



Sustainability toolkit for community signposting services

NIHR | Applied Research Collaboration
North West Coast



A horizontal collage of six illustrations representing various community scenes: a park with a bench and people, a diverse group of individuals, a city skyline, a network diagram with a house icon, a library or study area, and a group of people in a room. The collage is set against a red background.

Section 1
**What is the
problem?**

Section 2
**Why are
community
signposting
services needed?**

Section 3
**What are
community
signposting
services?**

Section 4
**Community
signposting
service
models**

Section 5
**Sustaining
community
signposting
services**

Section 6
**Resources &
further reading**

1. What is the problem?

2. Why are community signposting services needed?

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6. Resources & further reading

Purpose of this toolkit

This **hyperlinked toolkit** (including navigation panel on left-hand side (**A**)) is designed to **guide service managers** in sustaining & evaluating community signposting services.

It offers **practical steps, key considerations & evidence-based approaches** to help support delivery of services in **meeting the needs of local communities**.

How to use this toolkit

The toolkit is structured into five sections, each addressing a key area for sustaining effective community signposting services:

Section 1. What is the problem?

Section 2. Why are community signposting services needed?

Section 3. What are community signposting services?

Section 4. Community signposting service models

Section 5. Sustaining community signposting services

This section addresses the common challenges that services face, how they overcome them, the opportunities to sustain their service through five detailed themes (**B**) with quotes (**C**) & what to consider: What to do (**D**), How to do it (**E**), What changes? (**F**).

There is also guidance on **how to evaluate** your service at the end of this section.

Section 6. Resources & further reading

Theme 1 - Flexibility of services

1. What is the problem?
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B

C

A

Page 22

So the 12 week is more of a guide because we shouldn't really be going past that, only because we need to think about capacity & how many clients we're dealing with. But there is a bit of flexibility in that given, you know, because we can't be person-centred & then just cut people off. — Signpostor

D

E

F

Theme 3 - What to consider

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B

C

D

E

F

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What to do: Make sure linked providers understand what the service offers. Regularly communicate with Adult Social Care & crisis support providers about the service's capacity.

How to do it: Encourage open discussion about service users' needs to empower them to engage in managing their health & well-being.

What changes? Service meets people's needs Service delivered as intended Service user-focused

What to do: Signposters need to recognise the limitations of what the service can offer.

How to do it: Reiterate service scope to referrers & clearly explain who is able to access the service, its limits & resources. Improve linked providers' understanding of how to make service referrals.

What changes? Service meets people's needs Shorter waits for service Fits wider setting

What to do: Staff are trained to recognise when people can't be safely supported.

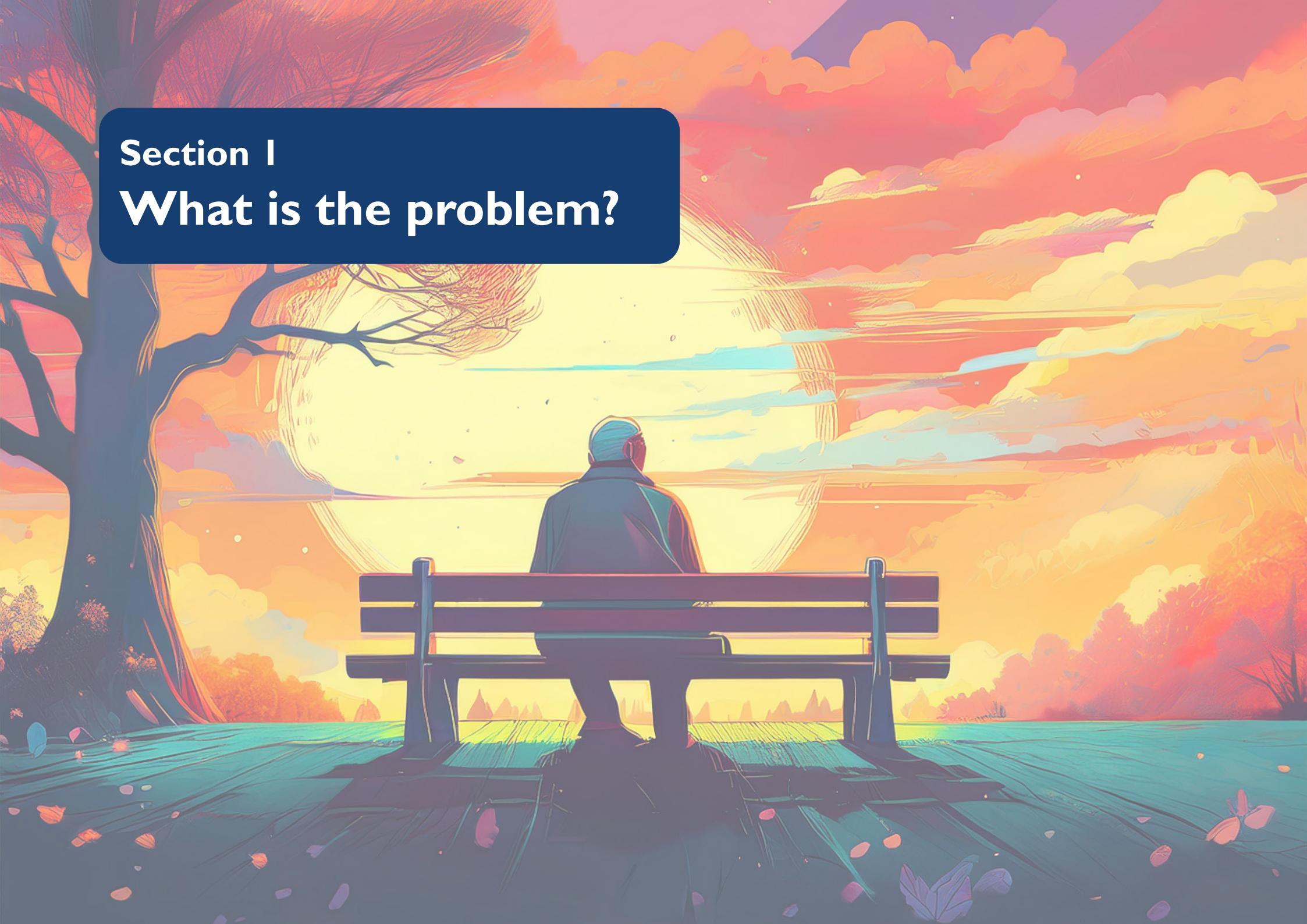
How to do it: Staff are trained to recognise when people can't be safely supported.

What changes? Service delivered as intended Service user-focused

Ways services have found to respond to opportunities (+) & challenges (-)

Section I

What is the problem?



1. What is the problem?

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What are people in the UK currently experiencing?



The UK population are leading **increasingly isolated lives**.

Our **ageing population** means **more people are living with health problems**.

Other things like poverty, feeling isolated, being treated unfairly or feeling left out can seriously affect a person's health & way of living.

These problems don't have to happen – they come from how society is set up.

Clinical care alone can't address health challenges like loneliness & mental health.



People **struggle** more at **work** & in their **daily life** when they **don't have social connections**.



Loneliness is increasing across all age groups, but **older adults are particularly affected**.



