

Social Prescribing Training Needs and Opportunities in Canada

Survey Findings and Early Insights

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The findings in this report emerged from a workshop and follow-up survey conducted in spring 2024, exploring the opportunities and potential benefits of a 'Link Worker Workforce Guide' and an associated 'Core Competency Framework'. The workshop and survey were led by Siân Brand, a UK-based consultant with the Social Prescribing Network, in collaboration with the Canadian Institute for Social Prescribing (CISP). We thank Siân Brand for her advice, guidance, facilitation, and consolidation of findings.

We are grateful to partners and stakeholders from community and healthcare-based social prescribing (SP) organizations in Alberta, British Columbia, Ontario, Manitoba, Newfoundland and Labrador, Nova Scotia, and Saskatchewan who participated in the virtual consultation and follow-up survey. The insights, time, and contributions of our partners across Canada are deeply appreciated.

Introduction

Social prescribing (SP) is a structured pathway that enables healthcare professionals to refer patients to non-clinical, community-based programs and services with the support of a dedicated SP connector (also known as navigator, link worker, community connector among other titles). By improving access to supports that address the social determinants of health, fostering social connectedness, supporting community engagement, and empowering people to take an active role in their own health and wellbeing through a co-creative and person-driven approach, SP can play a vital role in alleviating pressures on the health system and promoting health and wellbeing across Canada.

As these initiatives expand in Canada, there is an emerging need for robust training and support for the growing SP workforce, particularly those providing crucial assistance as connectors and navigators. This report – *Social Prescribing Training Needs and Opportunities in Canada* – presents a summary of survey findings collected from SP practitioners in Canada, exploring the support, training, and education needs of the SP connector role and the broader social prescribing workforce.

While this report reflects findings from a small group of early adopters, it provides valuable considerations for future work in strengthening the SP workforce. The findings provide insight into training and resource development needs, potential training approaches, and opportunities for professional development and support for SP connectors and other practitioners. This report is intended to serve as a starting point for further discussions on SP workforce development to ensuring that providers across professions and sectors are well-supported and equipped to deliver meaningful, person-driven and co-creative care.

Consultation Process

In the spring of 2024, the Canadian Institute for Social Prescribing (CISP) convened a virtual workshop with SP practitioners in varying roles, including healthcare providers, program managers, administrators, and SP connectors. In this workshop, discussions were facilitated to explore and provide feedback on core competencies and knowledge required for the SP connector role. These competencies were drafted based on global desk research and informed by available information on the role of SP connectors in Canada. The virtual consultation also explored the supervision and support required for SP connectors to perform their function safely and effectively.

Following the workshop, a survey was conducted with a broader group of practitioners to seek further feedback and solicit knowledge and insight on available SP training in Canada and identify gaps and priorities for training and supervision for SP connectors in Canada. Twenty-seven survey responses were received, representing 24 different organizations across 6 provinces. Survey participants held a range of roles including various connector roles, program coordinators, managers, and clinicians.

The survey explored topics related to the SP connector identity, available training for the SP connector role, priorities for training development, and SP connector support needs and resources. A detailed list of survey questions can be found in [Appendix 1. Survey Questions](#).

Survey Participant Demographics

% Survey participants by Province

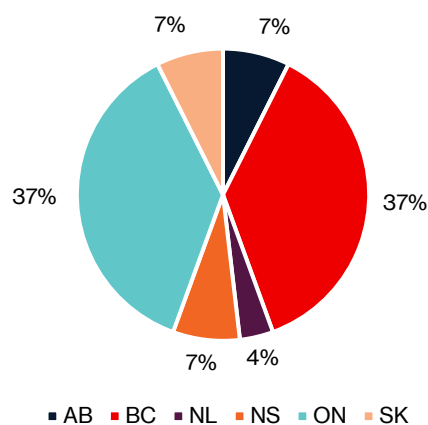


Figure 1. Percentage of Survey Participants by Province

% of Survey Participants by SP Role Type

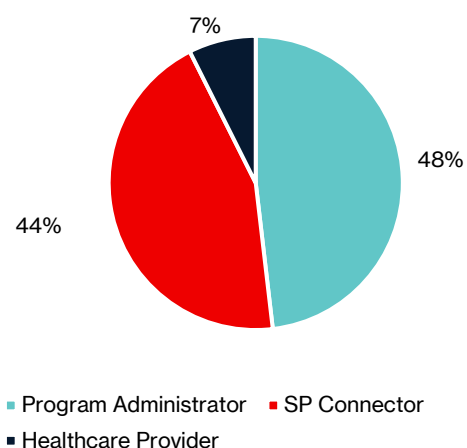


Figure 2. Percentage of Survey Participants by Role Type

Summary of Findings

Insights on the Social Prescribing Connector Role

Social Prescribing Connector Role Names

Survey responses revealed a range of names by which an SP connector is identified locally in projects and programs. While the term “Link Worker” has been popularized in the UK and is used in some regions across Canada, other commonly used titles often include ‘Community’ along with active terms such as ‘Navigator’ or ‘Connector’, and, to a lesser extent, ‘Advocate’.

