Response form

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| 1a | Do you think the model captures an appropriate vision of social prescribing within Wales?  |
|  | Yes / No  |
| 1b | If not, why not? Is there anything missing / not appropriate? |
|  | We believe that this model, vision, and consultation is an important step towards developing a national framework to embed social prescribing across Wales.We note that the sustainable supply of quality community-based support is crucial to the vision and achieving the objectives it sets out. In this model, it is assumed that these services are supplied, and their development is external to the model itself. It should not be seen as separate to this model, or to the key stakeholders identified within the referral pathways. The model and framework are opportunities to signal a culture change where the key institutions and organisations identified take an active role in nurturing and supporting communities and community groups to provide these services. There are already key pieces of legislation, such as the Social Services and Well-being Act and the Well-being of Future Generations Act, that seek to embed these principles in service delivery in Wales. There are also clear policy initiatives and objectives of the Programme for Government published last year that seek to do the same thing. It is important that the social prescribing framework that is developed also has this element – referral pathways working both ways with feedback loops, and community groups genuinely supported and facilitated – embedded throughout. We would also like to make the point that none of the referral pathways in this model include schools. Young people could be one of the groups in our society who can benefit the most from social prescribing and are essential to ensuring our communities are connected and resilient in the future. Community groups, voluntary organisations and social enterprises already do significant work in schools, supporting the delivery of the curriculum and providing extra-curricular activities. However, we know this can be developed even further, and the social prescribing framework is an opportunity to do this. It would be a missed opportunity not to include these key institutions – schools, colleges, and universities – within this framework.  |
| 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. |
|  | We know that there is debate about how appropriate “social prescribing” is as a phrase but understand that developing a national framework necessitates using an agreed terminology and language. It is important, however, that this language can be flexible. We should not seek to replace the language that is already being used by communities, service-deliverers, or networks, but make the national-level language flexible and relevant.  |
| 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. |
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| 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. |
|  | Accessing already-existing networks to start the conversation around social prescribing would be the most effective way of developing a common understanding of the term and idea in Wales. It is vital that language used can be nuanced and flexible to local contexts, not seeking to replace language or networks that already exist in communities. The job of the national framework is to set the groundwork and structures for language that can be understood and applied in local contexts.  |
| 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? |
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| 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? |
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| 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? |
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| 5 | What actions could we take at a national level to support organisations/groups offering community-based support to engage with social prescribing services? |
|  | Our experience of working with community groups, social enterprises, voluntary groups and other third sector organisations has shown us how challenging operating in the sector is. The size of the challenge facing groups in the current period is incredible. There is a challenging and fast-changing funding environment, rising costs, and rising demand for their services. The nature of their work means that people working or volunteering in these groups are constantly working on the front-line to support their communities, firefighting major challenges for individuals in their community, and doing essential work to improve people’s well-being. This all means that there is very little time to explore their own organisation’s sustainability, opportunities that they may be able to benefit from, and how their organisation can develop long-term. This is likely to impact engagement with social prescribing. There needs to be a culture change in Wales both in terms of how we see the third sector, and how the third sector sees themselves. Community groups, volunteer organisations and social enterprises should be seen as genuinely core partners who are trusted to deliver services. Social prescribing can be a major step towards achieving this, but it will take a culture change across Government and public services to achieve this vision. The social value that these groups offer to public service providers, commissioners and key stakeholders should be recognised and valued to the same extent as cost efficiencies or economic value. As well as this, the public sector should take a pro-active role in nurturing communities and supporting existing groups and organisations to take on these responsibilities. We cannot simply expect that there will be a consistent supply of community groups able to take on social prescribing responsibilities, because