

Victorian Social Prescribing Survey



March 2023

Victorian Social Prescribing Survey

December 22 - February 23

Acknowledgments

Supported by Victorian Department of Health's Mental Health & Wellbeing Promotion Office (Vic DH MHWP Office)

Thank you to the following for survey development advice and input:
Rachael Ball, NWMPHN; Elyse Baker, WVPHN Ltd; Monica Bensberg, Vic DH; Emma Birrell, Vic DH; Greg Bishop, SEMPHN; A/Prof Lisa Demos, ADMA; Nerida Dye, Campaspe Shire Council; Dr Daniel Fineberg, ADMA; Leanne Fitzgerald, CHAOS Network; Jess Franks, WVPHN Ltd; Dr James Ibrahim, RACGP Social Prescribing SIG; Dr Michelle Lim, ELT; Laura Martin, WVPHN; Suezanne Martin, Murray PHN; Lexi Marsh, Vic DH; Sarah O'Leary, NWMPHN; Ellie Packham, Municipal Association of Victoria (MAV); David Perry, Neighbourhood Houses Victoria; Kaylene Ryan, ADMA; Sian Slade, Global Social Prescribing Alliance, Jared Slater, GPHN, Dr Carolyn Wallace, Merri Health

Special thank you to all survey respondents.



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— Introduction



Background

Recognising the growth of social prescribing in Victoria across sectors, the Victorian Department of Health (DH) funded the Australian Disease Management Association (ADMA) to undertake a survey of social prescribing activity in Victoria and to deliver this report. The request for a survey of this kind was also raised through the ADMA social prescribing community of practice.

The survey and report aim to create a baseline understanding of social prescribing in Victoria.

Key stakeholders [Appendix 1] involved in social prescribing in Victoria were brought together to create the survey.

It is anticipated that this report may be used to support further discussions in Victoria about social prescribing, including how to support the sustainable and evidence-informed growth of social prescribing across sectors.

It is acknowledged that the survey will not capture all social prescribing activity in Victoria.



Glossary

For the purpose of this report, the following definitions are used. These terms aim to reflect the most common anecdotes provided by a range of sectors involved in social prescribing in Victoria.

A social prescribing SERVICE: refers to a service solely dedicated to social prescribing usually with a funded worker/s or volunteer/s. The worker usually co-designs a plan with the participant to facilitate social connection and in some cases assist with the social determinants of health. The plan is therefore based on individual preferences and needs. The worker then assists the participant to connect to local activities and services. (The service can operate within an organisation providing other services e.g., council, Neighbourhood House, mental health and wellbeing, community health etc)

A social prescribing RESEARCH trial: refers to a trial being undertaken by a research entity or university which evaluates a social prescribing SERVICE as per above description.

A social prescribing ACTIVITY: refers to a range of available activities which can facilitate social connection and support health and wellbeing. Examples include Men's Sheds, activities run in Neighbourhood Houses, art classes, support groups, dementia cafés, community choirs, online social connections and more.

Part of USUAL PRACTICE: for the purposes of this survey and report this refers to social prescribing work which is undertaken as part of broader work with a client/patient for example general practice consultation, care coordination, social work, mental health practitioners.

Social prescribing eco-system: the social prescribing eco-system refers to the organisations, initiatives and activities that may be supported to engage in through social prescribing. A robust social prescribing eco-system is critical to the success of social prescribing.

Overview

While social prescribing is considered to be emerging in Victoria, it has been described in the following ways:



Social prescribing is a process enabling GPs, nurses and other health professionals or services to refer people to a range of local, non-clinical services to improve their physical, mental, social and/or spiritual health and wellbeing outcomes. Most programs involve a link worker or navigator who works with people to access suitable activities and support. People may, for example, be referred to exercise classes or group activities to help increase their social connections.

Modified from Neighbourhood Houses Victoria

Social prescribing is a means of connecting people to a range of non-clinical services in the community to improve their health and well-being.

Modified from WHO Social Prescribing Toolkitⁱ

Social prescribing connects people to practical and emotional community support, through social prescribing link workers. Social prescribing links them to a range of activities that are typically provided by voluntary and community sector organisations, for example, volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports.

Modified from National Academy for Social Prescribing UKⁱⁱ



The National Academy for Social Prescribing in the UK also notes that socially prescribed activities through National Health Services (NHS) social prescribing programs often fall into four main categories: Advice and Information Social Prescribing (Finding Long-Term Solutions for Financial, Legal and Practical Problems); Arts and Heritage Social Prescribing; Nature based Social Prescribing and Physical Activity Social Prescribing.

More recently international social prescribing model frameworks have included motivational interviewing and behaviour change in the role of the 'link worker' or community connector where there is also a focus on the social determinants of health. Internationally accepted conceptual and operational definitions of social prescribing were established with an international, multidisciplinary panel of experts. A conceptual framework was developed from the definitions.ⁱⁱⁱ

Social prescribing initiatives have been embraced by some Victorian health and social care services to address social isolation and loneliness. Some of these initiatives also seek to address complex challenges that some people face including housing, financial, family, food. Social Prescribing is also currently being trialled across six Mental Health and Wellbeing Locals by the Victorian Department of Health.

Whilst there is no overarching guide for social prescribing in Victoria or Australia, a snapshot of activity has been informally identified through networking and discussions at an informal Victorian Social Prescribing Community of Practice established by ADMA in 2021 and through presentations and panel discussions at the national Social Isolation and Social Prescribing webinar series commencing in 2019.

Most of the social prescribing services, as distinct from a social prescribing activity, are relatively new. The snapshot appears to indicate that social prescribing models currently offered may:

- Be delivered through a funded position, volunteer/s or a combination of both,
- Be delivered via a person with clinical, nonclinical or trained volunteer background
- Be offered by a community health service, Neighbourhood House, council, not for profit organisations or other

- Be a pilot, research or ongoing service delivered within a broader operation such as community health
- Address social connection only or both social determinants of health and social connection
- Be accessible via varying referral pathways

A range of organisations have also indicated an interest in providing or a plan for providing social prescribing.

The Royal Commission into Victoria's Mental Health System recommended that social prescribing be trialled in the new Mental Health and Wellbeing Locals. Social prescribing will be trialled across six Mental Health and Wellbeing Locals, testing social prescribing as an initiative to reduce loneliness and social isolation and to support mental health and wellbeing.

The trial also seeks to

- test the skills and qualifications required of a link worker in the mental health and wellbeing context
- test social prescribing as a model to strengthen pathways between Local Services and non-clinical, community-based activities and initiatives that support community participation, inclusion and connection.

The social prescribing eco-system

Concurrently there is a wide range of activity available in the social prescribing ecosystem, much of which have been offered for decades. Examples include Neighbourhood Houses, Clubhouse for Mental Health, Mens Sheds, Library activities, Choirs, Community supports, Walking Groups, Dementia Cafes, Friends Cafes, Leisure Centres, Therapeutic Gardens, FriendLine, Community Visitor schemes, Sporting and Arts Programs such as THRIVE, ReLink, Western Bulldogs Foundation and more.

Many of these have expressed an interest in connecting more with the health system to activate referral pathways and assist those who may benefit from attending their activities.

Social prescribing as part of holistic practice

At the same time some healthcare and social care workers have noted that they offer social prescribing as part of usual practice e.g., mental health workers, GPs and social workers.



Emerging needs identified for social prescribing in Victoria

Prior to the survey, emerging needs to support social prescribing were identified through a range of informal discussions, including through the community of practice and from the Victorian 'community connector' field. Community of practice discussions have suggested the need to consider:

- Evaluation methodology
- Digital platforms
- Position descriptions for community connectors
- Support and training, including reflective practice support for link workers
- Development of shared models with a focus on whole of community which taps into all existing services and are co-designed by consumers
- Tools e.g., risk assessment tools, referral tools
- Sustainability and support
- EFT and funding sources
- Engagement with General Practitioners and Health Care Workers



Meanwhile other stakeholder discussions have included:

- A need for terminology clarification e.g., social prescribing service, social prescribing activities, link worker/community connector/navigator.
- Scope and model clarification i.e., primary prevention through to complex comorbid and psychosocial challenges and levels of evaluation across this spectrum workforce required across this spectrum e.g., volunteers; layperson workforce; lived experience; clinical.
- Potential need for localised system and co-design development to avoid risk of duplication and confusion for referrers.
- That a sense of belonging may be an important indicator for measuring social prescribing
- Notation that activity organisations (referrals to end stream activity such as Neighbourhood Houses or Clubhouses etc) may not be adequately supported to provide services if social prescribing is expanded and well utilised.
- That healthcare professionals generally support social prescribing services and activities but are keen to understand more about programs and workforce/volunteer training when referring people

This social prescribing survey was proposed to build on the above anecdotes. The survey provides some additional context for these emerging needs and aims to support discussions across sectors about how to address barriers and enablers to social prescribing in Victoria.

To understand more about the social prescribing landscape in Victoria, a Victorian Social Prescribing Survey was developed and distributed to sectors active in social prescribing.

— Survey





Aim

To understand more about the social prescribing landscape in Victoria, a Victorian Social Prescribing Survey was developed and distributed to sectors active in social prescribing.

The survey sought to:

- survey all of those involved in social prescribing (including but not limited to the Victorian Department of Health, Victorian Primary Health Networks, Local Government Areas (council services), Neighbourhood Houses, Community Health, Primary Care, relevant hospital outreach services, mental health and alcohol and other drug (AOD) services, social services, social supports, researchers, the Victorian members of the ADMA Social Prescribing Network)
- gain a baseline understanding of current service models, staffing, funding, evaluation measures, target demographic, barriers, enablers, and more from across Victoria

Process

The survey was developed by ADMA with input from the Victorian Department of Health (including Mental Health and Wellbeing and Community Health), Victorian Primary Health Networks, Neighbourhood Houses Victoria, Chair RACGP Special Interest Group, Municipal Association of Victoria, Dr Michelle Lim Chair Ending Loneliness Together, Sian Slade Global Social Prescribing Alliance and a number of established social prescribing programs. [appendix 1]

A program logic was used to filter respondents via the following categories;

- currently providing
- previously provided but now finished
- planning on providing – scoping
- interested in providing but no confirmed plan

Following liaison with services and therefore understanding that social prescribing may be viewed in various forms, respondents were further categorised in the following ways:

- **A social prescribing service** (Solely dedicated to social prescribing usually with a dedicated worker or volunteer (can operate within an organisation providing other services e.g., council, Neighbourhood House, community health etc)
- **A social prescribing research trial**
- **A social prescribing activity** (e.g., Mens Shed, Neighbourhood House activity, art class, support group, dementia café, online)
- **Part of usual practice** (e.g., general practice, care coordination, social work)

The survey tool used was REDCap. REDcap is a secure web application for building and managing online surveys and databases.

The survey was open from mid December 2022 until 6 February 2023.

The survey questions are outlined in Appendix 2.





The survey was distributed to:

- 325 previous attendees at an ADMA social prescribing webinar (national database was filtered to send to 325 Victorians only)
- Approx. 410 Neighbourhood Houses via Neighbourhood Houses Victoria regular communications
- The Australian Disease Management Association newsletter database on the 14th December 2022 and 17th January 2023 (NB: not all recipients work in this space)
- The Victorian Social Prescribing Community of Practice (CoP) currently at 76 members
- 38 Victorian based Community Visitor Scheme services
- 81 CEOs of Victorian community health and integrated community health services for forwarding to their relevant staff
- >200 database for Local Government (councils) positive aging services via the Municipal Association of Victoria
- Victorian Department of Health Mental Health and Wellbeing Promotion Office stakeholder list; including those who expressed interest in or were involved in the social prescribing trials in the Mental Health and Wellbeing Locals.
- Victorian AOD stakeholders through the Victorian Alcohol and Drug Association (VAADA) newsletter
- Stakeholders and partners from local offices of the Department of Health and the Department of Families, Fairness and Housing
- Victorian Primary Health Networks for relevant distribution. For example, NWMPHN distributed the survey via their newsletter and SEMPHN distributed the survey to the participating commissioned care coordination practices (72 practices)
- Public Libraries Victoria.

Summary of Findings

The survey included 220 valid responses, with 24 per cent of respondents reporting provision of a social prescribing service with a funded position and/or volunteers. Of those services funded, the majority are funded through grant funding

The majority of respondents however are involved in social prescribing as part of the social prescribing eco-system, providing social prescribing as part of usual practice during consultations or delivering social connection activities in the community.

