Social prescribing in mental health and wellbeing

A RESOURCE FOR MENTAL HEALTH AND WELLBEING SERVICES

VICTORIA State Government

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Contents

Acknowledgment of Country

The Department of Health respectfully acknowledges all Countries of the Kulin Nation and pays its respects to their Spiritual Ancestors, Elders, families, children and young people of past, current and future generations. This acknowledgement also extends to the Traditional Custodians protecting and nurturing its lands, waters and other significant sites.

We recognise that Aboriginal and Torres Strait Islander peoples have practised their lores, customs and languages and nurtured Country through spiritual, material and economic connections to land, water and resources. These connections are central to Aboriginal social and emotional wellbeing.

Social prescribing recognises the importance of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, including connection to Country, Culture, Spirituality, Family, and Community. We commit to learning from the deep wisdom of the world's oldest continuing culture, and respect their continuing connection to Country and self-determination.

Recognition of lived and living experience

We proudly recognise the lived and living experience of Victorians, including experiences of loneliness, social isolation, mental illness, suicide, substance use and addiction. We honour those who contributed to this practice resource.

This resource was informed by learnings from *Local Connections – a social prescribing trial*, in which lived and living experience was embedded. We are grateful for the 31 lived and living experience partners who shared their stories and aspirations to co-design Local Connections. We extend our thanks to people with lived and living experience who participated, supported and implemented Local Connections.

A special thank you to our lived and living experience chairs on the Social Prescribing Trials Project Control Group, Sue Walker and Helen Lococo. You have both contributed to our learning and deeply influenced our ways of working to keep lived and living experience at the heart of the social prescribing trials. Thank you for leading the way.

Thank you to everyone who champions social prescribing, social connection and inclusion in their communities.

1 Introduction

1.1 Purpose of this resource

This resource aims to support the mental health and wellbeing system to introduce or strengthen social prescribing practice – this may be through existing or new workforces.

Informed by learnings from *Local Connections – a social prescribing trial* and promising social prescribing practices emerging in Victoria, this resource highlights key principles and considerations for achieving best practice and meaningful outcomes through social prescribing.

Mental Health Victoria's *2025 State of Sector* report confirmed that community, workforce and sector perceived loneliness and social isolation as the most significant issue impacting Victorians.[1] This follows a growing body of evidence locally and internationally highlighting loneliness, social isolation and social connection as one of the major public health issues of our time (further information can be found in *Chapter 4.2*).

Acknowledging existing psychosocial and wellbeing supports, the evidence reinforces the need for social connection supports as a core component of mental health and wellbeing services. Social prescribing is one way to strengthen social connection.

Definition

Individual

In the context of this resource, **an individual** refers to a person who has been referred to and engages with a social prescribing program/service and/or resource and activity.

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

All levels of the reformed mental health and wellbeing system (see Figure 1) have a role to promote social connection.[2] Social connection supports, including social prescribing, are part of the core functions of mental health and wellbeing services. Social connection supports should be considered, identified and responded to by services as part of biopsychosocial assessments and care planning.

Figure 1: The Royal Commission's vision of the Victoria mental health and wellbeing system

Level 1	**Families, carers and supporters, informal supports, virtual communities, and communities of place, identity and interest**
Level 2	**Broad range of government and community services**
Level 3	**Primary and secondary mental health and related services**
Level 4	**Local Mental Health and Wellbeing Services**
Level 5	**Area Mental Health and Wellbeing Services**
Level 6	**Statewide services**

Definition

Social prescribing

A means for a health professional, community sector professional or volunteer (that is, a social prescriber) to:

- identify that a person has unmet health-related non-clinical needs, and to
- connect them with community activities, resources and other non-clinical supports to improve health and wellbeing through an active/supported referral (that is, not just signposting).[3]

Social prescribing emphasises a person-centred, collaborative model of care, where the individual and social prescriber work together, facilitated by a 'what matters to you' conversation, to ensure that the unique needs, circumstances and preferences of the individual are central to the process.

A criticism of the term 'social prescribing' is that it uses 'medicalised' language despite being a community-focused, non-clinical intervention.[4] However, it is the widely accepted term internationally and was originally used to describe the mechanism of social prescribing (i.e. to connect individuals from clinical to community settings).

Note: Definitions used in this resource align with the social prescribing glossary developed by the Victorian Social Prescribing Collaborative.[3]

What is social prescribing?

Social prescribing as a practice is not new. However, dedicated social prescribing programs and practice has been emerging in Victoria and Australia in recent years across health, community and social care sectors.

There are several definitions of social prescribing and at its heart, social prescribing is about supporting people to engage in non-clinical community-based supports to improve health and wellbeing. Social prescribing creates a bridge from the health system to the community and recognises the importance of community in improving health and wellbeing.

A 'social prescriber' provides tailored support so that individuals can meaningfully engage with activities and resources in their community.

A social prescriber can be a specialised workforce of link workers or community connectors. Social prescribing can also be delivered within a broader role, including for health professionals (e.g. general practitioner, mental health clinicians), peer workers, community sector professionals, volunteers and other workers who connect individuals with community activities, resources and/or a link worker.

Social prescribing offers many benefits, including reduced psychological distress and loneliness, increased trust in others, social and economic participation, and improvements on other social determinants of mental health.[4,5,6]

While many social prescribing initiatives in Victoria focus on reducing loneliness and/or social isolation and improving social connection, social prescribing broadly recognises that people's health and wellbeing is determined by a range of social, economic, and environmental factors.[7,8,9] Therefore, social prescribing can address people's needs in a holistic manner.

Through an emphasis on community to promote wellbeing and recovery, social prescribing can complement clinical supports and reduce demand and dependence on mental health and wellbeing services.[10]

> "You were hurt by a community, and you will heal in a community."
>
> **– Quote by a Local Connections link worker**

Definition

Link worker

'Link worker' is the common title of the workforce role established in social prescribing programs/services that connects individuals to appropriate community resources, activities and other supports.[3] Link workers provide a bridge between health and community services. The link worker undertakes a 'what matters to you' conversation with the individual and together they co-produce a social prescription and individual action plan.

The link worker role has various names, both in Australia and internationally. In Victoria, another commonly used term for the role is 'community connector' or community link worker.[3]

Link workers can be in a diversity of settings, including mental health and wellbeing services, Neighbourhood Houses, libraries, general practices or other health services.[3]

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

1.2 Social prescribing in Victoria

Social prescribing in Victoria has been practiced or trialled in various ways by councils, Neighbourhood Houses, community health, Primary Health Networks, not-for-profits, mental health and other health services.

Growing recognition in social prescribing globally and locally led to the Victorian Social Prescribing Collaborative's establishment in 2023 to advance social prescribing in Victoria. Offering social prescribing expertise, members of the Victorian Social Prescribing Collaborative represent a range of sectors. Members include the Australian Disease Management Association, which established the Social Prescribing Resource Hub <https://adma.org.au/social-prescribing-hub/>, and the Australian Social Prescribing Institute of Research Education (ASPIRE) <https://www.creatingopportunitiestogether.com.au/> which is advancing research, advocacy and education in social prescribing.

Further information on the emergence and current state of social prescribing in Victoria can be read in the Victorian Social Prescribing Collaborative's report released in 2025: Understanding social prescribing's emergence in Victoria <https://adma.org.au/social-prescribing-hub/resources/report-understanding-social-prescribings-emergence-in-victoria-2025-victorian-social-prescribing-collective/>.

Spotlight on Local Connections

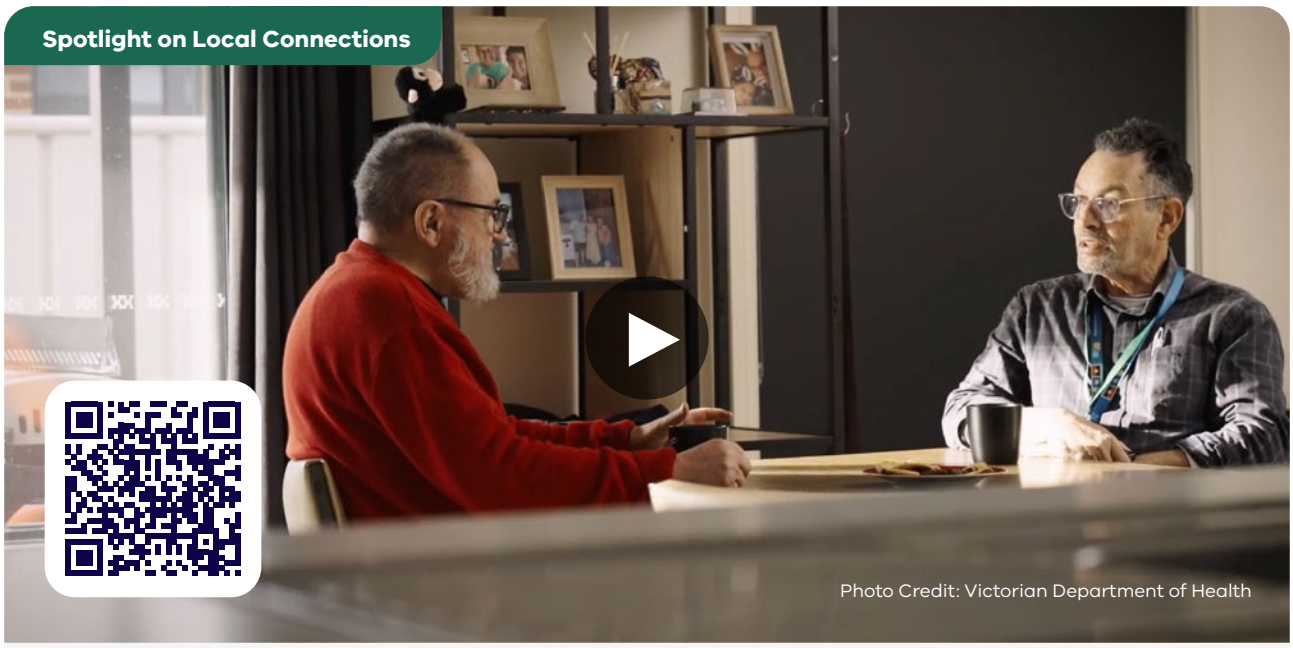


Photo Credit: Victorian Department of Health

Social prescribing trials in Mental Health and Wellbeing Locals

Recognising the importance of social connection for wellbeing, the Royal Commission into Victoria's Mental Health System recommended the Victorian Government establish a social prescribing trial in the first six Mental Health and Wellbeing Locals (Local Services).[11] The purpose of the trial was to test a dedicated link worker model of social prescribing in mental health and wellbeing to improve social connections, and reduce loneliness and social isolation.

Local Connections was funded, established and delivered in the Benalla-Wangaratta-Mansfield, Brimbank, Frankston, Greater Geelong-Queenscliffe, Latrobe and Whittlesea Local Services between April 2023 – December 2025. Five of the six Local Services adopted a dedicated social prescribing model, while one Local Service delivered an embedded social prescribing model (see *Chapter 2*).

Local Connections was evaluated to investigate the program's effectiveness at:

- reducing social isolation and loneliness
- strengthening pathways between Local Services and community to support people's connections in their community
- supporting individuals and building community capability to increase social connection through the link worker role.

The evaluation confirmed that a best practice model for future social prescribing initiatives is a dedicated social prescribing workforce, with a social prescribing lead and at least two link workers.

In summary, the Local Connections evaluation <https://www.health.vic.gov.au/mental-health-services/social-prescribing> demonstrated the following program outcomes:

- reduced loneliness and social isolation, and increased social engagement in the short-term[12]
- reduced anxiety and stress
- supported people to develop or rebuild routines, social skills, confidence, coping strategies and a sense of purpose. This was associated with positive changes such as gaining employment, improved relationships with friends and family, or giving back to the community.

