



## SP-EU

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

**Horizon Europe – 101155873**

### D.16.2 – Communication and Dissemination Plan - V1

<b>WP leader</b>	Bea Walker (NASP)
<b>Author(s)</b>	Nick Harrop (NASP) Lina Papartyte (EuroHealthNet) Alison Maasen (EuroHealthNet) Nina Donner (concentris)
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## Abbreviations

<b>CDE</b>	Communications, Dissemination, Exploitation
<b>GP</b>	General Practitioner
<b>IB</b>	Implementation Board
<b>KER</b>	Key Exploitable Results
<b>LGBTIQ+</b>	Lesbian, Gay, Bisexual, Trans, Inter, Queer, and others
<b>M&amp;PI</b>	Measures and Performance Indicators
<b>NASP</b>	National Academy for Social Prescribing
<b>RCT</b>	Randomized Controlled Trial
<b>SP</b>	Social Prescribing

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## Executive Summary

Communications and dissemination are key to ensuring that activities and results of the SP-EU project are promoted in a timely and impactful way. This Communications and Dissemination Plan highlights objectives and target audiences, and the channels through which information about the project will be shared. It also includes initial plans for the exploitation phase.

Communications, dissemination and exploitation planning and activities will occur throughout the project, and this plan will be routinely reviewed and updated. Each year, the performance indicators will be evaluated to track performance. Exploitation activities will continue after the project closes to ensure the sustainability of the findings.

The plan will provide a reference point for consortium members when communicating about the project. It will be accompanied by a separate Communications and Dissemination Guide for partners, which includes practical information about how to implement the plan (including ways of working, and links to logos, graphics and other useful resources).

## 1. Introduction

### 1.1 About SP-EU

Social prescribing is an innovative way of bridging the gap between health services and non-medical support within communities. It is based on the understanding that many health issues are related to social, emotional or practical needs – like loneliness, isolation, or problems with debt or housing. These issues cannot be solved by medicine or doctors alone.

Through the SP-EU programme, General Practitioners (GPs) can refer patients to a link worker — someone who spends time getting to know the patient and helps them find the right community activities or services, such as exercise groups, social activities or advice services. This kind of support can reduce isolation and help people build confidence and take control of their own health.

Social prescribing helps to address barriers that people face to finding support in their community. It is an approach that integrates health care and social support and strengthens community orientation. It can therefore mitigate the effects of the social determinants of health on patients' outcomes.

However, social prescribing has not yet been sufficiently tailored to the needs of people in vulnerable situations, and its effectiveness in improving their access to health and care services remains unknown.

The overall objective of SP-EU is to assess the potential for social prescribing to promote and improve access to health and care services for people in vulnerable situations, focusing on three primary target groups: LGBTIQ+ people, refugees and first-generation immigrants and older adults living alone.

SP-EU follows a mixed-methods approach: social prescribing adaptations will be co-created with the target groups, to adapt them to their specific needs and social contexts. A pragmatic randomized controlled trial will assess the effectiveness of adapted social prescribing to improve access by randomizing 1,776 patients in eight EU countries to receive social prescribing or care as usual. A qualitative analysis in five European countries will explore enabling and limiting factors to the implementation of social prescribing from different stakeholders' perspectives. In addition, we will communicate and disseminate results and translate them into real-life policy action.

SP-EU will enable health care systems to implement social prescribing as a scalable, safe, cost-effective, and people-centred sustainable solution to provide equal access to care. SP-EU will enable the transformation of European health care systems to equitable, community-based, people-centred and integrated health care.



Figure 1 : Participating organizations in the SP-EU project.

## 1.2 Note on definitions: what is social prescribing?

The following is the wording we use to define social prescribing in the context of the SP-EU project in our communications:

**Social prescribing is an innovative way of bridging the gap between health services and non-medical support within communities. It is based on the understanding that many health issues are related to social, emotional or practical needs - like loneliness, isolation, or problems with debt or housing. These issues cannot be solved by medicine or doctors alone.**

Through the SP-EU programme, General Practitioners (GPs) can refer patients to a link worker — someone who spends time getting to know the patient and helps them find the right community activities or services, such as exercise groups, social activities or advice services. This kind of support can reduce isolation and help people build confidence and take control of their own health.

Historically, there have been several different definitions of social prescribing. A Delphi study published in 2023 established an accepted international definition. It defined social prescribing as:

*“A means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and well-being and to strengthen community connections.” (1)*

This definition is wide enough to cover a range of social prescribing models around the world. For example, in Singapore, referrals to social prescribing usually come from hospitals, while in other countries there are a range of ‘community connector’ models.

