

The background of the entire page is a photograph showing several hands of different skin tones gently holding and tending to small green seedlings in dark soil. The scene is set outdoors with wood chips visible on the ground. A semi-transparent green horizontal band is overlaid across the middle of the image, containing the title and subtitle.

# Growing Together

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**Clackmannanshire and Stirling Community  
Link Worker Report 2024/25**

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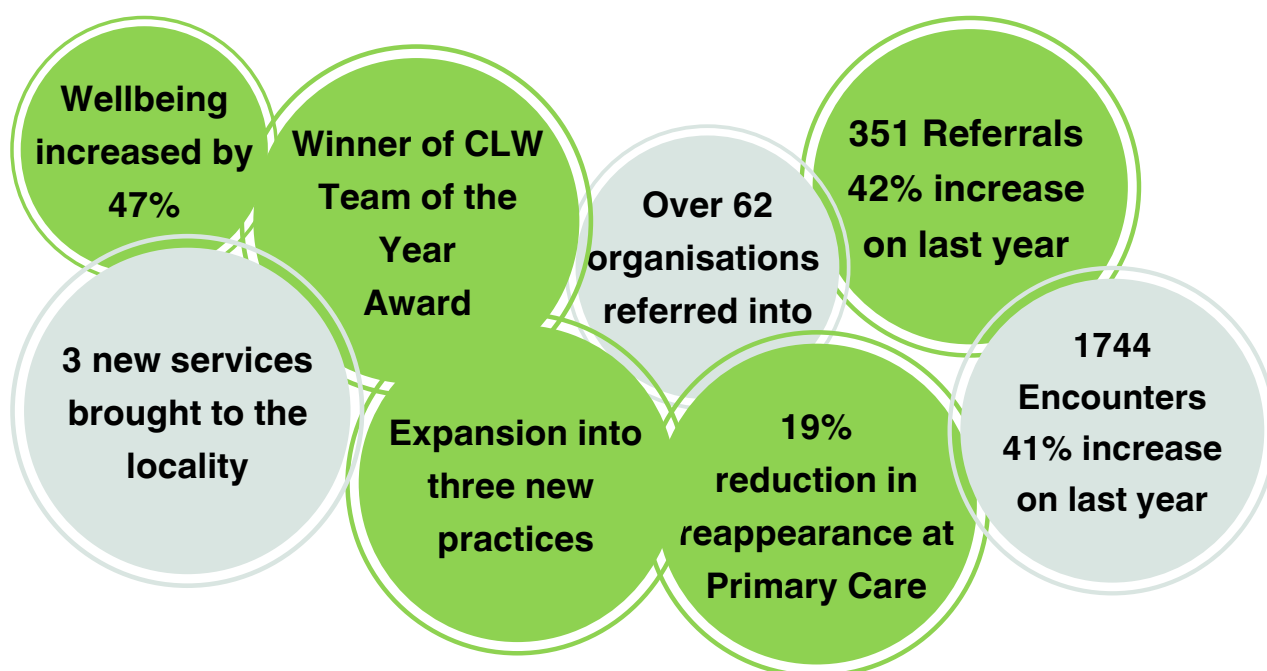
## Executive Summary

The aim of this report is to celebrate the ongoing work and growth of the Community Link Worker project 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.

Their person-centred approach helps reduce health inequalities and promotes overall wellbeing by ensuring access to resources and support tailored to the needs of individuals through the use of regular interventions or appointments.

### Key findings

- All GP practices experienced similar peaks and troughs in referral rates, in a similar trend to the previous year.
- The scope for referrals has widened within the Primary Care team.
- Need for mental health support is consistent across practices but onward referrals differ significantly.
- Wellbeing surveys show increase in resilience, confidence and rise in self-management skills.
- Longer appointment times have allowed complex issues to emerge, including trauma.



We hope you enjoy reading about the service which highlights:

- A number of improvements including an increase in referrals.
- An evaluation of the direct impact on Primary Care.
- Positive feedback from patients and partners.
- Work undertaken to address gaps in local services.
- A pilot test of change, which led to ongoing investment in the service.



# Introduction

The main aim of the Community Link Worker Project is to provide 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 to enable people to gain confidence to access local activities.

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

Last year we went through a period of consolidation, following the pilot period; this year we have expanded into 3 new GP practices, and we now cover a much wider geographical area. Expansion was informed by analysis of relative populations served by the practices covered by each CLW as well as demand for CLW support.

CTSI and SVE, the Third Sector Interfaces (TSIs) in each of their respective local authority areas, are the employing organisations and the lead partners in the project, providing the necessary resources, training, and supervision to ensure effective service delivery and professional development for the CLWs.

Third Sector Interfaces 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.

## Steering Group and Governance

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

The group ensures that funds are allocated efficiently and transparently to meet the programme's goals; that all health and safety regulations are adhered to, protecting both the Community Link Workers and the community members they serve; the creation of clear and effective referral pathways, ensuring that individuals are smoothly connected to the appropriate health and social services; partner knowledge and skills are shared to support the training programmes for CLWs, ensuring they have the necessary skills and knowledge to perform their roles effectively; and service development, ensuring the programme remains responsive to community needs and aligned with best practice

## Introduction Cont.

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

### 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. They ease the pressure on GP services and seek to mitigate the impact of poverty on health.

The main activities of the Community Link Workers role are:

- Listening to people and enabling them to work through their issues in a safe environment.
- Identifying the 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 identify the needs of the service users.
- 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 the area.
- 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.

## Evaluation and reporting

The CLW programme reports to the Health and Social Care Partnership (HSCP) and provides updates to Health and Social Care Forum, HSCP Localities Network Meetings and feeds into strategic groups. It produces monthly reports and more detailed reports to the steering group on a quarterly basis and HSCP on an annual basis.

During the early stages of the project the team established a baseline of data to collect and report on. Data is recorded using a version of the Salesforce database, Milo, which is available to all Third Sector Interfaces in Scotland. Colleagues in another TSI had already developed a CLW module, which was imported and customised with the help of the Milo administrator and developer at SCVO (Scottish Council for Voluntary Organisations).

A number of drivers influenced data gathering which supports the project to develop and demonstrate the benefits of the investment to patients, GPs and wider health service. The database records referrals, appointments per CLW and practice, duration of appointments and onward referrals. Information includes details on who is referring into the system, reason for referral and where people move on to find support to resolve social issues, self-manage an existing condition or undertake health promoting activity such as physical exercise. CLWs also have access to EMIS, the GP information system.

This data has been fed into research carried out by Edinburgh University and Voluntary Health Scotland (VHS) around how evaluation could look and offer best practice for CLW teams across Scotland.

There are other CLW programmes in NHS Forth Valley provided by Cyrenians, FDAMH and Strathcarron Hospice. In order to report on projects evenly at a regional level, Falkirk HSCP, Clackmannanshire, Stirling HSCP and Third Sector partners have developed a common dataset which all the programmes utilise.

However, its not just about the numbers, and over time the CLWs have developed a resource bank of case studies which fully demonstrate the impact of the service on individuals and healthcare providers, bringing out what is important to people and how they have been supported to work through issues that have affected their wellbeing. We have also introduced a Wellbeing Evaluation tool this year to help evaluate the long term and enduring impact on people's lives.

Positive feedback from GPs, practice staff and other organisations has also been garnered.

Future activity will delve deeper into developing a robust cost benefit analysis / social return on investment. Nationally, programme reports vary, and there have been various research initiatives to establish a methodology to reflect the benefits and outcomes from CLW programmes. Edinburgh University are currently conducting research which is due to be published next year.

