



# Building Healthier and Better Socially Connected Communities Through Nature

Recommendations for Melbourne



## Executive Summary

Loneliness and social isolation are public health issues in Melbourne and Australia, with consequences for mental health, physical health, quality of life, and participation in community life. RECETAS Melbourne demonstrates that nature-based social prescribing can help respond to this challenge by creating structured, low-barrier, group-based opportunities for connection in and through nature.

At the Melbourne site, RECETAS adapted the Friends in Nature approach through community-based and culturally sensitive activities such as forest therapy, gardening, birdwatching, and other guided group experiences in natural settings. These activities were designed not only to increase time in nature but also to support belonging, confidence, routine, and meaningful social connections for people experiencing loneliness or social disconnection. The Melbourne experience suggests that nature-based social prescribing should be recognised not as a peripheral wellbeing activity, but as part of a broader preventive public health response. It offers a practical bridge between health systems, community organisations, and urban nature assets. It is especially relevant for groups whose loneliness is shaped by migration, trauma, marginalisation, disability, poverty, or disrupted access to place and community.

For Melbourne and Victoria, the policy implication is clear: if governments want to reduce loneliness in a way that is preventive, inclusive, and place-based, they should strengthen referral pathways into community and nature-based supports, invest in link-worker or connector models, protect accessible urban nature, and embed evaluation frameworks that capture health, social, and environmental outcomes together.

At the Melbourne site, **37 LGBTIQ+ asylum seekers and refugees participated in 8-week closed-group nature-based social intervention cycles, typically with 6-12 participants per session.** Groups met weekly, shared a meal together, and then engaged in guided nature activities such as forest therapy, community gardening, birdwatching, and exploration of native flora and fauna. Melbourne findings indicate reductions in loneliness from severe to moderate levels, increased nature connectedness, and qualitative evidence of improved wellbeing, belonging, and confidence. These findings support action from government at all levels to embed nature-based social prescribing within prevention, community wellbeing, urban nature, and settlement-related policy responses.

# I. Loneliness as a Public Health Problem: A Necessary Policy Focus

## 1. Loneliness as a social determinant of health

Loneliness is now widely recognised as a serious public health concern rather than a private or marginal issue. In Australia, national monitoring shows that loneliness and social isolation affect a substantial share of the population and are linked to poorer mental and physical health, reduced life satisfaction, and increased pressure on services. In 2023, an estimated 15% of Australians aged 15 and over experienced loneliness, and 15% experienced social isolation, according to AIHW reporting based on HILDA data. These patterns matter because loneliness is associated with psychological distress, poorer wellbeing, and premature mortality, while social isolation has been linked to depression, suicide risk, dementia, poor sleep, physical inactivity, and cardiovascular impacts.

For policy audiences, the key point is that loneliness behaves like a cross-cutting determinant of health. It both reflects and reinforces inequality. People facing financial stress, disability, chronic illness, migration-related disruption, trauma, discrimination, or low access to supportive environments may be at greater risk. This means that effective responses cannot rely solely on individual resilience. They need social, spatial, and institutional responses that make connections easier, safer, and more meaningful.

## 2. Why Current Policies Fall Short on Loneliness

In Victoria and Melbourne, policy attention to wellbeing, prevention, green space, and community participation is growing, but loneliness is still only partly addressed across systems. Recent Victorian reforms are important. The Victorian Government's Local Connections social prescribing initiative, trialled through select Mental Health and Wellbeing Locals, explicitly addresses loneliness and social isolation by supporting people to engage in community-based activities, including nature-based ones. At the same time, the Victorian Public Health and Wellbeing Plan 2023–2027 recognises social connection, mental wellbeing, and environmental determinants of health as core public health concerns.

At the municipal level, Melbourne has strong strategic foundations for this agenda through its Municipal Public Health and Wellbeing Plan, Urban Forest Strategy, and Nature in the City Strategy. Together, these signals indicate that health, liveability, biodiversity, and access to green space are interconnected. However, these policy domains often still operate in parallel. Loneliness is not yet consistently framed as an issue to be addressed through integrated action among health systems, social policy, and urban nature planning.

