



Competence Framework for Social Prescribing Practitioners in Wales
Response to national consultation – Report of a consultation workshop
convened by WCVA

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1. Introduction

In the summer of 2022, Welsh Government undertook a consultation exercise on a draft National Framework for Social Prescribing, aimed at developing a common understanding of the terminology and practice in this important area of care and support.

Subsequent work has been undertaken to develop a supporting competence framework for social prescribing. This is designed to support a consistent and high-quality standard of social prescribing that delivers positive outcomes for individuals. HEIW (Health Education and Improvement Wales) commissioned the work which was undertaken by leading academics and experienced reviewers and developers of guidance, standards, workforce competences and quality improvement (QI) initiatives in the National Collaborating Centre for Mental Health (NCCMH), a branch of the Royal College of Psychiatry. A cross-sector steering group and Expert Reference Group oversaw the work and provided insight and advice. Consultation on the draft competence framework was launched in February 2023.

WCVA commissioned Martyn Palfreman to facilitate an online workshop to gather views from a range of third sector agencies on the draft competence framework. This collective perspective was submitted to HEIW as part of the consultation but complemented rather than replaced submissions by individual agencies.

The workshop, which took place on 15 March 2023, was attended by 20 organisations from across Wales. It involved:

- A presentation by Krysia Groves, HEIW Workforce Programme Manager, who coordinated the work on the development of the draft framework, outlining the strategic context in which social prescribing operates, the aims of the framework and the process of development to date
- An overview by Martyn Palfreman of the structure and contents of the draft framework
- A series of facilitated discussions focusing on the questions included within the current consultation exercise

Two plenary sessions looked at the impressions and perceived usefulness of the framework, and considered qualifications and accreditation. In addition, four breakout groups looked at specific domains within the framework, considering in relation to each:

- The accessibility of the language used and possible improvements
- Whether skills requirements of social prescribers are adequately described
- The extent to which the competences are likely to support social prescribing in practice, how it might be used, the appropriateness of competence levels and any gaps in the framework

2. The draft framework

The draft framework is available in Welsh and English. It is designed to link evidence with practice and to provide:

- A basis for training and supervision
- A guide for self-monitoring by social prescribers
- A basis for ongoing personal and professional development

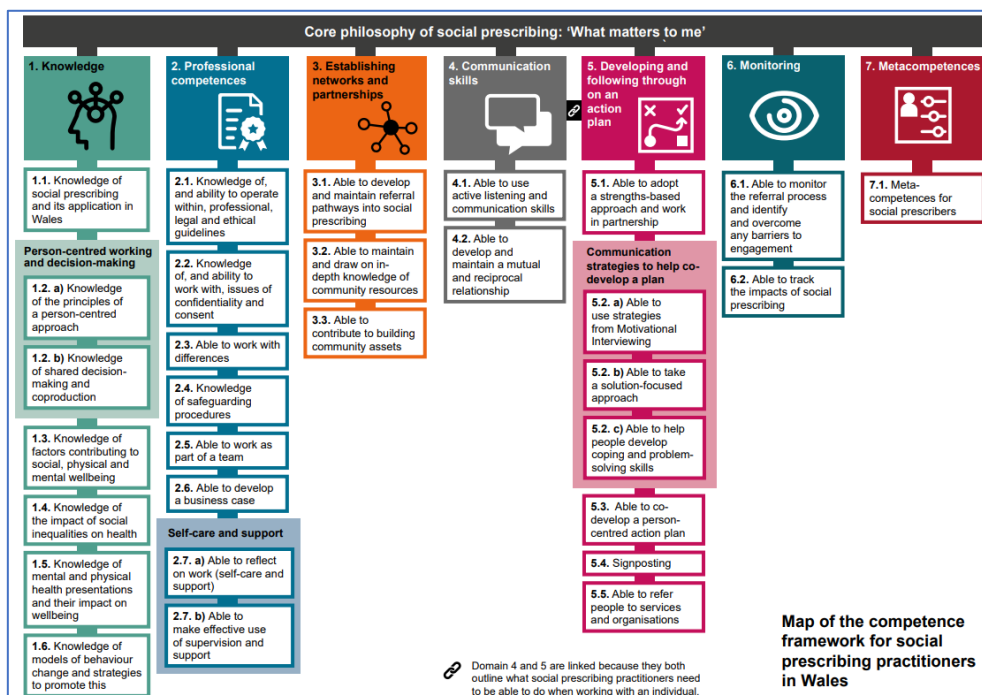
The competences are organised across a series of seven domains, each sitting underneath a core philosophy of social prescribing – namely ‘what matters to me’. The domains are as follows:

