

The Competence Framework for Social Prescribing Practitioners in Wales

1: Supporting document

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Welcome to the Competence Framework

Competences are the building blocks of good practice. They help shape the way people work, giving structure to the skills, knowledge and behaviours they apply to do their job well. Competences define how roles are performed to the best of a person's ability, and how people can be empowered to better understand and improve those skills. The Competence Framework for Social Prescribing Practitioners supports reflective practice and supervision, and will encourage career progression.

The Competence Framework creates a 'common currency' of core knowledge, skills and behaviours. This enables more consistency between sectors and supports the integration of services. It is designed to equip social prescribing practitioners, regardless of their employer or work base, to safely and effectively signpost and connect citizens to the community support they need, helping them to better manage their social, physical and mental health and wellbeing.

It is a framework in which core skills and knowledge are recognised and transferrable when people move between roles, organisations or locations and will save money and time. Repetition of training will be minimised. Time and resources can then be focused on meeting any additional learning needs that may be specific to a setting or role development. So, for employers, education providers and commissioners, the Competence Framework will also offer benefits. Its practical applications can include the:

- planning and design of the right learning opportunities
- commissioning of quality education and training
- service design and development of skills to deliver the greatest impact in communities
- assessment of competence and support of performance management processes.

Finally, the core philosophy behind the Competence Framework is one of person-centred support and prevention. It puts people at the centre when helping them to shape and access the support and wellbeing services that matter to them.

The Competence Framework is developed to identify specific and measurable capabilities; yet remains broad enough to encompass the diversity of roles, occupations and areas of speciality that span the extent of social prescribing in Wales.



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1. Introduction

This document sets out the context for the Competence Framework for Social Prescribing Practitioners. It includes information about the background to the development of social prescribing in Wales, the organisational context in which social prescribing practitioners can operate and what they can offer, and about the development of this Competence Framework.

In developing the Competence Framework and Supporting Document, the [project team](#) have aimed to reflect the wide diversity of perspectives on the social prescribing role in Wales, and to produce a framework that does justice to their training and background.

Who are social prescribing practitioners?

Social prescribing is an activity carried out by people under a range of job titles in a range of settings. The most common title in Wales is 'community connector', but other titles include 'social prescribing practitioner', 'link worker', 'community navigator' and 'community coordinator'. In addition, social prescribing is sometimes carried out by professionals from a range of backgrounds as part of their role.

This Competence Framework focuses on social prescribing as an activity, so it is applicable whatever the job title. In the Competence Framework, the term 'social prescribing practitioner' has been used, to match how the role is referred to in the Glossary of Terms for Social Prescribing (Newstead et al., forthcoming).

What is social prescribing?

Researchers in Wales have defined social prescribing as 'connecting citizens to community support to better manage their health and well-being' (Rees et al., 2019). It is a way of linking people to community-based support, helping to empower them to recognise their own needs, strengths and personal assets, and to connect with their communities for support with their personal health and wellbeing.

By connecting people with their own communities, they can access support which will help to improve their health and wellbeing. For example, we know that people who are lonely and/or socially isolated are at greater risk of premature death, heart disease, stroke and high blood pressure, and are more likely to be inactive. They are also more likely to experience depression, low self-esteem, sleep problems and an increased response to stress. Connecting people with groups and resources in their community can help reduce or prevent many of these risks.

The main social prescribing model in Wales is holistic and person-centred. It is a relationship-based approach that seeks to empower the person, and has a few key stages. These include referral, relationship building and building on people's resources and power, helping them to fulfil their potential by connecting them with their communities and so improving their health and wellbeing.

Social prescribing is part of a system, so multiple organisations need to work together to make sure there is a clear and seamless social prescribing model that meets people's needs locally and nationally.

