The Social Prescribing Library

chatting

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creative

Prelude

The activity of social prescribing is not a new concept. It is often discussed that general practitioners (GPs) and mental health services have been social prescribing for as long as they have been treating patients. Equally, it is frequently countered that new medical, scientific and technological advances have coincided with a swing away from the practice of social prescription.

Regardless of its foundation and practice, social prescribing is now identified as a key component of holistic health service provision. It is highly acknowledged in the United Kingdom, Canada and the United States, and is increasingly recognised in Australia.

The National Health Service UK have imbedded social prescribing into their long-term plan, and their commitment to such is seen as the biggest investment into social prescribing by any national health system. In 2020, the Royal Australian College of General Practitioners and Consumers Health Forum of Australia released the *Social Prescribing Roundtable November 2019 Report*[3] which supports the need for incorporation of social prescribing into the Australian healthcare system.

Predominantly, the practice of social prescribing is health industry led, with GPs at the forefront of referrals and recommendations. For the purposes of this project, we are examining social prescribing from a community-led initiative.

Social Prescribing

Social prescribing is the action of referring community members to non-medical resources with the goal of improving their health and wellbeing.

It focuses on understanding that people's health and wellbeing is predominantly shaped by an array of social, economic and environmental factors. Social prescribing strives to address people's needs, taking into account mental and social factors, rather than the symptoms of an illness alone.

Project Aim

The aim of the Social Prescribing Library project is to develop an evidence-informed toolkit that supports public libraries to develop a sustainable social prescribing service that aligns to their community, health and organisation's priorities by either contributing to an existing social prescription program or developing their own community-led service.

Research component

Research presented in this report has been compiled through an extensive examination of publications, journals and reports, as well as information extracted from webinars, conferences, and both formal and informal interviews and meetings.

We have focused on gathering local perspectives, working with allied health personnel from across our Council areas, and consulting residents who have witnessed the impacts of, or who have been supported through Campaspe Library Service's social and recreational support programs.

Interviews have been conducted with people actively involved in or delivering community-led social prescription variations from across Australia, and a survey of such initiatives was carried out to expand the collection area and refine the collation of relevant information.

Valuable insights and perspectives have been gathered through conversations with allied health professionals, social prescribing collaborators, colleagues, clientele, carers and care facility workers.

Insights have also been collected from a range of international sources and connections actively involved in social prescription, both in health and community-led initiatives, with and without co-design considerations.

Characteristics of the range of sources which informed this research:

16 Professional development sessions	**10** Social Prescribing Network meetings	**16** Webinars / Conferences	**84** Reports / Journals
9 Project presentations	**32** Meetings with colleagues	**19** Research interviews / Surveys	**87** Websites

Images: This table has been designed using images from Flaticon.com

Preliminary findings

There is a plethora of information currently available on social prescription, and it continues to be discussed, dissected and shared every day. Discussions with healthcare workers, clientele, industry colleagues and national and international acquaintances identified the need:

- for simple, common, positive language that makes sense to all
- to focus on what matters to the person (client/patient)
- to address increasing demands on health services and their workload
- to acknowledge community-led initiatives as designers of activities that positively impact wellbeing
- to shift the focus from illness to wellness.

The main benefits of a community-led social prescribing initiative are that it:

- has the potential to sit at the heart of a place-based program
- can support and improve health knowledge, behaviours and health literacy skills
- is a sustainable adjunct to clinical care
- has the potential to reduce the pressure on the current health system.

In order to have a good life the person (client/patient) needs:

- capacity to engage in self-care
- support to build confidence and skills
- information and options to support them in making informed choices
- to feel valued within their communities.

Key challenges identified included:

- transport limitations
- full-time requirement of maintaining an up-to-date and accurate register of community services and connections
- health system navigation and partnerships
- the effect that the COVID-19 pandemic has had on people's confidence and willingness to be out and about.

COVID-19 has been a trend that has affected people's confidence in going out and about. Still a number of people reluctant to socialise. – Link worker

For the majority of consumers, and even some health professionals, the health system is unnecessarily opaque. Every library needs to have access to information and services that clearly inform its local community on the 'what', 'where' and 'how'. – Hub coordinator

Access to a professional who listens and has time for an expansive conversation about their life is what is often most appreciated by individuals when they engage in social prescribing.[1]– Research Paper

Loneliness and social isolation is a personal experience, and consequently, individualised person-centred responses are essential – one size will not fit all.[2] – Article

Loneliness cannot be fixed by a visit to the GP or a prescription or medication alone, but combined with social prescribing, there is real promise. – Health researcher

Local communities would surely benefit from a system that allows them to promote and source information on regular activities and special events that may be of interest. – Hub coordinator

The honest truth of it is that you have something real special, better than playing the piano and most other skills. There are ladies in this group who don't like to come out who would rather stay home, but when they know you're coming out, they always want to come. – Program volunteer

General practice providers are interested in an integrated solution, open to embedding new tools and changing their interfaces so that tasks can be more actively monitored. – Allied health professional

The best thing a Link worker can do is be a good listener and have the ability to build a strong case for an activity around the participant's needs. – Link worker

It is estimated that 20% of Australian GP consultations address primarily social issues.[5] – Forum Report

Next Steps

The insights and findings of this project have provided valuable knowledge into strengths, barriers, enablers and resources, and have identified three interrelated opportunities for public libraries to move forward in the space of social prescribing.

All communities need locally accessible services for supporting and maintaining good health and wellbeing. These services are not the absolute responsibility of our health services and associations. Health and wellbeing is the responsibility of each and every person, group and organisation, community and authority.

Innovative contributions and an openness to inter-industry conversations and partnerships will help to support and empower individuals and groups, develop and strengthen our communities, and contribute to improving the sustainability of our health system.

Can social prescribing be of benefit to a community?

Community social prescribing enables referral of people to a central wellbeing point where the person can be supported to identify and access non-medical support options within their local area, to promote connectedness and improve health and wellbeing.

