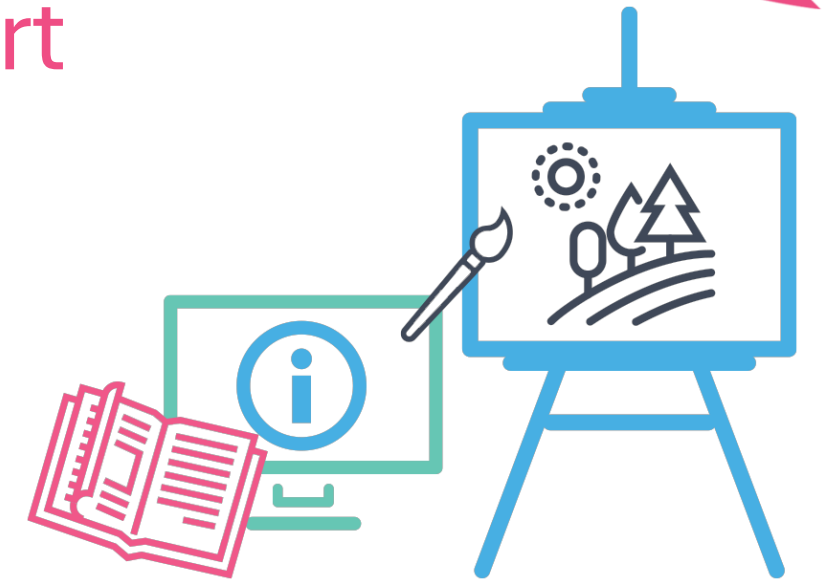
National Academy for Social Prescribing

Social Prescribing Link Worker Survey 2025 – Full Report

Prepared for NASP by Kate Sewel

April 2025



Contents

Introduction

- This document presents findings from the 2025 Social Prescribing Link Worker Survey.
  - Similar surveys were administered by NHS England in 2022 and 2023. Where appropriate, comparisons with these surveys are provided.

- 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 survey focused on day-to-day role, training needs, workforce challenges, and data recording & outcome measurement practices.

- 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% that they enjoy their role
  - 85% 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, many SPLWs feel that they face challenges in recognition and understanding of their role:
  - Only 62% feel that primary care teams value their role, and 52% that the wider primary care teams understand their role.
- Other key challenges of the SPLW role include: service gaps; funding insecurity; high caseloads; and, workplace isolation.
  - In line with previous surveys, around 1 in 5 respondents (21%) report an average caseload of 300+ cases per year.
  - 9% of SPLWs report receiving no workplace supervision, and 6% report not receiving any peer support, indicating some SPLWs may lack support structures.

While there has been a slight improvement in frequency of outcome recording since 2023, a significant proportion of respondents still record outcomes irregularly, suggesting the effectiveness of social prescribing is perhaps not being as well documented as it could be.

- While almost half of respondents (49%) indicate that they record social prescribing outcomes 'very often' or 'often', 42% record outcomes only 'sometimes', 'rarely', or 'never'.

Day-to-Day Role

Day-to-Day Role - Overview

Caseloads

- 1 in 5 SPLWs (21%) report holding an average caseload of 300+ cases annually, remaining stable on the 2022 & 2023 surveys.
- Patient/client demand and case complexity are the most cited factors influencing caseloads, while staffing levels and case length appear to be less influential than in 2023.

Referrals

- Referrals are most commonly received from GPs (87%), followed by PCN staff (52%).
- SPLWs primarily refer clients to services for financial support (61%), mental health (60%), and housing (55%), with Information & Advice Services and Age-related Activities are most frequently referred to.
- Lower referral rates are seen for faith-based and heritage activities (2% and 1% respectively).
- The most cited referral barrier is lack of provision/waiting lists, while cost is particularly a barrier to accessing Physical Activities and Arts & Culture services.
- The vast majority of SPLWs feel confident they know the local services they can refer to (99%), relying on their own local knowledge of what's available locally to guide referrals (90%).

Work Settings & Engagement

- 68% of SPLWs are based in GP surgeries/PCNs, and 41% report working remotely.
- Most SPLWs support patients/clients over 6–12 weeks (43%) or 3–6 months (28%).
- Patient/client contact is mostly via phone (80%) and in community settings (56%).

Perceived Impact of Social Prescribing

- SPLWs feel that social prescribing has a largely positive influence across multiple aspects of patients' lives, with particularly strong effects on social connection and mental health:
  - 97% of respondents report a positive impact on social connection, and 95% report a positive impact on mental health.

Effectiveness of Activities

- Information & Advice, Physical Activity, and Age-related services are viewed as most effective, while Heritage activities are rated least effective (28% rate them as ineffective).

Role Enjoyment

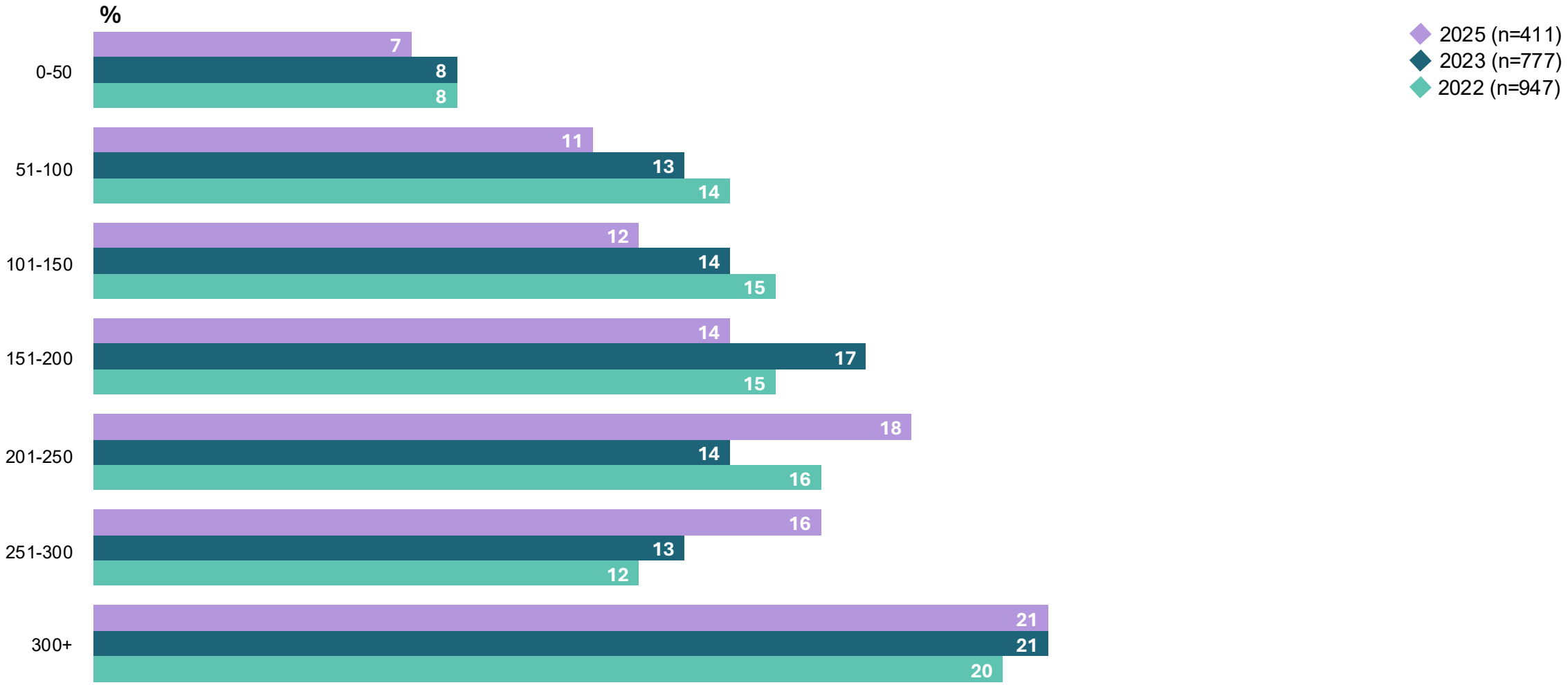
- The most valued aspects of the SPLW role are:
  - Making a difference
  - Building meaningful relationships
  - Role variety/flexibility
  - Contributing to communities
  - Personal/professional growth.

Challenges

- Key challenges SPLWs report facing include:
  - Role misrecognition
  - Service gaps
  - Funding insecurity
  - Workplace isolation
  - High caseloads.
- 4 in 10 SPLWs report having considered leaving their role within the next year.

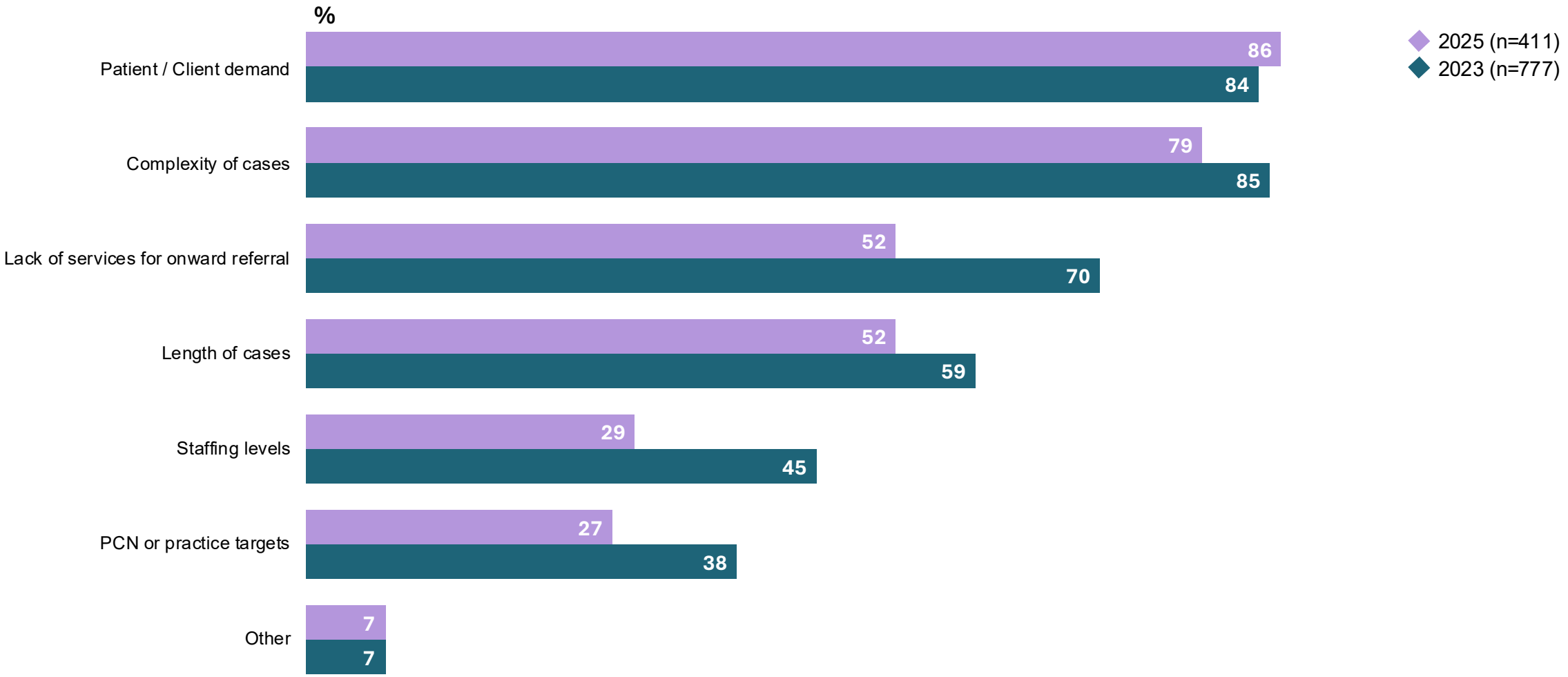
Q. What is your average caseload over the course of a year? (%)

- 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 respondents reporting this.
- Almost 2 in 5 have an average caseload over 250 a year (the maximum safe 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.



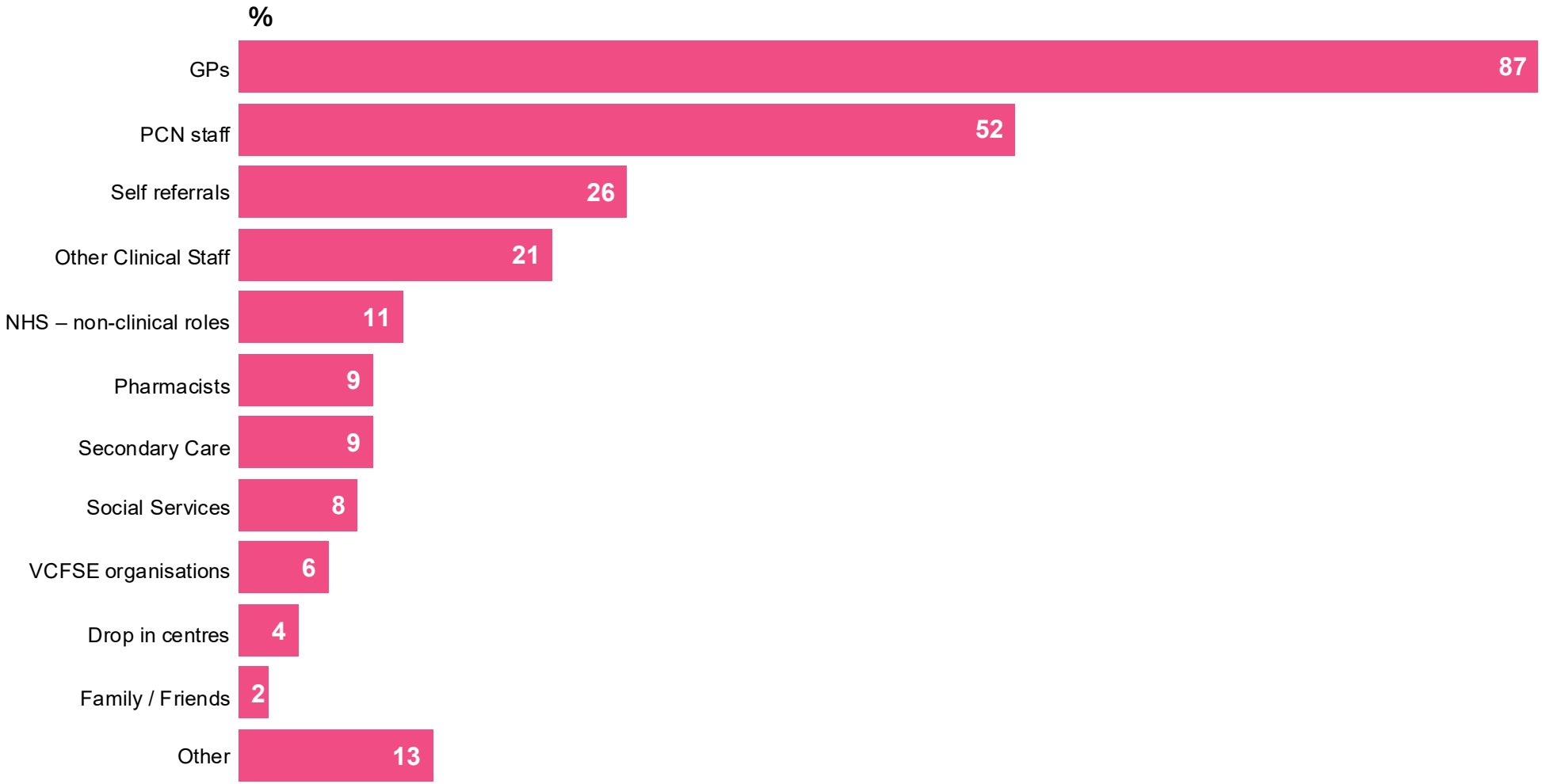
Q. What factors influence your caseload? (%)

- The most commonly reported factor influencing caseloads in 2025 is patient/client demand, followed by complexity of cases.
- These two factors were also the main influences in 2023, although there has been a slight decrease, since 2023, in SPLWs reporting case complexity as an influence.
- Notably, in 2025, fewer SPLWs report their caseload being affected by the lack of services for onward referral and length of cases.
- Impact of staffing levels and PCN/practice targets have decreased considerably since 2023.
- Additional factors include: long waiting lists, misunderstanding of social prescribing, and patient engagement and expectations.



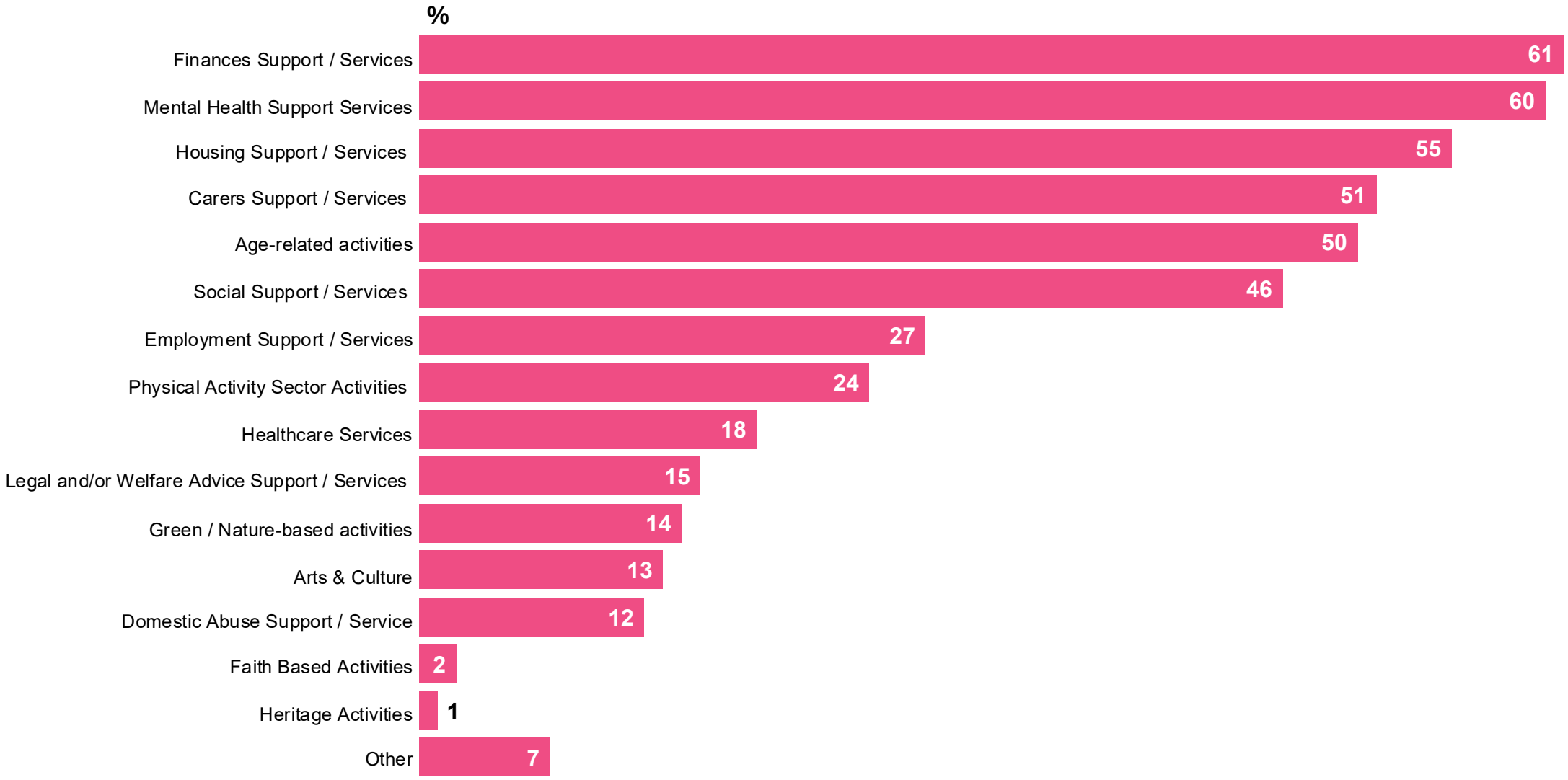
Q. Where do you receive most of your referrals from? Please select at most 3 options? (n=411)

- SPLWs report a diverse referral landscape.
- The vast majority of SPLWs receive referrals primarily from GPs, while around half of SPLWs report primarily receiving referrals from other PCN staff, and approximately a quarter identify self-referrals as a key pathway into social prescribing.
- The 'Other' category includes: community and statutory services, reflecting referral pathways beyond the structured clinical system (e.g. adult social care, local authority, job centre plus, and probation services), education (school staff, pastoral teams); mental health teams (including CAMHS); and, health visitors.



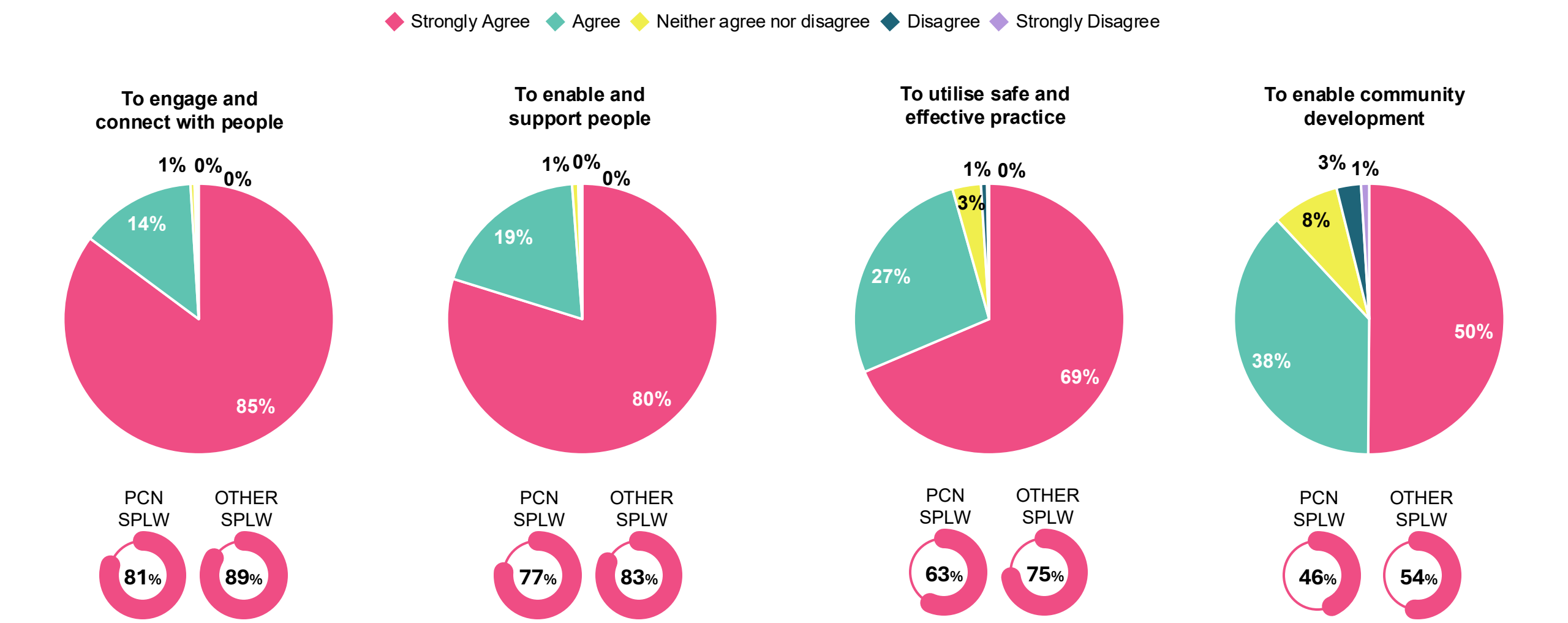
Q. What category of organisations do you make the most referrals to? Please select at most 5 options (n=411)

- SPLWs most frequently refer people to services addressing financial support, mental health, and housing issues. Support for carers and age-related activities also feature highly.
- These top categories reflect the complex, interrelated challenges faced by service users and the holistic approach of social prescribing – particularly in addressing social determinants of health.
- SPLWs refer to legal advice, nature-based activities, and arts & culture less frequently.
- Referrals to faith-based activities, and heritage activities are relatively rare, suggesting lower demand or availability of these types of services.



