

Introduction

Scottish Government has commissioned Voluntary Health Scotland (VHS) to carry out a scoping exercise to help inform the development of a national Community Link Worker programme. The research aims to identify the number and range of Community Link Worker (CLW) initiatives currently involving the third sector in Scotland.

VHS will gather intelligence from:

- Direct service providers across the third sector
- The 32 local third sector interfaces (TSIs)

Who is this survey for?

You should complete this survey if:

- You are a third sector organisation, and
- You are involved in Community Link Worker (CLW) programmes / services

A separate survey is being conducted with TSIs.

Definition of Community Link Working

Community link working is

- An approach (or range of approaches) for connecting people to non-medical sources of support or resources in the community which are likely to help with the health problems they are experiencing.
- Used interchangeably with other terms, such as social prescribing, signposting, supported self management, and community referral.
- Used in primary care and enables staff to draw on non-medical options to support their patients.
- Used with a number of different client groups and draws on a wide range of different community based services, including arts and cultural activities, green space, debt advice, physical activity and leisure, bibliotherapy, learning, volunteering, housing advice, benefits, employment and legal advice (Friedli et al, 2007).
- Person-centred and tailored to the individual's needs irrespective of where it is delivered.

How we will use the survey data

The data will be used to produce a report for the Scottish Government describing the range and nature of CLW in the third sector in Scotland. Organisations may well be identified in the report as part of this.

Completing the survey

The survey asks you for information about your CLW programmes / services and some background information about your organisation. It should take no more than 45 minutes to complete. If you cannot complete every question, we would be grateful for as much information as you are able to provide.

If you are involved in more than one CLW programme / service (eg in different geographical areas or local authorities), you may choose to complete a separate survey for each one.

Please complete the survey by the extended deadline of Monday 31 October 2016.

If you have any questions about the survey, contact

Claire Stevens, Chief Officer at Voluntary Health Scotland

0131 474 6191

claire.stevens@vhscotland.org.uk



Describing your Community Link Worker service

Please provide some information about your CLW programme(s) / service(s).

1. Ir	n which local authority areas are your CLW programme(s) / service(s) operating? Tick all that apply.
	Aberdeen City
	Aberdeenshire
	Angus
	Argyll & Bute
	Comhairle nan Eilean Siar
	Clackmannanshire
	Dumfries and Galloway
	Dundee
	East Ayrshire
	East Dunbartonshire
	Edinburgh
	East Lothian
	East Renfrewshire
	Falkirk
	Fife
	Glasgow
	Highland
	Inverclyde
	Midlothian
	Moray
	North Ayrshire
	North Lanarkshire
	Orkney
	Perth & Kinross
	Renfrewshire
	Scottish Borders
	Shetland Islands
	South Ayrshire
	South Lanarkshire
	Stirling
	West Dunbartonshire
	West Lothian

hat role does your organisation play in the your CLW programme / service? Please tick all that
у.
We manage the service
We take referrals from Primary Care
We make referrals to Primary Care
We are a partner in the service
We assess people's needs
We develop a personal plan with the person
We signpost to other services
We support people to take up appropriate services in other organisations
We support people to take up appropriate services in our organisation
We build capacity in local third sector organisations
We provide training and shared learning for local third sector organisations
We build capacity in Primary Care
(please specify)
Your organisation NHS
Local authority
Third Sector Interface (TSI)
third sector organisation (please specify)
ho are your formal partners in your CLW programme / service? Please tick all that apply.
NHS
Local authority
Third Sector Interface (TSI)
third sector organisation(s) (please specify)

5. Who makes referrals to your CLW programme / services? Please tick all that app	ly.
GPs	
Practice nurses	
Health Visitors	
Community Psychiatric Nurses	
Social workers	
Third sector organisations	
Word of mouth / recommendation from previous participant	
Self referral	
Other (please specify)	
7. Please summarise in not more than 100 words your CLW programme / service.	
8. Approximately how much money do you spend annually on staffing costs (managed CLW programme / service? Please select from the dropdown menu.	jer, CLWs) for your
9. Where does the funding come from? Please select all that apply.	
Local authority	
Scottish Government	
Trust/Foundation	
BIG Lottery	
Self generated (earned) income	
Own fund raising	
Other (please specify)	
Own fund raising Other (please specify)	

