BRIEFING PAPER

Scottish Community Link Worker Survey 2025

October 2025

Background

At Health, Hope and Healing, the 2025 Scottish Community Link Worker Network's (SCLWN) Annual Conference, we announced that we would be conducting a survey with SCLWN members to find out more about the Network's current membership and the Network's role in supporting Scotland's community link workers. This is especially timely given the lead up to next year's Scottish Parliament elections and the Scottish Government's ongoing national review of community link working.

The last survey focusing primarily on the Network's role and function was undertaken in 2021, to support the Network's establishment. There has been other research work in the intervening period including a Training and Development Needs Review of Community Link Workers. We also conducted in-depth interviews with CLWs and Programme Leads for our 2023 Essential Connections report which explored the range and scope of community link working across Scotland.

As we approach next year's Scottish Parliament elections, social prescribing features prominently in the recently published Population Health Framework which includes an action to create a Social Prescribing Framework for Scotland. A policy lead has been appointed within Scottish Government to take forward this work.

Summary of survey findings

- Community Link Workers enjoy their jobs; what frustrates them is the lack of long-term job security, low salaries for what is a complex and demanding role, and a depletion in local groups and resources to which they can refer their clients.

- Network members see securing long-term sustainable funding for Community Link Workers as a key priority for the Network's activity.

- The main reasons for referral to CLWs have not changed since we conducted our Essential Connections report in 2023. These are primarily in relation to issues around mental health, social isolation and loneliness, housing and

financial support. This feeds into the types of services CLWs refer their clients to.

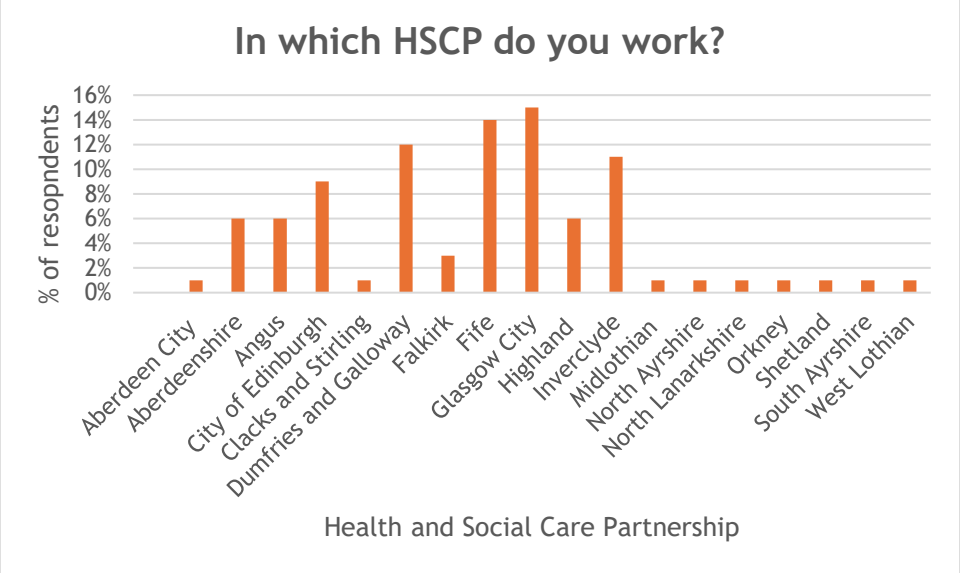
- Community Link Workers would like the opportunity to benefit from more opportunities for professional development, including professional accreditation for their role. They feel this would enhance the reputation of community link working as well as increase understanding of their job and the role of social prescribing in primary care.

- There isn't a national training programme for Community Link Workers and what classes as mandatory and optional training for CLWs differs across the country's programmes (although there is some consistency in terms of the training that CLWs complete and/or would like to undertake).

- 97% of Community Link Workers who completed the survey engage with the Scottish Community Link Worker Network in some capacity. However, they would like more opportunities to attend in-person events.

