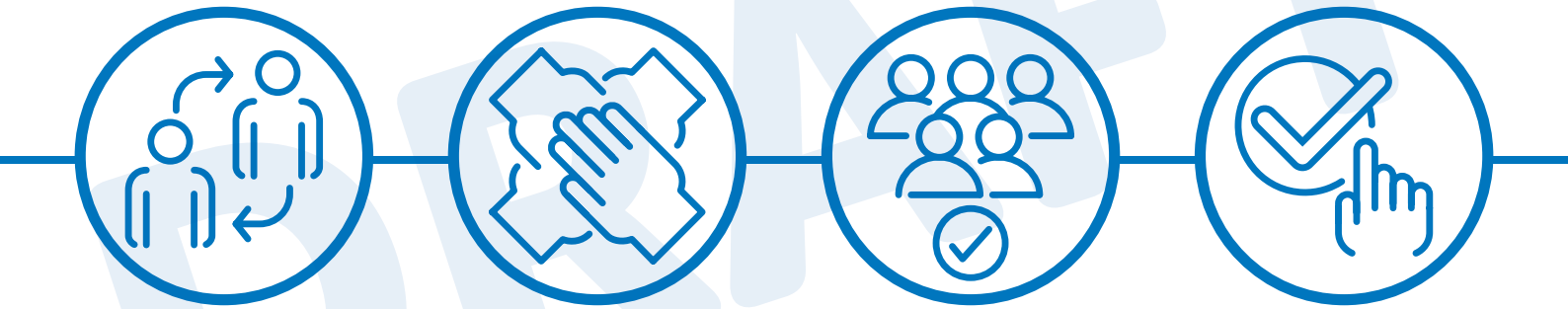
Social Prescribing Link Worker
Competency Framework



DRAFT

Contents

Foreword 3
Overview 4
Background 5
Context 6
Purpose of the Framework 7
Development Process 8
The Social Prescribing Link Worker role **9**
1. Competencies to Engage and Connect People 10
2. Competencies to Enable and Support People 16
3. Competencies to Enable Community Development 21
4. Competencies for Safe and Effective Practice 25

DRAFT

Foreword

Social prescribing is fundamental to the vision of NHS England and NHS Improvement in delivering personalised care to millions of people through the NHS Long Term Plan. The publication of this framework represents a very welcome and important step in recognising the invaluable contribution of social prescribing link workers (SPLW) to health and social care in the UK.

Connecting people to community groups and services through social prescribing enables people to manage their health and well-being and recognises that health is not just physical but emotional and social too. By definition, there is no single way of delivering personalised care and the role of the SPLW is evolving in an environment which can often be complex and uncertain. However, personalised care begins with 'What matters to me' and will depend on core competencies in building relationships through engaging, enabling and supporting individuals and community development.

It is natural to use a structured approach to orientate and embed skills in the workplace, and, like all good resources, this framework is designed to promote competencies in safe and effective practice. It also aims to stimulate curiosity, offer challenge, and provide a foundation for personal and professional development.

The competencies extend beyond simple points of reference and core concepts, and encourage link workers to explore different approaches, grow in confidence and extend their expertise.

A strength of social prescribing link workers originates from their diversity and prior life experiences. Rather than constraining professional growth, the framework supports reflective practice and supervision, will enhance individualised career planning, and assists in the oversight of multi-professional teams. Articulating the range of competencies of SPLWs, enables leaders and commissioners to better understand and utilise those skills to deliver the greatest impact in their organisations.

It is a time of great challenge in health and social care, and perhaps the most important impact of the competencies framework is that it will enable SPLWs to realise their full potential and experience the sense of reward and job satisfaction that comes from making such a significant contribution to the wellbeing of others.

Dr Steve Walter FRCGP
Director for Curriculum,
Personalised Care Institute,
January 2022

DRAFT

Overview

This Competency Framework has been designed to outline competencies that SPLWs working in or with PCNs require in order to deliver their role. This framework is aligned to the NHS England & NHS Improvement Sample Job Description for SPLWs (Annex A, Summary Guide). This framework is also aligned to the Core Curriculum for Personalised Care published by the Personalised Care Institute (PCI), which acts as the foundational framework for both Personalised Care and specific Personalised Care roles in primary care.

