



National
Academy
for Social
Prescribing

Social Prescribing Link Worker Survey 2026 – Key Highlights Report

Prepared for NASP by Kate Sewel

May 2026

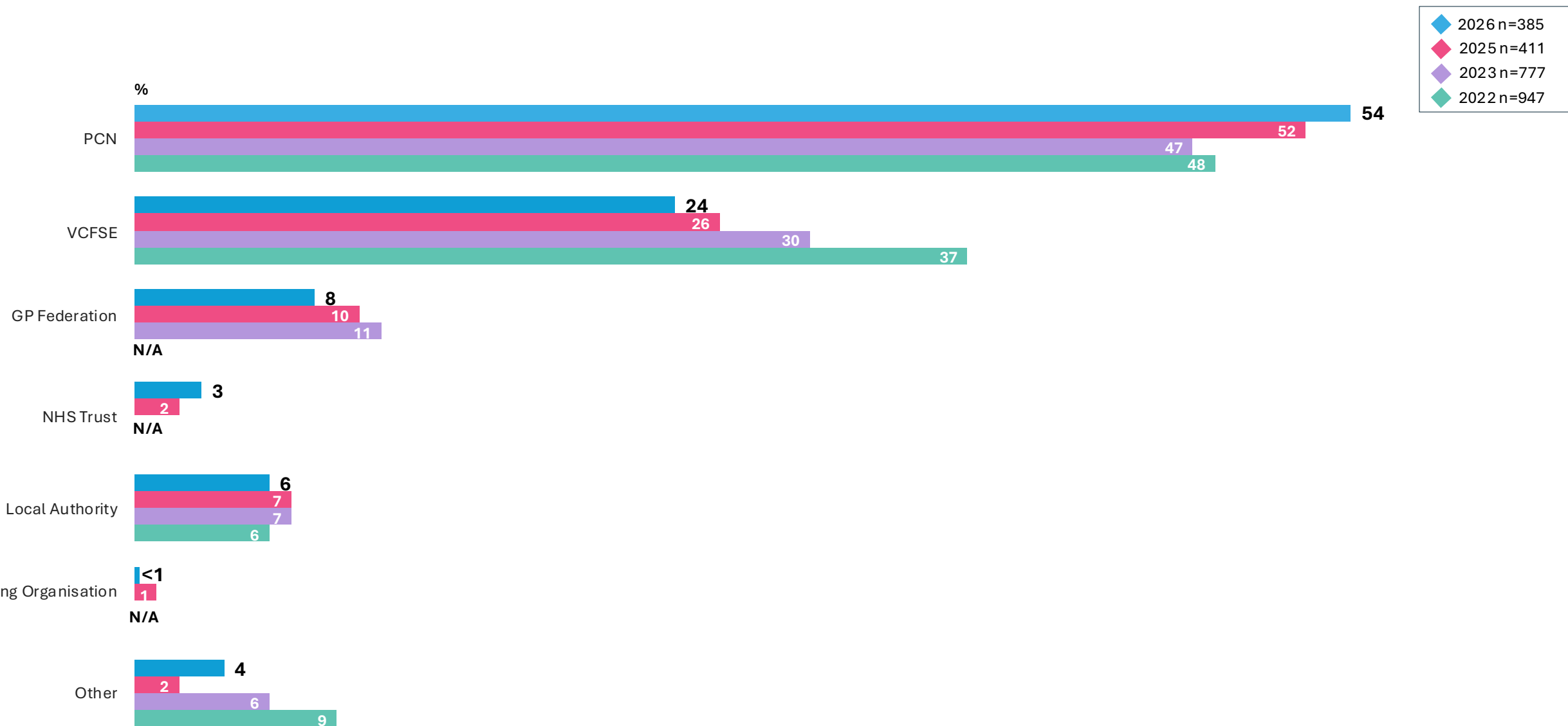


Introduction

- This document presents findings from the 2026 Social Prescribing Link Worker Survey.
- The survey was administered by the National Academy for Social Prescribing (NASP).
- Similar surveys were administered by NHS England in 2022 and 2023, and NASP in 2025. Where appropriate, comparisons with these surveys are provided.
- Social Prescribing Link Workers (SPLWs) who hold a caseload and are based in England were invited to complete the online survey.
- The survey focused on service configuration, day-to-day role, training needs, workforce challenges, and data recording & outcome measurement practices.
- The questionnaire was live 11 February – 12 March 2026.
- 385 Social Prescribing Link Workers (SPLWs) submitted completed surveys
 - Every region and all but two ICSs represented in responses
 - 210 'PCN SPLW' & '175 Other SPLW'.

Over The Years, SPLW Employment Has Shifted Towards PCNs And Away From VCFSE Organisations

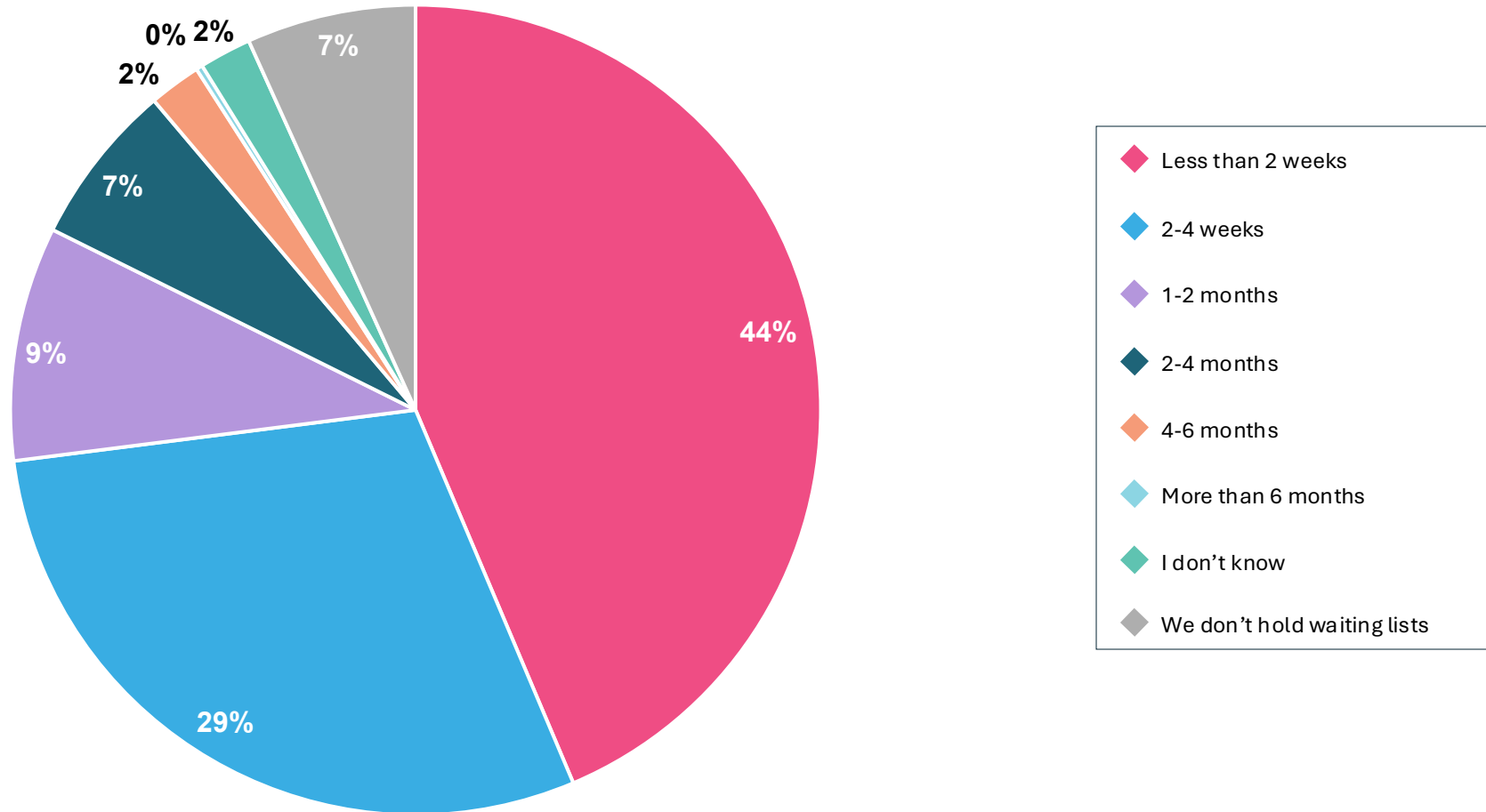
- Overall, figures have remained relatively stable between 2025 and 2026.
- The slight increase in SPLWs employed directly by PCNs coupled with the slight decrease in VCFSE employment may indicate a gradual shift toward PCN-based employment and a reduced role for the voluntary sector as an employer of SPLWs.