- **Domain 1: About knowledge**
- **Domain 2: About professional and legal issues**
- **Domain 3: About networks and partnerships**
- **Domains 4 and 5: About communication skills and action plans**
- **Domain 6: About monitoring and evaluation**
- **Domain 7: Meta-competences (judgement calls)**

Whilst an explicit link between Domains 4 and 5 is articulated within the framework, there are clear interrelationships across the framework.

The architecture of the framework is set out in Figure 1 below.

Figure 1



Core high level competences are set out under each domain and, in some instances, these are 'unpacked' through provision of examples of what a practitioner may need to do to achieve high level skills.

The framework is designed to be flexible to be adaptable to different settings and organisations. It is meant to be indicative rather than prescriptive. As well as informing training and development for individuals (as noted above), it can also be of use to commissioners in specifying levels of service required, support the management and delivery of services and underpin supervision and clinical supervision as appropriate.

3. Responses from participants

The remainder of this report summarises points raised during the workshop. A collective response to the consultation questions, based on the issues raised, has been submitted via the online consultation form.

Key messages are as follows:

- The framework is seen as a positive development and generally fit for its intended purpose
- It can fulfil a range of purposes, including supporting the development of individual social prescribers and organisations, standardising the quality of provision across Wales and informing tender specifications for these kinds of services
- Coordinated support to organisations in applying the framework would be welcomed
- Establishment of communities of practice to reflect on the framework's value and impact would also be useful
- The division of competences into domains is sensible; however, cross-referencing between linked competences that feature in separate domains could support a holistic approach to skills development
- It would be useful to clarify that this framework can and should apply to different roles within the third sector and to those in other sectors that can touch upon this area
- The terminology for Domain 7 on meta-competences is inaccessible for most people
- The framework should make clear that social prescribing should sit alongside and complement core health and care services rather than replacing them
- Flexibility between organisations in terms of how the framework is used is important
- There is potential for the framework to be linked to qualifications and academic credits; however, this again should be flexible and there should be scope for it to be used equally to support 'on the job' learning and development. Over-emphasis on qualifications could deter people from joining the social prescribing workforce, which would be counter-productive

- Training to support professional development would be welcomed, although resourcing and delivery arrangements would need to be thought through carefully

A number of contextual comments were raised, as follows:

- One participant expressed the view that the framework didn't adequately reflect the 'experience' of social prescribing, which was seen as an organic and iterative process and difficult to capture in 'pinned down' competences of this nature.
- Another felt that the framework needs to make clear that social prescribing should sit alongside and complement core health and care services, rather than replacing them. Improved social prescribing practice cannot be seen as a way of justifying under-resourcing of statutory services.
- Given that the framework recognises the need for culturally-sensitive practice (see below), it was felt action should be taken to encourage and increase diversity within the social prescribing workforce to support this and optimise engagement with different communities.

Detailed responses to the consultation questions are set out below (note that in the online consultation form, Questions 1 and 2 invite respondents to indicate their role and the region of Wales in which they work and are therefore not relevant to this exercise).

Q3: What is your general impression of this framework?

Participants views were generally favourable. One attendee remarked that it was 'about time something like this was put together'. The framework was thought to be a key enabler for the development and enhancement of social prescribing practice, particularly for organisations branching into this area of work for the first time.