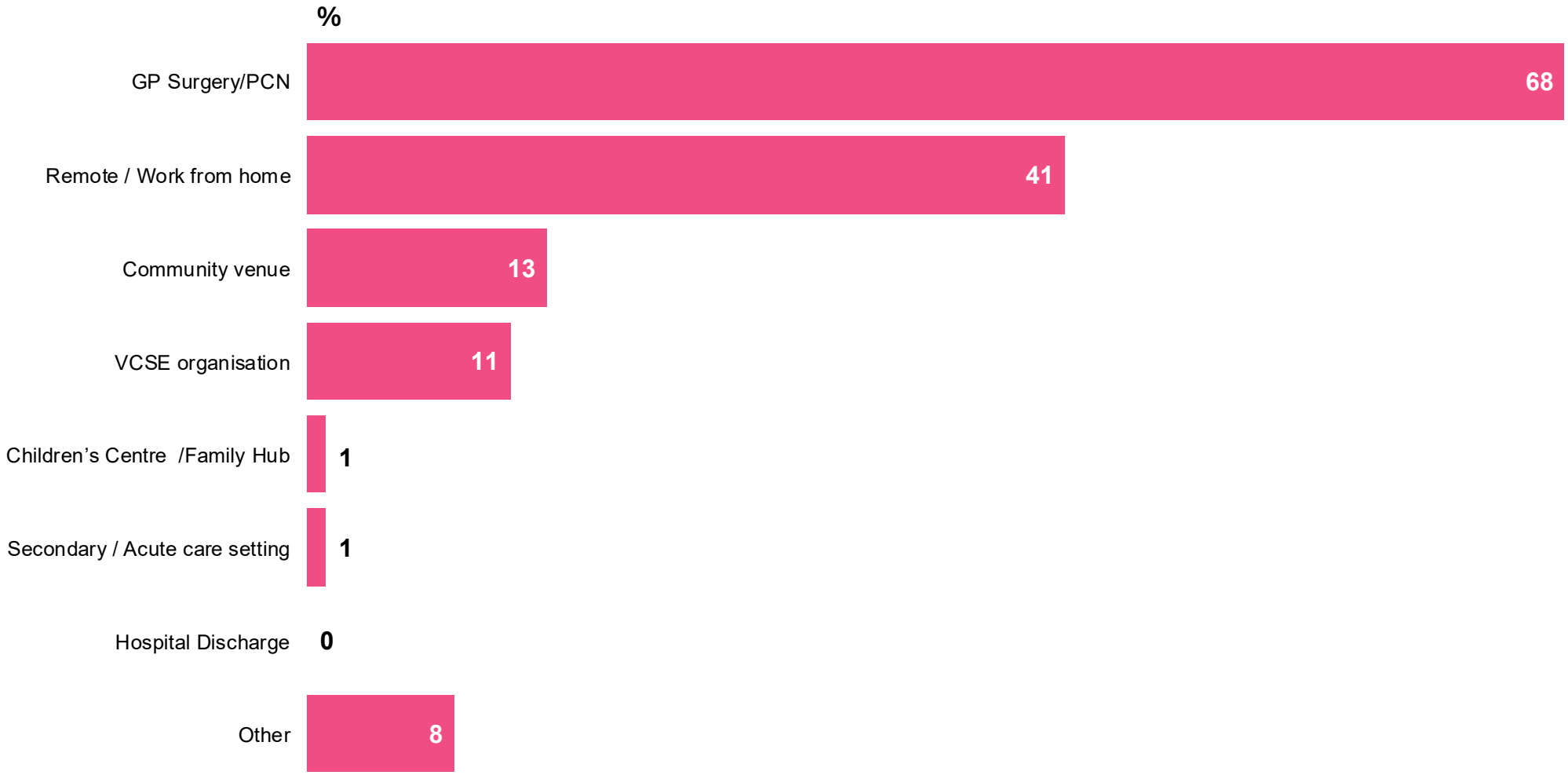
The NHS England Workforce Development Framework sets out 4 core competencies for Social Prescribing Link Workers. To what extent do you agree with the following statements? Regarding these competencies, I feel confident in my ability (n=411)

- The vast majority of SPLWs report feeling confident in each of the four NHSE core competencies for SPLWs.
- Almost all respondents feel confident in their ability to engage and connect with people (99% 'strongly agree' or 'agree'), and the same proportion feel confident in their ability to enable and support people, while 96% feel confident in their ability to utilise safe and effective practice, and a slightly lower majority (88%) report feeling confident in their ability to enable community development.
- SPLWs employed directly by PCNs are less likely than other SPLWs to report feeling confident in relation to each competency.



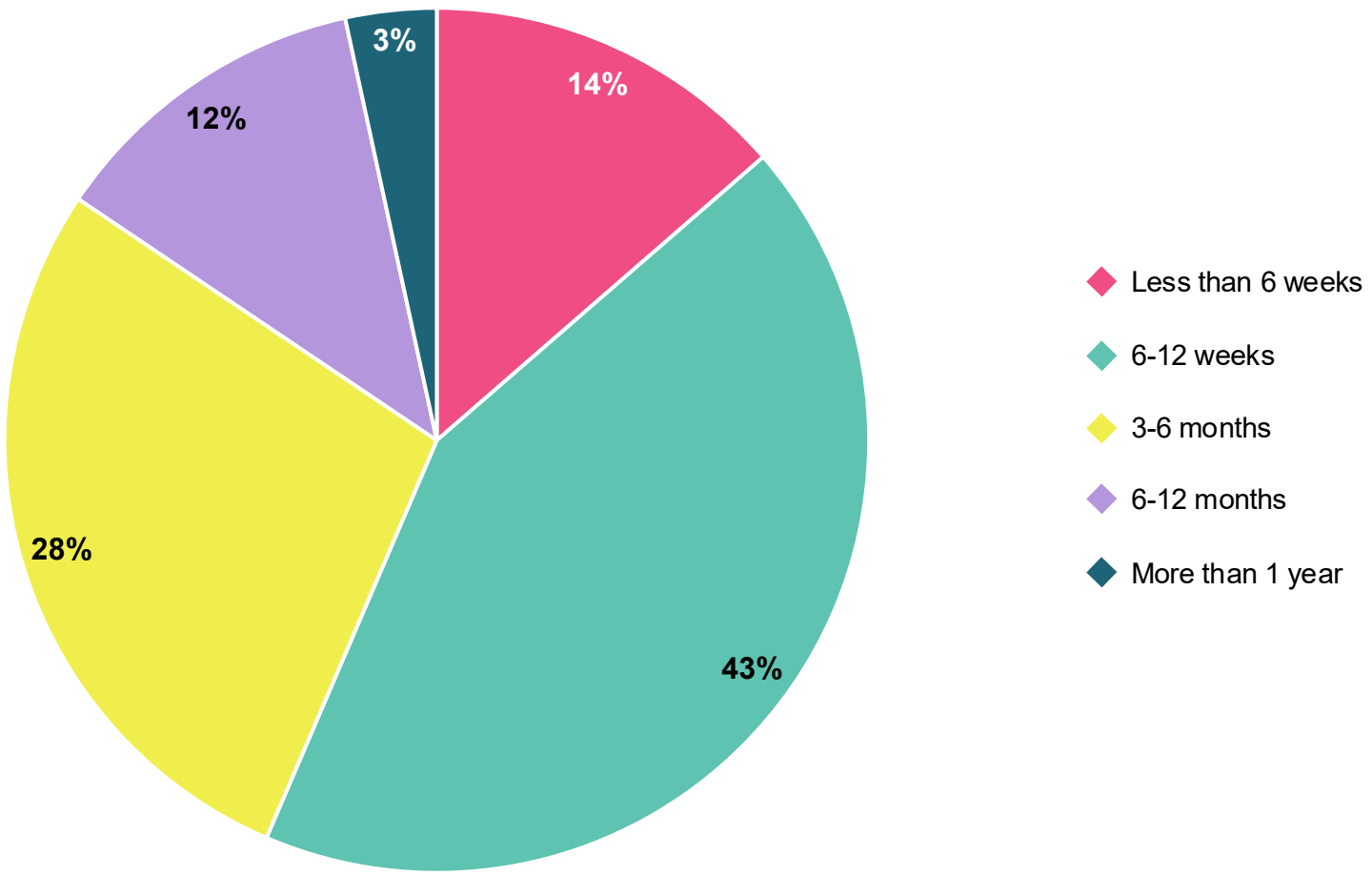
Q. Where are you based in your current role? (What is your main work location?) (n=411)

- The majority of respondents report being based in GP Surgeries/Primary Care Networks.
- A substantial proportion work remotely or from home.
- Much smaller proportions are based in the other locations listed.
- 'Other' includes: other community bases (home visits, outreach, drop-ins); local authority offices, other health related settings; educational settings; and, prison, probation, and leisure centre.
- Respondents could select more than one location: 70% reported one location, while 30% reported more than one location.



Q. How long do you work with a patient and/or client? (n=411)

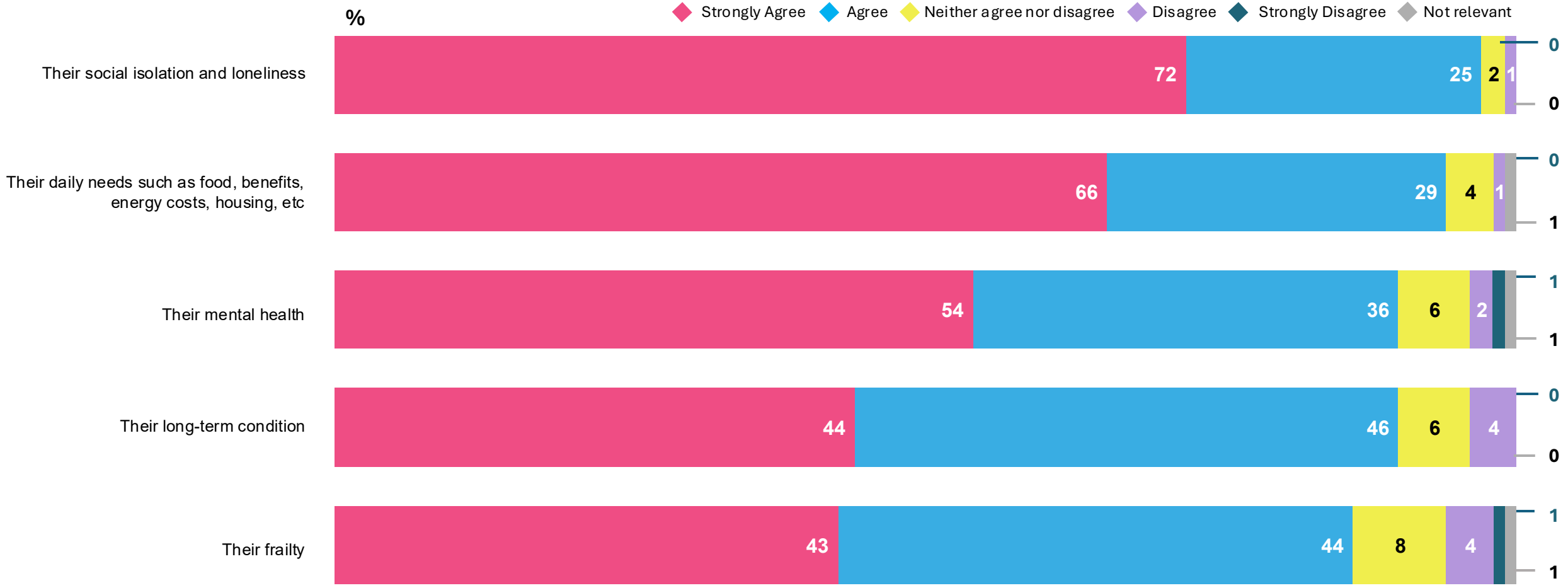
- Most SPLWs engage with clients for up to 6 months, with the majority working within a 6-12 weeks or 3-6 month timeframe (43% and 28% respectively).
- While long-term cases exist, they are less common.
- This suggests that social prescribing is largely a short-to-medium-term intervention, with some clients requiring extended support.



Q. To what extent do you agree with the following? I feel confident and capable in referring my patients and/or clients to social prescriptions that support (n=411)

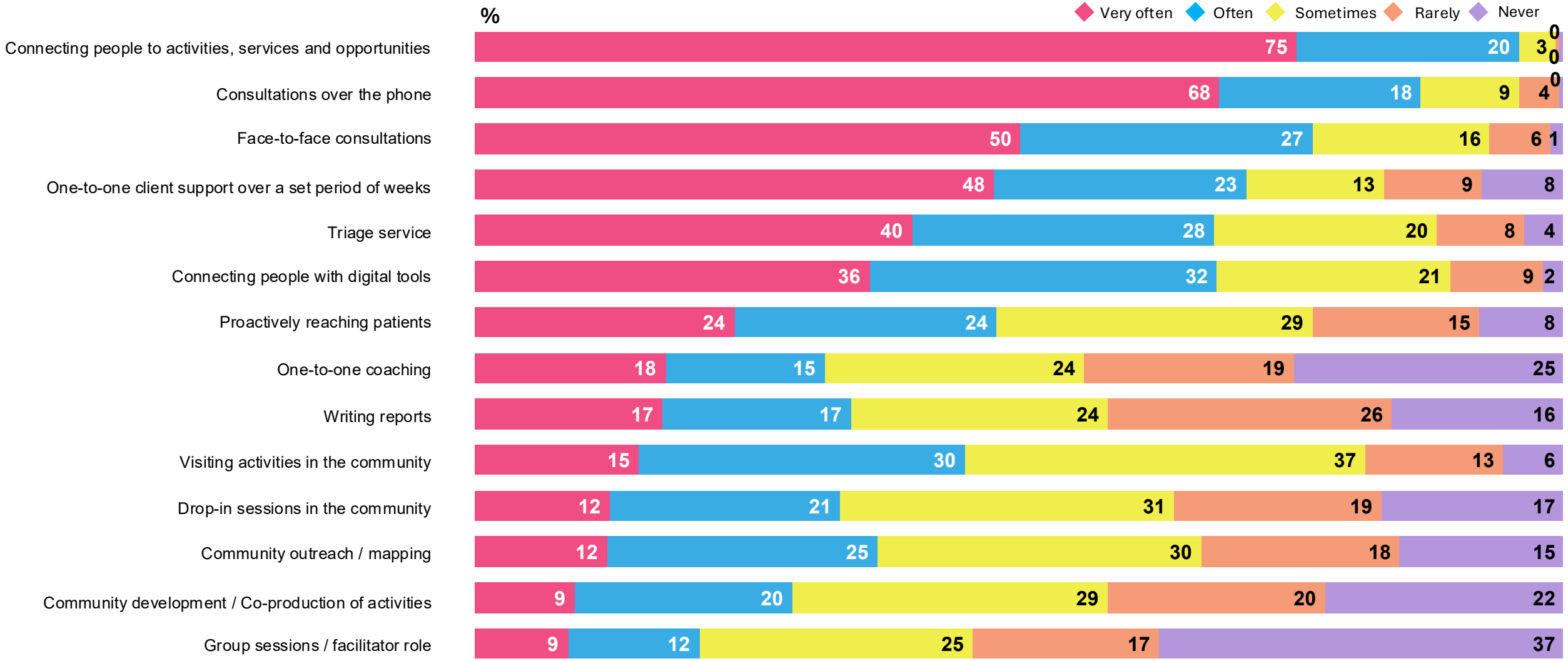
Respondents generally have a high level of confidence in referring patients /clients to social prescriptions across all listed support areas.

- The highest confidence level is observed in referrals for social isolation and loneliness, with 97% of respondents feeling at least somewhat confident.
- Similarly, 95% expressed confidence in referrals in relation to daily needs.
- Confidence was slightly lower regarding mental health, and long-term health conditions (but still 90% expressed confidence in referring to each)
- Referrals to social prescriptions supporting frailty receives the lowest level of agreement, although still 87% felt at least somewhat confident in referrals in this respect.



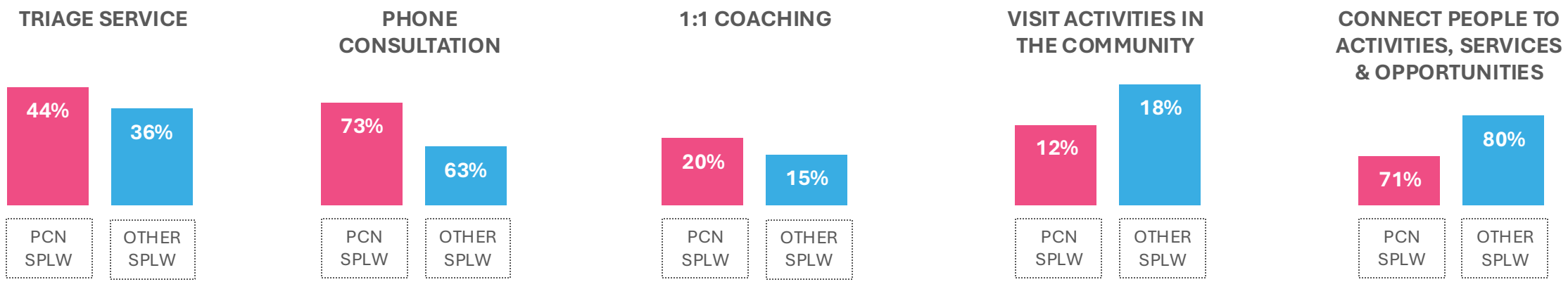
Q. How often do you do the following as a part of your role? (n=411)

- Connecting people to activities, services and opportunities is the most frequently reported task from the list provided (75% of SPLWs report doing this very often).
- 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 SPLWs (54%) rarely or never doing it. This suggests that these may not be priorities, or that barriers exist in these areas.



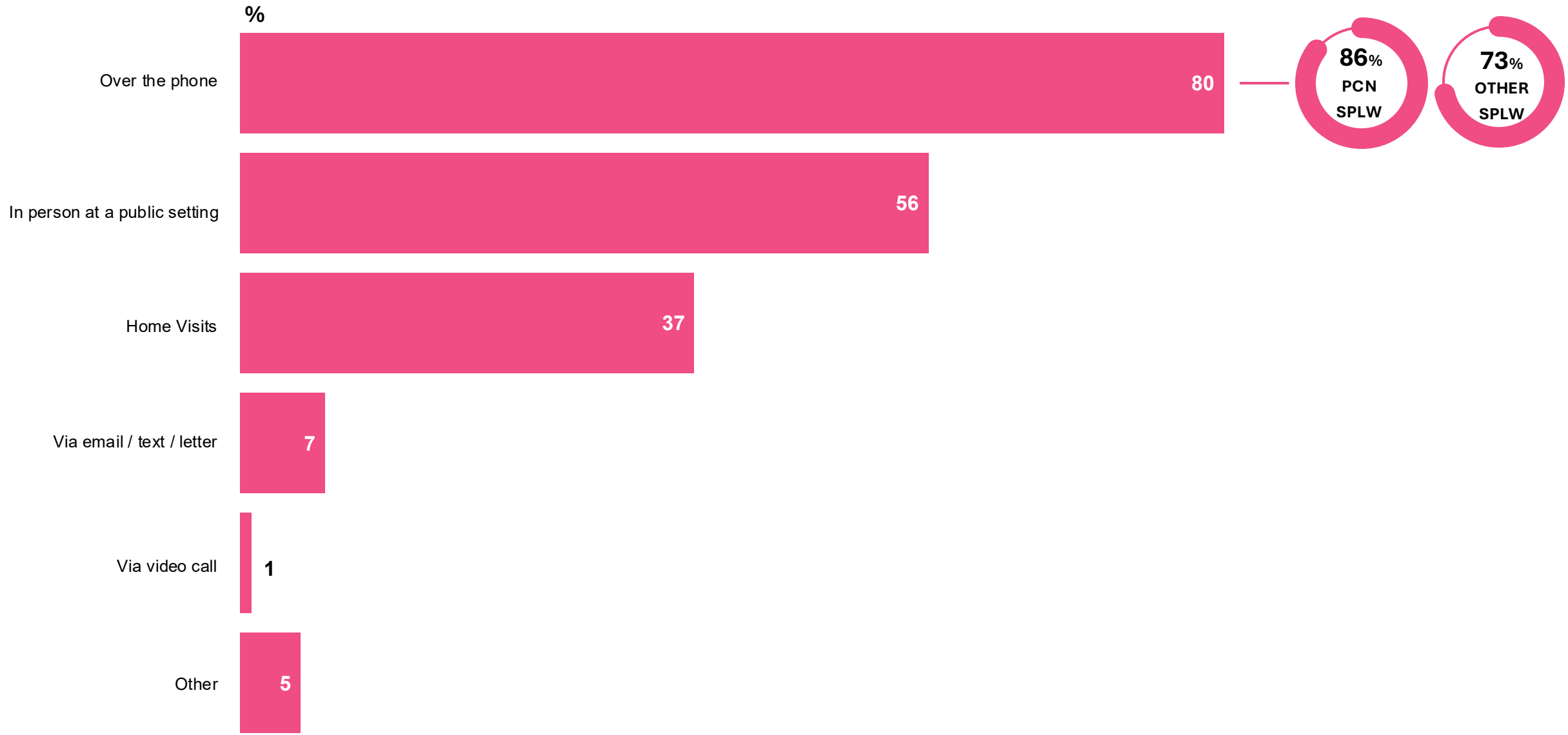
Q. How often do you do the following as a part of your role? % Very Often (n=411)

- SPLWs employed directly by PCNs are more likely than other SPLWs to report that they provide:
  - Triage service
  - Phone consultation
  - 1:1 coaching.
- And less likely to report:
  - Visiting activities in the community
  - Connecting people to activities, services, and opportunities.



