
Getting to know the link worker workforce

**Understanding link workers
knowledge, skills, experiences and
support needs**



National Association of Link Workers

CONNECT LINK

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Executive summary

As a link worker professional peer network, we understand link workers and the complexities of the profession.

However, the lack of understanding of the knowledge, skills, experiences and support needs of link workers means their support can be sporadic; varies depending on where they are, who employs them and how long their contract is. Every link worker in the UK should be adequately supported regardless of employer or geographical location in order to realise the positive outcomes that social prescribing can provide for the person, their families, friends and community as well as the reduction in the inappropriate use of health and social care services.

We've undertaken this new research to further understand link workers, knowledge, skills, experiences and support needs and the analysis by an independent research company show that link workers do need additional support through training, peer networking, clinical supervision (in addition to line management) particularly as they work with a variety of service users who can have a range of conditions or problems.

Link workers might work with service users with mild mental health conditions, social isolation and/ or loneliness, autistic spectrum conditions, drug and alcohol abuse and others.

The three main skills used in the role include active listening skills, person centred skills and empathy skills.

Link workers provide practical support or information about housing, debt, or benefits, signposting/referring to activities, community groups or activities that the service user might like to go to while maintaining a supportive, compassionate, non-judgmental, caring and empathetic ear.

They also need to make and maintain excellent links with GP practices, other professional healthcare providers, social care services, the local authority and third sector organisations that are providing services.

This report highlights the role the National Association of Link Workers (NALW) can play in coordinating link worker support and development across the UK and providing peer support, networking and professional development support that link workers need whilst juggling all the relationships, information and skills that they need in order to keep successfully supporting their service users.

“My employer not giving me the things I need to do my job is a hindrance, feel professionally compromised, all this adds up to what should be a much better job being a depressing soul”



1.0 Introduction

1.1 Background

Link workers are a new workforce that have emerged as a result of national policy move to a social model of health and prevention. They are critical to delivering the NHS Long Term Plan and Universal Personalised Care social prescribing ambitions.

The National Association of Link Workers (NALW) is the only national professional network for link workers in the UK.

Our cause: resilient and capable link workers achieving improved quality of life for themselves and the communities they serve.

Social mission statement: a national community of practice to empower, support and provide guidance to link workers to build resilience and capability in order to achieve improved quality of life for themselves and the communities they serve

Our aim is to:

- Promote link worker professional standards and practice
- Unite the voices of link workers
- Increase link worker connectedness
- Build link worker capability and resilience

As NHS England plans to recruit 1,000 social prescribing 'link workers' as part of the NHS Long Term Plan and as social prescribing is now to be main stream, it is important that the new link worker recruits and existing link workers are set up to success¹. This presents an opportunity to be informed by the existing link worker workforce in order to set the new recruits up for success. Scotland are planning to recruit 250 link workers throughout the country after successful pilots in Dundee and Glasgow². Northern Ireland are also planning on recruiting social prescribing link workers after a successful pilot and funding through the Big Lottery Fund³. Wales is also using social prescribing as a way of connecting people and a Social Prescribing project team has been set up with representatives of Primary Care Clusters, Heads of Primary Care, Local Public Health Teams, CVC's and individuals with links to wider networks e.g. third sector, green health⁴.

There is currently no research to highlight the knowledge, skills, experiences and support needs of existing link workers. This survey was conducted in order to explore what the skills, experiences and needs of link workers are. It further aims to unite link workers voices to inform a link worker competency framework and to identify ways to support link workers.

1.2 Methodology and analysis

In our survey, we wanted to highlight the knowledge, skills, experiences and support needs of the existing link worker workforce. Link workers from across the UK that were on the NALW's database were invited to participate through email and the survey link was advertised on twitter and via partner channels (newsletter, twitter) to complete an on-line questionnaire anonymously. The survey was open from 18th January to 15th February 2019 and a total of 105 respondents completed the questionnaire. Ten questions in total were asked and these were around: -

- Terminology used for link workers
- Reasons for becoming a link worker
- What skills are they developing
- What skills do they bring to the role
- Personal skills that help their role
- The most helpful aspect of their role
- What training and/ or support they feel they need
- What are the challenges
- Relationships with their service users

The survey data was exported to Excel and all answers were analysed by coding the open-ended responses where similar answers are grouped together in order to quantify the responses.

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf>

² <https://www.gov.scot/binaries/content/documents/govscot/publications/publication/2018/12/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/documents/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/govscot%3Adocument>

