

Developing a national framework for social prescribing – deadline 20.10.2022

Submitted on behalf of **Learning Disability Wales**

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About Learning Disability Wales

Learning Disability Wales is a national charity representing the learning disability sector in Wales. We work with people with a learning disability and their families, Welsh Government, local authorities, disabled people's organisations and the voluntary sector to create a better Wales for all people with a learning disability.

1a	Do you think the model captures an appropriate vision of social prescribing within Wales?
	Yes / No
1b	If not, why not? Is there anything missing / not appropriate?
	The plan sets out a good vision of social prescribing in Wales that has the capacity to contribute significantly to improving the wellbeing of people in Wales. In order to ensure there are no unintended negative side-effects it is important that measures to ensure safeguarding and evaluation are added to

2a	<p>What is your view of the language/terminology used in the model and supportive narrative? This may include the language and terminology used in both English and, if appropriate, Welsh.</p>
	<p>We have some concerns about the term “social prescribing”. The term is not very accessible and difficult to understand. The term “prescribing” invokes medical language which is problematic, given the goals of social prescribing and the fact that disabled people have fought hard to move away from the medical model of disability. It may also have negative connotations for some people who have experienced over-medication or medication as a form of behavioural control in the past.</p> <p>In addition, the term “prescribing” implies a top-down relationship in which someone is told to do something by an “expert”. It is important to be clear in this context that the activities or organisations suggested by social prescribers are only every suggestions and that it is up to the person to decide how they want to spend their time, what organisations and groups they want to engage with etc.</p>
2b	<p>Do you have any suggestions on alternative language / terminology? This may include the language and terminology used in both English and, if appropriate, Welsh.</p>
	<p>The term “community connectors” has been used in this context before and would be preferable here. It emphasises what is great about social prescribing – the ability to connect people within the community and tackle both individual social isolation and weak community bonds.</p> <p>Other alternatives would be “community referral”, or “social connectors”</p>
6a	<p>What actions could we take at a national level to minimise inappropriate referrals into a social prescribing service?</p>
	<p>It is very important to us that the remit and importance of social prescribing is not overstated and it is not used as a way to make up for gaps in support that local authorities and/or health boards should be providing.</p> <p>We know that people with a learning disability and disabled people more generally have experienced significant disadvantage during the pandemic and are now also disproportionately affected by the cost of living crisis. We also know that the waiting lists for many NHS services are very long making it hard to access more traditional treatments. While there is great potential in social prescribing, we must be clear that it cannot be used in place of other medical support.</p>

	<p>One thing to counteract inappropriate referrals is to make sure that the people doing social prescribing are sensitive about the work they do and do this work in a way that does not imply that the activities people are doing through social prescribing stand in place of other support and treatment.</p>
6b	<p>What actions could we take at a national level to minimise inappropriate referrals from a social prescribing service into community based support</p>
	<p>One of our main concerns for social prescribing is that the services and groups that people with a learning disability might be referred to will not be accessible to them. There will need to be some support to make services accessible and there also needs to be some level of screening to make sure that people are being referred to appropriate places.</p> <p>The current plan does not say how the organisations included in social prescribing are going to be evaluated and assessed. We would like to see this added to make sure organisations and groups are accessible and safe for everyone.</p>
9a	<p>Do the current online directories and sources of information provide you (in an easily accessible format) with the all the information you need to make decisions on the appropriateness and availability of community based support?</p>
	<p>No. The current online directories include Dewis and Infoengine but neither are particularly useful when trying to find specialist local support for people with a learning disability. Firstly, many people and/or organisations have never heard of the directories so do not use them to either find services or upload information about their own services. Also, any directory is only ever as good as the person inputting the information and keeping it up to date and this is often not monitored or reviewed. In addition, many people with a learning disability do not find the directories very accessible to use.</p>
9b	<p>Are there other online directories / sources of information you use?</p>
	<p>Dewis and Infoengine</p>
9c	<p>What are the key features you think online directories should provide to help people access community based support?</p>
	<p>It is important that directories are clear in who things are accessible for and what can be done to support people to make them accessible. They also need</p>

	<p>to be easier to use eg Dewis only allows you to include a full postcode to find local services rather than a town/city or region.</p> <p>Whatever directories are used should also be checked for disability accessibility by disabled people with a wide variety of impairments and conditions.</p>
10a	<p>What actions could we take at a national level to help address the barriers to access?</p>
	<p>Some people with a learning disability might need extra support to access community resources. It's important that Welsh Government puts in extra funding to assure that people who need extra support to access community resources get that support.</p> <p>It is also important that there is training available for the organisation receiving referrals to make them more accessible. If social prescribers are to refer people to community groups it is important that Welsh Government also equips those groups with the skills and resources they need.</p>
10b	<p>What actions could we take at a national level to help address barriers to access faced by more vulnerable and disadvantaged groups?</p>
	<p>We would like to see more intensive support for disadvantaged people in this proposal. We know that at the current time social prescribers and community connectors are not only referring people to groups and organisations, they are also identifying gaps in services and support. We believe that this function of social prescribing could be formalised and expanded on in order to make sure that these gaps can be addressed.</p> <p>In terms of making the things that are already available accessible Welsh Government should offer specific training and funds to the organisations to support them.</p>
11a	<p>Should the national framework contain a set of national standards for community support to help mitigate safeguarding concerns?</p> <p>Yes / No / Not sure</p>
	<p>It is important that safeguarding concerns are taken seriously within organisations that people will be referred to. However, it is also important that organisations are not burdened disproportionately. Therefore Welsh Government should make sure that national standards come with support in terms of skills and resources that will enable organisations and groups to take safeguarding seriously.</p>

12	What actions could we take at a national level to help overcome barriers to using digital technology for community based support?
	<p>It is important to remember that many people in Wales are still digitally excluded for a variety of reasons including lack of access to the internet and/or suitable devices, and lack of knowledge/skills. People with a learning disability are more likely to be digitally excluded due to added issues around perceived safeguarding risks and a lack of accessible training and support to get online safely. People should also be offered support to get online in an accessible way if they want to, but they should not be forced to do so. There must therefore always be an alternative to online support/services wherever possible to ensure nobody is excluded.</p>
13	What action could we take at a national level to support effective partnership work to secure long term funding arrangements?
	<p>This is a big issue as most third sector and community-based services are forced to rely on various short-term funding streams. Realistically, unless local authorities, health boards or Welsh Government are prepared to provide longer term funding, many good quality local services will continue to be lost due to lack of funding.</p> <p>This will be especially important given that groups and services might have to deal with much higher demand due to social prescribing. If social prescribing is to work there also has to be support for the groups which people will be referred to. Without long-term funding there will also likely be an issue with keeping directories up to date. As programmes and services change through changing funding structures it will be significantly harder for social prescribers to refer people to suitable groups.</p>
15	In your view what are the core things we need to measure to demonstrate the impact of social prescribing?
	<p>In the proposal the main measurement used to show the effectiveness of social prescribing is the reduction in GP visits it causes (see chapter 2.2).</p> <p>For social prescribing to work, there need to be measures that look at the actual positive experiences gained by people, rather than effect on other services. One thing to take into account when evaluating the success of the plan would be that it needs to capture people's lived experiences regarding social prescribing. It also needs to take into account the experiences of people who experience multiple forms of marginalisation and/or disadvantage.</p>