Active Lancashire
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Link Worker and Physical Activity Provider Reports

2023 Summary

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(Hosted by Active Lancashire)

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Introduction

In March 2023, on behalf of the North-West Active Partnership Social Prescribing Forum, Active Lancashire released two in-depth regional reports exploring the current levels of integration between social prescribing and physical activity.

The first report focused on the experiences of physical activity providers, the second on those of Link Workers. Both reports attempted to ascertain the levels of knowledge, ability and motivation amongst these stakeholder groups, and where they might require support in order for them to best help social prescribing clients to become active.

Prior to the production of the reports (autumn 2021 to spring 2022), Active Partnerships from across the North-West came together to co-produce and conduct two region-wide surveys, and it was these same surveys that supplied the data used in both reports.

This document, produced by Active Lancashire, attempts to bring together and summarise the key findings from both reports.

It is hoped the analysis provided will offer health, social prescribing and physical activity leads with insights into the experiences of these stakeholders and highlight opportunities for leads to intervene in social prescribing systems and pathways.

It Is not intended for this summary or the original reports to be used standalone, but rather alongside other data, reports and conversations, to provide some degree of information concerning the entire length of typical, common place, social prescribing pathways.

If you have any questions about either report, please direct any enquiries to:

email: bfatimilehin@activelancashire.org.uk

Or contact your local Active Partnership, who where available, may be able to provide you with local data from the two surveys.

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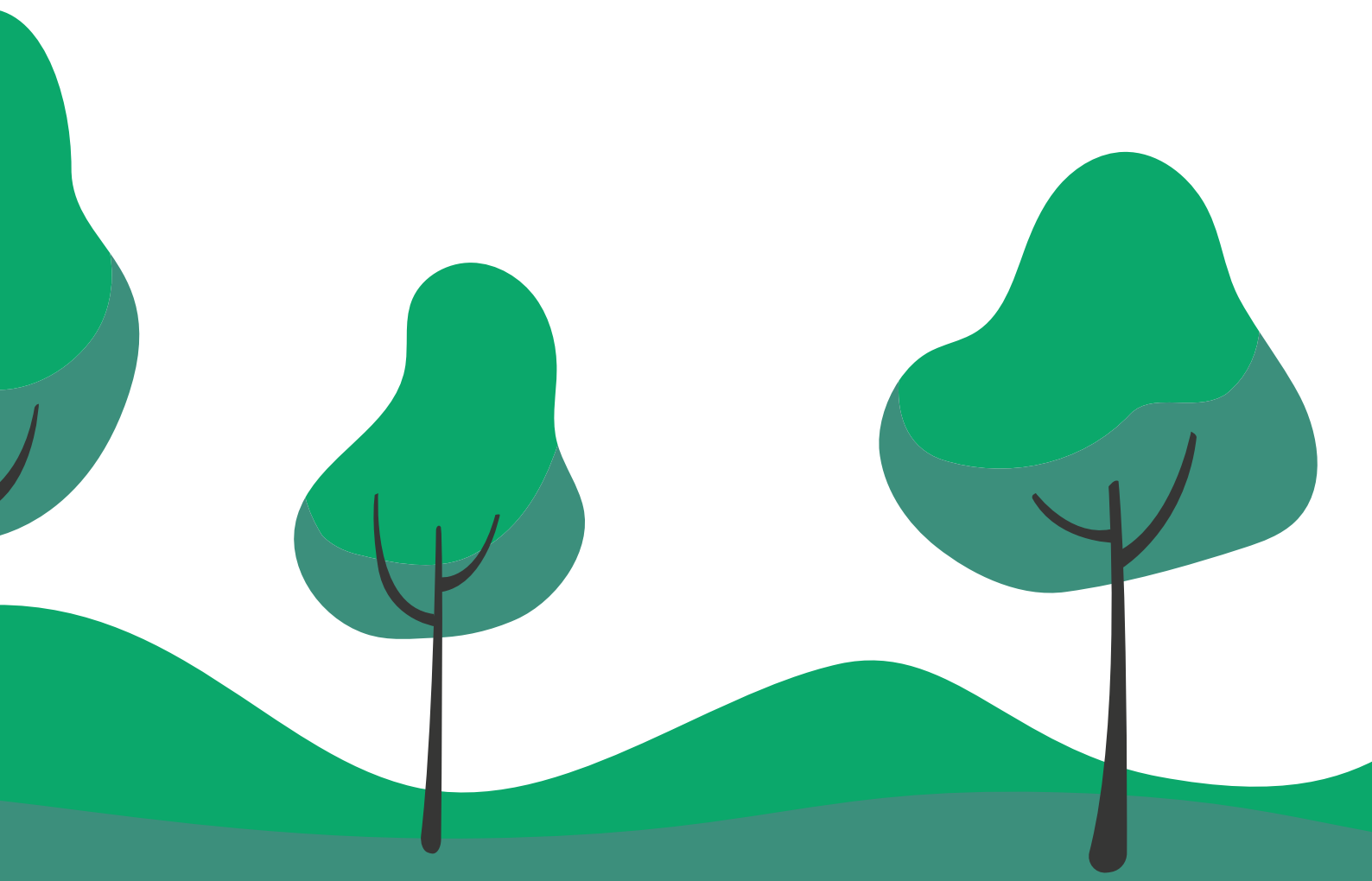
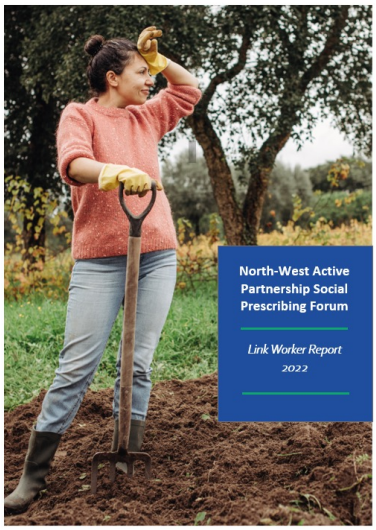
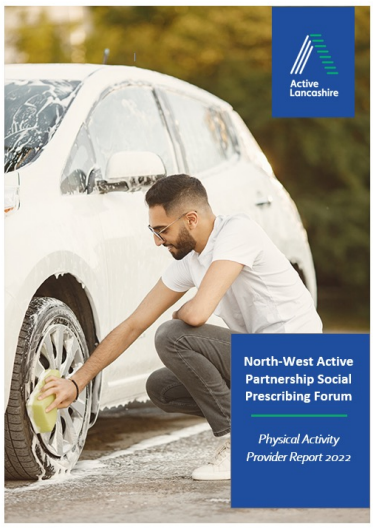
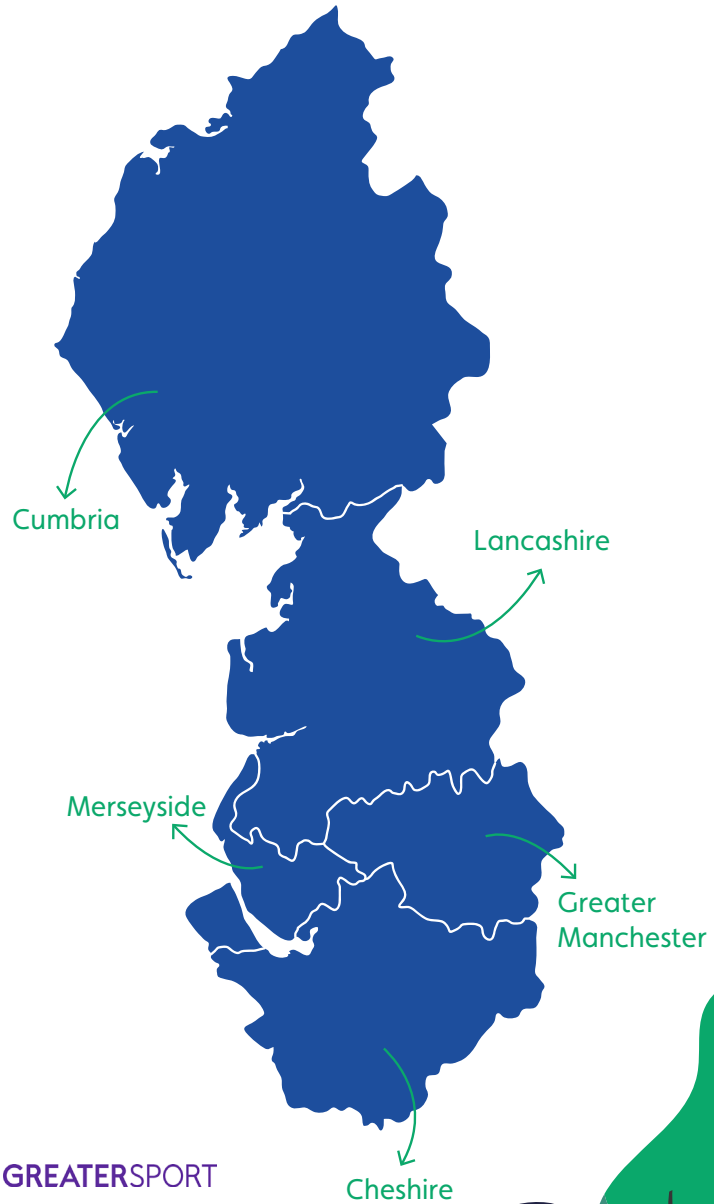