Q. Which of the following best describes your role? Employed by...

Access To SPLW Services Is Generally Timely

- SPLWs report that access to their service is generally relatively timely, with almost three-quarters of those referred seen within 4 weeks, though a minority of services experience longer delays, with 16% reporting waits exceeding 1 month.
- Very few report extended waits over 4 months (2%).
- Some services don't operate waiting lists (7%).

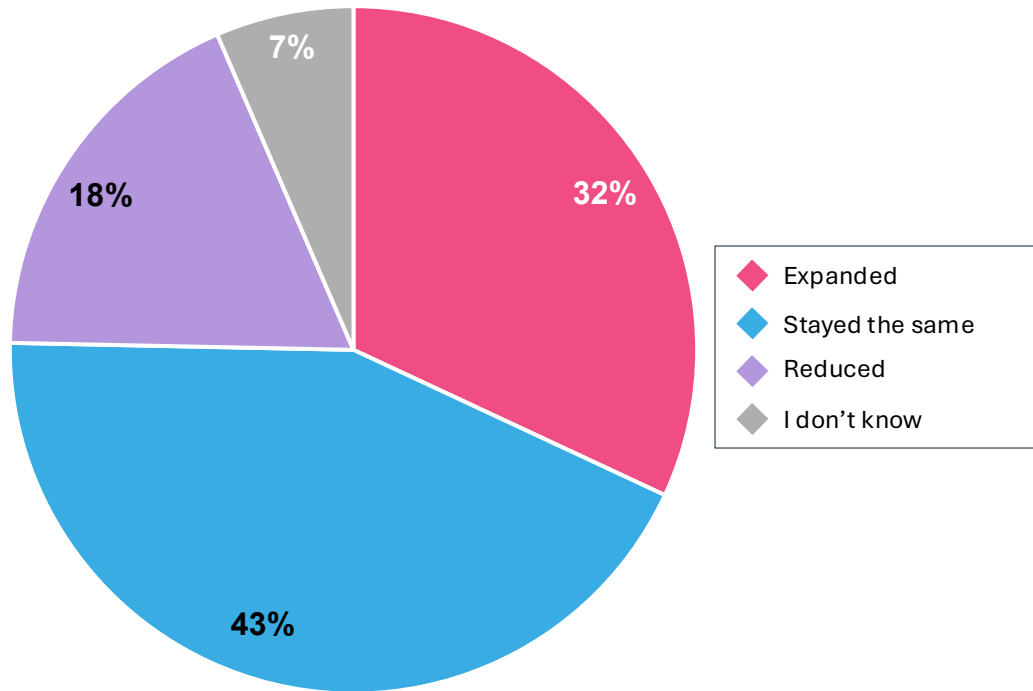


Q. On average, how long do people stay on a waiting list for your service? (n=385)

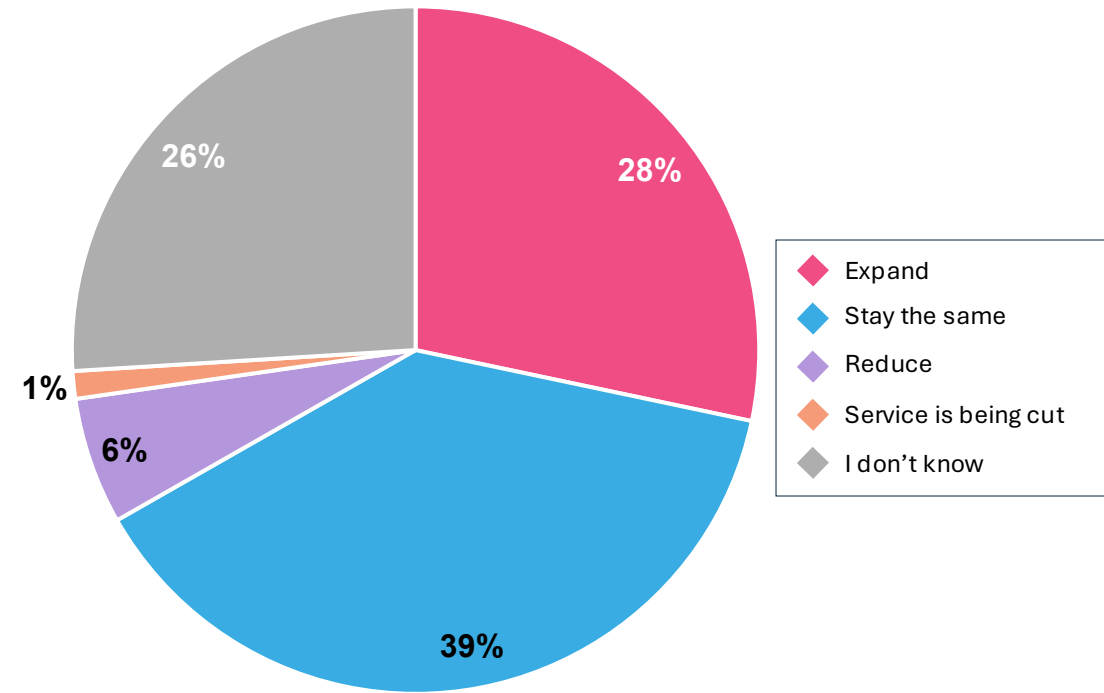
Social Prescribing Services Remain Stable, Although Future Direction Remains Uncertain For Some

- Over the last year, social prescribing services appear to have remained relatively stable, with potential signs of growth.
- Expectations for the next year point to continued stability with some growth, but the relatively high level of uncertainty suggests future direction remains unclear for many SPLWs/services.

Over the last year, has your social prescribing service...
(n=385)