Table 1: Alternative Names for the Social Prescribing Connector used in Canada

Job Title	Total Identified
Connector Title	12
Navigator Title	9
Link Worker Title	6
Advocate Title	2
Other Titles (Incl. Coach, Mentor, Health Promoter, Social Worker)	5

Survey responses indicate that regardless of title, it is critical that social prescribing initiatives are collaboratively developed with local stakeholders, supported by robust communications and awareness-building aimed at ensuring that all stakeholders understand the purpose and scope of the role.

For simplicity, in this report, the term “SP connector” is used as the umbrella term that includes all local variances of this role.

Core Competencies and Training Priorities for the Social Prescribing Connector

Survey participants widely agreed that core competencies of the SP connector include:

1. Competencies related to individual support:
 - ✓ Effective communication
 - ✓ Cultural safety and competence
 - ✓ Person-centred care planning
 - ✓ Behaviour change support

2. Competencies related to community engagement
 - ✓ Partnership building
 - ✓ Local resource knowledge
 - ✓ Community development
3. Competencies related to program administration
 - ✓ Population health monitoring
 - ✓ Data collection and monitoring
 - ✓ Quality and safety compliance

Survey participants shared their perspectives on capacity building and training priorities for SP connectors. Analysis of these responses revealed the highest training priorities:

- Interpersonal skills: Participants emphasized the importance of building and maintaining connections through active listening and empathy, recognizing that an essential function of the SP connector's role is fostering strong, trusting relationships with clients, health and social care teams, and community stakeholders.
- Cultural safety and competence: Participants highlighted the importance of cultural safety, along with a broader understanding of health inequities and inequalities and their impact on service access and care experiences.
- Community and systems knowledge: Survey participants suggested that the 'community development' competency domain should emphasize a deep understanding and knowledge of local community resources, including charitable organizations, community groups, volunteers, and larger organizations and services. They also highlighted the need for training in Asset-Based Community Development (ABCD) approaches and skills for navigating healthcare and social systems.
- Safety and self-care: Recognizing the demands of the SP connector role, participants highlighted the need for training in self-care practices that help to prevent burnout and support SP connector wellbeing.

It was recognized that the role of SP connectors varies across the country based on local contexts, and some competencies and skill-building efforts may be prioritized according to community needs. Survey participants emphasized the importance of ensuring that education and professional development are both nationally supported and locally driven, particularly regarding competencies such as 'community development' and 'cultural safety and competence'.

Supervision & Support for the Social Prescribing Connector

The survey explored the existing mechanisms and strategies for supporting and supervising the SP connector. Participant responses indicate a lack of consistent, formalized, and regular supervision for SP connectors across Canada. Supervision is usually provided on an ad hoc basis. Additionally, survey participants were unaware of any formal peer support mechanisms for SP connectors.

Survey participants shared their perspectives on the types of support and supervision needed for SP connectors to carry out their work safely and successfully:

- Clarity on the SP connector role and job scope, autonomy in practice, and recognition of SP connector contributions.
- Comprehensive training and access to resources, including relevant assessment and referral tools.
- Regular and consistent supervision involving feedback, case debriefs, problem-solving support, and workload management, with an emphasis on establishing respectful and trusting relationships between supervisors and SP connectors.
- Support for emotional wellbeing to prevent burnout through self-reflection by the SP connector and supervisor support through advocacy and encouragement.
- Established and clear safety protocols for practice, particularly to manage complex or high-risk client needs.
- Opportunities for collaboration and connection with interdisciplinary teams and broader communities of practice.

National and Provincial Training Priorities

SP models and delivery are at various stages of development across Canada. Survey responses indicated that the availability and comprehensiveness of training for the SP connectors, as well as other practitioners and providers involved, vary significantly across geographies and projects.

Notable SP connector-specific training referenced by survey participants as either available or in development at the time included:

- [Healthy Aging Alberta Link Worker Training](#)
- [United Way British Columbia Community Connector Training](#)
- [Alliance for Healthier Communities Social Prescribing Online Course](#)

Additionally, the [WHO's "A Toolkit on How to Implement Social Prescribing"](#) was cited as a helpful resource. Participants also accessed training on topics that are not specific to SP but beneficial to its practice, such as motivational interviewing, behaviour change counselling, Indigenous cultural safety, trauma-informed practice, and dementia care.

Survey participants further cited the online platform [Healthy Aging CORE](#) as a valuable resource for SP-related materials. They also emphasized the importance of peer support and mentoring relationships with experienced social prescribing organizations as key facilitators for successful program implementation.

