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### **Research Article**

# Patient buy-in to social prescribing through link workers as part of person-centred care: a realist evaluation

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### Plain language summary

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#### Plain language summary

People's health and well-being can be affected by non-medical issues (e.g. loneliness, money worries, housing problems). Social prescribing helps people with these issues by connecting them to support, often in the voluntary-community sector. Link workers are key to social prescribing. They listen to people talk about non-medical issues affecting how they feel physically and/or psychologically. They also connect people to external support – such as a befriending service, volunteering opportunities, organisations that give advice on money/housing, or other community groups. It is an important role, but we need to know more about how link workers work best, which our study set out to do.

In our study, we collected data around seven link workers in different areas of England. As part of data collection, we interviewed 61 patients and re-interviewed 41 of them 9–12 months later. We also watched 35 patients meeting with a link worker.

We found that patients were often unsure about what to expect when a doctor referred them to a link worker. However, they hoped this person could help them with their non-medical issues. When link workers were warm, non-judgmental and listened, patients were more likely to trust them. This trust was increased when link workers shared knowledge of and directed patients towards options in the community that could support their non-medical issues. Patients thought it was important for link workers to be a consistent source of support, who did not push them to do things they were not ready to try.

Our research provides an insight into how link workers can provide a person-centred approach when supporting patients. This means that the needs, values and individual situation of patients take priority. It calls for an equal partnership to be created between a patient and link worker in deciding how to address the former's non-medical issues.