

DELIVERABLE 2.1

# KICK-OFF RESEARCH EVENT REPORT



## Face-to-Face Research WP2 Meeting

Barcelona, Spain  
January 31, 2025

Call: ERASMUS-2024-PCOOP-ENGO  
Project Number: 101183770  
D2.1: Kick-Off Research Event Report  
Version: v1.0



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## Introduction

This document is **D2.1 - Kick-Off Event Report**, a deliverable (D2.1) under Work Package 2 of the Erasmus Plus SPACE Project. It presents a comprehensive overview of the materials, key outcomes and the evaluation of the Research Event held on January 31, 2025, in Barcelona. The report aims to provide insights into the event's objectives, discussions and overall impact in the context of the project's goals.



## Event Details

On **January 31, 2025**, the **SPACE project** convened a significant **research meeting** at the **Institut Català de la Salut headquarters** in **Barcelona**, marking the project's official **kick-off**. The primary focus was to discuss and evaluate the integration of **volunteering into social prescribing**, particularly for people recovering from **cancer**. The **SPACE project** aims to develop and implement a collaborative approach to integrate **volunteering** as a key component of **social prescribing**, promoting **holistic health interventions** for patients recovering from cancer. This meeting was an essential first step in the project, setting the stage for future phases, which will include pilot programmes, training initiatives and cross-sector collaboration to refine and implement the social prescribing model.

One major discussion point was the **differences between countries**, particularly regarding **policies**, **resources** and **experiences with social prescribing**. Participants shared insights into the local challenges and opportunities, which will help tailor the project's approach to diverse European contexts. The event also emphasized the role of **urban and community gardens** in social prescribing for cancer patients. These spaces provide therapeutic environments to support recovery, and future steps will focus on ensuring their

**sustainability** and deeper integration into social prescribing frameworks across Europe. A key aspect of the meeting was facilitating **networking** and **exchanging ideas** among participants. Discussions focused on how to engage different stakeholders, including volunteer organisations, to strengthen social prescribing efforts. This exchange of knowledge and experiences will be instrumental as the project moves forward. Participants also discussed the challenges of integrating volunteers into social prescribing, including the need for **training** and **resource allocation**.

This research meeting set the foundation for the **SPACE project** as it moves forward, focusing on **cross-sector collaboration** and integrating **volunteer support** into social prescribing. The project aims to improve health outcomes for individuals with rehabilitation needs, particularly cancer patients, contributing to the **EU Cancer Mission** while ensuring the **sustainability** of volunteer-driven models across Europe.

## Participants

The event welcomed 32 participants exceeding the expected number of attendees, bringing together individuals from various professional backgrounds with experience and/or interest in the integration of volunteering into social prescribing, particularly within green outdoor spaces to support individuals recovering from cancer. Participants included:

Healthcare professionals involved in rehabilitation and recovery processes for cancer patients; Social care providers working on patient well-being and holistic health interventions; NGO leaders focused on community-based health initiatives and volunteering; Representatives of volunteer organizations facilitating social-prescribed activities in green spaces such as urban and community gardens; Policymakers shaping social prescribing frameworks and funding for volunteering initiatives; Representatives from the SPACE project partners.



## Event Programme

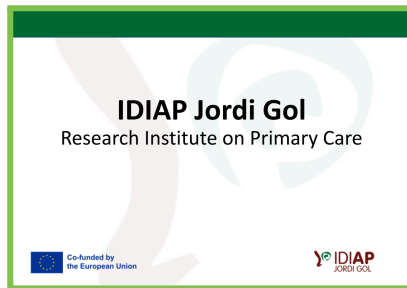
Time	Content
09:00	Registration
09:15	Welcome and presentation of the agenda
09.30	Overview and introduction of the SPACE project (Daniela Modena & Juan Manuel Mendive)
10:30	Coffee Break
11:00	Presentations from: Catalunya Public Health Agency (ASPC - Joan Colom & Marc Olivella); ISGlobal (Jill Litt); Time Bank Network (Fernando Fuster-Fabra).
11:45	Group Discussions
13:15	Lunch Break

14:30	Group Discussions
16:30	Wrap up and Closing
20:00	Dinner

## Presentations & discussion

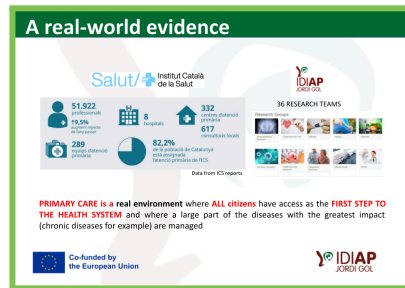
### Presentation 1

The first presenter, Daniela Modena, explained how IDIAP Jordi Gol and the Institut Català de la Salut (ICS) work as well as the Primary Care System in Catalunya. She also explained SIDIAP - an information system for research in primary care that has the data of the primary care system (8 million people).



