HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM SCOTTISH DISABILITY SPORT

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

For those with a disability, the power of physical activity and sport to enhance and prolong life is even more tangible. Statistics from the Scottish Household Survey 2015 tell us that 19% of the Scottish population have a disability yet only 20% of people with disabilities take the recommended level of physical activity compared to 52% of non-disabled people.

Disabled people also face unique and significant challenges to participation compared to their non-disabled peers. Half (48%) of those living in poverty are disabled people and their families (Inclusion Scotland Research, 2018) and almost half of disabled people (47%) fear losing their benefits if they are seen to be physically active (Activity Alliance, 2018).

However, the impact of physical activity and sport on the health and wellbeing of disabled people is well documented. Research undertaken by Scottish Disability Sport found that 82% or respondents felt a lot healthier, 71% felt a lot more confident and 67% got a lot more out of life through regular and sustained participation in physical activity and sport.

SDS believes that for disabled people to adopt active lifestyles and sustain their involvement in physical activity and sport, there needs to be a significant support resource at contemplation, engagement and throughout regular participation.

Social prescribing is a fundamentally important element of this process for disabled people whether it be through a structured/formal process or a less formal family/peer lead approach. For many years, SDS has worked closely with health professionals (physiotherapists/occupational therapists/consultants) to establish a process of referring disabled patients to supported and inclusive physical activity and sport opportunities. SDS Regional Managers and local Branch personnel work with the referrals/family/carers to identify the most suitable activity. SDS staff also work with staff/volunteers based with the identified club/session to ensure a welcoming, co-ordinated and inclusive experience for the individual disabled person. SDS then provides ongoing support to both the club and individual to maintain communication and address and changes in circumstances. A recent case study comes from our Regional Manager in the East of Scotland;

“XXXX a young person with an acquired spinal cord injury, was a Physiotherapy referral who was supported into swimming, attendance at the SDS Summer Sports Camp and canoeing. He has sustained his involvement in swimming and has progressed through to Regional and National squads. He is now part of the SDS Mentor Programme and volunteering at local sessions”.

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In the last two years we have seen in the region of 150 disabled individuals referred to our Regional Managers. The picture across the country varies considerable and usually relies on trusted relationships built between individual members of staff as opposed to a robust and systematic approach. We feel that there is very real need to adopt a strategic approach that is suitably resourced, co-ordinated, publicised, monitored and evaluated. This supported prescribing process, delivered in a co-ordinated manner, would lead to sustained participation in physical activity and sport for large numbers of referrals with a very real impact on the preventative health agenda.

**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, self-referral)**

SDS believes that the individual should be at the centre of any decision making process concerning physical activity and sport and this is particularly the case for those with a disability. Following significant consultation with key partners from a wide variety of environments across Scotland, SDS established an Activity Inclusion Model (AIM) to support those working with disabled people in a physical activity or sport environment; the AIM clearly articulates that the needs of the individual must be taken into account but also highlights the very real need for an experienced, informed and connected support structure around any such process. The appropriate health professional should work with the individual to reach agreement that a referral in the most appropriate course of action. The important link is then to make referral to an experienced and knowledgeable local individual/organisation who can be an ongoing support to the individual/family/carer. It is vitally important to select an activity/sport that is inclusive, available locally, accessible, affordable and meets the aspiration of the individual. This support will also extend to the
provider of the activity/sport to ensure the needs of the individual in terms of access, communication and inclusion are considered and addressed. Equally important, is the need for ongoing support and communication between the individual and the club/session to identify issues that may arise and encourage sustained involvement. From a disability sport perspective, this is the role that SDS local Branch staff and Regional Managers play across Scotland.

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

From an SDS perspective the barriers disabled people face in relation to engaging and participating in sport and physical activity are complex but well recognised. Literature emphasises that it is crucial that disabled people are individuals, and have a range of different experiences. However, there can be some commonly experienced barriers which can impact on disabled people’s participation. Equality and Sport Research undertaken by sportscotland in 2016 discovered the following:

- **Attitudinal Barriers** - Negative attitudes and stereotypes, including inaccurate assumptions, negative perceptions and prejudice, can hinder some disabled people from participating.
- **Physical Accessibility** - Physical accessibility and inclusion can also be issues. Research has found that only one in four clubs in the UK thinks it has suitable facilities for disabled people to participate, suitably trained staff, and appropriate equipment.
- **Pathways** - Pathways into sport for disabled people from school to community and onto competitive sport. Some popular sports such as wheelchair basketball have a higher profile and therefore pathways are clearer.
- **Cost** - Disabled people commented that the cost of accessible equipment was a barrier and was often too prohibitive to allow them to participate in sport.
- **Awareness** - Awareness of activities available in the local area was also a key barrier.
- **Wider Issues** - Literature highlights a wide range of other, wider barriers to disabled people’s equal participation in sport. This includes transport and levels of poverty experienced by disabled people.

