

Social Prescribing Link Worker voices through the lens of Proportionate Universalism

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Abstract

Purpose: Drawing on testimony from front-line Social Prescribing Link workers (SPLWs) in England, this article analyses their perspectives and argues for increased resources at the community level, awareness of social determinants and stronger link worker identity.

Study: This ethically approved small-scale qualitative study undertook interviews with eight SPLWs, employed in two different locations across the North of England, that encompassed both urban and rural locations.

Findings: The study produced rich testimony from their direct experience of SPLWs which were mapped, against the regional determinants of health, incorporating Proportionate Universalism principles. Respondents felt that more could be done to support the development of a stronger identity for link workers. Importantly, the issue of resources, particularly in areas of deprivation where available services may be more limited emerged as a strong theme.

Originality/value: The analysis suggests that resourcing is a crucial for the success or otherwise of SPLWs input. The adoption of Proportionate Universalism (Marmot) in social prescribing and beyond could improve the resource allocation link workers have to support people in communities and raise awareness of working on the wider determinants of health and wellbeing, thus contributing to the sustainability of Social Prescribing and the SPLWs role.

Keywords: social prescribing; link workers; proportionate universalism (Marmot); health determinants

Introduction

Social Prescribing in England commonly consists of community referral by Social Prescribing Link Workers (SPLWs) who listen to what matters to the individual and refer them onto a community offer which may support health creation. SPLWs are not employed in every model of social prescribing worldwide yet are recognised in England as a fundamental connection to make social prescribing work (Husk et al, 2020). Although many studies feature the voice of SPLWs, application of Marmots "Proportionate Universalism" (where resource follows need) has not been explicitly explored through the link worker voice before, in the context of areas of high inequalities, inequities and need. In this study, eight SPLWs were interviewed, and results analysed by the University of Central Lancashire Social Prescribing team. This paper is the 2nd in a series of analysing these results and highlights SPLW voices and the potential connections to solutions, including Proportionate Universalism (PU).

Marmot and the Institute of Health Equity have published extensively on the concept of "Proportionate Universalism". Applied in the UK, Marmot defines this as a policy framework that aims to provide universal services to everyone, not just the most disadvantaged, and to do so in a way that responds to the level of need (Marmot et al, 2010). Much emphasis is placed in England on the SPLW role completing community referrals primarily to meet individuals needs and reduce General Practitioner (GP) waiting times, yet funding does not consistently follow through into the community for each referral made, as resources are not applied proportionately to fund the community groups

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receiving these referrals and the ratio of SPLWs per GP surgery is calculated per population density, not per person in need. It can be argued there is a distinct potential for a lack of equity in social prescribing provision. (Wilding et al, 2024.**).** The Institute for Health Equality (IHE) recommended "*a. HCP and ICS review social prescribing offer to ensure it is addressing the social determinants of health*" (in Marmot et al, 2022. p20). This review arguably needs to include all voices within the social prescribing ecosystem including the SPLW.

Equity in social prescribing provision

The main focus of this paper is on equity and sufficiency of resource as a fundamental issue in social prescribing. The syndemic of historic neoliberal cuts impacting on the fundamental structures which support people to keep well (primarily the benefits system, health & social care and the Voluntary, Community, and Social Enterprise sector (VSCFE)) have resulted in unnecessary suffering and extensive need in England and other parts of the UK (Marmot, Allen, Boyce, Goldblatt, and Morrison, 2020). In their position at the frontline, the voices of SPLWs are critical to contribute to understanding of equitable provision (impact and effectiveness) of social prescribing. A measure of equity in social prescribing would therefore be a. where every individual's needs are met, b. where PU is applied, c. where community groups are appropriately compensated for the number of referrals they receive and d. where social prescribing not only meets low level needs but that every individual (regardless of the number of barriers they face to attending the community group) has personalised support and tailored intervention to ensure access to their social prescription is equitable (see Marmot et al, 2020).

Of course, there are wider criticisms of social prescribing regarding equity of opportunity and access for community members. For example, around transport and finance barriers to attending socially prescribed sessions, meaning that those would benefit most may not be reached. Barriers to access are an equity issue and have been explored in recent studies (Khan, Tierney and Owen, 2024). The community reach of social prescribing was identified in paper 1 arising from this research (Pywell, Shannon, Morris and Khan, under review). with SPLWs amplifying reach of communities, yet, without adequate resourcing both community reach and the potential of social prescribing could be significantly reduced or appear to fail. Fundamentally, the lack of free transport to/ from the community group, caring responsibilities (either as a parent or for relatives and friends), and the individuals own social situation (costs of living) are a recipe for an equity disaster. As Tierney et al. (2025) outline: "*Previous research has highlighted how structural limitations, such as patients' lack of existing capital – social, health, cultural – alongside material or organisational constraints, can make this difficult*" (Tierney et al., 2025, P.201).

