RECETAS

POLICY BRIEF

Nature in the City: A Catalyst for Healthier, More United, and Better-Connected Communities

RECETAS, a European Horizon 2020 program, is a transdisciplinary research project bringing together 13 partners across 6 pilot cities worldwide.

It tests and evaluates Nature-Based Social Prescribing (NBSP) to reduce loneliness and improve the quality of life for urban residents. Loneliness, a critical public health issue, is addressed through NBSP, which combines nature and social connection in an inclusive, adaptable approach suitable for diverse contexts and communities.

In Marseille, a team from AP-HM implemented the "Friends in Nature" intervention: 8 to 11 weekly group meetings centered around nature-based activities, involving 60 participants.

The results are striking:

- 25% reduction in loneliness
- +11% increase in psychological well-being
- +23% increase in connection with nature

Discover 12 evidence-based recommendations from the study, aligned with the One Health approach.

Recommandations

Based on the scientific findings of the RECETAS project, this document provides guidance for public action. It aims to support the development of a loneliness reduction strategy by simultaneously strengthening connections to nature and social bonds. To address gaps in current public policies on social connection, any strategy must be cross-sectoral and rely on multi-actor governance, bringing together public authorities, civil society organizations, and medico-social professionals.

The 12 recommendations target:

- Health policies (by institutionally recognizing NBSP as a non-pharmacological care intervention),
- Urban planning policies (by ensuring universally accessible and affordable public spaces),
- Social policies (to combat loneliness and strengthen connections with nature, with special attention to vulnerable populations, who are disproportionately affected).

In summary, this document proposes recommendations to build healthy, socially connected urban communities by fostering strong bonds between humans and non-humans. These proposals are grounded in robust scientific evidence from the RECETAS project and generate co-benefits aligned with the One Health approach.

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I. Loneliness: A Public Health Challenge Requiring a Political Response

Loneliness: A Major Determinant of Health

Loneliness and social isolation are now recognized as major public health challenges. In the European Union, about 13% of adults report feeling lonely frequently. In France, the Fondation de France's "Solitudes" study (2025) reveals that this phenomenon remains widespread: a quarter of the population feels lonely "often" or "almost every day," and a third of urban residents suffer from isolation. These figures, amplified by the COVID-19 pandemic, show that loneliness has become a structural societal issue, no longer a marginal phenomenon attributable to individual factors.

The literature unanimously agrees on the causal links between loneliness-related suffering and major health impacts. Meta-analyses reveal a 26–32% increase in the risk of premature mortality, comparable to established risk factors such as chronic smoking. Loneliness contributes to chronic stress, cardiovascular diseases, stroke, diabetes, and weakens the immune system.

For public authorities, this translates into preventable morbidity and increasing pressure on healthcare systems.

Loneliness has its roots in social and economic inequalities, disproportionately affecting low-income populations, immigrants, and the elderly. In France, an individual with an income below the poverty threshold is twice as likely to suffer from loneliness. This phenomenon is accompanied by a double stigma—from others and self-directed—which prevents those affected from expressing it and seeking solutions.

It is therefore imperative to recognize the fight against loneliness as a public health priority and a legitimate goal for preventive action. All these elements establish loneliness as a modifiable determinant of health, calling for preventive, community-based, territorial, and economic policy responses—beyond traditional clinical care.

The Limits of Current Policies in Addressing Loneliness

In France, the fight against loneliness lacks an integrated public strategy. Actions remain fragmented, scattered across sectoral policies and age-specific mandates.

Current public intervention is limited to:

- Social programs managed by community centers and departmental councils,
- Grants allocated to associations such as Secours Catholique or Secours Populaire, which monitor isolation among vulnerable populations.

So far, efforts have focused almost exclusively on the elderly. Initiatives like the government platform Ogénie or the work of associations such as Petits Frères des Pauvres or Mona Lisa primarily target this group.

Yet, loneliness now affects all age groups, and young people under 25 are as affected as older populations.

