

Key Messages



National Network for Community Link Workers in Scotland Community Link Worker Engagement Events, June 2021

Background

Community Link Workers (CLWs) and related stakeholders have told the Scottish Government that the lack of an appropriate national platform, network or community of practice means that opportunities for shared learning, CPD and peer support across Scotland are being missed.

The Scottish Government has agreed to fund a short-life project to scope and establish a national network and community of practice for Community Link Workers in primary care practices across Scotland. Voluntary Health Scotland (VHS) is undertaking this development work between now and October 2021.

The scoping project is guided by a small advisory group with representatives from Scottish Government, TSIs and Health and Social Care partnerships; this group feeds into the outcomes of the Scottish Government's Health Inequalities Short Life Working Group, and reports to Naureen Ahmad, Deputy Director of Scottish Government's General Practice Policy Division. The advisory group is currently meeting on a monthly basis.

Community Link Worker Engagement Events

The advisory group agreed to run some initial engagement events to consult CLWs and their managers about what they would want from a national network. Three events were held on 10th, 15th and 17th June to encourage attendance from as many link workers as possible. Information about these events was sent to an initial contact list of 20 CLW leads provided by Scottish Government. Over 150 link workers and their managers signed up and 113 CLWs and programme managers attended one of the events.

Each event followed the same format and included a short introduction to the scoping project from VHS and the policy context from the Scottish Government's General Practice Policy Division. At each event there were short introductions from two community link workers about their roles, before the group divided into breakout rooms to allow more in-depth discussions.

The Policy Context from Scottish Government – Justin Hayes and Naureen Ahmad, General Practice Policy Division

- Scottish Government emphasised the importance of CLWs during the pandemic and being central to recovery post-Covid. As the country moves out of lockdown, it is very keen to ensure that the wellbeing of Community Link Workers is supported
- Covid affected people already struggling with health and wellbeing and exacerbated these inequalities

- The emphasis of the CLW programme is on a person-centred approach to healthcare and the role plays a crucial role in supporting people's health and wellbeing
- Scoping the creation of a national network is included in the action plan of the Scottish Government's Short Life Working Group on Health Inequalities
- This Group is developing a set of recommendations on making primary care more community-oriented and bolstering the third sector. It is also making recommendations for training of health professionals to tackle inequalities. The Group is keen to develop a strong community voice and citizen participation
- The Group is also focusing on mental health services in primary care as mental health issues have increased during Covid. There is a development group to look into this and £10 million funding to support it
- Scottish Government is keen to support a national CLW network, which will help to further develop the CLW programme of work. It could also help to shape the Scottish Government's commitment in relation to 1000 mental health link workers and what the CLW role means for this new commitment. This is still being explored and it isn't clear yet whether these link workers will be building on the current programme or be additional workers.

CLW Voices – Sharing Our Stories

Across the three events, six community link workers from We are With You (Glasgow and Paisley), CVO (East Ayrshire), Sources of Support, Dundee and CVS Inverclyde talked about their experiences in their role. It came across clearly from these introductions that there was diversity in terms of length of time in the role, the demographic range of the people they support and models of delivery. The one commonality was their enthusiasm and love for the job. However, it was evident that the last 15 months had been particularly challenging, given the impact of the pandemic on their engagement with patients and the lack of services available in the community to refer patients.

Breakout Discussions – What Matters to Me?

The main focus of the events was the breakout discussions with link workers. Each breakout group was facilitated by a member of the advisory group and was asked to consider two questions:

- What are your top 3 priorities for the future as a CLW
- How can a national community link worker network best support me?

Question One – what are your top 3 priorities for the future as a Community Link Worker?

Greater understanding of CLW role within primary care: there was some mixed opinions about this. While some CLWs felt really valued within their practices, others felt that there was potential for more productive relationships with their primary care colleagues. This could be supported by more feedback about the impact of CLWs' work to enable practices to make the most of them. Some felt very strongly that the CLW role needs a higher profile in practices to facilitate better understanding of CLW work among the MDT and to enable it to be differentiated more easily from other social prescribing models. Many felt that it would help for the CLW to have a designated space to work within the practice.

Some CLWs felt that learning about their role and its remit should form a key part of training for primary care teams. There was also a suggestion from a couple of the advisory group that there should be a national co-ordination of undergraduate medical school inductions in Community Link Working/Social Prescribing (currently co-ordinate with University of Edinburgh). With regards to training, one community link worker gave the example of her GP practice, where new staff at the practice have to shadow the CLW as part of their training. Other examples of supporting greater understanding between the practice teams and CLWs included practice readiness questionnaires and using GP champions to promote better understanding of the role.

Longer-term funding for CLW role: several groups raised the issue of long-term sustainability of the CLW role and addressing the current short-term nature of its funding. Some pointed out that the current funding for Community Link Workers can impact on how the role is perceived by Primary Care teams and whether they are fully integrated into these teams. Some contracts can be as short as 18 months.