I in 5 GP appointments are for non-medical problems:
Social activities could reduce GP visits by up to **2.5-3%** each year (2.8-3 million appointments).



Signposting services can help to **blend health, social & community organisations** working together.



Taking part in **social & cultural activities** can **make life better** than healthcare by itself.



1. What is the problem?

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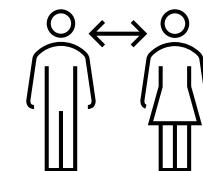
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Pandemic impacts

From 2020, the **COVID-19 pandemic** made loneliness & isolation worse.



Social distancing meant that many people had **less contact with others**.

Older adults in care homes were affected more with **visiting restrictions** keeping them **apart from families**.



While **technology use** (phone calls/video chats) became **more common**, many older adults **struggled to use or access** them, which made their **loneliness worse**.

During the pandemic, society found out how important **personal relationships** are for **well-being**.



Lockdowns made it **harder to maintain relationships/support networks**.

The pandemic showed that **people need social connections** to **stay healthy & maintain their well-being**.

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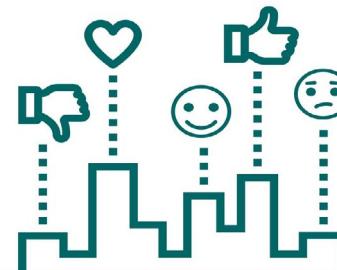
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Social isolation & loneliness

Loneliness hurts - both people & communities.

Social isolation & the loneliness it causes can reduce quality of life, affect physical & mental well-being & financial security.



Adult **social isolation** ranges from **15 - 40%**

More than **1/3** of adults **over 45** are **socially isolated**

Nearly **1/4** adults **over 65** are **socially isolated**

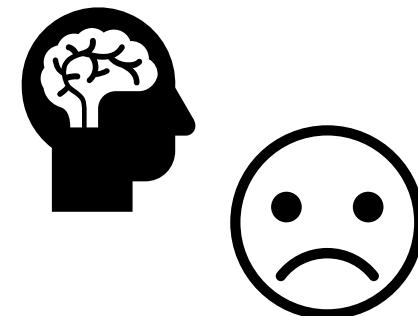
Mental health risks

Poor mental health (e.g. depression/anxiety) is **common in people experiencing social isolation**.

Feeling lonely can make mental health worse.

Loneliness increases risks of developing **anxiety** & can lead to **social anxiety**.

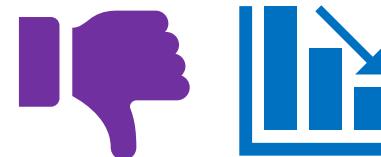
For depressed or anxious people, their symptoms can be worse if they have **less social connections** or a **weak support network**.



Social & economic health risks



Loneliness impacts people, workplaces & communities, reducing **productivity & well-being**. It also leads to **higher healthcare costs & poorer job performance**.



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Social isolation & loneliness - continued

Physical health risks

Poor social connections are linked to worse **physical health**, longer **hospital stays** & risk of **early death**.

Older adults who are socially isolated or lonely have:

50%
higher risk of developing dementia

30%
higher chance of heart disease

42%
higher risk of obesity

15%
increased risk of diabetes

26%
greater risk of dying from any cause



Loneliness is as harmful as smoking **15 cigarettes** a day.



Social isolation is linked to **higher suicide risks**, especially in older adults with less social interactions.



People without social connections have **weaker immune systems** & are more **vulnerable to infections**.



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Health inequalities

Disadvantaged people are more likely to experience mental health problems due to the health inequalities (**structural differences in living circumstances**) they face & they are less likely to access services to get help.

Services based in communities offer a way to help with this issue.

Differences in environmental, social, & economic circumstances
= **health inequalities**

Socio-economic factors
(e.g. poor housing, poverty & unemployment) are linked to **poor mental health**.

In the UK, **1 in 6** people are affected by **common mental health problems**.

Disadvantaged people are more likely to be impacted by their **mental health** than others.

They are **less likely** to access services & benefit from them.

Community-based approaches provide more **appropriate & effective** ways of improving people's health & well-being.



Struggling with mental health/loneliness



Accessing community-based services



Improvement in health & well-being

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SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Source: **Creating a healthier Scotland (2016)**. Creating a healthier Scotland - What matters to you. ISBN 9781786521033 <https://www.gov.scot/publications/creating-healthier-scotland-matters/documents/>

Section 2

Why are community signposting services needed?



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The Connected Communities research project

What is the research?

This research project is about **community signposting services** that use people known as signposters.

Signposters **link** people up with different kinds of **help & activities in the community** where they live.



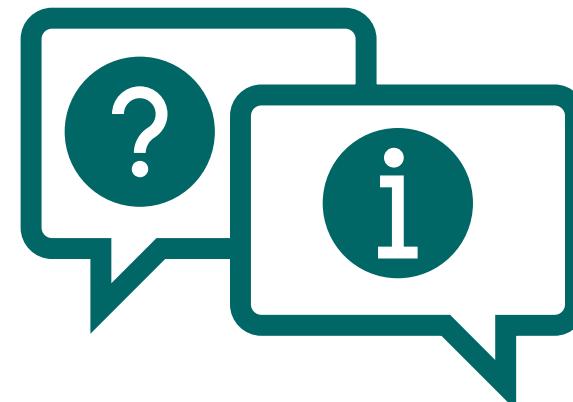
University of Lancashire

This research was funded by the National Institute for Health and Care Research (NIHR) as part of the Applied Research Collaboration (ARC) National Priorities Programme for **Adult Social Care & Social Work**.

A team of researchers from the University of Lancashire looked to see if **community signposting services** are set-up & run in a helpful way to people who work with the service & people who use the service to find local support in their community.

FUNDED BY

NIHR | National Institute for Health and Care Research



Why have we done this research?

The team wanted to find out **how people feel** about using or working with community signposting services & understand **how these services can work best**.

From this research, the team made **suggested strategies for how these services can be set-up & keep going**.

The information in this toolkit will **help other people sustain similar services** in different communities.

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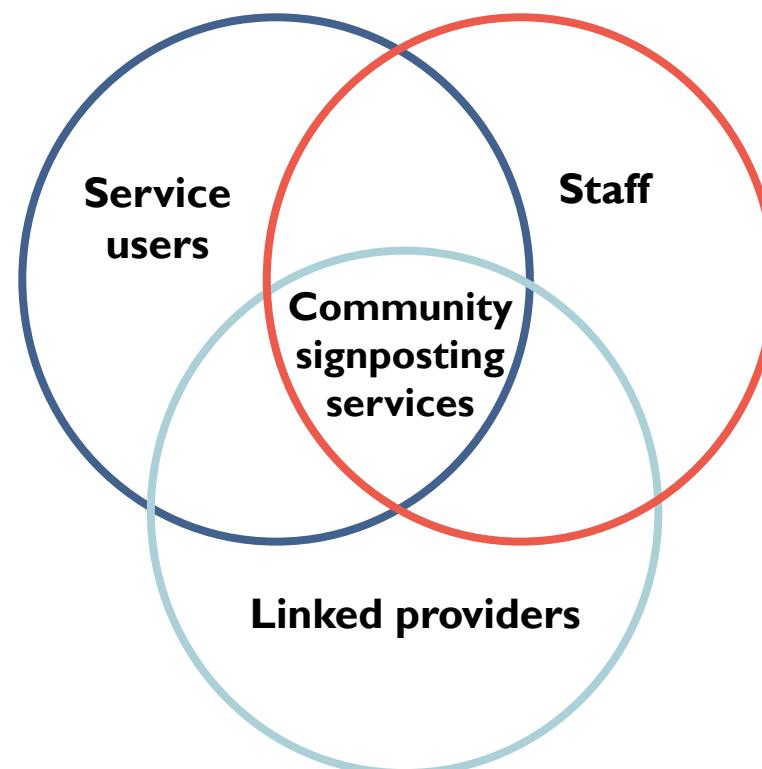
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The Connected Communities research project, continued



Who did we do this research with?

