

Social Prescribing Training Roadmap

Empowering the social prescribing ecosystem to navigate responsibilities with clarity and expertise.

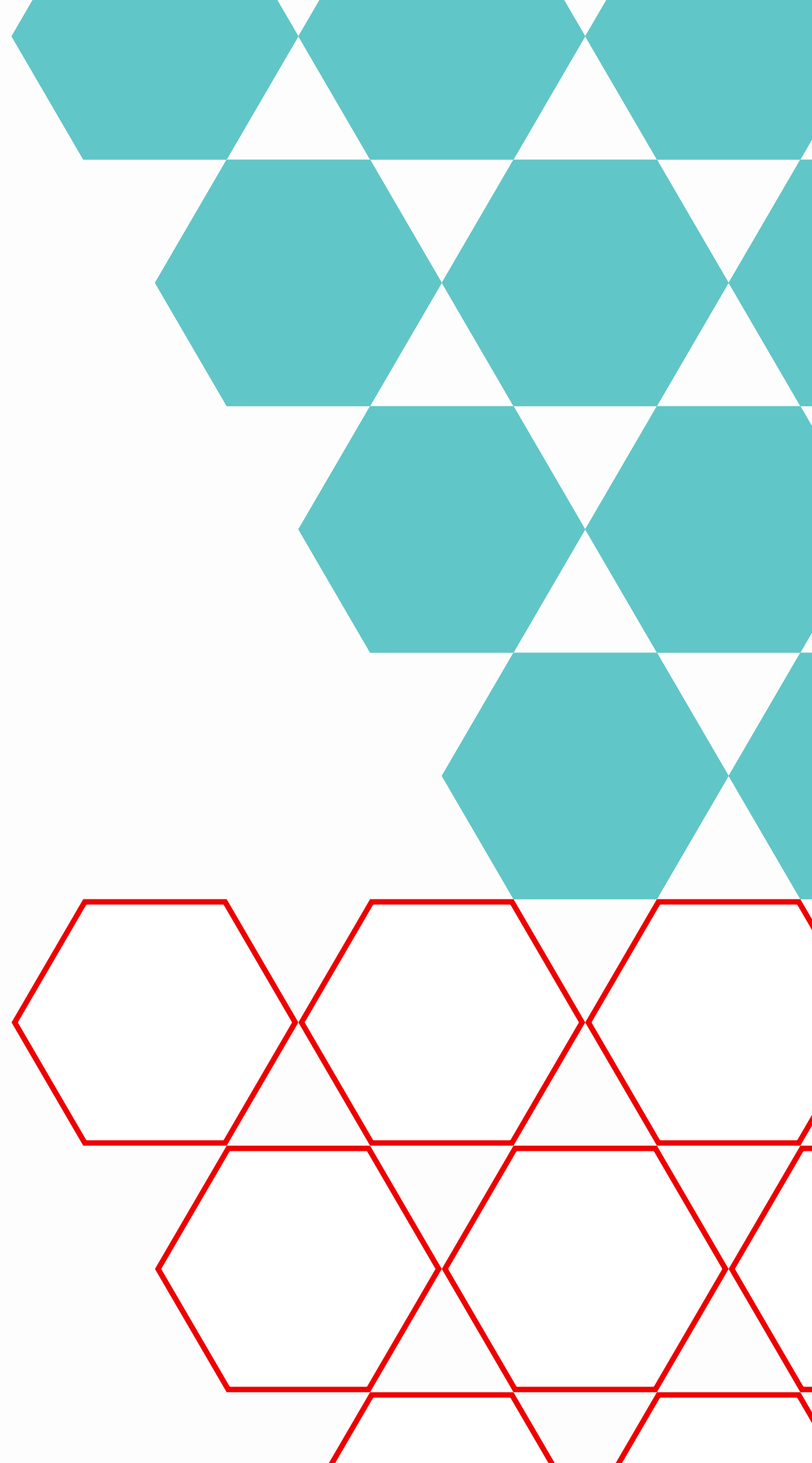


Canadian Institute
for **Social Prescribing**



Anchored by

**Canadian
Red Cross**





Welcome to the Social Prescribing Training Roadmap!

This roadmap is a powerful tool designed to help the social prescribing ecosystem to navigate their roles with confidence and expertise.

It's more than just a learning resource—it's about building a stronger, more resilient ecosystem that supports individuals and communities in an equitable and sustainable way. The Training Roadmap provides a deep dive into existing resources that can support the social prescribing ecosystem to provide care that is person-centred and empowers individuals to lead and manage their own health and well-being.

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What is Social Prescribing?

Social prescribing (SP) is a holistic approach that enables trusted clinical and community health providers to identify individuals' non-medical goals and needs. Providers can then refer individuals to dedicated navigation support to co-produce person-centred and community-driven non-medical prescriptions and connect with social interventions and community supports to improve health and well-being.

Intentional collaboration and co-creation between individuals, communities, and health systems is necessary to address the social determinants of health (SDOH), improving overall well-being and fostering more resilient communities.

The Social Prescribing Pathway

The social prescribing pathway involves structured and seamless collaboration between diverse stakeholders including healthcare providers, community-based organizations, social prescribing Connectors and social prescribing program managers and teams.

In Canada, social prescribing initiatives complement existing integrated care efforts by leveraging community strengths, resources, and networks. These initiatives formalize pathways and intersectoral collaborations, co-creating solutions that enhance access to services and supports that address the social determinants of health, improving overall care and well-being.

While social prescribing is tailored in each community, the pathway generally includes the following 5 key components:

ENTER

An individual with unique needs, interests, and desires is referred to an SP initiative.

CONNECT

The individual works with a SP Connector to co-create personalized plans that align with their unique needs. Together, they craft plans that truly matter to the individual.

PARTICIPATE

An individual participates in activities by leveraging community supports and resources to enhance their well-being and holistic health.

FOLLOW UP

The SP Connector journeys along and follows up through check-ins to ensure the activities are appropriate, identify any barriers, and to observe health outcomes.

LEARN

Evaluation and learning continues to improve the pathway as individuals move on or re-enter the process.

What Does the Training Roadmap Offer?

Social prescribing is recognized as a critical tool to strengthen integrated care and improve well-being in Canada. There is an increasing number of practitioners engaged in social prescribing design, referral and delivery, and emerging resources being developed across geographies. By providing a detailed overview of the activities, competency domains, suggested skills building expected for key stakeholders involved in the delivery of social prescribing, this Training Roadmap offers guidance and learning pathways for the emerging social prescribing workforce.