Many community assets, local services and resources exist already. Social prescribing can develop increased awareness and understanding of these programs and services, which can be used to improve a person's quality of life.

Positive and supported involvement in group activities and interactions in community settings contributes to a sense of belonging and purpose. This in turn influences emotional reassurance, practical support and sharing of information, all of which enables us to better face the challenges of everyday life.

Navigating through these challenges builds resilience and capacity. This then affects an individual's knowledge and capability to bring about change and is considered critical to capacity building at the individual, organisational and community level.

A central wellbeing point and local awareness can support groups and activity providers to facilitate engagement and develop safe, inclusive and sustainable practices, as well as identify gaps and support co-design of new programs, therefore affecting community development.

Community development empowers community members and creates stronger and more connected communities. All of which can be recognised as key aspects of well-functioning communities.

The Royal Australian College of General Practitioners and Consumers Health Forum of Australia have identified the *essential elements of the social prescribing pathway*[3] as a circular process:
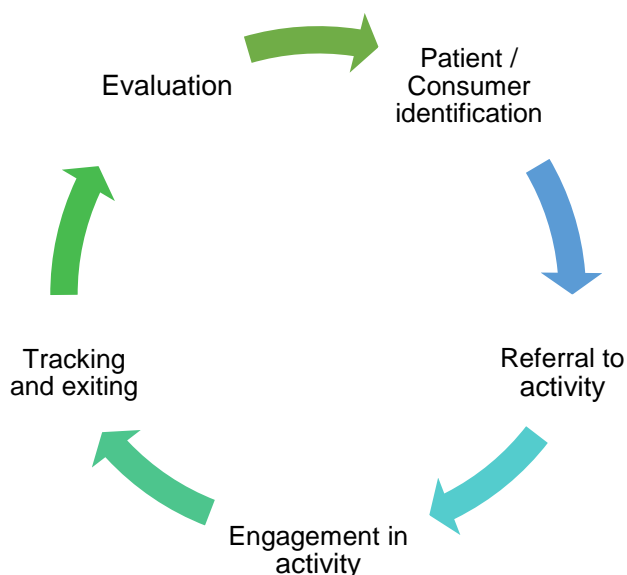
What is a social prescribing link worker?

The link worker is known by many titles, community connector, social navigator, wellbeing advisor, and outreach coordinator; for the purpose of this report, the role, crucial to the social prescribing process, will be referred to solely as the community connector.

The core role of the community connector is to empower people to take charge of their social health and wellbeing.

The aim is to build a trusting relationship with the person (client/patient) by actively listening to their issues and interests and gaining an understanding of what matters most for that person. The community connector then supports the person in identifying and linking with appropriate local services and activities.

The community connector also maintains contact and provides feedback to the referring organisation in relation to any interventions made.

Key competencies of a community connector are to:

- actively listen to understand
- display genuine empathy
- communicate effectively
- build trust and relationships
- have strategies for effective interviewing
- be knowledgeable about local support available
- be sensitive to the local culture
- build and grow networks.

Public libraries and social prescribing

The State Library of Victoria and Public Libraries Victoria *Libraries for Health and Wellbeing*[4] strategy highlights the strengths and supports the capacity of libraries to positively influence and improve the lives of individuals and their communities.

Our Purpose We empower, support and connect our communities and partners for a healthy, thriving Victoria.

Our Role

We **support** our partners. We **build** skills. We **provide** resources. We make **connections**. We **amplify** voices.

Libraries for Health and Wellbeing / Strategy on a page

Libraries are essential services in their local communities. They provide safe places where everyone is welcome, and access is free, so libraries can be experienced by all community members. Libraries facilitate access to information and resources, strengthen literacy and education, encourage lifelong learning, and provide a socially inclusive and accepting environment to meet, discover, share, create or just be.

As referred to in the *Self-care for health: a national policy blueprint*[5] 'Settings-based community-level approaches such as those implemented through libraries and community centres can improve health knowledge and behaviours, and health literacy skills'.

Public libraries play a central role as a social place for their communities with most libraries having spaces for learning, creating, thinking, experiencing and sharing.

What happens however to those community members who cannot easily get to, or experience what their local library has to offer? Whether they are physically unable, psychosocially or cognitively challenged, isolated by choice, location or situation – what are their options?

Public libraries are also well positioned to partner with local health service providers and care agencies, and carers and family, raising awareness within our communities of the capabilities of libraries beyond the physical walls of the buildings, reaching out and supporting those community members.

There are excellent opportunities to develop connections with other community agencies, as well as ways to better serve our communities around wellbeing, health and social support.

Libraries are already offering programs and services which complement the activity of social prescribing including:

- opportunities for social interaction
- lifestyle support
- fostering a sense of community
- promoting creativity
- nurturing new ideas
- providing expert-endorsed information
- group activities
- volunteer opportunities
- experience with partnerships.

The capabilities of libraries are well evidenced. They have evolved into the digital age, despite apprehensions that the realm of the library was over. During times of disaster and hardship, libraries have provided unique and resourceful ways to support their communities.

As highlighted in Charles Sturt University's report *Understanding Australian Public Library Responses to the COVID-19 Crisis[6],* 'Numerous examples of innovative and customer-focused solutions were revealed … including click and collect solutions, home delivery, and the online provision of programmes and events.'

Libraries quickly adapt to new ways of offering services to the public. Even when doors are closed, libraries increase digital communications, collaborations, and creative activity to reach their communities in new and novel ways.

Implementing social prescribing is yet another way libraries can support their communities – which essentially is their core mission.

An extract from the Australian Library and Information Association's *Statement on public library services[7]* supports this view: 'Public libraries welcome everyone. Core services are free at the point of delivery, and the aim of library teams is to reduce any barriers to engagement for people from diverse backgrounds and to promote equity of access to information, activities and resources.'

Opportunity 1 - Signposting

Signposting, or information referral, is directing people to helpful information about local services. Information is sourced and provided by connecting the person to websites or supplying pamphlets with contact details of services.

Our research indicates that libraries have an opportunity here in the area of information referral.

