



## Social Prescriber Training Review Webinar

April 2022

[LONDONSport.ORG](https://london-sport.org)



## Presenters

- **David Reader** – Strategic Advisor, London Sport
- **Dr Sarah Hotham** – Senior Research Fellow, Centre for Health Services Studies, University of Kent.
- **John Harkin** – Course Tutor and Independent Consultant
- **Robert McLean** - Regional Physical Activity Advisor – London / Relationship Manager, London Sport

# Outline

11am	Welcome and Introduction	David Reader
11.05am	London Sport's Involvement in Social Prescribing	David Reader
11.10am	The Training Need	Dr Sarah Hotham
11.20am	Delivering to Social Prescribers - Learnings	John Harkin
11.30am	The Impact of the Training	Dr Sarah Hotham
11.50am	Q&A / Further Training Opportunities	Robert McLean





## London Sport's Involvement in Social Prescribing

*David Reader – London Sport*

## The outset....

In 2017 on the back of a substantial piece of research into the sport and physical activity workforce, London Sport embarked on a bold attempt to work with Social Prescribers to improve their skills and confidence to use physical activity with their less active clients. This webinar reflects on that project.

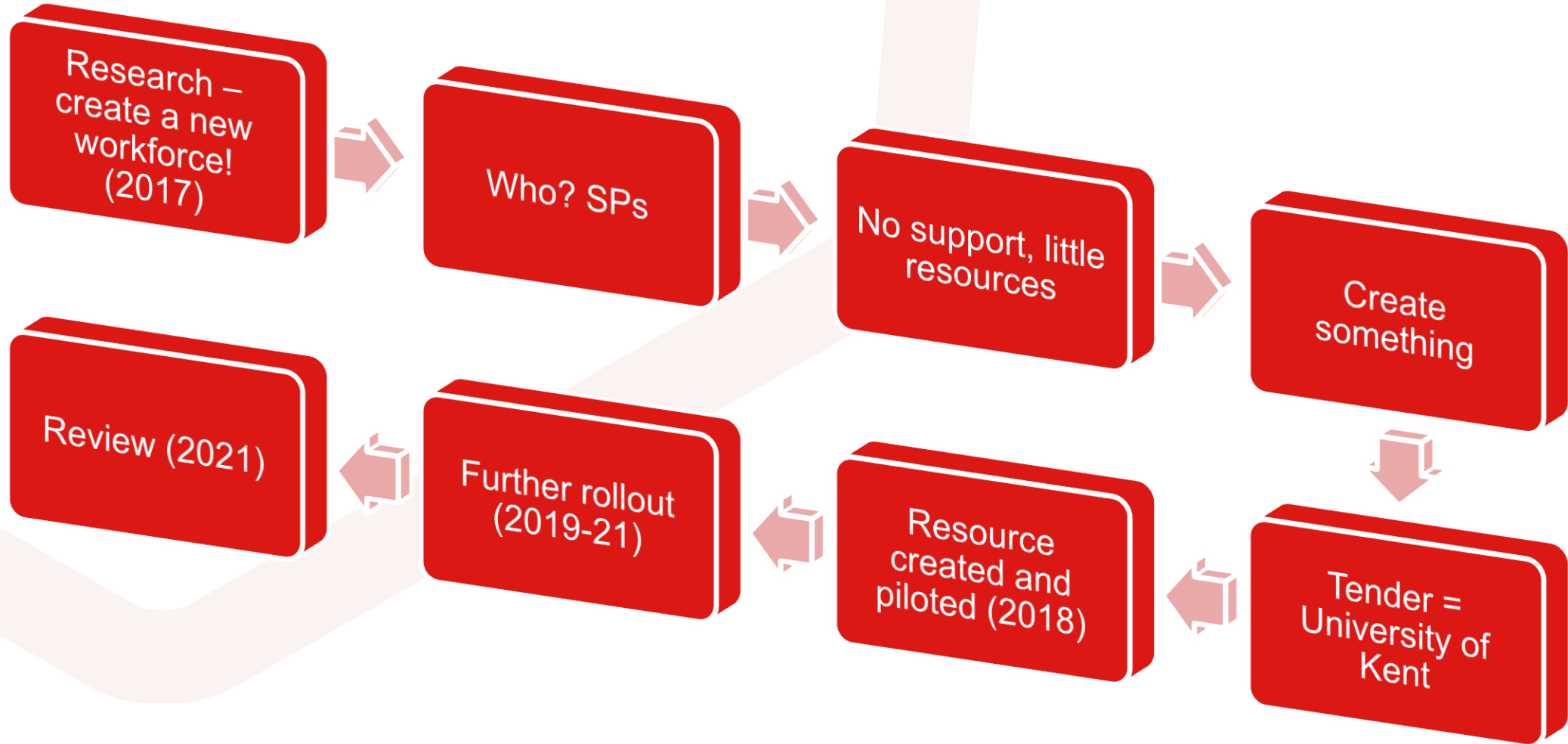
## Why did we do this project?

To help less active Londoners be more physically active

By creating a 'Broader Sport & Physical Activity Workforce'

Working with Social Prescribers

# Timeline







## The Training Need

*Dr Sarah Hotham – CHSS University of Kent*





## Tackling inactivity through Social Prescribing:

Developing a training package to increase the skills and confidence of social prescribers on sport and physical activity

**Dr Sarah Hotham**  
Senior Research Fellow  
[S.Hotham@kent.ac.uk](mailto:S.Hotham@kent.ac.uk)

 @DrSarahHotham

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# NHSE Guidance on SP (2019)

- Social Prescribing and community-based support is part of Comprehensive Model for Personalised Care.
- Social Prescribing typically targeted at people:
  1. With one or more long-term conditions
  2. Who need support with their mental health
  3. Who are lonely or isolated
  4. Who have complex social needs which affect their wellbeing.

