

Greater Manchester 0-5s Social Emotional Development and Wellbeing

Best Practice Guidance

Section 1: Introduction

The purpose of the guidance is as follows:

- To assist the workforce, particularly team leaders and operational leaders, to have a clear vision of what best practice in supporting social emotional development and wellbeing for 0-5s looks like.
- To assist commissioners to understand the range of interventions and services that could be offered based on evidence, both local and national to help inform local pathway development.
- To outline the theoretical/practice frameworks that underpin best practice.
- To identify the key principles of best practice.
- To help identify and respond to need in a timely way and understand the interventions and services available (including GM and local pathways).

1.1 Definitions

Social Emotional Development

There are many definitions of social emotional development in the literature when applied to young children. However, many share commonalities with regards to advocating for the use of positive, non-medicalised terms which have relevance to all children, as opposed to just those who present with difficulties.

With this in mind, the present guidance utilises the Zero to Three definition:

'Within the context of one's family, community, and cultural background, social emotional development is the child's developing capacity to:

- *form secure relationships with others*
- *experience and manage their emotions*
- *explore and learn.'*

Wellbeing

Closely linked with social emotional development, childhood wellbeing is argued to be an important concept in promoting more holistic understandings of children's mental health. Conceptualisations are often multidimensional and, as such, emphasise the impact of environmental factors and wider systems on childhood wellbeing.

The Greater Manchester #BeeWell programme is a project involving a number of partners with the aim of measuring young people's wellbeing in order to bring about positive change in local communities. As part of this project, young people across Greater Manchester were asked what wellbeing meant to them. The areas of wellbeing that were found to be most important to young people were:

- Meaning, purpose and control: autonomy, life satisfaction, optimism
- Understanding oneself: psychological wellbeing, self-esteem, stress and coping, emotional regulation
- Emotions: negative affect, positive affect.

The things that were found to impact, drive and be most important to the wellbeing of young people were:

- Health and routines: physical health, sleep, nutrition, physical activity
- Hobbies and entertainment: free time, use of social media, participation in arts, culture and entertainment
- Education: sense of belonging, achievement, relationships with staff

- Environment and society: home environment, caregiving responsibilities, material deprivation, local area and feeling safe
- Future: feeling ready for life and having hope for the future
- Relationships: with parents and carers, friendships and social support, bullying, harmful/abusive experiences, and loneliness.

There is consensus in the literature that the foundations for positive wellbeing throughout childhood, adolescence and beyond are laid within the earliest years of a child's life. This guidance therefore posits that the above conceptualisation of wellbeing, although developed in consultation with young people, applies equally to those working with children in the early years to support their understanding of the 'bigger picture' when working towards long-term wellbeing outcomes.

1.2 Theoretical models/practice frameworks underpinning best practice

There are several influential theoretical models and practice frameworks which are thought to underpin best practice for social emotional development and wellbeing in 0-5s. It is beyond the scope of this guidance to describe these in detail, however a brief summary is included to aid shared understanding of key terminology. There may also be other models/practice frameworks which are used locally in line with place-based approaches.

Maslow's hierarchy of needs

A five-tier model of human needs often depicted as hierarchical levels within a pyramid: physiological needs (lowest); safety needs; love and belonging; esteem; self-actualisation (highest). Maslow argues that needs lower down in the hierarchy must be met before individuals can attend to higher needs, for example a child who is hungry, lacking a sense of physical safety and feeling a lack of connection with others will not be able to attend to learning, in turn affecting their cognitive, physical and social emotional development.

Attachment theory

Bowlby described attachment as 'a lasting psychological connectedness between human beings'. Attachment theory proposes that a child's development is significantly affected by the security of the emotional bond between a child and their primary caregiver. Secure attachments are developed through the child experiencing consistently warm, sensitive and responsive parenting from primary caregivers. These attachment patterns are then used as a blueprint by the child for developing relationships with other important people, therefore insecure attachments early in life can significantly affect the ability to establish and maintain relationships, even into adulthood. Children with insecure attachments are less likely to feel confident exploring their environment and seeking new experiences, further affecting their development.