Methods

The original study was carried out after ethical approval was obtained at the University of Central Lancashire. The study is also set out in the report (Buffin at al., 2025), and in the first paper based on the findings (Pywell, Shannon, Morris & Khan, under review). The study design and methods drew on the partnership with two community organisations undertaking SP in the North of England, with data collection undertaken by members of staff based at each of the research sites. In total eight interviews were conducted, four in each research site. Interview questions were developed jointly by colleagues from the University and the two community organisations involved in the study. Individual interviews lasted between twenty minutes to an hour. Individual interviews were recorded, transcribed, and subsequently analysed thematically using Braun & Clarkes' reflexive "thematic analysis" (Braun and Clarke, 2022; Braun and Clarke, 2019). The data analysis involved wider team data validation by two

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colleagues from the Social Prescribing Unit, at the University and one member from each of the two community organisations, with coded data shared and reviewed for consistency.

The first paper from the study drew on the data and themes that emerged in relation to the concept of 'community reach'. Findings from the data have been mapped against the 'social determinants of health' and the 'System change needed' recommendations from the Institute of Health Equity report (2022) (Table 1) which provide an interpretation of PU applied to population health data for Lancashire and South Cumbria (LSC) region.

Table 1:

'System change needed'	A Focus on equity and the social determinants of health in healthcare
	B Increased and more equitably distributed resources
	c Strengthen partnership working
	D Strengthen the role of business and the economic sector and extend social value approaches
	E Involve communities and the VCFSE sector
	F Strengthen leadership and workforce roles for health equity
	G Monitoring for health equity
'The social determinants of health'	1. Give every child the best start in life.
	2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
	3. Create fair employment and good work for all.
	4. Ensure a healthy standard of living for all.
	5. Create and develop healthy and sustainable places and communities.
	6. Strengthen the role and impact of ill-health prevention.
	7. Tackle racism, discrimination and their outcomes.
	8. Pursue environmental sustainability and health equity together

(Institute of Health Equity report, 2022)

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Results

Section 1: System changes required to support PU

SPLW voices aligned to the 'Systems change is needed' table in the 'IHE executive report summary for Lancashire and South Cumbria' (2022). The context to this report is that it outlines the specific system changes that were recommended by the report for the geographical area in which the study took place: the recommended system changes would be required to support Proportionate Universalism in practice in the region. Link workers were easily able to articulate these, and first section below uses quotations from the SPLWs testimony to map to the IHE report recommendations (Marmot at al, 2022). And similarly articulated aspects of their work in relation to the social determinants of health in their words (illustrated in Section 2: 'SPLW voices aligned to social determinants of health'). These themes were evident within SPLWs voices, from the researcher's thematic analysis.

A Focus on equity and the social determinants of health in healthcare

All of the SPLWs had articulated through the interviews that they readily described the purpose and outcomes of their work as being related to equity and the social determinants of health. SPLWs expressed, in relation to social prescribing activities, that:

What we're trying to achieve a better outcome, better health outcomes, looking at social inclusion, looking at health inequalities

the more people's lives you can improve…obviously, that overall creates a better society, doesn't

It's also effective at targeting the causes of health inequalities and is an important facet of community centred practise.

B Increased and more equitably distributed resources

The SPLWs, who were based in different urban and rural settings across a large county area, had a keen awareness of issues of funding and resourcing within the areas. The SPLWs gave numerous examples a funding issues that affected services and ultimately their clients:

terms of provision and funding, yes, there is a distinct lack of that and so it's essential and vital that community groups get support, get funding and continue, you know, to do valuable work, particularly in light of… after covid…

There was an awareness amongst the link workers that a lack of stable funding for some of the organisations and agencies they refer to have an effect on the services they were able to provide in the region:

there's another small charity …that help with debt and things… it's literally one guy on his own, you know, so this is what we're up against. Its capacity.

I think that because funding can come and go, agencies can come and go.

C Strengthen partnership working

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During the study, SPLWs were asked about partnership working and readily gave examples of how crucial their role in social prescribing is to facilitating partnership working between health and other agencies:

… as the saying goes…it's the village that changes the life. And in the case of where we are, it's the town that changed the life in this group of people coming together to help people

we work in cohesion and in collaboration with say a GP practise, for example, that's at the core of what we do.

