



Special Commission of Inquiry into Healthcare Funding

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Name: Australian Social Prescribing Institute of Research and Education

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30 October 2023

Mr Richard Beasley SC
Commissioner
The Special Commission of Inquiry into Healthcare Funding

E: submissions.hfi@specialcommission.nsw.gov.au

Dear Mr Beasley,

RE: Special Commission of Inquiry into the Funding, Governance, and Innovation of Health Services in New South Wales

We trust this letter finds you well. We are writing on behalf of ASPIRE, the *Australian Social Prescribing Institute of Research and Education*. ASPIRE is uniquely positioned to guide healthcare innovation and funding strategies. Founded on the principles of empowering individuals and building resilient communities, we champion a holistic and person-led approach to health that extends beyond traditional medical care. 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 healthcare 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 healthcare system, aligning closely with governmental objectives for healthcare improvement and innovation. You can learn more about how we aim to transform Australia's healthcare landscape at www.creatingopportunitiestogether.com

What is Social Prescribing?

Social prescribing is a transformative model that serves as a bridge between formal healthcare and community-based support. The model (Figure 1) involves a healthcare professional, or other trusted referrer, 'prescribing' a person to a link worker, who assists the patient 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, and environmental needs. Without social prescribing, these resources will remain under-utilised due to a lack of awareness.

