University of Central Lancashire UCLan

Central Lancashire Online Knowledge (CLoK)

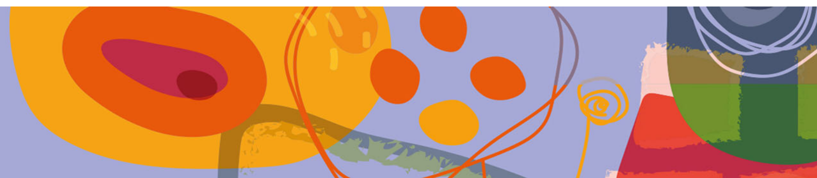
Title	'We are the eyes and ears of the community': reflections from social prescribing link workers during the real-world practice of a new community enhanced model
Type	Article
URL	https://knowledge.lancashire.ac.uk/id/eprint/57534/
DOI	https://doi.org/10.1057/s41599-025-06035-9
Date	2025
Citation	Heap, Cheyann Jade orcid iconORCID: 0009-0008-5367-403X, Croft, Mike, Hughes, Clair, Linton, Alfre, Mackin, Sinead, Rothwell, Adam, Traverse, Julie, Waters, Maria, Ridley, Julie et al (2025) 'We are the eyes and ears of the community': reflections from social prescribing link workers during the real-world practice of a new community enhanced model. Humanities and Social Sciences Communications, 12 (1). p. 1798. ISSN 2662-9992
Creators	Heap, Cheyann Jade, Croft, Mike, Hughes, Clair, Linton, Alfre, Mackin, Sinead, Rothwell, Adam, Traverse, Julie, Waters, Maria, Ridley, Julie, Coventry, Peter, Bauer, Annette and Webber, Martin

It is advisable to refer to the publisher's version if you intend to cite from the work. https://doi.org/10.1057/s41599-025-06035-9

For information about Research at UCLan please go to http://www.uclan.ac.uk/research/

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the http://clok.uclan.ac.uk/policies/

Humanities & Social Sciences Communications

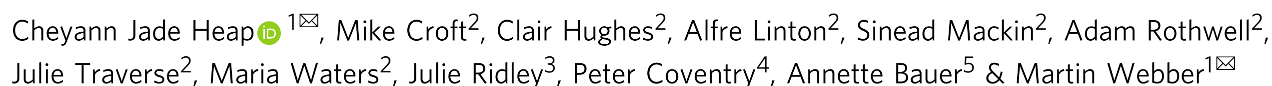


ARTICLE

https://doi.org/10.1057/s41599-025-06035-9 OPEN

'We are the eyes and ears of the community': reflections from social prescribing link workers during the real-world practice of a new community enhanced model

Cheyann Jade Heap[1✉], Mike Croft[2], Clair Hughes[2], Alfre Linton[2], Sinead Mackin[2], Adam Rothwell[2], Julie Traverse[2], Maria Waters[2], Julie Ridley[3], Peter Coventry[4], Annette Bauer[5] & Martin Webber[1✉]



Social prescribing, or connecting people to valued community assets, is a key component of the UK's health system. However, social prescribing research has inconsistent aims and outcomes, and there is limited data on the views of social prescribing professionals ('link workers') themselves. As part of a new model of Community-Enhanced Social Prescribing, this paper presents a co-created reflective case study developed by social prescribing link workers and researchers. The paper describes how link workers engaged with training on research in social prescribing, and used this as a platform to reflect upon key issues about their role. Themes from the discussion, which were grouped inductively based on principles of thematic analysis, encompassed: link working as a vocation; the complexity of the link worker role; how social prescribing is not a panacea; valuing social approaches to health; link working as shaped by organisational culture; and link worker training needs. The implications for Community-Enhanced Social Prescribing and social prescribing as a profession are discussed.

[1] School for Business and Society, Church Lane Building, University of York, York, UK. [2] BlueSCI Support, Coppice Library and Wellbeing Centre, Manchester, UK. [3] Centre for Citizenship and Community, Eden Building, University of Central Lancashire, Preston, UK. [4] Faculty of Health and Education, Manchester Metropolitan University, Manchester, UK. [5] Care Policy and Evaluation Centre, London School of Economics and Political Science (LSE), London, UK. ✉email: cheyann.heap@york.ac.uk; martin.webber@york.ac.uk

Introduction

Social prescribing is the process through which people are connected to local community-based assets that support their health and wellbeing. Its practice ranges from basic signposting to holistic one-on-one sessions with a professional 'link worker' and direct onward referral (Kimberlee, 2015; Pescheny et al., 2018). It is usually assumed that referrals are to non-medical assets (Chatterjee et al., 2018) such as the arts, social groups, exercise, and welfare services. It is a key aspect of the UK's healthcare system, as both a response to loneliness (Holding et al., 2020) and supporting people to live well with long-term health conditions (Santoni et al., 2019). The NHS Long Term Plan (2019) aimed for 1000 trained link workers and for social prescribing to reach 900,000 UK citizens by 2024; this target was significantly exceeded with over 3400 link workers in England and almost 2.5 million total referrals (National Academy of Social Prescribing, 2023).

