

# Evidence Brief: Social Prescribing Link Workers

## Contents

Key publications – the big picture .....	3
Case Studies.....	5
The Star for workforce redesign.....	5
Statistics.....	5
National Data Programme.....	5
Published Peer Reviewed Research.....	6
Systematic Review .....	6
Children and Young People.....	6
Education, Training and Skills .....	7
Health Inequalities.....	10
Learning from Covid-19 .....	11
Loneliness .....	13
Long-term Conditions .....	14
Mental Health .....	17
Older people.....	18
Palliative Care .....	18
Professional Identity .....	19
Scope of practice.....	19
Workforce .....	24
Networks.....	24
eLearning.....	25
Competency Frameworks .....	25
*Help accessing articles or papers.....	26

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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## Evidence Brief: Social Prescribing Link Workers

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

### Key publications – the big picture

#### [Social Prescribing Link Workers for Young People: a guide to support primary care networks](#)

Source: National Academy for Social Prescribing  
Publication date: 2024

The guide covers the scope of Integrated Care Systems, aligning with the ambition of the NHS Long Term Plan, funding sources, and NHS England commissioner expectations for general practice. It particularly highlights opportunities outlined in the personalised care Direct Enhanced Service (DES) specification, as emphasised in the Fuller stocktake report.

#### [Social Prescribing Link Worker Induction Guide](#)

Source: National Academy for Social Prescribing  
Publication date: September 2023

The National Academy for Social Prescribing (NASP) recognises the vital role of Social Prescribing Link Workers (SPLWs). Our Link Worker Advisory group has created this guide to support Link Workers in their day-to-day practice in the first weeks of the role.

#### [Social Prescribing Self-Assessment Development Guide](#)

Source: National Academy for Social Prescribing  
Publication date: August 2023

The National Academy for Social Prescribing (NASP), [National Association for Voluntary and Community Action](#) (NAVCA) and [Spirit of 2012](#) have produced a new toolkit for Social Prescribing Link Worker host organisations, with a particular focus on hosting in the Voluntary, Community and Social Enterprise (VCSE) sector. It aims to help Primary Care Networks (PCNs) and host organisations establish, develop and maintain a sustainable and effective social prescribing scheme in a local area.

#### [NHS Long Term Workforce Plan](#)

Source: NHS

Publication date: June 2023

See point 93 Table 4 Personalised care roles potential expansion.

Social prescribing link workers - Increase from over 3,000 current posts (September 2022) to 9,000 by 2036/37

#### [Workforce development framework: social prescribing link workers](#)

Source: NHS England

Publication date: January 2023

The purpose of the social prescribing link worker (SPLW) workforce development framework is to:

- Provide clear and consistent standards for SPLW practice, including their knowledge, skills and behaviours
- Provide guidance on the support, supervision, and learning and development offer required from employers to support SPLWs
- Promote the development of a strong and capable workforce of SPLWs and their future development
- Support improved quality and consistency of social prescribing and reduced variation in outcome and access standards.
- Demonstrate the benefits of SPLWs working as part of a multidisciplinary team.

#### [Social prescribing: Reference guide and technical annex for primary care networks](#)

Source: NHS England

Publication date: January 2023

This guide provides additional information to help PCNs introduce the social prescribing link worker role into their multi-disciplinary teams (MDTs) as part of the expansion of the

## Evidence Brief: Social Prescribing Link Workers

primary care workforce introduced through the [Network Contract Directed Enhanced Service \(DES\) 22/23 Additional Roles Reimbursement Scheme](#). It also provides information to deliver the proactive social prescribing element of the [Network Contract DES Personalised Care service specification](#).

### [Green Social Prescribing Toolkit](#)

Source: National Academy for Social Prescribing

Publication date: 2023

Learning from the Green Social Prescribing programme to tackle and prevent mental ill health.

### [Supporting and expanding green social prescribing to address mental health inequalities in London](#)

Author(s): Ben Plimpton

Source: Mental Health Foundation

Publication date: 2023

Green social prescribing is where primary care health professionals, such as GPs or nurses, can refer their patients to social prescribing link workers, who contact the individual with nature-based activities that benefit their physical and mental health. This report aims to highlight the opportunities for supporting the expansion of green social prescribing, with a focus on understanding the current barriers: communication; availability and engagement; representation; and funding.

### [Social prescribing link worker welcome pack](#)

Source: NHS England

Publication date: December 2022

The welcome pack includes useful information to help link workers in primary care networks find out more about their role and what support is available. It is designed to be interactive and, therefore, works best on line. However, you can also download the pdf.

### [Integrating additional roles into primary care networks](#)

Author(s): Baird et al.

Source: The King's Fund

Publication date: March 2022

The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. The aim of the scheme is to support the recruitment of 26,000 additional staff into general practice. This represents a huge scale of ambition and requires the implementation of significant and complex change across general practice. While primary care networks (PCNs) have swiftly recruited to these roles, they are not being implemented and integrated into primary care teams effectively. Our research focused on four roles - social prescribing link workers; first contact physiotherapists; paramedics and pharmacists - to examine the issues related to the implementation of these roles, looking at the experiences of working in these roles and of the people managing them. We found a lack of shared understanding about the purpose or potential contribution of the roles, combined with an overall ambiguity about what multidisciplinary working would mean for GPs. Successful implementation of the scheme requires extensive cultural, organisational and leadership development skills that are not easily accessible to PCNs.

### [Social prescribing and community-based support: Summary guide](#)

Source: NHS England

Publication date: January 2019

The guide is intended for people and organisations leading local implementation of social prescribing.

## Evidence Brief: Social Prescribing Link Workers

### Who are link workers?

Source: National Academy for Social Prescribing

There are many things that affect our health that can't be fixed by doctors or medicine alone. Like loneliness, isolation, or problems with money, housing, education or employment. Social Prescribing Link Workers – sometimes known as social prescribers or community connectors – are people who can help you address these problems. They will take time to listen to you, get to know you, understand your situation and what matters to you, and help you make a plan.

## Case Studies

### Social Prescribing

Source: NHS England

### Social Prescribing and holistic approaches

Source: Transformation Partners in Health and Care  
Social Prescribing is a way of linking people with non-medical support to improve their physical and mental wellbeing, connecting them with their local communities and supporting them to feel more empowered in living their lives. Across London, and throughout the COVID-19 pandemic, there are countless examples of how Healthy London Partnership's Personalised Care Team supports local communities embrace this more holistic approach to people's health and wellbeing.

### Social prescribing: case studies and insight from practitioners in the South West of England

Source: South West Academic Health Science Network  
Publication date: 2021

This report shares learning and insight, to help inform what is needed for the adoption and spread of social prescribing in the South West and beyond.

### Social Prescribing Link Worker

Source: National Association of Link Workers  
Publication date: 2020

### Heritage Social Prescribing Stories

Source: National Academy for Social Prescribing  
Social prescribing, just like history and heritage, is all about personal and shared stories. Here are some of the ways social prescribing has helped change people's lives for the better...

## The Star for workforce redesign

More resources and tools are available in [the Star](#)

## Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Cancer**” filter

## National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

# Published Peer Reviewed Research

## Systematic Review

[Effect of social prescribing link workers on health outcomes and costs for adults in primary care and community settings: a systematic review](#)

Author(s): Kiely et al.

Source: BMJ Open 12(10)

Publication date: 2022

**Objectives** To establish the evidence base for the effects on health outcomes and costs of social prescribing link workers (non-health or social care professionals who connect people to community resources) for people in community settings focusing on people experiencing multimorbidity and social deprivation.

**Design** Systematic review and narrative synthesis using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach. Data sources Cochrane Database, Cochrane Central Register of Controlled Trials, ClinicalTrials.gov, EU Clinical Trials Register, CINAHL, Embase, Global Health, PubMed/MEDLINE, PsycInfo, LILACS, Web of Science and grey literature were searched up to 31 July 2021. A forward citation search was completed on 9 June 2022. Eligibility criteria Controlled trials meeting the Cochrane Effectiveness of Practice and Organisation of Care (EPOC) guidance on eligible study designs assessing the effect of social prescribing link workers for adults in community settings on any outcomes. No language restrictions were applied. Data extraction and synthesis Two independent reviewers extracted data, evaluated study quality using the Cochrane EPOC risk of bias tool and judged certainty of the evidence. Results were synthesised narratively. Results Eight studies (n=6500 participants), with five randomised controlled trials at low risk of bias and three controlled before–after studies at high risk of bias, were included.

