Social Prescribing Learning Needs for Education and Training in Wales.

Final report 26/04/19

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With thanks to the participants from the Wales Social Prescribing Research Network.

1. Introduction/Background

Social prescribing (SP) is being widely implemented in Wales. It has received support from Welsh Government for prevention and early intervention services for example in mental health (WG, 2016). Thomas et al (2019,p5) define social prescribing as, *'a process to help people make positive changes in their lives and within their communities by linking people to volunteers, activities, voluntary and community groups and public services'*. Its purpose is to improve individual well-being and to support people to take greater control over their own lives. There are a number of social prescribing models in Wales but most include a support worker who works with the individual through a 'what matters conversation', co-produces personal goals and an action plan, and connects them to community resources.

In this study, the term 'social prescriber' is used as an umbrella term to refer to the support worker and covers other titles such as community connector, link worker, well-being adviser, care coordinator or community navigator. These SP roles have developed in isolation across public and third sectors with different skills requirements, different job descriptions and different employment scales. Consequently, there is limited consensus across Wales on the required learning, training and education needs of this newly emerging occupational group.

2. Study aim

The purpose of the study was to develop an education and training needs analysis conceptual framework by exploring the learning needs of social prescribers who were members of the All-Wales Social Prescribing Research Network and the three Communities of Practice developing in Wales.

3. Methods

This study had two parts using two different consensus methods [see Appendix 1 for the full description of the methods and results]. Part 1 used Group Concept Mapping to explore social prescribers' learning needs, and part 2 used a workshop to identify when training should take place.

Part 1: this explored the learning needs of practitioners who delivered social prescribing using the six-step process of Group Concept Mapping (GCM). GCM offered an opportunity for virtual groups of geographically dispersed participants to participate using online software to help them organise and present their ideas supported by a trained facilitator.

Participants answered five demographic questions:

- In which Welsh County or County Borough Council area do you mainly work?
- How long have you been in this role?
- Can you identify what activities are included in your role?
- Are you a paid or a non-paid (volunteer) social prescribing worker?
- Which type of organization [do] you work for?

The GCM facilitator-led methodology uses Concept Systems Global Max^{TM} software for data collection, analysis and presentation of results. There are six steps to GCM; four steps describe the method and two provide the results.

Part 2: a world-café style workshop was used to ask social prescribers to identify when training and support would be most appropriate and valuable in developing their role and skills. A world-café approach comprises of seven integrated principles (Brown & Isaacs, 2005; MacFarlane et al, 2017) in a workshop setting:

1. set the context
2. create a hospitable space
3. explore questions that matter
4. encourage everyone's contribution
5. connect diverse perspectives
6. listen together for patterns and insights
7. 'the harvest' sharing collective discoveries .

Ethics approval was sought and given by the University of South Wales, Faculty of Life Science and Education low-risk ethics panel.

4. Results

4.1 Part 1 identifying the 120 learning needs.

In step 1 of GCM, 18 participants representing north, south, east and west Wales generated statements in response to the following focus prompts:

To help me in my social prescribing role my learning needs are….
or
To help my staff in their social prescribing roles their learning needs are.....

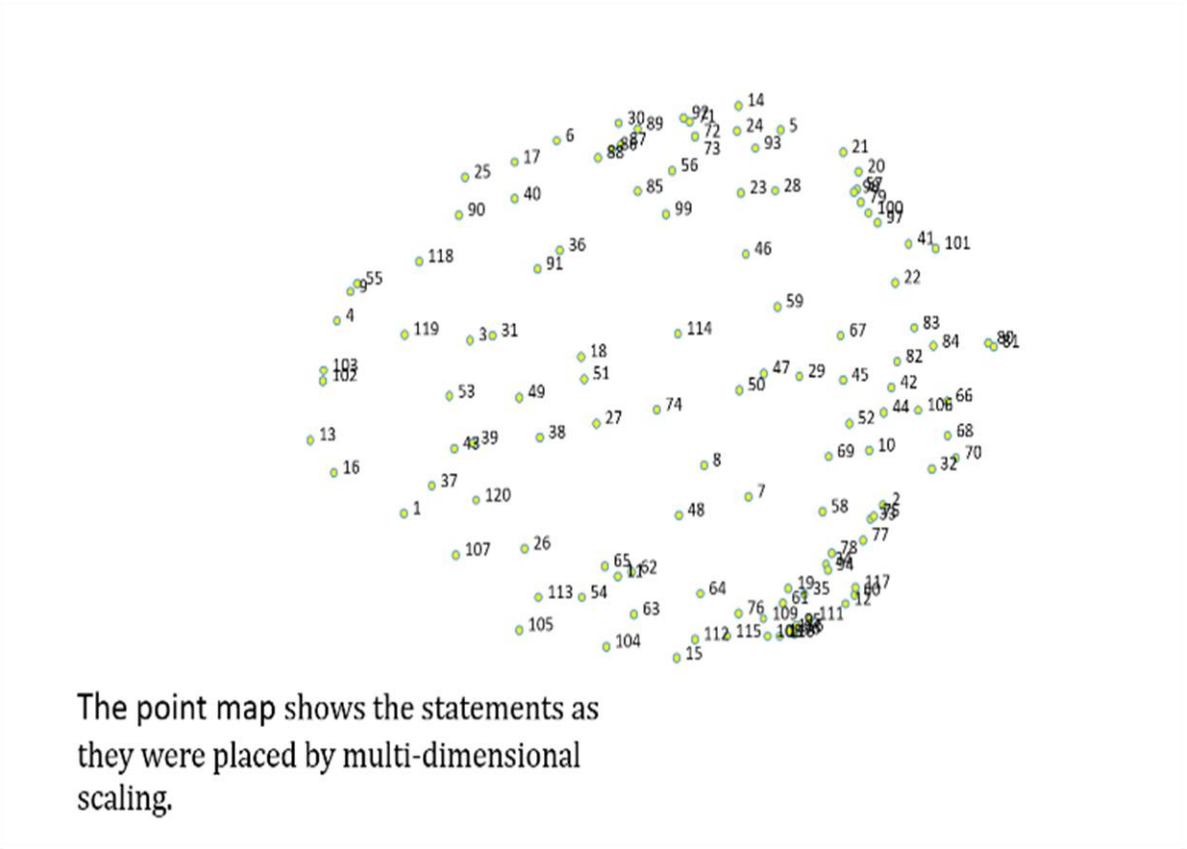
The majority (61%) of participants had 13-36 months experience in a social prescribing role; 55% of all participants were third sector employees and only one participant was a volunteer i.e. unpaid for the role. The data collected did not clarify the nature of contractual employment arrangements e.g. where a social prescriber is employed by a Third Sector organisation but commissioned to work in a primary care setting via a partnership arrangement between two organisations.

Participants were asked about the main components of their role and these were identified as, 'Providing Information and Advice' (10.6%), 'Signposting' (9.9%), 'What matters' conversation' (9.9%), Regular feedback to referrer (7.95%), Co-produce well-being goals (7.97%), Referral to community asset (7.28%), Meetings with community assets (7.28%), and Case Management (7.28%). See Appendix 1 (Table 1) for responses to the five demographic questions used in the study.

'Brainstorming' is step 2 of GCM, and the participants identified 120 statements of individual learning needs. In GCM step 3, participants individually grouped and rated the statements for importance and availability. This data was then analysed to develop a point map (figure 1), cluster map (figure 2), cluster-rating map (figure 3) and Go-Zone map (figure 4).

The point map (figure 1) shows the 120 statements with a final stress value of 0.3402 after 10 iterations. The acceptable range is 0.205–0.365, and is used to indicate reliability. This stress value implies that there is a good relationship between the data input, the matrix of similarities developed from the grouping task and the distance represented on the map (Kane & Trochim, 2007).

Figure 1: Computer generated point map of the 120 statements.