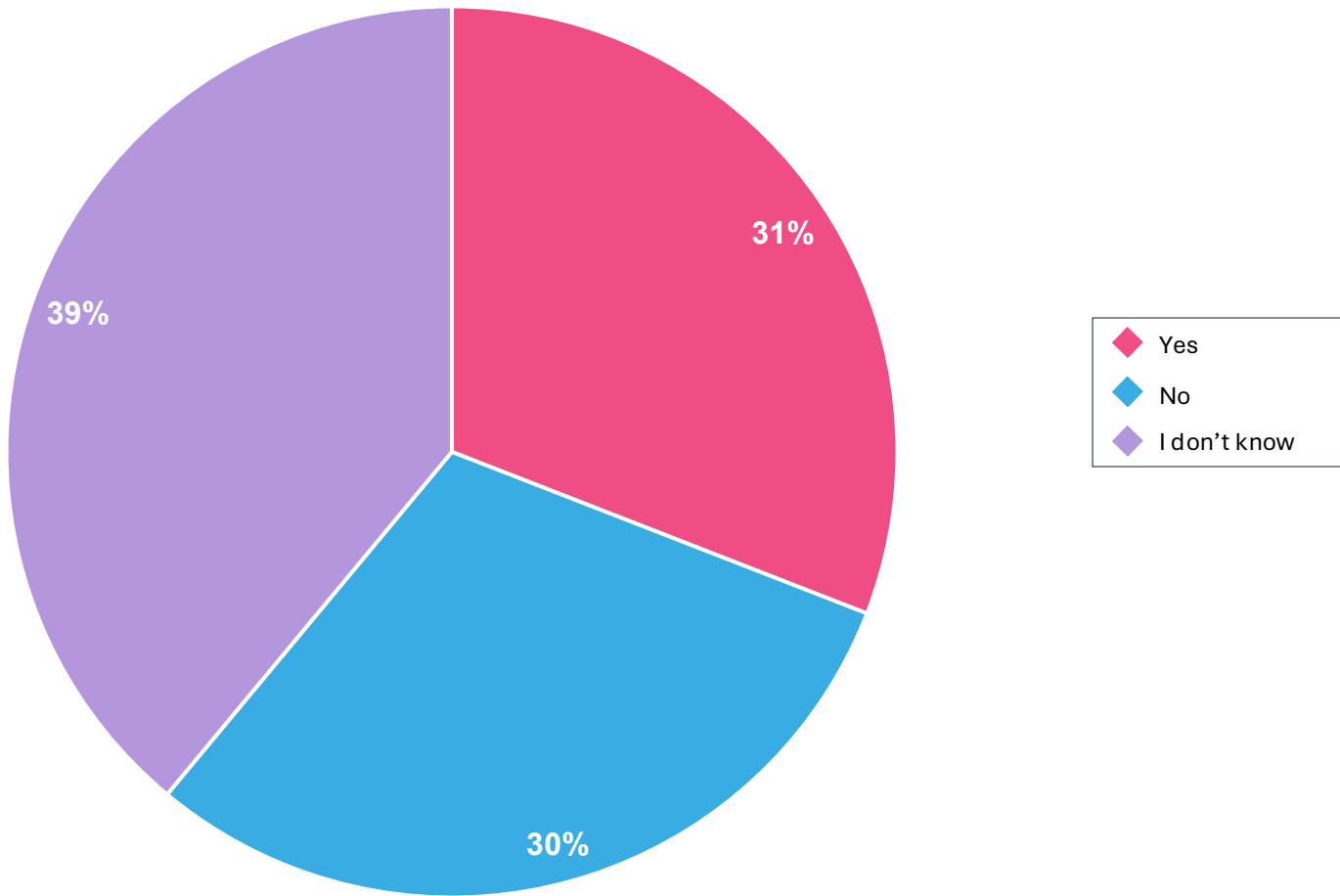


How do you expect your social prescribing service to change over the next year?
(n=385)



Connections To Neighbourhood Health Offers Appear Inconsistent And Unclear

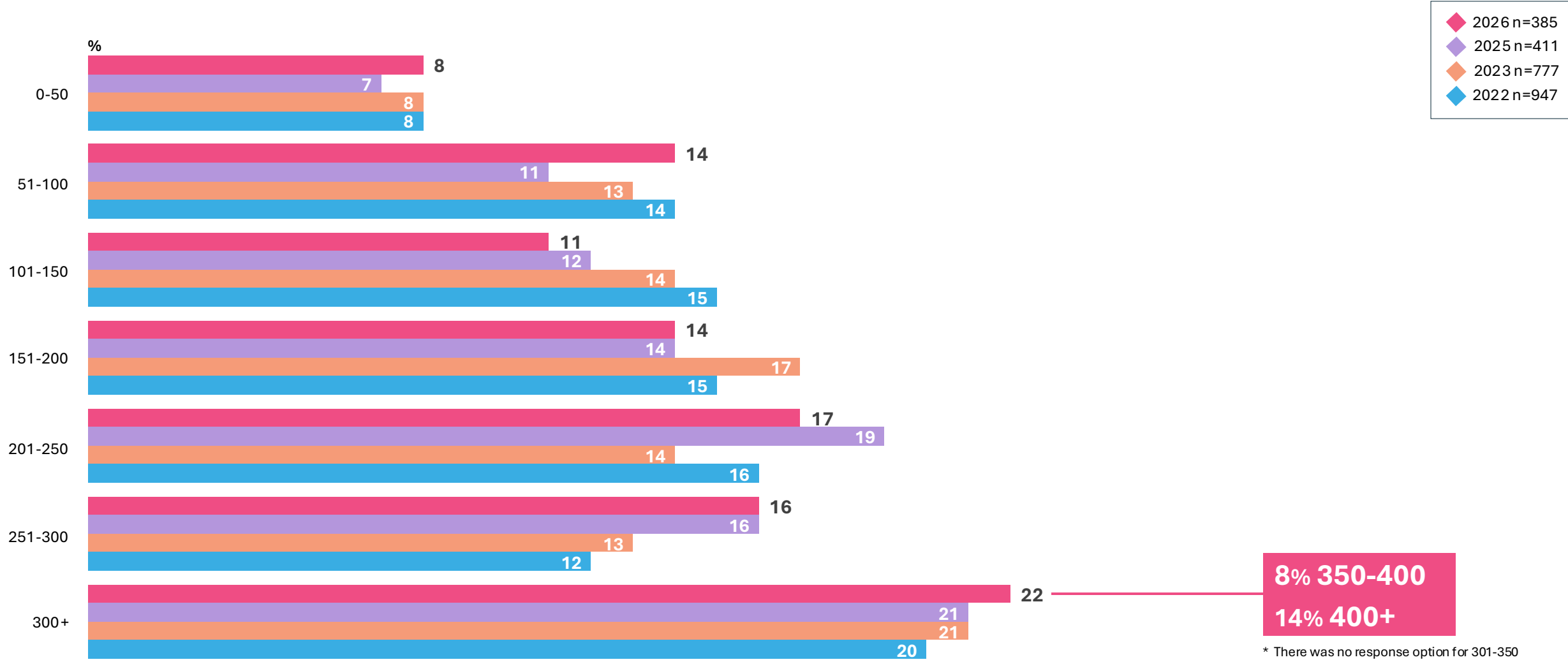
- Responses are evenly split, with similar proportions reporting their service is connected to the local Neighbourhood Health offer and reporting that their service isn't.
- A substantial proportion (2 in 5 SPLWs) indicate they don't know, suggesting limited awareness of this.



Q. Is your social prescribing service connected to the local Neighbourhood Health offer? (n=385)

High Caseloads Remain Common Across The SPLW Workforce

- Caseload distribution has remained largely unchanged year-on-year.
- The proportion of SPLWs with an average of 300+ cases per year remains the highest, with around 1 in 5 respondents reporting this.
- Around 2 in 5 have an average caseload over 250 a year (the maximum safe caseload recommended by NHSE).
- SPLWs employed directly by PCNs are particularly likely to report high caseloads:
 - 45% of PCN SPLWs report a caseload of 250+, compared with 28% of other SPLWs, and 17% of PCN SPLWs report a caseload of 400+, compared with 10% of Other SPLWs.