Four included participants experiencing multimorbidity and social deprivation. Four (n=2186) reported no impact on health-related quality of life (HRQoL). Four (n=1924) reported mental health outcomes with three reporting no impact. Two US studies found improved ratings of high-quality care and reduced hospitalisations for people with multimorbidity experiencing deprivation. No cost-effectiveness analyses were identified. The certainty of the evidence was low or very low. Conclusions There is an absence of evidence for social prescribing link workers. Policymakers should note this and support evaluation of current programmes before mainstreaming.

## Children and Young People

[Link Workers in Social Prescribing for Young People Work: A Case Study from Sheffield Futures](#)

Author(s): Farina et al.

Source: International Journal of Integrated Care 24(1) pp. 1-13

Publication date: 2024

**Introduction:** Social Prescribing has an established recognition regarding the benefits provided to the health-related social needs of adults, but little is known about how the intervention addresses young people's needs. There is optimism regarding the central role of two core mechanisms that allows social prescribing to be effective, such as the empathetic role of Link Workers and the connection with community resources. This paper aims to describe the role played by Link Workers working on a Social Prescribing intervention targeting young people.

[Community Connectors \(CCx\): the strategies employed by peer to peer connectors to foster relationships with early years caregivers to improve universal early child health and development](#)

Item Type: Journal Article

Authors: Mills, C. F.;Lowrie, E.;Kinloch, K. and Hall, E.

## Evidence Brief: Social Prescribing Link Workers

Publication Date: 2021

Journal: BMC Health Services Research 21(1), pp. 283

Abstract: Blackpool is one of the most deprived Local Authority (LA) areas in England; in April 2015 the Blackpool Better Start (BBS) Partnership was allocated 45 million over 10 years from the Big Lottery Fund (BLF) as one of five 'A Better Start' initiative areas in England. The aim of the 'A Better Start' initiative is to improve outcomes for children from conception to 3 years of age.

Co-designed by professionals and the community, the Community Connector (CCx) programme employs residents to directly engage caregivers of children, in seven of Blackpool's most socio-economically deprived wards. The CCx follow a socioecological framework which proposes that caregivers will be positively influenced to engage in early years activities because of connections to trained peers. Peer support models are commonly applied within targeted early years health settings (i.e., infant feeding support, literacy) yet their role to improve child outcomes at a universal level has received little attention. This paper focuses on caregiver-level evidence of the strategies employed by CCx - part of an early stage pilot study supported by Frontiers of Innovation, the Harvard Centre on the Developing Child's Research and Development platform. The study collated attendance data from Children's Centres, these are publically funded community centres providing information and activities for families with children 0-5 years of age. The study data included individual interactions between a CCx and caregiver over a 1 year period (1st April 2018 - 31st March 2019). A sampling frame was created from which a total of 22 interviews with caregivers were undertaken in early years community settings. The interview data was thematically analysed; the findings highlighted the mechanisms by which CCx served to mediate service and caregiver communication boundaries, negotiate access to spaces, and encouraged sustained engagement in longer term activities such as volunteering and training. Value was embedded by the CCx in their process of establishing and

maintaining connections with caregivers through the 'everyday' conversations, their individualised approach and in demonstrating self-efficacy behaviours. Further research is required to review the impact of the CCx role in caregiver's recall of early years information, nevertheless the study provided important learning for establishing formalised CCx programmes elsewhere, and has implications for community health and early years policy and practice. Copyright © 2021, The Author(s).

## Education, Training and Skills

['Power to the People, to the people': Training for social prescribers improves support of persistent pain](#)

Item Type: Journal Article

Authors: Corline, Alex; Cole, Frances; Trewern, Louise and Penlington, Chris

Publication Date: 2023

Journal: British Journal of Pain 17(3), pp. 281-292

Abstract: Introduction: Supported self-management is an important aspect of managing pain, however widely held beliefs about the biomedical nature of pain and limited time availability can make it a tricky concept to introduce to patients. Social prescribers are in an ideal position to support self-management of pain if appropriate training is available to support them. This study aimed to evaluate training for social prescribers and to explore their opinions and experiences about providing self-management support., Methods: This was a mixed methods study. Repeated measures t-tests were used to compare the reported confidence of attendees in supporting different facets of self-management before and after the training. Thematic analysis of interviews was used to develop a deeper understanding of how participants related the training to their work with patients., Results: Average confidence improved in all aspects of supporting self-management, and particularly with regard to supporting understanding pain, acceptance, pacing,

## Evidence Brief: Social Prescribing Link Workers

setting goals, sleep and managing setbacks. Challenges were identified around explaining pain in an accurate and accessible way in order to provide a meaningful rationale for self-management., Conclusion: Training for social prescribers in self-management support is feasible and leads to improvements in self-reported confidence. Further research is needed to determine the impact on patients and over a longer period of time. Copyright © The Author(s) 2023.

### Prospects and Aspirations for Workforce Training and Education in Social Prescribing

Item Type: Journal Article

Authors: Makanjuola, Abraham; Lynch, Mary; Spencer, Llinos Haf and Edwards, Rhiannon Tudor

Publication Date: 2023

Journal: International Journal of Environmental Research and Public Health 20(16)

Abstract: BACKGROUND: A social prescribing (SP) link worker (LW) is responsible for enabling and supporting individuals, by assessing their personal goals and co-producing solutions to make use of appropriate local non-clinical resources or interventions. As an emerging new role, LWs are not regulated by professional bodies associated with SP. Therefore, currently there is no standardised training for LWs who are from varied backgrounds. As such, LWs have varying knowledge about how to deal with individuals with complex needs, which can impact on their decision-making capabilities to seek solutions and navigate complex systems. The purpose of the research was to explore LWs' level of education, past and current training requirements as well as elicit how much LWs were willing to pay (WTP) to access and undertake training to improve their skill set., METHODS: A rigorous mixed method research design was employed which included semi-structured interviews with key stakeholders and quantitative questionnaires including contingent valuation (CV) questions to a population of LWs

across Wales from March to June 2020. Qualitative interviews with key stakeholders who commission and deliver social prescribing interventions employing LWs identified perceived link worker qualities and requirements for LW roles. Purposive sampling was used to identify and select individuals that have experience in managing LWs. Due to the COVID-19 pandemic, interviews were carried out exclusively online. LWs self-selected to complete the online questionnaires. Questionnaires gathered data on LW qualifications and demographic information with the CV questions gathering data on the value LW placed on accessing training in SP. Thematic narrative analysis was applied to interpret the data from the semi-structured interviews. Descriptive frequency analysis was conducted on the quantitative data generated from the online questionnaire., FINDINGS: SP coordinators (n = 6) reported that 'personal skills' are the most essential skills required by LWs in SP intervention. Training is available for LWs; however, the training undertaken varies depending on the type of intervention delivered, with 70% of LWs previously undertaking training to facilitate their development as an LW. The results from the contingent valuation questionnaire (n = 54) indicated that 100% of the respondents would avail of training. LWs were asked how much they were willing to pay as a single payment for professional training; on average, LWs were WTP GBP 58 from their personal funds to access training and the associated benefits to enhance their skills and knowledge., INTERPRETATION: The semi-structured interviews conducted with the key SP stakeholders yielded rich information and novel insight into LW training. External funding for the salary of the LW is an obstacle for LW development through training. In addition, the questionnaire results regarding stated preference techniques demonstrate that LWs place value on their professional development and would be willing to spend their own money on training to improve their knowledge and skills.



## Evidence Brief: Social Prescribing Link Workers

### Qualifications and training needs of social prescribing link workers: an explorative study Abstract only\*

Author(s): Spencer et al.