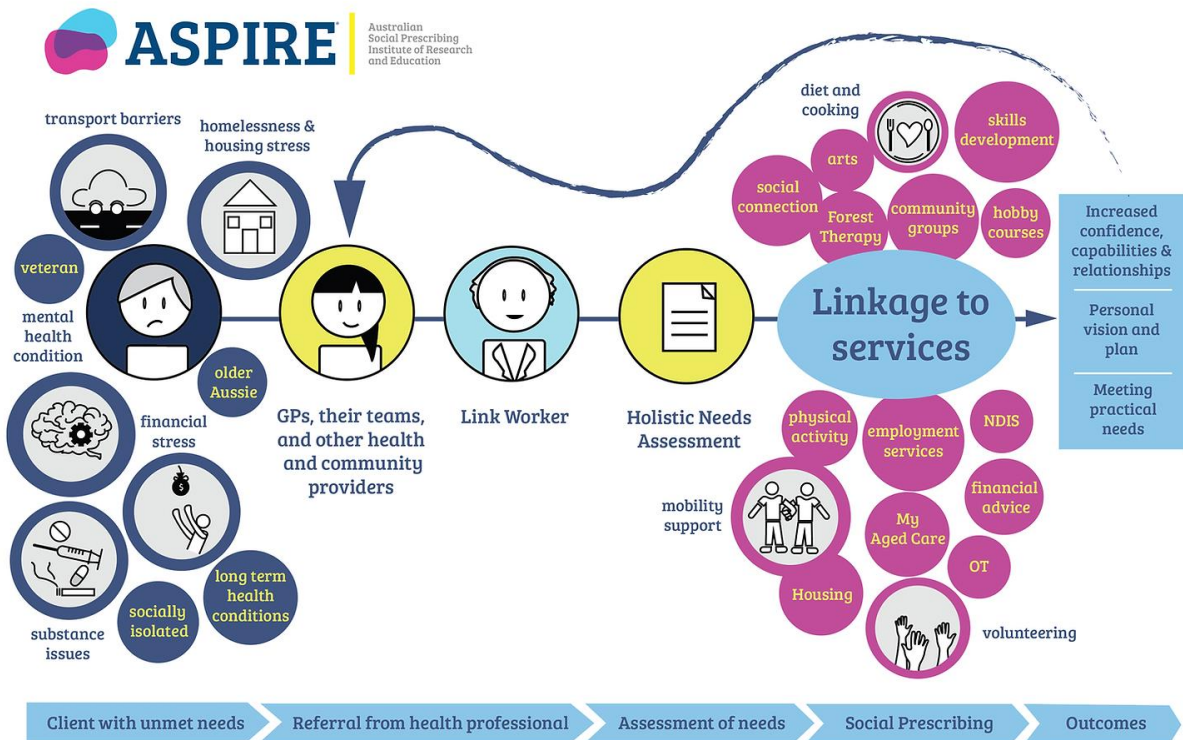


Figure 1: Social Prescribing model

Social Prescribing is a way of referring patients to a range of local, non-medical activities to support the patient’s health and wellbeing in a holistic and self-empowering way. It provides an opportunity for patients 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 healthcare funding and workforce, social prescribing offers opportunities to use alternative workforces and strategies to improve health and wellbeing. It complements medical care by providing a personalised approach to addressing social determinants of health. 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 offers a dual benefit to healthcare providers in New South Wales. Firstly, it can significantly reduce unnecessary appointments and ED presentations by addressing underlying factors, leading to more efficient healthcare utilisation. This not only improves job satisfaction and workforce experience but also enhances sustainability, reducing burnout and fostering a resilient healthcare workforce. Secondly, it can extend support to informal carers, families, and loved ones, recognising their unique needs and bolstering their ability to provide care and support. This holistic approach creates a more balanced and compassionate healthcare ecosystem, making social prescribing a strategic imperative for improving healthcare in New South Wales.

We are writing to provide insights and recommendations particularly pertinent to the terms of reference of your inquiry, namely:

- Section A: Supporting High Quality, Equitable, and Accessible Care
- Section C: Funding and Resourcing Health Care
- Section F: Workforce Capacity and Capability

- Section G: Education and Training Programs to Meet Future Needs
- Section H: New Models of Care and Technical and Clinical Innovations

Please find the responses to each of the above outline submission areas attached. We are open to discussing these matters further and would be honoured to participate in any subsequent phases of your inquiry.

Thank you for considering our submission.

Yours sincerely,



A/Prof J.R. Baker
CEO

Section A: Supporting High Quality, Equitable, and Accessible Care

Equity of Access

Social prescribing addresses the social determinants of health. Social determinants of health are social, economic, and environmental factors that influence health. They play a pivotal role in health prevention. Social prescribing significantly enhances equity by disseminating information and creating opportunities accessible to those who were previously unaware or unable to find these invaluable resources. By addressing these factors, we can prevent health issues cost-effectively, saving on treatment costs. This ensures that no individual is left behind merely due to a dearth of information. In essence, social prescribing tackles the root causes of health disparities to create a healthier, more equitable society.

How it Works in Practice:

1. **Needs Assessment:** The first step usually involves conducting a needs assessment to identify barriers to health and wellbeing within the community.
2. **Resource Mapping:** Information is collated about various community resources available, from mental health services to financial services, exercise classes, and nutritional advice.
3. **Public Awareness:** Community seminars, digital platforms, local newsletters, and informative brochures are some ways to inform the general public about available resources.
4. **Link Workers:** Individuals from the healthcare setting, like doctors or nurses, can refer patients to 'link workers'. These link workers serve as the bridge between healthcare and community resources.
5. **Tailored Plans:** Link workers assess individual needs and preferences and create tailored 'social prescriptions' to guide people toward appropriate community resources that meet their needs and goals.
6. **Follow-up and Feedback:** Regular follow-ups ensure that people are actively engaged and benefit from the prescribed activities, adjusting plans as necessary.

Reaching Hard-to-Reach Groups

Another salient feature of social prescribing is its ability to facilitate access for marginalised or hard-to-reach groups. People who have social issues tend to use the healthcare system more than people who are not socially isolated, even after accounting for their health status. Therefore, social prescribing through the healthcare system provides an opportunity to reach those in need. As these communities often grapple with various social determinants that can impair their ability to make use of community resources, an individualised approach is required. Social prescribing employs link workers who offer personalised guidance to help these individuals and their carers navigate the system efficiently.

