Understanding Social Prescribing's Emergence in Victoria

Victorian Social Prescribing Collaborative

February 2025

Understanding Social Prescribing's Emergence in Victoria

Contents

Acknowledgement of Aboriginal Victoria

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

Background

In response to the Royal Commission into Victoria's Mental Health System, the Victorian Government established the Wellbeing Promotion Office and established social prescribing trials in the first six Mental Health and Wellbeing Locals.[1] These trials are known locally as Local Connections – a social prescribing initiative.

The Wellbeing Promotion Office's core objective is to promote good mental health and wellbeing in places where people work, learn, live and play. The Wellbeing Promotion Office engaged with communities and sectors in 2022 and heard strongly about the importance of social connection are as core to promoting mental wellbeing. Social prescribing is one avenue to foster social connection.

Recognising community and sector interest and opportunities for social prescribing in Victoria, the Wellbeing Promotion Office commissioned the Victorian Social Prescribing Survey in 2022.[2] Following the survey, the Wellbeing Promotion Office convened the Victorian Social Prescribing Collaborative.

The VSPC aims to harness the interest across sectors and in the community for social prescribing, aligning with the relevant policy landscapes and learning from local and international experience. This report aims to support partners in Victoria to build a collective understanding of social prescribing and consider how to work together to better support social prescribing to emerge and have impact across Victoria.

About the Victorian Social Prescribing Collaborative

The Victorian Social Prescribing Collaborative (VSPC) was convened by the Wellbeing Promotion Office in July 2023.

Bringing together cross-sector expertise, experience and energy, the purpose of the VSPC is to support a shared vision and high-level framework for social prescribing in Victoria that:

- recognises existing best and emerging practice across sectors, including within the community
- recognises the different problems associated with social prescribing, along with models that may be used to support local programs
- recognises that social prescribing is one of a number of person-centred approaches to improve health and wellbeing outcomes
- supports cross-sector collaboration to ensure social prescribing has impact where it is most needed, and these networks can grow sustainably informed by evidence.

The VSPC membership has provided rich knowledge-sharing about social prescribing across levels of government, sectors and community. In addition, the VPSC has had the opportunity to connect with and learn from the experience of NHS England, the National Academy of Social Prescribing (NASP) and the Welsh Government.

What is social prescribing?

Social prescribing is an active, personalised process involving a supported referral to a non-medical support by a 'social prescriber'. Social prescribing encourages people to participate in community-based activities that matter to them, such as art, nature, or other groups and activities to support health and wellbeing.

A social prescribing support may be standalone or in addition to an existing care arrangement.

Social prescribing is a term that has gained traction in recent years but the intent behind it – referring or linking people to supports in the community – is not new.

Existing challenges of chronic disease, mental ill-health, social isolation, loneliness and lack of connectedness have been exacerbated by the COVID-19 pandemic. With health workforces handling an increased case load and complexity, there is a need to improve patient wellbeing with better links and collaboration between the community and health sectors. Social prescribing provides one opportunity to do this.

Social prescribing also highlights the vital role of the community in supporting health and wellbeing and creates an opportunity to consider how this valuable role can be sustained.

Executive Summary

Understanding social prescribing's emergence in Victoria is the first report from the VSPC. It outlines a shared vision and definition for social prescribing, articulates the problems that social prescribing may address, and describes next steps for developing a framework that supports the conditions of success for social prescribing in Victoria.

It is a foundational working document that brings together the thinking, expertise, and knowledge of the VSPC and the individuals from across community and health sectors who participated in interviews and focus groups as part of a state-wide approach to understand social prescribing in Victoria.

Understanding social prescribing's emergence in Victoria aims to support partners in Victoria to build a collective understanding of social prescribing and consider how to work together to better support social prescribing to emerge and have impact across Victoria.

A process to understanding

Following the 2022 Victorian Social Prescribing Survey, the Wellbeing Promotion Office in the Victorian Department of Health brought together commissioners, policy makers and experts to develop a shared understanding of social prescribing and to lay the foundations that allow social prescribing to continue to emerge and evolve in Victoria to support health and wellbeing.

The three project stages were:

- **Discovery:** Setting the scene and where we are now (roundtable #1, July 2023)
- **Development:** Building strong foundations (project meetings and focus groups)
- **Delivery**: Victorian social prescribing vision and plan (roundtable #2, November 2023)

Through these stages, participants explored the following four objectives:

1. To agree on the problem that social prescribing addresses
2. To identify the opportunity and positioning
3. To provide definitions and processes to ensure a common understanding
4. To develop a next step plan, including identifying stakeholders.

The VSPC met on five occasions from July to December 2023, received input from 62 key informants (four general practitioners, one patient and 57 community-based participants).

A vision for social prescribing

Social prescribing provides an opportunity to affect cultural change – to shift towards a model of healthcare that encompasses wellbeing as well as ill-health.

With opportunities across prevention, early intervention and treatment, social prescribing aims to rebalance from a sickness to a wellness model of health and wellbeing and reflects the vital role of community throughout this process.

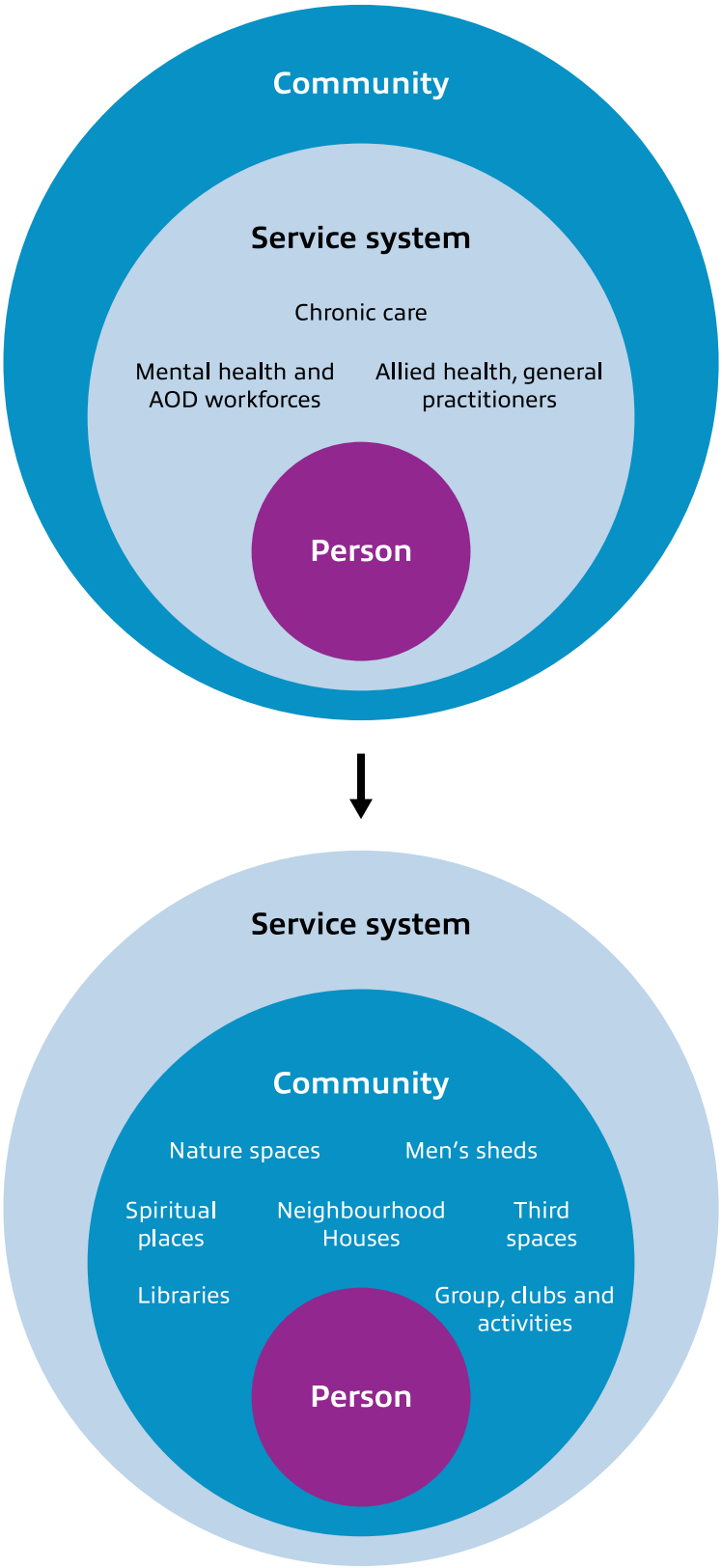


Figure 1. A cultural shift towards communities at the core of supporting health and wellbeing and a strengthened focus on prevention and early intervention

IPC Health

Background

IPC Health's community care services help individuals to manage their health and wellbeing by connecting them with programs and support that can improve their quality of life.

