



essential connections

SCOTTISH COMMUNITY LINK WORKER NETWORK ANNUAL CONFERENCE 2024



A lightning bolt can be used to represent strength, courage and inspiration

Scottish Community Link Worker Network Conference - Voluntary Health Scotland Key Messages Report

29 May 2024



Welcome from Conference Chair - Angiolina Foster, Chair of Public Health Scotland

Angiolina Foster opened the 2024 Scottish Community Link Worker Network Conference by extending a warm welcome to the 200 community link workers, programme leads, speakers and exhibitors in attendance. She shared details of the lightning networking prize draw, designed to encourage delegates to make new connections, before explaining the significance of the lightning bolt on the conference's promotional materials. She said that a lightning bolt can be used to represent strength, courage and inspiration, and asked delegates to bring their own strength, courage and inspiration to the day ahead.

Conference Overview - Tejesh Mistry, Chief Executive of Voluntary Health Scotland

Tejesh Mistry began his conference overview by emphasising the potential of social prescribing, acknowledging the current challenging environment, with unprecedented pressure on the voluntary sector, and stressing the important role that community link working has to play in a much-needed shift towards prevention.

Tejesh then shared exciting plans for the coming year, which will include the launch of community link worker awards as part of next year's conference.

He also announced a new partnership with [Turadh](#), who have expressed a desire to work with people in the third sector to provide opportunities for rest and rejuvenation in nature. He said that their accommodation offer would be heavily subsidised and that he will share more information about this soon.

Keynote Address - Neil Gray MSP, Cabinet Secretary for Health and Social Care

Neil Gray MSP, the Cabinet Secretary for Health and Social Care, expressed his delight at having the opportunity to speak to everyone and celebrate the positive contribution of community link workers.

The Cabinet Secretary acknowledged the enormous challenges faced by the health and social care system due to the COVID-19 pandemic, Brexit, and the cost of living crisis. He noted the unwelcome reality that people across communities in Scotland continue to experience health, quality of life, and even life expectancy differently due to health inequalities and economic circumstances. He shared that, with his anti-poverty background, tackling health inequalities and alleviating poverty are vitally important to him.

He emphasised the need for reform and innovation in the health system and outlined the Scottish Government's plans for focused engagement across the sector. He said that the Scottish Government is already taking forward a range of plans for immediate and longer-term reform to our NHS and announced that he will set out its vision for this in the coming weeks.

He shared the new First Minister, John Swinney MSP's recently announced priorities:

- Reducing child poverty;
- Growing the economy;
- Improving public services;
- And tackling the climate crisis.

He is aware that many community link workers support families facing difficult issues, including financial hardship, mental health problems and social isolation. Social and economic circumstances can have a significant impact on the health, wellbeing and development of all family members. He stated that, for this reason, the First Minister has made a clear commitment to eradicate child poverty.

He shared his firm belief that community link workers are key to the Scottish Government's efforts to address health inequalities, that it is evident that their work has a huge impact on health outcomes and that they are greatly valued by the communities they serve and by the other professionals they work with in primary care. He said that, for this reason, the Scottish Government had taken targeted action in November 2023 to stabilise the community link worker capacity in Glasgow, with £3.6 million funding confirmed over three years.

The Cabinet Secretary stressed the importance of support for community link workers and the role of the Scottish Community Link Worker Network in facilitating discussion and learning among stakeholders. He also mentioned that officials are currently reviewing community link worker policy in General Practice, including funding arrangements, to continue to provide community link worker support where it is needed most, in our deprived communities.

He discussed the development of wider policy on social prescribing and the importance of non-clinical options in a person-centred approach to care. He stated that the Scottish Government is aware of the excellent work taking place across

the country to deliver social prescribing initiatives. It wants to understand how it can best support this local activity and develop its policy on social prescribing to ensure that Scotland maintains its international reputation as a place where social prescribing is supported and valued. To bring greater coherence to this approach, Maree Todd MSP has recently taken up formal Ministerial responsibility for social prescribing.