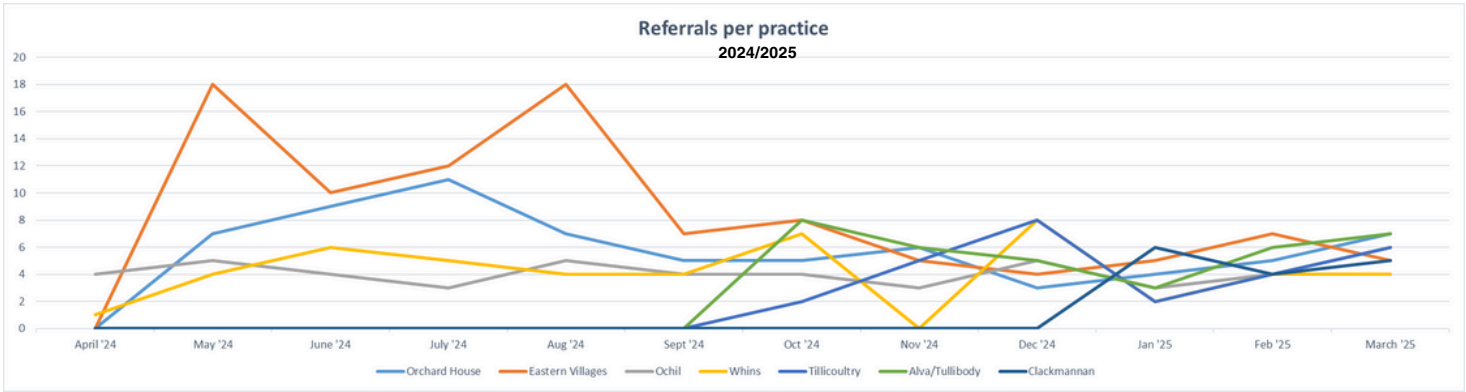
“  
**My CLW was very generous with  
their time and took my problems  
seriously.**  
”

# Referrals

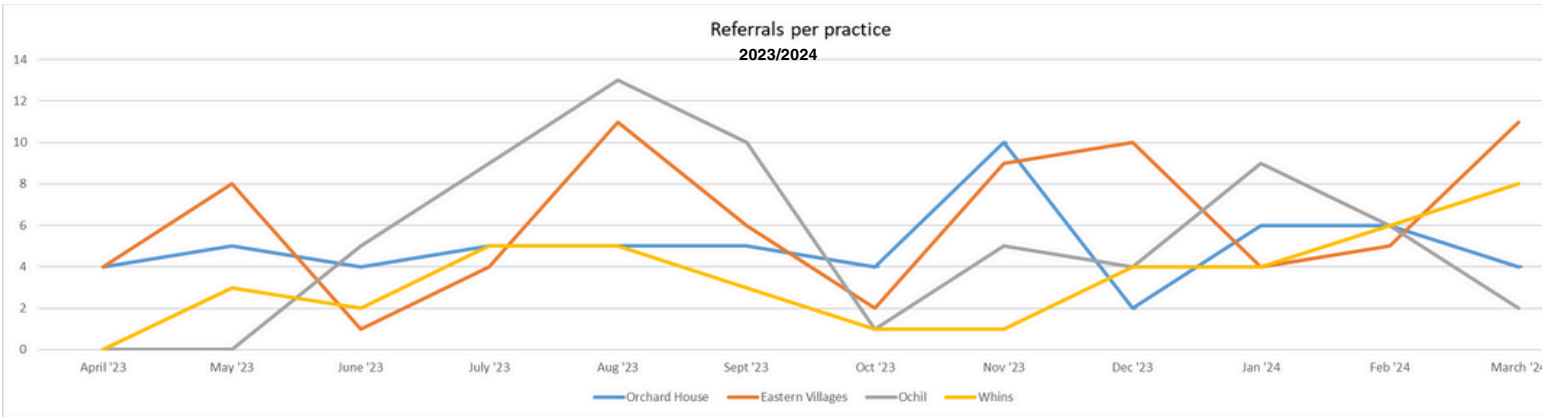
Over the past year, the CLWs have continued to grow and improve data gathering within the project. This has allowed the team to provide increasingly robust data and enabled them to continue work on cost benefit analysis, as well as introducing the use of a Wellbeing Evaluation to further demonstrate the benefits of the project.

This work has been recognized both by Voluntary Health Scotland who have asked for a presentation to be given at one of the CLW Network events that they organize, but also from the Scottish Government as part of their examination and evaluation of Community Link Working throughout Scotland.

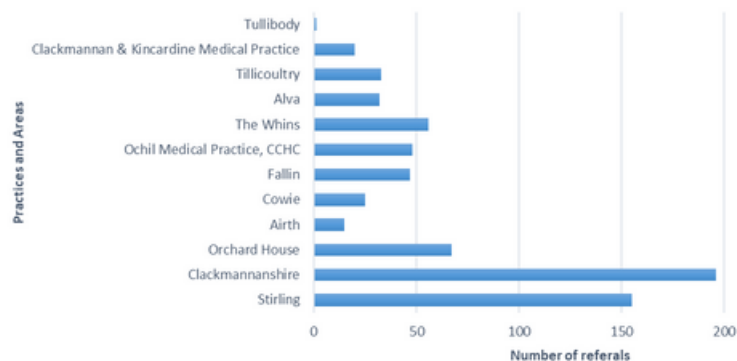
An example of the benefits of the improved data was the ability to easily identify trends in referral rates throughout the year, allowing the project to apply resources more effectively. This led to the expansion of the Project this year to 3 more surgeries in Clackmannanshire and is informing the planned expansion into 2 more Stirling surgeries.



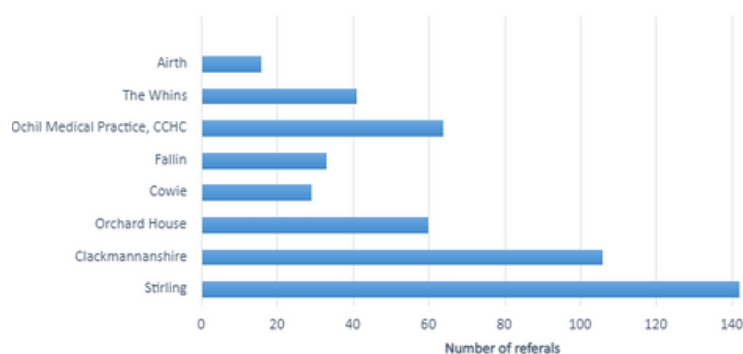
**Fig. 1 (Above and Below) – Trendlines showing changes in referral numbers per practice for both 23/24 and 24/25** show similar trends with regards to busier and quieter periods for referrals. The graph below shows the expansion of surgeries in Sept ‘24 for Alva/Tullibody and Tillicoultry and in Jan ‘25 for Clackmannan. After an initial peak in referrals when the CLWs first started, these practices then followed the same trends as the others. Referrals to the Eastern Villages continue to be high, reflecting the fact that this was the first established and longest-running CLW GP surgery.



