National Academy for Social Prescribing

Social Prescribing in England: Opportunities, Challenges, and the Role of the National Academy

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About The National Academy for Social Prescribing

The National Academy for Social Prescribing (NASP) is a national charity that champions social prescribing. We support and connect people, communities and organisations so that more people across the UK can enjoy better health and wellbeing.

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Please contact us at hello@nasp.info for further information on this work.

National Academy for Social Prescribing (NASP) Southbank Centre, Belvedere Road, London, SE1 8XX

hello@nasp.info

socialprescribingacademy.org.uk

NASP.Facebook

NASPTweets

NASP_insta

National-Academy-for-Social-Prescribing

In August 2025, NASP developed a survey to understand the impact that NASP has had on stakeholders and their priorities going forward for NASP and social prescribing. The main questions asked were (1) what impact has NASP had, (2) what are the biggest challenges for social prescribing in England, and (3) what should NASPs role be in addressing these. The survey ran from mid-August to mid-October and was promoted widely via NASP's networks, partners and social media. In total, there were 411 responses. An external evaluator has analysed the results of the survey.

Registered charity number: 1191145

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Executive Summary

This report presents findings from The National Academy for Social Prescribing's (NASP) 2025 Stakeholder Survey, drawing on responses from 411 participants across health, voluntary, community and social enterprise (VCSE), academic, and government sectors. It explores the impact NASP has had on stakeholders' work, challenges facing social prescribing, and priorities for NASP and social prescribing nationally.

Impact of NASP

Stakeholders report NASP making a meaningful and positive difference. The strongest impacts are:

- **Improved knowledge and understanding** among stakeholders, through provision of accessible trusted information and evidence
- **Supporting workforce identify and capability** – particularly for Social Prescribing Link Workers (SPLWs) – through provision of guidance, tools, and professional development opportunities
- **Strengthening implementation**, by providing resources for service development, and improving clarity around roles and models
- **Building a connected community of practice**, by providing networking and collaboration opportunities which have reduced isolation, and enabled shared learning
- **Enhancing advocacy and visibility**, both nationally, and by helping stakeholders raise the profile of social prescribing and influence decisions locally.

Key challenges identified

Respondents highlight systemic barriers currently limiting the potential of social prescribing:

- Insufficient resource and fragile VCSE funding
- Weak integration between the NHS and VCSE sectors
- Inconsistent embedding of social prescribing within the NHS, resulting in limited awareness and buy in for social prescribing among some health professionals, and an overly medicalised approach
- Low public understanding and awareness of social prescribing
- Workforce capacity, support, and issues of role clarity for link workers
- Lack of clear evidence – particularly in relation to 'what works'.

NASP's role

Overall, the findings indicate that stakeholders expect NASP to play an integrated set of leadership, advocacy, evidence, and support roles, spanning national policy influence, system coordination, as well as workforce development and practical support for delivery.

Stakeholders see NASP playing a particularly crucial role in:

- **National advocacy and policy leadership** – influencing government, securing sustainable funding, and protecting the social model and workforce
- **Leadership and coordination** – setting national direction, reducing variation, promoting consistency, and convening partners across sectors.

A role is also identified for NASP in:

- **Awareness and communication** – raising public and professional understanding of social prescribing and its benefits
- **Research, evidence, and data** – leading the national evidence base, ensuring high quality data, and improving outcome measurement
- **Workforce development** – supporting SPLWs with training, networks, and communities of practice, alongside defining roles, and improving standards/quality assurance
- **Implementation support** – providing practical tools and guidance to help practitioners to deliver social prescribing, including sharing models that work/good practice.

Expectations on NASP's role are relatively consistent across stakeholder groups, though the emphasis varies by ecosystem vantage point – e.g. VCSE stakeholders overwhelmingly prioritise VCSE funding, and along with health sector stakeholders emphasise VCSE-NHS integration, while SPLWs are more inclined than other stakeholder groups to prioritise workforce development.

Implications for NASP

Recognising that the challenges facing social prescribing cannot be addressed in isolation, going forwards, stakeholders expect NASP to play a multifaceted role. This involves:

- Advocating for sustainable funding and policy support
- Providing national leadership and a unified voice
- Enabling strong NHS-VCSE partnership
- Improving consistency and coherence in delivery
- Raising awareness among public, professionals, and policymakers
- Strengthening the evidence base and data collection
- Supporting the workforce with development, standards, and networks.

Collectively, the findings reflect NASP's role as national convener, advocate, and evidence-leader as critical to sustaining and strengthening the impact of social prescribing in the UK.

1. Respondent profile

In total, 411 people responded to the survey. Almost half (45%) were Social Prescribing Link Workers, with a further 25% from health stakeholder roles including clinicians, commissioners and health or care workers. VCSE professionals made up 16% of respondents, while the remaining 15% represented other stakeholders such as academics, civil servants, volunteers and people with lived experience of social prescribing. This reflects a strong mix of frontline practice, system leadership and sector perspectives.

Familiarity with social prescribing was very high, with 81% of respondents reporting they were very familiar with the approach and a further 18% somewhat familiar. Awareness of NASP was also strong: 45% said they were very familiar with NASP and actively used its resources or updates, while 36% were somewhat familiar. Among those who had engaged with NASP's work, 87% reported that NASP's insights, resources, advice or support had been useful, demonstrating the perceived value of NASP's contribution across the sector.

2. NASP's impact on stakeholders' work

Overview

NASP has made a wide-ranging contribution to stakeholders' work.

In particular, NASP plays an important role in strengthening knowledge, confidence, and professional practice, while also supporting service development, and contributing to a more collaborative, connected, and recognised workforce.

Figure 2.1: How NASP has made a difference to stakeholders' work (n=100)

Code theme	%	*n*
Knowledge & understanding	50	50
Workforce development, professional identity & legitimacy	27	27
Service implementation/development	26	26
Networking, collaboration & shared learning	19	19
Inspiration, motivation & morale	14	14
Influencing, advocacy & strategic positioning	12	12
No/limited impact	4	4
Other	10	10

Key areas of NASP's impact

Knowledge & understanding

Across sectors, NASP is frequently described as a trusted source of national insight; a "go-to" source for of information and knowledge about social prescribing, helping stakeholders stay up-to-date with national developments, new initiatives, research and evidence, and good practice.

NASP's information function underpins various kinds of impact. Stakeholders report its research, resources, and guidance:

- Informing their day-today practice
- Enhancing their awareness of national developments in social prescribing
- Strengthening the support they offer to colleagues and partners
- Boosting their confidence when advocating for the approach
- Enabling more informed decision making locally.

"They are the go-to organisation for social prescribing in England"

Health or care worker

"It shares information for SPLWs that is missing from the NHS"

NHS Link Worker

"More knowledge"

Civil Servant/Government

"Authoritative information-sharing"

Volunteer

"Good to have a bridge organisation for information and to increase knowledge"

Voluntary sector professional

Workforce development, professional identity & legitimacy

NASP's webinars, guidance, and information are used to support social prescribing teams, clarify roles, and have helped 'professionalise' the work.

Benefits for the social prescribing workforce include access to practical tools, webinars, and professional development opportunities, in turn building capacity within teams. Stakeholders describe improvements in workforce confidence, with SPLWs in particular reporting that NASP provides them greater assurance that their work is evidence-based.

Practical tools and resources, such as NASP's guidance and case studies, are used with colleagues, and in some cases directly with clients. Specific mention is made of NASP being particularly valuable when stakeholders first started in their role, helping them orientate themselves and shape practice. Supervision-related materials are also specifically highlighted as beneficial.

NASP's work also supports professional identity and legitimacy for the social prescribing workforce. In this respect, NASP is viewed to have helped create a shared language and clearer articulation of link worker roles, going some way to help clarify roles and

boundaries, and decrease feelings of isolation. It is also noted that NASP strengthens and legitimises the link worker role and credibility within local systems, and that the national level recognition shows that there is a national body "on our side", and "fighting a corner for the voices not heard".

"Being able to refer to a national organisation has help give our work more credibility"

Volunteer

"Reassures the role is legitimate and meaningful"

NHS Link Worker

"Being connected to support and advice has been invaluable. Feeling part of a wider team and less isolated. Increased my confidence as an SP"

NHS Link Worker

Service implementation/development

NASP has supported the implementation and development of social prescribing services and pathways, with stakeholders reporting that they draw on guidance, case studies, and national frameworks to establish or strengthen local provision.

Examples include:

- Drawing on good practice resources to establish link worker forums
- Utilising resources to set up an in-house social prescribing team
- NASP outputs informing new projects to offer at surgeries, or otherwise strengthen existing social prescribing services
- Resources informing design of new initiatives and collaborations
- Informing local commissioning and strategic decisions, including setting up or strengthening pathways.

> "Their work has helped add clarity in the absence of definitive structure and guidance regarding the implementation of local SP practice. It has also helped guide practice across a range of different interpretations, perspectives and settings"
>
> *Commissioner/health leader*

Networking, collaboration & shared learning

NASP has created space for networking, collaboration, and shared learning, fostering connections and a sense of professional community. NASP is described as "a hub" that brings together link workers, VCSE organisations, and other practitioners, providing valuable opportunities to connect with peers and learn from approaches used elsewhere.

The importance of networking, connection, and a shared community of practice is particularly strong among the frontline link worker and social prescriber workforces. These activities have helped individuals feel part of something bigger, reduced feelings of isolation and siloed working, supported exchange of ideas, insights, and peer support, in turn increasing workforce confidence.

> "… NASP has created opportunities for networking and connection with other practitioners and researchers. This sense of connection and shared purpose has supported both my confidence and my ongoing academic development"
>
> *Academic/Researcher*

"The international conference last year was amazing. There is not much on offer for social prescribers by way of networking or learning outside of the county, so this was a great opportunity to meet people and learn from what others are doing elsewhere in the UK, but also abroad"

NHS Link Worker

"The webinars are interesting because they provide information about what is happening across the country. The information also shows some areas that have really innovative projects. I follow these up to see how they are working"

Volunteer

"Social Prescribing can be a misunderstood and lonesome service, so it is nice to have the reassurance through NASP of the positive impacts it is making in the community , and to be able to connect with other link workers on our common challenges and barriers within the role"

NHS Link Worker

Inspiration, motivation & morale

For some, NASP plays an important role in supporting motivation and morale by providing a sense of national direction, visibility, and support for the work being undertaken locally.

> "As a Health and Wellbeing Lead and managing a small team of personalised care staff it is helpful to find out what is happening nationally and interesting projects – as inspiration for our work"
>
> *Health or care worker*

> "It has inspired me to look into the GSP – Green Social Prescribing more as that is where I have an interest"
>
> *NHS Link Worker*

> "I've also attended numerous webinars and online events that I've found fascinating and have helped me stay motivated in my role…."
>
> *NHS Link Worker*

Influencing, advocacy & strategic positioning

Stakeholders note NASP's role in influencing and advocacy has not only legitimatised and raised the profile of social prescribing nationally, but has also given them greater confidence in communicating social prescribing's value to partners and decision makers locally. NASP has helped stakeholders to articulate the case for social prescribing to colleagues, system partners, and funders, influencing local decisions and strategy.

> "More recently, NASP has also kept me informed… regarding potential changes for INTs and ARRS funding, which has enabled me to challenge clinicians when presented with the idea to rationalise our Social Prescribing Service"
>
> *Health or care worker*

> "Supporting personalisation of care working with MDTs in primary care settings. Policy making opportunities"
>
> *Clinician*

"I feel more informed and able to promote social prescribing among our PCN"

Health or care worker

"Having a national body which produces material that supports a model of working such as social prescribing allows me to continuously advocate for the profession in my role. The 'invisible' support of this is felt daily as I promote the person centred community approach to health & well-being which is required for widespread and much needed change in our national approach to health…."

NHS Link Worker

"NASP has played a valuable role in supporting and championing social prescribing nationally…. The recognition and visibility NASP brings to the sector has helped build confidence in our role and has encouraged more integrated working with clinical and community services"

'Other' - Social Prescribing Link Worker

"Great resource to better understand range and details of social prescribing studies and activities. We are looking to get more involved in community based social prescribing so understanding approaches and benefits helps us shape our thinking and ability to articulate what we are trying to achieve to stakeholders and funders"

Voluntary sector professional

Other responses

While the overall sentiment regarding NASP's impact on the day-to-day work of stakeholders is strongly positive, a small number of respondents report more critical or mixed views.

While generally recognising that NASP has strengthened social prescribing, these stakeholders tend to emphasise that national activity does not always reflect local realities, or that national progress has not fully translated into improvements on the ground.

They highlight ongoing challenges such as high caseloads, inconsistent pathways, and under-funded community organisations, limiting delivery in practice.

This perceived disconnect between national recognition and local perception reinforces the theme that NASP must continue to engage closely with the frontline to understand and respond to challenges impacting social prescribing.

> "NASP is generally regarded as PR for social prescribing. While it's clear why this is necessary, it often means that it doesn't grapple with the challenges facing social prescribing. For example, while NASP might celebrate the stats that show the amount of social prescribing taking place in the UK, it neglects to address the exploitation of the link workers and the inadequacy of support for them, though it is their work that has delivered the stats being celebrated. So, the existence of a national body has helped my research by providing a structure in which the gaps can be identified and addressed. However, this seems to have to take place from a position outside NASP, rather than NASP identifying and grappling with these challenges themselves"
>
> *Academic/Researcher*

> "…. However, I also feel it's important that NASP continues to actively engage with all social prescribing providers and employers to ensure there is a shared and accurate understanding of the scope and complexity of our work. This year's proposal to re-band our roles to a lower level highlighted a concerning disconnect between how the role is perceived and the reality of what we do daily – acting as motivators, digital enablers, counsellors, advocates, researchers, and more"
>
> *'Other' – Social Prescribing Link Worker*

"…. That said, some very real challenges remain unchanged. Caseloads are high, referral pathways are sometimes inconsistent, and many community organisations we rely on are under-funded or stretched thin. Patients often need support that goes beyond what's available locally, and while NASP's advocacy is strong, the resources on the ground don't always match the ambition. At times, social prescribing still feels misunderstood within the wider system, which can leave prescribers trying to prove their value over and over again… So, NASP has absolutely strengthened the role – but for real change to be sustainable, the practical challenges of capacity, funding, and integration still need to be addressed"

NHS Link Worker

3. Challenges facing social prescribing in England

Overview

There is considerable consensus on the most pressing issues dominating the social prescribing landscape:

- The fragility of the VCSE sector due to funding pressures on VCSE organisations
- Weak integration between the NHS and VCSE organisations
- Limited public awareness and engagement with social prescribing.

