

Clackmannanshire and Stirling Community Link Worker Report 2025/26



Clackmannanshire & Stirling
Health & Social Care
Partnership



NHS
Forth Valley

Table of Contents

Executive Summary	3
Introduction	4
Role of Community Link Workers	6
Team Member Highlights	7
Evaluation / Referrals per practice	8
Referrals Sources	10
Onward Referrals	11
Appointment and Non-Appointment time	13
Cost Benefit Analysis	14
Wellbeing Evaluation	15
Data and Evaluation work summary / Case Studies	16
Case Study – Financial and Mental Health	17
Case Study – Cerebral Palsy	18
Case Study – Grief and Mental Health / Case Study – Social Isolation	19
Case Study – Social Isolation Cont. / Group Case Study	20
Feedback From Our Stakeholders	21
Sharing Our Influence	22
Prevention and Early Intervention	24
Our Referral Organisations	25
Next Steps / Conclusion	27

Executive Summary

The aim of this report is to celebrate the ongoing work and the growth of the Community Link Worker Service in improving the health of people within our communities by connecting individuals to essential health and social care services, fostering social support networks and addressing health inequalities. The person-centred approach helps reduce health inequalities and promotes overall wellbeing by ensuring access to resources and support tailored to the needs of individuals using regular interventions or appointments.

Key Findings

- Referral rates and numbers remain consistent from last year with a similar pattern of peaks and troughs to previous years.'
- The CLW team has continued to widen the influence of the service by providing vital input to organisations like Voluntary Health Scotland and Scottish Government to ensure that CLWs continue to positively influence work to address health inequalities at a national level.
- Wellbeing surveys demonstrate increase in resilience, confidence and rise in self-management skills.
- Longer appointment times have allowed complex issues to emerge, including trauma.

Key figures from 2025/26

52% Increase in Clients Wellbeing	39% Fewer GP Appointments by Clients after a CLW appointment or referral	£50,238 Potential Savings to Primary Care	12 GP Practices Supported
42% Appointments Over 30 Minutes	National Influence on CLW Development	Increased Outreach Work to Community Groups and Support Organisations	2 New Practices Added

This year's report also highlights:

- A number of improvements in the service including an expansion of the service into new areas
- An evaluation of the direct impact on Primary Care.
- Positive feedback from patients and partners.
- Work undertaken to increase and improve partnership working.
- Increasing influence and feeding into national organisations and policy making decisions.

Introduction

The main aim of the Community Link Worker (CLW) service is to improve health and wellbeing by providing non-medical support for peoples' health and wellbeing, using a person-centred and human-rights based approach. It utilises social prescribing, an important self-management tool, enabling people to continue to live in their community, independently, safely and well. The main aim of the Community Link Worker (CLW) service is to improve health and wellbeing by providing non-medical support for peoples' health and wellbeing, using a person-centred and human-rights based approach. It utilises social prescribing, an important self-management tool, enabling people to continue to live in their community, independently, safely and well. It widens choice and control through signposting to third sector organisations and statutory agencies. The CLWs promote the understanding of, and access to, self-directed support. It has been recognised that CLWs are more than social prescribers; providing one-to-one support enabling people to become more confident, resilient and socially connected.

The CLW programme was developed through collaboration between third sector organisations and Clackmannanshire Third Sector Interface (CTSI) and Stirlingshire Voluntary Enterprise (SVE) as well as NHS Forth Valley (NHS FV) and Clackmannanshire and Stirling Health and Social Care Partnership (CSHSCP).

CTSI and SVE, the Third Sector Interfaces (TSIs) in each of their respective local authority areas, are the employing organisations and the lead partners for the service, providing the necessary resources, training, and supervision to ensure effective service delivery and professional development for the CLWs. TSIs work locally across Scotland to support the Third Sector by building capacity, acting as a source of knowledge, connecting partners and promoting the voice of the sector.

Last year the CLW service went through a period of growth, following the consolidation period of the first two years. This year, the service has grown further, with expansion into two more surgeries. CLWs have also focused on building on and expanding partnership working opportunities. This has coincided with a significant change in personnel. The Lead CLW for Stirling, who was a large influence on the piloting and establishment of the CLW service, moved onto a new role. The Lead CLW for Clackmannanshire also stepped away from the frontline delivery and now provides management and strategic support to the service. The CLW for Stirling has successfully stepped up into the role as Lead CLW for Stirling and has taken on supervision of CLW service in Stirling. As a result of these changes, two new CLWs were engaged and have embedded well themselves with their respective practices. The team thus currently comprises of: 3 front facing CLWs covering 7 practices in Clackmannanshire and 5 surgeries (3 practices) in Stirling between them; One Lead CLW in Stirling who also undertakes front facing responsibilities and one Lead CLW in Clackmannanshire who manages the CLW team there.

It widens choice and control through signposting to third sector organisations and statutory agencies. The CLWs promote the understanding of, and access to, self-directed support. It has been recognised that CLWs are more than social prescribers; providing one-to-one support enabling people to become more confident, resilient and socially connected. The CLW service aligns with the aims of the Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033. Specifically in relation to prevention, early intervention and harm reduction; independent living through choice and control; and reducing isolation and loneliness.

Steering Group and Governance

A steering group comprising representatives from each of the partners was initially set up to provide crucial oversight, governance, and accountability for the Community Link Worker Programme, ensuring its effective and sustainable operation. Responsibilities included budgeting and finance, health and safety, referral pathways, training and service development.

As the service has developed, some of the functions of the steering group were incorporated into normal SVE and CTSI procedures and ongoing support from HSCP, responding to improved evaluation and evidence of the effectiveness of the service, has helped to improve its sustainability. In addition, there were challenges around facilitating regular meetings with the steering group. It was often underrepresented due to conflicting schedules and the main partners and stakeholders, particularly GP practice managers, had increased confidence in the service through improved and regular communication, evaluation and ongoing data sharing. Discussions are currently ongoing to establish how best to ensure oversight and good governance without the need for a full steering group.

The Clackmannanshire and Stirling Community Link Workers (CLWs) work within GP practices in areas of high deprivation where the health challenges are greatest. The areas were identified jointly with NHS Forth Valley.

Highlights

Impact	Service Delivery	Growth
Wellbeing Evaluation 52% increase in wellbeing scores across Stirling and Clacks (compared to 47% last year)	Longer Appointments 42% of appointments exceeded 30 minutes providing more personalised support.	Growing Partnerships Increased outreach and complex referrals strengthening community connections and trust.
Cost Benefit Analysis 39% reduction in GP appointments, creating potential savings of £50,238 to Primary Care	National Recognition Evaluation recognised as good practice shared through VHS and Scottish Government work.	Service Expansion 2 new practices added: Dollar and Viewfield joined the service

Role of Community Link Workers

The CLWs are non-judgmental and spend time with people, building relationships and understanding their needs.

They address a wide range of non-medical issues including:

- Loneliness and isolation
- Housing
- Mental health and well-being
- Money worries



Support and Services

CLWs connect patients to the diverse range of supports and services across Clackmannanshire and Stirling and help them to set achievable goals and resolve issues. CLWs work with individuals whose health and wellbeing issues have a primarily social or mental health related cause. This reduces the number of inappropriate appointments for GPs and practice nurses.

The main activities of the Community Link Workers role are:

- Listening to people and enabling them to work through their issues in a safe and non-judgmental environment.
- Identifying and overcoming barriers that individuals face when engaging with services.
- Utilising their skills and training to guide people on their health improvement journey.
- Working alongside and in partnership with individuals to build confidence and resilience.
- Embedding a person-centred approach into their practice to better meet the needs of individuals.
- Signposting and helping people to access local, and national sources of help to enable and empower them to take control of their health and wellbeing.
- Encouraging people to volunteer as part of their health improvement/ self- management activities.
- Identifying and working to fill gaps in services within Stirlingshire and Clackmannanshire.
- Reducing the number of inappropriate Primary Care appointments.
- Building relationships with GP practices and health staff, to share knowledge and information within their practice areas.
- Early intervention and prevention of worsening outcomes.
- Implementing appropriate safeguarding measures for vulnerable adults at risk of harm or those with suicidal intent.

Team Member Highlights

Tony



The biggest highlight for me over the last year is my appointment as the Senior Community Link Worker for Stirling. I had been a Community Link Worker in Stirling for the previous two years, but following Danielle's departure in April 2025, I had the opportunity to take on the senior role. Having now spent a year in the role, it has been a fantastic learning experience, and I am happy to see the project continue to grow.

Another highlight has been our expansion into Viewfield Health Centre in December 2025. Although we have only been there for a short period, I have felt welcomed and it was encouraging to see that the practice staff had recognised the value of the CLW role from the beginning.