The Framework is divided into 4 competency areas

The content is designed to assist those who employ or direct the activities of SPLWs working in or with PCNs to understand the competencies they require to practice safely and effectively in their role, and how these competencies can be achieved.

These competencies are applicable to all SPLWs working in or with PCNs. For those in specialist roles or working with specific population groups, further frameworks and competencies will be produced to support training and development.

Background

Social Prescribing is an approach that empowers people to take control over their health and wellbeing. SPLWs provide time and space to work with individuals to focus on 'what matters to me?' and take a holistic approach to an individual's health and wellbeing. This may include connecting people to community groups, support and statutory services, or other health professionals for practical, emotional and social support with their health and wellbeing.

SPLWs also support community groups and offers to be accessible and sustainable and help to start new community initiatives and groups, working collaboratively with local partners. Social Prescribing can help to strengthen community and personal resilience. It can also reduce health inequalities by addressing the wider determinants of health, such as debt, housing and physical inactivity, by increasing people's active involvement with their communities. It particularly works for people with long term conditions (including support for mental health), for people who are lonely and isolated, or have complex social needs that affect their wellbeing.

More information on social prescribing and SPLWs employed by PCNs can be found in the Social Prescribing Summary Guide.

DRAFT

Context

The NHS Long Term Plan ambition is that 2.5 million people will benefit from personalised care by 2023/24. SPLWs within primary care networks (PCNs) will work with people to develop tailored personalised care and support plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by the end of 2023/24.

The Network Contract Direct Enhanced Service Specification 2021/22 sets out the requirements for PCNs to ensure that SPLWs undertake the following learning and development:

- Completion of the NHS England & NHS Improvement online learning programme, hosted by the Health Education England E-Learning for Health Platform
- Enrolment in, undertaking or completion of appropriate training as set out by the Personalised Care Institute
- Released for attendance at peer support sessions co-ordinated by NHS England & NHS Improvement at Integrated Care System level.

DRAFT

Purpose of the Framework

SPLWs come from diverse backgrounds and bring with them skills in many different areas, including welfare, education and supporting vulnerable communities. However, all SPLWs will need core skills in order to undertake their role as expected in the NHS.

The purpose of this framework is to provide guidance on the competencies necessary to work as a SPLW in or with PCNs and how these may be achieved or demonstrated. It can be read alongside advice in the SPLW Workforce Development Roadmap on stages of training. As SPLWs will be coming to their role with a range of skills and experience, the role of supervision is key in understanding development needs and setting out a route and timescale for achieving or developing their competencies.

PCNs employing SPLWs through any route, including by sub-contracting a Voluntary and Community Social Enterprise sector (VCSE) host organisation, are responsible for ensuring SPLWs demonstrate competence. As a minimum, this means the PCN must identify a clinical supervisor for the SPLW; set out a training and development pathway to achieve competence; and discuss continuing professional development (CPD) in supervision.

PCNs can opt to train or develop SPLWs to achieve the competencies through a variety of routes. For example, a PCN subcontracting a VCSE to host a SPLW may arrange for the VCSE organisation to provide induction training, including shadowing, and separately commission specific training such as motivational interviewing. This framework outlines suggested routes for SPLWs to develop competencies, including signposting to NHS England & Improvement online training and lists of accredited providers through the PCI, but these examples are not exhaustive and PCNs should consider their local context when deciding how to develop SPLW competencies. PCNs should also consider the possibility of arranging joint training and development routes with other Personalised Care roles where competencies are common; for example, commissioning behaviour change training for SPLWs and Health and Wellbeing Coaches (HWBCs).

