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Review Article

The Social Prescribing Link Worker—Clarifying the Role to Harness Potential: A Scoping Review

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Recent work outlines definitions of social prescribing, but the role of a social prescribing link worker (SPLW) remains ill defined. Core components of the role must be clarified to enable the study of its impact in connecting people to community-based support and subsequent outcomes. This review compiles and summarises published information on the SPLW role. A scoping review was completed using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis for Scoping Review. Suitable online databases were searched using identified terms, a review of the reference lists of identified papers was completed and relevant grey literature was identified through Google Scholar. Relevant reports from UK-based social prescribing networks and government organisations were gathered. Eligibility of each paper was determined based on the specified criteria. Inclusion criteria were identified using the PCC (Population; Concept; Context) framework. Of the 251 search results originally identified, 15 peer-reviewed papers met the criteria for inclusion. Five additional published reports from government and community organisations and networks were identified. Data were extracted and collated in tabular form. Thematic data analysis highlighted four common themes clarifying the role of the SPLW and identifying improvements required to advance social prescribing referral processes. (1) SPLW works in collaboration with the participant, to identify personal needs and goals, and monitors progress over time. (2) SPLW connects service users to community/statutory support. (3) SPLW views health in a holistic manner. (4) The importance of training for SPLWs, and those referring into the system, to improve the referral process. Disparity in language and roles is evident, making it difficult to describe and compare the role across social prescribing services. The importance of training is outlined, and training recommendations are made. Additional effort is needed to clarify the role, impact and training requirements within social prescribing, to strengthen the evidence base, and allow applicability and transferability across services.

Keywords: community connector; community navigator; community referral; link worker; referral routes; social prescribing; well-being advisor

1. Introduction

Social prescribing is a referral mechanism which connects people to nonmedical, community and social-based activities, which aim to empower an individual to take control of and manage their health and well-being [1]. Social prescribing has experienced rapid spread across the globe in recent years [2].

As of 2023, approximately 25 countries have introduced social prescribing at different levels of government [3]. In the United Kingdom (UK), the National Health Service (NHS) ten-year plan (2019) pledges that 900,000 people will be referred to social prescribing by 2024, with the aim of reducing pressures on General Practitioners (GPs) and emergency departments across the UK [4]. Social prescribing has been recognised to

have the potential to address individual, social and societal determinants of health, by improving access to adequate social housing and financial support in order to avoid social isolation and loneliness for people [5]. It also offers improved access to health promotion and health maintenance activities and initiatives [5]. Generally, these services already exist, but access barriers are addressed by social prescribing link workers (SPLWs). It is important to acknowledge that, while there is evidence that social prescribing has the potential to address determinants of health, the idea that social prescribing should be widely implemented is not unanimously advocated. Calderón-Larrañaga et al. [6] report that social prescribing is framed as a 'solution' to complex and contentious issues and that this has contributed to an oversimplification of the problems being addressed, as well as problems with the delivery of social prescribing. Additionally, Bickerdike et al. [7] report that there is a lack of evidence to provide guidance on what works, due to the complexities of evaluating social prescribing services, including a lack of comparative controls; short follow up times; a lack of standardised and validated measurement tools and a failure to consider confounding factors on health and well-being. This is reiterated more recently by Kiely et al. [8] who postulate that there is insufficient evidence to assess the effectiveness and cost effectiveness of SPLWs. However, as Drinkwater, Wildman and Moffatt [9] debate, a lack of robust evidence does not mean it is ineffective, and early indications of positive outcomes suggest that social prescribing should be implemented to address Dahlgren and Whitehead's [10] call for collaborative action on the social determinants of health, as drivers of growing inequalities.

While there are specific and ambitious targets for the use of social prescribing to treat and improve the health and well-being of individuals, definitions, until now, have remained elusive. For example, it is not clear whether social prescriptions always must involve interaction with a SPLW. Furthermore, the role of a SPLW is ill defined. One definition suggests that a SPLW's role is to support people to engage with community for practical and emotional support, with the aim of improving their health and well-being [11]. However, it is evident that there are many different definitions of what is included in the social prescribing process. A systematic review of evidence carried out by Bickerdike et al. [7] included a published evaluation of social prescribing programmes where patient referrals were made from a primary care setting to a link worker/facilitator of social prescribing. Any other form of the use of social prescribing was excluded from the review. Conversely, Kimberlee [12] and Husk et al. [1] describe social prescribing in much more broad terms, viewing it as the pathway a person takes from primary care into an activity. This can take many forms with both outlining four 'levels' of social prescription. These range from (1) signposting, to (2) direct referral from primary care to an activity or can involve (3) contact with a link worker who advises an individual on potential activities to a more comprehensive connection, involving a longer term, (4) holistic approach, whereby the link worker advises an individual on potential activities and continues to connect and support them as needed. The varying approaches to social prescribing are discussed further in a recent Delphi study by Muhl et al. [13] which aimed to establish

internationally accepted operational and conceptual definitions of social prescribing. In their operational definition of social prescribing, Muhl et al. [13] note that social prescribing is a holistic, person-centred and community-based approach to health and well-being, satisfying a number of conditions. Conditions include (1) the identification of a person who has nonmedical needs and either, (2) connecting the person to nonclinical support and services within the community setting or, (3) referring the person to a connector, who goes on to (4) connect the person to support and services within the community, by co-producing a nonmedical prescription. This definition supports the idea that social prescribing does not always require the involvement of a SPLW. In contrast, Bertotti et al. [14] emphasise that the role of the SPLW is pivotal in social prescribing. It is clear that more context is required to fully understand and appreciate the apparent relevance of the role of the SPLW in social prescribing. This review examines the role of the SPLW in order to more effectively evaluate and develop the evidence base for social prescribing.

A scoping review was identified as the most appropriate method to explore this question as it is useful in identifying emerging evidence, as well as defining and clarifying key characteristics of a concept identified in the literature [15]. In addition, Munn et al. [15] note that a scoping review aids in identifying and analysing gaps in knowledge, making it an ideal method for this review where clarity and learning are required in this relatively new and emerging topic. Additionally, an iterative approach will be taken for the review which is supported in scoping review methodologies.

2. Methods

The Preferred Reporting Items for Systematic Reviews and Meta-Analysis for Scoping Review [16] framework was used to guide this scoping review. The checklist contains 20 essential and two optional reporting items to include when completing a scoping review [16]. A Scoping Review Protocol was developed for this study [17].

2.1. Aim and Objectives

2.1.1. Aim.
The review has been designed to clarify the role of the SPLW, in referral routes to social prescribing.

2.1.2. Objectives

1. Qualitatively describe the role of the SPLW in social prescribing.
2. Identify other common names for SPLW.
3. Describe the referral source and what services and/or activities the SPLW connects people to.

2.2. Search and Selection.
To select relevant and appropriate papers for the scoping review, a three-step strategy was used, as advised by the Joanna Briggs Institute (JBI) [17].

Step one comprised a preliminary search of databases relevant to the topic. Step two comprised analysis of the title and abstract of each retrieved paper and of terms used to describe each paper. A subsequent search using all of the

identified keywords and terms was then undertaken across all of the identified databases. Step three of the strategy comprised examining the reference list of identified applicable articles and reports to identify additional sources. Inclusion and exclusion criteria were identified using the PCC (Population; Concept; Context) framework for scoping review inclusion criteria [19]. The following section provides more details.

P—link workers.

C—role (of link worker).

C—social prescribing.

