** Some professionals felt that there was no clear rationale as to *"who should take action"* throughout the recommendations. For example, why should child and adolescent mental health services take action under recommendation 5 and not under recommendation 3? Some professionals were concerned that the *"who should take action"* section in recommendation one outlined general groups, whereas in other recommendations (e.g. 2, 3, 5 and 6) the

*"who should take action"* sections were much more specific in identifying groups of professionals.

It was felt that ensuring the *"who should take action"* sections were clear and consistent as to why professionals groups should take responsibility would help to strengthen the recommendations by providing confidence that those professionals selected were the right professionals as well as helping to ensure the coherency of the flow of the recommendations.

- **There should be a greater emphasis on a "whole family" approach:** Professionals discussed that when looking at supporting the social and emotional wellbeing of vulnerable children there is a need to adopt a holistic, "whole family" approach. Some professionals felt that the recommendations could do more to explicitly acknowledge that the parents and carers of vulnerable children are often vulnerable themselves and also that children are not born vulnerable but become vulnerable because of circumstance. It was felt that statements acknowledging this in the introduction and through the recommendations would help ensure that services take a "whole family" approach. For example, there was concern that adult services, including adult mental health services were not included in the *"who should take action"* sections. Some professionals felt that acknowledging that the social and emotional wellbeing of vulnerable children is an intergenerational issue would help strengthen the recommendations. This would also assist to ensure greater joined-up working between adult and children and young people's services in the future.

## 4.4 Improving the flow of the recommendations

Some professionals felt that the NICE recommendations currently do not link together well. One professional commented: "*the recommendations feel like they have been written by different people".* This could be improved by:

- Ensuring that the *"who should take action"* sections are more consistent as to who they identify as being responsible for taking action (see point above in relation to this).

- Ensuring that the purpose, aims and objectives of the recommendations and what outcomes they are hoping to address are more clearly stated.

- Ensuring that a balance is more clearly struck between recommendations that are very general and recommendations that are very specific. There was discussion about how some of the recommendations seemed very "high-level" in comparison to some that are very prescriptive and targeted. For example, recommendations that were seen as very prescriptive included:

    - Recommendation 3.5 on interactive video guidance.
    - Recommendation 6.3 in relation to encouraging "hard-to-reach" vulnerable parents to use early years services. In particular, this relates to this list of engagement methods (some professionals were also concerned that this list was not evidence-led).

- Some professionals were concerned that the recommendations do not spell out clearly, or flow, in terms of which interventions should be targeted and which should be universal. For example, is the NICE recommendation in relation to home visiting suggesting provision should be part of existing universal health visiting services, targeted services in addition to existing universal health visiting services, or does the recommendation supersede current arrangements? Some professionals also noted that recommendation four fluctuates between universal and targeted provision in relation to early education and childcare and sometimes the relationship between which are targeted and which are universal is not clear.

## 4.5 Addressing resource and capacity issues

Professionals in all groups were concerned about the resource and capacity issues presented by the recommendations particularly in the context of the current challenging financial environment. This was probably the professionals' biggest overarching concern with the recommendations. Professionals felt that the guidance needs to show an awareness of the current realities that public sector and voluntary and community sector (VCS) organisations are facing. Professionals identified that the recommendations did not seem to take account of the transitions that are currently taking place within public sector services in terms of funding cuts, changes to commissioning structures, increased workloads and a reducing number of services. Professionals were concerned that implementing the recommendations would require significant additional resources in an increasingly tight financial environment.

## 4.6 A clearer emphasis on multi-agency working

Professionals felt that the recommendations would need significant multi-agency working and co-operation to be implemented effectively. It was felt that currently the recommendations *assume* that multi-agency working and cooperation will take place in order to implement the recommendations. However, professionals felt that the recommendations should be clearer in stating and identifying the need for effective multi-agency working to take place to implement the recommendations and the benefits this would achieve.

Other issues in relation to multi-agency working included:

- NICE being clearer about the need for multi-agency working would help professionals in local areas understand the need for more joined-up working. Professionals felt that a clear statement about the need for multi-agency working would provide them with an increased ability to get "buy-in" from strategic partners.

- Some professionals felt that the NICE recommendations and guidance could do more to help different professionals understand each other's roles. Currently, the recommendations assume that professionals know what each other's roles are. It was felt that a description of different roles and what responsibilities they have may help strengthen the recommendations. Some professionals suggested that anything the NICE guidance can do to enhance a shared understanding between different professions would be helpful. For instance, some professionals noted that early years services provided by

local authorities often work to a development model for children under 5, whereas health professionals work with a deficit model. A glossary of key terms would help ensure that all professionals understand terminology used in the recommendations in the same way.

- Professionals would like the guidance and recommendations to be more explicit about the role and make-up of Health and Wellbeing boards. They would like more information on the roles and responsibilities of Health and Wellbeing boards and which professionals should sit on them. This could be achieved through signposting to other sources so that professionals can find out more. Some professionals felt that the recommendations could be more specific about the commissioning responsibilities, outcomes frameworks and performance management approaches that Health and Wellbeing boards should work to in relation to the social and emotional wellbeing of vulnerable children.

## 4.7 Turning the recommendations into practice

Professionals discussed a range of issues concerning implementing the recommendations in practice:

- **There was a concern that because the NICE recommendations are not statutory they may *"just sit on the shelf"*:** Health professionals were more positive about whether the NICE recommendations would be implemented than their Local Authority and Voluntary and Community Sector (VCS) colleagues. This is because health professionals felt that NICE recommendations and guidance are expected to be implemented into delivery. However, Local Authority and VCS professionals felt that as the NICE recommendations are not statutory they may not be implemented. This view was summarised by one professional who stated: *"What is the point in a time of austerity to telling people what they should be doing? If people haven't got the time then it won't be done."* Some professionals felt that in the absence of being on a statutory footing some of the language in the recommendations could be strengthened by using more *"musts" and "shoulds".* However, other professionals were not as keen on this idea as they preferred having room for flexibility in relation to implementation locally.

- **Professionals wanted more explicit references to the evidence base and more 'real life' examples included in the recommendations:** Professionals would welcome more "real life" and good practice examples in the recommendations. However, professionals acknowledged that this may be incorporated in the full guidance that sits behind the recommendations although they would like this signposted to in the recommendations. They indicated that greater clarity around recommendations and "what works" could be achieved by providing more examples.

- **Professionals would like more clarity about who should be responsible locally for implementing the recommendations and in particular how the recommendations should be cascaded from senior management to front-line professionals:** Some professionals felt that this could be addressed by a clearer indication of who locally will be responsible for implementing the recommendations. The recommendations should also be

explicit in stating who is responsible for ensuring that the recommendations are cascaded to front-line professionals. They felt that the more specific NICE could be about who is responsible the more likely it is that the recommendations will be implemented locally.

- **The recommendations could be clearer about data collection, data use and data-sharing:** Professionals consistently reported that they would like the recommendations to outline what data they should be collecting to help monitor performance and improve decision-making. They welcomed the recommendations in relation to data-sharing and integrated administrative systems but were sceptical as to how this could be achieved in practice. Some professionals noted that previous attempts driven by Central Government (such as ContactPoint) had been expensive and not achieved positive results. Other professionals cited the example that the NHS often struggles to share patient level data with the local authority because of Caldicott Guardians guidance.

## 4.8 Addressing implicit assumptions that sit behind the guidance

Professionals identified that the recommendations were based on an implicit set of assumptions which NICE should address in order to strengthen the recommendations, including:

- Some professionals felt that the recommendations currently assume that parents/carers of vulnerable children are either: (a) already engaging with services, or are (b) willing and waiting to engage with services, which is not always the case. It was felt that the recommendations could do more to acknowledge the difficult challenges that professionals face when working with vulnerable children and their families.

- Some professionals felt that the recommendations currently imply that early years and childcare settings are the best place for the child, which research evidence does not necessarily back up. They felt that recommendation 4 could acknowledge that although focussed on early education and childcare that vulnerable children can also benefit from a stable home and home learning environment.

- Some professionals felt that the recommendations could be strengthened by acknowledging that vulnerable children and families are not a static group, i.e. vulnerable children and families can move in and out of vulnerability over time.

- That services are stable – there appears to be a limited recognition in the recommendations of the transitional nature of services in the current operating environment.

- There was concern that the recommendations do not reflect or address cultural and diversity issues. For example, some professionals felt that the recommendations could be strengthened by recognising challenges faced by working with culturally diverse groups. For example, some professionals felt that recommendation 6.3 does not address how to engage “hard-to-reach” groups from culturally diverse backgrounds.

## 4.9 Parent/carer version of recommendations

Professionals identified that there should be an accessible parent and carer friendly version of the recommendations.

# 5 Recommendation 1: Strategy, commissioning and review

## 5.1 Overview

Figure 4 presents draft NICE recommendation one on strategy, commissioning and review. This section presents feedback that is specific to the recommendation, i.e. we do not include discussion in relation to the general issues outlined in section four of this report which may also apply to recommendation one.

*Figure 4: Recommendation 1: Strategy commissioning and Review*

***Recommendation 1 Strategy, commissioning and review***

**Who should take action?**

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

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

**What action should they take?**

1. Health and wellbeing boards should ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy', as one of the most effective ways of addressing health inequalities. The resulting plan should include outcomes for ensuring healthy child development and 'readiness for school' and for preventing mental health and behavioural problems[14].
2. Directors of public health and directors of children's services should assess the social and emotional needs of children under 5, including vulnerable children (and their families), as part of the strategic needs assessment. Population-based models (such as PREview[15]) should be considered as a way of determining need and ensuring resources and services are effectively distributed.
3. Health and wellbeing boards should ensure arrangements are in place for integrated commissioning of universal and targeted services for children aged under 5. The aim is to ensure:

    - Vulnerable children at risk of developing (or who are already showing signs of) social and emotional difficulties and behavioural problems are identified as early as possible by children and family services. These include general practice, maternity services, health visiting, the Healthy Child Programme, children's centres and related networks,

[14] See the 'Public health outcomes framework' indicators for early years.

[15] PREview is a set of planning resources to help ensure resources, particularly those provided by the Healthy Child Programme, are targeted at those most in need.

nurseries and child minders.
  - Targeted, evidence-based (and structured) interventions are available to help vulnerable children and their families. These should be monitored against outcomes.
  - Children and families with multiple needs have access to specialist services, including child protection and mental health services. Also see NICE guidance on when to suspect child maltreatment; antenatal and postnatal mental health; conduct disorder in children – parent-training/education programmes; depression in children and young people; attention deficit hyperactivity disorder (ADHD) and looked-after children and young people.

4. 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.

## 5.2 How relevant are the recommendation for professionals' current work or practice?

The overall view of attendees at the discussion groups was the recommendation was relevant. Professionals identified a range of reasons for why they considered this to be the case, in particular, that:

- It would assist them locally identify where the responsibilities lie for improving outcomes in relation to the social and emotional wellbeing of vulnerable children aged under 5. Some professionals felt that the recommendation makes it very clear where social and emotional wellbeing should sit, which previously has not always been clear.

- Some professionals felt that recommendation 1 will further help to ensure that vulnerable children with social and emotional wellbeing issues will not slip through the net.

## 5.3 What impact might the draft recommendations have on current policy, commissioning, service provision and practice?

Some professionals were unclear whether there would be significant impact on their current work because of a perceived lack of clarity in places in the recommendation and the fact that similar work is already being undertaken to implement similar approaches in their local areas. However, some professionals felt that it would provide support for what their local areas are already trying to achieve in terms of current policy, commissioning, service provision and practice.

