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IMPACT



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Social Prescribing:

linking Australian social, health and
community sectors

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15 September 2025



ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Traditional Owners of the lands on which Flinders University's campuses are located. These are the Traditional Lands of the Arrernte, Dagoman, First Nations of the South East, First Peoples of the River Murray & Mallee region, Jawoyn, Kurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman and Yolngu people. We honour their Elders and Custodians past and present.

Social Determinants of Health

- Non-medical factors that influence health outcomes
- The conditions in which people are born, grow, work, live, and age



The need for a preventive & holistic approach

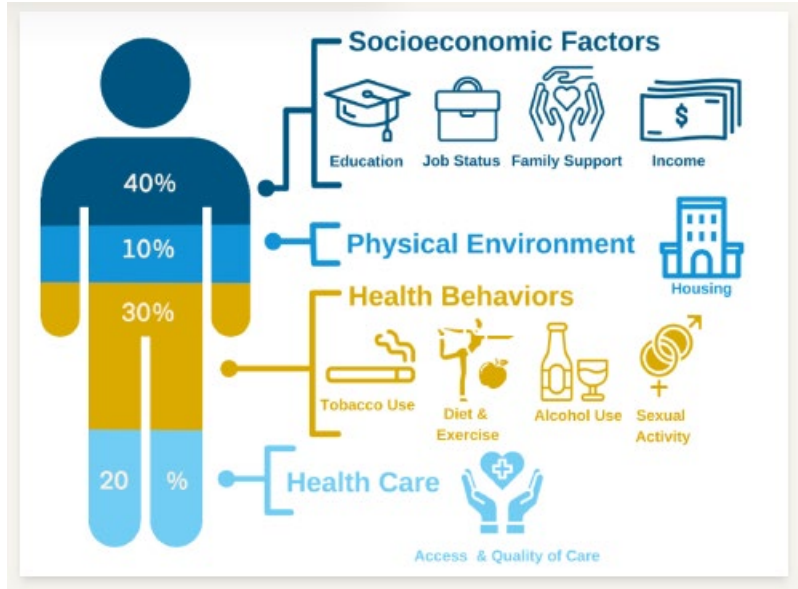
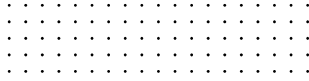


Image from: <https://www.uclahealth.org/sustainability/our-commitment/social-determinants-health>





WHAT'S THE PROBLEM?



The Problem

- Social needs are having an unprecedented effect on Australians.
- Those most in need are either:
 - not accessing social and community services to address needs, or
 - finding that there are no services available in their communities.
- *At the same time...*
- Up to 36% of GP visits are for effects of non-medical (social) issues on health.

Our Pilot Research

Social needs presentation leads to "clinician burnout", "vicarious trauma", and "compassion fatigue".

"How do you access invisible populations"
(Community Connections Program Provider)

"Without a doubt, there is nothing [social services & supports]"
(Community Member)

The need for a holistic approach



What is Social Prescribing?



Definition of Social Prescribing

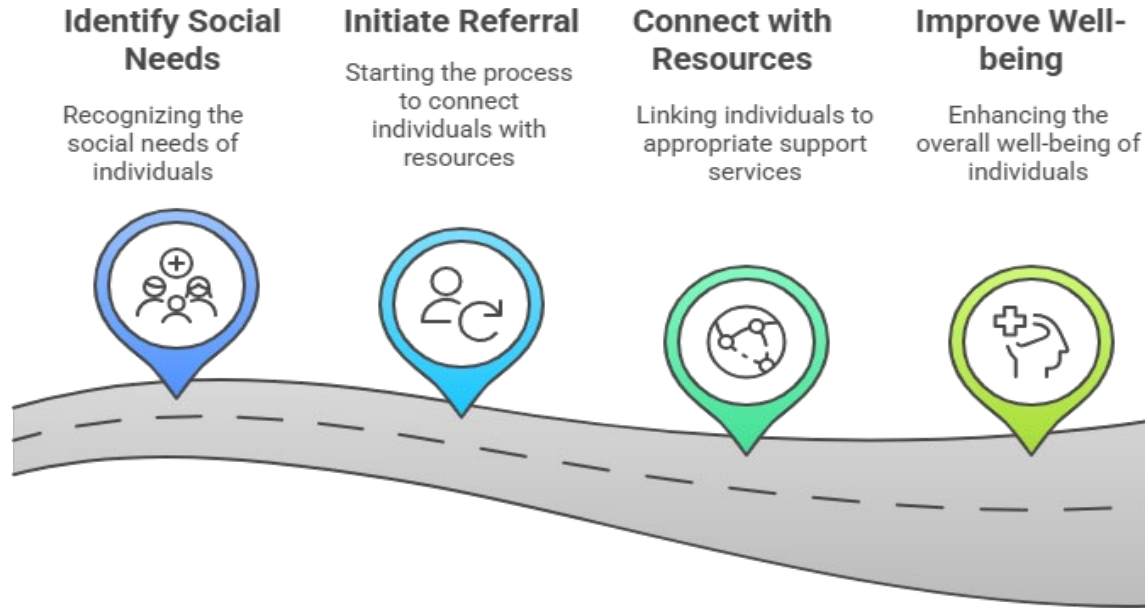
Social needs referral pathway.