Currently, there is no consensus about the purpose and intended outcomes of social prescribing schemes (Polley et al., 2019). There is also little uniformity in the empirical measurements used to evaluate social prescribing (Rempel et al., 2017). However, it is clear that social prescribing schemes depend on the nature of the communities they serve (Calderón-Larrañaga et al., 2021), with lack of community infrastructure inhibiting their effectiveness (Mercer et al., 2019). More research is required to understand how to design social prescribing schemes which explicitly consider community capacity (Vidovic et al., 2021). Hence, a new model of Community-Enhanced Social Prescribing (CESP; Morris et al., 2020) has been developed, which embeds social prescribing in community infrastructure as part of a complex intervention, and includes both service users and local community partners in its development.

The feasibility of CESP is being evaluated in a mixed methods feasibility study, which will be reported in future work. This paper, instead, presents link workers' reflections from a training day on academic research which was enacted as part of the CESP study. They are the front-line providers of social prescribing, and a key aspect of the success of the intervention (Tierney et al., 2020). However, there is limited research from the link worker perspective. Hence, this paper aims to contribute to the modest but growing literature on link workers' own views on their role and social prescribing (Sharman et al., 2022; Spencer et al., 2022; Griffith et al., 2023).

The Community-Enhanced Social Prescribing (CESP) model

Community-Enhanced Social Prescribing (CESP) draws upon the models of Connecting People (Webber et al., 2016) and Connected Communities (Parsfield et al., 2015). Connecting People aims to connect a person to valued community assets, whilst addressing any barriers that could prevent them from doing so. The primary vehicle of change for this model is the practitioner-service user relationship. Connected Communities, meanwhile, builds and strengthens community connections to enable the development of interventions that meet local citizen-identified needs. To do this, citizens map their community to identify local resources and gaps in provision, then share their findings and design new initiatives (such as befriending schemes). Thus, CESP combines a model of community capacity building with a model of how to connect an individual into the community.

The CESP model has two key features: firstly, a social prescribing link worker using Connecting People to link individuals to local assets. Secondly, a citizens' panel comprising two separate groups called the *community panel* (local residents) and *partners panel* (organisation-level stakeholders, e.g. from the Local Authority, health, business, voluntary sector, and housing). The community panel maps local wellbeing assets (and gaps thereof), and shares this information within their community. The partners panel builds capacity in the community panel, and helps to address any identified community gaps or needs. In mapping local assets and identifying gaps, social prescribing link workers and local citizens can work together to improve community provision.

The CESP feasibility study aims to test the links between different components of the model, test the feasibility of enacting CESP for the different stakeholders, and evaluate the processes which enable or inhibit implementation of the new model on the ground. Should CESP prove feasible, the model will be further tested in a definitive controlled study.

The current paper

The CESP feasibility study is an academic-community collaboration with a social prescribing service in Manchester, UK. At the outset, social prescribing link workers expressed curiosity about the academic study of their practice; hence, to 'give back' and strengthen relationships (Pescheny et al., 2018), a training day was designed for them to learn more about social prescribing research. Unexpectedly, the day became a platform for much broader discussion about the link worker role in policy and practice, the relationship between social prescribing and community capacity, and link worker training needs. These 'unexpected' reflections are presented here as a reflective case study. This paper was co-written between link workers and researchers, reflecting link workers' desire to connect to the academic evidence base and contribute their expertise.

Method

Design. A qualitative descriptive case study method (Lambert et al., 2012) is employed to capture link workers' reflections on social prescribing research, and the link working role more widely. It has exploratory elements, as it generates insights about social prescribing literature and link working as a profession. We align with Merriam's approach to case studies (Yazan, 2015), which is constructivist (interpreted by those involved, in the context of wider social structures), descriptive, particularistic (focused on one thing), and heuristic (leading to new understandings). As decided by the link workers, this paper was drafted by the first author and co-edited by the other authors.

Participants

The social prescribing service. The CESP feasibility study is hosted by BlueSCI, a wellbeing-focused community interest company in the borough of Trafford, Manchester. BlueSCI offers social prescribing, welfare rights support, night-time crisis support, social and wellbeing groups, a night-time crisis café and library services. It participates in local collaborative networks for the voluntary, community, faith, and social enterprise (VCFSE) and health sectors, and works closely with a range of partners to improve community health and wellbeing.

CESP was based at one of BlueSCI's four centres (which are based in community buildings such as libraries and community centres). This centre hosts a library, craft shop, groups, counselling, and social prescribing. Referrals are usually from GPs, although individuals can self-refer. Service users are offered 6–8 sessions of social prescribing, which can occasionally be extended on a case-by-case basis. A holistic model of social prescribing is enacted - for example link workers can attend appointments with service users, and have the capacity to set up their own groups in response to local need (e.g., an autism

support group). Link workers are funded from the Primary Care Network (PCN) and a local NHS Foundation Trust.

Link workers. Participants were a purposive sample of link workers, managers, and students on social prescribing placements with BlueSCI. There were nine participants (three managers, five link workers, and a social work student), aged 19–57 (mean 42). Seven participants were female (two male) and seven were White British (with one Black British and one Southeast Asian participant).

Method

Training sessions. The first research training day was held at the University of York in July 2022 ($n = 5$ attendees; two managers and three link workers). Further sessions for staff who missed the training (Nov–Dec 2022 for one manager, two link workers and a social work student) were held at the social prescribing centre.

