

LIVING  
OUR  
BEST LIFE



# LIVING OUR BEST LIFE PROJECT

**Trialling social prescribing  
in the City of Knox**

Written by Leanne FitzGerald, Project Worker

**An ageing innovation project  
funded by Selwyn Henry  
Langston Trust, managed  
by Equity Trustees**

**A partnership between Community  
Houses Association of the Outer-eastern  
Suburbs (CHAOS) and Temple Society**

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# Executive Summary

The Living our best life project was funded as an Ageing Innovation Challenge 2019. It sought to trial a model of social prescribing inspired by the work of Mendip Health Connections and the Bromley by Bow Centre in the United Kingdom. Social prescribing is the practice where health professionals provide a referral for a patient to be linked into social services and activities to address the social determinant contributing to poor health and loneliness.

The Community Houses Association of the Outer-eastern Suburbs, in partnership with the Temple Society Australia, committed to trial a model of social prescribing that featured trained volunteers in the linking process.

The project involved designing, testing and evaluating the model with thirty-six participants, including twenty formal referrals. These participants were connected into a range of community activities with positive feedback from all stakeholders. Participants reported improved feelings of wellbeing and social connectedness with some describing it as “life changing”.

## Acknowledgments

### **Funding provided by Selwyn Henry Langston Trust, managed by Equity Trustees.**

#### **Steering Group members**

Kevin Gregg-Rowan (DHHS), Linda Keenahan (Knox City Council), Maureen McConnell (CHAOS), Raylea O'Loughlin (Eastern Melbourne Primary Health Network), Belinda Stephens (Gully Physiotherapy Clinic), Martina Eaton (Temple Society), Mark Herrmann (Temple Society), Irene Bouzo (Temple Society).

#### **Knox Learning Alliance – associate partners**

The Basin Community House, Orana Neighbourhood House, Rowville Neighbourhood Learning Centre, Coonara Community House, Mountain District Learning Centre

#### **Volunteers**

- **Community Connectors**  
Isabel Detez, Gary Cantwell, Felisa Tam, Saraswoti Ghimire, Don Campbell, Tracy Verburgt, Wendy Knoll, Shirley Chiu, Carol Roberts
- **Research and planning**  
Tammy Myers, Laura Butters, Naomi Doedens, Jacinta Young, Omar Hammed, Vanessa Thomson, Diana Berwick, Joan Impey, Lynne Gibb, Lisa Ford, Raewyn Kavanagh, Marlene Wookey
- **Sign-posting**  
Amy Abikhair (ERL), Ajne Graham (ERL), Heather Morcombe (ERL), Carolyn Jones (ERL), Tanisha Taylor (ERL), Leonie Scott (Be the Ripple project), Lisa Thomas (Orana)

#### **Referring partners**

- **Knox City Council**  
Leonie Larkins, Grace Riotto, Camille Bowles,
- **Eastern Access Community Health**  
Bianca Andrews, Carol Dowling, Julie Nicholaou
- **Be the Ripple Project**  
Leonie Scott
- **Mountain District Learning Centre**  
Rachel Bast
- **Gully Physiotherapy Clinic**  
Belinda Stephens

Special thanks to Life Connect (Neami National) for providing guest speakers for our Talking Cafes, making insightful observations of our Talking Cafes and training for our volunteers.

Also to Linda Keenahan from Knox Council for championing the project to so many people including guest speakers for the Talking Café and the general community.

An extra special thanks to the participants who have placed trust in us to walk beside them to improve their community engagement and well-being. We thank you for your generous sharing of your personal stories. This has enabled us to develop a model that will benefit so many more.



BACKGROUND

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## Loneliness

There is growing academic interest, in the relationship between loneliness and health and wellbeing. The UK based Campaign to End Loneliness states that; "People who are lonely are more likely to experience depression and other mental health problems. People who are lonely are more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care."

The 2019 report by Australian Institute of Health and Welfare (Australian's Welfare) reveals that;



**1 in 10**

**Australians aged 15 and over report lacking social support**

(Relationships Australia 2018)

— 9.5%, or around 1.8 million based on 2016 population

**1 in 4**

**report they are currently experiencing an episode of loneliness**

(Australian Psychological Society 2018)

**1 in 2 (51%)**

**report they feel lonely for at least 1 day each week**

(Australian Psychological Society 2018)

## Proposed solution

We proposed to customise a social prescribing model inspired by Mendip Health Connections (Somerset England). To ensure financial sustainability and a community development approach, we sought to recruit and train volunteers to carry out the link work usually undertaken by paid professionals in the UK. We included the Talking Café and sign-poster features of the Mendip model.