<https://www.england.nhs.uk/publication/social-prescribing-and-community-based-support-summary-guide/>

# Training content

- Training content was developed between October and December, 2018. Training designed to provide:
- (a) **Key facts** (such as information on prevalence of physical inactivity, how physical activity can impact psychological and physical wellbeing);
- (b) Perspective of individuals with **'lived experience'** of engaging in physical activity with a disability;
- (c) **Skills-based training** (in the use of MI and Behaviour Change techniques).

## Behavioural outcomes: What we wanted to achieve

1. Routinely share knowledge on the benefits of physical activity to health outcomes (physical and mental);
2. Routinely share knowledge on wider benefits to participating in physical activity;
3. Use Motivational Interviewing (MI) techniques to engage in conversations on physical activity;
4. Use appropriate behaviour change techniques (BCTs) to promote physical activity;
5. Feel confident and knowledgeable about signposting to local opportunities.



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# Design of the training package

## 4 STAGE PROCESS

## Step 1: Scoping

- Engaged with Local Authority Leisure teams to capture views on what is important to include in a training package.
- Collected information on local physical activity opportunities, programmes, initiatives that could be included in the training package.
- Gather evidence from internet regards local programmes.

## Step 2: Training Needs Assessment

- Important to reflect the training needs of the local areas.
- Designed a brief needs assessment: 12 questions to probe current levels of expertise across a range of relevant topics (e.g. MI, BCTs).
- Asked to rate their current level of knowledge/confidence as either 'very good', 'moderate' or 'would like additional training'.
- Four key topics were identified as gaps:
  1. Current guidelines on physical activity
  2. Knowledge on Behaviour Change Techniques (BCTs)
  3. How to integrate BCTs in to practice
  4. Knowledge of barriers to physical activity for individuals with additional needs (i.e. Long-term condition, physical disability).

