

Early years: promoting health and wellbeing in under 5s

Quality standard

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This standard is based on PH40.

This standard should be read in conjunction with QS116, QS115, QS84, QS37, QS31, QS133 and QS145.

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 is important in its own right. It also provides the building block for healthy behaviours and educational attainment. Poor social and emotional wellbeing increases the likelihood in later life of antisocial behaviour and mental health problems, drug or alcohol misuse, teenage pregnancy, poor educational attainment and involvement in criminal activity.

Relationships and environment

A child's relationship with their main carers has a major impact on the child's social and emotional development. In turn, their carers' ability to provide a nurturing relationship depends on their own emotional and social wellbeing. This can be affected by a range of factors, for example, the family environment, their social networks and employment status. Young parents may themselves be children in need.

Most parents living in poor social circumstances provide a loving and nurturing environment. However, children living in a disadvantaged family are more likely than other children to be exposed to parental drug or alcohol misuse, mental health problems, neglect, abuse and domestic violence. This can result 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 occur when the child is preschool age.

Early care and education

The level and quality of early childcare and education services varies. Only 69% of children aged between 2 and 2½ years in England are assessed as part of the Healthy Child Programme^[1] ([Health visitors service delivery metrics 2014/15 NHS England](#)). In addition, not all families are offered antenatal and parenting support.

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

- school readiness
- child development
- antisocial behaviour
- mental health
- educational attainment.

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 – safety, experience and effectiveness of care – 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 for England 2016–19](#)
- [NHS Outcomes Framework 2016–17](#).

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 2016–19

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p>Objective</p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p>Indicators</p> <p>1.01 Children in low income families</p> <p>1.02 School readiness</p>
2 Health improvement	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators</p> <p>2.02 Breastfeeding</p> <p>2.05 Child development at 2–2½ years</p> <p>2.06 Child excess weight in 4–5 and 10–11 year olds</p> <p>2.07 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25</p>
4 Healthcare public health and preventing premature mortality	<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators</p> <p>4.01 Infant mortality*</p> <p>4.02 Proportion of five year old children free from dental decay**</p> <p>4.03 Mortality rate from causes considered preventable**</p>
<p>Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework</p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p>	

Table 2 NHS Outcomes Framework 2016–17

Domain	Overarching indicators and improvement areas
<p>1 Preventing people from dying prematurely</p>	<p>Overarching indicators</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>Improvement areas</p> <p>Reducing mortality in children</p> <p>1.6 i Infant mortality*</p> <p>ii Neonatal mortality and stillbirths</p>
<p>2 Enhancing quality of life for people with long-term conditions</p>	<p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p>Improvement areas</p> <p>Enhancing quality of life for carers</p> <p>2.4 Health-related quality of life for carers**</p>
<p>3 Helping people to recover from episodes of ill health or following injury</p>	<p>Overarching indicators</p> <p>3a Emergency admissions for acute conditions that should not usually require hospital admission</p> <p>3b Emergency readmissions within 30 days of discharge from hospital*</p> <p>Improvement areas</p> <p>Improving dental health</p> <p>3.7 i Decaying teeth**</p> <p>ii Tooth extractions in secondary care for children under 10</p>

Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework

* Indicator is shared

** Indicator is complementary

Indicators in italics in development

Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to health and wellbeing in under 5s.

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 NICE 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. 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 unless there is a specific reason why they should not be involved.

^[1] This is the key universal public health service for improving the health and wellbeing of children. It is led by health visitors and delivered through integrated services.

List of quality statements

Statement 1. Parents and carers of children under 5 have a discussion during each of the 5 key contacts about factors that may pose a risk to their child's social and emotional wellbeing.

Statement 2. Children have their speech and language skills assessed at their 2–2½ year integrated review.

Quality statement 1: Identifying risk

Quality statement

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

Rationale

If factors that may pose a risk to a child's social and emotional wellbeing are identified during these key face-to-face contacts, early action can be taken to prevent or reduce the potential impact on the child. Factors that may pose a risk can be identified by using a validated tool.

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

Quality measures

Structure

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

Data source: Local data collection. This can include the NHS England [Health visitors service delivery metrics](#).

Process

a) Proportion of parents and carers who have 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 have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – The number of parents and carers who are eligible to attend the antenatal health visitor appointment.

Data source: Local data collection and the NHS England [Health visitors service delivery metrics](#).

b) Proportion of parents and carers who have 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 have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – The number of parents and carers who are eligible to attend the new baby health visitor appointment.

Data source: Local data collection and the NHS England [Health visitors service delivery metrics](#).

c) Proportion of parents and carers who have 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 have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – The number of parents and carers who are eligible to attend the 6–8 week health visitor appointment.