Paul Hayes' article *Is social prescribing a remedy to chronic health problems?*[8] reported that '70% of GPs said they believe referring patients to community activities, groups or services helps to improve health outcomes, but most do not have links with such services.'

The *Inquiry into social isolation and loneliness in Queensland*[9] reported that 'there are actually more people doing service navigation and linking; there just are not very many people whose job title is that.'

Libraries around the world do this every day, and librarians are frequently referred to as trusted information professionals.

The information needs of people are as diverse as the range of resources which are available when seeking information. Traditionally, many information requests were met through the collections and resources held by libraries. Information on social services, community groups, government organisations and informal local associations can be difficult for the average person to acquire, and determining the currency of such can be even more of a challenge.

As reported by the Australian Library and Information Association, 'We identify and evaluate information sources which will help people reach their own, well-informed decisions about critical issues. We consider the source, the credibility of the author, the wider context and the supporting evidence, in order to authenticate information.'[10]

Libraries are considered professionals when it comes to locating, assessing, validating and connecting people with the information they are seeking.

The opportunity here exists for public libraries to expand this to the provision of information about local services, groups and activities to support people in knowing what choices are available for them to socialise and get involved in activities that interest them.

It is important to note that this exercise is not a one-size-fits-all process. It needs to be customised to meet the needs of each individual. Just as our libraries offer an 'Ask a librarian' service if you have a research or collection enquiry, this could be expanded to a service 'Ask a librarian what's available in your local area,' or 'What's nearby for me'.

This relatively simple intervention has the potential to enable a person to take control of and make well-informed choices, and by increasing their ability to exercise choice and control, it promotes wellbeing. It is recognised as a key component of preventing or delaying a person's need for care and support.

Furthermore it has the potential to identify gaps and trends and influence program development and partnership opportunities.

Secondary in this, but of no lesser importance, is the need to alert GPs and allied health professionals of the role of libraries and signposting, connecting people to social interventions, community activities and groups.

It could be a simple postcard for health professionals to give to a patient; or the development of an 'Activity on Prescription', similar to the United Kingdom's Book on Prescription scheme; or the introduction of a regular 'Discovery Day' which would provide an opportunity for community organisations, sports clubs, service clubs, volunteer groups and not-for-profit groups to promote their activities and endeavours.

As a final note in this area, the success of active signposting is measured by the provision of information rather than participants attending a group or activity, or maintaining attendance over a period of time, as it works best for people who are confident and skilled enough to find their own way to services after a brief intervention.

Discuss & Explain	Mapping Local Resources	Promotion

• Get staff involved from the beginning
• Explain the role of signposting in relation to social prescribing
  o talking and listening
  o asking the 'right' questions
  o options of support
  o patience
• Reassure staff they can ask questions or raise any concerns
  o share knowledge
  o exchange information
• Develop clear and simple protocol to follow
  o approachability
  o interest
  o listening and enquiring
  o searching
  o follow-up
• Decide what data to collect
  ➤ If you treasure it, measure it!
  o service data
  o quantitative
  o qualitative
• Training
  o interview techniques
  o handling difficult customers
  o interactions where a translator or carer is involved
• Continuously monitor and evaluate
  o gather feedback
  o involve staff in improving the service
	• No one is expected to know everything
	  o Maintaining an accurate register of local contacts and resources is a constant and resource intensive task.
	• Use local knowledge and resource directories
	  o Ending Loneliness Together national directory
	  o Ask Izzy
	  o My Community Directory
	  o local council events directory
	  o specialist helplines to assist staff member or person enquiring
	• Check information is correct/current
	  o If necessary, find out more directly from the group/agency.
	• Consider/consult multiple sources
	• Apply own knowledge and experiences
	• Make choices and share information based on accurate information
	• Develop a 'Local Advice Forum'
	  o Increase awareness of local services, providers, activities and groups
	  o share knowledge
	  o exchange information
	  ➤ It is not about more information but assistance in how to find and understand what the person is seeking.
		• Promote the service:
		  o within libraries
		  o within GP practices
		  o within allied health services
		  o within pharmacies
		• Target communication at:
		  o general practice managers
		  o allied health professionals
		  o health service provider network meetings
		  o pharmacists
		• Partner with complementary organisations to strategise
		  o how to support each other
		  o complement rather than compete
		  o how to drive business to each other.
		• Place promotional materials in prominent locations
		  o postcards
		  o posters
		  o social media
		• Promote your expertise:
		  o participate in health industry panel discussions and online webinars.
		  o speak at events or to groups that your health industry associates / participants belong to.
		  o hold educational sessions or workshops.

Opportunity 2 - Activities and Programs

Libraries deliver a multitude of activities and programs supporting individuals and groups of all ages, from regular weekly programs to special programs, holiday events and specific occasions.

Prior to the COVID-19 pandemic (2018-19) Australia's 1,500 public libraries delivered 'more than 273,000 programs [which] attracted over 7.4 million attendees'.[11] 2021-22, Victorian public libraries reported that 'One third (or 33%) of programs are targeted at adults and 13% are intended to appeal to people of all ages.'[12]

This is public libraries alone. When we then consider neighbourhood and community houses, local council programs, sport, church and other formal and informal community service groups, the options and variety are plentiful and diverse.

The Victorian Government Department of Human Services, in their guide for health service providers, recognises the need for services outside of the health industry to be considered, '…partnerships must be actively sought across a broad range of sectors, including those organisations that may not have an explicit health focus.'[13]

Our conversations and research indicate that libraries can offer several opportunities relevant to the area of activities and programs. Libraries could:

- extend communication and advertising of our activities and programs to actively include and inform the health sector of available options
- develop partnerships with other community service providers to ensure that we dovetail together rather than duplicate or compete
- partner with our health service providers to develop programs and activities in collaboration with, and tailored to, social inclusion, health and wellbeing.

Public libraries are experienced in involving their communities and patrons in developing flexible, contemporary, quality library services and programs. Building on from this universal approach, public libraries have an opportunity here for a more targeted approach with health service providers and their patients at the fore.