The SP-EU programme focuses specifically on social prescribing that originates in primary care, and which involves patients being referred by a GP to a link worker, who is able to take a personalised approach and refer them on to community activities and services.

Our communications will be based on the wording highlighted at the start of this section. We will continue to test and refine it where needed during the project.

During the recruitment phase of the RCTs, we will develop appropriate ways to describe social prescribing to potential participants, based on the audiences we are aiming to reach and the local contexts. The wording is likely to be different, in order to explain how social prescribing can benefit participants.

More information on the messaging we share around social prescribing can be found in Section 3: Key Messages.

## **2. Objectives**

### **2.1 SP-EU objectives**

The overall aim of SP-EU is to assess the potential of social prescribing to promote and improve access to health and care services for people in vulnerable situations, focusing on three primary target groups: a) LGBTIQ+ people, b) refugees and first-generation immigrants and c) older adults living alone.

This ambition is defined by five major objectives. The objectives that are relevant to our communications and dissemination work are:

- Objective 4 is to engage decision- and policy makers, providers, and health and care workers to appreciate the potential impact of SP and to exploit the project's findings to improve good health and high-quality accessible healthcare.
- Objective 5 is to inform the public - especially people in vulnerable situations - about the potential of SP and the results of our study on an ongoing basis.

### **2.2 Communications, dissemination and exploitation objectives**

#### **2.2.1 Context**

At the moment, there is limited understanding of social prescribing as a concept and practice. Many policymakers, health leaders, researchers and health professionals in EU countries understand the importance of addressing the social determinants of health to improve health outcomes - but most are unlikely to have heard of “social prescribing” or to have a clear idea of what it involves.

Awareness of social prescribing is even lower among members of the public. Even in England, where social prescribing has been rolled out nationally since 2019, only 22% of the public recognise the phrase “social prescribing”. Awareness is lower still among older people, with 16% of over-55s recognising the phrase (2). While awareness and support for the overall concept of social prescribing (rather than just the terminology) is considerably higher, it is likely to vary considerably and may be lower among groups affected by health inequalities.

Through the SP-EU programme, we aim to strengthen and test the evidence for social prescribing, but also to build greater understanding of what it is and how it works, among policy-makers, researchers, health professionals and members of the public.

We also aim to build interest in the programme as an exciting and innovative initiative, and - if the results are positive - to share the evidence and learning that will enable a far wider roll-out of social prescribing across Europe.

### 2.2.2 Communication, dissemination and dissemination objectives

The overall objectives of our communication, dissemination and exploitation activities are to:

- 1) Promote SP-EU activities and results to a wide audience, engaging policymakers, health professionals and communities to raise awareness of the benefits of social prescribing.
- 2) Promote the use of scientific evidence for social prescribing across Europe through SP-EU's results.
- 3) Ensure long-term impact, use and uptake of SP-EU's key exploitable results (KER) across Europe, particularly to support improved access to health services for people in vulnerable situations.

All SP-EU project partners will play a role in achieving these objectives. A Communications, Dissemination and Exploitation working group leads this work, meeting regularly to plan effective internal and external communications. This includes representatives from NASP, EuroHealthNet, Concentris and Charité.

However, all partners will communicate about the programme through their channels and networks, and will support in identifying key opportunities in each country.

### 2.2.3 Stakeholder mapping

The Communications, Dissemination and Exploitation working group has carried out a GDPR compliant mapping exercise to identify stakeholders and has created a stakeholder grid of contacts across the partnership and across Europe. This live document is available to consortium members.

Our key target audiences include:

**Policymakers and decision-makers** (including those focusing on health, social care, economic affairs and employment) are likely to be interested in evidence that social prescribing can improve health outcomes, provide value for money and reduce pressure on health services and health professionals. As well as clear presentations of evidence through concise briefings, they may also be influenced by personal accounts from patients and testimony from health professionals.

These policymakers and decision-makers act at local, regional, national, and European levels. They include politicians and political administrations as well as public and private bodies involved in decisions (e.g. organisations of doctors and nurses). They will be crucial to exploiting the results of SP-EU in healthcare policy.

A wide range of **researchers, scholars and scientists** across academic disciplines may be interested in the results of the research - including those working in the fields of primary care, public health, social work, arts, nature, physical activity, social work, social justice, equity, and focusing on LGBTIQ+, refugee and older adult outcomes. However, they may be unfamiliar with the language around social prescribing or even have misconceptions of what it involves. Through conferences, networks and journals, we aim to raise awareness about social prescribing and about the SP-EU programme specifically - and clearly show the outcomes of the programme, including through case studies. This audience will be able to exploit the results of SP-EU scientifically.