> Although he was receiving support from a Diabetes Educator, a dietitian, and an exercise physiologist, John found it difficult to stick to his care plans. His healthcare team believed that a lack of routine and social interaction were contributing to his poor engagement with his health.

John's story

Challenges faced

John was dealing with several health issues, including Type 2 Diabetes, hypertension, depression, and he struggled with obesity. Although he was receiving support from a Diabetes Educator, a dietitian, and an exercise physiologist, John found it difficult to stick to his care plans. His healthcare team believed that a lack of routine and social interaction were contributing to his poor engagement with his health.

How the program helped

John was referred to IPC Health's social prescribing service by his Diabetes Educator. After discussing his interests, John was encouraged to join the *Sons of the West* (SOTW), a community program aimed at improving men's health. John started attending and found that he enjoyed the sessions and was meeting new people.

As John became more engaged, the Wellbeing Coordinator helped him set new health goals. John started working with his Diabetes Educator to better manage his diabetes and with the exercise physiologist to create a personal exercise plan. He also began attending a local Men's Social Group.

Outcome

John's re-engagement with healthcare professionals has had a positive impact on his health. He has lost 8 kg since joining the SOTW program and now follows a regular exercise routine. John has noticed improvements in his physical and mental wellbeing, and says that meeting new people has given him a sense of purpose, and helped him feel more motivated to take care of his health.

Understanding social prescribing in Victoria

Social prescribing is an active, personalised process involving a supported referral to a non-medical support by a 'social prescriber'. Social prescribing may be a standalone support or included in addition to an existing care arrangement.

A social prescriber is someone who actively 'prescribes' and supports a referral to non-clinical community-based initiatives to improve a person's health and wellbeing. A social prescriber may be a GP, nurse, allied health, mental health, AOD or other worker that undertakes social prescribing as part of their 'usual practice'. A social prescriber could also be a specialist link worker or community connector, engaged for the specific purpose of supporting a person to connect with their community to improve health and wellbeing.

A note about language

The term prescriber has not been popular in Victoria, especially from people who have or will access social prescribing supports. The term 'prescribing' is inherently medical in nature and seems disempowering for the person receiving the 'prescription'. In the context of the current health system, the term is intended as a bridge between the health system and the community. As such it has been retained, noting that 'on the ground' definitions are likely to vary.

At its heart, social prescribing supports holistic, person and relationship-centred care and acknowledges that the community plays as important a role in health and wellbeing as our health and social care systems.

Social prescribing:

- is person and relationship-centred and can be used across all aspects of a person's life
- may address secondary and tertiary prevention.

It is important to emphasise that a social prescription is based on individual needs and interests, an approach of 'what matters to you', and is effective when the prescriber works with and not for or to the person being supported.

A note about language

It should be noted that signposting – a commonly used term in social prescribing – has been excluded as part of the proposed definition. Signposting refers to the health provider offering information on activities or services (e.g. brochure or website) with no active referral or follow up. Signposting does not mean an individual will follow up with the suggested referral. While signposting is still an important part of healthcare, the definition of social prescribing in a Victorian context is focused on a supported referral.[3]

Kindred Clubhouse

Background

Kindred Clubhouse is a peer-support centre based in the Frankston Mornington Peninsula region. It helps people improve or maintain their mental health by offering a supportive community and opportunities to develop new skills and friendships. The Clubhouse is based on an internationally recognised model for mental health recovery.

> At first he was reluctant, but after a few visits, he became a regular member. He started helping in the kitchen, preparing food and cleaning dishes, which made him feel part of the community.

Participant's story

Challenges faced

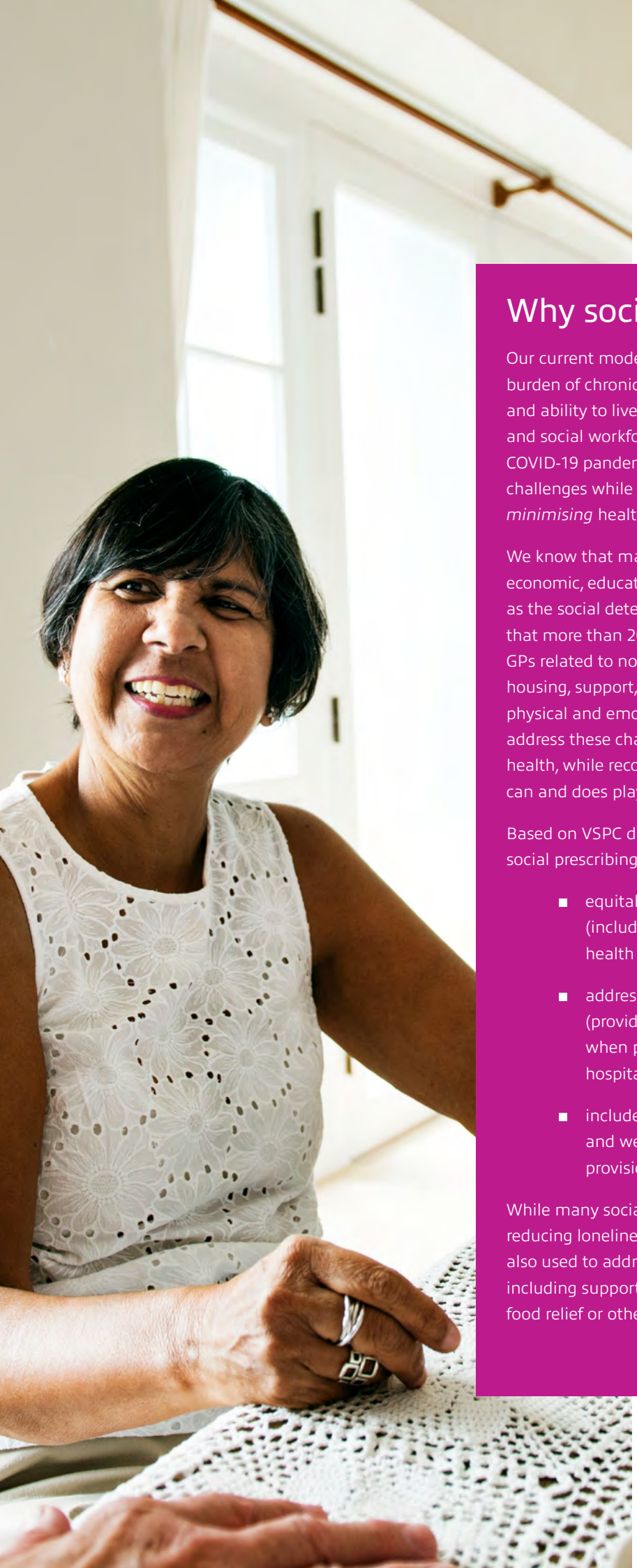
Before joining Kindred Clubhouse, this participant (a man between 55 and 60 years old) had been hospitalised several times due to mental health challenges. Even with the support of specialist mental health facilities, he felt more isolated and depressed.

How the program helped

The participant's sister, who is a support worker, heard about Kindred Clubhouse and encouraged him to try it. At first he was reluctant, but after a few visits, he became a regular member. He started helping in the kitchen, preparing food and cleaning dishes, which made him feel part of the community. Over time, he began to socialise more and took part in courses such as Responsible Service of Alcohol (RSA), food handling, and barista training. These achievements gave him a sense of pride, and he hasn't been hospitalised since joining the Clubhouse.

Outcome

The participant feels at home at Kindred Clubhouse. He appreciates the friendly and supportive environment, where he is not judged. His involvement in the kitchen and his completion of various training courses have helped him regain confidence. He says, "I have not had a single hospital visit since joining Kindred Clubhouse." He now feels accepted and hopeful about his future.



Why social prescribing?

Our current model of health is unsustainable. The increasing burden of chronic disease impacts people's health, wellbeing and ability to live meaningful, productive lives. Current health and social workforce challenges and the ongoing impact of the COVID-19 pandemic mean we need to address the continuing challenges while also addressing wellbeing and *preventing* or *minimising* health conditions.

We know that many challenges of ill-health are caused by social, economic, educational and financial factors, collectively known as the social determinants. In the UK there was a recognition that more than 20 per cent of appointments for patients visiting GPs related to non-clinical factors including challenges such as housing, support, and finances impacting on people's mental, physical and emotional health. Social prescribing is one way to address these challenges and to rebalance our current model of health, while recognising the significant role that the community can and does play in supporting health and wellbeing.

