Developing a Scope for Dietary Guidelines for Scotland

Technical Appendix A: Write-ups of Stakeholder Workshops

Food Standards Scotland

Contents

Introduction

In January 2018, Food Standards Scotland (FSS) appointed the Jump/Red Tree/Social Marketing Gateway (SMG) consortium to undertake a scoping project to explore the need for new Dietary Guidelines for Scotland.

This project aimed to explore, through a collaborative and co-productive approach, whether key partners and stakeholders feel there is a need for Dietary Guidelines and if so, what the scope of these should be, what advice should be contained and how they might be most effectively used.

The work commenced in February, with a final report submitted to FSS in May 2018. The first phase of the work involved 7 half-day workshops with a mixed range of stakeholders identified by FSS.

Workshop participants were drawn from:
- Academics
- Scottish Government
- NHS
- Local Authorities
- Education and educators
- Third Sector
- Community groups
- Industry
- Consumer representatives

The sessions were held over March and April 2018, in Aberdeen, Glasgow and Edinburgh.

This Technical Appendix provides a write up of each of the 7 workshop sessions.

A total of 62 stakeholders participated in the workshops, with the number at each workshop ranging from 6 to 12 participants.

Following this phase of the work, a final workshop was held in Edinburgh to which everyone invited to the first phase of workshops was invited. The findings from this final workshop are presented in the main report to FSS.

Workshop 1- Academics: Aberdeen 12th March 2018

> This project aims to explore, through a collaborative and co-productive approach, whether key partners and stakeholders feel there is a need for dietary guidelines and if so, what the scope of these should be, what advice should be contained and how they might be most effectively used.

The purpose of this, first in a series of workshops, is to engage specifically with academics to seek their response to these questions and identify what academic expertise can be linked to and contribute to the field of dietary messaging, plus identify key insights and understanding that need consideration in developing dietary guidelines. The feedback from this academic group will also help inform the structure and format of the subsequent workshops with the other partners and stakeholders.

The workshop, facilitated by SMG, was attended by 6 academics plus 4 FSS representatives.

This report is set out in line with the structured elements of the workshop and pulls together feedback into emerging themes/key points. It incorporates paraphrased comments in support of particular points and relevant additional feedback from the post-course evaluation forms.

Opening views on Dietary Guidelines

At the start of the session, each academic was given the opportunity to make some opening comments about the need/or otherwise for dietary guidelines (DGs).

The weight of opinion was in favour of developing dietary guidelines, but with less obvious agreement on their scope

To varying degrees everyone was in support of developing DGs. The range of views included:

- The need to broaden the reach of the current dietary guidance to better cater for the social, cultural and environmental (sustainability) contexts that apply in Scotland. This is required to increase understanding and challenge the strong evidence of Scottish resistance to changing long-standing poor dietary habits.
- Dietary guidance and information is already widely available. It is frustrating that it appears not to be making a difference. What evidence do we currently have to say whether it is having a positive impact or not? As such, we will need to find ways to make sure future dietary guidelines have an impact/make a difference. As above, having contextualised guidance will help make it more relevant to different groups.
- The current goals are not immediately attainable/within the perceived reach of most people. Guidance is needed that helps take people from where they are now, towards the desired end dietary goals in smaller, incremental, and more achievable steps.
- Guidelines are needed to help make a healthy diet more appealing/attractive to the population.

Comments and observations from participants' academic experience and evidence

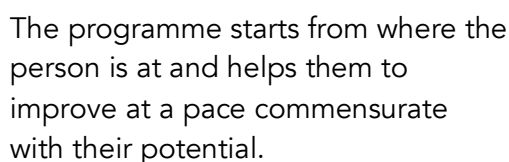### There is still widespread confusion about what is healthy and what is not

With many more food choices these days, even within a single food, it is increasingly difficult to identify healthier food options. There is felt to be pretty widespread confusion of what is healthy and what is not – e.g. many parents will perceive a fruit smoothie and a muffin as a healthy snack.

It was suggested that this could be mitigated by showing people how they/areas where live compare to other people/areas that are contextually similar –This allows people to have an idea of what is normal in a real life context.

A segmented approach to developing Dietary Guidelines will be important

Alongside TEG and associated guidance, guidelines need to be translated/tailored for different population segments in order to be relevant, credible, and salient. Guidelines need to be translated to fit with each segment's lived reality and be accompanied by correspondingly appropriate strategies to help people change and sustain healthier food choices.

A segmented approach is supported by the fact there are many successful interventions that can be drawn from, but these tend to be focussed/targeted on very specific groups of people. For example, Football Fans in Training (FFIT) was identified as a successful healthy living and weight loss programme for men. It incorporates the latest scientific approaches to weight loss, physical activity and diet and taps the potential of professional football clubs to engage overweight and obese men in weight loss. It has been developed and successfully evaluated in a major research project led by the University of Glasgow.

> The programme starts from where the person is at and helps them to improve at a pace commensurate with their potential.

Careful consideration needs to be given to try and avoid widening health inequalities

Linked to the importance of giving consideration to segmented needs there was concern raised about advice and actions focused on individual behaviour change that risked widening health inequalities.

The work of Sarah Hill in Edinburgh around smoking interventions was cited here, where at a smoking population level, although smoking prevalence reduced, the reduction in smoking was less likely to be amongst the more disadvantaged smokers because associated stop smoking interventions were not reaching these people.

Also, hard pressed families can live with a demanding 'hierarchy of worry' – e.g. related to job insecurity, making ends meet etc. – that often means that 'having a healthy breakfast' is very low down the list of priorities.

However, it was pointed out that not all people living on low incomes have unhealthy diets – indeed, some have carefully worked out strategies to achieve healthy eating (possibly driven by a concern for their children's health).

As such, reinforcing earlier comment, dietary guidance needs to be relevant and practical, and reach and be accessible to all groups of people.

We need to make people be much more conscious of and interested in the food they eat
Many people make food choices without much thought based on unconscious food biases which will be shaped by food industry tactics and advertising. This can lead people to make poor food choices even when they think food is healthy or it is a good deal for them. We need to make people more self-aware of their food choices and expose their food biases. Where people have too much choice, giving clear information such as food labelling can help people find healthier choices. Stimulating people's interest in food will also encourage them to give more conscious thought to what they buy and eat.

It was recognised that it is very difficult – possibly impossible - for some parents to fight back against the coercion of children by the food industry – parents are often 'swamped' by the persuasive power of children.
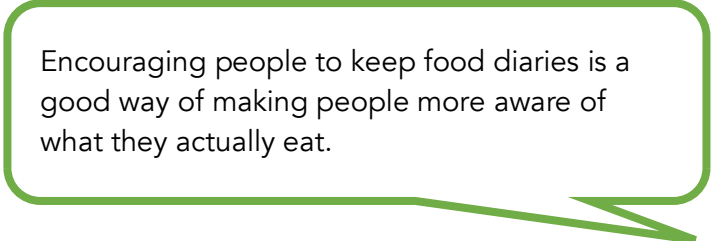
> It is hard for people to fight against cognitive biases – even when they are aware of them. But nevertheless, it does help to improve outcomes where people are aware of the marketing strategies that sit behind the promotion of less healthy foods.

Additionally, it was suggested that there is an element of 'social aspiration' – i.e. some families aspire to be able to afford eating out/buying brands such as McDonald's as this is a marker of status/wealth, and it is hard to shake the image that this can be considered aspirational food.

> Ideally, we want to move towards a situation where people are more 'mindful' about what they are eating – i.e. considering everything that they put in their (or their child's) mouth. But we seem 'light years away from this situation', partly due to ingrained habits and culture. It is important to try and build food environments where people are not only aware, but have a choice.

Making people aware/more informed of the tactics that food caterers and retailers use to encourage people to consume more or too much of products which are more often than not unhealthy in some way, would help.

Of interest to several participants is the idea of 'food diaries' that allow people to hold up their current eating behaviours against what would be a healthier regime – that made sense in light of their lived experience – for them.

> Encouraging people to keep food diaries is a good way of making people more aware of what they actually eat.

There was a feeling in the group that any guidelines needed to be positioned in a way that was 'not only about food'. Peoples' interest in food could also be attracted by linking to other cognate issues – issues like fair trade and fair treatment of food producers, sustainability etc.

Dietary guidelines need to give consideration to the key points at which people are more open to change or influence
People are more open to changing their behaviours when they experience life changing events such as having a health scare/becoming ill, becoming pregnant, going to school, leaving home, retiring etc. There is a need to consider how guidelines can be linked, and made appropriate, to these types of life cycle events.

The negative consequences of unhealthy food choices need to be made more salient
The information that reaches the end consumer needs to be more impactful about the consequences of unhealthy eating for people's bodies and long-term health. For example, one suggestion was to commission a 'Damien Hirst' – type Scottish body cut in half showing the effects of poor food choices. It was felt that giving visual representations linked to the guidance will help make it stand out more/be more impactful, especially as many people prioritise immediate gratification over long-term health as they can't imagine/visualise ongoing effects.

Developing a social cause could help empower people to change and sustain a better diet
Where people have a common and shared cause they will feel more empowered to change. It was highlighted that social movements can also bring significant numbers of people together in support of a cause. Social media is a key tool for helping bring this about.

Breaking dietary guidelines down into smaller, achievable steps is important
A recurring theme was the distinction between the dietary 'goals' and supporting advice that inform where people 'should' be, and having practical, achievable advice on how to move towards these – even a small way. It was felt that the current dietary goals are not immediately attainable/within the perceived reach of most people.

As such, guidance is needed that helps take people from where they are now towards the desired end dietary goals in smaller, incremental, and more achievable steps. For instance, helping people make a better food choice even if this means only choosing a less unhealthy option is a step in the right direction.

It was pointed out that evidence shows that people are more likely to shift within a category (e.g. from a Mars bar to a Kit Kat) than between categories (e.g. from a Kit Kat to a Banana).

> Small, albeit non-ideal positive shifts in behaviour have less chance of negative compensation (i.e. the person finding other ways to consume unhealthy amounts of sugar).

It was also suggested and supported by some of the group that, rather than encourage people not to consume 'unhealthy' foods, that they be encouraged to eat smaller portions – a smaller, rather than a bigger, bit of something that is not healthy.

Dietary guidelines need to acknowledge and link with other health, social and environmental policies and guidance
Diet and food choices are linked with and influenced by many things such as the environment, income, physical activity, and food safety etc. It is important that the link with other related policy and guidelines is clearly defined so that the associated guidance and working practices complement each other.

There are opportunities to give more explicit and direct implementation guidance on dietary guidelines
With an overwhelming amount of information and advice on diet in the professional and public domains it was felt vitally important that the dietary guidelines are seen as the official guidelines and that organisations and people in the 'food information supply chain' are more consistent in delivering this guidance and associated messages. Opportunities to embed dietary guidelines in working practices include:

- **Incorporating them in frontline staff behaviour change (Making Every Contact Count) training** - One of the participants cited Making Every Contact Count (MECC) as an area of huge potential. Whereas in Scotland MECC has been promoted largely by NHS Scotland amongst health practitioners, in England the idea of mobilising public-facing service staff across a very broad front of services is very advanced - equipping front line staff with basic information, i.e. the ability to pass on key healthy living messages on healthy weight and healthy eating, is widely established as the public sector attempts to 'build a workforce for prevention.' There is considerable potential to use the idea of MECC to get more high-quality healthy eating information and advice to the public at large.

- **Specifying adherence to them in public sector contracts, public grant awards and sponsorship deals -** There was a fair amount of criticism of government and sport

sponsorship which competed against healthy living messages – e.g. McDonalds and the 5 Nations, Irn Bru and the Commonwealth Games. This pointed to a potential disconnect between SG's dietary goals and other strategies and priorities.

- **Providing a dietary guidelines promotional toolkit for use in public facing environments and work places** – there was some doubt/little knowledge on precisely who is using the current TEG resources and how.

