

INTRODUCTION

Diet-related ill health disproportionately affects low-income communities in Scotland, where practical, emotional, and systemic barriers limit engagement with conventional dietary interventions.

Social prescribing offers a person-centred approach that addresses these barriers through non-clinical, community-based support delivered by Link Practitioners (LPs) in primary care.

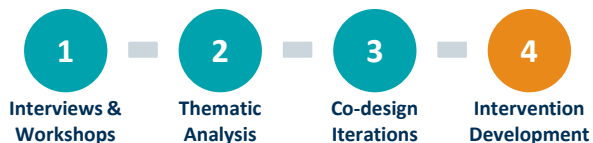
By building trusted relationships and creating space for meaningful conversations, LPs are well-placed to support dietary behaviour change in ways conventional services cannot.

AIM

To co-produce a person-centred dietary support intervention for routine social prescribing practice, integrating behavioural and nutrition science with frontline experience.

METHODS & CO-PRODUCTION

Participatory co-production with LPs and service leads in Aberdeen City's social prescribing service:



What we explored:

- LP practice and food-related conversations
- Confidence in supporting dietary behaviour change
- Perceived barriers and enablers
- Existing skills (motivational interviewing, brief interventions, signposting)

KEY FINDINGS FROM CO-PRODUCTION

Opportunistic conversations

Food discussions arose naturally within wider talks about stress, finances & wellbeing.

Two key design priorities

(1) Simple, flexible tools to help start and guide client-led food conversations confidently; (2) Tailored resources that reflect the complex realities of clients' lives.

Diet within LP remit

LPs see diet as central to wellbeing — but lacked confidence, structured tools and follow-up strategies.

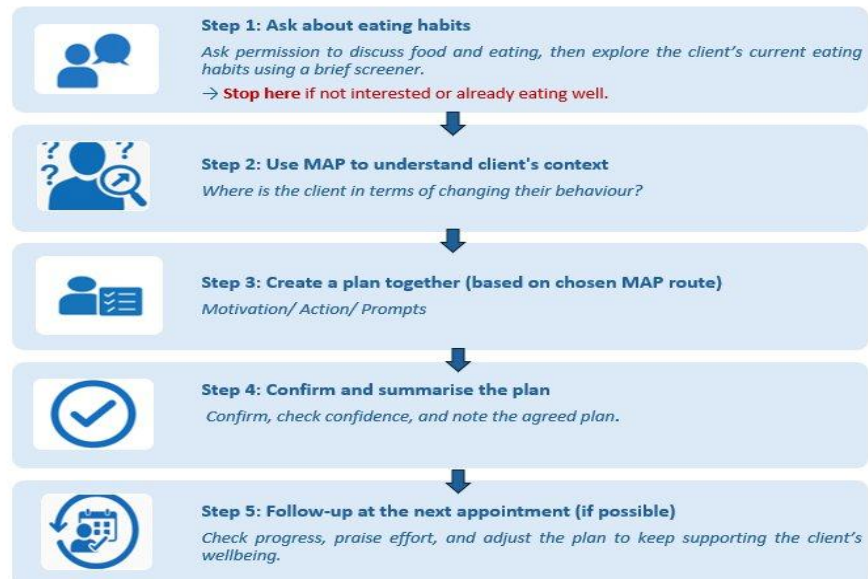
Builds on LP expertise

LPs' motivational interviewing & Brief Alcohol Intervention training informed the MAP (Motivation, Action, Prompts) model — a natural fit with existing practice.

Standardisation vs autonomy

Academic rigour balanced with person-centred, practitioner-led ethos of SP through iterative co-design

SPICE Intervention— MAP Informed Delivery Steps



INTERVENTION FEATURES

- ▶ **Client-centred** — LPs decide when to raise diet — guided by rapport, timing & client priorities;
- ▶ **Flexible** — Brief or extended, one session or across follow-ups;
- ▶ **Collaborative** — Guide, not instruct — clients set their own goals and pace;
- ▶ **No specialist training** — practitioner guide with step-by-step conversation prompts and a practical toolkit addressing common client challenges such as food insecurity, limited cooking skills, low mood, time pressures;
- ▶ **Bridges care and community** — connecting clients to local food, wellbeing, financial and social support;
- ▶ **Post-discharge evaluation** — feedback collected after support ends.

CONCLUSION & NEXT STEPS

Co-production translates behavioural and nutrition science into realistic, person-centred practice that fits how LPs already work.

This low-burden, flexible intervention has strong potential for equitable dietary behaviour change — with transferable lessons for wider social prescribing and public service practice.

Next Steps

- ▶ Evaluate feasibility, acceptability, and early outcomes within Aberdeen's social prescribing service
- ▶ Share findings with NHS, local government, and policy partners
- ▶ Explore opportunities for wider scale-up across Scotland

ACKNOWLEDGEMENTS



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