Andy



Over the past year, as trust in the CLW service has grown, clinical services have increasingly referred more complex individuals for support. Issues have ranged from asylum seekers, learning disabilities, long-term health conditions, addictions, trauma, and homelessness.

A highlight has been seeing medical practices increasingly recognise the value of a service that supports patients with the social factors affecting their health and wellbeing. It has been rewarding to help people access the support they need and to see the positive impact this can have on their lives.

Kate



Since becoming a CLW in August 2025, I've focused on building positive relationships within the Practice and establishing myself as a trusted presence for colleagues and patients. A key highlight has been supporting individuals with complex needs, particularly around housing, social care, and mental wellbeing, and seeing the positive impact that support can have.

I've also developed links with community organisations and strengthened my knowledge of local services, helping me signpost patients more confidently. Completing training in safeguarding, self-harm awareness, and ASIST has further developed my skills, making this a year of learning, building trust, and laying foundations for future community connections.

Debbie



Since joining the team as a Community Link Worker in July 2025, a key highlight has been learning from experienced colleagues and building my skills through training, including Adult Support and Protection, Motivational Interviewing, and ASIST. I have felt very supported by both the CLW team and the wider CTSI workplace.

Another highlight was our expansion to Dollar Health Centre in March 2026, where I received a warm welcome from practice staff and have already begun supporting a range of clients. Most rewarding of all has been seeing clients make positive progress over time, gaining confidence and finding solutions that help them move forward independently.

Evaluation

Over the past year, we have continued to build on previous improvements in data gathering and management, including evaluation.

We have built on our cost-benefit analysis from previous years to develop a more accurate method as well as re-running the Wellbeing Evaluation for the last year. Due to the increase in caseloads from the new practices that have been incorporated in the last year, this has provided a rich picture of the impact of CLWs in Stirling and Clackmannanshire.

As can be seen in some of our partner feedback, we continued to share information and best practice through Voluntary Health Scotland (VHS), especially around the evaluation work that the team has carried out. VHS host the Scottish CLW Network and provide vital support to CLW project across Scotland through organising essential training and peer support discussions. They have also recently been working with Scottish Government on the National Review of Social Prescribing. The Team has been able to support other CLW services in improving their own data gathering and evaluation. The team were invited to present this information to members of the CLW Network across Scotland in November 2025. This presentation on the Stirling and Clackmannanshire CLW Programme and evaluation work was attended by more than 30 representatives from services across Scotland and attracted a great deal of positive feedback.

The evaluation and data work that was started in the last year – and was mentioned in the last report – has also been completed and a complex and representative logic model has been included in the report on the role and value of CLWs to Scottish Government.

Referrals per Practice

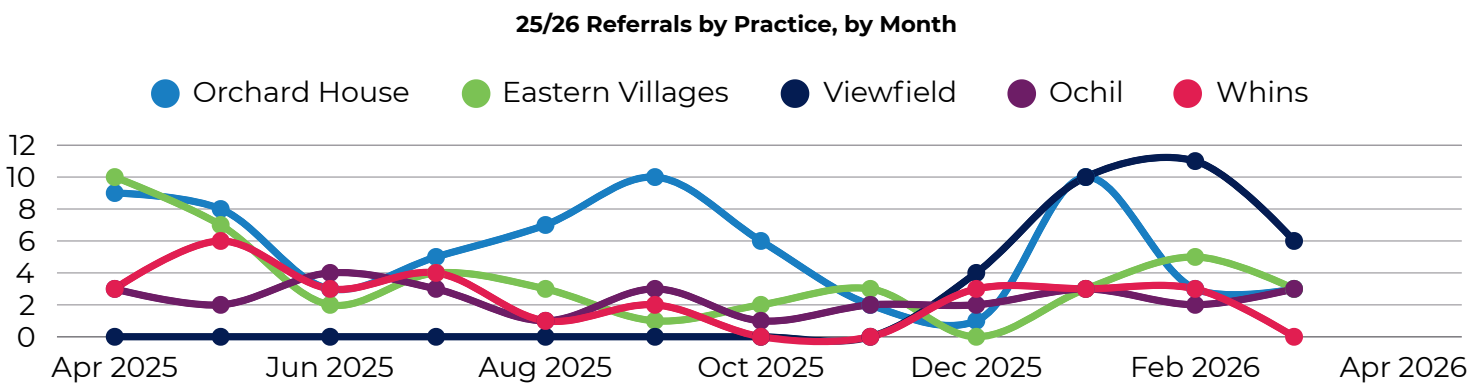
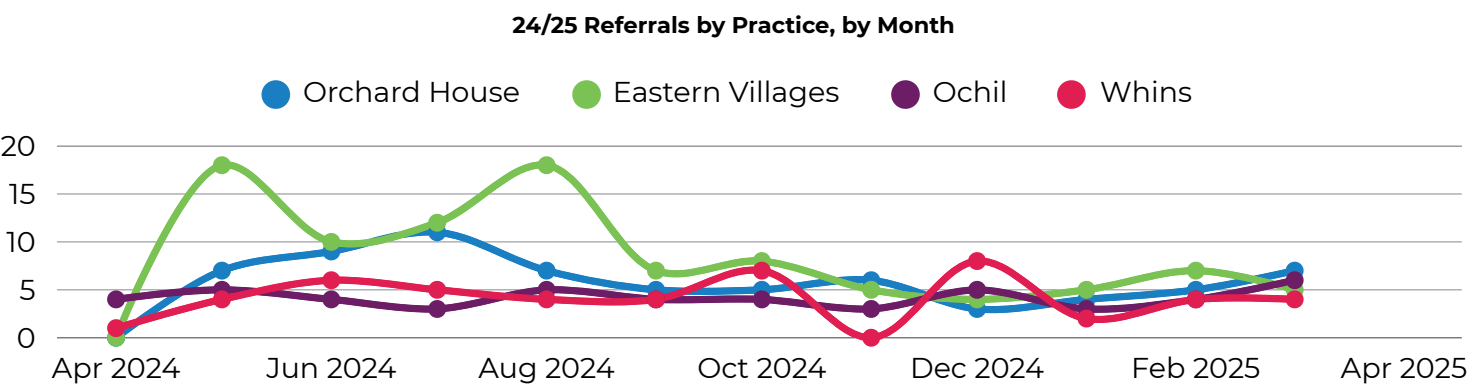


Fig. 1 (Above and Below) - Trendlines showing changes in referral numbers per practice



Both 25/26 and 24/25 show similar trends once again with regards to busier and quieter periods for referrals. The graph shows the expansion of surgeries into Viewfield and Dollar practices towards the end of this period. There is also a clear dip in referrals during a changeover of staff which occurred over June and July 25 and again over the winter months (as has been seen previously).

Stirling continue with strong referrals over the course of the financial year with slightly more referrals than the same period last year (increase in referrals from newly expanded practice in Stirling will not be visible in this data) and Clacks also continues to grow in numbers of referrals. The difference in referral numbers between Clacks and Stirling could be in part related to the geographical spread of CLWs (Clacks CLWs now cover all bar one practice in Clacks, whereas this is a much smaller spread in Stirling due to the geographical size of Stirling)