## Testing the solution

What we set out to do:

- ➔ Undertake a co-design process with health professionals, other stakeholders and the target cohort to develop a sustainable service model of social prescribing
- ➔ Test the model of social prescribing, based on volunteer community connectors, with people aged 65 and older in the City of Knox to identify implementation considerations and opportunities for improvement
- ➔ Measure the impact of the social prescribing process for participants to see if it has reduced loneliness and/or improved health and wellbeing

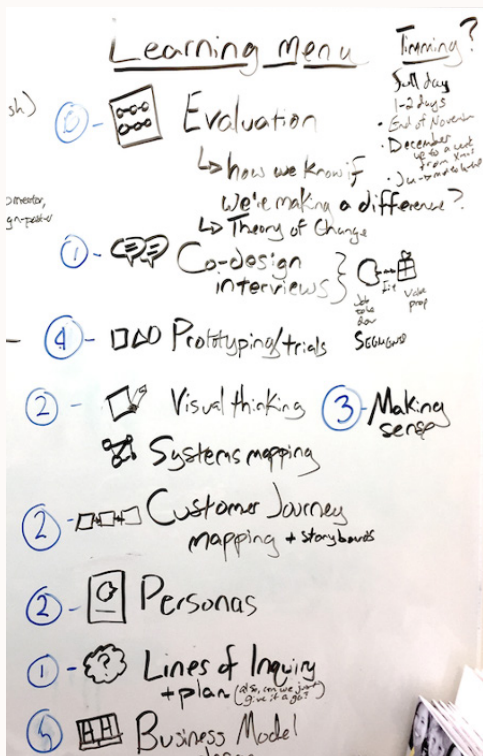


Figure 1 - Planning of Living our best life Model - including priorities

**Our model, whilst not perfect, is beautifully simple yet deceptively complex because it involves vulnerable human beings.**

CO-DESIGN

CO-DESIGN

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**CO-DESIGN**

**Undertake a co-design process to engage health professionals, other stakeholders and the target cohort to develop a sustainable service model of social prescribing.**

CO-DESIGN

CO-DESIGN

CO-DESIGN

CO-DESIGN



## Issues and challenges

- ➔ COVID 19 Pandemic postponed commencement
  - ✓ Changed the initial co-design plans as lockdown 1 and 2 reduced our ability to engage with GPs and other health professionals
  - ✓ Pivoted our focus to engagement with our target cohort to simultaneously research their needs while testing the potential of a Talking Café component of the model (inspired by the Mendip Health Connections social prescribing model).
- ➔ Commenced Talking Cafes weekly on Zoom, and for those without the ability to engage via the Internet, via conference call.
- ➔ Whilst this met some of the social engagement needs of the participants it delayed our ability to test the role of the Talking Café in an actual café environment which was key to that model.
  - ✓ Took advantage of the offer of virtual volunteering from six people across Victoria and New South Wales to undertake our community mapping online and complete our directory of services and activities in Knox (the main reference tool for our community connectors to conduct linking work)
  - ✓ After the commencement of lockdown 2 we decided to commence design of the model, using existing models as a base. Design input was with existing stakeholders that we had been able to engage (a physiotherapist, Outer Eastern PHN, Eastern Access Community Health counselling and support/assessment team members and volunteer connectors).
- ➔ Ongoing problems with engaging GP clinics in the trial
  - ✓ PHN arranged for partnership with two Knox-based clinics chosen by them for a separate social prescribing trial. However this trial was postponed from a mid-2020 commencement to later in 2021.
  - ✓ Once lockdowns ended GP clinics still had pressures on servicing patients in their physical premises and then the COVID vaccination rollout commenced.

## Successes

- ➔ We were able to recruit suitable volunteers during lockdown 2, commence training and design the linking process to compliment the referral process.
- ➔ The Talking Café on Zoom and conference call had a positive impact on those attending and provided us with the opportunity to learn more about their needs, aspirations and barriers to social connection.
- ➔ We were able to engage a local physiotherapist and several staff from Eastern Access Community Health to design a referral process for testing. We defined a simple set of guidelines for referring agencies to enable them to identify clients suitable for the skills level of our volunteers. (i.e. being ready and able to socially engage without needing high level assistance)
- ➔ The model for social prescribing was developed and ready for testing from December 2020 despite the impact of the Pandemic and the lack of GPs as part of the trial



## Lessons Learned

- ➔ Through engagement via the Zoom meetings and conference calls during lockdown we gained some really important information about our target cohort; how important it is to take the time to build trust, the fragility of people, the serious impact of loneliness on people's lives and conversely the joy and meaning that even the most modest social contact can bring.
- ➔ Waiting for the ideal circumstances to co-design would have caused potentially detrimental delays. Ryan Hubbard, our mentor from TACSI, advised us early on that we might just need to bite the bullet and "just do it". He was right.
- ➔ Don't be afraid of trialling something that you don't feel is perfect. You will learn as you go if you take everyone with you.