Benefits and impact of social prescribing in Wales

The concept and delivery of social prescribing is growing in Wales, where it is expected to:

- have a positive impact on individual wellbeing
- increase community engagement
- contribute to a more sustainable workload for health and social care professionals
- reduce health inequalities
- tackle challenges such as loneliness and social isolation.

Social prescribing can do this by offering community-based support from social prescribing services and practitioners who can work across the boundaries between agencies and organisations.



2. What is the function of the Competence Framework, and who is it for?

Competence frameworks set out the behaviours, knowledge and skills needed for a job role. They make the link between evidence and practice (discussed further in the section '[An evidence-based approach to competence framework development](#)'). They can be a basis for training and an agenda for supervision, as well as a guide for self-monitoring and personal development for people working in a particular role.

This Competence Framework will help those developing services to deepen their understanding of the social prescribing practitioner role. It will be useful to social prescribing practitioners, and to team members working with them, their managers and commissioners. It will also support supervisors of social prescribing practitioners, and those delivering education and training to them.

The competences may also be helpful to people who are carrying out social prescribing activities in the community as a peer group or social function (and are not in a formal social prescribing role), and people who offer social prescribing as part of their role in a range of settings.

The Competence Framework is not a mandate or a guideline. It aims to be flexible and should be adapted by local organisations to suit their circumstances, geography and resources.

Supporting children, young people and families

This Competence Framework recognises that people who receive social prescribing are usually adults aged 18 years and over. Nonetheless many of the competences will be relevant to supporting children, young people and families, and connecting them with support in their communities. There is a growing use of social prescribing for children and young people, so when developing services for children and young people it is important to align with the [NEST \(Nurturing, Empowering, Safe, Trusted\) framework \(mental health and wellbeing\)](#).



3. Integrating knowledge, skills and attitudes

A competent social prescribing practitioner brings together a range of relevant knowledge, skills and attitudes when working with and supporting people. It is this combination that defines competence; the ability to integrate these areas defines good practice.

Social prescribing practitioners need background knowledge relevant to their practice, but it is the ability to draw on and apply this knowledge in their conversations with people who have been referred for social prescribing that marks out competence.

Knowledge helps them understand the rationale for applying their skills, to think not just about how to implement them but also why they are implementing them.

Beyond knowledge and skills, the social prescribing practitioner's attitude to and stance on an intervention is also important – not only their attitude to the relationship with the people they work with but also to the teams with whom they work, and to the many cultural contexts in which this work takes place (including professional, ethical and societal).

All of these need to be held in mind because they affect the social prescribing practitioner's capacity to deliver interventions that are ethical, meet professional standards and are appropriately adapted to people's needs and cultural contexts.



4. How the competence lists are organised

Competence lists need to be of practical use, so they need to be organised in a way that reflects the practice they describe. They need to be set out in a structure that is both understandable and valid – that is, recognisable to social prescribing practitioners as something that accurately represents the approach that they take when carrying out their role.

Core philosophy

Across the top of the map (see [5: Map of the competences](#)) there is an overarching area of competence, the domain **Core philosophy of social prescribing: 'What matters to me'**. It highlights the person-centred approach of thinking about what matters to the person being supported. This guides every aspect of a practitioner's work, and so applies across the whole framework.

These competences are about working in line with the core philosophy of social prescribing: developing a person-centred, strengths and goal-based relationship with each person that empowers individuals to arrive at decisions in areas that are meaningful to them.

Domain 1: About knowledge

This domain of competences identifies areas of **knowledge** that underpin the social prescribing practitioner role. It includes knowledge: of the social prescribing practitioner role; of co-production and shared decision-making with individuals and communities; of physical, emotional and social wellbeing; of social, financial and health inequalities; of mental health; and of the basic principles of prevention and behaviour change.

Domain 2: About professional and legal issues

The second domain covers knowledge of, and being able to put into practice, **professional and legal issues** such as: working within ethical guidelines; confidentiality and consent; working with differences; safeguarding; working as part of a team; and the ability to develop a business case.


