2024 - 2025

Edinburgh Community Link Worker Service

Annual Review

Edinburgh Community Link Worker Service

Impact overview 2018 - 2025

27,848 Referrals

- Mental health 12,061
- Social isolation & loneliness 7,320
- Housing 2,858

ELGT Moredun Park group

66,148 Engagements

44,608 Links total

- Activity-based referrals 4,476
- Social and community groups and activities 4,650
- Mental health support 3,196

PCHP cooking group

Contents, figures and introduction

Contents

List of Tables & Figures

Welcome to the Community Link Worker (CLW) Service's Annual Review 2024 - 25

Welcome to the Community Link Worker (CLW) Service's Annual Review 2024 - 25.
And what a year it has been! We have certainly seen a lot of change in the last 12 months, particularly to our structure.

We have welcomed new colleagues, Amegad Abdelgawad became our new Head of Service for Primary Care in Edinburgh Health and Social Care Partnership. Edinburgh's five Improving Cancer Journey (ICJ) Link Workers joined the CLW service. In addition, we established a third senior CLW to provide support for the ICJ Link Workers.
Our long-standing partnership with Edinburgh Voluntary Organisations' Council (EVOC) came to an end on 31 March 2025.

Throughout all of this, those at the (very) sharp end – the 25 CLWs and the North and South Senior CLWs have continued to deliver a fantastic people focussed service without missing a beat. The Third Sector Organisation (TSO) managers and the CLW Service's Management Team know that we are extremely lucky to work with so many great people. Thank you one and all!

Enjoy the read!

Anne Crandles
CLW Service Manager

Anne Crandles
Community Link Worker Service Manager
Edinburgh Health and Social Care Partnership

Referrals

In total, 4,283 referrals were received this reporting period, compared to the 4,345 referrals received the previous period, representing a small decrease of 1.4%.

During the 2024 – 25 period, various factors including recruitment meant some surgeries did not have access to a CLW year-round. This accounts for approximately 13.3% of service provision, compared to the previous period 2023 – 24 when only 3.3% of service provision was missing. Therefore, the service had approximately 10% less capacity compared to the previous period. Taking this into account, referrals could have been as high as 4700 this period if capacity was higher.

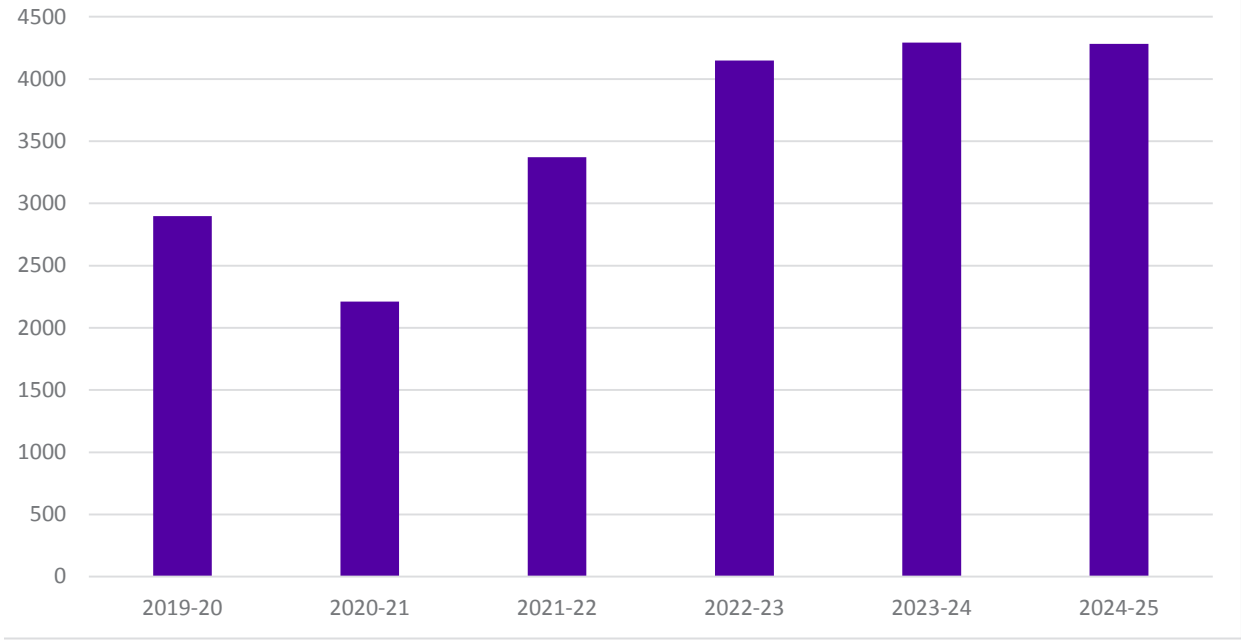


FIGURE 1: Annual referrals 2019-2025

ELGT Ferniehill Wellbeing Walk

The average number of referrals was 357 per month, peaking in October and dipping in December. Typically, referrals slow during holiday times, at the start of summer and in December, with monthly referrals generally climbing in Spring and Autumn. This pattern is reflected here, as seen in Figure Two which shows monthly referrals compared to a three-year average. Interestingly, the months in the earlier half of this period are when the service provision was limited, as mentioned above.

An overwhelming majority of these referrals were for individual patients, with only 3.3% of the total referrals received for patients who were referred multiple times within the same reporting period. This compares to the previous period, which comprised 96% single referrals and 4% multiple-referrals.

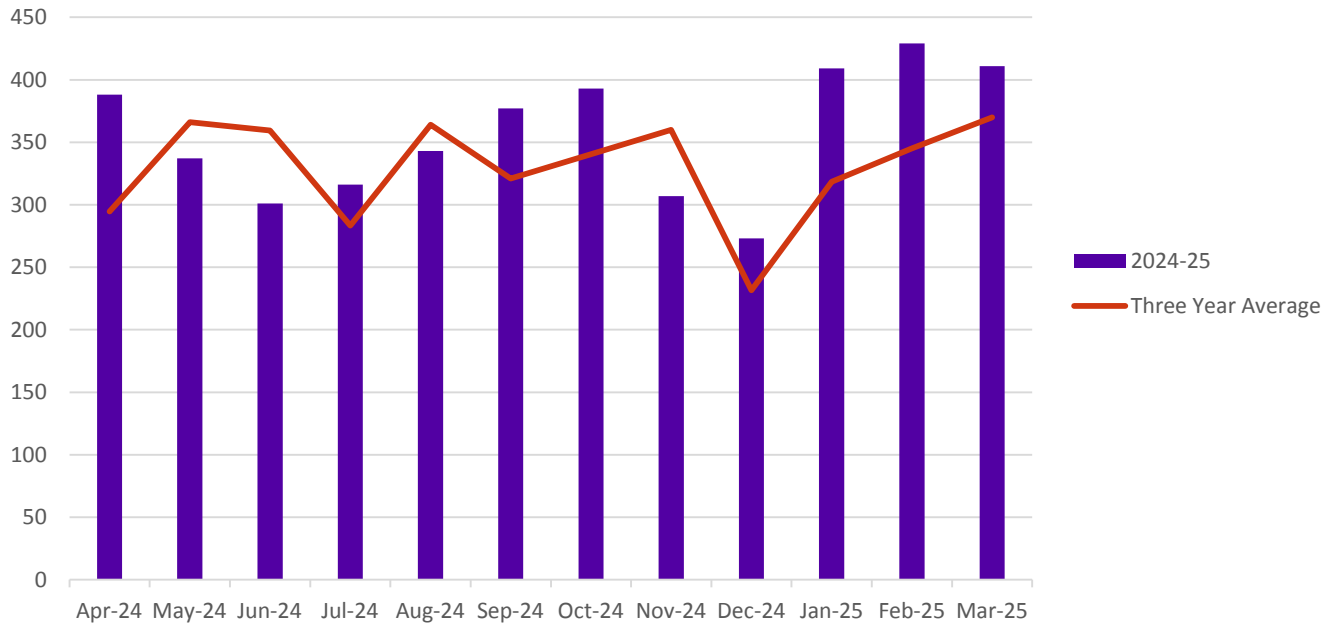


FIGURE 2: Referrals by month 2024 - 25

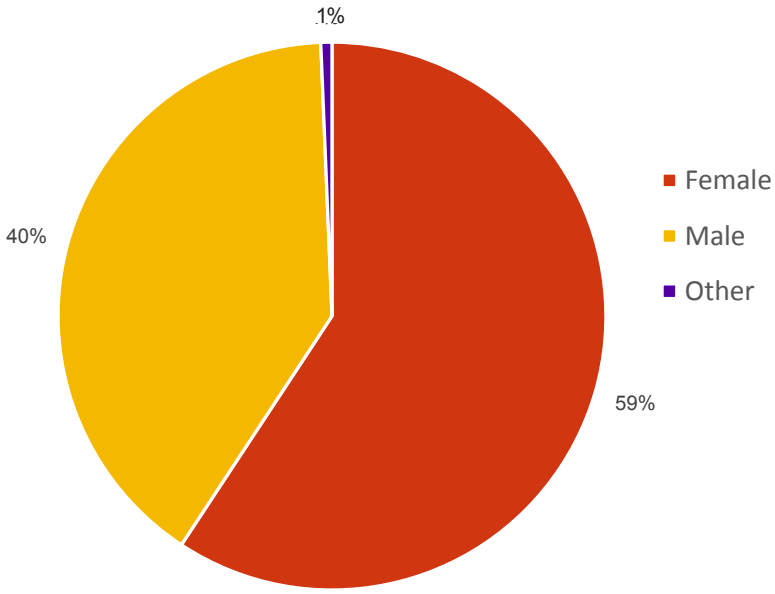


FIGURE 3: Referrals by gender 2024 - 25

Looking at the demographics of people referred, data is comparable the previous period in terms of gender, ethnicity and age.

There was a slight increase in numbers of men being referred, with 40% of all referrals this period for men, compared to an average of 37% across the previous three periods.

