

COMMUNITY LINK WORKER INSIGHTS

Turning Conversations into Connections

Regional Community Link Worker Signposting Analysis

Based on data received for months January to July 2026 across Dumfries & Galloway.

Every Connection Counts

15

Community Link
Workers contributed
data

506

people referred for
support

799

signposting activities
recorded

51

service gaps
identified by CLWs

“Signposting tells people where help is available; a warm connection helps them get there.”

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Executive Summary

This report analyses Community Link Worker (CLW) referral and signposting activity across Dumfries and Galloway between January and July 2026. It draws on 506 referrals, 799 recorded signposting activities and 51 identified service gaps, providing insight into community need, patterns of support and opportunities for future service development.

Key findings indicate that:

- Social connection is the main driver of demand, with Making Connections accounting for 54.5% of all referrals and community connection representing the largest signposting theme.
- Older adults are the primary users of the service, with 52% of referrals relating to people aged 66 and over, highlighting the importance of services that promote independence, wellbeing and social inclusion.
- Financial wellbeing and housing support needs are most evident in more deprived communities, particularly in areas containing higher proportions of SIMD 1 and 2 neighbourhoods.
- Community and third-sector organisations are critical local assets, with 65% of signposting activity involving services that are free at the point of contact. The D&G Carers Centre was the only community organisation recorded across all Home Team areas.
- Transport, accessibility and service capacity are significant barriers to positive outcomes, particularly in rural localities and areas experiencing higher levels of deprivation.

The findings suggest that future investment should focus on strengthening community connection and befriending services, improving community transport and rural mobility, increasing outreach support, enhancing social inclusion opportunities for older adults, and addressing gaps in mental health and neurodiversity support.

Importantly, this report should be viewed as emerging community intelligence rather than a measure of service performance. The findings reflect recorded service activity over a limited period and are influenced by local recording practices, staffing levels, service availability and existing referral pathways. Nevertheless, the data provides valuable evidence of community need and highlights the importance of sustaining and strengthening local community assets across Dumfries and Galloway.

Introduction

Community Link Workers (CLWs) support individuals, and where appropriate their families and carers, to take a more active role in managing their health and wellbeing. Depending on a person's needs and circumstances, this may include signposting to relevant information and services or providing a warm connection by actively supporting them to engage with community, voluntary and statutory sources of support. Through this personalised approach, CLWs help people improve wellbeing, increase independence and build stronger community connections.

Signposting provides information about a service and relies on the individual making contact independently. A warm referral or warm connection involves active support to make that first contact, such as introducing the person to a service, making a referral with their consent, arranging an appointment or accompanying them to attend. Evidence suggests that warm referrals increase engagement and service uptake by reducing barriers such as anxiety, low confidence, lack of trust, poor understanding of services, or practical difficulties in navigating support.

For Community Link Worker reporting, this is often the key distinction: signposting tells people where help is available; a warm connection helps them get there.

This report provides an analysis of Community Link Worker signposting activity across Dumfries and Galloway and examines the patterns of support being accessed by individuals referred to the service. The purpose of the report is to understand the types of needs being identified, the organisations and services most frequently utilised, geographic variations in support provision, and the gaps or barriers affecting access to community resources. The findings are intended to help inform service planning, partnership development and commissioning discussions.

Activity

Over the 6-month period, 15 members of staff contributed to delivery, based in Home Teams across the region. Vacancies had a significant effect in some teams; in terms of number of referrals accommodated and the breadth of community knowledge required to enable people to make best use of community resources and community outreach activity.

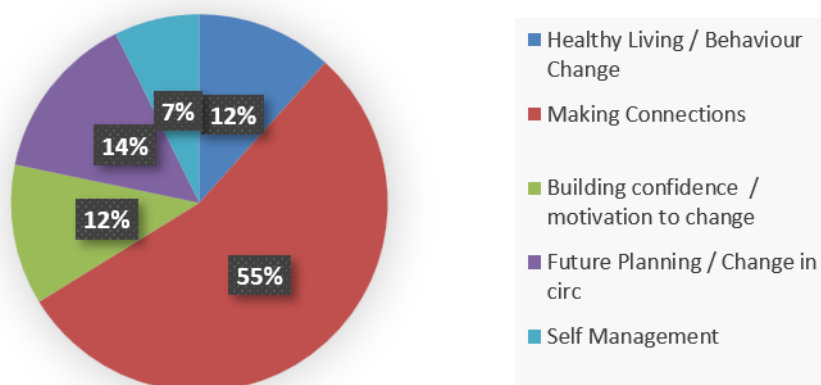
The report draws upon referral and signposting activity recorded by Community Link Workers between January and July 2026 and includes analysis of:

- Signposting themes and sub-themes.
- Organisations and services accessed through signposting.
- Locality-based patterns across Home Team areas.
- Cost profiles of services accessed, including the use of free, low-cost and paid provision.
- Geographic coverage of organisations, including local, regional, national and UK-wide services.
- Individual worker referral patterns and established referral pathways.
- Recorded service gaps and barriers to accessing support.
- Referral and link activity associated with Community Link Worker interventions.

