Race Equality Foundation

Social Prescribing, Health Inequalities and Black, Asian and Minoritised Ethnic Communities

Company Limited by Guarantee Registration Number 03121679 (England and Wales)

Charity Registration Number 1051096

Acknowledgements

We would like to thank colleagues at London Plus and Transformation for London for connecting us with link workers who shared available data sets from primary care networks and VCSEs. We would also like to thank the Social Prescribing team at NHS England, including Nicola Gitsham, Head of Social Prescribing at NHS England, for their support and oversight of this work.

Introduction

Social prescribing, also known as community referral, is designed to address health issues influenced by non-medical factors such as poor housing, financial pressures, and social exclusion. It is a means of enabling healthcare professionals to refer patients to a range of local, non-clinical services and has been increasingly recognised as a potential tool to address health inequalities in England. The global definition describes social prescribing as:

> *"a means for trusted individuals in clinical and community settings to identify that a person has nonmedical, health-related social needs, and to subsequently connect them to non-clinical support and services within the community by co-producing a social prescription: a non-medical prescription to improve health and wellbeing, and to strengthen community connections* (Morse et al., 2022)*."*

In the English model, social prescribing is facilitated by Link Workers who connect individuals with local non-clinical support services that address challenges such as isolation, financial stress, and lifestyle factors affecting health. Examples of such support services include facilitating participation in befriending groups, connecting those experiencing financial stress with debt management services, or connecting people to nature-based activities to promote mental health and wellbeing. Social prescribing referrals to Link Workers come from a range of places including GPs, hospital discharge teams, job centres, voluntary and community sector and social care services.

Government guidance now suggests a core principle of social prescribing is the reduction of health inequalities, in part through addressing barriers to engagement and social determinants of health (OHID, 2022). The NHS Long Term Plan committed to rolling out social prescribing across primary care networks (PCNs) in England so that over 900,000 people were referred to social prescribing by 2023/24. This supported a wider NHS LTP commitment of personalised care reaching over 2.5m people by 2023/24. The 5-year GP contract enabled social prescribing link workers (SPLWs) to be employed in Primary Care Networks (PCNs) through the Additional Roles Reimbursement (ARRS) Scheme. All PCNs are required to provide access to social prescribing services.

Social prescribing serves as a mechanism for doctors and other professionals to tackle non-medical concerns and issues more efficiently, ultimately easing the strain on the NHS, as highlighted by the National Academy for Social Prescribing (NASP) (2023) and Office for Health Improvement and Disparities (OHID) (2022). Social prescribing has grown significantly across England since 2019. In March 2024 there were approximately 3,600 SPLWs and over 2.6 m. referrals to social prescribing in general practice, exceeding NHS Long Term Plan commitments.

Social Prescribing, Health Inequalities and Ethnicity

The following section reviews the existing evidence on the impact of social prescribing. It notes that social prescribing was introduced in mainstream policy in England in 2019 and as such, studies are reviewed within this context.

Our review of the evidence highlights social prescribing's positive impact in several areas. For instance, Chatterjee et al.'s (2018) systematic review revealed improvements in self-esteem, confidence, mental well-being, positive mood, and reductions in anxiety and depression associated with social prescribing. Similarly, the National Academy for Social Prescribing (NASP) (2022) collated findings from 34 studies and reported enhancements in various outcomes, including social connectedness, overall well-being, and reduced loneliness.

In regions with greater levels of health inequalities, such as Slough, social prescribing also appears to show promise as an intervention (Kumar, 2023). Collaborative efforts between social prescribing Link Workers, community development professionals, and VCSE organisations have yielded positive results, including reduced emergency department visits and enhanced access to services among individuals from diverse cultural backgrounds.

Furthermore, a case study involving Roma women in Northern England emphasises the potential of arts-based social prescribing in marginalised communities. This case study spotlights the need for more comprehensive research into the role of social prescribing in addressing health disparities among various groups. It underscores the importance of adapting research methodologies to ensure inclusivity and accessibility, especially in this evolving field (Haworth et al., 2020).

Despite the early indications of social prescribing's positive impact, there is a notable gap in understanding social prescribing's impact on health inequalities, particularly for people from Black, Asian and minoritised ethnic backgrounds. The reviews conducted by the National Academy of Social Prescribing for instance suggest that data collection on ethnicity is limited. Where data is available, it finds that Black, Asian, and minoritised ethnic communities are underrepresented in social prescribing initiatives, despite these communities being more likely to experience socioeconomic and

health disparities. Meanwhile, Chatterjee et al.'s review (2018) does not present location-specific data, such as findings from social prescribing schemes in London. While a couple of studies referenced in the review are situated in London, the article does not report any London-specific data or compare results from London to other areas.