**Service providers** (including GPs, health and voluntary sector professionals) may have some existing knowledge of social prescribing, or may be carrying out initiatives that involve social prescribing without using that terminology. We aim to explain the SP-EU model clearly (including the role of 'link workers'), to present evidence through conferences, events and media targeted at the health sector, and to focus on the potential impact both for patients and medical professionals.

In the longer term, these service providers will be crucial to the implementation of the results of SP-EU in their everyday practice, and it is important that they understand and accept the approach if it is to be successful. In the exploitation phase of the programme, we aim to provide clear guidance on how to implement social prescribing programmes and to advocate for their further development. We have an implementation board with GPs from different countries not directly involved in SP-EU to support appropriate communications with this group.

The SP-EU project aims to support three categories of **people in vulnerable situations**: a) LGBTIQ+ people, b) refugees and first-generation immigrants and c) older adults living alone. We will aim to provide clear information about social prescribing to patients involved in the RCTs, and then to share results to a wider population in those groups. It will be important to be aware of the enormous diversity within each group, the intersectionality between them, and the range of other factors that may affect their health and wellbeing - including poverty, employment or educational status, location and access to health services.

It is also important that the exploitation and implementation of SP-EU's results involve representatives of patients and people in vulnerable situations, and that materials are targeted to reach them. Through our Co-Creation workstream, we are consulting with representatives of these groups in order to understand their perspectives and to adapt the social prescribing approach to meet their needs. During the programme and beyond, we will aim to work closely with organisations that work with those groups in order to raise awareness, with the aim of people understanding what social prescribing is and potentially advocating for it within their health system.

The SP-EU partnership includes 22 organisations from 11 European countries, with an extensive reach among academics, researchers, policy-makers, service-providers and members of the public, both in individual countries and across Europe. Through networks including the International Social Prescribing Community of Practice, the International Social Prescribing Evidence and the Social Prescribing Network, we will reach researchers and practitioners across Europe and beyond. Through EuroHealthNet's networks and membership, as well as national partners, we will reach decision-makers and a national and European level. Through local partnerships and through the RCT sites, we will reach people in vulnerable situations.

The working group has also set up a sign-up form and database for people who wish to receive updates about the project (i.e. a regular newsletter). Communications with stakeholders will be centrally coordinated but distributed via partners in order to maximise reach and effectiveness.

For example, the working group will coordinate a centralised newsletter, but also provide copy for partners to circulate through their own newsletters and other channels - based on the contacts and target audiences identified through the mapping exercise.

### 3. Key messages

These are our overall key messages about the programme, which are designed to be appropriate for all audiences. However, it will be important to tailor these for specific audiences. In particular, messaging for members of the public will need to be tailored during the exploitation phase.

#### 3.1 Short version

- 1) **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.
- 2) **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.
- 3) **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.

### 3.2 Long version

- 1) **Social prescribing is a way of connecting people to non-medical support to improve their health and wellbeing.** It is based on the understanding that many health issues are related to social, emotional or practical needs - like loneliness, isolation, or problems with debt or housing. These issues cannot be solved by medicine or doctors alone.

Through the SP-EU programme, doctors can refer patients to a “link worker”, who can get to know the patient and help them access groups, activities and services in their community.

This could, for example, mean helping someone who is struggling to cope with loneliness to join an art group or a walking group, where they can meet new people and do something they enjoy. Or it could involve supporting someone who cannot sleep because they are worried about debt to access debt advice or claim the right benefits.

This kind of support can reduce isolation and help people build confidence and take control of their own health.

- 2) **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 programmes have been launched in more than 30 countries around the world, and there is growing evidence to suggest that they can improve physical and mental health outcomes and reduce unnecessary pressure on health services.

However, social prescribing has not always been tailored for people in vulnerable situations – including LGBTIQ+ people, refugees and first-generation immigrants and older adults who live on their own. If not also accessible to people in vulnerable situations, social prescribing services could exacerbate health inequalities. More research is required on how effective it could be made in addressing their specific needs.

- 3) **Social Prescribing-EU (SP-EU) brings together 22 health and research organisations from across Europe to test how social prescribing can support the health and wellbeing of LGBTIQ+ people, refugees and first-generation immigrants and older adults who live on their own.** Funded by a €6.9 million grant from Horizon Europe and the European Commission, and led by Charité in Berlin, the five-year programme aims to improve access to health and care services for people within these groups.