The analysis is based on data extracted from this signposting data, which contains organisational signposting records, thematic activity data, locality profiles, cost information, service coverage information, workforce activity and recorded gap analysis (See appendix 1 for thematic breakdown). The dataset includes 799 recorded signposting activities undertaken by Community Link Workers across the region and demonstrates the breadth of community, statutory and third-sector services being used to support people with social, financial, health and wellbeing needs.

By examining both demand and provision, the report aims to identify what is working well within existing community support networks, highlight areas of unmet need, and provide evidence to support future service development and investment decisions across Dumfries and Galloway.

Community Link Service Referrals Reason - January-June 2026



506

referrals were recorded over the first 6 months of 2026

54.5%

of referrals were for Making Connections

81%

of referrals came through Home Teams – 19% were community referrals

Dumfries and Galloway Council and NHS services were the most referred to partner organisations, with Community Connection the predominant signposting theme. Overall, 62% of contacts were recorded as Signpost Only, compared with 33% CLW Referral/Link (5% blank).

Lower Annandale & Eskdale demonstrates the most intensive support offered to individuals, frequently connecting individuals to multiple services, including housing, welfare benefits, transport, carers' support, mental health and volunteering opportunities.

IMPORTANT LIMITATIONS

Signposting activity not only includes figures from support offered to individuals referred, it includes signposting from community contacts Link Worker have. For example, attending a health & wellbeing information event.

The data collected did not include information on referral formats or routes. We cannot determine if staff either completed and sent a referral form with no contact with the organisation (cold referral) or physically visited the organisation with the individual before the referral, providing motivative support (warm referral).

Regional Age Profile

The CLW service is predominantly supporting older adults. Of the 506 referrals received, 87% were for individuals aged 36 and over, with more than half (52%) aged 66 and over. This highlights the continued importance of services that promote independence, wellbeing and social connection for older people, while also identifying emerging needs among younger adults.

Support Accessed by Older Adults

Older adults are most frequently signposted to:

- Community groups and social activities that reduce isolation and strengthen community connections.
- Befriending services that support people living alone.
- Day centres providing social engagement, structured activities and carer respite.
- Active Communities programmes that promote physical and mental wellbeing.
- Men's Sheds and similar initiatives that support social inclusion and purposeful activity.

