



Social Prescribing in Canada | 2025

BRIDGING THE GAP BETWEEN HEALTH AND SOCIAL CARE



Thank you!

Produced by the Canadian Institute for Social Prescribing (CISP), this report reflects the collective efforts of social prescribing leaders and champions in Canada. We thank all the community and health care leaders who have contributed knowledge and expertise to this report. We are also grateful for the wider community of advocates, practitioners, researchers, funders, and champions for their commitment to advance collaboration, equity, and well-being through social prescribing.

Land Acknowledgment

We humbly acknowledge that our work takes place across vast and diverse lands through northern Turtle Island, the territories of countless Indigenous nations of First Nations, Métis, and Inuit peoples, who have cared for these lands, waters, and resources since time immemorial.

Throughout history and into today, Indigenous peoples have nurtured holistic approaches to health and well-being, understanding that being well encompasses physical, mental, emotional, and spiritual dimensions. Rooted in profound respect for the interconnectedness of all living beings, Indigenous practices recognize the inseparable link between human health, the health of the land, and the health of communities.

Despite the enduring impacts of colonization, including forced displacement, cultural suppression, and systemic inequities, Indigenous peoples continue to reclaim and revitalize their traditional knowledge systems and healing practices. We are inspired and guided by this resilience and determination as we strive to contribute to more connected and equitable communities.

As we work, learn, and live on this land, we are committed to fostering reconciliation, respect, and understanding. May we listen attentively to Indigenous voices, learn from their wisdom, and work collaboratively towards a future where all peoples can thrive.

The Canadian Institute for Social Prescribing is a national collaborative, anchored by the Canadian Red Cross, that works with stakeholders across the country to connect people and practices, foster knowledge, build evidence, and influence policies to strengthen health and community care systems.



Anchored by



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Exploring the Diversity of Social Prescribing in Canada

Social prescribing is gaining traction across Canada and globally as an innovative approach to integrating health care, social services and community support. In recent years, this emerging practice has led to a powerful movement of addressing social determinants of health through a co-creative and person-centred approach with tailored navigation. With initiatives now spanning at least 31 countries across Europe, Asia, North America, and Australia, social prescribing provides a holistic way to enhance collaboration across sectors – **while empowering individuals and communities to take the lead on their own health.**

More than 80% of a person's health depends on social determinants like adequate food, housing, income, and relationships with others.¹ As a formal referral pathway, social prescribing bridges the gap between medical health and social care. This practice enables health care providers to direct their patients to community-based supports and services with the support of a dedicated connector.*

In Canada, social prescribing presents an opportunity to improve health outcomes in a health and social system that faces increasingly complex challenges. This includes an aging population, an overburdened health and social care workforce, a cost-of-living crisis, stretched acute care settings, and a shortage of primary care options for Canadians.

Aligning with health care modernization approaches that include team-based care, purpose-built communities, and local approaches to care planning that address community needs, social prescribing creates an immediate opportunity to advance these priorities and support a shift towards health promotion and preventative care.

As communities across Canada increasingly invest in social prescribing as a critical tool to improve population health outcomes and reduce fragmentation across services, an overview of social prescribing developments in Canada is essential. This will inform local practices, support potential policy development, and make a vital contribution to global learning.

* There are various terms for this role, including social prescribing navigator, link worker, community connector, wellness navigator, community health worker, among others.

1. Hood CM, Gennuso KP, Swain GR, et al. County health rankings: relationships between determinant factors and health outcomes. *Am J Prev Med* 2016;50:129–35. doi:10.1016/j.amepre.2015.08.024

“Social prescribing is demonstrating its transformative potential across Canada, fostering vital connections and improving well-being for isolated seniors and caregivers. By bridging health care and community support, it underscores the critical role of social connections in health. Facilitating access to meaningful activities and networks, social prescribing improves quality of life and fosters integrated, person-centred care. While philanthropy has stepped up to help bring some of these implementation projects forward, we need long-term investments from governments to make sure that this work continues to grow and spread across systems toward a more socially connected Canada.”

- Sandi Pelly
Director of Older Adults at the Waltons Trust

The *Social Prescribing in Canada* report provides an overview of the practice’s development in Canada, examining its implementation, challenges, and successes across diverse geographies. While this report may not include all of the diverse initiatives and efforts related to social prescribing in the country, it draws on key regional developments and case studies to highlight best practices and emerging models, as well as its impact on health equity, health care sustainability, and community resilience.

With a growing evidence base of its benefits – including reduced health care utilization and improved health outcomes – social prescribing is a vital component of Canada’s health care future. By working collaboratively across sectors, we can build a more integrated, equitable, and community-driven health system – one that empowers individuals and strengthens the fabric of our communities.

Globally, there is no single best model or practice of social prescribing. As showcased in this report, differing health system and local community contexts require tailored approaches. Across this diversity, social prescribing initiatives in Canada share common underlying principles that are fundamental to effective implementation and positive outcomes:



A person-centred and equity-focused approach where **solutions are co-created** based on what matters to individuals.



Intentional follow-up and collaboration with individuals, health providers, and social and community service organizations.



A supportive **bridge between health care and community-based supports and services** that foster well-being.



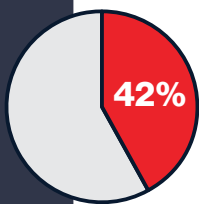
Monitoring and evaluation for quality and impact.



A focus on **empowering individuals** to lead in their own health.

Reducing Pressure on the Health Care System

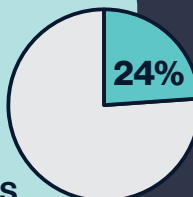
By connecting individuals to community-based programs through a formal referral pathway, social prescribing leads to significant gains and improvements. This approach not only decreases health care utilization but also provides a cost-effective alternative.



Up to **42% reduction** in primary care appointments

Every dollar invested in social prescribing programs in Canada has an estimated **return of \$4.43.**

Up to **24% reduction** in emergency department visits



Social prescribing shifts the focus from treatment to prevention and holistic care.

As a result, this approach offers a sustainable solution to alleviate strain on Canada's overburdened health care system – while improving overall population health.

Regional Updates



Atlantic Canada



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Newfoundland and Labrador

Health System Context

Newfoundland and Labrador's health care system is transforming. Operated by Newfoundland and Labrador Health Services (NLHS) and guided by Health Accord NL, the system focuses on a more equitable, team-based approach to primary health care.

Family care teams (FCTs) are at the centre of this health care reform. These teams work to ensure accessible care for everyone – whether they live in bustling urban centres or remote rural communities. New roles, such as social navigators, have been introduced to help address the broader social determinants of health (SDOH). This reflects a commitment to holistic, patient-centred care.

Despite these advancements, challenges persist. Health care provider shortages and the need for better virtual care solutions remain pressing concerns. To overcome these barriers, NLHS is fostering collaborations with private physicians, social workers, and community organizations. Together, they are building a foundation for a more inclusive and effective health care system that meets the needs of all residents.



Social prescribing makes space for different ways of being and knowing. The value of this is in the way it provides inclusive space. To have this sense of belonging when we're in a crisis is healing.

– Dawn-Lee, Social Prescribing Participant Advisor, Ontario

Social Prescribing Developments

Social prescribing is gaining momentum as a transformative approach to health and well-being in Newfoundland and Labrador. Health Accord NL recognizes the practice as a pivotal wellness strategy, as it bridges the gap between clinical care and community-based support. As a result, social prescribing is addressing the underlying social factors that impact health.

The Social Prescribing Project (SPP) is a partnership between Seniors NL and NLHS. With the support of a three-year grant from the Waltons Trust, the SPP focuses on older adults who are at risk of social isolation. By connecting these individuals to non-clinical interventions and community resources, the project is not only improving individual well-being but also reshaping how health care addresses SDOH.

Embedded within FCTs, link workers (LWs) play a central role in social prescribing. They act as connectors, integrating clinical care with community services across a diverse range of settings. This

includes urban centres and the remote communities of the Great Northern Peninsula. Since the launch of the SPP, referrals have steadily increased – coming from health care providers, social workers, and even older adults themselves.

The project's success lies in its collaborative and innovative approach. Regular team huddles between LWs, FCT managers, and social navigators ensure alignment with broader health strategies. Outreach efforts – including community events, lunch-and-learn sessions, and promotional materials – raise awareness and encourage participation. With the support of Quality of Care NL and Memorial University, the province is also gaining valuable insights through patient surveys and health system impact analyses.

Looking ahead, the Social Prescribing Project aims to deepen its partnerships, expand outreach efforts, and ensure sustainability within Newfoundland and Labrador's public health framework. The vision is clear: a health system in which social prescribing becomes a standard of care, helping to build healthier, more connected communities.

Nova Scotia

Health System Context

Nova Scotia Health and IWK Health provide health services to Nova Scotians and some specialized services to Maritimers and Atlantic Canadians. These include hospitals, health centres and community-based programs. In 2022, the Nova Scotia government released [Action for Health](#), a four-year strategic plan to improve the health system. Key priorities include ensuring access to care in the right place, at the right time, from the right care team ([solution 2](#)), and addressing the factors affecting health and well-being ([solution 6](#)).

Due to an aging population and recent population growth, the demand for health services is growing in Nova Scotia. However, shortages in critical health human resources and infrastructure pose challenges in meeting current needs. These pressures highlight the urgency for transformation and innovative solutions.



