



2025-26 Link Worker Survey

Key Highlights Report

October 2026

Anchored by



Canadian
Red Cross



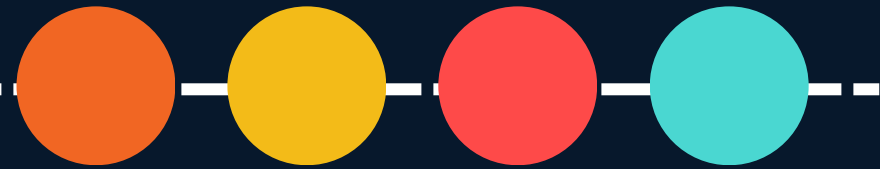
Acknowledgements

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Above all, we thank the survey participants who generously shared their experiences and insights. Their contributions strengthen our collective understanding of social prescribing and inform its continued development across Canada.



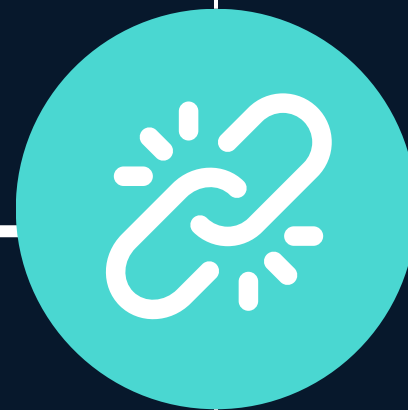
What is a Link Worker?

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

Link Worker Competency Framework

Link Workers are **central** to
social prescribing
programs.

Healthcare



Community



Despite their critical role, there
has been **limited research** on the
Canadian Link Worker workforce.

In 2025-26, the Canadian Institute for Social Prescribing invited link workers and program staff from across the country to participate in the first National Link Worker Survey

A total of 69 surveys were completed by link workers and social prescribing staff. The survey was distributed through social media platforms and CISP's networks.

This survey serves as a baseline measurement for future work in this space.

The objectives of this survey were to...

- characterize the demographic, professional, and organizational features of the link worker
- describe the scope and nature of link worker practice
- identify common training pathways for link workers

Demographic, Professional, and Organizational Features of Link Workers

Link workers are geographically concentrated in urban **Ontario** and **British Columbia**



40.6% of link workers are situated within **Community Health Centres***

followed by community-based organizations (n = 20; 29.0%), hospitals (n = 11; 15.9%), Indigenous health or community organizations (n = 5; 7.2%), team-based primary care (n = 4; 5.8%), or other settings (n = 1; 1.4%).

The most common professional backgrounds for link workers were **social work** and **community development**

Other backgrounds reported less frequently included frontline healthcare work, allied health fields, and inclusive or arts-based programming.

