

6 November 2023

The Secretariat
A stronger, more diverse and independent community sector
Department of Social Services
E: CSAGSecretariat@dss.gov.au

Dear Secretariat,

RE: ***Issues Paper: A stronger, more diverse and independent community sector***

We are writing on behalf of the *Australian Social Prescribing Institute of Research and Education (ASPIRE)*. ASPIRE is uniquely positioned to guide health, social and welfare wellbeing innovation and funding strategies. Founded on the principles of empowering individuals and building resilient communities, we champion a holistic and person-led approach to quality of life, health and wellbeing that extends beyond traditional models of health and social care. We advocate for placed-based, integrated models of health and community care that are responsive to community need, co-designed with communities and service providers. We recognise that exemplary integrated models are reliant on accessible, viable community services as much as they are a sustainable healthy system hence our interest in responding to this consultation.

Our scope encompasses a wide array of stakeholders—from academic entities like universities to community-based organisations and healthcare providers. Our mission is not merely to adopt global best practices, but to shape personalised models of health and wellbeing that align with Australia’s unique health and social care policies, funding schemes, and service frameworks. Our evidence-based research and advocacy focus on creating innovative, yet impactful, solutions. As such, we envision health not just as an absence of illness, but as a dynamic state that involves physical, emotional, social, environmental, and economic well-being. Through ASPIRE, we offer a roadmap for an inclusive, community-driven, and individual-centric health and social wellbeing system, aligning closely with government-wide objectives for better wellbeing and health for all Australians. You can learn more about how we aim to transform Australia’s health and wellbeing landscape at www.creatingopportunitiestogether.com

What is Social Prescribing?

Social prescribing involves a trusted referrer connecting a person to a link worker, who acts as a resource while the individual creates their own personalised plan, identifying opportunities and avenues for enrichment to enhance their quality of life. It’s a means of individuals accessing sources of non-medical supports within the community to improve their health and wellbeing, and can significantly improve wellbeing and quality of life and reduce unnecessary health, social and wellbeing costs by addressing underlying factors.^{1,2} A more detailed explainer is at **Attachment A**.

¹ Caruana, T., Aggar, C. & Baker, J. (2020). Social prescribing as an intervention for people with work-related injuries and psychosocial difficulties in Australia. *Advances in Health and Behavior*. 3. 101-110. 10.25082/AHB.2020.01.001.

² Aggar, C., Thomas, T., Gordon, C., Bloomfield, J. & Baker, J. (2020). Social Prescribing for Individuals Living with Mental Illness in an Australian Community Setting: A Pilot Study. *Community Mental Health Journal*. 57. 1-7. 10.1007/s10597-020-00631-6.

Relationship between Social Prescribing and Key Areas Raised in Issues Paper

Local Leadership and Community-Centric Approaches: Social prescribing aligns perfectly with the concept of local leadership and community-centric models. It empowers local communities to take charge of their health and wellbeing by connecting them with tailored resources and activities within their communities. Link workers, often drawn from the same communities they serve, play a pivotal role in understanding the unique needs and priorities of each community. This approach fosters a sense of local ownership and decision-making, ensuring that healthcare solutions are relevant and effective.

Access and Equity: One of the primary objectives of social prescribing is to improve access to health and wellbeing resources, particularly for underserved populations. In Australia, where there are vast rural and remote areas, social prescribing can bridge geographic barriers by facilitating access to local resources. Furthermore, it addresses disparities by providing culturally sensitive and community-specific interventions. This leads to greater equity of access to healthcare and well-being resources, ensuring that no one is left behind.

New and Innovative Emerging Practices: Social prescribing is an innovative approach that challenges traditional models of health and social care. It recognises that wellbeing is not solely dependent on medical or welfare interventions but is deeply intertwined with social determinants, social capital and community integration. By actively engaging individuals in non-medical activities and addressing their social and emotional needs, social prescribing represents a paradigm shift in health and social care. It encourages emerging practices that focus on holistic wellbeing and personalised care, aligning with the evolving landscape of person-centred approaches.

Workforce Capacity and ROI: Social prescribing offers a solution to enhance workforce capacity efficiently. By introducing new roles like link workers, it expands the care workforce without the need for extensive training. This not only addresses existing skills shortages but also makes the social and welfare sector more attractive to a diverse range of individuals. The cost-efficient nature of social prescribing contributes to a solid return on investment, making it a financially sustainable model for improving quality of life outcomes.

Supporting Informal Carers: Informal carers often face overwhelming responsibilities and isolation. SP groups provide opportunities for mutual support, information sharing, and the development of relationships with others facing similar challenges. Social prescribing connects them with local activities and support services, reducing their sense of isolation and boosting their self-assurance in managing their own wellbeing requirements and caring for their loved ones. This support extends beyond the individual they care for, benefiting the carer as well. SP promotes a holistic approach to care and fosters stronger, more resilient relationships between those receiving care and those providing it.