Based on VSPC discussions and focus groups, it was agreed that social prescribing provides an opportunity to:

- equitably improve health and wellbeing outcomes (including social connection, chronic and mental health challenges)
- address healthcare access for non-health reasons (providing non-clinical community-based supports when preferred and suitable, reducing unnecessary hospital admissions and/or health care appointments)
- include the role of community in supporting health and wellbeing to promote the value of community in provision of non-clinical support.

While many social prescribing programs in Victoria focus on reducing loneliness and/or social isolation, social prescribing is also used to address the broader social determinants of health, including supporting people into physical activity and to access food relief or other supports.

Where to from here: building a framework

This report reinforces the findings of the Victorian Social Prescribing Survey, that a strategic, state-wide, systems approach is key to ensuring social prescribing achieves its potential to support those that may benefit from it most in Victoria. It recognises that change leadership and stewardship is needed to scale and sustain current approaches.The VSPC provides an opportunity to continue this work, recognising that partnerships and collaboration across sectors, all levels of government and with the community are key to social prescribing's success.

Four emergent themes that should be considered as part of any future framework were identified. These are:

1. Time, trust and relationships
2. Leadership, capacity, funding and alignment
3. Experience, evidence and economics
4. Spaces, services and activities.

These themes highlight the significant existing work that has largely occurred at a grassroots needs-based level within the community, as well as an increasing recognition by the medical and health community of the importance of using all relevant resources to improve an individual's health and wellbeing.

Time, trust and relationships are required to do social prescribing well. Social prescribing depends on relationship-centred care that connects the silos of our existing health system to meaningful community based supports.

Current social prescribing activities show considerable community leadership and innovation, often with very few resources. These are generally achieved through building place-based partnerships. There is opportunity to further leverage resources and increase collaboration across sectors to better align resources and funding.

Capacity within existing health systems and community can be leveraged – however there is also a need for capability building. This is more notably required in building understanding of loneliness and social isolation, increasing awareness of evidence-based interventions and understanding the unique professional development needs of social prescribers.

It is also recommended that experience – including early data sets of participant stories – needs to be made visible, to build appreciation of how social prescribing is helping the community. This evidence should be compared with work elsewhere in Australia and internationally to provide a comprehensive body of knowledge showing the health, community and economic benefits of programs, ensuring future funding that will help sustain social prescribing into the future.

Social prescribing relies on a supported community ecosystem that includes spaces, services and activities. The importance of maintaining safe, welcoming, inclusive spaces that can be equitably accessed by people locally is critical to social prescribing's success. Done well, social prescribing provides an opportunity to build on existing resources and better support thriving and connected communities.

This report seeks to build a better understanding of social prescribing within Victoria. From here, there is opportunity for the VSPC continue working together and with interested parties to:

- create a shared understanding of social prescribing within Victoria and its possibility for change
- strengthen approaches and opportunities for social prescribing practice, both through specialised and funded social prescribing initiatives and social prescribing delivered within the existing health and social care system
- collaboratively support the enablers and address challenges to social prescribing.

North Richmond Community Health

Background

The Community Empowerment and Development Program at North Richmond Community Health provides culturally safe and accessible services. The program aims to help individuals improve their wellbeing by connecting them to activities and services within the Richmond Housing Estate community.

> Dave says, "I enjoy my weekly walk and feel like I have something to look forward to." Dave's doctor has also noticed improvements in his health, and Dave feels more connected to his community.

Dave's story

Challenges faced

Dave (not his real name) is a man in his 50s who led a very isolated life. He had several chronic health conditions, and his primary social interactions were with healthcare providers. Dave's GP recognised that he needed more social contact and referred him to the social prescribing program at North Richmond Community Health.

How the program helped

When Dave first met with his Link Worker, it was clear that he needed gradual support to become more socially active. Dave rarely left his house, except for essential activities like food shopping and medical appointments. He was encouraged to join the Men's Walking Group but was initially hesitant because of his physical limitations. To accommodate his needs, Dave was encouraged to walk as far as he could and then take the tram back.

After his first walk, Dave felt a sense of achievement and joy. He now attends the Men's Walking Group every week and has also started visiting the library.

Outcome

Dave reports significant improvements in his mental, social, and physical wellbeing since joining the program. He says, "I enjoy my weekly walk and feel like I have something to look forward to." Dave's doctor has also noticed improvements in his health, and Dave feels more connected to his community.

Policy landscape and local context

Nationally and internationally, there is an ever-increasing burden of chronic disease, mental health and health workforce shortages, with an equally growing focus on wellbeing and disease prevention in health. This has led local and global healthcare systems to focus on shifting from a one-size-fits-all to more personalised approaches.

The increased interest globally and locally led to the VSPC being established, with a view to consider social prescribing's value in Victoria, while aiming to align with national and international developments in social prescribing.

International context

The VPSC's vision for social prescribing is consistent with the World Health Organisation's (WHO) Constitution which states "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"[4] and with Sustainable Development Goal 3, Good Health and Wellbeing. The recently launched Commission for Social Connection by the World Health Organisation also signals a broader, societal commitment and imperative to act.[5] Interest in social prescribing has been growing globally and in undertaking this work, the VSPC connected and learnt from experiences of social prescribing in England and Wales. Social prescribing was first formally introduced through health policy – Universal Personalised Care – by NHS England in 2019 as part of the Long-Term health plan.[6] Prior to the introduction of this policy, 20% of all GP appointments in England were for non-medical reasons – which impacted directly on waiting times for patients wanting to see a GP for clinical needs. The introduction of social prescribing through policy change and a dedicated workforce of link workers helped improve capacity and enabled non-clinical referrals to support individuals. The focus for social prescribing policy and programs is on 'what matters to you'. The values are of choice and control aligned with empowerment and self-determination.

The Welsh Government has also delivered a National Framework for Social Prescribing[7]. The Welsh framework provides significant opportunities for learning for Victoria as social prescribing in Wales demonstrates different models, reflecting that social prescribing has grown organically and through new policy directions – consistent with the experience in Victoria.

National context

In Australia, social prescribing has gained increasing interest across sectors (community, health, academia, government).

In 2019, the Consumer Health Forum and Royal Australian College of General Practitioners convened a roundtable on social prescribing. The roundtable led to increased awareness and interest, as evidenced in policy approaches at Commonwealth level and State and Territory level.[8, 9, 10, 11]

In 2024, the Australian Social Prescribing Institute for Research and Education (ASPIRE) delivered its first consensus statement, Accelerating Social Prescribing in Australia – an innovative frontier in the provision of healthcare.[12] ASPIRE aims to support research and evidence for social prescribing in Australia.

Additionally, the Commonwealth Government commissioned the Australian Health Policy Collaboration Centre (formerly the Mitchell Institute) at Victoria University to deliver a national feasibility study for social prescribing in primary care.

Recognition of the importance of social connection is included in the Australian government's *Measuring What Matters: Australia's First Wellbeing Framework* published in July 2023.[13]

Victorian context

In 2022, the Victorian Government's Wellbeing Promotion Office commissioned the Australian Disease Management Association (ADMA) to conduct a social prescribing baseline survey across Victoria. This survey provided a comprehensive overview of social prescribing underway at the end of 2022 / early 2023.[2]

The Victorian Social Prescribing Survey revealed the innovation and variety of approaches, the broad understanding of social prescribing in Victoria, the different (short-term) funding approaches in play, as well as the commitment of community to working with the health sector. It highlighted the limited coordination, evaluation and evidence-collation within and across sectors, and the challenges for community-led social prescribing initiatives in engaging with the health sector.

Above all, it highlighted the potential for social prescribing to be improved within existing health and social care structures.

Interest in social prescribing is increasing in the broader health sector. Examples include:

- Western Victoria Primary Health Network's conceptual framework for social prescribing to increase social connections, developed in 2023
- Local Connections – a social prescribing initiative, delivered by the Department of Health and recommended by the Royal Commission into Victoria's Mental Health System
- Diabetes Connect, funded by the Department of Health, which embeds social prescribing within diabetes care to reduce avoidable disease progression and hospitalisation while improving health and wellbeing outcomes for people with diabetes.

Increased interest from the Victorian Government and Primary Health Networks builds on an existing grassroots movement delivering social prescribing initiatives through:

- Neighbourhood Houses
- local councils
- libraries
- community health
- general practices.

ADMA

Previously funded by the Victorian Department of Health, ADMA have been delivering a social prescribing community of practice for several years, connecting those who are delivering or interested in social prescribing.

