



VisibleNetworkLabs



RECETAS



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Survey on Improving Health and Well-Being Through Social Prescribing and Nature

Melbourne, Australia | RECETAS Project Site

Summer 2022



This report for the Survey on Improving Health and Well-Being Through Social Prescribing and Nature was produced by **VISIBLE NETWORK LABS** in collaboration with the **RECETAS** Project using **PARTNER** (Platform to Analyze, Record & Track Networks to Enhance Relationships).

VISIBLE NETWORK LABS is a data science company developing tools and technology to help people measure, understand and evolve the personal and professional networks that influence the communities where they live.

PARTNER is a social network analysis data tracking and learning tool designed to measure and monitor collaboration among people/organizations. It is a new, scientifically validated way to design data-driven network strategies that generate social impact.

PARTNER is a registered product of Visible Network Labs.

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Project Background

About the RECETAS project

RECETAS is a five-year research project funded by the European Union's Horizon 2020 research and innovation program. RECETAS stands for "Re-imagining Environments for Connection and Engagement: Testing Actions for Social Prescribing in Natural Spaces." The goal of the social network analysis was to better understand how stakeholder organizations in Melbourne, Australia are currently working to address mental health and well-being, through social prescribing and nature-based activities. These organizations were sent a network survey using Visible Network Labs' PARTNER platform (www.partnertool.net).

PARTNER Survey

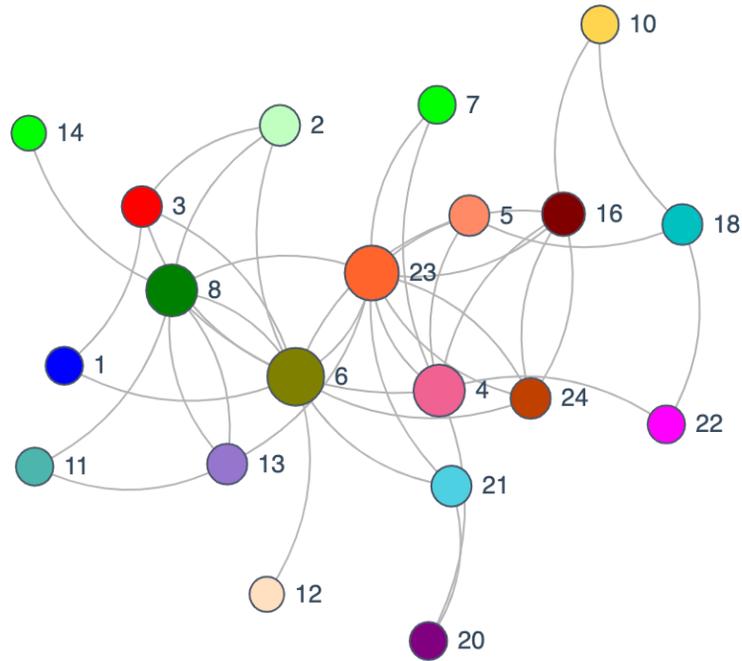
In November 2021, 24 organizations were invited to participate in a Social Network Analysis of their current organizational partnerships as part of the RECETAS research project. Seventeen organizations responded to the survey, for a 70% response rate. The RECETAS project will use this PARTNER data to better understand how stakeholders in Melbourne are working to address mental health, well-being, and loneliness through social prescribing and nature-based activities with the ultimate goal to systematically improve mental health and well-being, reduce loneliness, promote vibrant socially-connected communities, contribute to the sustainability of cities, and reduce health inequities by connecting diverse populations to nature in meaningful ways.

What is a Network?

A **network** is a formal partnership created between three or more organizations. Social Network Analysis (SNA) measures the number and quality of connections and increases the visibility of these connections. Using SNA to understand how a network functions can help leaders, members, funders and other stakeholders:

- ❖ Identify ways to improve ways of working to achieve common goals;
- ❖ Plan and implement relationship building and resource leveraging among network partners;
- ❖ Assess the quality, content, and outcomes of connections;
- ❖ Monitor change in networks over time;
- ❖ Develop strategies and action steps to fill gaps and leverage strengths in networks.

Network Structure



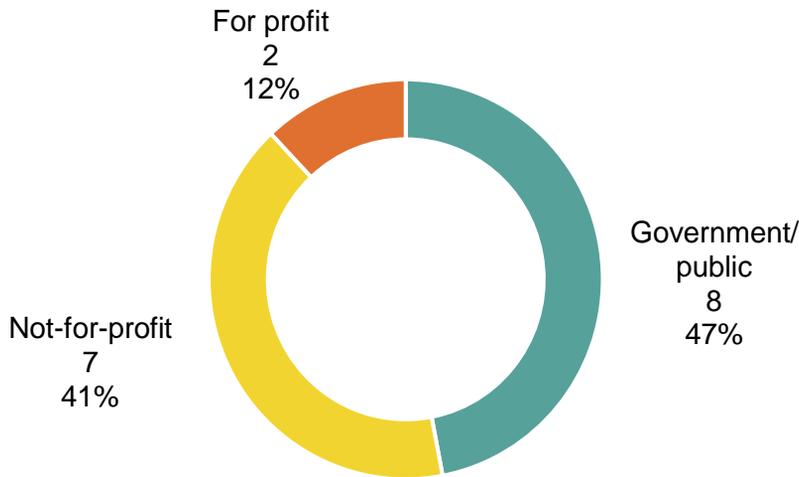
This is a network map of organizations in Melbourne, Australia that are currently working to address mental health, well-being, through social prescribing and nature-based activities.

- ❖ This map shows each organization represented as a circle (node). The lines among the nodes represent all relationships that were reported by respondents.
- ❖ The size of the node shows which organizations have the greatest number of connections (they are larger). The node labels, their corresponding organization names are listed in **Appendix A**.
- ❖ There are 4 organizations who are isolated from the network meaning they have no reported connections to others in the network.

Network Composition – Sector and Industry

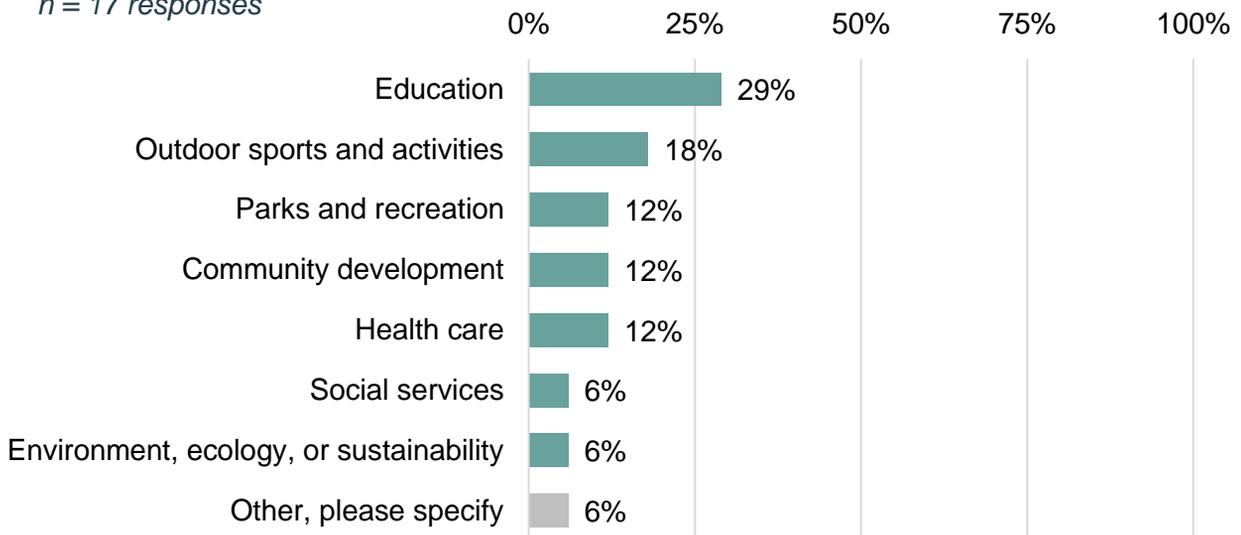
Q1: Which of the following best describes the sector in which you work? (Choose only one)