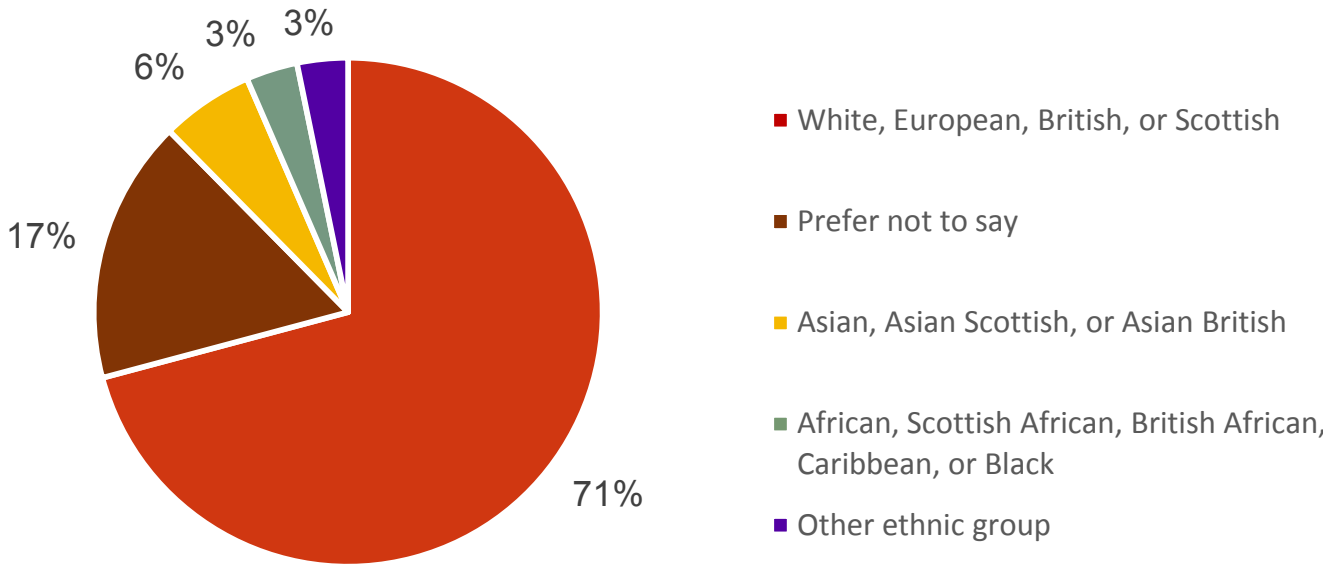


FIGURE 4: Referrals by ethnicity 2024 - 25

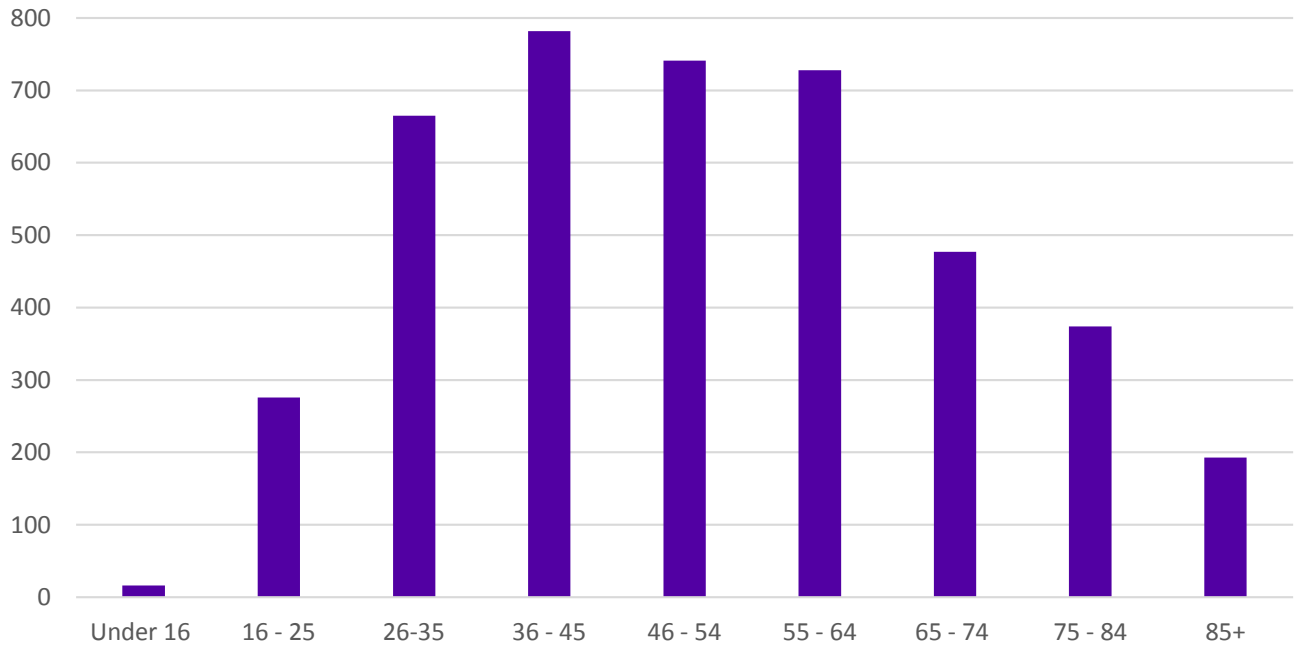
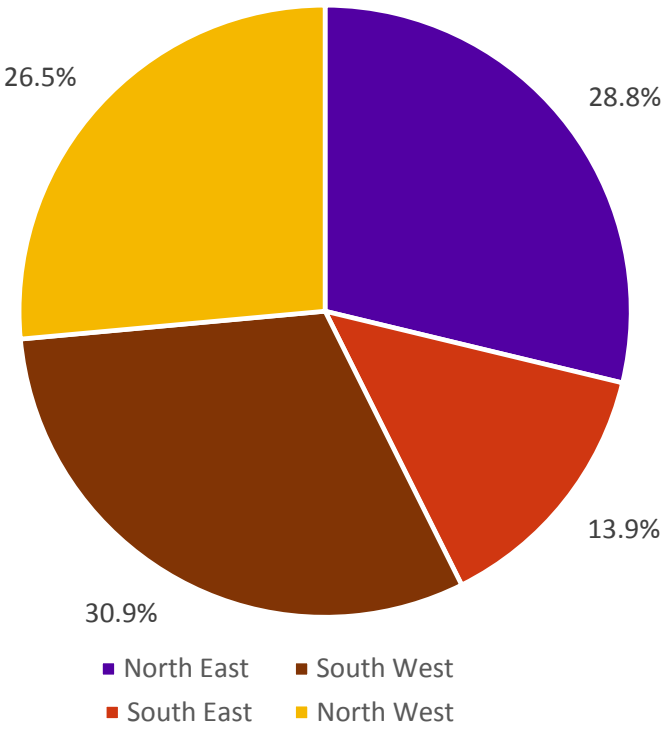


FIGURE 5: Referrals by age bracket 2024 - 25

The average age at point of referral is 51, which compared to an average of 53 in the previous period. The mode was 42, compared to 36 last period. As with the previous period, the most common age group was 36 – 45.

No significant difference was found in the average age at referral between genders*, however there was a significant difference between SIMD Quintiles. Referrals from SIMD 1, representing areas of highest deprivation, had an average age of 47. In comparison, referrals from SIMD 5 had an average age of 59. This shows that people from areas of higher deprivation were more likely to be referred younger than those from areas of less deprivation (calculated using t-test). (figures for people identifying as any other gender not included due to statistically small numbers which may increase the chances of patients being identified).

** Due to the small number of referrals for people who recorded their gender as 'Other', these referrals have been excluded from this and further gender calculations to protect identities.*



The locality of referrals shows little change from previous years, with North West accounting for most referrals and South East for the fewest.

This period saw increased referrals from SIMD Q1, and equivalent minor decrease in referrals from SIMD Qs 4 and 5. Looking at the overall population of Edinburgh, the services continue to receive a higher proportion of referrals for people living in areas of deprivation and a lower proportion of referrals for people living in the least deprived areas. This will be in part driven by locations of CLW practices, many of which are in areas of high deprivation.

FIGURE 6: Referrals by locality 2024 - 25

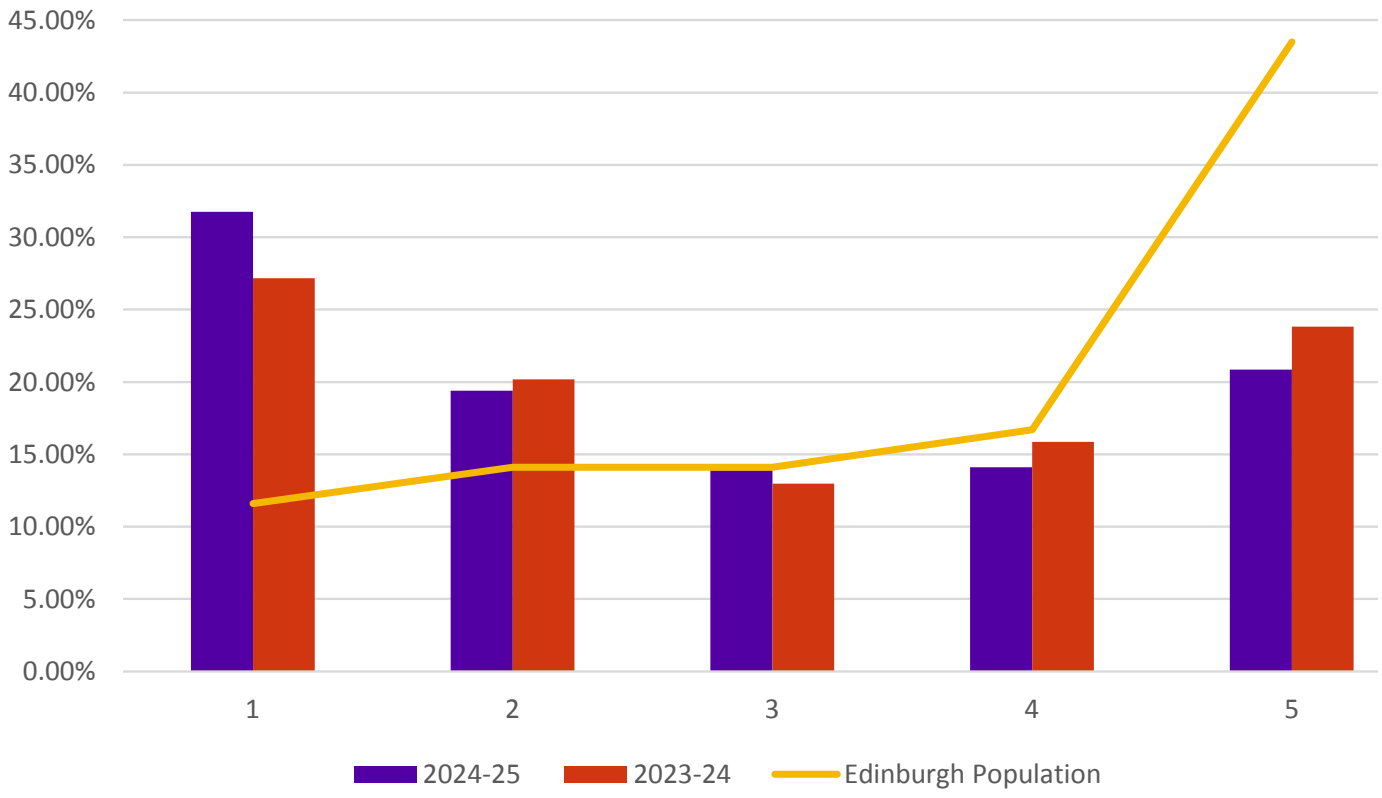


FIGURE 7: Referrals by SIMD Quintile compared to Edinburgh's population, 2024 - 25

