



National
Academy
for Social
Prescribing

Social Prescribing Link Worker Survey 2025 – Key Highlights Report

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April 2025



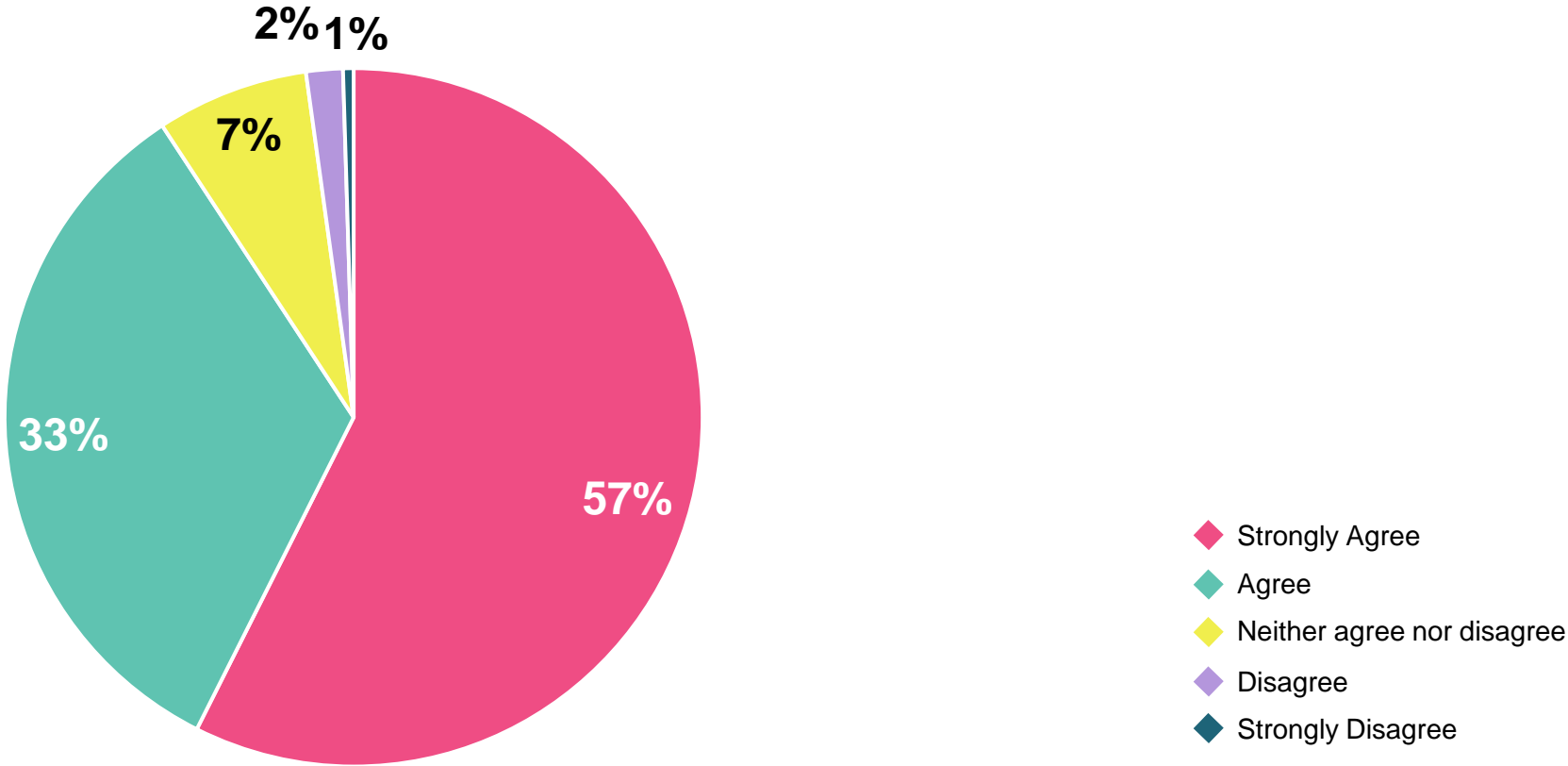
Introduction

- This document summarises key findings from the 2025 Social Prescribing Link Worker Survey.
- The survey was administered by the National Academy for Social Prescribing (NASP).
- Social Prescribing Link Workers (SPLWs) who hold a caseload and are based in England were invited to complete the online survey.
- The questionnaire was live 5 February – 5 March 2025.
- 411 Social Prescribing Link Workers submitted completed surveys, with every ICS represented in responses.

Key Highlights

- SPLWs are highly motivated, see their work as meaningful, and have a strong sense of impact and job satisfaction:
 - 98% 'strongly agree' or 'agree' their work has a positive impact
 - 90% 'strongly agree' or 'agree' that they enjoy their role
 - 85% 'strongly agree' or 'agree' that they would recommend the role to others.
- The most enjoyable aspects of the SPLW role revolve around: making a difference in people's lives; building meaningful relationships; the variety and flexibility of the role; contributing to community impact; and, experiencing personal and professional growth.
- However, SPLWs feel that they face challenges in: recognition & understanding of their role; career development & upskilling opportunities; high caseloads; service gaps; funding insecurity; and, workplace isolation.
 - Only 62% report feeling that primary care teams value their role, and 52% that the wider primary care teams understand their role.
 - In line with the 2022 & 2023 surveys, around 1 in 5 respondents (21%) report an average caseload of 300+ cases per year (above the maximum caseload of 300 recommended by NHSE).
- While the vast majority of SPLWs are invested in professional growth in some capacity, only around two-thirds report being aware of the available training and development opportunities, and only around one-third report being aware of career progression opportunities.
- There is substantial variation in supervision arrangements, with a mix of clinical and non-clinical supervisory models, and potential gaps in support structures in some areas:
 - 9% report not receiving any supervision
 - 6% report not receiving any peer support.