**“Don't be afraid of trialling something that you don't feel is perfect. You'll learn as you go if you take everyone with you.”**

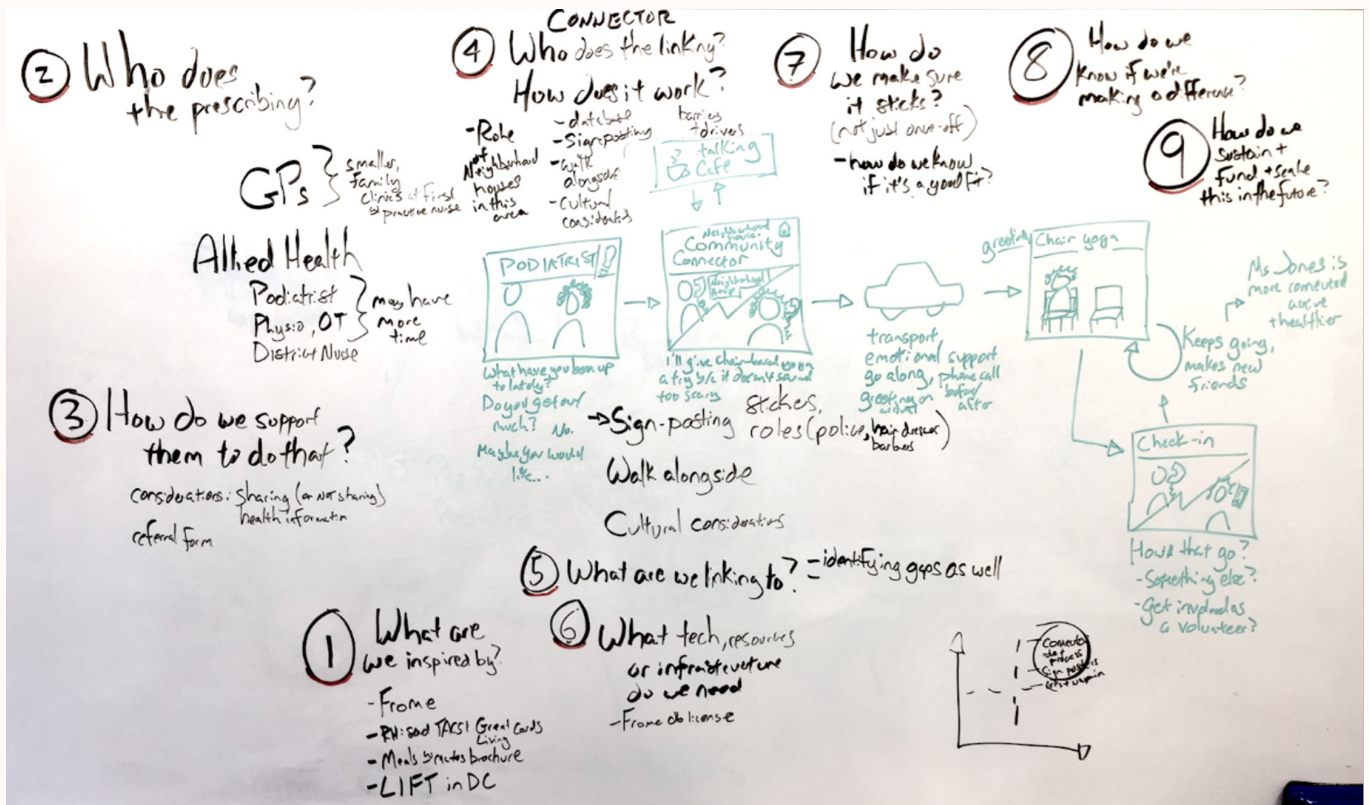


Figure 2 - Implementation process in Knox

TESTING

TESTING

TESTING

Test the model of social prescribing with people aged 65 and older in the City of Knox to identify implementation considerations and identify opportunities for improvement.

TESTING

TESTING

TESTING

## Source of cohorts

- ➔ 20 formal referrals
  - ✓ 9 different practitioners from 5 different agencies (see acknowledgements page)
- ➔ 16 participants not formally referred
  - ✓ 5 via signposting (including 4 CHAOS community chat line)
  - ✓ 2 self-referrals
  - ✓ 9 via Talking Café

## Breakup of cohorts

Table 1  
Data on referrals

	Formal referrals	Informal referrals
<b>Female</b>	85%	69%
<b>Born overseas</b>	25%	37.5%
<b>Living alone</b>	90%	81.25%
<b>Median age (years)</b>	74%	70%
<b>Age &gt; 80</b>	15%	25%
<b>Successfully linked to community engagement</b>	90%	93.75%

Table 2  
Talking café statistical data

	No. of Talking Cafes	Average attendance
<b>Zoom</b>	28	5
<b>Conference call</b>	34	4
<b>Face to face</b>	36	5





## Issues and challenges

- ➔ The lack of GPs to test the model
- ➔ After the second lockdown ended in late 2020 there was a significant degree of nervousness about meeting in person with their volunteer and about re-engaging in activities with other people
- ➔ For those participants who were keen to engage with activities there was a frustration that most community organisations did not re-open until late January or early February 2021. This delayed the community connecting process being tested in full
- ➔ As we expected, transport was an issue for some of the participants but not the majority. As the fear of infection eased in early 2021 more of the participants were happy to return to public transport.

