



Review of the Training and Development Needs of Community Link Workers

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1. Executive Summary

In summary, the main points stemming from the review of the training and development needs of Community Link Workers (CLWs) are as follows:

- CLWs recognise the need for, and the benefits of, a Scotland specific network for CLWs. They would welcome more opportunities for networking with their peers both locally and nationally
- There was recognition of the need for core training in public protection, mental health and suicide prevention, trauma informed practice, data protection and other areas as these were essential to enabling them to be effective practitioners. They discussed the idea of having a website for CLWs which would include access to e-learning modules, good practice exemplars and online chats with their peers
- They highlighted the need for well-planned induction programmes which included shadowing opportunities with other CLWs and other professional colleagues to help their understanding of roles and responsibilities within primary care
- Team development was an aspect that had been difficult due to the pandemic and required some attention to ensure that there were clear expectations and understanding of the CLW role across professional colleagues
- Almost all CLWs, programme leads and stakeholders who were interviewed did not see the benefit of having a specific qualification for CLWs; however they would welcome recognition of their prior learning and opportunities for career development
- CLWs and programme leads raised concerns regarding the difficulties of accessing mental health and suicide prevention training and having to deal with complex cases due to the pressure on mental health services. Those who had received support from psychologists in dealing with difficult cases found this very helpful
- CLWs recognised the value of effective support and supervision, opportunities for reflection on their practice and peer support

2. Introduction

Voluntary Health Scotland in collaboration with The Scottish Community Link Network, commissioned this review to establish an overview of the current training and development opportunities available to Community Link Workers nationally, highlight current gaps and identify how best to address current and future training and development needs.

Purpose of review

- review current training and development opportunities
- identify core training and development requirements
- highlight any gaps in meeting training and development needs
- recommend a professional learning and development programme based on feedback from community link workers, programme leads and key stakeholders
- highlight any concerns arising regarding their role and responsibilities, expectations, support and supervision and their own health and wellbeing

During the course of the review, ABCD Consultants conducted individual interviews with programme leads and key stakeholders including GPs and Scottish Government policy colleagues; and engaged in five focus group discussions with Community Link Workers and three with Programme Leads. The participants in the focus groups provided a very good cross section of Community Link Workers and Programme Leads across Scotland in terms of their location, background and length of time in post.

Overall, we have gained important insights into the wider context of training and development which are reflected in the following report.

It is important to take cognisance of the current context in which CLWs have been working. CLWs, sometimes called Community Connectors or Social Prescribing Workers, play a significant role in supporting patients to access services in their communities. They stressed the importance of building their knowledge and understanding of what organisations and services are available in the locality where they are working. Many highlighted the positive relationships that they have established with both statutory services and third sector organisations. As a result of the pandemic however, CLWs noted that a number of services had closed which made it difficult to refer patients on for further support. They also reported difficulty in accessing other medical services including mental health. This has led to CLWs having to hold cases for much longer than anticipated.

3. Current induction and training and development opportunities

Almost all Community Link Workers reported that a positive induction programme had been made available to them which helped prepare them for the role. This included shadowing other staff and undertaking elements of core training including public protection, data protection and motivational interviewing. CLWs valued the opportunity to work alongside other CLWs for a period of time recognising how helpful this had

been for their own professional development. Opportunities varied depending on whether CLWs were located in GP practices or in third sector organisations. CLWs who had experienced a positive induction, recognised that this had been advantageous.

CLWs, programme leads and GPs indicated that the pandemic has resulted in a greater need for CLWs as issues relating to social isolation, mental health and poverty have increased. CLWs have helped to support the most isolated and vulnerable individuals and connect them to services that have been able to help them deal with a wide variety of issues including food poverty.

