
Ymateb i Ymgynghoriad / Consultation Response

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Background information about Estyn

Estyn is the Office of Her Majesty's Inspectorate for Education and Training in Wales. As a Crown body, we are independent of the Welsh Government.

Our principal aim is to raise the standards and quality education and training in Wales. This is primarily set out in the Learning and Skills Act 2000 and the Education Act 2005. In exercising its functions, we must give regard to the:

- Quality of education and training in Wales;
- Extent to which education and training meets the needs of learners;
- Educational standards achieved by education and training providers in Wales;
- Quality of leadership and management of those education and training providers;
- Spiritual, moral, social and cultural development of learners; and,
- Contribution made to the well-being of learners.

Our remit includes (but is not exclusive to) nurseries and non-maintained settings, primary schools, secondary schools, independent schools, pupil referrals units, further education, adult community learning, local government education services, work-based learning, and teacher education and training.

We may give advice to the Welsh Parliament on any matter connected to education and training in Wales. To achieve excellence for learners, we have set three strategic objectives:

- Provide accountability to service users on the quality and standards of education and training in Wales;
- Inform the development of national policy by the Welsh Government;
- Build capacity for improvement of the education and training system in Wales.

This response is not confidential.

Response

Introduction

Estyn believes that the vision of social prescribing as outlined is appropriate. However, little reference is made to how education empowers people from gaining confidence through to gaining qualifications through which to change or improve one's pathway in life. This includes the work of adult learning in the community and the role of schools in identifying people needing community-based support. We consider the term 'social prescribing' to be a useful one overall in that it conveys the intention to help improve a person's situation. We support the view that it will be of the utmost importance to develop a clear understanding of the concept and terminology surrounding 'social prescribing' to ensure quality in delivery and to underpin the public's understanding.

We believe that to ensure a national understanding of the concept of 'social prescribing' the government and relevant bodies will need to undertake a nationwide campaign to inform people as to what 'social prescribing' is and what people might reasonably expect of such a scheme. We suggest that the government and relevant bodies will need to employ a range of ways in which to inform people, including the use of digital platforms and social media. We suggest that materials to highlight the scheme should be produced in Welsh and English from the start and consideration given to the best ways to provide information and support to vulnerable groups.

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Consultation questions

1a	Do you think the model captures an appropriate vision of social prescribing within Wales?
	Yes We believe that the vision of social prescribing outlined in the consultation document is an appropriate one overall.
1b	If not, why not? Is there anything missing / not appropriate?
	In this document, while reference is made to classes which might help people, for example physical activity classes or art therapy classes, there is little reference to the empowerment of education. This includes the post-16 work of adult learning in the community and the role of schools in identifying people needing community-based support, as well as in the case of adult learning in the community provision of support.
2a	What is your view of the language/terminology used in the model and supportive narrative? This may include the language and terminology used in both English and, if appropriate, Welsh.
	Overall, we believe the language and terminology used in the model and supportive narrative to be appropriate in both languages.

2b	Do you have any suggestions on alternative language / terminology? This may include the language and terminology used in both English and, if appropriate, Welsh.
	While some might find the phrase 'social prescribing' a loaded phrase, it does convey the idea that this is something intentional which is meant to help. We would suggest that for many people the idea of not taking medication, but finding other ways of helping address particular needs is helpful. The phrase gives the activity a level of status.
3	How do we at a national level develop a common understanding of the language/terminology used to describe social prescribing for both professionals and members of the public alike? This may include the language and terminology used in both English and, if appropriate, Welsh.
	We suggest this could be achieved by establishing a working group to develop a shared understanding and terminology of social prescribing. A second step would be to test the underpinning ideas out with focus groups drawn from different professional groups and the public to refine the ideas before launching a campaign to advertise the concept and the service through a range of media.
4a	What actions could we take at a national level to help professionals (from healthcare, statutory and third sector organisations) know about, recognise the value of and be confident in referring people to a social prescribing service?
	One action could be to invite champions from the different fields of activity who can discuss ideas and actions that their field might take to support the social prescribing initiative. We suggest using a variety of ways to deliver such work, for example, through face-to-face presentations, online presentation and digital models which individuals and groups can work through at a time appropriate to them.
4b	In the case of self-referrals, what actions could we take at a national level to help members of the public know about, recognise the value of and be confident in contacting a social prescribing service?
	We suggest that this would need a wide and sustained campaign via a range of media and different genres of delivery to ensure that the concept of social prescribing is understood by professionals and the general public alike. This might best be supported by a wide range of case studies showing how social prescribing has helped people from diverse backgrounds in Welsh society undertaking a wide range of activities.
4c	In the case of targeted referrals, what actions could we take at a national level to help organisations identify specific populations/groups of people who might benefit from contacting a social prescribing service?