## Successes

- ➔ We were able to source formal referrals from nine different health and community professionals across five different agencies
- ➔ We gained formal referrals for twenty participants
- ➔ We gained further informal referrals for sixteen people (via Talking Cafes, signposting activities and self-referrals)
- ➔ The alignment of this project with CHAOS's Be the Ripple (Healthy End of Life Project) was especially successful with both projects being able to offer reciprocal referrals and provide a holistic solution to people experiencing loneliness and life-limiting illness.
- ➔ Signposting training was conducted for a small number of staff in the Eastern Regional Libraries Service (five staff) and for volunteer co-ordinators in three of the community houses. We know that four participants connected directly from this signposting.
- ➔ Feedback from all stakeholders has been very positive
- ➔ The Talking Café feature of the model was able to be tested in face to face venues from early January and proved to be a vital feature of the model.
- ➔ The positive impact of Talking Café participants making face to face contact with a person from a group or agency to facilitate engagement. We are seeing this time and time again. We might tell a participant about a venue or show people at Talking Cafes a brochure or flyer and they express interest but don't necessarily act upon that. Once a person from that activity spends an hour chatting with them at Talking Cafe they do follow through and engage knowing that they have a contact and don't have to walk in "cold".



Picture 1 - Talking Cafe activity "Outdoors" during COVID

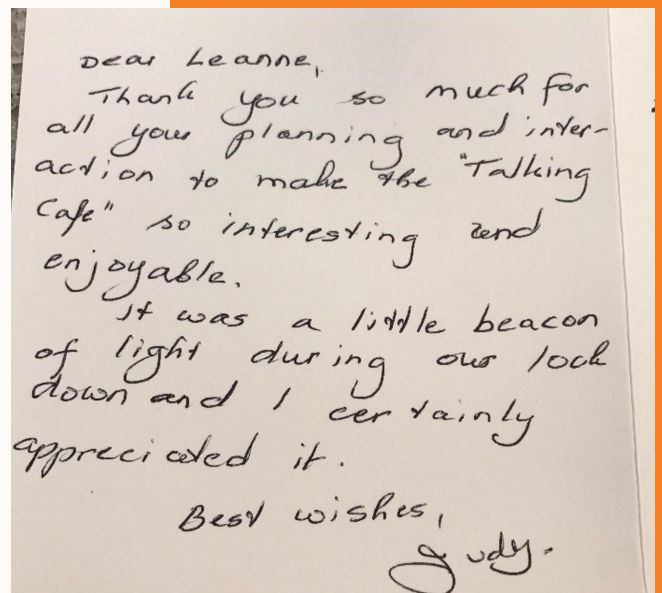
## Lessons learned

- ➔ That our model, whilst not perfect, is beautifully simple yet deceptively complex because it involves vulnerable human beings. It's not a one size fits all process. It needs to be customised to meet the needs of each individual. This has implications for training and support of volunteers and also for replication and upscaling. This presents a challenge for capturing the relationship and process in a way that can be used simply by others.
- ➔ The community connecting process is the core of what we are doing and it's what makes our social prescription model unique
- ➔ Social prescribing is one important tool in initiating this connecting process but not the only one. The Talking cafes and the sign posting has also been very important. We need all of them operating together to ensure that the connections can be established.
- ➔ The Talking Café component is key to the model especially for those most difficult to connect into social engagement. The Talking café represents an intermediary stage which enables introductions to key members of community groups and agencies to establish a connection and a safe place for people to build trust and "practice" their social skills.

**We've learned that the community connecting process is the core of what we are doing and it's what makes our model of social prescription unique.**



Picture 3 - Talking Café explained brochure



Picture 2 - Talking Café appreciation note

IMPACT

IMPACT

**IMPACT**

**We committed to measuring the impact of the social prescribing process for participants to see if it has reduced loneliness and/or improved health and wellbeing.**

IMPACT

IMPACT

IMPACT

## Issues and challenges

- ➔ We were unable to conduct our initial interviews to gain an impression of base-line data due to the Pandemic
- ➔ The Pandemic resulted in higher than regular numbers of people experiencing loneliness and subsequently engaging with our lockdown Talking Café. We are aware that this group of participants may have skewed our research as they were not the original target cohort.