'With access to a vast segment of the population, libraries are uniquely positioned to support people of different backgrounds and experiences. This makes them natural partners for public healthcare institutions …'[14]

Co-production or co-creation is the practice of designing 'with' rather than 'for'. It provides an opportunity to work with end users to develop activities which are inclusive and meet the needs of the community. It is also an opportunity to identify gaps in programming and service delivery, and to determine solutions to overcome barriers and challenges which end users may be faced with.

'It is best to target activities and programs around purposeful or meaningful reasons for all of us to connect, so that social connection can occur as a by-product.'[15]

Public libraries have the capability to bring together community and health service providers to co-produce and support each other in developing and delivering desired activities and programs with social inclusion, health, and wellbeing opportunities and outcomes at the forefront.

Promotion	Partnering	Co-Design

• Promote library activities and programs:
   o within libraries
   o within GP practices
   o within allied health services
   o within pharmacies.
• Target communication at:
   o general practice managers
   o allied health professionals
   o health service provider network meetings
   o pharmacists.
• Partner with complementary organisations to strategise:
   o how to support each other
   o complement rather than compete
   o how to drive business to each other.
• Place promotional materials in prominent locations
   o event calendars / programs
   o flyers
   o social media
	• Involve other community service providers from the beginning
	   o Do the organisations have similar values?
	   o What does your library have to offer?
	   o What does each organisation want as an outcome from the partnership?
	• Collaboratively think about what works for all
	   o Focus on what is possible.
	   o How do you want the relationship to work?
	• Identify individual and shared objectives
	   o What activities/programs are offered?
	   o Identify gaps and duplications.
	   o How can you support each other?
	• Develop a 'Plan on a Page'
	   o summary of priorities
	   o joint objectives
	   o easy to understand and implement
	   o can be utilised to establish a more formal agreement if needed
	➢ Work together in equal partnership for equal benefit.
		• Involve health service providers and their clients/patients
		   o Recognise the value of all knowledges.
		   o Include lived and living experience.
		   o People are the experts in their lives.
		   o Grow and diversify stakeholder engagement.
		• Be open and prepared to change to make it work
		   o Come to the table with a blank agenda.
		   o Be open to feedback and engagement.
		   o Have a readiness to adapt and go over things.
		   o Be realistic about organisational capacity.
		   o Ensure all voices are included, valued and listened to.
		   o Allow those present to find/develop collective solutions.
		➢ It is a mindset, not a framework, and it is ever changing.
		• Develop activities/programs to suit health service provider clients/patients
		   o Concert, Connect & Chat – lunchtime concert in library followed by chat (Deer Park Library & IPC Health)
		   o Chatty Café – building friendly social connections (Sandringham Library & the Chatty Café Scheme)
		   o Art Appreciation Tour (City of Greater Bendigo & Bendigo Art Gallery)

Opportunity 3 - Assertive Outreach

As already evidenced, public libraries play a significant role in linking and connecting our communities to helpful local information, credible resources, and opportunities for knowledge and skills development. In addition they provide an array of activities and programs for learning, creating, experiencing and social engagement, yet libraries are often overlooked in discussions about improving health, and health planning and policy development.

'… libraries are often excluded when it comes to setting plans for improving community health.... That has to change.' [14]

There is now a real opportunity for public libraries to play a significant role in the social prescribing movement within Australia.

'Social prescribing has the potential to become fully integrated as a patient pathway for primary care practices and to strengthen the links between healthcare providers and community, voluntary and local authority services that influence public mental health.' [16]

The National Health Service Wales recognises this health and social care approach, and has built its social prescribing model based on the premise of leveraging what the community is already doing to develop and guide their strategy.

'… it is clear that new and existing health and wellbeing services, activities and assets in their broadest sense, are the critical foundation for social prescribing.' [17]

Simply put, it is what a well-functioning community does. Community involvement contributes to a person's sense of belonging and can give purpose to everyday life.

Public libraries are well positioned to be assertive in their outreach by:

- encouraging, supporting and enabling people to take up opportunities to socialise and get involved in things that interest them
- providing opportunities for health care providers to connect with community agencies and develop alternate responses to and sources of support for people who have social needs which affect their wellbeing
- building capacity in people to engage in self-care to enable them to identify their needs, goals and achievable solutions
- partnering with other community service groups to maximise resources, reduce duplication of efforts and increase productivity.

Successful partnerships strengthen the capacity of projects and services to broaden their reach, engage more stakeholders and achieve shared objectives.

'Effective social prescribing depends on the quality of partnership, joint working and co-operation between primary care staff and a wide range of voluntary and community groups, as well as local government.' [16]