Detailed learnings and recommendations from the evaluation for future social prescribing programs is available in *Appendix 1 – Program Logic* and *Appendix 2 – Local Connections Journey Maps*.

Local Connections bridged an important gap between individuals, their community and the mental health and wellbeing system, demonstrating the importance of communities and services partnering to strengthen people's mental health and wellbeing.

Local Services reported social prescribing as an added value to their service as it promoted people's wellbeing and recovery through strengthening community linkages, supporting community development, and building individual and community protective factors.

1.3 Equity in social prescribing

The *Diverse Communities Mental Health and Wellbeing Framework 2025–2035* <https://www.health.vic.gov.au/diverse-communities-mental-health-wellbeing-framework-blueprint> sets out the expectation that Victoria's mental health and wellbeing system is universally accessible and inclusive.

Social prescribing should be inclusive and accessible to all members of the community, by reaching people who would benefit most from social prescribing and promoting inclusion across all opportunities for social connection.

Services should actively partner with local organisations that work with diverse communities – including multicultural/multifaith groups, LGBTQIA+ people, people with disability, Aboriginal and Torres Strait Islander peoples, and those living in regional or remote areas. Partnering with community organisations and leaders supports trust, engagement and relevance.

Initiatives and activities, whether delivered by services or in community settings, must be safe, accessible, and responsive to individual needs, their families, carers and supports. This means considering language, culture, faith, gender identity, sexual orientation, disability and lived/living experience.

Mental health and wellbeing services can work in partnership with local community groups to support welcoming and inclusive community spaces as part of social prescribing. For example, services may:

- use asset mapping to identify local partners that work with diverse communities
- build rapport and engage community leaders to identify needs unique of diverse communities and co-design social connection opportunities (see Latrobe's social prescribing story, p. 11)
- work with individuals and community groups to plan practical supports, such as interpreters and accessible venues
- partner with community organisations and leaders to co-design monitoring and evaluation processes for social prescribing.

> **"We collaborated with multicultural communities and those who are not at the forefront (e.g., LGBT, multicultural and multifaith people) - this has been a big achievement as mainstream services often don't have the capacity to support these people, but we were able to create safe spaces for these cohorts - we started specific [social connection] groups with these populations (including events) - these things are what I will always carry with a lot of pride."**
>
> **– Quote by Local Connections link worker**

A social prescribing story

Building capability for inclusive connection with multicultural communities in Latrobe

The Latrobe Local Service is committed to supporting communities at high risk of loneliness and social isolation through Local Connections, including multicultural and multifaith communities.

Local Connections link workers commenced a partnership with the Gippsland Multicultural Service (GMS) to raise awareness of the GMS and Local Connections, mental health and social connection among multicultural communities. A memorandum of understanding was developed to deliver:

- Mental Health First Aid for community leaders and members attending the GMS, and
- A six-week Creative Wellbeing Group, co-designed and facilitated by both services.

The Local Service funded two Mental Health First Aid training sessions to 40 staff and volunteers from the GMS, as well as members from the multicultural/multifaith community.

Through this partnership, link workers recognised the importance of engaging directly with community leaders, as well as maintaining a consistent presence to understand local needs and build trust with the local multicultural community. Over several months, link workers attended regular meetings with the GMS, monthly community lunches and other community network events.

The dedicated efforts of link workers to build trust with the GMS and broader community enabled meaningful conversations around GMS' capability building needs, including Mental Health First Aid (MHFA), for their community leaders and members. Community leaders and members shared that MHFA allowed them to offer immediate support to others, reduce mental illness stigma, and to design more inclusive spaces and groups for people from multicultural and multifaith groups experiencing mental health challenges.

2

Models for social prescribing in mental health and wellbeing

> **As we confront complex global challenges—including ageing populations, mental health disorders, rising inequalities and the social impacts of digital life—strengthening social connection must be part of the solution. By acting now, we can build societies where everyone can feel seen, supported, and meaningfully connected."**
>
> **- Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization[13] [13]**

Social prescribing can be implemented in different ways within mental health and wellbeing services (see Figure 2). Where possible, mental health and wellbeing services are strongly encouraged to employ a dedicated link workforce with lived/living experience who have the time and skills to offer dedicated social connection supports. Social prescribing can also be embedded in existing roles.

Regardless of the model, social prescribing champions, integrated in the mental health and wellbeing service, are essential for building social prescribing practice. Championing social prescribing practices should not be left solely to link workers or social prescribing leads, especially if there are only a few dedicated positions in the service.

Embedding a community engagement or capability building function within the model enables effective social prescribing models in mental health and wellbeing. This recognises that social prescribing can only be effective with welcoming and inclusive community spaces for people to connect in. This function may be undertaken through a range of roles including community engagement roles in a service and/or by a social prescribing lead.

Figure 2: Summary of models to implement social prescribing

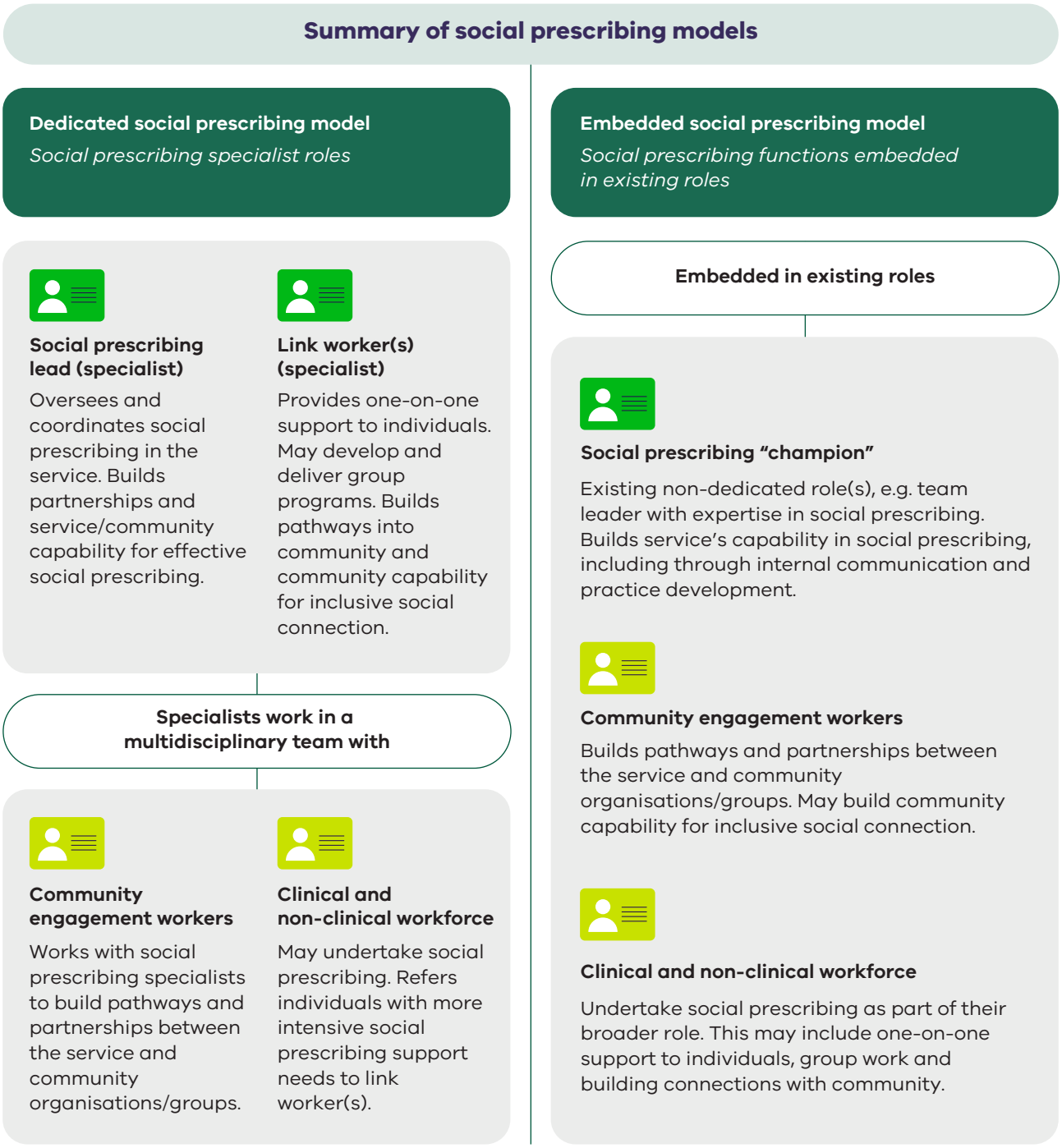


Figure 2 note: Clinical staff may include, and not limited to, psychiatrists, psychologists, general practitioners and mental health nurses. Non-clinical staff can include roles in, for example, wellbeing support, peer support, and community engagement or capacity building.

2.1 Dedicated social prescribing workforce model

This model includes:

- *a social prescribing lead*
- *link worker/s (a minimum of two are recommended)*

A dedicated workforce for social prescribing is recommended, when possible, due to the workforces' deep expertise in social connection and the local community, and availability to service social connection needs.[14,15] This allows individuals and community organisations to receive relevant and specific supports, enabling lasting wellbeing and recovery outcomes for individuals and, therefore, reducing service demand.[15,16] The social prescribing lead and link workers may work within a broader care team.

The social prescribing lead is a specialist role, employed to provide oversight and support the integration of social prescribing in the broader service. The lead builds social prescribing capability in the service, and focuses on external community engagement, partnerships and capability building. Community capability building and development may also be supported by existing community engagement roles in the service.

This model recommends at least two link workers who will be responsible for providing one-on-one support and to build pathways and capability in the community (see more information on the link worker's dual role in *Chapter 2.3.2*). Link workers can design and facilitate time-limited internal groups (if required).

2.2 Embedded social prescribing model

This model:

- *embeds link worker functions within existing roles*
- *leverages existing community engagement support, where available*
- *strongly encourages the identification of a social prescribing lead or champion (may be an existing leadership position)*

Link worker functions can be embedded in existing roles of a service. This includes delivering **social prescribing through peer, wellbeing and other workforces.**

When delivering social prescribing via an embedded model, **nominating staff within your service to be "champions" of social prescribing is recommended**. Champions may be in non-dedicated social prescribing roles, such as community coordinators or clinical leaders.

Champions are necessary for growing social prescribing awareness and capability across the service, which will better integrate clinical and non-clinical approaches to support people's wellbeing and recovery.

Community engagement workers may meet with organisations to build pathways into community groups and upskill these groups to be inclusive and welcoming for people to connect with.

It is not feasible for existing staff to replicate the length and intensity of support that dedicated link workers can provide to individuals and organisations. Services are asked to plan how social connection supports can be maintained and prioritised, including when services are experiencing high demand.

2.3 Elements of successful social prescribing models

Based on the social prescribing trials, this section identifies key enablers of success for social prescribing that mental health and wellbeing services may consider:

- lived and living experience workers in social prescribing
- the dual function of social prescribing, including individual supports and capability building for community organisations/groups
- building individuals' skills and confidence to connect in a safe environment
- building sustainable opportunities, from the service into community, with individuals for social connection.

2.3.1 Designated lived and living experience roles

It is recommended that link workers are people with lived and/or living experience, including people from diverse communities, to deliver supports that are trauma-informed, inclusive and reflect a deep understanding of loneliness, social isolation and/or mental health challenges.

Experiences from the social prescribing trials showed that lived and living experience link workers fostered a deep sense of trust with people they worked with. The quality of an individual's relationship with their link worker influences their overall experience and engagement with social prescribing (see Figure 3).

Services should consider how to distinguish these roles from existing peer support roles. There is a risk that if a service, for example, has peer support workers and lived/living experience link workers, this may confuse the unique value of each role and inadvertently lead to link workers being asked to provide peer support (and vice versa).

