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Welcome

Greetings to the social prescribing enthusiasts who have followed this journey for years, to the newcomers eager to learn more, and to the sceptics who help us ask better questions. Welcome to our SP-EU newsletter!

As we approach the end of 2025, it is hard to believe that nearly a year has passed since we launched SP-EU. It has been a remarkable year—one of building connections, deepening collaborations, and steadily advancing our project.

At the heart of this first year was an intensive co-creation process to adapt social prescribing—and our forthcoming trial—to the needs of the three groups at the centre of our work: LGBTIQ+ persons, refugees and first-generation immigrants, and older adults living alone. It was not an easy undertaking, but through committed dialogue and collaboration we reached a strong consensus on the final adaptations.

I hope you enjoy reading this newsletter as much as we have enjoyed shaping this project. Wishing you a warm and restful holiday season and a wonderful start to the new year.

Professor Wolfram Hermann



What is SP-EU?

Social prescribing is a way of connecting people to non-medical support to improve their health and wellbeing. Many things that affect our health and wellbeing cannot be treated by doctors, like loneliness or problems with debt or housing. Social prescribing is a way of addressing this.

The use of social prescribing has grown rapidly in recent years, but it has not been sufficiently adapted for people in vulnerable situations. More evidence is needed for how social prescribing can support LGBTIQ+ people, refugees and first-generation immigrants and older adults who live on their own.

Social Prescribing-EU (SP-EU) brings together 22 health and research organisations to test how social prescribing can support LGBTIQ+ people, refugees and first-generation immigrants and older adults who live on their own. If successful, the programme could help to transform health services across Europe.

[Find Out More](#)

[Watch a presentation about SP-EU](#)

Features



LINKING HEALTH AND COMMUNITY

In our new blog, Professor Sónia Dias, leader of the SP-EU team in Portugal, explains what makes social prescribing so important - and what her hopes are for the future.

When asked what makes social prescribing unique, Sónia replied: “It’s one of the few initiatives in the health sector that really tackles the social determinants of health.”

She explained that while we often talk about how loneliness, housing, income, lifestyles and social connections shape our wellbeing, few health interventions actually address these roots. “We all know they matter,” she said, “but it’s not easy to operationalise them in practice. Social prescribing manages to do that; to bridge the health and the social.”

Beyond that, social prescribing helps shift the focus from treating illness to keeping people healthy; that is preventing disease, improving mental wellbeing, and supporting quality of life. “We need to move away from thinking of health as only about diseases, and treatment. Social prescribing gives us a way to promote health before people fall ill.”

[Read the full article](#)

Project News



Following our first General Assembly, we have made great progress in co-creating the design of the project and in developing Randomised Control Trials (RCTs).

Successful European Co-Creation Process

The SP-EU Co-Creation phase is coming to an end. Its goal was to adapt the planned social prescribing intervention to the specific needs of the three target groups - LGBTIQ+ people; refugees and first-generation immigrants; and older adults who live on their own.

In the first phase, NOVA University Lisbon conducted a rapid review of existing social prescribing manuals and protocols. In parallel, workshops with each target group were held at the hubs Aalborg Universitet, Universität Bern, and Charité Berlin. These workshops generated case vignettes reflecting the lived experiences and needs of each group.

In the second phase, these vignettes formed the basis for a new round of stakeholder workshops. Together, participants identified adaptations to the core components of social prescribing, ranging from patient and General Practitioner (GP) recruitment pathways to training requirements for GPs and Link Workers, as well as strategies to strengthen inclusion, accessibility and equity.

In the third phase, Local Advisory Boards (LABs) were established across all 10 hubs participating in the RCTs. The LABs reviewed the preliminary adaptations and assessed their local feasibility. Their insights were then integrated with the workshop results and further refined during a consensus conference.

This structured, multi-phase process has produced a comprehensive set of recommendations for each target group, which now serve as the foundation for implementing the adapted social prescribing intervention in the upcoming European RCT.

What happens next?

Following the co-creation phase, we have submitted our study protocols for ethical approval.

Over the coming months, we will start recruiting patients to take part in the RCTs at ten hubs across Europe (Belgium, Croatia, Denmark, Germany, Poland, Portugal, Spain, and Switzerland).

Meanwhile, we will start work on a comparative qualitative study in five countries (Austria, Germany, Poland, Portugal, and the UK), exploring the factors that enable social prescribing to be delivered effectively.

Spreading the word

We have launched the [SP-EU website](#), which includes a wealth of information about the project and about social prescribing, as well as [LinkedIn](#), [BlueSky](#) and [YouTube](#) accounts.

We have also presented information about the project at 10 health conferences across Europe and through national and international media. For example:

On 8 September, SP-EU partners from EuroHealthNet, Charité – Universitätsmedizin Berlin, and Gesundheit Österreich GmbH hosted a session at the [European Forum for Primary Care Conference in Vienna](#), focusing on the sustainable implementation of social prescribing in primary care.