Bronfenbrenner's ecological-systems theory

Bronfenbrenner posits that children's development is influenced by several interrelated systems within their environment, often depicted as concentric circles around a child. Ecological-systems theory encourages a shift away from thinking about children's development in isolation, to acknowledging the complex interplay between the child and the systems in which they grow up in. The most influential systems are represented by the circles closest to the child and include their family, friends and childcare/early education setting. Outer circles represent systems at a broader societal level such as the child's local community, neighbourhood context, culture, social norms and political agendas.

Solihull Approach

The Solihull Approach is an integrative model which brings together three key concepts in relation to child development:

- Containment: Receiving and understanding the emotional communication of another without being overwhelmed by it, then communicating this back to the other person to help them make sense of it.
- Reciprocity: Being attentive to another's needs and responding warmly and sensitively.
- Behaviour management: Supporting another to understand the boundaries within the relationship.

Relational practice sits at the heart of the Solihull Approach - how we relate to each other, how we process our emotions and knowing about this, is what makes a difference. The model can be applied flexibly to working with families, individuals and/or whole communities and in a range of contexts.

Early Years Foundation Stage (EYFS)

The Early Years Foundation Stage (EYFS) outlines the standards for the learning, development and care of children from birth to 5 years old. All schools and Ofsted-registered early years providers must follow the EYFS. The framework provides all professionals working in these settings with a set of common principles and commitments to deliver quality early education and childcare experiences to all children. Recent changes to the EYFS framework support the use of relational models of practice within childcare and early education settings. The framework states:

‘children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them’ (EYFS Framework, 2023, page 21).

A guiding principle remains that ‘children learn to be strong and independent through positive relationships’ (page 6). Personal, social and emotional development (PSED) remains a prime area of learning, being described as ‘crucial for children to lead healthy and happy lives’ (page 8).

As expected, terminology and conceptual understandings in this area have progressed since GM guidance in this area was last developed. Best practice literature advises a move away from terminology focused solely on ‘behaviour management’ towards language which encourages an understanding of what the child may be communicating through their behaviour and supporting underlying need(s).

This reflects a greater understanding of how young children’s brains develop within the earliest years of life and links well with relational models of practice which emphasise the central importance of warm and sensitive, emotionally attuned relationships alongside effective limit setting. It also represents a shift away from over-reliance on behaviourist models of practice which have been argued to encourage strategies aimed at controlling rather than understanding children’s behaviour.

Drawing on these theoretical models and practice frameworks, the present guidance advocates that:

A baby or child is able to thrive when they

- ✓ Have fundamental health and survival needs met
- ✓ Have secure attachments and experiences to support social emotional development
- ✓ Have access to a nurturing, communication rich environments to support social emotional development and readiness for school
- ✓ Have primary caregivers who are “good enough” and able to coregulate by displaying high warmth and sensitivity alongside effective limit setting
- ✓ Have primary caregivers who have an understanding of children’s development and needs
- ✓ Have a wider support network of family and friends to support them and their primary caregivers
- ✓ Have skilled childcare and early education practitioners, and other relevant professionals, who are knowledgeable and able to support social emotional development by using and promoting relational models of practice

1.3 The impact of poverty and inequality on social emotional development and wellbeing in the early years

The Deaton Review (Institute for Fiscal Studies, 2022) stated that large inequalities in cognitive and social emotional development emerge early in life. The quality of relationships between caregivers and children, and other aspects of the emotional environments provided in the home, are an important source of variation explaining differences in childhood emotional and behavioural difficulties.

There are strong differences by income in cognitive and social emotional development of children at age 3. This 'income gradient' in early development is almost entirely explained by differences in early environments.

Another important aspect of the home learning environment concerns parental mental wellbeing. Parental mental health difficulties are a strong risk factor for child development, negatively affecting parents' ability to support their child's own emotional regulation (Lumsden, 2019).

Poor social and emotional capabilities increase the likelihood of antisocial behaviour and mental health problems, substance misuse, teenage pregnancy, poor educational attainment and involvement in criminal activity (NICE guidelines, 2012). Children living in areas of social disadvantage – including many parts of Greater Manchester – are at much higher risk, with the poorest 20% of children more likely to display conduct problems at age 5, compared to children from more affluent backgrounds.

Social and emotional outcomes are closely linked to language development; a recent meta-analysis of 22 studies concluded that 81% of children accessing help for emotional & behavioural disorders had below-average language abilities (Hollo, Wehby, & Oliver, 2014).

