Personalised Care Interprofessional Education Framework (PerCIE): Social Prescribing Placement Curriculum Document and Guiding Principles for Undergraduate/Postgraduate Health and Social Care Students

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A Comment from:

Nicola Gitsham: Head of Social Prescribing: NHSE

'I applaud the amazing collaboration and partnership working resulting in the PERCIE framework. Designed to support non -clinical placements for students on a range of health related undergraduate and postgraduate programmes in social prescribing contexts, the project offers an education framework that will enable students to learn about personalised care through placements that champion innovative, creative and co-created teaching and learning. All made possible by a cross discipline working group drawn from the national Special Interest Group - Social Prescribing - Nursing++(SIGSPN). This is asset based working in practice with a focus on building prevention in to next generation clinicians.'

Glossary of Terms & Abbreviations

Term	Definition
AHP	Allied Health Professional
GPEF	General Practice Education Facilitator
GMC	General Medical Council
HCPC	Health Care
HEIs	Higher Education Institution
GLO	General Learning Outcomes
ILO	Independent Learning Outcomes
NMC	Nursing & midwifery Council
PEFS	Practice Education Facilitators
Personalised Care	*Personalised care represents a new relationship between people, professionals and the system. It happens when we make the most of the expertise, capacity and potential of people, families and communities*.
PIVO	Private, independent and Voluntary Organisations
PSRB	Professional, Statutory and Regulatory Bodies
Salutogenic	*"an approach to human health that examines the factors contributing to the promotion and maintenance of physical and mental well-being rather than disease with particular emphasis on the coping mechanisms of individuals which help preserve health despite stressful conditions"*
SIGSPN	National Social Prescribing Network Special Interest Group
Social Prescribing	*Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.*
Third Sector	*Third sector organisations' is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives*
VCSE	Voluntary Community & Social Enterprise

Overview of the Personalised Care Interprofessional Education (PerCIE) Framework document

This document is divided into four main sections as follows:

Section 1: Why? Purpose of the Personalised Care Interprofessional Education (PerCIE) Framework

Section 1 describes the purpose of the PerCIE Framework and provides information about the Universal Personalised Care model and how social prescribing within the Voluntary Community & Social Enterprise Voluntary Community & Social Enterprise (VCSE)/Private, independent and Voluntary Organisations (PIVO)sector can help students to learn about personalised care.

Section 2: Development of the PERCIE Framework

Section 2 discusses how the PerCIE Framework was designed and developed and includes the vison and values that underpin the PerCIE philosophy. The Curriculum model and subsequent teaching and learning strategies are detailed alongside an introduction to the Scope, Spoke & Co-produce (SSC) Model for PIVO Learning Section 3: Operationalisation: How to Use the PerCIE Framework to support Student Learning.

Section 3: Operationalisation: How to Use the PerCIE Framework to support Student Learning

Section 3 explains how the PerCIE Framwork can be used to operationalise student learning in PIVO/VCSE and the role of the educator in supporting this. Advice about how to ensure that the professional competencies are met are provided through a series of 'Learning Opportunity Tables' for AHP, Nursing, Social Work and Medical Students.

Section 4: Preparation of the Practice Learning Environment Guide

Section 4 directs educators in how to prepare the practice learning environment with a reflective question guide. References and further resources are included from page 19 onwards.

Section 1: Why? Purpose of the Personalised Care Interprofessional Education (PerCIE) Framework

This Personalised Care Interprofessional Education (PerCIE) Framework has been designed to guide and support HEIs, and PEFs to enable health and social care students to learn about strengths-based approaches to health and wellbeing delivered by services that provide a social prescribing offer. It has been co-created by a network of experts from a broad range of professional backgrounds from seven universities (HEIs), Private Independent and Voluntary Organisations (PIVO sector also known as Voluntary Community Social Enterprise VCSE),[1] National Social Prescribing Network Special Interest Group (SigSpn), Health Education England (Greater Manchester) and the NHS England (NHSe) Personalised Care team. It is underpinned by contemporary practice-based theory and evidence of impact from a range of successful UK projects. The PerCIE Framework is designed to enable universities to work in partnership with VCSE/PIVO partners to create collaborative and inclusive test beds for social action. It can help to support the generation of new socially connected learning opportunities that could provide rich and meaningful insight into health and health inequalities, our BAME communities and marginalised groups. It builds on and recognises the power of community resilience through asset-based working. The PerCIE Framework can be used to enable educators [2] and organizations to:

- Support a professional socio-culture shift from a medically dominated disease-based curriculum to a values-based person-centred model of care
- Focus on what matters to the wellbeing of citizens and communities using collaborative, inclusive principles that support mutual learning
- Enable health and social care students to feel they can actively make a difference to the health of their communities whilst they learn
- Evidence learning and benefits within portfolios of learning and professional development
- Enable students to explore their interests and develop new ones to broaden their perspectives on health, illness & wellbeing
- Promote student altruism and empathy
- Support students' exposure to diverse communities, including but not limited to BAME groups, to gain a wider understanding of their health and social needs and associated inequalities

Why is the Personalised Care Interprofessional Education (PerCIE) Framework Needed?

Contemporary health curricula are heavily weighted towards a pathogenic view of health which has led to an over-reliance on traditional NHS placements that typically reflect a medical model. The current approach limits student awareness of the wider determinants of health and wellbeing, personalised approaches and the role of the community in promoting and supporting healthy citizens. Continuation with the current model exacerbates professional educational silos and reinforces a patient-centric paradigm as opposed to

[1] We use the terms 'third sector', 'PIVO' and' VCSE' interchangeably to reflect the varied use across organisations.

