

Record of Learning 2024

10 years of transforming communities with the Links Worker Programme



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Glossary of terms

Links Worker Programme (LWP):

The LWP began in 2014 as a Scottish Government funded pilot programme that aimed to explore how primary care teams can support people to live well in their communities and was delivered as a partnership between the Health and Social Care Alliance Scotland (the ALLIANCE) and GPs at the Deep End within Glasgow.

General Practitioners at the Deep End:

GPs at the Deep End work in general practices serving the 100 most deprived populations in Scotland, based on the proportion of patients on the practice list with postcodes in the most deprived 15% of Scottish datazones.

Community Links Worker (CLW):

CLWs work with individuals to improve their health and wellbeing by offering help to people facing issues such as poverty, loneliness and isolation, housing, debt, and abuse. The ALLIANCE terms their CLWs 'Community Links Practitioners' (CLP).

Programme participant:

Individuals referred to CLWs for assistance are termed as Programme participants.

Foreword

I am delighted to introduce this publication which marks ten years of the ALLIANCE Community Link Worker Programme in Glasgow and West Dunbartonshire, celebrating its achievements and looking ahead to future opportunities.

It is important to reflect how far Community Link Workers in primary care have come - from pilots in a handful of practices, to there being more than 320 Link Workers across Scotland. The ALLIANCE's Link Worker Programme alone works with 90 practices across Glasgow and West Dunbartonshire. Their inclusion in the reform of primary care since the 2018 General Medical Services GP contract was introduced, has solidified the Link Worker role within multidisciplinary teams and brought them to the fore of our efforts to improve population health.

We cannot fix social issues with medicalised responses and Link Workers have an important role in reducing unnecessary treatment and prescribing which is not good for the people we care for, or the environment. As the Scottish Government's Chief Medical Officer and a GP by background, I have a deep appreciation of the benefits - for both patients and Practices - of having skilled and knowledgeable staff who work with people to really understand what matters to them - their needs, values and experiences - and help them access support that they really value. Put simply, Community Link Workers deliver value based health and care. They are vital in helping people to achieve the outcomes that matter to them.

I know that Scottish Government colleagues will consider the recommendations made in this report. They continue to fund primary care Community Link Workers through the Primary Care Improvement Fund and made clear commitments to the Link Worker role. A national review of policy and funding started recently which will investigate a range of issues for CLW services across Scotland, and in November 2023, Ministers committed to provide Glasgow City Health and Social Care Partnership with an additional £3.6 million over three financial years, from 2024/25, to avoid the loss of posts.

The enduring impacts of the pandemic and the cost-of-living crisis have widened health inequalities and increased pressure on our health and social care services. This makes the work of Community Link Workers more vital than ever, and the role continues to evolve due to the great commitment and determination shown by our workforce. This report's powerful case studies - from patients whose lives have been transformed, from practice staff and from wider services - demonstrate the breadth of work in the ALLIANCE programme as well as the personal dedication, tenacity and resourcefulness of individual Link Workers.

Professor Sir Gregor Smith
Chief Medical Officer

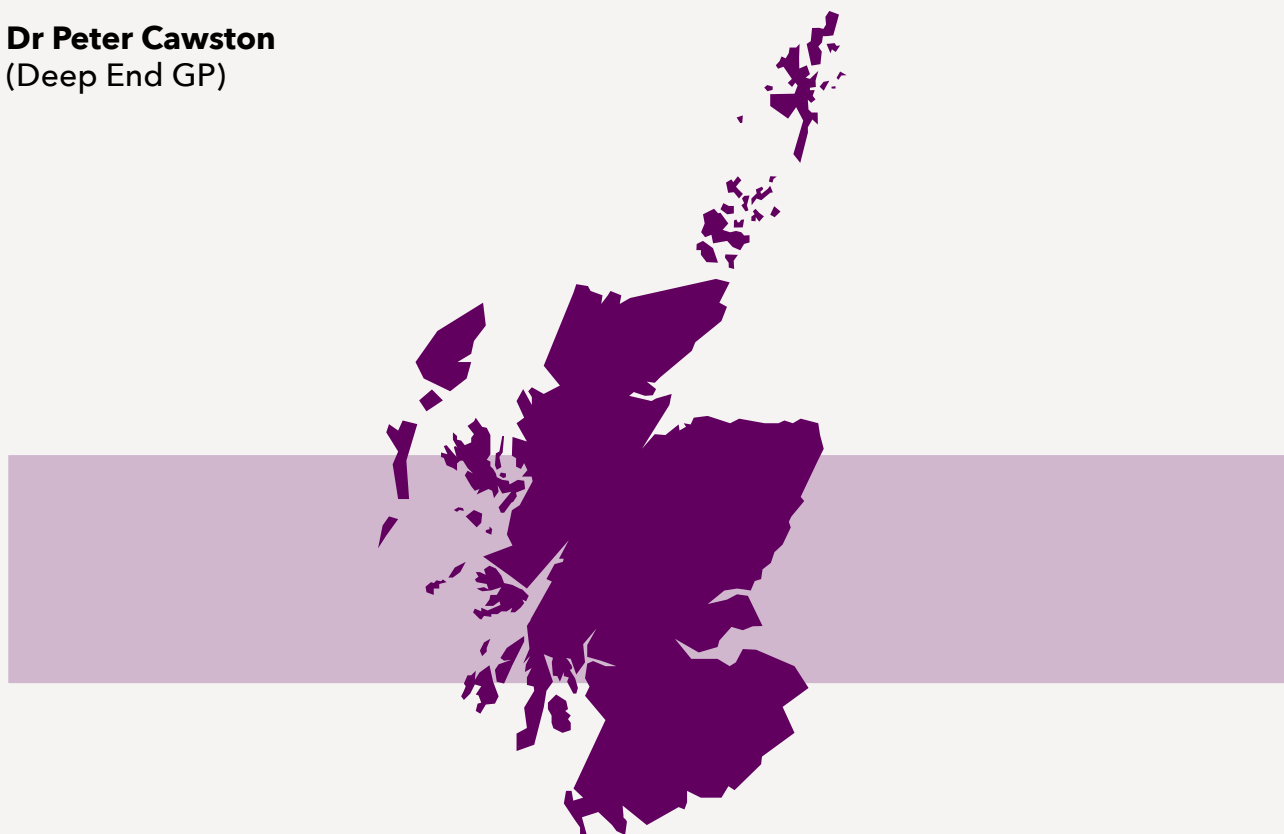
Ten years ago it seemed like a fairly remote hope that Community Link Working would be anything more than yet another short term pilot. The early adopter Deep End practices who led the way showed that Community Links Practitioners could become integrated into GP practice teams, and that they could play a vital role in supporting people with the root financial, social and political causes of their physical and mental health problems. They were also able to show how transformational it is when a whole GP practice becomes community connected, better able to respond to the bigger picture behind the immediate symptoms, and better at building trust with their communities. But just because something works well doesn't guarantee anything...

