

The Social Prescribing Link Worker Model:

Examining the current challenges and potential solutions present in existing literature

The roll-out of social prescribing across England was a key commitment within the government's loneliness strategy published in 2018.¹ A key component of this policy was NHS England's nationwide recruitment of social prescribing link workers. Taking a holistic approach to health and wellbeing, the link workers' purpose is to help people with a range of non-clinical needs, such as loneliness, and connect them to further sources of both practical and emotional support if needed.

Through our own link worker schemes, the British Red Cross has seen first-hand how effective social prescribing can be in tackling loneliness.² We have, therefore, strongly welcomed these national commitments. However, there are various challenges and solutions key to ensuring social prescribing is as effective as possible, which are yet to be fully explored.

At the start of 2020, the British Red Cross commissioned a literature review of the existing evidence of the impact of the link worker model on loneliness, and the views and experiences of the people who deliver and access these services. This review, completed in June 2020, adds to our growing evidence base on the benefits and challenges of the social prescribing link model (see a summary of these studies in Annex). The literature review is comprised of a total of seven systematic reviews and 33 primary studies¹.

Key challenges identified in the literature:

- Key stakeholders, including service users, healthcare professionals and voluntary and community sector (VCS) organisations can be sceptical about social prescribing. Concerns can include: the benefit link workers can bring to service users, and the status of link worker services (especially for those labelled as 'pilots'). Some service users may worry that the link worker service acts as a means of preventing them from accessing GPs or other healthcare services.
- Poor mental health can be a barrier to access. It can limit the ability of service users to both access and attend link worker services for a long enough period of time to be effective.
- Due to the demanding nature of the role, the workload of link workers can become unmanageable, to the point where they choose to leave their post. Service provision can suffer when link workers leave and take their local knowledge and relationships with them.
- In some areas there are challenges in signposting people to appropriate support due to a lack of local support and assets. A lack of adequate transport networks has also proven to be a major barrier in allowing people to make use of the activities and groups which they have been signposted to.

Key solutions as suggested by the literature

1. To **overcome scepticism** about the legitimacy or efficacy of the link worker model and to create and sustain buy-in from key stakeholders, link worker services need to be given the time and resources to build relationships with service users, healthcare professionals and the Voluntary Community Sector (VCS). Communicating the role and remit of link workers is also essential to build support and interest.
2. To ensure that struggles with poor mental health do not limit an individual's ability to access or attend link worker services, services should be **tailored to a person's circumstances**. Link workers should work with individuals to set clear and manageable goals, and take time to develop a supportive relationship with service users. It is also essential for link workers to create connections between service users and the wider community, so that individuals do not become reliant on the link workers themselves.
3. Link workers should receive **appropriate training** as well as access to a supervisor and peers with whom they can share any difficulties and explore solutions. Care should be taken to invest in the training and development of link workers, as well as their wellbeing. Effective supervision should ensure that their workloads do not prevent them from being able to spend the time and effort it takes to support service users effectively.
4. Where local assets are lacking, link workers should aim to **develop new community groups** where possible, relying on support from the wider community. The local community will require enough **funding to address shortfalls and gaps in service provision**. A lack of local assets and inadequate community infrastructure needs to be addressed so that people are not prevented from accessing link worker services. Further research is needed to explore how link workers can fulfil their role in areas with limited local assets.

Challenges, and solutions, to the social prescribing link worker model as present in current literature

Stakeholders may be sceptical about the service

A large barrier identified in the literature is the potential for stakeholders, including patients and healthcare professionals, to have reservations about the social prescribing link worker model.³

- **Patients** might be reluctant to see a link worker if they feel that their situation requires medical intervention. Some may see the service as a means to prevent them from accessing their GP.
- **Primary healthcare professionals** may have doubts about the benefit of the service, particularly if funding is short term and the service is labelled a 'pilot'. They may be wary of any additional work this adds to their load and can be reluctant to forward referrals if they have doubts about the credibility or competency of link workers.
- **Voluntary and community sector organisations** might be concerned that referrals from link workers to their own services could be inappropriate, and that demand could become unmanageable.

