HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM THE NATIONAL TRUST FOR SCOTLAND

Thank you to the Health and Sport Committee for the opportunity to contribute to your discussions on social prescribing.

Introduction

The National Trust for Scotland is a charity that cares for places of historic interest and of natural beauty, and which encourages public access to, learning from, and enjoyment of our national heritage. We depend on volunteers in all areas of our work.

We therefore come at the question of social prescribing from a wider perspective than simply physical activity and sport, but we think that our evidence can help deliver greater public impact and benefit.

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

Our primary interest is that social prescribing for health and wellbeing takes an appropriately broad view of what constitutes a beneficial activity.

In 2018, the Trust canvassed a representative sample of the general public on what they considered to constitute “culture”¹ in advance of the Scottish Government’s forthcoming Culture Strategy. In relation to the current call for evidence, it was notable that sport was an important component of what people valued, along with the qualities of place². Sport and recreation was the highest priority for male respondents, at 58%, compared to only 44% for female respondents. Male respondents also tended to give higher priority to heritage elements, including historic places, and museums and libraries. By contrast, female respondents were more likely to give priority to the performing arts. This, perhaps unsurprisingly, suggests that different activities will have different appeal to different groups – but it is something that should be considered when looking at social prescribing.

Taking a broad view of what activities can potentially be prescribed will help connect with a wider range of people and their needs, and deliver a wide range of benefits. As the research³ from the University of the West of England noted, “in these services there are potential solutions to the wider determinants of mental health, for example, leisure, welfare, education, employment and the environment.”

¹ The National Trust for Scotland (2018), Culture for All
² Question: What would you like to see in a cultural strategy? Answer (Percentage of respondents, all respondents): Parks, gardens and designed landscapes (53%), Sport and recreation (49%), Historic places (48%), Landscapes and natural beauty (48%), Festivals and events (48%), Museums and libraries (47%), Performing arts (44%), Creative industries (40%), Visual arts (39%), Traditions, customs, and stories (38%), Food and drink (38%), Languages (including Scots and Gaelic) (36%), Architecture and design (33%)
³ Dr Richard Kimberlee et al. (2013), Measuring the economic impact of the Wellspring Healthy Living Centre’s Social Prescribing Wellbeing Programme for low level mental health issues encountered by GP services, University of the West of England
On the question of sustained participation, we consider this is most likely to occur where individuals perceive themselves to be obtaining benefits, and where there is a supportive community to encourage their ongoing participation.

We note that research\(^4\) points to a limited choice of activities, and cost as being deterrents to remaining involved, and that the social aspects of activities can be an important factor in sustaining interest and participation.

The Trust previously carried out research with its volunteers across all areas of its work (*Volunteering and Happiness A study with National Trust for Scotland volunteers, May 2015*) to better understand what contribution volunteering made to the life satisfaction of our volunteers.

The leading motivation identified was to volunteer with the National Trust for Scotland which, allowing for the self-selecting nature of the sample, shows the appeal that the Trust’s conservation work has, but other significant reasons given included: meeting new people and making new friends (52%); giving something back (50%) and to make a difference (27%); to share skills (31%) or to gain new skills (29%), and to travel and see new places (13%).

We noted differences in interest by age, with our “outdoor” volunteers (nature conservation, heritage gardening) tending to be younger, and more likely to be motivated by extrinsic factors – such as gaining new skills or work experience, while “indoor” volunteers (historic buildings, collections and interiors, guiding) tended to be older, and more likely to be motivated by intrinsic factors, such as sharing knowledge and giving back to the community.

We had also asked volunteers where else they might be volunteering, and found that the largest number (36%) had no other regular volunteering roles, but of those that did, only 6% were involved in a sports club. Community groups (30%), faith-based groups (18%), and arts groups (16%), all scored higher.

Taken together, this suggests social prescribing should draw on a broad range of activities, including cultural and conservation projects, recognising that these have a broad range of appeal to participants, and offer an equally broad range of benefits to participants and to the wider community.

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

We note that the emphasis to date in social prescribing has been on exercise referral, rather than on a wider range of cultural activities. This is reflected in the evaluation evidence.

What evaluation evidence there is, suggests that there may be a wide range of benefits from other cultural and creative activities. For instance, a review\(^5\) of Arts on Prescription

\(^4\) Helen J. Chatterjee et al, *Non-clinical community interventions: a systematised review of social prescribing schemes* IN Arts & Health, 2018, VOL. 10, NO. 2, 97–123
programme found participant reported multiple outcomes, including social, psychological and occupational benefits.

Where projects are rooted in place, and improving the environmental qualities of places, there may be wider community benefits in addition to the benefits accruing to participants.

Evaluation of the costs and benefits of these forms of social prescribing may therefore need to take a broader approach to fully capture their impact.

Yours sincerely

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5 Stickley, T, Social prescribing through arts on prescription in a U.K. city: referrers’ perspectives, IN Public Health 2012 Jul;126(7):580-6