**IDIAP Jordi Gol**  
Research Institute on Primary Care

Co-funded by the European Union



**A real-world evidence**

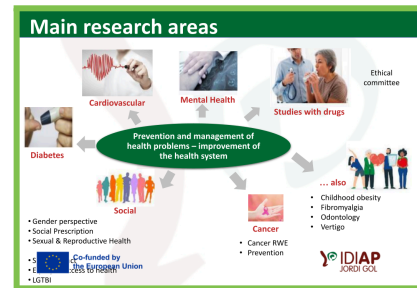
Salut+ Institut Català de la Salut

- 51,922 professionals
- 19.3% of population
- 289 primary care centres
- 8 hospitals
- 332 primary care centres
- 617 primary care health centres
- 36 RESEARCH TEAMS

82.2% of the population of Catalunya has access to primary care services

PRIMARY CARE is a real environment where ALL citizens have access as the FIRST STEP TO THE HEALTH SYSTEM and where a large part of the diseases with the greatest impact (chronic diseases for example) are managed

Co-funded by the European Union



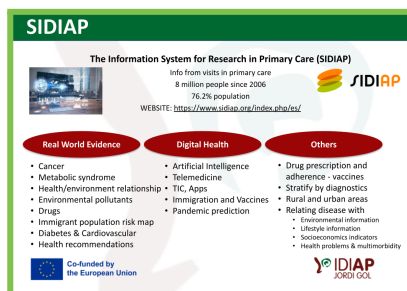
**Main research areas**

Prevention and management of health problems – improvement of the health system

Cardiovascular, Mental Health, Studies with drugs, Ethical committee, Diabetes, Social, Cancer

- Gender perspective
- Social Prescription
- Sexual & Reproductive Health
- Childhood obesity
- Familiality
- Odontology
- Vertigo
- Cancer RWE
- Prevention
- LGBTBI

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**SIDIAP**

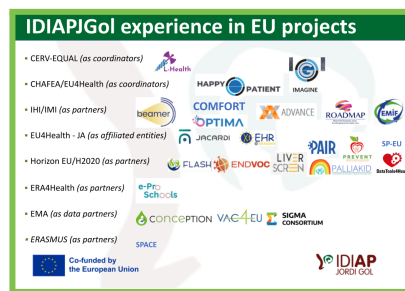
The Information System for Research in Primary Care (SIDIAP)

Info from visits in primary care  
8 million people since 2006  
76.2% population

WEBSITE: <https://www.sidiap.org/index.php/en/>

- Real World Evidence**
  - Cancer
  - Metabolic syndrome
  - Health/environment relationship
  - Environmental pollutants
  - Drugs
  - Immigrant population risk map
  - Diabetes & Cardiovascular
  - Health recommendations
- Digital Health**
  - Artificial Intelligence
  - Telemedicine
  - TIC, Apps
  - Immigration and Vaccines
  - Pandemic prediction
- Others**
  - Drug prescription and adherence - vaccines
  - Stratify by diagnostics
  - Rural and urban areas
  - Relating disease with
    - Environmental information
    - Lifestyle information
    - Socioeconomic indicators
    - Health problems & multimorbidity

Co-funded by the European Union



**IDIAPJordiGol experience in EU projects**

- CERV-EQUAL (as coordinators)
- CHAFEA/EU4Health (as coordinators)
- IHI/IMI (as partners)
- EU4Health - IA (as affiliated entities)
- Horizon EU/H2020 (as partners)
- ERA4Health (as partners)
- EMA (as data partners)
- ERASMUS (as partners)

Co-funded by the European Union

### Presentation 2

An overview of the WP2 tasks, events and objectives was presented by Juan Mendve providing context for the work ahead. The host introduced key stakeholders involved in the project, including representatives from ASPC, ISGlobal, the Time Bank Network, Public Libraries for Health, EuroHealthNet and Oncovalles.cat. The session also outlined the main deliverables associated with WP2 such as the kick-off event report and the state-of-the-art report, detailing their purpose and role in shaping the project's direction.

