

NEIGHBOURHOOD HOUSES AND SOCIAL PRESCRIBING JULY 2019

The Neighbourhood House sector has an opportunity to expand its range of services to include Social Prescribing programs which will cement our sector as the provider of first choice for better community health outcomes.

Social Prescribing is an emerging 'treatment' in Australia and it is seeking to address the underlying causes of mental and physical ill-health i.e. social isolation, loneliness, obesity. Social Prescribing refers to the practice of a medical professional issuing a patient with a non-medical referral to a Link Worker. That worker seeks to address the patient's needs in a holistic manner and co-design a health and well-being plan that connects the patient to relevant community and voluntary activities and support.

The UK has been trialling Social Prescribing projects for around 5 years and they have yielded positive health and well-being results with participants reporting improvements connected to self-esteem, confidence, reduced social isolation and lonelinessⁱ. This is not surprising as research tells us that engaged adults have improved health outcomes, with up to 48% lower risk of depressionⁱⁱ, and that cognitive decline is lessened when a person enjoys strong social relationshipsⁱⁱⁱ.

Social isolation and loneliness in our Australian communities is on the rise^{iv}. ABS Household and Family Projections predict that by 2041 lone households will make up 27% of all Australian households^v. Social isolation and loneliness is detrimental to a person's health, wellbeing and cognitive functions and is recognised as being in a similar category to smoking and obesity^{vii} and having a greater impact on a person's mortality than physical inactivity and obesity^{vii}. It is a burgeoning Australian health care problem.

UK studies also showed that as patients improved their psychosocial engagements via a Link Worker there was a flow on effect to improved patient health outcomes. This resulted in reduced visits to GP's and other health services and a noticeable decline in hospital admissions and Accident and Emergency attendances, with flow on associated economic benefits to the National Health Serviceviii.

In Australia there are a small number of Social Prescribing trials underway and they follow on from earlier interventions. Both Active Script and Life Scripts programs (1998 to 2007) promoted self-care and positive lifestyle behaviours to their patients^{ix}, and today there are a number of integrated/co-ordinated care programs offering elements of social prescribing. The primary difference of Social Prescribing to previous programs is its deliberate recognition of the importance of the community and volunteering sector as an essential partner in the success and sustainability of improving patient's health and well-being outcomes. Given Neighbourhood House expertise in the community and voluntary sector there is a very strong argument for us to be involved in the delivery of Social Prescribing programs.

The role of the Social Prescribing Link Worker is similar in many respects to current roles undertaken by staff within our Neighbourhood Houses as it is multi-dimensional and includes elements of social work, community development and health. The Link Worker was found to be a 'key component' of a successful Social Prescribing intervention and recognised as being pivotal in working closely with the patient to direct them to community activities and events. Neighbourhood House staff and volunteers daily connect and signpost people to relevant activities, support and opportunities in our own programming and also in the wider community.





Involving Neighbourhood Houses in the delivery of Social Prescribing programs would strengthen our organisations as the Link Worker undertakes outreach to marginalised individuals in our communities and develops strong relationships with local stakeholders. It would lead to increased attendance at our centres and make us respond with relevant programming. It would also encourage us to look outside the box when undertaking community development and outreach to include local pharmacies, local GP's and Allied Health workers (chiropodists, physiotherapists), SES and Primary Health Networks – all organisations that have contact with lonely, isolated individuals.



Link Marker who most

70 year old Bev is overweight, has T2 diabetes, and lives on her own. She visits her GP doctor 5-8 times a year for repeat medications and because she is lonely. GP recognises SP could work for Bev and refers her to Link Worker, who meets up to 5 times with Bev to codesign a health/well-being plan including increasing exercise, greater engagement in community and voluntary activities and small dietary changes. The Link Worker would support Bev to take initial steps.

SOCIAL PRESCRIBING (SP) EXAMPLE

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At the recent Social Prescribing Network Conference in London, representatives from around the world gave examples of successful Social Prescribing collaborations and projects between the health and community sector. There was also a plethora of academic research material presented showing evidence of the beneficial impacts of socially prescribed activities on people's health and well-being. See Fancourt in the Bibliography for some great examples.

Whilst it was a positive, informative experience many of the presentations focused on funded larger health networks delivering Social Prescribing projects and did not explore the funding and resources impact on the community and voluntary sector organisations. There was an assumption that the community and voluntary sector would have the capacity to provide activities/support as prescribed by the Link Worker. If Neighbourhood Houses are to become more involved in collaborating with health network partners and/or delivering social prescription projects ourselves, we need to identify the real costs to our organisations and the sustainability of programs. E.g. do we have the number of staff with appropriate training and skill set to deliver the Link Workers prescribed activities for a patient? Who might be responsible for ongoing training? Who is responsible for mobilising and co-ordinating voluntary resources? Who is providing longer term support to patients referred by Link Worker? What funding arrangements would be facilitated? How do we share confidential data with health networks?