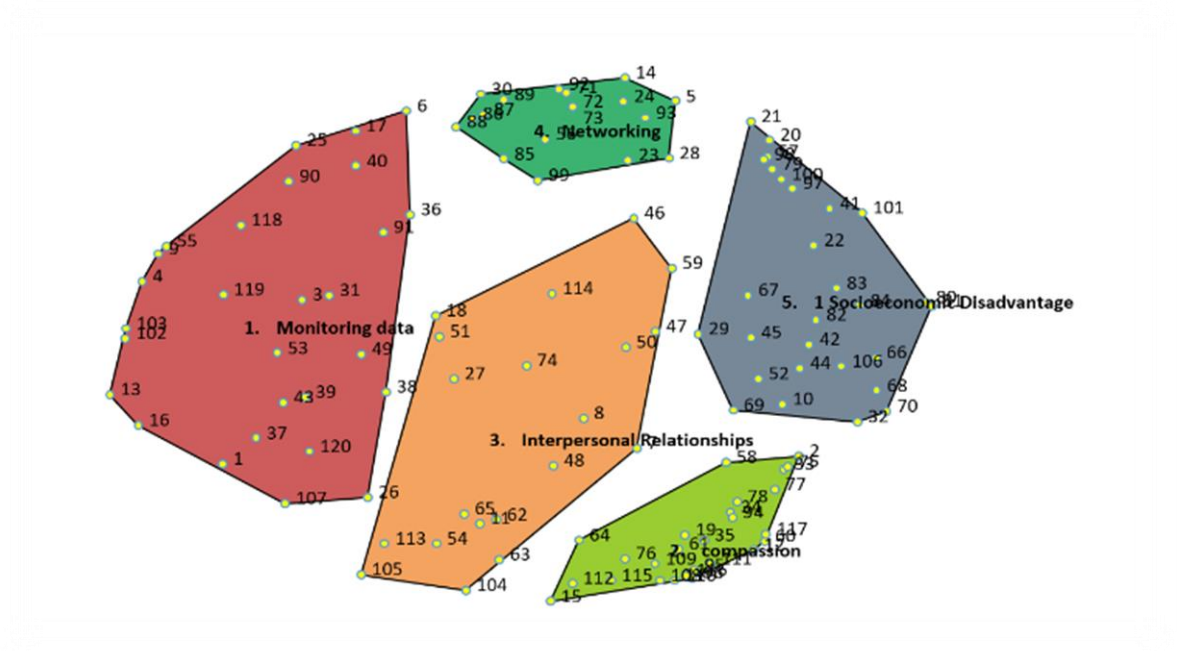


The point map shows the statements as they were placed by multi-dimensional scaling.

The social prescribing learning needs cluster map consists of five statement clusters that are drawn from the original 120 statements identified by participants (figure 2). Each cluster has a computer generated label which is derived from the participant grouping and labelling exercise (step 3) i.e. Compassion; Interpersonal Relationships; Socioeconomic Disadvantage; Networking; Monitoring Data. Each cluster includes the number identifying each specific statement used (full details are in Appendix 3). Each statement and its position within the cluster originates from how participants have grouped and rated each statement. For example, statement number 20 is '*an in depth knowledge of the services available in the area (place in which my work is based) so that I can refer people accurately in to the service*

if required' It is positioned in 'socioeconomic disadvantage' because that is where the majority of participants placed the statement. The conceptual relationship between clusters is shown by the distance between them. Therefore, the cluster called 'compassion' is closer in its relationship to 'interpersonal relationships' and 'socioeconomic disadvantage' than it is to 'monitoring data' and 'networking'.

Figure 2: Computer generated cluster map with computer-generated labels from the participant grouping exercise.



The cluster-rating map in figure 3 (and table 1) demonstrates that the cluster called 'compassion' is the most important of all five clusters of social prescribing learning needs. In this map it is demonstrated as most important because it has the most layers i.e. five layers. In the cluster legend the values of the layers correspond with the height of the cluster and indicates the importance of its content. This cluster also has the learning needs with training most available. The cluster 'monitoring data' had the least number of important learning needs and the least availability of training (table 1).

Figure 3: Cluster rating map - importance of learning needs.

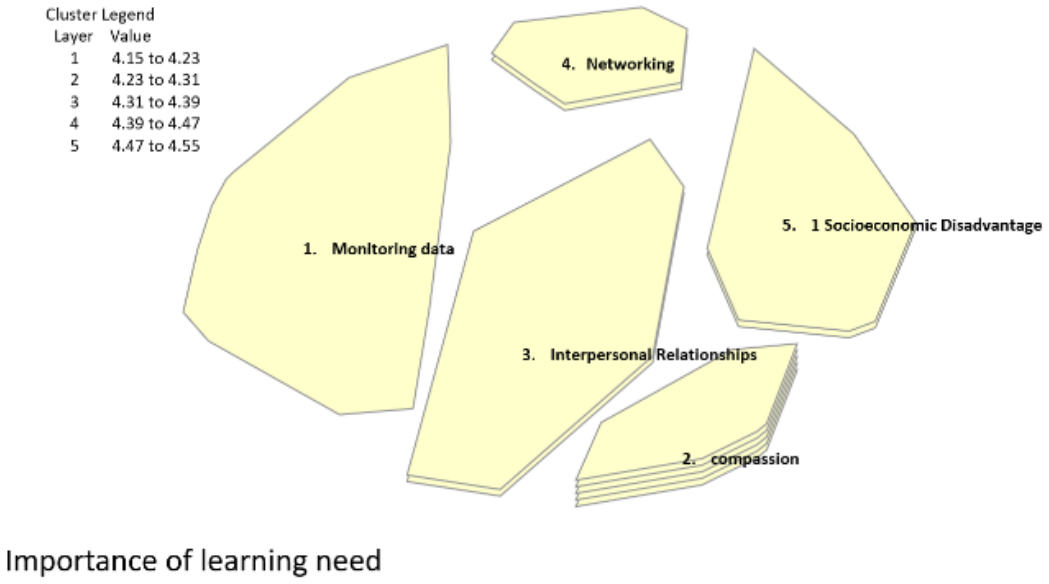


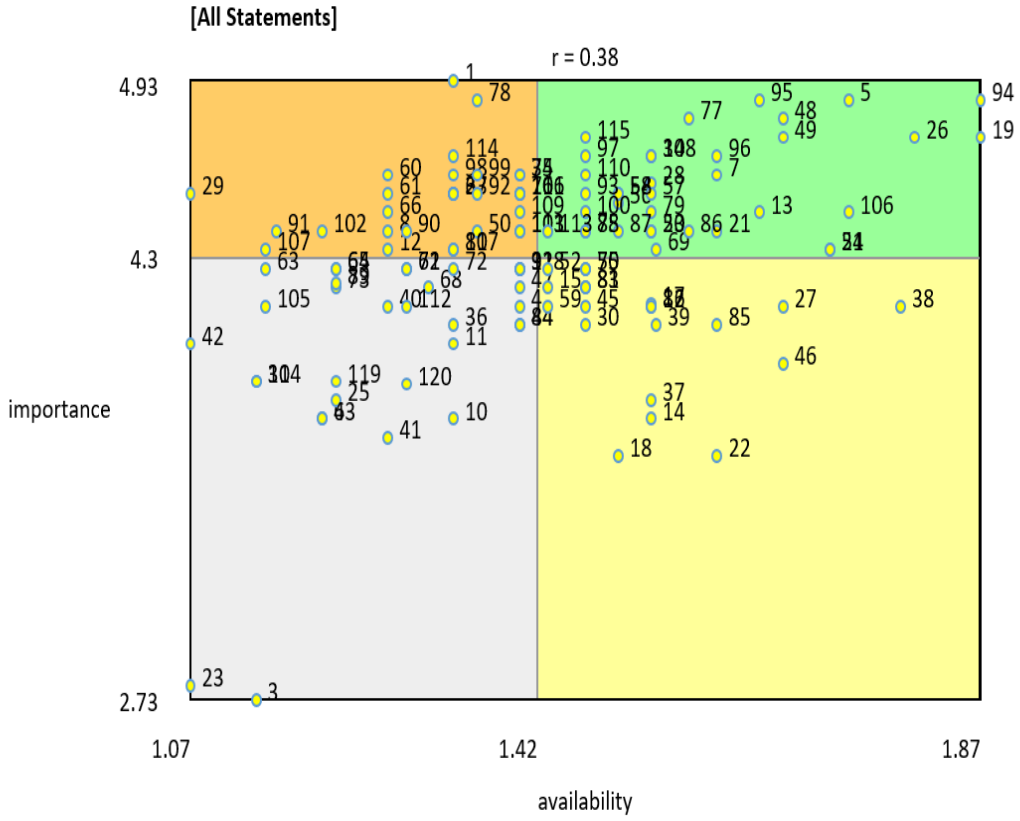
Table 1: Example of social prescribing learning needs using a cluster of five.

