

Social Prescribing Link Worker Clinical Supervision Pilot Evaluation

A project commissioned by Gloucestershire Primary Care Training Hub, Gloucestershire CCG, NHSE



July 2022

Dr Helen Seers and Dr Marie Polley
Meaningful Measures Ltd

Acknowledgements: This report was made possible by funding from NHS England to Gloucestershire Primary Care Training Hub, Gloucestershire CCG. We are grateful to all the staff and patients who gave their time and thoughts to this project.

Disclaimer: The views expressed in this report are those of the authors and do not represent those of NHS England and the Gloucestershire Primary Care Training Hub, Gloucestershire CCG.

How to cite this report: Seers H, and Polley M (2022). Social Prescribing Link Worker Clinical Supervision Pilot Evaluation

A project commissioned by Gloucestershire Primary Care Training Hub, Gloucestershire CCG, NHSE, Meaningful Measures Ltd.

Main contact: Dr Helen Seers: helen@meaningfulmeasures.co.uk (Co-Director, Meaningful Measures) Meaningful Measures (Company Number 12800470).

About the authors:

Dr Marie Polley BSc, PhD, PgCert HE, Reiki Master, is Co-Founder and Co-Director of Meaningful Measures and Visiting Reader at University of East London. Marie is a biomedical scientist and has a PhD in molecular biology of how cancer develops. Marie has worked in measuring the impact of holistic or person-centred approaches to supporting health and wellbeing. Recently Marie co-founded the Social Prescribing Network, which has led a social movement around the use of non-medical activities to support people's wider determinants of health and provide additional routes of support to traditional pharmaceutical prescribing. Social Prescribing has now been adopted by the NHS in England and is being taken up internationally. Marie led the team to write the first national guidance for social prescribing and continues to be a thought leader and strategic advisor in this field as well as working more broadly in the health and wellbeing sector.

Dr Helen Seers, BSc, PhD, CPsychol, Co-Founder, Co-Director Meaningful Measures Ltd, Visiting Research Fellow UWE

Helen is an experimental psychologist by training, and for the past 20 years has worked with voluntary community and social enterprise organisations to support them to understand and communicate the impact of their work. Helen specifically understands the operating environment that many small organisations are facing, and the value that well-designed evaluations can bring to these organisations. As Head of Research and Evaluation at the holistic cancer charity Penny Brohn UK (2004-2019), Helen led a team of researchers who innovated a mixed-methods evaluation evidence base. This led to the publication of many academic papers to evidence the impact of the charity's work on patients. Since 2019, Helen has purely been a freelance research consultant working in collaboration with Dr Marie Polley on social prescribing projects.

1.0 Executive Summary

In 2021/22 the Gloucestershire Primary Care Training Hub ran a pilot providing clinical supervision to social prescribing link workers (SPLW), with the aim of supporting this workforce. This evaluation investigates whether this clinical supervision has beneficial outcomes in terms of wellbeing, stress and intention to stay in this role. This evaluation also monitors whether the clinical supervision is delivering the right kind of support for SPLW and collect feedback to further develop and improve the offer.

Survey data was collected between November 2021 and May 2022. Twenty-six survey responses were collected at baseline (74% of the total SPLW group receiving clinical supervision) and twenty-two at follow-up after clinical supervision (representing 63% of the people having clinical supervision). This is a small sample but represents most people taking part in the pilot project. Whilst statistical analysis cannot be done on the data produced trends in the quantitative and qualitative themes can be presented.

The data at baseline has revealed, that the experience of being a link worker is extremely tough to the point that it is causing burnout and depression in a small proportion of staff. This is an unacceptable impact from a job.

Comparing baseline to follow up data the trends in the data show that the majority of link workers appreciated and benefitted from the clinical supervision. This is shown by overall reductions in perceived stress levels, improvements in three out of four ONS4 domain scores, and in the qualitative comments received. When asked directly if they wished to leave the profession 15% wished to before clinical supervision, and afterwards this had reduced to 0%, although 42% still remained unsure their future, indicating more or sustained support is needed.

The majority of participants actively want to continue with clinical supervision in a mixed format between 1-to-1 sessions and group session. If the clinical supervision was withdrawn now, they feel it would be detrimental to their ability to carry out their job and detrimental to their wellbeing.

Contents

1.0	Executive Summary	3
2.0	Introduction	5
3.0	Methods	5
3.1	Recruitment of participants	5
3.2	Measures chosen	6
3.3	Data collection	6
3.4	Data analysis:	7
3.3	Ethical Considerations	7
4.0	Results	7
4.1	Participant characteristics	7
4.2	MYCaW for workplace wellbeing data analysis.	8
4.2.1	Types of concerns reported by SPLWs	8
4.2.2	How severe were the concerns?	9
4.2.3	MYCaW® wellbeing	9
4.2.4	MYCaW® drivers and drainers	9
4.4	Perceived Stress levels	10
4.5	ONS4 wellbeing levels	11
4.6	Experience and impact of the SPLW clinical supervision	14
4.7	Potential improvements	18
5.0	Conclusion	18
	Appendix A: Questionnaires	20
	Social Prescribing Link Worker Baseline Survey, Gloucestershire Primary Care Training Hub	20
	Follow-up Social Prescribing Link Worker Survey, Gloucestershire Primary Care Training Hub	22

2.0 Introduction

The social prescribing workforce in Gloucestershire has been commissioned for several years and more recently been funded through the GP Contract Additional Roles Reimbursement Scheme, Primary Care Networks (PCNs). However, nationally the role of the social prescribing link worker is evolving and there have been documented strains and stresses for the profession¹. In 2020 the National Social Prescribing Link Worker organisation produced a survey stating that 29% of social prescribing link workers were thinking of leaving in the following 12 months due to lack of supervision or support². In response to these problems, the Gloucestershire Primary Care Training Hub obtained funding to provide clinical supervision to support the role of the social prescribing link workers in Gloucestershire. This funding represents a pilot project to see if clinical supervision is of benefit to social prescribing link workers in this area.

