

# Le comunità come alternativa alla solitudine e per supportare la salute



## I progetti europei della rete

Ferdinando Petrazzuoli

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## **Social prescribing: where is the evidence?**

[Kerryn Husk](#)<sup>1</sup>, [Julian Elston](#)<sup>2</sup>, [Felix Gradinger](#)<sup>3</sup>, [Lynne Callaghan](#)<sup>4</sup>, [Sheena Asthana](#)<sup>5</sup>

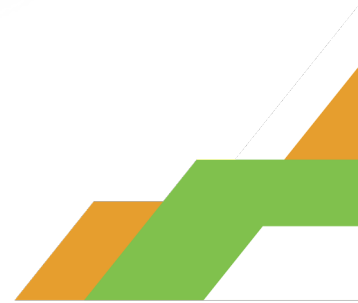
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PMCID: PMC6301369 PMID: [30591594](#)

“... it is important that interest, investment, and innovation are supported and informed by a high-quality concomitant research programme ...”



# SOCIAL PRESCRIBING AND CIVIC ENGAGEMENT





## PROJECT PARTNERSHIP



Co-funded by  
the European Union

Social Prescribing And Civic Engagement (SPACE)

European NGOs - Call ID: ERASMUS-2024-PCOOP-ENGO

Lot 1: ERASMUS-EDU-2024-PCOOP-ENGO



P1: Centre for European Volunteering (CEV)

P2: Volunteer Ireland

P3: WONCA (World Organization of Family Doctors)

P4: Heaton Mersey Village Conservation Group

P5: HCS (Hellenic Cancer Society)

P6: EPR (European Platform for Rehabilitation)

P7: MCVS (Malta Council for the Voluntary Sector)

P8: IDIAP Jordi Gol (FUNDACIO INSTITUT UNIVERSITARI PER A LA RECERCA A L'ATENCIO PRIMARIA DE SALUT JORDI GOL I GURINA)

P9: France Bénévolat.



# PROJECT OBJECTIVES

The project was developed with the aim of building capacities in the health and voluntary sectors to offer Social prescribing in Urban Gardens. Based on research and our own observations, Social Prescribing can be a useful tool in a holistic approach to rehabilitation, particularly in the context of recovery from cancer.



**Co-produce** with interested stakeholders a suitable approach for implementing and integrating volunteering as part of Social Prescribing.



**Raise the capacity** and confidence of health, social care and rehabilitation professionals as well as CSO/ NGO staff and volunteers to engage with the Social Prescribing programme in the context of volunteering.



**Increase the interest and awareness** of the value of volunteering in Urban/Community gardens as part of Social Prescribing schemes, especially for people with or recovering from cancer.

# IMPLEMENTATION OF ACTIVITIES

## RESEARCH

Desk research on the current situation of Social Prescribing across Europe, Focus Groups with stakeholders, European-wide Survey

## TRAININGS

Develop and pilot the initial training materials for health, social care and rehabilitation practitioners and volunteer managers

## SPACE QUALITY LABEL

Develop a SPACE Quality Label for organisations, and set the criteria for the SPACE awards giving recognition to successful implementation of Social Prescribing

## EVENTS

5 Community of Practice events, 8 Information Sessions, 5 Local sustainability events, 1 international conference

# Social Prescribing to promote and improve access to health and care services for people in vulnerable situations in Europe

## 22 partners in 11 European countries – one goal

The SP-EU consortium unites leading experts from diverse backgrounds, all committed to making healthcare in Europe more inclusive and equitable. Our shared goal is to combine academic excellence with real societal impact.

Our team includes top specialists in all key areas: Social prescribing (SP) at national and international levels (with several members contributing to the book “**Social Prescribing Policy, Research and Practice**”, co-creation methods, LGBTIQ+ and migrant health, ageing, qualitative research, digital tool development, communication, dissemination, and health economics. Many partners bring extensive experience from previous successful Horizon Europe projects, fuelling our drive to make a lasting difference and create real-life impact.