52% of referrals were for people aged 66 and over

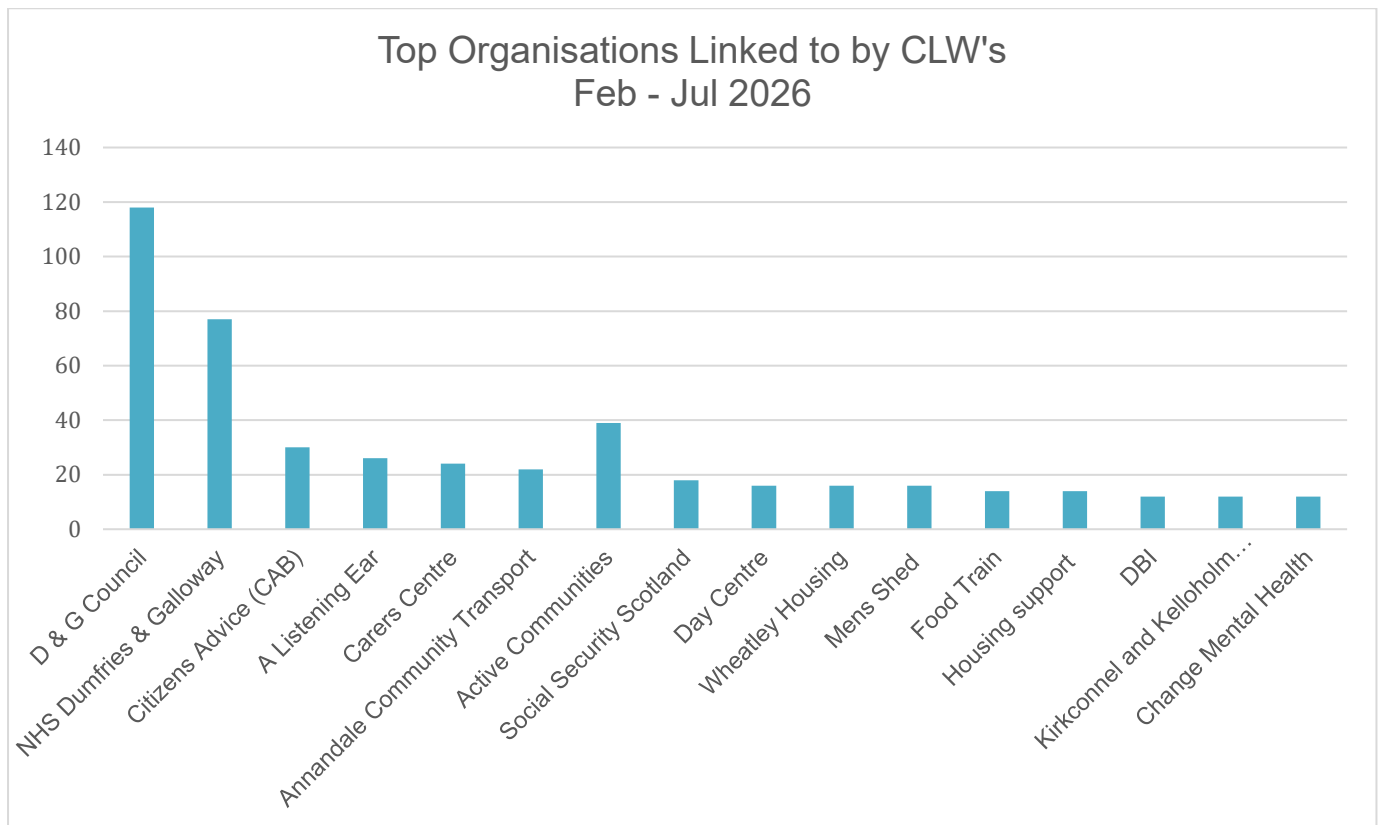
Support Needs of Younger Adults

Although people aged 16 to 35 account for the smallest referral group (68 referrals), the data suggests fewer age-appropriate support options are available.

This indicates that younger adults are more likely to require support relating to mental wellbeing, neurodiversity, employment and social inclusion rather than traditional older adult services.

Key findings: summary of age-related needs /percentage referrals by age group

Age Group	Key Strengths	Key Gaps
16-35 13.5%	Learning, volunteering and employability support	Autism, ADHD, peer networks and age-appropriate social opportunities
36-65 34%	Community activities, exercise programmes and Men's Sheds	Mental health outreach, neurodiversity support and transport
66-80 30.5%	Community groups, befriending, day centres, Active Communities, Men's Sheds	Transport, dementia support, 1:1 outreach and befriending capacity
81+ 22%	Day centres, carer support and community transport	Social opportunities, dementia services and transport access



Statutory services received the highest proportion of signposts and referrals, accounting for around one-third of all signposting activity. The table below highlights the most common themes identified.

Organisation	Most Frequent Themes	Examples
Dumfries & Galloway Council	Transport	Blue Badge, Taxi Card
	Financial Wellbeing	Benefits advice, FIWS, Energy Support
	Sports & Leisure / Physical Activity	Active Communities, Exercise Classes, Walking Groups
	Education & Training / Digital Inclusion	Lifelong Learning, ICT Classes, Adult Learning Programmes
	Social Care	Social Work, Care Call, Assessments
	Community Connection / Social Support	Wellbeing Groups, Walking Groups, Brew & Blether
NHS	Health	PCMHN, Mental Health Services, OT, Psychology, Sleepio, GP Support
	Food & Nutrition	Eating Well, Weight Management Programmes
	Digital Inclusion	Login & Connect, IT Support, Digital Skills Support
	Sports & Leisure / Exercise	Tai Chi, Mindful Movement, Exercise Classes
	Community Connection / Social Support	Tai Chi, Mindful Movement

Key patterns include:

- **NHS services** were used more frequently in urban localities.
- **Day Centres** featured prominently in Dumfries, Machars and Stewartry. Higher usage is likely supported by strong local partnerships and service availability, while lower activity elsewhere may reflect limited provision rather than lower need.
- **Active Communities** was also commonly utilised, although recording practices vary, with some referrals recorded under Dumfries and Galloway Council or NHS services. Variation between localities may therefore reflect both recording differences and service availability.
- **Annandale Community Transport** was extensively used by Annandale teams and was the only community transport provider regularly recorded, aside from support with Taxi Card and Blue Badge applications. This may indicate limited awareness or availability of alternative transport options across the region.
- **D & G Carers Centre** was the only community organisation consistently used across all Home Teams, highlighting its importance as a key regional partner. Few alternative carer-specific services were recorded.
- **Wheatley Homes** referrals were concentrated within the Lower Annandale team, accounting for 10 of the 12 recorded signposts, primarily relating to homelessness and financial support.

