Report on the 18-month evaluation of social prescribing in Queensland

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This report provides a summary of the findings from an 18-month evaluation of social prescribing. The research was conducted across five sites in Queensland through the University of Queensland. The project was funded by an Australian Research Council grant, LP180100761. The funder had no role in the design of any research, data collection, analysis, or interpretation of data.

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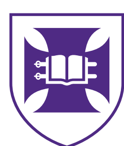
Admnistering organisation



THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

executive summary.

background

Social prescribing is rapidly developing in Australia in response to unmet social needs. Its overarching aim is to link people to community services and social activities to reduce loneliness and social isolation that have been further exacerbated through the COVID-19 pandemic and associated lockdowns.

aims & method

This research aimed to understand whether social prescribing improves loneliness, wellbeing, and physical health in Queenslanders through a longitudinal analysis of 63 social prescribing clients compared to 51 patients who were frequent attenders at their GP. We also utilised interviews with 15 service providers (link workers) and 15 social prescribing clients to understand how social prescribing works and how we can better support link workers in their roles. This work was carried out across the COVID-19 Pandemic, beginning in March 2020 and ending in April 2023.

longitudinal Results

Clients were supported to join a variety of groups and increased their social networks over the 18-month period. In only 8-weeks of social prescription, participants showed significant improvement in loneliness and trust in others that were not reflected in the comparison group. At 18 months social prescribing participants showed further improvements in feelings of loneliness, psychological distress, and perceived overall health. Further, the quality of the link worker-client relationship and having a group facilitator able to create a sense of belonging to groups, were both associated with improved outcomes across all domains at 18-months - loneliness, wellbeing, psychological distress, trust, and health.

interview results

Social prescribing was seen to work through several processes: (1) breaking down barriers that interfere with social connection, such as addressing social anxiety; (2) finding groups where clients 'fit' with others; and (3) rebuilding clients' sense of self after disconnection from community.

Link workers saw relationship building as one of the key skills in their role. They felt a sense of fulfilment from what they were able to accomplish with clients as well as their work increasing awareness of loneliness and strengthening community connections. However, precarious funding and limited support around many link workers, who often worked in silo, contributed to a sense of overwhelming workload and a risk of burnout and high turnover.

where to from here

Social prescribing is effective in addressing loneliness and meeting social needs among community dwelling adults in metropolitan areas. The characteristics of our sample suggest that more efforts are needed to increase reach and equity in referral processes. More promotion of social prescribing and more training and support for link workers is also needed for ongoing sustainability of this new health pathway.

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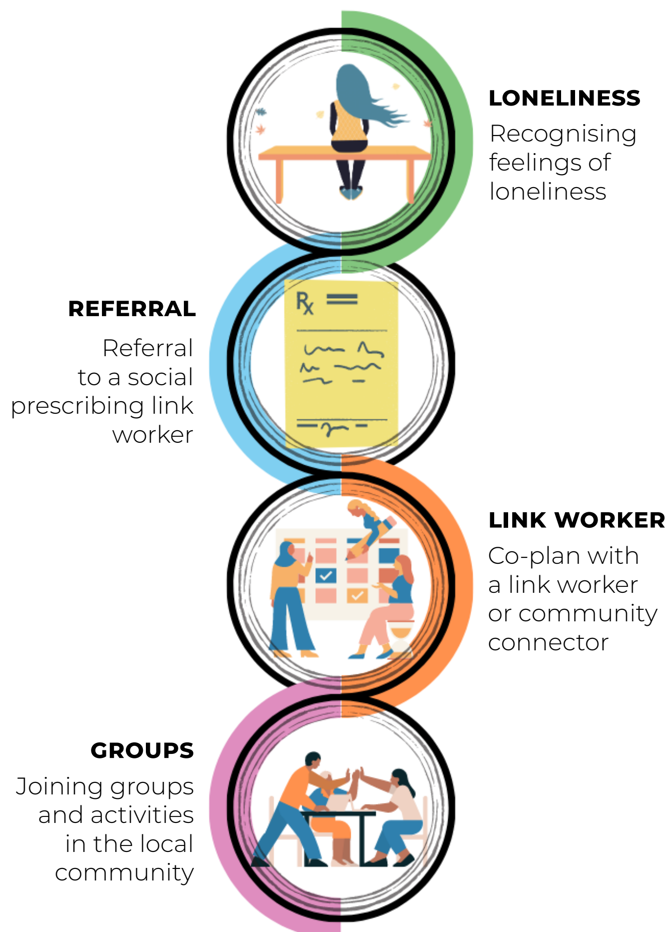
background.[a,b]