The early years offers a unique window of opportunity to support children's social and emotional development and equip them with the necessary skills to develop emotionally healthy relationships and maintain positive wellbeing into adulthood. The growing evidence base regarding critical windows for brain development in the early years supports early intervention and underpins the Government's 'Best Start for Life: 1001 Critical Days vision' (Department for Health and Social Care, 2021).

Section 2: Evidence of Need and the Impact of the Covid Pandemic

We know that the covid pandemic during 2020/21 has significantly impacted on child development in the early years and that some groups were disproportionately impacted due to pre-existing inequalities.

In a 2021 YouGov poll of 604 parents in Britain of children aged 2-4 almost half (45%) of parents felt that their child's social and emotional development and wellbeing had been negatively impacted by the lockdown, with those whose children were unable to attend their nursery or pre-school most likely to report this.

A spring 2022 research briefing from Ofsted highlighted that children continues to lack confidence and social skills in childcare setting. Older children who would have usually settled were still upset when dropped off with early providers reporting that babies were particularly anxious and not used to seeing different faces. Some providers reported that toddlers and pre-school children needed more support with sharing and turn-taking.

Research also highlights the impact of the pandemic on parental wellbeing, critical to a baby's early social-emotional development. The 2020 Babies in Lockdown report highlighted that:

- Almost 7 in 10 parents surveyed found their ability to cope with their pregnancy or baby had been impacted as a result of COVID-19.
- Nearly 7 in 10 felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child.
- Many families with lower incomes, from ethnically diverse communities and young parents have been hit harder by the COVID-19 pandemic and were less likely to receive the support they needed.

However, in the last 12 months green shoots have emerged across GM, indicating that covid recovery strategies are beginning to impact.

Data for 2022/23 for child development at age 2-2.5 years, measured using the ASQ assessment, shows that 90.8% of children in GM are meeting the expected level of development in personal-social skills, although locality values range from 82.1% to 95.8%.

Data for 2022/23 school readiness at age 5, measured using the Early Years Foundation Stage profile, shows that 80.5% of Greater Manchester children were at the expected level of development in relation to the personal, social and emotional development area of learning. This is increase of 1 percentage point from the 2021/22 data. However, fewer GM children reached the expected level of development in this learning area than across England as a whole (a gap of 2.8pp); therefore children in GM are less likely than the England average to reach the expected level of development in relation to the personal, social and emotional development area of learning.

For Greater Manchester children growing up in areas of disadvantage (eligible for free school meals), 73% of were at the expected level of development in relation to the personal, social and emotional development area of learning, an improvement 1.5 percentage points since last year. This data also shows that the gap between GM disadvantaged children and their peers has narrowed when comparing to last year's results. The gap for this cohort with the England average is also narrowing.

A breakdown of locality data for the EYFSP at age 5 for different population groups and across prime areas of learning can be obtained from the [GM EYFSP dashboard](#).

Section 3: Principles for Best Practice

The following principles for best practice were co-produced via multidisciplinary discussion within the GM Social Emotional Development and Wellbeing (SEDW) working group, incorporating parent focus group data from the Nesta rapid discovery project.

1. Relationships are the foundation

- Families loving and nurturing their children in a sensitive way is the foundation to healthy social and emotional development.
- Trusted relationships between practitioners and children enable them to feel safe.
- Changes for families will happen as trust is built in the services on offer. Trust is built through families experiencing consistently warm, responsive and non-judgemental interactions with professionals.
- Practitioners and families are equal partners who share the common goal of wanting the best for the child.
- Practitioners should be supported by senior leaders, managers and commissioners to complete tier 1 of the GM Early Years workforce competency framework. Frontline practitioners should also complete the *Pre-Birth and Early Days* and *Social-Emotional Development and Well-being* components within Tier 2.

2. Support is family-centred

- The ideas, thoughts, needs and voice of the family and babies and children are prioritised.
- The right support should be offered at the right time for the family.
- The importance of parental wellbeing especially mental health is considered during contact with families.

3. A range of support is available to everyone at any time

- Families should be clear on the support they are entitled to (universal offer).
- Normalise families asking for help.
- Ensure families don't feel judged.
- Everybody's problems are important – no problem is too small to ask for help for.
- "Children don't come with a handbook" – that's why the support is there.

4. Support first comes from the community

- Community connections and peers can offer a lot of the support some families need.
- Signpost parents to community support that is available to them in the area.