Source: The Lancet

Publication date: November 2022

Background: A social prescribing link worker is responsible for enabling and supporting individuals, by assessing their needs and co-producing solutions to make use of appropriate, local, non-clinical resources or interventions. Because the role is new, link workers might not have professional backgrounds in dealing with individuals with complex needs, which can affect their decision making for the referral of individuals to appropriate community assets to support their needs. The aim of this work was to explore link workers' level of education, and past and current training needs, and to ascertain how much link workers were willing to pay to access and complete training to improve their skill set. Methods: A mixed-methods approach was used, including semi-structured interviews with key stakeholders who commission and deliver social prescribing interventions employing link workers, and a stated preference techniques questionnaire containing contingent valuation questions. A thematic analysis approach was used to identify concepts of interest to develop the survey, which contained stated preference techniques to estimate the value of access to training by link workers. Descriptive statistics were used to describe and summarise the data. Findings: 54 respondents took the survey. 23 (43%) held an undergraduate degree and 13 (24%) held a Masters' degree as their highest level of education; the remainder 18 (33%) did not have a graduate qualification. Social prescribing coordinators (n=6) interviews and link worker surveys (n=54) reported personal skills as the most essential skills required by link workers in developing relationships for effective social prescribing interventions. Training is available for link workers; however, training varies depending on the type of intervention delivered, with 38 (70%) of 54 link workers

previously completing training to facilitate their development as a link worker. Results from the stated preference techniques questionnaire (n=54) indicated that 100% of the respondents would consider benefitting from training. Link workers are willing to pay an average of £58 from their personal funds to access training and the associated benefits to enhance their skills and knowledge. Interpretation: Our findings suggest that training needs to be included in social innovation funding applications to ensure that link workers receive adequate training to carry out their role of effective future social prescribing interventions. For the community of practice in social prescribing, training for link workers should be made available in their own local areas. External funding for the salary of the link worker is an obstacle for link worker development through training. Willingness-to-pay findings suggest that link workers place value on their professional development and would be willing to spend their own money on training to improve their knowledge and skills.

### "It sounded a lot simpler on the job description": A qualitative study exploring the role of social prescribing link workers and their training and support needs (2020)

Author(s): Rhodes and Bell

Source: Health & Social Care in the Community 29(6)

Publication date: March 2021

Social prescribing is an increasingly popular approach to promoting health and well-being, by addressing the wider determinants of health such as physical inactivity, social isolation and financial insecurity. Social prescribing link workers (SPs) connect people to local, non-clinical services. As part of the NHS Long Term Plan, NHS England aims to recruit 1,000 SPs across England by 2021. Understanding the role of SPs, including challenging aspects of the role and the types of training and support needed by SPs is crucial to optimising the effectiveness of social prescribing. Semi-structured qualitative interviews were conducted with nine SPs from five NHS and voluntary sector

## Evidence Brief: Social Prescribing Link Workers

organisations in London to explore the role of SPs and identify SP training and support needs. Interviews were analysed thematically and three key themes emerged for which SPs needed particular support: defining and promoting their role; supporting clients with complex needs and coping with the emotional demands of their role. SP perceptions of training and future training needs is presented as a fourth theme. Most SPs felt that the initial training received for their role did not prepare them for the most demanding aspects of their roles. The findings of this study support the assertion that the social prescribing link worker role is complex and challenging. SPs are required to have in-depth knowledge of local services, which is built over time and makes retention in the role of high importance. Steps have been taken to develop online resources to support SPs, however, there may be a need for more comprehensive training, especially in mental health. SPs benefit from access to peer or one-to-one support to help them manage the emotional demands of the role and could benefit from the formation of local networks, especially for SPs working in isolation.

### The frontline of social prescribing - How do we ensure Link Workers can work safely and effectively within primary care?

Abstract only\*

Item Type: Journal Article

Authors: Frostick, Caroline and Bertotti, Marcello

Publication Date: 2021

Journal: Chronic Illness 17(4), pp. 404-415

Abstract: OBJECTIVE: To identify the training, skills and experience social prescribing Link Workers, working with patients presenting with long-term conditions, need to carry out their role safely and effectively within primary care services., METHOD: Qualitative data were collected from Link Workers as part of the evaluation of three social prescribing schemes. Interviews and focus groups were audio-recorded and transcribed., RESULTS: Link Workers describe the complexity of

the work and the need to define the boundaries of their role within existing services. Previous life and work experience were invaluable and empathy was seen as a key skill. A variety of training was valued with counselling skills felt to be most critical. Clinical supervision and support were felt to be essential to conduct the work safely., DISCUSSION: Social prescribing is a significant theme within UK health policy and internationally and schemes in primary care services are common. Patient accounts consistently suggest that the Link Worker is key to the success of the pathway. Link Workers can facilitate positive behaviour change; however they must be recruited, trained and supported with a clear understanding of the demands of this complex role.

## Health Inequalities

### Geographic inequalities in need and provision of social prescribing link workers

Item Type: Journal Article

Authors: Wilding, Anna;Sutton, Matthew;Agboraw, Efundem;Munford, Luke and Wilson, Paul

Publication Date: 2024

Journal: The British Journal of General Practice : The Journal of the Royal College of General Practitioners

Abstract: BACKGROUND: Long-term health conditions are major challenges for care systems. Social prescribing link workers have been introduced via Primary Care Networks (PCNs) across England since 2019 to address the wider determinants of health by connecting individuals to activities, groups, or services within their local community., AIM: To assess whether the rollout of social prescribing link workers was in areas with the highest need., DESIGN AND SETTING: A retrospective study of social prescribing link workers in England from 2019 to 2023., METHOD: We combined workforce, population, survey, and area-level data at the PCN-level from April 2020 to October 2023. We measured population need prior to the rollout of link

## Evidence Brief: Social Prescribing Link Workers

workers using reported lack of support from local services in the 2019 GP Patient Survey. To assess if rollout reflected need, we used linear regression to relate provision of link workers (measured by full-time equivalent (FTE) per 10,000 patients) in each quarter to population need for support., RESULTS: Populations in urban, more deprived areas and with higher proportions of minority ethnicities had the highest reported lack of support. Geographically these were in the North West and London. Initially, there was no association between need and provision; then from July 2022, this became negative and significant. By October 2023, a 10-percentage point higher need for support was associated with a 0.035 (95%CI(-0.634 to -0.066)) lower FTE per 10,000 patients., CONCLUSION: Rollout of link workers has not been sufficiently targeted at areas with the highest need. Future deployments should be targeted at those areas. Copyright © 2024, The Authors.

[Primary care-based link workers providing social prescribing to improve health and social care outcomes for people with multimorbidity in socially deprived areas \(the LinkMM trial\): Pilot study for a pragmatic randomised controlled trial](#)

Author(s): Kiely et al.

Source: Journal of Multimorbidity and Comorbidity

Publication date: May 2021

Introduction: Individuals with multimorbidity in deprived areas experience worse health outcomes and fragmented care. Research suggests that primary care-based link workers providing social prescribing have potential to improve health and well-being. This paper reports the results of a pilot study conducted in preparation for a randomised controlled trial (RCT) that aims to test the effectiveness of primary care-based link workers providing social prescribing in improving health outcomes for people with multimorbidity who attend general practices in deprived areas in Ireland. Methods: An uncontrolled pilot study of an intervention based on the Glasgow Deep End

links worker programme, in a single general practice, tested the feasibility and acceptability of planned processes for a RCT. Outcomes were recruitment and retention rates and acceptability of the trial processes and intervention to patients, general practitioners (GPs) and the link worker. Structured interviews were conducted with six patients, the link worker and two GPs within the practice and analysed using descriptive qualitative analysis. Feedback from a Public Patient Involvement group and an Implementation Advisory Group of key stakeholders was incorporated into the evaluation process. Results: Twelve out of 14 patients completed the intervention. Selection and recruitment processes were lengthier than expected. GPs recommended including psychosocial need in the selection process. Interviewed patients, the GPs and the link worker were positive about the intervention. Conclusion: A range of adaptations were identified for the main trial, mainly considering psychosocial need in the selection process to reflect normal referral pathways. This has resulted in a pragmatic RCT design.

