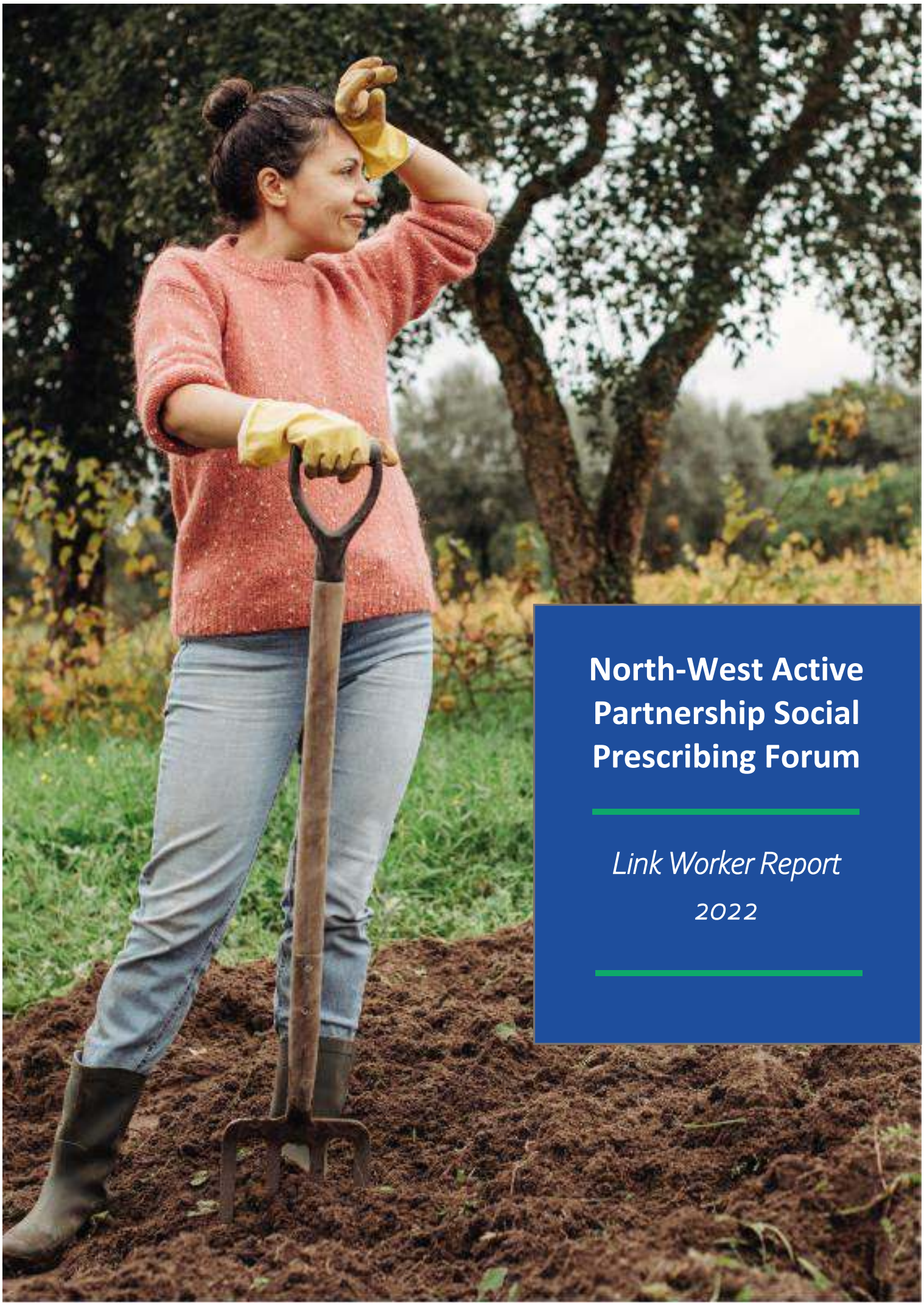


North-West Active Partnership Social Prescribing Forum

Link Worker Report

2022

North-West Active Partnership Social Prescribing Forum

Physical Activity – Link Worker Report 2022

Thank you:

Active Lancashire has worked in collaboration with a great number of organisations and individuals to produce this report, as was similarly the case with the related North-West Physical Activity - Provider Report 2022. In view of this contribution, it felt important to show gratitude to those who come together more generally, both formally and informally, serving as a broad and very necessary multidisciplinary and multi-level team. In this instance, the aim of this collaboration was to gather data that will assist relevant leads to promote and embed physical activity across the different geographies, systems, stakeholders and levels of seniority, that exist within the region and social prescribing landscape. While it has not been possible to name all those who supported this piece of work, it is hoped this message will reach and be recognised by the intended recipients. Thank you again.

- **Collaboration:** Greater Sport, MSP, Active Cheshire, Active Cumbria, alongside the Sport England local delivery pilots, Together an Active Future and GM Moving.
- **Consultation:** National Academy for Social Prescribing (North-West Regional Team), the Applied Research Collaboration North-West Coast (Equitable Place Based Health and Care), The Activity Alliance (North-West/North East) and UCLan Social Prescribing Unit.
- **Survey promotion:** the various Councils for Voluntary Service (CVSs) and social prescribing scheme leads.
- **Participation:** finally, the many Link Workers across the region that kindly gave their time to complete the survey.

For all enquiries relating to this report, please contact Benjamin Fatimilehin at Active Lancashire, email: bfatimilehin@activelancashire.org.uk

North-West Active Partnership Social Prescribing Forum

Contents

Section	Page
Introduction	
Purpose	5
Approach	5
Outcomes	6
Who took part in the survey	
Respondent profile	8
Link Workers' participation in physical activity	9
Capability	
Link Worker receipt of physical activity training	12
Link Worker knowledge of physical activity guidelines	14
Link Worker knowledge of local provision	16
The unstructured options made available to clients	18
Link Worker confidence discussing physical activity	20
Opportunity	
Who refers clients to Link Workers	22
The reasons clients are referred to Link Workers	23
How Link Workers find out about provision	25
The distances clients travel to provision	25
Where physical activity provision takes place	26
How Link Workers rate local provision	28
How Link Workers feel provision might be improved	28
The provision Link Workers refer to most	29
The activities Link Workers would like to see more of	30
Link Worker confidence the gap/shortfall will be addressed	30
Motivation	
Link Worker awareness of physical activity benefits	32
The outcomes social prescribing schemes measure	33
Who monitors the outcomes achieved by Link Workers	35
The digital referral management systems used	35
The training needs of Link Workers	36
Conclusions	**39**
Appendix	
The physical activity ask	42

Introduction

Purpose of this report:

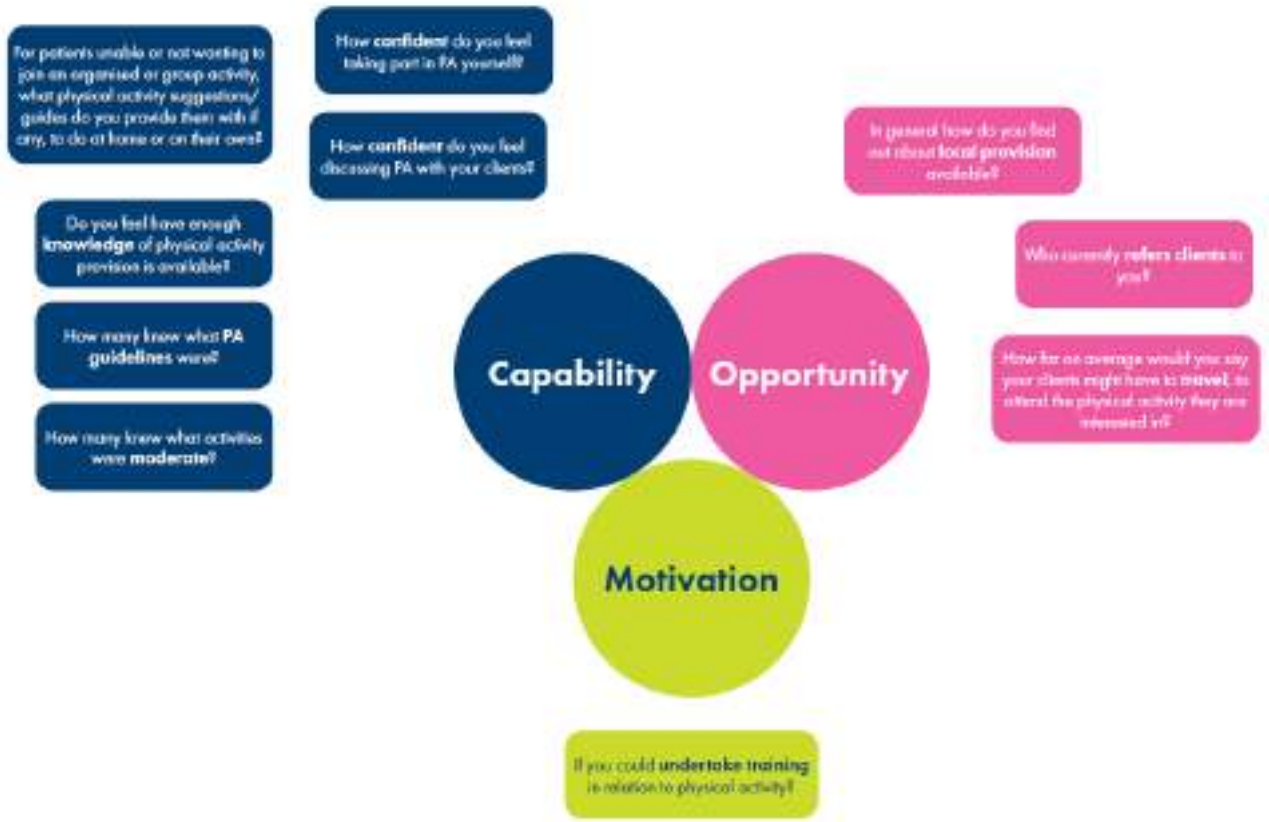
This report presents the findings of the North-West Link Worker Survey completed in 2022 and intends to assist social prescribing, physical activity and health leads, that may wish to better incorporate physical activity into social prescribing pathways and systems. The report focuses on the role of Link Workers but could be applicable to a range of roles, performing comparable functions involving person centred approaches and community provision navigation. It begins to explore the potential influence of a range of considerations:

- The extent to which Link Workers understand and are aware of physical activity guidelines, so social prescribing schemes might identify and engage inactive individuals, groups and communities.
- The ability and confidence of Link Workers to navigate physical activity conversations.
- Whether the availability and standard of local provision, tools and resources support Link Workers in responding to the physical activity needs of their clients.
- The degree to which physical activity is perceived as relevant and assistive to the work of Link Workers, social prescribing schemes and their service users.

This report presents the findings from 154 Link Workers from across the North-West, who participated in the associated survey between November 2021 and April 2022, this figure potentially approaching half the Link Workers based in the region at that time, as per tentative estimates. It is not anticipated that the findings in this report will be used in isolation, but rather supplement other evidence and stakeholder conversations, which seek to optimise the performance of social prescribing pathways, in terms of their ability to engage and support inactive individuals, ahead of effectively matching them with suitable provision.

Approach:

Throughout their journey, social prescribing clients will come in to contact not only with Link Workers, but a range of stakeholder groups, fulfilling a variety of functions. Broadly these include but are not limited to: those who might identify a need and make the initial referral into a social prescribing service; those pursuing a person centred approach and provide the social prescription (e.g. Link Workers themselves); and providers, who together deliver the menu of activities that are available in any given location. The accompanying report, based on the **North-West Physical Activity Provider Survey 2022**, considers the role of physical activity providers in this journey and their ability to engage in and contribute to social prescribing. The two reports together are intended to offer some level of triangulation, to enable system leads to consider from different perspectives, the ability of those that make up pathways, to integrate physical activity with social prescribing. Both reports explore this ability through a COM-B lens, the various factors and outcomes framed under the broad headings of capability, opportunity and motivation. It is intended that presenting the findings in such a framework, might help leads to identify where in the systems within which they have influence, they might wish to investigate and subsequently intervene.



Graphic supplied by MSP Active Partnership

Furthermore, the below measures may provide data with which to benchmark and baseline areas of interest, and help ascertain current and future system performance. The report stops short of inferring the meaning of the results or causation and is limited merely to observations. It is hoped that together, the two reports might prompt additional research or 'live' exploration of the themes outlined, to provide more conclusive insights into which factors might exert greatest influence on the achievement of desired outcomes. Further county and Integrated Care System (ICS) level data can be sought from the relevant Active Partnerships that cover the North-West, where this is available.

Outcomes:

As stated, the aim of this report is to assist a variety of leads to enhance the role and impact of physical activity within social prescribing systems. It works towards the overarching end goal of supporting Link Workers to be able to effectively identify, engage and connect inactive individuals, to well suited physical activity provision. At the same time, determine where in systems, the important contribution physical activity can make towards wellbeing might need emphasis, alongside demonstration of how movement can support the achievement of existing Link Worker objectives, and others of relevance. It is understood, that pursuit of a great many outcomes might be required to realise this goal and so an attempt has been made to catalogue these as comprehensively as was possible. To aid their navigation, this list of sought outcomes has been seated under three broad question headings: a) whether Link Workers have sufficient knowledge to identify and engage inactive individuals, and then navigate and respond to physical activity conversations; b) if the context in which Link Workers operate, supports their

ability to pursue physical activity related objectives; c) and finally, to what extent Link Workers and social prescribing schemes see physical activity as relevant and aligning to their objectives? These questions correspond to the COM-B model of behaviour change, each concerning in succession, the capability, opportunity and motivation of Link Workers to contribute effectively towards achieving the goal of integrating social prescribing and physical activity.

Capability:

- Link Workers have sufficient knowledge to identify inactive individuals/groups and navigate physical activity conversations.
- Link Workers feel confident discussing physical activity with their clients.
- Link Workers have sufficient knowledge of local physical activity provision, enabling them to match clients to well suited activities.
- Where organised group sessions are not suitable for clients, Link Workers are able to provide a range of alternatives.

Opportunity:

- Those who encounter inactive groups and communities appropriately identify and refer clients into Link Workers, with the aim of improving rates of physical activity in the local population.
- The local physical activity offer is diverse, considered to be of a good standard and located near to where clients live/work with a sizeable proportion appropriate for social prescribing referrals.
- Gaps in provision are identified and addressed, alongside collaboration and colocation being encouraged to create new contact points for clients to encounter physical activity opportunities.
- Considering local health priorities and the availability of provision, appropriate rates of referral into physical activity are achieved.

Motivation:

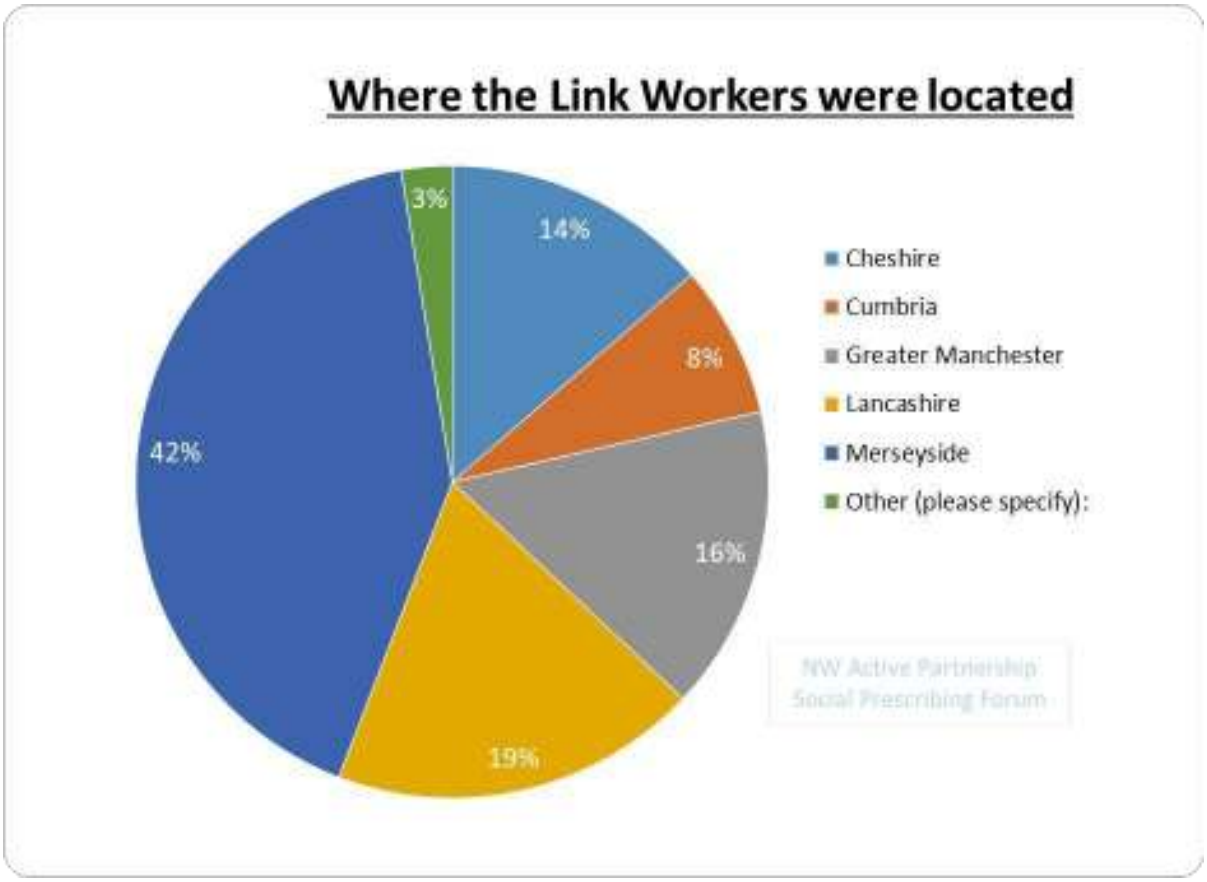
- Referral processes and digital referral management systems used for both inward and outward referral to/from Link Workers, support the capture of physical activity as a referral reason and associated outcomes.
- Link Workers measure levels of physical activity and capture related physical health data where appropriate and feasible.
- Link workers are aware of the full range of benefits physical activity can offer and the relevance to their work.
- Link workers have received the training they feel is necessary to navigate physical activity conversations.

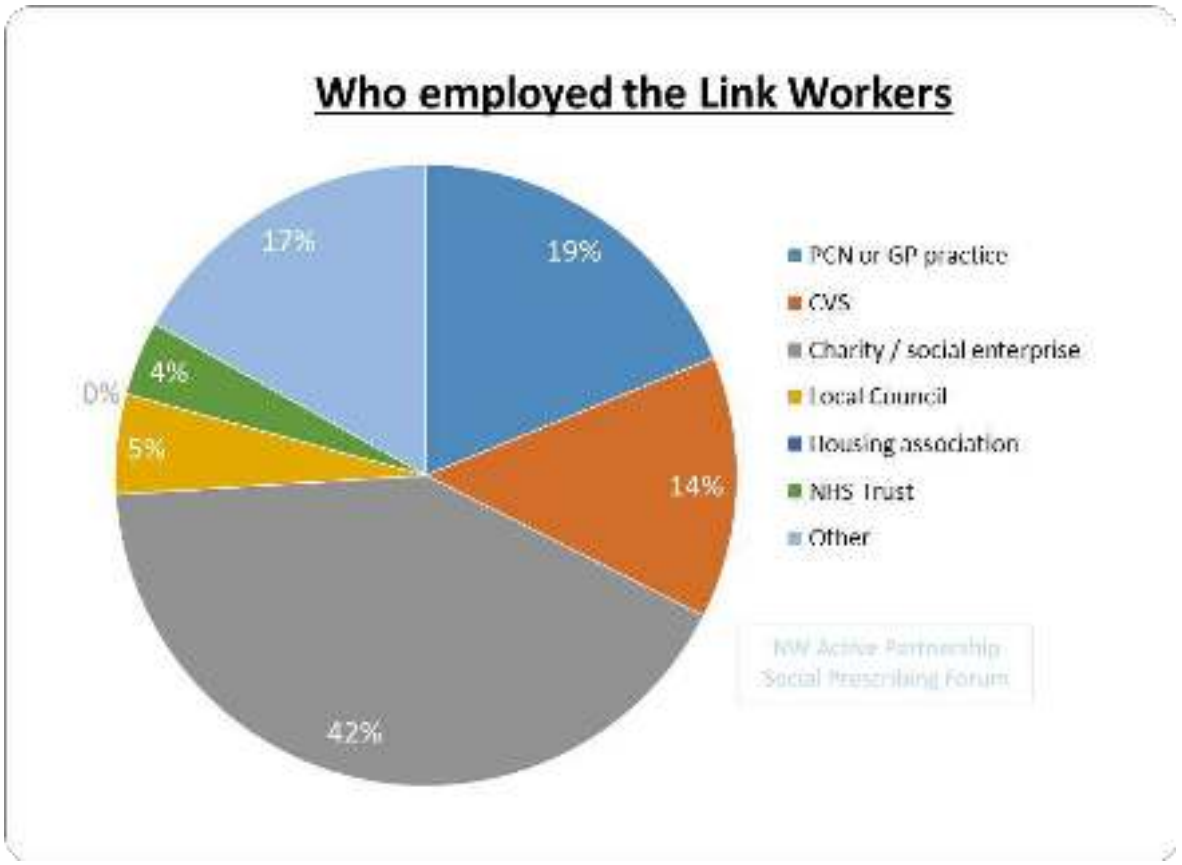
A great many factors might affect the achievement of the above outcomes and the extent to which Link Workers pursue physical activity as a means to improve their clients' physical and mental wellbeing. However, given the constraints of time and capacity, the scope has been limited to consider only a handful of factors, in particular: organisation type; geographic location; whether Link Workers have received physical activity training; the activity levels of Link Workers themselves; and their confidence taking part in, as well as discussing physical activity.