Further information about the range of existing and emerging social prescribing initiatives in Victoria can be found through ADMA's Social Prescribing Tools and Resources website, https://adma.org.au/social-prescribing-hub/tools-and-resources/

Developing the plan

Following the 2022 Victorian Social Prescribing Survey, the VSPC convened to develop a shared understanding of social prescribing and develop a plan which will allow social prescribing to continue to support the health and wellbeing of all Victorians.

Aim

The purpose of the VSPC is to provide a collaborative and expert forum to support a shared vision and high-level framework for social prescribing in Victoria:

- recognising existing best and emerging practice across sectors, including within the community
- recognising the different problems and models that may be used to support social prescribing
- recognising that social prescribing is one of a number of person-centred approaches to improve health and wellbeing outcomes
- recognising an agreed vision and framework for social prescribing will continue to support collaboration across sectors, have impact where it is most needed and to grow sustainably informed by evidence.

Process

The project was conducted through two roundtables and three project meetings among the VSPC in late 2023. This was complemented with interviews and four focus groups with local government authorities, GPs, and service providers and participants. In total, 62 people (four GPs, one patient, 57 community-based participants) were engaged during this process.

It is noted there was less engagement in the process from health practitioners, which may reflect the many and complex demands on their time.

The project consisted of three project stages:

- **Discovery:** Setting the scene and where we are now (roundtable #1, July 2023)
- **Development:** Building strong foundations (project meetings and focus groups)
- **Delivery:** Victorian social prescribing vision and plan (roundtable #2, November 2023)

Through these stages, participants explored the following four objectives:

1. To agree on the problem social prescribing addresses
2. To identify the opportunity and positioning
3. To provide definitions and processes to ensure a common understanding
4. To develop a next step plan, including identifying stakeholders).

Project meetings also created space for VSPC members to share knowledge and discuss social prescribing in the context of Federal Government interest, funding processes and the role of local government authorities in health and wellbeing.

Transcripts from roundtables, meetings, focus groups and interviews provided a rich set of qualitative data for thematic analysis:

- Recruitment showed a high level of engagement for community and local government authorities (93%) but less so for health practitioners (7%). This may be because the latter already see this as part of usual practice, are not able to prioritise the time for these types of meetings, or are not fully engaged with the topic. It will be important to understand this aspect with the RACGP Social Prescribing Interest Group as part of the proposed forward plan from 2024.
- Learning from international experience has been an important part of this process, including collaborating with NHS England, the National Academy for Social Prescribing and with Wales. The Welsh context and evolution has many parallels to a Victorian context. Based on Ministerial direction in 2020, the Welsh Government framework was developed and now launched.

CHAOS – Living Our Best Life

Background

The Living Our Best Life program, run by the Community Houses Association of the Outer Eastern Suburbs (CHAOS), helps reduce loneliness in people aged 60+ by connecting them with social activities. The program relies on volunteer community connectors to help participants engage with their local community.

> Slowly, Con began rebuilding his life, working on home repairs and gardening which he hadn't done for over 15 years. He called the program "a life saver."

Con's story

Challenges faced

Con (not his real name) was referred to the program by a community health agency in 2020. After years of caring for his terminally ill wife and dealing with chronic pain, Con was left feeling lost and isolated. His wife's passing left him without a sense of purpose, and he described his life as "worthless". He rarely saw friends and often stayed in bed until the afternoon. Poor mental health and sleep habits were also affecting his daily life.

How the program helped

At first, Con was unsure why a volunteer would care about his wellbeing, but after three months in the program, he was participating in three different community activities. Slowly, Con began rebuilding his life, working on home repairs and gardening which he hadn't done for over 15 years. He called the program "a life saver."

After attending a Talking Café group for about a year, Con became more involved and even took on a volunteer role at the Café. With support from his Community Connector, Con trained as a volunteer Community Connector himself and now helps others in his community.

Outcome

Con's health and wellbeing have improved significantly since joining the program. He says, "It's changed my life. I feel like there's purpose to my day". His mental health has improved so much that he has been able to reduce his medication. He's also made new friends and found joy in helping others.

What we found

In-depth analysis and robust discussions from the VSPC project engagement yielded key insights for each of the four project objectives. To aid discussion, each objective was framed as a question.

What problems does social prescribing seek to solve?

In the context of the wider health context in Victoria, social prescribing is identified as one way to address the increasing complexity of health and social needs.

The VSPC identified a range of problems that may be solved through social prescribing and agreed on:

1. Improving health outcomes such as strengthening social connections, and addressing loneliness, social isolation, chronic health and mental health challenges
2. Addressing healthcare access for non-health reasons, such as reducing unnecessary hospital and health care admissions
3. Building capacity and promoting the value of community in providing non-clinical supports.

Additionally, the VSPC and focus group partners identified that another crucial problem is enabling time to allow conversations to understand 'what matters to people' as individuals and consumers in a health context.

Insights from these discussions highlighted the differences between the health sector and the community sector in terms of measuring the value in the services each provide. For the community sector this value is intuitive, intrinsic and purpose-driven but the impact often lacks broader visibility. While evidence-informed practice is the norm for the health sector, the evidence-base for interventions that improve social connection to strengthen health and wellbeing is still emerging.

Solutions to these problems are outlined in the recommendations listed later in this report.

Figure 4. The problems social prescribing solves for (Snapshot from VSPC Roundtable 1)

Over medicalisation of mental health
Supporting healthy equity via proactive social prescribing?
Provides a pathway for community connectedness, supporting with overall wellbeing
Over utilisation of healthcare for social issues
Potential avoidable healthcare utilisation for people experiencing isolation/challenging life circumstances
Social isolation and loneliness and hence health
Loss of community
Addressing unmet needs through connection to the best places to address them
Supporting communities to support each other
Social isolation is the obvious. But not always loneliness. As it is not always measured. Well-being and quality of life tend to be more commonly measured
Reduce health system burden
Improving clients social disengagement
Social fragmentation due to decline in community
Disconnected communities
Non-personalised and generic mental healthcare
Social connecting people who struggle to do this by themselves
Happier society
Encourages a wholistic approach to health and social care, with a goal to reduce burden on health care system.
Bringing the ability to look outside of medical models to improve health and wellbeing.

Latrobe Mental Health and Wellbeing Local

Background

The Local Connections initiative in the Latrobe Mental Health and Wellbeing Local Service (Local Service) aims to reduce social isolation and loneliness, and improve wellbeing by helping people to engage in community activities that support meaningful social connection and belonging.

Nathan's story

Challenges faced

Nathan (not his real name) was seeking supports as a carer of an adult son experiencing a mental health condition. Nathan identified feeling quite isolated due to work and caring commitments. Other than his wife's friendship group, he didn't have his own friendship circle with similar interests.

> Nathan reflected, " the experience of meeting with and sharing with others was amazing."

How the program helped

A Link Worker supported Nathan to explore a range of community activities. First, he was invited to an in-house writing group at the Local Service that was facilitated by another former guest of the service.

Nathan expressed enjoyment in the group, which led to him attending another onsite facilitated group called 'Creative Wellbeing'. Creative Wellbeing, facilitated by a social worker at the service, incorporated art therapy elements along with some psychosocial supports. Nathan enjoyed these sessions and found them to be very beneficial and therapeutic.

With his own experience in the military, Nathan wanted to connect with other veterans. The Link Worker supported Nathan to connected with a local chapter of a veterans group. Following his experience, Nathan was inspired to create his own group based on his interests to foster social connection and started a monthly community book club at the local library.

The library is supported him with the resources and facilities to run this group.

Outcome

Nathan was less socially isolated following his experience with the initiative. He felt a sense of empowerment and autonomy, as well as a sense of healing from social prescribing in ways that individual therapy alone could not provide. He reflected, "Prior to participating, I had been feeling very alone in my mental health struggles despite having professional one-to-one support. Whilst this was very beneficial, the experience of meeting with and sharing with others was amazing. It effectively broke me out of the mental prison in which I found myself. Definitely a brilliant ray of sunshine into my life. Also, Local Connections was very important in helping me appreciate that I was not the only one experiencing mental health challenges. I became very aware that like myself, others needed the care and support which a social group setting could provide."

What does social prescribing look like in Victoria?

Social prescribing is an active, personalised process that involves a supported referral to a non-medical support by a 'social prescriber'. This may be a stand alone support, or an adjunct to an existing care arrangement.