The SP-EU programme will include a randomised control trial of social prescribing across eight countries, focusing on LGBTIQ+ people, refugees and first-generation immigrants and older adults who live on their own. It will also carry out a qualitative analysis in five European countries, exploring the factors that help and hinder progress.

If successful, the programme could help to transform health services across Europe, ensuring that they can take a more equitable, community-based and personalised approach.

## 4. Planned activities and timelines

The activities below are broken down into *Communications* (explaining and promoting the project), *Dissemination* (sharing the results widely, free of charge) and *Exploitation* (ensuring that these results are used effectively in practice beyond the life of the project).

### 4.1 Communications

Table 1: *Communications – Aims, measures and performance indicators (M&PI) for different stakeholder groups.*

Communication – Aims, Measures and Performance Indicators (M&PI)	
Overall aim	Promote SP-EU activities and results to a wide audience; engage policymakers, health professionals and communities to raise awareness of the benefits of social prescribing

Overall M&PI	<b>Unified branding</b> of SP-EU (including logo and templates)	Communications toolkit by M6 (Lead: Concentris)
	A <b>project website</b> with general information, a news section and a knowledge hub	Website launched by M6 (Lead: Concentris) 10,000+ page views by M36 (Lead: CDE working group)
<b>Researchers, scholars and scientists</b>		
Aim	Gain a high visibility of SP-EU in the scientific community	
M&PI	Register all study parts of SP-EU and publish <b>study protocols</b> for each part of SP-EU	All study parts registered by M18 (Lead: Charité)
	Present and discuss concepts, models and findings in <b>scientific conferences</b>	10+ conference presentations by M 30 and 30+ by M60. (Presentations carried out by all partners; Lead: Charité and CDE working group)
	Engage with <b>ongoing EU-funded projects</b> and other related initiatives in social prescribing and similar fields to share and amplify results, as well as through <b>networks</b> of consortium partners (for instance, reaching out through the EuroHealthNet Partnership of public health authorities across Europe and the International Social Prescribing collaborative)	First meeting with other consortia by M18. At least five meetings with other consortia by M60. (Lead: EuroHealthNet)
	Enable <b>study exchange visits</b> to each partner involved by other partners and the scientific community	Conduct 8+ study exchange visits by M48 (Lead: EuroHealthNet)
	Establish <b>European Social Prescribing PhD Network</b> to connect PhD students in the field	10+ PhD students in the network by M30 (Lead: Charité and PhD Network working group)
<b>Policy and decision-makers</b>		
Aim	Be familiar to, and well-connected among, policy and decision-makers across Europe	
M&PI	During the project, policy messages will be shared in <b>meetings with relevant policy- and decision-makers</b> or at events. SP-EU results will also be used to provide input to relevant consultations and policy processes and EU and relevant (sub)national levels. Links will be leveraged with existing strategies, activities, and initiatives to amplify the impact of SP-EU outputs	10+ thought leadership articles published on website by M60 (Lead: NASP)
	<b>Study exchange visits</b> will be made available for policy and decision-makers	Conduct 8+ study exchange visits by M48 (Lead: EuroHealthNet)
<b>Service providers</b>		
Aim	Raise awareness about social prescribing and underlying needs and barriers with service-providers	

M&PI	Include mentions of the project in media that targets service-providers (e.g. national or local medical journals)	10+ mentions of SP-EU in media read by service-providers by M60 (Lead: NASP)
	Host <b>webinars</b> through networks of GPs interested in SP	Give 1+ webinar for GPs by M60 (Lead: Charité)
	Conduct <b>workshops</b> on social prescribing at conferences targeting service providers (e.g. WONCA Europe conferences)	Conduct 5+ workshops at conferences for service-providers (Lead: Charité)
	Present daily work of link workers on <b>social media</b> to attract future workforce	10+ postings about the role of a link worker on social media channels by M60 (Lead: NASP)
<b>People in vulnerable situations</b>		
Aim	Make the project known and accepted in the communities involved in the trial	
M&PI	<b>Social media messages</b> targeted specifically at each of the three vulnerable groups – for example, through posts on Awareness Days that can be shared by other organisations	900+ followers of social media channels of SP-EU by M24 (Lead: NASP)
	Host <b>webinars</b> through networks of GPs interested in SP.	Give 1+ webinar for GPs by M60 (Lead Charité)
	<b>Mass media</b> features on SP-EU (especially aimed at older adults living alone).	3+ TV or radio coverage by M30 (Lead: NASP and CDE group)
<b>General Public</b>		
Aim	Make the project, its aims, activities and results known to the general public	
M&PI	Social media messages and regular <b>press releases</b> by SP-EU and its partners on the activities and outputs of SP-EU.	10+ pieces of press coverage by M60 (Lead: NASP)
	<b>Open days</b> at different partners to present SP-EU to the public	10+ open days at different SP-EU partners by M48 (Lead: Charité)

## 4.2 Dissemination

Table 2: Dissemination – Aims, measures and performance indicators (M&PI) for different stakeholder groups.

