

Making Social Prescribing Accessible for Autistic People: Best Practice Guidelines

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By Emeline Han, Charlotte Featherstone, and Amanda Roestorf

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About this Guide

What this Guide is for

This guide provides practical recommendations for making social prescribing more accessible and inclusive for autistic people across the entire pathway – from referral through to community engagement. It also includes case studies demonstrating how these recommendations can realistically be implemented in different service contexts.

Where this Guide has come from

This guide has been co-produced by the [Social Biobehavioural Research Group](#) at University College London (UCL) and [Autistica](#) with autistic adults, caregivers of autistic people, and social prescribing professionals through a series of workshops and individual conversations (May – September 2025). These discussions identified barriers autistic people currently face when trying to access social prescribing, co-developed solutions, and explored examples of best practice.

How to use this Guide

You do not need to read the full guide at once. Use this table to decide where to start.

If you are a referring professional (e.g. GP, nurse, school staff)	<ul style="list-style-type: none">• Read Cross-Cutting Recommendations + Stage 1: Referral• Focus on: needs assessments, clear expectations, informed consent, warm handovers
If you are a link worker	<ul style="list-style-type: none">• Read Cross-Cutting Recommendations + Stage 2: Link Worker Meetings• Focus on: trust, communication, relationship, structure
If you work in a community organisation	<ul style="list-style-type: none">• Read Cross-Cutting Recommendations + Stage 3: Connection to Community Activities• Focus on: sensory needs, flexibility, consistency, predictability
If you commission or design services	<ul style="list-style-type: none">• Read Executive Summary + Visual Summary + Case Studies• Focus on: funding for hands-on support, training, continuity, accountability
If you are autistic or support an autistic person	<ul style="list-style-type: none">• Read Executive Summary + Visual Summary + Case Studies• Focus on: understanding what good practice should look like to support self-advocacy

Executive Summary

Why This Matters

Social prescribing has the potential to significantly improve wellbeing and quality of life for autistic people by connecting them to meaningful activities and community support. However, autistic people currently face substantial barriers in accessing and benefiting from social prescribing at every stage of the pathway. Poorly matched or rushed social prescribing can worsen anxiety, disengagement, or mistrust in services. Making social prescribing accessible is essential for ensuring equity, improving health outcomes, and promoting social inclusion.

Key Messages

- **Every autistic person is different.** Person-centred approaches that are tailored to individual preferences, interests, goals, and support needs are essential.
- **Prioritise building relationships and trust.** This takes time, consistency, and genuine listening, especially as many autistic people have had negative service experiences.
- **Go beyond signposting.** Effective social prescribing for autistic people requires hands-on, wraparound support – not just providing information about available services.
- **Simple changes can have significant impact.** Offering choice of communication method, providing information in advance, and allowing processing time are easy to implement, yet can mean the difference between autistic people accessing support or being excluded.
- **System-wide commitment to accessibility is crucial.** Stable funding, clear information sharing processes, and strengthened training and workforce development are needed to sustain best practices throughout the social prescribing pathway.
- **Co-production with autistic people is fundamental.** This can start small and grow, from feedback, consultation, shared decision-making, to autistic-led service design and delivery.