How it Works in Practice

1. **Community Outreach:** Link workers connect with community members in their daily life, including by attending community events, visiting religious or cultural centres, or medical clinics.
2. **Cultural Sensitivity:** Link workers with cultural and linguistic skills matching the community's demographics can be employed to overcome cultural barriers.
3. **Accessible Information:** Information is made available in multiple languages and accessible formats to ensure that language and literacy are not barriers to access.
4. **Liaison with Community Leaders:** Leveraging relationships with local community leaders can encourage trust and greater participation in social prescribing initiatives.
5. **Personalised Interventions:** Extra time and effort are spent to tailor the social prescription to the unique challenges faced by these individuals. This could include home visits or digital consultations for those who cannot easily leave their homes.
6. **Partnerships with Specialised Services:** Collaboration with services focusing on specialised needs ensures a more holistic approach.

Ecological Dynamic Design Approach with Awareness Bridging

Social prescribing in Australia generally adopts a combined Ecological Dynamic Design Approach with Awareness Bridging. The ecological dynamic design approach recognises that while there may be a myriad of opportunities or resources available within the community for promoting wellbeing and health, the mere existence of these opportunities doesn't necessarily translate to accessibility, awareness, relevance or usability for all community members. Social prescribing can thus serve as an 'awareness bridge' that educates individuals on the wealth of resources available within their communities, the ways to access these resources, and the potential health benefits they could derive from them (or work with communities on how to better design relevant and needed services and supports). This is an essential function, as often these resources remain underutilised due to a lack of awareness. This unified framework recognizes both the range of community resources available for enhancing health and wellbeing and the need for active efforts to bridge awareness gaps. We understand that just because resources like exercise classes, mental wellbeing workshops, or cultural events exist, it doesn't mean they are accessible or even known to all segments of the community.

How it Works in Practice

1. **Resource Inventory:** An inventory of all available community resources is developed, factoring in the diversity of resources from green spaces for physical activities to mental health workshops. This is the 'ecological' aspect, recognising the myriad of resources within the community's ecosystem.
2. **Dynamic Mapping:** Real-time updates and digital platforms ensure that this resource inventory remains current and dynamic, able to respond to seasonal changes, new initiatives, or discontinued programs.
3. **Community Profiling:** Demographic and psychographic data of the community are analysed to understand the specific needs, barriers, and opportunities for different segments of the population.
4. **Education and Outreach:** 'Awareness Bridge' campaigns may include workshops, webinars, and community fairs to educate the public about these available resources. Information is disseminated through multiple channels, such as community bulletins, healthcare centres, and social media, to ensure broad reach.
5. **Link Workers as Bridge Builders:** Link workers actively consult with healthcare providers and community members, serving as 'bridges' between the two. They provide tailored advice on how individuals can take advantage of resources, aligning with their needs, lifestyle, and preferences.
6. **Engagement Tools:** Tools like apps or interactive websites may be employed to help people track their engagement with these resources, set reminders, and even get community reviews.
7. **Feedback Loops:** Community members are encouraged to provide feedback on their experiences with various resources. This information is used to further tailor the programs and services offered, thus making the design approach truly dynamic.
8. **Data Analytics for Continuous Improvement:** User engagement and outcomes are continuously monitored and analysed. This data is used for ongoing optimisation, thereby ensuring that the ecological dynamic design is not just a static model but a continuously evolving system.

Leveraging Local Assets

The model not only makes individuals aware of local opportunities but also encourages the use and appreciation of local assets, thus contributing to community development. By enhancing awareness, we are engaging in a form of community development that is sustainable in the long run.

How it Works in Practice

1. **Asset Mapping:** Local assets such as community centres, parks, libraries, and local businesses are identified and catalogued as part of the initial social prescribing framework.

