Community Asset Mapping Guide for Social Prescribing

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About This Guide

This guide is intended for link workers, healthcare providers, community organizations, policymakers, funders, and community members who are working to strengthen social prescribing in Canada. Its purpose is to support more effective referrals, foster collaboration across sectors, inform planning and decision-making, and ensure that social prescribing remains grounded in the strengths and priorities of communities themselves.

By helping identify and connect services, programs, spaces, relationships, and cultural assets, this guide positions asset mapping as a living resource—one that evolves over time and enhances holistic wellbeing.

This guide can be used in several ways:

- As a **practical toolkit** for planning and carrying out community asset mapping, from early preparation to connecting an individual to a social prescription.
- As a **facilitation resource** for hosting workshops or discussions with community members, organizations, and interest-holders to identify local assets together.
- As a **reference for understanding** how asset mapping strengthens local networks and builds capacity for social prescribing.

Contents

Background

Communities hold a wide range of strengths with people, places, and programs that support connection and resilience for health and wellbeing. While some resources are widely recognized, others remain less visible or only accessible within certain networks. Systematically identifying and organizing these assets is critical for establishing effective social prescribing pathways, ensuring that supports are equitable, accessible, and aligned with what matters most to individuals and communities.

Social prescribing is a structured pathway that aims to connect individuals to non-clinical resources in their communities**.** It identifies social needs of an individual and personalizes care to link them to the appropriate community resources. This link is often made through a link worker or community connector, who co-creates a care plan with clients and supports them in navigating assets available in their community. Social prescribing goes beyond simple interventions or recreational referrals. It takes a comprehensive approach—gathering data, providing follow-up, and adapting care based on feedback—to address the social determinants of health and support an individual's overall wellbeing.

What is Community Asset Mapping?

Community asset mapping refers to the process of identifying and organizing resources, strengths, and opportunities that exist within a community. In the context of social prescribing, these assets can serve as "prescriptions" that can be offered to individuals to support their health and wellbeing.

Community asset mapping goes beyond listing organizations and services. It is a collaborative, strengths-based approach that fosters:

- **Community Capacity**, by promoting collaboration among healthcare providers, organizations, and community members.
- **Equity**, by highlighting hyper-local, culturally relevant supports that can serve marginalized populations and diverse health conditions.
- **Sustainability**, by building pathways to local resources, grounded in trust and accessibility.

In social prescribing, mapping the assets and resources that contribute to wellbeing helps create a bridge between health and community, facilitating access to support that is local and caters to what matters to them. Community asset mapping for social prescribing starts with **"what's strong" in the community, rather than "what's wrong".** A strong community asset map strengthens referral networks, encourages intersectoral relationships, and reflects the assets that matter most to the community, ultimately enhancing the impact of social prescribing.

Types of Community Assets

Defining what a community asset is dependent on the purpose and goals for conducting the mapping. A community asset is any person, space, program, service, or organization, that contributes to improving overall health, wellbeing, and quality of life for the community and members within.

Examples of community assets can include:

- **social service organizations** such as housing & shelter supports, employment services, immigration & refugee services, foodbanks & food security supports, etc.;
- **healthcare institutions**, such as hospitals and community health centres;
- **community centres** and **libraries**;
- neighbourhood and community **social groups**;
- **faith-based** organizations and services;
- **greenspaces** such as ravines, trails and public parks;
- the community or intended population's unique **values, culture, knowledge, attitudes** and/or **practices**;
- the **relationships and community trust** held by a specific champion;
- and many more!

How Community Asset Mapping Enhances Social Prescribing

Communities already hold a **wealth of existing strengths** (like spaces, programs, services, relationships, and people champions) that support health and wellbeing. Community asset mapping for social prescribing recognizes that **we don't always need to create something new!** Instead, we can better identify, elevate, and connect the resources that already exist in the community. Leveraging these assets not only avoids duplication, but also values the history, knowledge, and infrastructure that communities have built over time.

Categorizing Community Assets

In the context of social prescribing, assets are identified and categorized based on the purpose, audience, and goals of the mapping process. Some potential categories that can be applied in community asset mapping for social prescribing include (see diagram page 9).

These multi-dimensional categories of community assets emphasize the holistic nature of social prescribing. It also highlights how community asset mapping should not only include formalized services, but assets such as informal supports and spaces for connection.

Assets related to housing, food, safety, transportation, and vocational supports (e.g. food banks, temporary shelters, transit assistance programs).