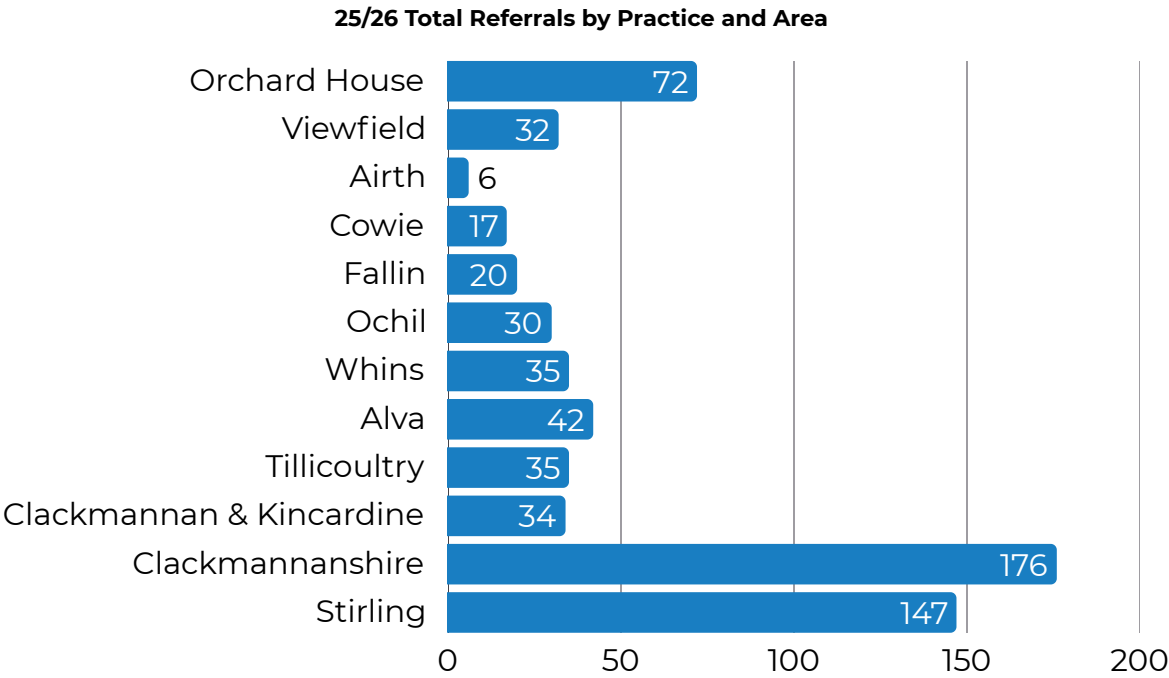
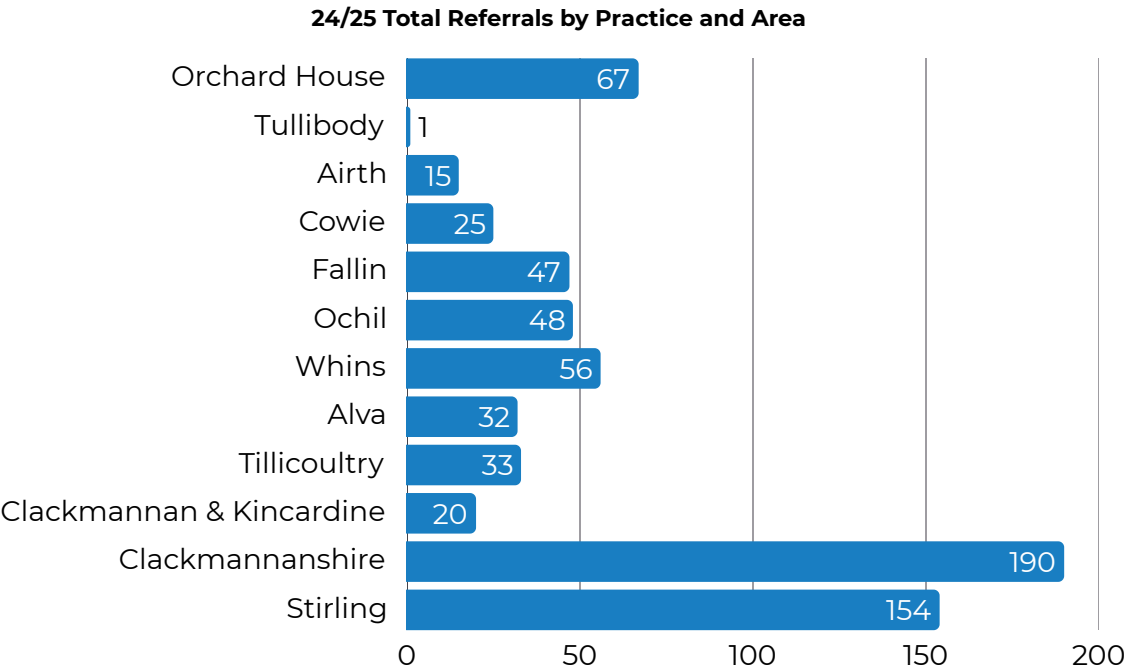


Fig. 2 (Above and Below) - Breakdown of total referrals received by area and broken down further by practice.



Referral Sources

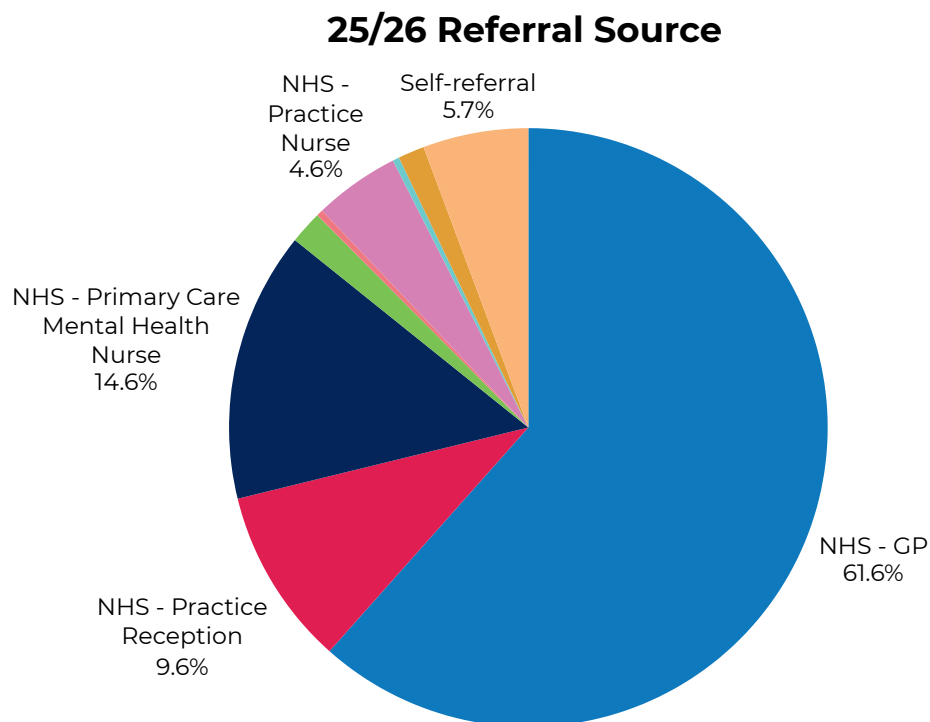
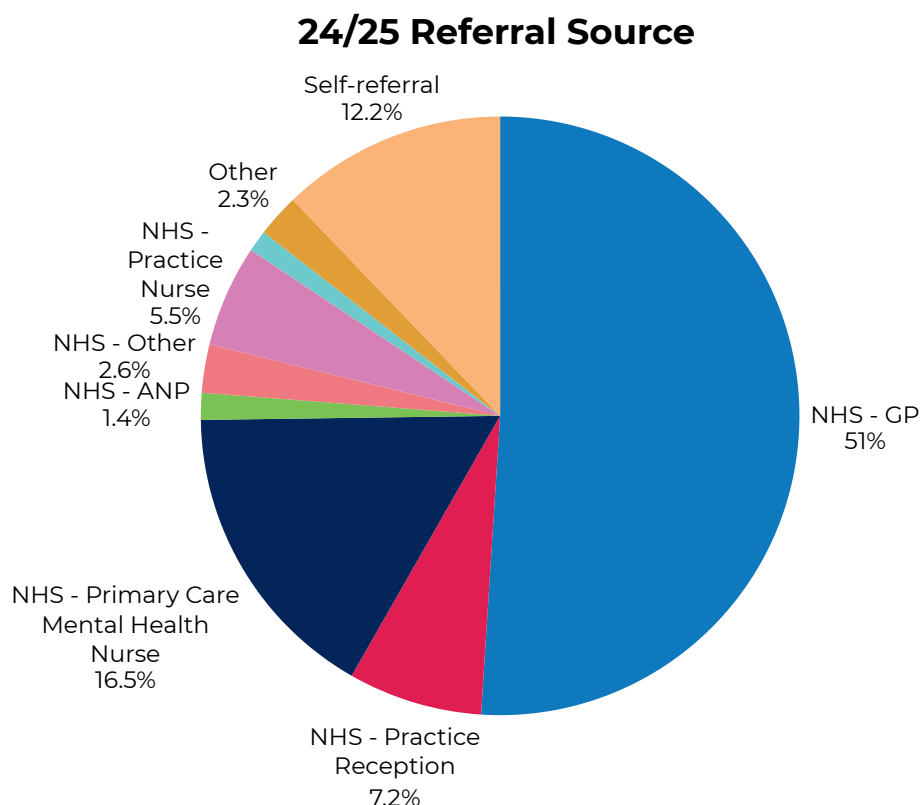


Fig.3 (Above and Below) - Breakdown of the most common referral sources



As can be seen in the charts above, the diversity of referral sources has continued, improving sustainability. There is also an improvement in data collection around referrals sources which allows all referral sources to be named and not reported on jointly as “NHS - Other”.

Onwards Referrals

For Clackmannanshire, there has been a marked increase in the number of individuals needing and being referred for financial support while this appears to have reduced for Stirling. There is still a clear focus on self-help and Wellbeing exercises in Stirling, though there has also been a marked increase in referrals to local community groups. The other interesting change is an increase in referrals in Clackmannanshire to family support, which may be linked to the work around Children and Families taking place over the last year including Community Connector and Hub activity, and to organisations who support individuals with complex and enduring conditions. The second of these may suggest increased confidence in the service by Primary care providers in referring more complex cases to CLWs.

