



Key Messages Report 2025

On the 7th of May 2025, the Scottish Community Link Worker Network (SCLWN) hosted its third annual conference and first awards. The event was attended by over 200 attendees and 20 exhibiting organisations.



Conference Chair Welcome: Justina Murray, Chief Executive, Scottish Families Affected by Alcohol and Drugs

Justina opened the SCLWN Conference and Awards and welcomed more than 200 Community Link Workers (CLWs), programme leads, speakers and exhibitors. Asking the delegates to share three words that summed up why they were here - responses included “Hope, Love, Pride” and “Making Life Better”!



Conference Overview: Tejesh Mistry, Chief Executive, Voluntary Health Scotland

Tejesh reflected that, in his first year at Voluntary Health Scotland, he has seen and heard about the good work of Community Links Workers (CLWs) all over Scotland - and the value of this work is increasingly recognised by policy-makers and health professionals too.

- Voluntary Health Scotland (VHS) and its members focus on 'health creation' - how communities can help people to live well and prevent worsening health. Our work gives people a sense of purpose, connection and enjoyment, and this can help people to live longer and healthier lives.
- VHS staff represent its members on over 30 networks. These provide opportunities to raise awareness of both CLWs and VHS members' work.
- VHS is working on a new strategy, and contributing to policy development, including the Population Health Framework and a Framework for Social Prescribing.
- VHS is working on a manifesto for the next Scottish elections, which will include a key message about the importance of CLWs.



Video Keynote Address: Neil Gray, Cabinet Secretary for Health and Social Care

- The Cabinet Secretary shared a video message with the conference. He was unable to attend in person, as the Programme for Government had just been launched.
- He re-confirmed the high value that the Scottish Government places on CLWs, and their life-changing impact on people, families and communities.
- He said that tackling poverty and inequality was a priority for the Scottish Government, and CLWs were integral to this.
- He described a range of government initiatives, including a review of national policy on CLWs (due to report in 2026), as well as work on housing and local government services and the Population Health Framework.
- He concluded by congratulating everyone who had been shortlisted for the SCLWN awards and thanking everyone for their hard work and commitment to supporting people in difficult circumstances.

Questions for Neil Gray MSP

- VHS committed to feedback questions from delegates to the Cabinet Secretary's office. All the questions focused on the need for the Scottish Government to commit to longer term funding and sustainability.
- Some questions addressed the instability faced by CLWs, many of whom are on short-term contracts, and asked for a commitment to permanency.

- One delegate asked about where accountability and responsibility for funding cuts lies, in terms of Scottish Government and Health and Social Care Partnerships' roles.

Keynote Address on Housing: Gordon Macrae, Assistant Director for Communications and Advocacy, Shelter Scotland



Gordon stated that Shelter Scotland has been campaigning on the housing emergency for years, while the Programme for Government offers little meaningful change.

- He explained the work of Shelter Scotland, which involves helping people to understand their housing rights, campaigning for those rights, and taking public bodies to court if they fail to meet their legal housing duties.
- Scottish housing law is based around the right to a home, but this right is not being put into practice.
- Rather than campaigning for new laws, Shelter Scotland is currently focusing on making sure that existing policies are implemented and rights are fulfilled.
- Shelter Scotland's main focus is the Scottish Housing Emergency Campaign: working with Local Authorities to co-produce housing emergency action plans together with local communities. Argyll and Bute is a great example of a Local Authority that has taken this seriously.
- Explaining the scale of the problem in human terms can help convince people to take this seriously. For example, every 15 minutes a household becomes homeless in Scotland; over 10,000 children are in temporary housing; and people are living in places that harm their health, life chances and social connectedness.
- Social housing is the most reliable way to end homelessness, but there has been a 15% fall in the number of social homes in Scotland, and a £200 million cut to housing support, with ten Local Authorities unable to fulfil their legal duty to house people.
- Gordon encouraged us all to get active on the upcoming Housing Bill and campaign for transformative change. This bill will include a "prevention duty" on public bodies to help people at risk of becoming homeless.
- Gordon said that those of us who recognise the problems cannot stay silent on their consequences. It's time to turn anger into activism.