³ <https://www.bbc.co.uk/news/uk-northern-ireland-44526598>

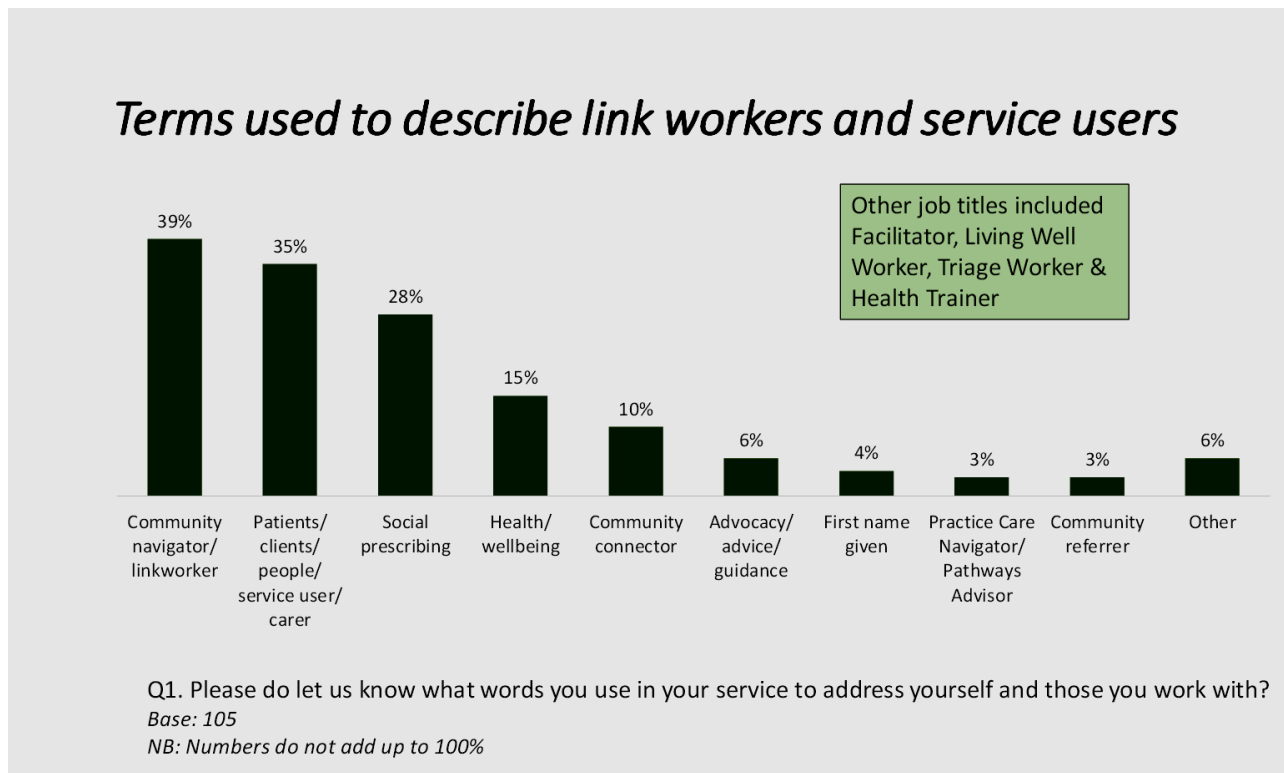
⁴⁴ <http://www.primarycareone.wales.nhs.uk/social-prescribing>

2.0 Results

2.1 Terms used to describe link workers and service users

All participants were asked what terms they used to describe their role and nearly two-fifths used the words community, navigator or link worker (39%). Nearly three-tenths mentioned social prescribing (28%) while health and/ or wellbeing were also mentioned by fifteen per cent. A tenth of participants mentioned community connector (10%) whilst others used words like advocacy, advice, guidance to describe what they did (6%). Other terms that were mentioned were facilitator, living well worker, triage worker and health trainer.

When discussing the people that they serve the majority mentioned either patient, client, people or service user (35%).

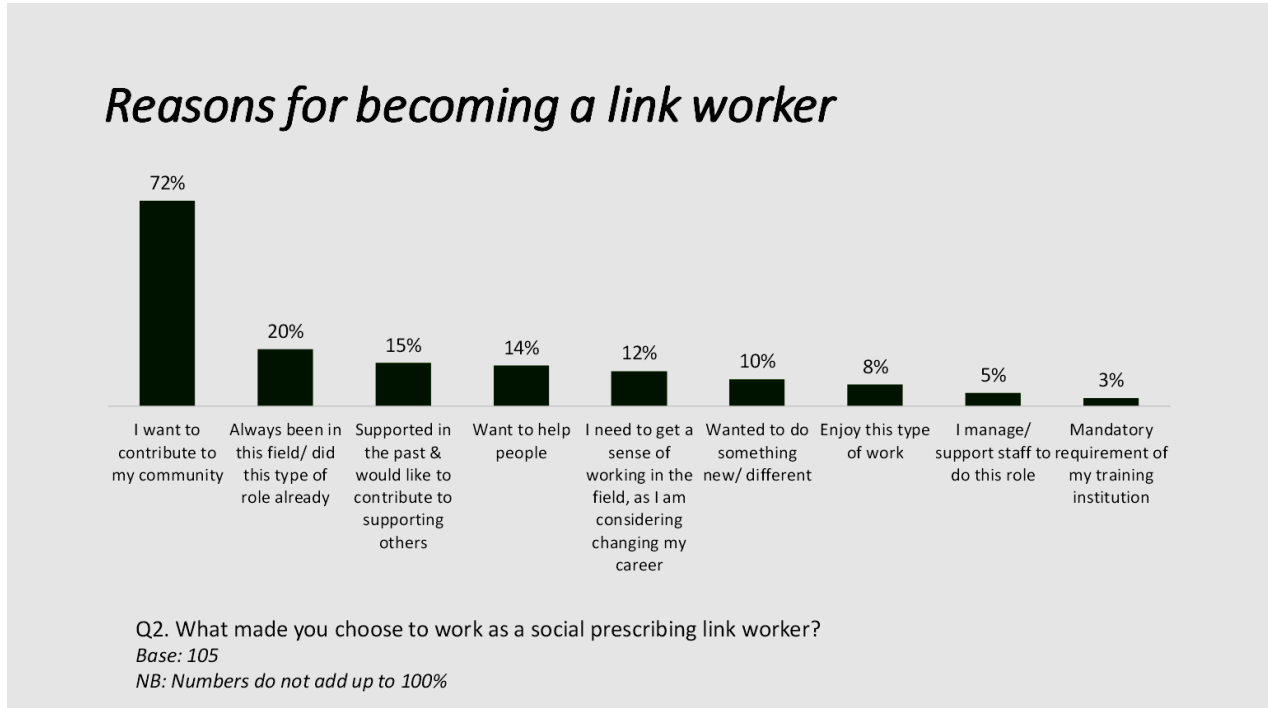


2.2 Reasons for becoming a link worker

Participants were asked why they chose to become a link worker and this was asked with four pre-coded answers and an 'other' option. The pre-coded answers were: -

