HEALTH AND SPORT COMMITTEE
SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT
SUBMISSION FROM – Health and Social Care Alliance Scotland (the ALLIANCE)

Introduction

The ALLIANCE welcomes the opportunity to highlight the close connection between the wide range of different interventions described as ‘social prescribing’ and physical activity and sport. This response will particularly focus on the role of the Links Worker approach and specifically the ALLIANCE’s experience of delivering the Links Worker Programme since 2014.

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

The term ‘social prescribing’ is often used to describe a wide range of interventions which span quite different levels of input from health and social care professionals. The impact of the intervention is likely to vary depending on the level of intensity involved and how closely the response matches the needs and rights of the person. For example, we would draw a distinction between:

- **Signposting** – offering someone information on a local resource or community asset. This can be about the nature of the activities provided and benefits likely to be gained from these as well as logistical information on accessing the resource such as location and opening times.

- **Social Prescribing** – the process of formally referring someone to a resource, usually in the local community and comprising a social aspect, which is intended will be beneficial to their health and wellbeing and/or management of any existing conditions.

- **Links Work** – generally refers to the process of working together with an individual, providing as much support as is necessary, to help them to identify issues which they would like to address with the purpose of setting goals and overcoming barriers in taking greater control over their health and wellbeing. This may be achieved directly through holding ‘good conversations' with individuals or supporting them by whatever means necessary to identify and access relevant resources considered likely to be beneficial towards attaining their goals.
The ALLIANCE’s Links Worker Programme

- Originally delivered in seven ‘Deep End’ GP practices in Glasgow since 2014, soon to expand into at least 27 practices by the end of 2019
- The Community Links Practitioners (CLPs) have worked with around 10,000 people to date
- In 6 to 7% of recent referrals, individuals wish support from the CLP to address issues associated with sport / physical activity / weight management
- Community resources in the localities where the programme is active have reported an increase in the number of referrals they receive from General Practice
- Importantly, these community resources report that these referrals are now more relevant to the services that they offer, compared to before the Links Worker Programme intervention

The ALLIANCE’s CLPs work to no exclusion criteria and have no maximum number of contacts with a person, meaning they will share the person’s journey for as long as it takes to facilitate their access to more specific or longer-term support. This flexibility affords this model of Links Working the opportunity to support those often furthest away from participation in physical activity to overcome the barriers which stand in their way.

Independent evaluation of the ALLIANCE programme was undertaken by the University of Glasgow to assess the impact of the intervention after a nine month follow-up period. This revealed that people who saw a Community Links Practitioner twice or more reported a significant improvement in exercise levels, relative to a comparison group (people attending GP practices that did not deliver the Links Worker Programme intervention). In those who attended a suggested community resource, anxiety and exercise levels also improved significantly.

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

With access to the right information, every member of the Primary Care team can play a role in relation to social prescribing. However, their ability to do so effectively will depend on the amount of time they are able to spend in a) developing and maintaining a knowledge of relevant resources and activities in the locality and b) working with the person in order to fully explore their interests, circumstances and barriers which may prevent their participation in physical activity. Links Worker roles have developed in response to the

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1 https://www.alliance-scotland.org.uk/in-the-community/national-link-programme/
2 The person must be registered with a practice participating in the Links Worker Programme in order to access the support of a Community Links Practitioner
recognition that GPs are often unable to undertake this type of activity due to the pressures on their time.

The ALLIANCE’s CLPs report that people will often express an interest in participation in sport or physical activity but are simply not ready to take that first step. In such cases, the CLP will work with the person over a period of time to address the underlying issues that are acting as barriers, such as financial stability, housing, relationships, addiction etc. An important part of the role has been physically accompanying people when they access physical activity resources, where necessary, in order to build trusting relationships between the person and the ‘destination’ service. Again, the flexible and unrestricted nature of the programme means that CLPs are well placed to support people to maximise the likelihood of sustained participation.

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

Those furthest away from participation in physical activity can be experiencing a complex combination of issues which impact negatively on their health and wellbeing. Issues commonly addressed in CLPs’ one to one work with people include:

- Financial (including social security and employability)
- Housing
- Social isolation
- Bereavement
- Depression, stress and anxiety
- Alcohol and other addictions
- Sexual abuse
- Relationships

Supporting a social prescription for physical activity can be one element in a package of measures to seek to improve a person’s health and wellbeing. As described previously, factors such as those listed above may need to be addressed before a person feels ready to participate in sport and physical activity. In other cases, access to physical activity can be a crucial part of the early process to support these other factors to begin to be discussed and addressed. Ultimately it will all depend on the person’s unique circumstances and where they are in their journey.
Financial

The cost associated with participation in some physical activities (either through payment for the activity itself, and/or purchasing the clothing/equipment necessary to take part) acts as a barrier. This is especially the case in areas where our Links Worker Programme is active, given that it operates in 'Deep End' practices.