Dissemination – Aims, Measures and Performance Indicators (M&PI)		
Overall aim	Strengthen scientific evidence for social prescribing across Europe through SP-EU's results	
Overall M&PI	Conduct a final one-day <b>symposium</b> to present all major results of SP-EU to and discuss with the scientific, policy and public audience	100+ participants at the final symposium. (Lead: Charité)
	A <b>knowledge hub</b> on SP-EU's website where all results are stored and publicly available	10,000+ visits per year by M36 (Lead: Concentris)

<b>Researchers, scholars and scientists</b>		
Aim	SP-EU's scientific results and data known and taken up by the scientific community	
M&PI	Publish <b>scientific articles</b> from relevant WPs in academic peer-reviewed open access journals	7+ preprints on core results by M57 (coordinated by Scientific Publications Group)
	Present results as early as possible at <b>scientific conferences</b>	10+ conference presentations by M 30 and 30+ by M60 (Lead: Charité)
	Organize <b>conference workshops</b> on methods and implementation to enable researchers and scholars to uptake our methods	1+ workshop at an international and 1+ workshop at a national conference until M54 (Lead: Charité)
	Publish <b>articles in sectoral or scientific channels</b> and utilize Horizon Europe opportunities like the <i>Horizon Magazine</i> and Research and Innovation success stories	5+ articles published in sectoral or scientific channels until M60 (coordinated by Scientific Publications Group)
	Publish all data from SP-EU as <b>open data</b> available for researchers and scholars	KPI2.7 anonymized trial data published until M60 (Lead: Concentris)
	Establish <b>European Social Prescribing PhD Network</b> to interconnect PhD students in the field	10+ PhD students in the network by M30 (coordinated by Charité and PhD Network working group)
<b>Policy and decision-makers</b>		
Aim	Disseminate the policy relevant results to decision and policymakers	
M&PI	Disseminate results during <b>scientific symposia and workshops, or at conferences and fora</b> such as the European Public Health Conference (EPHC) and European Health Forum Gastein (EHFG).	2+ symposia or workshops at conferences targeting policy makers by M60 (Lead: Charité)
<b>Service providers</b>		
Aim	Make SP-EU results available to service providers	
M&PI	Conduct <b>co-interpretation workshop</b> with health care providers.	Workshop with healthcare providers by M54 (Lead: UNL)
	<b>Workshops at conferences</b> aiming especially at GPs and health care workers, e.g. at WONCA Europe conferences for GPs.	Conduct 2+ workshops on results at conferences for service providers (Lead: Charité)
	<b>Training material</b> for potential link workers	Made available by M54 (Lead: NASP)
<b>People in vulnerable situations</b>		
Aim	Make SP-EU results available to people belonging to the three groups of people in vulnerable situations	

M&PI	Conduct co-interpretation workshops	Three workshops with people in vulnerable situations by M54 (Lead: UNL)
	An <b>advocacy document</b> specifically aiming at organisations representing people in vulnerable situations	Advocacy document published by M54 (Lead: EuroHealthNet)
<b>General Public</b>		
Aim	Make the core points of SP-EU's results known to the general public	
M&PI	Create and promote a <b>film in simple language</b> explaining SP and the results of SP-EU	10+ pieces of press coverage by M60 (Lead: NASP)
	<b>Open days</b> at different partners to present SP-EU to the public	1,000+ attendances by M48 (Lead: Charité)

### 4.3 Exploitation

Given our ambition to make social prescribing implementable across as many regions of the European Union as possible, we will need to engage a wide range of relevant stakeholders with targeted messages, information and tools to enable the exploitation of SP-EU results. These tools will empower decision-makers and stakeholders, including active citizens, to fully understand and implement the project outputs and deliverables relevant to and optimized for local benefits.

