



WALES YOUTH SOCIAL PRESCRIBING, SPORT AND PHYSICAL ACTIVITY

A RAPID REVIEW MARCH 2021



CONTENTS

Introduction	3
Section 1 – Methodology and research participants	4 - 7
Section 2 – Desk based literature review	8 - 17
Section 3 – Primary research findings	18 - 29
Section 4 – Recommendations and limitations	30 - 33

INTRODUCTION

In March 2021, StreetGames was commissioned by Sport Wales to conduct a rapid review of youth social prescribing in Wales, with a focus on the links to sport and physical activity interventions. The rapid review set out to provide Sport Wales with an increased understanding of the following;

- 1. Where youth social prescribing is happening across Wales?
- 2. Where and when youth social prescribing is working well, and why?
- 3. What the current barriers are.
- 4. What the current opportunities are.
- 5. Where sport and physical activity fits in.

This paper shares the findings of the review and provides recommendations for Sport Wales to consider for future work in this area.

For the purpose of this report, the definition of social prescribing that has been used is as follows:


“Social prescribing is a way for local agencies to refer people to a Link Worker. Link Workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.”

Reference: <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

SECTION 1

METHODOLOGY AND RESEARCH PARTICIPANTS

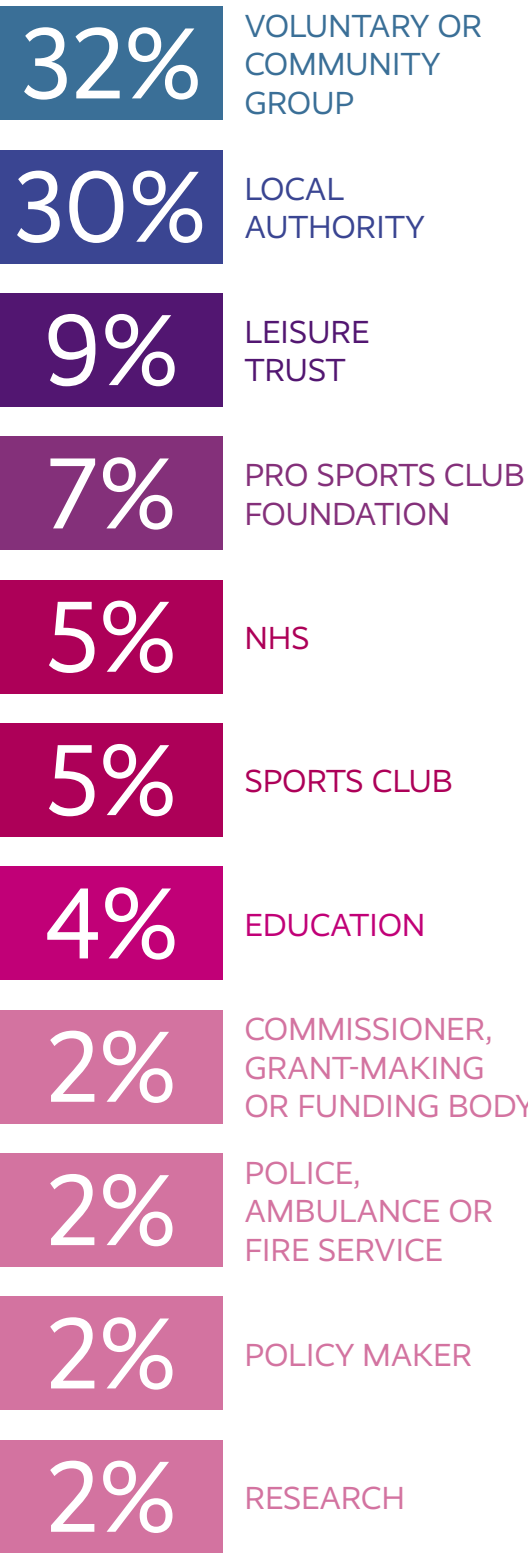
THIS RAPID REVIEW HAS BEEN CONDUCTED IN THREE PARTS:

DESK BASED LITERATURE REVIEW	ONLINE SURVEY	FOCUS GROUPS
<p>The desk-based literature review set out to explore what had already been published in Wales. The review was based around academic reports, programme evaluations and case studies relating to social prescribing in Wales with a link to young people, sport and physical activity or both. The review also utilised existing relevant evidence from England and Scotland to share practice and learning. A summary of the findings has been provided in section 2 of this report. The results of the desk-based literature review highlighted the need for the primary research. Whilst there is some supportive research specifically focused on youth social prescribing there is relatively little overall. Therefore, there is a need to quantify the demand for youth social prescribing, understand how it can link to sport and physical activity, and to reach consensus on what it actually is.</p>	<p>The online survey aimed to engage 50 community, sport and health organisations across Wales, to gain an understanding of what is currently happening, identify gaps in provision and highlight good practice. The survey also gave an opportunity for organisations to share what has not worked and the current barriers. The survey received 56 completed responses from over 11 different types of organisation from 18 Local Authority areas.</p> 	<p>Two focus groups were conducted, one with stakeholders and one with young people. There was a mix of experiences across the focus groups, with 75% of participants already engaged with social prescribing in some way. The young people focus group engaged with three young people aged between 14-18 years who were actively engaged in volunteering across Flintshire. One young person was also working as a casual coach for Aura Leisure and was supporting some referral-based interventions. Both sessions aimed to gain a better understanding of what is currently happening across Wales, what the perceptions of 'Social Prescribing' are across the sector and identify the opportunities and barriers and how sport and physical activity fits into the wider social prescribing landscape. The focus groups engaged 15 people from 6 Local Authority areas.</p>



The overall research has engaged with individuals and organisations across 21 LA areas in Wales, as well as 5 organisations that describe their work as reaching ‘all Wales.’

TYPE OF ORGANISATION



NUMBER OF ORGANISATIONS INVOLVED IN THE RESEARCH

NEWPORT	12	CONWY	3	BLAENAU GWENT	1
POWYS	9	DENBIGHSHIRE	3	BRIDGEND	1
ALL WALES	5	GWYNEDD	3	CAERPHILLY	1
FLINTSHIRE	5	MERTHYR TYDFIL	3	CEREDIGION	1
SWANSEA	5	WREXHAM	3	ISLE OF ANGLESEY	1
CARMARTHENSHIRE	4	PEMBROKESHIRE	2	NEATH PORT TALBOT	1
CARDIFF	3	RHONDDA CYNON TAFF	2	TORFAEN	1
		VALE OF GLAMORGAN	2		