To explore opportunities for training development that could support the broader SP ecosystem, survey participants were asked to prioritize 11 different training opportunities. Table 2 below depicts training priorities from highest to lowest, along with survey participants' perspectives on whether training should be developed nationally developed regionally or developed nationally

with regional adaptations. Complete survey responses to these questions can be found in Appendices 2.1-2.11 for reference.

Table 2: Prioritized Training Topics and Suggested Source of Delivery

Training Topics (Highest to lowest priority)	Training Delivery Preference (% agreement)		
	National	Regional	National and Regional
1. Health Equity	9%	14%	77%
2. Social Determinants of Health	15%	10%	75%
3. Holistic Assessment	9%	26%	65%
4. Community engagement and Strengths-Based Approaches	5%	52%	43%
5. Anti-Oppression in Care	9%	32%	59%
6. Cultural Safety and Competency	9%	22%	70%
7. Social Prescribing Fundamentals	13%	17%	70%
8. SP Connector Function	5%	41%	55%
9. Outcome Measures	10%	35%	55%
10. "Train the Trainer" Approach	0%	60%	40%
11. Digital Learning	15%	35%	50%

Survey participants generally supported most training topics being delivered both nationally and regionally, indicating a strong preference for consistent and cohesive standards for key topics, while also allowing for local adaptation and contextual application of skills and knowledge.

Supervisor & Manager Training and Support

The knowledge, communication skills, and behaviours of SP program managers and supervisors were identified as crucial to supporting the successful delivery of SP initiatives. Survey participants highlighted the importance of training SP program managers, supervisors, and their teams on topics including ‘SP principles and models’, ‘opportunities and benefits of SP for individuals and communities’, and ‘the role of the SP connector’. Ensuring that broad stakeholder groups have in-depth knowledge of SP was identified as a key factor in the perceived success, quality, safety, and job satisfaction of the SP connector.

Knowledge of local resources, strategic planning and stakeholder engagement were also emphasized as important for SP program managers, supervisors, and broader teams, especially in building and maintaining community relationships to facilitate referrals to local services, resources, and programs. More broadly, they were viewed as essential to supporting high-quality SP delivery that is collaborative and inclusive.

Next Steps and Key Opportunities

This survey provided insights from a diverse group of SP practitioners and represents a promising starting point for further exploration and collaboration to advance the growing SP workforce in Canada.

Building on the workshop and survey findings, CISP produced two resources to support training and education for the social prescribing workforce:

1. [Social Prescribing Link Worker Competency Framework](#): This resource provides guidance for learning, training, support, and supervision for SP connectors, establishing clear and consistent standards for their practices and functions.
2. [Social Prescribing Training Roadmap](#): This roadmap outlines the activities, competency domains, skills, and training resources available to key stakeholders involved in social prescribing delivery.

While the workshop consultations and survey provided valuable insights, the number of survey responses is limited. Additionally, SP initiatives and the practitioners involved have expanded significantly since this survey was conducted.

There is a significant opportunity to further explore and deepen our collective understanding of the key opportunities for supporting Canada's social prescribing workforce.

Opportunities for further exploration include:

- **Social Prescribing Connector Role Clarity and Consistency**: Participants indicated that there is an overarching need for further clarification on the SP connector role, emphasizing cohesion and consistency across regions while allowing for local adaptation and professional development based on community needs. This includes further development of SP competencies and skills, as well as a deeper understanding of the professional and educational backgrounds of SP connectors.
- **Social Prescribing Connector Supervision and Support**: To support SP program implementation and improve job satisfaction and retention, further exploration is needed to build appropriate and consistent standards and resources for SP connector supervision. This includes training for SP program managers and supervisors on the principles and practice of social prescribing, the functions and support needs of SP connectors, and the development of peer support mechanisms for SP connectors.
- **Training Access and Development**: While a variety of SP training resources are currently available in Canada, significant gaps remain. Further effort is needed to make regional educational resources more accessible across Canada. Additionally, there is a need for participatory exploration to develop specialized SP training that is both broadly applicable and nationally consistent, with localized adaptations suited to each region.

Conclusion

This report outlines key considerations for training and resource development, potential approaches to capacity-building, and opportunities for professional growth among SP connectors and practitioners. The findings serve as a foundation for social prescribing funders, managers, and practitioners to build upon, and to collectively explore and invest in opportunities for training and capacity building. Such efforts can enhance the delivery of meaningful, person-centred, and co-creative care through social prescribing.

