



Report on Scottish Community Link Worker Network CLW Peer Support Events

9th February and 16th March 2022

1. Introduction

The Scottish Community Link Worker Network hosted two CLW peer support events, one each in February and March, which were attended by 78 CLWs and programme leads from CLW programmes across Scotland. Each event followed the same format and included a short introduction to the Network and an update from Scottish Government's Primary Care Directorate. At each event there were short introductions from a community link worker about their programme and role, before the group divided into smaller breakout rooms to allow more in-depth discussions. Below follows a summary of the key points from the events.

2. Scottish Government Update: Naureen Ahmad and Fiona Macdonald, Scottish Government's Primary Care Directorate

Naureen Ahmad and Fiona Macdonald each spoke at an event to provide an update on Scottish Government policies and the role of CLWs in helping to shape these.

They described how CLWs are the interface between health and social care and general practices and are providing capacity, capability and time. CLWs are key to the Scottish Government's Programme for Government, particularly in relation to tackling health inequalities and supporting post Covid-19 recovery plans. Wellbeing is a priority for the Scottish Government and it wants to engage more with the Scottish CLW Network to capture CLWs' views.

There have been two Scottish Government Short Life Working Groups meeting over the last 18 months, which have focused on mental health and health inequalities.

Mental Health Short Life Working Group

- The report from the Mental Health SLWG is looking at a model of multiagency teams in areas served by GP clusters. There is general recognition that GPs are still the first port of call for people needing help. This model will be supported by a significant financial investment
- An early intervention and prevention model of support for mental health within primary care could include occupational therapists and mental health nurses. This support will be designed according to local need and will connect to a range of community support
- £1.5 million has been provided initially for Health and Social Care Partnerships to develop their plans on mental health support. These plans should be published by the end of March 2022

- Funding will increase year on year up until 2024/5 when up to £40 million will have been invested to develop these multi-agency teams within primary care
- 1,000 mental health link workers will be associated with these teams
- How will this fit in with social prescribing principles to avoid creating separate, standalone roles? There will be an emphasis on the multidisciplinary teams working together rather than replacing existing roles. There will inevitably be some overlap regarding the social and welfare needs of patients
- Scottish Government would be keen to run an event with the Scottish CLW Network to explore how upcoming mental health policies fit with current CLW programme.

Health Inequalities Short Life Working Group

- The Health Inequalities SLWG has drawn from a wide range of experience including the Chance 2 Change reference group. The SLWG has presented a report with 23 recommendations. The Chance 2 Change Reference Group has also published a report and both of these can be found [here](#)
- A Development Group will be set up to review the SLWG's recommendations
- Development of National Fair Health Scotland Postgraduate Fellowships in Health Inequalities - more information can be found [here](#)

Child Poverty

- Within Scottish Government's Child Poverty Delivery Plan, there is a role for community link workers to support efforts on tackling child poverty. The next framework for this plan will be published at the end of March and all policy will be looked at through the lens of families and supporting people back into employment.

Alternative Pathways to Primary Care Consultation

- The recent Scottish Parliament consultation on 'Alternative Pathways to Primary Care' - people still want to access services in GP settings and community link workers are already supporting this model. The recent spotlight on link working as part of wider evidence gathering for this consultation – more details [here](#)

Both speakers finished their sessions by recognising the hard work of community link workers and thanking them for their energy, commitment and their continued hard work in a challenging context.

3. Community Link Workers' Voices

Two community link workers, Claire McKenna and Hazel McCall, both from NHS Lanarkshire, shared their experiences of their roles and provided an insight into the setup of their Community Link Worker Programme. They highlighted the main issues which have been presented by the patients they support including mental health, finance, social isolation and housing.

4. Breakout Discussions

Breakout Discussion Topic One: In the current restrictions, how can we maximise the service we provide as CLWs and reach people who need our help?

Use a variety of communication methods

- CLWs are very adaptable in their role and use a variety of communication methods including emails, telephone calls and texts. Many CLW programmes have been using

telephone appointments and online support during the pandemic which has helped to reduce the number of no shows for appointments

- Online support has had implications for older people who don't always feel comfortable using online support. Some CLWs accessed Connect Scotland Funding support to help people to get online. Online appointments can feel invasive which can be detrimental to mental health; however, they can also be seen as an incentive, to motivate people to actively engage (get up, clean house etc.)
- CLW programmes participated in courses during pandemic to support their patients; examples included lifestyle management and mindfulness
- 'Walks and talks' were popular, meeting people outside in gardens and parks
- Ongoing pressure of space for CLWs in their working environment - need to think about this to enhance the experience for patients

Promotion of CLW services within community

- A community-focused approach can help CLWs to reach more people - seeing people at home or in community settings (which in turn non-medicalises the approach)
- A community focused approach supports making connections to other organisations (restrictions permitting).
- Different types of media to promote CLW services – TV screens in GP waiting rooms, GP websites, practices' social media accounts as well as more traditional posters and leaflets
- Attend daily/weekly MDT meetings with other GPs, social workers, mental health teams and other statutory services - working together to avoid crisis.
- Some CLW programmes can only take referrals from their Practices – this can be restrictive and not always allow them to reach everyone who needs their support

Mapping of resources

- CLWs were mapping available virtual services during Covid to support their patients
- Slack was used by some CLW programmes to share details of services
- Dog walking used by one CLW as a way of finding out about local services
- Invitation to local groups to attend CLW team meetings to talk about their services

Breakout Discussion Two: CLW wellbeing - how do we maintain our own resilience and wellbeing – what works and what do we need to help us to do this?