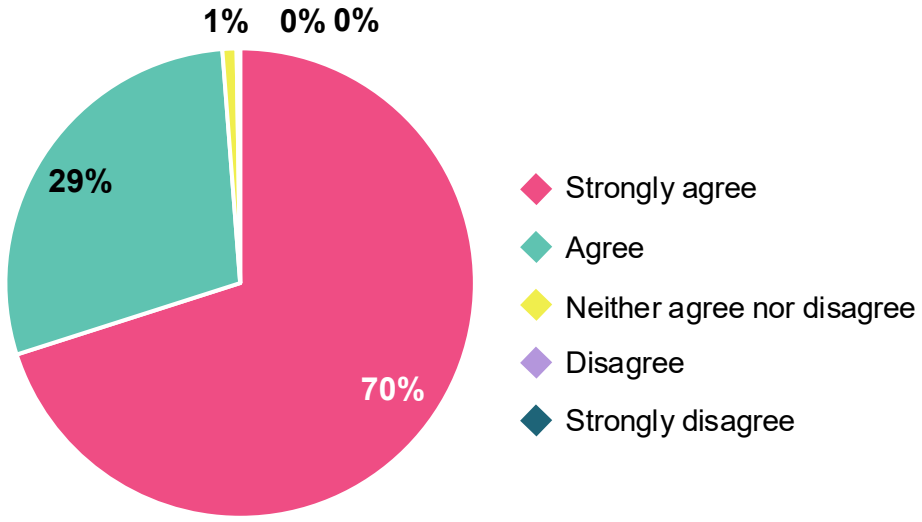
Q. Are most of your contacts with patients and/or clients? (n=411)

- SPLWs report that most of their contact with patients/clients occurs over the phone (80%)
- SPLWs employed directly by PCNs are more likely that other SPLWs to report this.

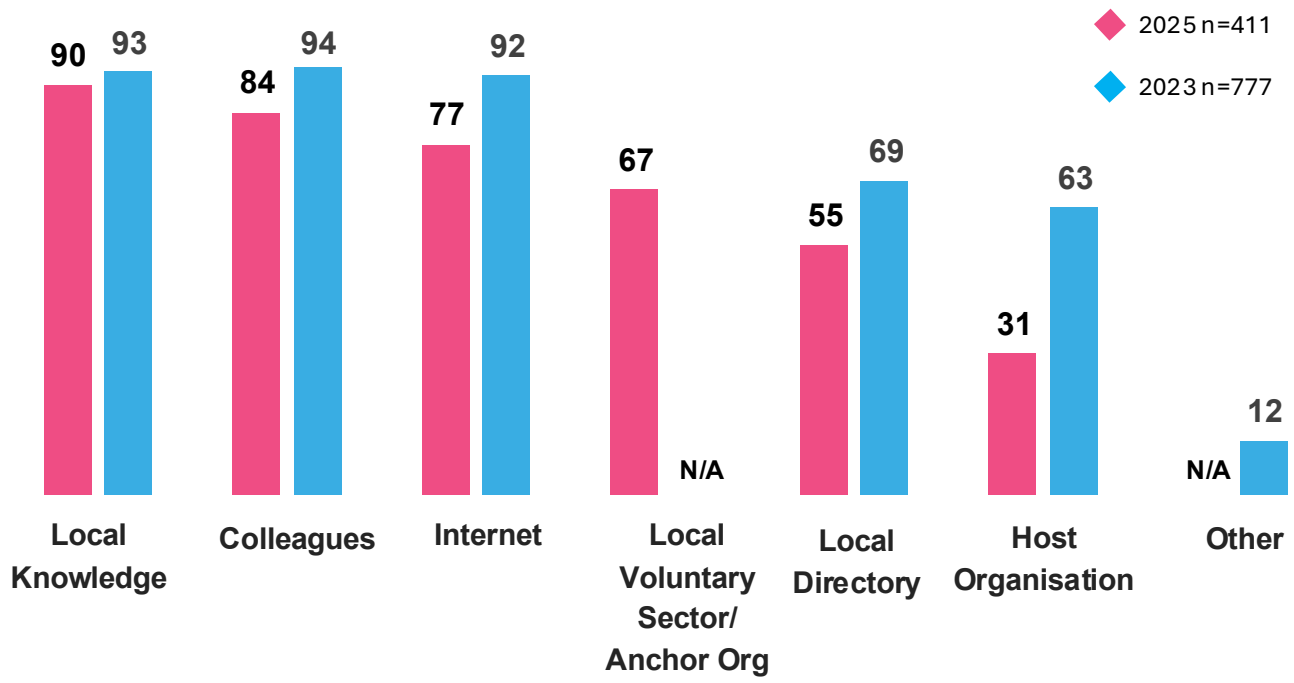


- SPLWs generally feel very well-informed about local services they can connect with and refer on to – 99% either 'strongly agree' or 'agree' that they are aware of local services they can connect with and refer on to.
- 90% of respondents rely on their own local knowledge about local services and community-based support, indicating that personal familiarity plays a crucial role in service navigation, while 84% get information from colleagues, emphasising the importance of peer networks.
- Local directories and host organisations are less commonly used.

Q. To what extent do you agree with the following statement?
I am aware of local services that I can connect with and refer on to (n=411)

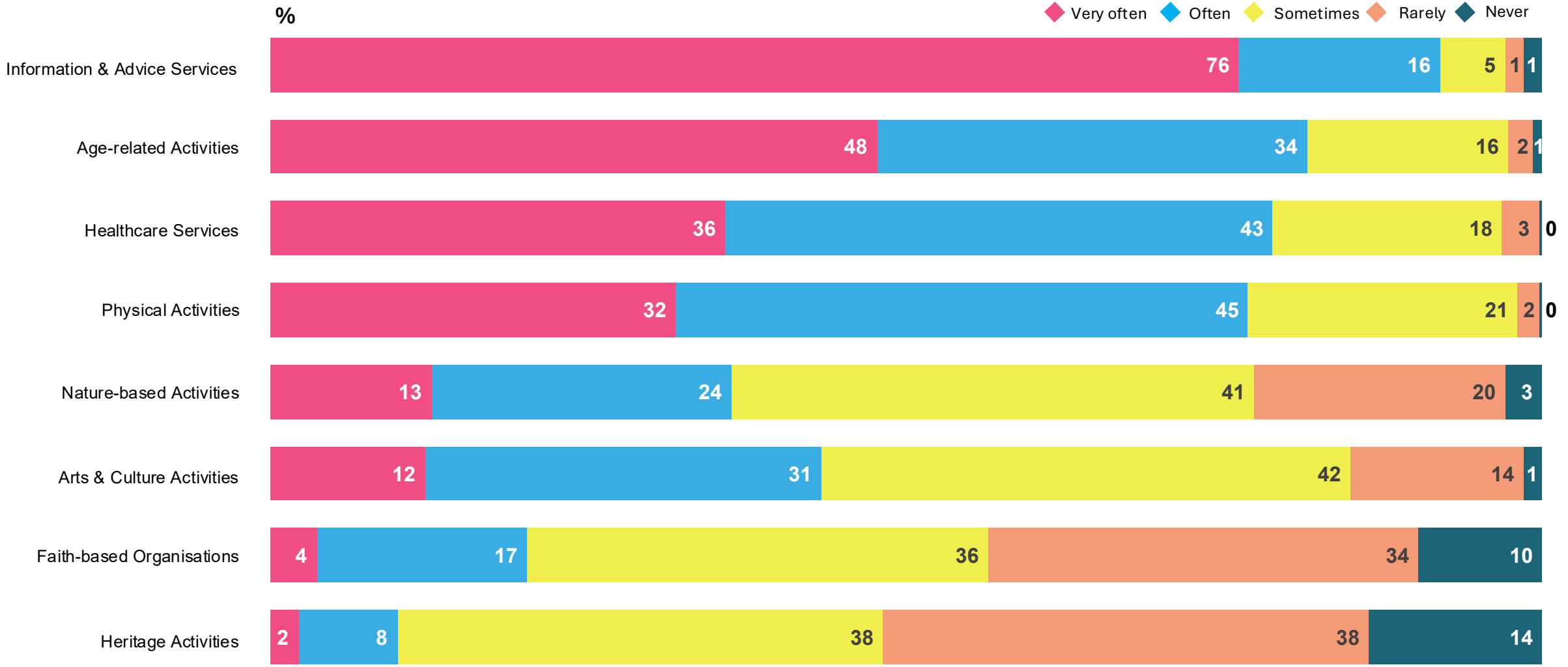


Q. How do you receive information about local services and community-based support? Please select all that apply (%)



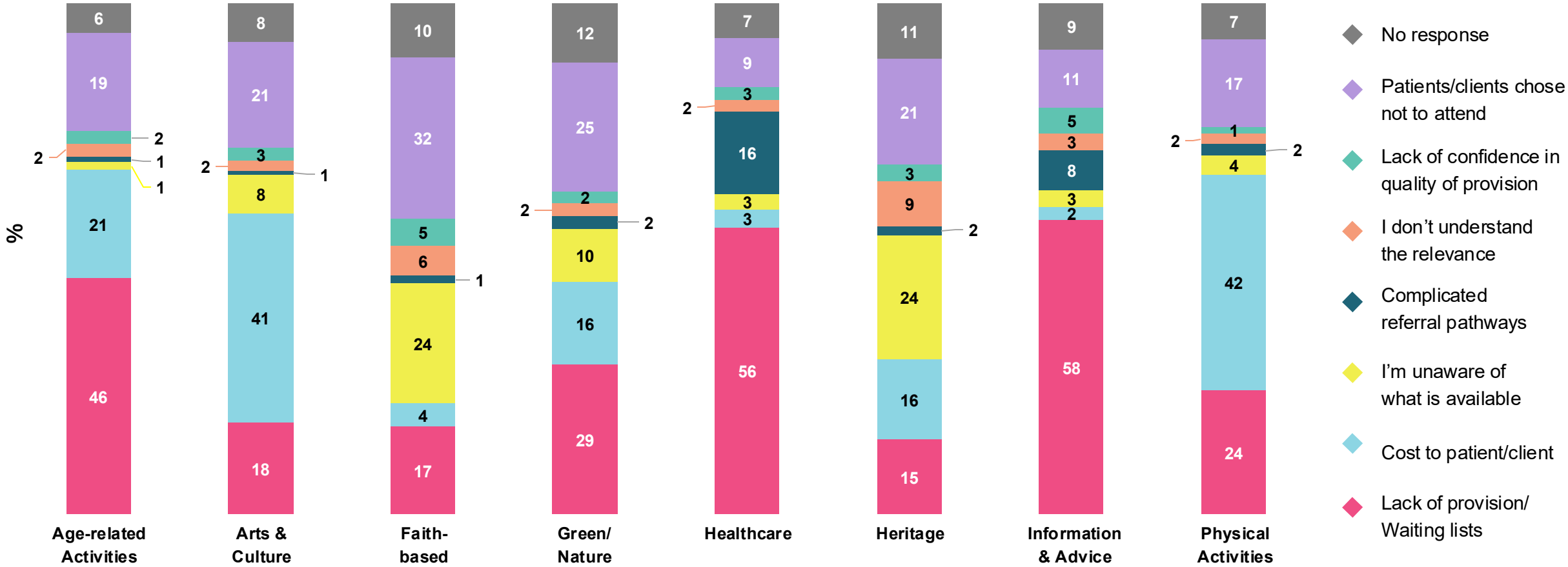
Q. How often do you refer into the following? (n=411)

- Information & Advice Services are the most commonly referred to type of service from those listed, with three quarters of respondents (76%) referring into these 'very often'.
- Age-related Activities (e.g. Age UK, Youth Groups) and Healthcare Services also see high referral rates, while Physical Activities are also well-utilised.
- 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.



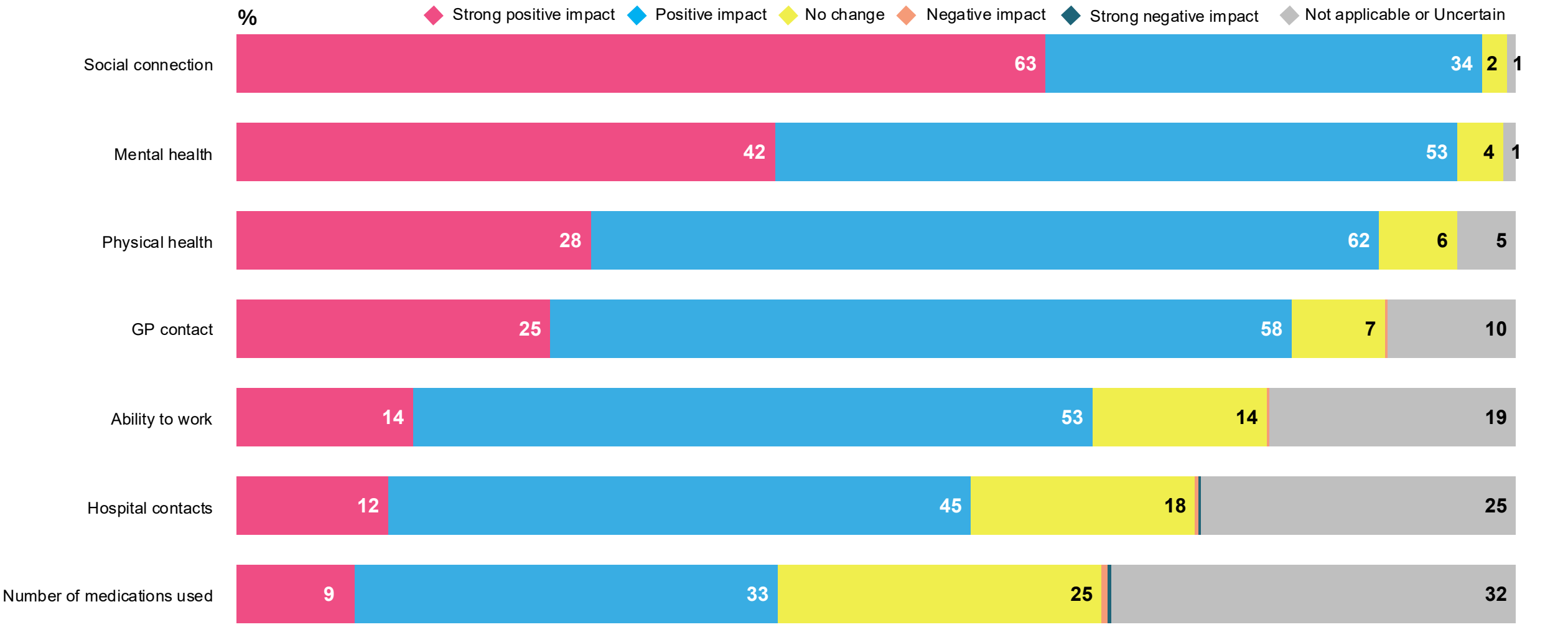
Q. What are the main barriers to referring patients and/or clients to the following? (n=411)

- The most cited barrier across nearly all types of provision is lack of provision/waiting lists. This 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 or access issues.
- Physical Activities and Arts & Culture Activities are particularly affected by cost barriers. This suggests that financial constraints may be preventing engagement with these services, highlighting a need for more subsidised or free options.
- A substantial proportion of SPLWs report being unaware of what's available as a barrier, particularly in relation to: Faith-based, Heritage, and Green/Nature Activities, suggesting a need for better communication and promotion of available services.
- Referral pathways are a major barrier for Healthcare Services, indicating that administrative and procedural barriers may prevent effective referrals. A similar issue is noted in relation to Information & Advice Services.
- 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. This indicates that even when services are available, uptake is not guaranteed, and more efforts may be needed to engage and encourage patients/clients to attend.



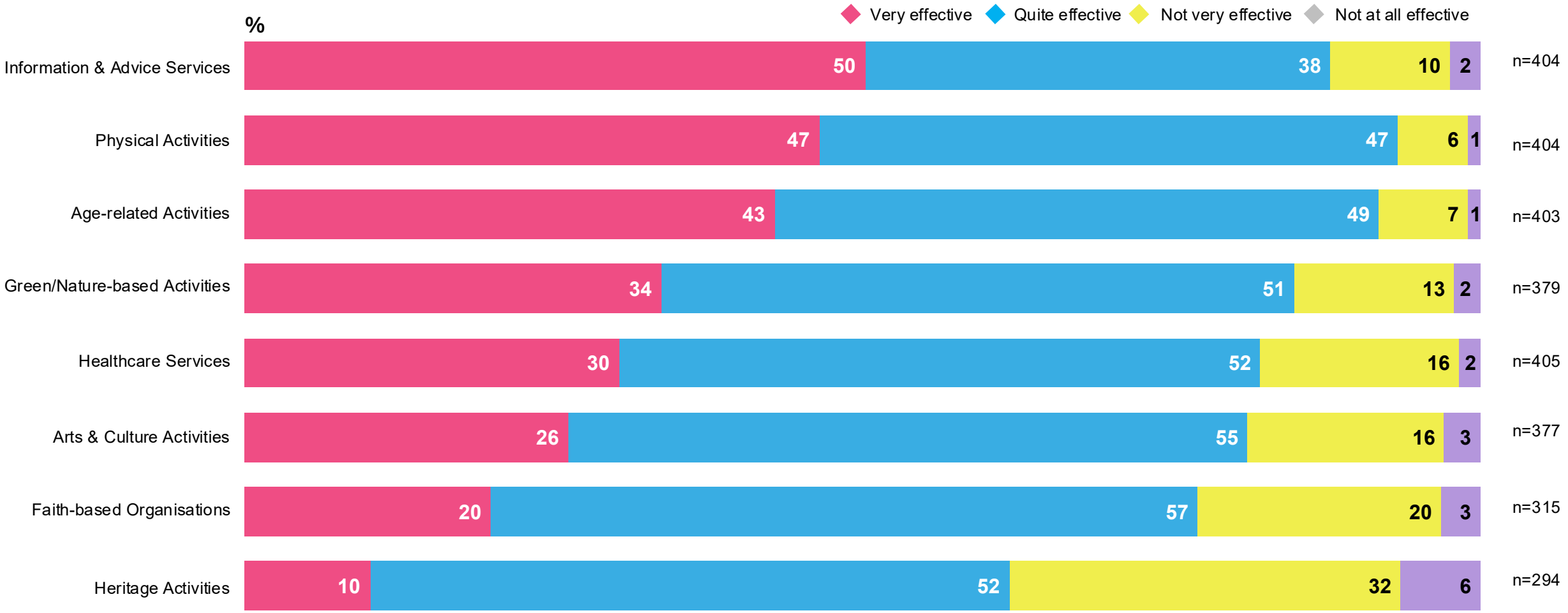
Q. Based on your observations, how has social prescribing influenced patients and/or clients in the areas below? (n=411)

- SPLWs feel that social prescribing has a largely positive influence across multiple aspects of patients' lives, with particularly strong effects on social connection and mental health:
  - 63% of respondents report a strong positive impact on social connection, and an additional 34% note a positive impact
  - 42% report a strong positive impact on mental health, and 53% note a positive impact.
- The vast majority of SPLWs also feel that physical health shows improvement.
- A quarter of SPLWs report observing a strong positive impact on GP contact.
- The impact on employment and hospital visits is less clear, and only 9% report observing a strong positive impact on number of medications used, with 33% perceiving some improvement, but 25% reporting no change.



Q. How effective do you feel the following are in supporting your patients and/or clients? ('not applicable and/or relevant' removed) (%)

- Information & Advice Services, Physical Activities, and Age-related Activities are felt to be the most effective of the areas listed in supporting patients/clients.
- Green/Nature-based Activities and Healthcare Services are viewed as moderately effective.
- Heritage activities are viewed as the least effective – only 10% of SPLWs rate them as 'Very effective', while 32% believe they are 'Not very effective', and 6% 'Not at all effective' – the highest negative rating across all categories.



What do you enjoy most in your role as an SPLW? (write in)

Overall, 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
- Experiencing personal and professional growth.

MAKING A DIFFERENCE

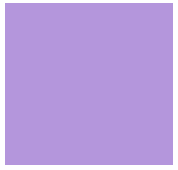
- Helping people overcome challenges, improve wellbeing, and create positive life change
- Supporting and empowering individuals, especially those who are vulnerable or socially isolated
- Seeing tangible improvements in people's lives – e.g. reduced stress, increased confidence, better access to services

BUILDING RELATIONSHIPS

- Developing strong, meaningful connections with patients, carers & wider community
- Having the time to actively listen and support people holistically
- Working 1:1 with patients and seeing their journey of progress

VARIETY & FLEXIBILITY

- No two days are the same, making the job engaging and dynamic
- Opportunity to work independently whilst also being part of a team
- Freedom to manage caseloads and structure work based on patient needs



COMMUNITY & SYSTEM IMPACT

- Connecting people to services they weren't aware of and advocating for their needs
- Supporting social change and influencing the healthcare system to adopt holistic approaches
- Engaging with voluntary and community sector organisations to improve service provision

PERSONAL & PROFESSIONAL GROWTH

- Developing new skills such as active listening, problem solving, and creative thinking
- Feeling valued and recognised by patients and colleagues
- Opportunities for professional development and shaping the SPLW role

MAKING A DIFFERENCE

"The positive impact my work has on the negative social determinates of health.... It is humbling to be able to work with people on an equal footing, for them to trust you and revitalise their faith in health provision and to be part of their journey."

BUILDING RELATIONSHIPS

"Connecting with people everyday from different walks of life brings me great job satisfaction and makes me want to get up inthe morning. I find great motivation in helping people to overcome their social challenges. I enjoy the connection with others and feel privileged to be able to help people in this way. I am able to build great relationships with the patients and this brings me happiness and connection and motivates me in my role. I enjoy that no case is the same which means I am always learning."

VARIETY & FLEXIBILITY

"The variety in the role, each day is different, getting to meet and work alongside so many different people with differing needs, creatively offering solutions and knowing that each time I am making a difference not to just that individual but also to the wider local community and cohesion, and giving people greater control and understanding of local systems so that they know where to get help and can navigate more confidently in future when challenges arise."

COMMUNITY & SYSTEM IMPACT

"The possibility to be a social changer and a catalyst of positive change in people's life."

PERSONAL & PROFESSIONAL GROWTH

"I can categorically state that this is the most rewarding role I have had in my whole working career. My cohort is specifically frail and or housebound. I look forward to work every morning and I immensely enjoy supporting those who need a little extra support/guidance and also the families of those people too. I have gained insight, knowledge and skills along my journey and I look forward to many more years in this role."

What are the main challenges you encounter as an SPLW? (write in)

Key challenges of the SPLW role include:

- Service gaps
- Role misrecognition
- Funding insecurity
- High caseloads
- Workplace isolation.

REFERRAL & SERVICE GAPS

- Inappropriate or incorrect referrals, incl. referrals outwith SP scope/for issues like mental health, which have long waiting lists or insufficient support locally
- A significant lack of mental health services, housing support, and accessible community activities creating barriers for those in need
- Many services have long waiting lists, leading to delays in patients receiving the necessary support

SYSTEMIC & ORGANISATIONAL CHALLENGES

- Lack of understanding and recognition of SPLW role among colleagues, particularly GP practices and management, leading to role misinterpretation & undervaluation
- Issues with communication and partnership working, especially with local authorities and statutory services
- Inconsistent support from management and PCNs
- Administrative overload
- Lack of protected learning time, and insufficient time for professional development due to high caseloads and conflicting demands

FUNDING & RESOURCES

- Uncertainty around funding, with short-term contracts and no guaranteed future funding for the service, causing anxiety among SPLWs
- Limited access to resources, such as transport and meeting space, which further restricts the effectiveness of SPLWs
- Lack of sufficient affordable services and funding to meet the needs of the client base, especially in economically deprived areas

CLIENT & CASELOAD MANAGEMENT

- High caseloads and a growing number of referrals make it difficult to give adequate time and support to each patient/client
- Stress from high workloads
- Clients' unrealistic expectations and reluctance to engage with services
- Difficulty managing clients in crisis or with complex needs, who require ongoing, intensive support – particularly those involving mental health issues or requiring long-term care, with patients falling through the cracks due to system limitations

WORKPLACE SUPPORT & INTEGRATION

- Inadequate clinical supervision, peer support, and recognition of SPLW contribution
- Disconnect between SPLWs and clinical staff, with a sense of isolation and a lack of integration within teams
- Insufficient time for essential tasks like networking, training, and development

REFERRAL & SERVICE GAPS

"Onwards services not being available, especially Mental Health services. We often get MH teams referring to us."
Lack of the right services, still gaps in service provision.

