

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Social and emotional wellbeing of vulnerable pre-school children: home-based interventions

1.1 Short title

Social and emotional wellbeing: vulnerable children at home

2 Background

- a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on home-based interventions aimed at promoting the social and emotional wellbeing of vulnerable children aged 0–4 years.
- b) NICE public health guidance supports the preventive aspects of relevant national service frameworks (NSFs), where they exist. If it is published after an NSF has been issued, the guidance effectively updates it. Specifically, in this case, the guidance will support the ‘NSF for children, young people and maternity services’ (DH 2004).
- c) This guidance will support a number of related policy documents including:
 - ‘Child health promotion programme: pregnancy and the first five years of life’ (DH 2008).
 - ‘Every child matters: change for children programme’ (HM Government 2004).
 - ‘Every child matters – outcomes framework’ (Department for Children, Schools and Families 2008).

- ‘Fair society, healthy lives. Strategic review of health inequalities in England post 2010’ (The Marmot Review 2010).
 - ‘Healthy lives, brighter futures – the strategy for children and young people’s health’ (DH 2009).
 - ‘The children’s plan: building brighter futures’ (Department for Children, Schools and Families 2007).
- d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at commissioners and providers of early years services including those working in: children’s trusts, local authorities, primary care trusts, maternity services, paediatrics, children’s centres, community services, primary care and the voluntary sector. It will also be of interest to families with young children and other members of the public.
- e) The guidance will complement NICE guidance on: social and emotional wellbeing among children and young people in education; and the prevention and treatment of mental health conditions. For further details, see section 6.

This guidance will be developed using the NICE public health intervention process.

3 The need for guidance

- a) Around 7% of children aged 3 years can be expected to show moderate to severe behaviour problems. A further 15% will have mild difficulties (Richman et al. 1982).
- b) Emotional and behavioural problems in early life are predictors of poor outcomes, such as delinquency and substance abuse, in later years. About two-thirds of children aged 3 years who show

significant emotional and behavioural problems continue to have difficulties at 8 or 12 years (Campbell 1995).

- c) A positive child-parent relationship is particularly important for social and emotional development (for example, Fonagy et al. 2005). The degree of parental and family interaction – and how positive or negative it is – accounts for as much as 30–40% of the variation in antisocial behaviour among children (Patterson et al. 1989).
- d) A range of preventive strategies can help improve the mental wellbeing of children and their families, by taking into account both the factors that increase the risk of poor mental health and those that help protect mental wellbeing. This includes activities to raise self-esteem and to improve the child-parent relationship (Barlow and Parsons 2009).
- e) The costs of not intervening to ensure – or improve – the social and emotional wellbeing of children and families are significant for both them and wider society (Action for Children and the new economics foundation 2009). Some evidence shows that the health savings gained by intervening tend to be small compared to the benefits for the criminal justice system, education and welfare services (Scott et al. 2001).
- f) Social and emotional development is being assessed as part of the evaluation of Sure Start Children's Centres nationally. In 2008, these centres were benefiting a range of different groups on a more consistent basis compared to 2005, when the most vulnerable were not being reached effectively (Melhuish et al. 2008). However, recent research suggests that vulnerable groups still face barriers when it comes to uptake of the services (particularly health support). Vulnerable groups include people from minority ethnic communities and lone and young parents (Audit Commission 2010).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

Children and families who have been assessed using a child development surveillance system and are deemed to be at risk of – or showing early signs of – having social and emotional difficulties. Indicators may include families where the parents:

- are on a low income
- have low educational attainment
- are unemployed
- are bringing up a child (or children) on their own
- are teenagers
- have poor mental health
- misuse substances
- have poor parenting skills.

Children at risk may include those who:

- had a low birth weight
- have poor child-parent attachment
- have poor cognitive, social and emotional skills
- have behavioural difficulties.

4.1.2 Groups that will not be covered

- Children aged over 4 years.

- Children with a clinically diagnosed mental disorder.
- Children in care.