Current policies, therefore, fall short in at least five ways. First, they often focus on service response after distress has escalated rather than on prevention and early intervention. Second, referral pathways remain uneven and are still too dependent on formal health entry points, which can exclude people who seek support through community organisations, peer networks, settlement services, neighbourhood houses, or self-referral. Third, access to nature is not equitable across all neighbourhoods or population groups, especially when transport, safety, culture, disability access, or time poverty are considered. Fourth, social prescribing models are still variably understood, funded, and recognised across sectors. Fifth, evaluation systems rarely capture the combined social, health, and environmental value of nature-based programs.

For Melbourne, the challenge is not the absence of promising policy language. It is the absence of a stable, cross-sector implementation framework that can move from isolated pilots to sustained, inclusive, place-based practice.

**This brief is framed for government at all levels, while remaining especially relevant to Victorian Government departments, metropolitan and local councils, and place-based partnerships in Melbourne. It speaks to the policy interface between public health, mental wellbeing, settlement and inclusion, social connection, and urban nature.**

## II. RECETAS Project Evidence: Tackling Loneliness Through Nature

### 1. The H2020 RECETAS Project

RECETAS is a Horizon 2020 project that investigates how loneliness can be reduced through social prescribing in natural spaces. Across 6 sites worldwide, the project developed and tested the Friends in Nature model and related interventions that combine group-based social connection, facilitated engagement, and time in nature. The model moves beyond simply encouraging people to spend more time outdoors. It creates structured, relational, and supported pathways into meaningful activity, belonging, and confidence-building.

At the Melbourne site, this approach was adapted to local communities, partners, and environments. Interventions drew on facilitated group experiences in natural settings, including forest therapy, gardening, birdwatching, and creative or reflective nature-based activities. The Melbourne approach has been especially important in showing how nature-based social interventions can be adapted for people with different social histories, cultural backgrounds, and experiences of exclusion.

The methodological strength of RECETAS Melbourne lies in its mixed-method and participatory co-design. Across the site, evidence has been generated through ethnographic observation, interviews, focus groups, reflections, photo elicitation, and pre/post-intervention survey measures, allowing the team to capture both outcomes and mechanisms of change. This is important because loneliness interventions do not work only through attendance. They work through trust, facilitation, rhythm, safety, shared experience, and the ways people come to experience nature as relational, restorative, and socially meaningful.

**For the Melbourne site, the intervention can be described as 8-week closed-group nature visits for LGBTIQ+ asylum seekers and refugees, delivered weekly in groups of 6-12 participants. Sessions combined shared meals with guided activities in nature, including forest therapy, community gardening, birdwatching, and learning about native flora and fauna. Public partners include the City of Melbourne, the Victorian Department of Health, Parks Victoria and the International Nature and Forest Therapy Alliance.**

### 2. How Group Nature Activities Improve Health, Reduce Loneliness and Strengthen Citizens' Feeling of Belonging to their Social & Living Environment

The Melbourne site contributes to growing evidence that group nature activities can support multiple outcomes at once. These include reduced feelings of loneliness, improved mood and confidence, increased sense of belonging, stronger routine and motivation, and deeper connection both to place and to other people. RECETAS Melbourne suggests that natural settings can function as a social mediator: they soften pressure, support conversation, make shared attention easier, and allow people to participate without the intensity that some indoor or clinical settings can create.

A key lesson from Melbourne is that the intervention works through a combination of factors: skilled facilitation, group continuity, accessibility, culturally sensitive and trauma-informed design, and the qualities of the natural setting itself. Nature can act as a 'third facilitator' by making connections feel less forced and by creating shared focus, sensory engagement, and calm. This can be particularly valuable for participants affected by trauma, displacement, social anxiety, or prolonged isolation.

The Melbourne experience also reinforces the value of demedicalised pathways. People do not need to enter through a clinical identity to benefit. Community referral, trusted organisations, peer encouragement, and self-referral can all play an important role in making nature-based social support feel relevant and safe.

**Melbourne findings show a reduction in loneliness from severe to moderate levels and an increase in nature connectedness.**

Qualitative findings further show: (1) improvements in overall mental wellbeing; (2) enhanced social connection and a stronger sense of belonging to local community and the broader Melbourne landscape; (3) increased intercultural sensitivity, including intentional recognition of and respect for diverse cultural identities; (4) improved confidence to interact with others and to spend time in nature; (5) the importance of nature as a neutral, safe, and non-judgemental space where participants could connect with nostalgic memories of homelands; and (6) the pivotal role of facilitators in sustaining trust, continuity, and participation. Participants described these changes in deeply relational terms, noting that the intervention “made me feel as part of the landscape,” that “I finally found my community, my chosen family and a place I hope to call home,” and that in nature “I could breathe for the first time in weeks”.

