

KEY MESSAGES



GIVING A VOICE TO SCOTLAND'S COMMUNITY LINK WORKERS

SCLWN: Leads Peer Support Event 03 June 2026

Introduction

Voluntary Health Scotland and the Scottish Community Link Worker Network hosted their latest SCLWN Leeds Peer Support Event on 25 February 2026. The event is an opportunity for those who have responsibility for the operational or strategic management of their HSCP's Community Link Worker Programme to come together with their peers to share learning and good practice. The event focused on presentations from Leanne Killen and Lorraine Hewie who spoke about Ayrshire and Arran's work around the delivery of their Weigh-to-Go and smoking cessation work on Arran. The event also heard from Gillian Burton who is from the engagement team at ASH Scotland. Gillian spoke about ASH Scotland's new whole family approach to smoking cessation and nicotine harm reduction.

Ayrshire and Arran Health Behaviour Change Programmes

Lorraine explained how they work closely with GP practices to develop a unique model to support health behaviour change. Lorraine, who is a Community Link Worker on Arran, explained her role in running health behaviour change programmes, including a 12-week weight management program called Weigh-to-Go and a smoking cessation programme called Quit Your Way. She described how referrals come from GPs, nurses, and admin staff, with some self-referrals, and outlined the support structure including weigh-ins, goal setting, and ongoing monitoring even after the 12-week programme ends. Lorraine noted that while participants sometimes experience setbacks, the success rates for smoking cessation are good with only a few people relapsing over nine years of running the programme.

Ayrshire and Arran Community Link Worker Service Overview

Leanne presented on the Community Link Worker Service in North Ayrshire, explaining how it evolved from community connectors to include social prescribing and self-directed support. She discussed the service's current structure, including access through self-referrals and a referral partner pathway with 56 trusted

partners, and outlined changes made post-COVID to better handle complex cases and assess risks. Leeanne also mentioned upcoming workstreams around health equity, as part of the Collaboration for Health Equity Scotland (CHES) programme and collaboration with occupational therapists and DWP, noting that the service will be integrated into key multidisciplinary teams.

Leeanne explained how the smoking cessation and weight management programme on Arran came about through Public Health Scotland's training and NHS programmes like Weigh to Go. She described how Lorraine's role evolved from a 60/40 split between patient one-to-ones and admin work to a split role including social prescribing and programme delivery. Leanne noted that while the programme has been successful and beneficial for patients, there are no current plans to replicate it on the mainland due to resource constraints and different service delivery models.

Leanne provided details about their operations across 20 practices including satellite locations. Sandra McAllister from NHS Highland asked about self-referrals and data sharing, to which Leanne explained that their local authority employment structure made information sharing more manageable than an NHS setup would be. Leanne highlighted the strong support from GP representatives and clinical leads, noting that GPs are willing to work alongside other services despite not being precious about referrals going outside their practices.

ASH Scotland

Gillian presented ASH Scotland's work on reducing nicotine harm for families, particularly in socially vulnerable communities, discussing the landscape of smoking inequalities in Scotland and proposing a whole household approach to smoking cessation and harm reduction. She outlined plans for community link workers to identify smoking impacts within households and make warm referrals, while also exploring smoke-free home initiatives and pharmacotherapy options.

The discussion revealed challenges around targeting SIMD 1 and 2 areas in rural communities which is how the programme is currently targeted, with consensus that SIMD data is not an effective tool to use to target need in remote rural areas.

Further information

Contact [Roisin Hurst](#) Project Manager, Scottish Community Link Worker Network

Voluntary Health Scotland
18 York Place, Edinburgh EH13EP 0131 474 6189
mail@vhscotland.org.uk vhscotland.org.uk

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