



ALL IRELAND
SOCIAL PRESCRIBING
NETWORK

Conference Report

June 2026

**Connecting Communities North
and South: Building Momentum
for Social Prescribing**

All-Ireland Social Prescribing Conference June 2026

Connecting Communities North and South brought practitioners, service planners, academics, and beneficiaries together to explore the many positives and current challenges and identified practical, actionable solutions to support the continued advancement of Social Prescribing.

We focused on evaluation methods and tools, programme evidence, cost-effectiveness, and social return on investment.

We were motivated to come together to share and to build strategies for action, framed by our mutual interests to impact policy and practice.

The All-Ireland Social Prescribing Network (AISP) would like to thank all those who participated in the success of the conference, in particular, those who have availed of social prescribing services and shared their stories, as well as delegates who contributed to panel discussions which helped to develop specific aims for the AISP going forward. This report summarises the event and lists actions that the All-Ireland Social Prescribing Network (AISP) will take forward.



Members of the Conference Organising Group: Sarah Huggett (Healthy Living Centre Alliance), Eóin McCafferty (AISP Secretariat), Tony Doherty (HLCA and Network Co-chair), Deirdre Connolly (Trinity College Dublin and Network Co-chair), Noreen Turley (HSE Communications), Rita Bevan (Family Resource Centre National Forum – Health & Wellbeing Community Referral Project) & Lorna O'Neill (Causeway Rural and Urban Network CRUN).

From Momentum to Action

The conference took place from 11-12 June 2026 in the Fairways Hotel, Dundalk, under the theme 'Building Momentum for Social Prescribing'. It followed the All Ireland Social Prescribing Network's previous conference held in 2022 in the City Hotel in Derry and marked a next stage in the conversation: from sharing progress and evidence to asking what is needed to sustain, strengthen and scale social prescribing.

The event was promoted widely through the AISPN and was oversubscribed weeks in advance. The level of interest shown is evidence of both the demand for an all-island platform and of the growing confidence that social prescribing has a significant role to play in improving wellbeing, reducing isolation, and strengthening community connection.

Over the two days, 152 participants, 28 speakers, 24 oral presentations, 12 poster presenters and 5 exhibitors gathered to share experiences and plan ahead. The conference hosted; keynote and ministerial addresses, panel discussions, parallel sessions, poster presentations, round table conversations, and evaluation activities. The result was not just a programme of presentations, but a shared space for learning, challenging, connecting and future planning.



The All-Ireland Social Prescribing Conference provided an opportunity for those involved or interested in social prescribing to gather and consider how this social mechanism could be deepened and widened to benefit more who need it.

Who Attended

One of the strengths of the conference was the mix of people in attendance; government, senior health leadership, community and voluntary organisations, Social Prescribers, academics, researchers, local partnership organisations, grassroots initiatives, and those with lived experience.

Significant contributors and attendees included Minister Jennifer Murnane O'Connor TD, Anne O'Connor, *HSE Chief Executive*, Mike Farrar, *Permanent Secretary at the Department of Health in Northern Ireland*, and Philip McGuigan MLA and of the Northern Ireland Assembly Health Committee. Their presence reflected the growing policy relevance of social prescribing and the opportunity to connect community-led practice with system-level change.

International contributors, included Ms. Charlotte Osborn-Forde (*National Academy for Social Prescribing England*) Prof Carolyn Wallace (*Wales School for Social Prescribing*) and Dr. Daniel Hayes (*UK Lead on Children and Youth Social Prescribing*) who added wider learning on infrastructure, workforce development, best practice and how successful approaches elsewhere might be adapted to local action plans. Their experience is helping inform how an All-Ireland model can develop and grow.



Day 1:

June 11th, 2026

Time	Content
09.15 - 09.45	Registration
09.45 - 10.00	Opening and Welcome: Tony Doherty, Co-Chair All-Ireland Social Prescribing Network Personal reflections of Social Prescribing: Ms. Marianna Quinn
10.15 - 10.35	In Conversation: Social Prescribing Policy, Ireland Mr. Philip McGuigan MLA: Chair of Northern Ireland Assembly Health Committee Ms. Anne O'Connor: CEO, Health Service Executive
10.35 - 10.55	In Conversation: Perspectives from Social Prescribing Link Worker, Service User & GP Louth Social Prescribing Service Dr Sean Owens, Mr. Danny McCormack and Ms. Grainne Begley
11.00 - 11.35	Findings HSE Realist Evaluation of Social Prescribing in Ireland Dr. Verna McKenna: National University of Ireland, Galway
11.35 - 11.50	Tea/Coffee, networking, poster viewing
11.50 - 12.45	Panel Discussion: Findings of Realist Evaluation • Dr. Verna McKenna: Principle Investigator, Realist Evaluation • Mr. Evan Reid: Community Referral Agent Pharmacist • Ms. Babs Leonard: Social Prescriber Link Worker • Ms. Heather Kiely: Sacred Heart Family Resource Centre, Waterford • Prof Deirdre Connolly: Discipline of Occupational Therapy, TCD and Co-Chair AISPAN
12.45 - 13.15	'Arts and Social Prescribing' Arts Council Report Dr. Louise Kinlan, Social Researcher and Evaluation Consultant
13.15 - 14.15	Lunch, networking, poster viewing
14.15 - 16.15	Learnings Social Prescribing Practice and Research: Parallel sessions 1. Building Evidence for Social Prescribing 2. Practice Models of Social Prescribing 3. Practice Models and Cost Effectiveness 4. Children and Youth Social Prescribing
16.15 - 16.30	Tea/Coffee, networking, poster viewing
16.30 -17.00	Reflections and Evaluation of Day

Opening Remarks

The conference was opened by Marianna Quinn, from Armagh who gave a very personal account of her journey with the Rural Health Partnership, providing a powerful insight into how her personal social prescribing journey has positively impacted on her health and wellbeing.

"In difficult times it is not easy to face the world and Social Prescribing provides a huge stepping stone in overcoming fear and boosting self-confidence."

Marianna Quinn



"While there is still work to do to achieve full national coverage, the direction of travel is clear: social prescribing plays a critical role in strengthening health and wellbeing at a population level in this country. As we look to the future, there is a clear and exciting opportunity to take a Shared Island approach to Social Prescribing."

Across the island of Ireland, we face many of the same challenges: health inequalities, rural isolation, mental health pressures, and the need to build stronger, more connected communities. We also have much to learn from one another."

Minister Jennifer Murnane O'Connor



Social Prescribing Policy Ireland Panel Membership

Fireside conversation brought together Anne O'Connor, CEO of the HSE, and Philip McGuigan MLA, Chair of the Northern Ireland Assembly Health Committee, to discuss the role of social prescribing in national health service planning and policy.

They reflected on opportunities to develop and sustain social prescribing, and on the importance of partnership between health services, communities, and the voluntary sector.

- **Philip McGuigan MLA**, *Chair of NI Assembly Health Committee*
- **Anne O'Connor**, *CEO Health Service Executive*

Social prescribing is developing within two separate health and social care systems on the island of Ireland. While policy, funding arrangements and service delivery structures differ between jurisdictions, many of the challenges, opportunities and ambitions are shared.

The conference highlighted the value of bringing people together across jurisdictions to exchange ideas, share experience and support the continued evolution of social prescribing. Throughout the event, participants repeatedly emphasised the benefits of working together while recognising the need for delivery models that reflect local circumstances and different health system contexts.



Perspectives from Social Prescribing Link Worker, GP, and Service User Panel Membership

Louth Social Prescribing is a programme designed to support individuals in enhancing their well-being through community engagement. It provides practical and emotional support, helping participants achieve positive outcomes by connecting them with various community activities and services.

The service is available to those from disadvantaged areas, unemployed individuals, or those facing housing issues, and it aims to improve physical health, emotional well-being, and social connections. Since its pilot programme began in October 2021, it has seen significant participation and positive feedback from users.

Dr Sean Owens, Mr Danny McCormick, Louth Social Prescribing Link Worker, Grainne Begley, Service User

The Realist Evaluation and Discussions

The Realist Evaluation reinforced many of the features that participants already recognised as central to effective social prescribing. These included the importance of relationships, trust, spending time with people, understanding individual circumstances and supporting people to connect with meaningful opportunities within their communities.

While many of these findings were familiar to practitioners and service providers, participants recognised the value of the evaluation in providing a robust academic evidence base and a deeper understanding of the organisational and system factors that can enable or constrain success.

Dr Verna McKenna, National University of Ireland, Galway (Realist Evaluation)

- Mr Evan Reid, Community Pharmacist
- Ms Babs Leonard, Social Prescribing Link Worker
- Ms Heather Kiely, Sacred Heart Family Resource Centre, Waterford
- Prof Deirdre Connolly, Occupational Therapy, Trinity College Dublin, Co-Chair AISPN

Summary of Discussions

Four conditions for sustaining and developing social prescribing came through strongly across presentations, discussions, and feedback. They are best understood together. If one is neglected, progress in the others will be limited.