[2] In recognising that different professional groups may adopt different titles for educators, in the PERCIE we refer to an 'educator' as being a 'Practice Education Facilitator', or 'a 'General Practice Education Facilitator', 'tutor' or an Education Facilitator'

a citizen/person centred approach to health and wellbeing. Recent challenges attributed to the COVID 19 pandemic, such as physical distancing, illustrate the key role that the community and social prescribing services play in promoting emotional and physical resilience and wellbeing. Continuation with a predominantly pathogenic model of health within curricula dilutes the opportunity of students to learn with and about the community to understand how social prescribing can support personalised care using community asset-based approaches. The community is integral to health and wellbeing of citizens and there is a need to recruit people who reflect the communities that they serve. Our students need to be fully prepared to work in partnership with a range of sectors to ensure a workforce fit to adapt to the changing needs of the wider population. Additionally, the reciprocal benefits from exposure to good role models in healthcare can promote recruitment to the workforce from the communities being supported, better reflecting the populations they will serve.

The Importance of Social Prescribing for Personalised Care

The NHS Long Term Plan (2019) sets out how it will give people more control over their own health and the care they receive and how it will tackle health inequalities. Universal Personalised Care (UPC) Implementing the Comprehensive Model (2019) is the action plan to do just that. Personalised care is one of the five major practical changes to the NHS service model and will happen within a system that supports people to stay well for longer and makes the most of the expertise, capacity and potential of people, families and communities. Social prescribing is one of the six evidence-based components of UPC that connects people to community-based support building on what matters to the person as identified through shared decision making and personalised care and support planning and making the most of community and informal support. There is evidence which shows how personalised care can contribute to reducing health inequalities as it focuses on people with lower knowledge, skills and confidence and better supports people with long term conditions (the specialist tier). Social prescribing and asset-based approaches compliment this to tackle inequalities through improving access to community support.

Section 1 Summary

Key Points for Educators

- *This Personalised Care Interprofessional Education (PerCIE) Framework has been designed to guide and support HEIs, and PEFs to enable health and social care students to learn about strengths-based approaches to health and wellbeing delivered by services that provide a social prescribing offer*

- *Contemporary health curricula are heavily weighted towards a pathogenic view of health which has led to an over-reliance on traditional NHS placements that typically reflect a medical model. The current approach limits student awareness of the wider determinants of health and wellbeing, personalised approaches and the role of the community in promoting and supporting healthy citizens.*

- *The community is integral to health and wellbeing of citizens and there is a need to recruit people who reflect the communities that they serve.*

SECTION 2: Development of the Personalised Care Interprofessional Education (PerCIE) Framework

Development and Context of the PerCIE

The SIGSPN group met over a two-month period to discuss and develop the PerCIE. During this time, the group agreed core aspects to ensure that the PERCIE was underpinned by meaningful pedagogic principles that were evidence based and co-produced. The PERCIE philosophy framework and supporting evidence base were agreed at the outset, which enabled development of the PERCIE vision, and values.

Vision, and Values

People/Society should be encouraged to feel physically and mentally healthy, by being able to draw upon personal, social and professional skills, strengths and resources for the active participation in everyday life. Key values include:

- Commitment to re-thinking people's journey through life.
- Commitment to see people in the context in which they live their lives and to understand how this context impacts on both wellness and illness.
- Commitment to a person-centred approach to health and wellbeing.
- Commitment to enabling and empowering citizens based on their strengths and assets.
- Commitment to co-creating opportunities for healthy lives.
- Commitment to addressing health inequalities and social injustice.

PerCIE: The Curriculum Model

Personalised Care Interprofessional Education (PerCIE) Framework uses Beattie's (1987) dialectical four-fold curriculum model to provide guidance on the core learning theories, concepts, practice experience and professional issues and skills that are important to consider when designing a similar initiative. We view both the students and community as assets and agents of change for developing strength-based approaches to co-creating health and wellbeing strategies that meet population health needs and have social value. At the heart of the framework is the Diamond Model of holistic learning which focuses on a social pedagogy harnessing the concepts of positive relationships, wellbeing and empowerment. As this is an innovative approach, we propose that students and lecturers are encouraged to think about healthcare as a bricolage:

> *"..a creative mobilisation, use and re-use, of wide ranging resources, including multiple knowledges, ideas, materials and networks in order to address particular health concerns*". (Phillimore et al. 2018: 232)

The curriculum is underpinned by a salutogenic person-centered approach to health and wellbeing that encourages a person or society to feel physically and mentally healthy, with a good quality of life and sense of well-being. Health and social care professionals are in a unique position to support health and wellbeing in neighbourhoods and communities taking a holistic person-centered approach to enabling andSECTION 2: Development of the PERCIE

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The curriculum is underpinned by a salutogenic person-centred approach to health and wellbeing that encourages a person or society to feel physically and mentally healthy, with a good quality of life and sense of wellbeing. Health and social care professionals are in a unique position to support health and wellbeing in neighbourhoods and communities taking a holistic person-centred approach to enabling and empowering citizens based on their strengths and assets. This can be achieved by co-creating living knowledge of *what works* for citizens in their own homes across the lifespan and helping to support families to make the most of opportunities for healthy lives. It also helps to address health inequalities and social injustice by taking an inclusive, collaborative and participative approach moving away from a deficit model of ill health. It recognises that the Sustainable Development Goals and health determinants such as household income, social deprivation, housing, education, and inclusion impact on public health and wellbeing. Core theories of human wellbeing, person-centred care, placed based care, community development and active citizenship that can be drawn upon to guide student learning experiences are outlined in the further resources section.