The Fondation de France's study on loneliness revealed that in 2021, one in five young people (ages 15–29) felt lonely, and in 2024, 15% of those aged 40–59 suffered from social isolation. Scientific evidence from the RECETAS project confirms that loneliness must be integrated into all policy areas and must target all age groups.

Nature-Based Social Prescribing (NBSP) represents a powerful lever to evolve public policies in this direction. As a preventive tool, it addresses the environmental and social determinants of health through non-clinical, person-centered care.

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Evaluations conducted in the United Kingdom on social prescribing and green social prescribing demonstrate the potential to reduce healthcare system costs and decrease medical consultations through:

- Improved mental well-being,
- Reduced loneliness-related suffering,
- Increased physical activity.

This suggests long-term savings for healthcare systems. To this end, the RECETAS project includes a deliverable dedicated to assessing the economic cost-effectiveness of a Nature-Based Social Prescribing (NBSP) intervention. While social prescribing is beginning to emerge in French general medicine, it has already been successfully implemented abroad to combat loneliness, sedentary behavior, depression, and stress.

In France, non-medical prescriptions are currently limited to physical activity. Since the 2016 Health System Modernization Law, doctors have only been able to prescribe adapted physical activities for patients with chronic diseases. Although the Sport Santé (Health Sport) model provides a framework for its institutionalization, it remains primarily curative.

However, prescribing outdoor and nature-based activities for preventive purposes is equally essential. It helps prevent the onset of mental and physical disorders by fostering social connections and strengthening the bond between individuals and nature.

II. Lessons from the RECETAS Project: The Role of Nature in Preventing and Reducing Loneliness

An Innovative Approach to the Connection Between Humans and Nature

RECETAS (Re-imagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces) is an international research project funded by the European Commission under the Horizon 2020 program (2021–2026) and integrated into the Urban Health Cluster. It addresses a major public health challenge: loneliness as a key determinant of health.

The project brings together a consortium of 13 partners (research and implementation) to produce robust, policy-relevant scientific evidence on the effectiveness of Nature-Based Social Prescribing (NBSP).

RECETAS adopts a transdisciplinary and systemic approach, integrating:

- Public health,
- Social and behavioral sciences,
- Environmental sciences,
- Health economics.

It does not address loneliness solely at the individual level but as a phenomenon shaped by urban environments, social infrastructures, and public policy choices.

The project relies on rigorous and innovative methodologies, including:

- Mapping and structured modeling of local stakeholders (health and social actors, municipalities, civil society, green infrastructures),
- Participatory co-creation processes to design locally adapted nature-based activity programs,
- Experimental studies to assess the effectiveness of interventions in reducing loneliness and improving quality of life,
- Economic evaluations (cost-benefit and cost-effectiveness analyses) to inform evidence-based public investments,
- Development of a digital platform to facilitate coordination between prescribers, facilitators, and beneficiaries, thereby strengthening deployment and integration into existing systems.

The interventions were implemented in six pilot cities with varied institutional and socioeconomic contexts: Barcelona, Helsinki, Prague, Melbourne (Australia), Cuenca (Ecuador), and Marseille. They target populations at risk of loneliness. In Marseille, where the poverty rate reaches 25%, the intervention focused on individuals experiencing acute socioeconomic precarity (ANCT).

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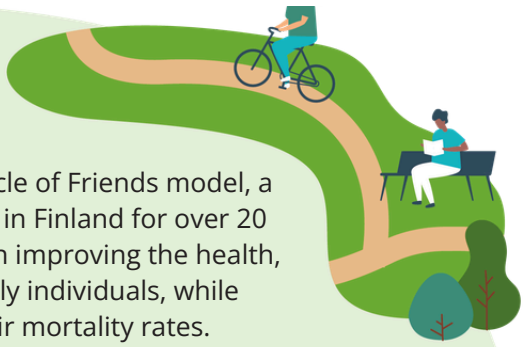
The Methodology: "Friends in Nature"



The Friends in Nature intervention is based on the Circle of Friends model, a scientifically proven approach developed and applied in Finland for over 20 years. This model has demonstrated its effectiveness in improving the health, well-being, and cognitive functions of isolated elderly individuals, while reducing their use of healthcare services and their mortality rates.