**Face-to-face Research WP2 meeting SPACE**  
31-1-25 Barcelona

- IDIAP Jordi Gol working team:
  - Juan Mendive: Project leader IDIAP
  - Daniela Modena
  - Elena Bellido
  - Brian Silva
  - Montse Domingo
  - Stella Mally
  - Nicola Kielland
- IDIAP Executive Committee
  - Josep Basora
  - Anna Berenguera
  - Mariona Pujol


**Face-to-face Research WP2 meeting SPACE**  
31-1-25 Barcelona

- **SPACE: Social Prescribing And Civic Engagement**  
Project Number: 101183770
- **Work Package 2: Setting the Scene**
  - Desk Research on national and European contexts
  - Focus Groups



**WP2 Aims**

- To deepen the understanding of Social Prescribing through volunteering across Europe
- To establish a basis for a common approach to Social Prescribing involving volunteering.



**WP2 Tasks**


- T2.1 Organisation of the **Kick-Off Research event in Barcelona** (31st January 2025) (involving 23 participants)
  - Project partners
  - Stakeholders
- T2.2 **Desk Research** on national and European contexts (January 2025 - June 2025)
- T2.3 Organisation of the **Focus Groups** (February 2025 - May 2025) (involving 80 participants, 10 per partner)
- T2.4 Creation of the **State-of-the-Art Report** (June 2025)

**WP2 Events**

- **Kick-off Conference** in Barcelona (31 January 2025)
- **Focus Groups:**
  - Each partner organizes a **4 hours face-to-face focus group** (February 2025 - May 2025)
  - Involving **10 participants** from the project's primary target groups (February 2025 - May 2025)
    - Health, social care and rehabilitation professionals
    - Policy makers
    - Education/ research institutions
    - Cancer patients, people recovering from cancer
    - Volunteering organisations

**WP2 Deliverables**

- D2.1 **Kick-off event report** (March 2025) (5 pages, in English)
- D2.2 **State of the Art report** (June 2025) (in EN, GR, FR, ES)



**WP2 leaders**

- WONCA and HMVCG lead **Desk Research** (will coordinate with all partners) (T.2.2)
- IDIAP leads Organisation of **Focus Groups** (will coordinate with all partners) (T.2.3)
- IDIAP leads WP2 and is responsible of submitting both reports (T.2.4)
  - Kick-off event report
  - State of the Art report

**Face-to-face Research WP2 meeting SPACE**  
31-1-25 Barcelona. Project Partnership

Partners	Research representatives
Centre European Volunteering	Gabriella Civico Connor Audsley
Volunteering Ireland	Zs� Varga Deirdre Connolly
WONCA Association	Ferdinando Petrazzuoli Joyce Kenkre
Heaton Mersey Conservation Group	Jo Ward
Hellenic Cancer Federation	Katerina Nikitara
European Platform for Rehabilitation	Panita Ball
Malta Council for the Voluntary Sector	Mandy Portelli Gertrude Buttigieg
Research Institut IDIAP Jordi Gol	Juan Mendive Elena Bellido

**Face-to-face Research WP2 meeting SPACE**  
31-1-25 Barcelona: Invited skateholders (institutions)

- **Catalunya Public Health Agency (ASPC)**
  - Leader in providing education on SP in Catalunya
  - Large EU experience including volunteer involvement in SP
  - Will provide support to IDIAP along SPACE Project.  
(Joan Colom, Marc Olivella, Lidia Segura, Marina Ruiz)
- **ISGlobal**
  - Leader research institution in EU projects
  - Experiences in volunteering SP in natural spaces  
(Jill Litt)
- **Time Bank Network**
  - Global institution of reference in volunteer activities
  - Experiences in SP in different settings  
(Fernanda Fuster-Fabra)