Physical and Material Support

Assets related to physical fitness and mental wellness (e.g. fitness groups, dance programs, peer mental health supports).

Physical & Mental Health

Assets that include services such as medical, educational, municipal supports, and other services provided by government (e.g. community health centre, libraries, recreational centre programs).

Public Service

Assets related to supportive social connection and reducing social isolation (e.g. cultural associations, youth hubs).

Belonging

Assets with emphasis on serving others and contributing to a larger purpose & leadership (e.g. volunteer opportunities, advocacy & social justice activities).

Service

Assets promoting creative expression, lived experience, history, and culture (e.g. choir classes, writing workshops, visiting the museum, faith-based organizations).

Art, Culture, Heritage, & Learning

Assets that include public greenspace or activities set in the natural environment (e.g. community gardens, parks, ravines, birdwatching groups).

Nature

Assets that are informal and unrecognized, such as individual champions, relationship networks, or the shared culture and values of the community (e.g. faith leaders, barbershop/hair salon, neighbourhood connectors).

Intangible Supports

Step-by-Step Guide:
Creating a Community Asset Resource

1. Identify the Focus

Before beginning the mapping process, it will be important to identify the purpose, audience, and goals for the community asset map for social prescribing.

Define the scope of the mapping by asking:

- What **population** will this map of community assets serve?
    - e.g., older adults, newcomers, youth, racialized populations, etc.
- What will be the **geographical area** of the community asset search?
    - i.e., which neighbourhood, region, or catchment area?
- What **health or wellbeing issue** will be targeted with this community asset map for social prescribing?
    - e.g., social isolation, food insecurity, chronic illness, etc.

When defining the focus, think about what will make the asset map most useful for the community. A scope that is too broad can become overwhelming to document, while one that is too narrow may miss valuable resources. Conversations with local interest-holders, service providers, and people with lived experience can reveal whether the chosen focus is realistic and relevant. Use this defined scope to set boundaries and inform further outreach.

2. Conduct a Preliminary Environmental Scan

An at-the-desk environmental scan can help avoid having to start from scratch and ensures building on existing knowledge. Before going out into the community, identify and gather information on community assets through:

- Municipal and regional **open data portals**
- **Social prescribing networks**, coalitions, and organizations
- Public information and **service databases** (e.g., 211)
- **Local geographical maps** and **Google Maps**
- **Community calendars** and events listings
- **Media** outlets and newsletters

Record assets organized by categories (appropriately chosen for the purpose) and contact information. Alongside formal programs and organizations, include informal and grassroots initiatives, as these often have strong community trust and impact.

During this preliminary desk scan process, it is also recommended to contact identified community assets directly to validate information and asses their capacity to take on referrals. Direct contact can lead to early relationship-building with identified community assets for future engagement, collaboration, and social prescribing efforts. Further, these community assets may suggest additional asset referrals and connections to expand the resource network. This ensures that the resulting community asset map to be built is comprehensive, accurate, and up to date.

3. Gather Data through Community Outreach

Once there is a base list of assets, the next step is to engage directly with the community to validate and expand it. This process not only strengthens the accuracy of the asset map but also ensures it reflects local priorities and lived experience. Community outreach can take many forms, including workshops, focus groups, and one-on-one conversations; it is just as much about building relationships as it is about collecting data.

Workshops, in particular, provide an opportunity to co-create the map, foster shared ownership, and surface informal or lesser-known supports. Involving policy and program leaders helps ensure the asset map informs real-world social prescribing, while incorporating diverse lived experiences makes certain the resource captures what truly matters to community members. Partnering with trusted local organizations can further strengthen outreach and engagement.

Considerations for a Community Workshop:

- **Build trust:** Provide ample lead time and consistent communication to establish a genuine relationship prior to inviting community assets to the workshop.

- **Invite broadly:** Include community members, link workers, health leaders, social service and community organizations to ensure broader perspectives and resources.
- **Choose a central, accessible venue:** Consider places like libraries, community centres, cultural hubs etc., or potentially hosting the workshop virtually.
- **Create engaging interactions:** Plan for both structured activities (such as visual mapping) and open discussion, to be interactive in encouraging participation and rich knowledge sharing.

It is important to note that the conversations and relationships developed through these community workshops and outreach are just as valuable for social prescribing as the final asset map that is created.

Creating this two-way communication between asset map holders and community asset providers is beneficial in order to: keep information up to date; provide a realistic picture of capacity for community assets; share responsibility with community assets; and enable data tracking, evaluation and productive feedback loops for clients and their community asset experiences.