10. What type of funding is it? Please select all that apply.
Service Level Agreement
Seed / start-up / development money
Contract
Grant
Fund raising
Other (please specify)
11. Until when is your CLW programme / service currently funded? Please select one from the dropdown menu.
 12. How many managers and CLWs are involved in delivering your CLW service? Please select from the dropdown menu. Comment 13. How many admin support staff are involved in your CLW service? Please select from the dropdown menu. Comment Comment

14. What roles d	lo your staff perform? Please tick all that apply.
They manage	the service
They assess p	eople's needs
They make refe	errals to other organisations
They support p	people on a 1:1 basis
They help with	admin functions (including IT and website maintenance)
They provide li	nks with other community organisations
They provide ir	ntelligence about what is available locally
They build cap	acity in local third sector organisations
They build cap	acity in primary care teams
Other (please specif	fy)
services? Please	approximate annual salary of managers involved in delivering your CLW programme / e select from the dropdown menu. olunteers are involved in your CLW service? Please select from the dropdown menu.
I	

18. What roles do your volunteers perform? Please tick all that apply.
They manage the service
They assess people's needs
They make referrals to other organisations
They support people on a 1:1 basis
They help with admin functions (including IT and website maintenance)
They provide links with other community organisations
They provide intelligence about what is available locally
They build capacity in local third sector organisations
They build capacity in primary care teams
Other (please specify)
19. Do you have staff / volunteers physically based in Primary Care practices? Please select one.
As their primary base
On a drop-in / outreach basis
Both as a primary base and on a drop-in / outreach basis
○ No

20. What training and support is available from the following sources for your organisation's CLW programme?

	A lot	Alittle	None
NHS	\bigcirc	\bigcirc	\bigcirc
Local authority	\bigcirc	\bigcirc	\bigcirc
TSI	\bigcirc	\bigcirc	\bigcirc
Other third sector organisation	\bigcirc	\bigcirc	\bigcirc
Please describe			



Measuring effectiveness

This section asks you about what approaches you use to measure effectiveness. It does not ask for specific evaluation data.

21. Please rank in order of importance the following outcomes for people which your CLW programme / service aims to achieve (1= most important).

** ** **	Improved socio-economic situation (eg housing, benefits & practical support, foodbank, clothing store)
0 0 0 0 0 0	Positive lifestyle change
** ** **	More able to access and use available information and support
0-0 0-0 0-0	More able to 'navigate' health and other services
** **	Improved relationship with professionals
** **	Able to adapt to a diagnosis
** ** **	Being seen as a 'whole' person
** **	Increased resilience for dealing with crises through support and networks
** ** **	Increased knowledge of groups and services available
0 0 0 0 0 0	Improved access to community facilities
** ** **	Positive travel on employability pathway (eg having accessed educational or training opportunities)
* * * * * *	Improved general health, living well, and a self-management strategy
** ** **	Improved confidence and self esteem
::	Reduced anxiety and depression

22. Please rank in order of importance the following outcomes for communities which your CLW programme / service aims to achieve (1 = most important).		
	Develop stronger community / general practice links	
**	Establish referral pathways	
** ** **	Increase referrals to community based resources	
	More appropriate referrals to community based resource through understanding the service they offer	
	Resolve shared problems jointly	
	Impact on NHS services	
	Impact on local authority services	
** ** **	Impact on community resources to help people live well	
8-8 8-8 8-8	Impact on the local community	
	Develop ('bridging') social capital	

23. What are the main strengths of third sector organisations being involved in CLW programmes / services? Please summarise in less than 100 words.

24. What are the main challenges to third sector organisations of being involved in CLW programmes / services? Please summarise in less than 100 words.



Future developments

This section asks you about the future of CLW programmes.

25. What unmet patient needs are you aware of that third sector CLW programmes / services could address? Please summarise in not more than 100 words.

26. What are the sustainability challenges for third sector organisations involved in CLW programmes / services? Please rank in order of importance. (1 = most important).