2022 - 2023 Summary

North-West Social Prescribing Reports







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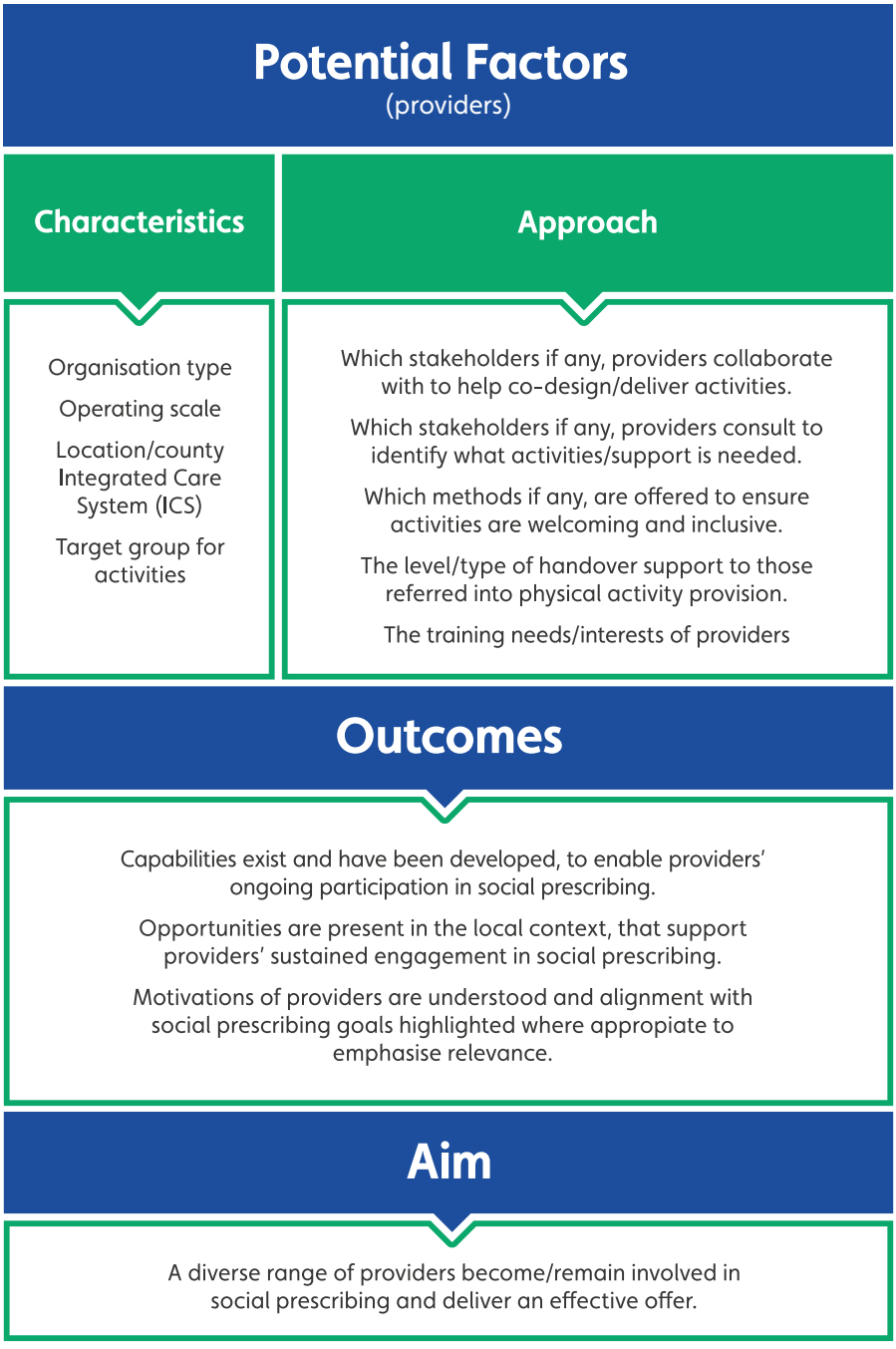
Approach

Both reports highlighted a menu of outcomes, thought desirable to enable inactive individuals and groups to be identified, engaged and supported into suitable physical activity provision.

Across the two reports, a number of factors were explored that may influence the achievement of these outcomes.



Provider Report 2022

Approach

The COM-B behaviour change model was adopted in each report, to provide a lens through which to consider the range of factors and outcomes featured.

Capability

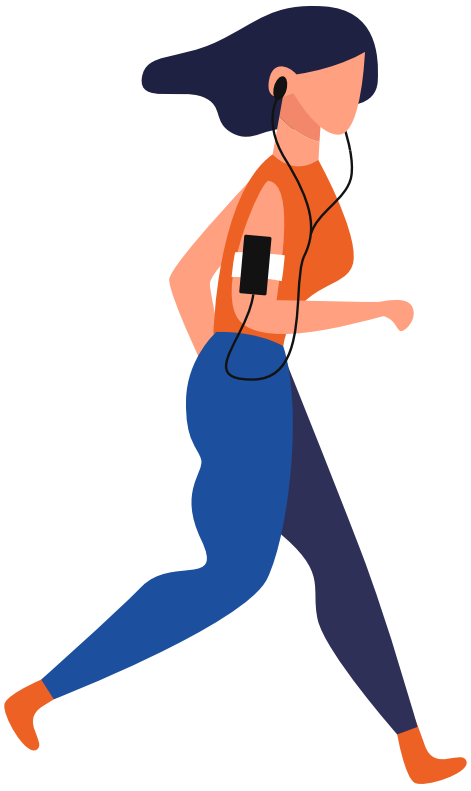
- For patients unable or not wanting to join an organisation or group activity, what physical activity suggestions/guides do you provide them with if any, to do at home or on their own?
- How confident do you feel taking part in PA yourself?
- How confident do you feel discussing PA with your clients?
- Do you feel have enough knowledge of physical activity provision is available?
- How many knew what PA guidelines were?
- How many knew what activities were moderate?

Opportunity

- In general how do you find out about local provision available?
- Who currently refers clients to you?
- How far on average would you say your clients might have to travel, to attend the physical activity they are interested in?

Motivation

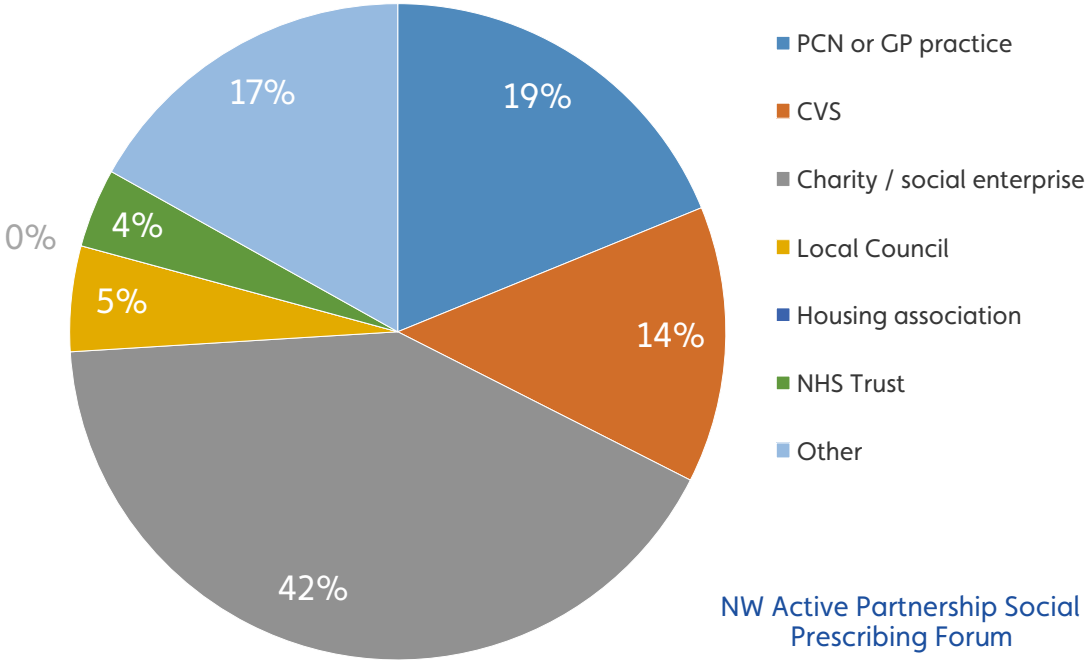
- If you could undertake training in relation to physical activity?