### III. Public Policy Proposals to Reduce Loneliness Using Nature-Based Approaches

For Melbourne, nature-based social prescribing should be recognised as a preventive, community-based approach that spans multiple policy portfolios rather than belonging to a single sector. Below is a draft set of policy directions tailored to the Victorian and Melbourne context.

#### 1. Strengthening Healthcare Systems with Nature-Based Social Prescribing: A Policy Action

**Statement** – Melbourne and Victoria need stronger pathways that connect people experiencing loneliness to community and nature-based supports before distress escalates into more acute need.

**Evidence** – Victoria has already recognised the relevance of social prescribing through the Local Connections initiative, which supports people experiencing loneliness and social isolation in building a sense of belonging through community-based activities, including nature-based ones. RECETAS Melbourne builds on this policy momentum by showing how structured group nature interventions can become a practical component of prevention-oriented care.

**Recommendation 1** – Establish multi-entry referral pathways. Referrals into NBSP should come not only from GPs and clinical services but also from community health, neighbourhood houses, migrant and refugee services, local councils, libraries, social workers, peer workers, and self-referral pathways.

**Recommendation 2** – Invest in connector or link-worker functions. A trusted intermediary role is essential for matching people to the right activity, addressing confidence barriers, supporting first attendance, and maintaining engagement across the early stages of participation.

**Recommendation 3** – Develop specialised training. Training should cover loneliness literacy, trauma-informed and culturally safe practice, facilitation in outdoor settings, risk management, accessibility, and knowledge of local nature and community assets.

**Recommendation 4** – Formalise evaluation and recognition. Public health and mental wellbeing frameworks should include indicators that capture social connection, wellbeing, participation, and nature engagement, so that NBSP is visible in policy and funding decisions.

**Feasibility notes** – Technically, this requires workforce development and referral tools. Systemically, it requires recognition across health and community sectors. Economically, the case should be framed in relation to prevention and avoided downstream costs. Operationally, success depends on transport, accessibility, timing, and trusted local partnerships.

For Victoria and Melbourne, priority audiences include Primary Health Networks, community health services, Mental Health and Wellbeing Locals, settlement and refugee support services, neighbourhood houses, and local governments. Public investment should support referral pathways that do not rely solely on clinical entry points, especially for marginalised communities who may engage more safely through trusted community organisations, peers, or self-referral.

## 2. Designing Urban Environments that Reconnect People with Nature

**Statement** – In Melbourne, equitable access to nature should be treated as part of public health infrastructure, not just as an environmental amenity.

**Evidence** – The City of Melbourne’s Urban Forest Strategy ([https://www.melbourne.vic.gov.au/urban-forest-strategy?utm\\_source=chatgpt.com](https://www.melbourne.vic.gov.au/urban-forest-strategy?utm_source=chatgpt.com)) and Nature in the City Strategy ([https://www.melbourne.vic.gov.au/citizen-science-and-nature-education?utm\\_source=chatgpt.com](https://www.melbourne.vic.gov.au/citizen-science-and-nature-education?utm_source=chatgpt.com)) already recognise that urban nature contributes to resilience, biodiversity, liveability, and wellbeing. RECETAS adds a further policy insight: access alone is not enough. People also need social pathways, invitation, safety, and culturally appropriate forms of engagement if nature is to function as a resource for connection and recovery.

**Recommendation 1** – Prioritise nature access in underserved and higher-risk communities. Planning should consider proximity, transport access, shade, seating, toilets, safety, walkability, and accessibility for people with disabilities or low mobility.

**Recommendation 2** – Design parks and natural spaces for social use as well as ecological value. This includes small-group gathering spaces, sensory diversity, welcoming signage, and features that support slow, guided, or reflective activities.

**Recommendation 3** – Protect and activate nearby nature assets through partnerships. Councils, Parks Victoria, community organisations, and health services should jointly identify spaces suitable for recurring NBSF activities and ensure these spaces remain accessible and well-maintained.

