HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Jo Hastie

Thoughts on social prescribing

First of all, I do not think that social prescribing should be limited to physical activity and sport – having dealt with mental health issues on both a personal and professional level, I have the experience of knowing that recovery is aided by a number of factors and that these factors are different for each individual.

I believe that social prescribing should include reading, learning, dance, art – in all its forms, poetry, creative writing (prose, poetry, journaling, recovery writing, and memoir), films, music and tuition/groups for participation in all of these. The ‘consultants’ should be working with the service users to find a combination of these things that aids their recovery best, including (but not limited to sport and physical activity).

I believe that you will be doing anyone with a mental health issue a great disservice and the idea of social prescribing damage by putting such limits on the range of activities and services that can be offered. In order for it to truly make a difference, there must be more than just physical activity and sport on offer, otherwise, it may be doomed to fail and I hope that this is not the intention. Access to and participation in arts related activity should not be a luxury that only the rich can afford. Something should be available to everyone who wishes it.

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

I’m not sure that it will. Projects of a nature such as these cannot guarantee outcomes and the number of barriers that are already in place prevent many from accessing services that are currently available. The fact that the arts are also being ignored in this is a key factor – many of the people that this initiative is trying to target won’t have the confidence to participate in these kind of activities initially, it takes time and support to allow people to build up confidence in themselves to undertake these kind of activities.

What I’m afraid will happen is that ‘go for a walk’ and ‘play football’ will become standard prescriptions with no support for people to build themselves up to going and then assumptions about that person will be made because they haven’t been able to attend or participate in any of the activity that may be on offer. This is why a tailored approach is needed – there’s not going to be a one size fits all solution and there’s certainly no magic wand that will cure many conditions.
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)

I think self-referral is a wonderful idea in an ideal world, but this would create a demand far higher than anyone would be able to fulfil. As much as I’d love everyone to be able to access these services, the realistic approach would be those who require it most - people who are unable to work because of their conditions and people who are most isolated and in need of connectivity.

A tier system might work, with levels of access to different activities dependent on need. There definitely needs to be a joined up approach in terms of referrals. Not everyone with mental health issues ends up in the system – myself for example – I am a high functioning depressive and although I struggle with my own mental health, I am not in the system – I’ve managed to find a combination of tools that work well for me, taking a wholly holistic approach to my recovery without the need for medication.

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

Typical barriers are access, transport, poverty, education, social attitudes, how to deliver a joined up approach between service providers. At the moment, I’m looking for a regular swimming session, but there’s only one women-only session in the entire city and it’s on the other side of the city I live in. That’s of little use to me. I’m not keen on going into a session where males will be present, so this is a barrier for me. Cost is a barrier for me. Although I work, I have a budget to live by and it does not stretch to include things like that – I can barely pay my bills as it is and I know that many other people are in the same position, so I can only imagine how hard it is for people who haven’t got an income and are living on benefits.

I think that there are steps towards a more integrated approach with the Health and Social Care Partnership forming, but they have a very long way to go yet before this is standardised. Ultimately, all these strands talking to one another and sharing information will help social prescribing in the long run but there is much work to be done yet.

I also think a barrier is limiting the range of activities to physical activity and sport. I hate sport. I’m not in the slightest bit interested in football, running or much of the activities currently on offer and I’m not going to make myself do something that I’ve no interest in whatsoever. I’d be quite happy to participate in dance, yoga, women only activities, swimming, tai-chi and walking – but there is little or no affordable provision of this for people my age. Combining arts and physical activities like poetry walks or dance classes would broaden the take-up and make continued participation in these activities far more sustainable by making them appealing to everyone’s tastes and not just the usual boring fare of the gym, football or other contact sports. The key to sustainability in this is to find something that people ENJOY. If it’s a ‘sare chav’ they aren’t going to stick at it.
4. How should social prescribing for physical activity and sport initiatives be monitored and evaluated?

I think there needs to be trained ‘prescribers’ who will work with the participant to find a range of things that people can try out as taster sessions, to give people a flavour of what they might like. From this, a number of activities can be prescribed on a more permanent basis. Evaluation and monitoring can be done by the prescribers, who would evaluate at every stage of the process – before, during and after, possibly maintaining contact with participants afterwards to gauge whether the process works after a length of time.