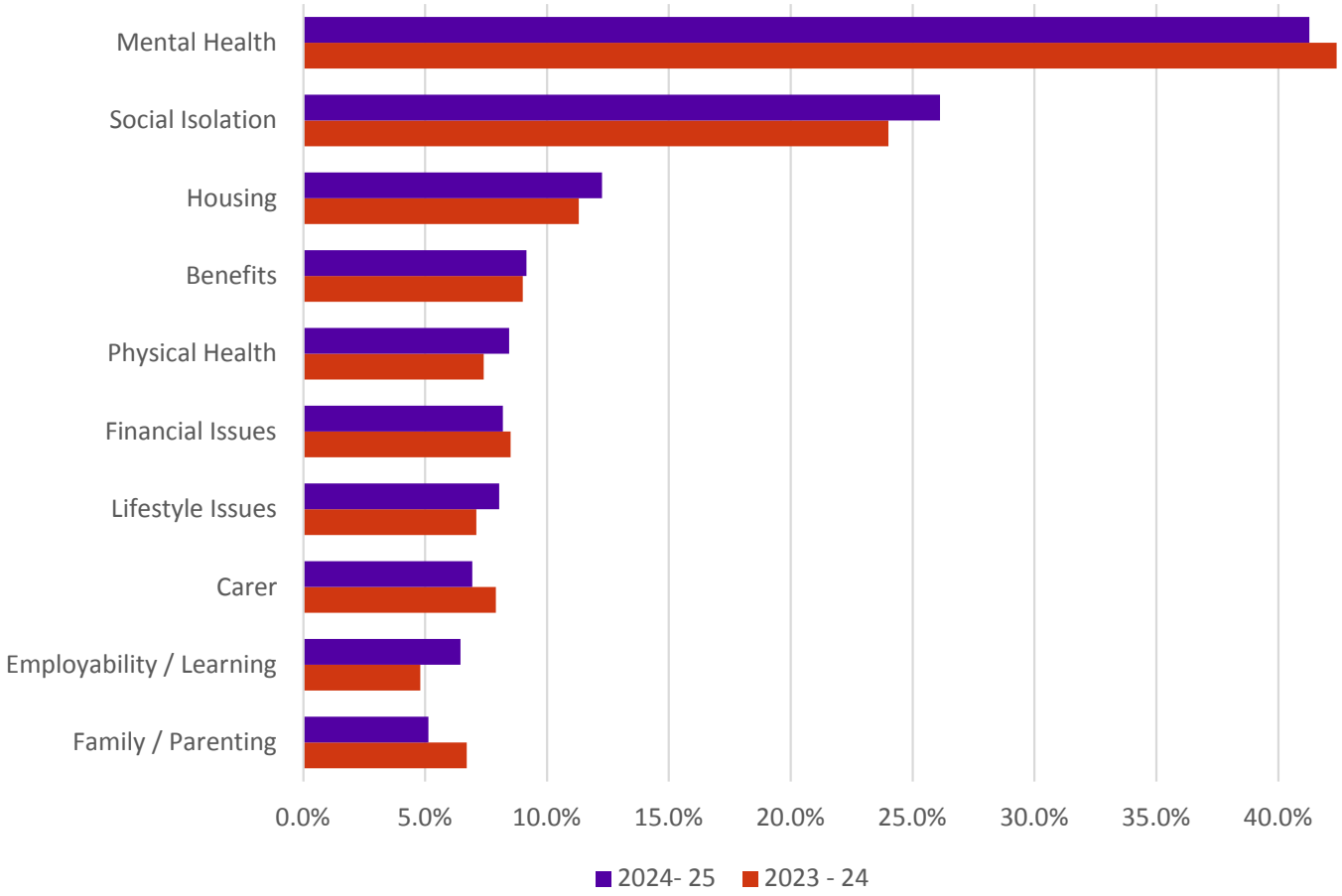


FIGURE 8: Most common referral reasons 2024 - 25

As in previous years, the most common referral reason is mental health, followed by social isolation.

There has been no change in the number of referral reasons per patient this period compared to the previous, with most patients (57%) referred with one referral reasons only.

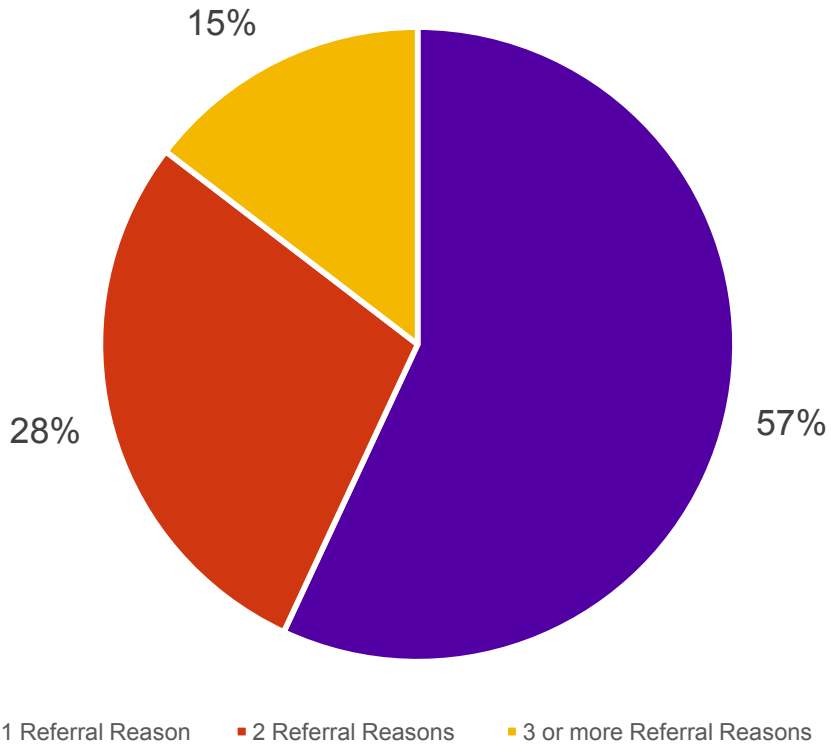


FIGURE 9: Number of Referral Reasons per Patient 2024 - 25

Engagements

Who is Engaging?

The following terms are used to describe the case status of patient referrals:

CASE STATUS		DEFINITION
Open Cases	Engaged	Cases which are open, and the patient is actively using the CLW service
	Waiting List	Patients who are awaiting support from the CLW service
Closed Cases	Closed - Complete	Cases which are successfully closed with a formal end to support
Discharged Cases	Unable to contact	Patients whom CLWs have never been able to contact
	Did not engage	Patients who did not attend any appointments
	Disengaged	Patients who initially attended appointments but then disengaged without a formal end to support
	Declined Support	Patients who declined to use the CLW service
Other Cases	Inappropriate referral	Patients who do not meet the referral criteria, referral declined by CLW
	Patient deceased	Patient passed away whilst case was open
	Duplicate	Referrals made in error

At the end of this reporting period, the most common case status was 'Closed - Complete' representing 37% of all referrals, compared to 44% for the same category last period. This reflects what CLW are reporting, which is that they are working with patients for longer due to several factors, including increasing levels of referral complexity and higher core needs due to cost of living and housing crises; having fewer open services to connect patients to; and increasing waiting times for onward referrals.

The proportion of patients who are discharged remain consistent with the previous year, with a slight decrease in levels of inappropriate referrals.