Social prescribers

A social prescriber is someone who actively 'prescribes', or recommends, a referral to non-clinical community-based supports to improve health and wellbeing. A social prescriber may be a GP, nurse, allied health, mental health, alcohol and other drugs treatment provider (AOD) or other worker that undertakes social prescribing as part of their usual practice. They may also be a specialist link worker or community connector engaged for the specific purpose of supporting a person to connect with their community to improve health and wellbeing.

Social prescribing in Victoria may occur as part of the existing health system or through specialised funded initiatives, for example through a model involving a link worker / community connector.Strengthening existing practice and building a common understanding of social prescribing is important for social prescribing to be a success.

Note

Further work to understand and support social prescribing for different populations in the community is still required. Initial discussions of the VSPC have primarily been in the context of adults and older adults. There is opportunity to explore social prescribing and build evidence for how social prescribing may support young people, multicultural and multifaith communities and others.

Increased non-clinical workforce

New and specialised workforces, such a link workers or community connectors may add value to the health system. These non-clinical workforces act as a bridge from health and social care systems to the community. They are intended to have the time, trust and relationships to support social prescribing to be effective and to provide support to those that need it most.

Inclusive and sustainable community spaces

Critical to social prescribing is a thriving community with safe, welcoming and inclusive spaces for people to connect with. With over 400 Neighbourhood Houses, Men's Sheds, sport and recreation activities and local groups supported independently and through local and State government, Victoria is well positioned to support social prescribing. However, the long-term sustainability of local community initiatives needs to be considered.

Community initiatives are often run with little or no funding and are reliant on volunteers. As a result, any social prescribing model and framework will need to consider how community activities and initiatives can be sustained.

Participant stories included in this report illustrate pathways and impact, as well as the importance of place-based approaches.

Brimbank Mental Health and Wellbeing Local

Background

The Brimbank Local Connections program aims to reduce social isolation and loneliness, and improve wellbeing by helping people to engage in community activities that support meaningful social connection and belonging.

Lee's story

Challenges faced

Lee (not his real name) was seeking mental health support for managing bipolar disorder. Initially, he focused on accessing psychological services, feeling the need for more structured support in facing personal challenges.

> Lee has been inspired to give back and even volunteered at an information session.

How the program helped

Lee was welcomed at the Brimbank Local by his psychologist, who helped him address the unique challenges he faced. Together, they mapped out a personal care plan using the many resources of the Brimbank Local Service.

Lee enrolled in Acceptance Commitment Therapy and began learning about mental health management strategies, aiming to reintegrate into our diverse community.

Following this, Lee joined Local Connections to focus on creating connections in their community. In this group, Lee was empowered to voice ideas, such as incorporating nature into mental health practices.

As part of the holistic support offered by the initiative, Lee discovered wide array of resources available locally, including Djerriwarrh Community and Education Services, and the Sunshine Leisure Centre. He has been inspired to give back to community, including through volunteering at a local Vietnamese association.

Outcome

Through Lee's involvement with the Local Connections initiative, he's experienced a profound shift. As he describes it, the Community Reference Group has become an essential part of his recovery. Through this group, he found not only a way to contribute but also a renewed sense of purpose and belonging, boosting his confidence.

What is required for social prescribing to be effective?

A close partnership between the health and community sectors is critical to the success of social prescribing.

The VSPC has identified the following factors that may be preventing a strong working relationship between these sectors:

- no common language across sectors, for example 'patient' versus 'participant'
- different ways of measuring success
- funding silos and not recognising the opportunities of partnerships and pathways between community and health sectors to support health and wellbeing.

For example, while social services (such as housing or income support) and community groups offering social connection may generate positive health outcomes, these gains are often reflected in another department's statistics (eg health). This leads both to an accounting problem of calculating externalities, but also perhaps more importantly a cultural issue where lack of cross-sector vision and output aligned incentives and recognition creates "winners and losers" and may disincentivise collaboration. Pragmatic factors such as aligning incentives across sectors is important for policy approaches.

The VSPC has determined the following key components that require consideration for social prescribing:

- time, trust and relationships
- leadership, capacity, funding and alignment
- experience, evidence and economics
- spaces, services and activities.

These themes are further elaborated in Appendix 4. Any next steps to implement a framework or support emerging social prescribing practice across sectors will need to consider these themes.

The VSPC also reflected on the conditions for success for social prescribing as outlined by NHS England and the National Academy of Social Prescribing. These are shown in Table 1.

Table 1: Conditions for success for social prescribing

Enablers	Challenges
Strong social movement with influential clinical leaders	Adoption of biopsychosocial model by medical community and commissioners
Embedding in health and care policy	Supporting and developing a new workforce at scale
Financial investment (from primary care and the sustainability agenda)	Ensuring people understand the role and how to use it all.
Working with trailblazers to develop definition, guidance, frameworks, networks	Responding to current and emerging pressures
Strategic cross-sector partnership at government, national and local levels	Ensuring it reaches people most at risk of health inequalities
Gathering data and growing evidence base with National Institute of Health Research Evaluation	Developing the evidence base
Proactive and targeted approaches – linked to population health and health inequalities	Engagement and sustainability of the voluntary, community or social enterprise
Develop a National Academy of Social Prescribing	

While some conditions are already being met by the ongoing work in Victoria, there are opportunities for improvement in others. For example, social prescribing may benefit from additional link workers or community connectors, and upskilling of the existing health workforce – including GPs, nurses and allied health workers who may also offer social prescribing. A framework for social prescribing would need to consider how both may be supported.

Issues register

Many issues and suggested solutions raised throughout the VSPC's engagement will need to be considered to ensure the success of social prescribing in Victoria. These have been captured in an issues register, summarised in Table 2 below.

Table 2: VSCP issues register

Topic	Issue	Suggested solution
Language across sectors	Lack of common language	Increase connectivity, collaboration, glossary
Local asset maps	Lack of or inconsistent approach	Centralised format, template, checklist
Process duplication	For example, 4-year planning processes	Map and align macro, meso, micro plans
Funding siloes	Different funders, no alignment	Visibility, connectivity, collaboration
Infrastructure	Underutilised facilities (e.g. libraries)	Understand capacity, opportunities
Success measures	Too many, no central approach	Simplify eg individual logic model, MyCaW
Tailored support and models for diverse communities and Aboriginal and Torres Strait Islander communities	Lack of social prescribing models led by First Nations and diverse communities	Take a person-centred, and community-centredapproach
Capacity building	Lack of learning systems	Build case study bank of 'exemplars'
Workforce	Training, interface opportunities	Example Make Every Contact Count (NHS), Social Connection Literacy training across the sector.
Services closing	"Road to Nowhere"	Horizon scanning of organisations in need
Organisational memory	Losing knowledge e.g. CASI	Build broader, deeper networks cross sectors
Concurrent activities	Constant and new consultations	Horizon scanning across sectors/project group
Evidence hierarchy	Case studies	Build central repository

Campaspe library service

Background

Campaspe Social Prescribing Library Service has taken a strong position of partnering with local health service providers and care agencies, raising awareness within communities of the capabilities of libraries beyond the physical walls of the buildings, and reaching out and supporting community members isolated by location, circumstance or choice.

Participant L's story

Challenges faced

Participant L is an older woman with low vision. She found it difficult to visit the library and relied on her husband for transport. Her husband had limited literacy skills, so he was unable to help her. Over time, her vision worsened, making it harder for her to enjoy her favourite activity—listening to books.

Participant L's support at home was also limited. Although she had a care package, it mainly covered housekeeping tasks. She felt isolated because most of her outings were for medical appointments, and she missed the joy of reading and engaging with others.

> Participant L felt isolated because most of her outings were for medical appointments, and she missed the joy of reading and engaging with others.

> The Social Prescribing Library program helped her in many ways—improving her access to books, connecting her with social groups, and offering practical support when needed.

How the library helped

In May 2019, Participant L's Complex Care Worker referred her to the Social Prescribing Library program. This program connects people like Participant L with library services to support their wellbeing.

Personalised support plan

The Community Connector at the library worked with Participant L to create a plan that met her needs:

- **Home delivery service:** The library arranged for a monthly delivery of talking books that matched Participant L's preferences. This allowed her to enjoy new stories without needing to visit the library.
- **Technology solutions:** When Participant L's CD player broke, the library loaned her an Envoy device with pre-loaded books. Later, she purchased her own device, and the library continued to supply reading material.
- **Additional support:** As her vision continued to decline, the library trialled a reading pen to help her read letters. Although this worked for a while, eventually a volunteer was arranged to visit regularly and assist with mail and correspondence.

Social connections and advocacy

The Community Connector also helped Participant L connect with the local Vision Self Help Group, where she met others facing similar challenges. This gave her a sense of community and an opportunity for regular social outings. The group also welcomed her husband, who joined the activities.

