

HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Barnardo's Scotland

Introduction

We welcome the opportunity to respond to this inquiry into the Social Prescribing of Physical Activity and Sport. We believe this is an important issue that requires to be looked at in much more depth and we congratulate the Committee for instigating this inquiry.

As the UK's largest children's charity, we work with over 16,300 children, young people and their families every year, in over 140 community-based services across Scotland. The mental health and wellbeing of children and young people is a core priority for us, as [set out in our 10 year corporate strategy](#).

Our services support children, young people and families across an ecological model. This means there are services that support mental health and wellbeing in each of the environments (family, schools, and community) that affect how a child grows and develops. Our approach is based on an understanding of the importance of relationships and connections, and focuses on building relationships in order to develop a 'whole-system approach', with shared responsibility for improving mental health and wellbeing across wider society. You can read more about our work in Scotland to support children and young people's mental health and [wellbeing here](#).

As part of work that we are undertaking in partnership with Renfrewshire Council, we recently asked 72 children and young people aged 5-25 from across the area their views on mental health and wellbeing services and support. We also ran a workshop in February involving children and young people who access Barnardo's services aged 12-23. We have drawn on this evidence from children and young people, as well as our service experience of supporting children and families. Our response is therefore specifically in relation to the use of social prescribing for children and young people rather than adults.

Q1 - Who should decide whether a social prescription is the most appropriate intervention, based on what criteria? (GP, other health professional, direct referral from CLW, self-referral)

We have long argued that pathologising and medicalising children and young people's distress is problematic. We know that many of the underlying reasons for poor mental health are social and interpersonal rather than genetic; a focus on the social determinants of good mental health is therefore very welcome.

Medical settings such as a GP surgery or a CAMHS clinic can often be intimidating for children and young people; we don't believe social prescribing should have to come through this medical gateway. Those closest to the young person such as a teacher, youth worker, parent or carer know and understand them best. Placing GIRFEC principles at the heart of social prescribing, as recommended by the Children and Young People's Mental

Health Task Force ¹ would be a good place to start, taking a team-around-the-child approach where all those involved in their life are able to come together to make a decision which places them at the centre. Criteria should simply be, is this in the best interests of the child or young person? Is this what they need and will benefit most from?

It is so important not to assume what children and young people would like or benefit from, asking them what they like doing; listening to them; taking time to build a relationship – these things are all essential before any prescription is made.

Q2 - To what extent does social prescribing increase sustained participation in physical activity and sport for health and wellbeing?

The activities associated with social prescribing are things that many young people are already able to access and that keep all children and young people healthy and mentally well. Being outside; experiencing nature; eating healthily; taking part in sporting activities; drama; art; and community based activities that provide a sense of connection, belonging and promote positive relationships.

These are the things our young people tell us make the difference and they want more of; these are things that should be part of all children and young people's lives; but this sadly isn't the case. Those who don't experience these things in their everyday lives are the ones more likely to struggle with their mental health and therefore get prescribed these things through a medical model of ill-health.

Sustained participation in these activities will be dependent on a huge number of factors, the most important being the social and financial supports available to the young person to help them access and engage, and the availability of the activities and services themselves. A 'prescription' alone is unlikely to make a difference if the young person is expected to do the prescribed activity alone, and without supports. What would make a real difference is being prescribed a service which has a whole raft of social supports and interventions on offer, as well as support workers to help and support throughout the process.

Q3 - What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?

Financial, social and psychological

Even when GPs are able to provide young people with subsidised gym or leisure passes, many young people can still struggle to access the activities due to financial constraints. Even subsidised activities cost money and additional cost of transport, clothing etc. can mean these activities remain inaccessible for some young people.

“The GP referred me for a gym discount but I can't afford it and I'm too anxious to go – I need financial help for things”

¹ <https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-recommendations/>

Young people also overwhelmingly tell us that the support provided by our services and those like us are essential in allowing them to access wider supports and activities. Going to the gym for example brings with it its own anxieties for many young people who may feel uncomfortable being around so many other people, having to wear particular clothing etc. Equipping children and young people with the confidence to access these kinds of activities is also essential.

Stigma and negative attitudes

One young person we spoke to told us she was diagnosed with an eating disorder. What made her feel better about herself was playing football, however her doctors didn't allow her to take part in this activity because they assumed she was doing it to lose weight. She told us the health professionals simply didn't listen to what it was she really needed to improve her mental health, they assumed they knew best and they knew and understood her motives.