The majority of social prescribing services operate out of a Neighbourhood House, community health service or council. The most common workforce position title (paid or volunteer) includes the word 'community', for example community connector, with commentary indicating that this terminology was more acceptable to consumers. The background of the workforce is mainly social care or lived experience.

There is some variation of workforce training with either inhouse training or a combination of inhouse training and external professional development training units such as mental health first aid. Most service evaluations are undertaken by the funded service with variation in measures used.

The three main models can be categorised as volunteer-based model; a community connector/link worker –based model and a mix of funded and volunteer community connector based.

The most common model used social prescribing services is the community connector-based model in which a person/participant is referred to a community connector who co-designs a plan with the participant based on individual preferences and needs. The community connector then assists the individual to connect to local activities. Activities referred to are broad and varied, with examples including gardening, exercise groups, art groups, choirs, Neighbourhood Houses and Mens Sheds.

Some social prescribing services also refer to additional supports, such as Centrelink, family services, and housing services. The model also involves monitoring or follow up to ensure the person is meeting their goals.

Most participants involvement in the social prescribing service finishes when the person is comfortable in an established activity or group.

The main barriers to providing social prescribing were categorised as lack of awareness by GPs and the health system and individuals; uncertainty with ongoing funding and lack of GP referral system.

The main enablers to providing a social prescribing service were funding; referral pathways from health practitioners (GPs or allied health etc); use of signposting and community awareness; stakeholder relationships and a directory of local activities and services.

Future opportunities may include development of a framework for terminology clarification, evaluation, training and support. Additionally, communications work would facilitate social prescribing by promoting awareness of available services and related activities to the health system and the community. There is willingness to develop partnerships to further develop social prescribing.



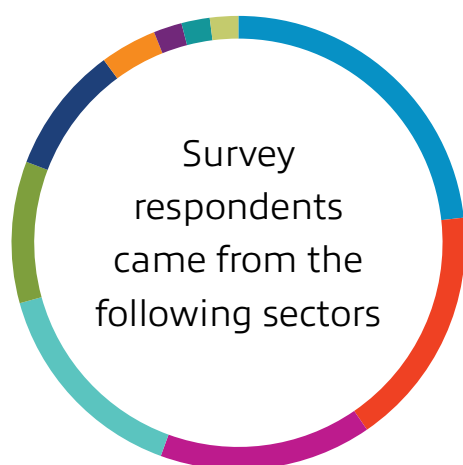
Results



The full set of results can be found in appendix 2.

Survey respondents

There was a total of 234 respondents however 14 respondents were removed as there were no answers provided. 211 respondents noted their organisation and therefore sector or setting.



Council.....	23%
Community Health.....	17%
Neighbourhood Houses.....	15%
Hospital Health Service.....	15%
GP/Primary care.....	10%
Other.....	9%
Mental Health.....	4%
Alcohol and Other Drugs.....	2%
Research.....	2%
Social service.....	2%

*Council included: community services, aged care, libraries, youth
Other included: Indigenous Health Service, Primary Health Networks,
Peak Bodies, Choir, Parks Victoria and more]*

Service status

60% of respondents are currently providing a form of social prescribing with 28% interested but no confirmed plans as yet. Of these only 24% of respondent organisations are providing a social prescribing service or research trial as defined in the glossary.

27.9% of respondents are providing a social prescribing activity whilst 41.9% of respondents noted that they provide 'social prescribing' as a part of their usual practice e.g., social workers.

Only those who answered that they are a social prescribing service or trial were able to then proceed to answer the majority of questions. A list of social prescribing services or trials can be seen in appendix 3.

52% of services have been running for 2 years or less as outlined in table 4 whilst 32% have been running for more than 5 years some of which were community visitor scheme programs or within a Neighbourhood House.

Social prescribing service parent organisation

22.6% of social prescribing services are managed from a community health service or a Neighbourhood House while 19.4% are managed from a council service. A list of other organisations and all those providing a social prescribing service are noted in appendix 7.

Models

Models described by respondents could be divided into three categories:

1 Volunteer social visit based whereby a volunteer visits a person for one-on-one social visits. These are part of the Community Visitors Scheme and match volunteers with older Australians for regular visits for companionship. The primary aim of the visit is to build connections and reduce isolation through social activities that are mutually enjoyable. Participants could sit and chat, walk to the local café, read or listen to a book together, enjoy TV or participate in a hobby, game or other activity. These are offered through social services such as MS Plus, Red Cross, Chinese Community Social Services Centre Inc. and Australian Multicultural Research Centre (AMRC). Another example is that of BEFRIENDAS, a randomised controlled research trial being undertaken by the National Ageing Research Institute (NARI) investigating the impact of befriending, provided by trained volunteers, on levels of depression, anxiety, social support and loneliness in older people living in residential aged care. The volunteer visits the person in residential aged care for regular conversation about everyday topics and events in a friendly way without discussing health problems or emotions.

2 Community connector based (or similar titled position) whereby a person is referred to a community connector who co-designs a plan with the participant based on individual preferences and needs. The community connector then assists the individual to connect to local activities such as gardening, exercise groups, arts, choirs, Neighbourhood Houses, Mens Sheds etc or in some cases social services such as Centrelink, family services, housing etc. The model also involves monitoring or follow up to ensure the person is meeting their goals. These models may work out of community health, council, Neighbourhood House and more and usually have the benefit of time and local knowledge in working with participants. This may be particularly helpful when working with people who may not yet be ready to engage in groups by themselves or have circumstances requiring more assistance such as transport. Research on this style of social prescribing is currently underway by the Bolton Clarke Research Institute in the City of Glen Eira through a pilot called Connect Local by Connecting Communities to Care. The connector is a trained professional with local knowledge and for people living at home in their community.

3 **Mix of Funded and Volunteer Community Connector based** whereby a volunteer works with the person who has been referred to help them find a social activity that interests them, and then help them to participate until they are able to do so on their own. This type of service may also offer more informal activities such as Local Café sessions which are sessions that take place in a café in the general community at regular times (e.g., weekly) and hosted by a volunteer. The service is overseen by a funded position within an organisation such as a Neighbourhood House or Council.

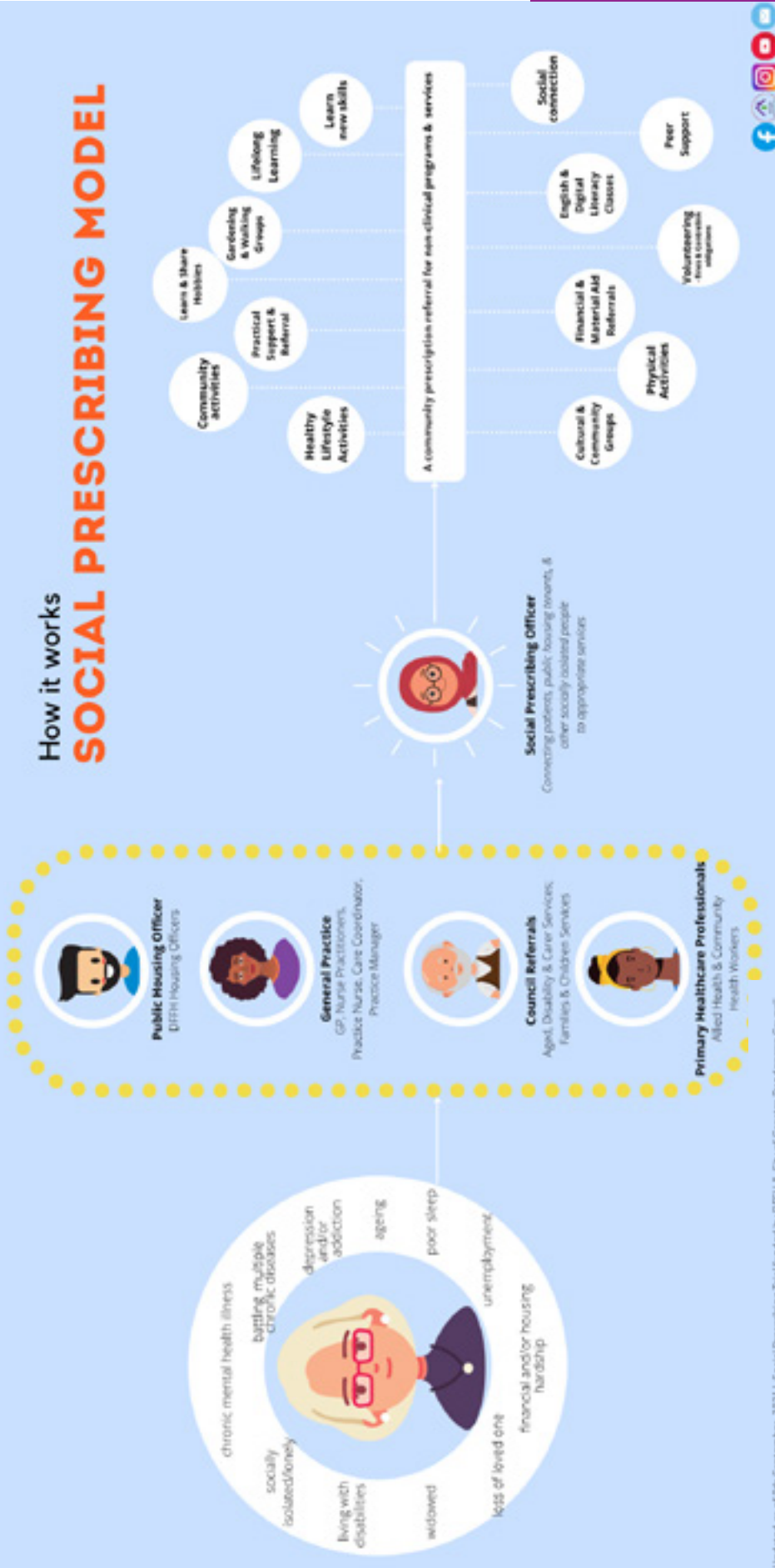
Another example being researched in Victoria is a nature based social prescribing trial aiming to address loneliness and improve health related QoL for LGBTIQ+ refugees and asylum seekers and from culturally and linguistically diverse communities. Undertaken by a RMIT based team in partnership with Many Coloured Sky, the trial is part of the larger international trial called Re-imagining Environments for Connection and Engagement (RECETAS) project. The intervention is being co designed and will involve seven facilitated groups of 6-10 participants for nine weeks.

Some of the models based in community health may include group health education sessions as part of broader chronic disease initiatives



The following are examples of the social prescribing models outlined.

How it works SOCIAL PRESCRIBING MODEL



Updated as of 16th September, 2021 | Social Prescribing Trial funded by DPH & City of Greater Dandenong Council

IPC Health Service Model



Multi-disciplinary team providing wholistic support for people with diverse needs.



DO YOU WANT TO MEET NEW FRIENDS AND LIVE A HEALTHIER LIFE?

Our team will talk to you about activities, such as crafts, walking, dancing, and coffee with friends.

Many things affect your health and wellbeing sometimes and they can't be fixed by medicine alone

Anyone can become lonely or socially isolated at some stage of their life

WHERE TO FROM HERE?

COMMUNITY CONNECTOR

YOUR HEALTH PROVIDER

We support you to connect to community and find something that you will enjoy doing.

Health providers can refer you to a Community Connector.



Contact Your Community Connectors

Jacob Gilmour
jgilmour@warrnambool.vic.gov.au
M: 0478 315 813

Jill Bourke
jbourke@warrnambool.vic.gov.au
M: 0418 944 276



www.warrnambool.vic.gov.au



Feedback from participants

90%

of participants referred reported improved community engagement

25%

of formal referrals participated in a detailed interview to share their connecting story

"My volunteers' enthusiasm has made such a difference. I felt like a dried out sponge; gave me the water and I've soaked it up."



“ I feel life is a lot better, so much so that I have been able to stop some of the anti-depression meds. It's actually changed my life. I feel like there is a purpose to my day where before I wouldn't bother hardly getting out of bed before 2-3 o'clock. ● ●



**Need help joining
community activities?**
A2C is here to help!
<https://accesshc.org.au/A2C/>



  A2Cprogram@accesshc.org.au
 (03) 9831 1913
 Scan the QR code and fill in the form



**Need a boost to find
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 Scan the QR code and fill in the form

Social Prescribing Workforce

Staffing Model

45.2% of social prescribing services are staffed with funded person/s such as a community connector while 35.5% of services are facilitated with a combination of funded person and volunteer/s.

Position Title

Community connector or coordinator or similar is mostly used to describe the funded person's title. A full list of position titles can be found in appendix 2.