This report therefore represents a pre-post survey of investigation into the acceptability, experience, and potential benefits of a pilot programme of clinical supervision for social prescribing link workers. All surveys were anonymous, allowing for candid responses about the experience of being a social prescribing link worker. The person centred MYCaW[®] Workplace wellbeing tool was used, which elicits concerns and people's work drivers and drainers and thus allows the stresses and strains of the role to be expressed. Formal psychometric measures of stress and wellbeing were also taken before and after the clinical supervision. Intentions of whether to stay in post were taken before and after the clinical supervision period to see if the support had any direct impact on retaining staff. Retrospective views of the impact of the clinical supervision on job role and wellbeing were gathered to enable further quality improvement of the clinical supervision provided.

2.1 Aim of this evaluation:

To evaluate the impact of the SPLW clinical supervision pilot evaluation to investigate whether this supervision has beneficial outcomes for Social Prescribing Link Workers. The evaluation will monitor whether the clinical supervision is delivering the right kind of support for SPLW and collect feedback to further develop and improve the offer.

3.0 Methods

3.1 Recruitment of participants

Social prescribing link workers were recruited into this project as they were employed under the Additional Roles Reimbursement Scheme, either directly by a Primary Care Network or sub-contracted via a host organisation. All participants were provided with information about the survey and why they

¹ Polley M, Seers H, Johnson R and Lister C (2020) Enabling the potential of social prescribing. The Conservation Volunteers

² https://www.nalw.org.uk/wp-content/uploads/2020/07/NALW_Care-for-the-Carer_-Report_8th-July-2020-Final.pdf

were asked to take part. Participation in the online pre-post survey was optional, and data was collected anonymously.

3.2 Measures chosen

A selection of measures was chosen to capture the voice of each link worker and their main concerns, and to measure their levels of stress and wellbeing. The following measures were therefore used.

- **Measure Yourself Concerns and Wellbeing (MYCaW®) for Work based Wellbeing³.** This validated tool captures the concerns of the link workers (recorded qualitatively and then rated on a 0 to 6 scale of severity) which are useful to be aware of as an employer. Wellbeing is also recorded on a 0 to 6 scale of severity. The tool also asks the link workers what drives and drains them in the workplace (this data is qualitative). This data enabled leadership teams to understand what issues might be priorities to address and what is working well.
- **Perceived stress scale (PSS)⁴** – this is a short, 10 item measure of stress, which can be scored and give a pre-post comparison. The PSS statements with a five-point scale from ‘never’ to ‘very often’ to assess stress levels in young people and adults aged 12 and above. PSS measures stress in terms of whether a person has perceived life as unpredictable, uncontrollable, and overloading over the previous month. The total score from the PSS is added up to give the overall measure of perceived stress. See appendix for the questions asked.
- **ONS4⁵** – this validated questionnaire captures personal well-being using four measures (often referred to as the ONS4), which capture three types of well-being: evaluative, eudemonic and affective experience. The questions are given, and a 0 to 10 response is recorded ONS4 questions are listed in the appendix.
- **Open questions** were designed by the researchers with three questions asking about current happiness with job, and intention to leave. Five follow-up questions at 6 months asked about satisfaction with and perceived impact of the SPLW clinical supervision.

3.3 Data collection

Data was collected anonymously via the Alchemer online survey platform. Social prescribing link workers were sent a weblink on an email sent by colleagues. Baseline data was collected before the start of clinical supervision and follow up data was collected 6 months later (one month after the supervision ended).

³ See www.meaningfulmeasures.co.uk for further details about MYCaW®. Paterson C, Thomas K, Manasse A, Cooke H, Peace G. Measure Yourself Concerns and Wellbeing (MYCaW®): an individualised questionnaire for evaluating outcome in cancer support care that includes complementary therapies. *Complement Ther Med.* 2007 Mar;15(1):38-45. <https://doi.org/10.1016/j.ctim.2006.03.006>

⁴ Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. *J Health Soc Behav.* 1983 Dec;24(4):385-96. PMID: 6668417.

⁵<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide>

3.4 Data analysis:

Where quantitative data was collected, the frequency of responses were analysed or coded according to the scales used and where applicable, the average difference before and after the course calculated. Where open questions were asked and qualitative data was provided, this was analysed by content analysis to identify the main themes.

3.3 Ethical Considerations

All data collected by Meaningful Measures Ltd was stored in password protected, encrypted files in an agreed, secure, GDPR compliant cloud-based storage location. No data files were stored on individuals' laptops, instead, all data is stored on cloud-based storage. Meaningful Measures staff are also trained in GDPR compliant data processing procedures.

4.0 Results

The results detail types of concerns, drivers and drainers experienced by the participants, the scores of the perceived stress scale and ONS scale, as well as additional open comments.

4.1 Participant characteristics

Between November 2021 and February 2022 34 adult and 10 Children and Young People (CYP) SPLW were sent an email asking them to complete the survey. Of these, 1 CYP SPLW and 8 adult SPLWs did not take up the offer of clinical supervision and therefore did not complete the survey. 26 responses received in total for baseline (74% of the 35 people undertaking supervision). For follow-up survey an invitation was sent in May 2022 to the 35 SPLWs who received supervision and 22 responses were received (representing 63% of the 35 SPLW receiving supervision).