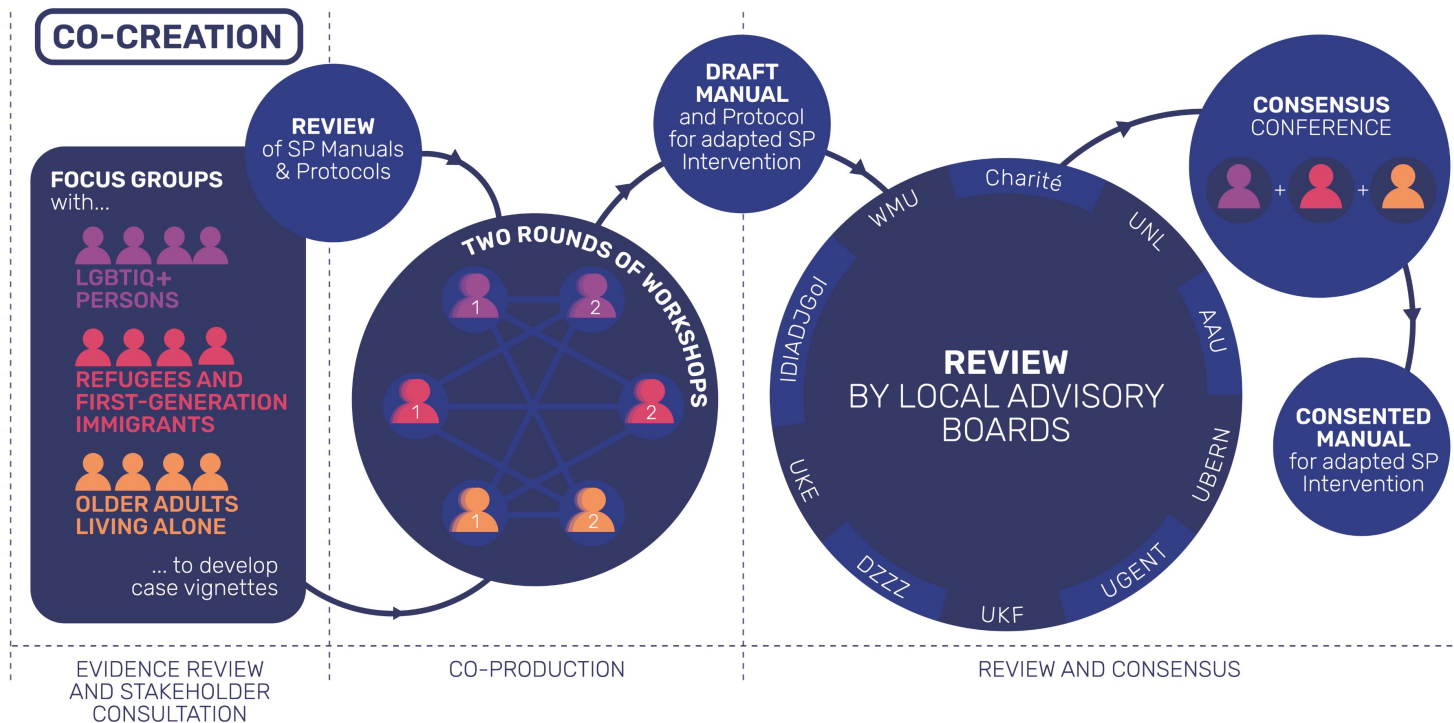


## Co-creating effective SP interventions

The general methodological idea of SP-EU is to first **co-create adapted Social Prescribing (SP) interventions** based on the needs of the following groups:

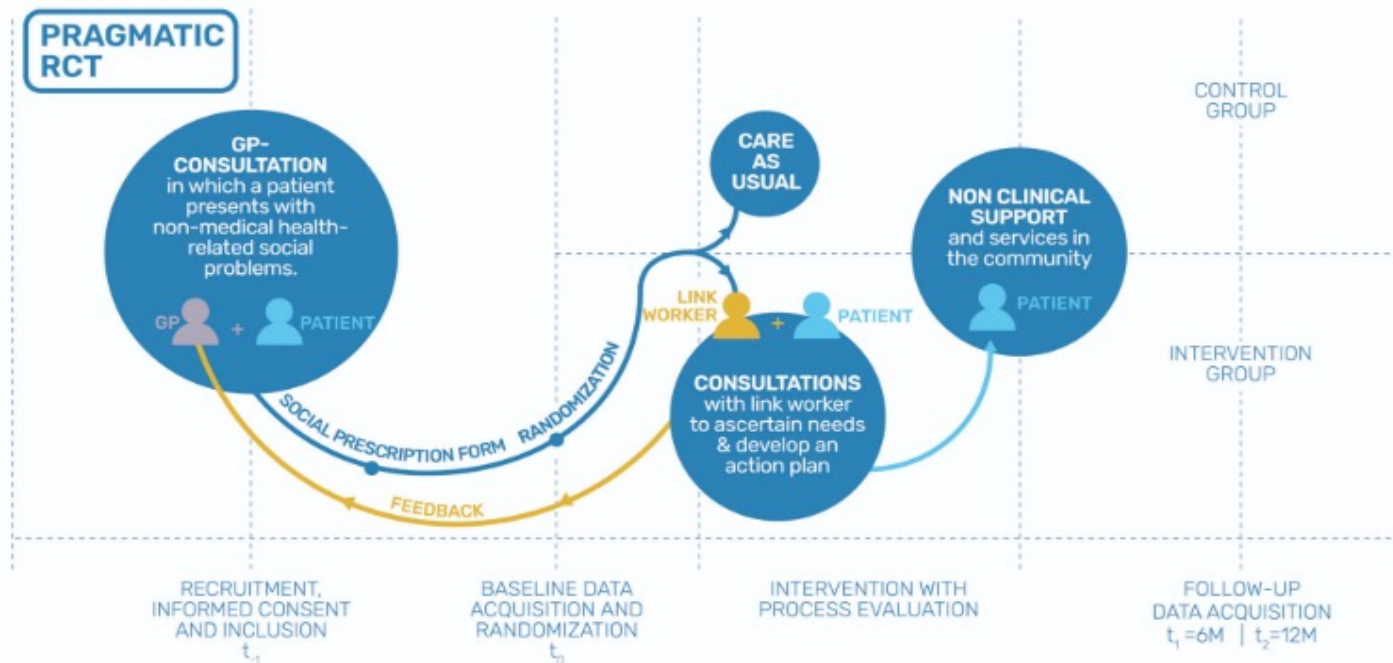
- LGBTIQ+ people
- Older people living alone
- Refugees and first-generation immigrants

