

# Department of Health & Social Care – Early Years Healthy Development Review

## Consultation response – 21st October 2020

The CSP and professional network the Association of Paediatric Chartered Physiotherapists (APCP) worked collaboratively to submit this response to a DHSC review into early years healthy development. The vision should collectively ensure that children are given the best start in life in order to achieve positive outcomes, irrespective of their individual circumstance.

## Summary of CSP recommendations

- Physiotherapy services play a vital role in early years provision
- Addressing health inequalities is crucial for successful outcomes
- Involving physiotherapy teams in population health approaches will support the wider early years workforce

## What outcomes are the most important for an early years vision?

1. The child and family are valued, respected and placed at the centre of service design and delivery
  - 1.1. Services are integrated, collaborating to share information across the sectors involved in the early years context, in order to provide responsive, fair and child-centred approach.
  - 1.2. Services reflect the principles of the 'Team around the Child' approach, previously established by the Early Support Programme.
  - 1.3. Transformational changes are co-produced in response to the needs and diversity of the local population. This is with the engagement of service users, within the communities in which they live.
2. Early recognition of developmental and movement problems to facilitate early intervention strategies

- 2.1. Movement development is a key determinant of health and wellbeing, with strong links to cognitive development and other domains.
- 2.2. Specialist children's physiotherapy is available as part of NHS provision throughout the country. Physiotherapists are highly skilled to detect subtle movement abnormalities that may indicate a developmental issue. Early recognition is crucial for maximising outcomes to allow for appropriate support, signposting and intervention.
- 2.3. Physiotherapy services that monitor infants most at risk of developmental delay or disability require investment for equal access to services e.g. neonatal follow-up services. This would be evidenced through the expansion and availability of local services.

### 3. Timely access to high quality healthcare services, including specialist services

- 3.1. All children have access to well-resourced healthcare services in a timely and responsive way, based in a variety of settings across the community to improve access and engagement.
- 3.2. Healthcare teams such as paediatric physiotherapists and physiotherapy support workers, are able to meet the individualised demands of their local population through appropriately funded services that are integrated into wider multi-agency teams.
- 3.3. Service providers are trained to recognise when more specialised healthcare, such as physiotherapy, may be required. Evidence of this training should be gathered
- 3.4. Local reciprocal referral pathways support easy, seamless access to services across the wider system e.g. direct referral from health visitors in community clinics.

### 4. Health inequalities in early life are identified, addressed and successfully reduced with a consistent offer regardless of where they live

- 4.1. Children have equal access to specialist early years physiotherapy services with additional consistent provision of wider allied health professional therapies.
- 4.2. Children with disabilities, health conditions or developmental difficulties have their individual needs met in a flexible and accessible way that reflects the choices and goals of their families/carers. This should be demonstrated through the use of patient reported experience measures.
- 4.3. Interventions are evidence-informed, using research with particular focus on the most effective ways to engage marginalised and disadvantaged groups.
- 4.4. Digital advances that can optimise opportunities and outcomes for children should be appropriately integrated into pathways and online resources should be enhanced. However, such innovations should be mindful not to widen digital exclusion. Local data relating to digital exclusion is useful to inform this work.

## 5. Health promotion is strengthened as a key principle for community-based early years provision, with an emphasis on prevention-based interventions, specifically physical activity

- 5.1. Children have increased access to safe, inclusive and free space that supports play and physical activity. This should include indoor and outdoor facilities.
- 5.2. All families and staff are able to access evidence-based advice on how to support early years movement and physical activity.
- 5.3. Babies and families are supported to lead active lifestyles, which meet the Chief Medical Officer's physical activity guidelines. Impact would be reflected in physical activity data from Public Health England, which is available at Local Authority level. Physiotherapists are skilled to support this on both an individual and population level and should be involved in population health planning.
- 5.4. All early years professionals are aware of the importance of healthy lifestyles to prevent the health and wellbeing consequences of inactivity, childhood obesity and other public health issues. Evidence of training completed by the workforce would evidence this outcome.
- 5.5. Physiotherapists and other allied health professionals are involved in early years population health planning. Case study examples would demonstrate good practice.
- 5.6. Access to health promotion services are accessible to all regardless of disabilities, health, social or economic status. Local audit data should be gathered to ensure representative access to services is achieved.

## 6. The vision delivers outcomes that can be measured

- 6.1. Impact data should be gathered, analysed and shared to determine good practice and areas of improvement, for reproducibility and scalability.
- 6.2. Healthcare professionals will gather recognised, standardised outcome measures to demonstrate impact.

## What else would help develop excellence in early years development?

Physiotherapists play a key role in early years development. Investing in physiotherapy services supports both children and families but also the wider workforce and contributes to excellence in overall early years provision. The following are exemplars of physiotherapy practice in early years settings.

### 1. Early recognition of movement difficulties and early intervention

Some babies, such as those born prematurely, are at higher risk of developmental problems or disability. If these babies experience delays in receiving intervention, it is more difficult to achieve positive cognitive or motor outcomes. Early intervention therapeutic programmes such as EI-SMART

(Early Intervention - sensorimotor development, attention and regulation, relationships, and team), focus on the enhancement of infant development. EI-SMART is an evidence-based, multi-professional approach developed collaboratively with parents for high-risk infants. It emphasises the importance of overlapping multiple components for optimal intervention, including; (a) promotion of self-initiated, developmentally appropriate motor activity; (b) supporting infant self-regulation and the development of positive parent–infant relationships; and (c) promotion of early communication skills, parent coaching, responsive parenting, and supporting parental mental well-being. For more detail click [here](#).

## 2. Integrated services

There is a variation in multiagency processes across the country. At the Royal Wolverhampton Trust, the specialist Children’s Physiotherapy service works as one team in the acute hospital setting and out in the community, including all education settings. The service sees babies from the very early stages on the Neonatal unit, enabling early identification of physical developmental concerns and providing physiotherapy advice for posture and other activities to maximise physical potential. Physiotherapy staff work closely with the Health Visiting team, contributing to training sessions for health visitors, and providing direct access health visitor referral clinics to support early identification. A multi-agency referral panel for age 0-5 years is well established, led by the Early Years Education service. It is attended by representatives from all health services including Physiotherapy, alongside Consultant Paediatricians and Education, with contribution from Social Care. This enables effective working and identification of a tailored programme for each child. The family are also supported to choose a keyworker if needed.

## 3. Promoting early years movement

The CSP and APCP are collaborating to develop evidence-based resources that aim to reduce the inequalities in early years movement and physical activity (‘Start2Move’). Further information is available on request from the CSP.

For further information on anything contained in this response, please contact Abi Henderson, Professional Adviser, Chartered Society of Physiotherapy. Email: [hendersona@csp.org.uk](mailto:hendersona@csp.org.uk) Website: [www.csp.org.uk](http://www.csp.org.uk).