
From: Rosanne Freak-Poli
Sent: Tuesday, 17 December 2024 5:32 PM
To: Committee Social Issues
Cc: Htet Lin Htun Danny; Achamyelah Teshale
Subject: CM: Re: Inquiry into the Prevalence, Causes and Impacts of Loneliness in New South Wales - Post-hearing responses - 15 November 2024
Attachments: We found suspicious links; International reviews.zip; Transcript_Corrections.docx; Confidential_SocialPrescribing_Australia.pdf; Confidential_CambridgeHandbookOfLoneliness.pdf; Confidential_Social-health-and-mortality_HILDA.pdf

Now with all the attachments

On Tue, 17 Dec 2024 at 17:29, Rosanne Freak-Poli

Thank you for this opportunity Alice,

Please find attached

- **word document.** tracked changed corrections to the transcript.
- **Confidential_CambridgeHandbookOfLoneliness.pdf** regarding @5:49:30 – RFP: Chapter on social isolation and loneliness for The Cambridge Handbook on Loneliness.
- **Confidential_Social-health-and-mortality_HILDA.pdf** @6:06:25 – RFP: We have looked at spousal loneliness and that impact on relationship together in the same household using the HILDA study as well as on their death outcome
- **Confidential_SocialPrescribing_Australia.pdf with two zip folders** regarding discussion of Social Prescribing internationally and in Australia. The other speaker discussed "no evidence" for social prescribing, which perplexes me. I would be happy to review their submitted evidence and provide a summary, if helpful.

kind regards, Rosanne

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[Learn about Race, Ethnicity, Nationality using Jellybeans](#)

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I'm a **LGBTIQ** ally committed to [diversity and inclusion](#).



The CHAIR: That would be really helpful. I will let Monash respond if they so wish.

VIVIANA WUTHRICH: They'll probably disagree with me. That's okay.

The CHAIR: The Monash team.

ROSANNE FREAK-POLI: I don't know where to start. I think I want to start on the point where I agree with you, and that is that social prescribing is a very broad term at the moment. This is where there are different models that are considered social prescribing. I would really hope for people to stop using the words "social prescribing" when a healthcare professional says, "Hey, I've got this great group activity that I would like you to do," and they give them one option. That currently could be considered social prescribing, but that is not the optimal version. The optimal version is someone sits down and gives them one-on-one support to think about what their needs are, what their interests are, and also to determine if they've got any social determinants that are preventing them from socialising.

I am currently evaluating two pre-post-analyses, so they're not randomised controlled trials. One is in the mental health space and one is with people with chronic diseases. What we have found is sometimes that first link worker appointment to remind them of their prior interest is enough. They don't need necessarily a social prescription. It is sort of like permission—"You're allowed to go and engage in these things. Have you looked up this website?"—and showing them. Just sparking it is enough for some people. They seem to have just as good outcomes, whether or not they have seen the link **worker [audio malfunction start] once or many times in that 12-week intervention period in terms of loneliness, wellbeing and quality of life [audio malfunction ends]** in these evaluations that I'm doing preliminarily. I would say that from my research I have seen benefits in the models of social prescribing using the link worker with the one on one, if that helps with how we are seeing it.

There is another model called the Frome model. They won't call it social prescribing, but it's another way of increasing the social fabric. This is where they have sent people on a little bit of a course, like hairdressers, podiatrists—just generally people in the community that like to talk to people. They do a little session to find out more about how they can promote activities and they do it to everyone they talk to, and they try then to get people going to places that they are going to and invite them. There are different models. That model might not take into account some social services that some people may need, but it is another way of building social fabric. And again, that is not necessarily called social prescribing, but it's another way of increasing awareness.

The CHAIR: Thank you very much for that last intervention. That was really helpful, given the evidence that we have received and are still going through. With that, though, we are calling this session to an end and saying thank you. Again, we will follow up with the secretariat on the things that you have very kindly agreed to provide on notice for us, and there may be supplementary questions. Thank you, once again, for your research, your submissions and your appearance here today.