The RECETAS project adapted this model by systematically integrating the health benefits of exposure to natural environments, using a social prescribing framework to facilitate its adoption and implementation. It also expanded its target audience to include all individuals vulnerable to loneliness, such as refugees, LGBTQIA+ individuals, and those experiencing socioeconomic precarity. The Friends in Nature intervention follows a community-based approach focused on empowerment and a person-centered model. It combines weekly group meetings and nature-based activities selected from a locally co-created menu.

The groups are led by trained facilitators, whose role is to foster group dynamics, gradually transfer decision-making power to participants, and promote autonomy and the sustainability of social connections.

The effectiveness of the intervention was evaluated through randomized controlled trials (RCTs) in Barcelona, Helsinki, and Prague, supplemented by observational studies in Cuenca, Melbourne, and Marseille. Results were measured up to one year after the interventions, allowing for an assessment of the long-term sustainability of the benefits.

How Group Nature-Based Activities Improve Health, Reduce Loneliness, and Strengthen Citizens' Sense of Belonging to Their Living Environment

In Marseille, the work conducted as part of the RECETAS project highlighted the following results:

- **Social Prescribing: A Pathway to Alleviate Loneliness.** Nature-Based Social Prescribing (NBSP) addresses loneliness as a modifiable determinant of health through the Friends in Nature intervention. In Marseille, loneliness-related suffering decreased by 25% after the intervention, and psychological well-being improved by 11%.

- **The Strength of Proximity and De-Medicalization.** In Marseille, the program was implemented in accessible green and blue spaces (parks, gardens, coastal areas), offering free participation and transportation support, thereby enhancing its acceptability and adoption. The intervention did not rely on medical prescriptions. Instead, it was organized in collaboration with social organizations and local partnerships to ensure that the most vulnerable and isolated individuals could benefit.

- **RECETAS Lessons on Multigenerational and Inclusive Approaches.** The results from the Marseille pilot confirm that NBSP is an inclusive intervention, capable of reducing loneliness and improving quality of life across the entire spectrum of socioeconomic vulnerability. The positive outcomes observed in participants aged 18 to 83 suggest that the program's effectiveness is independent of socioeconomic status or age, supporting its scalability to a larger scale.

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- **The Benefits of Transformative Nature-Based Interventions.** Studies conducted across the six pilot sites demonstrated high scalability in contrasting urban environments while maintaining three fundamental pillars: Structured groups,Facilitator training, Exposure to nature. This group-based architecture ensures resource efficiency and fosters the creation of sustainable peer-support networks. To further validate the economic justification, an economic evaluation quantified the cost-effectiveness of the intervention and the socioeconomic costs of inaction in Barcelona, Prague, and Helsinki. By prioritizing collective nature experiences, this intervention marks a significant shift from traditional French clinical models—which are individual-centered—by redirecting care toward community-based and non-institutionalized environments.

- **Nature as a Third Facilitator and Amplifier in Social Prescribing.** The intervention illustrates nature's role as a third facilitator, supporting emotional regulation and enabling social connections through shared experiences. In Marseille, the connection with nature increased by 23%, highlighting a dual reconnection: participants reconnected with others and re-established a sense of belonging to their environment, thereby strengthening their sense of community and attachment to their living space.

Lessons from Abroad for the Recognition of Social Prescribing

While French health policies have not yet fully integrated the fight against loneliness, other countries have implemented national strategies and operational responses. In England, social prescribing is recognized as a key public health instrument for addressing social determinants of health, reducing chronic diseases, and improving overall wellbeing.

Complementary to medical care, it aims to reduce loneliness, support patients with chronic conditions, and reduce excessive use of medical services. In 2022, over one million patients benefited from social prescribing in England, with diverse programs: physical and sporting activities, arts and culture, group interventions, and practical support (administrative or social needs).

To achieve this, the government has recruited and trained over 1,000 link workers (territorial coordinators) to connect healthcare professionals with local organizations and created the National Academy of Social Prescribing to evaluate effectiveness and manage funding for community initiatives.