Table 1 below shows the demographics and role details collected for the baseline and follow-up groups:

Demographic	Response	Baseline N= 26 (%)	Follow-up N = 22 (%)
Gender	Male	2 (8%)	2 (9%)
	Female	22 (88%)	20 (91%)
	Prefer not to say/ Blank	2 (4%)	0
Age (years)	20-29	1 (4%)	3 (13%)
	30-39	3 (12%)	5 (21%)
	40-49	7 (3%)	7 (29%)
	50-59	12 (46%)	8 (33%)
	60-69	1 (4%)	0
	Prefer not to say	2 (8%)	1 (4%)
SPLW role type	Adult clients	22 (85%)	15 (63%)
	Children and young people clients	4 (15%)	7 (30%)

	Other	0	3 (13%)
SPLW contract type	Full-time	15 (58%)	11 (48%)
	Part-time	11 (42%)	12 (52%)
Average length of time in SPLW role		12 months	19 months

Table 1. Demographics and role details for the SPLWs. Highlighted yellow data shows the modal responses.

Table 1 shows that the modal participant at baseline was female (88%), aged 50-59 years (46%), working with adult clients (85%), full-time (58%) and an average of 12 months in role. At follow-up this changed to be female (91%), aged 50-59 years (33%), working with adult clients (63%), part-time (52%) and 19 months in role.

4.2 MYCaW for workplace wellbeing data analysis.

MYCaW® for workplace wellbeing data was completed by 19 participants at baseline. Participants were asked to state their two key concerns and rate them on a 0 to 6 scale (with 0 being “not bothering me at all” and 6 “bothers me greatly”). A total of 39 concerns were reported, seven of which were either blank answers or said “*No concerns*” to this question.

4.2.1 Types of concerns reported by SPLWs

The types of concerns reported are shown in Table 2 below.

Concerns (N= 38 from 19 people):	Frequency of responses	% of sample
Challenging cases	11	29
Need for supervision	6	16
Workload	5	13
Management	4	11
Effective working/ time management	3	8
Future learning	1	3
Feeling isolated	1	3

Table 2 the MYCaW® qualitative concerns for SPLW at baseline

- Nearly a third of the concerns were about the impact of dealing with challenging cases e.g.

“Feeling emotionally drained all the time from being constantly inundated with negative patients”

- 16% of concerns referred to the need for supervision and *“General support/stress management”*.
- 13% of concerns related to workload e.g., *“Managing busy caseloads”*, and
- 11% of concerns were about the management of the SPLWs role.

4.2.2 How severe were the concerns?

Concern 1 showed an average score of 3.8/ 6, (modal response 4 out of 6 37% of the sample), similarly concern 2 was 3.9/6 (modal response 4 out of 6, 28%). 4/6 represents a reasonable severity of concern which is likely to be having an impact on the SPLW.

4.2.3 MYCaW® wellbeing

The level of wellbeing was assessed by the question “How would you rate your general feeling of wellbeing now?” with 0 representing “As good as it could be” and 6 representing “As bad as it could be as it could be”. A score of 2.6/6 was found with a modal response 3 out of 6, 30%). The wellbeing score is usually lower than individual scores, and 2.6/6 is showing that overall wellbeing was average and not particularly cause for concern.

4.2.4 MYCaW® drivers and drainers

The MYCaW® for workplace wellbeing tool also asked SPLWs to identify their “drivers” or what lifts them up and work and “drainers” which drain their motivation at work. This survey was anonymous, and the answers to this question hopefully provide a candid insight into how people feel about their workplace.

Drivers (N= 38 from 19 people):	Frequency of responses	% of sample
Positive outcomes for clients	17	45
Colleagues	10	26
Caring for other	8	21

Table 3 “Thinking about the workplace, please write down two things that motivate and drive you”

Thirty responses to the ‘drivers’ question were received, and a clear pattern started to emerge (see Table 3).

- The most frequent driver was that of witnessing or enabling positive outcomes for clients (45% of responses) e.g., “Seeing the impact my role can have on people’s wellbeing and their current situation and ultimately their future”.
- The second most frequent driver was colleagues (26%), referring to the supportive aspect of others in the same working area e.g., “Being part of a solid and collaborative team”.
- A similar frequency of responses (21%) related to caring for others e.g., “Being able to spend time with patients to really listen, care and understand”

- 8% of responses were blank – it is unclear if these people had no drivers, or they missed the question out.

In contrast, data about the ‘drainers’ at work is reported below (Table 4). 38 comments were received from 19 participants. 7 participants had no drainers or left the question blank.

Drainers (N= 38 from 19 people):	Frequency of responses	% of sample
Workload	11	29
Practical	7	18
Negative patients	4	11
Needing emotional support	4	11
Management	4	11
Loneliness in role	3	8
Health inequalities	2	5

Table 4 “Thinking about the workplace, please write down two things that demotivate and drain you”

- The most frequent demotivating comment (29%) related to workload e.g., *“Feeling stretched”, “Overworking”*.
- The next most frequent drainer (18%) was practical issues, for example “. *“Lack of resources”* and *“No room for me, lack of desk space”*
- Three drainer categories all had 11% of the responses
 - drainers related to negative patients e.g., *“Elderly patients who don’t stop complaining and/or taking things out on me”*,
 - responses related to needing emotional support e.g. *“Constantly offloaded on without anywhere to put it”*
 - management issues (11%) *“No backing/support”*.
- The remaining drainers were feeling lonely in the role (8%) , witnessing the health inequalities of their clients (5%). Some people did not feel that they had any drainers (8%) to express.

4.4 Perceived Stress levels

Participants were asked to score the items on the Perceived Stress Scale (PSS) before and after supervision, to gain a snapshot of stress levels. 18 participants scored at baseline and 23 at follow-up. An average score was calculated at each time point (not as matched cases due to low numbers). There is a possible trend emerging which shows an average reduction in stress levels at follow-up (see Figure 1) , but more data is needed to confirm this.