Referrals by practice and area Yearly Summary  
2024/2025



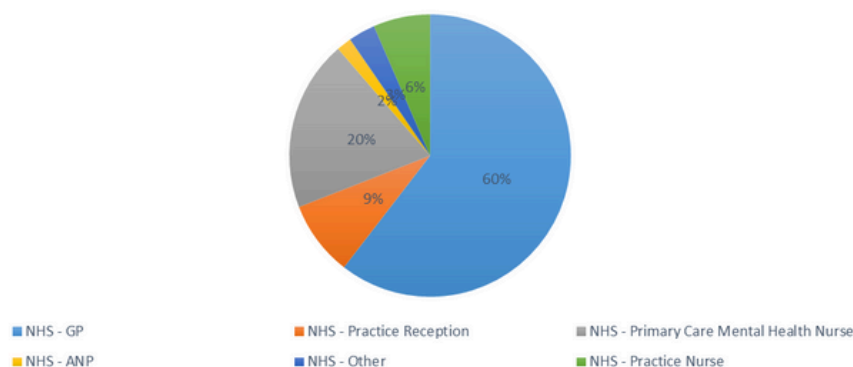
Referrals by practice and area Yearly Summary  
2023/2024



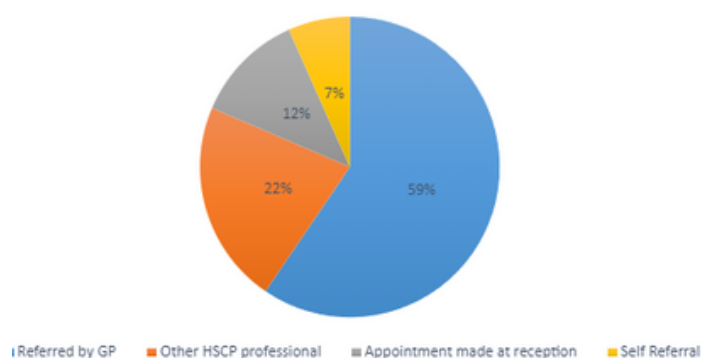
**Fig.2 - Breakdown of the number of referrals received by area**, further detailed by practice. In contrast to 2023/2024, Clackmannanshire (with their expansion to include 3 new practices) has substantially increased their number of referrals. Stirling have continued to experience strong, consistent figures year on year but with scope for further expansion.

## Referral Sources

Referral Sources Yearly Summary  
2024/2025



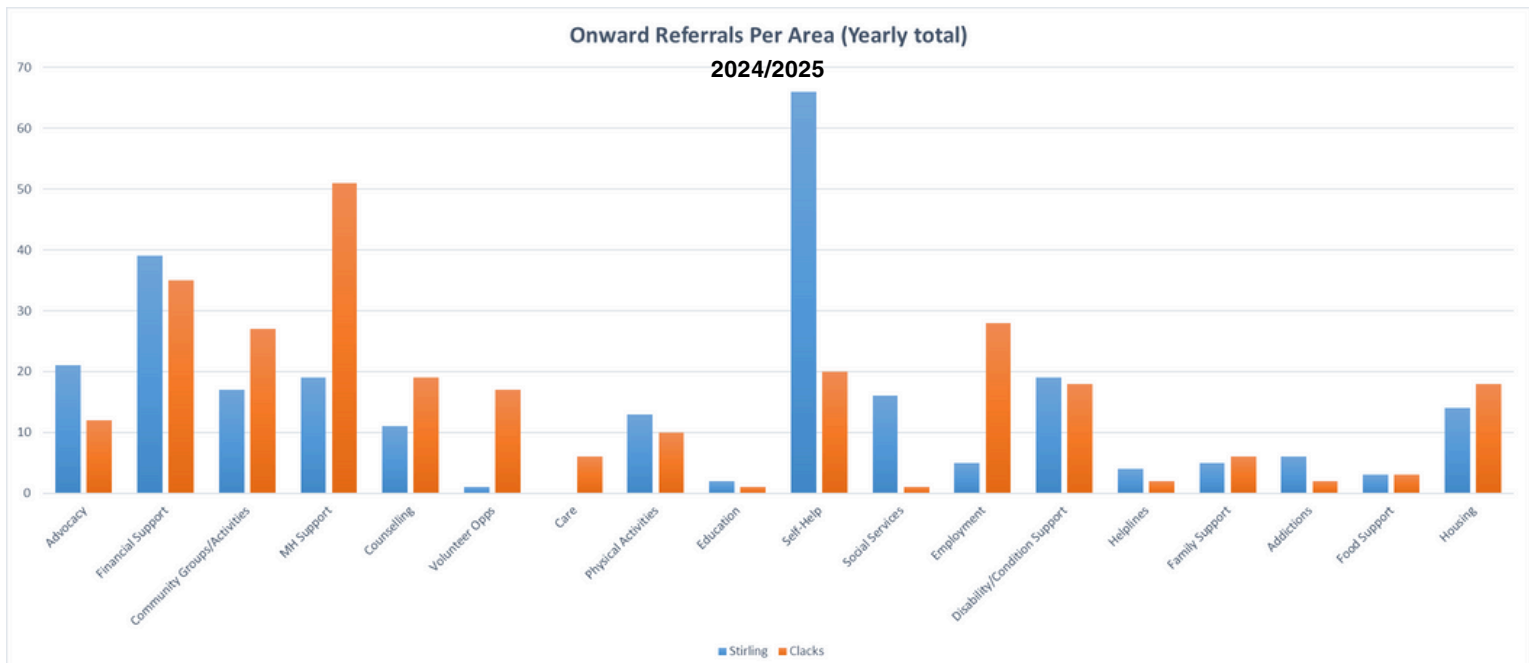
Referral Sources Yearly Summary  
2023/2024



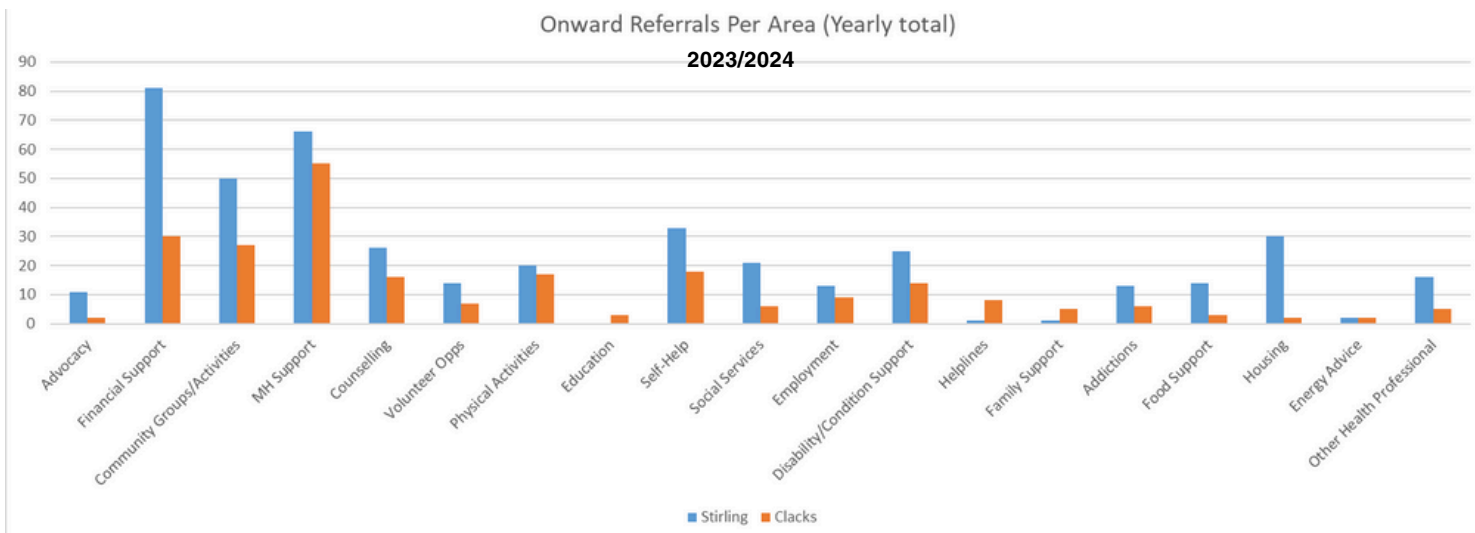
**Fig. 4 – Breakdown of the most common referral sources** showing comparison from last year's report to this year. As can be seen in the charts above, the project has continued to improve the quality of its data and has broken down the referral sources further, giving a more accurate picture of referral sources this year. Though the percentage of referrals from GPs has remained consistent, it is clear that referrals are coming from a wider range of sources. This supports the aim to expand on range of referrals, improving sustainability.

