

The frontline of social prescribing – how do we ensure Link Workers can work safely and effectively within primary care?

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ABSTRACT

Objective

To identify the training, skills and experience social prescribing Link Workers, working with patients presenting with long term conditions, need to carry out their role safely and effectively with in primary care services.

Method

Qualitative data were collected from Link Workers as part of the evaluation of three social prescribing schemes. Interviews and focus groups were audio-recorded and transcribed.

Results

Link Workers describe the complexity of the work and the need to define the boundaries of their role within existing services. Previous life and work experience were invaluable and empathy was seen as a key skill. A variety of training was valued with counselling skills felt to be most critical. Clinical supervision and support were felt to be essential to conduct the work safely.

Discussion

Social prescribing is a significant theme within UK health policy and internationally and schemes in primary care services are common. Patient accounts consistently suggest that the Link Worker is key to the success of the pathway. Link Workers can facilitate positive behaviour change, however they must be recruited, trained and supported with a clear understanding of the demands of this complex role.

INTRODUCTION

Recognising the expertise available within the third sector and its potential benefit to health, has been a central message in health planning nationally, as well as internationally, for some time^{1, 2} and social prescribing interventions, where patients are supported to identify goals before being referred onto further support or activities within their community have become a regular feature in health policy^{3, 4}. The recent NHS Long Term Plan aims to refer 900,000 people to social prescribing schemes by 2024 with the promise to train 1000 social prescribing Link Workers to work within primary care services by the end of 2020/21 .⁵ The UK is now at the forefront internationally of the integration of such schemes into primary care, where increased awareness of the impact of the social determinants of health⁶ has led to much debate over the referral options available to General Practitioners (GPs) for patients presenting with social or long term conditions.^{7, 8}

Social prescribing schemes may take on many formats and these have been described and categorised often ranging from direct signposting by the GP to community and statutory services at one end of the spectrum; to Link Worker referral and potentially a more intensive coaching intervention at the other⁹. Different models of social prescribing may base Link Workers within the community or even bypass primary care services altogether by implementing their own referrals. A variety of models already exist across the UK and the rise of social prescribing within primary care has been well-documented.^{10, 11, 12} Social prescribing can be rolled out at relatively small cost, making the pathway attractive to policy makers and health commissioners alike.¹³ Primary care services in areas of deprivation are often the most overwhelmed^{14, 15} and initiatives are developed in response to local need with referrals from either health professionals, community organisations or sometimes self-referral.

The use of a social prescribing Link Worker is widely recognised as a key feature of the pathway¹⁶ and for those unable to take first steps alone, the Link Worker can provide support by helping to facilitate behaviour change. Evaluations of social prescribing have produced mixed results.^{17, 18, 19}

however qualitative evidence suggests the interaction between Link Worker and patient is key to the success of the pathway.^{17, 20} To date, most studies focussing on Link Worker social prescribing have looked at the role from a health service perspective with little attention to the experiences of Link Workers themselves.^{21, 22}

The national Social Prescribing Network (SPN) states that “The Link Worker has arguably the most important role in a social prescribing scheme” adding that they need to be able to “engage, empathise, listen, empower and motivate individuals.” (p.38) Key attributes for Link Workers are identified including being non-clinical; having active listening skills; motivational training and a knowledge of the support and activities available in the community²³. However, in the rush, to implement schemes important aspects around skills and training may be overlooked. Face to face sessions may get condensed into telephone consultations or straight signposting, and while this can work well for some individuals, it is unlikely to help those experiencing psychological barriers to engaging with further support.

Link Worker social prescribing has evolved to keep up with changes in primary care services and as such there is a need to pull together the experiences and challenges faced by Link Workers as they work on the frontline of this developing service. There are still important questions left unanswered about this valuable role and whether Link Workers working within primary care services are being properly equipped and supported. While they are not counsellors, there is always the possibility that a patient may share suicidal thoughts or reveal another serious safe-guarding issue. Are Link Workers receiving the right training to deal with these concerns appropriately? Who does the Link Worker go to share these concerns or unburden themselves after a traumatic session? This research aims to shed light on these questions by asking the Link Workers themselves what skills, training and support they feel is necessary to be able to carry out their role safely and effectively.