Training materials. No preparation was required beforehand, and physical copies of slides were provided at the start of the day. The day started with an overview of social prescribing policy (e.g., NHS Long Term Plan (2019)), a reminder of the CESP study timeline, and discussions on 'What is research?'. This included a discussion on the research-type activities that link workers already do. After a break, link workers chose several studies from a list of 10 peer-reviewed social prescribing study titles. They were presented with a pre-prepared slide which summarised the study's method and findings. Link workers then reflected on the chosen study as a group; there was no predefined structure to the discussion, which could focus on methods, conclusions, application of the learning, and any other discussion sparked by the study. The remainder of the 10 studies were available on the handouts, and the first author offered to discuss these at any point in the future should link workers wish. Training ended with an overall reflective discussion on the day, and certificates were presented. Training materials (Powerpoint slides) are accessible as supplementary materials.

Analysis

Analysis was completed using principles from inductive thematic analysis: generating themes that create a meaningful and coherent story, and that capture the essence of the dataset (Campbell et al., 2021). It was not, however, a formal thematic analysis (Braun and Clarke, 2021) so much as a thematic structuring of notes and reflections for the case study paper.

Detailed written notes of verbatim statements were made by the first author during the training sessions, typed into Microsoft Word, and sent to link workers for a review of accuracy. The meaning of the quotes was then extrapolated (interpreted) by the first author, for example the quote "we work it out as we go along" was given the meanings *positive problem solving* and *navigating uncertainty*. These meanings were noted alongside the quote, to keep the document format easily readable. Interpretation was informed by: ethnographic knowledge of working alongside the link workers; ongoing implementation notes made for the CESP process evaluation; documented discussions and team meetings; and academic literature. Then, using the cut-and-paste function, the first author collated the notes into categories, similar to a theming process (for example, a quote about using the link workers' library base as a "wraparound" service was collated into a subtheme *The importance of community infrastructure* – which later became part of the final overall theme *Social prescribing is not a panacea*).

Initial interpretations were checked for validity with all link worker co-authors. Due to significant demands on link workers' time, an informal approach was employed: individual link workers (co-authors) were given the Word document of themes to verbally discuss with the first author, often during a work break or lunchtime. There were no misinterpretations noted; often co-authors would further reiterate or elaborate on the interpretation by giving a recent example of the theme from their practice, or noting their desire for other services to "understand what we do". Using these ongoing informal conversations, in which all co-authors were included, quotes were grouped into larger categories within the document by the first author until they created the coherent, encompassing primary themes presented in the current paper which authentically represented and summarised participants' perspectives (Tobin and Begley, 2004). Authenticity was confirmed by the link workers reviewing the final structure and having no suggested additions, clarifications or changes.

Reflexive statement. Participants/co-authors have a range of backgrounds (counselling, teaching, health visiting, nursing, mental health practice, research, local authority, social work). The link workers and first author live in or near Manchester; as such, the impact of cuts to services in the local area is apparent – and presents a key thread in the findings. For example, since 2010 Manchester City Council has made £428 million of cuts and savings (Manchester City Council, 2023a), with £15 million savings in the year 2023/2024 to a total of £36 million anticipated over the next three years (Manchester City Council, 2023b).

Findings

Link working as a vocation. Link workers framed social prescribing as a "vocation", a "sense of purpose", and "*making* that difference". They highlighted what they bring to the role, including "personal experience, knowledge, skills and qualities" and "an eagerness to help and learn". A positive and problem-solving approach of "yes we can!" was considered key, which matches the Connecting People model's 'can-do attitude' that enables connection to happen (Webber et al., 2016). Willingness to help other team members was also important. Similar to other research, the link workers have a variety of professional backgrounds (Sandhu et al., 2022) and considered this an asset for peer support. They felt able to draw upon each others' wide range of knowledge when they encountered a problem.

Part of this vocation was the natural ability to work in a person-centred way. Link workers defined this as "putting the person at the centre", the process of "learning new with each person we meet", and "asking someone to consider *Where am I, where do I want to be?* and then meeting them in the middle". One link worker suggested that being person-centred with a client opens "a gate to another world[…] but it's not rigid and prescriptive". This is a more relational understanding of person-centeredness compared to the NHS Long Term Plan ((2019); p. 24–25), where person-centredness is linked to choice, control, and responsibility (Griffith et al., 2023; Arnold et al., 2020; Miles and Asbridge, 2019).

The complexity of the link worker role. Link workers found that academic models did not always capture the agile way in which they work, for example, the dynamic process of accommodating the changing needs of service users. This discussion was sparked by Husk et al. (2019b) review of social prescribing research, which found that link working in the current evidence base can be conceptualised as a one-way arrow in a model. Link workers wanted to see more research that reflects their reality of iterative and multi-stakeholder navigation, alongside a range of direct interventions from individual to system-level work.

Table 1 Link working case studies: Mary (pseudonym), referred for mental health problems.

In the first social prescribing session, Mary was hungry. The link worker offered refreshments and discovered that Mary was hungry because her welfare benefits had been stopped, and she had no internet to access her online benefits account. An electronic tablet was purchased for Mary using a CCG-funded* wellbeing budget. The link worker downloaded apps and showed Mary how to use the tablet. Extra funding was acquired for heating bills, so that Mary had money for food. The link worker also identified that Mary struggled to assert herself and say 'no', so they worked together to understand this aspect of her relationships and the subsequent stress.

Mary expressed concern about the end of her social prescribing. The link worker supported her to build skills and confidence by asking "What can I do now, to enable you to sort things in the future?". Mary was also assured that the relationship would not abruptly end: "You can still pop in [to our library and wellbeing centre]... the community will support you". The take-home aim was to leave Mary with a sense of *I matter, people care*.

CCG Clinical Commissioning Group; funding body.