25/26 Onward Referral Category

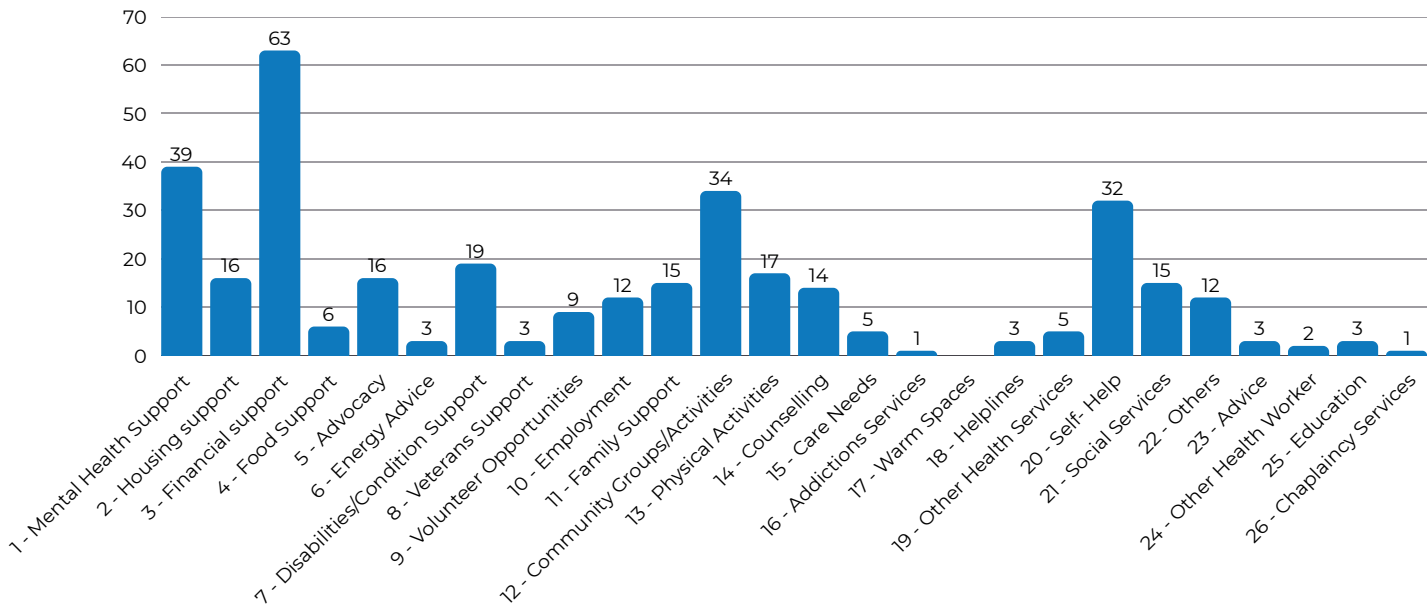
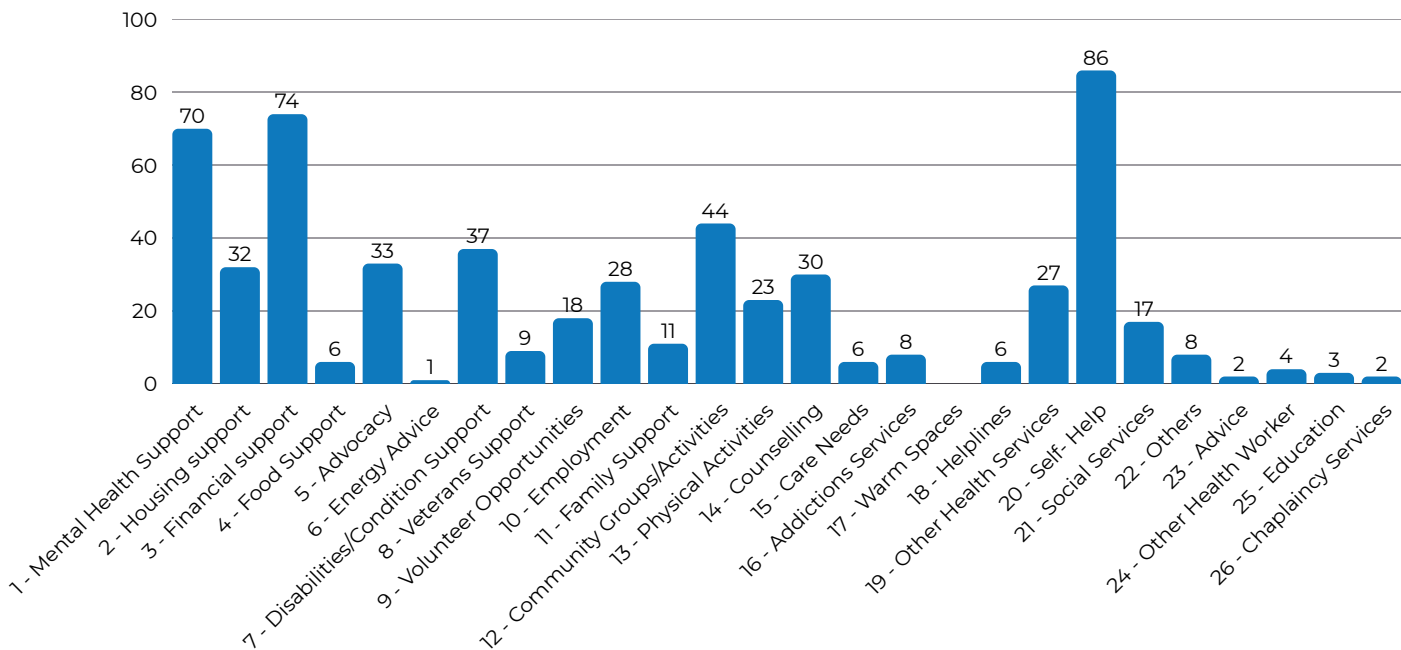


Fig. 4 (Above and Below) - Onward referrals by category: A comparison between Stirling and Clackmannanshire for each year.

24/25 Onward Referral Category

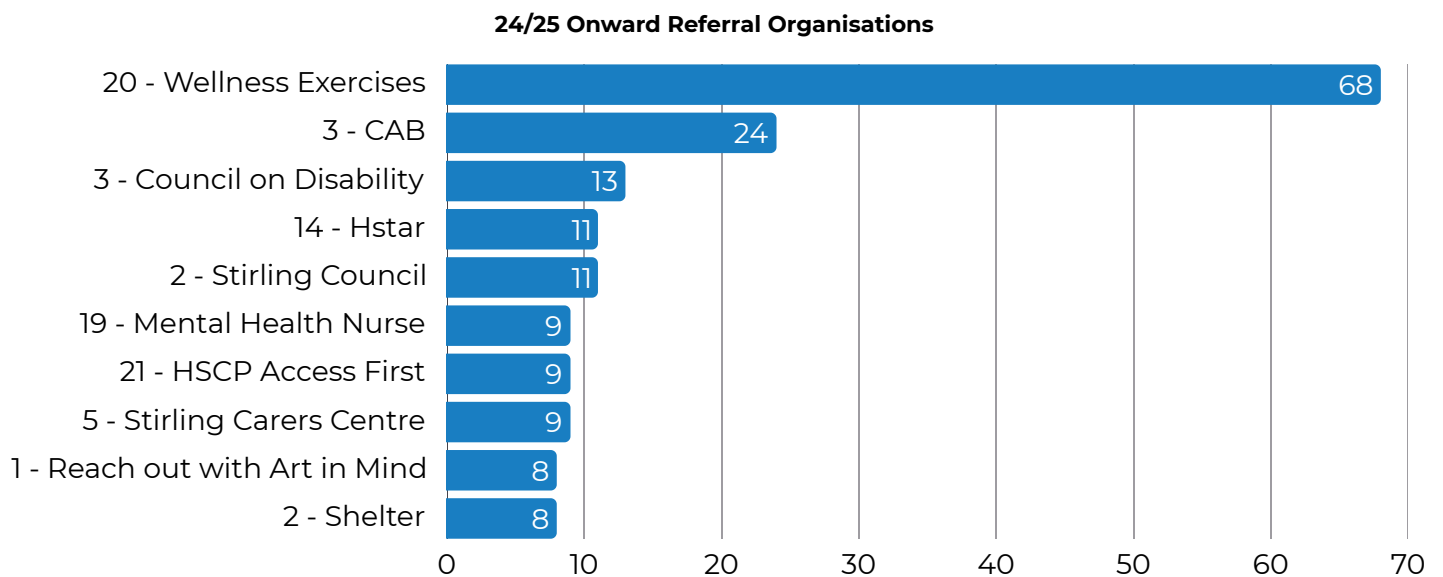


Onwards Referrals

These graphs offer a more detailed breakdown of onward referrals and the most common onward referral organisations in each financial year. While Financial support and wellness/wellbeing support is consistent across both years, there has been a marked increase in referrals to organisations supporting with employability, as well as an increased focus on physical activity and family referral organisations.