Respondent Profiles

Who employs the Link Workers

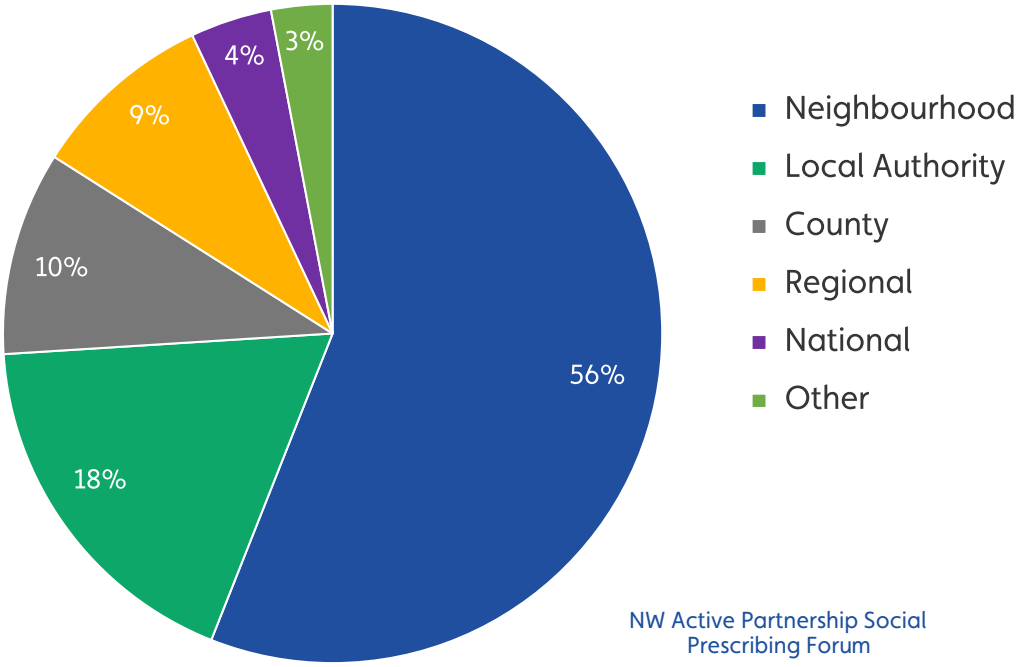
Link Worker Survey



NW Active Partnership Social Prescribing Forum

Geographic Scales Covered by Respondents

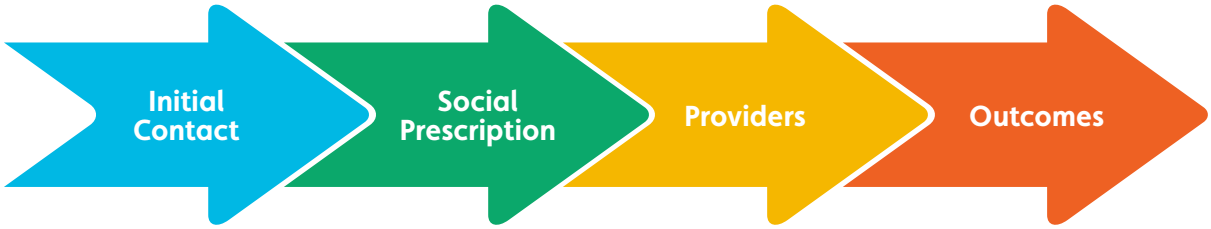
Provider Survey



NW Active Partnership Social Prescribing Forum

Overview

Pathways were explored in response to a number of key questions, asked in order to gauge the degree to which the factors were present and the desired outcomes were already being achieved, and modest efforts to identify possible relationships. This ahead of tentative recommendations and interventions being developed in response.



Initial Contact

- Are inactive individuals & groups being engaged?
- Are referrals to Link Workers being made for PA/PH reasons?
- Are inactive individuals/groups are being engaged?
- Are referrals to Link Workers being made for physical health/inactivity reasons?

Providers

- Do providers understand what social prescribing is?
- Can providers connect effectively with social prescribing?
- Do providers feel confident they can respond to the additional needs of social prescribing referrals?
- Do providers understand what social prescribing is?
- Can providers connect effectively with social prescribing networks and systems?
- Is the local physical activity offer diverse, considered to be of a good standard, located near to where clients live/work and suitable for social prescribing clients?
- Are providers confident they can meet the additional needs of social prescribing referrals (e.g. lack of confidence in new social settings/familiarity with physical activity and knowledge of the barriers facing inactive groups)?

Social Prescription

- Are inactive individuals being identified.
- Do Link Workers have the knowledge & confidence to navigate PA conversations & match clients to suitable provision?
- Are inactive individuals being identified?
- Do Link Workers have the knowledge & confidence to navigate physical activity conversations & match clients to suitable provision?
- Are Link workers aware of the full range of benefits physical activity can offer (e.g. physical health, social connectedness & mental health)?

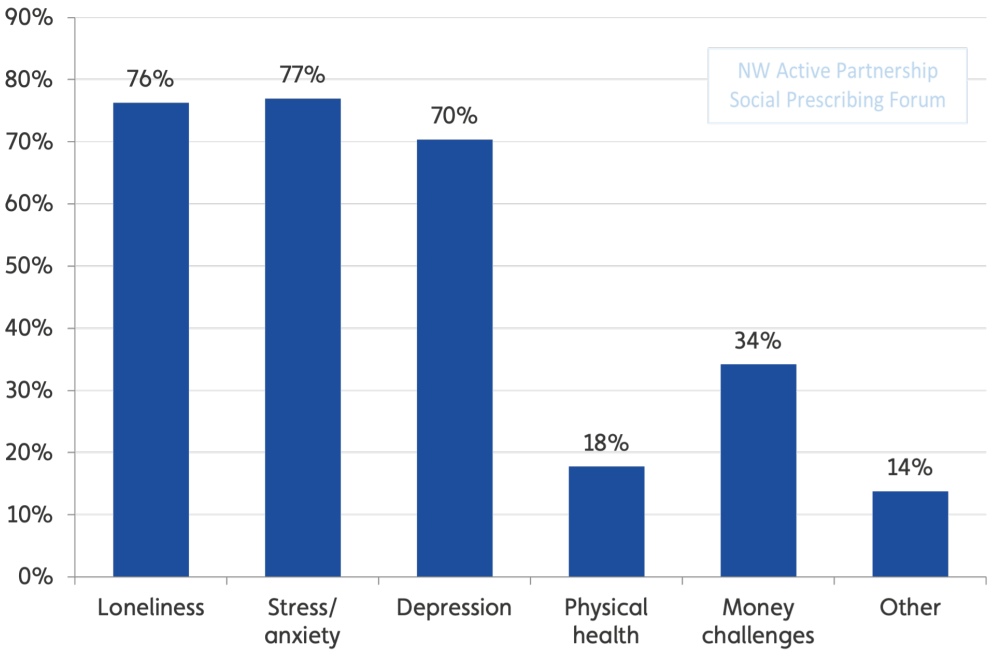
Outcomes

- Do providers measure PA levels, mental well-being etc?
- Do Link Workers measure PA/PH outcomes?
- Who monitors the outcomes?
- Do providers measure physical activity levels, mental well-being, social connectedness and other relevant outcomes?
- Do Link Workers measure physical activity levels, physical health where appropriate/ viable and other outcomes impacted upon by physical activity?
- Which stakeholders monitor the achievement of social prescribing outcomes?

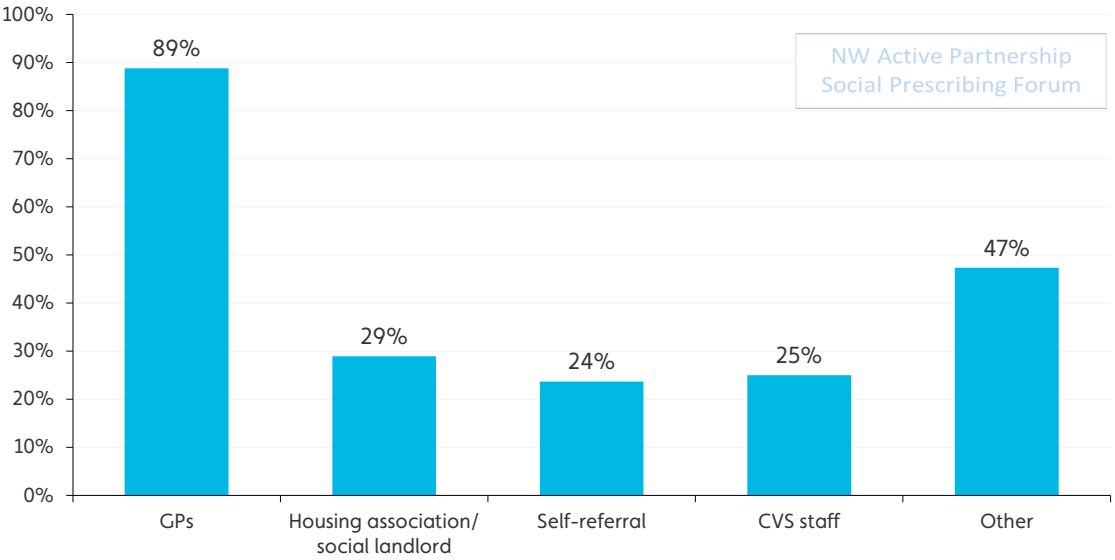
Initial Contact

The origin of referrals?

The main reasons Link Workers receive referrals



The sources of Link Workers referrals



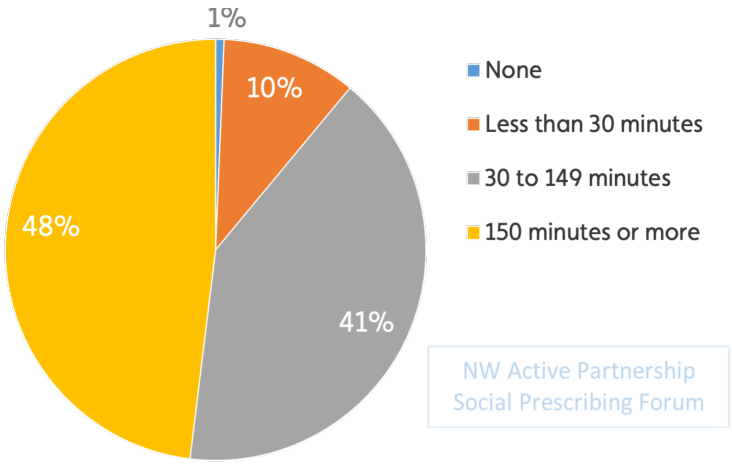
Only 18% of Link Workers, received referrals for physical health reasons. The vast majority of Link Workers (89%) reported receiving referrals from GPs and 29% from social landlords.

Social Prescription

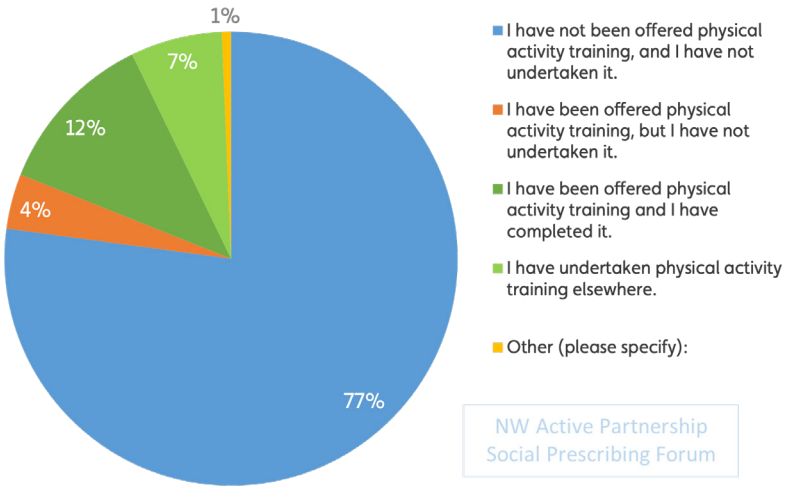
Sources of knowledge/ experience?