Table 2 Example of community resource creation by social prescribing link workers - *Healing Hearts Together* bereavement group.

Healing Hearts Together is the response of social prescribers and community partners to support those struggling with grief and loss. Formed out of a community need during the pandemic, it aims to help fill the void left by loss by building on social prescribing ethos and the Five Ways to Wellbeing. To achieve this, *Healing Hearts Together* uses a mix of creativity, music, nature, and finding a place of peace. Sessions focus on self growth, self love, and finding out about community activities.

It provides a safe space of mutual understanding and support where people can build friendships, and talk about their loss without judgement or having to 'protect' loved ones' feelings. Sessions have included mindful baking, crafting for purpose, nature crafts, poetry, breathing techniques, sleep and self expression workshops, walks, quiet space for prayer, holding space for one another, understanding the bereavement journey and more.
The group embodies Community Enhanced Social Prescribing as it draws on the skills and assets of a community from funding, physical spaces, and local providers and individuals who share their skills and assets and do taster sessions, thus allowing participants to expand their circle of support and social capital. It has been described by someone who attends the group as a "community hug".

This includes: coordinating the services involved in someone's care; multiple referrals (e.g., to occupational therapy, befriending and mental health services); helping people to manage physical and mental health symptoms; goal-setting and motivational support; practical help (such as supporting someone to clean their house, or read and respond to unopened post); obtaining bus passes; requesting reasonable accommodations (e.g., a longer appointment at a GP surgery); discussions with family and carers; counselling-type support to navigate bereavement or significant life changes; skills-teaching (e.g., bus routes, using technology), and more.

Link workers provided an example of this complexity via a case study (Table 1). In this case, a GP metal health referral led to: facilitating welfare access (benefits); relational coaching (setting boundaries); fostering self-efficacy (confidence-building); access to practical resources (obtaining a tablet); practical skills teaching (how to use a tablet); managing professional endings; facilitating community engagement (signposting to the local wellbeing centre); and creating a sense of belonging and mattering. Subjectively, this client was described by the centre manager as having "looked and sounded hopeless" on arrival to the first appointment with a link worker, but later "showed such joy on leaving the office".

Social prescribing is not a panacea. Link workers felt like "the eyes and ears of the community", with the authority to advocate for issues relevant to local people. They were keen not to "professionalise what communities already do", but rather amplify local people's voices, using their skills and networks to facilitate change (Table 2 presents one example).

The CESP project was seen to align with this way of working as a "community-to-community intervention, advocacy"—that is, CESP centres the voices of local people and treats them as experts. However, link workers did not want to become a panacea for society's ills. One link worker stated: "As I've heard more and more about social prescribing, I've heard less and less about social capital". They felt that many problems faced by their clients are "not forces of nature but big, structural, deliberate things" such as cuts to public services.

Local strategic initiatives to enact open door policies between services (such as health, social care, local authority) were commended, as a person can be helped from whichever service they first contact. However, link workers acknowledged that it "requires flexibility, time, money and other resources to enable this". There was a concern that social prescribing could – on a broader, national level - be misappropriated to fill gaps in community infrastructure, in the form of "We don't need social housing, we don't need better public transport, we just need more social prescribing".

Overall, it was thought that CESP might "close the feedback loop" between social prescribers and other stakeholders, by enacting mutual and direct feedback among the local community, link workers and partners. A crucial aspect of this is creating different channels of dialogue and shared working across the CESP model, which will be explored more thoroughly in the CESP feasibility study's process evaluation.

Valuing social approaches to health. Link workers discussed Southby and Gamsu's (2018) study on GP-third sector relationships, which suggests that social models of health can be devalued compared to medical approaches. For example, one link worker stated that she often mentions "When I worked as a health visitor…" to GPs, to gain respect for her medical understanding. However, other social prescribers described collaborative relationships with GPs, and feel it's appreciated that they "offer something different". Link workers affirmed practices they have to help build these relationships, such as writing discharge letters to referrers.

Table 3 Case study for Carla (pseudonym), referred for mental health, self-esteem, housing, family, and employment support.

Carla had been targeted by criminal gangs, and as part of this she was victim to an arson attack. Unfortunately, no alternative accommodation could be secured within her preferred locations, so she paid for her own CCTV cameras at home. She felt let down by the police as no action was taken against the perpetrators of the attack. She continually felt anxious in her house and was finding it difficult looking after her children, who both live have autism.
As Carla's anxiety centred on living in the previously-targeted accommodation, the link worker agreed to gather evidence to move Carla into a higher priority category for housing services, which increased the likelihood of being able to move. The link worker also referred her to a clinical pharmacist and psychiatrist for medication issues and post-traumatic stress disorder, and connected Carla with a mental health practitioner for her anxiety. Respite care (which had previously been refused) was secured for Carla's children, based on the wellbeing practitioner's evidence. However, there were delays in providing respite and the link worker supported Carla to navigate a complaint against social care services, which was passed to an advocacy service. The link worker supported Carla for much longer than the usual 6–8 social prescribing sessions, acting more in the role of social worker across systems.

Link workers also critiqued the assumption that social prescribing is non-medical (Table 3). One link worker pointed out: "I do lots of referrals to medical resources that have been missed" (for example, by nurses or GPs). Link workers were increasingly helping people navigate overstretched and fragmented healthcare services. Examples included contacting a nurse to help someone gain access to a pulmonary rehabilitation service, looking up (and using) NICE guidelines, and becoming "a kind of medical advocate" to a man who was "scared" to disclose the severity of his physical condition to his GP. These issues were attributed to GPs not having enough time: "You are privileged to hear things the GP can't".