Staffing backgrounds

45.8% of the service funded position/s have a social care professional background followed by 29.2% with a lived experience or peer worker background.

Hours per week

The majority of social prescribing services are staffed at 38 hours per week with a range of 8 to 128 hours per week.

Training

Training is varied and mostly provided inhouse. Some training is described as on the job training whilst the following combination of internal training with professional development training is offered by individual services:

- Mental Health first aid, Multi-Agency Risk Assessment and Management Framework (MARAM), motivational interviewing training; trauma informed practice.
- WHO online social prescribing modules.
- Social Work Professional Development topics include goal setting training, conversations about suicide, motivational interviewing, working with resistance.
- Self-development opportunities such as Elder Abuse, Mental Health, providing in-house aged and disability sector training.
- Mental Health First Aid Accreditation; Suicide signs and prevention; Cultural safety training; Communicate clearly; Self-defence.
- Peer worker modules; community health mandatory training; mental health first aid.
- OH&S, Safety, Confidentiality, Privacy.
- Circle of friends methodology and ASIST.
- Motivational Interviewing; Grief counselling; Wellness and Reablement approach (internal training); & WHO online Social Prescribing training.
- Mental Health First Aid; Voices At The Table Training; Accidental Counsellor Training; Dementia Friend Training; WHO Social Prescribing; QPR Suicide Prevention Gatekeeper Program.
- Optional Suicide prevention; intervention training with Neami Life Connect program.
- WHO social prescribing course, CHAOS Network volunteer training.

We invested much time and money to train 15 volunteers pre Covid and only retained 3. Lack of funding has severely restricted getting the word out.





Target demographic

Most responding services are for people experiencing loneliness and/or social isolation although respondents could note all applicable demographics eg people with chronic illness, older persons etc and this can be found in appendix 2.

35.5% of services also assist people with complex social circumstances e.g., housing, economic, family.

38.7% may assist people with experiences of mental illness such as anxiety and depression with 19.4% for people with experience of complex mental health e.g., schizophrenia.

Funding

The majority of funding for the social prescribing service or research is through grant funding at 61.3%. The majority of these grants are due to finish in 2023.

16.1% of funding comes through home organisations broader operations.



Referrals

Most services enable participant access or referral via self-referral [73.3%], GP referral [63.3%] and allied health referral [63.3%]. Most services can receive referrals from a variety of sources and the full list of referral or access can be seen in appendix 2.

The usual process for referrals or access are outlined in table 1

Process for people to be referred or access the service	Number (N)	%
Electronic referral system	17	56.7%
Printed referral letter	20	66.7%
Telephone call	20	66.7%
Walk-in	17	56.7%
Other	5	16.7%
<i>Email</i>		
<i>Self-referral</i>		
<i>Word of Mouth</i>		
<i>No wrong door approach</i>		

Table 1

Respondents were asked about general 'appropriateness' of referrals with the majority stating they sometimes receive referrals for activities not provided by the service.

Service Participants

Participants per month

There is wide range of the approximate number of people who participate in the respondents social prescribing service per month. Most services had 20 to 29 participants or less per month.

Participant 'Discharge'

Most participants involvement in the respondents social prescribing service finishes when the person is comfortable in an established activity or group. 24% indicated they have a time limited program e.g., 6 weeks.

The City of Greater Bendigo and IPC Community Health Social Prescribing Models have both indicated pilot evaluations by experienced consulting groups are being undertaken and will be reported.

The Victorian DH social prescribing trials are being evaluated by Impact Co and Jo Farmer. The evaluation and measures are being confirmed through a co-evaluation process including lived and living experience partners.

Springvale Neighbourhood House Social Prescribing Models use 'Conversations that matter' interview methodology to identify what volunteer's participation goals on referral, and review achievement at 10 week & 20 weeks. A broader model evaluation is coming soon.

Formal research is being undertaken by Bolton Clarke Research Institute, National Ageing Research Institute, RMIT University on their respective social prescribing trials.

Two completed Victorian Social Prescribing pilots and their outcomes are noted in appendix 4.

Evaluation and measures

The majority of respondents organisation measures the social prescribing service. The type of measures used to evaluate the service can be categorised into the following themes:

Service

■ Number of referrals or participants.....	17
■ Activities engaged.....	9
■ Number of outbound referrals.....	1
■ Number of self-discharge.....	1
■ Demographics/chronic disease/s/social determinants of health.....	1

Quantitative Measures

■ UCLA Loneliness Scale.....	4
■ QoL.....	2
■ Mental Health and Wellbeing Scale.....	3
■ Steptoe Social Isolation Index.....	1
■ Warrick Edinburgh Wellbeing Scale.....	1
■ IAR.....	1
■ K10.....	1
■ HONOS.....	1

Qualitative Measures

■ Participant satisfaction.....	10
■ Participant stories.....	2
■ Staff satisfaction.....	1
■ Volunteer satisfaction.....	3
■ Patient goals pre/post.....	1



Directories

Just over half of the respondents social prescribing service use a directory. Of those who then noted the directory used, the following were included:

- Developed own | Internal Directory..... 6
- Combination of own and external directories including Local Council and others e.g., Ask Izzy, Service..... 4
- Local Councils..... 2
- Ask Izzy; Infoxchange..... 2
- Ageing Well Information Guide..... 1

Available Directories are listed in appendix 5 resources.

Barriers

Respondents noted barriers to providing a social prescribing service and were categorised in the following themes:

- Lack of Awareness by GPs and the health system and individuals.....11
- Uncertainty with ongoing funding..... 8
- Lack of GP referral/system.....7
- Lack of volunteers and/or retention.....6
- Engaging with people eg time and understanding required.....6
- COVID pandemic..... 5
- Lack of patient transport.....3
- Trouble accessing IT (Older persons)..... 2
- Capacity of community groups to support clients with complex needs.....2
- Lack of system e.g., IT for referrals.....1
- Lack of staff or right staff..... 1
- Lack of comprehensive directory.....1
- Managing volunteers – underutilised vs stretched.....1
- Suitability and availability of local services being requested by clients- i.e., clients needing specific cultural or social group.....1



...clients who are being referred to our service are all socially isolated and/or lonely. It is difficult to engage with these clients as they are apprehensive in transitioning to something that is new for them. This takes time, effort and persistent follow-ups.

Often times clients are under the assumption that social connection activities are not beneficial and don't want to waste their time at groups/activities and request for medication from doctors. This is when GP's come in to instil confidence in the Social Prescribing Program and list the valuable benefits it can bring to patients' lives. I have had clients like this previously, but also witness them change their perspective once they regularly attend groups that are assigned for them.

Short term funding rounds and lack of opportunities to fund existing (but very effective) programs. We are constantly seeking further funding to keep the program running.

Capturing the attention of GPs and getting more referrals from them is taking time - we are slowly building those relationships.


Client reluctance to engage in community activities post Covid... [lack of] affordable and flexible transport options for clients



Enablers

Respondents noted enablers to providing a social prescribing service and were categorised per the following themes:

- Funding (16)
- Referral pathways from health practitioners (GPs or allied health etc) (12)
- Word of mouth | Signposting | community awareness (9)
- Stakeholder relationships (7) this facilitates both awareness of program to potential referrers and knowledge of local activities.
- A Directory of local activities and services (5)
- Experienced staff (3)
- Flexibility, No time limits (3)
- Comprehensive assessment | ability to refer to other services (3)
- Supportive management staff (3)
- Adequate staff training | support and resources (2)
- Codesign component (1)
- Transport (1)



...referral pathways from health practitioners (not necessarily GPs) & Signposting by influential members in the community is very helpful.

...Referral from Home Care Package Case Managers or Residential Aged Care Facilities, Word of mouth from service users

Other information that should be considered for social prescribing services

Other information that should be considered for social prescribing services from respondents included the following themes:

- Appropriateness of referral for a group activity | Managing client complexity (3)
 - some people may want to connect but not ready for groups.
 - in the case of groups, a group coordinator not in a position to assist someone individually while managing group needs.
 - persons referred not matched to the worker or volunteer skills.
- Funding (2)
- Directories that are maintained (2)
- Flexibility / able to meet an individual needs (2)
- Time required to implement and promote (2)
- Communications required to promote awareness.
- An implementation framework would be beneficial for all new programs.
- Embed evaluation in the program.
- Target Allied health professionals.
- Awareness that belonging is an important consideration. Even when a person is in a group, they can feel lonely.



Plan for managing complexity. In the case of volunteer services - managing volunteer expectations of client capacity to link is important. Patience is required!

All respondents comments

There were 121 comments from survey respondents who are not yet providing a social prescribing service but are interested or provide a social connection activity or provide social prescribing as a part of usual practice. These respondents came from the following settings: Council (33); Community Health (19); Neighbourhood House (18); Other (16); General Practice (12); Hospital Health Service (10); AOD (7); Mental Health (6).

Social Prescribing is viewed positively and anecdotally beneficial to clients.

Many clinically based services such as Mental Health, AOD, General Practice, Aged Care, Hospital outreach and Community Health felt that they do social prescribing as part of usual practice, and it is important for health and wellbeing. Some of this sector suggested that more formal offerings would be beneficial as time is required to address social connection and/or social challenges on top of other clinical needs. Others were interested in knowing more and how to access for their patients and clients.

Many comments from a range of sectors demonstrated a willingness to partner to provide social prescribing whether that be via formal social prescribing services with a community connector or formalising pathways to social connection and support activities.



Similar to Neighbourhood Houses, some Libraries offer a social prescribing service (including employment of outreach workers, a social worker etc) whilst others felt well placed to assist as they offer a welcoming safe space and offer a range of group activities.

Two councils noted that they are about to commence a social prescribing pilot in partnership with relevant local organisations.

Sectors with more of a clinical focus were more likely to suggest a desire to understand training of workforce and process before recommending however in general they are supportive.

Several respondents from a range of sectors, including those providing a service, noted the tendency to not use the term social prescribing or link worker but rather terminology around community and connection.

Several respondents from a range of sectors felt there was a need for a central location to access information as well as an awareness 'campaign' for GPs and other healthcare workers to assist them and their patients for referrals to either existing formal social prescribing services or to the activities and groups such as Neighbourhood Houses, councils, libraries, gardening groups, choirs and more.

There were comments suggesting some social group services are currently underutilised and conversely that there are stretched social group services with some forecasting a need to balance the uptake of referrals to social activities with their capacity and associated funding.

Many noted the value in GPs recommending social prescribing as they see people in need and that GP recommendations held more weight with patients/clients.

In addition to the above sectors who generally expressed interest in being involved in social prescribing others interested include: Parks Victoria; Aquatics & Recreation Victoria; Community Choirs; Telephonic services such as FriendsLine; Nature based programs; Volunteering Services; Libraries.



Our local Neighbourhood Houses are the conduit for social prescribing (offer programs) but unsure on uptake and also referral pathways/promotion from GP's to the social prescribing programs offered. Would like to offer nature and garden-based programs from referrals.

...Social prescribing practice is embedded in our Mental Health Stepped Care model and supported by our care coordinators. We are currently exploring the feasibility of developing a social prescribing framework.

Social prescribing is a component of normal practice within our Community Health services.

We are currently undertaking a project and pilot program as part of Community Connectors and seeking to implement a sustainable model.

Clinicians, counsellors and support workers who work at EACH can refer their clients to Knox Leisureworks where an Exercise Physiologist will work with them to find out what they would like to do and what would best suit them at the Leisure centre.





If it is used to replace existing community activities, it often creates an unnecessary barrier, especially to vulnerable or marginalized groups.

tried it few years back but intake from GP and Service providers was low

Neighbourhood Houses offer many social connection activities. Setting up a formal system to support the path from a person visiting their GP/allied health professional, into a Neighbourhood House would strengthen this process. Also, connecting people in the community through Neighbourhood Houses supports people's mental and physical health in a preventative space.

...clients can be given referrals but don't always take them up or turn up as they change their minds through other appointments or worries that affect them at different times

we tend to steer away from using the term social prescribing as it tends to medicalise an engagement or collaboration with a consumer/ patient.





Other

Respondents by region and activity

Respondents by region and activity are outlined in appendix 3. This is categorised by region in case useful for referrals or for localised planning and collaboration with many indicating a willingness to partner. This also notes the type of social prescribing work being undertaken.

Victorian PHN work

Whilst social prescribing is a relatively new term it is acknowledged that General Practitioners may have always practiced a form of social prescribing within usual practice. Some responding GPs noted that they promote health and wellbeing and if relevant that can mean encouraging or recommending social activities or services to patients. Another responding GP noted that they would be interested in learning more about how to refer to social prescribing services.