Fig. 5 (Above and Below) - Top 10 Onward Referral Organisations



Appointment and Non-Appointment time

As discussed in last years' report, one of the main benefits often cited by both Community Link Workers and by the people who use the service is the amount of time that we are able to spend with people and how this, in turn, leads to a better quality of interventions and improved levels of support. As can be seen below (Fig 6), 58% of CLW's appointments are between 0-30 minutes. This is generally for initial phone calls to check suitability of a referral and arrange the initial appointment as well as follow up calls and brief check-ins with individuals who have started engaging with another organisation or service.

The other appointments 42% of appointments range from 30 minutes to two hours in length. This is significantly longer than other appointment times available in primary care, including appointments with Mental Health Nurses, which generally run for up to 30 minutes. We have again included time taken outwith appointments for making onward referrals, looking into support available and other related tasks.

Figures for both last year and this year remain consistent for both indicators. As evidenced in previous reports, these figures continue to show the value in the CLW service provided by allowing longer appointments, offering a unique chance for people to have more individualised support.

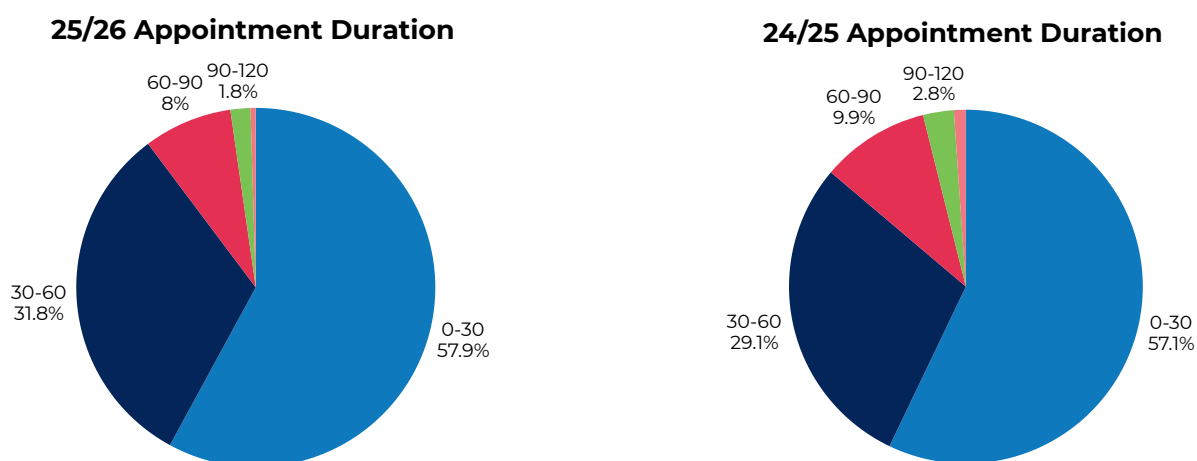


Fig.6 - Breakdown of duration of appointments.

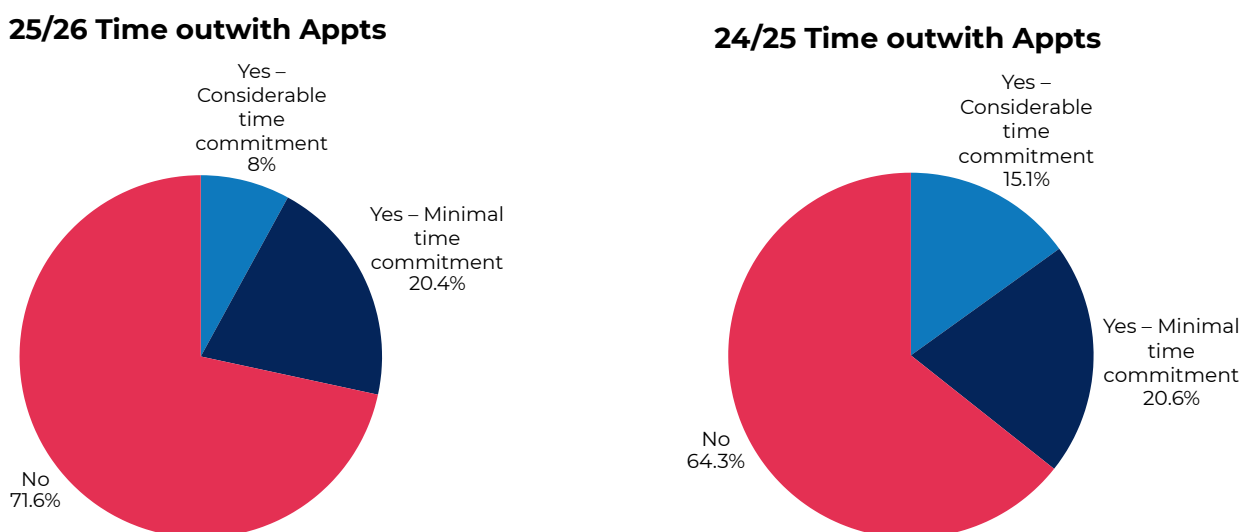


Fig. 7 – Time spent on activities outwith appointments.

In the last financial year, as well as time spent in appointments, 28% of those appointments have needed additional time for appointment related activities. This could be related to referral forms, contacting relevant organisations, chasing up referrals or research to find suitable support for an individual.

Cost Benefit Analysis

In addition to the quantitative and qualitative data presented here, the CLWs have once again conducted an analysis on the impact of the CLW service on primary healthcare. A Cost Benefit Analysis has also been conducted to indicate potential savings across Primary Care as a result of the service. The insights from this, combined with the individual wellbeing scores introduced last year (discussed below), help to demonstrate not just the financial benefits of the programme, but genuine behaviour change and increased confidence and resilience among those using the service. To generate the cost benefit analysis, data on health service usage was analysed, comparing Primary Care health service usage in the 6 months prior to an individual's first appointment with a CLW and for the 6 months following the initial appointment.

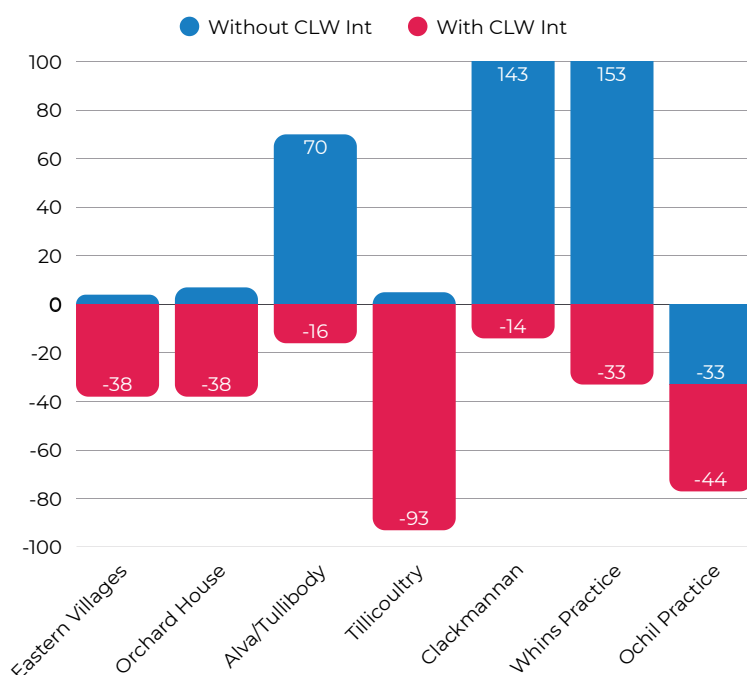
This data was then compared to a control group of individuals who regularly attended the GP but were not using the CLW service.

As can be seen below (Fig 8), a significant reduction was seen in visits to GPs and other primary care staff for people who engaged with

the CLW service. In 2025/26 there was a reduction in primary care visits of 39% compared to 29% in 2024/26. There was no statistical reduction in visits to Primary Care in the control group. In fact, this figure has increased for both last year's and this year's control group (this year it has risen by 50%). Therefore, it is highly likely that the CLW service is having a statistically significant impact on reducing the number of Primary Care consultations for individuals referred. Furthermore, it demonstrates the shift from GPs and better use of community resources, which is in line with HSCP strategic objectives.

