



RESEARCH

INFORMATION

Evaluation of the Community Link Worker Service in NHS Highland



AIMS

1. To investigate the impact of the Community Link Worker (CLW) service on rural & remote dwelling individuals, their families & carers, the third sector & primary care providers.
2. To identify barriers and facilitators to the implementation of CLW Social prescribing outside the large metropolitan context.
3. To identify indicators of change for measuring and monitoring impact of the CLW service.

CLWs connect patients with resources & support in their local community to support health & wellbeing following a referral to them from their GP. This is known as social prescribing. Third sector includes charities, voluntary organisations, community groups, social enterprises etc.



KEY FINDINGS

- Delivery of the Highland CLW service has been successful in achieving steady growth with significant impact on wellbeing capability demonstrated.
- Key benefits included improvement in feeling in control, mood, confidence, increased knowledge and ability to self-manage health conditions.
- Implementation challenges included shortage of third sector services, wait times for health & social care, travel distances and costs. Facilitators included good communication between CLWs and referrers to increase appropriate referrals, having office space for CLWs in primary care, and access to a variety of online and face-to-face community support services to suit the needs of different service users. Effectiveness required good links between CLWs, primary care and the third sector.
- Disengagement occurred when service users were not ready for change, or when expectations did not match with the CLW service offered. Lack of explanation about CLW services on referral was a barrier. Using person-centred skills, by CLWs and those making the referrals, to focus on the individual needs of service users, was a key factor in facilitating success.
- A questionnaire, known as ICECAP-A, which measures what people are able to do and be (capability), shows promise as a way of measuring impact for health economic evaluation in rural and remote areas.





WHAT DID THE STUDY INVOLVE?

The study used questionnaires, interviews and focus groups to collect data, and was grounded in the question “What works, for whom, in what contexts, and how?”

Working with 14 general practice sites in areas of high deprivation where the CLW service was in operation, questionnaires (48) were used to evaluate the impact on service users, along with service engagement data. Individual interviews (28) and focus groups (2) were conducted to explore experiences and views of the CLW service. Participants were service users (7), CLWs (11), GPs (4) and third sector organisations (5). We explored how the CLW service worked in the context of remote and rural Highland settings.

A public involvement group of local voluntary organisations representing patients and public, primary care and a community council, was set up to inform project design and development.