(L to R) Amalia, Susan, Hannah, and Birgit, Cyrenians

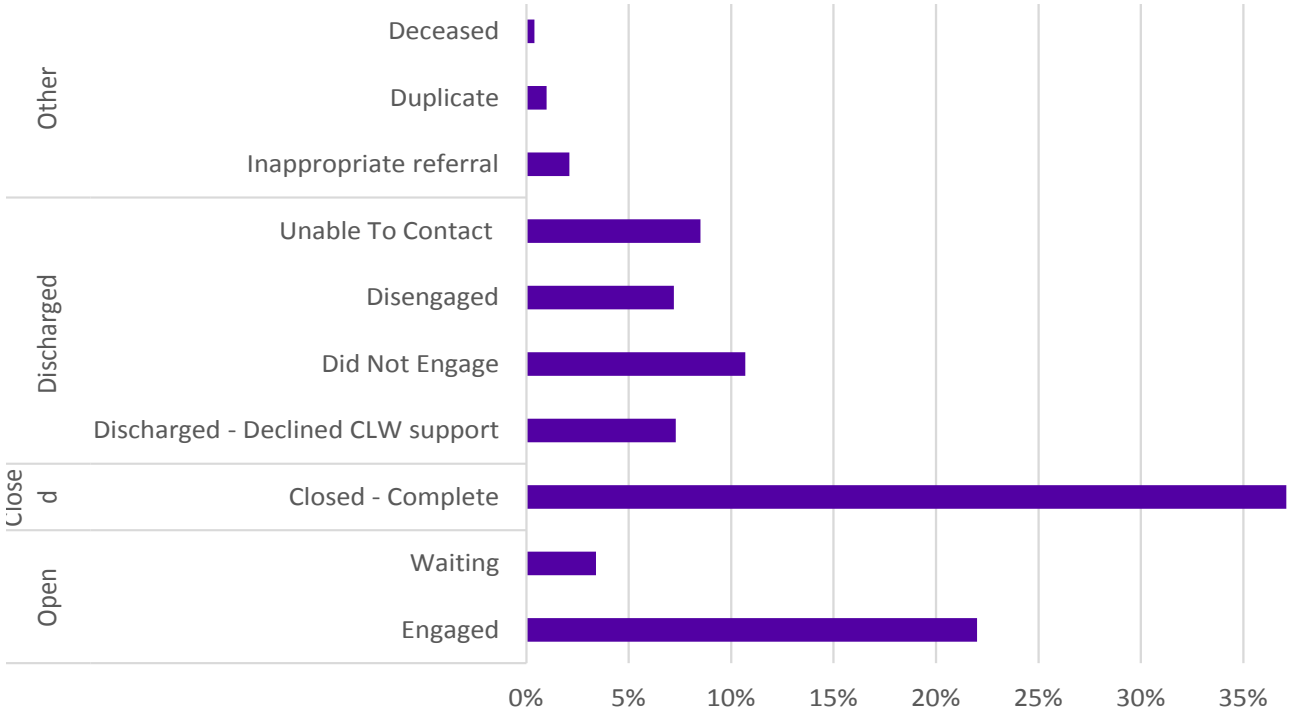


FIGURE 10: Referrals by Case Status 2024 - 25

Unplanned Exits

Looking at patients who had an unplanned exit from the CLW service, it appears gender has a small impact on this with men being more likely to have an unplanned discharge compared to women. Unplanned exit relates to cases where the patient:

- Was unable to be contacted at all
- Did not attend any appointments at all
- Initially attended appointments, but then disengaged without a formal ending

Men account for 44% of all unplanned discharges. This is a larger proportion compares to closed cases, which were split 38.5% men and 61.5% women.

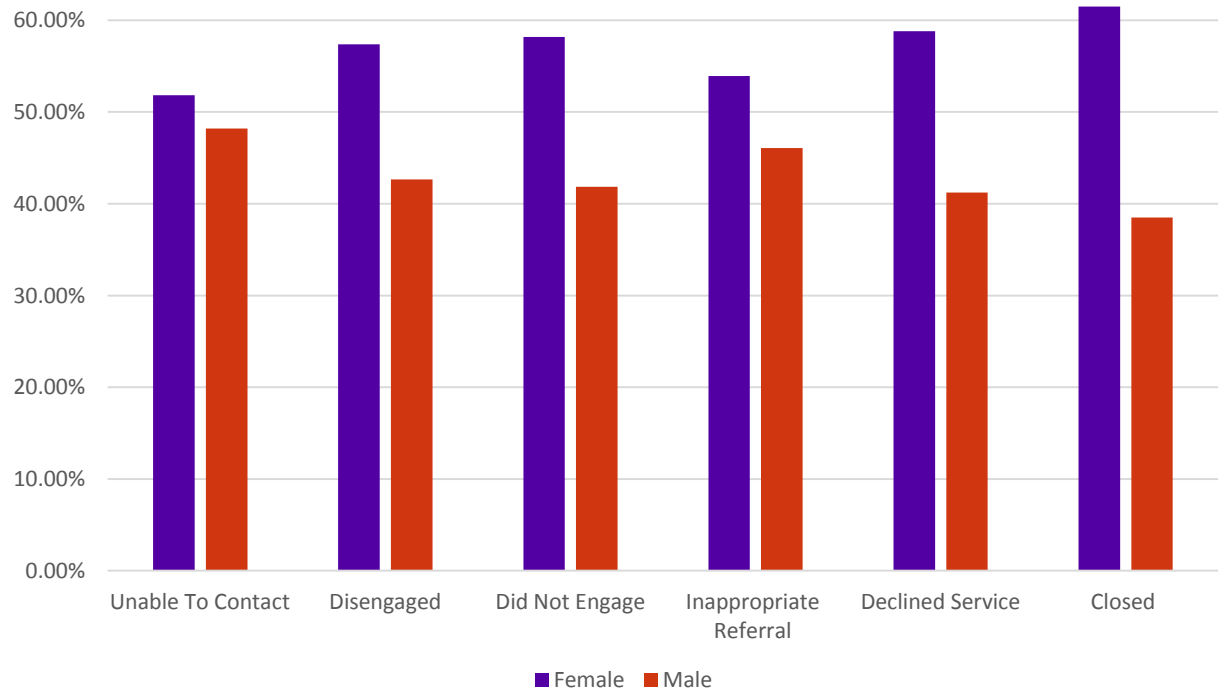


FIGURE 11: Unplanned Discharges by Gender 2024 - 25

Patients from areas of higher deprivation were also more likely to have certain types of service exit – 40.2% of patients who did not engage at all were from SIMD Q1, compared to 28.1% of completed cases representing patients from SIMD Q1. Likewise, a higher proportion of all cases marked as inappropriate referrals were for patients from SIMD Q1 (42.7% compared to 28.1% for closed cases).

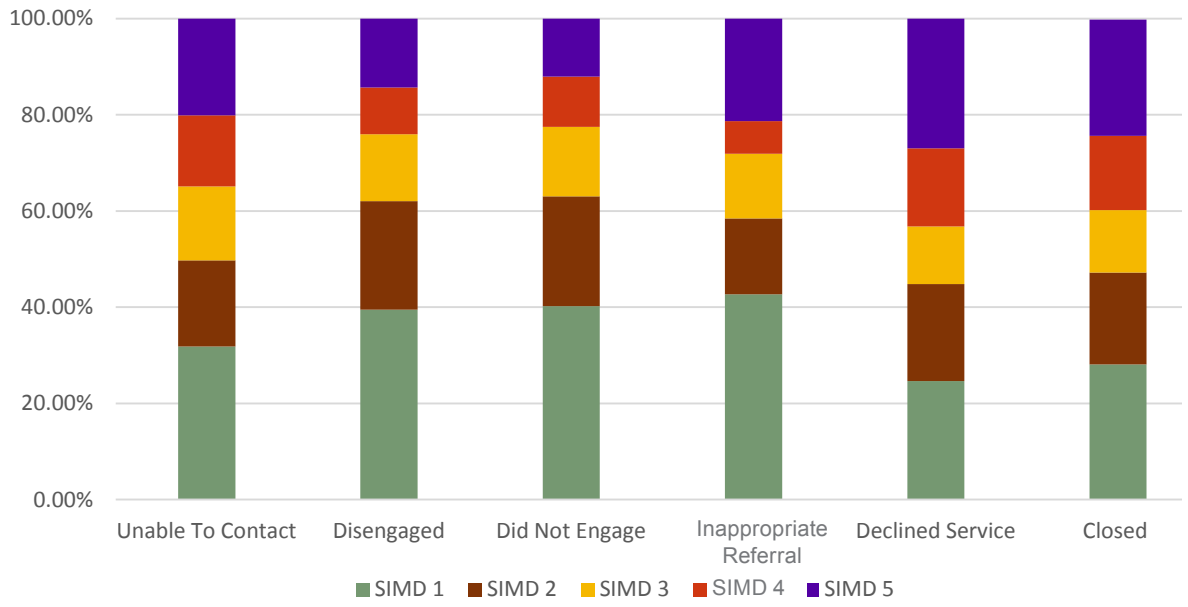


FIGURE 12: Unplanned Discharges by SIMD Quintile 2024 - 25

In total, 11,493 appointments were made this period, a small decrease of 5.6% from the previous period. The number of in-person appointments increased this period by 4.1%, and home visits increased by 64.7%.

Of all appointment conducted in this period:

- 34% of all appointments were initial appointments and 66% of appointments were follow ups
- 36% of appointments were telephone based and 44% of appointments were held in person.