CLWs play a critical role in assisting patients to deal with a wide variety of social issues relating to poverty, addiction, housing, employment and benefits. CLWs noted how important it is for them to have training and to gain an understanding in all of these areas to enable them to assist their patients as effectively as possible. CLWs are often providing early intervention and supporting families who are encountering difficulties. They are acutely aware that these issues are continuing to increase due to a rise in the cost of living including higher energy and food costs. A few CLWs had participated in Lifestyle Management courses which had assisted them in helping many of the patients they worked with.

‘The job that CLWs do is invaluable for practices. Continuing to offer training so that they can advance is to the betterment of the person, the practice, and the patient. It would be useful to ask patients about their experiences.’ (GP interviewed)

Many CLWs highlighted that training and development was ongoing. If they identified training courses that they thought would be beneficial, these requests were usually supported by their line managers. Training and development needs were generally discussed during support and supervision sessions. Almost all CLWs received regular and effective support and supervision from their line managers. They agreed that time was given for professional reflection and discussing case studies which they found helpful. The majority of CLWs worked as part of a team and valued the peer support that was available to them.

CLWs employed by the NHS were able to access Learn Pro and TURAS training and development programmes which covered mandatory training. They benefited from participating in a variety of courses including Good Conversations. TURAS is NHS Education for Scotland’s single, unified platform which gives access to health and social care tools and learning resources.

Most CLWs recognised their role in relation to social prescribing but would welcome more training and development on both this and Realistic Medicine. This approach encourages patients to self-manage and overcome barriers, therefore enabling them to take responsibility for their own health and wellbeing.

CLWs felt a difference when GP and other staff within the GP practice had a good understanding of their roles and responsibilities. This led to clear and realistic expectations of the role and appropriate referrals being made. Unfortunately where this had not happened, CLWs described being given inappropriate referrals which made things difficult for both them and the patients with time spent trying to address

this. CLWs can find it difficult to embed their roles into GP practices particularly if they are working across a number of practices. Due to varying complexities, exacerbated as a result of the pandemic, it can be difficult for whole teams to meet and get to know each other. This can make it difficult for other professional colleagues to understand the role and responsibilities of CLWs and develop teamworking. This has been particularly difficult during the course of the pandemic. A few CLWs also reported finding it difficult to access accommodation in GP practices due to lack of space.

‘The team must work with everyone on board to ensure that CLWs are embedded in the practice’ (GP interviewed)

‘The CLW needs to be integrated within the systems and understand the approach within the practice’ (GP interviewed)

Most CLWs noted increased complexity in their role as a result of the pandemic with an increase in supporting patients experiencing mental health issues. Due to increased pressure on existing services, CLWs described having to hold cases which otherwise would have had more specialist intervention. These cases can often be complex with the CLWs requiring additional support and guidance. In some areas, many CLWs receive professional support from psychologists as part of their contract which has been beneficial to them. Others who did not receive this support felt that it would be helpful. In some cases, it was felt that referrals to support patients experiencing mental health issues were inappropriate as cases were too complex and required the intervention of professional staff trained as mental health practitioners. Due to significant waiting lists or individuals not meeting the criteria of the crisis level indicated by the providers of psychological services, patients can fall through the net. The reality for a number of CLWs is that they are having to deal with crisis situations although they are not trained as mental health practitioners and should not be regarded as an emergency service. Having no clear pathway to refer people was a stress point for a number of workers.

CLWs noted the need for training in mental health including suicide prevention programmes such as Applied Suicide Intervention Skills Training (ASIST) as part of their core training. However, a number of leads and workers reported that it is currently very difficult to access this training. They recognised that services for mental health support and intervention can be confusing for patients and were aware of the additional resource that mental health support workers would provide.

