

The Future of Social Prescribing – A Policy Dialogue

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Q&A

Chair: **Prof Jose M Valderas**
NUS Centre for Research in Health Systems Performance (CRiHSP)

Speakers

Prof Nicholas Goodwin
NUS Centre for Research in Health Systems
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Prof Rosemary Calder
Australian Health Policy Collaboration,
Victoria University

Ms Stella McNamara
Primary and Community Care Services
(PCCS)

A/Prof Lee Kheng Hock
SingHealth Community Hospitals

Dr Wong Tien Hua
College of Family Physicians Singapore

Talk-specific questions:

Talk 2 (Prof Rosemary Calder and Ms Stella McNamara)

Question: Are there opportunities to be mentored by a service/ expert to steer our health service towards this alongside the toolkit. I am interested and have an allied MH health team ready to embrace this. We are based in Newcastle Australia and have a team of 28 clinicians, intake worker and admin team.

Prof Calder: We could give you some advice on this.

Prof Goodwin: You could contact the Australian Social Prescribing Institute for Research and Education (ASPIRE) for their insight.

Question: For Prof Calder and Ms. McNamara: Thank you for sharing about the Australian context. What evaluation framework(s) is your team using to evaluate the current social prescribing programme in Australia? What were some of the considerations you had when choosing an evaluation framework?

Prof Calder: The need for an evaluation framework to be established was identified and recommended. We proposed that this would be an important role for a National Centre to support social prescribing services and implementation. We did not develop a framework and did not prescribe measures for inclusion. We did recommend development of a minimum data set for national monitoring, reporting and evaluation.

Question: I am curious who performs the evaluation in Australia...national SP centre or left to individual progs to do their own evaluations? Is funding typically tied to evaluation outcomes? Stella recommended co-designed SP programmes. How can this be encouraged or incentivised from a national centre/ policy perspective?

Ms McNamara: At the moment, there is no funded national centre in Australia. We proposed a national centre to be established and funded. A National Centre, if funded, could be tasked with collating data from individual programs and helping to evaluate, or to provide guidance on evaluation. At the moment, it's up to individual programs to evaluate. We heard that many existing programs don't have adequate resources or skills to evaluate well.

In terms of the co-designing SP programs, that was in reference to if the Australian government were to fund programs either through a national scheme or a grants program, it should be included in the grant or funding guidelines that co-design was required, And therefore funding for the co-design process should be included in grants etc

General questions:

Question: I'm interested in hearing about any case studies of social prescribing embedded in a tertiary health service.

Prof Goodwin: Many social prescribing programs identify people who might benefit from a social prescription when being supported in hospital settings, though this is most usually done in community hospital settings as in SingHealth. I am not aware of specific programs internationally, but in theory it is possible – for example, to support people in cancer recovery and survivorship, or after a severe trauma or stroke, where community-based follow-up and support is often provided.

Question: Any challenges (medico legal) around governance esp. risk management and ensuring clarity of roles and responsibilities. This can often be a tricky thing to navigate. when something is "prescribed" what could this mean for insurance needs of community service provider but also for link worker? This would be different per country of course

Prof Goodwin: Governance and risk management is a key issue for social prescribing, especially when care and support is provided by a 'network' of different care and support providers. Some national programs, such as in Wales, have a national framework, but have yet to articulate such details. Clues to a way forward are contained in the wider literature on 'alliancing' that speaks of a clear separation between a governance body and operational management; and a governance model that includes the local community (providers and people in the community).

Question: Thanks to all the presenters, it has been a wonderful time. I work in public health in Perú, I am very interested in the inclusion of non-professional link workers. One of the complexities in this would be the balance between a flexible approach vs a more standardized one. I would appreciate any insights towards this ie. eligibility, training, evaluation for this link workers

Prof Goodwin: The role of link workers in social prescribing is indeed of key importance and your observation was also a key policy concern arising from our work. There have been some recent evidence reviews which conclude that more needs to be done to provide practical guidance in this respect – for example, see Mulholland et al 2025 (<https://doi.org/10.1155/hsc/4394123>) and Wijekulasuriya et al 2025 (<https://doi.org/10.3389/frhs.2025.1632307>)