Figure 3: Link worker qualities expressed by lived/living experience Local Connections co-design partners

Source: Local Connections - a social prescribing final co-design report (Today Design)

2.3.2 Dual function of social prescribing

Without welcoming and inclusive community environments, social prescribing will not achieve its intended outcome of supporting individuals to create lasting and meaningful connections. Therefore, it is important for services to adopt the dual function of social prescribing to:

- **Provide one-on-one support:** Support individuals on their social prescribing journey to participate in activities that matter to them, to build confidence and navigate challenges.
- **Strengthen the social prescribing ecosystem:** Actively build pathways and build the capability of community groups to offer welcoming and inclusive spaces for connection when receiving referrals. Link workers may also visit activities to confirm these are suitable and inclusive. These efforts create the conditions for individuals to build trust with others and lasting connections in their community.

The combination of these functions can be performed by a link worker, social prescribing lead, and with the support of community engagement or capacity building roles in the service.

2.3.3 Opportunities for building skills and confidence in a safe environment

Some individuals may require support to build their skills and confidence to connect with others in their community. Link workers work with individuals, whether through one-on-one supports or internal groups, to build the skills and confidence for individuals to connect.

Internal groups provide a safe and temporary space for individuals to practice new skills. These groups support people's transition to attending community groups or activities and to build new personal connections.

When internal groups are used, services should consider how to reduce dependency on internal groups. This may include clear communication that groups are time-limited and working with individuals to establish a plan for building skills and confidence to connect with others beyond the service, after the duration of the internal group.

2.3.4 Identify sustainable opportunities for social connection

Supporting individuals to build social connections independent of the service will contribute to reducing service demand.

Individuals may express interest in specific activities that may not always be available or feasible. By collaboratively exploring alternatives, individuals can be supported to discover fulfilling and sustainable opportunities for connection. The social prescribing trial evaluation revealed that for some individuals, the activity itself was less important than having the opportunity and safe space to build connections.

A note on brokerage funding

Brokerage funding for social prescribing may be used to support individuals to access and engage in non-clinical community-based activities or initiatives short-term. Alongside brokerage support, link workers actively support individuals to develop skills and feel confident that they can build and maintain connections wherever they go.

Mental health and wellbeing services should refer to their relevant brokerage policy. For example, Local Services can refer to the brokerage guidance in the Local Services' Service Framework <https://www.health.vic.gov.au/publications/local-adult-older-adult-mental-health-wellbeing-service-framework>.

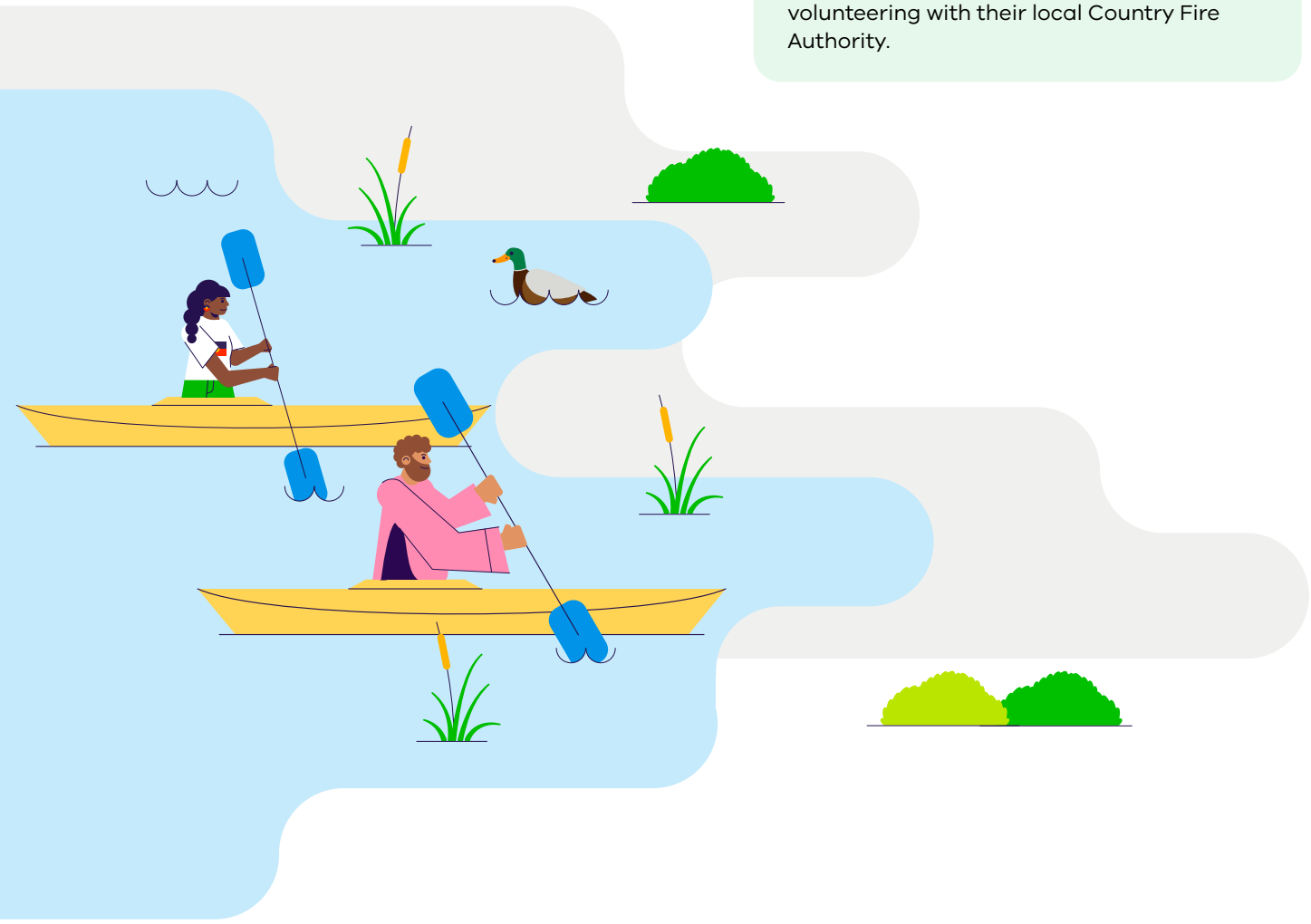
Definition

Nature-based social prescribing

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

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

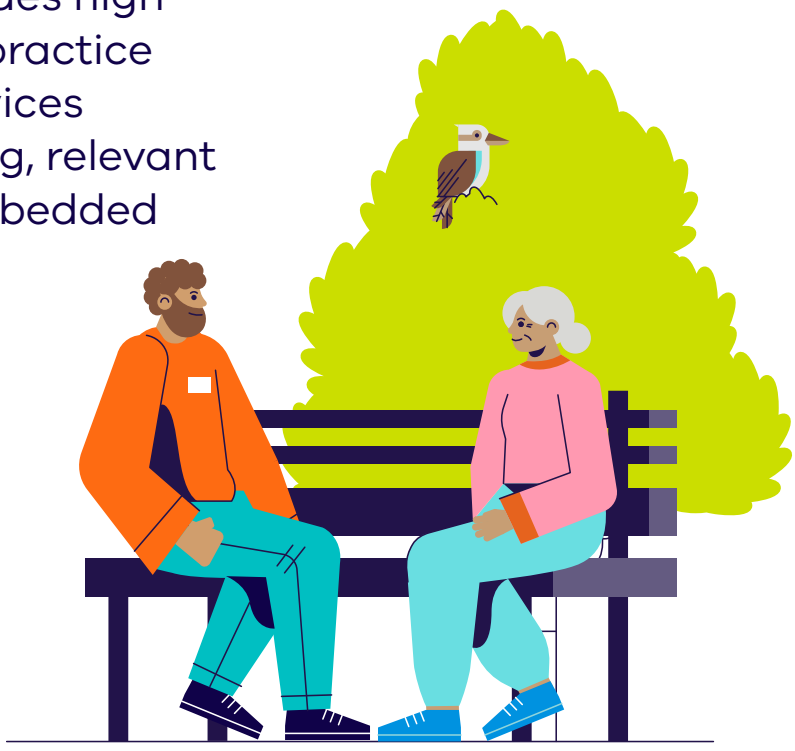
For example, an individual may be interested in rock-climbing, however, there are no local opportunities to participate or the costs involved may not be sustainable. The individual is supported to explore why they are interested in this activity and then explores other physical nature-based activities. This may lead to, for instance, the individual becoming interested in volunteering with their local Country Fire Authority.



3

Social prescribing practice and implementation

The following section includes high level implementation and practice guidance for staff and services delivering social prescribing, relevant for both dedicated and embedded social prescribing models.



3.1 Educating staff about social prescribing

> A big challenge has been helping others see that social prescribing isn't just an add-on, but a key part of a person's care and recovery."
>
> **– Quote by a Local Connections Community of Practice Participant**

A key enabler of building social prescribing practice is **service wide understanding of the foundational concepts of social prescribing**[17] and how it can support recovery and wellbeing. Foundational concepts and practices include, but are not limited to:

- identifying signs of loneliness and social isolation in individuals,
- facilitating conversations about loneliness and the importance of social connection,
- connecting people to appropriate community supports and activities,
- fostering empathy, trust and rapport with community groups and organisations, and
- co-creating and facilitating groups to support social connection (if required).

Table 1 outlines existing resources and trainings on social prescribing.

Table 1: Social prescribing resources and trainings

Resources	Description
Social Connection Training	Ending Loneliness Together delivers Social Connection Training <https://endingloneliness.com.au/training> to service providers and workplaces. This training supports evidence-based and current understanding of loneliness and social isolation. This training is encouraged for all staff working in mental health and wellbeing services.
Social Connection 101	Social Connection 101 <https://doi.org/10.25916/sut.28415261> is an evidence-based guide developed by Swinburne University. It provides an understanding of what social connection is, how it works and some ways that it can be activated.
My journey of social connection: A guidebook to help you explore social connection	This Neami guidebook <https://social-connection.au/practice-toolkits-database/my-journey-of-social-connection-a-guidebook-to-help-you-explore-social-connection> explores social connection alongside consumers, families and carers, including conversational and visual prompts. Developed by link workers and social prescribing leads at Neami National.
Social Prescribing Community of Practice	The Department of Health has funded a community of practice until December 2026 to support discussion, reflection and learning for Victorian funded mental health and wellbeing staff embedding social prescribing into their practice across Victoria.

3.2 Building community partnerships and capability

It is vital to build strong, meaningful relationships with local communities and organisations to effectively deliver social prescribing. This will include scoping or community asset mapping, building awareness of social prescribing and community capacity and capability building.

A social prescribing story

Addressing loneliness through collective impact in Whittlesea

The Whittlesea Local Service established the Social Connection Network after observing silos in ways of working and duplication in programs among services within the City of Whittlesea.

The Community Link Team at the Whittlesea Local Service, comprising a social prescribing lead and link workers, was determined to bring initiatives across the large local government area together and promote a culture for collective impact.

The Community Link Team established a local Social Connection Network with DPV health, libraries, council, Neighbourhood Houses and Foundation House. The network met once a month and enabled organisations to identify opportunities for collaboration, share ideas, and promote each other's activities to strengthen local social connection.

Limited staffing capacity and resourcing were barriers to organisations participating in network meetings. The Whittlesea Local Service reflected on the systemic nature of this challenge, including the need to advocate for social prescribing and to foster a culture that values collective efforts to strengthen social connection.

The Community Link Team undertook further capability building to strengthen inclusive, safe and welcoming spaces in the community. This included organising Mental Health First Aid for community members, Neighbourhood Houses and library staff or upskilling network members to use the social connection guidebook co-designed by Neami National and Swinburne University.

As a result, the network enhanced local collaboration and strengthened pathways in community to social connection. The activities increased awareness of social connection activities to refer people to, supported the creation of inclusive and welcoming spaces, and addressed barriers to social connection. The activities not only supported improvements for individuals but also systems.