Similarly one young person told us:

“Feel like you were a burden at school, I had to downplay issues to make it ‘easier’ – if one more person tells me to drink water and exercise I might blow up”

A deeper understanding is needed of what young people need, and more importantly what they want – there is a danger that too simplistic an approach to social prescribing, even if well-intentioned, will not lead to the positive outcomes we want to see for our children and young people.

Availability of resources

GP's may not necessarily have the capacity to spend the time needed with a child or young person to find out exactly what is going on for them and therefore what intervention would be the most beneficial.

“More widely, patients often benefit from non-medical interventions such as an exercise class, learning a skill or joining a community group – often referred to as ‘social prescribing’. However, with the pressures currently facing primary care, many GP practices [can't] spend the necessary time with a patient to link them with the most appropriate activity.”²

The Scottish Government has been committed to a GP Link Worker Programme since pilots in 2014. Our understanding of this provision is that it is aimed at adults rather than children and young people. The 2017 evaluation of the Glasgow Link Worker Pilot for example only included adult patients.³

However, the evaluation flagged some issues which would undoubtedly also apply to children and young people:

² <https://www.theguardian.com/environment/2019/jun/13/two-hour-dose-nature-weekly-boosts-health-study-finds>

³ <http://www.healthscotland.com/uploads/documents/29438-2.%20Evaluation%20of%20the%20Glasgow%20'Deep%20End'%20Links%20Worker%20Programme%20-%20Executive%20summary%20-%20May%202017%20-%20English.pdf>

“Practices identified the Community Link Practitioner presence and financial resources for practice development, time, leadership, and Community Link Practitioner support as essential for the continuation of the Programme. Without these, staff in only two Comparison Practices were able to undertake limited links-like activities, namely signposting to Community Organisations”

“Across all practices, the development of close individual relationships between Community Link Practitioners and staff in Community Organisations was valued because they facilitated better integration of services for patients. However, the ongoing challenge of austerity, with lack of available funding and high staff turnover in small Community Organisations was seen a major threat to developing sustained relationships with Community Organisations”

This reflects our own experience; a perennial problem faced by the third sector is unstable and insecure funding for community projects and services. An excellent community organisation providing the kinds of social supports required by young people might be there one day and gone the next, making it very difficult for GPs to keep on top of what is available and what options they have for social prescribing. The evaluation also noted:

“In the absence of additional resources, only two of the eight Comparison Practices implemented any links-like activities”

We are clear that social prescribing for children and young people must run alongside properly funded services as well as appropriate support to facilitate access to these services.

Q4 - How should, social prescribing initiatives be monitored and evaluated?

In response to a Parliamentary Question in September 2018, the Health Secretary stated that:

‘The Scottish Government does not hold information on the average length of contract for link workers, social prescribers, community connectors or others in comparable roles that may be employed or contracted by GPs, local authorities, health boards, the third sector or other employers’⁴

The 2017 Glasgow evaluation found that:

“No practices embedded Community Link Practitioner records with other patient records and none had ongoing formal systems for monitoring outcomes”

If serious consideration is to be given to social prescribing, further work to look at monitoring and evaluation will need to be undertaken. In relation to children and young people we would like to see a central focus on self-evaluation and the views of the child or

⁴ <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-18002&ResultsPerPage=10>

young person themselves in monitoring the impact the intervention or prescription has had on their own mental health and wellbeing.

Additional comments

Whilst discussion around social prescribing is very welcome, the terminology has the potential to be distracting when applied to children and young people. The term 'social prescribing' has traditionally been used in adult circles and usually by GPs. However, in reality we are talking about a social model of mental health and wellbeing, one which utilises the strengths and natural resources within communities, this includes physical activity but also art, music, youth work etc.

We understand why the Committee may have chosen to narrow the remit of this inquiry to sport and physical activity – however we would advise the Committee to expand the remit and take a broader view of health within the context of social prescribing. Whilst physical activity can be beneficial for some young people, for many others it will not be appropriate and other activities such as spending time in nature, with animals, music, art, drama, theatre etc. will be more applicable.

Final comments

We would also like to express our interest in being involved in the planned roundtable on the 29th of October. It is essential that children and young people and the role social prescribing can play for them are considered as part of this inquiry.