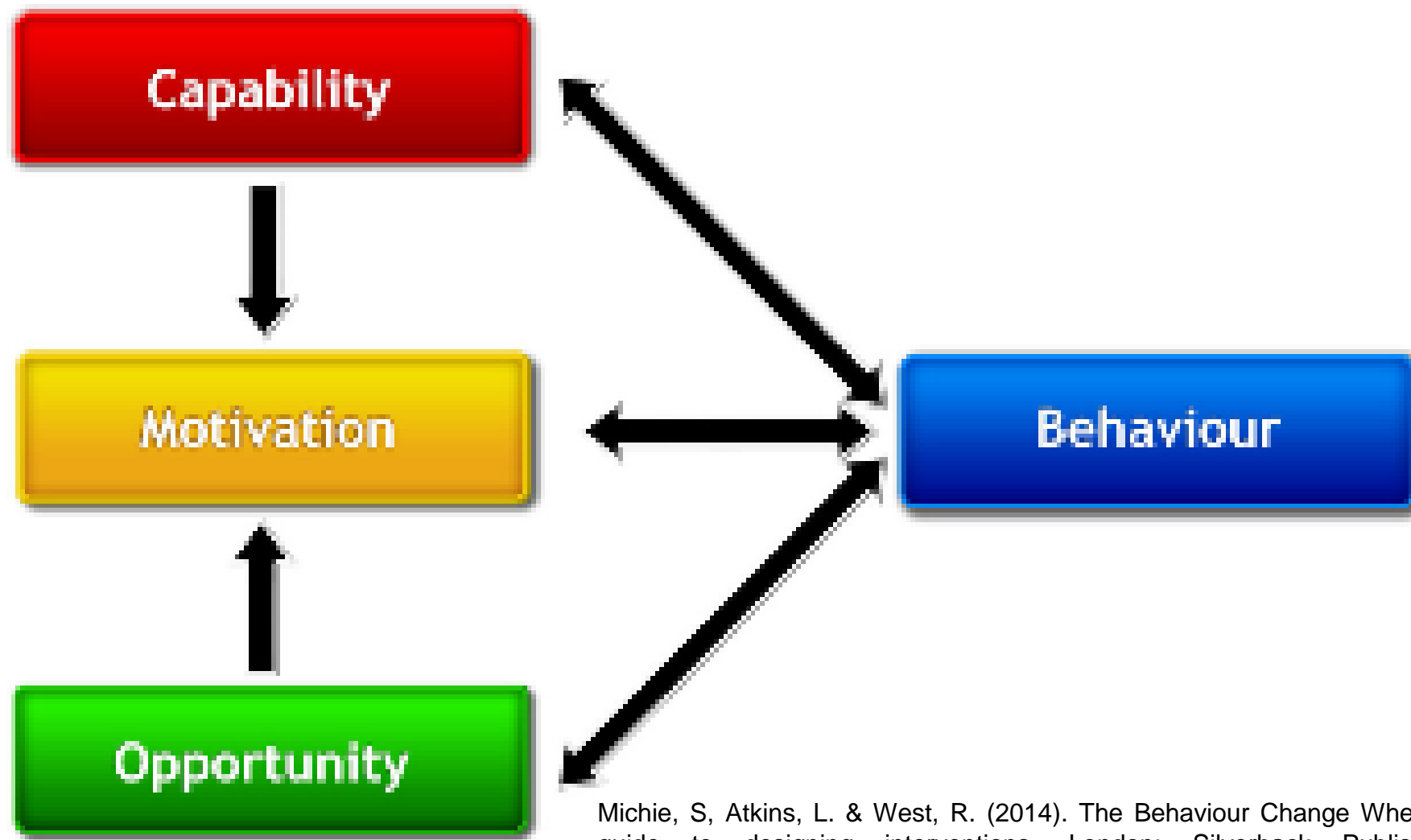


## Step 3: Public Involvement

- We asked twenty Disabled and older people about the barriers they faced when trying to exercise/take part in physical activity.
- Mencap (Bexley & K&C) and the Opening Doors to Research group (University of Kent)
- Challenges: high costs of sports centres/gyms, not always being supported by sports centre staff, anxiety and not being aware of or understanding opportunities, amongst other barriers.
- Opportunities: meeting new people, widening social networks in addition to building confidence.
- Findings helped shape and deliver the training accordingly.



## Step 4: Theoretical Underpinning: Behaviour Change: COM-B Model



Michie, S, Atkins, L. & West, R. (2014). The Behaviour Change Wheel: A guide to designing interventions. London: Silverback Publishing. [www.behaviourchangewheel.com](http://www.behaviourchangewheel.com)

# Examples in Practice: Macmillan Move More:

- Physical Activity Behaviour Change Care Pathway.



- BCTs included:
  1. Setting goals
  2. Monitoring
  3. Shaping knowledge
  4. Understanding consequences of change
  5. Decisional balance tables
  6. Reframing physical activity



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# Content of the training package



# Outline of training workshop

## Module One:

- Introduction to physical activity
- Benefits of physical activity
- Engaging all populations in physical activity

## Module Two:

- Integrating physical activity advice in to social prescribing

## Module Three:

- How to change behaviour through use of BCTs

## Module Four:

- Motivational Interviewing

## Module Five:

- Maintaining changes in behaviour

## Module Six:

- Sharing knowledge on local opportunities

# Workshop Activities

- Confidence ratings and discussion
- Knowledge Checks
- Reflect on barriers and concerns of providing support
- HealthTalk videos to illustrate lived experience
- Role play with BCTs resources
- MI Role play and videos
- Self-efficacy origami frog task
- Action Plan
- Reflective practice



# Resources: How to use BCTs in Social Prescribing

- Physical activity workbook. Includes 10 activities that could be used in 1-2-1 sessions.
- Resources that will provide opportunity to use BCTs
  1. Motivations
  2. Thinking about a future you, understanding consequence of change
  3. Pros and cons & decisional balance
  4. Building confidence
  5. Problem solving
  6. Overcoming barriers (finding the time)
  7. Goal setting
  8. Action planning
  9. Coping strategies
  10. Reflecting



## Behaviour Change Techniques (BCTs): Descriptions and Example Application

BCT Label	COM-B	Description	Application	Training Resource
BCT 1.1: Goal setting (behaviour)	Motivation	Set or agree a goal defined in terms of the behaviour to be achieved.	Set a goal of walking for 10 minutes each day	<ul style="list-style-type: none"> <li>Goal setting worksheet</li> </ul>
BCT 1.2: Problem solving	Motivation	Help or encourage individual to reflect on factors influencing engagement in physical activity and generate solutions to support them to achieve it	Identify barriers to engaging in regular swimming sessions. Discuss potential solutions and identify coping strategies. Relapse prevention	<ul style="list-style-type: none"> <li>Problem solving worksheet</li> <li>Coping strategies worksheet.</li> <li>Example coping strategies in PowerPoint.</li> <li>Finding the time to be more active worksheet</li> </ul>
BCT 1.3: Goal setting (outcome)	Motivation	Set or agree a goal defined in terms of the positive outcome	Set a goal for reducing time spent sitting down at work/home.	<ul style="list-style-type: none"> <li>Goal setting worksheet</li> </ul>
BCT 1.4: Action Planning	Capability Motivation	Together make a detailed plan that includes what, when, who with, where, potential barriers, rewards	Write an action plan in conjunction with the weekly plan to map out opportunities for <u>engaging in physical activity</u> .	<ul style="list-style-type: none"> <li>Action plan worksheet</li> </ul>
BCT 1.5: Review behaviour (goals)	Motivation	Are goals still relevant? Do they need to be changed? Do new goals need to be set?	At follow-up sessions discuss progress – celebrate successes and discuss challenges and problem solve	<ul style="list-style-type: none"> <li>Goal setting worksheet</li> </ul>
BCT 2.3: Self-monitoring of behaviour	Capability	Establish a method for the individual to keep a record of their physical activity and how they felt after doing it (or not). Written diary, activity tracker if available, App.	Complete with when, where, how often, intensity, amount of time, and how they felt afterwards, level of enjoyment.	<ul style="list-style-type: none"> <li>Activity diary. Activity trackers/Apps if using</li> </ul>

# Resources: Information

- Links to local programmes and initiatives
- Information about national programmes
- Examples of positive stories: Videos to use in practice
- PHE Infographics (Adults and Disabled Adults)
- Example of local best practice approaches



# Follow-up Session

- 6 months after training workshop : ½ day follow-up session.
- Purpose: What worked well, what didn't, what made it easier/harder, use of resources.
- Reflective practice worksheet. Encouraged to record some sessions when discuss physical activity.
- Reflect upon individually and can also be shared with group at follow-up if comfortable.
- Opportunity to practice skills again. Role play using BCTs and MI.



