Introduction and comment

The Chartered Society of Physiotherapy Scotland welcomes the opportunity to contribute to the Health and Sport Committee Inquiry into Health Inequalities. The following offers a response to the questions posed by the current inquiry.

1. How effective are early year’s interventions in addressing health inequalities?

One of the central challenges in assessing the effectiveness of health interventions to address health inequalities is where intervention is aimed at promoting lifestyle changes, such as diet and physical activity. While the current clinical evidence base is limited, the timescales involved mean that interventions can only be shown to be effective over the longer term, leading to healthier outcomes in children when they become adults.

For example physiotherapists have led multidisciplinary teams to intervene to address childhood obesity levels. Such initiatives have involved dieticians, psychologists and physiotherapists to support young people (and their parents) to a healthier weight and lifestyle. However, sustained funding is required to provide data over a sufficient time period, and even then it may only be possible to ascertain the true effectiveness of interventions where positive outcomes are sustained into adulthood.

Nevertheless, CSP Scotland would state that there is sufficient evidence to inform health and social care providers of the types of intervention that are likely to prove effective in preventative health, and this must be the starting point in addressing early year’s health inequalities. Many such interventions are community based and take a holistic approach, recognising the biological, psychological and social factors that combine to cause ill health.

Early year’s intervention offers the opportunity to influence choices before they are habitual, and to shape and influence lifestyles. Children and young people are more likely to alter their behaviour following education and awareness of the risks involved, and parents may be more willing to support children in healthier lifestyles than to change their own behaviours in relation to diet, physical exercise, smoking and alcohol use for example.

A review of evidence would suggest that there may also be considerable benefit from targeting families with intensive support in the early years to improve health and reduce inequalities. In this regard, successful interventions tend to be behaviour-focused, rather than simply providing information.¹

Any holistic approach must also focus on mental as well as physical health. By way of example, low self esteem among young people is known to be a risk factor in childhood obesity and intervention will often need to be multidisciplinary to be effective, involving psychological as well as physical therapy, and involve and support parents and children.

2 What are your views on current early years policy in Scotland in terms of addressing health inequalities?

Questions must continue to be addressed over why inequality determines poorer health in children and why poorer health and lifestyle choices amongst the most disadvantaged continue to shorten life expectancy. Experiences in early life are increasingly being recognised as having a lasting effect on adult health. Roughly half of the gradient in socio-economic mortality in later life can be explained by early life experience, including its influence on, for example, adult smoking rates.

In addition to being exposed to more health risks, (through poor housing and the environment) the opportunities to lead healthier lives are often reduced for the most disadvantaged in society. Opportunities to enjoy active lifestyles, a healthy diet and action to prevent ill health can be limited by poor air quality and a lack of open spaces. Financial hardship can also mean that families may have less time, energy and resources to devote to healthy lifestyle activities.

The wider socio-economic determinants of health mean that it is essential that early year’s policies focus on families and children, and adopt a holistic approach to health and wellbeing with an integrated package of service provision. The interplay of determinants means that the physical and mental health of children will depend on the wider provision required by families, relating to income, childcare needs, housing, employment and support networks. Current early year’s strategies rightly have a focus on the health and wellbeing of all children. However, where health inequalities are identified they tend to focus on the immediate ‘at risk’ categories in relation to social disadvantage, such as supporting post natal depression, or parents with patterns of drug or alcohol misuse. By contrast, the persistence of less obvious or immediate disadvantages that arise from inequality also lead to significant health inequalities that are much more difficult to isolate and address. For example, higher levels of obesity are apparent amongst low

---

2 Kings Fund 2013
income adults and in children in low income families, but the causes of poor diet, low levels of physical activity and low self esteem are less likely to present themselves as ‘risk’ categories before birth, although these are known to be worsened by the effects of poverty and inequality.