Appendices

Appendix 1. Survey Questions

Table 3. Detailed Survey Questions

The following questions were asked of all participants in the survey.
What are the Link Worker roles in your local context called, if different?
After reviewing the core competencies, what did you like about it? What resonated?
After reviewing the core competencies, is there anything missing for you? Please feel free to share any other feedback.
Do you have a Link Worker (or equivalent title) job description that can be shared? If yes, we will contact you for more information.
In your view, what are the key training priorities for the social prescribing Link Worker role (or equivalent title)? Consider the competencies outlined.
What training or knowledge resources do you currently provide, or you are aware of being provided to Link Workers in your region/program?
Are you aware of any other specific Link Worker training & knowledge resources that are specific to or useful for the Canadian context?
Are you aware of any additional resources and tools that help you in your SP practice that are specific to or useful for the Canadian context? For example, tools that may be used by other team members, including training and education on mental health, cultural awareness, outcomes measurement etc. Please share information and links to these resources below.
Do you have tools used in Link Worker role (such as assessment forms, scripts, outcome measures etc.) that can be shared? If yes, please share briefly about them below and we will contact you for more information.
The following were identified as immediate priorities for social prescribing training development across Canada.
<p>Please rate the importance of each (high, medium, low importance) and whether they should be delivered nationally, provincially or both nationally and provincially.</p> <ul style="list-style-type: none"> • Health Equity • Digital Learning • Community engagement & strength-based approach • Social Determinants of Health • Anti-oppressive practice • Purpose, principles & values of SP • Comprehensive & holistic approach to assessment • Outcomes measures - qual & quant • Link worker's function in the wider team • SP train the trainer approach & adapt to local context

<ul style="list-style-type: none"> • Cultural safety
Is there anything else you would like to add about Link Worker and social prescribing training?
What are the top three things that a Link Worker needs from their supervisor or manager to be successful and safe in their work?
For Link Workers/Connectors/Navigators: Please describe the 1) supervision and 2) support that you receive in your role?
For Link Workers/Connectors/Navigators: What are three areas that might require improvement regarding the kind of supervision or support you receive?

Appendix 2. Training Topics for Social Prescribing Ecosystem-Importance Rating and Suggested Delivery

2.1. Health Equity Training

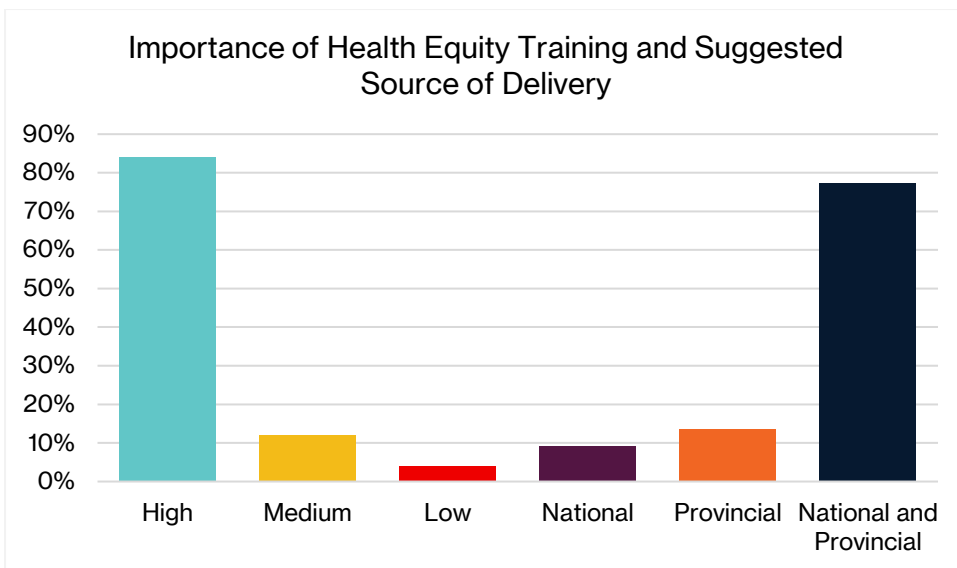


Figure 3. Importance Rating of Health Equity Training and Suggested Source of Delivery by % of Survey Participants

