# Community Link Worker Programme

## Annual Report 2021/22

Welcome to the 2021/22 annual report for the Community Link Worker Programme in Glasgow. This report focusses on the work carried out by Community Link Workers* (CLWs) who are funded as part of Glasgow City's Primary Care Improvement Plan (PCIP). This report details the progress and development of the programme over the 12 month period ending 31 March 2022.

**Key highlights from this period include:**

- Significant expansion of the programme in summer 2021
- The majority of CLWs returning to full time, GP practice-based working in line with COVID-19 safety guidance
- The holistic, person-centred support offered to patients referred to the service: providing both complex support and simple signposting, according to individual needs
- CLWs supporting high numbers of people to help mitigate some of the impacts of poverty, and mental health & wellbeing issues

The Glasgow City Primary Care CLW Programme is delivered by the Health & Social Care Alliance Scotland and We Are With You (WAWY).

**You can find out more from the providers using these links:**

Alliance - Links Worker Programme - In the Community

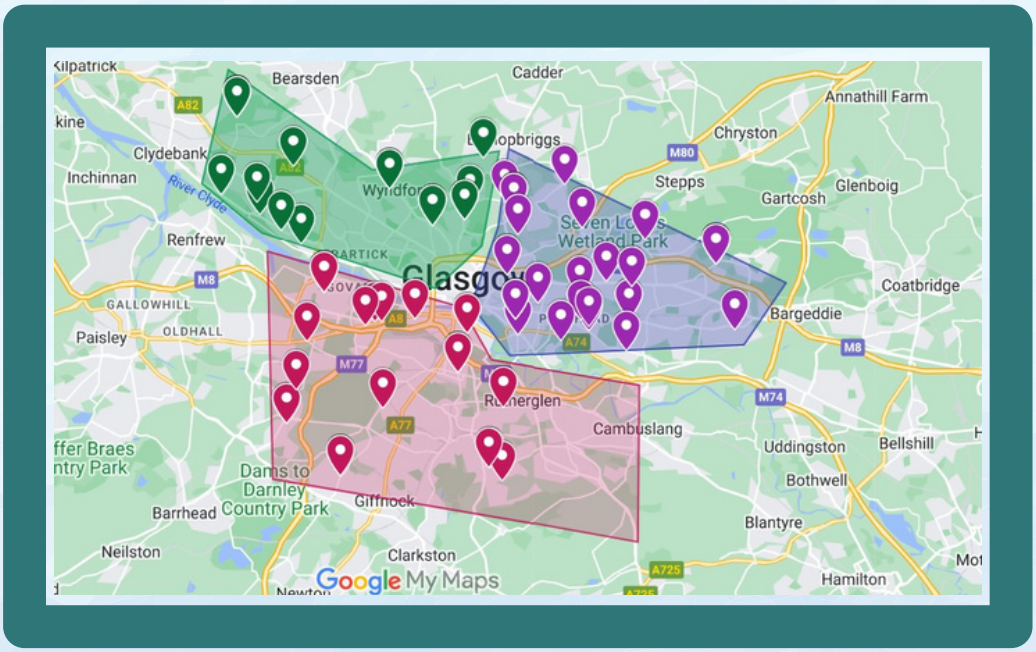
WAWY - Community Link Workers - With You

**And on Twitter:** @LWPmakeslinks @we_links #makeslinks

*In Glasgow, Community Link Workers (CLWs) are also known as Community Links Practitioners (CLPs) and the terms are used interchangeably

# Programme expansion

During 2021/22, the Glasgow City CLW programme underwent considerable expansion: almost doubling in size from 41 GP practices (with 41 wte CLW resource) to coverage in 81 GP practices (with 64.3 wte CLW resource).




