Community Link Worker Programme

Annual Report 2022/23

Welcome to the Glasgow City Community Link Worker Programme annual report for 2022/23. This report focusses on the work carried out by Community Link Workers (CLWs*) who are funded primarily as part of Glasgow City's Primary Care Improvement Plan (PCIP) and the linked specialist thematic CLW posts. This report details the progress and development of the programme over the 12 month period ending 31 March 2023.



Patients



Practice



Community

The Glasgow City CLW Programme is delivered by the Health & Social Care Alliance Scotland; We Are With You (WAWY); and the Scottish Association for Mental Health (SAMH).

You can use these links to find out more:

Alliance - What is the Community Links Programme?

WAWY - Our Community Link Worker services in Scotland

SAMH - Community Link Worker (CAMHS) Service

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

Elements of the Primary Care CLW programme



Patients

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



Practice

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

Another element of the CLW role is to increase practice staff confidence and capacity to routinely signpost patients to local and national services for support.

CLWs also work with practice staff to increase their capacity to support patients to overcome barriers to accessing information and services.



Community

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: often working in collaboration to help develop activities to meet the needs of their patient population.

Specialist thematic CLWs

In addition to the Primary Care CLWs based in 80 GP practices, the Glasgow City programme also has four specialist thematic CLWs:

Asylum Seeker CLW (WAWY)

The Asylum Seeker CLW supports people on a one to one basis and within the specialist "Welcome Group" which covers topics including health, housing and accessing support from both local and national organisations in the community.

Homelessness & Complex Needs CLW (WAWY)

The Homelessness & Complex Needs CLW supports people with a range of issues who may also be experiencing homelessness and housing insecurity. Due the nature of the support required, many individuals require a longer period of support than is seen in the main CLW service.

The CLW provides support to register with local GPs and other health and wellbeing services along with securing longer term support in the community. There continues to be flexibility in appointment location and a high level of partnership working with other agencies.

CAMHS CLW (SAMH)

The CAMHS CLW offers a range of support to parents/carers, young people and their siblings. This includes providing space and time to listen and linking them to longer term community supports. The CLW supports people to improve and maintain their mental health and wellbeing in order to support the overall family unit.

Youth Health Service CLW

Within the Youth Health Service, the staff member works primarily around communication and engagement with young people and their families/carers to promote service accessibility and uptake and to inform service design and delivery.

Referrals & engagement

In 2022/23, CLWs received **12,797 referrals,** a 34% increase on the previous financial year.

Referral sources

All members of the practice team can refer to their CLW, including non-clinical team members.

However, GPs have remained the main referral source this year: making 7,238 referrals during this time – accounting for 58% of all CLW referrals.

The proportion of referrals from GPs has decreased from the previous year when these made up 72% of all referrals. This reflects an increase in referrals from other members of the practice team.

This year, the programme had an excellent engagement rate of 83%.

CLWs across Glasgow City carried out a total of 43,847 appointments with

15,772 individuals

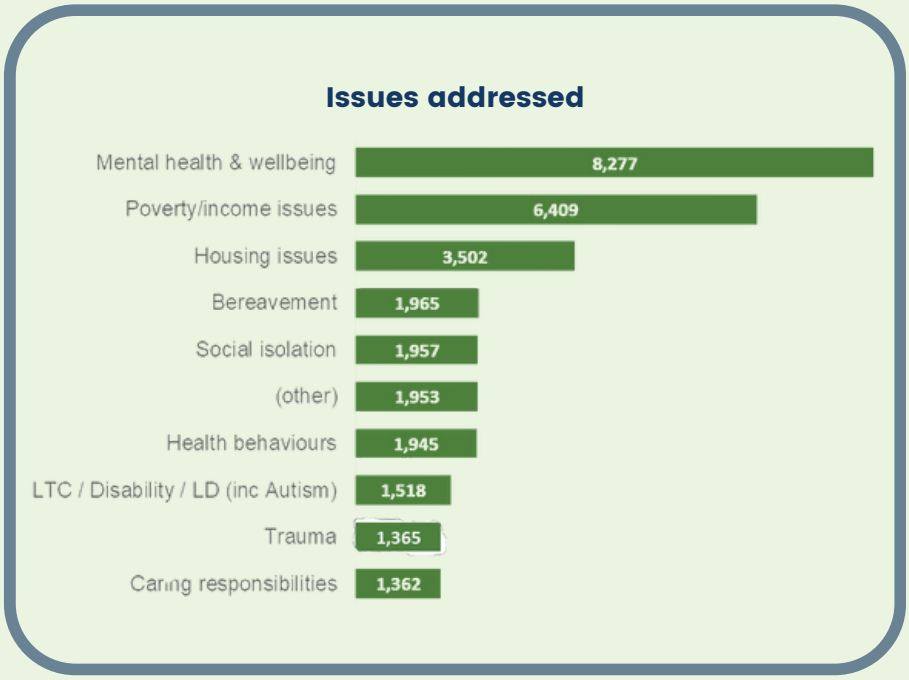
This represents an 80% increase in the number of people CLWs worked with. This increase was anticipated, following the expansion of the programme in the latter part of the previous financial year.