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Social Prescribing Developments

While social prescribing terminology is relatively new, elements of this approach have existed in Nova Scotia for years. Community-based care models, patient/client navigation services, and grassroots wellness initiatives are currently connecting individuals with social supports. Navigation services provided by Nova Scotia Health are among the highlights.

The wellness navigator role has existed in primary health care for nearly 15 years. These licensed health care providers and clinicians assess a patient's needs and direct them to the appropriate community, social, or medical resource. Public health clients are connected to health and social supports in the early years, youth health, mobile units, oral health, and immunization programs.

The Canadian Institute for Social Prescribing and the research community have been instrumental in increasing awareness of social prescribing in Nova Scotia. A collaboration between Nova Scotian and Canadian researchers recently received nearly \$100,000 from Research Nova Scotia to co-design a provincial, community-informed approach to social prescribing in primary care. The approach includes workflow, implementation, and evaluation plans.

The researchers from Dalhousie University (Ellen McGarity-Shiple), St. Francis Xavier University (Megan MacGillivray), the University of Toronto (Kate Mulligan), and the University of British Columbia (Maureen Ashe) have partnered with the provincial Primary Health Care and Chronic Disease Management Clinical Network (PHC-CDM Network) at Nova Scotia Health on the project. Nova Scotia Health and researchers in Nova Scotia have also done work (not yet published) to map the landscape of social prescribing across the province and understand facilitators and barriers to implementing a social prescribing approach. This provides a vital foundation for further research on the practice.

Nova Scotia recognizes the potential of social prescribing to enhance person-centred care and address the health and social needs of its citizens. Plans are underway to bring together health systems, government, communities, and research partners to develop a shared understanding of current initiatives and possible future directions.

Central Canada



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Ontario

Health System Context

The health system in Ontario is facing significant challenges, such as an aging population, funding constraints, and health workforce shortages. Against this backdrop, the provincial health system has been undergoing significant transformation to create a more integrated and sustainable model.

Ontario Health, in collaboration with 58 Ontario Health Teams (OHTs), is responsible for streamlining and modernizing care coordination across different health services. Efforts are also being made to improve patient outcomes through evidence-based practices and address social determinants of health. This will help ensure comprehensive care for all Ontarians. In addition, a newly released [*Resource Guide to Ontario Health's Social Determinants of Health Framework*](#) includes social prescribing as a process to support both health teams and community-based organizations. The guide suggests this approach can help teams listen to what matters to people.

Health care providers across the province are adopting social prescribing – a notable feature of Ontario's health and community care landscape. This includes community health centres, family health teams, primary care physicians, community paramedics, and pharmacists. Through social prescribing, there is a growing number of referrals to community organizations, such as provincially funded seniors' active living centres (SALCs) and other not-for-profit organizations. While integrating social prescribing presents both challenges and opportunities, Ontario Health is beginning to allocate financial resources to community care. Embedding dedicated navigators in OHTs is a significant emerging development.



Social Prescribing Developments

Over the past decade, social prescribing in Ontario has evolved significantly. The Alliance for Healthier Communities (Alliance) represents interprofessional primary health care organizations in the province that work toward advancing health equity and serving populations who face the greatest barriers. In 2018, the Alliance launched the Rx: Community Social Prescribing pilot project, the first of its kind in Ontario. With international mentorship, 11 Alliance member organizations implemented social prescribing in their daily practices.

This successful project paved the way for further initiatives, such as Links2Wellbeing: Social Prescribing for Older Adults. The Alliance collaborated with the Older Adult Centres' Association of Ontario (OACAO) to launch this initiative, which helped health providers build formal referral pathways into a shared electronic medical record system. The project referred socially isolated older adults to tailored, non-clinical services at over 100 local SALCs. OHTs, community paramedics, and other health providers have also implemented closed-loop social prescribing referral pathways

by integrating SALCs and other community-based organizations on platforms like Ocean eReferral and Caredove.

Social Prescribing for Better Mental Health was an 18-month project funded by the Public Health Agency of Canada. The project aimed to support individuals whose mental health was most affected by the COVID-19 pandemic. The majority of participants (90%) reported improved well-being after being referred to community programs and activities.

The Black-Focused Social Prescribing project, a three-year project, created in partnership with the Alliance's Black Health Committee and funded by the Balsam Foundation, is another significant initiative. This unique and innovative project provided culturally affirming programs for Black families and communities. It developed a social prescribing model grounded in Afrocentric values and principles across four Black-led community health centres (see page 24 for more details).

Leadership and partnerships are crucial to these social prescribing efforts. Links2Wellbeing represents a formal partnership between health care and



community care. To facilitate ongoing collaboration and learning, the Alliance and the OACAO host a bi-monthly Ontario social prescribing community of practice. Additionally, an online health equity-focused social prescribing course offers health equity-focused modules for health care teams.

Efforts are underway to scale social prescribing models sustainably with government support to enhance preventative care and reduce health care system strain. In 2025, the Alliance requested \$9.7 million in the provincial budget to fund the expansion of link workers in primary care teams, and the OACAO is creating a provincial leadership table to guide future developments and public policy advocacy to embed social prescribing into health and social policies.

Beyond the Alliance and OACAO, other stakeholders are also exploring and developing social prescribing to support health and well-being. For example, the Kawartha Lakes Haliburton, Chatham-Kent,

Ottawa Valley and Windsor OHTs have been actively developing social prescribing pathways. At St. Michael's Hospital in Toronto, the Academic Family Health Team has developed the SEED program to address social isolation among older adults through social prescribing.²

Municipalities, libraries, parks, arts and culture institutions, and other like-minded organizations across the province are exploring and actively discussing social prescribing. Along with other aligned approaches, such as the University Health Network's Social Medicine Housing Initiative³, Ontario is increasingly seeing health and community leadership join forces. Together, they are following a comprehensive approach that aims to improve overall health and well-being by addressing social determinants of health through integrated efforts.

2. Unity Health Toronto. (2024, December). *This St. Michael's Hospital program is using social prescribing to help older adults facing isolation*. Unity Health Toronto. <https://unityhealth.to/2024/12/social-prescribing/>

3. University Health Network. (n.d.). *Social medicine housing initiative*. <https://www.uhn.ca/corporate/News/PressReleases/Pages/social-medicine-housing-initiative.aspx>

Quebec

Health System Context

Quebec is home to 23 regional health authorities, several major hospitals, and specialized institutions. Santé Québec, a new agency responsible for overseeing health care delivery, began managing these entities in 2024. This is one of several reforms in the province aimed at reducing inefficiencies in the health care system.

In Quebec, it has been challenging to secure government support for social prescribing initiatives. However, emerging priorities from Santé Québec seem to address the need for improved access and coordination of health and social services.

Social Prescribing Developments

Quebec's health system has a long history of promoting community ownership of its institutions and citizen involvement in their management. The roots of this approach date back to the 1960s, when citizen-led popular clinics gave rise to the creation of local community health and social service centres (CLSCs). These centres are now integrated into larger health establishments.

CLSCs were initially designed to address the root causes of disease and social problems. They provided free medical services and connected individuals to complementary, community-based services. Today, referrals to these services remain a key component of health care delivery. However, the systems and expertise required to facilitate these referrals are often poorly organized and inadequately prioritized.

Since 2019, the Eva Marsden Centre for Social Justice and Aging has been collaborating with the local health establishment, Santé Québec Centre-Ouest, to strengthen the referral system for community-based services. They also partnered with McGill and Laval universities to build evidence-based support for this social prescribing initiative.

Together, they developed a referral platform – Clic Social – designed to streamline communication and referrals between community organizations and local health establishments. This involved engaging a diverse range of stakeholders, including general practitioners, social workers, nurses, physiotherapists, dentists, hygienists, community



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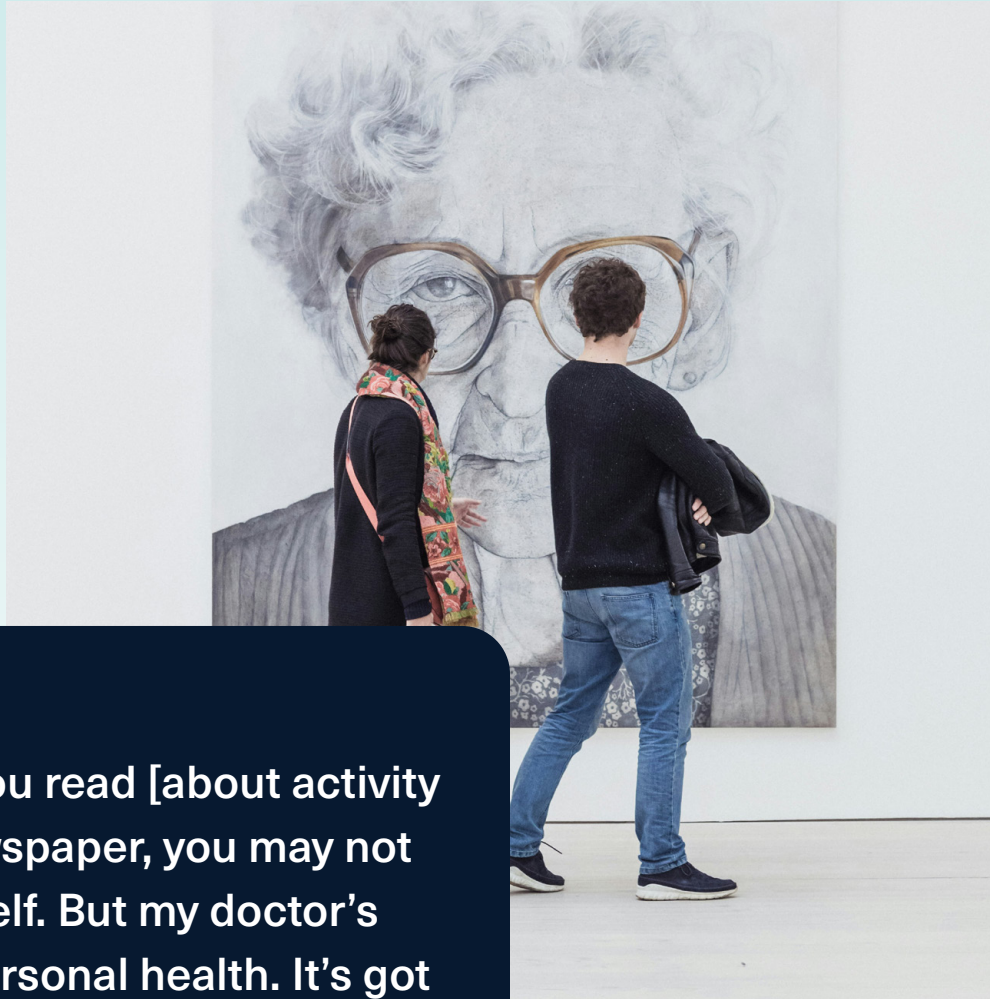


