

# Early years: promoting health and wellbeing in under 5s

## NICE quality standard

### Draft for consultation

March 2016

## Introduction

This quality standard covers services to support the health, social and emotional wellbeing of children under 5. This includes: home visiting, childcare, early intervention services in children's social care, and early education. The standard includes vulnerable children who may need additional support. It does not cover clinical treatment or the role of child protection services. For more information see the [Early years: promoting health and wellbeing in under 5s topic overview](#).

NICE quality standards focus on aspects of health and social care that are commissioned locally. Areas of national policy, such as free nursery places for children under 5, are therefore not covered by this quality standard.

### ***Why this quality standard is needed***

Social and emotional wellbeing provides the building block for healthy behaviours and educational attainment. Poor social and emotional wellbeing increases the likelihood of antisocial behaviour and mental health problems, substance misuse, teenage pregnancy, poor educational attainment and involvement in criminal activity. For example, aggressive behaviour at the age of 8 is a predictor of criminal behaviour, domestic violence and punitive treatment of their children.

### **Relationships and environment**

A child's relationship with their main carer has a major impact on the child's social and emotional development. In turn, their carer's ability to provide a nurturing relationship depends on their own emotional and social wellbeing and this can be affected by a range of factors, for example, the family environment, their social networks and employment status.

Most parents living in poor social circumstances provide a loving and nurturing environment. However, children living in a disadvantaged family are more likely to be exposed to parental substance misuse, mental health problems, neglect, abuse and domestic violence resulting in emotional and behavioural problems. For example, measures of 'school readiness' show that the poorest 20% of children are more likely to display conduct problems at age 5 than children from more affluent backgrounds.

Most opportunities to close the gap in behavioural, social and educational outcomes are at preschool age.

### **Early care and education**

The level and quality of early childcare and education services varies, with the most disadvantaged children likely to get the worse provision. Only around 50% of children aged between 2 and 2½ years in England are assessed as part of the Healthy Child Programme<sup>1</sup> (the key universal public health service for improving the health and wellbeing of children, led by health visitors and delivered through integrated services) and not all families are offered antenatal and parenting support.

There is limited UK data on the indicators that give an overall measure of the social and emotional wellbeing of children under 5. Independent reviews recommend that measures should be developed to assess children's cognitive, physical and emotional development at ages 3 and 5.

The quality standard is expected to contribute to improvements in the following outcomes:

- school readiness
- child development
- antisocial behaviour
- mental health
- substance misuse
- teenage pregnancy
- educational attainment.

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<sup>1</sup> [Healthy child programme: rapid review to update evidence](#) Public Health England.

## ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [Public Health Outcomes Framework 2013–16](#)
- [NHS Outcomes Framework 2015–16](#).

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1** [Public health outcomes framework for England, 2013–2016](#)

<b>Domain</b>	<b>Objectives and indicators</b>
1 Improving the wider determinants of health	<p><b>Objective</b> Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p><b>Indicators</b> 1.1 Children in poverty 1.2 School readiness</p>
2 Health improvement	<p><b>Objective</b> People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p><b>Indicators</b> 2.5 Child development at 2–2½ years 2.6 Excess weight in 4–5 and 10–11 year olds 2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years 2.11 Diet</p>
4 Healthcare public health and preventing premature mortality	<p><b>Objective</b> Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p><b>Indicators</b> 4.1 Infant mortality*</p>

	4.3 Mortality rate from causes considered preventable**
<b>Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework</b>	
* Indicator is shared	
** Indicator is complementary	

**Table 2 [NHS Outcomes Framework 2015–16](#)**

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p><b>Overarching indicators</b></p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare</p> <p>ii Children and young people</p> <p>1c Neonatal mortality and stillbirths</p> <p><b>Improvement areas</b></p> <p><b>Reducing mortality in children</b></p> <p>1.6 i Infant mortality*</p> <p>ii Neonatal mortality and stillbirths</p>
2 Enhancing quality of life for people with long-term conditions	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><b>Improvement areas</b></p> <p><b>Enhancing quality of life for carers</b></p> <p>2.4 Health-related quality of life for carers**</p>
<b>Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework</b>	
* Indicator is shared	
** Indicator is complementary	

### **Coordinated services**

The quality standard for early years: promoting health and wellbeing in under 5s specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole early years care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children under 5 and their families.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality

standards that should also be considered when choosing, commissioning or providing a high-quality early years service are listed in [Related quality standards](#).