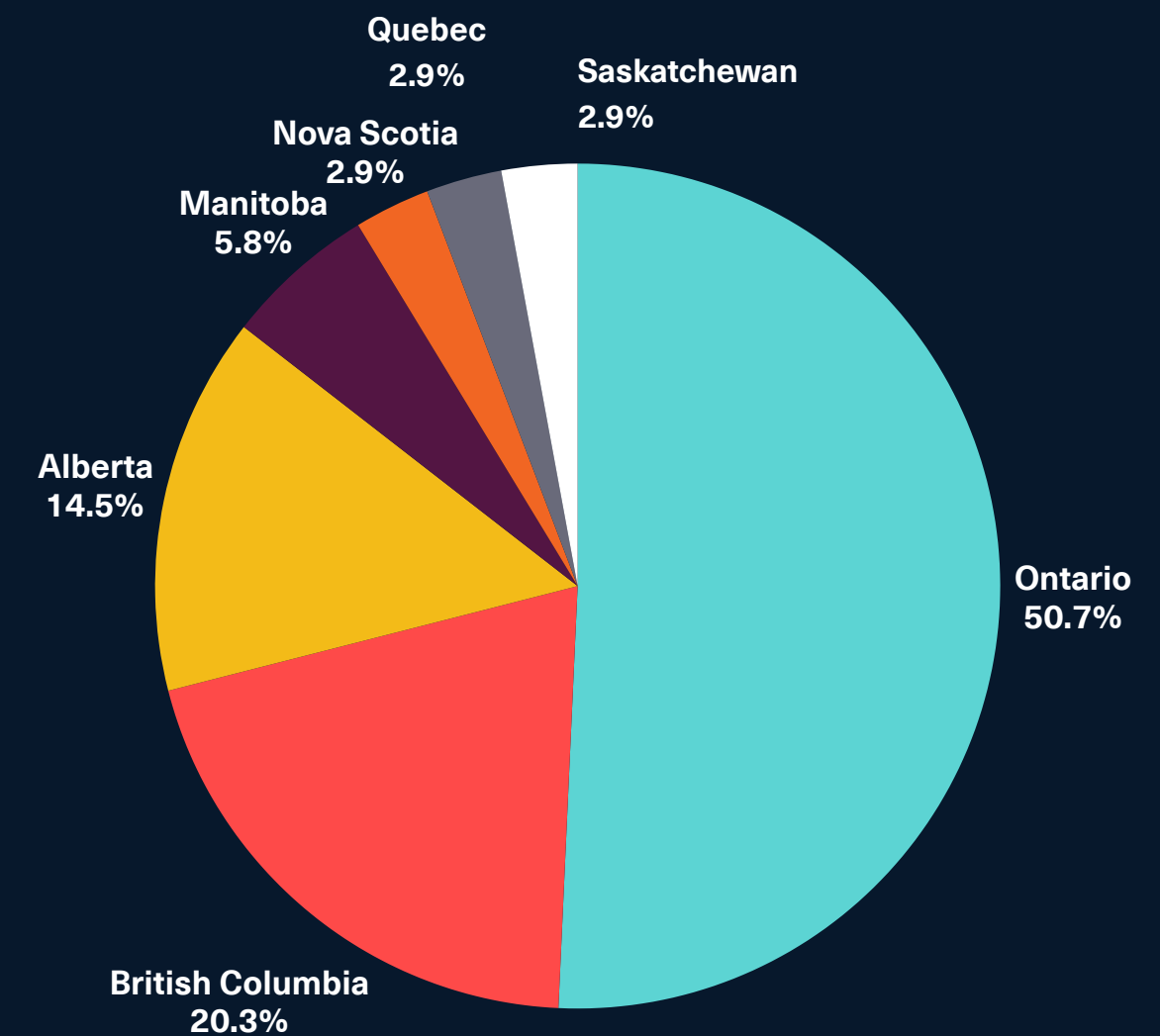


Fig 1. Link Worker Survey Participants by Province

*Community Health Centres are a model of primary care delivery that are not consistently present across provinces. These numbers may be more indicative of the overrepresentation of respondents in Ontario

Scope and Nature of Link Workers' Role

6 in 10 link workers work in their role on a near **full time basis**.

Six in ten (60.9%) reported working 30–40 paid hours per week as a link worker, with an additional 23.2% working more than 40 hours; only 15.9% worked less than 30 hours.