Key Points

- **CLWs benefit from having a well planned induction which helps prepare them for their role**
- **Preparing GPs and other professionals in relation to expectations of the CLW role is crucial to preventing inappropriate referrals This needs to be prior to the scheme or worker starting**
- **Providing patients with information about the CLW role is vital.**

- **Assisting CLWs to develop an understanding of the locality they are working in and the organisations and services that they can refer patients to is beneficial**
- **CLWs benefit from being part of a team where they can discuss and reflect on cases and share practice**
- **Shadowing experiences assist CLWs to gain an understanding of the role of other professionals. This also includes shadowing other CLWs as part of their induction**
- **Core training in key areas including public protection, benefits and housing, mental health including ASIST, social prescribing, good conversations and data protection, helps CLWs to be effective in their role**
- **CLWs benefit from peer support**
- **Line managers supported the personal and professional development of CLWs through regular support and supervision**
- **Clarity on the structure and a clear definition of the roles and responsibilities of mental health support workers would help avoid duplication and confusion regarding patient pathways.**

4. The current gaps in training and development

CLWs, programme leads and GPs believe the number of patients of all ages experiencing mental health issues had increased substantially during the pandemic. Almost all leads and CLWs highlighted access to appropriate mental health and suicide prevention training as being a priority. Accessing programmes including ASIST was difficult however, and CLWs felt that this was putting them in potentially vulnerable situations where they had not had the appropriate training to support individuals in crisis situations.

CLWs recognised that as they are often working with patients who have been affected by trauma in their lives, an understanding of adverse childhood experiences and the impact of this on individuals would be beneficial.

There were limited opportunities to participate in multi-disciplinary training and most CLWs felt that this would support their professional development and understanding of the role other professionals play in supporting patients.

Programme leads and CLWs agreed that better connections with third sector and other services could improve access to relevant training and development courses and make the best use of limited resources.

While creating an induction programme and training for a large cohort of workers worked well, the challenge was to adequately induct and train single workers. Leads felt that there could be a central resource bank of the wide variety of online and face-to-face training being held across the country and which could be shared and accessed as required.

Key points

- **Due to increases in the need for mental health support, CLWs need to be equipped with the skills and knowledge to support patients appropriately – this should include access to ASIST training**
- **CLWs would benefit from training in trauma-informed practice and an understanding of the impact of adverse childhood experiences**
- **Opportunities for multi-disciplinary training with other professional colleagues should be created**
- **Consideration should be given to increasing access for CLWs to participate in relevant training and development offered by other services and organisations including the third sector**
- **A national resource bank of training opportunities should be established**
- **CLWs would benefit from more training on self-evaluation.**

5. Impact

There is no doubt that CLWs have provided a significant role, particularly during the pandemic, where they have often been seen as providing a lifeline to those facing isolation, trauma and financial difficulties. CLWs recognised the importance of building positive, trusting relationships with the people they work with and the value of not having a professional label. The GPs interviewed were all very positive about the significant role CLWs played in supporting vulnerable patients who required emotional support. GPs were very appreciative of CLWs' contribution. However, a few of the CLWs reported that they did not feel valued by GPs; this was due to not feeling part of the practice team. However they did say that this was partly due to the pandemic and the necessary distancing that was required.

CLWs were driven by the difference they were making to the people they were working with and they felt valued by them. Many older people who were not able to access IT during the pandemic were provided with direct emotional support to prevent them suffering from anxiety and social isolation.

Although CLWs generally recognised their value and the difference they were making to improving patients' lives, a number of views were expressed regarding the variation in CLWs' salaries across Scotland which they regarded as being unfair.

Programme leads and CLWs noted the range of new services and staff attached to GP practices and expressed the need for a coordinated, team approach to ensure that patients have a clear understanding of what is available to support their health and wellbeing.

Programme leads and CLWs are using a variety of tools, including the Quality of Life tool, and frameworks including Elemental, Milo and Salesforce to gather evidence of impact. There is recognition that this should not be a tick box exercise and that qualitative evidence of impact needs to be gathered. However, there is a lack of clarity on Scottish Government's expectations about what should be measured and benchmarks. There was agreement that a national evaluation framework would be

helpful with clear guidance from Scottish Government. This would help with consistency and getting a national picture of the difference being made in addressing health inequalities and improving health and wellbeing outcomes. Training and development associated with self-evaluation and reporting would be helpful.