2. **Partnerships:** Partnerships are established with these local entities to offer services, workshops, or activities. For example, a local gym might offer free introductory classes for referred individuals, or a library could host weekly mental wellbeing seminars.
3. **Community Bulletin:** Information about these local assets is disseminated via multiple channels, including a centralised digital platform, newsletters, and through healthcare providers.
4. **Link Workers:** These professionals guide people in how to use and benefit from local assets based on their individual needs. A link worker might refer an elderly person to a community garden for both exercise and social interaction, for instance.
5. **Local Economic Boost:** By directing people towards local resources, the model also supports local businesses and public services, ensuring their continued operation and growth.
6. **Feedback Mechanism:** Community members are encouraged to provide feedback on the local assets they utilised, which can be used for continual improvement and to highlight particularly valuable services.

Leveraging Opportunities at Scale

Social prescribing offers a scalable solution for wellbeing that not only leverages existing community assets but also fosters a sense of cohesion and bridging social capital among community members.

How it Works in Practice

1. **Technology Utilisation:** Digital platforms are often used to streamline the matching process between individuals and suitable local assets, making it easier to manage at scale.
2. **Standardised Training:** Training programs for healthcare providers and link workers are standardised but adaptable, making it easier to deploy social prescribing initiatives in different locations.
3. **Data Analytics:** The use of data analytics tools allows for the measurement of outcomes across different regions and demographics, providing insights into the efficacy of the program on a larger scale.
4. **Resource Pooling:** When similar needs are identified across multiple communities, resources can be pooled to meet these needs more effectively. For example, a highly successful mental health workshop in one area could be replicated in other communities.
5. **Community Cohesion:** Shared experiences and knowledge about the usage of local assets can create a sense of community even among disparate groups. Social media forums or community events might be organised to share stories and tips. For example, Dementia cafés allow groups of carers and loved ones to support each other and share information.
6. **Policy Influence:** By showing successful outcomes through scalability, the model can influence health policy, securing more consistent funding and policy support for social prescribing initiatives at a state or national level.

In summary, social prescribing serves to 'activate' individuals both physically and emotionally, thus significantly enhancing their quality of life and overall wellbeing. We believe that social prescribing provides a sustainable, equitable, and person-centred approach to healthcare, aligned closely with the tenets of person-centred care, which is of vital importance to the healthcare landscape in New South Wales.

Section C: Funding and Resourcing in Health Care

Medical providers are overburdened by social problems and social prescribing provides an opportunity to address this. For example, General Practitioners have reported at least one fifth (20%) of appointments specifically related to social problems.¹ Social prescribing may provide an avenue to alleviate social problems, allowing health professionals to address other aspects of people's disease management and improve quality of care. Furthermore, 59% of GPs think social prescribing can help reduce their workload,² and 70% believe referring to community activities, groups, or services helps improve health outcomes – but most do not have links with such services.³

Leveraging Community Assets for Sustainable Health

Social prescribing is inherently designed to leverage existing community resources, thereby minimising additional costs to the healthcare system. By tapping into local assets such as sport clubs, community centres, and local events, it decentralises healthcare and places it back into the community. Without social prescribing, these community resources will continue to be underutilised.

Example: Imagine you're a doctor and you have a patient who's feeling lonely and depressed. Instead of just prescribing medication, you might also tell them about a local gardening club. The patient joins the club, enjoys it, and starts feeling better. This is a great way to improve someone's health without having to spend extra money on healthcare services. A real-life example: <https://www.sbs.com.au/news/article/loneliness-can-be-a-health-hazard-manus-garden-project-offers-a-solution/xhoctuifk>

Community-Centric Models

This approach aligns with the concept of community development and 'local decisions for local people,' ensuring that healthcare is tailored to the needs and resources of each community. This not only allows for greater equity in health service delivery but also ensures the long-term sustainability of these interventions.

Example: Let's say you're in a town where fishing is an essential part of the culture. A healthcare provider could use that knowledge to recommend fishing as a stress-relief activity for residents experiencing anxiety or high stress levels. This makes the health advice more personalised and relevant to the community.