*All data in this section relates to primary care and thematic CLWs

Issues addressed with patients



CLWs support patients with a wide variety of issues. This graph illustrates the **most frequent** presenting issues for 2022/23. Many patients are supported with multiple issues.

Onward referrals and signposting

CLWs made more than **23,700 onward links** via referrals and sign posting: connecting people to a diverse range of supports and services across Glasgow. The most common onward destinations were:

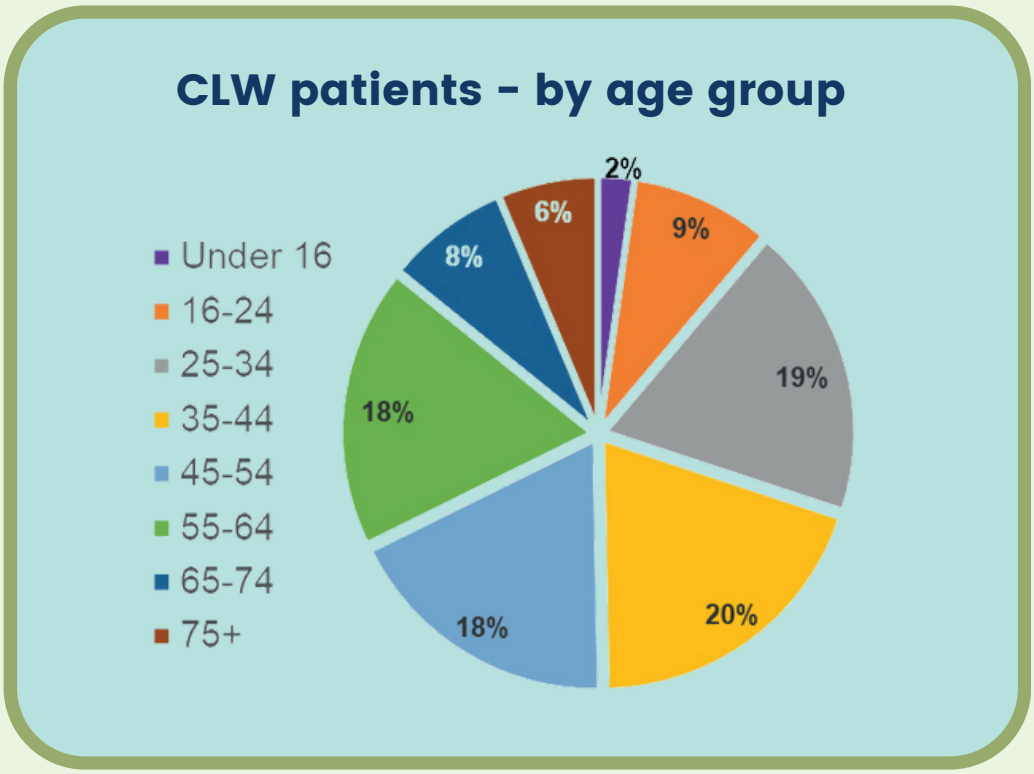
Money & benefits
Mental health support
Community groups
Health behaviours
Housing support