- Linked to the above point **periodically auditing the application and promotion of the guidelines across the 'food information supply chain'** to check that it is being promoted and consistently applied.

Comments on The Eatwell Guide (TEG) and resources & the possible purpose/ contribution of Dietary Guidelines

Some of the participants favoured very comprehensive DGs that would also allow tailored messaging for different population segments and stages of the life cycle.

Guidelines, properly adhered to, would help improve the school environment.

It was felt that the messaging could be more 'concrete' – i.e. it is not enough simply to set what people 'should' aspire to, but rather what specifically they can do to move in the right direction.

There was a broad appreciation of the value of pictorially representing 'what a good diet looks like' – the Brazil DGs being cited as a good case in point. It was also recognised that TEG resources did something similar, although there could usefully be more of it. This point linked to a call for more diversity in menus that appealed to different segments of the population.

The carbohydrates message is confused. More clarity is needed on the value of good carbs (pasta, rice, potatoes and wholegrain) (avoiding confusion with gluten free). Also, a similar confusion persists around fats –and the distinction between unsaturated and saturated fats.

There were some suggestions about reordering the top tips in resource material – i.e. while recognising that the content was factually correct, top tips could emphasise the importance of 'basing your meals around starchy foods'.

Information in any new DGs should be 'contextualised' to fit the lifestyles of different groups – e.g. what are the best choices if you need to eat ready meals a lot? If these are your goals, then here are some top tips to help you achieve them.

The broader application of a MECC-type approach across services could play a significant role in communicating TEG and its resources to the public. This, then, would suggest looking at how DGs could be developed to enable different frontline services to have conversations about healthy eating with their clients.

There was some enthusiasm to links DGs with other themes and perspectives, such as physical activity, food sustainability and so on, on the basis that this would speak to groups who already interested and engaged, allowing then to see why and how food choices further supports the causes that interest and motivate them.
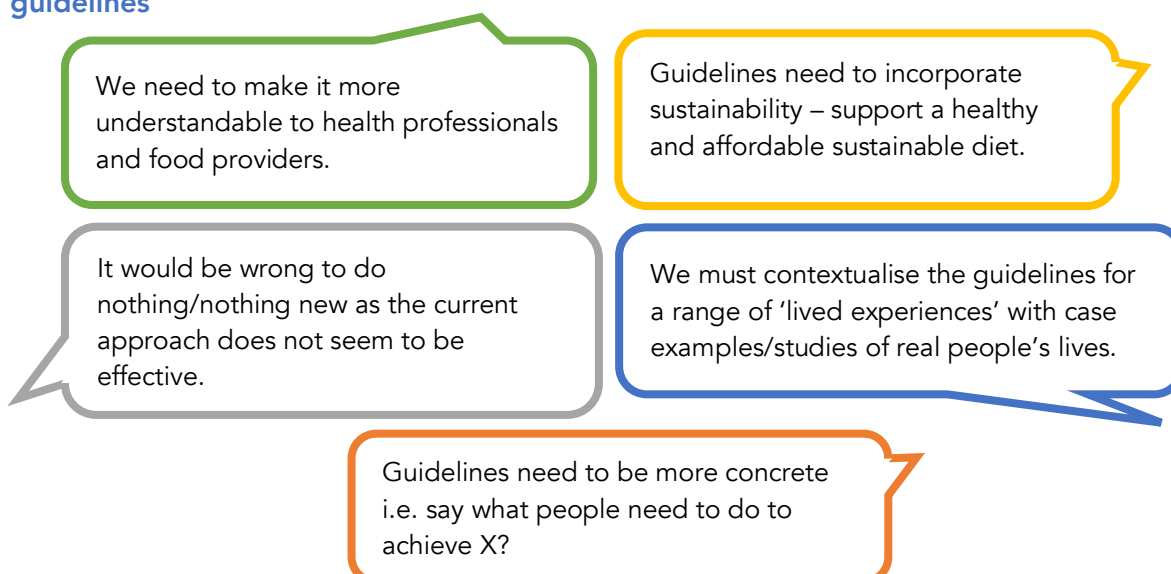
Revisiting the need for DGs

Participants were asked to score on a scale of 1-5, how strong a need they felt there is for new dietary guidelines, where a score 1 is 'no need' to 5, a 'very strong need'. Of the 6 participants, 3 scored '4' and 3 scored '5'.

Scale	1 (No need)	2	3	4	5 (Strongest need)
Responses	0	0	0	3	3

In their final comments, participants made the following points about the need for DGs:

- What evidence is there they will make a difference? I still think there is value in doing it, but will they make a big difference?
- I'm still mostly YES, but the thing that worries me is the potential focus on individuals' behaviours (and the risk of widening health inequalities).
- The public sector needs to get behind them and DGs need to incorporate sustainability issues.
- We need materials that recognise that most people's diet is far from the ideal. Damage limitation is important.
- Scotland has the opportunity to do something really important. The situation report shows that nothing has changed. That can't be ignored. But it is a very long-term project. We need to ask 'what would success look like?' Any movement in the right direction is a start. Change needs to be achievable for people – how do we enable them to build on their assets?
- The DGs should try and enable people to be more aware of what they eat, the consequences of their food choices, and take account of social norms, trying to re-set these norms on a more healthy basis.

Workshop evaluation questionnaire comments in relation to the need for new dietary guidelines

We need to make it more understandable to health professionals and food providers.

Guidelines need to incorporate sustainability – support a healthy and affordable sustainable diet.

It would be wrong to do nothing/nothing new as the current approach does not seem to be effective.

We must contextualise the guidelines for a range of 'lived experiences' with case examples/studies of real people's lives.

Guidelines need to be more concrete i.e. say what people need to do to achieve X?

There is a need for consistent, agreed, evidence-based guidance beyond the Eatwell Plate.

The Eatwell Guide needs a higher public profile. Individuals and institutions need more information on how to act on this evidence.

I think new dietary guidelines can improve the impact on people's food choices.

There is a need for behaviour change science techniques to be embedded into guidelines.

There is a need for greater pragmatism by starting where people are now and suggest alternatives that they like but are healthier i.e. to swap chocolate X for chocolate Y, to minimise resistance to change'.

Evidence Provided

- Allan, J., (2016) Behavioural Science Paper, Food Standards Scotland Board Meeting 14th December 2016, FSS 16/12/06
- Allan, J., Querstret, D., Banas, K., de Bruin, M., (2016) Environmental interventions for altering eating behaviours of employees in the workplace: a systematic review *Obesity Review* 18:2 pp.214-226 (Available at: https://www.ncbi.nlm.nih.gov/pubmed/27860169) (Accessed 22/05/18)
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- MacIntyre, S., (2008) Briefing Paper on Health Inequalities (Available at http://www.gov.scot/Publications/2008/06/09160103/2) (Accessed 22/05/18)
- McGill, R., et al (2015) Are interventions to promote healthy eating equally effective for all? Systematic review of socioeconomic inequalities in impact. *BMC Public Health* 15:457 (Available at: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1781-7) (Accessed 22/05/18)
- Mitchie, S., & Johnston, M., (2012) Theories and techniques of behaviour change: Developing a cumulative science of behaviour change, *Health Psychology Review* 6:1 pp.1-6.(Available at: https://www.tandfonline.com/doi/full/10.1080/17437199.2012.654964)(Accessed 22/05/18)

Workshop 2 - Glasgow 19ᵗʰ March 2018

This project aims to explore, through a collaborative and co-productive approach, whether key partners and stakeholders feel there is a need for dietary guidelines and if so, what the scope of these should be, what advice should be contained and how they might be most effectively used.

The purpose of this workshop, 2ⁿᵈ in a series, is to engage specifically with a range of partners/stakeholders to seek their response to these questions and to identify key insights and understanding that need consideration in developing dietary guidelines.

The workshop, facilitated by SMG, was attended by a mixed group of 11 partners, plus 3 FSS representatives. The 11 partners represented a range of stakeholder organisations:
- NHS
- Third sector or community-based bodies.
- Local Government
- Scottish Government
- Industry

This report is set out in line with the structured elements of the workshop and pulls together feedback into emerging themes/key points. It incorporates paraphrased comments in support of particular points and relevant additional feedback from the post-course evaluation forms.

Reflections on how the session went

For much of the session, the participants worked in two facilitated groups, coming together towards the end of the session to share their views on the 'big question'. Overall, there was a high degree of engagement, with most participants inputting their views, sometimes fairly forcefully. For example, when asked in the evaluation form if they felt that they had been able to make sufficient input to the discussion, all but one respondent said yes.[1]

Time flew by due to a very interesting discussion that helped focus my own thoughts

We usually look to FSS for guidance, so it's really good that you are taking all views and opinions into account. I found the workshop quite interesting

The workshop was well managed and facilitated

It should be noted that some 6 of the 10 respondents were relatively unsatisfied with the video shown in the opening presentation – i.e. scoring this at 1 or 2 out of 5 (5 being 'most satisfied'). Going forward, it has been decided to drop the video from the introductory presentation.

[1] Based on 10 completed evaluation forms

Some participants were well informed on the need and case for guidelines (based on knowledge of international experiences), while others were confused on what these were and were seeking to achieve. Clarification was required on how dietary guidelines would add to TEG and the range of legislative and regulatory frameworks which food producers and providers are required to adhere to.

That said, for most participants, there was a recognition that what we are doing at present was evidentially not having the desired impact in changing people's eating habits, and this strongly suggested we needed to try something different.

However, a number of participants appeared to struggle throughout the session to understand what is meant by 'dietary guidelines', e.g. returning to questions such as 'who will they be for?', 'what will they be doing?' etc.

> It needed much greater clarity, or more time, on the purpose and audience. Initial presentation was not really clear on this.

> There needs to be more clarity from the outset about what is meant by dietary guidelines and what role the Eatwell Guide is playing. The discussion was distracted by queries pertaining to look, content and use of the guide when the opening statement made it clear that this was not going to change.

Taking on board this feedback, and following a short de-brief discussion with FSS, it has been decided that for future workshops the terminology of 'dietary guidelines' needs some elaboration. Certainly, in this session, in the absence of more up-front clarification, it sometimes got in the way of the discussion.

Phrases that had traction in aiding understanding were: 'advice on how people eat'; 'practical advice on how people can eat better within the wider context of their lives'; and 'support materials that can support behaviour change towards healthy eating'.

While it is the aim of the workshop to explore questions such as 'purpose of' and 'audience for' dietary guidelines, it will be helpful to establish further clarity earlier in the session, possibly by using alternative words and phrases – like those suggested above to describe what FSS has in mind – e.g. 'guidance and resources that will help a whole range of organisations to support changes in people's behaviour towards what they eat.'

In the next workshop, we will allocate some time to enable participants to ask points of clarification following the FSS presentation.

Opening views on Dietary Guidelines

At the start of the session, each participant was given the opportunity to make some opening comments about the need/or otherwise for dietary guidelines (DGs). The mood was generally supportive. This was underpinned by the recognition that 'things are not working' and (as the

FSS Situation Report highlights) population behaviours are not changing for the better. Also, it was noted that the recent SG 'A Healthier Future' consultation was very challenging for everyone who has a potential role to play in helping improve the nation's diet.

A number of the initial contributions touched on The Eatwell Guide (TEG) and what people saw as the limitations of this – e.g. being very 'top down' and not that practical as a resource to influence what is happening on the ground; being more of an aid to the 'worried well' and not helpful for the more vulnerable; failing to engage and address the needs of particular segments of the population (such as 12-18 year olds and what they eat at lunch time); not being useful to local councils who want to play more of a role (possibly through enforcement) to help achieve dietary goals and targets. There was also – despite the opening presentation stressing that TEG is not up for change – some strong criticism of its content. Views of the British Dietetic Association were cited, as was confused messaging about the proteins.