Barcelona and the Catalonia Region offer additional inspiring examples. Barcelona's 2020-2030 strategy targets loneliness across all ages through four pillars:

- Awareness-raising and knowledge production,
- Deployment of resources and services,
- Transformation of public spaces and housing models,
- Adaptation of municipal governance.

These pillars are implemented through an action plan of 71 measures with dedicated funding. Similarly, the Government of Catalonia promotes social prescribing in primary care, offering:

- Training for professionals,
- A guide for interventions targeting addictions,
- A digital platform listing local activities,
- Coordination with municipal health policies.

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III. Guidance for Public Action: Reducing Loneliness Through Nature-Based Solutions

As demonstrated by the RECETAS project, nature-based social prescribing establishes a significant link between health, social connection, and nature, offering a concrete response to mental and physical health challenges by making nature a therapeutic vector. These interventions also foster greater sensitivity to the living world and a strengthened sense of territorial and community belonging.

To develop a public policy roadmap aimed at recognizing and implementing nature-based social prescribing, an intersectoral approach is necessary. Combating loneliness and social isolation requires integrating social, health, and urban planning strategies. To this end, 12 recommendations will be organized into 5 strategic orientations.

A. Promoting recognition of nature-based social prescribing through the One Health approach

#1 : Integrate nature-based social prescribing as a prevention tool anchored in the One Health approach

The first recommendation is to support the institutionalization of nature-based social prescribing by integrating it into the One Health approach. This approach recognizes the interconnections between human, animal, and environmental health. It encourages cross-sector collaboration to prevent and manage health risks and improve overall wellbeing. Formalizing these prescriptions offers a concrete pathway for all citizens to benefit from this holistic conception of health.

By recognizing and mobilizing these interconnections, nature-based social prescribing operationalizes the principles of the One Health approach. For example, the Friends in Nature pilot studies have locally developed programs including gardening activities, guided forest walks, and outdoor meditation, with the aim of improving access to green and blue spaces and reducing loneliness.

By facilitating structured and regular access to natural or semi-natural spaces, these prescriptions simultaneously improve individual mental and physical health, social determinants of health, and foster a vital reconnection with the living world.

Therefore, nature-based social prescribing constitutes a relevant operational lever to translate the One Health ambition into national and local public policies. It effectively bridges the gap between health prevention, social justice, and access to nature for urban dwellers.

B. Building sustainable governance for effective implementation of nature-based social prescribing

Two complementary action areas are necessary to build governance that supports social prescribing:

- Structuring a network of civil society organizations
- Establishing multi-actor governance

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#2 : Support the structuring of a coalition of civil society organizations engaged in promoting access to nature for health purposes

Despite the many initiatives already implemented in the Bouches-du-Rhône department to reconnect citizens with nature, many actions remain poorly structured and lack visibility. Nature-based social prescribing initiatives are not marginal experiments: they already exist, are recognized by field actors, and are implemented by a wide range of civil society organizations.

Creating a dedicated coalition for nature-based social prescribing would strengthen advocacy efforts by highlighting the preventive and curative benefits of these approaches. Such a network would also facilitate cooperation between organizations, reduced competition for funding, pooling of technical capacities, formation of alliances between actors with complementary profiles.

This coalition would be closely affiliated with the Friends in Nature Alliance, an international working group emerging from the RECETAS consortium. The Alliance supports the global deployment of nature-based social prescribing by offering: Facilitator training, Continuous evaluation of the system, Implementation in multiple contexts, Operational support for local deployment.

However, the recognition of social prescribing as an effective public health tool requires governance mechanisms that extend beyond civil society alone.

#3 : Create a territorial network for nature-based social prescribing bringing together public authorities, health professional organizations, and associations offering adapted practices

Existing local networks, developed to support access to adapted physical activity (APA) since 2016, offer a relevant operational model. These networks typically involve: Public authorities, Health professional organizations, Associations offering adapted practices.

The involvement of universities or public health research units is also essential for evaluating social prescribing initiatives, including their long-term impacts on public health and the economy.