the challenges facing the sector are stark, but the public sector partners must do more to engage, facilitate and support them to be sustainable. At the same time, there needs to be a culture change within community organisations and the third sector. There is a grant-dependency that means that some opportunities are not taken advantage of to their full potential. More can be seen on this in a [blog](https://cwmpas.coop/latest/funding-for-community-groups-in-wales-dont-take-it-for-granted/) by Cwmpas’ Paul Stepczak. He outlines the impact of reduced funding being available to groups in Wales, and the problems that come out of organisations being dependent on grants, and not having plans for more sustainable funding streams after an initial grant to develop a new idea. He says that “Community groups need to be enterprising first and use grants to support their vision, mission, and objectives, not drifting your group to fit the needs of any available grant”. Paul recommends groups look at alternative funding streams, such as public sector contracts and fundraising. Our Social Business Wales mapping exercise shows that social businesses are aware of the potential of this funding stream but need to develop their skills and capabilities to access it. However, we should not simply expect that community groups and social enterprises will be able to do this but do what is necessary to support them and facilitate this culture change. One way of doing this would be to create a specialist platform specifically for groups to match their skills and experience with opportunities within the public sector. At the moment, it is time-consuming and challenging for groups to have to work their way through Sell2Wales and eTender Wales. Our experience is that these are complicated websites that are off-putting to the extremely busy people working within community groups. An easy-to-use platform for all possible opportunities with the public sector would be an extremely useful asset for community groups. In addition, other time-consuming requirements of community groups could be made easier. The vetting process, while vital to ensuring a consistent quality throughout Wales, should be made as least burdensome as possible, to ensure that capacity and time is not taken up that could be used to deliver front-line services. In addition, proving impact should be a job that is taken away from those delivering front-line services to the funder or contract-issuer, and consider qualitative data as well as quantitative. Where possible, this should be made as consistent as possible throughout the country, to ensure that groups do not have to collect and input lots of different data.  |
| 6a | What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service? |
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| 6b | What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community-based support |
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| 7 | Which actions could be taken at a national level to support strong leadership and effective governance arrangements? |
|  | We have been working with CLORE Social to deliver leadership training for social value in Wales. We know that good leadership is essential to facing the challenges in today’s Wales. It is important to note that this isn’t limited to specific people in certain positions or with certain titles, but is for everyone, formally and informally. CLORE note that teams, challenges, and contexts are always changing, and we can all develop our leadership skills and behaviours. Collaboration, support, and challenge are essential to creating collective impact. Together with CLORE we have delivered Social Leaders Cymru, online leadership, and management training for people of various levels and experiences in the social sector in Wales. This was developed and delivered in a unique way that capitalises on the specific strengths and characteristics of the Welsh social sector. The programme takes place online to increase accessibility to participants across the country, enable peer learning and strengthen networks. Social Leaders Cymru brings together leaders from across Wales together to support, challenge and learn from one another. The programme includes six learning streams, to ensure tailored leadership development opportunities for leaders of all levels and experiences. We would welcome the opportunity to further share our experiences of this project and how the learnings can be applied to the social prescribing context.In addition, Social Business Wales and our other specialist support services have extensive expertise and experience of embedding effective governance arrangements in community groups and social enterprises in Wales. Creating examples of best practice that are flexible and applicable to different contexts across Wales would be a positive intervention at the national level.  |
| 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? |
|  |  There are examples in Wales of workers, care-receivers and the public being engaged in the development of public services, and especially in the social care sector. At a recent meeting of the Senedd’s Cross Party Group for Co-operatives and Mutuals, we heard from care co-operatives (Cartrefi Co-op and DRIVE Wales) and a care commissioner for community health and social care in a Welsh local authority. This meeting was a great insight into how co-operative models and principals can be embedded in Wales. We heard from Cartrefi Co-op and DRIVE Wales about the benefits of using co-operative models and structures to engage and empower people to manage their own care. This has clear benefits, ensuring that well-being and social value are prioritised. Nurturing communities to develop these models would lead to considerable benefits and must be seen to be as important as