Views expressed in general discussion
Examples of public sector-led support for the Dietary Goals
While discussion was limited by uncertainty in terms of what we mean by 'dietary guidelines', it was apparent that a range of roles were represented in the group that potentially supported the achievement of the Scottish Government's Dietary Goals. The example of Glasgow City Council was given to illustrate how food businesses can be supported by a local council to introduce practices that support the Dietary Goals while also supporting business interests. Here Environmental Health worked with three chip shops to educate and change their practice regarding the cooking oil used, resulting in less saturated fat in fish suppers. The oil producer was also involved in the change as the oil impacts the crunchiness of the chip. This example was also recognised as illustrative of a wider important point – i.e. that supporting the Dietary Goals need not be seen as 'business damaging': this is a message that needs to be more widely broadcast and supported with evidence.

Another example offered what how the NHS in Scotland – in response to a government directive – has applied the HealthCare Retail Standard across all of its sites. As a result, food retailers (e.g. M&S) operating on NHS sites are being required to make major changes to what they sell. Some 57 sites have the Healthyliving Award and some 70% of drinks sold are sugar free. Again, this was done without the loss of profit for the retailers.

How could Dietary Guidelines influence wider change across the private sector?
Despite the above examples, there was a degree of scepticism that the private sector would offer strong support for the Dietary Goals 'off its own back':

> You'll never get the private sector engaged without them kicking and screaming, but government can get them there

Generally, most people were not very clear on how guidelines might work with businesses; how they might help change business behaviours. That said, there was – as there was with public behaviours – a sense that progress would need to be incremental ('chipping away') and that expectations about what change can be achieved need to be tempered by the difficulty

of shifting cultures. It was also suggested that 'regulation' needs to be seen quite separately from what dietary guidelines might be – this is because 'we want guidelines that many different interests will be able to engage with'.

Cultural 'fit' of advice and guidelines

From a Swedish perspective it was noted that the dietary guidelines in that country 'fit' closely to the culture. Taking a holistic approach and embracing sustainable behaviours are well embedded in Sweden. For example, 16-24 year olds are interested in their food, and there is an opportunity to focus on this segment of the population. There is perhaps a greater 'value' put on healthier behaviours by a larger proportion of the population – how do we start to move Scotland in that direction?

How do we carry the population with us?

This was a question that was thrown up by one participant to highlight the big challenges that we face when trying to 'push through' healthy eating measures. The example of the Healthyliving Award was given, where NHS staff were asked if they had noticed any changes as a result of the HLA. The reply was 'yes, it's harder to get sausage rolls'.

The anecdote underlines the difficulty faced when trying to shift behaviours in the face of dietary habits, established tastes and a resistant culture. Other examples of a similar nature highlighted people's commitment (including emotional ties) to foods and drinks – like fish suppers, Tunnocks Tea Cakes and Irn Bru – i.e. often products that enjoy heavy sponsorship and public visibility.

Appropriate messaging

While the 'factual correctness' of the existing materials was recognised, we are usually not dealing with situation where people can have/easily attain a 'perfect' diet. There needs to be more emphasis and support for 'moving ahead in the right direction'. Messages need to be clear, simple and very practical – take '5 a day', people know this message, but what is a 'portion'? How can you easily achieve this eating target given to reality of your situation?

Segmentation of messages

This was very important as messages require to be tailored to different groups. The key groups identified in this respect were young people and people in poorer economic circumstances. But it was also noted (by the food industry representative) that healthy eating amongst older people was increasingly important and may need different messages and mediums.

Linking to lifestyles and life stages

A number of factors relevant to segmentation were identified as linked to lifestyle/life stage factors and individual circumstances – e.g. people who are too busy and eat 'on the go'; people who perceive that they are too time-pressured to cook healthy food; those with a lack of cooking skills; people attracted by the 'ease' of accessing unhealthy food; the real or perceived views that healthy eating is expensive; some confusion stemming from mixed messages on what and how much to eat; and variable access to health food. These could all be groups/situations that guidelines could speak to.

It was also suggested that some people only make positive changes at points of crisis – i.e. when their weight gets to a level that there is a sense 'this just can't go on'. How can we target appropriate messages at these emotional 'hot spots'.

Changing cost of food

Following from the above point about perceptions of healthy eating being that it's too expensive, an interesting observation (from the food business representative) was that food had been 'devalued' by the relative reduction in its cost. This was evident across all socioeconomic groups, and was based on the declining percentage share of total income spent on food as opposed to other things. This was true of cheaper and less healthy processed foods, but also of fruit and vegetables. Consequently, we need to be looking for the opportunities stemming from healthier foods also becoming cheaper.

Healthy food is boring

An interesting discussion emerged on whether by promoting 'healthy eating' we are being counter-productive. It was suggested that, for some people, 'healthy' food had the connotation of meaning 'off-putting, tasteless and uninteresting' food. Perhaps we are overplaying how much the 'healthy' label is a good 'sell' – and that stakeholders think this is more important than it is for ordinary people? For example, in Scandinavia the emphasis is now the concept of 'Nordic Food' – it is healthy, but it is promoted differently by using culture and the attractions of local ingredients. It was noted that food is now cited as the second most important reason people visit Scandinavia – second only to the scenery.

In the Scottish context, the above issue was echoed by an attempt via the Healthy Living Award to invite the Federation of Chefs to participate in a 'making a healthy meal' competition. The participant reporting this believed there was low interest in the idea, resulting in little uptake from chefs.[2]

What can we learn from elsewhere - e.g. tobacco, alcohol, sustainability?

There was some caution expressed on learning from the areas of alcohol and tobacco. These were simply harmful and to be avoided – and approaches centred on this simpler message. This was not the case with food – which is a good and essential thing. Messages here must not be negative – rather it was noted that some good practice (e.g. the Brazilian and Swedish guides) celebrated food.

More might be learned, however, from links with sustainability. Reference was made to the WWF's development of a 'sustainability' version of the TEG. This highlighted that so many of the world's key environmental challenges could be addressed by healthier eating.

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[2] No further information was provided by this participant

Comments on The Eatwell Guide (TEG) and resources & the possible purpose/ contribution of Dietary Guidelines

TEG familiarity and views on use

All participants noted that they were very familiar on TEG and used it in many ways. The consistency of the message and support materials received significant recognition and praise from some people, but others were more critical – despite the fact that this was outwith the scope of the current work.

Use of TEG

There was a general feeling that TEG was being promoted and used fairly widely. Some third sector participants reported that they regularly had to field questions from the community about TEG, which in part reflected the difficulty many groups have with engaging with the material.

The TEG discussion led to consideration of what in itself it *couldn't* do to influence healthy eating – and consequently what, if anything, new dietary guidelines might add. This returned to the discussion on what these might contain, and who they should be for.

Make the sensible also easy and practical

Most participants (though not all) did not take issue with the content of TEG, but pointed to the difficulty people have in engaging with it and using it easily as a steer for practical actions. The big issue here is 'how can TEG be translated by lots of different groups into a healthy diet?'.   It was evident from some of the third sector input to the discussion, that a lot of activity is going on – which might partly draw on TEG, but is often being progressed with little help from it. For example, it was reported that cooking skills classes often provide a receptive environment to get healthy eating messages over that 'stick' – "it's health by stealth".

Who should new dietary guidelines be targeted at?

This issue dominated a significant part of the discussion, and some confusion was noted on potential mixed messages. These were reflected in the Brazilian guidelines, and to a lesser degree the Swedish version. Clarity on this was key to thinking about what the guidelines were trying to do, and how they may be designed/presented.

One table discussion identified three target options: the food information supply chain (i.e. the range of organisations involved in the FSS workshop); end consumers of the message (i.e. the general public); or both. On reflection, all participants preferred the latter option – though with the recognition that this may require different versions and supporting materials.

The other table had a similar discussion and took a 'straw poll' vote on who DGs should be primarily for. The votes of the 6 participants went:

- 1 vote for organisations in the food information delivery chain
- 0 votes for the general public only
- 5 votes for both of the above, with each of roughly equal importance

While the tendency among participants appears to 'pull against' who FSS is primarily envisaging the DGs would be for, it does reflect the broad feeling within the group that TEG

and resources had limited resonance with many ordinary people and the food situations they find themselves in. It is possibly still compatible with organisations being the primary audience, if the guidance provides a broad range of useful advice and material that staff in these organisations can use when interacting and communicating with the general public.

Providing public-facing service staff with resources that enable a person-focused approach

The above point links directly with another potentially very important function for DGs, and that is to support front-line staff have conversations with their clients that 'help them live healthier lives – help them make lifestyle choices that enable then to stay well'. This issue was also raised in the first workshop with academics. Indeed, it overlaps very closely with calls for more to be done to enable organisations 'make TEG understandable and practical' for the public.

Real life examples were given, for example, the many missed opportunities that staff like health visitors, nurses, midwives, teachers and so on experience, because they do not have the knowledge of how to communicate key healthy eating messages that will engage and be meaningful for their clients and customers. The information they need to be able to pass over in these conversations needs to be punchy, clear, very practical, achievable and of a sort that will resonate with the situations people find themselves in.

What might dietary guidelines achieve, not achieve and contain?

This was probably the issue of most continuing uncertainty in the discussions, and where there was least consensus.

Broadly speaking, advice that promoted 'behaviour change' and helped people to practically eat a healthier diet was agreed as the main focus. This required to set eating within a much more holistic setting, and understand where it was positioned within all aspects of how people lived. It needed to reflect the relative priority afforded to healthy eating – segmented by an understanding of different population cohorts.

Less consensus existed on the relevance and messages within dietary guidelines for food suppliers and producers.

A representative strongly argued that guidelines should be very cautious on the kind of messages it sought to convey on these issues. The key things that suppliers adhered to were significant amounts of food safety legislation and guidelines. These would remain the most important aspects. In reality, businesses were inevitably driven by sales and to a degree simply *responded* to demand. Moreover, many producers only made a product or a small range of products '…if you make a biscuit, you make a biscuit'. It is difficult from here to make a meaningful contribution to a balanced diet or the wider healthy eating agenda.

That said, producers will respond to changing market demand. This suggests that guidelines could consider telling people to be wary of advertising, and what it was trying to achieve. Overall, it was suggested that the industry would not be positive about guidelines that added to existing legislative or regulatory frameworks, or became a 'back door' to adding to these. In this context, he was very critical of certain aspects of the Brazilian guide.

Other participants took a different view and felt the guidelines should contain and be of direct relevance to producers/suppliers. Otherwise, they would be solely consumer focused and suggest to a degree this was where all the 'blame' lay. In this context, the guidelines should contain messages to industry on issues such as portion size, promotions and offering healthy options in restaurants etc.

It was recognised that different stakeholder perspectives meant that consensus on these issues would always be problematic. A balance was needed: this had to recognise that these guidelines are not the only thing that will support desired change, and will sit alongside other actions.