Concerns reflect both operational pressures and deeper system design weaknesses.

***Figure 3.1**: Challenges facing social prescribing in England**

Challenge	%	*n*
Support provided by charities and other community groups needs more funding	**21**	159
There needs to be better connections between charities, community groups and the NHS	**17**	129
There needs to be greater public awareness and engagement in social prescribing	**17**	128
Social prescribing is not well enough embedded within the NHS	**14**	105
SPLWs and similar roles require more training, development and support	**12**	89
There are not enough SPLWs and similar roles to meet the needs	**11**	83
There needs to be better use of evidence to inform the development of social prescribing	**9**	66

* Biggest and second biggest combined

Key challenges facing social prescribing

The fragility of the VCSE sector due to funding pressures

Of the seven predefined challenges, the most frequently cited is the urgent need for sustainable, long-term funding for the VCSE organisations on which social prescribing relies.

Social prescribing is viewed as becoming a model that has shifted responsibility without shifting resources. Stakeholders warn that without secure VCSE investment, and funding following clients to the VCSE sector, there will be ‘nothing to prescribe’.

"Social Prescribers do great work in supporting people in a sustainable way that fosters independence and community awareness and links, but it is not a solution in its own right to be seen in isolation from the rest of the statutory and VCS support environment – the Social Prescribers need to have a thriving VCS landscape to refer people to for more and or specialist support, and in collaboration support ongoing community development. If they don't have anywhere to refer people to, it loses its purpose and if funding continues to be reduced for local authorities and thereby the VCS, that is what will happen"

'Other' - Local authority stakeholder

"Without third sector providers the social prescribing model will collapse. Funding needs to truly follow the client to the end provider not just to link worker organisation"

Voluntary sector professional

"Commissioning needs to relate to need – social prescribing will only work if services are commissioned for individuals to be 'referred' to/supported by. This must be funded appropriately to reflect demand. Commissioning needs to be simplified to enable this to happen"

Commissioner/health leader

"The 3rd sector are already providing considerable support and advocacy for people with chronic health conditions, but the charity sector is frequently called upon to fill gaps in NHS community health provision without any secure or statutory funding"

Voluntary sector professional

NHS-VCSE integration

Integration between the NHS and VCSE partners is creating fragmentation, unclear pathways, and role confusion, leading to a lack of shared ownership across the system, and undermining the effectiveness of social prescribing.

"In the VCSE sector we do not get full commitment from NHS workers and therefore we do not get the number of referrals that we could achieve"

Voluntary sector professional

"There is a disconnect between the NHS and other sectors at local and national levels due to the lack of funding"

NHS Link Worker

Public awareness and engagement

Limited public awareness of social prescribing is viewed as limiting uptake.

"Lots of people I speak to have never heard of social prescribing and make assumptions to what we do based on the job title. Some people assume we are social workers or support workers which is incorrect. Spreading awareness of what link workers are and what we do would be beneficial for everyone and help the people that are ready to engage to utilise the service"

Voluntary sector professional

Related to this, limited professional awareness and system wide engagement is viewed as limiting referral rates and quality.

> "Also, building connections with medical professionals to refer to social prescribers is a key component. Clinicians are overwhelmed with their case load and do not know where to send people if it does not fit into the standard referral pathway. If they have a better understanding of what Social Prescribing can offer, they could be great allies"
>
> *Clinician*

While stakeholders generally welcome greater public awareness, it is noted that promoting social prescribing without adequate community capacity could be counter-productive; system design and capacity issues must be addressed first.

"Awareness raising campaigns for Social Prescribing and services – but it's no good building more signposts if there are not enough resources to point to"
NHS Link Worker

Social prescribing is insufficiently embedded in the NHS

Embedding social prescribing in the NHS is widely seen as essential but remains hindered by low and inconsistent understanding across the health service. Stakeholders highlight that many clinicians, leaders, and policymakers lack clarity about what social prescribing is, how it works, and the outcomes it delivers, which results in variable referrals, patchy implementation, and limited integration with wider care pathways.

The challenge is viewed not just as operational, but cultural – social prescribing will only become a trusted, routine part of person-centred care if all system actors fully understand and value it.

> "Like so many things, unless the people who are expected to implement Social Prescribing are fully on-board it won't happen easily"
>
> *Volunteer*

SPLW workforce challenges

Workforce challenges add further complexity. Both in terms of workforce capacity ('there are not enough SPLWs and similar roles to meet the needs') and capability ('SPLWs and similar roles require more training, development, and support').

SPLWs report carrying high caseloads, having inconsistent access to training and supervision, and experiencing feelings of isolation and burnout, alongside a wider concern that workforce capacity is insufficient to meet (growing) demand. Frustration with a perception of limited opportunities to progress is cited as resulting in link workers leaving the sector.

> "At present, expectations vary widely and the lack of clear structures leaves link workers carrying heavy caseloads without enough recognition or support. This has a direct impact on their mental health, yet it often goes unseen"
>
> *NHS Link Worker*

> "In many places the role receives no debrief, clinical supervision, or trauma support – leading to burnout"
>
> *NHS Link Worker*

> "We see far too many patients, which limits the support we can offer and its quality, social prescribers end up burning out"
>
> *NHS Link Worker*

"I do not have supervision, and work alone in my PCN and often feel isolated and overwhelmed"

NHS Link Worker

"There is still significant variance across the system when it comes to social prescribing training and development. Whilst training does exist, it is not equitably accessible resulting in disparity in roles and non-standardised delivery. This not only affects service users but also the SPLWs themselves not feeling supported or valued"

Commissioner/health leader

"We get so many referrals which we're not really qualified to manage or deal with, but GP's don't listen. If they want us to provide an emergency crisis service, then perhaps further training in health/mental health/other avenues so we're better equipped"

NHS Link Worker

"I am dismayed at the lack of support, training and oversight I have from my own employer (a PCN), and we have team members who are crossing boundaries into performing tasks for patients for which they are not trained nor supervised"

NHS Link Worker

Use of evidence

Although 'use of evidence' ranks lower as an explicit 'challenge', it underpins every issue stakeholders prioritise.

"[Developing and sharing evidence and data on the value and impact of investing in community social prescribing activities] is the first step to doing all the other things listed. Evidence is very important in persuading any commissioners or funders"

Clinician

Evidence is the enabler that makes solutions possible; decisions about funding the VCSE sector, improving public awareness, strengthening integration, embedding social prescribing within the NHS, and supporting the workforce, all require robust evidence, e.g.:

- Calls for more funding rely on evidence of impact and demand
- Efforts to raise public awareness require data on awareness, engagement, and evidence on effective engagement strategies
- Improving integration depends on evidence about successful models of cross-sector collaboration
- Embedding social prescribing in the NHS requires evidence demonstrating value, outcomes, and cost-effectiveness
- Workforce capacity and training must be informed by evidence on link worker roles, required skills and behaviours, and caseloads.

It is likely that stakeholders don't label 'use of evidence' as an urgent problem because it is not the most visible pressure they experience – they experience its absence indirectly, and prioritise operational barriers because that's what they experience most acutely day-to-day, but progress on any of these issues is contingent upon having and using good evidence.

While the findings highlight a shared recognition of the structural and resource constraints, they also demonstrate how each stakeholder group's role within the system shapes its priorities – from frontline workforce issues to broader strategic and systemic concerns.

Findings by Stakeholder Group

Funding for community-based provision is of particular concern among VCSE stakeholders (31% identify this as their top or second top challenge) and SPLWs (21%), while system integration and coordination are especially salient for those in VCSE and health roles.

***Figure 3.2**: Biggest challenges by stakeholder group**

	SPLW *(n=184)*	VCSE *(n=64)*	Health *(n=103)*	Other *(n=60)*
SPLWs and similar roles require more training, development and support	15%	7%	11%	9%
Social prescribing is not well enough embedded within the NHS	14%	10%	16%	13%
Support provided by charities and other community groups needs more funding	21%	31%	15%	20%
There are not enough SPLWs and similar roles to meet the needs	15%	5%	11%	6%
There needs to be better connections between charities, community groups and the NHS	9%	29%	19%	25%
There needs to be better use of evidence to inform the development of social prescribing	9%	7%	10%	8%
There needs to be greater public awareness and engagement in social prescribing	18%	11%	18%	19%

Social Prescribing Link Workers

SPLWs prioritise what affects them most immediately: fragile community provision, public understanding of social prescribing, and workforce development.

Compared with other stakeholder groups, relatively fewer SPLWs mention the broader system issue of VCSE-NHS connections. As the key bridge between these two sectors, it is likely they do not experience this disconnect as other stakeholders do.

VCSE sector stakeholders

For VCSE respondents, funding insecurity overwhelmingly dominates as the biggest challenge. This emphasis from VCSE stakeholders underscores the centrality of funding insecurity for this sector, and recognition of the sector's crucial contribution to the social prescribing model; these respondents view the sector to be carrying substantial responsibility for delivery, but without commensurate investment.

VCSE sector stakeholders are also more likely than other stakeholder groups to express concern about VCSE-NHS connections. This is likely to be driven by the fact they are delivering the community-based support that social prescribing is dependent on, yet often feel overlooked, under-engaged, and disconnected from NHS structures and decisions. They see firsthand how fragmented, overly-medicalised models, and poor communication undermine both their work and the outcomes communities experience.

Health sector stakeholders

In general, health sector respondents are more likely than other stakeholders to focus on system design, integration, and awareness, and prioritise strategic and systemic conditions that enable social prescribing to function within the health service. They are most likely to stress the need for better connections between the NHS and community groups, and the importance of greater public awareness and engagement.

Compared with SPLWs, health stakeholders are more likely to be concerned with strategic alignment, culture change across the NHS, and roles for policy-level influence. This focus highlights the importance of shared understanding, clear pathways, and system-wide buy-in for social prescribing to function effectively.

Implications

Despite these differences in stakeholder priorities, a strong shared message emerges: social prescribing cannot thrive without a stable VCSE sector and stronger integration between NHS and VCSE partners. This reinforces the need for NASP to act as a bridge between health, social care, and VCSE:

- Advocating for VCSE stability
- Influencing NHS leaders and policy
- Supporting SPLW's workforce needs
- Strengthening visibility, evidence, and national coherence.

4. Addressing identified challenges

Overview

Analysis of stakeholder responses helps identify key priorities and accompanying recommendations to address the challenges facing social prescribing in England.

Expectations of NASP's role in addressing these challenges are summarised below, followed by a detailed analysis of the themes that emerged.

Expectations of NASP's role

1. Strengthen sustainable funding for VCSE and community provision

- Work with government stakeholders to position social prescribing as a national prevention and public health strategy which reduces long-term (health) system costs
- Advocate for commissioning models in which funding follows the patient and reflects demand generated by referrals
- Develop evidence to support longer-term commissioning and integrated planning
- Explore mixed funding models, ensuring any charitable/philanthropic investment supports, but does not replace, core statutory funding.

2. Build stronger NHS-VCSE partnerships and referral pathways

- Support creation of national, regional, and local-level partnership frameworks that recognise and embed the VCSE sector as equal system partners, while ensuring higher level partnerships don't disadvantage or overshadow smaller, vital local VCSE providers
- Develop training, capacity-building, and networking for community organisations and local leaders
- Explore light-touch, proportionate quality assurance approaches that maintain safety without disadvantaging small, grassroots groups.

3. Improve public awareness, understanding, and trust in social prescribing

- Develop national campaigns and communications explaining what social prescribing is, the role of link workers, but carefully considering how messaging about access may impact system capacity
- Support place-based, community-led engagement approaches to increase public trust in social prescribing, and normalise engagement
- Expand use of digital tools/approaches and self-referral options, while also ensuring traditional/alternative access routes for those facing digital exclusion.

4. Embed social prescribing as core NHS practice

- Support NHS leaders to recognise social prescribing as essential to population health and health system flow
- Support clinicians to improve their understanding of social prescribing, its benefits, who can benefit from it, and when and how to refer
- Strengthen alignment with the NHS Long Term Plan, prevention strategies, and integrated neighbourhood models.

5. Invest in social prescribing link worker workforce capability and wellbeing

- Develop national training standards and modular learning for SPLWs, including core competencies, specialist fields of practice, and management options
- Support efforts to reduce feelings of burnout and isolation among SPLWs – through e.g. ensuring protected supervision, peer support, and development time
- Progress professional standards and consider accreditation to enhance consistency, credibility, and accountability, thereby increasing confidence among commissioners, partners, and the public.

6. Expand the social prescribing workforce

- Advocate for increased link worker (or similar) roles in primary care to improve capacity and reduce wait times
- Support system partners to expand the social prescribing workforce across more settings to support embedding and improve timely access
- Support the extension of social prescribing roles within the wider health system to aid embedding and improve access
- Support the expansion of delivery in wider community settings to improve access and reduce pressure on GPs.

7. Strengthen evidence, data, and learning

- Generate and disseminate 'what works' evidence
- Develop shared outcomes frameworks and national reporting guidance, that meet the needs of both the health system and community partners
- Consider developing a national evidence and insights repository including lived experience, case studies, and ROI analysis.

