

Executive summary

# Gold star exemplars

**Third sector approaches to  
Community Link Working  
across Scotland**

April 2017

"It's a gold star exemplar. The big thing is the level of evaluation and the feedback on outcomes. This gives them the evidence to support the method."

Chief Executive of a partner Housing Association describing the work of a local third sector Community Link Working initiative

## Methodology

1. Voluntary Health Scotland (VHS), the national intermediary and network for voluntary health organisations in Scotland. was commissioned in July 2016 by the Scottish Government to conduct a scoping exercise to:
  - a) Identify the number and range of Link Worker initiatives in primary care settings currently being delivered by the third sector across Scotland.
  - b) Inform the Scottish Government's development of a national Community Link Workers programme through the provision of this intelligence.
2. A mixed methods approach to the research was adopted:
  - Seven scoping interviews with key stakeholders
  - An online survey for third sector service providers (60 responses)
  - An online survey for Third Sector Interfaces (TSIs) (15 responses)
  - Three case studies to explore examples of Community Link Working in greater detail
  - A Reference Group provided advice and guidance as the study developed

## Findings

### *Range of CLW programmes*

3. The surveys provide evidence of a wide range of third sector organisations already delivering CLW programmes across all local authorities in Scotland except one (Orkney). These include organisations working locally in single local authority areas, as well as programmes which operate more broadly across several local authorities. Some programmes focus on specific health conditions. Others concern themselves more with promoting holistic approaches to health. Mental health figures prominently within many programmes.
4. While a measure of theoretical debate exists about nomenclature (community link working, social prescribing, signposting etc), there is a clear thread that runs through the majority of programmes. Local community services are galvanised for the benefit, health, and well-being of local people, while inappropriate demands on primary care are alleviated, freeing up GPs and practice staff to focus on their 'core' work.

### *Operational issues*

5. The main functions of CLW programmes are generally: taking referrals from primary care; signposting to services; assessment and personal planning; and, supporting people to take up services in other organisations. Referrals to programmes tend to be by word of mouth, self referral, and via GPs. Salary levels of CLWs vary considerably, while those of managers are more consistent. Volunteers are used in two thirds of programmes. Funding tends to come from the public sector (local authority, Integration Authority) but a significant portion is raised through the organisations' own fund raising efforts and from trusts.

## **Outcomes**

6. Third sector organisations delivering CLW programmes are acquainted with the language and practice of outcomes. The identified 'outcomes for people' tend to focus on improved general health (including mental health), increased confidence, and reduced anxiety. Outcomes for communities tended to focus on more effective use of community based resources.

## ***The role and contribution of third sector service providers and TSIs***

7. Third sector CLW programmes are able to gain the trust of people and communities, engaging those who are most vulnerable and distant from services. They have expertise in specialised areas of health, as well as in broader approaches to community development. TSIs tend to adopt a strategic managerial role - in keeping with their broader advocacy function.

## ***Current challenges and opportunities***

8. The two key challenges facing third sector organisations as they seek to contribute to the development of CLW programmes are funding, and the variable perceptions of the third sector among statutory bodies, especially primary care. There are opportunities to involve the third sector in the design and planning of services, in providing a greater range of mainstream service delivery opportunities through contracts and SLAs, and in making use of its recognised specialisms.

## **Recommendations**

### ***The role and contribution of the third sector***

9. The Scottish Government should provide leadership and support for the third sector by communicating a clear message that it should be recognised as a key partner in the strategic development and delivery of the proposed national CLW programme. Account should be taken of its ability to: map and provide detailed knowledge of local assets; act as a conduit and a bridge between primary care and communities; build trust and social capital at a locality level; engage effectively with those whom others may have labelled 'hard to reach'; offer holistic, assets based and person-centred approaches; model flexibility and innovation; offer specialist knowledge, experience and expertise.

### ***Partnership with primary care***

10. Primary care should be supported to identify and involve third sector partners from the outset of developing a CLW service. The planning and development of new CLW roles should involve sustained collaboration between GPs/primary care, Integration Authorities and the third sector (e.g. Third Sector Interfaces) in order to provide solutions tailored to local needs.

### ***Workforce development***

11. Cross-sectoral approaches to workforce development and workforce planning should be significantly extended and strengthened, in order to maximise the sharing of knowledge, skills and experience, and the creation of more integrated workforces across the public and third sectors. The inclusion of third sector CLW roles as part of primary care multi-disciplinary teams should be further developed.

12. The major contribution of volunteers to CLW programmes should be further nurtured, recognising that they are not a 'cost free' resource. Investment will be needed for the recruitment, training, support, and management of volunteers as a key element to programmes.

### *The focus of investment*

13. Investment in CLW approaches should focus on supporting models that build and sustain community capacity and that take a pro-active approach where it is clear that there are gaps in community provision beyond primary care. The introduction of CLWs to a GP surgery needs to avoid simply signposting patients to services, including third sector services, that may already be overstretched and under-resourced.
14. CLW programmes should aim to commission third sector organisations for a minimum period of three years, in order to ensure the scope for programme quality, partnership development, workforce development, and meaningful evaluation.

### *Sustaining the programme*

15. The Scottish Government should work with national organisations to scope the financial sustainability of local CLW programmes beyond the term of the current government (2020). That work should begin now to enable sufficient lead-in time for plans to be put in place.

## **Acknowledgements**

VHS is very grateful to everyone who played a role in this study and report. We wish to acknowledge the financial support of the Scottish Government, for whom this study was conducted. We thank all members of the Reference Group for providing such helpful feedback and suggestions. Particular thanks to Naureen Ahmad and Kate Burton for their support and guidance throughout. Special thanks to Simon Jaquet for conducting the study and for the commitment and professionalism that he brought to every aspect of its design, fieldwork, analysis and writing. A very big thank you to all those voluntary organisations who so willingly contributed their time, insights and data for our survey work and case studies.

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