	<p>We suggest that information is provided for professionals that conveys a portrait of people and conditions who may benefit from social prescribing. The materials should be carefully constructed so as not to develop stereotypical thinking about people - people from all walks of life may need different support at different times in their lives. For example, a mother isolated with their first child will experience a different type of loneliness to an elderly person, many of whose friends have died.</p>
5	<p>What actions could we take at a national level to support organisations/groups offering community-based support to engage with social prescribing services?</p>
	<p>We believe that it will be important to make clear:</p> <ul style="list-style-type: none"> • what social prescribing is • how different organisations can contribute to this concept • what expertise and resources the organisation will need to contribute • what funding is available to support their participation in this venture • how they find out what social prescribing services are available to them locally and nationally and how to link with them.
6a	<p>What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?</p>
	<p>We suggest that this requires a clear and developed understanding of what social prescribing can and cannot do, reference points so that those proposing can take advice as necessary before they link with other organisations to socially prescribe and developing a clear understanding of the person they intend to refer and their needs.</p>
6b	<p>What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community based support</p>
	<p>We suggest clear guidelines about who might and might not be suitable for social prescribing and clear reference points as to where professionals can seek advice, if necessary.</p>
7	<p>Which actions could be taken at a national level to support strong leadership and effective governance arrangements?</p>
	<p>We suggest establishing a national board, drawing membership from a range of the different and appropriate expertise across Wales. To underpin this, a suitable body would need to be found to undertake regular monitoring of the social prescribing system to provide a national picture of the concept and its application across Wales. This work might also be supported with action research projects at regular intervals focussing on particular aspects of the work.</p>

8	What actions could we take at a national level to support the commissioning process and help engage the public in developing a local level model which meets the needs of their community?
	We suggest that personnel at national level produce clear guidance and information which can be distributed through a range of means initially to potential key providers to start the development of the model at grassroots level. For example, for post 16 adults in relation to education, the well-established adult learning in the community partnerships which operate at a local authority and regional level in their respective areas could play a significant role, as they did during the pandemic. During the pandemic, they not only supported learners with continued courses but also with help and support, such as delivery of food, provision of technology, signposting to other appropriate bodies for such things as financial support and helping to combat loneliness.
9a	Do the current online directories and sources of information provide you (in an easily accessible format) with the all the information you need to make decisions on the appropriateness and availability of community based support?
	We cannot comment on this aspect of social prescribing as we do not have a role in social prescribing.
9b	Are there other online directories / sources of information you use?
	<i>Not applicable</i>
9c	What are the key features you think online directories should provide to help people access community-based support?
	We suggest that a key feature for accessibility is that they are accessible through one portal, be that hard copy or digital. The most efficient way to provide directories would be online. This might best be a link to a providers' own directory so that the onus for updating information is only to provide the portal with the most up-to-date digital address and the content will be updated on a regular basis by the provider. It might be helpful if providers agreed a page set out in a common format to make it easier and quicker for people to find the information they need. We suggest that this information is created in English and Welsh at the same time and other community languages commonly in use in Wales.
10a	What actions could we take at a national level to help address the barriers to access?
	We suggest that information should be produced in a variety of forms to allow, for example, people with visual and hearing impairments, mobility issues to access them. Organisations with expertise in these areas should be consulted to help provide these services.

10b	What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?
	We suggest that organisations involved in social prescribing, either the prescribing or the provision of social prescribing activities, should train mentors who can support people with difficulties to access the service if so needed.
11a	Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns? Yes. We believe that this is an essential requirement, particularly in relation to vulnerable groups.
11b	If yes, what are the key things the national standards for community support should cover?
	We suggest that the national level standards for community support should cover the key aspects that social prescribing could cover and the behaviours of staff in relation to identifying and supporting people who wish/need to access social prescribing. They should include standards related to ensuring equity of provision as well as accessibility. They should include reference to who should oversee the application of the standards in an organisation and be accountable for staff training.
11c	If no or not sure, what are your main concerns around the introduction of national standards for community-based support and how might these be addressed?
	Not applicable
12	What actions could we take at a national level to help overcome barriers to using digital technology for community based support?
	We suggest that a digital portal might be produced at national level onto which the national standards and other overarching information and materials could be placed. This would need central maintenance. Additionally, there might be spaces which would hold appropriate organisations' web addresses and these websites would be regularly updated by the organisation itself. Equally there might be spaces for professional training, including training in the best use of technology for social prescribing, as well as areas on which providers can share ideas. We would envisage such a national portal might be developed over time.
13	What action could we take at a national level to support effective partnership work to secure long term funding arrangements?