4.2 *Activities*

4.2.1 *Activities/measures that will be covered*

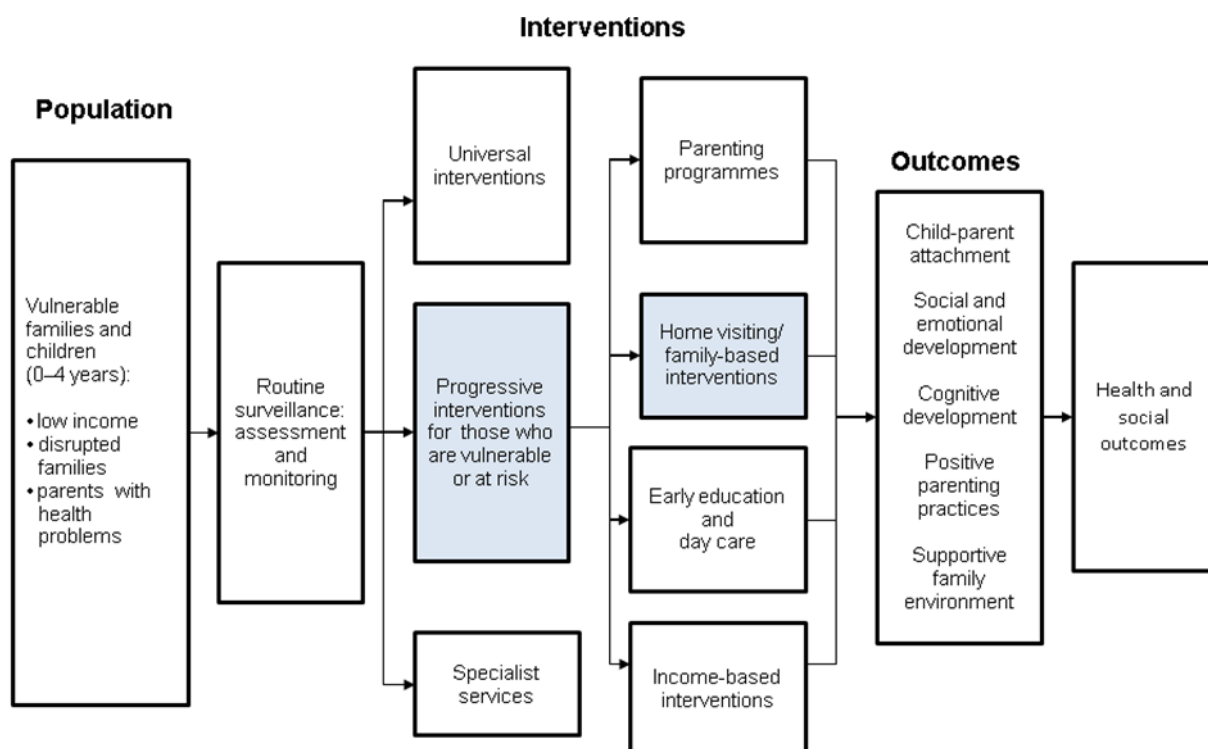
‘Progressive’ interventions which provide additional support at home and are designed to improve the cognitive ability and social and emotional health of vulnerable children and families. This will include home visiting and family-based activities (such as those carried out as part of the family partnership programme).

The diagram below shows where such interventions sit within the Healthy Child Programme (0–4 years). This is described as ‘a progressive universal programme’ which aims ‘to promote and protect the health and wellbeing of children from pregnancy through to adulthood’. It is based on the principle of ‘progressive (or proportionate) universalism’, whereby: ‘the scale and intensity of provision of universal services is proportionate to the level of disadvantage’ (The Marmot review 2010).

The Healthy Child Programme is delivered by a multidisciplinary team based in Sure Start Children’s Centres.

Universal screening and assessment identifies those children and families at risk of poor social and emotional development (or those already showing early signs of delay and difficulties). Then a range of ‘progressive interventions’ are used to identify and address the causes of developmental problems and delay (such as lack of child-parent attachment). They also aim to help develop the conditions (protective factors) that can improve outcomes for the child and family.

Child development programmes based on the Healthy Child Programme



4.2.2 Activities/measures that will not be covered

- a) Assessment of the risk of social and emotional problems and mental health disorders and their diagnoses.
- b) Interventions provided outside the home, including early education and day-care services.
- c) Interventions promoting the social and emotional wellbeing of all children.
- d) Clinical treatment including pharmacological interventions.
- e) Support provided by specialist child mental health services.
- f) Children in care services.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed along with some of the outcomes that would be considered as evidence of effectiveness:

Questions:

1. What are the most effective and cost-effective home-based interventions for ensuring the social and emotional wellbeing of vulnerable children and their families?
2. How can interventions help develop a strong and positive child-parent attachment?
3. What characteristics of an intervention are critical to achieving positive outcomes for vulnerable children and families?
4. What lessons can be learnt from current UK-based programmes aimed at promoting the social and emotional wellbeing of children under 5? (These can be gleaned from the findings of national studies by the Healthy Child Programme, the Nurse-Family Partnership and Sure Start Children's Centres.)
5. What information is required to ensure these interventions achieve best use of limited resources?

Expected outcomes:

Outcomes for the child will be assessed using indicators and scales relating to:

- cognitive, social and emotional development
- quality of child-parent attachment
- longer-term educational attainment, teenage pregnancy, delinquency and criminality.

Outcomes for the family will be assessed using indicators and scales relating to:

- social and emotional wellbeing
- parenting practices
- quality of child-parent attachment
- changes in the family environment.

4.4 Status of this document

This is the draft scope, released for consultation on 12 March until 13 April 2010, to be discussed at a public meeting on 16 March 2010. Following consultation, the final version of the scope will be available at the NICE website in April 2010.