The Community Link Team now co-facilitates the network with DPV health to ensure its continuity.

3.2.1 Scoping and community asset mapping

An important early step is scoping and understanding what local initiatives and activities are currently taking place, including ways in which your service can integrate, complement and support what local communities are already doing.

It is not only the understanding of what is available that is important but understanding local cultures and the demographics of the local community (e.g. ages, multicultural and multifaith backgrounds) – for example, which groups are best tailored to support specific needs of the people the service is working with. Link workers may visit the activities to confirm these are suitable and inclusive for the people they support. These efforts create the conditions for individuals to build trust with others and lasting connections in their community.

Scoping may include social groups and events run by organisations within the community, relevant networks, Neighbourhood Houses, Men's Sheds, community gardens, creative and sporting activities, nature-based opportunities, volunteering, local government offerings and Social Inclusion Action Groups.

> "It takes time and it is important to provide the time and space to develop those relationships, become familiar with what is in the community and how you are going to work with the community."
>
> **– Quote by Local Connections Community of Practice Participant**

3.2.2 Social Inclusion Action Groups

Aligning with the community capability building function in social prescribing, services may partner with Social Inclusion Action Groups (SIAGs) <https://www.health.vic.gov.au/mental-health-wellbeing-reform/social-inclusion-action-groups> in the local government area to strengthen the role of communities in promoting mental wellbeing. SIAGs reflect the first level of the reformed mental health and wellbeing system, are community-led and owned, and reflect community members and leaders in the area. Auspiced by local government to systematically improve mental wellbeing, the three core objectives of SIAGs is to:

- Strengthen community participation
- Enhance social inclusion, and
- Improve social connection.

SIAGs identify local needs related to social inclusion and connection, and determine local investment priorities that will create inclusive and equitable opportunities for community connection and participation. As a result, SIAGs may flexibly fund:

- more accessible, safe and inclusive facilities and places,
- opportunities to improve the skills and knowledge of community to promote community participation and connection,
- social connection opportunities in welcoming and inclusive environments,
- initiatives aiming to influence policies, practices and social norms.

Services are encouraged to collaborate with SIAGs to support the capability building of organisations and groups to foster welcoming and inclusive spaces. Ten SIAGs have been established in the:

- City of Ballarat
- Benalla Rural City
- Brimbank City Council
- Frankston City Council
- City of Greater Geelong
- Latrobe City Council
- Mansfield Shire Council
- Mildura Rural City Council
- Rural City of Wangaratta
- City of Whittlesea

3.2.3 Explaining social prescribing and building trust

Educating the community about what social prescribing is, its benefits and why it matters. This helps creates shared community understanding and opens conversations about local social connection and wellbeing. Building relationships with community also begins to build trust to enable services and community to effectively partner to deliver social prescribing.

> “It took a good 12 months to do relationship building and for us to be trusted and seen as safe by the community - 80% of our role in the first year was getting out to community and delivering service presentations so we had a presence and were trusted.”
>
> **– Quote by Local Connections Community of Practice Participant**

3.2.4 Community capability and capacity building

Community is at the heart of social prescribing. As the bridge from mental health and wellbeing services to the community, it is important that social prescribing initiatives support community to continue to offer welcoming and inclusive activities, including for people with experiences of loneliness, social isolation, mental illness and addiction.

Building the capability and confidence of communities to lead inclusive and welcoming social connection activities for all is critical for fostering a **whole-of-community approach** to strengthening social connection. This approach also supports to make social prescribing a **self-sustaining ecosystem**, with locally-led initiatives becoming a natural referral base for social prescribing programs run by services.[18]

Mental health and wellbeing services delivering social prescribing are required to partner with local communities to support people to create lasting and meaningful connections. Services can work in partnership to strengthen social prescribing practice and the social prescribing ecosystem by:

- building relationships, understanding and pathways from mental health and wellbeing services to community activities and groups,
- working with local organisations to understand their unique offerings, needs and strengths and co-producing supports that will strengthen community sustainability, as well as their ability to offer welcoming and inclusive spaces for people to connect with.

Practical actions to support this include but are not limited to:

- building capability of organisations and community groups in identifying and welcoming individuals who may be dealing with loneliness or social isolation, experiences of mental illness and addiction
- hosting and attending regular community forums to connect with and understand local initiatives,
- working with organisations to identify training needs for community leaders and volunteers (e.g. trauma-informed training, understanding loneliness and social isolation, inclusive practices, Mental Health First Aid),
- co-designing new social connection programs and initiatives with local partners,
- celebrating local wins to maintain community motivation and momentum.

The combination of these functions can be performed by a link worker, social prescribing lead, and with the support of community engagement or capacity building roles in the service.

A social prescribing story

Capability building and wellbeing supports for volunteers in Greater Geelong and Queenscliffe

The Greater Geelong and Queenscliffe Local Service consulted with community organisations and collaboratively identified barriers to facilitating safe spaces for connection. This included issues such as minimal staffing resources, volunteers under stress, and limited skills to ensure spaces were safe for volunteers and community members.

Community organisations sought to prevent exclusion, however, required capability building for staff and volunteers to provide inclusive spaces and trauma-informed responses to safely engage people attending community spaces with mental health and/or substance use challenges.

The Local Service undertook the following community capability building activities, reaching over 600 community members in Greater Geelong and Queenscliffe:

- Designed the 'Fostering supportive community environments' training program covering five topics, such as facilitating safe peer conversations, service navigation, reducing volunteer burnout, and loneliness/social isolation.
- Delivered over 90 'Fostering supportive community environments' training sessions at the Local Service or in local community settings, for any volunteer or person wishing to start volunteering.
- Delivered 'Older Person Mental Health First Aid' on request by community organisations.

Buy-in from key staff in community organisations was crucial to implementation, attendance at training and to support ongoing practice post-training. Community capability building activities undertaken addressed an important gap, that community organisations and volunteers were often supporting the most vulnerable people in their community, however, lacked access to foundational training to create safe spaces, prevent burnout, and to maintain healthy boundaries.

As a result of the training, volunteers and community members reported feeling more empowered in their roles and confident to work with individuals requiring a higher degree of support.

3.3 Implementing social prescribing practices

> **I feel that by introducing people to particular groups and activities in the community that it has provided an opportunity for us to establish good rapport and relationships with staff at Libraries, Community Centres, Men's Sheds, Local Councils, Social Inclusion Action Group, Chatty Cafes and more."**
>
> **– Quote by a Local Connections Community of Practice Participant**

Once social prescribing roles are in place (see *Chapter 2*), there are several key practices and activities that staff are encouraged to undertake as part of their role, including:

- **Deliver effective first sessions**: Use initial sessions to build trust, identify goals, and understand participants' needs around social connection and wellbeing.
- **Build community relationships:** Maintain a visible presence and build trust in the community by attending events, engaging with local leaders, and connecting with groups.
- **Know local supports:** Map and maintain up-to-date information on community initiatives, programs, and services to support informed referrals.
- **Participate, observe and support local initiatives:** Actively engage in existing community activities to understand their functions, culture, and fit for participants.
- **Collaborate with other colleagues**: Build strong relationships with service leadership, clinicians, peer workers, and other service staff to:
  - Support coordination of care,
  - Identify where social prescribing activities add value and avoid duplication (especially if there are also community engagement or development officers),
  - Promote social prescribing practices and principles across the organisation, and
  - Hold joint reflective sessions for collaborating on how to promote social prescribing activities and embed lived experience practices in the service design and delivery.
- **Advocate for social prescribing, systemic improvements:** Actively champion the value of social prescribing and its role in improving mental health and social connection, including representing participants' interests and highlighting gaps in community supports. Work with community partners and internal teams to influence service design and policy to ensure social prescribing is recognised as a core component of holistic mental health care.
- **Identify and connect to local groups:** Map community resources and link participants to established groups that meet their needs and interests.

Importantly, social prescribing should not be seen as the sole responsibility of social prescribing workers. Staff at all levels within a service have a role in promoting social connection and can integrate social prescribing principles into their daily work.

3.4 Ongoing monitoring, evaluation, and improvement

Ongoing monitoring, evaluation, and improvement are important so that social prescribing programs remain responsive, inclusive, and effective over time. Social prescribing can be monitored through existing mechanisms, such as HealthCollect or the Mental Health and Wellbeing Client Management System.

This process should not only assess outcomes for individuals, such as loneliness and social isolation, but also capture the broader community and system-level impacts, including strengthened collaboration, community capability, and wellbeing outcomes.

Recommended measurement tools:

- **Loneliness:** The *University of California, Los Angeles Loneliness Scale* (UCLA-LS, 4-item version) or the *Single-Item Measure of Loneliness*. The rationale and measurement tools are presented in detail in '*A guide to Measuring Loneliness for Community Organisations*' <https://endingloneliness.com.au/resources/>
- **Social isolation:** The *Lubben Social Network Scale* (LSNS-6, 6-item version). The LSNS-6 focuses on social isolation in relation to friends and family connections. The measurement tool, scoring instructions and further information can be accessed on the Boston College School of Social Work website <https://www.bc.edu/content/bc-web/schools/ssw/sites/lubben/description.html>. Services may use the LSNS-18 (18-item version), which additionally captures social isolation in relation to neighbours. However, clinical cut off points for LSNS-18 have not been formally established and scorers will need to infer cut off points based on LSNS-6 research by Lubben and colleagues (2006) <https://doi.org/10.1093/geront/46.4.503>.
- **Positive mental health:** In addition, services may consider measures of positive mental health to understand the individual-level impacts of social prescribing on wellbeing dimensions, such as life satisfaction, sense of safety, belonging, and meaning and purpose. The dimensions, definitions and recommended measures of positive mental health can be accessed through Be Well Co's research on the Taxonomy of positive mental health <https://www.bewellco.io/positivementalhealth_taxonomy/>.

4

Resources and further information

4.1 Social prescribing resources

A range of Victorian and other resources are available to support people's understanding and practice in social prescribing. Resources mentioned in this document, social prescribing research and training can be accessed on the Department of Health's website on social prescribing.

4.2 Social connections resources

Social Innovation Research Institute at Swinburne University

The Social Innovation Research Institute conducts a research program and has delivered a webinar on Social Connection 101. These resources are available through the Social Innovation Research Institute website <https://www.swinburne.edu.au/research/institutes/social-innovation/highlights/>.

In partnership with RMIT University, the Australian Red Cross, Neami National, various councils and Today Design, the institute produced evidence-based guides <https://social-connection.au/practice-toolkits> to support people's understanding of what social connection is, how it works and is measured, and ways social connection can be activated.

Ending Loneliness Together

Ending Loneliness Together <https://endingloneliness.com.au/resources/#research> conducts research and advocacy on loneliness and effective approaches to address loneliness in Australia. In addition, the organisation delivers Social Connection 101 workshops <https://endingloneliness.com.au/training/> for service providers, workplaces and policymakers.

World Health Organisation Commission on Social Connection

The World Health Organisation (WHO) Commission on Social Connection <https://www.who.int/groups/commission-on-social-connection> was established in 2023 to raise global awareness of loneliness and social isolation as a public health priority. In 2025, the WHO Commission released the flagship report, *From loneliness to social connection: charting a path to healthier societies* <https://www.who.int/publications/i/item/978240112360>, which highlights the latest evidence and practical actions to strengthen social connection.

4.3 Local Connections resources

The Local Connections evaluation executive summary is available on the Department of Health website <https://www.health.vic.gov.au/mental-health-services/social-prescribing>.

Appendix 1 summarises in a program logic the recommended components that would enable the success of future funded social prescribing programs.

In addition, Impact Co delivered a series of journey maps reflecting social prescribing delivered through Local Connections. These journey maps can be found at *Appendix 2*.