The following issues were discussed by professionals:

- **(General point) The recommendation could be improved by containing more information about commissioning timeframes:** Some professionals identified that the recommendations do not include information on the number of years that programmes/initiatives should be commissioned for. They commented it would be helpful if NICE could provide more of a steer in relation to this.

- **(General point) Some professionals felt that the recommendations on commissioning do not take account of the commissioning of Private, Voluntary and Independent (PVI) sector providers of early years services**: There was a feeling that the NICE recommendation one could set out more about how to manage commissioning arrangements with PVI providers and also how contracts can be effectively monitored in terms of taking an outcomes based approach.

- **(General point) Professionals felt that the recommendation would benefit from acknowledging training implications for professionals.** These included the need for professionals to be skilled enough to identify and provide interventions for vulnerable children, to set measurable outcome measures and organise performance management approaches. As one person explained *"It is asking professionals, including teachers, to be multi-skilled, but there is very limited training available on neglect, the CAF etc* "

- **(Point 1) Professionals recognised the recommendation would support the development of Health and Wellbeing boards.** Professionals felt the recommendation would support Health and Wellbeing board development in terms of its (a) policies, (b) professional make-up, and (c) remit in terms of a focus on the social and emotional wellbeing of vulnerable children under 5. Some professionals particularly identified that this recommendation could ensure that there was a continued focus locally on vulnerable children under 5, given the 'all ages' remit of the board and recent changes to statutory duties of the Children's Trust. One suggestion was that the boards could also potentially ensure that these NICE recommendations are implemented locally (with an assurance role being the responsibility of Director of Public Health). Some professionals recognised that strong leadership is very important for successful commissioning to be achieved and recognised that it would be positive for the Health and Wellbeing Board to be responsible for this.

- **(Point 1)The recommendation could be improved by being more specific about what the outcomes are to be addressed:** Some professionals felt that the recommendation would benefit from a greater steer from NICE in terms of what outcomes plans should include to ensure healthy child development and "readiness for school".

- **(Point 3) Some professionals would like more guidance as to what universal and targeted services should be commissioned.** For example, some professionals felt there should be the explicit inclusion in recommendation 1 of programmes that NICE want to encourage to support social and emotional wellbeing, like the Family Nurse Partnership (FNP). They would like more signposting and referencing to targeted, evidence-based and structured interventions which should be available in local areas. Linked to this, references to good practice in terms of what outcomes commissioners should monitor to measure the success of programmes would be helpful in strengthening the recommendation. Some professionals felt that NICE has the opportunity to be more explicit about monitoring quality, impact and outcomes of interventions as well as setting out how these can best be evaluated in this recommendation.

## 5.4 What benefits might the recommendations achieve?

The majority of professionals identified the following benefits if this NICE recommendation was implemented locally:

- A benefit would be that the issues of social and emotional wellbeing of young children would be engrained into local strategy, commissioning and review. Some professionals felt that previously the focus has been on physical safety, and that social and emotional wellbeing issues have been overlooked in the past. Furthermore, professionals felt that it was highly important to keep the focus of prevention and early identification on the agenda at a strategic level given the current challenging financial environment.

- It was recognised by all professionals (including those that were unsure about the impact) that the recommendations '*focus the mind'* and may make it more difficult for Local Authorities and Health sector organisations to cut services in response to tightening budgets, i.e. it may give them more of an imperative to keep early intervention and preventative services aimed at addressing the social and emotional needs of vulnerable children under 5.

- Professionals also referenced benefits that this recommendation (in conjunction with the other recommendations) could potentially have on the outcomes of vulnerable children under 5. For example, some of the outcomes they identified included:

    - Vulnerable children will be better placed to deal with social and emotional wellbeing as an adult
    - Parents will take more responsibility for their children
    - It would help to address health inequalities, by taking a targeted approach which some professionals felt was the most effective way to address health inequalities during a period of austerity

## 5.5 What factors could help or hinder the implementation and delivery of the recommendations?

Professionals identified the following considerations that could help or hinder the implementation and delivery of recommendation one:

- **(General point) Uncertainty about whether Local Authorities are likely to implement NICE guidance:** Professionals acknowledged that there is a lot of guidance and recommendations out there already that Local Authorities are unable to implement because of other pressures and a lack of resources. Some professionals wondered if NICE could do anything to help ensure the recommendations are implemented as there was a concern that if the recommendations are not statutory, they would not be implemented.

- **General point) Issues with local administrative, data and performance management systems:** Professionals acknowledged that their current administrative, data and performance management systems could also hinder implementation of recommendation one.

- **(General point) Professionals felt that if the recommendations fitted with the strategic vision locally they had more chance of implementation**. They felt that if the recommendations fitted with the current strategic direction of travel that Local Authority areas are already taking, the NICE recommendations would have a greater chance of being implemented.

- **(General point) Professionals identified a number of barriers to integrating services locally which may impact on commissioning and implementation:** Barriers included:

  - Professionals identified that the recommendations were dependent on the willingness of all relevant services in a local authority area to agree to be involved.
  - Some services are currently commissioned separately. For example, Local Authorities and the NHS have different targets and directions, therefore, how will Health and Wellbeing boards hold a strong line to ensure joint commissioning is effective?
  - A lack of agreement on integrated services, ways of working and different models (e.g. models used in health differ from models used in early years) between different organisations.
  - Different administrative geographies: The overlay between NHS and Local Authorities is very important, but is not always contiguous, as is the overlay between county and borough councils in achieving effective joint commissioning.
  - Different approaches to service delivery between Local Authority areas may have implications for how the draft NICE recommendations are implemented in practice. For example, some professionals in one local authority area stated that it is to become a commissioning council, but it is unclear how this will affect service delivery.
  - Data protection regulations also hinder integrated data and information sharing which impact on the ability to commission services effectively.

- **(Point 3) Some professionals were concerned about the emphasis on targeted, evidence-based (and structured) interventions:** Some professionals were concerned that evidence-based initiatives that had been tried locally had failed to have the desired outcomes. This was because, for example, some professionals felt that parenting programmes (e.g. Webster-Stratton) tested in the US had not translated successfully in the UK. Some professionals were also concerned that stipulating that interventions needed to be evidence-based may prevent creativity locally.

## 5.6 Clarity and ease of understanding of the recommendations?

Overall, professionals felt the clarity of the recommendation could be improved, in particular, they highlighted:

- **(General point) The recommendation could be strengthened by being more specific:** There was a concern that because some of the recommendations were open to interpretation local areas may do different things in terms of strategy, commissioning and review, i.e. at the implementation stage it allows people to say they are doing what is outlined in the recommendation without doing it in the detail or the depth that NICE may

envisage. However, some professionals welcomed the importance of the recommendations allowing local areas to work in a framework so that they could implement the recommendations to effectively meet local requirements. If recommendations are too specific there may not be room to adapt to meet local needs.

- **(Point 1) There were concerns about the meaning and appropriateness of 'readiness for school'**: Professionals consistently expressed anxiety that it was not the most appropriate term in this context. Some felt school readiness indicated a focus on phonics and other standardised tests, which they felt was potentially at odds with the social and emotional wellbeing agenda and also went against the evidence base and focus of early years. Alternative suggestions which professionals suggested may be more appropriate included terminology such as 'readiness for life' or an approach similar to 'Every Child Matters' whereby all aspects of a child's development are given equal weighting.

- **(Point 3) Greater clarity was required about the meaning of integrated commissioning:** Professionals felt there should be greater clarity about the meaning of integrated commissioning and more detail should be provided about how this would be achieved in practice.

- **(Point 3) Professionals would like greater clarity about which outcomes to monitor in relation to interventions:** Some professionals stated that monitoring outcomes is a laudable aim. However, they identified that sometimes outcomes of interventions may take place in the long-term in which case they are difficult to measure. Some professionals commented that they would find it helpful if NICE could provide examples of outcomes that should be monitored and also interventions that are recommended based on the existing evidence.

Figure 5 presents a table of specific feedback that professionals provided in relation to this recommendation.

*Figure 5: Proposed changes to draft recommendation1*

| Section of draft text | Proposed change |
|---|---|
| Title | No changes were identified |
| Who should take action? | Overall some professionals identified a need for tighter definitions of who the recommendations apply to. For example, there is a reference to 'specialist services' but this assumes that they exist. In some areas there are no specialist services for 0-3 year olds or services that work with families as part of adult mental health services.<br><br>Additional inclusions recommended by professionals were:<br><br>• Clinical commissioning groups (CCGs)<br>• Schools and Academies<br>• Adult mental Health |

| Section of draft text | Proposed change |
|---|---|
| | Who are Health and Wellbeing boards? Some professionals felt that this needs spelling out. |
| Action point 1 | *"Health and wellbeing boards should ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy', …."*<br><br>• *"ensure"* - would also want to be *assured*, some professionals identified that they would also want evidence that this had happened<br>• Features is too weak. Professionals felt it should read 'social and emotional wellbeing should be central to…' instead.<br>• 'Readiness for school' should be changed to "life readiness" (see discussion above) |
| Action point 2 | There was a general confusion among professionals about what population models are, in particular, what PREview is. This should be clarified further, as there were few professionals who were familiar with PREview.<br><br>Some professionals also wanted greater clarity about how the *social and emotional needs of children under 5* would be assessed. |
| Action point 3 | Some professionals welcomed that this recommendation was very specific, but others identified the following areas for clarification:<br><br>• This point requires greater clarity about the meaning of integrated commissioning – what would this look like in practice? i.e. what is integrated?<br>• Concern with terminology as Local Authorities do not necessarily commission children's centres, nurseries and childminders.<br>• Language refers to child protection whereas professionals in local areas now more commonly refer to safeguarding instead.<br>• The reference to other NICE guidance feels out of place here. Is it necessary? Can it go into the evidence-base at the back of the document? Why treat this differently to the other evidence?<br>• Why is Attention Deficit Hyperactivity Disorder (ADHD) specifically referenced here? It seems overly specific and runs the risk that services will focus exclusively on this.<br>• SEN should be referenced.<br>• Some professionals were concerned about what evidence based and targeted interventions could be.<br>• Concern that evidence based approaches may not work with the families that they currently work with. |
| Action point 4 | There is a lack of focus on outcomes in relation to reviewing delivery of plans and programmes designed to improve the social and emotional |

| Section of draft text | Proposed change |
|---|---|
| | wellbeing of vulnerable children aged 5 and under. The language should be worded more strongly to reflect this.<br><br>Professionals felt the use of the word 'scrutiny committees' was too weak (i.e. they could just look at plans and programmes but not do anything to change things) and should be strengthened. |

## 5.7 Other evidence available

No specific local evidence was identified in relation to this recommendation, although professionals regularly made reference to linking this recommendation to other national guidance and recommendations in this area including those identified in the overview section (Section 4) of this report.

# 6 Recommendation 2: Identifying vulnerable children and assessing their needs

## 6.1 Overview

Figure 6 presents the draft NICE recommendation two in relation to identifying vulnerable children and assessing their needs. This section presents feedback that is specific to the recommendation, i.e. we do not include discussion in relation to the general issues outlined in section four of this report which may also apply to recommendation two.