SECTION 2

DESK BASED

LITERATURE REVIEW

A TWO-YEAR EVALUATION OF THE YOUNG PEOPLE SOCIAL PRESCRIBING (YPSP) PILOT

BERTOTTI, FROSTICK, SHARPE, TEMIROV

DECEMBER 2020

WHAT IS HAPPENING	WHAT'S WORKING WELL	CHALLENGES
<p>An outcome, process and economic evaluation of social prescribing for young people in three English sites.</p> <p>Health & Social Outcomes evaluation Baseline and six months follow up survey of young social prescribing users. Collected data about personal well-being, general health, mental well-being, loneliness, social capital, use of health and social care services, and physical activity.</p> <p>Process evaluation Evaluation consisting of in-depth qualitative interviews and three focus groups with key stakeholders (including service-users and link workers) documenting their experience of the service.</p> <p>Economic evaluation Cost-benefit analysis (SROI) and analysis of healthcare service use.</p>	<p>In terms of health and social outcomes, personal and mental well-being have improved, particularly for those who had the lowest levels at baseline; loneliness also experienced a decline for the group most in need, despite the coronavirus pandemic. Mental well-being followed a positive trend recording a statistically significant positive change between baseline and follow up, confirming that social prescribing is an effective mental health service.</p> <p>Overall, the young respondents found that the service made them feel welcome, particularly the 'buddying' service. Young people reported that link workers contributed to improving their sense of autonomy, reduced their sense of 'stigma' around mental health challenges, and filled a gap in mental health service provision by providing almost immediate access to non-clinically based emotional support.</p> <p>Economic evaluation showed a social return on investment above average if compared to adults' services (£1:£5.04). <i>(Lack of available data meant that It was only possible to conduct the economic evaluation of the Sheffield young people social prescribing service.)</i></p>	<p>The support service was sometimes affected by complicated transport to reach distant activities, and the cost of sessions. Moreover, young people would have liked more information on what to expect from social prescribing and also from their link worker sessions.</p> <p>The role of the young people social prescribing link worker is even more complex than the adult's role, particularly in terms of balancing primary focus on the young person with the input and needs of parents/carers, and the need to coordinate support amongst a large number of providers, for example in relation to schools and CAMHS.</p> <p>Stakeholders interviewed were concerned about the sustainability of social prescribing as a range of critical issues emerged in relation to VCSE recruitment and retention of link workers across sites, with the coronavirus pandemic making the situation even worse.</p>

RECCOMENDATIONS
<p>Consider setting up a small advisory group made up entirely or almost entirely by young people who could advise (during design, implementation and evaluation) a steering group.</p> <p>Consider clarifying what the young service user can expect from social prescribing including number of sessions with link worker and how and when the young service user can contact their link worker.</p> <p>Balance the centrality of young people's needs with the role of parents/carers.</p> <p>Consider more research into the role of young people social prescribing link workers and specific training to support their role, particularly in delivering services remotely, including the creation of practical guidance based on the pilot delivery sites' experience for others to emulate.</p>

**CREATING SUSTAINABLE COMMUNITY ASSETS/SOCIAL CAPITAL WITHIN THE CONTEXT OF SOCIAL PRESCRIBING:
FINDINGS FROM THE WORKSHOP HELD 17/07/19**

DR SALLY REES, SARA THOMAS, DR CAROLYN WALLACE AND MEGAN ELLIOTT | JULY 2019

WHAT IS HAPPENING

45 participants from across the Cwm Taf Morgannwg University Health Board (Rhondda Cynon Taf, Merthyr Tydfil and Bridgend) attended a workshop held on 17th July 2019 at a local community venue (Rhydyfelin Community Centre, Rhydyfelin, Pontypridd) to consider the role community assets plays within the context of social prescribing.

In Cwm Taf Morgannwg (Rhondda, Cynon Taf, Merthyr Tydfil and Bridgend Local Authority areas), the variety of models replicates the Wales-wide experience of social prescribing activity, all of which require the NHS, Local Authorities and the voluntary and community sector to work together for the benefit of the public in delivering social prescribing.

There is a need to understand how, when, why and in what circumstances social prescribing works and what community assets/social capital are helpful, available, need developing or sustained to ensure there are improved outcomes for people.

WHAT'S WORKING WELL

The co-productive methodology used to produce consensus on the top priority areas worked well and gave all participants the opportunity to share their experiences.

Consensually, participants articulated similar experiences and suggestions from varying perspectives. They saw the importance of establishing relationships between and across different sectors and at different levels so not to exclude the more informal local provision in Social prescribing activity for members of their community. Importantly, that community assets are suitable and appropriate, right for the community as recognised and decided by the community, rather than those assets being imposed due to lack of involvement community.

WHAT'S WORKING WELL

The co-productive methodology used to produce consensus on the top priority areas worked well and gave all participants the opportunity to share their experiences.

Consensually, participants articulated similar experiences and suggestions from varying perspectives. They saw the importance of establishing relationships between and across different sectors and at different levels so not to exclude the more informal local provision in Social prescribing activity for members of their community. Importantly, that community assets are suitable and appropriate, right for the community as recognised and decided by the community, rather than those assets being imposed due to lack of involvement community.

CHALLENGES

Support for individuals is required for those who find it difficult to engage and access the services in the first place. GPs, for example, are a vital access point for people who are unlikely to self-refer.

While it was highlighted that a database GPs can use for patients for social prescribing would be helpful, DEWIS and Infoengine already exist to find services in the community, but health care professionals may not be aware of those search engines that could help their patients access non-medical interventions.

Systemic barriers existed, which were challenging and had the potential to hinder the growth of social prescribing, but also grow and sustain the community assets people could be referred to. Commissioning and procurement processes need to be transparent, compassionate and responsive for both social prescribing and the commissioning of community activities. A simpler and proportionate commissioning process would allow smaller community-based organisations and groups fairer and equitable access to funding alongside larger not-for-profit organisations.

The public and professionals need to know about social prescribing to improve involvement and uptake. There are access issues which need to be addressed such as activities close to home and transport infrastructure, especially in Valleys communities. Volunteers play an important part in delivery and supporting people to access local community assets. The social aspect of volunteering as a social prescription choice, builds confidence, skills and gets people engaged in the community, having a dual role in improving well-being.

and Physical Activity

RECOMMENDATIONS

It was important **that a clear and consistent message was communicated to GPs, other health care professionals and community leaders about the existence and key benefits of social prescribing.** Citizens needed to know that there were alternative community based activities available in the community to support them rather than relying on a medical intervention.

The Information, Advice and Assistance offer needs to be up to date and widely shared and available to citizens, but how that happens is variable.

There was a need to **establish a mechanism for the planning and commissioning of social prescribing** and create a workable infrastructure to support this. This is reliant on having robust systems in place and the **full involvement of people benefiting from Social prescribing and those providing a service.**

Quality was articulated at several levels and that quality assurance should be proportionate, but that safeguarding the individual was paramount. Therefore, voluntary organisations and community activities needed to ensure **that services were safe, consistent and reliable**, and were clear as to how the well-being needs of people were being addressed based upon the 'what matters' conversation. **Agreed tools to measure and evaluate was central to understanding what works for people accessing a social prescription.**

Crucial to the success of social prescribing was to have **varied, vibrant and sustainable assets**. However, community assets are vulnerable due to public sector funding arrangements and competition from within the voluntary/ community sector for funding. The test for voluntary and community organisation is **how they can provide and present robust evidence** to sustain their assets when funders have more of a focus on quantitative than qualitative data.

Co-production should be the value base, and the **principles of co-production and involvement should run through social prescribing**, including how it is evaluated through an agreed set of quality standards. This will provide a credible platform for the sustainability and social value of social prescribing.

SOCIAL PRESCRIBING IN WALES
PRIMARY CARE HUB
MAY 2018

WHAT'S WORKING

WHAT IS HAPPENING

There is wide professional and political support in Wales for the concept of linking individuals to community-based assets. Work undertaken by Public Health Wales (PHW) has identified that there are gaps in the published evidence for social prescribing; there are many excellent examples of social prescribing projects in primary care in Wales, but they are short-term funded and often poorly evaluated.

There is a lack of awareness of the well-being services that are available in the community, how they are accessed and funded; several national initiatives already exist in this space which could be a source of confusion to professionals and the public and which would achieve more if they were better aligned.

The **time required to set up** social prescribing

Primary Care staff need to understand the model and offer. Patients need to understand the model and offer.

The **social prescribing referral process needs to be used.** Feedback to referrers on referral.

Consideration should be given to the resources and processes to do this.

A substantial proportion of those who are referred to the intervention to which they are referred.

