

## HEALTH AND SPORT COMMITTEE

### SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

**SUBMISSION FROM Prof R.C.Richard Davison, University of the West of Scotland and Board Member, Observatory for Sport in Scotland**

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

Physical activity and sport are too often grouped together but are distinctly different. Physical activity is a much broader term which can cover many aspects of daily life active transport, housework, work activity, structured exercise etc. A sport participant can mean any person who directly or indirectly participates in sports as a player, contestant, team member, coach, manager, trainer or administrator. While it is recognised that the majority of physiological, psychological and social benefits arise from the physical participation of being a player, contestant or team member there are also documented psychological and social benefits for the non-physical participation of being a coach, manager, trainer or administrator. For many individuals sport participation is the primary way that they gain the majority of their physical activity over the week. However, this is not consistent across the age range as it has been shown that younger adults are more likely to gain their weekly physical activity through sport than those over 55 (van Uffelen Claire Jenkin Hans Westerbeek Stuart Biddle and Rochelle Eime, 2015). Sport is much more heavily structured usually overseen by NGB's requires facilities and appropriately trained coaches to oversee the development of individuals taking part in that sport.

From what I understand social prescribing would involve a CLW signposting appropriate sport and physical activity opportunities as deemed appropriate. There are two significant issues I perceive with this proposal.

1. A CLW for this type of social prescribing would require a specific skillset from both prior qualifications (i.e. sport science degree) and a very specific training programme centred around exercise prescription. would need to be established to train CLW's to complete an appropriate needs analysis and can make a considerable contribution to overall physical activity.
2. There is a distinct lack of destinations with the correct facilities and expert staff for a CLW to refer to. It is possible with the right investment that this could be created and delivered by a mix of local authority and NGB's as well as specialist private providers.

Regardless of the system or process in place the research evidence suggests that for 'sustained' participation in sport or physical activity and individual needs to build sufficient 'social or sporting capital'. There are a number of theoretical models on this topic, but none have as yet undergone robust research evaluation nor practical deployment evaluation.

## **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)**

One of the key issues in this decision-making process is the appropriate training to make the decision. There is a recognised lack of specific exercise prescription training in both GP and health professional training. While their training would enable them to recognise the potential benefit of exercise for an individual the next steps of needs analysis, personalisation, detailed prescription and monitoring are not covered in their current training.

For example, many GP's already engage in exercise referral schemes however the effectiveness of these schemes are generally poor. This is mostly due to a poor initial evaluation of the most effective strategy for that individual and a lack of appropriate facilities and trained individuals to refer to.

One suggestion could be to have GP surgeries embedded into sport centres and equivalent facilities providing both sport and physical activity opportunities to show the direct link between health and increased activity. 'Exercise is medicine' and this needs to be reinforced.

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

**The main barrier to an effective process is the lack of appropriate referral destinations with appropriately trained individuals.**

While health inequalities and deprivation are linked with lower than average/desired sport participation and physical activity levels these issues are not unique to this group and thus a real desire to raise participation in sport and physical activity needs a much more radical population approach which is properly monitored with interventions that are properly evidenced based. There is emerging evidence that there is a group of active individuals who are becoming more active whereas the least active and non-active populations are growing. The latter group is clearly the most problematic in terms of population health trends and requires significant investment in research to develop appropriate interventions to target that group. Therefore, a major barrier is our current understanding of how to influence the

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

Despite extensive research findings going back more than 50 years establishing the link between physical activity levels and health and the recognition that physical activity levels are falling there has been a failure to develop successful strategies to address this significant health issue. Even today there is a lack of research evidence on successful interventions. Too often there has been significant investment in interventions that have had limited evidence base for their effectiveness followed by poor evaluation of their outcomes.

Also, the lack of adequate population-based measurement of sport participation makes it extremely difficult to firstly determine the true extent of the problem but also determine accurately whether any interventions are actually having any effect. Two recent OSS publications (Sports For The Future: Decline, Growth, Opportunity And Challenge <https://www.oss.scot/sports-for-the-future/>, Sport Participation in Scotland: Trends and Future Prospects, <https://www.oss.scot/spsreport2019/>), using the limited evidence from the Scottish Household Survey and the Scottish Health Survey that currently exists, clearly highlight the key issues that despite many policies and interventions sport and physical activity levels are in decline and much lower than in other European countries. However, while the two aforementioned surveys are conducted to a high standard, they fail to ask the correct questions to fully evaluate the key issues in sport and physical activity. Therefore, evaluation of the effectiveness of social prescribing monitoring of numbers of individuals within a social prescribing scheme as well as properly constructed regular national surveys of both sports and physical participation as happens in other European Countries.