Intrinsic Motivation and Sustainability

One of the unique aspects of social prescribing is its focus on intrinsic motivations. Rather than relying on healthcare provider-driven solutions, it enables individuals to engage in activities that they are inherently motivated to continue. For example, participating in a local sports club as opposed to a generic exercise routine at a gym. This boosts the long-term sustainability of positive health behaviours.

Example: Think about an activity you really love to do. If a healthcare provider suggests that you do more of it to improve your health, you'd probably be thrilled. This is what social prescribing aims to do – find activities that people already love (or might love) and recommend them as a way to improve health. That way, people are more likely to keep doing them in the long run.

¹ Popay J, Kowarzik U, Mallinson S, Mackian S, Barker J. Social problems, primary care and pathways to help and support: Addressing health inequalities at the individual level. Part I: the GP perspective. *J Epidemiol Community Health*. 2007;61(11):966–71

² NHS England. Social prescribing. 2021. Available from: <https://www.england.nhs.uk/personalisedcare/social-prescribing>

³ Jani A, Liyanage H, Okusi C, Sherlock J, de Lusignan S. Social prescribing observatory: A learning health system approach for using data to improve practice. University of Oxford; Royal College of General Practitioners; 2020 p. 15.

Sustainability of Informal Care

Social prescribing also facilitates the linkage of carers with local activities and support services, which can enhance their sense of belonging within the community, reduce their sense of isolation, and boost their self-assurance in managing their own health requirements, in addition to caring for the individual they're responsible for.

Example: Imagine you are the primary caregiver for your elderly mother with dementia, feeling overwhelmed and isolated due to your caregiving responsibilities. A social prescribing program connects you with a local carer support group through a link worker, providing practical advice and the opportunity to share experiences, ultimately benefiting both you and your mother.

Financial Sustainability

Given that social prescribing is rooted in leveraging existing resources and tapping into individual motivations, it presents a financially sustainable model. It reduces the need for additional healthcare resources and, as demonstrated in various trials, offers a solid return on investment.

Example: Social prescribing doesn't usually require a lot of extra funding because it makes use of things that are already available in the community. This can save money in the long run. For example, if joining a community walking group helps someone lower their blood pressure, they might not need as much medication or as many doctor visits, saving money for both the individual and the healthcare system.

Section F: Workforce Capacity and Capability

Distribution of Health Workers in NSW

Social prescribing provides an opportunity to rebalance the distribution of health workers across New South Wales, especially in rural and remote regions. By employing local community members in non-clinical roles such as link workers, we can improve healthcare delivery without straining the existing medical workforce. The new workforce would be more readily scalable and flexible to adapt to community-specific needs and priorities.

Example: Imagine there's a small town in a rural area of New South Wales that doesn't have many healthcare providers. Social prescribing allows the community to use locals, who understand the area and people well, in roles like link workers. These teams help people find local activities or social groups that might improve their health, filling in a healthcare gap without needing more doctors or nurses immediately.

Existing Skills Shortages

Social prescribing offers a viable solution to the skills shortage in the healthcare sector by introducing non-clinical roles that focus on addressing the social determinants of health. These roles require skills in communication, active listening, goal setting, and community engagement, but they don't necessitate longer formal clinical training. This opens opportunities for a diverse range of individuals to participate in the healthcare workforce, thereby alleviating the strain on clinical staff.

Example: Healthcare often needs more people than it has, particularly trained doctors and nurses. Social prescribing introduces new roles that don't require medical training but do need good people skills. So, someone who is a great communicator but doesn't have a medical degree could become a link worker, helping to alleviate the workload of clinical staff.

Retention and Attraction of Staff

A social prescribing model can enhance job satisfaction among healthcare providers. By shifting focus towards a holistic, patient-first approach, medical professionals can be relieved from the burden of managing social and community-based needs, allowing them to concentrate on clinical care. This model thereby not only retains existing staff but also makes the healthcare sector more attractive to new talent.