Student learning is designed to be socially relevant problem-solving as a catalyst of social change and extrinsic worthwhileness underpinned by the theories of Dewey (1938), Piaget (2001), Vygotsky (1978), Bruner (1977) and Habermass (1981). Learning is both social and interactive with the role of the lecturer as a facilitator of learning relationships. Learning activities that are process-focused on society and values, aim to promote individual personal growth and development as citizens through life-long learning. Students will be supported to develop confidence and skills in experiential learning, learning through reflection and inquiry, active and action learning and social change as well as a holistic insight into the importance of health values in creating healthy communities. Socio-cultural learning theory and social pedagogic approaches are also identified as having a particular fit to enabling and empowering students to think, act and behave differently to adapt and flex to society's changing health and wellbeing priorities. Standards for practice that support a values-based approach to co-creating solutions with citizens, families, neighbourhoods and communities are identified in Appendix A.

Teaching and Learning Strategy: The PerCIE Pathway

Integral to the curriculum is the concept of *service learning* defined as a teaching and learning strategy that integrates meaningful community support and service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities. "*..a form of experiential education where learning occurs through a cycle of action and reflection as students. . . seek to achieve real objectives for the community and deeper understanding and skills for themselves. In the process, students link personal and social development with academic and cognitive development. . . experience enhances understanding; understanding leads to more effective action." (Eyler p?? 2003).* It deepens student's understanding of real-world problems, helps them to realise the impact of health policy, research and practice on society, and creates opportunities for students to develop the skills needed to address urgent social, economic and environmental challenges. Hence, student experience, attributes and expectations vary according to their curricula, personal qualities and professional background. There is a need to ensure that the activities provide a flexible, yet standard approach that can meet the needs of a range of students across professional groups.

Within the NHS, the 'Hub & Spoke' approach is commonly used by student nurses in practice through the use of a base or home placement – called the 'hub' – which is then used to 'spoke' to additional, related activities that can enhance the student experience and learning. The authors concluded that the learning pathway could build on this model, and include opportunities to 'co-produce' community led projects. This is reflected in three key phases as described in Table 1: The Scope, Spoke & Co-produce Model (SSCo) for PIVO Learning: *Scoping, Spoking & Co-production.* Levels of learner engagement will be determined by individual programmes and regulatory requirements. These learning pathways provide a standard which professional programmes could adapt to reflect relevant ILOs.

Table 1: The Scope, Spoke & Co-produce (SSCo) Model for PIVO Learning

Scoping	Learners exploring their professional relationship with personalised care / social prescribing and identifying community-based assets and priorities, e.g. via neighbourhood studies, workbooks, etc.
Spoking	Short-term experiences in learning environments observing how a VSCE organisation works and joining in where possible
Co-production	Learners work with local groups / organisations to deliver a project. This would be a community led project with the learners not acting as experts, but as partners with particular skills and knowledge. This may be delivered via service-learning projects, partnerships between community groups, schools, & professional programmes or other means. Students have an opportunity to develop demonstrate leadership skills.

Scoping enables students to learn about their own community and develop a case study or neighbourhood scoping exercise for students at any point in their academic journey, but could be considered as early as the first year on an academic programme. The scoping exercise could be used to support ongoing learning to enable students who are progressing through the curriculum who may wish to consider returning to the case study for a spoke placement promoting longitudinal contact.

Spoking will provide an opportunity for the student to access an organisation and spend a designated, agreed time to learn about the work and key impact. The spoke placement duration and Independent Learning Outcomes (ILOs) may vary depending on the curriculum and professional group. All spoke opportunities will require partnership working and negotiation with PIVO/VCSE.

Co-production offers an opportunity for the student to work purposefully with the organisation to develop small project or interventions that could promote health and wellbeing. This can enable students to demonstrate leadership and management skills required for their academic programme and Professional, Statutory and Regulatory Bodies (PSRB). Educators are encouraged to be pro-active in developing partnerships with a range of PIVO/VCSE organisations to develop an '*asset directory*' of potential student learning experiences. Educators need to work alongside HEE, and Social Prescribing Networks to help establish clear networks that enable regular appraisal, quality assurance and update of the sector to facilitate timely and appropriate learning experiences for students.

Section 2 Summary

Key recommendations for Educators

- *People/Society should be encouraged to feel physically and mentally healthy, by being able to draw upon personal, social and professional skills, strengths and resources for the active participation in everyday life.*
- *Student learning should be designed to be socially relevant problem solving as a catalyst of social change and extrinsic worthwhileness*
- *The Scope, Spoke & Co-produce Model for PIVO Learning should be used to enable students to determine their learning needs aligned with individual programmes and regulatory requirements.*

Section 3: Operationalisation: How to Use the PerRCIE Framework to support Student Learning

In this section, we have provided information that will help guide the educator in designing and developing student learning experiences in the VCSE sector. This includes the different learning opportunities, consideration of professional competencies and whether there are opportunities to demonstrate progression. Importantly, educators should consider the way in which students can be supported during the learning experience.