The inclusion and exclusion criteria for this scoping review are relatively broad as there is limited identified evidence on the topic. All identified publications focused on role of the SPLW in social prescribing were included in this review.

After discussions with a subject librarian, the following databases were selected due to their relevance to the fields of healthcare and social sciences which is deemed most relevant to this area of research. Searches were performed in CINAHL (Cumulative Index of Nursing and Allied Health Literature), MEDLINE, PsycINFO, Web of Science and Scopus. In addition, a review of the reference lists of identified papers was carried out to capture other relevant papers which may have been missed through other search methods. Relevant grey literature, including government reports and policy documents, was identified through Google Scholar searches. Finally, relevant reports from UK-based Social Prescribing Networks were also gathered.

2.3. Search Terms.

To ensure that all appropriate literature was identified, a list of relevant search terms was developed from discussions with organisations who are familiar with social prescribing, along with terms gathered from existing literature on the topic. These are summarised in Table 1.

Additionally, Boolean operators were used in the search to ensure that the most relevant papers were identified. Boolean operators are used to combine search terms by incorporating 'and' 'or' and 'not'. The use of 'or' and 'and' are used for the intention of expanding the search [20]. The Boolean operator 'or' was used in this search in order to widen the search as it retrieves results which contain one search word in addition to another. This is useful when there are alternative terms in use for a research area, as is the case in this search as discussed above. The Boolean operator 'and' was used to combine the key terms to ensure that the most relevant papers were identified. Finally, truncations of the keywords were utilised to ensure relevant papers were identified, as illustrated in Table 1.

2.4. Inclusion Criteria.

Based on the initial scoping process, it was agreed that the inclusion criteria would be relatively broad. This included published peer-reviewed journal articles; primary research; published reports and guidelines. This was deemed appropriate due to the relatively new

TABLE 1: Search terms.

Term	Truncated/wildcard used according to database requirements
Link worker	Link work */$
Social prescribing	Social prescrib */$
Community connector	
Well-being advisor	
Community navigator	
Community referral	Community referr */$
Community organisation	Community organi *ation
Community-led organisation/CLO	
Referral routes	

nature of the subject topic to allow all relevant information to be included in the review. The choice of broad inclusion criteria was also deemed appropriate as there are known to be many terms to identify the SPLW role [14]. Sources to be included had to be peer reviewed or from a reputable and recognised charitable or healthcare organisation, or social prescribing network, to ensure that information gathered was reliable and dependable. Primarily, publications included had to contain information on social prescribing and have a particular focus or section on exploring the role of the SPLW. Furthermore, it was decided that there would be no limit on publication year, and that any population would be included in searches, as well as any type of research methodology. Again, this was deemed appropriate due to the relatively new topic area.

2.5. Exclusion Criteria.

Editorials and opinion pieces, as well as matters outside of social prescribing and SPLW, were excluded. Additionally, publications in languages other than English were excluded, due to resource constraints.

As recommended, in order to facilitate beneficial reporting and transparency, an iterative approach was used for gathering search terms, and throughout the review when identifying and selecting studies and extracting data [21].

The title and abstract of each identified publication were distributed between the researchers in the team and each was examined by two authors, for eligibility. The eligibility of each paper was determined based on the specified criteria to ensure all of the most relevant papers were included. The full text was then examined to confirm inclusion in the scoping review.

2.6. Data Extraction and Charting.

To address the objectives of the review, the identified challenges around the inconsistent use of language and varied contexts for social prescribing informed the plan for data extraction. These inconsistencies and complexities have been identified across the literature. The complexities of social prescribing can be seen in research by Tierney et al. [22] who identify 75 titles used to describe the role of the SPLW. Furthermore, the varied context in which social prescribing sits is outlined throughout the literature and by both health and voluntary sectors, who note the wide ranging sources of referrals into social prescribing, from GPs and allied health professionals,

to job centres and housing associations [5]. The complexities associated with social prescribing add to the difficulty in defining the role of SPLW in social prescribing services.

Data were collated in tabular form on a data extraction table in MS Excel, to collate relevant information from each paper. The data extracted from each included text were combined into one larger data extraction table which included information on the setting for each paper; the aim; definition of the SPLW role; where the SPLW is based within service structures; where SPLW is receiving referrals from; where and what service the SPLW refers to and conclusions from the text. These items provided data to qualitatively describe the role of the SPLW in social prescribing; identify other common names for the SPLW and describe who the SPLW is receiving referrals from and what services they are connecting people to, in line with the review objectives. A data extraction summary can be seen in Table 2.

2.7. Quality Appraisal. Quality appraisal was considered and addressed in relation to the aims and objectives of the review, as recommended by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis for Scoping Review framework [16]. This required an appraisal of how robustly defined the role of the SPLW is in each paper. All papers met the criteria as follows:

- Is funding declared? Y/N
  - All declared any funding
- Was primary data collected about the link worker's role? Y/N

All identified sources (15 peer-reviewed publications and five reports) collected primary data about the SPLW role.

Assessing the declaration of funding was important as any funding source may bias the reporting on the role of the SPLW. Additionally, the assessment of whether primary data were collected about the SPLW was important as the research team wanted to, where possible, exclude any secondary interpretations of the role.

3. Results

Of the 251 papers that were originally identified, 15 papers met the criteria for inclusion in this scoping review. Additionally, five reports from government and community organisations and networks met the criteria for inclusion. Due to duplication, 32 studies were removed across the databases searched and a further 151 were deemed irrelevant from their title and abstract. The full text of 68 papers was screened. From scanning the reference list of these papers, a further eight papers were deemed potentially relevant and full texts were screened. Of these 76, 61 were deemed irrelevant, resulting in 15 studies meeting the inclusion criteria for this review.

The PRISMA (2020) flow diagram in Figure 1 illustrates this process [23].

Of the 20 identified sources of evidence, 18 were published using data collected in the UK. Two of the 20 were published using data from the Netherlands.

Having completed the search for relevant literature, data extraction was completed and the synthesis of the data followed. The table (Table 2) is presented in the following order: primary research, by year, followed by evidence from reports, by year.

3.1. Objective 1: Qualitatively Describe the Role of the SPLW Within Social Prescribing. The synthesis process addressed the objectives of the review. This included the completion of thematic coding, which resulted in three common themes arising relating to objective one of this scoping review. These were

1. Works in collaboration with the client, to identify personal needs and goals, and monitors progress over time
2. Connect service users to relevant community/statutory support to address needs and goals
3. To view health and well-being in a holistic manner
   A fourth theme was identified as follows:
4. The importance of training for the SPLW, and those referring into the system, to improve the referral process

3.2. Theme 1: Works in Collaboration With the Client, to Identify Personal Needs and Goals, and Monitors Progress Over Time. In 15 of the 20 evidence sources, it was clearly identified that the role of the SPLW is to work with clients to identify needs and facilitate goals. These comprised papers by Faulkner [24] Carnes et al. [25]; Moffatt et al. [26]; Polley et al. [4]; Pescheny et al. [27]; Woodall et al. [28]; Bromley by Bow Centre [29]; NHS England [30]; Wildman et al. [31]; Wildman et al. [32]; Holding et al. [33]; NHS England [5]; Frostick and Bertotti [34]; National Association of Link Workers [35] and Pescheny et al. [36]. Additionally, four papers identified an additional role of the SPLW as making action plans for the identified goals. These were papers by Carnes et al. [25]; Moffatt et al. [26]; NHS England [30] and National Association of Link Workers [35].