Methodology

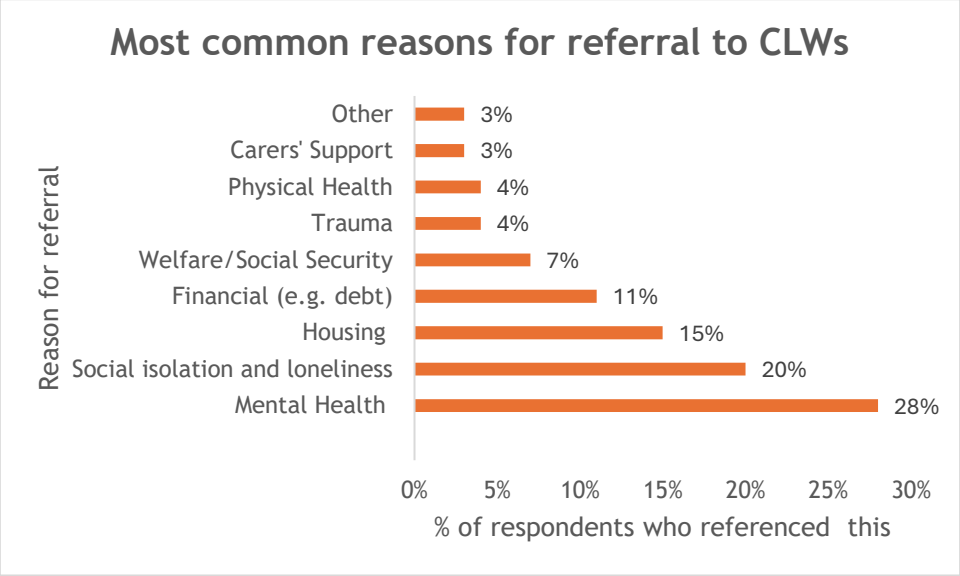
SCLWN members were emailed a Microsoft Forms questionnaire in June 2025 and asked to answer a set of 20 questions. The survey questions are outlined in Appendix One. We received 58 responses which represents 15% of the Network's members, with 35 out of the 58 respondents being based in the third sector. Respondents worked in both urban and rural settings across Scotland and the majority of CLWs covered an average of 3 GP practices in their role. Two programmes, Fife and West Lothian, do not have a policy of routinely embedding CLWs into the GP practices.



Findings

1. Referrals

The first question asked respondents to select (from a list) the top 3 reasons for referral to their service. The most common reason was mental health (28%), followed by social isolation and loneliness (20%) and housing (15%). Financial issues (e.g. debt) and welfare/social security issues also featured prominently. Other issues that were referenced included trauma, physical health and carers' support. Other options which respondents could but didn't select this time were related to employability and disability.



Where do CLWs refer their clients?

Respondents were then asked about the types of services/groups they most regularly refer their clients to (e.g. befriending, physical activity, peer support, volunteering). Unsurprisingly, given the local knowledge that CLWs have, there was a wide range of answers referenced in this question. This demonstrates the complexity of people that CLWs are seeing in their communities and the depth of local knowledge required by them to do their job effectively. The word cloud below demonstrates the range and type of services and support that CLWs refer people to.

The most frequently referenced services were general support services for mental health (including ADHD, wider neurodiversity and dementia), and befriending, peer and counselling support (including cognitive behavioural therapy and bereavement support). Other services that CLWs referred their clients to included welfare rights, financial/debt advice and housing support. Other groups and resources referenced included advice for women undergoing menopause and support to encourage people to be more physically active.

2. The Community Link Worker's week

In this question, we wanted to get a sense of how CLWs divide up their time between client-facing and administrative tasks. We asked respondents to outline how much of their time is spent doing certain types of activity during the week. We know that the core of the CLW role is taking a person-centred approach with their clients; however, we also hear regularly from CLWs how much pressure they are under to meet the demands of their role. Respondents stated that they spent 40% of their time with clients, 26% on making referrals, 24% on community engagement, and smaller amounts of time on other tasks included admin and job-related supervision and training.