It is recognised that in the future there may be opportunities for SPLWs to specialise; in some areas, specialist SPLWs are already in place. All SPLWs should have an awareness of specific population groups that may benefit from social prescribing approaches, regardless of their specialism; and equally, this competency framework is not where training and development should end for SPLWs, as local needs should be considered in identifying further development needs.

DRAFT

Development Process

A desktop review was carried out on existing documents referring to competencies for SPLWs and personalised care/person-centred care. The main publications identified were tabulated and main competencies identified and cross-referenced.

- NHS England published guidance and materials on social prescribing, including:
  - Summary Guide
  - Reference Guide for Primary Care Networks
  - Welcome and Induction Pack
  - Handout for practice staff
  - HEE hosted e-learning
- Health coaching quality and summary guide
- Person centred approaches education and training framework
- Care navigation competency framework
- Community and Health Care Link Worker Framework
- National Association of Link Worker's Code of Practice for SPLWs

A core design group was convened with key stakeholders, including representatives from NHS England & Improvement, the National Association of Link Workers, National Academy for Social Prescribing, VCSE representatives and PCN representatives. This group met three times to agree the purpose of the framework, explore themes and competencies, and review draft content. From the desktop review and design group, a list of competencies was developed and grouped into a draft framework.

A focus group with SPLWs was held to review this draft framework. This included SPLWs from regions across England, with a range of experience. Further feedback was received via email from SPLW service managers. Comments and feedback were then incorporated into the framework.

DRAFT

The Social Prescribing Link Worker role

Taken from *NHS England Summary Guide to Social Prescribing - Annex A*

1. Give time to people, actively listen, build and maintain trust, and focus on what matters most to the person, building support around their priorities.
2. Promote the holistic wellbeing, independence, rights and interests of individuals.
3. Work with individuals to co-produce a personalised care and support plan that identifies outcomes that matter to the person and connects them to community support, groups and services, including how they will be introduced, to ensure maximum take-up of support.
4. Work with local community groups, VCSE organisations and other local partners to identify and utilise community assets, building a diverse menu of community activities and support to connect people to. This includes providing basic safeguarding guidance and ensuring that VCSE organisations are confident to refer people back to the NHS in emergency situations or where there are concerns about individuals.
5. Work with local partners including local authorities, emergency services, welfare providers, primary and secondary care and others to identify people or populations who would most benefit from social prescribing approaches, enable referral pathways and self-referral of these individuals/populations in order to reduce health inequalities.
6. Utilise appropriate outcome measures, tools and frameworks to capture individual levels of knowledge, confidence and skills at intervals and to evidence impact
7. Work collaboratively with commissioners, VCSE and other local partners to identify gaps in community support and find creative ways to work together to nurture and develop community assets.
8. Understand the local health and care infrastructure (including health, VCSE organisations, welfare, housing etc) and the role of these partners and how to work with them. This includes understanding the different responsibilities each organisation holds, and the ability to apply this understanding to improve the quality of care provided.
9. Facilitate appropriate support that is realistic and avoids dependence by utilising appropriate support groups and agencies targeted to the needs of the person and/or their family and carers.

These elements have been grouped into 4 competency areas for the purposes of this framework.

DRAFT

1 Competencies to engage and connect people

DRAFT

A key element of successful social prescribing is the relationship built between SPLWs and the individuals they support. This relationship is built through meaningful conversations centred on the question ***"what matters to you?"***

Competencies to engage and connect people are essential skills for all SPLWs to demonstrate. This includes how they communicate with individuals, how they listen, their non-verbal communication, and the personal values they hold and apply to their interactions. These skills are essential to gather and share information with individuals about how they can be supported , but they also create conversations that engage and motivate the individual they are working with and nurture trust. More information on skills to engage and connect people that are applicable to all personalised care roles can be found in the Personalised Care Curriculum.

Competency

Gathers information and adapts questioning style for individual needs

SPLWs should **understand** the importance of gathering accurate information from individuals and be able to adapt their questioning style to suit the individual they are working with. This includes, but is not limited to:

Use open questions that cannot be answered with yes or no, e.g. *"tell me more about…"* allowing individuals to direct the conversation to what matters to them.

