# Queensland Social Prescribing Feasibility Study: Key findings

***What is a feasibility study?***

A feasibility study looks at whether a pilot program is possible and worthwhile. Feasibility studies are usually done before a pilot is designed or rolled out, and can help identify opportunities, challenges, and how the pilot could work.

***What is social prescribing?***

Many people present to health services with social or low-level health needs that are better addressed through social, not medical, solutions.

Social prescribing connects people with non-medical needs to local services that support their wellbeing. A trusted person, like a GP or community worker, works with them to create a “social prescription”, linking them to activities or supports like exercise groups, food banks or counselling. It’s gaining attention as a way to address loneliness, social isolation, and other social issues that impact health.

***Why does it matter?***

Strong social connections are key to a healthy life. They reduce stress, boost mental health, and help people bounce back from tough times. Research shows that good relationships can cut the risk of early death as much as quitting smoking. Community networks also lead to better public health, education and safety. Programs that build social bonds can reduce service demand and help individuals live fuller, more connected lives, especially in times of crisis like during major life changes.

### Introduction

In April 2024, the former Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (the department) engaged Prominence Consulting (PC) to deliver a feasibility study (the study) and suggest options for how a social prescribing pilot focused on improving social connections could be trialled in Queensland. PC worked with the department and the Darling Downs West Moreton Primary Health Network on behalf of all Queensland Primary Health Networks (PHNs) to deliver the study.

The study was initiated in response to recommendations from a [Parliamentary Inquiry into Social Isolation and Loneliness in Queensland](https://www.parliament.qld.gov.au/Work-of-Committees/Inquiries/Inquiry-Details?id=2866). The Queensland Government supported all 14 recommendations, including two relating to social prescribing.

This document outlines a high-level overview of the study, including:

* the importance of social prescribing in the context of social isolation and loneliness
* key issues and challenges
* economic modelling
* study outcomes and possible pilot models
* opportunities for leveraging existing infrastructure.

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*Did you know:*

* *at least one in four Australians aged 12 to 89 experience problematic levels of loneliness, with around five million Australians impacted at any given time[[1]](#endnote-1)*
* *between 6% to 36% of patient presentations to general practitioners (GPs) are because of the impact of non-medical issues on health[[2]](#endnote-2)*
* *loneliness is as deadly as smoking up to 15 cigarettes a day, and is associated with greater risks of health issues and premature death[[3]](#endnote-3)*

### Social isolation and loneliness

Social isolation and loneliness are related but not the same. Isolation is the lack of social contact; it’s an objective measure based on how often someone interacts with others and the size of their social network. Loneliness is how someone feels; it’s a subjective sense of being alone, even if they have people around. Both can impact mental and physical health but don’t always happen together.

This matters when designing support programs, because tackling isolation might not fix loneliness, and vice versa. Each needs different approaches and resources. Measuring results can also be tricky, as reducing isolation doesn’t always lead to people feeling less lonely.

**Key issues and challenges**

* Existing responses to social isolation and loneliness are not addressing the scale of the problem, and innovation is needed.
* Communities and service systems across Queensland have different needs, services, and strengths, and there is no one-size-fits-all solution to addressing social isolation and loneliness.
* Queensland’s population is also dispersed across vast distances and people’s needs differ across metropolitan, regional and remote areas.
* Social isolation and loneliness impact a range of people, and providing targeted services is complex as people’s needs can vary greatly.
* Many social prescribing initiatives already exist in Queensland, but there is low awareness and understanding of their outcomes, or of social prescribing more broadly.
* It is challenging to design effective social prescribing models that are accessible, scalable, and sustainable.
* Collaboration is needed between health, social services, health and government sectors – and national support is required to enable this.