The research team worked with **three existing community signposting services** as case studies.

These services were **identified from NIHR ARC NWC members**.

They are representative of a local group of community signposting services & they work at **different intensities** (referral volumes & staff).

The team spoke with **service users, staff** (including signposters) & **linked providers** (people who refer service users in & out of the service).

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How did we do the research?

The team asked three **case study community signposting services** to:

- ▶ share existing documents about their service
- ▶ have recorded discussions with people who work with & use these services.

The team wanted to know about:

- ▶ what things **affect** how services are **set up**
- ▶ how they **work** with other services
- ▶ how they are **funded & staffed**
- ▶ how these services can **adapt**.

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Pressures on health & social care services

The **NHS** is under pressure to meet patient needs with **limited resources & staff**.

The 2025 **NHS 10 Year Health Plan**'s key reform objectives aim to **reduce pressure & help sustain the NHS** by:

Shifting care from hospitals into the community



Shifting focus from treatment to prevention



NHS becomes more sustainable with less pressures

How can we reduce this pressure?

There is a growing shift towards person-centred care. This type of support focuses **beyond clinical treatment & on social connections, community support & non-clinical care**.

When there is **collaboration** between healthcare, voluntary, community, faith & social enterprise (VCFSE) sector organisations, it helps to **reduce impacts** from social determinants of health.

These collaborations can potentially **improve health & care outcomes** for communities.

Community signposting services can help in the following way:

Providing **personalised support** for people experiencing poor mental health & loneliness



Linking people with community groups & encouraging them to form social connections



Community signposting services

“ we get a lot of referrals who are completely not suitable. [...] We've had referrals from the likes of **Adult Social Care** who, without sounding rude, just need to tick a box and need to tick that they've done something for this person. So **people who have complex needs, which we are not equipped to deal with at all.** ”

Staff member



Section 3

What are community signposting services?

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What do community signposting services do?

Person-centred community-based signposting **services** help people connect with the right kind of local assistance & activities in their community.

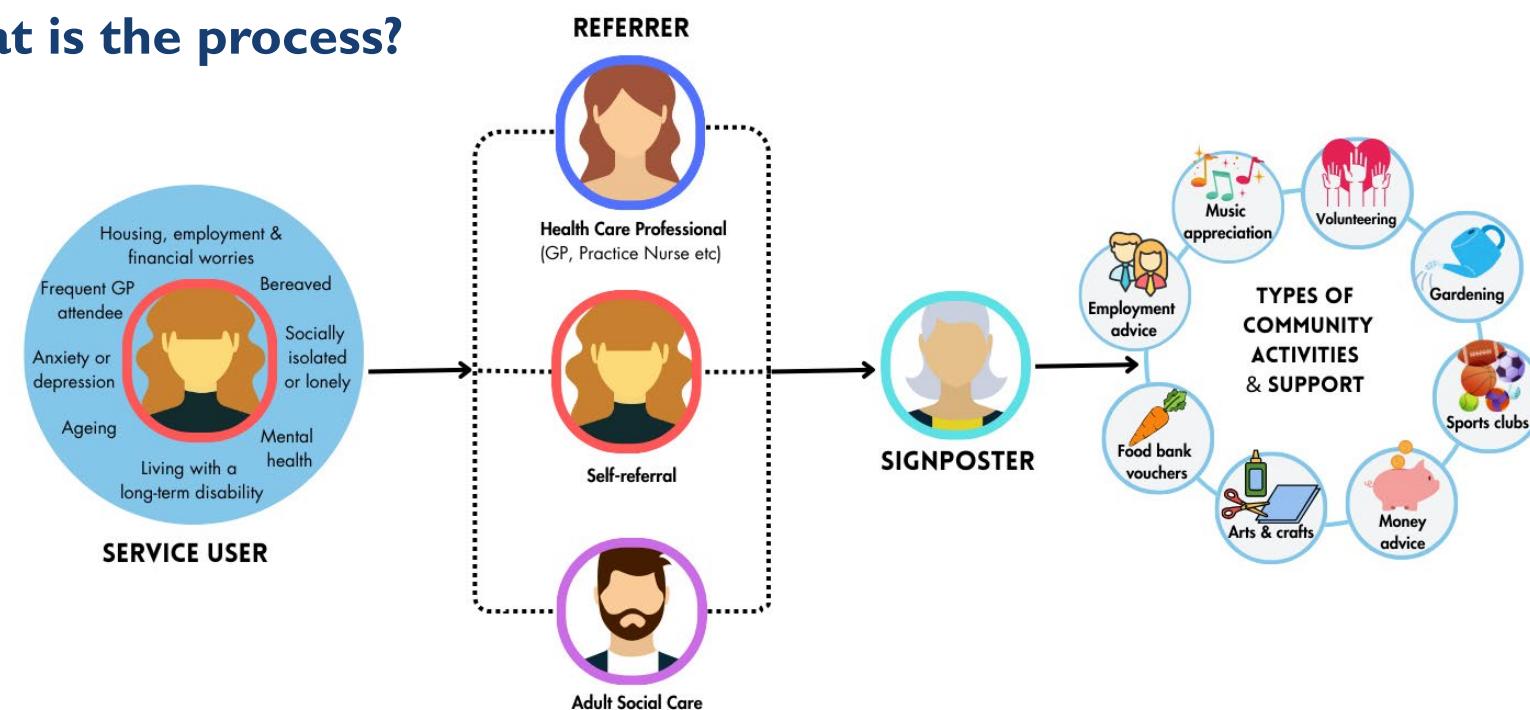
These services **focus on what a person needs to move forward in their lives**, by providing non-clinical, practical & social support to help improve people's health & well-being.

Who delivers these services?

A **key part of these services** is the '**signposter**' role (e.g. link workers, social prescribers, community connectors or neighbourhood coaches).

Signposters **listen to people**, help them **identify their needs & strengths** to **guide them** towards the best **available support in their area**.

What is the process?



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Who can community signposting services help?

These services can **signpost adults to access help** if they are experiencing any of the following:

► Feeling **socially isolated** & want to connect with others

► Are facing **practical challenges** like housing, finances or transport

► Need **emotional support** for their mental health

► Want to improve their **physical health** through community activities

► Have mild to moderate **mental health problems** but don't need clinical treatment

► Need help to find **local services**



People can **still access other** health & care **services at the same time**, such as community mental health teams.