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“

Somehow, when you read [about activity programs] in a newspaper, you may not apply that to yourself. But my doctor’s looking after my personal health. It’s got a different flavour for my health when my doctor [mentions] it to me.

– “Emily”, Social Prescribing Participant, Manitoba

organizations, and patients. This provided the insights needed to design a sustainable and adaptable model of social prescribing.

Despite ongoing challenges and a strained health care system, several pilot projects are thriving in Quebec. For example, some initiatives have emerged from the arts community: Prescription Muséale (2018), a collaboration between the Museum of Fine Arts in Montreal and Médecins Francophones du Canada; a project involving the Opera of Montreal to facilitate music workshops with patients at Sainte-Justine

Hospital; and various projects initiated by the English Language Arts Network. There are also practice-based social prescribing pilots in the province, with individual health care providers making referrals to community-based services.

As these diverse projects continue to grow and multiply, there is an increasing need to map and track their progress, and establish a local community of practice. By sharing experiences and evaluating the impact of social prescribing initiatives, we can advance this innovative approach to health care.

Prairie Provinces



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Alberta

Health System Context

Alberta's health system features four pillars of health service delivery: Acute Care Alberta, Primary Care Alberta, Assisted Living Alberta, and Recovery Alberta. Social prescribing intersects with all four pillars of the health system.

In Alberta, 39 primary care networks (PCNs) represent more than 3,800 doctors and 1,000 allied health care providers. PCNs follow a team-based health care model and collaborate to provide integrated care for over 3.6 million Albertans. Community-based non-profits and municipalities – often partially funded by Family and Community Support Services – also work together to deliver community supports.⁴

Social Prescribing Developments

Social prescribing in Alberta is largely driven by the community-based seniors-serving sector, as most programs focus on supporting the older adult population.

4. <https://www.alberta.ca/family-and-community-support-services-fcss-program>



In 2022, social prescribing programs were formally launched in three main cities: Edmonton, Calgary, and Lethbridge. The programs included investment from Healthy Aging Alberta (HAA) through Waltons Trust, and the Government of Alberta's Ministry of Seniors, Community and Social Services. Prior to this initiative, social prescribing was happening in many informal ways, with health care providers making referrals to community-based programs.

Today, the Social Prescribing for Older Adults program has grown to over 13 communities across the province. Facilitated by HAA, the program now has over 35 link workers and social prescribing case managers who receive referrals from regulated health professionals. Once received, they connect older adults to a variety of programs, supports, and services that address social determinants of health. These link workers and social prescribing case managers are employed by

community-based seniors-serving organizations. To date, over 2,500 social prescriptions have been made by regulated health care professionals.

Recent policy documents have cited social prescribing as a path forward. The Ministry of Health completed a health evidence review on the practice to better understand it and inform how it might continue to be implemented in an Albertan context.⁵ *The Modernizing Alberta's Primary Health Care System* report also serves as a guidepost for strengthening primary health care in Alberta. Social prescribing is referenced as an action in this report.⁶

HAA supports the development of social prescribing for older adults through a collaborative network approach. HAA achieves this by facilitating a community of practice, building training and communication materials, and raising the profile of social prescribing to boost investment.

5. <https://open.alberta.ca/dataset/e7ff4987-dd49-4816-aa59-b31a3970128b/resource/9448bc70-1468-4f9b-aa68-ef48428e6f49/download/hlth-social-prescribing-final-report-2024-06-10.pdf>
6. <https://open.alberta.ca/dataset/2b933143-39f4-45e4-aeb3-523f5bd3a7b8/resource/9f4d5ad7-cdb6-418a-b0d9-a04bb1dc467f/download/hlth-maps-strategic-advisory-panel-final-report.pdf>

Manitoba

Health System Context

Manitoba Health funds and manages the health care system, which is delivered through five regional health authorities: Interlake-Eastern Regional Health Authority, Northern Regional Health Authority, Prairie Mountain Health, Southern Health-Santé Sud, and Winnipeg Regional Health Authority. Each health authority partners with non-profit boards to support community wellness programs in the province.

Manitoba has embraced social prescribing as a transformative approach to health and community care. Recent efforts include incorporating a social prescribing seniors referral form into electronic medical records, and streamlining connections between primary care and community supports.

Social Prescribing Developments

Social prescribing in Manitoba is creating profound opportunities for holistic care by addressing social determinants of health for older adults. Championed by the Manitoba Association of Senior Communities (MASC), this innovative approach connects individuals to community resources that reduce isolation, promote well-being, and alleviate strain on the health care system.

MASC represents 88 senior centres and connects with 98 municipalities committed to the age-friendly pathway. This fosters collaboration among senior centres, senior resource coordinators (SRCs), and municipal age-friendly committees.

Primary care providers in Manitoba identify patients who could benefit from social prescribing, referring them to senior resource coordinators (SRCs). These SRCs collaborate with patients to understand their needs and connect them to tailored supports, such as exercise programs and social groups. This community-centred approach empowers individuals to take an active role in their health and address factors like loneliness, food insecurity, and financial challenges.

To sustain and expand these efforts, MASC provides monthly webinars for SRCs, offering training and support to strengthen their community roles. These initiatives align with broader national and global trends in holistic health care, positioning Manitoba as a leader in integrating social and medical care.

Manitoba's social prescribing journey is marked by top-down and bottom-up leadership. MASC has engaged stakeholders at all levels – from the minister of seniors to CEOs of health regions – to ensure social prescribing is prioritized across the province. Partnerships with organizations like Doctors Manitoba, the Manitoba College of Family Physicians, and the United Way's 211 program further solidify this initiative.

The province's growing social prescribing network reflects a collective commitment to proactive, community-focused health solutions. This is setting a model for addressing the broader determinants of health and fostering healthier, more connected communities.



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Saskatchewan

Health System Context

The Saskatchewan Health Authority (SHA) provides health services within the province, while the Saskatchewan Ministry of Health oversees this care. The SHA is currently using a team-based approach to improve primary health care at the community level.

In Saskatchewan, health care providers use the social prescribing model to refer individuals to community-based services. This referral is facilitated by a community connector. With plans to advance social prescribing in the province, the SHA continues to identify and collaborate with communities that can facilitate this model effectively. This includes identifying champions within the health system, such as physicians, primary health care nurses, and home-care staff.

Social Prescribing Developments

Four centres in Saskatchewan have used social prescribing to enhance the health and well-being of older adults (55+) in their communities. They have also witnessed how social prescribing can impact the overall health and well-being of a community. From a resort village to a city, the participating communities vary in size and demographics.

Plans are in place to expand social prescribing within the province: Two centres will be added this year, and eight more communities will be identified over the next two years. Since the initiative's inception in Saskatchewan, the Health Quality Council (Saskatchewan) has partnered with the Saskatchewan Seniors Mechanism (SSM) to gather data and provide evaluation.

SSM, an umbrella organization with members from various older adult-serving organizations, received funding to help develop the social prescribing initiatives in these communities. SSM facilitated discovery meetings and informed residents, community organizations, and other agencies that support older adults about social prescribing. SSM also prepared them to host social prescribing initiatives in their own communities. Age-friendly communities, which promote healthy aging for older adults, have been an integral part of the social prescribing initiative in Saskatchewan.

As social prescribing continues to advance, several provincial agencies have expressed interest in the model. They are requesting information sessions for their staff and boards, and considering how they can participate in social prescribing initiatives. This growing interest, coupled with a strong relationship with the Saskatchewan Ministry of Health, will help ensure that social prescribing continues into the future.



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West Coast



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British Columbia

Health System Context

British Columbia is transforming its health care landscape by building stronger bridges between clinical care and community supports – enhancing health outcomes and equity. The province's publicly funded health care system is organized into five regional health authorities: Fraser Health, Interior Health, Island Health, Northern Health, and Vancouver Coastal Health. Each of these health authorities serves diverse populations, ranging from urban centres like Vancouver to remote rural communities.