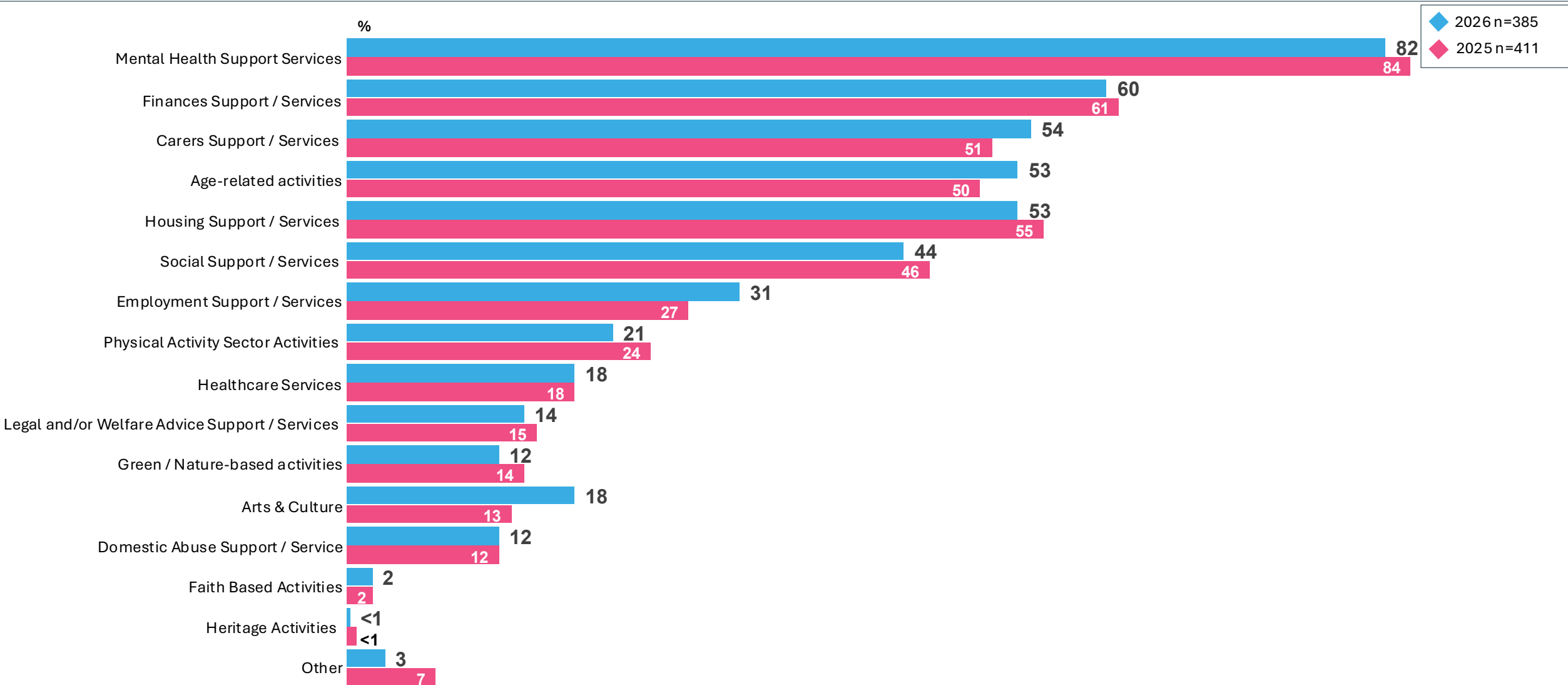


* There was no response option for 301-350

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

Referral Patterns Reflect High Levels Of Mental Health And Social Need

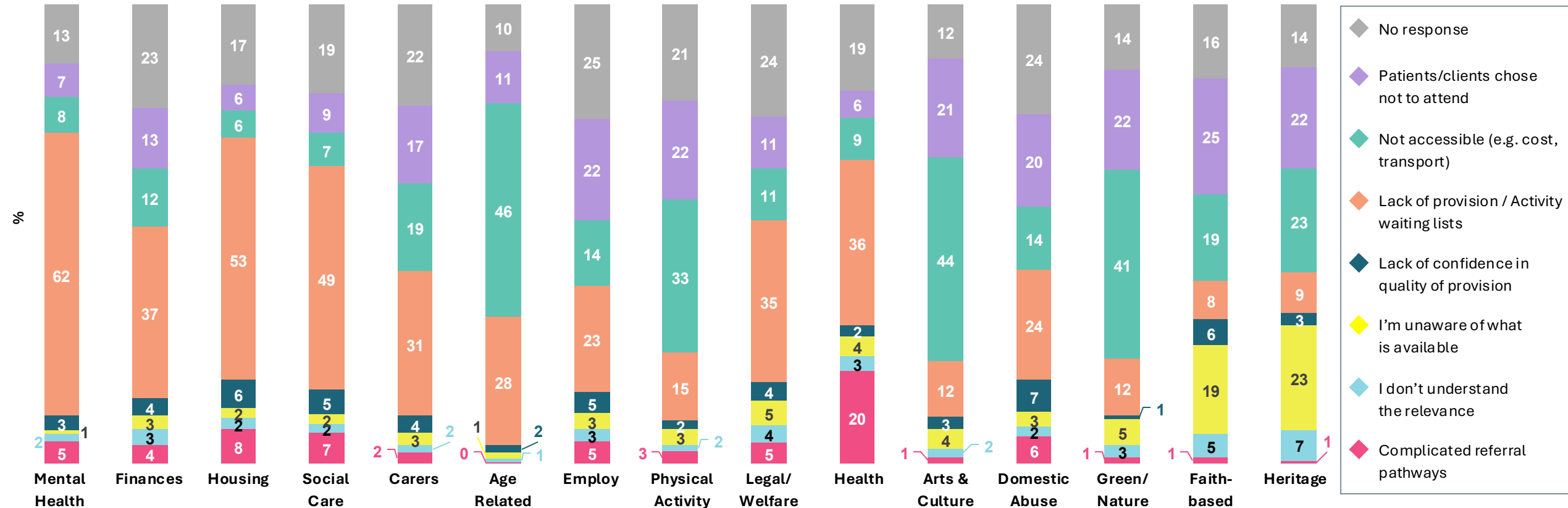
- SPLWs most frequently refer people to Mental Health Support Services (4 in 5 SPLWs select this response).
- Support for finances, carers, age-related activities, and housing also feature highly.
- Referrals to faith-based activities, and heritage activities are relatively rare, suggesting lower awareness, demand, or availability of these types of services.
- The categories of organisations SPLWs make the most referrals to is relatively unchanged compared with 2025, but referrals to Arts & Culture has seen a slight increase.



Q. What category of organisations do you make the most referrals to? Please select at most 5 options

Referral Barriers Are Primarily Driven By Service Capacity And Accessibility Constraints

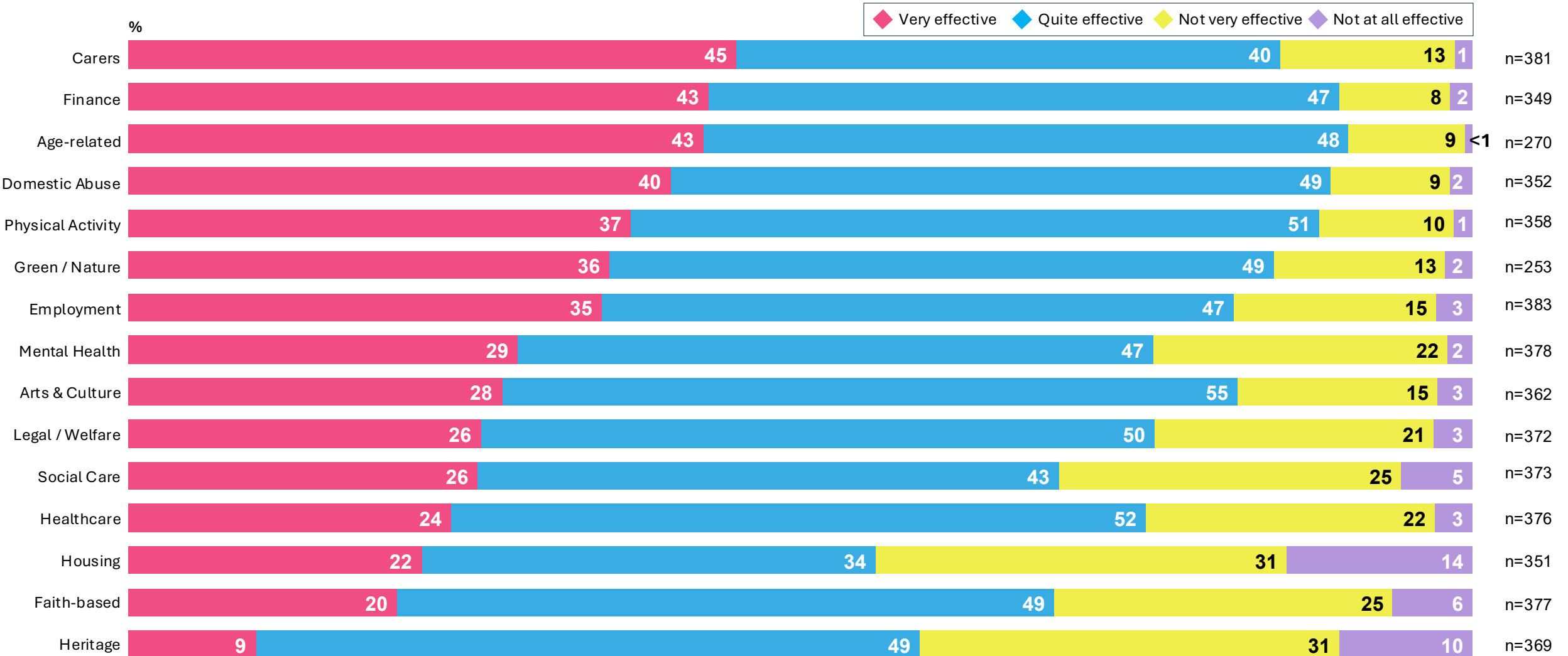
- Lack of provision/waiting lists is the most cited barrier across almost all types of provision.
 - This is particularly a barrier for: Mental Health Services; Housing; and Social Care. This suggests that demand for these services exceeds supply, causing delays or access issues.
- Age-related services and Arts & Culture Services are particularly affected by accessibility issues (e.g. cost of activity, or lack of transport).
 - This suggests that these constraints may be preventing engagement with these types of service.
- Complicated referral pathways is identified as a particular barrier to Healthcare services, indicating that administrative and procedural barriers may prevent effective referrals.
- A substantial proportion of SPLWs report being unaware of what's available as a barrier, particularly in relation to Heritage and Faith-based support.
 - This suggests a need for better communication and promotion of available services.
- Heritage and Faith-based support share the highest concerns about relevance, while Domestic Abuse has the highest concerns about quality, suggesting scepticism about effectiveness or suitability.
- Across all categories, clients choosing not to attend is a notable barrier, especially for: Faith-based, Heritage, Green/nature, Physical Activity, and Employment Support.
 - This indicates that even when services are available, uptake is not guaranteed, and more efforts may be needed to engage and encourage patients/clients to attend.
- Where comparable, SPLWs views on referral barriers are relatively in line with 2025.