### **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing and caring for children under 5 and their families should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

### **Role of families and carers**

Quality standards recognise the important role extended families and carers have in supporting children under 5 and their families. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

### **List of quality statements**

[Statement 1](#). Parents and carers of children under 5 are offered a discussion during each of the 5 key visits about factors that may pose a risk to their child's social and emotional wellbeing.

[Statement 2](#). Children under 5 with identified risks to their social and emotional wellbeing, and their families, receive tailored support.

[Statement 3](#). Children are offered an assessment of their speech and language skills at their 2–2 ½ years integrated review.

## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** Are local systems and structures in place to collect the data for the proposed quality measures? If not, how feasible would it be for these systems and structures to be put in place?

**Question 3** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the [NICE local practice collection](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

**Question 4** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources required to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

### *Questions about the individual quality statements*

**Question 5** For draft quality statement 2: What are the potential risks which should be acted upon and what support should be provided?

**Question 6** For draft quality statement 3: Are there other validated tools that could be used at the integrated review to assess the child's speech and language?

## Quality statement 1: Identifying risk

### ***Quality statement***

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

### ***Rationale***

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

If risks to a child's social and emotional wellbeing are identified during pregnancy and after birth, early action can be taken to prevent or reduce the potential impact on the child. Risks could include a parent or carer's mental health problem or substance misuse.

### ***Quality measures***

#### **Structure**

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

**Data source:** Local data collection, which can include the NHS England [health visiting delivery metrics](#).

#### **Process**

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

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

Denominator – The number of parents and carers attending the antenatal health visitor appointment.

**Data source:** Local data collection and the NHS England [health visiting delivery metrics](#).

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

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

Denominator – The number of parents and carers attending the new baby health visitor appointment.

**Data source:** Local data collection and the NHS England [health visiting delivery metrics](#).

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

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

Denominator – The number of parents and carers attending the 6–8 week health visitor appointment.

**Data source:** Local data collection.

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

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

Denominator – The number of parents and carers attending the 9–12 month developmental review.

**Data source:** Local data collection and the NHS England [health visiting delivery metrics](#).

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

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

Denominator – The number of parents and carers attending the 2–2½ year integrated review.

**Data source:** Local data collection and the NHS England [health visiting delivery metrics](#).

### **Outcome**

Early referral to support services.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health, public health and social care practitioners, and commissioners***

**Service providers** (health visiting service and early years providers) ensure that local protocols are in place to offer parents and carers the chance to talk about risks to their child’s social and emotional wellbeing. This offer is made during each of the 5 key visits.

**Health and social care practitioners** (health visitors and early years practitioners) ensure that during each of the 5 key visits they offer to talk about risks to a child’s social and emotional wellbeing with parents and carers.

**Commissioners** (such as NHS England, clinical commissioning groups and local authorities) ensure that they commission services with local protocols to offer

parents and carers the chance to talk about risks to their child's social and emotional wellbeing. This offer is made during each of the 5 key visits.

### ***What the quality statement means for patients, service users and carers***

**Parents and carers of children aged under 5** can discuss any difficulties they have that could affect their child's development. They have at least 5 appointments with their child's health visitor when they can talk about this. In many areas, an early years practitioner will also attend the 5<sup>th</sup> appointment. At these appointments the child is also assessed to check their progress.

### ***Source guidance***

- [Social and emotional wellbeing: early years](#) (NICE guideline PH40), recommendation 2.

### ***Definitions of terms used in this quality statement***

#### **Discussion about potential risk factors**

The discussion should be carried out in accordance with local protocols, for example using the early help assessment to identify what help a child and family may need to prevent their needs escalating. This assessment should be based on the Common Assessment Framework which is a standard approach to an interagency assessment of a child's needs, in addition to those being met by universal services, and deciding how those needs should be met. The discussion should cover the whole family, not just the child, to reduce the need for multiple assessments. Practitioners should work together to assess, plan and support families to prevent problems escalating to the point where statutory intervention becomes necessary.