A review by Bickerdike et al.'s (2017) review also exposed limitations in existing social prescribing programmes. It found that most evaluations were characterised by their small-scale nature, issues of poor design and inadequate reporting. Common methodological shortfalls included the absence of comparative controls, short follow-up durations, the lack of standardised measuring tools, incomplete data, and a failure to account for potential confounding variables.

Additionally, the inclusivity of green social prescribing initiatives has been critiqued. Parkrun, a widely accessible "green space" initiative, has been lauded for its inclusive design but has been shown to attract fewer participants from 'non-white British backgrounds', even in ethnically diverse areas (Fullagar, 2016). In response, proactive measures are advocated to make green social prescribing more appealing, accessible, and relevant to Black, Asian, and minority ethnic communities (Fullagar, 2016). A related question, but not one considered so far, is whether sufficient research has been conducted to understand the types of activities preferred by these communities in the context of green space initiatives.

Lastly, a recent report by Faith Action in June 2023 revealed issues related to awareness and accessibility surrounding social prescribing, especially among diverse communities. The report underscores the urgency of launching inclusive awareness campaigns and fostering community engagement, with a particular focus on underrepresented groups. Additionally, it advocates for the active representation of faith and community sectors in health forums and urges support for primary care professionals to maximise the potential of social prescribing (Faith Action, June 2023).

The review of existing evidence and literature suggests that the limitations in existing social prescribing programmes and the lack of disaggregated data makes it difficult to discern whether there are any trends or patterns in social prescribing outcomes for minoritised ethnic communities, including potential variations in impact across different regions. Addressing these gaps in data collection and analysis is crucial for developing a more nuanced understanding of social prescribing's effectiveness and its implications for health inequalities.

What We Found

The Race Equality Foundation worked with organisations and contacts in our networks to explore the data currently being collected on social prescribing activities according to ethnicity – who is being referred, taking them up, attrition rates, and impact. As London is the most ethnically diverse region in England, we focused on collecting data from different locations across the capital. To do so, we worked with London Plus and Transformation London, who were able to connect us with various link workers from Islington, Camden, Ealing, and Barnet. Working with these contacts, various data sets on social prescribing referrals, largely from primary care networks and VCSEs, were shared. As a result of discussions with DHSC and NHSE colleagues, we also liaised with contacts in Kirklees in West Yorkshire who have collected and published data on social prescribing activities.

In this report, we first review the social prescribing data from two areas: Islington and Kirklees. Both areas have comprehensively collected data on the ethnic make-up of people being referred to social prescribing, as well as other demographic variables including gender, age, employment status, deprivation indicators, housing situation, and detail on reasons for referral, goals, and outcomes.

We then spotlight specific projects in Camden and Ealing, which addressed the low uptake of social prescribing amongst Black, Asian an minoritised ethnic communities in their boroughs and the insights gained from this work.

Insights from Kirklees and Islington

In April 2023, Kirklees implemented a new system for data collection and intelligence specifically related to the Personalised Care Service. This was implemented across 9 Primary Care Networks in the region supporting social prescribing activities. This new system allowed Kirklees to record data that hadn't previously been collected, including various demographic factors, such as ethnicity, gender, age, sexuality, and employment status, measures such as goal setting, goals achieved, and outcomes, as well as learning disability register status, severe mental illness, and employment status. Contacts within Kirklees Personalised Care team shared their quarterly reports from April 2023 to December 2023, as well as selected data focusing on referrals from deprived areas that informed these reports.

During the period April to December 2023 a total of 4927 referrals into the personalised care service were made, of which 85% (4214) were for social prescribing. Specific data from April 2023 to September 2023, approximately, was shared which detailed the number of referrals from deprived areas. This totalled 1357 out of 3852 total referrals in Personalised Care. The data set included various demographic variables, such as ethnicity, age, sex, employment status, long term condition, and registration on the learning disability register. The data showed that the largest portion of individuals, 37%, were within the age range of 40-59 years, while 19% were aged 30-39 years. Approximately 24% belonged to the age groups of 0-29 and 60+ years. Regarding employment status, 25% of individuals were unemployed, with 17% being retired and 10% citing long-term sickness as their employment status. Full-time employment, student status, and part-time employment represented smaller percentages at 7%, 4%, and 3%, respectively. Furthermore, 32% of employment statuses remained unrecorded. In terms of sex distribution, most referrals identified as female at 59%, whereas males made up 41%. Concerning long-term health conditions, 47% of individuals reported having one or more long-term conditions (LTC). A smaller proportion, 3%, were registered on the learning disability (LD) register, while 5% were on the severe mental illness (SMI) register. [1]

1 As the data provided did not detail demographic distributions within each variable, for example, the gender distribution for each ethnicity category, it was difficult to provide greater cross-sectional analysis.