***Figure 4.1**: Summary of recommended system shifts*

Required shift	From…	To…
FUNDING	Short-term, fragmented	Multi-year, sustainable
POSITIONING	"Nice to have" add-on	Core component of integrated, preventativv e care
UNDERSTANDING	Role confusion, misperceptions	Clear public, clinical, and political recognition
WORKFORCE	Isolated, overstretched SPLWs	Supported, skilled, connected, well-resourced workforce
ACCESS	GP-dependent, inconsistent	Multiple access routes, including community and digital
EVIDENCE	Patchy, inconsistent, fragmented	Robust, standardised, evidencing what works, useful across health & community

Ensuring sustainable funding for VCSE support

***Figure 4.1**: Priorities for ensuring sustainable funding for support provided by charities and community groups (n=160)*

Priority	%	*n*
Advocate to NHS commissioners to commission health and wellbeing projects that can be socially prescribed	38	60
Advocate to Government departments for investment in projects that benefit community health and wellbeing	33	52
Develop and share evidence and data on the value and impact of investing in community social prescribing activities	19	30
Influence charitable funders and philanthropists (to invest in projects that can be socially prescribed)	11	18

Stakeholders consistently identify sustainable VCSE funding as one of the most critical conditions for effective social prescribing. Across sectors, stakeholders highlight that unless the NHS and Government invest directly and consistently in the VCSE sector, then social prescribing risks being ineffective, inequitable, and ultimately becoming unsustainable.

"Social prescribers are unable to help if there are no local groups and communities"

Commissioner/health leader

"The role of a link worker is redundant if there are no services to refer/signpost people to"

NHS Link Worker

"Social Prescribers do great work in supporting people in a sustainable way that fosters independence and community awareness and links, but it is not a solution in its own right to be seen in isolation from the rest of the statutory and VCS support environment – the Social Prescribers need to have a thriving VCS landscape to refer people to for more and/or specialist support, and in collaboration support ongoing community development. If they don't have anywhere to refer people to, it loses it's purpose and if funding continues to be reduced for Local Authorities and thereby the VCS, that is what will happen"

'Other' - Local authority representative

There are widespread concerns about short-termism, fragmented funding pots, increasing pressure on community providers, and a lack of alignment between investment in link worker roles and investment in the community services people are prescribed into.

> "We need long-term sustainable funding to match the investment into Social Prescribing interventions. The VCFSE is not cost-free, and needs to be invested in to ensure they can continue to deliver the critical social, health, and wellbeing services and activities that are prescribed into by SPLWs and similar roles. One-off, short term, small grants are not sufficient or sustainable. A new model of funding needs to be looked at"
>
> *Commissioner/health leader*

Stakeholders emphasise that local VCSE groups are often expected to absorb rapidly growing demand without the long term, stable funding required to sustain delivery. Many also report projects ending abruptly due to short-term or pilot-based funding cycles, with the smallest, most hyperlocal groups – often providing the most essential support – being most at risk.

> "This is the biggest risk, some of the gaps in service provision are provided by some of the smallest groups. These may not be able to cope with high referral rates, especially without supplementary funding. Social prescribing only works efficiently when there is enough support available locally"
>
> *Commissioner/health leader*

Advocate to NHS commissioners to commission health and wellbeing project that can be socially prescribed

Stakeholders argue that NHS commissioning needs to recognise that social prescribing depends on a strong community ecosystem, and that the current mismatch – where link workers are funded but community services are not – creates serious gaps. Many describe the consequences:

- Link workers unable to refer people because local provision is disappearing
- Small organisations unable to cope with high referral demand
- Community groups relying on short-term grants that don't cover real costs.

Stakeholders emphasise that social prescribing will only work if NHS commissioners treat VCSE provision as core system infrastructure, and an equal delivery partner – not an optional add-on.

> "If we were treated as a provider of services we should be allocated funding. However we're just seen as a charity and don't get any commitment to commission services"
>
> *Voluntary sector professional*

> "The charity sector should be formally recognised as an avenue of ongoing support which supports people with health and social issues and their families to avoid repetitive presentation to primary and secondary health providers"
>
> *Voluntary sector professional*

Commissioners/health leaders, in particular, identify the current focus on prevention and the shift toward neighbourhood hubs as a particularly pivotal moment to influence NHS commissioners, arguing that these developments present a unique opportunity to advocate for ICBs to invest in the VCSE capacity required to deliver prevention, social prescribing, and population health outcomes.

> "I think ICBs need to focus more on community health and wellbeing and with the introduction of neighbourhood teams I think this is the perfect opportunity to seek further funding from ICBs"
>
> *Commissioner/health leader*

"Communities and groups can't run with the lack of funding. With the new planned neighbourhood places and hubs, this has to change"

Commissioner/health leader

While NHS commissioning is viewed as critical to legitimising social prescribing, ensuring consistent provision across areas, and aligning funding with referral demand, there is some concern that NHS-led commissioning may prioritise clinical outcomes and roles, or service pressures over the broader community-led, prevention-focused, social model of health that social prescribing requires.

"I think steering away from the NHS as when it comes to funding there is the potential for it to come down to a business decision whether a service continues"

NHS Link Worker

"While I recognise that social prescribing supports NHS via a number of avenues I'd rather avoid the NHS taking on more commissioning as this can squeeze out the role of community in creating health and wellbeing independently of clinical oversight. Fund community to do what they do best, without outcome requirements to fit a certain health outcome"

Health or care worker

"The NHS is short of funding to carry out its critical work, funding for this kind of preventative work needs to come from elsewhere"

Voluntary sector professional

"Recognition that voluntary organisations that umbrella teams of SPLWs are at the mercy of changing priorities within PCNs (which run as separate business concerns) – Social Prescribing is no longer ringfenced so PCNs will reduce hours as soon as their priorities change and the general understanding of Social Prescribing is mixed. Individual GPs may have a good understanding but are not able to influence decision makers or the practice feels under pressure to appoint another GP to increase the number of appointments available so they cut a service that they feel is not within the medical model"

'Other' - Social Prescribing Link Worker

It is emphasised that funding for social prescribing must flow directly to the VCSE sector, recognising community organisations as core and equal partners in delivering health and wellbeing outcomes.

Stakeholders argue that while link workers play a vital coordinating role, it is VCSE groups – not PCNs or clinical services – that provide the actual activities people are referred into, and which hold the expertise to deliver meaningful impact.

Some respondents warn that routing funding through NHS structures risks distorting the SPLW role and leaving community organisations under-resourced, in turn undermining the whole model. Direct, long-term investment in the VCSE sector is therefore viewed as essential to sustaining effective social prescribing, and ensuring the community infrastructure keeps pace with referral demand.

> "Care needs to be taken NOT to pay Social Prescribers as sign posters or pseudo social workers. Funding from government and NHS commissioners needs to be directed at the third sector who have the expertise AND evidence of impact for what they do…."
>
> *Health or care worker*

> "NHS should directly fund social prescribing via CVS and contract/budgets should be allocated directly to them to manage not via PCNs"
>
> *Voluntary sector professional*

Advocate to government departments for investment in projects that benefit community health and wellbeing

Stakeholders argue that government departments – not just the NHS – must invest in community organisations, to address social determinants of health.

> "… Government needs to look at allocation of funding and ensuring gaps in service are met from a higher level as the funding doesn't seem to be available from statutory services to commission projects of this nature"
>
> *Voluntary sector Link Worker/community connector*

> "Thinking specifically about ARRS funding which does not account for the overhead and management costs which VCSE are having to cover. That has to be national lobbying"
>
> *Commissioner/health leader*

It is emphasised that social prescribing must be recognised as part of a national public health and prevention strategy. Stakeholders want the government to view social prescribing as a crucial part of a 'modern day' healthcare system, which requires sustained, cross-departmental investment to ensure effective and accessible community-based services nationwide.

"Funding needs to come from government as it will save money on long term health inequalities and NHS costs"

Voluntary sector professional

"Government need to find a smarter way to spend funds focusing on early intervention and prevention"

NHS Link Worker

VCSE sector respondents also highlight that many VCSE organisations supporting social prescribing are absorbing overheads and management costs that government-funded projects fail to cover.

Several stakeholders also view current policy directions – such as neighbourhood teams and prevention agendas – as strategic opportunities to advocate for the g hovernment to invest. These stakeholders emphasise that communities cannot maintain essential support without cross-departmental funding that improves equity of access nationwide.

Influence charitable funders and philanthropists to invest in projects that can be socially prescribed

While charitable and philanthropic funding alone is viewed as unsustainable, stakeholders recognise the value of it in a mixed funding model, particularly in the short term, or for innovation. However, stakeholders emphasise that it must complement – not replace – statutory investment. It is noted that NASP is well positioned to encourage charitable funders using evidence and national influence.

"I don't think one is enough and a multi-pronged approach is needed. I think the shared investment fund model is ideal. A shared investment fund approach is central I think!"

Voluntary sector professional

"The key issue is resourcing, and the NASP proposal regarding a National Community Health and Wellbeing Fund looks absolutely fundamental to me. VCFSE organisations need to be resourced and supported to provide the support and expertise that social prescribing models need to be delivered in a safe and (data and insight) informed manner"

Health or care worker

"Government will not provide additional funding so projects need different types of support. It needs to be known that huge savings could be made by investing in local community projects e.g. walks in nature, chair yoga, supporting exercise professionals. Getting people to move after diagnosis or surgery is essential. Getting people to move before they need the NHS is crucial now that we have so few GPs"

Volunteer

Develop and share evidence and data on the value and impact of community social prescribing activities

A number of stakeholders emphasise that stronger evidence is essential to securing sustainable funding for the VCSE sector.

"NHS funding is finite and will be hard to divert to social prescribing from immediate care, despite the long term health benefits and ultimate cost savings. I think targeting other funding sources is a better short term approach. Supporting data on value and impact will of course be essential for this"

Voluntary sector professional

Many VCSE stakeholders note that voluntary and community organisations provide high-impact, often long-term support, but can struggle to evidence their outcomes in the ways statutory funders expect, resulting in under-recognition of their value, and difficulty securing long-term investment.

"It can be difficult to provide quantitative evidence that social prescribing delivers benefits e.g. direct financial benefits to the NHS, but the qualitative evidence is large. Therefore we need really strong advocates to promote the benefits at a commissioning level!"

Voluntary sector professional

"The voluntary sector receives many social prescribing referrals, which it then often takes up with long-term support. However the resulting benefit is difficult to quantify and demonstrate (e.g. to show that hospital admissions or mental health interventions have been avoided) for small organisations in the ways that are often expected by statutory funders"

Voluntary sector professional

There is demand for (qualitative and quantitative) research evidencing the impact of the VCSE sector to social prescribing, and a specific call for demonstrating the impact the current model of funding has on the VCSE sector.

"Some Social Prescribing in our area is commissioned out to large local voluntary bodies but the focus of their work seems to be uncertain and there is too much reliance on charitable funding to cover the cost of effective and more involved interventions, therefore funding for these and evidence on the value and impact of community SP activities is also important"

Voluntary sector professional

"Advocate to the NHS and others to demonstrate that social prescribing needs proper funding – commission research to understand the impact on charities of the current funding model"

Academic/Researcher

Stakeholders highlight that current models place a heavy burden on VCSE organisations to evidence impact, without providing the tools, infrastructure, or funding to do so. They note that community organisations are delivering vital preventative health activities, but lack the data linkages to evidence cost savings or NHS impacts. There is some demand for improved measurement approaches, and for national evidence repositories.

"We have to recognise there is a major funding issue with regards to government support; so your support around the positive input, practical support and the professional service level of local charities, particularly counselling charities, I am sure would have a major input in maintaining services for extremely vulnerable groups"

Voluntary sector professional

"Running a project which has over 300 clients, 30% of which are social prescriber referrals, we struggle to show the breadth of our impact without NHS support. Combining the perceived betterment of health shown through our surveys, we would benefit from NHS data on developments in patient health – weight/blood pressure/number of GP attendances etc. This data would be anonymised, but would support our bids for future and additional funding"

Voluntary sector professional

Improving NHS-VCSE connections

***Figure 4.2**: Priorities for building better connections between charities, community groups and the NHS (n=122)*

Priority	%	*n*
Build better connections between the NHS and other sectors – e.g. faith groups, sports providers, nature providers (e.g. through partnerships at a national and regional level)	**50**	61
Support local community groups and leaders to develop social prescribing activities and support people with health conditions (e.g. through training, resources or networking)	**21**	26
Provide networks or 'communities of practice' for people working in social prescribing to share insight, knowledge and connections	**16**	19
Develop quality assurance mechanisms for community providers, to help drive social prescribing referrals and commissioning	**13**	16

Stakeholders across sectors express a clear appetite for a more collaborative and community-centred model of social prescribing. They consistently highlight the need to ease the current drift toward medicalisation and to strengthen cross-sector ways of working that feel more rooted in communities. Additionally, VCSE stakeholders in particular, call for an operating model that recognises the VCSE sector as an equal partner, rather than an adjunct, to clinical service.

Improving connections between the NHS and VCSE sector is described as requiring cultural, structural, and financial reform. To achieve integration, stakeholders repeatedly highlight the need for:

- Sustainable funding
- Recognition of VCSE organisations as equal delivery partners
- Less medicalisation and greater community autonomy
- An operating model that values relationships as much as throughput
- More open, collaborative ways of working
- Networks and opportunities for sharing cross-sector learning.