Key Points

- **CLWs are having a significant impact in providing support and advice to vulnerable patients with wide ranging needs**
- **GPs and others generally recognise the value of CLWs and the difference they are making to improving lives**
- **Their role has been particularly significant during the pandemic where they have reached out to individuals who have been socially isolated and struggling to access services**
- **Almost all CLWs recognise their value but are aware of the differential in salaries nationally which they feel needs to be addressed for the purposes of fairness and equity**
- **A number of tools are being developed nationally to measure outcomes and impact. It would be helpful to have a national evaluation framework to ensure consistency in approach with relevant training to avoid reinventing the wheel.**

6. Health and Wellbeing

The role of the CLW has been evolving and most CLWs reported increasing expectations during the pandemic. There was a general consensus that the workload was growing, with increasing responsibilities and supporting more patients with complex issues. Given the complexities of the role and increasing demand to support patients who may have significant issues including mental health, CLWs reported that in most cases, they felt supported and able to focus on ensuring that they were taking care of their own health and wellbeing. This was helped by having line managers who made time for them, psychological support (when available) in dealing with difficult cases and support from their peers.

They recognised the value of having protected time to reflect on their experiences and being able to share this with other colleagues. A few CLWs reported the benefits of being part of a buddy system and the provision of mindfulness and yoga sessions in supporting their health and wellbeing.

However CLWs have felt under enormous pressure from an increasing workload and having to deal with complex cases. They are also holding on to cases for longer due to pressures on mental health services. All of this is combining and making them feel exhausted at times. A few reported that they were having to focus on their own self-care where support was limited or unavailable.

During the pandemic, CLWs could feel isolated and had to be pro-active in maintaining contact with their work colleagues and peers.

Key points

- **The workload of CLWs has increased significantly during the pandemic with a growth in supporting patients experiencing mental health issues**
- **CLWs need to have appropriate training and development including ASIST training to support patients effectively**
- **CLWs benefit from psychological support when dealing with complex cases**
- **Better systems need to be in place to ensure that appropriate referrals are being made to CLWs**
- **Opportunities to reflect on cases and receive support from line managers, peers and other professionals is critical**
- **Courses in mindfulness, yoga and others should be available to support the health and wellbeing of CLWs.**

7. Future developments and recommendations

CLWs and programme leads all recognised the need to develop opportunities for wider support networks both locally and nationally which would provide time for peer support, discussing ideas and sharing good practice. All programme leads and CLWs recognised the need for a Scotland specific network for CLWs rather than a UK-wide one, to reflect the uniqueness of Scotland. A few programme leads and CLWs noted that they can feel isolated in their roles and that peer support and networks provide much valued support. They were conscious of the variations nationally in the role and practice and saw the benefits of strengthening a network that would involve practitioners across Scotland.

More work needs to be done to build teams in GP practices to include CLWs in planning and decision-making. Unfortunately, there are a number of CLWs attached to GP practices who do not have the opportunity to meet with GPs and other professional colleagues and, as a result, don't feel valued. Due to this lack of understanding of the role of the CLW, patient care can be compromised by inappropriate referrals.

Psychological services/mental health practitioners were inundated and the third sector was not as strong as it had been pre-pandemic, both in terms of the number of groups/organisations operating and the variety of services on offer. Programme leads and CLWs have been proactive in a number of cases and have produced leaflets explaining their role for GPs and other professionals and patients. A number of CLWs have been given the opportunity to provide presentations to GP practice teams; this has helped to raise awareness and understanding of the role and has resulted in clearer expectations. In one CLW programme area, a practitioner handbook has been produced and a number of interviewees felt that this would be invaluable to their own programmes. It would be helpful if this approach could be replicated across Scotland.