The **co-creation** of an adapted SP intervention for our three target groups will be conducted at ten hubs in eight European countries (Belgium, Croatia, Denmark, Germany, Poland, Portugal, Spain, and Switzerland).



## Testing our adapted interventions at 10 clinical hubs

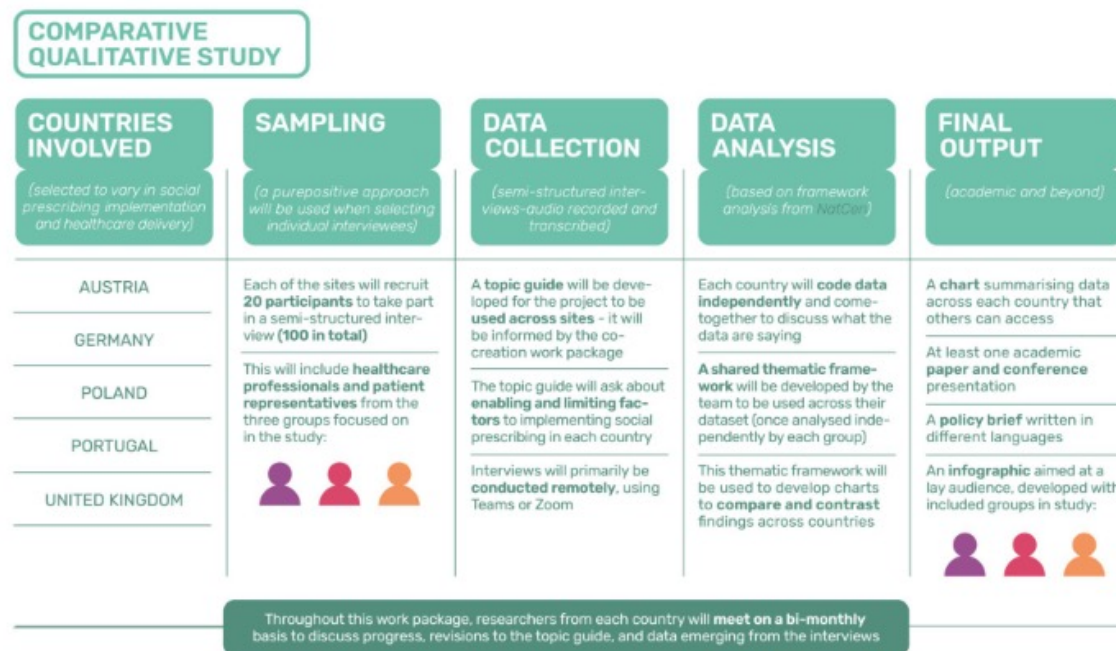
The adapted Social Prescribing (SP) interventions that were developed in the Co-Creation Work Stream will be tested in the so-called **pragmatic randomised controlled trial (RCT)**, a clinical study being conducted in ten European countries (Belgium, Croatia, Denmark, Germany, Poland, Portugal, Spain, and Switzerland).