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What kind of support can be provided?

Community signposting services help people by:



Identifying their strengths & helping them to use them.



Connecting them to local social groups & activities that match their interests (e.g. gardening clubs, music appreciation events).



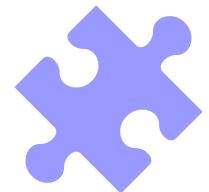
Signposting them to specialist services (e.g. housing support, debt advice, food banks).



Encouraging them to join in with recreational activities including physical & creative activities (e.g. arts & crafts, walking groups, or tai-chi sessions).



Supporting them to develop confidence & recognise their own strengths.



Addressing skills gaps or access to training to change their job or increase their employment opportunities (e.g. IT classes, volunteer opportunities).

The level of **help can vary** from quick **one-off signposting to ongoing tailored support** over several weeks.

The services aim to **empower individuals to take positive steps forward** in their lives.

Section 4

Community support service models



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Services & their operators

Our research has shown there are **three different levels of signposting service intensity**:



Low-intensity



Medium-intensity



High-intensity

Each service intensity has a **different structure, level of support & way of working** with service users.

Understanding these models can help organisations provide services that **match local community needs**.

We outline these service models by explaining how they **work & interact** with other services & systems.

Who runs these services?

Services are provided with **structural & funding support** by a **range of operating organisations**:



Local authorities



Community health services



Primary care services

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2. Why are community signposting services needed?

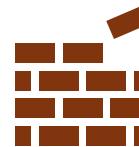
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Structural & funding support for services



Structural support

Local authorities	Triaging referrals Use of community centres where available Promotion at community events	Community health services	Making some direct referrals Providing room space for delivering activities Marketing & promotion between services	Primary care services	Making direct referrals only Office space (i.e. room in GP surgeries) Access to software & systems Induction to role training



Funding support

Local authorities	Limited funding (2 signposter roles) Additional applications made for external grant funding (e.g. digital literacy projects)	Community health services	Funding a range of signposter roles & support teams (e.g. social inclusion) Supporting linked providers to apply for additional activity funding	Primary care services	Funding signposter roles (30+ social prescribing link workers) GP practices provide some additional funding for small projects (e.g. neighbourhood groups)

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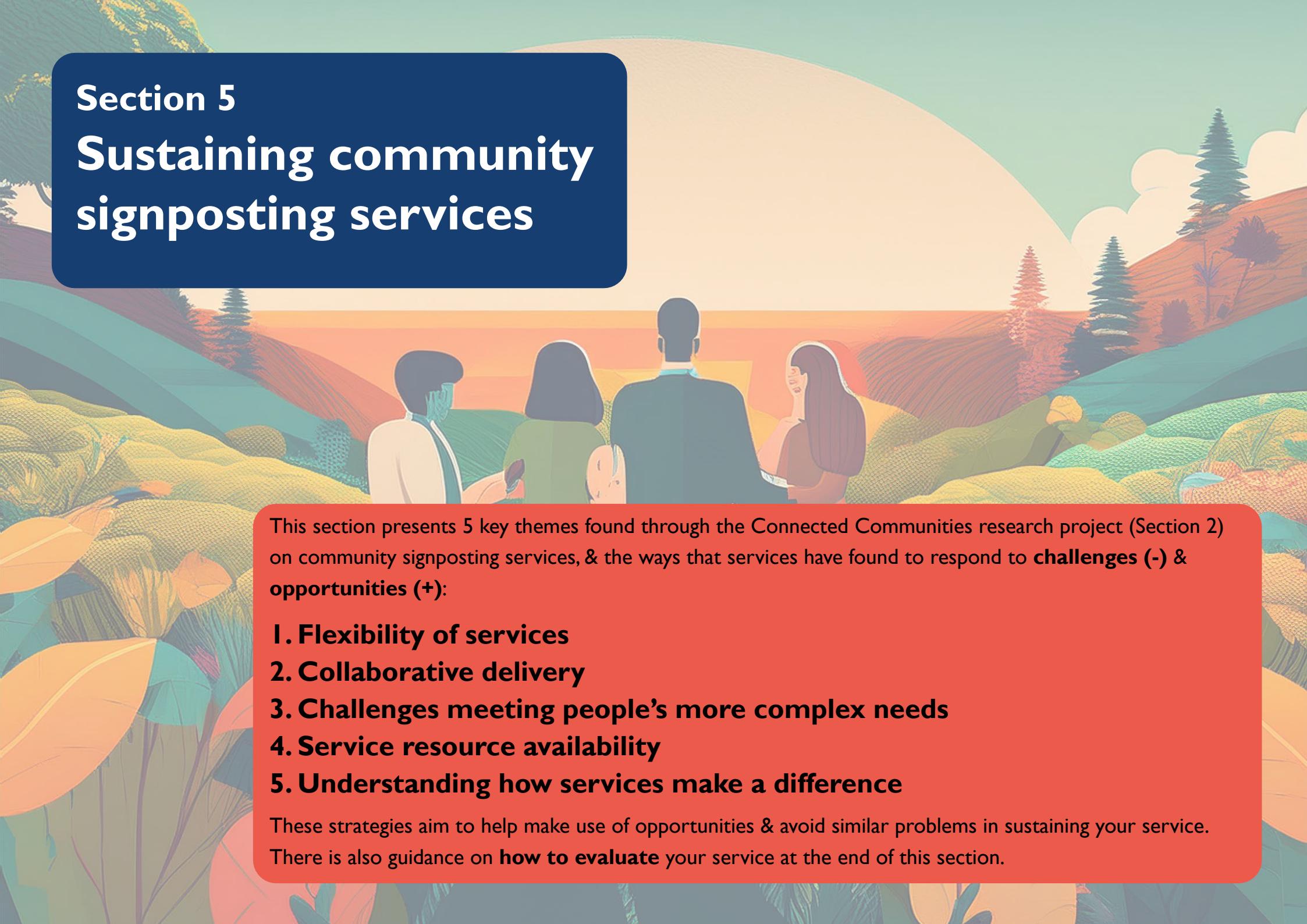
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Characteristics of different signposting service intensities

Signposting service intensities	Low-intensity service	Medium-intensity service	High-intensity service
			
<i>Referral source</i>	Self referral	Self referral or by a Health Care Professional	Health Care Professional
<i>Duration of use by service user</i>	Up to 12 weeks	As required to move on	Up to 12 weeks
<i>Signposter role name</i>	Connectors	Pathways Advisors	Social Prescribers
<i>Additional service support</i>	Volunteer 'Champions'	Volunteers	Community Mental Health Teams
<i>Funder</i>	Local authority (Public Health department)	NHS Trust	Primary Care Network/Integrated Care Board

Section 5

Sustaining community signposting services



This section presents 5 key themes found through the Connected Communities research project (Section 2) on community signposting services, & the ways that services have found to respond to **challenges (-)** & **opportunities (+)**:

- 1. Flexibility of services**
- 2. Collaborative delivery**
- 3. Challenges meeting people's more complex needs**
- 4. Service resource availability**
- 5. Understanding how services make a difference**

These strategies aim to help make use of opportunities & avoid similar problems in sustaining your service.