Use closed questions to focus around topics or subjects and to clarify key information, e.g. *"do you think your caring responsibilities are manageable?"*

Competency

Demonstrates active listening

SPLWs should **understand** how active listening techniques to build a relationship with the individual they are working with and ensure the information they gather is accurate. This includes, but is not limited to:

Demonstrate listening through body language and non-verbal cues, including being aware of posture, proximity, body movements and features, facial expression, eye contact, using pauses and silence to allow time for the individual to speak, cues such as nods and other vocal cues including agreement.

Demonstrate being present psychologically, socially and emotionally, making a conscious effort to remove distractions and hear and understand what the individual is communicating.

Reflect what they have heard back to the individual using the same language, helping them to feel heard and build rapport.

Suggested route to achieving competencies

- Interactive skills training and e-learning, including *module 1: Introduction to the social prescribing link worker role*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Clarifies and summarises information as appropriate

SPLWs should **understand** the importance of clarifying and summarising the information they have gathered with the individual for accuracy and to ensure they have covered all topics that matter to the person. This includes, but is not limited to:

Adapt their questioning style to check understanding and confirm meaning with the individual, which may include further questioning on points that are unclear, clarifying background information, the situation or the meaning of words the individual has used.

Use explicit verbal summaries of the information they have gathered from the individual they are supporting. This includes both internal summaries focusing on specific topics in the conversation, and a final summary at the end of the conversation.

Use summarised information to review where the conversation has got to, order the information in a way that makes sense, identify gaps in the information and consider next steps in personalised care and support planning.

Competency

De-mystifies information and checks understanding

SPLWs should **understand** that different people have different perspectives, interpretations and understanding of situations and understand the need to check shared understanding. This includes, but is not limited to:

Use models such as Benefits, Risks, Alternatives and outcomes from doing Nothing (BRAN) to check shared understanding and discuss what each possibility means within the context of the individual's life and situation.

Use appropriate language to de-mystify information, including helping an individual to work through individual steps of a situation, translating jargon (for example, where an individual is experiencing financial difficulties) and adapting communication to meet individual needs

Suggested route to achieving competencies

- Interactive skills training and e-learning, including *module 1: Introduction to the social prescribing link worker role*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Empathises with individuals, their thoughts, feelings and actions

SPLWs should **understand** the importance of building a relationship with individuals and adapt their behaviour to do this, while maintaining appropriate boundaries. This includes but is not limited to:

Use affirmative statements about an individual's actions, making positive statements and acknowledging efforts and achievements of the individual; for example, *"you told me you tried to change this before, that shows great determination"*

Demonstrate acknowledgement that an individual's thoughts, feelings and symptoms are normal reactions and that other people report similar experiences in response to their circumstances.

Demonstrate empathy by reflecting and using words to let the individual know the SPLW is trying to understand how situations feel for them. This includes looking at things from the perspective of the individual, avoiding judgement, recognising emotions, and communicating key observations.

Competency

Confidently approaches difficult conversations

SPLWs should **understand** that individuals may find it difficult to have conversations on difficult topics such as their mental health and domestic abuse situations and understand why this is.

SPLWs should be able to establish rapport and build trust, in order to enable possibility for difficult conversations to be held. SPLWs should **demonstrate** other competencies contained within section 1 to build positive relationships.

SPLWs should **demonstrate** confidence in exploring difficult topics, using appropriate tools to structure conversations if required.

Suggested route to achieving competencies

- Interactive skills training and e-learning, including *module 1: Introduction to the social prescribing link worker role*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Communicates according to needs and preferences

SPLWs should **demonstrate** excellent communication skills with individuals, using appropriate methods and mechanisms including non-verbal communication skills. This includes but is not limited to:

Understand how communication can be adapted including how to adapt information according to the Accessible Information Standard for people with learning disabilities and/or autism, the right to have an interpreter or to be accompanied during appointments, and the right to have written information translated.