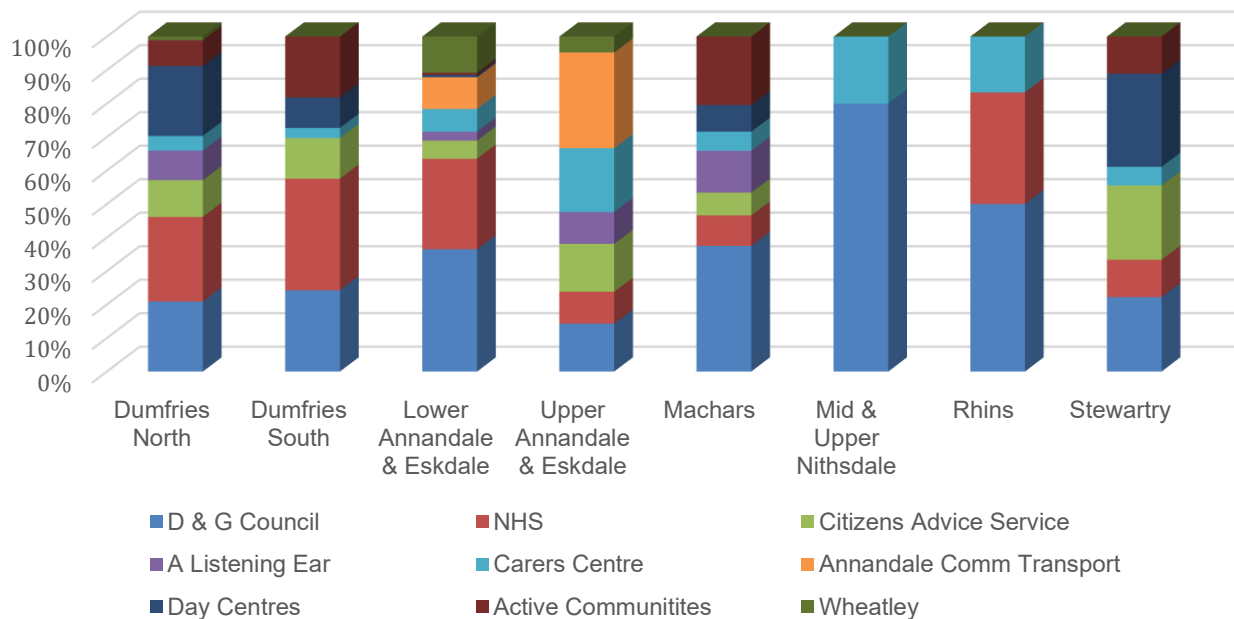
Caution: this is emerging work and will contain bias with regards to population size, staff awareness, communities reported on and referral activity.

D & G Carers Centre was the only community organisation consistently used across all Home Teams.

Converting Referrals into Positive Outcomes

- **Rhins** delivers the strongest outcomes* despite lower referral volumes, indicating highly effective use of local community resources (*Engagement with support/goals achieved following support).
- **Lower Annandale & Eskdale** records the highest levels of signposting activity and unmet need identification, reflecting intensive support and intelligence gathering.
- **Machars** manages the greatest referral demand while maintaining strong outcomes.
- **Dumfries North** experiences the greatest system pressure, combining high referral demand, extensive signposting activity, significant service gaps and higher levels of non-engagement.

Top Organisations Signposting Profile by Home Team February to July 2026



Despite high levels of intervention, outcomes are influenced by transport barriers, complex mental health needs, housing pressures, neurodiversity support gaps and waiting times for 1:1 outreach services.