What should be the scope / what could be covered in DGs?
Various, some fairly specific, suggestions were offered in when the scope of possible DGs was discussed, for example:
- Keep them both wide <u>and</u> targeted – "just because we have such big health inequalities doesn't mean that we don't talk about Scotland as a whole"
- Make the sensible easy and practical - most participants pointed to the difficulty people have in engaging with TEG and using it easily as a steer for practical actions: the issue being 'how can TEG be translated different groups into a healthy diet?'
- Provide resources that can be used by people working with others - e.g. who have little or no cooking skills, those who are want to/ are trying to change an unhealthy lifestyle behaviour
- Provide more simple, pictorial information about what represent healthy eating for people <u>in the situations</u> that they find themselves in
- Focus or zoom in on certain priorities at different points in time – e.g. an immediate priority for some was 'discretionary foods' (which don't feature much in TEG)
- Provide 'tips for healthy living', like don't go shopping on an empty stomach, improved information on 'what is a healthy snack', cut calories by throwing away your pizza crusts, if you love take-aways - split them/share them between two
- Speak to food manufacturers and retailers to encourage healthy portion sizes and like this – for both retailer and consumer - to reducing food waste

Reflection and revisiting the need for DGs
The final short section of the workshop was handled as a 'whole group' final feedback session, with participants given the opportunity to pause, reflect of the discussion and make a final statement in relation to the need for DGs. It was interesting to note that around half of the group was <u>not</u> strongly convinced of the need for DGs. The feedback given was:
- *Scottish diet is poor - we need help!*
- *The existing guidelines are good and useful, but can be confusing to some, and not always that easily understood to put it into practice in daily living (for those most in need) unless supported for some time*
- *There is a need for consistent, agreed, evidence based guidance beyond the Eatwell Plate*
- *I'm more uncertain that I was at the start, but there is a need for guidelines that are easy to use, user friendly, very practical and go along the lines of the Swedish model*

- *There's nothing intrinsically wrong with TEG, so the question is 'how do we turn it into practical solution that can engage people in different social contexts'? – (like if you are on a low income shopping in Tesco)*
- *I feel strongly that they have to be segmented and fit with the wider picture. Look at the McKinsey Report on obesity – one simple intervention is not enough. Campaign stuff is only one part of the jigsaw.*
- *I'm leaning towards 'yes' – they need to be clear. Concise, evidence-based, not guidance for guidance's sake, but plugging messaging gaps and offering people practical solutions*
- *Yes. I'm very clear that we need them – clear messages that sit below TEG*
- *I'm leaning towards 'yes', but I'd want more information on who they re for and what their purpose might be. A behavioural change focus is important – breaking down barriers that stop people making healthy food choices and focusing on those segments of the population that need more help*
- *I'm unconvinced, but I feel there may be a role if they are used to support people – focusing on segments - struggling to make changes to their behaviours*
- *Yes, they are necessary. But they need to be clear so everyone is saying the same thing and they are understandable*
- *Yes, I think we should have support for people who eat out a lot more today in a diversity of social situations. And also to help those most in need of it. Better nutrition is connected to sustainability, so sustainability should be included as well*
- *We need to speak with people who will be consumers of the guidance before deciding what's needed*
- *I'm unconvinced. TEG is good. I wonder if what we need is a greater drive to deliver the messages it contains at the local level*

The following table tallies participants' responses when asked in the evaluation form 'on a scale of 1-5 (with 5 being strongest) how strong a need would you say there is for new dietary guidelines'?

Scale	1 (No need)	2	3	4	5 (Strongest need)
Responses	0	1	4	2	4

Further views were offered in the evaluation forms that participants completed at the end of the session. The quotes below highlight throw further light on the views of the group.

Behaviour change is the issue and I feel messaging is key to this. Driven at local level, in particular helping to embed the benefits of healthy eating. I feel the current guide is good and if changed could lend itself to target audiences.

There are gaps in dietary messages that are outweighed by inaccurate, non-evidence based info available on the internet and delivered by non-qualified persons. Practical, clear, consistent guidelines would help to support all (both end users and professionals) in understanding what a healthy diet looks like and how it can be achieved.

There is a need for greater pragmatism. Start where people are now, suggest alternatives that they like, but are healthier (i.e. to swap chocolate X for chocolate Y) to minimise resistance to change. Guidelines need to be more concrete - i.e. what do people need to DO to achieve X? Need for behaviour change science techniques to be embedded into the guidelines

There is an obvious inconsistency with how messages are being communicated and understood by members of the public. It is vital that the impact of diet poor/good has on health. Profs need to realise their role and responsibility in tackling this and members of the public need to be able to source, see and receive consistent, convincing info to enable them to choose and consume a healthy diet.

It depends entirely on the purpose - If practical advice for people, it must be useful - If support for organisations, it must be impactful - if for others, including industry, it must be science based

Would be wrong to do nothing - current approaches are not effective. We MUST contextualise guidelines for range of 'lived experience - case studies showing real people's lives

Source: Participant Evaluation Returns

Workshop 3 - Glasgow 22nd March 2018

> This project aims to explore, through a collaborative and co-productive approach, whether key partners and stakeholders feel there is a need for dietary guidelines and if so, what the scope of these should be, what advice should be contained and how they might be most effectively used.

The purpose of this workshop, the 3rd in a series, was to engage with a range of partners/stakeholders to seek their response to these questions and to identify key insights and understanding that need consideration in developing dietary guidelines.

The workshop, facilitated by SMG, was attended by a mixed group of 11 partners, plus 2 FSS representatives. The partners included representation from:

- Third sector or community-based bodies
- Local Government
- The Scottish Government (Education)
- Dental Public Health
- Schools Inspectorate (Health and Nutrition)

This report is set out in line with the structured elements of the workshop and pulls together feedback into emerging themes/key points. It incorporates paraphrased comments/quotes in support of particular points and relevant additional feedback from the post-course evaluation forms.

Reflections on how the session went

For much of the session, the participants worked in two facilitated groups, coming together towards the end of the session to share their views on the 'big question'. Overall, there was a very high degree of engagement. When asked in the evaluation form, all felt that they had been able to make sufficient input to the discussion.[3]

The opening presentation, and some of the discussion it stimulated, was very useful in ensuring the smaller group session could move quickly into considering the main topics of discussion. Why the content of 'The Eatwell Guide' (TEG) was not in scope was raised and addressed clearly in the initial discussion, and this was helpful in ensuring this issue did not encroach on further small group sessions.

A key slide added to the front-end presentation was entitled "How can we help consumers eat better". This really focused on the potential space and added value of new dietary guidelines and was very helpful to reference in the small group discussions. This helped build a strong consensus that there was a need to consider something else to increase the connection between current eating habits and the aspirations of TEG, and encouraged participants to explore the potential for dietary guidelines to bridge this perceived gap.

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[3] Based on 11 completed evaluation forms

It is suggested that in future workshops this slide is left up on the presentation to enable people to see on screen through the small group sessions.

In part due to this explanation, the discussions benefitted from a stronger earlier sense of the broad concepts of new guidelines than the 19th March workshop. This helped people initially not as familiar with the thinking behind the guidelines, though some participants were clearly well aware of the opportunities these may provide prior to the session.

> Thanks for involving us in the consultations – a few years back, I am not sure people working in Environmental Health would have been seen as players here. But we are.

> So many confused and unhelpful messages bombard people – either via the media and advertising – we need something to consistently counter these

A common theme in the discussions was of some participants 'going back and forward' on their views about the guidelines. This was a positive feature of the group deliberations, indicating people were fully engaging and reflecting on what guidelines were trying to do, and the range of factors and complexities involved. The final concluding sweeper session as a full group was a good way of bringing out these personal reflections further.

> We need something as people are clearly not eating as we'd like. But this has to be the right thing - something that will add value, and we are sure people will use

> The more the discussion continued, the more complex and multi-dimensional I realised the issue of new dietary guidelines is

So many people and agencies need to be on the same page with consistency of message. Guidelines have real potential to help this, but as part of a much bigger jigsaw

Overall, the changes made following review of the 19th March session had the intended effect. For future sessions, the key further recommendation is to keep the 'How can we help consumers eat better' slide on the screen and visible during the small group discussions, and used by the facilitators to assist focus.

Opening views on Dietary Guidelines

At the start of the session, each participant was given the opportunity to make some opening comments about the need/or otherwise for dietary guidelines (DGs). The mood was generally supportive, though perhaps a little more uncertain than it was during the previous workshop (when we had a larger NHS representation). That said, at the beginning of the session the majority were positively disposed to the idea of DGs, with a couple of participants being uncertain. Participants' opening comments touched on:

- Helping people better understand the food choices they make – what's good, not so good, bad
- The need for guidance that is easily translatable into how services communicate with the public around eating and nutrition
- More tailored information that links to where people are at in their lives, where they are in their journey to a healthier diet
- DGs that offer support for bodies (e.g. Councils Environment Health Services) that are increasingly working with food businesses, such as carry out shops, to encourage use of healthier ingredients

Yes, we need something strong and simple that can counter the confusing daily 'drip feed' of 'what to eat, what not to eat'.

Environmental Health is showing more interest in helping businesses improve the food we are eating. This needs to work incrementally, doing things that are appropriate to the business, not forcing it, but step by step. Could DGs support this effort?

There's a growing range of so-called healthy models. We need something simple that everyone can sign up to and use.

I'm not sure. Possibly improvements can be made, but I'm concerned about making more changes in what we say to the public.

Yes we need them, but we need 2 or 3 versions – e.g. one for health practitioners and others that interact with the public, and one for members of the public that recognises and empowers them depending where they are in their journey of change.

Views expressed in general discussion about role partners and new approaches

More can be done to influence the food environment

A number of comments were made about the potential to work with food businesses (carry out shops etc.) and do more to improve the nutritional value of the meals they serve. This required recognition that many will never attain the Healthy Living Award in its current format. As in the previous workshop, the example of Glasgow City Council's (GCC) environmental health team was given of the progress they had made to reduce saturated fat in fish suppers by working with shops to change the oil they used in frying.

The role and lessons from schools

Significant work was underway within schools to promote healthy eating and balanced diets. Much of this was recognised as very positive and with some replicability to other settings. The key to sustaining and developing this further was embedding this in the curriculum – utilising opportunities from Curriculum for Excellence (CfE). The Eatwell Guide (TEG) was seen to often underpin this work. CfE Outcomes such as 'Food and Health' had useful elements addressing the social aspects of food. Benchmarking best practice provided the scope for some consistency in school work, but CfE enabled individual schools to find the best fit in these areas – this inevitably led to some variation in approaches.

Joining up the teaching side of schools with their catering function and capacity often remained problematical. For example, when it came to actually cooking in schools often this involved making cakes and biscuits for charity events or enterprise related activities.

Overall, some teachers were concerned about their level of knowledge when asked advice about food, nutrition and diet. This was particularly marked in the primary sector. Guidelines that assisted teachers may therefore be of some value.

Understanding and respecting different starting points and motivations

A strong view expressed throughout the session was that any guidelines should be very person focused and should try to speak directly to people. The Swedish guidelines strapline of 'Find **your** Way' signified the correct ethos. This had to ensure guidelines recognised and supported people with very different starting points – perhaps through some form of 1 (very unbalanced diets) to 10 (The Eatwell Guide) self-assessment guide. From this, practical advice and tips to make incremental progress could be provided i.e. 'if you're wanting to move from an assessed starting point of x options include'. This approach might engage a wider group of people.

Learning from related practice and other developments

Some existing information, potentially related to new dietary guidelines, was cited in the workshop. Learning from and ensuring consistency/read across from these would be helpful. Examples included:
- 'Oral Health and Nutrition Guidance 2012– this probably now needed updating
- 'Getting the Balance Right'– it was recognised the awareness and use of this was uneven

In addition, a Scottish Diet and Obesity Strategy was anticipated soon. This would be a very significant document – and DGs must be consistent with and add value to this strategy and its associated resources.

Guidelines also need to consider/show an understanding of the wider determinants of health
To make the guidelines of maximum use and added value they needed to understand and address the wider determinants of health. The approach must show understanding of a much more multi-dimensional range of issues, and how these impact on people's behaviours and attitudes to food and nutrition.

This in turn led to consideration of how to practically position and use any future DGs in this wider context. Ideally a very wide range of agencies needed to be on board and understand and apply the same consistent messages. Practically, it was suggested that the most appropriate mechanism to address this was through local Community Planning structures.

Realistically, the guidelines may require scope to be locally customised and informed. To a degree they may involve an element of signposting to other supports or local opportunities. Guidelines needed to ensure avoiding providing advice and raising expectations of support to eat better from local services or provision that didn't actually exist (e.g. 'eat more affordable fresh fish', or 'further support is available from X Community Health Partnership)

Developing guidelines by understanding 'unhealthy eating' habits
Linked to the wider determinants analysis, new DGs needed to be very firmly focused on understanding and addressing the reasons people don't eat balanced diets. These were seen as complex, interrelated, and varying in significance between different population cohorts. Some of the most common included:
- The ease and availability of unhealthy foods (often in quantity)
- The reality and/or perception that eating a better diet was more expensive
- A sense healthy cooking took time which many people did not have
- A sense 'healthy' food was 'boring' and 'not tasty'
- For many people 'eating unhealthily was not a problem until it is' - change was often only triggered by some form of negative health event – we needed to find ways to encourage more 'preventative' thinking

One mechanism used to try and address these challenges from the community health arena was cited as the '5As', recognising that supporting a balanced diet was about: Access; Availability; Affordability; Aptitude; Attitude.