Construct	Compassion	Interpersonal relationships	Socioeconomic disadvantage	Networking	Monitoring data
Number of statements	26	20	28	18	28
Average rating of important learning needs	4.55	4.28	4.27	4.27	4.15
Average rating of availability of training	1.45	1.41	1.42	1.44	1.38

Construct	*Example of statements included:*
Compassion	*2. counselling skills and motivational tools* *12. has the drive and tenacity to see changes through for people* *15. Understanding people will not change to help themselves until they are ready to help themselves.*
Interpersonal relationships	*7. Understanding the needs of Carers* *8. having an awareness of the impact on mental health of long term unemployment or never having worked* *11. to understand how wider family and other relationships impact on circumstances*
Socioeconomic disadvantage	*10. how to be an effective advocate* *20. An in depth knowledge of the services available in the area (place in which my work is based) so that I can refer people accurately in to the service if required.* *81. Understand the impact of poverty*
Networking	*5. To have knowledge of other social prescribing projects in the area and how to signpost patients on.* *30. sharing information across sectors*
Monitoring data	*1. Protocols for dealing with challenging situations within the GP surgery e.g. aggressive behaviour, suggested suicide attempt etc.* *4. to have a greater understanding of how to measure "success" of my project*

The Go-Zone report (figure 4) shows which learning needs are above or below the mean (average) across the two chosen rating criteria of 'importance' and 'availability'. Statements above the importance mean (4.3) were most important and are in the orange and green zones. Statements above the availability mean (1.42) are learning needs that are most available to the participants i.e. the green and yellow zones. Figure 4 shows that learning needs present in the green zone are most important and most available, and those in the orange zone are most important but least, or not available. Learning needs in the yellow zone are least important but are available, and those in the grey zone are learning needs of least importance and least, or not available.

Figure 4. Go-Zone report displaying how each learning need is rated in relation to importance and availability.



4.2 Part 2 an education and training needs analysis conceptual framework.

In this second part of the study, a world-café style workshop was used with 85 invited social prescribers to identify when training and support would be most appropriate and valuable in developing their role and skills. This provided an understanding of timely delivery of learning to meet social prescriber role development needs. For example, statement 2 'counselling skills and motivational tools' has been identified as an important learning need but it is not readily available - participants felt that this should be available at induction.

A total of 45 learning needs are identified as 'ongoing' throughout the social prescriber working role. This suggests that a career pathway is emerging and the role requires a rounded education that addresses cognitive, functional and ethical competence (Weeks et al, 2017), and organisational as well as inter-personal skills to enable progression from basic know-how to more advanced, mature or complex understanding and execution of skills.

Appendix 4 presents a table of training needs categorised by timeliness (from induction to one year in role) and availability. It also highlights the learning needs identified by participants that have ongoing development requirements along the novice-to-expert continuum. The learning needs identified in this study reflect the bio-psychosocial and environmental context of the developing role of social prescriber as described by Moffat et

al (2017) e.g. behavioural change. However, some of the learning needs required by social prescribers originate from the need to manage different type of referrals received e.g. managing loneliness, anxiety and depression as opposed to socio-economic issues (Moffat et al, 2017)

5. Conclusion and recommendations

There are a number of key points arising from this study.

Five clusters of social prescribing learning needs have been identified by practitioners as compassion, interpersonal relationships, socioeconomic disadvantage, networking and monitoring data. The clusters draw on 120 statements of learning needs. The cluster map could be used as a framework to organise learning for practitioners.

The statements included in the clusters have been rated by importance and availability, identifying those which are most important and not currently available. This offers commissioners an opportunity to target funding to address this deficit, and also discuss the opportunities to decommission learning which is not rated as important but is available.

Social prescribers consider it important to have induction training before starting their role. They identify some key competencies and skills needed before they start providing the service. The majority of training needs are identified as ongoing. Social prescribers indicate that a single training session is unlikely to meet these needs. They indicate that ongoing training should be available throughout their occupation of the role to meet their developing needs and their ability to manage increasingly complex caseloads.

A large number of training needs (n=30; 45%) were identified as important, not currently available to social prescribers, and placed within the first year of the social prescriber working timeline. This highlights a gap in supporting social prescribers that may be addressed by appropriate training, education and support to develop the skills to:

1. Empower others to take ownership of their health and well-being;
2. Ensure their personal resilience in performing the role.

Recommendations are that:

- These findings inform commissioning of training for people delivering social prescribing.
- Higher education and training providers should use the clusters to organise future curriculum development, and the important statements be used as topic titles.
- Future research to evaluate the implementation of training, focusing on training needs timeliness, and evaluate whether these perceptions actually correspond to social prescribers' experiences of training.
- Future research to investigate social prescribers preferred training mode, e.g. online training, formal induction, to identify how to meet these training needs more effectively and efficiently.
- Future research to focus on defining the names and titles of job descriptions in order to define the scope of each and their associated educational requirements.

References:

Kane M, Trochim WMK. *Concept mapping for planning and evaluation. Applied Social Research Methods Series vol. 50.* Thousand Oaks: Sage, 2007. https://doi.org/10.4135/9781412983730

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Weeks K, Coben D, Lum G & Pontin D (2017) Developing nursing competence: Future proofing nurses for the changing practice requirements of 21st century healthcare. Nurse Education in Practice. A3-A4. doi: 10.1016/j.nepr.2017.08.020.

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Appendix 1 - Further detail of methods and results.

1) Part 1 - Group Concept Mapping six steps

Step 1 - Preparing for concept mapping.

The study took place between November 2018 and March 2019. Following a general enquiry sent to the members of the research network (n=280) forty seven (n=47) members expressed an interest to participate in the study and were sent the consent form and participant information leaflet. Nineteen (n=19) participants consented, of which an unduplicated count of n=18 participants completed the study and n=1 remained as an observer. In GCM there is no strict limit to the numbers of participants, and groups can range from small (8–15) face-to-face groups to large, web-based networks.

Once informed consent to participate had been received, each participant was emailed a username and unique password. Participants were asked five demographic questions, *'In which Welsh County or County Borough Council area do you mainly work?* (where you work), *How long have you been in this role?* (time in role), *'If you consider that your role within social prescribing has a mosaic of different activities, can you identify what activities are included in your role?'* (level of social prescribing), *'Are you a paid or a non-paid (volunteer) social prescribing worker?*' (paid or non-paid work) and '*Whether you are a paid or non paid (volunteer) worker, please indicate which type of organization you work for'* (type of organisation). See table 1 for participant responses. These questions could be used with any of the three action areas (brainstorming, sorting and rating) to analyse the data. The two rating scales '*importance of learning needs'* and '*availability of training'* were used.