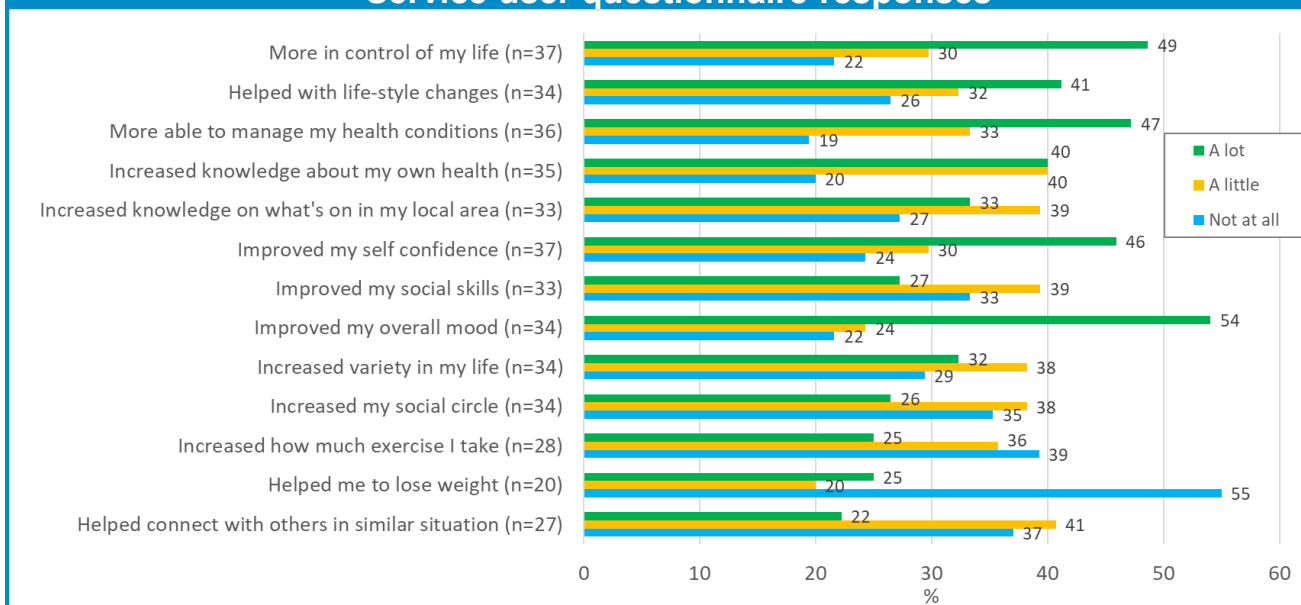


WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

A positive change was reported by 68% of service users completing questionnaires, along with a statistically significant improvement in what people are able to do and be (capability). This demonstrates that social prescribing is a viable approach to reducing social inequalities in remote and rural areas.

Geographical challenges like transport, scarcity of venues and inconsistent Wi-Fi limited third-sector coverage, resulting in patchy provision. This limited the variety of third sector services that were available to service users in remote areas. It is likely that isolation and lack of services exacerbates psychosocial problems and social inequality in remote areas, resulting in higher numbers of people with complex needs. Social prescribing can help identify unmet need and kick start community development, but this takes time. Communication between CLWs, referrers and the third sector is key to improving referral and service outcomes. Proactive contact by CLWs helped build trust and understanding. Key recommendations for social prescribing in rural areas are a) to improve links and feedback with providers b) to improve engagement on referral, c) extend evaluation of the use of ICECAP-A questionnaire.

Service user questionnaire responses





WHAT IMPACT COULD THE FINDINGS HAVE?

- Findings demonstrate the viability of developing social prescribing in remote and rural area despite challenges.
- Understanding capacity and reach of third sector organisations in remote areas is essential in order to support CLW services.
- Understanding the scale of unmet need, for example, for bereavement support and addiction, underpins the ability of third sector organisations to meet service demand in remote and rural areas. Findings from data collected through the CLW service could be used as evidence to support third sector organisation applications for funding.
- Policy makers should be aware that increasing community capacity for social prescribing takes time. What works well in urban settings may require adaptation in remote and rural settings and so flexibility within the system is important.



HOW WILL THE OUTCOMES BE DISSEMINATED?

Findings will be shared across CLW social prescribing networks, published in peer reviewed journals, and presented at national conferences. Findings will also be shared with PPI group members and GP practices for dissemination to the public.



CONCLUSION

Delivery of the Highland CLW service has been successful in achieving steady growth. This study ran in parallel with the introduction of the CLW service in NHS Highland, reflecting established challenges associated with early implementation of new and innovative interventions in health and social care. Positive outcomes for service users, such as improved mood, confidence and self-management of health were demonstrated. Significant improvements in capability were identified by the ICECAP-A tool, showing its potential use in the assessment of economic impact. Barriers such as limited support services, travel issues, and stigma were more significant in rural areas, and likely to disproportionately impact on deprived communities. Improving communication and collaboration between CLWs, primary care, and third-sector organisations, as well as increasing user engagement are key recommendations for success. Further work on exploring the use of ICECAP-A is planned.



RESEARCH TEAM & CONTACT

Professor Nicola Carey



Nicola.Carey@uhi.ac.uk



**Head of Centre for Rural Health
Sciences, UHI House, University of the
Highlands and Islands. IV2 3JH**



01463-279824

Additional Information

Project completed 31st March 2025 the amount of funding received £289,000

