

Evidence briefing

Who is and isn't being referred to social prescribing?

The National Academy for Social Prescribing (NASP) commissioned its Academic Partners to review and summarise [the evidence on who is and isn't being referred to social prescribing](#). This NASP briefing captures the headline findings.

The Academic Partners reviewed the academic literature, and other reports and evaluations. They screened 458 studies, and 36 studies met criteria for inclusion in the review.

There was significant variability in data collection and reporting across the included studies. Challenges included studies reporting only partial demographic information. Missing data was common at baseline and to a much greater extent at follow up due to practical and ethical issues of data collection. Framing of findings was often positive, and often not compared to local population demographics.

What we know

Age: Social prescribing in England is an all-age offer. Link Workers are engaging with individuals across all age groups; however, only a small proportion of the studies reported working with children and young people under the age of 16.

Gender: There appears to be a gender divide, with the literature reflecting the fact that nearly twice as many women than men are accessing social prescribing. It is not clear whether or what other gender options were offered for data collection.

Ethnicity: Many studies did not report on ethnicity, so it was hard to draw conclusions. However, the evidence suggests that social prescribing is mainly being accessed by people from white backgrounds. People from other ethnic backgrounds appear to be under-represented compared to their local communities, although this is not the case in all situations. (Please see our other briefing on the accessibility of social prescribing schemes in England to people from Black, Asian, and ethnically diverse population groups)

Socioeconomic status: There is limited evidence available on deprivation. However, from available data the highest proportion of people were retired or unemployed.

Disability: There is limited information on how disabled people or people with long-term health conditions are accessing social prescribing. However, from the available data, it was clear that individuals with long term health conditions were accessing social prescribing proportionately more than the general population.

Referral reasons

The reasons for referral to social prescribing were very broad, although the most common referral reasons were related to mild to moderate mental health issues.

The most common reasons for referral to social prescribing were:

- symptoms related to anxiety and depression
- isolation and loneliness
- other social needs
- exercise-related referrals
- referrals related to specific physical health complaints
- issues relating to work or finances
- struggling with life changes
- being frequent attenders at primary or care services

The gaps: what we still need to understand

The summary reflects findings emerging from the [Social Prescribing Observatory](#). This adds urgency to the need to better understand the demographic profile of the people currently engaging, and not engaging, with social prescribing, so that we can understand how this reflects the populations being served and gather insight about the social groups who appear to be under-represented in social prescribing, including men, people with disabilities and long-term health conditions, people from lower socio-economic groups and those with protected characteristics.

NHS England has a number of initiatives underway to improve data collection and understanding of who is and isn't accessing social prescribing. This includes work to implement an Information Standard including a National Minimum Dataset, and a Common Outcomes Framework. NHS England also worked with the Royal College of General Practitioners to set up the Social Prescribing Observatory at the University of Oxford to capture and report on social prescribing activity across England. NASP is committed to continue working collaboratively with its partners to help share and advance the evidence for social prescribing.