1. Sustainable Investment and Implementation

Participants voiced how social prescribing services need to move beyond short funding cycles and isolated pilot schemes. They emphasised that social prescribing must be seen as part of a prevention strategy and stressed it requires longer term commitment, not temporary enthusiasm.

“Social Prescribing must be seen as a core element in ill-health prevention and the wellbeing of all on the island of Ireland.”

Anne O'Connor

- Long-term commissioning and funding arrangements linked to prevention and health inequality goals.
- Clearer integration between health services, community development, and local partnerships.
- Funding needs to reach both Social Prescribers and the community activities and organisations to which social prescribers link their services users.
- Implementation models that build on existing assets rather than parachuting isolated roles into under-resourced communities.
- Practical attention is needed for those living in rural areas accessing services, children and young people, people with a disability, carers and communities that are under-referred or underserved.

2. Strong Community Infrastructure and Partnerships

Participants repeatedly stressed that community organisations provide the groups, activities, places, and relationships that make social prescribing meaningful after referral and that the success of the social prescription depends on their capacity, accessibility, and sustainability. However, community organisations are not a free or limitless resource and must be supported (financially and through support, training, and education) to continue to provide activities and supports that are the referral pathways for social prescribing service users and referral agents.

No single organisation can deliver social prescribing alone. Partnerships need to be built on trust, strong relationships and shared objectives across health services, community organisations, local government, researchers, and policymakers.

"HSE needs to continue to work in partnerships with the community and voluntary sector."

Anne O'Connor

"The great work being done by the community sector [is achieved] for very little funding."

Participant voice

"Each community is different and needs bespoke responses."

Participant voice

3. A Supported and Recognised Workforce

Discussions repeatedly returned to the quality of the relationship between the Social Prescriber and the person seeking support. Empathy, listening, trust, coaching, safeguarding, motivational skills, partnership working, and system navigation are not soft extras, but the essence of social prescribing itself.

Realist Evaluation:

"A consistent finding was that the link worker-service user relationship is a central mechanism for engagement and change."

"When service users experienced the link worker as compassionate, non-judgemental, and reliable, they were more likely to develop trust and feel understood which supported attendance, disclosure of needs, and willingness to take initial steps toward change."



To sustain that work, participants called for:

- Secure employment arrangements for social prescribers reducing reliance on short-term contracts.
- Clearer role descriptions and core competencies, while preserving flexibility to respond to people and place.
- Supervision, peer support, and reflective practice for roles that can be emotionally demanding and organisationally isolated.
- Continuing professional development, recognised pathways and progression across community and health settings
- A stronger focus on retention, not only recruitment

Realist Evaluation:

“Link workers deal with a wide range of issues with the service users they work with. Many cases are complex and can be quite sensitive in nature, such as service users who have experienced severe trauma.

Participants highlighted the importance of link workers having access to external supervision for debriefing on cases.”

Participants warned against scaling the number of roles and services before resolving basic issues for those already in post: pay, contracts, supervision, appropriate referrals, safe practice, and access to community resources.

“Participants also pointed to a growing tension between raising awareness of social prescribing and the system’s current capacity to respond. While national and local promotion efforts have successfully increased visibility and enthusiasm, this has also created unmet expectations in areas lacking sufficient coverage.”

Dr Verna McKenna

“Look after the staff in post.”

Participant voice

4. Evidence, learning, and improvement

Participants supported continued evaluation of the successes of social prescribing, including economic analysis, but many felt the sector now needs to use what is already known about social prescribing more decisively. Evidence should help people make better decisions, improve services, and strengthen the case for investment. It should not become a reason to delay action.

- Common outcomes and proportionate data approaches that are useful to practitioners, funders, and communities.
- Economic evaluations that capture service use and costs while recognising wellbeing, participation, confidence, and community value.
- Accessible translation of findings into evaluation tools, commissioning decisions, and service improvement.
- Equal respect for quantitative and qualitative outcomes, qualitative insight, practitioner learning and lived experience.
- Learning loops that show what works, for whom, in what circumstances and what needs to change.

“Numbers are fine, but feedback from participants is very important. It can be tricky to quantify, but [it is] very important.”

