HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Scottish Volunteering Forum

Introduction

The Scottish Volunteering Forum is a collaborative group of cross-sector organisations that are committed to developing and improving volunteer participation in Scotland. We exist to influence the strategic landscape and champion innovative approaches using our collective intelligence and expertise.

We are broadly in favour of social prescribing as a complementary method for improving health and wellbeing when used alongside traditional medical prescribing. We recognise that the scope of this enquiry is limited to social prescribing for sport and physical activity, however evidence suggests that the majority of volunteering activity increases physical activity and promotes positive wellbeing. For those people with chronic or degenerative conditions, volunteering is an effective method for self-managing or prolonging positive wellbeing. We also recognise that a significant amount of local provision which supports people to become more active in their community is provided by volunteers. As such, social prescribing and volunteering are inextricably linked.

The value of volunteering to Scottish society was recognised this year in the publication of Volunteering for All, a national outcomes framework for volunteering, by the Scottish Government.¹ This document details 5 key outcomes for increasing participation in volunteering in Scotland, which have been mapped to the National Performance Framework. In her ministerial foreword, Aileen Campbell MSP highlights the particular benefits of volunteering for improving health and wellbeing.

Whist we are in favour of social prescribing, we strongly recommend that the voluntary nature of volunteering, or any activity supported by volunteers, is clearly communicated and reinforced. Traditional medical prescriptions are often viewed as essential and patients are likely to follow them without question. A different approach would be required for social prescribing as volunteering is only likely to be beneficial if those participating in at are doing so of their own volition.

Question 1

Whilst we believe in the value of volunteering as a socially prescribed activity to improve the health and wellbeing of participants, we disagree that it is an ‘alternative’ to traditional medical prescribing. Instead, we believe social prescribing should be used in addition to traditional methods as a means for bringing about long-lasting behaviour change or for preventing further decrease in health or wellbeing. Traditional medicine can offer a quick solution to symptoms, whilst social prescribing can address the causes over a longer period of time.

¹ [https://www.gov.scot/publications/volunteering-national-framework/]
An example of this can be found in the ongoing work to increase participation of young people in sport, particularly the Spartans Youth Work Team in North Edinburgh. They support over 300,000 young people to have a safe space to play, socialise and participate in physical activity. ²

In a report published in December 2018³, Volunteer Scotland found that regular volunteering has the ability to alleviate depression, anxiety and stress, reduce loneliness and social isolation, and support the management of more serious mental health conditions such as schizophrenia. However, it found that volunteers need to commit to volunteering regularly to generate wellbeing benefits – this is referred to as the ‘dose-response’ effect. As such, it is likely to take a significant investment of time before participants see the benefits, thus requiring medical prescriptions in the short term at least.

From our collective experience, we believe that social prescribing absolutely has the potential to lead to sustained and even increasing participation. In NCVOs recent ‘Time Well Spent’ report, they found that recent volunteers are more likely to give their time frequently. 67% of recent volunteers reported volunteering at least once a month, suggesting that people are more likely to sustain and diversify voluntary activity if they have a recent experience of it. ⁴

In one example, a knitting group from Edinburgh experienced significant health benefits from participation. 100% of members of the Knit and Natter group report experiencing better health and wellbeing, including increased confidence and decreased levels of anxiety and depression. Members report a strong focus on supporting each other to cope with challenging situations, including alleviating fear of hospital, dealing with bereavement and overcoming shyness to try new activities.

Six members, all with long-term health conditions, recently went on a trip to Belfast. During a day of sightseeing all members clocked up 10000+ steps in the course of the day and were taken aback by this accomplishment. One has subsequently been able to reduce her reliance on her walking frame as she is building strength and confidence to walk independently. Another has enrolled in the Be Able aquarobics project provided by Edinburgh Leisure.

Participation in any form of volunteering, or activity supported by volunteers, has the potential to increase confidence, forge social connections and lead to sustained behaviour change regarding physical activity. As a result it has strong links with the health and social care agenda, and is reflected in both local and national wellbeing outcomes.