Situation Analysis	Implementation Plan	Community Connector

• Consider potential stakeholders
  ○ staff/volunteers
  ○ health service providers
    ▪ GPs
    ▪ practise managers
    ▪ allied health services
    ▪ pharmacists
  ○ Community partners
    ▪ social activities
    ▪ physical activity
    ▪ nature opportunities
    ▪ arts and culture
    ▪ vocational learning
    ▪ volunteering
    ▪ food security
  ○ Specialist services
    ▪ housing support
    ▪ financial support
    ▪ mental health
    ▪ addiction
    ▪ disability support
    ▪ counselling
    ▪ nutrition
    ▪ employment
  ○ caregivers
  ➢ Start small and work up!
• Demographics
  ○ population characteristics
  ○ focus area
  ○ inclusion/exclusion criteria
• Potential challenges/opportunities
  ○ cultural factors
  ○ costs/funding
  ○ capacity of local services
  ○ availability of local expertise
	• Develop shared understanding of community social prescribing.
	• Identify the value to services, participants and community.
	• Establish links to strategies – local and regional.
	• Define roles and responsibilities.
	• Determine method for referrals
	  ○ health service providers
	  ○ staff/volunteers
	  ○ community members
	• Community connector – is there a suitable existing position?
	• Support continuity of care for the client/patient.
	• Review community services
	  ○ basic mapping
	  ○ assessed for quality
	    ▪ health and safety policies
	    ▪ confidentiality
	    ▪ food safety
	    ▪ inclusivity
	    ▪ sensitivity to vulnerability
	  ○ capacity to receive participants
	    ▪ sustainability
	• Review existing resources
	  ○ identify gaps
	  ○ create/develop new programs
	  ○ co-create new services/programs
	• Training – Refer below
	• Evaluation
	  ○ criteria for success
	  ○ monitoring indicators
	  ○ timeline of implementation
		• Define parameters of role
		• Converse with person to understand their situation
		• Identify needs and co-create goals
		  ○ based on strengths and interests
		  ○ consideration of means
		• Identify potential pathways to achieve goals.
		• Develop participant knowledge, skills and confidence.
		• Support person toward greater self-care over wellbeing.
		• Identify potential sources of support.
		• Identify potential community resources.
		• Consider barriers, perceived or actual.
		• Develop a 'Plan on a page'
		  ➢ Focus – What matters to me [participant], not what is the matter with me[18]
		• Follow-up:
		  ○ What's working well?
		  ○ What's not working?
		  ○ Provide feedback
		  ○ Consider alternatives if needed
		• Provide feedback to referee
		  ○ confirm contact/meeting
		  ○ client response
		  ○ potential interventions
		  ○ successful interventions
		  ○ re-referral if needed
		• Provide ongoing support while building self-efficacy of the person.

	 ○ outcome measures ➢ It doesn't happen overnight!	• Maintain an ongoing connection with social sources to ensure the participant is supported. • Continuously seek and develop new relationships. • Continuously work to strengthen existing relationships. • Provide peer support to health and community partners with the aim of collectively supporting the client(s). ➢ Don't take responsibility for solving every problem!
Training	**Program Evaluation**	**Lessons Shared**

All stakeholders
○ concept and key principles of community social prescribing program
○ parameters and limits of the social prescribing program
Health service providers
○ referral process
   ○ paperbased
   ○ electronic
   ○ BPAC clinical system
• practical aspects of referral
   ○ explain to client/patient what they might expect of community connector
   ○ set expectations
      ▪ support to develop a plan
      ▪ not a counselling service
Community service providers
• inclusivity
• handling difficult customers
• interactions where a translator or carer is involved
	• Routine assessment of program
	   ○ provides valuable information to allow for program development and improvement
	• Service measures
	   ○ number of referrals received
	   ○ date referred – an indication of waiting times
	   ○ who made referral
	   ○ number of visits with participants
	   ○ activities offered in-house
	   ○ attendance numbers
	   ○ number of referrals to:
	      ▪ community partners
	      ▪ specialist services
	      ▪ health re-referrals
	   ○ demographics of participants
	➢ Throughput does not help a person. Focus on outcomes not the output.
	• Outcomes
	   ○ common themes
		• Be open to anything
		• Think outside of the box
		• Be patient
		• Be prepared to repeat yourself, especially during the early implementation
		• Be flexible
		• Be prepared
		• Have a go
		• Don't overthink it
		   ○ It's not that hard or complex
		➢ Develop the service as you move forward

- familiarity with referral process
- incorrect referral

Community connector
- Mental health first aid
- trauma-informed care
- risk assessment
- self defence
- communication skills
- interview skills
- conflict management
- needs assessment
- teaching self-efficacy
- personalised plan development
- process of re-referral
- data collection
- service evaluation
- self-care principles

Volunteers
- program expectations and boundaries
- identifying and reporting 'flags'
- personal safety
- exit strategies

- o broadest set
- o choose top three to five for your program
- Quantitative
  - o K10 quality of life
  - o Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
  - o UCLA Loneliness Scale (Version 3)
  - o DNA Insight Health and Wellbeing Prism Notes
  - o Brunnsviken Brief Quality of life
  - ➢ Abbreviate questions to make them less clinical, use as a conversation starter
- Qualitative
  - o levels of satisfaction
    - ▪ health services
    - ▪ community partners
    - ▪ staff/volunteers
    - ▪ program participants
    - ▪ carers/family members
  - o participant stories
  - o participant outcomes
  - ➢ Data makes stories real, but stories make data matter.

"Thank-you for allowing me to feel comfortable enough to talk openly…
You have such an empathetic heart"
– Client/Participant

Characteristics of Social Prescription (from the Campaspe Library Service Social Prescribing Case Study):

Referral Sources

- 67% Allied Heatlh
- 11% Family
- 8% Library Staff
- 8% Self Referral
- 5% Lifestyle Coordinators
- 2% Other

Gender
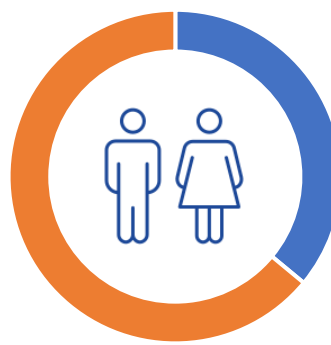
- 36% Male
- 64% Female

Age

- 1% > 25
- 0% 26 – 41
- 2% 42 – 57
- 5% 58 – 67
- 10% 68 – 76
- 47% 77 – 94
- 8% 95 +
- 29% Age not disclosed

Period

- 20% < 3 mths
- 32% 6 mths
- 21% 12 mths
- 8% 18 mths
- 8% 24 mths
- 9% 36 mths
- 3% > 36 mths
- 29% Not disclosed