Q. What are the main barriers to referring patients/clients to the following? (n=385)

Support Is Generally Viewed As Effective

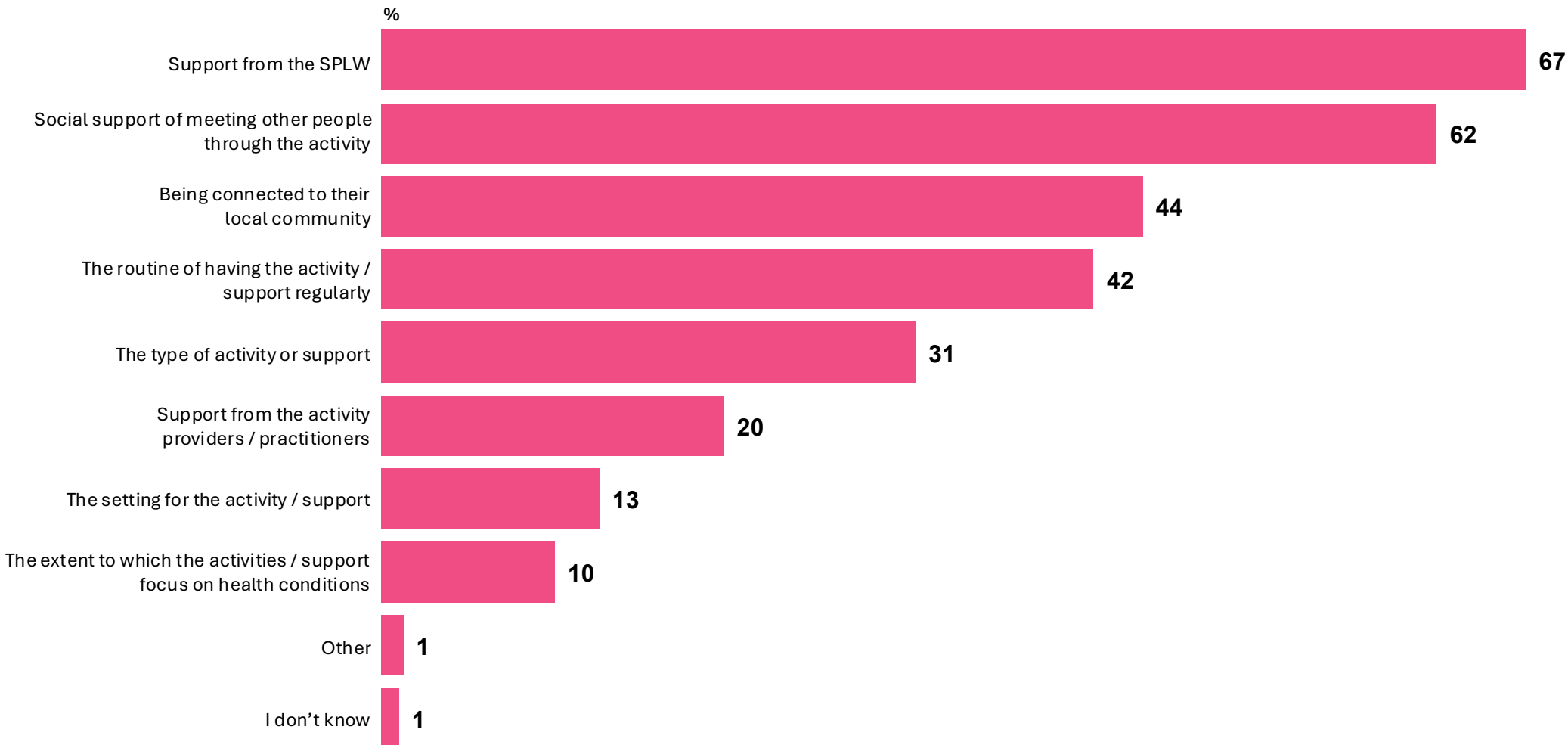
- Support referred to is generally perceived as effective, with most support types rated positively, and clear majorities reporting them to be very or quite effective – but reports of ‘quite effective’ rather than ‘very effective’ indicates solid, rather than exceptional, impact.
- Carers, finance, and age-related services are felt to be the most effective of the service/support types listed.
- Housing, faith-based, and heritage services are viewed as the least effective, with only 9% of SPLWs rating heritage services as ‘very effective’.
- Housing services receives the highest negative rating across all categories, with 45% of SPLWs reporting them to be ineffective.



Q. How effective do you feel the following are in supporting your patients/clients? * ‘Not applicable and/or not relevant’ removed

Trusted Relationships And Social Connection Are Viewed As The Greatest Drivers Of Positive Impact