*where practices are located in Health Centres they are represented by one map pin

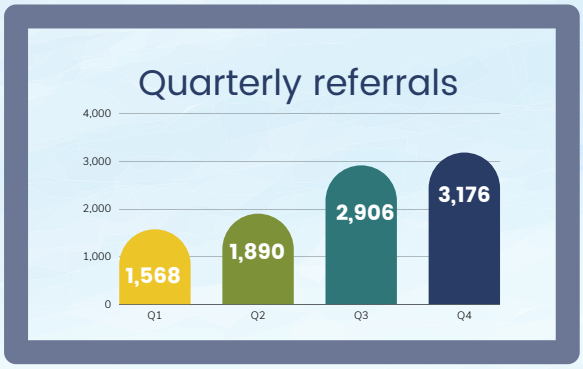
In addition, our complement of Specialist CLW posts increased to four and now includes posts to support: Asylum Seekers (WAWY), Youth Health Service (digital post), Homelessness/Housing Insecurity (WAWY), and the Child & Adolescent Mental Health Service (SAMH). The latter two posts do not form part of the PCIP plan and are funded separately.

Throughout this period of significant change and development within the programme, our CLWs/CLPs and their management teams across Glasgow City have continued to show dedication and commitment to the programme: despite ongoing challenges faced due to the COVID-19 pandemic.

The community groups and services that CLWs connect individuals to have demonstrated creativity and adaptability which continues to be highly commendable in providing suitable support options.

# Referrals & engagement

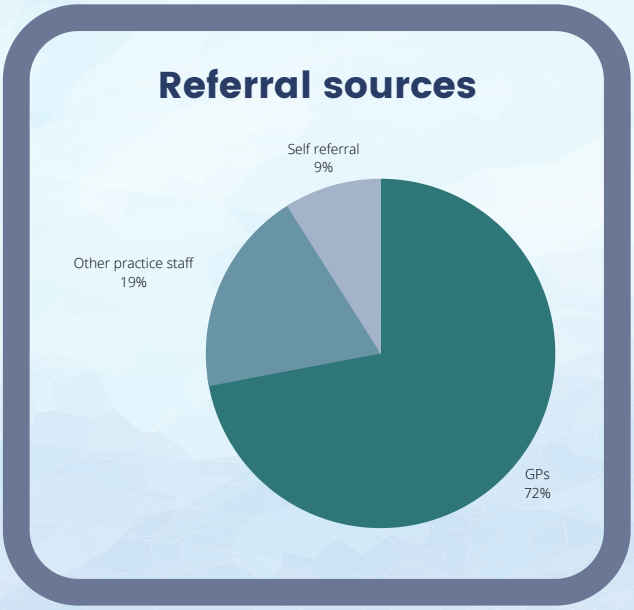
In 2021/22 the programme received **9,540 referrals** across the city. The graph illustrates the distribution of these referrals across the four Quarters.




The significant increase in referral numbers seen across Quarters 3 and 4, reflects the expansion of the programme with the addition of the 40 new practices. Referrals steadily increased as the new CLWs became more embedded in their practices throughout the latter part of the year.

## Who refers to CLWs?

All members of the practice team can refer to their CLW, including non-clinical team members. However, GPs have remained the main referral source in 2021/22: with GPs making 6,868 referrals during this time – accounting for 72% of all CLW referrals. This proportion of referrals from GPs remains consistent with referral sources in 2020/21.




Patients can also self-refer to the CLW in their practice. The number of self-referrals increased to 9% in 2021/22.

This is perhaps due to increasing familiarity and understanding of the CLW role among patients.

**42,265**
**appointments**

In 2021/22, CLWs across Glasgow City carried out a total of 42,265 appointments with **8,681 individuals.**

8,236 of these were **first** appointments with patients - which equates to a really good engagement rate of 86%. This rate is slightly lower than in the previous year which may reflect the initial period of patients and staff (in newer practices) learning about the CLW role and understanding the types of support the CLW can offer.

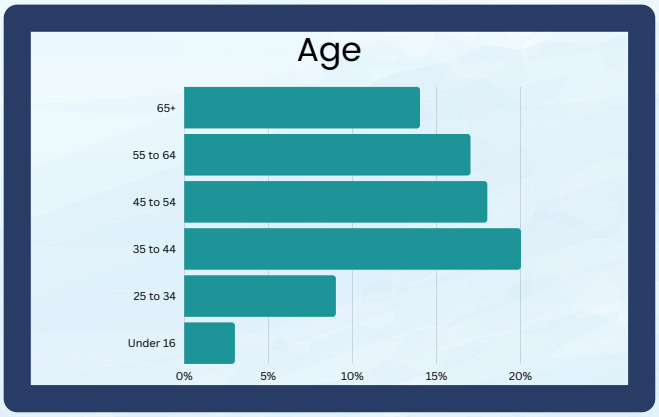
**86%**
**engagement rate**

The small percentage of individuals who are referred but choose not to engage with the programme are given advice and information on how to contact the CLW, should they wish to access this support at a later date.