A number of leads and CLWs felt it would be useful to provide an input to medical students on the role of CLWs to raise awareness of social prescribing. This is already

happening in some areas including Edinburgh. Others mentioned that it would be helpful for junior doctors to shadow CLWs and vice versa.

There are a number of areas where it would be beneficial for programme leads to share their practice including measuring the impact of CLWs in reducing health inequalities. VHS and the Scottish Community Link Worker Network is already working in partnership with Evaluation Support Scotland to provide workshops on measuring the impact CLWs' work in tackling health inequalities. Various evaluation systems are being used currently by CLWs and it would be useful to share what is working well to avoid reinventing wheels. It would be helpful for Scottish Government to develop a national evaluation framework with clear guidance on the gathering of quantitative and qualitative data.

A number of those interviewed noted issues in regard to IT; one example included not having NHS email accounts after a significant length of time in the role. There were difficulties in being able to record information on systems that could be helpful for gathering evidence of CLWs' impact on improving the lives of their patients.

There was little interest in the development of a national qualification. Almost all of those interviewed highlighted the diversity of the backgrounds of CLWs as being a positive and felt that it was invaluable within teams. However, the general consensus was that a standardised programme of relevant core training would be beneficial. We also discussed the potential benefits of introducing a system for recognising prior learning which would value the individual's background and qualifications without the requirement of a specific qualification for the role. This appeared to be the preferred option. There is a clear role for the Scottish Community Link Network to facilitate the development and introduction of a programme of core training for CLWs.

Due to the increased demand for mental health support and services, training and development on this area was seen as a priority. There was recognition that anyone starting their role as a CLW needed to have a clear understanding of social prescribing and subscribe to an appropriate code of conduct. In addition, CLWs required empathy and understanding regarding the trauma and circumstances of the people they would be working with and adopt trauma-informed practice.

Due to a variation in access to training and development opportunities, both programme leads and CLWs agreed that a national database would be helpful in gathering information about the best training and development courses available to meet the needs of CLWs to avoid reinventing wheels. E-learning modules that were easily accessible and relevant would be welcomed although the value of in-person training and development was recognised in creating opportunities for reflecting on case studies and sharing practice.

Almost all CLWs, leads and stakeholders thought it would be helpful to have an umbrella organisation for CLWs that would develop professional standards and competences over time. CLWs also mentioned an interest in career progression.

Key Points

- CLWs recognise the need for, and the benefits of, a Scotland specific network for CLWs
- CLWs would welcome a national database on training and development courses, easy to access e-learning modules and increased opportunities to promote the work of CLWs, share practice, resources and information
- The development of guidance on the role and responsibilities of CLWs would help GPs and other professionals develop a clear understanding and expectations of the role
- Better integration of CLWs into teams attached to GP practices would be helpful
- Programme leads and CLWs valued both local and national networks where they could share information and practice and would welcome more opportunities to meet their peers. VHS is planning an annual conference with workshops for the Scottish Community Link Worker Network in 2023
- Practitioners would benefit from a national evaluation framework for measuring the impact of their work on improving lives and reducing health inequalities with support from Scottish Government
- More focus on opportunities for career progression and addressing the current issues relating to discrepancies in salaries would be welcome
- Discussion and agreement on the core training modules (while recognising differences in geographic areas)
- Further discussion on the benefits of Recognition of Prior Learning, the value, professionalisation and career development of CLWs would be helpful.

‘The CLW has made a world of difference to the practice. Previously, GPs were trying to be an encyclopaedia of everything happening in the community. Dealing with this and trying to get to the root cause of issues in a ten-minute consultation was really hard. People need time to get a grip of the issues and work out what they want to do. The CLW programme offers hope, alternatives, and options that we didn’t have previously.’ (GP interviewed)

‘The right people need to be recruited and retained. It would be useful to see the CLW training and professional development as a gateway to other professions in due course.’ (GP interviewed)