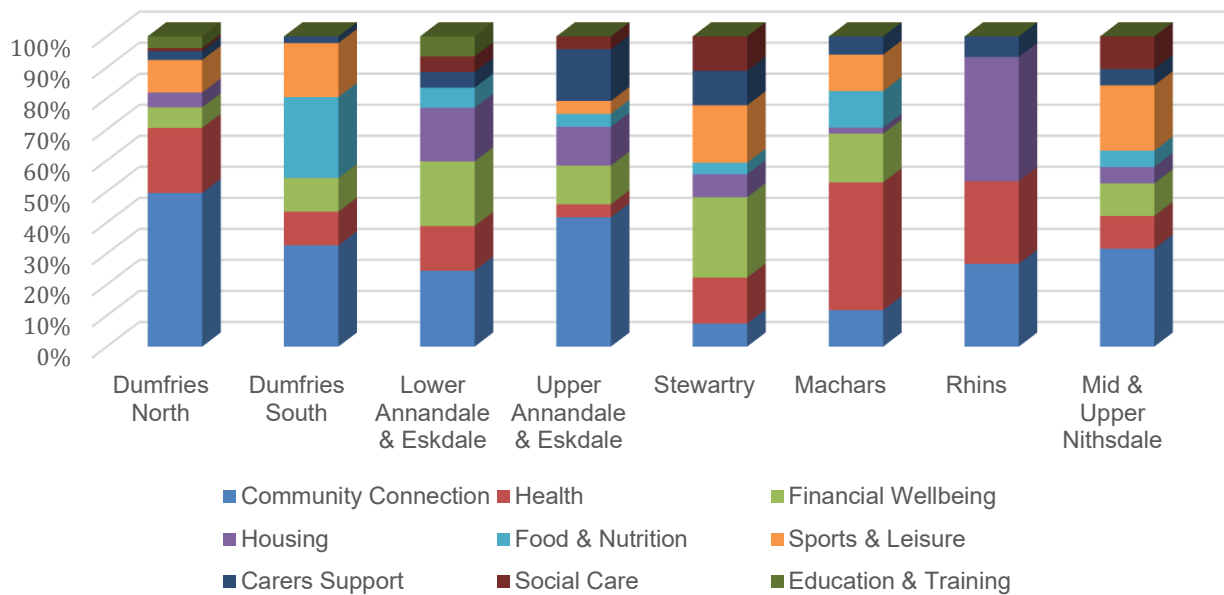
Themes

Financial wellbeing services such as Social Security Scotland, Financial Inclusion & Welfare Support team(FIWS) and Citizens Advice Service appear frequently across most Home Team areas, highlighting ongoing demand for benefits advice, debt support and income maximisation.

Community connection services, including A Listening Ear, Men's Sheds, Food Train and Day Centres, are widely used across the region. This reflects the fact that social connection is the most common reason for referral.

Housing support is particularly prominent in the more rural localities, with regular referrals to organisations such as Wheatley Housing and Loreburn Housing. Mid and Upper Nithsdale is an exception, although signposting data for this area is currently limited due to staffing vacancies.

Top Theme Signposting Profile by Home Team February to July 2026



Comparing referral reasons with signposting activity shows how Community Link Workers are responding to local needs.

KEY FINDINGS

- Making Connections is the dominant reason for referral.
- Community Connection & Social Support is also the largest signposting theme.
- Healthy Living referrals generate activity across multiple support pathways.
- Future Planning referrals are strongly linked to welfare, housing and advice work.
- Self-Management activity appears relatively low compared with social connection work.

SIMD and Signposting Themes Analysis

As SIMD is reported at Home Team level rather than for individual referrals, this analysis identifies area-based trends rather than direct associations between deprivation and support received.

Approximately 40% of referrals originate from SIMD 1 and 2 areas, particularly within Dumfries North, Rhins, Stewartry, Lower Annandale and Mid & Upper Nithsdale. Financial Wellbeing is one of the most common signposting themes, covering support such as welfare benefits, debt advice, fuel poverty assistance and income maximisation services.

The highest levels of financial wellbeing signposting are evident in Dumfries North, Lower Annandale & Eskdale and parts of Nithsdale, where referrals frequently relate to benefits, debt and fuel support.

≈40%

of referrals originate from SIMD 1 and 2 areas

KEY FINDING

Referral data and signposting activity that communities in more deprived areas are receiving higher levels of Financial Wellbeing support is consistent with locality profile evidence showing that several of the areas contain some of the highest concentrations of deprivation, income poverty and benefit dependency within the region.

Housing Support and Deprivation

Housing is also a significant signposting theme, covering:

- Homelessness support
- Housing applications
- Tenancy support
- Housing associations
- Housing rights advice
- Home adaptations and care and repair services

The highest levels of housing-related activity are found in Lower Annandale & Eskdale and Dumfries North, where referrals regularly involve housing associations, tenancy issues, homelessness risks and accessibility concerns.

These localities also have some of the highest levels of deprivation.

KEY FINDING

More deprived areas appear to generate greater demand for housing-related support, often alongside financial wellbeing concerns.

Signposting – Availability & Outcomes

Service Availability, Engagement and Outcomes

Overall, the evidence suggests that localities with a broader range of signposting options generally achieve better engagement and outcomes. However, service availability alone does not guarantee success, as factors such as transport barriers, complex needs and accessibility issues can significantly affect engagement.

Home Team Area Variations

- **Machars** demonstrates the strongest relationship between service diversity and positive outcomes, achieving 59% of goals while maintaining a broad range of support options.
- **Dumfries South** also performs well, with 51% of goals achieved and relatively low non-engagement (16%), supported by a balanced mix of community and mental health services.
- **Dumfries North**, despite having one of the most extensive signposting networks, records lower goal achievement (37%) and high non-engagement (54%). This suggests that complexity of need, including mental health concerns, neurodiversity support gaps, deprivation and transport challenges, may have a greater influence on outcomes than service availability alone.

- **Rhins** presents a notable contrast, achieving 72% of goals with low non-engagement (13%) despite a more limited-service network, indicating that targeted interventions and manageable caseloads can be highly effective.

KEY FINDINGS

- Greater service diversity is generally associated with improved engagement and outcomes.
- Transport and accessibility barriers substantially affect the impact of available services.
- Dumfries North is a notable exception, with high service availability but persistent non-engagement.
- Lower Annandale & Eskdale has extensive service provision but continues to report significant unmet need, demonstrating that availability does not always equate to accessibility.

Machars and Dumfries South provide the strongest evidence that diverse support networks contribute to positive outcomes.