Victorian Primary Health Networks have funded specific social prescribing work via pilots:

Gippsland Primary Health Network (GPHN)

Kalaidescope is a digital platform facilitating social prescribing which was commissioned by GPHN. The platform is currently being piloted in 4 general practices and is due to finish in mid-2023 with an evaluation. The pilot was launched just before the pandemic which was challenging and has had more uptake within the last 6 - 12 months. It is uncertain as to whether the program will continue beyond pilot at this point as is dependent on the evaluation.

Kalaidescope supports general practice to develop emotional and social care plans with patients and set goals. There is an inbuilt directory which provides services and referrals according to the needs and goals. This addresses social determinants of health so this may be Mens Shed or it may be housing. The platform also measures how the person is going and patients can report back on their progress. The referrals are sent to the service such as Mens Shed as well as provided to the patient. The Mens Shed then calls the patient. Practice Nurses have also been involved in the pilot which was awarded through a grant process. This could conceivably be built into the mental health care plan process.

[🔗 See here for more information](#)

GPHN also sit on the steering committee of the La Trobe Assembly social prescribing trial at Hazelwood Health Centre.

North Western Melbourne Primary Health Network (NWMPHN)

NWMPHN have previously funded a social prescribing pilot at IPC Health and this is currently being evaluated.

South Eastern Melbourne Primary Health Network (SEMPHN)

Via open tender, SEMPHN commissions general practices to provide care coordination within their practice. There are currently 72 practices involved. Social Prescribing is an encouraged component within the care coordination program.

Murray Primary Health Network (MPHN)

Murray PHN partnered with City of Greater Bendigo to deliver a Social Prescribing program for the Bendigo region. The program involves health care providers referring eligible participants to a link worker who assists in the engagement in community activities. Larter Consulting will be evaluating the program.

Referrals are facilitated electronically using adapted existing GP referral software. Referrals are sent directly from the GP to the link worker at City of Bendigo.

[🔗 See here for more information and videos for healthcare referrers](#)

Western Victoria Primary Health Network (WVPHN)

Four social prescribing pilots called 'Social Connection' were funded by WVPHN. These were provided by Ballarat Community Health; Central Highlands Neighbourhood House; Warrnambool LGA; and in Geelong. These are now finished, and a consulting assignment is currently looking at the four models to move forward. It is anticipated that this will be available by mid-2023.

Desktop Review and Other related initiatives

In addition to the survey a desktop review of related federal, state government funded schemes and other was undertaken. The review is not comprehensive and is available as a supplement on request to ADMA.



Future Opportunities

Based on the comments of survey respondents and broader discussions there is a willingness to partner and build pathways between the health system and services and activities.



Future Opportunities

Key partners who supported the development of this survey will collaborate on a framework to support the sustainable and evidence-based growth of social prescribing in Victoria across sectors. This work is expected to commence in the second half of 2023. The framework may include:

- Key shared definitions and vision
- Best practice guidelines or recommended support for workforce (whether funded or volunteer connectors)
- Recommended key shared evaluation measures across programs
- Approaches for addressing barriers and supporting enablers to social prescribing, including development of communications and consideration for practical referral processes.

— Appendices



Victorian Social Prescribing Survey development committee

- Rachael Ball, Manager, Integration North Western Melbourne PHN
- Elyse Baker, [Proxy for Laura Martin] Senior Manager Population Health, Western Victoria Primary Health Network Ltd
- Monica Bensberg, Senior Policy Officer Community Based Health Services Commissioning and System Improvement, Vic Department of Health
- Emma Birrell, Senior Policy Officer, Mental Health and Wellbeing Promotion Office, Vic Department of Health
- Greg Bishop, Chronic Disease Lead, South Eastern Melbourne Primary Health Network
- A/Prof Lisa Demos, Senior Research Scientist, Australian Disease Management Association; Senior Research Fellow, School of Public Health & Preventive Medicine, Monash University
- Nerida Dye, Community Outreach Coordinator Campaspe Library | Campaspe Shire Council
- Dr Daniel Fineberg, Medical Advisor, Australian Disease Management Association General Physician and Endocrinologist, Alfred Health
- Leanne Fitzgerald, Living our Best Life Project Officer, CHAOS Network Community Houses Association of the Outer Eastern Suburbs
- Jess Franks, Program Development Consultant Western Victoria Primary Health Network Ltd
- Dr James Ibrahim, General Practitioner Chair RACGP Social Prescribing Special Interest Group
- Dr Michelle Lim, Director - Social Health and Wellbeing Lab (SHAW), Iverson Health Innovation Research Institute; Chairperson & Scientific Chair, Ending Loneliness Together; Co-Director, Global Initiative on Loneliness and Connection
- Laura Martin, Senior Manager, Health Intelligence, Western Victoria Primary Health Network Ltd
- Suezanne Martin, Health Services Coordinator, Murray Primary Health Network
- Lexi Marsh Manager, Mental Health and Wellbeing Promotion, Vic Department of Health
- Sarah O'Leary, Director, Integrated Care, North Western Melbourne PHN
- Ellie Packham, Policy Adviser Lead Aged Care & Positive Ageing, Municipal Association of Victoria (MAV)
- David Perry, Policy and Research Manager, Neighbourhood Houses Victoria
- Kaylene Ryan, Manager, Australian Disease Management Association
- Sian Slade, Global Social Prescribing Alliance (Committee Member), PhD Candidate, Melbourne School of Population & Global Health, University of Melbourne
- Jared Slater, Manager, Digital Health and Integration, Gippsland Primary Health Network
- Agnes Tzimos, Manager, Program Planning and System Reform, Vic Department of Health
- Paul Waite, [proxy for Rachael Ball and Sarah O'Leary] Monitoring and Evaluation Lead, NWMPHN
- Dr Carolyn Wallace, General Manager, Family & Community, Merri Health

Survey Results

There was a total of 234 respondents however 14 respondents were removed as there were no answers provided. 211 respondents noted their organisation and therefore sector or setting.

Answers:

Which best describes the organisation's current status of social prescribing work or social prescribing related activity?

Respondent organisation's current status of social prescribing work or social prescribing related activity is best described as	Number (N)	%
Currently providing	131	60.4%
Used to provide but now finished	1	0.5%
Planning on providing – scoping	27	12.4%
Interested in providing, but no confirmed plan yet	58	26.7%

Which best describes the organisation's social prescribing related work?

The respondent organisation's social prescribing related work is best defined as	Number (N)	%
A social prescribing service <i>Solely dedicated to social prescribing usually with a link worker, funded worker, connector and/or volunteer (can operate within an organisation providing other services e.g., council, neighbourhood house, community health etc)</i>	27	20.9%
A social prescribing research trial	4	3.1%
A social prescribing activity <i>(e.g., Mens Shed, Neighbourhood House activity, art class, support group, dementia café, online)</i>	36	27.9%
Part of usual practice <i>(e.g., general practice, care coordination, social work)</i>	54	41.9%
Other	8	6.2%

Which best describes the service?

The respondent organisation's social prescribing service is a	Number (N)	%
An ongoing service	18	58.1
Pilot or project	10	32.3%
Formal research (university)	2	6.5%
Finished service/finished pilot	1	3.2%

Which organisation best describes where the social prescribing service is/was managed from?

The respondent's organisation where the social prescribing service is/was managed from is	Number (N)	%
Community health	7	22.6%
Council	6	19.4%
Neighbourhood house/community centre	7	22.6%
Hospital	0	0
General practice	2	6.5%
Social service	0	0
Aged care service	0	0
Mental health service	1	3.2%
National disability insurance scheme	0	0
Not for profit social organisation	2	6.5%
Other	6	19.4%
<i>Charity</i>		
<i>Library Services</i>		
<i>MS Plus</i>		
<i>Not For Profit Aged and Community Care Service</i>		
<i>Research Institute</i>		
<i>University and Community Organisation</i>		

Which best describes the service staffing?

Social Prescribing service staffing is best described as	Number (N)	%
All volunteers	0	0
Administration staff plus volunteers	6	19.4%
A funded person/s (e.g., Link worker, wellbeing coordinator, community connector etc.)	14	45.2%
Combination of funded person(s) and volunteer(s) (e.g., link worker and volunteers)	11	35.5%

Please provide the name of the funded position

- Access to Community Coordinator and Volunteer Coordinator (1)
- BEFRIENDAS (1)
- Community Connector (4)
- Community Navigator (1)
- Community Outreach Coordinator (1)
- Community Visitors Scheme Coordinator (1)
- Community Wellbeing Link Worker (1)
- Coordinator (1)
- Facilitators (1)
- Healthy Aging Worker and a Village Connect worker (1)
- Persons Name (3)
- Lifestyle Coordinator (Early Intervention in Chronic Disease) (1)
- Link Worker (1)
- Link Worker and Case Manager (1)
- Mental health and AOD workers (1)
- Mobile Community Connectors, Peer workers (1)
- Social Prescribing Officer (1)
- Wellbeing Co-ordinator (1)

Please select which of the following best describes the funded position's work background

Service funded position/s work background is best described as	Number (N)	%
Layperson	2	8.3%
Lived experience or peer worker	7	29.2%
Clinical person	4	16.7%
Social care professional	11	45.8%

What is the funded person's total hours per week

The majority of social prescribing services are staffed at 38 hours per week with a range of 8 to 128 hours per week.

Hours per week
8
8
15
15
15
24
29
30
30
32
38
38
38
38
38
38
38 (28hrs x 1, 10hrs x 1)
40
40
40
45.6 (22.8 x 2)
48 (2 staff)
56 (40hrs x 1, 16hrs x 1)
128 (40x1; 32x2; 24x1)

Which best describes the target demographic? (choose all that apply)

Respondents organisations social prescribing service targets the following demographic/s (all that apply)	Number (N)	%
People who are experiencing loneliness and/or social isolation	26	83.9%
Older persons	22	71.0%
Young people	5	16.1%
Young people at risk	2	6.5%
People with experiences of mental illness eg anxiety, depression	12	38.7%
People with experience of mental illness and complex circumstances eg schizophrenia	6	19.4%
People using alcohol and other drug	5	16.1%
Complex and multiple chronic medical conditions	9	29%
Chronic medical condition self-managed	11	35.5%
Complex social circumstances eg housing, economic, family	11	35.5%
Culturally and linguistically diverse backgrounds	15	48.4%
First nations people	9	29%
People with disability	10	32.3%
Gender diverse people	7	22.6%
All of the above	4	12.9%
Other <i>LGBTIQA+ Asylum Seeker and Refugees</i> <i>Most people, including people with a chronic health condition. Can't work with complex mental health</i>	2	6.5%

Please describe the service

A large volume of text has been themed as outlined in the report.

How long has the service or program been operating?

The social prescribing service or trial has been running for	Number (N)	%
In planning stage	0	0
1-6 Months	6	19.4%
7-12 Months	3	9.7%
13 Months-2 years	7	22.6%
>2-5 Years	5	16.1%
>5 Years	10	32.3%
Finished. No longer running	0	0

How long did the service run for?

Nil responses

How is the service or program funded?