*Figure 6: Recommendation 2: identifying vulnerable children and assessing their needs*

***Recommendation 2 Identifying vulnerable children and assessing their needs***

**Who should take action?**

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

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

**What action should they take?**

1. All health and early years professionals should develop trusting relationships with vulnerable families and adopt a non-judgmental approach. They should do this by:
    - identifying the strengths and capabilities of the family, as well as factors that pose a risk to the social and emotional wellbeing of the child
    - talking about the aspirations and expectations for the child
    - seeking to understand and respond to perceived needs and concerns
    - discussing any risk factors in a sensitive manner to ensure families do not feel criticised, judged or stigmatised.
2. Health professionals in antenatal and postnatal services should identify factors that may pose a risk to the child's social and emotional wellbeing. This includes any risks to the mother's social and emotional wellbeing which could impact on her capacity to provide a loving and nurturing environment. For example, discuss any problems she may have in relation to:

- her mental health
- substance or alcohol misuse
- family relationships, circumstances and networks of support.

3. Health visitors, nursery staff and other early years professionals should identify any risk factors that were not evident at the antenatal stage, as part of an ongoing assessment of the child's development. For an infant or child, factors could include being withdrawn, unresponsive or showing signs of behavioural problems. For parents, this could include indifference to the child or insensitive or harsh behaviour towards them.
4. Others who are in contact with a vulnerable child and their 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. They should raise any concerns with the local GP or health visitor (working in the context of local safeguarding policies).
5. Health and early years professionals should ensure procedures are in place:

- to collect, consistently record and share information as part of the common assessment framework (relevant child and adult datasets should be linked)
- for integrated team working
- for continuity of care
- to avoid multiple assessments.

## 6.2 How relevant is the recommendation for professionals' current work or practice?

There was general agreement that this recommendation was very relevant by professionals attending discussion groups. Early identification and effective assessment was considered to be very important in working effectively with vulnerable children under 5 and their families. Professionals also identified the benefits of bringing different disciplines together, through improving multi-agency working. Some professionals recognised that some of these recommendations were already happening, or being worked towards in local areas, but felt that these recommendations could help further support work that is currently happening.

## 6.3 What impact might the draft recommendations have on current policy, commissioning, service provision and practice?

In relation to current policy, commissioning, service provision and practice, professionals identified that there was an assumption behind the recommendation, that early year's practitioners (some of whom may only be paid the minimum wage) would be already have the required skill-set to fulfil tasks in relation to identification and assessing the social and emotional wellbeing needs of vulnerable children. Some professionals expressed concerns that this recommendation would have significant training implications.

Some professionals felt that the recommendation needed to identify that this would impact on the kind of competency frameworks and performance

management arrangements that practitioners would be expected to adhere to locally as well as identifying training recommendations.

## 6.4 What benefits might the recommendations achieve?

Reference to the Common Assessment Framework (CAF) and avoiding multiple assessments was welcomed as potentially having significant benefits for service delivery locally (point 5). Professionals welcomed the reference to the CAF, particularly as it was a tool that all areas had made some progress towards implementing and some were using effectively across health and social care. However, some professionals particularly identified that this approach should be more embedded in the recommendations.

## 6.5 What factors could help or hinder the implementation and delivery of the recommendations?

Professionals discussed the following factors that may help or hinder the implementation of the recommendation:

- **(General point) Professionals would like the recommendation to make it more explicit that pro-active prevention is better than re-active treatment:** The recommendations could be more explicit that an approach focused on making sure staff are working safely with families and helping them to move forwards in terms of prevention is better than focusing on resolving crises.

- **(Point 1) Clear identification in the recommendation that building trusting relationships with vulnerable families takes time, resources and training in the appropriate skills:** Professionals felt that increased reference to these issues in the recommendations would help with providing adequate resources for effective implementation.

- **(Point 1) Professionals identified that services' targets (often expressed as Key Performance Indicators (KPIs)) were not always compatible with investment of time that was required to develop a trusting relationship**: In particular, services which are aiming to reduce Did Not Attend (DNA) rates, are unlikely to be incentivised to persistently engage with vulnerable families. Some professionals wondered whether this issue of perverse incentives could be addressed in the NICE recommendations.

- **(Points 1, 2 and 3) NICE could strengthen the recommendation by signposting or making reference to appropriate performance management approaches to help improve effective supervision and management oversight locally:** Professionals also identified that management oversight and challenge are particularly important to ensure this recommendation is delivered. One group identified that the issue of oversight and challenge, particularly around record keeping was also often highlighted in serious case reviews.

- **(Points 1, 2 and 3) NICE could help encourage implementation of the recommendation by signposting or referencing a checklist or framework to assist practitioners identify social and emotional**

**wellbeing issues among vulnerable children:** Professionals identified that if practitioners are going to be expected to raise sensitive issues with vulnerable families, for example, the identification of risks, then a framework which helped staff expected to identify vulnerable children was critical.

- **(Point 4) GPs were not considered the most appropriate person to raise concerns to:** Professionals expressed anxieties that GPs were not always aware of families' risk factors and were likely to have to refer onto other professionals. For this reason professionals expressed concerns that vulnerable children could slip through gaps. Alternative suggestions were that the recommendation should refer to social services or local children safeguarding boards. One professional noted: *"professionals already have a duty to pass relevant information to the relevant professional".*

- **(Point 5) The recommendation would be assisted by stating that a lead role for social and emotional wellbeing and for the CAF should be identified in settings:** Some professionals suggested that a practitioner should be identified to be responsible for social and emotional wellbeing in each setting, in the same way that a Special Education Needs Coordinator (SENCO) has responsibility for SEN. In a similar vein, professionals highlighted that identifying a lead professional for the CAF would also increase the viability of implementation.

- **(Point 5) Professionals identified that there have been numerous issues in linking datasets (for example, data protection, developing the relationships between agencies/stakeholders to share information etc):** Rather than linking datasets, professionals felt that improving information sharing arrangements would improve the recommendation and should be made more explicit. One suggestion to make data sharing possible would be to advocate a single unique reference number for every child through their lives rather than having an NHS number and a unique pupil number. However, professionals acknowledged that issues in relation to datasets and information sharing arrangements are also picked up under recommendation 6.

## 6.6 Clarity and ease of understanding of the recommendations?

Professionals discussed the following issues in relation to the clarity and ease of understanding of the recommendations:

- **(Point 1) Greater clarity is required about the meaning of 'trusting relationships' and adopting a 'non-judgemental approach':** Professionals were concerned about the implications of developing trusting relationships and non-judgemental approaches. The particular issues identified were

    - Some professionals identified the issue of professional boundaries; for example, that families know there are services there if needed but that they should not become best friends with practitioners (i.e. the relationship is more professional).
    - Concerns were also raised about how 'trusting relationships' could be achieved with so little time available for practitioners to engage with families.

- **(Point 2) Fathers should be explicitly included in the recommendation:** Professionals discussed a concern that fathers are currently marginalised in the recommendation. Professional felt that developing a relationship with fathers helps professionals understand who is coming in and out of the family home and is also important when there are issues with domestic violence.

- **(Point 2 & 3)The recommendation would benefit from clarity about what actions should be taken after identification:** Professionals felt that there was insufficient information and clarity about the next steps following identification of vulnerable children.

- **(General point) Professionals identified that there is no discussion about how initial contact with the family would be made:** Some professionals felt that any steer NICE can provide in relation to this would help strengthen the recommendation.

Figure 7 below identifies particular changes that professionals suggested for the recommendations:

*Figure 7: Proposed changes to recommendation 2*

| Section of draft text | Proposed change |
|---|---|
| Who should take action? | Some professionals felt that it should be made clear that there is a joint and equal responsibility of all professional groups on the 'who should take action' list to support the social and emotional wellbeing of vulnerable children.<br><br>Professionals felt that the following groups could also be usefully included on this list:<br><br>• Speech and language therapy,<br>• Drug and alcohol service,<br>• Children's and adult social services (some professionals argued that when child protection services are involved it is already too late).<br>• Schools<br>• LAC services (some professionals also argued that these should be in the "who should take action" section in the other recommendations)<br><br>Further clarification was required by professionals about<br><br>• What is the healthy child programme?<br>• Some professionals welcomed the inclusion of Child and Adolescent Mental Health Service (CAMHS) but felt this should also include mental health services for all the family |

| Section of draft text | Proposed change |
|---|---|
| Action point 1 | Professionals were positive about the idea of progressive universalism, but were concerned about the following language:<br><br>• Some professionals did not like the use of the word 'trusting relationships' and thought the word 'dependable' may be more appropriate than 'trusting'. They also questioned whether the word 'relationship' needed to be used at all.<br>• The phrase "trusting relationships" needs pinning down more and needs to be clearer on how this will be achieved with so little time available for practitioners.<br>• The last point about a family not feeling stigmatised may be over-elaborating. |
| Action point 2 | Some professionals were of the opinion that It seems arbitrary the groups that have been included in the list of problems that may be discussed. If there is the need for a list, it may be necessary to list every problem that may be applicable.<br><br>Additional suggestions by some professionals to be included in the list of problems to be discussed are:<br><br>• An explicit reference to domestic violence<br>• People in care<br><br>Some professionals suggested that the following phrase should be included in the recommendation *" where a midwife identifies a mother in need, there should be a joint visit arranged with the health visitor"* |
| Action point 3 | Some professionals did not like the term *'behavioural problems'* feeling use of the word 'problem' is overly judgemental. One professional suggested changing the wording to behavioural *'adaptations'* or *'disturbances'*. |
| Action point 4 | The recommendation should include a statement on the logistics of effective information sharing.<br><br>Professionals voiced concerns about the specific professionals identified here, including:<br><br>• Some professionals were sceptical about how much others (such as police) are aware of social and emotional issues and raising concerns, based on their own experience.<br>• Professionals were concerned that GPs would not be |

| Section of draft text | Proposed change |
|---|---|
| | the best professionals to raise concerns with because of their own experience with GPs and also the requirement to raise concerns with the most relevant professional. Perhaps it would be better to read that *'concerns should be raised in accordance with local safeguarding procedures'*<br>• Alternative suggestion to GPs were Health Visitors, through the CAF or to children's services<br><br>Some professionals identified that the recommendation seemed to be written assuming a CAF is already in place and the family are already in the system and known by services. They felt as such it needs rewording. |
| Action point 5 | There should be a discussion about 'lead professional' in relation to the CAF guidance.<br><br>References to health and early years professionals throughout the recommendations keeps professionals in silos. Is there a way NICE can address this? One suggestion was the following wording: *"professionals/practitioners/staff working with young children"* |

## 6.7 Other evidence available

No specific local evidence was identified in relation to this recommendation, although professionals regularly made reference to other national guidance identified in Section 4 of this report. However, professionals did identify that the information sharing scenario discussed in the recommendation might be an appropriate rationale for having an information hub locally.

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

## 7.1 Overview

Figure 8 presents the draft NICE recommendation three in relation to pre- and postnatal home visiting for vulnerable children and their families. This section presents feedback that is specific to the recommendation, i.e. we do not include discussion in relation to the general issues outlined in section four of this report which may also apply to recommendation three.