The study considered these challenges, and assumed that if we focus on:

* using Queensland’s Neighbourhood Centres, volunteers and existing services to prevent social isolation during life transitions
* supporting people with enough self-agency to help themselves and others through social prescribing
* providing tools, processes and support to make social prescribing work
* making the most of free, low-cost and self-funded activities, and focusing effort where it benefits the most people

By:

* raising awareness of social prescribing and how people can get involved
* identifying gaps, boosting existing programs, and supporting flexible local solutions
* tracking results and sharing what works, so the system keeps improving

This could:

* help prevent the harm caused by social isolation and loneliness
* ease pressure on overstretched health and social services

And lead to:

* a more connected health, social and community system that supports people early and encourages self-agency
* fewer people from priority groups slipping through service gaps
* more people and communities experiencing positive life transitions

Long-term, this could:

* tackle the root causes of poor social connection and health inequality
* boost social connectedness by empowering people and encouraging place-based, preventative care, reduce demand on health and social services for preventable issues.

**Economic modelling**

The intent of a pilot is to connect individuals to community-based resources and support, to improve their social connections and well-being. The study noted that this, in turn, is expected to slow the growth in demand on healthcare services and contribute to healthier, more connected communities.

The direct cost impact of interventions that address social isolation and loneliness was considered through health costs, changes in employment outcomes or reduced government service use. study confirmed that social prescribing can help reduce the growing demand for health services, however, intervening will only slow health expenditure growth — about 1% per year less than if issues are left unaddressed.

Over 20 years, this could result in a 20% reduction in health costs for individuals whose social isolation and loneliness are addressed compared to those whose issues are ignored. Early, sustained, and well-monitored intervention is essential.

**Pilot models**

The study looked at evidence to produce options that could help build and test a social prescribing system in Queensland that connects communities and health and community services. It found that a pilot that could be tested for economic feasibility, supports people going through life transitions who are at risk of loneliness and isolation, and focuses on preventing long-term negative outcomes would be the most appropriate.

Four models (cost-neutral, universal, targeted and intensive) were identified as feasible for a pilot. If implemented, tailored evaluation of each model was suggested to inform any future implementation. Notably, the study found that co-production should be a core principle of any pilot, as individual and local needs, approaches, existing services and activities, gaps and challenges will differ from person to person and place to place.

**Leveraging existing resources**

There is a strong base of work already underway in Queensland that could be scaled or aligned to support social prescribing efforts.

*Sector capability*

A statewide social isolation and loneliness network, co-led by the Queensland Council of Social Service (QCOSS) and the department, is being established to build knowledge and capability across the community sector. Development of a micro-credential is also underway in partnership with TAFE Queensland, shaped by lived experience and frontline insights. This will help support capacity building and professional development in social connection work.

*Neighbourhood Centres*

Queensland’s vast network of Neighbourhood and Community Centres are trusted, local hubs already supporting community connection and inclusion. These sites offer valuable learnings and infrastructure for future expansion of social prescribing.

*Emergent tech*

Tools like Generative Artificial Intelligence could help keep local service directories accurate and up to date, using innovative approaches to streamline approaches and capture useful information. However, tech should only support (not replace) relationship-based practice.

*Primary Health Networks (PHNs)*

PHNs are already commissioning mental health and wellbeing services and have connections with GPs, allied health, and local providers. Their role in integrating health and social supports makes them a key social prescribing delivery partner that could help align efforts and avoid duplication.

*Volunteering*

Supported by good practice guidance, volunteers and volunteer organisations can play a key role in delivering social prescribing at scale through providing time-limited and targeted support to community members.

**Final remarks**

Overall, a pilot of social prescribing in Queensland presents a valuable opportunity to reduce future service demand and build capacity and capability through linking communities, social and primary health services, supporting better health and wellbeing through a coordinated, place-based approach.

1. https://endingloneliness.com.au/wp-content/uploads/2020/11/Ending-Loneliness-Together-in-Australia\_Nov20.pdf [↑](#endnote-ref-1)
2. https://www.racgp.org.au/getmedia/80c8bdc9-8886-4055-8a8d-ea793b088e5a/Health-ofthe-Nation.pdf.aspx [↑](#endnote-ref-2)
3. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf [↑](#endnote-ref-3)