## Demographics

Illustrated below is a summary of demographic information that we have gathered from the people who engaged with the CLW programme. As a programme, we are committed to capturing anonymised data to enable us to undertake equalities monitoring.


59% of people who engaged with the CLW programme this year were female. These proportions are similar to those seen in 2020/21 and may reflect our knowledge that women were more adversely affected by the COVID 19 pandemic.




This year we have seen a slight reduction in the number of referrals for the 'Over 65' age group. This may be due to the fact that in the previous year, a high proportion of individuals within this age group had been referred to CLWs for shielding support. We saw a mainly steady referral rate across other age groups: the highest number of referrals being for the 25-34 and 35-44 age groups.

## Elements of the programme

**Patients** **Practice** **Community**

The following are the main elements of the CLW programme and highlights of key work in the reporting period:

### Patients

Patients are the main focus of the CLW role and CLWs support patients with complex needs by strengthening connections between community resources and primary care, and mitigating the impact of the social determinants of health.

**The top five referral reasons for 2021/22 were:**

- Mental health & wellbeing
- Poverty/income related issues
- Housing issues
- Social isolation
- Long-term condition/Disability

## Onward referrals & signposting

CLWs made more than **14,000 onward links** via referrals and sign posting and connected people to a diverse range of supports and services across Glasgow. The most common onward destinations were:

**Money & benefits**
**Mental health support**
**Community groups**
**Health behaviours**
**Housing support**
**Long-term condition support**
**Trauma support**
**Social Work services**
**Carer support**
**Learning & development**

## Patient Feedback

"The help and support that [my CLW] has given me has made such a positive difference to my life. I now feel more able to cope with the problems in my life, and I am very grateful for all the help I've been given. I can't thank [my CLW] enough. [He has] helped me to find a purpose to my life, which I had lost." - Patient

"[My CLW] has been excellent for me the past few weeks. She listens, lets me speak my mind, come to my own decisions on matters while at the same time offering very helpful advice. She's been a rock for me recently." - Patient

"My link worker has been very professional, caring, supportive, understanding and without his help I honestly don't know where I would be or what I would be doing. It's good to know there are people who are still passionate about their job and making a difference. Keep up the good work." - Patient

"I found it really helpful speaking to [my CLW]. At times I was so worn out caring for my mum and didn't have the energy or time to deal with other agencies. And it was such a relief that there was someone who could help me with this." - Patient

## Case Studies

Case study 1 - Jane

Jane (name changed) was referred by her GP for support around homelessness, anxiety and low mood. Jane had experienced ongoing domestic abuse from her husband. This in addition to her husband's alcohol use had led to their relationship breaking down. She had left the family home and had been "sofa-surfing" between her friends and sister's houses for a number of weeks before the referral was received.

Jane had a strong family history and personal experience of anxiety, depression and low mood. Initially, it was clear that her main worry was about her housing situation. This was impacting on her mental health as she had no place to call her own or sleep at night. Despite having an open offer to stay at her sister's as long as she required, Jane would often be found wandering the streets at night looking for some place else to stay or sleep.

The CLW immediately referred Jane on to the Community Homeless Team for support around her housing situation. The team contacted Jane within a matter of days and by the end of the following week she was offered a flat. The flat was close to her sister and friends, which let Jane keep her strong ties to her support network in the area. Jane was also offered white goods and decorating supplies through the Scottish Welfare Fund to support her move into her flat.
When the CLW followed up with Jane, it was clear that she was in a very different place emotionally and psychologically. By having her own flat away from the abusive relationship, she felt safer and more emotionally stable. Jane was then able to discuss the possibility of accessing some counselling. She was referred to Lifelink for counselling around her anxiety, low mood and previous abusive relationship which she now accesses from the comfort of her new flat with her family and friends close by.