Around 10% of GP patients account for 30-50% of appointments, yet these "frequent attenders" often feel dissatisfied with medical services due to unmet social needs; among which loneliness and social isolation have been identified as key.[1] People with chronic diseases in Australia are at greater risk of loneliness, social isolation,[2] depression, and anxiety.[3] These individuals often have functional limitations that restrict their ability to remain socially connected, leading to social withdrawal.[4] Conversely, loneliness is also a risk factor that can contribute to chronic disease and premature death,[5] which can lead to lower health-related quality of life and increased healthcare utilisation, adding additional burden to the Australian health system and economy.[6,7]

These patients are typically prescribed medication or referred for psychotherapy and counselling.[8] However, these individualised treatments are not always effective and can lead to over-prescription and long wait times. In addition, these services address the biological and psychological components of the biopsychosocial model of care while neglecting the social aspects of health care.

Social prescribing offers a potential solution to these issues, involving linking clients to community services and social activities that address their social needs and social determinants of health.[9] The social prescribing model typically involves referral to a social prescribing program from a health or community worker, meeting with a link worker to co-plan their social journey, and engagement with a meaningful social activity in the local community.

Social prescription in Australia is expanding rapidly and Queensland has been influential in piloting and expanding examples of available programmes nationwide. These include Plus Social® on the Gold Coast and Ways to Wellness in Mt Gravatt.



aims.

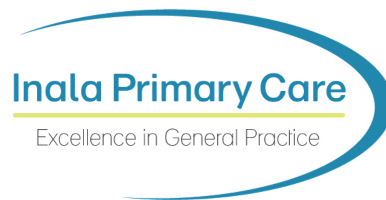
To understand if and how social prescribing is working in Australia, this research aimed to determine:

1. *if social prescribing can reduce feelings of loneliness, increase wellbeing, and improve physical health outcomes among the Australian community;*

2. *how identifying with new groups joined through social prescribing may provide participants access to a range of psychological resources that supports their health, wellbeing and social connectedness;*

3. *the role, strategies, and job experiences of Australian Link Workers.*

our partners.[b,c]



Social prescribing.

Programs included for evaluation were Social Plus® on the Gold Coast through PCCS, Ways to Wellness through the Mt Gravatt Community Centre, Footprints Community at Inala Primary Care, and Upbeat Arts in Waverley. Each provide varying examples of social prescription programs that include a link worker or community navigator helping to address specific needs and linking persons to available group activities in the community.

Clients were excluded if they reported acute symptoms (e.g., suicidal ideation, manic or agitated behaviour) or an acute social issue that would interfere with their capacity to engage with Social Prescribing. In such cases, a more suitable service was arranged. The range of programs were distributed in access across a combination of GP practice partners and community organisations in SE Queensland.

Comparison.

A Treatment as Usual group was included to compare against social prescribing participants. This group was non-randomised and included people who were frequent attenders at general practice care in the suburbs of Mt Gravatt (Complete Care Doctors) and Inala (Inala Primary Care). These participants had the same exclusion criteria as social prescribing participants.

Frequent attendance was defined as 12 or more times each year over a two-year period - who were contacted by telephone by the researchers and invited to participate in the study. These patients were not attending social prescribing programs but had referral pathways into them, but either declined to be referred, referral was not feasible, or they did not consider their referral necessary.

what we did.

The evaluation involved a 3 time-point longitudinal survey and qualitative interviews with link workers and social prescribing clients.[b]

surveys.

Clients attending an eligible social prescribing program were surveyed when they began groups (or an equivalent baseline: T1), 8-weeks later (T2), and 18-months later (T3). A comparison sample Treatment as Usual participants were surveyed at baseline (T1) and 8-weeks later (T2), see Figure 1.

interviews.

Interviews were carried out with 15 Queensland social prescribing clients and a further 15 link workers. Link workers were from 10 Australian social prescribing programs in Queensland, New South Wales, and Victoria.