Table 1: Participant online demographic questions

Participant question	Option	Frequency	%
Where you work	Torfaen	3	16.67%
	Newport	2	11.11%
	Caerphilly	1	5.56%
	Cardiff	1	5.56%
	Carmarthenshire	1	5.56%
	Flintshire	1	5.56%
	Merthyr Tydfil	1	5.56%
	Pembrokeshire	3	16.67%
	Powys	2	11.11%
	Rhondda Cynon Taf	2	11.11%
	Wrexham	1	5.56%
	TOTAL	18	100.00%
Time in role	Start-up no experience	1	5.56%
	Less than 12 months	3	16.67%
	13-36 months	11	61.11%
	37-72 months	3	16.67%
	73 months plus	-	-
	TOTAL	18	100.00%
Level of social prescribing	Providing Information and Advice	16	10.60%
	Face -to-Face support up to 6 weeks	7	4.64%
	Coaching	7	4.64%
	Motivational interviewing	9	5.96%

	Meetings with community assets	11	7.28%
	Case Management	11	7.28%
	Regular feedback to referrer	12	7.95%
	Signposting	15	9.93%
	'what matters' conversation	15	9.93%
	Co-produce well-being goals	12	7.95%
	Co-produce well-being plan	9	5.96%
	Referral to community asset	11	7.28%
	Follow up interview	8	5.30%
	Other Raising awareness of role with Primary Care; ASIST interventions; Capacity limits follow up options; Holistic complementary treatment for chronic pain conditions; support to sector; Help people liaise with other service providers; Reframing problems and support during periods of life transition; indicate all the tasks I would expect the connectors would complete.	8	5.30%
	TOTAL	151	100.00%
Paid or non-paid	Paid	17	94.44%
	Non-paid (volunteer)	1	5.56%
	TOTAL	18	100.00%
Type of organisation	Third sector (charity)	10	55.56%
	University Health Board	-	-
	Primary Care (GP) organisation	1	5.56%
	Registered social landlord	-	-
	County Borough Council	3	16.67%
	Other Private sector; Paid by nhs, managed by county council; community interest company; Partnership between Health Board and Third Sector	4	22.22%
	TOTAL	18	100.00%

Step 2 - Generating ideas

Participants were asked to generate statements in response to the focus prompt, which was:

To help me in my social prescribing role my learning needs are….

Or

To help my staff in their social prescribing roles their learning needs are…..

There were 89 original statements. A number were strings of statements that were separated, and duplicates removed. This resulted in a total of 120 statements (appendix 2 statements prior to sorting and rating).

Step 3 - Structuring statements

Participants completed two structuring tasks, first sorting into groups using an online tabletop sorting format and labelling each group of selected statements. Second,

participants rated the statements by using the two chosen scales of importance and availability. For example, rating relatively unimportant (1) to extremely important (5) participants were asked to select whether a statement was an important learning need.

Step 4 - Concept mapping analysis

There were four steps to data analysis completed by the online software:

1) Descriptive statistics were used to analyse the participant responses.
2) A similarity matrix was created from the sorted statements and demonstrated the number of participants who sorted the statements together.
3) A multidimensional scaling analysis of the similarity matrix created a point map, generating a point for each statement created by the participants on a two-dimension (XY) axis.
4) A hierarchical cluster analysis created clusters or groupings of the statements in the form of a cluster map using Ward's algorithm. This process also included analysing the cluster labels (giving them names), anchoring analysis, cluster rating, pattern matching and go-zone analysis.

Step 5 - Interpreting the results.

Fifteen users were selected with completed data for all three steps, brainstorming, grouping and rating. The other three had contributed to one or two of the steps only. The final stress value was 0.3402 after 10 iterations. The acceptable range is 0.205–0.365 and is considered similar to reliability. Although the stress value is at the higher end of the range, this stress value implies that there is a good relationship between the data input, the matrix of similarities developed from the grouping task and the distance represented on the map (Kane & Trochim, 2007).

The clusters with the largest number of statements were 'monitoring data' and socioeconomic disadvantage', whilst 'networking' had the least. The 'compassion' cluster had the highest average rating for important learning needs, whilst 'monitoring data' had the least (Table 2). The full table is in Appendix 3.

Table 2: Example of Social prescribing learning needs using a cluster of five.

Construct	Compassion	Interpersonal relationships	Socioeconomic disadvantage	Networking	Monitoring data
Number of statements	26	20	28	18	28
Average rating of important learning needs	4.55	4.28	4.27	4.27	4.15
Average rating of availability of training	1.45	1.41	1.42	1.44	1.38

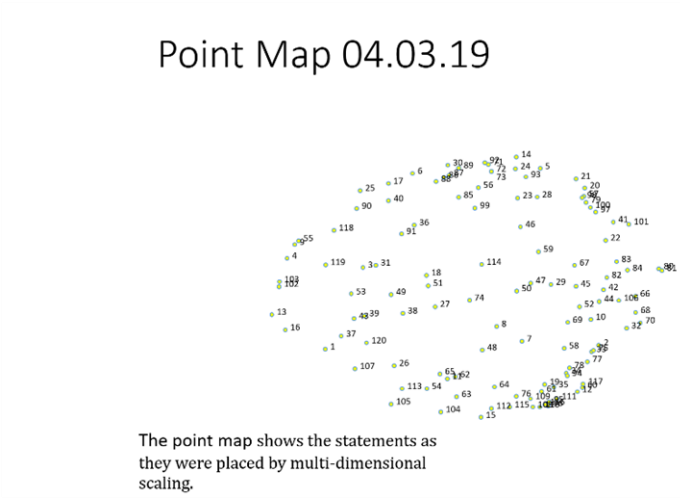
Example of statements included.	2. counselling skills and motivational tools 12. has the drive and tenacity to see changes through for people	7. Understanding the needs of Carers 8. having an awareness of the impact on mental health of long term unemployment or never having worked	10. how to be an effective advocate 20. An in depth knowledge of the services available in the area (place in which my work is based) so that I can refer people accurately in to the service if required.	5. To have knowledge of other social prescribing projects in the area and how to signpost patients on.	1. protocols for dealing with challenging situations within the GP surgery e.g. aggressive behaviour, suggested suicide attempt etc.

Step 6 - Utilisation

The purpose of the study was to develop an education and training needs analysis conceptual framework. The maps were viewed by the study team (figure 1 point map and figures 2 examples of early cluster maps). After some discussion about the groupings and which the study team agreed that a map with five clusters was a usable representation of the findings (figure 3). The maps offer an original contribution to the literature on social prescribing and can be used by HEIW and education providers to frame and develop teaching and learning materials when required by social prescribers.

In the first GCM step, 'brainstorming', the participants identified 120 statements of individual learning needs. After step 2, where participants individually grouped and rated the statements against importance and availability, the software was then used to further analyse the data and develop cluster rating maps (figure 4) and a Go-Zone map of all statements using both rating scales (figure 5).

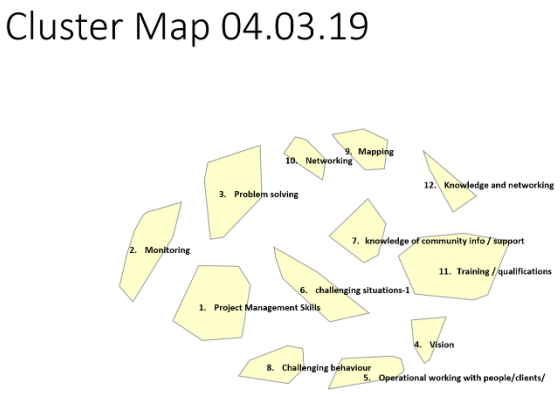
Figure 1: Computer generated point map of the 120 statements.