Community-Centric and Sustainable: Social prescribing inherently promotes community-centric models of care. It ensures that support is tailored to the specific needs and resources of each community, leading to greater equity in service delivery. By leveraging existing community assets and promoting awareness of local resources, it fosters sustainability by enhancing community development and local economic growth.

Triangulating Data for Local Needs and Opportunities: Social prescribing provides an opportunity to harness data from diverse sources to gain a comprehensive understanding of local health dynamics. Link workers, embedded within communities, can collect vital firsthand insights into specific needs,

barriers, and opportunities. When combined with data from Primary Health Networks (PHNs) and local councils, a potent synergy emerges. PHNs can analyse regional health data, and when blended with council insights, a holistic picture forms, encompassing both healthcare and social determinants of health. This data-driven approach empowers decision-makers to allocate resources efficiently, tailor interventions, and foster evidence-based practices, ensuring that social prescribing aligns precisely with local communities' multifaceted health and wellbeing needs. This type of approach would address many of the challenges raised in the DSS Issues Paper.

Summary

Social prescribing is a powerful and versatile approach that can effectively address several key challenges outlined in the issues paper. It promotes local leadership, improves access and equity, encourages innovation, enhances workforce capacity, delivers a solid return on investment, supports informal carers, and fosters community-centric and sustainable models of care. By embracing social prescribing, Australia can take significant strides toward a more inclusive, responsive, and effective healthcare system that prioritises the wellbeing of its diverse population.

In summary, we are in an era where people command and deserve more integrated, place-based, connected health and human services. Some of the emergent social prescribing services in Australia are examples of such integration and clever use of existing CSO assets and service architecture. We have drawn on our knowledge of experiences of care and the characteristics of well-integrated health and social care and the work of our network of leading researchers to offer the following high-level comments against your 5 focus areas:

- **Giving the sector voice and respect it deserves through a meaningful working partnership:** insights and information from the community sector and a partnership ethos combined with a solid evidence base through organisations such as ASPIRE can help shape better policy, better conceived programs and better targeted services, delivering better public value
- **Providing grants that reflect the real cost of delivering quality services:** inflation affects all aspects of the economy, including the care and support economy. Neglecting to reflect a level of indexation in funding agreements in response to the real cost of service delivery is to shrink service capacity and risks widening equity gaps for some already vulnerable beneficiaries of CSO services
- **Providing longer grant agreement terms:** longer grant cycles will deliver funding certainty to CSOs and their collaborators and will go a long way to ensuring service continuity and excellence as CSOs are in a better position to attract and retain quality workforce
- **Ensuring grant funding flows to a greater diversity of CSOs:** Australia is a demographically and geographically diverse society warranting a diverse community services sector.
- **Partnering with trusted community organisations with strong local links:** Australia's geography and diversity lends itself to place-based programs and services. Working with CSOs with strong local links as well as ensuring they, in turn, are supported to link with other local collaborators such as PHNs, local government, and philanthropy will yield more responsive local services.

Attachment B further elaborates with our responses to the specific questions in the Issues Paper.

We are open to discussing these matters further and would be honoured to participate in any subsequent phases of your review.

Thank you for considering our submission.

Yours sincerely,

[Redacted signature]

[Redacted name]

CEO

Appendix A: Social Prescribing Overview

Social prescribing is a transformative model that serves as a bridge between formal care and community-based supports. The model (Figure 1) involves a health or social care professional, or other trusted referrer, ‘prescribing’ a person to a link worker, who assists the person to co-design their own personalised plan, identifying opportunities and avenues for enrichment to enhance their quality of life. Because a lot of the ‘prescriptions’ can be for low-cost sustainable activities like bushwalking clubs, cooking groups, art groups, gardening groups, movie clubs, meditation groups, and more, these prescriptions offer more sustainable, longer-term strategies for addressing social, emotional, health and environmental needs. Without social prescribing, these resources often remain under-utilised due to a lack of awareness.