While challenges persist – such as health care provider shortages and an aging population – B.C. is reimagining care through social prescribing. This practice has emerged as a transformative approach. It focuses on prevention, personalized support, and fostering vital connections between individuals and their communities.

Social Prescribing Developments

Social prescribing is revolutionizing the way health care and community services collaborate in B.C. The United Way British Columbia (UWBC) Healthy Aging initiative has grown rapidly, increasing its network of community connectors from 50 to over 100 by April 2025. This growth reflects B.C.'s commitment to proactive, community-centred care that prioritizes prevention and health equity.



I was having a lot of doubts about the future. I was wondering about where I was going to live [and] how I was going to exist over the next few years because I just also recently retired ... When I first met Janice [community connector] after our first meeting, I felt a weight off my shoulders because I could tell that she had the information that I was looking for ... I wasn't alone, other people were having similar issues. I felt I was being heard.

– James, Social Prescribing Participant, British Columbia

B.C.'s social prescribing journey builds on existing programs that have long linked health care with community services. The Better at Home program, which helps seniors access non-medical supports, is one such example. Over the years, it has demonstrated the profound impact of integrating social and clinical care. This foundation has paved the way for innovative social prescribing models, including streamlined referral systems with Fraser Health. This model allows health care providers to connect patients directly to community connectors employed by not-for-profit, community-based organizations.

Community connectors work closely with individuals to understand their needs and connect them to resources like social groups, transportation, and wellness programs. This person-centred approach has led to improved mental health outcomes, reduced reliance on emergency services, and has alleviated the burden on health care providers.

The success of the UWBC's Healthy Aging initiative stems from strong leadership and collaboration. While funding from the Ministry of Health ensures sustainability, UWBC drives education, training,

resource development, and knowledge-sharing for community connectors. Together, these efforts have created a scalable and effective model for integrating social prescribing into B.C.'s health care system through community-based organizations.

B.C.'s vision for social prescribing is bold and ambitious. The province aims to:

- Expand the program's reach with over 100 community connectors by 2025.
- Develop a comprehensive library of educational materials for community connectors and partner organizations.
- Innovate referral pathways using digital tools to streamline connections.

Embed social prescribing fully into primary care practices, creating a seamless model of care.

B.C.'s approach serves as a powerful example of how community-driven solutions and health care integration can drive transformative change, fostering a healthier and more connected future for all.

Emerging Trends

Social Prescribing in Canada's Pharmacy Sector

In recent years, Canadian pharmacists have gained increased recognition as key primary care partners. Community pharmacies serve as accessible, trusted health hubs. As a result, they are uniquely positioned to identify social prescribing needs through routine interactions, such as medication reviews and chronic disease management.

A changing landscape

Pharmacists can now prescribe medications for minor ailments in Ontario and several other provinces. This has created new opportunities to screen for social determinants of health, like loneliness and food insecurity, during pharmacist consultations. Recognizing the critical role of community pharmacists, social prescribing champions have been raising awareness and building capacity within the pharmacy sector. This includes presentations, research publications, and pharmacist-facing training and educational resources.⁷

From a global perspective, plans are underway to make a groundbreaking pharmacist program available in Canada and other regions. Developed by pharmacist Jenny Kirschner and hosted by the Pharmaceutical Society of Australia, it is the first pharmacist training program focusing on loneliness. In addition, the Canadian Alliance for Social Connection has partnered with

industry leaders to develop pharmacist-specific resources. This material is based on the recently published *Social Connection Guidelines*, the first of its kind.⁸

Next steps for advancing social prescribing

The Canadian Institute for Social Prescribing is currently conducting an environmental scan to explore how social prescribing aligns with and enhances the competencies of pharmacists and pharmacy technicians. The study will identify existing practices, resources, and gaps in pharmacist training. It will also evaluate opportunities to incorporate social prescribing into pharmacy education curricula.

While significant progress has been made, more work is needed to advance social prescribing in community pharmacies. This includes expanding pharmacist training in social prescribing, developing formal referral pathways between pharmacies and community-based social services, and strengthening interprofessional collaborations. As the sector looks ahead to the future, advocating for policy and funding models that integrate social prescribing into pharmacy workflows and improve patient-centred care will be critical within Canadian pharmacies.



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7. Hussein T, Cartright N, Kirschner J, Nadarasa A, Rathbone AP, Lindsey L. Social prescribing in pharmacies: What is it, does it work and what does it mean for Canadian pharmacies? *Can Pharm J (Ott)*. 2023 Dec 8;157(1):21-24. doi: 10.1177/17151635231216119. PMID: 38125632; PMCID: PMC10729721.

8. Social Connection Guidelines. (n.d.). *Social connection guidelines*. <https://www.socialconnectionguidelines.org/en>

Social Prescribing for Children and Youth Mental Health

The mental health of children and youth in Canada is at increasing risk. Across the country, research shows there are growing rates of stress, anxiety, and loneliness among young people. Loneliness is particularly prevalent among young people in rural or underserved areas who lack access to safe social spaces.⁹ Equity-deserving groups, such as Indigenous, Black, rural, and 2SLGBTQI+ youth, often face systemic barriers to accessing culturally appropriate care.¹⁰

Promoting holistic well-being

Canada's health system is currently fragmented and overburdened, which leaves many young people without adequate mental health support. In light of these challenges, social prescribing is emerging as a promising approach to connect children and youth to community-based, culturally relevant, and preventative supports that promote holistic well-being.¹¹

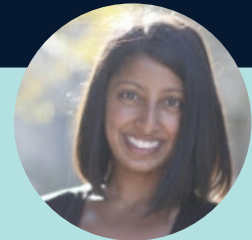
Community-based initiatives illustrate the potential of social prescribing to improve youth mental health. For example, the Vanier Social Pediatric Hub in Ottawa uses a social pediatrics model to co-create tailored social prescriptions

with children and families.¹² Integrated youth services hubs, such as Youth Wellness Hubs Ontario, provide another innovative model for social prescribing. The hub offers mental health care, housing support, education, employment services, and peer-led interventions with the support of care navigators.¹³

Social prescribing is also making inroads in educational settings, particularly post-secondary institutions. At the University of Toronto, researchers are exploring the feasibility of integrating social prescribing pathways into campus health systems.¹⁴

Building resilience among children and youth

These examples demonstrate the transformative potential of social prescribing to address Canada's youth mental health crisis. This approach bridges gaps in care, strengthens social connections, and incorporates culturally responsive supports. As a result, social prescribing creates scalable, adaptable solutions across community, health, and educational settings. Expanding the social prescribing model is integral to fostering resilience and well-being among children and youth nationwide.



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9. Government of Canada. (2023). Inequalities in mental health, well-being, and wellness: Social determinants and changes over time. Public Health Agency of Canada.
10. Mental Health Commission of Canada. (2020). Mental health and substance use among youth in Canada: A report on findings from the 2019 Canadian Community Health Survey.
11. Muhl, C., Godfrey, C., & Bayoumi, I. (2023). Social prescribing for children and youth: A scoping review protocol. *PLOS ONE*, 18(1), e0297535. <https://doi.org/10.1371/journal.pone.0297535>
12. Muhl, C., Bennett, S., Fragman, S., & Racine, N. (2024). Social prescribing: Moving pediatric care upstream to improve child health and wellbeing and address child health inequities. *Paediatrics & Child Health*, 29(5), 300-302. <https://doi.org/10.1093/pch/pxae002>
13. Youth Wellness Hubs Ontario. (2024). Leveraging Integrated Youth Services for Social Prescribing: A Case Study of Youth Wellness Hubs Ontario.
14. Dalla Lana School of Public Health. (2025, January 22). Social prescribing on campuses. University of Toronto. Retrieved from <https://www.dlsph.utoronto.ca/2025/01/22/social-prescribing-on-campuses/>

“

I don't think I would have progressed so fast. I wouldn't have been able to do the things that I am doing. But because of the program, I got an uplift ... I have really been grateful that I had this space to improve my health.

– Rosmin, Social Prescribing Participant, Alberta

“

I was almost like a hermit. Now, I get out at least once a month, twice a month. And I made some friends. I don't feel so lonely, and I don't feel so alone. It's been really good.

– “Louise”, Social Prescribing Participant, Manitoba

Case Studies



The Black-Focused Social Prescribing Project

**BFSP Navigators from Rexdale
CHC and Black Creek CHC**

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Background

Launched in 2022, Black-Focused Social Prescribing (BFSP) aimed to improve health outcomes for Black communities in Ontario by developing a social prescribing model grounded in Afrocentric values and principles. It sought to address systemic anti-Black racism, which limits access to education, housing, health care, and other essential resources. This initiative was especially urgent during the COVID-19 pandemic, which disproportionately impacted Black and racialized populations.