*Figure 8: Recommendation 3: pre- and postnatal home visiting for vulnerable children and their families*

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

**Who should take action?**

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

**What action should they take?**

1. Health visitors or midwives should offer a programme of home visits by specially trained professionals to women assessed to be in need of additional support (see recommendation 2). For example, they could refer first-time teenage mothers to the Family Nurse Partnership from early pregnancy onwards. 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.
2. Health visitors or midwives should provide information about the programme of home visits, including its purpose and benefits. The information should take into account the mother's first language and differing attitudes, expectations and approaches to parenting (for example, according to their ethnic or religious background).
3. Health visitors or midwives should ensure the programme is agreed with the mother or mother-to-be. They should encourage them to participate, taking into account their priorities and commitments. They should also try to involve fathers and other family members, if appropriate and acceptable to the mother.
4. Health visitors or midwives should ensure the programme comprises a defined number of visits over a sustained period of time. It should be based on a set curriculum of activities which aim to achieve specified goals in relation to:

    - maternal sensitivity (how sensitive the mother is to her child's needs)
    - the parent-child relationship
    - home learning

- parenting skills and practice

5. 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.)
6. 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.
7. Health visitors or midwives should involve other professionals such as therapists and family support workers from the Healthy Child Programme and children's centres.
8. Those managing and providing the intensive home visiting programme should conduct regular audits to ensure consistency and quality of delivery.
9. Volunteers should only provide help with home visits in conjunction with a health or early years professional. Volunteers should be trained for this role, which should be for a specific purpose and carried out according to an agreed plan. Volunteers should be given support sessions on a regular basis.

## 7.2 How relevant is the recommendation for professionals' current work or practice?

Recommendation three was regarded as very relevant and quite timely given the current 'Call for Action'[16] and the 'Healthy Child Programme'[17]. Professionals also felt that generally as well as being relevant the recommendation was an excellent aspiration.

## 7.3 What impact might the draft recommendations have on current policy, commissioning, service provision and practice?

Some professionals considered the recommendation to be simply the implementation of the Healthy Child Programme and therefore considered it to have a limited impact on existing national policy and therefore also local policy. However, some professionals felt that it would support local policy if implemented – although the issue of what was meant by "programme" needed to be clarified before any real impact on local policy could be discussed (more about this is discussed in Section 7.6).

Some professionals were concerned about the commissioning and resource implications of the recommendation locally. It was recognised that the Family

[16] The health visitor implementation plan 2011-15 sets out a call to action to expand and strengthen health visiting services. For more information see: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124202

[17] The Healthy Child Programme for the early life stages focuses on universal preventative services, providing families with a programme of screening, immunisation, health and developmental reviews, supplemented by advice around health, wellbeing and parenting. For more information see: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563

Nurse Partnership is an expensive programme and professionals were concerned as to whether health visiting and midwifery would have the capacity and resources to engage all families in the manner outlined in the recommendation.

Professionals discussed that given caseloads are already high for health visitors in many areas, these additional requirements would mean a need for more health visitors. As one professional put it: "*Health visiting and other practitioners would all love to be doing all of this but to do so would require tripling the numbers of health visitors"*. In some areas the numbers of health visitors were already set to increase, following the 'Call to Action[18]'.

Some professionals were cautious about how well health visitors were able to pick up on the social and emotional wellbeing issues of children. They recognised that they were expert at identifying issues with physical development, but questioned the extent to which social and emotional wellbeing was included in the clinical model of practice used by health visitors.

## 7.4 What benefits might the recommendations achieve?

The benefits identified by professionals varied considerably. Some felt that if the recommendation were put in place, it would help to ensure the early assessment of additional need. Others felt that it would promote the liaison between midwifery and health visitors or even ensure that joint visits take place for women with additional needs. One professional likened this benefit to the way portage services work well with health visitors in some areas, embedding their relationships and ensuring better referral pathways.

Other benefits identified were:

- That the recommendation may reduce potential spending cuts to health visiting locally as these recommendations support the need for more resources in these areas.
- Professionals welcomed the emphasis in the recommendation in relation to home visits, but there was concern among some professionals that a lot of good work has previously been undertaken in settings and this work should not be lost.
- If implemented the recommendation would provide clearer pathways to future services for vulnerable children and their families.

[18] The call to action is a Department of Health four-year transformational programme of expanded and refocused training, recruitment and retention, professional development and improved commissioning of health visitors, further information can found here http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124202

## 7.5 What factors could help or hinder the implementation and delivery of the recommendations?

Professionals were asked about which factors would hinder or help the implementation of the recommendation. They particularly identified the following issues that would hinder the implementation:

- **(General point) Training:** For an intensive programme there are clear training implications for health visitors and midwives, as there are currently insufficient numbers of midwives and health visitors to continue to provide the current caseload and also provide intensive support. Furthermore, there is a specific training requirement for delivering the Family Nurse Partnership. Some professionals felt these issues should be acknowledged in the recommendation.

- **(General point) Health visiting teams are under threat in some areas:** Some professionals identified that although they would like to implement the recommendations they would not be able to do so as their health visiting teams are under threat of budget cuts. There were also concerns about capacity and resource implications of this recommendation (more about these issues are reported in Section 4of this report).

- **(General point) Home visiting support is currently delivered by a wide range of professionals. The recommendation should acknowledge this and also possibly widen the responsibility for home visits to other professionals rather than just those from Health:** Professionals discussed how home visits are conducted by a range of professionals including family support workers (based in children's centres) and voluntary organisations. Some professionals wondered whether these other professionals could work more effectively alongside health visitors to help manage health visitor workloads and to deliver the "programme". Some professionals were very positive about an approach to home visiting which could be conducted in a more "joined-up" way. There were also suggestions that the recommendation could provide more direction in relation to the responsibility of home visiting being shared by a wider range of professionals rather than just those from Health backgrounds.

- **(General point) Health visitors (and to some extent midwives) work as a team and have a caseload that is shared across this team:** Professionals identified that this means that mothers will not necessarily see the same health visitor regularly, which is required to build a relationship. Professionals identified that the caseloads of midwives and health visitors are already very high. Some explained that this meant that visits were generally task orientated and focused on delivering key duties. In many of the local authority areas, professionals reported that there is also a current shortage of health visitors. However, professionals explained that a recruitment drive (as part of the 'Call to Action') in many of the areas was intended to address this.

- **(General point) Clinical settings over home visits:** Professionals identified that health visitors in some areas operate out of clinical settings or children's centres as opposed to conducting home visits. This was seen by some professionals as a more cost effective model of service delivery.

- **(Point 1) The Family Nurse Partnership (FNP) does not provide complete coverage:** Professionals acknowledged that the FNP is not operating in all areas as not all meet the criteria on the number of new births. While in areas that it is operating it does not have the capacity to provide support for all those that are eligible. As one professional put it "*once it's full it's full".*

- **(Point 5) The recommendation relating to *Interactive Video Guidance* was considered by professionals in the discussion group to be overly specific and potentially too prescriptive:** Some professionals were unclear why this intervention was chosen over other evidenced-based interventions, particularly given that it is relatively expensive and requires expert staff resources. Some professionals, for example, wondered why there was no mention of Baby Massage, Parenting Programmes and other possible cheaper interventions that improve maternal sensitivity, mother-infant attachment and the child's behaviour. There were also concerns that cultural sensitivities about this type of intervention had not necessarily been taken into account. For example, some professionals cited examples where husbands had refused to allow their wives to be filmed.

- **(Point 9) Concerns were raised about the use of volunteers:** Some professionals were surprised to see this point in this recommendation stating that it was an example of where the recommendations suddenly become very detailed. Generally, professionals felt that it was good that the recommendation outlined the importance of volunteers working in conjunction with a health or early years professional, however, there was some uncertainty as to what benefits volunteers joining professionals in home visits would bring. Overall, views among professionals concerning the use of volunteers was mixed with some seeing volunteers as providing benefits (and citing existing schemes such as HomeStart as providing positive lessons where volunteers are working well), whereas others felt using volunteers can be expensive and would have resource and capacity implications which are not currently acknowledged by the recommendation. Some professionals were very clear that this recommendation required additional information about the implications of using volunteers, such as:

  - Safeguarding requirements
  - Training
  - Coordination
  - Quality assurance, oversight and supervision

  One professional described using volunteers as potentially: *"a very difficult delivery model"*

## 7.6 Clarity and ease of understanding of the recommendations?

There was consistent feedback from professionals that the nature of the 'programme' to be delivered throughout this recommendation was very unclear. NICE need to address this issue as the meaning of the recommendation is getting lost for some professionals. A number of different interpretations of the 'programme' emerged. Some professionals wondered whether this was a reference to the interactive video guidance, while others had understood it to be a similar programme to the one delivered by the Family Nurse Partnership, either

for young mothers who did not meet the criteria, or other mothers with vulnerable children. Professionals wondered whether it was intended as a compulsory or voluntary programme, and if it was to be targeted at parents and carers who were known to services already. Professionals also highlighted the following:

- The recommendation could be strengthened by further detail about how the 'programme' would be commissioned.
- Further clarification would help ensure the programme was implemented in a multi-disciplinary way. Many felt that a programme of this type should be a multi-disciplinary intervention.
- There was uncertainty about what the relevant systems and service pathways may be, as well as which assessment tools may be appropriate, i.e. appropriate "entrance" and "exit" criteria for those vulnerable children and families accessing the programme.
- Professionals stated that this section would be considerably strengthened by providing or signposting to good practice examples.
- A clearer steer on which professionals should be delivering the programme would improve the recommendation.

It should be noted that the confusion about the nature of 'the programme' greatly impacted on the discussion of recommendation 3.

Figure 9 below provides a summary of proposed changes to the wording identified by professionals.

*Figure 9: proposed changes to the wording of recommendation 3*

| Section of draft text | Proposed change |
|---|---|
| Who should take action | Some professionals felt that greater clarity is needed about which professionals should take action.<br><br>The healthy child programme has been included but some professionals would like signposting to what this is.<br><br>Some professionals considered Children's Centres an important inclusion in this section, but they were concerned that the role of the Children Centre was not referred to in the recommendation text in terms of its responsibilities.<br><br>Some professionals also identified that what is meant by Children Centre may vary as Children Centres have a variety of delivery duties and offers. This should be recognised in the recommendations, i.e. a Children Centre in one area may provide a very different offer to a Children Centre in another area.<br><br>Additional professionals that were suggested to be |

| Section of draft text | Proposed change |
|---|---|
| | included:<br><br>• GPs - but clarity would be required about their role<br>• The Family Information Service<br>• Community Nursery Nurses. |
| Action point 1 | See discussion regarding clarity around 'the programme' above. This needs to be clarified throughout this recommendation.<br><br>Professionals identified that real life examples would be beneficial here. |
| Action point 5 | Some professionals considered the recommendation around interactive video guidance as too prescriptive (see above) and specific. They felt other interventions that have been evidenced to improve maternal sensitivity, mother-infant attachment and the child's behaviour could be included here. They were concerned that interactive video guidance is not the only solution to achieve improved outcomes in these areas. |
| Action point 9 | Some professionals questioned whether a recommendation in relation to volunteering was needed in recommendation 3, i.e. what is the rationale for it? How does it fit with the other recommendations in recommendation 3?<br><br>Some professionals felt that this recommendation could be strengthened by acknowledging the implications of using volunteers in terms of: supervision, resources, reliability of service provision and meeting training needs (see discussion above for more information) |

## 7.7 *Other* evidence available

Some professionals were able to provide examples of other programmes that they felt could act as useful models for service delivery in this area:

- **Early Support for disabled children aged 0-4:** Early Support is a national programme to improve the way that services for young children (age 0 - 4yrs) with disabilities in England work together and with families. It provides a standard framework and set of materials that can be used in many different circumstances, and a set of expectations about how services should work with families. Birmingham's' project can be accessed here

- **Northamptonshire Baby project:** This is a project: "*that enlightens practitioners and parents about their baby's brain development & empowers*

*practitioners working with young infants to be confident and passionate about their vital work"*. See, http://northamptonshirebabyroom.org/

# 8 Recommendation 4: Early education and childcare

## 8.1 Overview

Figure 10 presents draft NICE recommendation four on early education and childcare which was discussed with professionals in the discussion groups. This section presents feedback that is specific to the recommendation, i.e. we do not include discussion in relation to the general issues outlined in section four of this report which may also apply to this recommendation.