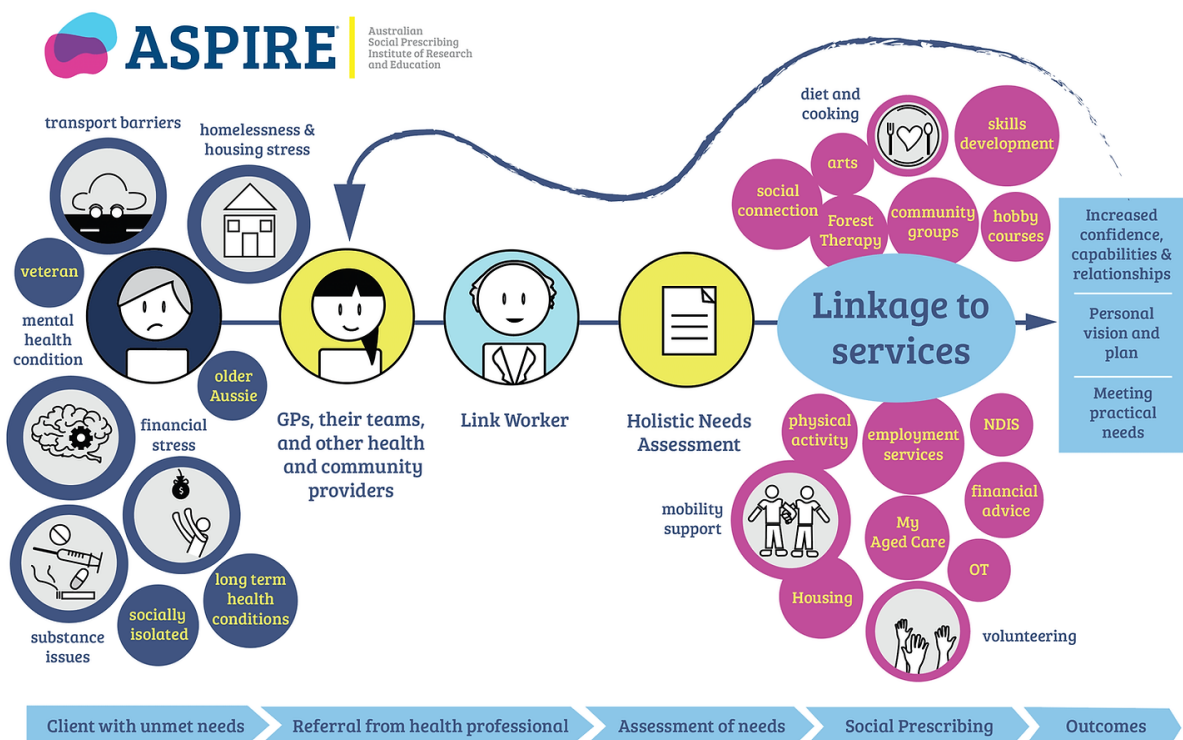


Figure 1: Social Prescribing model

Social Prescribing is a way of referring people to a range of local, non-medical activities to support the patient’s health and social wellbeing in a holistic and self-empowering way. It provides an opportunity for people to co-design their personalised plan to overcome environmental and societal barriers that prevent them from fully engaging in life. In times of increasing constraints on funding and workforce, social prescribing offers opportunities to use alternative workforces and strategies to improve health and social wellbeing. It complements medical, social and welfare type models of care by providing a personalised approach to addressing social determinants of health by utilising free or low costs community assets. Social determinants of health are social, economic, and environmental factors that influence health. In essence, social prescribing tackles the root causes of health disparities to create a healthier, more equitable society.

Social Prescribing can significantly improve wellbeing and quality of life and reduce unnecessary health, social and wellbeing costs by addressing underlying factors.^{3,4} Concurrently, it can raise awareness and extend support to informal carers, families, and loved ones, recognising their unique needs and bolstering their ability to provide care and support. Engaging in social activities together can help strengthen relationships and provide shared experiences. Social prescribing can thus create improvements in social wellbeing, identify, and mental health, whilst also connecting communities closer together.⁵ This holistic approach creates a more balanced and compassionate health and social wellbeing ecosystem, making social prescribing a strategic imperative for improving health and wellbeing in Australia.

³ Caruana, T., Aggar, C. & Baker, J. (2020). Social prescribing as an intervention for people with work-related injuries and psychosocial difficulties in Australia. *Advances in Health and Behavior*. 3. 101-110. 10.25082/AHB.2020.01.001.

⁴ Aggar, C., Thomas, T., Gordon, C., Bloomfield, J. & Baker, J. (2020). Social Prescribing for Individuals Living with Mental Illness in an Australian Community Setting: A Pilot Study. *Community Mental Health Journal*. 57. 1-7. 10.1007/s10597-020-00631-6.

⁵ Dingle, G., Sharman, L., Hayes, S., Haslam, C., Cruwys, T., Jetten, J., Haslam, S., McNamara, N., Chua, D., Baker, J. & Johnson, T. (2023). A controlled evaluation of social prescribing on loneliness for adults in Queensland: 8-week outcomes. 10.21203/rs.3.rs-2853260/v1.