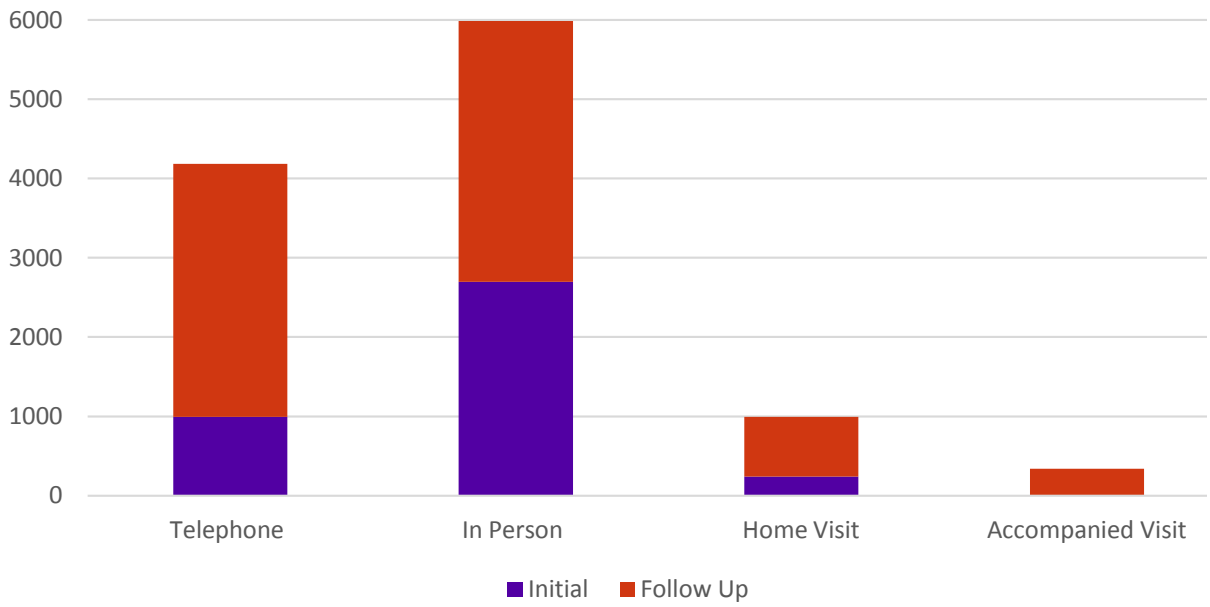


FIGURE 13: Total Appointments by Type 2024 - 25

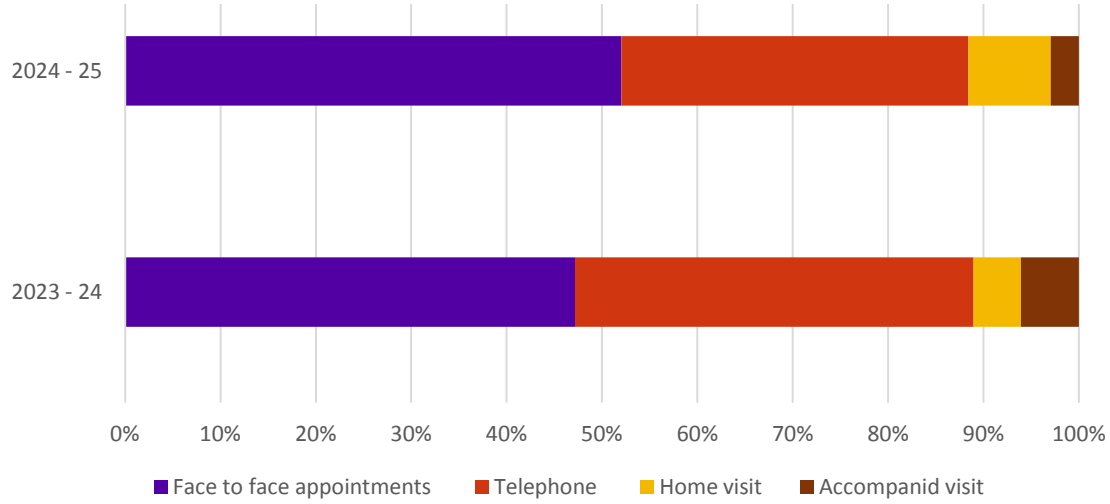


FIGURE 14: Appointments by Type compared to Previous Period 2024 - 25

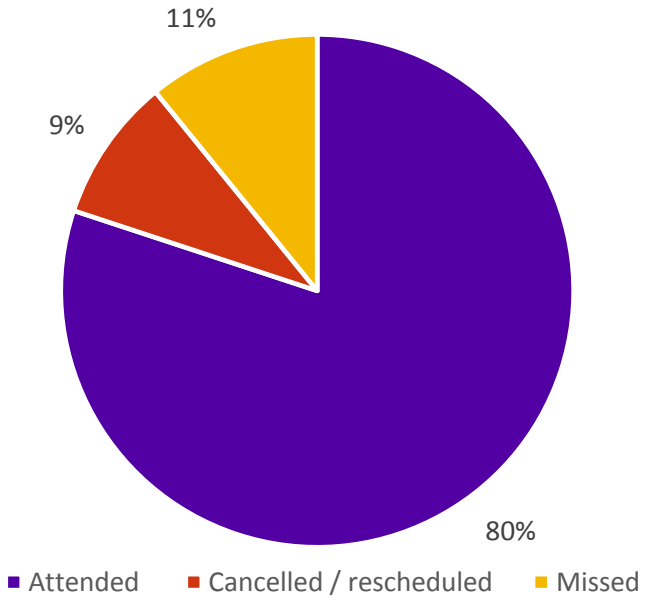


FIGURE 15: Attendance of Appointments 2024 - 25

80% of all booked appointments were attended, compared to 79.8% of appointments attended in the previous period.

Of the 20% of appointment not attended, follow up appointments were more likely to be not attended (11.8%) than initial appointments (8.2%). In person appointments were much more likely to be not attended (17.3%) compared to telephone appointments (2.6%).

Alison Leitch and Dawn Craig accept an award from NASP (Photo: John Behets, Chamberlain Dunn)

Missingness

Missed appointments are those in which the patient does not attend without prior notice. Missed appointments are most often initial face to face appointments, and missingness (previously referred to as Did Not Attend), increases across SIMD Quintiles with higher deprivation areas have more missed appointments (13.6% of appointments for patients from SIMD Q1 were missed compared to only 5.7% of appointments for patients from SIMD Q5). A very small difference exists in missed appointments between genders with 11.1% for women and 12.7% of appointments for men being missed.

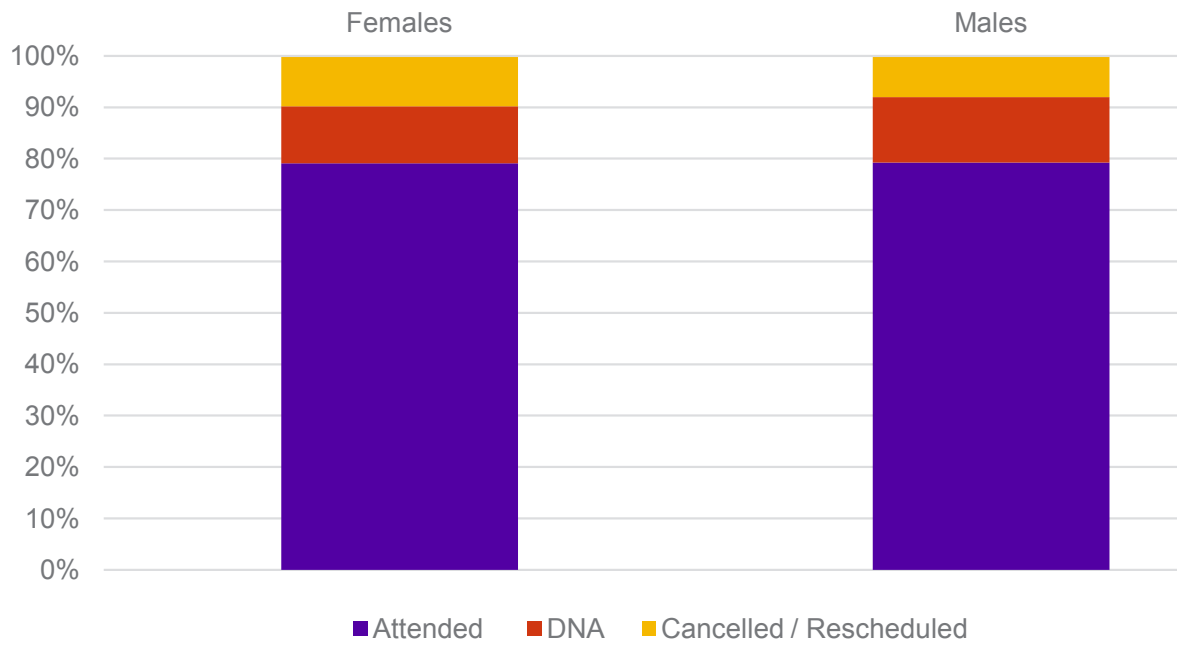


FIGURE 16: Attendance of Appointments by Gender 2024 - 25

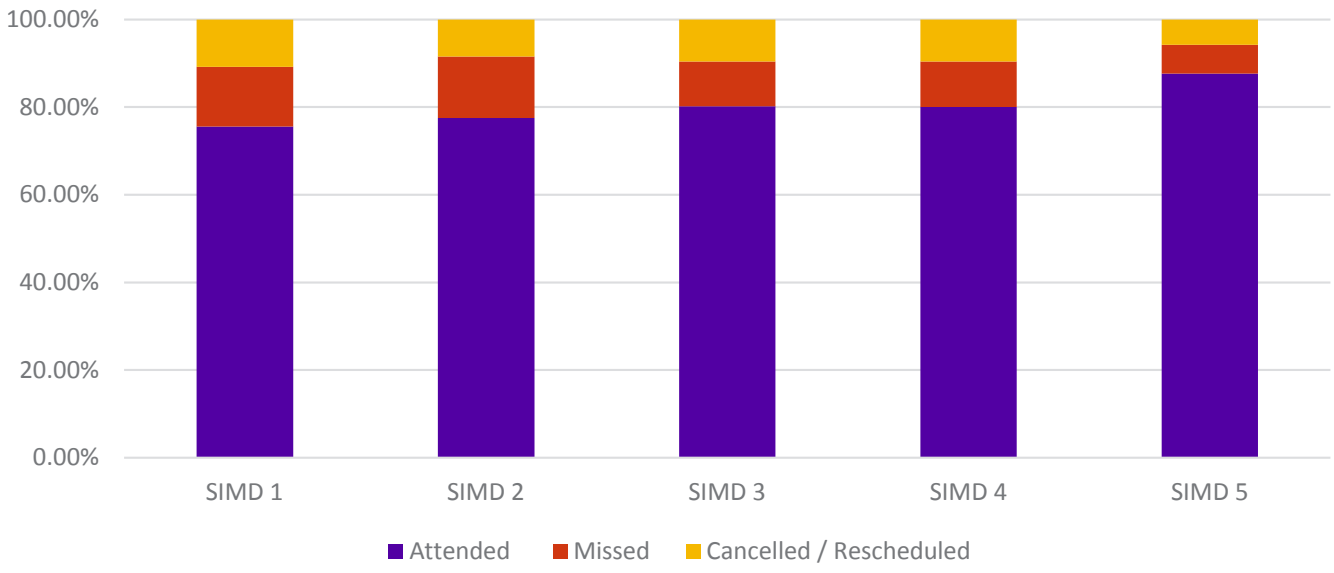


FIGURE 17: Attendance of Appointments Across SIMD Quintiles 2024 - 25

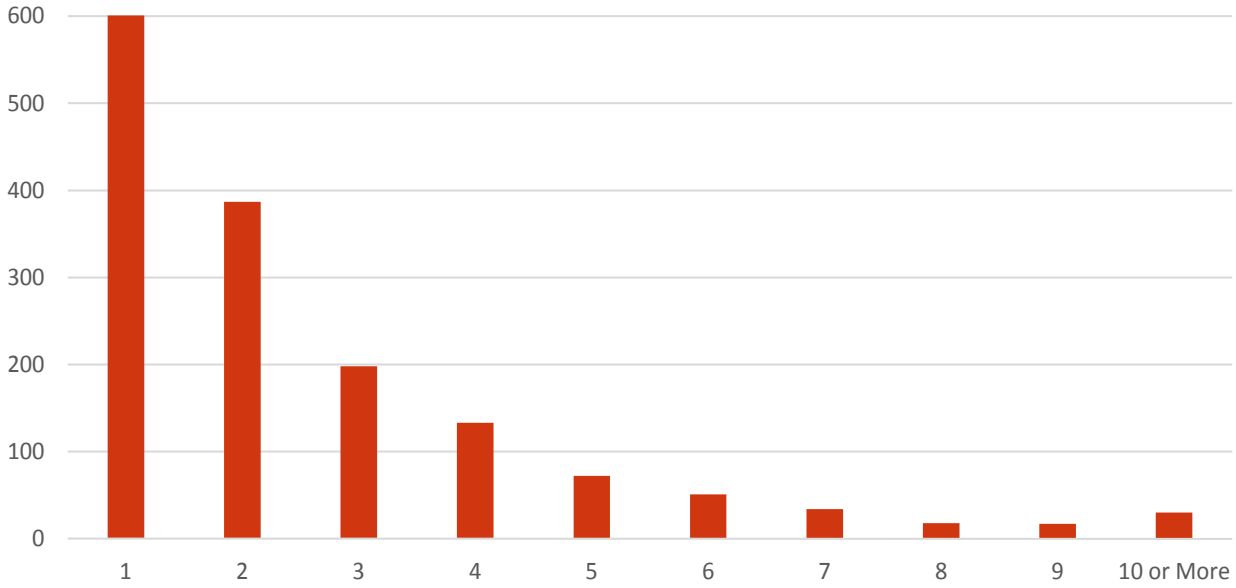


FIGURE 18: Number of Appointments Per Patient 2024 - 25

The number of appointments per patient remains consistent with previous periods, with an average of 2.7 appointments per patient, compared to 3 appointments on average in the previous period.