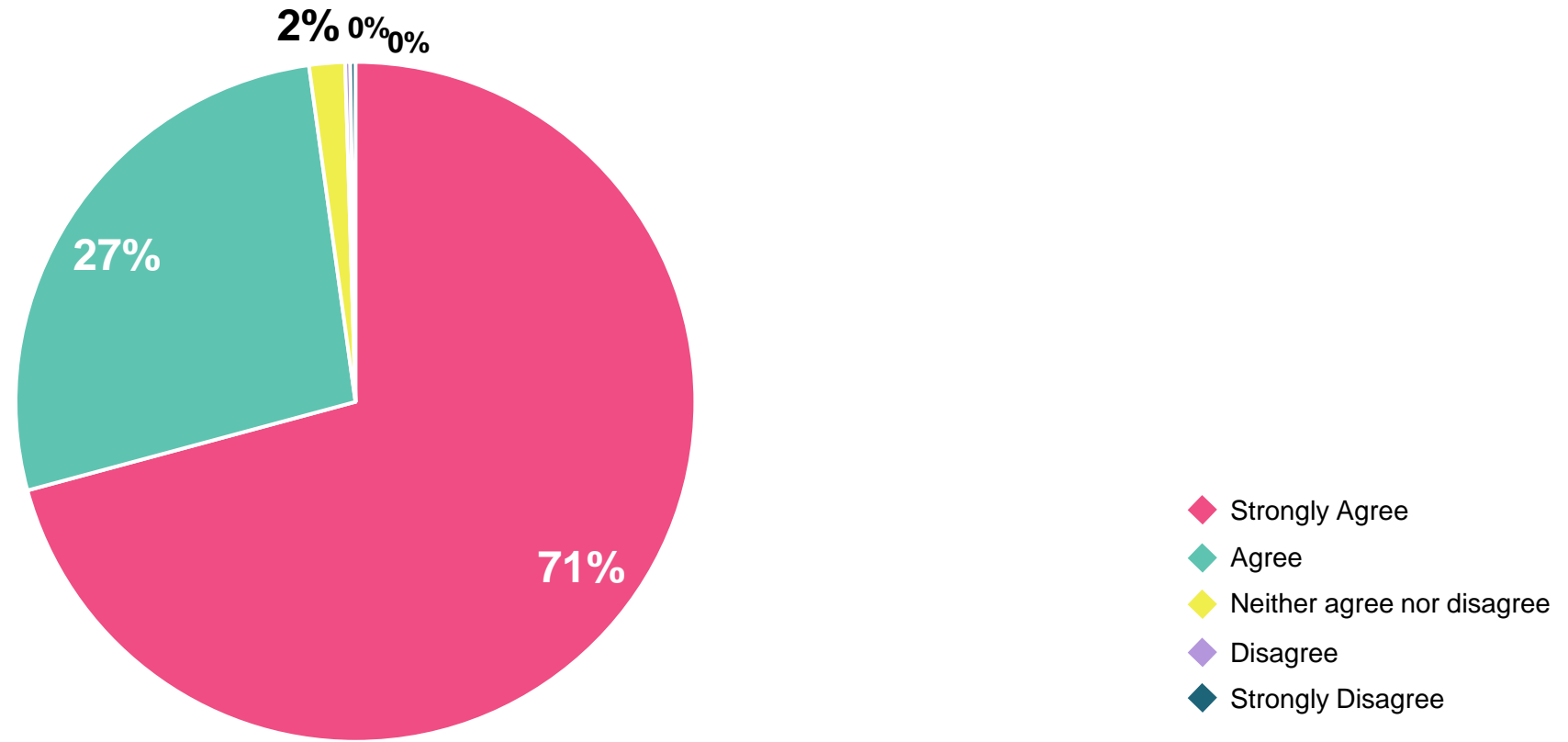
There is a strong sense of job satisfaction among Social Prescribing Link Workers



- There is a strong sense of job satisfaction among SPLWs, with 90% saying they enjoy their role, and 85% saying they would recommend the role to others.
- When asked what they enjoy most about their role, common themes included: making a difference in people’s lives, building meaningful relationships, the variety and flexibility of the role, and contributing to community impact.