*Figure 10: recommendation 4: Early education and childcare*

***Recommendation 4 Early education and childcare***

**Who should take action?**

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

**What action should they take?**

1. Ensure all children have the opportunity to attend high quality childcare[19] and early education services outside the home on a part- or full-time basis. Attendance times should be flexible so that parents or carers (including those from vulnerable families) have the opportunity take on paid employment.
2. All those involved in providing early education and childcare services should encourage a broad social mix of children to attend high quality childcare services. They should address any barriers that may hinder participation by vulnerable children, such as geographical access, the cost of transport or a sense of discrimination and stigma.
3. 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.
4. 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).
5. 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.

[19] As indicated by Ofsted inspection criteria. See consultation document Proposals for a revised framework for the registration, inspection and enforcement of registered early years provision [online].

6. 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.
7. Ensure the environment is spacious, well maintained and pleasant, offering appropriate facilities for educational and other activities.

## 8.2 How relevant is the recommendation for professionals' current work or practice?

There were very mixed views about the relevance of the recommendation among professionals. Some professionals considered the focus on social and emotional wellbeing and references to opportunities to take on paid employment as a relevant and a positive approach. In contrast, other professionals were concerned that there was insufficient acknowledgement of the importance of the benefits of children having a stable family and the home learning environment in this recommendation.

Some professionals felt the recommendation did not have a strong enough focus on social and emotional wellbeing, i.e. point 5 is the only one where social and emotional wellbeing is mentioned. Some professionals questioned the relevance of the recommendations because they felt many of the actions were already in place, or because the aspirations around high quality childcare were unattainable. Some professionals felt the recommendation was relevant in supporting what many Local Authority areas are already aiming to achieve in relation to childcare and early education.

Some professionals suggested that the recommendation's relevance could be improved by acknowledging that: (a) childcare is not always best for the child, and (b) that attending early education may not always be the best thing for vulnerable children aged from two years old. They would like the recommendation to recognise that childcare is often no substitute for a stable family home environment and a positive home learning environment.

Some professionals were also concerned about the focus of the recommendation (point 1) seemingly being returning parents/carers, or encouraging parents/carers, to take on paid employment. There was a concern that this did not sufficiently recognise the informed choice of parents and carers to stay at home and look after their child. They felt that the recommendations would become more relevant by including a focus on meeting the individual child's needs in relation to social and emotional wellbeing. One professional commented: *"this reads like – give us your kids and we'll sort out their social and emotional wellbeing."*

Some professionals also felt that the recommendation could be made more relevant by placing it in the context of Local Authorities' existing statutory duty to ensure childcare sufficiency. Linked to this some professionals felt that the relevance of the recommendations could be strengthened by signposting to existing policy and guidance in relation to the two, three, and four year old entitlements to free early education.

## 8.3 What impact might the draft recommendations have on current policy, commissioning, service provision and practice?

Professionals felt that this recommendation would have considerable implications for commissioning. They explained that delivering high quality childcare with a focus on social and emotional wellbeing would have considerable resource implications. As one professional stated: "*childcare is expensive, high quality childcare is more expensive. Graduate staff are expensive.*"

Professionals felt the recommendations would impact on service provision. They discussed the following issues in relation to this:

- **(Point 1) Professionals would like more steer as to how they can ensure quality of childcare provision locally:** Professionals questioned how quality could be ensured. They expressed a concern that in private nurseries managers do not have access to supervisions themselves. Equally there was uncertainty about whether childminders are well qualified, as defined in the recommendations. Professionals would find any guidance NICE can provide around systems for helping them to ensure and assure childcare quality locally helpful.

- **(Point 1) Flexible provision:** Some professionals expressed anxiety about the provision of flexible childcare. They identified concerns that this recommendation was focused on the needs of the parent and their access to work, and felt instead that the recommendation should focus on the needs of the individual child. For example, they felt that inconsistent attendance at childcare may be disruptive for the child. Furthermore, there were concerns that flexible childcare could be unsustainable.

- **(Point 3) The 2 year old offer:** Professionals discussed how the provision of childcare was currently insufficient (i.e. that training, staffing and buildings are already inadequate to meet current demand) or that there are difficulties with placing a child locally, even before the 2 year old offer is extended. Some wondered about what provision would be available for 2 year olds who do not meet the criteria for the 2 year old offer, but are still considered to be vulnerable. Furthermore, some professionals felt the recommendation was too prescriptive and could not see the correlation between the two year old offer and social and emotional wellbeing. They discussed the need to work with the whole family around these issues. In addition, some felt that the recommendations do not currently address the different provision that is required by children of different ages.

- **(Point 4) Recruitment:** Professionals did not necessarily disagree with the recommendation that early years and childcare should have a graduate in every setting, but there was a great deal of concern about whether it was realistic to be able to recruit staff with those qualifications. Particularly, as salaries tended to be low in this sector. Concerns were also raised that the recommendation lacked any reference to childcare professionals needing experience with children.

There were mixed views from professionals about the impact of this recommendation on current practice as some felt that a lot of the actions in the recommendation were already happening on the ground. As one professional

indicated the guidance, "*is good practice early years stuff, 90% of settings are already doing this".* However, there was a concern that this recommendation needed to link into the wider context and the 0-19 agenda for the best impact possible.

Professionals identified that there are areas of practice that are included in the recommendation, but they do not provide sufficient detail to assist with implementation. In relation to point 5, for example, some professionals would like more steer in terms of what a competency framework would look like for childcare staff in relation to meeting the social and emotional wellbeing needs of children, as well as more guidance on what actions would be needed to achieve these. Furthermore, some professionals would like more guidance in the recommendation about how to manage vulnerable children's behaviour that they may be struggling with.

## 8.4 What benefits might the recommendations achieve?

Professionals had mixed views about the benefits of the recommendation. Some identified that there were no specific clear benefits as their early education and childcare teams are already covering what is outlined here, but acknowledged that if this was not included in the recommendations, then this focus would be lost, i.e. the recommendation is positive in supporting practice which is already occurring.

Other benefits that were identified by some professionals included:

- The recommendation supports staff to help parents/carers to understand what social and emotional wellbeing is and how this could impact on their children. Some professionals felt that the recommendation could cascade via childcare and early education professionals to parents and carers and have a real impact on the ways that working parents engage with their children.

- The recommendation may provide an added impetus to the move towards flexible childcare including, for example, wrap around care.

## 8.5 What factors could help or hinder the implementation and delivery of the recommendations?

Professionals identified the following factors that may help or hinder implementation of the recommendation:

- **(Point 1) Professionals identified concerns that the opportunity to attend high quality childcare for all children may be too aspirational:** Professionals identified concerns about the meaning of high quality childcare (explored further in Figure 11 below) and whether this was an attainable aspiration for all children to have the opportunity to attend, particularly when weighed against providing sustainable childcare. Professionals particularly identified a mismatch between expectations of the childcare market and what it can realistically provide, given that providing sustainable childcare in itself was a challenge. However, professionals recognised that despite being very difficult to deliver in practice this is a good aspiration when considering implementation.

- **(Point 1) Some professionals were concerned that Ofsted inspection criteria are not the best measure of the quality of childcare:** They felt that the recommendation could be strengthened by a clearer definition of the meaning of 'high quality', particularly given that Ofsted inspections are becoming less frequent and do not demonstrate how quality of provision may vary over time, i.e. they only provide snap-shots of quality. Some professionals felt that local quality standards may be better than Ofsted. Some professionals cautioned against the recommendation being too prescriptive in relation to a set of childcare quality standards as they may not be compatible or compare like with like in terms of childcare. For example, some professionals wondered how quality standards worked with approaches like those of Steiner and Montessori settings.

- **(Point 4) Professionals welcome the aspiration of childcare and early education services being run by well-trained qualified staff, including graduate staff and qualified teachers:** Professionals felt there should be more clarity in point 4 on how to achieve the recommendation in practice. In particular, professionals discussed the need for more detail on what level staff should be trained to, as this is currently different in different settings. Some professionals particularly identified that Early Years is currently a long way from being a graduate-led workforce. As one professional put it "*This is aspirational, there is not enough funding to achieve this".* Professionals felt that staff trained to NVQ level 3 (and Initial Teacher Training) will not have a sufficient understanding of social and emotional wellbeing or child development and would require training. A lot of training for some professions, for example, social work and nursery qualifications, do not mandatorily cover child development and professionals felt that this should be mandatory

- **(Point 5) Recommendations do not account for the existing requirements for Personal, Social and Emotional Wellbeing Development (PSED) in all settings set out in the Early Years Foundation Stage (EYFS):** Professionals felt it should be clear that *all* settings must deliver PSED according to the revised Early Years Foundation Stage (EYFS). Reflecting this in the recommendation would help implementation locally.

- **(Point 7) Professionals welcomed the clear vision of physical settings:** There is a very clear vision of what settings should look like and this can be implemented easily.

## 8.6 Clarity and ease of understanding of the recommendations?

Specific issues raised for each of the action points in this recommendation are explored in Figure 11 below.

*Figure 11: Proposed changes to the wording of Recommendation 4 on early education and childcare*

| Section of draft text | Proposed change |
|---|---|
| Title | Some professionals suggested this could be changed to |

| Section of draft text | Proposed change |
|---|---|
| | show more of a focus on social and emotional wellbeing. They felt currently the recommendation was focussed to generally on early education and childcare rather than specifically on how early education and childcare can support the social and emotional wellbeing of vulnerable children |
| Who should take action? | Professionals felt that childminders should be referred to as registered childminders, but that the following professionals should also be included:<br><br>• Out of school clubs (some out of school clubs are open to children under 5).<br>• Professionals that link with early years and childcare such as speech and language therapists |
| Action point 1 | Some professionals felt that there should be more detail about what is meant by high quality childcare. They discussed that Ofsted inspection criteria may not be the most appropriate approach. Some professionals suggested that a balance between Ofsted criteria and local authority would be more effective.<br><br>Some suggested that point 1 could be strengthened by inserting: *"Attendance times should be flexible, within the context of the best needs of the child, so that parents or carers...."*.<br><br>Some professionals were also concerned that the recommendation was currently too suggestive that parents/carers should be taking paid employment. |
| Action point 2 | One professional expressed concern that this recommendation seemed to *"have a whiff of social engineering about it".* There was a concern about the term "broad social mix" and how this could be interpreted. Some professionals were unsure what NICE is trying to achieve with this point and would like greater clarity. |
| Action point 3 | Some professionals felt that there should be a reference here to the existing free entitlements to childcare for 2, 3 & 4 year olds. |
| Action point 4 | Concerns were raised about the lack of reference childcare staff needing experience with children. |
| Action point 5 | One suggestion was that there should be a review of Initial Teacher Training, NVQ level 3, as well as social work and nursery nurse training to ensure that it covers social and emotional wellbeing and child development. |

| Section of draft text | Proposed change |
|---|---|
| | This point would benefit by referencing PSED requirements already outlined in the EYFS.<br><br>Some professionals objected to the wording of '*structured daily schedule', a*s they were concerned that very young children did not necessarily respond well to too much structure. |
| Action point 7 | Some professionals were concerned about the prescriptive description of settings, rather than recognise that they do the best with what they have.<br><br>One suggestion was that there should be an inclusion in this action point of references to existing relevant health and safety legislation. |

## 8.7 Other evidence available

Professionals felt that the recommendation needs to ensure that the evidence base is interwoven into the recommendations (as opposed to being at the back of the document). However, no specific local evidence was identified in relation to this recommendation, although professionals regularly made specific reference to the following national guidance (identified in the overview):

- Statutory guidance associated with the EYFS
- Information concerning the Local Authority statutory duty to ensure sufficient childcare
- *Every child a talker (ECaT),* as Speech and Language was not addressed sufficiently[20]

[20] http://webarchive.nationalarchives.gov.uk/20110809091832/http:/teachingandlearningresources.org.uk/early-years/every-child-talker-ecat

# 9 Recommendation 5: Managing services

## 9.1 Overview

Figure 12 present the draft NICE recommendation five in relation to managing services. This section presents feedback that is specific to the recommendation, i.e. we do not include discussion in relation to the general issues outlined in section four of this report which may also apply to recommendation five.

