

A shared glossary for social prescribing in Victoria

Victorian Social Prescribing Collaborative



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Acknowledgement of Aboriginal Victoria

We acknowledge Aboriginal people as Australia's First Peoples and the Traditional Owners and custodians of the lands and waters on which we work, learn, live and play. We pay our deep respects to Aboriginal Elders past and present and acknowledge that sovereignty has never been ceded.

Acknowledgements

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Background and Context

Social prescribing describes the practice of individuals being referred to a range of community programs and services, social supports and other non-clinical interventions to improve physical and/or mental health and wellbeing. It is gaining international recognition as a holistic approach and addition to healthcare that addresses non-clinical needs that can adversely affect the health and wellbeing of individuals. Social prescribing originated within England, beginning with locally instigated small-scale initiatives several decades ago. More recently, social prescribing has been systematically established within England's primary care system through specific funding arrangements. Social prescribing has expanded globally with local versions adopted in various countries, including Wales, Ireland, Canada, the USA and Singapore⁽¹⁾.

In Australia, small-scale, local-level social prescribing initiatives have been implemented over the last decade. These are generally initiated by GP practices, Primary Health Networks (PHNs), Neighbourhood Houses/Centres, or other community and consumer organisations. Several state governments have also initiated social prescribing programs, including the Victorian Government's Local Connections social prescribing services in six Mental Health and Wellbeing Locals⁽²⁾; the Queensland Government partnerships with Neighbourhood Centres for the Putting Kids First Social Prescribing Trial⁽³⁾; and the now concluded South Australian Nature Prescription Trial⁽⁴⁾.



Two organisations have emerged specifically to champion the advancement of social prescribing in Australia. The Australian Social Prescribing Institute of Research and Education (ASPIRE) is an organisation set up to support social prescribing in Australia through research, connections, evidence and education⁽⁵⁾. Until recently, the Australian Disease Management Association (ADMA) hosted a Social Prescribing Network, an informal community of practice to share knowledge, resources and experiences of social prescribing across Australia. The network included various health professionals, health service providers, consumers, social care workers, researchers, volunteers and policy professionals. ADMA also hosts a resource hub and collates a list and map of current social prescribing programs across Australia⁽⁶⁾.

In 2023, the Australian Government Department of Health and Aged Care (now Department of Health, Disability and Ageing) commissioned the Australian Health Policy Collaboration group (AHPC) at Victoria University to undertake a National Feasibility Study on integrating social prescribing into Australia's primary care system. The Feasibility Study report was released in November 2025⁽⁷⁾.



In Victoria, there is an ad hoc approach to the development of social prescribing initiatives with numerous programs run by Neighbourhood Houses, local councils, libraries, community health organisations, general practices, PHNs and by the Victorian Government Department of Health. The Victorian Department of Health Wellbeing Promotion Office (WPO) commissioned a survey of social prescribing in Victoria in 2022⁽⁹⁾. The survey illustrated the diversity of social prescribing programs and models in Victoria, including varying definitions of key terms and a range of funding approaches, as well as common challenges faced by the sector related to coordination, stakeholder engagement and evaluation.

The Victorian Social Prescribing Collaborative (VSPC) was convened following the 2022 Victorian Social Prescribing Survey. The VSPC was established to develop a shared understanding of social prescribing and to develop a plan to promote and strengthen existing approaches to social prescribing within Victoria. The VSPC report, *Understanding Social Prescribing's Emergence in Victoria*, made recommendations for an action plan for the ongoing work of the VSPC, which included developing a shared social prescribing glossary⁽¹⁰⁾.

What is a glossary?

A glossary is a collection of specialised terms used in a particular context with their corresponding meanings⁽¹¹⁾. Unlike a general dictionary, which is a collection of definitions from across a language, a glossary is highly contextual and selective, focusing only on words that might be unfamiliar, ambiguous or have a particular technical meaning within a given scope. Its purpose is to enhance comprehension and ensure consistent interpretation of key terms, facilitating effective communication by providing a common language reference point⁽¹²⁾.

