HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM VOLUNTEERING MATTERS

About Volunteering Matters

Volunteering Matters is a national charity that enables people to be change makers in their communities through volunteering and social action, improving health and wellbeing, supporting opportunity and inclusion. We enable around 20,000 volunteers to support around 80,000 beneficiaries. Our focus is on those facing barriers to volunteering, and for whom volunteering can be most transformative.

Social Prescribing: Overview

Many people go to their GP for help, but sometimes the help they most need cannot be clinically prescribed. Social Prescribing is an emerging set of practices that support medical services (mainly primary care) to signpost or facilitate patient access to the community resources and services that could best support these patients’ health and wellbeing.

Volunteering Matters believes that the growth of social prescribing is a positive development that can help address the complex determinants of ill-health, offer preventative and personalised support and ultimately build healthier communities. Nevertheless, we recognise that there are many models of social prescribing, one consequence of which is that high-quality evidence of impact (of what, for whom, for how long, and under what conditions) is limited.

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

For our views on inclusive good practice and the role of volunteer navigators, particularly their importance in sustained involvement in appropriate activities, see our response to 3 below.

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)

The patient and their GP, or other relevant health professional, should jointly decide whether a social prescription is appropriate. Agreement is crucial. Good social prescribing arrangements are not a barrier to accessing health professionals. They do not dilute the care management responsibilities of GPs or other health professionals; instead, they make possible a holistic approach to facilitating that care.
How the social prescription is filled out and moved forward will depend on the type of system established in the local area. Models range from low intensity signposting to higher intensity assessment and supported access. Trained volunteers have a role to play in either system.

Volunteers already act as facilitators at points of exit and entry to health services. Most hospitals include volunteer support for admission and discharge – the safety and appropriateness of these services having recently been reviewed by Clear Pathway guidance (2018). In primary care too, they provide information, reassurance and navigation. For example, volunteers from Volunteering Matters’ RSVP (Retired and Senior Volunteers Programme) Forth Valley provide these services in Clackmannanshire Community Health Centre. Like staff delivered services, well managed volunteer services can respect patient confidentiality, maintain appropriate boundaries and deliver a consistent level of service.

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

Successful social prescribing requires high quality assessment, comprehensive service information, good services to refer to and an inclusive approach to access.

Sport and physical activity are beneficial to people of all ages and levels of ability, and are likely to improve both physical and mental wellbeing (WHO, Physical Activity and Health in Europe, 2016). A high quality assessment will identify the most relevant benefits to the individual in question, and allow for discussion of any barriers to participation. (This can be supported by online tools.) In the case of people with disabilities, we know that participation rates in physical activity are low. For example, only 9% of people with learning difficulties are undertaking recommended levels, and inactivity is twice as high for those with a disability or long term health condition as for those without (Dairo et al, 2016). Reasons include lack of confidence, fear of exclusion, limited transport and physical access and a restrictively narrow range of activities. Effective social prescribing needs to address these issues individually and systemically.

At an individual level, the assessment may conclude that in order to access a physical activity prescription, the support of a linkworker, community navigator or buddy would be helpful. These can be volunteer roles, providing flexible, informal and encouraging companionship to individuals as they take their first steps to joining new groups or activities.

At a systemic level, the development of local social prescribing systems should go hand in hand with the development of community resources – including sport and physical activity – that are inclusive and reflect the needs and aspirations of local communities. Volunteering Matters’ Sporting Chance programme, for example, operates with the support of public health and CCG partners in a number of local authorities in the North East of England, with each local programme tailored to the particular demographics, health needs and expressed preferences of target wards and neighbourhoods.
The Talk to Me principles established as part of the GOGA (Get Out, Get Active) programme provide strong guidance on disability and sport. It would be helpful at a local level to agree what standards are expected of services that can be referred to, a conversation that should link directly to strategic capacity building, particularly in relation to the voluntary and community sector.

Collaboration, expressed as a willingness to move resources across services and sectors to bolster prevention and meet needs holistically, needs to be at the heart of social prescribing. Clearly, the voluntary and community sector cannot be expected simply to meet demands being diverted from health services. At the same time, an asset-based approach to social prescription, which promotes and provides progressive pathways into volunteering can be an effective way of building community capacity. Volunteering Matters’ support for the GOGA programme, for example, has shown how people with disabilities who are referred to sport and physical activity services can move from being service users to also taking on volunteer roles within these services (https://toolkit.volunteeringmatters.org.uk/).

An evaluation of the GOGA programme will be available in September. Emerging evidence suggests that volunteering is an excellent route to being more active for those who are very inactive and/or those with disabilities, especially where the volunteering roles are in physical activity settings. The next iteration of GOGA (from April 2020) will involve Scottish partners taking a social prescribing approach to their GOGA activities, with a focus on Tayside.