On average, link workers serve

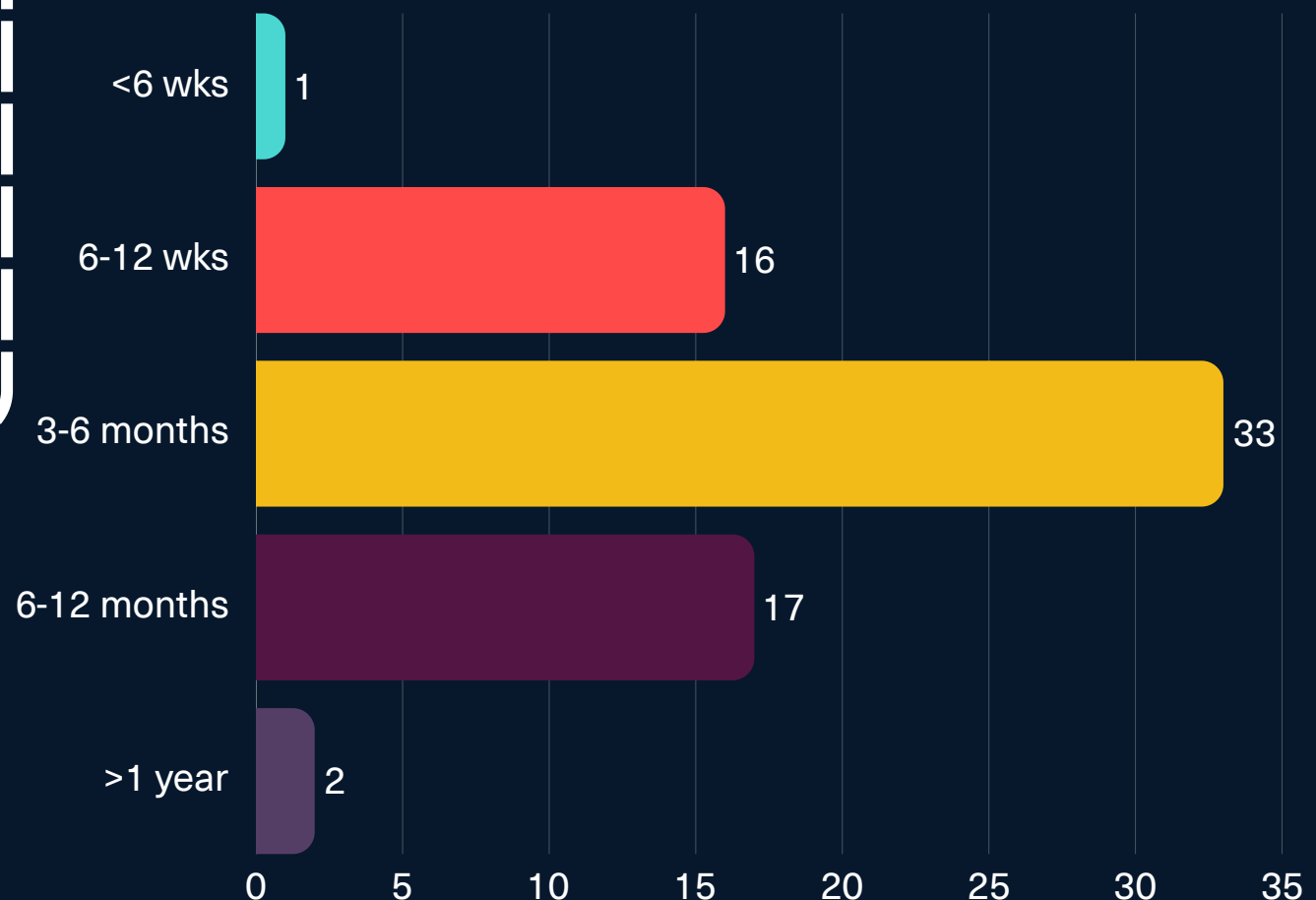
31–40 clients* per month

Roughly one third of respondents (33.3%) reported supporting 21–30 clients per month and a further 39.1% reported supporting 31–40 clients per month, with 20.3% reporting 11–20 clients and only 5.8% reporting 10 or fewer



Link workers most often served their clients for **3–6 months**

Fig 2. Typical client engagement (referral to discharge)



*Details as to what an active 'client' refers to (i.e. regular check ins, one time sign posting) were not specified in the survey

Referrals most often came from **Community Based Organizations (68.1%)** and **Primary Care Physicians (66.7%)**