Participant L had been going through the process of being declared legally blind but was struggling to have her pension status updated. The Community Connector stepped in, helping to gather the necessary documents and ensure her status was changed.

Supporting Participant L's family

In addition to helping Participant L, the Community Connector provided support when her husband became seriously ill. The library arranged for someone to trim the couple's hedges and Vision Australia installed better lighting in their home to assist with her vision needs. A volunteer began visiting regularly to provide company and listen to Participant L's concerns, offering her a trusted confidant.

Her husband also enjoyed the social visits from the library volunteer, and they both felt supported during a difficult time in their lives.

Outcome

The Social Prescribing Library program helped Participant L in many ways—improving her access to books, connecting her with social groups, and offering practical support when needed. By providing personalised care, the program made a meaningful difference to her life and wellbeing.

Next steps

The Victorian Social Prescribing Collaborative recognises the opportunity to promote and strengthen existing approaches linking the community and health sectors.

A strategic approach and leadership will be important to bring to life the emerging needs from this report and Victorian Social Prescribing Survey.

Key findings

Key findings and recommendations from the report are summarised in Table 3.

Table 3: Key findings from engagement with the VSPC and participants

	Key findings
1	The problem that social prescribing seeks to address relates to 'what matters to people' in a health context. Social prescribing may be used to improve health outcomes, address healthcare access for non-health reasons, and to build the capacity of individuals and communities.
2	A shared definition and vision of social prescribing has been developed to highlight the importance of person-centred and non-clinical approaches to wellbeing that leverage community assets and focuses on overall wellbeing.
3	Social prescribing practices can be strengthened by allowing more time to listen to what matters to people, and building trust and stronger relationships with people/consumers/patients and between health services and community initiatives.
4	Social prescribing practices can be improved through learning from the leadership of local communities already using social prescribing, as well as increasing the number of services, supporting workforces and promoting collaboration across sectors.
5	While the value of social prescribing is known from community stories and real life examples (qualitative research), more research is needed to measure the impact and economic value of social prescribing.
6	Universal access must be reflected in spaces, services and activities for social prescribing.

Social prescribing is globally acknowledged as one of many person-centred strategies that promotes collaboration between community and health sectors to strengthen health and wellbeing.

Having provided a common definition for social prescribing in a Victorian context, we now need to focus on developing next steps. A common message is crucial for attracting the support of stakeholders for social prescribing as a key part of improving the health and wellbeing of people in Victoria.

No one sector can do this alone. Strategic change leadership and stewardship across all sectors is central to enable alignment and scaling with social prescribing in Victoria.

Recommendations

The VSPC recommends the development of an action plan aimed at scaling and promoting the sustainability of social prescribing.

The VSPC has produced a list of recommendations to be incorporated into an action plan.

Table 4: Key recommendations

	Recommendation
1	In addition to the shared framework, definition and vision in social prescribing, a **shared glossary** could be developed and published to further promote common language in social prescribing.
2	To reduce silos, reduce duplication and strengthen alignment, the VSPC is encouraged to **identify opportunities for collaboration across sectors**, especially with clinical and health practitioners. One example of this includes,the Victorian Department of Health and Western Victorian Primary Health Network have partnered to pilot a partnership approach in Greater Geelong for strengthening social prescribing in Victoria.
3	Create a **central learning repository of resources and examples** that demonstrate what works well in social prescribing.
4	Continue to **build the quantitative and economic evidence-base for social prescribing** and to understand what success looks like.
5	Develop **resources and supports to build capabilities across the health and community social prescribing workforce**. This includes for paid or funded staff and volunteers involved in social prescribing.
6	Consider the how **community involvement and commitment can be sustained**, recognising that social prescribing often includes groups and organisations that are primarily run by volunteers.
7	Promote the social prescribing process to the existing health system workforce, including identifying opportunities to present at relevant forums and engaging with key stakeholders.
8	The VSPC has produced a list of recommendations to be incorporated into an action plan. To support delivery of this plan, VSPC membership will be reviewed.

Thank you

Understanding social prescribing's emergence in Victoria has been developed by the VSPC, supported by the Wellbeing Promotion Office in the Victorian Department of Health and Siân Slade who facilitated the VSPC in 2023. We wish to thank all members (listed in Appendix 1) and those that participated in this project for their time, thought leadership and interest in the project.

The VPSC wishes to recognise the leadership that ADMA has provided for all Victorian and national social prescribing partners.

We also acknowledge those working in the health and community sectors, along with members of the community participating in social prescribing initiatives, including:

- roundtable and workshop participants
- submission and survey respondents
- targeted discussion participants.

Castlemaine Community House

Background

The Get Connected Mount Alexander program is a partnership that includes Castlemaine Community House, Goldfields Medical Group, Mt Alexander Shire Council, Dhelkaya Community Health, and Women's Health Loddon Mallee. This program helps people in the community overcome isolation by connecting them with social activities and support.

> Hella's GP noted that the program has "rocked her world" and improved other aspects of her health.

Hella's story

Challenges faced

Hella (not her real name) moved to Castlemaine a few years ago and found herself feeling isolated and anxious about joining new groups. Hella's family lives overseas, and she was unable to work after a work-related injury, which made her isolation worse. The COVID-19 pandemic further increased her sense of loneliness, and she found herself spending most of her time alone, and at home.

How the program helped

Hella's GP referred her to the Get Connected program, hoping it would help her find activities she could enjoy despite her injury. During her first meeting with the Community Connector, Hella mentioned that she used to enjoy playing table tennis. The Community Connector found a local table tennis group that played once a week. Hella has attended every session since, and even took part in the club's annual general meeting.

Hella also expressed interest in volunteering, as she used to be a professional chef. She now volunteers in a local cooking role and regularly attends the weekly Chatty Café, where she has formed friendships with other participants.

Outcome

Hella's GP noted that the program has "rocked her world" and improved other aspects of her health. Through the Get Connected program, Hella has found purpose, built social connections, and found regular activities to enjoy.

Appendices

Victorian Social Prescribing Collaborative members

Victorian Department of Health
- Wellbeing Promotion Office
  - Lexi Marsh
  - Shauna Carlon
  - Monica Kelly
  - Angie Phong
- Primary Community and Oral Health
  - Denise Laughlin
  - Agnes Tzimos
  - Kellie Merritt

Department of Families, Fairness and Housing
- Community Inclusion, Veterans and Youth
  - Emily De Rango
  - Rebecca Doherty

Australian Disease Management Association (ADMA)
- Kay Ryan
- Associate Professor Lisa Demos

Latrobe Health Assembly
- Ellen-Jane Browne
- Kate Mallia

RACGP Special Interest Group Social Prescribing
- Dr Kuljit Singh

Ending Loneliness Together
- Dr Michelle Lim

Neighbourhood Houses Victoria
- Keir Patterson
- David Perry

Primary Health Networks (PHNs)
- Gippsland
  - Rochelle Parker
  - Michaela O'Regan
- Murray
  - Suezanne Martin
- North West Melbourne
  - Mariska Barnett
  - Laura Posniak
- South East Melbourne
  - Greg Bishop
- Western Victoria
  - Jess Franks

Municipal Associations of Victoria (MAV)
- Kim Howland
- Ellie Packham
- Jan Black

Australian Health Policy Collaboration (AHPC)
- Professor Rosemary Calder
- Stella McNamara

The Wellbeing Promotion Office would like to thank Siân Slade who facilitated the VSPC and co-authored this report. A true connector of those involved in social prescribing.

Victorian Social Prescribing Collaborative

Statement of Intent and Terms of Reference

Background

The Wellbeing Promotion Office is implementing recommendations of the final report from the Royal Commission into Victoria's Mental Health System including establishing social prescribing trials in the first six Mental Health and Wellbeing Locals (recommendation 15.4) and developing a wellbeing strategy for Victoria, Wellbeing in Victoria (recommendation 2).

The importance of people having their basic needs met and feeling connected to themselves, each other, culture nature and community was evident in the community and sector engagement undertaken to develop Wellbeing in Victoria. Social prescribing may be one way this can be achieved.

Through this work and recognising the increasing interest in social prescribing in Victoria, the Wellbeing Promotion Office is taking a lead facilitation role to bring together Victorian partners in a project named the Victorian Social Prescribing Collaborative (VSPC). The objective of this project is to develop a shared understanding of social prescribing in Victoria and support steps that will enable the conditions for social prescribing to grow in a sustainable and evidence-based way across sectors in Victoria. The focus is on collaboration, competency, capability and capacity-building across the State, working locally as well as with jurisdictions nationally and globally as part of a learning health system focused on outcomes and impact.