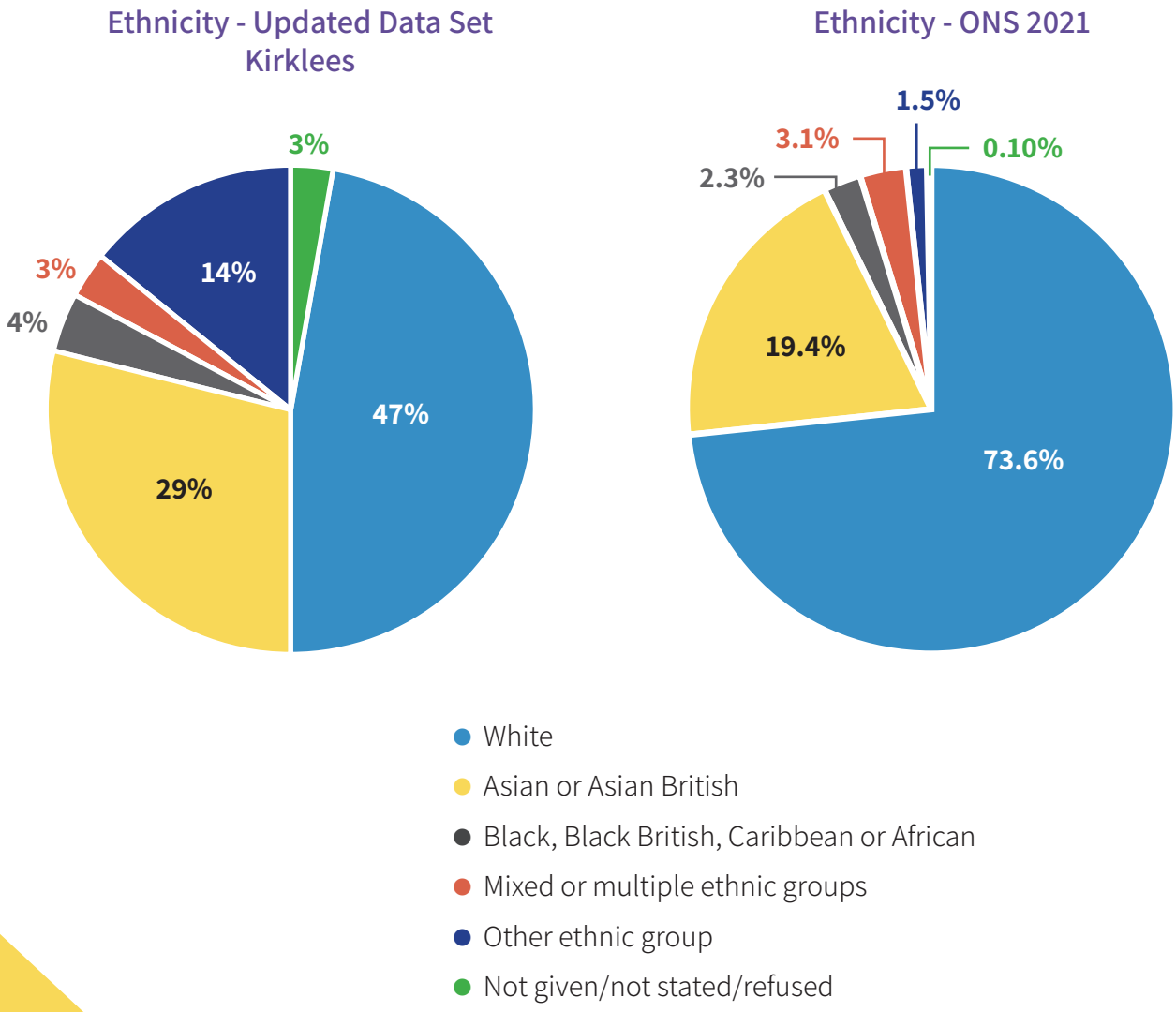
In order to provide a more comparative analysis, the data set shared by Kirklees was reorganised and categorised according to the ONS 2021 Census data, removing where possible instances of multiple or similar category names. See Appendix 1 for the new data set.