The final exploitation plan will be developed by M60 of the project and will be based on our main key exploitable results (KERs). KERs will be chosen together with stakeholders regarding their potential for exploitability and impact. We have chosen **seven provisional KERs because they have the highest potential to be exploited for policy and research at the end of SP-EU.**

Table 3: Exploitation – Aim, measures and performance indicators (M&PI), and Key Exploitable Results (KER)

Exploitation – Aim, measures and performance indicators (M&PI), and Key Exploitable Results (KER)		
Overall aim	Ensure long-term impact, use and uptake of SP-EU's key exploitable results (KER) in Europe.	
Overall M&PI	We will make use of the <b>Horizon Results Booster</b> and <b>Horizon Results Platform</b> available for all Horizon Europe projects focused on the most important <b>KERs chosen together with relevant stakeholders.</b>	We will make use of the <b>Horizon Results Booster</b> and <b>Horizon Results Platform</b> available for all Horizon Europe projects focused on the most important <b>KERs chosen together with relevant stakeholders.</b>
KER 1	Co-Created adaptation of SP to the needs of a) LGBTIQ persons, b) refugees and first-generation immigrants and c) older adults living alone	
KER 2	High-quality evidence on the effectiveness of SP to improve access to health and social care for people in vulnerable situations	
KER 3	Knowledge on enabling and limiting factors for the implementation of SP in Europe	
KER 4	A toolkit to implement SP for service providers including an open-source software solution for link workers	

KER 5	Policy strategies how to implement SP on local, regional, national and European level
KER 6	Methods how to co-create health care services with people in vulnerable situations
KER 7	Methods on how to conduct effectiveness research in pragmatic RCTs on health care interventions in the general practice setting in Europe

#### 4.4 Measuring progress and impact

We have created an SP-EU dissemination tracker to help us monitor:

- Publications (peer-reviewed research reports, invited review articles, comments, editorials etc.)
- Events (conference talks, seminars, workshops, panel discussions, stakeholder events etc.)
- Press Coverage (press releases & other press coverage)
- Meetings with other consortia / key partners

This tracker will be managed by the CDE working group – but all streams will be reminded to update it during regular team meetings.

## 5. Key channels

Key channels through which we communicate about the programme and disseminate results include:

### 5.1 Project website

Concentris and the Communications, Dissemination and Exploitation working group created a fully-fledged website and knowledge hub for the project ([www.social-prescribing.eu](http://www.social-prescribing.eu)). The website includes:

- Information *About* the project, consortium members, the advisory and implementation boards and management
- A section on *Our Research*, including on the role of SP-EU workstreams
- A *Knowledge Hub*, including definitions, videos, scientific publications and public deliverables
- A *News and Events* section, including news stories, information about events and meetings and a space for press coverage about SP-EU.
- A *Key Results* section to be taken live soon, which segments results by audience type
- A *Subscribe* sign-up form for the newsletter and links to SP-EU social media

Project partners are invited to send suggestions to concentris for website content, including news stories, blog posts, upcoming events and information about related projects and initiatives.

### 5.2 Social media

NASP and the wider Communications, Dissemination and Exploitation working group have created SP-EU LinkedIn, Bluesky and YouTube accounts for the project. These channels are designed to reach researchers, scholars and scientists in relevant fields; policy and decision-makers; and practitioners.

We will also create materials that can be shared on social media by partners who can reach a wider public audience, including consortium members, partners in other EU-funded projects, national and international social prescribing networks, and organisations that work directly with people in vulnerable situations (e.g. national and regional organisations that advocate for LGBTIQ+ people). A calendar of activity has been developed to support this work.

### 5.3 Press releases and social media

The Communications, Dissemination and Exploitation working group will produce press releases at relevant moments – for example, at the launch of the project, at moments when there are significant results to share, and at selected key moments through the project (e.g. relevant awareness days).

Press releases will be coordinated by NASP and Charité, and routinely provided in both English and German. They will also be available in advance for other consortium members to translate and distribute locally.

We will seek national media coverage (e.g. newspapers, features on TV) in at least six countries over the course of the project. We will also aim for coverage of the project in at least 10 media outlets targeted at service-providers (e.g. medical journals).

### 5.4 Newsletters

The project website and social media will encourage people to sign up to a centralised newsletter. There will be at least one newsletter each year for people who sign up, and a higher frequency where there are results or news to share. Text will also be provided to all partners to share in their own newsletters and communications channels.

### 5.6 Videos

NASP will produce a short, high-quality film about social prescribing for use at the end of the project. This is intended to be a resource that explains the project to a general audience. We will also produce regular, lower tech films, involving interviews with consortium members, about the progress of the project – aimed at scientists, researchers and policy-makers.