Who took part in the survey

Respondent Profile:

The county and employer type of the Link Workers surveyed was determined, so that possible contrasts in the findings relating to the different cohorts might be observed, and with the purpose of the report being to aid system intervention, this then enabling support to be offered in those geographic locales and to those organisation types most requiring it. However, at the same time should some respondent groups demonstrate comparably favourable outcomes, it would then be possible to make follow-up enquiries so that good practice could be surfaced and perhaps emulated elsewhere.



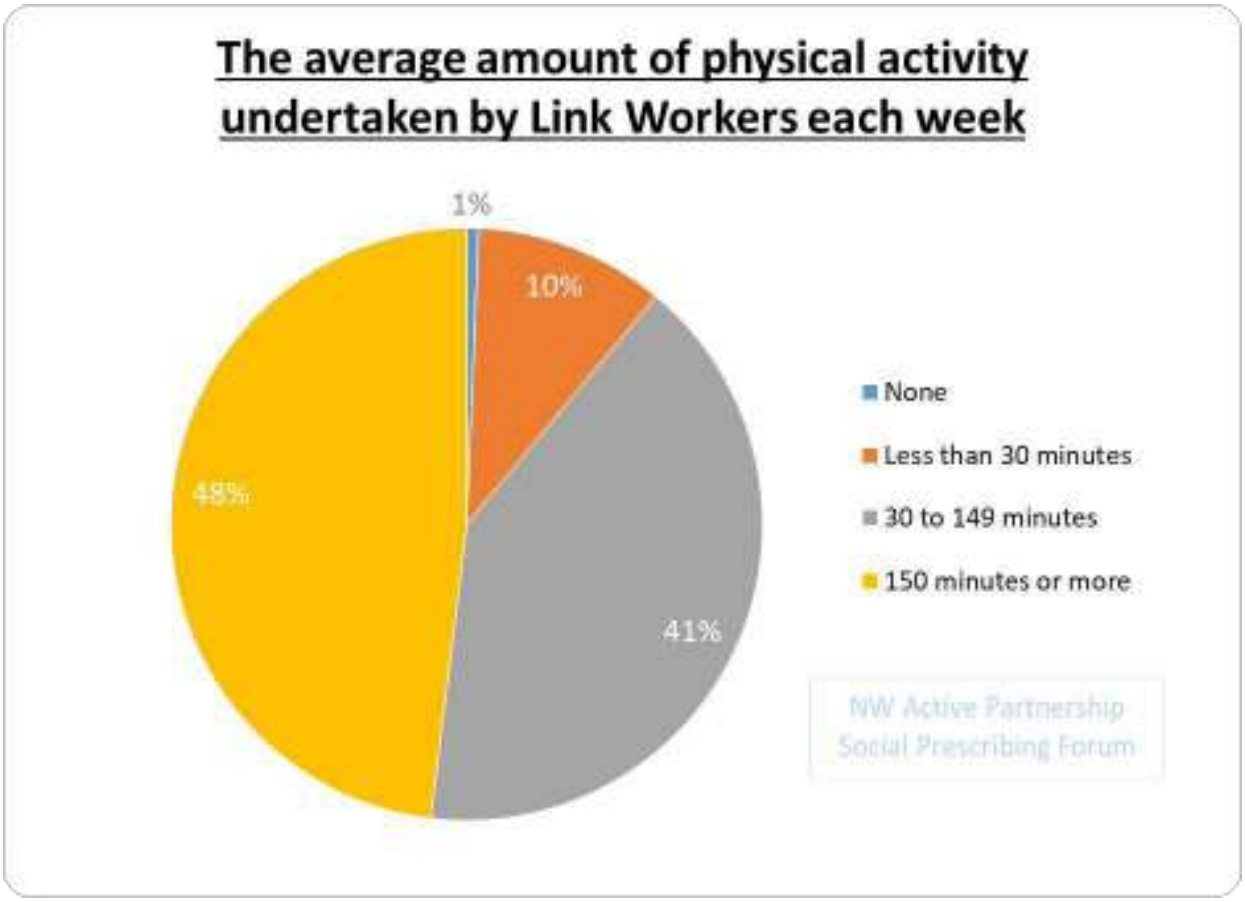


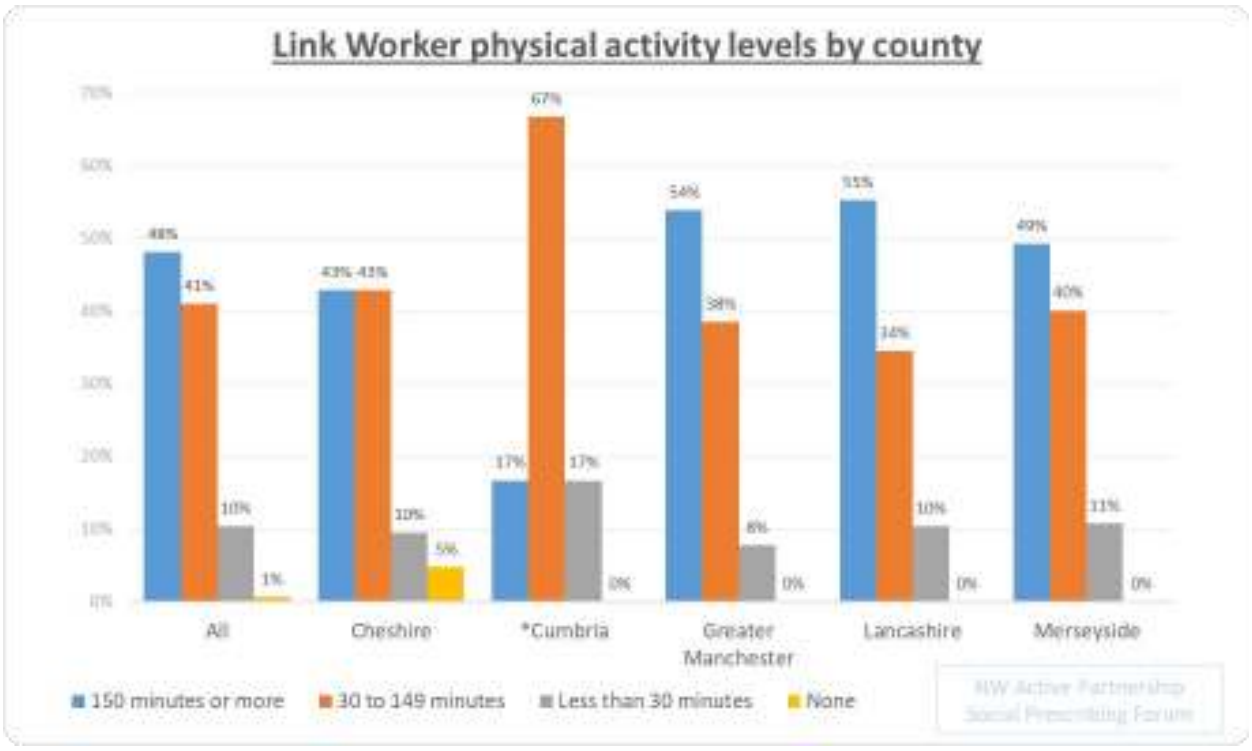
County level response rates: Those Link Workers operating in Merseyside made up the greatest share of respondents (42%), and alongside Lancashire and Greater Manchester, these counties received the highest survey participation rates, as might be expected given their population sizes being the largest, with Cheshire and Cumbria having the smaller populations also seeing much lower response rates.

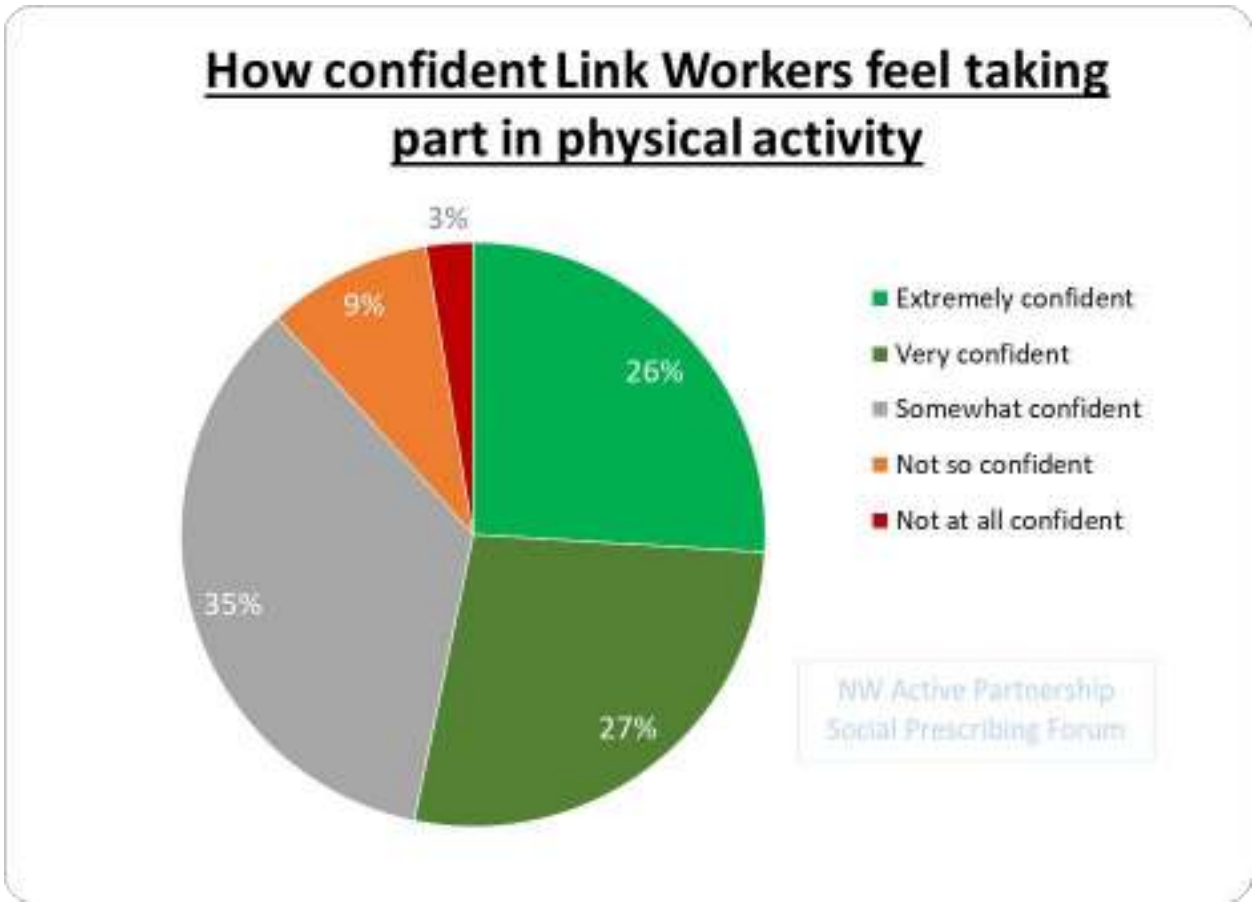
Employer type: The results suggest that the VCFSE sector comprised of Councils for Voluntary Service (CVSs) and charities/social enterprises, employed the majority of the Link Workers surveyed (56%), however upon inspection many of the respondents that indicated their employer type as 'other', similarly belonged to these categories. This said, a proportion of these Link Workers may well have been subcontracted or funded by Primary Care Networks (PCNs) or similar. Nevertheless, with the vast majority of social prescribing destinations similarly located within the third sector, these findings demonstrate the important role that such organisations play, in promoting health and wellbeing amongst the population in the North-West.

Link Workers' participation in physical activity:

While the impact of physical activity training Link Workers undertook within their roles remained of interest, so too was there interest in the possible influence of Link Workers' participation in physical exercise outside of their work (as well as their confidence in doing so), might have on how they navigated physical activity conversations. This might then illuminate additional opportunities to improve knowledge and confidence, that could have resultant benefits not only for Link Workers themselves, but ultimately social prescribing clients.


The average amount of physical activity undertaken by Link Workers each week
1%
10%
41%
48%
None
Less than 30 minutes
30 to 149 minutes
150 minutes or more
NW Active Partnership Social Prescribing Forum


Link Worker physical activity levels by county
All
Cheshire
*Cumbria
Greater Manchester
Lancashire
Merseyside
150 minutes or more
30 to 149 minutes
Less than 30 minutes
None

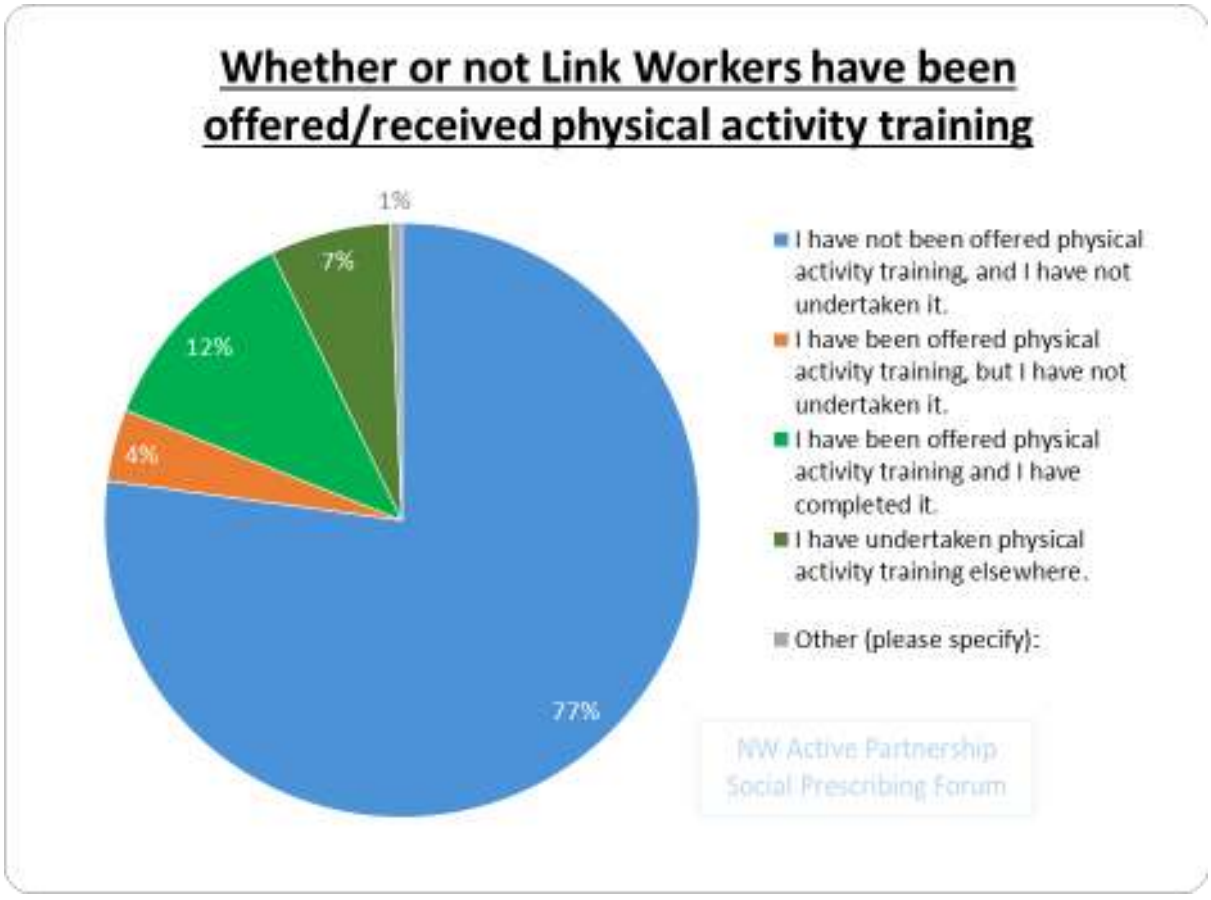


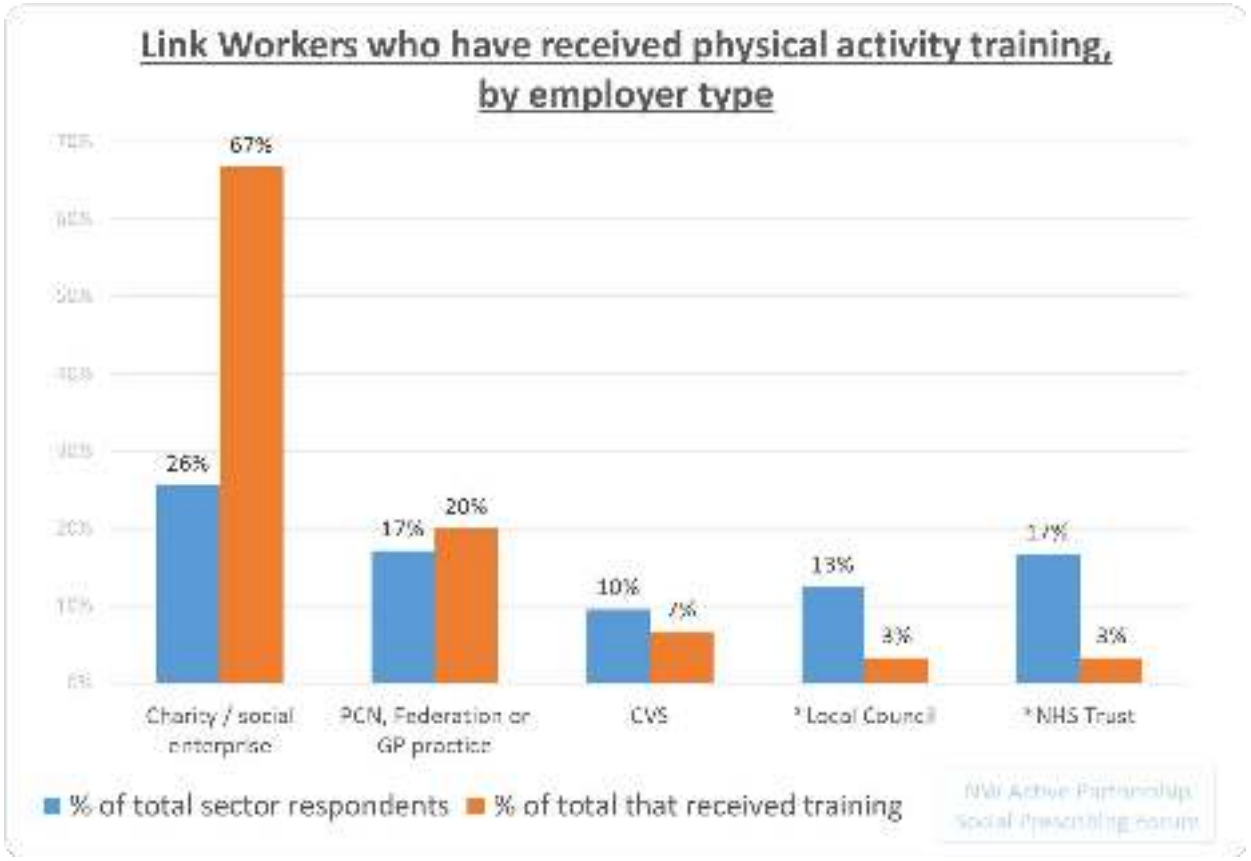
Link Worker physical activity levels: Only 48% of the Link Workers surveyed achieved the Chief Medical Officer's weekly recommended 150 minutes of moderate physical activity each, while 11% undertook less than 30 minutes, with 1% appearing completely inactive.

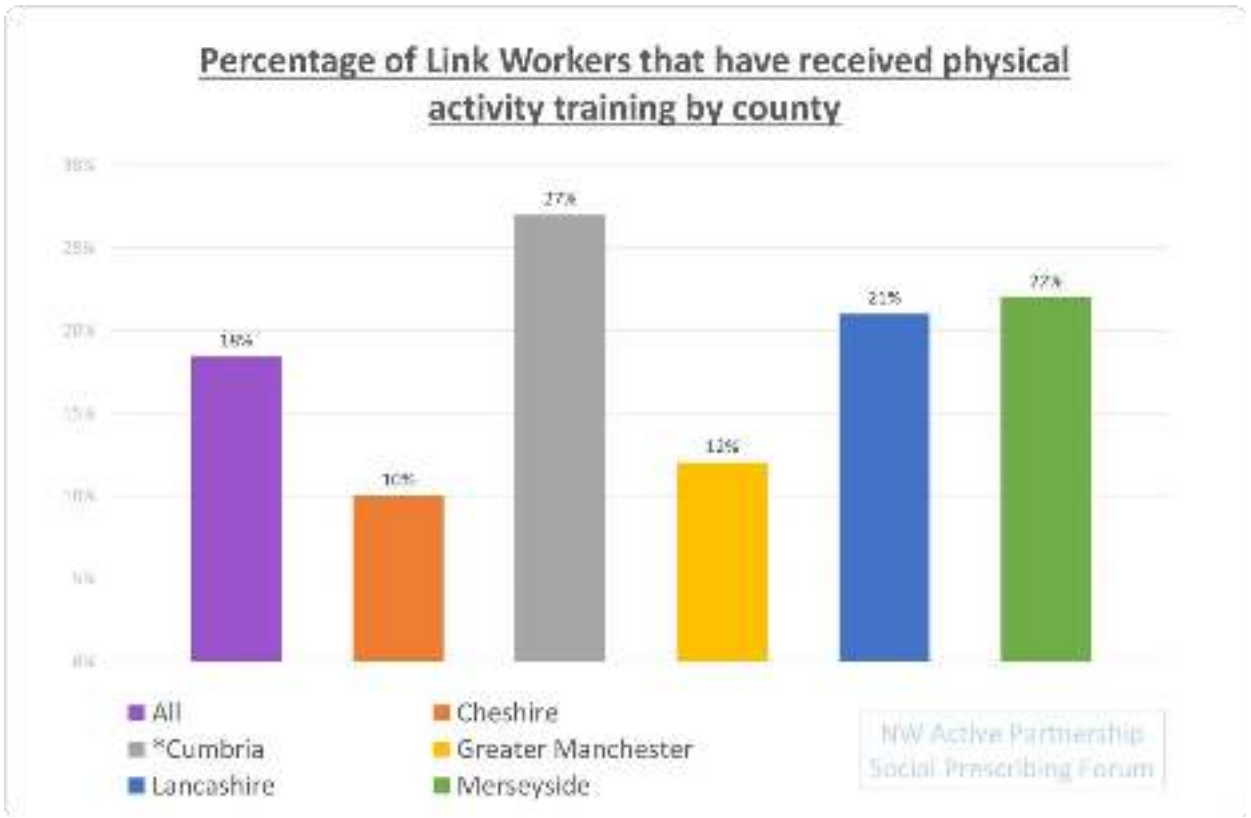
Link Workers' confidence taking part in physical activity: The majority of respondents (53%), felt very or extremely confident taking part in physical activity, however this still left a large number who lacked confidence. A question therefore remains, for the 47% who lacked confidence exercising themselves, how confident they might feel presented with the task of getting someone else physically active?