A sub-domain (**Self-care and support**) includes competences related to the social prescribing practitioner's self-care and their ability to make use of supervision.

Domain 3: About networks and partnerships

The third domain is about **establishing networks and partnerships**. This is an essential area, without which social prescribing would not be possible.

It includes: developing and maintaining referral pathways into social prescribing; developing and maintaining in-depth knowledge of community assets; contributing to the development of and partnership with community assets, to foster community resilience.

Domain 4 and 5: About communication skills and action plans

The next two domains are linked with a  symbol on the map. They are about working in collaboration with individuals.

The first is about **communication skills** – using active listening to develop and sustain a mutual and reciprocal relationship.

The second focuses on **co-producing an action plan** and empowering the individual to take action to meet their goals. It also includes the communication strategies that contribute to this, and to the co-produced, strengths-based, person-centred action plan that emerges.

Domain 6: About monitoring and evaluation

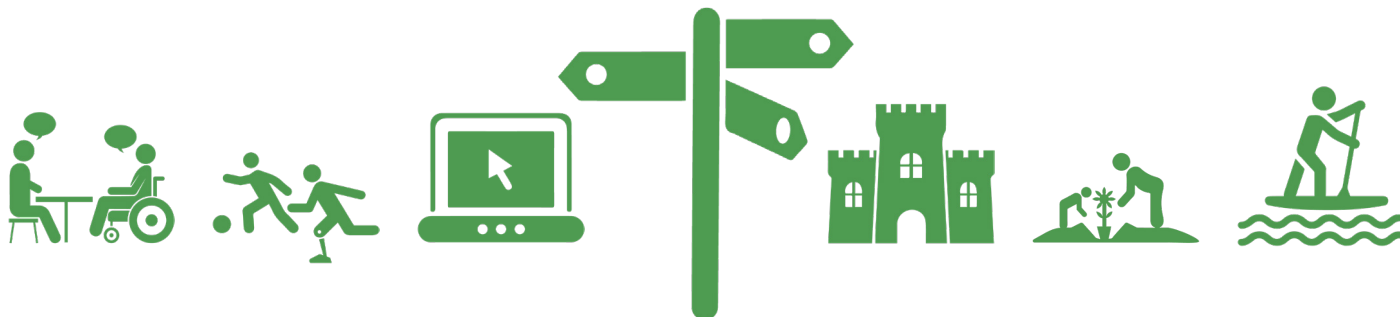
This domain focuses on two areas: **monitoring** an individual's progress and the impacts of social prescribing, and on **evaluation** of the service.

Domain 7: Meta-competences (judgement calls)

The final domain has **meta-competences** for social prescribing practitioners. Meta-competences are **judgement calls** that describe how practitioners can adjust their practice to make it relevant and appropriate to the person they are working with. The term 'meta' indicates that these are competences that involve making decisions about how to apply a competence.

Most meta-competences identify situations where social prescribing practitioners need to use their judgement so they can work flexibly and thoughtfully rather than automatically. These two examples may make this clearer:

- An ability to judge how best to integrate social prescribing with other ongoing or potential interventions that the person receives, and so take into account the range of their needs
- An ability to judge when to offer support to the person or when to foster independence and their ability to self-manage



5. Map of the competences

In the map, the competences have been set out in an accessible visual format, grouped into domains and sub-domains.

[Figure 1](#) is a simplified or outline map of the domains of competences for social prescribing practitioners. It gives an overview of how the domains fit together and describes what they cover, to show the scope of the whole Competence Framework at a glance.

[Figure 2](#) is the full map of the Competence Framework's domains and sub-domains.

The lists of competences are available from the HEIW website at:

heiw.nhs.wales/about-us/key-documents

The site includes the full list of competences in one document, plus an interactive version of the map. On the interactive map, you can click on each domain of competences to open that document.