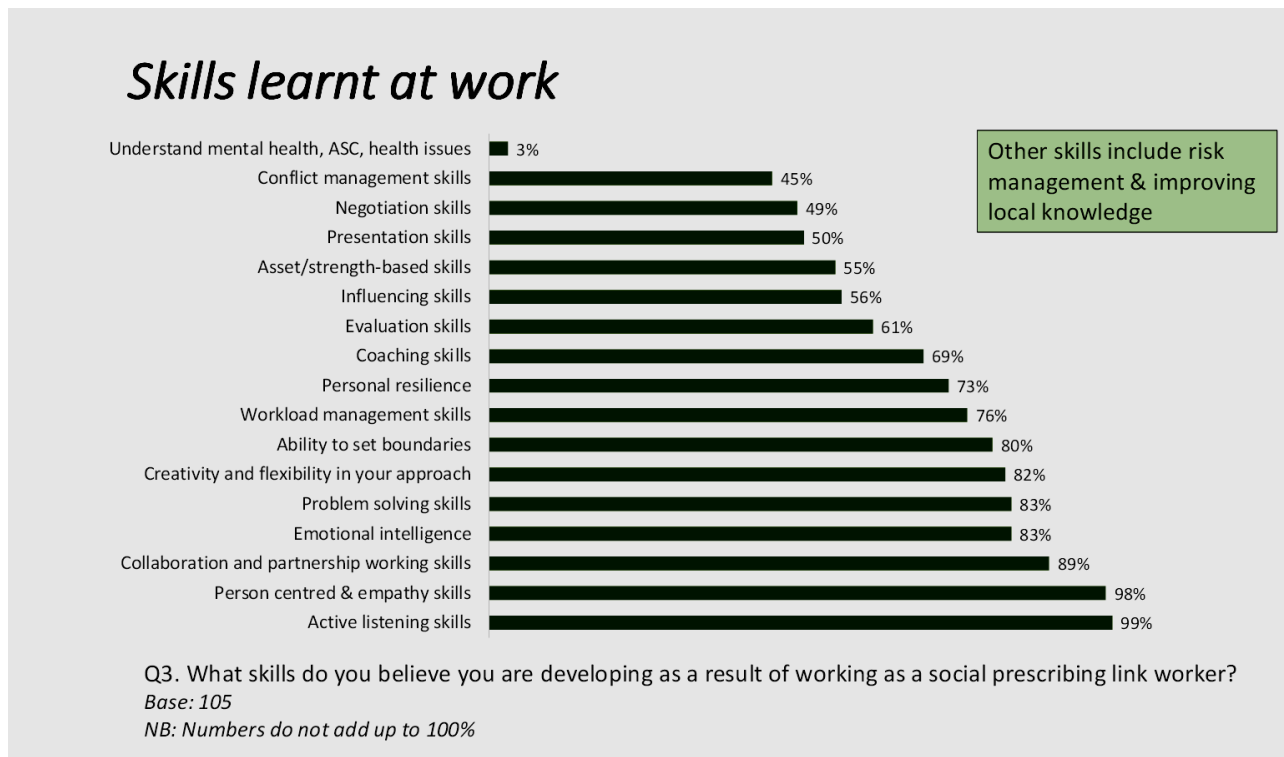
- Mandatory requirement of my training institution (placement)
- I need to get a sense of working in the field, as I am considering changing my career
- I have been supported in the past when I was in need and would like to contribute to supporting others
- I want to contribute to my community

The main reason participants gave for becoming a link worker was to contribute or give back something to the community (72%). The other key reasons for doing the role were because they were already in the role or had been doing it for a while (20%) or because they had been supported in the past and wanted to help others (15%) or because they wanted to help people (14%). Others wanted to get a sense of the role and what it involved as they were considering changing career (12%), whilst a tenth wanted to try something new and/ or different (10%). A small group of participants were managing or supporting people to do the role (5%) whilst a few mentioned that it was a mandatory requirement of their training institution (3%).



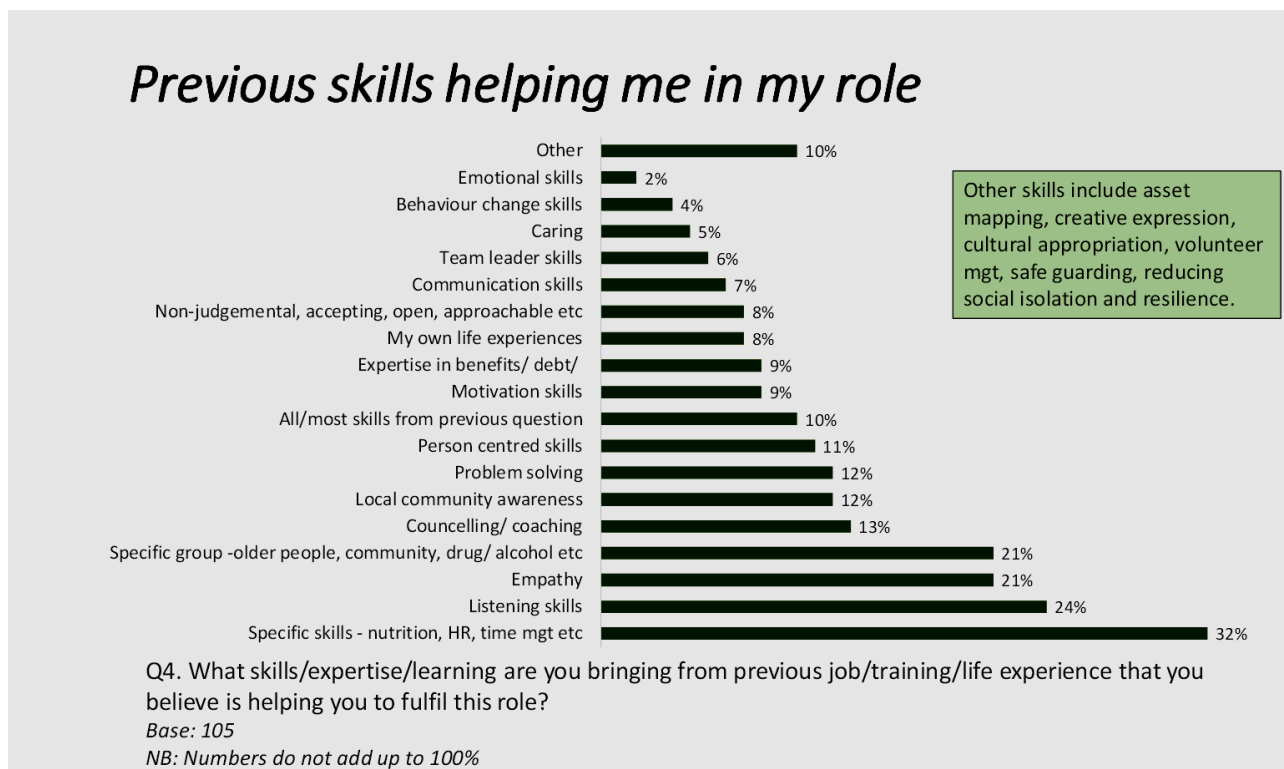
2.3 Skills learnt at work

Participants were asked about the skills that they were learning and/ or developing as a result of working as a social prescribing link worker with a list of 16 options to choose from. Nearly everyone agreed with active listening skills (99%) and person centred and empathy skills (98%) with the lowest being conflict management skills (45%). The key area that was additional to the pre-given list of skills was understanding mental health, autism spectrum conditions (ASC) and health issues (3%).



