

# Gold star exemplars

Third sector approaches to Community  
Link Working across Scotland

June 2017

# **Gold Star Exemplars**

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

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*"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, partner Housing Association)*

# Today

- Describe the findings from 2 surveys
  - Third sector service providers
  - Third Sector Interfaces (TSIs)
- Mention the 3 case studies
- Describe the conclusions
- Make some recommendations

# Research aims



1. To identify the number and range of Community Link Worker initiatives in primary care settings currently being delivered by the third sector across Scotland
2. To inform the Scottish Government's development of a national Community Link Worker programme through the provision of this intelligence

# Methodology



- 7 Scoping interviews (Scottish Government, NHS, third sector organisations)
- 2 online surveys
  - Third sector service providers
  - Third Sector Interfaces (TSIs)
- 3 case studies
- Reference Group (meetings, advice)

# **SERVICE PROVIDERS SURVEY**

# Profile



- 60 organisations (94% charities)
- Most – social care and health; half involved in community development
- Half with annual income of £1m or more; 15% less than £50,000
- 31 local authority areas represented (not Orkney)



# 43 CLW programmes described



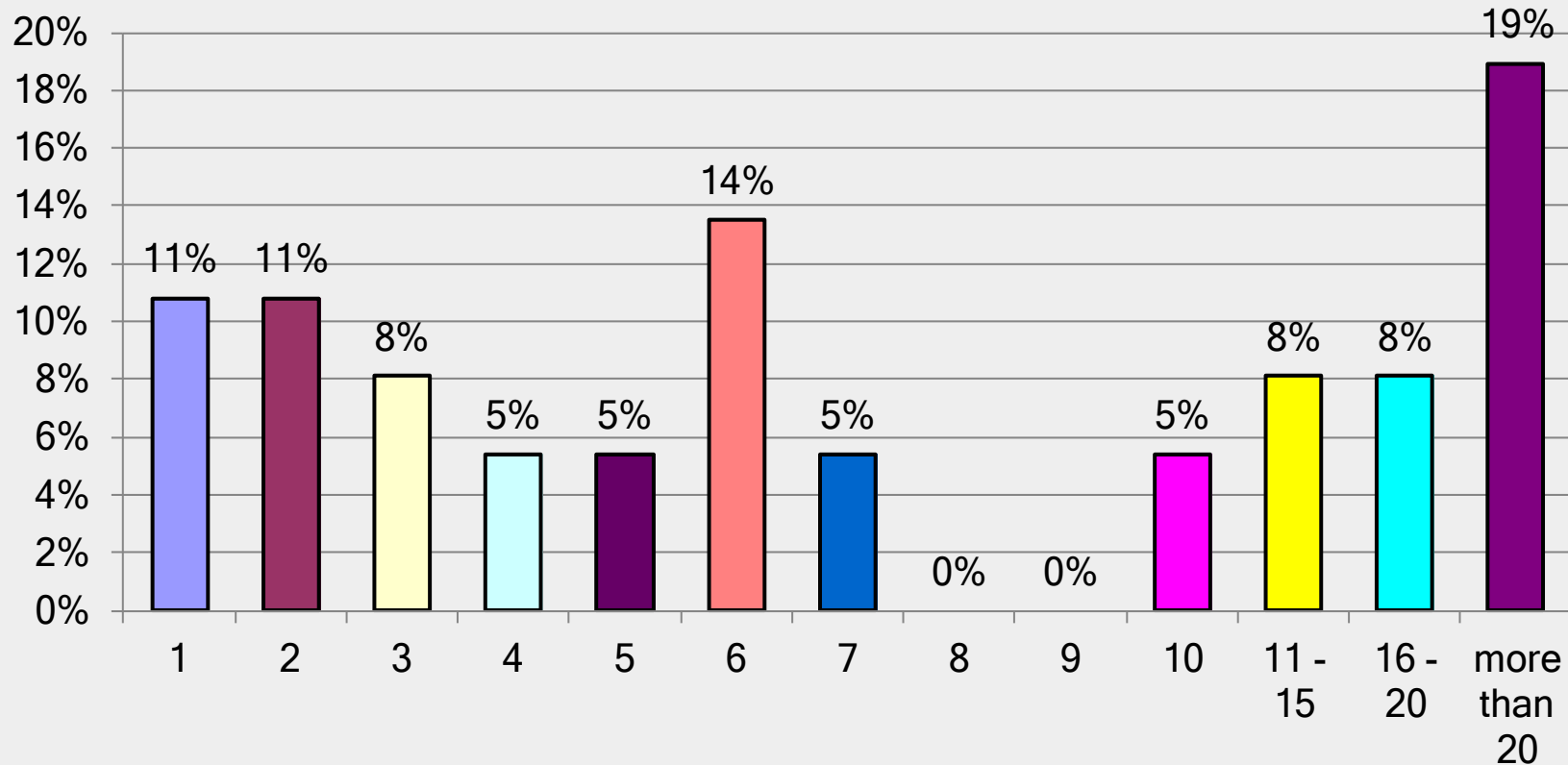
- Variety of national (across several LAs) and local programmes
- Mix of specific (eg Arthritis Care) and generic health (eg Alliance) programmes
- Lead partner is third sector organisation in 72% of programmes (other leads – NHS, LA, TSI)
- Referrals
  - Word of mouth 88%; Self referral 88%; GPs 82%
- Third sector role – focus on supporting patient ‘journey’ from referral to engagement with new organisation