n = 17 responses



Q2: Which of the following best describes the industry or field in which you work? (Choose only one)

n = 17 responses



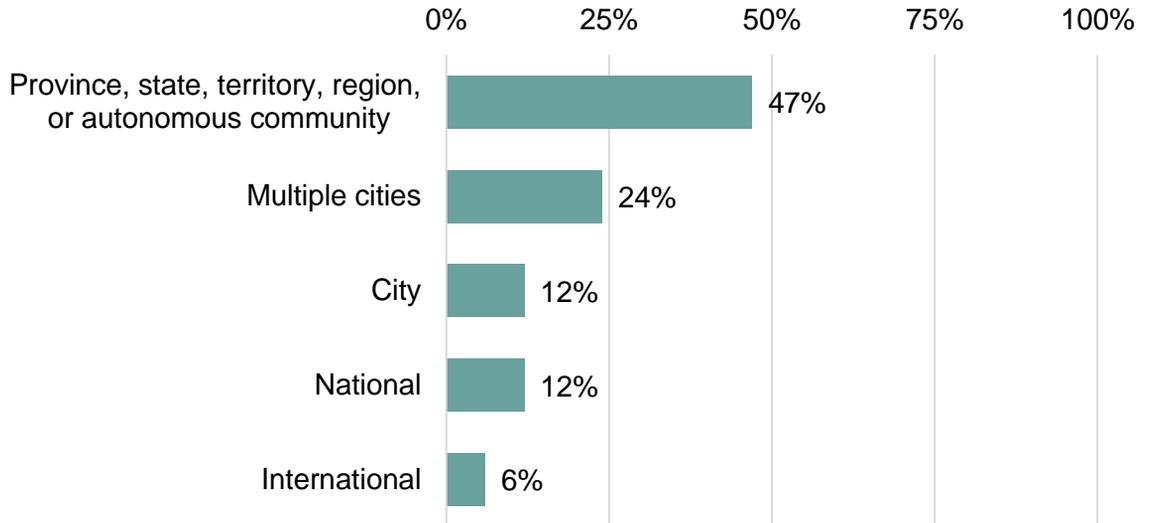
Other, please specify (1)

1. Health promotion

Network Composition – Populations Served

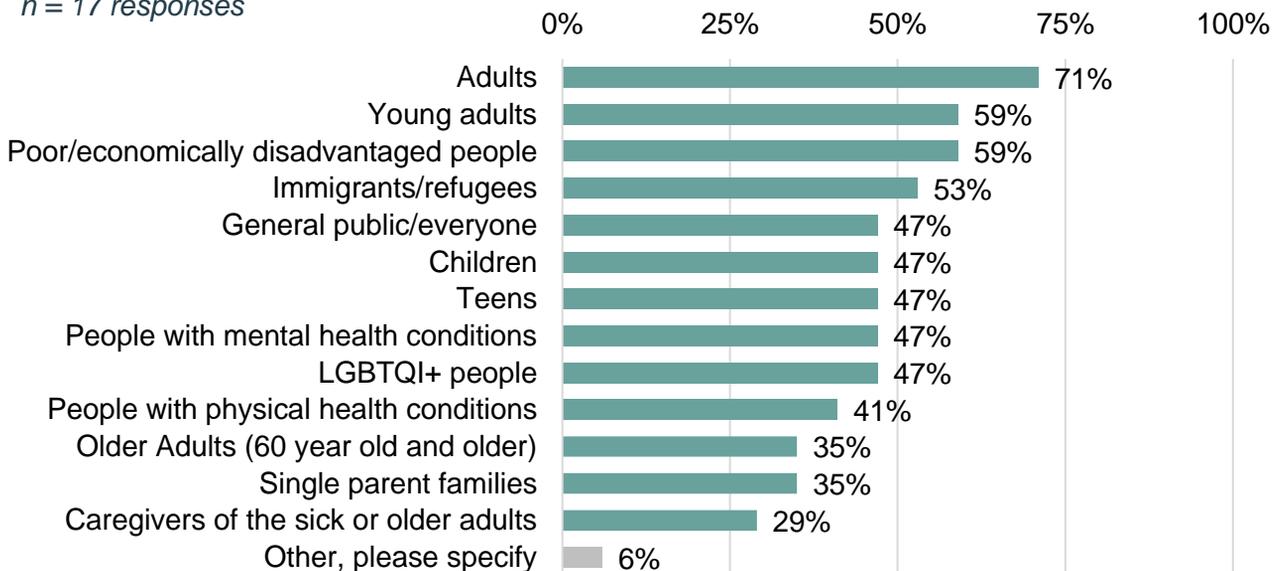
Q3: Which of the following best describes the geographic scope of the populations that your organization serves? (Choose only one)

n = 17 responses



Q4: Which populations does your organization serve? (Choose all that apply)

n = 17 responses



Other, please specify (1)

1. People who have experienced torture or trauma in an overseas context and their descendants

Programs and Services

The types of programs or services that the most organizations include engaging in education, training, or professional development (63%) expertise, knowledge-sharing, or consulting (63%), and research and evaluation (63%). See **Appendix B** for respondent descriptions of program work around mental health, well-being or loneliness.

Q5: Which of the following types of programs or services does your organization engage in to address mental health, well-being, or loneliness, if any? (Choose all that apply)

n = 16 responses



Other, please specify (4)