Jane said "I feel much more content and happy now. Thank you very much for helping me. If it wasn't for yourself, I don't think I would be here right now. I really appreciate it".

Case study 2 - David

David (name changed) was referred to the CLW following a period of struggling with chronic depression. After more than forty years working for the same company, he was having to leave his job due to a health issue. He had experienced a significant change in his physical ability, and this hit him hard.

In addition, he'd recently had a close family bereavement and as well as grieving himself, David was also trying to support his wife with her grief.

David needed a lot of emotional support at first. He spent a lot of time talking to his CLW about how he was feeling and discussing ways that the CLW could help.

As he was unsure about some aspects of the termination of his employment, the CLW suggested he call ACAS, to make sure that the correct procedures were being followed by his employers.

David was unaware that he may be entitled to Personal Independence Payments and the CLW supported him to start the application process and also referred him for local welfare benefits advice.

He also agreed to a referral to a local mental health organisation to help with his low mood. While he awaited this service starting, he was in regular contact with the CLW. The CLW also passed on details of CRUSE counselling for his wife who has contacted them.

A few weeks later, David joined a walking group run by the CLW. At first, he was worried he would be slow and hold everyone else back, but he was quickly reassured by the group, who are very supportive of each other.

He now attends the group regularly and his wife has joined, too. They have benefitted from the peer support of the group - especially from speaking to a fellow participant who has recently been through a similar employment experience. With an increase in his self-confidence in relation to his physical ability, David has now agreed to a referral to Live Active.

## Practice

CLWs are employed by third sector organisations but they are aligned to GP Practices, where they are embedded as part of the GP practice's multi-disciplinary team.

Another element of the CLW role is to support practice development. This includes increasing practice staff's confidence and capacity to routinely signpost to local and national services that can support their patients. CLWs also work with practice staff to increase their capacity to support patients to overcome barriers to accessing information and services. CLWs can also contribute to continuous development and improvement within practices and clusters, by creating and supporting opportunities for shared learning.

A further aspect of this element is practice staff health & wellbeing. CLWs support team wellbeing and help to build the team's resilience and their capacity to support patients.

A small amount of funding is made available that can support this area of work which this year some practices used for: meditation, mindfulness & yoga sessions; improvements to communal staff spaces (indoors & outdoors); activity trackers to encourage staff to be more active; and other team building & wellbeing activities.

## What practice teams say about their Community Link Worker...

"The Community Link Worker is a lifeline for a lot of our patients. Our patient cohort is much in need of the service he can provide. His knowledge of getting the most out of the services for our patients is outstanding."
- Practice Manager

"Our Community Link Worker is so valuable to our practice. We have a lot of patients who need help and assistance in all aspects of their lives i.e. housing issues, money issues: not just their health issues." – Practice team member

"Our CLW is an invaluable member of our team: helping our patients with a wide range of non medical issues and relieving part of the GP workload."
GP

## Community

Our CLWs have excellent knowledge of what's going on in their communities, and of the local and national services and supports that are available to their patients. This means they are able to quickly connect patients to the right sources of support to suit their patients' needs.

CLWs also have strong relationships with local groups and organisations. They have dedicated time to work within local areas to develop their knowledge and relationships and take a Community Development approach (in collaboration with local groups and organisations) to help develop activities to meet the needs of their patient population.

Some examples of this work include:

Working with food banks & pantries

Social activity groups

Walking groups

Gardening projects

**"The Community Link Worker is an excellent resource and is someone who knows what is going on within the practice and the community."**
**- Practice team member**

"Having a Link Worker has been a very positive experience throughout and has genuinely bridged a gap between primary care and community resources."
– GP

## Celebrating success

This year there was much to celebrate in the Glasgow City CLW programme – but one of the highlights for us was when Phil Donnelly (the CLP for Midlock Medical Centre) was given the prestigious honour of being named

**UK Social Prescribing Link Worker of the Year!**

Phil was presented with his award at the National Association of Link Workers Awards Ceremony on 19th May – a very worthy winner: representing Glasgow and making us all proud!

## Get in touch

If you want to get in touch about the Glasgow Community Link Worker Programme, please contact:

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