It's wonderful therefore that we're now able to celebrate a whole decade of the Community Link Worker programme, which has not only survived but gone from strength to strength across the whole Scotland. Thousands of individuals and families have been enabled, and hundreds of GP practices supported. This has been a fantastic achievement.

There are huge challenges however that remain. The NHS in Scotland is heavily unbalanced towards high-tech, hospital-based medical interventions while funding to general practice, social care and especially to communities has been savagely cut, leading to spiralling and unsustainable NHS costs. Many GP practices have had to take steps to survive which render them less, not more, connected to their communities and which have undermined trust and relationships. And Community Link Workers themselves continue to face variable working conditions and threats of funding cuts.

This tenth anniversary is an opportunity for us to reaffirm collectively that Scotland's communities are a rich source of energy, creativity and talent without whom we will never have a healthier, less unequal country, and to call on all those in positions of influence to set priorities and make choices which put communities first and centre of health and health care.

Dr Peter Cawston
(Deep End GP)



Community Links Programme 2014 - 2024

2014

Links Programme

7 Deep End General Practices in Glasgow

2017

Expansion of Programme

CLPs in 15 practices across Glasgow

2018

Further expansion

2018 saw the expansion of the programme bringing the number of participating GP practices to 18

2020

Programme through the pandemic

The links programme is now based in 34 GP practices across Glasgow's most socio-economically deprived communities

2024

Celebrating 10yrs of links programme

85 CLPs across the 2 areas

In 2024 we reflect on a decade since the initial pilot of the ALLIANCE's Links Worker Programme highlighting its strengths and value in the primary care setting. Conceived as an innovative and collaborative response to evolving health and social care, the LWP has gone on to develop and grow to become an established and integral part of primary care provision across Glasgow and West Dunbartonshire.

Section 1 - Background to the Links Worker Programme

#makelinks



Map of the initial seven practices in Glasgow to host a CLW (in red) along with the comparison sites (in blue)

In celebrating ten years of the Links Worker Programme we reflect on the landscape which preceded it and the principles and theory upon which the programme was created. This Record of Learning outlines the key factors that led to its inception, including the changing social policy landscape regarding public service reform, the creation of the GPs at the Deep End Project, and the subsequent integration of health and social care.

Legislation in 2016 stated health and social care integration aimed to 'improve care and support for people who use services, their carers and their families. It does this by putting a greater emphasis on joining up services and focussing on anticipatory and preventative care.'¹

This would become central to the ethos and development of the Community Links Worker role and its position within primary care. In 2009, the Deep End Project had been established to 'engage with GPs, share best practice, and advocate for more resources to mitigate health inequalities in very deprived areas.'² In their subsequent report '*GPs at the Deep End Report 20 – what can NHS Scotland do to tackle health inequalities? Proposals from GPs at the Deep End*'³ they discussed their experiences of working in deprived areas and the challenges of the high number social determinants of health faced by their practice populations.

They suggested measures that would go towards addressing these, and reduce pressures on primary care, with one being that 'the lay link worker role should be developed to link practices and patients with community-based services and resources'.⁴

Therefore, with the need for an innovative, preventative model of support within primary care, focusing on health inequalities, the Community Links Worker role first took shape.

As most Deep End practices were within Glasgow, it was proposed the city would provide a suitable setting. In April 2013 Scottish Government agreed to fund the ALLIANCE to deliver a two-year pilot.

The ALLIANCE employed their initial team of CLWs; the management team worked with GP practices to implement the programme adopting an approach aligned with the principles of coproduction to allow local setting-dependent variations of processes to emerge. CLWs began to work with individuals from the practice list populations on a one-to-one basis to identify and address issues negatively impacting their health, to support individuals to access suitable resources and to increase health competence. They began also to network with local community resources to support the development of their own capacity and identify gaps in provision.

Beginning in 2014, the ALLIANCE's Links Worker Programme began delivering the service in seven Deep End GP practices, with another eight acting as comparison sites. The success of this pilot provided a foundation upon which the programme could thrive and expand. Ongoing evaluation throughout has allowed for it to stay flexible and responsive, increasing connections through capacity-building and meaningful relationships. You can read more about the context and creation of the programme at <https://www.alliance-scotland.org.uk/wp-content/uploads/2015/09/Context-Creation-Module.pdf>



I want to express my sincere gratitude to [CLW] for her exceptional care, she has really helped me during these difficult times, she checked on me regularly, she offered great advice and guidance, she was very useful and supportive, she has made great referrals for me as well as connecting me with the right people, she had professionalism , empathy and dedication towards my case, thank you for having such compassionate and skilled individual in your team.

- feedback from Programme participant

Section 2 -

The three aspects of the Community Links Worker role



This was the first time I have discussed this issue with anyone. I felt I could talk and explain what it's been like for me and my son who I have been caring for many years on my own.

- Feedback from Programme participant

1-to-1 work

CLWs work alongside individuals from the GP practice population to identify issues impacting their health and wellbeing. They will work with the person on what they want to achieve, linking them with the relevant, appropriate community resources and statutory services to begin to address those issues.

CLWs remain involved for as long as is necessary, with the purpose of setting goals and overcoming barriers in taking greater control over their health and wellbeing. This can take place directly through holding good conversations or by supporting the person to access the right assistance via social prescribing (formally referring someone to a resource) or signposting (offering information such as the nature of activities provided, expected benefits and how to access).



Before you, I couldn't tell anyone my issues, but you make it so easy, although I haven't known you long.

- Programme participant

Working alongside people in an open and collaborative manner, establishing a level of trust, is central to Links work. Being a face-to-face service allows CLWs to build trust with the Programme participants referred so that individuals feel valued and understood, and comfortable talking about what is going on in their lives. Often this involves unpicking highly complex circumstances which have a deep emotional and psychological and/or physical impact, so that it becomes more likely for the person to become empowered to engage with support beneficial to taking more control over improving their wellbeing.

Ultimately the aim is to increase the self-efficacy of individuals to mitigate the negative impacts of social determinants of health, and build health competence and capacity for the self-management of any conditions.



There have been a number of situations where the CLW has been absolutely pivotal to good medical care and it would not have been able to be delivered without them. A true asset to the practice.

- GP



The CLW has been an invaluable resource for the practice... Their value lies in their direct benefit to patients.

- GP



I have felt safe with you.

- Programme participant

CLWs are skilled at adapting their approach to best suit the needs of the person with whom they are working. Within the socio-economically deprived settings that most of the individuals who engage with links workers currently reside, various compounding challenges are often locally clustered. The emergence of local environments in which several barriers to positive health and wellbeing co-occur has long been underpinned by politico-economic levers. An overriding theme relayed by CLWs is the importance of working with someone in such a way so that people don't feel that too much is being presented at once, which can lead to people retreating.



I can open up more now, I can talk more.