Q. To what extent do you agree or disagree with the following statements? I enjoy my role (n=411)
Q. What do you enjoy most in your role as an SPLW? (Write in)
Q. I would recommend working as an SPLW to others (n=411)

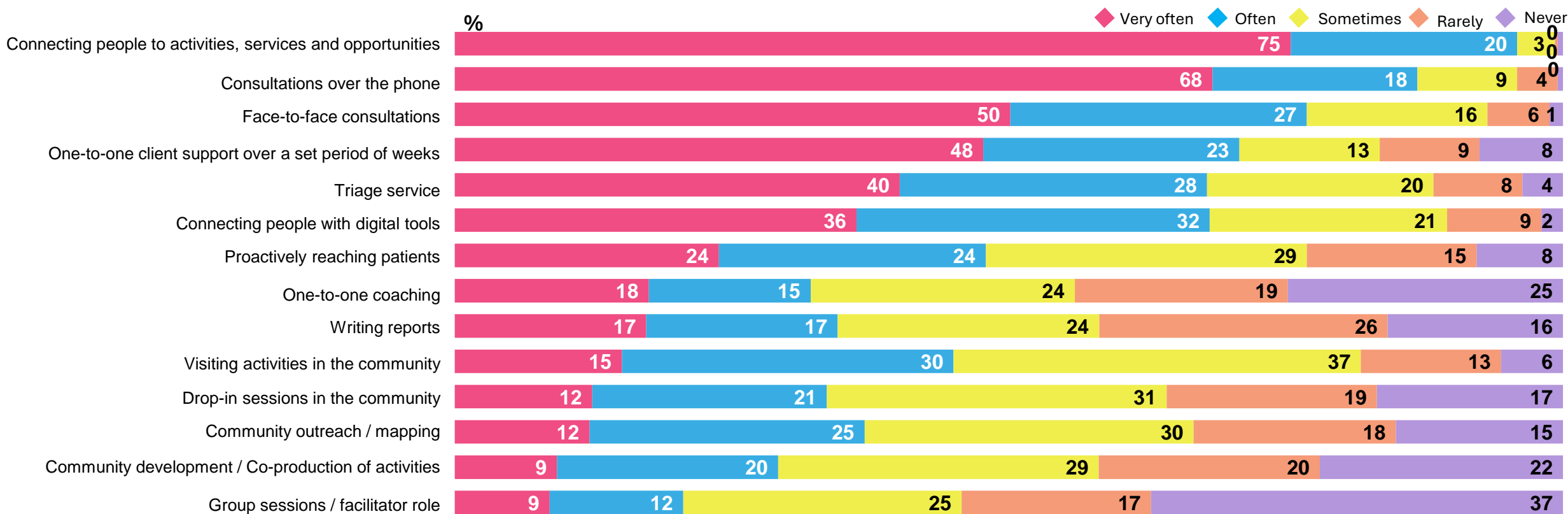
There is a very strong sense of job impact among Social Prescribing Link Workers



- Almost all SPLWs (98%) feel their work has a positive impact.

Q. To what extent do you agree or disagree with the following statements? I feel that my work has a positive impact on the people I support (n=411)

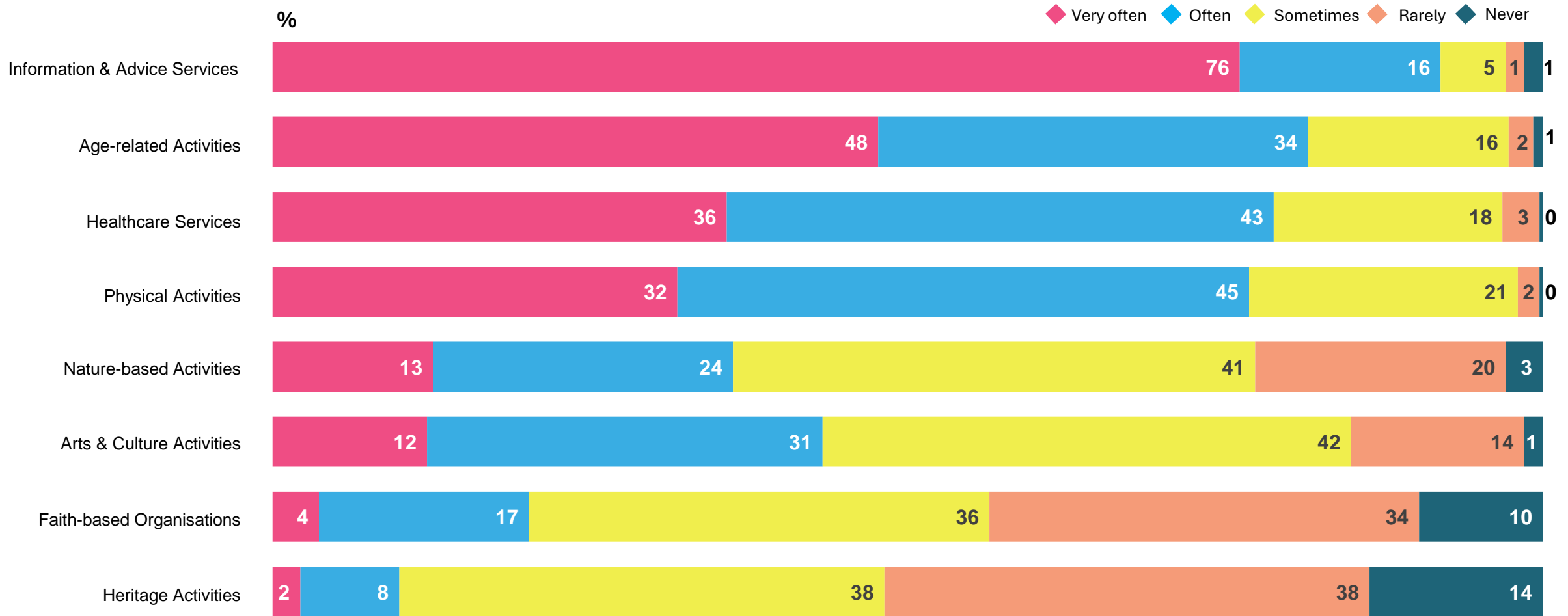
The Social Prescribing Link Worker role is varied