It was perceived by one link worker that person-led social prescribing can be a surprise for clients who have come to expect a more "heavy-handed" medical approach. At times, a process of adjustment was needed to socialise clients to the link working relationship. This included aspects such as client-led goals, autonomy over when and how contact occurs, and more emphasis on self-efficacy and personal strengths.

Link working shaped by organisational culture. The link workers' holistic approach was enabled by their organisation. They had space to craft an agile and responsive role, as the general remit of link working is broad and flexible. The service in this study allows flexibility of session number, frequency, and location (one notable example being a session on a bike ride), supports link workers to set up their own groups and work closely with other organisations, and emphasises the personal expertise of link workers. As link workers explained: "We are entrepreneurial within the [organisational] framework".

Whilst the broad remit of link working as a profession creates opportunities, this, alongside the subsequent lack of formal structure, can lead to challenges at the level of funding, planning, and recognition of the role. For example, workload planning is led by the expectations of each different employer, and there are difficulties being clearly recognised as a profession. Some link workers felt that they were "hired on familiar terms" in healthcare settings, to do basic signposting from an office base; hence, they were left feeling that "We have skills but aren't valued. We want a voice that is recognised".

At times there was a lack of knowledge about what link workers do - "You can't value us if you don't understand us" - and lack of organisational resources and infrastructure to accommodate social prescribing (e.g., the ability to work flexibly across community settings). A "strategic/operational gap" was noted, whereby wider service planning and policy has not caught up with what is happening on the ground. Link workers wanted ownership of their sector: "We need a robust and well-defined social prescribing service and advocacy, and access to our own resources". Sustainable funding models (Mercer et al., 2019) were believed to be an important part of this.

Link worker training needs. Link workers were passionate about the need for more formal and structured training. Whilst training exists (such as the 'Learning for Linkworkers' NHS online programme; Elearning for Healthcare, 2019), it was not deemed sufficient for link workers' needs. This mirrors other qualitative research where social prescribers have called for advanced vocational training beyond 'core skills' (Rhodes et al., 2021), and advocated for mental health training (Hazeldene et al., 2021). As part of the discussion, link workers created their own training structure (Table 4), alongside suggesting a possible funding model of an 'apprenticeship-style' approach to training link workers of the future.

The National Association of Link Workers (an optional professional body) was introduced to the link workers by the CESP research training, but the requirement for paid membership to access training was a barrier for link workers to explore this further. Similarly, The National Academy of Social Prescribing (NASP) - a charity set up by the UK government which champions social prescribing, holds networking events and summarises social prescribing research - had not reached the notice of link workers in the current study. Hence, although there may be useful resources available (including the social prescribing link worker competency framework, which includes community development; NHS England, 2023), the link workers were not aware of them.

Discussion

This case study is context-bound, showing social prescribing link workers' reflections from a training day as part of the Community-Enhanced Social Prescribing (CESP) feasibility study. The training was designed to consolidate link worker understanding of the CESP model, and contextualise this within social prescribing research literature. Unexpectedly, the training became a catalyst for broader discussion about the link worker role within its wider community context. It is this aspect which is reported in the current paper - not an evaluation of CESP itself (which will be presented in later work), but an opportunity for link workers to share their wider reflections on their role, *in the context of* a training day for CESP.

The link workers saw social prescribing as a vocation. Vocation, or dedication to the role, is an important mechanism through which good practice occurs (Calderon-Larrañaga et al., 2021); it gives link workers satisfaction, and the motivation to keep going under difficult circumstances. The CESP concept of 'Connecting People' (Webber et al., 2016) taps directly into the central purpose of the link working role. This is important: the

Table 4 Link workers' vision for social prescribing training curriculum*.

Module content	Delivery method
Shadowing/mentoring – among other social prescribers	In person
Ethics	Online
Research skills - including researching activities, how to collect (unbiased) feedback from clients	Online
Behavioural activation/motivational interviewing	Online/in person
Confidentiality	Online
Community – how to make connections and be a voice for the community. What does 'community' mean (taking a critical approach).	Online
Counselling/other soft skills - how to engage people and help them deal with difficulties	Online
Asset-based working – how to take a strengths based approach to people and their situation	Online
Listening skills (at least a full day)	In person
Links to local community assets such as colleges, mental health charities, 'recovery academies', for education and building connections	Online/in person
Optional modules on mental health, welfare rights, specific disabilities	Online/in person
Safeguarding training including counter-terrorism	Online

Training would comprise a mixture of practical learning and online educational modules.
*The underpinning model is 'person centred care'. Link worker training could take an apprenticeship or diploma-based approach over the space of a year, with an increased salary at the end of the training.

success of a new intervention is affected by how well it matches the personal values of its participants (Sekhon et al., 2018).

In this vein, social prescribing policy (e.g., NHS Long Term Plan, 2019) was not deemed sufficient. Social prescribing research points to the need for a strong community sector (Tierney et al., 2020; Polley et al., 2019; Holding et al., 2020), but this is not explicitly accounted for. A 'whole community approach' to link working has also been advocated by the National Academy for Social Prescribing (Boulton, 2023). Link workers were aware of local community infrastructure across different sectors (e.g., voluntary, housing, and health), and did not want their role appropriated to compensate for cuts. Despite their expertise - to which policy should, ideally, be responsive (Dayson, 2017) - they did not feel included in strategic decisions about their profession. One participant highlighted the Wigan Deal (a transformational approach to the local authority's cost cutting requirements, based on a new 'social contract' of collective community responsibility) as a positive example of including link workers' views in service planning (Naylor and Wellings, 2019). Link workers were directly consulted on community needs and local provision, with these suggestions effectively heard and actioned.