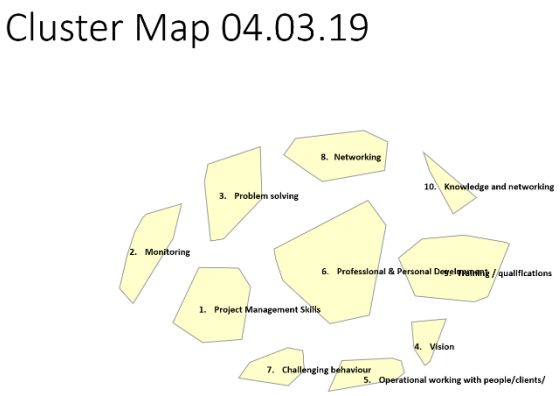
The point map shows the statements as they were placed by multi-dimensional scaling.

Figure 2: examples of early maps

a) Demonstrating 12 clusters

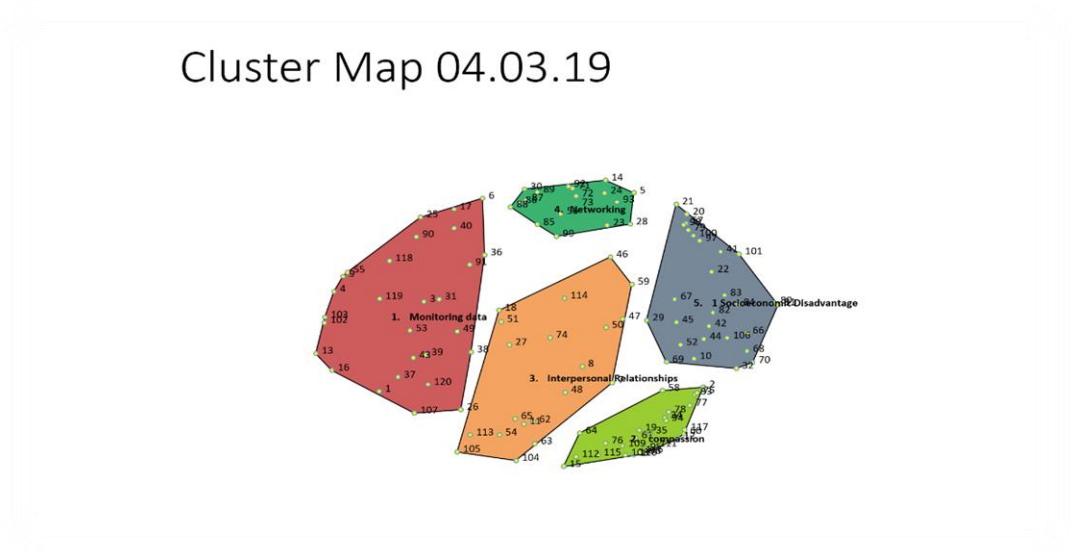


b) Demonstrating 10 clusters



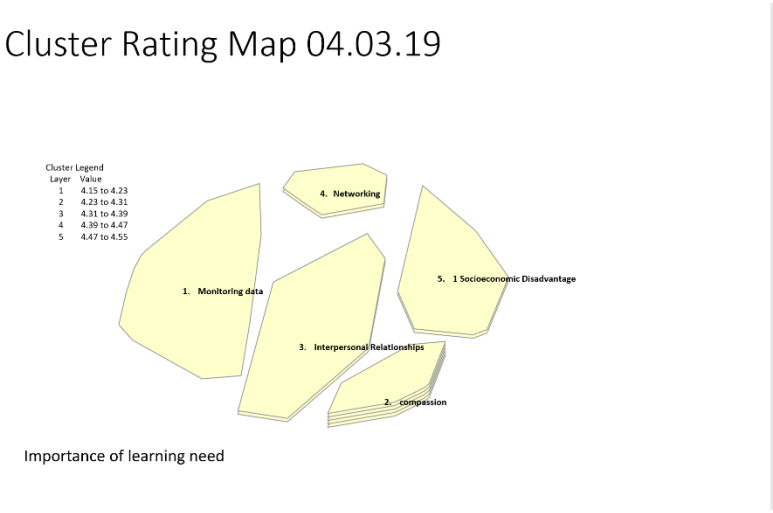
The social prescribing learning needs cluster map consists of five clusters of statements from the original 120 statements identified by participants (figure 3). Each cluster includes their specific statement numbers. Conceptual relationship between clusters is shown by the distance between them. Each cluster has a computer-generated label derived from the participant grouping and labelling exercise (step 2).

Figure 3: Computer generated cluster map with computer-generated labels from the participant grouping exercise.



The cluster-rating map in figure 4 (and table 2) demonstrates that the social prescribing learning needs cluster called 'compassion' is the most important of all five clusters of learning needs. It also has the learning needs with training most available. The cluster 'monitoring data' had the least number of important learning needs and the least availability of training (table 2).

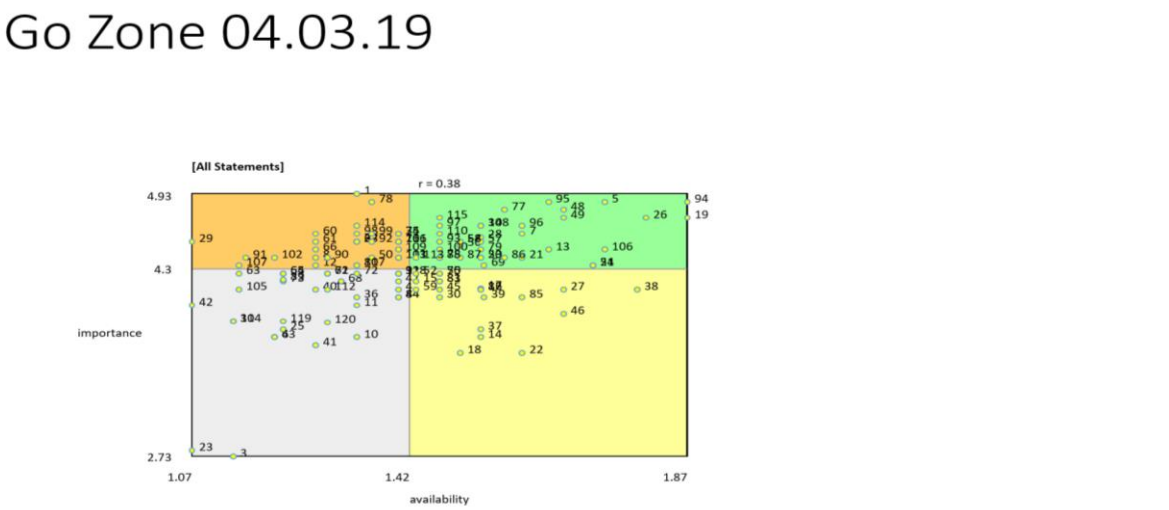
Figure 4: Cluster rating map - importance of learning needs.



The Go-Zone report (figure 5) shows a map where ideas are above or below the mean across the two chosen rating criteria of importance and availability within the specific cluster of learning needs identified by the participants. This means that those statements above the importance mean (4.3) were most important. These are statements found in the orange and green zones. Statements above the availability mean (1.42) are learning needs which are most available to the participants i.e. the green and yellow zones. Figure 4 shows

learning needs in the green zone are most important and most available, whilst those in the orange zone are most important but least or not available. Learning needs in the yellow zone are least important but are available, and those in the grey zone are of least importance and least or not available.

Figure 5: Go-Zone report displaying how each learning need is rated in relation to importance and availability.



2) Part 2 the world-café method

The World Café process (www.worldcafe.com) was led by Carolyn Wallace & David Pontin and supported by Megan Elliott. In total, 85 social prescribers participated in the workshop, working in 7 groups. Groups had lists of training needs that identified in the Go-Zone report as important to social prescriber development. The training needs had been sorted into two categories 1] training needs perceived as **important** and **available**, and 2] training needs that were **important**, but **not available**.