- Connecting people to activities, services and opportunities is the most frequently reported task from the list provided.
- Phone and face to face consultations are also core aspects of the SPLW role, while one-to-one client support is also undertaken frequently.
- Community development / co-production of activities is not a primary focus for most SPLWs (only 9% do this often, while 42% rarely or never do it), and group facilitation is the least frequent task, with more than half of respondents (54%) rarely or never doing it. This suggests that these may not be priorities, or that barriers exist in these areas.
- SPLWs employed directly by PCNs are more likely than other SPLWs to report that they provide: Triage service (44% of PCN SPLWs, compared with 36% of other SPLWs); Phone consultation (73% compared with 63%); and, 1:1 coaching (20% compared with 15%).
- And less likely to report: Visiting activities in the community (12% compared with 18%) and Connecting people to activities, services, and opportunities (71% compared with 80%).

Q. How often do you do the following as a part of your role? (n=411)

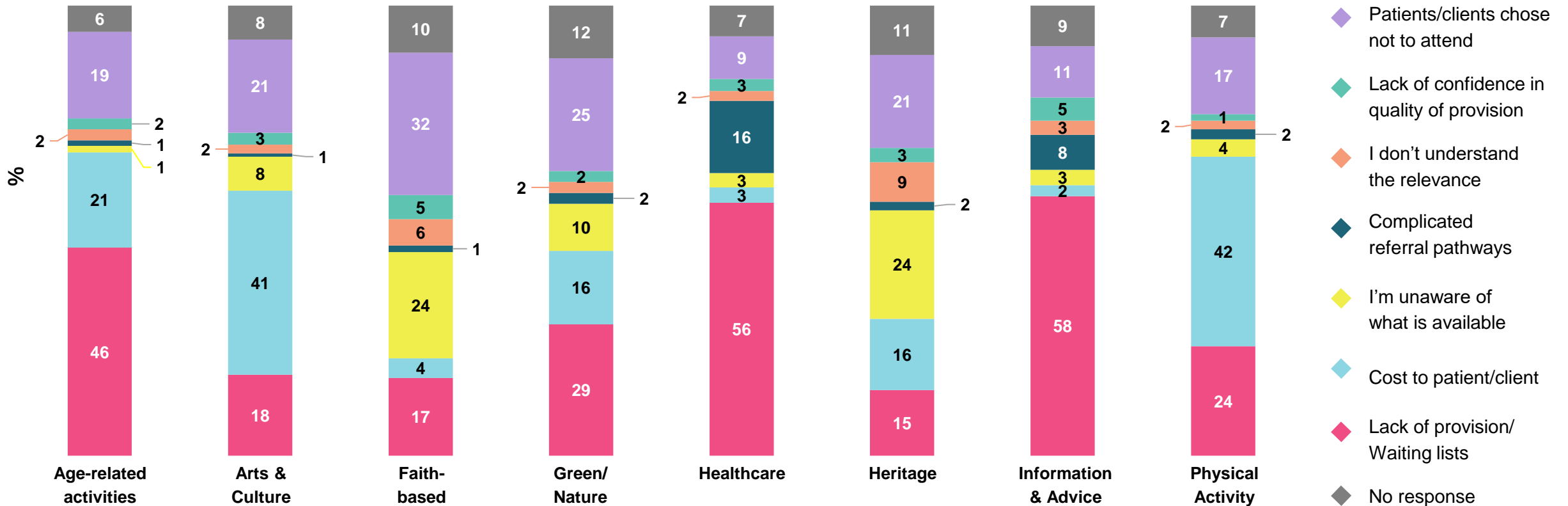
SPLWs most often refer into Information & Advice Services



- Information & Advice Services are the most referred to service type, with three quarters of SPLWs (76%) referring into these ‘very often’.
- Age-related Activities (e.g. Age UK, Youth Groups), Healthcare Services, and Physical Activities also see high referral rates.
- Nature-based Activities and Arts & Culture Activities are less frequently referred to, while Faith-based and Heritage Activity referrals have the lowest referral rates – this may indicate lower relevance to most clients, or limited availability of such services in certain areas.