The Training Roadmap can:

- Provide clear and consistent standards for social prescribing practice.
- Provide guidance for learning, training, support, collaboration and supervision that are required for social prescribing implementation and workforce development.
- Support the delivery of consistently high quality and safe social prescribing.

Who is the Training Roadmap Intended For?

This roadmap outlines the activities, competency domains and suggested skills building for:

- Healthcare Providers
- Social Prescribing Connector Roles (also known as Link Workers or Navigators)
- Community-Based Organizations
- Social Prescribing Program Managers and Teams

By following this roadmap and using the suggested resource links provided, the social prescribing ecosystem can enhance their ability to create meaningful connections between individuals and community resources they need to thrive, ultimately contributing to more integrated and person-centered health and social care.



THE TRAINING ROADMAP

The Training Roadmap Legend





The Training Roadmap includes links to relevant informational resources and training for each stakeholder group. These resources cover both general and social prescribing-specific topics and have been developed at international, national and provincial levels, tailored to different groups within the social prescribing ecosystem.

The legend below offers icons that allow the Roadmap to specify the location and target population of each linked resource. This aims to guide users of the Training Roadmap to review and utilize resources that are most relevant to their location and team-specific needs.

Geography

-  International Resource
-  Canadian National Resource
-  Alberta-based Resource
-  British Columbia- based Resource
-  Ontario-based Resource

Target Audience

-  Resource targeted to Healthcare Providers
-  Resource targeted to Social Prescribing Connectors/Navigators/Link Workers
-  Resource targeted to Community Health Centre Teams
-  Resource targeted to Regional Social Prescribing Program Teams

Note: Resources without a target population icon are considered suitable for any stakeholder.

The Training Roadmap Resource List: At-A-Glance

General Skills Building

- [Alliance for Healthier Communities- Health Equity Resources](#)
- [Royal College of Physicians and Surgeons of Canada: The CanMEDS Framework](#)
- [Crisis and Trauma Resource Institute: Motivational Interviewing](#)
- [San'yas Indigenous Cultural Safety Training](#)
- [Tamarak Institute: Asset Mapping Webinar](#)
- [Tamarak Institute: Asset-Based Community Development in Canada](#)
- [Workplace Strategies for Mental Health- Resources for Employees](#)

SP-Specific Skills Building

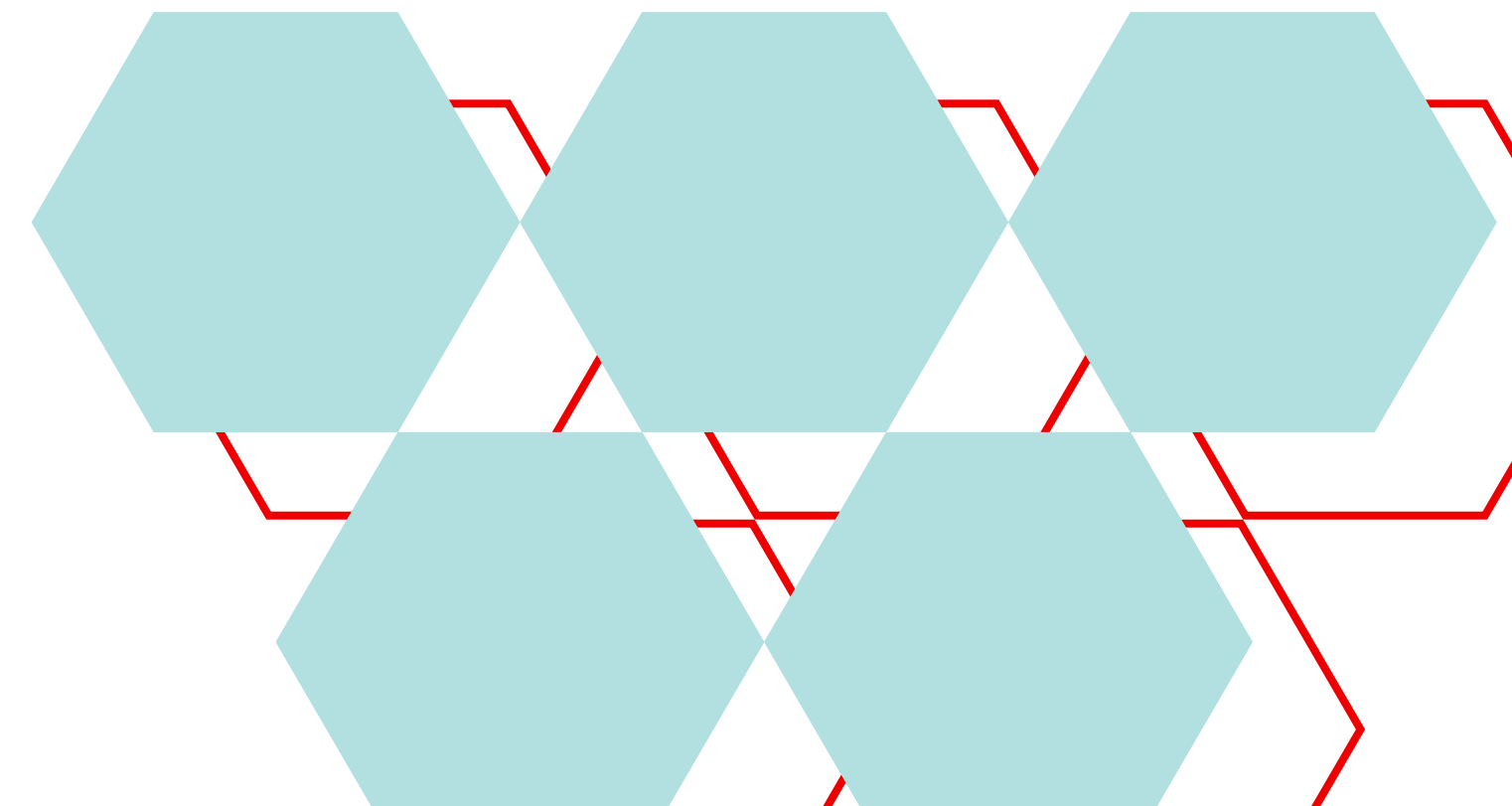
- [Alliance for Healthier Communities Social Prescribing Online Course](#)
- [Canadian Alliance for Social Connection and Health \(CASCH\)- Conceptualizing and Implementing Social Prescribing Programs](#)
- [Canadian Institute for Social Prescribing \(CISP\): About Social Prescribing](#)
- [Canadian Institute for Social Prescribing \(CISP\): Link Worker Competency Framework](#)
- [Centre for Effective Practice \(CEP\) - Social Prescribing: A resource for Health Professionals](#)
- [Healthy Aging Alberta \(HAA\)- Healthcare Provider Training Resource - Social Prescribing](#)
- [Healthy Aging Alberta \(HAA\)- Link Worker Training](#)
- [Healthy Aging Alberta \(HAA\)- Social Prescribing for Older Adults: Community Implementation Toolkit](#)
- [National Academy for Social Prescribing- Social Prescribing Evaluation Resources](#)
- [United Way British Columbia \(UWBC\)- Community Connector Training Part 1](#)
- [United Way British Columbia \(UWBC\)- Community Connector Training Part 2](#)
- [United Way British Columbia \(UWBC\)- Social Prescribing Implementation Guide \(Sign up required\)](#)
- [World Health Organization \(WHO\)- A toolkit on How to Implement Social Prescribing](#)

