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# The Ethnographic Studies: Conclusions

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# Valued social prescribing

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Some of our service user participants experienced greatly valued support at challenging times in their lives

Link workers shared a commitment to helping improve the health and wellbeing of their clients, though varied in their approaches to achieving this

# Balance within the intervention

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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

# Impact on health inequalities

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Intensive support helped some disadvantaged service users negotiate challenging lives

But as an intervention focused on individuals, social prescribing could not directly address the sources of health inequalities

Class and other inequalities shaped service users' priorities; those most in need were less able to respond to a light touch intervention requiring personal responsibility

# Implications

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Link workers offering intensive and responsive support to service users are most likely to have a lasting impact on service users' lives

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Our observations of pressures pushing social prescribing into a 'light touch' model suggest that attention is needed to ensure link workers have the opportunity to offer more intensive and responsive support

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Social prescribing can help service users living with disadvantage but is likely to have a limited impact on health inequalities, particularly where the focus is on promoting personal responsibility

## **References**

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## **Further reading**

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