An indicative costing was then applied to this reduction in attendance and, on the basis of £45 per GP appointment (figure based on Costs Book published by Public Health Scotland), this would equate to a potential saving of £50,238 to Primary Care for 20% of people supported by CLWs. If this figure was expanded to the other 80% of the CLWs caseload, there is a potential saving to Primary care of £251,190.

25/26 Cost Benefit Analysis (numbers in %)



24/25 Cost Benefit Analysis (numbers in %)

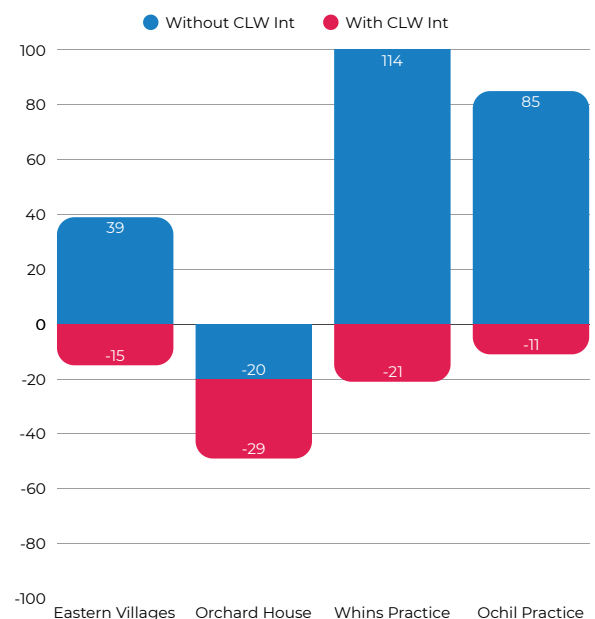


Fig. 8 - Impact on Health Service Usage

Wellbeing Evaluation

A common question often posed to Community Link Workers is: “How do you know that you are not just reducing pressure on one service or organisation and adding pressure on another service or organisation within the 3rd sector?”

To try to answer this question, and to accurately evaluate the true impact on the people CLW work with on a daily basis, a Wellbeing Evaluation was introduced in 2024/2025 and repeated this year (2025/2026) enabling us to compare to the previous year's figures. (see Fig 9). This evaluation helps to demonstrate genuine behaviour change and increased confidence and resilience among those using the service.

The Community Link Workers looked at several evaluation tools used by various other CLW or Social Prescribing services but ultimately decided to use ONS 4 Wellbeing Survey. This was due to a variety of factors, but most importantly, they felt that it did not patronise or cause additional stress or anxiety to the individuals they work with while providing robust evaluation material.



The ONS4 measures ask people to evaluate three aspects of their own well-being:

- How satisfied they are with their lives overall
- Whether they feel they have meaning and purpose in their lives
- Their emotions during a particular period (both positive and negative)

These questions capture three types of well-being: evaluative, eudemonic, and affective experience.”

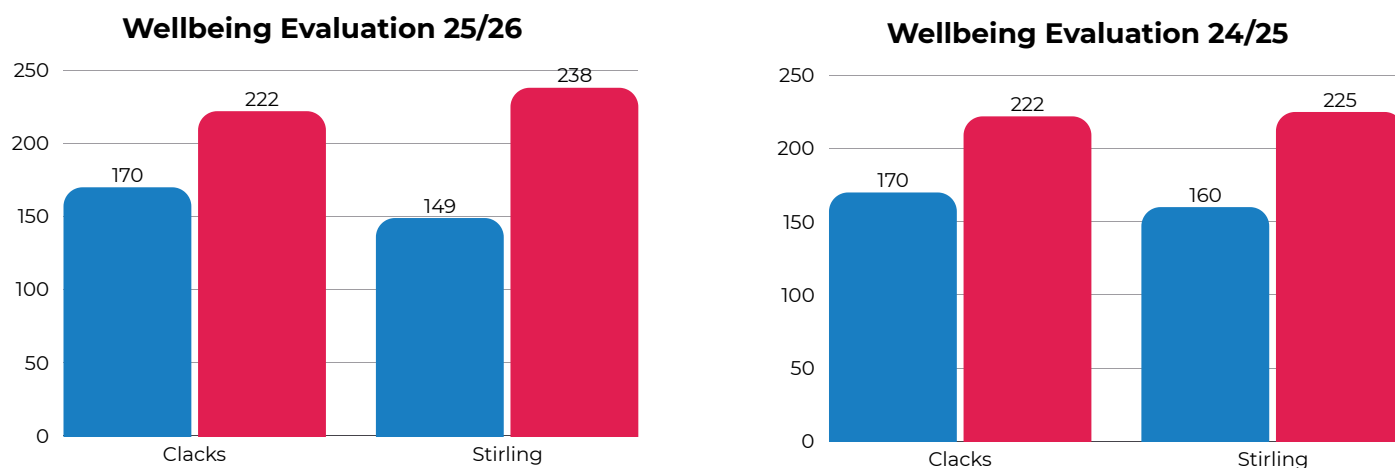


Fig.9 - Wellbeing Evaluation.

As can be seen in the graphs above, in both areas there has been a significant increase in the Wellbeing “score” of the individuals supported by Community Link Workers. This is clear for both 24/25 and 25/26. This data strongly suggests that, when people move onto other supports, that they have already improved in their confidence, resilience and ability to manage their own wellbeing and are ready for the next step in their journey thanks to the support from CLWs. The increase in Wellbeing improvement may be accounted for by a combination of a larger sample size of individuals and the overall improvement or refinements in the CLW service. There may also be other factors influencing this which are not easily defined.

Data and Evaluation Work: Summary

While the findings presented provide encouraging evidence of the impact of the Community Link Worker service, there are several limitations to the data that should be considered.

The cost-benefit analysis is currently limited in scope, focusing primarily on changes in GP appointment usage and does not capture potential impacts on other multidisciplinary team (MDT) services, nor does it account for prescription costs and any associated savings. In addition, both the wellbeing evaluation and cost-benefit analysis are based on a relatively small sample of individuals who have engaged with the service and draw on only the last three years of available data, reflecting that this evaluation work is still at an early stage of development. For the wellbeing evaluation specifically, there is currently limited evidence of longer-term outcomes, as obtaining follow-up data six months or more after individuals have disengaged from the service has proven challenging.

As a result, the findings should be viewed as indicative rather than definitive, with further data collection and longitudinal evaluation needed to fully understand the service's long-term impact and value.

Case Studies

The following case studies illustrate the breadth of support provided through the CLW service and the difference it can make in people's lives. They highlight a range of individual circumstances, showing how tailored guidance, practical assistance, and ongoing support help people address challenges, improve their wellbeing, and access the services and opportunities they need. Together, these examples demonstrate the value and impact of the CLW service across diverse needs and communities.

Our findings also illustrate the increasingly complex nature of cases taken on by CLWs. This is mirrored by recent research by Donaghy et al (2026) which looked at social prescribing link workers in England which found that prescribers are increasingly playing a role in challenging social determinants of health in deprived communities. This speaks to the important contribution made by our service to supporting the HSCP commitment to investing in prevention, and the potential longer term benefits this could have for public health."



Case Study – Financial and Mental Health

Iona* is a 36-year-old nurse who was referred to the CLW for support with her finances and stress management. She had told the CLW that she was mentally overwhelmed at work and had to go on sick leave. Because she was on half pay, she was struggling with her finances.

She also cared for her son who was on the CAMHS waiting list for suspected autism and ADHD, and his behavioural issues were causing her stress at home. On top of this, she had mentioned that she had struggled with her mental health for her whole adult life following a troubled childhood.

With regards to the finances, the CLW had encouraged her to sign up for Universal Credit and referred her to the Start Up Stirling foodbank to help alleviate her financial difficulties.

To support her mental health, the CLW introduced her to various wellbeing techniques like breathing exercises and journaling. She had mentioned that she had lost connection with many of her friends and was socially isolated, so the CLW referred her to Active Stirling's walking group.

She was also referred to Tripple P, Stirling Council's parenting support class for parents with children with behavioural issues.

“I was referred to the CLW by my GP, who said he could help with my financial issues. I appreciated that Tony took the time to listen to my situation.

I felt comfortable talking about my problems. Some of the plans we made in the first appointment gave me confidence that things could get better

I was referred to a few different places which helped me. I really appreciated the walking group as I have made new friends there and I feel walking has helped a lot with my mental health.”

Community Support



The most valuable thing I got from the CLW was the advice around coping with my stress and anxiety better. I still get anxious and stressed, but it's a lot more bearable now.”

*Name changed to protect confidentiality.

Case Study – Cerebral Palsy

Alan is in his mid-fifties, he came to the GP surgery asking for help completing his national entitlement card for free bus travel. The practice reception arranged an appointment with the Community Link Worker based in the surgery.