SYSTEMIC & ORGANISATIONAL CHALLENGES

"Poor supervision. Lack of understanding of the role. Very little support for wellbeing in terms of the demanding nature of the role. SPLWs are plugging the gaps in public services!"

FUNDING & RESOURCES

"Short sighted funding, not long-term commitment and investment. Can be soul destroying to see the positive impact the work has, only to have to fight for funding and with no job security."

"Funding difficulties when wanting to set up groups/activities."

CLIENT & CASELOAD MANAGEMENT

"Management are nice people but they don't really understand the work and are so busy they don't have the time to really focus on building the service. I've been left to my own devices for most of the time I've been here. I'm case holding people with complex needs. Feels like cheap social work with none of the support that social workers would get."

"Increasing volumes of referrals to Social Prescribing, increasing complexity of cases so difficult to close cases."

"Lack of services to refer on to, means we end up holding them."

"Sometimes people not appreciating the impact SP work can have on a patient and at times having higher expectation of what we can achieve – we have become a "bit of a dumping ground" for difficult cases."

WORKPLACE SUPPORT & INTEGRATION

"One of the main challenges as a SPLW within a PCN is navigating the differing priorities and agendas of each surgery, particularly when it comes to funding decisions and resource allocation. Each practice may have its own views on how money should be spent, which can make it difficult to create a unified approach to social prescribing. Additionally, gaining the support of the board and practice managers can be a challenge, as some may not yet recognise the value of social and community-based interventions in improving patient outcomes. A further hurdle is convincing GPs that social prescribing is not just a 'fluffy' addition to medical care but a crucial service that helps address the root causes of health issues, ultimately reducing pressure on primary care. Demonstrating the tangible benefits of social prescribing– such as reduced GP appointments, improved mental well-being, and better patient engagement – remains essential in overcoming these barriers and embedding the role more effectively within the healthcare system"

If you could change 3 things about your role what would they be?

The changes respondents would make to their role relate to:

- Training, development & career progression
- Support & supervision
- Tools & resources
- Role understanding
- Workload & time management
- Job security
- Pay and benefit
- Community engagement & outreach work
- Autonomy & flexibility

TRAINING, DEVELOPMENT & CAREER PROGRESSION

- More training opportunities, including specific conditions & mental health
- Career progression courses
- Clear pathways and opportunities for career advancement

SUPPORT & SUPERVISION

- Better support from management
- Clinical supervision
- More frequent team meetings

TOOLS & RESOURCES

- Access to better resources and tools such as data capture systems and dedicated spaces for meetings
- Access to funding for use in role

ROLE UNDERSTANDING & INTEGRATION

- Better understanding and acknowledgement of SPLW role from PCNs and other professionals
- Improve patient/client understanding

WORKLOAD & TIME MANAGEMENT

- Reduced workloads
- More time to spend with patients/clients
- Fewer admin tasks

JOB SECURITY

- Longer term contracts
- More stable funding

PAY & BENEFITS

- Improved pay and benefits
- Pay to reflect the responsibilities and emotional labour involved in SPLW role

COMMUNITY ENGAGEMENT & OUTREACH

- More opportunities to engage with the community, including more time for outreach and networking

AUTONOMY & FLEXIBILITY

- More autonomy in role, including control over schedules, and ability to make decisions about patient/client care

TRAINING, DEVELOPMENT & CAREER PROGRESSION

"Continual time for training - in my role this would mean a reduced expectation of caseload and I don't think this is possible however, if the question is how I could change something in my role, I would reduce caseload as I feel time for CPD and qualifications would only enhance this role within the NHS and improve a p/t's positive outcome and how they perceive a SPLW."

"More 'coaching' training. It is clear to understand when 'not' to use this tool however, I feel that there are appropriate times when coaching tools can be used effectively and more formal training in this area would enhance the SPLW role as a professional."

"Regular relevant training specific for the role and what it in involves with different agencies/organisations and having set time for attending."

"Have more regular excellent quality training for communication, coaching and other social prescribing skills."

"Specific mandatory training regards MH, motivational interviewing and coaching."

"It would be good to have further learning development beyond level 3."

"More training and official qualifications specific to Social Prescribing."

"Clearer and easier pathways to training that is supported nationally."

"More training allowance, particularly in year 1."

"Protected learning time."

TOOLS & RESOURCES

"To have a dedicated, but simple case management system that had direct access to S1."

"Would be useful if the team had a pot of money so we could actually prescribe activities which are funded. A lot of patients cannot afford to do the activities they would like to."

"Access to more funds to partially fund community groups."

"I would have an iPad so that I could do my admin, referrals, actions and notes on the go."

"A budget to allow patients to try activities for free."

"Better data capturing tools. ONS does not work for patients and as such I do not use it."

SUPPORT & SUPERVISION

"Consistent support for the role (e.g. therapeutic and line management supervision as non-negotiable monthly, yearly appraisals, protected CPD)."

"Supervision and support put in place. All PCNs should be required to provide monthly supervision delivered by Counsellor/Therapist background to support with demands of role."

ROLE UNDERSTANDING & INTEGRATION

"Professionals fully understanding the role - despite countless meetings and attending events they have either never heard of the role or simply do not understand what SPLW do resulting in poor referral details."

"Feel more valued by other organisations/departments within the healthcare sector."

"Change the name - some parents are put off by the word 'social' as they associate it with social services."

"Maybe the job title. It confuses clients as they often think I am a social worker."

"UK wide consistent role description and approach."

COMMUNITY ENGAGEMENT & OUTREACH

"Set time for community networking with a variety of agencies/organisations to keep up to date with any changes."

"Be allowed to physically introduce people into the community so effective signposting with support can be done. I understand the worth of VCSE orgs and how anxiety or confidence can affect peoples transition from PCN to VCSE yet I have been restricted from doing this in my role, even though it is in my JD."

"Less expectation for constant time with patients - need to be in the community to understand it."

WORKLOAD & TIME MANAGEMENT

"Reduced admin - we have to input notes on two different systems which is so time consuming."

"Less focus on numbers and packing clinics full."

AUTONOMY & FLEXIBILITY

"More autonomy in role, including control over schedules, and ability to make decisions about patient/client care."

"To be able to give each client as many sessions as possible by focusing on quality and not quantity."

JOB SECURITY

"Longer term funding for the role – we currently do not know what is happening after 31st March this year."

"ARRS Funding - gives too much flexibility to the PCNs to reduce/ increase hours in SP service on a frequent basis - job cuts yearly at the moment, due to other new roles added to the ARRS funding. Not desirable to continue working under a PCN contract, with this lack of security."

"Longer contracts i.e. 3-year contracts instead of 1 year."

"Uncertainty of future - ARRS funding only released every year - so future of SP unclear."

PAY & BENEFITS

"Pay. We take on a lot of emotional energy and are very much like community social workers."

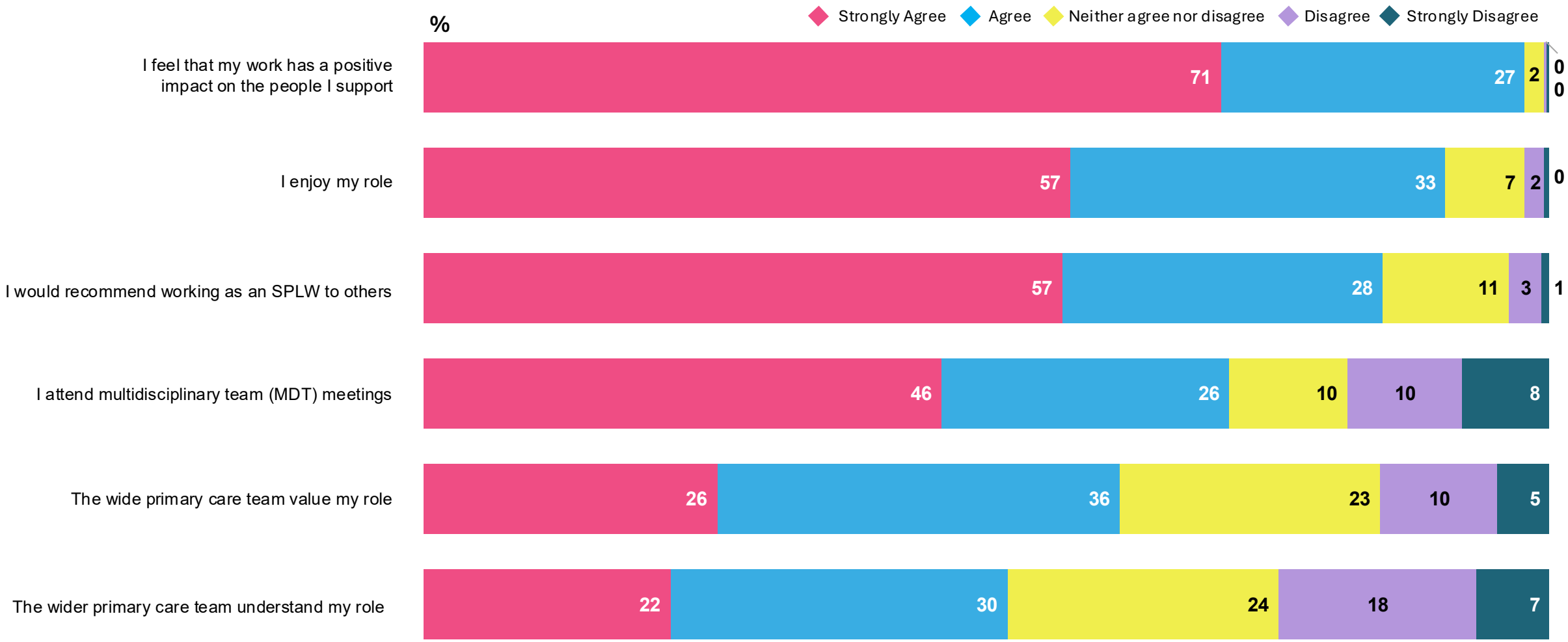
"Ensure SPLWs are placed on Agenda for Change NHS pay scaling for their pay."

"Better compensation (NHS Band 5 or 6)."

"Salary to reflect responsibilities held."

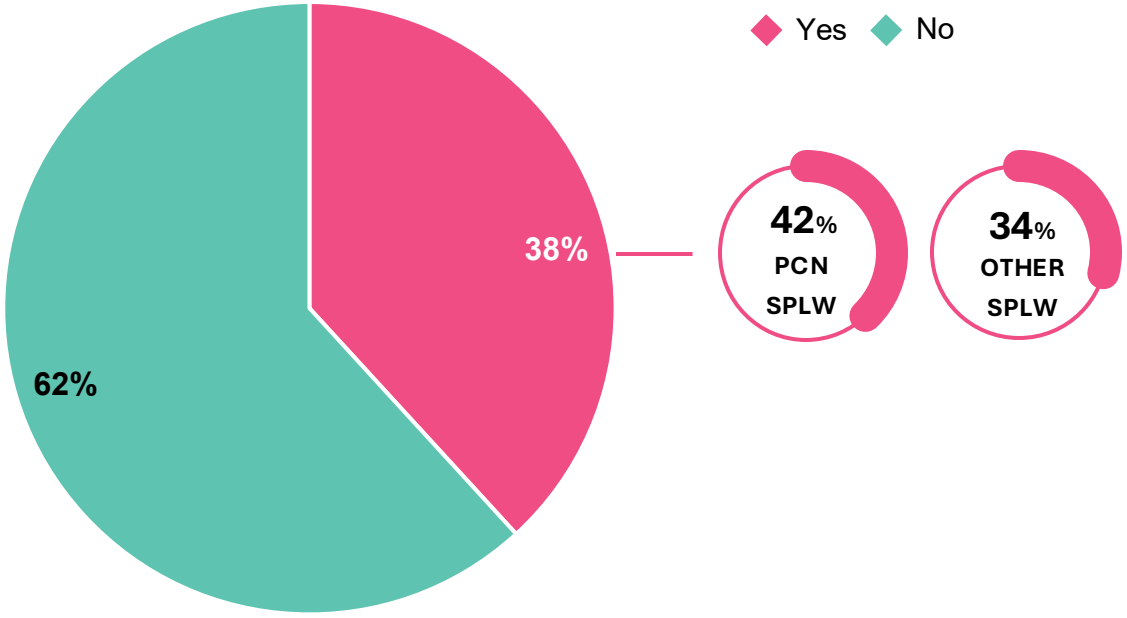
Q. To what extent do you agree or disagree with the following statements? (n=411)

- SPLWs are highly motivated and see their work as meaningful. However, many feel under-recognised within primary care teams, suggesting a need for improved integration and awareness. There is a strong sense of impact and job satisfaction:
  - 98% 'strongly agree' or 'agree' their work has a positive impact; 90% that they enjoy their role; and, 85% that they would recommend the role to others.
    - SPLWs employed directly by PCNs were less likely than other SPLWs to 'strongly agree' they enjoy their role – 53% compared with 62%.
- Engagement with MDTs is more varied, highlighting a potential area for strengthening collaboration.
- SPLWs feel they face challenges in recognition and understanding of their role: only 62% feel the wide primary care team value their role, and 52% that the wider team understand their role.

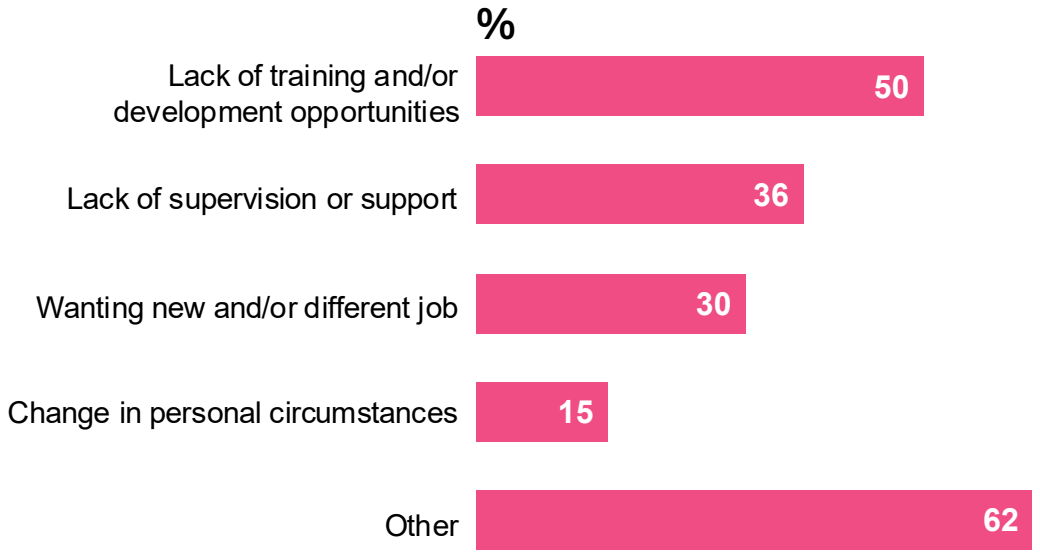


- Nearly 4 in 10 SPLWs report that they have considered or might consider resigning in the next year, with SPLWs employed directly by PCNs being slightly more likely to report this.
- Lack of training/development opportunities is a major factor, highlighting concerns around career progression and upskilling.
- Lack of supervision/support is also identified as a contributing factor.
- External life changes appear to be less of a driver compared to work-related issues.
- Additional themes from 'Other' include:
  - Pay & career progression
  - Job security & contract uncertainty
  - Workplace pressures & workload
  - Lack of recognition
  - Personal reasons such as retirement, further education, and career change.

Q. Have you considered or might you consider resigning in the next year? (n=411)



Q. If yes, what is the reason you are considering resigning? (n=157)



Training, Development & Supervision

Training, Development & Supervision - Overview

Key Competencies for the Role

- Skills/knowledge/experience SPLWs view as important to have before becoming a link worker are: people and listening skills, empathy/compassion; person-centred working and decision making; resilience; and, time management.
- Experience of delivering social prescriptions is not seen as a crucial prerequisite for the role.

Development & Career Progression

- The vast majority of SPLWs are invested in professional growth in some capacity, with around three quarters wanting to develop skills to improve in their role.
- However, only 64% report being aware of training/development opportunities, and just 31% of career progression routes.

Supervision & Support Structures

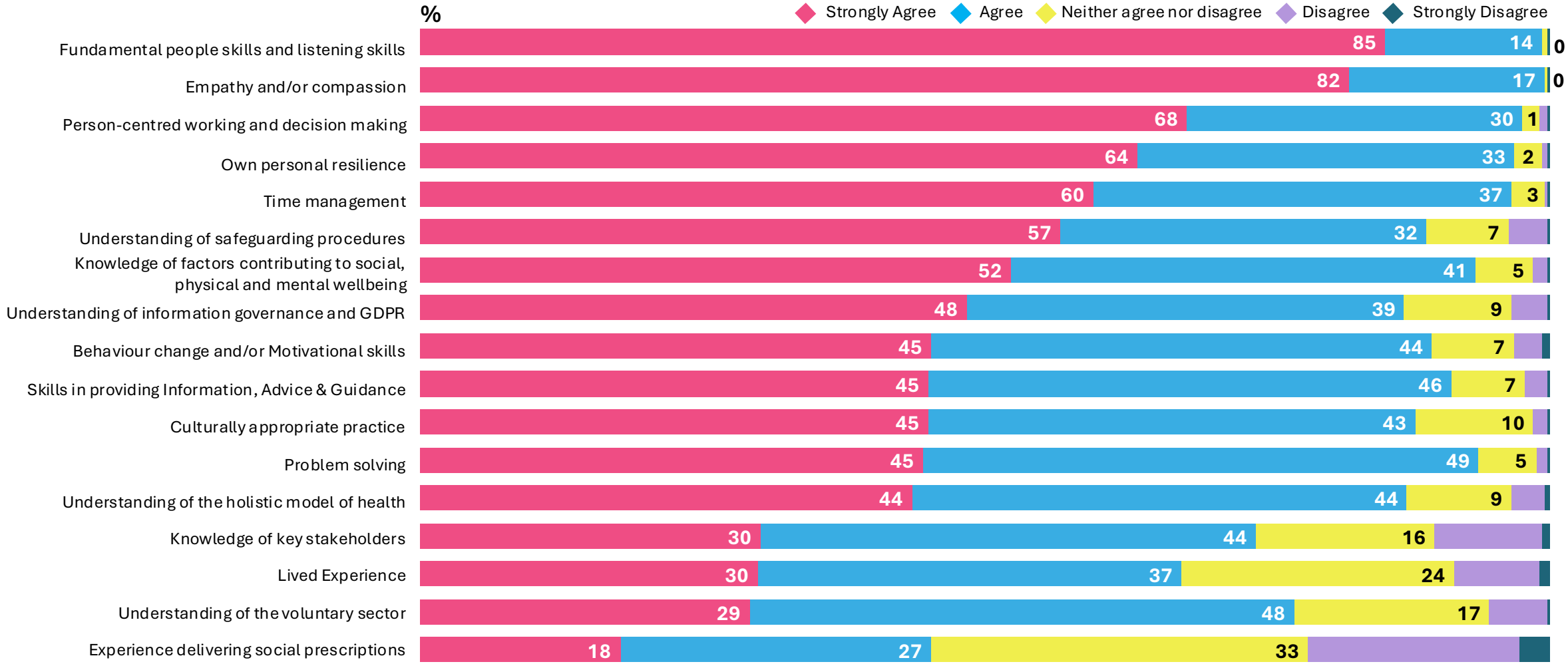
- There is substantial variation in supervision arrangements.
  - While SPLWs most commonly report being supervised by a Senior SPLW Manager, a range of other clinical and non-clinical supervisory models exist.
- Around one in ten SPLWs report receiving no workplace supervision, potentially indicating 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.
- Line Managers are most influential over day-to-day practice, but influence is also distributed across a range of roles and organisations.
- SPLWs report system-level leaders (commissioners, public health directors, and ICB/ICS Leads) to have limited direct influence on their daily role.

Q. To what extent do you agree with the following? These skills and/or knowledge and/or experience are important to have before becoming a link worker (n=411)

The top five skills/knowledge/experience respondents think are important to have before becoming a link worker are:

- Fundamental people skills and listening skills
- Empathy and/or compassion
- Person-centred working and decision making
- Own personal resilience
- Time management.

Less than half of respondents 'strongly agree' or 'agree' that it is important to have experience of delivering social prescriptions before becoming a link worker.

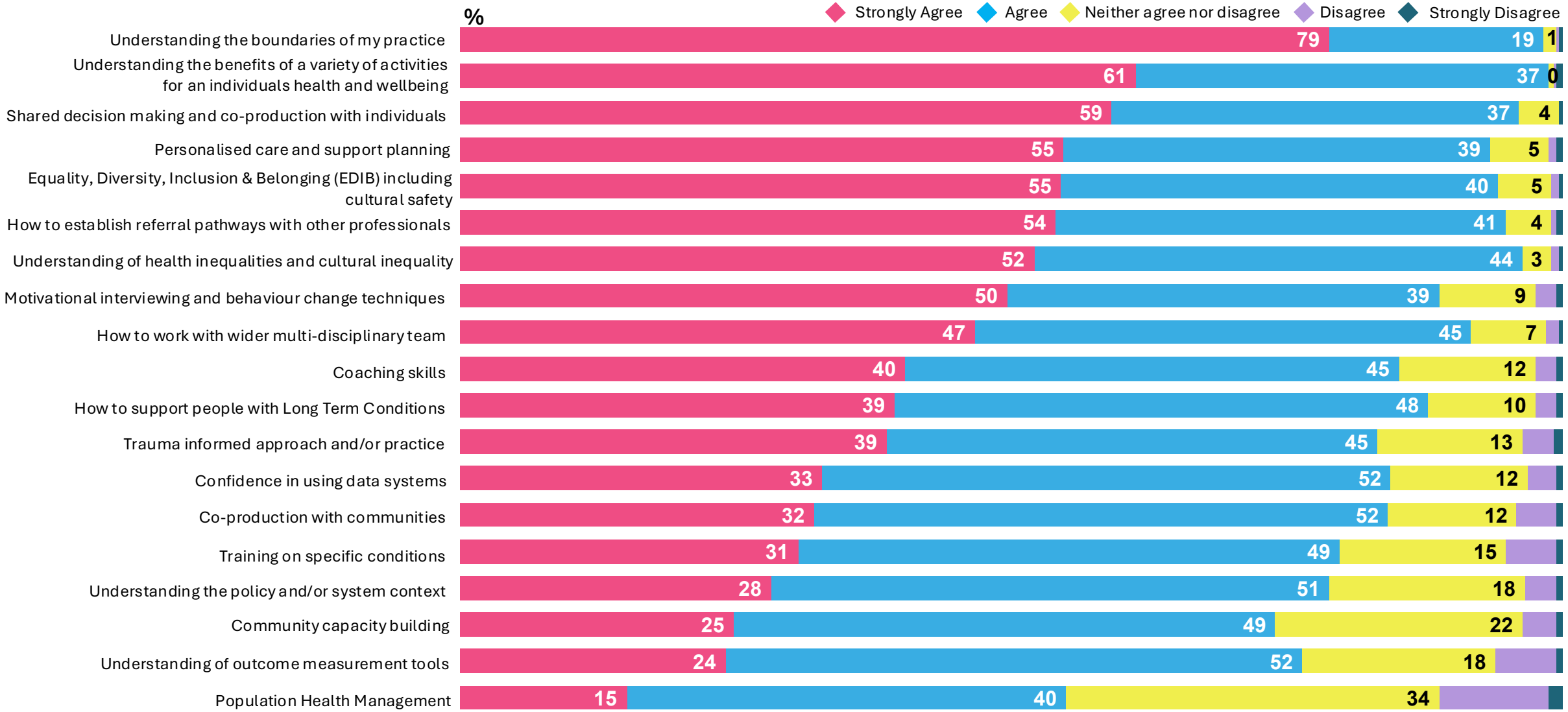


Q. To what extent do you agree with the following? These skills are important for my role (n=411)

Understanding boundaries of practice is seen as the most critical competency listed (78% 'strongly agree' it is important for their role). This is followed by:

- Understanding the benefits of a variety of activities for health and wellbeing – emphasising the holistic approach of social prescribing
- Shared decision making and co-production – reflecting the patient-centred support approach of social prescribing
- Personalised care planning and EDIB – highlighting the importance of tailored and inclusive care.