Learnings about consumer needs from cooking skills classes
This topic attracted a good deal of discussion and several issues emerged.

A couple of participants were involved in delivering cooking skills and hygiene training to a mix of consumers. In these courses the trainers use TEG a lot and the courses are based on the guidance, showing consumers how to put the food guidance into practice.

Trainers recognise that everyone is at a 'different starting point', so they frequently tailor their messages accordingly. But they are doing this largely off their own back, and not with the support of a more comprehensive key message resource.

Trainers are frequently asked by trainees what is available by way of resources and further guidance to give/pass on to consumers, but there is little available. It was later pointed out that there is a shortage of TEG booklets to hand out, and that trainers would be happy to pass on more of these if they had them.

Trainers also get asked repeatedly at these courses:
- How much should we eat? What is a portion?
- How many times a day should I eat?

This indicates quite strongly that there is a need to incorporate messages about portion size and frequency of meals/snacks out to the public.

> All she would eat is chips and gravy and drank about 12 cans of coke a day. During the course she managed to drop from 12 to 7 cans of coke and added a carrot to her chips and gravy. This is progress but how does that relate to TEG? Another case was working with a mother making a cake for her kid's birthday and encouraging the use of less sugar in the icing.

It was underlined how 'far removed' some people are from having a healthy diet, when citing the case of one client:

These and other examples highlight the need for a holistic approach and a focus on the customer journey, and to accept that any small progress is good – 'there is a danger if people being disheartened if they don't make the targets as set out in TEG'.

It was pointed out that there was a big need for education and information that helps people to 'plan and prepare safe food' through a wide range of courses that cater for a wide mix of participants and that the 'value' of the courses as perceived by trainees is often not about 'gaining cooking skills', but rather the benefits that flow in terms of new confidence, greater self-esteem, making new friends and so on. These are the 'benefits' that can be used to promote and attract people onto the courses.

Influencing business - the potential of the Health Living Award (HLA) (or equivalent) & the Health Care Retail Standard (HCRS)
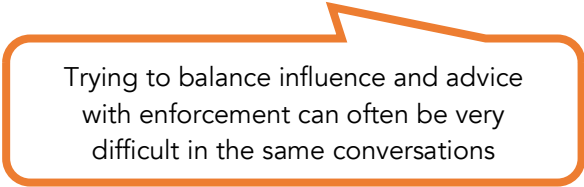
Discussion developed around the HLA. It was pointed out that the HLA – while good for bodies like the NHS or community groups – is not suitable for a wider group of businesses. Businesses, like chip shops, could never meet the criteria required by the award.

These were also cited as a good example of guidelines and criteria that has already been applied broadly within the NHS and that could potentially be taken further.

There was certainly a general feeling within the group that there was a need for something that could engage and be relevant to a larger spread of businesses. E.g. HLA staff could potentially do more with caterers to enable them to adopt practices that improve the nutritional quality of the food they provide, so long as that did not come at the expense of profits.

It was pointed out that the HLA was set up in 1996, and has remained unchanged since, despite a lot of change in the market place and consumer behaviours. The question was aired as to whether the HLA could be changed to become more widely applicable, or whether something new was needed that would recognise and celebrate where businesses were taking steps to support the dietary goals. It was also argued that anything that is introduced should be capable of recognising small, incremental steps in the right direction that business takes.

The participants who directly engage with businesses, pointed out that this contact tends to focus on 'food enforcement', which can be a challenging (probably inappropriate) context to try and open up a discussion about improving nutritional value of the food.

> Trying to balance influence and advice with enforcement can often be very difficult in the same conversations

That said, it was felt that there is potential to use the opportunity of food enforcement visits to provide some very 'light touch' advice and signposting – i.e. pointing the business in the direction of where they can get further guidance on nutrition. The potential to influence in these situations would be enhanced if there was some form of 'award' or recognition for businesses who improved their practice.

The above opened up further discussion about the scope for local councils to do more to influence businesses to support healthier diets. For example, 'could they help businesses to reduce portion size without endangering profit by encouraging the use of different packaging – e.g. packaging designed to hold smaller portions while looking the same as the original serving size. Again, the availability of some reward or recognition scheme would make this easier.

The role of planning policy and decisions was also brought up, particularly in relation to allowing the opening up of new fast food outlets in areas where there is very little by way of local food choice.

> In some deprived parts of Lanarkshire — it's very difficult for people to make healthy food choices. The problem is often compounded by planning decisions to allow more fast food shops to open

> Perhaps a toolkit of things that councils could do, things that might work is what's needed

Competition from other messengers, promotions and inadequate information on foods

Several views surfaced relating to where people get information from, the power of the media and advertising promotions that serve to confuse or pull against healthier messaging, and confusing nutritional information on food packaging.

> The media is the problem. They can cling onto one thing. People see things on the telly and take their steer from this, not health professionals. Health professionals are then confronted by people 'who think they already know' what they should be doing

> A really big thing is promotions on unhealthy food and the powerful attraction this has for Mum's getting by on low incomes

> Nutrition labels are too complicated for people to understand. The smaller print often says that the information does not relate to the total produce but to only part of it

> The supermarkets are very sneaky, e.g. they put sweet at the end of the isle near the till. These kind of practices have a big role to play in people eating badly

Comments on The Eatwell Guide (TEG) and resources & the possible purpose/contribution of Dietary Guidelines

> The Eatwell Guide is <u>not</u> well known or understood by the population as a whole and, to a lesser extent, by intermediary support professionals

While TEG is the consumer-facing tool of The Scottish Government's dietary goals, a fair number of the participants were of the view that TEG was not well known across the general public. There was a strong feeling that more consumer-facing materials are needed that practitioners can pass onto clients.

> Consumers don't go onto the internet and look at Eatwell Every Day

As highlighted earlier, TEG is regularly used by a range of practitioners, notably by people involved in delivering cooking skills (and related) courses. Here is it used as a resource and tool to build from, though trainers have to develop additional messages about, for example, how to cook on low incomes, how to grate rather than slice cheese, what ultra processed foods to try and avoid, frequency of eating, what makes up a 'portion', how to enjoy food when eating together etc.

More generally, one frequent user of TEG felt that we 'have lost sight of what is good nutrition, the role of minerals etc.'. There is too much focus on calories and less on where calories come from.

> I use TEG a lot. Most of our trainers talk about it. I like it because it's pictorial, talks about food groups, but I'm less happy with what it says about hydration and sugar free drinks. There is a need for a lot of additional messages. Also, how to encourage people to make small changes in the right direction – e.g. switching from having 4 teaspoons of sugar in their tea to 2.

Some concern was also expressed that the recent revision of TEG had not been accompanied by enough information on why some parts had changed. This had caused some confusion.

Food businesses

The participants who interface with businesses in an enforcement context do not use TEG. Diet and nutrition is not part of their formal remit. However, going forward there is possibly more they could do to support the improving nutrition agenda when doing food inspections.

The Healthyliving Award (HLA) was discussed as an example of an organisation well-placed to support healthier choices in industry. However, it was pointed out that although HLA criteria are in line with TEG, TEG is not widely used in assessments. Instead, HLA interactions focus on practical instructions and actions required to attain the award criteria, such as switching to unsaturated oils or lower-fat cheese. In order to leverage HLA's potential as an influencer, there is a need for straightforward, industry-focused guidance which can be quickly adapted and used opportunistically.

Linking with early intervention and prevention

Discussion picked up on the potential to do a lot more to get healthy eating information and advice used much more by practitioners – particularly health practitioners – as a way to support people to make healthy choices at earlier stages in their life cycle, and before the health consequences of poor diet hit home. To support this effort, some participants were in favour of more hard-hitting messages about what some foods are doing to the body and what the negative health consequences are tomorrow of bad eating today. The example of how anti-smoking campaigns deliver hard-hitting messages was cited, although it was also recognised that the use of these tactics and messages for nutrition will not be as clear cut.

Use of digital technology

There was support for a greater use of new technology to empower consumers to better understand that they are buying/eating and how to make healthier choices. It was felt that there is a lot of potential to translate the dietary guidance and messages and help make TEG useful for consumers. For example, the "Food Scanner" sugar app created as part of the Change4Life Campaign is well known by consumers and widely used.

New Guidelines - purpose, audience, elements?

Purpose – there was general agreement in one of the working groups that the purpose should be to bring together a coherent set of messages that could be used by influencers or communicated (as appropriate) directly to consumers. Also, they need to be used 'loudly' in order to (try and) counter the powerful messages from media and big industry that encourage unhealthy diets or keep people locked into unhealthy behaviours. The purpose of DGs is, therefore, about helping to translate and implement TEG in ways that are appropriate for different groups of people.

Audience – who should the DGs be aimed at? A show of hands was taken across the whole group on this question and it showed strong support for DGs that had at least two main audiences – i.e. influencers and the public, with different sets of guidance being prepared to each main audience.

Elements – It was pointed out that providing calorie information on all food is not yet compulsory, but that we may be moving in this direction. In the meantime, FSS is currently piloting MenuCal and will be providing guidance to local authorities about how to introduce this to businesses. MenuCal has been developed for food businesses to help them identify, manage and communicate required allergen information and calculate and display calories on their menus. It has been developed with the input of chefs, caterers and small business owners. Perhaps the DGs could encompass this as an element?

Reflection and revisiting the need for DGs

The final short section of the workshop was handled as a 'whole group' final feedback session, with participants given the opportunity to pause, reflect of the discussion and make a final statement in relation to the need for DGs. The feedback given was:

- *We need a holistic approach that helps show people how to move forward from the situations that they are currently in*
- *I feel we need DGs for consumers, but less so for influencers*
- *I'm still on the fence – the problem is so complex and the potential impact of DGs in quite small*
- *Maybe we should focus it all on consumers and focus on delivering a few key messages – about how and why – and do it consistently well*
- *We need something. Everyone (including influencers) needs to know but doesn't need the same about of information (One participant made reference to a "1-3-20 rule" where one page of information would be produced for the general public, three for influencers and practitioners, and twenty pages for academics or other expert stakeholders)*
- *There is a value in having something that provides messages that will counter the amount of confusing and misleading information around*
- *We need resources to support influencers in helping people to interpret TEG*
- *There needs to be something, but it's more complex that I first thought*
- *There are different audience and different materials needed, but all need clarity of messaging*
- *Alcohol needs to be covered – it's missing from TEG*
- *I've changed my mind several times and I'm still undecided. TEG is fine, it's more about delivering it to people in meaningful ways and appropriate to their situation (e.g. if they ask 'what is a portion'?)*
- *Yes, there is space for something that has consistency and clarity of message but it's not a once size fits all – e.g. how will it relate to and help businesses?*
- *DGs are essential, but a huge issue is what the messages should be*
- *Everyone – all partners – have a role to play*
- *I support the idea of DGs even more than I did at the start, but one size won't fit all – we need practical messages that influences can deliver and that people can apply*
- *Consumer-focused resources could be on a 'sliding scale' where people could put in where they are now and see what they can do to move forward (should they wish). A similar support could be available for businesses interested in making a difference*
- *DGs should communicate the consequences of an unhealthy diet. Like smoking, it was made clear what smoking does to your health. With diet it is more complex*
- *DGs are needed, but so is legislation and regulation – DGs are only one bit of the jigsaw*

The majority of the group, therefore, supported the case for DGs fairly strongly. As the table below shows, 9 out of the 11 rated the need for DGs at either 4 or 5 out of 5 (with 5 being strongest need). The following table tallies participants' responses when asked in the evaluation form, 'on a scale of 1-5 (with 5 being strongest) how strong a need would you say there is for new dietary guidelines?'