This found that:

- 47% of referrals were White
- 29% of referrals were Asian or Asian British
- 4% of referrals were Black, Black British, Caribbean or African
- 3% of referrals were Mixed or multiple ethnic groups
- 14% of referrals were Other ethnic group
- 3% of referrals were Not given / not stated / refused

Following the reorganisation of this data, we then examined the population data from the 2021 Census for Kirklees which indicates that:

- 73.6% identify as “White”
- 19.4% of Kirklees residents identify within the “Asian, Asian British, or Asian Welsh” category
- 3.1% identify within the “Mixed or Multiple” category
- 2.3% within the “Black, Black British, Black Welsh, Caribbean, or African” category.
- 1.5% within other ethnic groups



Examining these two data sets points to higher proportions of social prescribing referrals for those from Black, Asian and minoritised ethnic communities compared to their population size in Kirklees. For instance, Asians or Asian British make up 29% of the referrals, while in the population demographics, they account for 19.4% of the population. Black, Black British, Caribbean, or African individuals represent 4% of social prescribing referrals, while constituting 2.3% of the population. Those from Mixed or multiple ethnic groups account for 3% of social prescribing referrals, which aligns closely with their representation in the population demographics (3.1%). Comparatively, 73.6% of the population of Kirklees identify as 'White', yet only 47% of referrals were for those from 'White' backgrounds.

The data shared from Kirklees with a breakdown according to ethnicity detailed the number of social prescribing referrals from deprived areas. As such, the higher proportion of social prescribing referrals for those from Black, Asian and minoritised ethnic communities may reflect that these groups are more likely to live in deprived areas. The 2021 Census found that 33.5% of households in Kirklees are deprived in at least one dimension (employment, education, health and disability, household overcrowding) while people from all minoritised ethnic groups except Indian, Chinese, White Irish and White Other groups were more likely than White British people to live in the most overall deprived 10% of neighbourhoods in England.

In conclusion, the analysis of social prescribing referrals in Kirklees higher rates of social prescribing referrals observed among Black, Asian, and minoritised ethnic groups compared to their population size. This discrepancy may be attributed to the correlation between social prescribing needs and deprivation levels, as evidenced by Census 2021 data indicating a higher likelihood of residents from these communities living in deprived areas.

Islington

In Islington, Age UK have been responsible for Personalised Care and Support in the borough, offering social prescribing and navigation support to 300 clients a month. Following conversations with link workers at Age UK Islington, we received comprehensive data sets on social prescribing referrals and outcomes over an almost two-year period, beginning December 2021 until November 2023, and totalling 3236 clients. This revealed that:

- The largest group among these clients was White British, making up 29% of the total population (935 individuals).
- 7.17% of the total were Black British, with 232 individuals
- White Other ethnicity comprised 6.30% of the client population (204 individuals)
- Turkish/Turkish Cypriot ethnic group constituted 4.6% of the total clients, with 149 individuals.
- Irish clients make up 3.37% of the total client population, amounting to 109 individuals
- Asian - Bangladeshi clients represent 2.66%, with 86 individuals.
- Asian - Other and Black - Other ethnicities account for 2.56% of the total clients, each with 83 individuals
- Other Ethnic Group clients represent 2.35% of the total, with 76 individuals. African - Somali and Asian - Indian ethnicities each make up 1.92% of the total client population, with 62 individuals in each group.

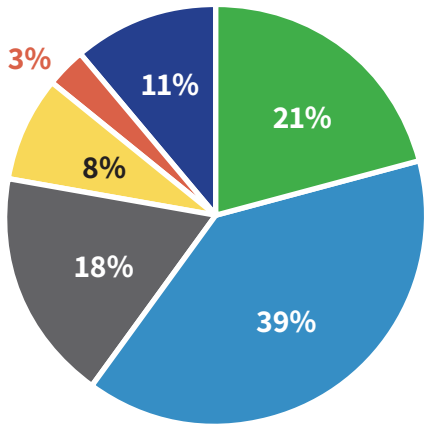
As the data provided for Islington was categorised into multiple ethnicity groups using different category names, we again reorganised these data sets according to the 2021 ONS Categories to allow for clearer analysis. This revealed that:

- 39% of referrals were White
- 18% of referrals were Black, Black British, Caribbean or African
- 8% of referrals were Asian or Asian British
- 3% of referrals were Mixed or multiple ethnic groups
- 11% of referrals were Other ethnic group
- 21% of referrals were Not given / not stated / refused

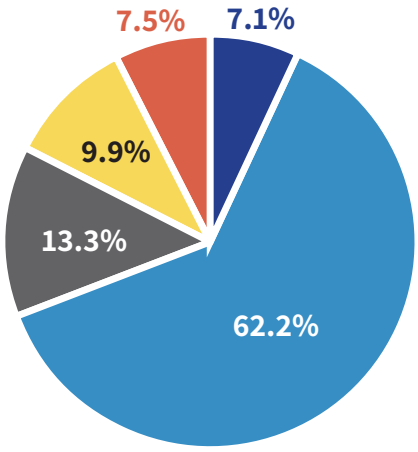
The Census 2021 data from Islington reveals that:

- 62.2 of the population identified as White
- 13.3% of the population identified as Black, Black British, Black Welsh, Caribbean or African
- 9.9% of the population identified as Asian, Asian British or Asian Welsh
- 7.5% identified as Mixed or Multiple ethnic groups
- 7.1% identified as Other ethnic group

Islington - Updated Ethnicity Data



Islington - ONS 2021



- White
- Asian or Asian British
- Black, Black British, Caribbean or African
- Mixed or multiple ethnic groups
- Other ethnic group
- Not given/not stated/refused

Re-categorising the data set for Islington according to ONS 2021 categories allows for a more detailed analysis of social prescribing referrals, and finds that, as in Kirklees, social prescribing referrals for those from Black, Asian and minoritised ethnic backgrounds were higher than their population size. For instance, those from Black, Black British, Caribbean, or African backgrounds represent 18% of social prescribing referrals, which is higher than their proportion in the population demographics (13.3%), while Asian or Asian British people account for 8% of social prescribing referrals, which is slightly lower than their representation in the population demographics (9.9%). Mixed or multiple ethnic groups constitute 3% of social prescribing referrals, which is lower than their representation in the population demographics (7.5%). Other ethnic groups represent 11% of social prescribing referrals, while comprising 7.1% of the population demographics. Lastly, those identifying as White constitute 39% of referrals for social prescribing, whereas in the population demographics, they make up a larger proportion at 62.2%.

Ethnicity Recording

The data shared from Kirklees and Islington were significant in their collection of ethnicity data. However, both data sets also highlight an inconsistent approach to capturing ethnicity and point to the ongoing challenges with accurate demographic monitoring. These are issues that are mirrored across health care settings (see the recent report by the Race Equality Foundation (2023). For instance, in both data sets, multiple ethnicity options were found under similar category names. In Kirklees, there were two instances of White British with 548 referrals and 31 referrals respectively, as well as other similar and potentially confusing categories including 'White: Eng/Welsh/Scot/NI/Brit' and 'British/mixed British'. This inconsistency was mirrored in other ethnicity categories with several options for Pakistani heritage including 'Pakistani or British Pakistani' as well as 'Asian/Asian British: Pakistani'. The data set also noted instances of people not answering or refusing to give details of ethnicity, with several categories including 'Not given' (1.6%), 'Ethnic category not stated' (0.7%), 'Ethnic group not given – patient refused' (0.6%).

In Islington, there were fewer similar category options, but a much larger proportion of unrecorded answers, with 'Unrecorded/Unspecified ethnicity' representing 21% of the total clients, with 675 individuals. Islington shared specific data on social prescribing amongst clients from non-White/Non-White British backgrounds.

As such, whilst the examples of Kirklees and Islington point to improvements made in ethnicity monitoring, they also highlight challenges with consistency and clarity of ethnicity categories. The numbers of 'not given' answers also point to concerns around people's understanding of the importance of collecting such data. Improving these issues and providing more cross-sectional analysis according to different ethnic groups, would also allow for a more significant examination of the relationship between ethnicity and other demographic variables, such as age, socio-economic status, gender, or disability status. For instance, what specific health conditions are more likely to be experienced by minoritised ethnic communities and how does social prescribing impact and improve the management of these conditions? How does variations in age distribution among minoritised ethnic communities reflect differences in healthcare utilisation and support services, especially for older populations?

Long Term Conditions

The research is clear that Black, Asian and minoritised ethnic communities have poorer health and long-term conditions compared to their White counterparts and face significant health inequalities (Parveen and Oyebode, 2018; Carers UK, 2011; Harriss and Salway, 2008). For instance, African Caribbean people have a higher prevalence of high blood pressure, and South Asian people (particularly first generation) have a higher prevalence of coronary heart disease (British Heart Foundation, undated). South Asian people are up to six times more likely to have Type 2 diabetes (Diabetes UK, undated). African Caribbean, South Asian, and people of Mediterranean origin are also more likely to have Sickle Cell Disease (Astin and Atkin, 2010). Moreover, on average, poverty rates are twice as high within Black, Asian and minoritised ethnic groups, with specific communities like Bangladeshi and Pakistani households experiencing even higher rates (Gregory, 2010). Additionally, Covid-19 also exposed and widened existing inequalities in healthcare, particularly for Black, Asian and minoritised ethnic groups who are disproportionately affected by low socioeconomic status (Platt, 2021).

The understanding of demographic trends within ethnic groups is crucial for accurately assessing how social prescribing is targeting the specific needs of Black, Asian and minoritised ethnic communities. The data shared from Kirklees highlights that 35% of all referrals into the Kirklees Personalised Care service from April-October 2023 were for people living in the top 20% most deprived areas in Kirklees; most referrals where details were recorded were also from individuals who are unemployed (25%). Again, however, challenges over response rates remain, with the employment status of 32% of those referred not recorded.