Finally, organizations supporting populations particularly vulnerable to loneliness must be fully integrated into this governance framework. This multi-actor network could implement a set of actions related to social prescribing, including:

- Organizing networking and exchange events between health professionals, medico-social professionals, and nature-based activity providers
- Evaluating training programs and social prescribing frameworks to ensure continuous improvement
- Pilot testing nature-based social prescribing at the local level

This **inter-actor network is a key governance body** for supporting the implementation and monitoring of actions to strengthen the recognition of nature-based social prescribing.

B. Strengthening health systems with nature-based social prescribing: a political action

Within the medical system, several obstacles hinder the institutionalization of nature-based social prescribing:

- **A lack of recognition of the link between health, social factors, and nature as critical determinants of health.** This translates into limited coverage of these themes in medical programs, persistent skepticism about the scientific validity of social prescribing. Yet, evidence from the RECETAS project directly contradicts this perception by demonstrating clear health improvements.

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- **A significant gap exists between healthcare professionals who prescribe and organizations offering adapted nature or social activities.** Establishing these links currently imposes an additional administrative burden on practitioners—particularly general practitioners and nurses—who lack the capacity to manage this load alongside their existing clinical obligations.

- **Additionally, the absence of legislative and policy frameworks prevents healthcare professionals from prescribing group nature activities.** Current regulations neither sufficiently support nor formalize these interventions as standard clinical practices.

These challenges have led to the following recommendations, which should be considered as a structured and coherent public policy strategy.

#4 : Implement local pilot projects for nature-based social prescribing through the creation of "Territorial Coordinators"

Although abundant scientific literature now attests to the effectiveness of nature-based social prescribing (NBSP), local pilot projects represent the most effective path to formal recognition in France. Local Health Committees (Comités Locaux de Santé – CLS) constitute the ideal steering bodies to promote social prescribing and oversee territorial experiments. Depending on the competent local authorities, these pilot projects can be implemented at the municipal, intercommunal, departmental, or regional level. Regional Health Agencies (ARS) and local authorities (municipalities, departments, regions) must be involved. At a later stage, the Primary Health Insurance Fund (CPAM) could also become a funder via the Article 51 mechanism, which supports local public health initiatives.

The role of public authorities in this pilot initiative is threefold:

- Fund territorial coordinator positions – Essential for linking healthcare professionals with activity providers and supporting patients throughout their journey. These coordinators could be directly integrated into Territorial Professional Health Communities (CPTS), "Sport-Health Houses," or other medico-social structures.
- Fund organizations offering adapted activities – To ensure free or low-cost access for patients, particularly through dedicated calls for projects.
- Ensure evaluation of the pilot project – In partnership with a research unit (e.g., AP-HM).
- Pilot the governance of the initiative

See Annex #1 for a project sheet: Nature-based social prescribing pilot project.

#5 : Train professionals in social prescribing and the health benefits of nature-related activities

While medical and social programs increasingly integrate social determinants of health (such as physical activity and nutrition), the role of connection with nature in mental and physical health remains underestimated. To address this gap, the following actions are necessary. Implement initial and continuing training modules for students and professionals, including doctors, nurses, specialized educators, and psychologists. These modules must:

- Raise awareness of the impacts of loneliness on health
- Provide operational tools for implementing nature-based social prescribing, based on evidence-based practices
- Integrate the "Friends in Nature" intervention methodology, using the RECETAS project's "Training Facilitators" manual
- Equip professionals with digital tools and protocols needed to effectively collaborate with providers of adapted activities and "Territorial Mediators"

See Annex #2 for a project sheet: Training, dissemination, and networking program for nature-based social prescribing.

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#6 : Create a digital platform to connect activity providers, prescribers, and beneficiaries

The Friends in Nature digital platform is a unified system designed to bridge gaps between healthcare professionals, facilitators, and participants through a multi-level account system. Although successfully tested as part of the "Friends in Nature" pilot project in Barcelona, its deployment in the Bouches-du-Rhône department requires integration with existing local practices.

By centralizing information from local organizations and nature-related initiatives in a shared interface, the platform offers, Prescribers: Real-time visibility on effective practices / Facilitators: Simplified participation management and impact reporting.