Practice Learning Opportunities: The Role of the Educator

The practice learning offer should seek to explore opportunities outside of the traditional placements (which can be NHS and non NHS) and provide an opportunity for students to 'give back' to the community through learning collaboratively with communities and recognise the contribution of communities and the VSCE to support people and help build community resilience (UPC 2019). Recent developments in medical educational theory, highlight the value of utilising contemporary social learning theory to support experiential learning in the workplace (Bleakley 2006). This approach is based on earlier experiential theorists (Dewey 1938); reflection on active interaction in the workplace allows application of knowledge and constructing personal meaning. Contemporary social learning theory proposes learning through multi-directional interaction; a collective process, which optimises student's learning and allows opportunistic learning (Yardley et al 2013). Current thinking based on learning in a 'community of practice', (Lave & Wenger 1991) has at its core, a more clearly defined the role for the tutor including role modelling, providing opportunities to practice new roles and behaviours, giving feedback and providing opportunities to reflect on the meaning the student has created at the time (Yardley et al 2013) .

Situated learning (Lave & Wenger 1991) in this way also provides the student with important opportunities for professional identity formation, early in their training. Recent thinking about professional identity formulation, proto professionalism (Hilton & Slotnick 2005) relies on feedback and reflection. Via active support from the tutor, the students' engagement in authentic activities cements their role as a legitimate peripheral participant in the community of practice (Cruess et al 2016).

Learning opportunities with social prescribing services will provide students with additional experiential learning, in line with educational theory. There is an opportunity to update the role of the tutor to facilitate students carrying out real tasks and to support student's reflection on a core set of topics, to maximise student's learning on the day. The proposed placement with social prescribing providers can be designed to include five practical actions for tutors to enable them to maximise experiential learning, as identified by Yardley et al (2013). These are based on contemporary experiential learning theory. The role of the tutor requires actively considering their workplace and planning the potential for learning. The tutor understands how social interactions are fundamental to the student making meaning from the experience, constructing knowledge, which in turn supports professional identity formation. This enhanced role of the tutor maximises the students' learning on this placement. The tutor will be able to access training and support to carry out this enhanced role.

Table 2: Application of socio-cultural learning theory: the role of the tutor in learning activities (Yardley et al 2013)

Socio-cultural theory applied to experiential learning		Enhanced role of tutor – educators maximise experiential learning
1. Part of team	Learners, by the way tutors act, feel a part of the team. Community of practice. Systems of working explained.	Brief: Provides welcome, induction, roles, team working, systems.
2. Two-way Learning	Tutors talk to learners about positive and negative experiences in the workplace. Learning from the students' perspective and experience. Learning visibly impacts the workplace. Positive – good practice shared Negative – addressed by the clinical team	Facilitates debrief to identify positive and negative aspects of the visit. Good practice shared and actions for improvement noted.
3.Verbalise real world decision-making	Flexibility in application of systems of working are explained Eg. when guidelines not followed to the letter – why? – explain.	Asks student about any 'surprises', questions / verbalises decision- making that might otherwise not be understood by student.
4.Link to future practice	Explicitly support student with link from current context to future practice student will experience. Transferable knowledge (short term) and personal career goals (long term)	Discusses with student – what they are taking away to apply in future. Thoughts triggered by the session about their career plans.
5.Real tasks – graded	Participatory roles – appropriate to level of training, graded increases in responsibility . Sense of purpose and legitimacy – inclusion. Making a real contribution to the function of the workplace.	Service learning. Each setting decides how student will participate. Often a communication can be given as an Intended Learning Outcome e.g. welcoming patients whilst finding out about socio-economic diversity of the area.

Professional Competencies / Proficiencies

Learning should be community-based and so the priority is to map learning to professional competencies and "practice" outcomes and the personalised care framework / agenda. However, we concluded that students from different professional groups results in flexibility being a pre-requisite to enable students from different professional groups to develop their learning based on professional ILO requirements. We recommend that the students' professional competencies should be mapped against the relevant PSRBs. In addition, professional competencies/proficiencies can also be mapped against core public health competencies via the link below:

(http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx#:~:text=The%20Core%20Competencies%20for%20Public,10%20Essential%20Public%20Health%20Services.)

These can be used to guide the learning experience and direct the VCSE sector to ensure meaningful learning that benefits the student, the VCSE and those who access and use socially prescribed support services.

Progression & Supervision

Similarly, progression and assessment will vary between the professional groups allowing for flexibility of the framework to enable relevant Professional, Statutory and Regulatory Bodies (PSRB) standards to be applied. Equally, the professional terminology used may differ, making a single outcomes or progression framework unrealistic and too prescriptive. The 'Opportunity' tables have been aligned to the relevant ILOs for each profession: Nursing & Midwifery Council (NMC), Health Care Professionals Council (HCPC) and General Medical Council (GMC), and illustrate the ability of the framework to support students at a range of academic levels and professional competencies. The reflexive questions on page 22 can be used to ensure that the education provider considers the professional and regulatory requirements for each profession. Progression in the VCSE sector should focus on support and supervision. Supervision could be on- or off-site, at arms-length, or with some sign off by an onsite supervisor (who may not be a professional) depending on the professional curriculum and standards. A framework for support and supervision is under development and will be aligned with the framework.

Case Study Example: Supervision & Support:

The following is an example from Occupational Therapy curriculum which illustrates how supervision and assessment can be adapted to suit the needs of the curriculum and student learning.