[Adapted from [Exploration of the costs and impact of the common assessment framework](#) (Department for Education) and expert opinion]

#### **5 key visits**

These visits are part of the [0–5 Healthy Child Programme](#). They are carried out by a health visitor, often with an early years practitioner at the 2–2 ½ year review:

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

[Adapted from [The universal health reviews – 5 key visits](#) NHS England]

### **Risks to a child's social and emotional wellbeing**

This includes factors that could affect the carers' capacity to provide a loving and nurturing environment. For example, problems with mental health, substance or alcohol misuse, family relationships or lack of support networks. Signs of problems could include the parent or carer being indifferent, insensitive or harsh towards the child. The child could be withdrawn or unresponsive, showing signs of behavioural problems, delayed speech or poor language and communication skills.

[Adapted from [Social and emotional wellbeing: early years](#) (NICE guideline PH40), recommendation 2]

### **Social wellbeing**

A child has good relationships with others and does not have behavioural problems; that is, they are not disruptive, violent or a bully.

[[Social and emotional wellbeing: early years](#) (NICE guideline PH40), glossary]

### **Emotional wellbeing**

This includes the child being happy and confident, not anxious or depressed, and ready for and able to function well at school.

[[Social and emotional wellbeing: early years](#) (NICE guideline PH40), glossary and expert opinion]

***Equality and diversity considerations***

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

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

## Quality statement 2: Tailored support

### ***Quality statement***

Children under 5 with identified risks to their social and emotional wellbeing, and their families, receive tailored support.

### ***Rationale***

It is important that children under 5 with identified risks to their social and emotional wellbeing receive prompt, tailored support without the need for multiple assessments to address their social and emotional needs and prevent any additional negative impact on the child and their family. This can be achieved by commissioning integrated universal and targeted services, with pathways that define how practitioners will work together as a multidisciplinary team across different services.

### ***Quality measures***

#### **Structure**

a) Evidence of local arrangements for parents and carers of children under 5 with identified risks to their social and emotional wellbeing to discuss and agree their needs with their health or social care practitioner.

**Data source:** Local data collection.

b) Evidence of local arrangements for children under 5 whose social and emotional wellbeing is at risk, and their families, to receive tailored support to address their needs.

**Data source:** Local data collection.

#### **Process**

a) Proportion of parents and carers of children under 5 with identified risks to their social and emotional wellbeing who discuss and agree their needs with their health or social care practitioner.

Numerator – The number in the denominator who discuss and agree their needs with their health or social care practitioner.

Denominator – The number of parents and carers of children under 5 with identified risks to their social and emotional wellbeing.

**Data source:** Local data collection.

b) Proportion of parents and carers of children under 5 with identified risks to their social and emotional wellbeing who discuss and agree their needs with their health or social care practitioner and receive tailored support to address their needs.

Numerator – The number in the denominator who receive tailored support to address their needs.

Denominator – The number of parents and carers of children under 5 with identified risks to their social and emotional wellbeing who discuss and agree their needs with their health or social care practitioner.

**Data source:** Local data collection.

### **Outcome**

a) Access to support services.

**Data source:** Local data collection.

b) Satisfaction with support received.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health, public health and social care practitioners, and commissioners***

**Service providers** (such as early years providers and health visiting services) ensure that children under 5 with identified risks to their social and emotional wellbeing, and their families, receive tailored support. The providers ensure universal and targeted services are integrated and that the pathways and referral routes clearly define how practitioners will work together as a multidisciplinary team across services. Practitioners are aware of, and follow, these pathways and referral routes.

**Health and social care practitioners** (such as health visitors and early years practitioners) ensure that they discuss the needs of the family with the parents and

carers of children under 5 with identified risks to their social and emotional wellbeing to assess what support they need. They follow agreed pathways and referral routes and children under 5 and their families are offered tailored support.

**Commissioners** (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services that discuss the needs of children under 5 with identified risks to their social and emotional wellbeing, and their families, with the parents and carers. Universal and targeted services are integrated and have agreed pathways to offer support to these children and their families.

### ***What the quality statement means for patients, service users and carers***

**Children under 5 whose social and emotional wellbeing has been identified as being at risk, and their families**, are offered support by services that work together. The child's parents and carers can discuss their needs with the health or social care practitioner (for example, their health visitor) and should not need to have multiple assessments. The practitioner works with other services to ensure they are offered the correct help.

### ***Source guidance***

- [Social and emotional wellbeing: early years](#) (NICE guideline PH40), recommendations 1 and 5.