Capability

Principally, it was considered whether Link Workers have sufficient knowledge to navigate physical activity discussions. Firstly, this concerned whether a potential physical activity need could be identified, one gauge of this utilised in the survey being if the recommended weekly guidelines were known. This measure also allowed the impact of Link Workers having completed training or exercising themselves to be explored, alongside checking whether their confidence discussing physical activity appeared to correlate with their rudimentary knowledge. Subsequently, once a physical activity need is established, amongst other steps, suitable opportunities to address the need have to be explored and identified. Therefore, the provision knowledge of Link Workers was also assessed. At the same time, an enquiry into Link Workers utilisation of unstructured activity options was made (e.g. online videos, active travel and so on), again this aspect of their knowledge and that relating to provision availability was contrasted with how much Link Workers exercised and if they had received physical activity training, to surface potential factors that might be assistive.

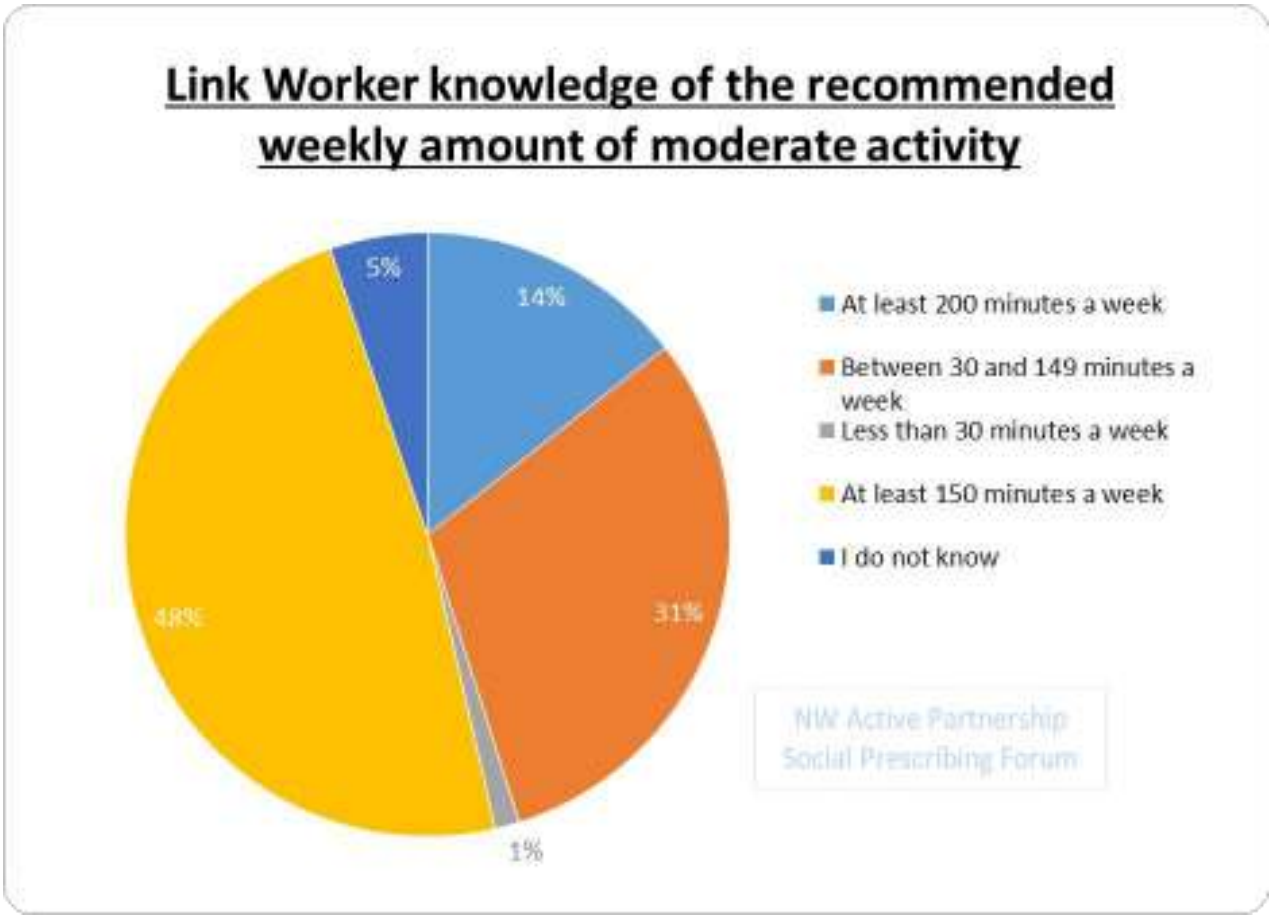


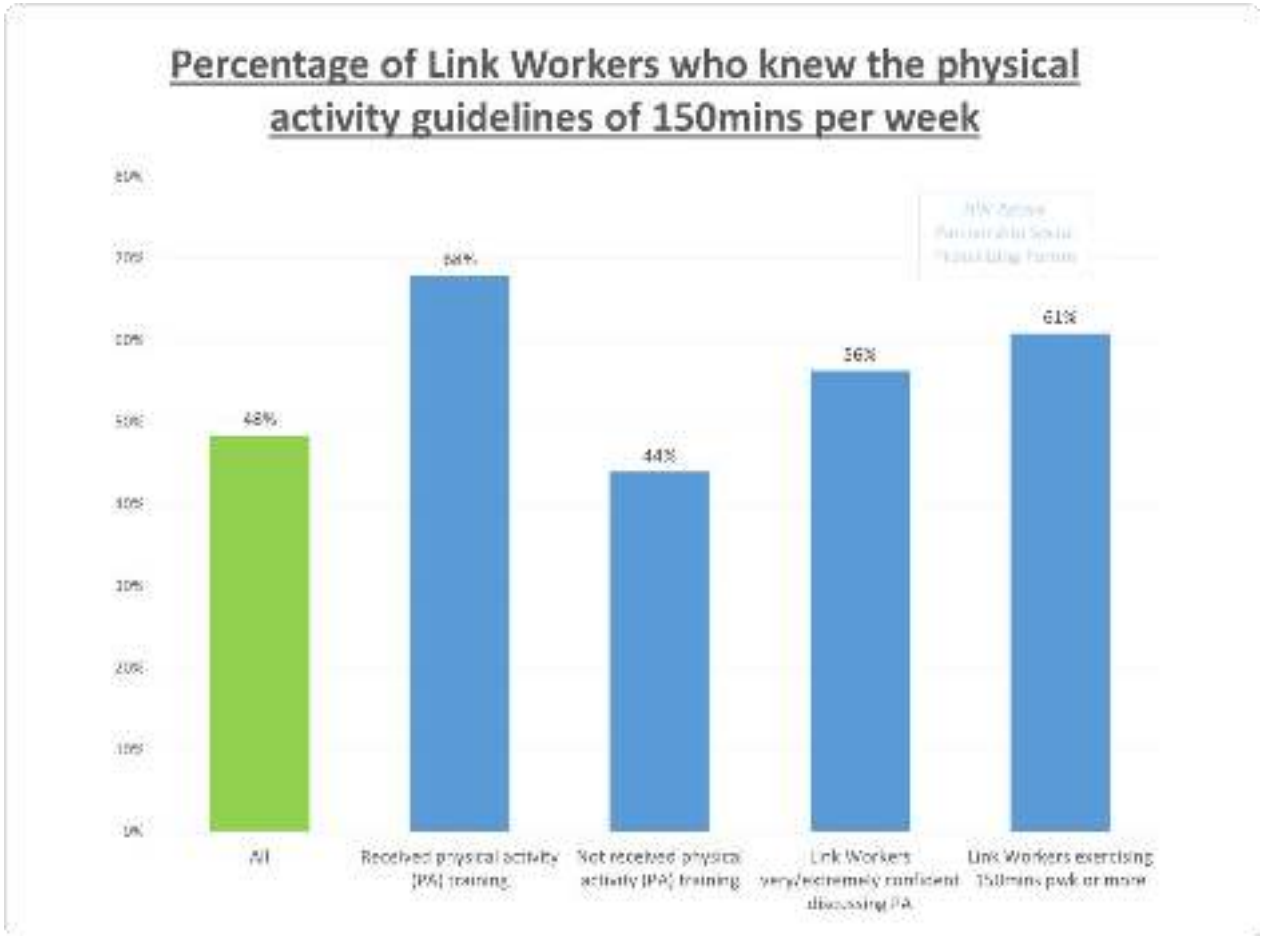

Link Workers who have received physical activity training, by employer type
67%
26%
17%
20%
10%
7%
13%
3%
17%
3%
Charity / social enterprise
PCN, Federation or GP practice
CVS
* Local Council
* NHS Trust
% of total sector respondents
% of total that received training
NW Active Partnership Social Prescribing Forum

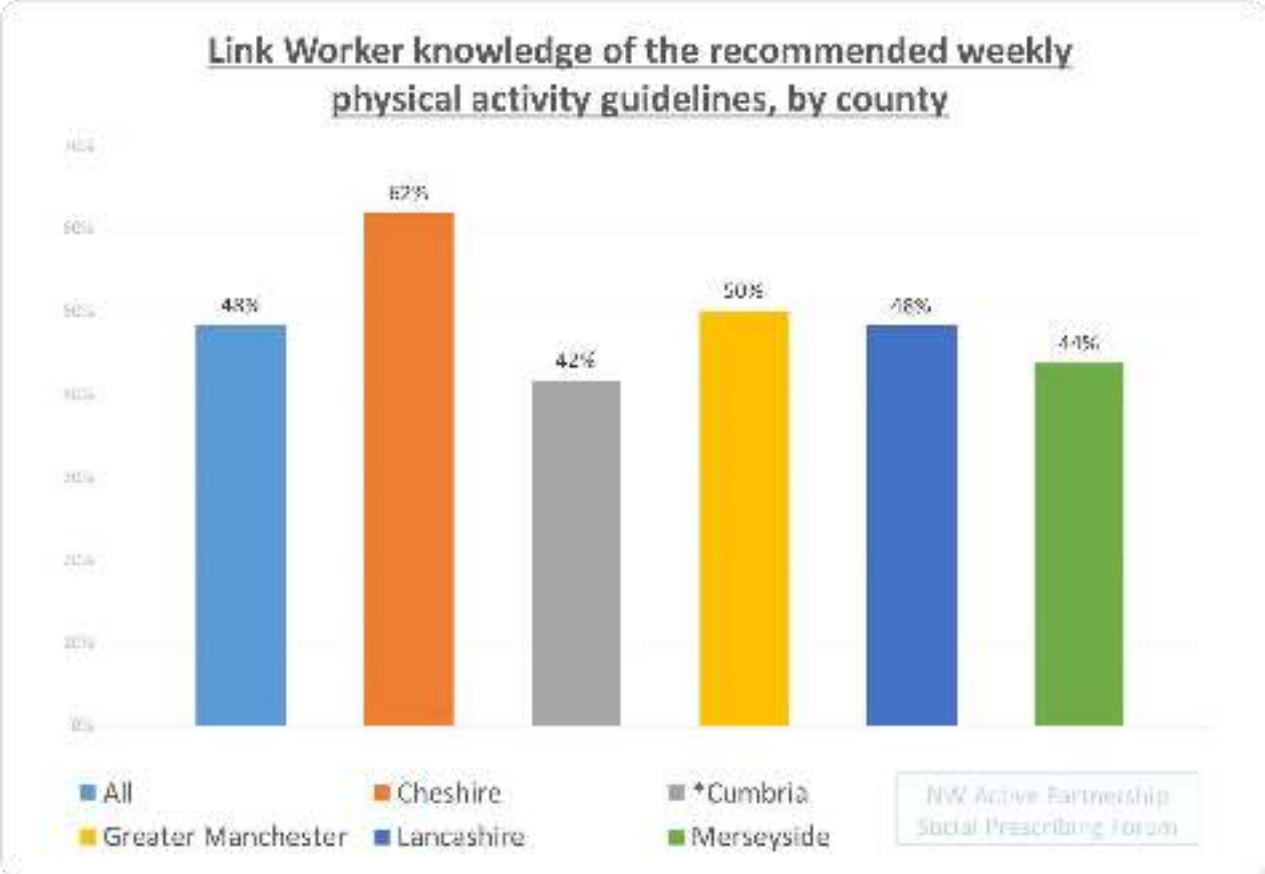

Percentage of Link Workers that have received physical activity training by county
18%
10%
27%
12%
21%
22%
All
Cheshire
*Cumbria
Greater Manchester
Lancashire
Merseyside
NW Active Partnership Social Prescribing Forum

Receipt of physical activity training: In total, 81% of the Link Workers surveyed had not received physical activity training, although 4% had been offered this training but had not undertaken it, this leaving 77% reporting it had not been offered to them. Just 12% advised they had been offered and had undertaken physical activity training via their roles as Link Workers, while a further 7% had undertaken this elsewhere. These findings present a considerable opportunity for intervention in pathways to grow the knowledge of Link Workers.

Amongst the survey participants, those employed by social enterprises and charities appeared to have the highest rates of physical activity training receipt (26%). There was an insufficient number of respondents achieved from both local councils and NHS trusts to confidently gauge whether the rates of training observed in the findings, might provide any insights beyond the survey sample. Similarly, considering training take-up by county, although more than a quarter of respondents in Cumbria seemingly had received training, the sample remained small. This said, the responses from the county may make up a good proportion of the total number of Link Workers located there. Otherwise, from the feedback of Link Workers based in Merseyside and Lancashire, just over 1 in 5 had benefited from physical activity training.

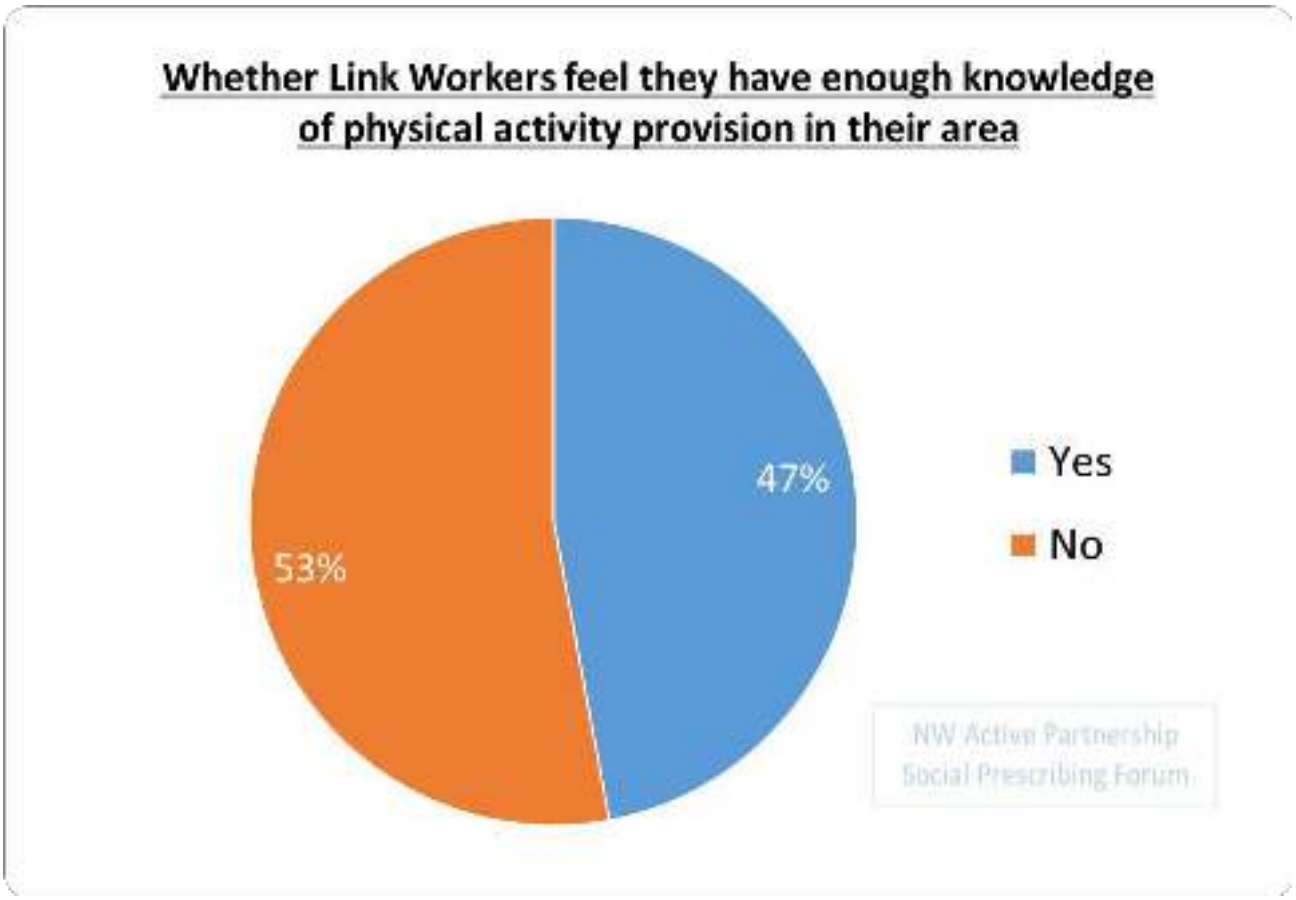



Percentage of Link Workers who knew the physical activity guidelines of 150mins per week
48%
68%
44%
56%
61%
All
Received physical activity (PA) training
Not received physical activity (PA) training
Link Workers very/extremely confident discussing PA
Link Workers exercising 150mins pwk or more

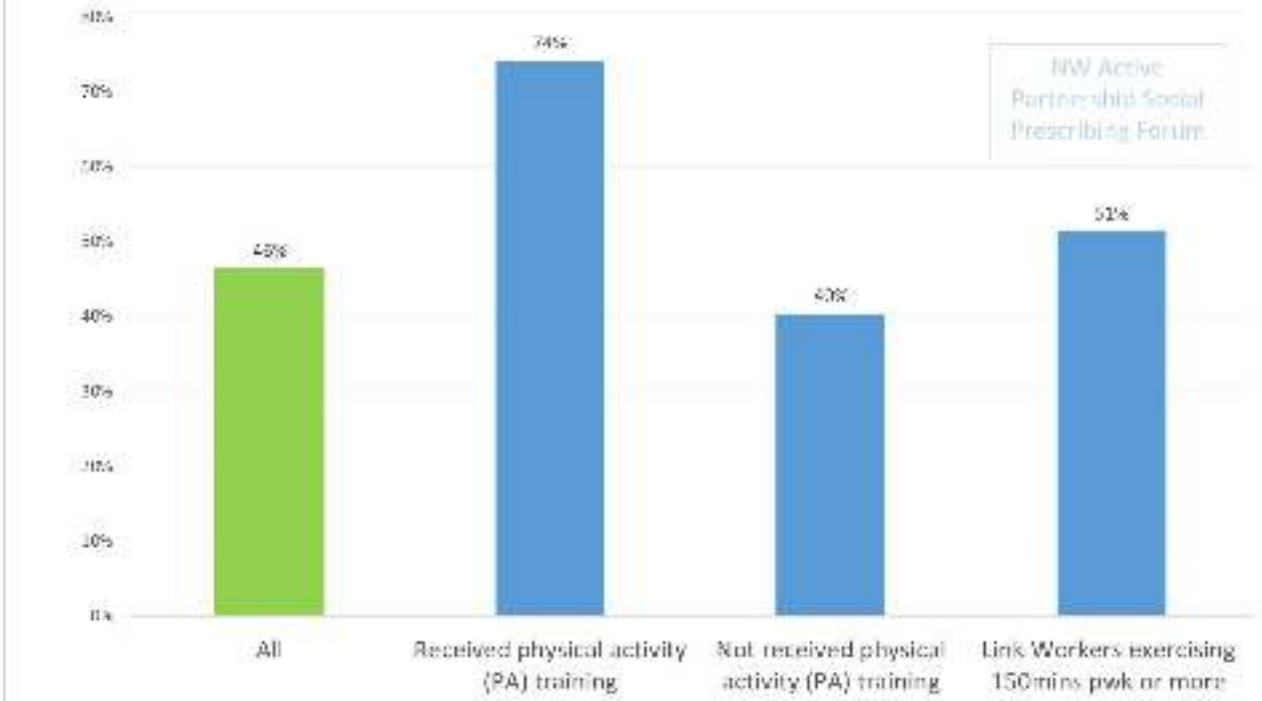

Link Worker knowledge of the recommended weekly physical activity guidelines, by county
48%
62%
42%
50%
48%
44%
All
Cheshire
*Cumbria
Greater Manchester
Lancashire
Merseyside

Knowledge of recommended physical activity guidelines: While the scope of this report is limited to observations and makes no attempt to infer causality, some potential opportunities for system intervention might be illuminated. Subsequently, the impact of pursuing these avenues could then be measured, perhaps utilising the results in this report to provide benchmarks.