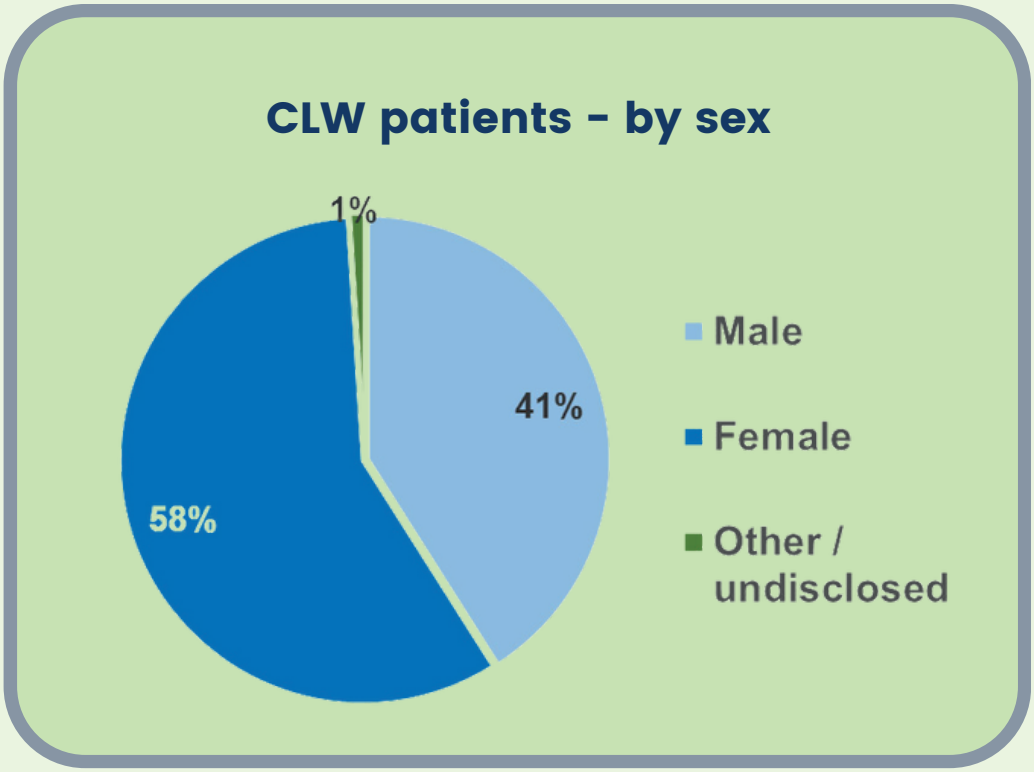
Social Work services
Long-term condition support
Trauma support
Carer support
Learning & development

*All data in these two sections relates only to primary care CLWs

Patient demographics

The charts below illustrate the distribution of patient demographics (in relation to age and sex) for the CLW programme in 2022/23:





*All data in this section relates to primary care and thematic CLWs.

Long COVID support groups

GPs have referred an increasing number of patients experiencing the symptoms of Long COVID to CLWs for support. In response, CLWs have developed and delivered Long COVID support groups.

These groups have been running since April 2022, providing support for mental health symptoms - such as anxiety; low mood; and depression - as well as practical support around employment issues; financial issues; and accessing the latest information.

A direct referral pathway to the groups has also been created to help increase their reach and additional groups will be rolled out across the city in 2023/24.

Case studies

These case studies illustrate some of the work that CLWs have carried out over the last year (*all names have been changed).

Margaret & Gordon *

Margaret's husband, Gordon, had recently been diagnosed with Vascular Dementia and the GP referred her to the CLW for support.

The CLW met with the couple over a series of short appointments to get to know them; to find out how they were coping; and to find out about their lives, hobbies and interests.

Initially, Margaret was distressed and feeling overwhelmed with her husband's diagnosis but, over time, the CLW was able to build trust and reassure her that support would be available for both of them.

Gordon agreed that the CLW could refer him to Alzheimer Scotland's Post Diagnostic Support service. The service met

with the couple, explained the diagnosis and described the longer term support that was available to them: including needs assessment from Social Work and Occupational Therapy.

Margaret met with the CLW on her own and said that she benefited greatly from having someone to talk to about her feelings and worries. She also agreed to be referred to the Carers service to find out about respite options, so that she could start to get some time for herself.

With some encouragement, Margaret overcame her worry that reviewing her benefits would result in a loss of income, and agreed to a referral to the NHS Money Advice service.

Once this practical support was beginning to take shape, Margaret was keen to think about having some time for herself. Following discussions with Margaret about the kind of activities she enjoyed, the CLW suggested a few options.

Margaret decided on the 'Still Gem' club, where she felt that she could meet like-minded people in her area. Together with Margaret, the CLW phoned the Club Co-ordinator to introduce her and find out more information. This helped reduce Margaret's initial fears and anxieties about joining a new club.

