



Public Health
England

RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE



Active signposting

What is active signposting and who is it for?

Active signposting is a light-touch approach where existing AHPs, staff or volunteers in local agencies provide information and choice to signpost people of all ages to services, using local resource directories and local knowledge.

Active signposting works best for people who are confident and skilled enough to find their own way to services after a **brief conversation**.

How do I start?

When talking to a person you may become aware that they have wider needs affecting their health and wellbeing (e.g. social isolation). Have a **'What matters to you?'** conversation to ascertain whether active signposting or social prescribing might help support them to meet these needs.

This **PHE blog** on brief advice, motivational interviewing and health coaching provides some ideas about starting conversations about health and contains links to training and other resources that might be helpful.

What services and groups are available in my local area?

It is likely that you are already linking with local services however, if you are looking for additional services, here are some ideas:

- The people that you use active signposting with are likely to have the skills to look up services themselves using google and other sources. Encourage them to do this where appropriate
- Talk to your AHP colleagues
- This [blog from PHE](#) highlights the types of local services and how to find them
- Investigate whether your area has a local directory or community asset map. This is likely to be held by your local council and/or voluntary, community and social enterprise (VCSE) councils
- Your local primary care network - contact your local GP surgery for more information about your network
- Talk to colleagues, in particular local link workers in your primary care network
- Some national organisations may have groups or services in your area: consider [Age UK](#), [Men in Sheds](#), [Mind](#), [Green Gyms](#), [Citizens Advice](#), [StreetGames](#)
- Consider services and groups for children and families that might be offered by local children's centres, leisure centres, local libraries, youth clubs and voluntary organisations such as Scouts and Guides. Each local council will have a Local Offer website providing information about local provisions and opportunities available to all children including those with additional needs
- Consider online or telephone services, such as [Step Change](#) for debt advice or [GamCare](#) for gambling support
- Consider local faith organisations and groups who work in the

community

- As part of the NHS England online learning platform, there is a Social Prescribing Connector Schemes Database which contains some information about local groups. To join the platform, please **contact them**



Case studies: Active signposting

We have gathered together some case studies of AHPs using active signposting.

Mary Bridger, Osteopath in Private Practice

I have been in private practice for 36 years and am currently the principal practitioner, with three other osteopaths, in a multidisciplinary practice in the market town of Wetherby, offering osteopathy, chiropody, podiatry and acupuncture to a population of 19,979.

I see a broad range of ages, from schoolchildren to patients of 90 years. Nationally the average osteopath/ patient encounter is 30 minutes, averaging 3-4 sessions, so there is opportunity to explore their understanding of health & any potential barriers to them supporting their own health.

A patient encounter is more than just the hands-on delivery, we are active listeners and can employ motivational interviewing during treatment to engage the patient in their own health care responsibilities with short- and longer-term planning and goal setting.

I have signposted to Wetherby in Support of the Elderly (WISE) to patients that I consider have non clinical needs, are isolated by caring role, lonely, widowed and need encouragement to be sociable and take up exercise and self- management of their physical and mental wellbeing. It is a project part funded by Leeds City council and part volunteers, which provides activity groups, befriending service, chair aerobics, support groups, a café and transport provision, not just for the elderly but for their family and carers.

As Osteopaths we have transferable skills and as AHPs we could provide a better structured service for our patients and local community. I would value the opportunity in learning how to develop in this role.

Angela Coutts, Occupational Therapist, Acute Hospital Setting

I am a Band 5 Occupational Therapist working in an acute hospital. My work generally involves short-term interventions and often I see a patient only once. A large part of my role is discharge planning and I work closely with the transfer of care team. Liaising with family members is also an important part of my role as many of the people I work with are elderly and live on their own.

These include:

- Elderly people who live alone and are in end-stage heart

failure

- Elderly people with COPD
 - Elderly people who live with a relative who is undergoing carer stress
 - Elderly people who live in cluttered and/or unsuitable housing
- A lot of people that I work with are socially isolated and find it quite hard to get out and access community support, they are also unaware of what is available to them in the community. In addition, people sometimes have specific issues such as the need for psychological support for dealing with a heart condition, help with managing diabetes or the need to lose weight.

I have signposting people to:

- Exercise groups organised by local leisure centres for people with health conditions, walking groups for physical and mental health conditions, and community weight management service run by health professionals
- Local IAPT groups for managing anxiety with health conditions
- A local charity who run a 'good neighbour' scheme to support lonely and isolated older people
- Local de-cluttering service for a support worker to enable the individual to use personal de-cluttering goals and assist and support with minor repairs
- Local community transport scheme that will assist wheelchair users and other people with limited mobility - they run a local shopping bus but individuals can also book their own trips in advance
- Local Carers Centre for carers experiencing carer stress
- Local Alzheimer's Society
- Local lunch clubs including local Dementia Cafes (also useful to relieve carer stress)
- Local day centre affiliated with a hospice that is for anyone with an incurable condition - this is a free service that will

provide free transport to and from the centre

- Local arts charity that works with people with mental health conditions - this is a fee-charging service aimed at those with PIP/attendance allowance

A key challenge is that, because I do not see people once they have left hospital it is not possible to provide additional support so that they engage with the service I have signposted them to.