Community Engagement and Deprivation

Analysis suggests that people living in more deprived areas are more likely to require Financial Wellbeing and Housing support, with welfare benefits, debt advice, fuel poverty and housing-related issues most concentrated in SIMD 1 and 2 communities. While deprivation does not appear to reduce access to services, it is associated with higher levels of non-engagement, even in areas with extensive support networks.

This pattern is particularly evident in Dumfries North and Lower Annandale & Eskdale, where high levels of deprivation, complex needs and practical barriers appear to limit engagement despite substantial signposting activity. In contrast, Machars and Rhins achieve stronger outcomes through effective use of community resources and targeted support.

KEY FINDINGS

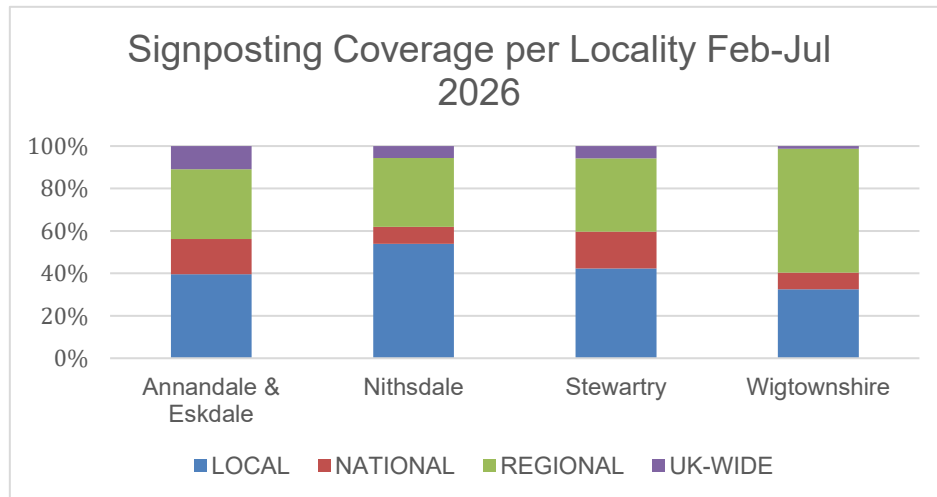
- Welfare, debt, benefits and fuel support referrals are concentrated in more deprived areas.
- Housing support activity is highest in areas with greater deprivation.
- More deprived localities tend to experience higher non-engagement despite access to a wider range of services.

Geographic Patterns

The data indicates variations in access to support across the region.

- Machars and Rhins make greater use of regional and national organisations, reflecting a lower availability of locality-based services.
- More rural areas appear to have fewer locally accessible support options and are therefore more reliant on services delivered across wider geographic areas.
- Urban localities generally benefit from a broader range of community organisations and support opportunities.

- The most significant themes across the data are social connection, financial wellbeing and housing support. Community Link Workers are successfully connecting people to available services; however, signposting patterns suggest that rural communities have fewer local support options and are more reliant on regional provision. Rural referrals also appear to be directed more frequently towards established organisations that provide reliable and consistent support. This highlights the importance of strengthening local community assets while maintaining accessible regional services to ensure equitable access to support across Dumfries and Galloway.