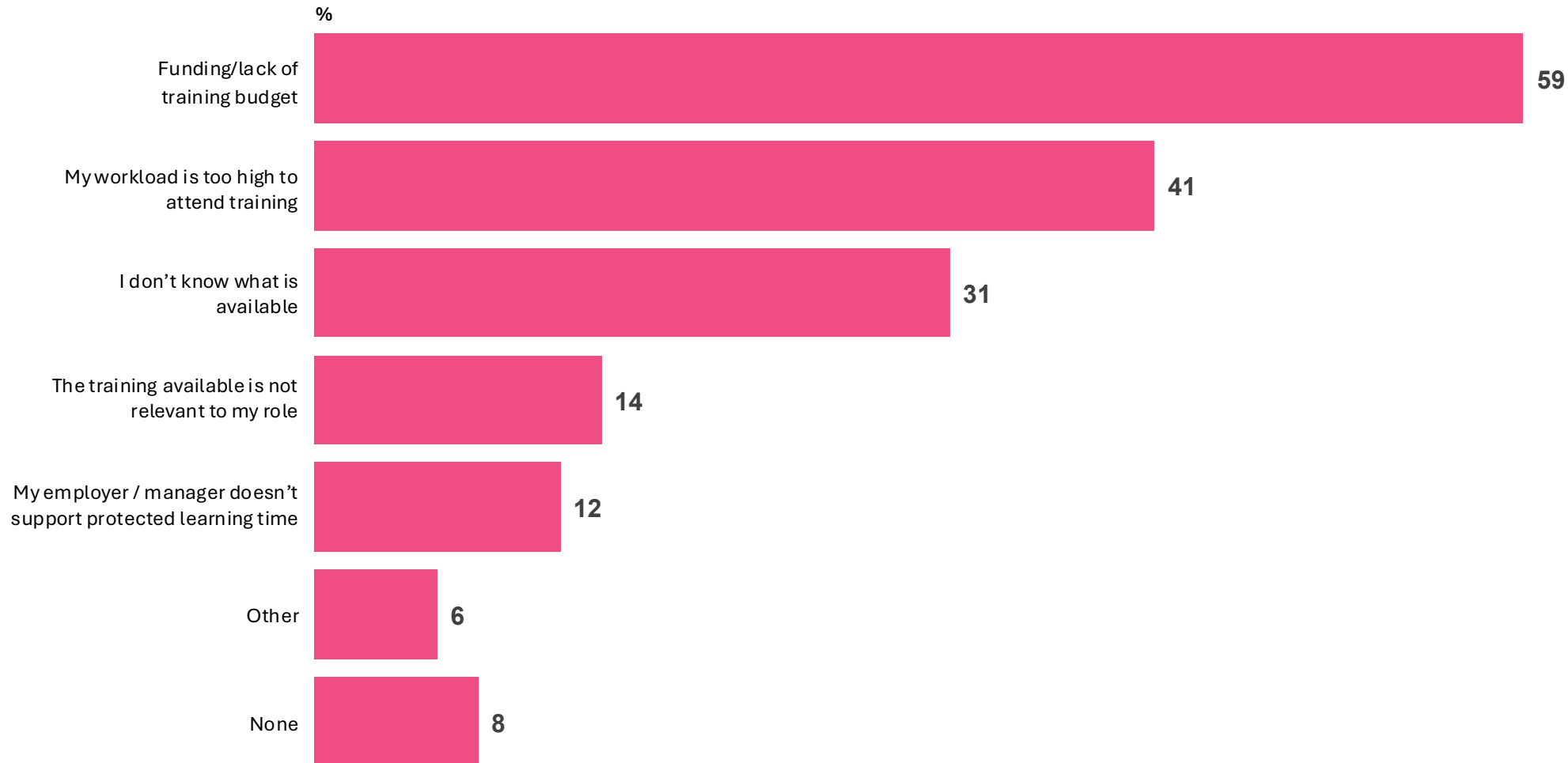
- Impact is perceived to be driven primarily by relationships and social connection, with SPLW support at the core:
 - SPLWs view the support they give patients/clients as the strongest driver of impact, highlighting the central role of the link worker relationship.
 - Social connection is also perceived as important – with meeting others and community connection perceived to be key contributors to positive patient/client impact.
 - Type and quality of activities are considered secondary to the relational and social factors.
 - Fewer SPLWs attribute impact to setting or health condition focus.



Q. Based on your observations, which of the following do you think has led to the most positive impact for your patients/clients? Please select at most 3 options (n=385)

Funding And Workload Pressures Are The Main Barriers To Training/CPD

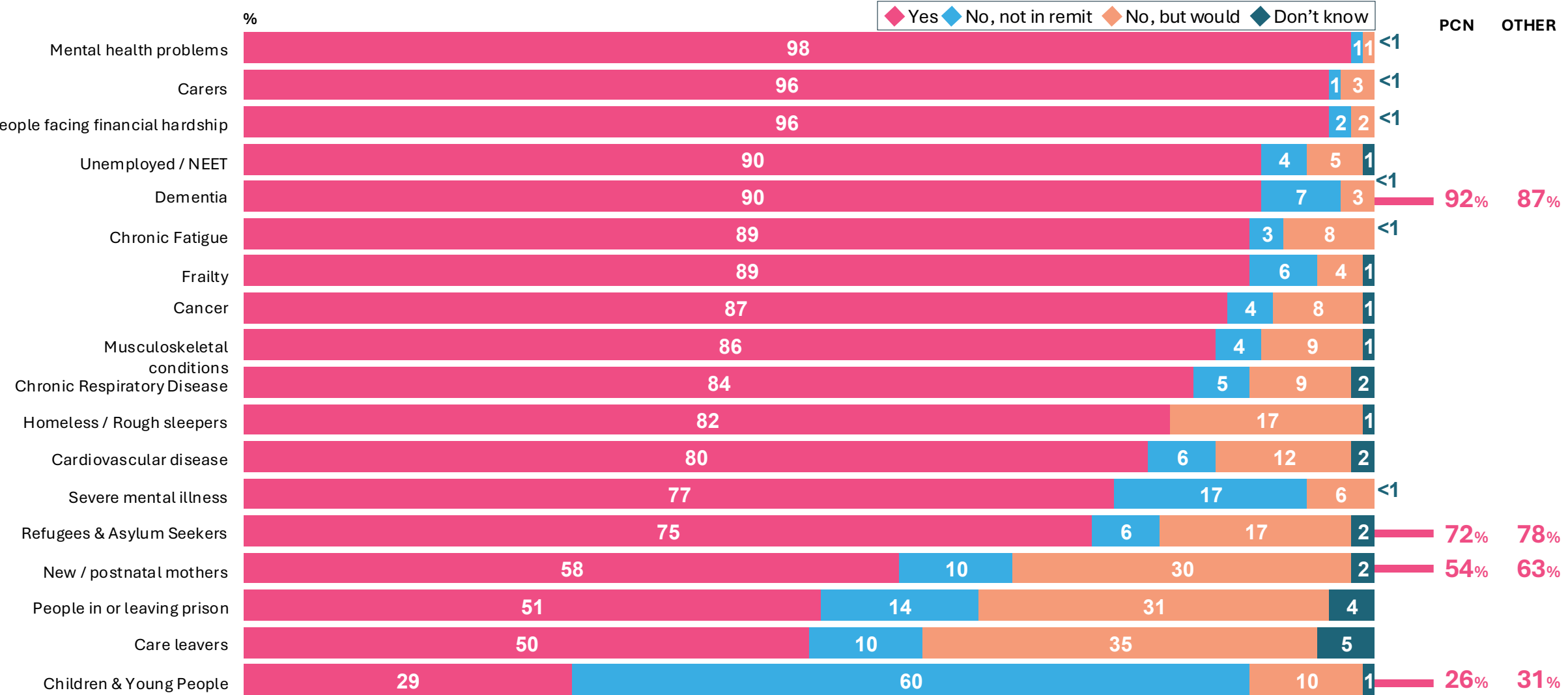
- Access to training/CPD is constrained primarily by funding, and to some extent by workload.
- Almost a third of SPLWs report being unsure about what training is available acting as a barrier.
- Training not being relevant to the SPLW role, and limited employer support are lesser barriers, but still experienced by some SPLWs.
- Other barriers cited include organisational and structural barriers (e.g. limited management understanding of the SPLW role and lack of prioritisation by management), and limited flexibility (e.g. insufficient notice of opportunities given pre-booked appointments, and lack of interpreters).