A link worker model requires resources to be allocated to the link worker.

WHAT'S WORKING WELL

The Welsh Government has signalled strong support for social prescribing approaches through legislation and a range of policy statements. The Social Services and Well-being (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2015, and the Programme for Government Taking Wales Forward and Prosperity for All, are all founded on a model of health which recognises the impact of social determinants on health and wellbeing and draws on all sources of help and support.

The National Professional Lead for Primary Care in Wales, has championed the role of wellbeing services and called for more systematic ways for people to access or be referred to such support.

An All Wales Social Prescribing Research Network was launched in Cardiff City Stadium on 21 May 2018.

RECOMMENDATIONS

CHALLENGES

Sustainable Community Assets has been identified as a key component of the Primary Care Transformation Framework. However, the sustainability of these services is dependent on funding. To achieve a successful transformation of primary care that includes communities and third sector partners, a sustainable solution to funding this provision must be found.

The Transformation of Primary Care (TPC) Programme has identified new roles in primary care. In relation to social prescribing there are various titles attributed to such roles – community connector, co-ordinator, social prescriber, link worker etc. The governance and training needs of these roles need to be addressed.

- **overestimated.**
- **is available and what they can**
- **what benefits are anticipated.**
- **erral processes and be simple**
- **encouraging appropriate**
- **collection at outset, including**
- **age with or complete the**
- **staff.**

RECOMMENDATIONS

The **time required to set up social prescribing schemes is often underestimated.**

Primary Care staff need to understand the services and interventions available and what they can offer. Patients need to understand why they are being referred and what benefits are anticipated.

The **social prescribing referral process should fit in with existing referral processes and be simple to use.** Feedback to referrers on the outcome of the referral was seen as encouraging appropriate referral.

Consideration should be given for evaluation and associated data collection at outset, including processes to do this.

A substantial proportion of those referred, do not take up or do not engage with or complete the intervention to which they are referred.

A link worker model requires resource to employ, train and support staff.

A Rapid Review of...

A Rapid Review | 11

WHAT IS HAPPENING

The aim is to develop a robust social prescribing service using best practice in development and data collection. Formative service evaluation using mixed-methods data. A single arm, quasi-experimental pre-post data collection design was used to see the longitudinal benefits of the Social Prescribing service. A matched control was used to compare health service usage between people who did and didn't use the social prescribing service.

Above all, the social prescribing service seeks to address real life social complexity and inequalities by offering integrated, holistic solutions to multifaceted health and social care issues.

WHAT'S WORKING WELL	CHALLENGES	RECCOMENDATIONS
<p>An agile management approach to service development was deliberately employed and the local Help2Change team carefully tested things out, then paused and reflected before proceeding. An expanding range of different sectors are now getting involved in the social prescribing service and it has expanded from an initial demonstrator site in Oswestry and Ellesmere to covering 5 regions in Shropshire.</p> <p>Between May 2017 – May 2019 515 referrals were made into the social prescribing service.</p> <p>Feedback from service users was very positive. Satisfaction ratings were 4.8/5 for suitability of times, convenience of venue and feeling able to discuss concerns with the social prescribing advisor. Participants reported feeling heard and supported, and that the service was meeting their needs by addressing them not as a 'condition' or disability, but as a person, with their own set of social and emotional wishes and wants.</p> <p>The social prescribing service supported unmet needs beyond the expected remit, due to the inclusion of link workers in the service, which provided an individualised element.</p> <p>The patient reported outcome data demonstrated statistically significant Improvements.</p> <p>Score changes translated into improvements in weight, BMI, cholesterol, blood pressure, levels of smoking and physical activity.</p> <p>Overall, the full set of data captured provides a compelling explanation for the statistically significant (40%) reduction in GP appointments for participants at the 3- month follow-up, compared</p>	<p>Time - Setting up a social prescribing project, with all its complexities, was a time-consuming process involving much learning in action. The decision to create a service of a very high quality and standard, which was fully documented and independently evaluated from the onset, made the whole process more iterative than expected. While the enthusiasm, team spirit and dedication across the team was emphasised, team members had other work duties as well.</p> <p>Data collection - The social prescribing advisors faced practical challenges when collecting evaluation data, in particular how to negotiate or integrate data collection into the consultation process. There were concerns at times as to how data collection may affect the consultation.</p> <p>Funding and resourcing - With a limited budget, resourcing was a challenge. The team managed with in-house resources (across the wider council and public health) and the voluntary sector, which had been "very positive" about contributing towards the scheme. They had taken a system wide approach, but budget limitations meant the service had to be strategically targeted.</p> <p>Avoiding duplication - Another challenge was convincing some stakeholders that the social prescribing service was not duplicating services already offered, such as by the Community Care Coordinators (C&CCs). The focus of the C&CCs was primarily on practically supporting the frail and elderly (via care coordination, aids, adaptations, alarms etc.) as well as supporting people who were experiencing loneliness, whereas the Shropshire social prescribing service was aimed at preventing diseases from occurring in later life and preventing loneliness.</p>	<p>It is recommended that the social prescribing team discuss the intention and benefits of the social prescribing service with GPs, to develop more relationships that will lead to an increase in referrals and integration of social prescribing into the GP consultation.</p> <p>Regularly review referral and audit processes to be to ensure that the people are clear about why they are being referred to a social prescribing advisor, and that those whose needs can be addressed by the service are being referred.</p> <p>We would recommend seeking out more ways to access those people who are lonely and isolated, including young people (widening the service to people under 18 years of age).</p> <p>It is recommended that attention is given to informing service users if the social prescribing advisor is going to change</p> <p>It is recommended that social prescribing advisors receive CPD training in areas such as mental health issues and alcohol and substance abuse.</p>

WHAT IS HAPPENING

Community-enhanced social prescribing (CESP) is a new model of social prescribing combining community engagement, organisational change and individual-level practice which aims to improve both community and individual wellbeing. It provides a way of thinking about the reciprocal value of individual and community wellbeing in the context of primary health care and local communities.

Social prescribing typically addresses individual-level outcomes such as social isolation, loneliness, or a lack of individual connection to local resources. Loneliness, in particular is of significant concern in the UK. This focus on individuals, however, neglects the social environment in which people live. As evidence suggests that community connections are associated with lower levels of loneliness, particularly in deprived communities, it is important to support the development of opportunity for social connection at both individual and community levels.

WHAT'S WORKING WELL	CHALLENGES
<p>CESP is a conceptualisation that utilises the two models as described above to bring together the embedded assets, networks and resources of local communities in order to support individuals who are seeking to improve their wellbeing. It requires a coordinated approach from local agencies which looks beyond the needs of individual organisations, to building environments that help people to help themselves. This approach helps isolated people to engage with local networks, resources and community assets; a shift towards a focus on the enabling environment of the kind indicated in the NHS Long-Term Plan.</p> <p>One essential component of an enabling environment is that of repeated opportunities for multi-directional collaborations for health and care. Over time, the co-creativity that emerges from such activity builds networks of high-performing teams and local communities for health. Geographic areas provide opportunities for such shared development and we envisage CESP as working within primary care networks, which cover populations of between 30,000 and 50,000 people. To realise this ambition at scale, the whole system needs to support such localism through processes that have been described by Thomas as 'community-oriented integrated care' (Thomas 2017).</p>	<p>Change is required at two levels to create the conditions in which CESP can operate. Firstly, at the organisational and systems level within the primary care network, work needs to be undertaken to align organisational objectives with a shared focus on community wellbeing. This could involve a variety of methods, including whole system events using the large group method of real-time strategic change (Jacobs 1997); experienced-based co-design for stakeholders to reflect on data in the light of their experiences and participate in coordinated improvements; or using learning sets for locality leadership teams, local organisations and citizens to consider how best to make CESP work for them.</p> <p>Secondly, at individual level, a social prescribing referral system for agreed target groups (e.g. people with long-term conditions or mental health problems) will need to be established. Link workers would be trained in the Connecting People approach so that they can use it with the people with whom they work. This approach will enable CESP to be applied in locally-relevant ways that also help to incrementally transform the whole system towards effective use of local networks, resources and community assets.</p>
RECCOMENDATIONS	
<p>Clearly defined objectives that allow connection between the sport and physical activity sector and health sector, creating an environment that allows sport for development style organisations to demonstrate their effectiveness at contributing to health outcomes. Training and education for individuals involved in the referral process to raise awareness of the sports and physical activity options that exist within communities across Wales, allowing these pathways to be accepted and embedded within the system as referral options.</p>	