**Face-to-face Research WP2 meeting SPACE**  
31-1-25 Barcelona: Invited skateholders (institutions)-2

- **Public Libraries for Health** (Catalunya Network of Public Libraries)
  - Experiences in SP activities along different settings
  - Experiences in SP activities of urban gardening  
(Montse Espuga)
- **Eurohealthnet**
  - International experience in SP projects and volunteering
  - Not able to participate today but will provide further support if required (Alison Maseen)
- **Oncovalles.cat**
  - Association of volunteer people to help patients with cancer on different activities
  - Many years of experience in SP activities in healthy environments
  - No able to participate today but happy to collaborate ( local focus groups & piloting) (Carne Grau)

**Face-to-face Research WP2 meeting SPACE**  
31-1-25 Barcelona: other Invited skateholders

- Other **key skateholders** that will be collaborating along the Project (excuse their absence today):
  - Laura Coll and Montse Mas  ( University of Vic Medical School)
    - Large experience in research in primary care in SP
    - Not being able to be today but will also be participating.
  - Josep Vidal-Alaball (IDIAP)
    - GP and Responsible for Research Central Catalunya and University of Vic. Experience in SP research
    - Also involved in SP-EU Project and at SP and Community Orientation SIG of WONCA Europe
    - Not being able to be today but will also be participating

### Presentation 3

Joan Colom and Marc Olivella provided the group with an insightful overview of the concept and benefits of Social Prescribing with a particular focus on its implementation within Primary Care settings in Catalonia. They also discussed the current state of Social Prescribing in the region, highlighting ongoing initiatives and challenges. In addition, they explored practical strategies to strengthen volunteer engagement, emphasizing its vital role in the success and sustainability of Social Prescribing programmes.

### The Social Prescribing Programme in Catalonia

*Ideas for Integrating Volunteerism with Community Asset Referrals in Social Prescribing*

Joan Colom, General Subdirector  
 Marc Olivella, Social Prescribing Programme coordinator  
 General Sub-directorate on Addictions, HIV, STI and Viral Hepatitis, Public Health Agency of Catalonia, Department of Health, Government of Catalonia

# 1

## Why a programme on social prescribing?

### Definition and aim

**Social prescribing** is a tool by which a healthcare professional and a patient **identify together the activities** that might be beneficial in addressing a health problem.

It aims to offer other **alternatives to medication** to people who have little benefit from traditional medicine, and that perceive a **lack of social participation, experience loneliness** or are at risk of social isolation. Therefore, its objective is to **improve the health and wellbeing of the community.**

It consists in an intervention model or standardized mechanism that **promotes the connection of people with community activities** to enhance their physical, mental and social wellbeing.

### Justification

- Increase of mental health problems
- Increase of psychopharmaceuticals use
- The role of social determinants on mental health
- Importance of social capital

### Who is the social prescribing addressed to?

Social prescribing programmes are usually addressed to patients with **socio-sanitary needs** that live in socioeconomically-deprived areas.

It is addressed to people with:

- Mild or moderate symptoms of mental health problems and/or poor emotional wellbeing
- Social isolation risk
- Psychosocial risk, especially those that do not require or want to participate in pharmaceutical therapy
- Unwanted loneliness
- Chronic mental disorder and addictions

Despite this, more and more initiatives are selecting their patients based on their diagnosis or disease.

### Typologies of social prescribing

Source: Kimberly, 2015

### Benefits of social prescribing

- Increase the participation of patients in community activities | Promote social capital
- Reduce social isolation and unwanted loneliness
- Promote healthy habits
- Improve positive (mental) health: more self-esteem, better mood, more confidence and self-efficacy
- Improve the quality of life
- Reduce the prescription of psychopharmaceuticals
- Reduce the hyperfrequentation to primary care (defined <12 appointments/year at the primary care center)

### An international movement of social prescribing

# 2

## What do we do?

### Background

This programme is coordinated by the General Sub-directorate on Addictions, HIV, STI and Viral Hepatitis (DAS-Health Agency of Catalonia, Department of Health).

### Guidelines for community activities prescription

**Social and Health Prescribing programme**

The manual aims to be a reference tool for healthcare professionals who want to implement a social prescribing programme.