There is also guidance on **how to evaluate** your service at the end of this section.

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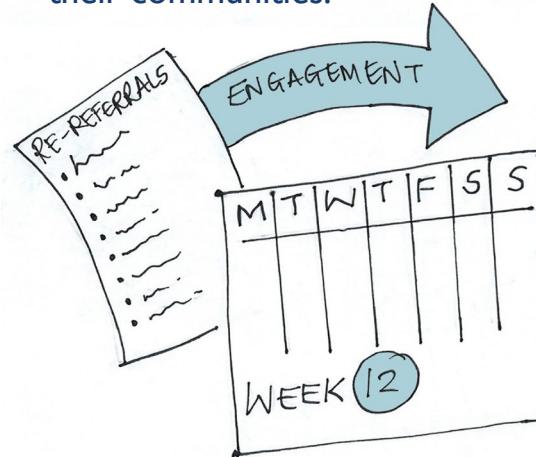
Theme 1 - Flexibility of services

Sometimes **services need to change how they work** to keep going.

Examples include:

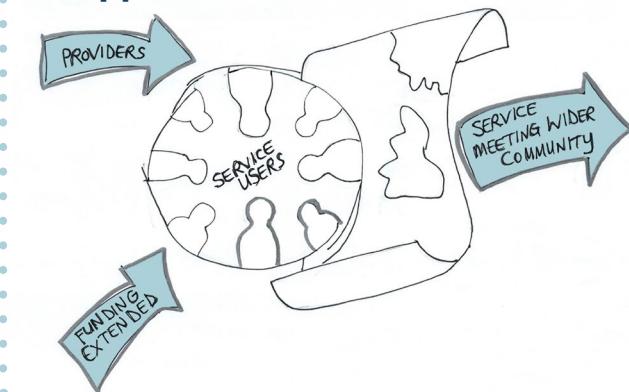
- ▶ **how long** they can offer support to each person
- ▶ **global health challenges** (e.g. pandemic)
- ▶ **geographic funding restrictions**
- ▶ **service goals or processes.**

- ▶ **Long waiting lists create pressure for services to support their communities.**



- ▶ **In the pandemic**, services changed how they served communities by remote working & they kept some **new ways of working** when they returned to 'the new normal'.

- ▶ **Despite funding limitations**, services found **ways to expand** who was eligible to receive support.



“So the 12 week is more of a guide because we shouldn't really be going past that, only because we need to think about capacity & how many clients we're dealing with. But there is a bit of flexibility in that given, you know, because we can't be person-centred & then just cut people off. ”

Signposter

- ▶ **Leadership** provided input & support to **review existing practices**.

They were also involved in conversations around changing service **goals**.



- Staff Recruitment
- Training
- Team Meetings
- Emotional Support

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Theme 1 - What to consider

Community signposting services need to **work flexibly & continually adapt** to support service users.

Consider the following strategies to help make use of opportunities & avoid similar problems in your service:

Providers have flexibility to meet community needs (+)

What to do:

Encourage staff to adapt what the service can offer.

How to do it:

Staff work to provide what the community needs as it changes.

What changes?

Service includes everyone

Service meets people's needs

Being flexible in how long services can work with a person (+)

What to do:

Encourage flexibility in support duration.

How to do it:

Adjust processes to extend or reduce support duration as needed.

What changes?

Service includes everyone & meets people's needs

Service delivered as intended & can be kept going

Shorter waits for service

Flexible use of available space (+)

What to do:

Change use of available physical space to deliver activities.

How to do it:

Consider using existing/other spaces differently as needed (e.g. group activities).

What changes?

Service meets people's needs

Delivered as intended

Service user-focused

Technology can support service users' engagement at the start of working with them (+)

What to do:

Offer different communication options to service users.

How to do it:

Provide choice of phone/video calls to engage with service.

What changes?

Service includes everyone

Service meets people's needs

Service user-focused

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Theme I - What to consider, continued

Service fits within existing healthcare structure (+)

What to do:

Build relationships with existing healthcare staff.

How to do it:

Promote the service & make it fit within existing referral systems.

What changes?

Shorter waits for service
Service can be delivered in practice

Expanding service reach to wider community (+)

What to do:

Be aware of where service users live to be able to reach them.
Discuss with & convince funders to expand service user eligibility to access service.

How to do it:

Improve access for people struggling to attend services due to where they live.
Demonstrate public health benefits of expanding access.

What changes?

Service includes everyone
Service meets people's needs

Leaders support service improvements (+)

What to do:

Leaders guide service developments & 'go the extra mile' beyond their daily tasks to sustain the service as a whole.

How to do it:

Leaders engage in service improvements, evaluation, extending access & filling resource gaps.

What changes?

Shorter waits for service
Service can be kept going

Fitting in with national policies, priorities & guidance (+)

What to do:

Service changes to fit in with national policy & guidance to meet funding requirements.

How to do it:

Leaders guide service changes to fit with national priorities.

What changes?

Service meets people's needs
Service can be kept going

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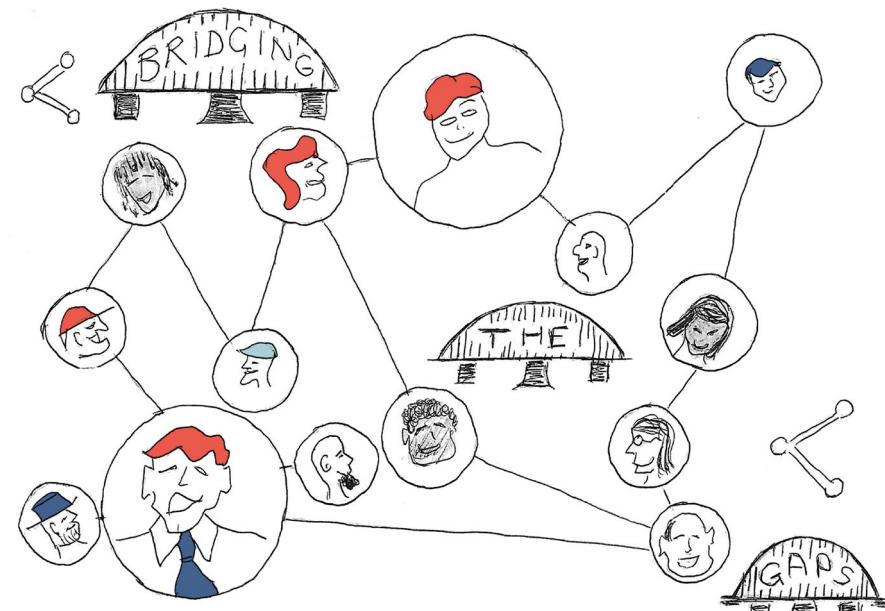
Theme 2 - Collaborative delivery

Working together allows providers to **engage with & appropriately support** service users in better ways.

This can be done by collaborating in **trusted places in the community** to **address issues & service gaps**.

Doing this can **reduce competition** between providers.

► Providers **networked & shared information to identify service gaps** in what was available to support service users locally, & find ways to **address the gaps**.



► When providers can **meet together**, they can **better support** their community.