commissioning and procurement processes. We should not wait for communities to develop these models themselves but take an active role in nurturing and facilitating them. We heard from a care commissioner at Gwynedd Council about how even where these models are not accessible, using the spirit and values of community co-operativism and local networks leads to significant benefits. We discussed their experience of using the Vanguard method, looking at where their money was going and what it was being spent on. They wanted to look from the citizen’s perspective and the impact the decisions had on well-being. They found that working together and taking this human perspective, using networks of family, friends and community had a hugely positive impact. Gwynedd Council has taken an active role in creating and facilitating networks and systems that allow communities to use their specific, community-level knowledge, that only they have, and then use public sector resources to meet care to the needs of individuals in their community. This is an example of best practice in Wales, with many others across the country, that should be developed and shared.  |
| 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? |
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| 9b | Are there other online directories / sources of information you use? |
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| 9c | What are the key features you think online directories should provide to help people access community-based support? |
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| 10a | What actions could we take at a national level to help address the barriers to access? |
|  | The most important action to take is to ensure that all services and frameworks follow the principles of user-design. The processes of engaging communities should be embedded within the system, not seen as a secondary element. This will ensure that citizens and communities, who are the experts in what they need to be able to access services, have a voice and genuine impact on the design of the services. In addition, it is important that national-level frameworks are flexible to the local and individual contexts. |
| 10b | What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?  |
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| 11a | Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns?Yes / No / Not sure |
|  | Yes |
| 11b | If yes, what are the key things the national standards for community support should cover? |
|  | National standards are important in ensuring that all stakeholders have the trust in the system and services that is necessary for an effective partnership. However, it is vital that these standards are flexible and nuanced, and not burdensome or off-putting to providers of community services. Providers of community support are already extremely busy providing frontline services and finding resources to survive – if national standards are too complicated or burdensome to abide with, they will put off community groups from engaging with the service. There are examples of standards based on principles, rather than strict regulations, which will be easily understood and give all stakeholders the trust and confidence in the system that is necessary. |
| 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? |
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| 12 | What actions could we take at a national level to help overcome barriers to using digital technology for community-based support? |
|  | Cwmpas has extensive experience of supporting people to be digitally included and supporting organisations and communities to be digitally inclusive. We deliver Digital Communities Wales, the Welsh Government’s flagship digital inclusion programme, and over the past year have supported 40,610 people to get online and trained 2,152 staff or volunteers to gain digital skills. We have also co-ordinated Newid: digital for the third sector, a project delivered alongside the WCVA and ProMo-Cymru, which is a programme of digital skills development and support for the voluntary sector in Wales. We are also a member of the Social Enterprise Stakeholder Group, which has identified social enterprises in Wales being better able to exploit digital technology for social good as a key objective.In addition, we are currently working on a project scoping the development of a Minimum Digital Living Standard for Wales alongside Liverpool and Loughborough Universities, which will examine the basket of digital goods, skills, services that households need to participate in society.We have extensive experience of working on creating a digitally inclusive Wales and improving the digital skills of the third sector and wider communities across the country. There has been extensive research into the barriers to digital inclusion in Wales, and as part of the Digital Inclusion Alliance for Wales, in 2021 we published an [Agenda](https://www.digitalcommunities.gov.wales/wp-content/uploads/2021/04/DIAW-Inclusion-to-Resilience-0221-1.pdf) for digital inclusion. Since this was published, the importance of data poverty has become even more prominent, in particular because of the developing cost of living crisis. In our work facing the digital exclusion challenge, we have identified public services and community groups’ front-line staff as being a core part of the solution. This was seen very clearly in our Bridgend Digital Hardship Project, which highlighted the key role of social care staff in identifying how digital solutions can help vulnerable people in our communities and developing tailored solutions. This provides a bespoke and bottom-up approach to solving digital exclusion problems, which are different across people and communities. Therefore, we believe that a key action at a national level that