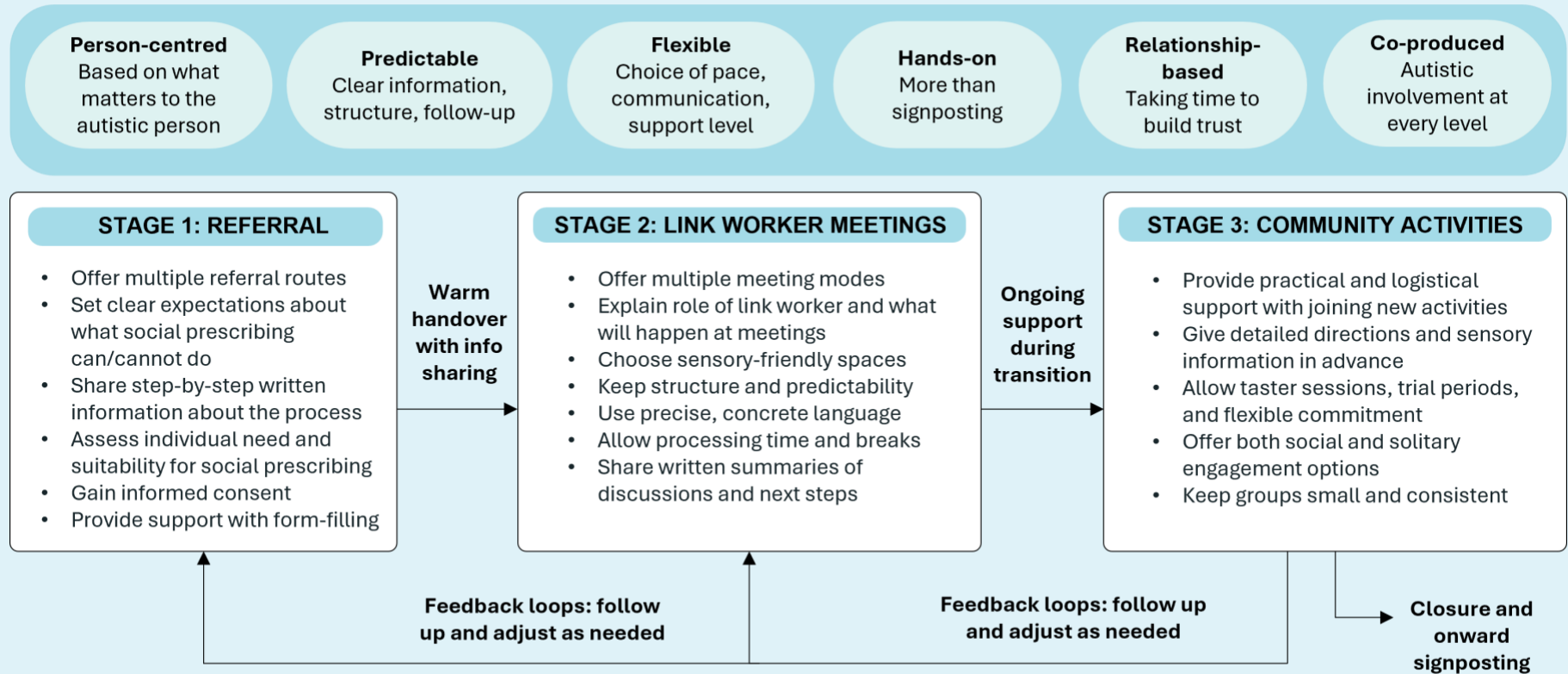
What Needs to Change

Making social prescribing accessible requires action at multiple levels:

- **Individual level:** Build autism understanding, adapt communication, provide hands-on support, and practise genuine person-centred care.
- **Service level:** Offer flexible pathways, train staff appropriately, allocate sufficient time for relationship-based support, create clear processes with warm handovers, and ensure sensory-considerate environments.
- **System level:** Fund adequate capacity for hands-on support, commission autism-friendly community activities, reduce geographic disparities, create accountability for accessibility, and involve autistic people in decisions about their care.

Visual Summary

The Autism-Accessible Social Prescribing Pathway



IF YOU ONLY DO THREE THINGS:

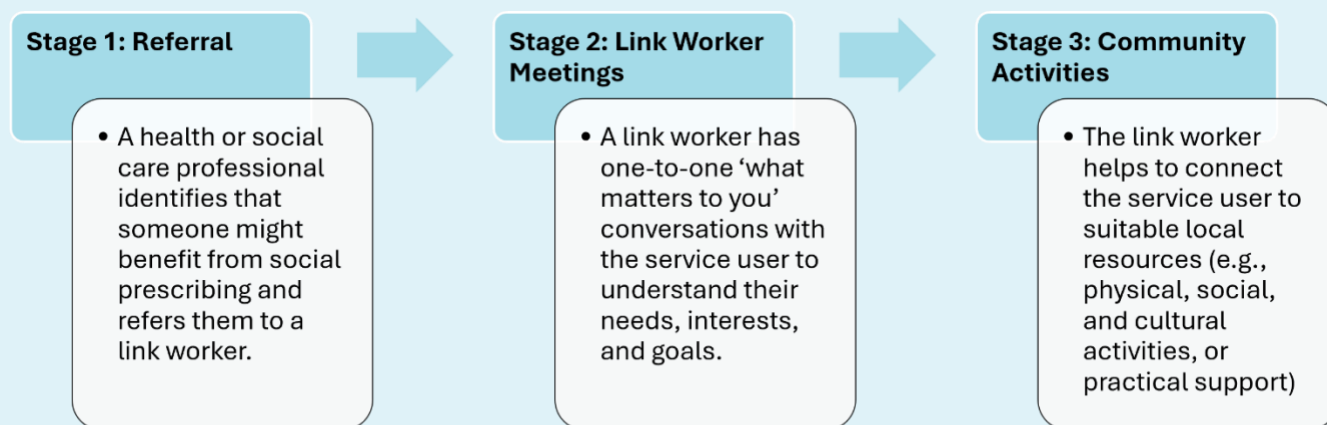
- (1) Avoid making assumptions. (2) Ask the autistic person what they want and listen to them. (3) Work towards mutual understanding and respect.

Introduction

What is Social Prescribing?

The National Health Service (NHS) in England defines social prescribing as “an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing”.¹ In the UK, social prescribing is a key component of personalised care and aims to support people to take control of their health and wellbeing.

This guide focuses on the link worker model of social prescribing, which is the prevailing social prescribing model in the UK and involves three key stages.



Note: Link workers may also be called social prescribers, community navigators, or community connectors. In this guide, we use ‘link worker’ as a catch-all term, while recognising there may be local variation.

Social prescribing is intended to be an all-age, whole population approach, and may be particularly helpful for people experiencing long-term health conditions, mental health challenges, or social isolation and loneliness. There is growing evidence that social prescribing can contribute to better health outcomes by reducing anxiety and depression, increasing self-esteem and confidence, and improving mood and mental wellbeing.²

What is Autism?

Autism is a neurodevelopmental difference that affects how an individual experiences and interacts with the world.

Autism typically involves differences in several key areas:³



Communication and social interaction: Autistic people can find social situations overwhelming and often need more time to process information before responding. Many prefer written communication, and some may be non-speaking or use other communication methods.



Sensory experience: Many autistic people experience sights, sounds, smells, textures, and tastes more intensely than neurotypical people. They may engage in repetitive movements (e.g., rocking, flapping, fidgeting) to manage sensory input and emotions (e.g., anxiety).



Executive function: Autistic people can find it challenging to plan, organise, make decisions or start new tasks, and prefer following a set routine or structure.



Interests and focus: Autistic people often have specific interests they feel passionate about. While sometimes regarded as a weakness, this can also be a strength as autistic people can display hyperfocus and become highly knowledgeable and skilled in their area of interest.