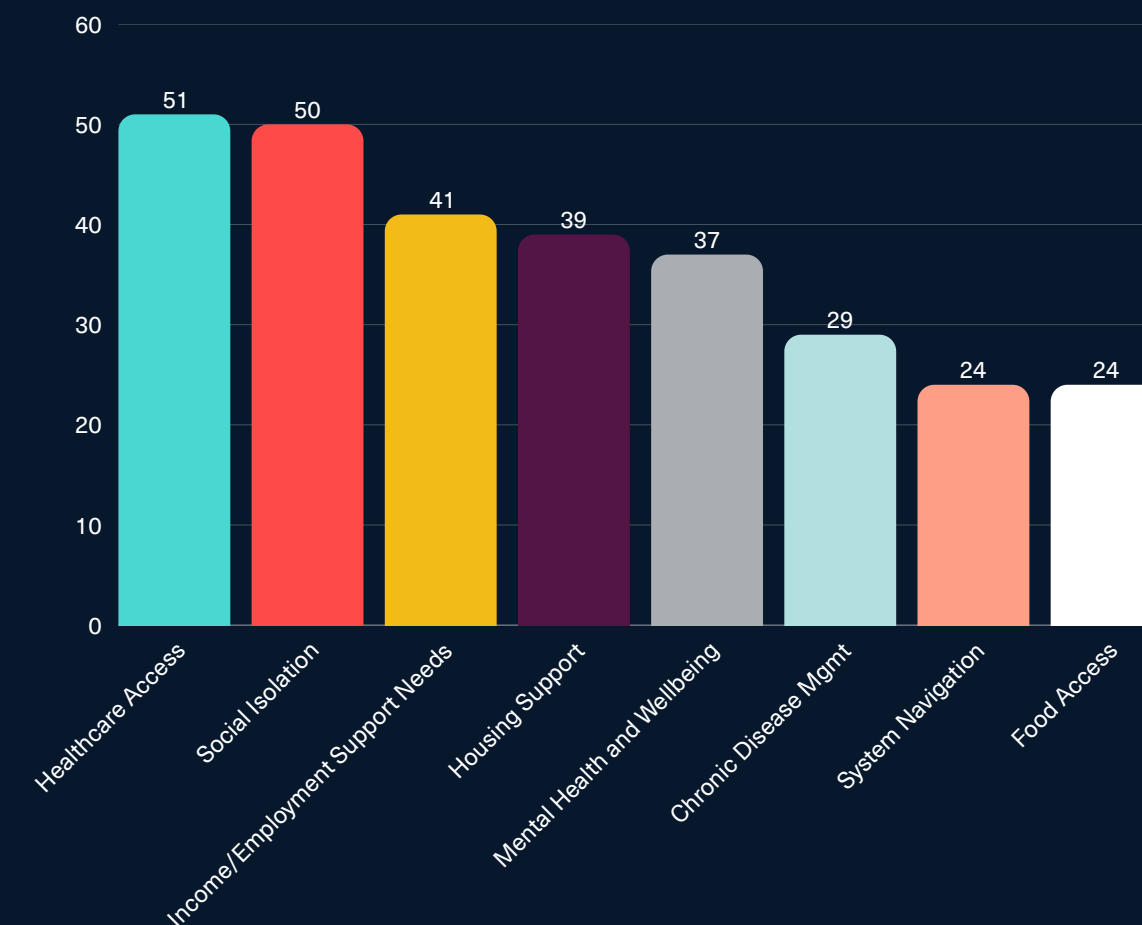
followed closely by client self-referrals (59.4%). Nurses (43.5%), social services (39.1%), pharmacists (27.5%), and secondary care physicians (27.5%) were endorsed less frequently

Link Workers most often work with **populations historically underserved** by mainstream health services.

Client populations: "Most" or "All" of caseload	%
Individuals experiencing low income/poverty	68.1%
Individuals with long-term conditions	63.8%
People with mental health challenges	62.3%
Older Adults	57.9%
Racialized Communities	52.2%
Families/guardians of young children & youth	49.2%
Caregivers	47.8%
LGBTQIA+ community	43.5%

Table 1. Proportion of caseload- demographics ("most" or "all" of caseload)

Fig 3. Reasons for Referral to Link Workers



Most common reason for referrals to link workers were **access to healthcare (73.9%)** and **social isolation (72.5%)**

Barriers to onward referral	%
Unclear relevance of available services	47.8%
Lack of confidence in the quality of available services	46.4%
Complicated referral pathways	34.8%
Clients choosing not to attend	39.1%
Unsure of what was available for a specific need	24.6%
Cost to client	18.8%
Waiting lists	14.5%