When the CLW checked in with Margaret after six weeks, she said that she was feeling much better and that her outlook had improved a lot. She said that she and Gordon had attended the Alzheimer Scotland 'Come and Sing' group together and had made some new friends. With respite provided, she had also been able to get out shopping and attend one of the 'Still Gem' clubs. She said that she was feeling more like herself again.

John *

John's GP referred him to the CLW to connect him with supports and activities in his community that could help him in his recovery from alcohol addiction.

John explained to the CLW that he wanted to take part in different activities in the community to add structure and purpose to his day. The CLW suggested that he link in with a local walking group as a starting point.

During conversation, John told the CLW that he had been hugely affected by the sudden death of his partner several years earlier. He had not received any support for this bereavement and had become dependent on alcohol. The CLW put him in touch with Cruse Bereavement Care.

Now that he was in recovery, John explained that he wanted to make the most of life, because he knew how quickly it could be cut short. He was keen to try new things and the CLW introduced him to a local art project.

It also came to light that John was struggling to manage his self-directed support (SDS). He felt like he was paying a lot but that support workers would cancel at the last minute or not turn up. This meant that he was getting behind on paying bills and having to go shopping by himself, which caused him a lot of anxiety because he couldn't read or count well.

The CLW suggested a referral to Glasgow Centre for Inclusive Living (GCIL), who could help him to find a new provider to suit his SDS budget. John agreed and the CLW called GCIL to set up a meeting for him.

In the meantime, John joined the walking group, and got talking to a few of the other group members. They told him about a drop-in coffee morning they go to on a Friday and invited him to come along with them. John was delighted

and this gave him a much-needed confidence boost.

John has noticed a big improvement in his mood since he started going to the art club, walking group and coffee morning during the week. He is also due to start bereavement counselling with CRUSE, which has had a positive impact on his mental health.

John is now enjoying a structured week of activities and continues to receive support from the CLW.

Amira *

Amira was referred to the Asylum Seeker specialist CLW by her GP.

Their first appointment was a face-to-face meeting with interpreting support. Amira disclosed traumatic life events she had experienced and that she had been trafficked with her children, travelling through different countries before she arrived in the UK.

The CLW told Amira about specialist support organisations for women who have experienced similar circumstances. Amira agreed that she would like to access this specialist support and the CLW made the onward referrals.

Amira needed new clothes and other items for her baby and, a week after the first appointment, the CLW was able to get clothes, a baby carrier and blankets which she delivered to Amira's house.

Amira also has three other children. She disclosed that she had been struggling to get clothes for them, too, and that her eldest child enjoyed reading but didn't have access to books.

The CLW supported Amira to access clothing for herself and the children via a few local organisations who were also able to provide some books.

Amira advised the CLW that she'd had problems accessing 'English for speakers of other languages' (ESOL) classes as she was unable to attend face-to-face sessions because she needed to be available to breastfeed her 3 month old baby. The CLW offered to support Amira to access online ESOL classes but Amira had no access to a laptop or the internet at home.

Over the next few weeks, the CLW was able to obtain a laptop and a MiFi device from a local charity which enabled Amira to access online ESOL classes whilst caring for her baby.

A few weeks later, Amira contacted the CLW because she wasn't able to buy food due to technical problems with her ASPEN card (a card issued by the Home Office for Asylum Seekers to access Asylum Support payment).

Initially, the CLW issued an e-voucher for the foodbank so that Amira could quickly access food parcels at a local church hall. The CLW then contacted Migrant Help to discuss the problem with the ASPEN card and was able to help resolve the issue so that Amira could use the card again.

A few months later, with Christmas approaching, the CLW contacted Amira to see if she would accept donations of toys and gifts for the children from a local initiative. Amira said she'd be delighted for the children to have gifts and the CLW made the arrangements and was able to collect gifts for all four children, and delivered these to the family in time for Christmas.

Patient, practice and CLW feedback

For the first time in a long time, I felt listened to, heard and understood. I found out there is help and support that I didn't know existed. I was treated with compassion and my CLW has given me the hope I didn't have before" - Patient

"I felt that my CLW gave me time and listened to me. I was really glad of the support and someone to talk to for practical advice. I don't know what I would have done without her" - Patient

"I feel very lucky to have met my CLW. I was feeling really low, but she helped me to connect with new people in my area" - Patient

"My CLW listened to me and gave support with my issues. Even offering to attend things with me to put my anxiety at ease. She made me feel like she really cared about what I was going through and put me in touch with some excellent resources. She's amazing!" - Patient

"My CLW motivates me to do things. She has offered great support and contacts to help me get back on track" - Patient