## What makes Social Prescribing easy or hard in different areas of Europe?

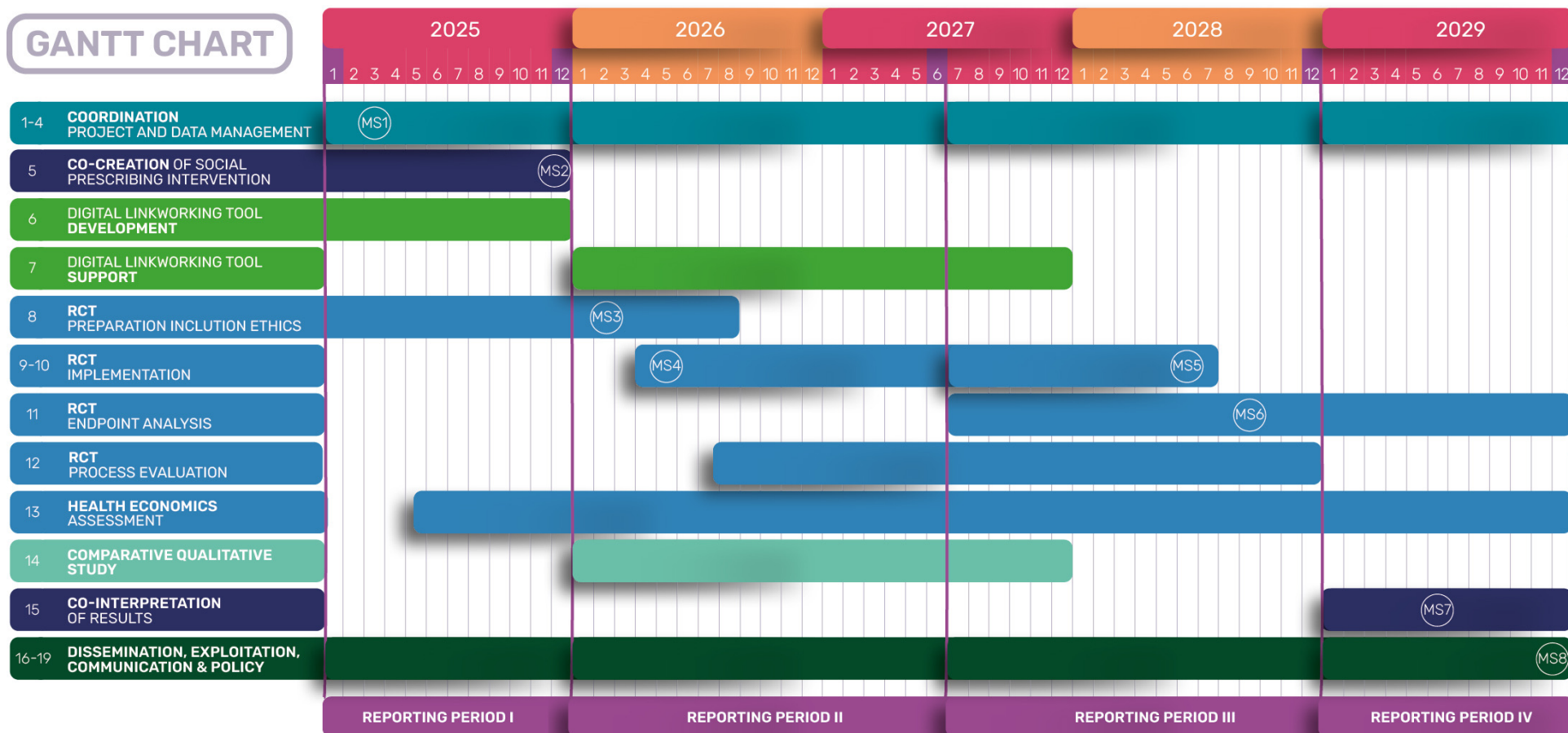
In parallel to the Randomised Controlled Study (RCT), we will explore enabling and disabling factors to implement Social Prescribing (SP) in many European countries, namely in the **comparative qualitative study**. The comparative qualitative study (also called “qualitative analysis”) will be conducted in five European countries that are at different stages regarding the implementation of SP – from *no implementation* to *full implementation* (Austria, Germany, Poland, Portugal, and the UK).

Finally, the results from the trial and comparative qualitative study will be discussed with representatives of people in vulnerable situations, service providers, and policy makers to develop sustainable policy concepts and prepare the exploitation of SP-EU to achieve the best possible impact.



LBTTQ+ PEOPLE | REFUGEES AND FIRST-GENERATION IMMIGRANTS | OLDER ADULTS LIVING ALONE

# GANTT CHART





RESEARCH ARTICLE



## Survey of general practitioners' awareness, practice and perception of social prescribing across Europe

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Ferdinando Petrazzuoli<sup>ci</sup> and Josep Vidal-Alaball<sup>cklm</sup>

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### KEY MESSAGES

- Knowledge of social prescribing differs among and within countries.
- A third of general practitioners reported they regularly refer their patients through a formal system to access activities and groups in the community.
- General practitioners agree that social prescribing increases job satisfaction and positively impacts patients' health and well-being.

### ABSTRACT

**Background:** Social prescribing (SP) is a patient pathway by which healthcare professionals connect patients with other sources of support, groups, or activities within their community. The awareness, practice, and perception of SP among GPs across Europe remains unclear.