The Cabinet Secretary said that he appreciated the hard work that had gone into Voluntary Health Scotland's [Essential Connections report](#), which contains valuable lessons about what is working well, what is not and areas where there is inconsistency across the country. He stated that the report illustrated areas where we may need to think about having more national oversight and more consistency across Scotland. However, he caveated this by expressing his view that national consistency needs to be balanced against the principle of services being tailored to local circumstances. He committed to draw on the findings and recommendations of the Essential Connections report during the Scottish Government's review of community link worker services in General Practice.

The Cabinet Secretary thanked the community link workers in attendance for their tireless support to individuals and families coping with an array of challenging life circumstances. He said that the Scottish Community Link Worker Network Conference provided a great opportunity to showcase the incredible work being carried out across Scotland and the many successes of the Network over the last year. Before closing, he invited everyone to take strength, courage and inspiration back into the communities where they work.

Question and Answer Session:

Following the Cabinet Secretary's keynote address, attendees were then invited to ask questions.

The first question, from a GP, asked about **the Scottish Government's plan for social prescribing**. The GP said that they 'love their link worker but only have him one day a week.'

The Cabinet Secretary said it was really useful to hear that they want more than a day a week from their link worker. He shared his belief that we don't just need to maintain what we have. Instead, we need to expand on this and use our community link workers to help us with our prevention work. He added that a shift towards prevention would be key to managing the exponential rise in demand that we have seen over the last year.

This was followed by a second question from an attendee who asked about **national consistency**. They said that Scotland is the only UK nation that does not have a framework for social prescribing and asked the Cabinet Secretary if he would commit to exploring the possibility of developing a framework for community link working in Scotland.

The Cabinet Secretary said that this is part of what Maree Todd MSP will be reviewing. He said that we need to get better at joining up the work that is being done across community and voluntary services, and that this range of services

should be made available to community link workers. To maximise the value we can get from services, he also said that greater collaboration will be necessary between statutory services and the voluntary sector. He committed to look into the suggestion of a framework.

A third question asked about **the Scottish Government's plans for supporting the third sector**, given that community link workers often refer people to third sector organisations for support and many of these organisations are struggling financially.

The Cabinet Secretary said that the public sector was facing the same challenges, and that this situation was not unique to Scotland. He said that the Scottish Government still aspires to provide multi-year funding to the third sector, however they cannot currently commit to this. He stated that this is a conversation that the Scottish Government would like to have with the UK Government, as meeting this aspiration would require greater certainty in terms of the funding that we receive in Scotland. The Cabinet Secretary said that it can be difficult to plan budgets when there are fluctuations, even in-year, to the level of funding provided by the UK Government.

The final question concerned **evidence**, with an attendee asking the Cabinet Secretary what evidence voluntary organisations can collect to demonstrate impact and credibility.

The Cabinet Secretary recommended that voluntary organisations focus on two areas of impact. Firstly, health outcomes and how they can improve people's physical and mental health. And, secondly, their contribution to prevention and the savings that can be made by helping people to avoid resorting to primary care or acute services. He said that every penny and pound is a prisoner, and that it is important for voluntary organisations to measure the value that they provide to support people's health and wellbeing.

Bringing this keynote address to a close, Angiolina Foster summarised the two key messages that had emerged from the Cabinet Secretary's presentation:

- Firstly, a vocal endorsement of community link working;
- And, secondly, a shared commitment to stabilise community link working and to develop and expand on what is on offer.

Keynote Address - Dr Catherine Labinjoh, National Clinical Lead, Realistic Medicine, Scottish Government

Dr Catherine Labinjoh shared an update on the Scottish Government's work in developing a value based approach to the delivery of health and care services for Scotland.

In her keynote address, Dr Labinjoh provided five key messages:

1. Value based health and care encompasses outcomes which matter, delivered in a sustainable way, by practising realistic medicine.
2. Celebrate what matters to you every day and on 6 June ('What Matters to You?' Day).
3. Tackle waste locally and on a system basis.
4. Tackle inequalities locally and on a systematic basis.