# Third sector role

What role does your organisation play in the your CLW programme / service? Please tick all that apply.	
Answer Options	Response Percent
Signpost to other services	89%
Take referrals from Primary Care	81%
Support people to take up appropriate services in other organisations	81%
Manage the service	73%
Develop a personal plan with the person	73%
Assess people's needs	71%
Support people to take up appropriate services in our organisation	67%
Build capacity in local third sector organisations	48%
Provide training and shared learning for local third sector organisations	46%
Partner in the service	44%
Make referrals to Primary Care	40%
Build capacity in Primary Care	31%

# Working with GPs

If you work with primary care practices, how many do you work with?



# Staff and volunteers



- Most have 10 or fewer CLWs and managers; 2 were larger (26 – 30, over 50)
- No. of volunteers varied – 40% of organisations with none; 12% more than 50
- CLWs salaries varied from less than £15k to more than £30k
- Manager salaries more consistent – most were £31 - £35k

# Staff and volunteer roles

Staff and volunteer roles		
	Staff	Volunteers
Provide links with other community organisations	98%	68%
Provide intelligence about what is available locally	98%	64%
Make referrals to other organisations	92%	18%
Support people on a 1:1 basis	92%	79%
Assess people's needs	88%	11%
Manage the service	82%	21%
Help with admin functions (including IT and website maintenance)	60%	46%
Build capacity in local third sector organisations	58%	32%
Build capacity in primary care teams	42%	7%

# Funding

Where does the funding come from? Please select all that apply.	
Answer Options	Response Percent
Local authority	44%
Integration Authority	38%
NHS	31%
Own fund raising	31%
Scottish Government	29%
Trust/Foundation	29%
Self generated (earned) income	13%
BIG Lottery	8%

- Largest type of funding is grants (54%)
- Significant leverage through own fund raising (31%)
- Funding only secure till 2017 (55%)
- 77% spent between £10K and £500K annually on staffing (a quarter £5 - 10,000, a quarter £10 - 50,000, and a quarter £50 - 100,000)

# Outcomes



- For people
  - Priority given to outcomes related to general positive health rather than access to specific services and facilities
- For communities
  - Priority given to working together to make more effective use of community resources



# Outcomes for people (priority order)

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

# Outcomes for communities

(priority order)

More appropriate referrals to community based resources through understanding the service they offer
Impact on community resources to help people live well
Resolve shared problems jointly
Increase referrals to community based resources
Impact on NHS services
Develop stronger community / general practice links
Impact on the local community
Establish referral pathways
Develop ('bridging') social capital
Impact on local authority services

# Third sector CLW programmes *Strengths*

- Trust and credibility with local communities

*'They are close to their communities and understand how people affected by health inequality need extra input, and third sector organisations have this expertise and often draw on highly developed knowledge / skills such as person-centred, strengths based ways of working.'*

- Holistic and person-centred approaches

*'They have the time to work with the individual, knowledge of local community, can engage with other organisations and quickly deal with issues - such as lack of training or awareness of issues being experienced by service users. Have flexibility to offer a holistic service.'*