In the Bouches-du-Rhône, this tool would transform fragmented community efforts into a structured network, providing healthcare professionals with a reliable and accessible tool to guide patients toward nature-based social prescribing. In the long term, deploying Friends in Nature in the region would catalyze the professionalization of social prescribing, fostering better institutional coordination and the recognition of nature-based social prescribing as an official component of the regional care pathway.

C. Design urban environments that strengthen territorial and community belonging

The environment plays a decisive role in the physical and mental health of citizens, with proximity to natural spaces being a key determinant. Consequently, health outcomes depend not only on health policies but are deeply influenced by urban planning and territorial development.

The availability of public transport to connect all neighborhoods to natural areas—along with the equitable distribution of green spaces—represents a fundamental issue for social and territorial justice. This interaction between human health and the living world (ecosystems and biodiversity) is summarized in the emerging One Health approach.

#7 : Develop a cross-cutting One Health roadmap within local authorities

To operationalize the One Health approach, institutions must expand the notion of "care" beyond the health sector alone. Public health issues must be integrated into all areas of competence of local authorities, including urban planning, transport, mobility, social action.

A One Health roadmap can be implemented within each local authority to ensure synergies between territorial development, citizen health, and ecosystem resilience

Examples of strategic projects for the One Health roadmap in the field of territorial planning:

- School greening: Implementation of revegetation of schoolyards and pedestrian paths leading to schools.
- Inclusive connectivity: Strengthening public transport links to ensure that all neighborhoods, particularly disadvantaged areas, have direct access to public parks and major natural infrastructures.
- Urban regeneration: Creation of new public green spaces by rehabilitating urban wastelands or polluted sites (brownfields).
- Health-promoting urban planning: Integration of specific guidelines into Local Urban Plans (PLU) to prioritize urban development that is aware of health issues and biodiversity preservation. Health Impact Assessments (HIA), currently in the testing phase.

See Annex #3 for the project presentation sheet: Territorial One Health roadmap.

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#8 : Ensure universal and inclusive access to public natural spaces

This objective requires shared governance between local authority services responsible for urban planning, priority neighborhoods (City Policy), social action, and public health.

Municipalities and intercommunalities are the main actors due to their territorial planning competencies, while Regions play a key role in defining strategic guidelines in their planning tools (SRADDET). This inclusivity objective must be managed and monitored as a central component of the local "One Health" mandate.

To achieve universal inclusivity in public natural spaces, several strategic levers are available:

- Legal urban planning: Integrate accessibility objectives to natural spaces in local urban planning documents (PLU-i) to ensure every resident lives within a determined distance of a green space.
- Urban renewal: Clean and redevelop urban wastelands and neglected sites into public gardens, prioritizing densely populated or disadvantaged neighborhoods.
- Inclusive public spaces co-designed with residents: Deploy universally accessible infrastructure, including:
  - Paths adapted for strollers and people with reduced mobility (PMR)
  - Inclusive furniture
  - Clear signage
  - Secure environments
- Adopt "Child-Friendly City" and "Age-Friendly City" standards to meet the needs of children, elderly people, and people with disabilities. The New European Bauhaus approach can provide inspiring guidelines.
- Organize co-design workshops with residents to ensure urban furniture, paths, and signage promote both accessibility and social interaction. These workshops must ensure representation of all demographic groups, including parents, seniors, and people with disabilities.
- Connectivity and transport: Ensure regular public transport services connecting all neighborhoods—particularly the most disadvantaged—to major public natural infrastructures.
- References and indicators: Use the Network for Health-Promoting Urban Planning (to be created in Marseille) as a reference to monitor progress and share best practices.

#9 : Promote living environments that foster social cohesion

To combat loneliness and its negative impacts on health, public authorities must support the development of housing models that encourage social interactions, such as:

- Intergenerational residences (mixing elderly people and students)
- Co-living spaces with shared common areas
- Cooperative housing

Beyond housing, it is essential to promote other shared urban interaction spaces, including:

- Community gardens
- Sports and leisure spaces
- Equipped public spaces (benches, picnic tables, play areas like chess tables)

Where residents can meet, exchange, and strengthen social bonds.