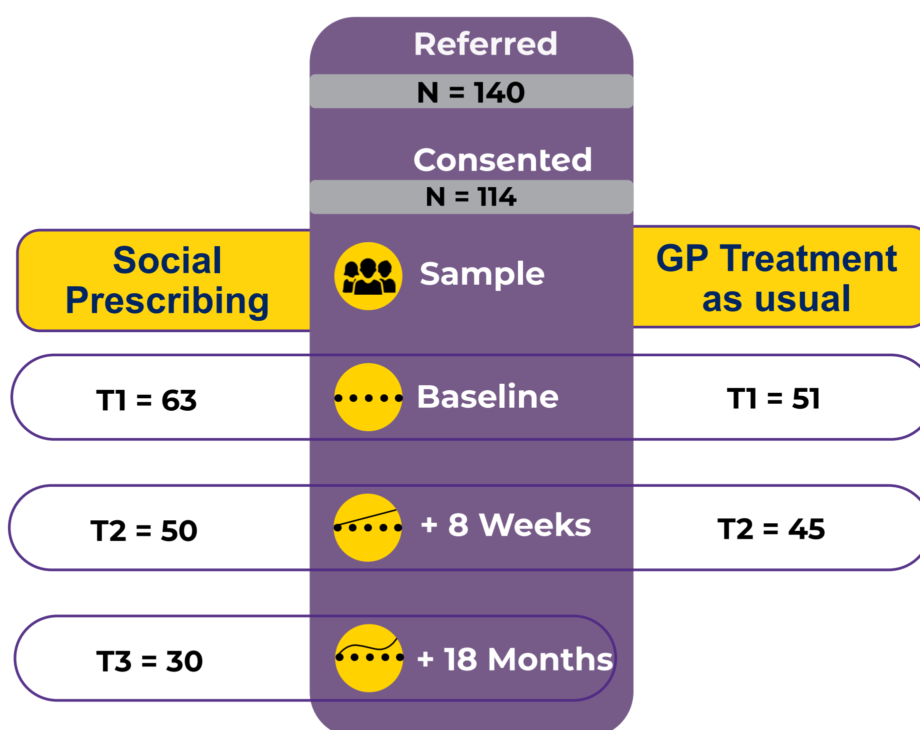
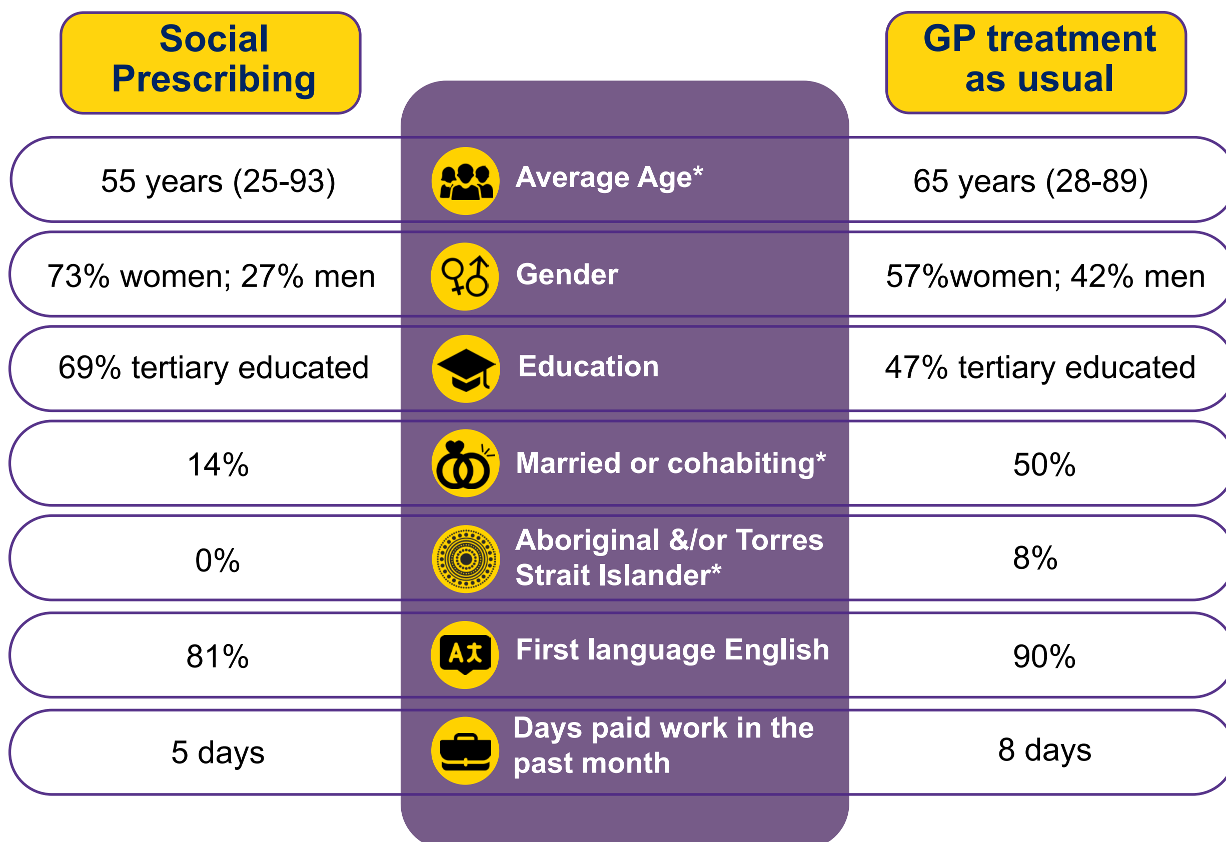