All videos will be hosted on the SP-EU YouTube channel, which can also include external videos about social prescribing when relevant.

### 5.7 Scientific journals

We will submit articles about the project to academic journals, including articles on the co-creation process; on the use of non-clinical support and services within communities; on the meta-analysis of the three sub-trials; on the health economic analysis; and on the qualitative data from stakeholder interviews.

Details of scientific and academic journals submissions will be found in the separate Scientific Publications Plan.

### 5.8 Events and conferences

We will present findings about the programme in a range of scientific conferences, and host workshops. We will also host at least one webinar aimed specifically at GPs, and a final symposium to disseminate results of the project. We will also host policy roundtables in eight countries as well as one EU-level roundtable.

Events that we will consider attending and presenting at include:

- European Council presidency events
- Poverty and Health Congress in Germany
- European Public Health Week
- European Mental Health Week
- Wellbeing Economy Forum

- EuroHealthNet Annual Seminar
- Health Promotion Conference by Austrian Health Promotion Fund
- European Forum for Primary Care Conference
- OECD Forum on Wellbeing
- IUHPE European Conference on Health Promotion
- International Conference on health promoting hospitals and health services
- European Health Forum Gastein
- EU Health Policy Platform Annual Meeting by the DG SANTE
- The European Congress on Global Health
- European Congress of Psychology by EFPA
- WONCA World Conference (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians)
- WHO Regional Committee for Europe annual sessions
- WHO European Regions for Health Network annual meetings
- European Public Health Conference
- World Congress on Migration, Ethnicity, Race & Health
- European Geriatric Medicine Society (EuGMS) Annual Congress
- European Conference on Aging & Gerontology (EGen)
- ILGA-Europe Annual Conference
- European Professional Association for Transgender Health (EPATH) Conference

This list provides examples of events and conferences we may attend, and is subject to change.

## 5.9 Printed/printable materials

We will create a range of printed or printable materials during the life of the project.

These will include:

- Materials to explain the project and to share results at scientific conferences (templates available in the Communications toolkit)
- Templates for printable materials to explain the project during recruitment
- Short briefings aimed at policy makers

In the exploitation phase, depending on outcomes, we will produce printable materials for practitioners to use to explain social prescribing.

## 5.10 Partnerships

One of our key ways of communicating and disseminating information about the project will be through partnerships. This includes engaging with ongoing EU-funded projects and other related initiatives in social prescribing and similar fields, as well as networks of consortium partners. Through our stakeholder mapping, we have identified a range of national and EU-level partnerships who can help us to share information about the programme.

The SP-EU Implementation Board (IB) will play a central role in strengthening these partnership efforts. Appointed prior to the project's start, the IB consists of highly experienced professionals from non-consortium countries who support the project by facilitating knowledge transfer and promoting uptake of results at the national and local levels. Their networks and expertise contribute to widening the project's reach beyond consortium borders and ensuring uptake by decision-makers and communities.

Members of the IB include principal investigators from national pilot trials and RCTs in social prescribing, each addressing different target populations. Notably:

- Prof. Susan Smith (Trinity College Dublin) contributes insights from the MIDAS trial on social prescribing for older adults with multimorbidity in Ireland.
- Prof. Ingeborg Nilsson (Umeå University) leads the SPIS pilot on socially prescribed activities for loneliness in Sweden.
- Dr. Miriam Heijnders (Welzijn op Recept, the Netherlands) brings practical experience from the well-established Dutch model of social prescribing.

Additional members represent key academic and clinical institutions across Europe, including Greece, Iceland, France, Italy, and the Czech Republic. Through ongoing consultation and knowledge exchange, the IB will help shape and adapt communication outputs to different national contexts, and ensure resonance with both professionals and community actors.

To maximise the reach and relevance of SP-EU, the project actively engages with a broad range of ongoing and past initiatives that focus on social prescribing, equity in healthcare access, and community-based approaches to wellbeing. These collaborations strengthen the project's communication and dissemination efforts, support policy uptake, and create opportunities for joint learning and advocacy.

SP-EU will be in regular contact with a number of related initiatives across Europe that explore social prescribing from different angles:

- [RECETAS](#) (Re-imagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces): Testing nature-based social prescribing (NBSP) interventions to tackle loneliness and promote mental wellbeing in six global cities.
- [Resonate](#) (Building individual and community resilience through nature-based therapies): Promoting individual and community resilience through research, practice and policy on nature-based therapies.
- [SPACE](#) (Social Prescribing and Civic Engagement): Combining social prescribing and civic engagement to support people with health and rehabilitation needs, and build skills among professionals and civil society actors.