Appendix B

1. Giving the sector the voice and respect it deserves through a meaningful working partnership

1.1 What would a partnership between CSOs and the government that achieves outcomes for Australians being supported by the community sector look like?

A meaningful partnership between Community Service Organisations (CSOs) and the government is essential to achieve positive outcomes for Australians supported by the community sector. Such a partnership should be characterised by:

- **Local Needs Assessment:** To ensure that programs and services are responsive to the needs of local communities, partnerships should incorporate local needs assessments. PHNs, local councils, and CSOs can work together to gather data on specific community needs, barriers, and opportunities.
- **Equitable Distribution of Resources:** Partnerships should aim for an equitable distribution of resources, taking into account the unique needs of different regions and populations. PHNs and local councils, with their regional knowledge, can contribute valuable insights to this process.
- **Community Engagement:** Engaging with the community, including service users and those who may not have easy access to services, is essential. Mechanisms should be in place to solicit community input and feedback to shape program design without imposing significant burdens.
- **Collaborative Decision-Making:** CSOs and the government should engage in collaborative decision-making processes where both parties have a voice. This means involving CSOs in policy development, program design, and funding allocation discussions.
- **Transparency and Accountability:** Transparency is key to building trust. Clear communication and openness about decision-making processes, funding allocations, and program evaluations should be upheld. Both CSOs and the government should be accountable for their actions and commitments.
- **Flexibility and Adaptability:** Partnerships should allow for flexibility and adaptability to respond to changing community needs. This includes the ability to reallocate resources as necessary and adjust programs to address emerging challenges.
- **Innovative Technology:** To streamline the sharing of information, technology should be harnessed effectively. Digital platforms, data-sharing systems, and communication tools can facilitate timely and efficient engagement, distribution, sharing, influence, and information dissemination.
- **Shared Goals and Objectives:** CSOs and the government should align their goals and objectives to focus on improving the well-being of Australians. This alignment ensures that efforts are coordinated and complementary.

In summary, a successful partnership between CSOs and the government should be characterised by collaboration, transparency, flexibility, and a strong focus on addressing local needs. The involvement of PHNs and local councils in needs assessment and data triangulation enriches the decision-making process, ensuring that programs are tailored to the unique requirements of communities. This approach not only respects the voice of the community sector but also enhances the impact and reach of initiatives supporting the well-being of all Australians.

1.2 How can CSOs and government streamline the sharing of information, particularly through utilising technology to effectively engage, distribute, share, influence, and inform in a timely and efficient manner?

Streamlining the sharing of information between CSOs and the government, especially through technology, is crucial for effective collaboration. Here are ways in which this can be achieved:

- **Digital Platforms:** Implement user-friendly digital platforms that allow for the secure and efficient exchange of information. These platforms should enable real-time updates, data sharing, and document storage to facilitate easy access to relevant information.
- **Data Standardisation:** Standardise data formats and protocols to ensure compatibility between systems used by CSOs and government agencies. This ensures that data can be seamlessly shared and integrated.
- **Interoperability:** Invest in interoperable systems that can communicate with each other. This reduces duplication of effort and minimises the risk of data silos.
- **Secure Data Sharing:** Prioritise data security and privacy. Implement robust security measures to protect sensitive information while allowing authorised personnel to access necessary data.
- **Regular Reporting and Updates:** Set up automated reporting mechanisms that provide regular updates on program progress, outcomes, and expenditure. This keeps all stakeholders informed in a timely manner.
- **Collaborative Tools:** Utilise collaborative tools such as shared workspaces and project management platforms. These tools enhance communication, facilitate document sharing, and enable efficient collaboration on projects.
- **Feedback Loops:** Establish feedback loops that enable CSOs and government agencies to provide input on program design and implementation. Timely feedback ensures that programs can be adjusted based on real-world experiences.
- **Training and Capacity Building:** Provide training and capacity-building programs for CSOs and government staff to enhance their digital literacy. This ensures that all stakeholders can effectively use technology for information sharing.
- **Clear Communication Protocols:** Develop clear communication protocols that outline the responsibilities of both CSOs and government agencies regarding information sharing. Having predefined processes reduces confusion and delays.
- **Monitoring and Evaluation Tools:** Implement technology-driven monitoring and evaluation tools that allow for the collection and analysis of data related to program outcomes. This data can inform decision-making and adjustments to strategies.

By embracing these strategies and leveraging technology effectively, CSOs and the government can streamline the sharing of information in a manner that is both timely and efficient. This not only enhances collaboration but also contributes to more informed decision-making and improved outcomes for Australians supported by the community sector.

1.3 How can government ensure the community sector, including service users and those not able to access services, have an opportunity to contribute to program design without imposing significant burdens?

