
Link Worker Ethnography

DR BETHAN GRIFFITH, b.s.griffith2@ncl.ac.uk

Overview

Overview of link working – what do we already know about link working?

Details of ethnography

What we found: How link working was shaped within this intervention

Key messages

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Link worker “type” roles

35% delivering behaviour change

25% Self-care

15% reducing inequalities

14% education

(Bertotti et al, 2019)

Link Working

Light touch to holistic (Kimberlee 2015)

Relational to transactional (Calderón-Larrañaga et al 2021)

Link workers as central to a network of relationships (Hazeldine 2021)

Kimberlee, R., 2015. What is social prescribing?. *Advances in Social Sciences Research Journal*, 2(1)

Calderón-Larrañaga, S., Milner, Y., Clinch, M., Greenhalgh, T. and Finer, S., 2021. Tensions and opportunities in social prescribing. developing a framework to facilitate its implementation and evaluation in primary care: a realist review. *BJGP open*

Hazeldine, E., Gowan, G., Wigglesworth, R., Pollard, J., Asthana, S. and Husk, K., 2021. Link worker perspectives of early implementation of social prescribing: A 'Researcher-in-Residence' study. *Health & Social Care in the Community*.

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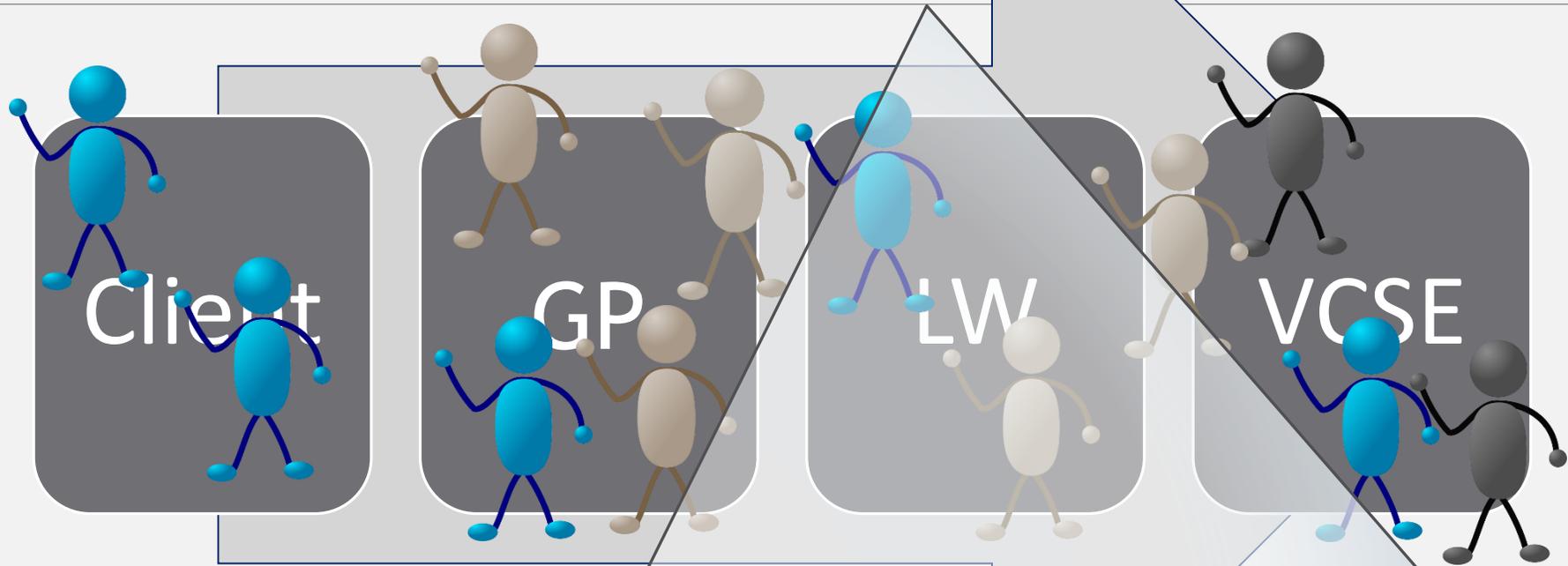
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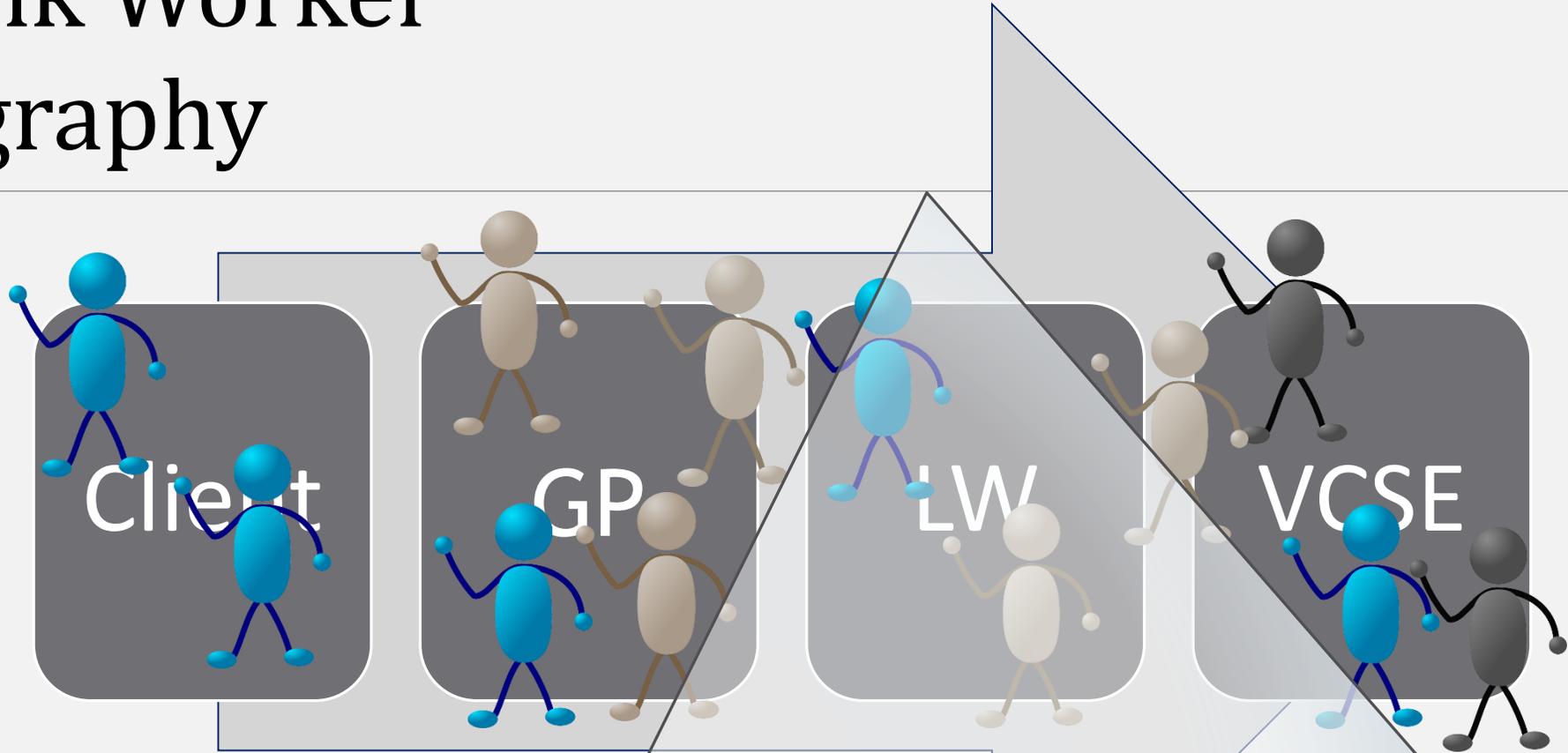
Key messages

The Link Worker Ethnography



Aim: To understand the lived experience of link workers delivering the intervention

The Link Worker Ethnography



Aug 2019-June 2020 (N=20 link workers)

Participant observation & shadowing

Focus groups & interviews



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Link working practices

*The first thing is getting to know [clients] to build a rapport.
What I want them to get out of it is **the courage to actually
look after their own conditions**, because for so long it's you go
to the doctor, the doctor says this, you come out, you've got
your medicine, that's fine and off you go and everybody's
happy. Or you go to PIPx or ESA, get your benefits and everyone
is happy. That can't go on, because **everyone has got to start
taking control of their conditions.***

Focus Group_Hilary

*[Abby] recognises that the conversation is difficult for the client; she moves from the sofa to the floor...[she] remains on the floor, looking up at the client, she continues to smile, asking if the client is okay, the client states that she is, she thinks so. The link worker tells her that **she has brought a number of documents to support her case** at her meeting; she takes four letters from her bag, the first shows the smoking cessation course the client attended, **the second and third are two [letters], written by [Abby] using the client's case notes**, the fourth, is a letter from Welfare Rights, showing the impact that her health has had on her finances and debt management. The client is happy with the letters...**[Abby] wanted to bring them to ensure she received them, and so she could check in on how the client was feeling before her meeting.***