## **Delivering to Social Prescribers – Reflections**

***John Harkin – Tutor and Consultant***

## Delivering to Social Prescribers - Reflections

- ✓ Intended Audience – Getting it Right
- ✓ An Introductory Course – Building and Refreshing knowledge
- ✓ Blend of Style (MI) and Knowledge (BCTs) – Course content
- ✓ Local information & introductions – Signposting essentials
- ✓ Follow-Up – An important aspect
- ✓ Online & Face-to-Face options – Strengths & Weaknesses



## **The Impact of the Training**

***Dr Sarah Hotham – London Sport***



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# Evaluation of the training package



# Evaluation

- Summative evaluation: focused on outcomes.
- Mixed-methods.
- Questionnaire pre and post training with social prescribing link workers.
- Semi-structured interviews with social prescribing link workers who attended training.
- Semi-structured interviews with service managers and key stakeholders.



# Quantitative Data: Bespoke Questionnaire

- **Knowledge and understanding** of essential details about physical activity. For example guidelines, national strategies, benefits of physical activity, different types of physical activity (eleven items, scored 'Yes' or 'No').
- Participants' **self-efficacy** in relation to using behaviour change techniques and engaging in conversations about physical activity (eleven items, scored from 0 'not at all confident' to 10 'very confident', e.g. I am confident that I would be able to help service users maintain motivation to engage in physical activity).
- The post-workshop questionnaire also included questions with a specific focus on COM-B model of behaviour (Michie et al., 2014) to capture participants' views on **Capability, Opportunity and Motivation**.

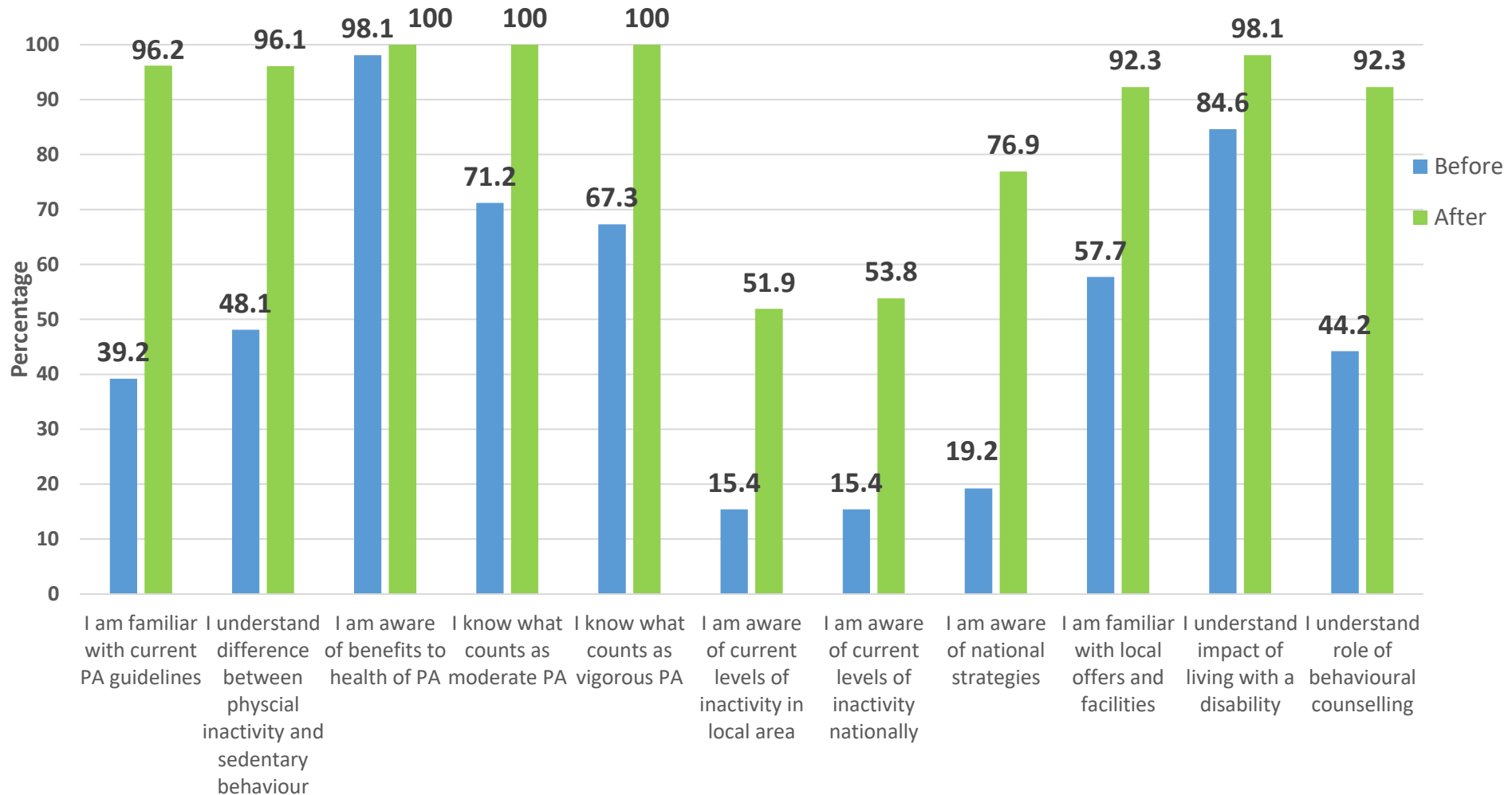
# Who has attended a training workshop?