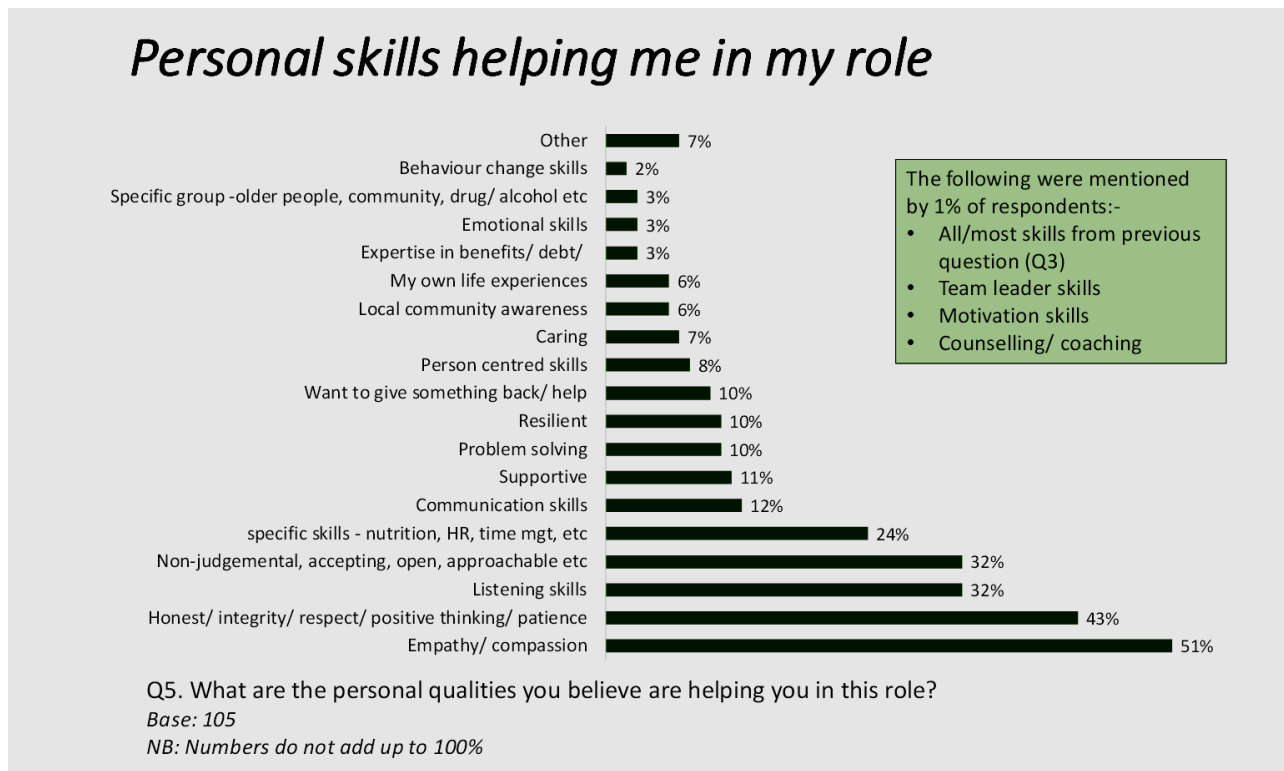
2.4 Previous skills helping me in my role

When asked what previous skills, expertise and/ or learning they were bringing from any previous jobs, training and/ or life experience to help fulfil the link worker role that they were doing there. The question was open ended and the skills mentioned most often were tended to be skills that would enable most careers such as time management, HR skills, project management, business development, facilitator skills, partnership working, community engagement and development (32%). It is clear that the two main skills needed for being a link worker are active listening skills (24%) and empathy (21%) whilst having knowledge or having worked with a specific group of people like older people or those suffering from drug, alcohol abuse or other addictions was also very helpful (21%). Other skills that were mentioned by around a tenth of participants included asset mapping, creative expression, cultural appropriation, volunteer management, safe guarding, reducing social isolation and resilience.



2.5 Personal skills helping me in my role

Participants were asked what personal skills were helping them in their role and again this was an open-ended question so it is clear that link workers feel that having empathy and compassion is crucial for the success of their role as over a half mentioned these personal skills (51%). Other crucial skills included honesty, integrity, respect for others, patience and positive thinking (43%) whilst just under a third mentioned listening skills (32%) and being non-judgmental, accepting, open and approachable was also important (32%). Other skills included resilience, wanted to give something back, being supportive and communication skills were mentioned by around a tenth of participants.