Over the course of several appointments a supportive conversation took place where Alan began to talk about the difficulties he had experienced throughout his life due to congenital cerebral palsy. Remarkably Alan had only been told that his difficulties were due to Cerebral Palsy in 2008.

What mattered to Alan the most was to have better awareness of his Cerebral Palsy and how it impacted his activities of daily living. He had also been attempting to seek help from Adult Social Care but due to also living with a Learning Disability had not managed to convey his needs fully.

The community link worker collected evidence of the impact of his disabilities on his daily living tasks and submitted these to social work. Alan was assessed as needing 15hrs/wk. support. His bathroom was also assessed as not suitable and has now had a wet room installed.

A referral to Cerebral Palsy Scotland was made, Alan managed the initial telephone appointments himself and was assessed as needing an adult specialist review. A specialist review is a 2 hour in-person consultation on how cerebral palsy is affecting day-to-day activities and to begin to identify opportunities for improvement or change.

Alan expressed concern about this appointment as it was in Glasgow, and he was not confident about how to get to Cerebral Palsy Scotland. The Community Link Worker agreed to accompany Alan to his appointment as it was important to his understanding of his condition.

The specialist review provided Alan with many 'lightbulb' moments, he came away with a fuller understanding of how Cerebral Palsy impacts his day to day activities.

They recommended a series of stretches and strength exercises to lessen the impact of his muscle palsy. They also identified a leg length discrepancy and suggested a referral to Orthotics would be needed to get a special insole to alleviate Musculoskeletal problems. The community link worker liaised with Alan's GP who made a referral to NHS Forth Valley Orthotics. Alan was seen quickly and an insole was made for him.

Cerebral Palsy Scotland approached the Community Link Worker as they recognised that the support provided by the CLW to Alan to access their services would be a good case study to strengthen community engagement and Cerebral Palsy Scotland's relationship with community professionals and support their fundraising campaign.

This has not yet been published but is expected to be published in October of this year. We look forward to reading more about the further impact from the support that this individual benefited from. Cerebral Palsy Scotland had this to say:

“ We previously met in October 2025 during the Specialist Review appointment for a gentleman. Your quick and seamless assistance and enthusiasm in supporting him to get access to needed equipment and specialist services stood out and I feel your motivation made such a positive impact for him. Seeing the influence of your work has made me think if there is any further opportunities for chat or collaboration. As a small not for profit charity, we are always looking for ways to strengthen community engagement and our relationships with community professionals.



Case Study – Grief and Mental Health

Jane, age 63, was referred to her Community Link Worker from the GP for stress and anxiety which had become overwhelming. She had suffered a bereavement with the passing of her husband causing to become socially isolated her mental health to deteriorate.

She was referred to Stirling4Community and Fallin Community Garden. The first time Jane attended Stirling4Community, the CLW had accompanied her so as to give her emotional support as she was very anxious. The CLW had also introduced her to a variety of wellbeing techniques to help her manage her anxiety better. This is what she had to say:

“At that point, I was not feeling well. I felt low, depressed and anxious. Everything felt overwhelming and out of my control, and I was constantly worried and weighed down by grief. At first, I found it difficult to open up about my situation, but the CLW introduced me to breathing techniques such as box breathing as coping tools. These gave me something practical to use during difficult moments and helped me manage my anxiety.”

“Working with the CLW has helped me feel much better. Although I still experience anxiety, talking to someone outside my family has made it easier to cope and to understand my feelings. I always feel listened to and supported, and I leave our conversations feeling more grounded. I trust my CLW and feel comfortable sharing anything with them. Talking through difficult situations ahead of time has also helped me prepare for conversations I would dread. I would absolutely recommend CLW. They are supportive, understanding and never judgmental.”

Case Study – Social Isolation

Margaret, 63, was referred to the Community Link Worker as she was dealing with low mood and loss of routine following retirement. She wanted to find new activities to establish a routine but had to find something suitable to accommodate her needs as she has achondroplasia, also known as dwarfism.

The CLW signposted Margaret to our Digital Champions who gave her support and advice on how to use her laptop more effectively, which increased her confidence using digital technology. On top of this, information was provided about local limb exercise classes which would support her to increase her mobility and reduce chronic pain from her joints. Finally the CLW worked with Margaret to formulate action plans and strategies for balancing her energy and time commitments, by setting effective boundaries with others.

“My GP referred me as I was finding it difficult to move to retirement from working over 40 years in demanding fast-paced work with strict deadlines. I had worked from home for 6 years, so I was not socialising with a great deal of people I was turning night into day but knew it was not depression as I had suffered depression some years ago through family issues.”

“I was feeling I had, in a sense, no real purpose, I had looked forward to retiring fully for some years but without the structure I felt hopeless and without purpose.”



“I was given contacts and ways forward to deal with matters that were dragging me down. For example, for technology and laptop issues I went to the CTSI Digital Champion; I have received some assistive equipment for my home from the Council’s Social Care officer through attending the Clackmannan Development Trust Wednesday Coffee and Connect group. Moving forward, I will feel relaxed enough to attend other groups at CDT such as Knitter Natters.”

“I am going through the process to volunteer at a charity totally new to me working with therapy animals, and they are working with me to make sure all health and safety risk assessments are carried out to take into consideration any adjustments needed for my stature. I am learning it is fine to say no to requests by people that will put me into a stressful situation, where previously I would have always just said yes to everyone.”

“The CLW was very easy to chat with and share with, you never felt you were on a time restriction. I did not just talk for the sake of talking, but she offered advice and made suggestions. We took the various concerns I had at my pace, and from the notes she took we could ensure that all the matters were followed up.”

“I am learning it is fine to say no to requests by people that will put me into a stressful situation, where previously I would have always just said yes to everyone.”

Case Study: Managing Anxiety

The Community Link Worker service played a central role in bringing a group of women together for the Sunny Connections CIC, for the 6 week STILL Method Anxiety Management programme in August 2025. Although they each arrived with their own worries, the group connected over their shared experiences.

Many of the women reflected that “when we face our worries in life, simply taking a moment to identify which ones we can control and which ones we cannot, it makes such a big difference.” As they worked through the programme, these skills helped them feel more grounded, capable, and confident.

Participants described how valuable it was “to have the chance to share our challenges, our difficulties and our worries within the group and have our peer support,” adding that “it felt we could understand each other.”

Even after the programme ended, the group continued to stay in touch through a WhatsApp group. The group reflected that although “life has a way of driving us apart as we face our own challenges, we are always looking forward to meeting again soon.”

While everyone experiences “ups and downs,” the group continues to draw on the tools they learned together, applying “the tools we liked most from the sessions” whenever they can. This demonstrates not only the impact of the programme but also the resilience they have built as a small community.

Through the Anxiety Management programme, the group became connected and supported each other to grow in confidence and resilience.

Feedback From Our Stakeholders

As previously mentioned in the introduction, The Clackmannanshire and Stirling CLW service has shifted from a consolidation phase, into an expansive one. A key focus for the team in the last year or two has been to raise awareness of the role and remit of a CLW, and illustrate their value in relation to improving health and wellbeing outcomes.

The impact of CLWs has been recognised by primary care staff. Below we have some quotes highlighting that impact.

Esther Leckie, the practice manager at Clackmannan Medical Practice offered the following feedback:

“We have found our Community Link Worker is essential to delivering person centred care in the practice. Our CLW quickly became part of the team, supporting patients with social issues like housing, finances and loneliness which are needs that can't be addressed in a standard GP appointment. Their work reduces repeat visits, eases pressure on clinicians and improves overall patient wellbeing by bridging the gap between medical care and real life challenges. Their contribution is deeply valued across the practice.”

Diane Thomson, the practice manager at Viewfield Medical Practice had this to say:

“The benefit of the CLW service is immeasurable. Having an expert in areas that are directly linked to health inequalities, but not always medically resolvable, means that we can holistically treat the patient. The CLW acts as a bridge between the practice and the resources that are available for patients (many of these resources are unknown to our clinicians). The patients benefit from someone listening to them, allowing their voices to be heard and real solutions being put in place to help them. Sometimes it is not the big things, but the small things that help the most. Our patients and our whole team, are very lucky to have a CLW service in our practice, and it is not something that we take for granted. We are a large and busy practice, having Tony as part of our team has improved us in many ways.”

Dr Emily Dann, a GP at Viewfield said:

“From a GP perspective I have found our link worker super helpful with issues regarding housing, benefits, unemployment and mental health, especially for our most vulnerable patients. It is great to have an on-site service with tailored patient support in timely fashion, rather than just signposting to generic resources such as the Citizens Advice Bureau. Patient feedback has been very positive and patients have definitely benefitted from personal support.”