Q. How often do you refer into the following? (n=411)

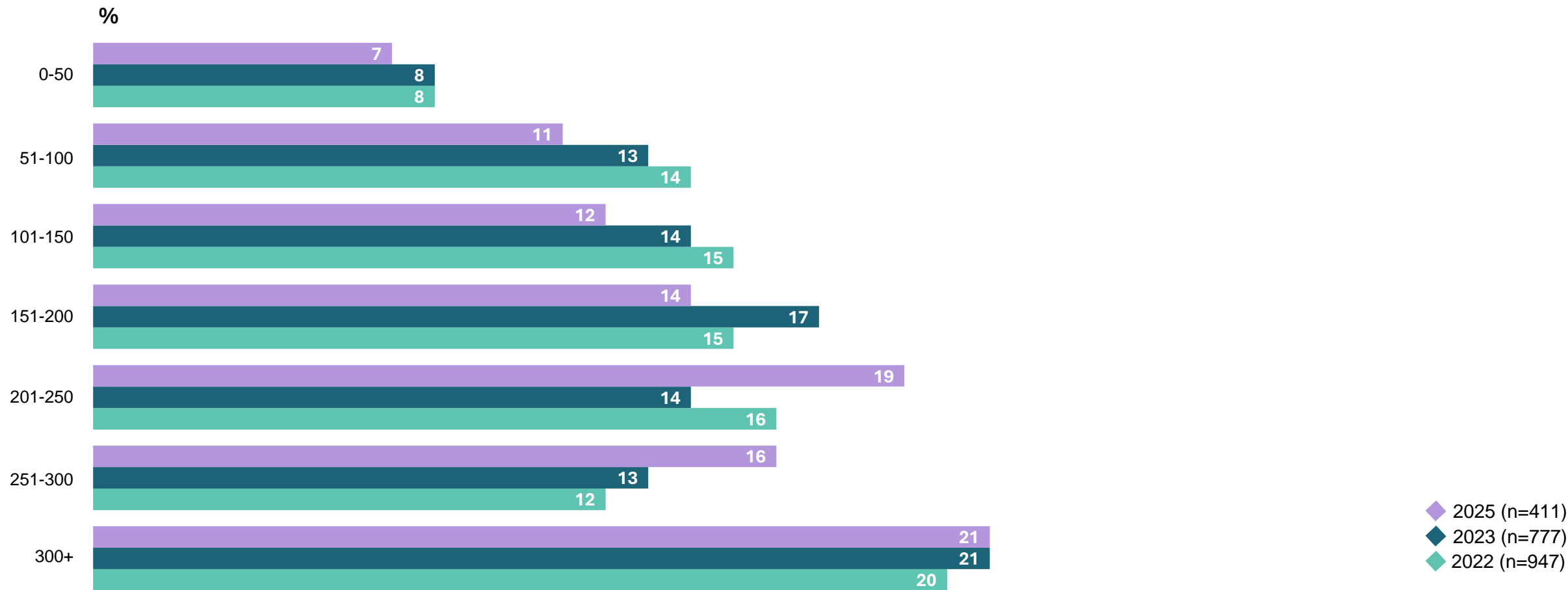
Lack of provision / waiting lists is the most common referral barrier



- The most cited barrier across nearly all types of provision is lack of provision/waiting lists, which is particularly a barrier for: Information & Advice Services, Healthcare Services, and Age-related Activities. This suggests that demand for these services exceeds supply, causing delays/access issues.
- Physical Activities and Arts & Culture Activities are particularly affected by cost barriers.
- Being unaware of what's available is particularly a barrier in relation to: Faith-based, Heritage, and Green/Nature Activities.
- Referral pathways are a major barrier for Healthcare Services, indicating that administrative and procedural barriers may prevent effective referrals.
- Heritage and Faith-based provision have the highest concerns about relevance, and some of the highest concerns about quality, suggesting scepticism about effectiveness or suitability.
- Across all categories, clients choosing not to attend is a notable barrier, especially for: Faith-based and Green/Nature Activities.

Q. What are the main barriers to referring patients and/or clients to the following? (n=411)

Caseloads remain high, particularly for PCN SPLWs

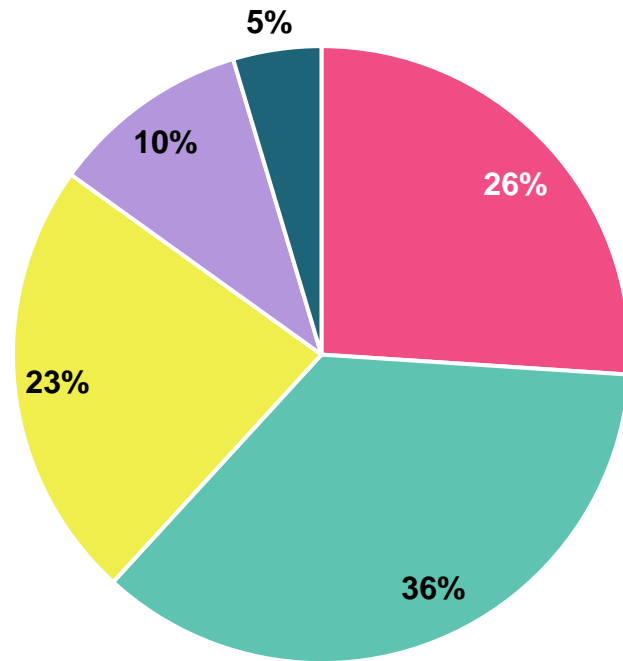


- Caseload distribution has remained largely unchanged year-on-year.
- The proportion of SPLWs with an average of 300+ cases per year remains the highest, with around 1 in 5 SPLWs (21%) reporting this.
- Almost 2 in 5 have an average caseload over 250 a year (the maximum caseload recommended by NHSE).
- SPLWs employed directly by PCNs are particularly likely to report high caseloads: 46% of PCN SPLWs report a caseload of 250+, compared with 27% of other SPLWs