Only 19% of Link Workers had received physical activity training, just 12% within their current role. Concerning activity levels, less than half of respondents achieved the recommended weekly guideline (48%), this compared to approximately 60% in the wider North West population (source: Active Lives Survey, Sport England, 2015-2021)

The average amount of physical activity undertaken by Link Workers each week



Whether or not Link Workers have been offered/received physical activity training



Social Prescription

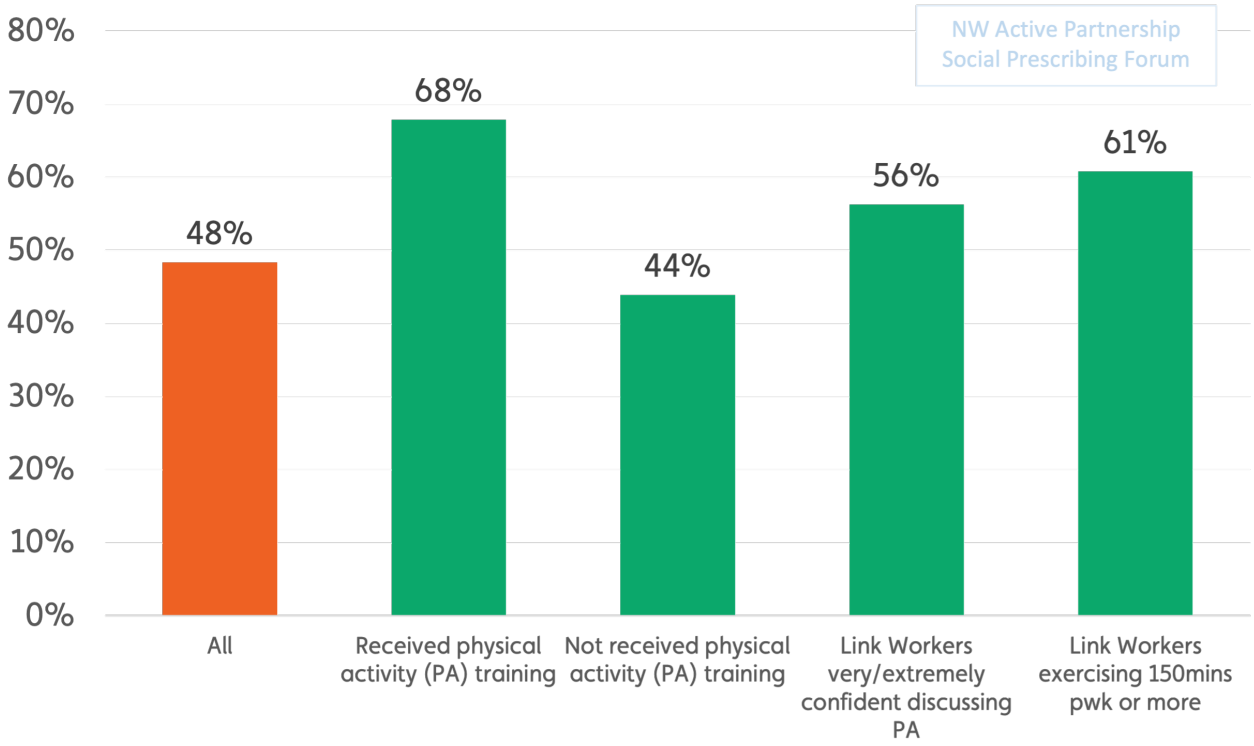
Knowledge of activity guidelines?

While Link Workers are not being encouraged to centre conversations around clients achieving 150 minutes of exercise per week, it was considered helpful for Link Workers to possess some knowledge of who might be considered inactive, moderately active, active and so on, alongside exercise intensities (e.g. vigorous) and the types of exercise being encouraged (e.g. strength).

This possibly as a means of identifying those who might formally be referred to as inactive and require support, (regardless of how Link Workers might wish to introduce/pursue physical activity conversations e.g. 'from nothing to something') and as a means of evaluating the degree of health benefit, associated with each type/duration of activity.

Link Workers who had received training in relation and that exercised more than 150 minutes themselves, appeared to more frequently know the threshold above which their clients might be regarded as active.

Percentage of Link Workers who knew the physical activity guidelines of 150mins per week



Social Prescription

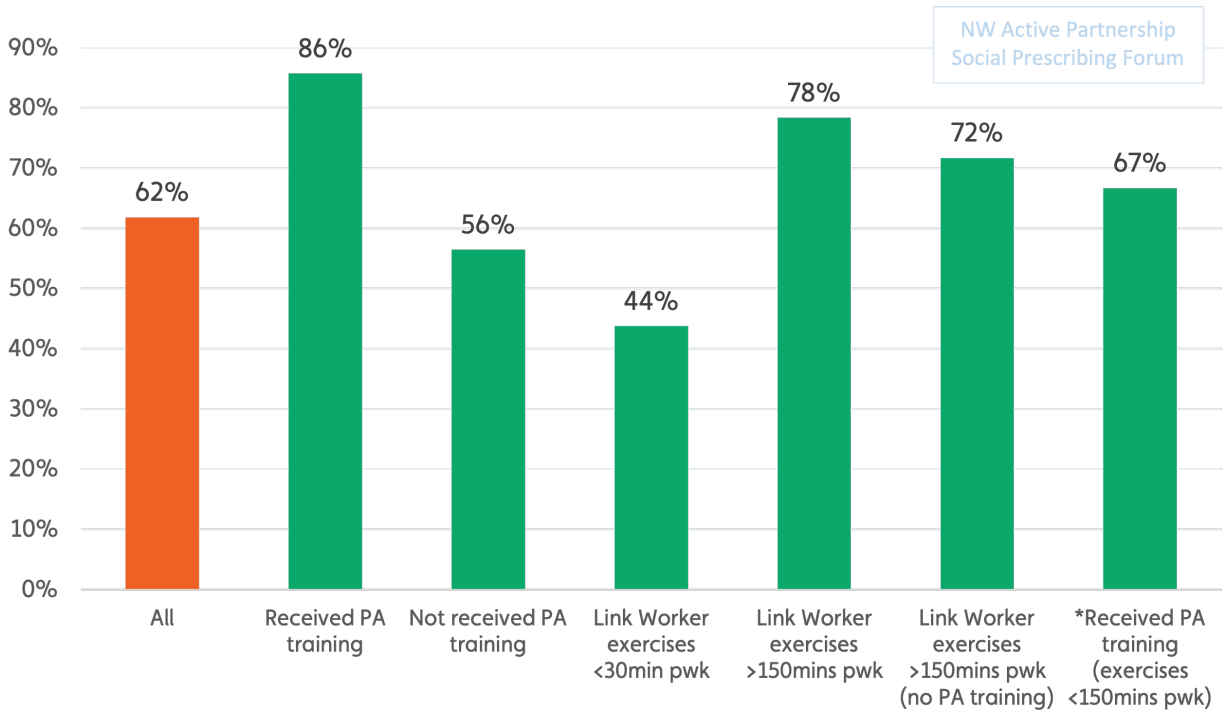
Confidence discussing exercise?

The aspiration is for Link Workers not only to be confident discussing physical activity, but appropriately so, with them also possessing relevant knowledge. Therefore, gauging Link Workers knowledge of the recommended physical activity guidelines, allowed for this to be compared with their levels of confidence.

Link Workers that had received physical activity training and those that exercised over 150 minutes per week, more frequently reported feeling confident discussing physical activity, whereas those that were classed as inactive, were least likely to be confident navigating such conversations.

Considering each factor independently, appeared to suggest those that achieved the recommended guidelines may possess greater confidence than those that received training alone.

Percentage of Link Workers feeling very/extremely confident discussing Physical Activity