Sharing Our Influence

Within primary care, we have had the opportunity to raise awareness of what CLWs do to the next generation of doctors. We have provided training for resident doctors on topics such as benefits, housing and local services. Additionally, we have had resident doctors and medical students shadow us in appointments to better understand how we work and to raise awareness of our role in addressing the social determinants of health to future GPs. Tillicoultry Medical practice regularly hosts medical students who are in their final year of training – most from the medical faculty at the University of Dundee. As part of the student's placement at the practice, the Community Link Worker has become part of the program.

While building our reach locally, we have also worked to raise the profile of the CLW service at a national level. This was achieved primarily through increased partnership working across sectors. This last year saw the service build closer relationships with primary care, Stirling and Clackmannanshire Councils, and our third sector partners.

One of the ways that this has been taken forward was to work closely with Voluntary Health Scotland (VHS) around sharing best practice and contributing to a national review of Social Prescribing/CLWs. In addition to managing the Scottish CLW Network, as described previously, VHS are also currently engaged with Scottish Government and are co-ordinating input into this review from CLW services across Scotland.



After attending the Stirling and Clackmannanshire CLW annual event, the team was asked to do a presentation to CLWs across Scotland around the evaluation work that they had completed – in particular the Wellbeing Evaluation and the Cost Benefit Analysis. VHS was very keen for this to be shared with a wider audience as they felt that they were great examples of ways to evaluate and demonstrate the work of CLWs. Following on from this presentation, which was received very positively, our Lead CLW was asked to support some other CLW teams and was also invited to participate in the VHS AGM Panel discussion on evaluation work. The audience at this latter event was not just for CLWs, but open to all VHS members.



VHS CLW Network Manager, Roisin Hurst, said that they were very grateful for the input and that time was given “voluntarily to contribute to a Scottish Community Link Worker Network peer support event and to Voluntary Health Scotland's Annual General Meeting in November 2025. The active participation in the Scottish Governments Review into Community Link Working “particularly supporting the workstream around data, evaluation and outcomes” and that the “insights, intelligence and experience always add richly to the discussion and I know their contributions will be a vital part of strengthening Scotland's community link worker programme going forward”.

The CLW team supported MacMillan in the development of their Improving Cancer Journey Link Workers. These link workers are similar to CLWs but specialised for the purpose of supporting those with cancer. MacMillan shared the following feedback about this work:

“Collaboration with the Clackmannanshire Community Link Worker team has been extremely valuable in shaping the development of our own Improving Cancer Journey link worker ways of working.

Their experience as a generic community link worker service helped us to better understand the remit and role of link workers, including the importance of clear boundaries, appropriate training and ongoing support. Through attending events including peer group meetings, engaging with team leads and sharing induction and training resources, we were able to learn from established best practice and apply this learning to the development of our cancer-specific link worker roles. We are very grateful to the Clackmannanshire Community Link Worker team and continue to value the positive and productive joint working relationship we have developed.”

In October 2025, the Clackmannanshire and Stirling CLWs held an event called ‘Clackmannanshire and Stirling Community Link Workers: Where are We Now?’. The purpose of this event was to celebrate and inform partners of the work the CLW had done in the previous year. It included presentations by the two CLW Leads; talks by Wendy Forrest Head of Strategic Planning and Health at Clackmannanshire and Stirling Health and Social Care Partnership; Anthea Coulter, Chief Officer of Clackmannanshire Third Sector Interface; Esther Leckie, Practice Manager at Clackmannan and Kincardine Medical Practice and Emma McGlary who had previously been supported by a CLW, and was willing to share her experiences and growth. The event was attended by partners across the third sector, Clackmannanshire and Stirling Council and the NHS.

The event was attended by over 30 people. Feedback was collected at the end of the event with 14 feedback forms being completed, with very positive responses overall: those who had worked with CLW previously (10) had rated the service excellent, and those who had not had experience working with CLWs (3) felt they knew more about the service after the event.



Wendy Forrest Head of Strategic Planning and Health at Clackmannanshire and Stirling Health and Social Care Partnership

Here are some quotes provided by a few of the attendees:

“CLWs are fantastic and go over and above for people in their communities and are often working in difficult circumstances. Well done on a great event.”

“Not only do CLWs work directly with clients and make an enormous difference to their health and quality of life but they're a great resource for professionals working in the area. If I need up to date information on available services for a particular topic, they are my first port of call.”

“Without the CLWs I don't think I'd be here today and doing what I've been doing. Everyone that has helped me, I thank them all from the bottom of my heart.”

Prevention and Early Intervention

By growing our profile within Clackmannanshire and Stirling, and thereby increasing our range of referral sources, we have been able move more toward a preventative model and support people before they reach crisis point.

The impact that the CLWs are having in terms of preventative health is supported by the previously mentioned cost-benefit analysis and wellbeing evaluation. The cost-benefit analysis illustrates that, on average, people supported by a CLW need fewer appointments with primary care after engaging with a CLW. Although this data is currently limited in both scale and in length of time recorded, it will be interesting to see what, if any impact this may have on reducing further negative health outcomes in the future. In addition, the wellbeing evaluation shows a statistically significant increase in wellbeing after seeing a CLW; indicating that the supported person has grown in resilience and, we hope, is in a better place to deal with any future challenges.



The CLW Team has also built relationships with the Forth Valley Stroke Rehabilitation Team. They had contacted the Stirling CLWs regarding available support for patients who they support. Many of the people they work with have reported feeling socially isolated following their stroke, and so the CLWs have been able to connect them to appropriate community groups.

The Stirling CLW team had improved relationships with various community groups in the area. This year's onward referral figures show a significant increase in referral to community groups such as Inspiring Communities, Fallin Community Voice, Stirling4Community and Neurocentral. The above groups have had a tremendous impact on the wellbeing of many of the people we support; in particular, those who are most socially isolated.

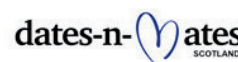


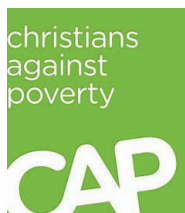
Our work with the Forth Valley Rehabilitation Team, together with the stronger relationships built with local community groups, highlights the role Community Link Workers play in reducing social isolation among the people we support.

Social isolation is a known predictor of a range of negative health outcomes. By helping people build connections and access community-based support, CLWs can potentially make an important contribution to preventive health in line with the Clackmannanshire & Stirling Integration Joint Board Strategic Commissioning Plan.

Our Referral Organisations

This is a list of some of the organisation we have referred into this year. We couldn't work effectively without their support and the services they offer to our patients.





Next Steps

Looking forward to the next year our plans include:

Data Gathering and Analysis Improvements:

- Further improvement in our data gathering and analysis methods.
- Enhancing the information collected at appointments by adding new categories and greater detail (ongoing improvement)
- Continuing to complete Wellbeing Measurements throughout the next year to gain a better understanding of the quality of interventions and their impact on individuals' lives.

Building Relationships and Identifying Service Gaps:

- Commence delivery of a new pilot between local SW departments and the CLW team to demonstrate the benefits of earlier intervention and support with the expectation that earlier preventative care can reduce escalation to crisis
- Continuing to build on existing and future partnership relationships.
- Identifying areas where services are lacking and advocating for their improvement.

We are ambitious to continue the ongoing successful delivery of the CLW service whilst working closely with stakeholders and partners to identify opportunities for enhancements. We will also continue to advocate for ongoing funding and expansion of the CLW service.

Conclusion

The presented data and case studies indicate that the CLW service continues to be a successful intervention in terms of improving health and wellbeing outcomes in the people we support. Additionally, we can see the reduction in supported-persons' use of primary care services; potentially conferring budget savings. Given the above, we recommend the following:

- Expansion of the service to support people in rural and deprived areas. This is particularly true of Stirling, as two CLWs are insufficient to cover the larger geography and population of Stirling.
- The continued recognition of social prescribing as an effective means to improve health and wellbeing and help people remain connected to their communities.
- There is some evidence to suggest that CLWs are effective in terms of preventive health and early-intervention. However, longer term wellbeing evaluations would be needed to confirm this.

Bibliography

Office for National Statistics (ONS)

Personal well-being user guidance.

Used to inform the approach to wellbeing evaluation.

Available from: [ONS Personal well-being user guidance](#) (Accessed: 24 August 2026).

Public Health Scotland

Costs Book.

Used to inform costings for the cost-benefit analysis.

Available from: [Public Health Scotland Costs Book](#) (Accessed: 24 August 2026).



Clackmannanshire & Stirling
**Health & Social Care
Partnership**



Stirlingshire Voluntary Enterprise
Registered Scottish Charity Limited by
Guarantee, Charity No: SC041875
Company No: SC387876

Clackmannanshire Third Sector Interface
Registered Scottish Charity Limited by
Guarantee, Charity No: SC042543
Company No: SC396838