The national intermediary and network for voluntary health organisations in Scotland

Key Messages

vhs
voluntary health scotland

Survey: National Community Link Worker Network (Scotland)

Background

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.

VHS hosted three engagement events in June with CLWs and their managers to find out what their priorities would be for their future as a CLW and how a network and community of practice could support them with these. 113 CLWs and programme leads attended one of these events and a separate report is available here

To support the findings from these events, VHS launched a survey to follow up with those community link workers who attended the engagement events as well as to capture views from those who hadn't been able to attend. The aim of the survey was to gather, on an individual basis, more information from CLWs about their current challenges and priorities and how a national network/community of practice could support these. The responses from this survey along with the key messages from the engagement events will be used to start the process of shaping a national network for CLWs.

The Survey

The survey was emailed to 180 CLWs and programme lead contacts on 15th July and the survey remained open for completion until 6th August. A total of 40 responses were received. The survey consisted of 6 questions focused specifically on the role of CLW, the purpose of a network and the kind of support it could provide, with the last 5 questions being optional ones to allow CLWs to provide their contact details and the names of the health board and GP practices where they work.

1. **What do you think is the main purpose of your role as a CLW?**

people access services resources social support people approach
wellbeing access services GP practice link work
community live support health wellbeing help
person provide meet patients may needs life individuals
reduce

The word cloud above showcases the key words that were used by respondents in their answers to this question. It came across strongly that they feel their role is person-centred and focused on empowering an individual to take ownership of their life to enhance their wellbeing via community-based resources. As one commented, they want to:

"Ensure people are empowered through CLW support to make informed choices about their wellbeing"

CLWs want to help people to identify and meet their needs, priorities and goals. CLWs see themselves as problem solvers – finding the most appropriate support services for each individual and their issues. In the wider scheme of things, they also feel strongly that their work is about helping to tackle health inequalities and reduce barriers to better health. As one CLW said, their aim is to:

"inspire life changes for those living in areas of deprivation to live longer more fulfilling lives"

From the answers provided, respondents also see their role as a vital link between communities, individuals and GPs, connecting primary care with the community.

2. **What are the biggest challenges you currently face in your role?**

Many respondents commented on the lack of appropriate services in their community due to Covid, particularly services to support people struggling with difficult financial situations and housing issues. The pandemic has resulted in long waiting lists and has put more pressure on CLWs to support people while waiting for services to re-open. As one respondent commented, they felt that in their role they were actually 'holding people' for longer.

Respondents also commented on the pressure they have faced personally during the last 18 months, particularly in relation to people's expectations of what they can do. They feel that there should be more clarity about the scope and boundaries of their role, with one respondent saying that they felt that GPs thought that CLWs' role was mainly about supporting mental health[1]. Several respondents commented on feeling undervalued and underpaid during this time, with little space to work in practice. For those CLWs who were working predominantly from home, some commented that this had a detrimental impact on the profile of their work and the number of referrals they were receiving.

'Working from home affects the profile of the role and therefore referral numbers'

Mental wellbeing of both patients and themselves was raised as an ongoing issue, exacerbated by a lack of face-to-face contact.

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[1] It should be noted that the scope and reach of the CLW role differs across Scotland

3. What are your top 3 priorities for the future as a CLW?

CLWs' belief in the importance of being able to support their patients and continuing to do this to the best of their ability came across strongly as a priority for them. Being able to identify gaps in services and trying to address these was raised by many as a priority (mirroring answers to question 2), particularly with regard to mental health services. There was much reference to the need for community asset mapping, accurate data collection and the importance of building strong community partnerships as well as the challenge of maintaining contact with referrers while working remotely.

The sustainability of the CLW role itself came across strongly as a priority, again mirroring some of the issues raised in the previous question. Several respondents talked about the need to raise awareness of the CLW role and for it to be appropriately remunerated[2]. There were also comments about the need for longer-term funding to ensure that the CLW role is sustainable and embedded fully in the community.

Respondents talked about the need for proper support for CLWs to help them with their health and wellbeing, particularly given the pressure they have faced over the last 18 months.

The top 3 priorities that were mentioned by CLWs in answer to this question were:

- Sustainability and security of funding for the CLW role
- Identifying gaps in services and building community partnerships and relationships
- Raising awareness of CLW role within primary care

4. Do you support the establishment of a national network and Community of Practice for Community Link Workers?

Q4 Do you support the establishment of a national network and community of practice for community link workers?
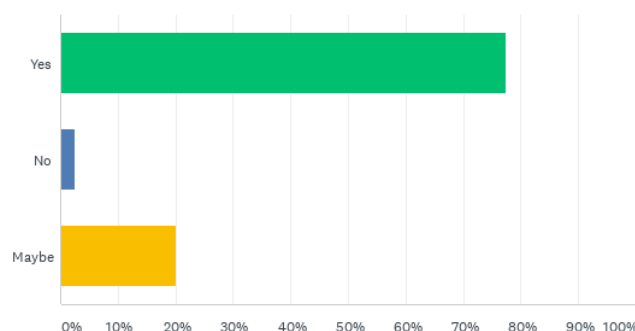
From the chart above, we can see that the majority of respondents (31 respondents or 77%) support the establishment of a national network. Only one respondent stated categorically that they don't support a network, with a significant percentage (8 respondents or 20%) answering 'maybe'.

The kind of support that a network could provide is explored in more depth in question 5. However some respondents did make additional comments in this question about the benefits

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[2] Salary scales for CLWs vary across Scotland depending on the employing organisation.

of setting up a network. Of those that were in favour of a network, many commented that sharing knowledge, resources, experience and practice methods with peers would be really beneficial as well as the opportunity to gain peer support. Some also said that a network could help to provide cohesion between different roles. Other respondents also talked about the ability of a network to help raise, develop and sustain the profile of the CLW role as well as professionalise it.

