Key Messages

Session 1: Evidence and Impact



Welcome and Overview | Tejesh Mistry, Chief Executive, Voluntary Health Scotland

Tejesh Mistry (Chief Executive, Voluntary Health Scotland) opened the conference, celebrating the fifth anniversary of the Scottish CLW Network (SCLWN).

The theme of the conference was **rooted in communities, growing together** – reflecting the third sector's strong, community-first approach, doing preventive work that helps people live healthier, happier lives.

Tejesh described VHS's work to support health creation and social prescribing, including partnerships with the RSE, Public Health Scotland, MacMillan (Improving the Cancer Journey), and the Scottish Government's Reform Oversight Board.

Keynote Address | Maree Todd MSP, Minister for Mental Wellbeing, Public Health, Sport, Alcohol and Drugs

Maree Todd MSP **thanked CLWs** for their important work in Scotland's communities, supporting people through some of the most difficult periods of their lives.

She thanked everyone for contributing to the Scottish Government's CLW review, and said that, **for the future**, the Government would aim to improve consistency

and stability of CLW services across Scotland, target resources where need is greatest, and strengthen the evidence that underpins this work.

She encouraged everyone to **look ahead with confidence** – CLWs will continue to play an important role in supporting communities, tackling inequalities, and improving health & wellbeing across Scotland.

Summary of Responses to Audience Questions | Q&A with Maree Todd MSP

The Minister celebrated CLWs' role within **Primary Care multi-disciplinary teams** (MDTs) and spoke about the importance of awareness-raising to help ensure that all members of the MDT understand, value and respect each other's contribution.

She reflected that CLWs are **pioneering** person-centred, preventive models of working, which reflect the direction that we need across the health and care system.

She talked about the need for **equity of access** to health and care services – whether that's related to poverty, ethnicity, or rural and remote locations. Social prescribing models also show good practice in this respect.

The Minister said that both a **universal approach** to social prescribing, and a keen focus on the **impact of poverty and inequality**, will continue to be necessary.

She spoke about the **importance of the third sector**, describing the Community Mental Health and Wellbeing Fund as 'sprinkling stardust across Scotland'. While she couldn't make promises ahead of budget negotiations, she wants to work towards longer-term funding and more stability for the third sector.

The Minister acknowledged the need for **funding that prioritises prevention**, though this can be hard to balance against immediate needs. She discussed 'funding follows the person' models for social prescribing, but recognised that a long-term, sustainably-funded third sector is vital.

Evidence and Insights from the Evaluation of the National Rollout of Social Prescribing Link Workers in Primary Care | Dr Anna Wilding, University of Manchester, and Dr Eddie Donaghy, University of Edinburgh

Dr Anna Wilding and Dr Eddie Donaghy introduced their research, evaluating social prescribing across five regions of England and Scotland.

Based on analysis of quantitative (numerical) data, the study found that increased numbers of Social Prescribing Link Workers **improved** patients' confidence, sense of being supported by local services, and experiences of primary care.

Social prescribing seems to lead to a short-term increase in GP and outpatient appointments, followed by a sustained reduction – suggesting increased confidence in self-management, and longer-term control.

Based on analysis of qualitative (interview) data, the study found that the emphasis of social prescribing had shifted over the last five years, from community activities to **meeting basic needs**.

A key issue is that CLWs often find themselves in situations they're not trained for, like supporting people with significant mental health needs. **Role boundaries** are very important, as is support for link workers that recognises the trauma they encounter on a daily basis.

Community Link Workers are **highly valued** – patients value the longer appointment times, and people who engage with social prescribing find it transformational. GPs (especially in deprived areas) consider CLWs an essential part of primary care.

Research on the **sustainability** of social prescribing is ongoing, but the team reflected that, while CLWs are funded, the onward destination of referrals is not. So, rising pressures on the third sector are a risk to social prescribing sustainability.

This presentation ended with **a plea for better data!** Social prescribing plays a key role in supporting people with complex health needs, but a lot of this is not routinely captured in electronic healthcare records.