Zoe Dixon, Advanced Physio Practitioner in Spinal Pain

I work in primary care in a community outpatient setting as an Advanced Physio Practitioner in Spinal Pain. Mine is a triage role that if necessary, involves onward referral of patients into secondary care services for investigation with the spinal surgery team, or access into the pain clinic services which includes pain management rehabilitation.

Mr J is a good example of the sort of patient I see. He has a long history of intermittent low back pain and since retiring has become progressively more sedentary, lost his confidence to go to any groups, has poor social support, limited finances and is struggling more and more with his pain which has become a dominant feature in his daily life.

He had a short session of frontline physio and started to understand that there was nothing seriously wrong with his spine after a full assessment and that his main contributory factors were lack of fitness and fear of moving which lead to him doing much less and feeling more pain and so entering the inactivity - pain cycle.

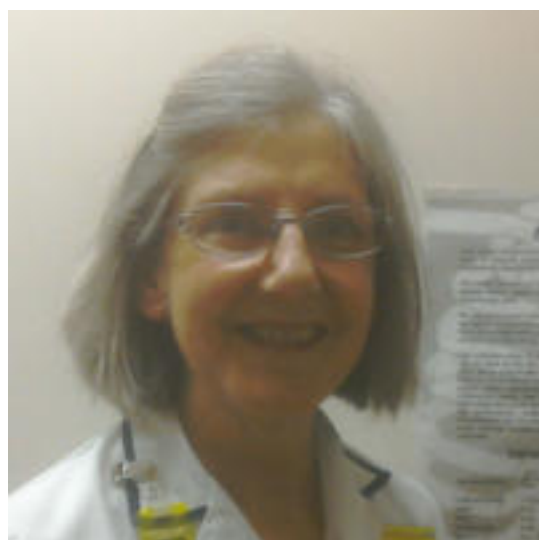
He was enrolled in our in house Backfit group which is a six session group of evidence based advice and graded gentle low

level circuits type exercises. I was asked to see him as he was unsure what the next step would be - he was actually starting to improve in all respects but needed to be becoming more active away from the hospital setting which he found hard.

He was signposted to the local exercise referral scheme (PULSE in our area) which is a subsidised scheme and involves initial assessment at a local gym and then a tailored programme alongside other people in the same situation. The main barriers to this are often finance and worry that it is one step too far but he was able to fund it and is now successfully on the scheme, losing weight, significantly more active and complaining of much less pain.

For more information, please contact [Zoe Dixon](#).

Dianne Fox, Diagnostic Radiographer



I work in a minor injuries hospital as a Diagnostic Radiographer. We are a busy department and only see patients briefly, but there is sometimes a short window of opportunity to talk about their lives more broadly. I actively try to talk about smoking cessation with patients and signpost to our local health centre which has a smoking cessation nurse.

Driving forward social prescribing: A framework for Allied Health Professionals

I also encourage people to keep active, suggesting swimming as a non-weight bearing form of exercise and encouraging walking.

If given time and a window of opportunity I will mention Dancing for health (D4H), which is a completely safe environment for people to be active but above all to have fun. It's something that I participate in myself and it's my happy place to be.

One quote from a lady I got talking to said, "This is the only time I laugh all week." Another said, "I wouldn't come if it was couples" (e.g. sequence or ballroom dancing) "I'm on my own and I feel safe here." I also promote Park Run or singing in a community choir. Music lifts your spirits and confidence.

The main challenge in my role is time and opportunity, but also that people can sometimes be very negative and think that they can't dance/run/sing. I always say you never know until you give it a try. I'm passionate about people being kind to themselves and see these community activities as being an important way for people to support their mental wellbeing as well as their physical health.

Carol Keen, Clinical Specialist Physiotherapist in Pulmonary Hypertension



I am a Physiotherapist working with patients with pulmonary hypertension (whose main symptom is breathlessness) to promote physical activity.

I worked with a lady in her late 70s who had become gradually more out of breath over a couple of years, before she was diagnosed with PH and treated with medication which improved her breathlessness. However while she had been unwell she had become deconditioned due to her reduced activity, and because of some episodes of severe breathlessness she had lost confidence to go out and do things.

For over 50 years she had cared for a daughter with learning difficulties, but her daughter had to move into nursing care as the patient could no longer cope – this left her feeling lonely, and with a sense of loss of role. Her family were concerned about how much longer she might be able to cope at home on her own.

We started by referring her to pulmonary rehabilitation classes, run by Physiotherapists, to improve her physical condition; it also gave her a confidence boost as she saw what she could achieve. She met a friend at the class and together they were

looking for a follow-up activity to go to. They were interested in Tai-chi; we couldn't find a class in their area, but instead we signposted them to their local Age UK who ran a number of combined social and exercise activities such as "Stitch and Sew".