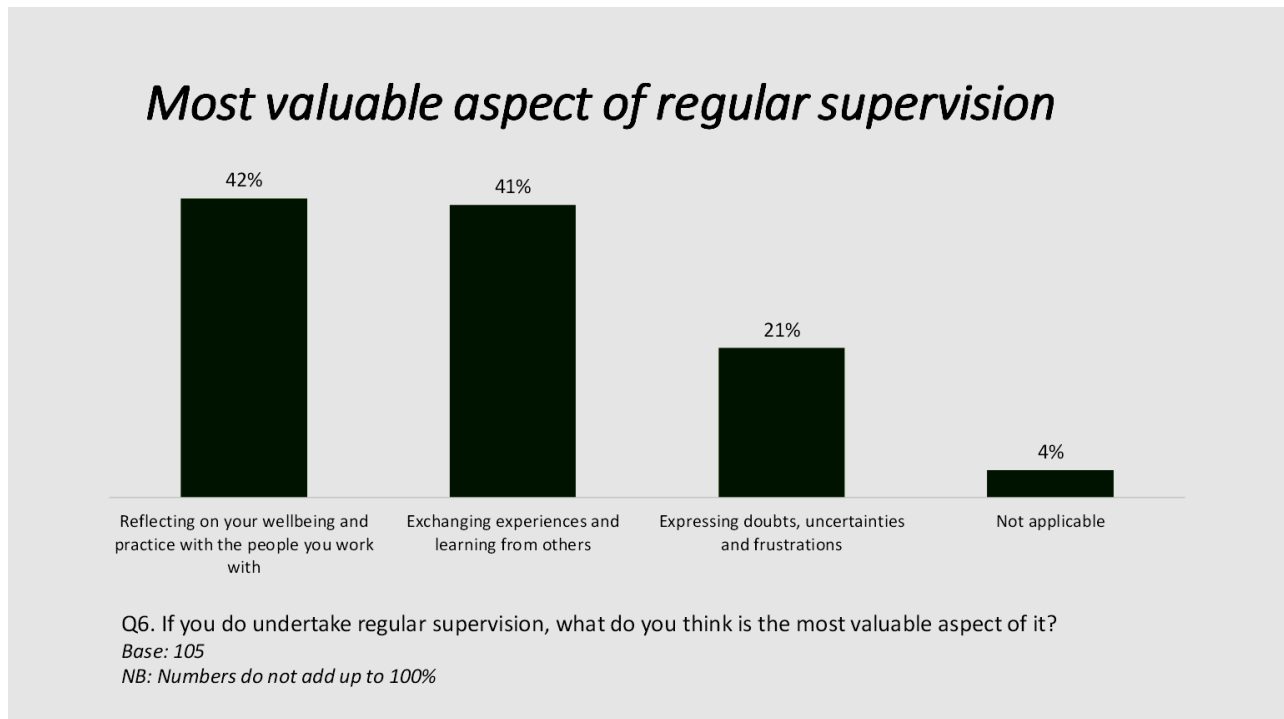


2.6 Most valuable parts of supervision

Participants were asked to think about the most valuable aspect of supervision and were given three choices to choose one from: -

- Reflecting on your wellbeing and practice with the people you work with
- Exchanging experiences and learning from others
- Expressing doubts, uncertainties and frustrations

Most participants felt that reflecting on their own wellbeing and practice with the people that they work with was just as important as exchanging experiences and learning from others (42% versus 41% respectively). Just over a fifth felt that expressing doubts, uncertainties and frustrations was the most valuable (21%). A minority did not have access to supervision as for example, they worked on their own with no support or were managing a team of link workers (4%) and a few felt that they were all equally important (5%).



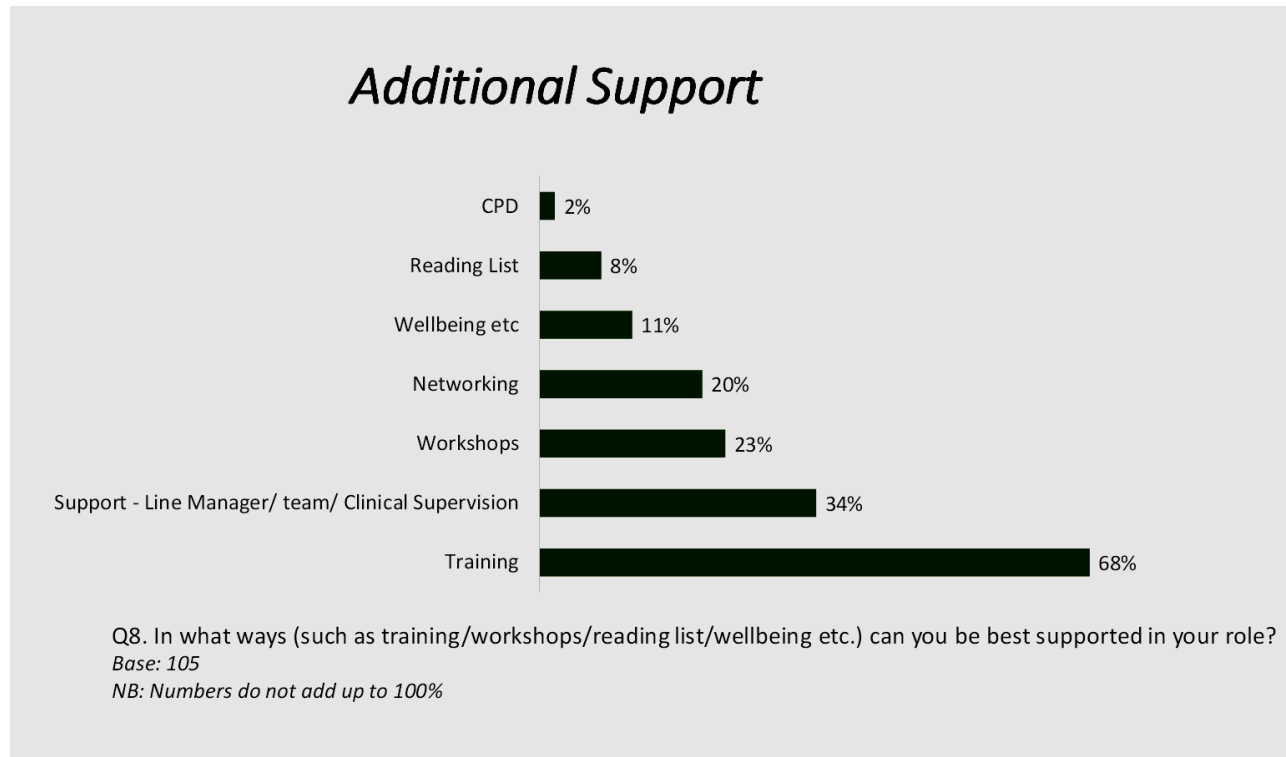
2.7 Most helpful action

All participants were asked, what is the most helpful thing they ‘do’ for their service users as an open- ended question and again it is clear that listening was the most important action that they could ‘do’ as it was mentioned by over a half of all participants (52%). Other key positive areas were to support and encourage (32%) and to signpost, refer or provide information (32%). While helping them to solve problems and/ or issues was also mentioned by around a fifth of participants (21%). Participants also mentioned that building confidence, enabling their clients and building resilience was also key (23%).