Ensuring that the community sector, including service users and those who may face barriers to accessing services, can contribute to program design without imposing significant burdens requires a thoughtful and inclusive approach. Here are steps the government can take:

- **Inclusive Consultations:** Organise inclusive consultations and engagement sessions that actively seek input from the community sector, service users, and marginalised groups.

These sessions should be designed to be accessible, culturally sensitive, and accommodating of diverse needs.

- **Digital Accessibility:** Provide digital accessibility options for those who may not be able to attend in-person meetings. This includes webinars, online surveys, and virtual focus groups, ensuring that technology does not become a barrier to participation.
- **Language and Communication:** Ensure that materials and communication are available in multiple languages and accessible formats. This accommodates individuals with varying language proficiencies and literacy levels.
- **Engagement Liaisons:** Appoint engagement liaisons or community outreach workers who can directly connect with marginalised communities and individuals. These liaisons can bridge the gap between the government and those who may not easily engage in traditional processes.
- **Flexible Participation Modes:** Offer various modes of participation, such as written submissions, audio recordings, or visual presentations, to cater to different communication preferences and abilities.
- **Supportive Resources:** Provide support resources, such as plain-language guides and informational videos, to help individuals understand the program design process and the impact of their input.
- **Timely and Convenient Timing:** Schedule consultations and engagement activities at times that are convenient for the target audience. This may include evenings, weekends, or during community events.
- **Feedback Mechanisms:** Establish clear and accessible feedback mechanisms where individuals can easily share their ideas, concerns, and suggestions. Ensure that feedback is actively sought and valued.
- **Transparency and Follow-Up:** Maintain transparency throughout the program design process by sharing how community input is being used and integrated into decision-making. Follow up with feedback providers to demonstrate that their contributions are making a difference.
- **Partnerships with Community Organisations:** Collaborate with local community organisations and CSOs to facilitate engagement and ensure that the perspectives of marginalised groups are included.
- **Empowerment and Recognition:** Empower community members by recognising their contributions and acknowledging their expertise in lived experiences. This encourages continued engagement and a sense of ownership.

By implementing these strategies, the government can create an environment where the community sector, service users, and those facing barriers are encouraged and able to contribute to program design without feeling burdened. This inclusive approach enriches the design process, resulting in programs that better meet the diverse needs of the community and promote equity and well-being for all Australians.

2. Providing grants that reflect the real cost of delivering quality services

2.1 What would adequate and flexible funding look like?

Adequate and flexible funding should consider the following aspects:

- **Full Cost Recovery:** Funding should cover the full cost of delivering services, including both direct service costs and indirect costs such as administrative, overhead, and infrastructure

expenses. This ensures that organisations can sustainably deliver high-quality services without compromising on essential components.

- **Flexibility to Adapt:** Funding should allow for flexibility to adapt to changing needs and circumstances. CSOs should be able to allocate funds where they are most needed, whether it's for program improvements, staff training, or innovation.
- **Multi-Year Agreements:** Longer grant agreement terms (as addressed in question 3) can contribute to flexibility. Multi-year agreements provide stability and reduce uncertainty, allowing organisations to plan for the long term and invest in program improvements.

2.2 What administrative and overhead costs are not being considered in current grant funding?

Current grant funding often underestimates or overlooks certain administrative and overhead costs. These may include:

- **Technology Infrastructure:** Investment in technology infrastructure to support data management, reporting, and communication.
- **Compliance and Reporting:** Costs associated with compliance with regulatory requirements and reporting to funding bodies.
- **Quality Assurance:** Expenses related to maintaining program quality, including monitoring, evaluation, and continuous improvement efforts.
- **Staff Development:** Costs for staff training, professional development, and workforce retention strategies.
- **Resource Mobilisation:** Expenditure on fundraising and resource mobilisation activities to diversify funding sources and reduce dependency on grants.
- **Innovation and Research:** Investment in research and innovation to adapt and improve programs based on emerging best practices and evidence.

2.3 How are rising operational costs impacting the delivery of community services?

Rising operational costs can have significant impacts on community services, including:

- **Service Reduction:** Organisations may be forced to reduce the scale or scope of their services to manage increased operational costs, leading to a decrease in the quality and availability of services.
- **Staffing Challenges:** Attracting and retaining skilled staff becomes more challenging, affecting the organisation's ability to deliver high-quality services.
- **Innovation Constraints:** Limited resources may hinder the ability to innovate and respond to changing community needs effectively.
- **Equity Concerns:** Rising costs can create disparities in service provision, with some communities having better access to services than others.