The need for these goals to be set in conjunction with the individual was reiterated by Moffatt et al. [26]; Polley et al. [4] and later by Holding et al. [33] and NHS England [5]. Furthermore, NHS England [5] note the need for the goals to be personalised and Wildman et al. [32] posit the need for them to be personalised as well as achievable. Wildman et al. [32] also report the importance of the role of facilitating goals in monitoring progress. The role of monitoring progress was also identified by Holding et al. [33].

While the remaining five evidence sources also identified the role of the SPLW, they were not specifically related to working in collaboration to identify personal needs and goals. While Heijnders and Meijs [37] acknowledge that the individual is encouraged to choose an activity with support, there is more focus on the need for the SPLW to take a holistic approach to assessing an individual. The need for shared decision making is acknowledged by Brunton et al. [38] who also outline the need for holistic support for an

TABLE 2: Data extraction table.

Paper	Author, year and country	Title	Main aim/ objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
1	Faulkner, M., 2004, The Netherlands, Primary research	Supporting the psychosocial needs of patients in general practice: the role of a voluntary referral service	To describe and analyse the key features of practice-based voluntary referral service and to describe the effectiveness and barriers to the service.	- Key part of role to assist patients to explore problems. Important to give participants the time to talk - To provide information and advice and to advise on which services would be most appropriate - To make referrals to community-based services	Primary care Interviews with 11 service users and 8 service providers	Referrals facilitator	GP	Community-based service and advice centres	- Giving patients time to talk was vital - Referrals facilitator has to assist patients to explore their problems - Referrals facilitators reported feeling pressures of their role in relation to acting as a counsellor which they were not trained to be.
2	Carnes et al., 2017, UK, Primary research	The impact of a social prescribing service on patients in primary care: a mixed methods evaluation	To investigate whether a social prescribing service could be implemented in a GP setting and to evaluate its effect on well-being and primary care resource use	Meet with participant to discuss circumstances Develop a mutually determined well-being action plan Set goals for improving well-being/refer to community organisations and services. If appropriate assign volunteer to help patient achieve their identified goals	Community sector Patient surveys: intervention group = 184; control group = 302 Qualitative interviews with service users—20	Social prescribing coordinator	GP	Community organisations and services	- Most participants had a positive experience with SP but the service was not utilised to its full extent - Well-being coordinators dealt with a range of needs from straightforward signposting to a more intensive coaching-style intervention. - Experiencing sessions resulted in positive outcomes as it allowed time to work collaboratively to set realistic goals

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
3	Moffatt et al., 2017, UK, Primary research	Link worker social prescribing to improve health and well-being for people with long term conditions: qualitative study of service users perceptions	To describe experiences of patients with long-term conditions who are referred to and engage with a LWSP programme Identify the impact of the programme on health and well-being	The LW offers a holistic and personalised service. Work to jointly identify meaningful health and wellness goals and connect service users to resources and groups when appropriate. Carry out individual assessment, interviewing and action planning	Community Interviews with 30 adults who had received a link worker social prescribing programme	Link worker	GP	Community services	Link worker social prescribing programme resulted in: - Improved self-control and confidence - Isolation reduced Health-related behaviours improved
4	Heijnders and Meijs, 2018, the Netherlands, Primary research	Social prescribing: a helping hand in re-establishing social contacts—an explorative qualitative study	What happens in chain of SP What changes participants experience in terms of social participation	Contacts patient and arranges appointment Evaluate participants' life in a holistic manner Explore possible barriers to thriving Step by step approach Focus on what patient can do rather than medical model for what they cannot do	10 semistructured interviews with people referred for social and psychological issues Not mentioned	Well-being coach	Primary care providers	Local voluntary and community sector activities	Participants experienced increase in strength, self-confidence and self-reliance and experienced better health as a result of integrating with a well-being coach and community well-being organisations

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
5	Pescheny et al., 2018, UK, Primary research	Patient uptake and adherence to social prescribing: a qualitative study	To explore the experiences and views of service users, involved GPs and navigators on factors influencing uptake and adherence to SP	Work with referred patients and issue onward referrals to sources of nonmedical support. Complete individual assessments to identify nonmedical needs of participants and motivational interviewing followed by support to access appropriate support.	Not mentioned Semistructured interviews with service users (10), navigators (2) and GPs (3) Total: 15	Navigators	GP	Community-based support Housing advice Employment services Social and family workers Legal advice	- Patient expectations—SP is implemented into a clinical setting; this may not be aligned with the expectations of some patients. Many expect a medical solution. - Perceived stigmatising attitudes of society to patients with mental illness and social problems can act as a barrier to uptake - Reported appointments with navigators felt less rushed than with GPs
6	Woodall et al., 2018, UK, Primary research	Understanding the effectiveness and mechanisms of a social prescribing service: a mixed method analysis	To understand the outcomes of the social prescribing (SP) service and the processes which support delivery	- LW role is to facilitate successful outcomes for individuals. - LW should have the ability to understand a social and holistic view of health-critical - It is an informal yet informative role	Not mentioned - Focus group with SP staff - Interviews with service users—26 - 342 service users—quantitative data on well-being was collected at entry and exit point of service	Wellness coordinator	GP Primary care services	Local groups and community services	SP has the potential to address health and social needs of individuals and their communities. It should be conceptualised as one way to support primary care and meet needs.
7	Wildman et al., 2019, UK, Primary research	Service-users' perspectives of link worker social prescribing: a qualitative follow up study	Explore the experiences of SP among people with long-term conditions after their initial engagement with a SP service	- A LW allows healthcare practitioners to refer patients with long-term conditions to nonclinical services, - LW works with individual to identify personal goals and identify target areas for improvement and monitors their progress.	Community Semistructured follow-up interviews with 24 service users who had taken part in a previous study	Link worker/social prescriber	Primary care practitioner	Community groups Appropriate services	LW SP helped to reduce social isolation Community engagement improved Ability to manage long-term conditions improved

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
8	Wildman et al, 2019, UK, Primary research	Link workers' perspectives on factors enabling and preventing client engagement with social prescribing	1. To explore link workers' own definitions of their role in social prescribing and the skills and qualities identified by them for effective linkage with clients. 2. To explore 'threats' to successful social prescribing and challenges	- Work to identify personal and achievable goals and identify target areas for improvement and monitor progress - Advise on: debt; housing; benefits; work/volunteering - support user to access appropriate services and community groups	Community - Focus group and interviews with link workers. Two-phases: Phase 1: 5 focus groups (15) and individual semistructured interviews Phase 2: 4 focus groups (15)	Link worker	Primary care practitioner based in GP	Community groups and services	Role of link worker: - Fundamental to the success of SP - Main role to support clients in dealing with the physical, economic, social and environmental determinants of health. - Need for more training: Community development training to improve knowledge of the availability of resources and how to access them Barriers to performing the role: - Referral challenges: some GPs are more engaged than others = considerable variation in the number and suitability of referrals. - Lack of affordable and accessible follow on services.
9	Holding et al., 2020, UK, Primary research	Connecting communities: a qualitative investigation of the challenges in delivering a national social prescribing service to reduce loneliness	Understand the challenges of delivering a SP programme and resources required for successful delivery	With service user, LW sets goals and monitors progress Core roles identified as: - Assessing referrals and managing service user caseloads - Sourcing community activities for participant signposting and setting goals with service users	Community sector Interviews with 25 social prescribing staff (6 were repeat interviews) and 9 volunteers	Link worker	Statutory services NHS Local authorities Voluntary sector Self-referrals	Pair service users and volunteers to local community activities	Link workers are extremely skilled and have ability to personalise national programmes to local needs. They are central to the success of interventions