Ask if the individual has communication preferences, including when they would like to receive information and the format in which they would like to receive it.

Adapt to meet communication needs in line with an individual's identified preferences, needs and rights

Competency

Demonstrates environmental awareness

SPLWs should **know** the impact of environment in providing a safe space to build a relationship and explore *"what matters to you"*. This includes but is not limited to:

Adapt the environment by physically rearranging space to provide a welcoming and safe environment to have difficult conversations; such as ensuring privacy in a practice setting, rearranging chairs and providing a welcoming environment.

Adapt the setting to suit an individual's needs and preferences; for example, meeting in a neutral space in the community or a person's home where appropriate or offering virtual appointments.

Suggested route to achieving competencies

- Interactive skills training and e-learning, including *module 1: Introduction to the social prescribing link worker role*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Able to utilise a range of consultation methods

SPLWs should **understand** the positives and negatives of these consultation methods, including digital exclusion and how to adapt consultation methods for people with additional access needs; including sensory disability, learning disability or additional language needs.

SPLWs should **demonstrate** adequate skills in using technology, telehealth and remote consultations and **adapt** consultation when required.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 1: Introduction to the social prescribing link worker role*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

2 Competencies to enable and support people

SPLWs should demonstrate competencies in using information gathered through the relationship to enable and support individuals to connect with their community for health and wellbeing through co-producing a personalised care and support plan, setting goals, and exploring options to meet that goal.

DRAFT

Competency

Undertakes personalised care and support planning

SPLWs should **understand** the importance of personalised care and support planning with individuals and that this process should be led by the individual. SPLWs should be able to **demonstrate** this process, including:

Use competencies from Section 1 to undertake a first holistic assessment with an individual around their health and wellbeing and supporting an individual to come up with a plan that records conversations, decisions and agreed outcomes in a way that makes sense to the individual, using their own words.

Use this first holistic conversation to discuss potential options and the way forward, sharing and checking understanding of the full range of options, including taking no action

Co-produce outcomes with an individual that are achievable and effective, considering an individual's levels of confidence, capability and opportunity, with a clear route forward to achieve these outcomes.

Demonstrate the ability to record the conversation in an organised structure allowing the individual to tell their story once and so that information can be updated in the future.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 2: Developing personalised care and support plans with people*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Assesses and adapts to individual levels of activation

SPLWs should ***define*** patient activation as the knowledge, skills and confidence a person has in managing their own health and care. This includes:

Know the impact patient activation has on an individual's ability to engage with health and care services and manage their own health and understand that this can vary from day to day, situation to situation.

Assess an individual's level of activation through informal or formal assessment, using relevant tools.

Adapt practice to support individuals with different levels of activation, including adapting practice with the same individual as their activation levels fluctuate.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 2: Developing personalised care and support plans with people*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals
- Consider specific training on patient activation

Competency

Assesses and adapts to levels of health literacy

SPLWs should ***define*** health literacy as individuals having enough knowledge, understanding, skills and confidence to use health information to be active partners in their care and successfully navigate health and social care systems. This includes:

The impact health literacy has on an individual's ability to navigate health and social care systems and how this may impact upon their ability to engage with social prescribing.

Assess an individual's health literacy through informal or formal assessment, using relevant tools.

Adapt the information given to an individual accordingly to meet their current levels of health literacy.

Plan a route to increasing health literacy in a way to support achievement of outcomes identified through personalised care planning, e.g. through working on a specific topic or service an individual may need to

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 2: Developing personalised care and support plans with people*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Promotes and supports behaviour change through coaching and motivational interviewing techniques

SPLWs should **understand** that behaviour change is a dynamic process and be able to **use** specific techniques to engage individuals, explore strengths and aspirations, explore motivation for change and promote autonomy in decision making. This includes but is not limited to:

Understand theoretical models of behaviour change as they apply to social prescribing; for example, the COM-B model of behaviour change or the transtheoretical model of change.