Figure 1. Flow diagram of social prescribing and GP treatment as usual participants at each stage of the research.

our participants.

Participants were 114 community dwelling adults experiencing loneliness and / or frequently attending for GP care.[c]

The demographic data below shows a generally representative sample for education and diversity reflective of Queensland among social prescribing participants. However, some subsections of the community, such as young adults, men and Aboriginal and Torres Strait Islander People, were few and may have been overlooked in referral processes to social prescription. Possibly unsurprising was the number of participants who were not in a relationship, likely reflecting greater social isolation and loneliness among this group.



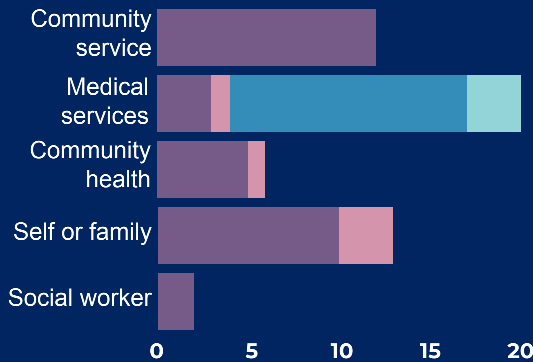
*Indicates a significant difference was observed between the groups

Figure 2. Infographic of participant characteristics

what we found.

referrals.[d]

Referral to social prescribing



Data from 32 clients across programs showed that they were referred from a range of services from health to the community sector. Clients were also commonly self-referred or referred by family members, indicating that if services are available and advertised, clients do not always need the pathway to be formal to assess that they could use the help. Notably, most referral pathways for programs did require formal health referral pathways.

Link worker contact

Ways to Wellness

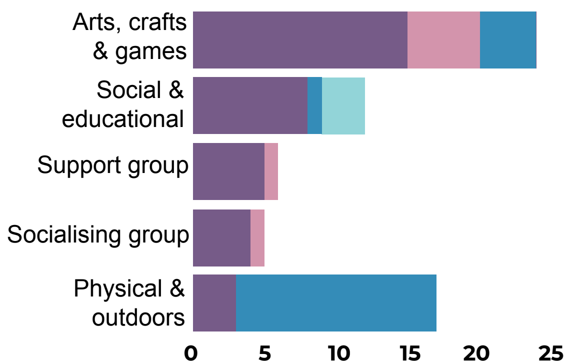
Upbeat Arts

Plus Social

Footprints

Once referred into a social prescribing program, clients had an average of 14 meaningful contacts with their link worker over the 18-month period.*

Referral to groups



The groups and activities that participants were referred to, and subsequently joined, as a result of the program were wide-ranging and varied depending on access within their community and what each program was funded for. Several participants were referred to and attended more than one type of group.