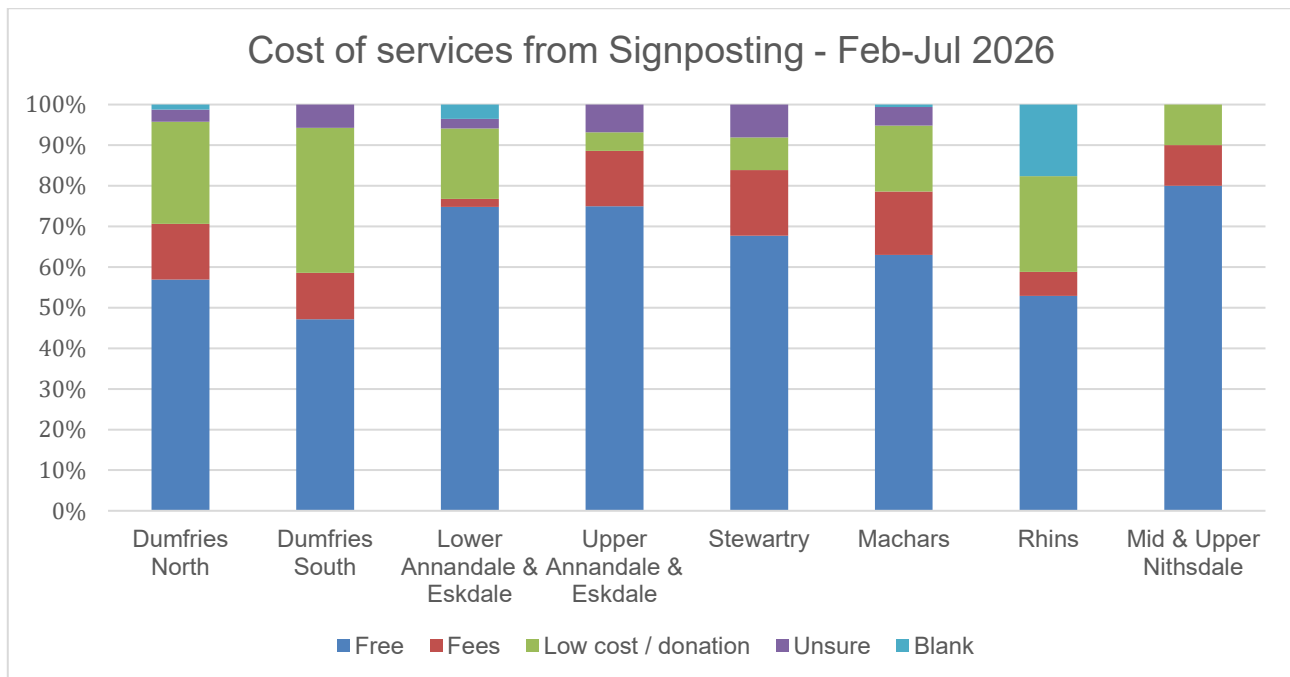
Reliance on Statutory Services

65% of all signposting was to free at the point of contact (FPoC) services

33% of services connected to were statutory

The most frequently used free Third Sector / Charity organisations across the region include:

- Carers Centre
- A Listening Ear
- Citizens Advice
- Change Mental Health
- Distress Brief Intervention (DBI)



The Home Teams most reliant on free (FRoC) provision are:

1. Lower Annandale & Eskdale
2. Mid & Upper Nithsdale
3. Upper Annandale & Eskdale

These predominantly rural areas rely heavily on free community, health, financial wellbeing and carers' support services.

Referral Source and Outcomes

Nithsdale-specific data

Community Referrals

Across the available Nithsdale discharge data, community referrals achieved positive outcomes in most cases:

- 75% achieved their goals
- 25% were recorded as Not Engaged
- No cases were recorded as partially achieved

This indicates that people referred through community routes were generally more likely to engage with support and achieve their intended outcomes.

Home Team Referrals

Home Team referrals account for most completed cases across the datasets and show a more varied pattern of outcomes, including:

- Goals achieved
- Goals partially achieved
- Higher levels of non-engagement

A review of discharge records suggests Home Team referrals often involve more complex circumstances, including:

- Mental health difficulties
- Dementia and frailty
- Substance misuse
- Social care involvement
- Multiple agencies providing support

Records also show a greater number of cases where individuals could not be contacted, no longer required support, were already receiving help elsewhere, or had needs that were difficult to address through available services.

75%

of community referrals achieved their goals

40%

of Home Team referrals achieved their goals

KEY FINDINGS

Across Dumfries North, Mid & Upper Nithsdale and Dumfries South:

- Community referrals show a higher proportion of successful outcomes.
- Community referrals appear less likely to result in non-engagement.
- Home Team referrals are associated with more complex needs and higher levels of support requirements, contributing to more mixed outcomes.

The available evidence suggests that people referred through community routes are more likely to engage with support and achieve their goals. In contrast, Home Team referrals tend to involve more complex and higher-risk situations, which can lead to higher rates of non-engagement and partial achievement of goals. While the sample size is limited, the findings indicate that referral source may influence outcomes and should continue to be monitored as referral volumes grow.

IMPORTANT LIMITATION

The number of **community** referrals with completed discharge outcomes is currently very small. As a result, findings should be treated as indicative rather than conclusive and will be monitored as more data becomes available.

Data Quality

The analysis has provided valuable insights, but it should be noted that data is based on “service” activity and dependent on existing structures and process and staffing, and that the data covers a limited time period and data quality is affected by inconsistencies in recording practices. For example, services such as Active Communities may be recorded as a standalone organisation by some staff, while others record the same service under NHS or Dumfries and Galloway Council. Themes may also be categorised differently, such as Health, Social Support or Sport.

While these variations may reflect legitimate differences in interpretation, they are largely a consequence of limitations within the recording framework rather than staff practice. Improving the recording template and collection process will help strengthen data consistency and reporting accuracy.

Identified Gaps and Development Priorities

Between February and July 2026, 51 service gaps were identified by Community Link Workers. Comparing these gaps with referral demand highlights several clear priorities for future commissioning/community health development.

By combining CLW referral data with regional signposting and gap records, it is possible to assess how localities are responding to demand. As signposting activity is recorded by worker rather than linked directly to referrals, these measures should be viewed as indicative rather than exact performance indicators.

Importantly, a higher number of recorded gaps does not necessarily indicate poorer services. It can also reflect stronger community intelligence, more detailed needs assessment and greater awareness of unmet need.

a) Social Connection Services Are Not Meeting Demand

Making Connections is by far the most common reason for referral, accounting for 276 referrals, significantly higher than any other referral category.

