

A runaway success

Occupational therapist **Paul Graham** tells Muireann Bolger about the social prescribing opportunities offered by junior parkrun, a volunteer-led weekly event he helped to found for children and young people



Paul Graham brims with enthusiasm about junior parkrun, a popular weekly event he set up in 2010. 'People might think that junior parkrun is just a run that makes you feel physically better, but it offers so much more than that,' he says. From its humble origins with nine intrepid young runners on a Sunday morning in Bushy Park, London, junior parkrun has spread to more than 200 locations throughout the UK.

'On some Sundays, there can be 13,000 young people taking part and around 3,000 volunteers,' he says, with justifiable pride. After helping to create a phenomenon, Paul now has his sights set on another goal: ensuring that occupational therapists are fully aware of the multiple benefits offered by the initiative along with the opportunities it presents for social prescribing.

Getting off the ground

The event developed as an off-shoot of parkrun, a collection of free, non-competitive volunteer-led five kilometre events set up by Paul's friend, Paul Sinton-Hewitt CBE, which are open to people of all ages and abilities.

The concept is simple: register online and turn up on a Saturday morning and take part. There is no pressure to run; participants can walk, jog, volunteer or simply come along and spectate. It's a community activity, centred around being active, with friends and family in the open air.

Paul fell in love with this novel yet refreshingly uncomplicated idea. However, he wanted to create an event specifically for children and young people and this kick-started junior parkrun.

He explains: 'I felt that something new was needed for children, including those with health conditions who may not be able to complete the five kilometre events. As an occupational therapist and a sports coach, I was in a good position to put something together.'

After this Eureka moment, the ground was set for a new two kilometre junior parkrun to take place on Sundays.

Paul explains: 'It was a new version of the existing parkrun for children, young people and their families. There is no pressure, unlike, for example, many school-led or club-led activities where performances are judged. We make it about games rather than the actual task of running.'

The ethos of the parkrun model is wholeheartedly inclusive, with an emphasis on community engagement. As Paul explains, 'nobody is left out'. For those who do not wish to, or who are unable to do physical exercise, there is a host of volunteering opportunities from helping people and making announcements to registering new participants and providing morale boosting high-fives. 'Kids who can't run or walk can still add meaning or value to their community and have fun,' says Paul.

A crucial part of the success of the parkrun is that it eschews a one size-fits-all approach. For example, young people with autism and asperger's can enjoy specifically tailored tasks, so they don't have to make decisions that could disrupt or disorient them, such as changing direction or speed. 'They can just run down and come back, which they enjoy because their flow of thinking isn't interrupted,' says Paul.

Meanwhile, more suitable tasks and exercises can be assigned to client groups with different needs, such as young people with cerebral palsy, development co-ordination delay and limb abnormalities.

'The exercises can be broken down into lots of achievable chunks or they can just run one lap if they want to. For different client groups you need different support networks,' explains Paul.

A natural fit with occupational therapy

According to Paul, the health and wellbeing benefits of parkrun go far beyond physical fitness; it is a means of encouraging healthy, active lifestyles, creating a sense of community and supporting individuals to take greater control of their own health. In short, the parkrun formula and occupational therapy are a perfect fit.

'In terms of the occupational therapy domains of personal care, leisure and productivity, parkrun ticks all the boxes to interlink nicely with the occupational therapy profession,' he says. 'The focus is on the community and it promotes good mental health as well as physical health.'

Moreover, Paul believes that 'occupation' underpins the parkrun world and has applied a number of models to the junior event. These include the Model of Human Occupation, which incorporates meaning in an occupation to increase a person's volition to keep on doing it and developing further, and the 'belonging' model, which creates a sense of ownership through 'doing, being and becoming'.

Such models have been of particular benefit to autistic participants who use parkrun as a therapeutic tool. Paul explains: 'A child will develop character and relationships through activities such as junior parkrun to gain a sense of belonging, and volition to return to the activity in order to create that feeling once again.'

A simplified version of the Canadian Occupational Performance Measure (COPM) model has also proved useful in gauging participants' engagement, he adds. 'This model allows the person to subjectively score how satisfied they were with the event and how they felt they performed. If the respective scores fall below four, then the coaching style or training group needs to change, or the running targets need to be more realistic. If both scores stay above four then there is a significant likelihood that they will continue.'

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Social prescribing opportunities

But he argues there is a need for greater awareness within the profession about the many benefits of signposting clients to the events. 'I prescribe parkrun to clients all the time. Social prescribing is a natural part of the occupational therapy role,' says Paul.

Defined by the King's Fund as 'a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services', Paul believes there is an ongoing misconception about this term and its purpose.

'Social prescribing has been around for about 40 years and we're still trying to figure out what it means. The term is quite medical sounding and that often puts people off. But the way an occupational therapist will prescribe parkrun is very different to the way GPs will prescribe,' he says.

'We adopt a holistic person-centred approach that takes into account a person's environment and attitudes along with assistive technology to enable functioning and wellbeing. Whereas GPs are trained to treat the person as if there is something wrong with them that requires intervention.'

According to a survey of healthcare professionals carried out by parkrun, social prescription is currently happening in a relatively informal way, with 91 per cent of practitioners who have signposted to parkrun simply suggesting it to patients and service users.

The analysis also revealed a wide range of motivations for prescribing it, including improving fitness, mental wellbeing, quality of life, increasing self-confidence, improving self-care/self-management and to make friends.

Occupational therapists stood out as being relatively more likely to prescribe parkrun to help patients make friends (68 per cent) and to reduce loneliness (50 per cent).

But Paul believes there is potential for occupational therapists to prescribe the events for a wide range of issues to help safeguard, nurture and develop health and wellbeing. 'If more occupational therapists socially prescribed and signposted people to parkrun or junior

parkrun, it would no doubt have a profound effect on participation, performance and wellbeing, and would enable people to find a meaningful role that adds purpose and value to their communities,' he says.

'It's really useful in enabling people to be active, build new relationships and develop new skills.'

A magical experience

To build upon the inclusiveness aspect, parkrun has set up the PROVE project (Parkrun Running or Volunteering for Everyone). Funded by the Department of Health, it seeks to increase engagement by those with long-term health conditions. This project is based on a peer support approach, led by volunteer outreach ambassadors with specialist expertise. By December 2017, nine different, condition-specific groups had been set up, including groups for people who are deaf and hard of hearing, and for those who have dementia, diabetes, learning disabilities and autism spectrum disorder.

Another positive aspect of the parkrun concept is that it enables all the family to take part. 'A lot of parents run with their children and it might actually be the only running they do,' says Paul. 'Many of them also come and volunteer. The entire family can get involved in parkrun – something that perhaps other prescribed activities can't achieve.'

He believes the parkrun world offers practitioners an unmissable chance to steer clients in a direction that can only boost and enhance their overall health and wellbeing.

'Occupational therapists have a wonderful opportunity to prescribe and sign-post people to all the roles parkrun offers: as a supportive family member, runner or volunteer,' he says.

'It would be so great if more occupational therapists got involved because there are plenty of kids and young people who could be participating on Sunday morning and they aren't, which is disappointing because taking part in junior parkrun can be a magical experience.'

Paul Graham is the founder of Bushy junior parkrun and senior occupational therapist with QEF Mobility Services. For more information on parkrun visit: www.parkrun.org.uk