5. Practitioners have the skills and confidence to support children to thrive

- Practitioners should use the GM Workforce Competency Framework to self-reflect on confidence levels regarding social and emotional development and wellbeing and access signposting to relevant training.
- Continuing professional development should be at the heart of practice and there needs to be commitment to this from managers and leaders.

6. Interventions and assessments are evidence-based and easily accessible

- Commissioners and service leads should ensure that interventions and assessments offered to families are based on the best available research to date.
- 'Top down' evidence-based research should be integrated with professional expertise and 'bottom up' practice-based evidence at a community level to determine the most effective interventions and assessments to meet local need.
- Families should be able to access interventions and advice across a range of mediums to suit preferred ways of engaging with support.

Section 4: Assessment and Outcome Measures

The Greater Manchester Early Years Delivery Model (EYDM), and its associated pathways, underpins the universal assessment and intervention for families and children 0-5 years. Nationally and across GM certain standardised tools are used at defined key contact points.

Baby and Child Focused:

- Ages and Stages Questionnaire 3 (ASQ3)
- Ages and Stages Questionnaire-Social Emotional 2 (ASQ:SE2)
- Newborn Behavioural Observation (NBO)
- Neonatal Behavioural Assessment Scale (NBAS)
- Eyberg Behavioural Questionnaire?
- Wellcomm toolkit
- *Alarm Distress Baby Scale (ADBB) national pilot being undertaken*

Parent focused- Measures of parental wellbeing:

- Patient Health Questionnaire (PHQ) 4 /9
- Generalised Anxiety Disorder (GAD) 7
- Edinburgh Postnatal Depression Scale (EPDS)
- Karitane Parenting Confidence Scale
- Parent Stress Index (PSI)

Section 5: Interventions and Pathways

Children's development is holistic in nature, however in practice it is necessary to assess the different domains of development e.g., speech and language or physical development.

Although it can help practitioners to assess children's development within domains, the whole child needs to be considered when observing and supporting social emotional development and wellbeing. It is important to note that other guidance and pathways will overlap and be helpful to consider e.g., GM Speech, Language and Communication (SLC) pathway guidance, GM Parent Infant Mental Health (PIMH) pathway. Alongside GM pathway guidance, there are also likely to be a range of locally developed pathways and guidance documents within individual GM authorities.

Practitioners should keep in mind the key principle underpinning this guidance, that behaviour is a form of communication, and as such, interventions should be targeted at underlying needs rather than behaviour itself. For example, a child whose behaviours have been assessed as being linked with social communication and interaction needs may be best supported via interventions detailed within SLC pathway guidance.

The scope of this guidance covers the wide range of children's developmental abilities. Supporting social and emotional development and wellbeing is particularly important when children are experiencing developmental differences and delay. Behaviours should be considered in relation to a child's developmental as well as chronological age.

A range of services and interventions are available and have a role in supporting social emotional development and wellbeing. The menu of interventions are aligned to the I-Thrive framework to support this guidance and provide a one page visual reference point for users.

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Advice from Midwife, Health Visitor (HV), Early Years Workers, Childminders, Early Education Practitioners, Early Years Setting SENCO, Local Authority services

Universal resources/interventions:

- BBC Tiny Happy People
- Greater Manchester 10 Top Tips for Thriving
- Essential Parent
- ASQ3/SE2 activity sheets
- Resources to support the home learning environment (HLE)
- Empowering Parents Empowering Communities (EPEC)
- Home Start and Dad Matters
- Solihull Approach and Multiuser licence
- Infant feeding clinics /Child health drop ins/Well baby clinics
- Newborn behavioural observation (NBO) and neonatal behavioural assessment scale (NBAS)
- Think Equal
- Early Years childcare entitlement
- Ordinarily Available Inclusive Provision (OAIP)

Interventions:

- Family Nurse Partnership
- Midwifery mental health
- Healthy Child Programme -HV listening visits
- GM Parent Infant Mental Health (PIMHS) Pathway
- GM Speech Language and Communication (SLC) pathway
- NBO and NBAS
- Solihull Approach parenting group
- Guided use of Solihull online courses
- Stay and Play / opportunity groups
- Incredible Years parenting groups
- Invest in Play parenting group
- EPEC
- Watch Me Play
- ASQ-SE Advice sheets with practitioner support
- Home Start and Dad Matters
- Graduated Approach/Local Offer
- Early Help Assessment

GETTING ADVICE

This approach should be part of the universal offer for all children and their families, particularly at all points of contact in the GM Early Years delivery model.