In Islington, most prevalent disability/health condition is depression (305 clients), followed by anxiety (217 clients). Other health conditions like asthma, unclassified conditions, chronic pain, and mental health conditions occur across different age groups. Areas with the highest levels of deprivation tend to be under-resourced with GP practices receiving approximately the same funding per patient as more affluent areas. Analysis of NHS data reveals that areas with higher levels of income deprivation are more susceptible to a range of health conditions, including serious mental illness, obesity, diabetes, and learning disabilities. Moreover, deprived areas experience a shortage of GPs per capita, with each GP typically managing nearly ten percent more patients compared to GPs in wealthier areas (Care Quality Commission, 2022).

African Caribbean people have a higher prevalence of high blood pressure, and South Asian people have a higher prevalence of coronary heart disease.

Outcomes

The data from Kirklees reflects a diverse range of goals achieved across various outcome areas. However, as the data provided did not detail demographic distributions within each variable, it was difficult to provide greater cross-sectional analysis as to the outcome of social prescribing referrals according to ethnicity, and specifically for those from Black, Asian and minoritised ethnic backgrounds. The data shows however that the highest percentage of goals achieved, at 31%, falls under the category of "Well in self" while approximately 20% of goals achieved are related to reducing social isolation. Around 18% of goals achieved are associated with enhancing the ability to manage personal health care. A smaller percentage, 10%, of goals achieved is concerned with achieving financial security, followed by 8% of goals related to resolving housing problems. A smaller percentage, 6%, of goals achieved are associated with improving budgeting skills and around 4% of goals achieved focus on improving mobility. Finally, the smallest percentage, 3%, of goals achieved is related to improving personal care activities.

Islington however did provide data with a breakdown of outcomes achieved for those from Black, Asian and minoritised ethnic backgrounds. The data shared revealed that there were important gains across various outcome categories. These outcomes were measured by assessing clients through a start and end score and calculating the percentage gain over the start score following the intervention. Outcome categories included connectedness interventions, such as accessing local parks and meeting people, which showed increases of 223% to 244% (percentage gain over start score). Housing and home interventions demonstrate gains of 207% to 293%, while money-related interventions highlight gains of 200% to 284%. Positivity-focused interventions show gains of 198% to 313% while safety interventions reveal gains of 268% to 303%. Wellness interventions display gains of 226% to 317% and work and meaningful activity interventions demonstrate gains of 223% to 327%.

Case studies: **Camden and Ealing**

Working with link workers in London Plus and Transformation London, we were provided with information about specific projects in Camden and Ealing that sought to address disparities in social prescribing referrals for Black, Asian and minoritised ethnic communities. The following section details these projects, the impact it had on increasing referrals for minoritised ethnic communities, and lessons learned.

Camden

In West and Central Camden PCN, a specific initiative was launched in 2022-2023 to address the disparities in social prescribing referrals amongst Asian, Black, Somali and Arab ethnicities. To effectively engage with Black, Asian and minoritised ethnic communities, a Social Prescriber with a background in community initiatives and fluency in various languages was recruited. Efforts were made to promote social prescribing within the target communities using various channels such as community centers, religious institutions, and cultural events were utilised to raise awareness and attract Black, Asian and minoritised ethnic communities to the service. The initiative implemented a systematic approach to record the types of concerns that patients sought assistance for through social prescribing. This data helped in tailoring support services to meet specific community needs.

Data analysis from this project revealed an increase in the proportion of Black, Asian and minoritised ethnic people utilising social prescribing services. From December 22 to mid-March 2023, a total of 176 patients were seen, of which the representation of Black, Asian and minoritised backgrounds increased from 56% to 65%. The breakdown of patients seen included 25.6% South Asian, 13% Somali, 7.4% Arabic, and 15.3% Afro-Caribbean.

Ealing

In Ealing, following an equalities needs assessment, a gap in support for Black, Asian and minoritised ethnic communities through social prescribing was identified. In collaboration with the housing association A2Dominion, link workers secured additional funding to carry out an initiative which sought to tackle social isolation among older minoritised ethnic patients.

Between October 2022 and February 2023, the project received 25 referrals, with 56% being White (specifically those identifying as Irish or Eastern European), 32% Asian, 8% Black British, and 4% from other ethnic groups. There were slightly more female (14) than male (11) patients. The project specifically targeted isolated Black and minoritised ethnic people aged over 65, who were disproportionately affected by the pandemic, and provided tailored support to address their needs.