Since 2006 Occupational Therapy students at the University of Salford have undertaken a contemporary 'role emerging' (practice learning experience) with local groups and organisations at Level 6 of their studies. Within this six-week learning experience the students work within an organisation that does not have an established occupational therapy role and identify a potential emerging role for occupational therapy. They attend the practice learning setting in pairs and receive supervision and support from a 'long arm' supervisor who is a qualified occupational therapist to support profession specific learning and help the students to apply elements of an occupational therapy service to individuals or groups within the setting. Students practice learning is assessed by both the on-site supervisor (for generic learning outcomes such as communication and professionalism) and the off-site supervisor (for occupational therapy specific outcomes). This 'role emerging' placement model is evaluated positively by both students and placement settings (Hook and Kenney 2007).

Student Social Prescribing Practice Learning Experiences- Opportunities for Learning:

There are many ways to provide students with social prescribing opportunities that integrate across the system and can integrate into current placement models, whilst also thinking differently about new ways of working. Opportunities for learning can be mapped against the PSRB requirements and provide options for students learning. The 'Opportunities for Learning' tables provide a guide for educators to use when planning student learning in PIVO/VCSE. These have been mapped against the Scope, Spoke & Co-produce model (SSCo) to demonstrate how the learning opportunities can be operationalised.

Table 3: Opportunities for Learning: Nursing

Opportunity	Example: NURSING	Nursing and Midwifery Council Platforms (NMC 2018)	SSCo Level
Option1: Introduction to social prescribing pre practice learning opportunities. Engagement in enrichment activities around social prescribing/personalised care aligned to programme outcomes and practice learning proficiencies	Social prescribing workbook to provide students with opportunity to develop their knowledge around social prescribing and personalised care linked to third sector organisations. Engagement in community case study	1,2,3,4,5,6,7	Scope
Option 2: Integrating social prescribing opportunities to all practice learning experiences	Student on an acute stroke placement spoking out to community groups such as: Manchester Stroke Recovery Service; Careline and organisations that assess home environments in Wales; and Manchester Carer Groups.	1, 2, 3,4,5,6,7	Spoke
Option 3: Embed a social prescribing practice learning experience within an existing placement	University of Salford Health and Wellbeing Outreach Programme providing students with a VCSE / social prescribing experience.	1,2,3,4,5,6,7	Spoke & Co-produce
Option 4: Students have a primary care placement with a clear social prescribing focus. There are examples within medicine and pharmacy of the real co-production partnership.	Students based in a primary care network for a practice learning experience (or series) with social learning experiences embedded throughout the placements. Students gain a clear picture and engage with community priorities and their needs.	1,2,3,4,5,6,7	Co-produce

Table 4: Opportunities for Learning: Social Work

Opportunity	Example SOCIAL WORK	Social Work Professional Capability Framework	SSCo level
Option 1: Integrating SP opportunities to all practice learning experiences through the 70-day placement	Students to go out to voluntary and community sector organisations like Big Life Centre, Revive, Ordinary Lifestyles etc., where the focus is on person centred and personalised care. Students to understand and integrate social prescribing model. Ideal opportunity for students to work interprofessional with other students to enhance learning and practice.	1-9	Scope & Spoke
Option2: Embed a social prescribing practice learning experience within an existing placement through the 100-day placement.	Students will complete final placement in the statutory or third sector organisations to incorporate social prescribing model and deliver support packages in a holistic way. Ideal opportunity for students to work interprofessional with other students to enhance learning and practice.	1-9	Co-produce
Option 3: Students to have the option of a primary care placement setting with a clear social prescribing focus.	Students based in a primary care network for a practice learning experience (or series) with social learning experiences embedded throughout the placements. Students gain a clear picture and engage with the community's priorities and their needs. This may be more relevant for students on the learning disability and social work programme who have several placements across health and social care.	1-9	Co-produce

Table 5: Opportunities for Learning: Occupational Therapy

Current practice	Example OT	HCPC SOP for OT	SSCo level
Social prescribing linked opportunities are provided in practice learning experiences	Attending local community groups with clients on their caseloads, visiting community projects that occupational therapists may refer clients to in the community	1,2,3,4,5,6,7,8,9	Spoke & Co-produce
Students have a role emerging placement in a non-traditional setting at Level 6	Students based in a private, independent and voluntary sector practice learning environments, which do not traditionally employ occupational therapists. Students gain a clear picture and engage with the communitys' priorities and their needs.	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15	Co-produce