5. Get involved and help change our culture.

In her first key message, Dr Labinjoh explained that value based health and care focuses on the outcomes that matter to people, looking beyond health outcomes to take a holistic look at people's needs.

She described how the Scottish Government had developed [Delivering Value Based Health and Care: A Vision for Scotland](#), explaining that it had taken a 'What Matters to You?' approach to ensure that stakeholders felt included, listened to and fully involved in this work. To support this, they carried out extensive stakeholder engagement sessions to help shape this vision.

Dr Labinjoh promoted an online module, available to community link workers through [TURAS](#), which guides people through value based health and care and how it relates to their practice.

As an example, she shared her experience as a cardiologist. When a patient comes to a clinic with a complaint about chest pain, it is important to take the time to stop and listen to what matters to them. There may be something in the background relating to family stress, for example.

She emphasised the importance of being mindful of our resources. This includes not just financial resources, but also the people working in the system and the wider environment. Regarding the environment, Dr Labinjoh explained that the impact of climate change on health is now well-recognised, and it is now believed that greenhouse gases are major contributors to deaths from heart attacks, strokes, respiratory disease and cancer. With this in mind, [the NHS Scotland Climate Emergency and Sustainability Strategy](#) looks to address how we can reduce the impact of health and care services on our environment.

In her second key message, Dr Labinjoh shared her own 'What Matters to You?' story which began whilst she was working on a patient safety programme. She shared a story about a patient named Robert, also known as 'the Big Yin,' and his wife Donna, 'the Wee Yin.'

Robert had heart failure and struggled intermittently with the symptoms of fluid overload. During treatment for his condition, he would receive an injection in the hospital and then spend the day there. Robert expressed his desire to go home and rest in his own bed instead of spending the day in the hospital.

Initially, this request was denied because this was a hospital treatment. However, upon further requests and listening to what mattered to Robert, Dr Labinjoh wondered if she could do something different to meet Robert's needs rather than the needs of the service. She looked at the risk and developed a protocol which allowed Robert to come in for a few hours for monitoring and then go home to spend important time with his wife Donna.

Dr Labinjoh emphasised that it was Robert's inspiration that made this possible and encouraged everyone to celebrate 'What Matters to You?' every day and especially on 6 June.

In her third key message, Dr Labinjoh discussed the issue of waste in healthcare, making reference to [Tackling Wasteful Spending on Health](#), a 2017 OECD report which found that one fifth of healthcare spend has no impact.

Dr Labinjoh said that the Scottish Government is currently working with NHS Wales to learn lessons from their approach to tackling waste. She explained that NHS Wales had carried out analysis of the cost and value of their interventions in order to prioritise those which were low cost, high quality and with a high impact.

In her fourth key message, Dr Labinjoh addressed the issue of inequality. Doing so, she cited the Chief Medical Officer who has included the widening healthy years gap amongst the major challenges facing the health and care system in Scotland. She said that there is a growing disparity, not just in life expectancy between the least and most deprived, but also in the ability to live a healthy life, with the 10% least deprived enjoying 24 more healthy years than the 10% most deprived in Scotland.

In her final key message, Dr Labinjoh discussed the need for a culture change in health and care, acknowledging that such a change may take a generation. She reflected on her own training, stating that the way she was trained years ago is gone, or should be gone, and they are working towards this change.

She spoke about NHS 24's 'It's Okay to Ask' campaign, which encouraged patients to ask more questions and be more involved in their care. This includes asking 'BRAN' questions:

- What are the **benefits**?
- What are the **risks**?
- What are the **alternatives**?
- And what would happen if I did **nothing**?

Bringing her keynote address to a close, Dr Labinjoh mentioned that the Scottish Government is currently developing communities of practice to support this work.

Question and Answer Session:

Following Dr Labinjoh's keynote address, attendees were then invited to ask questions.

The first question asked if Dr Labinjoh saw a **role for community link workers in secondary care**.

In response, she stated that there is definitely a role for community link working in secondary care, and that many of her secondary care colleagues are already trying to work with community link workers, albeit in an informal manner.

