HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM SCOTTISH CARE

Scottish Care’s response to the Health and Sport Committee of the Scottish Parliament who are seeking views on social prescribing’s ability to tackle physical and mental wellbeing issues across Scotland, is as follows:

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

Scottish Care has previously made comment in our reply to the Primary Health Consultation around the vital role of social prescribing in taking a preventative and holistic approach to improving the wellbeing of individuals in our communities, with a special focus on older adults who are often not associated with having issues around their mental health or where presumptions around frailty or a diagnosis of dementia can exclude them from participating meaningfully in activities that bring great benefits. Scottish Care outlined the many experiences and realities of older adults and the social care workforce in our detailed report ‘Fragile Foundations: Exploring the mental health of the social care workforce and the people they support’. ¹

Of course, participating in physical activity has many proven benefits for a person’s overall physical and psychological wellbeing and is used as an effective tool in managing mental health issues when they arise. However, for social prescribing to be effectively integrated and sustained in our communities, there needs to be a realisation of the need of a holistic approach to a person’s wellbeing beyond physical health with the recognition that this may look different for every individual. The right to health encompasses more than just physical health.

The role of the independent social care sector is vital in supporting people to lead satisfying and purposeful lives. Positive relationships have one of the biggest impacts on our quality of life and happiness. The people around us act as a support network, especially in times of

crisis or loss. There needs to be a realisation that older adults receiving home care and in a care home setting may only have contact with those supporting them with few visitors on a regular basis. Loneliness has also been identified as a significant threat to the mental health of older people. Research undertaken by Age UK found that perceived loneliness increases with age, with 2.9 million over 65s feeling that they have no one to go to for support. What’s more, 39% of the older people interviewed from the research identified themselves as being lonely and 20% said that they felt that they had been forgotten. The Scottish Government echoes this as being detrimental to a person’s overall wellbeing in their strategy: ‘A Connected Scotland: Our strategy for tackling social isolation and loneliness and building stronger social connections’.

Therefore, the role of independent sector social care staff in the social prescribing of physical activities is vital in creating a sustainable approach where social care staff support individuals to identify need and signpost towards activities because of their knowledge, skills and relationship to the person. Great value needs to be placed on our social care sector workers, who have the skills and experience to understand and support an individual.

Therefore, it can be said those giving care and other allied health professionals play a vital role in supporting and identifying mental and physical health issues and other changes in a person. Older adults who have never experienced mental health problems, may face them as they get older through different losses in the shape of the death of friends and family, job roles and a decline in physical capabilities. However, being able to support an individual earlier, prevents further decline in their physical capabilities. Participation in activities and by being physically active through sports and similar activities, alleviates the sting of loneliness and gives the person a sense of fulfilment and achievement in their lives.

In the current landscape where only those with the highest level of need qualify for care and therefore lower-level, preventative support is effectively eradicated.

The emphasis upon relationship-based preventative support and its positive impacts on both personal outcomes and the wider health economy relates well to the work undertaken by Professor Peter Gore from Newcastle University’s Institute for Ageing and the creation of the ADL Life Curve as Scottish Care has explored in our ‘Bringing Home Care: A vision for

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reforming home care in Scotland’. It reaffirms the requirement of relationships, trust and knowledge of individuals in order that suitable and proportionate interventions can be put in place and the ability to continue to achieve and improve, even in an overall curve of decline, can be nurtured. If this does not happen it is inevitable that others will access ‘upstream’ support instead or receive no support, hence worsening the disconnection from their communities and heightening the probability of longer term and acute medical interventions. If models of care planning, funding and delivery promote a return to relational care approaches, often the triggers and issues which would cause someone's health and wellbeing to deteriorate could be identified at an early stage and this would mean supporting not only their physical needs but their overall social, spiritual and intellectual needs, which we know can significantly improve health concerns and the sense of feeling 'well'.

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)

Crucially, having the ability to self-refer will help to alleviate the issue of people accessing care and support primarily through their GP, whilst also working in a human rights-based manner by way of keeping choice and personal autonomy at the centre of its methodology and by giving control to the person thus allowing a person to exercise their wishes in a way they are comfortable with. However, it should be made clear that these processes do not just spontaneously arise. People need to feel empowered to be able to make these decisions for their own wellbeing through having informed choice and meaningful access to a range of information and options. It cannot continue as a postcode lottery of resource and funding as the system currently stands.

