SOCIAL, GREEN AND ARTS PRESCRIPTIONS FOR HEALTH: HARNESSING THE POWER OF COMMUNITY INTERVENTIONS FOR WELL-BEING

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Summary: Social prescribing connects people to community activities, like arts, creative events, or nature walks, aiming to enhance their health and well-being. It addresses health determinants, offers a person-centered, health-promoting approach, and helps reduce pressure on health systems. By increasing engagement, fostering trust, and strengthening social connections, social prescribing can contribute to better health outcomes. When designed inclusively, it can advance health equity by reaching underserved groups. Although interest is rising across Europe, long-term success relies on consistent funding, seamless integration into health and social systems, and investment in community resources to generate widespread and lasting positive effects.

Keywords: *Social Prescribing, Cohesion, Equity, Integration*

> #EHFG2025 – SESSION 4:
Social, green, and arts prescriptions for health – Harnessing the power of community interventions for well-being

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Introduction

Europe faces complex health and societal challenges. Health systems are under pressure, and social cohesion is weakening. Polarisation, loneliness, and declining trust in institutions strain the social contract. Yet health is a foundation for economic security and societal resilience, not a luxury. Health systems are among the most frequent touchpoints between citizens and the state. Ensuring their sustainability and responsiveness can help rebuild public trust and enhance preparedness for future crises.[1]

The understanding of health has expanded beyond hospitals and medications, embracing a more holistic view that includes the social, environmental, and creative dimensions. Targeting wider health determinants – like social support, environment, and meaningful activity – can improve well-being and reduce demand on strained health services.

Social prescribing (SP) has emerged as a promising approach to complement traditional healthcare. It connects

individuals to community resources such as social groups, nature activities, and creative programmes.

Understanding Social Prescribing: Mechanisms and current landscape

SP enables professionals to co-create non-clinical "prescriptions".[2] While national contexts vary,[3] many SP models share common features. A central element in nearly all models is the link worker – based in primary care, community or social services – who understands individuals' needs and connects people to appropriate community resources.

SP typically begins with a referral from a general practitioner, nurse, or social worker, although some countries have implemented specific social prescriber roles, and self-referral in other countries is growing.[3] Link workers help address issues such as loneliness, housing, or low physical activity by connecting individuals to relevant support, like walking groups or arts classes.

> promising approach to complement traditional healthcare

SP is gaining policy attention for its potential to reduce over-medicalisation, improve care coordination, and deliver more sustainable, preventive models. Growing SP fields are green and arts prescriptions. Green prescriptions involve nature-based activities that promote well-being while also supporting planetary health.[4] Arts prescriptions utilise creative practices to improve mental health, build confidence, and strengthen social connections.[5] Examples of types of SP are presented in **Table 1**.

Table 1: Examples of Social, Green, and Arts Prescribing Activities

Category	Type of Activity	Examples
Social Prescribing	Community groups	Attending peer support groups, parenting classes, bereavement support
	Volunteering	Opportunities to give back to the community, build purpose, and reduce loneliness
	Physical activity	Exercise referral schemes, walking groups, sports clubs
	Educational activities	Literacy classes, budgeting workshops, IT skills training
	Social clubs / cafés	Coffee mornings, hobby groups, intergenerational activities
Green Prescribing	Nature walks & green gyms	Guided nature walks, outdoor fitness
	Allotment & gardening projects	Community gardens, horticultural therapy
	Conservation & environmental volunteering	Tree planting, wildlife surveys, maintaining nature trails
	Outdoor mindfulness / nature-based therapy	Forest bathing, ecotherapy, wilderness therapy sessions
	Green education & skills training	Workshops on sustainability, permaculture; ecological crafts
Arts Prescribing	Performing arts	Music, dance, acting classes, performances
	Visual arts	Painting, drawing, crafting, sculpture, photography
	Attending cultural events, museum or gallery visits	Cultural outings, art appreciation tours, concerts
	Digital arts	Animation, film making, photography
	Literature	Reading, creative writing, storytelling

Source: Authors' own

Social prescription for supporting the social contract

SP can go beyond individual health benefits to strengthen social cohesion. Community-based prescriptions – like nature walks, arts classes, and gardening – foster networks, interpersonal trust, intergenerational interaction, and a sense of belonging, key elements of healthy, equitable societies. They promote cultural expression and build social capital, particularly 'bridging capital' connecting people across social divides.[6]

When designed and delivered equitably, SP can help rebuild trust in public services and address complex needs not met by mainstream care.[4 5 6 7] However, if SP is not deliberately inclusive, it risks reinforcing inequalities. To fulfil its promise, SP must be tailored to reach and empower those in vulnerable situations.

Groups such as migrants, older people, young people, LGBTQ+ individuals, and those with chronic conditions often face barriers to accessing care, cultural activities, and social networks. They may also distrust institutions, limiting engagement even when services exist.