## Learning from Covid-19

[Exploring lessons from Covid-19 for the role of the voluntary sector in integrated care systems](#)

Item Type: Journal Article

Authors: Carpenter, Juliet;Spencer, Ben;Moreira da Souza, Tatiana;Cho, Youngha and Brett, Jo

Publication Date: 2022

Journal: Health & Social Care in the Community 30(6), pp. e6689-e6698

Abstract: Integrated care systems (ICS) in England are partnerships between different health and social care organisations, to co-ordinate care and therefore provide more effective health and social care provision. The objective of this article is to explore the role of the 'Voluntary, Community and Social Enterprise' (VCSE) sector in integrated care systems. In

## Evidence Brief: Social Prescribing Link Workers

particular, the paper aims to examine recent experiences of the voluntary sector in responding to the Covid-19 pandemic, and the lessons that can be learnt for integrated care provision. The article focuses on the case of Oxfordshire (UK), using a mixed methods approach that included a series of semi-structured interviews with key informants in health and the VCSE sector as well as online surveys of GPs and organisations in the VCSE sector. These were complemented by two contrasting geographical case studies of community responses to Covid-19 (one urban, one rural). Data were collected between April and June 2021. Interviewees were recruited through professional and community networks and snowball sampling, with a total of 30 semi-structured interviews being completed. Survey participants were recruited through sector-specific networks and the research arm of doctors.net.uk, with a total of 57 survey respondents in all. The research demonstrated the critical role of social prescribing link workers and locality officers in forging connections between the health and VCSE sectors at the hyper-local level, particularly in the urban case study. In the rural case study, the potential role of the Parish Council in bringing the two sectors together was highlighted, to support community health and well-being through stronger integrated working between the two sectors. The article concludes that enhanced connections between health and the VCSE sector will strengthen the outcomes of ICS. Copyright © 2022 The Authors. Health and Social Care in the Community published by John Wiley & Sons Ltd.

### [Challenges and Approaches to Green Social Prescribing During and in the Aftermath of COVID-19: A Qualitative Study](#)

Item Type: Journal Article

Authors: Fixsen, Alison and Barrett, Simon

Publication Date: 2022

Journal: Frontiers in Psychology 13, pp. 861107

Abstract: The last decade has seen a surge of interest and

investment in green social prescribing, however, both healthcare and social enterprise has been impacted by the COVID-19 crisis, along with restricted access to public green spaces. This study examines the challenges and opportunities of delivering green social prescribing during and in the aftermath of COVID-19, in the light of goals of green social prescribing to improve mental health outcomes and reduce health inequalities. Thirty-five one-to-one interviews were conducted between March 2020 and January 2022. Interviewees included Link Workers and other social prescribers, general practitioners (GPs), managers, researchers, and volunteers working in urban and rural Scotland and North East England. Interview transcripts were analyzed in stages, with an inductive approach to coding supported by NVivo. Findings revealed a complex social prescribing landscape, with schemes funded, structured, and delivered diversely. Stakeholders were in general agreement about the benefits of nature-based interventions, and GPs and volunteers pointed out numerous benefits to participating in schemes such as parkrun. Link Workers were more circumspect about suggesting outdoor activities, pointing out both psychological and practical obstacles, including health anxieties, mobility issues, and transport deficits. Exacerbated by the pandemic, there was a way to go before older and/multi-morbidity clients (their largest cohort) would feel comfortable and safe to socialize in open air spaces. Our findings support the premise that time spent in open green spaces can alleviate some of the negative mental health effects compounded by the pandemic. However, the creation of healthy environments is complex with population health intrinsically related to socioeconomic conditions. Social disadvantage, chronic ill health and health crises all limit easy access to green and blue spaces, while those in the most socially economically deprived areas receive the lowest quality of healthcare. Such health inequities need to be borne in mind in the planning of schemes and claims around the potential of

## Evidence Brief: Social Prescribing Link Workers

future nature-based interventions to reduce health inequalities.  
Copyright © 2022 Fixsen and Barrett.

### [Social prescribing for older people and the role of the cultural sector during the COVID-19 pandemic: What are link workers' views and experiences?](#)

Item Type: Journal Article

Authors: Tierney, Stephanie;Potter, Caroline;Eccles, Kathryn;Akinyemi, Oluwafunmi;Gorenberg, Jordan;Libert, Sebastien;Wong, Geoff;Turk, Amadea;Husk, Kerryn;Chatterjee, Helen J.;Webster, Emma;McDougall, Beth;Warburton, Harriet;Shaw, Lucy and Mahtani, Kamal R.

Publication Date: 2022

Journal: Health & Social Care in the Community 30(6), pp. e5305-e5313

Abstract: Older people's well-being can be bolstered by engaging with cultural activities and venues. They may be encouraged to try cultural offers by a link worker as part of social prescribing. However, the cultural sector, like all parts of life, was affected by the COVID-19 pandemic; this has had implications for cultural offers available to link workers. A study was conducted to explore the views and experiences of link workers in using the cultural sector within social prescribing, particularly for older people (aged 60+) during the pandemic. An online questionnaire was distributed to and completed by link workers in the UK. Data were analysed mainly using descriptive statistics. Open text responses were clustered into similar ideas to create key concepts. Useable responses were received from 148 link workers. They highlighted a general lack of interaction between link workers and the cultural sector about how the latter could support social prescribing. Results suggested that personal familiarity with cultural offers might prompt link workers to refer to them. Some respondents proposed that cultural offers were regarded as elitist, which deterred them from referring there. However, there was a general acknowledgement that the cultural

sector could contribute to social prescribing. Link workers need to regard the cultural sector as accessible, appropriate, adequate, affordable and available before referring older people to cultural offers as part of social prescribing. Link workers may benefit from becoming more familiar with cultural sector staff and offers, including online resources, so they can then propose them to patients with confidence. Copyright © 2022 The Authors. Health and Social Care in the Community published by John Wiley & Sons Ltd.

## Loneliness

### [Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme](#)

Item Type: Journal Article

Authors: Foster, Alexis;Thompson, Jill;Holding, Eleanor;Ariss, Steve;Mukuria, Clara;Jacques, Richard;Akparido, Robert and Haywood, Annette

Publication Date: 2021

Journal: Health & Social Care in the Community 29(5), pp. 1439-1449

Abstract: Loneliness is considered a global public health issue because of its detrimental impact on physical and mental health but little is known about which interventions can reduce loneliness. One potential intervention is social prescribing, where a link worker helps service-users to access appropriate support such as community activities and social groups. Some qualitative studies have identified that social prescribing may help to reduce service-users' loneliness. Given this, the British Red Cross (a third sector organisation) developed and delivered a national social prescribing service in the United Kingdom to support people who were experiencing, or at risk of, loneliness. Service-users could receive up to 12 weeks of support from a link worker. A mixed methods study was conducted to understand the impact of the support on loneliness, and to identify the facilitators and

## Evidence Brief: Social Prescribing Link Workers

barriers to service delivery. The study included: (a) analysis of quantitative data collected routinely between May 2017 and December 2019 (n = 10,643) including pre-post analysis of UCLA data (n = 2,250) and matched comparator work to measure changes in loneliness; (b) semi-structured interviews with service-users, link workers and volunteers (n = 60) and (c) a Social Return on Investment Analysis. The majority of the service-users (72.6%, n = 1634/2250) felt less lonely after receiving support. The mean change in UCLA score was -1.84 (95% CI -1.91 to -1.77) of a maximum change of 6.00 (decrease indicates an improvement). Additional benefits included improved wellbeing, increased confidence and life having more purpose. The base case analysis estimated a social return on investment of 3.42 per 1 invested in the service. Having skilled link workers and support tailored to individual needs appeared key. However, challenges included utilising volunteers, meeting some service-users' needs in relation to signposting and sustaining improvements in loneliness. Nonetheless, the service appeared successful in supporting service-users experiencing loneliness. Copyright © 2020 The Authors. Health and Social Care in the Community published by John Wiley & Sons Ltd.

### Long-term Conditions

#### [Role of social prescribing link workers in supporting adults with physical and mental health long-term conditions: integrative review](#)

Author(s): Linceviciute et al.