Build better connections between the NHS and other sectors

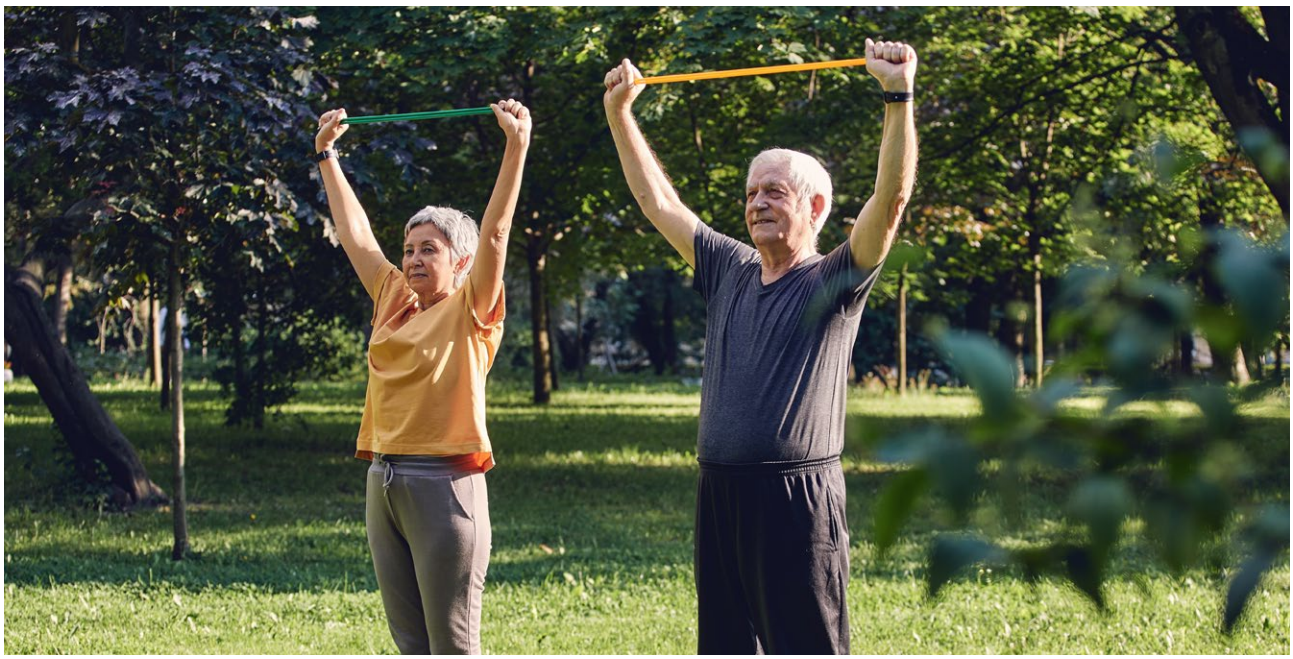
There is widespread recognition across stakeholder groups that social prescribing can only be effective when built on strong, trusting, and well-structured relationships between the NHS and VCSE sector. Yet many VCSE providers in particular, describe non-existent or inconsistent referral pathways between NHS teams and VCSE organisations.

Stakeholders consistently emphasise that these connections require funding, shared understanding, and long-term commitment. Without this, social prescribing risks remaining fragmented, overly medicalised, and disconnected from the community assets upon which it depends.

Many respondents argue that the current system remains too NHS-centric, with social prescribing framed through clinical priorities rather than as part of a wider ecosystem involving public health, VCSE providers, social care/local authorities, and others. Funding instability, siloed working, weak referral pathways, and limited visibility of community provision are viewed to undermine efforts to create a more integrated, person-centred system.

VCSE stakeholders, in particular, argue that the over-medicalisation of social prescribing is a core driver of NHS-VCSE disconnection. There is strong consensus among these stakeholders that primary care often applies a clinical lens to social prescribing, prioritising throughput and other NHS performance metrics over quality community-led capability-building. This dynamic is viewed to unintentionally sideline the VCSE sector.

> "My local PCN has a warped view of social prescribing preferring to churn through high numbers of patients rather than allow link workers time to develop trusting relationships in order to get to grips with what's most important to the patients. The priorities are all wrong, quality is such an important aspect of this work, it takes time to do this work properly, real change doesn't happen instantly"
>
> *Voluntary sector professional*



Time-limited funding and workforce churn within primary care and VCSE services are also viewed to contribute to fragmentation – through making it difficult to sustain relationships or maintain up-to-date knowledge of available community support. Examples described include:

- VCSE projects that have run for years without local NHS engagement, despite NHS teams referring individuals into them
- Community providers unable to reach NHS link workers
- NHS staff being unaware of local offers
- VCSE providers struggling to promote their support within GP practices.

While SPLWs are widely described as the intended bridge between primary care and community organisations, their ability to fulfil this function is described as varying significantly. Stakeholders report that SPLWs are sometimes:

- Confined to GP surgeries rather than enabled to work in the community
- Diverted into administrative or clinical-support tasks
- Not given protected time for relationship building, or asset mapping.

This is viewed to undermine their role as connectors to community, and can lead to disconnect with, and frustration from, VCSE stakeholders.

> "I have tried unsuccessfully to engage with the Social Prescriber in my town and she has not responded"
>
> *Volunteer*

> "As a service provider (of nature well-being programmes) it has been challenging to connect with NHS links, perhaps due to pressures on their time and a lack of connection/longevity of funded projects"
>
> *Voluntary sector Link Worker or community connector*

> "We've been running our SP project for 3 years and have been unable to get public health or the NHS to engage with it. Incredibly frustrating as they both refer participants onto the project"
>
> *'Other' - Heritage professional*

"We have an offer but nobody returns calls or helps us promote it"

Volunteer

While formally funded regional/national partnerships between the NHS and charities (e.g. National Trust, English Heritage, and Wildlife Trusts) are identified as potentially beneficial, stakeholders caution against national/top-down models overshadowing hyper-local support; social prescribing, they argue, must remain rooted in community voice, local context, and co-production.

"Social prescribing needs to be based on grassroots organisations able to deliver, not on burdensome top down structures and systems. Listen and connect with those on the ground already doing the work"

Voluntary sector professional

Importantly, stakeholders highlight that the challenge extends beyond NHS-VCSE relationships, and connections in the wider ecosystem must also be addressed.

"Again, it is not just a question of the NHS and the VCS, there are many other organisations that would it would be beneficial to build better connections with e.g. Social Care in Local Authorities, Public Health (and the services they commission), Integrated Care Boards (and the projects/services they commission)"

'Other' - Local authority representative

Support local community groups and leaders to develop social prescribing activities

Stakeholders emphasise that community groups – especially small, grassroots organisations – are often best placed to reach people who face the greatest barriers to accessing support. Many stakeholders therefore see supporting local community groups and leaders as essential to achieving positive outcomes for social prescribing clients.

"The service is only as good as the places we refer into so supporting them to be better would give a better outcome for the client"

Voluntary sector Link Worker or community connector

There is broad agreement that training, capacity-building, practical enablers (such as small grants, networking opportunities, and shared promotional tools), and clearer referral pathways would significantly strengthen community-based delivery. Some stakeholders specifically mention cross-sector training helping to:

- Foster shared understanding of roles and expectations
- Reduce misconceptions about what VCSE organisations can provide
- Maintain consistent standards
- Strengthen collaborative working.

Provide networks or communities of practice for people working in social prescribing

Stakeholders strongly emphasise the importance of structured networks and communities of practice across the NHS and VCSE sectors, but note that these networks are currently inconsistent across localities, and often dependent on individual champions or short-term project funding. Sustained networks, it is argued, would enable more consistent, relational models of cross-sector working, and go some way to helping address fragmentation created by workforce churn.

In addition to being crucial forums for strengthening cross-sector learning and collaboration, and sharing knowledge about local assets, VCSE stakeholders view networks/communities of practice as essential for increasing their visibility and understanding within NHS teams, and supporting development of improved referral pathways.

Stakeholders are clear that funding practices are central to the ability of sectors to collaborate. Short-term, inconsistent, and poorly aligned funding creates a patchwork of temporary initiatives that cannot form long-term cross-sector partnerships, stable pathways, or trusted relationships – in turn considered to prevent NHS staff from confidently referring into community provision.

> "Funding for services to be provided for more than a year would likely allow for a closer connection to be built with health professionals, allowing them time to engage and build trust in the programme enough to recommend it to patients"
>
> *Voluntary sector link worker or community connector*

Local level networks are viewed as vital for enabling collaboration and shared understanding, to create initiatives and solutions meaningful and relevant locally.

> "Connecting partners at the local level is most likely to enable local people across sectors to work together and make their own relevant initiatives"
>
> *Health or care worker*

Develop quality assurance mechanisms for community providers

Stakeholders generally support quality assurance mechanisms that build NHS confidence in VCSE provision, support safer and more reliable referral pathways, and showcase effective community practice.

> "An NHS referrer needs to feel confident that they are referring to an organisation that might be of benefit. Patients need to feel confident that they are not being fobbed off to engage with an activity or organisation"
>
> *Clinician*

It is stressed, however, that any quality assurance (QA) approach must be fair, proportionate, and sensitive to the realities of small grassroots organisations – avoiding overly burdensome administrative requirements or processes that inadvertently exclude local providers.

It is also emphasised that QA should complement, not replace, relationship building – some stakeholders note that trust, visibility, and shared understanding are just as important as formal assessments for enabling effective collaboration.

Raising public awareness and engagement

***Figure 4.3**: Priorities for raising public awareness about social prescribing (n=123)*

Priority	%	*n*
Launch campaigns/provide resources to explain what Social Prescribing Link Workers and equivalent roles do	**65**	80
Launch campaigns/provide resources to encourage people to join local community activities and groups	**22**	27
Develop digital social prescribing solutions – i.e. so people can connect directly to activities in their areas	**13**	16

There is a firm belief that public awareness of social prescribing remains limited, and that clearer communication could help more people access support earlier, and with greater confidence.

Campaigns and national resources

There is a strong view that public engagement in social prescribing is curtailed by a lack of awareness and understanding of it; people don't join community activities due to being unaware of what's available locally, the purpose, and potential benefits.

> "I think it is still not widely known what social prescribing is and those that do know about it, often associate it with the elderly or most vulnerable"
>
> *Voluntary sector professional*

There is considerable support for national efforts to raise awareness of what social prescribing is/what SPLWs do, as well as what social prescribing can help with.

While there is also some level of support for efforts to raise awareness of how people can connect with community activities, a number of stakeholders caution that efforts to increase engagement must be matched with parallel investment in link worker staffing and community-based provision, else higher levels of engagement risk overwhelming an already stretched system.

Some stakeholders consider public engagement with social prescribing to be linked to trust, and feel national campaigns and resources could help address this, as well addressing public misconceptions about social prescribing, and help normalise engagement.

National awareness raising would support local awareness raising, which is identified as being extremely costly to local (VCSE) groups and organisations. While there is a desire to emphasise community-led, place-based assets, there is also a desire for consistent, national branding and messaging.

> "I think some national materials and strategy which can be tailored locally would be great. A powerful brand e.g. Smoking Cessation, etc"
>
> *Voluntary sector professional*

Related to this, it is also felt there is some way to go in improving professional awareness and understanding of social prescribing, and that achieving this would consequently increase referrals, and therefore, public awareness and engagement.

Digital social prescribing solutions

While development of digital social prescribing solutions are prioritised by relatively fewer stakeholders, there is a view that they could support reach and scale, playing a role in making opportunities more visible, improving reach into certain demographics (e.g. particularly useful for reaching younger populations, who may also be less inclined to access NHS support), and easier to navigate. However, concerns are expressed about the potential for digital exclusion – particularly among older populations, and other communities considered most likely in need of social prescribing support.

Digital examples cited include integration into the NHS app, the need for easy-to-find, up-to-date directories of activities, and opportunities for self-referral (thereby reducing reliance on GPs).

Embedding social prescribing in the NHS

***Figure 4.4**: Priorities for embedding social prescribing in the NHS (n=102)*

Priority	%	*n*
Increase knowledge about social prescribing among clinicians and health professionals (i.e. so they understand what social prescribing is and how to make referrals)	**65**	66
Increase knowledge about social prescribing with NHS leaders at a regional and local level	**21**	21
Increase knowledge about social prescribing with politicians and national health leaders	**15**	15

There is consensus that embedding social prescribing in the NHS depends upon raising awareness, clarity, and confidence at multiple levels of the health system – from frontline clinicians to regional system leaders and national policymakers. While clinician understanding is generally viewed as most urgent, embedding the model sustainably also requires strategic buy-in from regional leaders, and strong support from political and policy actors.

Together, the insights underscore the need for a coordinated and layered knowledge-building strategy – one that improves day-to-day referral quality, strengthens system-level integration, and secures long-term legitimacy and investment for social prescribing within the NHS. Stakeholders identify a strategic opportunity for NASP to strengthen the credibility and visibility of social prescribing across each of these levels.

Increasing knowledge about social prescribing among clinicians and health professionals

Strengthening clinical understanding is seen as crucial for embedding social prescribing. Many stakeholders highlight that clinicians often have limited or inaccurate knowledge about social prescribing, including the role and scope of SPLWs, who benefits, and what outcomes can be expected.

> "Too many clinicians do not understand social prescribing and how or who to refer, despite being given information many times"
>
> *Commissioner/health leader*

"When I approached our local surgeries I often had to explain what Social Prescribing is"

'Other' - Community garden project leader

"The turnover of staff in surgeries/NHS is high. Some have never heard of Social Prescribing"

'Other' - Social Prescribing Link Worker

"Connections are improving, especially where SPLWs are embedded in the practice but in some cases it feels as if running in parallel with clinicians rather than integrated"

NHS Link Worker

"Also for clinicians to understand what isn't social prescribing otherwise they send inappropriate referrals that are difficult to send back and we end up being used to sort out stuff that no one else seems to take ownership for – end up being a dumping ground"

NHS Link Worker

Lack of clinical understanding is also identified as contributing to SPLWs feeling undervalued and unsupported.

> "As a Social Prescriber working for an organisation that is funded by the NHS, we are constantly having to remind NHS staff that we are here. Even when we have met with people within a few months they have 'forgotten' what we do. It often feels like the role is not taken seriously because we are not seen as NHS staff"
>
> *Voluntary sector professional*

> "We are not respected, we are not appropriately supported. No case management supervision and no access to support when needed is very poor. Too much variation in practice does not allow for professional standards to be met. Putting a social model in health without health's backing is a challenge. I rely on those clinical roles who understand biopsychosocial models but there are not enough of these practitioners"
>
> *NHS Link Worker*

Variation in clinical understanding is viewed to result in inappropriate referral – e.g. overly medically complex, too unclear, or misaligned with SPLW capacity – or conversely, non-referral of patients who would benefit.