**Objectives:** To explore the awareness, practice, and perception of GPs on SP in the WONCA Europe region.

**Methods:** An anonymous, cross-sectional online survey was distributed through a snowballing system, mailing lists, and at three international conferences in 2022/2023 to explore GPs' awareness, practice, and perception of SP. The questionnaire in English contained 21 open and closed questions.

**Results:** Of the 208 participating GPs from 33 countries, 116 (56%) previously heard of 'social prescribing' and 66 (32%) regularly referred patients to community activities through a formal system. These 66 GPs reported different funding sources and varied activities, with an average of four activities and physical exercise being the most prevalent. Among them, 25 (38%) knew about national or local SP awareness campaigns. Of these 25, 17 (68%) agreed that SP increases their job satisfaction and 21 (84%) agreed that it has a positive impact on their patients. Variations in SP awareness and referral practice were evident across and within countries.


**Conclusion:** Despite disparities in awareness and referral practice as well as a diversity of activities and funding sources, most GPs who actively referred patients and were informed about SP campaigns agreed that SP positively impacts them and their patients.


### ARTICLE HISTORY

Received 7 July 2023  
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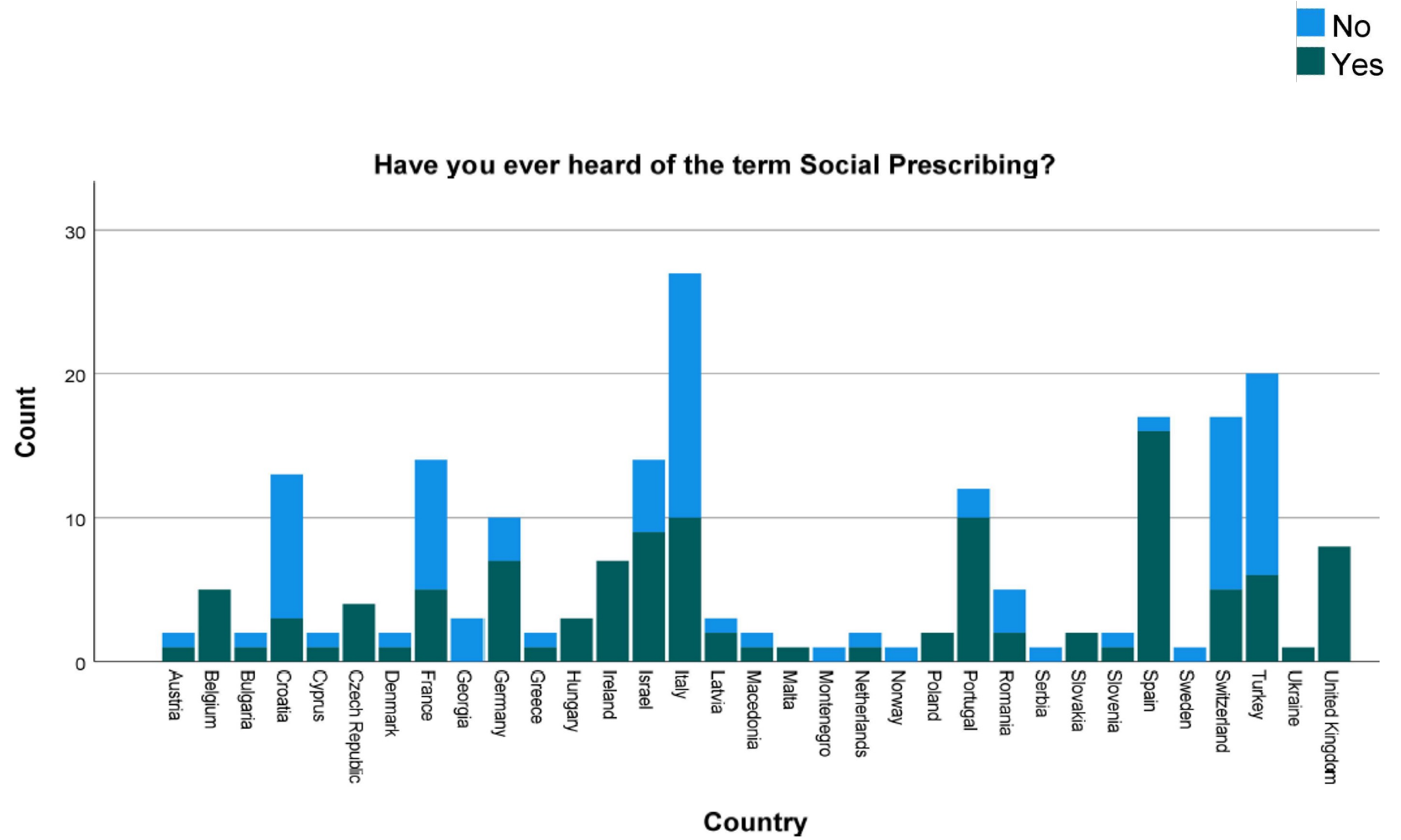
### KEYWORDS