Table 6: Opportunities for Learning: Medicine

Opportunity		Proposed placements to include social prescribing: Medicine	SPC level
Early clinical experience **Year 1 and 2**	Multi-agency placements	Students spend half a day with a community provider which could include community link workers. Prior to the placement, students undertake self-directed learning about the service and makes contact with the provider to gather further information. On the day, the student receives an induction, observes how the service works to prompt reflection in defined topic areas and participates in a real workplace task. The student debriefs with the placement supervisor to reflect on their learning about community healthcare roles, teams and systems for safe patient care and the implications for the students' clinical and professional development. The student completes a reflective piece after the placement in a format of their choice.	Scope and spoke
Year 3	Project option Collaboration with Social Responsibility team	Students undertake a 10 week study assessed by written project and oral presentation. Social prescribers could be encouraged to work with academic supervisors and students to develop mutually beneficial projects, e.g. to help with funding bids or promoting their service.	Spoke and co-production
Clinical block placement Year 4 and 5	GP placement	Students spend timetabled sessions 'flexible learning opportunities' with other community providers which could include community link workers. Social prescribing can be promoted as an option to practice managers and clinical placement supervisors. In the practice's induction pack, information is provided about community providers and the learning opportunities available in a session spent with them. Preceptors are encouraged to opportunistically flag situations where social prescribing has been beneficial to patients that students are consulting, or where it might be in the future. Where this occurs, the student is encouraged to make the referral and follow-up contact.	Spoke
Year 4-5	Project option Collaboration with Social Responsibility Team	Students undertake a 4 week study and produce a lay leaflet, other form of communication or audit. Social prescribers could be encouraged to work with academic supervisors to develop mutually beneficial projects, e.g. to help with funding bids or promoting their service.	Spoke and co-production
Year 5	Population health placement	4 week placement. Students spend timetabled sessions 'flexible learning opportunities' with other community providers which could include community link workers. Learning objectives for example: describe formulating an holistic personalised plan including shared decision making, demonstrate communication of evaluating patient's progress with multi disciplinary team and demonstrate understanding of health needs for a population group and local initiatives to address them.	Spoke
Year 3 **Could be longitudinal contact.**	BUDs - Buddies from Undergraduate Departments	Interprofessional learning group. Placement with the VCSE / PIVO sector and undertake service learning during year 3. Long –arm tutor as resource. Learning through Interprofessional Education (IPE)about holistic and personalised care. Student team has the brief to talk to their affiliated organisation about their needs and to talk to each other about their existing skills and what else they need to learn to be useful to the organisation. The group has a weekly remote dialogue about their current placement - each brings a case to prompt discussion and reflection about the value of hearing a different perspective.	Scope Spoke Co-production

Section 3 Summary

Key recommendations for Educators

- *The practice learning offer should seek to explore opportunities outside of the traditional placements (which can be NHS and non NHS) and provide an opportunity for students to 'give back' to the community through learning collaboratively with communities and recognise the contribution of communities and the VSCE to support people and help build community resilience*

- *The role of the tutor requires actively considering their workplace and planning the potential for learning. The tutor understands how social interactions are fundamental to the student making meaning from the experience, constructing knowledge, which in turn supports professional identity formation*

- *The learning should be community-based and so the priority is to map learning to professional competencies and "practice" outcomes and the personalised care framework / agenda*

- *Progression in the VCSE sector should focus on support and supervision. Supervision could be on site, off site, arms length, but some signed off by an onsite supervisor (who may not be a professional) depending on the professional curriculum and standards.*

- *Opportunities for learning can be mapped against the PSRBs and, provide options for students learning. The 'Opportunities for Learning' tables provide a guide for educators to use when planning student learning in PIVO/VCSE.*

Section 4: Preparation of the Practice Learning Environment Guide

This final section contains key questions to aid decisions about utilizing VCSE as a student learning experience. It is understood that each HEI will have their quality assurance processes in place and these should be followed. This includes conducting any initial audit of the practice learning environment, identifying key personnel who will ensure the ongoing quality of the student learning experience. As outlined in table 3, the quality student experience is reliant on the practice supervisors and assessors who are effectively prepared for their role and careful preparation of the student and educator [3]/mentor should be undertaken. Equally, systems should be in place that ensure the quality learning environment and will identify if students require an assessment of competence/proficiency, therefore require the practice assessor. Table 7 includes key reflective questions needed to be discussed prior to the student access to the learning experience.

Table 7: Educator Preparation Guide

Table 7: Educator Preparation Guide		
Level	Reflective questions and questions to aid decisions about utilising VCSE as a Student Learning Experience	Yes/No
Scope (L 4)	Have the ILOs been agreed? Have students been prepared? Do students need to visit the environment?' Are there opportunities for peer learning? Have risks, supervision and support been considered? Will VSCO & healthcare partners be involved in development & delivery? How will this activity inform students' professional identity? Does the activity support the achievement of practice-based outcomes?	
Spoke (L 5)	Have the ILOs been agreed? Have the PSRB's been aligned? Have students been prepared? Has the learning environment been prepared? Has the student visited the learning environment? Has the learning organisation attended university to meet the students and/or made contact with the student representatives? Has the learning environment been quality assessed? Are there opportunities for student support and peer learning? Is there arm's length assessment available? Is there arms lengths supervision available? Manage expectations and boundaries What are the arrangements for supervision & support? Have risks, supervision and support been considered? Will VSCO & healthcare partners be involved in development & delivery?	
Coproduce (L6 & 7)	Have the ILOs been agreed? Have the PSRBs been aligned? Have students been prepared? Has the learning environment been prepared? Has the student visited the learning environment? Will VSCO & healthcare partners be involved in development & delivery? Has the VSCE / PIVO partner completed a HEE partnership agreement to ensure eligible tariff payments are processed?' Has the learning organization attended university to meet the students? Has the learning environment been quality assessed? Are there opportunities for student support and peer learning? Is there arm's length assessment available? Is there arms lengths supervision available? Manage expectations and boundaries What are the arrangements for supervision & support?	

[3] In recognising that different professional groups may adopt different titles for educators, in the PerCIE Framework we refer to an 'educator' as being a 'Practice Education Facilitator', or 'a 'General Practice Education Facilitator' or an Education Facilitator' or Clinical Placement Supervisor

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Further Resources

Educational Principles and Theoretical Foundations

There are a multitude of theoretical models and principles which can be used to underpin the delivery of this initiative. We acknowledge that nursing and medicine have developed their own quite separate discourses of theory and practice. Whilst there is significant overlap, the terms can be different but the underlying ethos is similar. This is a summary of some key concepts which are helpful in understanding how these projects can be delivered.