Research undertaken by SDS in 2018 on the impact of participation in sport produced the following results:

- 42% felt that access to more opportunities would make it easier to get involved in sport or other physical activity.
- 32% of respondents had not taken part in any sport before engaging with SDS.

The 2016 sportscotland research suggested some interventions that would address the identified challenges to participation. These included;
• The top priority for the future was training for those working in and delivering sport. Some participants suggested that this training should involve equality organisations or people with protected characteristics, so that the issues can be discussed and explored.
• Increased media coverage of disabled sport;
• Fewer physical barriers to access facilities and within facilities;
• A focus on participation rather than competition to encourage a wider range of abilities into sport;

SDS has been delivering Disability Inclusion Training (UK DIT) across physical activity and sport with providers including tertiary education, schools, active schools, clubs, health, governing bodies of sport and voluntary organisations. In the last 12 months 101 training opportunities were delivered involving 1,608 candidates. 54 of these learning opportunities were UK DIT delivered to 1,106 candidates and 47 sports specific courses were delivered to 502 candidates. An external review of UK DIT reported that 99% of respondents reported a positive impact.

SDS has also been heavily involved in working on innovative partnerships and programmes that address these identified barriers and engages the hardest to reach members of the Scottish population in regular participation in physical activity and sport. Once such programme is the Spirit of 2012 funded Get Out and Get Active. This programme is based in three localities (Fife, Forth Valley and Grampian) and to date 1,400 inactive individuals have been supported to become active. Just one example of the success of the GOGA approach comes from Disability Sport Fife;

“Encouraged by Central Fife Community Support Services staff, XXXX joined the GOGA in Fife family almost two years ago. Every week she attends a swimming improvers session at the Michael Woods Sports & Leisure Centre led by a Disability Sport Fife teacher/coach with support from GOGA in Fife peer mentor volunteers. She is a real GOGA in Fife success story. As well as swimming, she has signed up to the GOGA in Fife pedometer programme supported by Fife Council Bum’s Off Seats initiative and GOGA national partner, Paths For All. With support from Health and Social Care staff, she monitors her steps and records them in her journal. Along with a team of Central Fife CSS service users, she recently completed a pedometer West Highland Way walk, without setting a foot on the West Highland way. Steps were counted by support staff and 96 miles were covered by the team in the month of May”.

If the barriers that significantly impact on disabled people’s ability to engage in physical activity and sport are to be addressed, a joined up and innovative approach has to be taken to change the current culture of inactivity. Social prescribing can only be successful if there is a Scotland wide approach with high level commitment and significant resource from government, the health sector and the wide variety of partners from the public and third sector.
How should social prescribing for physical activity and sport initiatives be monitored and evaluated?

Extensive independent monitoring, evaluation and learning is essential if social prescribing is to be successful and have a real impact on the preventative health agenda. Information, statistics and evidence of the successes and challenges have to lead to learning for all involved and this learning then has to be shared comprehensively to instigate change of practice and culture.

Monitoring and evaluation has been at the heart of the UK wide Spirit of 2012 GOGA programme from the outset;

“An evaluation partner was appointed before the activities commenced so they could work with consortium partners to translate our high level social outcomes into really practical and engaging tools for the partners in the delivery organisations that would be collecting the data from participants. At the start of the delivery phase they engaged all the localities in the design of the framework and the surveys. As a result, they have put in place a carefully crafted framework so that participants are asked for outcome data at an appropriate time in their engagement and in a way that won’t put them off coming back. Having them as part of the team means a constant cycle of check and challenge on both sides so we know we’re getting the most robust, appropriate evaluation we can.

Measuring outcomes is, undoubtedly, harder than measuring outputs but it’s definitely worthwhile and means you can really use sport and physical activity to engage people in ways that are meaningful for them and really understand the full benefit of the activities you provide”.