Social prescribing;  
general practice; Europe;  
complex intervention;  
healthcare system

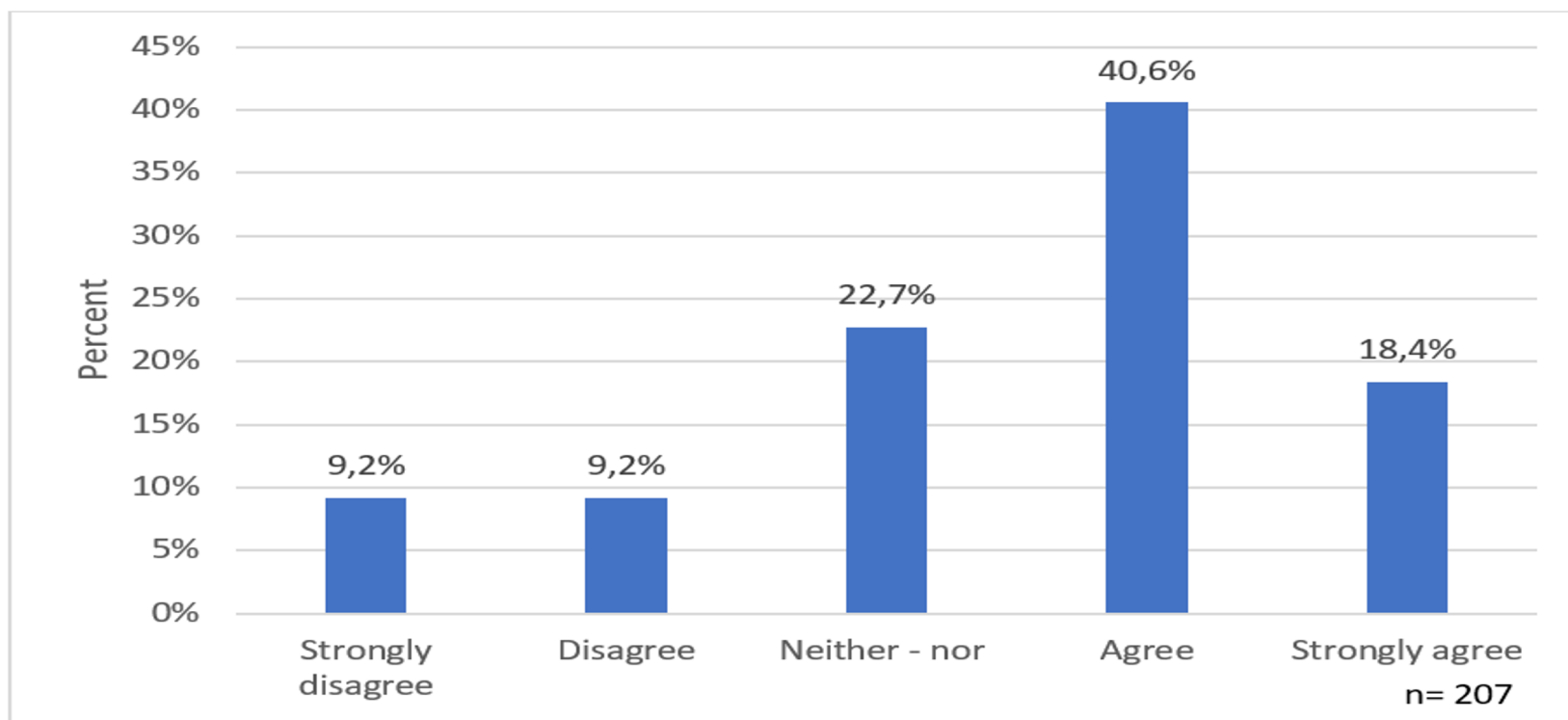
**CONTACT** Sinah Evers [sinah.evers@uni-bremen.de](mailto:sinah.evers@uni-bremen.de)  Department of Health Services Research, Institute of Public Health and Nursing Research, University of Bremen, Grazer Straße 4, 28359 Bremen, Germany; Health Sciences Bremen, University of Bremen, Grazer Straße 4, 28359 Bremen, Germany; WONCA Europe Social Prescribing and Community Orientation Special Interest Group, Brussels, Belgium.

 Supplemental data for this article can be accessed online at <https://doi.org/10.1080/13814788.2024.2351806>.