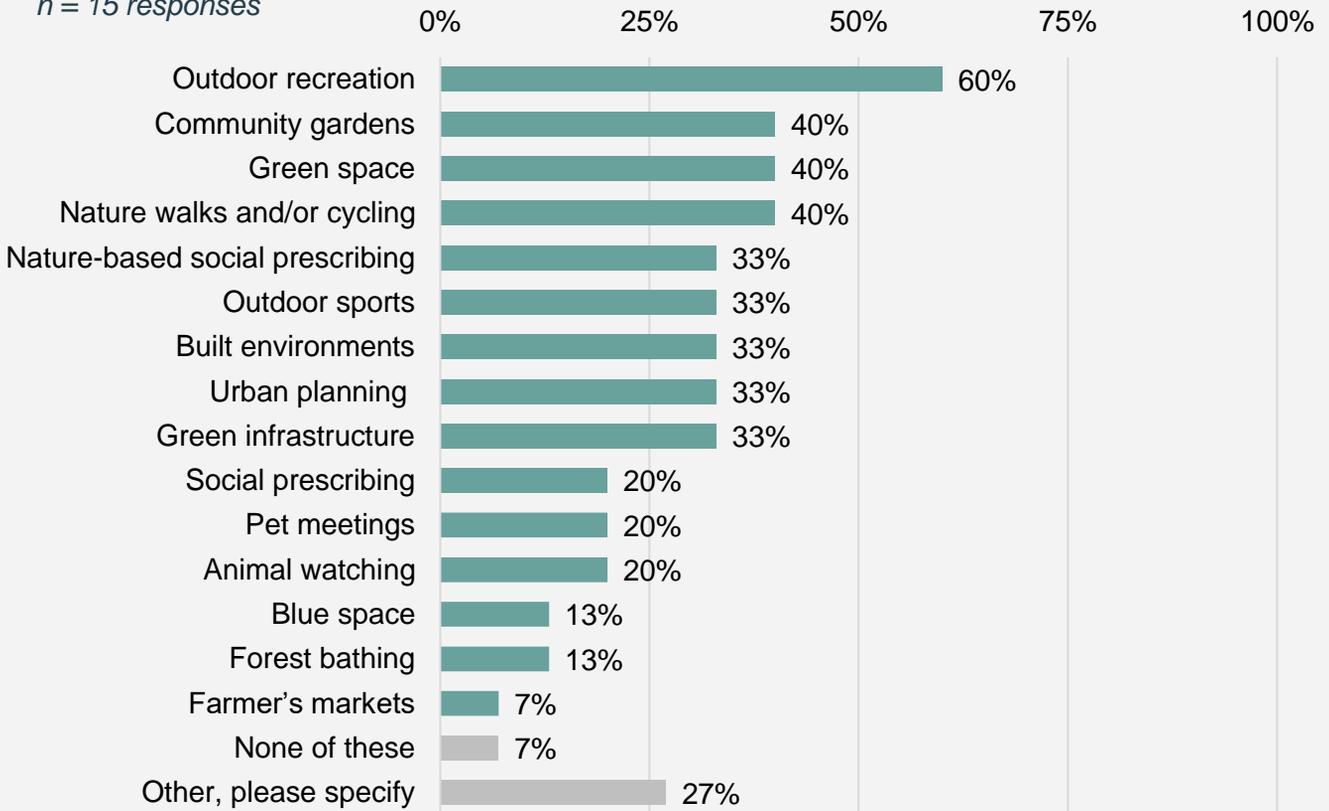
1. I don't know
2. None of the above
3. Health promotion
4. Distribution of recycled bicycles to those in need

Nature-based Solutions Used

The most used solutions by respondent organizations include outdoor recreation (60%), community gardens (40%), green space (40%), and nature walks and/or cycling (40%).

Q7: Which of the following solutions in nature, natural spaces, or activities in natural space does your organization use to address mental health, well-being, and loneliness, if any? (Choose all that apply)

n = 15 responses



Other, please specify (4)

1. I don't know
2. Small-scale food growing opportunities
3. PV supports 350 volunteer groups to engage in nature. We also run programs such as community education programs such as Junior ranger for young children and their careers. We also facilitate employment pathways for marginalised groups; connections to educational institutions at all levels; wellness tourism; focus on accessibility and inclusion; work with Local Governments as relevant
4. The Department of Health is planning social prescribing trials to commence in 2022. The department has previously funded organisations who have delivered outdoor based programs as part of AOD and mental health treatment.

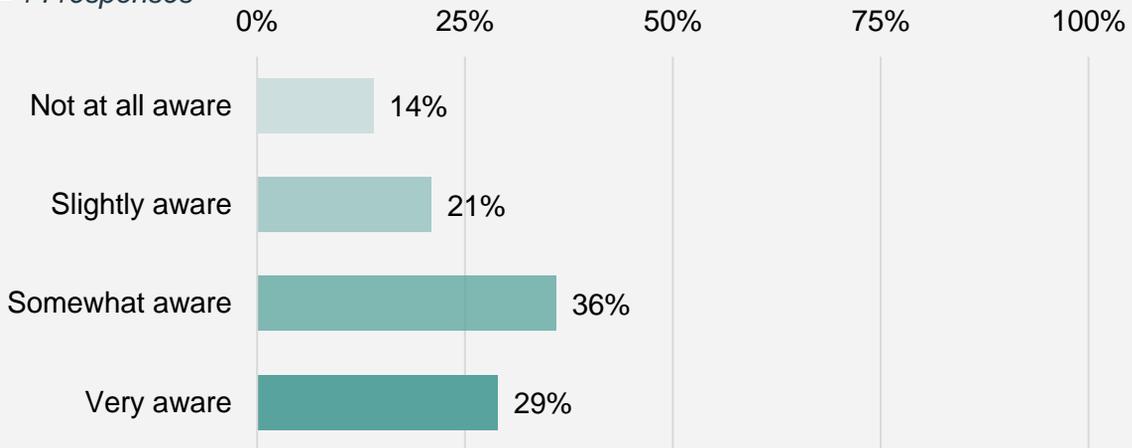
Nature-based Social Prescribing and Solutions

36% of respondents indicate they are “somewhat aware” of the term “nature-based social prescribing.” Also, 47% of respondents believe nature-based solutions to address mental health, well-being, or loneliness have been adopted “a fair amount.” While 40% of respondents believe solutions have been adopted “a small amount.”

Q8: To what extent are you aware of the term “nature-based social prescribing”?

In contrast to medical prescriptions, “social prescriptions” are prescriptions to spend time with other people in order to improve health and well-being. “Nature-based social prescriptions” are prescriptions to spend time in nature with other people, in order to improve health and well-being.

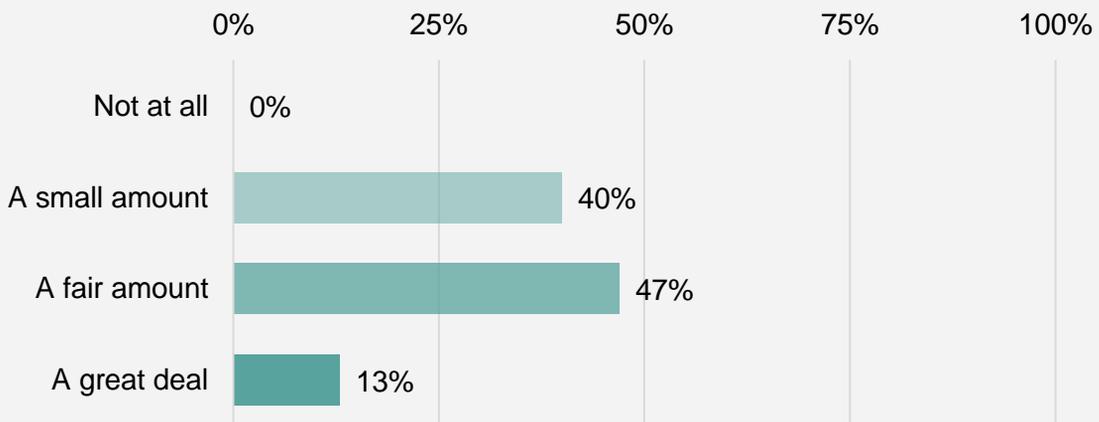
n = 14 responses



Q9: To what extent have nature-based solutions to address mental health, well-being, or loneliness been adopted by people in your city?

Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).

n = 15 responses

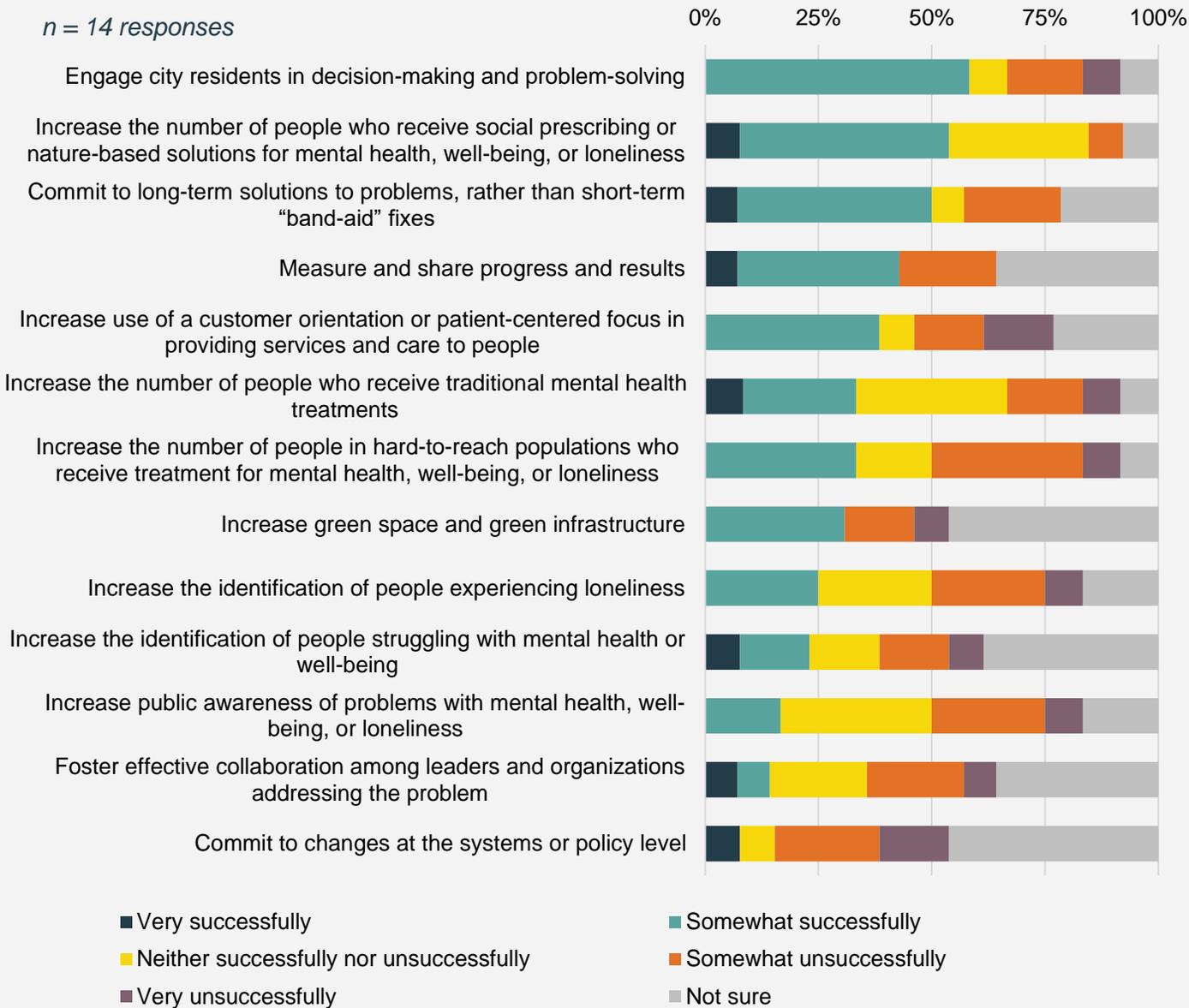


Success at Achieving Objectives

Respondents found that Melbourne is most successful at engaging city residents in decision-making and problem-solving as well as increasing the number of people who receive social prescribing or nature-based solutions for mental health, well-being, or loneliness.

Q10: How successfully does your city achieve the following objectives with regard to addressing mental health, well-being, and loneliness? (Choose only one, and use the scroll bar if needed to view all options)

n = 14 responses



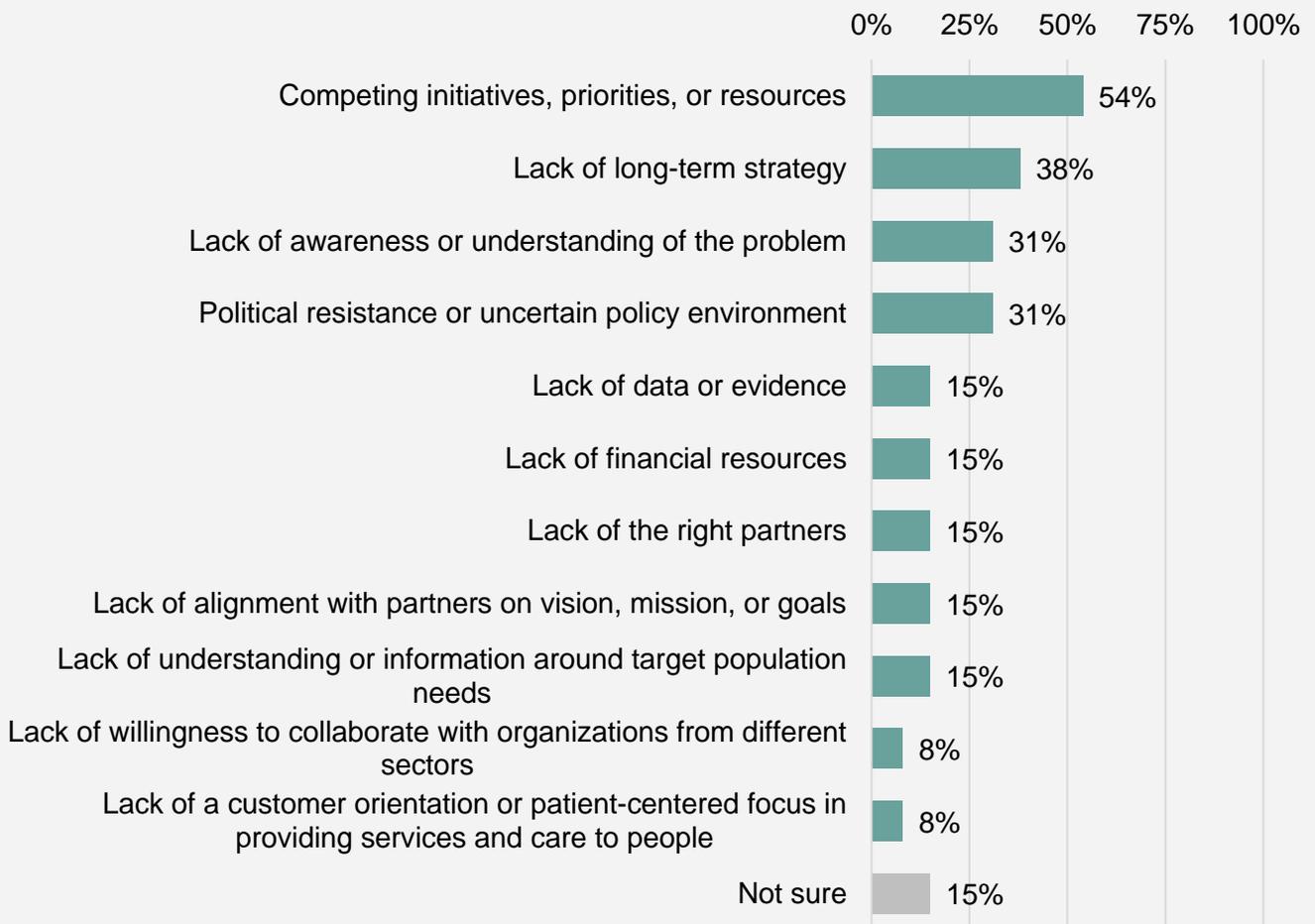
Barriers and Challenges

More than half (54%) of respondents indicated that the greatest barrier or challenge hindering Melbourne's progress is competing initiatives, priorities, or resources. This was followed by lack of long-term strategy (38%), lack of awareness or understanding the problem (31%), and political resistance or uncertain policy environment (31%).