³ https://www.volunteerscotland.net/media/1436178/volunteering_health_wellbeing_full_report.pdf
Question 2

A number of different practitioners can decide if social prescribing is an appropriate option, including GPs, Health visitors, District/Specialist nurses, Community Link Workers, social workers and any other people who have a supporting relationship with an individual. We also believe that staff members of the DWP might find social prescribing useful for those found not fit for work, and indeed medical practitioners preparing patients for discharge from hospital looking to put in place activities to aid recovery.

However, it is vital that social prescribing is presented to the individual in question as a personal choice. Some of our members have experienced situations where the DWP have presented volunteering as essential activity to claimants, and as a result many participants have not engaged successfully or experienced the benefits. As such, we believe that signposting is perhaps more appropriate than direct referrals, and all involved in social prescribing would need to be provided with clear training on the difference in approach.

The benefits of volunteering should be shared with individuals, as well as providing clear pathways for participation. As such, there is a key role for the voluntary sector – particularly local third sector interfaces, youth work agencies and other intermediary bodies – in identifying the most appropriate opportunities and sources of support for providing ongoing guidance.

We also identified the NHS 24 website and NHS Inform as important sources of information about non-medical solutions to health issues. Currently these tend to focus on medical solutions, and by providing a wider range of information online that is reflective of social prescribing, this could alleviate pressure on frontline NHS staff. These could link with local Third Sector interface databases or indeed the ALISS online resource (https://www.aliss.org/) to ensure that they remain as current as possible.

Question 3

There are a number of potential barriers to social prescribing, particularly the increasing lack of financial resource to support relevant activity in the voluntary sector. According to the SCVO Third Sector Forecast published in Jan 2019⁵, there was an increase in voluntary sector organisations facing a difficult year in 2018, with securing long-term funding being acknowledged as a key challenge. We would be concerned about social prescribing being introduced without commitment to provide additional resource to the voluntary sector to support this. It is vital that statutory commissioning bodies (including Local Authorities, Scottish Government and Health and Social Care Partnerships) recognise the vital importance of ensuring that such valuable activity is adequately resourced.

Another practical barrier to consider is the need to support people to attend such activity, including the chronic lack of community transport in many areas. For many people with medical conditions or on low incomes, accessing support services can by physically or

⁵ https://scvo.org.uk/post/2019/02/20/third-sector-forecast-2019
financially challenging. To ensure that prescribed volunteering or volunteer-led activity is successful, it is vital that adequate provision is put in place for people to access such services.

Similarly, another potential barrier is the capacity of volunteer involving organisations to adequately accommodate volunteers with medical conditions, or to recognise the need to make reasonable adjustments. This was acknowledged in the Time Well Spent report published by NCVO\(^6\) whereby volunteers with disabilities are most likely to have a negative experience. The need for more diverse and inclusive volunteering opportunities was identified as a specific outcome in Volunteering for All, the national framework for volunteering. Similarly, the Youth VIP group, set up to provide recommendations for the implementation of Volunteering for All, have recommended that an access fund be established to support volunteers with additional barriers.

Another key barrier is the continuing uncertainty around volunteering whilst in receipt of benefits. The guidance released by the DWP earlier this year does not explicitly state that volunteering will not be considered when assessing if an individual is fit for work, which causes significant anxiety to people with health conditions who would likely benefit from volunteering. There are clear benefits to volunteering related to health and wellbeing which do not necessarily relate to employability, and it is important that the DWP recognise this distinction.

We’ve also already mentioned a potential barrier related to how social prescribing is communicated to individuals, and the importance of ensuring that the voluntary nature of participation is reinforced. If not communicated effectively, or portrayed as mandatory, volunteers are less likely to engage or to experience benefits to their health and wellbeing.

The desire not to volunteer should not be confused with the lack of confidence to participate, and those prescribing this type of activity also need to be mindful that some individuals may require some support to access voluntary or volunteer-supported activity. Volunteer Edinburgh has a project where volunteers called health and Wellbeing Buddies support individuals to attend and sustain new activities. Similar forms of supported volunteering may need to be resourced for this to be successful.

**Question 4**

We believe that the monitoring and evaluation of social prescribing needs to be facilitated by those who are making the prescription, but it is vital that this is not overly formalised. It should be based on self-reported and qualitative evidence based on personal outcomes agreed with the individual. Therefore it is vital that a baseline measure is established to adequately ascertain progress made, and we would suggest that progress is self-reported at follow up medical appointments or appointments with the Community Link Worker.