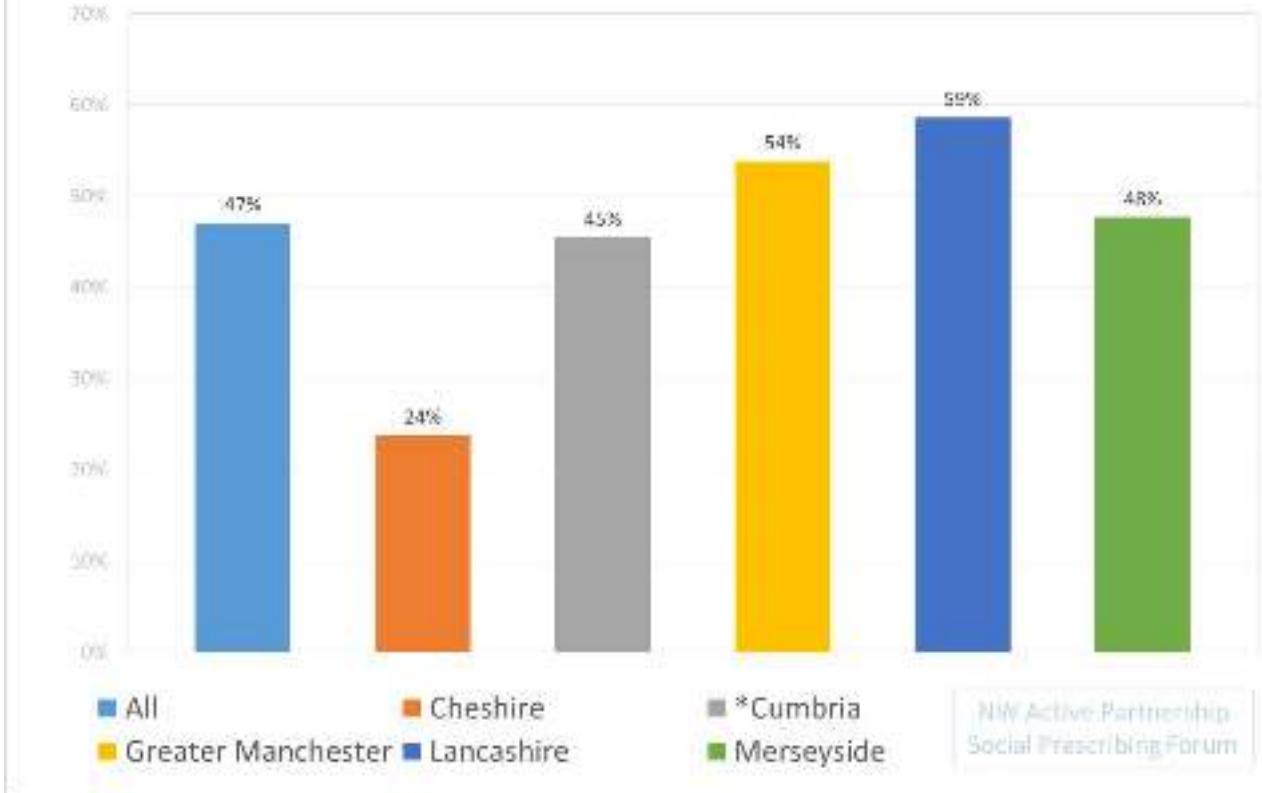
In relation, just under half of Link Workers knew the Chief Medical Officer's recommended weekly guidelines for physical activity (48%). Whereas, amongst the Link Workers who had received physical activity training, 68% knew the weekly physical activity guidelines, while that same figure was 61% for those Link Workers exercising 150 minutes of more per week, and for those Link Workers very/extremely confident discussing physical activity 56%. These results perhaps suggest, that elevating and then measuring levels of Link Worker confidence discussing physical activity should perhaps not be pursued as a goal in isolation from gauging the accompanying knowledge of such staff. Otherwise, considering Link Worker knowledge of these guidelines at the county-level, those respondents based in Cheshire demonstrated the greatest percentage getting this question correct (62%).



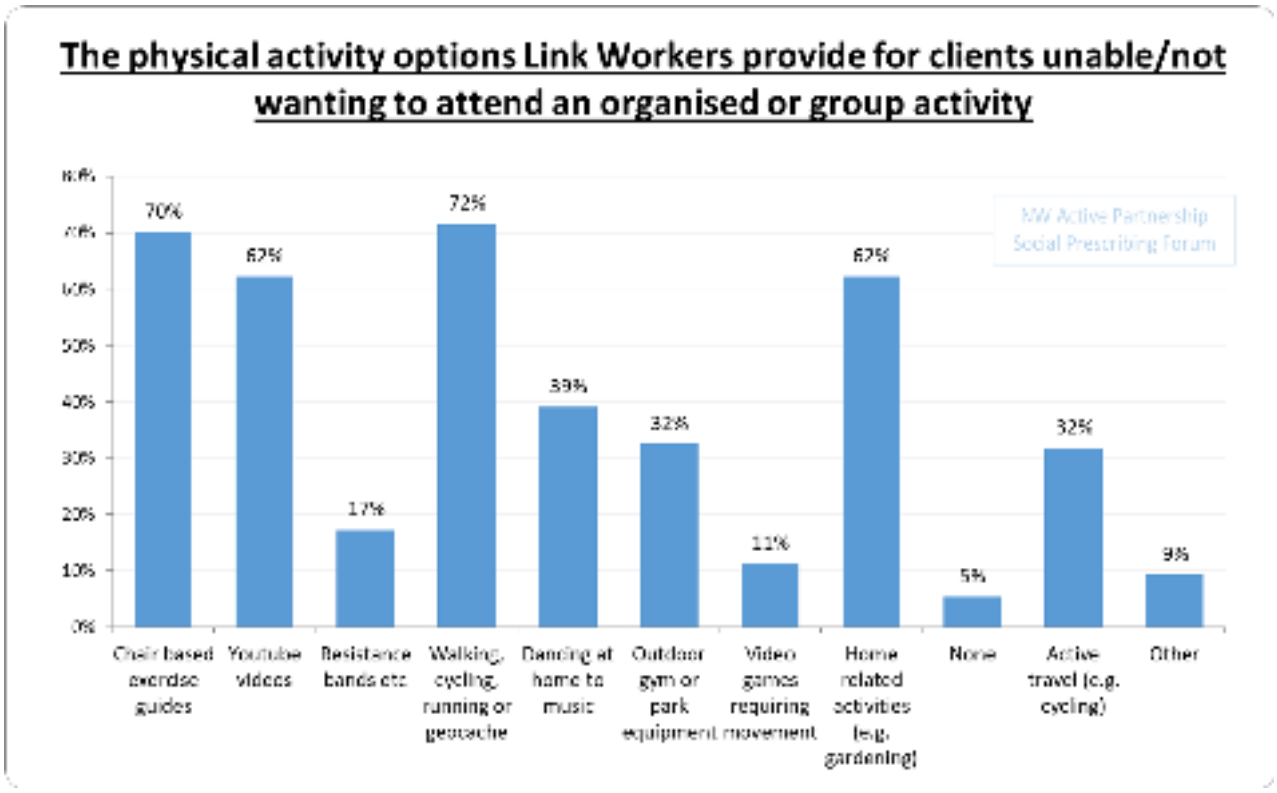
Whether Link Workers feel they have sufficient knowledge of physical activity provision in their location

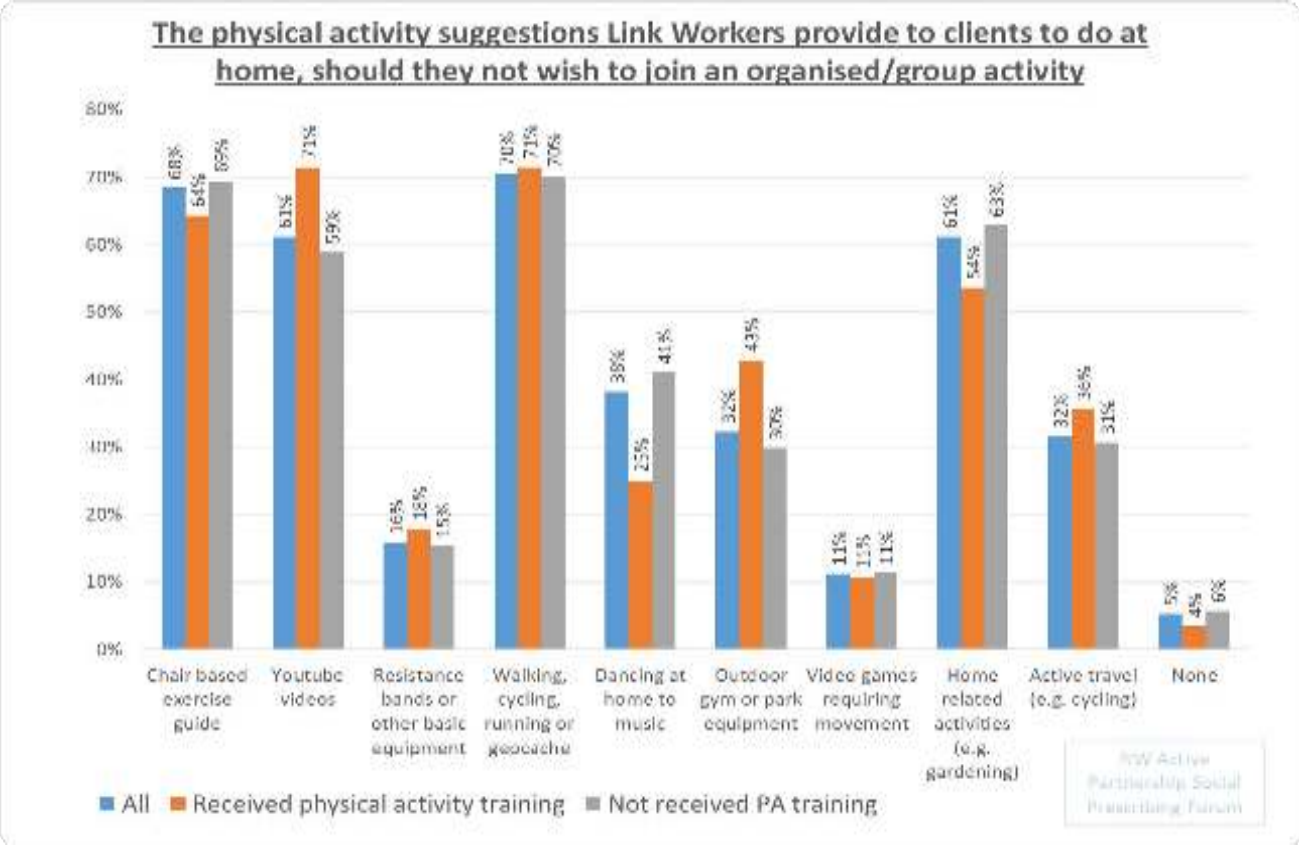


Link Worker knowledge of provision by county

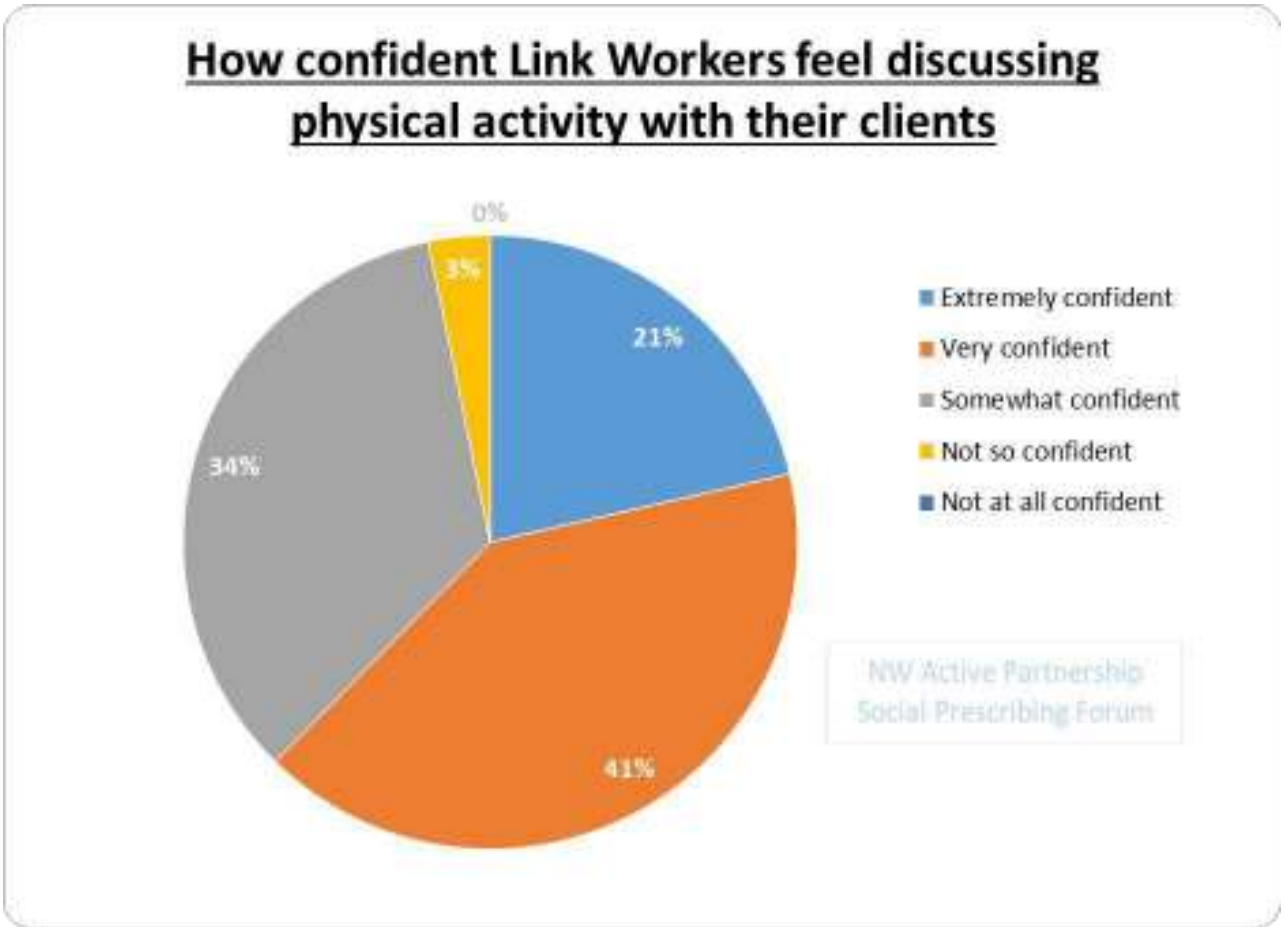


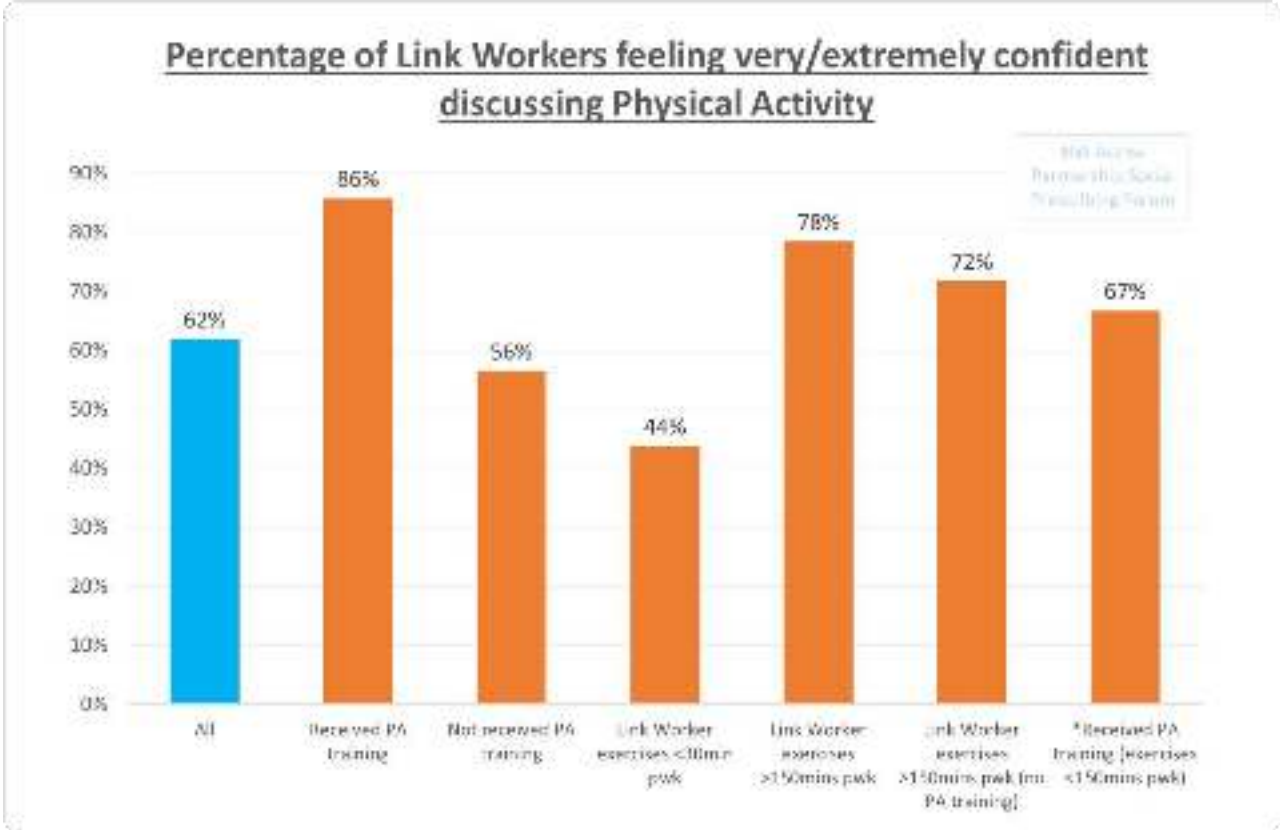
Link Worker knowledge of local provision: A minority of those surveyed fed back that they had sufficient knowledge of local physical activity provision (47%). However, for those who had received physical activity training, this percentage was much higher (74%), while only 40% of those who had not received this training regarded themselves as having sufficient knowledge. By county, in Lancashire the greatest proportion of respondents (59%), reported having sufficient knowledge of local provision. These results point towards existing physical activity training, benefiting Link Workers in this regard and possibly incorporating elements that highlight opportunities to get clients moving.





Provision of unstructured physical activity options: Where clients are unable or do not wish to attend group physical activity sessions, it was considered important that Link Workers might also be able to respond to this need. Across the sample, it appeared a great variety of options are on offer. This said, just 4 were offered by the majority of survey participants, these being: walking, cycling, running or geocache (72%); chair based exercise guides (70%); YouTube videos (62%); and home related activities such as gardening (62%). Fewer Link Workers suggested dancing at home (39%), outdoor gym equipment (32%) and active travel (again 32%). The possible influence of physical activity training appeared less clear, with those Link Workers that had received training, more and less frequently reporting that they made available any particular option. There exists the potential then, to emphasise through physical activity training perhaps, a greater variety of options and in particular those possibly less traditionally, perceived as recognised forms of physical activity, such as household chores and dancing at home.