The challenges of inconsistent language in Victorian social prescribing

A significant challenge faced by social prescribing in Victoria, as in other parts of Australia, is the prevalence of diverse and interchangeable terminology. Across various programs and initiatives, many terms are currently employed to describe similar roles and activities. For example, link workers can also be referred to as community connectors, navigators or social prescribers. While terminology may be specific to the local program, it inadvertently creates a fragmented understanding of what social prescribing is and what it encompasses.

This lack of standardised language is compounded by the complexity of integrating health, social and community sectors. Each of these sectors operates with its own established language. Therefore, the same concept in a social prescribing pathway may be described with vastly different words from professionals from each of these sectors. This can lead to miscommunication, ambiguity and fragmented service experience.

Importantly, inconsistent terminology directly impacts the ability to effectively improve policy awareness and communicate policy opportunities, barriers and priorities related to social prescribing. Without a shared understanding of terms, it becomes challenging to conduct comparable evaluations of outcomes across different programs. This lack of clarity can impede the ability to present clear and evidence-backed funding requests, slowing the progress and sustainable growth of initiatives.

The value of a glossary: shared language and understanding

Shared language is critical to collaboration, allowing individuals and groups to communicate more effectively. Using shared language and understanding terminology in the same way, reduces the potential for misinterpretation and confusion. Shared language acts as common ground, ensuring messages are communicated and understood as intended.

The diverse range of terminology used and the lack of a shared language in social prescribing are well-recognised issues internationally.

The Wales Social Prescribing Research Network (WSPRN), a network of over 350 researchers and professionals hosted by the Wales School for Social Prescribing Research (WSSPR), identified the need for a reference tool to help clarify and standardise terminology. Subsequently, WSSPR, in collaboration with Public Health Wales, committed to developing an evidence-based glossary of social prescribing terms ('Splossary') relevant to the Welsh context (13). The aim of developing the 'Splossary' in Wales was to improve clarity and communication within social prescribing and to provide an informative reference tool for both the workforce and individuals involved in, or encountering, social prescribing. This glossary takes inspiration from and used the Wales 'Splossary' as a starting point.



Methodology

Development of the Victorian social prescribing glossary included a workshop with the VSPC on 'what success looks like' in a shared glossary and a rapid evidence scan, followed by several rounds of consultations with the VSPC members on what terms should be include and the description of each term.

What does success look like?

During the June VSPC meeting, participants took part in an exercise to describe the objectives, intended audience and indicators of success for the proposed glossary. The outcomes of this are summarised below.

Glossary objectives

Our objective in developing a shared glossary for social prescribing in Victoria is to establish a universally understood and applied language across all relevant sectors. Developing a glossary seeks to simplify and demystify social prescribing terminology, fostering clarity for providers, health professionals and service users. Beyond describing key terms, the glossary will also act as a thesaurus, highlighting related or interchangeable terms to help connect the diverse terminology currently in use.

By providing clear definitions/descriptions, the glossary will enhance the legitimacy of social prescribing within Victoria. It will enable individuals to articulate the concept more effectively to people unfamiliar with social prescribing and subsequently promote awareness and further development of social prescribing. A shared understanding of what social prescribing entails and why it is important will be important for its continued growth and integration within the Victorian health and social care landscape.



Who is the glossary for?

A shared glossary for social prescribing in Victoria aims to be a resource for a wide range of users. Ideally, it would establish a common language across diverse groups, including individuals and communities accessing services, providers, link workers, health professionals, researchers, community asset providers and sector organisations. This shared understanding is important to consistent communication and effective collaboration.

While the goal is to create a universally understood language, developing a single set of terms that resonates with such a broad audience presents a significant challenge. The way language is interpreted can vary greatly depending on an individual's background, education and professional context. For instance, terms readily understood by health professionals might be completely foreign to someone seeking support in their local community. We aim to make the glossary as accessible as possible, acknowledging the potential variations in language comprehension while striving for clarity that bridges these gaps. This means carefully considering word choice and definitions/descriptions to ensure they are clear and meaningful to everyone, regardless of their prior knowledge and experiences with social prescribing.

How will we know it's working well?

Victoria's shared social prescribing glossary will be effective with both universal acceptance and universal application across relevant stakeholders. When the glossary is universally used in Victoria, there will be several direct benefits for service providers, communities and consumers and funding bodies.

Firstly, it should increase awareness of social prescribing more broadly throughout the community and among professionals. When there is consistent language, the concept becomes more accessible and understandable, facilitating greater recognition of its value.