- Programme participant

Many individuals are, at the point of referral, already at a place where they may find it difficult to engage with services; sometimes this can be influenced by previous experience of services, current chaotic circumstances and/or simply be the point a person is at on their own journey. CLWs are well placed to support engagement of people who, while in great need, have hitherto never found a suitable service to meet their needs. Many individuals can take some time to fully engage with a CLW, sometimes only doing so after arranging but not attending several appointments, or, engaging then being out of contact for a while. This can occur over timelines of several months and a crucial feature of a links worker service is that the 'door is always open', which fits with the continued coverage and serial encounters aspect of general practice.



[CLW] helped me a lot, I am... someone with various mental health problems [and] disabilities as well as insomnia so I'm not easy to help sometimes.

- Programme participant

The flexibility to be able to be responsive to an individual's needs underpins each links interaction, as CLWs endeavour to create spaces in which individuals feel comfortable to share details of any aspects of their lives that impact their health and wellbeing.



Thank you for arranging a joint visit with housing although it was stressful I finally feel progress has been made and that I was listened to and heard.

- Programme participant

Only if people feel comfortable in sharing their story and personal experience with the CLW will it become possible for relevant goals to be identified and suitable resources to be accessed for meeting these, and to move towards the overarching goal of individuals gaining greater health competence and control over their health and wellbeing. CLWs displaying natural empathy, warmth and openness from the outset are therefore extremely important traits. This engenders trust and allows a rapport to develop which can instil a sense of an approach distinct to any target or assessment-driven care they may have experienced previously.

“

I was very anxious following my heart attack and the Links service helped me see that this was quite normal and put me in contact with services that knew and understood what I had been through.

- Programme participant

“

I am so grateful for the help & support I needed when I felt lost and overwhelmed, not knowing what to do or where to go for help. I was referred to the Community Links worker by my GP and now feel better about the future due to this. I have never asked for help from anyone so it was difficult for me but I was made to feel at ease and listened to without judgement. Due to the various contacts/referrals made for me, worrying problems have now been resolved.

- Programme participant



Case study

1

Reason for referral

Participant was referred to the community links worker by the GP as was experiencing isolation and severe mental health problems. The individual had not been engaging with the local community mental health services and the GP wondered if a different approach would be beneficial. During the first appointment, the participant described a number of different issues including thoughts of suicide, self-harm, housing problems and financial stress.

After a supportive chat and lots of listening, I discovered there was a history of significant childhood trauma and neglect which had led to drug addiction and self-harm. In addition, the participant had witnessed a number of deaths of close family members in the years leading up to our appointment. The result was the participant was living with complex mental health conditions and had disengaged from society, feeling the only way to escape was suicide.

Action taken

Over the first couple of appointments, I explored the participant's interests and identified their support network to develop a safety plan. Once we had built trust, I encouraged the individual to engage with the Community Mental Health Team and attended the first Community Psychiatric Nurse appointment together.

I also referred the participant to the welfare adviser to help set up all the correct benefits and to help manage debts.

We tried a number of different group activities including Spanish classes, cooking classes and women's groups and discovered the individual was a really good singer and artist. We discussed specific trauma counselling options but the individual felt it was not the right time and they wanted to focus on addiction support first. I referred them to the local addiction service and another local charity for peer support.

One of the main triggers was housing stress from problems with neighbours and repair issues. I showed the individual how to report problems to their housing association and referred on to Housing Options Scotland for advocacy. I also signposted to other housing associations and talked through the application process.

The individual was very unstable when I first started working with them. I used my ASIST [Applied Suicide Intervention Skills Training] training for a lot of the appointments where we discussed suicide and did have to phone the police for a welfare check on one occasion. I also worked closely with the individual's housing officer, the community mental health team and GPs throughout my time working with the participant.

Outcome

The individual is now regularly attending appointments with the Community Psychiatric Nurse, psychiatrist and psychologist. They are also engaging with the addiction services and are highly motivated to stop using drugs altogether, and to discover who they are without the use of drugs. They are awaiting a housing move and have started to implement positive coping strategies in response to triggers, instead of turning to self-harm or self-destruction.

“

I have seen first-hand over the last few years the great work CLPs do and the difference in which they make to my patients. It is my feeling that they are central to disease prevention and anything which bolsters this really should be a priority for medium to long term population health. I've also witnessed a reduction in my workload to allow me to focus on my priorities as an expert medical generalist which is key to the new GP contract.

- GP

Case study

2

Reason for referral

A refugee, recently separated from her spouse who disagreed with her desire to study. The husband subsequently left the family home. Individual had no income whatsoever: disability benefits for one of their children was being paid to the spouse who did not pass this on to the family. The participant was not open to housing association support as they were not named on the tenancy; was at imminent risk of homelessness.

At one point their spouse returned to the flat and was violent towards them. The participant told CLW that their spouse had wanted to take one of their children to get a passport photo taken, raising concerns they would attempt to remove the children to another country. Participant terrified that their spouse would return and subject them to more violence/remove the children.

Action taken

During discussion with the individual, it was determined they needed immediate support with finances and housing. A referral was made to the local law centre who run a project for individuals facing violence, and housing issues. (They subsequently requested an urgent homelessness application be taken.)

Applications were made to various crisis funds. An urgent referral had already been made for welfare rights assistance. On the disclosure of domestic violence, a referral was then made to a women's aid organisation, who helped the individual create a safety plan and make a report to police. Refuge accommodation was discussed. An Adult Support and Protection referral was passed to social work. With the person's health visitor, a further application was made for her children.

Outcome

Temporary accommodation elsewhere in the city was found by the Homelessness team and the family supported to move. The person reported they felt safe and that their children were happy. They were assisted to register with a GP practice there that had a CLW, and a handover completed to ensure consistency of support. Agencies continued to assist with outreach support and welfare rights.



You are the most reliable and supportive person in my life right now.

- Programme participant



I feel so much better, like a weight has been lifted just talking to you about everything going on.

- Programme participant



This is great, maybe this is the beginning of something, getting out of the house more, I am only 70 I don't want to just sit around. Thank you I really appreciate it.