Answer	Number (N)	%
Within home organisation's operations	5	16.1%
University research funding	0	0
Grant funding	19	61.3%
Pilot funding	3	9.7%
Other	9	29%
<i>HACC PYP funding (state)</i>		
<i>We have no funding now which is a huge limitation</i>		
<i>Funded by Murray PHN</i>		
<i>In kind from organisational support from all collaborators</i>		
<i>Contained within staff roles</i>		
<i>Fundraising</i>		
Prefer not to say	1	3.2%

How do participants access the service or program? (choose all that apply)

Referral Process How participants access the service [all that apply]	Number (N)	%
Self-referral	22	73.3%
Gp	19	63.3%
Practice nurse	16	53.3%
Council	12	40.0%
Allied health	19	63.3%
Pharmacist	5	16.7%
Hospital e.G., Tcp, harp	10	33.3%
Social service	12	40.0%
Community health	15	50.0%
Support group	6	20.0%
Sign posting / local newspaper items etc	13	43.3%
Walk in	16	53.3%
Community organisations such as neighbourhood houses, community groups	16	53.3%
Other	8	26.7%
<i>Home Care Package Case Manager or Residential Aged Care Facility</i>		
<i>Aged Care Service Coordinators</i>		
<i>HCP Care Managers</i>		
<i>Library Services</i>		
<i>Assertive outreach in high-risk accommodation settings</i>		
<i>My Aged Care</i>		
<i>Power Saving Bonus Assistance in partnership with West Warrnambool</i>		
<i>Neighbourhood House</i>		
<i>We have a presence at some emergency relief events to target hardly reached.</i>		
<i>We also have a community outreach program that refers to the program.</i>		

What is the process for people to be referred or access the service? (choose all that apply)

Process for people to be referred or access the service	Number (N)	%
Electronic referral system	17	56.7%
Printed referral letter	20	66.7%
Telephone call	20	66.7%
Walk-in	17	56.7%
Other	5	16.7%
<i>Email</i>		
<i>Self-referral</i>		
<i>Word of Mouth</i>		
<i>No wrong door approach</i>		

Does the service receive referrals for activities not provided by the service ? (eg. coordinating medical appointments, assisting with crisis needs if this is not part of the service scope)

Does the service receive referrals for activities not provided by the service ? (eg. coordinating medical appointments, assisting with crisis needs if this is not part of the service scope)	Number (N)	%
Never	5	17.2%
Sometimes	21	72.4%
Frequently	3	10.3%

What is the approximate number of people who participate in the service per month? (Can be an estimate)

No of participants	No of services	
0 to 10	6	2 just commenced with one noting aim is 11+ per month
11 to 19	2	
20 to 29	7	
30 to 39		
40 to 49	1	
50 to 59	5	
60-69		
70-79		
80-100	1	
101-150	1 (140)	
151-250		
251-350	1(300+)	
varies	1	
other	4	

What type of training is provided to the service or program staff/volunteers? Please write N/A if no training

Responses are themed in the body of the report

Is the service or program evaluated or measured? Includes program measures such as number of people in service

Is the service or program evaluated or measured? Includes program measures such as number of people in service	Number (N)	%
Yes	26	89.7%
No	3	10.3%

Please note the type of measures used to evaluate This may include a range of measures from: participant satisfaction, number of participants, number of activities or contacts, mental health and wellbeing scales, Quality of Life scales etc.

The themed responses are:

Service

- Number of referrals or participants (17)
- Activities engaged (9)
- Number of outbound referrals (1)
- Number of self-discharge (1)
- Demographics/chronic disease/s/social determinants of health (1)

Quantitative

- UCLA Loneliness Scale (4)
- QoL (2)
- Mental Health and Wellbeing Scale (3)
- Steptoe Social Isolation Index (1)
- Warrick Edinburgh Wellbeing Scale (1)
- IAR (1)
- K10 (1)
- HONOS (1)

Qualitative

- Participant satisfaction (10)
- Participant stories (2)
- Staff satisfaction (1)
- Volunteer satisfaction (3)
- Patient goals pre/post (1)

When does a participant's involvement in the SP service finish?

When does a participant's involvement in the SP service finish?	Number (N)	%
Not applicable	4	13.8%
When the person is comfortable in an established activity or group	15	51.7%
Self discharge	6	20.7%
At an established timeframe <i>e.g., time limited such as a 6-week program, a 3-week contact program.</i>	7	24.1%
OTHER	5	17.2%
<ul style="list-style-type: none"> ■ <i>Link Worker service is a directory which provides service information and navigation support so discharged once information has been provided. The case management program is a medium-long term service for complex clients and is based on goals and outcomes achieved.</i> ■ <i>Dependent upon need or complexity</i> ■ <i>Can access as long as required</i> ■ <i>We have a minimum of 3 months engagement, but we know some will require more time</i> ■ <i>3 month program with possibility of a repeat journey with same or new volunteer depending on circumstances.</i> 		

What are the BARRIERS to providing a social prescribing service? This may include INTERNAL barriers (e.g. staff turnover, people not ready or would prefer not to engage, limited time) and EXTERNAL barriers (e.g. lack of service awareness)

Respondents noted barriers to providing a social prescribing service and were categorised in the following themes:

- Lack of Awareness by GPs and the health system and individuals (11)
- Uncertainty with ongoing funding (8)
- Lack of GP referral/system (7)
- Lack of volunteers and/or retention (6)
- Engaging difficult to reach people – takes a lot of time and persistence; lack of interest/willingness; lack of esteem; mental health issues (6)
- COVID pandemic (5)
- Lack of patient transport (3)
- Trouble accessing IT (Older persons) (2)
- Capacity of community groups to support clients with complex needs (2)
- Lack of system e.g., IT for referrals (1)
- Lack of staff or right staff (1)
- Lack of comprehensive directory (1)
- Managing volunteers – underutilised vs stretched (1)
- Suitability and availability of local services being requested by clients- i.e., clients needing specific cultural or social group (1)

What are the ENABLERS to providing a social prescribing service? This may include INTERNAL enablers (e.g.funded position) and EXTERNAL enablers (e.g.a referral pathway with GP or other health system services, directory of activities, word of mouth via participants)

Respondents noted enablers to providing a social prescribing service and were categorised per the following themes:

- Funding (16)
- Referral pathways from health practitioners (GPs or allied health etc) (12)
- Word of mouth |Signposting | community awareness (9)
- Stakeholder relationships (7) this facilitates both awareness of program to potential referrers and knowledge of local activities
- A Directory of local activities and services (5)
- Experienced staff (3)
- Flexibility, No time limits (3)
- Comprehensive assessment | ability to refer to other services (3)
- Supportive management staff (3)
- Adequate staff training | support and resources (2)
- Codesign component (1)
- Transport (1)

What other information should be considered for social prescribing services?

Other information that should be considered for social prescribing services from respondents included the following themes:

- Appropriateness of referral for a group activity | Managing client complexity (3)
 - some people may want to connect but not ready for groups
 - in the case of groups, a group coordinator not in a position to assist someone individually while managing group needs
 - persons referred not matched to the worker or volunteer skills
- Funding (2)
- Directories that are maintained (2)
- Flexibility / able to meet an individual needs (2)
- Time required to implement and promote (2)
- Communications required to promote awareness
- An implementation framework would be beneficial for all new programs
- Embed evaluation in the program
- Target Allied health professionals
- Awareness that belonging is an important consideration. Even when a person is in a group, they can feel lonely.

Does the service use a service directory?

Does the service use a service directory?	Number (N)	%
Yes	14	51.9%
No	13	48.1%

Please state name of directory?

- Developed own | Internal Directory (6)
- Combination of own and external directories including Local Council and others e.g., Ask Izzy, Service (4)
- Local Councils (2)
- Ask Izzy; Infoxchange (2)
- Ageing Well Information Guide (1)

Please note location of the service activity/work

Please see appendix 3

Is there anything you would like to tell us about social prescribing?

All respondents including those who are interested in providing social prescribing, those who provide a social prescribing activity such as Mens Sheds, Neighbourhood Houses, Café schemes etc and those who provide social prescribing as part of usual practice e.g., mental health, social workers and GPs were invited to make any comments about social prescribing.

121 comments were received and subsequently broken down into coming from the following settings: Council; Community Health; Neighbourhood House; Other; General Practice; Hospital Health Service; AOD; Mental Health

Community Health

There were 19 comments from respondents working in community health. Multiple comments noted that social prescribing is offered as part of usual practice of various healthcare workers or that they have activities which offer social connectedness such as exercise groups, choirs, support groups, youth groups and more.

Others felt social prescribing offered benefits but would want to understand more including supports such as training resources and funding to either offer a service or refer to an existing service.

A few noted that lack of funding was a barrier as well as a lack of recognition of its value.

Our local Neighbourhood Houses are the conduit for social prescribing (offer programs) but unsure on uptake and also referral pathways/promotion from GP's to the social prescribing programs offered. Would like to offer nature and garden-based programs from referrals.

...Social prescribing practice is embedded in our Mental Health Stepped Care model and supported by our care coordinators. We are currently exploring the feasibility of developing a social prescribing framework.

Social prescribing is a component of normal practice within our Community Health services.

We are currently undertaking a project and pilot program as part of Community Connectors and seeking to implement a sustainable model.

Clinicians, counsellors and support workers who work at EACH can refer their clients to Knox Leisureworks where an Exercise Physiologist will work with them to find out what they would like to do and what would best suit them at the Leisure centre.

If it is used to replace existing community activities, it often creates an unnecessary barrier, especially to vulnerable or marginalized groups.

"tried it few years back but intake from GP and Service providers was low

Neighbourhood Houses

There were 18 comments from the neighbourhood house sector. Most noted that their community centre or neighbourhood house do not have a formal program however have offered inclusive social group programs, group supports and beneficial activities for a long time.

Many noted that there is benefit in promoting awareness to local general practices as a person is more likely to consider attending if the suggestion comes from the person's GP. Some have received referrals from general practitioners.

Some centres offered programs which are specifically designed to be inclusive of people with mental health issues or with dementia. Most comments were positive about being involved in this space.

"We do not necessarily deliver a formal social prescribing program, however many of our community members have been recommend by social workers / friends etc to get involved. Many comment on how much it has improved their lives"

"Neighbourhood Houses offer many social connection activities. Setting up a formal system to support the path from a person visiting their GP/allied health professional, into a Neighbourhood House would strengthen this process. Also, connecting people in the community through Neighbourhood Houses supports people's mental and physical health in a preventative space".

"...clients can be given referrals but don't always take them up or turn up as they change their minds through other appointments or worries that effect them at different times"

"Social prescribing is embedded in our everyday practice and supported by direct access to services including psychology and community paramedics through a hubbed services model. E.g., Psychology is a community integrated provider so social prescribing is as easy as walking out of the clinic into the community centre. Designed to support people who are marginalise and socially isolated. We encourage other services to utilise the centre to reach community members who would otherwise not engage in their services. So we are well equipped to support community members engage despite any complexity or barriers to participation."

Councils

There was 33 comments from council settings. This is further broken down by department as:

- Ageing (3)
- Community Services (15)
- Libraries (13)
- Youth Services (2)

Comments from the aged care services were supportive of pursuing social prescribing and centred around currently exploring ways to create pathways to connect isolated older people to local groups. One noted that lack of transport is a barrier.

A few from the community services sector indicated that they were about to embark on social prescribing pilots. It was also noted that councils provide many social connection activities and are enthusiastic about exploring collaborative approaches with health and community sectors. Referrals from GPs also noted as an important enabler.

We are running an 8-week trial program in term 1 2023 with a specific and defined cohort that uses social prescribing principles in the project's methodology by providing non-clinical services to the cohort to improve their health and wellbeing. The program is co-run by four community service organizations who are co-tenant partners in a leisure and wellness centre. The tenant partners referring current clientele into the program is a type of "social prescription" to the 8-week trial program that provides mental health support, socially inclusive activities (with other cohort members), financial education, health eating advice, service navigation education, and promoting physical activity through access to aquatic and leisure facilities at BAWC. It is envisioned that the tenant partners and BCC act as the social prescribing "link workers" by linking the cohort to the range of activities as listed above.

Mount Alexander Shire Council (MASC) and Castlemaine Community House (CCH) have partnered to run a social prescribing pilot for 6 months in 2023 using a volunteer link worker model and local GP's as referrers targeting older Australians. CCH will lead the project with support from MASC and a working group of local organisations (GP's, Dhelkaya Health, Castlemaine Library, Women's Health Loddon Mallee).

Within the community setting it would be an advantage to have language that is relevant to all and which isn't guided by health terminology or restricted by the UK service model guidelines.

Comments from the libraries noted that they are safe spaces and offer a range of social connection activities and classes. Some also employ a social worker or trained staff who seek to assist people in need of some social support including referrals out to other local community groups such as Mens Shed, community health, neighbourhood houses. One library offers a more formal social prescribing service which receives referrals from the local hospitals.

Libraries provide a wide range of programs in a neutral, welcoming space that are aligned to social prescribing principles. Many of our programs promote social connection as well as learning opportunities and would be great for a link worker to be aware of and refer people (from a range of age groups). Our programs cover topics such as digital literacy, book groups, craft groups, brain training (word puzzles with a cuppa), author talks, tiny tots and story times (great for new parents to link into). Most of our programs are free so are very accessible.

Our library service recently made a film capturing some of our library users talking about what attending activities at the library meant to them. The message that came through strongly was the value and enjoyment of being able to interact with others in the library space... participate in the many activities available, whether it be the weekly social scrabble, knitting or mah-jong groups, our early years programs for families or special events such as author talks. Several widows who participate in the weekly activities commented that these activities were their only connection with other people as they didn't go anywhere else. Transport is also another important factor for people, especially in rural areas where there is limited or no access to public transport. Some older people who are unable to drive, rely on a friend to pick them up so they can attend activities at the library so transport is also an important factor when looking at social prescribing.