Considering only cases which were opened and closed within the reporting year, therefore ensuring the whole case is being considered, cases marked as 'Closed – Complete' were open for an average of 77 days. Cases marked as 'Discharged – Disengaged' were open for an average of 96 days, potentially indicating that patients who disengage from the service without a planned end are more challenging to reach or require more input to engage.

The average duration of attended appointments was 48 mins. There are minor differences between initial and follow up appointments, with durations of 51 minutes and 46 minutes respectively.

In person appointments averaged 59 minutes compared to 36 minutes for telephone appointments.

Ewan Aitken presenting at 2024 VHS conference

Links

In total, 8,157 onward links made by CLWs, an increase of 16.1% compared to the previous period. These links were to 964 different groups, services and activities.

Overall, Edinburgh Leisure was the most frequently linked-to service for patients. Over the 660 links made, 407 were for a CAP card which grants low-cost access to the gym and fitness classes for one year. This is in line with previous period, when Edinburgh Leisure was again the most linked-to service, with 254 applications for a CAP card being made.

There were significant differences in the most connected to services when considering if the onward connection made by the CLW was a referral or signposting.

Table 1: Most Common Service Provider - Referrals 2024 - 25

Service Name	Referrals Made
Edinburgh Leisure	590
Social Care Direct	249
Edinburgh Food Project (Trussel Trust)	216
Health All Round	177
Granton Information Centre	157
Edinburgh Lothian Trust Fund	150
Fuel Bank Foundation	137
Cyrenians	123
CEC - Housing	109
The Health Agency	99

Table 2: Most Common Service Provider - Signposting 2024 - 25

Service Name	Signposts Made
Health All Round	224
CEC - The Advice Shop	108
Thrive Welcome Team	98
Health In Mind	91
ELGT	72
Edinburgh Leisure	70
Pilton Community Health Project	61
LifeCare	56
Bridgend	51
Stockbridge Parish	49

Table 3: Most Common Service Provider by Locality 2024 - 25

North West

Service Name	Links Made
Edinburgh Leisure	199
Social Care Direct	109
Edinburgh Food Project (Trussel Trust)	108
Granton Information Centre	97
ELTF	81
Right There	61
VOCAL	40
PCHP	36
Cyrenians	35
Volunteer Edinburgh	28

North East

Service Name	Links Made
Edinburgh Leisure	191
Edinburgh Food Project (Trussel Trust)	61
Social Care Direct	48
The Thistle Foundation	48
Granton Information Centre	43
Pilton Community Health Project	36
Health In Mind	36
Citizen's Advice Bureau	34
ELTF	29
The Ripple	26

South West

Service Name	Links Made
Health All Round	166
Edinburgh Leisure	125
The Health Agency	97
Fuel Bank Foundation	87
Cyrenians	76
CEC Housing	67
CHAI	63
Social Care Direct	62
CEC The Advice Shop	48
Four Square	39

South East

Service Name	Links Made
Edinburgh Leisure	75
ELGT	39
Social Care Direct	30
Health In Mind	27
CEC The Advice Shop	24
Edinburgh Food Project (Trussel Trust)	22
Hope Park	18
Turning Point	17
Eric Liddell Centre	15
Social Security Scotland	14

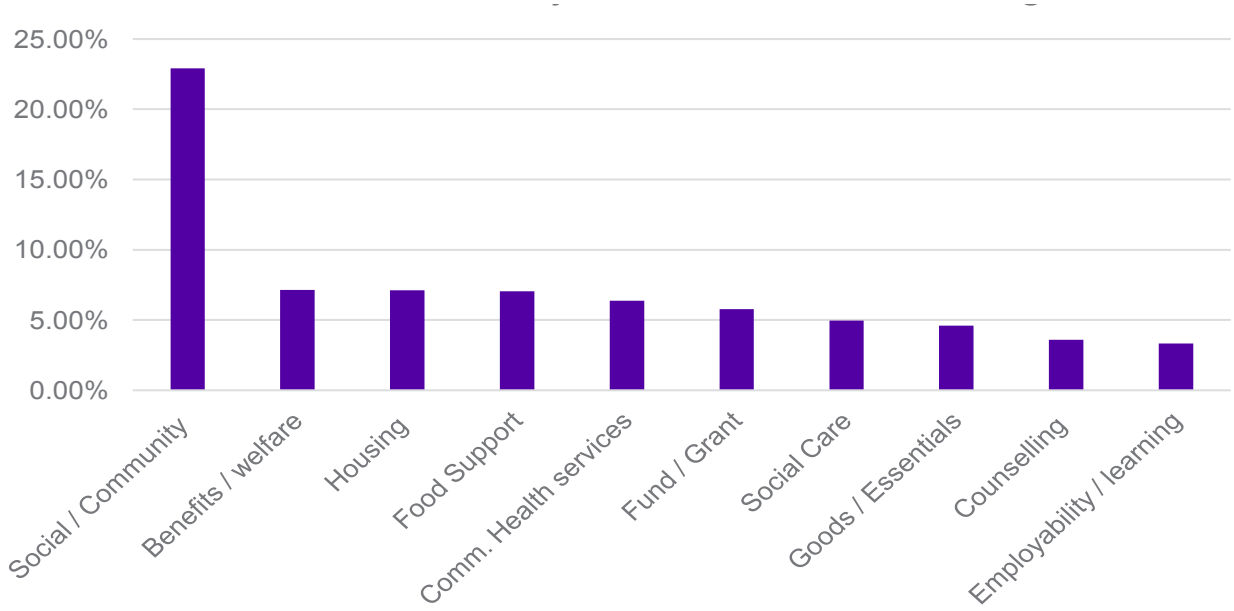


FIGURE 19: 10 Most Common Service Categories 2024 - 25

The most common type of service connected to was social and community groups or activities, accounting for 24.7% of all links. Last period, categories included one for 'activity-based referral' however this only included referrals to Edinburgh Leisure, so these links are now categorised as 'Social/Community' with a subcategory of 'exercise' which better fits with other services in this category. Many social/community groups are exercise based so this classification allows for more accurate reporting.

The definitions for the above service categories are as follows:

Table 4: Definition of Service Categories 2024 - 25

Service Category	Definition
Social / Community	Any community group or activity or social interest group. Includes exercise groups, hobby groups and social groups
Benefits / Welfare	Any service providing specialised benefits or welfare advice
Housing	Any service providing support related to housing including tenancy support and homelessness prevention
Food Support	Includes foodbanks, other food with dignity schemes such as local pantries, community fridges / shelves, and community meal provision
Community Health Initiative	Services working to reduce health inequalities, provide support to vulnerable people or communities
Fund / Grant	Sources of funding such as benevolent funds and grant making organisations
Social Care	Statutory social work services
Goods / Essentials	Services providing donations of goods such as clothing, household essentials, furniture, etc
Counselling	Services providing counselling
Employability / Learning	Any service providing skills or confidence building with the aim of gaining employment or related skills

Looking more closely at the social/community category, most links were for exercise-based services, accounting for 64.6% of links within this category. When looking at the outcomes of onward links, the action CLW took had a very strong impact on the likelihood of the patient engaging.

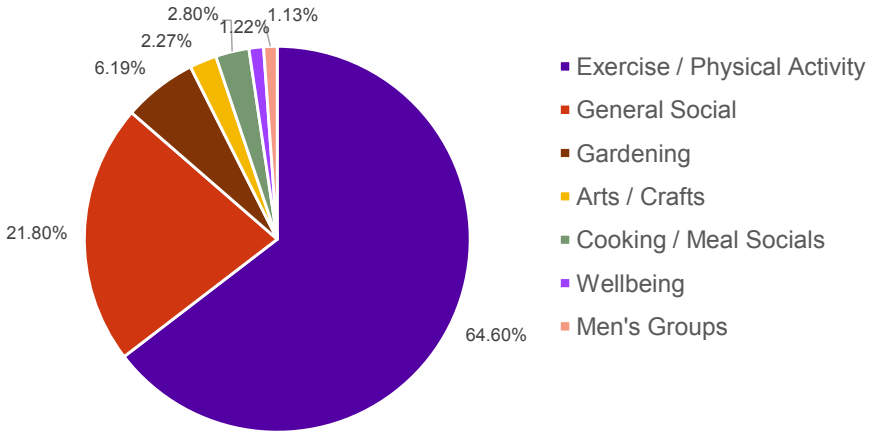


FIGURE 20: Sub Categories of Social and Community Links 2024 - 25

CLWs either make a formal referral or provide signposting. 47.9% of all links were successfully taken up when a referral was made, compared to only 5.2% of links CLWs when signposting. This shows overwhelming evidence that the extra support taken to make considered, formal referrals greatly increase the likelihood that a patient will engage in a service to which the CLW connects them.