- Programme participant

Practice Development

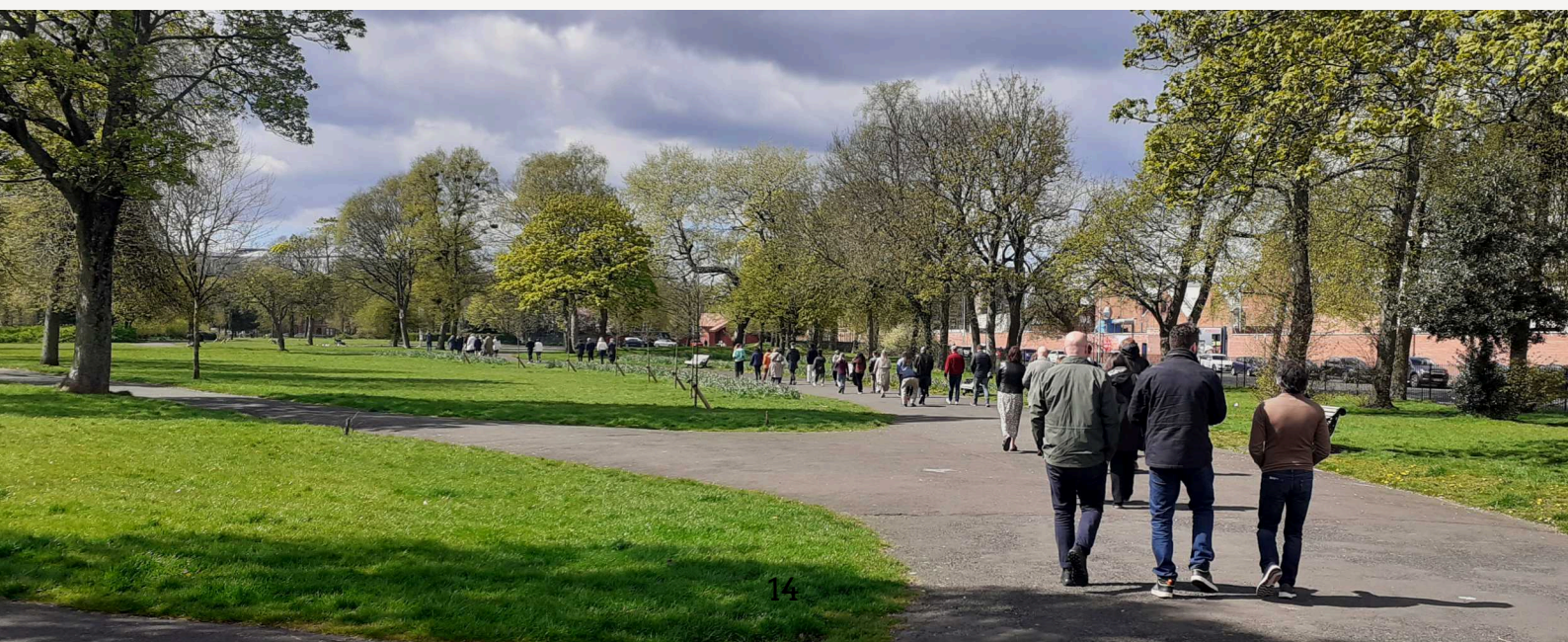
One element of the CLW role is to support GP practice development. This has taken different forms over the last ten years but is key in helping practices to adopt the Links approach, and in keeping practices up-to-date and aware of the supports and services available to their patients. It enables GP practice teams to signpost patients to community sources of support at the earliest opportunity.

General practice development activities serve two main purposes: to raise awareness of the Links role and increase practice staff awareness of resources available within the practice locality. Activity varies from practice to practice dependent upon their needs and areas of focus. A practice may choose to focus on staff health and wellbeing, for instance.

Early in the programme a small amount of funding was made available for practices to help adopt the Links approach, that was used in a variety of ways. For example, the creation of spaces to allow practice staff to get away from workstations; improvements to outdoor areas; and paying for locum cover so that the primary care team can meet with the services local to them. Other innovative approaches included the buying of activity trackers to encourage team members to become more active, protected learning sessions, meetings to share what the CLW had been working on, newsletters, a local information folder for practice staff, whole practice team visits to community organisations, and regular information stalls provided by third-sector organisations. It is reported that these activities contribute to increasing the appropriateness of referrals to CLWs and kept practice staff up to date with local service availability. It is also felt that raising awareness and understanding of services leads to increased referrals from practice staff and, over time, self-referrals of patients. Additionally, increased awareness of community resources gave GPs and practice staff more confidence to do simple signposting or social prescribing, which freed up CLWs to support people with more complex social issues.

Schemes directly benefitting practice populations too have been implemented at times. One CLW brought about an online yoga group for patients, and at several practices memberships to local food pantries have been funded, as well as health and wellbeing books provided.

Information on team wellbeing in general practice can be found at <https://www.alliance-scotland.org.uk/wp-content/uploads/2017/11/Team-Wellbeing-in-General-Practice-Module.pdf>

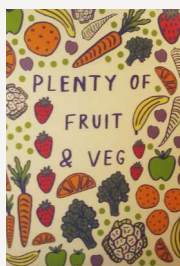
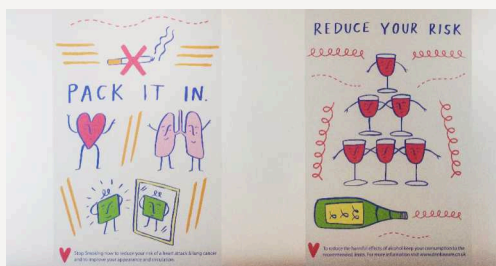
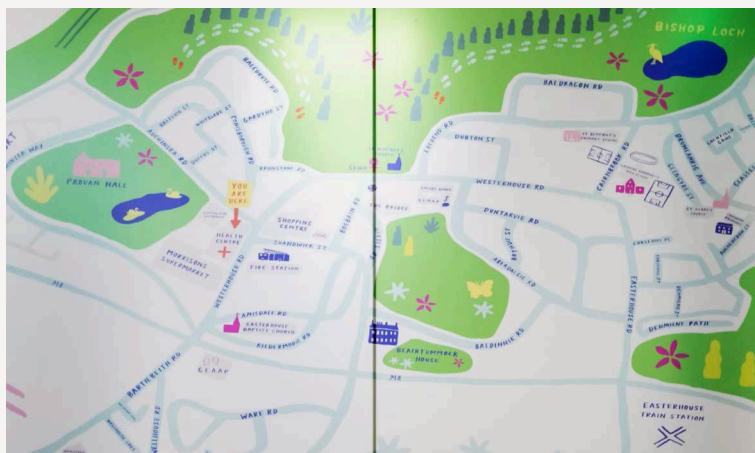
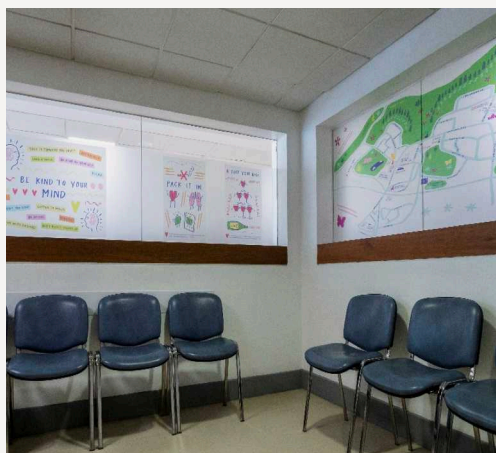




Waiting area art project



In Easterhouse, practice development money was used to improve the waiting area of one of the Links practices. These artworks were created by patients and staff in collaboration with artist Alice Dansey-Wright (the Platform Arts centre) as a resident artist. Funded in partnership with the ALLIANCE LWP, Platform and Thriving Places Easterhouse, a launch event was held at the surgery to celebrate these works.



The artworks involved printmaking workshops that took place at Easterhouse Health Centre and at Platform. They incorporated a community map and had different health messages delivered in a colourful way, displayed in the waiting area. In an empty space within the health centre an exhibition stand was built in conjunction with Platform to exhibit artworks of the local residents attending their weekly group.