Secondly, a well-used glossary will build agency for beneficiaries. Clear and consistent terminology empowers individuals to better understand the services available to them and have greater confidence in their understanding of the process. This enhanced understanding can lead to more meaningful engagement.

Finally, the glossary is expected to foster collaboration both between and within sectors. When diverse organisations and professionals speak the same language, misunderstandings are reduced and communication and collaboration are strengthened. The hope is that this shared language will facilitate more integrated and coordinated approaches to social prescribing in Victoria.



Rapid evidence review

The initial list of potential terms for inclusion were derived from the Wales 'Splossary'. These were then assessed against Australian and international peer-reviewed literature and Australian grey literature to create a list of terms that were relevant to the Victorian context. Initial descriptions for these terms were derived from Australian and international peer-reviewed literature and Australian grey literature.

VSPC Consultations

Over several months, the VSPC were consulted both in and out of session to refine numerous drafts of the glossary. This included both the terms for inclusion and the term descriptions. This final version was developed through four draft iterations of the glossary

Descriptions, not definitions

The VSPC chose to follow the Wales 'Splossary' and use descriptions, rather than definitions. Using descriptions allows us to include contextual information and describe it from the perspective of social prescribing in Victoria. The use of descriptions also acknowledges the evolving nature of language. Initial descriptions were drawn from the literature and were adapted based on previous work on social prescribing in the Australian and Victorian policy landscape. They were further refined through the consultation process with the VSPC.

Limitations

This glossary represents an initial draft. It was developed with early input from the VSPC. Broader consultation with social prescribing stakeholder across Victoria has not yet been undertaken. The content is informed by literature and practice-based experience within the Victorian context and may not fully reflect emerging models or perspectives. Further refinement over time will be required as the social prescribing landscape and associated language continue to evolve.

How to navigate the glossary

This glossary contains 26 terms. A broader list of terms were derived from the Wales 'Splossary', Australian and international peer-reviewed literature and Australian grey literature. The list of terms were narrowed down into the final 26 for inclusion by the VSPC based on their applicability to the Victorian context.

Terms are displayed in alphabetical order.

Alternative terms are those terms considered synonymous with the glossary term. It may be a term that is preferred by different sectors but can also be used interchangeably.

Related terms are those terms also in the glossary that are closely related. Where these appear in another description, they have been underlined.

Glossary terms

Active/supported referral

Community capability

Community resources and activities

Community resource and activity providers

Community spaces

Co-production

Individual

Individual action plan

Link worker

Link worker functions

Loneliness

Nature-based social prescribing

Non-clinical needs

Quality of life

Referral

Self-referral

Signposting

Social connection

Social determinants of health

Social isolation

Social prescriber

Social prescribing

Social prescribing program/service

Social prescription

Social support

'What matters to you' conversation

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Active/supported referral

Where the health professional, community sector professional or volunteer making the social prescribing [referral](#) provides tailored support to ensure the individual can effectively engage with the referred service or activity. Active/supported referrals represent a contrasting approach to [signposting](#), which refers to only the provision of generalised information without tailored support.

Alternative terms: Warm referral.

Related glossary terms: Referral, social prescriber, link worker, community resources and activities.

Community capability

A community's ability to effectively use its resources, such as social systems, community assets and the skills of [individuals](#) and organisations to solve problems, pursue opportunities and improve collective wellbeing.

Alternative terms: Community capacity, community building, community development.

Related glossary terms: Social support, community resources and activities, community spaces, community resource and activity providers

Community resources and activities

The broad range of community services, programs, groups and other supports that can be included in a [social prescription](#) and associated action plan. [Social prescriptions](#) and [individual](#) action plans must be co-produced with the [individual](#) and include the [community resources and activities](#) tailored to their needs and preferences.

Examples include Men's Sheds, activities run in Neighbourhood Houses, art classes, nature and outdoor activities, support groups, dementia cafés, community choirs, online social connections and more.

Alternative terms: Non-clinical interventions, community programs and groups, community services.

Related glossary terms: Community spaces, nature-based social prescribing, providers, social prescription, individual action plan, community capability, social support.

