

PUBLIC HEALTH GUIDANCE

FINAL SCOPE

1 Guidance title

Social and emotional wellbeing of vulnerable preschool children: early education and childcare

1.1 Short title

Social and emotional wellbeing: early education and childcare

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 early education and child day care interventions aimed at promoting the cognitive, social and emotional development of vulnerable children aged 0–5 years (up to but not including those aged 5 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:
 - Childcare Act 2006 (UK Parliament 2006).
 - ‘Child health promotion programme: pregnancy and the first five years of life’ (DH 2008).

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- ‘Choice for parents, the best start for children: a ten year strategy for childcare’ (HM Treasury 2004).
- ‘Common core of skills and knowledge for the children’s workforce’ (Department for Children, Schools and Families 2010).
- ‘Every child matters: change for children programme’ (HM Government 2004).
- ‘Every child matters – outcomes framework’ (Department for Children, Schools and Families 2008a).
- ‘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).
- ‘The early years foundation stage’ (Department for Children, Schools and Families 2008b).
- ‘Think family: improving the life chances of families at risk’ (Cabinet Office 2008).

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. This includes those working in: children’s trusts, local authorities, primary care, education and childcare services (including child minders), paediatrics, children’s centres,

community services and the voluntary and private sectors. 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) Cognitive, social and emotional wellbeing is about having the resilience, self-awareness, social skills and empathy that are required to form relationships and deal constructively with adversity as part of daily life.
- b) Around 7% of children aged 3 years can be expected to have moderate to severe behaviour problems. A further 15% will have mild difficulties (Richman et al. 1982).
- c) 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).
- d) Intellectual development and social and emotional health are strongly influenced by a child's experiences during their preschool years. Those who experience poverty or neglect are likely to be at increased risk of learning, behavioural and health problems throughout their lives (Tierney and Nelson 2009).

- e) Participation in high quality early education and childcare can enhance the cognitive and social development of children from low income families (Centre on the Developing Child 2007). The UK Effective Provision of Pre-school Education (EPPE) project showed that education between 3 and 5 years leads to better intellectual development and improved independence, concentration and sociability (Department for Education and Skills 2005).
- f) 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).
- g) Social, emotional and cognitive 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. This compares to the situation in 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.

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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 are deemed to be at risk – or showing early signs – of having cognitive, social and emotional difficulties based on a child development assessment and monitoring system (carried out as part of the Healthy Child Programme). Risk factors may include having parents who:

- are on a low income
- have low educational attainment
- are unemployed
- have experienced domestic violence
- are bringing up a child (or children) on their own
- have limited social support and social networks
- are teenagers
- have poor mental health
- have long-term health conditions
- misuse substances
- have poor parenting skills
- are illegal immigrants or their immigration status is uncertain.

Children at risk may include those who:

- had a low birth weight
- have been abused or neglected
- have poor child-parent attachment
- have poor cognitive skills
- lack social and emotional wellbeing
- have behavioural difficulties.

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4.1.2 Groups that will not be covered

- Children aged 5 years and over.

The guidance may be relevant to the following groups but will not cover their additional specific needs:

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

4.2 Activities

4.2.1 Activities/measures that will be covered

'Progressive' early education and childcare interventions which are designed to improve the cognitive ability and social and emotional health of vulnerable children and families. This will include communication and language development and activities to prepare children for school.

The diagram below shows where such interventions sit within the Healthy Child Programme (0–5 years). This 'progressive universal programme' 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.