2.4 What have been your experiences with, and reflections on, the supplementation and change to indexation?

Supplementation and changes to indexation can impact CSOs in various ways:

- **Supplementation:** Additional funding to account for rising costs is essential. CSOs often rely on supplementation to bridge the gap between grant amounts and actual costs.
- **Change to Indexation:** Changes in indexation methods can lead to funding that doesn't keep pace with inflation and increasing costs. This can erode the real value of grants over time. Consistent and predictable indexation methods should be used to ensure that grants maintain their real value. It is also important that indexation considers the specific cost

drivers within the community services sector, particularly things like rising wages (not just from Award changes but cost of living pressures changing market dynamics).

2.5 How can CSOs and the department work together to determine where funds are needed most to ensure equitable and responsive distribution of funds?

To ensure equitable and responsive distribution of funds, CSOs and the department can collaborate in the following ways:

- **Needs Assessment:** Conduct comprehensive needs assessments, involving CSOs, community members, and the department, to identify priority areas and target populations.
- **Data Sharing:** Share data on service utilisation, outcomes, and community needs between CSOs and the department to inform funding decisions.
- **Transparent Allocation:** Implement transparent funding allocation processes that consider local needs, population demographics, and the unique challenges of each region.
- **Regular Consultations:** Maintain open channels of communication through regular consultations, allowing CSOs to provide insights into where funds are most needed.
- **Performance Monitoring:** Monitor the performance of funded programs to ensure that they meet their objectives and deliver equitable outcomes.

2.6 How can government streamline reporting requirements, including across multiple grants, to reduce administrative burden on CSOs?

To reduce the administrative burden on CSOs, the government can take the following steps:

- **Single Portal:** Create a centralised online portal where CSOs can submit reports for multiple grants. This reduces duplication and simplifies reporting.
- **Common Reporting Standards:** Standardise reporting requirements across grants to minimise variations in reporting formats and expectations.
- **Longer Reporting Periods:** Extend reporting periods to reduce the frequency of reporting, particularly for multi-year grants.
- **Performance-Based Reporting:** Focus reporting on outcomes and impacts rather than extensive process-oriented reporting.
- **Data Sharing:** Explore ways to share relevant data between government agencies to minimise the need for CSOs to provide the same information multiple times.
- **Feedback Mechanisms:** Establish feedback mechanisms where CSOs can provide input on reporting requirements and suggest improvements.

3. Providing longer grant agreement terms

3.1 What length grant agreements are CSOs seeking to provide certainty and stability for ongoing service delivery?

ASPIRE recommends that grant agreements should ideally be extended to a minimum duration of three to five years for CSOs. Longer grant agreement terms provide certainty and stability for ongoing service delivery, allowing CSOs to plan and implement community-based interventions more effectively. This duration allows CSOs to develop sustainable programs and invest in capacity-building activities, ultimately leading to better outcomes for the communities they serve.

3.2 What timeframes should the government aim for, at a minimum, to provide final outcomes on grant variations/extensions before the current grant ceases?

ASPIRE suggests that the government should aim to provide final outcomes on grant variations/extensions at least 12 months before the current grant ceases. This timeframe allows CSOs to adequately plan and adjust their programs based on the variations/extensions. Timely communication of outcomes ensures that CSOs can make informed decisions and maintain service continuity, promoting stability and effectiveness in service delivery.

3.3 What funding flexibility do CSOs require to enable service delivery and innovation?

ASPIRE recommends that CSOs should have access to flexible funding arrangements that allow for both core service delivery and innovation. Flexibility in funding enables CSOs to respond to evolving community needs and implement innovative strategies to address complex challenges. This includes the ability to reallocate funds within the grant to meet emerging priorities or unforeseen circumstances, promoting agility and adaptability.

3.4 What flexibility is required by CSOs in acquittal processes to support and encourage sector innovation?

ASPIRE advocates for flexible acquittal processes that prioritise outcomes and impact rather than overly prescriptive reporting requirements. CSOs should have the flexibility to choose reporting methods and indicators that align with their unique programs and community contexts. This approach encourages sector innovation by allowing CSOs to focus on delivering meaningful outcomes rather than excessive administrative burdens.

3.5 How can the government improve the variation process, with consideration that CSOs must demonstrate alignment with the grant agreement and provide evidence of value-for-money outcomes?

ASPIRE recommends that the government streamline the variation process by creating clear and standardised guidelines for variations that are aligned with the grant agreement's core objectives. Additionally, the government can facilitate capacity-building initiatives to support CSOs in demonstrating value-for-money outcomes. This includes providing training, resources, and tools to help CSOs effectively track and measure the impact of their programs, ensuring accountability while reducing unnecessary administrative burdens.

In summary, ASPIRE's policy recommendations aim to promote longer grant agreement terms, streamlined processes, and flexible funding arrangements that empower CSOs to deliver high-quality, innovative, and community-driven services for improved health and well-being outcomes.