Healthcare Providers

Healthcare providers are often the first point of contact for individuals in the social prescribing pathway. They play a crucial role by identifying patients who could benefit from social prescribing, referring these individuals to social prescribing Connectors or directly to support services, and following up on the services they receive and the outcomes. By acknowledging the importance of the social determinants of health, healthcare providers extend their care beyond traditional medical treatment.

The key activities that Healthcare Providers engage in across the delivery of social prescribing include:

1. Identifying suitable social prescribing clients
2. Providing information about social prescribing
3. Referring individuals to social prescribing Connectors and support services
4. Following up with patients and evaluating outcomes
5. Championing social prescribing in the healthcare system



Identifying suitable social prescribing clients

Healthcare providers identify individuals who might benefit from supported access to social and community interventions.

Required Knowledge and Skills

- Patient-centred care
- Patient communication strategies
- Clinical reasoning and judgement
- Cultural safety and competence
- Equity-based approaches to care
- Intersectionality and oppression
- Social determinants of health

Links to Resources

General Skills Building

[CanMEDS Communicator Role](#)



[CanMEDS Medical Expert Role](#)



[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)



[San'yas Indigenous Cultural Safety Training](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)



- Module 6: Meeting with Clients

[CASCH- Conceptualizing and Implementing Social Prescribing Programs](#)



- Section 2: How do you screen participants for social prescribing?

[CEP- Social Prescribing: A Resource for Health Professionals](#)



- [Assess and understand the social factors impacting health](#)
- [Initiate social prescribing](#)

[HAA- Healthcare Provider Training Resource - Social Prescribing](#)



- SP in Practice

Providing information about social prescribing

Healthcare providers explain the concept and benefits of social prescribing to their patients, encouraging them to engage with the services offered.

Required Knowledge and Skills

- Health promotion and education
- Patient communication strategies
- Social prescribing concept and practice
- Motivational interviewing

Links to Resources

General Skills Building

[CanMEDS Communicator Role](#)



[Crisis and Trauma Resource](#)



[Institute: Motivational Interviewing](#)

SP-Specific Skills Building

[CEP- Social Prescribing: A resource for Health Professionals](#)



- [Introduction to Social Prescribing](#)

[CISP- About Social Prescribing](#)



[HAA- Healthcare Provider Training Resource - Social Prescribing](#)



- Introduction to SP
- Benefits of SP

Referring individuals to social prescribing Connectors and support services

After identifying a individual's potential need for social prescribing, the healthcare provider refers the patient to a social prescribing Connector (or an equivalent role) or directly to community supports.

Required Knowledge and Skills

- Social prescribing referral process
- Patient advocacy
- Interdisciplinary collaboration
- Local resource knowledge
- Social prescribing concept and practice
- Function of the social prescribing Connector
- Asset mapping

Links to Resources

General Skills Building

[CanMEDS Health Advocate Role](#)



[CanMEDS Collaborator role](#)



[Tamarak Institute: Asset Mapping Webinar](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course \(Ontario\)](#)



- Module 3: Using the EMR to Track the Client's Journey
- Module 4: Creating and Maintaining an Asset Map

[CASCH- Conceptualizing and Implementing Social Prescribing Programs](#)



- Section 3.4- Role of Link Workers

[CISP: Link Worker Competency Framework](#)



[CEP- Social Prescribing: A Resource for Health Professionals](#)



- [Initiate Social Prescribing](#)

[HAA- Healthcare Provider Training Resource - Social Prescribing](#)



- SP in Practice

Following up with patients and evaluating outcomes

Healthcare providers assess the outcomes of social prescribing interventions and provide feedback to social prescribing Connectors or community services to refine future care.

Required Knowledge and Skills

- Patient-centred care
- Patient communication strategies
- Health social outcomes data collection
- Health and social outcome evaluation

Links to Resources

General Skills Building

[CanMEDS Scholar Role](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)

- Module 3: Using the EMR to Track the Client's Journey
- Module 6: Meeting with Clients



[CEP- Social Prescribing: A resource for Health Professionals](#)

- [After social prescribing: follow-up and follow through](#)



[HAA- Healthcare Provider Training Resource - Social Prescribing](#)

- SP in Practice



Championing social prescribing in the healthcare system

Healthcare providers may advocate for the broader adoption and support of social prescribing within their organization or community, recognizing its value in patient care.

Required Knowledge and Skills

- Leadership and advocacy
- Health and social systems thinking
- Leadership in healthcare innovation

Links to Resources

General Skills Building

[CanMEDS Leader Role](#)



[CanMEDS Scholar Role](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)



- Module 1: Getting Buy-In from an Interdisciplinary Team

[CEP- Social Prescribing: A resource for Health Professionals](#)



- [Introduction to Social Prescribing](#)

[HAA- Healthcare Provider Training Resource - Social Prescribing](#)