Q11: What are the greatest barriers or challenges currently hindering your city's progress in addressing mental health, well-being, and loneliness through nature-based solutions? (Choose up to 3)

Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).

n = 13 responses

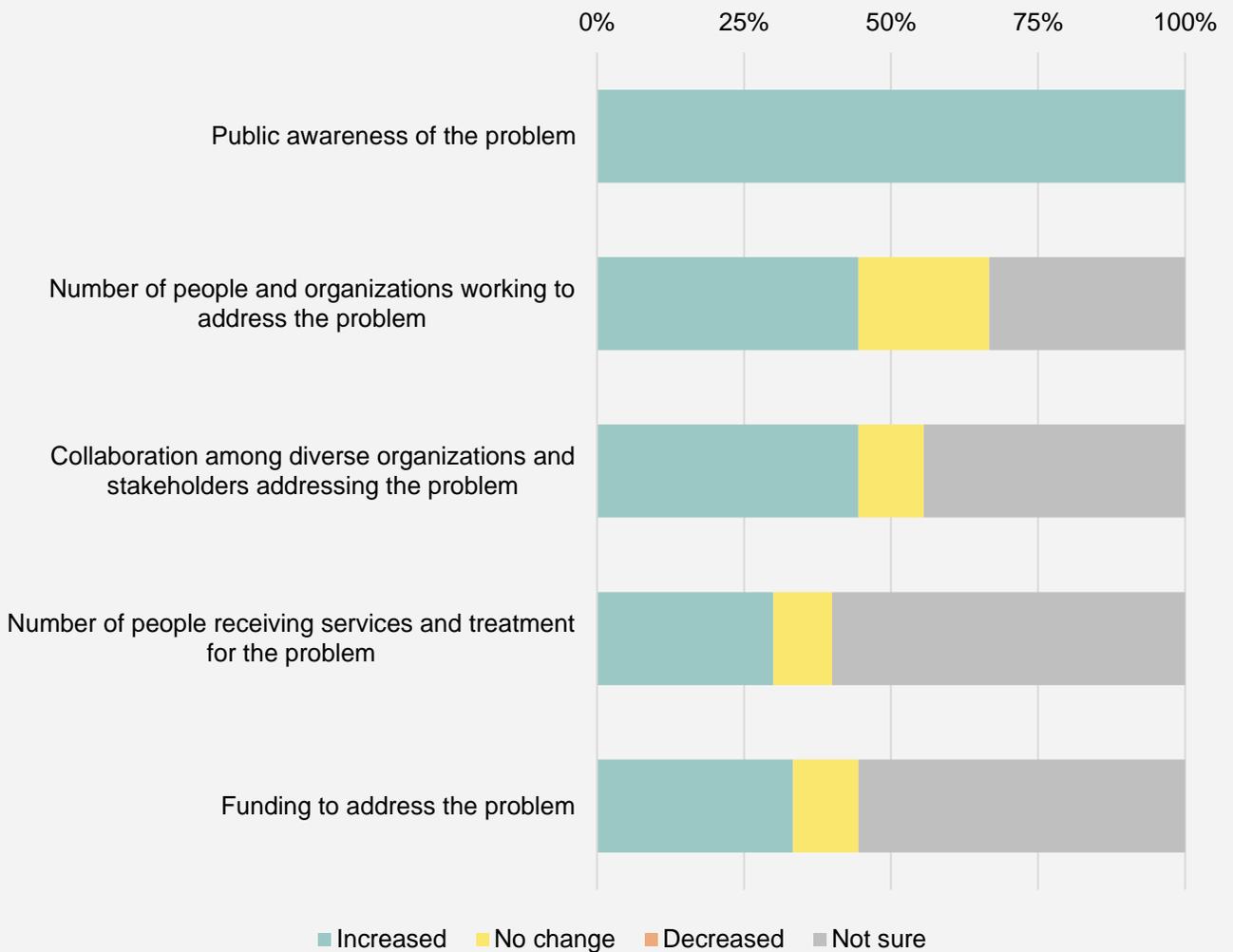


Impact of COVID-19

Respondents believe that the COVID-19 pandemic increased public awareness of the problem of mental health, well-being, and loneliness. Respondents also indicated that the number of people and organizations working to address the problem and collaboration among diverse organizations and stakeholders addressing the problem also increased.

Q12: How has the COVID-19 pandemic affected your community's progress in addressing mental health, well-being, and loneliness? (Choose only one, and use the scroll bar if needed to view all options)

n = 10 responses

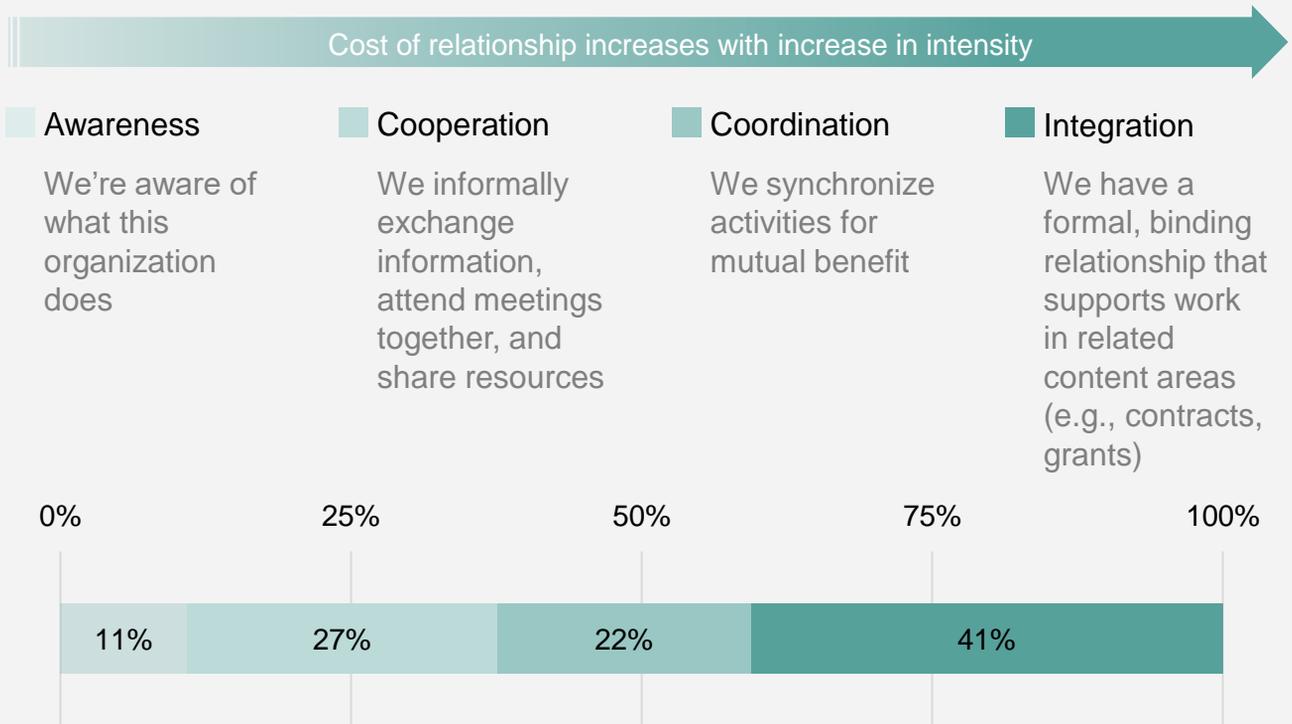


Intensity of Relationships

Network relationships were assessed according to their level of intensity. This is important, because more connections and greater intensity of connections do not necessarily result in a thriving and sustainable network. While the appeal to create a more diverse network is strong, organizations are equally challenged with the reality that they have limited relationship budgets – that is, limited resources to build and manage diverse networks. We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. And while it is our intuition that more network connections should indicate a better functioning network, this approach can be endlessly resource intensive.