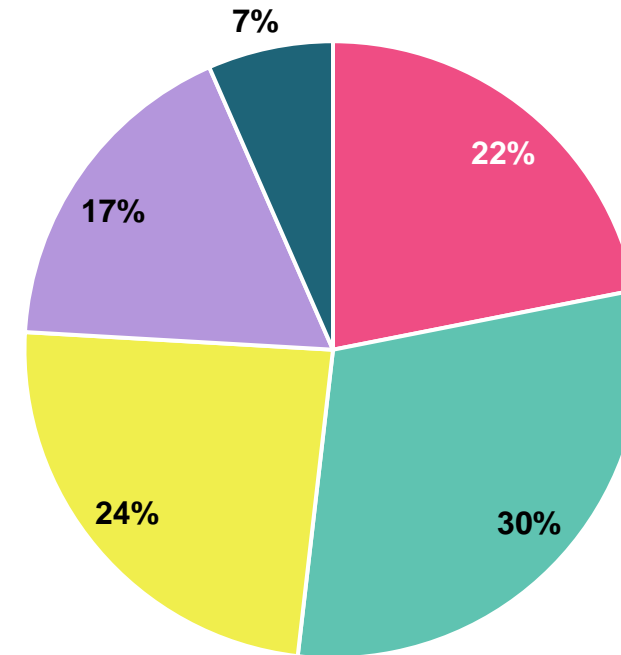
Q. What is your average caseload over the course of a year? (n=411)

Some Social Prescribing Link Workers feel undervalued by the wider system

The wide primary care team value my role



The wider primary care team understand my role

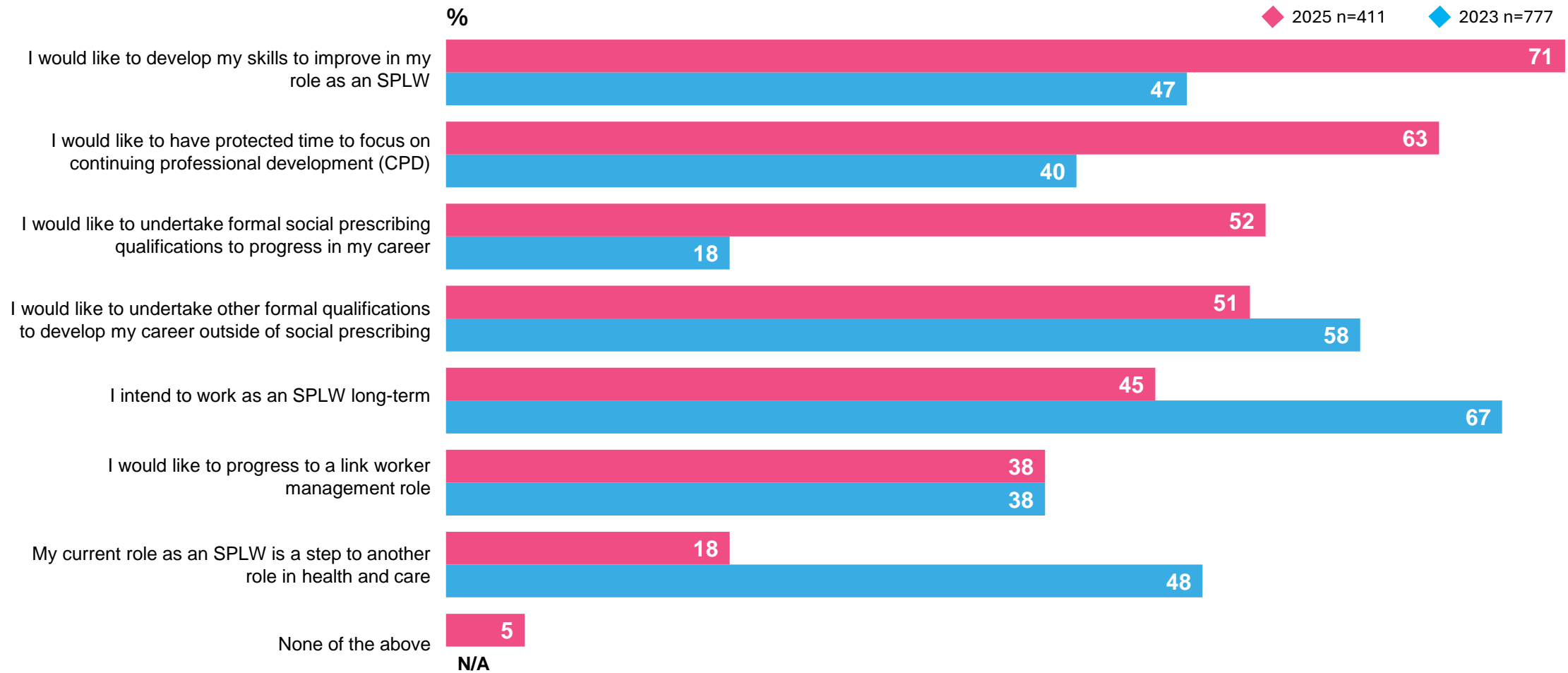


◆ Strongly Agree ◆ Agree ◆ Neither agree nor disagree ◆ Disagree ◆ Strongly Disagree

▪ SPLWs feel they face challenges in understanding and recognition of their role; only 62% feel the wide primary care team value their role, and 52% that the wider primary care team understand their role.