Data source: Local data collection.

d) Proportion of parents and carers who have 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 have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – The number of parents and carers who are eligible to attend the 9–12 month developmental review.

Data source: Local data collection and the NHS England [Health visitors service delivery metrics](#).

e) Proportion of parents and carers who have 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 have a discussion about factors that may pose a risk to their child's social and emotional wellbeing.

Denominator – The number of parents and carers who are eligible to attend the 2–2½ year integrated review.

Data source: Local data collection and the NHS England [Health visitors service delivery metrics](#).

Outcome

a) Behaviour and developmental difficulties.

Data source: Local data collection.

b) Depression, anxiety, self-harm and other poor mental health outcomes later in childhood.

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, early years providers and other services involved in providing the 5 key contacts) ensure that local protocols are in place for parents and carers to discuss the factors that pose a risk to their child's social and emotional wellbeing. This offer is made during each of the 5 key contacts.

Health and social care practitioners (such as health visitors, early years practitioners and other practitioners involved in providing the 5 key contacts) ensure that during each of the 5 key contacts they discuss the factors that pose a risk 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 discuss the factors that pose a risk to a child's social and emotional wellbeing with parents and carers. This offer is made during each of the 5 key contacts.

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 visiting team when they can talk about this. (In some cases the early years service will be involved in the fifth appointment.) At these appointments the child is also assessed to check their progress.

Source guidance

- [Social and emotional wellbeing: early years](#) (2012) NICE guideline PH40, recommendation 2

Definitions of terms used in this quality statement

Discussing factors that may pose a risk

The discussion should be carried out in accordance with local protocols. Use a validated tool, for example, Early Help Assessment or Outcome Star, to identify what help a child and family may need. It could include an interagency assessment to determine if a child has needs that are not being met by universal services, and, if so, 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.

[Expert opinion]

5 key contacts

These face-to-face contacts are part of the [0–5 Healthy Child Programme](#). They are carried out by health visitors, but other practitioners may be involved if necessary. Sometimes the last key contact also involves early years practitioners. The contacts are at the following stages:

- 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 and expert opinion]

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, drug or alcohol misuse and 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](#) (2012) 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](#) (2012) 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](#) (2012) 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 and local services should ensure that groups who are underserved by, or not in regular contact with, services are contacted and encouraged to attend these 5 key contacts meetings. This could include arranging appointments at children's centres or at home if they feel uncomfortable about, or have difficulty attending clinics.

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: Speech and language

Quality statement

Children have their speech and language skills assessed at their 2–2½ year 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 2–2½ year 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's speech and language skills are assessed at their 2–2½ year 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 2–2½ year integrated review.

Numerator – The number in the denominator who have the 2–2½ year integrated review.

Denominator – The number of children aged 2–2½.

Data source: NHS England [Health visitors service delivery metrics](#).

b) Proportion of children having the 2–2½ year integrated review who have their speech and language skills assessed.

Numerator – The number in the denominator who have their speech and language skills assessed.

Denominator – The number of children who have the 2–2½ year 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.

c) Social, emotional and behavioural difficulties.

Data source: Local data collection.

d) Mental health difficulties.

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 assess speech and language skills at the 2–2½ year 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 and pre-school education staff) ensure that they assess the speech and language skills of children at the 2–2½ year 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 that assess speech and language skills at the 2–2½ year 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 2–2½. During this review their child's speech and language is assessed. 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](#) (2012) NICE guideline PH40, recommendation 2

Definitions of terms used in this quality statement

2–2½ year integrated review

The integrated review of children aged between 24 and 30 months incorporates the 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.

The Department of Health's [ages and stages questionnaire](#) is 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.

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. 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. This tool is updated monthly to include new quality standards.

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 documents below contain 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](#)
- Ofsted (2015) [Children in need and child protection: quality of early help and social work assessments](#)
- 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](#)
- NHS England (2014) [Health visiting service specification 2015/16](#)
- Department for Education (2013) [Early years foundation stage profile: exemplification materials](#)
- Department for Education (2011) [The early years: foundations for life, health and learning – Tickell review](#)

Related NICE quality standards

Published

- [Domestic violence](#) (2016) NICE quality standard 116
- [Antenatal and postnatal mental health](#) (2016) NICE quality standard 115
- [Physical activity: for NHS staff, patients and carers](#) (2015) NICE quality standard 84
- [Postnatal care](#) (2013) NICE quality standard 37
- [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 pre-term babies
- Failure to thrive
- Mental wellbeing: life course, settings and subgroups
- Oral health promotion in the community
- School-based interventions: health promotion and mental wellbeing

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

This quality standard has been developed by quality standards advisory committee 1. Membership of this committee is as follows:

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The following specialist members joined the committee to develop this quality standard:

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About this quality standard

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](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of General Practitioners](#)

- Royal College of Paediatrics and Child Health