### ***Definitions of terms used in this quality statement***

#### **Risks to a child's social and emotional wellbeing**

This includes factors that could affect the carers' capacity to provide a loving and nurturing environment. For example, problems the carers may have with mental health, substance or alcohol misuse, family relationships or circumstances, and support networks. It could include indifference to the child or insensitive or harsh behaviour towards them. It also includes factors identified in the child. For example, being withdrawn, being unresponsive, showing signs of behavioural problems, delayed speech or poor language and communication skills.

[Adapted from [Social and emotional wellbeing: early years](#) (NICE guideline PH40), recommendation 2]

### **Social wellbeing**

A child has good relationships with others and does not have behavioural problems; that is, they are not disruptive, violent or a bully.

[[Social and emotional wellbeing: early years](#) (NICE guideline PH40), glossary]

### **Emotional wellbeing**

This includes the child being happy and confident, not anxious or depressed, and ready for and able to function well at school.

[[Social and emotional wellbeing: early years](#) (NICE guideline PH40), glossary and expert opinion]

### **Tailored support**

Tailored support covers interventions and services designed to address the specific needs of families of children under 5 with identified risks to their social and emotional wellbeing. This support is based on an assessment of need over time.

Support includes:

- Early help – targeted, evidence-based and structured interventions, such as additional and intensive home visits, including baby massage and video interaction guidance, and local parenting programmes and activities.
- Specialist services, such as mental health, continence and special educational needs services and speech and language therapy.

[[Social and emotional wellbeing: early years](#) (NICE guideline PH40), recommendations 1, 3 and 5 and expert opinion]

### ***Equality and diversity considerations***

It is important that practitioners take a non-judgemental approach when discussing the types of support the child and the family may need, and that they discuss them sensitively.

Practitioners should take into account cultural factors, educational attainment levels and whether English is the child or family's first language when discussing the support the child and the family needs, to ensure they understand what is being offered and why.

***Question for consultation***

What are the potential risks which should be acted upon and what support should be provided?

## Quality statement 3: Speech and language

### ***Quality statement***

Children are offered an assessment of their speech and language skills at their 2–2 ½ years integrated review.

### ***Rationale***

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

The 2–2 ½ years integrated review is a good time to assess speech and language skills because there is time to offer support before they start school.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that children are offered an assessment of their speech and language skills at their 2–2 ½ years integrated review.

**Data source:** Local data collection and the Health and Social Care Information Centre [Children and young people's health services data set](#)

#### **Process**

a) Proportion of children who have the 2–2 ½ years integrated review.

Numerator – The number in the denominator who have the 2–2 ½ years integrated review.

Denominator – The number of children aged 2–2 ½.

**Data source:** NHS England [Health visiting delivery metrics](#).

b) Proportion of children having the 2–2 ½ years integrated review who are offered an assessment of their speech and language skills.

Numerator – The number in the denominator who are offered an assessment of their speech and language skills.

Denominator – The number of children who have the 2–2 ½ years integrated review.

**Data source:** Local data collection and the Health and Social Care Information Centre [Children and young people's health services data set.](#)

### **Outcome**

a) Speech and language skills in children under 5.

**Data source:** Local data collection and the Health and Social Care Information Centre [Children and young people's health services data set.](#)

b) School readiness of children under 5.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health, public health and social care practitioners, and commissioners***

**Service providers** (such as health visiting services and early years providers) ensure that they put systems in place to offer an assessment of speech and language skills at the 2–2 ½ years integrated review. Locally defined pathways and referral routes ensure that the appropriate services care for children who need support.

**Health, social care and early years education practitioners** (such as health visitors, pre-school education staff and early years practitioners) ensure that they offer an assessment of the speech and language skills of children at the 2–2 ½ years integrated review. Locally defined pathways ensure that the appropriate services care for children who need support.

**Commissioners** (such as clinical commissioning groups and local authorities) ensure that they commission services which offer an assessment of speech and language skills at the 2–2 ½ years integrated review. Services have locally defined pathways so that the appropriate services care for children who need support.

## ***What the quality statement means for patients, service users and carers***

**Parents and carers** are offered a review of their child's health and wellbeing when their child is aged 2–2 ½. During this review their child's speech and language can be checked. If their child needs help to develop these skills, they are offered care from the appropriate service.