3 What role can the health service play in addressing health inequalities through interventions in the early years?

Scotland’s health service has an essential role to play in addressing health inequalities in the early years. For example, for many young women from disadvantaged communities, pregnancy presents an opportunity to intervene to assess and meet specific needs. For example, some local services provide an education and exercise intervention for overweight pregnant women. Targeting this group for lifestyle change can be very effective as they are often more prepared to make lifestyle changes during pregnancy for the wellbeing of their child. Physiotherapists and dieticians input into this service to maintain a healthy weight during pregnancy encourage better lifestyle choices and promote exercise during and post pregnancy. Such interventions can include other health promotion referrals, such as smoking cessation. These interventions also offer the opportunity for broader and more integrated support, around, for example housing or childcare. Physiotherapists are often in a position to identify the level of social support systems that people need and make onward referral.

There are many other ways in which allied health professionals can have a vital role to play in reducing health inequalities. All clinicians are trained in safeguarding children’s welfare, whether working in paediatrics or not. They will have an awareness of procedures to follow if any safeguarding concerns are raised or identified.

The CSP also seeks to promote public health and has a scheme to encourage designated Public Health Champions who can act as advocates for public health in local communities and a channel for information exchange.

4 What barriers and challenges do early years services face when working to reduce health inequalities?

There are many challenges in achieving successful health interventions to address and reduce health inequalities in early year’s services. As mentioned above, successful outcomes may depend on the co-ordinated and intensive

---

3 UK Government report ‘Foresight – Tackling Obesities: Future Choices’ reveals 28% of men and 25% of women in lower income groups were obese compared to 18% of men and 10% of women in higher income groups. (The NHS Information Centre for Health and Social Care (January 2008). In Scotland, children [between 5 and 6 years old] living in the most deprived areas were most likely to be classified as overweight, obese and severely obese; 21.7% are overweight, including 9.2% obese and 4.5% severely obese. Information Services Division. (Dec 2008) Childhood BMI Statistics http://www.isdscotland.org/isd/3640.html
involvement of health and social care provision across sectors and disciplines. Action on health inequalities requires appropriate intervention across all the social determinants of health.

There may also be difficulty in engaging disadvantaged communities, where self referral rates may be lower and in rural communities where access to services is limited by transport and infrastructure.

Measures to better integrate health and social care (as contained in the Public Bodies (Joint Working) (Scotland) Bill will be crucially important, but it should be noted that the initial focus will be on adult health and social care provision.

Ensuring that the right workforce is in place is also an important challenge to existing and future health services. More community provision will require the workforce to be equipped in the right numbers and with the right knowledge and skills to deliver appropriate and effective intervention to address health inequalities.

5 Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?

CSP Scotland would also highlight the research undertaken by the Scottish government, *Growing Up in Scotland: Overweight, obesity and activity*\(^4\), which pointed to the need for interventions to focus on families, and for research into interventions that might address the wider environment.

In addressing health inequalities more widely, it is perhaps important that the health and wellbeing of children and young people is seen in a positive context and one in which self-referral can be encouraged for a range of services in disadvantaged communities. Health promotion and preventative care services would help to address the ill health that becomes apparent from inequality much later in life. This approach would more closely reflect the access and pathways pursued by more affluent groups, who may be more likely to seek and receive early intervention. Identifying and supporting children and families that might benefit from preventative care also has the potential to offer cost savings to the health service. This is an area where more research is necessary and CSP Scotland would highlight the need for increased funding for research into the economic, health and social benefits of preventative care.

Chartered Society of Physiotherapy
March 2014

---


About the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK’s 52,000 chartered physiotherapists, physiotherapy students and support workers. The CSP has around 4,000 members in Scotland. The majority are employed in the NHS but chartered physiotherapists are also found in education, independent practice, the voluntary sector and with other large employers, such as sports clubs and businesses. More than 95% of all physiotherapists are members of the CSP. Physiotherapy is the largest health care profession in the UK after nursing and medicine and is the largest of the allied health professions.