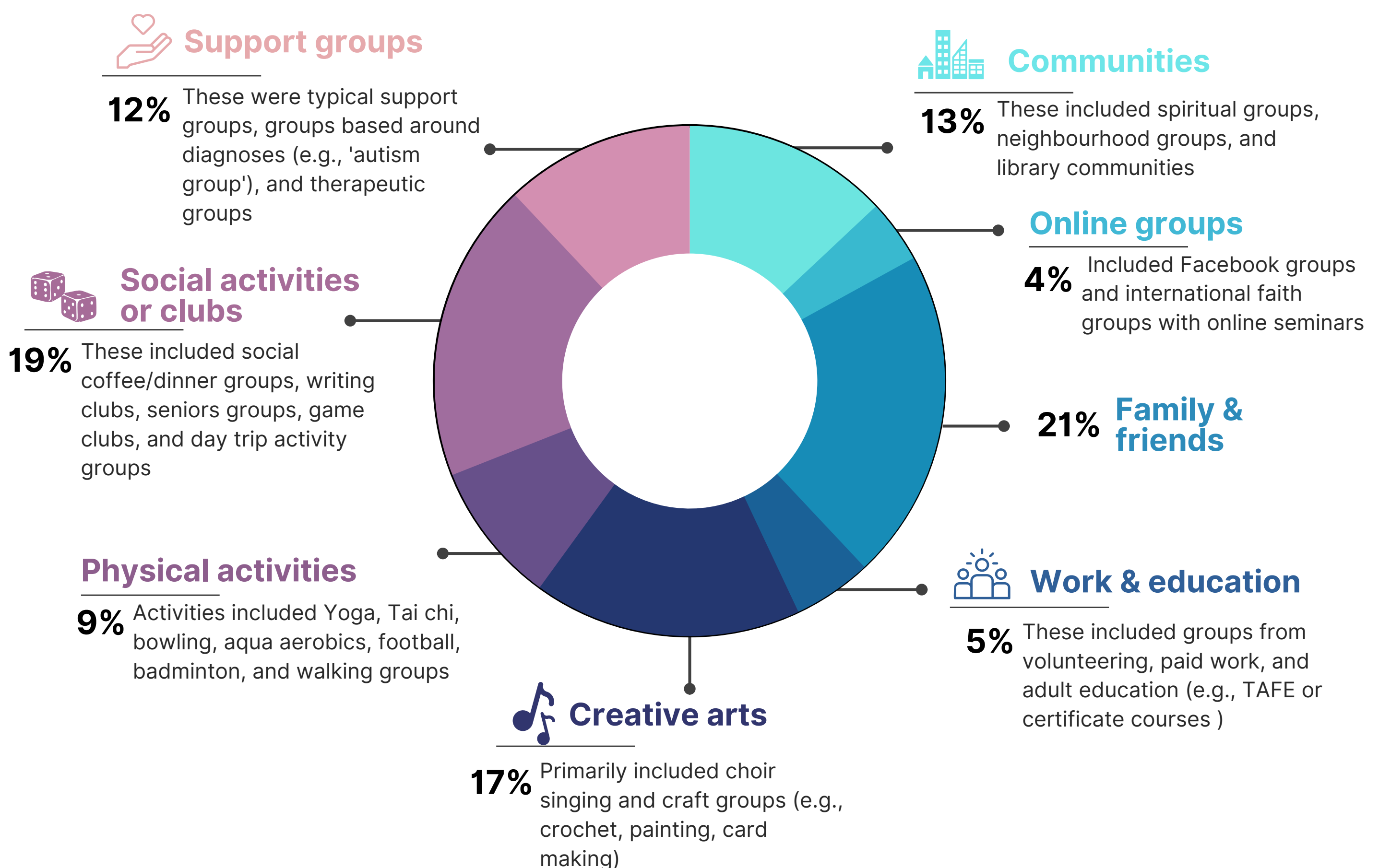
*meaningful contacts included attending a group together, case coordination, check-ins and follow-ups regarding groups and progress, and other supports required (e.g., links to other services). Only includes 23 clients from one service.

what we found.

relationships and social programs.[d]

When asked at 18-months what groups they were a member of, including groups external to social prescribing, participants showed an increase from 2 at baseline to 3 at +8-weeks and 2.5 at +18-months.

