HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

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

Social prescribing is an emerging strategy in public health. Examining and understanding its advantages and limitations are inevitable for its further development and institutionalisation in the wider healthcare system. Evidence show that social prescribing is important in creating holistic healthcare interventions that involve strong coordination with various health and social care professionals (e.g. GPs, community link workers, sports and wellness coach, social workers, etc.). At the same time, social prescribing is economical compared to clinical interventions, thereby supports healthcare savings. It also promotes health systems sustainability and a multisectoral community-partnership approach. However, researches are limited to solidify the boundaries or limitations of social prescribing. For instance, required skills of community link workers to prescribe and design an effective, engaging, appropriate, and sustainable social health interventions and schemes are not yet established especially for those engaged in doing complex referrals.

Nature- and community-based services are the core components of social prescribing. Teutron (2015) emphasised that social prescribing highlights the importance of non-medical resources offered in the community and can be provided through contact with nature. Examples of these are nature conservation activities; volunteering; art therapy; engagement in sports, play and physical activity; self-help; amongst others (Brandling & House, 2009). In addition, social prescribing of physical activity and sports does not only promote active lifestyle but also, improve mental health and wellbeing, reduces the chance of being obese, and lowers an individual’s risk in developing non-communicable diseases. Furthermore, the use of nature such as green and blue spaces (e.g., parks, trails, beaches, rivers) as venues for socially prescribed activities such as walking, running, gardening, and volunteering in beach clean activities also underscores the importance of conducive natural and built environments for health and wellbeing.

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)

Theoretically, social prescription is the act of providing a spectrum of interventions to individuals that could potentially improve their health and wellbeing. This [social] prescription is based from the objective assessment of a health professional such as a GP based from the health and social status of the individual; which is then referred to a REF NO. HS/S5/19/SP/
community link worker who provides social prescription for the individual. However, like any other health intervention, the individual being provided with the prescription has the power to avail and follow the intervention being provided to him/her. Thus, it is also important that patients or individuals are empowered to make choices that favour their health and wellbeing.

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

There is a gamut of barriers that affect the effectiveness of social prescribing of sport and physical activity. These barriers are embedded within the health professional making the prescription; the availability, accessibility and nature of social health intervention being prescribed; and the appropriateness of sports and physical activity to the sociodemographic characteristics of patients.

Since social prescribing is an emerging discipline in public health, community link workers are sometimes in limbo about the description of their job. Thus, it is important that skills of community link workers should be standardised, their job descriptions should be set precisely, and limitations about their roles are clearly defined. It is also vital that the training and continuing education needs of community link workers should be assessed and addressed, including the specific skills they need to master or specialise in order to deliver or prescribe an effective intervention (e.g. sports, physical activity). Specific criteria that dictate the need for social prescription and the referral pathways of GPs and community link workers should also be clearly established.

Availability and accessibility of nature- and community-based services which are appropriate and responsive to the needs of the individual could also be a barrier especially in areas with high levels of deprivation. This is tied up to the lack of evidence or documented case studies regarding the provision of a social prescribing strategy in a larger scale such as those which are already entrenched and institutionalised to the menu of health services provided by the NHS. In addition, lack of standardised monitoring and evaluation protocols that measure the effectiveness of social prescription of sports and physical activity is also a problem.

Social prescriptions should also be gender-centred, age-specific, and ethno-sensitive in order to sustain engagement from its users. Appropriateness of the type of physical activity to the individual’s gender identity should be considered. For instance, amongst children, superhero-themed plays are more engaging to boys; family-themed plays are appropriate to different genders; whilst nature-themed plays are considered to be more gender-neutral. Moreover, those who engage in physical activity and sports are often exposed to gender stereotyping that affect their preferences, abilities, and creates threats to users. This results to underperformance, underrepresentation, and high attrition rate especially amongst girls. In essence, gender-neutral physical activity and sports are effective in engaging people to active lifestyle or more specifically, in sports and in physical activity. Additionally, young and older individuals have different interactions to physical activity and sports, thus it is REF NO. HS/S5/19/SP/
essential that social prescription of sports and physical activity should also match the age needs of the individual.

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

Whilst social prescribing for physical activity and sports initiatives can be evaluated through population-based and national health surveys, metrics for monitoring and evaluation should be initially identified and established. In the absence of this, prevalence rates of obesity and non-communicable diseases (e.g., diabetes, mental health problem, hypertension) could be used but these have possibly weak association due to different factors that affect an individuals’ health and wellbeing. More direct metrics could also be used such as prescription rates of medicines for depression, diabetes, and hypertension; and magnitude of individuals taking community-based physical activities and sports.