As autism is a spectrum, the way these traits are experienced can vary greatly between individuals, as well as for the same autistic individual over time. It may not always be easy to tell if someone is autistic, as some autistic people may ‘mask’ or hide autistic traits to meet neurotypical expectations or social norms. Some autistic people, especially those diagnosed later in life, may have become very adept at masking, but this can lead to burnout, loss of sense of self, and mental health difficulties.⁴

While autistic people’s social and communication differences are traditionally labelled as ‘deficits’ or ‘impairments’, the **double empathy theory** suggests that there is a bidirectional difficulty in communication between different neurotypes, so non-autistic people may also struggle to understand and interact with autistic people.⁵ In health and social care settings, professional jargon, practices, and culture can add another dimension of mismatch in understanding and communication between autistic people and non-autistic service providers, resulting in a **triple empathy problem**.⁶

This guide is grounded in the **neurodiversity paradigm**,⁷ which understands autism as a natural and valuable form of human diversity, rather than a disorder that needs to be fixed or cured. This guide is also informed by the **social and human rights models of disability**,⁸ which recognise that autistic people are often disabled by societal barriers and denied equal access to opportunities. Therefore, services should remove barriers and uphold autistic people's rights, rather than expect them to fit into a system designed for neurotypical people.

Why Make Social Prescribing Accessible for Autistic People?

Potential benefits of social prescribing for autistic people

Social prescribing can be beneficial for autistic people in multiple ways, including:



Addressing social isolation and loneliness: Many autistic people experience social isolation and loneliness, often due to lack of suitable social activities rather than lack of desire for connection.⁹ Social prescribing can help to identify and facilitate access to social opportunities that match individual interests, preferences, and values, thereby fostering meaningful relationships, identity, and a sense of belonging.



Improving health and wellbeing: Autistic people are more likely to have co-occurring physical and mental health challenges, and encounter barriers to accessing healthcare.¹⁰ While social prescribing is not a substitute for medical treatment, it can help to improve wellbeing and quality of life by providing a sense of purpose, enjoyment, and autonomy.¹¹



Supporting practical goals: Autistic people face persistent disparities in economic activity and income.¹² Social prescribing can connect autistic people to practical resources and support with employment, housing, financial benefits, or welfare advice.

Common barriers autistic people face when trying to access social prescribing

Autistic people commonly face barriers when trying to access social prescribing, such as:

Emotional and trust barriers:

Many autistic people have experienced dismissal or discrimination from services, leading to wariness. Time constraints can hinder trust-building, and fear of judgment can prevent honesty about needs.

Communication barriers:

Communication methods are often not flexible or adapted for autistic people's needs and preferences, including over-reliance on phone calls, use of unclear language, and lack of processing time and written or visual information.

Sensory and environmental barriers:

Overstimulating or unpredictable meeting settings and activity venues (e.g., busy GP surgeries, noisy community spaces, or harsh lighting) make it difficult for autistic people to engage with social prescribing.

Knowledge gaps:

Autistic people may not be aware of social prescribing and lack information about what it involves. Professionals may lack understanding of autism and how to support autistic people.

Process gaps:

Lack of transition support, weak handovers, and poor inter-service coordination mean that autistic people and their caregivers/families are often left to 'fill the gaps', or otherwise fall through them.

Service gaps:

Limited availability of autism-friendly activities means that options do not match the needs of many autistic individuals. Restrictive commissioning rules and eligibility criteria may also exclude autistic people with higher support needs.

Many autistic people also have co-occurring conditions such as ADHD, dyslexia, or dyspraxia, which can create additional or compounding barriers.

The importance of making social prescribing autism-inclusive

Making social prescribing accessible for autistic people is essential for several reasons:



Equal rights: Autistic people have the same rights to access social prescribing as anyone else. The Equality Act places a legal duty on public sector organisations to make reasonable adjustments for disabled people to access services.



Reducing health inequities: Social prescribing can only achieve its goal of reducing health inequities if it reaches and supports marginalised groups such as autistic people, who experience significant disparities in health outcomes.



Universal design: Many adaptations for autistic people often benefit others, including other neurodivergent people (e.g., those with ADHD or learning disabilities), children and young people, and people with anxiety.



Recommendations for Autism-Accessible Social Prescribing

Cross-Cutting Recommendations

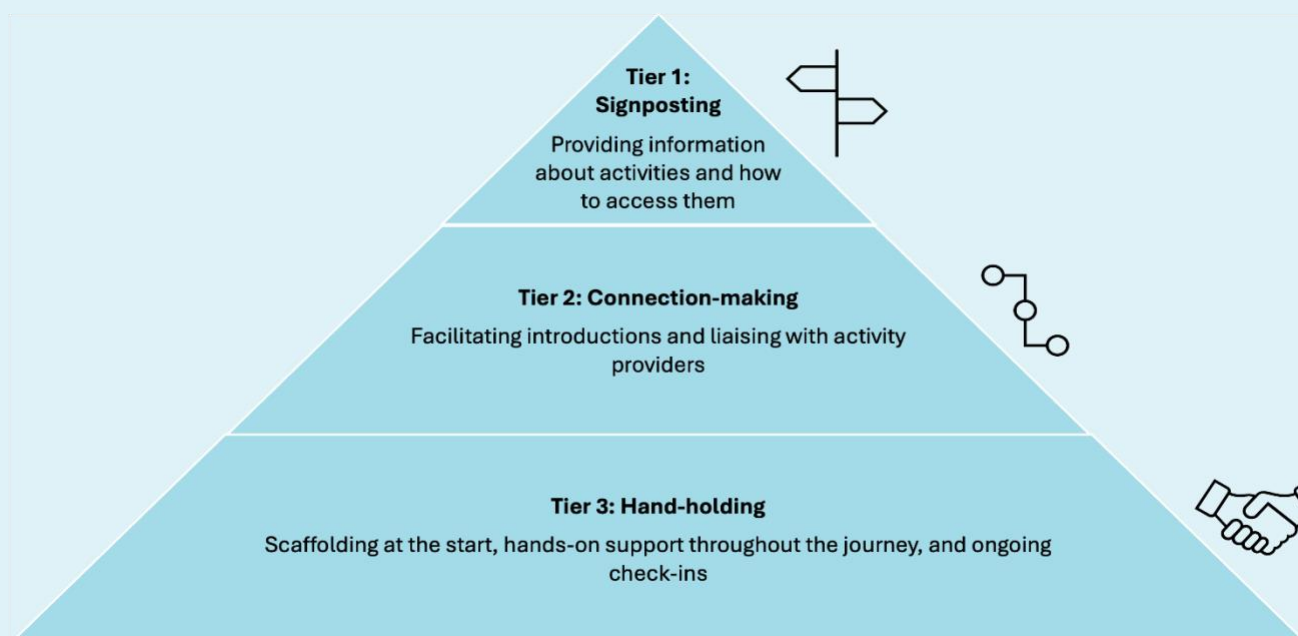
These fundamental principles should underpin all aspects of social prescribing for autistic people, cutting across all stages of the pathway.

