

“Social prescribing” another stolen Indigenous concept?

TO THE EDITOR: Holistic comprehensive care is *the* core of community-controlled primary care services for Aboriginal and Torres Strait Islander peoples. To achieve this, Aboriginal and Torres Strait Islander community-controlled health organisations (ACCHOs) have routinely delivered or connected people using these services since 1971 to address the myriad of socio-economic and cultural determinants through a caring approach rooted in Indigenous knowledge and practices.¹ In addition to biomedical and allied health referrals, ACCHOs broker and provide a suite of social and cultural connections with housing, education and legal aid services.² This connected, comprehensive model of care is the core business of ACCHOs, and it does not have a special name.

Internationally, and in Australia, there is a growing focus on social prescribing programs. Social prescribing has been described as “pioneered” in the United Kingdom during the 1980s–1990s and provides a formal process for primary health care workers to connect patients to a wide range of non-clinical services and supports tailored to their needs.³ These encompass healthy lifestyle support services, financial assistance, housing and community gardening, ultimately enhancing health and wellbeing.⁴ There

has been a surge in social prescribing research and policy interest globally. However, the ACCHO model has been delivering holistic care for patients and the community with a more sustainable workforce model that needs to be recognised, celebrated, replicated and shared nationally and globally.

A common feature of settler colonialism is the appropriation of lands, knowledge and concepts in the name of discovery.⁵ This supplanting of holistic care with social prescribing is another demonstration of the continuing settler colonial approach, where the Aboriginal and Torres Strait Islander holistic model has been erased and reframed as social prescribing. There has been scant acknowledgement that social prescribing has been happening in ACCHOs across Australia for decades. A national funding model must be developed to adequately support the ACCHO sector, provide flexible, holistic care models, and expertly guide how the concept is adopted by primary care. While doing so, it is crucial to have a directory of culturally safe and responsive services, need assessment tools, and linking data on referrals and services to people to measure outcomes. Importantly, Australian academics, policy makers and the primary care sector should acknowledge this long history and learn from it by looking to Indigenous models of “social prescribing” that address the

holistic needs of people to guide the implementation of social prescribing programs in Australia.

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