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
10	Payne et al., 2020, UK, Primary research	Steps to benefit from social prescription: a qualitative interview study	To explore the ways by which social prescribing may be beneficial to individuals undertaking socially prescribed activity (SPA).	Personalised professional help. Role to provide encouragement, confidence and motivation participants need to engage in socially prescribed activity. Need attributes of reliability or trust to benefit the client's confidence and need ability to have an informal approach to further referrals.	Not mentioned Interviews with 17 service users	Link worker/ social prescribing facilitator	Healthcare professionals	Not mentioned	Socially prescribed activities appear to benefit individuals by a process that begins with personalised professional help to address social problems and moves to engagement with activities and other people and allows the recognition of personal and social assets and opportunities.
11	Frostick and Bertotti, 2021, UK, Primary research	The frontline of social prescribing—how do we ensure that link workers can work safely and effectively within primary care?	To identify the training, skills and experience SPLWs, working with patients presenting with long-term conditions, need to carry out their role safely and effectively within primary care services.	Link worker can provide support to those unable to take the first steps alone by helping to facilitate behaviour change. The relationship between the client and the link worker is the key to the success of SP. Key skills—empathy and the ability to listen are essential skills required to do the job, as well as the ability to be nonjudgemental and perseverance to build trust.	Not mentioned Interviews and focus groups with 13 link workers a	Link worker/ social prescribing link worker	Not mentioned	Community-based support	Boundaries with primary care services important, in terms of referral criteria - Service sometimes used as a 'dumping ground' for difficult patients. - Often different terms for the link worker. - LW felt inadequate training to support those with severe mental health problems. Further training required—mental health, financial support, counselling

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
12	Hazeldine et al., 2021, UK, Primary research	Link worker perspectives of early implementation of social prescribing: A 'researcher in residence' study	To analyse the descriptions of the experiences of SPLW, regarding early implementation of SPLWs in 2 SP programmes, to assess how these relationships function as barriers and facilitators	Essential in developing and maintaining the network of relationships that allow SP to function Be able to adapt and be flexible to develop micro solutions to problems that act as barriers to fulfilling the role	Primary care- GP practice Interviews with 11 link workers, 2 link worker managers and 1 social prescribing counsellor Total 14	Link worker/ social prescribing link worker	Not mentioned	Not mentioned	- Need for training to equip LWs to manage individuals with moderate to severe mental health problems more effectively - Other professions require training on the role of SP and referral process. - Experiences, skills and knowledge of LW act as conduit for impact and success of SP.
13	Pescheny et al., 2021, UK, Primary research	The impact of the Luton social prescribing programme on mental well-being: a quantitative before-and-after study	To assess the change in the mental well-being of service users after participation in the Luton social prescribing programme	The role of link workers involved an individual assessment to identify the nonmedical needs of service users, motivational interviewing and continuous personalised support and to link service users with nonmedical sources of support, to help to improve their health and well-being	Not mentioned Quantitative data collection on mental well-being. 162 completed baseline short-Warwick-Edinburgh mental well-being score and 68 completed post intervention	Link worker/ social prescribing link worker	GP	Third sector organisations	Social prescribing programme resulted in an increase in mental well-being. Social prescribing may have the potential to improve the mental well-being of service users

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
14	Rhodes and Bell, 2021, UK, Primary research	'It sounded a lot simpler on the job description': A qualitative study exploring the role of social prescribing link workers and their training support needs (2020)	To understand the role of SPs, including challenging aspects of the role and the types of training and support needed in order to optimise SP	To provide a holistic assessment and support clients to manage complex health and well-being needs.	Not mentioned Semistructured interviews with 9 social prescribers	Social prescriber/social prescribing link worker/locality navigator/community navigator/stroke care advisor	Primary care and voluntary sector	Voluntary sector and NHS	SP needs training and support in: - defining and promoting the role - supporting clients with complex physical and mental needs - coping with emotional demands of the role Participants report: - job scope poorly defined - role not well understood by external referrers External referrers often had unrealistic expectations of what could be achieved - Need specific training tailored to SP role
15	Brunton et al., 2022, UK, Primary research	The challenges of integrating signposting into general practice: qualitative stakeholder perspectives on care navigation and social prescribing in primary care	To identify the challenges of operationalising signposting into general practice	SPLW role aims to introduce the concept of 'active signposting' into GP setting to release capacity in GPs and aims, at the first point of contact, to signpost patients to the 'right' professional service at the 'right' time. Aim to connect people with social, emotional or practical needs to community-based resources and nonclinical services through a holistic, shared decision-making, personalised care and support planning.	GP 34 staff involved in social prescribing service took part in 17 semistructured interviews and one focus groups	Social prescribing link worker	Primary care	Community-based support and resources and nonclinical services	3 themes as challenges to signposting into GP: 1. Role perception—challenging due to the way the roles of SPLW and care navigation (CN) were perceived by others 2. Role preparedness—lack of training. SPLW training affected the consistency of services offered across particular areas. 3. Integration and coordination of roles—lack of coordination across health system challenged the success of integrating signposting into GPs

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/ objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
16	Polley et al., 2017, UK, Guidance report	Making sense of social prescribing	To support commissioners to understand what a good social prescribing scheme looks like and to ensure new schemes can put the right things in place to give them the best chance of success. Guide reflects latest information available about social prescribing	Aim to understand what matters to the person and to link them with appropriate support. Some act as a signposting service, whereas some spend time consulting with individual. Link worker refers to a nonclinical trained person who works in a SP service. Service based on an equal relationship between the person receiving support and the link worker. Link worker spends time with a person working out together needs and goals. Link worker able to build knowledge of services available in the local and wider community.	GP, local community or a mixture of both	- Link worker - Health advisor - Health trainer - Care navigator - Community navigator - Community connector - Community care coordinator - Social prescribing coordinator	Healthcare professionals—GP, nurse, physiotherapists Some large third sector organisations, e.g., Macmillan Cancer Support	Welfare and housing advice New activity—arts and crafts, increased physical exercise, outdoor or nature based, lunch clubs, walking groups, arts and museum visits, counselling.	- Link worker is nonclinical trained person working in social prescribing services. - Some link workers act as a signposting service, while others spend more time in consultation role - Service should be based on an equal relationship between link worker and client - Work together to identify goals and needs.

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/ objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
				Connect clients to a wide range of community services to provide them with on-going help and support to improve their health and well-being. Has 4 levels of service intervention: 1. Direct referral: No contact with LW. Directly referred to service identified 2. Level 1: Telephone assessment and support via onward signposting and referral 3. Level 2: Initial face to face session with a LW with coaching, goal setting and further onward signposting and referrals 4. Level 3: Two or more face to face sessions with coaching, goal setting and further onwards signposting and referrals.				Housing, benefits, financial services employment, training and volunteering, education and learning, healthy lifestyle advice and physical activity Arts, gardening, creative activities Befriending, counselling	Four levels of social prescribing service: 1. Direct referral: No contact with LW. Directly referred to service identified 2. Level 1: Telephone assessment and support via onward signposting and referral 3. Level 2: Initial face to face session with a LW with coaching, goal setting and further onward signposting and referrals 4. Level 3: Two or more face to face sessions with coaching, goal setting and further onwards signposting and referrals.
17	Bromley by Bow Centre, 2019, UK, Report	Social prescribing service Bromley by Bow Centre annual report: April 2018-March 2019	To provide information on the annual reporting for social prescribing in the Bromley by Bow Centre		Community sector	Link worker/ social prescribing link worker	GP		

TABLE 2: Continued.