1. Practising Person-Centred Care

While social prescribing is intended to be a personalised approach, this is not always experienced by autistic people. Genuine person-centred care means:

- **Choice and flexibility:** Offer choice and control over the process and be willing to adjust plans based on what the autistic person says is working or not working
- **Needs-based and holistic support:** Conduct early needs assessments and update as needed; consider the whole person, including intersecting needs, co-occurring conditions, and life circumstances; focus on strengths alongside addressing challenges
- **Collaborative goal-setting:** Set goals with the autistic person in the lead about what matters to them, not what professionals think should be important
- **Asking, not assuming:** Always ask the autistic person what they want and need rather than make assumptions based on diagnosis or behaviour.

Autistic people may need different levels of support, and these needs may change over time. Social prescribing services can consider operating a tiered provision with regular review for effectiveness and flexibility to move between tiers based on individual progress and needs.



2. Building Trust and Relationships

Autistic people may be wary of services due to past negative experiences. Building trust requires:

- **Consistency and continuity:** Maintain the same point of contact, predictable meeting patterns, and regular communication
- **Reliability:** Stick to agreed schedules and communicate any changes as soon as possible to reduce anxiety
- **Time and patience:** Allow relationships to develop at the service user's own pace, allocate sufficient appointment time and frequency to enable this
- **Willingness to listen:** Listen without judgement, validate feelings and experiences, respect differences in opinions and preferences.

3. Adapting Communication Styles

Meeting people where they are and adapting communication styles to individual preferences are crucial for autistic people to access social prescribing:

- **Multiple communication channels:** Offer email, text, phone calls, video calls, or in-person meetings; communicate information in both verbal and written formats
 - With calls, schedule them in advance to reduce unpredictability and anxiety
 - With in-person meetings, provide information in advance including videos or images showing spaces, staff, and activities to increase comfort and familiarity
- **Clear language:** Use direct, literal language and avoid jargon, vague, or broad terms
- **Processing time:** Allow extended processing time, be comfortable with silences and pauses, and avoid requiring on-the-spot responses
- **Direct communication:** Speak directly to the autistic person themselves unless they explicitly request otherwise.

4. Accommodating Sensory Needs

Autism-accessible social prescribing also needs to accommodate sensory sensitivities:

- **Sensory-considerate environments:** Choose quiet, low-stimulus spaces; avoid harsh lighting and strong smells; minimise background noise; offer familiar settings where possible
- **Sensory accommodations:** Provide or welcome sensory aids (e.g., noise-cancelling headphones, fidget toys); allow people to take breaks and move around to regulate
- **Sensory information:** Provide details about sensory aspects of venues and activities beforehand so autistic people can make informed decisions.

5. Establishing Clear Information Flows

As social prescribing involves multiple stages and stakeholders, clear information flows are essential to reduce the burden on autistic people and their caregivers/families to repeatedly explain needs and history to new professionals. Services should:

- **Develop process maps** showing what information needs to be sought and shared at each stage, who shares it, when, and how
- **Facilitate warm handovers** so relevant background and context travels with the autistic person between stages (with their consent)
- **Consider service passports** where autistic people can record their support needs and preferences to share across professionals (referring staff, link workers, and activity providers). If adopting, ensure professionals understand how to use passports, can act on adjustments, and carefully consider concerns around emotional labour and data privacy.

6. Training the Workforce

Autism-accessible social prescribing depends on having professionals who understand autism and know how to work inclusively with autistic people. While training should be tailored to specific roles and contexts, all professionals involved in social prescribing pathways (from those making referrals, to link workers, to community activity providers) should be minimally trained in:

- **Core autism knowledge:** What autism is from a social model and neurodiversity perspective, understanding common autistic traits while recognising that every autistic person is different, awareness of masking and its implications for support (e.g., autistic people may agree to unsuitable suggestions to meet professional expectations)
 - **Reasonable adjustments:** Practical knowledge on how to tailor support to autistic needs, including sensory sensitivities, social styles, and executive functioning challenges
 - **Implicit bias:** How to recognise and address implicit bias and ableist attitudes
 - **Relational skills:** How to build rapport, remain adaptable, and address the triple empathy problem (e.g., professionals should avoid jargon, adapt to communication needs, and not interpret social differences as disinterest)
 - **Intersectional needs:** Understanding how age, gender, ethnicity, language, co-occurring conditions and other identities can intersect with autism to produce additional complexities
- See the 'Further Resources' section for signposting to training programmes and organisations.

7. Learning from Lived Expertise

To make social prescribing truly autism-inclusive, autistic people must be involved as active partners and not just passive recipients of services:

- **Involve autistic input throughout:** pathway development and evaluation, service and training design and delivery, staff recruitment and selection, policy making, commissioning and funding decision-making
- **Recruit a more neurodiverse workforce:** Actively recruit staff with lived experience (e.g., autistic people or parents/caregivers) in social prescribing pathways and programmes, valuing lived expertise alongside professional qualifications (some will have both)
- **Create feedback loops:** Offer anonymous, accessible ways for autistic service users to share what worked and what did not, and feed learning into service improvement.

