

Referral Guide

What is the Social Prescribing Service?

Social Prescribing is for adults who are 60+ living in the Cowichan Valley who are self-motivated but could use help connecting with community resources. Referrals are received from healthcare practitioners who will collaborate with the Community Connector to reach out to clients, develop a wellness plan, and assess progress. Social Prescribing is a preventative measure meant to support people in aging in place and maintaining independence.

Social Prescribing is for people who range between 1-4 on the clinical frailty scale:



1. People who are active, motivated, and energetic. They exercise regularly and are among the fittest for their age.
2. People who have no active disease symptoms but are less fit. They exercise and are active occasionally, such as seasonally.
3. People whose medical problems are well controlled but are not regularly active beyond routine walking.
4. People who are not dependent on others for daily help; activities are limited. Commonly feel slowed up or tired during the day.

Referral Criteria

Seniors in the Cowichan Region who are experiencing:

- Social isolation or loneliness.
- Worries over food security.
- Sadness that stops you from getting out.
- Life changing events such as retirement, bereavement, changes in health status and independence.
- Trouble making healthy lifestyle choices.
- Limited access to physical activity.
- Fatigue or stress associated with having, or being, a caregiver.

Social Prescribing is not for:

- Adults under the age of 60.
- People who are 5-9 on the frailty scale.
- **People who require daily services.**

- People who do not have desire to engage a wellness plan independently. The Community Connector is available for ongoing support, encouragement, and connection; however, active client engagement is essential.

How to Access Services:

Step 1: A health professional will talk to patients about how Social Prescribing services may help and send a referral to the Community Connector using the online referral form.

Step 2: The Community Connector receives the referral, assesses fitness, and will reach out to you with any further questions, or to inform that they will proceed with the referral.

Step 3: The Community Connector will explore what activities, services and local support could improve a patient's health and wellbeing.

Step 4: Together the Community Connector and patients will identify goals and co-create a personalized wellness plan.

Step 5: The Community Connector will connect patients with local services and activities that can enhance their wellbeing. Community Connector is available for support to encourage meeting milestones on wellness plan.

Step 6: Graduation! While the Community Connector will remain available for support, patients will have established a sense of independence with their wellness plan and no longer request support, except at occasional times.

For any questions about referral please contact the Community Connector at Volunteer Cowichan: socialprescribing@volunteercowichan.bc.ca or 250-748-2133.