Field Notes_Abby

Primary Care

*Link workers had been tasked with shadowing a GP in their surgery[ies], and that [a] handout was designed to enable link workers to raise questions with staff within the surgery[ies]. This was **an exercise designed to develop working relationships and to understand the role of different actors within social prescribing, breaking down barriers** that might for example, prevent referrals by engaging in conversation...*

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*...however, one of the link workers stated that **she felt uncomfortable doing this, and it was clear that there were different relations of power and interactions experienced by link workers depending on the surgery they worked in.***

Field Notes_Link worker team meeting_Dec 2019

*And the **GPs had the same kind of nerves** as us. So, it was like,
“I don’t know who to pass onto you, and I **don’t feel**
comfortable, coming to knock on your door, to see if I can refer
that person.”*

Interview_Carol

*Lucy: I think for us, as workers, that's **really frustrating**. It's like the nurses and the GPs in the practice A) **don't value the service** B) are **not really aware what we do** and C) seem to be **incapable of making referrals**. That's just ridiculous.*

*Molly: But, like I said, **I think there is progress** but very small. I think **there is potential**, whether that be in a few years, where **we will fit in and we will be valued for what we're doing**.*

Focus Group

*...“last week I made 5 referrals and I am still waiting for a GP to sign those off” – **Sam must submit a request to a GP seeking permission/consent to offer the [intervention] to a patient, [he] can call the patient to provide them with information regarding the [service], but he cannot book a ‘new client’ in for an appointment until he receives this permission. The signing off is the GP signing the referral form and returning it to the link worker.***

Field Notes_Sam

Organisational Structures

*Performance management in terms of targets, meeting targets...That's always tough to do, isn't it?
Because we have strict contract requirements. **We have to bring in the dirty business of money and
staying afloat organisationally, and finding a way to make that part of the culture.***

*Which I think we've managed to do, because if you start talking about money with people who have a
care focused background, it can have a bit of a backlash. We have managed, I think, to create a whole
culture approach to that whereby **getting referrals in is good for people, good for the community,
and the more referrals we can have, the more change we can affect.***

Focus Group_Charlie

*I thought, when I applied for the job, I'd be doing a lot more [supporting] than what we're encouraged to do. So, my impression is that we're kind of told to shy away from that as much as possible, **because we've got so many targets for referrals and assessments.** But in reality, I think it would be better if we were offering more one-to-one support into going out into the world, going to appointments, going to things.*

Focus Group_Abby

*So, when I started...I noticed that **they used to run a positive psychology group** from here, for people suffering with anxiety and depression. And I think that would be fantastic. And I think that you can fit time in your week to do extra bits like that. But **I got told to focus on targets.***

Focus Group_Abby

I think something that might be to consider going forward... I think the success rate would be a lot higher if we didn't have such big caseloads because we'd have more time for every single person. I think we could get success stories from nearly all of them if we were given that time to engage.

Focus Group_Molly

Wider Social & Structural Factors

*Yes, in [the local] area, there's not much at all. So, I've got a lot of clients, like even just social groups, so like crafty groups, things like that, **there's nothing in [the local] area**. And if you are someone who struggles with anxiety and you can't go too far from your home...*

Focus Group_Lucie

*What is the mentality of the council or the this or the that
that is allowing this area to be in the poverty?" ...I just get
frustrated with why our clients are in the position that
they're in*

Focus Group_Amy

Lots of travel agents and no holidays

Local council document



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Individual link worker approaches were evident in the data, but...

Link working was shaped by a number of factors beyond the control of individual link workers

Differential primary care engagement, referral targets, payment structures, caseloads and local area inequality could shape and determine the scope of link working

Over time it appeared link workers were less well positioned to deliver the type of client led support many of them would like to deliver

“individual, interpersonal, organisational, and policy environments (context) make these archetypical practices (outcomes) more (or less) likely.”

(Calderón-Larrañaga et al, 2021)

Balance within the intervention

Primary care “buy-in”
Link worker autonomy
Client led support

Differentiated primary care engagement
Local funding arrangements
Output targets and caseloads
High staff turnover
Increasing focus on lifestyle and behaviour change
Wider social and structural factors

Relational; Holistic

Transactional; Light touch