> "It seems to me that clinicians tend to refer the most complex individuals to Social Prescribing but actually this isn't always appropriate"
>
> *Voluntary sector professional*

Stakeholders describe improved training, ongoing briefings, and targeted communications for clinical teams as essential.

> "Health professionals need to be regularly informed about Social Prescribing and how it can benefit their patient's wellbeing and health"
>
> *NHS Link Worker*

"We can increase knowledge of social prescribing among clinicians by making it simple, visible, and relevant. This means embedding it into staff inductions and CPD training, keeping referral forms straightforward within EMIS/TPP, and sharing regular updates through practice meetings and newsletters with both data and patient stories. Having GP or practice champions, inviting clinicians to visit community groups, and showcasing trusted partners also builds confidence"

NHS Link Worker

Work with clinicians should clarify:

- What social prescribing is and how it complements clinical care
- The role, skills, and limits of social prescribing
- Referral criteria and when social prescribing is appropriate
- Likely outcomes, and the contribution to whole-person care.

Better understanding among clinicians is expected to lead to:

- Higher quality and more appropriate referrals
- Reduced workload pressures (due to social prescribing supporting non-medical need)
- More integrated working between clinical teams and SPLWs
- A cultural shift that values community-based support alongside clinical interventions.

"When clinicians see clear pathways, understand the impact, and know how it supports NHS priorities, they are far more likely to refer appropriately and consistently"

NHS Link Worker

"All clinicians with patient facing roles should have an opportunity to understand and bring a more holistic patient centred response to their area of work and social prescribing gives them access and provides empowerment to patients"

Clinician

Increase knowledge among NHS leaders at regional and local levels

Stakeholders emphasise that NHS leaders – within ICBs, trusts, and PCNs – play a crucial role in commissioning, prioritising, and resourcing social prescribing.

"… To embed it now needs NHS leaders at a regional or local level to promote it and fund it"

Clinician

However, many stakeholders report that leadership understanding varies widely, with some leaders viewing social prescribing as optional or peripheral, rather than a strategic NHS offer. This contributes to inconsistency – while some areas thoroughly embed the model, others continue to view social prescribing as an adjunct.

"There needs to mandate, prioritization and strategic integration at a leadership level to implement social prescribing – so it needs to be adopted at leadership level"

Commissioner/health leader

"Increase knowledge about social prescribing. There is a lack of understanding around SPLW role in general. We promote it in our own surgeries where we can but it needs highlighting regionally and nationally. Case studies to highlight real life cases with good outcomes for anyone who isn't sure"

NHS Link Worker

Improving understanding among leaders is viewed as essential to:

- Position social prescribing as part of the core prevention and personalised care agenda
- Ensure more consistent integration across systems
- Support better commissioning decisions, sustainability planning, and workforce development
- Align social prescribing with broader ambitions in the NHS Long Term Plan, population health management, and reducing health inequalities.

Increasing knowledge among politicians and national health leaders

Although rated as a lower immediate priority than clinical awareness, national-level awareness is still seen as strategically essential.

National leadership and visibility are viewed as vital for:

- Raising credibility across the system
- Protecting and sustaining investment (particularly given the risk of short-termism)
- Ensuring policy alignment with prevention, wellbeing, and community-based health improvement
- Strengthening the national case for social prescribing as central to population health.

Ensuring sufficient SPWL training, development & support

***Figure 4.5**: Priorities for ensuring link workers and similar roles have training, development and support (n=94)*

Priority	%	*n*
Provide professional training for link workers and other roles (e.g. live or pre-recorded training modules)	**36**	34
Develop professional standards and accreditation schemes	**29**	27
Advocate for link workers to be valued and better supported within their role (e.g. training, budget, supervision)	**23**	22
Provide guidance and resources on specific topics for link workers and other roles (e.g. toolkits, webinars, etc)	**7**	7
Provide opportunities for link workers to network and share ideas	**4**	4

The SPLW role is central to delivering social prescribing, yet many report being under considerable strain – receiving limited training, insufficient supervision or structural support, while dealing with increasingly complex caseloads.

A recurring theme is a concern that SPLWs often feel undervalued, misunderstood, and at risk of burnout. Stakeholders argue that without strategic investment in workforce training and development, SPLWs will struggle to meet (growing) demand safely and effectively.

SPLWs themselves report that they are often expected to manage needs that stretch beyond the original scope of the role – without the pay, protections, or training required.

Stakeholders across sectors call for a fundamental strengthening of the SPLW role, through improved training, professional standards, accreditation, networking, supervision, and recognition.

Provide professional training for link workers and other roles

SPLWs highlight significant variation in training across Primary Care Networks (PCNs) and Integrated Care Systems (ICSs), and many feel link workers often enter post with limited induction and insufficient preparation for the complexity of the work. They make a specific call for consistent, high quality professional training, from thorough induction training that equips link workers to work with people facing complex life circumstances and skills to navigate systems and cross-sector working confidently, through to ongoing and advanced training, including on specialist topics and management roles.

Topics proposed for training and resources for link workers are summarised in Figure 4.6.

***Figure 4.6**: Topic specific training & resources suggestions*

Topic	Description
Induction training	Including skills for doing outreach, drop ins, and group work, and how to explain SP to patients & professionals
Safeguarding training	Stronger (face to face) safeguarding training tailored to NHS and VCSE contexts; essential due to home visits and vulnerability of client groups
Community Awareness & Local Systems	Understanding social care/VCSE services; How to build local groups and partnerships
Domestic Abuse	Training on identifying, responding to, and signposting domestic abuse safely and appropriately
Finances/Benefits	Training to support signposting to welfare advice, dealing with financial hardship and benefits queries
Caring Responsibilities	Resources to aid understanding of how to support carers and link them to appropriate services
Dementia	Improving awareness and confidence supporting people living with dementia and their families
Bereavement	Skills for supporting individuals dealing with grief and loss, and safe signposting
Cultural competence & inclusion training	Ensuring support is accessible for people with disabilities, language barriers, or learning difficulties
Managing complex cases	Understanding how to work with increasingly complex patient needs, including social and emotional complexity
Mental health awareness	Training and resources on skills for supporting people with emotional, psychological, or wellbeing challenges
Professional Standards/ Accredited Qualification	Consistent training through qualifications (e.g. Level 3 SP qualification) to improve identity and legitimacy
Management Training	Training for managers/supervisors
Data, Outcomes & Evidence Collection	Training on collating, analysing and reporting data – including EMIS use and collection of follow-up outcomes; Understanding evaluation requirements

Develop professional standards and accreditation schemes

Within the link worker and wider health workforce there is support for the development of professional standards and accreditation schemes. These are viewed as essential for role clarity, ensuring safe and consistent practice, strengthening professional identity, and supporting longer-term career development.

SPLWs themselves emphasise that clearer structures, defined core competencies, and formal accreditation would not only safeguard the quality of care for patients, but also protect their own wellbeing. Some stakeholders also highlight that accreditation and professional frameworks could enhance commissioning legitimacy, improve role stability, and bring greater parity with other NHS roles.

Crucially, SPLWs stress that any standards must include protections such as safe caseload limits, reflective supervision, and mental health safeguards to address the pressures they currently face.

> "Perhaps we would be more respected and understood and so catered for if we had professional standards and accreditation schemes"
>
> *NHS Link Worker*

> "Developing professional standards and accreditation for social prescribers would bring clarity, consistency, and credibility to the role, helping clinicians and commissioners understand its value. At present, expectations vary widely and the lack of clear structures leaves link workers carrying heavy caseloads without enough recognition or support. This has a direct impact on their mental health, yet it often goes unseen. Standards and accreditation would not only safeguard quality for patients but also protect and support the wellbeing of link workers, ensuring the role is sustainable in the long term"
>
> *NHS Link Worker*

One NHS Link Worker offers a systematic, workforce-led process for redefining and strengthening the role:

> "We could start by listening to link workers and mapping out the realities of the role, including the impact of current pressures on their mental health. From there, a set of core competencies could be agreed and tested through pilot standards in a few PCNs. This would then form the basis of a voluntary accreditation scheme, giving prescribers recognition and support while building evidence for a national roll-out. Crucially, wellbeing safeguards such as safe caseloads and reflective supervision should be built in from the start, so the standards protect both patient care and the workforce"
>
> *NHS Link Worker*

Advocate for link workers to be valued and better supported within their role

Stakeholders – including, but not limited to, SPLWs – consistently describe a link worker role that has expanded beyond its intended scope, often carrying significant emotional and practical pressure. Many SPLWs report managing levels of complexity that far exceed what the role was designed for, without the necessary structures, training, or recognition needed to do so safely. Several warn that social prescribing is at risk of becoming a "dumping ground" for non-clinical needs and highly complex cases.

Given their routine exposure to crisis situations, trauma, and entrenched social challenges, SPLWs emphasise the need for protected supervision, safe caseload limits, and dedicated wellbeing support. SPLWs and other stakeholders argue that NASP has a vital role in advocating for a working environment that values and sustains the workforce. Supportive supervision protected development time, opportunities for networking, and a clear professional identity are described as essential for countering feelings of isolation and undervaluation – and for safeguarding the quality and safety of social prescribing provision.

"There needs to be more training, guidance and up-to-date resources on offer, more opportunities for development, SPLWs need to be more imbedded within the surgeries and so better support and value. I do not really have a line manager; there is no one in the surgery that really understands what I do and what my challenges are, except the MH nurses who I meet weekly and they do not have the capacity to provide support or supervision. The GPs say they are in the same position as me, but they do get paid a lot more and can afford to pay for services such as a counsellor"

NHS Link Worker

"A critical issue is the level of complexity social prescribers are now dealing with. Most SPLWs are working well outside the scope of what they should be supporting. Whilst addressing the understanding of what social prescribing is (and isn't) and what appropriate referrals look like should have a focus. There is a wider piece of work to look at is the current definition of a LW correct, due to the complexity of need, do LWs need to be upskilled, and developed (with a salary that reflects the additional responsibility) in order for them to be able to provide the support needed. OR do we need to work on ensuring LWs are supported and not expected to deliver above and beyond the role they are paid to do"

Commissioner/health leader

"Ensuring people feel valued in their roles with a chance of progression may attract more to join and help with staff retention. This in turn will provide consistency to the service users when accessing the service"

Civil Servant/Government

Provide guidance and resources on specific topics for link workers and other roles

While a handful of link workers/community connectors identify guidance and toolkits etc, as useful, they generally appear to prioritise training, skills development, and system reform over more materials and guidance. Specific topics for guidance and resources mentioned are presented in Figure 4.6, alongside specific suggestions for training topics.

Provide opportunities for networking and peer support

In a similar vein, while networking opportunities do matter, and respondents mention that peer support helps reduce isolation, improve workforce confidence, reduce duplication of effort, ensure consistent standards, and provide opportunities for sharing learning and resources, the structural reforms noted above are considered a higher priority.

Ensuring sufficient 'link worker' roles to meet need

***Figure 4.6**: Priorities for ensuring there are enough link workers and similar roles (n=85)*

Priority	%	*n*
Advocate for more social prescribing services/link workers within primary care	**39**	33
Advocate for social prescribing roles across the wider NHS (e.g. in hospitals)	**29**	25
Explore/develop social prescribing roles/approaches beyond the NHS (e.g. in job centres, schools, workplaces)	**26**	22
Develop/share business cases to show Return on Investment of link workers	**6**	5

Stakeholders – particularly SPLWs – express concern that current link worker capacity is insufficient to meet the (rising) level of need. Many describe long waiting lists, high caseloads, and a growing risk of burnout affecting the quality and timeliness of support.

While increased capacity in primary care is prioritised, stakeholders also identify significant opportunity to grow social prescribing roles across the wider NHS, and beyond. These additional access points are viewed as essential to early intervention, reducing pressure on GP services, and improving reach to people who may not engage with primary care.

A relatively small number of stakeholders explicitly emphasise the need for clearer economic evidence and ROI modelling to inform commissioning decisions and secure long-term workforce sustainability.

Advocate for more social prescribing services/link workers within primary care

SPLW and VCSE sector stakeholders, in particular, report that SPLW capacity is considerably below the level required to meet (growing) demand, resulting in long waits, and high caseloads affecting the ability of link workers to provide meaningful, personalised support.

> "For my surgery we currently serve 12000+ patients, I am the only SP and work full time. I have no issues receiving referrals however the amount that come through makes it difficult to do as effective work with every client…."
>
> *NHS Link Worker*

"Would be good for patients to access service sooner than have to wait until they leave early intervention. Would be a better option, but we do need more SP I have waiting list of at least 30"

Voluntary sector professional

Advocate for social prescribing roles across the wider NHS

Stakeholders identify significant potential to expand social prescribing roles beyond primary care – including within hospitals (including in A&E and hospital discharge teams) and community mental health services. Such expansion is described as an opportunity to support admission avoidance, address social drivers of hospital attendance, and ensure continuity of care in transitions from hospital to community.

"Patients being released from hospital could be advised on all services open to them and their needs, allowing services to be accessed prior to discharge and to be put in place allowing for the Patient to have a good network of services"

Health or care worker

"… I suggest NASP work towards creating clear pathways and protocols for integrating link workers into various NHS settings such as outpatient clinics, mental health services, and emergency departments. This would help ensure social prescribing is embedded throughout the patient journey rather than being seen as a standalone service"

'Other' – Social Prescribing Link Worker

Explore and develop social prescribing roles/approaches beyond the NHS

Stakeholders also emphasise the potential for social prescribing-type roles/approaches to be embedded in wider community settings, including in schools, community organisations, and workplaces.

"Pupils known to the wellbeing or safeguarding team in schools could be offered social prescribing"

Voluntary sector Link Worker or community connector

Indeed, a number of stakeholders express preference for social prescribing roles being more community focused, sitting out with primary care altogether.

