



Research Article

The consequences of micro-discretions and boundaries in the social prescribing link worker role in England: a realist evaluation

Stephanie Tierney,^{1*} Debra Westlake,¹ Geoffrey Wong,¹
Amadea Turk,¹ Steven Markham,¹ Jordan Gorenberg,¹ Joanne Reeve,²
Caroline Mitchell,³ Kerry Husk,⁴ Sabi Redwood,⁵
Anthony Meacock,¹ Catherine Pope¹ and Kamal R Mahtani¹

¹Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

²Hull York Medical School, University of Hull, Hull, UK

³School of Medicine and Population Health, University of Sheffield, Sheffield, UK

⁴Peninsula Medical School, University of Plymouth, Plymouth, UK

⁵Bristol Medical School, University of Bristol, Bristol, UK

*Corresponding author stephanie.tierney@phc.ox.ac.uk

Published September 2024

DOI: 10.3310/JSQY9840

Plain language summary

The consequences of micro-discretions and boundaries in the social prescribing link worker role in England: a realist evaluation

Health and Social Care Delivery Research 2024

DOI: 10.3310/JSQY9840

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

Problems in life affecting people's health and well-being cannot always be fixed with medication. For example, loneliness can lower people's mood, or worries about money can cause them to feel anxious. Social prescribing link workers are employed to support individuals with these 'non-medical' issues. They listen to people to find out about them and their circumstances. They may connect them to community groups, organisations or services, or help them get advice about things like benefits or housing. Our study explored how link workers are being implemented in primary care in England.

We studied seven link workers based in different parts of England. We spent 3 weeks with each link worker, observing them at their workplace. We also interviewed these link workers and people they worked with; this included 61 patients, 61 primary care staff, 5 other link workers and 20 individuals from the voluntary or community sector.

We found big differences in what link workers did in their roles; in how long they saw patients for and how often, how many patients they were supporting at one time, their professional and personal backgrounds, whether they worked in a practice alone or were part of a bigger team of people delivering social prescribing.

Link workers had varying levels of flexibility (or discretion) in their jobs; this allowed them to support patients' individual needs. Such flexibility gave them job satisfaction as they were able to use their judgement about how to work with patients to provide person-centred support. However, if this went too far – and link workers had too few boundaries and not enough guidance – they ended up feeling overwhelmed by their job.