On 30 September, at the European Health Forum Gastein, EuroHealthNet co-organised a session with Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) exploring social, green, and arts prescriptions for health. The session was moderated by Alison Maassen (EuroHealthNet) and Sonia Dias (NOVA University Lisbon, SP-EU team leader in Portugal). [Watch the full session recording here](#).

On 13 November, during the 18th European Public Health Conference in Helsinki, SP-EU partners NOVA University Lisbon, Charité – Universitätsmedizin Berlin, and EuroHealthNet co-organised a session in collaboration with the EUPHA Migrant and Ethnic Minority Health Section and the European Observatory on [Health Systems and Policies](#). The session explored social prescribing as a pathway to strengthen equitable and integrated care for migrant communities.

Other Updates from Consortium Members



Germany: Social Prescribing Randomised-Controlled Feasibility Trial at Charité Approaching Completion

The social prescribing randomised-control feasibility trial at Charité – Universitätsmedizin Berlin is funded by the German Research Foundation (DFG) and has been running since summer 2024. It provides the first insights into the implementation and impact of social prescribing in Germany and has already generated valuable lessons to support the development of study procedures and materials for the SP-EU trial.

The trial is now nearing completion: it has successfully recruited 234 participants, finished the link working intervention for the intervention group, and completed two of the three planned data-collection time points. Data collection is expected to conclude in January 2026, with results on the primary and secondary endpoints anticipated in summer 2026.

Lessons learned from the trial, insights into the most common reasons for referral to social prescribing in Germany, and recommendations for implementing multi-layered organisational structures for the SP-EU study and other RCTs in primary care settings have already been shared at several national and international conferences this year.

Find Out More



Belgium: Colloquium on Vulnerability in Primary Care, Ghent – Keynote by Wolfram Hermann

On 19 November, a colloquium on vulnerability in primary care took place in Ghent, Belgium, bringing together 65 researchers, policymakers, and primary care professionals to discuss how health systems can better respond to poverty and social inequality.

The event, organised by the Ghent University Department of Public Health and Primary Care — the Belgian partner in the SP-EU Social Prescribing Project — opened with a keynote by Prof. Wolfram Hermann (Charité Universitätsmedizin Berlin), overall coordinator of the SP-EU project. He was followed by Prof. Hans Grymonprez (Department of Social Work and Social Pedagogy, UGent).

Both speakers explored how social prescribing and intersectoral collaboration can bridge health and social care to address vulnerability more effectively. A lively panel discussion followed, featuring researchers, local policymakers, and primary care professionals — including GPs whose practices will take part in the upcoming SP-EU study.

The event attracted a diverse audience of academics, health professionals, and community stakeholders, underscoring the growing interest in social prescribing as a pathway toward more equitable and integrated primary care.

UK: New research on link worker retention

Researchers leading the SP-EU qualitative workstream and its process evaluation — Stephanie Tierney and Kerryn Husk — have had [a new paper](#) published on the retention of link workers in England. It describes the idea of 'liminality' and how link workers can feel 'betwixt and between' in their role due to:

- Straddling both health and voluntary-community services
- Ambiguity around what they do
- Misalignment between expectations of the role and reality
- Job instability

As part of this study, link workers took three photographs that they discussed with a researcher at the start of their interview. The team has [published these photographs](#) on the study's webpage. These photographs are of:

- A typical part of working day
- Something that gives them confidence in their role
- An unexpected part of their role or not in their job description

This qualitative study was part of a [mixed methods](#) project. It follows on from the publication of a [quantitative paper](#) that explored factors associated with link workers considering leaving their role.

Austria:

In June 2025, a call for funding proposals for social prescribing in primary and paediatric care (2026-2028) was announced, which will enable around 30 institutions to gain experience in implementing social prescribing and to establish or expand it in their institutions. A funding decision is expected in January 2026.

[Find Out More](#)

What We're Reading

EuroHealthNet magazine: [Nature on prescription: a green revolution in health](#)

Euronews: [Can nature, art, and sport heal? Inside Europe's growing social prescribing movement | Euronews](#)

British Journal of General Practice: [Impact of the rollout of the national social prescribing programme on population outcomes: evidence from a repeated cross-sectional study](#)

The Lancet: [The growing evidence base for social prescribing - The Lancet](#)

National Academy for Social Prescribing: [Social Prescribing Around the World report](#)

BMC Public Health: [The use of social prescribing and community-based wellbeing activities as a potential prevention and early intervention pathway to improve adolescent emotional and social development: a systematic mapping review](#)

Health and Care Delivery Research: [Implementation of link workers in primary care: Synopsis of findings from a realist evaluation](#)

Life Style Medicine: [Digging for Literature on Tailoring Cultural Offers With and for Older People From Ethnic Minority Groups: A Scoping Review](#)

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