Demonstrate and **apply** the theory behind health coaching approaches to interactions with individuals

Demonstrate and **apply** motivational interviewing approaches in interactions with individuals

Understand the theory behind 'making every contact count' and use all interactions with individuals to have conversations about health and wellbeing

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 2: Developing personalised care and support plans with people*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals
- Specific training on behaviour change, including health coaching, motivational interviewing and making every contact count

Competency

Demonstrates cultural competence and understanding of equality, diversity and inclusion

SPLWs should **understand** the concept of cultural competence and define this as how culture influences the way individuals think and act, their values and their understanding of health and wellbeing. SPLWs should:

Demonstrate awareness of difference and diversity.

Apply this knowledge and understanding in order to adapt the way in which they work with individuals from different cultures to facilitate conversations, considering individual values and needs

Reflect on their own attitudes and behaviour towards all forms of difference and diversity, and adapt behaviour and approach when required.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 2: Developing personalised care and support plans with people*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Asseses progress against personalised care and support plan goals

SPLWs should understand the importance of working with individuals to reach the outcomes they have identified through personalised care and support planning.

Assess progress towards outcomes through personalised conversations with the individual, demonstrating skills from sections 1 and 2 of this Competency framework.

Adapt the plan to support individuals to meet their desired outcomes through flexible exploration of new routes and opportunities according to changing circumstances.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 2: Developing personalised care and support plans with people*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

3 Competencies to enable community development

Effective social prescribing relies on a range of activities and support to refer people to in the community. The following competencies relate to the SPLW role in community development, including identifying, nurturing and supporting the development of community resources.

DRAFT

Competency

Understands the importance of patient and public involvement in scoial prescribing services

SPLWs should **understand** the meaning and importance of co-production and co-design and build co-production principles and values into all interactions. This includes:

SPLWs should **know** the requirements for NHS organisations to demonstrate patient and public involvement in designing and delivering health services.

Facilitate the gathering of information on services and experience through patient and community feedback forms, surveys, focus groups or other forms of feedback.

Apply co-production principles to their work with the community in understanding gaps in service provision, and in supporting service planning, design and delivery.

Apply skills and knowledge to identify and support individuals who may want to use their experience to support other people in their community or to become involved in coproduction, including promoting the Peer Leadership Development Programme to those individuals.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 4: Introducing people to community groups and VCSE organisations*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals
- Specific training in strategic co-production

Competency

Identiifies and maps community assets, including essential information

SPLWs should **understand** the Asset-Based Community Development (ABCD) approach as a process that facilitates the sustainable development of communities based on strength and potential opportunit.y

SPLWs should **apply** the ABCD approach to their role in supporting community development, including:

SPLWs should **know** how to identify and map community assets such as groups, services and support organisations, community strengths and potential to support health and wellbeing.

SPLWs should **record** mapping and alignment opportunities including referral pathways and criteria, and objectives of groups and services.

SPLWs should **collaborate** with community partners in mapping assets, provision and opportunities in local areas.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 4: Introducing people to community groups and VCSE organisations*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Contributes to asset-based community development and community resilience

SPLWs should **use** mapping to identify gaps in provision especially regarding health inequalities, recording these gaps and escalating through formal feedback routes; e.g. to a supervising GP, SP service manager, CCG, or appropriate VCSE organisation.

SPLWs should **facilitate** co-production and co-design as outlined in Section 3 of this Competency Framework to support community development with the individuals at the centre.

SPLWs should **collaborate** with partners in other organisations when supporting community development in order not to duplicate or undermine existing development or provision.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 4: Introducing people to community groups and VCSE organisations*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals
- Consider specific training on asset-based community development (ABCD)

Competency

Supports people to attend community groups and/or services

SPLWs should **apply** the knowledge they have about asset-based community development approaches to identify appropriate of community assets for individuals, including:

Assess quality of offers considering issues such as safeguarding or transparency of group organisational structures using formal or informal approaches, e.g. a checklist.

Identify offers that are appropriate to meet an individual's outcomes, activation, health literacy and wider needs as identified by the individual in the personalised care and support planning process.

