



ATRA's Position Statement on Social Prescribing

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ATRA affirms that social prescribing, both in verbal and written forms, is within the scope of Recreational Therapy practice. Recreational therapists have the skills and knowledge to serve as social prescribers, link workers, and program providers, as currently defined. They are uniquely positioned to play a key role in social prescribing by fostering socially connected communities. This involves building community capacity, facilitating inclusive leisure and recreation experiences that promote regular social interaction, and applying principles of community development within a social justice framework (Mahut & Fortune, 2021).

Background

Social prescribing is a person-centered healthcare approach that enables healthcare professionals to refer clients to non-clinical, community-based activities (Social Prescribing USA, 2025; World Health Organization [WHO], 2022). Its goal is to enhance health and well-being while addressing social determinants of health. Grounded in principles of health equity, social prescribing connects individuals to resources that meet their unique needs, complementing—not replacing—clinical or pharmacological care. By helping clients access services that address their practical, social, and emotional needs, social prescribing empowers individuals to take an active role in their healing and fosters holistic wellness at minimal cost.

Types of Social Prescribing

Social prescribing can include a variety of activity-focused prescriptions, each serving a distinct focus. These include Arts Prescriptions (music, art, and cultural activities), Nature Prescriptions (sometimes referred to as Green Prescriptions for activities in green spaces and Blue Prescriptions for activities in blue spaces), and Physical Activity Prescriptions (for movement-based activities). The term “Social Prescription” can also be used in two ways: as an umbrella term for all activity-based prescriptions, or specifically for social activities like volunteer work and group interactions.

Social Prescribing Outcomes

A mapping review of social prescribing from 13 countries identified that social prescribing has relevance to over 300 health and health system outcomes (Sonke et al., 2023). This included client outcomes such as lifestyle and behavior, community engagement and belonging, physical health, mental health, wellbeing, user experience, social determinants of health, and relationships and social connection, as well as system outcomes such as healthcare utilization, workforce, medication use and prescription, financial and economic outcomes, and general system outcomes.

The Role of the Recreational Therapist in Social Prescribing

Various social prescription models are implemented worldwide (Oster et al., 2023). In most models (WHO, 2022), the process begins with a health professional, or "prescriber," who creates an individualized social prescription based on the client's needs. The prescription is then handed off to a "link worker," who gets to know the client's lifestyle, goals, interests, barriers, and facilitators. The link worker connects the client with relevant activity-based resources and program providers. Both the prescriber and link worker follow up with the client to assess the effectiveness of the prescription. In some models, the prescriber directly refers the client to resources and providers and conducts the follow-up. This approach is currently the most common in the United States.

Legal/Ethical Considerations and Recommendations

In the United States, there are currently no legal regulations governing the use, issuance, or filing of social prescriptions. There are no legal requirements for the content and format of these prescriptions, and any health provider, including recreational therapists, can issue social prescriptions (Hough et al., 2023), as there is no formal qualification for social prescribing work (Marshall et al., 2025).

The term "prescription" (e.g., "Green Prescription") is commonly used in the context of social prescribing, but it can be misleading when applied to recreational therapy. Recreational therapists are not licensed medical prescribers, so the word "prescription" can cause confusion for clients. They might assume that it refers to something that should be presented to a pharmacy or medical equipment provider, with the expectation that healthcare insurance will cover the cost of the activity (e.g., an adaptive bike for nature trails or a museum membership).

In countries like the United Kingdom, the term "prescription" is more commonly understood within the context of their formalized social prescription program. In this system, a healthcare

professional prescribes an activity (e.g., nature walking for 30 minutes twice a week), and the client is referred to a “link worker” who helps them find local programs, some of which may be covered by the healthcare system (e.g., a park pass). This established framework helps clarify the use of the word “prescription.” However, in the United States, where there is no formalized social prescription program, the use of the term can cause confusion. To avoid this, ATRA recommends using alternative terms for social prescriptions with clients, such as “Community Connections,” “Green Connections,” or “Wellness Connections” (Martino et al., 2017).

Call to Action

Calls have been made for United States’ stakeholders to “recognize the benefits that social prescribing could bring to public health and to take action to support its development” (Marshall et al., 2025, p. e531). This includes policymakers, healthcare professionals, researchers, community workers who provide social prescribing programs, and social prescribing participants. Since recreational therapists frequently prescribe, engage with, and refer clients to activity-based interventions, ATRA encourages recreational therapists to take several key actions: 1) raise awareness of recreational therapy’s role in social prescribing, 2) write individualized social prescriptions to connect clients with non-clinical, community-based activities to enhance health and well-being, 3) build relationships with community-based activity resources and providers to strengthen social prescription pathways, 4) develop and deliver high-quality evidence-based activity programs to meet the social prescription needs of clients served, 5) collaborate with researchers to measure and report healthcare outcomes from social prescribing, social prescription participation, and the impact of social prescribing and social prescription participation on healthcare costs, and 6) advocate for funding and support for social prescribing programs. To further advance this effort, it is recommended that recreational therapy educators integrate social prescribing into the recreational therapy curriculum.

Resources

Creative Forces: NEA Military Healing Arts Network:

<https://www.arts.gov/initiatives/creative-forces>

Foundation for Social Connection: <https://www.social-connection.org/>

Mass Cultural Council USA: <https://massculturalcouncil.org/communities/culturerx-initiative/>

Park Prescription America: <https://parkrxamerica.org/>

Social Prescribing USA: <https://www.socialprescribingusa.com/>

The National Academy for Social Prescribing (UK): <https://socialprescribingacademy.org.uk/>

The National Health Service (UK):

<https://www.england.nhs.uk/personalisedcare/social-prescribing/>

World Health Organization: <https://www.who.int/publications/i/item/9789290619765>

Whole Health Department of Veterans Affairs: <https://www.va.gov/wholehealth/>

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