- Become an SP Champion

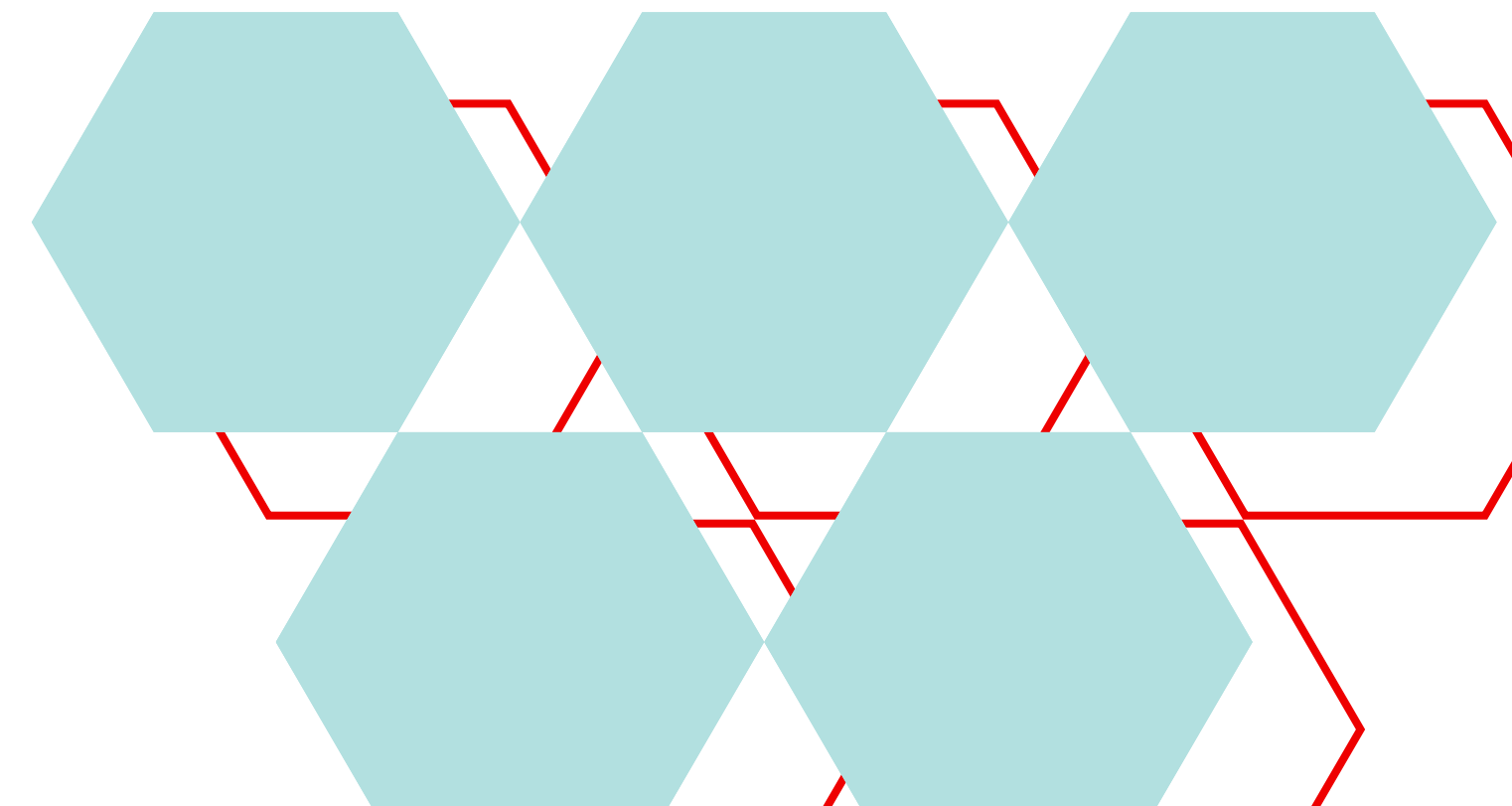
Social Prescribing Connector Roles

A social prescribing Connector—also known as a Link Worker or Navigator—receives referrals, typically from healthcare providers. They help identify individual needs, interests, and goals, offer encouragement, address barriers, and provide supported navigation and access to social and community resources. Social prescribing Connectors work closely with healthcare and social service providers, complementing their roles and offering additional wrap-around support as part of the interprofessional and community care team.

The key activities that s engage in across the delivery of social prescribing include:

1. Receiving referrals
2. Building rapport and relationships with clients
3. Connecting clients to community supports
4. Providing ongoing support and follow up
5. Monitoring client outcomes
6. Liaising and collaborating HCPs and community organizations
7. Advocating for clients
8. Practicing self-care and seeking professional development

The Canadian Institute for Social Prescribing has developed a [Link Worker Competency Framework](#), which expands upon the required competency domains for the Link Worker role. [Click here for this resource](#)



Receiving referrals

Social prescribing Connectors receive referrals typically from healthcare providers, which may include information about the individual's medical history, social circumstances, and potential needs. Social prescribing Connectors review these referrals to brief initial encounters with clients.

Required Knowledge and Skills

- Effective communication
- Cultural safety and competence
- Partnership building
- Interdisciplinary collaboration
- Social determinants of health

Links to Resources

General Skills Building

[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)



[San'yas Indigenous Cultural Safety Training](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)

- Module 5: Training the Providers



[HAA Link Worker Training](#)

- Module 1: The Link Worker Function & Ecosystem
- Module 4: Building Community Connections to Support Your Clients



[UWBC Community Connector Training Part 1](#)

- Module 1: Introduction to Social Prescribing
- Module 2: The Community Connector Function & Ecosystem
- Module 4: Essential Skills for Creating Connections and Building Relationships
- Module 5: Steps to Support Older Adults through Social Prescribing



[UWBC Community Connector Training Part 2](#)



Building rapport and relationships with clients

Building trusting relationships is a crucial first step when social prescribing Connectors engage with clients. Social prescribing Connectors aim to understand their clients' circumstances, needs, strengths and desires which are essential for shaping the care provided.

Required Knowledge and Skills

- Cultural safety and competence
- Equity-based approaches to care
- Intersectionality & oppression
- Social determinants of health
- Reflexive practice in health and social care

Links to Resources

General Skills Building

[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)



[San'yas Indigenous Cultural Safety Training](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)

- Module 6: Meeting with Clients



[HAA Link Worker Training](#)

- Module 2: Equity-based approaches to care



[UWBC Community Connector Training Part 1](#)

- Module 1: Introduction to Social Prescribing
- Module 2: The Community Connector Function & Ecosystem
- Module 5: Steps to Support Older Adults through Social Prescribing



[UWBC Community Connector Training, Part 2](#)

- Equity-Based Approaches to Care



Connecting clients to community supports

Social prescribing Connectors actively connect patients to appropriate community-based organizations, services, or activities that align with their support plan. This process may involve conducting a holistic needs assessment, using motivational interviewing techniques, making introductions, scheduling appointments, or assisting with service navigation and access.

Required Knowledge and Skills

- Cultural safety and competence
- Person-centred care planning
- Support behaviour change
- Local resource knowledge
- Asset mapping
- Holistic needs assessments
- Social determinants of health
- Motivational interviewing
- Health And social systems navigation

Links to Resources

General Skills Building

[Crisis and Trauma Resource Institute: Motivational Interviewing](#)

N

[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)

N

[Tamarak Institute: Asset Mapping Webinar](#)

N

SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)

ON

CHC

- Module 4: Creating and Maintaining and Asset Map

[HAA- Link Worker Training](#)

AB

SPC

- Module 2: Equity-Based Approaches to Care
- Module 3: Practical Skills for Serving Your Clients

[UWBC- Community Connector Training- Part 1](#)

BC

SPC

- Module 3: Community Asset Mapping
- Module 5: Steps to Support Older Adults through Social Prescribing

Providing ongoing support and follow up

Social prescribing Connectors provide continuous support to clients by regularly checking in on their progress, evaluating the appropriateness of referrals, and addressing any challenges they encounter. This may involve adjusting the support plan or offering additional encouragement as needed.

