



Evidence briefing

Accessibility of social prescribing schemes in England to people from Black, Asian and ethnically diverse population groups

The National Academy for Social Prescribing (NASP) commissioned its Academic Partners to review and summarise the evidence on [the accessibility of social prescribing schemes in England to people from Black, Asian and ethnically diverse population groups](#). This NASP briefing captures the headline findings.

The Academic Partners' review of the academic literature, and other reports and evaluations, found very little published or grey evidence available in this area yet. Of 36 studies screened, only three met the criteria for inclusion. These were service descriptions rather than evaluations set up to produce generalizable or transferable findings.

What we know

In line with the findings of the other summary and briefing on who is and isn't accessing social prescribing, it is clear that people from Black, Asian and ethnically diverse population groups are under-represented in social prescribing.

There is very little evidence available to help us understand why this is the case, as there is a lack of research on the barriers and enablers to social prescribing for people from ethnically diverse population groups.

However, the very limited evidence available did highlight some factors to be aware of when supporting social prescribing for people from ethnically diverse population groups.

- **Communications / awareness raising.** Building awareness about social prescribing within some communities can be facilitated by working with and through local networks that individuals access already, such as faith groups. Potential challenges identified included when there is a need for translators, who may influence how information is communicated between health professionals and local people/patients.
- **Cultural expectations:** In some cases, it may not be regarded as culturally appropriate to ask for outside help, with assumptions that family networks will be in place to help people from certain ethnic groups.
- **Building trust:** Having staff and volunteers representative of communities, and building connections with community leaders, can both help build trust between stakeholders in the social prescribing pathway.

- **Inclusivity:** People feeling welcome and seeing others who they share things in common with is important; this shared identity includes but is not limited to people's ethnicity. Potential solutions include having staff that speak the same language and working to identify and develop community offers that reflect the needs and expectations of the local community, not just what may be simplest to provide.
- **Outreach:** This may be important to help overcome travel barriers (both in terms of distance and confidence) and could include very local venues for delivering social prescribing activities that are easy for people from ethnically diverse groups to access.

The very limited evidence points to some common indicators of good practice when working to support social prescribing with people from Black, Asian, and ethnically diverse population groups.

1. Investing in awareness-raising about social prescribing within communities (often through networks that these communities access already).
2. Having staff and volunteers from a range of backgrounds that are representative of local communities.
3. Identifying or developing community offers that reflect the needs and expectations of local communities.
4. Ensuring people feel welcome in social prescribing services.
5. Considering alternative venues for delivering social prescribing, that are easy for people to access.

The definition of accessibility used to inform this summary (based on the European Patients Forum) suggests the following five elements to consider in relation to accessibility of healthcare:

- Available
- Adequate
- Accessible (described in an understandable way / can people get support when needed)
- Appropriate
- Affordable

The gaps - what we still need to understand

Given the extremely limited evidence base in this area, we need a far more complete picture of both awareness and use of social prescribing services by people from Black, Asian and ethnically diverse population groups, and the barriers and enablers to increase accessibility and acceptability of these services.

NASP is committed to continue working collaboratively with its partners to help share and advance the evidence for social prescribing.