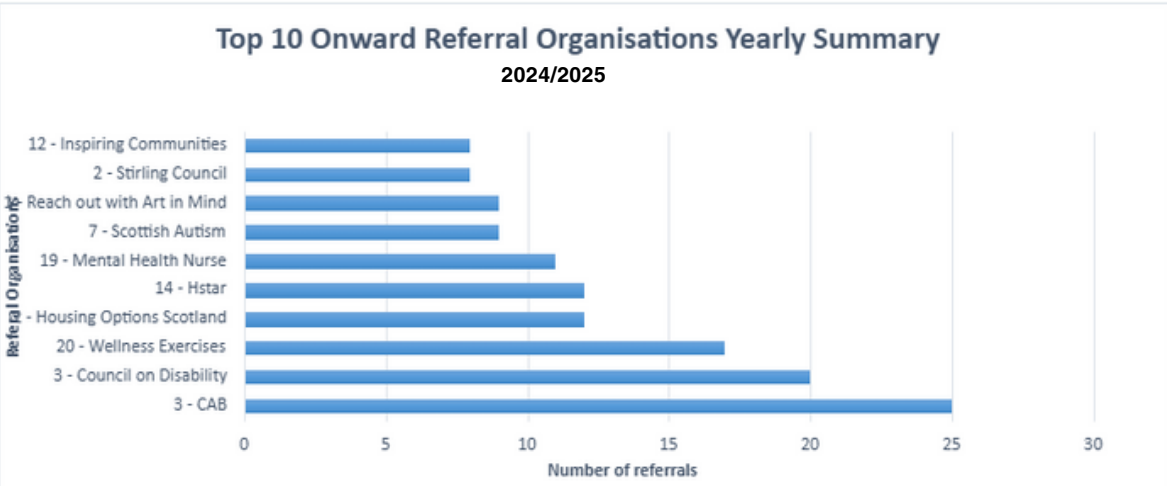


# Onward Referrals

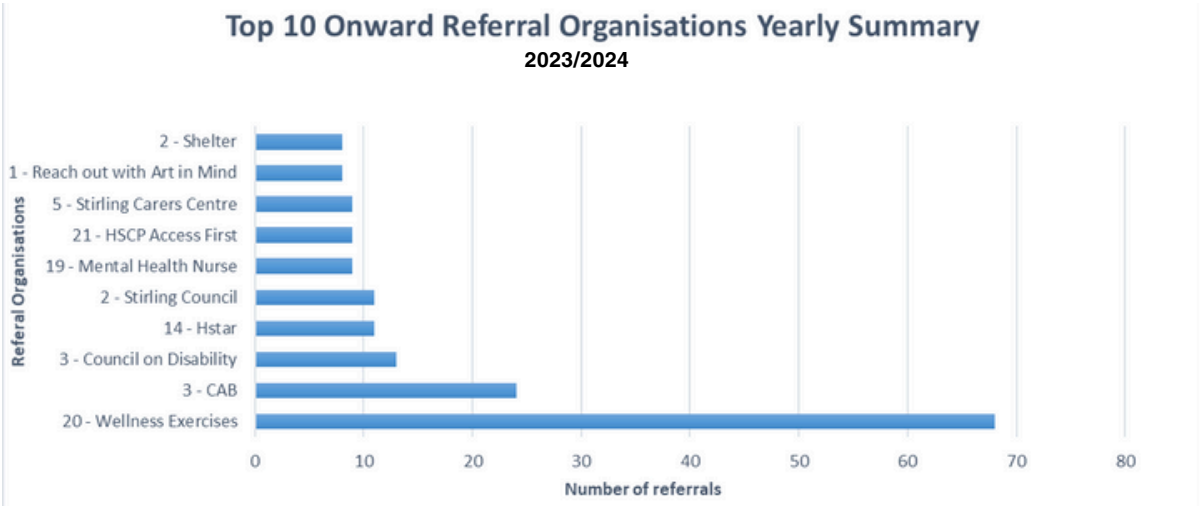


**Fig. 5 (Above and Below) – Onward referrals by category:** a comparison between Stirling and Clackmannanshire for each year. Though Mental Health (MH) referrals were consistent between the two areas last year, this year it can be seen that Clacks has more emphasis on support through MH organisations while Stirling focuses more on Self Help and Wellbeing exercises. Housing issues are more balanced this year, in comparison with 23/24 where Stirling had a higher number of referrals for housing issues.





**Fig.6 (Above and Below) – Top 10 Onward Referral Organisations.** Providing a more detailed breakdown of onward referrals from Fig 5 for year 2023/24 and 2024/25. It is clear that there is still a strong need for financial support, as well as ongoing mental health and wellbeing support across both areas.



“ The service has been 10/10. I wouldn’t have coped without it. ”

“ I can’t believe how confident I feel now. ”

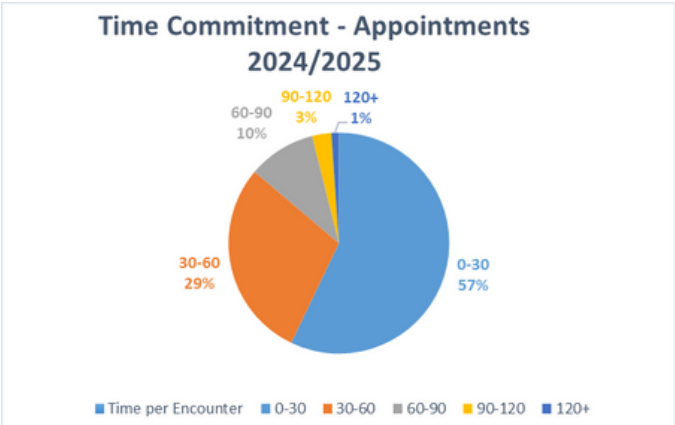
“ Not all days are bad anymore. ”

# Time - Appointment Duration 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 this service is the amount of time that CLW's 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 7**) , just under 50% 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.

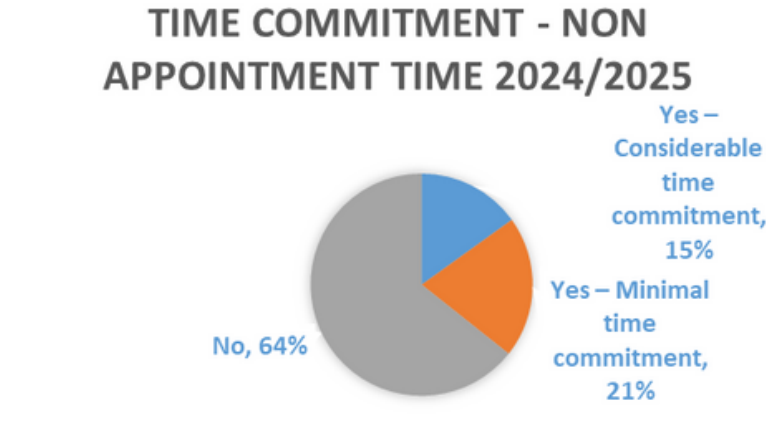
The other appointments range from 30 minutes to two hours in length. This is generally longer than other appointment times available in primary care, including appointments with Mental Health Nurses, which generally run for up to 30 minutes. We have again included time taken outwith appointments for making onward referrals, looking into support available and other related tasks. (**Fig 8**).