“

I feel the CLW are invaluable to General Practice in whole, our CLW is always available for patients at short notice which is beneficial as we are a deep end practice and patient demand is high. Without this service the clinicians and admin staff would not have the knowledge of the full services available to patients in need.

- Practice Manager

Case study

3

Reason for referral

Although based in different GP clusters, namely Possil, Milton, Drumchapel and Yoker, both are part of the north-west CLW team. After attending Seasons for Growth (SFG) Training for Trainers prior to the COVID Pandemic (a course designed to help people better cope with loss and change, including bereavement), planning started to deliver the group to the community. Unfortunately, because of lockdown, it took longer than initially anticipated to deliver our first in-person sessions for identified people who were keen to attend the course. Knowing we had experienced “companions” (the name given to individuals facilitating the SFG sessions) to approach for support if required was invaluable.

Action taken

The CLWs recruited several participants to attend the SFG course, and the Possil-based CLW contacted several local venues who they already had good relationships with to try to source a suitable place to hold our sessions. Being based within the local community, a previous partnership had allowed to run a weekly wellbeing group within the Possil Parish Church and clearly had a great relationship with the minister, who commented on the impact and value that she felt that CLW support offered to individuals.

The minister offered in-kind support to the CLWs via a suitable space on a weekly basis for the time that we required, along with tea and coffee for participants. This was perfect for what they were looking for, especially as they had no funding available to deliver the course. The minister was extremely accommodating, allowing the CLWs and participants the use of tables for activities, as well as

providing white boards and other materials. Both CLWs were grateful to her for allowing them access to such a calming environment to provide, what was at time an emotive course and participants noted within their feedback that they felt the venue had been ideal for the content being discussed, allowing a relaxed and quiet setting.

By chance, there was also another local group running within a different part of the church on the same morning that our course was on, and it was lovely connecting with some of their participants and staff members during shared break times. They had been making some jewellery and were very generous in offering some items to the participants who had been attending SFG sessions.

Outcome

Despite not being based within the Possil area, the Drumchapel and Yoker cluster CLW enjoyed being able to build some new partnerships with several local connections pan north-west and loved seeing the great relationships that already existed within the area, which led to facilitating the course being easier and kept it as relaxed as possible for participants.

Community Development and Asset-mapping

It is essential for CLWs to remain current with activities, resources and the services available within their localities, across the city and also nationally. Through asset mapping CLWs are able to adequately support individuals, as well as assist GP practices to adopt the Links approach.

Asset mapping ensures CLWs know how best to assist the Programme participants referred. They are afforded time to meet with local organisations to find out about what they do, their aims and values, what support they offer, and referral pathways. Assets themselves are varied and can consist of groups, support organisations, food banks and activities among many others.

Engaging in asset mapping additionally allows positive working relationships with local organisations to form. It provides opportunities for mutual referral pathways to be formed, that benefit local populations. Importantly, a CLW can begin to develop their knowledge and understanding of local services in an effort to embed themselves within the communities they serve, as well as identify any gaps in service provision which may impact the community itself.

This local information is shared with practices, increasing the knowledge and awareness of resources amongst practice teams that then can be shared directly with patients.

The process is ever-changing and develops constantly, as service provision can often change. New groups and activities emerge and existing services cease or pivot, for example, as a result of funding challenges. Groups can also be seasonal, such as gardening, and others can serve specific demographics in the local areas, for instance women's and LGBTQ+ specific groups.



As a result, CLWs are required to be continually up to date and aware of these changes and to track emerging trends and developments. Sector team meetings can be an effective way of sharing information between our teams as well as at local forums relevant to the areas we serve. Attendance at groups such as the Community Orientated Primary Care meeting can also be of huge benefit as it allows CLWs to meet local third sector groups as well as create links with other primary care colleagues/Health Improvement.



An absolutely essential service and part of the team, [CLW] deals with so many different issues we just don't have the knowledge or skill set to deal with.

- Advanced Nurse Practitioner

Another benefit of developing positive working relationships is the ability to encourage partnership working with organisations that can reap huge benefits for the local community. One example is of collaborative working between a practice, Health Improvement and a national charity in order to increase awareness and uptake of cervical screening services amongst the Roma population of Govanhill.

More on the evolution of the Links Worker Role can be found at

<https://www.alliance-scotland.org.uk/wp-content/uploads/2017/11/Links-Worker-Roles-Module-Final.pdf>

<https://www.alliance-scotland.org.uk/blog/resources/links-worker-programme-record-of-learning-series-1/>

Section 3 - Summary of 10 years: partnerships and collaborations

Strong partnerships and collaborative working are key to the success of the Links Worker Programme, connecting communities and their valuable resources and assets to those living and working in them. The programme is built upon communication and recognising the strengths within communities, empowering individuals to become active within them. Building these trusting relationships helps improve referral pathways and engagement, offering a warm handover and knowledge of the service being offered, in addition to identifying gaps. Attending local community networking meetings locally allows the many and varied service providers and community members to meet and share changes to services, funding and referral pathways.

Partnership working in the north-east of Glasgow



In one health centre in the north-east of Glasgow, the CLW there facilitated RNID Scotland providing a drop-in service at the health centre to help provide support with changing hearing aid batteries, replacing hearing aid tubing, cleaning ear moulds, carrying out minor hearing aid repairs, providing information about listening equipment to use with hearing aids and giving details of other useful services in the local area. These services were normally booked via hospital audiology services but having a local drop-in service avoided audiology being overwhelmed by appointments and provided a local point of contact.



In another example, CLWs across the city have undergone training from Paths for All to facilitate health walks in their communities which are aimed at those who would benefit most from being more active and meeting others. This could include people who haven't been active for a while and would like to start again, people recovering from ill health or who are managing a long-term condition, and anyone who's been told by a health professional that they would benefit from being more active.

Those joining a local walk enjoy a whole range of benefits including increased fitness, improved mood and more frequent social interactions. Also it is useful in getting to know the local area and hearing about additional activities/resources that could further benefit their health.



In 2018, responding to the high number of referrals from Glasgow, including those from CLWs working out of Deep End GP practices there, the Moira Anderson Foundation (MAF) who provide support and therapeutic services for people affected by childhood sexual abuse formed a partnership with the ALLIANCE Links Worker Programme to reduce barriers to participation. Through partnership and development of the Glasgow Satellite Service, MAF were able to provide complementary therapies, integrated therapy (counselling), and a 12-week self-management programme (Hands on Health), in identified GP practices across the city, for adults affected by childhood sexual abuse. Prior to this CLWs were supporting people from Glasgow to travel to Airdrie to access support, but finding that many could not travel to access the services so desperately needed. Being able to deliver these services direct from practices reduced the barriers for so many people and brought additional resources into surgeries. Furthermore, the partnership led to the development of a dedicated MAF hub, based in Glasgow city centre, enabling greater choice and further reducing the barriers to access.