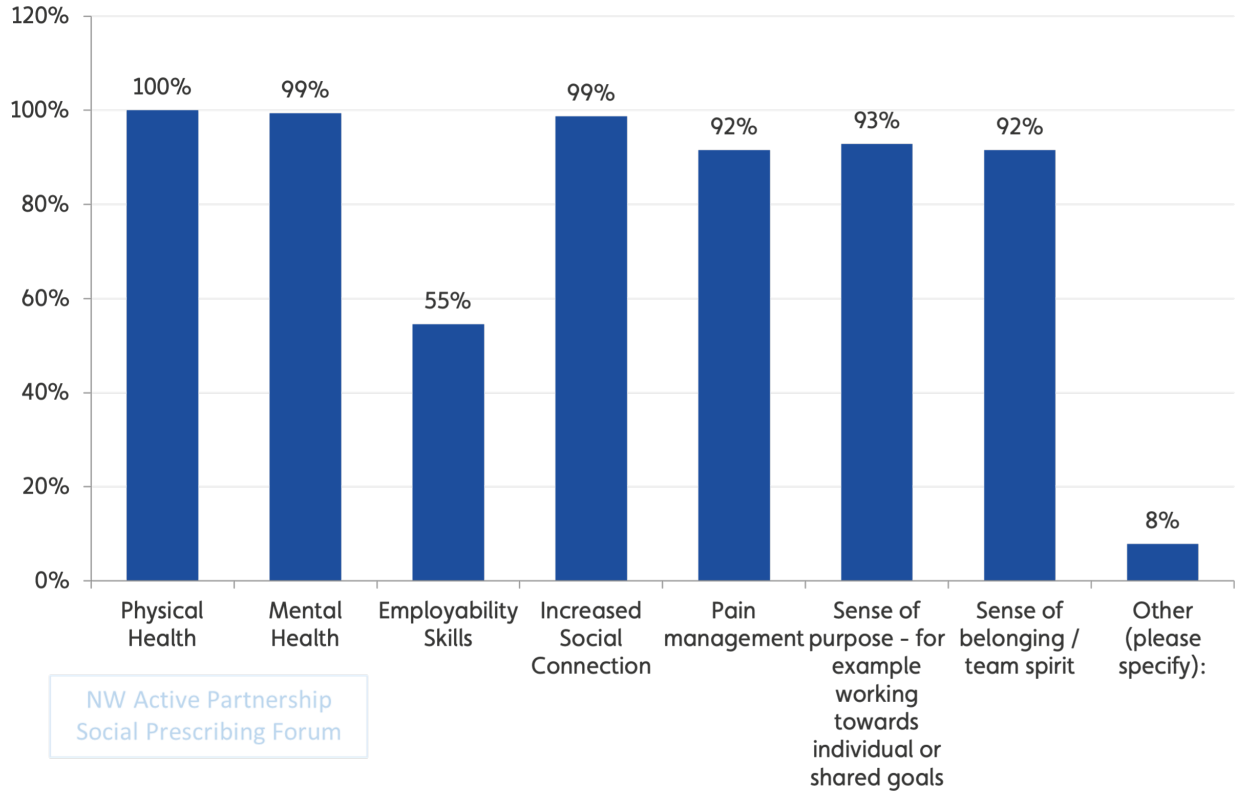


Social Prescription

Motivation to refer?

In terms of motivation, in addition to physical health, Link Workers appeared to recognise the wide ranging benefits physical activity could offer their clients.

Link Workers awareness concerning the benefits of physical activity



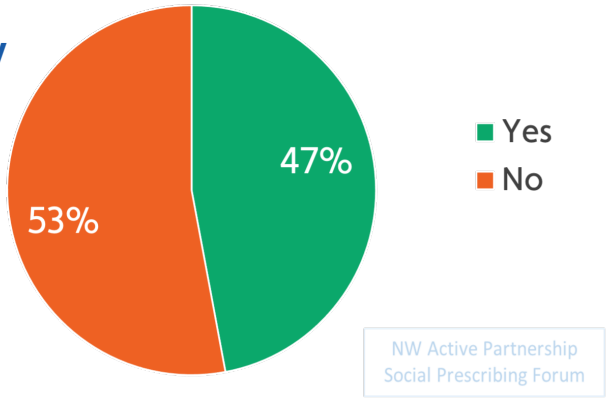
Social Prescription

Motivation and provision gaps?

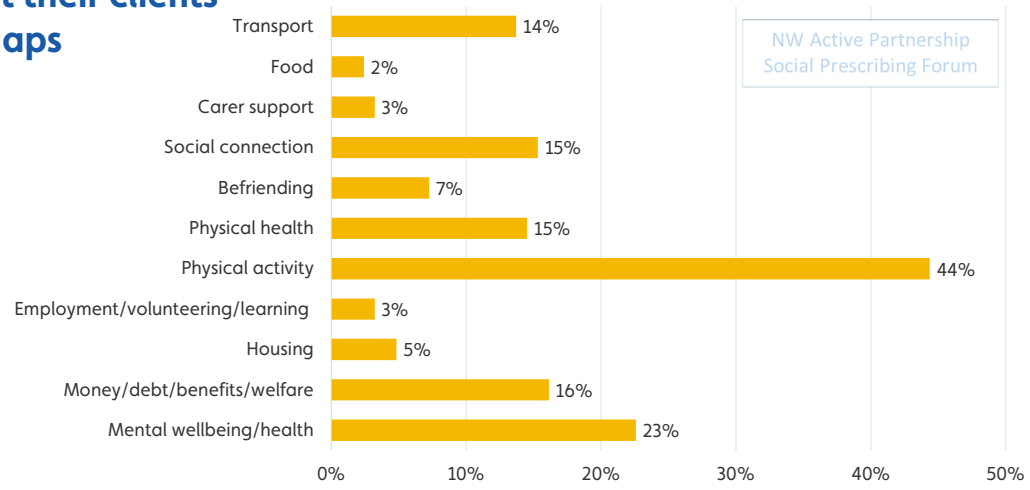
Furthermore, feed back suggests most commonly, and more than any other provision type, Link Workers want to see the availability of physical activity provision increase. So there appears both a broad appreciation of the numerous ways movement can help social prescribing clients and a demand for more provision, suggesting the motivation to refer into physical activity is already present.

However, simultaneously there is also an acknowledgement amongst Link Workers, that they may possess insufficient knowledge of the existing offer, so it is possible that some of the provision gap, is attributable to a gap in knowledge.

Whether Link Workers feel they have enough knowledge of physical activity provision in their area



The provision Link Workers would like to see more of to better assist their clients - shortfalls/gaps



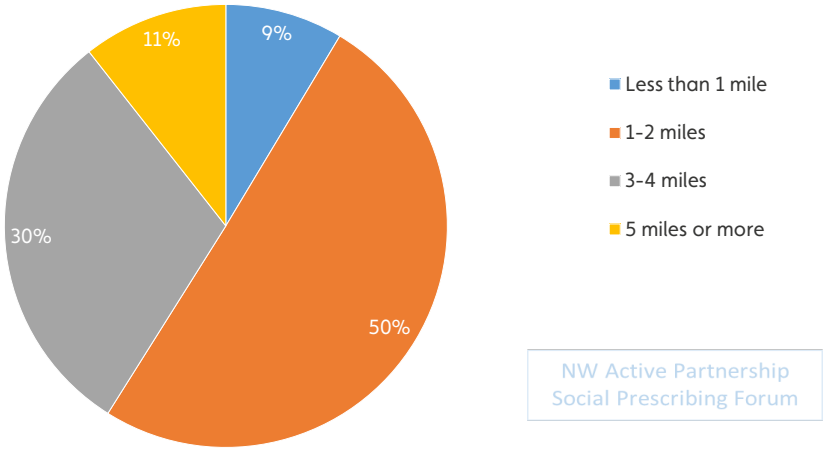
Provision

Barriers to participation?

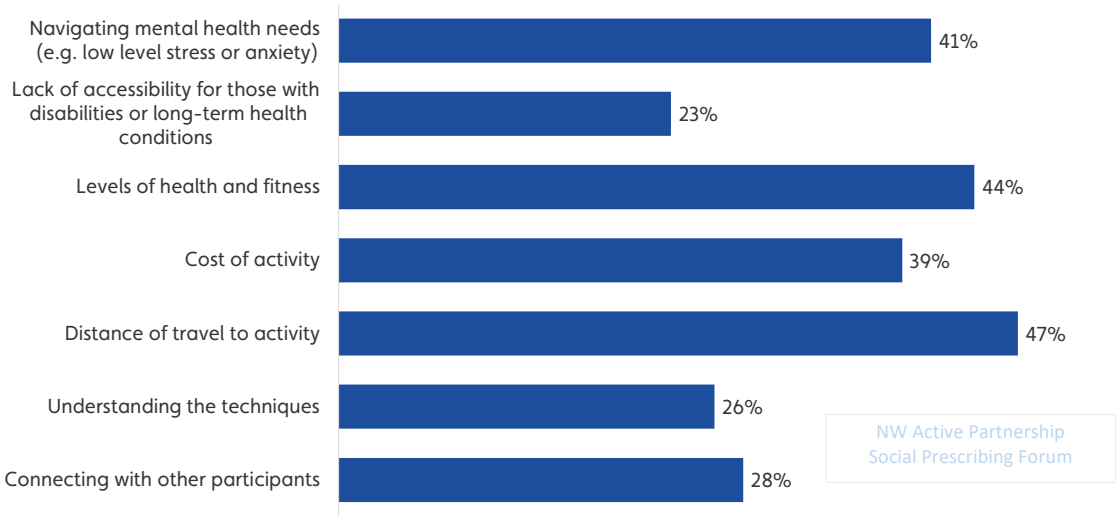
This said, while Link Workers did want to see the physical activity offer grow, but at the same time felt they lacked knowledge of the existing provision menu, 41% of Link Workers also advised that on average their clients had to travel 3 miles or more to attend sessions.

Crucially, providers corroborated this finding, most frequently observing distance of travel to physical activities as a barrier amongst their general participants, followed by health/fitness levels and subsequently mental health. Therefore, while awareness raising might be necessary, improved availability of provision does appear very much needed.