Participant voice

“We must not over-medicalise social problems.”

Dr Noel Sharkey

Arts and Social Prescribing - Dr Louise Kinlan Social Researcher & Evaluation Consultant

This presentation emphasised the importance of building on existing community assets and strengths. Discussions on arts and culture demonstrated the many ways in which people can be supported to improve their health and wellbeing.

Evidence presented during these sessions highlighted how creative and cultural activities can strengthen confidence, social connections, wellbeing, and participation leading to a more engaged and supported community.



Parallel Sessions



Practice Models of Social Prescribing

These sessions demonstrated that social prescribing works best when it is rooted in local communities and focused on connection, belonging and participation rather than simply creating another referral route. Evidence from the discussions included practical examples such as inclusive cycling for people with dementia, disability and Parkinson's; befriending, handyman and benefit-support services through Impact Agewell; community cinema as a way to reduce isolation among older men; museums and arts supporting health, wellbeing and difficult conversations; and locally grown initiatives in Achill that began through listening to community conversations.

Embedding Social Prescribing Link Workers within established community-based organisations strengthens the range of wraparound supports available to service users and their families, enables effective use of existing community resources and infrastructure, and provides significant added value for money.

Across the examples, the strongest message was that simple, local, and relationship-based activities can bring joy, confidence, and social connection, but they need sustainable funding, volunteers, transport, accessible infrastructure and better links with councils and wider planning systems.

Practice Models, Inclusion and Cost-Effectiveness

These sessions explored how social prescribing can support prevention, inclusion, long-term conditions, and economic value. Evidence discussed included advance care planning sessions that used singing, poetry and facilitated conversations to improve confidence around end-of-life discussions; community development models that increased belonging and mental health; social prescribing for non-communicable diseases and long-term self-management; green spaces in healthcare settings linked to reduced anxiety, improved wellbeing and potentially shorter hospital stays; and social return on investment work showing the need to translate outcomes into evidence commissioners can use.

A repeated point was that the evidence is promising but still limited, particularly around economic evaluation. Programmes need to collect health, wellbeing, service-use, and cost data from the outset, while still valuing the less easily measured outcomes such as confidence, connection, participation, and sense of belonging.

Evidence for Social Prescribing

These sessions focused on how social prescribing can build a stronger, more consistent evidence base without losing the personal stories and individual goals that make the work meaningful. Evidence examples included use of electronic health records to collect large-scale data, MIDAS and collaboration with the social prescribing network, real-time feedback through MIMe, photovoice, training manuals for link workers, SWEMWBS, MYCaW and community-connectedness measures.

The discussions highlighted that multimorbidity is more common in areas of deprivation, that GP referral can help reach underserved groups, and that men appeared to respond well to interventions when the referral and engagement were right. However, there were also clear challenges: variation in GP referral decisions, patients not understanding social prescribing, GDPR and data-sharing issues, digital tools not linking to GP systems, affordability of software, transport barriers, Wi-Fi access, participant drop-off and the need to assess a person's readiness for referral. The main learning was that a core outcome set would help comparison across programmes, but services still need flexible tools that reflect each person's context, goals, and journey.



Children and Youth Social Prescribing

These sessions highlighted the need for a dedicated model of social prescribing for children and young people, rather than simply adapting adult models. Evidence and examples included school-based link workers, referrals from schools, Tusla and in-house services, work with children aged 6–12, and links with CAMHS waiting lists. The sessions noted high levels of loneliness, rising demand for children’s mental-health services and the importance of early intervention.

A strong theme was that youth social prescribing should focus on empowerment, not just group activity, and should meet young people and families where they are. Working with both the child and parent was seen as important for building trust and reducing barriers. Key issues included where youth social prescribing sits within existing systems, whether different age ranges need different models, whether a separate framework is needed, the specific skills required for youth link workers, lack of sustained funding, limited long-term evidence and tensions with existing social and community work roles.