CLW had experienced high levels of fatigue during lockdown; this was exacerbated by high numbers of patients presenting with mental health issues and the resulting pressure on CLWs. One CLW programme had a 'staying well at home' policy for staff, which acted as a reminder for everyone to check in with each other during lockdown, with a buddy system for new staff. It is important to note that not everyone necessarily wanted to get together or meet with their colleagues – this needed to be flexible.

Online support

- Online methods for keeping in touch included WhatsApp, MS Teams and Zoom chat to support daily and weekly catch ups for moral support
- Counselling support including Mind Mosaic and psychologist support
- Headspace App which is free if employed by the NHS

In-person support including peer support and supervision

- Face-to-face support including informal catch ups, daily huddles, going out for walks and making time to catch up with colleagues and 'have a laugh'
- Regular supervision is valued, although some CLWs had to seek out other means of self-care. Some CLW programmes are currently exploring the idea of external supervision. There are some CLW programmes which get supervision from local psychology services and can discuss cases as well as sessions on bereavement, trauma, loneliness
- Supportive managers and peer support are both vital means of support - especially for debriefing after difficult conversations
- Ability to access mental health first aid and mindfulness courses

Other support

- Practice staff including mental health nurses, GPs and other members of the multidisciplinary teams were a good source of support (where CLWs had good relationships with them and can take their breaks with them)
- Creating staff hubs in rural practices as a team base for each cluster

Breakout Discussion Three: What do we see as the key challenges for the year ahead and how can the Network help to support these?

Key Challenges

- **Rise in referrals:** waiting lists for statutory supports/services and CLW caseloads are getting longer (CLWs are having to hold on to cases because of the waiting time and the lack of other suitable services)
- **Pressure on CLWs:** the challenges of increased staff sickness due to stress and other staffing issues (e.g. staff not being replaced or their hours cut)
- **Training:** more specialised training for CLWs is needed as they are seeing an uptake of people who are in crisis and there is real complexity to client caseloads. Examples suggested include distress brief intervention training.
- **Supervision and support for CLWs:** CLWs expect a clear induction process with a structured framework for supervision and support. Should CLWs be registered (for example, social workers have to be registered with SCCC)? Should there be standard training requirements for CLWs? How could this be implemented when there are variations in employment conditions for CLWs even within the same programme?
- **Pressure on community resources:** services are still struggling to re-open, find funding, appropriate insurance and facilitators/volunteers to keep activities running. CLWs are having difficulty connecting and signposting people to support within their communities. Some CLWs work alongside Community, Learning and Development teams to identify barriers/gaps in communities and engage in partnership work to start up activities/groups in local areas.
- **Mapping services:** Glasgow use ALISS to find local services but this won't work for everyone. Many CLW programmes have their own databases of resources but it is time consuming trying to keep these up to date. How can we source funding for development of a resource that could be used both locally and nationally?
- **Cost of living crisis:** CLWs fear an influx of referrals due to the impending increase in cost of living

Role of the Network

- **Peer support and sharing of good practice:** the Network is a way for CLWs to connect, share information, plan and identify key policy, procedures, and strategies in documenting the importance and vital role of CLWs.
- **An advocate for policy change:** CLWs see the reality of health inequalities every day. They identify social trends and can provide invaluable feedback to decision/policy makers.
- **Identify gaps in community resources and advocate for funding:** CLWs are well-placed to identify where gaps are in third sector and statutory services. Need to be able to feed this information back at a national level
- **Remit of CLW role:** explore the relationship with mental health services and the boundaries of the CLW role – there is a need for clearer guidance on how CLWs can ensure their patients receive mental health support
- **Pay and conditions for CLWs:** there is huge variation across programmes with regards to pay, conditions, training and supervision and an identified need to support CLW core training needs.

5. Attendees' Feedback

What did you find most useful about the event?

Attendees commented on how much they enjoyed getting together and networking with other CLWs from around the country to share ideas and challenges. A number of attendees also valued the updates from Scottish Government.

'As someone who hasn't started their project yet, I enjoyed listening to the challenges faced by other teams and how they were overcome. As a Manager the resilience question was very good to have answered by CLWs and gave me a lot to think about in the future'.

'Great to hear about different ideas and perspectives. Really enjoyed today and look forward to the next event'.

What topics or speakers would you like to see at future events?

There were a number of different topics suggested for future events. These included:

- Overview of different models of CLW programmes in different areas of the country
- Speakers on different topics including social determinants of health, trauma, mental health
- Updates from Scottish Government and role of CLW in relation to Scottish Government policy (e.g. mental health)
- Fuel poverty
- Guest speakers on different services for referring patients to

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