BRIEFING PAPER

SCOTTISH COMMUNITY LINK WORKER NETWORK

GIVING A VOICE TO SCOTLAND'S COMMUNITY LINK WORKERS

Scottish Community Link Worker Network - Mapping Research

May 2023

Purpose

This briefing paper, produced for distribution at the Scottish Community Link Worker Annual Conference on 24th May 2023, presents the interim findings from research currently being conducted by Voluntary Health Scotland and the Scottish Community Link Worker Network.

Context and background

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations across Scotland. Our purpose it to create a healthier, fairer Scotland served by a thriving voluntary sector.

VHS has set up and facilitates the Scottish Community Link Worker Network, which aims to create a space for community link workers in primary care settings in Scotland to share learning, and to develop, network, and support each other to improve outcomes for their patients and communities.

VHS and the Scottish Community Link Worker Network have been conducting research into the range of community link worker programmes across Scotland. Data collection began in January 2023 and consisted of three methods:

- Desk-based analysis of existing research and publications.
- An online survey of community link workers conducted between January and March 2023.
- Interviews with programme leads and managers across Scotland.

A final report is due to be published in June 2023.

What do we know about community link worker programmes across Scotland?

Evidence on the range of community link worker programmes across Scotland and how they are implemented is sparse and we do not currently have a comprehensive picture of:

- the number and distribution of community link worker programmes,
- variation in how programmes are structured,
- variation in delivery models,
- how community link worker programmes are monitored and evaluated.

Previous research into community link worker programmes in Scotland, and across the UK, has typically focused on an individual or small sample of programmes, and whilst different programmes sometimes track the above issues this has not been done in a consistent manner.

Community link worker programmes have emerged incrementally across Scotland with Health and Social Care Partnerships given significant scope to deliver a link worker service in line with the needs of their local communities. The rate at which link worker programmes have been introduced across Scotland has varied, with some programmes introduced as recently as 2022. We hear from our members about the positive impact that link workers have, but we know relatively little about how many of these programmes are implemented.

Interim findings

Interim findings (May 2023) focus on three themes: programme design and structure, programme delivery, and monitoring and evaluation.

Programme design and structure

"It's not one size fits all. I am really keen to reiterate that. What happens in areas like Glasgow or Edinburgh can be quite different from what needs to happen in places like Highlands"

A range of different approaches have been taken to the structure of link worker programmes, with each reflecting local needs, priorities, and capacity. In some cases, the service is delivered directly by the Health and Social Care Partnership or NHS Board, who employ the link workers directly. Other programmes are delivered in partnership with third sector organisations, with the link workers employed by a third sector organisation working in their local community.

There are different approaches taken to the allocation of link workers to primary care practices. For example, in some programmes the allocation is based on factors such as the level of deprivation or practice size, prioritising the provision of link workers to

communities seen as most in need. Others have opted for a more universal approach and attempted to provide every practice with a link worker, although again the exact formula for allocation varies.

In addition to the differences in structure, participants identified a variety of overarching issues which their services are working towards addressing. This ranged from issues such as health inequalities and mental health, to more specific operational objectives involving relieving pressure on primary care services and improving patient outcomes.

Programme delivery

"When you look across the country and you look at all the different link worker programmes, some of them are poles apart on their delivery. They are all doing really good work but are quite different in some aspects"

Patient pathways

As a result of the discretion afforded in delivery of programmes, there is a variety of delivery models in place across Scotland, each with their own associated benefits and challenges. Whilst a comprehensive breakdown of these differences is not provided in this briefing, findings point to several key differences in delivery.

The accessibility of community link worker services is the first example. In some cases, there are no restrictions placed on who can access a link worker apart from the requirement that a patient is registered with the corresponding practice. The most common restrictions in place concern age, with some services only accessible to people aged over sixteen or eighteen years. Further criteria for access includes the severity of an issue, for example if a patient has a mental health crisis or drug or alcohol dependency issues, specialist treatment would be required before accessing a link worker.

Findings identified differences in how an individual may be referred to a link worker programme. GPs were the most common source of referral, however others included sources both internal and external to a practice. For example, some programmes restricted referrals to those with a clinical role within the practice, whilst others extended this to include receptionists or other non-clinical roles. A small number of participants had referral pathways between their programmes and third sector organisations. There were mixed views regarding the use and utility of self-referrals.

The number of appointments, sessions, or interactions a person could have with a link worker varied, as did the approach or framework guiding these interactions. Responses ranged from patients having between 4-6 appointments with a link worker in some programmes, to others having no upper limit in place. The primary consideration was a desire to avoid fostering a dependency between a patient and link worker with an explicit understanding that community link worker programmes should not be expected to act as a holding service whilst people waited to access support.

The role of the community link worker

Whilst the majority of participants either worked in a community link worker programme or listed their job title as 'community link worker", this was not always the case. Participants used a variety of terms, for example Community Links Practitioner or Social Prescribing Link Worker, to describe their role. Some discussed making a conscious effort to adopt the community link worker terminology to ensure greater alignment with programmes across Scotland.

Beyond terminology, findings suggest that their role, and participants understanding of that role, was both flexible and diverse. Whilst there was broad agreement that community link workers took a person-centred approach to support patients who were dealing with complex non-medical issues within their local community, this was demonstrated in different ways between link workers and was often responsive to local and patient needs. For example, participants identified signposting, connecting patients with services in their local communities, early intervention and prevention, supporting patients to develop self-management strategies, and offering advice and support with issues such as housing, debt and social security as falling within the remit of a link worker.