The average distance Link Workers advise their clients have to travel to attend physical activity sessions



The challenges providers have observed amongst their participants, when attempting to take part in physical activity



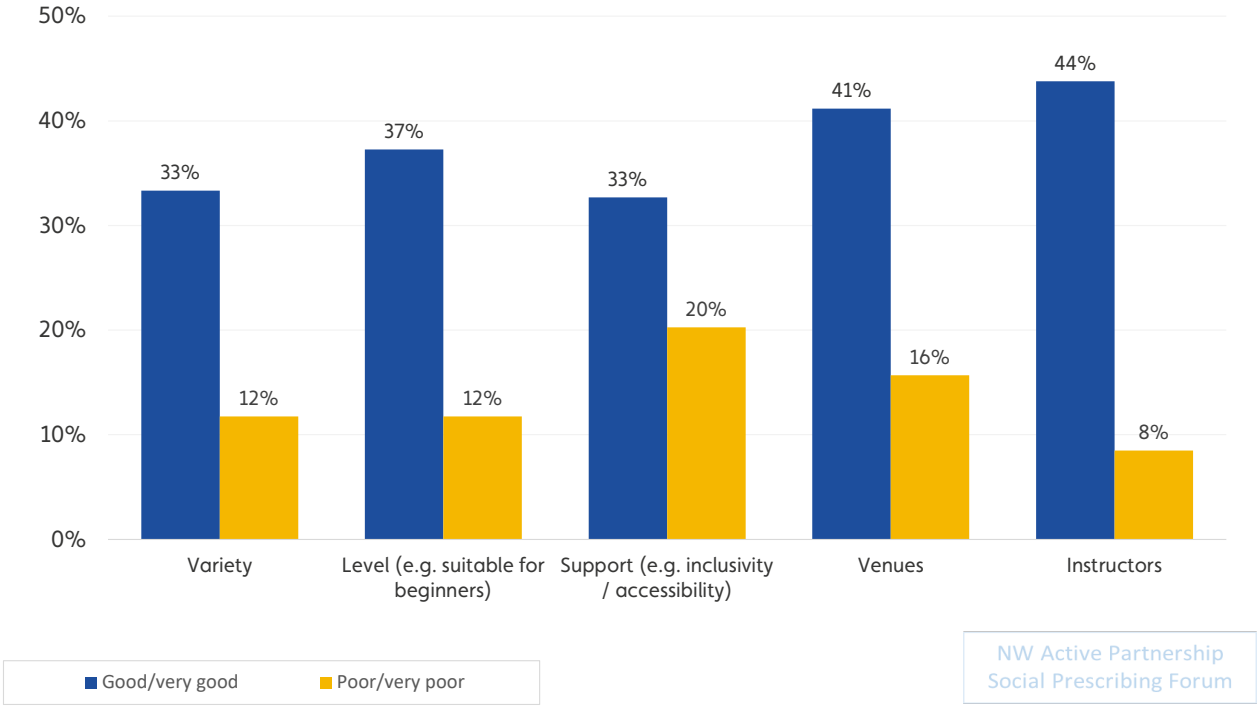
Provision

The existing physical activity offer?

Regarding the existing physical activity offer, instructors were viewed relatively favourably. However, it appeared the support given to clients, was in greatest need of improvement, while so too was the variety of provision on offer.

Although, again it is unclear to what extent insufficient knowledge of the existing offer, contributes towards this latter finding.

How Link Workers rate physical activity provision in their local area on a range of criteria



Provision

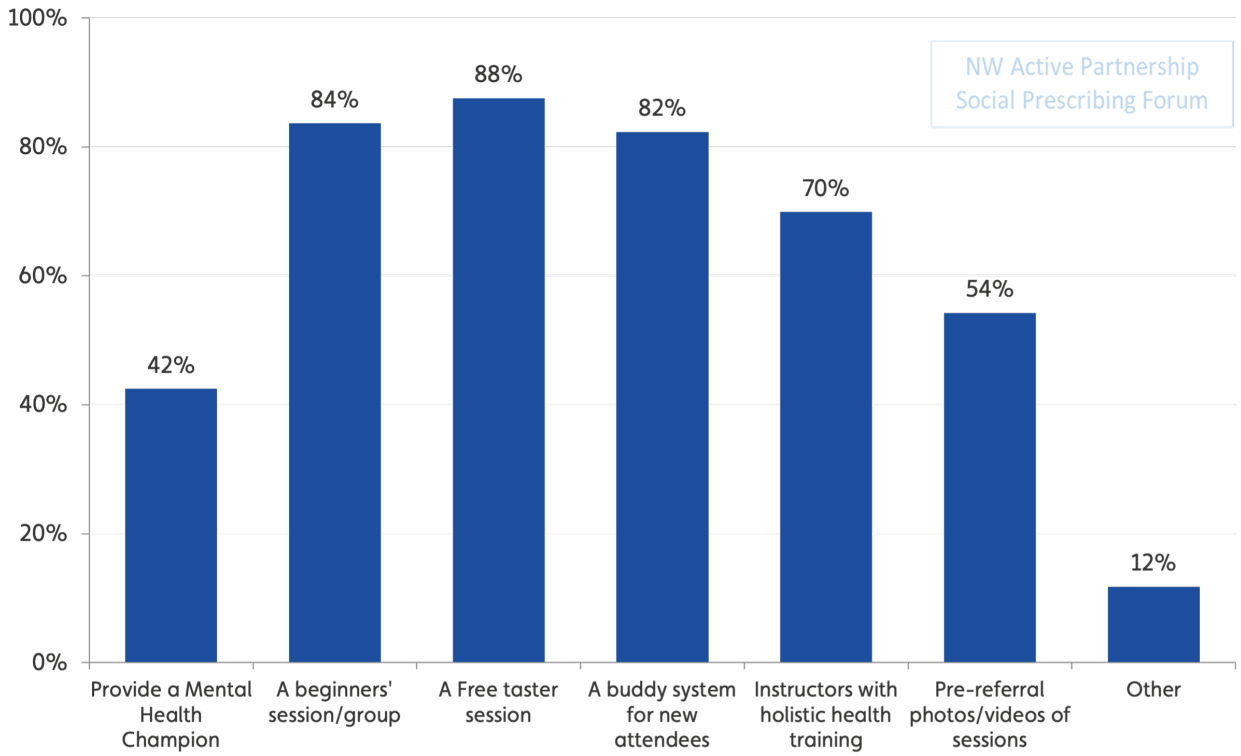
Possible improvements?

The vast majority of Link Workers fed back that physical activity could be improved through the provision of free taster sessions, a beginners' group/session and a buddy system for new attendees This supports findings from the Provider Report 2022, in which just short of 40% of those surveyed highlighted cost of activity as a challenge, with the free sessions suggested here perhaps going part way to addressing this barrier.

At the same time, the demand for a beginners session could similarly echo providers experiences, 44% of whom highlight levels of health and fitness as a barrier to participation in physical activity. Desire for a buddy system here, may further emphasise the need for greater support/inclusion, mentioned already.

It is encouraging to observe, that the three most commonly highlighted themes are all non-specialist, and so perhaps are relatively easy for physical activity providers to incorporate into their activities.

How Link Workers believe physical activity provision might be improved to better meet the needs of their clients



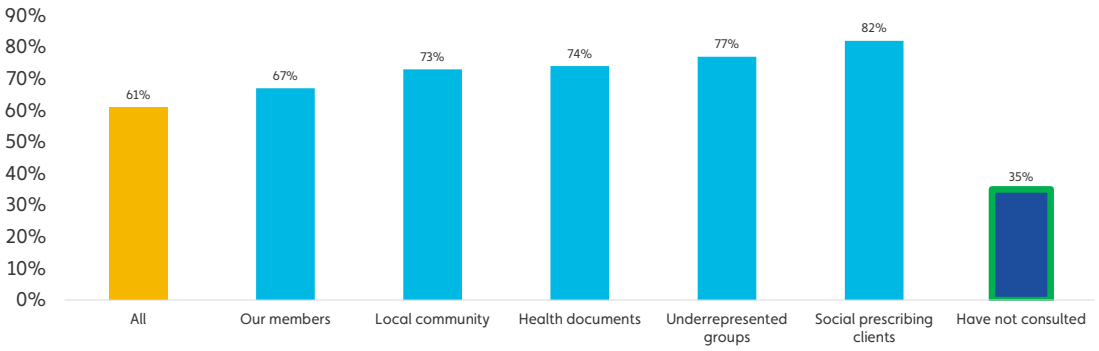
Provision

The impact of collaboration on capability?

The potential importance of providers working with participants and under-represented groups was emphasised by findings suggesting those that do so, are often confident of being able meet the additional needs of activity attendees.

While those collaborating with Link Workers, overwhelmingly reporting that they possessed a good understanding of social prescribing, as did those engaging other key stakeholders, demonstrating numerous sources of learning might contribute towards provider capability, in addition to training say.

Provider confidence that they are able to meet the additional needs of their participants, by who they consult



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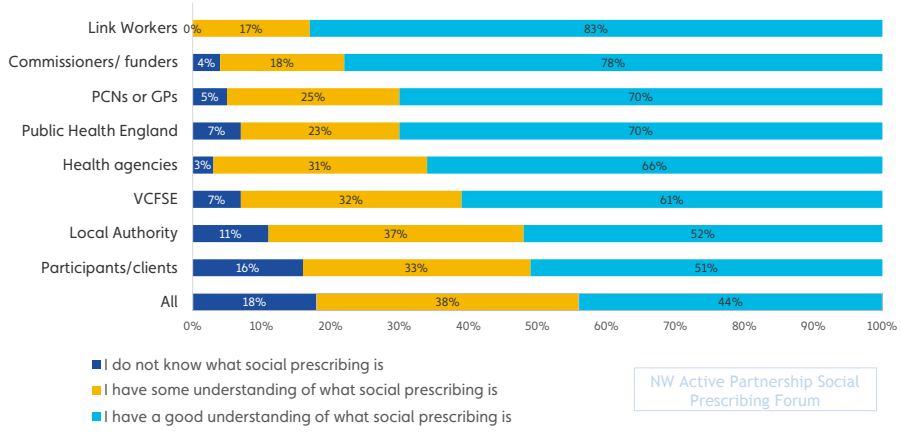
Providers understanding of social prescribing, by who they collaborate with