Q14: What is your organization’s most common way of interacting with this organization? (Choose only one, and use the scroll bar if needed to view all options)

n = 37 relationships



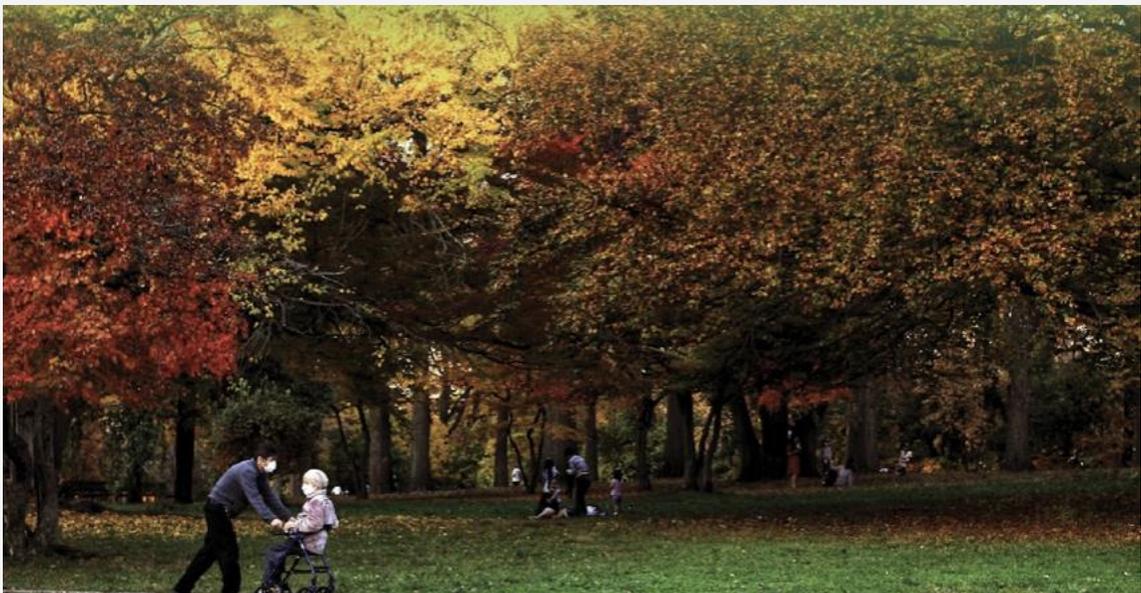
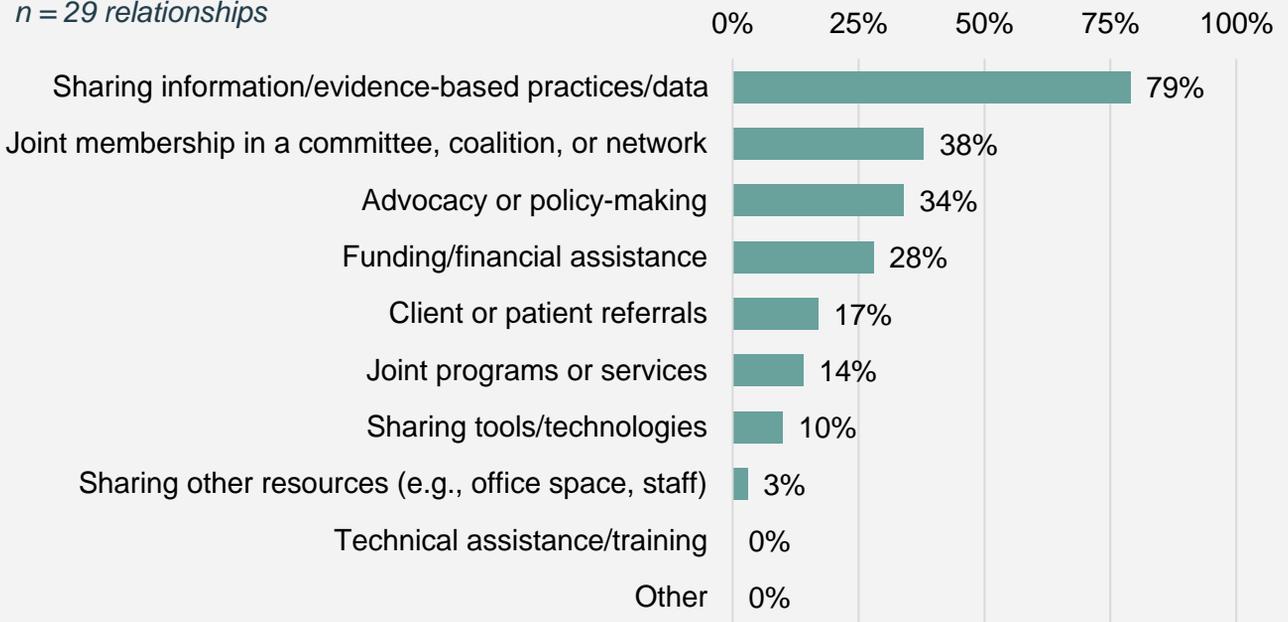
It is a positive result that connections are somewhat distributed across the levels, with most relationships categorized as cooperative, coordinated or integrated. If the majority of relationships involved awareness only, that would indicate that the network is not fully leveraging its collaborative advantage. Alternatively, if a majority of relationships were at the integrated level, which requires a greater number of resources to maintain, the network might not be sustainable over time.

Shared Activities

79% of relationships in the network share information/evidence-based practice/data with each other, while 38% have joint membership in a committee, coalition, or network, and 34% work on advocacy or policy-making together.

Q15: What activities does your relationship with this organization include? (Choose all that apply, and use the scroll bar if needed to view all options)

n = 29 relationships



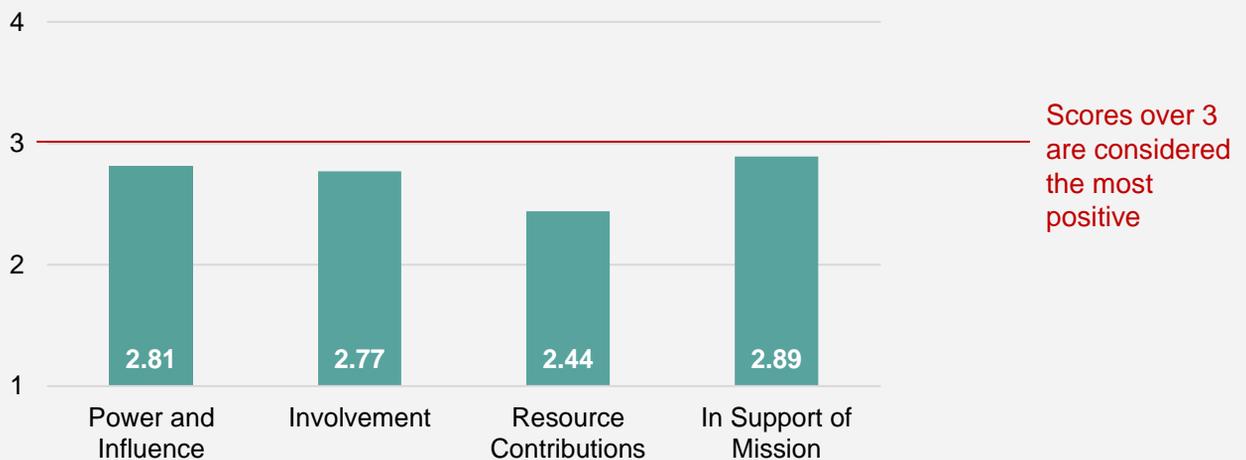
Relationship Scores

The survey assessed four validated dimensions — power and influence, level of involvement, resource contributions and support of mission (see definitions below). Survey participants assessed each of their reported relationships on these four dimensions according to a 4-point scale, with 1 = Not at all, 2 = A Small Amount, 3 = A Fair Amount, and 4 = A great deal. Scores over 3 are considered the most positive.