Project review

The initial phase of VSPC is time limited to December 2023 and is intended to provide a foundational approach to enable development of a scalable, sustainable social prescribing model for Victoria. Following this initial phase and final report, members will determine if the VSPC should continue.

This Statement of Intent and Terms of Reference were endorsed by the VSPC on 2 October 2023.

Any questions or feedback regarding this VSPC and terms of reference can be directed to the Secretariat and Project Lead at the Wellbeing Promotion Office, MHWPO@health.vic.gov.au

Purpose

The purpose of the Victorian Social Prescribing Collaborative (VSPC) is to provide a collaborative and expert forum to support a shared vision and supporting high-level framework for social prescribing in Victoria. This work will:

- recognise existing best and emerging practice across sectors, including within the community
- recognise different problems being addressed through social prescribing and different models to address these
- recognise that social prescribing is one of number of person-centred approaches to improve health and wellbeing outcomes, with a focus on "what matters to you"
- bring together a supporting vision and framework to support social prescribing to continue to emerge across sectors, to have impact where it is most needed and to grow sustainably and informed by evidence.

Role

The role of the VSPC is to:

- provide a forum to collaborate across governments and sectors to support the sustainable and evidence-based growth of social prescribing

- to build partnerships, recognising that social prescribing's success relies on thriving communities and strong partnerships between communities, health and social services
- to provide input and advice to the development of a shared vision, framework and next steps for social prescribing in Victoria.

The VSPC seeks to explore and support the conditions for social prescribing to develop in Victoria where it may demonstrate impact. This group does not reflect any commitment to funding initiatives from involved partners.

Membership

Membership comprises of key funders, commissioners, partners and/or peaks involved in social prescribing in Victoria. Consultation with a broader group of those interested in or working in social prescribing initiatives in Victoria will occur as part of this project.

The VSPC membership includes representatives from:

- Victorian Department of Health
  - Wellbeing Promotion Office
  - Primary, Community and Oral Health
- Department of Families, Fairness and Housing
- Victorian Primary Health Networks
- Municipal Association of Victoria
- Royal Australian College of General Practitioners (RACGP)
- Neighbourhood Houses Victoria
- Australian Disease Management Association (ADMA)
- Ending Loneliness Together
- Australian Health Policy Collaboration (AHPC)*

*The AHPC is currently undertaking a feasibility study for the Commonwealth Government on the use of social prescribing in primary care. This project aims to align with this work.

Engaging experience across sectors including lived and living experience

The work of the Victorian Social Prescribing Collaborative will be informed by focus groups including:

- people who have participated in social prescribing (lived and living experience)
- organisations and services delivering social prescribing, including link workers and community connectors
- community groups and facilitators offering community activities and initiatives that form part of the social prescribing eco-system.

Administrative arrangements

Meeting frequency

An initial roundtable meeting was held in July 2023 to set the VSPC objectives, timelines and address expectations and success measures. A second roundtable will run following a series of focus groups to review and consider a draft report and recommendations.

Interim meetings will be held fortnightly by videoconference or teleconference, as a preference. These meetings provide an opportunity to share updates and seek input to the project as well as a forum for shared learning and partnership development.

Secretariat

The Wellbeing Promotion Office will provide Secretariat support to the VSPC with the support of Siân Slade who has been engaged to support this project. Responsibilities include:

- project management, scheduling, coordinating and managing all VSPC meetings
- preparing and distributing meeting materials within 5 business days of a meeting date
- providing policy support and research assistance for the VSPC deliberations

- distributing minutes of meetings
- organising consultations with additional social prescribing partners to support this project.

Standards of conduct

Members of the VSPC Project are expected to comply with the following obligations in the Public Administration Act 2004 that apply to a Director of a 'public entity', as if a Project Control Group member were such a Director:

- the public sector values (section 7)
- the duties of Directors (section 79) and the Directors' Code of Conduct.

The Public Administration Act 2004 is available via the Victorian Government legislation website (www.legislation.vic.gov.au).

Conflict of interest

All VSPC Project Members will declare any conflict-of-interest specific to the project and update this when any relevant circumstances change. Steps taken to manage all reported conflicts of interest will be recorded in VSPC Project meeting minutes. All members are expected to understand and adhere to the model conflict of interest (COI) policy and framework.

In addition, the following specific actions should be followed to identify and mitigate against conflict of interest related to members and their role on the VSPC Project and to manage conflict of interest generally:

- reporting and management of conflict of interest will be a standing agenda item at each meeting, with all meetings to commence with reporting, disclosure and management of members' actual, potential or perceived conflict of interest.
- any actual, potential or perceived conflict of interest identified by members is to be reported to the Chair at or prior to the meeting. Strategies to manage such conflict of interest are to be noted in minutes and the conflict-of-interest register.
- the conflict-of-interest register will be available for access by any member of the committee from the secretariat.
- the Project Lead is responsible for determining any action to manage disclosed conflict of interest and must be satisfied that the management actions are appropriate to enable the member to continue consideration of specific agenda items and/or membership of the VSPC. Alternatively, if the Project Lead is not confident that the risk of conflict is appropriately mitigated, the Project Lead should determine a procedure to exclude the Member from consideration of specific agenda items and/or membership of the VSPC where a real or perceived conflict persists.
- the Project Lead will regularly monitor the conflicts identified.
- advice in relation to any disclosed conflict of interest will be sought from the appointed probity advisor.

Confidentiality

This information on confidentiality applies to all VSPC Project members and invited persons.

The detail of deliberations and any material provided to members that is marked confidential, must be treated confidentially in order to provide a forum for frank and fearless advice and debate.

Confidential information includes, but is not limited to:

- Cabinet in Confidence information
- Commercial in Confidence information; and
- personal information.

At the discretion of the Project Lead, invited persons attending VSPC meetings must leave the meeting for confidential deliberations, if so directed.

Key informants and focus group participants

- Abigail Brown, La Trobe Community Health
- Kelly Burdack, Cardinia Shire Council
- Trish Curtis, Upper Murray Regional Neighbourhood House
- Nerida Dye, Campapse Library Service
- Leanne FitzGerald, CHAOS Network
- Maureen – CHAOS Network
- Melissa Fowler, Mount Alexander Shire Council
- Ariyana Gant, Greater Shepparton City Council
- Sarah Greenwood-Smith, Ballarat East Neighbourhood House
- Alison Hill, People and Parks
- Maria Hussey, IPC Health
- Karen Ingham, Louis Joel Arts & Community
- Nicole Jackson, Yarrawonga Mulwala Community & Learning Centre
- Kerrily Jennings, Castlemaine Community House
- Isis Jordan, Get Connected, Mount Alexander
- Richard Joseph, Maroondah City Council
- Brendan O'Connell, Kindred Clubhouse Inc
- Courtney Stoyles, Kindred Clubhouse Inc
- Laura O'Shea, North Richmond Community Health
- Rajna Ogrin, Bolton Clarke Research Institute
- Danielle Peterson, Echuca Regional Health
- Michelle Pickett, The Dementia Centre
- Kristy Puls, Echuca Regional Health
- Kerry Rendell, Bolton Clark
- Lisa Rodier, Carer Support Service, Grampians Health
- Melanie Simmons, North Richmond Community Health
- Linda Keenhan, Knox
- Jacinta Smith, Northern Grampians
- Frances Thompson, Frankston
- Sophie Dixon, South Gippsland
- Heather Macmillan, Nillumbik
- Bridget Monro-Hobbs, Port Phillip
- Jeff Reid, Boroondara
- Tom Thompsett, Boroondara
- Melissa Eastwood, Maribyrong
- Lee Bennett, Ballarat
- Abit Abarajitha, Maroondah
- Stephanie Vassilios, Nillumbik
- Nick Murphy, Darebin
- Ann Lupton, Darebin
- Lana Harris, Knox
- Mary Ma, Moonee Valley
- Charlene Pereira, Mornington Peninsula
- Kate McClounan, Casey
- Bernadette Hevern, Whitehorse
- Belinda Rowbottom, Corangamite
- Tammy Sharman, Ballarat
- Jeneene Coyle, Ballarat
- Tanya Taylor, Merri-bek
- Kathleen Deery, Maroondah
- Melissa Fowler, Mount Alexander
- Professor Madeleine Ball
- Dr Pheng Lo
- Dr Greta Prozesky
- Dr Hung Nguyen
- Roni Beauchamp, Australian Society of Lifestyle Medicine
- Tony Varcoe, Parks Victoria

We have worked hard to ensure all contributions are recognised, but there may be instances where we have unintentionally missed some. We apologise for any inadvertent omissions, but please know we are truly grateful for your contributions and support.