Figure 2: Map of the Competence Framework for Social Prescribing Practitioners



* Domains 4 and 5 are linked because they both outline what social prescribing practitioners need to be able to do when working with an individual.

Layout of the competence lists

Within each domain, the competences are set out in boxes as sets of statements.

Most competence statements start with the phrase, 'An ability to...', indicating that the focus is on the social prescribing practitioner being able to carry out an action.

Some competences are about the knowledge that a practitioner needs so that they can carry out an action. In these cases, the wording is usually, 'An ability to draw on knowledge...'. Practitioners should be able to draw on knowledge rather than having knowledge for its own sake, so the competence lies in the application and use of that knowledge when carrying out an intervention.

As far as possible, the competence descriptions are behaviourally specific and identify what the practitioner needs to do to execute the competence.

Some of the boxes are indented when a higher-level skill is introduced and needs to be unpacked. In the example below, the high-level skill is the notion of being 'collaborative and empowering'; the two indented boxes that follow are concrete examples of what the practitioner needs to do to achieve this:

- An ability to work in a manner that is consistently collaborative and empowering, by:
 - tailoring language to meet the needs of the individual
 - establishing a mutual, reciprocal relationship that promotes co-production of action plans and goal setting

The competences in indented boxes will make most sense if the practitioner holds in mind the higher-level skill that precedes them. So, in this example, the two indented boxes show actions that will impact on (and therefore contribute to) clients' sense of collaboration in (and engagement with) a co-productive relationship.




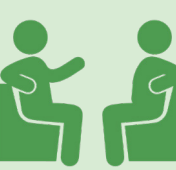
Within sub-domains, a shift of focus is indicated by a gap between boxes.



6. Applying the Competence Framework

Adapting the Competence Framework to the local context

There is clear research evidence that across Wales there are significant differences in the way that social prescribing is organised and delivered. Wallace et al. (2021) identified four levels of social prescribing:

Signposting 	The social prescribing practitioner only directs people to appropriate and potentially useful community assets.
Light 	The social prescribing practitioner engages in active signposting and refers people to a specific programme or intervention to address a particular need or work towards clearly defined objectives within a specified timeframe.
Medium 	The social prescribing practitioner provides signposting and support across a range of areas that may include both managing physical health and psychological wellbeing within a specified timeframe.
Holistic 	The social prescribing practitioner provides a broad range of interventions and connects the person to local services and networks. There are no limits to the number of times the person is seen; this is determined by a holistic assessment of the person's needs.

Wales is committed to developing pathways that focus on holistic approaches.

Services also vary in relation to geography (for example, rural versus urban settings), organisational context (for example, voluntary sector rather than health and local authority organisations), whether practitioners are working alone or as part of a team, whether services are commissioned or whether they have to seek funding for their own positions.

This variation means that the Competence Framework needs to be treated as **indicative, not prescriptive**, and adapted to reflect local organisation, resources, aims and objectives (for example, not all social prescribing practitioners would be expected to contribute to building community assets, or to developing a business case, both areas included in the Competence Framework).

Training

The Competence Framework can be used to develop training curricula for people from different backgrounds who are starting to practice as social prescribing practitioners, ensuring that they will be well versed in the knowledge and skills required to contribute confidently.

Commissioning services

The Competence Framework can contribute to the effective use of resources, by enabling commissioners to specify the appropriate levels and range of competences that need to be demonstrated by social prescribing practitioners in order to meet local needs. It could also contribute to the development of more evidence-based systems for the quality monitoring of commissioned services, by setting out a framework for competences that is shared by both commissioners and providers, and which services could be expected to adhere to.

Service organisation – the management and delivery of services

The Competence Framework represents a set of competences that (wherever possible) are evidence-based, and it aims to describe best practice for the activities that individuals and teams should follow to deliver interventions.

Governance

Effective monitoring of the quality of services provided is essential if people are to be assured of optimum benefit.