**Recommendation 4** – Embed social connection outcomes into green space planning. Urban nature strategies should explicitly consider how parks, trails, gardens, and biodiversity projects can foster a sense of belonging, intergenerational contact, and community participation.

**Feasibility notes** – This agenda aligns well with existing Melbourne strategies, but requires stronger integration across planning, transport, public health, disability inclusion, and community development.

**Relevant Melbourne delivery settings may include municipal parks, community gardens, botanic and biodiversity-rich urban spaces, and suitable Parks Victoria sites that can support small-group, facilitated, culturally safe activities. The policy focus should remain broad enough to support metropolitan Melbourne while also enabling implementation at the local council level, such as the City of Melbourne. RECETAS Melbourne has created 15 locations within the Melbourne metropolitan area of nature places and suggested activities in a Friends in Nature Menu. This model is designed to be adapted to local contexts and replicated and adjusted to other areas.**

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### 3. Integrating Nature into Social and Cultural Policy Agendas

Nature-based social prescribing should also be recognised within social and cultural policy because loneliness is shaped by participation, identity, trust, and access to welcoming collective spaces. For Melbourne, this means supporting partnerships with community arts organisations, migrant and refugee services, neighbourhood houses, libraries, volunteer networks, and grassroots groups already working on inclusion and belonging.

Policy should encourage small-scale, local, relational programming rather than only large generic offers. Nature-based social interventions work best when they can be adapted to culture, language, age, ability, trauma history, and preferred ways of participating. In this sense, flexibility is not a weakness of the model. It is one of its strengths.

**Melbourne-specific social and cultural policy relevance is especially strong for programs concerned with inclusion, settlement, multicultural participation, community wellbeing, anti-racism, and reducing stigma. The model is particularly valuable for communities that may not feel well served by conventional service settings and that benefit from small-group, trust-based, culturally responsive approaches.**

## II. Building Sustainable Governance for the Effective Implementation of Nature-Based Social Prescriptions

Long-term implementation in Melbourne will require shared governance rather than short-term project logic. Nature-based social prescribing sits at the intersection of health, local government, environment, social policy, and community practice. No single institution can deliver it alone.

A Melbourne governance model could include: (1) a local or regional cross-sector steering group; (2) clear referral and partnership pathways between health and community actors; (3) an agreed monitoring framework covering health, loneliness, participation, and nature outcomes; and (4) mechanisms for lived-experience and community voices to inform design, adaptation, and evaluation over time.

Responsibility for implementation should be distributed. The state government can provide recognition, funding, and strategic alignment. Councils and local organisations can coordinate place-based delivery. Health and community services can support referral and engagement. Community partners can ensure trust, cultural relevance, and accessibility.

**This brief recommends a cross-sector policy committee built on a council-health-community partnership model. The committee should bring together state government, local government, health services, community organisations, and environmental partners to guide implementation, monitoring, and evaluation of nature-based social prescribing. In practice, this means a shared governance structure in which government provides policy recognition and enabling funding, councils and place-based partners coordinate local delivery, health and community services support referral and follow-up, and community organisations help shape culturally safe participation. This model would allow Melbourne to move beyond one-off pilots toward an accountable, coordinated, and scalable approach.**

# Conclusion

## Perspectives for Strengthening a Nature-Based Public Health Approach

RECETAS Melbourne shows that loneliness can be addressed through more than clinical response or generic social participation programs. Nature-based social prescribing offers a practical, relational, and preventive approach that links people, place, and wellbeing. It is especially valuable in a city-region where mental health pressures, inequality, ecological change, and social fragmentation increasingly intersect.

The policy opportunity for Melbourne and Victoria is to move from isolated innovation to structured uptake. This means recognising NBSP across health, planning, and community policy; investing in referral pathways and facilitation; protecting equitable access to nature; and building evaluation systems that can demonstrate both human and environmental value.

With the right governance and resourcing, Melbourne can position nature-based social prescribing not as an optional add-on, but as part of a broader public health transition toward prevention, connection, and place-based wellbeing.

**A practical next step would be to convene a Melbourne policy committee with representation from the Victorian Department of Health, local government including the City of Melbourne, Parks Victoria, community health and settlement organisations, and RECETAS partners to develop a shared implementation roadmap for nature-based social prescribing.**