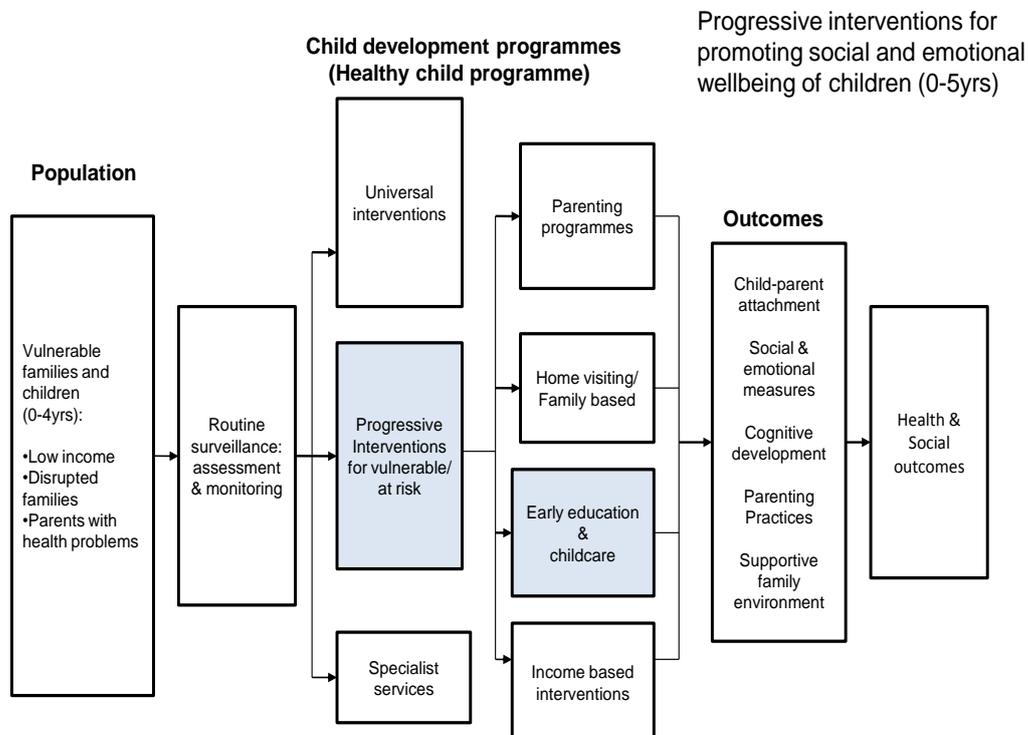
Universal assessment and monitoring identifies those children and families at risk of poor social and emotional development (or those already showing early signs of delay and difficulties).

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

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attachment). They also aim to help develop the conditions (protective factors or 'assets') that can build resilience and improve outcomes for the child and their family.

Child development programmes based on the Healthy Child Programme



4.2.2 Activities/measures that will not be covered

- a) The tools and methods used to assess the risk of cognitive, social and emotional problems or a mental health disorder and to diagnose of such problems.
- b) Interventions provided at home.
- c) Clinical treatment including pharmacological interventions.
- d) Support provided by specialist child mental health services.

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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 early education and childcare interventions for helping to improve and maintain the cognitive, social and emotional development of vulnerable children and their families?
2. Which progressive early education and childcare interventions are effective and cost effective in promoting the cognitive, social and emotional wellbeing of vulnerable young children and their families at different early-life stages?
3. How can vulnerable children and families who might benefit from early education and childcare interventions be identified? What factors increase the risk of children experiencing cognitive, social and emotional difficulties? What is the absolute risk posed by these different factors – and in different combinations?
4. How can interventions reduce vulnerability and build resilience to help achieve positive outcomes and generally prepare children for school?
5. Which characteristics of an intervention are critical to achieving positive outcomes for vulnerable children and families?
6. What lessons can be learnt from current UK-based programmes aimed at promoting the cognitive, social and emotional development of preschool children?

Expected outcomes:

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

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- cognitive, social and emotional wellbeing
- mental health
- physical health, including body mass
- 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
- use of services
- changes in the family environment.

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation which included a stakeholder meeting on 16 March 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

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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 October 2010)

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

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Appendix A Referral from the Department of Health

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

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

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 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. How can vulnerable children and families be reached? This includes those living in a range of family environments (such as with a single parent or within an extended, disrupted, reconstituted or transient family).
4. What conditions are necessary to ensure interventions aimed at vulnerable children and parents are implemented effectively? What factors help or hinder implementation? How can issues relating to possible stigmatisation be avoided?
5. What is the relationship between progressive early education and childcare interventions and mainstream services – and with more specialist services which provide support for more complex cases (including child and adolescent mental health services [CAMHS] and safeguarding services)?
6. What knowledge and skills do practitioners need to deliver interventions effectively? What skill mix is needed for an integrated approach involving different practitioners and services?
7. What is involved in joint commissioning of progressive early education and childcare interventions?

8. 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.)
9. Are there any trade-offs between efficiency and equity that influence the cost effectiveness of progressive early education and childcare interventions?
10. What are the unintended (positive or negative) consequences of progressive early education and childcare 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

Cabinet Office (2008) Think family: improving the life chances of families at risk. London: Cabinet Office

Centre on the Developing Child at Harvard University (2007) A science based framework for early childhood policy [online]. Available from www.developingchild.harvard.edu

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

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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

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UK Parliament (2006) Childcare Act 2006 [online]. Available from
www.opsi.gov.uk/acts/acts2006/ukpga_20060021_en_1