

Issue:

Practical, emotional and systemic barriers prevent people in the most disadvantaged areas accessing support to eat more healthily, making them still more vulnerable to overweight, obesity and associated health risks.

Solution:

Make nutrition a core element of social prescribing by providing link practitioners a tool to encourage self-help by signposting to the most relevant of a suite of non-clinical interventions related to healthy eating.



People in the most deprived areas of Scotland are significantly more likely to experience diet-related ill health such as type 2 diabetes, hypertension, and cardiovascular disease - all major public health concerns. Practical, emotional, and systemic barriers significantly reduce their engagement in conventional dietary interventions.

The SPICE project, funded by the Scottish Government and led by the Rowett Institute, has identified ways to integrate brief healthy eating interventions into social prescribing, an existing system that has successfully broken down similar barriers when it comes to helping people access help with mental health and financial wellbeing.

Social prescribing is delivered by Link Practitioners (LPs), non-clinical professionals embedded in primary care who help clients identify priorities, set goals, build motivation and access appropriate community resources.

Individuals are empowered to take personal control through a referral to the most appropriate of a wide range of local, non-clinical services, typically delivered by voluntary and community sector organisations.

It is particularly well suited to supporting dietary change in low-income communities because LPs develop trusted relationships over time, allowing for more personalised, in-depth conversations about food and health issues.

Through interviews and workshops with LPs and service leads, we established that while LPs recognised the relevance of healthy eating, felt it aligned with their remit and often found clients raising it in conversation, they lacked structured guidance, practical tools, and confidence in how to initiate and follow up food-related behaviour change

So using insights into the wider referral and support ecosystem gathered through extensive engagement with community-based food organisations and their users, the SPICE team co-designed with LPs a brief, structured healthy eating intervention.

From our work with LPs we know that food often comes up indirectly in conversations - for example when discussing stress, low mood, financial pressures, health problems, or loneliness. The intervention is therefore introduced at these natural entry points so it feels relevant and client-led.

Grounded in health psychology and behaviour change theory, the intervention supports non-judgemental, empowering conversations and follow-up actions that are realistic and tailored to the client's situation.

We believe that this provides a practical way to help individuals from vulnerable populations, otherwise not particularly responsive to other means of interventions, to make small, manageable changes. By embedding person-centred dietary support into routine practice, social prescribing can contribute to long-term health improvements while also helping to return the process of "health making" to communities themselves.

Example interventions

Client feels too tired to cook

Provide simple, quick meal ideas, practical tips to make cooking more enjoyable, and a connection to a local community cooking group where they can build skills and social connections.



Client is skipping meals to save money or relying on food parcels

Affordable meal planning ideas, recipe cards using ingredients commonly found in a standard food parcel, details of local food initiatives such as community pantries or cooking classes, and a weekly meal planner to help stretch their resources.

Client expresses general desire to "make changes" but is unsure where to start

LP could use action planning to identify specific, realistic steps, such as "when I don't have time to cook, I'll use a tuna tin a quick, balanced meal."



Examples are purely illustrative – in practice, LP work is highly personalised, person-centred, and flexible, adapting to the specific circumstances, needs, and goals of each client.

Policy Implications

To strengthen Scotland's response to diet-related inequalities through social prescribing, we recommend:

1. Positioning healthy eating as a core domain of social prescribing - on a par with mental health and financial wellbeing - by equipping link practitioners nationally with the kind of practical, evidence-informed tools to support better nutrition created in Aberdeen by the SPICE project.
2. Embedding structured evaluation into social prescribing models, to guide learning, improvement and up-scaling across Scotland.

Background

Food Standards Scotland. The Scottish Diet: It Needs to Change – 2020 Update. 2020.

Macdiarmid J, et al. The impact of welfare reform on diet and health: A report for Food Standards Scotland. 2018.

Public Health Scotland. Scottish Health Survey 2021: Key Findings. 2022.

Scottish Social Prescribing Network. What is social prescribing?

Oana Petre - oana.petre@abdn.ac.uk,
Julia Allan, Leone Craig, Flora Douglas,
Janet Kyle, Abigail Stephen,
Frank Thies - f.thies@abdn.ac.uk



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