The inspiration for this paper came from a consultation workshop carried out in June 2017 where seven Link Workers were invited to discuss the challenges and expectations of their role with the

aim of identifying the skills and training, they felt were key to this role. The Link Workers, who represented five different social prescribing schemes, were asked about their experiences of the work and a concept map outlining the role and skills of the social prescribing Link Worker was produced by the researchers in order to inform the development of future training. The concept map (Figure 1) suggested four distinct areas to the role and was used to develop a topic guide for data collection from one of the social prescribing schemes represented in this study.

(Figure 1 here)

METHODS

Study design

This study examines qualitative evidence collected from one-to-one interviews and focus groups carried out with experienced Link Workers actively working one of three social prescribing schemes based within London and the South East of England. Some areas ranked highly in terms of deprivation²⁴ and all the schemes reflect a diversity of service users in terms of ethnicity, gender and age with presenting needs representing a wide range of issues, both practical and health related. A mixed methods design was implemented for the evaluations of all three schemes, with the decision to carry out in-depth interviews and focus groups made to capture the first-hand experiences and perspectives of the Link Workers working within the service. This was felt to be an appropriate approach for collecting such contextual data²⁵.

Recruitment and sampling

Thirteen Link Workers who were currently working on a social prescribing scheme and had been there for 6 months or more were identified and invited to participate in the research interviews and focus groups. They were either approached by the research team directly or via their co-ordinating manager. The Link Workers came from three London-based social prescribing schemes: Scheme 1 was represented by eight participants; Scheme 2 was represented by three participants and Scheme

3 by two participants. Informed consent to use their anonymised data and quotes was obtained from all participants prior to data collection. All focus groups and interviews were carried out by the authors and took place either at the university or at the Link Workers' place of work.

Ethical approval to collect and report data from the three evaluations of social prescribing schemes was granted by the University of East London Ethics Committee. Study ID no's: UREC 181912 (*scheme 1*); UREC 1516 131 (*scheme 2*); UREC 14/EM/1076 (*scheme 3*)

Data collection

The concept map (see introduction) informed the development of a topic guide to collect primary outcome data from Scheme 1 (one focus groups and 1 interview) as part of the more general evaluation of the scheme. Data collected from Scheme 2 (one focus group and three interviews) and Scheme 3 (one focus group) was incorporated into the analysis where similar questions had been asked of the Link Workers involved. Examples of these questions were: *'Has the role differed from your initial expectations and if so, in what ways?'*; *'What kind of training and experience have you received for this role?'*; *'What are the major challenges of the Link Worker role in your experience?'*

Transcription, data management and analysis

Interviews and focus groups lasted between 30 and 60 minutes and were digitally recorded before being transcribed verbatim. Interview data was organised using the NVivo software package²⁶ and all three focus groups and four interviews were analysed and coded. Thematic Analysis was chosen as an appropriate method of analysis for this study as a phenomenon can be studied in depth whilst allowing the researcher to "make sense of collective shared meaning" (p.57) by identifying commonalities in the way it is discussed.²⁵ Initial coding came from a-priori themes arising from the concept map and were developed as further in-vivo themes arose from the coding of the data. The analysis began with the data from Scheme 1 where questions from the topic guide had been specifically developed from the concept map, then data from similar questions from the other two schemes (see section above) were incorporated into the analysis. Line by line coding and constant

comparison were used to analyse the data set which was reviewed by another member of the research team.

RESULTS

Analysis of the interviews and focus groups led to the identification of three master themes. The first of these was the task of **defining a new and evolving role** within the health service and included: the complexity of the work, the need to build effective relationships and identifying the boundaries of the service. The second theme identified the **skills and training** Link Workers felt were necessary to carry out the role. Represented within this was the need to feel competent and receive adequate training to meet the challenges of the work. Certain personal qualities and previous life and work experience were also felt to be invaluable. The third theme focussed on the Link Worker's need for **support** from others. This began with a recognition of the impact of the work on themselves, strategies for self-care and most importantly the need for clinical supervision which was considered an essential component to the work.