Another participant said they were 'quite excited that it's all been written down', as for a long while the contents had 'all been going around in [people's] heads' but had never been collated in this way. The value of bringing things together in one place was echoed by other workshop participants.

Several participants felt that the framework reflects current practice and would help with standardising quality (if not practice) across Wales.

The structure and division of competencies into domains was seen as sensible and logical. The design and layout generally makes it easy to grasp and digestible.

Domain 7 (meta-competences) was seen as valuable and it was felt that it was right to include it in the framework. However, the terminology for this domain was felt to be inaccessible. It was suggested that an alternative label should be considered for this section.

It was noted that across the country people with a range of roles or titles undertake social prescribing. It was felt that it would be useful to clarify that this framework can

and should apply to different roles within the third sector and to those in other sectors that can touch upon this area (e.g., social workers/social care staff, GPs and other health practitioners).

Inclusion of competences relating to the 'basics' of social prescribing, such as legal concepts, ethics and safeguarding was welcomed. The fact that the framework mentions social and health inequalities and mental health and wellbeing was seen as a real positive. Reference to self-care and reflective practice was seen as important in an area of work requiring high levels of mental resilience.

Similarly, participants liked that a competence relating to being able to work with difference (namely in a culturally competent way by valuing diversity, equality and inclusion), was included in the framework, particularly in view of the increasing diversity of many communities across Wales.

Notwithstanding these perceived strengths, the following areas were seen as needing some improvement:

- Page numbering, which would make the accompanying documentation less daunting and easier to navigate
- Use of shading or other visual differentiation to make it more accessible
- Provision of a summary document for quick reference and with signposts to the detail of the main document.

Q4: On a scale of 1 to 10, how would you rate its usefulness as a tool? (scale of 1 to 10 with 10 – very useful)

16 organisations responded to the poll. This is a low number and means the rankings cannot be seen as statistically significant; however, they provide potentially useful insight. Generally, participants gave a favourable score; on a scale of 1-10 all thought it to be 6 or higher, with a third of respondents scoring it 6, and another third awarding a 7. One participant awarded a score of 9, whilst just over half ranked it as 8.

Q5: Please explain why you have given this rating?

For the purposes of this consultation, the general impressions of the framework recorded under Q3 above can be seen to have informed individual ratings of its usefulness.

Q6: How accessible is the language that has been used in the Welsh/English documents?

There was a range of views about the accessibility of the language used (see below), although a broad consensus that, overall, the tone was about right.

Q7a: What is your opinion of the language used in the guidance and framework documents?

Generally, people felt the language to be comprehensive, clear and concise. One participant felt that it completely 'fits the bill'. The clear articulation of competences was felt to be of potential value to commissioners in developing specifications for

social prescribing services, as well as to individual prescribers, managers and supervisors.

Recognising this was not intended as a public-facing tool the tone was felt generally to be appropriate. Participants were of the view that the framework successfully addressed complex concepts in understandable and accessible language.

As noted above, a clear exception is the use of the term 'metacompetences' for the seventh domain. This was seen as unnecessarily cryptic and a strong view was expressed that an alternative should be agreed. Possible suggestions included 'Out of the box thinking', 'Ability to see the bigger picture' or 'Developing a wider perspective'.

Notwithstanding the generally positive comments regarding language, some participants felt that, whilst it might suit paid professionals, it could be less accessible to those working in a voluntary capacity. To be of value to such workers, the framework and the concepts contained within it would require a degree of 'deciphering' to be of practical use.

It was acknowledged that it would be difficult to achieve a level of language suitable for the range of workers delivering social prescribing services – a 'one size fits all' approach is by definition going to be problematic.

Q7b: If you think it is not appropriate, please state why and suggest how it can be improved.

As noted above, some felt the language to be more applicable to professionals in the field than to volunteers. Some felt the language to be too 'stiff' or "academic" with some of the language being over-formal for the culture of social prescribing in Wales and there was a need for plain English in certain areas. Examples included the use of 'solution focused', which could be replaced with 'able to solve problems'.