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### I understand what Social Prescribing is





Issue no: 2024/ 59

November 23rd 2024

Subject: The EGPRN Grant Funding Approval for the “Recipes for successful approaches to social prescribing in primary care: A Delphi study on best practices in Europe. The social prescribing link worker”

To: Ferdinando Petrazzuoli MD, MSc, PhD

WONCA Europe Social Prescribing and Community Orientation Special Interest Group; Department of Clinical Sciences in Malmö, Centre for Primary Health Care Research, Lund University, Malmö, Sweden

**LETTER of GRANT APPROVAL**



There is a lack of standardized definitions of the role of the personnel involved and a varied implementation across European healthcare systems.

There is a need to clarify the role of the social prescribing link worker (SPLW), its educational background and training.

There is a need to identify the type of patients who would benefit most from SP, the specific methodologies used, and the assessment tools.

**The term link worker is popular in the UK but rather cryptic and often other terms are used. Which term do you use?**

1. navigator
2. well-being coordinator
3. social prescribing coordinator
4. community connector
5. community links practitioners
6. community well-being officer
7. graduate primary care mental health worker
8. community health advice team (CHAT) worker
9. project facilitator
10. patient support service volunteer
11. public health development officer
12. lifestyle advisor
13. welfare worker

# C.O.P.E. - Il progetto in breve

**Durata:** da gennaio 2022 a giugno 2024

**Finanziamento:** EaSI (*Programme for Employment and Social Innovation*)

**Consorzio:** 7 *partner* e 6 enti affiliati

## Siti pilota:

**Italia** (Trentino, Mestre, Bologna)

**Portogallo** (Braga, Porto, Aveiro, Leiria, Lisboa)

## Università:

University of East London

Universidade NOVA de Lisboa

**Stakeholder:** pubblico, privato e terzo settore

## Metodologia: *Social prescribing*

(usato per la prima volta con questo target)  
e **Comunità di prossimità**

**Target di C.O.P.E.:** giovani tra i 15 e i 34 anni  
in situazione di NEET da almeno 1 mese  
obiettivo 300 giovani per ciascun sito pilota

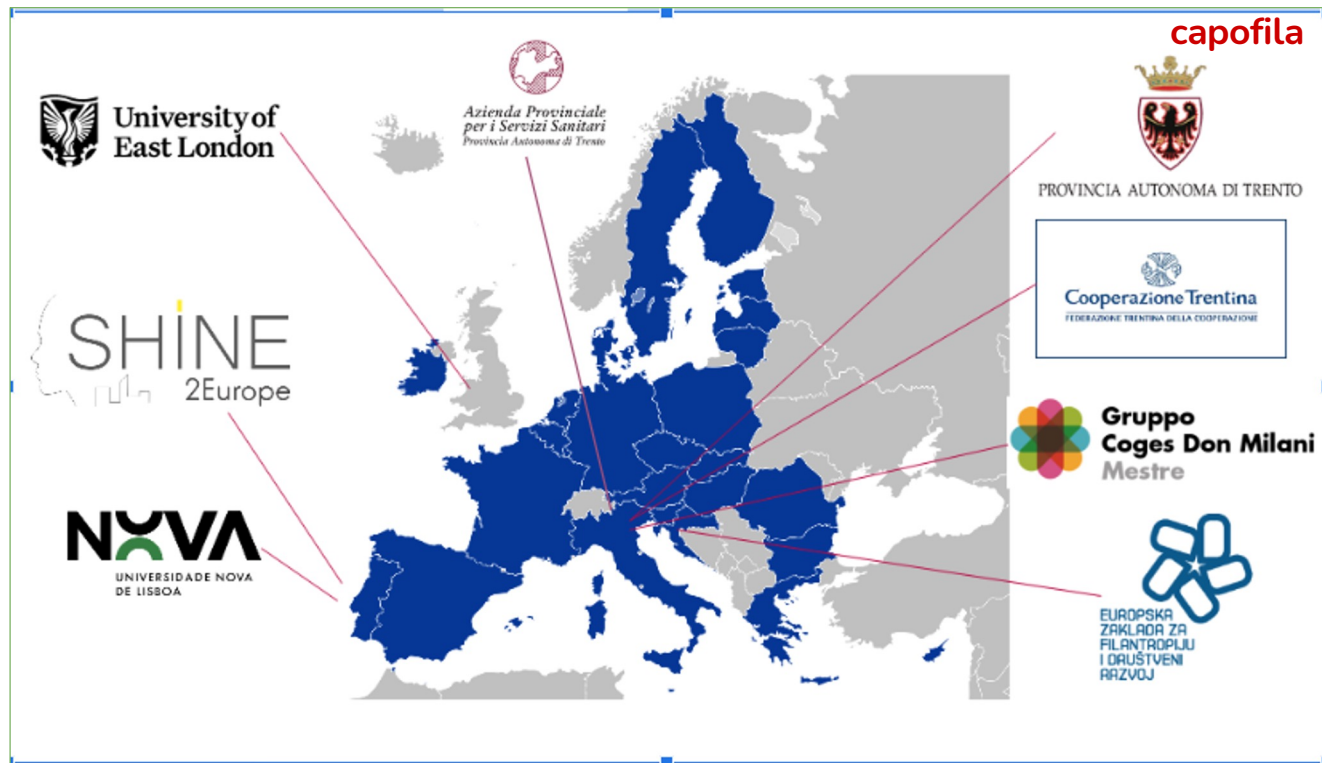
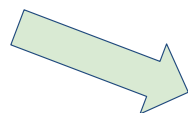
## Target in Europa: < 9% entro il 2030