*Figure 12: Recommendation 5: Managing services*

***Recommendation 5 Managing services***

**Who should take action?**

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

**What action should they take?**

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

emotional wellbeing of vulnerable children aged under 5.

## 9.2 How relevant is the recommendation for professionals' current work or practice?

Professionals felt this recommendation was relevant. It was seen as an important recommendation in relation to focusing on improving integrated service provision and encouraging greater opportunities for improving multi-agency working.

Some professionals felt that the relevance of the recommendation could be strengthened by outlining more clearly the rationale for why the recommendation is needed. Some professionals felt there should be greater clarity about who the target of the recommendation is and how to respond in light of this. They explained that although there should be a focus on the individual needs of families and that services will have different ways of identifying need, the recommendations need to be clearer about what the benefits of integrated approaches and multi-agency working are in terms of improving the social and emotional wellbeing of vulnerable children.

## 9.3 What impact might the draft recommendations have on current policy, commissioning, service provision and practice?

Professionals welcomed a focus on integrated services (point 1). It was hoped by some professionals that the EYFS would have taken this into account but because of delays and misunderstanding this opportunity could have been missed. Professionals were, therefore, very positive about this recommendation being in the NICE draft recommendations. They felt it would have a positive impact on commissioning, service provision and practice in their local areas.

## 9.4 What benefits might the recommendations achieve?

Professionals felt that the recommendation would promote improved and greater consistency of service provision through encouraging services to work in a more integrated way. For example, some professionals felt that there could be a significant positive impact on the way Child and Adolescent Mental Health Services (CAMHS) are delivered. By having a menu of pathways for children with different support needs it would reduce the burden on their service. It would also help all organisations have a greater understanding as to where and how they fit in the system.

## 9.5 What factors could help or hinder the implementation and delivery of the recommendations?

Professionals discussed which factors they felt would help or hinder the implementation of the recommendation. Issues discussed included:

- **(General point) Some professionals would like an additional recommendation in this section to help implementation of all the NICE**

**recommendations:** Some professionals would like NICE to recommend that managers of all services should make sure that their staff are aware of the NICE recommendations as well as other services offering social and emotional wellbeing support for children.

- **(General point) Some professionals explained that they were already working towards joined up working in their area and this recommendation would assist to reinforce this work:** One suggestion to help complement joined up working was that NICE could further encourage mental health professionals in these recommendations to identify what support could be delivered by other professionals and services in order to help avoid duplication in existing service provision.

- **(Point 1) Professionals would like greater clarity around what is meant by "local systems":** Professionals felt that the language in this section is unhelpful as it lacks clarity as there are many different ways of defining local systems. Professionals also identified that there are wider requirements for ensuring that these local systems are in place and that the recommendation would benefit from including examples (e.g. CAF). Some felt that the recommendation should read: "*all services should be delivered in an integrated way".*

- **(Point 2) Regular audit should be included to ensure the quality of services:** Professionals felt that regular audit would be an important way of ensuring the quality of how local services are being delivered. This would sit well alongside the existing requirement of point 2 to manage, monitor and evaluate performance in relation to improving outcomes.

- **(Point 2) Professionals would like more steer from NICE about what outcome measures should be used to monitor and evaluate performance:** Professionals were unclear about what relevant outcomes measures should be used. Some felt this should to cross-referenced with Ofsted inspection requirements and link with evaluation and outcome measures developed locally as well as linking to the national evidence base. Some professionals felt that examples of outcome measures would help strengthen this action point.

- **(Point 3) Securing the engagement of parents may be hard to achieve:** Professionals were unclear about who would be responsible for ensuring that a parent was involved in determining the extent and nature of the support that they required. In particular, professionals were unclear how a vulnerable or 'hard to reach' parent would engage in this process, as they were concerned that there was little recognition that families often do not want help or recognise that there is a problem. This point should also appear earlier in the recommendations (in relation to strategy) in order to be more meaningful.

- **(Point 4) Training requirements would benefit from being clearer:** Although professionals welcomed the reference to training in the recommendation they felt it should be more explicit. Particularly as not all professionals have compulsory training on social and emotional wellbeing (this point is also discussed in recommendation 4). Professionals felt that there should also be a discussion of what is expected in terms of the amount of supervision in the recommendation.

- **(Point 4) Professionals would like more clarity about what evidence-based programmes they should be delivering locally:** Professionals raised concerns about what evidence-based programmes were to be identified. They wondered whether this would be delivered consistently in all areas, what kind of rationale the selection of these programmes might be based on and how they would be rolled out. Any steer that NICE could provide would be welcomed.

## 9.6 Clarity and ease of understanding

Concerns around the clarity and ease of understanding of this recommendation are highlighted in Figure 13 below.

*Figure 13: Proposed changes to the wording of recommendation 5*

| Section of draft text | Proposed change |
|---|---|
| Title | Some professionals suggested that the title of this recommendation should change. One suggestion was:<br><br>*Managing services to support the social and emotional wellbeing of vulnerable children aged under 5 years* |
| Who should take action? | Professionals felt that the *who should take action* section was vague and lacked clarity particularly about:<br><br>• Who are "Managers of early years services"?<br>• Who "trainers" are?<br>• Which professionals does the Healthy Child Programme include?<br>• Children's centres – which professionals within the children's centre does this refer to?<br><br>Professionals considered the following to be important inclusions to the list:<br><br>• Adult social care<br>• Children's services<br>• School Nurse (in reception)<br>• Services for teen parents<br><br>Furthermore, the burden of actions does not correlate with who should take action. |
| Action point 1 | NICE should provide greater clarity about 'local systems'. What does this mean?<br><br>Some professionals felt that needs assessments should be included in this action in addition to pathways, i.e. assessments that are bespoke to the needs of the individual child (for example, those with ADHD) as opposed to following a rigid pathway. Some |

| Section of draft text | Proposed change |
|---|---|
| | professionals felt rigid pathways can sometime be unhelpful.<br><br>One suggestion was that the action point could read: *"All services should be developed in an integrated way…"* and it needs to be clear that this is about integration at all levels including practice, managing and commissioning etc. |
| Action point 2 | Some professionals felt that references should be made to vulnerable *families* not just *children*. |
| Action point 4 | The training requirement would benefit from greater clarity (see discussion in section 9.5) |

## 9.7 Other evidence available

No specific local evidence was identified in relation to this recommendation.

# 10 Recommendation 6: Delivering services

## 10.1 Overview

Figure 14 below presents NICE draft recommendation six in relation to delivering services. This section presents feedback that is specific to the recommendation, i.e. we do not include discussion in relation to the general issues outlined in section four of this report which may also apply to recommendation six.

*Figure 14: Recommendation 6: Delivering services*

***Recommendation 6 Delivering services***

**Who should take action?**

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

**What action should they take?**

1. Health and early years organisations should have integrated administrative systems and datasets to support the planning, management, review and evaluation of both universal and targeted services to support vulnerable children's social and emotional wellbeing.
2. Health and early years professionals should be clear about their roles and responsibilities for improving the social and emotional wellbeing of vulnerable children and their families in any particular locality.
3. Health and early years professionals should be systematic and persistent in their efforts to encourage hard-to-reach vulnerable parents to use early years services. (This includes parents who do not use universal services, such as primary care.) Activities should include:

    - targeted publicity campaigns
    - using key workers and referral partners to make contact
    - sending out repeat invitations
    - knocking on doors
    - using local community venues, such as places of worship and play centres to encourage them to participate and to address any concerns about discrimination and stigma
    - using home visits by family support workers.

4. Health and early years professionals should use outreach methods to maintain or improve the participation of vulnerable parents and children in programmes and

activities. Parents who may lack confidence or are isolated will require particular encouragement. (This includes those with drug or alcohol problems and families experiencing domestic violence.)

### 10.2 How relevant is the recommendation for professionals' current work or practice?

Professionals generally considered this recommendation for delivering services as highly relevant, although there were some concerns about implementation. The majority of concerns related to whether integrating administrative systems and datasets was achievable in practice (this point is discussed in more detail in section four of this report).

### 10.3 What impact might the draft recommendations have on current policy, commissioning, service provision and practice?

Professionals felt that there were implications of this recommendation for impacting on current local commissioning arrangement. For example, some professionals felt that engagement with "hard to reach" could not simply be identified at the management and delivery level it must also be included in strategic commissioning in order to create capacity to deliver these recommendations. Some professionals felt that to reinforce the message in relation to the focus on the "hard-to-reach", this should also be set out in NICE recommendation one.

Professionals felt this recommendation would impact on current service delivery as it is very prescriptive about the methods that professionals would be expected to use, particularly in terms of outreach methods (point 3). Some professionals also identified that this recommendation around outreach methods and efforts to encourage 'hard to reach' families to attend early years services (points 3 and 4) would mean that greater responsibility was being put on the individual setting. Therefore, in order to implement this recommendation there would be a training requirement on professionals to ensure they were equipped with the skills needed to encourage families that do not engage in services, to engage.

### 10.4 What benefits might the recommendations achieve?

Some professionals were generally positive about the benefits of the recommendation: "*I love the thrust of it"* as it identified efforts to connect with those vulnerable children and families that are really hard to connect with.

Professionals discussed the following benefits:

- **(General point) Multi-disciplinary working will benefit children:** Some professionals felt that the recommendation contained a good multi-disciplinary action list which would be very positive for delivery: "*When people work together and more professionals are on board it benefits children and it's better to solve problems earlier".* Furthermore, professionals felt that earlier identification before children access a setting will help with transitions

between settings, as this would mean that the new setting could receive information about the needs of the child and prepare for how to meet the child's needs in advance of attendance.

- **(Point 3) Some professionals identified that being "systematic and persistent" suggests a targeted approach to delivery which was seen as a benefit**: This will also ensure that professionals *are* safeguarded against the accusation that insufficient efforts have been made with a family. Others *were concerned that this* could be seen to endorse harassment by services.

- **(Point 3 & 4) Some professionals felt the recommendation could also increase outreach work and help direct people to the right place for support:** This would help to ensure that vulnerable children and families would be able to access a variety of workers and activities that would be most likely to meet their needs.