4.4 Policy context

Wellbeing Promotion Office

The Wellbeing Promotion Office (WPO) in the Victorian Department of Health was responsible for implementing *Local Connections – a social prescribing trial* as part of delivering on recommendation 15 of the final report from the Royal Commission into Victoria's Mental Health System. The WPO is dedicated to promoting good mental wellbeing and preventing mental illness, as outlined in *Wellbeing in Victoria: a strategy to promote good mental health and wellbeing 2025-2035* (Wellbeing Strategy).

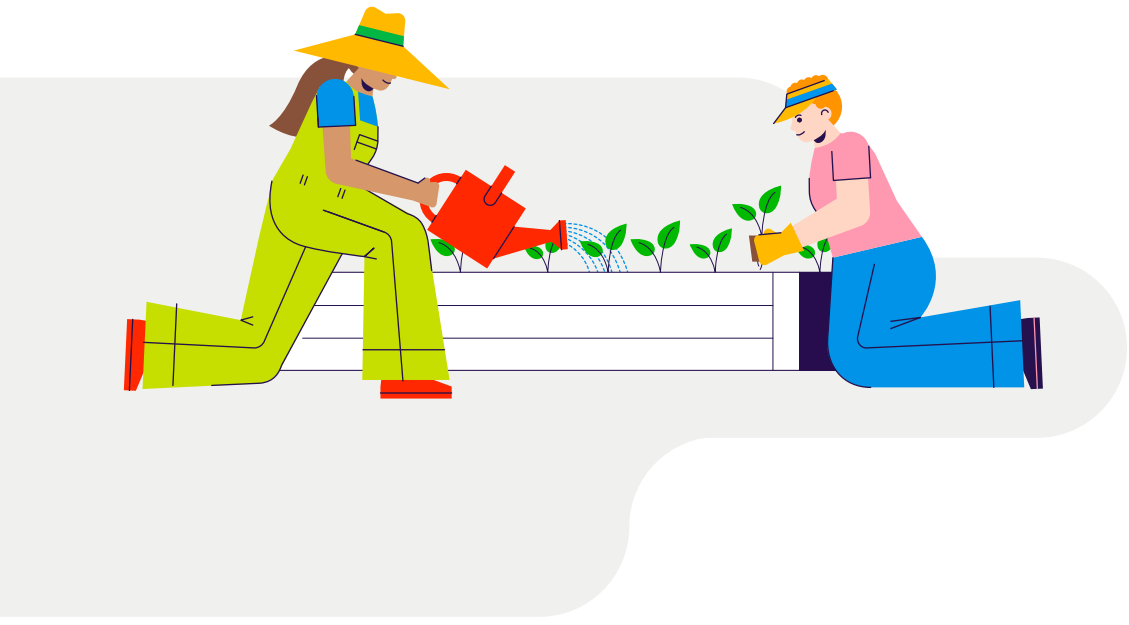
Wellbeing in Victoria: a strategy to promote good mental health and wellbeing

The Wellbeing Strategy <https://www.health.vic.gov.au/mental-health/prevention-and-promotion/wellbeing-strategy> provides a coordinated approach that brings communities, service providers, organisations and government together to strengthen efforts in Victoria to support people and communities to have what they need to thrive, both now and for future generations.

The first Wellbeing Action Plan (*2025/26 - 2026/27)* requires the Department of Health to explore mechanisms to enhance wellbeing promotion and supports in service systems for mental health, alcohol and other drugs, and gambling harm treatment and response.

As one approach to promoting wellbeing in service systems, social prescribing contributes to many priorities in the Wellbeing Strategy, including to:

- Increase access to and participation in natural and cultural spaces (nature-based and green-blue social prescribing),
- Embed respect and inclusion in communities and organisations,
- Support connected communities,
- Strengthen people's agency over their wellbeing.



5

With heartfelt thanks

Thank you to all those who contributed to *Local Connections – a social prescribing trial* and advancing social prescribing practice in Victoria. Thank you for your thought leadership, championing of promising practices, and for driving system-level change through social prescribing.

A special thanks to...

Local Connections teams, including social prescribing leads, link workers and community engagement workers, across Mental Health and Wellbeing Locals in:

- Brimbank (cohealth)
- Benalla, Wangaratta and Mansfield (Wellways)
- Frankston (Wellways)
- Greater Geelong and Queenscliff (Barwon Health and ermha365)
- Latrobe (Neami National)
- Whittlesea (Neami National)

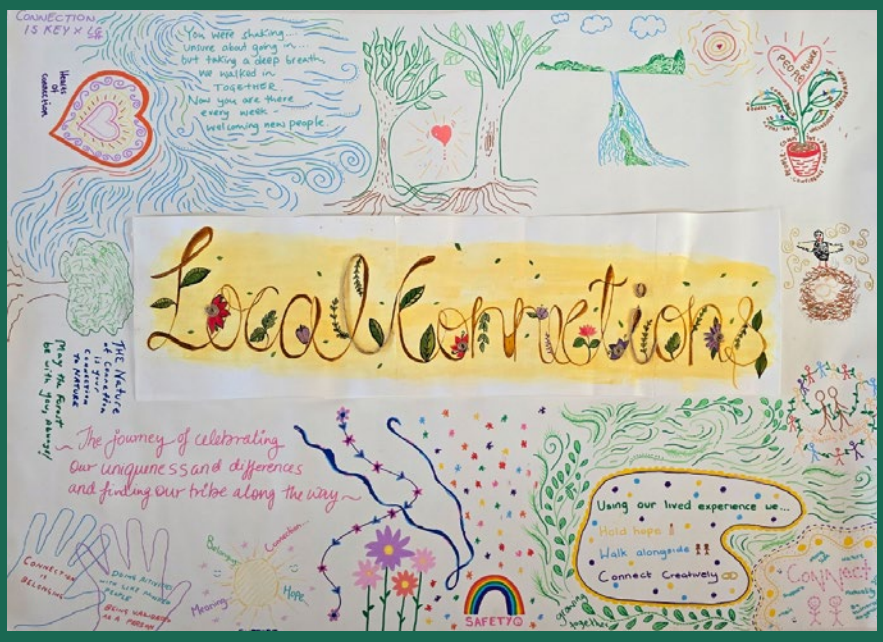


Image: art work by social prescribing leads and link workers on what Local Connections means to them and the people they support.

Today Design and Local Connections **co-design partners**:

- 31 co-designers with lived and living experiences
- Participating community organisations and groups in Victoria

Information about the co-design of Local Connections is available on Today Design's website <https://today.design/case-studies/social-prescribing/>.

Social Prescribing Trial Project Control Group, with special thanks to our lived and living experience partners

Impact Collaborative, Local Connections program evaluators

Lively Collective and Centre for Mental Health and Learning, Local Connections community of practice facilitators

Community members and organisations strengthening the social prescribing ecosystem:

- Community groups and organisational partners of Local Services
- The growing social prescribing community of interest in Victoria and Australia

Appendix 1 – Program Logic

The proposed program logic is an excerpt from the Local Connections Evaluation – Executive Summary. The program logic identifies the components that would set future social prescribing programs up for success.

Consumer Wellbeing	Inputs	Community capabilities & capacity
Dedicated staff FTE (either embedded within peer workers or link workers)		
Mental Health and Wellbeing Local Service hub space		
Partnerships with community organisations, leaders and groups		
Brokerage funds to support consumer social prescribing		
Brokerage funds to support community capacity/capability building		
(Optional) Co-location space within a community venue		
	Activities	
Provide one-on-one social prescribing support to consumers. This should include: • Working with consumers to identify their goals and interests or to build skills • Working with consumers to find groups and activities consumers are interested in attending • Preparing and supporting consumers to attend activities in the community • Advocate for the needs of their consumer • Providing ongoing support to consumers as they participate in groups and activities		Undertake community capability and capacity building activities (see Local Connections Evaluation - Executive Summary <https://www.health.vic.gov.au/mental-health-services/social-prescribing>)
Design and deliver time-limited internally run groups that support confidence and skills building		Undertake partnership development and outreach activities to organisations and groups in the community
Run community awareness raising events		

Outputs

Consumer Wellbeing

- No. of consumers who receive one-on-one social prescribing support
- No. of consumers successfully linked in to a community group or activity
- Percentage of consumers who attend at least one community group or activity
- No. of consumers who report an increase in confidence or skills related to engaging with community groups or activities
- No. of consumers who participated in a time-limited internal group
- No. of community awareness raising events held
- No. of community members that attended awareness raising events

Community capabilities & capacity

- No. of community organisations that participate in capability and capacity building activities
- Evidence of community organisations implementing more inclusive practices (e.g., new welcoming procedures)
- No. of community organisations or groups who report increased membership after receiving capacity building support
- No. of new partnerships established with community organisations and groups
- No. of external referrals from community organisations and groups into the Local Service

Intermediate outcomes

- Increased sustained participation of consumers in community groups and activities (e.g., attending regularly for 3+ months
- Self-reported improvement in confidence and capability to engage in group or community settings
- Improved self-reported mental health and wellbeing score among consumers
- Decreased feelings of loneliness or social isolation among consumers

- Community organisations and groups report an increased capacity to take on new community organisations
- Community organisations and groups report increased confidence in supporting community members experiencing mental ill health
- Increased referrals into Local Connections from community organisations and groups

Long-term outcomes

- Sustained reduction in self-reported feelings of loneliness or social isolation
- Sustained improvement in consumer mental and social wellbeing
- Reduction in the use of clinical mental health services by consumers

- Increase in community organisations and groups that are welcoming, inclusive and accessible spaces for community members experiencing mental ill health

Appendix 2 – Journey Maps - Local Connections

Background and purpose

About Local Connections

Recommendation 15 of the Royal Commission into Victoria's Mental Health System (the Royal Commission) final report recommended the establishment of a social prescribing trial in the first six Mental Health and Wellbeing Locals (the Locals) to 'support healthcare professionals to refer people, particularly older Victorians, living with mental illness, into community initiatives'. The social prescribing trial being run by the Locals has been named Local Connections. The purpose of the trial is to test:

- if social prescribing can support reducing loneliness and social isolation
- the skill-set required for the role of the link worker
- whether the trial is successful in strengthening pathways between the Locals and community organisations
- any person who is a consumer of a Local can receive support through Local Connections. People may also be referred or self-refer specifically for Local Connections.

Background to the Local Connections Journey Maps

The Department of Health has engaged Impact Co. to develop four journey maps for the Local Connections program. The journey maps are intended to:

- identify the key components of the social prescribing process
- articulate what best-practice social prescribing looks like within a mental health setting for different types of consumers
- outline the role of the link workers and their interactions with other types of workers and organisations during the social prescribing process

Purpose of the Journey Maps

- The journey maps set out on the following pages set out four example pathways that a consumer may take through the Local Connections program depending on their individual needs and preferences.
- The journey maps are not intended to be an exhaustive reflection of the different ways in which social prescribing can be delivered or of the full scope activities that can be undertaken as part of the link workers role.
- The journey maps are based on four consumer personas that represent different types of consumers often supported through the Local Connections program. These personas do not encompass all consumers that are supported through the program.
- While the funded social prescribing trials are coming to an end in 2025, these journey maps may be used to support social prescribing practice in Local Services following the end of the formal and funded trials.

Limitations

- The journey maps have been developed based on feedback provided by consumers and staff working within a dedicated social prescribing program with resources allocated to community capacity building. Therefore, some of the activities may not be feasible beyond this context.
- The maps reflect an ideal journey through the program and so do not take into account the complexity and non-linearity of many consumers' journey through the program. Link workers reported that it is common for consumers to go through periods of engagement and disengagement from groups.
- The journey maps do not provide an exhaustive summary of all the different ways in which social prescribing can be delivered.
- The journey maps do not seek to capture all of the awareness raising and community capacity building activities undertaken by Local Connections teams that supports the one-on-one work with consumers.