Stage-Specific Recommendations

Stage 1: Referral to Social Prescribing



Raise awareness and publicise information on social prescribing

Autistic people need to know social prescribing exists and understand what it involves before they can access it. Services should:

- Develop and disseminate autism-friendly explainers of social prescribing in multiple formats (e.g., leaflets, videos, infographics, lived experience narratives), clarifying the various terms used (e.g., link workers, social prescribers, community connectors) to reduce confusion
- Discuss social prescribing up front during diagnosis or health appointments, setting out clear expectations about what social prescribing can and cannot offer
- Include information on social prescribing in post-diagnostic support packages
- Run targeted awareness campaigns within neurodivergent communities
- Centralise and standardise information on social prescribing on an accessible platform, addressing current fragmentation across the NHS App, GP websites, Patient Access, etc.

Simplify and clarify existing referral processes

Current referral processes to social prescribing, which usually happens via GPs, can seem complex, confusing, and opaque to autistic people. Professionals should:

- Provide clear, step-by-step written information about the referral process and next steps
- Always obtain informed consent before making referrals, ensuring the autistic person understands the purpose and intended or potential outcomes of social prescribing
- Simplify referral forms and/or provide support with form-filling if needed.

Develop and offer alternative referral pathways

A single referral pathway will not work for everyone. Services should consider multiple routes:

- **Self-referral:** Allow autistic people to refer themselves, bypassing NHS processes
- **Digital platforms:** Create online resource platforms where autistic people can explore services independently and access desired activities directly
- **Integration with diagnostic pathways:** Offer social prescribing while waiting for an autism diagnosis or as part of post-diagnostic support (see Case Study 1 for an example)
- **Autism-specific pathways:** Co-produce dedicated social prescribing pathways featuring autism-specific services, activities, and peer-led groups or programmes.

Crucially, autistic people should be involved in developing and implementing these pathways.

Assess need and suitability for social prescribing

Autistic people's need and suitability for social prescribing will vary from person to person, and from time to time. Services should:

- Create suitability checklists and conduct individual needs assessments to ensure proper matching between service offer and user needs

- Consider whether social prescribing is the right type of support at that particular time, or whether other services (e.g., mental health crisis support) are more appropriate or should be provided in parallel
- Ensure referrals are made when the service user has capacity to engage, considering their current circumstances and individual readiness.

Increase professional understanding of autism and social prescribing

Ableist assumptions and stereotypes about autistic people can lead to inappropriate social prescribing referrals or lack thereof. Services should:

- Deliver mandatory autism/neurodiversity training for all referral staff that goes beyond basic awareness to understanding implicit bias, masking, and triple empathy
- Ensure GPs and other referring professionals have a shared understanding of social prescribing and are trained to explain social prescribing in neuro-inclusive ways
- Involve autistic people in training design and delivery to learn from lived experience.

Stage 2: Meetings with Link Workers



Improve link worker interactions with autistic service users

Before the meeting(s):

Lack of a “bridge” between referral and link worker contact means that link workers may have limited background knowledge of the autistic person, and the autistic person may have insufficient information about what to expect. Services should:

- ✓ Facilitate a warm handover from referring professionals so link workers have relevant contextual information and can be prepared to work better with the specific individual
- ✓ If not already completed and handed over as part of the referral, conduct a needs assessment to understand the service user’s support requirements and preferences
- ✓ Explore matching processes between service users and link workers based on skills, experience, or shared interests
- ✓ Bridge the gap between referral and first contact with a welcome email and/or basic signposting to reduce stress and risk of disengagement while waiting
- ✓ Offer reasonable adjustments and choice of communication mode for first contact (e.g., email, text, audio/video call, face-to-face meeting)
- ✓ Provide plain-language information to explain the role of a link worker, specific areas they can help with, what happens at meetings, and whether support is time-limited or ongoing

During the meeting(s):

Overstimulating meeting settings can make it difficult for autistic people to focus. Short appointment times, unstructured meeting formats, and different communication rhythms can also make it difficult for autistic people to meaningfully engage. Link workers should:

- ✓ Ensure the physical environment is sensory-friendly and provide or welcome sensory accommodations, if meeting in person
- ✓ Provide a visual agenda at the start of the meeting, with time estimates for each section, and signal topic transitions explicitly, maintaining structure and predictability
- ✓ Allow flexible pacing e.g., offer longer appointments, breaks, and extra processing time if needed, be willing to pause and reconvene sessions without penalty
- ✓ Use specific prompts rather than overly open-ended questions (e.g., “what activities interest you?” instead of “tell me about yourself”)
- ✓ Prioritise establishing trust and rapport, recognising the vulnerability and stress autistic service users may experience during referral and early engagement
- ✓ Create a safe space for service users to explore and test out different interests and ideas, remaining open and responsive rather than pressurising or prescriptive
- ✓ Adopt a triple empathy approach – work towards mutual understanding and avoid assumptions about desired goals and outcomes of social prescribing (e.g., link workers and autistic people may have different definitions of meaningful social connection)

After the meeting(s):

Autistic people may experience “information overload” or struggle with follow-up task load after meetings without written instructions or reminders. Services should:

- ✓ Provide an easy-to-read written summary of what was discussed and agreed, with clear next steps and timelines
- ✓ Assign a named contact for follow-up questions to reduce the need to navigate generic phone lines or explain their situation to a new professional each time
- ✓ Schedule time-bound follow-up (e.g., check-in one week after meeting) to review progress and problem-solve any barriers
- ✓ Create an ongoing support map – a visual outline showing when transitions to other services will happen and if/how the link worker will stay involved