Europa: 15.2% nel 2020, 12.2% nel 2024;

Italia: 25.2% nel 2020, 17.3% nel 2024;

Portogallo: 11.5% nel 2020, 9% nel 2024, con  
zone di maggiore tasso (EUROSTAT)

**COPE**  
CAPABILITIES, OPPORTUNITIES,  
PLACES AND ENGAGEMENT



# I giovani raggiunti

Sfida: raggiungere **giovani conosciuti** dai servizi e giovani “*off the radar*” (**non conosciuti, non ingaggiati, non facilmente ingaggiabili, non disponibili ad essere ingaggiati**)

Fondamentale la **disseminazione** sul territorio per fare conoscere il progetto:

900 *meeting*, tappe con un *camper*, attività *peer-to-peer*, radio e televisione, articoli su riviste, 30.000 cartoline informative

**Hub**: sul territorio per facilitare l'accesso di giovani e famiglie, con appuntamenti e *drop-in*



## GIOVANI:

**1.027** raggiunti (451 italiani e 576 portoghesi)

**763** ingaggiati a diversi livelli da un *Link Worker* (325 italiani e 438 portoghesi)

**509** hanno co-disegnato un piano di azione individualizzato con un *Link Worker* (240 italiani e 269 portoghesi)

**91** minorenni al momento dell'invio (74 italiani e 17 portoghesi)

**15%** degli invii dei giovani sono stati auto-invii di maggiorenni e invii da parte dei genitori di minorenni (nel 24% degli invii italiani e nel 9% degli invii portoghesi) rispetto agli altri invii provenienti dai servizi

4 fasi di **ingaggio** per i giovani più difficili da raggiungere: esplorazione; pre-ingaggio; ingaggio iniziale; ingaggio

5 **percorsi** principali individuati e attivati anche più di uno contemporaneamente

- a) lavoro, esperienza lavorativa, tirocinio lavorativo
- b) formazione professionale e tirocinio
- c) istruzione e formazione
- d) socializzazione e ri-socializzazione
- e) prevenzione, salute e benessere fisico e mentale



# L'implementazione e i risultati

**Link Worker:** 83 (*background* sanitario, sociale, educativo, altro) da 34 enti di tutti i settori

**Training:** 48 ore iniziali su *social prescribing* e comunità di prossimità, successivo aggiornamento formativo e regolare supervisione e supporto

**Accordi di collaborazione:** 82 firmati con risorse del territorio

**Piattaforme digitali:** 1 (InCOOPERAZIONE) finanziata da un *partner* per identificazione di risorse e co-creazione di progetti individualizzati, 1 (BeYoND) finanziata da Fondazione VRT per facilitare esplorazione anche anonima dei giovani



Sugli sviluppi futuri e la sostenibilità= Policy Webinar + Policy Brief + S.W.O.T. analysis + Delphi study

Sui risultati= **Pubblicazioni scientifiche** + Executive summary + Website

Per divulgazione ai giovani e cittadinanza= relazione conclusiva, in modalità grafica e podcast.

**Campione:** 46.8% meno di 21 anni, leggermente più donne, 55.5% portoghesi, maggior parte in famiglia e in città/sobborghi

**Problematiche di salute mentale a *baseline*** nel 47% degli italiani

**Miglioramento nel benessere mentale** statisticamente significativo ( $n=150$ ; 95% CI;  $p<0.05$ ;  $s=5.8$ ), con un maggiore cambiamento medio positivo in Portogallo rispetto all'Italia e per il gruppo più giovane (16-24) e le donne

**Riduzione del disagio psicologico** statisticamente significativa, soprattutto nei giovani con salute mentale relativamente bassa a *baseline*

**Supporto ricevuto dai Link Worker:** supporto emotivo come elemento comune, altre forme di supporto soprattutto legate alla ricerca di lavoro e tirocinio, 3 giovani su 4 visti una o più volte al mese, 54.4% più di una forma di supporto

**Social Return on Investment (SROI):** positivo, tra €4.27 e €5.36 per ogni €1 investito

Per ulteriori informazioni: **Azienda Provinciale per i Servizi Sanitari**

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