2.2. Social Determinants of Health

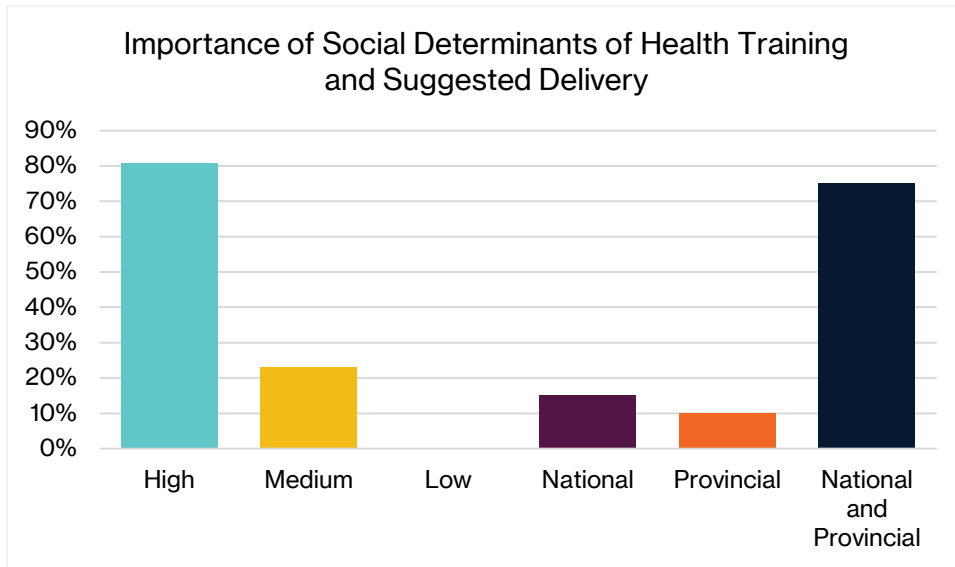


Figure 4. Importance Rating of Social Determinants of Health Training and Suggested Source of Delivery by % of Survey Participants

2.3. Comprehensive and Holistic Approach to Assessment

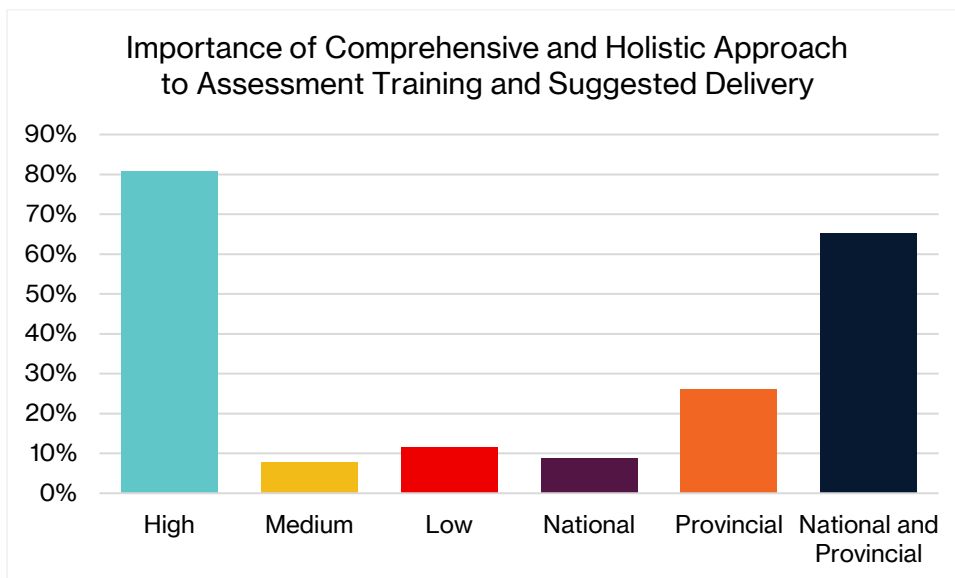


Figure 5. Importance Rating Comprehensive and Holistic Approach to Assessment Training and Suggested Source of Delivery By % of Survey Participants

2.4. Community Engagement and Strengths-Based Approaches

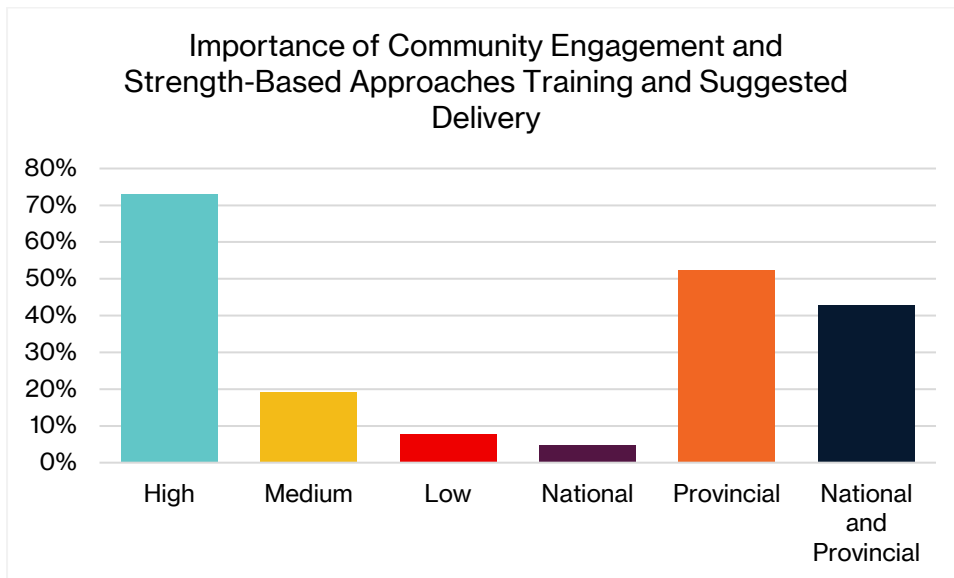


Figure 6. Importance Rating of Community Engagement and Strength-Based Approaches Training and Suggested Source of Delivery by % of Survey Participants

