HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Loch Lomond & The Trossachs Countryside Trust

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

We benefit from GP and physiotherapist referrals to our project and see that social prescribing increases participation in our ‘Walk in the Park’ health walk groups. We run free weekly walks in six communities across Loch Lomond & The Trossachs National Park.

Having a safe, supportive, welcoming environment (both people/community and also the natural/built environment) helps people to sustain participation in physical activity and sport for health and wellbeing. Social prescribing can create the connections and then for long term participation the activity has to become “the highlight of my week”. We find that people who walk with us stay because of the friendships they make, and each time we start up a new group it is that feeling of connectedness we are trying to recreate.

Operating in the National Park and having activities that are rooted in nature and take place in outdoor environments we feel is essential for long term health and wellbeing.

Participant’s quotes

“This walking group has helped me a lot since I had my stroke. I am not as able as I used to be and find it difficult talking at times. The group and the walk leaders have been a lifeline to me. I can come out for a walk with confidence and enjoy the company. “

“I have made many new friends and my walk is now the highlight of my week”

“I attend the Strength and Balance classes and take part in the Callander walks. I have circulation problems so it is important for me to keep walking and the exercises in class certainly help me do just that. Our walk leaders give me confidence to extend the length of my walks and take me routes I would not normally do on my own.”

“I can feel that these groups are helping me as my balance didn’t used to be as good.”

“I really appreciate we have the groups in Callander. I don’t know how I would be without them. “

“The social side of the group is really important. We can share our experiences with the rest of the group. There is a lot of laughter so the social side is so important to motivate regular participants and new members.”
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)**

We have found GP’s are often very busy, however we have recently established an exciting partnership with a very supportive GP who is enabling the practise nurse at a surgery to not only refer but to take part in our weekly walks. This demonstrates support, understanding and by-in to a holistic approach to health and wellbeing. Our project is supported through this partnership, patients can be encouraged, are held accountable and also there are opportunities to learn more about patients in an outdoor setting away from surgeries and appointments.

We also receive referrals from physiotherapists, day centres, and have put leaflets in prescription bags for self-referrals.

We find that most people ‘self-refer’, although if asked, I am sure none of them would see their choice to come along in that way. Through peer support, word of mouth, community level behaviour change, more people are seeking out activities to keep themselves well.

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

Our groups are not very diverse. We have a lot of older adults who are retired but find it harder to attract people who experience disadvantage, although we do also support a lot of people who experience disadvantage. We recently recreated a “privilege walk” with our volunteer walk leaders to help us think about the barriers potential walkers might face. Our conclusions were a complex range of barriers, physical, mental, emotional, social, financial, geographical, timetabling, language. Our project is life changing and important for our participants, but they are just the tip of the iceberg in comparison to those who would benefit from taking part.

Another challenge we face is sustainability and funding to keep going. When you see week in and week out the difference you are making and how important the project becomes to participants, you realise the negative impact that losing the project would have. There is pressure on third sector and community organisations to deliver these programmes on limited resources.

To encourage people to walk with us over long periods of time we have bronze, silver and gold awards for participation. A bronze award is given after 50 walks have been completed which for most people is over a year of commitment to a weekly walk.

We don’t ask people to book, they can just turn up when it suits them, so there is no pressure to commit. We also recruit volunteers from within the group, again although we ask people to commit to volunteering we don’t have a rota and allow people to have choice and flexibility.
4. How should social prescribing for physical activity and sport initiatives be monitored and evaluated?

We have heard through health professionals that a challenge is after something is prescribed and x-number of sessions attended there is no feedback. Things work differently for different people; sometimes things take a long time and are very subtle. Subjective evaluation has to work alongside the quantitative measures that funders require. Some kind of feedback to the person who made the decision to recommend a social-prescription intervention would seem key.