- Partnership – ability to work across sectors and organisational boundaries

*'The ability to work flexibly and in partnership with a wide range of organisations. The trust that develops between service users and third sector is particularly strong (sometimes in contrast to their experience of statutory services).'*

- Flexibility and innovation

*'Third Sector organisations bring more innovation and often are not tied to historical bureaucracies and structure which can be difficult to change ... Neighbourhood network workers don't follow a shift pattern instead they can offer a flexible responsive service to networks to maximise the opportunities in people's communities.'*

# Third sector CLW programmes *Challenges*

- Funding – short term and unpredictable

*'Our main challenge is funding - or lack of it and its insecurity. This is also often misunderstood by statutory agencies and is seen as a lack of commitment / professionalism and not seen as the fact that workers don't know if they will still have a job in a few months' time.'*

- Third sector not recognised and poorly understood by statutory sector

*'Having a meaningful dialogue with overstretched primary care (and other statutory service) teams is difficult. Except for a few cases, they don't properly understand how we can usefully complement their work and indeed alleviate the pressures they face.'*



# Unmet patient need

- Access to mental health services

*'People with mental health/physical health/substance misuse issues also often have other life challenges to face such as money problems, housing issues, relationship issues etc which they could be supported with from third sector programmes.'*

- Social support for non-clinical needs

*'The evidence indicates that public services, inc. health, results in a lot of demand failure. People often go to their GP, not for a medical ailment, but because they don't have anyone else to turn to for a bit of reassurance, guidance, support, or even simply company. This creates repeat visits and undue pressure on a system that's not set up to respond to those issues.'*

- Overwhelmed services

*"The issue is capacity....we have more referrals than we can cope with and that is an unsatisfactory position for practitioners who see the value of early intervention."*

# Sustainability challenges

## (priority order)

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

# Future role for third sector in CLW programmes

- Service design and planning

*'A willingness on the part of professionals to recognise that there are skills and opportunities within the third sector that can enhance the services provided by the statutory sector. Working more closely and jointly, sharing practice and using the skills mix to the betterment of people. Recognising that 'patients' have skills and abilities too.'*

- Mainstream service delivery

*'Local 3rd sector organisations (of a good size and stability) should be used as the delivery organisation for the CLW programmes. This could be the same organisation in several areas if they have the local links and the expertise - no point re-inventing the wheel.'*

\*

- Specialist expertise (of place and medical condition)

*'Partner with condition specific services for conditions that have a profound impact on health and work. Use their knowledge to engage with service users to create pathway of support to improve capacity to manage condition, understand rights, improve capacity to deal with issues.'*

# **THIRD SECTOR INTERFACES**



# Profile



- 13 TSIs submitted completed responses (2 submitted under third sector provider survey)
- Aware of
  - 26 national organisations running CLW programmes
  - 23 regional organisations
  - 30 community organisations.

- Directly involved in 11 programmes
  - Home from hospital in-reach (East Renfrewshire)
  - Community Enablers (Argyll & Bute)
  - East Ayrshire Community Connectors (East Ayrshire)
  - Community Connectors (South Ayrshire)
  - Community Connectors (Inverclyde)
  - FDAMH Social Prescribing (Falkirk)
  - Community Links (Aberdeenshire)
  - WDCVS Social Prescribing Service (West Dunbartonshire)
  - Link Up (West Dunbartonshire)
  - Community Compass (Carr Gomm) (Edinburgh)
  - Community Activity Mentors (EVOC/NHSL) (Edinburgh)
- Focus on third sector role in facilitating effective patient ‘journey’

# Role of the third sector

Answer Options	Response Percent
Manage the service	100%
Support people to take up appropriate services in their organisation	100%
Signpost to other services	89%
Support people to take up appropriate services in other organisations	89%
Assess people's needs	78%
Take referrals from Primary Care	56%
Make referrals to Primary Care	56%
Partner in the service	44%
Build capacity in local third sector organisations	44%
Develop a personal plan with the person	33%
Provide training and shared learning for local third sector organisations	33%
Build capacity in Primary Care	11%

# Referrals

Social workers	67%
Word of mouth / recommendation from previous participant	67%
Self referral	67%
GPs	56%
Practice nurses	56%
Health Visitors	56%
Community Psychiatric Nurses	56%
Third sector organisations	33%