Social Pedagogy

An innovative new curriculum pilot for social prescribing calls for an innovative pedagogic approach to teaching and learning. Social pedagogy is a good fit because it describes a holistic and relationship-centred way of working in health and social care settings with people across the course of their lives and is essentially concerned with well-being, learning and growth. It is underpinned by the idea that each person has inherent potential, is valuable, resourceful and can make a meaningful contribution to their wider community if we find ways of including them. It fits with a move to a salutogenic model of health and wellbeing that focuses on people's strengths whether as individuals, families or communities. It recognises the as human beings we are all precious and have a rich variety of knowledge, skills and abilities. The metaphor developed into the Diamond Model recognises that there are four key aims in social pedagogy: well-being and happiness, holistic learning, relationships, and empowerment.

Figure 1: Beattie's Four-fold curriculum for Social Prescribing Pilot combined with the Diamond Model for holistic health and wellbeing.

The concept of bricolage offers greater insight into the how and why of what people do to address health concerns, giving equal weight to all perspectives that are in play. Desa (2012 p730) theorises bricolage as

the process of recombining *"symbolic principles, resources, and practices*" to effect some sort of institutional and social change. In diverse neighbourhoods which are often resource poor, people from many different places offer a wide range of diverse resources including different belief systems, cultural backgrounds, languages, networks and levels of institutional awareness all of which offer potential to enable bricolage. The social value of this approach is in community empowerment, increased access to basic human needs such as health care and education. The curriculum model is designed to be an integral element of all health care curricula to help reduce professional silos and improve university-civic responsibility.

As this is a lifelong process, social pedagogues work within a range of different settings, from early years through adolescence to working with disadvantaged adult groups as well as older people. Consequently, what exactly social pedagogy means depends very much on the context or setting. What connects all social pedagogies is the way of thinking, the philosophy and *Haltung* (congruence between values and actions) with which different methods are used. What characterizes social pedagogy in practice depends not so much on what is done but on how it is done and with what rationale. This means that social pedagogy is both a science and an art form – it's not just a skill to learn but needs to be brought to life through the social pedagogue's Haltung. This perspective of social pedagogy means that it is dynamic, creative, and process-orientated rather than mechanical, procedural, and automated.

Core Theories

I. Human Flourishing

Human flourishing focuses on maximising individuals' achievement of their potential for growth and development as they change the circumstances and relations of their lives at individual, group, community and societal levels. People are helped to flourish (i.e. grow, develop, thrive) during the change experience in addition to an intended outcome of wellbeing for the beneficiaries of the work (Heron and Reason, 1997 in Titchen et al 2011 p1).

2. Concept of Personhood and person-centred care

Personhood is defined as 'the state of being a person' (Dictionary.com, n.d.). In health care the concept of personhood includes recognising and responding to a person's characteristics and preferences. It also includes respecting them as a fellow human, '*recognition of their unique biography and identity and support their autonomy to shape and live their lives according to their values rather than those of others* (Burton et al 2017 p2). Person-centred care is espoused within legislation (Care Act 2014), codes of ethics (HCPC, 2018; NMC, 2018), standards of policy and practice (NHS England, 2018), and organisational values. The person-centred practice framework offers a multidisciplinary approach to delivering person-centred care in any context. It assists with recognition and operationalisation of person-centred practices across disciplines, with different stakeholders and at different healthcare levels. It comprises five key interrelated elements: the macro context; prerequisites required by care providers; the care environment; and person-centred processes, all leading to person-centred outcomes, with the important element of strategic support (macro-context) being at the outer ring of the framework (see Figure 1). It provides a common language, a shared meaning and an understanding of the enablers and barriers to delivering a person-centred culture, unlike other models which consider only the relational elements.

3. Human Wellbeing (central to human flourishing)

Seligman's (2011) Theory of Wellbeing notes five elements of a flourishing state, explained by the PERMA acronym:

- **P**ositive emotion and happiness elicited by feelings of pleasure such as warmth, comfort, or pleasure.
- **E**ngagement, the act of being interested and involved in an activity or circumstances.
- Positive **R**elationships - mutually beneficial and regular exchanges among individuals.
- **M**eaning in life attained by finding belonging within communities and serving something bigger than the self (Seligman and Royzman 2003).
- **A**ccomplishment - actively realizing one's values and acting upon them (Raibley 2012).

Coburn and Gormally (2015) have identified seven elements of wellbeing that help individuals and communities to flourish (Table 1).

Seven Elements of Wellbeing (Coburn and Gormally 2015)

Positive examples of which include:	*Identified elements of Well-being*	*Negative examples of which include:*
Feeling good, high spirits, balanced, positive state of mind, lack of stress.	**Feeling Good**	Feeling bad or in low spirits, unbalanced, negative state of mind, stressed and anxious.
Happiness, smiling, contentment, social harmony, sunshine, love, light, weather.	**Social and Emotional aspects**	Being unhappy, unsmiling, discontented, social discord, dull, grey, hate, bad weather.
Friends, family, colleagues, community, caring, support, inclusion	**Relationships with others**	Lack of friends, no close or regular family connection, absence of community, uncaring no support, exclusion
Healthy body, good health, service provision (fitness and health)	**Being physically well**	Illness, poor health, lack of service provision
Financial, personal safety, being comfortable, feeling warm and secure.	**Being safe and secure**	Poverty, feeling unsafe or uncomfortable, feeling cold and insecure.
Being valued, self- worth, confidence, dignity, being respected,	**Achieving Self-Esteem**	Not valued, low self- worth, lacking confidence, indignity, disrespect.
Quality of life, continual journey to improvement, needs being met, a thriving environment.	**Achieving Potential**	Poor ideas on quality of life, apathy and lack of fulfilment, needs unmet, giving up, a depressing environment.