0 0 0 0 0 0	Funding is inadequate to cover costs
0 0 0 0 0 0	Dependency on individual relationships rather than systems
0 0 0 0 0 0	The capacity and willingness of primary care staff to engage with third sector organisations
0 0 0 0 0 0	The capacity and willingness of third sector organisations to engage with primary care staff
0 0 0 0 0 0	Third sector organisations' staff turnover
0 0 0 0 0 0	Third sector organisations capacity and skills to evaluate services
0 0 0 0 0 0	Local community organisations capacity to take on new referrals

27. Please describe in not more than 100 words what would be the most effective way of using the third sector in developing CLW programmes.



About your organisation

Please give us some information about your organisation.

28. What is the name of your organisation?

29. Who is the key contact person and what are their contact details?

Name	
Role	
Telephone	
Email	

30. Which of the following best describes your organisation? Please choose one.

Registered charity

Voluntary organisation or community group

Social enterprise

Housing Association

Other (please specify)

32. What is your organisation's annual income? Please select from the dropdown menu. 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s)		
Children and young people's services Clider people's services Clider people's services Clider people's services Clider people's services Community development Community development Financial inclusion Befriending Children and advocacy Community development Structure (please specify) Structure (please specify) Structure (please specify) Structure (please select from the dropdown menu. Structure (please select one. Structu	Social care	
Older people's services Disability services Housing Advice and advocacy Community development Financial inclusion Befriending Dther (please specify) 32. What is your organisation's annual income? Please select from the dropdown menu. Image: Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s) Samment B4. Please describe your relationship with Primary Care. Please select one.		
Disability services Housing Advice and advocacy Community development Financial inclusion Befriending Dther (please specify) 32. What is your organisation's annual income? Please select from the dropdown menu. 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s)	Children and young people's services	
 Housing Advice and advocacy Community development Financial inclusion Befriending 2ther (please specify) 22. What is your organisation's annual income? Please select from the dropdown menu. 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) Comment 24. Please describe your relationship with Primary Care. Please select one. 	Older people's services	
Advice and advocacy Community development Financial inclusion Befriending Cher (please specify) Care (please specify) Care Partnership). Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s) Comment Care Partnership your relationship with Primary Care. Please select one.	Disability services	
Community development Financial inclusion Befriending Dther (please specify) 22. What is your organisation's annual income? Please select from the dropdown menu. 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s) Comment	Housing	
Financial inclusion Befriending Dther (please specify) 32. What is your organisation's annual income? Please select from the dropdown menu. 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s) Comment 4. Please describe your relationship with Primary Care. Please select one.	Advice and advocacy	
Befriending Dther (please specify) 32. What is your organisation's annual income? Please select from the dropdown menu. 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s) Comment 4. Please describe your relationship with Primary Care. Please select one.	Community development	
Dther (please specify) 32. What is your organisation's annual income? Please select from the dropdown menu. 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s)	Financial inclusion	
32. What is your organisation's annual income? Please select from the dropdown menu. 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) We do not currently work with our Integration Authority(s)	Befriending	
 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) Comment B4. Please describe your relationship with Primary Care. Please select one. 	Other (please specify)	
 33. Please describe your relationship with your local Integration Authority(s) (Health & Social Care Partnership). Please select one. We work closely with our Integration Authority(s) We are starting to build a relationship with our Integration Authority(s) We do not currently work with our Integration Authority(s) Comment B4. Please describe your relationship with Primary Care. Please select one. 		
34. Please describe your relationship with Primary Care. Please select one.	We are starting to build a relationship with ou	ur Integration Authority(s)
	Comment	
We work closely with Primary Care		th Primary Care. Please select one.
We are starting to build a relationship with Primary Care	34. Please describe your relationship wit	th Primary Care. Please select one.
We do not currently work with Primary Care	34. Please describe your relationship wit We work closely with Primary Care	
Comment	34. Please describe your relationship wit We work closely with Primary Care We are starting to build a relationship with Pr	
	34. Please describe your relationship wit We work closely with Primary Care We are starting to build a relationship with Pr	
	 34. Please describe your relationship wit We work closely with Primary Care We are starting to build a relationship with Primary Care We do not currently work with Primary Care 	
	 34. Please describe your relationship wit We work closely with Primary Care We are starting to build a relationship with Primary Care We do not currently work with Primary Care 	



Thank you

Thank you for completing the survey. We appreciate this has taken a lot of your time, and we are most grateful.