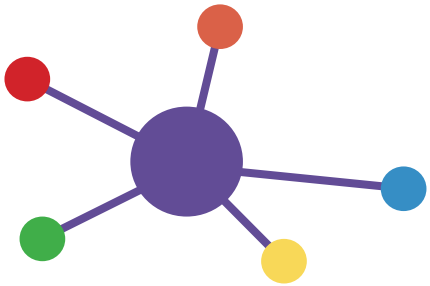
The majority of patient referrals (67%) addressed issues related to loneliness, isolation, managing long-term health conditions, or day-to-day needs. The project found that 11% of patient referrals to social prescribers accessed additional support from community connectors while there was also a 17% decrease in GP follow-up appointments.

As a result of the project, Community Connectors were embedded into the core social prescribing offer across Ealing PCN with an increased support offer for isolated Black, Asian and minoritised ethnic communities over 65 years in Ealing most impacted by Covid 19. Funding was also secured for an additional social prescriber with mental health specialism.

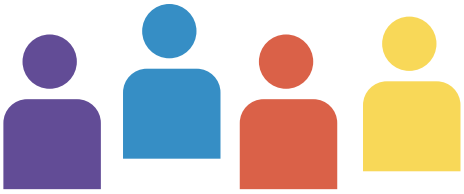
Lessons Learned

The two projects in Camden and Ealing point to key learnings when addressing disparities in referral and uptake of social prescribing for Black, Asian and minoritised ethnic communities.

The recruitment of staff from diverse ethnic backgrounds facilitated better communication with those from Black, Asian and minoritised backgrounds. This highlights the importance of having culturally competent healthcare providers who can relate to and understand the unique needs of different communities.



Both projects used community centres, religious institutions, and cultural events to raise awareness and attract Black, Asian, and minoritised patients to the services. This emphasises the significance of actively engaging with communities through culturally relevant channels to increase access to healthcare services.



Data analysis was used to identify specific concerns and needs within Black, Asian and minoritised ethnic communities, allowing for the tailoring of support services to meet these needs effectively. This highlights the importance of understanding and addressing the unique challenges faced by different communities to provide targeted and effective interventions.

Both projects focused on addressing the specific needs and preferences of patients, leading to high levels of satisfaction with the services provided. This emphasises the importance of patient-centred care in improving engagement and outcomes in healthcare interventions.

Conclusion

Social prescribing has emerged as a promising approach to addressing health issues influenced by non-medical factors, with a core principle being the reduction of health inequalities. However, there remains a notable gap in understanding its impact on minoritised ethnic communities, partly due to limitations in data collection and analysis. This report has attempted to provide a more in-depth understanding of social prescribing amongst Black, Asian, and minoritised ethnic groups, in order to examine who is being referred, taking them up, attrition rates, and impact amongst these communities.

The examination of social prescribing data from Kirklees and Islington revealed higher rates of referrals among Black, Asian, and minoritised ethnic groups compared to their population size. Based on the data shared as well as information gathered from the 2021 Census, it is possible to infer that these communities may face higher levels of deprivation, which correlates with social prescribing needs.

Case studies from Camden and Ealing highlighted successful initiatives aimed at addressing disparities in social prescribing referrals for Black, Asian and minoritised ethnic communities. Key learnings from these projects include the importance of culturally competent healthcare providers, targeted community engagement, data analysis to tailor support services, and a focus on patient-centred care.

The report however also underscores that challenges that remain in the implementation of social prescribing, particularly in respect of inconsistent ethnicity recording and the impact this has on understanding the specific health needs of Black, Asian and minoritised ethnic communities. Improving data collection methods and addressing these challenges are essential for developing more effective interventions and reducing health inequalities.

In summary, while social prescribing shows promise in addressing health disparities, further efforts are needed to ensure equitable access and outcomes for all communities, particularly those from Black, Asian, and minoritised ethnic backgrounds.

Further efforts are needed to ensure equitable access and outcomes for all communities.

Appendix 1

Breakdown of referrals according to ethnicity:

Ethnicity	Percentage (%)
White British	40.7
Pakistani or British Pakistani	19.9
British or Mixed British	12.7
Indian or British Indian	5.5
Caribbean	2.7
White British	2.3
Other White background	2.3
White and Black Caribbean	1.7
Not given	1.6
Other Asian background	1.6
White: Eng/Welsh/Scot/NI/Brit	1.3
African	1.1
Other Mixed background	0.8
Pakistani	0.7
Ethnic category not stated	0.7
Ethnic group not given - patient refused	0.6
Bangladeshi or British Bangladeshi	0.6
White and Asian	0.5
White and Black African	0.4
Other Black background	0.4
Any other group	0.4
Asian/Asian British: Pakistani	0.2
Romanian	0.1
White - ethnic group	0.1
Black British	0.1
Indian	0.1
Asian/Asian Brit: Indian	0.1
Black/African/Carib/Black Brit: African	0.1
Black/African/Carib/Black Brit: Caribbean	0.1
Other white ethnic group	0.1
Other	0.1
British Asian	0.1
Polish	0.1
Baltic Estonian/Latvian/Lithuanian	0.1
Commonwealth (Russian) Indep States	0.1
Albanian	0.1
Oth White European/European unsp/Mixed European	0.1
Kurdish	0.1

References

Astin, F. and Atkin, K. (2010) Ethnicity and coronary heart disease: making sense of risk and improving care, Better Health Briefing 16, Race Equality Foundation.

