HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM; Nicola Hanssen, CEO, Roar – Connections for Life

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

I am responding on behalf of Roar – Connections for Life who operates a network of OTAGO strength and balance exercise opportunities specifically designed to reduce the risk of falls and fractures. We recently received a request for information from a Clinical Instructor, Department of Physical Therapy at Brenau University Atlanta asking what I could recommend to improve their ‘seniors attendance and compliance’ in the activity programmes. I had to point out that if you take an approach related to sustained participation then you will always get a high drop-out rate. I went on to describe how we nurture belonging, connectedness and try to understand what might motivate people to engage. He wrote back a few weeks later to say they had ‘an epiphany thanks to your program, around the concept of support and human contact’. If the CLW is able to continue to encourage the person to keep going – and if the community opportunity is welcoming and supportive then sustainability will be possible. If these human connectedness elements are absent then it won’t.

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)

Physical activity is unlikely to ever be an inappropriate intervention. The question is will the decision be based on genuine co-production on helping the person identify solutions to the issues they are facing or the way they are feeling? And are their relevant, accessible, affordable and local opportunities for them to have a taster session at to see if it might fit their needs? In my experience GP’s are unlikely to directly refer people without a directly linked diagnosis to any community based programme other than Live Active or any other programme endorsed and funded by NHS. Some of these opportunities include transport but when the dose is complete then people stop entirely. I would be pleased to see a sliding scale of subsidy to get people started but for lifelong engagement in physical activity then people need to buy-in financially and emotionally. One question that should be posed is also the prescribers’ criteria – would the GP or other professional/CLW be willing to engage in what is being offered. If the answer is no – then why not?

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

As above – 1 barrier is that the ‘health professional’ may appear to be in a very different socioeconomic situation of lifelong good nutrition, health and fitness that feels miles from the experience of the person being prescribed this intervention. Conversely the social
prescriber may in many cases themselves be evidently in need of more physical activity. This comes back to mutually respective levels of engagement and ensuring that social prescribing is genuinely tailored to the individual’s wellbeing rather than a top down target required by the Chief Medical Officer’s Adult Physical Activity Guidelines.

Other barriers are wider cultural expectations – give me more tests, medication etc. Financial barriers to access quality recreational opportunities and have sports attire and equipment similar to other users of the facilities. Financial barriers to transport, competing domestic priorities etc

Social barriers through lack of encouragement, uncomfortable body image, attitude of peers, poor mental health and low self-determination/ worth, continence issues, fear of walking into a new place alone etc

Suitability of different forms of exercise and how to find one you enjoy and can do.

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

- Obesity rates
- Type 2 diabetes rates
- Prescribing rates for anti-depressants
- Emergency admission rates – unintentional harm – falls
- Uptake and use of prescribed activities
- Demand for additional community based sport initiatives
- Social return on investment
- Case studies

Nicola Hanssen

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