# Staff and volunteers

	Staff	Volunteers
Manage the service	89%	
Provide intelligence about what is available locally	89%	75%
Make referrals to other organisations	78%	25%
Provide links with other community organisations	78%	100%
Support people on a 1:1 basis	67%	75%
Build capacity in local third sector organisations	67%	
Assess people's needs	56%	
Help with admin functions (including IT and website maintenance)	56%	25%
Build capacity in primary care teams	22%	

# Funding



Integration Authority	78%
Own fund raising	33%
Scottish Government	22%
Trust/Foundation	22%
Self generated (earned) income	22%
BIG Lottery	11%
NHS	0%
Local authority	0%

# Outcomes



- For people
  - Focus on positive lifestyle change through access to local support and services
- For communities
  - Focus on developing effective links between primary care and community resources and services

# Outcomes for people (priority order)



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



# Outcomes for communities (priority order)

Increase referrals to community based resources
Develop stronger community / general practice links
More appropriate referrals to community based resource through understanding the service they offer
Establish referral pathways
Impact on community resources to help people live well
Resolve shared problems jointly
Impact on the local community
Develop ('bridging') social capital
Impact on NHS services
Impact on local authority services

# Third sector programmes

## *Strengths*

- Deliver services that were flexible and person-centred, based on local knowledge

*'Offer choices and flexible approaches which meet local needs. The range of services meant we were able to offer activities and supports locally which were not previously available through statutory services. Local knowledge meant gaps were more easily identifiable - solutions were sought from including views of local people.'*

# Third sector programmes

## *Challenges*

- Statutory sector perceptions of the third sector

*'Local GP leads, as recently as August 2016, said they were reluctant to use third sector services because they were unregulated, untested, and 'here today gone tomorrow' so it was more effort than it was worth.'*

- Funding

*The ability to access support & resources to at least start the process off. The recognition of being acknowledged on the same level as statutory delivery.*

# Unmet patient need

- Locally available services (especially those focused on well-being and mental health)

*'Locality based one stop shops would prevent many of the emergency admissions and repeated reliance on GP practices (who do not as yet fully understand that non-medical issues that cause mental health issues are not always solved when another crisis is mopped up.'*

# Sustainability challenges

(priority order)

The capacity and willingness of primary care staff to engage with third sector organisations

Funding is inadequate to cover costs

Local community organisations' capacity to take on new referrals

Third sector organisations' capacity and skills to evaluate services

Dependency on individual relationships rather than agreed systems and processes

Third sector organisations' staff turnover

Primary care's capacity and skills to evaluate services

The lack of agreed competencies and skillsets for staff delivering CLW programmes

The capacity and willingness of third sector organisations to engage with primary care staff

# Future role for third sector in CLW programmes \*

- Powerful combination of TSI as strategic body working with a network of local community organisations

*'Using the third sector established networks and resources on how to work with and knowledge of communities, volunteering, building capacity, community engagement, partnership, collaboration, facilitation.'*

# THE CASE STUDIES



# 3 case studies



- GCVS 'Community Connectors'
- Dundee City Council Advice Services / GP surgery co-location
- Thistle Foundation Wellbeing Service

# Benefits of case studies



- Understand strategic and operational contexts of the programmes (developments to date, view of their future)
- Understand range / diversity of the stakeholders and partners
- Meet service users / patients and examine how programme outcomes translated into improvements in people's lives
- Gain further insights into programme evaluations
  - Improvement Service Social Return on Investment (SROI) assessment of Dundee programme
  - FMR Research Consultancy evaluating Community Connectors service in Glasgow;
- Discuss programme sustainability

# CONCLUSIONS

# Range of CLW programmes



- Wide range of third sector CLW programmes
  - Geographic (all local authorities except Orkney)
  - Single and multiple authority programmes
- Variety of health focus
  - Single conditions
  - General health
  - Mental health a common focus
- Programme size varies, and third sector able to respond at local, regional, and national level

- Common features
  - Person centred approaches
  - Prevention and early intervention
  - Galvanising local community based services to meet needs while freeing up GPs for 'core' work

# Operational issues



- Main functions
  - taking referrals from primary care
  - assessment and personal planning
  - signposting to services
  - supporting people to take up services in other organisations
- Local third sector intelligence supports referrals which are mainly
  - word of mouth
  - self referral
  - GPs

- Salary scales
  - CLW scales vary dramatically
  - Manager scales more consistent
- Volunteers used in two thirds of programmes
  - Local 'intelligence'
  - Connections to local services
  - Contribution to organisational capacity
  - A rooted sense of a community's history

- Funding
  - Majority comes from the public sector (local authority, Integration Authority)
  - But significant portion through own fund raising efforts and from trusts
  - Because of third sector organisations independence from government, able to generate support (financial, human, moral) from a range of different sources.