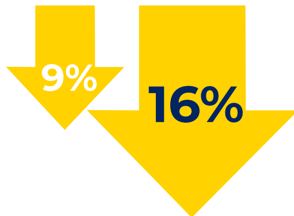
The types of groups they were a part of at +18 months are shown below, with a substantial portion including family and friendship groups, social activities or clubs, and creative arts groups.



what we found.

health and psychosocial outcomes* [c,d]

Single-item Loneliness



At +8-weeks, loneliness ratings significantly decreased for social prescribing clients by 9% and increased for GP attendees by 6%. **At +18-months the loneliness of social prescribing clients had significantly decreased – by 16% from baseline.**

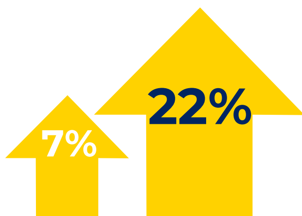
Loneliness Scale

Loneliness measured via the ULS-8 scale showed little change by +8-weeks for social prescribing clients or for GP attendees. However, **loneliness significantly decreased by 10% for social prescribing clients at +18-months.**

Distress

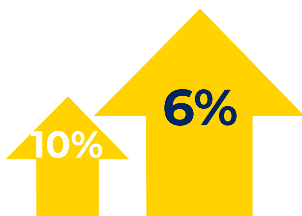
Distress showed no differences at +8-weeks for GP attendees and a slight, but not significant reduction among social prescribing clients. However, **at +18-months for social prescribing clients there was a significant 22% reduction in feelings of distress compared to baseline.**

Perceived Health



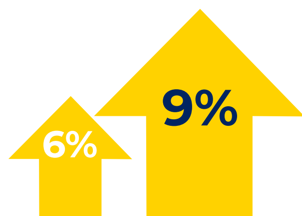
At +8-weeks no differences were found between social prescribing clients or GP attendees from baseline on perceived health. However, **at +18 months, ratings of overall health improved by 22% from baseline for social prescribing clients.**

Social Trust



Feelings of trust in others, was significantly improved at +8-weeks for social prescribing participants by 10% and reduced for GP attendees by 4%. At +18-months trust had reduced slightly, but was still improved by 6% from baseline. **Overall, trust was maintained among social prescribing clients but reduced among GP attendees.**

Wellbeing



Wellbeing showed no significant changes over time, for either social prescribing clients or GP attenders. However, for social prescribing clients, **wellbeing trended toward improvement over +8-week and +18-month measures with an overall improvement of 9%** when compared to baseline.

*The single item measure for loneliness asked 'How often do you feel lonely?', rated on a 5-point scale from 1 (never) to 5 (often/always). ULS-8 is the shortened form of the UCLA loneliness scale. Distress was measured using the Kessler-6 (K6) measure for psychological distress. Overall health was measured using a single item rating perceived overall health from 1 (very poor) to 5 (excellent). Social trust used a modified scale created by the authors. Measures of wellbeing utilised the Warwick Edinburgh Mental Well-being Scale (WEMBS) 14-item.

how does social prescribing work?

Interviews with clients and link workers found that social prescribing addressed psychosocial barriers through:[e]

1. breaking down barriers

Identifying and addressing psychosocial barriers early in the social prescribing process was critical to its success. The most substantial barriers were overcome by reducing social anxiety and the pressure of social interactions, creating safe spaces using trauma informed approaches, and building self-confidence by helping clients navigate successful group engagements. Attending to these barriers early and ensuring their ongoing management allowed a foundation of security and confidence for the client, and facilitated other interpersonal factors embedded within the social prescribing process such as belonging and trust.

> “ ***...when you've been isolated for so long, a lot of the social skills, it can feel a bit overwhelming. So, usually what I would do is I would just sit with them and talk with them and then move them into a crowd of people, but still stay present with them. It's incredibly miraculous to watch, because you just see them light up and they'll just engage in conversations on their own.***
>
> *Link Worker*

2. finding fit with others

Clients reported that the members of the group they were joining had the greatest impact on the success or failure of the linkage. Clients quickly became discouraged and disengaged in a group if they didn't have much in common with the group members or felt excluded, regardless of their interest in the activity or relationship with the group facilitator. Conversely, when they shared experiences with other group members and felt more supported by them, they were more motivated to continue engaging and enhanced their trust in link workers and new social connections. This reiterates the importance of a sense of belonging and commonality with group members in driving shared social identities.

> ***Well yeah, I found the [afternoon group] that I go to are really good in the fact that they're all around my own age and they all talk about their different experiences that they've had.***
>
> *Social Prescribing Client* ”

how does social prescribing work?

