

The Role of Link Workers in Social Prescribing: Key Findings from Research in the United Kingdom

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Background

Social Prescribing

Social Prescribing is a key policy in the National Health Service (NHS) in England. Social Prescribing recognises the social determinants of health and allows primary care professionals to refer patients to a range of non-clinical services or activities in their local communities that may support their health and wellbeing.



Social Prescribing Link Workers

A new professional role was introduced into NHS primary care to deliver social prescribing and provide holistic support to patients and connect them with community organisations. Funding for this role was made available to all Primary Care Networks(PCNs) nationally. Link workers can be employed directly through PCNs or subcontracted through a voluntary and Community Sector (VCS) organisation. Link workers spend time getting to really understand patients and what matters to them and then link them to community organisations that might be able to help. Another key part of their role is to establish relationships between primary care and community organisations to facilitate collaboration and fill gaps in community services provision and engage in community development.

The Oxford University Social Prescribing Research Network

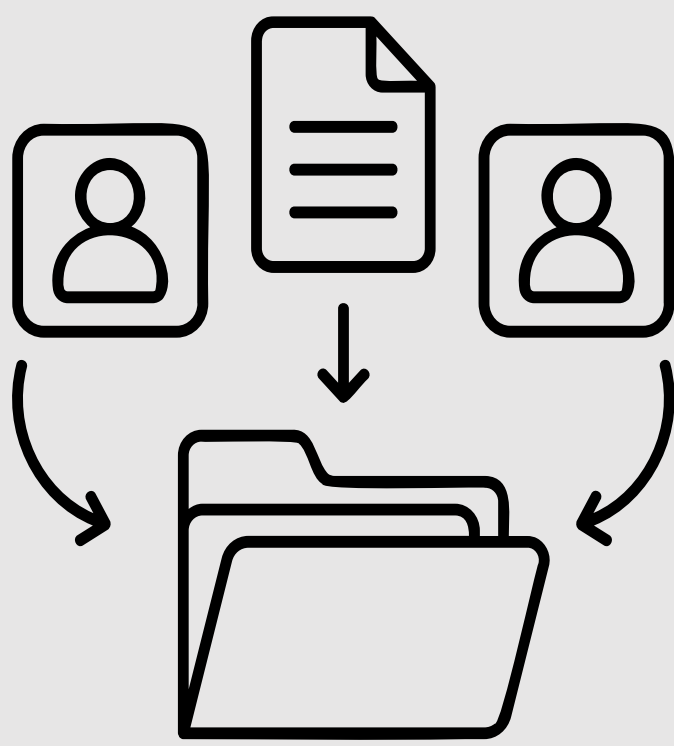
Our research team at the University of Oxford has conducted leading research on the implementation of social prescribing link workers in the NHS. This poster summarises findings from a national realist evaluation of the link worker role which sought to understand the implementation of social prescribing link workers in primary care.

More information about all our social prescribing research projects can be found by scanning this QR code.



A National Realist Evaluation of the Implementation of Social Prescribing Link workers: Methodology

- **Research Question:** When implementing link workers in primary care to sustain outcomes – what works, for whom, why and in what circumstances?
- **Realist Methodology:** Realist evaluations (Pawson, 2013) build from an initial programme theory about how an intervention is thought to work, for whom and how. Through data collection and analysis, the initial programme theory is revised and refined. Data are drawn upon to develop explanations that focus on mechanisms producing outcomes, and contexts required to trigger these mechanisms. Realist evaluations aim to “open up the ‘black box’ of the policy intervention to understand why the observed outcomes occurred and to explore the interplay of stakeholders, resources, beliefs, outcomes and circumstances. This can help to develop the evidence base around a policy area and pave the way for the generalisation of the programme” (HM Treasury, 2020: 6-7).



Data Collection

- Data were collected between November 2021 and August 2023 and was centred around purposefully sampled 7 link worker cases based in different parts of England.
- Researchers spent 3 weeks in situ with each link worker going to meetings with them and shadowing them in their daily activities.
- We interviewed 93 professionals (community organisation staff, GPs, link workers, practice managers, nurses, care coordinators, reception staff, and allied health professionals).
- We interviewed 61 patients, 41 of these participated in a follow-up interview 9-12 months later.
- In addition, data on patient contact with a GP before and after being referred to each link worker were collected from practices.

Key Findings

Holding

Link workers sometimes engage with patients in a way that was not always working towards a particular goal or connecting individuals to external support. Rather they sought to contain patients’ emotional difficulties giving them space to express their needs. May be important in areas with high levels of deprivation where it may not be possible to “fix” social issues. This “holding” work often goes unrecognised.

Micro-discretions

Link workers need enough flexibility to provide personalised care, but too much discretion without support can leave them feeling overwhelmed. The key is finding the right balance between autonomy and institutional backing to prevent job dissatisfaction and staff turnover.



Being an anchor point

Link workers built trust with patients through consistency and skilled communication, creating safe spaces where people felt comfortable discussing non-medical issues and developing hope. However, their ability to connect patients to external support depended on both the patient's readiness and structural factors beyond the link worker's control, such as limited housing or employment options.

A continuum of embeddedness in primary care

Link workers' integration into primary care ranges from being “bolted on” (isolated and unsupported) to “fitting in” (basic integration but misunderstood role) to “belonging” (properly integrated with appropriate use of their expertise). Success depends on organizational buy-in and infrastructure, though measuring and communicating their impact to primary care teams remains challenging.