Monitoring the quality and outcomes of social prescribing is a key governance activity; the Competence Framework allows providers to ensure that services are provided at the level of competence that is most likely to bring real benefit by allowing for a more objective assessment of social prescribing practitioner's performance.

Supervision

A reasonable expectation is that social prescribing practitioners are supervised by people with appropriate training in and experience of social prescribing.

The Competence Framework is a useful tool to improve the quality of supervision of staff (particularly when used in conjunction with the University College London (UCL) [competence framework for supervision](#)). It does this by focusing the task of supervision on a set of competences that are known to be associated with effective delivery.

Supervision commonly has two aims – to improve outcomes for people and to improve the performance of practitioners. The Competence Framework will support both of these by:

- (1) providing a structure to help identify the key components of effective practice, and
- (2) allowing for the identification and remediation of suboptimal performance.

The Competence Framework can achieve this through its integration into training programmes and through the specification for the requirements for supervision in local commissioning.



7. The development of the Competence Framework

Consultation on social prescribing in Wales

In 2022, the Welsh Government carried out a consultation with stakeholders to agree a model of social prescribing for Wales. The consultation aimed to develop a common understanding of the language used to describe social prescribing, and to identify actions that can embed the model through a [National Framework for Social Prescribing](#) (Welsh Government, forthcoming). This Competence Framework is a core component of the National Framework for Social Prescribing.

This Competence Framework was commissioned and developed in parallel with the National Framework, and the [Glossary of Terms for Social Prescribing](#) (Wales School for Social Prescribing Research and Public Health Wales, forthcoming).

Who developed the Competence Framework?

Professors Tony Roth and Steve Pilling at UCL have developed a series of competence frameworks for a range of roles in health and care services, which can be found on the [UCL website](#).

In 2022, they and the [National Collaborating Centre for Mental Health \(NCCMH\)](#) were commissioned by NHS Wales to produce a competence framework for social prescribing practitioners in Wales that could be used to 'define good practice and support consistency in how the role is carried out across Wales'.

The work for this project was overseen by a steering group of representatives across all sectors established by NHS Wales and an expert reference group (ERG) brought together by the NCCMH (see [Developers](#) for a full list of the members). The ERG are experts in training for social prescribing, social prescribing practitioners, researchers, experts by experience and commissioners, all selected for their expertise in research, training and service delivery.

The drafts of the National Framework and the Glossary of Terms were referred to during the development of this Competence Framework, and the language and terminology was aligned with those documents.

An evidence-based approach to competence framework development

A guiding principle for the development of previous frameworks (Roth and Pilling, 2008) has been a commitment to staying as close as possible to the evidence base for the efficacy of interventions. This is done by focusing on the competences that have good research evidence or strong expert professional consensus about their probable efficacy.

Extracting competence descriptions

Extracting competences starts with the identification of training materials, relevant competence frameworks and published descriptions of professional practice. The process for extracting and collating competences is described in Roth and Pilling (2008).

Public stakeholder consultation

Draft competence lists were discussed by members of the steering group and the ERG. They were subject to iterative peer review by members of these groups, external experts, and external parties and organisations.

In February 2023, there was a one-month public consultation on the Competence Framework and

Supporting Document, run by the NCCMH. The response to the consultation process was based on that used by the [National Institute for Health and Care Excellence](#) (NICE, 2014).

Twenty two individuals and organisations submitted comments for the consultation, giving feedback to 13 questions generated by the ERG (see [Appendix 1](#)). Registration was not required, and the feedback was anonymous.

In response to the consultation feedback (outlined below), the NCCMH project team amended the documents and generated an audit trail that recorded actions and responses. The documents were further amended by the steering group, along with a final edit using a [Word Centre](#) plain English phrasebook.