Solutions: Making Connections and Creating and Sustaining Support

The literature provides a number of potential solutions to this challenge:^{3 4 5}

- Build trust in link worker services by building relationships with service users, healthcare professionals and the VCS. Ensuring sustained and collaborative relationships between organisations, as well as with patients, can help ensure the service is valued by all. Clear information about the role and remit of link workers should be provided upfront to help avoid misunderstandings and unrealistic expectations. It is important to make time to explain the service to stakeholders and to engage with key groups, including stakeholders, from the outset.
- Link workers are well placed to connect healthcare professionals with community assets, and can raise awareness of the VCS's work with healthcare professionals, and vice versa. This helps create a collaborative environment where the link worker can act as a bridge between health professionals and VCS organisations.
- To sustain interest in link worker services, the evidence emphasises that it is important to ensure that the service runs as smoothly as possible. In particular, ensuring that patients do not need to wait a significant time to see a link worker is crucial; this prevents service users from losing momentum when seeking help. Incorporating processes such as referrals to link workers into existing referral pathways increases the likelihood that healthcare professionals will find the service easy to use.

Service users may not have the energy and mental capacity needed to engage with the link worker service

Interviews conducted with service users highlight that sustained willpower is vital in maintaining positive changes to wellbeing over the long term.⁶ However there are a number of challenges in ensuring service users can engage with the link worker service, particularly for those struggling with psychosocial difficulties such as family issues or poor mental health. In these instances, people can be less motivated to seek help, or access help when offered support. People struggling with their mental health can also be less motivated to work with the link worker positively when receiving support, and may have less will power to continue to stay connected in the longer term, once the link worker has ended their support.^{7 8}

A previous British Red Cross evaluation, *Connecting Communities* (See summary in annex), noted that ‘the ill health of the people supported, particularly those with health issues, meant they were unable to continue with activities.’²

Solutions: A tailored service with supportive connections

The literature provides a number of potential solutions to this challenge:

- There is no one size fits all solution and while some service users may find it easy to make social contacts, others may need more encouragement and support. Link workers need to be able to adapt to these needs and have the skills required to allow patients to open up.
- Individuals can be encouraged to open up by initially identifying and resolving ‘smaller’ difficulties (e.g. arranging the installation of mobility equipment in someone’s home), before the link worker and service user can go on to tackle more challenging issues. Incremental successes can prevent people from feeling discouraged.
- It is essential that link workers create a meaningful connection with the service user they are working with. Link workers must communicate a genuine wish to offer personalised support and to develop a plan with the service user. This can be achieved through ongoing conversations to better understand the person’s circumstances.

- To ensure service users don’t become dependent on their link worker as their primary source of support, link workers need to create connections between the service user and the community, and not just with themselves. This could include reconnecting with family and friends or making wider connections with the wider community.

A link worker’s workload can become unmanageable, to the point where they choose to leave their post

In order to fulfil their role, link workers need both time and an appropriate skill set. They need to be able to think creatively and find innovative solutions which work for the people they are helping. They also need the time to invest in building relationships with these service users and the wider community. This was also highlighted in our report, *Fulfilling the promise* (see a summary in annex).

Problems can arise when the link worker’s capacity is stretched too far, for instance, if they work in multiple practices, limiting how much time they can spend in each practice and making them less visible to stakeholders with whom they must establish relationships.

As stakeholder buy-in increases and healthcare professionals refer increasingly complex cases, link worker caseloads are likely to grow. If they become too overwhelmed, the link worker may decide to leave their post. If they do so, link workers take with them the essential local knowledge and relationships they have built. This seriously affects service provision.^{3 4}

Solutions: Investing in link workers

The literature provided a number of potential solutions to this challenge:

- Care should be taken to invest in link workers. Link worker workloads should not prevent them from being able to spend the time and effort needed to support users effectively.
- Link workers should receive appropriate training, as well as access to a supervisor and peers with whom they can share any difficulties and explore solutions.

References

There may be a lack of local assets to support service users

Not all parts of the country have a strong community infrastructure or an active VCS and, in many areas, the services and activities required to provide people with the support they need are not available.^{4,6}

Our report, *Connecting Communities*,⁹ found that 'there were challenges in signposting people to appropriate community-based support due to complex needs as well as services and activities not being available in the locality'.

Gaps were identified in relation to housing, transport and community meeting spaces, which made it difficult to find the right support into which to refer service users. 'The lack of adequate transport networks proved to be a major barrier for some people in continuing with the activities and groups to which they had been signposted.'¹² For those with health and mobility issues, finding appropriate activities that they can access independently, once link worker support ends, is vital, but can be challenging.

Solutions: Filling the gaps

Currently, the literature offers limited evidence on how to overcome this barrier.