Paper	Author, year and country	Title	Main aim/objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
18	NHS England, 2019, UK, Guidance report	Universal personalised care implementing the comprehensive model	To set out ambitions for the delivery of personalised care	Link workers work with person, giving them time and asking 'what matters to you', to develop a personalised care plan based on the person's assets, needs and preferences	Primary care	Link worker	Primary care and self-referrals	Community-based support	- Focus on personalised care with emphasis on shared decision making, to enable the client to understand their support options. - Social prescribing should involve referrals from local agencies, including GPs. - Social prescribing should involve a one stop connector scheme, typically in primary care setting, which employs link workers to give people time and personalised support
19	NHS England, 2020, UK, Summary guide report	Personalised care social prescribing and community-based support summary guide	To enable those who are leading local implementation of SP to: Increase understanding of what good SP looks like and why SP improves outcomes	Link workers (LWs) give people time to focus on what matters to them. Identified through shared decision making or personalised care and support planning. Connect people to community groups for practical and emotional support. Collaborate with local partners to support community groups to be accessible and sustainable. LWs have strong knowledge of groups, recognise gaps in provision and find ways of encouraging asset-based community development approaches.	- Attached to GP + primary care networks - Employed by VCSE sector through SP connector schemes	Link worker/ SPLW/ well-being advisor/ community connector/ navigator/ community health worker/ community health agent/ health advisor	GP, local authorities, pharmacies, MDT, hospital discharge teams, health professionals, fire service, police, job centres, social care services, housing associations, VCSE and self	Community support	- Focus on co-production of support plan between client and link worker - People should be able to make self-referrals to social prescribing services - Link workers should be available to introduce client to community services - Link workers have strong, invaluable knowledge of community groups and services

TABLE 2: Continued.

| Paper	Author, year and country	Title	Main aim/ objective	Definition/role of SPLW	Where SPLW is based (primary care/community) and method of data collection on LW	Name for SPLW	Referral to SPLW from	SPLW refers to	Conclusions/findings
				Make observations around how to improve the individual's physical and mental health based on their social, cultural, economic and environmental circumstances - Aim to address what matters to the person holistically through communication and shared decision making					Health improvement: works alongside primary care team to explore background and uncover nonmedical concerns. Works to address root cause, preventing ongoing health concerns and GP visits Integrated care: works with variety of professionals and agencies to identify people and areas of need
20	National Association of Link Workers (NALW), 2021, Report	The role of social prescribing link workers (SPLW) in reducing health inequalities	To provide clarity and guide SPLW, employers, commissioners and health inequalities strategies	- Empower people to create personalised action plans to achieve goals set for themselves. - Aim to improve the mental and physical well-being of people - Facilitates access to the support - Reduce health inequalities through community integration, integrated care and health improvements. - Supports GP by uncovering and addressing nonmedical concerns of patient	Role within primary care recommended	Social prescribing link worker	Primary care Local authorities Emergency services Welfare providers Secondary care Voluntary/ community groups	Local community services	- Operates holistically and proactively Community integration: empowers and achieves better overall health outcomes on larger scales. Equitable access: model is underpinned in an inclusive approach. SPLW can empower people to tackle social determinants of health that the NHS cannot traditionally reach.
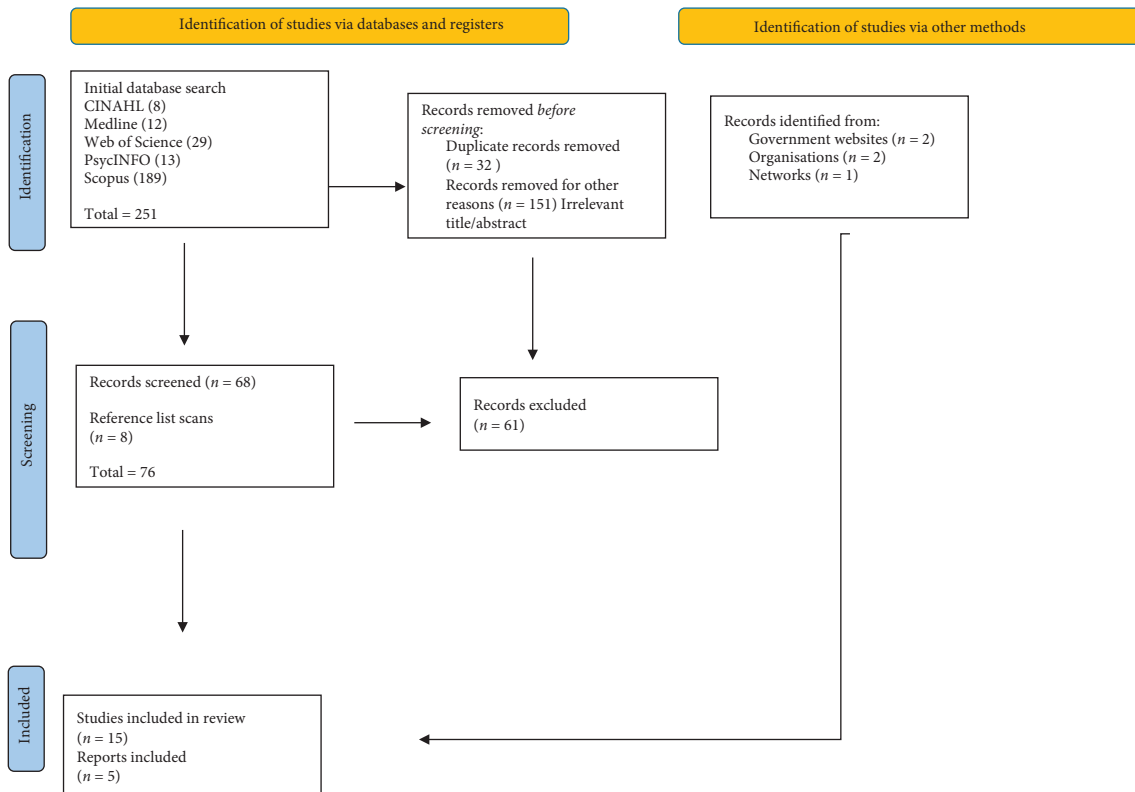
Figure 1: PRISMA flowchart.

individual. Payne [39] and Hazeldine [40] focus on the need for the SPLW to take a flexible approach, in order to enable problems which may impact a person's ability to engage in an activity to be addressed, referrals made and a person-centred service to be delivered. Rhodes and Bell [41] focus on the need for SPLW to receive training and support. The need for differing levels of support and SPLW input are discussed in theme 2, connecting service users to relevant community/statutory support to address needs and goals, and theme 3, to view health and well-being in a holistic manner, below.

3.3. Theme 2: Connect Service Users to Relevant Community/Statutory Support to Address Needs and Goals. In all of the 20 evidence sources, a clear theme in the role of the SPLW within social prescribing was to connect service users to community support. Some of the evidence sources reported that the role of connecting service users was more time intensive than the SPLW had predicted. Interestingly, the papers by Polley et al. [4]; Bromley by Bow Centre [29]; NHS England [30]; Holding et al. [33]; Rhodes and Bell [41] and Brunton et al. [38] identified that part of this role includes signposting service users to community support. Frostick and Bertotti [34] note that, while many SPLWs expected the role to be one of signposting, in reality, the role of connecting services users to support was much more intensive, with clients requiring more time and more input than signposting offers. This is further acknowledged by Rhodes and Bell [41], who posit that it is more than simply signposting service users, and Bromley by Bow Centre [29] who

acknowledge that the level of connection required varies, depending on the needs of the service user. A number of the evidence sources identified discuss the need for SPLWs to accompany some service users to socially prescribed activities, and that this can be crucial in getting clients to engage with services. This is reported by Pescheney et al. [27]; Heijnders and Meijs [37]; Wildman et al. [31] and Payne et al. [39] who report that the level of support required is dependent on client need, with some clients reporting that they could not engage in activities without the accompanied support. The role of the SPLW is therefore complex and nuanced, requiring flexibility and judgement, to respond in an appropriate and supportive way, while also balancing the aim of empowering clients to develop autonomy and independence.