Apply knowledge about practical barriers to community participation such as transport and communication needs and plan how and if these can be overcome with individuals.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 4: Introducing people to community groups and VCSE organisations*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Supports accessibility of community groups and/or services

SPLWs should **know** the requirements for community groups and services regarding accessibility and understand the ways in which they can support and promote accessibility in the community.

SPLWs should **apply** this knowledge to make appropriate and achievable recommendations to facilitate access for individuals, both to the individual (e.g. seeking transport) and to the group or service (e.g. contacting in advance to discuss accessibility; discussing adaptations individuals may need to attend).

Competency

Demonstrates awareness of grants and commissioning processes

SPLWs should **understand** that funding and commissioning arrangements can enhance or reduce community resilience if not co-ordinated effectively.

SPLWs should **know** which national and local grants are available to support community development and individuals and **facilitate** this process through providing appropriate supporting information to contribute to grant applications and commissioning. This may apply to commissioning and grants for services or individuals. Where appropriate SPLWs should be sufficiently skilled to support individuals to apply for grants on their own behalf.

Competency

Demonstrates awarenes of personal health budgets (PHBs)

SPLWs should **know** what a personal health budget is and how they may be used to support delivery of a personalised support plan. SPLWs should apply this knowledge and support individuals to access personal health budgets where appropriate, and to support them to meet their personalised health and wellbeing outcomes.

Suggested route to achieving competencies

- Interactive skills training and e-learning, including *module 4: Introducing people to community groups and VCSE organisations*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

4 Competencies for safe and effective practice

SPLWs work with individuals who may have complex health or care needs. It is essential that SPLWs are competent to practice safely and offer individuals evidence-based interventions, and that they record outcomes from their work. This includes SPLWs working to standards set in the NHS and working within approved models and frameworks to ensure both the SPLW and individual they are working with remain safe and working together in a professional relationship.

DRAFT

Competency

Is an effective and trusted member of the Multi-Disciplinary Team (MDT)

SPLWs should **behave** as an effective and trusted member of the MDT and understand the roles of colleagues, making their own unique contribution to the team. This includes:

Understand the boundaries of the SPLW role and how and when to escalate or refer individuals to other health professionals.

Understand the role of other health and care professionals, their remit and limitations of the service they offer.

Reflect on own knowledge levels and seek out ways to develop understanding of other roles e.g. shadowing members of the MDT or VCSE service colleagues, and provide this in return to promote the SPLW role.

Demonstrate respect for colleagues and use professional behaviours and language at work.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 3: Developing partnerships*
- Assessed through observed practice and feedback from supervisors, colleagues and individuals

Competency

Maintains compliance with mandatory and statutory training

SPLWs should **understand** the requirement to complete mandatory and statutory training in line with their Primary Care or VCSE employing organisation, and how this ensures their safety at work.

SPLWs should take responsibility for maintaining and updating training as appropriate.

SPLWs should **apply** knowledge gained through their mandatory and statutory training in all situations.

Training may include but is not limited to:

- Safeguarding for children and adults
- Confidentiality
- Information Governance and handling data
- Lone Working
- Equality and Diversity Awareness
- Health and Safety at work
- Domestic Abuse Awareness
- Mental Capacity Act Awareness
- Emotional Resilience
- Social Welfare Awareness
- Cultural Competence

Suggested route to achieving competency

- Mandatory and statutory training
- Assessed through completion of mandatory and statutory training and application to the workplace through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Understands obligation to safeguard individuals from harm

SPLWs should **understand** their responsibility to safeguard children and adults and **understand** the importance of this when working with vulnerable individuals.

SPLWs should **apply** knowledge gained through mandatory and statutory training in safeguarding to identify those who may be at risk of harm and follow appropriate processes to safeguard individuals, including escalation to a named supervisor when appropriate, and **understand** the risks and implications of not doing so.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 5: Safeguarding vulnerable people*
- Assessed through completion of mandatory and statutory training and application to the workplace through observed practice and feedback from supervisors, colleagues and individuals
- Consider specific training on local safeguarding systems

Competency

Understands and maintains compliance with information governance principles and protocols

SPLWs should **understand** the principles of information sharing and governance as set out in law and guidance.