### ***Source guidance***

- [Social and emotional wellbeing: early years](#) (NICE guideline PH40), recommendation 2.

## ***Definitions of terms used in this quality statement***

### ***2–2 ½ years integrated review***

The integrated review of children aged between 24 and 30 months includes Healthy Child Programme assessments and the Early Years Progress Check at age 2. The aim is to give parents a picture of their child's health and educational development. Depending on local protocols, the review may be carried out by a health visitor and an early years practitioner, or by a health visitor who will then share information with the early years practitioner.

A validated tool such as the Department of Health's [ages and stages questionnaire](#), can be used to carry out the review.

[Adapted from [Services for children aged 0 to 5: transfer to local authorities](#), Department of Health and Public Health England and expert opinion]

### ***Equality and diversity considerations***

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

***Question for consultation***

Are there other validated tools that could be used at the integrated review to assess the child's speech and language?

## Status of this quality standard

This is the draft quality standard released for consultation from 14 March to 11 April 2016. It is not NICE's final quality standard on early years: promoting health and wellbeing in under 5s. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 11 April 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from August 2016.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

### ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [Development sources](#).

## **Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health, public health and social care practitioners and children under 5, and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children under 5 and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

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

## Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#).

## *Evidence sources*

The document below contains recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Social and emotional wellbeing: early years](#) (2012) NICE guideline PH40.

## *Policy context*

It is important that the quality standard is considered alongside current policy documents, including:

- Department for Education (2015) [Promoting the health and wellbeing of looked-after children](#)
- Department for Education (2015) [Study of early education and development: survey of families](#)
- Department of Health (2015) [Health visitor and 0 to 5 transfer programme: case studies](#)
- NHS England (2015) [Safeguarding vulnerable people in the NHS: accountability and assurance framework](#)
- Ofsted (2015) [Children in need and child protection: quality of early help and social work assessments](#)
- Ofsted (2015) [Inspecting safeguarding in early years, education and skills from September 2015](#)
- Public Health England (2015) [Healthy child programme: rapid review to update evidence](#)
- Department for Education (2014) [Early years \(under 5s\) foundation stage framework \(EYFS\)](#)
- Department of Health (2014) [Improving children and young people's health](#)
- Department of Health (2014) [Troubled families: supporting health needs](#)
- NHS England (2014) [National health visiting service specification 2015/16](#)

- Public Health England (2014) [Guide to the early years profiles](#)
- Department for Education (2013) [Early years outcomes](#)
- Department of Health (2013) [Chief Medical Officer's annual report 2012: our children deserve better: prevention pays](#)
- Department of Health (2013) [Family nurse workforce: a study for the FNP national unit report](#)
- Department of Health (2012) [Recommendations to improve health of children and young people](#)
- Cabinet Office (2011) [Early intervention: smart investment, massive savings](#)
- Department for Education (2011) [The early years: foundations for life, health and learning - Tickell review](#)
- Department for Work and Pensions (2011) [Early intervention: the next steps.](#)

## Related NICE quality standards

### ***Published***

- [Domestic violence](#) (2016) NICE quality standard 116
- [Antenatal and postnatal mental health](#) (2016) NICE quality standard 115
- [Postnatal care](#) (2013) NICE quality standard 37
- [The health and wellbeing of looked-after children and young people](#) (2013) NICE quality standard 31.

### ***Future quality standards***

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Children's attachment
- Child abuse and neglect
- Developmental follow up of preterm babies
- Failure to thrive
- Mental wellbeing: life course, settings and subgroups
- Oral health promotion in the community
- School-based interventions: health promotion and mental well-being.

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## **Quality Standards Advisory Committee and NICE project team**

### ***Quality Standards Advisory Committee***

#### **QSAC 1**

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

**Dr Ivan Benett**

Clinical Director, Central Manchester Clinical Commissioning Group

**Dr Gita Bhutani**

Associate Director for Psychological Professions, Lancashire Care NHS Foundation Trust

**Mrs Jennifer Bostock**

Lay member

**Dr Helen Bromley**

Consultant in Public Health, Cheshire West and Chester Council

**Ms Amanda de la Motte**

Deputy Chief Nurse, South Lincolnshire Clinical Commissioning Group

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NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE

or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [social and emotional wellbeing for children and young people](#).

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