And really linked this concept to improving the health of the population:

how can we work together with the people we meet to re-educate them ……. basically, bring a more together, healthy society.

D Strengthen the role of business and the economic sector and extend social value approaches

The SPLWs, although working with individual clients and referrals, had a good perspective on how social prescribing contributes to the well-being and prosperity of the local area:

If you can get someone to address their addiction you might be contributing to lower crime stats in the local area if they are not having to fund their habit through petty theft and stuff like that.

But I think for the wider community, if they can feel that they are doing some good and that they are making a difference, then they will do more.

E Involve communities and the VCFSE sector

An awareness of the role of the VCFSE sector featured in all of the interviews with the SPLWs, as this sector forms such a crucial part of their work across the region. Crucially, they saw their role as very much bridging and bringing together services and communities:

So you've got your statutory services. You've got your community-based services, community faith, voluntary sectors are just about kind of, yeah, improving wellbeing.

and you know, faith, religion….you know the local community groups that are going on ….for me… it's just about kind of connecting them altogether, really

F Strengthen leadership and workforce roles for health equity

The SPLWs gave examples of the way different roles within different parts of the workforce operate together to provide a social prescribing service across the region, and also recognised the role of leadership within this in trying to achieve Health equity:

we're working as part of a multidisciplinary team, which is absolutely in my opinion, the best way to work because we've got you know, mental health practitioners, health and wellbeing clinical lead coordinator

G Monitoring for health equity

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The SPLWs were asked about recording and monitoring outcomes within our services, and gave examples that showed the benefit of test for the individual client and also on a longer-term basis to see the benefits and outcomes of the service:

So there are different ways, but ultimately it's about making sure through that, that clients aren't missed and they're getting the quality of care and support that they need to move forward.

And because it is shorter term work, I feel that more long-term outcome measures are needed to properly see the benefits,

Section 2: Social determinants of Health and social prescribing

SPLWs voices aligned to 'The social determinants of health' in 'IHE executive report summary for Lancashire and South Cumbria' (2022). The context to this is the social determinants of health that were discussed by the report, specific to the geographical area in which the study took place.

1. Give every child the best start in life.

When asked about some examples of case work and the effects of their work on clients, many of the SPLWs refer to instances of the support making changes that impacted on children and/or the whole family:

if the client is happier, then the family is happier.

by improving one person's wellbeing that should have a positive outcome with the rest of the family members

Hopefully it impacts on the family by them being less anxious, less stressed, in a better financial position. ……. the family is going to be healthier.

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.

Through the personalised and relational approach that the SPLWs took, the examples they gave really illustrated instances and how they helped clients to maximise their capabilities and increase their control and empowerment in their lives:

By Improving the outcomes for clients, it's about giving them the choice and the control over their lives

I do like that the focus of social prescribing is empowering people and it's about saying what matters to you rather than what's the matter with you that I think a lot of clients and patients get from professionals. I found it can be really, empowering asking someone what matters to them and have had a lot of clients that I work with told me that they've never been asked that before by a professional.

3. Create fair employment and good work for all.

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There were a few examples given across the interviews by SPLWs not recognised some of the issues with employment across the regions and an awareness of the role of social prescribing in recognising this and attempting to improve the position for clients:

> *We have a lot of clients unfortunately who you know who are struggling financially and it's not just people who are not in work. Traditionally that was the case. It's people who are in employment who might be on low or zero-hour contracts. You know. Or whatever. And there just struggling*

4. Ensure a healthy standard of living for all.

> The SPLWs spoke during their interviews about how their work focused on well-being and ensuring but the situations and standards of living for their clients we're focused on:
>
> *improve their wellbeing and improve their social status and, you know, try and make their life the best it could possibly be for them and their situation.*
>
> *There's a whole list of outcomes that I can supply you with, you know anything from income, managing money better, through improved mental health, improved physical health….*

5. Create and develop healthy and sustainable places and communities.

> All of the SPLWs noted their place and role in the communities that they worked in, and really had a strong emphasis on improving and developing communities:
>
> *ultimately we're building community and we wanted to change the lives of people in this community - which we are a part of.*
>
> *Social prescribing is quite an open strategy. It is very much locality based as opposed to a national strategy, if you know what I mean. I mean of course there is a national strategy, but it is local solutions for local issues.*
>
> *Well the wider impact in the community is simple, really, it's basically that, when somebody is healthy, they become a productive member of society*