Source: Health & Social Care in the Community

Publication date: November 2023

Social prescribing link workers interventions have been widely adopted within healthcare systems, particularly in the UK, to support a range of patients' needs and to help improve condition management for those living with multiple long-term conditions. However, there is a lack of consistency in implementation and

unclear guidance about how social prescribing link workers might address these needs, particularly in individuals living with physical and mental health long-term conditions who bear a greater burden of multifaceted everyday problems and health challenges. This review aimed to identify the existing ways in which link workers might support the needs of this group. Systematic literature search strategies were carried out with a systematic methodology that identified 18 eligible articles that mostly consisted of qualitative studies (N = 10) with the remaining studies employing a range of designs. Following a thorough process of data extraction and synthesis of findings, two principal themes and four subthemes were developed that together helped to explain the process of support and the enablers that determined how successful link workers' interventions were in supporting adults with physical and mental health long-term conditions. We found that personalised plan development and goal setting was a central collaborative task between the link worker and the patient that helped in "linking" people to beneficial and relevant sources of support. However, the catalyst for a successful change appears to be a combination of a therapeutic relationship with a link worker facilitated by a range of practical advice and "hands on" solutions that were highly desired elements of support. We have identified directives for future research and practical suggestions for enhancing the setup of link workers' interventions with this group of adults.

#### [Impact of a social prescribing intervention in North East England on adults with type 2 diabetes: the SPRING NE multimethod study](#)

Item Type: Journal Article

Authors: Moffatt, Suzanne;Wildman, John;Pollard, Tessa M.;Gibson, Kate;Wildman, Josephine M.;O'Brien, Nicola;Griffith, Bethan;Morris, Stephanie L.;Moloney, Eoin;Jeffries, Jayne;Pearce, Mark and Mohammed, Wael

Publication Date: 2023

## Evidence Brief: Social Prescribing Link Workers

Journal: Public Health Research (Southampton, England) 11(2), pp. 1-185

**Abstract:** Background: Link worker social prescribing enables health-care professionals to address patients' non-medical needs by linking patients into various services. Evidence for its effectiveness and how it is experienced by link workers and clients is lacking., Objectives: To evaluate the impact and costs of a link worker social prescribing intervention on health and health-care costs and utilisation and to observe link worker delivery and patient engagement., Data sources: Quality Outcomes Framework and Secondary Services Use data., Design: Multimethods comprising (1) quasi-experimental evaluation of effects of social prescribing on health and health-care use, (2) cost-effectiveness analysis, (3) ethnographic methods to explore intervention delivery and receipt, and (4) a supplementary interview study examining intervention impact during the first UK COVID-19 lockdown (April-July 2020)., Study population and setting: Community-dwelling adults aged 40-74 years with type 2 diabetes and link workers in a socioeconomically deprived locality of North East England, UK., Intervention: Link worker social prescribing to improve health and well-being-related outcomes among people with long-term conditions., Participants: (1) Health outcomes study, approximately n = 8400 patients; EuroQol-5 Dimensions, five-level version (EQ-5D-5L), study, n = 694 (baseline) and n = 474 (follow-up); (2) ethnography, n = 20 link workers and n = 19 clients; and COVID-19 interviews, n = 14 staff and n = 44 clients., Main outcome measures: The main outcome measures were glycated haemoglobin level (HbA1c; primary outcome), body mass index, blood pressure, cholesterol level, smoking status, health-care costs and utilisation, and EQ-5D-5L score., Results: Intention-to-treat analysis of approximately 8400 patients in 13 intervention and 11 control general practices demonstrated a statistically significant, although not clinically significant, difference in HbA1c level (-1.11 mmol/mol) and a

non-statistically significant 1.5-percentage-point reduction in the probability of having high blood pressure, but no statistically significant effects on other outcomes. Health-care cost estimates ranged from 18.22 (individuals with one extra comorbidity) to -50.35 (individuals with no extra comorbidity). A statistically non-significant shift from unplanned (non-elective and accident and emergency admissions) to planned care (elective and outpatient care) was observed. Subgroup analysis showed more benefit for individuals living in more deprived areas, for the ethnically white and those with fewer comorbidities. The mean cost of the intervention itself was 1345 per participant; the incremental mean health gain was 0.004 quality-adjusted life-years (95% confidence interval -0.022 to 0.029 quality-adjusted life-years); and the incremental cost-effectiveness ratio was 327,250 per quality-adjusted life-year gained. Ethnographic data showed that successfully embedded, holistic social prescribing providing supported linking to navigate social determinants of health was challenging to deliver, but could offer opportunities for improving health and well-being. However, the intervention was heterogeneous and was shaped in unanticipated ways by the delivery context. Pressures to generate referrals and meet targets detracted from face-to-face contact and capacity to address setbacks among those with complex health and social problems., Limitations: The limitations of the study include (1) a reduced sample size because of non-participation of seven general practices; (2) incompleteness and unreliability of some of the Quality and Outcomes Framework data; (3) unavailability of accurate data on intervention intensity and patient comorbidity; (4) reliance on an exploratory analysis with significant sensitivity analysis; and (5) limited perspectives from voluntary, community and social enterprise., Conclusions: This social prescribing model resulted in a small improvement in glycaemic control. Outcome effects varied across different groups and the experience of social prescribing differed depending on client circumstances., Future work: To examine how the NHS Primary

## Evidence Brief: Social Prescribing Link Workers

Care Network social prescribing is being operationalised; its impact on health outcomes, service use and costs; and its tailoring to different contexts., Trial registration: This trial is registered as ISRCTN13880272., Funding: This project was funded by the National Institute for Health and Care Research (NIHR) Public Health Research programme, Community Groups and Health Promotion (grant no. 16/122/33) and will be published in full in Public Health Research; Vol. 11, No. 2. See the NIHR Journals Library website for further project information.

### [Service-users' perspectives of link worker social prescribing: a qualitative follow-up study](#)

Author(s): Wildman et al.

Source: BMC Public Health 19(98)

Publication date: 2019

Background: Social prescribing enables health-care professionals to address non-medical causes of ill-health by harnessing the resources of the voluntary and community sectors in patient care. Although increasingly popular in the UK, evidence for the effectiveness of social prescribing is inconclusive and longer-term studies are needed. This study aimed to explore experiences of social prescribing among people with long-term conditions one to two years after their initial engagement with a social prescribing service. Methods: Qualitative methods comprising semi-structured follow-up interviews were conducted with 24 users of a link worker social prescribing service who had participated in an earlier study. Participants were aged between 40 and 74 years and were living in a socioeconomically-deprived area of North East England. Results: Participants reported reduced social isolation and improvements in their condition management and health-related behaviours. However, many participants had experienced setbacks, requiring continued support to overcome problems due to multi-morbidity, family circumstances and social, economic or cultural factors. Findings indicated that, in this sample of people

facing complex health and socioeconomic issues, longer-term intervention and support was required. Features of the link worker social prescribing intervention that were positively appraised by participants, included a highly personalised service to reflect individual goal setting priorities and a focus on gradual and holistic change dealing with issues beyond health. The important role of a strong and supportive relationship with an easily-accessible link worker in promoting sustained behaviour change highlights the importance of link worker continuity. A lack of suitable and accessible voluntary and community services for onward referral acted as a barrier to involvement for some participants. Conclusions: This study highlights issues of interest to commissioners and providers of social prescribing. Engagement with social prescribing for up to two years was examined and continued involvement was identified for those with complex issues, suggesting that a long-term intervention is required. The availability of onward referral services is an important consideration for social prescribing in a time of constrained public spending. From a research perspective, the range of improvements and their episodic nature suggest that the evaluation of social prescribing interventions requires both quantitative and qualitative data collected longitudinally.

### [Link Worker social prescribing to improve health and wellbeing for people with long-term conditions: qualitative study of service user perception](#)

Author(s): Moffatt et al.

Source: BMJ Open 7(7)

Publication date: 2017

Objectives To describe the experiences of patients with long-term conditions who are referred to and engage with a Link Worker social prescribing programme and identify the impact of the Link Worker programme on health and well-being.

