



## 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 loneliness<sup>i</sup>. This is not surprising as research tells us that engaged adults have improved health outcomes, with up to 48% lower risk of depression<sup>ii</sup>, and that cognitive decline is lessened when a person enjoys strong social relationships<sup>iii</sup>.

Social isolation and loneliness in our Australian communities is on the rise<sup>iv</sup>. ABS Household and Family Projections predict that by 2041 lone households will make up 27% of all Australian households<sup>v</sup>. 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<sup>vi</sup> and having a greater impact on a person's mortality than physical inactivity and obesity<sup>vii</sup>. 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 Service<sup>viii</sup>.

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<sup>ix</sup>, 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<sup>x</sup>. 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.



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)

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- \*\*Any mistakes are mine alone.