A social prescribing approach in general offers the opportunity for cross referral between a range of services and professionals, maximising their reach beyond physical activity. There is a clear need for social care services and other professionals involved in the person’s care to be able to refer and prescribe suitable activities all of which include harnessing the use of synchronised information sharing systems. For example, a social care worker being able to link to GP and allied health professionals when they have effectively identified a need.

Furthermore, social prescribing champions within each profession could benefit the sustainable integration and uptake of these initiatives.

There are already several positive initiatives in our communities being led by independent care sector organisations which recognise the importance of physical activity and promote the participation in activities such as:

- Care about Physical Activity (CAPA) - an improvement programme created in 2016 and led by the Care Inspectorate to help older people in care homes to move more. From encouraging older people to post their own letters or walk up the stairs instead of using the lift. It’s about staff, people experiencing care and their friends and family working together to increase health, wellbeing and mobility. It’s about making things easier so that people can do things for themselves. 4

- Paths For All Health Walks Programme which promotes walking for everyone, everywhere regardless of their age or disability. They focus on the use of walking to promote a long and healthy life.

- Care Home Olympics which is delivered by Elatus Sports sees residents participate in activities such as curling, bowling encouraging people to practice sports and try new things. Residents took part in up to 240 hours of physical activity that took part over Winter and Spring months. 5

- Cycling without Age Scotland SCIO which started in 2016 uses bikes for those with limited mobility living in a care home setting as way of accessing green spaces and being able to socialise and reminisce. 6

Whilst these are worthwhile and flourishing initiatives, the next step is to be able to extend access, ensure sustainability and develop supports for these initiatives to be developed and commissioned in a way that prioritises time-flexible, relationship-based, preventative approaches to social prescribing and care delivery as a whole.

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

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4 [http://www.capa.scot/](http://www.capa.scot/)
5 [https://www.elatussports.co.uk/](https://www.elatussports.co.uk/)
6 [https://cyclingwithoutage.scot/](https://cyclingwithoutage.scot/)
Scottish Care agrees with NHS Scotland in their 2015 report: ‘Social prescribing for mental health: background paper’ that there needs to be a multifaceted approach to social prescribing and that looking at social prescribing from the perspective of a social model of disability in being able to identify barriers to certain groups and reduce or eliminate them as much as possible. There is a large gap between supporting what we know to be possible and what is currently being commissioned, especially for a person receiving home care or living in a care home setting and this needs to change. Again, in Scottish Care’s report Bringing Home Care: A vision for reforming home care in Scotland it is emphasised that the task based model does not comply nor fit with a rights based approach to commissioning. It requires relationships, trust and knowledge of individuals in order that suitable and proportionate interventions can be put in place and the ability to continue to achieve and improve despite an overall decline in health.

Another major barrier to effective social prescribing are geographical challenges. For instance there are real challenges facing urban communities where there is reduced access to green space and the outdoors. On the other hand, rural settings have less availability of local services and initiatives and therefore a limited choice in the activities and space individuals are able to access.

As previously mentioned, harmonised information sharing platforms will be required for the relevant professionals such as GP’s, allied health professionals, social work and social care sector workers to communicate effectively with each other and work collaboratively towards embedding social prescribing as a preventative approach.

Similarly, consideration should be given to the challenge for national politicians and policy makers to implement a system which can be meaningful, effective and fit for purpose in a local context where factors such as geography, rurality, demographics and the local economy significantly impact on what social care services are required. We also need a more joined up and inclusive approach to addressing factors such as sex and sexuality, race and inclusion in social care by opening a positive and risk enabling dialogue and welcoming creative approaches in helping people stay active whilst addresses cultural and other group needs.

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7 [http://www.healthscotland.scot/media/2067/social-prescribing-for-mental-health-background-paper.pdf](http://www.healthscotland.scot/media/2067/social-prescribing-for-mental-health-background-paper.pdf)
The independent sector has many an array of bespoke care services and initiatives that have mastered the ability to work in a truly person-centred way. Therefore, Scottish Care welcomes this as an opportunity to think differently and creatively about what we already have and how we utilize it. For example, thinking about the current approach to home care and when it is available for those who need it by moving away from task based practice and using spaces in care homes for physical activity for the wider community

Scottish Care will continue to work across the above areas, all of which are positively supported by adopting a truly human rights-based approach to social care at national and local level. It is therefore essential that we continue to engage with citizens around the future approach to social prescribing and have honest discussions about how we make this achievable and affordable for the country.