The BFSP project reflects practices naturally embedded in Black communities long before it was formally defined – congregating over cultural foods, expressing traditions at celebratory events, and fostering social connections that redefine identity and belonging. By prioritizing cultural safety and social determinants of health, the project tackled structural barriers while fostering trust and engagement within Black communities.^{15,16}

Intervention

The BFSP project was created in partnership with the Alliance for Healthier Communities' Black Health Committee and funded by the Balsam Foundation. It was implemented at four community health centres (CHCs): Somerset West CHC in Ottawa, and Rexdale CHC, TAIBU CHC, and Black Creek CHC in the Greater Toronto Area. These Black-led CHCs offered integrated services, including clinical care, counselling, health promotion and community-based programs. The project incorporated Afrocentric principles, emphasizing culturally affirming care and addressing systemic barriers. It also ensured Black representation in leadership and service provider roles to reflect the communities served. This representation was integral to rebuilding trust between health systems and Black communities.¹⁷

15. Alliance for Healthier Communities. (2022, July 12). New Black-focused Social Prescribing Project aims to improve health in Black communities with a proven holistic approach grounded in Afrocentric principles of wellbeing. Retrieved from Alliance for Healthier Communities: <https://www.allianceon.org/news/New-Black-focused-Social-Prescribing-Project-aims-improve-health-Black-communities-proven>

16. Logical Outcomes. (2024, September 25). Innovative Health Solutions: Evaluating Ontario's Black-focused Social Prescribing. Retrieved from Logical Outcomes: https://www.logicaloutcomes.net/lo_blog/alliance-black-focused-social-prescribing

17. Ramirez, S., Beaudin, N., Townsend, D., Price, N., & Rayner, J. (2024, June). Black-focused social prescribing: the importance of an Afrocentric approach. Retrieved from PubMed Central: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11346758/>

Social prescribing pathways connected clients to culturally tailored services and community programs designed to meet their unique interests and strengths. Interventions included food security programs, arts-based initiatives, community activities and connections to other services. This helped to foster both individual and community well-being. The BFSP project also focused on increased collaboration with Black-led and serving organizations, alongside allied agencies, to accelerate systems impact. Relationship building and a commitment to cultural safety were central to the initiative's success, bridging social and clinical models of health to address inequities.

Outcomes and Impact

The BFSP project significantly improved trust and engagement with service providers, enhanced participants' mood and sense of belonging, and increased access to culturally safe, community-oriented programs.

Food programs were the most widely used service under BFSP, with 68% of survey respondents reporting participation. This is in line with findings from the client survey, which shows that over 80% of respondents were food insecure. This suggests that BFSP was vital for meeting basic needs in the Black community.

From the interim report, the most common prescriptions for all four sites were (in order):

1. Food security
2. Black-focused community events
3. Arts activities
4. Connections to other programs and services
5. Physical activity programs
6. Social programs

- In the past year, 88% of survey respondents were worried about running out of food before they had money to buy more "often and sometimes".
- In the past year, 40% of survey respondents reported not being able to afford balanced meals "often and sometimes".
- 87% of survey respondents agreed that BFSP made food available to them.

Participants reported a stronger connection to their culture, improved mental health, and reduced loneliness. The project also eased the strain on health care resources and fostered collaboration among service providers. By addressing systemic inequities, it aligned with provincial priorities to improve health outcomes for Black communities.

The success of the BFSP project showcases the potential of culturally affirming social prescribing to drive equitable change and improve trust in health systems.

Key Learnings and Reflections

The BFSP project underscored the importance of culturally specific approaches in addressing health inequities. Tailoring social prescribing initiatives to reflect Afrocentric values and cultural safety principles led to meaningful community engagement and improved outcomes. Black representation in leadership and service provision was critical to the project's success, highlighting the need for equitable systems and trust-building with Black communities.

Collaboration with other Black-led and serving organizations, alongside allied agencies, remains a key priority for accelerating systemic impact. The project emphasized the need for sustained funding to ensure long-term impact and participatory evaluation methods rooted in anti-racist principles to reflect community needs authentically.¹⁸

18. Canadian Institute for Social Prescribing. (2024, December). Conference Session Summaries. Retrieved from [socialprescribing.ca:https://www.socialprescribing.ca/conference-session-summaries](https://www.socialprescribing.ca/conference-session-summaries)

The Canadian Social Prescribing Student Collective



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Student Collective

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Background

The Canadian Social Prescribing Student Collective (CSPSC) is a national initiative dedicated to advancing social prescribing in Canada through student-led education, advocacy, and innovation. Social prescribing is increasingly recognized as a key component of holistic health care, addressing social determinants of health by connecting individuals to community and social supports. The CSPSC unites students from diverse disciplines across Canada to champion this approach. This contributes to a health care landscape that values equitable, community-driven solutions.

Operating through a decentralized model, the CSPSC fosters local and national collaboration to address systemic barriers, promote cultural humility, and empower the next generation of health and community leaders.

Intervention

The CSPSC operates through campus chapters that tailor initiatives to local needs, while leveraging national guidance and resources. The following chapter-led projects were conducted recently:

- **Trinity Western University (TWU) Chapter:** Secured a Public Health Agency of Canada School Health Grant to host a multicultural cooking competition in collaboration with TWU Intercultural Programs and Recreation. This event fostered community building, cultural exchange, and resource sharing.
- **University of Waterloo Chapter:** Received the GreenHouse Social Impact Fund to address social determinants of health through student-led projects.
- **Brock University Chapter:** Launched a campus pilot program linking students to well-being resources, presenting findings at the 2023 Exploring Healthcare Quality Improvement Conference.

Outcomes and Impact

These initiatives demonstrate the CSPSC's commitment to addressing social determinants of health through community-driven, student-led action.

The CSPSC has also made strides in research, advocacy, and knowledge mobilization. Achievements include:

- Publishing a scoping review protocol in *PLOS One* to provide foundational knowledge on social prescribing. The manuscript for the scoping review is currently being written.
- Contributing a leadership commentary in *Health Promotion and Chronic Disease Prevention in Canada*, highlighting the transformative potential of student-led social prescribing initiatives.
- Hosting a panel at the Canadian Institute for Social Prescribing conference, showcasing the critical role of students in fostering innovation and collaboration across the social prescribing ecosystem.
- CSPSC's Medicine Working Group publishing an article in *Canadian Family Physician*, "Bridging health and society: Transforming Canadian health care through social prescribing", which explored the utility of social prescribing in primary care to address issues like mental health, aging, and chronic disease.¹⁹
- Plans for CSPSC's Research and Knowledge Translation Working Group to present preliminary results of the social prescribing and students scoping review at this year's Inquiry@Queen's Undergraduate Research Conference.

Key Learnings and Reflections

The CSPSC envisions a future where social prescribing is an integral component of health care, with students at the forefront of innovation and advocacy. Strategic priorities include:

- **Expanding Reach:** Strengthening current chapters and establishing new ones to engage more students across Canada.
- **Building Capacity:** Providing training and resources to empower students to lead social prescribing initiatives in clinical, community, and research contexts.
- **Promoting Equity:** Embedding cultural humility and inclusion into social prescribing practices to address systemic barriers and honour Canada's diversity.
- **Driving Innovation:** Collaborating with health care providers and community organizations to co-develop solutions addressing social determinants of health.

Through these efforts, the CSPSC aims to foster a national culture in which social prescribing is recognized as a vital component of health care, and students play a central role in shaping a more equitable, inclusive, and holistic health system.

19. Gangji, A. R., Moffatt, G. I., Maher, J., Chahade, J. J., Chang, O., Shafi, R. A., Moir, A., Wong, S., Muhl, C., Larson, C., & Heidel, M. M. M. (2025). Bridging health and society: Transforming Canadian health care through social prescribing. *Canadian Family Physician*, 71(1), 13–15. <https://doi.org/10.46747/cfp.710113>

CHIGAMIK Community Health Centre



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Background

The health and community care systems in Ontario's North Simcoe region focus on addressing social determinants of health, particularly for vulnerable populations. Key features include accessible primary and mental health care, community-based programming, and partnerships between clinical and social services. The systems prioritize reducing barriers to care, improving system navigation, and fostering community engagement.

Strong partnerships between health providers and organizations like CHIGAMIK Community Health Centre (CHC) benefit the region. The organization plays a pivotal role in addressing diverse needs through innovative programs like social prescribing. The practice serves as a bridge, enhancing overall health outcomes and reducing isolation.

The health and community care systems continue to face challenges. These include gaps in case management, resource limitations, and addressing social determinants of health, such as food security, housing, and mental health. However, there are opportunities to strengthen partnerships, expand access to programs, and foster sustainable, community-driven solutions.

Intervention

Social prescribing in the North Simcoe region is growing and becoming a vital link between clinical care and community-based supports. As a result, social prescribing is empowering individuals to enhance their overall health and well-being. Historically, partnerships and programs such as those offered by the YMCA, Wye Marsh, and Askennonnia Senior Centre paved the way for broader social prescribing initiatives. Today, CHIGAMIK CHC plays a central role in this movement through innovative programs and meaningful partnerships.

CHIGAMIK recently concluded a one-year pilot project involving about 300 participants. The project demonstrated the value of social prescribing as a service, highlighting the tangible health benefits of connecting individuals with community resources. In the medical community, there is growing recognition of social prescribing. Health care providers and other practitioners are increasingly acknowledging the importance of fostering community connections to support holistic health outcomes. Recognizing its success, CHIGAMIK plans to continue its social prescribing project in the future.

Social prescribing referrals come from the clinical or allied health team, community partners, or self-referral. CHIGAMIK's community health and well-being coordinator meets with individuals in the community or at home. During these sessions, the coordinator focuses on identifying needs, interests, goals, and passions to determine the most suitable connections and opportunities.



Through this process, participants are connected to CHIGAMIK programs, co-developed with community partners, or alternative programs and services available in the community. Examples include the Women's Wellness Series, art programs, nature workshops, and the Good Food program. Additionally, partnerships with organizations such as the Rosewood Shelter, Operation Grow, and the Salvation Army, as well as the North Simcoe Ontario Health Team, amplify the impact of social prescribing efforts. They address interconnected issues like chronic diseases, food security, housing, and mental health.