Defining an evolving role

While initial expectations for some Link Workers was of the work being a predominantly signposting role, it soon became clear that for many patients a more intensive approach was necessary. For these patients having the time and space to work in a person-centred and collaborative way became a transformatory feature of the service.

“the service was very much in development as we were delivering, you know, so we didn't have a really, really clear model at the beginning so we were finding our feet a bit and maybe at the beginning it was more containable you know to be about this is about signposting, but as we started to work with people you realise that actually they need more time and more input really.” (LW1, Scheme 2)

A major focus of the work was to empower the patient to make their own choices and even if there was no further progression onto support in the community, having the space and time to explore the context of patients' lives and asking what they thought might help them, could be a powerful intervention. This was an aspect of the role Link Workers found particularly satisfying especially as similar interventions (for example life coaching) are not normally accessible for patients on low incomes.

"It's not, 'You should do this.' It's about empowering them to make the decision for their own welfare and wellbeing." (LW9, Scheme 1)

Fitting in with existing services as well as promoting the service to other health professionals was time-consuming and it was difficult to remain visible to GPs who would sometimes forget the service existed. Even GPs who were enthusiastic about the social prescribing pathway would in the pressure of the consultation, forget to assess patients as suitable for referral. Link Workers stressed the importance of understanding the boundaries of the role both in terms of other services and recognising the time-limited nature of the intervention and the broad, rather than specialist nature of the work. There is an important coaching element to the role with some patients and those Link Workers with a background in counselling spoke of being tempted to work in greater depth with some patients whilst at the same time realising this was not possible.

"From my having a therapeutic background you're tempted to think, 'Oh I could really work with this person.' You know but then you know when you see that, some of the issues that are presenting you realise I can't." (LW1, Scheme2)

Boundaries were also key to working with health professionals particularly in terms of referral criteria, which was not always clearly understood by GPs. Link Workers felt the service was sometimes used as a dumping ground for difficult patients. This had the potential to impact negatively on both patients and Link Workers as well as potentially overwhelming the service.

“GPs could probably interpret everything as a social problem if they wanted to.” (LW2, Scheme 2)

Building relationships not only with patients but also with health professionals and community organisations was key to the success of the service and the giving and receiving of feedback was an important component of this. Language and communication could also be an issue both with patients with limited English and, the often confusing terminology of support services and Link Workers themselves also being known by a variety of titles. There was sometimes ambivalence around the term social prescribing itself and this could lead to confusion among all concerned, with GPs and patients alike being unsure of what the service could offer.

“The term social prescriber...it implies that we’ve got stronger links with social services, although they’re evolving, they’re developing it takes time.” (LW6, Scheme 1)

Personal skills and experience

Even with clear referral criteria, Link Workers found that they were often faced with clients presenting with significant mental health challenges and the need to feel competent and able to meet the challenges of the work came through strongly.

“Very recently we had a guy who said, ‘I’ve got er, I’ve got a pot of tablets on the table and I’m going to have it, I could take it all right now.’” (LW3, Scheme 1)

“These are very vulnerable people and we, I just feel that are we enough to be around these people?” (LW5, Scheme 1)

There was an appreciation of the (often very basic) level of training they had received such as safeguarding and Mental Health First Aid and for those who had experienced it, training in behaviour change techniques such as Motivational Interviewing was valued. Training in the benefit system was also mentioned as useful, leading to an understanding of eligibility criteria. Some level of counselling training was also widely agreed to be essential.

“I think it’s really crucial that you have a therapeutic background because a lot of the patients who present to you have high anxiety and you know they’re supposedly supposed to be recovering from depression, but people do have, lots of people with anxiety and depression issues and I think it’s important that you have those skills in order to work with them in a therapeutic way and be empathetic.” (LW1, Scheme 2)

Previous experience working face to face with people was felt to be important and Link Workers also valued their own life experiences for equipping them with useful skills.