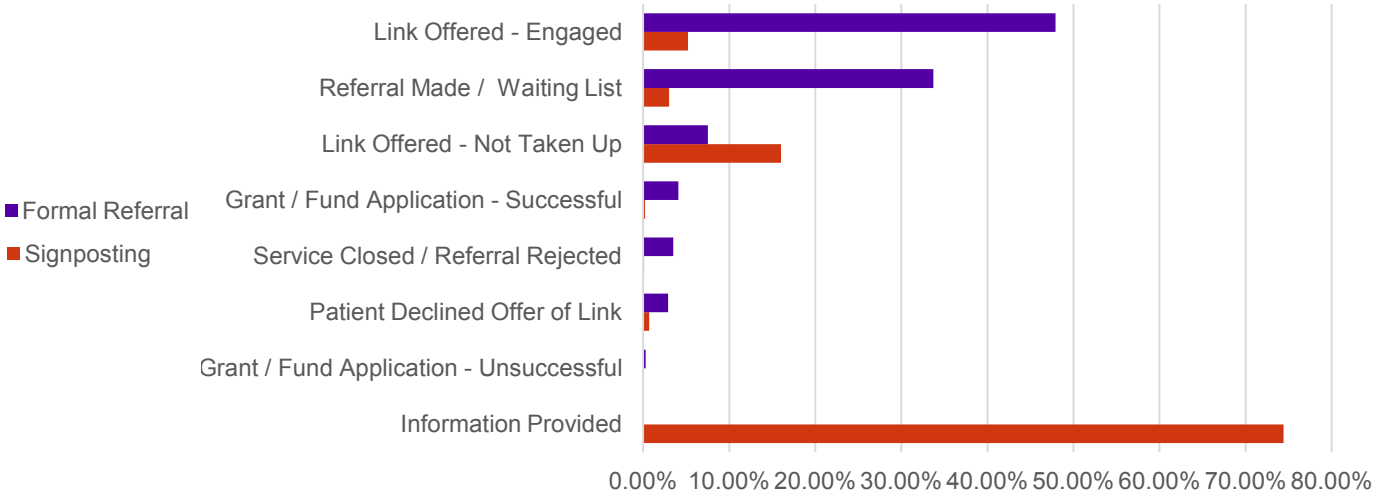


FIGURE 21: Outcome of Onward Links According to Action 2024 - 25

Funds and Grants

Overall, CLWs obtained £73,513 in grants funding for patients, compared to £93,093 gained the previous period. These applications were made to 31 different grant-making organisations, both local and national. Alongside funding, CLWs also obtain a wide range of essentials for patients. 420 links were made for food support, including food bank vouchers, emergency shopping vouchers, or local community fridges and pantries.

236 links were made for other essentials, such as fuel vouchers, baby bank parcels, pet foodbank parcels, household goods donations, and clothing.

This reflects an increasingly challenging climate in terms of funding, with fewer sources of funding and applications more likely to be unsuccessful. One significant change CLWs report is that grant-making organisations are ceasing open access to their applications process and operating on a partners-only basis. This period, CLWs made 153 applications to a local grant-making organisation which has since closed open access and now only operates with a small number of selected partners.

Wellbeing Measures

For the first time, data is available around wellbeing measures. CLWs use ONS4, a standard wellbeing tool developed by the Office of National Statistics designed to assess key aspects of wellbeing. This is one of a number of wellbeing tools used by different Community Link Work programmes in Scotland (Essential Connections, SCLWN).

Patients are offered the opportunity to complete questions at the start and end of their support with a CLW. ONS4 provides a standardised and harmonised way to measure personal well-being, allowing for comparisons across different surveys and time periods. They are used in various UK surveys and have become a standard approach to assessing subjective well-being.

The questions consider four measurements: life satisfaction, feelings of worthwhileness, happiness, and anxiety. Overall, the data shows an increase in feelings of life satisfaction, worthwhileness and happiness, and a decrease in anxiety for patients who have used the CLW service. The graph below shows the largest increase was seen in Life Satisfaction, which increased by an average of 1.6 per patient.

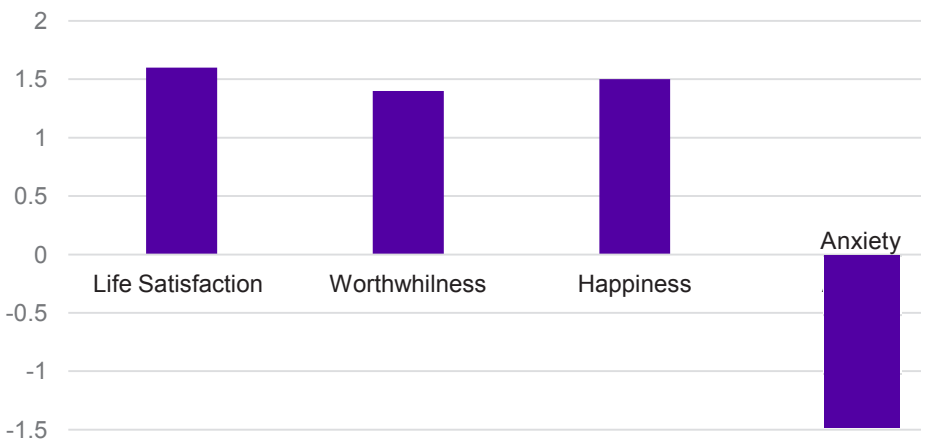


FIGURE 22: Average Change in ONS4 Scores After CLW Support 2024 - 25

Most patients saw a positive change in scores after using the CLW service, (scores reversed for anxiety to reflect reduction in anxiety). Life satisfaction was the measure most likely to see an improvement, with 68.9% of patients reporting an improvement in Life Satisfaction after using the CLW service.

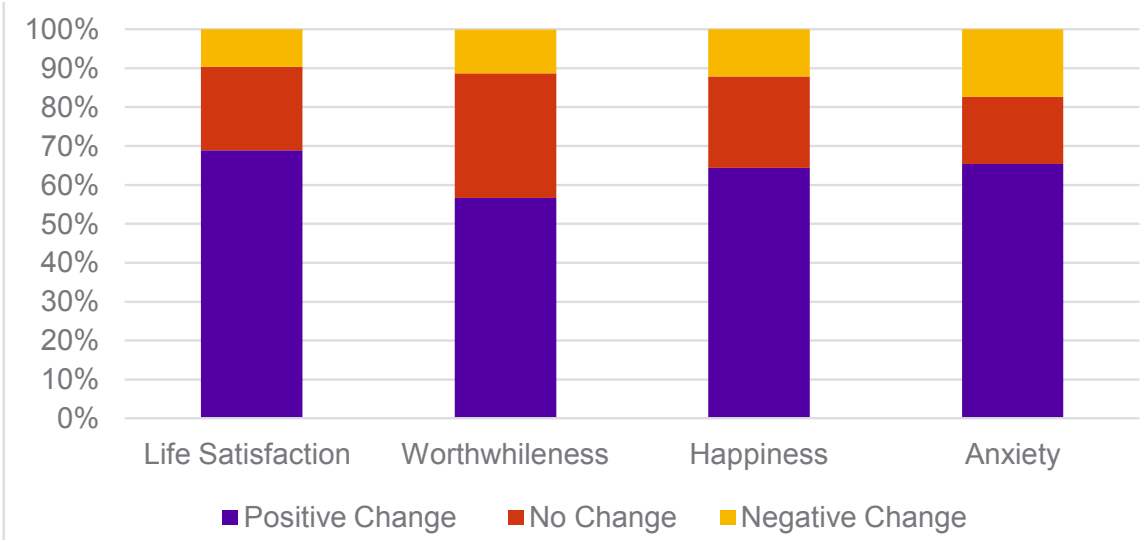


FIGURE 23: Direction of Change in Patient ONS4 Scores after CLW Support 2024 - 25

There were some differences in wellbeing outcomes between both gender and SIMD Quintile. Women reported a larger average change in all three of the four aspects of wellbeing compared to men, with an average 1.6 point for women compared to a 1.2 point increase for men in across Life Satisfaction, Worthwhileness and Happiness. However, men reported a larger average reduction in anxiety, at 1.76 point decrease in anxiety compared to a 1.49 point decrease for women.

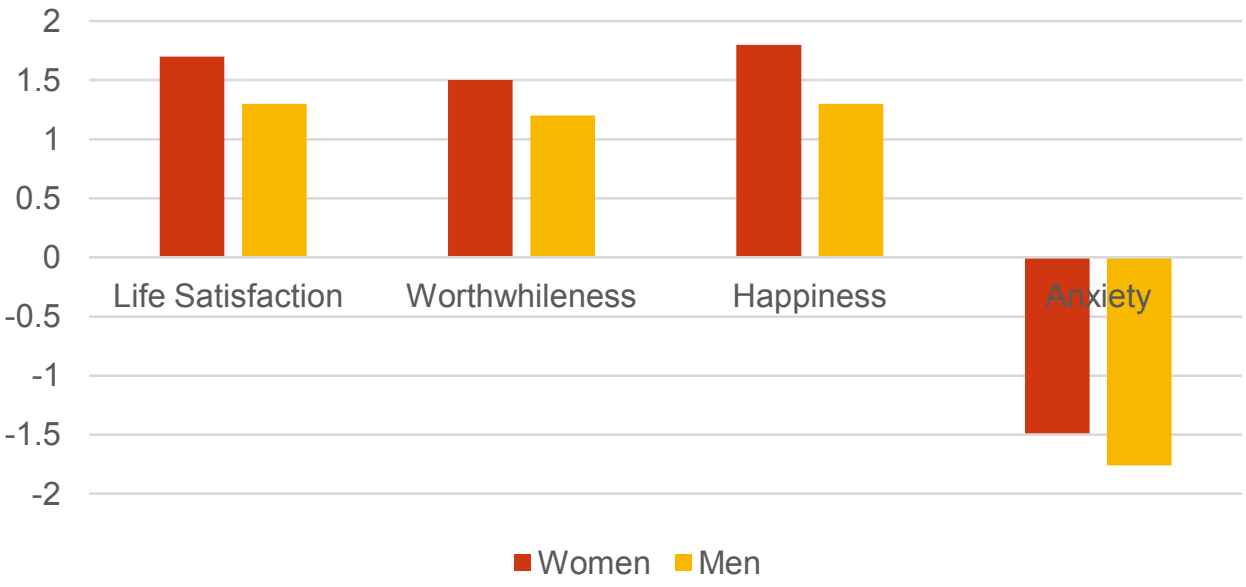


FIGURE 24: Change in ONS4 Scores by gender 2024 - 25

Similarly, patients in SIMD Q1 reported larger average increases in Life Satisfaction, Worthwhileness and Happiness compared to those in SIMD Q 5 (1.5 point increase compared to 1.1 point increase), but those in SIMD Q5 reported larger reductions in anxiety (1.58 point reduction compared to 1.1 point reduction).