Outcomes and Impact

A key element of CHIGAMIK's social prescribing program is its commitment to incorporating Indigenous culture for clients seeking holistic support. This includes access to traditional medicines, elders and knowledge keepers, land-based healing, and sacred item preparation. Partnerships with local Indigenous organizations help ensure culturally relevant healing opportunities, while access to traditional healers further supports holistic wellness.

A research collaboration with CHIGAMIK and Lakehead University also explored important considerations for Indigenous and inclusive nature prescribing. While Western models of "nature" and "green" prescribing share some similarities with land-based healing, key distinctions exist in terminology, purpose, scope, and intent. CHIGAMIK has a unique tricultural context: It serves Indigenous, Francophone, and other historically marginalized individuals and communities that face significant social and health

inequities. This context has shaped an approach that prioritizes meaningful access to culturally relevant experiences and the land.

Key Learnings and Reflections

Funding has been critical to CHIGAMIK's success. The organization received grants through the Systems Navigation Access and Partnership project, and the Heart of Georgian Bay Community Forward Fund. Coupled with support from the Alliance for Healthier Communities and other funding sources, these grants have helped establish a dedicated staff position and fostered collaborations with local organizations.

This network of support creates mutually beneficial outcomes for participants and partnering organizations. Participants select programs that resonate with their interests and needs, and the Alliance for Healthier Communities provides tools like questionnaires and health scales to track progress and outcomes. These metrics allow CHIGAMIK to measure the positive impact of social prescribing on individuals.

Despite the progress, gaps in case management, resource availability and funding remain significant challenges. Looking ahead, CHIGAMIK aims to expand access to services, strengthen partnerships, and co-create sustainable, person-centred programs. The organization's focus is on adopting strength-based approaches that improve health outcomes and reduce isolation and loneliness.

Social prescribing is more than just a referral; it's about building a connected community where everyone has the support they need to lead a healthy, balanced life.



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The Opera Makers Program

Background

The SickKids Epilepsy Classroom offers a safe environment in understanding the impact of epilepsy in child development and care for special education and unique complex needs. Led by a multidisciplinary team of educators and health care providers, the classroom offers a dynamic style of instruction that fosters academic progress and social-emotional development. The classroom's specialized programs also provide flexibility for each student's learning style and needs.

Partnerships with community organizations, such as the Canadian Opera Company (COC), further enhance the program by incorporating innovative approaches to care and learning through arts-based initiatives.

Intervention

The COC's Opera Makers program exemplifies how social prescribing can address the unique needs of children in specialized health care and educational settings. Through a six-week partnership with the Grade 4 and 5 Epilepsy Classroom at SickKids Hospital, the Community Partnerships and Programs (CPP) department at the COC collaborated with three teaching artists and two Toronto District School Board educators to create "Our Emotions", an immersive multi-sensory art installation.

This partnership began with tailored training for the CPP department, ensuring the team was equipped to support the socio-emotional focus of the initiative. The project concentrated on emotional expression, allowing students to explore how they experience and process emotions through a combination of visual art, music, and storytelling. Each student chose an emotion and created an artistic representation



of their emotion, using a personalized box that was integrated onto a willow tree illuminated with lights to symbolize neurons in the brain. Soundscapes and a group song were also created to further enrich the project, creating a powerful sensory experience for the participants.

Outcomes and Impact

The program culminated in a presentation for hospital staff and parents, who noted the students' increased confidence in identifying and expressing emotions. This collaborative approach demonstrated the profound impact of arts-informed interventions when fostering emotional awareness and resilience among children with complex medical and educational needs.

Key Learnings and Reflections

Building on the success of this partnership, the Canadian Opera Company plans to deepen its relationship with SickKids Hospital through the Cultural Change Committee. By integrating storytelling, music, and singing with quality improvement and research initiatives in the operating room, the CPP department aims to extend the benefits of arts-informed approaches with broader health care contexts. This evolving collaboration exemplifies how social prescribing initiatives can drive innovation, improve patient-care experiences, and support holistic well-being for vulnerable populations.

Social Prescribing for Caregivers in Canada



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Background

Caregivers play an indispensable role in Canada's health care system, supporting individuals across the continuum of care. Despite their contributions, caregivers face significant challenges, including stress, burnout, and social isolation. These are often compounded by limited access to supports, such as respite care, peer networks, and navigation services.

The current health and social care systems predominantly focus on the care recipient, leaving many caregivers' needs unmet. This creates an opportunity for social prescribing to bridge these gaps, connecting caregivers to meaningful community resources that enhance their well-being and resilience. With Canada's growing emphasis on integrated care, social prescribing holds promise as a transformative solution for addressing these systemic challenges.

Intervention

Social prescribing is steadily emerging in Canada as a practical and innovative approach to address the non-clinical needs of caregivers. Across the country, efforts to integrate social prescribing into caregiving supports are gaining momentum. Regional organizations and health care providers are collaborating to connect caregivers with community-based resources. Existing initiatives have also demonstrated the potential to improve caregivers' quality of life by linking them to peer support groups, financial navigation services, and community programs – effectively bridging clinical care with social supports.

Several provinces are advancing social prescribing pathways tailored specifically for caregivers. Supported by the Canadian Centre for Caregiving Excellence (CCCE), a program of the Azrieli Foundation, pilot projects of the following organizations are leading the way:



Caregivers Alberta, Family Caregivers of British Columbia, Caregivers Nova Scotia, and Ontario Caregiving Organization. These initiatives aim to refine how caregivers are identified and referred to programs, fostering more structured and accessible connections between health care providers and community organizations. For example, British Columbia leverages its long-standing experience with community-led initiatives to deliver trusted caregiver supports, while Ontario employs regional link workers to ensure equitable access to services in remote and underserved areas.

Outcomes and Impact

These efforts go beyond implementation, focusing on sustainability through relationship-building between the health care and community sectors. This is developing evidence for policy and funding, and establishing evaluation frameworks to measure impact

and scalability. National coordination by the Canadian Institute for Social Prescribing and CCCE provides a cohesive strategy for knowledge sharing, while provincial organizations contribute localized expertise to adapt models effectively.

Key Learnings and Reflections

The next steps for advancing social prescribing for caregivers in Canada include refining pathways, scaling lessons learned from pilot programs, and deepening partnerships across sectors. However, challenges persist: fragmented systems, difficulties in identifying caregivers with non-clinical needs, and limited sustainable funding are among the issues. By fostering collaboration, building evidence, and engaging stakeholders across health care and community organizations, Canada is laying a strong foundation for ensuring that caregivers receive the support they need to thrive alongside those they care for.



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Social Prescribing for Children and Young People

Background

The former Vanier Social Pediatric Hub (VSPH), inspired by the groundbreaking work of Montreal social pediatrician Dr. Gilles Julien, was created in 2017 to reimagine how health care could be delivered to inner city, underserved children and youth in Ottawa. From the beginning, the VSPH integrated social interventions into its wraparound care model and aimed to give high-needs children and youth and their families the support they needed to thrive. Many families in the Vanier neighbourhood face complex challenges – from accessing primary health care, navigating mental health and social services to overcoming systemic inequities.²⁰

Canada's universal health care system aims to promote equity and community-based care, but fragmented services often make it difficult for families to get the holistic support they need. More than one in five Canadians – an estimated 6.5 million people – do not have a family doctor or nurse practitioner they see regularly. Since primary health care is often the gateway to other health and social services, this gap can leave many without the support they need.²¹

Intervention

Social prescribing in Canada has largely focused on adults, but the former VSPH set out to change that. In 2022, with funding from the Public Health Agency of Canada's Mental Health Promotion Innovation Fund, the VSPH launched the first social prescribing

20. Fondation Dr. Julien. (n.d.). *Fondation Dr. Julien*. Retrieved January 2025, from <https://fondationdrjulien.org>

21. Canadian Medical Association. (n.d.). Why is it so hard to find a family doctor? Retrieved February 2025, from <https://www.cma.ca/healthcare-for-real/why-it-so-hard-find-family-doctor>



program in Canada specifically for children and youth. This program brought social pediatrics and social prescribing together. It focused on what matters most to the children: giving them a voice in their care, drawing on their strengths, and honouring their rights under the UN Convention on the Rights of the Child.²²

The social prescribing initiative was launched as a pilot program. It included 43 children and youth (aged four to 17) who worked with dedicated connectors to explore their interests and dreams. The children and youth worked with their connector to craft their social prescription – a non-medical prescription – for a wide range of community activities like summer nature camps or creative arts programs, including music and dance, sport activities, mini medical school, babysitting courses, cooking classes, and even visits to Disney World in Florida.²³

Outcomes and Impact

The impact of these programs went far beyond the individual. Families felt supported, staff saw the benefits firsthand, and the community gained a sense of connection. A young participant summed it up: “The only thing [the program] made me feel was [that I] get more confidence that I can achieve my dreams.”

Key Learnings and Reflections

The pilot’s success has since paved the way for broader implementation. Social prescribing is now part of the care offered at the Children’s Hospital of Eastern Ontario’s (CHEO) mental health outpatient clinic. Exciting new initiatives, like the Arts on Prescription in partnership with the National Arts Centre, continue to expand the program’s reach – bringing joy, creativity, and healing to more young people.

