HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Sport Aberdeen

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

Direct referral (social prescribing) enables individuals to access opportunities to participate in sport and physical activity via a supportive and enabling pathway at Sport Aberdeen.

Bespoke and tailored programmes have been developed over time, through partnerships and in response to expressed need have also enabled people who have not participated in exercise, sport or structured physical activities before or for many years.

Sport Aberdeen plays a vital role in the co-design, provision and delivery of health and wellbeing services which seek to prevent and mitigate the effects of ill health, building resilience and reducing dependency on primary health care services.

As a fully integrated contributor to the Aberdeen Community Planning process and the city’s Local Outcome Improvement Plan, we work closely with partners across all sectors and are committed to Sport Aberdeen’s central role in improving every citizen’s long-term health outcomes.

Recognising the multiple and complex effects of isolation, ill health, exclusion and poverty we provide opportunities for people to contribute to their local community and realise their own aspirations. To this end we seek to ensure that resources are targeted to achieve the greatest impact and contribute to building stronger, healthier and more resilient communities across Aberdeen.

By working with our partners and as an independent charity we create environments and build relationships with people where they are within: community settings; schools; their own homes; sheltered housing; and care homes. Sport Aberdeen, like other leisure trusts in Scotland are critical to the success of joint and integrated approaches to health care so that people can live happier, healthier and productive lives.

Social prescribing of sport and physical activity has the potential to broaden access and increase opportunities for people to improve and sustain their own health and wellbeing.

Social prescribing fully implemented with sustainability in terms of the outcomes people experience alongside resourcing and embedded as a core component in its design and delivery as part of a community-based approach to primary health care will do good.

Social prescribing offers more opportunities for people to live longer, happier more active lives in good health for longer, particularly as it is in (practice and principle) an asset-based approach to community health.
Currently Sport Aberdeen’s Get Active membership scheme has 7500 members who benefit from access to swimming, fitness, skating, tennis, golf and a wide range of physical activity opportunities.

Sport Aberdeen’s Healthy and Active Communities programme includes services for older adults opening-up pathways back into physical activity. The Active Lifestyles service delivers 107 activities each week across the city. In 2018/19 it provided 4563 sessions with over 40,500 participations. Social prescribing offers the opportunity to co-design an approach to primary health care that will support more people to age well, reducing the risk of early dependency upon additional support services, for example:

“If an individual is referred to a podiatrist because they can no longer reach far enough to cut their own toenails, why not refer them to a soft exercise programme or yoga classes to improve their flexibility instead of building dependency upon podiatry? In terms of physical fitness “if you don’t use it, you lose it”. All of us need to be a bit more creative, a bit more proactive in challenging perceptions of what the prescribing sport and physical activity can achieve with people.” (Andrinne Craig, Sport Aberdeen Healthy and Active Communities Manager)

The Move More programme that has developed from our partnership with Macmillan Cancer Support is a specialist service for people and their carer(s) who may be experiencing a combination of isolation; long term ill health; declining health; injury; and/or life limiting conditions. Working closely with primary health care professionals, last year Move More received over 700 referrals into the programme and recorded over 22,000 participations by local people.

Working across communities and alongside other providers, this ground-breaking scheme enables people to: increase their mobility through building strength and balance; improve their sense of wellbeing and reduce dependency on others.

Recognising the importance of good health across all ages Sport Aberdeen’s partnership with Sportscotland sees over 8760 children being introduced, supported and actively engaging in sport during and after school; having fun and increasing their levels of physical activity through our Active Schools programme.

Children and young people who have complex additional support needs and/or have experience of care or are being looked feel supported in their journeys with us, succeeding in their choices to pursue their own interests through our Looked After Children project and outdoor education service.

These specialist services have provided more than 930 one-to-one and group sessions, supporting children and young people to remain engaged and sustain their education. We promote and practice a children’s rights-based approach as children and young people harness the benefits of enhanced learning through positive and exciting new experiences.

Outcomes experienced and reported by people who we work alongside include increased confidence to engage in physical activities; people have developed and sustained of their
own peer support networks, establishing positive connections (new friendships) within their own communities (of interest and place); improved physical mobility; improved physical and mental wellbeing; reduced social isolation; felt good from trying new things; and people of all ages have been enabled to increase participation in active citizenship across age groups.

Social prescribing offers an invaluable opportunity to broaden people’s access to all of the above opportunities, share learning and develop new approaches to improving and sustaining health and wellbeing across every age group and every community of interest and place.

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.)

Some of Sport Aberdeen’s programmes are accessible via referral only, referrals can be made by other organisations, statutory agencies including primary health care and schools, as well as peer or self-referral.