For practical support with workshop implementation, refer to the **Tools and Resources** section, which includes templates such as an outreach invitation email, a sample workshop agenda, and a facilitation guide.

4. Completing and Sharing the Asset Map

Once information has been gathered from both the environmental scan and community workshops, combine these findings into a single, comprehensive community asset map. For this information to be relevant to social prescribing, validating is key. Confirm that each of the added community assets is: (1) relevant to the identified social prescribing goals and intended population, and (2) has sufficient capacity to accept referrals and new community participants.

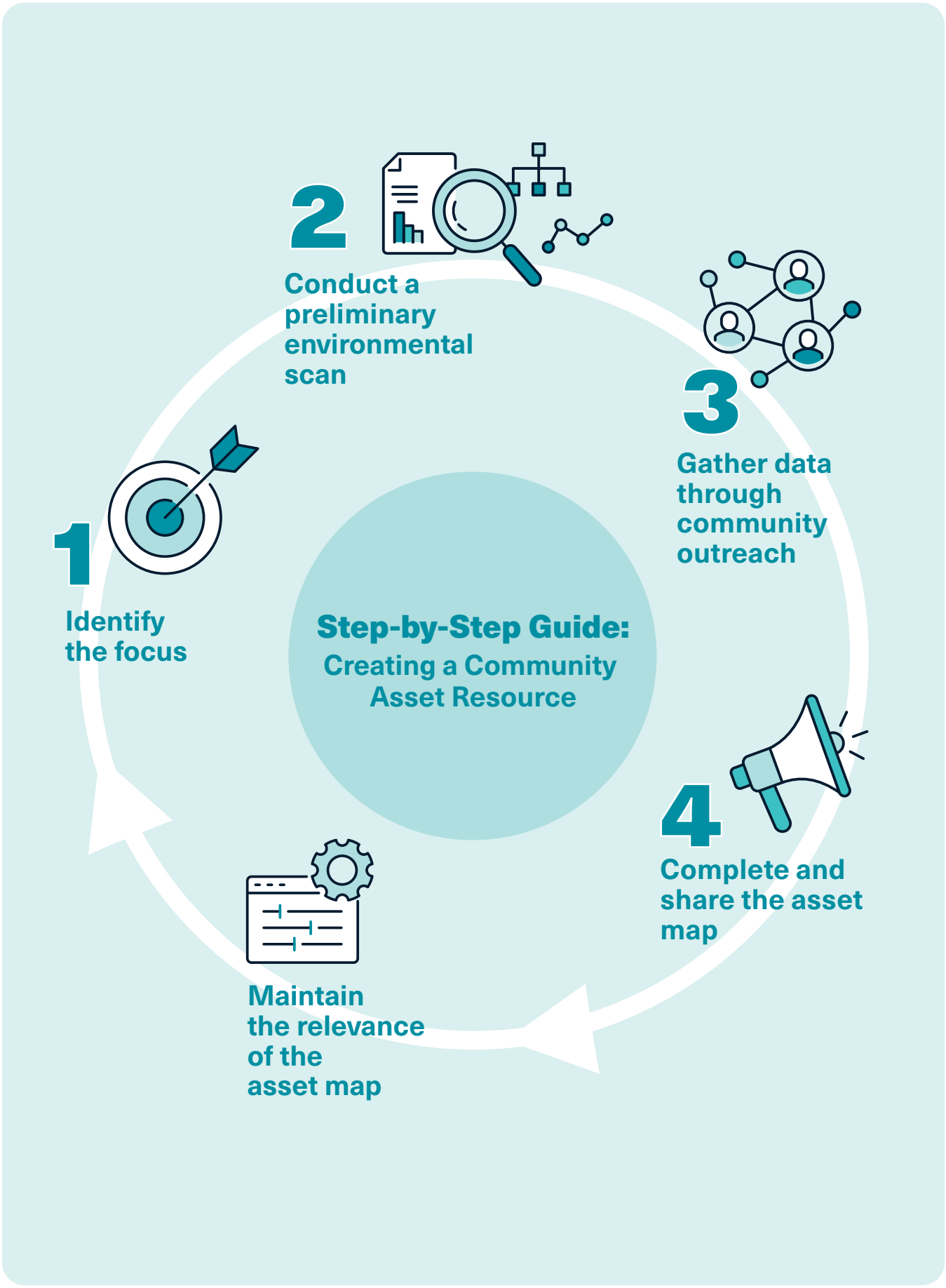
Create the asset map in an accessible format based on the intended user audience:

- **Formats:** Filterable Excel inventory file, PDF guide, live Google My Maps, printed map/poster.
- **Design Tips:** Use plain language, clear icons, and translations where appropriate for the audience.
- **Accessibility:** Ensure the resource is printable, screen-reader compatible, and visually clear.