## 10.5 What factors could help or hinder the implementation and delivery of the recommendations?

Professionals discussed what factors may help or hinder the implementation and delivery of the recommendation. The following issues were discussed:

- **(Point 3) Professionals felt that the list of methods to approach 'hard to reach' vulnerable parents could be improved:** Some professionals were concerned that the current list of methods to identify vulnerable families should include a clearer link to the evidence base that these approaches identified by NICE are the most effective. For example, some professionals questioned whether indiscriminately knocking on doors was a good use of resources. However, others explained that the methods for engaging families should be bespoke and would depend on whether the families were disengaged or not. Professionals explained that prescriptive top down models were less successful than ones that had been generated locally and were appropriate to that particular area.

- **(Point 3 & 4) Professionals felt that the recommendation should also include the need to demonstrate that methods to engage the "hard-to-reach" used locally are having the desired impact:** Professionals discussed that there should be greater clarity about how to demonstrate the impact that these methods are having on encouraging the participation of vulnerable families and the language in the recommendation therefore needs to be more precise around how this could be measured.

- **(Point 3) There were mixed views about the language of systematic and persistent efforts to encourage 'hard to reach' vulnerable parents:** Some professionals felt that this language was helpful and relevant, whilst others were concerned that this could lead to harassment of vulnerable children and families.

## 10.6 Clarity and ease of understanding

Professionals would like greater clarity around the meaning of "integrated administrative systems and datasets" (point 1). Some professionals identified that

the term “integrated administrative systems” was unclear and open to different interpretations. Some professionals stated referencing to anything more than information sharing agreements and protocols from information governance would be unrealistic. Some professionals identified a number of alternative suggestions to improve the support for planning, management and review of services for children’s social and emotional wellbeing without integrating administrative systems and datasets. Suggestions included:

- **Local information sharing arrangements:** Some professionals felt that the reference should be to good local information sharing arrangements, as there are currently too many systems for a sensible integration of datasets.

- **Building relationships to improve better information sharing:** Professionals identified that the effectiveness of information sharing between services was dependent on the practical issue of gate-keeping. They identified that integration cannot be achieved without effective information sharing. Some suggested that this recommendation should be integrated with, or linked to, NICE recommendation 5 more explicitly.

- **Utilising the CAF and key worker role:** Some professionals felt that the CAF would be a good way to hold information in a way that is relevant to all services. Additionally, they felt that the key worker role identified in the CAF would assist in ensuring that somebody takes overall (multi-agency) responsibility for families and the information shared about them.

Figure 15 below identifies where professionals felt changes should be made to the wording of recommendation 6.

*Figure 15: Proposed changes to recommendation 6*

| Section of draft text | Proposed change |
|---|---|
| Title | Some professionals identified that the title should not be *Delivering services* but rather *Delivering outcomes* |
| Who should take action | Some professionals commented that early years services have been placed together into one group together which is unhelpful as it covers a range of roles and responsibilities. It would be good for NICE to clarify terminology around early years.<br><br>Additionally this section should include:<br><br>• Integration team family workers ,<br>• Housing,<br>• Police,<br>• Probation,<br>• Play services ,<br>• Local Authority outreach,<br>• Family support workers |

| Section of draft text | Proposed change |
|---|---|
| Action point 1 | Greater clarity was required about the meaning of *integrated administrative systems and datasets*. For instance does this mean expensive IT solutions, or better information sharing between agencies? |
| Action point 2 | Some professionals felt this point should include the importance of health and early years professionals being clear about others roles and responsibilities as well as their own.<br><br>Some felt that the recommendation would be clearer if it referred to the managers of health and early years professionals, thus showing where the responsibility lies. |
| Action point 3 | The language should be more precise. Some professionals for example, wondered whether primary care services mean "health services"?<br><br>Some professionals felt that the phrase *"take proportionate to the benefits"* should replace *"systematic and persistent*".<br><br>Some disliked the term "hard to reach", preferring a reference to all vulnerable families and a discussion of those families that were disengaging.<br><br>Some professionals would like this point to more explicitly reference cultural issues or language barriers |
| Action point 4 | Some professionals would like more clarification about what is meant by "outreach methods". |

## 10.7 Other evidence available

No specific local evidence was identified in relation to this recommendation, although professionals did make reference to the national guidance highlighted in the overview, in particular, the EYFS.

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# 11 Appendix 1

## 11.1 Discussion guide

| Introduction | |
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| 5 minutes | **Introduce NICE colleague (if present), the facilitator and co-facilitator (scribe)**<br><br>**Introduce the draft guidance and the purpose of the discussion group**<br><br>• Outline what the guidance and recommendations aim to achieve. Define what NICE mean by **social and emotional wellbeing and vulnerable children**<br><br>• Outline the design of the project, i.e. that it includes consultation with 40 parents/carers of vulnerable children as well as professionals from a range of backgrounds across 8 Local Authority areas.<br><br>• The objectives of the fieldwork are to elicit the views of professionals working in early years services on the draft recommendations. The key questions to be addressed are (take opportunity to direct them to A3 sheets):<br>○ What are professionals' views on the relevance and usefulness of the draft recommendations to their current work or practice?<br>○ What impact might the draft recommendations have on current policy, commissioning, service provision or practice?<br>○ What are the views of parents/carers of vulnerable children under 5 years about the draft recommendations and how they might affect service delivery?<br>○ What factors (for example, available time, training, access to services) could help or hinder the implementation of the guidance?<br>○ Do those working in these early years services know of any evidence, either from their own experience and practice or elsewhere, not currently taken into account by the draft recommendations?<br><br>• Explain how important it is for NICE to get the views of professionals who work in the field of vulnerable children (aged 0-5) and their families : *"this is your opportunity to influence national recommendations on the promotion of the social and emotional wellbeing of vulnerable children aged under 5 years through home visiting, childcare and early education".*<br><br>• Remind colleagues that they are likely to have more experience with some recommendations than with others and therefore they may want to comment less on some questions and say more in response to others – and that the format of the consultation will allow for this. |

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| | • Explain how views will feed into the development of the final recommendations.<br><br>**Consent and confidentiality**<br><br>• Notes will be taken during the discussion group<br>• All views will be treated in confidence and anonymised, neither individuals or their organisations will be named in any written report. Please respect the opinions of other participants and allow people to finish their point before contributing. Please also do not discuss the name or organisations of other group participants outside of the meeting<br>• Explain that the group is time-limited, please do not be upset if we have to try and move the discussion on – this is not because we're not interested in your views but that we have a lot of ground to cover.<br>• Remind respondents to complete the sign-in sheet and to give consent that they wish to take part (if they have not already done so)<br><br>**Explain the structure of the discussion**<br><br>• This will outline the format of the following discussion |
| **Warm up** | |
| 5 minutes | **Participants to introduce self, role and responsibilities**<br><br>• Get each person to introduce self, role and responsibilities? |
| **Introducing the recommendations** | |
| 10 minutes | • Before this exercise had you heard of NICE? What would you expect NICE's involvement in this area to achieve?<br><br>• NICE have developed 6 recommendations. These relate to:<br>  ○ Strategy, commissioning and review<br>  ○ Identifying vulnerable children and assessing their needs<br>  ○ Pre- and postnatal home visiting for vulnerable children and their families<br>  ○ Early education and childcare<br>  ○ Managing services<br>  ○ Delivering services<br><br>• **Show of hands:** how many of you have read the recommendations? If all have then proceed to next section, if not give colleagues 5-10 minutes to read the recommendations.<br><br>• If time ask for initial reactions? |

| Introducing the group work – review and feedback on recommendations | |
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| 5 minutes | • Explain that time is limited and we want to get as much feedback as possible from the session.<br><br>• As such we'd like to split the group into smaller groups to discuss the recommendations. If 2 groups take 3 recommendations each, if 3 groups could consider 2 or 3 each. Try to gauge which recommendations people would like to focus on –i.e. ask colleagues to go into groups where they feel most comfortable contributing – this will vary. Also it would be good if groups are similar in size, however, this may not be possible or appropriate. The key is to make sure all colleagues are comfortable.<br><br>• Consult with colleagues which recommendations they'd like to review and comment on – emphasising that there will be an feedback sessions later when colleagues can comment on other recommendations<br><br>• Groups may split along a number of lines: i.e. **Group 1** could be: Strategy, commissioning and review, identifying vulnerable children and assessing their needs, managing services. **Group 2** could be: Pre- and postnatal home visiting for vulnerable children and their families, early education and childcare, delivering services.<br><br>• **Split colleagues into the groups with 2/3 recommendations to consider each – this could take 5 minutes or so...**<br><br>• Introduce the A3 versions of the recommendations that colleagues can use<br><br>• Introduce the questions we would like colleagues to consider for each recommendation (there will be A3 handouts of these too), i.e:<br><br>  ○ How relevant are the draft recommendations for your current work or practice?<br><br>  ○ What impact might the draft recommendations have on current (1) policy, (2) commissioning, (3) service provision and (4) practice?<br><br>  ○ What benefits might the recommendations achieve?<br><br>  ○ What factors could help or hinder the implementation and delivery of the recommendations?<br><br>  ○ How clear is the wording of the recommendations? How easy are they to understand?<br><br>  ○ Do you know of any evidence, either from your own experience and practice or elsewhere, not currently taken into account by the draft recommendations? |

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| | • Ask each group to assign a scribe (this could be done by a CB facilitator if only 2 groups) and present them with the recording format outlined in NICE guidance, i.e. categorise each point as it relates to: (1) strategy and policy development, (2) commissioning, (3) management or (4) individual practice. We will provide groups with copies of A3 recording formats |
| **Group work – first recommendations** | |
| 15 minutes - review | • Groups to review their first recommendations, i.e. group 1 may review recommendation 1 and group 2 may review recommendation 5. |
| 10 minutes - feedback | • Groups to feedback their comments and challenge each other<br>• Scribe to record using the NICE guidance. Scribe to collect copies of outputs from each group<br>• Check summaries of feedback at end to make sure not missed anything |
| **Group work – second recommendations** | |
| 15 minutes - review | • Groups to review their first recommendations, i.e. group 1 may review recommendation 1 and group 2 may review recommendation 5. |
| 10 minutes - feedback | • Groups to feedback their comments and challenge each other<br>• Scribe to record using the NICE guidance. Scribe to collect copies of outputs from each group<br>• Check summaries of feedback at end to make sure not missed anything |
| **Group work – third recommendations** | |
| 15 minutes review | • Groups to review their first recommendations, i.e. group 1 may review recommendation 1 and group 2 may review recommendation 5. |
| 10 minutes feedback | • Groups to feedback their comments and challenge each other<br>• Scribe to record using the NICE guidance. Scribe to collect copies of outputs from each group<br>• Check summaries of feedback at end to make sure not missed anything |
| **Overview and feedback – for all participants** | |
| 20 minutes | • Thinking about the recommendations as a whole are there any gaps in your view?<br>• Are there any other points you'd like to raise about the recommendations that have not already been discussed?<br>• Provide a summary of the key points of the meeting and get attendees to confirm |

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| **Close and thank participants** | |
| | Remind participants to complete sign-in and consent sheet.<br><br>Thank all who participated. |

# 12 Appendix 2: Feedback summary table for each recommendation

Figure 16 collates the summary feedback tables in each of the six recommendation sections.