WHAT IS HAPPENING

A rapid mapping review has been undertaken to identify evidence on the relative strength of selected activities that typically have been used as part of social prescribing, such as referral to group based social activities, community volunteering and development activities, life-long learning and use of welfare / debt advice services.

Our aim is to collate an evidence base to support commissioners in making the case for social prescribing and its importance in increasing participation in activities that are known to have benefits for individuals and society.

Many health promoting activities, including participation in social activities have been associated with a positive return on investment (ROI) to the public purse and/or society. This can be due not only through improved health and wellbeing, but also through increased participation in volunteering, employment and education, as well as through a reduction in the need for social services and in the need for informal and residential care.

WHAT’S WORKING WELL	CHALLENGES
<p>One area that we have explored in more depth concerns the use of group-based activities as a way of reducing loneliness in the population. This is another area of considerable policy interest in the UK with the government’s strategy on tackling loneliness published in October 2018 and there is a growing evidence base on a range of group-based social activities for loneliness alleviation, as well as physical and mental health promotion.</p> <p>An economic evaluation, carried out alongside a multi-centre RCT of a lifestyle support programme (Lifestyle Matters), designed to improve the mental wellbeing of people aged 65 years and above in England and Wales. Outcomes were measured at baseline, 6 and 24 months. Loneliness at 24 months, measured with the de Jong Gierveld Loneliness Scale, showed a significant decrease compared to standard care. The economic evaluation collected information about health and social care use covering each three-month period prior to data collection. The average cost of the intervention per person was: £430 (North England) and £575 (North Wales). The intervention was also less costly than usual support, although this difference was not statistically significant.</p>	<p>One problem is that many programmes are operated in specific localities and therefore are very small in scale. This has meant that evaluations that have taken place have tended to be very limited in scope because of resource constraints.</p> <p>While there reasonably robust evidence that sustained participation in a range of sport and other physical health related activities including dance, the evidence base for group based social interaction activities is more mixed, while that for some of the creative arts is largely qualitative in nature.</p>

RECCOMENDATIONS

It is important not just to **look at the effectiveness and appropriateness** of social prescribing mechanisms, **but crucially the activities to which individuals are being referred** via social prescribing.

The evidence base on activities to which individuals potentially may be referred by social prescribing mechanisms is very varied; commissioners need to be mindful of strength of this evidence when looking at activities to which individuals referred by social prescribing.

It is important to also **look at cost effectiveness, budgetary impact and return on investment** not just of social prescribing mechanisms, but also the interventions to which individuals are referred through prescribing. In doing this it is also critical to **recognise that there are many potential impacts outside as well as within health care systems**, e.g. poverty alleviation, strengthening civil society, increased volunteering and employment.

Economic modelling techniques might be used to synthesis information on the effectiveness of social prescribing plus activities to which individuals referred, with the costs and potential costs averted of these activities. Economic models can also be used to look at what level of engagement and behaviour change needs to be achieved by social prescribing in order for investment in social prescribing to be considered cost effective.

WHAT IS HAPPENING

Increased exposure to green space has many health benefits. Scottish Green Health Partnerships (GHPs) have established green health referral pathways to enable community-based interventions to contribute to primary prevention and the maintenance of health for those with established disease. This qualitative study included focus groups and semi-structured telephone interviews with a range of professionals involved in strategic planning for and the development and provision of green health interventions.

WHAT’S WORKING WELL	CHALLENGES
<p>Participants in the study perceived that green health could contribute to public health priorities. GHPs had increased awareness in organisations such as health, education and the third sector, resulting in enthusiasm to develop links to interventions and embed green health in strategic pathways.</p> <p>All areas had created new or strengthened existing pathways for green health referral. This work was twofold: ensuring that appropriate interventions existed for referrals and engaging health and social care professionals in the referral process. One important discussion was whether to create new pathways or use existing PARS/social prescribing pathways. Different approaches were evident. One GHP area established a new “green prescription” scheme targeting people living in areas of high deprivation, which gave telephone advice about green health opportunities via an information hotline. There was an awareness of, but no integration with, social prescribing services. Another GHP area was in the process of setting up pilots, but a key criterion for selection was the presence of social prescribing link workers. Two GHP areas had integrated green health referrals into existing PARS pathways.</p>	<p>Participants considered that promoting green health to the public was complex and expressed concerns about low health literacy levels.</p> <p>Participants in some areas expressed concerns about the removal of public sector funding from community groups, while expecting such groups to accept health referrals and scale up interventions to meet demand. Delivery of green health interventions was mostly by third sector organisations, which tended to be small and reliant on volunteers. This created potential capacity issues, around volunteer numbers and the responsibility they were willing to accept.</p> <p>Participants perceived it difficult to capture evidence of behaviour change, other than uptake, attendance and adherence data. Since many community and voluntary groups did not keep registers, even these measures were difficult. One participant from education highlighted that the integration of data, such as the number of students taking part in green health activities and key performance indicators for student course adherence, could provide evidence of effect. Operational participants considered case studies a viable method for capturing success.</p>

RECCOMENDATIONS

Promoting use of the natural environment was considered a good strategic fit with Scottish public health priorities. Key partners were the NHS (public health teams and HCPs); local authorities (social care and environmental department); leisure providers; the environment sector and the voluntary, community and third sectors. GHPs and project officers in particular provided a powerful voice to raise the profile of green health, strengthened networks and gave third sector organisations a “place at the table” with health and local authority partners.

Participants identified the need to embed green health into core planning for partner organisations and recommended that focusing on mental health benefits could increase strategic importance. At an operational level, challenges highlighted were addressing equity of access, developing messaging, volunteering capacity and providing evidence of success.

To ensure longer-term sustainability and improve equality of access to green spaces, **green health must be integrated into high-level strategic plans. Similar to evidence from across the globe, cross-departmental and governmental activity is necessary to realise the benefits of effectively using natural environments to improve health** by encourage society to spend more time outdoors, but this is challenging.

Green health interventions could benefit from learning from PARS **that “one size does not fit all” and that a menu-based approach, with consideration of participant motivations and needs, is more likely to result in success.**

WHAT IS HAPPENING

This work comprised two stages (each of which involved both people who are involved in commissioning or facilitating social prescribing services and people from nature-based interventions providing green care and/or health promotion services):

- 1. An evidence review (including a search of current social prescribing literature and practice); and
- 2. a demonstration event – to share good practice and to explore steps needed for the scale-up of nature-based social prescriptions in one locality.

The aim of the evidence review was to examine the use of community or voluntary sector-based interventions that achieve clinical outcomes for people with mental health problems through nonclinical means.