Project methodology

Development of the Journey Maps

The consumer personas that form the base of the journey maps were developed through a workshop involving the Department of Health and key personnel delivering Local Connections at three of the sites involved in the trial.

In-depth focus groups were then conducted with the Local Connections teams at each of the sites participating in the trial. The purpose of these focus groups were to:

- validate the consumer personas
- understand the key stages in the journeys and the activities undertaken at these stages for each of the four consumer personas

In total, 17 Local Connections staff members were engaged over six focus groups. This data was supplemented with data collected through interviews with 61 consumers that had received support through Local Connections.

Following the focus groups, the journey maps were developed and validated with people with lived and living experience of mental health problems.

Consumer personas

The foundation of the journey maps are four consumer personas that represent the types of consumers often supported through Local Connections. Each of the journey maps is linked to one of these unique personas. Specifically, the personas and the associated journey maps looks to explore the following factors that have been demonstrated to influence a person's experience through Local Connections:

- **Setting:** programs in more regional areas encounter specific challenges such as more limited community activities to engage in as well as lack of public transportation, impacting how participants are supported through Local Connections.
- **Referral source:** consumers referred from within Locals would be at an appropriate stage of their overall recovery journey to receive social prescribing support (as a result of the supports provided by the Local). Consumers referred from outside Locals, may require to first be provided with a range of supports by Locals before accessing the Local Connections program
- **Readiness/capacity to Engage:** a consumer's self-assessed confidence or ability to participate in group activities and connect with new people within a social setting.
- **Complexity of Context:** The range of personal, social, and environmental factors—such as family violence, disability, or chronic illness—that makes up the surrounding context of how an individual experiences loneliness and social isolation.

Consumer personas

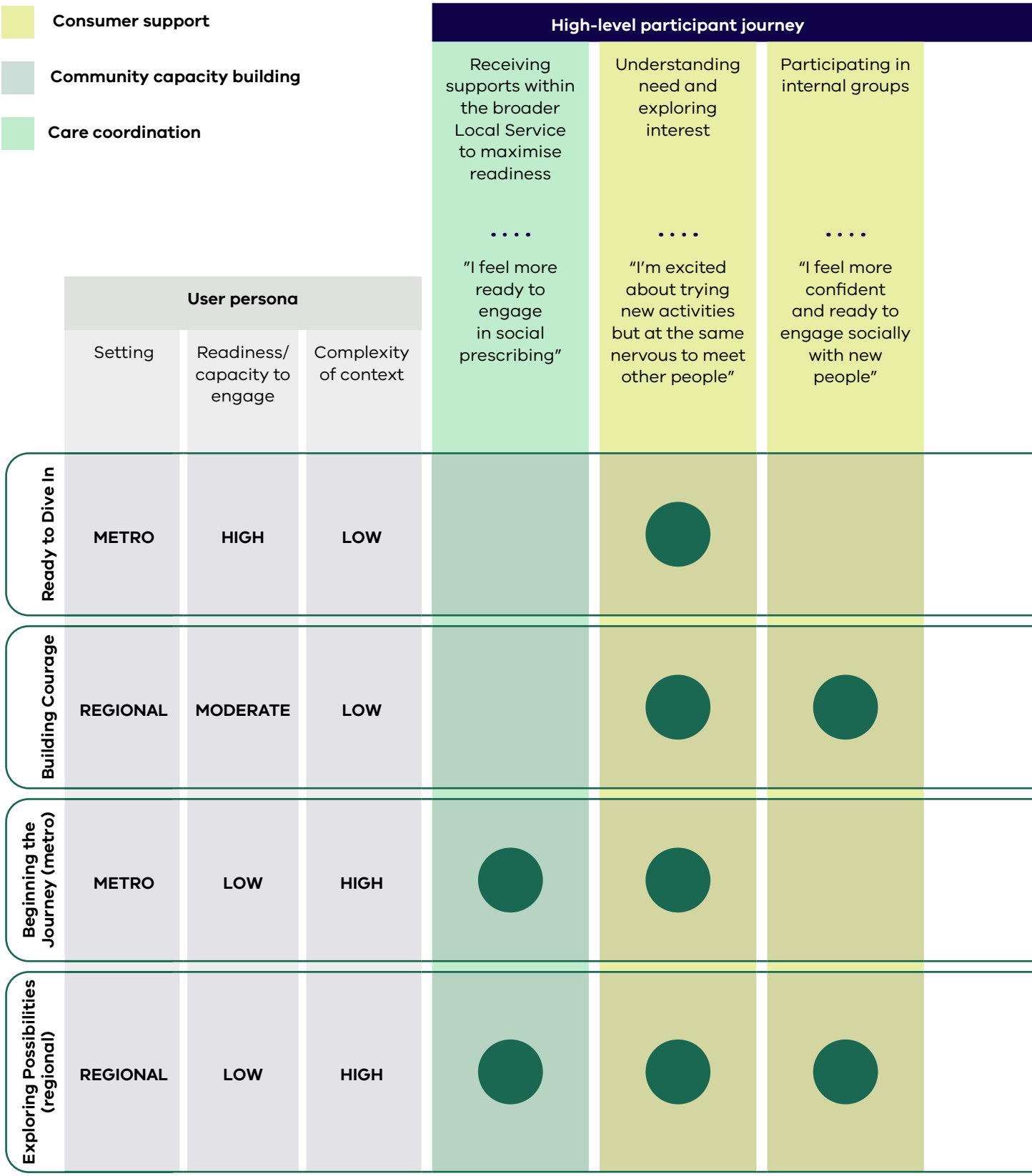
The table below displays the four consumer personas on which the journey maps have been based. The personas help to illustrate different pathways into Local Connections also with how the types of supports delivered changes according to contextual differences, the intensity of support required and the setting.

	PERSONA		Ready to Dive In	
The factors impacting the journey maps for each of the personas	Factors impacting user journey	Setting	Metro	
		Referral source	Internal (i.e. from Local)	
		Readiness/capacity to engage	**High** - Relatively self-directed with clear goals, and feels confident engaging with others in the community, but will benefit from supports to navigate available options.	
		Complexity of context	**Low** - Experiences of loneliness and social isolation occur within relatively stable life circumstances. There may be fewer compounding factors influencing the person's readiness/capacity to engage, allowing for greater ease in connecting with support.	
The supports provided over the user journey for each persona based on the factors identified above	Supports that **provide opportunities for social connection and building confidence and skills to engage with others**	One-on-one supports	Limited sessions	
		Internal groups	No	
		Facilitating connection with external community groups	Yes	
	Supports that help to **address other factors in the person's life that might be adding to their sense of loneliness and social isolation** (e.g. family violence)	Wide range of supports provided by staff in the broader Local or by an external service providers outside the remit of Local Connections	No	

	Building Courage	Beginning the Journey (metro)	Exploring Possibilities (regional)
	Regional	Metro	Regional
	Internal (i.e. from Local)	Internal (i.e. from Local)	External
	Moderate - Demonstrates interest and willingness to engage but may fluctuate in confidence and capability. Can participate in group activities with appropriate support and may shift towards higher or lower readiness depending on life circumstances.	**Low** - Has low levels of confidence and capability to engage and may be cautious or hesitant to participate in group settings. Likely to require sustained, individualised support and relationship-building before meaningful engagement is possible.	**Low** - Has low levels of confidence and capability to engage and may be cautious or hesitant to participate in group settings. Likely to require sustained, individualised support and relationship-building before meaningful engagement is possible.
	Low - Experiences of loneliness and social isolation occur within relatively stable life circumstances. There may be fewer compounding factors influencing the person's readiness/capacity to engage, allowing for greater ease in connecting with support.	**High** - Navigating multiple, intersecting challenges that significantly impacts daily life and ability to connect with others. The person's context is more complex and requires a highly responsive approach to engagement and support.	**High** - Navigating multiple, intersecting challenges that significantly impacts daily life and ability to connect with others. The person's context is more complex and requires a highly responsive and tailored approach to engagement and support.
	More sessions	More sessions	More sessions
	Yes	Yes	Yes
	Yes (however, limited options due to regional area with challenges with access/travel)	Yes	Yes (however, limited options due to regional area with challenges with access/travel)
	No	Yes	Yes

Overview of journey maps

This page provides a high-level overview of the four personas and corresponding journey maps for Local Connections. While the pathways are depicted here linearly, this is not always the case in practice where consumers may jump between steps.




High-level participant journey
Capacity building to ensure that community-based activities are safe, welcoming and inclusive
"I feel reassured knowing that I will be walking into a space that is warm and welcoming"
Tailored supports to increase readiness to participate in community-based activities
"I feel ready to connect with other people outside of Local Connections"
Participating in community-based activities
"I was a bit apprehensive at the start, but I now feel more confident and am enjoying engaging with new people"
Ongoing support from the broader Local Service team
"I feel reassured knowing I can reach out to my care team at the Local who will support me to link into the services I need"
Transitioning out
"I feel less lonely and more socially connected. I have the skills and confidence to continue building connections on my own"

JOURNEY 1: READY TO DIVE IN

Factors impacting the journey

Setting: Metro

Referral source: Internal referral

Self-assessed readiness / capacity to engage: **High** - Relatively self-directed with clear goals, and feels confident engaging with others in the community, but will benefit from supports to navigate available options.

Contextual barriers: **Low** - Experiences of loneliness and social isolation occur within relatively stable life circumstances.

Key

- Consumer support
- Community capacity building
- Intended aims

Community capability and capacity building activities:

Building the capability and capacity of community organisations is a critical part of the role of link workers. This work can be organised accordingly to the following framework:

Aim	Expanding capacity	Capability building
Formal	E.g. Supporting organisations to identify and respond to community needs	E.g. Deliver targeted training sessions
Informal	E.g. Connecting organisations to other organisations and available resources	E.g. Provide feedback to community groups where challenges arise

In this context, capability refers to the ability of community organisations to create create warm, inclusive and accessible spaces and settings for all members of the community to engage with one another; capacity refers to the resources (including financial and human resources) of community organisations to meet the demands of the community.

Expanding capacity

Link workers offer a range of initiatives to expand the capacity of community organisations to support to work with more community members. This could involve working with organisations to identify gaps in activities offered, assistance with participant recruitment or supporting organisations to access other funding sources.

Capability building

Link workers work directly with community organisations to ensure that their activities are warm, inclusive and accessible. This often takes the form of meeting with the facilitators of the activities prior to referring consumers, personally attending activities and providing advice/feedback where appropriate.

Link workers also support support capability uplift through delivering mental health and social connection training to community organisations, leaders and volunteers; and working with community organisations to identify unique challenges or barriers they may be facing.

Community capability and capacity building activities
(See page 34 for more details)

Entry into Local Connections

1 Understanding the consumer's needs

The aim of this stage is to support the consumer to establish a connection with their link worker and work with them collaboratively to set clear goals and identify potential challenges.

If a consumer decides to be connected into the Local Connections program, they will first meet with a link worker. During the meeting the link worker and consumer will have the opportunity to get to know each other and begin exploring the consumer's current social connections and relationships. The link worker and consumer will work together to ensure there is a clear understanding of what the program offers.

Together, they will explore any challenges or barriers the consumer might face when trying to access the group/s such as, transport, availability or costs.

They will then set clear goals for what the consumer hopes to achieve through the program.

2 Exploring the consumer's interests

The aim of this stage is to explore potential interests, hobbies and activities with the consumer to evoke excitement and self-discovery as they reconnect with their interests.

Once goals and expectations have been established between the link worker and consumer, they will then explore the consumer's interests through reflective questions and/or an 'exploration kit'.

They will identify ways in which social connection can be integrated in their lives e.g. exploring some potential groups and/or activities that the consumer may be interested in. With the information provided by the consumer, the link worker will research potential options in the community and share this with the consumer.

The consumer can then pick a group they would like to try or work with the link worker to find another group in the community that may be more suitable.