A systematic approach that “enables a range of stakeholders, often based in healthcare, to refer individuals to non-clinical interventions, such as social activities and social services, to empower individuals and improve their health and wellbeing” (Morse et al. 2022).

We acknowledge that the term medicalises social needs; however, as it is the government-approved terminology, we are unable to change it.

A Referral Pathway for Social Needs

Social Prescribing Referral Pathway



Different Models of Social Prescribing

1. Signposting



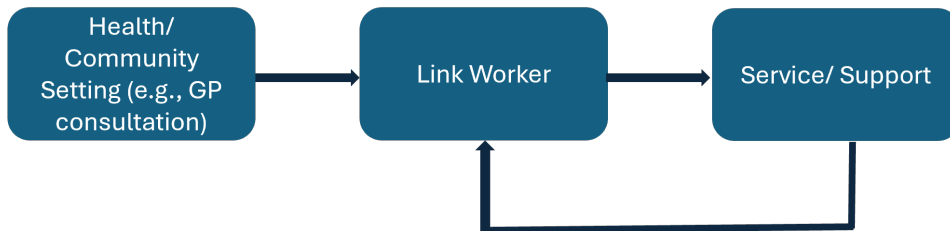
2. Direct referral



3. Link worker



3+. Wholistic



Benefits of Social Prescribing

The Multifaceted Benefits of Social Prescribing



Social Prescribing in Australia

- Established in the UK and USA
- Multiple pilot projects in Australia
- Included in health policy:
 - National Preventive Health Policy
 - Primary Health Care 10 Year Plan
- Social Prescribing in the Australian Context: A National Feasibility Study
 - Department of Health and Aged Care

Social Prescribing in Australia

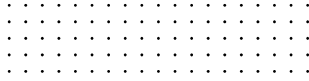


Social Prescribing for the Australian Context

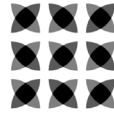
- We cannot simply adopt models from other countries.
- We need an approach that is fit for Australian communities and systems.

Social Prescribing Co-Design

- Importance of co-designing solutions with and not for communities.
- The need for community development as part of social prescribing:
 - Existing capacity: “concerns that existing community assets may not be able to handle the increase demand [from social prescribing] without receiving additional resources and training” (Brown et al. 2021, p. 620).
 - ‘Road to Nowhere’: Referral to non-existent services or supports.



SO, WHAT'S THE SOLUTION?



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Australian Research Council (ARC) Linkage Project

*‘Social Prescribing: linking Australian
social, health and community sectors’
2025-2028*

*The study is funded by an Australian Research Council Linkage Grant (LP240100242).
Svetlana Bogomolova is the recipient of an Australian Research Council Industry Fellowship (IM230100527).*

Australian Research Council Linkage Project

- The ARC is the national scientific research funding body.
- Funds high-quality applied and strategic research of direct relevance to industry/policy/communities.
- Very competitive (30% success rate).
- 3-year duration.
- In close collaboration with Partners (you!) and other stakeholders.
- Aims to deliver real-life impact on sectors/policy/communities – we will be running ‘living lab’ type research in two communities – Marion and Onkaparinga.
- Outcomes will inform advocacy efforts of all involved to steer Social Prescribing model for Australia (currently being developed), in the direction that suits the needs of local stakeholders.

Project Partners

ARC Partners

SA Dept of Human Services (DHS)
Marion Council
Onkaparinga Council
Anglicare SA
Adelaide Primary Health Network (APHN)
Semantic Consulting

Other Partners

Baptist Care
Uniting Communities
MarionLIFE



Project Aims

1. Identify key elements that enable place-based social prescribing in Australia and use these to co-design a technology-enabled social prescribing model.
2. Implement the new social prescribing model in two high-needs communities.
3. Evaluate the model's implementation, effectiveness, and social return on investment.