2.8 Additional Support

When asked what additional support they might need in order to fulfil their role, most mentioned training (68%) followed by support from their Line Manager and/ or colleagues and clinical supervision (34%). Workshops (23%) and networking (20%) were mentioned by around a fifth of participants and wellbeing by around a tenth (11%).



2.9 Additional Training Areas

Participants also mentioned areas that they needed more training in and these included factual training around First Aid, benefits, housing, debt, manual handling, GDPR, community information, formal qualifications, legislation changes, case studies and specific training in areas like dementia or ASC.

Other areas that would be beneficial included lone working, health and wellbeing, conflict resolution, behavioural change, motivational interviewing and social isolation and/ or loneliness.

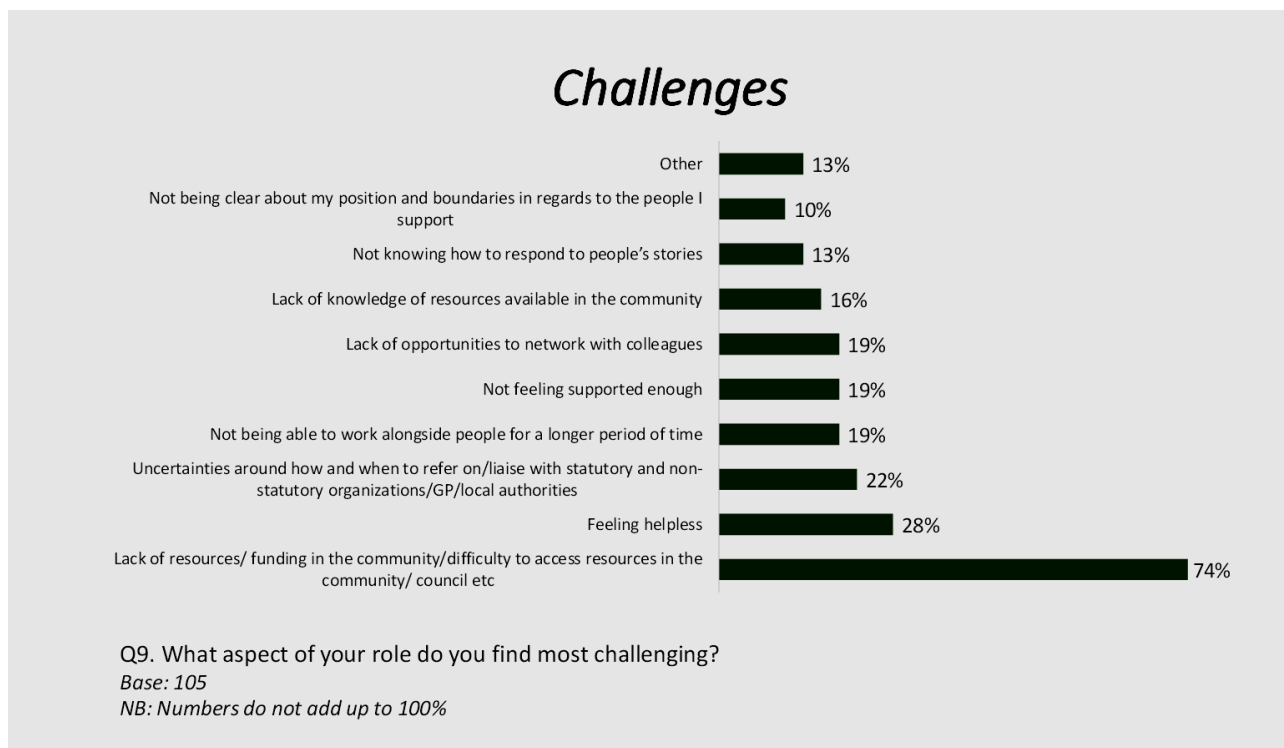


2.10 Challenges

All participants were asked what the most challenging aspect of their role was and were given a list of answers together with an 'other' option to choose from. These included: -

- Not knowing how to respond to people's stories
- Feeling helpless
- Not being able to work alongside people for a longer period of time
- Lack of resources in the community/difficulty to access resources in the community
- Lack of knowledge of resources available in the community
- Uncertainties around how and when to refer on/liaise with statutory and non-statutory organizations/GP/local authorities
- Not being clear about my position and boundaries in regard to the people I support
- Not feeling supported enough
- Lack of opportunities to network with colleagues

A lack of resources and/ or funding was the most challenging aspect of their role as it was mentioned by nearly three-quarters of participants (74%). Helplessness was mentioned by over a quarter (28%) and uncertainty around the relationship with statutory bodies, non-statutory bodies, GP practices or local authorities was mentioned by just over a fifth (22%). Other areas included lack of support (19%), lack of networking opportunities (19%), lack of local knowledge (16%) and a lack of clarity in job role and boundaries (10%).