WHAT'S WORKING WELL

All the successful social prescribing services examined in this study have set up an effective primary care referral system providing GPs with a non-medical referral option to enable patients to easily access health resources and social support from outside the NHS. Social prescribing schemes are operated jointly by primary care providers and the third sector, but the social prescription element is predominantly delivered by the third sector.

Good practice in social prescribing depends on good partnerships, high levels of cooperation and joint ownership between a wide range of individuals, groups and organisations with very different organisational cultures. Good communications between the social prescribing service, GPs and healthcare staff, is essential. Social prescribing link workers play a pivotal role in the social prescribing service, as they are responsible for taking referrals and linking the patient to relevant services.

Patients benefitting most from social prescribing often have multiple health-related issues, which individually are insufficient to trigger social or health care payment, but in combination result in frequent GP visits and high service use. Benefits from social prescribing identified in this study include: i) better outcomes for health and social care; ii) improvements in the mental health and wellbeing of patients; iii) cost-effective use of NHS resources; and iv) more effective use of GP time

CHALLENGES

There is no consistent or standardised referral mechanism.

There is no funding for the social prescription element in the majority of social prescribing services (i.e. no funding to the third sector service providers).

The lack of direct funding for the health care interventions offered through social prescription together with no underpinning referral system are fundamental barriers to the NHS's ambitions to increase the scale of social prescribing in the future.

Nature-based options are not actively promoted, compared to other types of intervention within social prescribing, and are generally suggested only if a patient expresses an interest in being outside. Patients will not always be aware of nature-based initiatives, what they can offer and their associated benefits.

In comparison to many voluntary sector initiatives currently included in social prescribing portfolios, the evidence on the effectiveness of nature-based health promotion and of green care is relatively strong. However, the nature, health and wellbeing sector recognises that it is not currently promoting the range of services effectively. Researchers, social prescribers and nature-based intervention providers all agree that there is a need to improve the promotion of these services.

For social prescribing to become accepted as mainstream and expand in the longer term, evidence that it is having a positive impact both on people's lives and on the health service must be provided. Although many social prescribing services are focused on collecting evidence of outcomes (often in conjunction with academic institutions), there is currently a wide variation in methodology, making comparative analysis difficult.

RECCOMENDATIONS

Good partnership working between stakeholders is essential for a successful social prescribing service. **Social prescribing service staff and health service referrers (GPs and others) urgently need to improve the systems and processes that support dialogue** between these two key groups of practitioners.

In Five Years Forward View (NHS England, 2014) Simon Stevens highlighted the need to change the focus of the NHS to one of much wider individual and community engagement. **Increasing the scale of social prescribing in the future is an important contribution to achieving this aim.** However, the **sustainability of social prescribing in the long term will depend on the voluntary and community sector** becoming a more valued and secure element within the social prescribing process, and this requires urgent improvements in the funding arrangements.

Establishing a referral and information sharing system that is efficient and effective is critical for the success and scaling-up of social prescribing desired by the NHS in the future. **It is essential that health workers can give the prescription quickly and easily**, whilst also feeling assured that they will be using an appropriate service with real potential to deliver required outcomes.



WHAT DO YOU THINK OF WHEN YOU HEAR THE TERM SOCIAL
PRESCRIBING? (YOUNG PEOPLE)



WHAT DO YOU THINK OF WHEN YOU HEAR THE TERM SOCIAL
PRESCRIBING? (STAKEHOLDERS)



SECTION 3

PRIMARY RESEARCH
FINDINGS

The following section provides a summary of the primary research undertaken to answer the five research questions posed by Sport Wales. The full responses to the online survey, a summary of the focus groups can be found as part of the appendices.

At the start of each focus group, we asked the question “*what do you think of when you hear the term social prescribing?*” to gain an understanding of current levels of knowledge within both groups. We collected the responses via a Menti-Metre online link and have shared the results below.

The responses to this question from the two focus groups reveal some interesting differences. From the Stakeholder’s perspective, social prescribing is predominantly about support mechanisms and providing help where it is needed, while young people talk more about reciprocity, the opportunities to give back and the benefits of doing so.

QUESTION 1

WHERE IS YOUTH SOCIAL PRESCRIBING HAPPENING ACROSS WALES?

The research team found that there was limited information available on social prescribing specifically related to young people across Wales, however, there is evidence of some form of generic or adult focused social prescribing offer across most Local Authority areas.

The online survey asked respondents “How would you describe the status of children and young people’s social prescribing in your area?” almost 60% of respondents said that they were “not sure,” whilst only 13% stated that it was either “up and running” or “planned and funding confirmed.” When this was explored further as part of the focus groups, both the stakeholder group and young people group described local interventions that were referral based and focusing on health-based outcomes. They described how these interventions were not funded via health, nor officially called social prescribing, but based on the definition shared, they believed them to be good examples of sport and physical activity being used in the same way. There were also good examples of adult social prescribing and holistic family approaches shared.

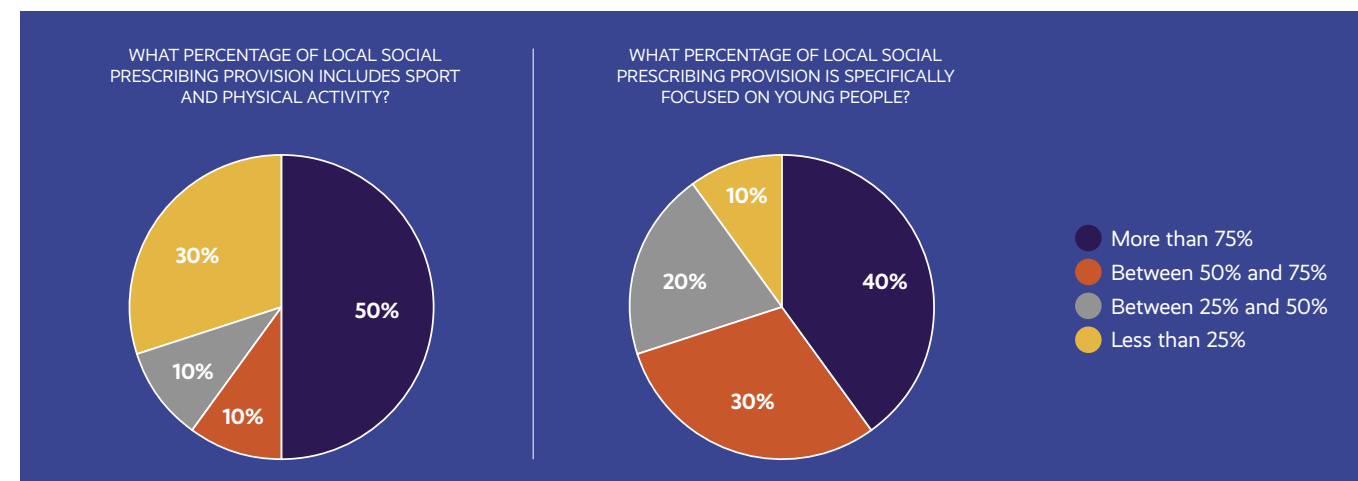
The young people focus group explored what the participants thought social prescribing looked like locally, with all of them describing a version of school club links or signposting to community activity by teachers. None of them were aware of being able to access support from a GP to be prescribed sport or physical activity to support with an individual’s health needs, but all of them agreed that this sounded like a good opportunity. One young person said;

“When I hear the term prescribe, I think that it must be needed, if we could be prescribed activity instead of medication that would be so much better for everyone”

The stakeholder focus group explored local examples of sport-based activity that individuals believed matched the definition of social prescribing locally. Examples included;

Aneurin Leisure Trust	Ceredigion County Council	Newport Live	Cardiff City FC Foundation
Linking with the Connect Weight Management programme at the Local Health Board. CWM receive the referrals and signpost to the Sport Development team for provision.	Eco Dyfi Green prescribing in North Ceredigion supporting families to get involved in activities utilising the outdoor environment.	Health & Wellbeing Team in Sports Development lead the ‘Family Wellbeing’ strand of Families First, supporting referred families and young people with inactivity, obesity, mental health, and other wellbeing concerns; using sport and physical activity as the engagement tool. The team work at pre-engagement and engagement, at an early intervention level below Social Services.	Targeted Youth Intervention Programme that offers one-to-one mentoring. Aimed at young people aged 11-18 that have been referred to the sports organisation due to being involved in or at risk of engaging in violent or similar anti-social behaviour. Referral partners include: Police, Youth Justice, Pupil Referral Units, Schools and Youth sports outreach programmes.