Identifying and preparing for engagement opportunities

3 Preparing to attend a group/activity

The aim of this stage is to prepare the consumer for their first attendance at a group/activity. The link worker will provide practical and emotional supports to the consumer to assist them in managing any concerns they may have.

The consumer and link worker will discuss what supports the consumer might need to participate in the group/s they have chosen. The link worker may offer to attend the first session with the consumer and will be guided by their preferences.

This may involve going with the consumer to sign-up for the activity, mapping the public transport route to the venue, or doing a test-run of the route ahead of the consumer attending the community activity."

'Ready To Dive In' continued...

Community capability and capacity building activities (See page 34 for more details)

Engaging with the local community, group or activity

4 Attending the group

The aim of this stage is to support the consumer to attend their first group/activity. The link worker will encourage the consumer to step out of their comfort zone and into a new environment, whilst being available for guidance if needed.

After preparing for the group with their link worker (Step 3), the consumer attends their first group/activity. The group facilitator will welcome them and introduce them to other group members.

The link worker might attend the first session with the consumer and/or meet them at the venue before or after the session to prepare or debrief, depending on the consumer's preferences. Over time, the consumer will be supported to attend independently.

5 Reflecting on the group

The aim of this stage is to encourage the consumer to reflect on their first group/activity. The link worker will support the consumer in identifying and strengthening any areas that would facilitate further participation.

Following the group, the link worker will meet with the consumer to reflect on how the group went and explore any skill building to increase confidence and encourage further participation.

If the consumer is keen to try other activities or found that the group wasn't quite right for them, they can revisit the earlier steps (Steps 2-4) to explore new options.

6 Supporting ongoing attendance

The aim of this stage is to provide intermittent support to the consumer as needed, whilst encouraging independence to attend a group/activity on their own and foster a sense of sustained achievement.

As the consumer continues to attend their group, they will periodically meet with their link worker (approximately every 2-3 weeks) to discuss how they are going and reflect on the consumer's progress towards their goals (and whether the goals still feel relevant and helpful to the consumer).

The consumer and their link worker might choose to meet in-person somewhere in the community (e.g., a local coffee shop) or over the phone, depending on the consumer's preference.

'Ready To Dive In' continued...

Community capability and capacity building activities
(See page 34 for more details)

Transitioning out of Local Connections

7 Supporting the consumer's independence

The aim of this stage is to support the consumer to feel confident continuing to explore their connections in the community and maintain ongoing social connections independently.

If the consumer feels their needs and goals have been met and are confident to continue building and maintaining social connections independently, they will have the option to transition out of their one-on-one support with their link worker. or stop if they prefer.

The link worker will make sure the consumer knows they are welcome to re-engage with the Local Connections program at any time, should they need further support.

If the consumer decides their goals and needs require further development, they may have the option to continue working with their link worker if they wish.

Social Prescribing

JOURNEY 2: BUILDING COURAGE

Factors impacting the journey

Setting: Regional

Referral source: Internal referral

Self-assessed readiness / capacity to engage: Moderate - Demonstrates interest and willingness to engage but may fluctuate in confidence and capability.

Contextual barriers: Low - Experiences of loneliness and social isolation occur within relatively stable life circumstances.

Key

- Consumer support
- Community capacity building
- Intended aims

Community capability and capacity building activities
(See page 34 for more details)

Entry into Local Connections

1 Understanding the consumer's needs

The aim of this stage is to support the consumer to establish a connection with their link worker and work with them collaboratively to set clear goals and identify potential challenges.

If a consumer decides to be connected into the Local Connections program, they will first meet with a link worker. During the meeting the link worker and consumer get to know each other and begin exploring the consumer's current social connections. The link worker and consumer will work together to ensure there is a clear understanding of what the program offers.

Together, they will explore any challenges or barriers the consumer might face when trying to build social connections and access the group/s such, as transport, availability or costs.

Then they will set clear goals for what the consumer hopes to achieve through the program.

2 Exploring the consumer's interests

The aim of this stage is to explore potential interests, hobbies and activities with the consumer to evoke excitement and self-discovery as they reconnect with their interests.

Once goals and expectations have been established between the link worker and consumer, they will then explore the consumer's interests through reflective questions and/or an 'exploration kit' (i.e. a resource that walks the consumer through a series of questions to identify their interest).

They will identify ways in which social connection can be integrated in their lives e.g. exploring some potential groups and/or activities that the consumer may be interested in. With the information provided by the consumer, the link worker will research potential options in the community and share this with the consumer.

The consumer can then pick a group they would like to try or work with the link worker to find another group in the community that may be more suitable.

'Building Courage' continued...

Community capability and capacity building activities
(See page 34 for more details)

Building confidence through internal groups

3 Preparing to attend the internal group

The aim of this stage is to prepare the consumer for their first attendance at a group/activity. The link worker will provide practical and emotional supports to the consumer to assist them in managing any concerns they may have.

The consumer and link worker will discuss what supports the consumer might need to participate in the group/s they have chosen. The link worker may offer to attend the first session with the consumer and will be guided by their preferences.

As part of the preparation for an internal group, the link worker and consumer will have a conversation about what topics feel meaningful and appropriate to share in the group setting to make sure the space stays centred on fostering genuine connections.

4 Building confidence through internal groups

The aim of this stage is to encourage the consumer to reflect on their first group/activity. The link worker will support the consumer in identifying and strengthening any areas that would facilitate further participation.

Following the group, the link worker will meet with the consumer to reflect on how the group went and explore any skill building requirements to increase confidence and encourage further participation.

If the consumer is comfortable with trying other activities or found that the group wasn't suitable for them, they can explore new options.

5 Ongoing support

The aim of this stage is to provide intermittent support to the consumer as needed, whilst encouraging independence to attend a group/activity on their own and foster a sense of sustained achievement.

As the consumer continues to attend their group, they will periodically meet with their link worker to discuss how they are going and reflect on the consumer's progress towards their goals (and whether the goals still feel relevant and helpful to the consumer).

The consumer and their link worker might choose to meet in-person somewhere in the community (e.g., a local coffee shop) or over the phone, depending on the consumer's preference.

'Building Courage' continued...

Community capability and capacity building activities
(See page 34 for more details)

Engaging with the local community, group or activity

6 Supporting the transition into community groups

The aim of this stage is to prepare the consumer to attend community-based groups and identify any additional supports they may need to encourage participation.

As the consumer gains confidence in forming new connections, they may express readiness to explore community-based groups. Potential options can be discussed with their link worker, acknowledging that choices may be limited in their local area.

The link worker may recommend a community group that the Local Connections team has supported to establish or expand, where they regularly send other Local Connections participants. The consumer and link worker discuss any preparations needed and the consumer expresses nervousness about being in a venue they are unfamiliar with. Ahead of the group the link worker and consumer practice getting to and from the venue using public transport. They also tour the venue and meet the group coordinator so that the consumer is familiar with the staff and layout ahead of their first group.

7 Attending the external group

The aim of this stage is to support the consumer to attend their first group/activity. The link worker will encourage the consumer to step out of their comfort zone and into a new environment, whilst being available for guidance if needed.

After preparing with their link worker, the consumer attends their first community-based group. The group facilitator will welcome them and introduce them to other group members ensuring they feel welcomed and supported.

The link worker might attend the first session with the consumer and/or meet them at the venue before or after the session to prepare or debrief, depending on the consumer's preferences. Over time, the consumer will be supported to attend independently.

8 Supporting ongoing attendance

The aim of this stage is to provide intermittent support to the consumer as needed, whilst encouraging independence to attend a group/activity on their own and foster a sense of sustained achievement.

As the consumer continues to attend their group, they will periodically meet with their link worker (approximately every 2-3 weeks) to discuss how they are going and reflect on the consumer's progress towards their goals (and whether the goals still feel relevant and helpful to the consumer).

The consumer and their link worker might choose to meet in-person somewhere in the community (e.g., a local coffee shop) or over the phone, depending on the consumer's preference.

'Building Courage' continued...

Community capability and capacity building activities
(See page 34 for more details)

Transitioning out of Local Connections

9 Supporting the consumer's independence

The aim of this stage is to support the consumer to feel confident continuing to explore their connections in the community and maintain ongoing social connections independently.

If the consumer feels their needs and goals have been met and are confident to continue building and maintaining social connections independently, they will have the option to transition out of their one-on-one support with their link worker or stop if they prefer.

The link worker will make sure the consumer is aware they are welcome to re-engage with the Local Connections program at any time, should they need further support.

If the consumer decides their goals and needs require further development, they may have the option to continue working with their link worker

JOURNEY 3: BEGINNING THE JOURNEY (METRO)

Factors impacting the journey

Setting: Metro

Referral source: Internal referral

Self-assessed readiness / capacity to engage: **Low** – has low levels of confidence and capability to engage and may be cautious or hesitant to participate in group settings.

Contextual barriers: **Low** - Experiences of loneliness and social isolation occur within relatively stable life circumstances.

Key

- Consumer support
- Community capacity building
- Intended aims
- Care coordination

Community capability and capacity building activities:

Building the capability and capacity of community organisations is a critical part of the role of link workers. his work can be organised accordingly to the following framework:

Aim	Expanding capacity	Capability building
Formal	E.g. Supporting organisations to identify and respond to community needs	E.g. Deliver targeted training sessions
Informal	E.g. Connecting organisations to other organisations and available resources	E.g. Provide feedback to community groups where challenges arise

In this context, capability refers to the ability of community organisations to create create warm, inclusive and accessible spaces and settings for all members of the community to engage with one another; capacity refers to the resources (including financial and human resources) of community organisations to meet the demands of the community.

Expanding capacity

Links workers offers a range of initiatives to expand the capacity of community organisations to support to work with more community members. This could involve working with organisations to identify gaps in activities offered, assistance with participant recruitment or supporting organisations to access other funding sources.

Capability building

Link workers work directly with community organisations to ensure that their activities are warm, inclusive and accessible. This often takes the form of meeting with the facilitators of the activities, personally attending activities and providing advice/feedback where appropriate.

Links workers also support support capability uplift through delivering mental health and social connection training to community organisations, leaders and volunteers; and working with community organisations to identify unique challenges or barriers they may be facing.

Community capability and capacity building activities
(See page 42 for more details)

Understanding and addressing broader support needs

1 Undertaking a holistic assessment of needs

The aim of this stage is to assess the consumer's readiness for the Local Connections program and address any additional support they may need to overcome barriers to engagement.

When a new consumer engages with the Local Service, they participate in an intake process designed to connect them with the most appropriate supports for their needs. In some cases, if they are experiencing significant or immediate challenges, they may not enter the Local Connections program straight away. Instead, they can be supported by a Service Navigator at the Local Service and linked with relevant clinical and non-clinical services to help address their more immediate needs. This may include support related to family and domestic violence, housing, Centrelink, healthcare, food security, and other essential needs.

This additional support will address immediate challenges affecting the consumer's daily life, and ensures they are well prepared and positioned to benefit fully from the Local Connections program.

Entry into Local Connections

2 Building trust

The aim of this stage is to connect the consumer to the Local Connections program and build their trust in and relationship with the link worker.

After receiving support through the Local Service and other external services, the consumer and their care team will discuss if the consumer is ready to be linked into the community.

The consumer's care team will set up a meeting with a link worker. This meeting is an opportunity for the consumer and link worker to introduce themselves and for the consumer to learn more about the Local Connections program.

During this meeting, the consumer and link worker may start to discuss their existing social connections, and any potential challenges they may be facing.

3 Understanding their needs

The aim of this stage is to explore the consumer's goals and needs in a way that builds excitement and encourages confidence, helping them reconnect with their community.

Once some trust has been established between the consumer and link worker, they will work together to explore the consumer's social connection needs and goals.

Together, they will identify ways in which social connection can be integrated in the consumer's day to day activities. They agree to focus on exploring the consumer's local community and building confidence in new environments. Based on the information shared by the consumer, the link worker will look into suitable options available in the community.