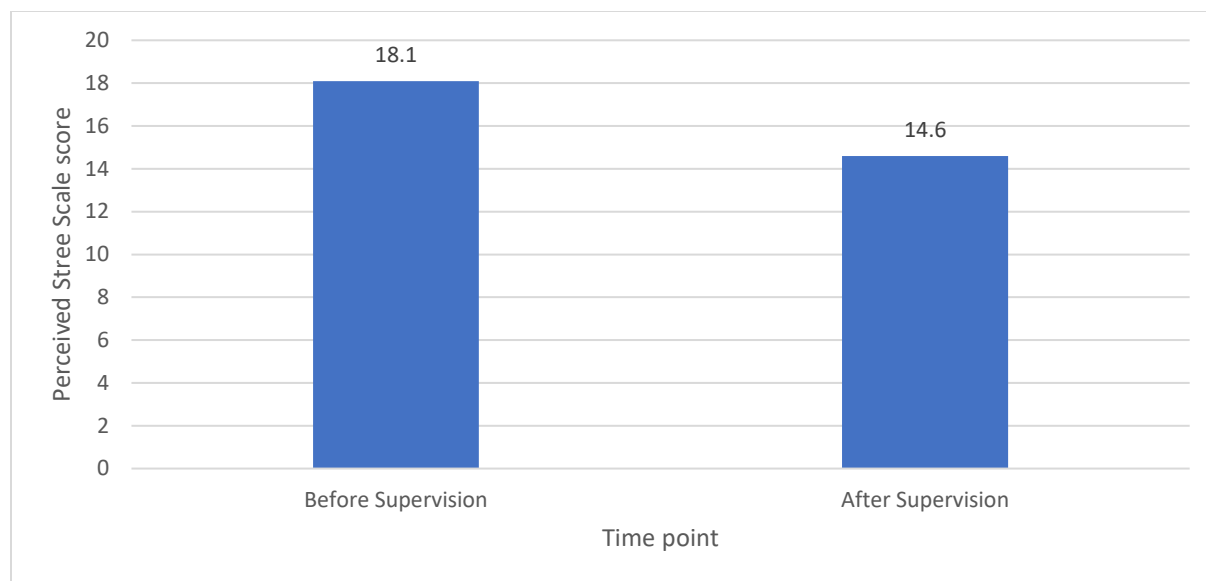


Figure 1. Perceived Stress Scale scores, comparing before (N= 18) and after (N= 23) clinical supervision

Perceived Stress Scale (PSS) scores moved from 18.1 to 14.6 indicating that people felt less stress at follow-up. Anonymous responses preventing matching across the samples and no statistical test could be done on the data.

To further understand how the scores changed over time, the PSS can be split into Low, Medium and High scores. Table 5 below shows that double the number of link workers had low PSS scores at follow-up compared to baseline and that no link workers were scoring in the very high stress level category at follow-up. This demonstrates the there was an increase in the proportion of link workers having lower stress levels at follow up. More data is needed to determine if this is a statistically significant finding.

Perceived Stress scale Frequencies in categories	Baseline N= 18	Follow-up score N= 23
Low 0-13	5 (26%)	10 (43%)
Med High 14-26	10 (56%)	13 (57%)
High 27-40	3 (17%)	0

Table 5 propotion of PSS score levels before and after clinical supervision

4.5 ONS4 wellbeing levels

ONS4 questions form part of the national statistical dataset on wellbeing for the government and is a common measure used in social prescribing. 18 participants scored the ONS4 questions at baseline and 23 at follow-up. The same caveats applied to the PSS apply to ONS4 regarding low numbers and confidence in the score changes. The average score changes before and after clinical supervision were

calculated for each domain of ONS4 (Table 6). Three domains (satisfaction, worthwhile and happiness) improved over time to varying degrees at follow-up. These three domains were also below national average scores at baseline. Satisfaction and worthwhile domains did reach national average scores, however happiness, whilst improved, still remained below the national average even at follow-up. There was no improvement in anxiety - anxiety levels were, however, the same as the national average through the study.

ONS4	UK national average (April to March 2021)	Baseline N= 18	Follow-up N= 23	Baseline vs Follow-up Difference
Satisfaction	7.4	6.4	7.4	+1.0
Worthwhile nature of activities	7.7	7.4	7.8	+0.4
Happiness	7.3	5.7	6.9	+1.2
Anxiety	3.3	3.3	3.3	0

Table 6 changes in ONS4 score before and after the clinical supervision, and also compared to the national average

ONS4 scores can be broken down into levels, and this was compared before and after the clinical supervision and to the national averages (Figure 2).

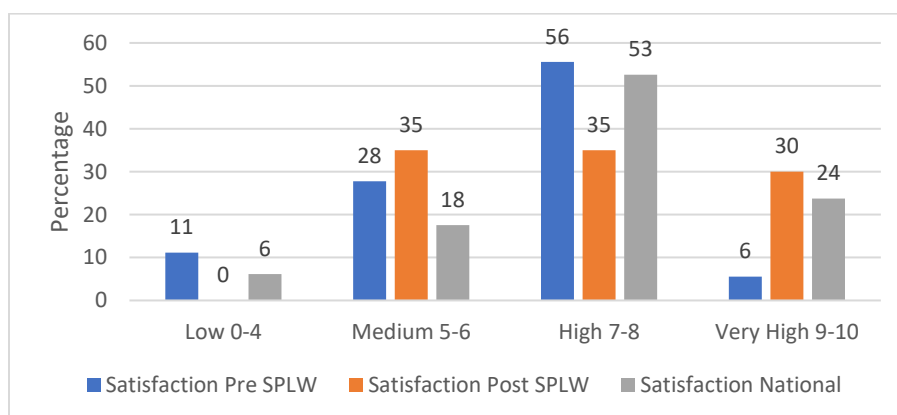


Figure 2 Levels of ONS4 Satisfaction before, after the clinical supervision and compared to the national average

There was a shift to increased satisfaction post supervision – no participants had the lowest levels of satisfaction at follow-up. More participants had medium or very high levels of satisfaction at follow up. Both of these results were also better than the national average.