Example: Healthcare jobs can be very stressful. By adding non-clinical roles focused on social aspects of health, the doctors and nurses can focus more on what they are specialised to do. This could make the job more satisfying for them and attract more people to work in healthcare, knowing they will have a support system in place to handle the non-medical needs of patients.

Scope of Practice for Community and Allied Health Workers

Incorporating social prescribing into the healthcare model expands the scope of community and allied health workers. By training them in social prescribing protocols, we can provide a more rounded healthcare approach that goes beyond medical treatment to include social and psychological wellbeing. This aligns well with personalised care models and is highly compatible with indigenous health practices and multi-cultural needs.

Example: Social prescribing allows community health workers to do more than they traditionally do. For example, they might be trained to help someone find a local group to help them stop smoking or engage with a cultural program to improve their mental health. This is especially useful in diverse communities where different groups have varied health needs and preferences.

Role of Multi-disciplinary Community Health Services

A wellbeing workforce through social prescribing adds a new dimension to multi-disciplinary community health services. By integrating non-clinical roles into existing healthcare systems, we can create a more cohesive and holistic service delivery model. This not only meets current demands but also alleviates the pressure on hospital systems, as social prescribing often prevents minor issues from escalating into major health concerns that require hospitalisation.

Example: Hospitals and healthcare providers often offer different services that aren't always well-coordinated. By incorporating social prescribing, all the different parts can work more cohesively. For example, after you visit a doctor for a health issue, a Link Worker could help you find a local exercise class or mental health group, preventing you from having to go back to the hospital for a problem that became more serious.

Section G: Education and Training Programs to meet future needs

Broader Workforce Potential

Social prescribing allows for the recognition of lived experience and transferrable skill sets that are invaluable for empathic listening and understanding the unique needs of individuals. This also makes the transition into the role more accessible for a wider range of people, enriching the workforce with diverse experiences.

Example: Social prescribing values not just formal education but also life experiences. Say, someone has spent years taking care of a family member with a chronic illness; that experience would be invaluable in a role where empathy and understanding are key. This also means people from diverse backgrounds and experiences can more easily join the workforce.

Efficient Training Models & Quick to Market

A social prescribing link worker primarily needs expertise in quality of life assessment, good communication skills, and the ability to connect people with community resources. This is a relatively less intensive training requirement compared to AHPRA or AASW equivalent roles, which can involve extended training and post-graduate practice. Due to these lighter training demands, social prescribing roles can be filled much quicker than other healthcare roles that require years of rigorous academic and supervised practice. This is beneficial for swiftly addressing workforce shortages and adapting to emerging community needs.

Example: Becoming a social prescribing link worker doesn't require years of specialised training. If you're good at talking to people, understanding their needs, and connecting them to helpful resources in their community, then you're most of the way there. You don't need to be a certified healthcare provider, which makes it easier for more people to get involved.

Complementary, Not Supplementary

This model does not aim to replace existing healthcare roles but to complement them by filling gaps in service delivery. These roles address "low-hanging fruit" issues that do not require intensive healthcare but still have a significant impact on individual and community wellbeing. The RACGP reports around 40% of healthcare issues are linked to non-medical social determinants of health, so social prescribing works to address some of the non-medical factors that affect health and wellbeing.

Example: Social prescribing roles don't replace doctors or nurses. Instead, they handle issues that medical professionals usually don't have time for but still matter to people's wellbeing. For instance, helping someone find a cooking class to improve their nutrition could prevent future health problems that would require medical treatment.

Cost-Efficiency

Given that the training is less resource-intensive, and the human resource market easier to create, the social prescribing workforce is more cost-efficient to deploy, thus offering a sustainable option for enhancing healthcare delivery without stretching budgets.

Example: Social prescribing is cost-effective because it doesn't require expensive training or degrees. It's like hiring community organisers to do a part of healthcare, making it easier to have more people in the workforce without breaking the bank.

Scalability and Flexibility

The low barriers to entry and quick training times make social prescribing scalable across various settings, from urban to rural, making it especially relevant in Australia's diverse healthcare landscape.