"I found my CLW very easy to engage with, he listened and reinforced the positives I have, and made me aware of what I need to continue focusing on" - Patient

"Having a CLW has been invaluable to our practice. She has an excellent knowledge of what help our patients need and how to access it in the community" - GP

"We've seen the difference the CLW has made to patients' lives. She often deals with patients who have many complex needs, and helps to empower patients" - Practice Manager

"There's so much variety – no two days are the same and it's great to see the impact we can make in so many people's lives" - CLW

"I really enjoy building positive relationships with patients and having the time to really listen" - CLW

Mental Health Deep Dive

A Mental Health Deep Dive exercise was conducted in response to concerns raised by many CLWs. An increasing number of patients were requiring additional, prolonged support with their mental health: increased waiting times for mental health supports or services resulted in CLWs supporting patients for longer periods of time with fewer resources to direct them to.

Over a period of 2 weeks, CLWs completed online questionnaires in relation to the mental health support needs of their individual patients – reporting on the majority of those seen in that time period. 762 responses were received, providing a real time snapshot.

The data was analysed by colleagues in the Public Health team and initial findings indicated that 77% of CLW appointments during the period had been related to mental health & wellbeing issues. However, only 59% of patients had mental health & wellbeing specifically stated as a referral reason. This highlights that despite a patient's initial referral reason, there are often mental health and wellbeing support needs present when addressing individuals' wider needs.

The majority of responding CLWs felt that they were equipped to deal with supporting patients' mental health (73%) but the remaining 27% felt they were not equipped or only equipped in relation to some issues.

Other key findings from the Mental Health Deep Dive included:

- The vast majority of patients (81%) identified mental health and wellbeing issues which they wished to address

- The most common issues patients wished to address were anxiety, depression, low mood and stress

- 39% of patients received 5 or more appointments which emphasises the ongoing and open door nature of the CLW relationship with patients

- Most patients were supported in linking to groups, activities & services (44%). Followed by housing support (30%); welfare and financial support (31%); support for being in distress (24%); and life structure to support mental health (21%)

An action plan has been created in response to the findings from the Mental Health Deep Dive with the aim of identifying and addressing specific training needs and further supporting CLW wellbeing.

This includes increased encouragement to take up training opportunities, linking to existing supports for staff wellbeing and linking to existing services across HSCP provision to support staff and patients.

Training



The HSCP provides some aspects of core training to all CLWs to maintain high standards of delivery across the programme. In addition, we have also been responsive to emerging training needs.

Core provision included 'Safe to Say', Conflict Management and Information Governance training.

CPD sessions were also offered for: Applied Suicide Intervention Skills (ASIST); Domestic Abuse awareness; Welfare advice /benefits training; and 'Refugees: Asylum and Resettlement' information sessions.

CLWs were also given the opportunity to attend information sessions and service overviews from: the Carers Service; Compassionate Distress Response Service; Quit Your Way; Youth Health Service; Financial Inclusion; Welfare Advice & Health Partnerships; Lifelink; Live Active; Community Rehabilitation Services; and the Glasgow Psychological Trauma Service.

In response to increased demand in the service and feedback from CLWs and providers, all CLWs were also offered Vicarious Trauma training. This training developed skills and knowledge related to the impact on self around supporting trauma survivors and on developing support structures. In response to the feedback from the Vicarious Trauma sessions, we held service specific awareness sessions with CLW staff, relating to service criteria, referral processes, anticipated waiting times and alternative supports in the community.

CLWs are also encouraged to be part of the Scottish Community Link Worker Network which has provided national sharing and learning opportunities along with celebrating successes in the wider programme.

CLW Locality Forums



CLW Forums have been running in Glasgow City since December 2021, initially online and moving to in-person meetings from August 2022.

Facilitated by Health Improvement staff from the programme, CLWs are able to spend time with colleagues across provider organisations: sharing knowledge, best practice and resources. They also have the opportunity to discuss the challenges and successes experienced by CLWs in a supportive environment.

There is also the opportunity for both formal and informal discussion with a focus placed on the opportunity to connect with colleagues out-with the day to day work environment. CLWs can provide feedback on what works and what has not worked so well: this has resulted in amendments to programme delivery across the city, and provided peer learning and wellbeing support.

Topics covered within forums over the past year included staff wellbeing, gaps/challenges in services and emerging areas of discussion from local CLW teams.

Get in touch

If you want to find out more about the Glasgow CLW programme, please email:

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