Understanding of outcome measurement tools and Population Health Management received the lowest agreement.



Q. What other skills and/or training needs do you feel are important to succeed in your role and to ensure you can practice safely and effectively?

Common themes reported in relation to other skills/training needs respondents feel are important to succeed and practice safely and effectively in a SPLW role include:

- Core Skills & Competencies
- Training & Professional Development
- Workplace Support & Policies
- Knowledge of Systems & Communities
- Practical Skills & Tools.

CORE SKILLS & COMPETENCIES

- **Active Listening & Communication** – Building trust, understanding needs, and providing effective support
- **Empathy & Emotional Intelligence** – Being non-judgmental, patient, and sensitive to diverse experiences
- **Problem-Solving & Creativity** – Thinking flexibly and developing personalised solutions
- **Assertiveness & Confidence** – Advocating for clients, managing challenging situations, and setting clear boundaries
- **Teamwork & Collaboration** – Working effectively with healthcare teams, community organisations, and stakeholders

TRAINING & PROFESSIONAL DEVELOPMENT

- **Mental Health & Trauma-Informed Care** – Suicide prevention, crisis intervention, de-escalation, and resilience
- **Health & Wellbeing Coaching** – Motivational interviewing, life coaching, and holistic support approaches
- **Housing, Benefits & Social Care Knowledge** – Understanding social welfare systems/financial hardship support, and policy frameworks
- **Conflict Resolution & Risk Management** – Managing difficult conversations, safeguarding, and professional boundaries
- **Cultural Competency & Inclusion** – Supporting neurodiverse, disabled, and marginalised communities
- **Caseload & Time Management** – Efficiency, preventing burnout, and balancing workload

WORKPLACE SUPPORT & POLICIES

- **Supervision & Peer Support** – Reflective practice, debriefing, and structured support systems
- **Workplace Wellbeing & Self-Care** – Personal resilience, stress management, and preventing burnout
- **Lone Working Safety** – Policies, networking, and ensuring staff safety in independent work settings
- **Career Development & Training Access** – Ongoing CPD, appraisal structures, and learning opportunities

KNOWLEDGE OF SYSTEMS & COMMUNITIES

- **Local Service & Referral Pathways** – Understanding available support, navigating NHS and voluntary sector networks
- **Understanding PCNs & NHS Structures** – Navigating bureaucracy, cross-sector collaboration, and influencing change
- **Legal & Ethical Awareness** – Safeguarding, accountability, and professional responsibilities

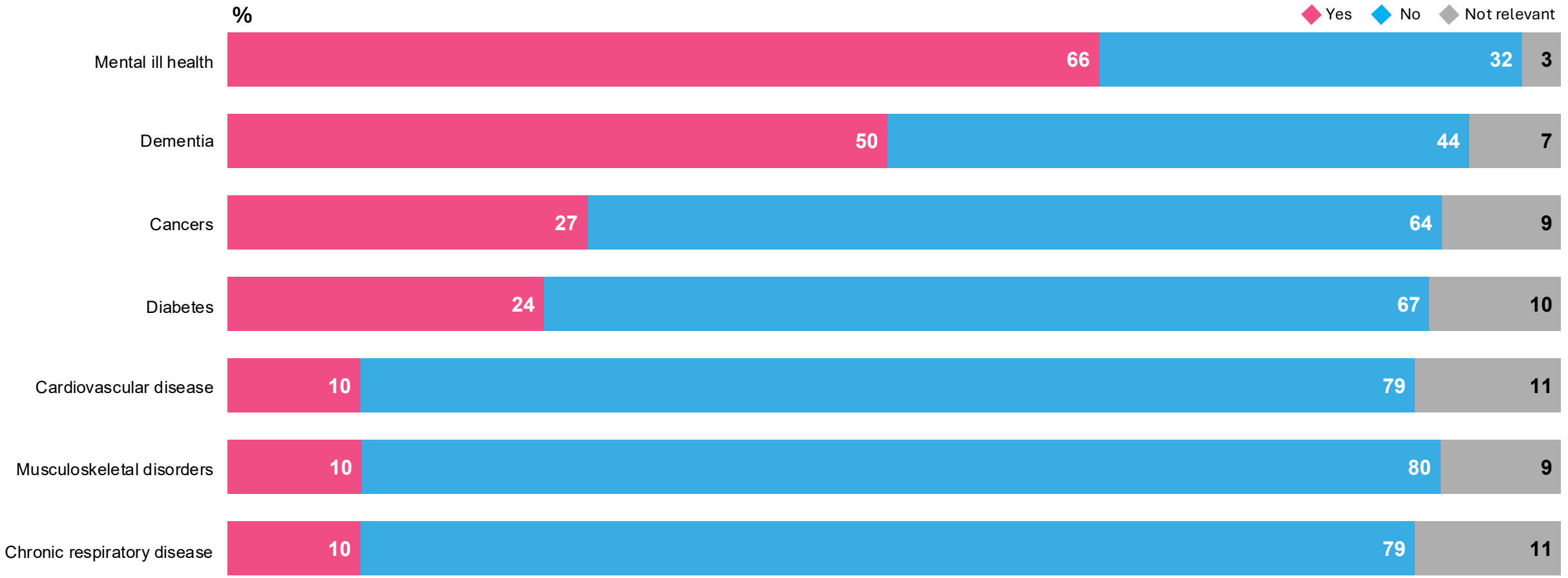
PRACTICAL SKILLS & TOOLS

- **Safeguarding & Risk Assessment** – Identifying, managing, and reporting risks effectively.
- **Digital & IT Skills** – Training in NHS software (e.g. SystmOne), data recording, and digital literacy.
- **Community Development & Engagement** – Connecting with local organisations, supporting funding bids, and fostering resilience.

Q. Have you had any specific training on supporting people with Long-Term Conditions? (n=411)

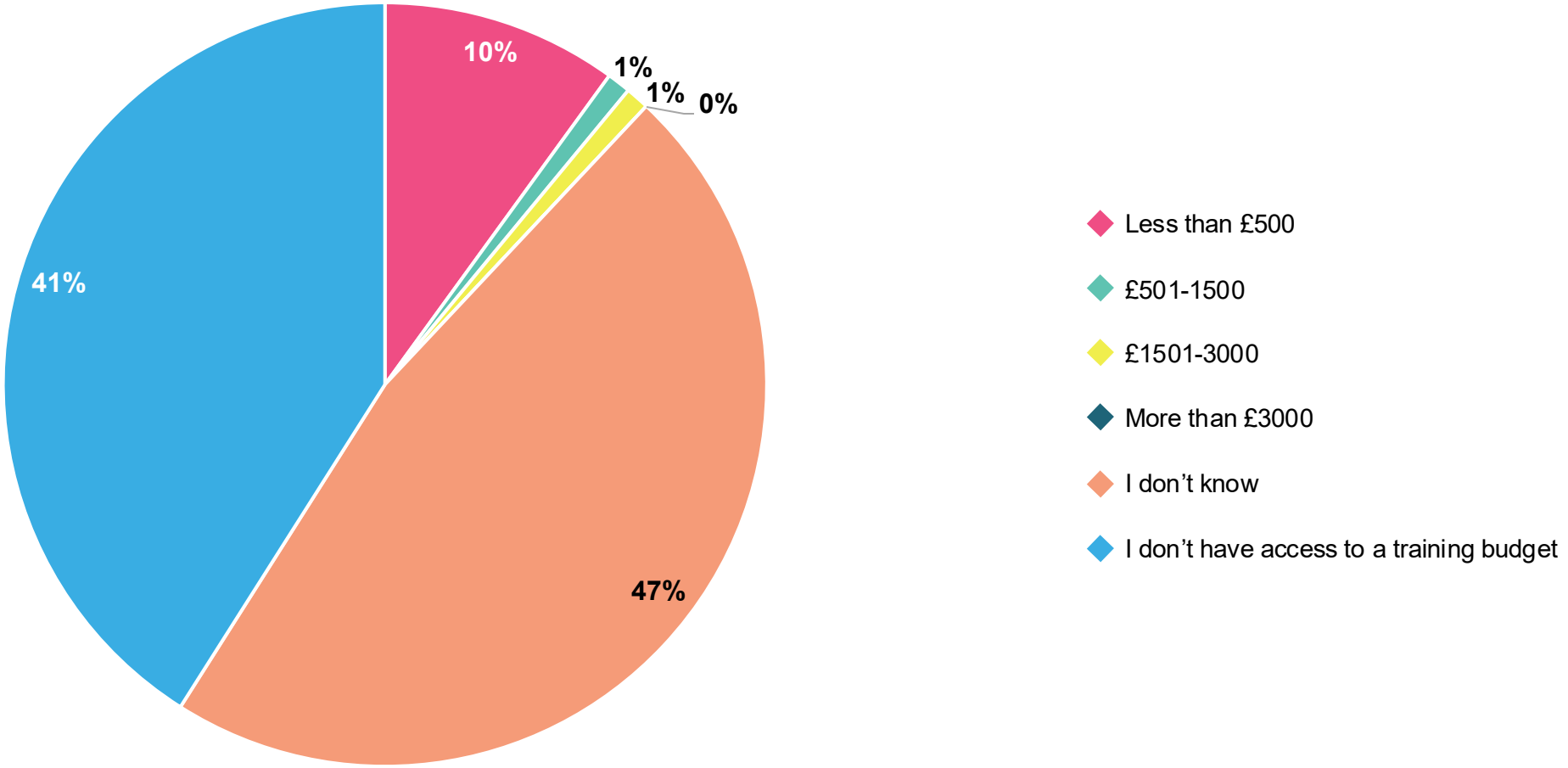
Training on supporting people with long-term conditions varies substantially across different conditions.

- The highest proportion of SPLWs (66%) report having received training on mental health.
- Half of SPLWs report receiving training on dementia.
- Most SPLWs had not received training on cancer, diabetes, CVD, CRD, or MSK conditions.



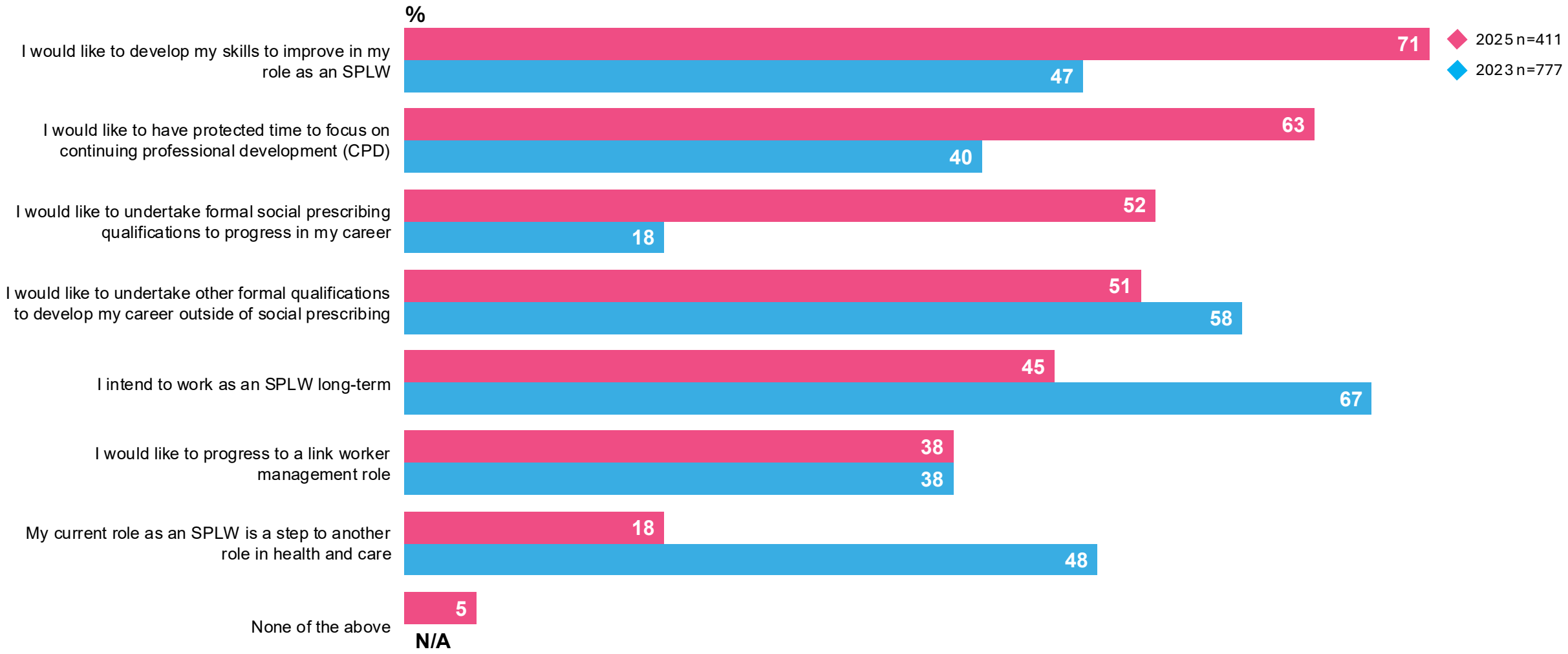
Q. Approximately what is the amount you have for a training budget per year as a social prescribing link worker? (n=411)

- Almost half of respondents don't know their training budget.
- An additional two-fifths report not having access to a training budget
- 10% report having a budget of less than £500 per year.



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

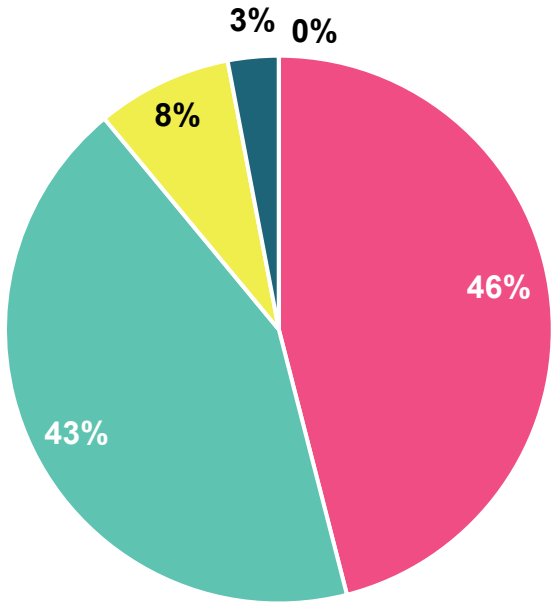
- Almost three-quarters of respondents want to develop their skills to improve in their role, while almost two-thirds would like protected time for CPD.
- Around half of respondents wish to pursue formal social prescribing qualifications for career advancement, and a similar proportion are interested in qualifications beyond social prescribing, Therefore, while many see a future in social prescribing (45% intend to work as an SPLW long-term, and 42% of those not currently in a Lead/Manager role would like to progress to a link worker management role, 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.



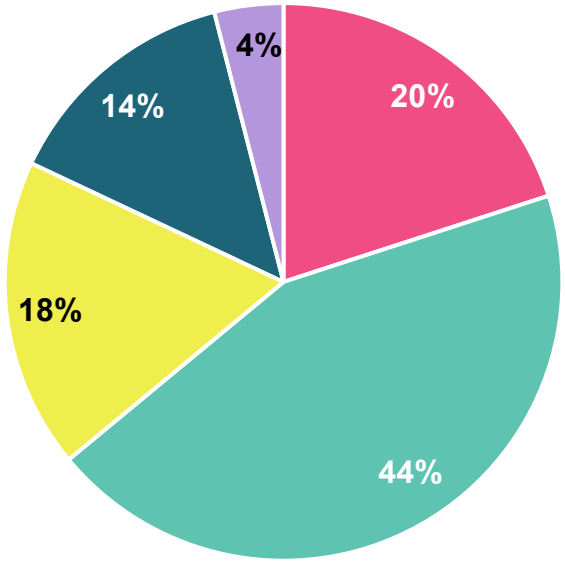
Q. To what extent do you agree with the following statements regarding training and development? (n=411)

- The vast majority of SPLWs report understanding the scope of their role (89% 'strongly agree' or 'agree').
- Around two-thirds report being aware of the training and development opportunities in their role (64% 'strongly agree' or 'agree')
- Only around one-third report being aware of available career progression opportunities (31% 'strongly agree' or 'agree').

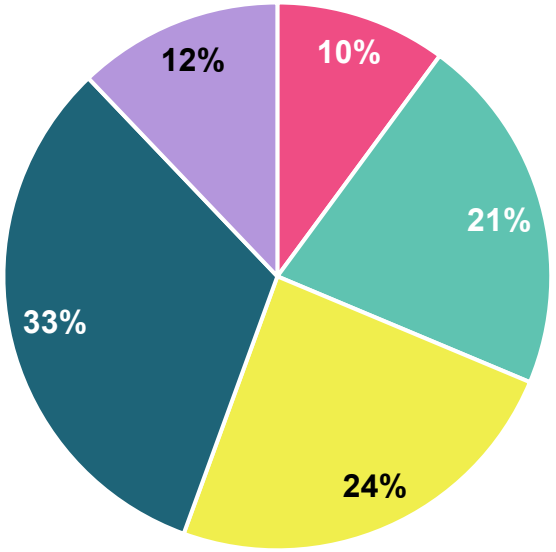
I understand the scope of my role



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



I am aware of the career progression opportunities available to me



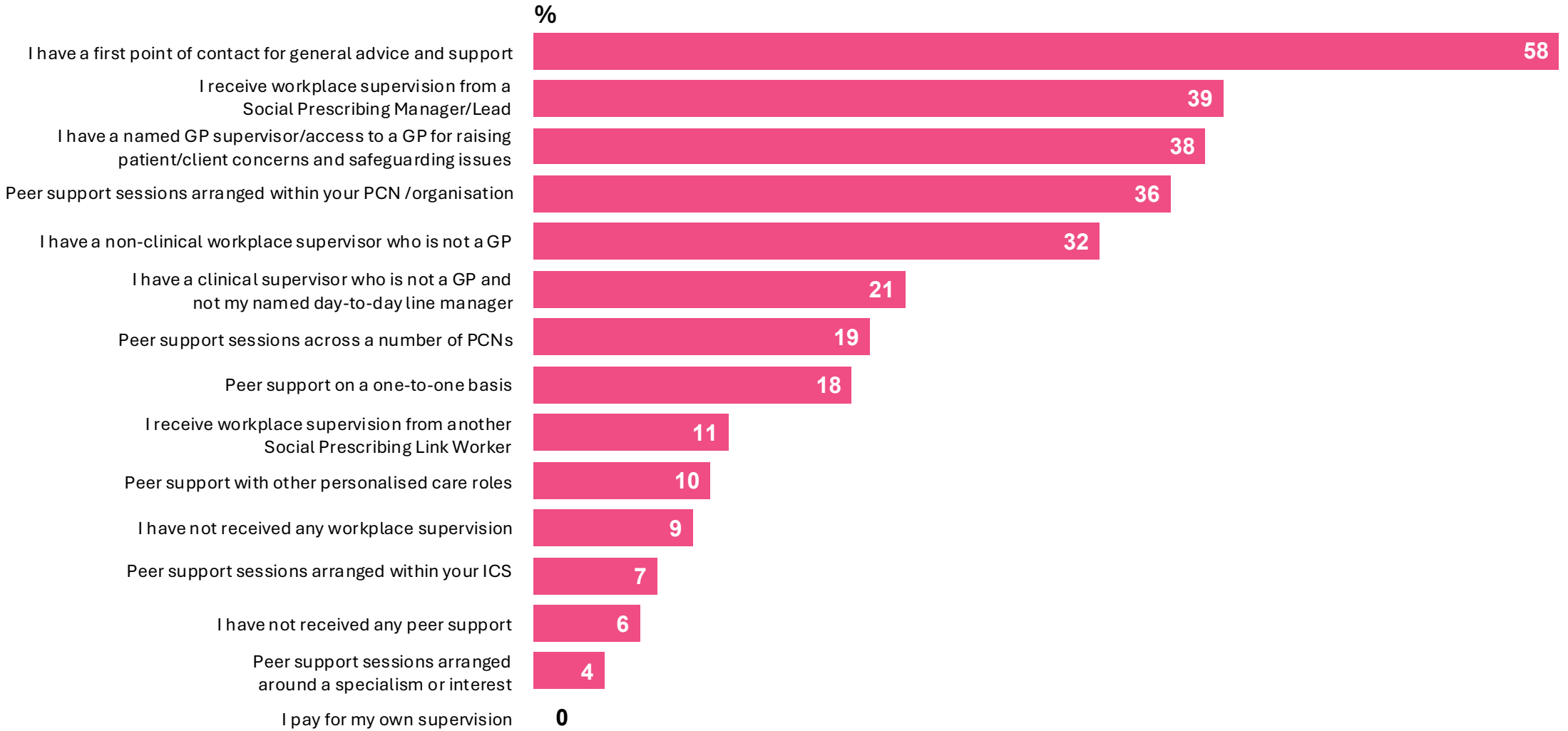
Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree

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

The most frequently cited forms of supervision are:

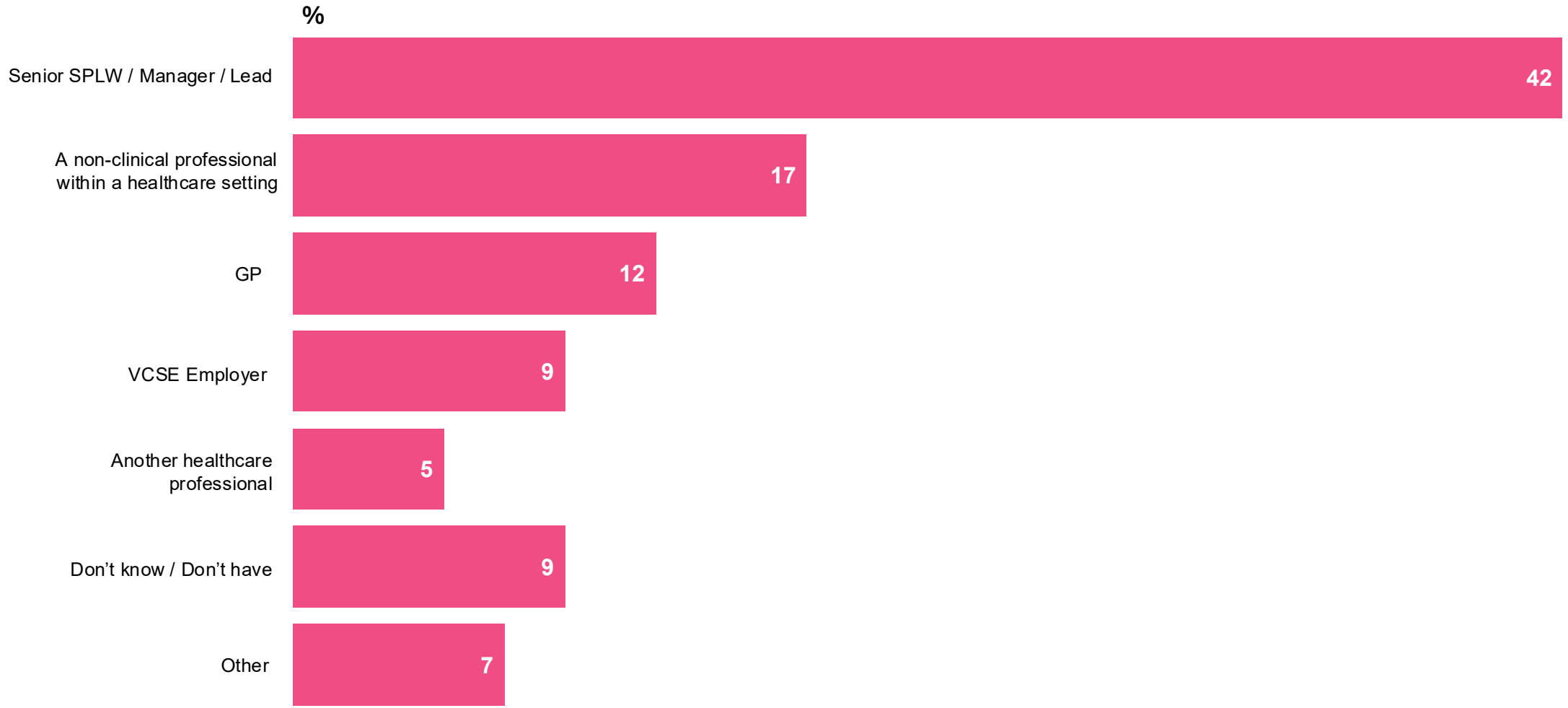
- A general advice/support contact
- Supervision from a social prescribing manager/lead
- A named GP supervisor/access to a GP for raising patient/client concerns and safeguarding issues
- Peer support within PCN/organisation
- A non-clinical supervisor who is not a GP.