Based in the north-east but working with the entire team across Glasgow and West Dunbartonshire, Kids Out is a charity dedicated to supporting some of the UK's most disadvantaged and vulnerable children with positive and happy experiences. Since 2019 they have provided hundreds of packages of toys and books for children at Christmas and Eid.



In a partnership involving a north-east CLW, a community centre, and yoga teachers from Yo Glasgow, chair yoga sessions were held at Easterhouse Health Centre between April and October 2018 that were attended by around fourteen people from Lochend surgery and other practices within the health centre. Participants expressed how these sessions supported not only their physical health but their mental health too. They were open to anyone registered within the health centre, but also to people being supported by the other CLWs working in the north-east. Since the initial pilot in 2018, Yo Glasgow have rolled out free chair yoga sessions to around 100 people each week; participants have spoken about the benefits on their long term physical and mental health. Yo Glasgow's hugely popular programme of community chair yoga clubs are now delivered across the north-east of Glasgow from Baillieston, Barmulloch, Bridgeton, Coatbridge, Easterhouse, Garthamlock, Possilpark and Springburn. The feedback has been positive in terms of physical, mental, and social benefits – friendships have been forged, bereavements have been supported and a chair yoga community was born!

Partnership working in the north-west of Glasgow



With strong partnership working across north-west Glasgow a number of effective projects and groups have developed. In conjunction with Chest, Heart & Stroke Scotland (CHSS), CLWs run a joint health walk that sees members of the local community attend weekly to improve their physical and mental wellness and become active in nature, enjoying the local environment as the seasons change. The benefits of walking for health are well understood, and all CLWs have the opportunity to become trained health walk leaders. Through partnership working CLWs within the locality can link people with CHSS services, or support them to participate in the health walk.

Additionally because of this partnership, CLWs can involve individuals to access the Drumchapel community allotment where CHSS have a plot, and are able to encourage those who may not otherwise have access to a garden to socialise and enjoy planting and growing, producing food at the allotment. It has seen several participants involved in the Drummy Diggers gardening group go on to volunteer with CHSS. This has been a valuable support to many participants in the Links Worker Programme, with one remarking that "I wouldn't be here if not for these groups". The physical, social and emotional benefits are immeasurable.

Partnership working in the south of Glasgow

In the south of Glasgow, recognising that the podiatry service in Govan was no longer carrying out nail cutting, and that this put older people and people with disabilities and certain health conditions at risk, a CLW in the health centre there worked closely with stakeholders in health, housing and the third sector to address this gap in provision. Planning, identifying funding, and sourcing volunteer training, they helped to gauge demand for such a service and ensured there was buy-in from local GP practices. The project is now in operation and has begun to meet this need.

BASIC FOOTCARE & NAIL CUTTING SERVICE

£5

A BRAND NEW SERVICE FOR PEOPLE AGED 55+ IN GOVAN

Monday's 11am-2pm at Govan's Men Shed, 31 Arngask Rd, Govan, G51 4TR

£5 per session with a £5 one off charge for your own foot care pack (clippers & file)

Payment must be made in cash

To book your appointment please call 07845430314 on Mondays between 11am – 2pm

Happy Feet Govan will be run entirely by volunteers. Each volunteer has attended an awareness raising session provided by staff at NHSGGC Podiatry.

The volunteers will be providing a very basic nail cutting service and general advice on footcare. For foot problems/concerns beyond this, they will advise people how they can refer to the Podiatry Team at NHSGGC.

Happy Feet Govan is a partnership project developed and supported by community members, Govan's Men Shed, The Alliance, Elderpark Housing Association, Linthouse Housing Association, Govan Thriving Places & NHS GGC Scotland. The project was developed in direct response to the needs expressed by community members and aims to provide a basic footcare service to older and vulnerable residents of Govan.

Glasgow City HSCP

FARRANS A CRH COMPANY



Creative Steps, based in Govan, is a charitably-run arts programme which supports individuals experiencing mental health difficulties in the south of Glasgow. Over the years Creative Steps has delivered craft and jewellery-making sessions in GP practices and health centres, with CLWs identifying individuals who would benefit from participation. Jess Austin, Project Coordinator, comments, 'We have worked directly with Community Links Practitioners from the early stages of the programme's development... We work to build the confidence and wellbeing of our participants through a 3-step programme focused on creative participation and peer support. The initial 'Step 1' stage of this programme brings our arts classes to places of treatment and we work closely with CLWs... to facilitate these classes. By understanding the needs of service users on an individual basis, CLWs can recommend our classes to those who would get the most benefit from them. Consequently, those referred enjoy their experience with us, report feeling a sense of pride and accomplishment at what they have created and feel a closer connection to their community. Many go on to join us at our weekly Step 2 classes outwith their place of treatment, where they develop friendships and become increasingly more confident in their creative abilities - all leading to a greater sense of wellbeing.'





Similarly, a recent example of partnership and group working comes from a Links practice in the south-west of Glasgow, where Lifelink were invited to deliver adult group wellbeing sessions. Lifelink can offer support to anyone who is struggling to cope with everyday stress or is feeling anxious or depressed; the sessions offered to patients the CLW has worked with, as well as staff within the GP practice, cover issues such as improving self-esteem, building resilience, coping with change, stress, and self-compassion.

Partnership working in West Dunbartonshire

VoiceAbility

Voiceability has been working in Scotland since 2022, providing benefit advocacy and other independent advocacy services. This service has made a huge impact to the people of West Dumbarton, providing one to one support to apply for and complete the Adult/Child Disability Payment application. West Dumbarton has suffered a lot of funding cuts resulting in the loss of services. One of the services to be affected was the role of the welfare rights officers in the area, leaving a huge gap and a lack of support. The CLWs have developed a working partnership with the staff of Voiceability and refer patients to the service daily; the patients are seen quickly and the outcomes for them have been very positive.



West Dun for Families Hub is a service tailored around family and children's needs. The hubs are in 3 locations in West Dumbarton and offer families a face-to-face service by skilled staff to find resources, supports and services linked to family wellbeing. The hubs provide support sessions for children and parents regarding neurodiversity and give parents the skills needed to help them understand neurodiversity and how best to support their children. Other sessions include sleep advice, sensory sessions, parenting support such as baby groups and parent classes, access to financial and debt advice and much more. These hubs are providing a vital service to the families in the community who were struggling to find support. The CLWs were invited along to the hub so that we can promote the service as we work with numerous families in West Dunbartonshire.

Case study

4

Self management celebration walk, 2023

In September CLWs and the ALLIANCE self management team attended a celebration walk with 42 participants of the LWP. They invited participants across the many walking groups.

They started the day by meeting at George Square and travelled to Linlithgow Palace Park. Two of the team had carried out a risk assessment for two walks, one long one approximately two miles and a shorter one for those who felt that two miles would be too long.

They had lovely weather on the day which was a huge bonus and that contributed to the maximum attendance. They broke into smaller groups and walked round the park chatting and then went to West Port Hotel for lunch. This was such a positive day with lots of laughter and the feedback received from participants was excellent with everyone commenting on how much they enjoyed the full day and thanked the CLWs for planning this.