In a second question, Dr Labinjoh was then asked about **the progress of realistic medicine in primary care**, specifically with regard to education and practitioners.

Dr Labinjoh said that some colleagues will say that realistic medicine is already something that they do. However, it is her view that the primary and secondary care axis is still part of an industrialised approach. There is still pressure on time and still pressure to get people on a pathway. Dr Labinjoh said that most people want to practice realistic medicine and that it is about how we work to make this happen.

Evaluation of the Rollout of Social Prescribing Link Workers in Scottish and English Primary Care

Roisin Hurst, Project Manager - Scottish Community Link Worker Network

This session began with an introduction from Roisin Hurst which provided context to the discussion that followed.

Drawing parallels to the 1997 Labour manifesto, in which Labour stated that their three highest priorities were 'education, education, education,' Roisin stated that the Scottish Community Link Worker Network's manifesto should be 'evaluation, evaluation, evaluation.'

Roisin stressed the need to demonstrate impact and evaluate our work, a theme that has been discussed since the Network began. She expressed her hope that this issue would be addressed in the national review highlighted by the Cabinet Secretary for Health and Social Care in his keynote address.

Voluntary Health Scotland's [Essential Connections report](#) illustrated the lack of national consistency in this regard, with at least 16 different data management tools and 14 different evaluation methods being utilised across Scotland. Roisin emphasised the need for greater standardisation to ensure that we can demonstrate the impact of community link workers' hard work and avoid evaluation being done for evaluation's sake.

The Essential Connections report proposed a number of potential areas for evaluation, including impact on primary care, health inequalities, communities and patients. However, Roisin cautioned that any data has to be used effectively.

She then introduced the University of Manchester's UK-wide, three-year evaluation of community link working, which Voluntary Health Scotland has supported as the third sector partner.

Dr Hillary Collins, Research Associate, General Practice and Primary Care, University of Glasgow

Dr Hillary Collins provided an overview of the background to this research project. She explained that they had taken a case study approach, focusing on five geographic areas:

- Greater Glasgow and Clyde;
- Lothian;
- Greater Manchester;
- West of England;
- And North East North Cumbria.

She discussed the social determinants of health, highlighting that life expectancy is reducing, a trend not observed in surrounding countries. She linked this to economic policies of austerity, which have eroded the social safety net for vulnerable people, increasing levels of poverty, social isolation and loneliness.

Dr Collins noted the growing demand within primary care and the impact of cuts to services, suggesting that the NHS could make better use of community support structures which have been proven to improve quality of life and reduce the cost of care.

She then provided an overview of the research project's six work package areas:

- WP 1: Implementation;
- WP 2: Access and equity;
- WP 3: Experience and acceptability;
- WP 4: Health and wellbeing and service outcomes;
- WP 5: Economic sustainability;
- WP 6: Dissemination and knowledge mobilisation.

Dr Collins said that they want to take a multi-agency approach to map service provision, investigating how services operate, how well they work, how much they benefit people, and whether they are a good use of resources. She emphasised the need to ensure services are accessible to everyone, regardless of where they live or who they are.

Dr Eddie Donaghy, Health Services Researcher, Usher Institute, University of Edinburgh

Dr Eddie Donaghy then discussed work packages one and two, sharing preliminary findings from their mapping exercise which included policy analysis of social prescribing and community link workers in primary care. He noted that there have been major developments in both countries from a policy perspective, marking a landmark development.

He highlighted that, while community link workers have been around for many years, this is the first time they have been introduced at scale into primary care and into GP surgeries. He stated that there are now approximately 320 community link workers in Scotland and 3200 in England.

Dr Donaghy highlighted the rising demand for support due to a significant increase in social isolation, loneliness, anxiety, depression, food and fuel poverty, and housing issues. He underscored the importance of time with patients and active listening skills.

He said that community link workers are supporting tens of thousands of people and are needed more than ever, as indicated by the BMA's [Our Country is Getting Sicker](#) report, as well as the Glasgow Centre for Population Health's research into the effect of austerity on life expectancy in Scotland.