Referral criteria could be relative to the type/form of intervention required, how the referral can be met in practice will require a shared language and clarity. Consideration should also be given to any needs that may arise in relation to workforce development, particularly if specific qualifications are required as part of criteria set by the prescriber.

How outcomes will be monitored over the course of a prescription, by who, how and when and where this data is stored and how data (including how much data) is to be shared should also be defined as part of prescribing criteria.

Understanding of what exists within the sport, physical activity and leisure sector as it relates to primary health care and the full potential of physical activity interventions is not universal, subsequently it is safe to assume that how sport and physical activity programmes are planned, resourced and delivered will also not be fully understood.

How a prescription is to be fulfilled (the delivery of a programme, initiative, service, one to one bespoke activity) should form part of any development/dialogue related to social prescribing criteria, and a recommendation that sectors collaborate alongside other key stakeholders in further defining this aspect to social prescribing.

In terms of day to day referral, feedback from Sport Aberdeen staff delivering targeted services to improve physical and mental health/health and wellbeing is that GP’s, Allied Health Professionals and Community Link Workers are best placed to undertake social prescribing.

What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?
There needs to be a much better understanding of what opportunities already exist across communities' physical activity, enabling greater use and application of shared learning, and specialist perspectives whether this is clinical knowledge, community development approaches, sports science etc. which every agency will have accumulated over time as part of their own respective ongoing monitoring and evaluation.

Understanding of what exists within the sport, physical activity and leisure sector as it relates to primary health care and the full potential of physical activity interventions is not universal, this must change.

The costs that may have to be met by an individual or their family and or carers following a social prescription will be a key factor and potential barrier. Particularly for people who are living on low or limited incomes and some of these costs will be “hidden” for example the learning that has come from CPAG’s Cost of the School Day should be considered and reflected upon in resource planning and practice for social prescribing.

This learning is particularly helpful in evaluating the challenges people face in accessing services broadly considered as “free” and Sport Aberdeen would recommend further research in this area to reveal the hidden costs to engaging in physical activity/sport as it relates to primary health care.

Lack of knowledge and understanding of what initiatives exist locally and the different ways in which these are delivered; co-designing social prescribing and referral pathways (as stated above) may provide a foundation for shared learning. Local, regional and national organisations should be invited to contribute; particularly organisations that are already engaging with communities (of place and interest).

Attitudes to sport and physical activity as not being considered a suitable or “clinical response” will be a barrier, this may be overcome through awareness and effective communication; a national campaign that can resonate across all age groups may also be a positive approach.

Generic resistance to change in relation to adopting social prescribing as a primary health care response to physical and mental health/wellbeing issues, or closed mindsets that are focussed only upon respective specialist areas – again collaborative approaches, meaningful co-design and co-production approaches may assist in overcoming these barriers.

An approach to learning and a commitment to shared learning across sectors through practice about the impact of social prescribing would perhaps be beneficial in overcoming barriers associated with: the recognised lack of empirical evidence; lack of dialogue across specialisms.

Social prescribing will enable more people to access the support, services and activities they need to support and improve their health and well-being; and as they are prescribed there is the expectation that these will be free at the point of delivery.
Sustainability may become a barrier if it is not fully considered, particularly in relation to capacity. At the present time, programmes that are provided at a very low cost or free of charge at the point of delivery are cross-subsidised or funded via grants. It is reasonable to suggest that a substantial increase in demand/requirements for free provision may prove challenging in terms of capacity, and may require additional resources.

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

A shared approach to setting and agreeing outcomes (national, regional, local, community and personal) and indicators is required. Monitoring and evaluation should include quantitative and qualitative data.

There should be a commitment to embedding monitoring and evaluation throughout the design and practice of social prescribing; and that this is met throughout whilst ensuring that the process is not burdensome to the individual, or the organisations referring or delivering sport and physical activity.

Close partnership working as a requirement by organisations, agencies, groups, communities and trusts engaged in the social prescribing of sport and physical activity has been recommended to help ensure that any monitoring and evaluation planning/practice will align across respective agency evaluation practice.

As an organisation Sport Aberdeen is committed to understanding what matters to people, adopting an approach of stakeholder-led engagement as part of targeted SROI Impact Analysis. This (as stated on the Social Value UK website) methodology provides an opportunity for “the invisible to become visible” and can assist in revealing and understanding outcomes from the perspective of people impacted or affected by Sport Aberdeen’s services, programmes.

Monitoring and evaluation practice should enable / provide a platform for people, not just the outcomes they experience to inform in a meaningful way, shared learning and ongoing development of social prescribing in Scotland.

**End.**