Figures for both last year and this year remain consistent for both of these indicators.



**Fig. 7 – Break down of the duration of appointments.** In a continuing trend from data last year, slightly more than 50% are follow up calls or initial calls to arrange appointments whilst the other 49% are for longer appointments, offering a unique change for people to have more individualised support.

# Non Appointment Time and Research



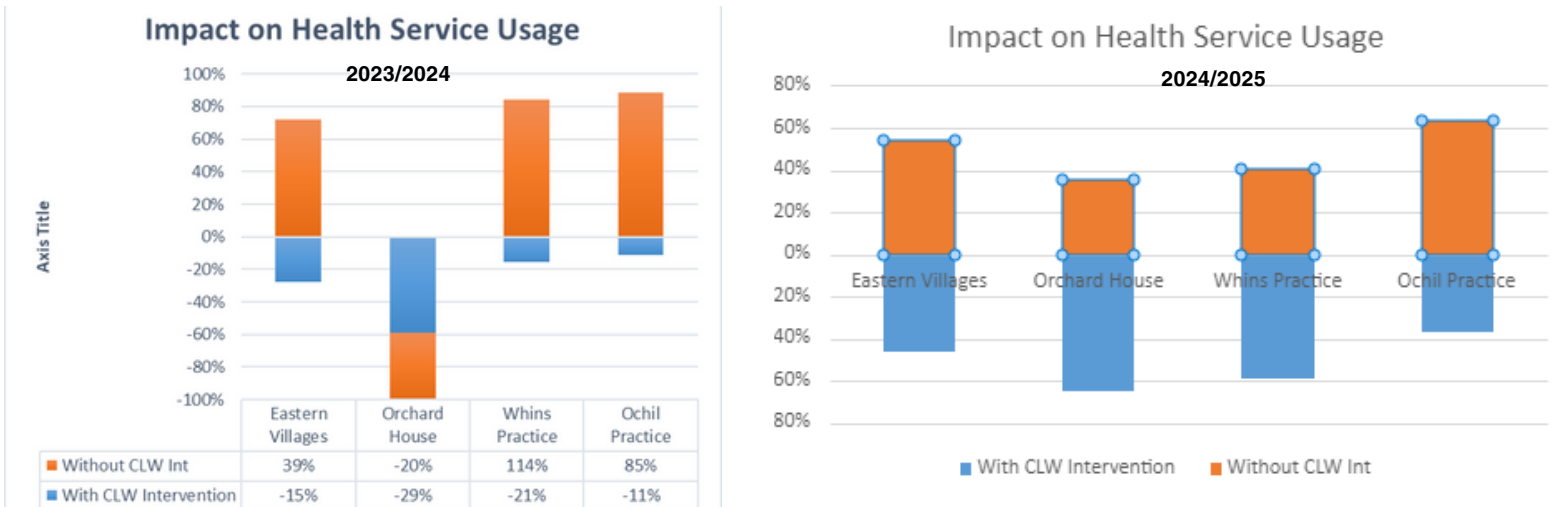
**Fig.8 – Time spent on activities out with appointments.** In 48% of appointments, some or a considerable amount of time was required after the appointment finished to follow up on agreed actions and to better support the individuals.

# Cost Benefit Analysis

In addition to all of the quantitative and qualitative data, the CLWs have conducted an analysis on the impact of the CLW service on primary healthcare usage. A Cost Benefit Analysis has also been conducted to indicate potential savings across Primary Care as a result of the service. In addition, this year, a Wellbeing Evaluation has also been carried out to show not just how much time and money is being saved for Primary Care, but that the reduction is due to genuine changes in behaviour and increased confidence and resilience in the individuals seen by Community Link Workers.

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 group of individuals who regularly attended the GP.

As can be seen below (**Fig 9**), a significant reduction was seen in visits to GPs and other primary care staff for people who engaged with the CLW service. Although the reduction is lower on average in than in 2023/24, this included a wider data set, so it stands as a more “accurate” figure than the previous year. There was no statistical reduction in visits to Primary Care in the control group. In fact, this figure has increased for both last years’ and this year’s control group. (It is also important to consider there has been a significant increase in the number of chronically ill patients CLWs have seen from 23/24 to 24/25). Therefore, **it is highly likely that the CLW service is having a significant impact on the number of Primary Care consultations for individuals referred.** Further analysis will be developed in the year ahead. Furthermore, it demonstrates the shift from GPs and better use of community resources, which is in line with HSCP strategic objectives.



**Fig.9** – Impact on Health Service Usage across all practices. As can be seen, in the control group, there was no significant reduction in usage, while the group who had CLW involvement see a significant drop in service usage.

From this data, using a 20% sample of CLW patients, an average of a **19% reduction** in appointments (based across all 4 GP surgeries over a **6 month period**) would mean a potential health service use saving of **£4,967.55 per practice every 6 months** (based on the average number of GP appointments in the 6 months after intervention, at an average cost of £45 per appointment), which would equate to **£39,740** for a full year. It should be noted that in **23/24**, Primary care appointments in the control group increased by an average of **40.5%**, while this year, they increased by **54.5%**, meaning the saving to Primary Care is likely to be much greater than demonstrated by these findings. The CLWs have also seen a significant increase in referrals for people with Chronic conditions who still require mandatory repeat appointments to maintain their condition.

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?”

In order 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 conducted (**see Fig 10**). The Community Link Workers looked at several evaluation tools used by various other CLW or Social Prescribing projects but ultimately decided to use ONS 4 Wellbeing Survey.

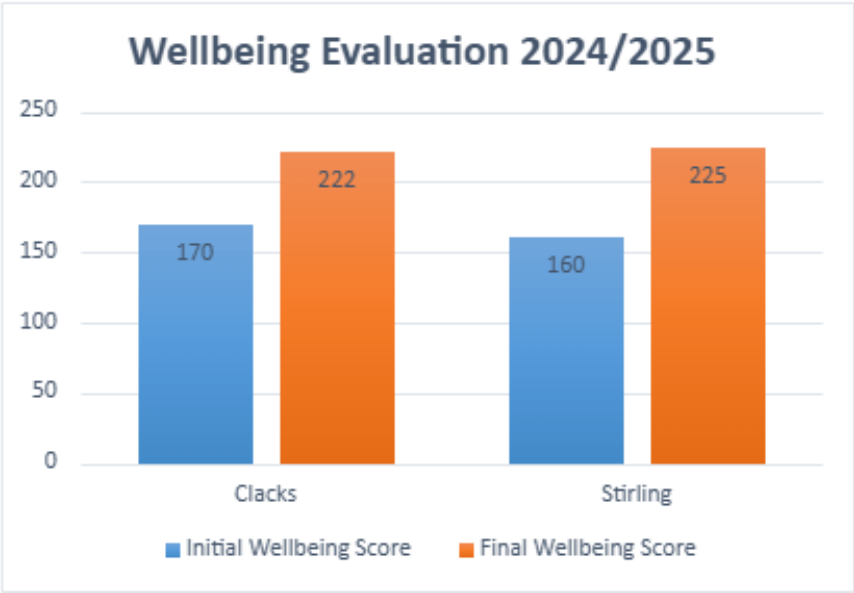
This was due to a variety of factors, but most importantly, they felt that it did not patronise or cause additional stress or anxiety to the individuals they work with while providing robust evaluation material.