The second question asks to what extent do you think the activities you do in your life are worthwhile. The data showed at baseline that the lowest scores, ie feeling activities were not worthwhile, was clearly above the national average. This reduced at follow-up to levels aligned with the national average.

As with levels of satisfaction, more scores were seen in the higher rating levels. A greater proportion of link workers scored in the very high category at follow-up, which was significantly above the national average comparison. This is a positive shift.

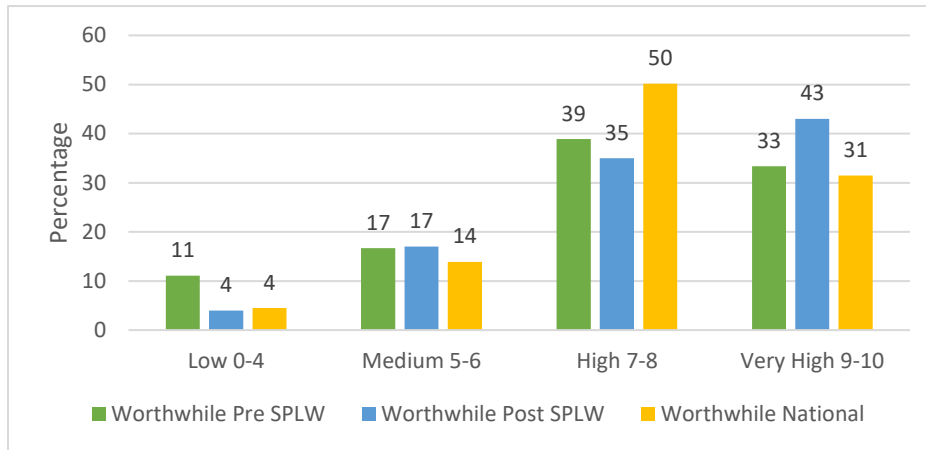


Figure 3 Worthwhile nature of activities in life - ONS4 score before, after the clinical supervision and compared to the national average

Happiness levels, as with the previous domains were skewed to low scores at baseline. Significantly more people rated their levels of happiness as low, compared to the national average and the inverse relationship is seen for the highest levels of happiness. At follow-up there was a reduction in the proportion of people with low and medium scores and a tripling of people scoring the highest levels of happiness.

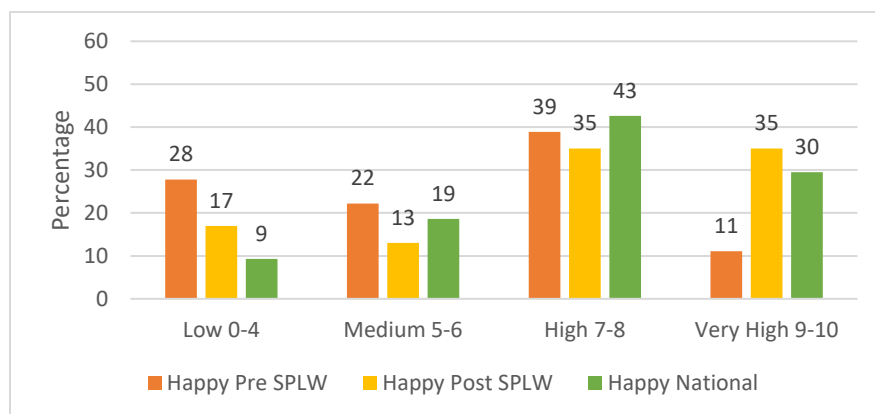


Figure 4 Levels of Happiness ONS4 score before, after the clinical supervision and compared to the national average

Finally, levels of anxiety were analysed. The average levels of anxiety were the same as the national average throughout the study. The main change is scoring levels, which shows to be a very small reduction in high and medium levels of anxiety and an increase in low level of anxiety. It is difficult to interpret this data without greater numbers and matched cases.

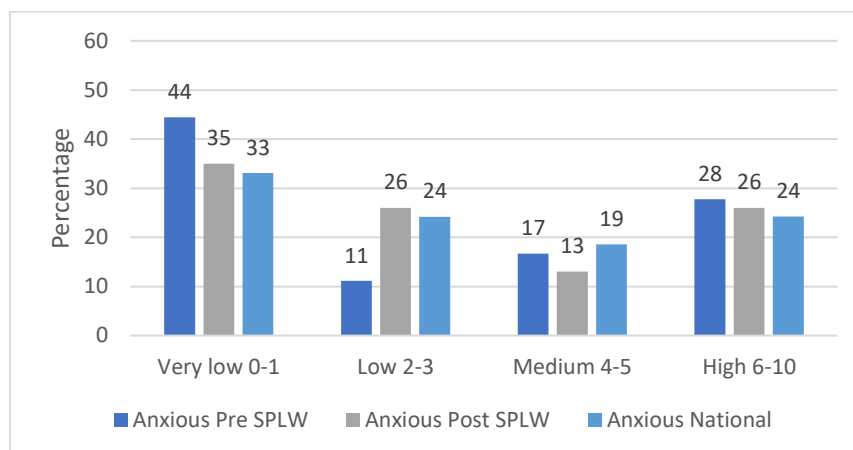


Figure 5 Levels of Anxiety ONS4 score before, after the clinical supervision and compared to the national average

4.6 Experience and impact of the SPLW clinical supervision

When offered space to express any other thoughts about their role, in the baseline survey, there were some very clear expressions of discontent with the job, mixed in with sometimes positive comments about social prescribing in general:

“I feel like I have been a telephone counsellor for the past year, without any support, anyone to 'offload' to; listening to and dealing with some horrendous issues. All the while whilst either sitting at home alone or stuck in a Dr's room alone with very little if any other human contact. My 'bucket' is completely overflowing. I have no space for anything else or anyone else's stuff'. Was signed off with burnout about a month ago due to work.”