Prescription

- 20% Other
- 7% Carer Support
- 3% Physical Activity
- 23% Transition to Care
- 46% Books on Wheels
- 12% Tech Support
- 11% Bereavement Support
- 60% Company & Conversation
- 6% Equipment Loan
- 18% Connection to Group
- 47% Signpost
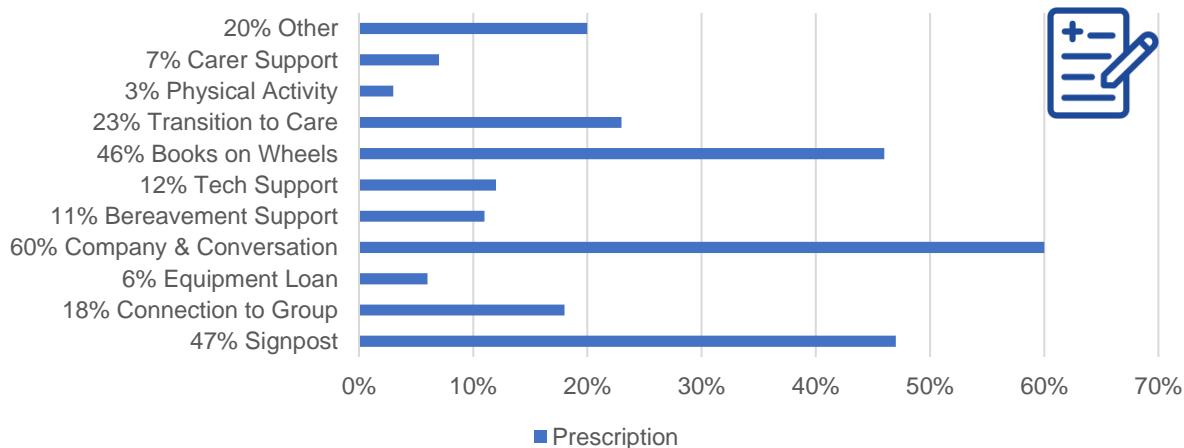
■ Prescription

Images: These diagrams have been designed using images from Flaticon.com

Prescription Notes:

Signpost – introducing new ideas and options through provision of helpful information
Connection to Group – linking to an established group, formal or informal
Equipment Loan – aids and equipment to support recreational interests
Company & Conversation – opportunities for talking and listening, being heard and connected
Bereavement Support – support to assist in coping with the issues associated with grief, loss and adjustment
Tech Support – help and guidance to solve problems relating to equipment and use of technology
Books on Wheels – home delivery of library items based on a personal profile
Transition to Care – support during the movement from one setting (home) to care (hospital/care facility)
Physical Activity – support and encouragement to undertake self-guided exercise
Carer Support – emotional, social and practical support for someone who cares for a family member or friend

Case Study One

Brief background:

Participant L was finding it difficult to get to the library. She relied on her husband for transport, as she has low vision. With further deterioration of her vision, she was no longer able to select her talking books, and her husband was unable to assist due to very poor literacy. Her home care support package provided minimal support – primarily around housekeeping – and although the package had been reviewed, she was waiting on approval for an increased package. She reported to her Complex Care worker that she was feeling isolated as most outings were around medical and health service appointments, who then referred her on to the Social Prescribing Library program.

Summary of support provided:

The Community Connector initially arranged for a reading profile to be developed to determine reading preferences, and then organised with the local library for a monthly home delivery of suitable talking books. After a lengthy period of this arrangement, Participant L contacted the library to inform them her CD player was no longer working. The Community Connector made arrangements to provide a short-term loan of an Envoy device with reading material pre-loaded. Participant L later purchased her own Envoy device which the library continued to load with reading materials and deliver.

Further discussion determined that Participant L was frustrated in being unable to read mail and being without somebody who could regularly read such to her. A trial was arranged for a 'reading pen'. The reading pen proved satisfactory for a period until the volume was no longer sufficient for Participant L to hear. A fortnightly volunteer was then organised to visit Participant L to read mail, write on cards, and scribe correspondence where needed.

Participant L had also undertaken the process to be deemed legally blind, but her pension status had not changed. The Community Connector followed up on behalf of Participant L, and copies of the required reports were obtained, and the resultant pension status was updated.

The Community Connector introduced Participant L to the local Vision Self Help Group. This proved to be a regular opportunity for social outings with like-minded people.

Over time, the Community Connector also supported Participant L when her husband was diagnosed with a serious illness, arranging for support to have their hedge trees trimmed, and Vision Australia to install improved lighting, and providing a regular in-home social visit, enabling Participant L to freely discuss happenings and any concerns with a trusted confidant.

✓ Summary of the outcome/impact:

Participant L:

- o was supported in her reading preferences and loved the portability and ease of the Envoy device which she could take with her when they travelled and/or when waiting at appointments.
- o appreciated being connected with the Vision Self Help Group and attended when she was able to. Her husband was also welcomed into the group.
- o was very happy with the advocacy provided to obtain a legally blind status which updated her pension status and assisted with obtaining an accessible parking permit.

Participant L's husband also enjoyed the regular social company provided by the volunteer, and valued the confidentiality displayed regarding their personal business and conversations.

There were no children to this relationship; however, Participant L's nieces were very connected with them but were unable to visit regularly due to distance. They were most grateful for the support, options and opportunities that the Community Connector was able to provide.

Lessons learned/Tips:

It took a number of visits to build rapport with Participant L and her husband and to gain an understanding of their style of communication, which could be referred to as 'bickering', but which was their form of amicable banter.

Although Participant L was originally referred for the needs of library access and social interaction, a number of other issues were identified, and addressed, which resulted in important outcomes that supported Participant L and contributed to her level of contentment.

Over the period of connection with Participant L, her situation and needs were reviewed and as needed, support was increased or decreased. This particular case is an excellent example of the need to maintain contact and to introduce more or different options as the situation changes.

There were differing time spans and visiting schedules across the course of the connection, relevant to the needs and situation of the participant.

The referrer of Participant L requested confirmation only that the client had been contacted by the Community Connector and that a potential intervention was in play. No ongoing feedback was required.

Case Study Two

Brief background:

Participant M was originally referred to the Social Prescribing Library program after a period of hospitalisation. Without family support, and with reduced mobility, the health service was seeking an intervention to support her information needs and to pique interest, rather than opportunities for company or companionship.

Summary of support provided:

The Community Connector visited Participant M numerous times while in hospital, taking different items of interest each visit, including some antique oddities to discuss, a puzzle book, sharing jokes and finally some talking books and a player.