Questions for Gordon Macrae

- **Old and dangerous housing stock:** This is a big problem. People are being housed in poor quality housing, because there are no other options. The public housing budget is being squeezed because of government overspends on other projects.
- **Housing in Glasgow:** Shelter Scotland took Glasgow City Council to judicial review before the pandemic for failing to fulfil its housing duties. This might

be needed again. There are real concerns when councils are spending money on things that aren't legally required while failing to fulfil their legal duties.

- **Homelessness prevention duty:** So far, no one here has been involved in planning for how to meet the prevention duty, if the Housing Bill succeeds.

Panel Session: Community Link Workers and GPs

- Justina chaired a panel discussion which focused on social prescribing in primary care, with three CLWs and two GPs. Each panellist opened with a reflection on the conference's theme of 'Health, Hope and Healing'.

Jordon Swann (CLW, Aberdeen City):

- CLWs provide the first line of support beyond the GPs, seeing patients who have been dealing with mental or physical health barriers for a long time.
- CLWs instil hope among people who have often lost it, who have been dealing with services that have let them down. CLWs help people to start the healing process.

Chris Provan (GP and Chair of The Royal College of GPs):

- Scotland has made great progress around social prescribing; however it needs to keep looking forward. Cutting services in the community will lead to more people seeking healthcare. We need to stop this happening and invest more in communities.
- There's so much evidence to show the value of CLWs. For every £1 spent on the role, there's a return of £2-£8, so the service pays for itself, and transforms people's lives.

Rachel Bower (CLW, Perth and Kinross):

- We can reframe the definition of health. It's about asking each person 'what does a good day look like to you? What does wellness mean to you as a person?'
- This gives a sense of hope, that a person has autonomy and the capacity to get what they need. It gives people a say in their own care, and what matters to them.
- Sometimes a good conversation with someone can be the healing they need. CLWs can offer patients time and real connection - something many other services cannot. Although there's much we can't change, we can still offer health and optimism.

Gillian Dames (GP and Deep End Network member):

- CLWs and financial support workers can provide so much more support for patients than just a GP appointment.
- Health inequalities are a social and political choice, and one that we could heal. This also must happen in the workplace - it isn't right that some members of the primary care team have financial stability and job security, while others, like CLWs, are precarious. A good working environment helps everyone to thrive.

Ingrid Sandison (CLW, Shetland):

- Health, hope, healing and happiness are connected. When hope is present, people are more likely to engage in healthy behaviours and persevere through challenges.
- CLWs contribute to all '3Ps' of public health: prevention, protection and promotion.

Panel Discussion

The panel discussed different ways that CLWs are embedded in primary care. This includes having space within the GP practice to see clients, and to meet other members of the primary care team; being supported by colleagues; being invited to online meetings and being asked for their contribution and it being valued. CLWs are part of the primary care team and deserve to be seen as such.



- The panel described some of the challenges faced by CLWs as funding for community resources is cut. It is getting harder to find the right resources to refer people to and waiting lists for services are getting longer. But it is still important to have these conversations, so that people feel heard and can start the healing journey.
- The panel reflected that GPs can help to build trust with their patients by referring them to CLWs. It's important for GPs to understand that CLWs can save them work and help their patients. Chris suggested that the Scottish Community Link Worker Network could collaborate with RCGP to help spread the message on this.
- The panel reflected that being a CLW can be very fulfilling work, but also draining, as they encounter heart-wrenching experiences. It's important to be aware of this and to practise self-care.
- The panel discussed the importance of having open conversations with people, to understand their circumstances fully, and explore what matters most to them.