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.



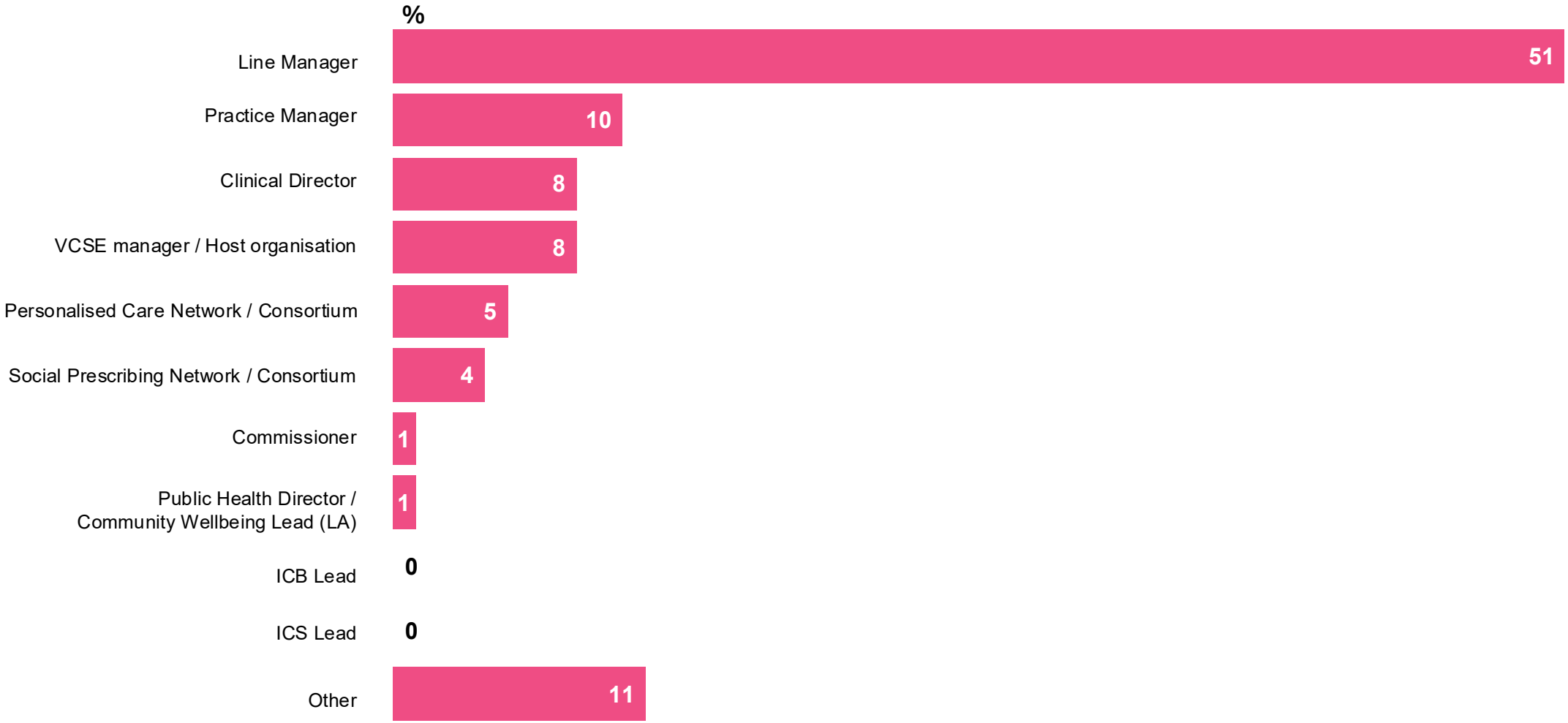
Q. Who is your primary supervisor? (n=411)

- There is substantial variation in supervision arrangements, and 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 say they don't know or don't have a supervisor, suggesting gaps in support, and a need to strengthen support structures for SPLWs.



Q. Who is the person or network of people who holds the most influence over your day-to-day role?? (n=411)

- There is considerable variation in perceived influence, suggesting a need for clearer guidance and consistency in supervision and leadership across systems.
- Half of respondents cite their Line Manager as being most influential over their day-today role, but influence is also distributed across a range of roles and organisations, indicating potential for variability in guidance, expectations, and support.
- Practice Mangers, Clinical Directors, and VCSE Managers/Host organisations play a role in influencing delivery, while networks and consortia are less prominent, and system-level leaders (commissioners, public health directors, and ICB/ICS Leads) account for only 3% combined, suggesting limited direct influence on frontline practice.
- Around one in ten selected 'Other', which included peers and informal team networks, and individual roles such as PCN Managers and Leads, Practice staff, and Senior SPLWs.

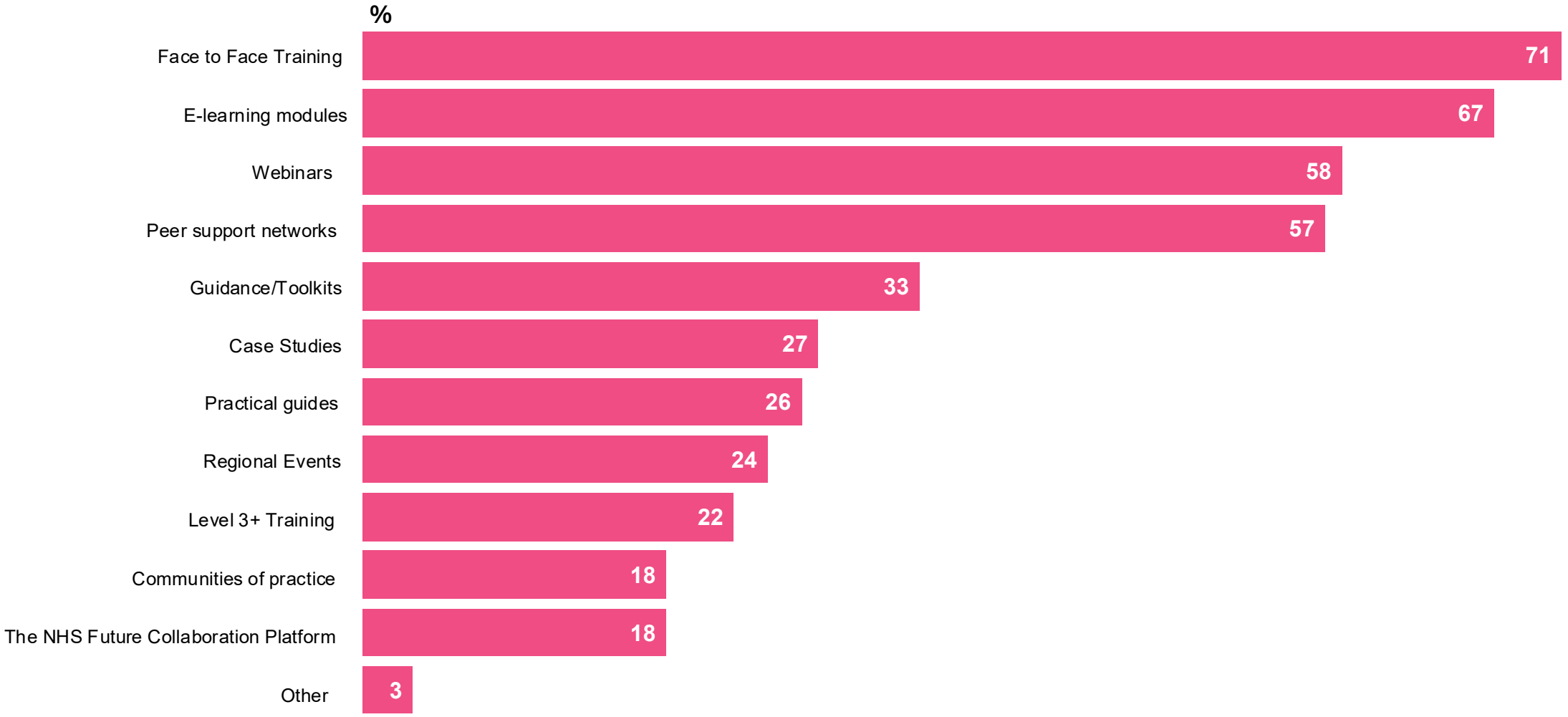


Q. What is your preferred way of keeping up to date with Social Prescribing Developments and/or best practice? Please select at most 5 options (n=411)

The most preferred methods for staying informed about social prescribing developments and best practices are:

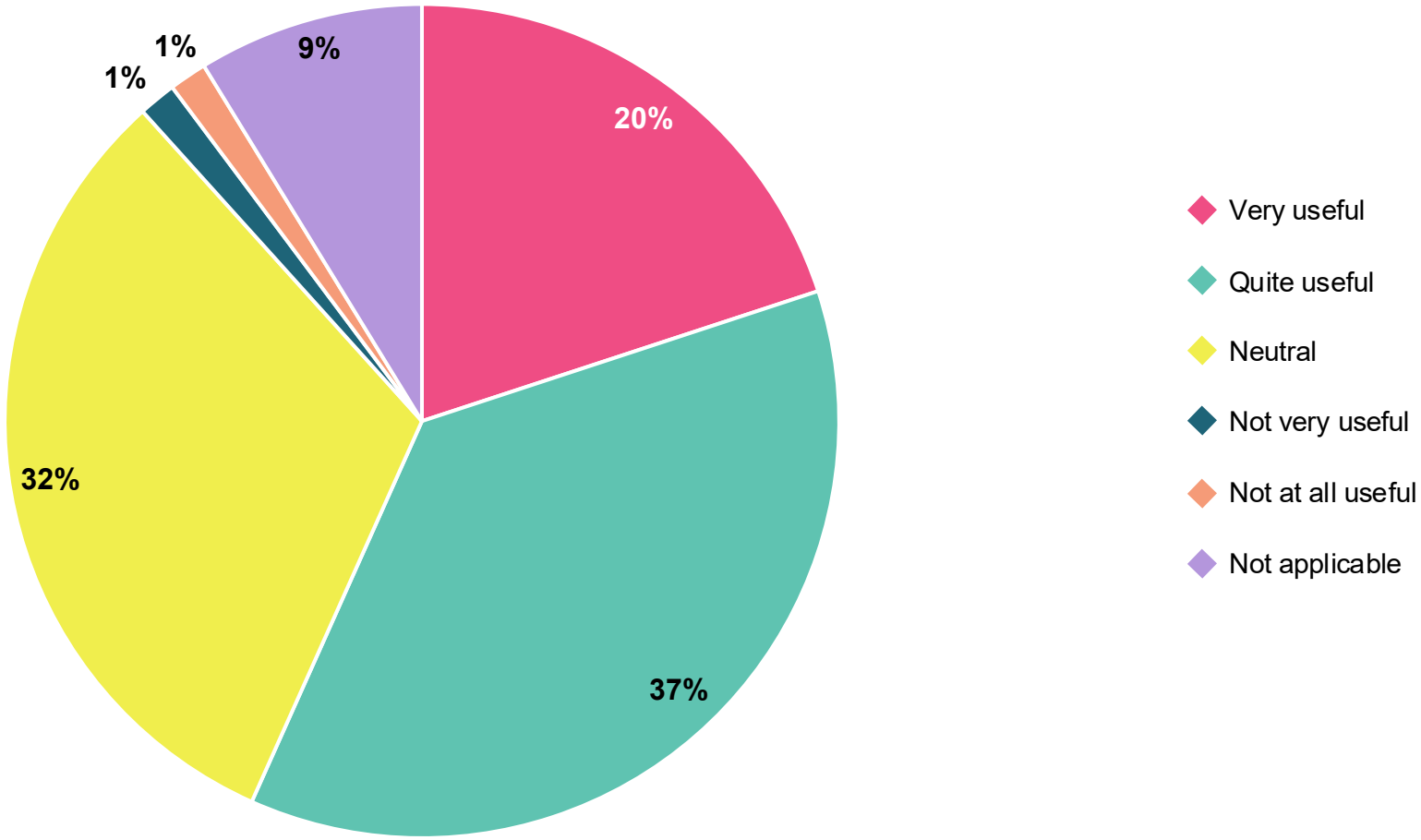
- Face-to-face training
- E-learning modules
- Webinars
- Peer support networks.

These findings suggest a blended approach to training opportunities – combining in-person and online options with peer support – would be ideal.



Q. How useful are resources provided by NASP? (n=411)

- Most respondents indicate that they find NASP resources 'Very useful' or 'Quite useful' (57%), with minimal dissatisfaction expressed. However, around a third of respondents are 'neutral'.
- These findings indicate that NASP resources are generally well received, but that there is room for improvement – particularly among those who are neutral.



Systems & Caseload Management

Systems & Caseload Management - Overview

Clinical System Training

- 69% of SPLWs report having received training on their local clinical system.
- However, only 55% are familiar with SNOMED codes, and just 43% feel confident using them.

Referral Pathways & Data Access

- Confidence in developing referral pathways is high (86%).
- 80% of SPLWs can access NHS records, and 85% can input data into them.

Understanding of Concepts

- 82% of SPLWs report being aware of proactive social prescribing, but only half of SPLWs (51%) are aware of the Social Prescribing Information Standard.

Recording Referrals

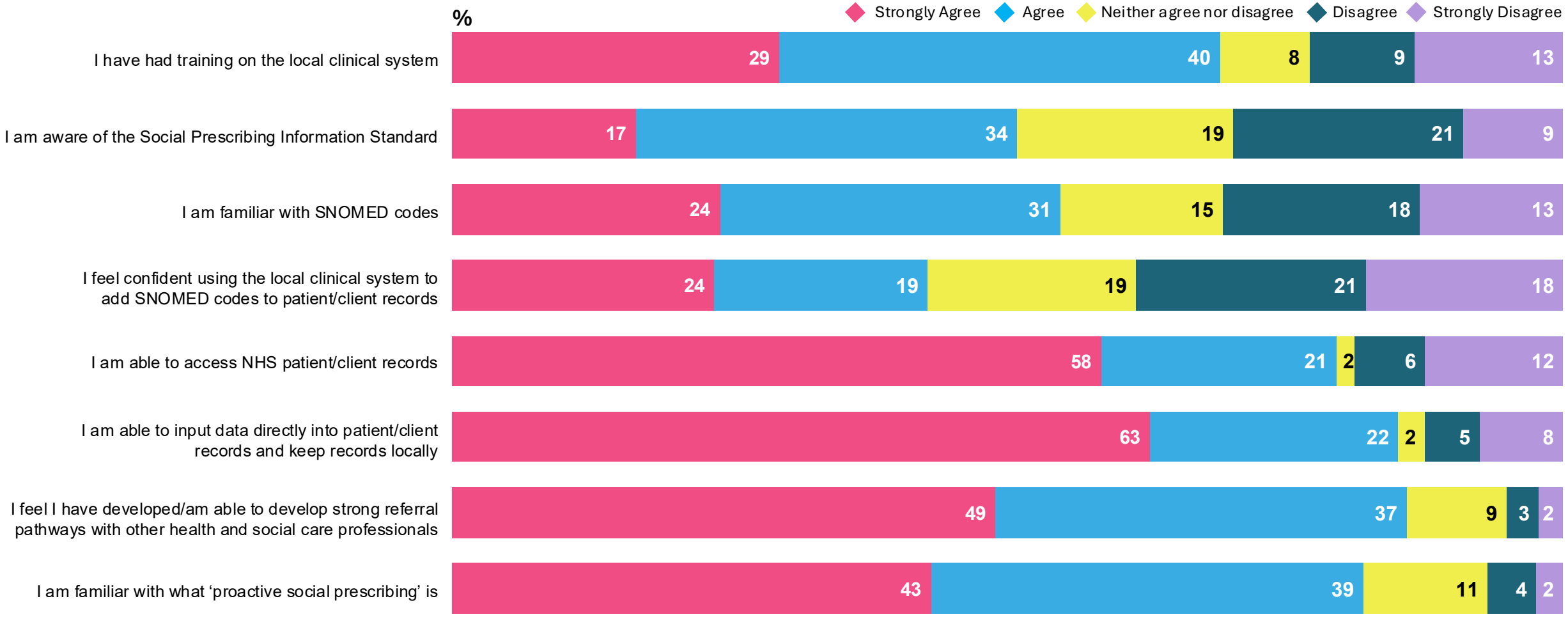
- Most SPLWs track where patients are referred to (69%), but fewer track feedback (53%) or outcomes (46%).
- Monitoring service impact is the weakest area – only 20% do this very often, while 19% never do.

Outcome Recording

- While around half of SPLWs record outcomes ‘very often’ or ‘often’ (49%), a quarter report never record outcomes (24%).
- Only 4% report public reporting of outcomes.
- While ONS4 remains the most common outcome measurement tool, nearly 1 in 5 SPLWs report not using any outcome measurement tool.

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

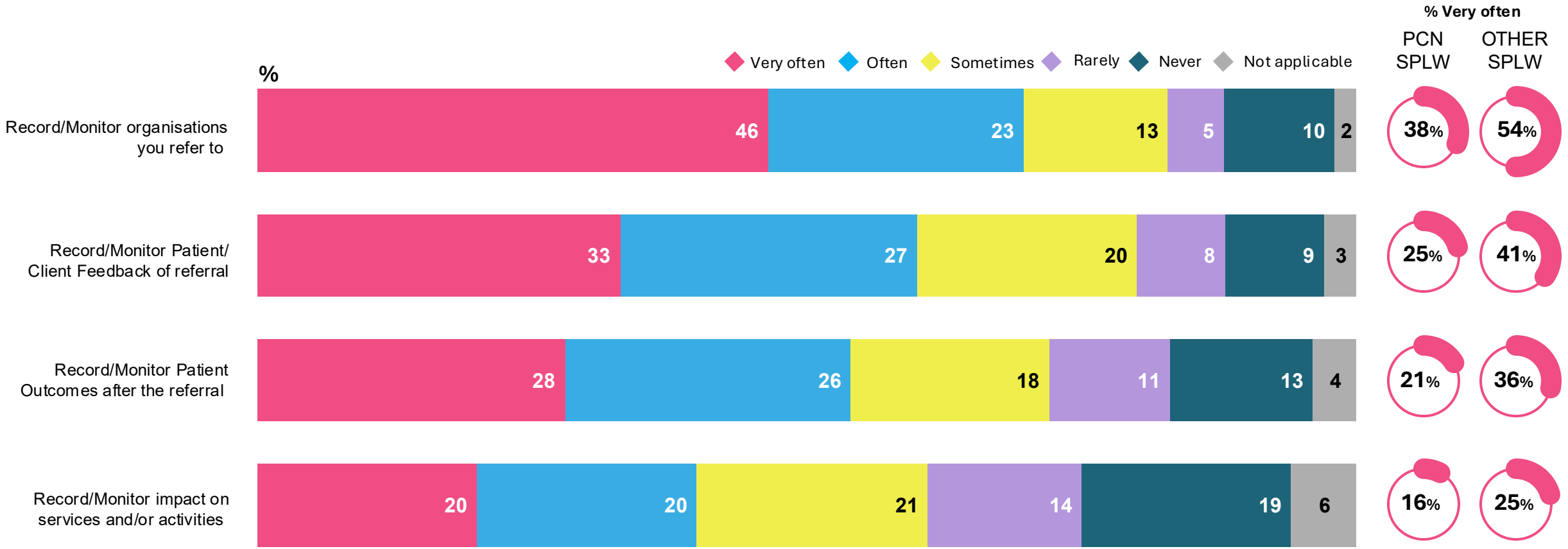
- While 69% report having received training on their local clinical system, familiarity with SNOMED codes is lower – only 55% report being familiar with SNOMED codes, and confidence in using the local clinical system to add SNOMED codes is lower still – only 43% report being confident, suggesting a lack of confidence in applying coding.
- Confidence in developing referral pathways with other health and social care professionals is strong – 86% feel confident, only 5% disagree.
- Access to NHS patient records and data input is also strong – 80% report being able to access records, while 85% report that they can input data into patient records.
- The concept of proactive social prescribing is relatively well understood; 82% of respondents report being aware of what it is.
- Awareness of the Social Prescribing Information Standard is more mixed – 51% of respondents report being aware, while 30% are unaware, and 19% are unsure.
- SPLWs employed directly by PCNs are more likely then other SPLWs to agree with each statement (see over).




