HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM Scottish Sports Futures

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

   Participation will only be sustained if the environment is right and the fundamental needs/reasons for the prescribing of participants/individuals being referred are being met. For activity to be sustained it should have the people at the heart not outcomes set by others, the change should be agreed with the individual and then whoever is facilitating the sessions work alongside the individuals to understand their needs, to support with personal development to increase confidence, self esteem and aspiration to create and achieve change themselves through regular participation. The barriers to being active regularly should be explored and these may be real or perceived, but we cannot assume to know what they are. These then need to be removed for the participation to be sustained. Organisations offering ‘wrap around’ support – pathways into regular activity after what may begin as an intensive referral-based support should be on offer and if the organisation with the original activity cannot offer this then real partnerships with local organisations who can should be sought from the outset, not as an after thought to sustainability.

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)**

   The individual should decide, IF they are given all of the options to make an informed decision. There is a real need for genuine collaboration with health care staff, third sector and public bodies as together we actually have the answers to a (this) public health crisis. Regular sport and physical activity we know can change lives, to tackle poor health both physical and mental it will reduce the cost of prescriptions and being will be more able to work and lead an active healthy life. So, what are we doing about this – its all of our responsibility to make links to ensure that all agencies involved in a persons life (especially at a time of crisis or an obvious point for a referral). Obesity, mental health problems, addiction, entry into the criminal justice system, trauma, social work referral, non-engagement with school, unemployment these are all reasons to prescribe physical activity so therefore all agencies involved with an individual should be prescribing and then sharing information on progress so this can be celebrated, shared, made visible as a valid and transformational option for positive health.

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

   Organisations and professionals actually working together. Collaboration within the same sectors is strong and partnership working can be brilliant. However we need to look wider, every professional and sector that is working to create positive change, reduce health inequalities, create a healthier Scotland has a responsibility to work
cross sector taking a place based approach to understand needs of communities that we serve. And together offer clear and easy routes/pathways/options into prescribing sport and physical activity. Third sector organisations continually having to prove worth is also a barrier, by constantly chasing funding and having skilled experienced practitioners doing so this impact on the amount of quality interventions that can be delivered. If an organisation can clearly demonstrate impact then there should be a regular stream of statutory funding to support this instead on constantly having to re-create the wheel. We know what works what needs to be done now is a bigger investment into sport and physical activity. All organisations offering this as a solution being accountable for working together, I like sportscotland’s new strategy ‘sportforlife’ we as a third sector organisation delivering ‘Sport4Change’ for the last 20 years in Scotland can clearly see ourselves in it. Scotland is small so we need to work better together and be accountable for doing so.

4. How should social prescribing for physical activity and sport initiatives be monitored and evaluated?
   With the individual being prescribed. What is the change they want to see. We can create common indicators and evaluate how people feel about themselves using common templates, we can do baseline surveys to gather data from the outset – using the same measures to ensure an accurate collation. We can ensure that best practice and people willing to talk about their journeys have a platform, a voice and are involved in mentoring others being prescribed physical activity and sport.