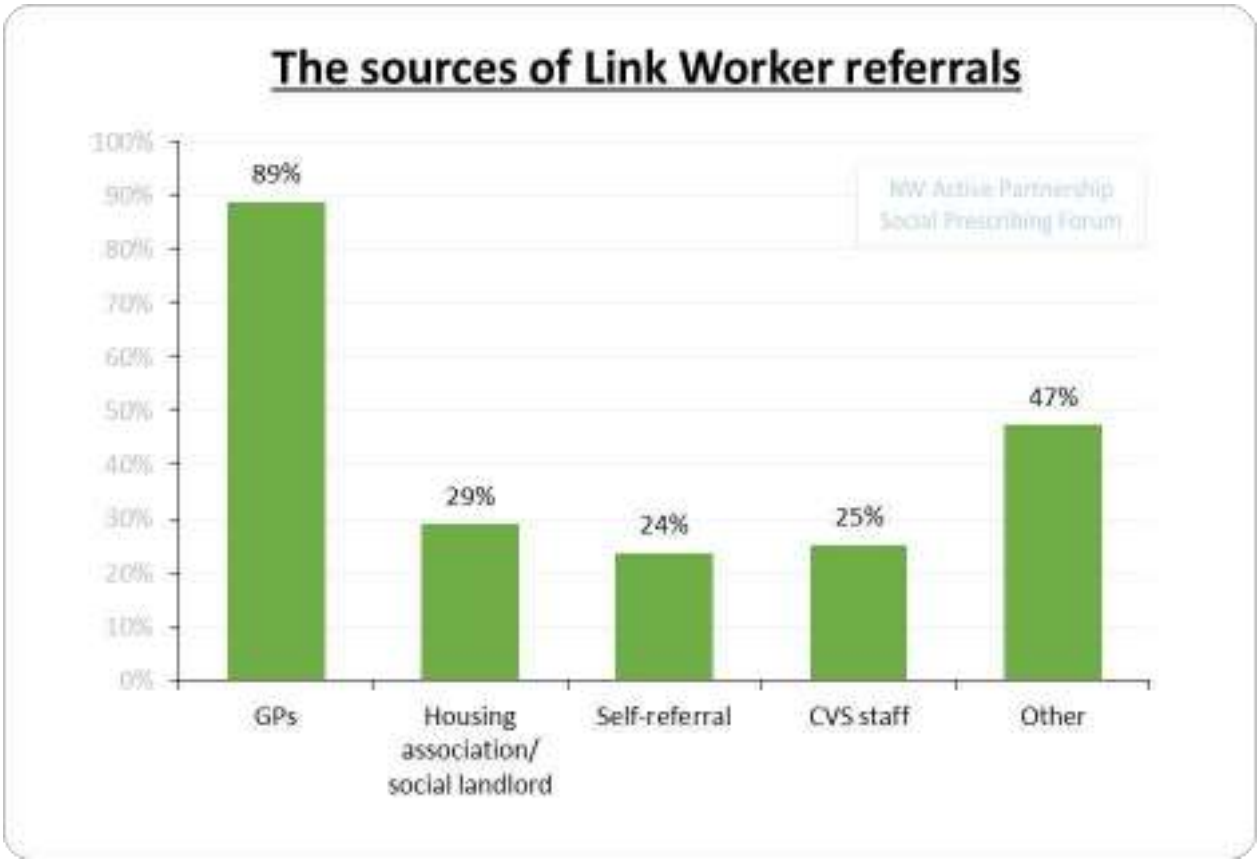

How confident Link Workers feel discussing physical activity with their clients
0%
3%
21%
34%
41%
Extremely confident
Very confident
Somewhat confident
Not so confident
Not at all confident
NW Active Partnership Social Prescribing Forum


Percentage of Link Workers feeling very/extremely confident discussing Physical Activity
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
62%
86%
56%
44%
78%
72%
67%
All
Received PA training
Not received PA training
Link Worker exercises <150mins pwk
Link Worker exercises >150mins pwk
Link Worker exercises >150mins pwk (inc PA training)
Received PA training (exercises <150mins pwk)

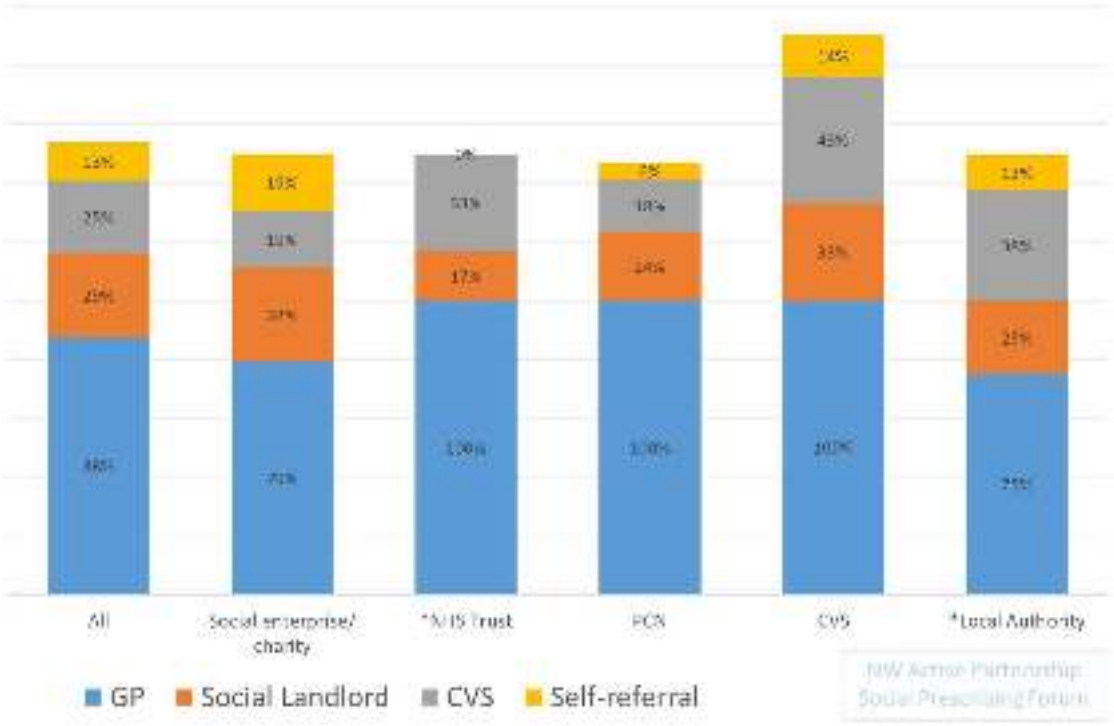
Link Worker confidence discussing physical activity: 62% of the Link Workers surveyed, felt very or extremely confident discussing physical activity with their clients. However, amongst the group that exercised more than 150 minutes a week but had not received physical activity training, the proportion was 72%, and conversely 67%. Each aforementioned factor here excludes the other, but observing those figures that may have been influenced by both, perhaps lends support to the notion that interventions providing the greatest impact, might do so by offering training and encouraging exercise in combination. Otherwise, upon first look at the results throughout this report, it may appear that physical activity training possesses the greatest potential influence on the range of outcomes explored. Although, it is worth bearing in mind less than 1 in 5 Link Workers had undertaken physical activity training, while almost half exercised 150 minutes or more per week. This is notable because without isolating the variables, it would have been possible that all of the Link Workers that undertook physical activity training, were also achieving 150 minutes of exercise each week, so the influence of 2 factors might be more apparent. In reverse, it was not possible that all the Link Workers that exercised 150 minutes or more, could have undertaken physical activity training, as the numbers do not allow it, so the combined influence of these factors may be less visible. Otherwise, the absence of confidence amongst Link Workers who had either not received training or that exercised less than 30 minutes, again highlights the value of further exploration in this regard.

Opportunity

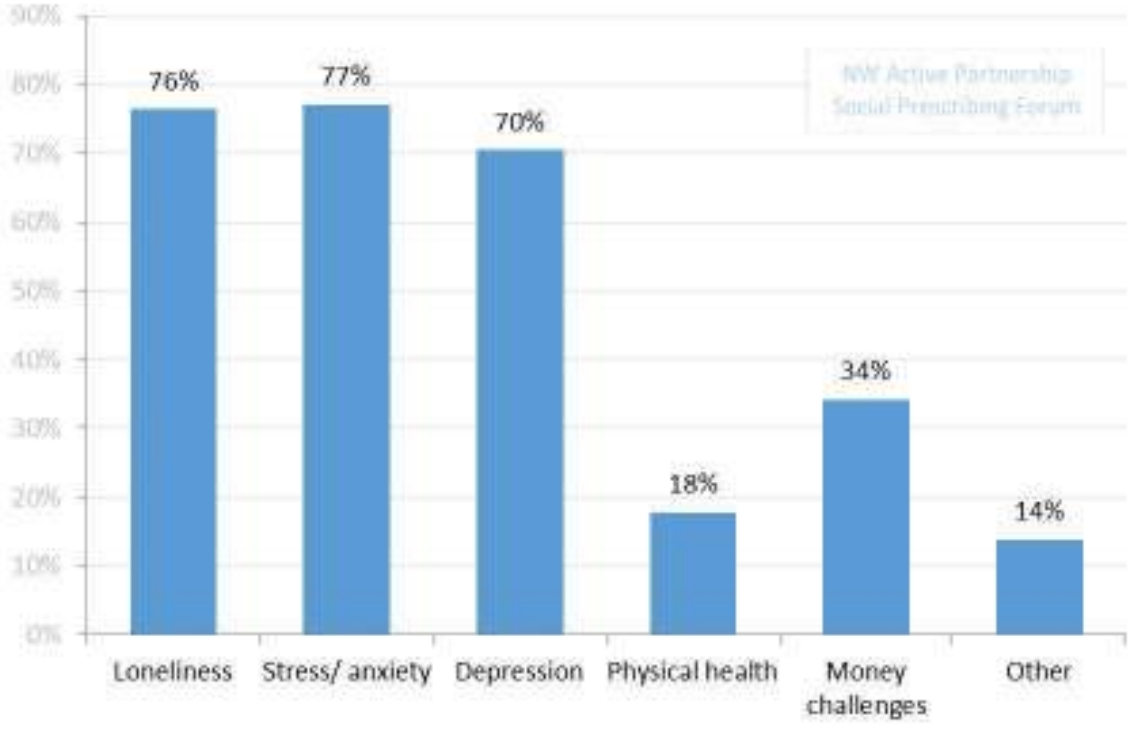
While the capability of Link Workers to explore physical activity related themes of discussion, is crucial to the ability of clients to improve their levels of activity, the context in which this work is undertaken is similarly important. The opportunities explored in principal relate to the nature and effectiveness of inward referral of clients to Link Workers, and then subsequently, their outward referral into appropriate provision. This then highlights the relevance of where referrals originate, and if inactive groups and individuals are firstly being engaged by those referring into social prescribing pathways and then once contact is established, whether a physical activity need is being identified prompting referral? Subsequently, in terms of outward referral from Link Workers into provision, have appropriate opportunities to support the improvement of physical activity levels been established, in terms of the diversity, distance, setting and quality of the offer? Finally, if despite efforts a suitable and sufficient provision menu is not available, then how well is the demand, prevalence and character of the prevailing provision gaps understood, so that they might be addressed? At the same time as considering this last point, it is also considered which activity themes (e.g. mental wellbeing or money management) might be in greatest demand, so this might illuminate opportunities for collaboration and integration with physical activity.



Who refers to Link Workers, based on their employer type



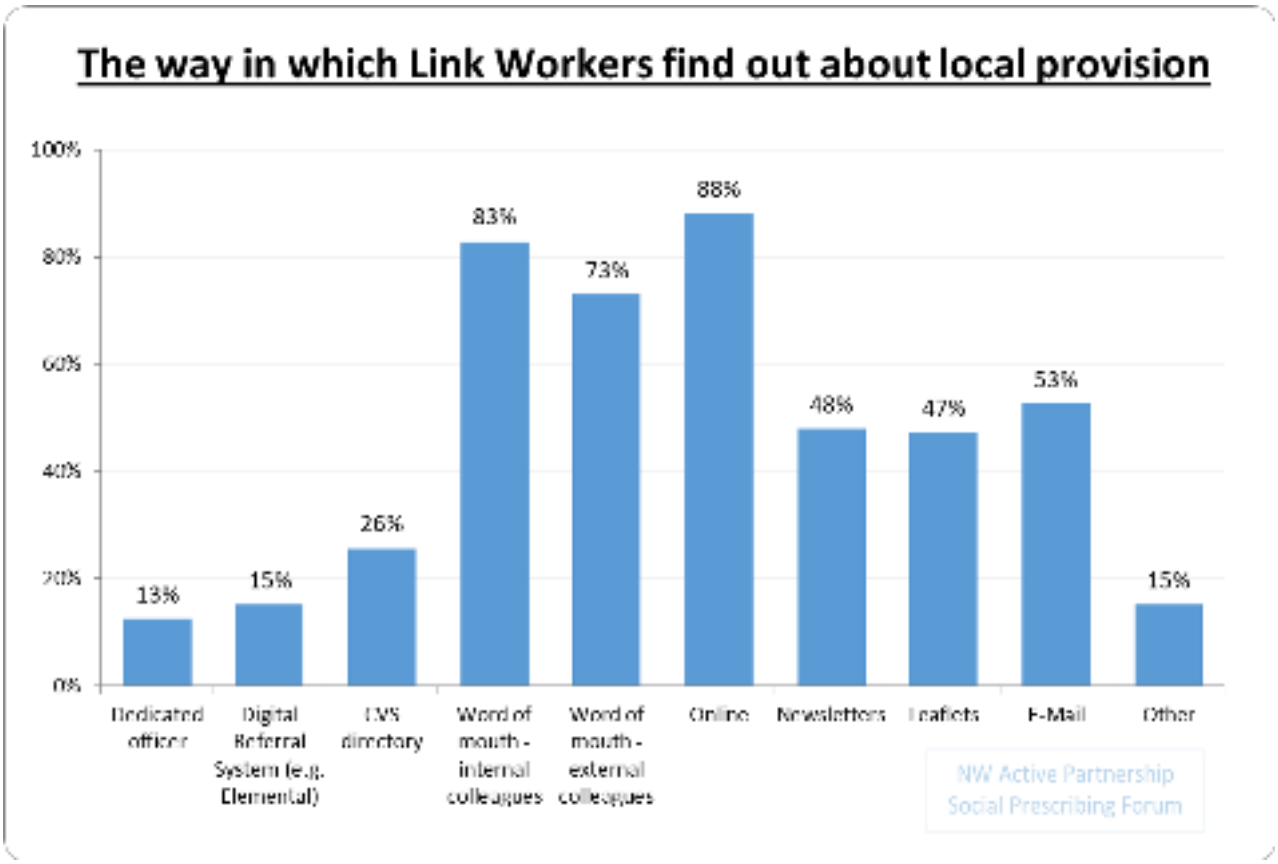
The main reasons Link Workers receive referrals

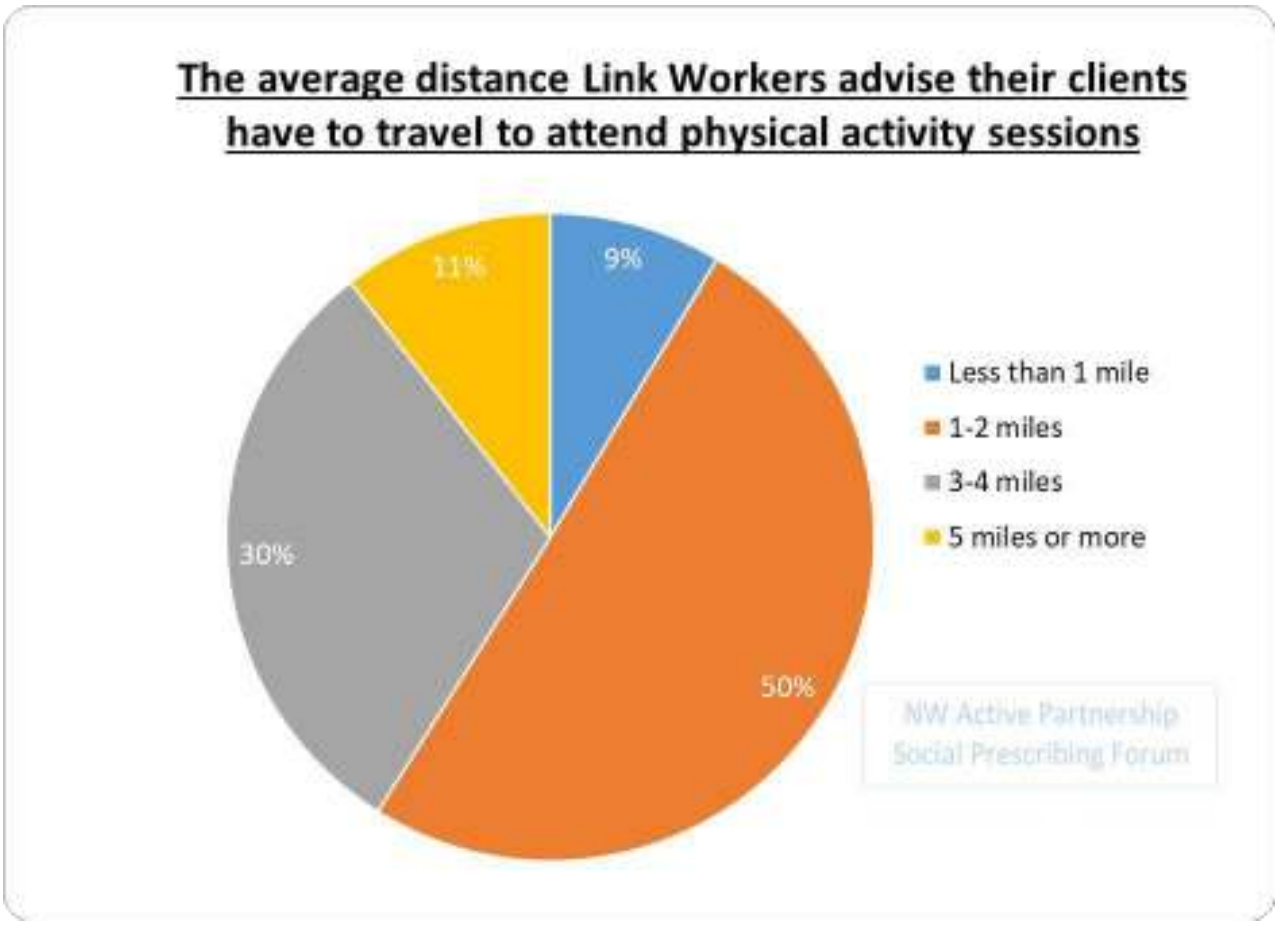


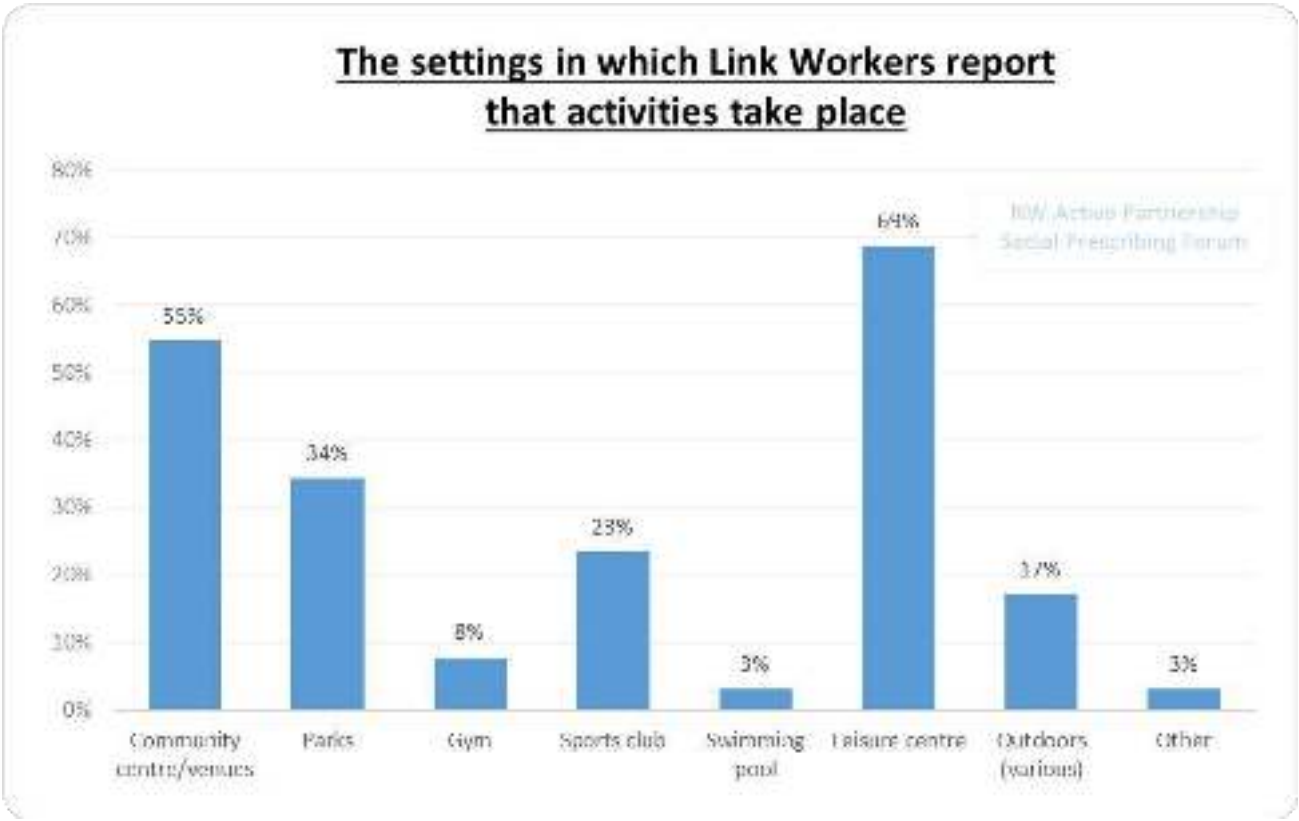
The sources of inward referrals to Link Workers: By far, the greatest number of Link Workers reported that General Practitioners refer clients to them (89%), with the next most common root of referral being from social landlords (29%), and a quarter of respondents advising CVSs were a source of clients. Just under a quarter of Link Workers saw clients who had self-referred, while other sources of referral were extremely diverse, including social workers, health roles, various medical practitioners, probation officers, the Citizen Advice Bureau, social services and more broadly local authority staff performing a range of functions. There was evidently a great diversity of referral roots into social prescribing pathways being utilised, so it is likely in each scheme one or more sources would engage inactive groups (such as BAME/EDC, those from economically deprived locales or those with long-term health conditions). The considerations might then be, whether it is recognised that inactive groups are being engaged and if so, is there adequate identification of their needs and how improved levels of activity, might benefit them?

When compared to Link Workers employed elsewhere, those employed by CVSs appeared to achieve the greatest diversity of inward referral roots into their service. In each instance, CVS employed Link Workers achieved the highest or equal prevalence of referral source, except for self-referral where they had the second highest. 1 in 5 social enterprise and charity employed Link Workers saw clients through self-referral (the highest rate), this perhaps speaking of the grass roots nature of these organisations and their connections into communities. While it might be common for GPs to encounter those with long-term health conditions, perhaps the role of housing associations in terms of connecting with individuals in socially and economically deprived neighbourhoods could be further developed, given the prevalence of inactivity in such areas. Alternatively, it may be necessary to identify alternate routes of engagement for BAME/EDC groups, whereas with it often reported that social prescribing predominantly attracts female service users, opportunities to engage inactive women may be more immediately available, should efforts to capitalise on them be made.