CLPs will often work on a one to one basis with the person on financial related issues whilst simultaneously unpicking and beginning to identify suitable approaches for addressing other issues that are present (which could include physical activity and sport). Common actions can include supporting people to interact with the social security system and ensuring that they are accessing all the support to which they may be entitled. CLPs also undertake activities to support people with employability or employment related issues.

Disabled people and people living with long term conditions have expressed concerns that being seen to be physically active may negatively affect their access to social security entitlements. In the development of Scotland’s new social security system, Social Security Scotland should produce clear advice and guidance on being physically active and how it relates to entitlements, as well as how social security payments and other forms of government and NHS financial assistance can be used to support access to sport and physical activity.

Lack of provision

Effective social prescribing is dependent on having a breadth of quality resources for referral on to. These need to span a range of activities, ability levels and be offered at different times.

As well as supporting people to access existing resources and facilities, our CLPs have attracted additional complementary funding streams to develop physical activity initiatives where areas of unmet need have been identified.

Most Links Worker Programme participating practices now offer weekly health walks which are open to those referred to a CLP and others. In one locality a tennis club has been set up through working with local partners. Individuals who come in to contact with the CLP or other practice staff are supported to attend. Another practice has, again with local partners, and with financial support from the local health improvement team, implemented a cycling initiative teaching cycling proficiency to local adult participants. This has been enthusiastically received and very quickly reached capacity.

One Links Worker Programme participating practice has developed a partnership with a Health and Social Care Partnership prescribing pharmacist – who is also a qualified yoga instructor. This professional now delivers a free of charge yoga class for chronic pain and
mental health at the health centre as part of their working week, accessible to all people being supported by the Links Worker Programme in the practice.

**Access to information**

The Scottish Government’s ‘Digital Health and Care Strategy’ highlights access to information as a priority area. The strategy vision states “as a citizen of Scotland, I have access to the digital information, tools and services I need to help maintain and improve my health and wellbeing.”

This fundamental need for people and professionals to access information is, in a physical activity context, described through NHS Health Scotland’s National Physical Activity Pathway and specifically step 4 – “Signpost or refer the individual to support that will help them be more active.” For this to happen, those undertaking social prescribing need to have a knowledge and understanding of the resources available in the locality that may provide the right opportunity to enable people who present to them to participate in physical activity.

The ALLIANCE manages the ALISS (A Local Information System for Scotland) programme, which exists to increase the availability of health and wellbeing information, supporting the wider social determinants of health. Within the wide scope of the Committee’s inquiry, ALISS supports the sharing of information on easily accessible and ‘entry-level’ sports and activities (as opposed to high-performance sports).

ALISS is a free to use online platform which helps people find and share services and activities which support health and wellbeing. It can be used by people accessing services and social prescribers alike.

The ALLIANCE is working in partnership with NHS Health Scotland to ensure that when people across Scotland search for physical activities in their communities they find an activity of value and of interest. The ALLIANCE is also working with physical activity service providers to use the ALISS platform as a means of promoting their services within local communities across Scotland.

**Capacity of the social prescriber**

The ability of the social prescriber to work successfully with the person to achieve positive outcomes will be restricted by factors such as; risk averse culture, workload constraints and a lack of time to undertake the role effectively.

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CLPs are empowered and enabled to run their own ‘case loads’ so they can work with people in a tailored way for as long as they need to, thereby helping to build trusting solutions-focused relationships and delivering effectively within the flexible and unrestricted nature of the programme.

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

There are existing tools which could be incorporated in to the monitoring and evaluation programme of a social prescribing initiative operating in relation to physical activity. One such example would be the physical activity stage of change assessment tool\(^6\). The feasibility of meaningfully administering these tools is likely to vary depending on their complexity and the workload burden associated. Careful thought must be given as to the appropriateness and likely utility of each in any given setting, ideally taking on board the perspectives of intended beneficiaries, programme delivery staff and experts in physical activity research.

CLPs can support delivery organisations by completing pre-referral assessments which are used for evaluation purposes. For example, CLPs refer in to Glasgow Life’s Live Active and (Gym) Access Card scheme, supporting people to complete a pre-referral questionnaire on physical activity levels.

The very nature of a social prescriber’s role as an intermediary makes it challenging for them to assess the extent to which participation in physical activity is sustained over an extended period of time as a result of the intervention, especially once their period of involvement with their person may have naturally drawn to a close. Close partnership working between the referring and destination organisations is therefore required for any evaluation programme to be effective.

**For further information**


About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 2,700 national and local third sector organisations, associates in the statutory and private sectors and individuals. Many NHS Boards, Health and Social Care Partnerships and Medical Practices are associate members.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

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