Community resource and activity providers

The organisations and groups that provide [community resources and activities](#) within a [social prescribing](#) system. They are most commonly community sector organisations, local councils and various community groups but can also include housing, employment and other statutory services.

Alternative terms: Community organisations, community groups, social prescribing service providers

Related glossary terms: Community resources and activities, community spaces, community capability, social prescription, nature-based social prescribing, referral, active/supported referral, social connections, social support

Community spaces

The range of local spaces, infrastructure and digital spaces that support the delivery of [social prescribing](#) in the community. In the context of [social prescribing](#), community spaces serve as settings or potential settings for [individuals](#) to engage with [community resources and activities](#) that are accessible at low or no cost.

Examples include parks, sports facilities, libraries, community centres and online community forums.

Alternative terms: Community assets, third spaces.

Related glossary terms: Community resources and activities, nature-based social prescribing, providers, social prescription, individual action plan, community capability, social support.

Co-production

A collaborative approach where [individuals](#) in the community work with service providers/health professionals/policymakers to develop services, programs, plans or solutions. Co-production is built on the principle that those with lived experience have valuable knowledge and should be empowered as equals in the collaborative process. Inherent power imbalances between service providers/health professionals and [individuals](#) need to be acknowledged to achieve equal partnerships in the process. Co-production is related to other concepts, particularly shared decision-making, co-design and co-creation.

In the context of [social prescribing](#), co-production is most often used to describe the development of [individual action plans](#) and [social prescriptions](#) between a [social prescriber](#) and an [individual](#).

Alternative terms:

Related glossary terms: Individual action plan, social prescription, link worker, social prescriber, individual, community capability.

Individual

In the context of this glossary, an [individual](#) refers to a person who has been referred to and engages with a [social prescribing program/service](#) and/or [community resource and activity](#).

Alternative terms: Service user, person, client, consumer, guest.

Related glossary terms:

Individual action plan

Describes a [co-produced](#) plan, developed collaboratively between a [social prescriber](#) and an [individual](#), which details the individual's social prescribing goals and the steps that will be taken to achieve them. It is closely related to a [social prescription](#), with a [social prescription](#) detailing the [community resources or activities](#) an [individual](#) has been referred to and an individual action plan detailing how they will be supported to engage with these [activities and/or resources](#).

Alternative terms: Wellbeing plan, personalised care plan.

Related glossary terms: Social prescription, co-production, social prescriber, link worker, community resources and activities.

Link worker

The common title of the workforce role established in [social prescribing programs/services](#) that connects individuals to appropriate community resources, activities and other supports. Link workers provide a bridge between health and community services. The link worker undertakes a [‘what matters to you’ conversation](#) with the [individual](#) and together they [co-produce](#) a [social prescription](#) and [individual action plan](#).

The link worker role has various names, both in Australia and internationally. In Victoria, another commonly used term for the role is ‘community connector’.

Link workers can be located in a diversity of settings, including neighbourhood houses, mental health and wellbeing services, libraries, general practices or other health services.

Alternative terms: Community connector, navigator, wellbeing advisor, wellbeing coordinator.

Related glossary terms: Social prescription, co-production, ‘what matters to you’ conversation, link worker function, individual action plan, social prescriber, social prescribing, social prescribing program/service, social support.

Link worker functions

The functions undertaken by a [link worker](#) or [social prescriber](#). They include:

- Initiating a [‘what matters to you’ conversation](#) with a referred [individual](#).
- [Co-producing](#) a personalised [social prescription](#) and [individual action plan](#) with referred [individuals](#).
- Connecting referred [individuals](#) to relevant local services and activities outlined in the [social prescription](#) and [action plan](#).
- Work with and support local [community resource and activity providers](#) to build their capacity to engage with [social prescribing](#) and provide welcoming and inclusive environments.
 - Work with and engage potential referrers, including GPs, other health professionals, community sector professionals and volunteers.
 - Build and sustain strong networks with services and organisations across the health and community sectors.

Alternative terms:

Related glossary terms: Link worker, social prescriber, ‘what matters to you’ conversation, community resources and activities, community spaces, community capability.

Loneliness

A subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships⁽¹⁴⁾.