6. Strengthen the role and impact of ill-health prevention.

> *The GPs are often trying to fend off a lot of the things that are physical and we try to fend off a lot of the things that are a bit more practical.*
>
> *Obviously that is going impact on that, that person's Universal Credit. It's a difference between having enough money to feed yourself, heat yourself, keep a roof over your head, but obviously the GP has not recognised the importance of that health questionnaire.*

7. Tackle racism, discrimination and their outcomes.

> This aspect of the social determinants was referred to specifically by one SPLW when asked for examples of individual work:
>
> *nonetheless each patient is unique and I think we need to remember that we need to make sure that we are aware of, say, cultural identity, unconscious bias, not judging a person,*

8. Pursue environmental sustainability and health equity together

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And similarly, this social determinant was mentioned more explicitly by one of the SPLW respondents in terms of the local environment:

Because we cover a locality that has very high levels of deprivation and also kind of high levels of like older generation or people that would have quite a lot of comorbidities

Discussion

The wider determinants of Health: SPLW voices

The voice of SPLWs is increasingly emerging as a key source of information about SP effectiveness and barriers to its implementation, and our study aimed to explore and highlight SPLW voices also. This paper draws on an analysis of the voices and direct feedback from SPLWs in one region. The findings from the original study with rich testimonial data is shown in this paper, mapped against the wider determinants of health from the landmark 'Marmot review' led by Professor Sir Michael Marmot. The findings have shown that SPLWs had a clear focus on health equity and the availability of resources in their areas. They could see the value of partnership working and the VSCFE sector and had been easily able to articulate the impact of their work on the social determinants of health. The authors have used this mapping and analysis to make a strong argument for PU and applied this to the Lancashire/ South Cumbria (LSC) specific recommendations (IHE, 2022). Proportionate Universalism (PU) as a framework or theory posited by Marmot and colleagues (2010), essentially proposes that universally required services are funded at a regional or local level in line with need, considering the disparities that are apparent in resources, in health data and outcomes for different regional areas.

This discussion is framed with respect to the voices of the SPLWs (in sections 1 and 2) and the 'Lancashire and South Cumbria Institute of Health Equity report: a healthier future' (2022). In this report, Marmot and colleagues had applied the wider determinants of health to work on healthier neighbourhoods with the 'Institute of Health Equity', resulting in the top 10 actions for local areas. In the Lancashire and South Cumbria IHE report, it clearly states for each determinant, increased resource is required to meet need. This discussion is framed alongside the IHE recommendations (2022). These wider determinants are well documented and feature in the 'Lancashire Annual Report of the Director of Public Health' (2024) as the system map of the Labonte model. Indeed, inequality in health outcomes, and calls for more equitable funding date back to the Black report (1980) and beyond are argued more recently by Karunanithi (2024) in terms of fairness of health outcomes and health resources.

Expansion of Social Prescribing using Proportionate Universalism principles

Focussing on these wider determinants we suggest that there is a strong argument for the expansion of SP using principles of PU. Recommendations for expansion of PU through food prescriptions and heat prescriptions are set out and reasons for why these would be beneficial. The SPLWs in the study did refer to the provision of food as a basic need and were aware of food insecurity and local foodbank provision. Food poverty can lead to poor performance in education and work environments, reduced height and weight, long term health conditions, malnutrition (see BBC News, 2024). Disturbingly, "feed our children" remains the primary recommendation in both IHE and 'Child of the North' reports (IHE LSC report 2022; N8 Child of the North, 2025). Food poverty is now endemic within the North of England and in Lancashire and South Cumbria, necessitating stronger intervention. Research has shown that 14% of all UK households, and 18% of UK households with

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children experienced food insecurity in 2024, but furthermore in terms of disproportionality, households with the lowest income would need to use around 75% of their disposable income to meet eating well guidance from the NHS as compared to 6 percent of the wealthiest household's income (see Food Foundation, 2025). Food on prescription has been successfully trialled in some areas yet is not readily available across England. Connections to the environment to learning the skills to cook for health all can contribute to healthier lives (see The Green Dreams Project, 2025). 'Fuel vouchers, 'warm households' and 'warm families' are identified by SPLWs in the literature as fundamental for positive mental health accessing community assets for additional health creation and to benefit children. Heating on prescription has been researched before, but a national rollout has not happened. Place-based research may need to evidence the longer-term cost benefits, for example the NHS 'Core20PLUS5' identifies reducing prescribing of inhalers and asthma attacks yet if homes remain unsuitable and under repaired, this is immensely challenging. The overarching issue of poverty and income insecurity influences health, as the pan European launch study in 2010 showed (László et al, 2010). In this study, SPLWs recognised the effect on individuals and families. SPLWs identified solutions including: 'food banks', 'cooking' sessions, 'better housing'. All solutions identified by SPLWs mirrored '**Error! Reference source not found.**'.