Scale	1 (No need)	2	3	4	5 (Strongest need)
Responses	0	0	2	3	6

Participants were then asked to write down the main reason for their answer. Selected comments are set out below.

Focus on empowering people and giving them ownership i.e. guidelines shouldn't be patronising or prescriptive, but seek to inspire people to improve their diet

We have the evidence to say where we are now and where we need to get to, but the link in the middle (the how and why) is missing.

More about delivery, context etc. rather than new guidelines per se. Wary of having yet more messages.

Eatwell guide is not well known or understood by population as a whole and to a lesser extent, by intermediary support professionals… Guidelines to help interpret e.g. into daily life would be helpful for those less able to do this.

I am not sure they can fill the gap which will take people from where they currently are to where we need to be nationally.
The issues facing diets are complex and multiple interventions are required. However, they could be one tool which may help to get us a step closer to the ideal.

We need to ensure there is consistent advice available, although the level of detail may vary depending on the target group, e.g. detailed advice for professionals, summary advice for public. A suite of resources with consistent branding would help show uniformity/links between various resources

Source: Participant Evaluation Return

Workshop 4 – Aberdeen 26th March 2018

> This project aims to explore, through a collaborative and co-productive approach, whether key partners and stakeholders feel there is a need for dietary guidelines and if so, what the scope of these should be, what advice should be contained and how they might be most effectively used.

The purpose of this workshop, the 4th in a series, was to engage with a range of partners/stakeholders to seek their response to these questions and to identify key insights and understanding that need consideration in developing dietary guidelines.

The workshop, facilitated by SMG, was attended by a mixed group of 8 partners, plus 3 FSS representatives. The partners included representation from:
- Academia (their areas of interest were human geography and nutrition)
- The British Dietetic Association (BDA)
- Community Food & Health Scotland,
- FSS (one in Food Safety and one in Local Authority engagement and enforcement)
- NHS dieticians
- Schools Inspectorate, specialising in food and health in schools

This report is set out in line with the structured elements of the workshop and pulls together feedback into emerging themes/key points. It incorporates paraphrased comments/quotes in support of particular points and relevant additional feedback from the post-course evaluation forms.

Reflections on how the session went

For much of the session, the participants worked in two facilitated groups, coming together towards the end of the session to share their thoughts on the core question. Overall, there was a very high degree of engagement. When asked in the evaluation form, all but one felt that they had been able to make sufficient input to the discussion. It should be noted that the sole participant who felt that they "couldn't say" whether they had made a sufficient input had made it clear during the small group discussion that she felt dietary guidelines were out with her area of practice and expertise.[4]

As with the 22nd March workshop in Glasgow, the opening presentation was effective in focusing the small group discussions on the main topics from the outset. As recommended in the previous report, the slide entitled "How can we help consumers eat better" was left up after the initial presentation to serve as a point of referral to refocus discussion if needed. The presentation was well received overall, with 7 of the 8 participants rating it 4 or 5 on a 5-point scale, where 5 was "very satisfied".

One query resulting from the opening presentation was offered by one of the academic partners, who felt that the term "dietary guidelines" was perhaps not the correct terminology

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[4] Based on 8 completed evaluation forms

due to potential confusion with existing "goals" and the Eatwell Guide itself. This topic became a significant thread of discussion within one of the small groups.

> Practical 'guidance' or tools to enable translation of Eatwell 'goals' would be beneficial - but not a 'one size fits all'

> (Guidelines are needed) To deliver some consistency behind messaging. Need to raise the profile of the Eatwell Guide currently.

Opening views on Dietary Guidelines

At the start of the session, each participant was given the opportunity to make some opening comments about the need/or otherwise for dietary guidelines (DGs).

The overall view in the room was that there was a clear need for new dietary guidelines (although perhaps under a different name). It was felt that a gap existed between the ideal presented by the Eatwell Guide and the practical reality of the current Scottish diet.
Everyone, to some extent, acknowledged and saw the need to have some form of dietary guidelines. The range of initial views expressed included:

- There's inconsistency in how the existing material is communicated by practitioners (especially in primary education)
- The role of media 'noise' in spreading inaccurate information and perpetuating urban myths about good dietary habits
- The public lack awareness of the Eatwell Guide compared to other, simpler messages such as '5-a-day'
- There's a need for segmentation in dietary messaging to account for a range of life stages and personal circumstances in the public
- There's a need for different versions of dietary messaging to account for different eating situations e.g. commuting, eating out etc.
- The existence of a 'skills gap' where lack of cooking/shopping/budgeting skills act as a barrier to better food habits
- Current advice out there can be difficult to translate to practice, and also doesn't strongly consider sustainability

> I think there are sufficient guidelines already but the way they are disseminated and translated for the wider public needs to be reconsidered

> Must be practical for various types of consumers

Views expressed in general discussion
Language and terminology need careful consideration

We need to make sure we use appropriate language and terminology that is relevant for each of the different groups of people that we need to develop dietary guidance for. Both 'diet' and 'guidelines' can be off-putting/have a negative influence on people's attitudes and behaviours towards food and its consumption.

In addition, without clarification of the language used to describe any future 'guidelines', that allow them to be seen as a positive and practical complement to TEG, there is risk that the 'guidelines' will be at best received with scepticism or at worst dismissed without proper consideration.

There needs to be clarity of purpose on who the guidelines are for - that is who the tools will be used by

Stakeholders and those involved in dietary health improvement need to be fully informed about dietary goals and of the appropriate/corresponding guidance to help them deliver the key messages to consumers in a consistent manner.

There's a particular appetite for dietary guidelines amongst the community and voluntary sector workforce

Many people working in communities recognise the importance of trying to have a healthy diet and would welcome specific guidance for helping their clients move in the right direction. Many are familiar with TEG but lack the knowledge and skills for helping clients put it into practice.

It is important that educators in food and nutrition have the necessary guidelines

It is important that <u>everyone</u> involved in health and social care is fully equipped to deliver training and guidance that is effective and consistent. As well as those people involved directly in giving dietary guidance, anyone with an appropriate opportunity to help a consumer make better food choices should be appropriately trained – this includes clinicians and other health practitioners as well the community and voluntary workforce previously mentioned above.

Dietary guidelines will need to cater for different groups of people. As such, segmentation of the population is vital

How we translate TEG – i.e. how we get someone from where they are now on a journey towards TEG and dietary goals - could vary considerably depending on who we are talking too. As such, DGs will need to able to work for varying groups of people (i.e. different consumer segments) and will need to be structured to start from the place of most relevance to different segments or individual users.

An approach to facilitate this could be to cascade dietary guidelines through the food supply chain to consumers i.e. from educators and health practitioners, to caterers, retailers, community groups, businesses/employers, and health and social services etc. onto the consumer.

Criteria that were felt to need considering when undertaking segmentation included: age/lifestage, affluence/socio economic grouping, education, attitudes to health in general, key motivations to eat better and to be healthier….or other issues of relevance that may have a bearing on why key segments in the population are not eating as healthily as they otherwise might be (e.g. mental health issues) and beyond this, skill levels in key areas (e.g. budgeting and cooking).

Lack of cooking and shopping skills are a potential barrier to behaviour change

There are segments of the population (examples given were young students leaving home, or older, recently widowed men) who have little skills or confidence around cooking from scratch or shopping for food on a budget. This has the effect of driving them towards choosing processed food or eating outside of the home. Additionally, a lack of knowledge around food safety can lead to a "fear factor" around food such as poultry, again discouraging cooking at home.

> Equipping these people with some basic cookery skills and knowledge will be essential if we are to bridge the current gap between the current diet of these groups and the Eatwell Guide

There are felt to be unrealistic expectations put on many people to look perfect and as part of this to eat perfectly

This was believed to be a key factor that needs to be understood when developing guidelines to encourage more healthy eating. As part of this, an understanding of the negative way that social media can encourage people to eat badly was felt to be required alongside an understanding of how social media can be utilised to encourage healthy eating.

Contradictory information about healthy eating is a barrier to engagement with healthy eating messages

In addition, there was felt to be a need to be conscious of the fact that many are or perceive themselves to be exposed to contradictory messages in relation to healthy eating. For example, the requirement for 5 a day, is often compared to the message seen within other countries where it is 10 a day. Again, this issue is amplified as a problem as a result of the sheer volume of information about diets presented to people through the media.

A better understanding of the drivers of fad diets would be useful

There seems to be an ever-growing proliferation of diets that are badged as 'healthy' and receive much positive testimony but that are not necessarily correctly applied or backed up with scientific evidence. Social media and personal endorsement are a contributing factor – what can we learn about this? What resulting considerations would we need to give to developing the DGs? Is there any available insight on this issue?

Dietary guidelines need to include how to avoid/prevent poor food choices

There's lots of advice on what people should eat but less on how to avoid/eliminate unhealthy choices. This is increasingly important in a food environment in which it is very easy to go for unhealthy foods rather than healthy options. Trying to avoid unhealthy food options when travelling is a case in point.

There's lots of existing work and good practice that DGs could draw from

In the NHS in Scotland there is a lot of ongoing work to improve nutritional standards for both patients and the workforce; via better guidance in food catering and retailing environments, for example, the work in developing national catering and retail standards/guidance for both

food and fluids. Involving procurement teams and having a quality assurance process are other important factors for ensuring effective implementation.

In addition, it was noted that there is a lot of good practice in schools that can be built on to help disseminate positive messages about healthy eating- where, for example, the children are used as champions and educators within family homes.

As well as guidelines about the nutritional aspects of food and diet, guidelines should also cover associated behavioural aspects

Addressing behavioural aspects will help people with the 'how' to make healthier food choices. For instance, there are particular life events at which people are more open/receptive to change such as: having children, leaving home, becoming widowed etc. Also, the volume and order of choices presented to consumers can significantly affect behaviours – more awareness and understanding of how these make a difference would be useful.

Another factor that could be considered is guidance on how to find and mobilise community change agents (positive deviants). Positive deviance is an asset-based approach to behavioural and social change based on the observation that in any community there are people whose uncommon but successful behaviours or strategies enable them to find better solutions to a problem than their peers, despite facing similar challenges and having no extra resources or knowledge than their peers. These individuals are referred to as positive deviants.

Food safety message can enhance the guideline messages

While it was acknowledged that there is a risk to overcomplicating the message coming through additional guidelines it was suggested that simple messages about food safety could support and enhance the more general message about healthy eating by reducing the fear factor.

There is a risk that any guidelines could be overcomplicated by including additional messages regarding associated topics when they are not relevant to the target segments

As an example, it was felt that while issues of sustainability might be very important to some key segments in encouraging healthy eating, they are a 'step too far' for others who require more direct and simpler messages.

Dietary guidance for Industry requires a separate approach

It was recognised that guidelines alone will not have the desired effect on encouraging private sector Industry to offer more and better healthier choices. As such, there was a strong view that the private sector food/catering Industry needs a much tougher approach which would involve more controlling measures across the food environment/supply chain, such as tighter regulation, beyond that which the proposed dietary guidelines would be able to contribute.

It was also recognised though that consumer facing guidelines will have little effect on the target audience without some involvement of the industry to, for example challenge the issues of perceived high value of unhealthy foods and high expense of healthy foods.

The quality of public sector catering provision in terms of delivering healthy food options is poor

Amongst a few workshop participants there was strong criticism of public sector catering provision in Scotland – the quality in terms of healthy and sustainable food options of public sector catering is pitiful. The Healthy Living Award (HLA) has had some positive effects but this was not viewed as widespread or significant enough. For some participants, there was the view that associated guidance and supporting standards should be much 'stronger' than needed for other groups.