Required Knowledge and Skills

- Person-centred care planning
- Local resource knowledge
- Quality and safety compliance
- Equity-based approaches to care
- Social determinants of health
- Motivational interviewing

Links to Resources

General Skills Building

[Crisis and Trauma Resource Institute: Motivational Interviewing](#)

N

[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)

N

SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)

- Module 6: Meeting with Clients

ON

CHC

[HAA- Link Worker Training](#)

- Module 2: Equity-based Approaches to Care
- Module 3: Practical Skills for Serving Your Clients
- Module 4: Building Community Connections to Support Your Clients

AB

SPC

[UWBC- Community Connector Training- Part 1](#)

- Module 5: Steps to Support Older Adults through Social Prescribing

BC

SPC

[UWBC- Community Connector Training, Part 2](#)

- Equity-Based Approaches to Care

BC

SPC

Monitoring client outcomes

Social prescribing Connectors monitor and collect data on the effectiveness of the interventions by evaluating patient outcomes, such as improvements in well-being, social engagement, or reduction in healthcare usage.

Required Knowledge and Skills

- Data collection and monitoring
- Population health monitoring
- Qualitative and quantitative data collection
- Equity-informed evaluation practices
- Introductory data analysis

Links to Resources

SP-Specific Skills Building

Alliance for Healthier Communities Social Prescribing Online Course

- Module 9: Using Data to Drive Improvement and Program Planning Alliance



CASCH-Conceptualizing and Implementing Social Prescribing Programs

- Section 4: What outcomes should we measure to determine if social prescribing works?



NASP- Social Prescribing Evaluation Resources

- Section 6: Outcome Measures



WHO- A toolkit on How to Implement Social Prescribing

- Step 7: Monitoring and Evaluation



Liaising with HCPs and community organizations

Social prescribing Connectors maintain communication with healthcare providers (HCPs) and key contacts in community organizations to update them on individual progress, share relevant information about client needs, and collaborate on care plan adjustments. Social prescribing Connectors also contribute to service improvement by identifying gaps, providing feedback, and sharing best practices with collaborating organizations and stakeholders.

Required Knowledge and Skills

- Partnership building
- Local resource knowledge
- Interdisciplinary collaboration
- Asset-based community development

Links to Resources

General Skills Building

[Tamarak Institute: Asset-Based Community Development in Canada](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)



- Module 1: Getting Buy-In from an Interdisciplinary Team
- Module 4: Creating and Maintaining an Asset Map
- Module 5: Training the Providers

[HAA Link Worker Training](#)



- Module 3: Practical Skills for Serving Your Clients
- Module 4: Building Community Connections to Support Your Clients

[UWBC Community Connector Training Part 1](#)



- Module 3: Community Asset Mapping
- Module 4: Essential Skills for Creating Connections and Building Relationships

Advocating for clients

Social prescribing Connectors often advocate on behalf of their patients when engaging with service providers. This might involve addressing resource access barriers that may prevent clients from receiving the support they need.

Required Knowledge and Skills

- Effective communication
- Population health monitoring
- Cultural safety and competence
- Equity-based approaches to care
- Social determinants of health
- Intersectionality & oppression
- Reflexive practices in health and social care

Links to Resources

General Skills Building

[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)



[San'yas Indigenous Cultural Safety Training](#)



SP-Specific Skills Building

[HAA Link Worker Training](#)

- Module 2: Equity-Based Approaches to Care
- Module 3: Practical Skills for Serving Your Clients
- Module 4: Building Community Connections to Support Your Clients



[UWBC Community Connector Training Part 1](#)

- Module 1: Introduction to Social Prescribing
- Module 5: Steps to Support Older Adults through Social Prescribing



[UWBC Community Connector Training, Part 2](#)

- Equity-Based Approaches to Care



Practicing self-care and seeking professional development

Social prescribing Connectors, supported by effective supervision and management, practice self-care to prevent burnout, engage in reflective practices in their service delivery, and pursue continuous professional development..

Required Knowledge and Skills

- Quality and safety compliance
- Self-care strategies
- Reflexive practice in health and social care

Links to Resources

General Skills Building

[Workplace Strategies for Mental Health- Resources for Employees](#)



SP-Specific Skills Building

[Healthy Aging Alberta Link Worker Training](#)
◦ Module 5: Supporting Your well-being



[UWBC Community Connector Training Part 1](#)
◦ Module 6: Supporting Your Well-Being