## Successes

- ➔ All stakeholders have given us extremely positive feedback on the impact of this project
- ➔ 100% of people making referrals are very satisfied with the model and believe that the model has had a positive impact for their clients
- ➔ Two of our initial nine volunteers left the project because it was not for them (one because her personal circumstances changed and the other because she took up an alternative volunteering opportunity that provided more hours of contact) but the remaining seven have reported very high levels of satisfaction with their role.
- ➔ The feedback from participants has been humbling and overwhelmingly positive. Most reporting that their participation has been life-changing and a couple claiming that it has been life-saving.
- ➔ The extent to which the Talking Cafes have become safe places for participants (both volunteers and referrals) – for example when one guest speaker talked about stress it evolved into a discussion about suicide and five of the eight people in attendance divulged that they had seriously contemplated this with a couple of them stating that finding Living our best life project had helped them move beyond this.
- ➔ Service gap identification – three new activities at community organisations were successfully implemented based on identified needs of social prescribing participants.





**The feedback from participants has been humbling and overwhelmingly positive. Most reporting that their participation has been life-changing and a couple of them claiming that it has been life-saving.**

## Lessons learned

- ➔ The fact that the community connectors are volunteers is very important to most of the participants; more so than yet another health professional or social worker helping them because it's their job.
- ➔ There are many opportunities in the community for lonely and socially isolated seniors to engage with. They need assistance to find them and some need assistance to overcome barriers to engaging in them.



Picture 5 - More enjoyment shared from face to face activities



Picture 4 - Enjoyment shared from face to face activities

FEEDBACK

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## Feedback from referring agencies

**57%**

of referring practitioners reported that they had consulted patients who did not want to be referred

**50%**

of these because the timing wasn't right

**30%**

seem to lack the confidence to participate

**100%**

of referring practitioners believed that the value of the social prescribing process for the patient included:

- ✓ Improved community engagement
- ✓ Positivity and optimism for the future

**85.7%**

of referring practitioners believed that their patients experienced an improvement in their general health

**100%**

All referring practitioner rated the referral form as very easy to use

**95%**

of the feedback from patients about the connecting experience was positive

**100%**

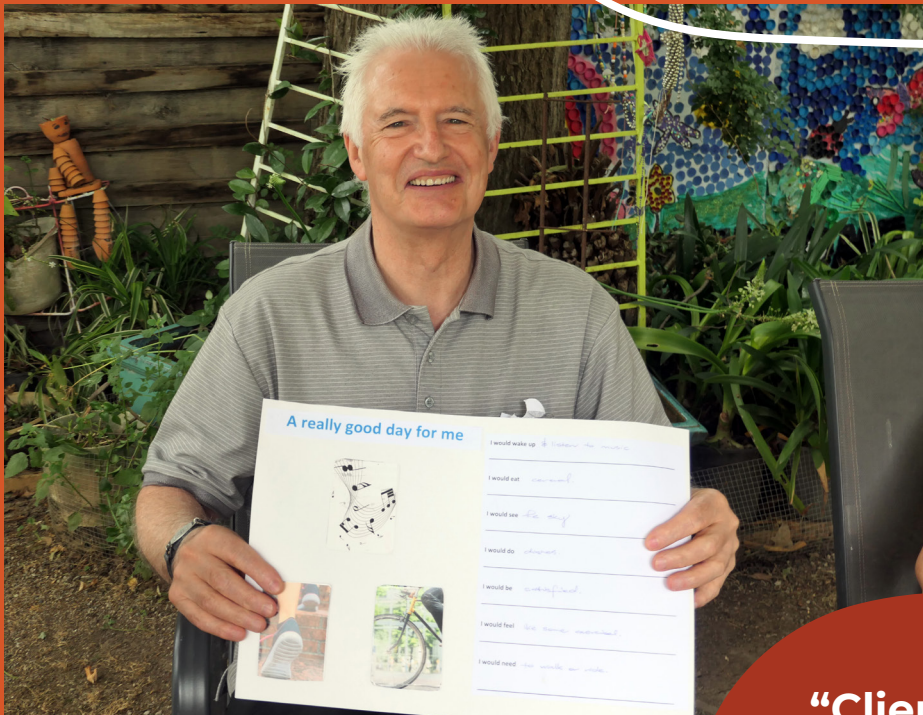
had recommended the project to their peers





**85.7%**

of referring practitioners believed that their patients experienced an improvement in their general health



Picture 6 -Great enthusiasm from face to face activities

**“Clients feel that someone is listening to them and someone cares about them.”**

**“The referral form is great, very quick and easy to complete - makes things a lot easier for clinicians and means clients are able to receive services quicker.”**



## Feedback from volunteer community connectors

There were a range of motivations for volunteering. In rank order, they included:

1. To help alleviate loneliness and social isolation
2. To give back to the community
3. I thought I would enjoy it
4. To help older people

## My motivation for volunteering was....

“On a personal level, I was also wanting to get back into volunteer work having myself been isolated for a while, and thought I could bring a sense of empathy and compassion to this role while at the same time, hoping that I could build on my self-confidence.”