### Training in social prescribing

Social prescribing training courses done

133 courses  
4,000 professionals trained  
+50% ABS trained  
Specific training to new roles in primary care in all the ABS

### Stages of the Social and Health Prescribing programme

### Considerations...

- Doesn't aim to substitute the pharmacological approach when needed
- Avoids the medicalization of daily life problems
- Offers a wide-range of intervention that consider the recommendation of non-pharmacological actions
- Implies an important change in the relationship between the healthcare provider - patient
- Considers the socioeconomic context
- Acts providing social support to people through community activities
- It is necessary to train the professionals and make them know the community resources

# 3

## Results of the application in primary care

### Results of the application of the programme in primary care

2023-24

- 28,608 patients received a social prescription.
- Baseline status: Out of 15,170 patients with the evaluation tests realized, a 75.6% showed a low score on WEMWBS test (emotional wellbeing), and a 28.6% declared a poor social network (OSLO test)
- Follow-up: Only a 40.8% of the patients did both tests during the baseline. A follow-up of the programme was done to a 63% of the patients
- Lifted evaluation:
  - 64.6% of 3,373 patients with a pre-post record of the WEMWBS scale improved the emotional wellbeing
  - 41.4% of 2,523 patients amb pre-post record of the OSLO scale improved the social support

### Conclusions

- (Relatively) new tool
- Socially efficient (uses already-existing resources in the community)
- Has an impact in the social capital
- Has an impact in the social determinants related to health
- Useful to tackle social inequalities

# 4


## Enhancing volunteer engagement in Social Prescribing

**Linking Time Banks to Social Prescribing**

- Definition:** Time Banks are community-based networks where people exchange services and skills using time, rather than money, as currency.
- Example:** One hour of gardening earns one time credit, which can be exchanged for an hour of language lessons, home repairs, or other services.
- Social prescribing** connects individuals with non-medical sources of support within the community to improve their well-being and tackle social isolation. **Time Banks** facilitate this by offering a platform for exchanging services that promote health and social interaction.

**Benefits of integrating Time Banks with Social Prescribing:**

- Community engagement
- Resource optimization
- Reduction in unwanted loneliness
- Mental well-being promotion



**Some opportunities**

Cercador d'Actius i salut

AQUÍ S'IL·LUSTRA

Catalunya Responde a Catalunya

- Inclusion of all Catalan Time Banks on the **Health Assets website** → Integration into the catalog/map of assets for conducting Social Prescribing (PS)
- Inclusion of Time Banks into the **Local Community Health Committees and Health Councils** → community network
- Social Prescribing **training** for all volunteers in Time Banks
- Definition of local Social Prescribing circuits integrating the local Time Banks of other volunteer initiatives.

**7 steps to wellbeing through volunteering:**

How to link to social prescribing

**7 steps to wellbeing through volunteering**

1. Meet people where they are
2. Make it personal
3. Get involved at the heart
4. Build circles of support
5. Make it social
6. Remember it's a journey
7. Be you wherever you measure it

<https://socialprescribingacademy.org.uk/resource/social-prescribing-volunteering-guide/>




**Volunteering and social prescribing**

Stephen Tansley, Anne R. Maltby, Andrew Tuck, Geoff Wong

"Volunteering itself can be a social prescribing activity, connecting people to their community and bringing rewards to volunteers in terms of building a sense of self-worth, skills and confidence. However, little research has explored the use of volunteering to help patients in primary care with non-medical challenges as part of social prescribing."

<https://socialprescribing.ghz.ox.ac.uk/research/projects/volunteering-and-social-prescribing>



**Generalitat de Catalunya**

Departament de Salut

www.gencat.cat

prescripcio.social@gencat.cat



## Presentation 4

The session included an explanation of the Time Bank concept with Fernando Fuster-Fabra from the Time Bank Network (TBN) sharing his experience and insights into its practical application. Strategies for integrating Time Banks with Social Prescribing were explored, highlighting their potential to boost community engagement, optimize resources, reduce unwanted loneliness and promote mental wellbeing. The discussion also covers the implementation of Social Prescribing in various contexts, emphasizing the value of structured volunteer training, which not only prepares people for their roles but also enhances their own sense of purpose and well-being. [Time Bank Concept](#).