“ 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.”

Ref:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide>



**Fig.10 – Wellbeing Evaluation.** As can be seen in the graph above, in both areas there has been a significant increase in the Wellbeing “score” of the individuals supported by Community Link Workers. This 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.



## CLW Highlights from the Year



**Danielle McPhilemy**  
**Senior CLW Stirling**

“This year we have seen so much growth within our team and the project as a whole.

I have loved watching team members become more confident as they strive for the best outcomes for the people we work with.”

“Two of my personal highlights this year has been working with Kate from Sunny Connections to provide Managing Anxiety workshops and supporting The Yoga Tree Stirling apply for funding to set up Yoga 4 Health classes, which will be open to people we support in May.”



**Gemma P Woollett**  
**Senior CLW Stirling**

“One of my biggest personal highlights this year has been the expansion of the project into Clackmannan surgery. I am seeing people presenting with different challenges than in my other practice in Alloa so I am also learning a lot and expanding my knowledge of organisations who can help.”

“It has also been amazing to see the growth in the quality of data that we collect and have that recognised by VHS and Scottish Government, particularly our cost benefit analysis which has not been done by any other CLW Project in Scotland.”

“Most importantly, it helps us demonstrate - alongside the equally valuable personal stories of people we have supported - how valuable the project is and the difference CLWs make to people's lives.”



**Tony Channing**  
**CLW Stirling**

“I have continued to progress in my role in terms of the quality of service that I provide. I am more confident in my ability to produce successful outcomes in complex cases.

This is evidenced with my case studies and patient wellbeing self-reports.”

“Additionally, GPs and staff at Orchard House have acknowledged my contribution; and so I feel like I am a valued part of the practice.”

“The Joint Inspection of Adult Mental Health Services also shows the value we have with respect to mental health support.”



**Andy Davis**  
**CLW Clackmannanshire**

“It's been a year of understanding need and demand for the community link service across Clackmannanshire. Over the autumn, the service was expanded to Tillicoultry and Alva Medical practices. Using the experience of setting up the service at the Ochil Medical Practice, relationships were quickly developed and networking with community partners took place.”

“The reasons for referrals have continued to be very diverse, from connecting people to local groups due to social isolation, through to responses that need the input of several agencies.”

## Case Study - Adverse Childhood Experiences

Kelly (not her real name), age 58, was referred to her CLW from the GP who thought she needed some extra support. Kelly has faced adverse childhood experiences, which have impacted her throughout her life.

“I went to the GP feeling awful. I was very low and feeling suicidal but I never told the GP this. I was taking iron and B12, she told me I didn't need these and I should come off them. I was devastated as I was using them as a crutch. I told her how unwell I would be without these. I told her if I was fit enough I would walk up Dumyat and jump off. She suggested I speak to the CLW, when I refused, she made a deal that if I go and try she would give me a review. I've never been back.”

“First time I went I didn't think it was going to help, I thought, what will I talk about? I didn't think I would divulge what I did. I thought I'll go a second time so I could say to the GP I tried and it didn't work but it was amazing. I opened up about some things in my childhood. I don't know if it was something she said or the way she looked at me but I could tell it would be ok for me to say what was really going on.”

“I was anxious, depressed, low but I didn't put this down to past experiences. I hid so long behind labels, using my illnesses as an excuse to stay in bed, indoor and close the curtains to the world. To move on I needed to take my backpack off and empty. My CLW said all the things I was feeling were OK. I started to see hope that I could shed it all.”

“I went to a managing anxiety course that the CLWs arranged with Kate from Sunny Connections. It was fantastic, and I've learnt so much from it. It was great to be in a room of people who know how you felt and you could be open and didn't need to pretend. I didn't go to school much so I felt like I was doing that with my booklet and weekly homework.”

“I'm about to start a course with Scott's Recovery from Childhood Abuse. I'm excited but nervous. I'm looking forward to having a purpose and getting better.”

“I feel alive now. I'm trying new things. I can break down stressful situations now and work them out instead of going into meltdown. I used to smother my children because of the mothering I didn't get, now I can switch off and stand back. I am grateful every day for all the small things in life, for accessing this service and for the GP who knew what was best for me, when I couldn't see it.”

“One of the biggest things for me is I carry no shame anymore. I know why I am low and I can deal with it. I feel so much more confident now and I can talk to people. Its baby steps, I know I still have a long way to go but I can see the path now. This service has been life saving. As that door closes, mine can open.”

## Community Support



Scots Recovery from Childhood Abuse



Sunny Connections CIC



Community Link Workers

“ This service has been life saving. As that door closes, mines can open ”

## Case Study - Autism and Social Isolation

Colin was referred to the Community Link Worker (CLW) service by Clackmannanshire Councils' Safeguarding Through Rapid Intervention (STRIVE) multi agency team. The purpose of STRIVE is to get the right help to the right people at the right time.

Colin said: "I was feeling fed up and wanted to get out and do stuff, my housing officer clicked that I needed a bit of help and said that they would refer me to this person and that I should speak to them. At this time I was feeling negative and a bit shit, but my housing officer encouraged me to meet the CLW."

"I had recently been diagnosed with Autism but had not received any post diagnostic support. The diagnosis helped so much and began the process of unlocking help."

"The CLW made me feel more confident and gave me a purpose. The CLW connected me to the National Autistic Society's Embrace Autism Course. This 6-week programme helped me to understand and help myself - that the things I do are not weird or stupid. I feel more comfortable with myself now."

"The CLW also helped me start volunteering with the Green Gym. Initially the CLW arranged a meeting between me and the TCV Senior Project Officer to remove barriers created by my anxiety. The CLW went with me to my first volunteering session."

"I feel that the support 100% helped me and I wouldn't have done the Embrace programme or volunteering without CLW support. I now feel a lot better, happier, more confident and I have a purpose and a reason to get up and do something."

"My next steps are to begin the journey back into work. The CLW has made a referral to Positive Moves and will support me at the meeting. I also want to increase my social connections and am keen to attend the new adult autism peer support group in Clackmannanshire."

### Community Support



National Autistic Society



The Conservation Volunteers



Positive Moves

“ I have a purpose and a reason to get up ”

Laura, aged 54, was referred by the Mental Health Nurse to the Community Link Worker.

Laura said: “I was seeing the mental health nurse for problems with my mental health and was feeling overwhelmed due to financial issues with my house and other bills related to separation from my husband. They told me about the Community Link Worker and said that they thought it may be of some benefit to me to speak to her.”

“The referral process was fine, my appointment to see the CLW was actioned very quickly, but it took me a few weeks to get around to it, down to me, not the CLW but I was very glad to be referred and was very grateful for any help which could be offered to me.”

“The CLW was extremely helpful, approachable and easy to talk to. We had a long discussion and the suggestions given made me feel more hopeful for the future.”

“The main referral for me was to the CAB, I must confess, I haven't gotten in touch yet, but I definitely will soon and, more importantly, I feel I have the confidence to sort out the issues I came to see the CLW with.”

“Overall, I think having a Community Link Worker is a great idea to help point people in the right direction for various organisations that they may not have thought of to approach themselves, especially when you are feeling overwhelmed like I was.”