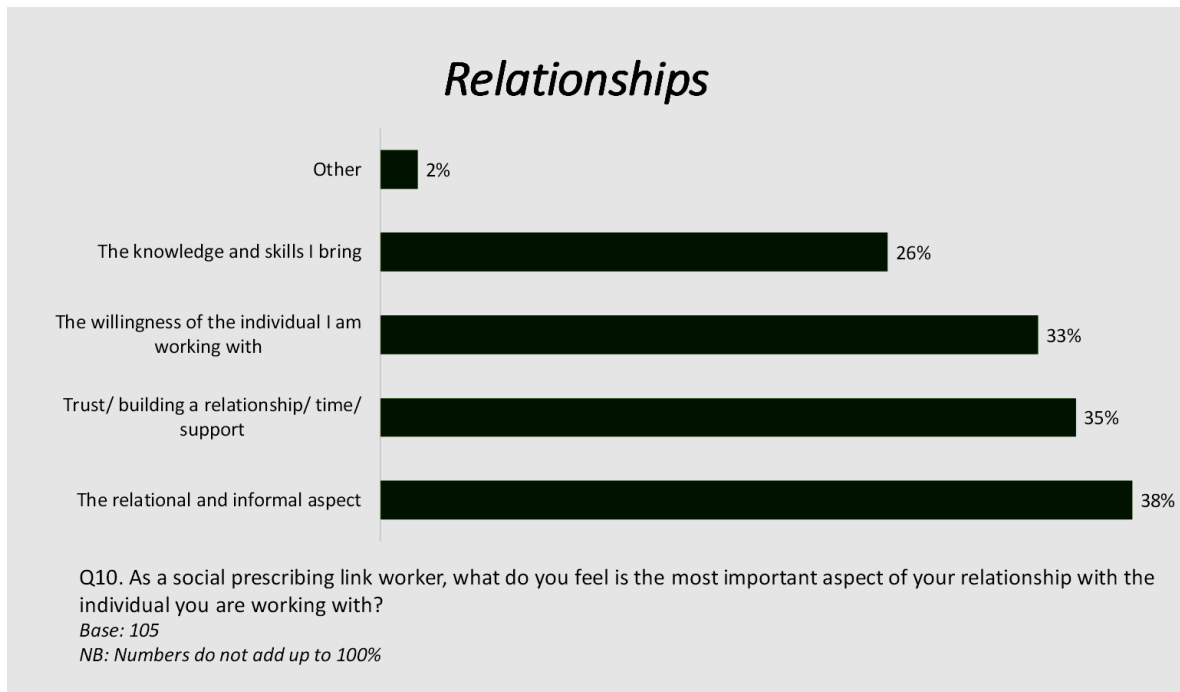


2.11 Relationships

The final question was around relationships and they were asked to pick the most important aspect of your relationship with the individual you are working with? Three options were provided: -

- The knowledge and skills I bring
- The relational and informal aspect
- The willingness of the individual I am working with

With a fourth area coming through from the 'other' option being around trust, building a relationship, having the time to listen, support and provide a stable, non-judgmental and open relationship (35%).



3.0 Discussion

The role of a Link Worker or Community Navigator or Social Prescriber is still relatively new and it is only recently that a dedicated or official person is in this type of role. Prior to this there was often crossover from the helping professions that work in the community delivering some aspects or light touches of the role in an unofficial capacity.

Link Workers use a variety of names to describe what they do and use the terms community, navigator, link worker and social prescribing most. They tend to refer to service users as clients, patients or people.

The main reason for becoming a Link Worker was to help the community or to give something back to the community or to the people they are helping. Link Working seems to be a post that people do because they genuinely want to help others rather than it being career progression or financial reward.

'I believe social prescribing is the way forward for many people. I would have been a prime candidate myself back in the day, but this kind of support was not available. Every change I made I had to do on my own and find my own support. I want others to know that help is there for them.'

The skills needed to be a good Link Worker are varied and change with each service user but actively listening, person centred approach and empathy are key to successfully engage with their services users.

'In this line of work you never know everything - there is always something new and a different challenge that needs a different approach. Link working is an on the job development role for the Link Worker.'

Skills learned from previous positions are felt to be helpful as service users are varied and being able to help them with a range of emotional skills such as actively listening, motivational skills, knowledge of working with different groups like those with dementia, carers, alcohol or drug abuse, counselling or coaching skills, expertise in benefits or behaviour change experience were all helpful.

'Housing knowledge, Benefit background, Debt recovery and bailiff background but above all the ability to listen and not be judgmental is the best skill. Being creative in your thoughts and thinking outside of the box, finding new solutions (with the client) to new challenges.'

Personal attributes helped in building relationships with service users and key attributes included empathy, compassion, honesty, integrity, respect, positive thinking, patience, listening skills, being non-judgmental, accepting, open, approachable, communication skills, supportive, problem solving and resilient. Wanting to give something back to the community or service users was also important.

'Empathy, open mind, flexibility, understanding other perspectives and situations, not placing my personal expectations, attentive listening, coaching.'

'Empathy. I've been in their position and I understand how hard it can be to access support and make changes'

'I have needed support through ongoing medical illness, I hope I can give something back to the community.'

Regular clinical supervision is important for all those who receive it but should be mixture of all three options given rather than just one of them.

'My regular supervision is to cover all of the above, non urgent matters are shared at supervision including my own wellbeing, concerns about a client situation and support from my seniors, an extra pair of eyes to ensure that all needs are being addressed and all safeguarding concerns are met, but being able to offload when feeling particularly frustrated, usually around processes/referrals rather than frustrations with clients!'

'Need regular debriefing with a qualified counsellor as we are seeing negative depressed difficult people, this is essential to our wellbeing to keep going and to be able to do our best'

'Supervision, as the role has an emotional impact on my own wellbeing'

Link workers support their service users in a variety of ways but listening, co-production and signposting are the three main ones.

'Help them to figure out the small changes they can make that will have a big impact on their wellbeing, by providing information, encouragement, and a space to talk things through.'

'Listen to them and encourage them to think about their future in a positive way and see opportunity. Support them to access relevant help, be a constant and reliable person they can come to if they are struggling.'

Training, peer support and networking are important for Link Workers as they need to be able to support their service users and through being well supported and having the skills in place will enable them to be successful.

'Up-to-date training in best practice and sharing best practice with colleagues. Also being able to offload worries/concerns to colleagues who will support you. People lead complex lives, so having the ability to discuss complex matters is crucial.'

'Listening to other social prescribers' experiences, all training is helpful and knowing what the community can offer as well as working closely with other organisations where we can all work together.'

'Training, peer support, talking to other practitioners in similar role'

'Meeting co-workers, encouragement not just telling us what to do'

'Identifying training needs to support role and a professional network to refer to'

The role of the Link Worker, Community Navigator or Social Prescriber is working well despite the challenges and filling a gap between social services, health care providers both GP and hospital services, mental health services and community or third sector services. They are also helping people get back to work and this reduces the reliance on benefits. There have been some issues highlighted such as having clarity on their roles which includes the relationship between the different organisations like the local authority, social services, health care providers and the third sector. The nature of the role and how it fits in-between statutory services needs to be clearly defined with the ability of the Link Worker to refer services users back to the statutory services if it felt that they are unable to help or if they need more specialized support.

'Some people are referred who won't necessarily benefit from a Link Worker but actually need a Key Worker or a Community Psychiatric Nurse (CPN) but we are still expected to work with them.'

