HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM CARE INSPECTORATE

The Care Inspectorate does not have any direct role in social prescribing; however, we are happy to share our learning from the Care About Physical Activity improvement programme and links to the Health and Social Care Standards. Undoubtedly, our input will be viewed alongside the views of people who are currently using social prescribing and the communities they live in (Scottish Approach to Service Design 2019).

1. To what extent does social prescribing for physical activity and sport increase sustained participation in physical activity and sport for health and wellbeing?

Our experience in working with older people who experience care to increase their activity levels showed sustained benefits when the intervention starts with the person and what matters to them. See www.capa.scot for examples of positive results based on individual interests and a focus on the person’s desired personal outcomes.

2. Who should decide whether a social prescription for physical activity is the most appropriate intervention, based on what criteria? (e.g. GP, other health professional, direct referral from Community Link Worker or self-referral)

We have found that good communication and joint decision making is key to engagement, along with an awareness of what matters to the individual in question. This approach reflects the Health and Social Care standards which sets out what health and social care services should look and feel like, in particular that the person should be able to say ‘I am fully involved in all decisions about my care and support’

3. What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?

Social prescribing to sport and physical activity must be seen as one part of an integrated and holistic approach to supporting a person towards realising their personal outcomes. Rather than being addressed separately, social prescribing to sport/physical activity can be seen as one possible approach that could help the person towards a life of positive health and wellbeing. As such the barriers will no doubt be those complex and interrelated factors that are already known in terms of
people being able to access services or take steps that might support wellbeing and health.

These may be compounded by the referrer’s experience of activity, their understanding of and relationship with local physical activity and sport possibilities, as well as their expectations and perceptions of the person they are supporting. People’s previous experiences of sport and physical activity will also play a part in whether they see this as something that will suit them or that they could be a part of. Some older people experiencing care have taken part in walking football groups once they were facilitated to join. Without the view that football could be accessed by people in care with complex support needs, these older people would not have been able to take advantage of a local opportunity.

4. How should social prescribing for physical activity and sport initiatives be monitored and evaluated?

Evaluation could be completed at individual, community and population level. At the individual level the person’s judgment of whether the social prescription has been of benefit in moving towards their individual personal outcomes could be evaluated. Communities could report on the use of leisure and sporting facilities, possibility evaluating if engagement continues after the social prescribing has ended. At a population level this could be under the remit of the new Public Health Scotland.