The stakeholder focus group also discussed how much of the social prescribing provision locally was specifically targeted at young people, and how much of this provision included sport or physical activity. These results also include local interventions that could be defined as social prescribing, but are not currently classed as, nor funded as social prescribing. Therefore, the results below are for local social prescribing offers AND local sport/physical activity offers with health-based outcomes.



The online survey asked respondents to consider the extent in which they agree or disagree with the following statements.



Both the online survey and the focus groups indicate a positive attitude towards youth social prescribing, but also demonstrates that there are variations in levels of local connectivity between funded youth social prescribing, and other interventions that use similar models. Whilst there are excellent examples of sport and physical activity interventions targeting health-based outcomes, and providing positive services and opportunities for young people, these are often not recognised by the health sector as contributing to a youth social prescribing offer locally.


“My experience in Gwynedd, Anglesey and Conwy is that social prescribing programmes target adults which includes young adults 18+. Younger people benefit from more traditional services offered by local authorities”

“The model of social prescribing is nothing new in the sport world, signposting etc. has always happened, but not often recognised as a health intervention. Social prescribing will help to make the referral links and help to personalise support for individuals who need it”

QUESTION 2

WHERE AND WHEN IS YOUTH SOCIAL PRESCRIBING WORKING WELL, AND WHY?

A number of examples of local social prescribing were shared in the stakeholder focus group and included the following:

The Outdoor Partnership <p>Well-being Walks are guided walking groups of up to four hours for people with mental health difficulties. Getting people involved with the outdoors, connected to their local environment and landscape in a social group with equipment and transport provided and training available to help people become independent users of the outdoors and changing lifestyles.</p>	Ceredigion County Council <p>... are developing Wellbeing Hubs to support an integrated approach across a range of services. A team of Community Connectors within the Council, do the same role as Social Prescribers, and work 'through age,' so will work with young people and families as well as over 18's. The Community Connectors look for opportunities to access sport if that is "what matters" to the individual. Closer connections with the leisure and youth services will be developed in the new integrated model.</p>	Flintshire Local Voluntary Council <p>FLVC hosts the social prescribing service operating across Flintshire with a team of 4 social prescribers, half of which have a specific focus on families. The service is working with families that don't meet the threshold for social services support, but they still have complex needs. The uptake of sport or physical activity offers is relatively low.</p>
Newport Live <p>The Positive Futures Teams across Gwent, funded via the Office of the Police & Crime Commissioner for Gwent & Sport Wales, are working with referred children and young people linked to community safety and serious organised crime/anti-social behaviour; using sport as the hook to engage and inspire diverting away from gangs, anti-social behaviour and crime.</p>	Aneurin Leisure trust / Blaenau Gwent <p>Families First / Social Services referrals into the Family Engagement Project. Bespoke programmes are implemented to help families become physically active using a range of services including use of outdoor and recreational spaces.</p>	

There were a number of key themes that came from both the focus groups and the online survey as key ingredients for successful youth social prescribing interventions:



LINK WORKER



MEETING LOCAL NEEDS



PARTNERSHIP APPROACH



BENEFICIARY LED



LINK WORKER

Discussions in both focus groups indicated that the Link Worker is key to the success of the intervention locally. Stakeholders reflected upon the skills and experiences needed by the Link Worker; sharing the consensus that if a Link Worker had a positive view of sport and physical activity, then they would be more likely to proactively support a young person to find a local activity. The young people focus group discussed at length the view that the Link Workers would act as role models and could have a strong positive or negative impact on sport or physical activity choices, depending on their own knowledge and experiences.

64% of the online survey respondents agree/strongly agree that “The most important component in Children and Young People’s Social Prescribing is the Link Worker.”



MEETING LOCAL NEEDS

Meeting Local Needs – one size does not fit all: As can be seen in the breadth of examples highlighted, social prescribing is not a one size fits all approach. Local interventions and support mechanisms need to reflect the local needs and should be tailored to a specific area. When considering sport and physical activity interventions as an option for social prescribing, utilising the local opportunities (e.g. green and blue social prescribing, engaging with the outdoors or water-based activities) is key, and a complementary approach alongside traditional sports clubs. Ensuring that the right organisation(s) lead the entry point into the service is also a great example of how Local Authorities do this differently, with some services sitting within Public Health or Social Services Teams, and others sitting within Local Voluntary Councils. It is also important to ensure that the Third Sector has a voice and is included in the support model. Building on what is already happening within communities is key to ensuring support is accessed and an important contributing factor to creating a strategic way forward balanced with meeting local need.

“It is vital that provision is local and joined up. Sometimes it is easier for the Voluntary /Community Sector to provide services as the relationship builds faster.”



PARTNERSHIP APPROACH

Many of the examples described and the discussions in the focus groups centred on the need for a partnership approach. Social prescribing has the ability to contribute to a wide range of agendas, and therefore should not be perceived as 'sitting within' or 'owned by' one service or sector. The very nature of social prescribing is about making connections to improve an individual's health and wellbeing. There are excellent examples of holistic service approaches, but there are also frustrations from within the sport and physical activity sector that they do not always know how to connect into this space in order to offer their services effectively.

“A referral-based intervention will help create a bespoke, holistic intervention for an individual or family. It doesn’t belong to just one service, there needs to be a partnership approach.”



BENEFICIARY LED

Many of the examples shared utilise a person-centred approach, with the beneficiary being the one to make the decisions about what service or intervention they access, once connected to a Link Worker. This element of social prescribing is crucial to ensure real behaviour change is achieved and the health and wellbeing outcomes are more likely to be achieved. This approach also empowers the beneficiary to make their own decisions and take control of their own route towards improved physical and/or mental wellbeing. The Young People focus group also explored the role that other young people could have to support their peers and to support the design of services locally in a group advisory role.

“Children and Young People’s Social Prescribing should come as standard for all children and young people who need it. It should be more relaxed and be child led to a certain extent”

QUESTION 3 WHAT ARE THE CURRENT BARRIERS?

There were a number of key themes that came from both the focus groups and the online survey as current barriers for sport and physical activity to connect with youth social prescribing.



ACCOUNTABILITY



UNDERSTANDING



LOCAL
INFORMATION



TRANSPORT



FUNDING



ACCOUNTABILITY

As there are many different models of social prescribing locally, there is a lack of clarity over who is accountable for providing the service. As has already been described, there are many existing sport and physical activity interventions that could be defined as social prescribing, but are not currently linked to the system. When discussed in the stakeholder focus group, this was partly attributed to a limited understanding of which body, organisation or statutory service was actually accountable for social prescribing, therefore a lack of understanding who to work in partnership with locally. As social prescribing services should be a local based approach, it is even harder to understand the landscape across Wales, as most Local Authority social prescribing services operate very differently, and with a range of different accountable organisations. The online survey asked to what extent do you agree or disagree with the following statement:

“It is clear who should be accountable for Children and Young People’s Social Prescribing” 88% of respondents disagree or strongly disagree.