When Participant M returned home, the Community Connector continued with home visits, building on the rapport that had been established during her period in hospital. Participant M, who had been independently solitary for a lengthy period, felt that her rehab appointments and her home care supports were sufficient for her social needs.

Once she was feeling well again, the talking books were replaced by physical books and a library reading profile and delivery were established. The Community Connector retained occasional contact and as needed, provided information on rental rights, budgerigar care, real estate agencies, and removalists, to name a few.
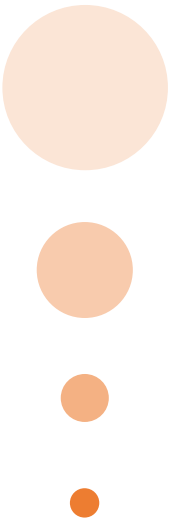
Following the 2011 flood, the Community Connector determined that Participant M had been evacuated and that her unit had been inundated. Participant M had lost all of her belongings and household items and had been temporarily evacuated to a local motel. She was later moved to a care facility in a neighbouring town to provide her with a period of supported respite.

At the conclusion of the respite period, Participant M was again relocated to a temporary apartment. The Community Connector resumed regular visits and reinstated the monthly delivery of reading materials. Information was provided on home delivered meal options, the local flood recovery, and more.

On one particular visit, Participant M was very distressed, having been issued an upcoming date to be out of the current apartment. She was unable to contact her unit landlord, and unsure of the progress of repairs to her flooded unit. The Community Connector contacted Participant M's case worker to discuss these concerns, and to ensure appropriate support was given to Participant M during this uncertain time. A timely update was then provided to Participant M, which lessened the anxiety the client was feeling.

Shortly afterwards, Participant M was again admitted to hospital after a fall. The Community Connector visited her in hospital, arranged for reading material for her during

her hospital stay, provided a lap blanket for comfort/warmth, acquired some preferrable night gowns for her stay, and organised for her gowns to be regularly washed and returned.

Participant M has returned to her apartment and is waiting for her unit to be completed so she can return 'home'. The Community Connector continues with visits and support and will do so until the client is home and settled.

Summary of the outcome/impact:

Participant M:

- has always been appreciative of the delivery of library reading materials, and enjoys making requests for specific titles, authors, and series.
- is comfortable asking for information and values the efforts that are made to provide her with current, accurate, relevant and timely information, regardless of the request or subject.
- has sincerely appreciated the support she received during her hospital stays, particularly since having been displaced from her home following the flood.
- is comfortable speaking with the Community Connector when she has a concern or is faced with an issue, as she knows the support is confidential, meaningful and objective.

Direct quote from a message sent by Participant M:

A quick message to thank you for all your kindness you have given me since I have been in this mess, I mean, flood, books, hospital, clothes, shopping, the list goes on and on. I really do appreciate everything you have done for me including keeping me sane, which at the moment is no mean feat. Thank- you.

Feedback from health service:

My experience with this program [is that] it has a huge benefit for my client to have these visits and support.

Lessons learned/Tips:

Participant M originally assumed the Social Prescribing Library program was only available for her during her hospitalisation. It took time for her to understand that the program would continue, that it could be suspended and resumed pending her situation and need, and that there was no charge or cost to her care package for the service.

Participant M quickly developed an understanding of the purpose of the program and never took advantage of the service by asking for support or aid outside of the boundaries or guidelines.

Although fiercely independent, Participant M now appreciates opportunities for general conversation and is more open to sharing her past experiences and life stories. This is

probably resultant from provisional support and the building of trust, but may also stem from the support provided following the trauma and stress she endured as a result of the flood event.

This case is a good example of stepping up/in where needed, with a preparedness to step back/reduce interactions when the situation is settled.

This case also strongly supports the necessity to be prepared for anything and work towards supportive solutions rather than taking the stand 'that's not my job/role/responsibility'. Some people simply have no one in their lives who they feel they can ask for help during challenging times.

Case Study Three

Brief background:

Participant D moved to the area to reside nearer to his only son. He was living independently despite having some short-term memory loss, which he was aware of. He was keen to meet other people and be involved in the community but was lacking in confidence to do so. Participant D was an avid writer; he had written several unpublished works of fiction and was currently writing about his life experience working on large outback stations.

Summary of support provided:

The Community Connector visited Participant D and learned that although he had relocated to be closer to his son, he was finding the contact minimal, as his son worked long night shift hours and therefore slept during the day. The son would help where needed – for example, basic home repairs and maintenance – but their interactions, although amicable, were limited. Several conversations were shared around this matter to help Participant D reach a reasonable acceptance of the situation.

Participant D was an avid writer and was very proud of his works. The Community Connector borrowed one of his writings and thoroughly enjoyed the read. Conversation ensued around his other titles, the possibility of self-publishing, and the availability of local publishers.

The Community Connector sourced information on a local casual writers' group, and supported Participant D in contacting them and attending one of their monthly gatherings. In preparation for the meeting, Participant D composed a short poem, which he then took with him to share with the group. Although most of the attendees' interest was in short stories and verses, Participant D enjoyed the regular outing with like-minded company.

Participant D had also spent a significant amount of time prospecting and was very knowledgeable on the art of metal detecting. The Community Connector learned of a young community member who was keen to learn basic gold detecting techniques. The two 'prospectors' were brought together, and Participant D was enthusiastic and generous in sharing his tips, knowledge and techniques for prospecting.

Shortly after this Participant D suffered a stroke, which resulted in him moving into a local care facility. This facility regularly visits the local library to take part in the library's wellbeing programs, where groups participate in an enjoyable activity and have morning/afternoon tea at the library. Participant D now attends these wellbeing sessions with the care facility when he is able to and enjoys the outing and interactions within the library. This also provides opportunities for conversation and catch up with the Community Connector who delivers the wellbeing programs.