Questions for the panel

- Participants asked whether the diversity of CLW working models in Scotland was a strength or a weakness; about what can be done to support good working relationships between GPs and CLWs; and about what CLWs could do to give people the right conditions to heal.

- The panel reflected that CLWs provide people with hope, and space to be heard, and this can lead to healing. The barriers people face feel insurmountable to them, but if we have a conversation, and find out what they are, we can help to address them.
- In terms of diversity, the role of a CLW is still not well understood, and standardisation and frameworks may help with this - but flexibility is also important. Diversity within the CLW network is also important: we all have different backgrounds, so we can bounce off each other and help to solve difficult problems.

National Review of Community Link Working in Scotland: Sushrith Kasturi, Senior Policy Advisor, Scottish Government Primary Care Directorate

- Sushrith described the three aims and workstreams of the National Review of Link Working in Scotland:



- **Evidence and Outcomes:** Creating a minimum core dataset, and defining national outcomes;
 - **Workforce and Skills:** Developing a knowledge and skills framework with NHS NES; connecting with wider Scottish Government policy on social prescribing;
 - **Funding:** Reviewing the Primary Care Improvement Fund; exploring options for greater future stability.
- The review is supported by a CLW advisory group. The Scottish CLW Network (SCLWN) is the main channel for communicating with CLWs.
- After this introduction, there was a roundtable discussion about the review's four 'outcome statements' for primary care, and how CLWs could help to achieve these:
 1. Primary health care workforce is enabled and supported to **deliver early interventions** for health conditions;
 2. Primary health care workforce is more able to help people **navigate primary care** and connect them to the whole health and social care system;
 3. Primary health care workforce is enabled and supported to **build strong relationships** with each other, both within their immediate teams and across professions;
 4. **People are empowered to participate in their own care**, at the capacity that is right for them.
- Feedback from delegates will be collated and used to help inform the review.

Collaboration to Deliver Scotland's Population Health Framework and a Shift to Prevention: Mark McAllister, Organisational Lead for Strategic Development, Public Health Scotland

- Public Health Scotland is developing a new Population Health Framework.
- There are major health inequalities in Scotland, with people dying younger and spending more of their lives in ill-health. There is a 25-year gap in healthy life expectancy between the poorest and wealthiest parts of the country.
- Most of the increase in ill-health is driven by cancers, cardiovascular disease and neurological conditions. The immediate risk factors include overweight and obesity, physical activity, harmful alcohol use, smoking, and drug use.
- A lot of these are preventable. However, it's not just about changing health and care services. Our physical environment, our health behaviours and, most of all, our social and economic circumstances all contribute to health outcomes.
- The Scottish Government's Health and Social Care Reform Portfolio is trying to shift the focus toward prevention. There are three parts to this:
 - **Operational Improvement Plan:** medium term improvements to services to manage increasing demand;
 - **Population Health Framework:** focus on prevention, on what can be done to improve health across the system, at community, local and national levels;
 - **Service Renewal Framework:** long-term plan for health and social care, including reforms over the next five to ten years.
- The Population Health Framework will have four pillars: social and economic factors; places and communities; healthy living; and equitable health and care.
- It sets a national target to 'improve life expectancy and narrow the gap' so that 'we live longer, healthier and fulfilling lives.' It will also include a national social prescribing framework for Scotland.



Question time

- Questions ranged from climate change, to obesity, to the use of evidence from other countries. The importance of focusing on young people experiencing deprivation, and including the voices of people experiencing health inequalities, were highlighted.
- A colleague from Public Health Scotland said that CLWs embodied the aims of the Population Health Framework and often act as the voice for people without a voice. He reflected on the challenges of building a Social Prescribing

Framework that sets standards while also being responsive to local and cultural sensitivities.