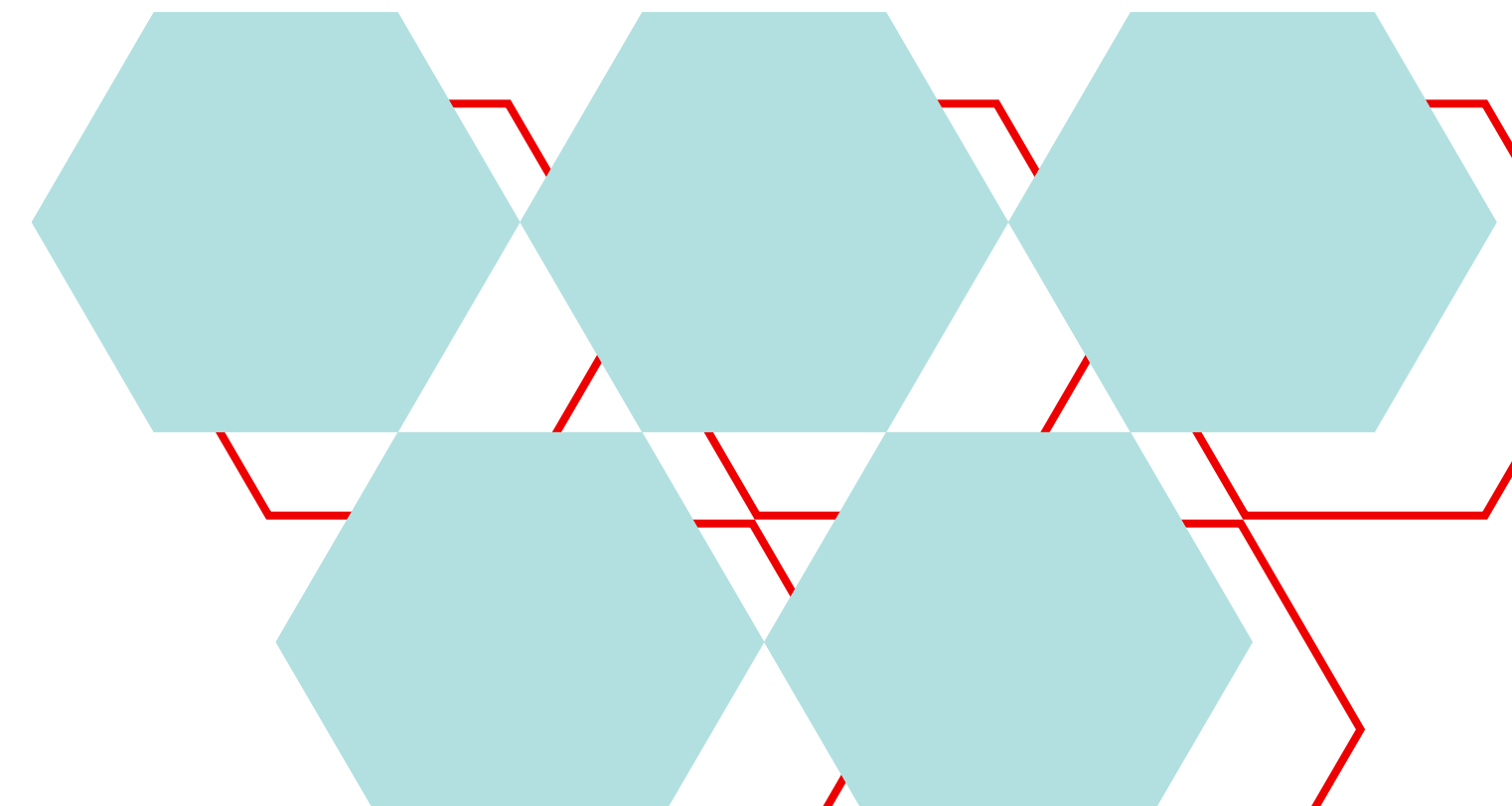


Community-Based Organizations Providing Social Prescriptions

Community-based organizations providing and their program coordinators, including social care services provide the non-medical support that patients need to improve their overall health and well-being, such as social activities, counseling, and services that support more critical and complex social needs, such as housing, financial support and long-term care, among other forms of practical help that address the social determinants of health.

The key activities that community-based organizations engage in across the delivery of social prescribing include:

- Collaborating with social prescribing Connectors and healthcare providers
- Engaging with clients
- Monitoring, evaluating and reporting outcomes



Collaborating with social prescribing Connectors and healthcare providers

Community-based organizations receive referrals from social prescribing Connectors or directly from healthcare providers. They work closely with these professionals to ensure that their services align with the individual's needs. Additionally, they collaborate to proactively address any issues related to service access for individuals.

Required Knowledge and Skills

- Referral process
- Interdisciplinary collaboration
- Social Prescribing concept and practice
- Function of the social prescribing Connector
- Social determinants of health
- Equity-based approaches to care

Links to Resources

General Skills Building

[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)



[San'yas Indigenous Cultural Safety Training](#)



SP-Specific Skills Building

[CISP](#)

- [About Social Prescribing](#)
- [Link Worker Competency Framework](#)



[CASCH- Conceptualizing and Implementing Social Prescribing Programs](#)

- Section 1- What is Social Prescribing?
- Section 3.4- Role of Link Workers



[UWBC Social Prescribing Implementation Guide](#)

- Section 1: Understanding Social Prescribing
- Section 2: UWBC Community Connectors



Engaging with clients

Community-based organizations engage with individuals referred to their services in culturally safe ways, providing support to access services and participate in programs and activities. They address accessibility needs such as language barriers, information requirements, ability-related challenges, and transportation. Additionally, community-based organizations may play a role in motivating clients to stay engaged and committed to their health and well-being goals.

Required Knowledge and Skills

- Cultural safety and competence
- Person-centred care
- Social determinants of health
- Equity-based approaches to care
- Motivational interviewing

Links to Resources

General Skills Building

[Crisis and Trauma Resource Institute: Motivational Interviewing](#)



[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)



[San'yas Indigenous Cultural Safety Training](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)

- Module 6: Meeting with Clients



[CASCH- Conceptualizing and Implementing Social Prescribing Programs](#)

- Section 2: How do we link participants to community and social care?



Monitoring, reporting and evaluating outcomes

Community-based organizations monitor and gather data on client outcomes. With consent, they may report these outcomes to social prescribing Connectors and healthcare providers, contributing to the overall evaluation of social prescribing initiatives. They also gather feedback from program participants and social prescribing Connectors, and conduct their own program evaluations to identify areas for improvement in service quality and accessibility.

Required Knowledge and Skills

- Health outcomes evaluation
- Person-centred care
- Program evaluation
- Resource management
- Equity-informed evaluation practices

Links to Resources

SP-Specific Skills Building

CASCH- Conceptualizing and Implementing Social Prescribing Programs

- Section 4: What outcomes should we measure to determine if social prescribing works?



NASP- Social Prescribing Evaluation Resources

- Section 6: Outcome Measures
- Section 7: Arts and Culture
- Section 8: Green Social Prescribing