Summary of the outcome/impact:

Participant D:

- appreciated confidential conversations around spending limited time with his son, which helped him to move past this concern and appreciate what time they did have together.
- was delighted by the mere concept of the possibility of publishing one of his works, even though nothing eventuated.
- enjoyed his interactions with the writers' group, often spoke of writings other members had shared, and took great pride in writing pieces to share with the group. He was very appreciative of their lay critique of his work.
- thoroughly enjoyed sharing his knowledge and experiences in metal detecting.
- enjoys coming to the library with the care facility group and actively takes part in the activities and conversation over light refreshments.
- is often supported to contribute to the group conversations by reminiscence with the Community Connector during the sessions.

Feedback from health service on the program pre-relocation to care facility:

Great news! An amazing service to our most vulnerable.

Participant D is able to interact in an appropriate manner, verbally and physically, engaging in conversation and remaining settled and relaxed in his environment.

Feedback from Care Facility staff:

The [wellbeing] programs provided are a rewarding experience where Participant D is able to join in conversations and develop social connections. Reminiscing and technology activities promote and encourage mental stimulation. After taking part, Participant D is more calm and settled, less confused and disorientated to time and place. This leads to a reduction in behaviours and agitation from anxiety.

 Lessons learned/Tips:

Although counselling is not a service provided by the Community Connector sometimes a considerate conversation involving reflective listening can support a person to move past a concern.

Reading one of Participant D's books created a significant ground for conversation, especially given the works, although fiction, drew from the client's life and experiences. It also contributed to a sense of mutual trust in that the Community Connector showed genuine interest in Participant D's work, which Participant D was willing to loan and receive feedback on.

Participation in the writers' group was more likely to be ongoing/successful as Participant D was supported to attend the first session. He was also more likely to stay engaged with the group as it matched his interests and was supported by welcoming, like-minded people.

It is recognised that the opportunity for an older person to share their skills and knowledge with a genuinely interested person supports their health and can improve their outlook on life. Sharing advice and experiences often makes the person feel their life is meaningful and worth something.

The ability to recall and reflect can help a person to remember who they used to be in order to help them express themselves in the current moment. Supported reminiscence can help a person to feel more confident in their abilities and provide an opportunity to talk about something that holds meaning to them.

Images: The icons in the case studies have been sourced from Flaticon.com

The final chapter

There is real opportunity here for this to be just the beginning. Public libraries are already regularly involved in the basics of social prescribing, and the research conducted for this project, interviews and surveys, conversations and discussions have highlighted that they are well positioned to undertake a more active role in social prescribing.

Public libraries are welcoming places, established, accessible and in operation in thousands of communities across Australia. They are operated by trained professionals and are supported by staff and volunteers with dedicated knowledge and skills. They deliver locally designed programs and activities which support literacy, learning, and creativity, which are inclusive and foster social connection. Libraries have always worked in partnership with an extensive range of associates and allies to share knowledge, strategies and resources to best support their communities.

The links between social prescribing and public library outcomes are hard to ignore.

The National Association of Link Workers UK identifies that the 'primary aim of social prescribing is to enhance the social connections and, consequently, the health/wellbeing of patients.'[19]

Local Government Victoria promotes that public libraries 'offer a safe space for social interaction, digital connection, lifelong learning, and rich cultural experiences.'[20]

In their toolkit to implement social prescribing, the World Health Organisation Western Pacific Region acknowledges that 'social prescribing is not the intervention itself – it's success depends on the success of the services to which the patient is referred.'[21]

Public libraries can be that trusted, welcoming, versatile central point where community members can be directed, to support and enable them as a whole person, empowering them to be part of their program of support and self-care.

Self-care is 'the practice of taking an active role in protecting one's own wellbeing and happiness.'[22] Australia's *Self-care for health: a national policy blueprint* highlights that although the term self-care implies actions by the individual, 'all self-care activities and behaviours are learnt from, or involve partnerships with, others and are influenced by the external environments in which people live and work.'[5]

This doesn't just happen. What is needed is mindfulness around valuing each interaction with every individual, responsiveness and understanding, skills in finding and sharing information, and knowledge of local and regional sources of support and organisations. What is needed is libraries.

For libraries to really excel in the social prescribing space, they would greatly benefit from the recognition from government bodies of the role of public libraries in community building and engagement; an understanding across all areas that health, community services and the volunteer sector can successfully work collaboratively to provide non-medical interventions which enhance health outcomes; realism and understanding that a medical model alone cannot address healthcare's challenges; and finally that public libraries have a role and a place when making decisions to improve community health.

To quote researcher Yvonne Zurynski '… people who participate in social prescribing programs report an improved sense of wellbeing because of increased connections to their communities, higher levels of self-esteem, greater self-confidence, improved mood, and an increased ability and motivation to look after their own health.'[23]

Isn't this an ideology we all support? Why public libraries?

Why not?!

"I think your visiting program is incredibly important and beneficial, which is why I refer my clients to you so often…. When I refer to your program I know that my client will get a personalised intervention…. We are incredibly lucky to have access to this program."
– Allied health professional

Resources

Further Reading

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Training

Cultural Safety and Awareness. Mirriyu Cultural Consulting, Haddon Vic.

Dementia Training Australia. Free online courses.   https://dta.com.au/

Mental Health First Aid Accreditation. Mental Health First Aid Australia.

QPR Suicide Prevention Training. Anglicare, Sydney NSW.

ReMind: creative first aid. MakeShift Creative, Woonona NSW.

WebJunction Courses and Webinar recordings.   https://learn.webjunction.org/

Resources and Tools

Conversations that matter. Flourish & Fulfilled.

FriendLine. Friends for Good.

Goal Setting. DNA Insight.

Relate, Motivate, Appreciate: a Montessori resource. Dementia Australia.

Structuring a Health Coaching conversation. Dr A McDowell, TPC Health.

Your Conversation Starter Guide. The Conversation Project, an initiative of the Institute for Healthcare Improvement.

Memberships & Networks

Australian Disease Management Association, Social Prescribing Network.

Global Social Prescribing Alliance.

National Association of Link Workers, UK.

National Academy for Social Prescribing, UK.

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