Example: This model can be implemented everywhere from big cities to tiny towns. In Australia, where healthcare needs can differ dramatically from one place to another, social prescribing's lower costs and quicker training times make it a versatile solution to a wide range of challenges.

Section H: New Models of Care and Technical and Clinical Innovations

Social Prescribing: A Proven and Scalable Model

Social prescribing emerges as a transformative model of care with both qualitative and quantitative backing. In the United Kingdom (UK), social prescribing is not only fully operational but also fully funded and deeply integrated into the healthcare system, primarily through the National Health Service (NHS). The UK's approach to social prescribing involves a comprehensive network of link workers and community-based support services that collaborate seamlessly with healthcare professionals. General practitioners (GPs) in the UK routinely refer patients to these link workers, who assess individual needs and connect them with a wide array of non-medical activities and community resources. This system is bolstered by substantial government funding allocated to social prescribing programs and widespread adoption, making social prescribing an integral and sustainable part of healthcare delivery.

In Australia, social prescribing trials have shown positive and cost-effective benefits. A recent successful trial in collaboration with *icare NSW* revealed significant improvements in wellbeing indicators, including emotional wellbeing, loneliness, readiness to work, health service utilisation, and overall perceived health status.⁴ Most remarkably, the trial yielded a robust social return on investment (SROI) of \$3.86 for every dollar invested.⁵ This is in line with international benchmarks, notably in the UK, where SROI ranges between £2-8 per pound invested. Not only does this make a strong economic case for social prescribing, but it also provides evidence of its scalability and sustainability.⁶

Example: Social prescribing isn't just a good idea—it's been tested and proven to work. A number of programs across New South Wales have shown that it improved people's emotional health, helped them feel less lonely, resulted in fewer medical appointments and self-reported health issues, and even got them ready to return to work. So, it's not just good for individuals; it's good for the economy too.

Health Outcomes and Service Utilisation

Beyond social returns, social prescribing has also demonstrated substantial improvements in health outcomes, such as reduced pain and lower health service utilisation rates. This underscores the potential for non-medical interventions like social prescribing to not only improve quality of life but also to lessen the strain on the healthcare system significantly.

Example: Beyond making people feel better emotionally, social prescribing also led to tangible health improvements, like reduced pain. It can lower the number of times people need to use healthcare services. Imagine reducing the number of hospital visits simply by helping people find the right community resources!

Workforce Innovation

Innovatively, social prescribing enables the incorporation of lived experience and navigation roles, opening up a new, non-clinical workforce that complements existing healthcare services. This challenges the market to be more inventive and adaptive, offering avenues like quality of life wellness coaching, which have far-reaching impacts on health outcomes.

⁴ <https://www.syncsci.com/journal/index.php/AHB/article/download/390/312>

⁵ <https://www.icare.nsw.gov.au/-/media/icare/unique-media/about-us/icare-foundation/social-and-economic-impact-report/social-and-economic-impact-report.pdf> (p13)

⁶ <https://socialprescribingacademy.org.uk/media/wemjbtqw/building-the-economic-case-for-social-prescribing-report.pdf>

Example: Social prescribing introduces new types of jobs in healthcare that don't require clinical training. This means we can create jobs like 'wellness coaches' that focus on improving people's quality of life. This is especially useful in a healthcare environment where more traditional roles are hard to fill.

Multiplier Effect on Health and Wellbeing

By addressing the holistic needs of individuals—covering emotional, social, and practical aspects—social prescribing has shown a multiplier effect. It not only improves health outcomes but also significantly contributes to overall wellbeing, thereby proving its efficacy as a comprehensive model of care.

Example: Social prescribing doesn't just help one aspect of someone's life. By focusing on emotional, social, and practical needs, it leads to a ripple effect of benefits. For example, someone who starts attending a community gardening group might not only get physical exercise but also make new friends and improve their mental wellbeing.