“I absolutely believe in social prescribing, but I cannot cope with the lack of support I get. I feel like a lamb to the slaughter. I wouldn't want another job but maybe another PCN depending on the support offered there.”

“This is the loneliest job I have ever had”

“It's got so bad I'm going back on anti-depressants before I have to go off sick from the anxiety I feel because of this role”

The baseline and follow-up surveys aimed to see the impact of the clinical supervision programme on SPLW. Firstly, the type of supervision SPLW's undertook was analysed (Table x).

Type of clinical supervision received	Frequency (more than 23 responses as question took multiple answers)	Average number of sessions
Group	11 (48%)	3.7
One to one	10 (44%)	3.4
Both group and one to one	13 (57%)	7.5

Table 7. Type of clinical supervision experienced.

To understand what the SPLW's thought of the clinical supervision, a series of questions were posed with tick box answers (Table 8). 65% of SPLWs found the experience either good or excellent. A quarter found it satisfactory and a couple of people found it poor. 65% also wanted to carry on with supervision beyond 12 months and thought that stopping supervision would have a detrimental impact. The preferred format was a mixture of 1-to-1 and group sessions.

Questions about clinical supervision	Response	Frequency
Experience of clinical supervision N= 23	Excellent	8 (35%)
	Good	7 (30%)
	Satisfactory	6 (26%)
	Poor	2 (9%)
Want clinical supervision to carry on beyond 12 months? N= 23	Yes	15 (65%)
	No	2 (9%)
	Don't know	6 (26%)
Preferred format for the future N= 21	Group	5 (24%)
	One to one	2 (10%)
	Both group and one to one	14 (67%)
Impact if stopped at 12 months (multiple responses given)	No impact	6 (26%)
	Negative impact	15 (65%)
	Negative impact on wellbeing	13 (57%)
"Did the clinical supervision have any effect on your intention to stay in the job as a SPLW"	Yes	11 (48%)
	No	7 (30%)
	Blank	5 (22%)

Table 8 SPLW views of the clinical supervision

The most useful outcomes for people were those of being with peers (N=10 responses, e.g. *"Somewhere to discuss frustrations with workplace. Learning from others in the peer group"*) and dealing with tricky social prescribing cases (N=8) *"Reflective practice - Clarification on appropriate steps when working with particular cases"*, other themes included being able to say no: *"Asking GPs to suspend referrals until*

I had caught up was life changing! I managed to give a better service to the patients I was supporting and catch up on compulsory training. I have learnt to say no and managing stress.”

When directly asked the question “What affect, if any, did the clinical supervision have on your intention to stay in your current job as SPLW? ” 48% of people stated that it had had an effect: “Its keeping me” and “It definitely helps being able to offload.” and 30% stated that it had not “None at all”. The remaining people left this question blank.

When asked what the impact of stopping clinical supervision at 12 months would be 65% of people felt it would be negative on their work, 57% of people felt it would be a negative impact on their wellbeing.

Examples of a negative impact on their work included the following comments

- *“I would not have a safe place to discuss, reflect and gain support and knowledge from other SPLW*
- *good to talk through situations”*
- *“Having somewhere to go to talk about difficult caseloads has been very helpful. Learnt lots of tools to support the service I offer.”*
- *“I think without it work would become too much to handle without being able to offload”*

Negative wellbeing impacts included:

- *“I would be more stressed dealing with clients without the availability of the supervision.”*
- *“Pre-supervision I was dwelling on cases at home and losing sleep. The supervisions have stopped this and I feel less alone, that I can talk to someone who will hear me and understand.”*
- *“Supervision has helped me consider & recognise more how my work impacts on my wellbeing and enabled me to make changes and adjustments to improve my wellbeing”*

Qualitative open questions about the experience of clinical supervision revealed that there were some SPLW who liked the experience, and some who did not.

When asked to explain their answer about their rating of the quality of the clinical supervision

- Ten people made positive comments about the supervision:

“The therapist was very helpful at supporting me to untangle my feelings surrounding certain cases ”

“Really useful to have someone to speak to who is outside of the role and primary care. Reflects my concerns back to me so I can view them differently. Been very supportive through difficult times.” .

“I think it is really important and I love the fact that we have it. In my 20 years of working in health care I have never had it and it is a privilege that you have someone who actively listens to you

whether its personal or work worries. You know its confidential unless there is a concern for your own safety and the supervisor is very natural and so easy to talk to. I feel we are very lucky to have this and I do wonder without it if staff would stay in their job role.”

- Three participants cited practical obstacles around the supervision

“Unfortunately, my group supervision has been affected by regular nonattendance of most of the members which has impacted on the establishment of the group and reduced the full benefit and potential of supervision for me personally.”

- Six people stated that they did not like the style of the clinical supervision.

Whether SPLWs had been signed off for stress in the last 6 months, happiness in role, thoughts about leaving the role and whether they had undertaken clinical supervision were analysed (Table 8).

19 participants (from an invited pool of 35) responded to the baseline survey and 23 (out of a possible 35) responded to the follow-up survey. Therefore, direct comparison between the two groups is difficult, however, they were from the same possible cohort.