Alternative terms:

Related glossary terms: Social isolation, social connection, non-clinical needs, social support

Nature-based social prescribing

The practice of connecting [individuals](#) and supporting their engagement with nature-based interventions or activities in natural environments to improve health and wellbeing. [Referrals](#) to activities which involve green spaces (e.g. parks, nature reserves, forests etc.) or bodies of water (e.g. rivers, lakes, oceans), are also known as green prescribing and blue prescribing respectively.

Alternative terms: Nature prescribing, green social prescribing, blue social prescribing, green scripts.

Related glossary terms: Community spaces, community resources and activities, providers, social prescription, individual action plan, community capability, social support.

Non-clinical needs

The social, socioeconomic, practical, emotional, cultural and behavioural needs related to health and wellbeing that can be addressed through non-medical interventions.

Non-clinical needs include [social isolation](#) and [loneliness](#) and the factors commonly known as the [social determinants of health](#), such as socioeconomic status, educational attainment, housing and employment status. They can also include behavioural factors related to the major risk factors for chronic disease (e.g. physical inactivity and unhealthy diets).

Alternative terms: Social needs, non-medical needs.

Related glossary terms: Link worker, social support, social determinants of health, loneliness, social isolation.

Quality of life

An [individual's](#) perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns⁽¹⁵⁾.

Change in quality of life is a measure commonly used to evaluate individual benefits from [social prescribing](#).

Alternative terms:

Related glossary terms:

Referral

The act of directing an [individual](#) to another professional, service or activity that can provide specialised support, help or advice.

In the context of [social prescribing](#), this generally means the [active/supported referral](#) of an [individual](#) from a health or community sector professional to a [link worker](#). It can also describe the referral of an [individual](#) by a [social prescriber](#) to [community resources and/or activities](#).

Alternative terms: Social prescription

Related glossary terms: Link worker, social prescriber, active/supported referral, link worker functions, signposting.

Self-referral

The process of an [individual](#) referring themselves to a [link worker](#) and/or a [social prescribing program/service](#).

Alternative terms:

Related glossary terms: referral, link worker, social prescriber.

Signposting

In the broad sense, signposting refers simply to pointing the [individual](#) in the direction of potentially useful or helpful information or activities.

In the context of [social prescribing](#), signposting generally refers to health or community professionals providing information to [individuals](#) about community resources, activities or other supports that could enhance their health and wellbeing. For example, this would include a GP providing an [individual](#) with the name of a potentially beneficial local [community activity](#), without providing further details or support to facilitate the individual's engagement with the activity.

Signposting is most appropriate for [individuals](#) who have the capacity and capability to engage with [activities and resources](#) without additional support.

Alternative terms: Highlighting, pointing out.

Related glossary terms: referral, community resources and activities, community spaces, active/supported referral.

Social connection

A continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities⁽¹⁶⁾.

Alternative terms:

Related glossary terms: Social isolation, loneliness, non-clinical needs, social support.

Social determinants of health

The conditions in which people are born, grow, work, live and age that influence health and wellbeing.

Social determinants include but are not limited to: socioeconomic status; education; housing; transportation; food security; psychosocial risk factors; the social environment and support networks; community and civic engagement; social and civic trust; and the physical environment, including the natural environment.

Alternative terms: Wider determinants of health.

Related glossary terms: Non-clinical needs.

Social isolation

Having objectively fewer social relationships, social roles, group memberships, and infrequent social interaction⁽¹⁴⁾.

Alternative terms:

Related glossary terms: Loneliness, social connection, non-clinical needs, social support

Social prescriber

A professional or volunteer who connects an [individual](#) to community resources, activities and other supports. A social prescriber and [individual co-produce](#) a [social prescription](#) and [action plan](#) which aims to address the [individual's](#) unmet [non-clinical needs](#). A social prescriber is most commonly a [link worker](#), however, it can also describe a health professional, community sector professional or volunteer who undertakes [social prescribing](#) as part of their usual practice (i.e. connects [individuals](#) with [community activities/resources](#) through [active/supported referrals](#)).

Alternative terms:

Related glossary terms: Link worker, individual action plan, social prescription, referral, community resources and activities, active/supported referral.