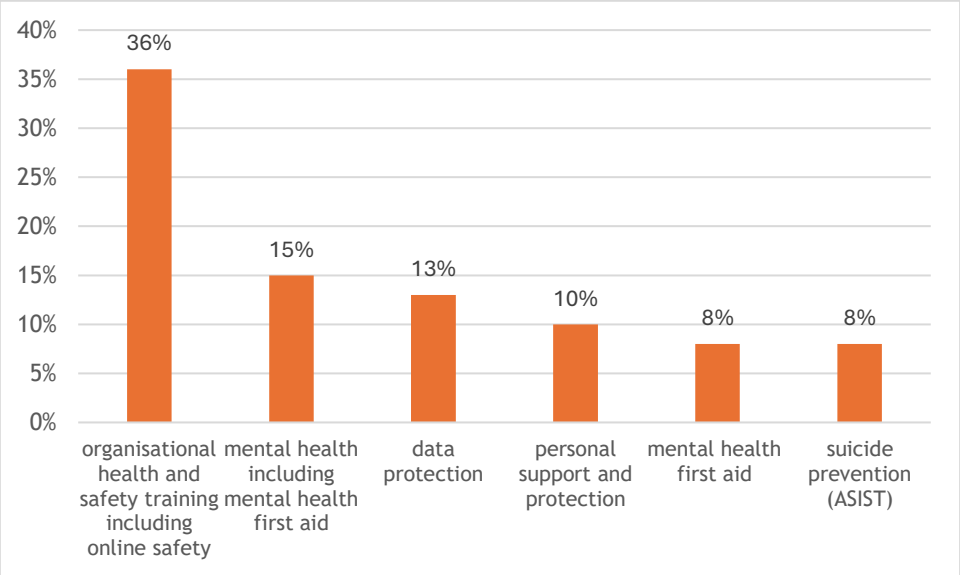
1. Training and Development

'When I started in 2017, there was no mandatory training apart from data protection.'

a) Mandatory Training

In this section, we wanted to get an idea of the range of mandatory training that Community Link Workers are undertaking to support them in their role. There isn't currently a nationwide training programme for CLWs in Scotland, with individual programmes responsible for designing and delivering the training for their CLW teams, which inevitably leads to a high degree of variance across the country.

The first question asked CLWs what mandatory training they undertake to support them in their role. The most popular answers to this were broken down as follows:



Other training that was referenced by respondents included Safe to Say, Trauma Informed Practice, Bereavement Training, Vicarious Trauma, Acquired Brain Injury, Conflict Management, Data Protection and Personal Safety. Organisation-specific training that was referenced included Cruse (bereavement support), KnowBe4 for online safety.

The Network has facilitated several training sessions for CLWs including an introductory session on neurodiversity with Salvesen Mindroom, benefits training for older people from Age Scotland, Gambling Harm Prevention training from YGam and a more in-depth two-day CLW induction training course from the social prescribing team at Bromley-by-Bow in London. The Network also runs regular Knowledge Exchange events, where organisations present to the Network and establish connections with CLWs. CLWs also have access to a social prescribing landing page on TURAS which is reviewed regularly by SCLWN, The Scottish Social Prescribing Network and Edinburgh CLW Network in collaboration with NHS Education for Scotland (NES).

'I find the learning (opportunities) from the Network really beneficial and am keen for this to continue.'

b) Optional Training

Training that was considered mandatory for some CLW programmes, such as Acquired Brain Injury and Mental Health First Aid was referenced as optional training by other CLW programmes, emphasising the differences in how training is co-ordinated across the country. Other optional training that was mentioned by respondents was either condition-specific, such as training to support those with dementia or autism, or training to develop CLWs' transferable skills such as motivational interviewing or management techniques. Other specific training referenced included MAP Behaviour Change; Management and Leadership; Autism; Domestic Abuse; Damp and Mould Awareness; Naloxone; benefits training from Social

Security Scotland; Age Scotland's Ageing Well and support in relation to Forced Marriage.

c) Additional Training

Responses to this question again focused on two key aspects of CLW training – training to upskill their knowledge on specific health conditions and skills-related training to support them to undertake their role effectively. In terms of training on specific health conditions, mental health was the most referenced, particularly dementia, suicide prevention and neurodiversity. Other training needs identified included more support with financial issues and an overview of current benefits; trauma informed practice; women's health; understanding addiction; bereavement training and human trafficking.

When thinking about their own interpersonal skills, respondents would like more support in counselling skills, supervision, and effective leadership. There was also a request from some respondents for training that provides a formal qualification or professional accreditation which could ultimately lead to better understanding and recognition of the CLW role. As one respondent commented,

'I would like there to be a better understanding of what community link working is and how it works best to support where services are lacking, especially in mental health.'

And another was more explicit:

'I would like a universally recognised qualification.'

Respondents were also asked directly if they receive regular supervision in their role. Feedback from CLWs attending Network events has indicated that this isn't always the case across all CLW programmes. However, all but one respondent said that they did currently receive regular supervision and support, with another caveating this as being on a bi-monthly basis.

4. Challenges facing CLWs

Respondents were asked about the biggest challenges currently facing them in their roles. For Community Link Workers, external challenges make the job more difficult than it should be. Respondents' answers focused on two key areas: firstly, the processes related to their role and their ability to provide adequate and timely support to their clients (primarily based on the provision, or lack of it within the community to support those most in need) and secondly, their own job security along with pay and conditions, with some CLWs commenting that they feel quite isolated in their job.

