

HEALTH AND SPORT COMMITTEE

SOCIAL PRESCRIBING OF PHYSICAL ACTIVITY AND SPORT

SUBMISSION FROM THE ROYAL COLLEGE OF OCCUPATIONAL THERAPISTS

This submission is made on behalf of the Royal College of Occupational Therapists, the professional body for occupational therapists across the UK.

The submission is made in response to the inquiry “Social prescribing of physical activity and sport”, that seeks views on social prescribing’s ability to tackle physical and mental wellbeing issues across Scotland. Further information on any aspect of this response can be gained by contacting the College.

Submission

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

For sustained participation in physical activity and sport, social prescribing needs to focus on what matters to the individual and be based on people’s strengths. This is an approach to people’s health and wellbeing that is intrinsic to the occupational therapy profession, and always has been.

Occupational therapists are experts in supporting people with mental and physical health, as well as social issues, to live active, healthy lives and engage with friends, family and wider community.

As highlighted in the RCOT report Getting my life back: Occupational therapy promoting mental health and wellbeing in Scotland:

“Occupational therapists promote healthy occupations (activities) that improve the physical health of people with serious mental health problems. Occupational therapists are unique in that they are trained to address/work with both a person’s physical and mental health needs. They deliver targeted programmes to change people’s smoking, alcohol consumption and poor diet and replace them with healthy occupations such as exercise. This ensures that people are given the right tools to help them self-manage their physical health problems.”ⁱⁱ

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)

A decision to provide physical activity via social prescription should be based on a shared decision making approach. As suggested in the research, all practitioners “*should adopt a personalised and individualised approach within their practice personalised and based on individual needs.*”ⁱⁱⁱ An approach that uses this focus will

ensure that social prescription is based on what the person wants to achieve and is targeted at their current ability. In addition, involving a person within the decision making process ensures that they engage in and are able to sustain their continued involvement in any physical activity.

Any decision about whether to prescribe physical activity should be based on a thorough needs assessment. This can be completed by a number of health or care professionals, depending on where the person first comes in contact with services.

A suggested approach to social prescription could be tiered universal, targeted and specialist interventions depending on individual need:

- **At a universal level**, there should be information available to everyone within a health and care environment about how to participate in healthy activities. Practitioners should be aware of how to signpost and link people who are able to independently engage with a service.
- **At the targeted level** there are people that might need additional support to first engage in physical activity. Health and care practitioners must ensure they have good working relationship with associated services should the person's needs go beyond their level of competence.
- **On a specialist level**, people with complex physical and/or mental health needs may require more intensive support to engage in activity. This is particular relevant to expert practitioners such as occupational therapists as detailed in the Getting my life back report.

In the online resource "Driving forward social prescribing: A framework for Allied Health Professionals" ⁱⁱⁱ a variety of examples are provided of AHPs and occupational therapists working across the following levels;

1. Signposting guidance and linking support services.
2. Training and mentoring care staff to work in partnership with people
3. One to one work with people who have complex physical and /or mental health needs.

For more details on the role of the Occupational therapy in social prescribing please refer to the following; <https://bit.ly/30HVIRV>.

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

A recent National Institute for Health Research themed review Moving Matters - Interventions To Increase Physical Activity ^{iv}, highlighted deprivation, difficulty in travel, and cost as barriers to activity. It also highlighted that in order to succeed there needed to be interventions around behaviour change that improve psychological factors of motivation, self-belief, and self-esteem.

Occupational therapists consider the relationship between what a person does every day (occupations); how illness or disability impacts upon the person; and how a person's environment supports or hinders their activity (Person-Environment-Occupation (PEO) model)^v. Occupational therapists are ideally placed to help

people continue or re-engage fully in daily life. This includes returning to work, social activities, and maintaining roles and responsibilities.

For more details on how occupational therapy can tackle barriers to participation please refer to:

- the Royal College's Getting My life back report
- the work of the occupational therapy led organisation, Sports for Confidence^{vi}
- Making personalised care a reality: The role of occupational therapy

Primary care must make good use of community assets but the committee should be aware of over simplifying social prescribing. RCOT would like to note that social prescribing may not work for everyone. One size does not fit all and for those with more complex needs, occupational therapists are skilled at supporting the social prescribing process. The RCOT report, Making personalised care a reality: The role of occupational therapy (2018)^{vii} outlines in more details how occupational therapists can support the social prescribing programme within primary care.

About the College

The Royal College of Occupational Therapists (RCOT) is pleased to provide a response to this inquiry. RCOT is the professional body for occupational therapists and represents over 33,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health and Care Professions Council (HCPC), and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

Occupational therapy improves health and wellbeing through participation in occupation. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

Contacts

For further information on this submission, please contact:

Paul Cooper, Lead Professional Adviser.
Royal College of Occupational Therapists, paul.cooper@rcot.co.uk

References

- ⁱ Getting my life back: occupational therapy promoting mental health and wellbeing. Available at: <https://bit.ly/2QepwAn>
- ⁱⁱ Shared decision-making and consent: good practice. Available at: <https://bit.ly/2UasyZq>
- ⁱⁱⁱ Driving forward social prescribing: A framework for Allied Health Professionals. Available at: <https://bit.ly/2G2qcpN>
- ^{iv} Moving Matters - Interventions To Increase Physical Activity. Available at: <https://bit.ly/2XuHnLa>
- ^v Person-Environment-Occupation (PEO) model. <https://ottheory.com/therapy-model/person-environment-occupation-peo-model>
- ^{vi} Sports for Confidence. <https://www.sportforconfidence.com/about-us/>
- ^{vii} Making personalised care a reality: The role of occupational therapy. Available at: <https://bit.ly/2QepwAn>.