We would objectively assess the changes in the patient by an improvement in her waking test, and in patient reported quality of life scores. However the best outcome was talking with her and seeing how delighted she was with the progress she had made, seeing how much more confident she was, and that she and her family were no longer concerned about her coping at home.

Anna Rees, Physiotherapist, Frailty Rapid Response Team

I work as a team leader for a hospital discharge team based in Chester. I am a Physiotherapist, and spend time working in the emergency department, and also on an ambulance with paramedics reviewing patient that have fallen at home.

The assessments that we assess, in people's homes and also in the emergency department often reveal many social issues, which can impact on a person's wellbeing more than their physical health problems.

In Chester the population is older compared to the national demographic. There are many community projects going on locally that would benefit the socially isolated older person. These include church coffee mornings, library "knit and natter" sessions and exercise groups. One challenge however is as a health professional knowing what activities are available to signpost older people to. I have done Google searches and contacted AGE UK and been unable to come up with a

Driving forward social prescribing: A framework for Allied Health Professionals

comprehensive list which includes all the activities on offer.

A few years ago I set up a local toddler group (this was when I worked part time and had three pre-school children at home). This toddler group was advertised freely on a local website, which included a timetable and calendar of all the groups which parents of young children may be interested in using. This was a really helpful way for me to advertise my group , and for parents to know what was on each day of the week.

What I would love to do is to set up a website with all the local activities running, suitable for older people. This could be accessed by the older person, their relatives or health professionals, and would provide an up to date programme of activities. I think that health care professional working in both primary and secondary care would make more referrals, or signpost more effectively if they had greater access to information about local activities.

Matthew Rogers, Osteopath in Private Practice



I qualified as an Osteopath in 2002 and have worked in a variety of NHS and private practice settings since. Part of the focus of osteopathy is to promote the optimum environment for

health in those we care for, and so health promotion is an important part of what we do.

Osteopaths generally have a 30 minute appointment with clients which allows for important conversations to take place including the importance of physical activity, weight management and advice to support the management of certain long-term conditions such as arthritis.

One of my clients was living with advanced arthritis in both knees, to the extent that she was unable to walk far and relied heavily upon two crutches. As a result she had become rather deconditioned and had put on a lot of weight which further compounded her problem.

Identifying these needs, I was able to reassure her that according to the NICE guidelines, physical activity would not make her symptoms worse and in association with weight management, was likely to help her to become more active and reduce her pain.

Initially, I prescribed a very simple home exercises programme to build her confidence and then signposted her to an evidence-based exercises programme called ESCAPE-pain which was run by an osteopath. By the last session of the exercise class, the client had more confidence, less pain and was able to walk faster and without the need of crutches.

For more information, please [contact Matthew](#).

Collette Shacklock, Physiotherapist, Community Therapy

I was working with a 40-something year old lady whose first language is Somali. Her main issues were chronic hip and low back pain, which limited her mobility. I visited the client at home

Driving forward social prescribing: A framework for Allied Health Professionals

with an interpreter to facilitate conversation. The lady asked to be referred for hydrotherapy, but this was deemed not appropriate by the local hospital hydrotherapy service.

About ten years ago I worked at a local leisure centre that offered ladies only swimming sessions, which were popular with women from Muslim backgrounds. The swimming pool had a hoist and steps which I thought the lady would be able to access.

I looked at the leisure centre's website and printed the timetable showing the days and times of the ladies only swimming sessions. This is an example of active signposting to a local swimming pool, linking with an interpreter, and managing expectations of hospital services.

Alison Hetherington and Emma Geary, Children's Occupational Therapy



O is 7 years old and has a diagnosis of ataxic cerebral palsy. He is independently mobile but finds manual dexterity tasks and speed during gross (large) motor activities challenging.

O was referred to Children's Occupational Therapy with

concerns regarding his fine motor skills; in particular handwriting and using scissors. As part of his initial assessment, O was asked to identify goals that he wanted to work on. He identified that he would like his handwriting to be better but also stated that he would like to be better at playing football; O wanted to be able to play with his friends in the playground but lacked confidence and was aware that his friends were all a lot faster than him.

As part of his Occupational Therapy intervention, O was invited to attend our football group which we run jointly with Stourbridge Football Club during the summer holidays. The group has been devised for children with motor difficulties that are keen to develop their skills but at a slower pace with tasks broken down to enable them to develop their skills. O really enjoyed attending the group and made great progress with his skills, winning a special award for 'most improved' player.

The group only runs for a few sessions and O was really keen to continue to play football, identifying that he would like to play for a team. O's parents were also keen for him to continue as they had noticed an improvement with his confidence. We therefore signposted O and his family to a local football club, the 'Kewford Eagles', which has set up a team for children with additional needs where they can attend training sessions and play matches. O plays for the team and has won a trophy which he was very proud to show his Occupational Therapist.