2.5. Anti-oppressive Behaviour Training

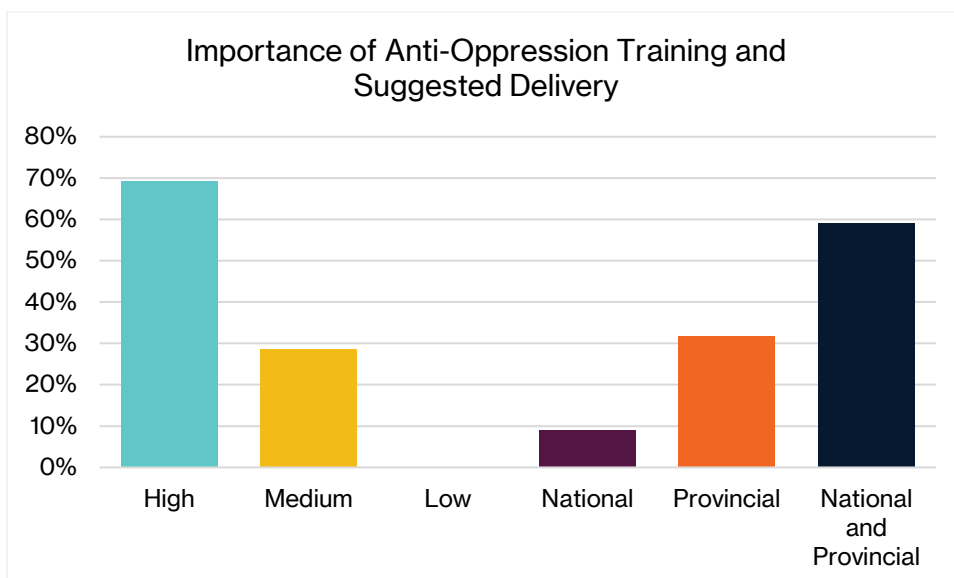


Figure 7. Importance Rating of Anti-Oppression Training and Suggested Source of Delivery by % of Survey Participants.

2.6. Cultural Safety and Competence

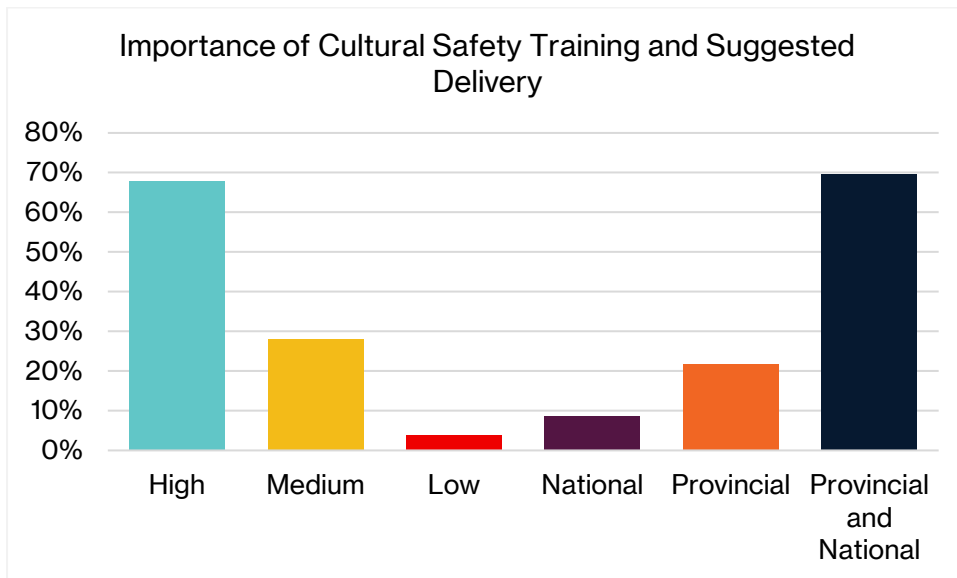


Figure 8. Importance Rating of Cultural Safety Training and Suggested Source of Delivery by % of Survey Participants.