# Outcomes

- Third sector acquainted with language and practice of outcomes
- ‘Outcomes for people’ focused on
  - Improved general health (including mental health)
  - Increased confidence
  - Reduced anxiety
- ‘Outcomes for communities’ focused on more effective use of community based resources
- Robust systems of evaluation and quality assurance have evolved, informing programmes development
- A number of external evaluations being commissioned

# Role and contribution of third sector service providers



- Able to gain the trust of people and communities
- Able to engage and involve people, often those who are most vulnerable and distant from services
- Skills in partnership working have grown and developed - often out of necessity
- High degree of flexibility, and with a predisposition towards innovation

# Role and contribution of Third Sector Interfaces (TSIs)



- Tends to be a strategic management role, but some hands-on delivery
- Representative role on local authority-wide strategic partnerships (IJBs, Health & Social Care Partnerships) – able to exert influence
- CRM systems provide authority-wide data
- Scottish Government review of TSIs and VAS
  - 'The core purpose of the Third Sector Interfaces in future should be on becoming a strategic vehicle for Third Sector involvement in Community Planning and integration'

# Current challenges



- Funding
  - is short term and unpredictable
  - this impacts on third sector ability to trial, evaluate, and develop mainstream services
- Variable perceptions of the third sector among statutory bodies, especially primary care

# Current opportunities



- Third sector is not a single entity – it's an organically linked family of organisations - large, medium, small, and micro
- Key defining features
  - Independent governance
  - Non-profit funding
  - Use of volunteers
  - Campaigning zeal on behalf of service users
  - (but it is not without its faults and frailties)

- Most effective way of using the third sector in CLW programmes
  - Actively involve it in the design and planning of services
  - Provide more mainstream service delivery opportunities
  - Further develop its contribution to specialist service delivery

# RECOMMENDATIONS

# 1. Role and contribution of the third sector



- Scottish Government to communicate a clear message that the role of the third sector should be recognised and embedded in the design and delivery of the proposed CLW programme - at national and local level
- Recognise third sector's ability to
  - Map and provide detailed knowledge of local assets
  - Act as a bridge between primary care and communities
  - Build trust and social capital at a locality level
  - Engage effectively with those labelled 'hard to reach'
  - Offer holistic, assets based and person-centred approaches
  - Model flexibility and innovation
  - Offer specialist knowledge, experience and expertise.



## 2. Partnership with primary care



- Support primary care to involve third sector partners from the outset of developing a CLW service
- Develop sustained collaboration between GPs, Integration Authorities, and the third sector (including TSIs)

### 3. Workforce development



- Maximise the sharing of knowledge, skills, and experience between third sector and public sector workforces
- Develop third sector CLW roles within primary care multi-disciplinary teams
- Develop the contribution of volunteers to CLW programmes, recognising that they are not a 'cost free' resource.
  - Invest in the recruitment, training, support, and management of volunteers as a key dimension to programmes

# 4. The focus of investment

- Investment in CLW programmes to focus on models that
  - Build and sustain community capacity
  - Address gaps in community provision
- CLW programmes should aim to commission third sector organisations for a minimum of three years, in order to ensure
  - Programme quality
  - Partnership development
  - Workforce development
  - Meaningful evaluation.

## 5. Sustaining the programme



- The Scottish Government to work with national organisations to scope the financial sustainability of local CLW programmes beyond the term of the current government (2020)

# What the third sector offers....

*“Understanding of local community. Be able to work in a flexible, non judgemental way. Have good interpersonal and communication skills. Be a good listener. Be able to work in a person centred way. Be well organised and resourceful.”*

**Thank you**

# Gold star exemplars

**Cathrin Griffiths, Thistle Foundation**  
**Craig Mason, Dundee City Council**  
**Gillian McCamley, Community Connectors,**  
**GCVS**

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