Many recorded gaps relate directly to social connection and community participation. This suggests demand for social connection support is exceeding current provision.

PRIORITY 1

Strengthen Community Connection Services

Potential areas for investment include:

- Befriending services
- Community connectors
- Peer support groups
- Men's groups
- Neurodiversity support groups
- 1:1 Outreach workers in rural locations

b) Older Adults Are Affected by Current Gaps

Older adults account for most referrals, with 265 referrals (52%) coming from people aged 66 and over. These are often the same services older adults rely on to maintain independence, wellbeing and social connection.

The region has a well-developed network of services for older adults, particularly community groups, day centres, befriending schemes, Active Communities programmes and Men's Sheds. However, outcomes are often constrained by transport barriers, limited 1:1 outreach worker capacity, pressures on befriending services and gaps in dementia support.

PRIORITY 2**Ageing Well and Social Inclusion**

Potential developments include:

- Community befriending schemes
- Dementia-friendly activities
- Expanded community transport
- Volunteer escort services
- Carer support and respite groups

c) Transport Is a Major Barrier Across All Referral Types

Transport is one of the most consistent issues identified across the region. It limits people's ability to benefit from community support and wellbeing activities across a range of referral types. They can reduce access to social groups and community activities through making connections referrals and make it more difficult to attend healthy living activities. In addition, reduces opportunities for participation and personal development associated with building confidence outcomes.

Transport issues are particularly prominent in:

- **Lower Annandale & Eskdale:** rural transport shortages and lack of volunteer drivers
- **Mid & Upper Nithsdale:** poor evening services and limited links to Dumfries
- **Dumfries South:** unsuitable timetables and long waiting times between services

PRIORITY 3**Community Transport and Rural Mobility**

Potential solutions include:

- Volunteer driver schemes
- Transport for social activities
- Demand-responsive transport services
- Rural transport pilots
- Additional ACTS capacity

Areas Requiring Most Attention**Lower Annandale & Eskdale**

- Highest number of gap reports
- Ongoing issues with transport, 1:1 outreach, mental health support, befriending and housing

Dumfries North

- High referral volume
- Repeated concerns around autism support, ADHD assessment, transport and access to community activities

Machars

- Highest referral demand
- Large older population
- Heavy reliance on transport and community support services

Stewartry and Rhins

- High proportions of older adults
- Increased risk of isolation due to rurality and transport challenges

Priority Areas for Commissioning / Community Health Development

Rank	Priority	Rationale
1	Community Connection and Befriending	Largest referral reason and recurring service gap
2	Community Transport and Rural Mobility	Consistent barrier across multiple localities
3	Outreach Support Workers	Frequent reports of unmet need and limited provision of 1:1 support
4	Older Adult Social Inclusion and Dementia Support	More than half of referrals are from people aged 66+
5	Mental Health and Neurodiversity Support	Repeated gaps in ADHD, autism and community mental health provision

KEY MESSAGE

The data shows that social isolation is the main reason people are referred to the service, while transport difficulties and limited-service capacity are the biggest barriers to achieving positive outcomes. With high demand for social connection support, an ageing population and recurring gaps in transport, 1:1 outreach and community-based services, future investment should take a place-based approach and focus on strengthening community connections, improving rural transport and expanding outreach worker support.

Next Steps

To build on the progress achieved to date, we will be working on the following actions:

- Explore alternative approaches to collecting signposting information that streamline the process for Community Link Workers while improving the efficiency of data analysis. For example, using Microsoft Forms.
- Review the data currently being collected to determine what information provides the greatest value. This should be undertaken in collaboration with colleagues and partner organisations to ensure the data supports both operational and strategic needs.
- Develop a shared understanding of what constitutes a "good referral". This should reflect the service's ethos of early intervention and prevention, helping to ensure support is targeted appropriately, reaches those most likely to benefit, and contributes to improved outcomes for individuals and communities.

Acknowledgements

We would like to acknowledge and thank staff for their continued commitment to providing this data. Since the introduction of data collection, workers have consistently submitted information on a monthly basis, with the quality and level of detail improving over time. This demonstrates growing confidence among staff in identifying and reporting gaps in services and community provision.

This is the first attempt within our area to systematically collect signposting data. As such, it has presented challenges locally, reflecting the wider difficulties associated with capturing meaningful information on community support needs. However, this is not an issue unique to our area, as similar challenges have been experienced nationally in efforts to collect and utilise signposting data effectively. Despite these challenges, the quality and insight provided through this report highlight the value of this work.

Because you recorded it, we can see it. Thank you.

The findings demonstrate a clear need to continue and further develop data collection processes. Expanding this work will strengthen our understanding of community needs, support service development, and provide valuable evidence to inform the emerging Alliance Commissioning decisions and future planning across the region.