- Some have recommended that link workers should aim to develop new community groups when they identify a gap. However, to achieve this, link workers will need to rely on support from the wider community.³

¹ Department for Digital, Culture, Media and Sport (2018) A connected society: A strategy for tackling loneliness – laying the foundations for change

² Haywood et al. (2019) Tackling loneliness and isolation: findings from the evaluation of our Connecting Communities services, British Red Cross

³ Tierney et al. (2020) 'Supporting social prescribing in primary care by linking people to local assets: a realist review', BMC Medicine

⁴ Pescheny et al. (2018) 'Facilitators and barriers of implementing and delivering social prescribing services: a systematic review', BMC Health Services Research

⁵ Husk et al. (2019) 'What approaches to social prescribing work, for whom, and in what circumstances? A realist review', Health and Social Care in the community

⁶ Wildman et al. (2019) 'Service-users' perspectives of link worker social prescribing: a qualitative follow-up study', BMC Public Health

⁷ Bertotti et al. (2017) The Social Prescribing service in the London Borough of Waltham Forest – final evaluation report

⁸ Carnes et al (2017) 'The impact of a social prescribing service on patients in primary care: a mixed methods evaluation', BMC Health Services Research

⁹ British Red Cross, Co-op and Kaleidoscope Health and Care (2018), Connecting Communities to tackle loneliness and social isolation.

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Fulfilling the promise: How social prescribing can most effectively tackle loneliness

This report offers an up-close examination of how social prescribing models can best be designed to tackle loneliness effectively. It identifies key features of loneliness, which should inform any service design or delivery as well as ten recommendations for national and local policy makers, commissioners and VCS organisations.

Produced in collaboration with Kaleidoscope Health and Care, it is the result of deep-dive visits with Red Cross Community Connectors, expert interviews, and workshops with professionals working in service provision, commissioning, primary care, policy and research, and people with personal experience of loneliness.

It identifies some key features of loneliness, which should inform the design and delivery of social prescribing, including:

- that it is subjective and can be tackled in a range of ways;
- it may require significant one-to-one support to build confidence and overcome practical barriers;
- it can be stigmatised, creating reluctance to admit feelings of loneliness;
- those who are most lonely may not be in touch with services, so outreach will be needed.

It also outlines 10 areas for action for national policymakers, local health and care systems and the voluntary and community sector, including:

- Ensuring link workers or referrers are trained to recognise and respond appropriately to loneliness.
- Evaluating the impact of social prescribing services, using the ONS recommended UCLA measure.
- Monitoring the impact on the voluntary, community and social enterprise sector and ensure they are supported to meet increased demand.

Learn more here: redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/fulfilling-the-promise-social-prescribing-and-loneliness.pdf

Tackling Loneliness and Isolation: Evaluation of our Connecting Communities service

In 2019, the British Red Cross and Co-op commissioned an evaluation of our Connecting Communities service. This service aims to re-connect people with their communities by signposting to groups and activities, as well as providing emotional and practical support. The evaluation explored the experiences and outcomes of service users who had accessed the service.

This service helped two thirds of the people it supported to **feel less lonely** and 76 per cent saw an improvement in their wellbeing. People reported feeling **more confident** and felt they had **improved self-esteem**. The person-centred nature of the approach was valued by service users who often developed positive relationships and liked how the service was tailored to them. Half of those using the service were aged under 70 and the people who were most lonely (scored 8 or 9 on the UCLA scale) were more likely to feel less lonely and have a greater improvement at the end of our support.

The service was found to benefit not only service users, but also statutory services. Community Connector services were found to **take pressure off statutory services**, who were the main source of referrals. Two thirds of the organisations people were linked to were third sector organisations and community activities, supporting people into other non-statutory sources of support. The service was estimated to generate £2.04 of social value for every £1 invested.

Learn more here: <http://redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/tackling-loneliness-and-isolation-connecting-communities.pdf>

Connecting communities to tackle loneliness and social isolation: Learning report

In 2018, the British Red Cross and Co-op conducted a UK-wide learning programme to explore Community Connector-like services (or 'link worker schemes'). This programme brought together more than 50 'connector' schemes across four learning events, as well as policy makers, commissioners and others.

A number of common challenges and solutions to connector services were highlighted, including: reaching those most in need, ensuring strong local knowledge, connecting people to relevant services and measuring the outcomes of connector schemes.

Solutions included recruiting members of the community to act as 'eyes and ears' on the ground, building community development approaches into the service, and training and supporting link workers to use measurement tools effectively.

The report also unpicked several common challenges requiring wider action, including: sustainable funding, complex cases, community infrastructure, relationships, language and stigma.

Learn more here: [redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/connecting-communities-learning-report.pdf](https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/connecting-communities-learning-report.pdf)