Design Qualitative study using semistructured interviews with thematic analysis of the data. Intervention Link Worker social



## Evidence Brief: Social Prescribing Link Workers

prescribing programme comprising personalised support to identify meaningful health and wellness goals, ongoing support to achieve agreed objectives and linkage into appropriate community services. Setting Inner-city area in West Newcastle upon Tyne, UK (population n=132 000) ranked 40th most socioeconomically deprived in England, served by 17 general practices. Participants Thirty adults with long-term conditions, 14 female, 16 male aged 40–74 years, mean age 62 years, 24 white British, 1 white Irish, 5 from black and minority ethnic communities. Results Most participants experienced multimorbidity combined with mental health problems, low self-confidence and social isolation. All were adversely affected physically, emotionally and socially by their health problems. The intervention engendered feelings of control and self-confidence, reduced social isolation and had a positive impact on health-related behaviours including weight loss, healthier eating and increased physical activity. Management of long-term conditions and mental health in the face of multimorbidity improved and participants reported greater resilience and more effective problem-solving strategies. Conclusions Findings suggest that tackling complex and long-term health problems requires an extensive holistic approach not possible in routine primary care. This model of social prescribing, which takes into account physical and mental health, and social and economic issues, was successful for patients who engaged with the service. Future research on a larger scale is required to assess when and for whom social prescribing is clinically effective and cost-effective.

### Mental Health

[Improving access to primary mental health services: are link workers the answer?](#)

Author(s): Evans et al.

Source: London Journal of Primary Care 6 pp. 23-28

Publication date: 2014

Background The incidences of common mental disorders such as anxiety, depression and low-level post-traumatic stress are associated with deprivation. Since 2007, the Improving Access to Psychological Therapy (IAPT) programme in Ealing has made it easier for primary care practitioners to refer patients with common mental disorders for treatment. However, fewer patients of a black and minority ethnic (BME) background were referred than expected. Setting Southall, Ealing, is a diverse ethnic community; over 70% of the population is classified as having a BME background. Aim To evaluate the effect of locating mental health link workers in general practitioners' (GP) surgeries on referral of BME patients to IAPT services. Methods In 2009, an initiative in Southall helped practitioners and managers that served geographic areas to work with many different agencies to improve whole systems of care. One strand of this work led to mental health link workers being placed in 6 of the 23 GP practices. They provided psychological therapy and raised awareness of common mental disorders in BME groups and what mental health services can do to improve these. Referrals to the service were monitored and assessed using statistical process control. Results The mean referral rate of BME patients for GP practices without a link worker was 0.35 per week per 10 000 patients and was unchanged throughout the period of the study. The referral rates for the six practices with a link worker increased from 0.65 to 1.37 referrals per week per 10 000 patients. Conclusions Link workers located in GP practices, as part of a collaborative network of healthcare, show promise as one way to improve the care of patients with anxiety and depression from BME communities.

[Introduction of a child and adolescent mental health link worker: education and health staff focus group findings](#) Abstract only\*

Author(s): Hunter et al.

## Evidence Brief: Social Prescribing Link Workers

Source: Journal of Psychiatric and Mental Health Nursing 15(8) pp. 670-7

Publication date: October 2008

Policy guidance suggests that outcomes for adolescents with mental health problems can be improved by secondary education services (SES) and child and adolescent mental health services (CAMHS) working more closely. This study reports on staff experiences of the introduction of a mental health link worker (MHLW). The findings of two focus groups are presented, conducted with staff from CAMHS and SES. These focus groups formed part of the overall wider evaluation of the MHLW role. The groups explored staff perceptions and experiences following the introduction of the MHLW, and elicited their views on the effectiveness of this innovative role. Qualitative methods were employed, and analysis was conducted using the principles of grounded theory and the constant comparative method. The findings revealed that the MHLW was well received by both groups, despite the identification of potential barriers. A number of key themes emerged, which included the ability of the link worker to improve communication and to encourage mutual understanding between services. The issues raised by these themes are discussed and recommendations are made for future practice and research.

### Older people

[Does a social prescribing 'holistic' link-worker for older people with complex, multimorbidity improve well-being and frailty and reduce health and social care use and costs? A 12-month before-and-after evaluation](#)

Author(s): Elston et al.

Source: Primary Health Care Research & Development

Publication date: September 2019

Aim: To evaluate the impact of 'holistic' link-workers on service users' well-being, activation and frailty, and their use of health

and social care services and the associated costs. Background: UK policy is encouraging social prescribing (SP) as a means to improve well-being, self-care and reduce demand on the NHS and social services. However, the evidence to support this policy is generally weak and poorly conceptualised, particularly in relation to frail, older people and patient activation. Torbay and South Devon NHS Foundation Trust, an integrated care organisation, commissioned a Well-being Co-ordinator service to support older adults ( $\geq 50$  years) with complex health needs ( $\geq 2$  long-term conditions), as part of its service redesign. Methods: A before-and-after study measuring health and social well-being, activation and frailty at 12 weeks and primary, community and secondary care service use and cost at 12 months prior and after intervention. Findings: Most of the 86 participants achieved their goals (85%). On average health and well-being, patient activation and frailty showed a statistically significant improvement in mean score. Mean activity increased for all services (some changes were statistically significant). Forty-four per cent of participants saw a decrease in service use or no change. Thirteen high-cost users ( $>£5000$  change in costs) accounted for 59% of the overall cost increase. This was largely due to significant, rapid escalation in morbidity and frailty. Co-ordinators played a valuable key-worker role, improving the continuity of care, reducing isolation and supporting carers. No entry-level participant characteristic was associated with change in well-being or service use. Larger, better conceptualised, controlled studies are needed to strengthen claims of causality and develop national policy in this area.

### Palliative Care

[Compassionate community connectors: a distinct form of end-of-life volunteering](#) Abstract only\*

Item Type: Journal Article

Authors: Noonan, Kerrie; Rumbold, Bruce and Aoun, Samar M.

Publication Date: 2023

Journal: Progress in Palliative Care 31(1), pp. 1-10

Abstract: Public health approaches to palliative care have long promoted the contribution of formal and informal volunteering to providing effective end-of-life care in neighbourhoods and communities. A central strategy for this is a 'compassionate communities' approach that focuses on building care networks and developing community members' capacities in end-of-life care. There is anecdotal evidence of differences in the motivations and life experiences of traditional palliative care volunteers and volunteers in compassionate community programs. There is however very little research into volunteers seeking a compassionate communities orientated role. This study describes the motivations, experiences and characteristics of volunteers participating in a program called compassionate connectors in Western Australia. Twenty volunteers with a variety of caregiving experiences participated in the pilot study through submitting an expression of interest for recruitment. Analysis indicated that the compassionate community connector role attracted experienced community volunteers who were already familiar with community services and end-of-life supports in their community, demonstrating a pre-existing understanding of the practical and emotional supports families may need for end-of-life care. They articulated some key differences with the hospice/palliative care volunteers and how they wish to engage in fresh ways with their community and move beyond traditional volunteering to exercise more autonomy in providing care. This article argues that clarifying these characteristics will benefit new compassionate community initiatives and provide important information for hospice and palliative care services that may be considering undertaking compassionate community projects. Conceptual clarity about these differing roles will be helpful for all collaborations and partnerships that involve volunteer recruitment and management.

### Professional Identity

["Winging It": An Exploration of the Self-Perceived Professional Identity of Social Prescribing Link Workers](#)

Item Type: Journal Article

Authors: Moore, Coco;Unwin, Peter;Evans, Nick and Howie, Frances

Publication Date: 2023

Journal: Health & Social Care in the Community , pp. 1-8

Abstract: The practice of social prescribing (SP) has been rapidly expanding throughout the UK in recent years. The role of SP link workers (SPLWs) currently has no nationally prescribed requirements in terms of qualifications, background, or experience. This qualitative study of 13 SPLWs using semi-structured interviews is believed to be the first exploration of perceptions of their professional identity and the agency and structure within their roles. SPLWs reported feeling caught between biomedical and biopsychosocial models of health. Some identified with clinical healthcare teams, whilst others preferred non-medical and community-based identities. SPLWs valued professional flexibility and freedom, though were concerned this was becoming increasingly restricted. They reported filling gaps in the health system and absorbing more risk and complexity than they believed was reflected in their training or pay. Despite this, SPLWs demonstrated consistent core values of person-centredness, holistic practice, and a strength-based approach. A more consistent approach to professional identity is recommended as a way forward for SP.

### Scope of practice

[Intervention components of link worker social prescribing programmes: a scoping review](#)

Author(s): Sandhu et al.