Many of the people we support in links experience social isolation and it was good to see them all chatting with each other. Some often don't have the funds to treat themselves to a day out so this is another reason how well the LWP supports people and how additional funding such as this is put to good use.

Wider partnership working



One example of the range of ways in which CLWs support people whose wider circumstances impact on their health outcomes was demonstrated in 2022 when the ALLIANCE developed a pilot project along with Scottish Gas Networks (SGN). The aim was for SGN to deliver on their corporate social responsibility whilst meeting the growing need and widening economic gaps exacerbated by the energy crisis and increased costs of living.

Initially the partnership saw CLWs able to provide food and energy vouchers, funded via SGN, to people experiencing or at risk of fuel poverty/food crisis. There have since been further developments that have seen the creation of two new Energy Efficiency Outreach Worker posts, providing in-depth energy support covering Glasgow and West Dunbartonshire.



In the second half of 2023 the ALLIANCE entered a partnership with Trussell Trust that would see CLWs working from food bank sites, offering the Links service to families and individuals accessing food banks.

Looking to replicate the successful introduction of the LWP into GP practices, the aim is that this partnership will allow a similar route for individuals facing hardship to access the support that they need.

The ALLIANCE collaboration with the Trussell Trust has brought about the opportunity to share the Links Approach and transfer skills and knowledge from a primary care setting into food banks. Foodbank staff and volunteers support those most marginalised to receive food supplies, working with a cross section of people such as asylum seekers, refugees, one-parent families, families on a lower income, older adults, and individuals not accessing support elsewhere. They have found that people struggle to understand their rights and what is available to them, or they are accessing the foodbank longer-term without assistance to address the underlying issues causing them to make use of the service. Having foodbank CLWs available to spend time getting to understand the issues, and supporting individuals to address those, there is much potential to implement the Links Approach and reach many more families and individuals in need. Like their primary care colleagues, they have the skillset and ability to refer or signpost to services and respond to immediate need.

The two year pilot sees a CLW each in East Dunbartonshire and the south-west of Glasgow, embedded in Trussell Trust teams and complementing the variety of services additionally available.

Section 4 -

Testimonies: In our words

Testimony from Lorna Robertson, CLW in Drumchapel

The role of a Community Links Worker within Primary Care is, in my opinion invaluable. Throughout my seven years' experience working as a CLW I have supported many people in a way in which no other service is able to offer. Prior to CLWs being embedded in GP practices, there was no alternative, meaning there would have been a significant number of individuals who desperately needed input and support from other services/organisations but were simply not getting it.

I think that one of the most important things that we offer to people is something that no other service within primary care can do – by giving people time and space to discuss what matters to them, allowing them to feel heard and listened too, and allowing them to make the decisions about what additional supports they may benefit from through discussions with their CLW, and support to access this when required. People really value your time being given to them and actively listening to support in the best way you possibly can. Our role is very rewarding, being able to actively support people in the community to access services and resources which they did not know existed is invaluable to people. I have always really enjoyed creative approach we have to adopt as part of our role due to each person having their own personal issues which is individual to them. Being based in the GP practices as well as being out in the community is a good balance, allowing us to keep consistent in refreshing our knowledge of resources and services and to keep good working relationships with local organisations, to then be able to share with the GPs as well as our patients.

I think it is hugely important that the flexibility of the role continues to allow us to support people on an individual basis, for example being able to accompany people to appointments for a specific service, which they may be too anxious to attend themselves is crucial, this breaks down barriers and allows the person to feel more able to engage. A patient once told me "I honestly thought I'd be dead a few months ago and then I met you and now look at me" and I think that is something that has really stuck with me – even when, to us, it feels like we haven't "done" a great deal, it can be life changing and hugely supportive to some of the individuals we are working with. Being able to support practically as well by accessing fuel and food vouchers, food bank parcels and pantries is also something that our communities find invaluable.

The Young Adults Project has been something that I have really enjoyed being a part of and I think has filled a gap locally in terms of need. It has been really beneficial to this group that the CLWs facilitating it are based within the local practices; firstly in terms of ensuring that any need for GP input can happen quickly through partnership working with the CLW, but also in terms of the links that we have with the local school/pastoral care teachers to ensure any issues can be raised before they escalate. We have very little funding to run this group, but have been really lucky to receive a lot of support from the local sports centre in terms of venue space etc, as well as from Thriving Places for some small amounts of money to keep the group going, which again wouldn't have been possible without the relationships that our role allows us to develop. Some of the work the group have been involved in has also really helped to

highlight the necessity of our role, in particular when we were asked to present to the north-west Primary Care Mental Health Team about the group and the benefits that the young adults gain from this. The partnership working in general I think is something that I really enjoy about our role, seeing people go from being really anxious about attending their initial appointment to accessing local groups and services and feeling really supported to do so is so beneficial to their wellbeing and so rewarding to see. I think this is particularly highlighted in Drumchapel through some of our work with Chest, Heart and Stroke Scotland (CHSS), initially with our walking group and now through our shared community garden group as well, amongst other more individual 1:1 support. We had been a bit deflated last year at having to give up our own CLW allotment plot due to increased costs and also the huge time commitment that this required, so having the joint partnership with CHSS has been great to allow this group to continue and means that both previous attendees, as well as new people, can continue receiving the benefits that gardening, and everything that comes with it, brings to their wellbeing. Various individuals who attend these groups (as well as lots of others I've worked with!) have commented on how surprised they were when they found out that their GP practice could offer so much help and support.

As difficult a time it was last year with the contract being so up in the air, it was also really reassuring and comforting to see the backing that the full Links team got from their GP practices and local communities, as well as patients (both current and previous). So many people commented on how beneficial/impactful the CLW role is, and what a devastating loss it would be to the local communities. For me, even though it has now been seven years in post, I continue to really enjoy the job and still come across new challenges and situations, and still feel like our role makes a hugely positive impact on both individual patients and primary care as a whole.