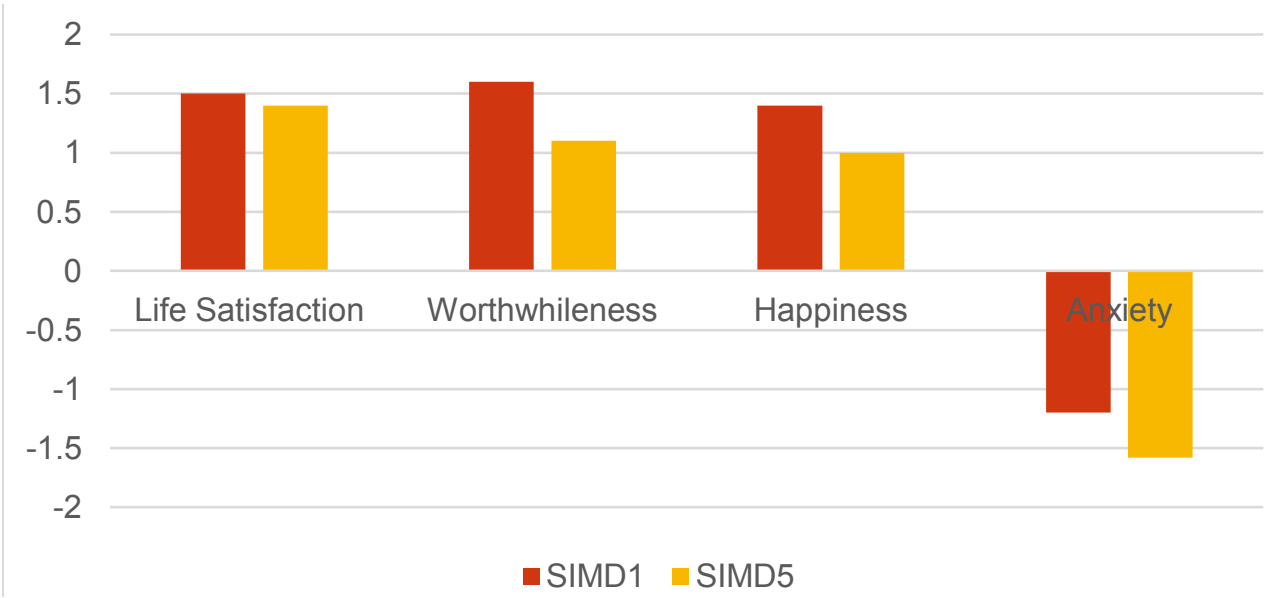


FIGURE 25: Change in ONS4 Scores by SIMD Q 1 & 5 2024 - 25

Highlights of 2024- 2025

Queen Margaret University Research Project

We are eagerly awaiting publication of a piece of research looking at community link working/social prescribing and the impact of these on Edinburgh TSOs that provide services for patients from local practices. Further details in those forthcoming papers – and next year's review.

National CLW Advisory Group

This Scottish Government led working group is focussing on three main strands within Community Link Working across Scotland –

- Training for CLWs
- Data and Evaluation
- CLW Funding

Work is progressing in all three of these areas - perhaps at different speeds but all moving forward.

National Institute for Health and Care Research

Albeit running slightly behind schedule, this exciting second phase is expected to report in Autumn 2025. This will conclude several years of gathering data from CLWs, managers, GPs, evaluation and analysis to demonstrate the effectiveness of varying CLW models used inregions in Scotland and England including Lothian. Whilst this will undoubtably feature in next year's 25/26 annual review, we will share the final papers as soon as these are available.

Improving the Cancer Journey Link Workers

The Improving the Cancer Journey Link Worker project, funded by Macmillan is a service that supports those living with cancer as well as others affected by cancer (family, friends, carers). Much like the CLW's in GP practices, the ICJ Link Workers deliver a person-centred service, using good conversations to link patients with the right services, groups or people to help them. They support patients for 12 weeks with issues such as housing, financial issues, caring responsibilities, uncertainty over their diagnosis and prognosis, emotional and physical difficulties. The five ICJ Link Workers covering Edinburgh joined the network at the start of 2025, with similar partnerships appearing in Dundee and North Ayrshire.

National Academy for Social Prescribing Award

The network was delighted to be awarded the 'Best Local Social Prescribing Link Worker Team 2024' which recognised the outstanding contribution to health and wellbeing in Edinburgh's most deprived areas. The judges noted "the link workers have strengthened ties between medical practices and local communities, securing funding for TSOs to develop patient-specific services such as anxiety management, yoga, art therapy, and wild swimming. The Edinburgh CLWs' relentless dedication and innovative approach make them truly deserving of this award, setting a benchmark for link working across Scotland. Their resilience in the past few years, through the pandemic, cost of living crisis and local housing emergency, has been remarkable." Alison Leitch and Dawn Craig attended the International Social Prescribing Conference and picked up the award on behalf of the network.

University of Edinburgh Students/CLW sessions

This year saw the Service introduce link working and social prescribing to the fourth cohort of 1st year medical students from the University of Edinburgh. This brings this total number of students and medics of the future who have taken part in the CLW sessions to over 1,400. These sessions contribute to the Health in Communities Practical – part of the Social and Ethical Aspects of Medicine module. Students meet with link workers and third sector organisations, learn about the local area, and work

on a case study involving social issues where a medical approach is not suitable. The sessions have evolved hugely over the years; including a walkabout of the area which increases students' awareness of the homes, shops, roads and services that are commonly found in areas of high deprivation providing an insight into the wider socio-economic challenges in life when discussing individuals' health and wellbeing. The sessions allow the opportunity for every potential GP of the future to learn the value of social prescribing at a very early stage and carry this with them throughout their career.

Elemental Roll Out

Continuing with the roll out of Elemental, wave three saw the integration of seven further practices. These practices were chosen as a small number of CLWs were using both Salesforce and Elemental, so this integration provided continuity for those CLWs by moving their caseloads fully onto Elemental.
This brings the total of Elemental practices in the network to 25.

Standards Group

Throughout the reporting year, there has been a short life working group bringing together some CLW's to speak about how Community Link Workers work and all the intricacies which go along with that. A topic or two were deliberated in what was usually a very lively discussion every month, picking apart the finer points of topics such as referral pathways, what an inappropriate referral looks like, boundaries, how to deal with different crises, embedding into GP practice and closing cases. The group created an infographic to show the remit of the CLW role which was then tweaked when discussed at the CLWs CPD day. The groups work is almost done, with a master document having been created outlining all the groups hard work and outlining some of the finer points of how to be a CLW.

Longer Psychology Sessions

In consultation with CLW's regarding what training might be beneficial for them, they spoke about the parts of the role that they found most challenging and suggested an opportunity for time and space to discuss these in more depth. As a result of these discussions, Clinical Psychologist Richard Cosway was asked to create three bespoke half-day sessions. The days were structured around managing boundaries, difficult conversations and endings and included space for group discussions. CLWs learned about repeating patterns in relationships, expectations in relationships and adverse childhood experiences.

Frequent Attenders Pilot

There are many individuals who are deemed to be "frequent attenders" at emergency departments (ED) at hospitals across the city. The reasons for their presentations are varied and complex. There is often a cross over with these individuals also being high users of GP services. A pilot was agreed to determine if having a "good conversation" with these individuals helped identify reasons for their repeated presentations, help them to self-manage, and provide other routes for ongoing support subsequently reduces presentations to the ED.

It was a very small group of seven patients were identified and out of these, four managed to engage with CLW. The gains were disproportionately larger.

Scottish Community Link Worker Network Videos

Sophie Carmichael, CLW from Pilton Community Health Project took part in a project alongside the Scottish Community Link Network to facilitate a CLW and patient led video for promotional purposes. Alongside Dundee and Perth and Kinross link workers, the aim of the video was to explain the holistic nature of the link worker role, some of the challenges and successful impact that the role has had. Patients were included in both videos.
Sophie worked with a patient from Leith Mount surgery. The videos are now in the public domain and used to raise the profile of the Scottish Community Link Network amongst third sector organisations, policy makers and statutory bodies.

Looking forward

Completing Elemental Integration

March 2025 saw the pilot phase with Elemental come to an end, with the decision being taken to continue our contract and roll out Elemental across all remaining practices. This will take place during 2025/2026 with the remaining nineteen practices gradually coming on board across two waves. Wave 4a will bring eight practices integrate in late summer 2025 and will see the training of the final nine community link workers who have solely used Salesforce up to now. The use of Salesforce as a data recording system will be gradually phased out as the final eleven practices move to Elemental by 2026. This will complete our transfer and move us back to a single data recording system across the whole service.

Commissioning

Following on from a grant award to extend the TSO contracts for a further year, work continues to consider the best way forward for all stakeholders. Further announcements regarding a commissioning process will be made in the coming weeks, and we look forward to progressing this.

Patient quotes

Thank you for everything! It's been an absolute pleasure and a blessing to have met you. Your support as a human being and as a professional really kept us going through what was a very tough time."

"I'm leaving the [consultation] room feeling refreshed and understood. I've never felt like this, and you've helped me more than anyone has in my entire life."

"I have never had help like it – no-one could ever compete with you, we cannot thank you enough, it is the best help we have ever had"

"Community Link [Work Service] has given me more opportunities to recognise what help is out there and to find ways to solve my problems other than the ways I was using."

"I just wanted to thank you so very much for the time you spent with me yesterday…I will always remember the hour with you as a seminal moment in my life"

"Being the person, my children turn to now is such a lovely feeling. Being part of the family again and bonding instead of being at hospital, not feeling guilty about not doing things to help around the house makes feel much better."

"Honestly you have done a lot of great stuff especially with my wife as she can go out now and meet people in the community which has helped me. We didn't know about there was all the help and all the centres you can go to."

"You have calmed me right down. Your help has really uplifted me".

"When I've seen you, I'm bouncing and feel happy. I can really talk to you, you let me talk and you listen"