HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Community Transport Association

To what extent does social prescribing increase sustained participation in physical activity and sport for health and wellbeing?
The CTA support Roar – Connections for Life’s expertise in this area and response to this question. As CEO Nicola Hanssen explains, the key to sustained participation lies in nurturing belonging, connectedness and trying to understand what might motivate people to engage and continue to engage.

Who should decide whether a social prescription is the most appropriate intervention, based on what criteria? (GP, other health professional, direct referral from CLW, self-referral).
Perhaps a co-produced solution by a health professional with a community link worker – the medical professional will likely be best able to ascertain whether or not a person’s symptoms require a medical solution, while the community worker is best placed to understand the availability of local community groups, clubs, projects etc. Physical activity will always be in some way beneficial to someone’s health and can help to speed up recovery even where symptoms have medical roots, so a co-produced solution blending both seems ideal.
Moreover, a community worker, who has sustained and regular contact with a patient and understands their home background, environment and other general ailments, is best placed to 1) notice physical and emotional symptoms, 2) understand what an individual would benefit from and be comfortable in engaging with, and 3) have a trusted enough relationship to convince individuals to partake in new activities.
For example, drivers and volunteers on community transport services are often the only regular contact for vulnerable and isolated individuals, and they also have strong relationships with local self-care groups, charities, local authorities and GP surgeries as a result of providing transport to these activities and services. They are often instrumental in referring their passengers onto appropriate support groups or medical services. Drivers also check in with passengers who they have not heard from in a while or who have not turned up for their usual pick-ups. Often, drivers have found passengers collapsed or unwell or have noticed unusual symptoms/behaviours and have been vital in helping them get to the help that they need. For further details, please see the case study at the end of this document from Handicabs Lothian.

What are the barriers to effective social prescribing to sport and physical activity and how are they being overcome?
Barriers to social prescribing are both practical and emotional. Firstly, people can often be reluctant to speak about their emotions or more personal aspects of their life as they might consider it to be embarrassing or uncomfortable to admit, for example, that they feel lonely or isolated. This lack of openness can make it more challenging to prescribe the right social remedies. CTA recently conducted a survey in which over one hundred of our members,
who work daily with lonely and isolated people to improve their health and wellbeing by providing accessible and inclusive transport which make other successes possible, responded, with many citing a reluctance from their passengers to speak directly about their emotional wellbeing. Rather, drivers and volunteers on these services are able to ascertain this information through more informal conversations on other aspects of the passengers’ lives.

Secondly, in line with the above, people are often more susceptible to new experiences if the recommendation comes from someone they trust, or if the suggestion is delivered in a more informal or friendly setting/manner. Someone is much more likely to be open to trying a new activity if a personal friend or friend from the community were to suggest it and position it as something fun that they also take part in, rather than as a ‘prescription’ to their ‘problem’ in a formal medical setting from a medical professional that they have only a formal relationship with. These emotional barriers are evident by the success of Mens Sheds, which are positioned as somewhere for men to chat and have banter with one another, rather than as emotional self-help groups.

Finally, transport is a key barrier to effective social prescribing. Successful participation in clubs and activities is essentially not possible if the user cannot physically reach them. Along with the human connectedness element, community transport is vital in enabling the success of health and wellbeing projects by providing accessible, sociable transport. CT vehicles are often wheelchair accessible, with rear passenger lifts and convertible spaces, while drivers and passenger assistants are professionally trained to assist passengers with mobility issues. Moreover, journeys on community transport themselves are often places for passengers to socialise and make new friends, particularly in rural areas where journey times can be long. The sense of community on the vehicle is an important element in enabling users, particularly vulnerable individuals, to feel a sense of belonging and connection, which is fundamental to their sense of health and wellbeing, and can be a good way of enabling an isolated passenger to feel comfortable enough to take part in new activities with other community transport users.

**How should social prescribing initiatives be monitored and evaluated?**
The CTA do not have the expertise to respond to this question. For further information, please contact CTA’s Director for Scotland at Rachael@cta.uk or CTA’s Policy Executive at suzanne@cta.uk
CASE STUDY HcL

HcL Transport is a registered charity, set up in 1982 as Handicabs (Lothian), to provide accessible transport for people in Edinburgh and the Lothians.

We provide door-through-door transport services meeting personal mobility needs by providing the assistance needed at the start and end of a journey. This may be assisting people with getting their coat on or ensuring that they are settled safely in their home after the journey. The profile of our passengers indicates an exceptionally high level of mobility difficulty; 35% use a wheelchair and many passengers cannot use buses or taxis.

Our emphasis on quality of service extends to offering a service 365 days a year, evenings and weekends subject to driver availability.

The passenger is a partially sighted 91year old Dial-A-Bus passenger from South Queensferry. She has no family and no carers she travels on her own and relies on Dial-A-Bus and her friends to remain independent.

The driver telephoned the office on a Wednesday as he was not getting an answer from the passenger’s door and was worried as he had tried her telephone and no other passenger on the vehicle had heard anything from her saying she would not be going. The office tried to contact the passenger as per HcL’s “Passenger No Answer Policy” on her telephone but also got no answer, the office contacted the driver and informed him that they had also got no answer but would keep trying her telephone.

The driver dropped of his passengers at the Gyle shopping centre then returned to the passenger’s home. The driver tried the door again and looked through the windows but as he was still getting no answer he recognised there could be a problem. He then travelled 0.5 miles to the local church as he knew through conversations with the passenger that she went there every Sunday. The Driver informed the parish priest about his concerns in getting no answer at the passenger’s home.

An hour later, the parish priest telephoned and wanted to give a very big thank you to HcL driver for coming to his Church and informing him that he was getting no answer from the passenger at her home. He said that he went to the passenger’s home and had to force entry and found the passenger lying on the floor as she had fallen during the night. The parish priest telephoned an ambulance and the passenger was taken to hospital.

The parish priest was very grateful that the driver had the foresight to let him know about the passenger. If the driver had not informed him, he does not know how long she would have lain there until she was discovered.

The passenger made a full recovery and was back using the Dial-A-Bus a week later. She still uses the Dial-A-Bus as she has no other way to get shopping, she now has a wrist worn emergency alarm in case she falls again. The Passenger is very thankful to the driver for what he had done.