4 Ensuring grant funding flows to a greater diversity of Community Service Organisations

4.1 How can the government ensure opportunities are available for new and emerging organisations to access funding?

ASPIRE recommends the following strategies to ensure opportunities for new and emerging organisations:

- **Set Aside Funds:** The government can allocate a portion of grant funding specifically for new and emerging organisations. This ensures that these organisations have a fair chance to access funding and develop their capacity.
- **Capacity-Building Support:** Provide training, mentorship, and capacity-building programs to help new organisations prepare competitive grant proposals and effectively manage grant funds.
- **Simplified Application Process:** Streamline the grant application process, making it accessible and less burdensome for new and smaller organisations, including providing templates and clear guidelines.

4.2 What programs, supports and information are already available for smaller CSOs to help build capacity of the organisation? Are these working?

ASPIRE recommends the government should:

- **Assessment and Feedback:** Continuously assess existing capacity-building programs to determine their effectiveness. Solicit feedback from smaller CSOs to identify areas for improvement and refine these programs accordingly.
- **Resource Hubs:** Establish resource hubs or online platforms that centralise information, tools, and resources to support capacity-building efforts. These hubs should be easily accessible and regularly updated.
- **Collaborative Initiatives:** Encourage collaborative initiatives among CSOs, where larger organisations provide mentorship, training, or technical assistance to smaller ones. Monitor the success of these initiatives to ensure they are effective in building capacity.
- **Evaluation and Research:** Invest in research and evaluation to measure the impact of capacity-building programs. Ensure that data on program outcomes and effectiveness are readily available to inform policy and practice.

4.3 How could larger CSOs support smaller CSOs? What are the barriers to providing this support?

ASPIRE recommends the following actions for larger CSOs to support smaller ones:

- **Mentorship and Collaboration:** Larger CSOs can offer mentorship, share expertise, and engage in collaborative projects with smaller CSOs. Encourage partnerships that allow smaller organisations to benefit from the experience and resources of larger ones.
- **Resource Sharing:** Facilitate the sharing of resources, such as office space, equipment, or administrative support, to reduce operational costs for smaller CSOs.
- **Capacity-Building Programs:** Develop and implement capacity-building programs tailored to the specific needs of smaller organisations. Ensure these programs are accessible and address barriers to participation.
- **Advocacy:** Advocate for policies that promote equity and inclusivity in grant funding, including advocating for set-asides for smaller and newer organisations.

- **Overcoming Barriers:** Identify and address barriers to providing support, such as legal constraints, competition for funding, or resource limitations. Seek innovative solutions to overcome these barriers.

Question 5: Partnering with trusted community organisations with strong local links

ASPIRE firmly believes that place-based funding approaches, which, when coupled with innovative strategies, can ensure that grant funding reaches trusted community organisations with strong local links. Shared accountability between the community and funders enhances the effectiveness of community-led change initiatives, ultimately leading to improved service delivery and greater equity of access to health and well-being resources. Existing mechanisms which could expand their functions to inform DSS procurement include PHNs and local councils. With local needs data provided by link workers and community members, the triangulated needs and opportunities data could be extremely rich for local communities and support tailored programs to improve equity and opportunities for wellbeing for local communities.

5.1 What is your experience with and reflections on place-based funding approaches?

Social prescribing programs in Australia and overseas have demonstrated that place-based funding approaches are highly effective in addressing the social determinants of health and promoting equity of access. By conducting needs assessments and resource mapping within communities, place-based approaches enable the identification of barriers to health and well-being unique to specific regions. This allows for targeted interventions and the allocation of resources to areas where they are most needed. By disseminating information through channels like community link workers, digital platforms, and local CSOs, place-based strategies make it easier to facilitate awareness about and access to available local resources.

Ideally social prescribing is a means of gathering information on local needs, because in its nature it involves identifying unmet non-medical needs getting in the way of health and wellbeing. These needs could ideally be mapped, measured, and included on regional reporting by PHNs, LGAs, and other local networks with a responsibility for the health, wellbeing and amenity of local communities. As such we recommend that PHNs, LGAs and CSOs are all funded to work in partnership to map local needs, identify local barriers and opportunities, and use this information to identify opportunities where funding could be used and co-designed in its use with local community members and partners to maximise impact for the people in those communities with the most need and least access.

5.2 What innovative approaches could be implemented to ensure grant funding reaches trusted community organisations with strong local links?