The consumer can then pick a group they would like to try or work with the link worker to find another group in the community that may be more suitable.

‘Beginning the Journey’ continued...

Community capability and capacity building activities
(See page 42 for more details)

Engaging with the local community, group or activity

4 Building confidence

The aim of this stage is to support the consumer to feel a sense of empowerment and accomplishment as they take gradual steps towards their goals.

It is important for the consumer to build their social confidence, so for the first few one-on-one support sessions the consumer and link worker will focus on small achievable steps such as reaching the front gate or walking to the end of the street.

Gradually, they will work towards holding their catch ups outside of the consumer’s home in places such as a local coffee shop or library. The link worker supports the consumer to build confidence in talking to new people by encouraging them to order their own coffees and make conversation with other community members at their local library.

5 Exploring the community

The aim of this stage is to gradually support the consumer to interact with their local community in different ways to build confidence and independence.

As the consumer becomes comfortable being out in the community and having meaningful interactions with people in the community, they may feel ready to find a community of their own.

With the support of their link worker, they can explore other opportunities to participate in the community. For example, if the consumer is interested in attending the local gym, the link worker supports them to get a membership. Depending on their preferences, the link worker may join them the first few times or follow up afterwards to debrief.

6 Supporting ongoing participation

The aim of this stage is to provide intermittent support to the consumer as needed, whilst encouraging independence to attend community events on their own and foster a sense of sustained achievement.

As the consumer starts to venture on their own, they will continue to check in with their link worker every few weeks to reflect on their progress and any skills they would like to work on (and whether the goals are still helpful to the consumer).

The consumer and their link worker might choose to meet in-person somewhere in the community (e.g., a local coffee shop) or virtually/over the phone, depending on the consumer’s preference.

7 Checking in with the broader care team

While supporting the consumer in their journey, the link worker will periodically check in with their care team at the Local Service and, when needed, with any external supports the consumer is linked in with. If the link worker identifies new or previously unrecognised challenges, they will work with the broader care team to connect the consumer with any additional programs or service that can address their needs.

'Beginning the Journey' continued...

Community capability and capacity building activities
(See page 42 for more details)

Transitioning out of Local Connections

8 Supporting the consumer's independence

The aim of this stage is to support the consumer to feel confident continuing to explore their community and connections independently.

If the consumer feels their needs and goals have been met and are confident to continue building and maintaining social connections independently, they will have the option to transition out of their one-on-one support with their link worker or stop if they prefer.

The link worker will make sure the consumer is aware that they are welcome to re-engage with the Local Connections program at any time, should they need further support.

If the consumer decides their needs and goals need further development, they will have the option to continue working with their link worker if they desire.

Social Prescribing

JOURNEY 4: EXPLORING POSSIBILITIES (REGIONAL)

Factors impacting the journey

Setting: Regional

Referral source: External referral

Self-assessed readiness / capacity to engage: **Low** – has low levels of confidence and capability to engage and may be cautious or hesitant to participate in group settings.

Contextual barriers: **High** – navigating multiple, intersecting challenges that significantly impacts daily life and the ability to connect with others.

Key

- Consumer support
- Community capacity building
- Intended aims
- Care coordination

Community capability and capacity building activities
(See page 42 for more details)

Understanding and addressing broader support needs

1 Undertaking a holistic assessment of needs

The aim of this stage is to assess the consumer's readiness for the Local Connections program and address any additional support they may need to overcome barriers to engagement.

When a new consumer engages with the Local Service, they participate in an intake process designed to connect them with the most appropriate supports for their needs. In some cases, if they are experiencing significant or immediate challenges, they may not enter the Local Connections program straight away. Instead, they can be supported by a Service Navigator at the Local Service and linked with relevant clinical and non-clinical services to help address their more immediate needs. This may include support related to family and domestic violence, housing, Centrelink, healthcare, food security, and other essential needs.

This additional support will address immediate challenges affecting the consumer's daily life, and ensures they are well prepared and positioned to benefit fully from the Local Connections program.

'Exploring Possibilities' continued...

Community capability and capacity building activities
(See page 42 for more details)

Entry into Local Connections

2 Building trust

The aim of this stage is to connect the consumer to the Local Connections program and build their trust in and relationship with the link worker.

After receiving support through the Local Service and other external services, the consumer and their care team will discuss if the consumer is ready to be linked into the community.

The consumer's care team will set up a meeting with a link worker. This meeting is an opportunity for the consumer and link worker to introduce themselves and for the consumer to learn more about the Local Connections program.

During this meeting, the consumer and link worker may start to discuss their existing social connections, and any potential challenges may they be facing.

3 Creating internally-run programs

The aim of this stage is to create internal group programs that address an existing gap in programs that are available in the community (e.g. a lack of safe and appropriate programs with people with mental ill-health or a lack of programs that focus on specific types of activities)

Time-limited groups planned through Local Connections are an important stepping stone for consumers who want to be able to explore social connections with the support of their link worker.

This program might be facilitated by the Local Connections team, or they might fund a community organisation to deliver it. In the sessions, participants might participate in activities together along with receiving presentations from community organisations to provide them with information about other activities/ programs in their community.

4 Understanding their needs

The aim of this stage is to explore the consumer's goals and needs in a way that builds excitement and encourages self-discovery, helping them reconnect with others in their community.

Once some trust has been established between the consumer and link worker, they will work together to explore the consumer's needs and goals.

Together, they will identify some potential groups and/or activities that the consumer may be interested in. They agree to try one of the internally-run Local Connections groups to help build confidence in meeting new people.

'Exploring Possibilities' continued...

Community capability and capacity building activities
(See page 42 for more details)

Building confidence through internal groups

5 Preparing to attend the internal group

The aim of this stage is to prepare the consumer to attend community-based groups and identify any additional supports they may need to encourage participation.

With a group/activity chosen, the consumer and their link worker will discuss what supports the consumer might need to participate in the group/s they have chosen. The link worker may offer to attend the first session with the consumer and will be guided by their preferences.

As part of the preparation for an internal group the link worker and consumer will have a conversation about what topics feel meaningful and appropriate to share in the group setting to make sure the space stays centred on fostering genuine connections.

6 Participating in an internal group

The aim of this stage is to support the consumer to attend their first group/activity. The link worker will encourage the consumer to step out of their comfort zone and into a new environment, whilst being available for guidance if needed.

The consumer starts attending the internal group on a regular basis. Either with their link worker or another member of the Local Connections team to provide support if needed.

Over time the consumer gets to know other Local Connections participants. Gradually they begin developing their own connections with one another.

Between sessions, the link worker and consumer meet to reflect on how the internal group is going and ensure it remains the right fit for the consumer. They reflect on the consumer's progress towards their goals (and whether the goals still feel relevant and helpful to the consumer).

7 Checking in with the broader care team

Whilst supporting the consumer in their journey, the link worker will periodically check in with their care team at the Local Service and if required, with any external supports the consumer is linked in with.

If the link worker identifies new or previously unrecognised challenges, they will connect the consumer with any additional programs or service that can address their needs.

'Exploring Possibilities' continued...

Community capability and capacity building activities
(See page 42 for more details)

Transitioning the group into the community

8 Transferring group ownership to participants

The aim of this stage is to support the consumer to take ownership of the group's future and feel comfortable continuing on without Local Connections staff involvement.

As the internal group reaches its end, the consumer may have formed connections with the other participants.

In the last few weeks, the Local Connections team work with participants to plan how the group can take ownership of the group and continue without the link workers. Together, they will decide what the group will look like, how often they will meet, and who will lead the organisation of activities.

For the first few sessions after the internal group finishes, an external facilitator may be funded by the Local Service to support the group before the participants begin to run it independently.

9 Taking ownership of the group

The aim of this stage is to provide intermittent support to the consumer as needed, whilst encouraging independence to attend the group events on their own and foster a sense of sustained achievement and ownership of the group.

As the consumer continues to attend the group and potentially works with the other group members to plan activities, they will periodically meet with their link worker (approximately every 2-3 weeks) to discuss how they are going and reflect on the consumer's progress towards their goals (and whether the goals still feel relevant and helpful to the consumer).

The consumer and their link worker might choose to meet in-person somewhere in the community (e.g., a local coffee shop) or over the phone, depending on the consumer's preference.

Transitioning out of Local Connections

10 Supporting the consumer's independence

The aim of this stage is to support the consumer to feel confident continuing to explore their community and connections independently.

If the consumer feels their needs and goals have been met and are confident to continue building and maintaining social connections independently, they will have the option to transition out of their one-on-one support with their link worker or stop if they prefer.

The link worker will make sure the consumer is aware that they are welcome to re-engage with the Local Connections program at any time, should they need further support.

If the consumer decides their needs and goals need further development, they will have the option to continue working with their link worker if they desire.

Appendix 3 – Glossary

Active/supported referral: Where the health professional, community sector professional or volunteer making the social prescribing referral provides tailored support to ensure the individual can effectively engage with the referred service or activity. Active/supported referrals represent a contrasting approach to signposting, which refers to only the provision of generalised information without tailored support.[3]

Community: community means something different to all of us. When this resource references social prescribing connecting people to activities in their community, it is about exploring what community means to them. A community may be a community of place, a community of interest, a cultural community or a virtual community.

Community capability: A community's ability to effectively use its resources, such as social systems, community assets and the skills of individuals and organisations to solve problems, pursue opportunities and improve collective wellbeing.

Community development: a process where community members are supported by agencies to identify and take collective action on issues which are important to them. Community development empowers community members and creates stronger and more connected communities.[19]

Disability communities: The definition of disability includes physical, intellectual, psychiatric, sensory, neurological and learning disabilities and chronic health conditions.

LGBTIQA+ communities: This term covers a range of sexualities, genders, and sex characteristics, including lesbian, gay, bisexual, trans, gender diverse, intersex, and queer people, as well as others not represented by these letters. Some Aboriginal communities use the terms 'sistergirls' and 'brotherboys'.

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.[20]

Multicultural communities: People from a variety of migration backgrounds, including migrants, refugees, and asylum seekers, representing diverse cultures, ethnicities, faiths, and languages, whether recently arrived or long established in Australia.

Positive mental health: A personal and subjective experience, where we are content with our lives, feel good, function well, and view ourselves favourably. Our level of positive mental health can vary over time and is influenced by the way we adapt to the problems and opportunities we face. It's also impacted by many factors such as our environment, life experiences, cultural background, biology, and behaviours. Many people have some level of positive mental health, and we can improve it by taking action using a variety of means, even when we experience a mental health condition.[21]

Social connections: 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.[20]

Social isolation: Having objectively fewer social relationships, social roles, group memberships, and infrequent social interaction.[20]

Endnotes

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11 Mental Health and Wellbeing Locals were formerly referred to as Local Adult and Older Adult Mental Health and Wellbeing Services.

12 Due to the short three-year trial period, long-term social prescribing outcomes were not measured.

13 World Health Organization, From loneliness to social connection – charting a path to healthier societies: report of the WHO Commission on Social Connection, 2025, accessed 23 February 2026. <https://www.who.int/publications/i/item/978240112360>

14 Australian Health Policy Collaboration. *Social prescribing in the Australian context: a national feasibility study*, Victoria University, 2024, accessed 3 November 2025. <https://vuir.vu.edu.au/49836/>

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16 B Kellezi, JRH Wakefield, C Stevenson, N McNamara, E Mair, M Bowe, I Wilson and MM Halder, 'The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision', *BMJ Open*, 2019, 9:e033137. <https://doi.org/10.1136/bmjopen-2019-033137>

17 Services can also explore professional development in complementary areas to social prescribing (e.g. Motivational interviewing, Trauma-informed practice, Community development, Cultural Competency).

18 Within Local Services, these tasks are accounted for under System Related Activities and cross sector collaboration and service coordination activities within the Service Framework.

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