> We need to be much stronger with industry. Any dietary guidelines and standards should be much 'stronger' for industry than other groups

More specific reference to the evidence base will help justify guidelines and strengthen their authority

It was also viewed by some participants that using some of the evidence base to back guidelines will help give them credibility, authority and thereby also help with dispelling food myths and the plethora of other misleading and misinformed dietary advice and guidance in the public domain.

> Having a strong evidence base will help make the case for change and tackle misconceptions but it needs to be accessible and relevant

A good example of using the evidence base to back up guidance is the World Health Organisation's (WHO) European Code Against Cancer – 12 ways to reduce your cancer risk (http://cancer-code-europe.iarc.fr/index.php/en/). For each of the 12 ways to reduce cancer risk the relevant associated evidence base (http://cancer-code-europe.iarc.fr/index.php/en/ecac-12-ways/diet-recommendation) and frequently asked questions are given to substantiate and validate the advice given. This type of approach could be applied to the DGs. 'As guardians of the dietary goals, TEG and any guideline FSS needs to be seen/recognised by everyone as **the** leading authority on the guidelines'

There is some useful learning from how smoking behaviour has been tackled

Although smoking behaviour is obviously a different behaviour to unhealthy eating, there are some lessons that can be drawn from the work done to reduce smoking levels over the years. A key learning/observation is that measurable change has taken a long time to affect and as such, a continual/sustained, multifaceted approach has been required. The journey started with raising awareness of the link between smoking and health and the unhealthy consequences. Then it moved in to reshaping and controlling the smoking environment (e.g. restricting smoking in public spaces) and public perception with the use of regulation, pricing/taxation and communications/marketing. Although consideration of the wider measures on shaping the food environment is outside the scope of this project any dietary guidelines developed need to fit within and complement the wider set of measures being implemented to improve diets.

Comments on The Eatwell Guide (TEG) and resources & the possible purpose/contribution of Dietary Guidelines

> Some consumers love it. Its visual nature makes it easy to identify the healthy food options

Everyone was familiar with TEG and acknowledged that it is a good tool and foundation for giving consumer dietary advice. The universal view was that most people at practitioner level, involved in giving dietary advice across health and social care, and at a community level, are well aware of TEG and to varying degrees using it as tool to give advice. As noted earlier, it was felt that guidelines would help facilitate better use of it in practice.

In line with earlier workshops, participants also felt that there was less awareness and understanding of TEG amongst consumers, even though it is widely visible – for example in health care settings, GP practices etc. and it's even been seen by a participant in a newspaper.

For consumers that are aware of it/seen it, the considered practitioner view was that people 'love' it or appreciate it because it visualises what is a healthy diet is and therefore makes it easy to understand and relate to what they eat or don't eat. Further to this, it was believed that there is likely to be decent or good understanding of the principles or theories of the Eatwell Guide. The issue for most people in the population, however, was felt to be in translating an understanding of the principles of the guide into day to day eating practice.

Notable omissions/issues with TEG

Everyone was positive about and welcomed the additional elements incorporated into TEG when it replaced the Eatwell Plate but a few notable omissions/issues we're highlighted:

- *Alcohol* - Everyone agreed that not having any alcohol related element was a significant omission, particularly for Scotland and its drinking culture.
- *Evidence base* - Reiterating an earlier point, it was highlighted that TEG isn't linked to the corresponding evidence base to support/justify/give credibility to the desired diet.
- *Portion size* – Increasing portion sizes and a lack of what a sensible portion size is, is a major factor in excessive/unhealthy eating
- *Snacks* – Although there's now specific reference to discretionary foods it was felt that there could be a more explicit reference to snacks/snacking
- *Not all wholegrain cereals are healthy* – In terms of nutrition, many wholegrain cereal products are not a healthy option as they can be high in sugar.

TEG as a target is not attainable in the short term for many people

For many people getting from where they are now to TEG is too big a step to do in one go. Everyone agreed that guidelines on how consumers can make, smaller steps/changes to less unhealthy options along the way would be helpful.

> We need to be realistic….it took the tobacco industry more than 50 years to get real change (in attitudes and behaviour)

There are some key areas of the guide that remain confusing for many people
There needs to be information provision to give greater understanding of composite foods, many people are understood to struggle with understanding the importance and the role of carbohydrates, and with the value of freezing foods and the legitimacy of having frozen foods in a healthy diet.

To help change food/eating culture we need to win the 'hearts and minds' of consumers
One participant felt very strongly that winning consumers 'hearts and minds' is vital. The more we can get people interested in and engaged with food, the more we can educate and guide them on making healthier choices. Further to this, it was felt that there was a need to ensure development of any guidelines would ideally be presented to the population in a positive way with strong, credible branding and with engaging people at the front of the campaign. This point led onto further discussion about use of appropriate language.

Use of the right language/terminology is important for positioning TEG and associated guidelines
As discussed earlier in the workshop the use of appropriate language was brought up again. It was highlighted that the language used in DGs and in reference to TEG needs to work for the varied consumer population groups <u>and</u> fit with other health and social agendas/initiatives such as Scotland's Good Food Nation, food sustainability agenda. Alongside this, more appropriate/alternative language than the typical use of 'health', 'diet' and guideline' should be considered.

New Guidelines - purpose, audience, elements?

Purpose – The general view was that the purpose of the guidelines is to <u>translate</u> and <u>support</u>, in a practical and engaging way, how people can get from where they are now towards TEG and associated dietary goals, recognising that this can be in an incremental/stepped way. Some participants (in particular an academic participant), emphasised the need to make them practical and to back them up with evidence.

Audience – The clear view was that the DGs should be for both those that can educate and influence consumers including appropriate players in food supply chain, and consumers. The guidelines should work so that they enable and empower the educators and influencers to translate TEG dietary goals and encourage and support positive change amongst consumers; and directly help consumers to move themselves in the right direction. Children and families, and those in lower socioeconomic groups were highlighted as priority audiences.

Branding – It was felt that TEG and DGs led by Food Standards Scotland need to be strongly positioned as the definitive/official source of dietary guidance in Scotland. It was viewed that this would help combat misleading claims from other, non-validated sources.

Elements – important elements to include/cover included:
- The inclusion of guidance and tools on how to change behaviour/habits
- Acceptable and achievable steps towards to TEG e.g. consumption of less unhealthy options

- How to also make sustainable/good food choices
- Specific guidance covering the previously listed TEG omissions – alcohol, evidence, portion size, snacks, wholemeal cereal
- For influencers, guidance on identifying opportunities and capitalising on/making the most of 'teachable moments'

Reflection and revisiting the need for DGs

The final section of the workshop was handled as a 'whole group' and gave participants the opportunity to reflect on the discussions, make any final comments, and make a final statement in relation to the need for DGs. The final feedback was:

- *As well as nutritional advice, it's important to include behavioural aspects within the DGs because nutritional advice alone won't motivate change. We should be advising people how to develop habits that would be healthier than their existing habits.*
- *Language is a key issue, and we need to clearly articulate what we propose to put out there. Terms like 'Dietary Guidelines' and 'Nutritional Guidelines' are too limiting and too distracting for the consumer. We need to find a better form of words for what we're doing, because 'diet' and 'guidelines' aren't necessarily best.*
- *The DGs sitting alongside the Eatwell Guide would be a great tool and an important contributor in changing the public's diet, but it shouldn't distract from the change that needs to come at industry level, possibly through regulation, to make more widespread change.*
- *Although changing industry is out with the scope of this exercise, we should be aware of what is going on in industry as we develop these.*
- *Ultimately, the DGs should go hand-in-hand with industry and the two should support each other.*
- *Rather than guidelines, what we are actually looking for are practical tools that those in industry, in education and other professionals can use.*
- *There's a lot being asked of people to go from where they typically are to TEG, so we need broken down tools to help people move towards TEG step-by-step*
- *There are different audience groups with vastly different needs to consider (e.g. Freshers at University who have moved out for the first time; recently bereaved widows who have never cooked for themselves). Segmentation is needed, and there has to be a realization that one tool or guideline document won't fit all.*

- *There has to be some emphasis on the individual, and the DGs should set out the degree of responsibility individuals have. We should highlight the effects of having a bad diet for people and get them to think about that.*

The majority of the group, therefore, supported the case for DGs fairly strongly. As the table below shows, all 8 participants rated the need for DGs at either 4 or 5 out of 5 (with 5 being strongest need) – although one left an additional comment to emphasise that they shouldn't be called Dietary Guidelines. The following table tallies participants' responses when asked in the evaluation form 'on a scale of 1-5 (with 5 being strongest) how strong a need would you say there is for new dietary guidelines'?

Scale	1 (No need)	2	3	4	5 (Strongest need)
Responses	0	0	0	4	4

Participants were then asked to write down the main reason for their answer. Selected comments are set out below.

> Need tools for educators/professionals/consumers to make a step change towards the EatWell Guide

> To engage and support alongside (the Eatwell Guide) and underpinning more structural change

> Practical 'guidance' or tools to enable translation of Eatwell 'goals' would be beneficial - but not a 'one size fits all'

> To deliver some consistency behind messaging. Need to raise the profile of the Eatwell Guide currently

Source: Participant Evaluation Return

Evidence provided

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Workshop 5 – Edinburgh 29th March 2018

> This project aims to explore, through a collaborative and co-productive approach, whether key partners and stakeholders feel there is a need for dietary guidelines and if so, what the scope of these should be, what advice should be contained and how they might be most effectively used.

The purpose of this workshop, the 5th in the series, was to engage with a range of partners/stakeholders to seek their response to these questions and to identify key insights and understanding that need consideration in developing dietary guidelines.

- The workshop, facilitated by SMG, was attended by a mixed group of 12 partners. The partners included representation from:
- Third sector organisations
- The British Dietetic Association
- Scottish Government
- NHS Health Scotland
- The James Hutton Institute

This report is set out in line with the structured elements of the workshop and pulls together feedback into emerging themes/key points. It incorporates paraphrased comments/quotes in support of particular points and relevant additional feedback from the post-course evaluation forms.

Reflections on how the session went

For much of the session, the participants worked in two facilitated groups, coming together towards the end of the session to share their thoughts on the core question. Overall, there was a very high degree of engagement. When asked in the evaluation form, all but one felt that they had been able to make sufficient input to the discussion. The remaining one felt they "couldn't say" whether they had made a sufficient input, however it should be noted that during the group discussions they were in favour of new dietary guidelines and did provide some insight from their perspective.[5]

As with the previous workshops in Glasgow and Aberdeen, the opening presentation was effective in focusing the small group discussions on the main topics from the outset. In keeping with what had worked in previous workshops, the slide entitled "How can we help consumers eat better" was left up after the initial presentation to serve as a point of referral to refocus discussion if needed. The presentation was well received overall, with 11 of the 12 participants rating it 4 or 5 on a 5-point scale, where 5 was "very satisfied". The 12th participant did not provide a rating for this question.

After the presentation, one participant did query if co-production meant that we were engaging with consumers/the public as well as professionals. FSS representatives responded

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[5] Based on 12 completed evaluation forms

to clarify that if we were to move forward with creating dietary guidelines, the public would then be consulted as they are developed.

> Very important to inform people. They need to start somewhere and having this as a foundation is important.

Opening views on Dietary Guidelines

At the start of the session, each participant was given the opportunity to make some opening comments about how strongly they felt the need/or otherwise for dietary guidelines (DGs) is.

Most people felt that there was a need for new dietary guidelines with one notable exception who said that rather than the need for more guidelines the real issue is about implementation - improving how the guidelines are deployed.