SP-EU also draws on the experience of past projects that addressed social isolation, mental health, and creative engagement among vulnerable groups. These include:

- [COPE \(Culture on Prescription\)](#): Promoting cultural participation to reduce social isolation, loneliness, and improve wellbeing.
- [C.O.P.E. project](#) (Capabilities, Opportunities, Places and Engagement): Addressing the needs of young people not in education, employment, or training (NEET) using a community-network model of social prescribing.
- [Arts on Prescription](#): Engaging people with mental health challenges in artistic activities as a tool for social and emotional support.

SP-EU will remain in contact with partners and coordinators of these initiatives to exchange knowledge, disseminate results, and explore potential synergies.

We are currently identifying ongoing national initiatives in countries participating in SP-EU to build synergies and expand our stakeholder network. This process will support our strategic communication efforts and will be particularly useful for the organisation of national and European policy roundtables. While the list is not exhaustive and the mapping is ongoing, current examples include:

- [Green Social Prescribing Programme \(UK\)](#): A national programme connecting people with nature-based activities to improve mental health and wellbeing, providing a valuable model for implementation and policy engagement.

- [Social Henvisning Vesterbro Sydhavnen \(Copenhagen, Denmark\)](#): A social prescribing initiative in Vesterbro-Sydhavnen that offers referral from the general practitioner to the local area for participation in community, exercise and diet offers.
- [Deployment of community health workers in general practice as a proportional universalism strategy \(Flanders, Belgium\)](#): A strategy piloted by Ghent University. which provides services universally, while scaling the intensity of interventions according to the level of need via the deployment of community health workers (CHWs).
- [Socialinis receptas \(Vilnius, Lithuania\)](#): Offers access to cultural, fitness, and educational activities to older adults facing loneliness, chronic illness, or social isolation.
- [AgeWell \(Ireland\)](#) – An award-winning model combining peer-based support and mobile technology to identify and address health issues among older adults before they become critical, with strong links to primary care.
- [Le Pôle Culture et Santé \(Nouvelle-Aquitaine, France\)](#): A cooperative platform that connects cultural and health professionals to co-develop regional initiatives.

In addition, SP-EU will establish closer links with its Horizon Europe sister projects, which share a strong focus on people in vulnerable situations with the aim of collectively harnessing results to improve healthcare access and services for people in vulnerable situations:

- [EQUICARES](#) (Community-driven Healthcare Access and Mental Health Promotion for Inclusive, Equitable, and Resilient European Societies): Advancing access to inclusive, sustainable mental health and care services through co-creation and digital innovation for people in vulnerable situations.
- [SERENA](#) (Assessing and improving access to health and social care Services for children RENDered vulnerable by Abuse): Improving detection and access to care for children affected by maltreatment through system assessments and policy recommendations.
- [HPV-FASTER-Implement](#) :Promoting cervical cancer prevention by offering combined HPV vaccination and screening to underserved groups.

In the dissemination and exploitation phase, we will also seek partnerships with organisations that represent or work closely with LGBTIQ+ people, older adults and refugees and first-generation immigrants – as they are likely to be more effective at directly reaching these groups.

## 6. Communications toolkit

A Communications, Dissemination and Exploitation toolkit has been developed by concentris and will be available for partners. This includes information and resources for consortium members to support communications and dissemination. The toolkit includes links to:

- **EU-funding emblem + Funding & Liability Statement, including grant no.**
- **Project logo**
- **Project colour palette**
- **Powerpoint templates**
- **Key project visual**
- **Roll-up poster as a back-drop**
- **Member map**
- **Work streams map**
- **Press release template**
- **Main figures from the proposal**
- **Project folder (info brochure) in English**
- **DIN A3 wall poster - for offices, GP practices etc.**

Resources that may be included in the toolkit in future are, for example, translations of project information in all languages of the consortium and Implementation Board countries, as well as further icons and/or visuals for various elements of the programme.



Figure 2: SP-EU logo.



Figure 3: SP-EU colour palette (general).

## 7. Bibliography

1. Muhl C, Mulligan K, Bayoumi I, et al. Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: a Delphi study. *BMJ Open* 2023; DOI: 10.1136/bmjopen-2022-070184
2. YouGov survey with 2,059 adults across the UK, commissioned by NASP, March 2025.