PCN SPLW
% Strongly agree / Agree
OTHER SPLW
78%
I have had training on the local clinical system
59%
59%
I am aware of the Social Prescribing Information Standard
42%
65%
I am familiar with SNOMED codes
44%
55%
I feel confident using the local clinical system to add SNOMED codes to patient/client records
30%
97%
I am able to access NHS patient/client records
60%
96%
I am able to input data directly into patient/client records and keep records locally
74%
90%
I feel I have developed/am able to develop strong referral pathways with other health and social care professionals
82%
84%
I am familiar with what ‘proactive social prescribing’ is
80%

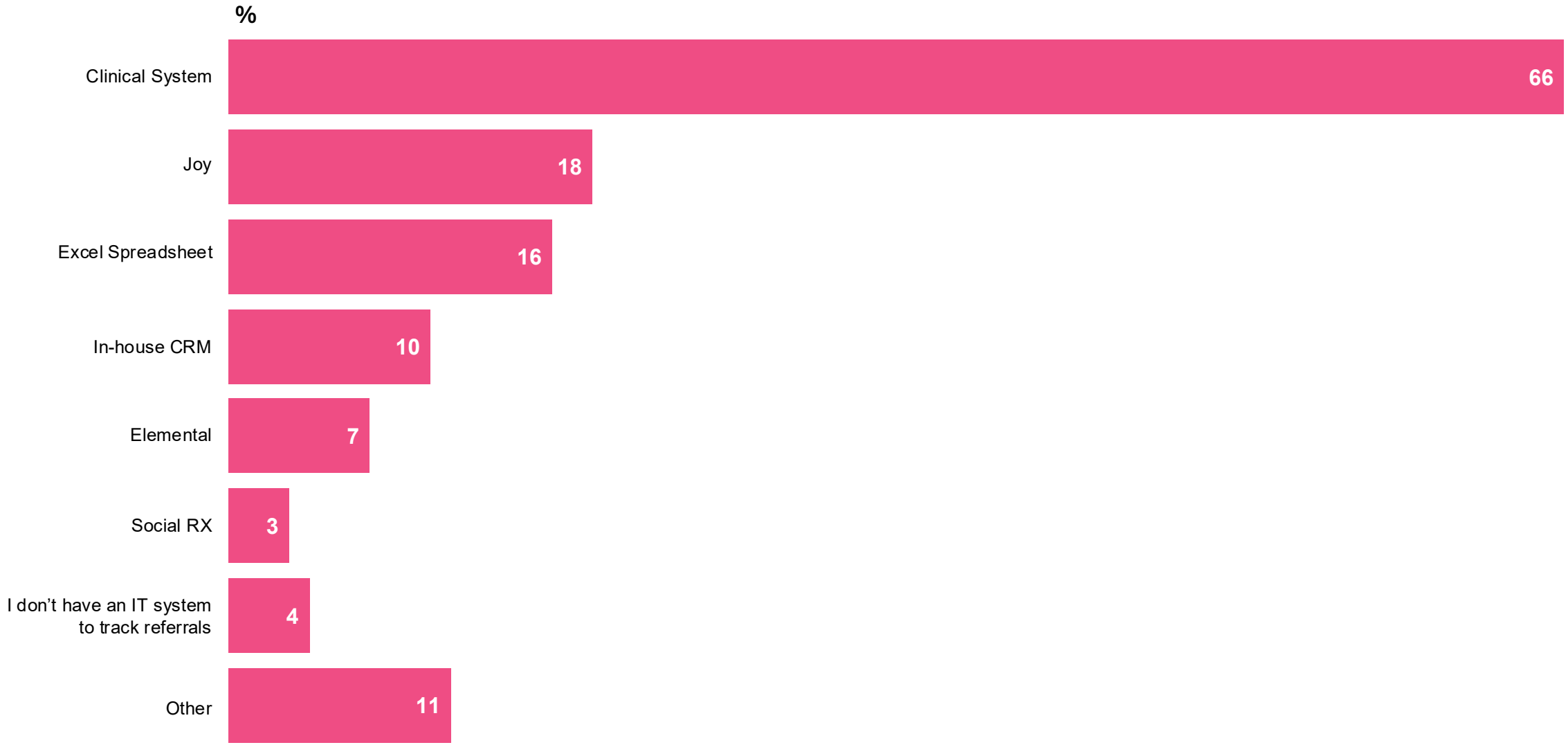
Q. Do you record and/or monitor your onward referrals in the following ways? (n=411)

- There is variability in how SPLWs record and monitor referrals, with a stronger focus on tracking *where* patients are referred to rather than evaluating the outcomes and impact of these referrals. Patient feedback and outcomes tracking are less common, which may limit the ability to assess the effectiveness of social prescribing interventions. Service impact monitoring is the weakest area of those listed, suggesting that the long-term effectiveness of social prescribing on community resources is not being well documented.
- Recording organisations referred to is the most common of the listed practices, however, 15% report that they rarely or never track this data.
- Patient feedback on referrals is monitored less frequently.
- Tracking patient outcomes post-referral is inconsistent.
- Monitoring the impact on services and activities is the least common of these practices.
- SPLWs employed directly by PCNs are less likely than other SPLWs to report recording/monitoring each of these aspects 'very often'.



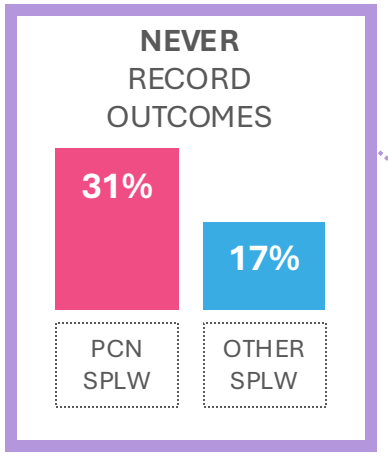
Q. What IT system do you use to track and/or monitor your referrals? (n=411)

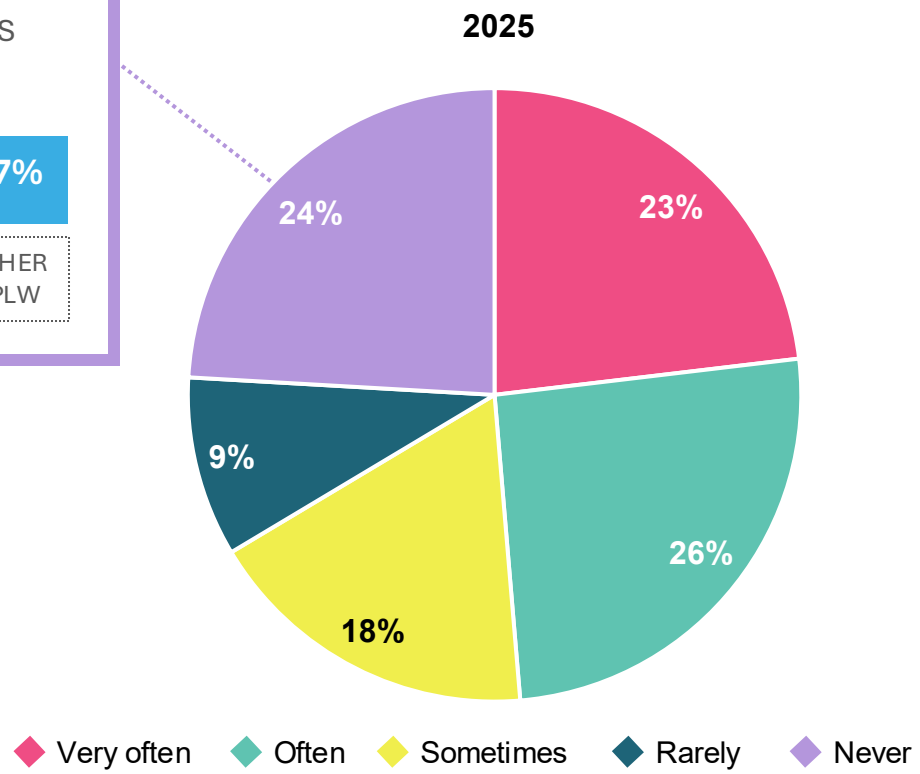
- The findings indicate variation in referral tracking tools, with a spread across various platforms, suggesting potential for improved consistency and integration in referral tracking.
- Two thirds of SPLWs use clinical systems like EMIS or SystmOne to track referrals.
- Notably, 4% report having no system to track referrals.
- 'Other' responses include Charity Log, as well as Refer All and Theseus.

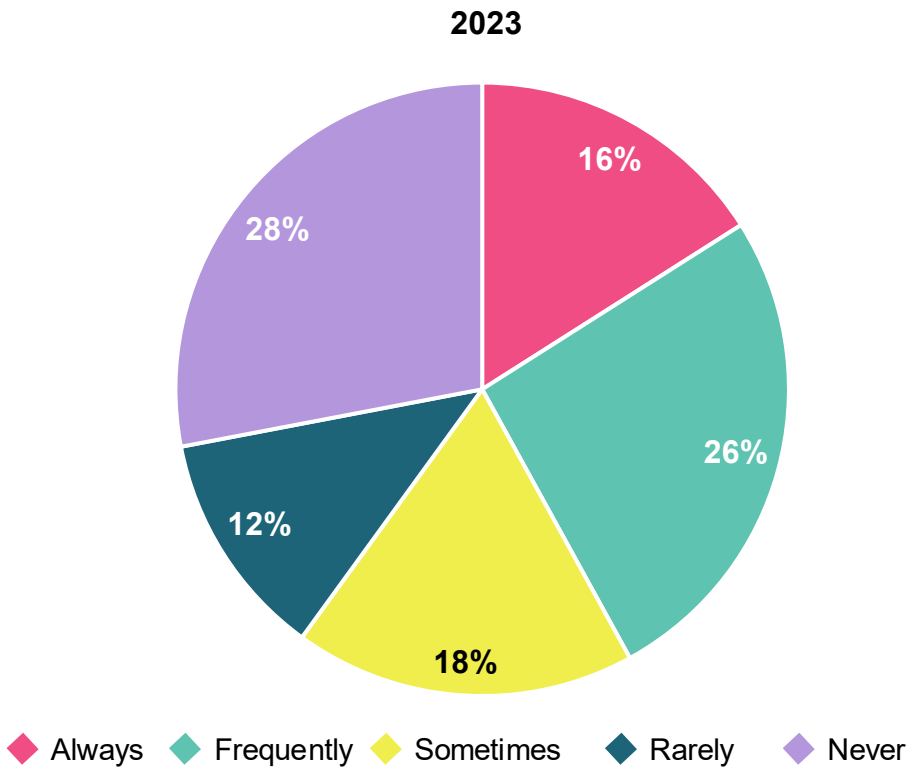


Q. Overall, how often do you record patient and/or client outcome measures (e.g. ONS4)? (2025 n=411)

- Almost half of respondents indicate that they record social prescribing outcomes ‘very often’ or ‘often’, while around a quarter indicate that they never record outcomes.
- The findings suggest a slight improvement in frequency of outcome recording since 2023, however a significant proportion of respondents still record outcomes irregularly.
- The slight decrease, between 2025 and 2023, in respondents reporting ‘rarely’ (from 12% in 2023 to 9% in 2025), and ‘never’ (from 28% in 2023 to 24% in 2025) reporting outcomes, suggests a gradual shift towards more consistent recording, but a substantial proportion (42%) still record outcomes only ‘sometimes’, ‘rarely’, or ‘never’.





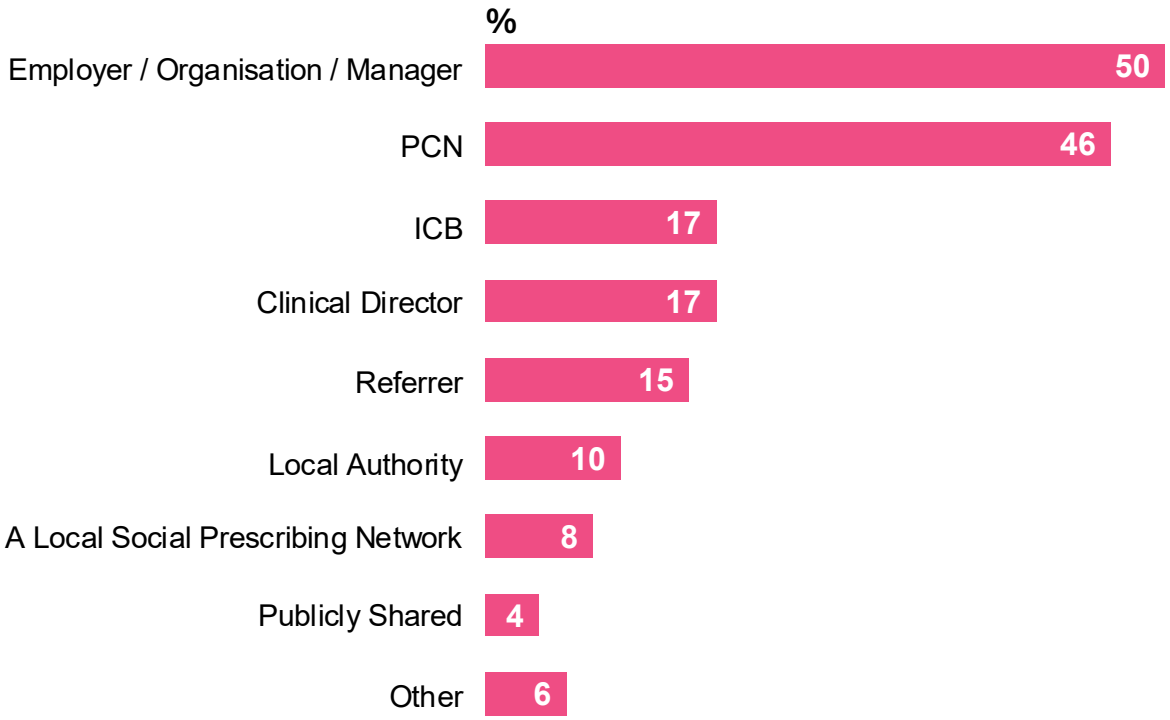


- SPLWs report most commonly sharing outcomes with their employer or manager and PCNs.
- The findings highlight limited strategic/system-wide sharing of outcomes data.
- Public reporting of outcomes is rare.

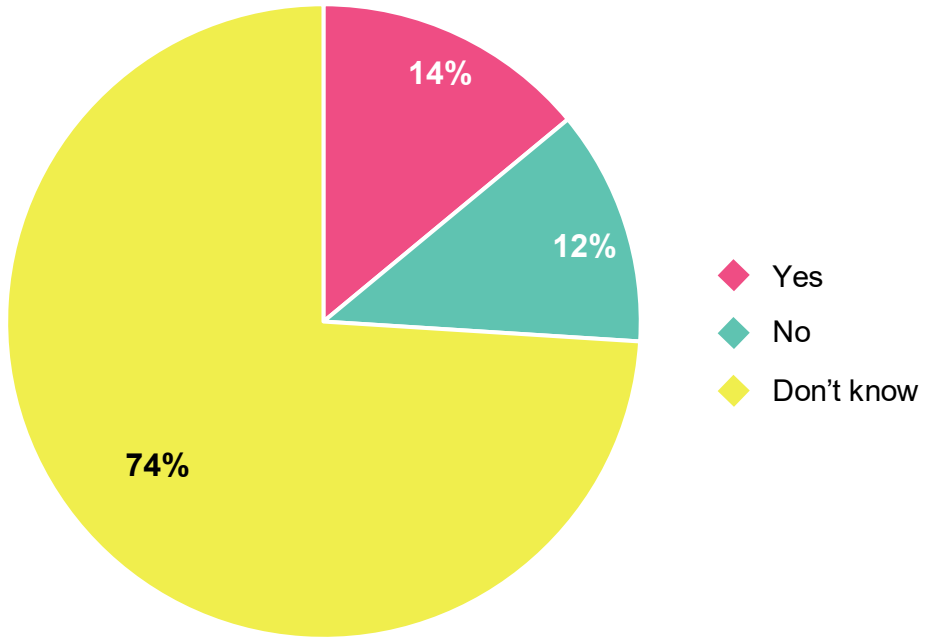
- Three-quarters of SPLWs report being unsure about whether outcomes data has been used to influence finance or investment decisions.

- SPLWs employed directly by PCNs are less likely than other SPLWs to say outcomes data has been used to influence finance or investment decisions (10%, compared with 20% of Other SPLWs).

Q. With whom are these outcomes shared? (n=411)

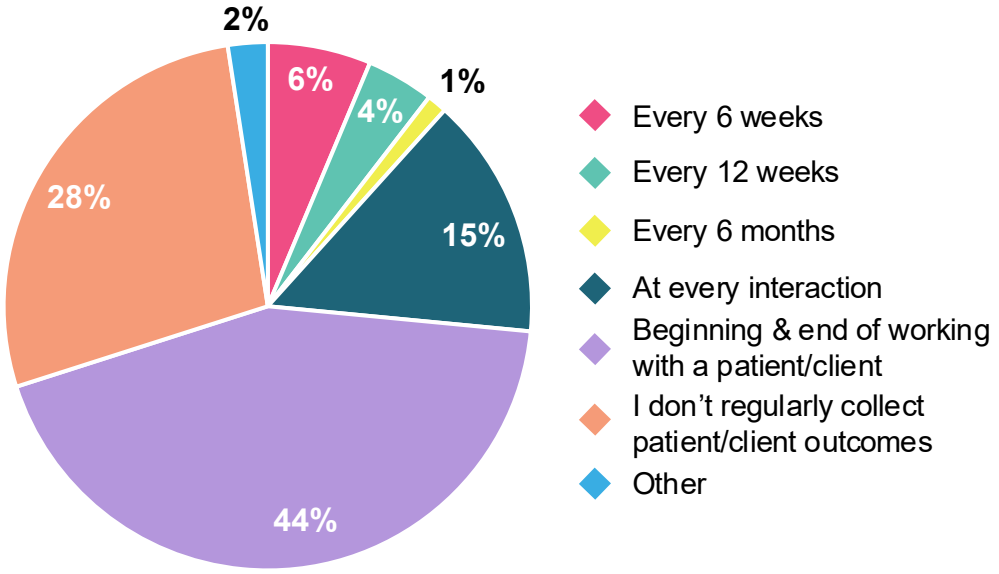


Q. Has outcomes data been used to influence finance or investment decisions? (n=411)

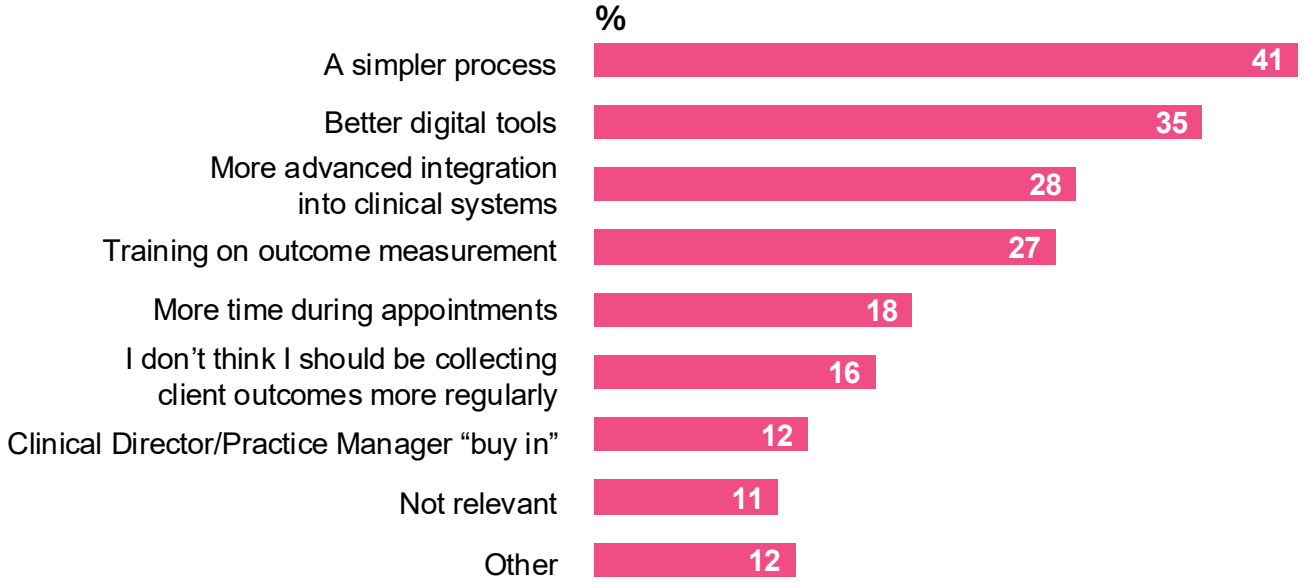


- Respondents most commonly report recording outcomes at the beginning and end of working with a patient/client (44%), followed by 'I don't regularly collect patient/client outcomes' (28%).
- Simpler processes and better digital tools are the most commonly selected responses that are needed to consistently capture client outcomes more regularly (reported by 41% and 35% of respondents respectively).
- Other themes include:
  - **Structural & systemic barriers**
    - **Lack of standardisation** – No agreed-upon outcome measure across teams or areas
    - **Systems not fit for purpose** – Generic outcome measures may not capture the necessary details
    - **Data fragmentation** – Systems do not always 'speak to each other', leading to duplication or gaps
    - **Lack of clear guidance** – No universal process on how and when to collect data.
  - **Practical & operational challenges**
    - **Time constraints** – SPLWs feel overwhelmed by administrative tasks and data collection
    - **Case complexity** – Outcome measurement may not be appropriate for clients with complex needs or disabilities
    - **Tracking issues** – Some SPLWs forget or lack reminders to record data consistently
    - **Role clarity** – Uncertainty about whose responsibility it is to capture the data.
  - **Engagement & buy-in issues**
    - **Client resistance** – Patients may not engage with surveys, especially if they see them as a 'tick-box exercise'
    - **Language barriers** – Some clients do not speak English, making standard surveys inaccessible
    - **Emotional sensitivity** – Wellbeing measures (e.g., ONS4) can feel inappropriate, especially questions on self-worth
    - **Loss of follow-up** – Clients may disengage before data collection is completed.

Q. Overall, how often do you record patient and/or client outcome measures? (n=411)



Q. What do you need to consistently capture client outcomes more regularly? (n=411)

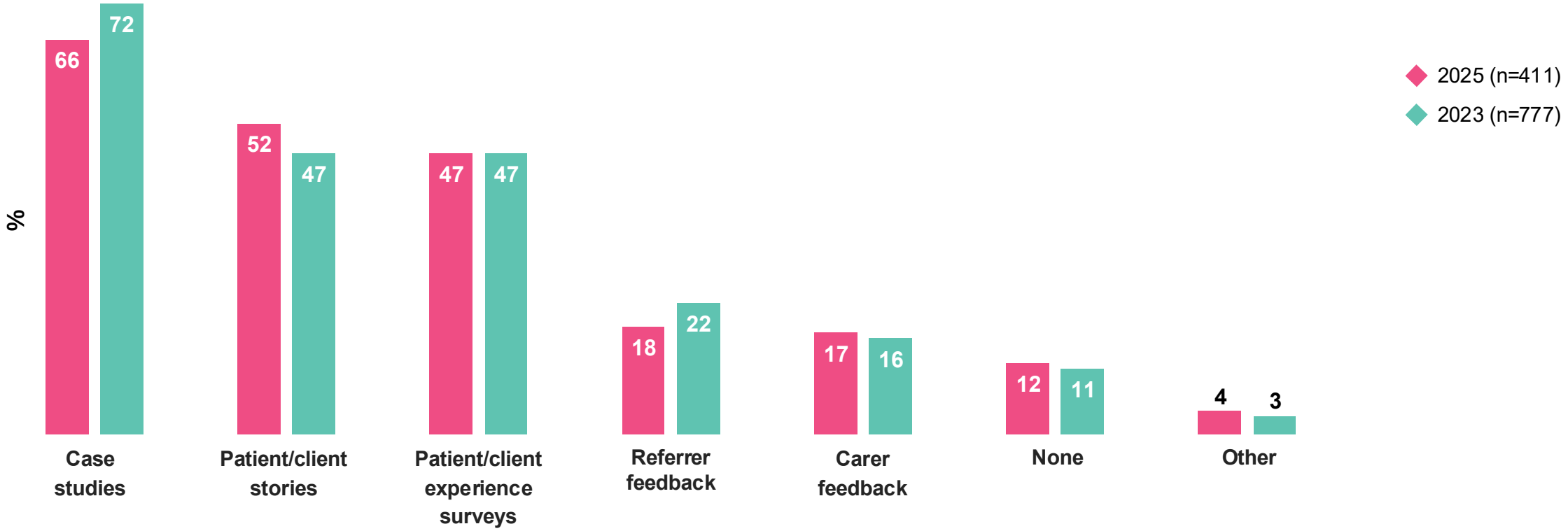


Which tools do you use to measure social prescribing outcomes? (%)

- Fewer respondents report using no outcome measurement tools – while this indicates improved adoption of measurement tools, nearly 1 in 5 respondents still report not using one.
- ONS4 remains the most commonly used tool to record outcomes.
- The introduction of 'Own/In house' category in 2025 demonstrates substantial use of locally developed/customised approaches.