2.7. Purpose, Principles & Values of Social Prescribing Training

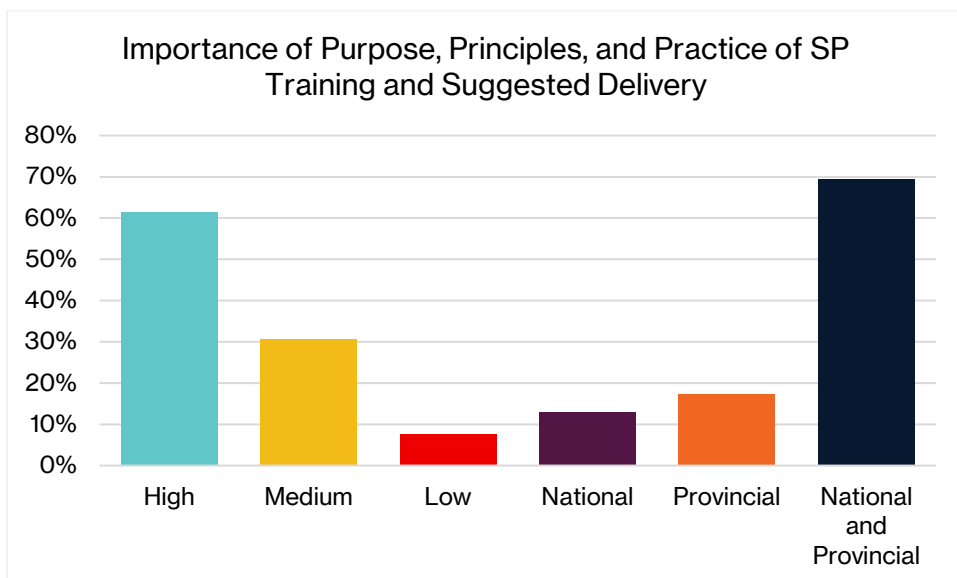


Figure 9. Importance Rating of Purpose, Principles, and Practice of SP Training and Suggested Source of Delivery by % of Survey Participants.

2.8. Link Worker's Function in the Wider Team Training

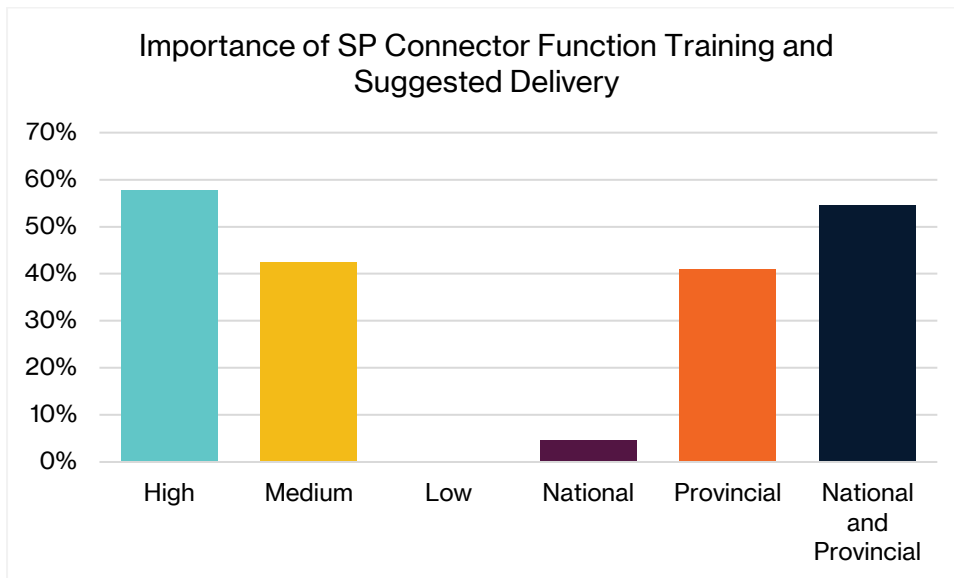


Figure 10. Importance Rating of SP Connector Function Training and Suggested Source of Delivery by % of Survey Participants.