Day 2:

June 12th, 2026

Time	Content
9.00	Introduction Day 2
9.15 - 9.25	Introduction to All-Ireland Social Prescribing School: Prof Deirdre Connolly, Co-Chair AISP
9.25 - 10.00	Learnings from the National Academy of Social Prescribing (UK) and the Wales School of Social Prescribing: - Charlotte Osborn-Forde: National Academy of Social Prescribing (England) - Daniel Hayes – UK Lead on Children and Youth Social Prescribing - Prof Carolyn Wallace: University of South Wales – Video Contributor - Dr Mary Lynch: Vice Dean of Research, Faculty of Nursing and Midwifery, RCSI.
10.00 - 11.15	Round Table Discussions and Feedback
11.15 - 11.30	Tea/Coffee, networking, poster viewing
11.30 -11.45	HSE Spark – Overview Innovation Design: Deirdre Bradley National HSCP Innovation Fellow, HSE Spark Innovation Programme
11.45-12.45	In Conversation: Potential to scale and spread Social Prescribing throughout the island of Ireland - Mr Mike Farrar: Permanent Secretary for Health NI - Dr Aleisha Clarke: Policy Advisor for Mental Health DoH, Republic of Ireland - Dr Noel Sharkey GP South Armagh - Ms. Grace Kearney: Mental Health Lead, Family Resource Centre National Forum - Ms. Shauna Williams: Social Prescribing Link Worker - Teresa Nugent Rural Health Partnership in South Armagh and HLC Alliance Chair
12.45-13.15	Personal reflection of Social Prescribing: Sharon McCaffrey: Social Prescribing Service User Reflections and Conclusions Conference Evaluation
13.15	Lunch, networking, poster viewing

The All-Ireland School of Social Prescribing Concept

The conference highlighted an opportunity to strengthen the infrastructure and support available to social prescribing across the island. Participants identified a range of functions that could support future progress, including professional learning, practice support, research and improvement, standards and recognition, leadership, and advocacy.



There was also a strong view that development should be practical, incremental and action oriented. Participants emphasised the importance of building momentum, demonstrating progress and avoiding unnecessary delay. Plans should build on existing strengths and partnerships while remaining focused on the needs of practitioners, communities and the people who benefit from social prescribing.

The conference reinforced the view that social prescribing has reached a stage where stronger infrastructure and support will be required to sustain future growth. While views differed on the term “School”, there was broad agreement on the need to explore how workforce development, practice support, research, networking, and advocacy can be strengthened in ways that are collaborative, co-designed and grounded in frontline experience.

Participants recognised that further discussion will be required to determine the most appropriate way forward, building on the momentum created through the conference and the ongoing work of the All-Ireland Social Prescribing Network.

“Training, Continued Professional Development, evidence building, advocacy to sustain social prescribing.”

Participant voice

Participants priorities for the School:

- Provide practical learning and continuing professional development for Social Prescribers and partners.
- Support leadership, advocacy, and strategic direction across the island.
- Translate research and evaluation into usable tools and practice guidance.
- Support shared standards, role clarity, and outcomes without imposing a rigid model.
- Create opportunities for mentoring, peer learning, networking, and reflective practice.
- Help scale and spread good practice while respecting local context.

Participants felt the School should not be:

- A purely academic structure disconnected from frontline practice.
- A new body that duplicates existing networks, training, or research assets.
- A one-size-fits-all model that reduces local flexibility or community-led approaches.
- A concept that delays current action while future infrastructure is being designed.

“Set it up soon, as the goodwill behind social prescribing is evident at the moment.”

Participant voice

The conference demonstrated that social prescribing continues to evolve across both jurisdictions. The foundations are now in place to support continued joint working and help shape the future direction of social prescribing across the island.

HSE Spark – Overview Innovation Design

Deirdre Bradley

The Spark Innovation Programme is a frontline, staff-led initiative that seeks to support, promote and recognise innovation amongst healthcare staff.

The Health Services People Strategy 2019-24 sets out a vision of an exceptional employee experience that engages talent and nurtures the leadership capability of individuals and teams working together to deliver safer, better healthcare. Spark exemplifies this vision throughout its activities.



In Conversation: The potential to scale and spread social prescribing throughout the island of Ireland

"I've made a real commitment to develop social prescribing in Northern Ireland because I believe in it. I also support developing potential for across the island. Movement of resources is now possible through INTs – 2% of health resources into community settings gradually moving circa £60m over three years in the initial phase. Shifting resources left. People to partners is a key pillar in doing this."

Mike Farrar
Permanent Secretary for Health NI



"The Healthy Ireland framework is a key policy that strengthens the broad governmental approach to health. There is a clear need to address mental health through social prescribing and other community-based supports. We need not over-medicalise Social Prescribing. There is potential in expanding the youth SP model."

Aleisha Clarke - Policy Lead: Mental Health Promotion, Department of Health Rol

The conference was closed by Sharon McCaffrey, Social Prescribing Service User, whose story reinforced the reminder of the human impact that sits at the heart of social prescribing.