Enhance link worker training, support, and professional development

There is lack of standardised training for link workers in the UK, meaning that autism-related knowledge and skills can vary greatly among link workers. Link workers need both initial training and ongoing development, as well as adequate support to sustain autism-inclusive practice:

- Co-produce and co-deliver link worker training with autistic people, including real-world examples of good and poor practice
- Embed autism training modules within link worker inductions, with annual refreshers
- Establish standards for essential autism-related knowledge and skills to ensure minimum level of service quality, while being wary of over-regulation and box-ticking
- Implement supervision structures that include reflective practice on working with autistic people, with input from neurodivergent mentors or supervisors where possible
- Create a network of link workers for ongoing knowledge exchange, peer learning and support
- Recruit autistic link workers to improve relatability and lived expertise within the workforce
- Provide link workers with wellbeing support, administrative support, and realistic caseloads that allow time, flexibility, and capacity to tailor service delivery for autistic people

Stage 3: Connection to Community Activities



Create accessible centralised information sources

Information sources can be overwhelming with too many options and/or lack important details about activities. Make centralised information platforms more accessible and inclusive by:

- Offering both digital resource directories and physical local hubs
- Incorporating ways to facilitate matching with suitable services (e.g., filtering by activity type, location, delivery mode, cost, group size)
- Providing concise summaries of key activity information (who, what, when, where, how)
- Allowing users to explore further details and clarify expectations before committing

Provide hands-on support with connections to activities

Lack of transition support can make it difficult for autistic people to join a new activity or meet new people. Autistic people would benefit from ongoing hands-on support from link workers to:

- Review activity information and guide users in identifying suitable options
- Contact activity providers and ask questions on behalf of the autistic person

- Provide practical and logistical support (e.g., help with activity registration, accompaniment to initial sessions, gradual introduction to new environments)
- Follow up regularly to reflect on experiences and adjust ‘prescription’ of activities as needed

Implement practical adjustments

Transport difficulties, unpredictable sensory environments, and social anxiety can prevent autistic people from accessing community activities. When designing and offering activities:

- Offer hybrid (in-person and online) formats to reach those in rural or low-connectivity areas
- Provide transport support or guidance for navigating unfamiliar venues (e.g., detailed directions with photos or videos of the location and staff where available)
- Design community activities and spaces with sensory accessibility in mind and provide sensory information in advance
- Introduce taster sessions, trial periods, and exit strategies, allowing flexible commitment
- Offer both social and solitary engagement options, valuing diverse forms of participation
- Keep groups small and consistent where possible, and consider side-by-side activities where relationships can develop organically through shared interests
- Allow autistic people to attend activities with a familiar person, such as their link worker, caregiver/family member, or friend
- Involve autistic people in activity design and delivery to maximise relevance and suitability

Ensure provider readiness and accountability

Lack of regulation of community providers means that quality of activity facilitation can vary. Some activity providers may lack understanding of autistic people, and reasonable adjustments may be agreed but not implemented in practice. Services should:

- Require minimum autism/neurodiversity awareness training for activity facilitators
- Develop a badging or accreditation system to identify autism-inclusive providers and make inclusive practices visible, with criteria co-produced with autistic people and regular review processes to ensure accreditations are up to date
- Establish mechanisms for monitoring quality, including engaging autistic people as quality checkers
- Ensure the availability of post-activity support and procedures for reporting and addressing concerns in case of potential negative experiences

Improve service consistency and continuity

Abrupt changes and endings to support can be particularly challenging for autistic people. Service offerings are also inconsistent across geographic regions, often with limited choices of autism-friendly activities. There is a need to:

- Standardise handover protocols between link workers and activity providers to facilitate continuity of care
- Set clear expectations around durations of services, with opportunity for closure, transition planning, and signposting to onward support options
- Communicate changes to activity schedules through multiple channels as early as possible
- Address geographic disparities through more equitable funding, ensuring that at least a core set of autism-accessible activities is consistently available across regions



Best Practice Case Studies

Case Study 1: Specialist Autism Social Prescribing Service



Context and Service Model

This case study features a specialist autism social prescribing pathway embedded within wider post-diagnostic support. A post-diagnostic needs assessment is first conducted to assess suitability for social prescribing and other services. If referred to social prescribing, autistic adults can access interim support such as drop-in advice services, social spaces, and courses while waiting. Specialist link workers meet with autistic adults to collaboratively set goals and provide hands-on support with connecting them to relevant resources.

Success Factors and Examples of Best Practice

Hands-on, relationship-based support:

- Communicating clearly about the purpose, anticipated outcomes, and finite nature of support from the outset
- Building trust through repeated in-person meetings over time (up to 12 sessions)

- Travel training (e.g., securing bus passes, practising routes) to reduce anxiety and build independence
- Accompanying service users to activities, familiarising them with new venues and people before gradually reducing involvement as users gain confidence
- Using the SMART (**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound) framework to facilitate person-centred goal-setting

Community integration and provider partnerships:

- Asset mapping to identify and share information about inclusive community resources
- Delivering autism awareness training to activity providers, improving their ability to support autistic participants and enhance the accessibility of activities
- Building partnerships with charities running neurodiversity-led groups
- Learning from trial and error to recommend suitable activities and avoid less effective ones, while recognising that approaches work differently for different autistic people and provider attitudes or flexibility may be a better indicator of suitability than activity type alone

Workforce approach and service capacity:

- Prioritising recruitment of link workers with prior experience of working with autistic people
- Comprehensive induction training and shadowing opportunities
- Ensuring stable workforce with good retention through attractive pay and career progression
- Securing core funding to support a well-resourced, high quality, and responsive service