Questions about role	Responses	Baseline N= 19 (%)	Follow-up N = 23 (%)
Signed off for stress in the last 6 months (N=19)	No	16 (62%)	19 (73%)
	Yes	1 (4%)	2 (8%)
	Prefer not to say	2 (8%)	2 (8%)
Happy in current role? (N=19)	No	2 (8%)	1 (4%)
	Yes	9 (35%)	14 (54%)
	Prefer not to say	2 (8%)	0
	Unsure	6 (23%)	8 (31%)
Wish to leave SPLW role? (N=19)	No	8 (31%)	11 (42%)
	Yes	4 (15%)	0
	Prefer not to say	2 (8%)	1 (4%)
	Unsure	5 (19%)	11 (42%)

Table 9 Questions about the SPLW role

A similar proportion of people were not signed off sick before and after the clinical SPLW (62% before, 73% after). One extra person reported being signed off sick at the follow-up point but as this relates to 1 and 2 people respectively, these numbers are very low. A couple of people preferred not to say.

Just over a third of respondents were happy in their current role (35%), which increased to 54% at the follow up point. Potentially this was due to the benefit of the supervision but there is no qualifying information to confirm that.

Just over a third of respondents were unable to say they were happy in their role. Instead, 8% stated they were not happy, 8% preferred not to say, and 23% were unsure. Despite this being an anonymous survey, it is common for some people to still not feel able to express discontent with their work, for fear of being identified. Therefore, the proportion of participants at baseline who were not happy with their role is not clear. At follow-up the proportion of SPLWs who were happy in their role increased to 54%, and the number of people who were unsure also increased to 31%.

Over time there was a reduction in proportion of link workers who wanted to leave their role - 15% at baseline and 0% at follow-up. However, the proportion of people who were unsure of staying in their role at follow-up had increased significantly from 19% to 42%.

4.7 Potential improvements

The survey gave participants opportunity to identify any aspects of the clinical supervision that could have been improved. A summary of suggestions is below.

- Changing the supervisor for a different one (N=6), *“Supervisor with knowledge and experience of working as an SPLW, to help with practical difficulties and guidance, to help with clinical aspects of work.”* And *“My supervisor is very directive - she asks lots of closed questions and invites specific people to comment one by one rather than leaving space for things to flow. The supervisor tries to offer solutions - I would prefer a coaching approach where challenges are reflected back: ‘who could you ask for help with that?’ ‘where might you find that information?’”*
- Practical aspects (N=4), *“More structure at times to the 1-1 session could be of benefit although the space is supposed to be used according to the supervisee needs and wishes. Sometimes it just feels like a chat, which is nice but not always constructive.”*
- Better use of time (N=3), *“More time for 1-1 sometimes feels rushed”*
- Improving the attendance of other SPLW at the supervision (N=2), *“Groups supervision is good but only if the group is consistent. Participants dropping in late or frequently absent and then popping up again is unsettling for the group.”*
- Three people stated that there were no necessary improvements and three left the question blank e.g., *“No improvements needed”*

5.0 Conclusion

Overall, the majority of link workers appreciated and benefitted from the clinical supervision. This is shown by overall reductions in perceived stress levels, improvements in three out of four ONS4 domain scores, and in the qualitative comments received.

The data at baseline (see section 4.2.4 quotes in section 4.6) has revealed, however, that the experience of being a link worker is extremely tough to the point that it is causing burnout and depression in a small proportion of staff. One example quote was: “It's got so bad I'm going back on anti-depressants before I have to go off sick from the anxiety I feel because of this role” This is an unacceptable impact from a job.

The majority of participants actively want to continue with clinical supervision in a mixed format between 1-to-1 sessions and group session. If the clinical supervision was withdrawn now, they feel it would be detrimental to their ability to carry out their job and detrimental to their wellbeing.

When asked directly if they wished to leave the profession 15% wished to before clinical supervision, and afterwards this had reduced to 0%, although 42% still remained unsure their future, indicating more or sustained support is needed.

Appendix A: Questionnaires

Social Prescribing Link Worker Baseline Survey, Gloucestershire Primary Care Training Hub

The Gloucestershire Primary Care Training Hub would like to monitor the views of Social Prescribing Link workers in relation to their experience of clinical supervision. As we are creating and developing a new model for clinical supervision, we really value and need your feedback. We want to make sure it is delivering the support you need, to ensure the high quality of the supervision and to be able to use your feedback to evaluate and bid for future funding for more supervision. Please fill in this survey before you start your first clinical supervision. All responses are completely anonymous and cannot be traced to any individual, all data use complies with DPA(2018) and GDPR regulations. This data will only be accessed by the evaluation team (Meaningful Measures www.meaningfulmeasures.co.uk). Your data will be stored securely and will not be shared with any third parties. If you have any queries please email hello@meaningfulmeasures.co.uk

Thank you for taking part in this survey. It should only take between 7 and 10 minutes of your time.

A bit about you

Are you:

1. Male
2. Female
3. Prefer not to say

Your age:

1. 0-19
2. 20-29
3. 30-39
4. 40-49
5. 50-59
6. 60-69
7. 70+
8. Prefer not to say

Job title (SPLW is Social Prescribing Link Worker):

- SPLWs working with adults
- SPLWs working with Children and Young People
- Other
- Prefer not to say

Length of time in role (months): Leave blank if prefer not to say

Full-time/ part-time?

- Full-time
- Part-time
- Prefer not to say

MYCaW® Workplace Wellbeing questions. Please write down one or two concerns or problems which you would most like us to help you with.

Concern 1:

Concern 2:

Please choose a number (0 to 6) to show how severe each concern or problem is now: This should be YOUR opinion, no-one else's!

0 – Not bothering me at all 6 – Bothers me greatly

Wellbeing: How would you rate your general feeling of wellbeing now? (How do you feel in yourself?)