can be taken is ensuring that all staff in health and social services, as well as in other public services and institutions, have access to and participate in on-the-job training to better understand and identify digital challenges and solutions. Staff should then be empowered to use their specific relationships and knowledge to identify how individual people will benefit from digital technology, and the actions that should be taken on an individual and local level to provide the necessary support or changes. This is an essential part of embedding digital inclusion and digital skills in our communities and will be crucial to creating and developing a suitable social prescribing service. We would welcome the opportunity to work with the Welsh Government in developing this service and using our extensive experience and expertise on digital inclusion, skills, and technologies to ensure they are used to their maximum potential to support social prescribing in Wales.  |
| 13 | What action could we take at a national level to support effective partnership work to secure long term funding arrangements? |
|  | This links to our response to Question 8. The most important step would be to embed social value and community wealth building principles within procurement and commissioning processes. There are already pieces of legislation and policy which provide the framework for these principles in Wales, but we know that more can be done on the ground in Wales to turn these ideas into practice. This year, we published our [Guide to building stronger local economies](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjD98H-rM76AhXHiFwKHWKZDzIQFnoECBQQAQ&url=https%3A%2F%2Fcwmpas.coop%2F3-2-6-building-stronger-local-economies-2022-eng%2F&usg=AOvVaw14YTHg3nt7G2p9zdCvHNxM), which explains several concepts which will produce a stronger and more resilient economy in our communities.  |
| 14 | 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? |
|  | We know that the sector will face considerable challenges over the coming years, because of the cost-of-living crisis, pressures on public finances, demographic challenges, and more issues. Our experience has showed us that to make community assets more resilient, community ownership and management is crucial, as well as regular engagement and consultation with communities that put them at the heart of the development of their local area. We strongly support the Senedd’s Local Government and Housing Committee’s report on Community Assets, which makes several recommendations on how to develop community ownership and management of assets to make them more resilient and impactful. Mitigating the inevitable increased demand will require fundamental changes to how we view community assets. As discussed previously, prioritising social value to the same extent as economic value, and embedding this across Government, the public sector and other key stakeholders is a necessity.  |
| 15 | In your view what are the core things we need to measure to demonstrate the impact of social prescribing? |
|  | It is our experience that qualitative evidence is as important as quantitative.  |
| 16a | Do you have any research or evaluation evidence you’d like to share with us? |
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| 16b | Do you have any suggestions on how the implementation of the national framework in Wales can and should be evaluated |
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| 17a | What are the key knowledge and skills the planned competency framework should cover? |
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| 17b | How can the planned competency framework best complement existing professional standards? |
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| 18 | Are there benefits and/or disadvantages of education and training to underpin the competency framework, that is academically accredited? |
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| 19 | What other actions could we take at a national level to support the development of the workforce? |
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| 20a | What are your current experiences of using digital technology in the following areas of social prescribing?* Referral process
* Assessment process
* Accessing community-based support
* Delivery of community-based support
* Management of information and reporting of outputs / outcomes
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|  | We can already see many examples of how digital technology has enhanced community groups and the delivery of the essential services they provide. Alongside the WCVA and ProMo Cymru, we have delivered the Newid project to develop digital skills and capabilities in the third sector in Wales. This included undertaking and publishing [research](https://wcva.cymru/resources/digital-discovery-report-oct-27-2021/) on the current digital capabilities of the third sector, and what must be done to accelerate its development. The Discovery report found that Covid-19 had led to the number of third sector organisations delivering digital services rising beyond all expectations. It found that 92.3% of respondents said they would continue to deliver digital services post-Covid. This had benefits, including increased income from being able to deliver across geographic boundaries, but also led to issues around skills, resourcing, and safeguarding. We have also seen specific examples of how digital technology can engage and connect people into their communities. Insight is Innovate Trust’s free community app for adults with disabilities across the UK. Insight provides over eighty live and in-person activities per week, as well as a social space for people to share, make friends and be digitally included in an accessible and friendly space. Insight is a digital