5 Further information

The public health guidance development process and methods are described in 'The NICE public health guidance development process: An overview for stakeholders including public health practitioners, policy makers and the public (second edition, 2009)' available at www.nice.org.uk/phprocess and 'Methods for development of NICE public health guidance (second edition, 2009)' available at www.nice.org.uk/phmethods

6 Related NICE guidance

Published

Social and emotional wellbeing in secondary education. NICE public health guidance 20 (2009). Available from www.nice.org.uk/guidance/PH20

When to suspect child maltreatment. NICE clinical guideline 89 (2009). Available from www.nice.org.uk/guidance/CG89

Attention deficit hyperactivity disorder (ADHD). NICE clinical guideline 72 (2008). Available from www.nice.org.uk/guidance/CG72

Social and emotional wellbeing in primary education. NICE public health guidance 12 (2008). Available from www.nice.org.uk/guidance/PH12

Antenatal and postnatal mental health. NICE clinical guideline 45 (2007).
Available from www.nice.org.uk/guidance/CG45

Conduct disorder in children – parent-training/education programmes. NICE
technology appraisal 102 (2006). Available from
www.nice.org.uk/guidance/TA102

Attention deficit hyperactivity disorder (ADHD) – methylphenidate,
atomoxetine and dexamfetamine. NICE technology appraisal 98 (2006).
Available from www.nice.org.uk/guidance/TA98

Bipolar disorder. NICE clinical guideline 38 (2006). Available from
www.nice.org.uk/guidance/CG38

Postnatal care. NICE clinical guideline 37 (2006). Available from
www.nice.org.uk/CG37

Depression in children and young people. NICE clinical guideline 28 (2005).
Available from www.nice.org.uk/guidance/CG28

Under development

Looked-after children and young people. NICE public health guidance
(publication expected September 2010)

Preventing domestic violence. NICE public health guidance (publication date
to be confirmed)

Appendix A Referral from the Department of Health

The Department of Health asked NICE to provide public health guidance on:

‘Effective approaches for promoting the social and emotional wellbeing of children in early years (0-4 years of age) in the home’.

Appendix B Potential considerations

It is anticipated that the Public Health Interventions Advisory Committee (PHIAC) will consider the following issues:

1. What is the best way to ensure progressive home-based interventions are sensitive to the specific cultural, ethnic or religious needs of children and their families?
2. To what extent does effectiveness vary according to the child's gender and the family's ethnic, cultural and religious background?
3. What conditions are necessary to ensure progressive home-based interventions aimed at vulnerable children and parents are implemented effectively? What factors help or hinder implementation?
4. How do the various sectors involved benefit in terms of costs and improved outcomes – and over what timescale? (This includes health, education, social care, the criminal justice and welfare and employment systems.)
5. Are there any trade-offs between efficiency and equity that influence the cost effectiveness of progressive home-based interventions?
6. What are the unintended (positive or negative) consequences of progressive home-based interventions?

Appendix C References

Action for Children and the new economics foundation (2009) Backing the future: why investing in children is good for us all. London: new economics foundation

Audit Commission (2010) Giving children a healthy start. London: Audit Commission

Barlow J, Parsons J (2009) Group based parent-training programme for improving emotional and behavioural adjustment in 0-3 year old children. Oxford: Wiley and Sons Ltd

Campbell SB (1995) Behaviour problems in preschool children: a review of recent research. *Journal of Child Psychology and Psychiatry* 36 (1): 113–49

Department for Children, Schools and Families (2007) The children's plan: building brighter futures. London: Department for Children, Schools and Families

Department for Children, Schools and Families (2008) Every child matters – outcomes framework. London: Department for Children, Schools and Families

Department of Health (2004) National service framework for children, young people and maternity services. Core standards. London: Department of Health

Department of Health (2008) Child health promotion programme: pregnancy and the first five years of life. London: Department of Health

Department of Health (2009) Healthy lives, brighter futures – the strategy for children and young people's health. London: Department of Health

Fonagy P, Target M, Cottrell D (2005) What works for whom? A critical review of treatments for children and adolescents. New York: Guilford Press

HM Government (2004) Every child matters: change for children programme. London: HM Government

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Melhuish E, Belsky J, Leyland AH et al. (2008) Effects of fully established Surestart local programmes on 3 year old children and their families living in England: a quasi-experimental observational study. *The Lancet* 372: 1641–7

Patterson GR, DeBaryshe D, Ramsey E (1989) A developmental perspective on antisocial behavior. *American Psychiatry* 44: (2) 329–35

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Scott S, Knapp M, Henderson J et al. (2001) Financial costs of social exclusion: follow up study of antisocial children into adulthood. *BMJ* (323) 7306: 191–4

The Marmot Review (2010) *Fair society, healthy lives*. Strategic review of health inequalities in England post 2010 [online]. Available from www.ucl.ac.uk/marmotreview