- 289 individuals have attended the one-day workshop. We have baseline data for 138.
- Just under half- 47.8% (n=66) - reported having previous experience of delivering physical activity advice/interventions.
- Range of roles: Health & Social Care Assistant, Social Prescriber, Activity Partner, Link Worker
- 52 participants (37.7% of attendees) provided follow-up data.

# Knowledge & Understanding of PA

- Eleven questions explored knowledge and understanding of physical activity-related information.
- The proportion of 'yes' responses (indicating agreement with the knowledge and understanding statements) at before and after the workshop.
- Compared proportion for each response
- Statistically significant differences ( $p < .01$ ) between proportion of 'yes' responses at baseline and follow-up for 8 areas

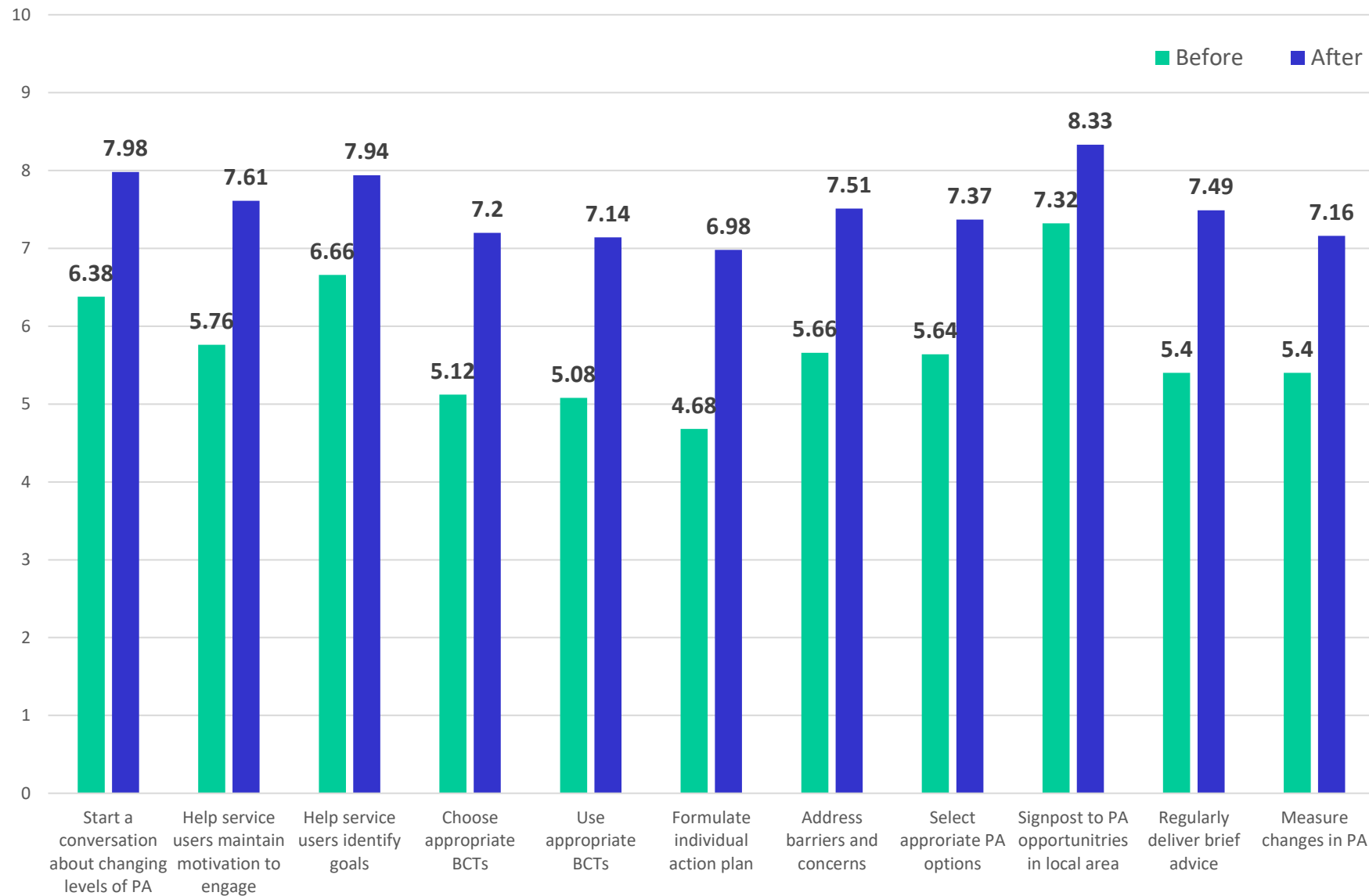
# Knowledge & Understanding of PA



# Self-efficacy in delivering physical activity advice

- Eleven questions focused on self-efficacy in relation to provision of physical activity advice.
- All questions were scored on a Likert scale where 0 is 'not at all confident' and 10 is 'very confident'.
- Questions began with the stem statement- 'I am confident I would be able to.....'
- Inferential statistics: paired-samples t-test.
- Statistically significant improvements across all areas of self-efficacy ( $p < .001$  to  $p < .05$ )