Challenges in the delivery of community link worker programmes

Participants highlighted challenges faced in delivering their programmes across Scotland. Again, whilst a comprehensive breakdown is not included in this briefing, some of the more pressing issues are highlighted.

The degree to which community link worker programmes, and community link workers themselves, are embedded and integrated into primary care practices varied between participants. Just over half of survey respondents reported having regular access to office space in the practices within which they work. A varying level of buy-in from practices was noted, suggesting that in cases where GPs or practice staff were less enthusiastic about the link worker programme this had a knock-on effect on issues such as referral rates, access to information, and link worker wellbeing. Participants also discussed the perceived low status afforded to link workers when compared to other workstreams or professions.

The funding and sustainability of link worker services was another issue highlighted by several participants, with the short-term funding awarded to link worker programmes seen as a major barrier to effective delivery. This served both an existential threat to the future of programmes, and the livelihoods of those working in it, and was identified as having an impact on the delivery of link worker services. Uncertainty over future funding was cited as a significant contributing factor to the reticence of some primary care practices to engage with link worker programmes. One participant described how attempts to develop a case management system had been curtailed as there was no guarantee that their programme would continue to be there to implement it.

Recruitment and retention were frequently cited challenges. Multiple programmes included in this research did not have a full cohort of link workers, with one having never reached full recruitment capacity since its introduction. This has a cascading

effect on the delivery of the service, with the lack of a full cohort of link workers affecting ability to meet and increase referrals, establish strong relationships with practices, and fully engage with their wider community among other factors.

Monitoring and evaluation

"We need much more of that evidence to support us and to show that we can make a difference, and that the difference is not just nice to have, it is part of everyday general practice"

The third theme concerns monitoring and evaluation. Monitoring refers to the continuous assessment of community link worker programmes, and the collection of data to track the implementation of programmes and identify barriers or issues in delivery. Evaluation refers to the periodic assessment of programmes to determine if, and how, they are achieving their stated objectives.

Monitoring

A Minimum Core Dataset for the monitoring and evaluation of community link worker programmes was developed for use in the five early adopter programmes. This was intended to align with information already collected at a local level and allow for comparison across early adopter sites by capturing baseline data on programme information, patient demographics, and referral data. Beyond this dataset, which has not been consistently implemented beyond the early adopter sites, the absence of clear guidelines or indicators has led to ambiguity in how best to monitor the implementation of community link worker programmes.

Participants described using a variety of different data management systems across programmes ranging from dedicated social prescribing software such as Elemental, to bespoke data management systems developed for a specific organisation or programme, whilst others relied primarily on applications such as Microsoft Word and Excel to manage patient data. Data management within primary care settings was highlighted as an issue, with some participants either having access to, or using software that was integrated with EMIS and Vision, and others having limited access to practice data.

Further challenges associated with the collection and use of data were identified including difficulty in comparing data across programmes, the data collection requirements many programmes faced when working with different stakeholders and partner organisations, limited capacity to collect data, and uncertainty over how data was used.

Evaluation

Findings show a similar uncertainty regarding how best to evaluate community link worker programmes with different approaches and perspectives evident across participants and programmes. Several, although not all, programmes represented in this research either used or had previously used some form of tool to evaluate the impact of their work. This was primarily intended to capture patient outcomes at an individual level, with the most frequently cited tool being the Short Warwick-Edinburgh Mental Wellbeing Scale, although participants reported using others

including Outcomes Start, ONS4, OutNav, and GAD-7. Some programmes, by comparison, were introduced with no requirement for evaluation, and relatively less experience in measuring the impact of their work.

When discussing the evaluation of community link worker programmes more broadly, participants unanimously acknowledged the necessity of, and expressed a desire to, evidence the impact of their work, however they were uncertain about how best to do so. Fundamentally, there is ambiguity over what to measure and how to measure it when evaluating community link working, with participants discussing a wide variety of potential approaches for capturing impact at multiple levels.

The need to capture outcomes for patients at an individual level was strongly emphasised. This concerns, on one hand, evidence of positive outcomes for patients via indicators of wellbeing, as is already being conducted across several programmes. Additionally, the need to capture 'softer' outcomes, and learn from patient feedback experience was seen as essential. This was primarily achieved through the use of case studies, although was not done consistently.

Participants discussed the need to capture outcomes at 'system' level, specifically the impact of community link worker programmes on the wider health care system. This is particularly important given the emphasis placed on many programmes to alleviate pressures on primary care services, particularly GPs. Several participants described how their programmes were in the process of exploring how best to capture the impact their programme had on GP time. Other programmes were considering their impact through the social return on investment associated with their work. Also acknowledged was the relative lack of evidence about the impact of community link worker programmes on the third sector more widely, and the potential impact of community link worker programmes at population level.

What happens next?

- A full report will be available in June 2023. Findings will be used to inform Voluntary Health Scotland and Scottish Community Link Worker Network policy engagement over the next twelve months.
- Follow-up events will take place with the Scottish Community Link Worker Network to explore key findings in more detail.
- Follow-up research will investigate specific elements of the findings in more depth.

If you have any questions about this research, please contact: Findlay Smith – Policy and Research Officer findlay.smith@vhscotland.org.uk

vhs voluntary health scotland
18 York Place, Edinburgh EH1 3EP // 0131 474 6189 // mail@vhscotland.org.uk // www.vhscotland.org.uk // @VHSComms
Registered Scottish Charity SC035482. A company limited by guarantee SC267315