**100%**

of volunteers reported that the experience had been positive with 80% rating it as extremely satisfying

**100%**

indicated that they would be interested in further, more specialised training to better prepare them to work with complex clients



I became very interested in social prescribing through University and learned how important this upstream health intervention is, so wanted to get involved. Since joining, my motivation has shifted more to helping older people and alleviating loneliness because I've seen how much it can transform individuals' life.

**“I believed that I could benefit the project with my current skills and experience, and learn new skills. It is a pathway for me to help those that are Socially Isolated.”**

**Being very empathetic, I always had a dream to help others especially elderly people through any means so that I could bring smile on their face. And through this project, what I found is that it is very important to have this kind of project which brings many positive changes in the community.**



**One of my most positive experiences has been....**

**“Being told that I saved a life by one of participants.”**



**“Seeing how a client has transformed since first connecting with her. From being at ‘rock bottom’ at the start of the program, she now sounds like a different person on the phone and is flourishing socially through being a part of multiple social groups.”**




## Feedback from participants

**90%**

of participants referred reported improved community engagement

**25%**

of formal referrals participated in a detailed interview to share their connecting story



“My volunteers’ enthusiasm has made such a difference. I felt like a dried out sponge; ..... gave me the water and I’ve soaked it up.”

“ I feel life is a lot better, so much so that I have been able to stop some of the anti-depression meds. It’s actually changed my life. I feel like there is a purpose to my day where before I wouldn’t bother hardly getting out of bed before 2-3 o’clock.”

## Participant stories

Eileen (not her real name) lives alone. Before November 2016 she was involved with a local Community Centre and on the committee planning a Community Garden. She used to travel in the Outback with her caravan until she had a traffic accident. After the accident her whole life changed and she had little social interaction. Eileen had a good diet, and walked regularly, but did not talk to other walkers in passing. In her own words "I felt 'shithouse'. Lonely from the lack of interaction with other people." Three months later Eileen feels more connected with the Community. When she is out walking her dog, she says hello to others and chats.

"My volunteers' enthusiasm has made such a difference. I felt like a dried out sponge; \_\_\_\_\_ gave me the water and I've soaked it up."

**On a scale of 1-5 Eileen says the connecting has been "a six."**



Con (not his real name) was lonely and socially isolated after years of chronic pain and caring full time for his terminally ill wife. In his own words, prior to connecting with Living our Best Life he was "feeling lost, worthless, had no drive, I had no purpose. That's all happened not due to Covid, it was pre Covid, Covid added to it, it was due to wife passing away. I'd see a friend once every couple of months and I just sat at home."

He had poor sleep habits and mental health issues. Three months after being referred to the Living our best life project, Con is involved in four different community activities and says that is now has a reason for getting out of the bed in the morning.

"I feel life is a lot better, so much so that I have been able to stop some of the anti-depression meds. It's actually changed my life. I feel like there is a purpose to my day where before I wouldn't bother hardly getting out of bed before 2-3 o'clock."

"My health has changed greatly, its chalk and cheese, everybody needs some kind of purpose and I had nothing, and now I have found one or a few! Making some good friends out of this, meeting some nice people."

Con is now fixing things that needed fixing, repairing house and gardening – stuff he hadn't done in 15-17 years.

**He genuinely describes the project as "a life saver".**



## Participant stories

Margaret (not her real name) was feeling pretty low prior to commencing the community connecting process. "I was getting over health issues of various types. Poor physical health. Mental health not that bad. I was coping. I just needed someone to talk to." Margaret was referred from an existing service provider. She says she received a phone call from the project even quicker than she expected and was joining the Talking Café over the phone within two days. She was allocated a community connector as soon as they started in November. She described this as "The best thing that happened to me in 2020"

"It means a lot to me that my community connector is a volunteer. Volunteers really want to help you. Sometimes people who are paid don't really love their job and you can tell." Three months later, Margaret is participating in four different social activities and is very happy. She says now she has "a very full life. More satisfying, I have a lot more people contact."

**"I now have low levels of loneliness compared to feeling pretty bad. Before I didn't really want to go out but now I do and if I do sometimes feel like I don't want to come I remember how glad I will be if I go and I do. This project has had a huge positive affect which has improved my feelings of wellbeing."**

Jean and Bill (not their real names), in their mid-seventies, had been quite busy prior to 2020 despite Bill experiencing an Acquired Brain Injury in his mid-sixties. They were members of several clubs and active volunteers and described their health as pretty good. They were very pleased to be connected to the Talking Café during lockdown #2. They were also very happy with having a volunteer as their connector.