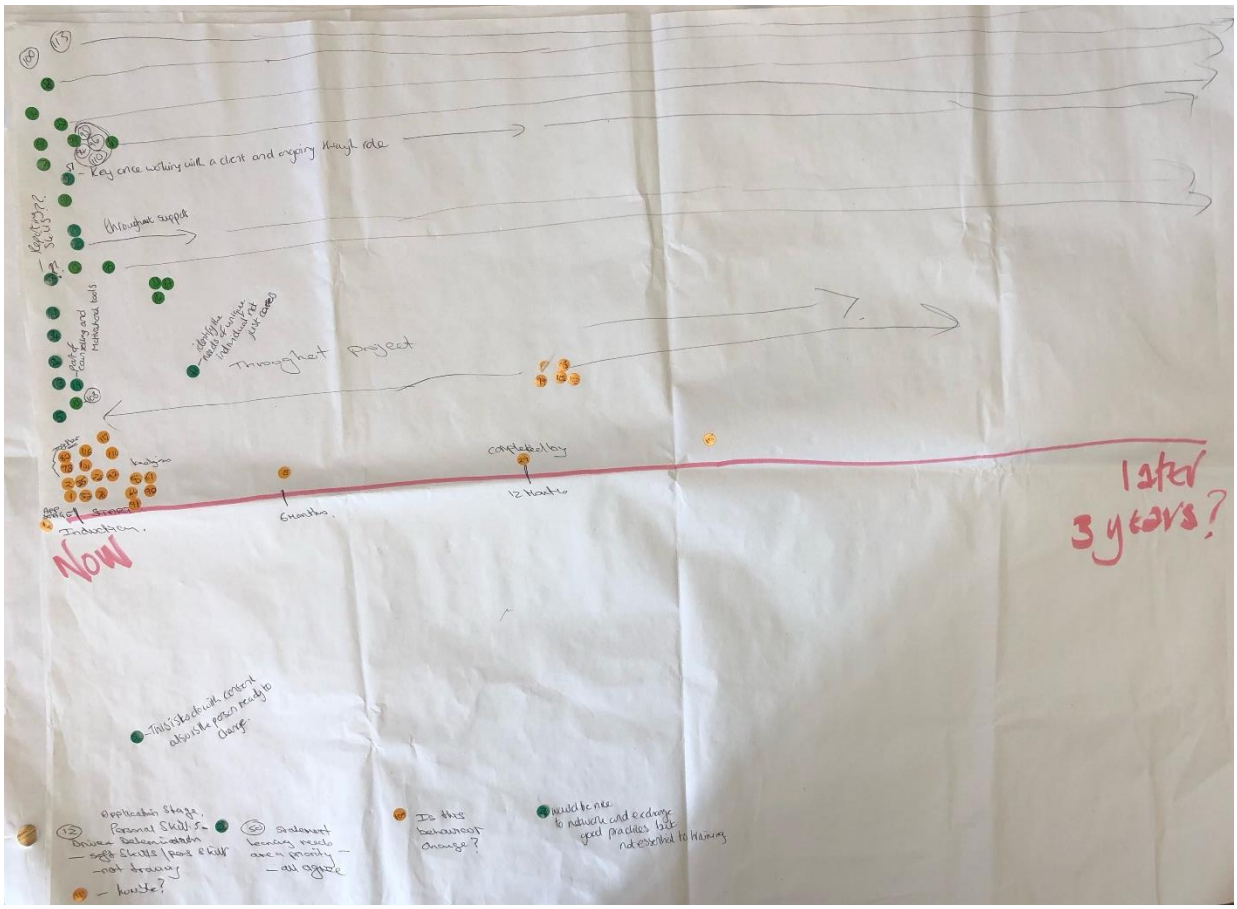
The aim of the workshop was for social prescribers to identify when training and support would be most appropriate and valuable in developing their role and skills.

A World Café comprises seven integrated principles (Brown & Isaacs, 2005; MacFarlane et al, 2017). 1. **The context** was set by presenting the findings from phase one to the participants,

2. **A hospitable space** was created (albeit with limited space) by asking participants to divide themselves into flowers, butterflies and bees. The flowers were asked to stay at the table at all times, the butterflies were encouraged to move about the room at any time and the bees were asked to move around in a clockwise fashion when the beekeeper said 'Bees all change'. This encouraged exploration of ideas around the room.

3. Participants were asked to **consider their own experience** and roles whilst reading all the learning needs. Participants discussed each training need in their group and placed it on a timeline to show when they felt it should be addressed e.g. in the early days of people occupying a social prescribing role. Participants made their own timelines, so timescales varied according to what the group decided was appropriate. Figure 6 shows an example of a timeline created by one group.

Figure 6: An example of a timeline by a group with training needs identified at different time points over a three-year period.



4. Everyone **was encouraged to contribute** with some participants from part one GCM available to circulate and explain the statements as required.

5. **Connect diverse perspectives** was challenging as there was some debate in the room as to whether social prescribing was the most appropriate term to use. One table in particular felt strongly that their role as community connector was not the same as a social prescriber and decided not to participate.

6. Throughout the workshop **patterns and insights were collected** as participants moved around the room and contributed to the learning needs timelines.

7. It was agreed that **the harvest** (i.e. the collective results of the workshop) would be shared through a brief report and disseminated via the Wales Social Prescribing Research Network.

Results:

The timelines were analysed and split into 5 categories; *Induction, 3 months, Year 1, Years 2-3* and *ongoing*. The time scales chosen for the timeline varied between groups, ranging from 12 months to 3 years. Five out of seven of groups (71%) included an induction/pre-employment section for the training needs they considered necessary before starting work as a social prescriber. Each timeline was analysed individually and statements were separated into the 5 categories. The most commonly identified category became the main category and reported below; where there was no commonly identified category we have stated all the categories used for that training need. This leaves it open for individuals to decide for themselves when to address this training need based on local context and contingencies. Training needs identified as *ongoing* were asterisked and a main category identified.

At least one group recorded each training need on the timeline. There was agreement amongst groups on the need for induction; 26 training needs were located in an induction period. There were 23 training needs identified for the first three-month period, 28 in the first year, and no training needs classified in years 2-3. A large majority of the training needs (86%) were identified as ongoing training needs by at least one group.

There was a divide amongst training needs based on availability and timeliness (see Table 4).

Table 4: Training need categorisation based on availability and timeliness.

	Available	Not available
Induction	14	12
3 months	19	9
Year 1	14	13

A full table of all of the training needs statements and their classifications is in appendix 3. Table 5 shows the training needs perceived as important (phase 1), not available (phase 1) and their corresponding timeliness judgment. This may be used to identify gaps in current services where new training resources could be commissioned to meet social prescribers' training needs.

*Table 5: Training needs that are not readily available and the time they are required. * represents a training need that was identified as ongoing.*

Time required		Training need
Induction		Protocols for dealing with challenging situations within the GP surgery e.g. aggressive behaviour, suggested suicide attempt etc
		Counselling skills and motivational tools
		Has the drive and tenacity to see changes through for people
		Offering personalised support
		Being able to deal with loneliness
	*	Professional boundaries
		Being able to remain humble
		Building rapport
		How to offer or provide solutions
Induction/3 months		Having an awareness of the impact on mental health of long term unemployment or never having worked
		Being able to deal with isolation
	*	How to measure and plot people's improvement in health
Induction/3 months/Year 1		To understand behaviour change
Induction/Year 1		To enhance my engagement skills
3 months		Staff awareness and understanding of complex issues
	*	To build the skills to support people
	*	Understand health inequalities
	*	Professional-interpersonal relationship (e.g. understanding people often are unable to apply to their lives what they have been told they need to do)
3 months/Year 1	*	Able to work in partnership with local providers
Year 1	*	An accredited course, so Connectors are seen as "qualified" to offer social prescribing
	*	Learning needs are a priority
	*	Keep knowledge up to date
	*	To know when and how to challenge poor services
	*	To know when and how to help improve services
	*	A good knowledge of where the gaps in services are
	*	A good knowledge of where needs are not being met
		Knowledge around social issues affecting their communities
	*	How to measure and plot people's improvement in well-being
		To use policy to empower people to take control over what they need
	*	To generate confidence between referrer, activity provider and recipient to provide a quality seamless service

Appendix 2- Brainstorming statements- cleaned.