"I think Social Prescribers… may sit better in other community based or cross-site working linking community centres as a hub"

Health or care worker

"I also feel the development of the concept of the community health and wellbeing worker, currently being trialled in Cornwall and proven to have been very successful in improving population health at scale in Brazil, could have great benefits for the health of people in the UK, providing this also ensured the inclusion of homeless and vulnerable people and was limited to a worker covering a small patch the equivalent of 150 households, and would love to see opportunities in the future for social prescribers to explore this way of working. This would enable a truly inclusive and holistic provision in health and wellbeing care, increase trust with communities and help address barriers to accessing care and community"

NHS Link Worker

Develop and share business cases to demonstrate ROI

Stakeholders who emphasise the need for stronger economic evidence argue that decision-makers require robust estimates of cost-effectiveness and ROI of link worker roles to justify investment. At the same time, however, there is a warning that value for money pressures risk distorting link worker practice, if not approached appropriately.

"The emphasis for social prescribing in our area has become more on demonstrating value for money, than it has value to the person. Giving people time used to be our USP, now we're simply being forced to signpost. Without tackling the value for money question, we cannot do our jobs"

NHS Link Worker

Improving evidence use

***Figure 4.7**: Priorities for ensuring better use of evidence (n=66)*

Priority	%	*n*
Analyse, explain and share the evidence on social prescribing (e.g. what works, for who, and how)	**47**	31
Learn from the lived experience of people who need or who have accessed social prescribing	**21**	14
Improve how data is collected and analysed	**20**	13
Design and test new and innovative approaches	**8**	5
Learn from social prescribing globally	**5**	3

Stakeholders emphasise the importance of strengthening the evidence base for social prescribing. Evidence is viewed as essential to supporting commissioning and investment decisions, demonstrating legitimacy to clinicians and leaders, and ensuring the long-term sustainability of social prescribing within the NHS. Stakeholders highlight that stronger, clearer, and more consistent use of evidence could significantly improve credibility and buy-in across the healthcare system.

Analyse, explain and share the evidence on social prescribing

With regards to evidence, there is a particular call for NASP to deepen and strengthen the 'what works' evidence base. Many view this as the most immediate priority for advancing social prescribing.

Stakeholders argue that without robust evidence, social prescribing will struggle to gain greater traction within the NHS, influence commissioning decisions, or secure sustainable investment.

> "Without an evidence base it is unlikely that SP will gain traction within the NHS"
>
> *Voluntary sector professional*

> "['What works' data] lends itself to the mindset of the people who hold the purse strings for increasing the staffing and profile of Social Prescribing"
>
> *Health or care worker*

Improved evidence is viewed as necessary for helping justify workforce growth, and expand the profile of the social prescribing model.

While some respondents identify initial steps having been made in generating evidence, there is a prevailing view that questions persist about how and why social prescribing works, the specific elements that drive change, and how outcomes vary across different community needs and delivery models. Nationally collated examples and accessible data that can be used locally to influence PCNs and demonstrate value on the ground are highlighted.

> "The literature is messy and needs to be improved with more reliable studies that are published (not just third sector reports etc) but also better represent the diversity in the UK – improving our capturing of ethnicity, socioeconomic factors, comparisons of interventions across different areas, do certain types of activity work better in certain contexts, etc"
>
> *Academic/researcher*

> "Research has started to explore "active ingredients" but we don't know the mechanisms or what it is about social prescribing that works"
>
> *Academic /researcher*

Beyond effectiveness, calls are made for research on barriers to access and the extent to which current models promote or hinder health equity, highlighting the importance of understanding who benefits from social prescribing, and who is excluded.

> "A focus on health equity ensuring that all benefit from access to social prescribing not just those that can best navigate the system"
>
> *Academic/researcher*

Together, these insights suggest that stakeholders want NASP to build a stronger, more nuanced evidence base, communicate it clearly, and ensure it is shaped by the realities of frontline practice and community diversity.

Learn from 'lived experience'

Stakeholders express strong support for lived experience as an evidence source. Case studies, stories, and user feedback are seen as critical for capturing change in ways that quantitative data often miss. Many argue that evidence must reflect the lived realities of people who use services – not just system metrics.

"Our local news has had recent stories about social prescribing and how it supports people in the communities they live in. Case studies are so important as it shows results"

NHS Link Worker

"By the nature of the support offered by SPLWs, there should never be only one way to support patients. When link workers are clear about their role and can educate the team around them, then the best evidence comes from the people who have accessed the support. I feel that case studies and patient feedback are the most useful form of evidence"

NHS Link Worker

Related to this is a desire for longer-term/follow-up data collection:

"I think there needs to be more information about the long term outcomes following interventions from social prescribing. If they engage, people report favourably about their experience but does this translate to people using the service finding benefit from the recommended interventions of the social prescriber, e.g. did people referred for help with housing advice get the help that they needed once referred on by the social prescriber"

Health or care worker

Improve how data is collected and analysed

There is strong consensus that current data is inconsistent, patchy, or incomplete. Some SPLWs express frustration that existing NHS systems do not adequately capture social prescribing activity or outcomes, making it difficult to demonstrate impact – or even understand who is being supported.

> "I'm currently drawing reports from EMIS and this database is not accurate and doesn't record and include patient outcomes. Just an example, in my last quarterly report there was information missing about number of patients I supported that are carers or have caring responsibilities and I know I make referral to carers hub every week. Also we don't report patient outcomes effectively, unless it's a case study, so after signposting or referring I don't know how many patients actually have attended a service unless we have a partnership with them which is rare. I have 5/6 main local services I often refer to and only one actively emails me back information like 'Patient didn't attend', or 'Patient is doing well' or 'Patient was sick last week'. I also provide case review consultations and schedule in to see the patient in 8 weeks' time but all this work is not being acknowledged unless I write case studies, which I often do…. Fund for a database that connects with top 10 services that actively support patients and that were referred by a social prescriber"
>
> *NHS Link Worker*

Stakeholders emphasise the importance of outcome measures that reflect what matters within the healthcare system – such as reductions in GP appointments or pressure on secondary care.

> "We need to measure and demonstrate impact that focuses on what funders would like, i.e. more appropriate use of GP appointments, reduction in accessing secondary care, etc"
>
> *NHS Link Worker*

However, they also stress that metrics must not overshadow the person-centred evidence and the person-led ethos of social prescribing.

Alongside this, there is a view that social prescribing outcomes must look beyond individual, quantitative measures and narrow NHS-driven targets, and focus on indicators of stronger community and local infrastructure. In this respect, it is argued that the greatest long-term impact of social prescribing comes from improving community cohesion, participation, and place-based belonging, so requires shift from medicalised metrics to outcomes that capture the collective wellbeing of places and communities.

"Social prescribers with links to infrastructure organisations have better results than social prescribers hired direct within a surgery; research should focus on trends in those organisations; how infrastructure organisations bolster the voluntary charity sector and in turn, how social prescribers link people to organisations in their community which bolsters participation and improves connectivity (perhaps health outcomes, in future). Individual-level outcomes should not be made priority; but community-based solutions where people live/ work/ play"

Voluntary sector Link Worker or community connector

"NHS targets drive the projects and on the ground work is less quantitative, we should hear more from people about the changes they feel will support them to make healthier choices and base projects on the work to build connection as we know those communities that are connected have greater overall health"

NHS Link Worker

Innovation and international learning

While innovation and global learning are valued, these are generally viewed as secondary priorities compared to strengthening foundational evidence and improving data quality. Nonetheless, there is some appetite for creating space to design and test innovative, person-centred approaches, in order to advance practice and ensure innovation beyond the medical model, while there is a view that innovation and international comparison could support the development of new approaches and help clarify roles and models, and strengthen funding arguments.

5. Stakeholder views on NASP's role in advancing social prescribing in the UK

Overview

In terms of advancing social prescribing in the UK, stakeholders consistently position NASP as the national leadership and advocacy body for social prescribing. In this respect NASP is expected to:

- Act as the authoritative national voice for social prescribing, influencing government and policy
- Provide strategic leadership, coordination, and standard-setting across the system
- Develop and support the workforce, particularly SPLWs and VCSE partners, through providing practical implementation support, information and resources, and learning, collaboration, and networking opportunities
- Lead national awareness and communications, so that the public and professionals understand and value social prescribing
- Lead on research, evidence, evaluation and data, building a robust and coherent evidence base.

***Figure 5.1**: Stakeholder views on NASP's main role in advancing social prescribing in the UK (n=190)**

Code/Theme	% of respondents	*n*
Advocacy & Policy	**31**	59
Awareness & Comms	**27**	51
Leadership & Coordination	**24**	45
Workforce Development	**15**	28
Evidence	**13**	25
Implementation Support	**5**	10
Information & Resources	**5**	9
Networking & Collaboration	**4**	8
Other	**8**	15
Don't know	**6**	11

* Many respondents identified multiple roles, rather than a single main role

Taken together, the findings indicate that stakeholders view NASP's primary contribution going forward as providing national leadership that champions, legitimatises, and strengthens social prescribing. This includes: shaping policy and funding decisions; promoting cross-sector collaboration; supporting development of coherent and equitable

delivery models, supporting a skilled and sustainable workforce to deliver high quality social prescribing; and, building the case for investment through evidence.

Expectations of NASP

Advocacy & Policy

Advocacy and policy is one of NASP's most prominent and consistently articulated expected functions, stakeholders describe NASP as the organisation responsible for providing **national leadership, visibility and political influence** for social prescribing, and for ensuring that the model is understood, valued, and sustainably funded.

Key expectations include:

- **National leadership, visibility and a unified voice** – Stakeholders expect NASP to be the authoritative voice for social prescribing, providing strategic leadership across Government and the NHS, raising the profile of social prescribing nationally, and representing SPLWs, community partners, and those accessing services in high-level discussions on policy, commissioning, and system design.
- **Maintaining social prescribing on the national policy agenda** – NASP is expected to keep social prescribing visible to government and NHS leadership, ensuring it remains relevant within changing policy priorities and resisting policy changes that could reduce access (e.g. digital-first approaches that exclude some groups).
- **Influencing policy and embedding social prescribing in health systems** – Stakeholders see a central role for NASP in influencing government, policymakers and commissioners so that social prescribing becomes a core component of NHS and wider system strategies, particularly in relation to prevention and the social determinants of health.

- **Securing sustainable funding** – Respondents highlight NASP's role in advocating for stable funding for SPLWs, and for the VCSE sector and community groups that deliver social prescribing activities.
- **Championing the SPLW role and VCSE sector** – NASP is expected to champion SPLWs' contribution, advocating for recognition, appropriate pay and conditions, and to advocate for investment in the VCSE sector and community infrastructure that makes social prescribing possible.

Awareness & Communications

Stakeholders identify a clear need for **improved awareness and understanding of social prescribing** among both the public and professionals, and view NASP as well placed to lead this work.

Key expectations include:

- **Raising awareness among NHS staff and professionals** – Stakeholders note ongoing variability and understanding of social prescribing among GPs, practice staff, and other clinicians. NASP is expected to support training, campaigns, and information to ensure that professionals: understand what SPLWs do and when social prescribing is appropriate; make appropriate, timely referrals; and, recognise social prescribing as a credible, evidence-informed component of care.
- **Raising public awareness** – Many respondents report that the general public remains unaware of social prescribing or how to access it. NASP is expected to lead national campaigns and communication efforts so that individuals understand the purpose and benefits of social prescribing, and know how to access support.
- **Inclusive and accessible communications** – NASP is expected to promote inclusive communication approaches that reach those most likely to benefit from social prescribing. Respondents stress the importance of avoiding over-reliance on digital channels, which can exclude key communities, including older people, people with disabilities, and those experiencing mental health challenges.
- **Evidence-informed, consistent messaging** – Stakeholders want NASP to use evidence, case studies, and success stories to demonstrate the value and impact of social prescribing, and to ensure consistent national branding and messaging.

Leadership & Coordination

NASP is widely viewed as the organisation that should provide **overall strategic direction and system-wide coordination** for social prescribing. Respondents describe the current system as fragmented, and with significant regional variation reducing the impact of social prescribing. They look to NASP to provide coherence and consistency.

Key expectations include:

- **Strategic leadership and national direction** – NASP is expected to set clear vision and framework for social prescribing that guides development while allowing for local flexibility. This includes setting direction for training, standards, and service models, and ensuring social prescribing remains a mainstream part of health and wellbeing delivery
- **Building consistency and reducing variation** – NASP is expected to address ('postcode') variation in access and delivery, including differences in how SPLWs are deployed and supported across PCNs and organisations. This involves promoting consistent role definitions, training, and professional standards, while preserving the person-centred and community based nature of social prescribing
- **Cross-sector coordination and system integration** – Respondents emphasise a role for NASP in: connecting the NHS, the VCSE sector, and other partners; supporting joined-up working; and, facilitating integration of social prescribing within mainstream health pathways and structures
- **Developing a sustainable national model and infrastructure** – Stakeholders expect NASP to promote stable funding approaches, standardised frameworks for delivery and evaluation, and shared infrastructure (e.g. referral pathways, information-sharing platforms).

Workforce Development

Stakeholders view NASP as the national body responsible for building a skilled, supported, and sustainable social prescribing workforce, particularly in relation to SPLWs.

Key expectations include:

- **Setting standards, frameworks, and professional governance** – NASP is expected to develop and maintain training roadmaps, induction frameworks, and standardised CPD, and to provide guidance and quality assurance on professional standards and behaviours. Some respondents envisage NASP acting as a form of governing or accrediting body for the profession
- **Training, skills development and education** – Stakeholders view NASP as a core provider or coordinator of training, from thorough induction training, through ongoing skills development, and specialist/advanced training for SPLWs. They also highlight the importance of training for clinical staff (including GPs/referrers) to ensure understanding and appropriate use of social prescribing
- **Professionalising the workforce and creating career pathways** – Respondents, especially SPLWs, express concern about limited progression opportunities. NASP is expected to help establish social prescribing as a recognised profession with clear qualification routes, specialist roles, management pathways, career structures, and pay frameworks
- **Role clarity and reducing confusion** – NASP is expected to clarify and communicate the SPLW role, helping both SPLWs and referring professionals to understand the responsibilities, scope of practice, and value of the role
- **Connecting and supporting the workforce** – Stakeholders see a role for NASP to act as a central hub for workforce networks, peer learning, and communities of practice, to enable (cross-sector) collaboration. Some also identify a role for NASP in supporting workforce wellbeing and retention.