3. rebuilding a sense of self

It's made me feel like I'm a human being again.

Social Prescribing Client

Many clients reported lacking a true sense of self in their disconnection or being limited to stigmatised identities by the views of others. However, this sense of self shifted as their anxieties and fears were addressed and sense of belonging was fostered. Clients often found positive meaning and outlooks in their groups, activities, and achievements resulting from social prescribing. These findings identify how social identities from social prescribing promote self-esteem, foster positive attributions about oneself, and shift from negative or harmful behaviours, attitudes, and social groups to more positive alternatives.

Themes from interviews were reiterated through analysis of ratings of link worker - client relationships and the ability for group facilitators to help facilitate a sense of belonging to groups.[f]

importance of the link worker-client relationship.

The strength of relationship between participants and their link worker at 8-weeks, not baseline, was associated with lower loneliness and psychological distress, and higher wellbeing and perceived health at 18-months.

creating a sense of belonging in groups.

At 8-weeks, greater ratings of facilitators' ability to help participants feel a sense of belonging was associated with lower ratings of loneliness and psychological distress, and greater wellbeing, trust, and perceived health at 18-months.

Understanding link work.

Social prescription has very few dedicated social prescribing programs and link workers across Australia. Interviews with link workers shed light on the skills and resources needed to support this potential new workforce.[f]

The link work skillset

Australian link workers were primarily women who identified with their professions in health and social care, such as nursing and social work. However, they also included training in business, counselling (formal and informal) and community development.

Key skills to perform link work included strong interpersonal and relationship building skills, the ability to identify and support clients to overcome barriers to social participation, and build client confidence and motivation to attend groups.

...the success of the program is really dependent on the relationship the [link worker] has with the client. ”

But because it's a small organisation and, luckily, I suppose, my skillset is quite broad, not necessarily expert at HR or marketing or any of that, but I'm okay at giving everything a go, which is lucky because I kind of have to do everything. ”

Workforce issues

The link worker role was described as having precarious funding, and requiring many diverse responsibilities within and outside of client contact. While link workers within primary care typically had access to more support for their roles with larger teams, supervision and a greater understanding from referrers about the program; link workers set in community centres had smaller teams with fewer supports and less understanding from their referrers regarding appropriate referrals for social prescribing. While link work outside of GP practices is critical, less peer support meant a higher degree of role diversity required and higher burden of responsibility among these workers.

Job fulfillment

Despite identified challenges, link workers were proud of their programs and the successes they could achieve alongside their clients and communities. Positive client outcomes were impactful on all link workers interviewed who consistently described it as the most fulfilling aspect of link work. Link workers also expressed satisfaction about their contribution to developing community connections. Through their outreach, link workers had increased awareness of loneliness in the community and helped to mobilise community members and groups to champion this issue.

“ ***So we're putting it on for the [clients], but we all get benefits from being together and seeing people thrive and seeing people do stuff that they never imagined that they could do.***

conclusion.

This first controlled evaluation of social prescribing in Australia shows that it can reduce feelings of loneliness, increase wellbeing, and improve perceived physical health among participants.

Link workers skills are key to this process, assisting with breaking down barriers and finding fit with others that can lead to a renewed sense of self among clients.

Change takes time

Positive relationships with link workers and strong group facilitators early in the process related to better outcomes long-term. Positive changes to loneliness, health and wellbeing were small after 8 weeks of social prescription and larger after 18 months.

It is not a one-size fits-all approach

Social prescribing involves client choice of a diverse range of activities in their local area. Link workers identified and removed participants' psychological barriers to joining social activities, such as mistrust, social anxiety, depression, and low confidence.

Feeling you belong is key

Once participants developed a sense of belonging and identification with a social group activity, they gained access to a range of psychological resources that supported their health, wellbeing, and social connectedness, which is consistent with the social identity approach to health.[9]

Promoting job fulfilment & reducing burnout

Helping to identify and promote sources of fulfilment and personal accomplishment within the linker worker role, alongside providing proactive support and training, will be key to reducing future burnout and turnover, and decrease interrupted care for clients.

references.

Our publications from this research provide more detailed analysis on each of the findings presented here. Some of our publications can be selected and they will take you to relevant web pages for access.

Publications from this research:

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