3.4. Theme 3: To View Health and Well-Being in a Holistic Manner. In five of the 20 evidence sources, the importance of the ability of the SPLW to view health in a holistic manner emerged as a clear theme. This theme emerged in papers published by Moffatt et al. [26]; Heijnders and Meijs [37]; Woodall et al. [28]; Brunton et al. [38] and the National Association of Link Workers [35]. The ability to view health in a holistic manner—considering the connection between physical, emotional and social health—was reported in a number of ways. Moffatt et al. [26] report that the SPLW is trained to offer a holistic and personalised service to jointly identify meaningful health and wellness goals while Woodall et al. [28] note the importance of

understanding health in a holistic manner. Furthermore, the National Association of Link workers [35] posit that it is the role of the SPLW to ascertain what matters to the individual in a holistic manner and to operate in a holistic way to identify socioeconomic and environmental factors that determine health and prevent illness. Woodall et al. [28] postulate that viewing health in a holistic manner is crucial if social prescribing schemes are to be a success. The need to view the client in a holistic manner is particularly vital for those with complex needs, who may require more intense support from SPLWs, as discussed in theme 2. Additionally, clients may require more intense and wide ranging support, including financial support [34], and support with complex physical and mental health needs [41]. The complexities of needs for those with mental health support requirements are further discussed by Hazeldine et al. [40] and Frostick and Bertotti [34], and the importance of training in these areas is discussed in theme 4.

3.5. Theme 4: The Importance of Training for the SPLW, and Those Referring Into the System, to Improve the Referral Process. In five of the 20 evidence sources, a theme of the need for additional training for the SPLW was apparent. This was clearly identified in papers by Wildman et al. [31]; Frostick and Bertotti [34]; Hazeldine et al. [40]; Rhodes and Bell [41] and Brunton et al. [38]. Within the identified theme of the need for increased training, two subthemes were identified. These were

1. The need for increased training for the SPLW role and required skills, and the need for training in local services and community resources available to participants.

2. Training of those who refer into the system regarding both the possibilities and boundaries of what the social prescribing service can offer people.

3.5.1. Subtheme 1. Wildman et al. [31] identified the need for more training for staff on community development, in order to enable staff to develop their awareness of what is on offer in the community that may benefit their participants. This was also reported by Brunton et al. [38] who report that the SPLW role requires training and the levels of training obtained affected the consistency of services offered to participants. Types of training required were identified by Frostick and Bertotti [34] who report the need for increased training on financial support available to clients. Additionally, Hazeldine et al. [40] report the need for training for the SPLW to enable them to support participants who have moderate-severe mental health problems. This was also identified by Rhodes and Bell [41] who report the need for training to support clients with complex physical and mental needs. Frostick and Bertotti [34] reiterate this in their findings that SPLWs reported feeling that they have inadequate training to support people with mental health problems.

3.5.2. Subtheme 2. Hazeldine et al. [40] identify the requirement of increased training for staff from other professions involved in social prescribing, to ensure they have appropriate training on the role of the SPLW and the referral process. This is important for both the SPLW and other professionals involved in health and social care, to ensure the expectations of both the social prescribing service and statutory services can be managed. This was also identified in research by Rhodes and Bell [41] who identified SPLWs reporting that the SPLW role was not well understood by external referrers. Table 3 outlines the evidence sources for each of the identified themes.

3.6. Objective 2: Identify Other Common Names for Link Worker. Having reviewed the 20 identified evidence sources, it became apparent that there are a variety of titles used for the SPLW role. In total, 17 different titles were identified. Although there were a number of varying titles used throughout the sources, there were many commonalities and some were much more prevalent than others. Table 4 identifies common names for the link worker that were identified in this scoping review, the most common of which were 'link worker' and 'social prescribing link worker'. Papers published in the Netherlands used the term 'well-being coach' [37] and 'referrals facilitator' [24] for the SPLW role.

3.7. Objective 3: Describe the Referral Source and What Services and/or Activities the SPLW Connects People to. Six key referral routes were identified and are outlined in Table 5. Although various referral routes were apparent, the most common route identified was a social prescription via primary care services. This was a referral route in all 20 evidence sources, four of which specifically mentioned the main referral route being through a GP. Other referral routes included via Voluntary, Community and Social Enterprise (VCSE) services, which was the route identified in four of the 20 sources, and self-referrals were identified in four of the sources. Additionally, local authorities were identified as a means of referring a person to a SPLW in two of the sources and housing associations were identified in one.

3.8. Services and/or Activities Connected to. There were eight services/activities identified, and these are outlined in Table 6. The most commonly reported services/activities referred to by a SPLW were described simply as 'community-based support' with a range of details provided to describe what that could include. The term community-based support was identified in 18 of the 20 sources. A number of the sources gave more detailed information on what the community-based support included. Four of the sources identified welfare and employment advice. These were Polley et al. [4]; Pescheny et al. [27]; Bromley by Bow Centre [29] and National Association of Link Workers [35]. Housing advice was identified in three of the papers, those by Polley et al. [4]; Pescheny et al. [27] and NHS England [5]. Furthermore, counselling, health lifestyle/exercise support,

TABLE 3: Evidence sources for identified themes.

Theme 1: works in collaboration with the participant, to identify personal needs and goals, and monitors progress over time	Theme 2: connect service users to community support/signposting	Theme 3: to view health in a holistic manner	Theme 4: importance of training
Faulkner, 2004	Faulkner, 2004,	Moffatt et al., 2017	Wildman et al., 2019
Carnes et al., 2017	Polley et al., 2017	Heijnders and Meijs, 2018	Frostick and Bertotti, 2021
Moffatt et al., 2017	Pescheny et al., 2018	Woodall et al., 2018	Hazeldine et al., 2021
Polley et al., 2017	Bromley by Bow Centre, 2019	National Association of Link Workers, 2019	Rhodes and Bell, 2021
Pescheny et al., 2018	Wildman et al., 2019	Brunton et al., 2022	Brunton et al., 2022
Woodall et al., 2018	NHS England, 2020		
Bromley by Bow Centre, 2019	National Association of Link Workers, 2021		
NHS England, 2019	Pescheny et al., 2021		
Wildman et al., 2019a	Brunton et al., 2022		
Wildman et al., 2019b			
Holding et al., 2020			
NHS England, 2020			
Frostick and Bertotti, 2021			
National Association of Link Workers, 2021			
Pescheny et al., 2021			

TABLE 4: Identified names for the link worker role.