Evidence

Stakeholders assign NASP a role in leading and coordinating the evidence base for social prescribing, ensuring that the model is evidence-led, measurable, and credible.

Key expectations include:

- **Building and strengthening the evidence base** – NASP is expected to lead efforts to gather, synthesise, and share evidence on outcomes, effectiveness, and impact, including prevention benefits, wellbeing outcomes, and system impacts such as reduced pressure on primary care
- **Developing outcomes frameworks and consistent measurement** – Respondents identify a need for common outcomes frameworks and fair, transparent measures

that can be used across services and regions. NASP is expected to agree and promote reportable outcomes and data standards that are meaningful and proportionate, and preserve the centrality of individual, personalised care, while supportive of quality improvement, rather than being burdensome

- **Improving data quality and maturity** – NASP is expected to support improved data maturity across the sector – highlighted as a particular issue for smaller VCSE organisations. This includes providing guidance and tools for data collection, analysis, and reporting, and ensuring data requirements are feasible for (small) organisations with limited capacity
- **Sharing evidence, learning, and best practice** – Stakeholders view NASP as the national repository and dissemination hub for research, evaluation, and practice-based learning, including case studies, tools, and guidance
- **Using evidence to influence policy and funding** – NASP is expected to use evidence strategically to influence policy, commissioning, and investment decisions, demonstrating the value of social prescribing
- **Developing research infrastructure and partnerships** – Some respondents envisage NASP playing a convening role in research partnerships with universities, the VCSE sector, and other research bodies, and potentially providing capacity to support systemic research and evaluation.

Implementation Support

A smaller but still important set of responses emphasise a role for NASP in supporting effective implementation of social prescribing at a local level.

Key expectations include:

- Continuing to provide **clear guidance, tools, and quality assurance** to support consistent and high-quality delivery
- Offering **leadership and governance frameworks** that underpin accountability and good practice
- Supporting services to **translate the social prescribing model into practical delivery**, addressing barriers and ensuring social prescribing works for diverse and currently underserved communities
- Ensuring implementation is **evidence-informed** and aligned with principles of equity and access.

Information & Resources

There is some expectation on NASP functioning as the central, authoritative information and resource hub for the social prescribing sector.

Expectations include:

- **Providing clear, accessible guidance and resources** – NASP is expected to produce practical resources for SPLWs, clinicians, and services, including guidance on roles and scope, resources aligned with NHS priorities, and tools for communicating with referrers and patients
- **Acting as a knowledge hub** – Stakeholders want NASP to curate and share best practice, innovation, and evidence, and to provide information on different models and their effectiveness
- **Supporting learning through materials and events** – Respondents expect NASP to provide events/webinars, case studies, publications, newsletters, and accessible evidence summaries that support ongoing learning and improvement
- **Facilitating platforms for sharing and connecting** – NASP is seen as responsible for enabling networks, peer groups, and communities of practice, including conferences and online platforms that support shared learning and collaboration
- **Supplying communication tools and promotional materials** – Stakeholders would welcome ready-to-use materials (e.g. slide decks for GP meetings, data resources) to support SPLWs and services engaging referrers and partners
- **Providing a responsive point of contact** – Some respondents emphasise that NASP should be a visible and approachable source of 'ad hoc' advice, guidance, and clarification.

6. Ensuring communities & people shape decisions

***Figure 6.1**: Ensuring communities/people are at the centre of decision making in NASP (n=160)*

Code/Theme	%	*n*
Community Engagement & Outreach	**30**	48
Understanding/awareness/accessibility of social prescribing	**15**	24
Lived Experience & Service User Feedback	**13**	21
Co-production & Co-design	**13**	20
Professional Voice/Worker Insight	**11**	18
Partnership Working	**9**	14
Accessibility & Inclusion	**8**	12
Public Health & Population Health Management	**4**	7
Regional NASP Approach	**3**	5
Don't know	**2**	3
Other	**7**	11

Community Engagement & Outreach

Around a quarter of responses emphasise that communities can only be centred in NASP's decision making if NASP actively engages with them at a local/grassroots level, through going out into communities (e.g. hubs, faith settings, local groups, and public spaces) to ask people what they need and want.

Examples cited include: community forums/meetings, focus groups, and locally led participation groups.

Stakeholders stress the importance of:

- Inclusive, wide-ranging engagement to ensure diversity of voices
- Building trusting, proactive, sustained/ongoing relationships
- Listening and acting on feedback – and being responsive to local strengths and needs
- Ensuring communities have enough information to contribute meaningfully.

> "Speak to people in communities – meet them where they are"
>
> *'Other' - Volunteering and Community Manager*

"People voice, public consultation carried out by locals to understand what people find useful"

Commissioner/health leader

"Collect voices from local communities – hold events to capture what communities feel they need"

NHS Link Worker

"Survey the general public at community hubs, GP surgeries etc"

NHS Link Worker

"By asking them what they want, go to places of worship, community hubs in person spend time with them and find out what matters to them most"

'Other' – Social Prescribing Link Worker

Understanding/awareness/accessibility of social prescribing

Many respondents appear to have interpreted 'centering communities in NASP's decision making' as first requiring that communities understand, recognise, and can access social prescribing.

For these stakeholders, meaningful participation depends on people being informed and confident about what social prescribing is, what it offers, and how it relates to their lives. As a result, their recommendations focus heavily on improving communication, visibility, and public awareness as foundational conditions for community influence, rather than describing how NASP might share power, shift governance structures, or embed participatory decision making.

"By making sure that SP's, patients, and the wider community have a full awareness of how services can help support people, from the point where they are in life, and help them get to the next step in their life, recovery or personal development"

Commissioner/health leader

"Every patient is aware of social prescriber role, staff training, improving NHS App, offline communications"

Person who's been referred to social prescribing

"Raise the profile of social prescribing across population. If the public don't know about it to ask about it then it is easier to shut it down"

Voluntary sector Link Worker or community connector

"Get feedback from communities on whether they know what our role is and if not, educate them on this, and how we may be able to help patients"

NHS Link Worker

Lived experience/service user feedback

Some stakeholders focus on emphasising that ensuring people/communities are at the centre of NASP's decision-making requires involvement of those with experience of accessing social prescribing.

Practical mechanisms cited include gathering service user feedback, running focus groups, lived experience advisory panels, and engaging patient representatives.

"Make sure you have people who have used those services involved. You can sit in an office and think this looks good but only by using the service and knowing what it feels and looks like can you truly understand it"

Person who's been referred to social prescribing

"Proper surveys of people's experiences of discharge from hospital into the community or their attempts to access community health and social care. LISTEN before making decisions on what may sound like a cheap option to divert people from seeking support elsewhere. Confidence in the validity and reliability of the social prescribing options are essential to monitoring quality and measuring the outcomes for the patient"

Voluntary sector professional

"By gaining feedback from those who have interacted with a SP/LW service"

Civil servant/Government

"Engage patient volunteers who have benefitted from the service"

Person who's been referred to social prescribing

"Provide a link for all link workers to share with patients to give feedback to a central place"

NHS Link Worker

"Use patient representatives in hospitals and primary care – engage with organisations like Healthwatch and carers groups"

NHS Link Worker

"Creating advisory panels or forums that include lived-experience representatives can ensure decisions reflect the realities and priorities of those directly impacted"

'Other' - Social Prescribing Link Worker

Co-production & co-design

Some respondents emphasise that communities can only be at the centre of NASP's decision-making if co-production is embedded at every stage of NASPs work. These stakeholders want NASP to provide regular opportunities for community members, service users, link workers, local VCSE organisations, and other stakeholders to be involved as active partners with genuine influence in designing, planning, implementing, and evaluating policies and programmes.

Overall the responses describe a vision where NASP makes communities co-designers and co-decision makers, embedding their insight across strategy, service design, and implementation so that national decisions reflect real needs and lived realities.

The importance of early involvement is stressed, so communities shape priorities from the outset. A consistent message is that communities must be 'at the table where decisions are made', not simple asked for views/consulted, or fed back to 'after-the-event'. It is also noted that genuine co-production requires resources, time, and support to enable participation, particularly for people with lived experience and grassroots workers.

Suggestions include establishing Lived Experience Advisory Groups, regional co-production forums, and community-led decision-making structures.

> "I think having lived experience advisory groups within NASP would be great. To have people involved in co-design and co-production with all of your work. To bring forth community voices from around the country to feed into all you do continuously. I would love to be part of anything like this and feel it would be hugely valuable. An advisory group could also then spin out to and organise focus groups, dissemination and other aspects which would all be of value to driving social prescribing forward. Lived experience voices could be key partners in the way forward. If such an opportunity was there, I'd love to help to shape it with others"
>
> *Volunteer*

> "Listening, and coproducing! To keep communities and people at the centre of decision-making, NASP needs to move beyond consultation and into genuine co-design. That means involving people with lived experience, link workers, and community organisations right from the start, resourcing them to take part, and making sure their input directly shapes outcomes. Communities should be decision-makers, not case studies, and NASP can build trust by showing clear feedback loops on how voices influence national direction"
>
> *NHS Link Workers*

"To ensure communities and people are truly at the centre of decision-making in NASP, it's essential to embed meaningful engagement and co-production at every level. This means involving community members, service users, and frontline social prescribers in the design, planning, and evaluation of programs and policies—not just as consultees but as active partners with real influence"

'Other' - Social Prescribing Link Worker

Professional Voice/Worker Insight

A number of stakeholders emphasise that frontline workers – particularly SPLWs and VCSE practitioners – play a crucial role in ensuring communities are genuinely represented in NASP's decision making. They argue that these professionals hold deep, day-to-day knowledge of local needs, challenges, and experiences.

Explicit mention is made of this approach being particularly valuable for gathering the views of people who may never participate in formal consultation events directly (i.e. they won't engage in formal events, but will open up to their link worker, who can in turn represent their voice). In this sense, these workers see themselves as proxies/ intermediaries to represent and advocate for community voices; in their view, amplifying professional/worker voice is not separate from centering community voice, they view it as a practical and reliable way to bring community experience into national decision making.

Indeed, some frontline workers – particularly link workers – express frustration that their voices are often overlooked despite their direct knowledge of local needs, awareness of variations across PCNs, and the realities of service delivery. They want NASP to recognise them as essential partners in community insight and service development.

These stakeholders propose use of structured feedback loops (including stakeholder events and stakeholder surveys), and participatory research with link workers and other frontline workers.

SPLWs in particular stress that they should be given protected time to contribute to policy development, system design, and research.

"Again each primary care network, even individual surgeries have their own local challenges, we see it day in and out and are not the people who are consulted/listened to/suggestions acted upon, voices are not heard we work in the heart of our individual communities…."

NHS Link Worker

"Hard task… we need to get the people DELIVERING the SP programmes HEARD"

Health or care worker

"Local workshops run by those providing infrastructure to the VCSE sector speak with voluntary groups via the voluntary sector to gain real insight into community needs"

Voluntary sector professional

"Engage with link workers, collect data from VCSE groups"

NHS Link Worker

Partnership Working

Some stakeholders also highlight the importance of collaboration with wider partners already embedded in communities, and who thus hold place-based knowledge. Alongside actively engaging grassroots charities, community organisations, voluntary sector networks, and local infrastructure bodies in, e.g. workshops, to gather evidence and feedback, suggestions include schools, local authorities, and housing providers.

Accessibility & Inclusion

Some respondents emphasise that NASP cannot meaningfully centre communities in decision making unless participation is fully accessible, inclusive, and properly resources. They argue that this requires removing practical barriers and proactively involving people who are often unheard or marginalised. Specific mention is made of ensuring that those who are sight-impaired, deaf, have learning difficulties, or do not speak English confidently can engage – supported through measures such as interpreters, translated materials, and accessible formats.

It is also highlighted that inclusion depends on adequate time and financial support. Both communities and professionals need resources such as paid time/expenses, protected time for engagement, and dedicated funding/budgets to take part – allocated "non-negotiable" resource/investment.

The importance of broad representation, ensuring groups from different geographies, cultures, and marginalised backgrounds are actively involved is emphasised. The value of creating safe, culturally sensitive spaces and mixing groups to avoid echo chambers and wide perspectives is mentioned. It is proposed NASP invests in structures such as free conferences, funded forums, and mixed-community groups, that enable the diversity of voices to be heard.

"To ensure communities and people are truly at the centre of decision-making in NASP, engagement must be accessible and inclusive. This means providing interpreters, translated materials, and bilingual facilitators, and working through trusted local connectors or organisations so people can participate meaningfully even if they don't speak English. Rather than keeping communities tightly clustered, smaller groups should be mixed to encourage a diversity of views, prevent echo chambers, and allow people to hear perspectives beyond their immediate community. Creating safe, culturally sensitive spaces for discussion and valuing lived experience alongside traditional evidence ensures that decision-making reflects the real needs and priorities of the full population NASP serves"

Health or care worker

"Regularly gathering and acting on feedback from diverse communities will help NASP stay responsive to local needs and avoid a one-size-fits-all approach"

'Other' - Social Prescribing Link Worker

"Please do not forget about those who are sight impaired/deaf, have English as a second language or learning difficulties"

Voluntary sector Link Worker or community connector

Regional NASP Approach

A small number of respondents comment on NASP's current centralised structure limiting its ability to understand and respond to local needs. They argue that communities would be better served in decision-making if NASP rebuilds a regional/local presence. These stakeholders stress that regional infrastructure is essential for maintaining meaningful relationships, understanding local contexts, and ensuring national decision making reflects the lived realities of communities across England. Stakeholders propose:

- Regional forums to bring local perspectives directly into national decision
- NASP personnel embedded in local communities acting as network facilitators, and feeding community intelligence/insight back into NASP
- A networked governance model that connects local and specialist networks, rather than a single central/national hub.