22. Nagi, S., Barriault, S., Muhl, C., Bennett, S., Racine, N. (2023). Green social prescribing to enhance child and adolescent mental health. *European Child and Adolescent Psychiatry*. 33(7):2427-2429.

23. Muhl, C., Bennett, S., Fragman, S., Racine, N. Social prescribing: Moving pediatric care upstream to improve child health and address health inequalities (2024). *Pediatrics and Child Health*. <https://doi.org/10.1093/pch/pxae002>.

Social Prescribing Implementation in Fraser Health Authority



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Background

Based in British Columbia, the Social Prescribing Implementation in Fraser Health Authority project was designed to proactively care for older adults by educating staff on healthy aging and frailty prevention. Comprehensive assessments of older adults included physical, psychological, and social health. This highlighted the importance of addressing social determinants of health (SDOH) alongside clinical needs – paving the way for social prescribing as a solution to non-clinical challenges.

Intervention

The Fraser Health Social Prescribing Working Group, in collaboration with United Way and seniors-serving organizations, developed a health authority-wide social prescribing program. Challenges included engaging primary care providers, integrating the initiative as a key organizational strategy, and securing sustained funding.

Launched in 2019, the program's success stemmed from several key elements:

- **Collaboration:** The working group included change leads, a clinical nurse specialist, an operations director, team leaders in social work and allied health, IT, and communications consultants.
- **Tailored Approach:** Working with community home health leaders ensured services and referral/documentation processes met regional needs.
- **Standardized Pathways:** A common referral form was integrated into the electronic medical record across community and acute care settings.



- **Capacity Building:** Education and engagement sessions were held with clinical service areas throughout Fraser Health.
- **Partnerships:** Collaborating with United Way supported data collection and activity monitoring.
- **Community of Practice:** This group of community connectors shared experiences, identified gaps, and co-designed roles and responsibilities while providing health education.

The program was guided by principles of co-design, fostering equal partnerships between community organizations and the health authority. Community connectors, autonomous from the health authority, utilized cross-sectoral resources and advocated for older adults' health and social needs.

Outcomes and Impact

- **Engagement:** Over 120 clinical service areas across Fraser Health participated, resulting in over 1,000 social prescribing referrals.
- **Impact:** Most referrals addressed instrumental activities of daily living. Community connectors collaborated closely with local home health offices, enabling cross-referrals.

- **Reception:** Older adults expressed satisfaction with the program. Primary care practitioners and hospital teams appreciated the added support, especially for planning the discharge of long-stay patients and pre-surgical optimization for elective surgery, ensuring social supports are in place.

Social prescribing aligned with Fraser Health's priority of providing seamless care and transitions for older adults. As a result, the practice became a cornerstone of the newly created Frailty Pathway initiative in Fraser Health.

Key Learnings and Reflections

- **Holistic Care:** Social prescribing strengthens community connections, reduces isolation, and addresses SDOH. This fosters self-empowerment and agency among older adults.
- **Collaboration:** Partnering with seniors-serving organizations enhances health care's reach and impact.
- **Scalability:** A dedicated working team and local champions within clinical areas are critical to scaling a standardized social prescribing process across a health authority.

Support, Equity, Engagement, and Dignity (SEED) for Seniors



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Background

St. Michael's Hospital Academic Family Health Team, the largest of its kind in Ontario, serves 50,000 patients in the province. This includes 17,000 older adults – many of whom live in poverty. Social isolation, inadequate housing, and insufficient social supports create significant barriers to health for these seniors. Community health data highlights a disproportionate social burden on older adults in this area. These challenges led to the creation of the SEED for Seniors program. This social prescribing initiative aims to address unmet social needs, reduce isolation, and build stronger connections between health services and the community.

Intervention

At the heart of SEED for Seniors is a relationship-centred approach. Link workers conduct in-depth social needs assessments and build lasting connections with individual clients, which are central to their therapeutic model. Led by a health promoter, the program also emphasizes partnerships with community agencies and leaders. This ensures the initiative is rooted in and responsive to local needs.

A community advisory council composed of diverse older adults actively guides program decisions. Local staff and assets are prioritized, reflecting a commitment to community empowerment. The team also actively engages in community planning and advocacy, ensuring the program remains flexible and responsive to emerging needs.



As an academic team, St. Michael's has developed tools and training to share insights. This helps other primary care teams integrate social interventions into practice. This includes curricula for health profession trainees and resources for health team leaders.

Outcomes and Impact

In its first year, SEED for Seniors has directly supported over a hundred older adults, connecting them to vital social services and community resources. The program has achieved measurable reductions in loneliness among participants, alongside improvements in overall wellness for both clients and team members.

The initiative has fostered deep community integration by creating leadership and partnership structures. This has transformed the health team into a more community-responsive entity. Tools and educational resources developed through the program have reached primary care teams across Canada,

contributing to the broader conversation on social prescribing and embedding social interventions into health care practices.

Key Learnings and Reflections

The SEED for Seniors program highlights the transformative power of building trust and relationships – both with individuals and the broader community. While developing partnerships and trust takes time and persistence, these efforts have redefined how care is delivered.

The team's experiences also underscore the appetite among older adults for deeper connections. They also highlight the significant impact of integrating social prescribing into busy primary care settings. The enthusiasm from both providers and patients reflects the value of social prescribing as a relationship-focused, community-driven approach.

Research and Publications on Social Prescribing in Canada

Canadian researchers, in collaboration with communities and practitioners, are rapidly building the emerging field of social prescribing research across disciplines, practices, and regions. Together, we are exploring everything from broad overviews in special-issues journals – like the double issue of *Health Promotion and Chronic Disease Prevention in Canada*, and editing special issues of international journals with global partners, including *BMC Primary Care* and *Health and Social Care in the Community* – to unique program evaluations and discipline-specific applications.

The current body of research investigates diverse aspects of social prescribing: integrating it within health care systems, its application to various populations, and its impact on specific health outcomes. Researchers are also contextualizing Canada's progress as part of international comparisons.

Several strengths characterize this social prescribing research. The Canadian research prioritizes equity, focusing on the needs of specific groups like older adults, Black Canadians, caregivers, post-secondary students, and youth. It explores the practical application of social prescribing through case studies and program evaluations, examining diverse approaches, such as nature-based and culturally relevant programs.

Qualitative studies have captured valuable insights from community workers and explored national perspectives on improving the field. Researchers are also defining the core concepts of social prescribing, developing models and examining the practice's role in self-management support, and emphasizing the importance of measuring effectiveness, combining data from multiple studies, and mapping common outcomes.

As social prescribing grows across the country and around the world, there are many potential directions for future research. While current research suggests that social prescribing can address social isolation and loneliness, particularly in older adults, more rigorous studies can more definitively establish its impact on these and other outcomes. Standardized evaluation frameworks would support comparing effectiveness and identifying best practices, and longitudinal studies would support assessing the long-term impact of social prescribing interventions.

Researchers also have the opportunity to investigate implementation challenges within different Canadian settings and develop strategies for successful integration and systematization. Additional research should fully explore how participants and communities engage with and benefit from social prescribing programs, including their perspectives on the process and outcomes, and considering the impacts at community, policy, and societal levels.



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Research and Publications

Foundational and General Overviews

Public Health Agency of Canada. (2024). Health promotion and chronic disease prevention in Canada: Research, policy and practice (Vol. 44, No. 6). <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-44-no-6-2024/hpcdp-vol-44-no-6-2024.pdf>

Public Health Agency of Canada. (2024). Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice, 44(9). Retrieved from <https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-44-no-9-2024/hpcdp-vol-44-no-9-2024.pdf>

Mulligan, K., & Mehta, K. (2020, August 20). Social prescribing: The next step for equitable health care. *Healthy Debate*. <https://healthydebate.ca/2020/08/topic/social-prescribing-equitable-hc/>

Mulligan, K., & Mehta, K. (2020, February 6). Prescriptions are for more than just drugs. Ontario Health Teams should use 'social prescribing' to improve our health and wellbeing. *Healthy Debate*. <https://healthydebate.ca/2020/02/topic/social-prescribing-2020/>

Egan, R., & Lavergne, M. (2024, July 15). Why increasing Canada's health budget for preventive and social care makes sense fiscally and medically. *The Conversation*. <https://theconversation.com/why-increasing-canadas-health-budget-for-preventive-and-social-care-makes-sense-fiscally-and-medically-232373>

Mulligan, K. (2022, January 9). Feeling powerless in the COVID-19 pandemic? 4 principles of self-determination can help you take back some control. *The Conversation*. <https://theconversation.com/feeling-powerless-in-the-covid-19-pandemic-4-principles-of-self-determination-can-help-you-take-back-some-control-174368>

Lin, M. C., Park, G., & Ashe, M. C. (2024). Integrating social prescribing in a Canadian regional health system to support healthy aging. *Health Promotion and Chronic Disease Prevention in Canada*, 44(9), 392–396. <https://doi.org/10.24095/hpcdp.44.9.06>

Nowak, D. A., & Mulligan, K. (2021). Social prescribing: A call to action. *Canadian Family Physician*, 67(2), 88–91. <https://doi.org/10.46747/cfp.670288>