UNDERSTANDING

Lack of understanding: During the focus groups, stakeholders discussed the point that there is still a lack of understanding across parts of the sport and physical activity sector of how to be a part of health-based interventions that are funded and led by the health sector. The group also discussed that they feel there is still a lack of understanding from across the health sector around how wider sport and physical activity organisations and interventions can complement health-based programmes. Whilst the undisputable health benefits of sport and physical activity are recognised across both sectors, stakeholders felt that they still had to justify and prove that sport can positively impact on the wider determinants of health before even entering into a conversation about collaborative working in some places. This lack of understanding on both sides is a large barrier to helping to create a joined-up support mechanism locally for some organisations. The young people focus group also commented on a lack of understanding of the benefits of sport by some which could lead to a negative perception about what a session might be like, and be a barrier to taking part. The role of the Link Worker is key to help as described in the section above. It is also important to note that not all of the stakeholders that engaged in this research, either through the online survey, or focus groups actually knew what social prescribing was, or that it is a service available to people who need support. More needs to be done to join up not only the part that sport and physical activity could play, but also to promote the local services available and the mechanisms in which providers can get involved.

“The health agenda is linked to sport and physical activity with its benefits being linked to improving physical and mental health. The greater the understanding of what each sector needs and can offer will enhance social prescribing.”



LOCAL
INFORMATION

Lack of information on what’s available locally: Whilst there are hundreds of local sport and physical activities available across Wales, tailored for wide and specific audiences, the young people focus group raised the point that:

“if the Link Workers or other health professionals involved in social prescribing aren’t aware of what is available, then they can’t prescribe it”.

The stakeholder focus group also commented on the need for a ‘place’ to highlight appropriate sport and physical activity sessions that could be signposted to by locally. There are a range of local and national platforms available to advertise and promote sessions, but Dewis Cymru was highlighted several times as a platform that should be utilised more across the sport and physical activity sector.



TRANSPORT

As is a barrier to accessing any kind of sport or physical activity session, transport was highlighted by both focus groups as a potential barrier to accessing activity through social prescribing. The challenges faced within rural areas was specifically discussed in the Young People focus group, with the cost of transport, and lack of frequency of public transport to access sport and leisure facilities noted as a key barrier to engage. This coupled with the added complexities of a person seeking support through social prescribing demonstrates further the increased need for sessions to be easily accessible.

“Transport is a huge issue especially for rural areas. Many clients will need to be collected if you want them to turn up”



FUNDING

Funding to provide local, accessible and engaging sport and physical activities remains an issue across Wales, with limited funds available and many if not all funding sources oversubscribed with applications. As discussed above however, there is varying knowledge of how to access funding sources specifically for social prescribing or youth social prescribing. There are many examples of sport and physical activity sessions that, by definition, are utilising a social prescribing model, some of which are referenced above, however most of these are funded by sources other than health-based funding. There is a feeling across parts of the sport and physical activity sector that there are untapped sources of income specifically focusing on health-based outcomes that sport could access and utilise to create a holistic, local support structure through social prescribing.

“There are opportunities for this [CYPSP], but there is little guidance on sources of funding to ensure things are sustainable. We have volunteers who wish to assist but...costs are a barrier.”

QUESTION 4 WHAT ARE THE CURRENT OPPORTUNITIES?

There were a number of key themes that came from both the focus groups and the online survey as current opportunities for sport and physical activity to connect with youth social prescribing.



CROSS SECTOR
WORKING



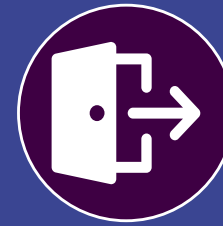
HOLISTIC
APPROACH



TRAINING



INFORMATION
SHARING



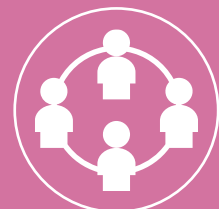
OUTDOOR
ENVIRONMENT



CROSS SECTOR
WORKING

There are huge opportunities to create meaningful cross sector collaborations in the youth social prescribing space, and a number of good examples of where this is already happening. Even in this rapid review, there has been a large breath of types of organisations wanting to share their views on the topic from across different sectors in Wales. A joined up, cross sector approach will help to ensure a locally driven, holistic approach is adopted, to meet the needs of all beneficiaries. This approach will also help to alleviate some of the barriers described above around information and understanding.

“94% of the online survey respondents agree/strongly agree that Children and Young People’s Social Prescribing requires a cross-government strategy that reflects its multiple health, social and economic benefits”



HOLISTIC
APPROACH

Ensuring a holistic approach to youth social prescribing can provide opportunities for early intervention and support, which in turn could relieve pressures in other parts of the system. Youth social prescribing does not happen in isolation, but by creating opportunities to link up with other interventions utilising other referral mechanisms, it could help to open up more opportunities locally for young people to access. The stakeholder focus group shared concerns that without this joined up thinking, there was a risk of duplication of services in some places, and lack of services in others.

“96% of the online survey respondents agree/strongly agree that Children and Young People’s Social Prescribing could reduce pressure on Child & Adolescent Mental Health Services, without substituting for it”

“Social prescribing into appropriate programmes should be much easier and wider ranging and should be much more joined up with Child Mental Health Teams, social workers, social prescribers and GP’s working much more”



TRAINING

There are opportunities for professionals within the sport and physical activity sector to receive training around what social prescribing is and how they can add value to local services, but also for professionals in the health sector to understand the role sport and physical activity can play. It is important to understand the readiness of some activity providers to receive referrals and the appropriateness of the activity on offer. Specific training should be available for those who wish to provide a referral activity session but would benefit from deeper knowledge and understanding around how to support a range of complex needs, for example mental health awareness.

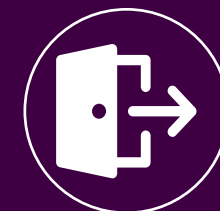
“I believe many [sport and PA] providers have the capacity and ability to receive referrals, but I think some specialist training (i.e., half day workshops) would be useful before receiving referrals”



INFORMATION
SHARING

Information sharing/showcasing opportunities: In both the stakeholder and young people focus groups, they discussed the opportunity to showcase the power of sport and physical activity, and to share examples of what has worked well, and key learning. This would create the opportunity for other organisations to learn how to get involved, but also how they may be able to modify their offer to be an appropriate and attractive session to be referred to. A central information sharing platform or hub also creates opportunities for better sharing of activities that are already available, but possibly not known about by the Link Worker.

“It would be great to be able to have a hub of information as to how providers can assist more.”



OUTDOOR
ENVIRONMENT

Utilising the outdoor environment: There are examples of green and blue social prescribing happening across Wales, particularly in coastal and rural areas, but there is also an opportunity to utilise all outdoor environments as spaces for sport and physical activity. The current COVID-19 pandemic has shown that people are utilising their local area for exercise, including public green spaces more than ever before. There is an opportunity to develop more hyper local sport and physical activity offers using public green spaces, which can create new referral opportunities, thus eliminating some of the transport and cost barriers, and reaping the wellbeing benefits of being outside. Using a local asset-based community development approach also increases the sustainability of activities as it uses local assets and reduces the need for available facilities.

The ONS (2020), reports that the average distance to the nearest Park, Public Garden, or Playing Field in Wales is just over 400m.