Thematic analysis from VPSC and focus groups

Time, trust and relationships

Time

The underpinning theme of social prescribing is enabling dedicated time to have a conversation as to "what matters to you" with individuals or consumers. Given the role of health practitioners in making social prescribing referrals and lack of health practitioners who were engaged for the report, it will be important to understand how to better engage health practitioners with the RACGP Social Prescribing Special Interest Group in the proposed 2024 roadmap.

Strengthening social prescribing in existing practice requires building in adequate time for personalised conversations for social prescribing. Link worker / community connectors provide a valuable resource for the health system through enabling the time to provided one-to-one and group supports dedicated to social prescribing.

Trust and relationships

Uncovering "what matters to you" requires consumers to share vulnerabilities, including about experiences of trauma or a life transition. Trust means understanding what matters, how a social prescription could help consumers and ensure that it is delivered appropriately with corresponding feedback.

The building of trust and rapport, allows consumers to experience a supportive relationship that enables them to build self-agency and self-determination, rather than dependency with the social prescriber. Focus group participants noted the importance of 'social prescribers' (funded positions and volunteers) having a clear scope of practice and relevant training (e.g. trauma-informed approaches, cultural and psychological safety). This is critical for building strong relationships with consumers. Providing reassurance to consumers was also cited as important to promoting consumers' confidence, self-esteem, feelings of belonging and enjoyment. When consumers feel more connected and confident, they can focus on building their capability and ultimately capacity for better mental health and wellbeing.

Limited knowledge and trust between health services and the community was also noted as a barrier to social prescribing. There is opportunity for social prescribing models, frameworks, partnerships and workforce supports to address this.

Leadership, capacity and alignment

Leadership

A fundamental learning for the VSPC across the process was the importance of taking a step-back, reflecting, collaborating and having a proposed considered future direction, that was, to build a scalable, sustainable approach to social prescribing. Local communities have already been demonstrating leadership through their work to identify local needs and take action, with minimal financial resources, through an assets-based community development approach. An assets-based community development approach to empowering communities mobilises existing local assets and strengths.[14] There is potential opportunity for the VPSC to continue its work, expand membership and provide leadership across sectors for the best-practice emergence of social prescribing in Victoria.

Capacity

Whilst VSPC members are spread largely across macro and mezzo policy environments, social prescribing capacity and innovation in Victoria has largely occurred from more grassroots organisations, fostered by local partnerships out of good will and passion, rather than financial motivations. The Victorian social prescribing community "start-up" is at a point of readiness for scale, through strong relationships, trust and leveraging local assets. Community case studies can demonstrate how community assets can also be organised to build capacity at an individual level. The VSPC recognised the need to build out a case bank of "exemplars" to support capacity building.

Alignment

To successfully scale up the social prescribing ecosystem, it will be important to minimise perverse incentives and promote alignment for social prescribing across all sectors, from localised community groups to institutions and government. Structures and processes should be brought closer together to address common objectives, leverage resources and create efficiencies. Project participants cited, as an example, that both primary health networks and local government areas undertake needs assessment planning. It provides an example of understanding how different system actors are working towards similar adjacent objectives but often funded in silos. VSPC acknowledged the need for greater visibility and collaboration, as well as the need to map and align strategies and plans to reduce duplication.

Experience, evidence and economics

Experience

Findings from the Victorian Social Prescribing Survey and focus groups highlight the positive experiences and perceived intrinsic value of social prescribing.[2] Social prescribing contributes to greater connectivity and community building, components that can make social prescribing sustainable. However, the challenge is converting these experiences of connection and community development or empowerment into evidence and economic models. There is a need to make visible the value of these experiences through statistical models, such as benefit realisation, to enable scaling, strategic alignment and to build momentum in social prescribing.

Evidence and economics

The VSPC reflected on the differences in how success in social prescribing has been measured across sectors. Evidence for the impact of referrals to non-clinical supports is growing and currently more frequently captured through qualitative stories, rather than statistics. Given that public funds are allocated based on evidence-based assessments, there is a need to demonstrate the impact and benefits of social prescribing to get buy-in from stakeholders across sectors. Further, the Victorian Social Prescribing Survey and project participants highlighted the value of bridging stories and statistics to evidence what success looks like for social prescribing. Alignment on how success is measured will be important to discuss in future VSPC meetings to scale up social prescribing. The VSPC may leverage evaluation resources produced by the English National Academy for Social Prescribing as well as connect with the work of the Australian Social Prescribing Institute of Research and Education (ASPIRE).

There are limited evaluations on existing social prescribing programs in Victoria. There may be opportunities to extend on related activities from other jurisdictions or countries to grow the economic rationale for social prescribing.

The VSPC may consider building a central "architecture" as a searchable repository to:

- enable location of social prescribing services (past, ongoing or planned)
- provide full knowledge across all or specific facets of social prescribing interventions
- allow evaluations, such as simple logic models (inputs, outputs, outcomes, impact)
- allow development for analyses, such as benefits realisation, and
- enable building of economic models to indicate social prescribing outcomes and impact.

Minimum data sets were also proposed as a potential avenue for exploration which could be based on logic model approaches or existing tools such as MYCaW.[15] In addition, recently published work cites preliminary work that could inform a 'Core Outcomes Set' for social prescribing.[16] NHS Wales is currently exploring the development of a 'Minimum Data Set', which presents an opportunity for collaboration.

Spaces, services and activities

Equity of access should be embedded at the core of social prescribing.

Spaces

These are community spaces to access and provide safe, known places for people to connect. Some community spaces include Neighbourhood Houses, Clubhouses, community centres, libraries, parks and sports centres, where activities such as Parkrun or Chatty Café's may be facilitated. Feedback was noted that some spaces were shared, and this was less than ideal, for instance, where premises also served alcohol or held gambling machines.

The importance of safe, welcoming and inclusive spaces was noted, and the role that social prescribing may play in supporting equitable access. The VSPC also reflected on underutilised infrastructure, such as libraries, that can be explored to activate for social prescribing.

Service

Services include the social prescribers themselves, as well as those who facilitate social prescribing. Some existing approaches include "The Right Place" or "no wrong door" community-based initiative in Tasmania, as well as Safe Steps, a family violence response centre in Victoria. Further, the VSPC identified the issue of service closures and its impact on the social prescribing system, presenting an opportunity to scan for organisations in need of support.

Activities

To maintain (and grow) a strong and sustainable social prescribing ecosystem, it is important that resources are available to continue activities. Following the peak of the Covid-19 pandemic, individuals have needed to go back to paid employment, which has decreased the available pool of volunteers.

Project participants reflected that while programs may often be inexpensive, there is inevitably a cost, such as for materials or if a project manager is required. The base cost of materials to implement social prescribing has also increased. While it might be possible to secure pro-bono financial advisory services in times of hardship, there are costs of professional insurance and other factors that need to be absorbed by the donor organisation or be factored in.

Glossary

These terms incorporate and build on those provided in the Victorian Social Prescribing Survey.

Term	Description
Activity	Refers to a range of available activities which can facilitate social connection and support health and wellbeing. Activities may be formal or informal, group based or and one-on-one. Examples include Men's Sheds, activities run in Neighbourhood Houses, art classes, nature and outdoor activities, support groups, dementia cafés, community choirs, online social connections and more.
Ecosystem	The social prescribing eco-system refers to the organisations, initiatives and activities that people may be supported to engage in through social prescribing. A robust social prescribing ecosystem is critical to the success of social prescribing.
Loneliness	A subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships.[17]
Participant	An individual who engages with social prescribing.
Research	Refers to a trial being undertaken by a research entity or university which evaluates a social prescribing SERVICE as per above description.
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).
Signposting	Refers to providing a person with details of an activity or a telephone number for referral but no further support for the person to engage in an activity or initiative.

Term	Description
Social connection	Refers to a continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities.[17]
Social isolation	Refers to having objectively having few social relationships, social roles, group memberships, and infrequent social interaction.[17]
Social prescriber	This may be a funded or volunteer positions that actively support people to engage in their community in ways that support health and wellbeing.
Social prescribing	Is a tangible, pro-active person-centred intervention through a supported referral to non-clinical support by a "social prescriber". This may be standalone or an adjunct to an existing care arrangement. It is based on 'what matters to you'.
Spaces	Community spaces and infrastructure such as Neighbourhood Houses, community centres, libraries, clubhouses, Parks, sports centres that are accessible at no or low-cost to the community.
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.

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