Policy also lacks clear aims and outcomes for social prescribing, which leaves link workers with an ambiguous role and a somewhat indeterminate evidence base (Kiely et al., 2022; Bickerdyke et al., 2017). Link workers might be tasked with reducing service burden (Reinhardt et al., 2021), addressing social determinants of health (Calderón-Larrañaga et al., 2022), changing behaviour (Pescheny et al., 2019), or improving physical and mental health (Kiely et al., 2022). As such, link workers rely on their peers and organisation for guidance (Frostick and Bertotti, 2021). Given that organisations are a significant influence on link worker practice, the CESP process evaluation (field notes and interviews with manager and link workers), will be particularly important.

The power of an organisation to set the tone for social prescribing may stem, in part, from a lack of wider formal frameworks (Islam, 2020). This creates tensions: in this study, whilst link workers valued flexibility and professional autonomy, they did not have clear training and progression pathways (Spencer et al., 2022; Rhodes and Bell, 2021), at times lacked recognition and status (White et al., 2022), and in primary care settings could drift towards serving clinical service needs (Westlake et al., 2021; 2022). The link workers went so far as to develop their own training, which emerged similar to other findings (Wallace et al., 2021) – including skills such as relationship-building, networking, and collecting data. Further discussion is needed on the extent to which social prescribing can, or should be, more standardised, although the CESP study is not focused on such issues.

Link workers bridged medical and non-medical services, in a varied and complex role. At times, they serve a function similar to care coordination (Kiely et al., 2021), ensuring existing support services around a person are 'joined up'. Hence, they wanted to see academic theories and models incorporate the dynamic and iterative nature of their work. For example, Tierney et al. (2020) developed a realist programme theory which incorporates both the individual and systemic aspects of link working. Time use survey methods (Giménez-Nadal and Molina, 2022) could illustrate exactly how link workers spend their time, to help better understand the role in practice. Similarly, research mapping onward referrals would create a clearer picture of what is needed from the community to facilitate effective social prescribing (Wildman et al., 2019; Sandhu et al., 2022).

Strengths and limitations. Many qualitative social prescribing studies use a researcher-interpreted analysis approach (Chatterjee et al., 2018). However, this paper was co-interpreted between link workers and academics (similar to Hazeldene et al., 2021). We call attention to community context and its impact on link working (Hassan et al., 2020; 2023), which is surprisingly overlooked in policy (Morris et al., 2020; Gibson et al., 2021). This case study illuminates link workers' views on a range of topics, from the individual link worker-client dyad to systemic issues such as structural inequalities. Importantly, these topics emerged spontaneously from dialogue, using research training as a platform to generate new knowledge. Hence, this paper intends to demonstrate an authentic set of data which credibly represents participants' perspectives (Tobin and Begley, 2004).

Link workers' reflections were not collected using pre-designed formal methods (such as recorded interviews), but discussion notes which were retrospectively themed using principles from thematic analysis. This limits the wider inferences that can be drawn. Instead, this case study presents a specific example of practice learning and reflection, which hopefully generates new and useful insights for people who work in the social prescribing field. This includes insights into community-academic partnerships; the ways in which link workers can engage with research; and the frontline issues that are important to link workers in their day-to-day practice.

The aim of a case study is to illuminate a phenomenon in depth. As such, its 'generalisability' is not a concern. However, as most participants were female and White British, the richness of insights gained must be understood through this lens. In this paper, we also did not interrogate the term 'community', using it as shorthand for a physical community-of-place. These issues will be explored further as part of the evaluation for the CESP feasibility study, using mixed-methods approaches that include interviews with link workers, organisational stakeholders, service users, and local people.

Conclusion

Whilst a research training was developed for link workers to better understand the CESP model and social prescribing literature, it provided a much-needed space for link workers to reflect on their role. Our findings underline the need to provide such spaces for link workers. Link workers in this study skilfully navigated a complex role in the context of limited policy frameworks, and would like better training and more inclusion in strategic decision-making. This study also raised the inseparability of social prescribing, community infrastructure and healthcare provision. Results from the CESP feasibility study, to be reported in future works, will help to clarify these relationships using a new integrated theory of social prescribing.

Data availability

Training slides from this study are provided as Supplementary Material 1.

Received: 15 September 2024; Accepted: 25 September 2025;
Published online: 20 November 2025

References

Arnold MH, Kerridge I, Lipworth W (2020) An ethical critique of person-centred healthcare. Eur J Pers Centered Healthcare 8(1):34–44

Bickerdike L, Booth A, Wilson PM, Farley K, Wright K (2017) Social prescribing: less rhetoric and more reality. A systematic review of the evidence. BMJ Open 7(4):e013384

Braun V, Clarke V (2021) Can i use TA? Should i use TA? Should i not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. Couns Psychother Res 21(1):37–47

Boulton M (2023) A whole community approach to social prescribing: building a successful social prescribing system. National Academy for Social Prescribing. https://socialprescribingacademy.org.uk/resources/wholecommunityapproach/