**"They are not just a volunteer. They put more into it than workers paid to do the job – they want to contribute. It's something they want to do."**

Because Bill can't drive they tend to go to things together. Now that the Talking Café is available Jean can drop Bill once a week and go to a Tai Chi class on her own. It's been quite liberating for her. She joins in when she finishes class and they both describe it as "great for socialising."

Sally (not her real name) was socially active prior to the COVID 19 pandemic. But during the lockdowns things began to decline. Her health, prior to lockdown in 2020, was moderately good. "COVID lockdown was hard, I was feeling low. It knocked me about." In the middle of the second lockdown she experienced heart failure and had surgery for a pace maker. This made things much worse. Sally joined the Talking Café online in June and then continued face to face in 2021. She has tried two other activities, one of which she still attends and has reconnected with some of her previous groups. She says it's "Important and comforting to know what I'm going to do on Wednesdays (go to the Talking Café).

**"There's a cup of tea available and no pressure to talk, unlike with friends."**

Sally believes that her health and wellbeing has improved as a result of being involved in Living our Best Life. "I would have been very lonely without it." In 2021 Sally is building a granny flat at the back of her home and her son and his family are moving into her former house. She expects to feel "better and safer too. Living in a big house makes me feel lonely." She appreciates the support that the Talking Café friends and volunteer connectors have provided to her during a very difficult year and is feeling positive about her future.



## Impact of Talking Cafes

The talking Cafes proved to be a critical component of the model. Not only were they flexible enough to offer some of the only social contact available during lockdowns but they also served three other important roles:

- ➔ As a first point of contact for those without formal referrals
- ➔ As a transition stage for those with the greatest barriers to social engagement with larger groups
- ➔ As a first point of contact for participants to make a connection with a person from a community group or organization. This proved to make a real difference for many of the participants.



## Observations from guest speakers at the Talking Cafes:

I work in the Knox City Council Short Term Support Program. My role is to connect residents to services and to community programs to improve the quality of their daily lives. My role is to ensure residents are aware of the many options available to assist people to remain living in their homes and in their communities.

I have attended the Talking Café twice and witnessed successful social connection with a group of local residents. Each had come together to share their experiences, have social chats and to have education about relevant issues. The members interacted positively with each other, sharing both reminiscence and current problems. Members actively engaged with myself and the guest speaker on both occasions, showing interest and appreciation of the information provided. Two members asked me for one to one follow up to deal with specific issues, which I was able to provide. After the meeting, one member referred an elderly neighbour to the council Short Term Support Program. These client interactions, demonstrated an engaged group, where members felt able to explore their needs further. The Living Our Best Life Project fills a gap in the Knox area, with a social support program which in addition to a social group outing, also enables members to self-select friends within the group.

— **Leonie Larkins**  
**Knox Council Specialised  
Access Team Officer**



These sessions are so so, so beneficial. I can't stress that enough.

The levels of engagement that we've had – we always suggest quality over quantity – has been remarkable. The willingness of attendees to share their stories so vulnerably with each other speaks a testament to the service that's being run.

I believe the sessions bring community together in a super relaxed and age-appropriate way... what better way to interact than over a cuppa with other people of a shared experience.

As a speaker I have felt super welcomed by both you and Carol, as well as all participants. Whilst the informal nature of the sessions is different to how we would normally present, we think these have been so well adapted and the informality only adds to the level of depth of discussions, bringing more awareness to issues that people are facing and cementing that they're not alone in them!


— **Samuel Thomson**  
CRSW - LifeConnect

“The Talking Cafe’s are a fabulous idea for attendees to gain knowledge on different topics but most importantly to reduce social isolation by coming together as a group and share ideas and also life experiences. I have always found the group very receptive to information and they have obviously formed great bonds. I even had participants confess that they would be sitting at home doing nothing and extremely depressed if it wasn't for the group and it gives them a sense of purpose and something to get up for in the morning. I believe the project is extremely valuable as people tend to become more isolated as they age. One attendee said she was a carer for her elderly mother and she only had four walls to stare at daily until she found the Talking Cafe at the Westfield Knox community space. I have since seen her engage in other community activities provided at the venue.

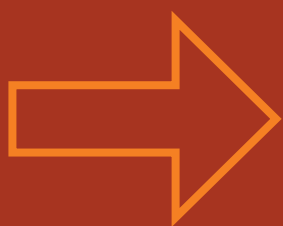
— **Sally Dusting-Laird**  
Volunteer for Knox Co-ordinator



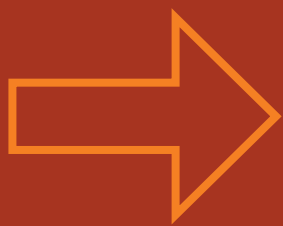
## Our Theory of Change



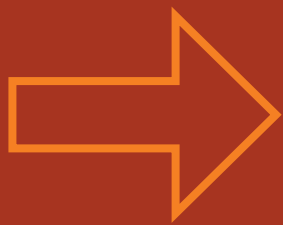
Engaging lonely and socially isolated people in a range of ways, we support them to successfully participate in community activities and achieve sustained feelings of improved wellbeing.