Bickerdike, L., Booth, A., Wilson, P. M., Farley, K., and Wright, K. (2017) Social prescribing: less rhetoric and more reality. A systematic review of the evidence, BMJ Open, 7(4), doi: 10.1136/bmjopen-2016-013384.

British Heart Foundation (undated) Ethnicity, Available at: https://www.bhf.org.uk/informationsupport/risk-factors/ethnicity

Care Quality Commission (2022) Access to care. Available at: https://www.cqc.org.uk/publications/major-report/state-care/2022-2023/access-to-care

Carers UK (2011) Half a Million Voices. Improving Support for BAME Carers. Available at: http://www.carersuk.org/36-for-professionals/policy-eng/report/120-half-a-million-voices-improving-support-for-bame-carers

Chatterjee, H. J., Camic, P. M., Lockyer, B., and Thomson, L. J. (2018) Non-clinical community interventions: a systematised review of social prescribing schemes, Arts & Health, 10(2), 97-123.

Diabetes UK (undated) Risk of type 2 diabetes in the South Asian community. Available at: https://www.diabetes.org.uk/node/12895

Faith Action (2023) Inclusive social prescribing. Learning from engagement with grassroots VCFSE organisations. Available at: https://www.faithaction.net/our-resources/inclusive-social-prescribing/#downloads

Fullagar, S. (2016) Parkrun is An Important Movement – and Should Remain Free for Participants. Available at: https://theconversation.com/parkrun-is-an-important-movement-and-should-remain-free-for-participants-58097

Gregory, C. (2010) Improving health and social care support for carers from black and minority ethnic communities, Better Health Briefing 20, Race Equality Foundation.

Harriss, K. and Salway, S. (2008) Long term ill health, poverty and ethnicity, Better Health Briefing Paper 8, Race Equality Foundation.

Haworth, M., Brettle, A.J., Hardman, M., Maden, M. (2020) What is the evidence for the impact of gardens and gardening on health and wellbeing: A scoping review and evidence-based logic model to guide healthcare strategy decision making on the use of gardening approaches as a social prescription, BMJ Open, 10 (7), 1-16.

Kumar, P. (2023) Addressing health inequalities in Slough through social prescribing, NHS England, 9th March. Available at: https://www.england.nhs.uk/blog/addressing-health-inequalities-in-slough-through-social-prescribing/

Morse, D.F., Sandhu, S., Mulligan, K., Tierney, S., Polley, M., Chiva Giurca, B., Slade, S., Dias, S., Mahtani, K.R., Wells, L., Wan, H., Zhao, B., De Figueiredo, C.E.M., Meijs, J.J., Nam, H.K., Lee, K.H., Wallace, C., Elliott, M., Mendive, J.M., Robinson, D., Palo, M., Herrmann, W., Østergaard Nielsen, R., and Husk, K. (2022) Global developments in social prescribing. BMJ Global Health, 7 (5).

National Academy for Social Prescribing (2022) Measuring outcomes for social prescribing. Available at: https://socialprescribingacademy.org.uk/read-the-evidence/measuring-outcomes-for-social-prescribing/

National Academy for Social Prescribing (no date) Who is and isn't being referred to social prescribing? Available at: https://socialprescribingacademy.org.uk/read-the-evidence/who-is-and-isn-t-being-referred-to-social-prescribing/

NHS (2019) The NHS Long Term Plan. Available at: https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

Office for Health Improvement and Disparities (2022) Social prescribing: migrant health guide. Available at: https://www.gov.uk/guidance/social-prescribing-migrant-health-guide

Parveen, S., and Oyebode, J. (2018) Dementia and Minority Ethnic Carers Better Health, Briefing paper 46 Race Equality Foundation Briefing Paper

Platt, L. (2021) Why ethnic minorities are bearing the brunt of Covid-19. Available at: https://www.lse.ac.uk/research/research-for-the-world/race-equity/why-ethnic-minorities-are-bearing-the-brunt-of-covid-19

Race Equality Foundation (2023) Improving the recording of ethnicity in health datasets: Exploring the views of community respondents and the healthcare workforce. Available at: https://raceequalityfoundation.org.uk/health-and-care/recording-of-ethnicity-project/