Once the asset map is complete, it should be shared intentionally with all key contributors and users, including social prescribing implementers, link workers/community connectors, community asset organizations, as well as the health, social, and policy systems the map was designed to inform. Returning the resource to the community and relevant groups demonstrates accountability, fosters trust, increases uptake, and supports the map's long-term relevance and maintenance.

Technology Considerations

Assess how the intended audience engages with technology. While online tools can be highly beneficial, they may not be suitable as the only access point for the resource.


1
Identify the focus
2
Conduct a preliminary environmental scan
3
Gather data through community outreach
4
Complete and share the asset map
Maintain the relevance of the asset map
Step-by-Step Guide:
Creating a Community Asset Resource

Application & Sustainability of the Community Asset Map

Asset maps should be treated as living documents that evolve alongside the community. In the absence of regular updates and intentional long-term stewardship, asset maps risk becoming outdated and undermining their role in strengthening social prescribing pathways and community connection.

- **Update Regularly:** Assign clear update cycles (i.e., quarterly, biannually) so the map remains accurate and relevant.
- **Build into Existing Structures:** Embed the responsibility for updates into established processes, such as staff roles, team workflows, or recurring community of practice meetings.
- **Identify Champions:** Designate a lead person or small team to oversee the map's maintenance and prepare a succession plan to ensure continuity if roles or jurisdictions change.

Keeping the community asset map continuously utilized and up to date may be the biggest challenge in the process.

It is important that the onus is not placed exclusively on the asset map users (e.g., community members, link workers) to make these updates without the necessary supports and resources.

Digital mapping tools can **reduce workload by enabling shared responsibility,** but these methods should be chosen based on the asset map users' comfort and access to technology.

Additionally, offering a method for the community to continue to make contributions, such as providing a phone and email contact to send new assets to, or an online form to complete (like the CISP Initiatives map), keeps the asset map grounded in lived experience and growing with local knowledge.

Once the asset map is created, the next step is to translate it into practice by activating social prescribing. Implementation does not require perfection; it is often most effective to start where capacity and strong champions already exist. In many cases, no single organization will hold all the necessary resources, but collaboration across organizations—one bringing participants, another offering space, another contributing funding or staff, and another providing care infrastructure—can collectively establish a strong, community-based social prescribing program. This strengths-based approach allows momentum to build and successes to be shared. By committing to iterative design and the learning health systems approach, it can ensure that the community assets and social prescribing grow over time, with lessons learned informing the needs of community members, asset organizations, and other interest-holders.

Case Studies:
Community Asset Mapping in Action

Case Study 1: A Family Health Team Social Prescribing Program in Ontario

The Support, Equity, Engagement and Dignity (SEED) for Seniors program is a social prescribing initiative for older adults, developed by the St. Michael's Hospital Academic Family Health Team in Toronto. Through provider or self-referrals, clients are matched with a link worker who works with them to connects them to community resources that address social isolation and wellbeing among older adults.

The Asset Mapping Process

Before hiring link workers, SEED created a community asset map with support from a grant to hire a health promoter to lead the process. The process began with an environmental scan, identifying existing partnerships within the Family Health Team, then expanding outward to include other formal local agencies. Outreach was also conducted with community leaders and champion residents from patient engagement/ advisory networks, leading to the identification of grassroots groups and informal community networks as additional assets.

SEED recognized that valuable community assets extend beyond formal health and social services. Informal supports around shared identifies, such as cultural or linguistic groups that gathered in community spaces, were included as important for supporting clients in culturally relevant ways. The health promoter's main role was to identify, establish, and maintain relationships with the community assets, rooted in trust and partnership. This laid the foundation for smoother, more effective referrals once link workers joined the program, going beyond *cold referrals* to provide clients with *warm transfers* to community supports.

Current Use and Future Directions

Today, the SEED asset map exists as an Excel-based inventory, mainly used by link workers. It is organized by neighborhoods in the St. Michael's catchment area (such as St. James Town, Moss Park, and Regent Park) and includes details like eligibility, accessibility, and types of services. These range from food and social programming to financial wellness, mental health, home care, and legal supports. Link workers use the map as a searchable database, while also drawing on their own networks and knowledge to connect clients. SEED hopes to transition the community asset map to an online, accessible platform that can be used additionally by primary care providers and clients to search resources directly, ensuring the asset map remains a sustainable and evolving tool.