4. **Concept of Placemaking, Social Relationships and Sense of Community**

Community is not only a social structure, but it also holds a psychosocial influence on individuals that live, work and participate in it (Hustedde 2008), and may be impacted by perceptions of individual wellbeing and happiness (Block 2008). Community is also built through *placemaking,* that isthe connection observed between happiness, wellbeing, and sense of community (Ellery et al 2017).

· [Places] shape the way we live our lives, feel about ourselves and the relationships we have with others. Moreover, places – not least because of their history, character and physical form – contribute significantly to personal and societal wellbeing. [...] Most of us have immense affection for the places where we live: they might be places where we grew up, live or work now; where we have family and other relationships; and places are full of memories, stories and our lived experiences (British Academy 2017 p1–2).

Fulfilling a sense of community, Seligman (2012) argues, may be a critical extension that is necessary for true flourishing. Sense of community (SoC), is a term that describes the social connections, mutual concerns, and values that exist within a community and the places we live (Perkins and Long 2002), and a feeling that members have of belonging, that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together (McMillan 1976, p8).

Place, and its characteristics and design, shape how we live our lives and can influence behaviours of people that live in them (Heller and Adams, 2009).Place-making broadly relates to the assets within a community, the organization and accessibility of community spaces, and how these contribute to health and well-being (Corcoran and Marshall, 2015) e.g. access to green and public spaces (Koohsari et al 2015), healthy food, affordable housing, employment, goods and services (Jones and Yates 2013). Asset based community development (ABCD) demonstrates that local assets and individual strengths are key to ensuring sustainable community development and wellbeing. In this worldview, people are not consumers, service users or clients but citizens with the power to make collective decisions and choices that empower the community.

5. **The concept of active citizenship through community engagement and development**

There are a wide variety of person and community centred approaches to enable people to flourish in the workplace or in the communities they live, but they are united by a common purpose. Community development as an approach to change, has a set of core values and principles. It promotes social inclusion through an active process of people participation or active citizenship. Since most forms of exclusion are based on lack of power and influence, which are paternalistic or oppressive, participative approaches help communities to learn how power relationships operate and impact and develop the opportunity to deal with their problems.

"Active citizenship is not based on the idea of do-gooding or benevolent philanthropy but ideas of mutuality and reciprocity which are the "glue" that binds people together and underpins the very idea of society" (Scottish Community Development Centre 2019).

6. **Principles of Community Development**

Whilst community development work is an organic process, there are some important practice development principles that underpin community engagement and development work:

- Taking a **values and voice-based approach** (NESTA 2012) as an effective way of capturing the voice of patients, consumers, carers and the wider community (Sanders et al 2015).
- **Working collaboratively** using person centred, collaborative, inclusive and participative ways of working (CIP Principles) with all key stakeholders tapping into the voice based assets of the

community which help to keep true to the voice of local people and staff (National Voices 2013). Working in this way requires authentic engagement from the start to bring everyone together and has multiple components, is ongoing and multifaceted and is reflective of both the needs of individuals and communities (Sanders et al 2015).

- **Learning about the community**, creating psychologically safe spaces free from judgement that are open to all and engage the most vulnerable, making explicit **core values** and **ways of working in a shared governance model.**
- **Being evidence based** by building on the insights and intelligence gathered from the community, research with patient participation groups, or local community interest groups to inform discussions (Sanders et al 2015).
- **Being continuous and iterative** by engaging in cycles of refinement of collaborative work, member sense checking work to validate the principles and emerging themes and issues that impact on the communities and citizens involved (Sanders et al 2015).

Principles and Standards for Holistic Practices with Citizens- individuals, neighbourhoods, communities

University College London (UCL) through extensive stakeholder engagement have developed a set of Standards for both the philosophy and Haltung of social pedagogy and for practice which can help to guide social learning in communities for the purposes of social prescribing and more widely in the delivery of health and social care (UCL Institute of Education 2016).

Principles for the Philosophy of Social Pedagogy (UCL 2016, http://www.thempra.org.uk/social-pedagogy/)

1. Develop and nurture an attitude of empathy and regard for people and cultures and the world of which we are a part.
2. Foster relationships that respect human dignity and promote human rights, mutuality and well-being.
3. Recognise the inherent resourcefulness and potential of human beings to bring about change.
4. Appreciate that human relationships, in all their complexity, are intrinsically valuable and therefore central to Social Pedagogy.
5. Enable people to use their voices and effect change within their own lives and wider society.
6. Understand and work with the tensions inherent in valuing individual autonomy and social interdependence.
7. Engage with social and political aspects of human development, childhood and community.
8. Educate for community through community.
9. Develop an attitude of professional curiosity and critical self-reflection.
10. Be open to and informed of new theory, research and good practice relevant to social pedagogical practice.
11. Use situated professional judgment and maintain appropriate confidentiality.
12. Understand issues relating to the protection of vulnerable individuals, groups and communities and address social inequalities.
13. Recognise the value of creativity, and adventure.
14. Be accountable for my practice, engage in meaning-making and know when to seek advice.

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