Session 2: Communities and Collaboration



Keynote Address: Collaboration for Health Equity Scotland (CHES) | Michael Kellet, Director of Strategy, Governance and Performance, Public Health Scotland

Michael Kellet said **prevention** is essential for Scotland to address health inequalities and keep public services sustainable. Prevention is a central part of the Scottish Government's policy programme, and Public Health Scotland's 10-Year Strategy.

Social prescribing has a preventive, community-first approach which already mirrors this policy direction. Public Health Scotland has two team members leading on social prescribing and is helping to develop the Social Prescribing Framework.

There are **opportunities for social prescribing** in the Scottish Government's current policy agenda (including the Programme for Government, Public Service Reform, and newly-announced changes to local government).

Michael introduced the **Collaboration for Health Equity Scotland (CHES):** a two-year partnership between Public Health Scotland, the Institute for Health Equity, and three Scottish regions:

- Aberdeen City – which worked on putting 'proportionate universalism' into practice,
- South Lanarkshire – which focused on early years, children and young people,
- North Ayrshire – which focused on a good start for every child, good work, and good health.

Each region took a **place-based approach** to improving health equity, with local partner organisations leading the work. These projects have provided key learning, about the importance of local leadership and collaboration, including with local businesses; and the need for good data.

The CHES model didn't involve any new funding – it was about finding new ways of working within existing resources. Now the first two years of the project have ended, everyone is thinking about what next steps could look like. There will be a report on '**Total Equity Places**' in mid-October, suggesting how this might work across Scotland. Public Health Scotland are also exploring ways to scale up the CHES approach.

Insights from Leeanne Killen, Primary Care Development Manager, North Ayrshire HSCP (involved in CHES in North Ayrshire)

Sharing her experience with CHES in North Ayrshire, Leeanne explained that the CLW service was involved in the **Good Jobs and Good Health** elements of the project.

The project involved a lot of collaboration with primary care, the third sector, and the Health Board. Using data helped to show who CLWs support, and how; with the project benefiting from a dedicated data analyst.

The project is focusing on improving **cardiovascular disease**, which is a particular issue in the area. Unpaid carers and people with learning disabilities are the first priority – enhancing existing support, and trying to prevent people from reaching crisis.

Using **employment data**, the CLW service has also been able to work better with the Department for Work and Pensions. Their support has focused on early intervention, building people's confidence for work and helping to remove barriers.

CLW-Led Workshops

After the keynote speech, attendees could choose to attend one of four workshops led by Community Links Workers.

These covered the Links Research Initiative; the Role of the CLW Assistant; Embedding Healthy Eating Support in Social Prescribing; and Helping Clients Find their Motivation.

Session 3: Shaping the Future



An interactive musical performance from the Forget-Me-Notes Choir followed lunch.

Keynote Address | Monica Boulton, Strategic Lead for Healthcare Integration and Neighbourhood Health, National Academy for Social Prescribing

Monica Boulton described the role of the **National Academy for Social Prescribing** (NASP), to champion and advance social prescribing through connection, innovation, investment, evidence and awareness-raising.

In England, social prescribing has grown considerably since the rollout of CLWs in 2019. There have been 5.6 million referrals – compared to an initial target of 900,000!

There has been a real shift in the **amount and strength of evidence**: on the reach of social prescribing, its impact on wellbeing and health, and its value. Data is being used to help improve social prescribing services.

Social prescribing is also **growing internationally**, with a range of different models and funding systems, but the same core principles reflecting the importance of community and support. This shows that social prescribing is flexible and adaptable.

The value of the **Link Worker** role is also becoming increasingly evident. Link Workers must be better supported, recognised and invested in.

Monica outlined the policy context in England, including the new Neighbourhood Health model, and a range of other strategies (from employment to environment) which recognise the contribution of social prescribing. However, while recognition increases, there is a need to prioritise **sustainability**, to protect the social prescribing workforce.

Future directions for social prescribing may include diversifying beyond primary care; expanding our work in areas where we can have the greatest impact; and investing in the whole of the social prescribing pathway.