Q. To what extent do you agree or disagree with the following statements? (n=411)

The vast majority of Social Prescribing Link Workers are invested in professional growth

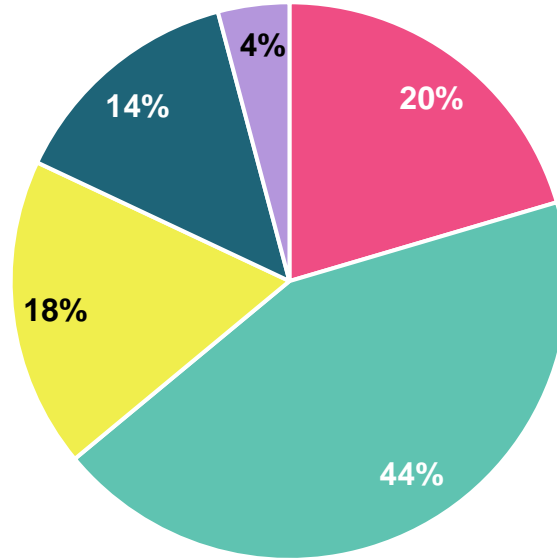


- Almost three-quarters of SPLWs want to develop their skills to improve in their role.
- Around half of SPLWs wish to pursue formal social prescribing qualifications for career advancement, and a similar proportion are interested in qualifications beyond social prescribing,
- While many see a future in social prescribing, others appear to view the role as a stepping stone to broader health and care roles.
- Few SPLWs selected ‘None of the above’, indicating that the vast majority are invested in professional growth in some capacity.

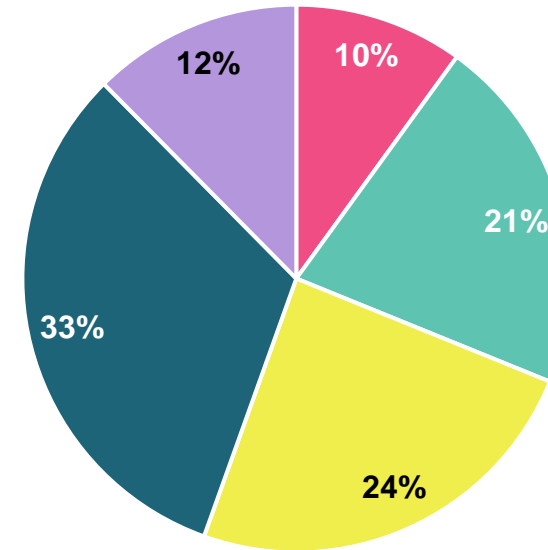
Q. Please select all the following statements that apply to you with regards to career progression and professional development.

Social Prescribing Link Workers highlight concerns around career progression & upskilling

I am aware of the training and development opportunities in my role



I am aware of the career progression opportunities available to me



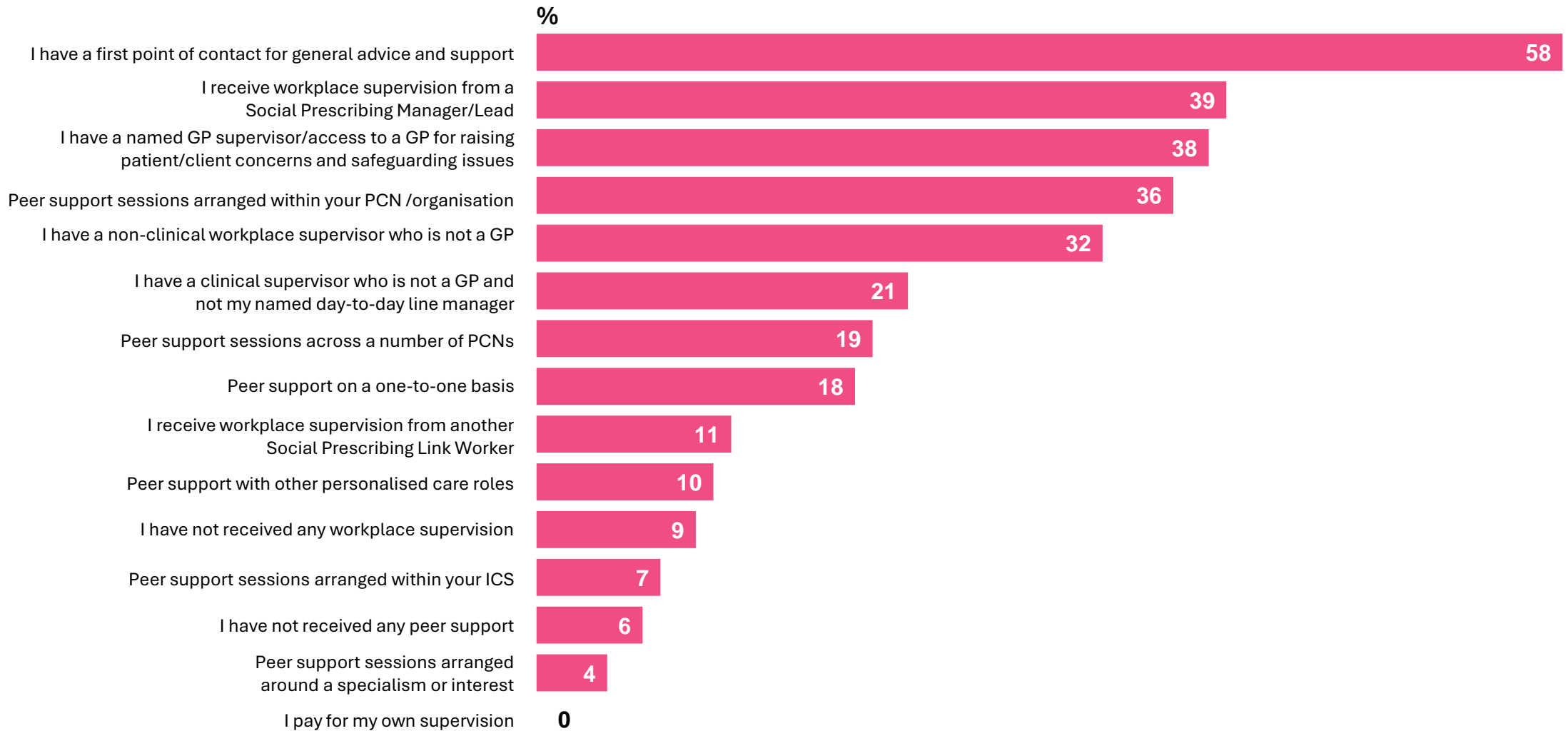
◆ Strongly Agree ◆ Agree ◆ Neither agree nor disagree ◆ Disagree ◆ Strongly Disagree