The reasons for inward referral: As might be expected, most Link Workers fed back the reasons they received referrals was to address needs surrounding, loneliness, stress/anxiety and depression, whereas only 18% reported the reason for referrals concerning physical health. So while engagement of inactive groups, individuals and communities appeared to be taking place, it is in the identification of physical health/activity needs amongst those already being engaged, where it appears there might be greatest potential to elevate referral rates.


The way in which Link Workers find out about local provision
100%
80%
60%
40%
20%
0%
13%
15%
26%
83%
73%
88%
48%
47%
53%
15%
Dedicated officer
Digital Referral System (e.g. Elemental)
LVS directory
Word of mouth - internal colleagues
Word of mouth - external colleagues
Online
Newsletters
Leaflets
E-Mail
Other
NW Active Partnership Social Prescribing Forum

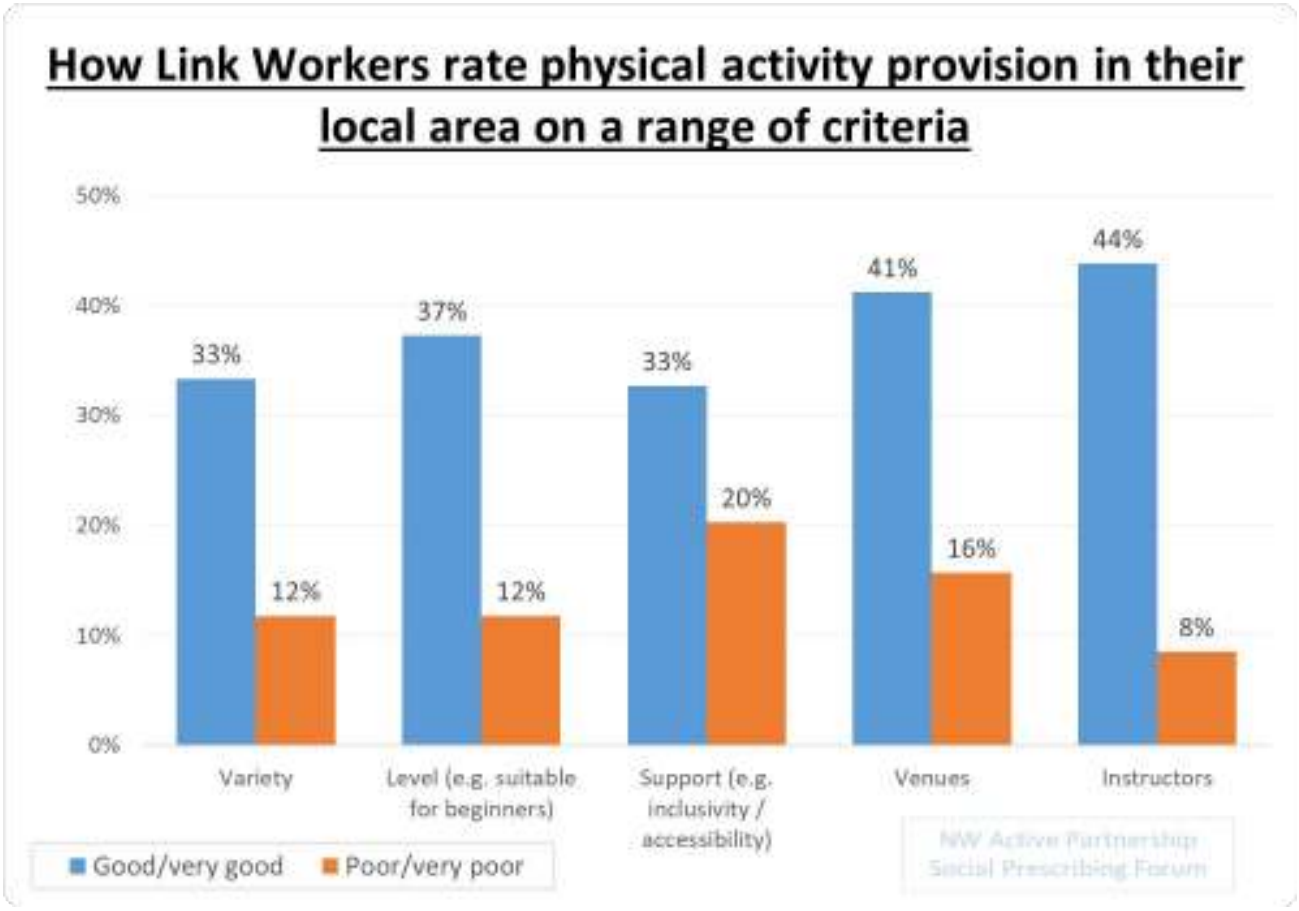

The average distance Link Workers advise their clients have to travel to attend physical activity sessions
9%
50%
30%
11%
Less than 1 mile
1-2 miles
3-4 miles
5 miles or more
NW Active Partnership Social Prescribing Forum

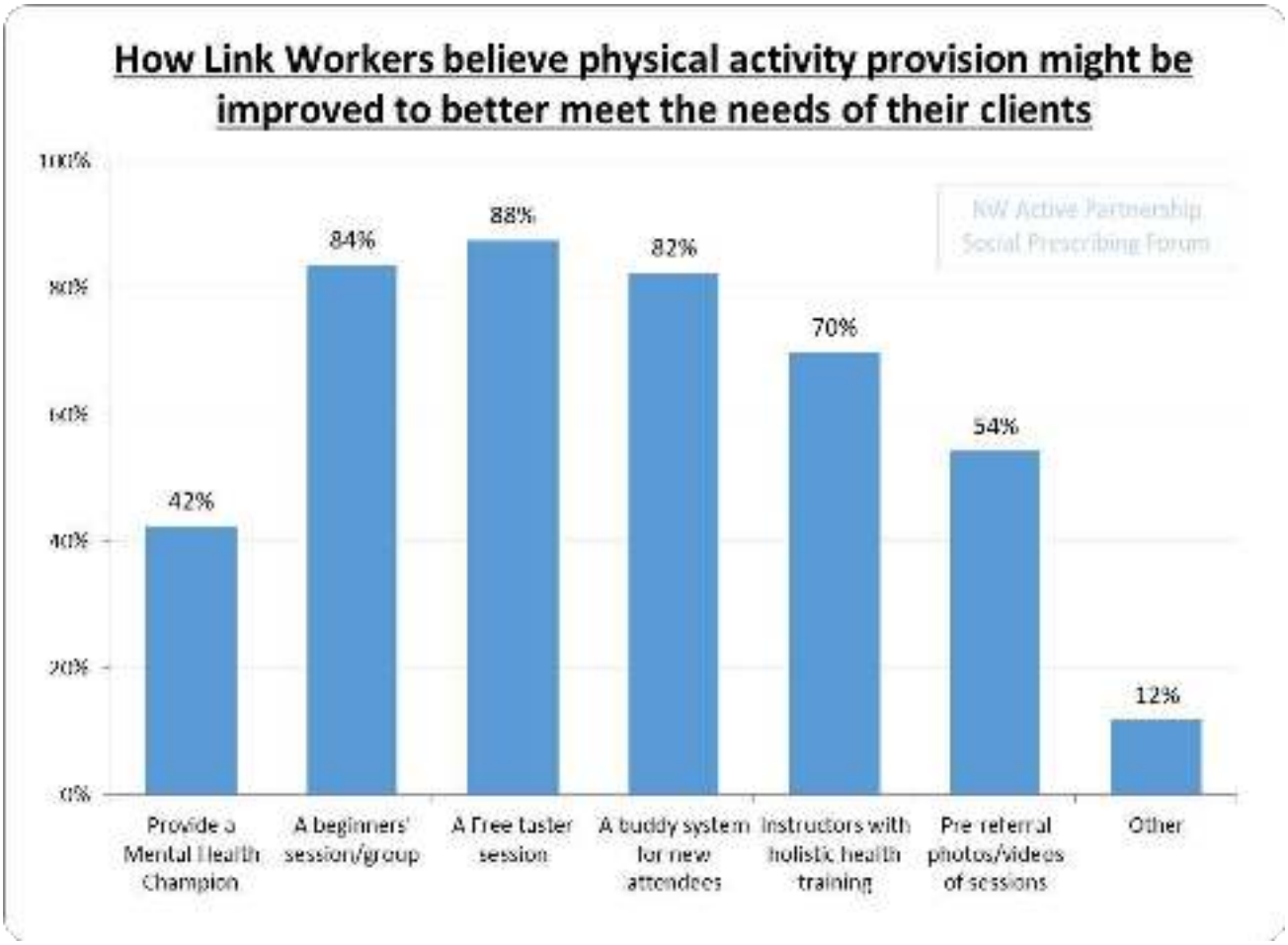

The settings in which Link Workers report that activities take place
80%
70%
60%
50%
40%
30%
20%
10%
0%
55%
34%
8%
23%
3%
64%
17%
3%
Community centre/venues
Parks
Gym
Sports club
Swimming pool
Leisure centre
Outdoors (various)
Other

How Link Workers identify provision: The vast majority of Link Workers discover the provision into which they refer, either online (88%) or by word of mouth, whether this is through internal or external colleagues (83% and 73% respectively). Whereas around half of all respondents relied on newsletters, leaflets and emails. This again highlights the importance of connections, which was extensively emphasised in the accompanying North-West Physical Activity Provider Report 2022. While other sources were much less frequently utilised (e.g. digital referral and directories), this only speaks of their prevalence and not necessarily their effectiveness at providing social prescribers with a suitable menu of opportunities. This finding therefore, could easily be more a result of necessity, rather than one of preference and availability of other options. Indeed, there remains a sizeable appetite for digital directories that resolve the issues encountered by many earlier platforms, surrounding the human resource necessary to sustain their maintenance and the supply of provision menus that remained current.

The distance social prescribing clients travel to attend physical activity: 41% of Link Workers fed back that their clients on average had to travel 3 miles or more to attend physical activity provision. Again, referring to the North-West Physical Activity Provider Report 2022, this revealed that the most prevalent barrier encountered by participants was distance of travel (as reported by providers). With emerging advice for getting populations moving advocating that physical activity is incorporated into people's everyday life, it is unclear how these findings fit with that aspiration. Although, it is recognised structured provision may only be one component of achieving this goal, but for inactive individuals taking their first steps into exercise, the availability of guided sessions maybe crucial in aiding compliance with exercise goals, learning and social connectedness.

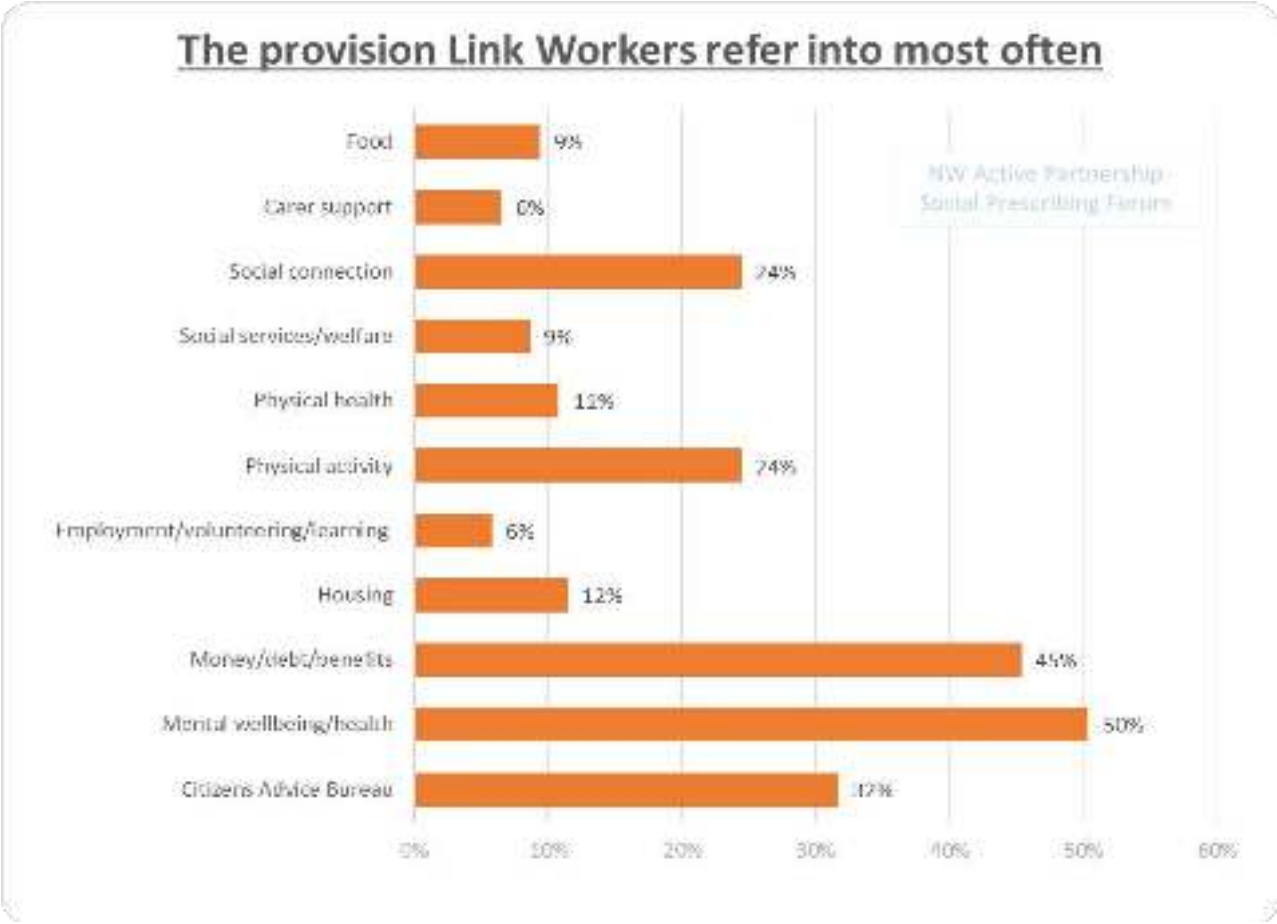
The settings in which physical activity sessions are delivered: Most commonly, Link Workers indicated that the physical activity sessions they referred into, were delivered in leisure centres (69%), while just over half advised they took place in community centres/venues and a third in parks. Debate continues about the role of sports clubs in social prescribing, with the North-West Physical Activity Provider Report 2022, suggesting that while many clubs might be interested in getting involved in provision, there appears a possible lack of confidence in their ability on the whole to meet the needs of referrals. This maybe reflected in the relatively low rates of sports club involvement in social prescribing observed in the report, when compared to the number interested. However here, almost 1 in 4 Link Workers report they are referring into sports clubs. Therefore, if the aspiration is for physical activity to occur as close to home, work, recreation and travel as possible (or incorporated into it), it could be necessary to grow the range of opportunities identified, that exist alongside those taking place in traditional settings such as leisure centres (e.g. gardening groups). However, given the abundance of sports clubs, could they provide more instinctively obvious opportunities (if delivery were modified perhaps), to reduce the distance clients might have to travel to participate in structured activities? The model pursued by International Mixed Ability Sports comes to mind here, as just one example of how this might be achieved while also, it could be possible to identify the approaches of sports clubs already regarded as suitable for client referral by Link Workers and surface the practices that they have adopted.

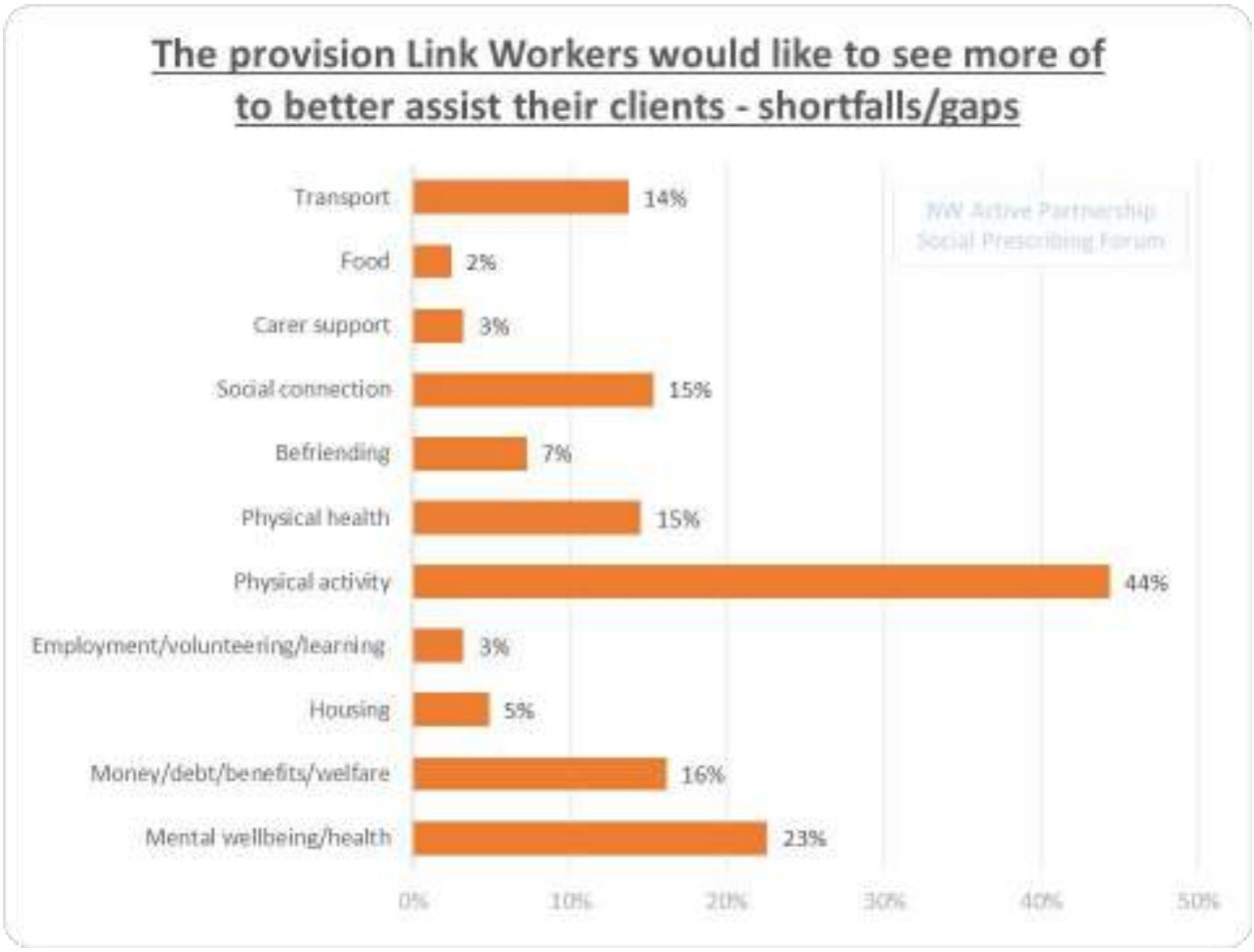

How Link Workers rate physical activity provision in their local area on a range of criteria
50%
40%
30%
20%
10%
0%
33%
12%
37%
12%
33%
20%
41%
16%
44%
8%
Variety
Level (e.g. suitable for beginners)
Support (e.g. inclusivity / accessibility)
Venues
Instructors
Good/very good
Poor/very poor
NW Active Partnership Social Prescribing Forum

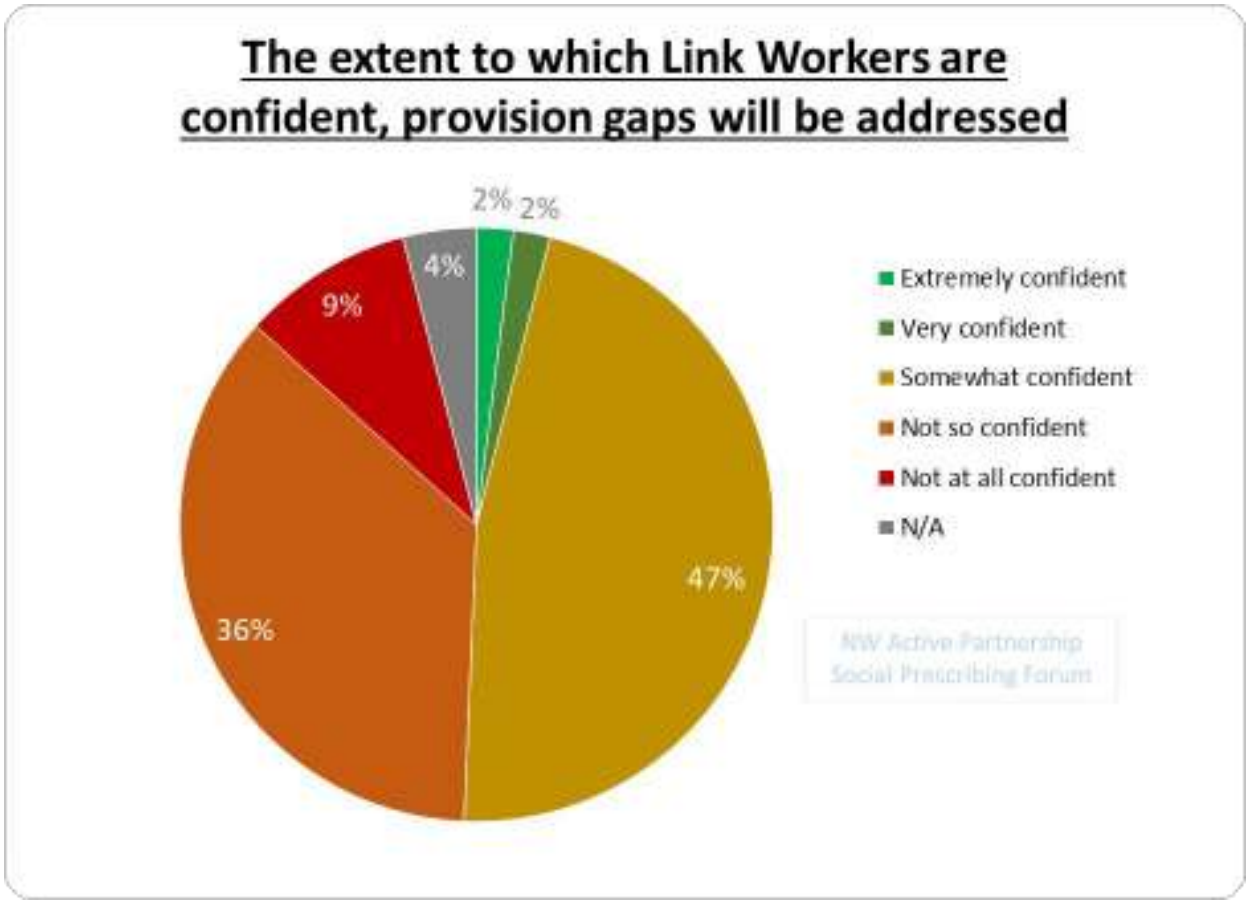

How Link Workers believe physical activity provision might be improved to better meet the needs of their clients
100%
80%
60%
40%
20%
0%
42%
84%
88%
82%
70%
54%
12%
Provide a Mental Health Champion
A beginners' session/group
A free taster session
A buddy system for new attendees
Instructors with holistic health training
Pre referral photos/videos of sessions
Other
NW Active Partnership Social Prescribing Forum

How Link Workers rate local physical activity provision: While it is observed improvements could be made, from a Link Worker perspective - relatively speaking and on the whole - physical activity instructors and venues did not fare too badly. 44% of Link Workers rated local instructors as good or very good and 41% rated venues similarly so, this despite 16% conversely feeding back venues were poor/very poor. Link Workers' appraisal of the variety of activities on offer and associated support appeared less favourable, with just one in three rating these aspects of local physical activity provision as good/very good. However, across the dimensions considered, the greatest proportion of Link Workers rating any aspect of delivery poor/very poor, did so in relation to the support provided to social prescribing clients, this concerning for example, considerations such as inclusivity and accessibility. This is a finding that echoes a recurrent theme featured in the North-West Physical Activity Provider Report 2022, in which it is suggested the ability of providers to meet the additional needs of social prescribing clients is variable and a key area of focus requiring attention.

