

KEY MESSAGES



GIVING A VOICE TO SCOTLAND'S COMMUNITY LINK WORKERS

Scottish Government's Community Learning and Development Review Thursday 21st March 2024

Introduction

Voluntary Health Scotland and the Scottish Community Link Worker Network (SCLWN) worked with Scottish Government's Lifelong Learning and Skills Directorate to facilitate an online event to enable community link workers from the Network to contribute to the independent [Review into Community Learning and Development \(CLD\)](#)

The session was led by Kate Still, the Independent Reviewer, and was attended by 12 community link workers (CLWs) from across Scotland as well as Craig Robertson and Steven Scott from the Directorate. Kate provided a short introduction to the review which focuses on 4 key themes - awareness and visibility; availability and accessibility; learning and support; and pathways and progression.

Key Messages

The first part of the discussion focused around 3 questions:

- What do you know about CLD?
- Are you aware of CLD services provided in the area where you work?
- Do you ever make referrals or recommendations to CLD services?

It is evident from the responses of the that there is a great deal of variation in terms of how aware and engaged CLWs are in relation to CLD services.

In Inverclyde, the CLW team knows a lot about CLD as they are very much part of CLD and every service plays their part. They don't generally have a CLD background themselves, but they are aware of CLD via a practitioners' forum which is thriving, as well as in-person meetings and social media. There are also regular email updates on the services available and a lot of CLD on offer via local libraries.

In Lochgilphead/Islay, there is a good learning hub that people can be referred into; however, CLWs generally struggle to know exactly what the CLD offer is which means they can struggle to know where to signpost patients to. However, they recognise that it takes time to network and gather information and as a CLW you need to be self-motivated to make these links. Local networks are not well-funded and CLD is not always represented within these.

In the Baillieston area which was previously seen as affluent, poverty exists and there are a lot of small projects post-Covid which don't have a CLD approach. Everything has a cost attached to CLD which patients can't afford. The CLW has seen the dispersal of new Scots in the area, with often very little on offer to them. They are on the boundaries of two local authorities, which means some people can't access services. There isn't a hub in the area from which to deliver central services.

In Clackmannanshire and Stirling, they are well-linked into CLD and there is a good tie-in between the third sector interface and local authority. There are projects in community justice and pre-employability, accessing courses from the local college. However, there is a disparity between CLD and CLWs. Some opportunities have come about from community purchases. Self-directed support is being promoted as a way for people to access CLD opportunities. Mapping and communication are key for workers to share their knowledge to ensure they are well-connected.

In Glasgow/West Dunbartonshire, there is high deprivation and CLWs will be linked with GPs in all 80 practices across Glasgow from April 2024. There are lots of good initiatives already with CLD. West Dunbartonshire is not as accessible due to geographical challenges. However, there is a lot of positive joint working with CLWs linking into CLD and engagement with colleges and universities to offer opportunities. It is likely that there are additional ESOL waiting lists in some areas due to the high dispersal of new Scots. An increased offer is needed in some areas to target these waiting lists. A focus on literacy and digital inclusion is needed in areas of high deprivation, particularly for the middle age group.

In Fife, due to referral criteria, there is often a need for mental health support from grass roots projects. The Scottish Association of Mental Health runs a lot of groups and classes (as a third sector partner). In Coatbridge there used to be a building confidence class (2-3 people for around an hour), run by SAMH and alongside the CLD service. This was a good example of an early intervention approach using CLD.

Do any of you have a CLD background?

There are some community link workers who come from a CLD background which translates well within their work.

Do you think the services offered through CLD could benefit some of the people you work with? If so, which services and why?

There was consensus among the CLWs that CLD could help the large new Scots population and ESOL referrals in their areas. Many of the CLWs also highlighted that CLD is often focused on employability and many of their clients could benefit from CLD that doesn't solely focus on boosting employability skills. The CLWs recognise that CLD can help provide a social network for someone who is isolated or feeling bored, so everyone could benefit from a wider CLD offer to a wider range of learners (e.g. older patients beyond retirement age or digital inclusion).

Approximately what proportion of people you work with could benefit from CLD?

Not all CLWs were sure about the answer to this but one suggested that around 30% could benefit from CLD.

Are there barriers for your patients to access CLD services?

There are lots of barriers around digital exclusion, but libraries and hub community centres offer support. It is very easy to refer to CLD and help people to self-refer. The barrier is mostly digital related, however CLD services can support this.

When cuts happen, one of the first things to go is learning that focuses on everyday practical life skills like cooking which are so vital to families learning to cook healthily on a budget. There are now minimal CLD opportunities out there to engage in education around healthy eating.

The cost-of-living crisis makes travel to CLD classes impossible for some, particularly in more rural areas. Some CLWs are aware of local libraries bringing in some digital learning offers, toddlers' group, walking groups. However, behind closed doors you don't know what's really going on for households, older people experiencing isolation etc. Lots of organisations are playing catch up post-Covid and are now in the midst of helping people navigate the cost-of-living crisis.

The availability of transport and travel costs are barriers to CLD, particularly for people living in more rural areas. It is important to work on community development (early interventions) to help with the root causes of the challenges that patients face (as this helps people connect and provides safe friendly environments where they can get support).

Local community centres have shut which means people have to travel further to get to services. The third sector doesn't have the capacity to support patients or people with mobility challenges to get to the places of learning. There is a real urgency to start taking the learning out to where people are. One of the delegates was part of a consortium in Clackmannanshire which explored barriers to accessing learning via transport. There are good cycle links but not everyone is fit enough to cycle everywhere! There are some good examples of organisations such as Ability Net helping people get online.

The CLWs also identified cuts within schools on youth projects (MCR Pathways) which is concerning. There is a more limited offer in relation to life skills once young people are out of school– some third sector organisations have provision, although it is patchy.

Finally, relating to the hierarchy of needs, the three top hits are mental health, finance and housing. When cuts happen the learning around soft skills (i.e. cooking, family learning, resilience building) is impacted first. The impact of this type of activity can be felt across communities.

Roisin Hurst
Project Manager, Scottish Community Link Worker Network
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Roisin.Hurst@vhscotland.org.uk



18 York Place, Edinburgh EH1 3EP // 0131 474 6189 // mail@vhscotland.org.uk // www.vhscotland.org.uk // @VHSComms
Registered Scottish Charity SC035482. A company limited by guarantee SC267315