Gangji, A. R., Moffatt, G. I., Maher, J., Chahade, J. J., Chang, O., Shafi, R. A., Moir, A., Wong, S., Muhl, C., Larson, C., & Macza Heidele, M. M. (2025). Bridging health and society: Transforming Canadian health care through social prescribing. *Canadian Family Physician*, 71(1), 13–15. <https://doi.org/10.46747/cfp.710113>

Older Adults

Mansell, B., Summach, A., Molen, S., & O'Rourke, T. (2024). Utilizing the determinants of healthy aging to guide the choice of social prescriptions for older adults. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 44(9), 385–391. <https://doi.org/10.24095/hpcdp.44.9.05>

Yu, C., Lail, S., Allison, S., Biswas, S., Hebert, P., Hsiung, S., Mulligan, K., Nelson, M. L., Saragosa, M., Welch, V., & Card, K. G. (2024). Social prescribing needs and priorities of older adults in Canada: A qualitative analysis. *Health Promotion and Chronic Disease Prevention in Canada*, 44(9), 367–375. <https://doi.org/10.24095/hpcdp.44.9.03>

Kadowaki, L., Symes, B., Lalji, K., Park, G., Giannasi, W., Hystad, J., & Mclvor, E. (2024). Building the capacity of older adults and community: Findings from a developmental evaluation of United Way British Columbia's social prescribing programs for older adults. *Health Promotion and Chronic Disease Prevention in Canada*, 44(9), 376-384. <https://doi.org/10.24095/hpcdp.44.9.04>

Paquet, C., Whitehead, J., Shah, R., Adams, A. M., Dooley, D., Spreng, R. N., Aunio, A.-L., & Dubé, L. (2023). Social prescription interventions addressing social isolation and loneliness in older adults: Meta-review integrating on-the-ground resources. *Journal of Medical Internet Research*, 25, e40213. <https://doi.org/10.2196/40213>

Lin, M. C.-M., Park, G., & Ashe, M. C. (2024). Integrating social prescribing in a Canadian regional health system to support healthy aging. *Health Promotion and Chronic Disease Prevention in Canada*, 44(9), 392–396. <https://doi.org/10.24095/hpcdp.44.9.06>

Youth

Turpin, A., Chiodo, D., Talotta, M., & Henderson, J. (2024). Leveraging integrated youth services for social prescribing: A case study of Youth Wellness Hubs Ontario. *Health Promotion and Chronic Disease Prevention in Canada*, 44(9), 358–366. <https://doi.org/10.24095/hpcdp.44.9.02>

Muhl, C., Cornish, E., Zhou, X. A., Mulligan, K., Bayoumi, I., Ashcroft, R., Ross-White, A., & Godfrey, C. (2025). Social prescribing for children and youth: A scoping review. *Health & Social Care in the Community*. <https://doi.org/10.1155/hsc/5265529>

Underserved Communities

Mulligan, K., Hsiung, S., Bloch, G., Park, G., Richter, A., Stebbins, L., & Talat, S. (2023). Social prescribing in Canada: A tool for integrating health and social care for underserved communities. *HealthCare Policy*, 19(1), 24-34. <https://doi.org/10.12927/hcq.2023.27022>

Case Studies and Program Implementation

Vaillancourt, A., Barnstaple, R., Robitaille, N., & Williams, T. (2024). Commentary – Nature prescribing: Emerging insights about reconciliation-based and culturally inclusive approaches from a tricultural community health centre. *Health Promotion and Chronic Disease Prevention in Canada*, 44(6), 284-287. <https://doi.org/10.24095/hpcdp.44.6.05>

Hussein, T., Cartright, N., & Lindsey, L. (2023). Social prescribing in pharmacies: What is it, does it work, and what does it mean for Canadian pharmacies? *Canadian Pharmacists Journal*, 157(1). <https://doi.org/10.1177/17151635231216119>

Esfandiari E, Chudyk AM, Mulligan K, Miller WC, Mortenson WB, Newton C, Rush KL, Petrella RJ, Ashe MC. Looking Back and Moving Forward: Exploring Community Connectors' Experience With Implementing Social Prescribing. *Health & Social Care in the Community*. 2025;2025(1):4355122.

Saragosa M, Mulligan K, Hsiung S, Biswas S, Card K, Hébert PC, Welch V, Nelson ML. A Qualitative Study of National Perspectives on Advancing Social Prescribing Using Co-Design in Canada. *Health Expectations*. 2024 Aug;27(4):e14144.

Mulligan K. Social Prescribing in Canada: Coproduction with Communities. In *Social Prescribing Policy, Research and Practice: Transforming Systems and Communities for Improved Health and Wellbeing* 2024 Mar 10 (pp. 131-145). Cham: Springer International Publishing.

Morse DF, Sandhu S, Mulligan K, Tierney S, Polley M, Giurca BC, Slade S, Dias S, Mahtani KR, Wells L, Wang H. Global developments in social prescribing. *BMJ Global Health*. 2022 May 1;7(5):e008524.

Gangji AR, Moffatt GI, Maher J, Chahade JJ, Chang O, Shafi RA, Moir A, Wong S, Muhl C, Larson C, Heidel MM. Bridging health and society: Transforming Canadian health care through social prescribing. *Canadian Family Physician*. 2025 Jan 1;71(1):13-5.

Bhaskar LT, Mulvale G, Underdown V, Des Jardins M. Exploring Ambiguity in Social Prescribing: Creating a Typology of Models Based on a Scoping Review of Core Components and Conceptual Elements in Existing Programs. *Health & Social Care in the Community*. 2025;2025(1):9390387.

Iverson T, Alfares H, Nijjar GS, Wong J, Abbasi E, Esfandiari E, Lin M, Petrella RJ, Symes B, Chudyk A, Ashe MC. A rapid systematic review of the effect of health or peer volunteers for diabetes self-management: Synthesizing evidence to guide social prescribing. *PLOS Global Public Health*. 2024 Dec 31;4(12):e0004071.

Scarpetti G, Shadowen H, Williams GA, Winkelmann J, Kroneman M, Groenewegen PP, De Jong JD, Fronteira I, Augusto GF, Hsiung S, Slade S. A comparison of social prescribing approaches across twelve high-income countries. *Health policy*. 2024 Jan 21:104992.

Yusuf A, Adose O, Basnet S, Bernales M, Vahidi-Williams N, Bloch G, Kopansky-Giles D, Weyman K, O'Neill B. Enhancing community-oriented care: Implementation of social prescribing within a family health team. *InHealthcare Management Forum* 2024 Sep (Vol. 37, No. 1_suppl, pp. 33S-37S). Sage CA: Los Angeles, CA: SAGE Publications.

Ashe MC, Dos Santos IK, Alfares H, Chudyk AM, Esfandiari E. Outcomes and instruments used in social prescribing: a modified umbrella review. *Health promotion and chronic disease prevention in Canada: research, policy and practice*. 2024 Jun;44(6):244.

Sonke J, Manhas N, Belden C, Morgan-Daniel J, Akram S, Marjani S, Oduntan O, Hammond G, Martinez G, Davidson Carroll G, Rodriguez AK. Social prescribing outcomes: a mapping review of the evidence from 13 countries to identify key common outcomes. *Frontiers in Medicine*. 2023 Nov 7;10:1266429.

Bhatti S, Rayner J, Pinto AD, Mulligan K, Cole DC. Using self-determination theory to understand the social prescribing process: a qualitative study. *BJGP open*. 2021 Apr 1;5(2).

Paquet C, Whitehead J, Shah R, Adams AM, Dooley D, Spreng RN, Aunio AL, Dubé L. Social prescription interventions addressing social isolation and loneliness in older adults: Meta-review integrating on-the-ground resources. *Journal of Medical Internet Research*. 2023 May 17;25:e40213.

Muhl C, Bennett S, Fragman S, Racine N. Social prescribing: Moving pediatric care upstream to improve child health and wellbeing and address child health inequities. *Paediatrics & Child Health*. 2024 Jan 24:pxae002.

Houle J, Adams AM, Norris C, Sharma A, Pilote L. Social Determinants of Health, Adherence and Outcomes in Heart Failure The Role of Social Prescribing. *The Canadian journal of cardiology*. 2024 Jan 10:S0828-282X.

Patient experience with Social Prescribing Program in Ontario, Canada Kiran Saluja, Alain Gauthier, Francois Durand, Manon Lemonde, Patrick Timony, Simone Dahrouge *The Annals of Family Medicine* Nov 2024, 22 (Supplement 1) 7154; DOI: 10.1370/afm.22.s1.7154

Bertotti M, Dias S, Gama A, Herrmann W, Husk K, Khan K, Lee KH, Mulligan K, Polley M, Robinson D, Tierney S. Conclusion: The Present and Future of Social Prescribing. *Social Prescribing Policy, Research and Practice: Transforming Systems and Communities for Improved Health and Wellbeing*. 2024 Mar 10:161-83.

Cooper M, Nazar H, Flynn D, Redelsteiner C, Agarwal G, Scott J. Conceptualising social prescribing in urgent and emergency care. *Future Healthcare Journal*. 2024 Dec 1;11(4):100199.

Mahut ME, Fortune D. Social prescribing and therapeutic recreation: Making the connection. *Therapeutic Recreation Journal*. 2021 Apr 1;55(2):135-49.

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If social prescribing was fully integrated, it would bring societal change ... there's nothing detrimental about it, just positive progression.

– Myrna, Social Prescribing Participant Advisor, British Columbia

Get Connected

For more information about social prescribing or to get involved, visit socialprescribing.ca.

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