'All of my frustrations are around other services/signposted agencies & referral processes, waiting times for treatments, lack of responses to letters/emails, issues on how to refer, who to refer to and clients being passed around in the system from one team to another and feeling that nobody wants to take responsibility. That is the only frustration I have in my role.'

The service works differently in different areas and this is understandable as there are regional differences, geography plays a part as rural services are usually very different to those offered in urban areas but there was an awareness that this may cause problems when comparing the price of providing the service or the results when compared to a different model.

'Every area is doing SP differently and our model is being classed as "expensive" however, we are having better outcomes locally.'

'That the role is not defined nationally and that there are various terminology for link workers and I feel that our pay grade does not reflect our work we do in supporting individual and families. Very often we find ourselves to be counsellors as well as mediators.'

The main problem or challenge mentioned was a lack of funding and resources, this is an issue throughout the UK but can be exacerbated with short term contracts for Link Workers and a lack of clarity of where the role sits in-between other services.

'Listen - so many services have been cut to the bone and professionals have to ration time. At the moment my project allows me time to really talk through needs,

although I think as pressures mount due to demand and more complex clients, that we will soon be very time limited.'

'My employer not giving me the things I need to do my job is a hindrance.... It is like getting blood out of a stone. I don't have a room to work from, just the communal area in the library which isn't open every day so have to see clients in the supermarket café then. Feel professionally compromised. The Council is funding this role but won't give me a room to work in or a room budget... a penny pinching, false economy mentality certainly exists. All this adds up to what should be a much better job being a depressing soul destroying one.'

'Short term funding that tends to be a factor in the third sector which affects both my life but also the people accessing the service, particularly in terms of relationship building and continuity.'

There is also a perception from professional services in health and/ or social care that social prescribing is easy or not that beneficial, so there should be some education for these groups about the benefits of the service and complexities of the link workers role.

'Social prescribing is more than coffee mornings and art classes as recently seen in the news. We currently work with people with long term mental health issues, safeguarding issues, self-neglect, financial abuse, homeless, hoarders as well as people struggling for money and referring people to the food bank. The people we see are very complex, far more so than is being portrayed in the news.'

'Facing the hostility/cynicism of certain professionals/teams when I am trying to promote the service.'

The four key skills that Link Workers use that bring successful relationships with their service users are the knowledge and skills they bring, the relational and informal aspect, the willingness of the individual and lastly trust.

'In order for me to have a good relationship with my client that I am working with they need to feel comfortable talking to me. It makes no difference how skilled I am or how willing the client is to engage, if they don't feel comfortable working with me, talking to me, or sharing their problems with me then I am not likely to be very successful in keeping them engaged and completing any tasks that have been identified for support.'

4.0 Conclusion

To conclude, link working is working well but there are areas that could help link workers in their role. These include a clear, understanding from all parties, including health and social care professionals about the need for the role and how link workers help build people's resilience and capability to take control of their health and wellbeing without inappropriately accessing statutory health or social care services.

Provide training that link workers can access either on-line or in person, with such a varied role, continuous development is necessary.

Peer networking is also important and helps with both health and wellbeing and through case studies or stories from others on how to deal with service users and manage their own role.

Clinical supervision should be in addition to direct line management. Link workers need access to a safe and confidential environment to offload and reflect on their practice.

Further research is needed in order to evaluate the perceptions of link workers on the different models of the role and to find out what is working and what is not working as well as looking at the differences in region or the impact of rurality or inner city living and working.

Questionnaire for social prescribing link workers, community navigators, community connectors, wellbeing worker etc.

Q1. Please do let us know what words you use in your service to address yourself and those you work with:

Q2. What made you choose to work as a social prescribing link worker?

(please select ALL that apply)

- Mandatory requirement of my training institution (placement)
- I need to get a sense of working in the field, as I am considering changing my career
- I have been supported in the past when I was in need and would like to contribute to supporting others
- I want to contribute to my community
- Other (please specify)

Q3. What skills do you believe you are developing as a result of working as a social prescribing link worker? (please select ALL that apply)

- Active listening skills
- Emotional intelligence
- Person centred & empathy skills
- Ability to set boundaries in a less structured and non-formal environment
- Creativity and flexibility in your approach
- Coaching skills
- Negotiation skills
- Influencing skills
- Asset/strength-based skills
- Workload management skills
- Personal resilience
- Problem solving skills
- Evaluation skills
- Conflict management skills
- Collaboration and partnership working skills
- Presentation skills
- Other (please specify)

Q4. What skills/expertise/learning are you bringing from previous job/training/life experience that you believe is helping you to fulfil this role?

Q5. What are the personal qualities you believe are helping you in this role?

Q6. If you do undertake regular supervision, what do you think is the most valuable aspect of it? (choose one)

- Reflecting on your wellbeing and practice with the people you work with
- Exchanging experiences and learning from others
- Expressing doubts, uncertainties and frustrations
- Other (please specify)

Q7. What is it that you “do” for people which you believe is most helpful?

Q8. In what ways (such as training/workshops/reading list/wellbeing etc.) can you be best supported in your role?

Q9. What aspect of your role do you find most challenging?

Please select ALL that apply

- Answer Choices
- Not knowing how to respond to people’s stories
- Feeling helpless
- Not being able to work alongside people for a longer period of time
- Lack of resources in the community/difficulty to access resources in the community
- Lack of knowledge of resources available in the community
- Uncertainties around how and when to refer on/liaise with statutory and non-statutory organizations/GP/local authorities
- Not being clear about my position and boundaries in regard to the people I support
- Not feeling supported enough
- Lack of opportunities to network with colleagues
- Other (please specify)

Q10. As a social prescribing link worker, what do you feel is the most important aspect of your relationship with the individual you are working with? Choose one

Answer Choices

- The knowledge and skills I bring
- The relational and informal aspect
- The willingness of the individual I am working with
- Other (please specify)

Thank you!

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Understanding link workers knowledge, skills, experiences and support needs

A national community of practice to empower, support and provide guidance to link workers to build resilience and capability in order to achieve improved quality of life for themselves and the communities they serve.

A single point of access for link workers support and development.

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