Do you capture social prescribing outcomes through any of the following qualitative methods? (%)

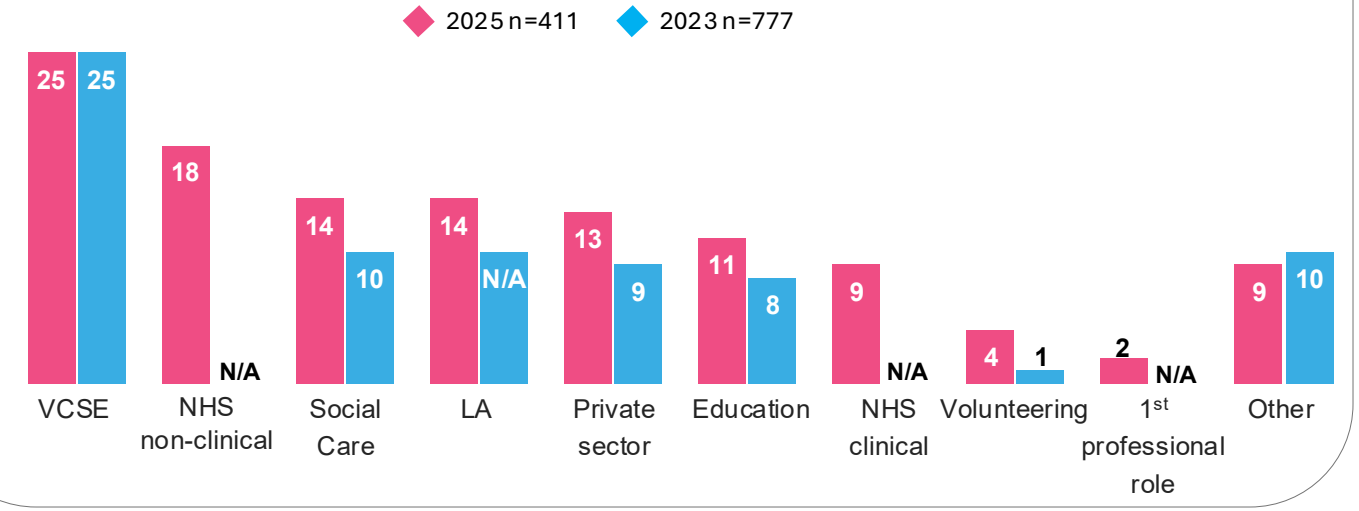
- Case studies remain the most widely used method, but are being used slightly less in 2025 that they were in 2023.
- There has been a slight increase in use of patient/client stories (from 47% in 2023 to 52% in 2025), suggesting a shift towards more direct, personal narratives.



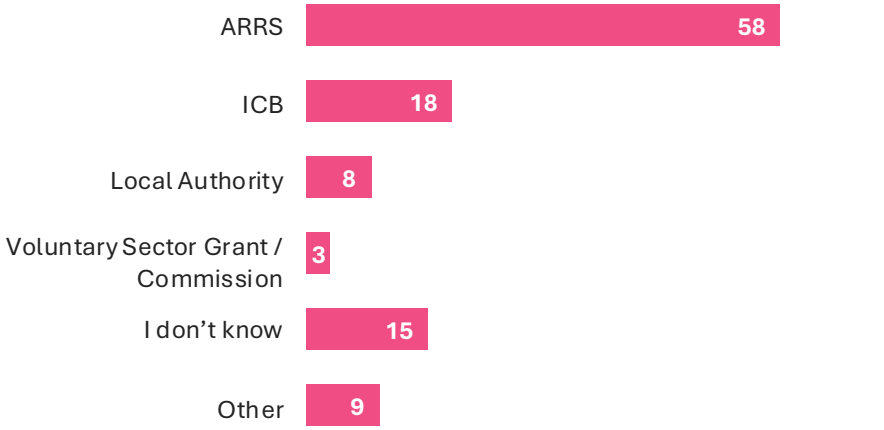
Appendix 1: Sample Profile

		No. of respondents (n)	Proportion of sample (%)
Total		**411**	**100**
Gender	Man	50	12.17
	Woman	352	85.64
	Not listed/Prefer to self-define	1	0.24
	Prefer not to say	7	1.70
	Missing	1	0.24
Age	Under 18	2	0.49
	18-24	9	2.19
	25-34	62	15.09
	35-44	86	20.92
	45-54	124	30.17
	55-64	102	24.82
	65+	14	3.41
	Prefer not to say	8	1.95
	Missing	4	0.97
Ethnicity	White	327	79.56
	Asian/Asian British	29	7.06
	Mixed or Multiple	15	3.65
	Black/Black British	14	3.41
	Not listed/Prefer to self define	7	1.70
	Prefer not to say	16	3.89
	Missing	3	0.73
Disability	No	350	85.16
	Yes	43	10.46
	Prefer not to say	15	3.65
	Missing	3	0.73

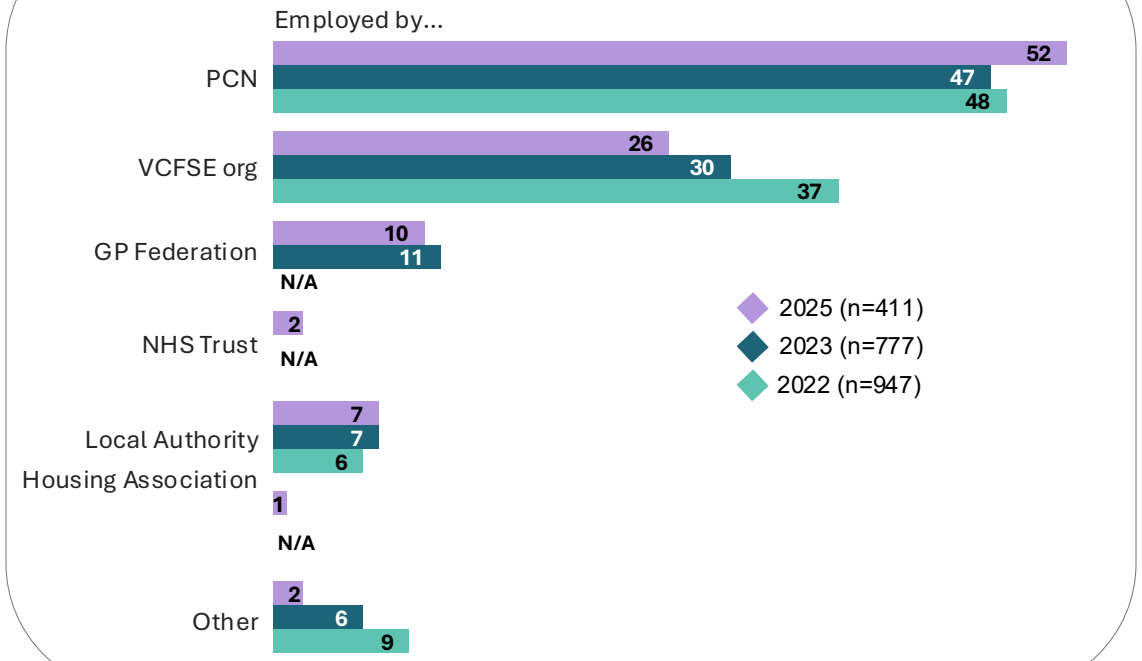
Q. Where did you work prior to becoming an SPLW? (%)



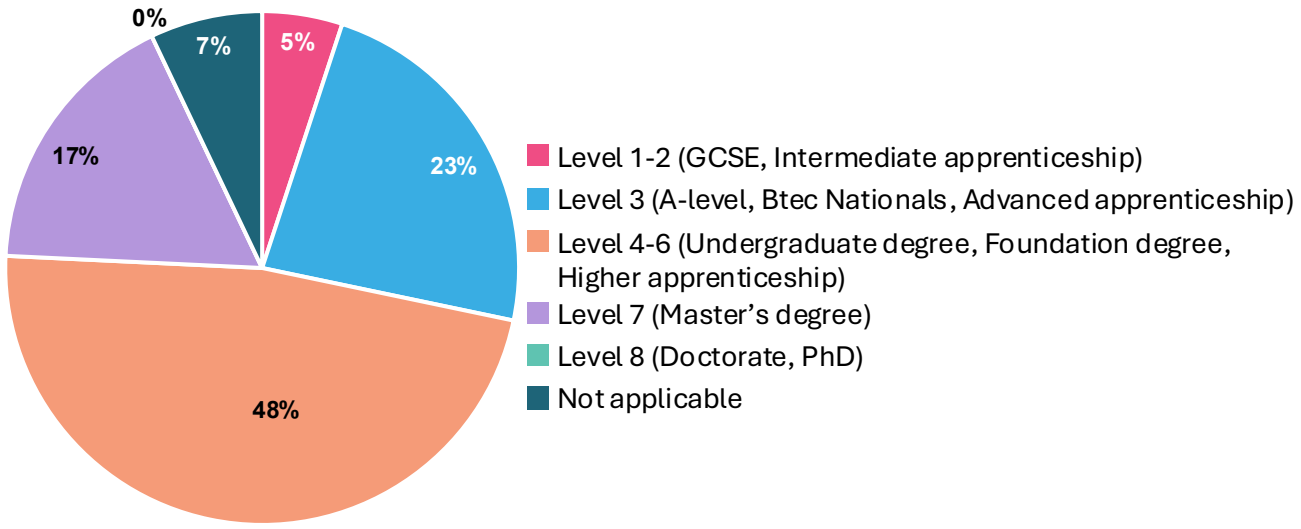
Q. How Is your post funded? (%) (n=411)



Q. Which of the following best describes your role? (%)



What is the highest level of training/education you had received before becoming a SPLW? (n=411)



Appendix 2: Service Profile

NORTH WEST ICS	63	15%
Cheshire & Merseyside	17	4%
Greater Manchester	10	2%
Lancashire and South Cumbria	36	9%

MIDLANDS ICS	71	17%
Birmingham and Solihull	5	1%
Black Country	4	1%
Coventry and Warwickshire	5	1%
Derby and Derbyshire	3	1%
Herefordshire and Worcestershire	4	1%
Leicester, Leicestershire and Rutland	6	1%
Lincolnshire	13	3%
Northamptonshire	18	4%
Nottingham and Nottinghamshire	6	1%
Shropshire, Telford and Wrekin	4	1%
Staffordshire and Stoke on Trent	3	1%

SOUTH WEST ICS	51	12%
Bath and North East Somerset, Swindon and Wiltshire	6	1%
Bristol, North Somerset and South Gloucestershire	8	2%
Cornwall and the Isles of Scilly	3	1%
Devon	5	1%
Dorset	6	1%
Gloucestershire	7	2%
Somerset	16	4%

LONDON ICS	58	14%
North Central London	1	<1%
North East London	14	3%
North West London	14	3%
South East London	22	5%
South West London	7	2%

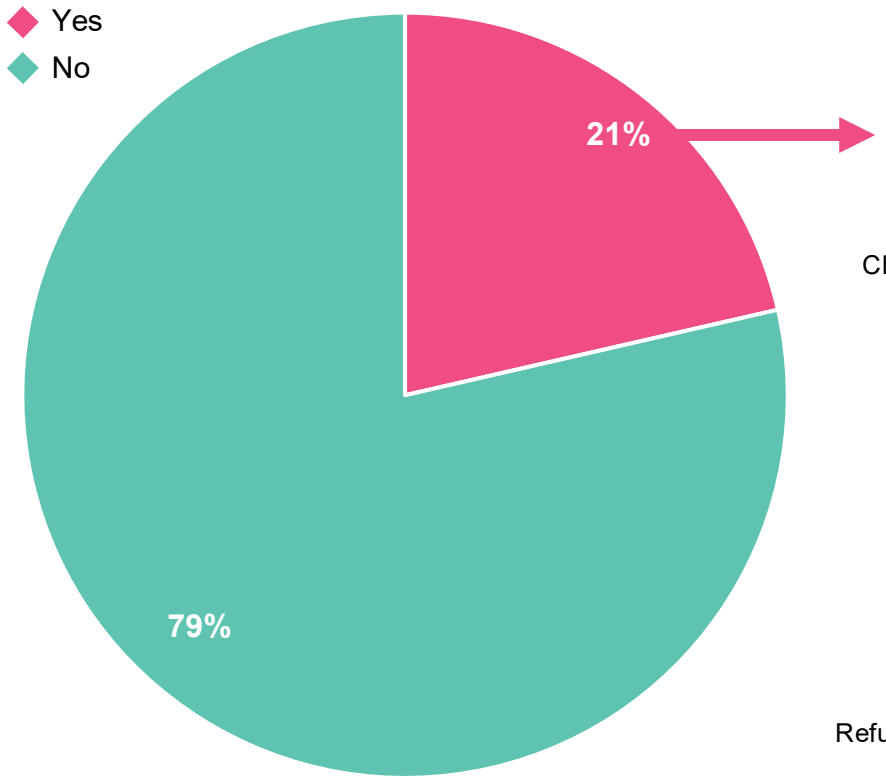
NORTH EAST AND YORSKHIRE ICS	59	14%
Humber and North Yorkshire	16	4%
North East and North Cumbria	27	2%
South Yorkshire	4	1%
West Yorkshire	12	3%

EAST OF ENGLAND ICS	41	10%
Bedfordshire, Luton and Milton Keynes	11	3%
Cambridgeshire and Peterborough	8	2%
Herefordshire and West Essex	4	1%
Mid and South Essex	6	1%
Norfolk and Waveney	1	<1%
Suffolk and North East Essex	11	3%

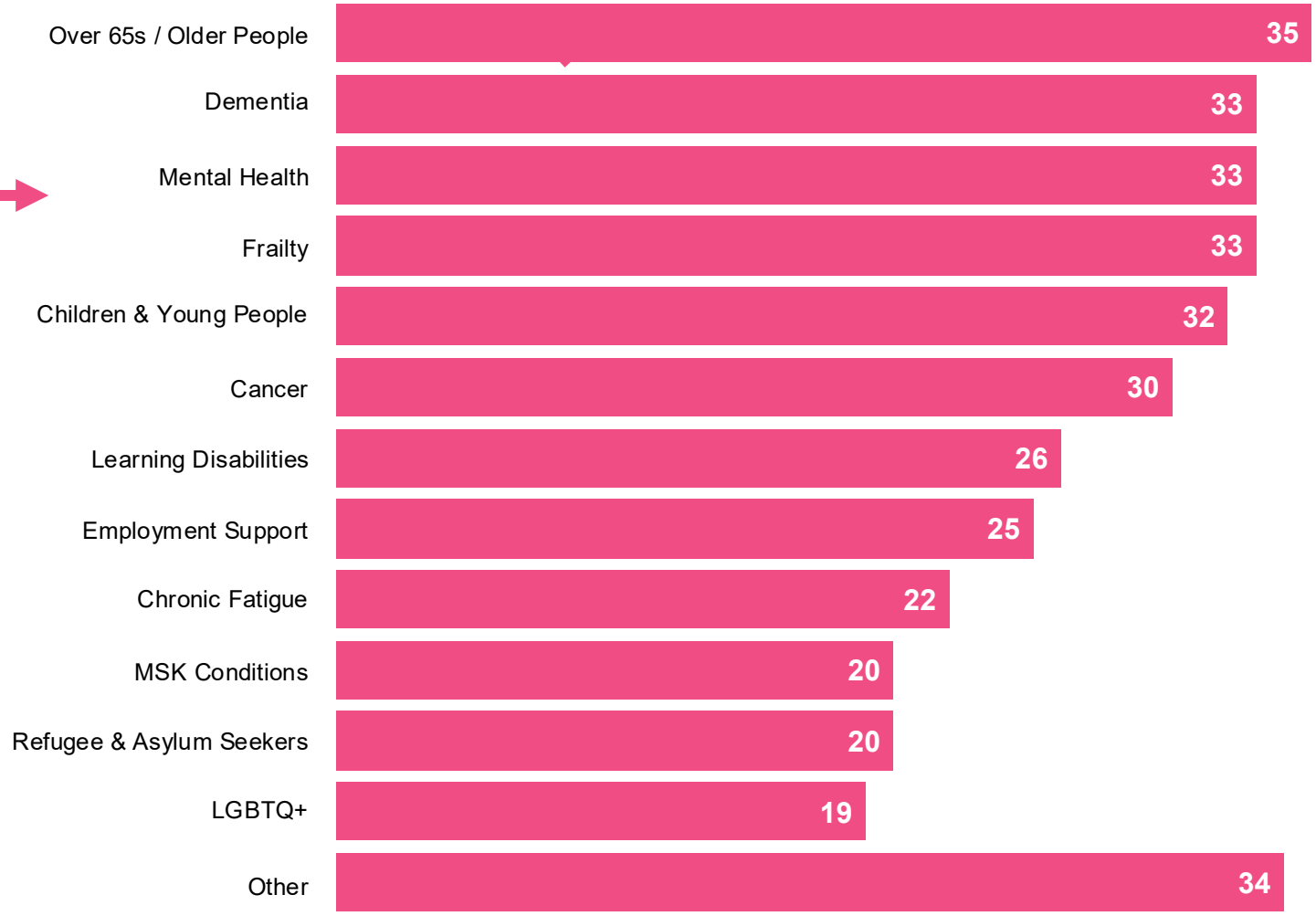
SOUTH EAST ICS	67	16%
Buckinghamshire, Oxfordshire and Berkshire West	25	6%
Frimley	1	<1%
Hampshire and the Isle of Wight	17	4%
Kent and Medway	7	2%
Surrey Heartlands	8	2%
Sussex	9	2%

- One in five SPLWs report their service being set up to support a specific cohort of patients.
- Of the SPLWs who reported their service was set up to support a specific cohort, the majority (59%) reported more than one cohort, with a total of 319 cohorts mentioned.
- Other patient/client cohorts mentioned include: long term health conditions; homeless communities/housing issues; and, bereavement support.

Q. Is your service set up to support a specific cohort of patients and/or clients? (n=411)

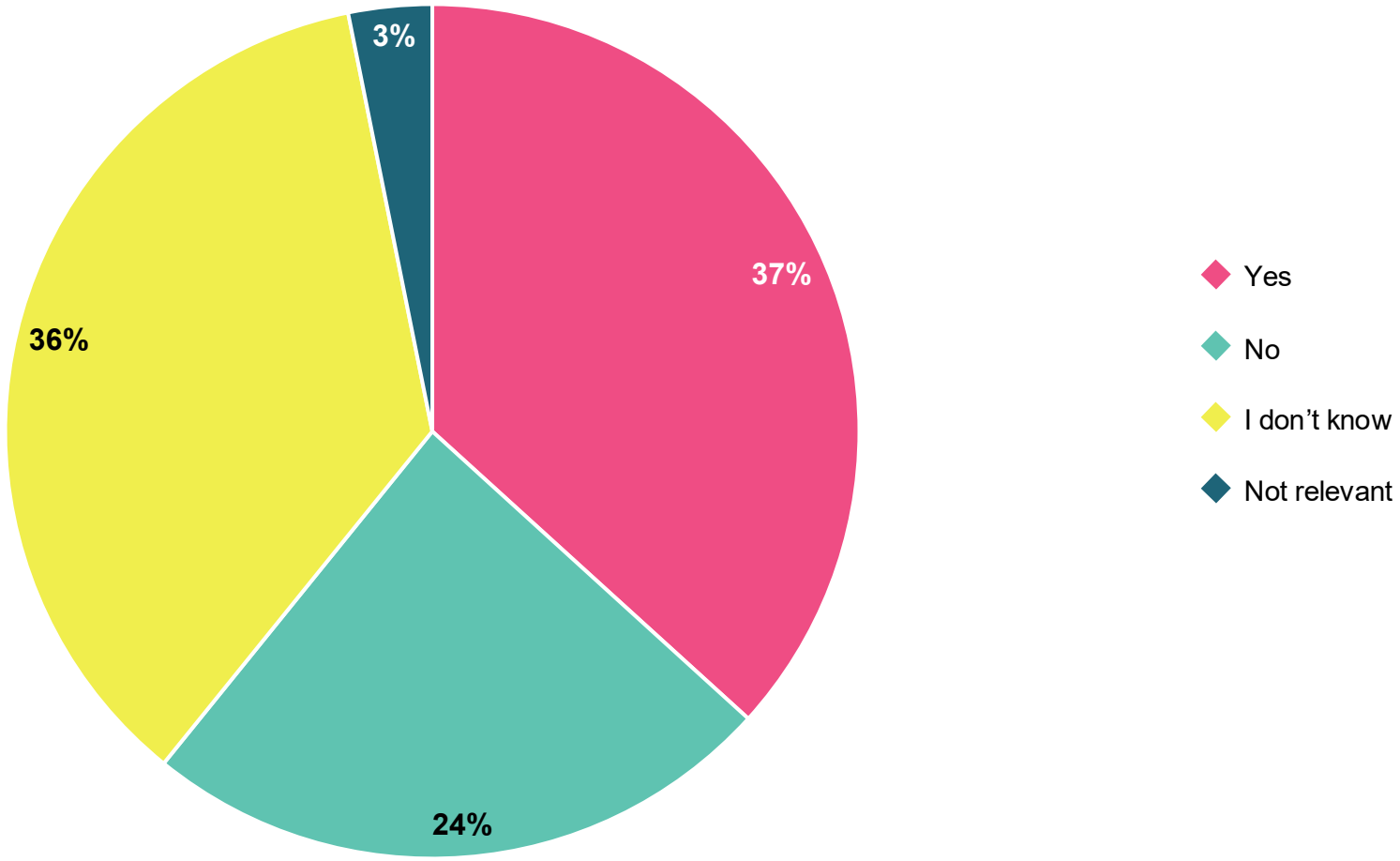


Q. If your service is set up to support a specific cohort of patients and/or clients, please select from the following (%) (n=88)



Q. Does your PCN offer a programme to proactively offer and improve access to social prescribing to an identified cohort with unmet need? (n=411)

- There is mixed awareness and implementation of proactive social prescribing initiatives across PCNs:
  - 37% of respondents report their PCN offers a proactive programme to improve access to social prescribing
  - A quarter of respondents (24%) report their PCN does not have such a programme
  - 36% of respondents do not know whether their PCN offers this, and 3% say it is not relevant to their role.



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