Trauma and Vicarious Trauma: Fiona Douglas, Health Promoting Health Service, NHS Lanarkshire

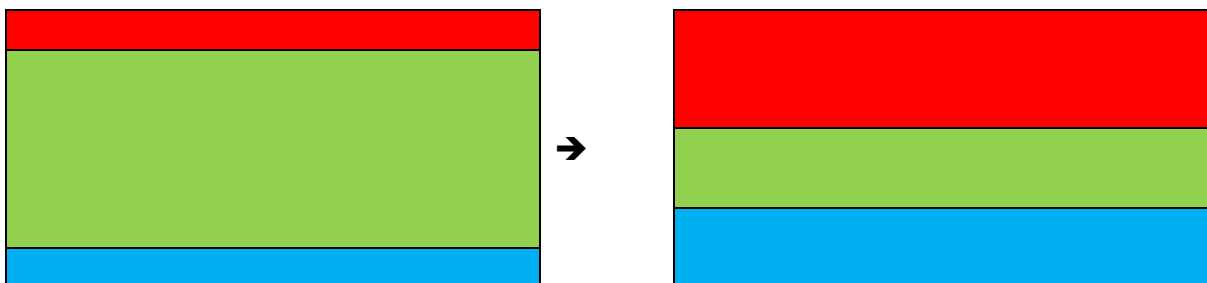


- Vicarious trauma and burnout are common experiences in our area of work.
- Trauma is often overwhelming, and people feel a lack of control. CLWs support people who have experienced trauma in many forms. Economic difficulties can also become an important source of trauma, especially if there is no end in sight.
- The 'rainbow model' of health shows how individual, community, environmental and socioeconomic factors all contribute to our health. This can help us understand what matters most to our clients' health, and to our own.



- Trauma-informed practice is underpinned by the principles of **trust, empowerment, choice, collaboration and safety** - it's about being compassionate and embodying these principles in our work. There's more information about creating trauma-informed workforces at www.traumatransformation.scot.

- Wellbeing in the workplace is underpinned by similar principles - **autonomy, belonging and contribution**. But these get squeezed if we are juggling a lot or dealing with a lot of trauma. The 'window of tolerance' illustrates this:
 - Picture the green zone as your 'window of tolerance'. When challenges happen, if your green zone is wide, then you can cope well with them and bounce back. But if you are spinning a lot of plates, dealing with a lot of vicarious trauma, then your green zone can shrink:



- If your window of tolerance shrinks, then when you face challenges, you are more likely to be pushed into your red zone (snappiness, anger) or blue zone (disengagement, burnout).

- Meaningful self-care can help us to keep our window of tolerance open. Self-care needs to reflect what works for you. But no amount of self-care can resolve underlying problems, like an overwhelming workload.
- The **five ways to wellbeing** are a good reminder of what helps to keep humans well. We use them with our clients and could also use them for ourselves. Fiona closed by reminding us, 'if your compassion does not include yourself, it is incomplete'.

Conference Closing Remarks - Roisin Hurst, Project Manager, The Scottish Community Link Worker Network

- Sustainable funding remains a major challenge for CLW programmes, and SCLWN will keep this on the political agenda. Policy-makers talk about prevention, but we need to see it in action. We will be developing a manifesto in the lead up to the elections next year to ensure that community link workers are not forgotten.



The First Scottish Community Link Worker Network Awards

The first ever Scottish Community Links Worker Network Awards were presented by Christine Carlin, Chair of Voluntary Health Scotland.

Scottish Community Link Worker Team of the Year

- Three teams were shortlisted: Aberdeen MHIWS, CVS Inverclyde and Stirling and Clackmannanshire.



The winner was the Stirling and Clackmannanshire Team.

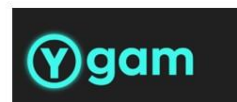
Outstanding Scottish Community Link Worker of the Year

Three link workers were shortlisted: Sophie Carmichael, Dawn Craig and Liam McGinlay.



The winner was **Dawn Craig, Carr Gomm.**

Thank you to all our attendees, speakers, pannelists, contributors and our exhibitors:



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