Highett Neighbourhood Community House and Hampton Community Centre first became interested in social prescribing as we were working with Neighbourhood Houses in our Cluster to address social isolation and loneliness in our community. We were keen to see how we could work together with GP's and allied health medical professionals to address these issues and have a holistic and co-ordinated approach for our community. Our local Primary Health Network has recently announced a 2 year roll out of an integrated care project to be delivered from within GP practices and has elements of the social prescribing model, including encouraging strong engagement with the community and voluntary sector.

Whilst this time we have missed the opportunity to directly receive funding for a Neighbourhood House Link Worker, we will work as closely as practicable with our local GP practices. There are also a number of small improvements we can begin to implement to our everyday practice that will make improvements to the health and well-being of our community. For example, all staff and volunteers will undertake positive aging training and we will begin a Befriending project both on the phone and on line. We will also add a few lines to our Membership Form asking people for feedback re their feelings of their own social isolation/loneliness, undertake an asset mapping of services/ organisations in our community and support people to make those connections.







Neighbourhood Houses are perfectly placed to deliver social prescribing projects as we have the essential local experience and knowledge. It is important for Neighbourhood Houses to begin conversations with local health organisations to understand what is being delivered in your area and how your organisation can be a partner in the delivery of a social prescribing scheme. This is a great opportunity that should be further explored and we should get involved!

If you would like more information about Social Prescription we are hosting a seminar on Thursday 12th September (RUOK? Evening) 6.30-8pm, We have Professor Katherine Boydell from the Black Dog Institute as our keynote speaker, David Menzies, Chronic Disease Manager from South East Melb Primary Health Network and Nicole Battle, CEO, Neighbourhood Houses Victoria.

Tickets are available here - \$20.

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ENDNOTES

- i (Mossabir, Morris, Kennedy, Blickem, and Rogers, 2015)
- ii (Fancourt and Tymoszuk, 2019)
- iii (Holt-Lundstad, Smith, and Layton, 2010)
- iv (Lim, 2018)
- v (Australian Bureau of Statistics, 2019)
- vi (Holt-Lundstad, Robles, and Sbarra, 2017)
- vii (Holt-Lundstad, Smith, and Layton, 2010)
- viii (Healthy Dialogues Ltd, 2018)
- ix (Duggan, Chislett, and Calder, 2018)
- x (Mossabir, Morris, Kennedy, Blickem, and Rogers, 2015)

BIBLIOGRAPHY

Australian Bureau of Statistics. (2019, March). Household and Family Projections, Australia, 2016 to 2041. Retrieved from Australian Bureau of Statistics: https://www.abs.gov.au/ausstats/abs@.nsf/mf/3236.0

Duggan, M., Chislett, W., and Calder, R. (2018). The State of Self Care in Australia. Australian Health Policy Collaboration, 2017-02.

Fancourt, D., and Steptoe, A. (2018). Physical and Psychosocial Factors in the Prevention of Chronic Pain in Older Age. The Journal of Pain , 19 (12), 1385-1391.

Fancourt, D., and Tymoszuk, U. (2019). Cultural engagement and incident depression in older adults: evidence from the English Longitudinal Study of Aging. The British Journal of Psychiatry, 214 (4), 225-229.

Healthy Dialogues Ltd. (2018). Evaluation of the East Merton Social Prescribing Pilot.

Holt-Lundstad, J., Robles, T., and Sbarra, D. (2017, September). Advancing Social Connectionas as a Public Health Priority in the U.S. American Psychologist, 517-530.

Holt-Lundstad, J., Smith, T., and Layton, J. (2010, July). Social Relationships and Mortality Risk: A Meta-analytic Review. PLOS Medicine.

Jopling, K. (2015). Promising approaches to reduce loneliness and isolation in later life. 12. Age UK.

Lim, M. (2018). Australian Loneliness Report. Australian Psychological Society and Swinburne University.

Mossabir, R., Morris, R., Kennedy, A., Blickem, C., and Rogers, A. (2015, Sept). A scoping review to understand the effectiveness of linking schemes from healthcare providers to community resources to improve the health and well-being of people with long-term conditions. Health and Social Care in the Community, 467-84.

Thomson, L., Chatterjee, and H.J, C. (2015). Social Prescribing: A review of community referral schemes. London: University College London.

**Any mistakes are mine alone.