UWBC Social Prescribing Implementation Guide

- Section 5: Learning and Evaluation



WHO- A toolkit on How to Implement Social Prescribing

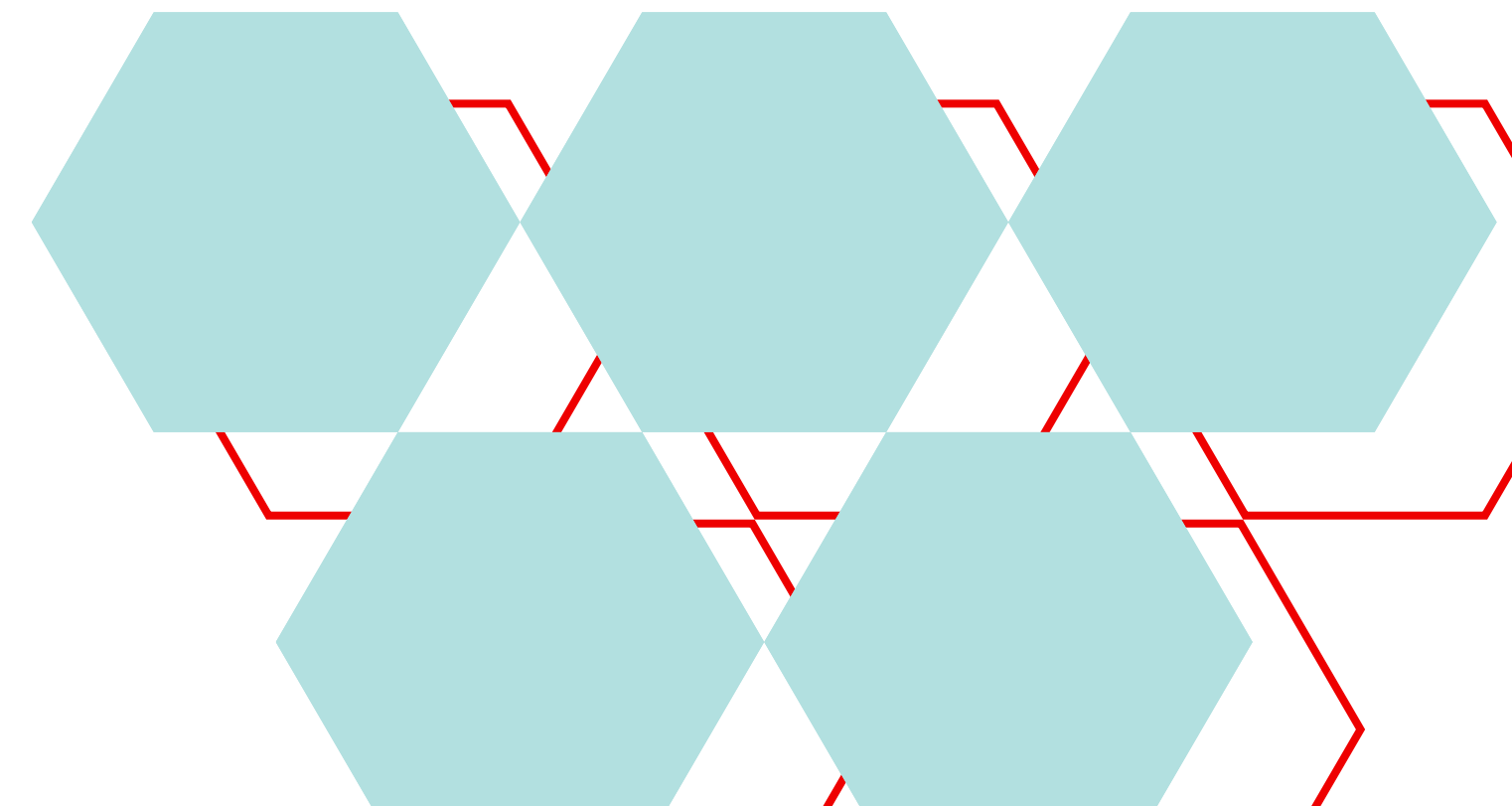
- Step 7: Monitoring and Evaluation

Social Prescribing Program Managers and Teams

Social prescribing program managers and teams coordinate the implementation and delivery of social prescribing services. They ensure that social prescribing models are implemented effectively, meet safety and quality standards, and align with broader objectives to integrate health and social care and promote community health and well-being. Their responsibilities encompass strategic planning, operational management, stakeholder engagement, partnership building, community development and continuous program improvement.

The key activities that social prescribing managers and teams engage in across the delivery of social prescribing include:

- Assembling an implementation team and developing a workplan
- Identifying target population needs, program objectives and the SP pathway
- Mapping local community resources
- Engaging stakeholders and forming partnerships
- Monitoring, evaluating and reporting outcomes



Assembling an implementation team and developing a workplan

Program managers assemble a team to design and implement the social prescribing program. They identify key roles, assign responsibilities, and develop a detailed work plan outlining the timeline, tasks, budget, and milestones. The work plan should guide training and capacity building for connectors, program evaluation, and establish protocols to ensure quality and safety.

Required Knowledge and Skills

- Social prescribing concept and practice
- Function of the social prescribing Connector
- Strategic planning
- Project management
- Quality and safety compliance
- Program evaluation

Links to Resources

SP-Specific Skills Building

Alliance for Healthier Communities Social Prescribing Online Course

- Module 1: Getting Buy-in From an Interdisciplinary Team



CISP Website

- About Social Prescribing
- Link Worker Competency Framework



HAA- Social Prescribing for Older Adults: Community Implementation Toolkit

- Section 1: Establish a Planning and Implementation Team
- Section 4: Implementation Workplan



UWBC Social Prescribing Implementation Guide

- Section 1: Understanding Social Prescribing
- Section 2: Community Connectors



WHO- A toolkit on How to Implement Social Prescribing

- Step 2: Assemble a core implementation team
- Step 3: Develop an implementation workplan
- Step 6: Link worker training



Identifying target population needs, program objectives and SP pathway

Social prescribing program managers and teams assess target population needs through research, data gathering, and stakeholder engagement. Based on this information, they establish clear program objectives focused on enhancing overall health and well-being. The team then develops a tailored social prescribing pathway, detailing referral processes, the roles of social prescribing Connectors, community involvement, and mechanisms for monitoring and evaluation.

Required Knowledge and Skills

- Population health monitoring
- Situational analysis
- Social prescribing referral process
- Equity-based approaches to care
- Social determinants of health

Links to Resources

General Skills Building

[National Collaborating Centre for Determinants of Health- Introduction to Health Equity Online Course](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)
◦ Module 2: Co-designing a Process Map



[CASCH- Conceptualizing and Implementing Social Prescribing Programs](#)
◦ Section 6: What local needs and circumstances must be adapted for?



[UWBC Social Prescribing Implementation Guide](#)
◦ Section 1: Understanding Social Prescribing
◦ Section 2: Community Connectors



[WHO- A toolkit on How to Implement Social Prescribing](#)
◦ Step 1: Conduct a situational analysis



Mapping local community resources

Social prescribing program managers and teams collaborate to map local community resources that are integral to the social prescribing pathway. This involves identifying local organizations that provide social prescriptions, healthcare providers, social services, and other relevant stakeholders. Ensuring the program has access to these resources is essential, and building strong partnerships and networks with these entities is crucial for the program's success.

Required Knowledge and Skills

- Local resource knowledge
- Asset-based community development
- Asset mapping

Links to Resources

General Skills Building

[Tamarak Institute: Asset-Based Community Development in Canada](#)



[Tamarak Institute: Asset Mapping Webinar](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course \(Ontario\)](#)

- Module 4: Creating and Maintaining an Asset Map



[HAA- Social Prescribing for Older Adults: Community Implementation Toolkit](#)

- Section 3a: Community Assessment Activities



[HAA Social Prescribing Asset Map Examples](#)



[UWBC Social Prescribing Implementation Guide](#)

- Section 4: Asset Mapping



[WHO- A toolkit on How to Implement Social Prescribing](#)

- Step 4: Map out community resources



Engaging stakeholders and forming partnerships

Social prescribing managers and teams build and maintain partnerships and collaborations with healthcare providers, community-based organizations, and social services. These partnerships facilitate information sharing and ensure alignment with the overall objectives and delivery of social prescribing. They are crucial for fostering community ownership and empowerment, supporting the integration of health and social care.