2.9. Outcomes Measures – Qualitative & Quantitative Data Collection Training

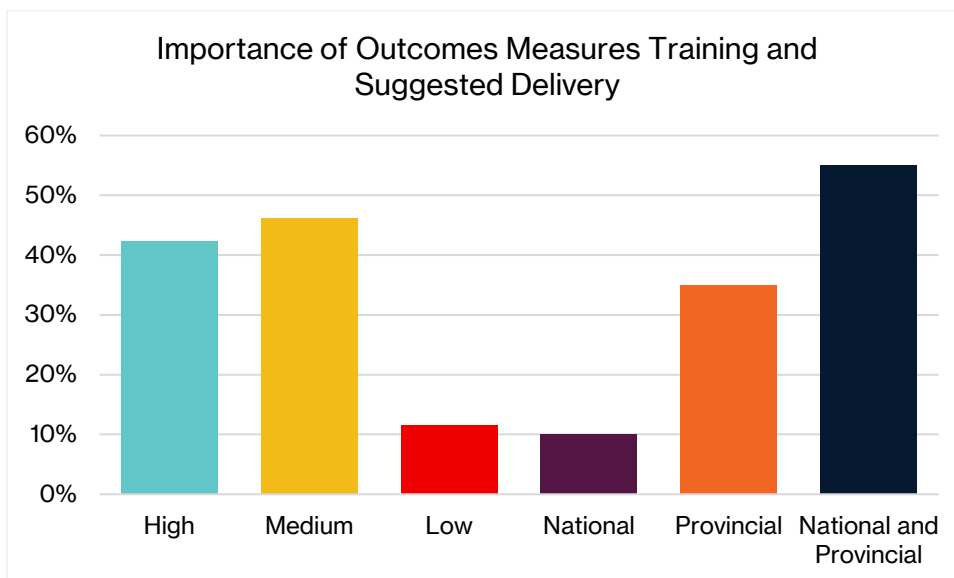


Figure 11. Importance Rating of Outcome Measures Training and Suggested Source of Delivery by % of Survey Participants.

2.10 Social Prescribing “Train the Trainer” Approach & Adapt to Local Context

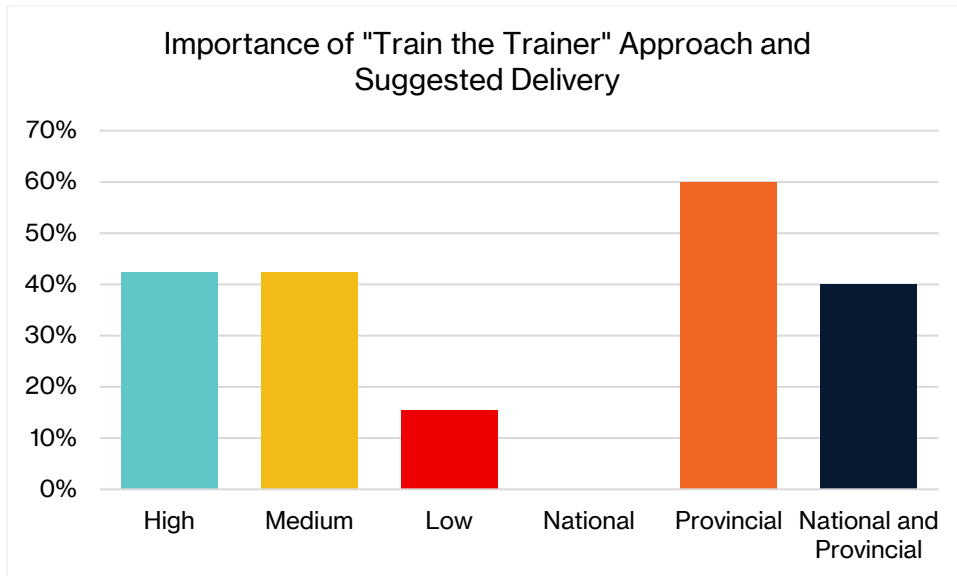


Figure 12. Importance Rating of “Train the Trainer” Approach and Suggested Source of Delivery by % of Survey Participants.

2.11. Digital Learning

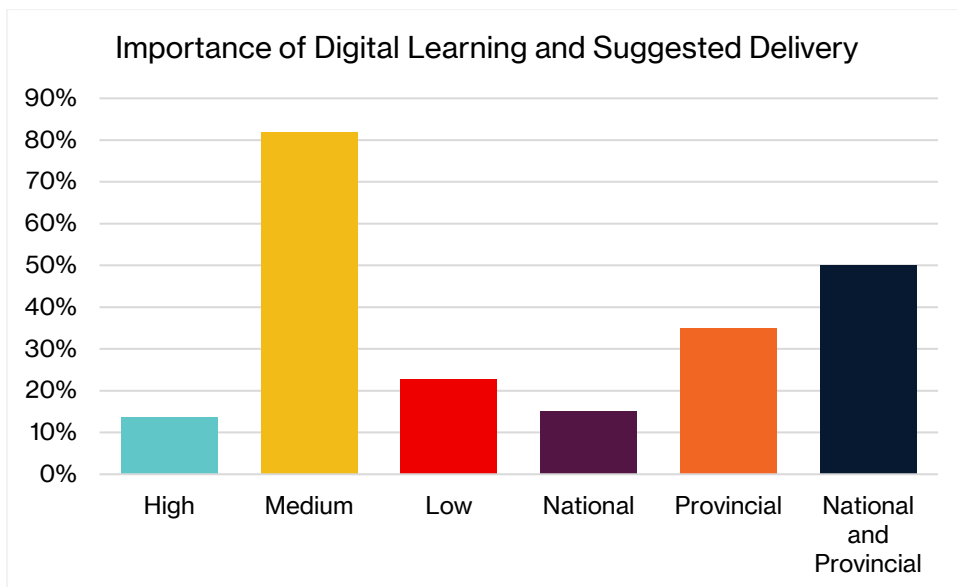


Figure 13. Importance Rating of Digital Learning and Suggested Source of Delivery by % of Survey Participants.