In relation to the pressures on local services, respondents highlighted several key areas where services are squeezed including availability of housing, mental health support, counselling/therapy and befriending. As one CLW stated,

'The fact that there are no houses for the homeless. A client of mine has been sleeping by the river for 3 weeks. It looks like even shelter for a night is now unavailable. Calling it a housing crisis is not depicting the full reality anymore.'

Where relevant services are available, other barriers, for example, a lack of available transport to access these or anxiety about engaging with services can often prevent people from getting the support they require. CLWs also identified a gap in peer support groups to refer clients to, which can be critical in getting someone to a service in the first place. One rural CLW simply stated 'a lot of isolation' as their key challenge.

Furthermore, respondents stated that both third sector and statutory services continue to be under incredible pressure, with many third sector organisations struggling to survive. This directly impacts the availability of community services and in turn leads to very long waiting lists for some services and groups.

'The role is generally very good but the capacity of the service environment to support the community that we refer patients into is decreasing significantly.'

As well as reflecting on the challenges faced by the people they support, respondents also outlined the challenges they themselves face in their role. Some community link workers, particularly those in rural areas, shared the challenge of covering a wide geographical area to be able to support people appropriately. Other CLWs reported the pressures of managing expectations – particularly both clients' and GPs' expectations - especially when informing them that a much-needed service might not be available to them for several months.

As well as the time allowed for working with someone, demand for appointments was also cited as a key challenge for community link workers, with caseload management being highlighted by several as an ongoing issue, especially once a community link worker has established themselves successfully in a practice.

Other challenges included a lack of understanding of the role by both employing organisations and GP practices which can lead to CLWs being underused by some practices. This can also be exacerbated by a lack of space in the practice for the CLW, which can make integrating them into the wider multidisciplinary team more challenging. As one respondent commented, the biggest challenge is:

'Having a clear consistent identity that is easily understood and communicated to the public and other professionals.'

The absence of long-term funding of community link worker services was also cited as a key challenge, with respondents commenting on lack of job security and lower pay, due to temporary or short-term funding for their posts.

'It's taken a while to become an established and valued service in GP practice; the year-to-year uncertainty of funding undermines the need for long-term consistency.'

When asked about what they would change about their job, it is evident from responses to this question that CLWs really love what they do; they just want to be given the time, job security and respect to get on with the job.

'I think what we do is amazing, but we need more respect and understanding from Primary Care staff for the role.'

Salary levels for CLWs were also referenced frequently in answers to this question, with respondents feeling they aren't paid enough when taking into account the complexity and level of responsibility expected in their role.

'Pay - I feel it doesn't match the level of intensity and skills needed to be able to complete the role. I don't believe a new community link worker could come into my practices and handle the level of work I manage. It would be a trial by fire due to the complexity of my current caseload.'

Other answers reflected frustrations with the processes related to the role. One respondent highlighted challenges in relation to referral and onward support processes for their CLW programme; i.e. specifically, who can refer to them and the ability to follow up on referrals. It is important to note that referral processes can vary by individual CLW programme.

'More appointments (limited to 8 at present), home visits for housebound clients, being able to physically support a client in person e.g. going with them to a new group, just to settle them in.'