Dr Donaghy then shared some of the research project's key learnings to date:

- Community link workers' training and previous work experience has introduced additional skills into NHS primary care to meet 21st century health and social care needs.
- Different models of delivering community link worker services exist. However, there is significant variation in terms of the recording of data around referrals, outcomes measured and evaluation. The next steps here will be important.

- It should be recognised that we are still at the early stages of embedding community link workers at scale into NHS primary care.
- And developing an evidence base and shared experiences, taking into account what works well and why, will be vital. Shaping the next stages of the community link worker footprint is now crucial and requires a national conversation.

He brought his presentation to an end by asking a question to those in attendance: without community link workers, what would have happened to the tens of thousands of people that they support? And how would primary care services have coped in their absence?

Question and Answer Session

Following Roisin, Dr Collins and Dr Donaghy's presentations, attendees were then invited to ask questions.

The first asked if the study covered **rural areas**.

Dr Donaghy stated that it did cover rural areas but mainly in England. He said that many GPs and primary care staff in rural areas believe that policy can be too city-centric, not taking into account the views and experiences of those living and working in rural areas. Instead, we need to learn as much as we can about how services work in unique settings, giving consideration to any specific needs.

A second attendee then asked if there is a **timescale for these programmes**. In particular, the economic and sustainability workstream.

Dr Collins stated that they intend to publish their outcomes in 2025.

Community Led Health - Sarah Boath, Head of Programme, Scottish Community Development Centre

Sarah Boath started her presentation by providing an overview of CHEX (the Community Health Exchange), a network of 150 community-led health organisations with a focus on tackling Scotland's persistent health inequalities. She said that community-led health organisations and community link worker services are interlinked, and that they rely upon one another.

Sarah then outlined the six key areas of practice in community-led health:

- Knowing and understanding the community in which we work;
- Building and supporting groups and relationships;
- Building capacity to take action on community health issues;
- Building equality and tackling inequalities;
- Developing and supporting collaborative working;
- And developing and supporting sustainable community influence.

Sarah said there had been a lot of discussion around evaluation, frameworks and impact throughout the day. However, she suggested taking a step back to think about what community link workers are seeking to achieve and how we will know if they have succeeded. In her opinion, it is clear that we are seeking to address

health inequalities. Sarah stressed that knowing what we are aiming to achieve will then drive the data that we need to collect.

Bringing her presentation to an end, Sarah highlighted [Voluntary Health Scotland's recent briefing](#) which summarised community link workers' most common reasons for referral, as well as the challenges they face in their role. She said that we need to share the data we gather with one another on a more routine basis, to inform the practice of both community link workers and community-led health organisations.

Question and Answer Session

Following Sarah's presentation, attendees were then invited to ask questions.

The first question concerned **health inequalities**, with one attendee asking where the people they support would be without community link workers. They said that gaps are already widening and could be even worse without community link workers.

Sarah agreed, stating that it is important, when showcasing our experiences, to think about the whole system and how we can work together to address health inequalities in Scotland.

The second question concerned **evidence**, with an attendee asking how we can illustrate what community link workers in Scotland have achieved over the last year.

Sarah said that the research highlighted earlier in the day was a good start and promoted a hub on [the CHEX website](#) which includes resources relating to health inequalities.

Support and Good Practice - Chris Walsh, National Stakeholder Engagement Senior Manager, Social Security Scotland

Chris Walsh began his presentation by providing an overview of his role at Social Security Scotland, where he plays a crucial role in engaging with stakeholders to build a social security system in Scotland. He emphasised the importance of understanding the aspirations, concerns, and views of people in Scotland and said he welcomed feedback from community link workers.

Chris provided an overview of the remit of Social Security Scotland, a relatively new organisation responsible for providing social security in Scotland, replacing the Department for Work and Pensions for some entitlements. He said that Social Security Scotland is now responsible for administering 14 entitlements, primarily for disability and low income, highlighting the upcoming pension age disability payment which is due to replace attendance allowance.

Chris underscored Social Security Scotland's belief that social security is a human right, before discussing the importance of supporting information in a rights-based approach.