### Community Support



“ I have the confidence to sort out the issues. ”

## Case Study - Financial Issues and Mental Health

Sarah is a women in her late 20's, who has learning difficulties and was socially isolated. Sarah was referred in the CLW by the mental health nurse for finance support, however she began to speak about her mental health and social isolation.

“My mental health nurse told me about the CLW at my surgery, who she said could help me with my financial issues.

I was referred to different groups and activates like Neighbourhood Networks and the Womens Wellbeing Club. This really helped me to feel less anxious as I wasn't leaving the house much before. Tony helped build my confidence and motivate me to join even though I was anxious at first. I am grateful because I feel more confident and my aunt says I have gotten better at communicating. I am someone who judges myself harshly, but my CLW helped me see the ways I had been progressing over the months.

I liked the longer appointment times as they give me time talk about the things I'm struggling with. The time spent also helped me learn different wellbeing exercises to manage my mental health. These help a lot when I have bad days. I especially like the breathing exercises.

The CLW has also referred me to Christians Against Poverty which has helped me with my debt. I feel that it is less of a burden on me now.

I wanted to lose weight, so the CLW referred me to the Active Stirling Walking Group, and I am considering joining Yoga for Health. I've made good progress, and it's been a lot of fun”

“

I am grateful because  
I feel more confident.

”

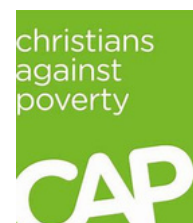
### Community Support



Womens Wellbeing Club



Neighbourhood Networks



Christians Against Poverty



Yoga4Health



Emma was referred to the CLW following her mothers terminal cancer diagnosis. Through the support of the CLW she was able to better come to terms with the loss of her mother, grow her social connections, and it turn, improve her confidence. You can hear more of Emma's story on the Clackmannanshire and Stirling Health and Social Care Partnership's YouTube channel linked bellow.



[https://www.youtube.com/watch?v=bm-1H3\\_dWx8](https://www.youtube.com/watch?v=bm-1H3_dWx8)

“

“To be part of something is unbelievable! I was never part of anything when I was younger”

”

### Community Support

Emma's Crochet Club



Emma's Crotchet Club



Neighbourhood Networks



Fallin Community Voice - Snowdrop  
Cafe

## Growing Our Offer

As well as expanding and growing our project to include more GP surgeries than previously, we have also expanded on our work with other organisations. Working in partnership to increase the range and level of support available within the HSCP for individuals where gaps have been identified. Below are some of the projects we have been working on this year.

## Autism Peer Support Group

As discussed in the End of Year Report for 23/24, a gap was identified by CLW's in Clackmannanshire around the lack of support for adults with autism.

In order to address this, a survey was firstly conducted and had a good response from a variety of individuals, including parents with autistic children, autistic people and other involved organisations. The responses showed a strong agreement that support was needed in the area and that a peer support group would be valued.

We investigated several models and visited a peer support group in Crieff which had been operating well for a year. A great number of lessons were learned from this and it was decided that this model could be piloted in Stirling and Clackmannanshire. The model also had the benefit that, if successful, could be used to set up similar groups, covering a different geographical or neurodivergent area.

We sought funding from the Alliance Self-Management fund and used some of this to employ a peer support co-ordinator who is supporting our main volunteer to run and facilitate these sessions.

The initial plan was for sessions to be moved between different venues as well as having online sessions to allow best access to support. The first meeting was on 7<sup>th</sup> November and the group has grown significantly since then. It has also gone through a number of changes, reflecting the direct input from group members who are very much shaping and evaluating the group as it moves forwards. At the moment, the group is undergoing an evaluation and reset to better suit the needs of those wishing to attend.

CTSI Autistic Adult Peer Support group has grown significantly in responding to interest from the public, via the Community Link Workers and partnership working. It has been wonderful to see the ways that various people who have engaged with our group have grown in confidence and enthusiasm for developing their ideas for the future. This simply would not have been possible without the direct contact that working with the CLW's allows for, that initial encouragement and empathy for the pressing needs that are presented is invaluable.

Lesley McDermott

## Managing Anxiety

Kate, head of Sunny Connections who ran the Managing Anxiety courses gave the following feedback:

“I have been working with the Lead Community Link Workers in the Forth Valley since the Spring of 2024 to plan the delivery of our National Lottery Community Funded course, the STILL Method Adult Anxiety Management Programme for vulnerable people experiencing poor mental health and in particular, anxiety and low confidence/self-esteem.”

“The programme consists of 6 weekly structured sessions for up to 6 people, providing coaching, tools and strategies to empower individuals to manage anxiety, control fears, handle life’s challenges and build confidence and resilience as well as developing connections with others experiencing similar difficulties.”

“I have particularly valued the contributions and support which Danielle and Gemma have given throughout the programmes. The participants frequently speak about and are very grateful for the help and assistance these ladies have provided on a one-to-one basis outwith the course, leading in many cases to a positive transformation in circumstances.”

“During the sessions, Danielle and Gemma have offered thoughts, suggestions and insight which complement the aims, ethos and spirit of the STILL Method approach and it has been hugely advantageous to have their presence on the programmes. Some of the participants have gone onto develop friendships and social connections beyond the six sessions highlighting a real sense of togetherness and community.”

“I enjoyed meeting others who are going through the same issues and feeling safe.  
Kate was very helpful, compassionate, caring and listens to everything.”

“I really enjoyed the whole workshop programme, I’ve learned so much and even about myself which has helped my esteem no end. In particular, I liked the workbook and fully threw myself into the tasks and ideas that I was encouraged to take part in.  
Kate is so pleasant, knowledgeable and very easy to open up to, even though I thought I would never be able to attend and participate.”

“Everyone who’s sitting thinking, this isn’t for them, that was me!! Please believe me this is for everyone, and it really will help. Everyone will take a different positive experience from this which will help!!”

“Participating in the STILL Method for Anxiety program was a great and positive experience. I feel more hopeful and confident. Kate was an amazing and supportive coach. “

# STRIVE- Test of Change

Over the summer of 2024, CTSI and Clackmannanshire Council's Safeguarding Through Rapid Intervention (STRIVE) multi agency team carried out a test of change with the CLW team to understand if intensive support improved longer term outcomes for a small number of referrals.

The approach taken was person centred, based on unconditional positive regard and empathetic listening to build trust in order to establish the full extent of the referred persons lives and what was important to them.

Referrals were made due to tenancy management issues. However, in each case there was evidence of trauma or adverse childhood experiences and mental health issues or ASN that either had not been fully recognised or supported.

For example, one referral had poorly managed bipolar, their wish was to better manage their mental health. This was a pre requisite before any tenancy management issues could be resolved. This individual was referred to Transform FV outreach service for crisis support, with the aim of moving into longer term support.

A further referral involved an abandoned tenancy. After several difficult conversations it was discovered that the individual lives with hoarding. A referral to Transform FV newly established hoarding support service was made.

The final referral involved an individual who had a recent diagnosis of autism and had received no post diagnostic support. The diagnosis had led the individual to question who they were leading to a loss of self esteem and confidence, resulting in anger. This was in addition to adverse childhood experiences in part due to undiagnosed autism. The individual was connected the National Autistic Societies Embrace Autism post-diagnostic support programme to help them understand their autism. This was a 'lightbulb' moment for the individual, they were finally able to understand their autistic traits- they weren't 'stupid'. Since attending Embrace the individual has engaged with Clackmannanshire Council to organise outstanding repairs and is attending Positive Moves pre-employment support service.