Integrating social interaction into urban planning and public infrastructure can thus play a key role in improving wellbeing and creating resilient and connected communities.

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D. Integrate nature into local social policy agendas

#10 : Prioritize socially and economically vulnerable populations in NBSP pilot projects and the implementation of the One Health roadmap

The development of the One Health approach and nature-based social prescribing (NBSP) must take into account a major health determinant: socio-economic vulnerability and marginalization.
Vulnerable and marginalized populations are statistically more exposed to loneliness, social isolation, and limited access to natural environments, as they often reside in disadvantaged neighborhoods lacking green spaces. Therefore, these groups must be a priority target for pilot projects promoting nature as a solution to loneliness.

The One Health framework implemented by local authorities must ensure close collaboration between the following sectors:

- Internal integration: Services dedicated to social action and urban policy for priority neighborhoods (Quartiers prioritaires de la Politique de la Ville - QPV) must be at the core of the institutional strategy.
- External integration: Governance must include NGOs and foundations supporting precarious populations, neighborhood collectives, community social centers, and citizen councils of priority neighborhoods.

#11 : Implement mediation strategies to address "invisible barriers" to access to natural and social spaces

Social science research shows that, beyond physical obstacles (such as geographic distance, lack of public transport, or limited accessibility for people with reduced mobility), psychosocial and symbolic barriers severely hinder access to public natural spaces for vulnerable populations. These "invisible barriers" particularly affect:

- Isolated elderly people
- Migrants and refugees
- Disconnected youth
- People suffering from physical or mental disorders

To be effective, public policy must tackle these symbolic obstacles through dedicated social and educational support mechanisms, including:

- Nature education awareness: Multiply school outings in natural settings to familiarize children, from an early age, with local parks and ecosystems, thus fostering a lasting sense of belonging and familiarity.
- Nature-based social prescribing (NBSP): Use non-medical prescriptions or referrals to offer structured support and professional guidance to isolated or chronically ill individuals, enabling them to safely and confidently reconnect with natural spaces.
- Support for existing mediation programs: Ensure sustainable funding and resources for associations and community organizations specialized in social mediation and environmental education.

Addressing these barriers is essential to ensure all citizens feel legitimate in occupying and using the social and cultural richness of their environment.

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#12 : Implement psychosocial workshops to promote wellbeing and social connection

Building on the previous recommendations, psychosocial workshops must be systematically integrated into projects involving populations vulnerable to loneliness. For example, in France, Women's Houses offer medical, legal, and psychological support to victims of domestic violence, and some kindergartens and primary schools have benefited from the Emotional and Social Development Program (PRODAS) to develop children's psychosocial skills.

By leveraging synergies between these projects and the objectives and methods of Friends in Nature, we could achieve joint impacts. For example, PRODAS discussion groups could be held in vegetated schoolyards, and women victims of domestic violence could be invited to participate in gardening, meditation, or nature hiking workshops, thus promoting collective empowerment.

Conclusion and Perspectives for Strengthening a Nature-Based Public Health Approach

In conclusion, loneliness is a major determinant of health that must be treated as a priority in public policy. It affects all age groups, but disproportionately impacts low-income populations, with serious consequences for physical and mental health. The RECETAS project (Horizon 2020) provides evidence on the effectiveness of nature-based social prescribing (NBSP).

This document sets out guidelines for developing a policy strategy aimed at reducing loneliness by strengthening both citizens' connection with nature and social ties between individuals.

The 12 recommendations cover:

- health policies (through the institutional recognition of the NBSP as a non-medical intervention),
- spatial planning policies (by ensuring that public spaces are universally accessible),
- social policies (to strengthen people's connection with nature and combat loneliness and isolation, with particular attention paid to vulnerable groups, who are disproportionately affected).

These recommendations incorporate the PSfN and go beyond it. The strategy must be cross-cutting and based on multi-stakeholder governance, bringing together public authorities, civil society organisations and healthcare professionals. It aims to foster strong connections between people and nature, based on evidence from the RECETAS project and in line with the One Health approach.

More information

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