GETTING HELP

This approach should be taken when there are concerns that a child is not meeting age related expectations.

Thriving Baby

Thriving Child

GETTING RISK SUPPORT

This approach should be taken when there are significant and complex needs.

GETTING MORE HELP

This approach should be taken for families who need more extensive and goals-based help.

- Ongoing integrated, multi-agency working with shared responsibility for risk assessment and management in relation to both parent/child
- HV continues to support family and liaise with services involved
- Safeguarding support via Children's and/or Adult Social Care
- Specialist multi-agency interventions e.g. adult community mental health team
- Child Development Centre
- Specialist GM mental health services via PIMHS pathway
- Consider extra reviews where appropriate linked to graduated approach
- Consideration of Education Health and Care Needs Assessment if child accessing early education/school

- Consider Team Around Family approach if wider child/family support needed
- Named HV/Key person continues as Lead Professional as appropriate depending on relationship with the family
- Use of strategies and interventions in GETTING ADVICE and GETTING HELP but with goal-based support and monitoring
- Setting SENCO seek advice from Area SENCO
- Continue Graduated Approach and consider Inclusion Funding if child is accessing early education
- Targeted PSED intervention at EY setting/school e.g. Emotional Literacy Support Assistant (ELSA)
- Home Start PIMH Co-ordinator
- **Referral to specialist service** –Early Attachment Service, Portage, Educational Psychology, Specialist teacher service/outreach
- **Specialist interventions** – EMDR, compassion focused therapy, baby bonding groups, Video Interaction Guidance (VIG)

The GM Social Emotional Development Pathway gives an overarching framework for localities to work with. There will be approaches that are currently being developed and evaluated that are not included and there is opportunity to build the menu of interventions as new resources come onboard.

Fundamentally, it is important to note that interventions are only part of the picture of addressing babies and children's needs to support thriving. As already referenced, underlying environmental factors contribute to family wellbeing and the ability to engage with interventions is generally dependant on basic needs being met (Maslow's hierarchy). The concept of "intervention readiness" is relevant to the engagement process and the tailoring of practitioners and service responses/offer to families.

There may be many barriers to engagement and experienced, skilled practitioners who are able to work using relational approaches, such as motivational interviewing and the Solihull Approach to help parents understand their child development will be as important as the interventions described. Both are crucial to supporting positive outcomes.

Section 4: Workforce Skills, Competencies and Training

In recognition of the importance of the multiagency, integrated early years workforce to positive outcomes for children, GMCA has developed the Greater Manchester Early Years Workforce Competency Framework. The framework identifies the skills, knowledge, abilities and characteristics that everyone who works with young children and families from conception to age 5 is expected to have and includes a strong focus on the relational practice critical to social emotional development, as outlined in section 3.

The framework is intended to support practitioners to carry out a self-evaluation of their skills, knowledge, abilities and characteristics around a number of competency statements relating to early years practice. The framework comprises of 3 tiers (Wider workforce; EY Practice; Leadership) and each tier is made up of a number of components relating to child development and early years practice.

To support ensuring our workforce have the relevant competencies to support social-emotional development and wellbeing, all staff within the wider early years workforce should be supported by senior leaders, managers and commissioners to complete tier 1 of the framework. Frontline practitioners should also complete the *Pre-Birth and Early Days* and *Social-Emotional Development and Well-being* components within Tier 2 as a minimum.

The framework also provides links to relevant learning resources which staff should be encouraged to access to support with strengthening skills, knowledge and competencies relating to social-emotional development and wellbeing. Additional resources which should be considered within local training plans include:

- [NHSE Perinatal and Infant mental health online learning](#) (developed in partnership with GM)
- [DfE Early Years Child Development Online Training](#) (aimed at EY providers and school)
 - Module 2: Brain Development and how children learn
 - Module 3: Supporting children's personal, social emotional development
- Parent-Infant Foundation [Online Infant Mental Health Training Resources for Professionals](#)

The framework is also intended to support training providers to ensure that learning outcomes for relevant pre and post qualifying courses align to the GM competencies.

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