Hospital Health Service

Most respondents from this sector were from outreach services or population health prevention services. Some common sentiments were that social prescribing is seen as a core part of practice and that they often refer clients to social connection activities or groups. Others felt it would be good to have more specific resources, would be keen to partner with local organisations and would be keen to pursue more formal social prescribing services as time is required to facilitate.

we tend to steer away from using the term social prescribing as it tends to medicalise a an engagement or collaboration with a consumer/ patient.

Social prescribing has the potential to bring together a number of our prevention and population health priorities and allow partnerships with other organisations including Local Government with social prescribing in their Municipal Public Health and Wellbeing Plans

Mental Health and AOD

Social prescribing is viewed positively with some noting that they refer clients to social activities and supports as part of usual practice. Others supported the implementation and progress of social prescribing where it is not offered.

General Practice | Primary Care

Assisting people with social connection supports and social activities was viewed as beneficial to people's health and wellbeing. Whilst some from general practice noted that this occurred as part of their usual practice others were interested in

finding out more about formal services and how to access them. GPs working within larger multidisciplinary teams such as refugee services, Indigenous Health services or community health were more likely to engage with other team members who then facilitate social activities or connection.

Other

Other sectors which expressed an interest in being more formally involved included Parks Victoria; Aquatics & Recreation Victoria; Community Choirs; Telephonic services such as FriendsLine; Nature based programs; Volunteering Services; Libraries.

All

Social Prescribing is viewed positively and anecdotally beneficial to clients.

Many clinically based services such as Mental Health, AOD, General Practice, Aged Care, hospital outreach and community health felt that social prescribing was part of usual practice and important for health and wellbeing however some suggested that more formal offerings would be beneficial as time is required to address on top of other clinical needs. Others were interested in knowing more and how to access.

Many comments from a range of sectors demonstrated a willingness to partner to provide social prescribing whether that be via formal social prescribing services with a community connector or with pathways to social connection and support activities.

Sectors with more of a clinical focus were more likely to suggest a desire to understand training of workforce and process before recommending however in general are supportive.

Several respondents from a range of sectors noted the tendency to not use the term social prescribing or link worker but rather terminology around community and connection.

The name is not well received by consumers and community members although the idea of support for social connection is highly valued

Several respondents from a range of sectors felt there was a need for a central location to access information as well as an awareness 'campaign' for GPs and other healthcare workers to assist them and their patients for referrals to either existing formal services or the activities and groups of neighbourhood houses, councils, libraries, gardening groups, choirs etc. There were comments regarding current underutilised social group services and conversely stretched services with some forecasting a need to balance the uptake of referrals to social activities with their capacity and associated funding.

Many noted the value in GPs recommending social prescribing as they see people in need as well as their recommendations held more weight with patients/clients.

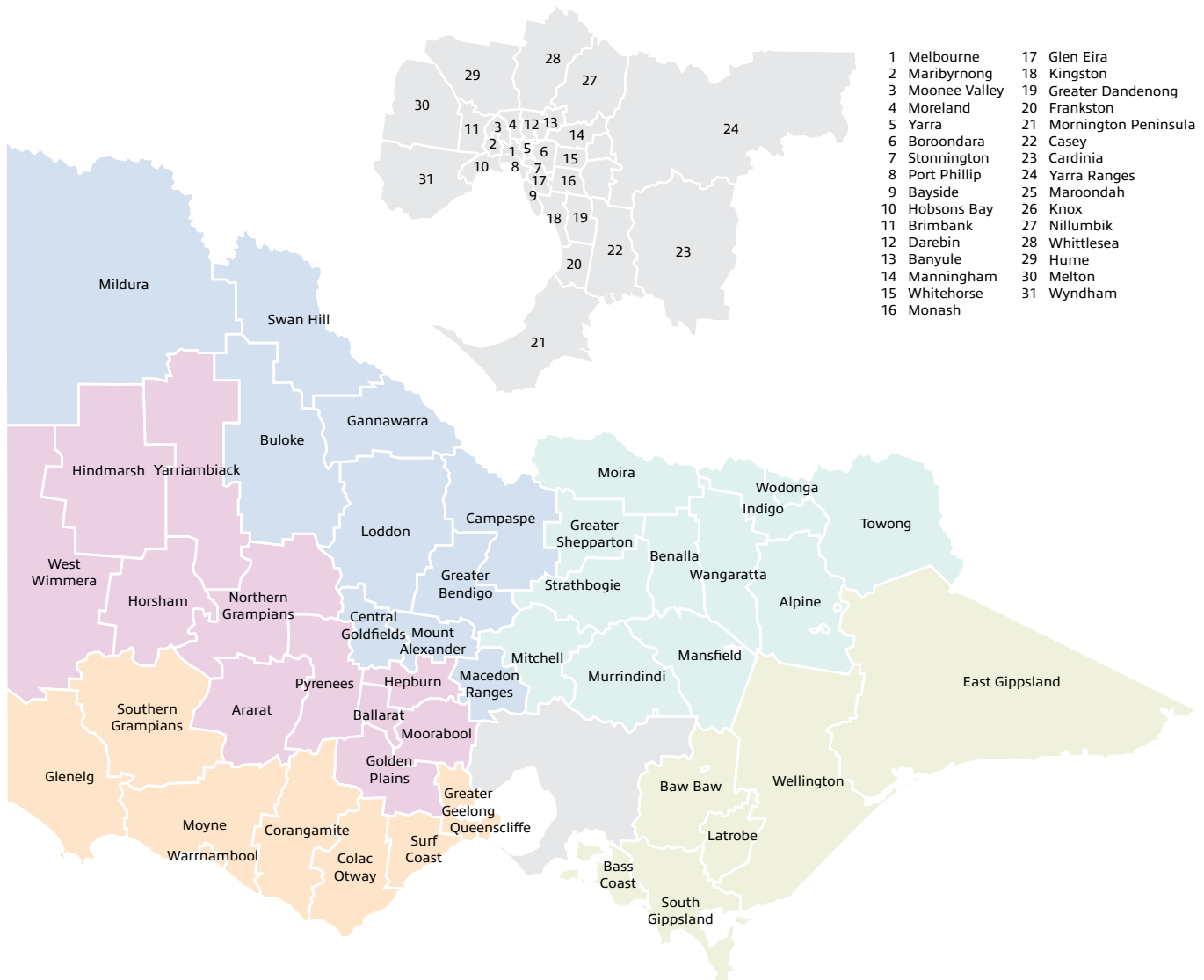
...many programs are not supported by the resources needed to promote and spread the word so often they are not well utilised when they could have a lot more participation. With more people having this kind of knowledge particularly in the medical field where everyone visits, more programs would be better utilised and more would be created to address the needs of the community making it more cohesive with people experiencing less mental health challenges.

For too long, focus of social prescribing (and funding) has focussed on the link worker and not the activities or care being provided by grass roots services. It is usually a well-funded additional position in a clinical service that is over worked and unable to grasp the full purpose of many tiny supporting organisations. It has come and gone, come and gone, and due to this focus on coordinating positions, so have many of the supporting programs. Our organisation is by-passing this by creating a marketing strategy/plan to link services with us, rather than a third party link worker. Total cost under \$25k. Please consider up-stream service viability as part of this survey as without it, you may head down the same path.

Respondents by Region and Activity

Respondents by region and activity are outlined below. This is categorised by region in case useful for referrals or for localised planning and collaboration with many indicating a willingness to partner.

Victorian Government Departmental Regional Boundaries



Barwon South West

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
ERMHA365	Currently providing	A social prescribing research trial	Geelong and Queenscliff
Warrnambool City Council Healthy Engaged Communities	Currently providing	A social prescribing service	Warrnambool City Council Healthy Engaged Communities
Moyne Shire Libraries	Currently providing	Part of usual practice e.g., General practice, care coordination, social work	Across Moyne and Corangamite shires
Barwon Child Youth & Family (BCYF)	Currently providing	Part of usual practice e.g., General practice, care coordination, social work	Barwon & Colac/Otway
Cloverdale Community Centre Neighbourhood House/Learn Local	Currently providing	Part of usual practice e.g., General practice, care coordination, social work	Corio
SpringDale Neighbourhood Centre Inc	Currently providing	Part of usual practice e.g., General practice, care coordination, social work	Drysdale on the Bellarine
Geelong Regional Libraries	Currently providing	A social prescribing activity e.g., Mens shed, neighbourhood house activity, art class, support group, dementia café, online	Geelong
City of Greater Geelong Healthy Communities	Currently providing	A social prescribing activity e.g., Mens shed, neighbourhood house activity, art class, support group, dementia café, online	Geelong
Barwon Health Community Health	Currently providing	Part of usual practice e.g., General practice, care coordination, social work	Geelong region
Greater Geelong and Queenscliff MH & Wellbeing Local	Planning on providing - scoping		Greater Geelong and Queenscliff
Geelong Regional Library	Planning on providing - scoping		Geelong
Grampians Community Health	Interested in providing, but no confirmed plan yet		Horsham, Stawell Ararat, Pyrenees

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
WRAD Health: Western District Alcohol and Drug Centre	Interested in providing, but no confirmed plan yet		Warrnambool, Moyne and Corangamite

Gippsland

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
MS Plus	Currently providing	A social prescribing service	Phillip Island, Bass Coast, South Gippsland, West Gippsland, Baw Baw Shire, Latrobe, East Gippsland
Hazelwood Health Centre	Currently providing	A social prescribing service	Churchill
Latrobe Health Assembly	Currently providing	A social prescribing service	Latrobe Health Assembly
Head to Health Wellington	Currently providing	Part of usual practice (e.g., General practice, care coordination, social work)	Central Gippsland (Sale Clinic and Loch Sport Clinic)
Gippsland Primary Health Network Digital Health and Integration Team	Currently providing	Part of usual practice (e.g., General practice, care coordination, social work)	Gippsland wide
Wurruk Community House Inc	Currently providing	Other volunteers	Wurruk
Kooweerup Regional Health Service (KRHS)	Interested in providing, but no confirmed plan yet		Koo Wee Rup
South Gippsland Shire Council	Interested in providing, but no confirmed plan yet		South Gippsland LGA
Gippsland Region Public Health Unit Prevention and Population Health	Interested in providing, but no confirmed plan yet		
Bass Coast Health AOD	Interested in providing, but no confirmed plan yet		Bass

Hume

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Mount Beauty Neighbourhood Centre	Currently providing	A social prescribing service	Mount Beauty
Upper Murray Regional Neighbourhood House Network <i>Connecting Community in the Upper Hume Pilot (CCUHP) project</i>	Currently providing	A social prescribing service	Yarrowonga Wangaratta Chiltern, Mt Beauty, Corryong
Rural City of Wangaratta Grit and Resilience Program	Currently providing	A social prescribing activity https://www.wangaratta.vic.gov.au/Residents/Grit-Resilience/About-the-Program	Wangaratta
Gateway Health	Interested in providing, but no confirmed plan yet		Wodonga, Wangaratta, Albury
Gateway Health	Interested in providing, but no confirmed plan yet		Ovens Murray catchment
Gateway Health Alcohol and Other Drugs	Interested in providing, but no confirmed plan yet		Wodonga
Albury Wodonga Health Community Care	Interested in providing, but no confirmed plan yet		Albury LGA, Greater Hume LGA, Wodonga City, Indigo LGA & Alpine LGA
Open Door Neighbourhood House	Planning on providing - scoping		Wangaratta
Mount Beauty Neighbourhood Centre	Planning on providing - scoping		Mount Beauty

Loddon Mallee

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Campaspe Library Service Community Outreach	Currently providing	A SOCIAL PRESCRIBING SERVICE	Campaspe Shire (VIC) / Murray Shire (NSW)
City of Greater Bendigo Community Wellbeing	Currently providing	A SOCIAL PRESCRIBING SERVICE	Bendigo
Macedon Ranges Shire Council	Currently providing	A SOCIAL PRESCRIBING SERVICE	Macedon Ranges Shire
Swan Hill Rural City Council Swan Hill Regional Library Service	Currently providing	A SOCIAL PRESCRIBING ACTIVITY	Swan Hill, Lake Boga, Robinvale, Nyah West, Manangatang, Ultima, Woorinen
Donald Learning Group Inc	Currently providing	A SOCIAL PRESCRIBING ACTIVITY	Donald
Sunraysia Community Health Services Health Equity Unit	Currently providing	OTHER	3500 and surrounds
Bendigo Primary Care Centre	Currently providing	PART OF USUAL PRACTICE	Bendigo
Bendigo Community Health Services Alcohol and other drugs	Currently providing	PART OF USUAL PRACTICE	Bendigo
Echuca Regional Health	Currently providing	PART OF USUAL PRACTICE	
Castlemaine Community House	Planning on providing - scoping		Castlemaine
Castlemaine Community House	Planning on providing - scoping	Running a trial program in 2023 with local service partners	Mount Alexander
Maryborough District Health Service	Interested in providing, but no confirmed plan yet		Central Goldfields Shire
Mildura Rural City Council Mildura Library	Interested in providing, but no confirmed plan yet		Mildura LGA
Dhelkaya Health	Planning on providing - scoping	Running a trial program in 2023 with local service partners	Mount Alexander
Macedon Ranges Shire Council Community Wellbeing	Interested in providing, but no confirmed plan yet		Macedon Ranges