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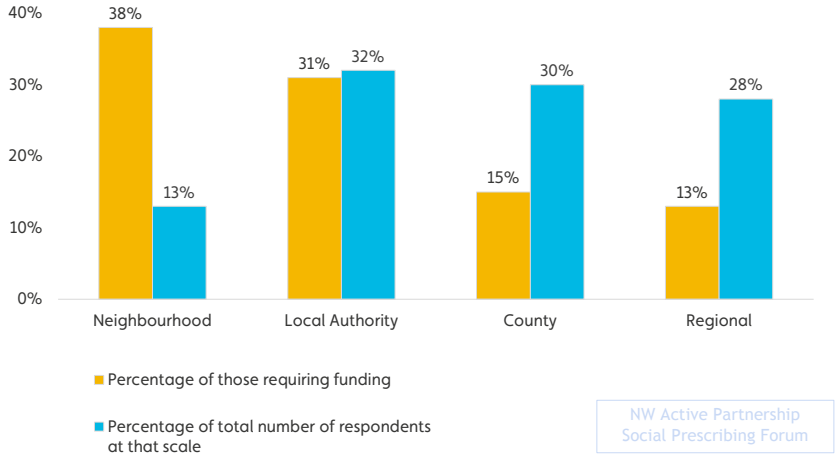
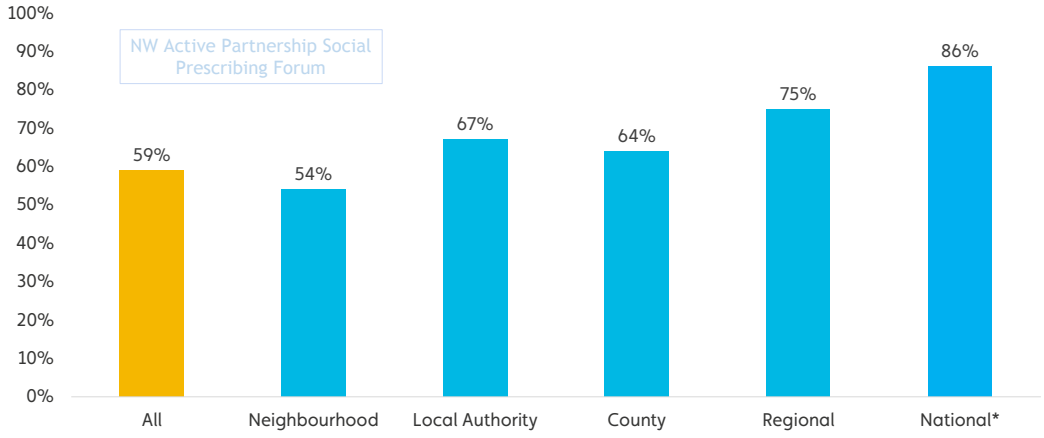
Provision

Support needs for the sector?

Composition of providers requiring funding to become/remain involved in social prescribing (by scale covered)



Confidence providers can meet the needs of social prescribing referrals, by geographic scale covered



While only 13% of neighbourhood organisations completing the survey advised they required funding to become/remain involved in social prescribing, providers operating at this scale made up the majority of respondents, so nevertheless a great many existing and potential providers may require such support. At the same time, only around half of those respondents operating at the neighbourhood level appeared confident that they were able to meet the additional needs of social prescribing referrals.

Outcome Monitoring

Providers

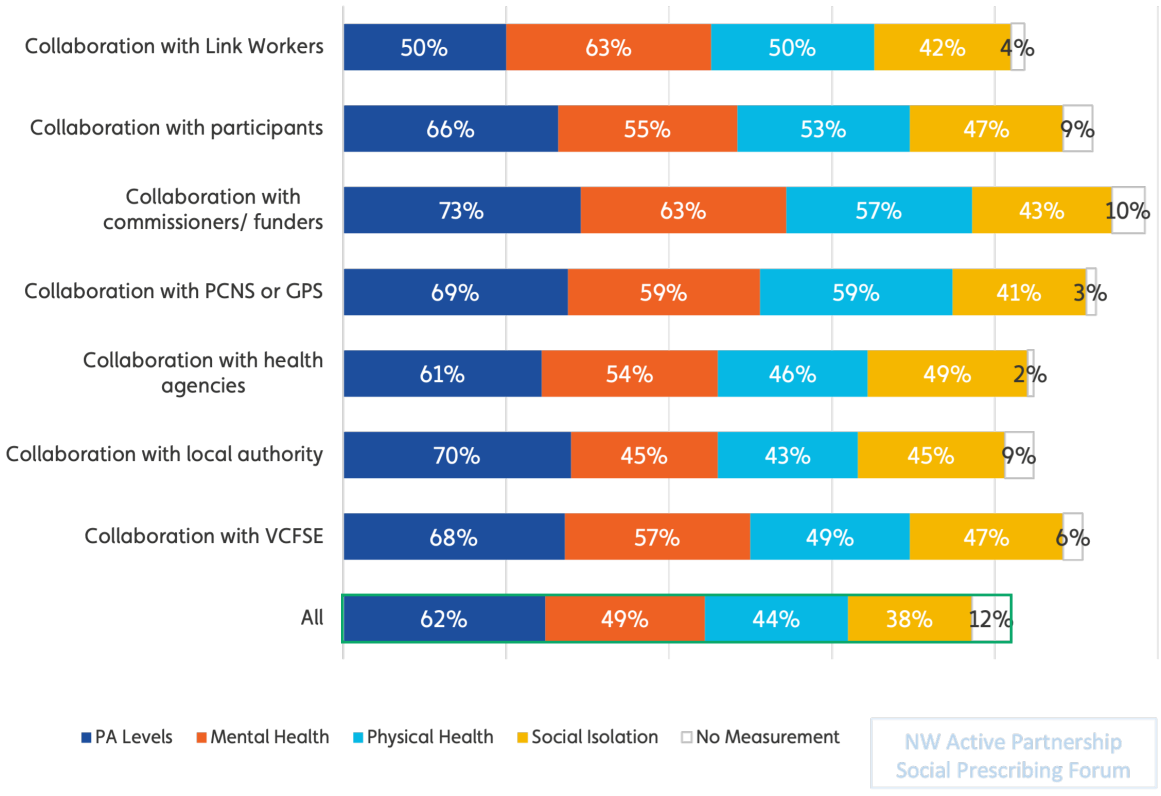
Again, collaboration may have resulted in some shared learning in terms of best practice outcome measurement. On this occasion, it is providers working with commissioners and funders, who in the majority of cases recorded key measures (bar social isolation), such as physical activity levels, alongside 57% physical health and 63% mental health.

Other potentially meaningful connections might have been established between providers and GPs/ PCNSs, unspecified VCFSE actors and participants themselves. The collaborations may well have helped providers recognise and value the role physical activity can play, in improving a variety of aspects of their participants lives. This leading them to measure such themes and perhaps further emphasise and pursue them in the provision they deliver (e.g. some organisations reported the inclusion of a social component in their activities helped participants become/remain active).

Therefore, the more a single activity might be recognised and developed to contribute towards a variety of outcomes, the more it may also help organisers in achieving their core goals, in addition to delivering multiple benefits for attendees.

The measures providers use to monitor client progress

(by collaboration)



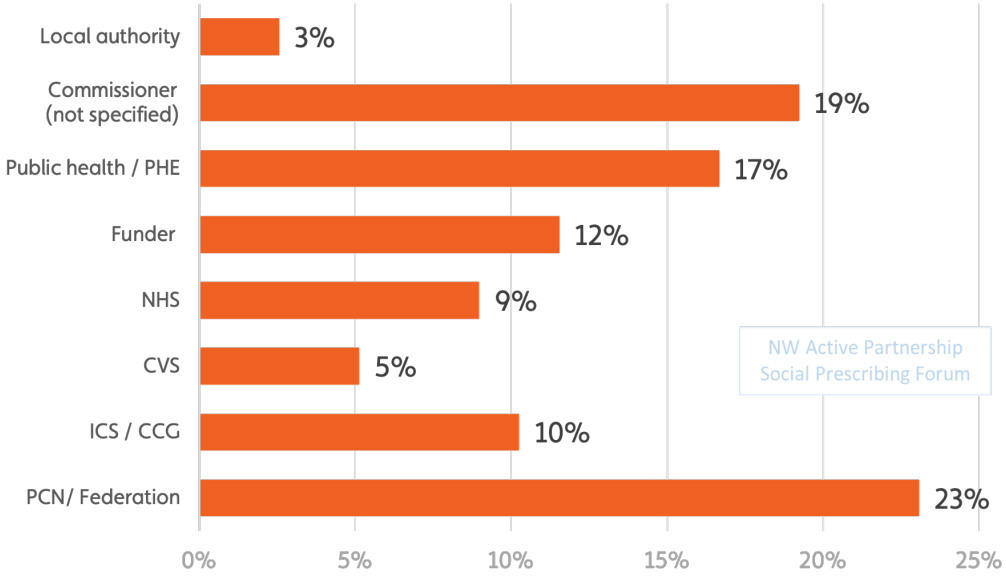
Outcome Monitoring

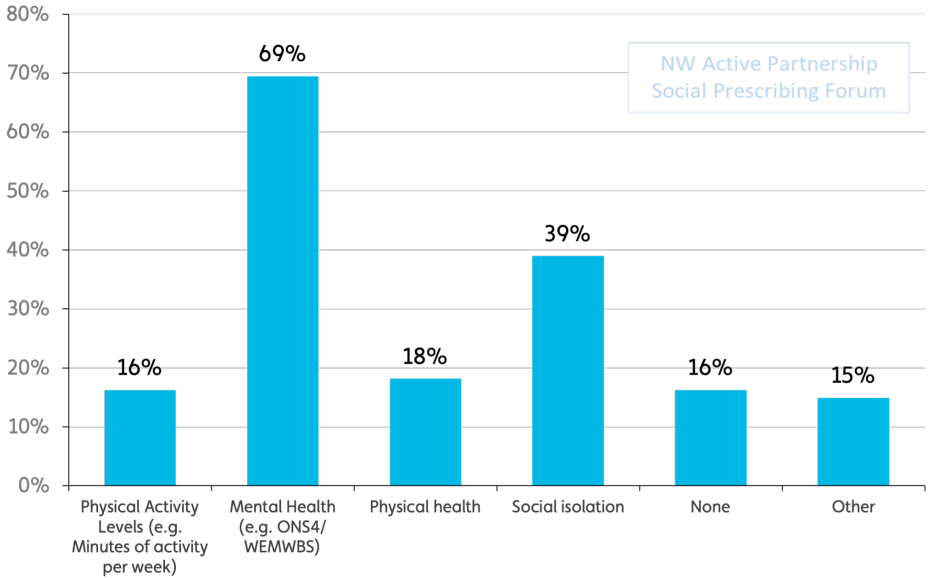
Link Workers

Across all the Link Workers surveyed, only 16% advised they measured the physical activity levels of their clients.