There were some caveats with regards to the establishment of a network, which may explain why a fifth of respondents answered 'maybe' to this question. As one commented:

 "I think that this would be very positive if it allowed for differences within roles, as some CLW roles are very different to others. It would be important to ensure that any meetings add value and are useful with a clear focus and purpose."

5. What kind of support would you like from a network in your current role?

Q5 What kind of support would you like from a network in your current role? (please tick all that apply to you)
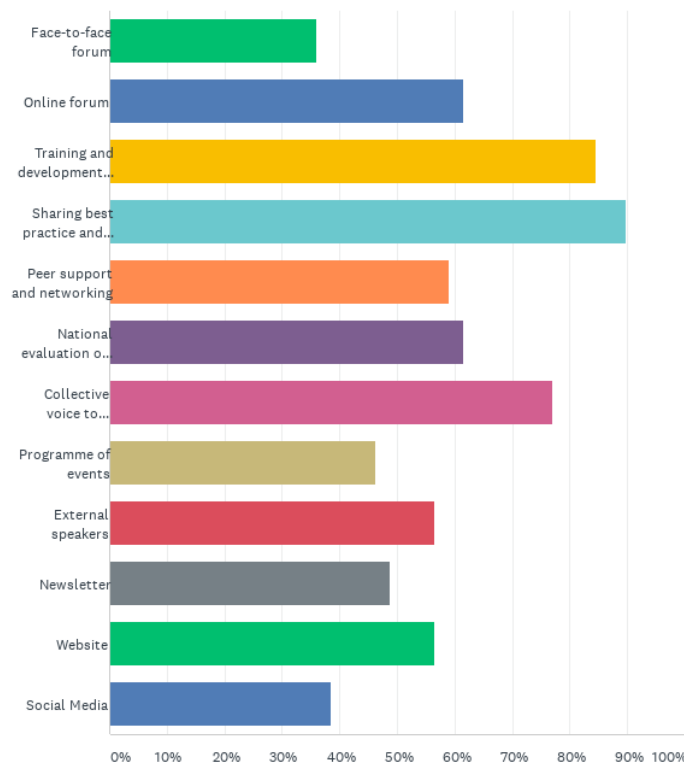
In this question, respondents were asked to tick as many of the options that resonated with them from a list of choices. They were also given the opportunity to add additional areas of support that weren't included in the list but which they felt a network could support.

The graph above shows the results of the respondents' choices. The answer which came out top among respondents was 'sharing best practice and resources', followed by 'training and development' and being 'a collective voice to influence policy'.   Supporting a national

evaluation as well as peer support also featured strongly among respondents' answers. A social media presence and a face-to-face forum were seen as the least important areas of support, with more respondents favouring an online model.

Respondents were invited to add any other areas of support that they felt would be relevant for a network to support; only 3 respondents provided additional information. One felt that a network should be given a voice/place within primary care and practices. Another added that the network could help provide clarity on employers' responsibilities, particularly in relation to proper supervision to support link workers and keep them safe in the workplace; and finally the network could be used to support agreement on the minimum requirements for the role.

Table showing number of respondents for each option

Type of support	Number of respondents
Sharing best practice and resources	35
Training and Development	33
Collective voice to influence policy	30
Online Forum	24
National evaluation	24
Peer support	23
External speakers	22
Website	22
Programme of events	18
Social media	15
Face-to-face forum	14

6. Are you currently an active member of other networks as part of your role?

Q6 Are you currently an active member of other networks as part of your role?
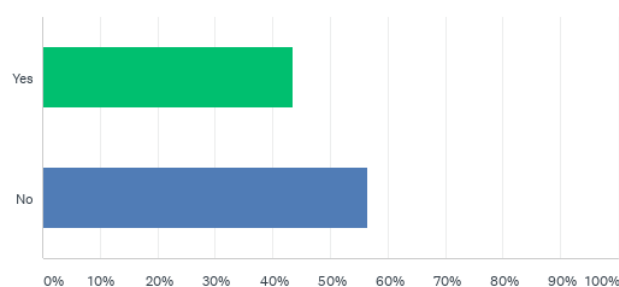
This question was included to get a sense of how much engagement CLWS have currently with networks as part of their role. 44% answered yes to this question, with 56% replying that they aren't currently a member of a network. Examples of networks that CLWs engage with include the National Association of Link Workers, the Scottish Social Prescribing Network, the Community Learning and Development Standards Council for Scotland, the International Association for Community Development and other smaller, local networks relevant to their role such as voluntary sector forums, CLD networks and local partnerships. As one CLW commented:

"I am a member of NACLW and have found this very beneficial and supportive. Due to this being based in England and the primary care systems can be very different, it would be great to have a Scottish network similar to this."

The final 5 questions were optional, asking respondents to give their contact details and provide further information about where they worked. 28 replied giving details of their health board area and the practices where they are based; of these, just under 15% were CLWs that hadn't participated in one of the online engagement events in June.

Conclusion

Although the number of respondents to the survey was relatively small, the information provided, along with the key messages from the engagement events in June indicate that there is an appetite for a national network for primary care CLWs in Scotland, particularly to support shared learning, training and to raise awareness of the CLW role. However the network needs to have a clear purpose and focus and add value to CLWs' existing work. Nine CLWs have put their names forward to be part of a CLW national network working group to start looking into some of the practical considerations of establishing a network and the resources that would be required. The first meeting of this group will take place on Monday 23rd August and discussion points from this, along with the findings from the engagement events and survey will be used to draft a proposal to Scottish Government for the future development of the network.

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