# Self-efficacy in delivering physical activity advice

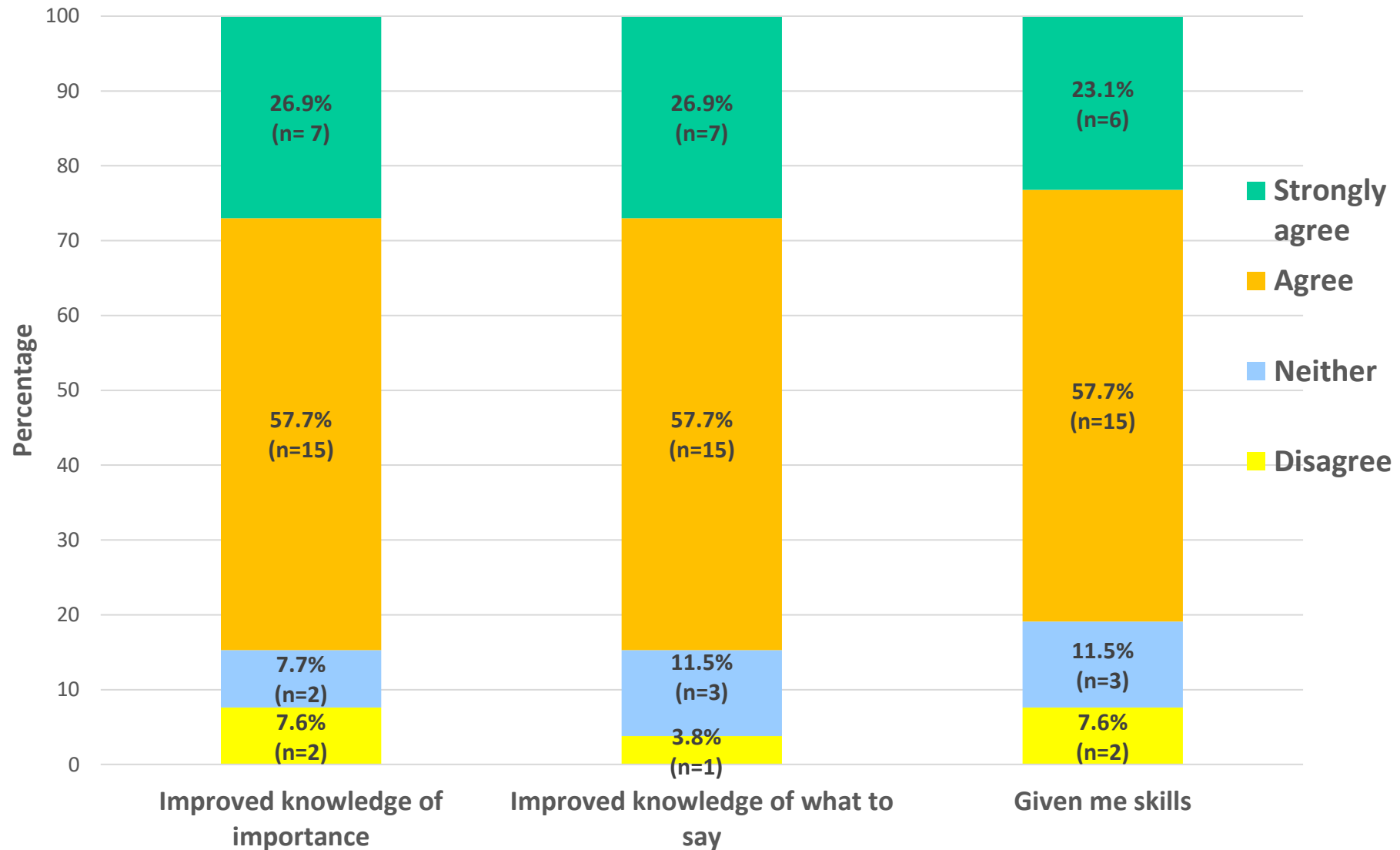


# COM- B Factors

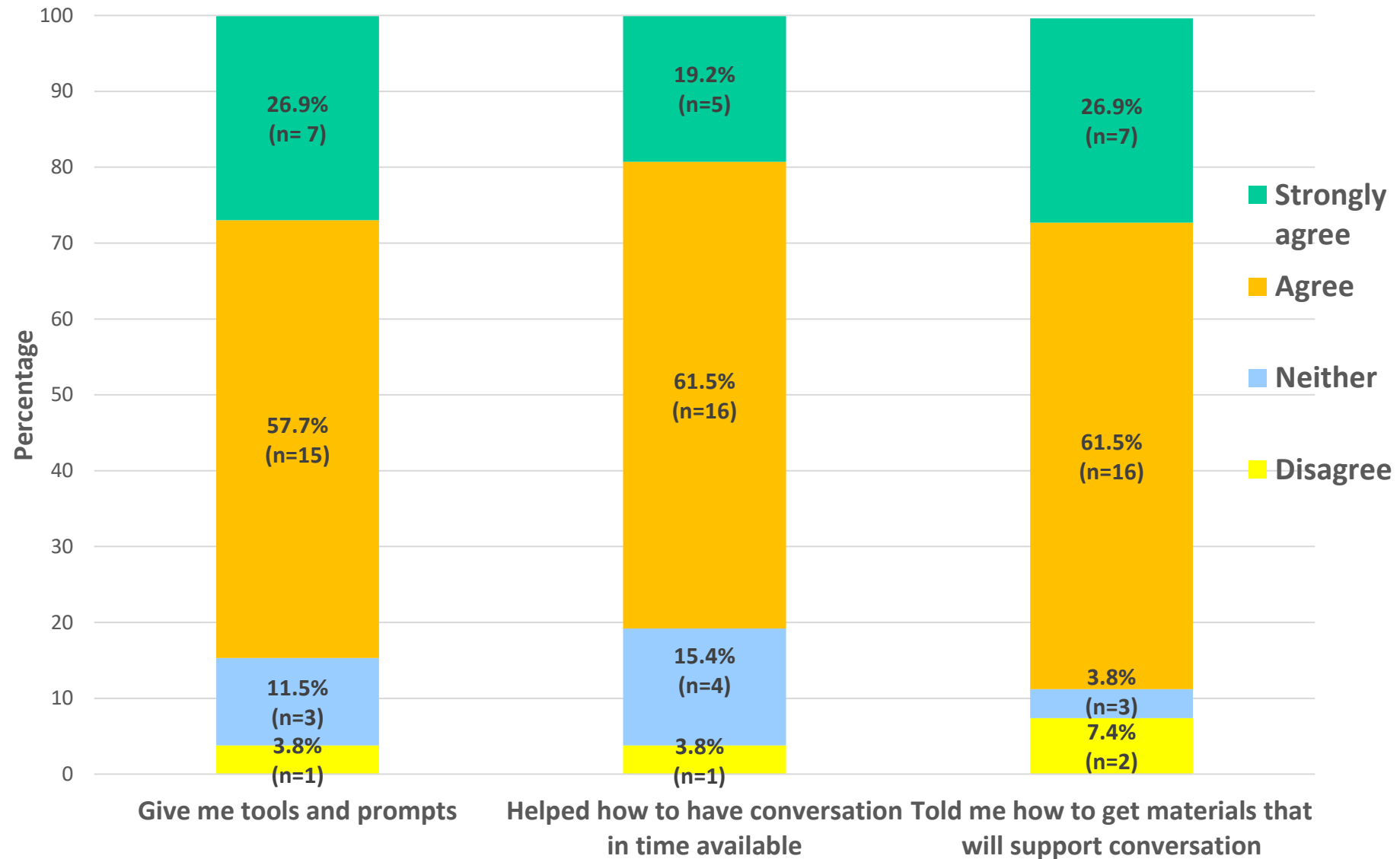
- Nine items based on the COM-B constructs to explore changes in capability, opportunity and motivation.
  - Each question was scored on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree).
1. **Capability** to integrate physical activity advice in to routine practice
  2. **Opportunity** to integrate physical activity advice in to routine practice
  3. **Motivation** to integrate physical activity advice in to routine practice