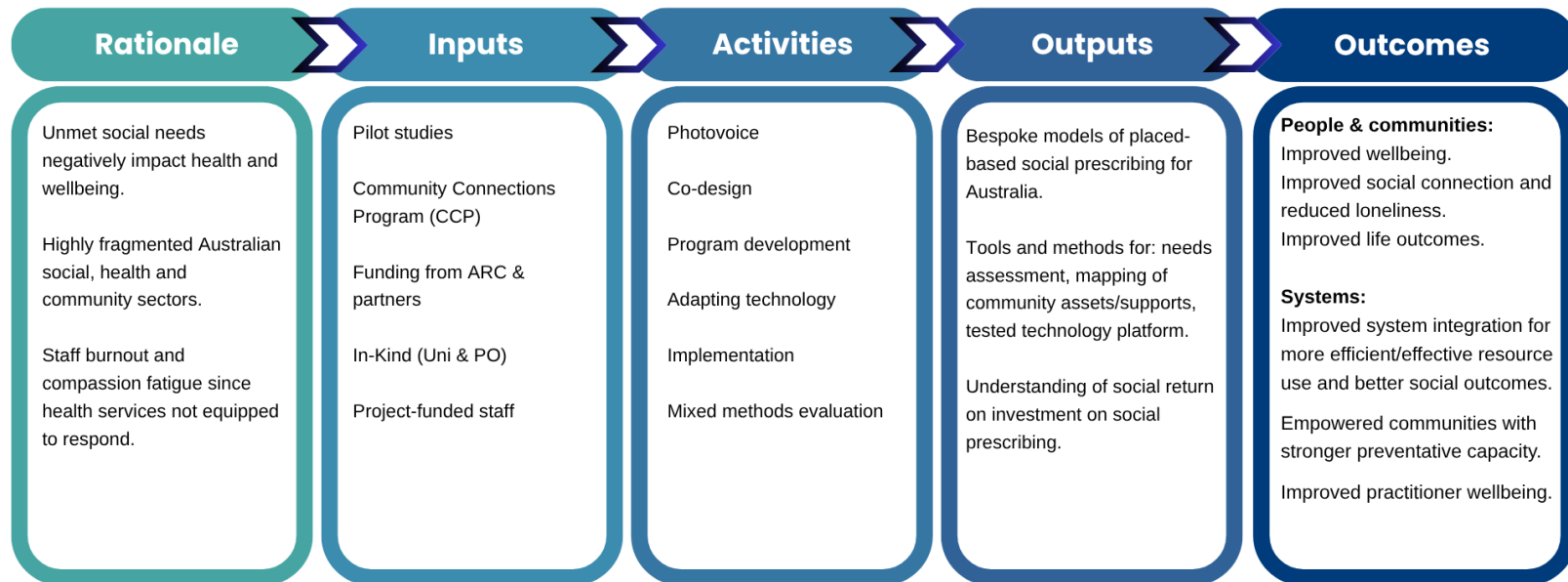
Problem-Solution: Our Theory of Change

Social needs, such as housing, income, and food insecurity and loneliness and social isolation, are having an unprecedented effect on vulnerable Australians. Those most in need are either not accessing social and community services to address their needs or find there are no services available in their communities. Instead, many Australians are approaching General Practitioners (GPs) or other health professionals with these needs. Up to 35% of GP consultations are for non-medical (social) needs such as those described above, particularly in areas of socio-economic disadvantage. Health practitioners in our pilot research told us that social needs presentation led to "clinician burnout", "vicarious trauma", and "compassion fatigue". At the same time, social and community services experience difficulties connecting those at greatest disadvantage to their services: "How do you access invisible populations?".

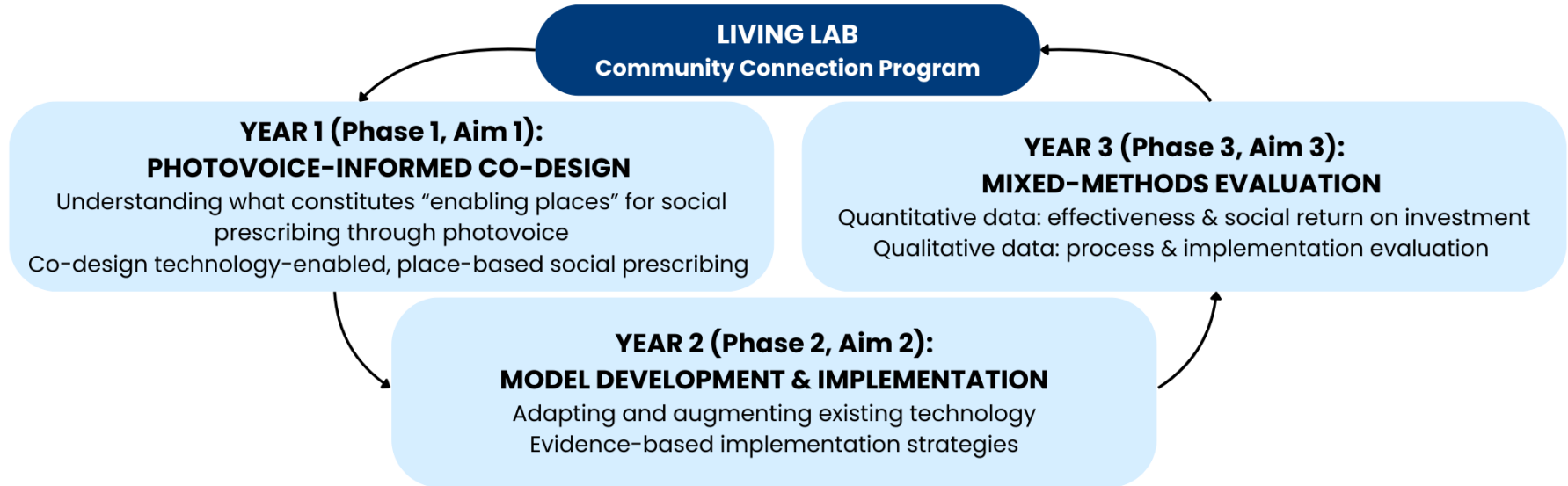
Our Project Partners have identified that health services (who see those clients in need) and social and community support sectors (who can address those needs) operate in isolation, which results in vulnerable people falling through the cracks and suffering needlessly. They identified the need for innovations to improve referral pathways between these sectors, as well as community development to ensure local level supports are available to meet the needs of vulnerable Australians.