The key principles of Social Security Scotland's approach to supporting information includes:

- Putting clients at the heart of design;
- Only gathering information with clients' explicit consent;
- Ensuring that information is gathered from the most appropriate professional;
- Gathering the minimum information required for the case manager to make a decision;
- Complying with GDPR;
- And continually seeking to improve processes.

Chris noted that community link workers may be asked to provide this information due to their close relationships with the people they support.

He explained the public sector supporting information process, encouraging people to provide as much information as possible. He gave an overview of the decision-making journey, noting that Social Security Scotland has recruited a diverse range of practitioners with knowledge of different conditions.

Chris then explained the supporting information fee payment, in which £33.50 is payable following the completion of a form. Further information on this fee payment is available on [the Social Security Scotland website](#).

Link Worker Panel Discussion

The final session featured a panel discussion with five community link workers, who described their work, what they do and their thoughts on how the network can ensure that community link workers' voices are heard in current healthcare policy.

Robert West, Community Link Worker, We Are With You (Renfrewshire)

Robert, who has been in his role for five years, emphasised the commonality amongst all members of the Scottish Community Link Worker Network, regardless of their geographical location. He highlighted the shared passion for their work and the potential strength of the network when working as a unit.

However, he said that the funding challenges facing community link worker services could lead to a loss of key figures and potentially hinder information sharing across organisations due to commercial considerations.

Robert proposed a more coherent combination of efforts to strengthen the network and ensure all voices are heard. Particularly those in rural areas, who are often asked to do more with limited resources.

Robert advocated for the work of community link workers across Scotland to be brought under one banner and said that he supported the development of a framework to improve outcomes for community link workers and their patients.

Erika Copland - Community Link Practitioner, Voluntary Action Orkney

Erika, who has been in her role since November 2022, discussed the unique aspects of living and working in a small community in Orkney. She highlighted the close-knit nature of such communities, where residents tend to know each other very well. She said that this has benefits, as it means that community link workers in the area often know someone who works within a service which may be of use to the people they support.

Erika shared her firm belief that a one size fits all approach does not work, as what works well in a large city like Glasgow may not necessarily work well in Orkney.

Alison Leitch - Community Link Worker Assistant Service Manager, Edinburgh Voluntary Organisations' Council

Alison has been a member of the Edinburgh Community Link Worker Network for seven years. She oversees 20 link workers employed by nine different organisations.

Alison, who also leads on research and evaluation for the network, discussed the need to embed link workers into healthcare policy. She acknowledged that a one size fits all approach does not work but said that the freedom given by the Scottish Government has led to a lack of consistency across the country, which could be community link worker services' downfall.

She pointed out that, unlike other members of the multidisciplinary team, community link workers lack a level of standardisation, making them the 'poor relative.' Alison advocated for commonality across programmes and areas, but with flexibility to reflect unique needs.

She noted that Scotland is the only UK nation that doesn't have a framework for community link workers. As a relatively new role within the multidisciplinary team, she stressed the need to professionalise the role, which she said can only be achieved with research and evaluation.

Alison emphasised the need to decide what data is most meaningful and questioned whether they are making GPs' times with patients more direct and health-focused by taking responsibility for any social issues. She highlighted the lack of standard requirements for data collection and called for the Network to push for more research and data to demonstrate that community link worker services are worth the funding that they receive.

Abelomai Luncheon - Community Links Practitioner, the Health and Social Care Alliance Scotland

Abelomai shared his experiences and insights on several pressing issues. He referenced the recent [Voluntary Health Scotland briefing](#), which summarised community link workers' most common reasons for referral as well as the key challenges they face in their role. He stressed the need to relay this information to the Scottish Government, as well as the Health and Social Care Partnerships in which members work.

He drew attention to the lack of housing stock in Glasgow and criticised the current state of mental health services, which he believes are not fit for purpose. He also noted the lack of staff within the services they refer people onto.

Abelomai discussed the difficulties patients face when applying for benefits and attending tribunals, a process that can take up to a year to resolve. He also mentioned the barriers to obtaining bus passes, particularly for asylum seekers, which enable people to access different services across the city.