*Figure 16 Specific feedback on clarity for each recommendation*

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
|---|---|---|---|---|---|---|
| Title | | | | Some professionals suggested this could be changed to show more of a focus on social and emotional wellbeing. They felt currently the recommendation was focussed to generally on early education and childcare rather than specifically on how early education and childcare can support the social and emotional wellbeing of vulnerable children | Some professionals suggested that the title of this recommendation should change. One suggestion was:<br><br>*Managing services to support the social and emotional wellbeing of vulnerable children aged under 5 years* | Some professionals identified that the title should not be *Delivering services* but rather *Delivering outcomes* |
| Who should take action? | Overall some professionals identified a need for tighter definitions of who the recommendations apply to. For example, there is a reference to 'specialist services' but this assumes that they exist. In some areas there are no specialist services for 0-3 year olds or services that work with families as part of adult | Some professionals felt that it should be made clear that there is a joint and equal responsibility of all professional groups on the 'who should take action' list to support the social and emotional wellbeing of vulnerable children.<br><br>Professionals felt that the following groups could also | Some professionals felt that greater clarity is needed about which professionals should take action.<br><br>The healthy child programme has been included but some professionals would like signposting to what this is.<br><br>Some professionals considered Children's | Professionals felt that childminders should be referred to as registered childminders, but that the following professionals should also be included:<br><br>• Out of school clubs (some out of school clubs are open to | Professionals felt that the *who should take action* section was vague and lacked clarity particularly about:<br><br>• Who are "Managers of early years services"?<br>• Who "trainers" are?<br>• Which professionals | Some professionals commented that early years services have been placed together into one group together which is unhelpful as it covers a range of roles and responsibilities. It would be good for NICE to clarify terminology around early years.<br><br>Additionally this section |

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
|---|---|---|---|---|---|---|
| | mental health services. Additional inclusions recommended by professionals were:<br><br>• Clinical commissioning groups (CCGs)<br>• Schools and Academies<br>• Adult mental Health<br><br>Who are Health and Wellbeing boards? Some professionals felt that this needs spelling out. | be usefully included on this list:<br><br>• Speech and language therapy,<br>• Drug and alcohol service,<br>• Children's and adult social services (some professionals argued that when child protection services are involved it is already too late).<br>• Schools<br>• LAC services (some professionals also argued that these should be in the "who should take action" section in the other recommendations)<br><br>Further clarification was required by professionals about<br><br>• What is the healthy child programme?<br>• Some professionals welcomed the mentions Child and Adolescent Mental Health Service | Centres an important inclusion in this section, but they were concerned that the role of the Children Centre was not referred to in the recommendation text in terms of its responsibilities.<br><br>Some professionals also identified that what is meant by Children Centre may vary as Children Centres have a variety of delivery duties and offers. This should be recognised in the recommendations, i.e. a Children Centre in one area may provide a very different offer to a Children Centre in another area.<br><br>Additional professionals that were suggested to be included:GPs - but clarity would be required about their role<br><br>• The Family Information Service<br><br>Community Nursery Nurses. | children under 5).<br><br>Professionals that link with early years and childcare such as speech and language therapists | does the Healthy Child Programme include?<br>• Children's centres – which professionals within the children's centre does this refer to?<br><br>Professionals considered the following to be important inclusions to the list:<br><br>• Adult social care<br>• Children's services<br>• School Nurse (in reception)<br>• Services for teen parents<br><br>Furthermore, the burden of actions does not correlate with who should take action. | should include:<br><br>• Integration team family workers ,<br>• Housing,<br>• Police,<br>• Probation,<br>• Play services ,<br>• Local Authority outreach,<br><br>Family support workers |

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
|---|---|---|---|---|---|---|
| | | (CAMHS) but felt this should also include mental health services for all the family | | | | |
| Action point 1 | *"Health and wellbeing boards should ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy',*<br><br>• *"ensure"* - would also want to be *assured*, some professionals identified that they would also want evidence that this had happened<br>• Features is too weak. Professionals felt it should read 'social and emotional wellbeing should be central to…' instead.<br><br>Readiness for school' should be changed to "life readiness" (see discussion above) | Professionals were positive about the idea of progressive universalism, but were concerned about the following language:<br><br>• Some professionals did not like the use of the word 'trusting relationships' and thought the word 'dependable' may be more appropriate than 'trusting'. They also questioned whether the word 'relationship' needed to be used at all.<br>• The phrase "trusting relationships" needs pinning down more and needs to be clearer on how this will be achieved with so little time available for practitioners.<br><br>The last point about a family not feeling stigmatised may be over-elaborating. | See discussion regarding clarity around 'the programme' above. This needs to be clarified throughout this recommendation.<br><br>Professionals identified that real life examples would be beneficial here. | Some professionals felt that there should be more detail about what is meant by high quality childcare. They discussed that Ofsted inspection criteria may not be the most appropriate approach. Some professionals suggested that a balance between Ofsted criteria and local authority would be more effective.<br><br>Some suggested that point 1 could be strengthened by inserting: *"Attendance times should be flexible, within the context of the best needs of the child, so that parents or carers...."*.<br><br>Some professionals were also concerned that the recommendation was currently too suggestive that parents/carers should be taking paid employment. | NICE should provide greater clarity about 'local systems'. What does this mean?<br><br>Some professionals felt that needs assessments should be included in this action in addition to pathways, i.e. assessments that are bespoke to the needs of the individual child (for example, those with ADHD) as opposed to following a rigid pathway. Some professionals felt rigid pathways can sometime be unhelpful.<br><br>One suggestion was that the action point could read: *"All services should be developed in an integrated way…"* and it needs to be clear that this is about integration at all levels including practice, managing and commissioning etc. | Greater clarity was required about the meaning of *integrated administrative systems and datasets*. For instance does this mean expensive IT solutions, or better information sharing between agencies? |

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
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| Action point 2 | There was a general confusion among professionals about what population models are, in particular, what PREview is. This should be clarified further, as there were few professionals who were familiar with PREview.<br><br>Some professionals also wanted greater clarity about how the *social and emotional needs of children under 5* would be assessed. | Some professionals were of the opinion that It seems arbitrary the groups that have been included in the list of problems that may be discussed. If there is the need for a list, it may be necessary to list every problem that may be applicable?<br><br>Additional suggestions by some professionals to be included in the list of problems to be discussed are:<br><br>• An explicit reference to domestic violence<br>• People in care<br><br>Some professionals suggested that the following phrase should be included in the recommendation *" where a midwife identifies a mother in need, there should be a joint visit arranged with the health visitor"* | | One professional expressed concern that this recommendation seemed to *"have a whiff of social engineering about it".* There was a concern about the term "broad social mix" and how this could be interpreted. Some professionals were unsure what NICE is trying to achieve with this point and would like greater clarity. | Some professionals felt that references should be made to vulnerable *families* not just *children*. | Some professionals felt this point should include the importance of health and early years professionals being clear about others roles and responsibilities as well as their own.<br><br>Some felt that the recommendation would be clearer if it referred to the managers of health and early years professionals, thus showing where the responsibility lies. |
| Action point 3 | Some professionals welcomed that this recommendation was very specific, but others identified | Some professionals did not like the term *'behavioural problems'* feeling use of the word 'problem' is overly | | Some professionals felt that there should be a reference here to the existing free entitlements to childcare for | | The language should be more precise. Some professionals for example, wondered whether primary |

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
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| | the following areas for clarification:<br>• This point requires greater clarity about the meaning of integrated commissioning – what would this look like in practice? i.e. what is integrated?<br>• Concern with terminology as Local Authorities do not necessarily commission children's centres, nurseries and childminders.<br>• Language refers to child protection whereas professionals in local areas now more commonly refer to safeguarding instead.<br>• The reference to other NICE guidance feels out of place here. Is it necessary? Can it go into the evidence-base at the back of the document? Why treat this differently to the other evidence?<br>• Why is Attention Deficit Hyperactivity Disorder | judgemental. One professional suggested changing the wording to behavioural *'adaptations'* or *'disturbances'*. | | 2, 3 & 4 year olds. | | care services mean "health services"?<br><br>Some professionals felt that the phrase *"take proportionate to the benefits"* should replace *"systematic and persistent*".<br><br>Some disliked the term "hard to reach", preferring a reference to all vulnerable families and a discussion of those families that were disengaging.<br><br>Some professionals would like this point to more explicitly reference cultural issues or language barriers |

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
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| | (ADHD) specifically referenced here? It seems overly specific and runs the risk that services will focus exclusively on this.<br>• SEN should be referenced.<br>• Some professionals were concerned about what evidence based and targeted interventions could be.<br>• Concern that evidence based approaches may not work with the families that they currently work with. | | | | | |
| Action point 4 | There is a lack of focus on outcomes in relation to reviewing delivery of plans and programmes designed to improve the social and emotional wellbeing of vulnerable children aged 5 and under. The language should be worded more strongly to reflect this.<br><br>Professionals felt the use of the word 'scrutiny committees' was too weak (i.e. they could just look at | The recommendation should include a statement on the logistics of effective information sharing.<br><br>Professionals voiced concerns about the specific professionals identified here:<br><br>• Some professionals were sceptical about how much others (such as police) are aware of social and emotional | | Concerns were raised about the lack of reference childcare staff needing experience with children. | The training requirement would benefit from greater clarity (see discussion in section 9.5) | Some professionals would like more clarification about what is meant by "outreach methods". |

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
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| | plans and programmes but not do anything to change things) and should be strengthened. | issues and raising concerns, based on their own experience.<br>• Professionals were concerned that GPs would not be the best professionals to raise concerns with because of their own experience with GPs and also the requirement to raise concerns with the most relevant professional. Perhaps it would be better to read that *'concerns should be raised in accordance with local safeguarding procedures'*<br>• Alternative suggestion to GPs were Health Visitors, through the CAF or to children's services<br><br>Some professionals identified that the recommendation seemed to be written assuming a CAF is already in place and the family are already in the system and known by services. They felt as such it needs rewording. | | | | |
| Action point | | There should be a discussion about 'lead professional' in | Some professionals considered the | One suggestion was that there should be a review of | | |

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
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| 5 | | relation to the CAF guidance.<br><br>References to health and early years professionals throughout the recommendations keeps professionals in silos. Is there a way NICE can address this? One suggestion was the following wording: *"professionals/practitioners/staff working with young children"* | recommendation around interactive video guidance as too prescriptive (see above) and specific. They felt other interventions that have been evidenced to improve maternal sensitivity, mother-infant attachment and the child's behaviour could be included here. They were concerned that interactive video guidance is not the only solution to achieve improved outcomes in these areas. | Initial Teacher Training, NVQ level 3, as well as social work and nursery nurse training to ensure that it covers social and emotional wellbeing and child development.<br><br>This point would benefit by referencing PSED requirements already outlined in the EYFS.<br><br>Some professionals objected to the wording of '*structured daily schedule', a*s they were concerned that very young children did not necessarily respond well to too much structure. | | |
| Action point 7 | | | | Some professionals were concerned about the prescriptive description of settings, rather than recognise that they do the best with what they have.<br><br>One suggestion was that there should be an inclusion in this action point of references to existing relevant health and safety legislation. | | |
| Action point 9 | | | Some professionals questioned whether a | | | |

| | Recommendation 1 | Recommendation 2 | Recommendation 3 | Recommendation 4 | Recommendation 5 | Recommendation 6 |
|---|---|---|---|---|---|---|
| | | | recommendation in relation to volunteering was needed in recommendation 3, i.e. what is the rationale for it? How does it fit with the other recommendations in recommendation 3?<br><br>Some professionals felt that this recommendation could be strengthened by acknowledging the implications of using volunteers in terms of: supervision, resources, reliability of service provision and meeting training needs (see discussion above for more information) | | | |


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