Project Overview

Aim: To identify key elements that enable place-based social prescribing and use these to co-design, implement and evaluate technology-enabled social prescribing in two high needs communities.

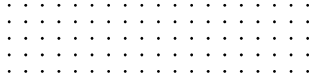


Project Phases



Project Benefit

- Establish referral pathways between health, social, and community care to address unmet social needs.
- Foster place-based initiatives in Onkaparinga and Marion communities.
- Contribute to the development of social prescribing that is tailor-made for Australian communities, systems, and funding models.



HOW CAN YOU GET INVOLVED?

Phase 1 (Y1): Photovoice

Who will take part?

- Health and social/community service providers (10 in Marion and 10 in Onkaparinga LGA).
- Community members (10 in Marion and 10 in Onkaparinga LGA).

What will participants do?

- Take photographs that reflect their experiences of enablers and barriers to community support and connection (over 4 weeks).
- Share these through online survey tool
- Come together in a workshop to explore ‘What does “good” look like?’ for systems and communities that address social needs.

Outcomes

- An understanding of barriers and enablers to place-based social prescribing.



Tell us about your experiences of community support and connection through photographs

**Receive
a \$200
gift card**

YOU ARE INVITED: Flinders University is conducting a study to find out about experiences of community support and connection.

WHO CAN TAKE PART? We invite people living or working in the Onkaparinga or Marion Local Government Areas to take part.

WHAT IS INVOLVED?

Take photographs that tell a story about your experiences. You can use your phone or digital camera or use one of ours.

Share your photographs in an online survey and come together for a 60-90 minute workshop to tell us what your photos mean to you.



WANT TO KNOW MORE?

Email Sahar Faghidno from Flinders University

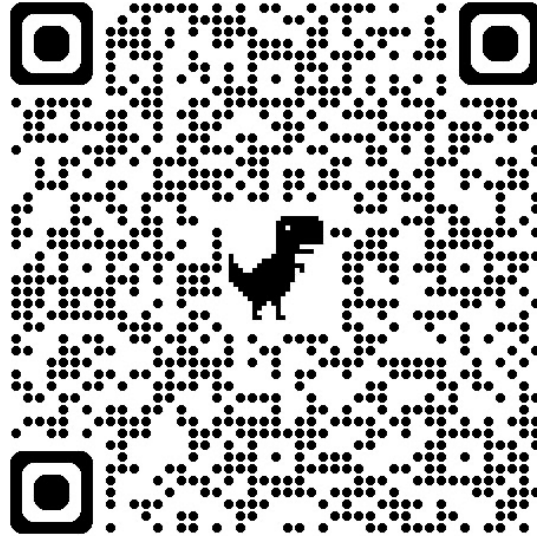
social.prescribing@flinders.edu.au

This project has been approved by Flinders University Human Research Ethics Committee (ID: 8366)

Please help us spread the word... and these flyers!



To find out more – read our latest Photovoice report:



Phase 1 (Y1): Co-design of Draft Social Prescribing Model

Who will take part?

- Health and social service providers (25 in each LGA).
- Community members (25 in each LGA).

What will they do?

- Participate in a co-design workshop to design a social prescribing model with referral pathways into and out of CCP, informed by photovoice outcomes.

Outcome

- Draft social prescribing model.

Then, next steps are implementation – so participating in referrals & then evaluation



QUESTIONS?

Get in touch: social.prescribing@flinders.edu.au