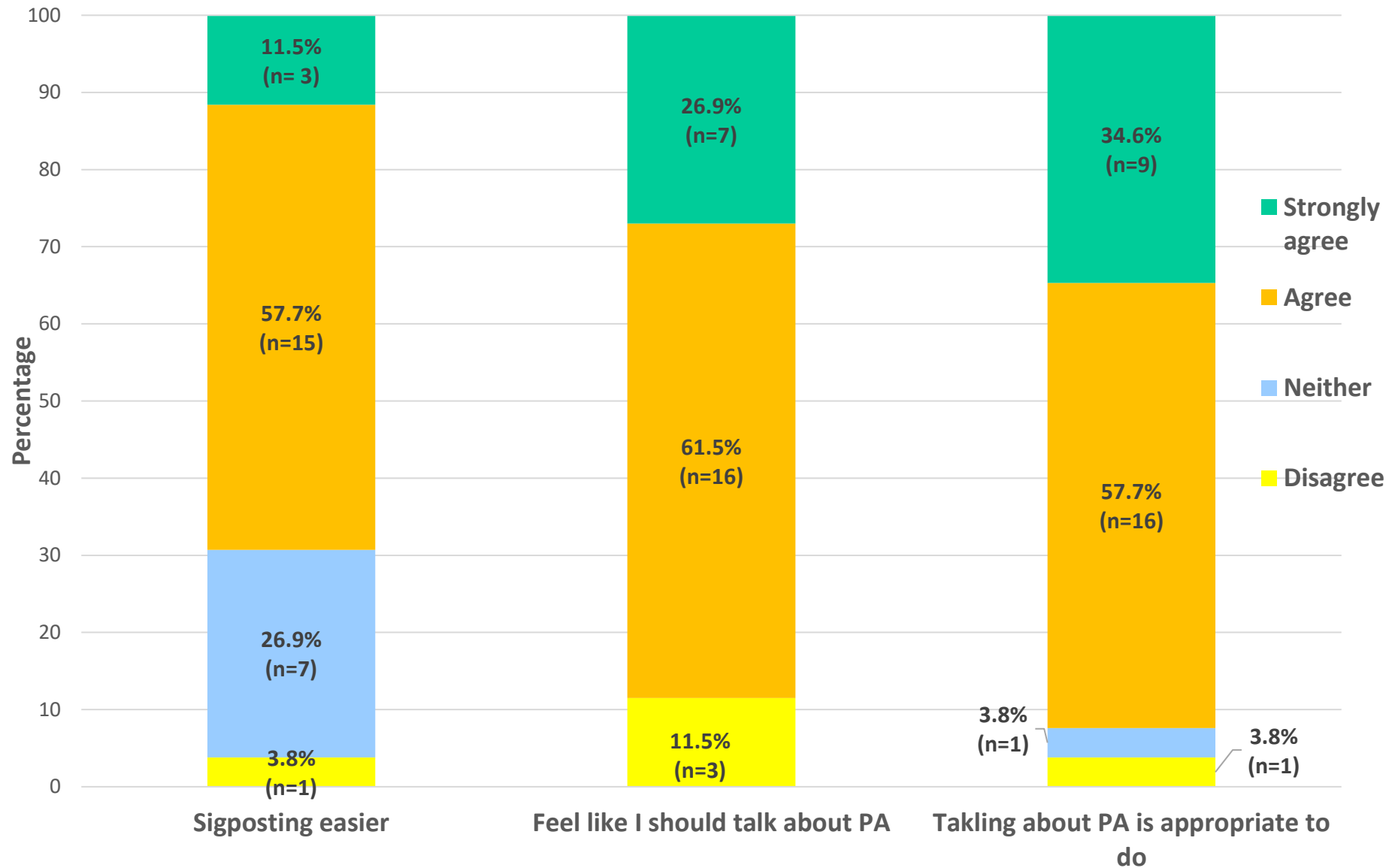
# Capability



# Opportunity



# Motivation

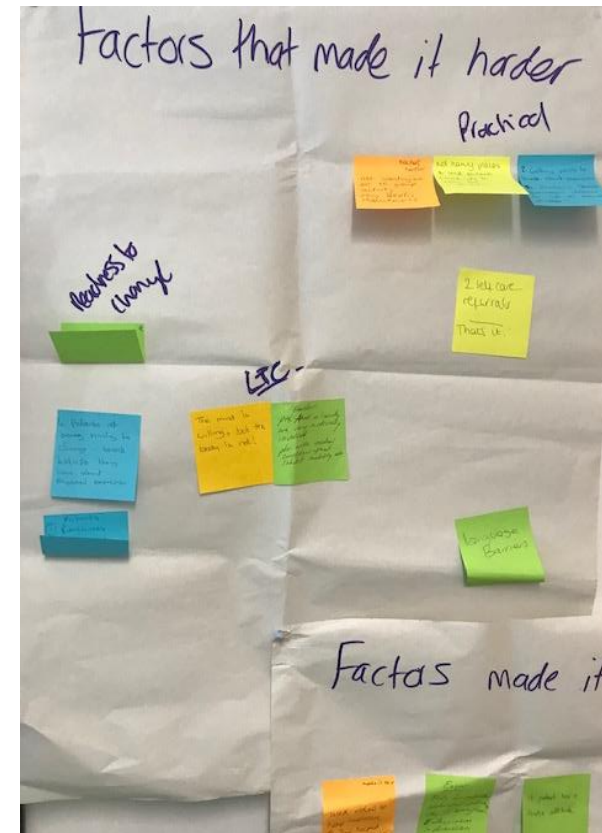


# Qualitative Findings: Interviews

- Workshop attendees suggested that overall, the training was well-received and enjoyed it.
- Participants stated it increased their knowledge on how to broach the subject of physical activity with service users, as well as making them think about small steps they can suggest to their clients to start off increasing people's physical activity levels.
- The training also helped some social prescribers think about their own attitudes towards and levels of physical activity.

# Qualitative Feedback: Follow-up Workshop

1. What went well?
2. What did not go well?
3. What would you do differently?
4. Factors that made it easier and harder
5. Feedback on tools and resources



# Qualitative Feedback: Follow-up Workshop

## Went well:

- Resources/tools
- Motivate individuals
- Improved confidence

## Not well:

- Long-term behaviour change
- Resistance from individual

## Harder:

- Lack of programmes to refer in to
- Specific requests – harder to meet
- Readiness to change

## Easier:

- Attitude of individual
- Tools for MI and BCTs
- Videos from HealthTalk and other sources

# Conclusions

# Summary

- Our findings indicate that knowledge among social prescribing link workers can be significantly improved via a one-day interactive training workshop delivered by trainers with relevant expertise and with input from stakeholders.
- The workshop also supports improvements in Capability, Motivation and Opportunity – key factors to influence when trying to change behaviour.
- Importantly confidence to integrate physical activity advice in to practice and use appropriate resources also improved.



# Limitations/Future Directions

- Pilot study: small sample sizes. As such need to be cautious not to over interpret findings, but promising preliminary data.