“ it's so important as a Community Connector to **build good relationships with the groups we work with, to **always be out & about**, speaking to these groups, maybe attending the groups & just building good relationships with the ones who run it.”**

Signposter

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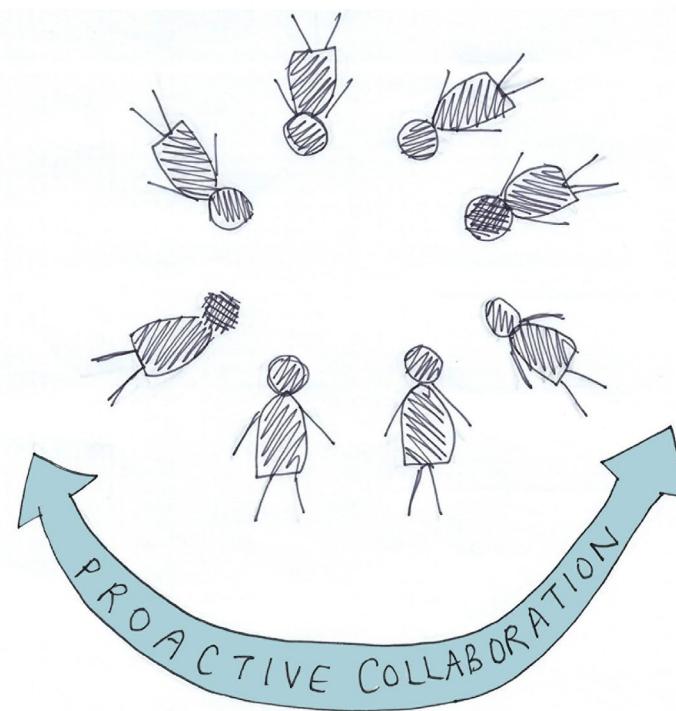
Theme 2 - Collaborative delivery - continued



► Providers can **engage better** with service users when they make use of **trusted places in the community** (e.g shopping centres, supermarkets or pharmacies).

.....

► Providers who **share responsibility** in delivering **support** for service users have **less competition** between services.



“we also help get some projects off the ground if we **identify gaps**. That's probably one of our main things is looking at the community & **seeing what our service users need**, & what's not necessarily there. And if we can, try to **help organisations** be able to **deliver it**. So, my colleague recently got a PTSD support group set up with [Linked provider] & that's been brilliant. So it's like things like that are great because **we can see things happening in real time as to when we see an issue** & then hopefully we can find funding.” Signposter

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Theme 2 - What to consider

Collaboration between services is important as it allows people to **work together**, share **responsibility & help** each other. This can **improve service delivery & support service user outcomes**. **Consider these strategies:**

Providers work together to strengthen community links & develop service (+)

What to do:

Involve community in developing service.
Build & strengthen good working relationships to collaborate effectively & support services.

How to do it:

Collect and use feedback from community to develop & keep service going.
Work with providers, use community spaces, set up regular stakeholder forums & pass on learning from training.

What changes?

Service includes everyone & meets people's needs
Service can be kept going
Service user-focused
Shorter waits for service

Providers collaborate to identify & fill service gaps for more effective service delivery (+)

What to do:

Actively offer support between providers to work towards common goals & solve known problems together.

How to do it:

Create strong relationships between providers to address service gaps through support & training, obtain funding & keep service going.

What changes?

Service includes everyone
Service meets people's needs
Service can be kept going

Sharing workspaces & systems for referrals helps providers to respond quickly (+)

What to do:

Set up shared working spaces & use existing referral systems to embed the service with partners.

How to do it:

Communicate together in shared spaces & create a more helpful referral process with other providers.

What changes?

Shorter waits for service
Can be delivered in practice

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Theme 2 - What to consider, continued

Signposters regularly promote service & are aware of community resources (+)

What to do:

Maintain provider relationships to have a shared vision of community support.

Encourage people to access service by promoting & delivering it in public spaces.

Keep community resources database up to date.

How to do it:

Make notes of available activities/opportunities, & share knowledge with the community.

Partner with trusted community spaces to connect with people, promote & deliver the service

Strengthen community awareness through marketing & volunteers.

What changes?

Service includes everyone & meets people's needs

Can be delivered in practice

Service can be kept going

Service user-focused

Staff & volunteers with lived experience help to keep them in the workforce & support better service user outcomes (+)

What to do:

Employ staff who have lived experience, offer appropriate role development & put in place volunteer roles in the service.

Provide full support to service users by working together.

How to do it:

Recruit people who have lived experience for staff roles & volunteers from the community/ previous service users.

Work together to solve support issues for service users.

What changes?

Service includes everyone & meets people's needs

Shorter waits for service

Service can be kept going

Service user-focused

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Theme 3 - Challenges meeting people's more complex needs

People often have **complex personal needs**. For example: intense social isolation, vulnerability, trauma, and severe depression.

This means community signposting services sometimes get **inappropriate referrals** from **Adult Social Care** and their **staff haven't got the skills** to support people with mental health problems **beyond the service's remit**.

- ▶ Staff find it **difficult to fully support** people's **complex needs**.



- ▶ Staff working with Adult Social Care sometimes get **inappropriate referrals** that are **difficult** for them **to support**.

“ Sometimes we get **really inappropriate referrals** where the person needs social care or **more intense support than what they could receive from us**, but we try and **refer them on to the right people**. I'd do like a care-line phone call with them and **try and get them the support**. ”

Signposter

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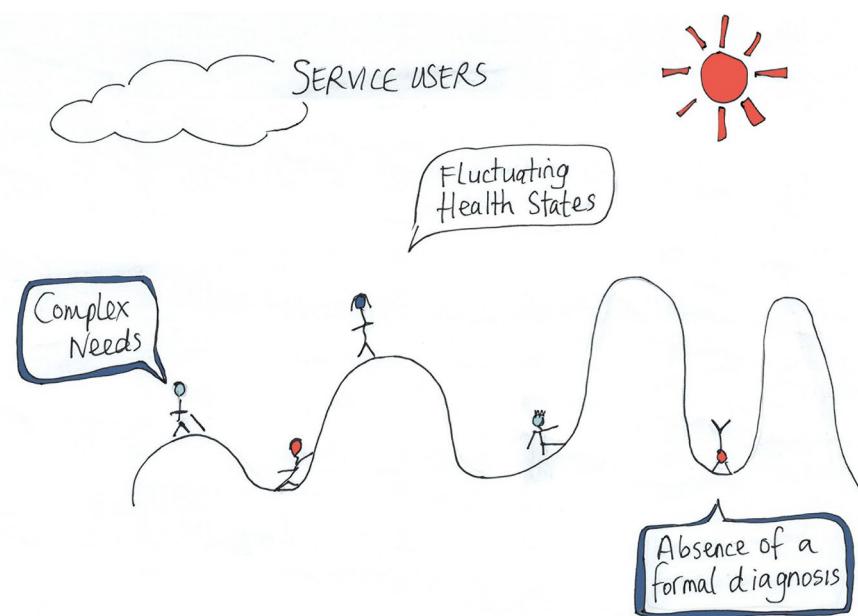
5. Sustaining community signposting services