Case Study 2: Provincially Led Asset Mapping for Social Prescribing in Alberta

Healthy Aging Alberta expanded its Social Prescribing for Older Adults Program to seven rural communities across the province in 2023. The program supports older adults by connecting them with link workers who help identify their needs and connect them to both formal services and informal community supports.

The Asset Mapping Process

Recognizing that each community already had unique strengths and resources, Healthy Aging Alberta facilitated in-person asset mapping sessions in each of the seven communities. Around the table sat a wide mix of participants including healthcare providers, social service organizations, seniors' groups, volunteers, local businesses, faith leaders, and older adults themselves. The sessions were structured around the Determinants of Healthy Aging, six interconnected areas that shape the aging journey, and served as asset categories: (1) physical and mental health, (2) personal wellbeing, (3) social environment and engagement, (4) social support, (5) physical environment, and (6) safety and security.

Guided by these determinants, participants worked through four key steps: identifying community assets, highlighting which mattered most to older adults' health and wellbeing, mapping how assets could connect to stages of the social prescribing process, and discussing how to sustain these resources over time. Assets identified ranged from medical clinics and seniors' centres to quilting clubs, walking groups, and weekly coffee gatherings. What became clear was that informal supports, trusted relationships, and spaces of belonging were just as vital as formal programs and services. The process itself sparked new partnerships and deepened existing ones. Interest-holders who had not worked together before began to recognize shared opportunities to support older adults more effectively.

Current Use and Future Directions

By the end of the sessions, each community could see itself not as resource-limited but as rich in programs, services, and networks of care. The mapping process reminded communities that they already held many of the tools needed to make social prescribing thrive, rooted in local strengths, relationships, and a commitment to healthy aging. This collective understanding created a strong foundation for link workers, who now use the maps to connect older adults with both formal services and informal supports. Asset maps developed during the workshops with seven communities are available to view here.

Case Study 3: A Provincially Implemented Social Prescribing Program in Newfoundland and Labrador

SeniorsNL, a non-profit organization responsible for coordination of outreach and resources, partnered with Newfoundland and Labrador Health Services to implement a Social Prescribing Program for Seniors. Embedded within nine Family Care Teams and six outreach sites across the province, this social prescribing initiative aims to reduce social isolation and loneliness among older adults (50+) with link workers providing one-on-one support while also building community connections for clients.

The Asset Mapping Process

Asset mapping was a central focus from the program's inception. A SeniorsNL program coordinator initially led the asset mapping process before the program began by engaging with family care teams, municipalities, community advisory committees, and local organizations to assess readiness and identify community strengths. This was especially important given the diversity of Newfoundland and Labrador's urban, rural, and remote communities, where resources and networks vary widely.

SeniorsNL and the social prescribing program is committed to emphasizing that social supports (such as income support, food, and housing) addressing the determinants of health are often prerequisites to participation in social or wellness activities. Link workers are engaged within their communities, taking on an active role in the mapping process. They attend community advisory committees, municipal meetings, and seniors' clubs, both to share program information and to learn about existing resources. This ensures that both formal assets (e.g., transportation, health services, municipal recreation programs programs) and informal assets (e.g., community walking groups, grassroots programs, peer-led social activities) are captured.

Current Use and Future Directions

All assets are housed in the Seniors NL Community Database, hosted on the iCarol platform. This tool is used by link workers and the organization's team to support navigation, while the public can access resources from the database by calling the Seniors NL helpline. The database is reviewed regularly in a formal process and is also updated on an ongoing basis when link workers report new groups or changes in availability. By embedding link workers within communities, the program ensures that asset mapping remains a dynamic and living process, responsive to the needs and realities of older adults across the province. Going forward, Seniors NL plans to continue refining its asset mapping by strengthening relationships at the community level, ensuring informal supports are recognized, and maintaining alignment with community and health authority partners.

Tools & Resources

There are great toolkits and learning modules being developed across the country to facilitate social prescribing, and community asset mapping as a key aspect. For a more hands-on learning approach to supplement this guide, the following resources are publicly available:

Alliance for Healthier Communities – Social Prescribing Online Course

- The Alliance for Healthier Communities, in Ontario, have developed this course with the Centre for Effective Practice for healthcare teams interested in implementing or improving their social prescribing processes.