SPLWs should **apply** information sharing processes including use of secure emails and information storage.

SPLWs should **understand** consent and information sharing processes when working with young people under the age of 16 years, as per Gillick Competence as applied to consent for non-medical support and intervention.

SPLWs should **understand** consent and information sharing processes when working with adults as per the Mental Capacity Act 2005.

Suggested route to achieving competency

- Mandatory and statutory training
- Assessed through completion of mandatory and statutory training and application to the workplace through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Understands obligations to keep and maintain accurate records

SPLWs should **understand** their responsibility to maintain accurate and timely records on their work with individuals and understand how this protects both themselves and the individuals they work with.

SPLWs should also **understand** the benefit to individuals of them telling their story once and not having to repeat this multiple times; and apply this knowledge to record-sharing with other agencies or professionals.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 6: Keeping records and measuring impact*
- Assessed through completion of mandatory and statutory training and application to the workplace through observed practice and feedback from supervisors, colleagues and individuals

Competency

Utilises available evidence base for social prescribing interventions and activities

SPLWs should **understand** summary evidence for social prescribing interventions including arts and creativity, sports and physical activity, and nature-based activities to promote health and wellbeing.

Understand summary evidence for practical support for needs that affect their health, such as housing, debt management and relationship difficulties

Apply this knowledge to the way they work with individuals and services and select those most appropriate to an individual and their desired outcomes.

Suggested route to achieving competency

- Interactive skills training and e-learning
- Assessed through completion of mandatory and statutory training and application to the workplace through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Understands the social/wider determinants of health, health inequalities and population health

SPLWs should **understand** key terminology around the wider determinants of health and the interface with health inequalities

SPLWS should **understand** how the wider determinants of health impact on health and wellbeing, including the dynamic between person, environment and occupation and the biopsychosocial model as it applies to social prescribing

SPLWs should **understand** the concept of social prescribing as a public health intervention and how it can positively contribute to prevention of physical and mental ill health at a primary, secondary and tertiary level.

SPLWs should **understand** summary evidence for social prescribing for specific population groups at risk of experiencing health inequalities.

SPLWs should **know** information relating to their local population and the health inequalities it experiences.

SPLWs should **apply** this knowledge to target specific health inequalities in their practice, particularly where resources are scarce. This may include working to make services more accessible to individuals e.g. those from inclusion health groups, or by targeting population groups to offer proactive access to social prescribing.

SPLWs should **use** this knowledge to contribute to decisions made in the wider MDT on which groups are a priority for social prescribing, including but not limited to:

- People with long-term conditions
- Those requiring support with their mental health
- People who are lonely or isolated
- Individuals who have complex social needs which affect their wellbeing
- Carers
- Children and young people

Suggested route to achieving competency

- Mandatory and statutory training
- Assessed through completion of mandatory and statutory training and application to the workplace through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

Competency

Records and demonstrates impact through multiple routes

SPLWs should **understand** the importance of measuring outcomes to demonstrate the impact of social prescribing and how evidence can contribute to community development through commissioning for outcomes.

SPLWs should **know** appropriate outcome measures for use in social prescribing; for example, the ONS4 and **apply** this knowledge to select and use appropriate outcome measures for individuals, including recognising when these measures are not appropriate.

SPLWs should **know** other approaches to recording outcomes outside formal outcome measurement and **apply** this knowledge within a personalised approach to demonstrate impact, including promoting individual stories and case studies, and measuring satisfaction of the service.

Suggested route to achieving competency

- Interactive skills training and e-learning, including *module 6: Keeping records and measuring impact*
- Assessed through completion of mandatory and statutory training and application to the workplace through observed practice and feedback from supervisors, colleagues and individuals

DRAFT

If you have questions or comments about this document, please contact **england.socialprescribing@nhs.net**