6. Resources & further reading

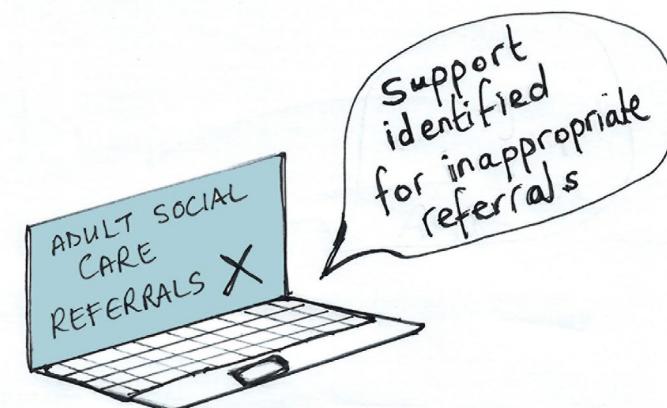
Theme 3 - Meeting people's more complex needs, continued

“ We’re working with people with mental health needs, and it should be low to moderate mental health. But what we are finding increasingly is because there’s long waiting lists for counselling, it’s hard to get into secondary mental health services. We’re finding that people are coming to social prescribing as a holding [area], so that is something we are having to be very careful of and making sure that we don’t become mental health practitioners because that’s not our role, we’re not trained in mental health. ”

Signposter



► Staff are **not equipped** to support people with significant and/or undiagnosed mental health problems in their community signposting service.



“ we’re trying to balance and manage some very unwell people that probably aren’t suitable for social prescribing. What they need is psychology services, but they just do not have capacity or that person doesn’t meet the criteria, so therefore will not be supported and then you’ve got to try and find them other things that are probably only just going to stick a plaster on the issue... I’m just sticking a plaster on a problem, not actually helping to resolve one. ”

Signposter

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Theme 3 - What to consider

Staff try to support referrals for **people with complex needs**, but their **service is not equipped to handle this**. **Inappropriate referrals** can create barriers for services to effectively provide **personalised support**.

Consider the following strategies for sustaining your service:

Finding ways to include people with complex needs in the service (-)

What to do:

Build supportive relationships with service users & offer inclusive activities to them.

How to do it:

Encourage open discussion about service users' needs to empower them to engage in managing their health & well-being.

What changes?

Service meets people's needs
Service delivered as intended
Service user-focused

Receiving referrals for needs (e.g. Adult Social Care) that can't be met by the service (-)

What to do:

Make sure linked providers understand what the service offers.

Regularly communicate with Adult Social Care & crisis support providers about the service, its scope & capacity.

How to do it:

Reiterate service scope to referrers & clearly explain who is able to access the service, its limits & resources.

Improve linked providers' understanding of how to make service referrals.

What changes?

Service meets people's needs
Shorter waits for service
Fits wider setting

Providers try to support people with significant mental health problems (+)

What to do:

Signposters need to recognise the limitations of what the service can offer.

How to do it:

Staff are trained to recognise when people can't be safely supported.

What changes?

Service delivered as intended
Service user-focused

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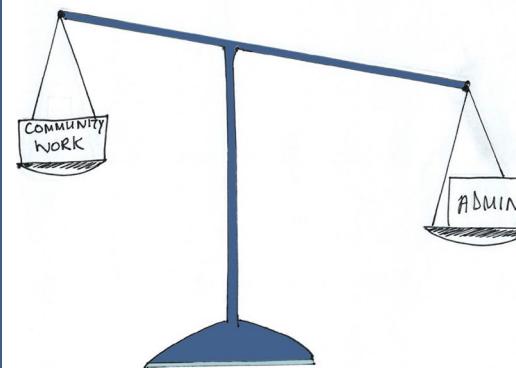
6. Resources & further reading

Theme 4 - Service resource availability

Providers have to find **ways to keep working with limited resources**:

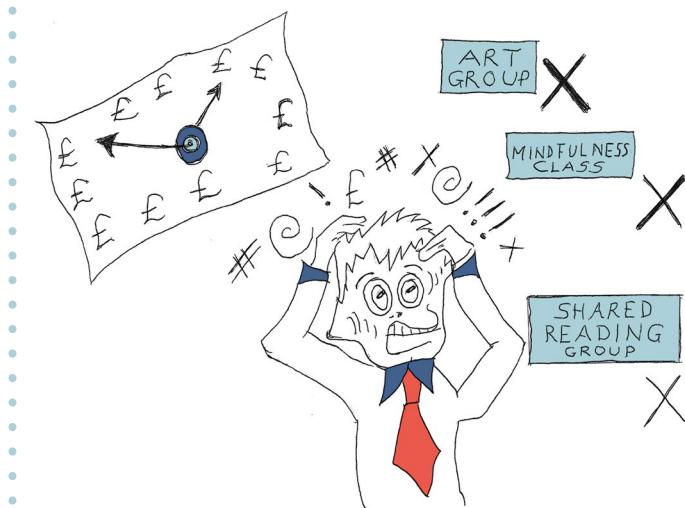
- ▶ **time**: they switch resources to **juggle service demands** & encourage service users to use other providers (like crisis centres) outside of working hours
- ▶ **money**: funding is **time-limited** & has **attached expectations** for use
- ▶ **workforce**: staff are encouraged to access **online & in-person training** where available (sometimes through other providers) & they use **previous experience** to apply for **new job opportunities** to stay employed by their service
- ▶ **data**: staff manage workloads & targets with **existing technology** which has **limited functions & access**.

▶ Providers have to juggle competing demands, & they deal with this by **allocating other resources** to keep their service going.



▶ Services are **limited by their opening hours**. If service users need **support out-of-hours**, they have to be **signposted elsewhere** when the service is closed.

▶ Providers worry about the **availability & use of funding** affecting operation of the service.



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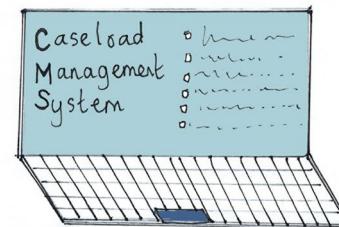
6. Resources & further reading

Theme 4 - Service resource availability, continued

► Providers **promote training opportunities** (online/in-person) for basics & additional ways of supporting service users.



✓ Service user engagement tracking

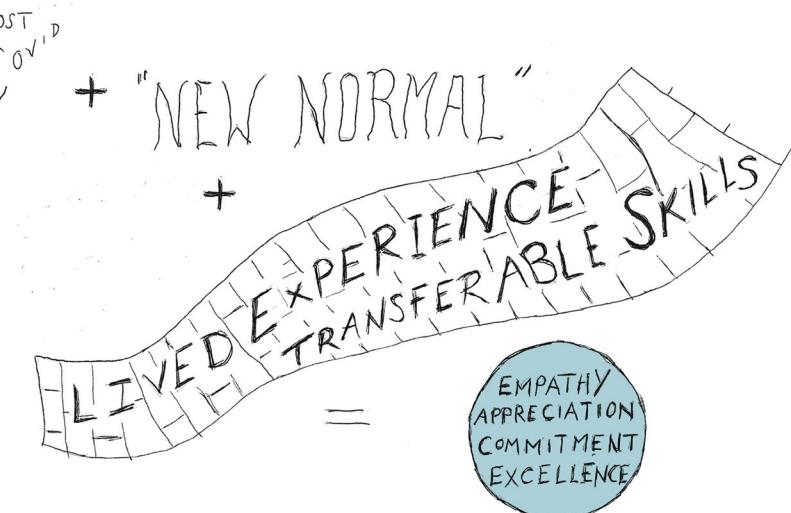


- ✗ limited access
- ✗ inadequate report generation

► Providers **use technology** that they already have to manage their workloads & targets, which allows **follow-up** & **supports engagement**, but they are **limited** by access & functionality.

