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| **WHAT IS VillagePlus AND Social Prescribing?** |
| **VillagePlus** supports people to access non-clinical, local, community-based services to improve their health, wellbeing, and quality of life. **VillagePlus** Link Workers (social workers) can assist people to find supports such as: * **New Parent Programs** like mother's groups, pram walking groups, baby massage classes, postnatal yoga
* **Family Support Services** like playgroups, parenting classes, breastfeeding support, childcare assistance
* **Social Programs & Services** like parent-baby activities, community centres, cultural groups, recreational programs
* **Support to Access Government and Health Services** like Centrelink parenting payments, childcare subsidies, maternal health services, family support programs

Participants of **Social Prescribing** have reported improvements in health and wellbeing, quality of life, socialisation, financial wellbeing, work readiness, social contacts, health related behaviours, and day-to-day functioning, and reductions in frequency of health service utilisation, pain and mental ill health. See **DOI** [10.25082/AHB.2020.01.001 f](https://doi.org/10.25082/AHB.2020.01.001)or more info.  |
| **ELIGIBILITY CRITERIA** |
| [ ]  Are pregnant (any gestational age) or up to 12 months postpartum[ ]  Are experiencing social, emotional, or practical challenges related to the perinatal transition[ ]  Are likely to benefit from increased social participation and community connection[ ]  Are able to engage with community-based supports and activities |
| **REFERRER DETAILS**  | Date of Referral  |  |
| Referrer type (tick one) | [ ]  GP [ ]  Obstetrician/Specialist [ ]  Gidget Foundation[ ]  Midwife [ ]  Child & Family Health Nurse [ ]  Tresillian/Karitane [ ]  Community Health Service [ ]  Perinatal Mental Health Service [ ]  Self-referral ☐ Other: \_\_\_\_\_\_\_\_\_\_\_ |
| Title & First Name |  | Last Name |  |
| GP Practice/Organisation  |  | Provider #  |  |
| Address  |  | Post Code  |  |
| Phone No.  |  | Email  |  |
| Fax No.  |  | HealthLink EDI  |  |
| **CLIENT DETAILS**  |
| First Name  |  | Date of Birth  |  |
| Last Name  |  | Preferred Name  |  |
| Address  |  | Post Code  |  |
| Phone No.  |  | Email  |  |
| Consent to referral  | [ ]  YES [ ]  NO | Gender  | [ ]  Male [ ]  Female [ ]  Other [ ]  Prefer not to say |
| Current pregnancy status | [ ]  Pregnant (\_\_\_weeks) [ ]  Postpartum (baby \_\_\_ months old) | Child details | [ ]  This is/will be 1st child [ ]  2nd child [ ]  3rd+ child |
| Number of children in household |  | Partner Status | [ ]  Partner/Married [ ]  Single parent [ ]  Other |
| Birth experience | [ ]  Uncomplicated [ ]  Complicated [ ]  Traumatic [ ]  Prefer not to say [ ]  Not applicable |

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| **REASON FOR SOCIAL PRESCRIPTION & AREAS OF SUPPORT REQUIRED**  |
| [ ]  | Emotional Wellbeing | [ ]  | SocialConnection | [ ]  | Housing or Social Supports | [ ]  | Families & Relationships | [ ]  | Domestic Violence |
| [ ]  | Physical Health / ADLs | [ ]  | Food, Diet, or Lifestyle | [ ]  | Financial Needs & Benefits | [ ]  | Employment & Education  | [ ]  | Childcare Services |
| **Goals of VillagePlus Support** * What are the main

opportunities/goals for this family?* What can we assist with?
* Any other relevant information about the perinatal transition?
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|  **KEY RELEVANT ISSUES (what else do we need to know and what should we avoid)**  |
| Description of key presenting or underlying issues of relevance to this referral and any key information (e.g., cultural needs; medical; medication issues; developmental, functional; living skills; social; emotional; trauma, abuse and neglect; etc.)  |    |
| **SAFETY ALERTS** - Are there any risk factors we should be aware of when visiting the home/client? For example, if there is a history of aggressive behaviour? *Please tick all that apply.*  | [ ]  YES - please provide details below or attach risk assessment [ ]  NO [ ]  UNKNOWN  |
|   |
| [ ]  Risk of harm to self [ ]  Risk of harm to other [ ]  Mental Health Order [ ]  Triggers / Trauma [ ]  Birth trauma/PTSD [ ]  Intervention Order/AVO [ ]  Postpartum psychosis risk [ ]  Infant safety concerns [ ]  Severe perinatal anxiety/depression [ ]  Child protection concerns |
| Please attach any plans/history | [ ]  YES – I am attaching relevant medical history and/or current treatment plans  |
| **ADDITIONAL CLIENT INFORMATION**  |
| Country of birth  |   | Main language spoken at home?  |   |
| Aboriginal  | [ ]  YES [ ]  NO *(If needed- tick both)* | Communication or support required?  | [ ]  YES [ ]  NO  |
| Torres Strait Islander  | [ ]  YES [ ]  NO  | Please specify any client needs |   |
| Does the client have a disability or long-term health condition?  | [ ]  Long Term Health Condition [ ]  Disability [ ]  Frequent Attendance  | Caring responsibilities: | [ ]  None [ ]  Children < 5yo [ ]  Children 5-9yo [ ]  Children 10-14yo[ ]  Children 15-18yo[ ]  Children with special needs[ ]  Elderly parents[ ]  Other family members |
| Please provide details of long-term health conditions.  |   |
| CRN (Centrelink)  |   | Employment status  | [ ]  Full-time [ ]  Part-time [ ]  Student [ ]  Maternity leave[ ]  Unemployed [ ]  Pension  |