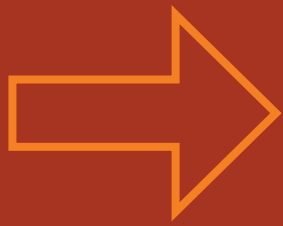
Engage



Support



Enable



Sustain

## How does someone find us?



Community signposting



Health professionals



Community Houses



Community service providers



Family and friends



Resource website



Community information sessions



Promotional materials (including social media)

## How do they engage?



Social prescription



Access Talking Café



Self-referral



Phone enquiry

## Range of possible choices

- + Assigned a volunteer Community connector to explore need, then identify and access opportunities for social and recreational engagement
- + Attend Talking Café for regular support
- + Volunteering
- + Referral to other services

## Target outcomes

- ✓ Increased social connection through participation
- ✓ Increased feelings of wellbeing
- ✓ Increased knowledge
- ✓ Increased support networks
- ✓ Improved decision making
- ✓ Increased confidence to cope with life and health changes
- ✓ Identification of gaps in services



## Objectives of sponsors

The project has addressed three of Equity Trustees themes and levers for change for ageing and aged care:

- ➔ Inform choices
- ➔ Support independence
- ➔ Improve attitudes

### Inform choices:

- ✓ The directory developed from the community mapping exercise is available online for personal use and for key support workers to access in consultation with clients
- ✓ Volunteer community connectors have been trained to assist people to identify opportunities and barriers to participation and to support them to act on the information

### Support independence

- ✓ Volunteer community connectors are trained to enable participants to maintain and improve their independence by encouraging self-determination and using a “what matters to you” conversations
- ✓ The connecting process assists participants to build community networks

### Improve attitudes

- ✓ A positive perspective of living a productive, happy life in older age is engendered in volunteers, community organisations and members of the community
- ✓ Within the CHAOS Network an increased awareness of, and commitment to, the need for vulnerable older people to remain connected and feel a sense of belonging.



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**We've co-designed and piloted a  
successful model of social prescribing  
that has had significant impact on  
the lives of those involved.**

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## What we've learned

We've learned that the community connecting process is the core of what we are doing and it's what makes our model of social prescribing different/unique (and we believe ultimately more sustainable and financially viable).

In fact we've realised that social prescribing is just one (important) tool in initiating this connecting process but not the only one. The Talking Cafes and the sign posting has been equally as important. However we need all of them operating together to ensure that the process works.

We're learning that the model is beautifully simple yet deceptively complex because it involves human interactions. It's not a one size fits all process. It needs to be customised to meet the needs of each individual. This has implications for training and support of volunteers and also for replication and upscaling. It's not a problem but it presents a challenge for capturing the relationship and process in a way that can be confidently used by others.

We've also learned that the Talking Café component is key for those most difficult to connect. It's like an intermediary stage which enables introductions to key members of community groups and agencies to establish a connection and a safe place for people to build trust and "practice" their social skills.

## What we want to do going forward

In many respects we feel that the time-frame has not truly allowed us to experience all potential scenarios that might emerge in the community connecting process. We have really only been trialling for the past five months. This hasn't allowed us to measure medium and longer term outcomes or considerations and adjustments for the process.

Now that we realise the vital role of the Talking Cafes we need to explore how we best operate these to enhance and support the community connecting model.

Because we were focussed on testing the individual connecting component of the social prescribing trial we haven't had the chance to really develop and trial what has emerged as the model of most promise. That is, a model of "community connecting" not just social prescribing. We need to explore and test the relationship between individual connecting and connecting via the Talking Café groups and how these best work together as a whole. In doing this we suspect we may find a way in which the whole volunteer connecting process can best be sustainable – able to meet the needs of diverse individuals, manage and balance the uneven flow of referrals, and create a "safe intermediary space" where people connect with other services through meeting their key personnel as guest speakers.

We also need to expand the ongoing training and development of the volunteers based on their expressed needs.

Even though we believe the model is successful despite not engaging GP clinics we still believe that it would be valuable to follow through with the progress we have made with the PHN to test the model with one or two local GP clinics. We believe we should be able to do this in the coming months. Pharmacies have also emerged as potential sign-posters if not referring agencies.

But equally importantly we are keen to explore an emerging connection with Eastern Health to invite them to trial referrals to Living our best life as part of hospital discharge for appropriate patients.

We have built substantial networks and have been active in championing social prescribing across the community and health sectors. We are confident that we will continue to see positive results from this.



In the interest of privacy, most of the photographs in this report are not of real project participants.