Challenges and Areas for Improvement

- Geographic disparities: service users in areas with fewer resources need support to access activities elsewhere
- Underfunded social care and long waits for assessments affecting service users
- Some autistic people are deterred by the term “social prescribing”, which can carry implications of enforced socialisation – leading to change in terminology from “social prescribers” to “link workers”
- Need to distinguish link workers from post-diagnostic clinicians and establish clear role boundaries, particularly regarding what link workers cannot manage (e.g., mental health crises, significant safeguarding concerns)

Key Learning Points

- Services should provide hands-on, relationship-based support that goes beyond signposting, and the level of support needed should be determined by each autistic individual

- Clear communication about scope and duration of support helps to manage expectations, protect both autistic people and link workers, and ensure that social prescribing complements rather than replaces clinical support where it is needed
- Building strong relationships with community providers is essential to expand opportunities and improve inclusivity
- Strong funding enables service continuity and capacity to tailor delivery for autistic needs
- Listening to autistic people's feedback (e.g., about terminology) and adapting accordingly improves engagement

Case Study 2: Adapting Generalist Social Prescribing for Autistic Youth



Context and Service Model

This case study features social prescribing pathways embedded in schools and Child and Adolescent Mental Health Services. While these services are not specifically designed for autistic young people, practical adaptations have been made for neurodivergent service users according to the principles of universal design.

Success Factors and Examples of Best Practice

Communication and sensory adjustments:

- Providing information in verbal, written, and pictorial formats
- Using standard and additional text reminders for appointments
- Offering both in-person and online engagement options, and choice of venue where possible
- Asking precise and concrete rather than ambiguous and abstract questions (e.g., “how has your sleep been?” instead of “how are you feeling?”)
- Allowing extra processing time without misinterpreting pauses as disengagement
- Incorporating fidgets, puzzles, games, and activities like drawing or chess for side-by-side interaction

Young person-centred, flexible approach:

- Providing opportunities for young people to talk about their interests in depth
- Validating young people's feelings and offering them control over engagement
- Creating personalised support plans for each young person
- Adapting plans and strategies based on the young person’s response and evolving needs
- Involving young people in service development and resource creation

Graduated hand-holding:

- Accompanying young people to activities to facilitate gradual introduction to new services
- Arranging for young people to meet specific activity staff before wider group engagement
- Following up after initial connections to problem-solve barriers
- Maintaining contact during waiting periods to prevent disengagement

Multi-stakeholder coordination:

- Working with teaching assistants and other professionals supporting the young person
- Involving parents/caregivers or other trusted adults consistently throughout the process
- Using one-page profiles to understand and communicate needs across contexts
- Having an online portal where service users can input needs and receive tailored suggestions, providing a single point of access

Challenges and Areas for Improvement

- Difficulty finding sensory-friendly physical spaces for link worker meetings, particularly in busy urban environments
- Difficulty finding suitable activities matching individual interests and needs, especially for those with very niche interests or more complex needs
- Ineffective matching between young people and link workers or social activities can negatively affect future service and social engagement
- Cost barriers and timing conflicts preventing participation even when suitable activities are identified
- Inconsistent service provision – community groups and activities not running regularly or disappearing due to funding cuts
- Variable levels of autism understanding and inclusivity among activity providers that may not be immediately obvious
- Lack of structured autism-specific training for link workers – mandatory training is brief, while more in-depth training is ad hoc and dependent on personal initiative, meaning not all link workers receiving the same level or type of training and most learning happens ‘on-the-job’
- Heavy administrative burden (record-keeping, case management) contributing to stress and risk of burnout for link workers

Key Learning Points

- Autism training should be consistently available for all link workers, supplemented by ongoing mentorship and supervision from more experienced colleagues
- Link workers need adequate support: realistic caseloads, administrative assistance, and wellbeing resources (including access to counseling and safe spaces for reflection)
- Organisational flexibility enabling link workers to experiment with different tools and tailor approaches to each young person is essential
- Careful consideration of link worker-young person matching is essential to ensure meaningful access to social activities and prevent potential harm, especially during this crucial period of identity development
- Providing transition support and ensuring a supportive network is in place is key to facilitating sustained engagement with community activities
- Community organisations should make their inclusive practices more visible to autistic people and their families
- Autistic people and their families should be actively involved in the design of community services and activities to better align offerings with their needs and interests

Case Study 3: Neuro-Inclusive Generalist Social Prescribing for Adults



Context and Service Model

This case study features an autistic adult's positive experience of accessing generalist social prescribing through a local service with a community hub, highlighting what worked well and what could be improved. Experiences may differ across individuals and life stages (e.g., older autistic adults facing retirement, bereavement, and/or physical health changes).

Success Factors and Examples of Best Practice

Personal qualities and relational approach of link worker:

- Friendly, kind, understanding, empathetic, patient and adaptable link worker
- Time taken by link worker to build trust and genuine relationship
- Multiple scheduled phone calls from link worker before attending new activity
- Clear reassurance that link worker would be present at first session
- Monthly catch-ups with link worker maintaining continuity and regularity of support

Information sharing and communication:

- Social prescribing website providing centralised information and straightforward booking system for activities
- Social media pages (e.g., Facebook, Instagram) and regular newsletters via email keeping people informed of new opportunities
- WhatsApp groups for specific activities helping participants to feel connected and supported

Variety and accessibility of activities:

- Availability of free resources and activities at a conveniently located physical hub, removing financial and geographical barriers
- Wide range of services on offer, including nature-based activities, arts-based activities, and practical support (e.g., connections to employment coaches, help with claiming benefits)
- Integration of fun activities with support for mental health and day-to-day challenges
- Activities bringing together like-minded people going through similar experiences or challenges

Community provider readiness:

- Community organisations proactively considering neurodivergent needs and making adjustments without being asked (e.g., quiet times with music turned off)
- Activity facilitators with welcoming, inclusive attitudes and ability to create safe and supportive environments
- Allowing a familiar person (e.g. link worker) to accompany participants at activities
- Offering flexibility around attendance, without pressure to attend every session

Challenges and Areas for improvement

- Lack of needs assessment at the start to identify individual requirements and preferences
- Link worker announced end to support abruptly, though an additional call was accommodated after the service user expressed that they were not ready
- Anxiety when first attending new activity, even with preparation and advance information
- Social prescribing website can feel cluttered and difficult to navigate despite containing a lot of useful information

Key Learning Points

- Starting with needs assessments should be standard practice
- Including activities on a centralised website can facilitate information sharing and provide trust that external organisations have been vetted for quality
- Nonetheless, as centralised information sources listing all available activities can be overwhelming to process, link workers should guide service users in prioritising options
- Link workers should maintain regular contact during community engagement stage and proactively present activities matching interests as new opportunities arise
- Activities that pre-emptively accommodate autistic needs and common co-occurring difficulties (e.g., providing a cheat sheet of strategies for managing anxiety) can make a significant difference for access and engagement
- Supporting endings and transitions: services should provide sufficient notice and work with the service user to prepare them for change and closure



Conclusion

Social prescribing is a promising approach to promote wellbeing and quality of life for autistic people. When delivered accessibly and inclusively, it can help to reduce social isolation, support practical goals, and improve overall health. However, this potential remains largely unrealised as autistic people face substantial barriers to accessing and benefiting from social prescribing.

Making social prescribing accessible for autistic people requires action at multiple levels. Individual practitioners need to develop autism understanding, adapt their practice, and provide hands-on support. Services need to offer flexible pathways, train staff appropriately, and ensure smooth transitions. Commissioners and policy makers need to fund adequate capacity, commission autism-friendly activities, and address geographic inequities.

The recommendations in this guide represent best practices that can make real difference. Services will start from different points – some may already be implementing many of these practices, while others may be at the beginning of their journey. What matters is pursuing continuous improvement by learning from autistic service users and colleagues, involving autistic people in service design and evaluation, and acting on feedback.

The case studies show how social prescribing can work well for autistic adults and young people in both specialist and generalist contexts. The specialist pathway highlights the importance of dedicated expertise, integrating social prescribing within wider autism support, and secure funding. The generalist examples demonstrate that mainstream services can adapt successfully when link workers have appropriate training, support, and flexibility, and community providers proactively accommodate autistic needs. Both approaches have value and can achieve positive outcomes when grounded in genuine understanding, care, and respect for autistic people.

We hope that this guide contributes to a broader shift towards inclusive social prescribing. With the right attitudes, resources, and partnerships, we can create social prescribing services that work better for everyone.

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Images courtesy of the Centre for Ageing Better via [Unsplash](#).

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Further Resources

Autism-Specific Social Prescribing Resources

Charlton, R. A., Crompton, C. J., Roestorf, A., Torry, C., & The Autistica Physical Health and Ageing Study Group (2021). Social prescribing for autistic people: A framework for service provision. *AMRC Open Research*, 2, 19. <https://doi.org/10.12688/amrcopenres.12901.2>

Health and Wellbeing Alliance. Report: Building Bridges – Social Prescribing with people with learning disabilities and autistic people. <https://www.ndti.org.uk/collection/building-bridges-social-prescribing-with-people-with-learning-disabilities-and-autistic-people/>

Autism Resources

The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government's preferred and recommended training for health and social care staff, which is designed to be a generic programme for basic understanding of autism:

<https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism>

The Autism Wellbeing Project offers Oliver's Training and other accredited and bespoke courses, all of which are co-produced and co-delivered with autistic experts by experience:

<https://www.theautismwellbeingproject.co.uk/trainingaccreditation>

The **National Autistic Society** offers a range of sector-specific and topic-specific training that can be accessed by organisations or individual professionals providing services for autistic people: <https://www.autism.org.uk/what-we-do/autism-know-how/training>

NeuInsight provides autism training and consultancy informed by research evidence and lived experience, including online courses on neurodiversity and designing sensory-inclusive spaces:

<https://neuinsight.co.uk/>

The **Autistica Tips Hub** contains evidence-based resources and practical tips for autistic people as well as professionals working with them: <https://www.autistica.org.uk/get-involved/autistica-tips-hub>

The **SPACE framework** outlines recommendations for meeting the needs of autistic people in healthcare provision, many of which are also applicable to social prescribing provision:

Doherty, M., McCowan, S., & Shaw, S. C. (2023). Autistic SPACE: a Novel Framework for Meeting the Needs of Autistic People in Healthcare Settings. *British Journal of Hospital Medicine*, 84(4), 1–9. <https://doi.org/10.12968/hmed.2023.0006>

NHS Health and Care Passports have been developed to help autistic people communicate their support needs and preferences in health and care contexts, which could be adapted for a social prescribing context: <https://www.england.nhs.uk/publication/health-and-care-passports/>

Social Prescribing Resources

The **National Academy of Social Prescribing** has created a range of downloadable posters, leaflets, and videos explaining what social prescribing is and how it can help:

<https://socialprescribingacademy.org.uk/how-we-can-support-you/healthcare-professionals-and-leaders/spread-the-word-about-social-prescribing/>

The **Social Prescribing Network** acts as a central hub connecting social prescribing thought leaders, organisations, and groups to facilitate knowledge exchange and collaboration to drive best practice in the UK and internationally: <https://www.socialprescribingnetwork.com/>

Contact

Social Biobehavioural Research Group
Department of Behavioural Science and Health
University College London
1-19 Torrington Place
London WC1E 7HB



sbbresearch@ucl.ac.uk



www.sbbresearch.org