

KEY MESSAGES



GIVING A VOICE TO SCOTLAND'S COMMUNITY LINK WORKERS

Introduction

The Scottish Community Link Worker Network held its latest peer support event on 13th September from 12.30 – 2.00pm. The principal aim of the peer support events is to give Community Link Workers (CLWs) from across Scotland the opportunity to come together with their peers to discuss topics of shared interest. The event was held online on Zoom and 25 CLWs attended.

Roisin Hurst, Project Manager for the Scottish Community Link Worker Network, welcomed everyone to the event and provided some short updates about the Network's recent activity. She highlighted the Network's upcoming report into scoping community link worker programmes across Scotland. She also referenced its work with Scottish Government's Primary Care Directorate to establish a short life working group which will focus on areas of national co-ordination for community link working across Scotland.

She introduced the event, emphasising that the focus of today's discussions would be:

- overcoming challenges, and,
- effective training and support.

Leeanne Killen, Primary Care Development Manager at North Ayrshire HSCP and Erika Copland, Community Link Practitioner from Voluntary Action Orkney would deliver a short introduction to each topic to raise some key discussion points. The delegates would then be divided into 3 breakout groups to enable more in-depth peer to peer discussion in smaller groups.

Breakout Topic One: Overcoming Challenges

Leeanne Killen introduced this session by talking about some of the key challenges that she and her team have faced in recent months.

Firstly, she talked about the impact that a lack of appropriate mental health services is having on CLWs and the patients they support. Many of their patients are being declined by mental health services and then referred again to a CLW for support.

She also highlighted that CLWs are finding it harder to encourage patients to engage in community services due to their higher levels of anxiety. The landscape post-Covid is constantly changing, and it is hard to keep up with what is going on. She and her team have seen a spike in people coming forward with diagnoses of both ADHD and

autism. These patients don't always meet the remit for support from mental health practitioners and are therefore often referred back to the CLW.

She raised the lack of stability in 3rd sector funding as a core challenge as this is impacting patients as well as CLWs' ability to do their jobs effectively. Services and groups will often receive funding for one year; clients will be referred to an organisation or service only to find that it doesn't exist 12 months later due to discontinuation of funding. The emotional impact of this on both the client and the CLW can be devastating as the CLW cannot provide what the client needs.

Her final point related to people's understanding of CLWs' roles. In Ayrshire, this is even more complex as there are 3 different health and social care partnerships, each one having its own CLW programme. These programmes all work in a slightly different way which makes working pan-Ayrshire quite challenging for local services and CLWs.

After Leeanne's introduction, delegates were asked to consider the following questions for discussion in their breakout groups:

1. What are the main challenges or obstacles you are coming across currently in your role?
2. Do you feel confident in knowing when/where to go if you need further support?

Challenges

Every group reported seeing cuts to services, long waiting lists and increased demand for certain types of support. Housing was referenced by all groups as a particular area of concern, with CLWs seeing more people facing long waiting lists for housing and a reduction in housing support services. CLWs discussed difficulties navigating housing services and seeing cuts to emergency housing as well as issues around homelessness and temporary accommodation.

The groups also referenced seeing cuts to mental health support with people being discharged after intensive support without anywhere to go.

Several CLWs talked about the reduction in the number of community groups for both older people and younger adults. A lack of befriending services for older people was an issue for several CLWs. One CLW gave the example of the recent closure of their island's only befriending service for older people due to a lack of funding. They also highlighted the impact that living in a rural location can have on people's ability to access appropriate services.

The lack or reduction of community services creates additional pressure for CLWs, particularly in relation to managing expectations of patients and others and to people's wider understanding of the role of the link worker and what they can realistically achieve. The CLWs talked about the challenge of trying to keep up to date with which services/groups are still running in their local communities. They also talked about services competing against each other due to funding issues.

Finally, the CLWs observed that they are seeing more people who are struggling with the cost-of-living crisis, particularly people presenting with both food and fuel poverty.

CLWs are helping more and more people to access financial support such as adult disability payments.

Where do you go to access support?

In terms of being able to access support to enable them to do their role, many CLWs highlighted the importance of good supervision; most of them seemed to have access to this which is very encouraging. Other methods of support included group chats on Teams and support more generally within their own teams. They also highlighted the support they receive from the wider primary care team and having the opportunity to shadow other members of their team or buddy up/peer support. One CLW talked about the fact that he and his team have personal development plans which provide support and direction to them in their roles.

Breakout Topic Two: Training

Erika Copland introduced this session by highlighting how mental health services are overstretched with demand for these services rocketing and patients being bounced back and forth. She talked about the importance of CLWs being able to access mental health first aid training. This was emphasised to her following a situation her team experienced where a patient at risk of suicide had self-harmed in the presence of the Community Link Worker. Following this, the CLWs spoke to the GP practice where they are based about the need for them to be better equipped to deal with these types of situations. The CLWs are now booked to do Mental Health First Aid training. She also highlighted the benefits of ASIST (Applied Suicide Intervention Skills Training) and receiving good clinical supervision.

Delegates were asked to consider the following questions for discussion in their breakout groups:

1. What training have you had recently that you enjoyed and which has helped you to carry out your role more effectively?
2. Is there particular training and/or an organisation you would benefit from? How could the Network help with this?

Training opportunities

A number of groups referenced [Safe to Say Training](#) as being really effective in supporting community link workers work with survivors of childhood sexual abuse. Other courses referenced by the groups included:

[Understanding Mental Health](#) from The Skills Network

[Applied Suicide Intervention Skills Training \(ASIST\)](#) - suicide prevention training is core training for several CLW programmes.

Other training that the groups referenced as being beneficial included statutory child protection and safeguarding, bereavement training, trauma informed mindfulness from the Mindfulness Association, mental health and alcohol training, autism, immigration and cultural awareness training including support for refugees and asylum seekers. The groups also mentioned that some training in graded exposure to help CLWs enable people to get out of their home would be helpful. One CLW pointed out that the

Centre for Clinical Interventions has useful resources relating to this including the [health anxiety workbook](#) and [social anxiety information sheets](#)

The SCLWN has recently worked with NES to create a dedicated [social prescribing training page](#) on the TURAS platform which identifies suitable and useful training for community link workers and social prescribers. A CLW mentioned that they had recently undertaken the behaviour change training from TURAS. Anyone can access this page with a TURAS account which a CLW can set up for themselves. Other training that the groups identified that would be useful included trauma informed mindfulness, menopause, and finance and benefits training. Some CLWs had benefitted from group psychology supervision which had really helped them cope with their challenging roles.

Final thoughts

Roisin thanked the delegates for their enthusiastic and honest discussions and said she would share the key messages from the event with attendees. She also reminded everyone about upcoming VHS and Network events which may be of interest to them:

[The Health Creators' Summit: VHS Annual Conference 2023](#)

[Knowledge Exchange Event](#)

Roisin Hurst

Project Manager, Scottish Community Link Worker Network

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18 York Place, Edinburgh EH1 3EP // 0131 474 6189 // mail@vhscotland.org.uk // www.vhscotland.org.uk // @VHSComms
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