## Presentation 5

Jill from ISGlobal introduced the RECETAS Project (GA 945095) - a nature-based social prescribing initiative addressing loneliness through group-based interventions, aligned with Model 5 of Social Prescribing. The 10-week program is led by trained facilitators, who act as connectors between prescriptions and activities. The project unfolds in two phases: stakeholder engagement and the design of tailored activity "menus" assessed for feasibility in each area. Trials are underway in Barcelona, Prague and Helsinki with participants co-selecting activities based on local needs. Jill also shared reflections on the project's progress and highlighted synergies between RECETAS and the SPACE initiative, emphasizing shared goals in enhancing social connectedness and wellbeing.

## Conclusions

The project SPACE - Social Prescribing and Civic Engagement aims to bring together social prescribing and volunteering to create an environment and approach that supports the health and wellbeing of people with health and rehabilitation needs. It will address the education and training needs of health, social care and rehabilitation professionals, NGO/Civil Society leaders as well as policy makers. The project will make a direct impact on the EU Cancer Mission contributing to the National Cancer Plans. In this context, it is considered important to work transnationally and across sectors in order to promote dialogue, knowledge exchange, common understanding of the topic of Social Prescribing and to address common education and training needs. In this way, the project will increase quality in the work, activities and practices of

organisations and institutions involved in social prescribing, opening up to new actors not naturally included to enable transformation and change leading to improvements and new approaches at different practice and policy levels especially in the framework of the EU Cancer Mission.

The co-production with interested stakeholders of a suitable approach for implementing and integrating volunteering as part of Social Prescribing which can be adapted and utilised across Europe especially for people recovering from cancer will require desk based research on EU and national context to scope out use of social prescribing. This will be done to establish what is already happening in relation to volunteering and social prescribing in urban and community garden settings and to consider how clinicians and volunteer agencies perceive the use of social prescribing volunteering for people recovering from cancer.

It was concluded as important to consider the secondary research questions concerning what are the outcomes of social prescribing on cancer treatment, recovery and mental health, improved immunity- links with wider determinants (loss of income/debt) and how do cancer patients respond to social prescribing in environmental settings (green social prescribing) (e.g., in terms of wellbeing, quality of life) as well as an assessment of the barriers and facilitators for clinicians when prescribing nature-based interventions for cancer patients.

**The meeting concluded that a** thorough review of existing research would be needed in order to:

- ❖ **Understand the current landscape** of green social prescribing, especially in oncology settings and identify experts/trail blazers.
- ❖ Identify **gaps** in the literature and inform the study design (e.g. limited evidence on clinician experiences or patient outcomes in cancer care).
- ❖ Explore **theoretical frameworks** (e.g. self-determination and self-efficacy, biophilia and restorative environments and existing models of social prescribing).

**The question of research ethics for SPACE was addressed, particularly in the context of the planned focus groups and the following points were highlighted.**

- ❖ **Respect for persons:** All participants in the research must take part voluntarily, free from any coercion or undue influence, and their rights, dignity and autonomy should be respected and appropriately protected.
- ❖ **Beneficence and non-maleficence:** The research should be worthwhile and provide value that outweighs any risk or harm. Researchers should aim to maximise the benefit of the research and minimise potential risk of harm to participants and researchers. All potential risk and harm should be mitigated by robust precautions.
- ❖ **Justice:** A core principle of justice in relation to research is equal treatment. This is a further expression of the principle of respect for persons. Researchers need to give careful consideration to the overall societal impact of their research both in the selection of participants and the benefits and burdens arising from it.
- ❖ **Informed Consent:** Informed consent requires that research staff and participants should be given appropriate (a) information about the research (b) in a comprehensible manner (c) without duress or inappropriate inducement. The *information* should include: the research procedure, the purposes, risks and anticipated benefits.

- ❖ **Confidentiality and data protection:** Individual research participant and group preferences regarding anonymity should be respected as well as participant requirements concerning the confidential nature of information and personal data.
- ❖ **Integrity:** The research should be designed, reviewed and undertaken to ensure recognised standards of integrity are met and quality and transparency are assured.
- ❖ **Conflict of interest:** The independence of the research should be clear and any conflicts of interest or partiality should be explicit. A conflict of interest arises where a researcher's obligation to the institution or a funder to conduct research independently is likely to be compromised, or may appear to be compromised. There may be an appearance of conflict of interest even when no conflict actually exists. Researchers must disclose anything that may be perceived by others as a potential conflict of interest.

## Event Photos