Social prescribing

A means for a health professional, community sector professional or volunteer (i.e. a [social prescriber](#)) to identify that a person has unmet health-related [non-clinical needs](#), and to subsequently connect them with [community activities, resources](#) and other non-clinical supports to improve health and wellbeing through an [active/supported referral](#) (i.e. not just signposting). Social prescribing emphasises a person-centred, collaborative model of care, where the [individual](#) and [social prescriber](#) work together, facilitated by a '[what matters to you](#)' [conversation](#), to ensure that the unique needs, circumstances and preferences of the [individual](#) are central to the process.

A criticism of the term 'social prescribing' is that it uses 'medicalised' language despite being a community-focused, non-clinical intervention. However, it is the widely accepted term internationally and was originally used to describe the mechanism of social prescribing (i.e. to connect individuals from clinical to community settings).

Alternative terms: Non-medical prescribing, community referral.

Related glossary terms: (all).

Social prescribing program/service

A program or service with the primary purpose of providing [social prescribing](#) in the community. Social prescribing programs/services usually include a specific funded [link worker](#) role. However, in some instances, other workforce roles or volunteers can undertake key [link worker functions](#). A social prescribing program/service can be standalone or alternatively, operate within an organisation providing other services (e.g. Council, Neighbourhood House, Mental Health and Wellbeing Local, community library etc.)

Alternative terms: Social prescribing initiative.

Related glossary terms: Link worker, social prescriber, social prescribing.

Social prescription

The [community resources and/or activities](#) that an [individual](#) is connected to through [social prescribing](#). A social prescription is [co-produced](#) by the [social prescriber](#) and the [individual](#) and largely informed by the unique needs, circumstances and preferences of the individual but dependent on the availability of appropriate [community resources and or activities](#). A social prescription is closely related to an [individual action plan](#), with a social prescription outlining the 'what' and the individual action plan detailing the 'how' (i.e. how an [individual](#) will be supported to engage in the chosen activities/resources). It is acknowledged that 'prescription' is a historically medicalised term, however its use is appropriate given it is the nominalised form of the verb 'social prescribing'.

Alternative terms:

Related glossary terms: Individual action plan.

Social support

The help, care and connections a person receives from a network of others such as family, friends, colleagues or community members.

Alternative terms:

Related glossary terms: Social isolation, social connection, non-clinical needs, loneliness.

'What matters to you' conversation

A conversation between the referred [individual](#) and [social prescriber](#), that aims to assess the [non-clinical needs](#) and determine the unique needs, circumstances and preferences of the [individual](#). This informs the [co-production](#) of a personalised [social prescription](#) and [individual action plan](#). A 'what matters to you' conversation is a central part of the person-centred [social prescribing](#) process.

Alternative terms: Participant-driven goal setting.

Related glossary terms: Co-production, link worker, individual action plan, social prescription.

Appendix 1

Victorian Social Prescribing Collaborative Members

Victorian Social Prescribing Collaborative Members

Victoria Department of Health

- Wellbeing Promotion Office
 - Lexi Marsh
 - Angie Phong
 - Monica Kelly
- Community and Public Health
 - Kellie Merritt
- Gambling Harm Prevention
 - Emma Saleeba

Victorian Department of Families, Fairness and Housing

- Community Inclusion, Veterans and Youth
 - Emily De Rango
 - Rebecca Doherty

Victorian Department of Energy, Environment and Climate Action

- Kate Lee

Australian Disease Management Association

- Kay Ryan
- Associate Professor Lisa Demos

RACGP Specific Interest Group Social Prescribing

- Dr Kuljit Singh
- Dr Jenny Huang

Ending Loneliness Together

- Dr Michelle Lim

Neighbourhood Houses Victoria

- Keir Paterson

International Social Prescribing Collaborative

- Siân Slade

Municipal Associate of Victoria

- Kim Howland
- Ellie Packham
- Jan Black

Primary Health Networks

- Murray
 - Suezanne Martin
- North West Melbourne
 - Mariska Barnett
 - Lyanna Yamsuan
- South East Melbourne
 - Michelle Baxter
- Western Victoria
 - Jess Franks

Parks Victoria

- Victoria Moffat

Australian Social Prescribing Institute of Research and Education

- Associate Professor J.R. Baker

Australian Health Policy Collaboration

- Professor Rosemary Calder
- Stella McNamara
- Tyler Nichols

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