Understanding network relationships is important in leveraging the different ways in which members contribute to the network. The column chart below depicts the average relationship scores within the network.

	Power & Influence: The organization holds a prominent position in the community because of its financial resources or policy-making authority, and/or because it has displayed leadership and success as a change agent.
	Level of Involvement: The organization is strongly committed and active in this work, and gets things done.
	Resource Contribution: The organization brings resources to the work like funding, staff time, and information.
	In support of Mission: The organization shares a common vision of the end goal of what working together should accomplish.

Q16-19 Relationship Scores

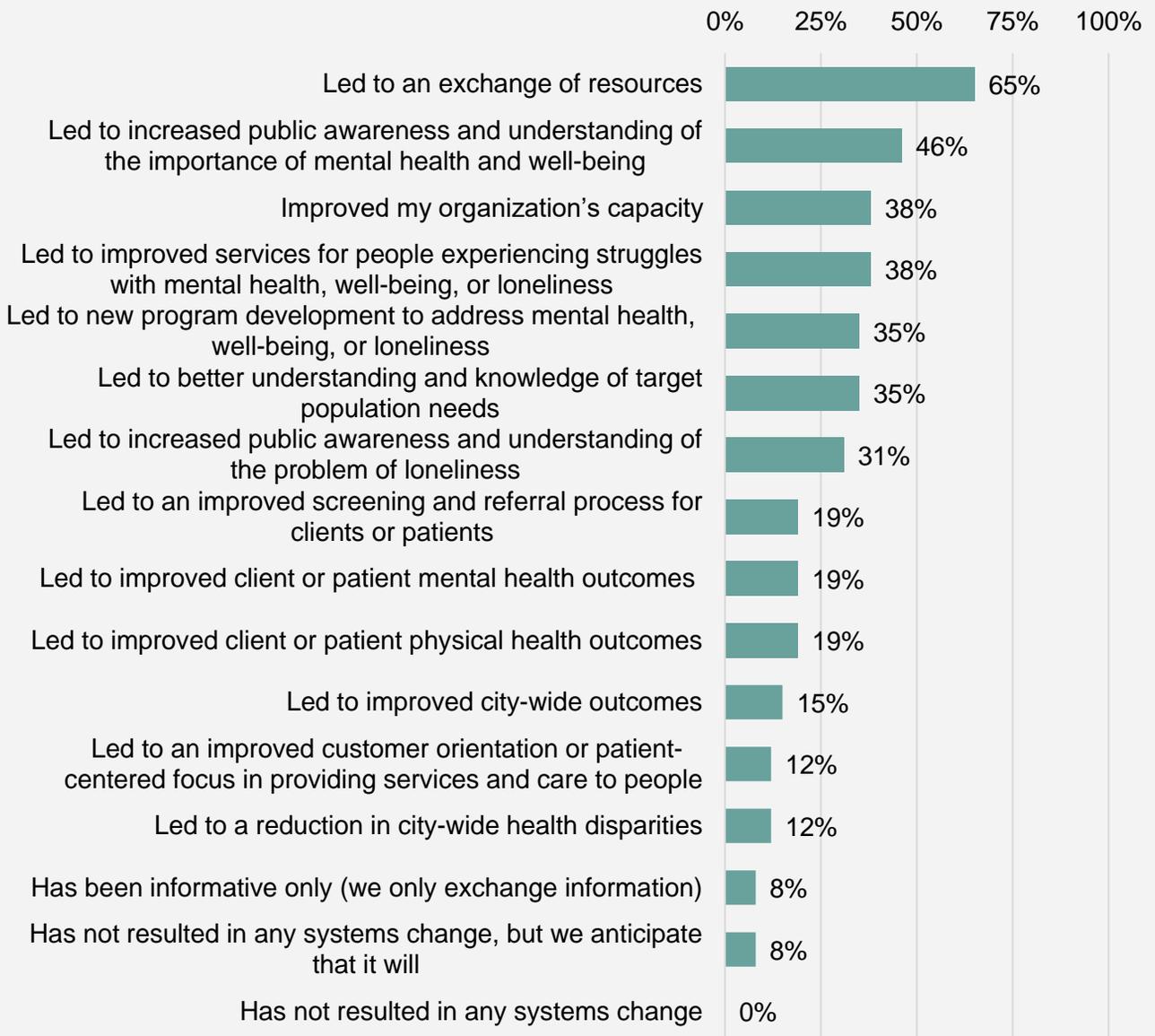


Relationship Outcomes

Respondents reported that 65% of their network relationships led to an exchange of resources, 46% led to increased public awareness and understanding of mental health and well-being, 38% improved their capacity, and 38% led to improved services for people experiencing struggles with mental health, well-being, or loneliness.

Q20: Has this relationship resulted in any of the following outcomes? (Choose all that apply, and use the scroll bar if needed to view all options)

n = 26 relationships



Other Organizations and Partners

Q21: Think about the list of organizations displayed previously in this survey, that use solutions in social prescribing, nature, natural spaces, and activities in natural spaces to address mental health, well-being, or loneliness in your city. Are there any organizations that you have a relationship with, that were missing from this list? If yes, please provide their names below. If no, please advance to the next question.

n = 7 responses

1. Australian Chronic Disease Management Assn [ADMA]; SE Melbourne Primary Health Network [PHN]; NW Melbourne PHN; Western PHN; Southern Migrant Refugee Health Centre; AMES Australia; Monash Health, Alfred Health (ADMA/ headspace auspice), Neighbourhood House Assn; Social Health Australia; target Local Government Municipalities; Community Health Centres eg IPC Health, G21 Health Pillar, cohealth; WorkSafe Victoria; Forest Therapy Assn; INFTA; Office for Senior Victorians; ABBAT; parkrun Australia
2. Community Migrant Resource Centre and Fairfield High School
3. I am working with Odanata - Conservation organisation and Greening Australia.
4. Living Future Institute Australia
5. Nature Stewards, Gardens for Wildlife
6. People and Nature Alliance, The Connective
7. The department has not yet commenced social prescribing activities. The organisations selected in the previous questions are organisations that the department has contracts with for other mental health and wellbeing services. The department will implement social prescribing trials in six of the new Victorian Local Adult and Older Adult Mental Health Services (Local Services). Additional partners have yet to be identified. There is currently an open competitive tender process to determine the key service providers responsible for delivery of the new Local Services.