Name for link worker	Evidence sources using identified name
Link worker	Moffatt et al., 2017
	Polley et al., 2017
	Bromley by Bow Centre, 2019
	NHS England, 2019
	Wildman et al., 2019
	Wildman et al., 2019
	Holding et al., 2020
	NHS England, 2020
	Frostick and Bertotti, 2021
	Hazeldine et al., 2021
	Pescheny et al., 2021
Social prescribing link worker	Bromley by Bow Centre, 2019
	NHS England, 2020
	Rhodes and Bell, 2020
	Frostick and Bertotti, 2021
	Hazeldine et al., 2021
	National Association of Link Workers (2021)
	Brunton et al., 2022
Navigator (care/community/locality)	Polley et al., 2017
	Pescheny et al., 2018
	NHS England, 2020
	Rhodes and Bell, 2020
Social prescribing coordinator	Carnes et al., 2017
	Polley et al., 2017
Community care coordinator	Polley et al., 2017
Wellness/well-being coordinator/advisor	Woodall et al. 2018
	NHS England, 2020
Community connector	Polley et al., 2017
	NHS England, 2020
Health advisor	Polley et al., 2017
	NHS England, 2020
Social prescriber	Wildman et al., 2019
Group coordinator/advocacy worker/health trainer	Payne et al., 2020
Well-being coach	Heijnders and Meijs, 2018
Referrals facilitator	Faulkner, 2004
Community health agent/worker	NHS England, 2020
Health trainer	Polley et al., 2017
Advocacy worker	Payne et al., 2020
Health trainer	Payne et al., 2020
Triage workers	Payne et al., 2020

gardening/outdoor or nature-based support, arts and crafts and physical activity were each identified in two of the 20 sources, those by Polley et al. [4] and Bromley by Bow Centre [29].

Two of the papers, those by Hazeldine et al. [40] and Rhodes and Bell [41], did not report on what services individuals were referred to. Hazeldine et al. [40] instead focus on the barriers and facilitators experienced by SPLWs and the components of early implementation of social prescribing programmes, while Rhodes and Bell [41] focussed on the need for training and support for SPLW to meet the demands of the role. Table 6 outlines the identified services/activities that SPLWs refer individuals to in each evidence source.

4. Discussion

This is, to the authors' knowledge, the first time that the role of the SPLW in social prescribing has been systematically reviewed. This scoping review was carried out in response to a recognised need to better understand the role of the SPLW in referral routes to social prescribing. Three objectives were identified in an attempt to best address the aim. These were to (1) qualitatively describe the role of the SPLW in social prescribing; (2) identify other common names for the SPLW and (3) describe the referral source and what services and/or activities the SPLW connects people to.

The findings of this review demonstrate the wide range of functions of the SPLW role within social prescribing.

TABLE 5: Services referring individuals to a SPLW.

	GP	Primary care services (including GP)	Self-referrals	VSCE	Local authorities	Housing associations
NHS England, 2020	x	x	x	x	x	x
Holding et al., 2020		x	x	x	x	
Polley et al., 2017	x	x		x		
Woodall et al. 2018		x	x			
NHS England, 2019		x	x			
National Association of Link Workers (NALW), 2021		x	x	x		
Faulkner, 2004		x				
Carnes et al., 2017	x					
Moffatt et al., 2017		x				
Heijnders and Meijs, 2018		x				
Pescheny et al., 2018		x				
Wildman et al., 2019a		x				
Wildman et al., 2019b		x				
Payne et al., 2020		x				
Frostick and Bertotti, 2021		x				
Hazeldine et al., 2021		x				
Pescheny et al., 2021	x					
Rhodes and Bell, 2021		x				
Brunton et al., 2022		x				
Bromley by Bow Centre, 2019		x				

TABLE 6: Identified services/activities SPLW refers to.

LW referring to	Papers
Community-based support	Faulkner, 2004
	Carnes et al., 2017
	Moffatt et al., 2017
	Polley et al., 2017
	Heijnders and Meijs, 2018
	Pescheny et al., 2018
	Woodall et al., 2018
	Bromley by Bow Centre, 2019
	NHS England, 2019
	Wildman et al., 2019
	Wildman et al., 2019
	Holding et al., 2020
	NHS England, 2020
	Payne et al., 2020
	Frostick and Bertotti, 2021
	National Association of Link Workers (NALW) 2021
	Pescheny et al., 2021
	Brunton et al., 2022
Welfare/employment advice	Polley et al., 2017
	Pescheny et al., 2018
	Bromley by Bow Centre, 2019
	National Association of Link Workers (NALW) 2021
Housing advice	Polley et al., 2017
	Pescheny et al., 2018
	NHS England, 2020
Counselling	Polley et al., 2017
	Bromley by Bow Centre, 2019
Health lifestyle, exercise support	Polley et al., 2017
	Bromley by Bow Centre, 2019
Gardening, outdoor or nature-based support	Polley et al., 2017
	Bromley by Bow Centre, 2019
Arts and craft	Polley et al., 2017
	Bromley by Bow Centre, 2019
Physical activity	Polley et al., 2017
	Bromley by Bow Centre, 2019

Despite the array of role descriptions, it is apparent from the existing evidence sources in this review that the role of the SPLW requires three main functions. These are to (1) work in collaboration with the client to identify personal needs and goals, and monitor the progress of the client over time; (2) connect service users to relevant community/statutory support to address needs and goals and (3) view the health and well-being in a holistic manner. These identified functions are echoed in Muhl et al.'s recent work [13] to establish an internationally accepted definition of social prescribing through expert consensus. The Muhl et al. [13] paper concluded that social prescribing is a holistic approach which involves the co-production of a nonmedical prescription in connecting people to community support.

The evidence sources also reference that the role requires the encouragement of referral agents to refer appropriate people into the social prescribing service. This is outlined in theme 4: the importance of training for the SPLW, and those referring into the system, to improve the referral process. The need for training to improve all referral agents awareness and understanding of what social prescribing can and cannot offer is referenced and could enhance access to social prescribing. Training for referral agents could also address the appropriateness of referrals made to the service which was outlined in the literature, along with the need for SPLW training and development to enhance their effectiveness, job satisfaction and career development opportunities.

As is reiterated across the literature [13, 34, 42], a clearer understanding of the role of the SPLW is required. There is an inadequate distinction of what the role entails and there is a need for a more solid definition of the role in order to increase the robustness, effectiveness and success of social prescribing. The identified components of the SPLW role show that it is a diverse role with different requirements based on the needs of the client. If the SPLW is to have time to engage in the requirements of the role, to meet the needs of their clients, it is clear that SPLWs need to be resourced sufficiently to allow them to have an impact on social prescribing services. Muhl et al. [13] acknowledge that social prescribing is different throughout the world but suggest that both their operational and conceptual definitions of

social prescribing are concrete but flexible. While their definitions can be seen as a big step forward for an international definition of social prescribing, research is required to determine both a more concrete job role of the SPLW and their impact on an individual's outcomes after attending a community-based activity for nonmedical needs, to determine the need for a SPLW with social prescribing services. Common names for the SPLW have been identified (see Table 4); however, the range of terms used is likely to complicate the progression of the social prescribing evidence base in a number of ways related to research and practice. In practice settings, inconsistent language and unclear definitions could be related to the problem of inappropriate referrals and confusion among both those referring to the SPLW, and those being referred. For research, the wide range of names for the SPLW could impact on the ability to streamline the understanding and definition of the SPLW role, which is so vital if the role is to be a continued success. This is reiterated by Muhl et al. [13] who acknowledge that differing terms for the role of the SPLW impact on the progression of the field. While they call for use of the term 'connector' based on the Delphi exercise, developed through expert consensus, this review has used the terms that are most common in the current academic literature. A key aspect of this scoping review outlines terminologies used for the role of the SPLW (Table 4). By far, the most common term used was 'link worker,' with some prefacing this with 'social prescribing'. The need for common terminology and an increase in public awareness of social prescribing is recognised and, for that reason, this review has, in line with current academic literature, supported and used the term SPLW.

