HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM THE BRITISH RED CROSS

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British Red Cross has expertise in social prescribing through our services to tackle social isolation and loneliness. There are, however, strong overlaps between the aims and objectives of the social prescribing of physical activity and sport, and more generic social isolation services, most crucially, both mental and physical benefits of connectedness with a local community. Therefore, in this consultation response we offer our learning from using social prescribing to tackle social isolation and loneliness as useful learning for future initiatives focused on physical activity and sport.

Tackling loneliness is an important way of improving people’s overall health and wellbeing as loneliness affects both mental and physical health. The effect of loneliness and isolation can be as harmful to health as obesity or smoking 15 cigarettes a day; lonely individuals are at higher risk of the onset of disability; loneliness puts individuals at greater risk of cognitive decline, and one study concluded that lonely people have a 64% increased chance of developing clinical dementia.

In May 2017 the Co-op and British Red Cross launched the Connecting Communities service in over 30 locations around the UK. The Connecting Communities service is a form of social prescribing, were Community Connectors re-connect people feeling lonely or socially isolated back to their communities by signposting to activities in their area and providing emotional and practical support. The aim is to offer person-centred support to build self-confidence. Our large data set provides us with significant insight into how social prescribing tackles loneliness.

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

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When successful, social prescribing can have sustained impact on a person’s connectedness with their community and activity levels. Mind’s study ‘Get Set To Go’ aimed to engage 75,000 people with mental health problems in sports and physical activity. Participants were reported to have gained confidence by stepping outside their comfort zone when they were supported to try new experiences.\(^5\) When the programme worked it gave them confidence and empowered them to access further opportunities to support their recovery.

The British Red Cross understands from our Connecting Communities services that to ensure sustained participation in any activity social prescribing models must allow link workers sufficient time and flexibility to accompany individuals to activities until they feel comfortable to attend alone. Signposting will rarely be enough.

This may be necessary in cases where the individual needs support to overcome practical barriers e.g. travel or limited mobility. People may also need help to overcome emotional barriers i.e. low confidence and self-esteem. We know that for people experiencing loneliness, it is particularly important to have someone to introduce them to the space and activity is necessary for sustained participation. People who have been isolated for a long time or are not used to group situations will rarely be confident enough to go alone.

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)**

Community Link Workers should decide whether a social prescription for physical activity is the most appropriate intervention. However, it is important to have a range of referral routes to enable people to access the link workers e.g. from GPs, health visitors, social workers, housing providers. Having a self-referral route is also important as people who are lonely/ or socially isolated may not be in touch with statutory services.

Decisions on what interventions are appropriate should only ever be made jointly with the individual, using a person-centred approach. Crucially, if an intervention isn’t seen as suitable by the individual, then their participation won’t be sustained. Community Link Workers would be best placed to have this type of in-depth conversation as they

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are equipped with the right skills and have sufficient time to assess a social prescription properly.

As an example, the British Red Cross Community Connectors\textsuperscript{6} use a ‘What Matters to You?’ approach, using open conversations to understand the person in the context of their own life and their personal aims. This approach is also being used by NHS England.\textsuperscript{7}

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

As outlined in the British Red Cross’ Connecting Communities To Tackle Loneliness and Social Isolation report, barriers to effective social prescribing include:

- **The growing complexity of needs:** Connector services should be planned and developed in the context of the wider context of what support exists for people with complex needs.

- **Collaboration between services:** Commissioners and funders should encourage collaboration rather than competition between connector services, and should ensure that they provide enough funding to give organisations the staff time needed to engage in relationship building and collaboration. Funders and commissioners should also be mindful of existing connector programmes and seek, where possible, to enable development and growth rather than promoting duplication (CLWs should utilise the ALISS resource to connect services with patients).

- **The stigma of loneliness:** Service designers and providers should consider how the language they use to describe services will affect not only individuals’ willingness to access services but also people’s overall perceptions of loneliness and the people who experience it. Language should be sensitive to the stigma of loneliness and does not unnecessarily pathologise the issue. This issue could equally apply to sport and physical activity; sometimes anxiety or unwillingness to participate can be the greatest barrier. This has been highlighted in the recent ‘We Are Undefeated’ campaign, launched by Sport England and the health and social care charities that form the Richmond Group (of which the British Red Cross is a member). The campaign intends to inspire people with long-term conditions and disabilities to do more physical activity.

\textsuperscript{6} In May 2017 the Co-op and British Red Cross launched the Connecting Communities service in over 30 locations around the UK. A form of social prescribing, Community Connectors and volunteers on the service work to re-connect people feeling lonely or socially isolated back to their communities by signposting to groups and activities in their area and providing emotional and practical support. The aim is to offer person-centred support to build self confidence and resilience so people can go on forging social connections once our short term support has ended.

\textsuperscript{7} Visit the ‘What Matters To You?’ Day website to find out more. Available at: https://www.whatmatterstoyou.scot/.
The Red Cross welcomes the Scottish Government committed to provide 250 community link workers before the end of the current parliamentary term. Critically, for social prescribing to be effective there must be programmes or support to ‘prescribe’ into, and these initiatives are generally provided by the VCSE sector. VCSE sector organisations are fundamental to the operation of social prescribing and other community based support given their vital links to the community. As the use of social prescribing increases, we must monitor the impact of social prescribing upon the VCSE sector, and ensure it is supported and adequately resourced to meet demand.

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

The evaluation of social prescribing is critical and must be properly funded.

British Red Cross Community Connector services use the UCLA scale to measure loneliness in the people we support at the start of their support and at the end. The Office for National Statistics has recently endorsed the UCLA three-item loneliness scale as a national measure for loneliness. We found that over two thirds (69%) of people were less lonely at the end of our support. Of those classed as lonely at the start of our support (82%), almost half had an improvement which meant that at the end of our support they could be classed as not lonely. We also used the Short Warwick Edinburgh Mental Wellbeing Scale to measure subjective wellbeing and found for those we supported who had start and end scores, most (76%) had an improvement in their wellbeing. This was confirmed in qualitative interviews with people we supported. This overall improvement demonstrates the positive role link workers can play in deciding social prescription.

However, many existing social prescribing and support services do not use consistent tools to measure their impact. For example, with respect to services to tackle social isolation, we know that many services rely on measures such as wellbeing scales, to act as a proxy for loneliness. This makes it difficult to conduct a comparative analysis and understand which interventions work and why.

It is important that well-evidenced measures are used consistently by link workers—whether they are commissioned by the VCSE sector or provided directly by the NHS – to allow for objective assessment of how successful social prescribing is. The British Red Cross recommend that link workers are required to measure impact using the UCLA three-item measure where loneliness is identified as a support need.