However, in most cases measurement of mental well-being was common place and just shy of 40% of Link Workers measured social isolation. In almost a quarter of instances, it was PCNs and federations monitoring such outcomes, while approaching 1 in 5 Link Workers reported outcomes being monitored by commissioners or Public Health.

Who monitors Link Worker's social prescribing outcomes





The outcomes Link Workers measure

Conclusions

Initial Contact

GPs are the most common route of referral to Link Workers, but less than 1 in 5 of these referrals relate to physical health needs.

While this may well create inward referral routes for those with long-term health conditions, and women disproportionately access social prescribing services, other inactive groups maybe insufficiently engaged, such as those living in deprived locations or ethnically diverse communities.

However, it is possible physical activity and physical health are insufficiently recognized as valid referral reasons into social prescribing, something that attempts to improve engagement of inactive groups will not resolve.

Social Prescription

Link Workers knowledge and confidence discussing physical activity requires attention, this including awareness of the local provision offer.

However in terms of their motivation to refer, Link Workers appear to appreciate and recognize the wide range of benefits physical activity can offer their clients, almost half reporting they would like to see more physical activity provision.

Therefore, motivation to refer does not appear an issue.

Providers

Feedback from both providers and Link Workers pointed to distance of travel to activities being a formidable challenge, while other barriers also featured prominently, associated with levels of fitness, additional support needs and the cost of activities.

Link Workers viewed instructors relatively favourably, however wanted greater variety of activities and buddy systems or an improved welcome for new attendees.

The potential was observed, for provider collaboration with Link Workers (and others) to improve understanding of social prescribing, and simultaneously provider consultation of service users to increase confidence in meeting their additional needs.

Outcomes

The advantages of providers collaborating with others was possibly detected here, partnership working with commissioners/ funders, PCNs/GPs, VCFSE organisations and activity participants, perhaps resulting in greater recognition of the wider benefits of physical activity and breadth of outcome measures being used.

Physical activity is measured infrequently by Link Workers, with PCNs/Federations, commissioners and Public Health colleagues often monitoring outcomes. Therefore, it is possible once the capability of Link Workers to navigate physical activity conversations has been improved, referral rates may remain low, if pursuing such outcomes is not seen as part of Link Worker's role.

Recommendations

Initial Contact

Initial points of contact should be diversified, to ensure inactive groups are being engaged, with exploration as to whether those in deprived neighbourhoods and ethnically diverse communities are adequately represented in social prescribing, service user figures.

Conversations with GP surgeries, PCNs/federations and health agencies should be pursued foremost, in order to explore elevating the rates of physical activity referral, but other initial contacts (e.g. housing associations, CVSs etc), should also be approached, the case made for physical activity/ physical health to be added to inclusion criteria.

Social Prescription

A range of learning options should be made available to Link Workers, including training, opportunities to improve their own activity levels, familiarization with the provision offer, and to collaborate with physical activity providers, with less emphasis on motivating Link Workers to refer, due to the importance of physical activity already being broadly recognised. Instead, greater emphasis should be placed on improving knowledge levels and confidence building.

Additionally, training should respond to knowledge gap data, possibly observing universal needs (e.g. unstructured exercise options, methods of introducing/navigating physical activity conversations and commonly used measures), alongside those that are more location specific such as health priorities/data, provision menu and networking.

Recommendations

Providers

Distance of travel to activities and the diversity of local offers should be given attention.

Firstly, enquiries could be made to establish all possible activities that get individuals moving have been identified (e.g. gardening clubs) and recognised for their contribution towards recommended weekly guidelines.

A great many of the survey respondents were providers operating at the neighbourhood level, and a good proportion of these were sports clubs. Particular attention is required at this scale to address funding needs and low rates of confidence providing client support.

While some sports club offers may not currently appeal to social prescribing clients (almost a quarter of Link Workers already refer into clubs), the offer could be modified to better cater for them, as the International Mixed Ability Sports model attempts to achieve.

Alongside moves by leisure centres to 'Pivot to Wellness', an opportunity may exist here for such providers to disperse more staff into community settings, especially given that existing instructors in general, were viewed relatively favourably by Link Workers.

In combination with other measures (e.g. deprivation), heat-mapping should be undertaken to identify where the shortest/longest distances to physical activity occur, to focus attention where it is most needed when seeking to bolster provision levels. Otherwise, provider collaboration with other stakeholders appears beneficial, serving a multitude of functions.

Therefore, options to support this should be pursued, importantly (but not exclusively) with service users, Link Workers, GPs/PCNs and commissioners/funders, one such opportunity perhaps being joint Link Worker-provider training including networking opportunities (please see appendix).

Again however, any training also should respond to knowledge gap data. Such collaboration could help address a number of the challenges observed including, session level-client fitness match, improved support/inclusivity, and possibly should Link Workers be able to supply needs gap data, as a result the funding of free sessions, this addressing cost concerns.

Recommendations

Outcomes

Concerning the measurement undertaken by providers, again the message is one of collaboration appearing assistive, so opportunities to facilitate this should be pursued.

Here the involvement of commissioners and funders seems meaningful, but so too is the possible contribution an array of other stakeholders could make, possibly promoting recognition of the wider role physical activity can play in the lives of attendees, with the potential to open up additional funding opportunities.

Therefore, leads should continue to emphasise and highlight the wider benefits of physical activity, encouraging providers themselves to recognize and attempt to detect the impact they continue to make in relation to mental well-being, social isolation and health.

Leads could support providers by surfacing appropriate measures accordingly and highlighting means of developing such aspects of their work, mirroring collaborative efforts being made at strategic levels embracing holism. These aspirations could help develop more suitable and appealing social prescribing destinations (e.g. featuring promotion of social connection), responding to prominent inward referral reasons to Link Workers (such as loneliness), improving provision relevance.

These same highlighted opportunities for provision improvement (e.g. welcome received by new attendees and 'buddying'), through helping to integrate referrals into the wider attendeeship of activities, could increase participant retention.

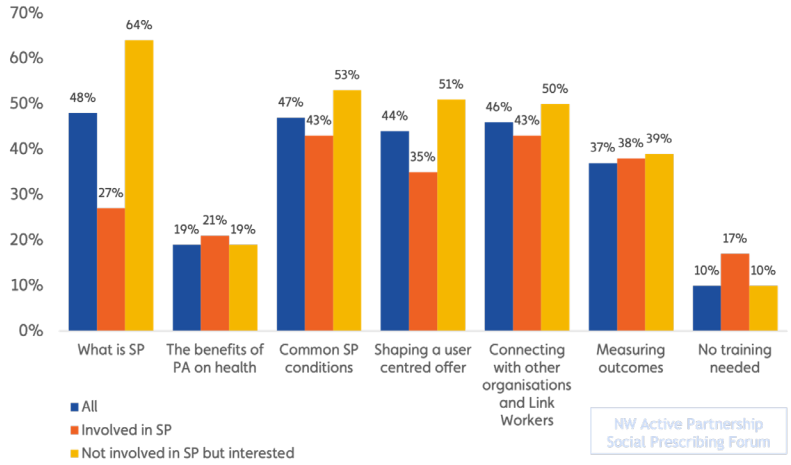
Finally, with regard to Link Worker measurement of physical activity, focus perhaps should be simultaneously turned towards those who monitor the achievement of outcomes, with constructive engagement and dialogue being pursued, a proportion of which could be supported by the recent restructuring of health systems, associated stated commitments and direction of workforce development across a number of roles (e.g. personalised care and Allied Health Professionals).

Appendix Training Needs

There is possibly some crossover in terms of what training is sought by providers and Link Workers alike, in terms of supporting those with common conditions (providers) and clients with long-term health conditions (Link Workers).

The same synergy might exist concerning Link Workers interest to learn how to overcome barriers to their patients becoming active, and providers wish to shape a user centred offer, improving inclusivity. The possible echoing here could suggest shared knowledge gaps or conversely, two possible opportunities.

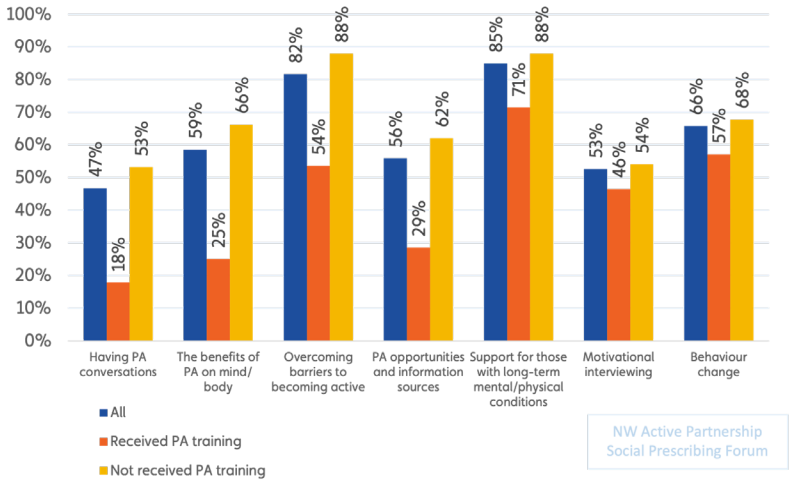
The learning providers would find useful



Firstly, that each stakeholder may possess a proportion of the learning required by the other, again highlighting the possible benefits of collaboration observed elsewhere.

Secondly, that joint training opportunities, while addressing mutual needs, may also help foster connections between these stakeholders, further enhancing learning and identifying areas that might benefit from the pursuit of co-design.

The training Link Workers believe would benefit them



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