This review provides some clarity in identifying who the SPLW is receiving referrals from and what services they are connecting people to. There is not, however, a clear referral method that appears to be applied consistently. More clarity on referral methods could enhance the effectiveness and reach of social prescribing. Where the SPLW is well trained and, importantly, well informed about the options for referral in the relevant community locality, it logically follows that the social prescribing service will be of a higher standard, be of more benefit to the participant and participant outcomes are likely to improve [38, 41]. Similarly, where referral agents are better informed about the possibilities of social prescribing for their patients, it logically follows that the referrals to social prescribing are likely to increase and be more appropriately matched to the capacity and expertise of the range of activities accessed through the social prescribing service [41]. A clearer referral method could also reduce pressures on both the SPLW and referral agents if each knows the boundaries of the SPLW role. This could ensure appropriate referrals are made and avoid any misinterpretation of the role or unrealistic expectations [22].

This review identifies current knowledge on what sort of community-based services clients are being referred to. The level of information provided is not consistent across the literature. For example, lack of detail on how long a person attends a service or what shape that service takes makes it difficult to gather consistent information on what services clients are being referred to and benefitting from. An example of this variation is gardening, outdoor or nature-based support and health, lifestyle and exercise support. These can sometimes be described in detail but sometimes described only as community-based activities. It would be beneficial if more specific details on the types of support, the format it takes and the length of time invested were available. Research and evaluation of the time and resource invested by the SPLW and the client could lead to a better understanding of the processes and mechanisms that are operating to deliver the client outcomes.

Training requirements were identified as one of the characteristics of the role of the SPLW. However, a lack of training opportunities was reported by SPLW staff and staff referring into social prescribing services. As a result, they reported feeling unequipped to carry out their roles adequately [38]. Additionally, the need for more training to support those with moderate to severe mental health problems was identified as a vital requirement, given so many social prescribing referrals have needs that are rooted in mental health challenges. This is supported by Sharman et al. [43] who report a lack of mental health training for SPLWs. Aughterson, Baxter and Fancourt [44] support the importance of adequate training and acknowledge the positive impact of a 'whole practice approach' to social prescribing, with group training sessions for all staff. The need for the SPLW role, and adequate training for the role, is essential in addressing the complexities of client issues. If a SPLW was not involved in the social prescribing process for such individuals, it is difficult to see how the needs of these clients could be met.

The introduction of the identified additional need for increased training for referral agents, including GPs, primary care health professionals and those from other sectors, could improve access and improve the referral process. Training on a clear referral pathway; the role of the SPLW; types of appropriate referral and available services for all parties is imperative, particularly since the introduction of the Integrated Care System (ICS) in England. The ICS outlines the importance of the NHS working in partnership with the voluntary and community sector and local government to improve care for people and their communities [45]. It is clear that social prescribing services can contribute to the ICS aims of supporting people to stay well and independent, and supporting those with long-term conditions or mental health issues [45].

Clarity of the role of the SPLW, identified terms used for the SPLW role and referral routes provided by this review could be used to communicate, inform and train SPLWs. Additionally, the findings could be used to inform and train those referring into the social prescribing service, which could assist in ensuring an appropriate, effective referral system. Appropriate referrals could improve the ability of the client to work with the SPLW to identify what matters to them, as well as the support they require, which would enable them to, with some limitations, determine the future of their own health and well-being, one of the main purposes of social prescribing [1].

5. Conclusions

This scoping review of the role of the SPLW within social prescribing has provided an outline of the current knowledge about the role of the SPLW within social prescribing and has mapped what is commonly reported in community organisations throughout the UK.

There remain clear barriers to the facilitation of social prescribing and there are issues with strengthening the evidence base. The neglect of a clear role definition of the SPLW hampers the ability to strengthen the evidence base for social prescribing, which has led to reported inappropriate referrals into the social prescribing service and caused issues with generating referrals through connections with primary care services. With further research into the role of the SPLW, we might be in a stronger position to strengthen the evidence base for social prescribing as a whole and to mitigate against inappropriate referrals across the system. Recent research to develop a recognised conceptual and operational definition of social prescribing has taken place [13]. These definitions, combined with future research into the role and impact of a SPLW, and their involvement in social prescribing services are likely to benefit the concept and success of social prescribing. If more can be done to streamline the terms used for the role, along with a more distinct job role, it is likely that the evidence base for social prescribing can be made more robust, with the knock on effect of assisting the progression of evidence informed policies, and therefore a more beneficial service for clients. Additionally, further research, through consultation and co-design with SPLWs to clarify the role, would be valuable to the evidence base.

5.1. Implications for Research. Use of a single term for a SPLW and recognition of the core aspects of the role would improve consistency of data for comparing research results across different settings. Beyond this, details on activities engaged in, and time invested, would help to understand more about how best to resource social prescribing, according to community needs. While Kiely et al. [8] report that there is insufficient evidence to assess the cost effectiveness of SPLWs, Kimberlee et al. [46] report that, in England, there is a social return of investment valued at £3.42 per £1 invested in social prescribing. It remains to be seen whether any further research around the specifics of the SPLW role will provide useful insights regarding the cost effectiveness of social prescribing as a whole. Further research into the involvement of a SPLW in the field of social prescribing would be beneficial in advancing the work of Muhl et al. [13] and in moving towards a mutual agreement of social prescribing as a whole. Research into the outcomes of individuals who have had SPLW involvement in their social prescription compared to those who have not would be beneficial in moving towards an agreement on what works for people with different levels of need, and in what contexts.

Much of this scoping review has focussed on research carried out in the UK, where the description of the SPLW is most developed. However, several countries across the world have introduced social prescribing services in more recent years [2, 3]. It would be beneficial to investigate, through future research, how the role of the SPLW adapts to different healthcare systems across the globe. This could be done by expanding search terms and assessing the citations of included evidence sources in this review in an attempt to gather more global evidence.

5.2. Implications for Policy. Social prescribing and the link worker role were formally introduced in the UK in 2019 [30]. Despite its formal introduction in healthcare, it is less regulated than other roles within the healthcare system and therefore, as is reported, has the potential to be open to exploitation. Bertotti et al. [47] found that SPLWs report a lack of support and space, as well as an overburdening caseload. There is also evidence to suggest that Primary Care Networks recruit, support and train SPLWs differently [47]. It is hoped that this scoping review will help to crystalise the key characteristic of the SPLW to ensure that these can be coherently adopted across the UK and beyond.

5.3. Limitations. A scoping review is intended to map out the current knowledge in the existing evidence and, although quality appraisal has been carried out in this review, it does not go into depth in appraising the quality of the evidence available. Additionally, this scoping review involved an in-depth search of current literature with no limitations of country of study, language or year of study. However, the majority of research meeting the criteria for the review was carried out in the UK. This may have been due to issues identified regarding terminology and healthcare cultures and it may be the case that similar work is being carried out using other terminology across the globe.

Data Availability Statement

No new data were created in this scoping review. Data sharing is therefore not applicable to this review.

Disclosure

The findings from this manuscript were presented as a poster at:

- All-Ireland Conference on Integrated Care, Dublin, Ireland, 2023.

- 5th International Social Prescribing Conference, London, UK, 2024.

- Advancing Social Prescribing for Health and Wellbeing Conference, Toronto, Canada, 2024.

Findings from this manuscript were presented in an oral presentation at the Royal College of Nursing (RCN) International Nursing Research Conference 2024.

Conflicts of Interest

The authors declare no conflicts of interest.

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