	<p>We would suggest that the government audits which organisations are already in place through which it might channel and ensure accountability of funding. For example, adult learning in the community partnerships serving local authority and regional areas exist already. These partnerships are made up differently in each area and include local authority, further education, voluntary and third sector partners with funding being channelled and accounted for through local authorities as the fund holder. These partnerships are also entrepreneurial – they seek to make the best use of partnership through reducing duplication and drawing in additional funds from various grant awarding bodies. They signpost learners from one to another provider, wherever the learner may best be served to meet their needs.</p>
14	<p>What actions could we take at a national level to mitigate the impact of the increased demand on local community assets and well-being activities?</p>
	<p>As above.</p>
15	<p>In your view what are the core things we need to measure to demonstrate the impact of social prescribing?</p>
	<p>By the nature of what it is, social prescribing is likely to serve to support very individual needs. On a practical level, there needs to be accountability that any funds given by government are used appropriately. Overall, the impact of social prescribing should be that the activities to which the person is signposted have the impact that the individual has identified for themselves – in many cases, this would be soft outcomes which are hard to measure other than through personal records of achievement measured against the person’s own targets, and/or through case studies which record the person’s journey. At a more strategic level, the government might look at such statistics which point to whether there has been a drop in referrals to hospital, although this might not provide exact information as there might be many causes for this. In this case, the government may wish to commission action research which focuses clearly on aspects of the programme and its achievements.</p>
16a	<p>Do you have any research or evaluation evidence you’d like to share with us?</p>
	<p>In the course of inspecting adult learning in the community partnerships, Estyn reports on how providers make provision through their courses for wellbeing and how they support learners on their journeys. We also publish case studies on our website. We attach the hyperlink to the two most recent adult learning in the community partnerships as an illustration of this.</p> <p>Pembrokeshire Adult Learning in the Community Partnership – March 2022 inspection report</p>

	Wrexham and Flintshire Adult Learning in the Community Partnership – May 2022 inspection report
16b	Do you have any suggestions on how the implementation of the national framework in Wales can and should be evaluated
	Please see suggestions as noted under question 16a.
17a	What are the key knowledge and skills the planned competency framework should cover?
	We suggest that the knowledge and skills the planned competency framework, among other things, should include areas such as counselling, effective partnership working that supports a person's best interest, data protection and a good understanding of safeguarding.
17b	How can the planned competency framework best complement existing professional standards?
	The competency framework can best complement professional standards by taking good account of current legislation, particularly in relation to safeguarding, as well as have a clear focus on working with integrity and delivering high quality services which are subject to regular self-evaluation and review.
18	Are there benefits and/or disadvantages of education and training to underpin the competency framework, that is academically accredited?
	We would suggest that a mixed economy of training to support the competency framework is developed that would meet the needs of those delivering the social prescription provision. There may be those people who would like to develop their career to include social prescribing and therefore it would be appropriate to provide a mixed economy whereby those people who wish to have academic qualifications can do so.
19	What other actions could we take at a national level to support the development of the workforce?
	We suggest that in order to assure equity and consistency of message, it may be appropriate to train a core of people across Wales who champion social prescribing and are a lynchpin in their local area to help and support organisations with the requisite provision to come on board.
20a	What are your current experiences of using digital technology in the following areas of social prescribing? <ul style="list-style-type: none"> • Referral process • Assessment process • Accessing community-based support • Delivery of community-based support • Management of information and reporting of outputs / outcomes

	Estyn does not socially prescribe or inspect social prescribing at present.
20b	<p>How could the use of digital technology enhance delivery of social prescribing in the following areas?</p> <ul style="list-style-type: none"> • Referral process • Assessment process • Accessing community-based support • Delivery of community-based support • Management of information and reporting of outputs / outcomes
	Estyn does not socially prescribe or inspect social prescribing at present.
21a	<p>We would like to know your views on the effects that the introduction of a national framework for social prescribing would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.</p> <p>What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?</p>
	<p>We suggest that the development of the programme and materials should be developed bilingually from the outset in line with the status of both languages in Wales. Where clients of social prescribing are first language speakers, it is imperative, in our view, that clients have access to provision in their first language for them to be comfortable with the provision. Therefore, for the programme to be successful, it will be necessary to consider how this might be planned for and achieved from the outset.</p>
21b	<p>Please also explain how you believe the proposed a national framework for social prescribing could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and</p> <p>no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.</p>
	<p>We suggest that the programme should acknowledge the psychological importance of being able to access help in one's own language, particularly in ensuring fluency of expression in articulating concerns and problems. Therefore, it is important that the programme and provision is developed bilingually from the start and that there is a consciousness about ensuring Welsh language speakers are available among social prescribing and delivery staff so that those who are Welsh language speakers have equal access and are not disadvantaged.</p>
22	<p>We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report</p>

	them:
	<p>Although there is no mention of schools in the consultation body as a referring body, they have an important role in signposting information. Usually, schools have a very good understanding of the families of the children who attend them. There are those schools who also provide family learning courses for parents to enable parents to understand school methodologies and be able to support their pupils' learning. Signposting where families and other stakeholders can access wider support would strengthen the communication strategy around this policy.</p>