Embed CLW role into primary care teams: during the pandemic, many CLWs have been working from home and supporting their patients via telephone or online. Embedding the CLW service within GP practices post-Covid should be a priority.

Recognise CLW role in a professional capacity: a standardised level of training and practice for CLWs nationwide would help build respect and credibility for the role, particularly in relation to other primary care practitioners. Some CLWs spoke about the importance of a standard job description for the role, but one which has flexibility to adapt at a local level.

Support wellbeing of CLWs: due to a lack of available services during Covid, CLWs felt that the buck often stopped with them; they were the vital link for patients until services re-opened. Social isolation and mental health issues have been exacerbated as a result of the pandemic and there is real concern that CLWs will be overwhelmed with referrals once restrictions ease.

Develop knowledge of different models of CLW delivery: delivery models for CLW work vary across the country, in terms of frequency/number of consultations per patient; how referrals are received; length of appointments; where appointments take place (for example, via home visit or in the practice) and variety of names for the role (job titles included social prescribing link worker, community link worker, community connector). CLWs would like a better understanding of these different models and the strengths and weaknesses of each. There was consensus that the role should remain person-centred.

Re-integrate people into services post-Covid: as one link worker said, 'you are only as good as the services you can refer your patients to'. There was a lot of discussion around the reduction of community services during Covid and the impact this had. As the country emerges from lockdown and people can start using community services again, mapping what is currently available is seen as a priority.

Alongside this, the importance of partnership work in the CLW role is key to being able to provide the right support to people. During discussions, CLWs expressed concern about their ability to cope with increased demands for services as lockdown eases. However they also feel that they are in the ideal position to identify gaps in local services and act as advocates for the benefits of community-based resources to primary care teams.

National evaluation: many CLWs felt that there is a need to demonstrate the impact of the CLW programme on a national level. Local differences are valuable; however developing a national template and minimum core dataset would be beneficial to demonstrating the impact of the CLW programme nationally. There should be consistency in terms of evidence and

core data sets which isn't currently the case. Some CLWs expressed doubts about whether it was feasible to conduct an evaluation on a national scale.

Question Two – How can a national community link worker network best support me?

Before outlining how CLWs felt a national network might best support them, it is important to acknowledge that there were some concerns raised about creating a network in the first place. Some CLWs felt that for a network to be of any value, it needs to have a clear purpose and structure as well as an understanding of how it could link to local, regional and national groups. As someone stated it needs to be an 'action network, not just a talking shop.' Some questioned who the network's target audience would be: link workers, their managers or both? There was also some concern by some CLWs about the time commitment required to engage with a network and whether this might become yet "another body to report to". Someone also asked the question of how a new national network for Scotland would engage with the already established UK-wide National Network for Link Workers.

The following points were raised regarding the potential benefits of a national network:

Advocate for community resources: a national network could help raise awareness of gaps in community resources and then advocate for these at a national level. The network could be used to identify systemic issues (e.g. housing shortages) and provide a voice to address these.

Promote wider recognition of the role of CLWs: as one of the priorities raised by the CLWs was about awareness of the role and the work they do, CLWs feel that the network could be used to support wider recognition of the role and the work they do

Professionalise the CLW role: e.g. standardised pay and conditions, appropriate training and qualifications and funding for these. CLWs also thought that the network could facilitate better skills sharing and CPD opportunities on a national level

Facilitate shared learning and peer support: CLWs use a range of tools, approaches and interventions in their day-to-day work. It would be good to have the means to share what works and what doesn't as well as look at how other models work at different levels both operationally and strategically. A network could support joint funding applications where community resources are required (e.g. Thriving Communities Fund in England). CLWs mentioned various resources and platforms which could be usefully shared and evaluated by a network, including Resource Pot which is updated regularly to enable easier community referrals and mapping; the 'Clear Your Head' resource; the Knowledge Hub to share information online.

Support a national evaluation to measure impact of role: a network could make it easier to quantify the impact of CLW work by supporting a national evaluation of the programme and the creation of a standardised core data set

Feed into the Scottish Government's strategy on tackling inequalities: some felt that the network could support the relationship between the Community Link Worker programme and Scottish Government and facilitate communication between both on future Scottish Government strategy. One example of this was around working with Scottish Government on delivering their pledge of 1000 mental health link workers.

Scottish Government's Reflections

Naureen Ahmad provided some final thoughts from the Scottish Government's perspective at the second event. She reflected on the diversity within CLW work as well as their dedication and commitment to what they do. She called on CLWs to contact Scottish Government if they were experiencing funding issues. She also reflected on the difficult year that CLWs had

experienced during the height of the pandemic. She wants to ensure that CLWs aren't overwhelmed by demand as services start to re-open and CLWs transition from digital to face-to-face support. She stressed the importance of the person-centred approach of the CLW programme in bringing holistic care to people; going forward she would like to hear the voice of CLWs threaded through SG's strategic aims.

Next Steps

The advisory group will review the main discussion points from the engagement events and will follow up with CLWs via an online survey.

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