Key messages

- Social prescribing should be embedded in prevention, population health, and community wellbeing strategies, while retaining local flexibility.
- Investment must reach the full pathway: Social Prescribers, community organisations, activities, and local partnerships.
- The existing workforce needs secure roles, supervision, continuing professional development, recognition, and career pathways.
- Evidence should be used to improve and scale practice, not to delay action.
- AISPNI has a clear role in convening partners, coordinating learning and helping to scale and spread social prescribing across the island of Ireland.
- The proposed All-Ireland School should be developed as practical infrastructure for learning, leadership, evidence translation, standards, networking, and advocacy.
- Social prescribing works through relationships. It works when people are listened to, when community organisations have the capacity to welcome them, and when health and community systems trust each other enough to work together.

Evaluations

Feedback across both days was overwhelmingly positive. Participants valued networking, the range of perspectives, real-life examples, panel discussions, personal testimonies, and the sense of shared purpose. Several called for the conference to become a regular event.

The conference also created a larger community to build on with 80% of day-two respondents asked to be kept informed about the development of the 'School' and future opportunities to get involved through the Network.

What people particularly valued about the conference:

- Panel discussions and personal testimonies
- Practice-based case studies and examples from different regions
- Opportunities to meet peers face to face and compare approaches
- Sessions that translated evidence into implications for delivery
- The sense of a growing all-island network

“Run another event like this... keep the momentum. Do not lose the present for seeking the future.”

Participant voice

As a result of the conference, and discussion with delegates, the following aims will inform the work of the AISP Network going forward:

Develop a common framework for the island of Ireland

Across the island of Ireland, Social Prescribing is developing within two distinct health and social care systems. Progress is more established in the Republic of Ireland, while development in Northern Ireland has been more uneven. However, in the North, the Health Service Reset and the emerging Neighbourhood Model of Care provide renewed opportunities for community-based approaches such as social prescribing to be better recognised and connected.

The conference showed the value of learning together while respecting those different system contexts. Participants valued the chance to share knowledge, compare experience, and consider how good practice from elsewhere might be adapted rather than copied.

“The importance of information sharing - what has worked well and what hasn’t worked well.”

Participant voice

An all-island approach can create critical mass, reduce duplication, strengthen advocacy, support shared resources, and build a stronger collective voice. It should complement, not replace, local planning and delivery.

AISPN has a significant role in sustaining this platform. The Network can convene partners, coordinate learning, connect practice and policy, support shared messaging, and help ensure that future development remains grounded in the experience of Social Prescribers, community organisations and the people who use services.

“Huge amount of knowledge and passion - not enough cohesion.”

Participant voice

- Publish a clear momentum statement and action plan arising from the conference.
- Use the expanded mailing list and conference interest to grow participation in AISPN activity.
- Convene partners around shared priorities, including workforce, evidence, infrastructure, and scale and spread.
- Support a co-designed pathway for the proposed All-Ireland School.
- Maintain regular opportunities for North-South exchange that result in decisions and practical progress.

Conclusion

The All-Ireland Social Prescribing Network Conference 2026 created a shared moment of confidence and clarity. It demonstrated that social prescribing has developed beyond isolated pilots and now has a substantial community of practice, a growing evidence base, increasing policy attention and a clear appetite for all-island collaboration.

The conference also surfaced the limits of momentum built on goodwill alone. Participants were consistent with the pressure points: short-term funding, fragile community capacity, insecure workforce arrangements, uneven recognition, and the risk that further discussion could outpace action.

The next phase should not be defined by rapid expansion for its own sake. It should be defined by consolidation with purpose: protecting relational and community-led practice; supporting the people already delivering it; strengthening the organisations that make connection possible; using evidence to guide decisions; and creating shared infrastructure that adds value without imposing uniformity.

While social prescribing will continue to be delivered through separate health and social care systems, initiatives such as Shared Island and increased collaboration across jurisdictions were viewed as positive opportunities to support future development.

The conference reinforced the view that working together is one of the strengths of social prescribing across the island. Working together creates opportunities to build momentum, strengthen influence, share resources, and support growth at a scale that would be difficult to achieve through separate efforts alone. Creating the All-Ireland School of Social Prescribing will establish forward movement across the island.

**The network looks forward to welcoming you to the next
All-Ireland Social Prescribing Conference in 2028!**

allirelandsocialprescribing.ie



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