He emphasised the importance of asking patients what matters to them and bringing that information to policymakers. He suggested a joint approach to data collection to better address these issues.

Lastly, Abelomai touched on the issue of job security. He said that community link workers just want to carry on doing the job that they all enjoy and said that the lack of certainty regarding their own job security had an inevitable impact on the quality of support that community link worker services can offer.

Leeanne Killen - Community Link Worker and Primary Care Development Manager, North Ayrshire Health and Social Care Partnership

Leeanne said that she strongly believes in the importance of a framework to help community link workers fulfil their role and stated that community link workers in North Ayrshire now feel truly valued within their multidisciplinary team.

She highlighted the significant gaps in services and the lack of necessary funding for third sector services. However, she pointed out that simply providing funding isn't enough, as it is also necessary to understand and address barriers to services. For example, community transport.

Leeanne stressed the need to feed information into Health and Social Care Partnerships to help them understand the true needs of the community.

Question and Answer Session:

Following the link worker panel, attendees were then invited to join the discussion.

One attendee addressed the point that Abelomai had made in his update regarding **job security**, asking how this affected community link workers and the support that they provide.

Abelomai said that it definitely has an impact on the support that they provide and that the threat of Glasgow City Health and Social Care Partnership cutting funding for community link work services last year had come as a huge shock. He added that this insecurity had led to his team losing a lot of experienced community link workers, prior to the announcement that the Scottish Government would allocate an extra £3.6m to enable Glasgow City Health and Social Care Partnership to maintain the service.

Leeanne said that the announcement in Glasgow had sent shockwaves across Scotland, with community link workers wondering if other Health and Social Care Partnerships would take similar steps.

Alison added that this reflects the need for long term funding for the third sector. She said that third sector services are alleviating the pressure on statutory services and that they should be rewarded for that.

A community link worker in attendance agreed with the points that had been made, adding that it is difficult to attract people into the job at the moment because of the **short-term contracts** that are on offer.

Robert shared his view that, although there are now 320 community link workers, they are still under the radar. He said that more has to be done to raise the **profile** of their work to ensure that they are looked upon as a profession.

Leeanne thanked the Scottish Community Link Worker Network for pulling the conference together. She said that opportunities like this give community link workers a voice and that her **confidence** has really grown since becoming a part of the network.

Alison then concluded the panel discussion by reiterating her call for a **standardisation of the community link worker role**. She said if other professionals move from one area to another, they know their role and what they do, and that this should be the same for community link workers. To ensure that this is the case, national consistency is required.

Conference Closing Remarks

The conference was then brought to a close by Tejesh Mistry and Angiolina Foster.

Tejesh shared news that Voluntary Health Scotland has been invited to join a Primary and Community Health Steering Group, stating that this is huge recognition of the work of the Scottish Community Link Worker Network.

Angiolina then shared her own reflections on the day. She said that she had asked everyone in attendance to bring strength, courage and inspiration, and that they had not let her down.

She said that she had not heard the voices of people who are overwhelmed by the challenges that they face. Instead, she had heard people that know their own worth and know the value of their work.

Angiolina shared her excitement that, as a group of professionals, members of the Scottish Community Link Worker Network are in agreement about the messages and approaches that need to be taken which is a huge cause for optimism.

Angiolina wished everyone huge luck in their endeavour and said that we cannot fail. She thanked all the speakers, exhibitors and attendees, encouraging everyone to share feedback with Voluntary Health Scotland to inform their planning for the 2025 Scottish Community Link Worker Network Conference.

About Voluntary Health Scotland

We're passionate about what the voluntary health sector can achieve for people's health and wellbeing throughout Scotland.

We are the national voice, intermediary and network for voluntary health organisations in Scotland. We're passionate about what the voluntary health sector can achieve for people's health and wellbeing. We work with our members and others to address health inequalities, to improve health related policy, systems and partnership working, and to help people and communities to live healthier and fairer lives.

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Thank you to our amazing exhibitors



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