All SPLWs in this study identified more resources were required for the community and for SPLWs to be able to access for their clients. The application of PU within social prescribing by SPLWs is possible with national and local government support. Where national and local government (and councils) adopt PU (as seen in Wales), the equitable access to social prescribing has potential to increase. Where resources are sustainably funded, people referred on social prescription not only get more choice but also have more security the place they are referred to (community group) will still be open in 12 months' time. Many people benefit from multiple social prescriptions and/or community referrals, and experience health creation from spending large amounts of time with a variety of community organisations. The lack financial stability of VCSFE is a policy concern that should be addressed. The creation of funding to benefit the community organisations is an action that could be realised if the national recommendation to create a SP fund was agreed and rolled out regionally (see 'Envisaging a social prescribing fund' NASP, 2024). The NASP Annual Review/SIF report (NASP, 2022), implemented at Integrated Care Partnership/Board level, would mean that the NHS would pay into the community for the referrals they send to community organisations, echoing the SPLWs voices about more investment being needed, and linking to the Marmot principle that in PU, resource must follow need.

The analysis and mapping in this paper has enabled the construction of new knowledge about SP using the voice of SPLWs and has enabled the authors ~~us~~ to construct arguments about the application of PU to ensure effective use of SP and a focus on health equity. As a final note on Social Prescribing Link Workers, factors in relation to how SP has been implemented in the UK, can arguably reduce its effectiveness. There are international models of social prescribing that have highly successful engagement strategies by recruiting locally from the community, such as a in India based on social health activists has recently been awarded the World Health Organisation Director-General's Global Health Leaders Award (World Health Organisation, 2024) for successful community engagement. In the UK, different models of SP, variation in where link workers are based and who they are employed by, the level of understanding of the role by health professionals and others can affect the sustainability of SP (see Turk et al, 2024). There may need to be an acceptance that the relational form of work undertaken by SPLWs requires more time and, potentially a more long-term input (Tierney et al, 2024) rather than short term measurable health and wellbeing outcomes. Whilst current SP training in the UK such as the Level 3 SP apprenticeship provide education on the social determinants of health, such training is not mandatory for all Link Workers. It would be beneficial if this was expanded and

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developed further for link workers within integrated services, to further embed the social determinants of health and well-being within services.

Conclusion

This study illuminating the voices of Social Prescribing Link Workers in England, UK highlights the connections and potential for Proportionate Universalism to be applied to benefit people in areas of high inequalities and inequities. Link workers were based in community organisations in areas of high inequalities and poverty rates. Their testimony was connected to all aspects of Proportionate Universalism and the quotes give examples of where social prescribing was linked to the social determinants of wellbeing and addressed inequities. Link Workers gave examples of potential improvements to the current models of social prescribing, and connections to contemporary literature in the field of social prescribing enabled this to be expanded. Further research is needed to amplify Social Prescribing Link Worker voices on the realities they see connected to Proportionate Universalism, and for more community voices to be heard. Investment in community initiatives, particularly from the VCFSE sector has been highlighted in this piece as part of the recommendations. In other words, social prescribing as well as social prescribers need investment. The analysis and mapping of the SPLWs voices has enabled the construction of new knowledge about SP using the voice of SPLWs, and the authors have ~~us~~ constructed arguments about the application of PU to ensure effective use of SP and a focus on health equity.

References

BBC News, 2024. Malnutrition: Increase in hospital admissions a 'worrying trend'. [online] Available at: https://www.bbc.co.uk/news/health-malnutrition-trend [Accessed 22 Apr. 2025].

Black, D., Morris, J., Smith, C., and Townsend, P. (1980) Inequalities in Health: Report of a Research Working Group. London: DHSS.

Britteon, P., Fatimah, A., Gillibrand, S., Lau, Y.S., Anselmi, L., Wilson, P., Sutton, M. and Turner, A.J., 2024. The impact of devolution on local health systems: evidence from Greater Manchester, England. Social Science & Medicine, 348, p.116801.