- While the vast majority of SPLWs report wanting to develop their skills to improve in their role, only around two-thirds of SPLWs report being aware of the training and development opportunities available, and only around one-third report being aware of career progression opportunities.
- When asked what three changes they would make to their role, a number of SPLWs reported changes relating to training, development and career progression, including more training opportunities, career progression courses, and clear pathways and opportunities for career advancement.

Q. To what extent do you agree with the following statements regarding training and development? (n=411)? (

Q. If you could change 3 things about your role what would they be? (n=411)

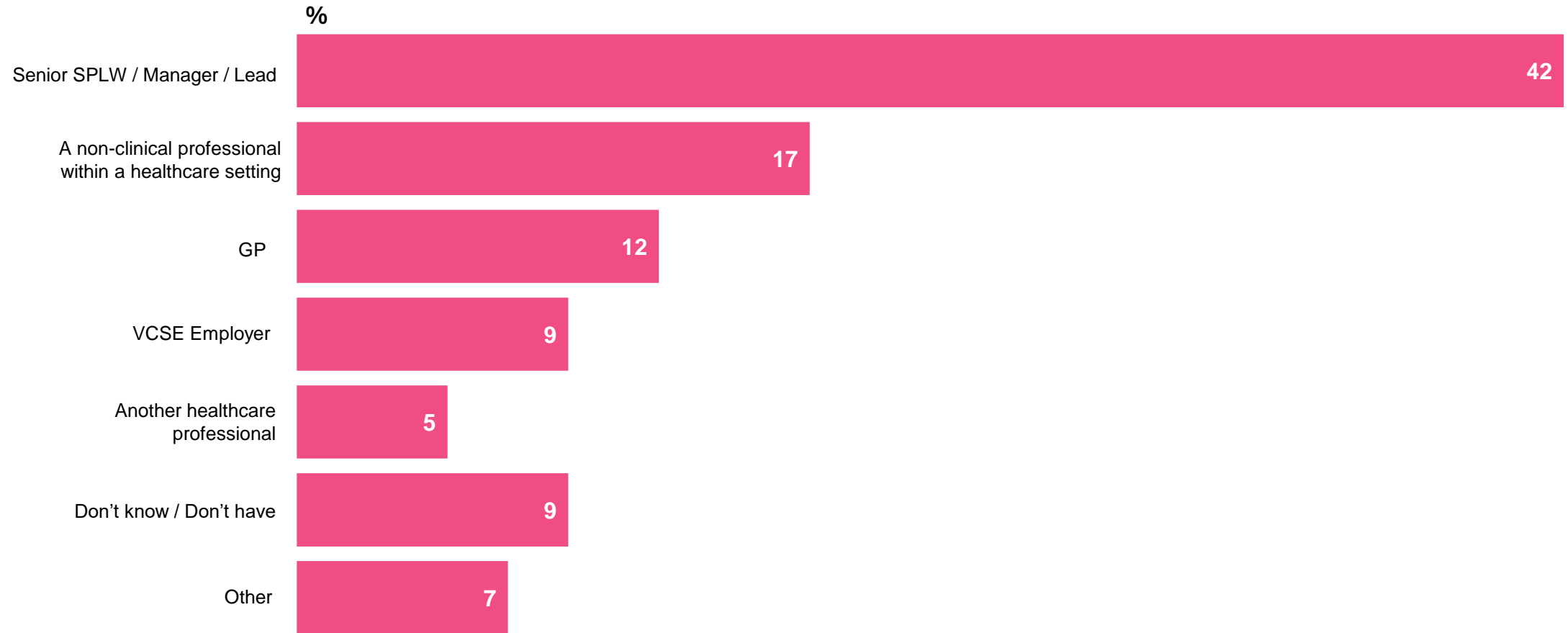
Social Prescribing Link Workers highlight concerns around support and supervision



- Nine per cent of respondents report receiving no workplace supervision, potentially indicating a lack of formal support structures in some areas, and 6% report not receiving any peer support, indicating that some SPLWs may lack professional networking opportunities.

Q. Which forms of supervision do you receive in your role? Please select all that apply (n=411)

There is substantial variation in supervision arrangements



- There is substantial variation in supervision arrangements, with a mix of clinical and non-clinical supervisory models.
- SPLWs most commonly report being supervised by a Senior SPLW, Manager, or Lead.
- Around one in ten (9%) say they don't know or don't have a supervisor, suggesting gaps in support, and a need to strengthen support structures for SPLWs.



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