Consultation feedback

Many respondents commented on the accessibility of the documents and the usefulness of the inclusion of definitions of some of the terms used. There was also positive feedback on how the competences have been brought together into a comprehensive and logically presented framework that includes both a high-level summary (in the maps) and detail (in the competences). It was seen as an invaluable basis for informing personal and organisational development plans. Some respondents were pleased to see the level of detail and clarity of structure, saying that they would use it for reference to clarify their responsibilities.

Some respondents raised concerns that the documents were too 'academic' and might be hard for some practitioners to understand, making them less applicable in some contexts (for example, in voluntary services where social prescribers were operating as peer supporters). There was also a concern that the professional emphasis of the framework might undermine community-led social prescribing.

Future areas of development

The consultation feedback also suggested the following areas of development for consideration:

- more examples of specific therapeutic support and interventions that social prescribing practitioners carry out
- competences for other professionals who engage with social prescribing (occupational therapists and so on)
- adding links to resources and case studies or practical examples of what carrying out the competences would look like in practice
- testing the Competence Framework in real-world settings, to see how the competences are interpreted and how they transition from paper to practice
- regular review of the scales and systems commonly used when monitoring the outcomes of social prescribing
- a quick-reference summary and an easy-to-read version in Welsh and English.



8. Developers

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Charlette Middlemiss, Interim Deputy Director of Workforce Transformation, Health Education and Improvement Wales

Annie Petherick, Principal Public Health Practitioner, Public Health Wales

Prof. Steve Pilling, Academic and Strategic Director of NCCMH; Professor of Clinical Psychology & Clinical Effectiveness, Clinical, Education & Health Psychology, UCL

Prof. Anthony Roth, Emeritus Professor of Clinical Psychology, UCL

Clair Swales (until October 2022), Head of Health and Wellbeing, Wales Council for Voluntary Action

Prof. Carolyn Wallace, Professor Community Health and Care Services, Faculty of Life Sciences and Education, Prifysgol De Cymru (University of South Wales); PRIME Centre Wales, Cardiff; Director, Wales School for Social Prescribing Research

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Appendix 1: Consultation questions

The Competence Framework for Social Prescribing Practitioners in Wales: Consultation

We are consulting on The Competence Framework for Social Prescribing Practitioners in Wales until Friday 24th March. We are interested in the views of stakeholders and welcome your feedback, which is essential to us in making this framework fit your purpose.

Consultation description

Competences are the building blocks of good practice. This Competence Framework seeks to create a 'common currency' of core knowledge, skills and behaviours to inform all those participating in social prescribing in Wales – practitioners, partakers, educators, commissioners and others.

The core philosophy behind this framework is one of person-centred care for the provision of wellbeing services that matter. We want to develop a common understanding of social prescribing practice that will:

- guide social prescribing practitioners to the skills and knowledge that will best support them in their role and help shape the way they work.
- provide structure for planning, service design, commissioning and education development.
- give consistency between sectors and support the integration of services.

Please read the draft documents and give your feedback to the 12 questions below. You can add your responses to most of the questions in Free Text boxes.

Please be as specific as you can about any changes you think the documents would benefit from (e.g. the page number and exact wording in the document, plus your suggested wording).

Competence documents

Drafts of the competence framework and supporting document can be downloaded from: heiw.nhs.wales/about-us/key-documents

1. Do you participate in social prescribing as:

- A referrer
- Social prescribing practitioner
- Commissioner
- Participant
- Delivering a community asset
- Educator
- Other:

2. What region of Wales do you work in?

- North
- Mid
- South
- Other:

3. What is your general impression of this framework?

4. 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)

5. Please explain why you have given this rating?

6. How accessible is the language that has been used in the Welsh/English documents?

7. What is your opinion of the language used in the guidance and framework documents? If you think it is not appropriate, please state why and suggest how it can be improved.

8. What does it mean to you to have this framework in Welsh?

9. Does the framework adequately describe the knowledge and skills requirements of social prescribing practitioners?

10. 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?

11. Do you think that achieved competences should be awarded academic credit?

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

13. Any other comments?