Q. Are there any barriers to undertaking formal training/CPD activities? (n=385)

Support Provided Highlights The Breadth And Complexity Of Demand Facing SPLWs

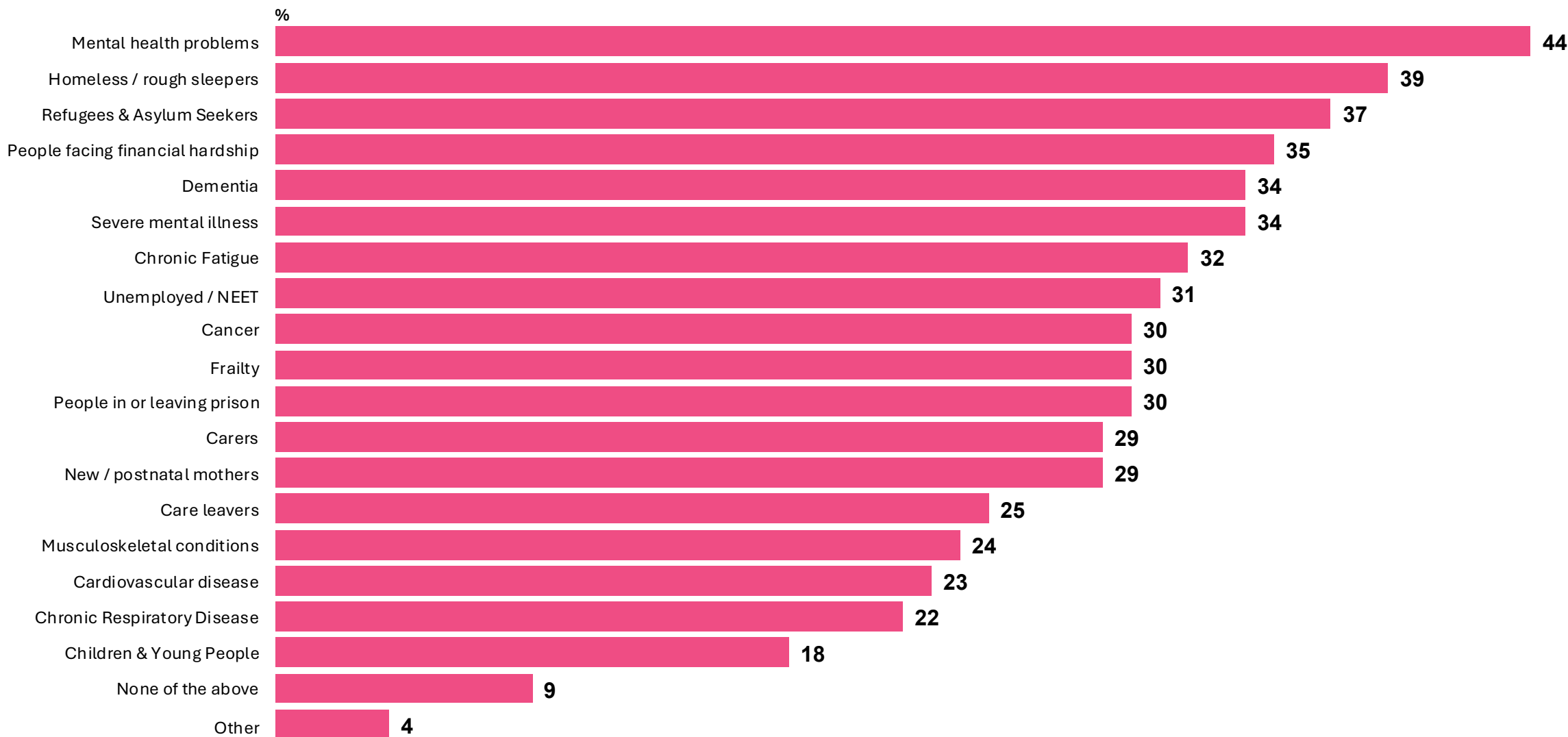
- SPLWs report supporting a broad range of population groups, with particularly strong reach in mental health and social need, and more variation in specialist populations:
 - Almost all SPLWs report having supported patients/clients with mental health problems, carers, and people facing financial hardship.
 - People who are unemployed/NEET, as well as dementia, chronic fatigue, and frailty are also among the most commonly supported groups.
 - There is more variation in specialist or less typical groups, such as care leavers, people in or leaving prison, and new/postnatal mothers.
 - The least commonly support group is children and young people, which is likely to reflect remit boundaries.
- PCN SPLWs are more likely than Other SPLWs to have supported Dementia, and less likely to have supported refugees & asylum seekers; new/postnatal mothers; and, children and young people.



Q. To the best of your knowledge, have you supported any individuals from the following patient/client groups, in your role as a SPLW? (n=385)

Confidence Gaps Remain In Supporting More Complex And Specialist Patient Groups

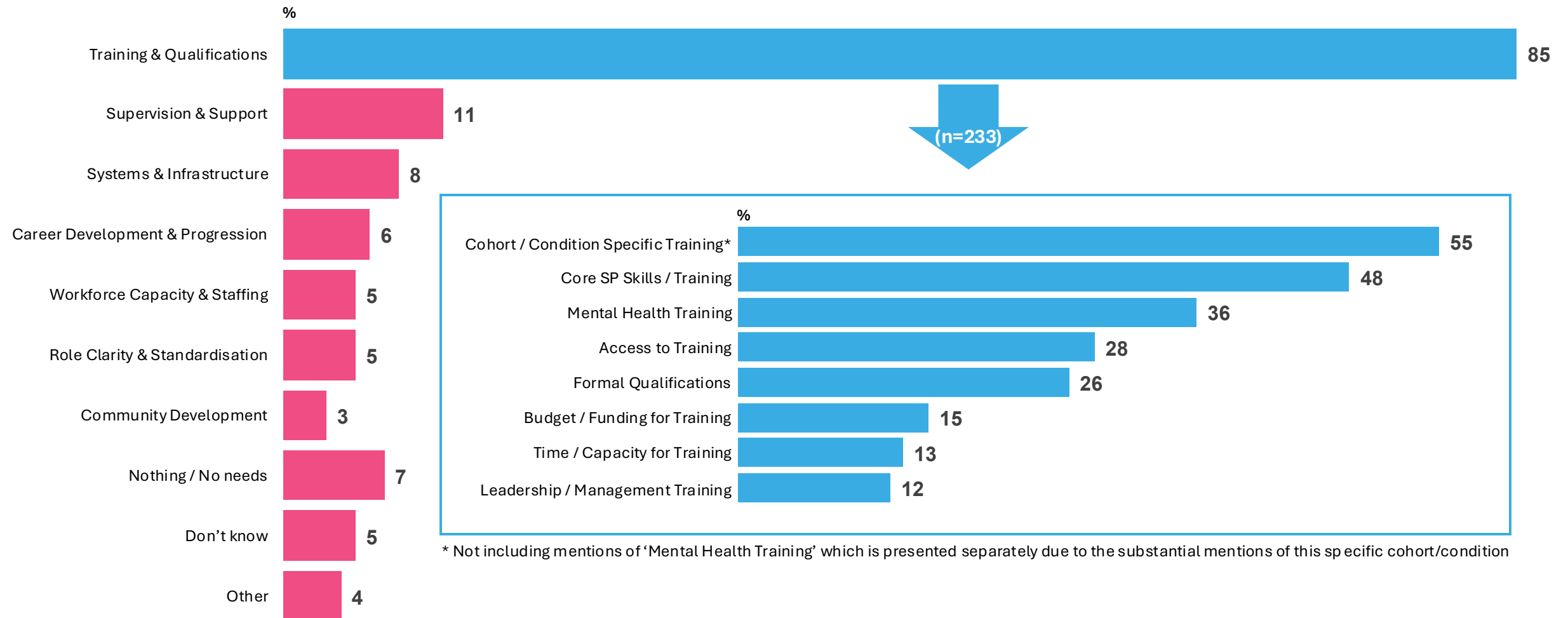
- The highest demand for increased confidence is in mental health, with mental health problems topping the list at 44% of SPLWs, and severe mental illness joint fifth, at 34%.
- Complex social needs, such as homelessness, refugees and asylum seekers, and financial hardship, are also a key theme.
- Long-term conditions also show moderate demand – including dementia, chronic fatigue, and cancer.
- Very few SPLWs feel confident across all groups (only 9% selected ‘none’).
- ‘Other’ suggestions include neurodiversity, housing issues, and learning disabilities.