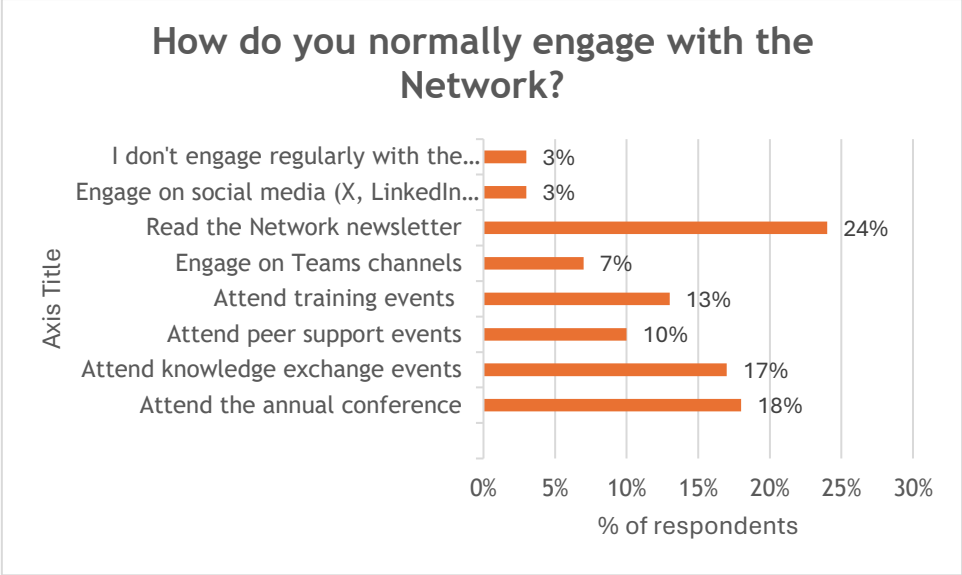
5. Engagement with the Network

In this section, we wanted to find out how CLWs are engaging with the Network. We also wanted to find out what the Network should be prioritising in terms of supporting them.

How CLWs engage with the Network

Respondents could select as many options as were relevant to them in terms of their interaction with the Network.

Most respondents who answered this question are engaging with the Network in some capacity with only 3% stating that they don't engage regularly with it. Answers were spread across a number of different Network activities, with the monthly network newsletter being the most frequently referenced, followed by the annual conference and knowledge exchange events.



'I feel the Network is already doing a great job. I always value the information sent out, the knowledge events and peer support opportunities.'

Developing the Network's Community of Practice

We wanted to know about other activity the Network could be offering its members to support them, to further develop the Network's community of practice. In terms of future priorities for the Network, recognition of the CLW role, job security and parity of salaries as well as sustainable and secure long-term funding and a social prescribing framework for Scotland were all cited frequently in answers to this.

Respondents would also like to see more buy-in from politicians for the CLW role and are keen to ensure they receive regular updates on Scottish Government policy in relation to their jobs. There were also reflections around ensuring the Network is arguing the case more strongly on the economic and cost benefits of CLWs' work on health.

'For VHS as the lead in the Network to continue to be the voice promoting the importance of the role to Scottish Government and pushing not only for long-term committed funding but also equity of pay for all CLPs/CLWs.'

In terms of future practical activity from the Network, respondents would like more opportunity to engage in 'chat' room events to strengthen connections with other CLW teams from across Scotland as well as benefit from more face-to-face events. The only time the Network comes together in-person currently is via the only opportunity to come together in-person is the annual Network conference.

Next steps

Thanks to everyone who took the time to complete the survey. The key messages will be shared with the Network and relevant stakeholders including Scottish Government. We want to ensure that the findings will continue to shape the

Network's activity and development work going forward. They will also contribute to the Scottish Government's ongoing national review of Community Link Working, which is due to report in 2026.

About the Scottish Community Link Worker Network

The Scottish Community Link Worker Network is the national network for primary care community link working in Scotland.

The aim of the Network, which was established in 2021, is to create a space for community link workers in primary care settings in Scotland to come together to share learning and to develop, network and support each other to improve outcomes for their patients and communities.

About Voluntary Health Scotland

We are the national voice and network for health creation in Scotland. 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. Join us now.

Contact

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Appendix One: Survey Questions

As well as asking respondents for their email, job title and employer, the survey also asked the following questions:

- In which Health and Social Care Partnership do you work (select all that apply)?
- If you are a practising CLW, please name the GP practices to which you are linked.
- Please indicate your top 3 reasons for referral to your service.
- To which types of services/groups do you most regularly refer clients (e.g. befriending, physical activity, peer support, volunteering)?
- Can you give an indicative breakdown of how you divide up your time during the week (i.e. % of time interacting with clients; social prescribing to local organisations; community engagement; training)
- What mandatory training have you had to complete for your role?
- What optional training have you undertaken to support you in your role?
- Are there other specific training or professional development opportunities you would like to access?
- Do you receive regular workplace supervision in your role?
- What are the biggest challenges that you are currently facing in your role?
- If you could change 3 things about the CLW role, what would they be?
- How do you normally engage with the Scottish CLW Network (respondents could choose from a range of answers).
- Please do let us know if there are other activities you would like the Network to
- We want to develop the Community of Practice element of the Network, to enable CLWs and Programme Leads to engage more regularly with their peers across the country. What would help you to do this?
- What would be your top priorities for the Scottish Community Link Worker Network to enable it to better support CLWs across Scotland?