



Referral Information for Health Professionals and those referring patients/clients

This project has been funded by the Wicking Trust via Equity Trustees and is a partnership between CHAOS (Community Houses Association of the Outer-eastern Suburbs), the five community houses in Knox and the Temple Society.

Essentially the project aims to trial a form of social prescribing as a strategy to reduce social isolation in people aged 65+ in Knox. It's an innovation project. The aim is not to necessarily engage large numbers of people but rather to develop, test and successfully scale up a model that works. It has been inspired by the achievements of the Mendip Health Connections model in the UK and Bromley by Bow Centre in London.

The key feature of the project is the recruitment and training of volunteer community connectors.

The focus is on linking people to social and peer support activities across the Knox Community.

The volunteer community connectors complete training that includes:

- Data about loneliness and social isolation and its health impacts
- Barriers to participation and possible solutions
- Tools and resources for linking (online directory and other agencies)
- What the role is not about / boundaries
- Active listening skills
- Health and safety for yourself and your client
- Record keeping, evaluations

Volunteers are police-checked and attend regular team meetings with the project worker.

The referral process we are testing is quite simple and will be regularly evaluated for improvements:

- Health professional refers patient to the project using LOBL referral form
- LOBL project worker makes contact with the patient within two working days to explain the process and let them know who their community connector is so that they recognise the name when they phone them.
- Community connector phones patient within five working days and discusses what they feel they'd like to do and what their barriers to participation may be. They let them know that they will do some research and get back to them within a week with some suggestions.
- Community connector contacts patient (will meet in public place when and where it is safe to do so) and take them through the available options, providing details such as venue, cost, dates, how to get there, etc. If the patient is anxious about making the initial

contact themselves the community connector will offer to make the call while the patient is with them to arrange their attendance.

- If the patient feels they need support when they first attend the activity the community connector will offer to meet them outside the venue and take them in to meet appropriate people who will be assisting them to engage in the activity.

Follow-up:

- The community connector will contact the participant a few days after the first session (even if they attended with them) to check that they were happy and are returning
- Determine if they are they confident to attend alone
- Make new arrangements if needed
- They will contact them again after a further two sessions to make sure they are still attending and are happy. If not, they will offer to help them try an alternative activity or speak to the contact at the organisation if they have any issues
- If they are happy to continue and are settled in, the community connector will let them know that their relationship ends at this stage but they are welcome to contact the Project worker again any time in the future if they require further assistance with connecting to other activities

Communication:

- The community connector will notify the project worker when they commence linking the patient, again when they have agreed on an activity and again when they are successfully engaged and the linking relationship ends. The Project worker will email this information to the referring health professional at each stage.
- The Project worker will seek feedback/evaluation from the community connector, the patient who has been linked to community activities and the referring agency to assist with continuous improvement of the social prescription model and to assist with reporting to the project funding body.

Other features of the project:

- Drop in Talking Cafes; once per week patients are able to attend a social meetup in either Zoom or via conference call. Once restrictions are more relaxed and it is safer, the Talking café will operate as a drop in at a Knox café where participants can meet in person.
- Signposting is an important aspect of the success of social prescribing in the Mendip model. We will be providing information for people across the community who are in a position to let people experiencing loneliness know about the project and the social prescribing process. This will include health professionals, community workers, hairdressers, checkout staff at supermarkets, etc.

At all times the privacy of the referred patient will be respected and protected.

For further information please contact the Project Worker:

The project worker, Leanne FitzGerald, is supported by a skilled Project Reference Group. She is the first point of contact for more information.

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