0 – As good as it could be 6 – As bad as it could be

Drivers:

Thinking about the workplace, please write down two things that motivate and drive you.

Drainers:

Again, thinking about the workplace, please write down two things that demotivate and drain you.

Perceived Stress Scale: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way. Answer Never, Almost Never, Sometimes, Fairly Often or Very Often to the below questions

- In the last month, how often have you been upset because of something that happened unexpectedly?
- In the last month, how often have you felt that you were unable to control the important things in your life?
- In the last month, how often have you felt nervous and “stressed”?
- In the last month, how often have you felt confident about your ability to handle your personal problems?
- In the last month, how often have you felt that things were going your way?
- In the last month, how often have you found that you could not cope with all the things that you had to do?
- In the last month, how often have you been able to control irritations in your life?
- In the last month, how often have you felt that you were on top of things?
- In the last month, how often have you been angered because of things that were outside of your control?
- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

ONS4: We would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”.

- Overall, how satisfied are you with your life nowadays? 0 is “not at all” and 10 is “completely”
- Overall, to what extent do you feel that the things you do in your life are worthwhile? 0 is “not at all” and 10 is “completely”

- Overall, how happy did you feel yesterday? 0 is “not at all” and 10 is “completely”
- On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday? 0 is “not at all” and 10 is “completely”

Have you had any absence due to stress in the last 6 months?

- Yes
- No
- Prefer not to say

If yes to the previous question, how many days absent? (if prefer not to say, leave blank, if don't know put D/K)

Are you happy in your current role?

- Yes
- No
- Unsure
- Prefer not to say

Do you feel you may want to leave your role in the next 12 months?

- Yes
- No
- Unsure
- Prefer not to say

Space for any other comments:

Thank you for filing in this survey

[Follow-up Social Prescribing Link Worker Survey, Gloucestershire Primary Care Training Hub](#)

The Gloucestershire Primary Care Training Hub would like to monitor the views of Social Prescribing Link workers in relation to their experience of clinical supervision. As we are creating and developing a new model for clinical supervision, we really value and need your feedback.

We want to make sure it is delivering the support you need. We would like to use your feedback to evaluate and bid for future funding for more supervision.

Please fill in this survey based on the experience you have had to date with your clinical supervision. All responses are completely anonymous and cannot be traced to any individual, all data use complies with DPA(2018) and GDPR regulations. This data will only be accessed by the evaluation team (Meaningful Measures www.meaningfulmeasures.co.uk). Your data will be stored securely and will not be shared with any third parties. If you have any queries, please email hello@meaningfulmeasures.co.uk

The survey should only take 7 to 10 minutes of your time.

A bit about you

Are you:

- Male
- Female
- Prefer not to say

Your age:

- 0-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+
- Prefer not to say

Job title (SPLW is Social Prescribing Link Worker):

- SPLWs working with adults
- SPLWs working with Children and Young People
- Other
- Prefer not to say

Length of time in role (months): Leave blank if prefer not to say

Full-time/ part-time?

- Full-time
- Part-time
- Prefer not to say

Perceived Stress Scale: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way. Answer Never, Almost Never, Sometimes, Fairly Often or Very Often to the below questions

- In the last month, how often have you been upset because of something that happened unexpectedly?
- In the last month, how often have you felt that you were unable to control the important things in your life?
- In the last month, how often have you felt nervous and “stressed”?
- In the last month, how often have you felt confident about your ability to handle your personal problems?
- In the last month, how often have you felt that things were going your way?
- In the last month, how often have you found that you could not cope with all the things that you had to do?
- In the last month, how often have you been able to control irritations in your life?
- In the last month, how often have you felt that you were on top of things?
- In the last month, how often have you been angered because of things that were outside of your control?

- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

ONS4: We would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

- Overall, how satisfied are you with your life nowadays? 0 is "not at all" and 10 is "completely"
- Overall, to what extent do you feel that the things you do in your life are worthwhile? 0 is "not at all" and 10 is "completely"
- Overall, how happy did you feel yesterday? 0 is "not at all" and 10 is "completely"
- On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday? 0 is "not at all" and 10 is "completely"

Additional questions

Have you had any absence due to stress in the last 6 months?

- Yes
- No
- Prefer not to say

If yes to the previous question, how many days absent? (if prefer not to say, leave blank, if don't know put D/K)

Are you happy in your current role?

- Yes
- No
- Unsure
- Prefer not to say

Do you feel you may want to leave your role in the next 12 months?

- Yes
- No
- Unsure
- Prefer not to say

Space for any other comments:

Did you attend clinical supervision?

- Yes
- No
- Prefer not to say

If yes, was the clinical supervision group or one-to-one? Please also tell us the number of sessions you attended.

- Group supervision only - if so how many sessions?
- One-to-one supervision only- if so how many sessions?
- Both, group and one-to-one - if so how many sessions?

If you answered "No" could you tell us more why you did not attend any clinical supervisions?

What was your experience of the clinical supervision?

- Excellent
- Good
- Satisfactory
- Poor

Please explain your answer:

Reflecting back on the clinical supervision what were the most useful outcomes?

What affect, if any, did the clinical supervision have on your intention to stay in your current job as SPLW?

What aspects of the clinical supervision could be improved?

Do you have any other comments about the clinical supervision?

Would you take up the offer of ongoing clinical supervision beyond the 12 months pilot, if this was available?

- Yes
- No
- Don't know

What format would you like your future clinical supervision to be?

- Group supervision
- One-to-one supervision
- Both, group and one-to-one supervision

What would be the impact on you if the clinical supervision stopped after the initial 12 months pilot?

- No impact
- Negatively impact my professional performance (please tell us about this)
- Negatively impact my wellbeing
- Impact me in another way (please tell us about this)

Thank you for filing in this survey