This self-directed, health equity-focused course outlines the different aspects of social prescribing. It includes a dedicated module on creating and maintaining asset maps, with practical strategies for organizing the asset map. It also features a step-by-step guide for using Google My Maps, a user-friendly visual way to keep the asset map up to date electronically.

United Way BC – Community Connector Training Course

- United Way British Columbia has created a pilot training program for the Community Connectors role in social prescribing.

This training offers an in-depth module on community asset mapping, with detailed guidance on building asset inventories and categorizing resources through a social determinants of health lens. It's a hands-on resource for structuring the community asset map in a way that reflects the full breadth of community assets.

Templates to Get Started

To help initiate the community asset mapping workshop(s), see the following three pages for templates.

Workshop Email Invitation

This email invitation can be used to invite community organizations, leaders, and champions to a workshop session:

Subject: Community Asset Mapping for Social Prescribing – Invitation to Participate

Hello,

My name is _____, and I am _____ *(role and organization)*. I'm reaching out to invite you to a community workshop as part of the project: "_____". This project aims to identify and map local community resources that support social prescribing, an approach that connects people to non-clinical supports to improve health and wellbeing, particularly for _____*(outline the scope)*. Your organization has been identified as a key community asset whose work already aligns with the values and goals of social prescribing, through _____. I'd also be happy to connect one-on-one to share more about the project and how your work aligns.

This workshop will bring together organizations like yours to collaboratively identify community assets, explore shared priorities, and **inform future directions for social prescribing** that are grounded in community strengths. The aim of this project is to build a comprehensive asset map of resources and recommendations to be used for future social prescribing pathways.

Workshop Details:

- **Date:**
- **Time:**
- **Location**:

If you are able to attend and contribute to the session, please reply to this email. Thank you for the work you do in the community and for considering this invitation request. Please don't hesitate to reach out with any questions or if you'd like to connect to learn more.

Kindly,

_____

Workshop Agenda

This workshop agenda can be used to frame the workshop session. It is recommended to take about 2-3 hours for a workshop session, depending on number of invited guests and whether the session will be occurring virtually or in-person. This agenda is reflective of an in-person session:

Time	Agenda Item	Description
15 mins	**Arrival**	Sign in, refreshments
30 mins	**Introduction**	**Overview of the project** • Introduction to social prescribing (SP) and asset mapping **Introductions:** • Name • Share your role and the organization/partner you represent
45 mins – 1 hour	**Asset Mapping Stations**	**Work together to identify assets and gaps** in the community for social prescribing. Categories are places around the room; use sticky notes to map assets that you can think of.
5-10 mins	**Break**	Stretching/coffee break, socializing
45 mins – 1 hour	**Asset Mapping Discussions**	**Asset and Gaps Identification Discussion** • What community resources (formal or informal) exist in your area that support your intended audience? • What community resources or supports **might be missing** that would support social prescribing?
5-10 mins	**Wrap-Up**	• Recap/synthesis of today's workshop • Follow-up logistics and asset map dissemination

Facilitation Guide

This facilitation guide can help to direct more in-depth conversations about community asset mapping and social prescribing in your community:

1. Asset Mapping Stations and Discussion

Participants will first be asked to rotate around stations with SP asset categories and add sticky notes with examples of community resources fitting that category. Participants will then head to assigned groups to have a smaller discussion.

Assets Identification

- What programs, spaces, or services come to mind in the categories listed around the room?
    - Walk through each of the categories
    - **Probe:** Are there other supports that don't fit into these categories that you can think of?
- What community resources **(formal and informal)** exist in your organization/network/area that support social prescribing?
    - **Probe:** What do you think makes a community resource or program a strong asset for social prescribing?
    - **Probe:** How about any informal supports you know of?
        - *For example, a cultural or faith group might have a cooking class or yoga group that are not formally advertised or thought of as a community resource.*
    - **Probe:** Are there any services/support provided organically within your organization that you think of as an informal resource?
- We are interested in both the strengths of these resources **but also the strengths of the community members/participants.** What are the key strengths for social prescribing within your community and particular population focus?
    - E.g., Values, culture, champions in the region

Needs Gap

- What community resources or supports **might be missing** that would support social prescribing?
    - **Probe:** These don't have to just be missing services. Are there any tools, ideas, values, or collaboration that you see missing?
- Are there specific areas, neighbourhoods, or population groups in your community that are underserved or overlooked when it comes to community-based supports?

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