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Northern District Community Health	Interested in providing, but no confirmed plan yet		Gannawarra, Loddon and Buloke Shires
Mount Alexander Shire Council Community Partnerships	Planning on providing - scoping	Running a trial program in 2023 with local service partners	Mount Alexander Shire
Murray PHN	Planning on providing - scoping		Kerang, Boort, Pyramid Hill, Quambatook, Charlton
Bendigo Community Health Services	Interested in providing, but no confirmed plan yet		City of Greater Bendigo
Heathcote Health	Interested in providing, but no confirmed plan yet		Heathcote
Northern District Community Health	Planning on providing - scoping		Kerang Cohuna Boort Pyramid Hill Quambatook

Grampians

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Moorabool Shire Council Community Development	Used to provide but now finished	A social prescribing service	Moorabool Shire
Grampians Community Health	Currently providing	A social prescribing service	Ararat, Northern Grampians and Pyrenees LGAs
Ballarat Community Health	Currently providing	A social prescribing service	Ballarat
Women's Health Grampians Health Promotion Department	Currently providing	A social prescribing activity	Central Highlands and Wimmera
West Wimmera Health Service Health Promotion	Currently providing	A social prescribing activity	Wimmera and Southern Mallee
CHANH Neighbourhood Houses	Currently providing	A social prescribing activity	Central Highlands
Rural Northwest Health, Warracknabeal Warracknabeal social support group	Currently providing	A social prescribing activity	Warracknabeal
Ballarat Neighbourhood Centre	Currently providing	A social prescribing activity	Ballarat

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Ballarat East Neighbourhood House	Currently providing	A social prescribing activity	Ballarat East & surrounding suburbs
Grampians Health Edenhope	Currently providing	Part of usual practice	Edenhope and Southern Mallee
Rural northwest Health	Currently providing	Part of usual practice	Yarriambiack shire
Maryborough District Health Service	Interested in providing, but no confirmed plan yet		Central Goldfields Shire, Avoca
Ballarat Libraries	Interested in providing, but no confirmed plan yet		Ballarat
Ballarat Community HealthHealthy Communities	Interested in providing, but no confirmed plan yet		
Rural Northwest Health Allied Health	Interested in providing, but no confirmed plan yet		Warracknabeal, Beulah and Hopetoun
Rural Northwest Health Community Health	Interested in providing, but no confirmed plan yet		Wimmera/Mallee including Warracknabeal, Minyip, Murtoa, Hopetoun, Beulah, Woomelang
Central Highlands Rural Health Community Health and Wellbeing	Interested in providing, but no confirmed plan yet		3460
Grampians Community Health	Interested in providing, but no confirmed plan yet		Ararat, Pyrenees
Grampians Community Health	Interested in providing, but no confirmed plan yet		Stawell, Ararat, Horsham

Metro West

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Chinese Community Social Services Centre Inc. Community Visitors Scheme	Currently providing	A social prescribing service	
Australian Red Cross Community Visitors Scheme	Currently providing	A social prescribing service	

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
AMCS	Currently providing	A social prescribing service	All suburbs
MS Plus	Currently providing	A social prescribing service	
IPC Health Innovation and Community Care	Currently providing	A social prescribing service	Brimbank, Wyndham, Hobson's Bay
Farnham Street Neighbourhood Learning Centre	Currently providing	A social prescribing service	Moonee Valley LGA
Louis Joel Arts & Community Centre	Currently providing	A social prescribing service	Altona/Hobsons Bay
University of Melbourne School of Social and Political Science	Currently providing	A social prescribing research trial	
Brimbank City Council Community Wellbeing	Currently providing	Part of usual practice running an 8-week trial program in term 1 2023	Brimbank LGA
cohealth	Currently providing	Part of usual practice	Footscray, Williamstown, Melton, Essendon, Maribyrnong
Co Health Healthworks	Currently providing	Part of usual practice	Footscray
MWAMHSNWMH	Currently providing	Part of usual practice	Brimbank & Melton LGA, Bulla & Sunbury townships
Social Health Australia	Currently providing	A social prescribing activity	Not yet determined
Carlton Neighbourhood Learning Centre	Currently providing	A social prescribing activity	Carlton
City of Melbourne Libraries	Interested in providing, but no confirmed plan yet		City of Melbourne (3000)
Hume City Council Hume Libraries	Interested in providing, but no confirmed plan yet		Hume
Sussex Neighbourhood House	Interested in providing, but no confirmed plan yet		Pascoe Vale, Oak Park, Hadfield, Brunswick West, Glenroy.
Odyssey House Victoria Intensive Support Program	Interested in providing, but no confirmed plan yet		North West & South West AOD Catchments
Yarraville Community Centre	Interested in providing, but no confirmed plan yet		Maribyrnong

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
cohealth	Planning on providing - scoping		Brimbank
Outlets co-operative neighbourhood house ltd	Planning on providing - scoping		Newport Hobsons bay

North East Metro

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
CHAOS Network	Currently providing	A social prescribing service	Knox, Maroondah and Yarra Ranges with bordering parts of Manningham and Whitehorse
Chinese Community Social Services Centre Inc. Community Visitors Scheme	Currently providing	A social prescribing service	
Australian Red Cross Community Visitors Scheme	Currently providing	A social prescribing service	
Merri Health Living Well, Ageing Well program	Currently providing	A social prescribing service	Merri-bek, Hume, Darebin, Banyule, Nillumbik, Whittlesea and Yarra
AMCS	Currently providing	A social prescribing service	all suburbs
MS Plus	Currently providing	A social prescribing service	
Access Health Care Access to Community	Currently providing	A social prescribing service	City of Yarra, City of Boroondara, City of Mannigham
RMIT Many Coloured Sky	Currently providing	A social prescribing research trial	
Rewire Musical Memories Choir	Currently providing	A social prescribing activity	Heidelberg and Hurstbridge
Merri Health	Currently providing	A social prescribing activity	Fawkner
Yarra libraries Community strengthening	Currently providing	A social prescribing activity	
Yarra Plenty Regional Libraries	Currently providing	A social prescribing activity	Banyule, Nillumbik, City of Whittlesea
Nillumbik Shire Council	Currently providing	A social prescribing activity	Nillumbik Shire

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Darebin Libraries	Currently providing	A social prescribing activity	Darebin [Fairfield, Northcote, Preston, Reservoir branches]
Social Health Australia	Currently providing	A social prescribing activity	Not Yet Determined
Banyule Council Youth Services	Currently providing	A social prescribing activity	Bundoora
Your Community Health	Currently providing	A social prescribing activity	Darebin LGA, Whittlesea LGA, Banyule LGA
Cabrini refugee and Asylum Seeker Health Hub	Currently providing	Part of usual practice	Brunswick
City of Boroondara Library	Currently providing	Part of usual practice	City of Boroondara
Whittlesea Community Connections	Currently providing	Part of usual practice	Whittlesea LGA
Banyule Community Health	Currently providing	Part of usual practice	Banyule, Nilumbik (Ne region and NW regions for some funded programs)
Mind Australia Northern regions	Currently providing	Part of usual practice	Greensborough
Banyule City Council Youth Services	Currently providing	Part of usual practice	Banyule - Bundoora 3083
Darebin City Council	Currently providing	Other	Darebin
City of Whittlesea Community and Place	Planning on providing - scoping		Whittlesea LGA
City of Whittlesea Community Activation Team CALD communities	Interested in providing, but no confirmed plan yet		Whittlesea in General
North Richmond Community Health	Planning on providing - scoping		City of Yarra
Friends for Good Inc.	Interested in providing, but no confirmed plan yet		
GP Self Employed	Interested in providing, but no confirmed plan yet		
Whitehorse Manningham Libraries	Planning on providing - scoping		Whitehorse and Manningham council areas

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
RMIT University RECETAS - Reimagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces	Planning on providing - scoping		
Explore & Restore Counselling	Interested in providing, but no confirmed plan yet		Kew
Eastern Health Community Health	Interested in providing, but no confirmed plan yet		Outer East, Eastern catchment,
Merri Health Community Wellbeing	Interested in providing, but no confirmed plan yet		Merri-bek and surrounds
Lalor Neighbourhood House	Interested in providing, but no confirmed plan yet		Lalor
Social Sense Allied Health	Planning on providing - scoping		3056
Hues Therapeutic Services	Planning on providing - scoping		Lilydale

South East

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Springvale Neighbourhood House	Currently providing	A social prescribing service	City of Greater Dandenong
Chinese Community Social Services Centre Inc. Community Visitors Scheme	Currently providing	A social prescribing service	
Australian Red CrossCommunity Visitors Scheme	Currently providing	A social prescribing service	
AMCS	Currently providing	A social prescribing service	all suburbs
MS Plus	Currently providing	A social prescribing service	
City of Casey Ageing Sector and Support	Currently providing	A social prescribing service	City of Casey Municipality

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
Cardinia Shire Council Community and Family Services	Currently providing	A social prescribing service	Cardinia Shire -
Inspiro	Currently providing	A social prescribing service	Lilydale, Belgrave and surrounding areas
University of Melbourne	Currently providing	A social prescribing research trial	
Bolton Clarke Bolton Clarke Research Institute	Currently providing	A social prescribing research trial	Glen Eira LGA
Cardinia Shire Council Access and Ageing	Currently providing	Other A project within access and ageing unit	Cardinia Shire
Anglicare CFC	Currently providing	Other Community development program which loosely fits in several categories	Frankston
Somerville Community House Incorporated	Currently providing	Other We are a community house offering a variety of social and learning opportunities for everyone. We receive inquiries from case workers and align participants to their choice of activity providing support as needed.	Somerville, Victoria
Kingston City Council	Currently providing	Other Providing information and assistance with accessing suitable activities to individual clients and service providers appropriate assistance with transport options, providing information on aged care services and linking seniors and their carers with appropriate supports, providing information about supports available to people in financial hardship.	City of Kingston

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
CBCHS Integrated Care	Currently providing	A social prescribing activity	Kingston LGA
Box Hill South Neighbourhood House	Currently providing	A social prescribing activity	Box Hill South
Hampton Community Centre / Highett Neighbourhood Community House	Currently providing	A social prescribing activity	Bayside City Council Area
Kindred Clubhouse	Currently providing	A social prescribing activity	Frankston Mornington Peninsula (Bayside)
SOCIAL HEALTH AUSTRALIA	Currently providing	A social prescribing activity	NOT YET DETERMINED
Kooweerup Regional Health Service Health Promotion	Currently providing	A social prescribing activity	Cardinia Shire
Women's Spirit Project Spirit of Transformation Program	Currently providing	A social prescribing activity	
TaskForce Community Agency	Currently providing	A social prescribing activity	Bayside and Frankston Mornington Peninsula
City of Monash Aged Care Services	Currently providing	A social prescribing activity	Glen Waverley, Mount Waverley Oakleigh
Star Health	Currently providing	Part of usual practice	South Melbourne, St Kilda, Prahran,
Monash Health Monash health Refugee health and wellbeing clinic	Currently providing	Part of usual practice	All SE metro area - especially Dandenong, Casey
Alfred Health Mental Health	Currently providing	Part of usual practice	Inner South
Narragate Medical and Dental centre	Currently providing	Part of usual practice	Narre Warren
Thompson Road Clinic	Currently providing	Part of usual practice	Cranbourne
First Step Mental Health and addiction	Currently providing	Part of usual practice	St Kilda
Access Health	Currently providing	Part of usual practice	St Kilda
Star health GP	Currently providing	Part of usual practice	3205