- Follow-up data collection: immediately after workshop vs. 3 months?
- Not capturing impact on physical activity in service users. Future research should explore this area.
- Collaboration with Local Authority Leisure teams very important. Integrate in to delivery of future workshops.

# Whole System Approach to Physical Activity

WHO:  
GAPPA,  
2018



# Thanks!

- Teams in pilot areas: London Borough of Bexley, London Borough of Islington, Royal Borough of Kensington & Chelsea.
- Bexley Mencap, Equal People Mencap (K&C), CHSS Opening Doors to Research Group for PPIE input.



Dr Amanda Bates  
Chartered Psychologist &  
Patient Experience and  
Public Involvement Lead



Dr Rowena Merritt  
Research Fellow



Sabrena Jaswal  
Researcher

**CHSS**  
University of Kent

Centre for Health Services Studies



@DrSarahHotham



@CHSS\_Kent



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## Q & A Further Training Opportunities

*Rob McLean – London Sport*

# Questions



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For more information contact  
**Michelle Vorel-Adams**  
Head of Consultancy and  
Commercial Partnerships  
michelle.vorel-  
adams@londonsport.org

## Our Offer – Training and Support

**Group booking** (min 12 people) - £1,375 (plus VAT)

- **In Person** - one whole day (10am-4pm) classroom based session with a half-day follow-up session, three months later. OR
- **Online** - two 3 hour interactive sessions with a 2 hour follow-up session.

**Individual booking** (to be delivered as a group – min 10 people) - £140 (plus VAT)

- **Online only** (as above). Next session - 9<sup>th</sup> & 16<sup>th</sup> June

**For further information or to express an interest in taking part**

- **Contact** David Reader at [david.reader@londonsport.org](mailto:david.reader@londonsport.org) or visit: [Social-Prescribing-Training-Oct-21.pdf \(londonsport.org\)](https://londonsport.org/Social-Prescribing-Training-Oct-21.pdf)