Braun, V. and Clarke, V., 2019. Reflecting on reflexive thematic analysis. Qualitative Research in Sport, Exercise and Health, 11(4), pp.589-597.

Braun, V. and Clarke, V., 2022. Thematic Analysis: A Practical Guide. QMiP Bulletin, (33), pp.46-55.

Buffin, J., Dodds, S., Gethin-Jones, S., Gwilliam, H., Hopkins, T., Shorrock, S., Pywell, S., Morris, D. and Shannon, M., 2025. Research Report: Experiences of social prescribing link workers in two locations across the North of England.

Child of the North, N8 Research Partnership, 2025. Available at: Child of the North - N8 Research Partnership, Accessed 29 July 2025

CORE20PLUS5, 2025. Available at: NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. Accessed 29 July 2025).

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Food Foundation, 2025. Available at: Home. Accessed 29 July 2025.

Frostick, C. and Bertotti, M., 2021. The frontline of social prescribing–how do we ensure link workers can work safely and effectively within primary care?. Chronic Illness, 17(4), pp.404-415.

Husk, K., Blockley, K., Lovell, R., Bethel, A., Lang, I., Byng, R. and Garside, R., 2020. What approaches to social prescribing work, for whom, and in what circumstances? A realist review. Health & Social Care in the Community, 28(2), pp.309-324.

Jedan, C., 2021. Proportionate Universalism and Public Health: An Analysis of WRR Policy Brief From Disparity to Potential. NTT Journal for Theology and the Study of Religion, 75(1), pp.73-93.

Khan, K., Tierney, S. and Owen, G., 2024. Applying an equity lens to social prescribing. Journal of Public Health, 46(3), pp.458-462.

Karunanithi, S., 2024. Our Unequal Health, What Now and Where Next? In: Thomas, M. and Haskins, G. eds., 2024. Fairness in the NHS: Towards a Fairer Future for the National Health Service. Taylor & Francis.

'Lancashire Annual Report of the Director of Public Health' 2024. Available at: Annual report of the Director of Public Health 2023 - 2024 - Lancashire County Council. Accessed: 29 July 2025.

László, K.D., Pikhart, H., Kopp, M.S., Bobak, M., Pajak, A., Malyutina, S., Salavecz, G. and Marmot, M., 2010. Job insecurity and health: A study of 16 European countries. Social Science & Medicine, 70(6), pp.867-874.

Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Callaghan, O., 2022. A Hopeful Future: Equity and the social determinants of health in Lancashire and Cumbria. [online] Available at: https://www.instituteofhealthequity.org/resources-reports/a-hopeful-future-equity-and-the-social-determinants-of-health-in-lancashire-and-cumbria [Accessed 22 Apr. 2025].

Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J., 2020. Health equity in England: The Marmot review 10 years on. Institute of Health Equity.

Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D. and Grady, M., 2010. Fair society, healthy lives: The Marmot review. London: Institute of Health Equity.

National Academy for Social Prescribing (NASP), 2022. NASP Annual Report 2021/22. [online] Available at: https://socialprescribingacademy.org.uk/media/wvnenhti/envisaging-a-social-prescribing-fund.pdf [Accessed 22 Apr. 2025].

The Green Dreams Project, 2025. Available at: The Social Prescribing Model | Green Dreams Project. Accessed: 29 July 2025).

Tierney, S., Westlake, D., Wong, G., Turk, A., Markham, S., Gorenberg, J., Reeve, J., Mitchell, C., Husk, K., Redwood, S., Pope, C., Baird, B. and Mahtani, K., 2025. Experiences of integrating social prescribing link workers into primary care in England: Bolting on, fitting in or belonging. British Journal of General Practice. [online] Available at: https://doi.org/10.3399/BJGP.2024.0279.

Turk, A., Tierney, S., Hogan, B., Mahtani, K.R. and Pope, C., 2024. A meta-ethnography of the factors that shape link workers' experiences of social prescribing. BMC Medicine, 22(1), p.280.

Journal of Integrated Care

Wilding, A., Sutton, M., Agboraw, E., Munford, L. and Wilson, P., 2024. Geographic inequalities in need and provision of social prescribing link workers: a retrospective study in primary care. British Journal of General Practice, 74(748), pp.e784-e790.

World Health Organization, 2024. Asha workers win Global Health Leaders Award. [online] Available at: https://www.who.int/news/item/22-05-2024-asha-workers-win-global-health-leaders-award [Accessed 22 Apr. 2025].

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