A Knowledge and Skills Framework for Scotland's CLWs | Alison Hannan, Senior Educator, Public Services Delivery Scotland

Alison Hannan described the development of the Knowledge and Skills Framework for CLWs and thanked everyone who had contributed to it. It has been informed by learning from across the UK; by the team working on the national Social Prescribing Framework; and in consultation with Skills Development Scotland and Qualifications Scotland.

Key **principles** shaping the framework include the need to avoid over-medicalising Link Working, and the need to future-proof the Framework as working models evolve.

The Framework will include **five competency areas**: Safe and Effective Practice, Knowledge and Understanding, Collaborative Working, Person-led Practice, and Monitoring and Evaluation. It will also include the 'meta-skills' of self-management, social intelligence and innovation.

Competency standards will be developed for four '**levels of practice**' for CLWs:

- ***Universal*** – signposting, informal social prescribing
- ***Essential*** – professional LW knowledge, skills & behaviour
- ***Skilled*** – including specialisations/thematic areas of practice
- ***Enhanced*** – senior CLWs with supervisory responsibility

Alongside the Knowledge and Skills Framework, there will be a Reflective Practice and Action Planning Toolkit. A **Social Prescribing and CLW Learning Hub** will be launched on Turas (developed from the current Social Prescribing webpage).

A second round of consultation will take place this autumn. The Framework will have a 'soft launch' in November and be tested in the workplace over winter, with the aim of finalising it by March 2027. The learning hub will be developed over the same timeframe.

Session 4: Inspiration and Celebration







Five Years of the Scottish CLW Network | Roisin Hurst, Project Manager, SCLWN

Roisin Hurst reflected on the history of the Scottish CLW Network, and **CLWs' priorities** – increasing understanding of the CLW role in primary care; more sustainable funding; recognition of the CLW role in a professional capacity; national evaluation; and models of CLW delivery.

Although precarious funding means that we have lost CLWs along the way, and the pace of change can be slow, hopefully CLWs feel **you have been listened to** in a lot of policy initiatives over the last five years – from the Scottish Government's CLW review, to the development of a new Social Prescribing Framework.

Voluntary Health Scotland is rebranding in the coming weeks. As part of this, there will be a new Resource Hub for CLWs on the website.

Roisin thanked everyone for their contributions to the Network, and for everything that they do – Scotland would be a much poorer place without them.

Introduction and Presentation of the Scottish Community Link Worker Network Awards 2026 | Presented by Maree Aldam, VHS Board Member and Chief Executive of Amma Birth Companions

Maree Aldam congratulated everyone who was nominated for the Scottish CLW Network Awards, recognising that there were really strong entries across all three categories.

Partnership of the Year	Scottish CLW Team of the Year	Outstanding Scottish CLW of the Year
Winner: Calum Barry & Grant Westfield	**Winner:** Glasgow City HSCP – CLW Team	**Winner:** Linsey Drever (Orkney)
Shortlisted: Peer for You Mental Health Support Group Empower to Thrive Programme	**Shortlisted:** Fife Community-Led Support LW Team Blossom Women's Peer Support	**Shortlisted:** Calum Barry (Edinburgh) Tony Channing (Clackmannanshire & Stirling)

Conference Closing Remarks | Christine Carlin, Chair of Voluntary Health Scotland

Christine Carlin reflected that, before we're even born, we are entered into a lottery which stacks the odds for or against us and determines our chances at quality and length of life. This can be changed, but it's not easy, given the poverty, poor health and trauma facing some communities.

Community Link Workers' work with families and communities is one of the most powerful forces for change, to change these odds for this generation and generations to come.

Prevention and health creation are becoming more important, as public sector services risk becoming unsustainable and systems are struggling.

In this context, this Network can be a force for change. It's also vital to explain that Community Links Working and social prescribing needs to be properly resourced.

Christine ended by thanking everyone, for being amazing, inspirational pioneers and commending the team at VHS for all their support.