“ as part of our **mandatory training**, we have an online training package coverings safeguarding, equality, diversity, and health & safety. The Make Every Contact Count training & suicide prevention is usually in-person. Either people [here] deliver that or other voluntary organisations locally. Me and [Linked provider], we deliver some behaviour change stuff. There's a wide range, so **there's a mix of online and in-person training**. **Most of it's funded** as well, which is good. I think if there was a gap, we'd be able to find the funding to do the training we needed. ” Linked provider

► Many staff joined their service after the pandemic began & used **previous work experience** to apply for opportunities which supports **career journeys** & **keeps staff in the workforce**.



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Theme 4 - What to consider

Providers have to find ways to keep **working effectively** with their **limited resources**. Making better use of **existing resources, time & training** can help staff to do this. **Consider the following strategies** for your service:

Staff freely manage their own time & workload to make sure the service runs smoothly (+)

What to do:

Give staff workload flexibility to manage their own tasks & responsibilities (include admin).

How to do it:

Support staff to complete & prioritise key tasks to manage their own workload (e.g. admin days).

What changes?

Service can be kept going

Offer staff accessible & flexible training to meet their needs (+)

What to do:

Provide staff access to appropriate & regular training opportunities to improve available service support.

Offer flexibility in workloads for staff to develop new skills.

How to do it:

Make sure all staff in the workforce keep their skills up to date.

Recognise training gaps & use existing resources or appropriate providers to fill them.

Share learning with others to overcome limited training access.

What changes?

Service includes everyone & meets people's needs

Service can be kept going

Shorter waits for service

Service user-focused

Providers access existing technology to support service user engagement (+)

What to do:

Allow records to be shared between providers & get information about community resources to support service user engagement.

How to do it:

Find & share appropriate information (through community database & connected record systems) to personalise service user support.

What changes?

Service meets people's needs

Shorter waits for service

Service can be kept going

Service user-focused

1. What is the problem?

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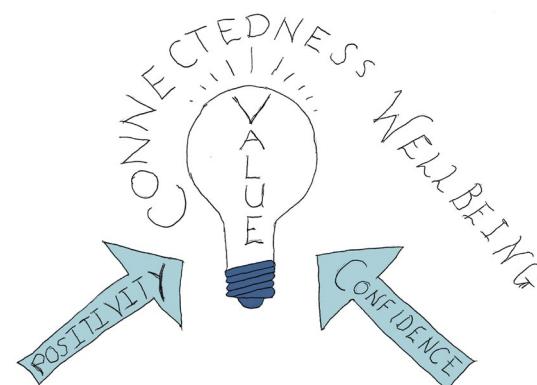
5. Sustaining community signposting services

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Theme 5 - Understanding how services make a difference

Both service users & staff feel **the community signposting service makes a difference to themselves & others** in the community & they are **enthusiastic** about it.

Community signposting services **collect engagement feedback**, but have **difficulty showing long-term impacts**.



► Providers demonstrate **passion & commitment** to delivering their service for service users.

► Providers **review involvement with service users** (before & after) to understand **if the service has met their needs** & also **collect their feedback**.



All services have **challenges demonstrating long-term impacts** for service users.

► Providers report **job satisfaction & feel confident about their service's aim**.



“ It's all that **anecdotal feedback** and the **case studies**, & the seeing somebody after, [...]. **They definitely don't transform their life suddenly**, but it makes a little difference & that's all we can hope to do. [...] **all I have to do is sit in with the clinic, or with the client, or talk to a social prescriber to remind me that this is the power of it**, really. Because **the statistics, the reports & the data, they don't really say anything.** ”

Signposter

Service users indicate **positive service experiences** & are **thankful for the quality of service** they were provided with.

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Theme 5 - What to consider

Collecting feedback is important in understanding how community signposting services can impact service users **during & after** their **engagement**. Some funding should be allocated to support collecting feedback.

This can also support **better practice** within the service by staff, volunteers & linked providers.

Based on our research, you might want to **consider the following strategies** to help make use of opportunities & avoid similar problems in sustaining your service:

Share data between providers to fully support people *during service engagement* (+)

What to do:

When commissioning services, explore subscribing to the same systems as linked providers. This makes data-sharing possible to track service users' engagement.

How to do it:

► Providers use shared reports to monitor service user engagement/delivery.

What changes?

► Service meets people's needs
Can be delivered in practice
Service user-focused

Improve service based on people's feedback *after service engagement* & share between providers (+)

What to do:

► Create opportunities for service users to give feedback.
Share service user data between providers to improve services & review impacts on service users.

How to do it:

► Survey & provide supportive conversations to encourage service user feedback.
Track referral volumes & review impacts on service users to share findings with providers.

What changes?

► Shorter waits for service
Service meets people's needs
Delivered as intended
Service can be kept going
Service user-focused

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Evaluating community signposting services

Why evaluate community signposting services?

Evaluation is important to consider & measure how successful community signposting services are in improving people's well-being & their ability to use services.

It helps services to **meet people's needs**, highlight **areas to improve** & encourage best practice.

Asking people to share their **lived experiences** can offer a more **complete understanding** of service impacts.

Collecting evidence for **outcomes & community impacts** can support services to attract **further funding**.

Click here for more information



How to collect evidence?

Evidence (data) can be collected using a **variety of methods**:

- ▶ monitoring attendance
- ▶ shared databases to track engagement
- ▶ informal feedback (e.g. thank you notes/emails)
- ▶ (pre- & post-) service use surveys
- ▶ case studies
- ▶ interviews & focus groups (with service users, providers & wider community)

Who can collect evidence to evaluate community signposting services?

- ▶ Signposters
- ▶ Staff
- ▶ Operating organisations
- ▶ Funders
- ▶ Linked providers
- ▶ Volunteers
- ▶ Service user forums
- ▶ External research teams

Section 6

Resources & further reading



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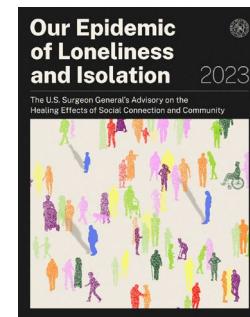
Fit for the Future: The 10 Year Health Plan for England (2025)

<https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>



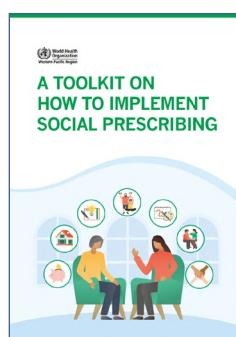
Children and Young People's Social Prescribing Toolkit (2023)

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