Required Knowledge and Skills

- Interdisciplinary collaboration
- Local resource knowledge
- Health systems knowledge
- Asset-based community development

Links to Resources

General Skills Building

[Tamarak Institute: Asset-Based Community Development in Canada](#)



SP-Specific Skills Building

[Alliance for Healthier Communities Social Prescribing Online Course](#)

- Module 5: Training the Providers



[HAA- Social Prescribing for Older Adults: Community Implementation Toolkit](#)

- Section 2: Enhance the Community's Understanding of Social Prescribing



[UWBC Social Prescribing Implementation Guide](#)

- Section 3: Collaboration in Community



[WHO- A toolkit on How to Implement Social Prescribing](#)

- Step 5: Get everyone on board



Monitoring, evaluating and reporting outcomes

Program managers and teams monitor the outcomes of the social prescribing program to evaluate its effectiveness and report on progress. They collaborate with healthcare providers and community-based organizations to share insights about program effectiveness. These insights are used to refine the program and communicate the impact to stakeholders, including researchers and policymakers.

Required Knowledge and Skills

- Program evaluation
- Data collection and management
- Interdisciplinary collaboration
- Outreach and advocacy
- Communication strategies
- Qualitative and quantitative data collection
- Equity-informed evaluation practices
- Impact reporting

Links to Resources

SP-Specific Skills Building

Alliance for Healthier Communities Social Prescribing Online Course

- Module 3: Using the EMR to Track the Client's Journey
- Module 8: Pilot Testing and Continuous Quality Improvement
- Module 9: Using Data to Drive Improvement and Program Planning



CASCH- Conceptualizing and Implementing Social Prescribing Programs

- Section 4: What outcomes should we measure to determine if social prescribing works?



NASP- Social Prescribing Evaluation Resources

- Section 6: Outcome Measures



UWBC Social Prescribing Implementation Guide

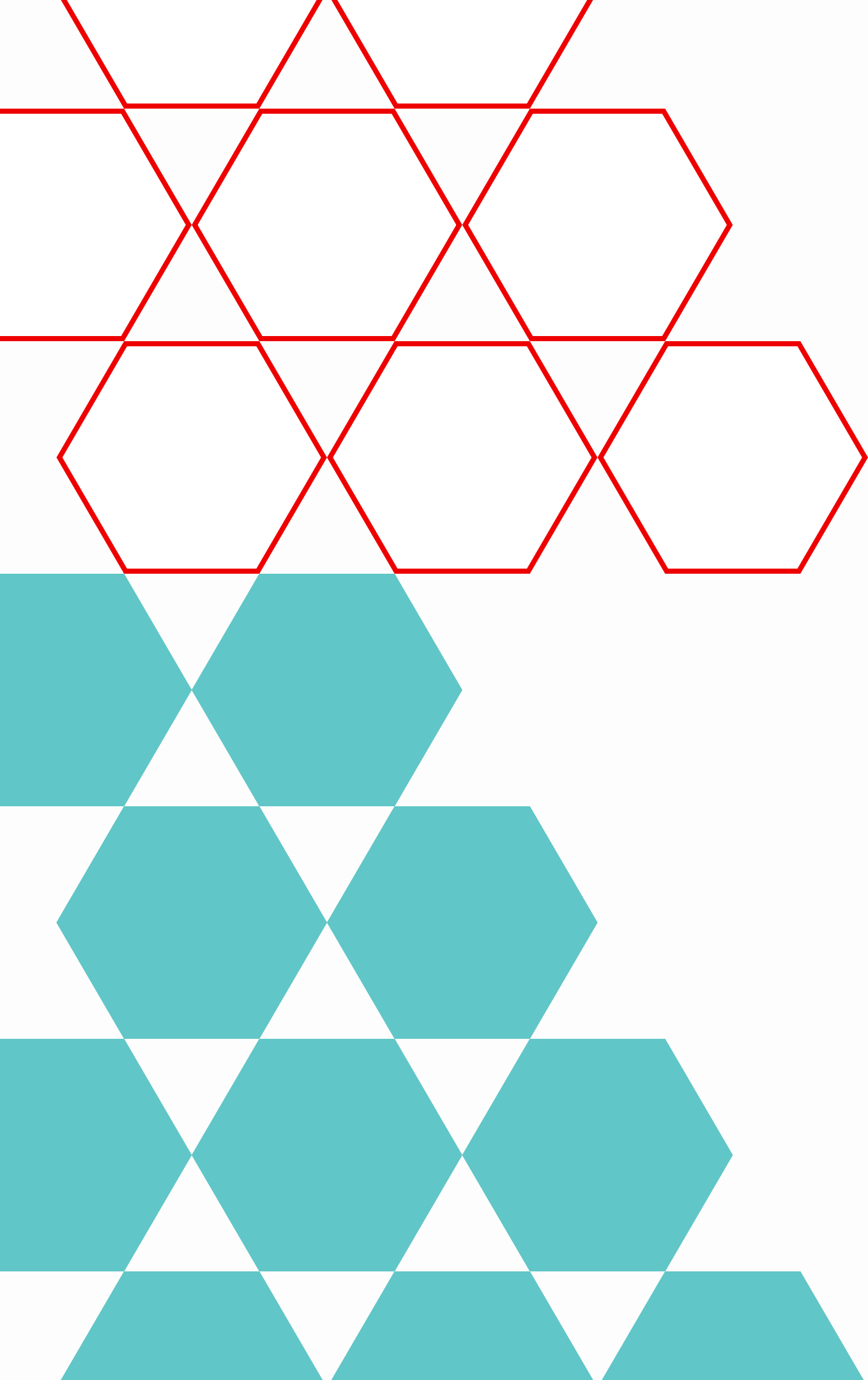
- Section 5: Learning and Evaluation



WHO- A toolkit on How to Implement Social Prescribing

- Step 7: Monitoring and evaluation





Thank you for downloading the Social Prescribing Training Roadmap!

Given the ongoing progress of social prescribing in Canada, and emergence of new training and educational resources, the Training Roadmap will continue to evolve. To stay updated on this resource, please [join our newsletter](#).

To provide feedback on this resource and information to support its development, please contact us at cisp@redcross.ca.



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