<https://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstogardensandpublicgreenspaceingreatbritain>

Sport Wales’ ComRes October 2020 survey, reports that 61% of adults in Wales feel confident to take part in physical activity in parks. <https://www.sport.wales/comres-research/comres-survey-2-october-2020/>

QUESTION 5 WHERE DOES SPORT AND PHYSICAL ACTIVITY FIT IN?

To what extent do you agree or disagree with the following statements?

Children and Young People's Social Prescribing will increase sustained participation in sport and PA

98%

AGREE /
STRONGLY
AGREE

The personal experience of the Link Worker and their feeling about sport/PA matters

84%

AGREE /
STRONGLY
AGREE

The working knowledge of the Link Worker about local sport/PA opportunities matters

96%

AGREE /
STRONGLY
AGREE

Sport and physical activity providers are ready to receive referrals made via Children and Young People's Social Prescribing

50%

AGREE /
STRONGLY AGREE

50%

DISAGREE /
STRONGLY DISAGREE

There is a strong case for the inclusion of sport and physical activity within youth social prescribing services, and in many places, it is included to some extent. The results of the online survey demonstrate that respondents feel that sport and physical activity levels can be sustained through youth social prescribing, but are split on whether sport and physical activity providers are actually ready and equipped to receive referrals. As explained in the opportunities section above, consideration needs to be given to training and upskilling to ensure the right providers have the skills they need to support young people who may be referred. Whilst there are many examples of sport and physical activity referral pathways, many of these are disconnected from health mechanisms and need support to connect and create a localised, holistic offer.

As has already been explored, the Link Worker is key to ensuring any young person who wishes to access sport and physical activity via youth social prescribing can, and is supported to do so.

Both the stakeholder and young people focus group discussed the type of activity that may be appropriate for youth social prescribing, and both groups agreed that this should be determined by the beneficiary, not the system.

The young people focus group shared their feelings around a lack of decision-making control due to the COVID-19 pandemic and the feeling that they have been told what to do over the last 12 months with very little consultation or consideration of the impact the decision may have on them. They described a desire to co-produce local solutions and recognised that sport and physical activity interventions through youth social prescribing could have a big part to play in helping young people to 'feel better again'. They described the benefits sport and physical activity can have on a range of health and well-being elements including social isolation, low mood, confidence and general well-being. There was a real buzz in the group about the idea of their voices being heard to help shape future thinking to support not only themselves, but also their peers.



SECTION 4

RECOMMENDATIONS AND LIMITATIONS

The following section provides recommendations for Sport Wales to consider moving forward. These are based on the literature review, primary research and existing experience of youth social prescribing approaches.

Co-Production

Good partnership working between stakeholders is essential for a successful social prescribing service. Co-production should be the value base, and the principles of co-production and involvement should run throughout social prescribing, including how it is evaluated through an agreed set of standards and outcomes. This will provide a credible platform for the sustainability and social value of social prescribing going forwards.

An important aspect of this co-production is the alignment between partners, in particular social prescribing service staff (Link Workers), community sector delivery organisations and health service referrers (GPs and others) need to establish the systems and processes that support dialogue between these key groups of practitioners from the outset.

In addition, when shaping interventions designed to support young people, it is essential that young people themselves are involved throughout the process. It is recommended that an effective way of doing this is to establish a small advisory group made up entirely or almost entirely by young people who could advise during design, implementation and evaluation.

Sport Wales should consider their role in advocating on behalf of the sport and physical activity sector to ensure that voluntary and community sport organisations become a more valued and secure element within the social prescribing process. This also requires urgent improvements in the funding arrangements.

Referrals

Establishing a referral and information sharing system that is efficient and effective is critical for the success and scaling-up of social prescribing. It is essential that health workers can give the prescription quickly and easily, whilst also feeling assured that they will be using an appropriate service with real potential to deliver the required outcomes.

Primary Care staff need to understand the services and interventions that are available in the community and what they can offer. Patients need to understand why they are being referred and what benefits are anticipated.

The social prescribing referral process should fit in with existing referral processes and be simple to use. It is also important to remember that social prescribing is not a “one size fits all” approach, what works for some patients in certain settings will not work for others, having a wide range of vibrant and varied offers is important when dealing with a diverse target group.

Sport Wales should consider its part in either providing information on appropriate activities that are available, or supporting partner organisations, for example NGBs and National Partners, to link into appropriate national or local platforms, to ensure that information about local activity sessions is available to health workers.

Mapping Exercise

It would be useful for Sport Wales to conduct or commission a mapping and gapping exercise to assess the sport and physical activity sessions that are currently happening in local communities across Wales that could better align to social prescribing. Many community organisations throughout this review have stated they work within referral pathways but not under a banner of social prescribing. The foundations of a social prescribing network are already in place, however in many places, it just isn't called that. Work to identify what is currently happening and connecting these activities into the wider system would be a constructive exercise. This process would also help to identify areas which are underserved and require greater resource.

Messaging

It is important that a clear and consistent message is communicated to GPs, other health care professionals and community leaders about the existence and key benefits of social prescribing. Stakeholders need to know that there are alternative community-based activities available locally to support them rather than relying on a medical intervention. This goes back to reinforce the need for good stakeholder engagement and communication as mentioned earlier.

Sport Wales should again consider its advocacy role with Public Health to ensure that sport and physical activity sessions are seen as a viable option for social prescribers. It is important to demonstrate that there are many different forms of sport and physical activity sessions available locally and to challenge the stereotypes and generalised views that may be held of what sport is and what it can do to help improve the health of the Nation.

Education & Training

Education and training should be made available for individuals involved in the referral process to raise awareness of the sport and physical activity options that exist within communities across Wales, allowing these pathways to be accepted and embedded within the system as valuable referral options. Sport Wales should consider its own role in this space, but also consult with partners to understand what training already exists and can be utilised in this space.

More research is needed into the role of youth social prescribing Link Workers and specific training to support their role, particularly in delivering services remotely, including the creation of practical guidance based on experience for others to emulate. It is recommended that social prescribing advisors receive CPD training in areas that are particularly relevant to young people in the current climate, such as mental health issues and alcohol and substance abuse amongst others. Sport Wales should again consider its role in this space to contribute towards cross sector research.

Further Research

There is a limited amount of research and data around the impact of social prescribing for Young People specifically in Wales, therefore it is recommended that Sport Wales invests in further research with a particular focus on the effectiveness of sport and physical activity as a vehicle to achieving the intended health outcomes of social prescribing.

Consideration should be given for evaluation and associated data collection at the outset, including the processes to do this. Part of this is setting out clearly defined objectives that allow connection between the sport and physical activity sector and health sector, creating an environment that allows sport and community organisations to demonstrate their effectiveness at contributing to health outcomes.

It is important to also look at cost effectiveness, budgetary impact and return on investment not just of social prescribing mechanisms, but also the interventions to which individuals are referred through prescribing. In doing this it is also critical to recognise that there are many potential impacts outside as well as within health care systems, e.g. poverty alleviation, strengthening civil society, increased volunteering and employment and increasing physical activity levels.

There is an opportunity to conduct meaningful research involving a range of cross sector stakeholders that could help to develop a robust evidence base to embed sport and physical activity within youth social prescribing across the country.

Limitations

This paper provides a rapid review of a relatively small number of available literature and data sources. The timescale of the report also meant that the research team were only able to conduct two focus groups in the time available. Whilst these focus groups did contain a cross section of the sector, they engaged with a relatively small number of people. The online survey captured a good number of respondents, and contains a large amount of data that warrants a secondary analysis.