Calderón-Larrañaga S, Greenhalgh T, Finer S, Clinch M (2022) What does the literature mean by social prescribing? A critical review using discourse analysis. Sociol Health Illn 44(4-5):848–868

Calderón-Larrañaga S, Milner Y, Clinch M, Greenhalgh T, Finer S (2021) Tensions and opportunities in social prescribing. Developing a framework to facilitate its implementation and evaluation in primary care: a realist review. BJGP Open 5(3):1−13

Campbell KA, Orr E, Durepos P, Nguyen L, Li L, Whitmore C, Jack SM (2021) Reflexive thematic analysis for applied qualitative health research. Qual Rep 26(6):2011–2028

Chatterjee HJ, Camic PM, Lockyer B, Thomson LJ (2018) Non-clinical community interventions: a systematised review of social prescribing schemes. Arts Health 10(2):97–123

Dayson C (2017) Social prescribing 'plus': a model of asset-based collaborative innovation? People Place Policy 11(2):90–104

Elearning for Healthcare (2019). Social Prescribing - Learning for Link Workers (SPL). https://portal.e-lfh.org.uk/Component/Details/595166

Frostick C, Bertotti M (2021) The frontline of social prescribing–how do we ensure link workers can work safely and effectively within primary care? Chronic Illn 17(4):404–415

Gibson K, Pollard TM, Moffatt S (2021) Social prescribing and classed inequality: a journey of upward health mobility? Soc Sci Med 280:114037

Giménez-Nadal JI, Molina JA (2022) Time Use Surveys. Handbook of Labor, Human Resources and Population Economics, pp 1–18

Griffith B, Pollard T, Gibson K, Jeffries J, Moffatt S (2023) Constituting link working through choice and care: an ethnographic account of front-line social prescribing. Sociol Health Illn 45(2):279–297

Hassan SM, Giebel C, Morasae EK, Rotheram C, Mathieson V, Ward D, Kullu C (2020) Social prescribing for people with mental health needs living in disadvantaged communities: the life rooms model. BMC Health Serv Res 20(1):1–9

Hassan SM, Ring A, Goodall M, Abba K, Gabbay M, van Ginneken N (2023) Social prescribing practices and learning across the North West Coast region: essential elements and key challenges to implementing effective and sustainable social prescribing services. BMC Health Serv Res 23(1):1–14

Hazeldine E, Gowan G, Wigglesworth R, Pollard J, Asthana S, Husk K (2021) Link worker perspectives of early implementation of social prescribing: a 'researcher-in-residence' study. Health Soc Care Community 29(6):1844–1851

Holding E, Thompson J, Foster A, Haywood A (2020) Connecting communities: a qualitative investigation of the challenges in delivering a national social prescribing service to reduce loneliness. Health Soc Care Community 28(5):1535–1543

Husk K, Elston J, Gradinger F, Callaghan L, Asthana S (2019b) Social prescribing: where is the evidence? Br J Gen Pract 69(678):6–7

Islam MM (2020) Social prescribing—an effort to apply a common knowledge: impelling forces and challenges. Front Public Health 8:515469

Kiely B, Clyne B, Boland F, O'Donnell P, Connolly D, O'Shea E, Smith SM (2021) Link workers providing social prescribing and health and social care coordination for people with multimorbidity in socially deprived areas (the LinkMM trial): protocol for a pragmatic randomised controlled trial. BMJ Open 11(2):e041809

Kiely B, Croke A, O'Shea M, Boland F, O'Shea E, Connolly D, Smith SM (2022) Effect of social prescribing link workers on health outcomes and costs for adults in primary care and community settings: a systematic review. BMJ Open 12(10):e062951

Kimberlee R (2015) What is social prescribing? Adv Soc Sci Res J 2(1):102–110

Lambert VA, Lambert CE (2012) Qualitative descriptive research: an acceptable design. Pac Rim Int J Nurs Res 16(4):255–256

Manchester City Council (2023a) Update on our budget position as new council tax consultation launches. https://www.manchester.gov.uk/news/article/9196/update_on_our_budget_position_as_new_council_tax_consultation_launches

Manchester City Council (2023b) Revised budget proposals reduce savings, boost cost of living help and invest in key services. https://www.manchester.gov.uk/news/article/9213/revised_budget_proposals_reduce_savings_boost_cost_of_living_help_and_invest_in_key_services

Mercer SW, Fitzpatrick B, Grant L, Chng NR, McConnachie A, Bakhshi A, Wyke S (2019) Effectiveness of community-links practitioners in areas of high socioeconomic deprivation. Ann Fam Med 17(6):518–525

Miles A, Asbridge JE (2019) The NHS Long Term Plan (2019)–is it person-centered? Eur J Pers Centered Healthc 7(1):1–11

Morris D, Thomas P, Ridley J, Webber M (2020) Community-Enhanced social prescribing: integrating community in policy and practice. Int J Commun Well-Being, pp 1–17

National Academy of Social Prescribing (2023) The future of social prescribing in England. https://socialprescribingacademy.org.uk/media/oycbut5o/nasp-the-future-of-social-prescribing-report.pdf

Naylor C, Wellings, D (2019) A citizen-led approach to health and care. Lessons from the Wigan Deal. London: Kings Fund

NHS (2019) The NHS long-term plan. https://www.longtermplan.nhs.uk/

NHS England (2023) Workforce development framework: social prescribing link workers. https://www.england.nhs.uk/long-read/workforce-development-framework-social-prescribing-link-workers/#14-annex-a-splw-competency-framework