## Evidence Brief: Social Prescribing Link Workers

Source: Health & Social Care in the Community 30(6) pp. e3761-3774

Publication date: October 2022

In the United Kingdom (UK), link worker social prescribing has emerged as an option to improve long-term condition management and address primary care patients' non-medical needs by linking patients with community-based activities and support. Social prescribing is a complex, heterogenous intervention, and there is currently no taxonomy of components to guide its implementation and evaluation. This study aimed to identify and categorise the components of link worker social prescribing schemes in the United Kingdom. A scoping review of peer-reviewed literature was conducted. Six databases were used to identify papers that met inclusion criteria. Eligible articles were original research studies in the United Kingdom describing interventions that included (1) initial referral of adults with chronic physical health conditions and/or unmet social needs from primary care to a link worker or equivalent role, (2) consultation with a link worker or equivalent role and (3) referral to a community-based or government service. Of the 1078 articles identified, 32 met study eligibility criteria, representing 22 social prescribing schemes. We drew from the template for intervention description and replication (TIDieR) to identify, organise and report intervention components. We found wide variations in geography, target populations and intervention components such as activities and procedures conducted by primary care staff and link workers, organisational and staffing configurations and use of tools and financing approaches to facilitate adoption. Intervention components are summarised into a taxonomy to guide future research, policy and practice efforts in addition to supporting standardised intervention reporting.

[Constituting link working through choice and care: an ethnographic account of front-line social prescribing](#)

Author(s): Griffith et al.

Source: Sociology of Health & Illness 45(2)

Publication date: October 2022

Link worker social prescribing has become a prominent part of NHS England's personalisation agenda. However, approaches to social prescribing vary, with multiple discourses emerging about the potential of social prescribing and different interpretations of personalisation. The transformational promise of social prescribing is the subject of ongoing debate, whilst the factors that shape the nature of front-line link working practices remain unclear. Based on 11 months of in-depth ethnographic research with link workers delivering social prescribing, we show how link workers' practices were shaped by the context of the intervention and how individual link workers navigated varied understandings of social prescribing. Following the work of Mol, we show how link workers drew differentially on the interacting logics of choice and care and trace a multiplicity in front-line link working practices within a single intervention. However, over time, it appeared that a logic of choice was becoming increasingly dominant, making it harder to deliver practices that aligned with a logic of care. We conclude that interpreting personalisation through a logic of choice could potentially undermine link working practices that privilege care whilst obscuring the need for wider investment in health care systems and the social determinants of health.

[Link workers, activities and target groups in social prescribing: a literature review](#)

Author(s): Rothe and Heiss

Source: Journal of Integrated Care 30(5)

Publication date: December 2022

Purpose: Social prescribing is a model of integrated care, in which primary healthcare staff can link patients to the social care sector. However, social prescribing can occur in different forms. To better understand the concept of social prescribing, this literature review examines the role of the link workers, activities

## Evidence Brief: Social Prescribing Link Workers

and target groups. Design/methodology/approach: A literature review was conducted. Studies before May 2020 were considered. In total, 1,700 studies were identified using the databases Pubmed, PsycInfo, Cinahl, Web of Science and Cochrane Library. After eligibility checks, 16 studies were included in the final analysis. Findings: A few studies warned of a deeper engagement of the link worker due to service dependency, but most studies encouraged an active and supportive role of the link worker. Participants engaged in social, physical and counseling activities. The majority of studies emphasized the importance of linking group activities with personal preferences and identity needs. The main target groups were composed of individuals with psychosocial needs, but some studies also included patients with physical or mental illnesses. Originality/value: Social prescribing is widely advocated as an innovative model of integrated care. However, few studies have looked into the complex system of social prescribing. This study analyzes the linking processes, activities and target groups in extant social prescribing programs.

### The role of social prescribers in Wales: a consensus methods study

Item Type: Journal Article

Authors: Roberts, T.;Lloydwin, C.;Pontin, D.;Williams, M. and Wallace, C.

Publication Date: 2022

Journal: Perspectives in Public Health 142(5), pp. 297-304

Abstract: Aims: Social prescribing continues to grow and change across healthcare services in Wales; however, research of the day-to-day performance of social prescribers is limited. This study aimed to explore which roles are perceived to be the most important and frequently used by social prescribers in Wales and compare these results to reports in studies of services in other countries in order to support future role development and potential standardisation. Method(s): This study used the Group

Concept Mapping via the Concept Systems Global Max™ software to collect and analyse all data from both participants and literature. Result(s): There was a total of 101 statements generated (119 participants, 84 literature) ranging from generic interpersonal skills to specialised training (cognitive behavioural therapy). These statements were then sorted by conceptual similarity into seven clusters (Providing a Specialist Service, Working in a person-centred way, Skills, Connecting Clients with Community, Collaborative Working, Evaluating and postprogramme duties, and Networking/Community). Statements were rated based on their perceived importance and frequency, with the 'Skills' cluster having the highest overall average and 'Providing a Specialist Service' having the lowest. Conclusion(s): Reports indicate that in general there is variation in the roles performed by individual participants in Wales; however, greater variation was observed between participants and literature suggesting geographical divergence in practice. In the top 12 highest rated statements for both frequency and importance, individualistic traits such as empathy and 'being a listener' are favoured over specialised methods such as cognitive behavioural therapy and behaviour change taxonomy. Results suggest that local need plays a part in the choices and performance of social prescribers and as such should be considered in future standardisation. Copyright © Royal Society for Public Health 2021.

### More than signposting: Findings from an evaluation of a social prescribing service

Item Type: Journal Article

Authors: White, Caroline;Bell, Jo;Reid, Marie and Dyson, Judith

Publication Date: 2022

Journal: Health & Social Care in the Community 30(6), pp. e5105-e5114

Abstract: This paper presents findings from an evaluation of a social prescribing service, undertaken between January 2019

## Evidence Brief: Social Prescribing Link Workers

and December 2020. Data was collected through interviews and focus groups with a range of groups including social prescribing managers, link workers (LWs), referrers (GPs and social work practitioners), clients, Voluntary and Community Sector (VCS) agencies and groups. Thematic analysis of data was undertaken, and findings were presented in respect of clients' journeys into social prescribing; the support received from LWs; their onward journeys to VCS support. The findings highlight the challenges for individuals in contacting new agencies/groups and the importance of practitioner referral into and onwards from social prescribing, as well as buddying to support clients on initial agency visits. The depth of the LW role is highlighted, as well as the complexity of client circumstances, highlighting a need for 'more than signposting', and challenging the notion of self-referral as an indicator of motivation. Social prescribing has been positioned as amongst the solutions to the challenges of primary care. However, referrals from GPs were low and significantly outnumbered by those from social workers; this suggests a need to explore in greater depth the use of social prescribing by social workers, who have, to date, been absent from social prescribing research. Copyright © 2022 John Wiley & Sons Ltd.

### [Link worker perspectives of early implementation of social prescribing: A 'Researcher-in-Residence' study](#)

Author(s): Hazeldine et al.

Source: Health & Social Care in the Community 29(6)

Publication date: 2021

Social prescribing (SP) is increasing in popularity in the UK and can enable healthcare providers to respond more effectively to a range of non-clinical needs. With the NHS commitment to establish an SP link worker in all GP practices, there is a rapid increase in the number of SP schemes across the country. There is currently insufficient evidence concerning the implementation and acceptability of SP schemes. In this paper, we report our analysis of the descriptions of the experiences of SP link

workers, regarding the early implementation of SP link workers in two SP programmes in the South West. Data were gathered using the 'Researcher in Residence' (RiR) model, where the researcher was immersed in the environments in which the SP was managed and delivered. The RiR undertook conversations with 11 SP link workers, 2 SP link worker managers and 1 SP counsellor over six months. The RiR visited seven link workers at their GP practices (service 1) and four at their head office (service 2). The RiR met with the link worker managers at their offices, and the RiR spoke with the SP counsellor on the telephone. Data from these conversations were analysed using Thematic Analysis and six codes were constructed to advance our understanding of the components of early implementation of the SP programmes. Training (particularly around mental health), workforce support, location and SP champions within GP practices were found to be key strategies of SP implementation, link worker involvement acting as a conduit for the impacts of these strategies. This paper suggests that the implementation of SP programmes can be improved by addressing each of these areas, alongside allowing link workers the flexibility and authority to respond to challenges as they emerge.