Q. Which of the following groups would you like to feel more confident in supporting? (n=385)

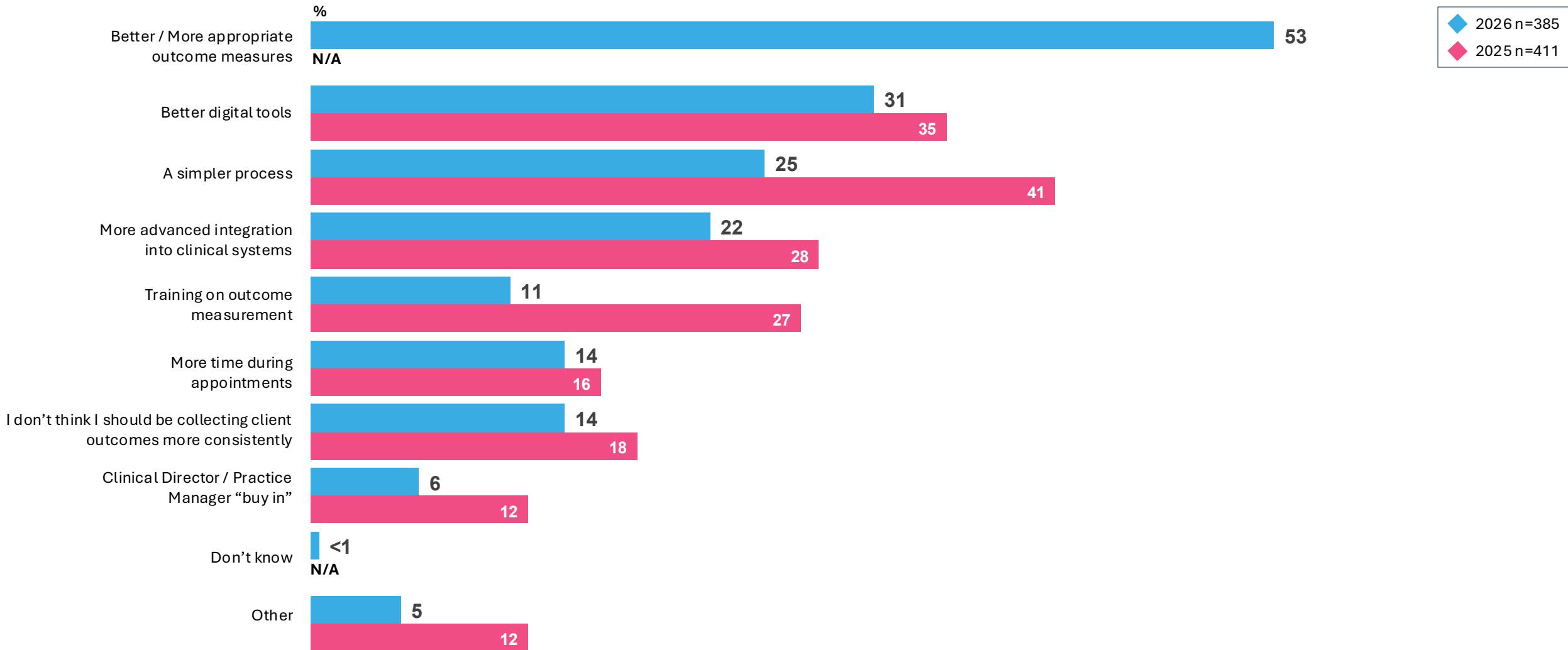
Requests For Additional Support Are Dominated By Demand For More Training

- Overwhelmingly, SPLWs referred to training & qualifications to improve their practice.
- Within this, the majority cited cohort/condition-specific training, followed by Core Social Prescribing/SPLW skills, and Mental Health Training.
- Aside from non-specific requests for e.g. ‘training to support the cohorts the practice supports’ (n=11), the most frequently requested cohort/condition-specific training was Neurodiversity (n=7), followed by Dementia, and Homeless/Housing (each n=5).
- The most frequently mentioned core skills were Motivational Interviewing (n=17) and Coaching (n=13).



SPLWs Identify A Need For Clearer And More Meaningful Outcome Measures

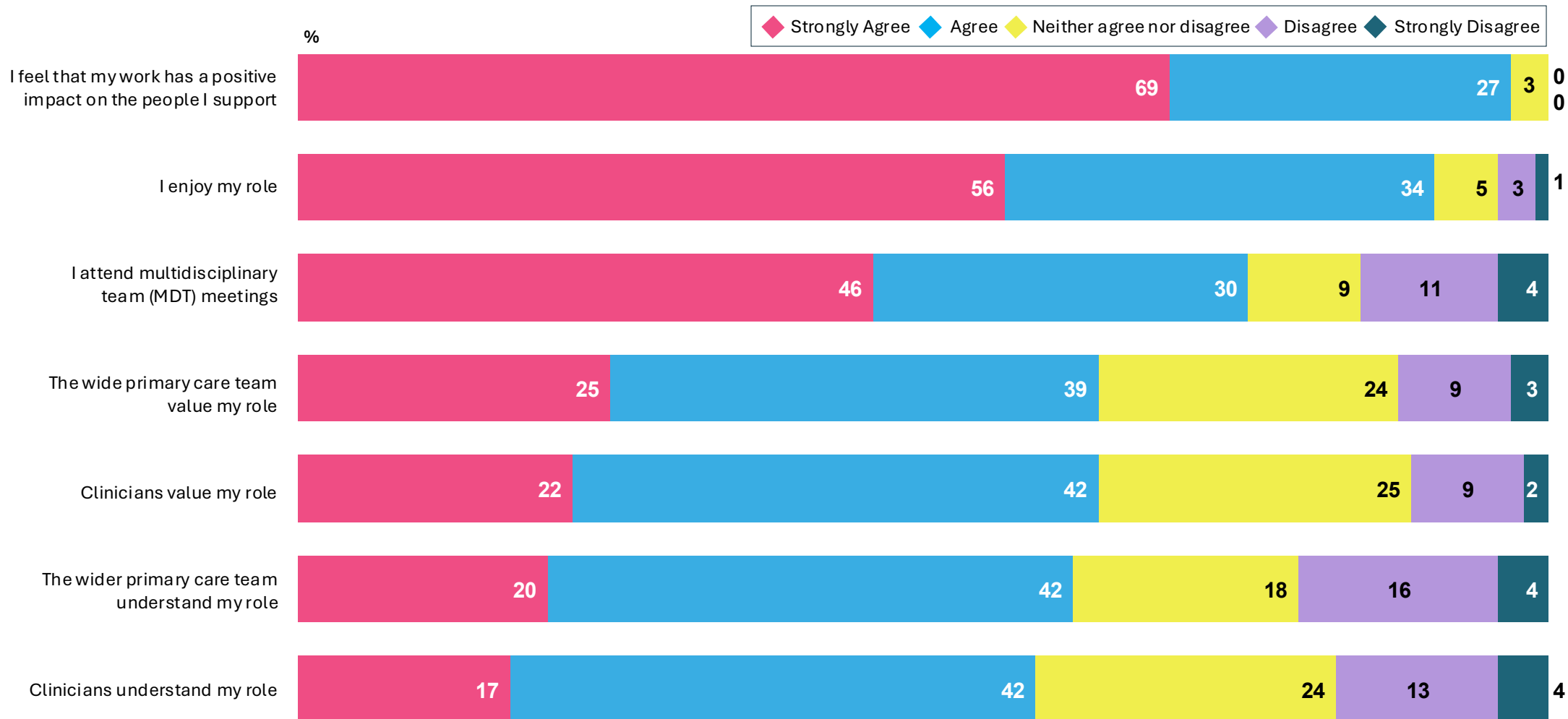
- Better or more appropriate outcome measures are the most commonly identified priority, cited by just over half of SPLWs as key to improving consistency in capturing client outcomes.
- Almost a third of SPLWs selected ‘better digital tools’, a quarter ‘a simpler process’, and approximately a fifth ‘more advanced integration into clinical systems’.
- Compared with 2025, there has been a substantial decrease in the proportion of SPLWs reporting:
 - ‘A simpler process’ (from 41% to 25%)
 - ‘Training on outcome measurement’ (from 27% to 11%)
 - ‘Clinical Director/Practice Manager “buy in” (from 12% to 6%).



Q. What do you need to enable you to capture patient/client outcomes more consistently? Please select at most 3 options

SPLWs Are Positive About Their Role & Contribution, With Mixed Views On System-Level Recognition

- SPLWs have a strong sense of impact and job satisfaction:
 - 96% 'strongly agree' or 'agree' their work has a positive impact, and 90% that they enjoy their role.
 - SPLWs employed directly by PCNs are more likely than Other SPLWs to 'strongly agree' they enjoy their role – 60% compared with 51%.
 - In 2025, 53% of PCN SPLWs reported this, compared with 62% of Other SPLWs.
- Most SPLWs attend MDT meetings, but some remain less integrated into cross-team working.
- The majority of SPLWs feel valued by clinicians and primary care teams, though not consistently.
- Understanding of the SPLW role is more mixed: A notable minority report that clinicians and wider teams do not fully understand the SPLW role.



Q. To what extent do you agree or disagree with the following statements? (n=385)