Testimony from Olly Shields, CLW in Croftfoot

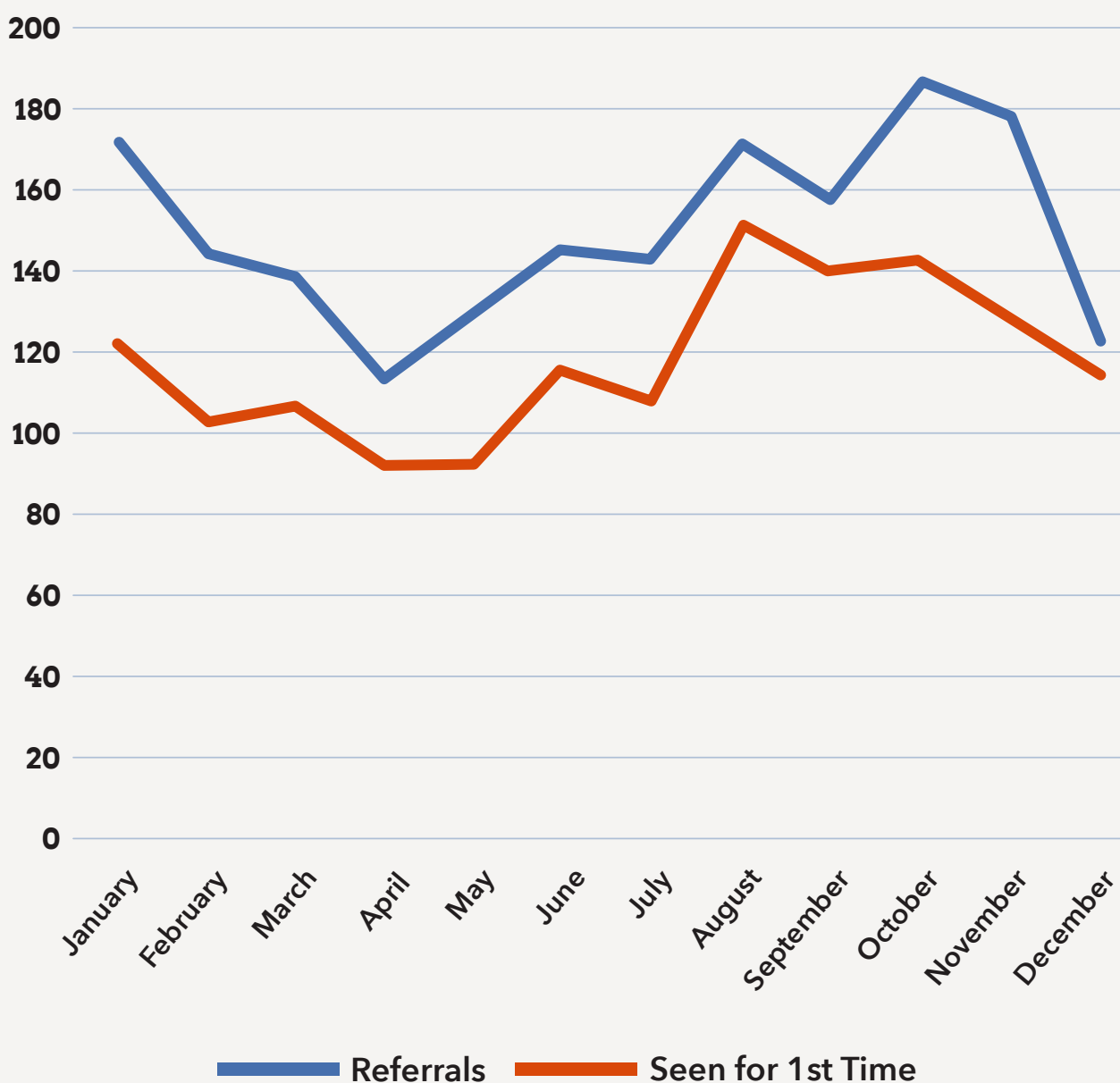
Since I started working in the Links Worker Programme in 2021, I have supported numerous people to find and engage with services which have helped them to cope better with and to overcome myriad health and social issues. Being embedded in GP practices as a front line, grassroots worker has often reduced the number of repeat appointments that people would otherwise have sought from their GPs which has also reduced the wait times for other patients in need of medical appointments.

One example of support I have provided was to a young woman who had experienced abuse in her childhood and as an adult. They were referred to me to help them decide what services would best suit their needs. I gave the person time to gain trust and feel valued and listened to over several appointments and when the time was right for them, I made a referral to Moira Anderson Foundation and to a local women's group. The social element of the group gave the person the chance to speak in a safe environment about her day-to-day life and struggles and she found solace in that, knowing the people she was with respected her without judgement. The support she received from Moira Anderson Foundation helped her to overcome the effects of abuse and to start to move forward with her life in ways she had otherwise thought would not be possible.

What's next?

Looking forward to the next 10 years...

We've looked at the beginnings of the LWP, and examples and the types of work delivered over the last ten years. From being based in those initial seven GP practices in 2014, the service now reaches so many more people in need of its provision.



Snapshot:
referrals and new Programme participants seen across the 17 Links practices in 2018.

By 2018 the programme had grown to 17 practices and the mean number of quarterly referrals was 456.

For comparison, looking at more recent figures, statistics show:

In January - March 2024, across Glasgow, West Dunbartonshire and the Trussell Trust the LWP saw:



2,878
referrals

(with 10,328 appointments carried out)

For scale, in the year April 2023 - March 2024, across Glasgow, West Dunbartonshire and the Trussell Trust the LWP saw:



10,405
referrals

(37,530 appointments carried out)

Our partnerships with SGN and the Trussell Trust demonstrate the adaptability of the Links Approach and the potential to introduce it in other settings where need is going unmet. Also, this year saw the introduction of two Energy Efficiency Outreach Workers joining the team, supplementing the generalist knowledge of CLWs with targeted, specific action and advice.

There is a huge amount to celebrate in what has been achieved though it is important to keep building on this as CLWs hope to continue to support those unsure of how to access services to know what is available in their localities and become linked in with the services most appropriate to their needs.

A recent **Biggar Economics** report demonstrated the value financially of the LWP. It found that in '2022 the ALLIANCE Community Links Worker Programme generated £18.2 million in wellbeing benefits for communities in the west of Scotland: £8.79 benefit for every £1 of public funding invested... The economic benefits of the programme therefore exceed its cost of delivery. However, the true value generated by the CLW programme lies in the contribution it makes to the health and wellbeing of those supported, which was valued at £18.2 million. These benefits arise because of the direct and indirect improvements to the health and wellbeing of those supported... This benefit is almost certainly an underestimate.'

Given the ongoing need for the LWP based upon the challenges faced and gaps filled by CLWs daily, we would like to see priority over the next years given to:

- Sustainable, longer-term funding for the LWP across the country.
- Every GP practice in Scotland having access to a CLW.
- A framework for Scotland that is fair and equitable whilst maintaining flexibility that meets the needs of the community it serves.
- Continued collaboration across established networks and with statutory and third sector services.



The much expanded ALLIANCE Glasgow Primary Care team, 2024

References

¹ <https://www.gov.scot/policies/social-care/health-and-social-care-integration/>

² University of Glasgow - Connect - Community & public engagement - Projects and Events - GPs at the Deep End

³ gla.ac.uk/media/Media_271030_smxx.pdf

⁴ Ibid



About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision, which is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our purpose is to improve the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience, the third sector, and organisations across health and social care to inform policy, practice and service delivery. Together our voice is stronger and we use it to make meaningful change at the local and national level.

The ALLIANCE has a strong and diverse membership of over 3,600 organisations and individuals. Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing. We manage funding and spotlight innovative projects; working with our members and partners to ensure lived experience and third sector expertise is listened to and acted upon by informing national policy and campaigns, and putting people at the centre of designing support and services.

We aim to:

- Ensure disabled people, people with long term conditions and unpaid carers voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change that works with individual and community assets, helping people to live well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner, and foster cross-sector understanding and partnership.



ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre



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