Additional Feedback

Q24: Do you have any additional questions or comments? Your feedback is valuable to us!

n = 4 responses

1. I am a Biophilic and Holistic Interior Designer. I am also a qualified registered nurse and aged care specialist with a particular interest in social isolation and loneliness which impacts our Seniors, Neighbourhoods and communities. I am a Board Member for Biophilic Cities Australia and would welcome the opportunity to be involved in this research.
2. I am really interested in being involved with this project as my work is around mental health and nature connection. I need evidenced based research to support the work that I am doing and the programs that I am developing.
3. The Victorian Mental Health and Wellbeing Promotion Office, part of the Department of Health is in the process of being established. We look forward to further conversations with the RECETAS project and partners as our work progresses.
4. Through its Healthy Parks Healthy people initiative, Parks Victoria has been seeking to drive nature-based solutions for health and wellbeing for many years. There have been several attempts at building sustainable social or green prescriptions in parks over the past decade, including a pilot undertaken 2014-16 coordinated by the People and parks Foundation. An evaluation report was developed for this trial. Based on experience around the world, the single most important component of social prescribing is for programs to be recognised and by driven the health/medical community with the key role of nature/parks agencies as a partner, broker, enabler, setting provider and supporter. Keys factors in the limited uptake of green social prescriptions to date are the still very limited awareness of nature-based solutions for health and wellbeing within 'mainstream health' and medical sectors and the limited funding for scaled up pilot programs with robust evaluation. Our hope is that this project might be an opportunity to bring together the pieces of the jigsaw (nature/place managers, health providers, policy makers) to create and test new approaches. Having the opportunity to revisit this survey at various time points of the RECETAS project should yield more and more interconnected networks in this domain. Additionally, staff capacity within our organisation to directly work on initiatives, policies, strategies and practices is variable and internal capacity building is required to optimise our organisational approach to better integrate this into our visitor programs and practices. Our reach and impact would be strengthened with additional human resources to drive this work across the organization.

Conclusion and Recommended Next Steps



- ❖ Discuss the characteristics of the overall network with network partners and make sense of the network map together.
 - Consider how network members connect with each other and which ones are considered most valuable to partners.
 - Think through which activities are best suited for different methods of communication and interaction.
 - Are there sectors or types of organizations that are under- or over-represented in the network?
 - Is the network overly dependent on just a few members?
- ❖ Consider whether changes in the nature of the network relationships would improve collaboration or increase impact.
 - Are the resources contributed to the network by members being properly leveraged to achieve network goals? Consider whether there are ways the network could facilitate the further exchange of resources among members. Identify gaps and redundancies in resource contributions to devise member recruitment and engagement strategies.
- ❖ Use the process outcomes in this report to track, demonstrate, and celebrate progress toward long term goals.
 - Develop intentional strategies for partner engagement and involvement in the network over time.
 - Discuss what success means for the members of the network and develop strategies to achieve it.

Appendix A: Network Members

The table below lists the organizations in the network and their map labels.

Map Label	Organization
1	Living Melbourne
2	The Nature Conservancy
3	Melbourne Sustainable Society Institute, The University of Melbourne
4	Global Urban and Social Studies, RMIT University, Melbourne
5	Centre for Urban Research, RMIT University, Melbourne
6	The City of Melbourne
7	Victorian Pride Center
8	Parks Victoria
9	The Nomads Outdoor Group
10	Asylum Seeker Resource Center
11	IUCN WCPA Health and Well-Being Specialist Group
12	School of Ecosystem & Forest Sciences, The University of Melbourne
13	Deakin University
14	Victoria Walks
15	First Hike Project
16	Switchboard
17	Venture Out Project
18	STARTTS Community garden Project
19	WECYCLE
20	University of Wollongong
21	Australian Unity
22	Nature Based Therapy
23	Victoria Department of Health
24	Queer Space, Drummond Street

Appendix B: Programs and Services

Q6: Please briefly describe in your own words the work that your organization does to address mental health, well-being, or loneliness.

n = 13 responses

1. As a university we are involved in training (e.g. Clinical Psychology) and research. We also provide some counselling and other forms of support to students with mental health issues.
2. Lessons, classes, workshops and participatory action based research.
3. Parks Victoria provides park settings, infrastructure and services to enable engagement in nature for health and wellbeing. Additionally, we create programs and partnerships with health and community sector organisations to support mental health, well-being, social isolation & social connection. Park and nature settings provide opportunity for mental health services, rehabilitation opportunities, prevention and wellness focused initiatives. In addition to providing nature-based experiences for millions of self directed visitors, we have completed or are undertaking a range of specific pilot programs with health partner organisations, youth mental agencies, veterans, multicultural groups and agencies directly serving specific cohorts. Advocacy opportunities have included providing input into the Royal Commission for Mental health, leading a working group around a signed Health & Nature Memorandum between Depts of Health, Environment, Education, Sustainability and other allied sectors. We also collaborate with research partners attempting to measure the impact of spending time in nature on mental health status.
4. Research into these issues to inform policy and practice.
5. Social support programs; structured peer support; limited counseling; advocacy to government, community service and health organisations for greater inclusion; mental health focused workshops, providing recreational opportunities, capacity building and professional development for key populations and for community sector organisations.
6. Takes a group of refugees or recently settled migrants out to the Australian bush to participate on.
7. The City of Melbourne supports residents, visitors and workers in the city. The organisation has multiple initiatives and programs to address mental health, well-being and loneliness. These initiatives and programs include support for careers and families, community development, support for refugees, wellbeing plan, recreational programs and facilities and access to parks, gardens and open space.

Appendix B: Programs and Services (Continued)

8. The Mental Health and Wellbeing Division is part of the Victorian Department of Health. Victoria's mental health and wellbeing services provide people with a range of treatment, care and support to ensure Victorians can experience their best mental health. This includes mental health and alcohol and other drug services. As recommended by the Royal Commission into Victoria's Mental Health System, the department has established a Mental Health and Wellbeing Promotion Office. The Mental Health and Wellbeing Promotion Office will lead statewide planning and efforts for prevention and promotion of good mental health and wellbeing and the prevention of mental illness. This will include delivery of social prescribing trials in six of the new Local Adult and Older Adult Mental Health and Wellbeing Services in Victoria. The department also funds the Community Health - Health Promotion Program. Mental health promotion is currently included in some area health promotion plans.
9. To influence investment and inspire more people to walk more every day.
10. We facilitate programs that seek to improve mental health and wellbeing by delivering training courses in nature based therapy. Our courses and personal development programs seek to educate people about building self awareness and learning processes to support self empowerment to improve mental health and wellbeing. We also address loneliness by enhancing ones connection to the natural world.
11. We run outdoor events most weekends plus a monthly social outing at a commercial hospitality venue. During Covid-19 lockdowns, we conducted Zoom events both social (card and trivia nights) and educational (travel experiences).
12. We think of people from refugee backgrounds as sitting in the middle of a complex interaction between: The impact of the traumatic experiences they have been through (violence, deprivation and loss). The challenges of resettling in a new country (learning the language, understanding the system etc.). The normal life challenges that we all face (relationships, illness, employment, ageing etc.). Additionally, the socio-political climate and services in Australia, and international events such as renewed conflict in the country of origin also impact on the refugee experience.
13. WeCycle arranges for a recycled bicycle, helmet and lock to be given to a client referred to us by refugee and asylum seeker support agencies.

Appendix C: Glossary and Resources

Nature-based social prescribing

In contrast to medical prescriptions, “social prescriptions” are prescriptions to spend time with other people in order to improve health and well-being. “Nature-based social prescriptions” are prescriptions to spend time in nature with other people, in order to improve health and well-being.

Nature-based solutions

Solutions involving natural spaces and activities in natural spaces. For example, solutions such as building green infrastructure and engaging in social activities in nature (community gardens, group excursions in nature, forest bathing).

Green infrastructure

Green infrastructure is a strategically planned network of natural and semi-natural areas with other environmental features designed and managed to deliver a wide range of ecosystem services such as water purification, air quality, space for recreation and climate mitigation and adaptation. This network of green (land) and blue (water) spaces can improve environmental conditions and therefore citizens' health and quality of life. Examples include parks, gardens and green roofs.

RECETAS Resources

For more information on RECETAS, please see the resources below:

[RECETAS Website](#)

[RECETAS – What is Nature-based Social Prescribing?](#)

[RECETAS Infographic](#)