“I’ve been there myself as well, I’m one of them, I was one of them and it’s just like, for me it was eye opening and how to, how to talk to people and not to judge anybody”. (LW8, Scheme1)

These kinds of experience helped Link Workers to sit with whatever was brought to the session and relate to the patient without sharing every detail of their own personal situation. Empathy and the ability to listen empathically was widely regarded as an essential skill as were other personal attributes like the ability to be non-judgemental and persevere to build trust.

“Somebody who has a lot of patience, and somebody who’s not scared to persevere. You would make a telephone call, and they would put the phone down on you. Somebody who then doesn’t think, ‘Oh it’s over.’ Because I try to remember that these people have got, these people have gone through so much”. (LW3, Scheme 1)

Support

While Link Workers were often passionate about their work, all agreed on the need to be supported in this frontline role where complex and unexpected issues could present themselves without warning. The starting point for this was the ability to reflect on the impact the work was having on themselves:

“there was one week where we saw three clients and it was just like, you come out of the meetings and they’ve been screamed at, shouted at, and you come out thinking, ‘What the heck...’ It’s exhausting and we had three on the row didn’t we?” (LW6, Scheme 1)

“I cried about it, I cried about it...I was really down about the whole day, proper down.” (LW5, Scheme 1)

Peer support was appreciated as the work could leave Link Workers feeling isolated and they enjoyed being part of a team, however the most important form of support was that of clinical supervision and the safe space it provides to offload and discuss difficult patients and challenging situations. Those who had access to this kind of support were vocal in their appreciation of it.

“I heard from my previous, my ex-colleagues how amazing it was... we’ve recently started Clinical Supervision. And I had my first one and it was absolutely amazing. I went in thinking, ‘What am I going to talk about?’ But as soon as she asked me one question, and it all came out... I came out feeling really kind of a weight taken over, a weight that I didn’t realise I had. Like for me personally I thought I was managing it really well, until I went in and I had that chat, and I realised actually I had all these levels, and I wasn’t I wasn’t working through it, but I thought I had worked through it.” (LW3, Scheme 1)

However, some were left to carry the burden of the work on their own:

“...the senior social worker, I used to have supervision with her but then she left and erm, and a new person, well it wasn’t quite possible. But it is, it is essential.” (LW4, Scheme 3)

Self-care came up several times and Link Workers developed their own coping strategies to help them deal with the stressful nature of the work. This could involve not taking calls on a Friday afternoon, meditating and developing the skills to compartmentalise the work and let it go at other times.

“When I’m at work I can give my 100% to work and so when I go home I give my 100% at home... and I think that’s something that everybody in this role needs to learn to do. I don’t stress about things that’s not in my control.” (LW3, Scheme 1)

DISCUSSION

The aim of this study was to shed light on the role of social prescribing Link Workers working within primary care services with a view to informing their training, support provision and recruitment in the future. This study draws out some of the main challenges faced by social prescribing Link Workers on a day to day basis. The Link Workers describe a complex and evolving role where they may be signposting with one patient and offering a coaching intervention to another. As such they need to define the boundaries of their work and fit in with existing services while building relationships with patients, health professionals and community managers alike. Feeling competent to meet the challenging needs of their patients is a prevailing theme and they highlighted a desire for, and appreciation of, a range of training. Previous life and work experience were found to be invaluable in grounding Link Workers within the role as are personal qualities key to the ability to build trust relationships with patients. While many Link Workers are passionate about the work they do and find it satisfying, they are aware of the negative impact it can have on themselves and describe the need to practice self-care and receive support particularly in the form of clinical supervision.