To ensure that grant funding reaches trusted community organisations with strong local links, innovative approaches can be adopted:

- a. Community-Centric Grant Panels:** Establish grant panels that include representatives from the local community to make funding decisions. This approach ensures that community needs and priorities are considered in the allocation of funds.
- b. Outcome-Based Funding Models:** Implement outcome-based funding models that reward organisations for achieving measurable improvements in the well-being of the local community. This encourages accountability and transparency in the use of funds. ASPIRE could partner with DSS to develop a common measurement framework so that consistency of measurement could be achieved across jurisdictions, which could be combined with local success measures.
- c. Local Needs Assessments:** Social Prescribing data is triangulated with health, PHN and council data, to triangulate local needs and improve equity and access for local

communities. These entities can conduct regular and comprehensive needs assessments within communities to identify gaps and areas requiring support. Grant funding can then be directed toward addressing these specific needs, spanning health, social, environmental and other domains that cumulatively make up the core components of Quality of Life.

d. Community Capacity Building: Invest in capacity-building initiatives for local community organisations to enhance their ability to access and utilise grant funding effectively.

5.3 Which areas do you consider have duplicative funding or gaps you think need to be addressed, and what is the evidence?

Identifying areas with duplicative funding or gaps in service provision is crucial for optimising resource allocation. ASPIRE recommends the following:

a. Evidence-Based Assessments: Conduct evidence-based assessments of community needs and existing services, considering factors such as demographics, health disparities, and service utilisation patterns.

b. Data-Driven Decision Making: Utilise data analytics to identify regions with overlapping services or underserved populations. This data-driven approach helps in targeting funding where it is most needed.

c. Feedback Mechanisms: Establish feedback mechanisms involving both service users and providers to identify duplication or gaps in services. Continuous feedback loops help in making necessary adjustments.

5.4 Where there is a community-led change initiative, could shared accountability to community and funders (government) strengthen service delivery?

Shared accountability between the community and funders (government) can indeed strengthen service delivery. ASPIRE has found that community-led change initiatives are more effective when there is a sense of ownership and collaboration among all stakeholders. Here's how shared accountability can strengthen service delivery:

a. Co-Design of Programs: Involve community members in the co-design of programs and services, ensuring that they reflect the specific needs and preferences of the local population.

b. Transparency and Reporting: Establish transparent reporting mechanisms that require both community organisations and funders to regularly report on progress and outcomes. This transparency promotes trust and ensures that resources are used effectively.

c. Feedback and Evaluation: Encourage ongoing feedback from the community to assess the impact of programs and make necessary adjustments. Evaluation should be a collaborative effort between the community, organisations, and funders.

d. Local Governance: Empower local governance structures that include community representatives in decision-making processes related to funding allocation and program design.

6. General questions for each focus area

6.1 If any, what are the problems or challenges you think have been overlooked?

Key opportunities in future approaches, which could include social prescribing, are:

- **Community Empowerment:** Empowering communities to actively participate in the design and implementation of social prescribing programs has not received enough attention. Communities should have a central role in shaping their own well-being initiatives.
- **Data Integration:** The full potential of data integration for informed decision-making at the local level has often been overlooked. The need to triangulate data from link workers, Primary Health Networks (PHNs), councils, and the Department of Social Services (DSS) to create a comprehensive understanding of local needs and priorities is crucial.
- **Long-Term Sustainability:** Focusing on short-term outcomes can overshadow the long-term sustainability of social programs. Sustainability planning should be integrated into program design to ensure continued benefits for communities.

6.2 What other solutions or changes could also be considered?

ASPIRE suggests the following additional solutions and changes to consider:

- **Community Governance:** Explore models of community governance where local communities have decision-making power over programs, ensuring programs align with community values and priorities.
- **Intersectoral Collaboration:** Promote greater collaboration between sectors such as health, education, housing, and employment to address the holistic needs of individuals and communities.
- **Digital Solutions:** Embrace digital solutions for data collection, tracking, and engagement to improve the efficiency and effectiveness of programs.

6.3 What does success look like?

Success in the context of social prescribing and supporting local CSOs includes:

- **Improved Quality of Life:** Success is measured by the tangible improvement in the quality of life of individuals and communities who have access to a wide range of social and well-being resources.
- **Equity and Inclusivity:** Success means achieving greater equity in access to services, reducing health and well-being disparities, and ensuring inclusivity for marginalised groups.
- **Community Empowerment:** Success involves communities actively participating in program design and decision-making, leading to a sense of ownership and empowerment.
- **Sustainability:** Successful programs have long-term sustainability plans in place, ensuring continued support for well-being initiatives in the communities.
- **Data-Informed Decision-Making:** Success is characterised by data-driven decision-making at the local level, with information collected by link workers, PHNs, councils, and DSS being used to inform program design and funding allocation.
- **Increased Social Capital:** Successful programs lead to the growth of social capital within communities, fostering social connections and resilience.