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
DS Counselling & Support Sole practitioner in private practice	Currently providing	Part of usual practice	Southern and Eastern suburbs
Better Health Family Clinic	Currently providing	Part of usual practice	Casey
Mornington Medical Group	Currently providing	Part of usual practice	Mornington
Lakeside Square Medical Centre	Currently providing	Part of usual practice	Pakenham
Modern Medical Dandenong	Currently providing	Part of usual practice	Dandenong
Brentwood Park Family Practice	Currently providing	Part of usual practice	3806
Access Health St Kilda	Currently providing	Part of usual practice	St Kilda
Peninsula Health Mental Health	Currently providing	Part of usual practice	Frankston
Peninsula Health Allied Health Outreach	Currently providing	Part of usual practice	Frankston, Mornington, Rosebud
Peninsula Health Forensic Mental Health in Community Health	Currently providing	Part of usual practice	Mornington peninsula
EACH	Currently providing	Part of usual practice	Ferntree Gully
The Avenue Family Medical Clinic	Currently providing	Part of usual practice	Cranbourne North
North Road Medical	Currently providing	Part of usual practice	3187
City of Boroondara Active Ageing	Interested in providing, but no confirmed plan yet		Boroondara
Link Health and Community Volunteer Department	Interested in providing, but no confirmed plan yet		City of Monash
Frankston City Libraries	Interested in providing, but no confirmed plan yet		Frankston
City of Kingston Kingston Libraries	Interested in providing, but no confirmed plan yet		City of Kingston

Organisation	Current status of social prescribing work or social prescribing related activity	Best describes the organisation's social prescribing related work	Area/Suburb
RMIT University RECETAS - Reimagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces	Planning on providing - scoping		
Whitehorse Manningham Libraries	Interested in providing, but no confirmed plan yet		Cities of Whitehorse and Manningham
Monash Health Public Health and Community	Interested in providing, but no confirmed plan yet		Cardinia, Greater Dandenong, Casey
Women's Spirit Project	Interested in providing, but no confirmed plan yet		Frankston, Kingston and Mornington Peninsula
NRCH	Planning on providing - scoping		Richmond
Mental Health and Wellbeing Local AOD Clinician	Planning on providing - scoping		Frankston
City of Monash Community Support	Interested in providing, but no confirmed plan yet		Burwood to Oakleigh Ashwood to Mulgrave
Noble Park Community Centre	Planning on providing - scoping		
Mountain District Learning Centre Community Services Office	Interested in providing, but no confirmed plan yet		Ferntree Gully
Balla Balla Community Centre	Interested in providing, but no confirmed plan yet		Clyde North
Peninsula health ELICD (community health)	Planning on providing - scoping		Frankston
Peninsula Health	Planning on providing - scoping		Mornington Peninsula, Frankston
Brentwood Park Neighbourhood House	Planning on providing - scoping		Berwick City of Casey

Completed Pilots

Opioid Use and Pain: Addressing Loneliness in Mature Adults (OP-ALMA) [now finished]

Opioid Use and Pain: Addressing Loneliness in Mature Adults (OP-ALMA) was a pilot social prescribing service in the Yarra Ranges Shire which aimed to help older adults cut down on their use of pain medication by increasing their social connections.

The pilot was provided by Turning Point and Eastern Health and was funded by Gandel Philanthropy with support from COTA Victoria.

An evaluation found most participants reported that they were happy with the intervention.

- 87.5% reported lower pain
- 38% said their loneliness had decreased
- 44% reported less severe depression.

There was insufficient data to show whether participants had reduced their use of pain medication.

Although the project has finished, the resources it developed are still being used to help older people in the Yarra Ranges manage chronic pain. These resources include:

- fact sheets on loneliness, sleep hygiene, relaxation and managing flare-ups
- postcards with suggestions for increasing social connection
- a resource booklet for the Yarra Ranges community.

Source: COTA Victoria <https://www.cotavic.org.au/news-items/social-prescribing-pilot-project-used-connection-to-fight-pain/>

Resources: <https://www.cotavic.org.au/wp-content/uploads/2021/10/OPALMA-Booklet-03.08.21.pdf>

Living Our Best Life by Community Houses Association of the Outer-eastern Suburbs (CHAOS) Neighbourhood House Network [now ongoing]

The Living Our Best Life project was funded in 2019. It sought to trial a model of social prescribing inspired by the work of Mendip Health Connections and the Bromley by Bow Centre in the United Kingdom.

The Community Houses Association of the Outer-eastern Suburbs (CHAOS), in partnership with the Temple Society Australia, committed to trial a model of social prescribing that featured trained volunteers in the linking process. The project involved designing, testing and evaluating the model with thirty-six participants, including twenty formal referrals. The participants were connected into a range of community activities with positive feedback from all stakeholders. Participants reported improved feelings of wellbeing and social connectedness with some describing it as “life changing”.

COVID 19 pandemic and lockdowns provided challenges for this project however they received 20 formal referrals from 9 different practitioners from 5 different agencies. 16 participants were not formally referred (5 via signposting; 2 self-referrals and 9 via Talking Café). Feedback included:

- 100% of referring practitioners believed that the value of the social prescribing process for the patient included improved community engagement and positivity and optimism for the future
- 57% of referring practitioners reported that they had consulted patients who did not want to be referred
- 95% of the feedback from patients about the connecting experience was positive

- 100% of the volunteers reported that the experience had been positive with 80% rating it as extremely satisfying
- 100% of volunteers indicated that they would be interested in further, more specialised training to better prepare them to work with complex clients
- 90% of participants referred reported improved community engagement
- 25% of formal referrals participated in a detailed interview to share their connecting story

The final report also includes challenges, learnings and success as well as participant’s experience and stories

“I feel life is a lot better, so much so that I have been able to stop some of the anti-depression meds. It’s actually changed my life. I feel like there is a purpose to my day where before I wouldn’t bother hardly getting out of bed before 2-3 o’clock.”

This service is now ongoing and is being replicated in the Upper Hume Communities by Upper Murray Regional Neighbourhood House Network and is titled ‘Connecting Community in the Upper Hume Pilot (CCUHP)’

<http://www.chaosnetwork.org.au/media/attachments/2021/07/20/lobl-project-report-proof-2.pdf>

Directories

National Ending Loneliness Directory

Ending Loneliness Together (ELT) has partnered with Infoxchange to develop and maintain a national directory for services or groups which seek to address loneliness and enhance social connection. The directory is being launched in 2023 and is searchable by a number of options including by region and if the search is for the self, a family member or friend or for a person the user is working with (a client).

The directory is already populated with services and groups and has capability to allow for unlisted services to be uploaded making this an ongoing up to date directory.

<https://endingloneliness.com.au/form-page/>

Many Councils and Neighbourhood House Alliances have developed their own directories.

Other relevant directories include:

Ask Izzy

Ask Izzy is a mobile website that connects people in need with housing, a meal, money help, health and wellbeing services, family violence support, counselling and much more.

<https://askizzy.org.au/>

Infoxchange

Access to over 400,000 health & welfare services through this service directory.

<https://www.infoxchange.org.au/products-and-services/service-directory>

My community

My Community Directory lists organisations that provide services that are free or subsidised to the public in thousands of locations across Australia. These services are aligned into various Community Directories and is searchable by council.

<https://www.mycommunitydirectory.com.au/>

Outdoor Healthcare

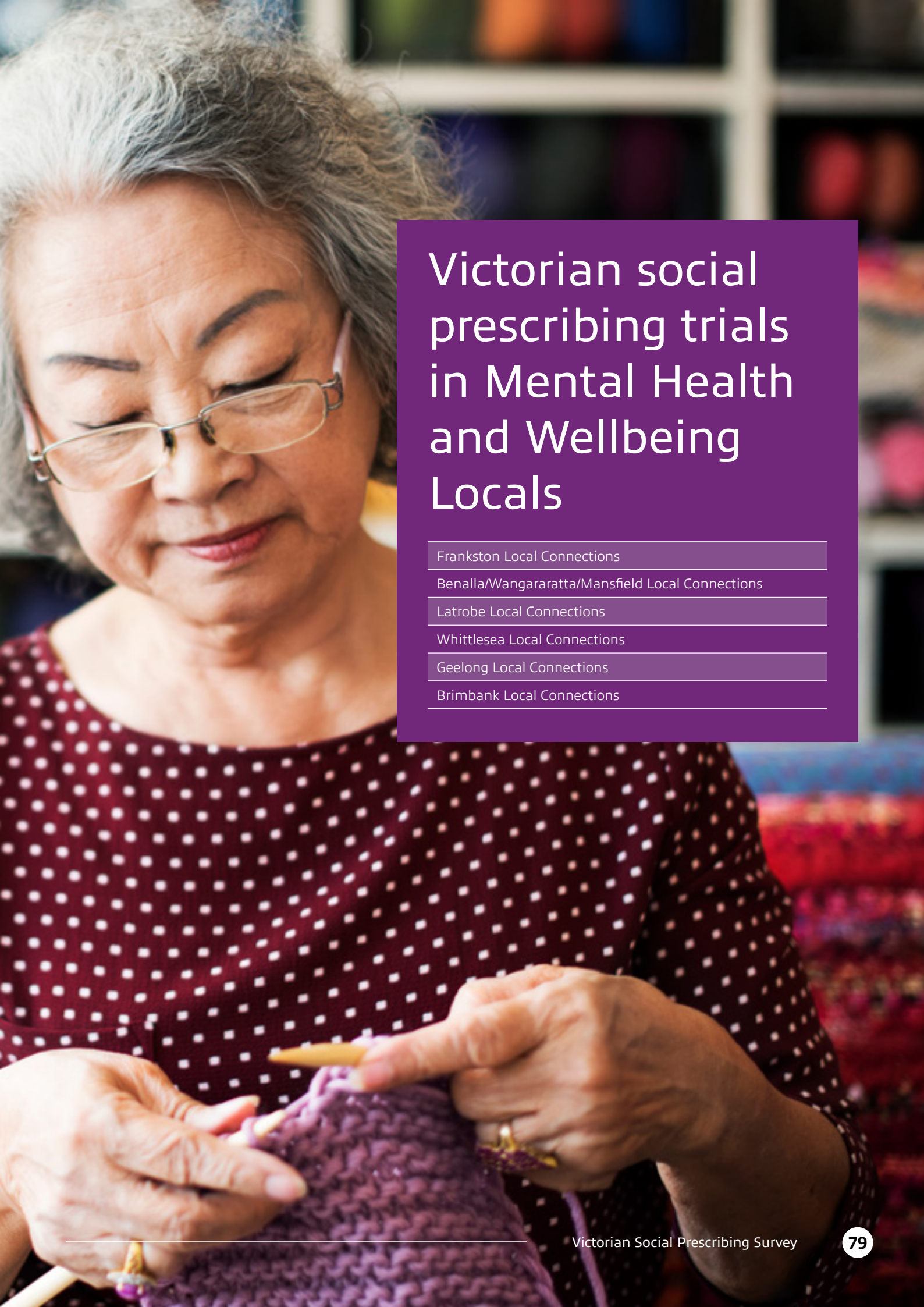
The Outdoor Health Service Directory links people with appropriate nature-based health services in their local area.

<https://outdoorhealth.org.au/service-directory/>

List of responding Victorian social prescribing services

A service solely dedicated to social prescribing usually with a link worker, funded worker, connector and/or volunteer (can operate within an organisation providing other services eg. council, neighbourhood house, community health etc)

Community Health	Access Health Ballarat Community Health Grampians Community Health Inspiro IPC Health Merri Health
Council	Cardinia Shire Council Campaspe Library Service City of Casey City of Greater Bendigo Macedon Ranges Shire Council Warrnambool City Council
Neighbourhood House/Community Centre	CHAOS Network Braybrook and Maidstone Neighbourhood House Farnham Street Neighbourhood Learning Centre Louis Joel Arts & Community Centre Springvale Neighbourhood House Upper Murray Regional Neighbourhood House Network Mount Beauty Neighbourhood Centre
Hospital	
General Practice	Hazelwood Health Centre Latrobe Health Assembly
Social Service	
Aged Care Service	
Mental Health Service	ERMHA365
National Disability Insurance Scheme	
Not for Profit Social Organisation	AMCS Chinese Community Social Services Centre Inc.
Other	Australian Red Cross Bolton Clarke Research Institute Moorabool Shire Council - Library MS Plus National Ageing Research Institute RMIT / Peer Support Service



Victorian social prescribing trials in Mental Health and Wellbeing Locals

Frankston Local Connections

Benalla/Wangaratta/Mansfield Local Connections

Latrobe Local Connections

Whittlesea Local Connections

Geelong Local Connections

Brimbank Local Connections

The Victorian Social Prescribing Survey and report aim to create a baseline understanding of social prescribing in Victoria.