Possible improvements to physical activity provision: Over 80% of Link Workers wanted to see free taster sessions on offer (88%), a beginners' session or group (84%) and some form of buddy system in place (82%). Alternatively, reviewing other feed back from Link Workers in relation, resulted in two prevailing themes emerging, those of distance to activities/transport and cost. The appetite for free taster sessions might in part be a response to the barrier of cost, while the desire for some resolution to the issue of distance/transport attending activities, is something similarly acknowledged by providers, with this being the challenge most commonly highlighted by this stakeholder group. Furthermore, the second most frequently reported challenge amongst providers, was client levels of health/fitness, this again corroborating the findings observed here perhaps. Generally speaking, outside of the suggestion that providers might make available instructors with holistic health training (70% of Link Workers) and a mental health champion (42% of Link Workers), it can be seen the improvements in greatest demand are non-specialist and at the same time relatively broad and straightforward. These present quite achievable opportunities that could be easily pursued and might do much to improve physical activity provision for social prescribing clients.




The provision Link Workers would like to see more of to better assist their clients - shortfalls/gaps
Transport 14%
Food 2%
Carer support 3%
Social connection 15%
Befriending 7%
Physical health 15%
Physical activity 44%
Employment/volunteering/learning 3%
Housing 5%
Money/debt/benefits/welfare 16%
Mental wellbeing/health 23%
0%
10%
20%
30%
40%
50%
NW Active Partnership Social Prescribing Forum

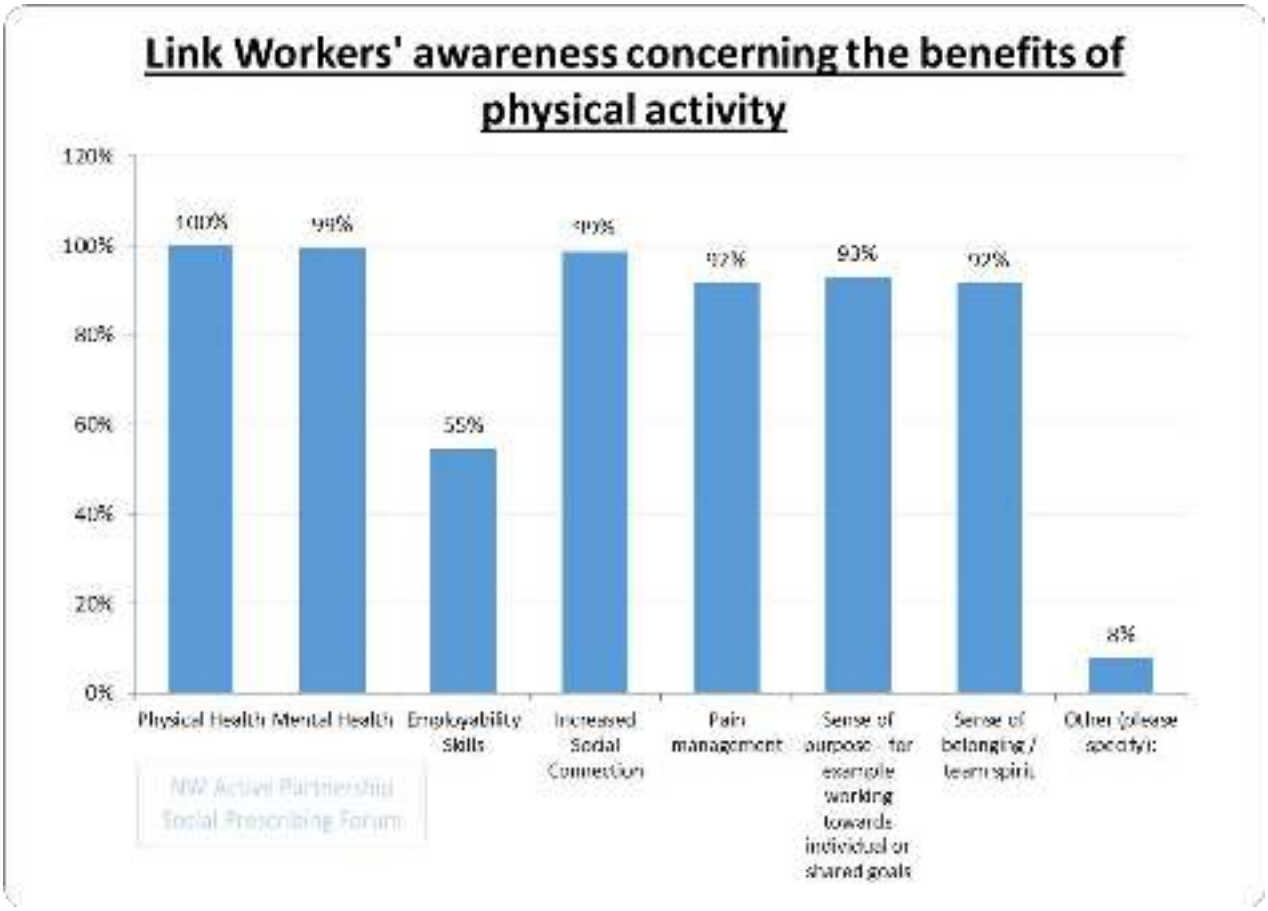

The extent to which Link Workers are confident, provision gaps will be addressed
2%
2%
4%
9%
47%
36%
Extremely confident
Very confident
Somewhat confident
Not so confident
Not at all confident
N/A
NW Active Partnership Social Prescribing Forum

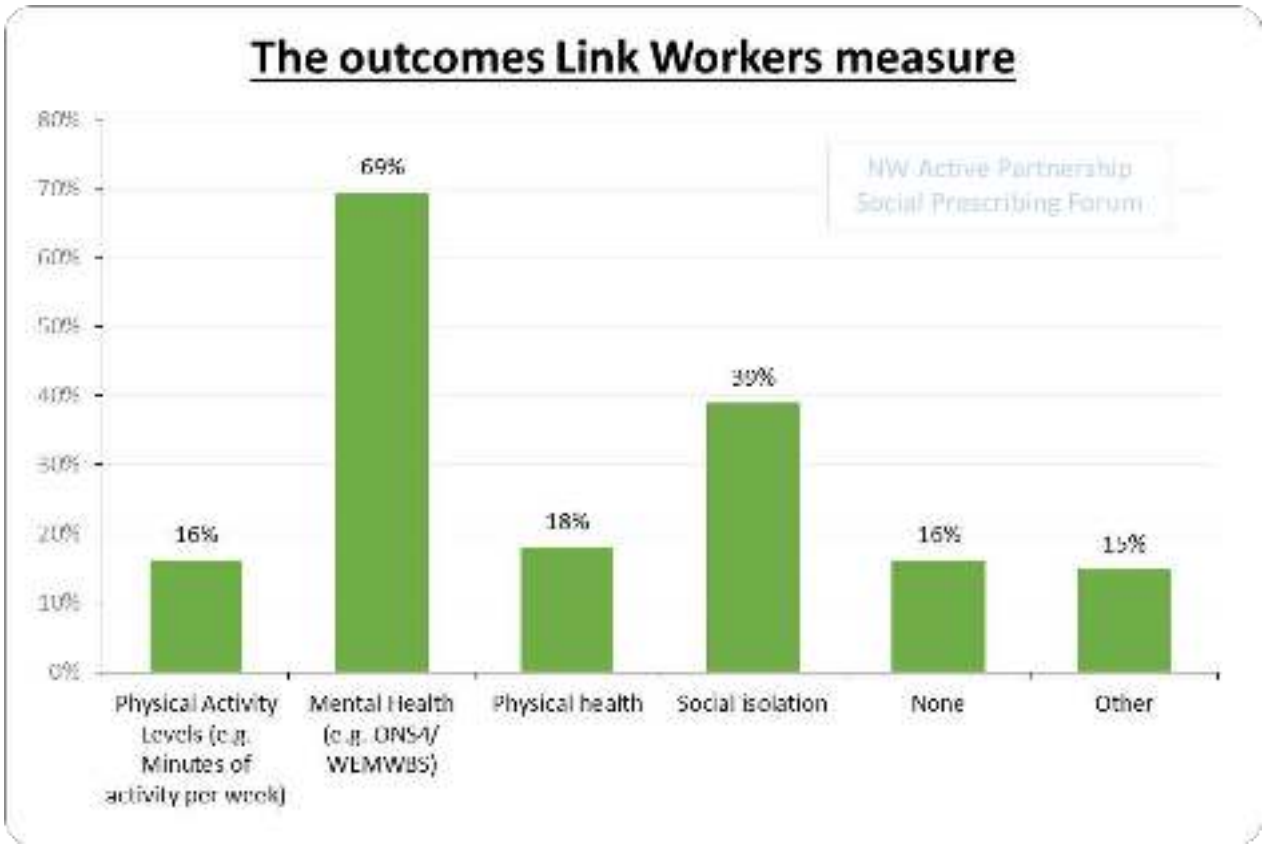
The provision into which Link Workers refer most often: It is hoped, by determining the provision most commonly referred into by Link Workers, this will reveal opportunities for the development of unconventional partnerships and colocation of services, to create new contact points for inactive individuals to encounter physical activity opportunities. In relation, the survey results revealed that half of respondents most often referred into activities associated with mental health and wellbeing, this fitting well with drives such as those expressed in the Sport England 10 year vision 'Uniting the Movement', that highlight the importance of broader health considerations alongside mental wellbeing. The extent to which Link Workers consider physical activity itself, as an effective means to support good mental health is explored later in this report. Otherwise, 45% of Link Workers fed back that they frequently refer clients into money management and benefits advice services and 32% to Citizens Advice. It is worth considering then, whether the colocation of such services might help inactive clients familiarise themselves with physical activity or associated environments and aid the exploration of an often voiced but perhaps insufficiently tested assumption, that clients experiencing more fundamental concerns, will be unlikely to take up physical activity. Finally, just short of 1 in 4 of the Link Workers surveyed, advised that they routinely refer into activities seeking to promote social connectedness. Therefore, while activities involving movement might successfully tackle loneliness alongside improving physical health, might opportunities exist to better emphasise the ability of physical activity to achieve multiple outcomes simultaneously?

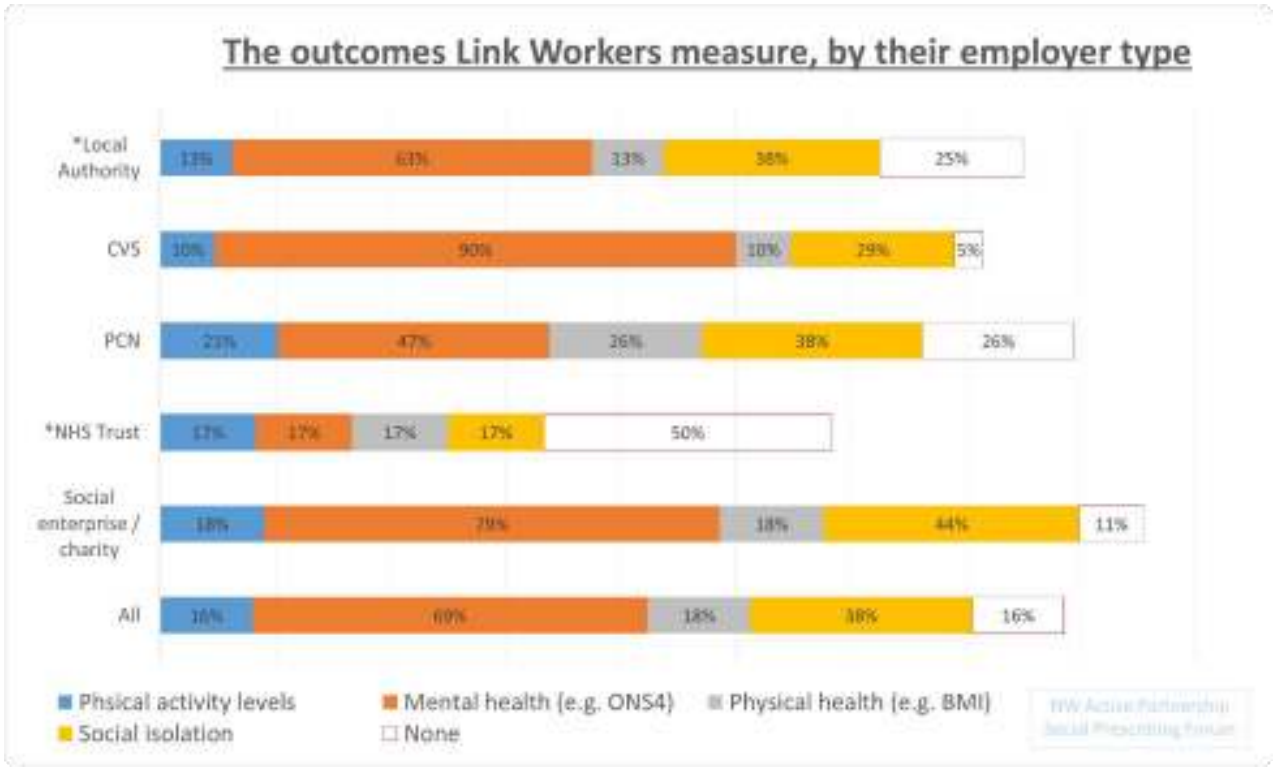
Potential undersupply and gaps in provision: While only 24% of Link Workers indicated that they commonly refer into physical activity provision, approaching half (44%), wanted to see greater availability and this appeared to exceed by some margin (21%), the next most commonly sought provision type, mental health/wellbeing. Even though the challenges of inclusion, distance and cost highlighted above, might mean that many of the physical activity options on offer, may not be well suited to social prescribing clients, it is unclear whether the full range of potential activities that involve movement (e.g. gardening), are recognised as qualifying as exercise. Regardless, the demand reveals both an opportunity and a challenge, as it would appear the appetite exists, but growth and modification of the offer is required, even if some of the demand could potentially be satisfied by a more generous reclassification of existing provision and the reimagining of sports clubs.

Motivation

A great many considerations might influence the motivation of Link Workers to pursue physical activity conversations with their clients and then make referrals. Firstly, the perceived relevance of physical activity as a means through which Link Workers might achieve the outcomes they are tasked with, needs to be established. Secondly, if the set of outcomes Link Workers are asked to prioritise (e.g. mental wellbeing and social connection), does not include physical activity and/or health outcomes that exercise might be uniquely or more effectively able to achieve, then these benefits might remain unavailable to social prescribing clients or be much less readily attained. Rather, physical activity may compete alongside other provision, attempting to achieve outcomes it may only be equally well suited to pursue, with the unique additional benefits it might bring, being overlooked. Exploring who monitors the outcomes then, might reveal which stakeholders health and physical activity leads might seek to engage, should it be found that physical activity and health, are insufficiently monitored. Furthermore, understanding which referral management systems are used - and subsequently which referral reasons and outcome measures are supported - may further shed light on the way in which Link Workers' attention is being directed. Lastly, while also relating to capability (explored earlier), knowing the specific learning Link Workers might already recognise as useful to their roles, would help to ensure any resulting training is relevant, necessary and responds to their existing interests.