Q8: What does it mean to you to have this framework in Welsh?

The availability of the framework in Welsh was seen as a definite advantage. The importance of the Welsh language in delivering person centred social prescribing in communities was also emphasised.

Q9: Does the framework adequately describe the knowledge and skills requirements of social prescribing practitioners?

Some participants felt that the competences completely matched those within JDs for social prescribers and as such were useful to underpin and inform recruitment and continuous professional development.

Some linked competences are found under different domains and, whilst this is logical in one sense, cross-referencing across and between domains might help with the use of the framework as a holistic tool. An example is that the knowledge Domain includes knowledge of the (national) strategic context but doesn't mention knowledge of local arrangements and services. The latter features within Domain 3 (Establishing networks and partnerships). Together they express the multi-faceted levels of knowledge that social prescribers should be looking to develop.

Following on from this, to be of ultimate value it was felt that the framework needs to be looked at in its entirety and not in a piecemeal way. Taking different elements in isolation could lead to a distorted perspective of required skills. For example, knowledge (as expressed in Domain 1) will not in itself induce positive behaviour in an individual. It needs to be combined with skills in taking a strengths-based approach, working in partnership, motivational interviewing and co-producing person-centred action plans as set out in Domain 5 Developing and following through on an action plan).

Domain 4 (communication) should refer explicitly to 'positive' and 'open' communication; this was felt to be insufficiently precise as currently expressed.

Q10: Do you think this is a good tool for supporting you in your social prescribing-practice role?

- **How do you think you will use it?**
- **Are the competences targeted at the right level to reflect actual practice?**
- **Is there anything missing that should be included within the competencies?**

Whilst generally feeling that the framework is a useful tool, it was felt that individual organisations would need to think through how to deploy it to best effect. National/ coordinated support in applying the model was felt to be desirable, as would be communities of practice across Wales, to share experience of its use and facilitate reflection on possible improvements and refinements.

Some participants felt that the framework could help ensure appropriate emphasis on linking social prescribers to quality assured community assets in their area, which was seen as of fundamental importance and value in improving outcomes for individuals.

In relation to Domain 6 (Monitoring), it was emphasised that approaches differ depending on the social prescribing model used and the framework wording needed to be broad enough to reflect this. For example, phone-based services, as opposed to face to face, might make it more difficult to track, and assess, the impact of social prescribing on individuals over time. Effective monitoring requires capacity and resources will need to be provided to ensure this can be achieved.

With reference to building community assets (Domain 3), it was considered important to recognise that in some areas these were already well developed; a relevant competence in these instances would be to maintain and enhance local facilities and address identified gaps.

Despite some of the anticipated difficulties in relation to the terminology, the contents of Domain 7 (Meta-competencies) were felt to be important, in ensuring that appropriate parameters are set by social prescribers and skills in professional judgement are developed. Similarly, emphasising the importance of reflective practice was seen as a positive.

Q11: Do you think that achieved competences should be awarded academic credit?

There was concern that adoption of a competence framework would automatically lead to expectations in respect of qualifications and academic progression. Participants saw this as a risk, in that it would not be appropriate in all cases and could discourage people from coming to work in a sector that is already struggling to recruit in some areas. It was felt that a level of discretion would be vital, leaving organisations and individuals to decide on the value or otherwise of adopting a qualifications-based approach.

Some might reasonably decide the framework is more about supporting the development of individual skills and improvement of practice than providing a basis for academic progression. For others, credits linked to the competences might be an appropriate facilitator of professional development and career progression.

Q12: Would you welcome a Wales national training programme based on the competence framework for social prescribing practitioners?

The framework was seen as an invaluable basis for informing personal and organisational development plans and relevant training would be an obvious enabler for this. Resources, course structures (e.g. standardised programmes across Wales in support of the competences) and delivery arrangements would all need to be thought through.

Participants also recognised that in social prescribing, learning can equally be 'on the job', and that the competencies could provide an invaluable tool in themselves for individuals' ongoing development and improvement.