1	protocols for dealing with challenging situations within the gp surgery e.g. aggressive behaviour, suggested suicide attempt etc
2	counselling skills and motivational tools
3	Training on how to write a research funding proposal
4	to have a greater understanding of how to measure "success" of my project
5	To have knowledge of other social prescribing projects in the area and how to signpost patients on.
6	how to find out health needs of local community and where they lag behind other areas
7	understanding the needs of Carers
8	having an awareness of the impact on mental health of long term unemployment or never having worked
9	how to monitor the impact of the role and demonstrate this to varied audiences
10	how to be an effective advocate
11	to understand how wider family and other relationships impact on circumstances
12	has the drive and tenacity to see changes through for people
13	Keeping good work logs of my support for those referred in and out of our service.
14	Acknowledging Facebook and Community Council's websites are a good place to find out about what's happening locally to support people.
15	Understanding people will not change to help themselves until they are ready to help themselves.
16	Following up on those we have referred on to further support
17	The ability to market my role effectively to others - be this through posters, presentations, face to face communication
18	Letter writing effectively - getting things across to the reader in a way that is not confusing. Precisely and clearly.
19	A good understanding of listening effectively when ask people what matters to them
20	An in depth knowledge of the services available in the area (place in which my work is based) so that I can refer people accurately in to the service if required.
21	An in depth knowledge of the groups delivering activities and services in my given area (place) of work. Including who to contact within the group to make individual referrals to.
22	A working knowledge of Assest Based Community Development
23	A good knowledge of supply chain management
24	the opportunity to network with other social prescribers across Wales
25	having access to case studies from across Wales
26	mental health awareness and mental health first aid training
27	time management - to manage a diary and prioritise our workload.
28	the ability and confidence to successfully network within my community, my colleagues and partners
29	an accredited course, so Connectors are seen as "qualified" to offer social prescribing
30	sharing information across sectors
31	how to make use of digital technology to improve community mapping
32	to understand the health conditions of individuals
33	to enhance my engagement skills
34	to help people to connect & socialise
35	offering personalised support
36	Mapping referral options for patients

37	to understand my employment contract
38	1:1 appraisal to identify learning needs
39	To understand who is responsible for professional development
40	Shared language and definitions- for example are you a connector, link person, social prescriber, support worker.
41	linked to community need
42	learning needs should be assessed across the sector, and individually
43	To understand career development opportunities
44	My learning needs are in-depth and need to be specific to certain subjects such as mental health, benefits etc.
45	my learning needs are varied and change as my role progresses
46	learning opportunities are accessed via partnership working
47	Learning needs should be met in a timely and efficient way
48	autonomy, trust, flexibility and confidentiality are key areas of staffs skills
49	coaching, mentoring and support is key to staff feeling supported
50	learning needs are a priority
51	supervision and 1:1 is essential to identify learning needs
52	learning needs are varied and diverse
53	reporting skills and processes
54	how to convince patients to engage with social prescribing
55	how services are evaluated
56	How to refer patients to services
57	What services are available
58	To have the knowledge and confidence to be able to give people the necessary help, advice and support to complain about ill treatment.
59	understanding the Complaints process
60	Being able to deal with loneliness
61	Being able to deal with isolation
62	To help maintain a persons independence in their home for as long as possible
63	To help maintain a persons safety in their home for as long as possible
64	To help maintain a persons dignity in their home for as long as possible
65	To help maintain a persons self-esteem in their home for as long as possible
66	Staff awareness and understanding of complex issues
67	keep knowledge up to date
68	Knowledge and skills base takes into account health condiitons
69	Knowledge and skills base takes into account mental health
70	Knowledge and skills base takes into account well-being
71	To have collaborative relationships with multi disciplinary settings
72	To have cooperative relationships with multi disciplinary settings
73	To have integrated relationships with multi disciplinary settings
74	Professional boundaries
75	Coaching skills
76	To understand behaviour change
77	To understand motivation and have the skills to motivate
78	To build the skills to support people

79	Know where to find support for community groups to establish themselves
80	Understand health inequalities
81	Understand the impact of poverty
82	Having an awareness of issues around benefits
83	Having an awareness of issues around finances
84	Having an awareness of issues around housing
85	The ability to promote the role out in communities
86	The ability to promote the role with professionals in health
87	The ability to promote the role with professionals in social care
88	The ability to promote the role with professionals in housing
89	The ability to promote the role with professionals in education
90	To know when and how to challenge poor services
91	To know when and how to help improve services
92	Able to work in partnership with local providers
93	Building trusting relationships with people delivering groups, activities and services in the areas in which we work
94	Listening skills
95	Acting with care and compassion
96	Being non-judgmental
97	A good knowledge of the services and support available
98	A good knowledge of where the gaps in services are
99	A good knowledge of where needs are not being met
100	Knowledge around health issues affecting their communities
101	Knowledge around social issues affecting their communities
102	How to measure and plot people's improvement in health
103	How to measure and plot people's improvement in well-being
104	Advocacy for tenants who are not being listened to effectively
105	Advocacy for people who have poor mental health
106	To understand the Social Service and Well Being Act (Wales)
107	To use policy to empower people to take control over what they need
108	To ask and understand what matters to people
109	Professional-interpersonal relationship (e.g. understanding people often are unable to apply to their lives what they have been told they need to do)
110	Acknowledging empathy for other
111	Being able to remain humble
112	Being able to detach oneself
113	Having the ability to balance work and home life
114	To generate confidence between referrer, activity provider and recipient to provide a quality seamless service
115	The process of discovering what matters to people and developing goals
116	Building rapport
117	How to offer or provide solutions
118	Awareness of service effectiveness
119	registration and regulation
120	experience versus competency

Appendix 3 - **Social prescribing learning needs using a cluster of five.**

Construct	**Compassion**	**Interpersonal relationships**	**Socioeconomic disadvantage**	**Networking**	**Monitoring data**
Number of statements	26	20	28	18	28
Average rating of important learning needs	4.55	4.28	4.27	4.27	4.15
Average rating of availability of training	1.45	1.41	1.42	1.44	1.38
Example of Statements included	2. counselling skills and motivational tools 12. has the drive and tenacity to see changes through for people 15. Understanding people will not change to help themselves until they are ready to help themselves. 19. A good understanding of listening effectively when ask people what matters to them 33. to enhance my engagement skills 34. to help people to connect & socialise 35. offering personalised support 58. To have the knowledge and confidence to be able to give people the necessary help, advice and support to complain about ill treatment.	7. Understanding the needs of Carers 8. having an awareness of the impact on mental health of long term unemployment or never having worked 11. to understand how wider family and other relationships impact on circumstances 18. Letter writing effectively - getting things across to the reader in a way that is not confusing. Precisely and clearly. 27. time management - to manage a diary and prioritise our workload. 46. learning opportunities are accessed via partnership working 47. Learning needs should be met in a timely	10. how to be an effective advocate 20. An in depth knowledge of the services available in the area (place in which my work is based) so that I can refer people accurately in to the service if required. 21. An in depth knowledge of the groups delivering activities and services in my given area (place) of work. Including who to contact within the group to make individual referrals to. 22. A working knowledge of Assest Based Community Development 29. an accredited course, so Connectors are seen as "qualified" to offer social prescribing	5. To have knowledge of other social prescribing projects in the area and how to signpost patients on. 14. Acknowledging Facebook and Community Council's websites are a good place to find out about what's happening locally to support people. 23. A good knowledge of supply chain management 24. the opportunity to network with other social prescribers across Wales 28. the ability and confidence to successfully network within my community, my colleagues and partners 30. sharing information across sectors 56. How to refer patients to services	1. protocols for dealing with challenging situations within the gp surgery e.g. aggressive behaviour, suggested suicide attempt etc 3. Training on how to write a research funding proposal 4. to have a greater understanding of how to measure "success" of my project 6. how to find out health needs of local community and where they lag behind other areas 9. how to monitor the impact of the role and demonstrate this to varied audiences 13. Keeping good work logs of my support for those referred in and out of our service. 16. Following up on those we have referred on