### [Collaboration with community connectors to improve primary care access for hardly reached people: a case comparison of rural Ireland and Australia](#)

Item Type: Journal Article

Authors: Wallace, Carolyn;Farmer, Jane;White, Carolynne and McCosker, Anthony

Publication Date: 2020

Journal: BMC Health Services Research 20(1), pp. 172

Abstract: BACKGROUND: This study presents a way for health services to improve service access for hardly reached people through an exploration of how staff can find and collaborate with citizens (referred to as connectors) who span socio-cultural boundaries in their community. The study explored the local

## Evidence Brief: Social Prescribing Link Workers

socio-cultural contexts of connectors' boundary spanning activities and if they are health related; boundary spanning occurring between connectors and health professionals at the interface of health systems and community; and the opportunities and barriers to actively seeking out and collaborating with community connectors to access marginalised and hardly reached people., METHODS: We conducted a qualitative case comparison from rural Ireland and Australia. Following purposive snow-ball sampling techniques to recruit participants, semi-structured interviews were conducted with 34 community informants, 21 healthcare staff and 32 connectors. Transcripts were coded and analysed using an inductive approach to ascertain categories and overall themes., RESULTS: We found a diverse sample of connectors relating to heterogenous, small and locally distinct groups of hardly reached people. Overall 26 connectors were active at the interface between health services and the community, with variation in how this occurred between cases. The majority (21) described one or more health related activities with hardly reached people. All connectors expressed a willingness to develop a relationship with local health services on issues they identified as relevant. Barriers to collaborations between connectors and health services related to bureaucracy, workload, and burnout., CONCLUSIONS: Collaborating with connectors has potential as one strategy to improve access to health services for hardly reached people. To enact this, health staff need to identify local socio-cultural boundaries and associated connectors, facilitate two-way connections at the boundary between health services and community and enable collaboration by attending to activities in the community, at the interface between health services and community, and within the health system.

[Link workers' perspectives on factors enabling and preventing client engagement with social prescribing](#) Abstract only\*

Author(s): Wildman et al.

Source: Health & Social Care in the Community 27(4) pp. 991-998

Publication date: January 2019

For a social prescribing intervention to achieve its aims, clients must first be effectively engaged. A 'link worker' facilitating linkage between clients and community resources has been identified as a vital component of social prescribing. However, the mechanisms underpinning successful linkage remain underspecified. This qualitative study is the first to explore link workers' own definitions of their role in social prescribing and the skills and qualities identified by link workers themselves as necessary for effective client linkage. This study also explores 'threats' to successful linked social prescribing and the challenges link workers face in carrying out their work. Link workers in a social prescribing scheme in a socioeconomically deprived area of North East England were interviewed in two phases between June 2015 and August 2016. The first phase comprised five focus groups (n = 15) and individual semi-structured interviews (n = 15) conducted with each focus group participant. The follow-up phase comprised four focus groups (n = 15). Thematic data analysis highlighted the importance of providing a holistic service focusing on the wider social determinants of health. Enabling client engagement required 'well-networked' link workers with the time and the personal skills required to develop a trusting relationship with clients while maintaining professional boundaries by fostering empowerment rather than dependency. Challenges to client engagement included: variation in the volume and suitability of primary-care referrals; difficulties balancing quality of intervention provision and meeting referral targets; and link workers' training inadequately preparing them for their complex and demanding role. At a broader level, public sector cuts negatively impacted upon link workers' ability to refer patients into suitable services due to unacceptably long waiting lists or service cutbacks. This study demonstrates that enabling client engagement in social

## Evidence Brief: Social Prescribing Link Workers

prescribing requires skilled link workers supported by healthcare referrer 'buy-in' and with access to training tailored to what is a complex and demanding role.

### Workforce

#### Social prescribing link workers – a qualitative Australian perspective

Author(s): Sharman et al.

Source: Health & Social Care in the Community 30(6)

Publication date: October 2022

Social prescribing (or community referral) is a model of healthcare designed to address social needs that contribute to poor health. At the heart of social prescribing programs is the link worker, who liaises between clients, health professionals and community organisations. Social prescribing is newly emerging in Australia but there are already calls for a large-scale roll out. This research, therefore, aimed to understand Australian link workers' role and skills required, to determine where such a workforce could be drawn from in Australia, and to identify what training and resources are needed to support this potential new workforce. To explore these questions, interviews were conducted with 15 link workers in Queensland, New South Wales and Victoria, and the transcripts were analysed using thematic analysis. Participants were predominantly female (87%); and primarily had qualifications in social work (47%) or nursing (27%). Three overarching themes were identified: (1) skills of successful social prescribing, identifying that link work requires multifaceted social and emotional skills; (2) workforce issues, presenting that link workers experienced challenges such as a lack of available support and training, lack of public awareness of social prescribing and a lack of sustained funding; and (3) job fulfilment, related to link workers' sense of reward and accomplishment from the job. We suggest that fostering job fulfilment in conjunction with the provision of increased support,

training and security will reduce feelings of overwork and burnout among link workers and likely lead to longevity in the role. Social prescribing has the potential to be hugely beneficial to clients and the community and fulfilling for link workers, provided that sufficient advocacy and resources are put in place.

### Networks

#### NHS England's Social Prescribing Network

By joining the social prescribing network, you will have access to:

1. NHS England Social Prescribing Monthly Bulletin (news, upcoming webinars and events)
2. FutureNHS Social Prescribing Collaboration Platform (access to resources, discussion forums, peer support, webinar recordings and training and development opportunities)

#### National Association of Link Workers

We are the unifying professional identity for social prescribing link workers, leading the way in setting standards and serving as the guiding force for practitioners. As the bedrock of the profession, we are unwavering in ensuring safety and promoting evidence-based practices. Operating independently, our membership reflects the dedication of social prescribing link workers in providing high-quality services to patients and communities.



### eLearning

#### [Social Prescribing – Learning for Link Workers](#)

Source: NHS England eLearning for Healthcare

Social prescribing enables all primary care staff and local agencies to refer people to a link worker. Link workers give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. They connect people to community groups and agencies for practical and emotional support. They collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups. The NHS Long Term Plan commits to embedding social prescribing link workers within every [primary care network](#) (PCN) as part of a wider shift towards universal personalised care. The aim is for at least 900,000 people to be referred to social prescribing schemes by 2023/24.

### Competency Frameworks

#### [Workforce development framework: social prescribing link workers](#)

See Section 9 Competency Framework and Annex A

Source: NHS England

Publication date: January 2023

The [Competency Framework \(Annex A\)](#) sets out the core competencies that all SPLWs working in or with PCNs need in order to deliver their role, and is designed to assist those who employ or direct the activities of SPLWs to understand the competencies for practicing safely and effectively in their role, and how these competencies can be achieved.

#### [Education Standards for Social Prescribing Link Workers](#)

Source: National Association of Link Workers

Publication date: 2022

National Association of Link Workers (NALW) is the professional body for Social Prescribing Link Workers in the UK. We are committed to upholding the confidence and integrity of the profession by ensuring patients, clients, service users, and communities receive high-quality social prescribing services. The key aims of this commitment are to have appropriately qualified and skilled professionals trained to robust standards and working within a clear scope of practice. Therefore, it is our priority to develop and define educational standards to support the development of highly qualified link workers equipped to achieve their potential and contribute to the health of the communities they work. As part of this commitment and in response to requests for guidance from NALW produced the Code of Practice for Link Workers and employers of Link Workers in 2019. These describe the core standards expected of high-quality social prescribing practice. The Code of Practice is non-model-specific, aiming to increase consistency in professional practice, ensure professional competence and inspire public confidence. For more information about NALW, please see Appendix A.

#### [Social Prescribing Link Worker Competency Framework](#)

Source: NHS

Publication date: 2022

This Competency Framework has been designed to outline competencies that SPLWs working in or with PCNs require in order to deliver their role. This framework is aligned to the NHS England & NHS Improvement Sample Job Description for SPLWs (Annex A, Summary Guide). This framework is also aligned to the Core Curriculum for Personalised Care published by the Personalised Care Institute (PCI), which acts as the

foundational framework for both Personalised Care and specific Personalised Care roles in primary care.

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