As a result of the test of change Clackmannanshire Council has invested in two Community Connectors to provide support to some of Clackmannanshire most vulnerable residents.



## Strive Partners



**Clackmannanshire  
Council**

**Clackmannanshire council**



**POLICE  
SCOTLAND**

**Police Scotland**



**CTSI**



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

**CSHSCP**

# Community Health Champions

A few years ago a project plan was created looking at training and supporting Community Health Champions. These would be volunteers within the community who had a strong desire to work within the Health Environment and support people to access information and support related to their health. Initial training took place and several people signed up to be Community Health Champions but a lot of the work had to be put on hold due to Covid.

A new Project Scope was designed this year, taking into account the changing Health landscape and the introduction of the Community Link Workers since the original plan was created.

The new Project Scope proposed a simpler model for Community Health Champions which focused on identifying individuals within existing Community Groups and organisations to provide a named contact to help introduce and support new people looking to access support from their groups. In this way, they could link up with Community Link Workers who, while able to accompany someone to a group in the first instance, would be unable to provide this kind of ongoing support. In this way, the aim is to benefit both individuals seen by CLW's to feel less anxious and better supported in joining new groups, as well as helping local groups and organisations to retain and build member numbers.

In return for registering with SVE and CTSI (depending on the area the group is based), the Community Health Champions provide ongoing support from CLWs at quarterly meetings as well as training opportunities including Safeguarding, Boundaries and other training from the Health Improvement Team available for anyone who is interested in these areas of health.

The first session took place in March 2025 where Joanne Rae provided a fantastic training session on establishing and managing appropriate boundaries. We currently have representatives from several organisations across Stirling and Clacks and are looking to build on this moving forwards.





The CLW team have been working with The Yoga Tree Stirling, to set up a pilot of the Yoga4Health program in Forth Valley. The Yoga Tree was successful in gaining grant funding for the pilot, through the Ideas, Innovation and improvement (III) fund and will be running the first round of classes in May 2025. This will be open to people accessing the CLW program in Stirling, with further funding applied for to open this up throughout Forth Valley.

The original Yoga4Health programme was commissioned by the NHS (West London CCG) in 2016 and developed by leading yoga teachers, yoga therapists, doctors, and medical researchers. It was piloted on NHS staff before being delivered to 279 patients in West London.

The programme was evaluated by Westminster University in two published academic papers (see home page of [www.yogainhealthcarealliance.com](http://www.yogainhealthcarealliance.com)) Key findings: -

- Patient Activation Measure (PAM) went up significantly for 62% of patients. Stress as measured by the PSS-4 scale was significantly down.
- Depression as measured by the HADS scale was significantly reduced.
- Social connectedness as measured by the HFS scale was significantly increased.
- Sense of well-being, including life satisfaction, purpose and happiness was up. Anxiety rates fell.
- Physical health also showed meaningful improvements, with 45% of patients reporting better health and waist circumference reduced by an average of 14cm



Yoga4Health is a 10-week social prescribing prevention programme aimed at supporting groups of up to 20 NHS patients to achieve lifestyle change through daily practices they learn from their individualised “yoga toolkit”. Classes are taken in a chair or on a yoga mat.

Yoga4Health is suitable for patients who meet one of the 4 referral criteria:

- At risk of a cardiovascular event, with a Q-score of around 10
- Pre-diabetic or early onset Type-2 diabetes
- Suffering from stress/anxiety and/or mild-moderate depression
- Socially isolated



### MacMillan 1:1 Support Service

*"I feel your service is invaluable and we have had a lot of success working together for the benefit of the patients/clients. Working collaboratively we have been able to support people to prepare for grief, get back into society, get help with relatives while in hospital, reduce carer stress to name but a few."*



### Stirling Council GP-Based Income Maximisation Team

*"Our advisers work very closely with the Community Link Workers (CLW) who are also based in a number of practices. Two-way referrals are made and can include 'soft handovers' which helps increase client engagement and subsequently outcomes achieved for clients. This collaborative approach helps build trust and ensures clients can access the services they need more readily. The role of the Community Link Worker really helps clients engage within their community to improve their own health and wellbeing. This is a very holistic service which empowers clients to help themselves and supports them to do so. The support our advisers have received from the Community Link Workers has been invaluable; from getting set up and established within the GP Practices, providing shadowing opportunities, making referrals and supporting our clients. We just wish they were in more GP Practices"*



### Clackmannanshire Family Hub

*"Working with the CLWs has been very beneficial to the Family Support hubs. The CLWs have been very helpful and have always been available to answer queries and offer support quickly and informatively. The CLW's have a vast knowledge of services in the area and have gone out of their way to offer useful and relevant information about these services."*

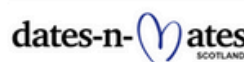
*The Family Support hubs are potentially going to be running from Tillicoultry Baptist Church which would not have been possible without Andy passing on information and introducing us to the worker at the church."*

*Both CLW's have referred individuals to the hubs and supported a parent to come along to a meeting so that they could receive support from the hubs."*



# 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.



# Our Referral Organisations Cont.



## 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.
- Further exploration on to measurement methods to capture data on the number of people participating in physical activities, both formal and informal.

### **Building Relationships and Identifying Service Gaps:**

- Continuing to build on existing and future partnership relationships.
- Identifying areas where services are lacking and advocating for their improvement.

### **Safeguarding Knowledge Expansion:**

- Working with partners to expand our knowledge of safeguarding procedures for adults and children.
- Actively contributing to the Safeguarding training programme within both TSIs to enhance comprehension of formal procedures and empathetic communication methods, ensuring effective support for vulnerable individuals.

### **Resource Allocation and Service Expansion:**

- Explore the possibility of utilising current resources within Stirling to expand the CLW Project into more practices in the Stirling area.

## Conclusion and Recommendations

The Community Link Worker Service is highly effective and the interventions of Community Link Workers not only enhance the quality of support for individuals but also result in reductions in visits to primary healthcare services leading to budget savings and we make the following recommendations:

- Opportunities for people to see community link workers should be extended to people living in rural areas.
- Continued investment in and recognition of the benefits of social prescribing as a means of supporting people to improve their health and wellbeing and remain connected to their communities.
- The importance of delivering non-medical support in GP practices such as welfare rights and Citizens Advice makes a positive contribution to health and wellbeing.
- CLW services have a key role to play in achieving the transformation of care, promoting prevention and guiding people to self manage.



## **Steering Group**

Colin Melville - CTSI (Co-chair)

Kainde Manji - SVE (Co-chair)

Anthea Coulter - CTSI

Nicola Gillies - Whins Medical Practice

Lesley Ferguson - Orchard House Health Centre

Simon Jones - Clackmannanshire and Stirling  
HSCP

Kirsten Gardener - Fallin, Cowie and Airth  
Medical Practice

Esther Leckie - Clackmannan & Kincardine  
Practice

James King - GP Rep Clackmannanshire

Kathleen Brennan - GP Rep Stirling

Elin Pearson - Ochil Medical Practice

Julie Hammell - Alva & Tullibody Practice

## **Further Reading**

VHS Scottish CLW briefing paper

<https://vhscotland.org.uk/scottish-community-link-worker-survey-briefing-paper/>

Essential Connections: mapping community link workers across Scotland

<https://t.ly/caDm4>

Health and Social Care Alliance link worker programme

<https://www.alliance-scotland.org.uk/community-links-worker-programme/our-work/>

Evaluation of the Glasgow 'Deep End' Links Worker Programme

<https://www.healthscotland.com/documents/29438.aspx>



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