	60. Being able to deal with loneliness 61. Being able to deal with isolation 64. To help maintain a persons dignity in their home for as long as possible 75. Coaching skills 76. To understand behaviour change 77. To understand motivation and have the skills to motivate 78. To build the skills to support people 94. Listening skills 95. Acting with care and compassion 96. Being non-judgmental 108. To ask and understand what matters to people 109. Professional-interpersonal relationship (e.g. understanding people often are unable to apply to their lives what they have been told they need to do) 110. Acknowledging empathy for other 111. Being able to remain humble 112. Being able to detach oneself 115. The process of discovering what matters to	and efficient way 48. autonomy, trust, flexibility and confidentiality are key areas of staffs skills 50. learning needs are a priority 51. supervision and 1:1 is essential to identify learning needs 54. how to convince patients to engage with social prescribing 59. understanding the Complaints process 62. To help maintain a persons independence in their home for as long as possible 63. To help maintain a persons safety in their home for as long as possible 65. To help maintain a persons self-esteem in their home for as long as possible 74. Professional boundaries 104. Advocacy for tenants who are not being listened to effectively 105. Advocacy for people who have poor mental health 113. Having the ability to balance work and home life	32. to understand the health conditions of individuals 41. linked to community need 42. learning needs should be assessed across the sector, and individually 44. My learning needs are in-depth and need to be specific to certain subjects such as mental health, benefits etc. 45. my learning needs are varied and change as my role progresses 52. learning needs are varied and diverse 57. What services are available 66. Staff awareness and understanding of complex issues 67. keep knowledge up to date 68. Knowledge and skills base takes into account health conditions 69. Knowledge and skills base takes into account mental health 70. Knowledge and skills base takes into account well-being 79. Know where to find support for community	71. To have collaborative relationships with multi disciplinary settings 72. To have cooperative relationships with multi disciplinary settings 73. To have integrated relationships with multi disciplinary settings 85. The ability to promote the role out in communities 86. The ability to promote the role with professionals in health 87. The ability to promote the role with professionals in social care 88. The ability to promote the role with professionals in housing 89. The ability to promote the role with professionals in education 92. Able to work in partnership with local providers 93. Building trusting relationships with people delivering groups, activities and services in the areas in which we work 99. A good knowledge of where needs are not being met	to further support 17. The ability to market my role effectively to others - be this through posters, presentations, face to face communication 25. having access to case studies from across Wales 26. mental health awareness and mental health first aid training 31. how to make use of digital technology to improve community mapping 36. Mapping referral options for patients 37. to understand my employment contract 38. 1:1 appraisal to identify learning needs 39. To understand who is responsible for professional development 40. Shared language and definitions- for example are you a connector, link person, social prescriber, support worker. 43. To understand career development opportunities 49. coaching, mentoring and support is key to staff feeling supported 53. reporting skills and processes

	people and developing goals 116. Building rapport 117. How to offer or provide solutions	114. To generate confidence between referrer, activity provider and recipient to provide a quality seamless service	groups to establish themselves 80. Understand health inequalities 81. Understand the impact of poverty 82. Having an awareness of issues around benefits 83. Having an awareness of issues around finances 84. Having an awareness of issues around housing 97. A good knowledge of the services and support available 98. A good knowledge of where the gaps in services are 100. Knowledge around health issues affecting their communities 101. Knowledge around social issues affecting their communities 106. To understand the Social Service and Well Being Act (Wales)		55. how services are evaluated 90. To know when and how to challenge poor services 91. To know when and how to help improve services 102. How to measure and plot people's improvement in health 103. How to measure and plot people's improvement in well-being 107. To use policy to empower people to take control over what they need 118. Awareness of service effectiveness 119. registration and regulation 120. experience versus competency

Appendix 4: **Training needs with timeliness and availability categorisation.**

** represents a training need that was identified as ongoing.*

Green - available training needs, orange – unavailable training needs. Each training need has a statement number identified through the GCM process and on the GCM maps.

No.	Availability	Timeliness		Training need
1	Not available	Induction		Protocols for dealing with challenging situations within the GP surgery e.g. aggressive behaviour, suggested suicide attempt etc
2				Counselling skills and motivational tools
12				Has the drive and tenacity to see changes through for people
35				Offering personalised support
60				Being able to deal with loneliness
74			*	Professional boundaries
111				Being able to remain humble
116				Building rapport
117				How to offer or provide solutions
19	Available		*	A good understanding of listening effectively when ask people what matters to them
34			*	To help people to connect & socialise
49				Coaching, mentoring and support is key to staff feeling supported
94			*	Listening skills
95			*	Acting with care and compassion
96			*	Being non-judgmental
106			*	To understand the Social Service and Well Being Act (Wales)
108			*	To ask and understand what matters to people
110			*	Acknowledging empathy for other
8	Not available	Induction/3 months		Having an awareness of the impact on mental health of long term unemployment or never having worked
61				Being able to deal with isolation
102			*	How to measure and plot people's improvement in health
51	Available		*	Supervision and 1:1 is essential to identify learning needs
79			*	Know where to find support for community groups to establish themselves
76	Not available	Induction/3 months/Year 1		To understand behaviour change
33	Not available	Induction/Year 1		To enhance my engagement skills
48	Available		*	Autonomy, trust, flexibility and confidentiality are key areas of staffs skills
66	Not available	3 months		Staff awareness and understanding of complex issues
78			*	To build the skills to support people
80			*	Understand health inequalities

109			*	Professional-interpersonal relationship (e.g. understanding people often are unable to apply to their lives what they have been told they need to do)
7	Available		*	Understanding the needs of Carers
13			*	Keeping good work logs of my support for those referred in and out of our service.
24			*	The opportunity to network with other social prescribers across Wales
28				The ability and confidence to successfully network within my community, my colleagues and partners
69			*	Knowledge and skills base takes into account mental health
75			*	Coaching skills
77			*	To understand motivation and have the skills to motivate
86			*	The ability to promote the role with professionals in health
87			*	The ability to promote the role with professionals in social care
88			*	The ability to promote the role with professionals in housing
115			*	The process of discovering what matters to people and developing goals
92	Not available	3 months/Year 1	*	Able to work in partnership with local providers
20	Available		*	An in depth knowledge of the services available in the area (place in which my work is based) so that I can refer people accurately in to the service if required.
21			*	An in depth knowledge of the groups delivering activities and services in my given area (place) of work. Including who to contact within the group to make individual referrals to.
26			*	Mental health awareness and mental health first aid training
53			*	Reporting skills and processes
57				What services are available
58			*	To have the knowledge and confidence to be able to give people the necessary help, advice and support to complain about ill treatment.
29	Not available	Year 1	*	An accredited course, so Connectors are seen as "qualified" to offer social prescribing
50			*	Learning needs are a priority
67			*	Keep knowledge up to date
90			*	To know when and how to challenge poor services
91			*	To know when and how to help improve services
98			*	A good knowledge of where the gaps in services are
99			*	A good knowledge of where needs are not being met
101				Knowledge around social issues affecting their communities
103			*	How to measure and plot people's improvement in well-being
107				To use policy to empower people to take control over what they need
114			*	To generate confidence between referrer, activity provider and recipient to provide a quality seamless service

5	Available		*	To have knowledge of other social prescribing projects in the area and how to signpost patients on.
54				How to convince patients to engage with social prescribing
56				How to refer patients to services
93			*	Building trusting relationships with people delivering groups, activities and services in the areas in which we work
97				A good knowledge of the services and support available
100			*	Knowledge around health issues affecting their communities
113			*	Having the ability to balance work and home life