> "Local NASP personnel who familiarise themselves with the community they are supporting – acting as a network facilitator and who can feed back up recommendations"
>
> *'Other' - Community garden project leader*

> "Some kind of regionality would be brilliant – it feels very centralised currently and it would be great to have a local rep to connect with and work with"
>
> *Voluntary sector professional*

Public Health & Population Health Management

Some stakeholders emphasise the importance of adopting public health/population health management approaches. In particular, they highlight the value of community mapping to identify gaps in provision, understand what matters to people, and ensure services are shaped by local priorities. Others call for regular public surveys and demographic data collection to build a more accurate picture of needs across different areas.

Some stakeholders also stress the role of GP practices in working collaboratively with the VCSE sector to ensure the development of groups and activities reflects genuine population health priorities.

Overall, these stakeholders want NASP to draw on evidence, public health intelligence, and community driven insight to guide decisions – to ensure social prescribing is targeted, responsive, and aligned with specific community need (as opposed to being determined by available – constantly fluctuating – funding).

> "Check out what demographics the community population requires and target these groups to start with to encourage these people to have a say in what they need and what would benefit them"
>
> *Clinician*

> "Doing community mapping to see where we have gaps of provision"
>
> *NHS Link Worker*

> "Utilise local plans/Public health"
>
> *Voluntary sector professional*

Barriers and enablers

Within responses, stakeholders identify a range of factors that can either enable or prevent NASP from placing people and communities at the centre of its decision-making.

Enablers are most commonly associated with strong communication, visibility, genuine and ongoing community participation, and structures that value local voice and lived experience. Enablers identified by respondents are summarised in Figure 6.2.

Barriers are most often related to low awareness, risks of tokenistic engagement, and resource and access constraints. Barriers identified by respondents are summarised in Figure 6.3.

***Figure 6.2**: Themes stakeholders identify that enable or are necessary for meaningful community-centred decision making*

Public awareness	Ensuring communities are aware of social prescribing
Community engagement & outreach	Meeting people where they are
	Relationship-building with/through community groups and trusted voices
	Participatory research and engagement methods
Ongoing feedback and active listening	Regular feedback opportunities for community voice
	Processes that enable 'service users'/'lived experience' to shape decision making
Local representation & diverse voices	Structures that ensure representation from different demographic groups
	Ensuring representation from marginalised/ underrepresented groups and people with protected characteristics
Co-production & co-design	Communities involved from the earliest stages of decision making
	Equal/community-led decision making
Partnerships with VCSE & local networks/ organisations	Collaboration with VCSE organisations
	Leveraging organisations already embedded in, and trusted by communities
Professional insight	Supporting frontline workers to capture and communicate community insights
	Involving professionals in shaping NASP's work
	Drawing on data collected by VCSE organisations
Funding & resources	Adequate funding/resources to support community involvement (e.g. expenses)
	Resources to support professional participation (e.g. protected time, training & research budgets)
Accessibility & inclusivity	Inclusive formats/approaches that ensure participation from people who experience communication or learning barriers
Trust & accountability	Feedback loops showing how input has had influence
	Decisions reflecting diverse voices, not being driven solely by senior management

***Figure 6.3**: Themes stakeholders identify that prevent communities and people being at the centre of NASP decision making, or that create obstacles or risks*

Low public awareness & understanding of social prescribing	Communities not knowing what social prescribing is/social prescribing being poorly understood
Risk of tokenistic/tick box consultation	Engagement that does not genuinely influence decisions
	Communities feeling their voice has limited impact
Limited resources/funding constraints	Community organisations unable to sustain involvement
	Lack of capacity to support sustained engagement
Communication barriers	Exclusion of those with language, literacy, or learning barriers
Lack of representation or unequal voice	Engagement methods not reaching all people/ communities resulting in certain 'groups' not being included/heard
Structural/systemic challenges	Top-down governance/operating processes making local influence difficult
	Centralised approaches making collection of local intelligence difficult
Insufficient feedback loops	People/communities not seeing the outcomes of their input

7. Conclusion

Feedback from stakeholders demonstrates that NASP is regarded as the authoritative and trusted national body for social prescribing, responsible for making a positive and meaningful difference to the work of those involved in delivering, supporting, and developing social prescribing.

Stakeholders recognise the role NASP has played in developing the social prescribing landscape to date (including through advocacy, strategic direction and leadership, and workforce development and support), and credit it with helping to strengthen both day-to-day practice and wider strategic positioning of social prescribing. But alongside this, they describe an underfunded and fractured system, and identify conditions that will limit the development and impact of social prescribing going forward.

There is strong consensus that while social prescribing has significant potential, in terms of improving prevention, wellbeing, and demand on the existing health service, its sustainability is contingent upon securing stable funding and improving system integration, alongside adequate investment workforce development and support, and improved public and professional awareness of the social prescribing offer.

Indeed, it is crucial to note that all of the challenges facing they system are interconnected, and cannot be addressed in isolation. For example, the extent to which social prescribing is embedded in the NHS depends on the training, development, and support available to SPLWs, which is itself shaped by workforce shortages, funding pressures, and the strength of partnerships with the VCSE sector. Similarly, charities' ability to offer meaningful support relies on sustainable funding and effective collaboration with the NHS, while evidence and evaluation play a crucial role in securing investment, embedding practice, and raising public awareness. In turn, public awareness is shaped not only by communication, but also by the visibility and consistency of provision across the system. As a result of this interdependence, focusing on any one single issue risks leaving critical gaps; meaningful progress requires a joined-up approach that simultaneously invests in workforce capability, community capacity, system integration, evidence, and awareness.

To legitimise, stabilise, and strengthen social prescribing nationally, NASP must therefore combine advocacy, policy influence, and strategic leadership with workforce development, awareness raising, practical implementation support, and evidence building. Together, these expectations position NASP as the central infrastructure body for social prescribing in the UK – responsible for shaping the national narrative, promoting integrated, coherent and equitable delivery models, and equipping practitioners and systems to deliver high quality social prescribing.

Appendices

Codeframes developed for open questions

Codeframe – In your own words, what do you think is NASP's main role in advancing social prescribing in the UK?

Code/Theme	Description	Examples
Advocacy & Policy	National advocacy & policy influence	• Acting as a national voice • Influencing government, NHS, DHSC policy • Championing social prescribing nationally • Influencing commissioning, funding & long term sustainability of SP/sector
Awareness & Comms	Raising awareness & public & professional understanding	• Increasing visibility and understanding of social prescribing among public, professionals • Comms campaigns
Leadership & Coordination	Strategic leadership & national coordination	• Providing national voice, direction & strategy • Alignment/connections across sectors • Avoiding duplication • Consistency • Developing a sustainable model • Supporting system integration w/NHS, ICS, LAs, VCSE
Networking & Collaboration	Facilitating networking, collaboration & communities of practice & shared learning	• Bringing stakeholders together • Connecting practitioners/regions • Sharing practice • Supporting partnerships
Information & Resources	Providing information, guidance & resources	• Providing toolkits, guidance, advice, signposting information & best practice resources
Research, Evidence, Evaluation & Data	Building and sharing evidence – research, evaluation & improving data collection	• Developing & sharing evidence base • Research & evaluation • outcomes frameworks • improving data collection
Workforce Development	Workforce development & training	• Training & skills development • Professional standards • Quality assurance, standards & inspection regimes
Implementation Support	Supporting service delivery & implementation improvement	• Helping practitioners deliver social prescribing • Sharing models that work/good practice
Don't know		
Other		

Codeframe – Please explain in your own words how NASP has made a difference to your work.

Code/Theme	Description	Examples
Increased knowledge, understanding & evidence	NASP has improved knowledge, supported evidence-building, informed research/ evaluation	• Provided access to up-to-date info/resources • Informed research, eval, evidence building • Better understanding of role/sector • Provided national perspective/wider system understanding • Helped build the SP evidence base
Enabled networking, collab & shared learning	Enables connection with others, sharing of ideas of best practice, reduces isolation	• Networking with SP/LW community • Opportunities for shared learning/collab • Feeling part of a wider movement/reduced isolation
Supported service implementation/ improvement	Direct impact on delivery or quality of SP practice/services	• Improved service delivery, pathways, or models • Enabled creation/expansion of local SP initiatives/networks • Supported operational guidance & implementation • Provided tools/resources used directly with clients
Workforce development, professional identity & legitimacy	Supports the professional role, skills, legitimacy, CPD, standards	• Increased confidence in practice • Professional recognition/legitimacy of role • Support for CPD, training & skills development • Clarifying and defining the role of SPLWs
Inspiration, motivation & morale	NASP inspires, provides motivation, hope, reassurance or feelings of support	• Increased motivation/inspiration • Reduced role isolation/feeling supported • Provided hope/advocacy for the future of SP
Influencing, advocacy & strategic positioning	NASP influences funding, organisational, or national direction	• Informed local influencing/advocacy work • Influenced organisational decisions/strategy • Supported national visibility & advocacy for SP
No/limited impact		
Other		

Codeframe – How can we make sure communities and people are at the centre of decision-making in NASP?

Code/Theme	Description	Examples
Community Engagement & Outreach	Actively going out to communities and engaging them where they are	• Holding community forums • Attending local groups, hubs • Asking people/communities directly what would help them
Understanding, Awareness & Accessibility of SP	Increasing understanding/ awareness/accessibility of social prescribing so people can be involved in decision making	• Ensuring people know the role of SP • Raising the profile of SP • Ensuring access to SP
Lived experience & Service User Feedback	Engaging people who have attended social prescribing in shaping priorities, policies, services & evaluation	• Patient participation groups • Service user feedback • Lived experience forums • Stories and insights from those impacted by SP
Co-production & Co-design	Involving communities, service users, SPLWs, VCSE organisations & other partners as equal contributors in designing, planning & reviewing NASP's work	• Co-production • Involving community partners from the start • Community-led decision making
Professional Voice/ Worker Insight	Engagement with frontline workers who understand local need, challenges & gaps	• Frontline worker/SPLW surveys/insights/feedback • Using frontline workers as intermediaries
Partnership Working	Working with existing community structures & VCSE organisations	• Using data/insights from VCSE organisations • Engage with VCSE infrastructure organisations • Engage with LAs, housing, etc
Accessibility & Inclusion	Removing barriers to participation in decision making – across language, digital access, disabilities, etc	• Providing interpreters, translators, etc • Paying expenses & long term funding to ensure participation • Creating safe, culturally relevant spaces
Public Health & Population Health Management	Use public health/ population health management approaches to understand needs and ensure decisions reflect local context and inequalities	• Community mapping • Analysing demographic data • Consulting public health plans • Using evidence to understand needs & address needs
Regional NASP approach	Ensuring NASP's structure and decision making are not overly centralised	• Regional forums • Local NASP representatives • Networked governance • Have NASP staff embedded in localities
Don't know		
Other		

Respondent profiles

***Figure 1.1**: Stakeholder role (n=411)*

	% of respondents	*n*
NHS Link Worker	**33**	137
Voluntary sector professional	**16**	64
Health or care worker	**11**	46
Voluntary sector Link Worker or community connector	**11**	36
Commissioner/health leader	**8**	34
Clinician (e.g. doctor)	**6**	23
Volunteer	**4**	17
Civil servant/Government	**4**	15
Academic/researcher	**3**	12
Person who's been referred to social prescribing	**1**	4
Student	**0**	0
Other	**3**	23

***Figure 1.2**: Stakeholder Combined Groups (n=411)*

Stakeholder Role	Combined Stakeholder Group	%	*n*
NHS Link Worker	SPLW	**45**	184
Voluntary Sector Link Worker or community connector			
'Other' – Social Prescribing Link Worker*			
Clinician (e.g. doctor)	Health Stakeholder	**25**	103
Commissioner/health leader			
Health or care worker			
Voluntary sector professional	VCSE Stakeholder	**16**	64
Academic/researcher	Other Stakeholder	**15**	60
Civil servant/Government			
Person with lived experience of social prescribing			
Volunteer			
Other			

*11 of those who responded 'Other' were back coded into a 'Social Prescribing Link Worker' code (it was unclear whether they were NHS or Voluntary sector link workers)

***Figure 1.3**: Stakeholder familiarity with social prescribing (n=411)*

	% of respondents	*n*
Very familiar	**81**	331
Somewhat familiar	**18**	72
Not at all familiar	**2**	8

***Figure 1.4**: Stakeholder familiarity with NASP (n=411)*

	% of respondents	*n*
Very familiar – I use their resources and/or receive their updates	**45**	187
Somewhat familiar – I have heard of them but do not often interact with them	**36**	148
Not at all familiar – I have not heard of them previously	**18**	76

***Figure 1.5**: Ways in which stakeholders have accessed or engaged with NASP (n=335)*

	% of respondents	*n*
Viewed information (e.g. website, newsletter, toolkits, reports, videos)	**74**	261
Attended webinars, meetings, conferences, training	**53**	178
Joined a network	**27**	92
Worked on a project/partnership	**9**	30
Direct engagement with NASP staff member	**15**	55
I have not accessed or engaged with NASP	**10**	35
Other	**2**	8

Figure 1.6: *Whether or not NASP's insights, resources, advice or support have been useful (n=335)*

	% of respondents	*n*
Yes	**87**	292
No	**13**	43

***Figure 1.7**: How NASP's insights, resources, advice, or support have been useful (n=292)*

	% of respondents	*n*
Improved my knowledge and understanding	**81**	237
Helped me advocate/raise awareness	**43**	126
Inspired/motivated me to continue or improve my work	**39**	113
Improved my professional practice and the way I do things	**38**	110
Helped me feel more connected to peers and stakeholders	**32**	92
Led to new connections and professional relationships	**24**	71
Led to new initiatives or projects	**17**	50
Helped me form partnerships	**14**	40
Other	**4**	12