Parsfield M, Morris D, Bola M, Knapp M, Park A-L, Yoshioka M, Marcus G (2015) Community capital. The value of connected communities. RSA, London

Pescheny JV, Gunn LH, Randhawa G, Pappas Y (2019) The impact of the Luton social prescribing programme on energy expenditure: a quantitative before-and-after study. BMJ Open 9(6):e026862

Pescheny JV, Pappas Y, Randhawa G (2018) Facilitators and barriers of implementing and delivering social prescribing services: a systematic review. BMC Health Serv Res 18(1):1–14

Polley M, Whiteside J, Elnaschie S, Fixsen A (2019) What does successful social prescribing look like? Mapping meaningful outcomes. London, University of Westminster

Rempel ES, Wilson EN, Durrant H, Barnett J (2017) Preparing the prescription: a review of the aim and measurement of social referral programmes. BMJ Open 7(10):1–9

Rhodes J, Bell S (2021) "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). Health Soc Care Community 29(6):e338–e347

Sandhu S, Lian T, Drake C, Moffatt S, Wildman J, Wildman J (2022) Intervention components of link worker social prescribing programmes: a scoping review. Health Soc Care Community 30(6):e3761–e3774

Santoni C, Chiva Giurca B, Li TM, Mulligan H, Chilaka J, Lazzereschi L, Polley M (2019) Evaluating student perceptions and awareness of social prescribing. Educ Prim Care 30(6):361–367

Sekhon M, Cartwright M, Francis JJ (2018) Acceptability of health care interventions: a theoretical framework and proposed research agenda. Br J Health Psychol 23(3):519–531

Sharman LS, McNamara N, Hayes S, Dingle GA (2022) Social prescribing link workers—A qualitative Australian perspective. Health & Social Care in the Community, 30:e6376–e6385

Southby K, Gamsu M (2018) Factors affecting general practice collaboration with voluntary and community sector organisations. Health Soc Care Community 26(3):e360–e369

Spencer LH, Lynch M, Makanjuola A (2022) Qualifications and training needs of social prescribing link workers: an explorative study. Lancet 400:S79

Tierney S, Wong G, Roberts N, Boylan AM, Park S, Abrams R, Mahtani KR (2020) Supporting social prescribing in primary care by linking people to local assets: a realist review. BMC Med 18:1–15

Tobin GA, Begley CM (2004) Methodological rigour within a qualitative framework. J Adv Nurs 48(4):388–396

Vidovic D, Reinhardt GY, Hammerton C (2021) Can social prescribing foster individual and community well-being? A systematic review of the evidence. Int J Environ Res Public Health 18(10):5276

Wallace C, Elliott M, Thomas S, Davies-McIntosh E, Beese S, Roberts G, Pontin D (2021) Using consensus methods to develop a social prescribing learning needs framework for practitioners in Wales. Perspect Public Health 141(3):136–148

Webber M, Reidy H, Ansari D, Stevens M, Morris D (2016) Developing and modeling complex social interventions: Introducing the connecting people intervention. Res Soc Work Pract 26(1):14–19

Westlake D, Elston J, Gude A, Gradinger F, Husk K, Asthana S (2022) Impact of COVID-19 on social prescribing across an integrated care system: a researcher in residence study. Health Soc Care Community 30(6):e4086–e4094

White C, Bell J, Reid M, Dyson J (2022) More than signposting: findings from an evaluation of a social prescribing service. Health Soc Care Community 30(6):e5105–e5114

Wildman JM, Moffatt S, Penn L, O'Brien N, Steer M, Hill C (2019) Link workers' perspectives on factors enabling and preventing client engagement with social prescribing. Health Soc Care Community 27(4):991–998

Yazan B (2015) Three approaches to case study methods in education: Yin, Merriam, and Stake. Qual Rep 20(2):134–152

Acknowledgements
We would like to thank BlueSCI Director Alicia Clare for supporting this work, and BlueSCI staff and volunteers who made this research possible. This paper provides reflections from a National Institute of Health Research-funded study on Community-Enhanced Social Prescribing (Award ID: NIHR201874).

Author contributions
C.J.H. designed and delivered the link worker training sessions, themed the reflections, and took primary responsibility for paper writing. C.H. and MWe led link worker reflective discussions. M.C., C.H., A.L., S.M., A.R., and J.T. MWa contributed paper content – reflections, case studies, link worker training ideas, themes, paper review. J.R., P.C., and A.B. MWe supported with conceptual/theoretical contributions and paper review.

Competing interests
The authors declare no competing interests.

Ethical approval
This is a reflective paper which provides insights from the Community-Enhanced Social Prescribing (CESP) feasibility study, and is not a research study. CESP was approved by the University of York Social Policy and Social Work Ethics Committee on 4th March 2022 (ref. SPSW/S/21/10). All activities were conducted in accordance with relevant guidelines and regulations.

Informed consent
The current paper did not undertake any new research study with human participants, or use their identifiable data. It does not report any results from the CESP feasibility study, and the authors were not study participants. Instead, this paper provides a reflective case study, where all attendees at the training described within are also consenting co-authors of the paper. Hence, informed consent for this paper was not applicable.

Additional information
Supplementary information The online version contains supplementary material available at https://doi.org/10.1057/s41599-025-06035-9.

Correspondence and requests for materials should be addressed to Cheyann Jade Heap or Martin Webber.

Reprints and permission information is available at http://www.nature.com/reprints

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

© The Author(s) 2025