



Health and Sport Committee debate - Social Prescribing: physical activity is an investment, not a cost

Briefing from Barnardo's Scotland

18th February 2020

Key points

- We believe the Committee's inquiry and final report would have been strengthened by having a distinct focus on the benefits of social prescribing for children and young people.
- We agree with the Convener of the Cross Party Group for Culture, Joan McAlpine MSP that the inquiry would have benefited from a wider remit than just physical activity.

We welcome the opportunity this debate provides to comment on the Health and Sport Committee's inquiry into Social Prescribing. Barnardo's Scotland submitted full written evidence to this inquiry which can be [read in full here](#). As part of this evidence we drew on the views of children and young people who have worked with and been supported by us who we had asked about mental health and wellbeing services and support through various participative means.

We were disappointed to see that the Committee's final report didn't make reference to children and young people and we also support the view of the Cross Party Group for Culture that the inquiry would benefited from a wider remit than physical activity. ¹

Children and young people

Whilst discussion around social prescribing is very welcome, the terminology has the potential to be distracting when applied to children and young people. The term 'social prescribing' has traditionally been used in adult circles and usually by GPs. However, in reality we are talking about a social model of mental health and wellbeing, one which utilises the strengths and natural resources within communities, this includes physical activity but also art, music, youth work etc. We understand why the Committee may have chosen to narrow the remit of this

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https://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/20191216_HS_Ltr_IN_Joan_McAlpine.pdf

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inquiry to sport and physical activity – however we would like to see future work take a broader view of health within the context of social prescribing. Whilst physical activity can be beneficial for some young people, for many others it will not be appropriate and other activities such as spending time in nature, with animals, music, art, drama, theatre etc. will be more applicable.

Financial, social and psychological barriers

Even when GPs are able to provide young people with subsidised gym or leisure passes for example, many young people can still struggle to access the activities due to financial constraints. Even subsidised activities cost money and additional cost of transport, clothing etc. can mean these activities remain inaccessible for some young people.

"The GP referred me for a gym discount but I can't afford it and I'm too anxious to go – I need financial help for things"

Young people also overwhelmingly tell us that the support provided by our services and those like us are essential in allowing them to access wider supports and activities. Going to the gym for example brings with it its own anxieties for many young people who may feel uncomfortable being around so many other people, having to wear particular clothing etc. Equipping children and young people with the confidence to access these kinds of activities is also essential.

One young person we spoke to told us she was diagnosed with an eating disorder. What made her feel better about herself was playing football, however her doctors didn't allow her to take part in this activity because they assumed she was doing it to lose weight. She told us the health professionals simply didn't listen to what it was she really needed to improve her mental health, they assumed they knew best and they knew and understood her motives. Similarly one young person told us:

"Feel like you were a burden at school, I had to downplay issues to make it 'easier' – if one more person tells me to drink water and exercise I might blow up"

A deeper understanding is needed of what young people need, and more importantly what they want – there is a danger that too simplistic an approach to social prescribing, even if well-intentioned, will not lead to the positive outcomes we want to see for our children and young people.

We are also clear that social prescribing for children and young people must run alongside properly funded services as well as appropriate support to facilitate access to these services.

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