community platform that is available for people with learning disabilities to communicate with one another. It has a large membership base, and the intention is for it to be the ‘go to’ hub for online and in person activities where people can interact in a friendly online space. Insight provides a full range of online and in person activities seven days a week with many of the live events being run by the members themselves. In 2021 Innovate Trust won an award for Insight from Healthy Working Wales for its response to the global pandemic and how it helped support the learning disability community in Wales. Our support services such as Social Business Wales and Digital Communities Wales have also helped clients to use digital technology to connect with people in their communities. [Re-connecting](https://reconnecting.org.uk/index.php/about-us/) is an example of online social prescribing (formed in June 2022 supported by SBW) by a social enterprise that wants to deliver its services mostly online .They are a fledgling organisation with a lot of work to do to reach their goals, but are a positive example of the type of innovative thinking that can have a hugely positive impact on their communities. We also know that Health Boards are investing in CRM programmes that can support their Community Connectors. For example Hywel Dda Health Board has invested in [Access](https://www.theaccessgroup.com/en-gb/health-social-care/software/social-prescribing/), which is “social prescribing software that helps health and social care professionals, community development workers, and others connect individuals with a wide range of social, emotional, or practical needs to social prescribing link workers who, in turn, will connect individuals to non-clinical programmes, services, and events in their local community”. Finally, our Digital Communities Wales project has seen several examples of how using digital technology can help people connect with their local environment and communities, with hugely positive benefits for their well-being. For example, we have seen digital technology being used to digitally connect a relatively in-expensive [exercise bike](https://twitter.com/Lon_DCW/status/1572571267806687232/photo/1) to the favourite places of people who can no longer physically access them, using Google Street View. In addition, DCW advisors have used Google Street View technology and virtual reality technology to bring the favourite locations to people in care homes who can no longer access them – something that was particularly important during Covid-19 related lockdowns. More examples of the positive examples of innovative uses of technology for well-being can be seen in our [“Tech for Social Good” programme.](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiJxP-2sMv6AhVShFwKHTJ4CbsQFnoECBIQAQ&url=https%3A%2F%2Fdigileaders.com%2Fweek%2Fevent%2Fwelsh-tech4good-conference%2F&usg=AOvVaw1SvwFiGebzgWM_TCUn8W58)  |
| 20b | How could the use of digital technology enhance delivery of social prescribing in the following areas?* Referral process
* Assessment process
* Accessing community-based support
* Delivery of community-based support
* Management of information and reporting of outputs / outcomes
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|  | We have seen that there are already several examples of the public sector organisations, third sector and community groups and social enterprises using digital technology to support well-being and for social prescribing. However, there is considerable potential to use this technology more effectively, develop skills, confidence, and security, and invest in modern technology and resources. We believe it is essential that this type of innovation is given the same level of importance as more commercial innovation. The pressures on our health services and the social care challenge are the most pressing issues in Wales today, and resources must be committed to address these challenges. These are issues that strongly impact the well-being of everybody in Wales. For this reason, it is essential that the recent consultation on the Welsh Government’s Innovation Strategy considers social value, and we refer to the submission by the Social Enterprise Stakeholder Group for more information. One example of where technology can be developed further is the LoRaWan Gateway and ‘internet of things.’ There are already examples in Wales of the positive impact of this technology, such as Conwy Council using it to measure air quality and intervening to protect people with the information it gathered, and [Barcud Housing using the technology to monitor the health and well-being of vulnerable citizens](https://www.flipsnack.com/bluebananadtl/digital-bark-4-h561sye95e.html?p=28). It is important to note that this technology is not something for the future, but there are already examples of it being used effectively now. We want to see a culture change, so that this technology is embedded across services and within the structures of the new social prescribing service, so it is not seen as an additional element that can add to an existing service but is central to the service itself.  |
| 21a | We would like to know your views on the effects that the introduction of a national framework for social prescribingwould have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?  |
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| 21b | Please also explain how you believe the proposed a national framework for social prescribing could be formulated or changed 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, andno adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.  |
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| 22 | 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 them: |
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