Strengths and limitations

A strength of this study is that it explores the role and experiences of the social prescribing Link Worker from the perspective of the Link Workers themselves. In doing so, practical aspects of the role are highlighted that are not necessarily obvious to those involved in the delivery of the service. Some of the Link Workers were already known to the researchers at the point of data collection and

others were not. The research team are experienced in the development and evaluation of social prescribing schemes and in addition one researcher brought the perspective of a trained counsellor to the work, which has influenced and potentially aided, the interpretation of the findings. The researchers have endeavoured to report the methodological processes and analysis for this study transparently and with reflexivity to enhance the rigour of the study .²⁷

However, some of the data was not collected specifically with this study in mind and the interviews and focus groups from two of the social prescribing schemes (representing five participants in total) focussed mainly on the evaluation of the social prescribing services, with some subsequent questions relating to the personal experiences of the Link Workers themselves. While the further eight participants were asked specifically about their experience of the role, it is possible that a study designed specifically to capture data on Link Worker experiences of the role would have highlighted further themes. The social prescribing projects that the Link Workers came from were located in areas with very diverse communities representing a wide range of age, ethnicity and referral criteria but there well may be important experiences specifically related to social prescribing in more rural parts of the country or with specific demographic groups that we were unable to capture here.

Comparison with existing literature

One of the difficulties in making comparisons between this study and the existing literature is that there are a number of similar roles within the health service where patients are linked to other services and these are known by a multitude of titles including: Care Navigator, Wellbeing Co-ordinator and Social Prescriber. When asked about their experiences of the role, Social Prescribing Health Trainers (SPHTs) on the CHAT social prescribing scheme in Bradford highlighted similar themes of finding their place within existing services, knowing the limits of their role and the need for clinical support.²⁰ Link Worker at present seems to be the most prevalent name, however the title does not seem to adequately reflect the complexity of their work.

Brandling and House (2009) describe the role of the 'facilitator' within a social prescribing scheme as a challenging one requiring good listening skills, knowledge of opportunities in the community and the ability to act as a bridge between the health service and third sector.¹¹ Other studies have reported similarly positive accounts from patients who were able to develop trust relationships with their Link Worker in order to overcome challenges to progression in their lives.^{17; 28} A recent study on Navigators within primary care across the USA and Canada lists qualities and experience such as communication skills, compassion, coaching or counselling training as desirable skills requested by employers.²⁹

The Link Worker stage of the intervention creates 'time and space' embedded into the fabric of primary care system and this holistic, patient-centred approach may also provide a non-stigmatising opportunity to tackle the causes of anxiety and depression before they take hold, as well as a more accessible first step for those needing further psychological support. The importance of skills such as empathic listening, congruence and unconditional positive regard³⁰ has been understood for many years in psychotherapy and are the basis of approaches like Motivational Interviewing.³¹ Currently there is no theoretical analysis of the social prescribing pathway, however Bowlby's work on Attachment Theory³² can be understood to underpin the Link Worker role highlighting the importance of the experience of trust relationships. To this end, Link Workers could provide an important role model of a positive relationship for those patients who have not experienced this in their past.

Implications for research and practice

The NHS is at the forefront of integrating social prescribing services into primary care and as such, these findings could prove invaluable in refining the service in the UK and internationally as other countries look at similar initiatives. The pressures faced by General Practice are highlighted by the growing complexity of managing multiple long-term conditions³³ and greater collaboration between health professionals is needed to improve outcomes for patients. Senior figures within health and government who have

promoted the potential of social prescribing as a public health intervention^{34, 35} and the recent NHS Long Term Plan has made a clear commitment to the development of Link Worker social prescribing in the next 5 years.⁵ In this context, social prescribing Link Workers will play an important role in operationalising NHS plans to develop a healthcare system more focussed on patient-centred care. Possibly the most valuable role of the social prescribing pathway to primary care services is as a bridge between the professional expertise of the health service and contextual expertise within the community, where the factors influencing patient's lives are often better understood.¹⁰ The Link Worker role is pivotal to the success of this bridge and their role needs to be properly resourced and understood. Failure to provide Link Workers with adequate training and support could endanger both the Link Workers themselves and their patients. At its best, social prescribing can offer a uniquely tailored, truly person-centred intervention in an over-stretched health service, where patients or clients are given the space and time needed to explore their options and make sustainable behavioural changes in their lives. However, an understanding of the complexity and challenges of the role of social prescribing Link Worker is not always reflected in the training they receive and the support that is provided for them.

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Figure 1: The role and skills of social prescribing Link Workers