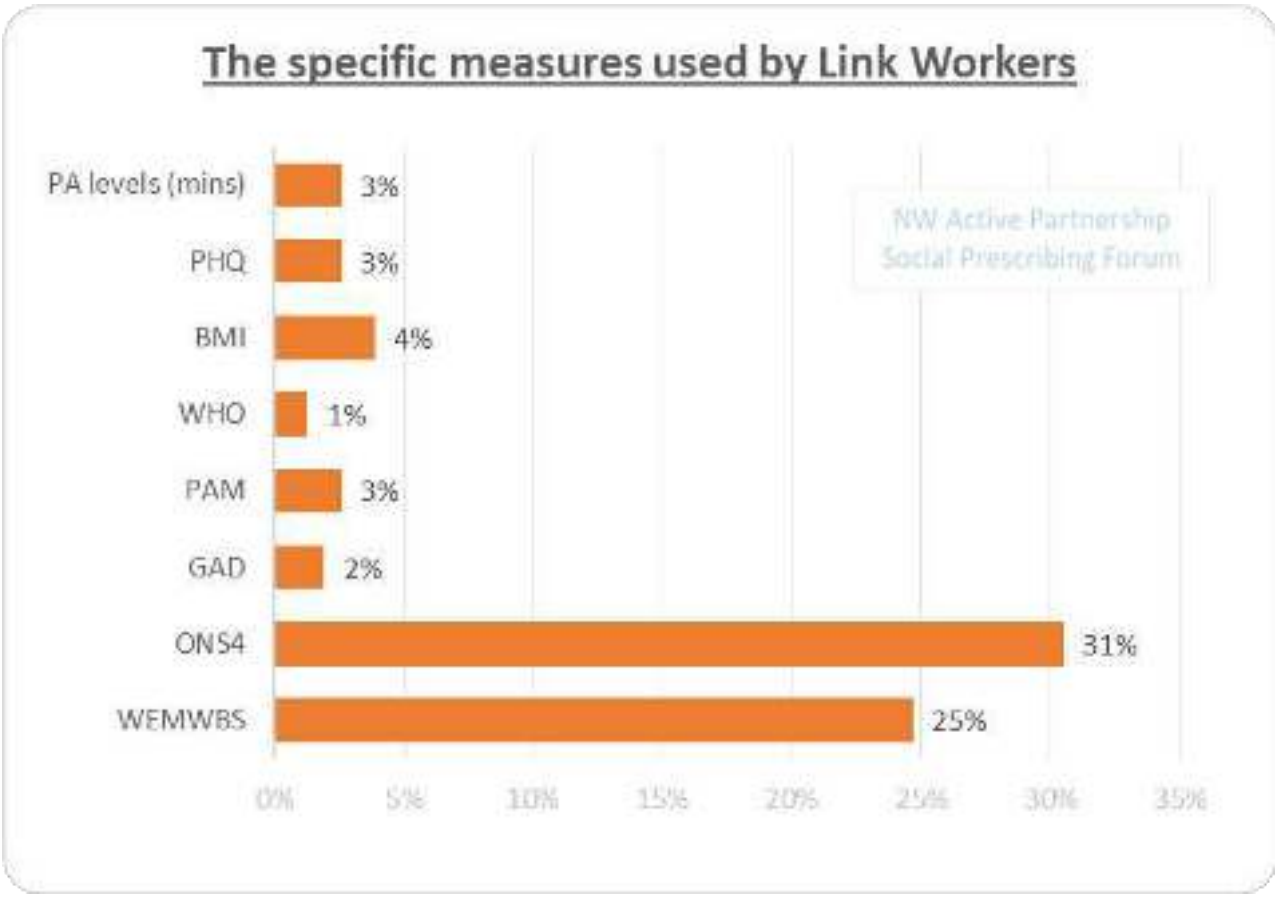


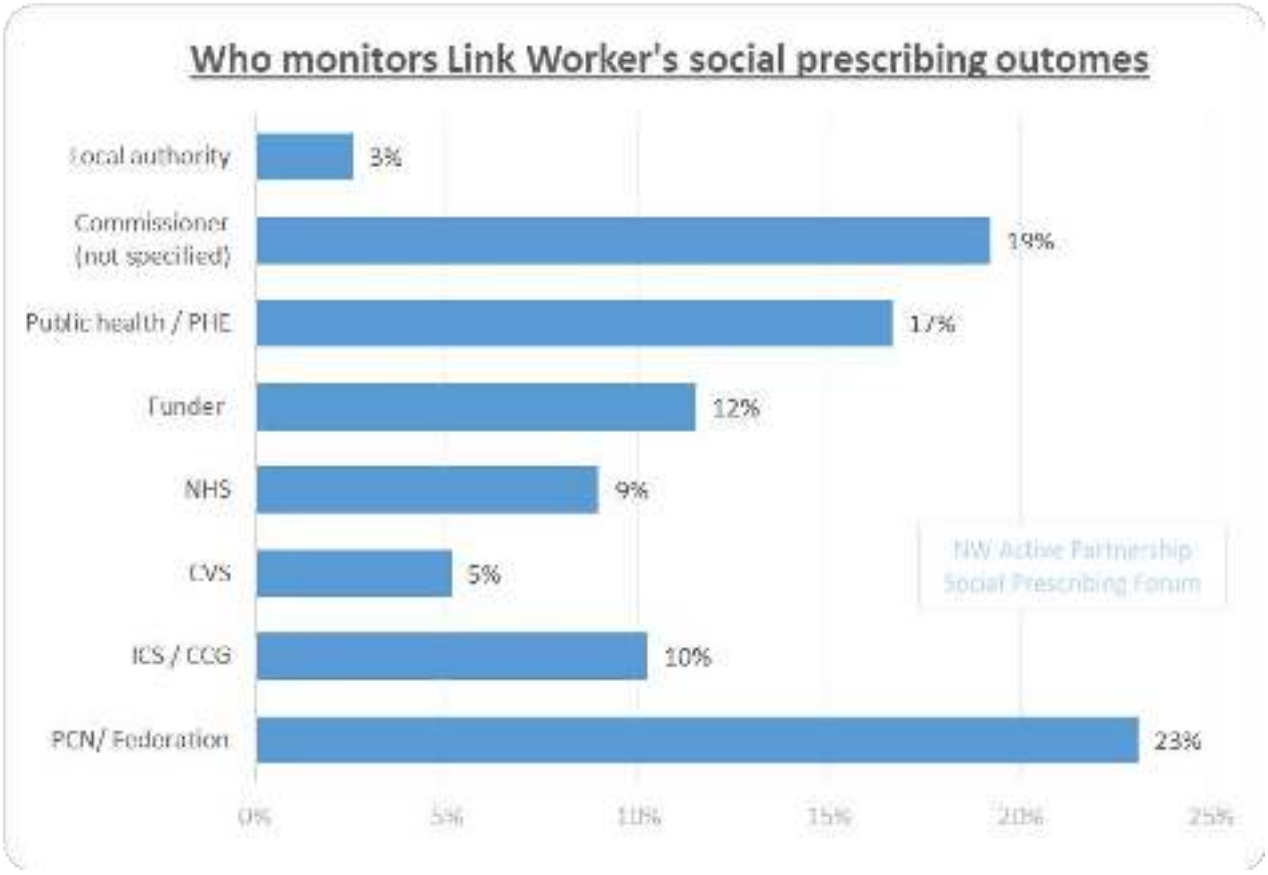

The outcomes Link Workers measure
80%
70%
60%
50%
40%
30%
20%
10%
0%
16%
69%
18%
39%
16%
15%
Physical Activity Levels (e.g. Minutes of activity per week)
Mental Health (e.g. ONS4/ WEMWBS)
Physical health
Social isolation
None
Other
NW Active Partnership Social Prescribing Forum

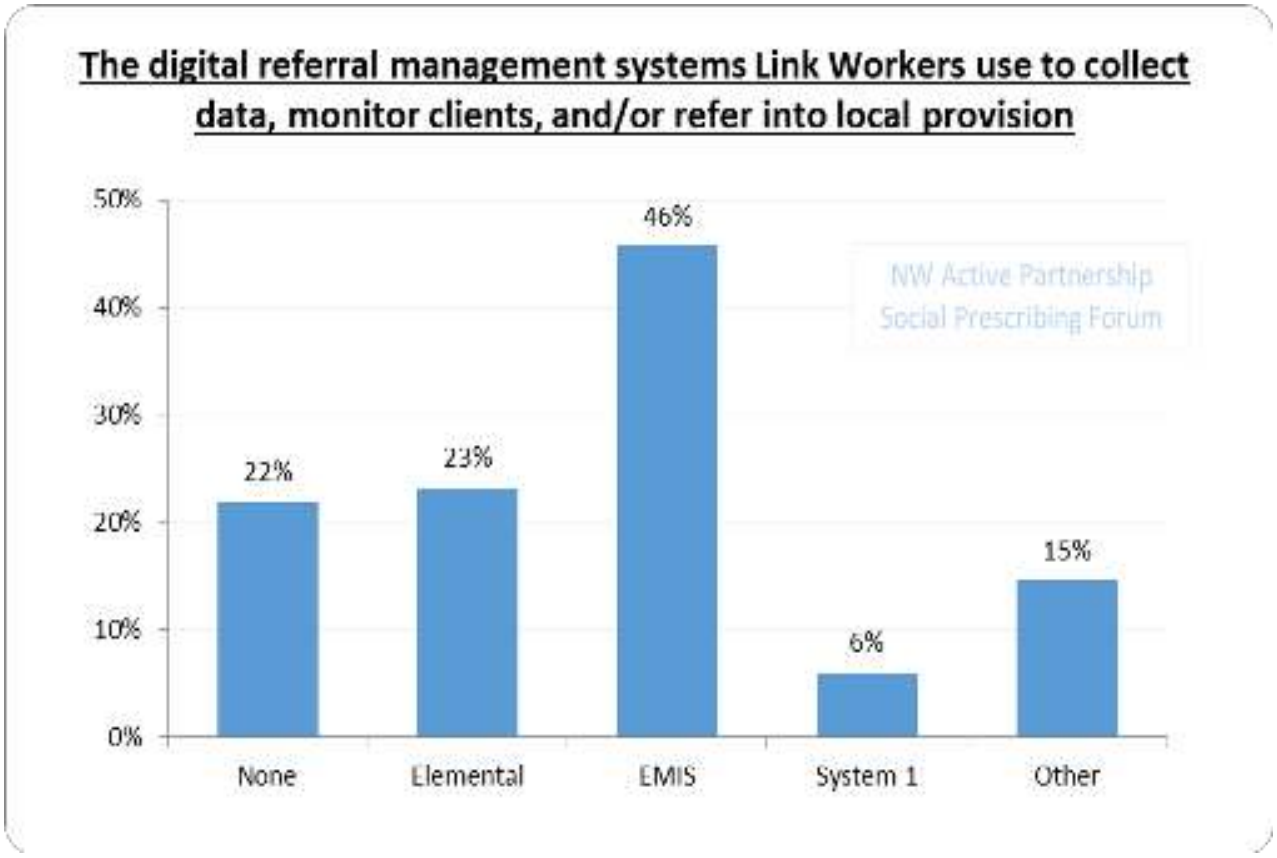

The outcomes Link Workers measure, by their employer type
*Local Authority
CVS
PCN
*NHS Trust
Social enterprise / charity
All
Phsical activity levels
Mental health (e.g. ONS4)
Physical health (e.g. BMI)
Social isolation
None

Awareness of the benefits associated with physical activity: The survey results here, suggest that overwhelmingly that there is a broad appreciation of the range of benefits that can be achieved through physical activity, with 90-100% of Link Workers recognising 6 out of the 7 suggested options. This finding, in combination with the appetite Link Workers appear to demonstrate for greater availability of provision, could suggest outside of the capability considerations highlighted earlier, that there is a genuine interest from Link Workers to improve referral rates into physical activity, should other opportunities (e.g. inward referral reason and outcome monitoring) and their knowledge be enhanced.

The outcomes Link Workers measure: As might be expected, given the principal reasons for referral into social prescribing schemes, mental wellbeing proved to be the dimension most readily measured by Link Workers (69%), while 39% measured social isolation. However, only 16% of respondents advised they measured physical activity levels, this fewer than the proportion undertaking physical health measurement (18%). Considering employer type, overall it appeared that Link Workers employed by social enterprises/charities typically measured the greatest variety of dimensions, but PCN employed social prescribers most frequently measured physical activity levels (21%) and physical health (26%) across the cohort, but outside of NHS Trusts least often monitored mental health outcomes. It is to be established, to what extent Link Workers monitor finance related outcomes and the open text question that enquired as to the specific measurements utilised, did not surface any associated results.




Who monitors Link Worker's social prescribing outomes
Local authority
3%
Commissioner (not specified)
19%
Public health / PHE
17%
Funder
12%
NHS
9%
CVS
5%
ICS / CCG
10%
PCN/ Federation
23%
0%
5%
10%
15%
20%
25%
NW Active Partnership Social Prescribing Forum


The digital referral management systems Link Workers use to collect data, monitor clients, and/or refer into local provision
50%
40%
30%
20%
10%
0%
22%
23%
46%
6%
15%
None
Elemental
EMIS
System 1
Other
NW Active Partnership Social Prescribing Forum

Who monitors the outcomes: While it seems demonstrable, that amongst Link Workers themselves, there is the recognition of physical activity as being beneficial to social prescribing clients, and there is a considerable demand for greater provision, related rates of measurement appear low. It is unclear to what extent if any, Link Workers themselves are able to influence what outcomes are monitored and therefore, in order to improve the measurement of physical activity levels and the associated health benefits, those who can influence may need to be identified and engaged. Principally in this regard, Link Workers reported it is PCNs (23%), commissioners (19%) and public health colleagues (17%), that monitor the outcomes they achieve.

The digital referral management systems used by Link Workers: Which digital platforms are in use (or whether they are used at all), could affect the work of Link Workers in a multitude of ways. For instance, this might include: who refers clients to Link Workers; the reasons individuals are referred into social prescribing pathways; the menu of provision made available to clients or to which provision clients are referred; and the outcomes that are measured. Almost half of Link Workers (46%) reported utilising EMIS (Egton Medical Information Systems) and 6% System One, both of which store and manage patient records, while Elemental used by 23% of respondents, supports social prescribing referrals from clinicians into pathways and through to providers. Few other platforms featured in the data collected more than once and therefore did not warrant coding in the results.

The training Link Workers believe would benefit them
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
47%
18%
53%
69%
25%
66%
80%
54%
88%
56%
29%
62%
85%
71%
88%
53%
46%
54%
66%
57%
68%
Having PA conversations
The benefits of PA on mind/ body
Overcoming barriers to becoming active
PA opportunities and information sources
Support for those with long term mental/physical conditions
Motivational interviewing
Behaviour change
All
Received PA training
Not received PA training
NW Active Partnership Social Prescribing Forum

Link Worker training needs by county
Behaviour change
66%
90%
42%
65%
59%
66%
Motivational interviewing
52%
62%
50%
54%
48%
51%
Supporting those with long-term conditions
84%
95%
75%
88%
86%
80%
Physical activity opportunities/information
55%
57%
42%
58%
55%
57%
Overcoming barriers to PA
81%
90%
67%
85%
79%
80%
The benefits of PA on mind/body
58%
62%
42%
69%
55%
57%
Having PA conversations
46%
52%
33%
54%
55%
40%
All
Cheshire
*Cumbria
Greater Manchester
Lancashire
Merseyside
NW Active Partnership Social Prescribing Forum

The physical activity training Link Workers believe would enhance their skills: The vast majority of Link Workers indicated they would benefit from training that would help them better support those with long-term health conditions (87%) and overcome barriers to physical activity (83%). These two areas of learning stood out significantly, with the next most popular learning topic being behaviour change, this attracting the interest of 67% of respondents.

Amongst the Link Worker cohort that had not received training, these two themes appeared in even greater demand securing the interest of 88% of Link Workers a piece. Whereas, concerning those respondents that had received some form of physical activity training, far fewer (only 54%, 28% less), sought training that covered overcoming barriers to physical activity, with this contrast being broadly replicated across three of the other topics, although the remainder showed more modest disparities.

Conclusions

Employment:
The majority of Link Workers completing the survey (over 60% including those identified via 'other' entries), were employed by organisations belonging to the VCFSE sector. It is widely thought that the vast majority of social prescribing destinations also exist within the third sector therefore, this finding may suggest the extent to which social prescribing pathways and systems might rely on such organisations, is even greater than commonly anticipated, at least within the North-West.

The possible impact of Link Workers exercising themselves and undertaking training:
Just under half of respondents reported undertaking the recommended 150 minutes of moderate activity per week. By contrast, over 60% of the population nationally in England achieves this target, but while this figure for the North-West is slightly lower, it still hovers around 60% but is typically just above (source: Active Lives – Sport England, 2015-2021), so therefore the Link Workers surveyed appeared to be less active than the general population.

Again, less than half of the Link Workers surveyed appeared confident taking part in physical activity themselves, highlighting a potentially sizeable need and this need was perhaps further emphasised by again less than half of all respondents knowing the recommended weekly guideline for physical activity, far fewer than those who had received physical activity training (68%). Amongst those who had completed this training, the knowledge of local provision again appeared higher, as did confidence discussing physical activity with clients, but so too were higher levels of confidence observed amongst Link Workers that undertook the recommended weekly amount of exercise. Therefore, there is a potential case for initiatives that employ methods that grow Link Worker confidence and ability to navigate physical activity discussions with clients. Initially this might advocate training - especially with 81% having not received it - and interventions that might improve activity levels amongst social prescribers. This said, in order to more confidently establish the impact of such interventions, the expectation would be that further research, baselining and subsequent measurement would be undertaken.

Link Worker observations of existing physical activity provision:
The findings here chimed with those captured in the accompanying provider report, in which distance of travel was the challenge most commonly observed by organisations, amongst their participants. With 69% of Link Workers advising exercise options took place in leisure centres, where distances become prohibitive for this client group, this might warrant consideration of opportunities more closely located to where clients live, that encourage movement but traditionally might not be thought of as exercise perhaps (e.g. gardening or dancing). Alternatively, greater dispersal of leisure centre staff into communities and neighbourhoods might be another route of addressing the need, especially with how favourably Link Workers rated instructors (assuming this referred to those located in such centres). However, further exploration would be necessary to better understand the nature of this barrier, where it occurs, for whom, and how flexibly and imaginatively movement is being incorporated into the lifestyles of social prescribing clients.

While Link Workers appeared to rate instructors most highly across the dimensions supplied, then arguably venues, the variety and support on offer was less favourably assessed, with the latter a recurrent theme in the aforementioned provider report, in terms of the personalisation

and inclusivity of sessions. Any aspiration for a more diverse physical activity offer, beyond funding perhaps, might be well served by encouraging greater creativity in what is/is not regarded as exercise, but nevertheless sufficiently gets individuals moving. This perhaps alongside the augmentation of sports clubs so they too, become viable options available in greater number, given that 1 in 4 Link Workers already referred clients to them. Regardless of what the precise remedy might be, most popular amongst Link Workers were relatively rudimentary responses, such as free taster sessions (cost being a challenge featuring prominently in the provider report also), beginner's sessions and buddy systems for new attendees.

Potential opportunities for collaboration alongside new and emerging delivery methods:
Almost all respondents (99%), appeared to recognise that physical activity can lead to greater social connectedness and improved mental health, despite the aforementioned challenges still persisting (e.g. distance of travel to provision and level of available support). Furthermore, most frequently Link Workers reported referring into those delivering activities that address and support mental wellbeing and health, closely followed by money management (around half) and then equally, social connectedness and physical activity (approximately 1 in 4). 44% of respondents however, wanted to see improved availability of physical activity, and this seemingly eclipsed by some margin, the next most sought after activity theme (mental health/wellbeing and then again, money). Only 4% of survey respondents were confident, that these provision gaps would be addressed, potentially providing opportunities for inventive responses, that might utilise collaboration and/or colocation, prompting cross-fertilisation between themes and creating new contact points for physical activity providers to engage new participants. The hypothesis, should activities be jointly delivered, then by responding to where Link Workers already refer most, should provide the greatest abundance of potential new participants to be encountered. This then allowing the assumption to be tested, that those requiring basic needs addressing (e.g. financial) - amongst whom there might be great diversity in their situations - might not be receptive to participating in exercise. Secondly, by observing where gaps not only exist, but may also persist, then new approaches and joint working might be more enthusiastically welcomed by potential partners (such as Citizens Advice for example), as such moves could grow capacity to better respond to the scale of challenge, and potentially enable a more efficient multiplication of outcomes.

Other areas of focus that could improve referral into physical activity:
The Link Workers surveyed seemingly demonstrated broad appreciation for the variety of benefits physical activity can deliver and wanted to see the volume and variety of the offer grow. They overwhelmingly desired related training in navigating the long-term health conditions of clients and overcoming barriers to becoming more physical active. Also, it appeared that those referring into social prescribing schemes, may well already engage inactive groups readily. GPs for example, may be in regular contact with those experiencing long-term health conditions in order for them to access treatment and aid condition management, while the housing stock of social landlords is often more highly concentrated in areas experiencing socio-economic disadvantage. Additionally, social prescribing services tend to be disproportionately accessed by women (source: NASP Evidence Summary 2021), although the picture is less clear concerning the representation and access of ethnically diverse communities. However, despite Link Workers demonstrating enthusiasm for promoting physical activity (so motivation may not be a concern), fewer than 1 in 5 fed back that it is common to receive referrals relating to physical health, this in contrast to around three quarters citing mental

wellbeing and loneliness as common reasons for inward referral into social prescribing pathways. Furthermore, only 16% of the respondents advised that physical activity was an outcome measured by those who might monitor their work. Additionally, it is unclear if digital referral management systems/processes always support the capturing of physical activity related outcomes, or reasons for inward referral for that matter. Therefore, while it may prove productive if efforts are made to improve Link Worker knowledge of physical activity by any appropriate and effective means, at the same time it may be crucial to improve the attention physical activity is given both before (i.e. inward referral reason) and after (outcome monitoring) Link Workers come into contact with clients. Ultimately, the findings do not suggest that Link Workers lack the motivation to incorporate physical activity into their work.

Appendix

The provision Link Workers would like to see more of, in relation to physical activity
Exercise groups for those with physical disabilities/LTC.
Fitness classes /dancing for elderly and younger people.
Physical activity or weight loss programmes for individuals with a learning disability
Easy exercise
Classes for people are not old but may not be very fit
If there were more physical health activities aimed at those with mental health issues, then this would also be a good thing.
Localised sports facilities
Social isolation in the older generation is high. Walking groups, lunches, coffee mornings and mindfulness classes would benefit. They need to be more available due to transport problems for the older generation so should be near bus links.
Affordable sports clubs for children.
Yoga
Lack of green spaces and money prevent lots of youngsters getting involved and reaping the benefits both mentally and physically.
Mums fitness groups that mothers can attend with their kids. I think there is a good provision for single people but for mums with kids that have no childcare that would love to join a gym or go to a fitness class it is extremely difficult for them to do so.
More low level exercise groups in local community venues, walking groups
Face-to-face debt support and help with housing/benefits. Free activities such as yoga etc. Specific activities for people with long term conditions and pregnancy
Activities for immobile people to do at home, activity packs etc.
More walking groups in local areas.
Chair based yoga
Walking groups. swimming
Exercise classes that are free or very low cost.
Access to free gym sessions and other racket sports
Yoga for anxiety/stress and mental health Exercise groups for parents with children with learning/special needs
In terms of physical activity, clients state the need for more facilities- swimming baths that aren't two bus rides away, closer facilities for badminton, tennis. Group walking sessions that are inclusive to beginners.
From my clients, They do like more activities to be more involved snowboarding, skiing due down to cost and travelling, be great if there is more stuff like this to do in our own areas.
Possibly more localised walking groups
Dancing ballroom would be most welcomed… in small groups with a buddie to start with. Hand holding service to get people back out in the local communities
Family exercise groups. It seems a lot of people have childcare problems, single parents, and working hours around school times. I have been asked on a few occasions for family Zumba, family yoga sessions. It seems there's availability for mums and toddlers or mums and babies, but nothing for school aged children.
Chair Based exercise

Basic physical activities for all ages. Specific groups e.g. mens and womens walk groups
Physical activity and nutrition programe all in one place, group.
Elderly day care services, exercise classes or day trips etc. Due to Covid and decreased funding these services are sadly lacking.
Classes for Muslim women (currently they have to travel near to the city centre) classes for people with a BMI of over 40, Cycling walking
Programmes for supporting Asylum seekers including physical activity, social activities and voluntary positions
yoga pilates
Free, outdoor community activities such as walking groups.
Free mindfulness sessions, physical activities for younger adults not just older persons, transport so patients can attend these activities.
Walking groups for everyone in local villages so people do not have travel
Yoga Tai Chi, Pilates
Something not too strenuous to begin with, enticing to patients not football, maybe netball, basketball
One to one walk and talks
Activities that are not solely chair based for older adults living with frailty Strength and balance training Yoga, Pilates, Tai Chi etc for less able Sport and activity for frailer older adults
Our patient population is more on the elderly side or those who have health conditions so it would be nice to see low cost activities for those not able to do high impact/high intensive exercise possibly in a non sports centre.
Gentle exercise, short walks, singing/choirs
Mens mental health groups and physical exercise such as football for mental health Support for carers- carers coffee morning sessions
Group sports, there seems to be plenty of football/ walking football but something a bit different like group badminton sessions or tennis would be good.
zumba swimming
Chair based activities locally Activities just for men
More accessible and free exercise classes
Having a definitive source to confirm where all physical activity centres are up and running, exercises classes and individual one on one sessions for patients would be most useful.
Not specific but a big range of activities. light hearted social activities like active games. green social prescribing more outdoor groups.
For me there needs to be sessions that parents can attend and either join in with their children or there is somewhere that children can go whilst parents exercise. Although there are mother and baby classes, I am not aware of any sessions for parents to join in with older children.
Low level exercises - less intense for older adults and also for younger adults with mobility issues