Tailored SP approaches can address these challenges. The SP-EU project is co-designing models with underserved communities. They will test their effectiveness to improve access to health and social care through a multi-country randomised controlled trial (RCT), and qualitative studies across five European hubs.[4]

Similarly, the RECETAS project co-develops and evaluates nature-based SP across six global cities, focusing on vulnerable populations.[8] At country level,

the Irish "Healthy Communities" project targets disadvantaged areas with SP services.[7]

Arts on Prescription (AoP) is a model of social prescribing that connects people to a range of non-clinical services in the community to improve their well-being. It enables health professionals or other referral channels to refer individuals to a range of creative and participatory activities to promote their mental health and social inclusion.

The programme is group-based and facilitated, consisting of varying arts categories, which means the participants engage with different genres during the programme. Piloted in five Nordic and Baltic countries, it is being evaluated for impact and cost-effectiveness.[9] However, these programmes may favour individuals with fewer access barriers, widening health inequalities.[10] Addressing this requires confronting limited access, inconsistent referrals, and underrepresentation of certain groups. This requires implementers to move beyond classic "consultation" approaches to participatory action research and genuine "co-creative" processes, particularly targeting those at risk of being excluded.[4] This approach fosters agency, dignity, and belonging, all of which support health and social resilience.

> "unites health, social, and cultural sectors

System change: Embedding SP in Policy and Financing

Countries are adopting various models to integrate SP into health systems:

In England, SP is central to the National Health Service (NHS) Long Term Plan. Over 3,500 link workers are funded and integrated into primary care – supporting over 2.5 million referrals – and demonstrating SP's scalability when backed by policy, investment and infrastructure.[7] In Catalonia, Spain, SP is integrated into electronic health records, enabling health professionals to refer patients to community-based activities, supporting efficiency and normalising non-clinical approaches in primary care.[7] The Portuguese Social Prescribing Network unites health, social, and cultural sectors through collaborative, community-based care models, and is expanding to municipalities nationwide.[11]

Wales' National Framework for Social Prescribing has blended governance. NHS Wales works through regional Partnership Boards to deliver integrated health and social care services, and invests in SP through the Health and Social Care Regional Integration Fund.[7] Similarly, EU-funded projects such as Invest4Health are exploring new financing models to scale initiatives like SP.[12]

SP is also expanding beyond primary care into acute and secondary settings. In London, Barts Health NHS Trust developed a toolkit to embed it into hospital services.[13]

Success across diverse models hinges on cross-sectoral collaboration, supportive funding, integration into routine services, and investment in link workers. Existing models provide valuable insights for other countries to embed holistic, community-based approaches into their health systems.

Addressing criticisms and challenges

While SP gains traction, challenges remain. Critics warn of 'outsourcing care' to overstretched and underfunded voluntary and community sectors. Others argue that SP is largely tokenistic, calling instead for systemic reforms to health and social services.

Beyond achieving equity for underserved communities, there is the challenge of providing SP equitably across urban and rural areas and among different socio-economic groups. Those most likely to benefit from SP are often least able to access or engage with it due to barriers like service gaps, time constraints, digital exclusion, or low health literacy.

Another concern is that methods for measuring and assessing SP's impact are weak and metrics and definitions remain un-standardised.[4] Social prescribing is sometimes called a 'practice in need of a theory' as, without understanding its impacts more clearly, it is difficult to refine and enhance its effects.[10] The initiatives referenced above incorporate a strong focus on measurement and evaluation to help correct for existing evidence gaps.

To address these realities, SP must complement, not replace, clinical care. Consistent data collection, improved assessment and evaluation approaches, and regular community consultation help ensure SP services meet real needs, reach those at most risk, and measurably contribute to better health outcomes.

SP could be integrated into broader health system reform, via primary care pathways and health promotion strategies. This requires sustainable funding, like long-term, ring-fenced investment – not just in link workers, but in the community and voluntary services to which people are referred. For instance, Ireland's Sláintecare Integration Fund provided €20 million to test integrated service delivery, including community infrastructure financing.[14] Health professionals also need adequate training to address non-medical needs and enhance cross-sectoral engagement.

Conclusion

The future of resilient health systems lies in integration, prevention and participation. SP provides practical tools and signifies a shift toward a relational and responsive model of care where individuals co-create well-being instead of being passive service recipients. SP bridges clinical care and everyday life. Designed and implemented equitably, it can improve trust, social cohesion, and health outcomes, particularly for vulnerable individuals.

However, SP is not a quick fix. It relies on sustained political commitment, long-term investment, adequate capacity building for all involved, and genuine cross-sectoral collaboration. Efforts must avoid tokenism, ensure community

services are equipped and empowered to meet demand, and tailor interventions to users' needs. Strong European-level frameworks help overcome these barriers. EU programmes like EU4Health, Horizon Europe and Interreg enable transnational learning, build a common evidence base, and support joint investment in SP infrastructure.

In an era marked by fragmentation and mistrust, social, green and arts prescriptions offer a hopeful, evidence-based pathway to greater connection, inclusion, and sustainability.

Acknowledgments

This article was possible thanks to funding from the European Union's Horizon Europe Programme (Grant agreement ID: 101155873 – SP-EU) and Arts on Prescription in the Baltic Sea Region, co-funded by the European Union Interreg Baltic Sea Region Programme 2021–2027.

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