Table 2. Barriers to onward referral

Most common referrals from link workers were **social support services** (85.5%) and **mental health services** (65.2%)



followed by social connectedness activities such as group walks and age-related programming (62.3%), arts, culture, faith-based, and nature-based community activities (62.3%), healthcare services (50.7%)

Most frequent barriers to onward referral were



lack of services available
(60.9%)



no response from programs to which clients have been referred (53.6%)

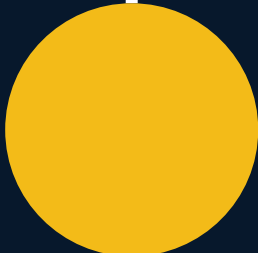
Client Engagement	
Health and wellbeing needs assessments	76.8%
Trust and relationship building with clients	75.3 %
Personalized care planning with clients	72.5%
Connecting individuals to community resources	72.5%
Accompanying clients to services and supports	63.8%
Triaging clients to more specialized care	63.7%
Collaboration with health and social care providers	
Receiving referrals from healthcare providers	72.5%
Sharing client health/wellbeing updates with providers	66.6%
Sharing information about community services with providers	63.7%
Receiving referrals from community based organizations	63.8%
Sharing client feedback with providers/ community based organizations	60.8%
Triaging clients to more specialized care	63.7%
Program Administration	
Reporting client data for program evaluation	68.1%
Co-creation of social prescribing implementation	66.7%
Collecting data on client experience and outcomes	58.0%

What do Link Workers do?

Respondents were asked how often a series of activities were part of their day-to-day work with clients.

Table 1. Frequency of role activities (% reporting "Often" or "Very often").

Link Worker Training Pathways



84% of Link Workers reported having access to training and development opportunities



Additional training needs identified include

- Advanced Case Management
- Crisis Intervention
- Digital Literacy & Remote Service Delivery
- Conflict Resolution & De-escalation
- Trauma Informed Care
- Self-care and burnout prevention

Key Skills/ Competencies for link workers	
Understanding key social determinants of health	82.6%
Active listening and effective communication	78.3%
Working with interdisciplinary teams	78.2%
Data collection and monitoring	78.3%
Understanding the boundaries of the role	78.3%
Empathy and compassion	76.8%
Trauma-informed care	75.3%
Partnership building with community organizations	75.3%
Behaviour change support/ motivational skills	75.3%
Community development	75.4%
Local resource knowledge	73.9%
Cultural safety and competence	72.4%
Person centred care planning	72.4%
Working with volunteers	66.7%

Table 2. Importance of selected skills and competencies for Link Worker practice (% Strongly Agree + Agree).

When asked 'What aspect(s) of your role do you find the most rewarding or enjoyable', participants shared...

97.1%

of Link Workers
reported feeling
satisfied with their
role

“Being able to **advocate for individuals** and help them navigate complex systems is particularly gratifying. Knowing that I can make a difference in someone’s journey is what motivates me every day”

“Being part of **restoring culture**, helping Elders connect to tradition; witnessing clients regain a sense of belonging; cross-cultural learning; community building; seeing people age well, feel respected and supported”

“**Building relationships within the community** is one of the most enjoyable aspects of my role. I love collaborating with local organizations and stakeholders to create a network of support for those in need”

Cultural competency was a skill that was identified as particularly important for a successful Link Worker
(72.4% total, 42% strongly agree)



Suggestions for improving career progression include



- Formal Recognition and Advance Certifications
- Centralized Access to Training Resources
- Mentorship & Leadership Development
- Networking Events Relevant to the Role
- Cross-Program Learning Opportunities

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Key Findings



With most respondents working near-full-time, supporting moderate-to-high monthly caseloads, and having sustained engagements of three to twelve months with clients, Link Workers in Canada are working **beyond the 'light touch' approach** to social prescribing as described in the literature

Link Workers are serving largely equity-deserving populations and the most common reasons for referral were the **social and structural drivers of health** (access, isolation, income, housing) rather than discrete clinical diagnoses.



Constraints on practice were **system-level** rather than client-level or skill-level (e.g., lack of available onward services and unresponsive partner programs were the most frequently endorsed barriers)



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