Almost everyone, to some extent, acknowledged and saw the need to have some form of dietary guidelines. The exception is the one participant who wanted to focus on implementation rather than create new DGs. The range of initial views expressed included:

- There's some inconsistency in how diet fits in with other recommendations so there's a need to create consolidated guidelines that don't conflict with other recommendations
- The DGs need to include practical information to address the disconnect between advice and the public's diets
- The public don't know what The Eatwell Guide (TEG) means for them, so the DGs should better explain this
- There's a need to counter the media and fad diets with credible advice
- The DGs should highlight personal responsibility and get the public thinking about the environmental impact of their choices
- There's a need for the DGs to address specific groups of people (e.g. elderly) as well as different cultures/cultural diets
- The DGs need to provide practical information that is translatable to real life, particularly for people with low health literacy
- DGs should also include some physical activity advice
- DGs should explain how composite foods fit into TEG
- DGs could work, but there needs to be some segmentation as the public are not all at the one place and we need to start where people are
- DGs alone won't change anything, as they'll have all the same shortcomings we've encountered before. What we should be focusing on is implementation

> If a guide is to be produced, it has to serve its purpose and should be a useful tool for advisors and particularly for end users (people) of all ages.

> We need something that translates dietary guidance for ordinary people and health professionals

General themes
Over the open discussions there were two key themes that linked the vast majority of discussion points for those who felt there was a need for new dietary guidelines and also, covered some of the key concerns for those who were not sure about the need for new guidelines. These were:
- The need for simple and practical help to be given (for most in the format of dietary guidelines) - that make the core messages of TEG more easily understood and adopted in people's lives
- The need for any new guidelines to be delivered in an effective way - so that the key messages and help gets to the right people in a way that they can be understood and without the unwanted impact of contradictory messages

The more detailed core issues discussed within the Edinburgh session in relation to each of these themes are outlined below.

Regarding the need for simple and practical help….

We need to give careful consideration to how we reduce, not increase, health inequalities
We know that generally improving health education and knowledge amongst the general population widens the inequalities gap. The guidelines need to work for those in need of most help/less able to help themselves. How to improve poor health literacy will be important.

This includes campaigns. There are some great healthy/good food campaigns, for example https://www.eatbetterfeelbetter.co.uk/ and https://foodfoundation.org.uk/peasplease/ but they can also contribute to widening health inequalities.

It is important that the guidelines consider/incorporate the wider determinants of health and the cultural differences across our society
Most people are aware of the key health messages. More practical guidance is required that is related to the wider context in which people live their lives including cultural differences e.g. money worries and housing issues etc., particularly with regards to helping those (as mentioned above) in most need of support.

> Food is multi-faceted – it's not just about the food, it's also about sustainability and the environment – it's also multi-cultural.

> People want and seek a quick fix but it is not as simple as that. There are many other factors that come into play – cooking skills, money, time/convenience, work patterns & environment

In developing the guidelines, we need to start from and work with the citizen
One of the participants who has first-hand experience of translating TEG for culturally diverse communities strongly made the case that rather than imposing guidance on citizens that they must be involved in developing them. In its basic form, TEG does not depict many staple

foods enjoyed by ethnic minority communities (such as coconut milk, palm sugar or chapattis) which tended to result in a lack of engagement with TEG for people from minority backgrounds. Consultation with the target audience meant that the resulting resource had relevant portion guides and suggested healthy alternatives which would already be familiar, reducing barriers to adoption.

Everyone agreed for the need to directly involve citizens in developing DGs. Another participant had a similar view, and suggested the DGs should be segmented to start with people 'from where they are'.
Suggested segments of the population that are important to consider included:
- Low affluent families
- Rural groups
- Adolescents
- Elderly people
- Those who are very busy/pressed for time e.g. young single mothers
- Those with low health literacy
- The homeless/those in temporary accommodation

> Everyone is starting in a different place and we all are culturally different.

> Citizens don't care about policies and targets, they want guidance that is relevant to their life/personal circumstances. Cultural relevance is particularly import in food.

We need to think carefully about the level of depth the DGs should go into
There was a fair amount of debate and differing views on how detailed, and what format, DGs should be. Views ranged from the DGs needing to work solely at a top/societal level, presenting only the key advice/messages (like the Brazilian and Swedish guideline examples) to much more detailed and specific focussed guidance for different groups and individuals. There was recognition that having the latter, more detailed focus, could be a never-ending task.

A strong view from some participants was that the whole 'food system' (including regulation and infrastructure) should continue to focus on changing and supporting behaviours at an individual level whereas the DGs should work at a broader level working across groups and wider society.

On the basis that DGs are needed, the general view was that the guidelines need to give an overarching view on how to move towards the dietary goals, with flexibility to be distilled down/translated for different groups of people. The current FSS Healthy Eating guidance was cited already a good resource.

The DGs need to work in conjunction with other areas
They will have key part to play in Scotland's new strategy (A Healthier Future - Action and Ambitions on Diet, Activity, and Healthy Weight) and have the opportunity to give leadership to related policy areas. We need to acknowledge and be clear that the guidelines in isolation

will not change what people eat but they provide an opportunity to direct and link with other related areas such as the good food/sustainability agenda, physical activity, and the environment etc.

Physical activity was highlighted as being particularly important, but there was concern that this should not be positioned as 'how to burn off calories so you can eat more food', as this does not foster a healthy outlook. Additionally, this does not promote the other benefits that physical activity has aside from weight loss. The Swedish guidelines were praised and felt to be a good example of how to integrate physical activity and dietary guidance.

Specific reference was also made to the proposed Good Food Nation Bill as an agenda that the DGs need to link and relate to. There was recognition that a degree of tension/conflict exists between the call for supporting Scottish food and drink producers and making healthy diet choices.

Overall, there appeared to be a consensus that careful consideration needs to be given to how any new guidelines work in an integrated way alongside other key issues, including: sleep, sustainability, mental health and alcohol.

Beyond this though, it was acknowledged that there needs to be careful consideration of how to integrate key, relevant issues without overcomplicating any dietary guidelines that are produced.

The need for any new guidelines to be delivered in an effective way….

Everyone needs to be on-message
There's too much conflicting information and 'noise' regarding diet and healthy eating. Even with health practitioners, there is a tendency for some to put their own spin on the evidence resulting in an inconsistency in messaging. The messaging and advice needs to be practical but also unequivocal, based on the facts/evidence. The guidelines need to translate the evidence base into practical advice.

It is important that DGs influence and help change the food environment
It's all too easy to make less healthy food choices in everyday life, particularly in food provision/catering. Public food provision is a key place we can influence and set a positive example, and we need to be aware that the food industry capitalise on the idea that people can't cook and entrench this mind-set further. Training is therefore an important element in making sure messaging and advice is delivered consistently.

Media can be a big influencer
The media strongly influence the public's perception of what is the best diet/lifestyle to follow. This can be done to positive effect (e.g. Jamie Oliver made healthy school meals attractive) or negative effect (e.g. fad diets). Additionally, the media often use stereotypical images to portray unhealthy people, such as shots of an overweight person's midriff. This risks people who don't look exactly like that thinking that the guidance/healthy eating isn't relevant to them. To highlight this point, it was emphasised by many contributors that it is important to

remember at all times that body size or diet 'shaming' does not work in changing behaviour in positive ways.

It was felt that real consideration needs to be given to how the media can be 'brought on board' to help the positive dissemination of DG - to reach the key target audiences without complicating the issue or confusing people. One suggestion was that there could even be a media 'code of conduct' written up to help guide media channels.

We need to try to normalise good/healthy food
We need to find a way to challenge/take on commercial advertising and current norms around weight and portion size.

Anyone who is in a position to give advice to citizens needs guidance
We need to make sure people giving advice, particularly those who are not health professionals, have the necessary knowledge and tools to give appropriate advice. Ongoing training and support will be vital.

There is a strong argument to deliver, in the shorter term, any new DG first through those places where there are more likely to be relatively homogenous segments who are easily reached
As an example of this it was felt that workplaces, prisons and even schools (to reach families) were all good places to reach important segments of the target audience who will benefit from DG. And it was felt that these places would be good places to efficient reach the audience with simple DG messages.

Comments on The Eatwell Guide (TEG) and resources & the possible purpose/contribution of Dietary Guidelines
All participants were very familiar with TEG and believed that health professionals/practitioners were too. The general consensus was that TEG was a good tool for highlighting the components of a healthy diet but was limited as for it to be relevant at an individual level it needed to be translated.

In terms of what they thought citizens/the public view of them, they were not sure – generally, TEG didn't feel real-world? The question was asked, has there been any research into what public awareness, knowledge and perceptions of TEG are?

Notable omissions/issues with TEG
- *There's no reference to timeframes* – there was debate about whether this matters specifically for TEG but in relation to how much people consume (volume over a timeframe), specific guidance would be useful.
- *It doesn't reflect/work for cooking/composite food/meals* – it is more ingredient focussed – an example given was the chocolate and nut spread Nutella – how do you apply TEG to this and other real-world products/foods.
- *Discretionary foods don't appear in TEG* – this can be confusing and unrealistic. Consumers are told they shouldn't eat these foods, but somehow they still appear in shops, and this disconnect can lead people to give up on TEG.

- *Portion size is very important* – in the food we buy and in the meals we make. Also portion size/control is very important at the weaning stage in young children. The First Steps Nutrition website http://www.firststepsnutrition.org/index.html was cited as a good example of appropriate guidance. Nutrition & Diet Resources NDR-UK https://www.ndr-uk.org/item/31/PaediatricHealth/Smart-Sized-Portions-for-Children.html was cited as another good source of nutritional advice and guidance and specifically regarding portion size in young children which differ at different ages.

Reference to supporting evidence is important

Although it was acknowledged that FSS is a credible body of authority for consumers, it was felt that backing the DGs up with evidence will help protect their integrity and build/reinforce trust in them by all parties. This can also be reinforced by linking DGs to other credible authorities such as Cancer Research UK etc.

Making healthy eating and DGs attractive and appealing is important

It was felt that healthy eating and current resources are often found unappealing, so it's important to position DGs as something attractive. Jamie Oliver's school meals were cited as an example of a successful healthy eating initiative as they made the change appealing and 'sold' it to the public. The Swedish guidelines were also highlighted as well done, as they discuss food as pleasure, rather than position bad foods as 'wrong'.

TEG and DGs need to take into account of modern day eating culture

We need to translate the dietary goals and TEG so that consumers can relate them to changing eating habits, for example, eating on the go – at work and on the move.

New Guidelines - purpose, audience, elements?

Purpose – There was the view that the DGs should have a leadership role that helps unify guidance with relevant policies and related agendas – such as sustainability and the environment. That they should be overarching in their focus by providing principles and key messages that can be used to translate the dietary goals and TEG into relevant practical advice relevant to differing citizen needs at different points in their life journey.

Audience – Everyone thought that the DGs should be for both consumers/citizens and those involved in educating, supporting and influence consumers. The DGs should help anyone in a position to promote health or healthy eating to give appropriate guidance and support and act as an 'ambassador' for 'good/healthy' food. A specific group highlighted were catering providers.

Elements – important elements to include/cover included:
- Emphasise positive rather than negative behaviours
- Link them to real life – different cultures, the environment and modern lifestyle (including work) habits
- How to make sustainable/good food choices
- Specific guidance covering the previously listed TEG omissions – meals/composite food

Reflection and revisiting the need for DGs

The final section of the workshop was handled as a 'whole group' and gave participants the opportunity to reflect on the discussions, make any final comments, and make a final statement in relation to the need for DGs. The final feedback was:

- There is a need to acknowledge that information alone will not solve the complex issues around the Scottish diet. Participants pointed to the example of changing policies and attitudes to smoking, which has been a gradual sea change in social norms over a considerable period of time.
- It was broadly felt that existing materials (including TEG) are too general and difficult for many people to apply to their own context.
- Guidelines could present an opportunity to begin to normalize good dietary behavior in the minds of the public.
- Consistency of message across sectors is crucial – the 'official' guidance is competing with sensational media stories and the food industry's clever sales tactics, so there is a need for the government, healthcare providers, 3rd sector etc. to all be on the same page.
- Further to this point, some participants felt that there was overlap between the guidelines project and the Scottish Government's Good Food Nation policy initiative, and suggested that the two could complement each other
- One participant felt strongly that the need was not for fresh guidelines, but for a review of their implementation – over the years many similar guides have been produced but all have ultimately been ineffective. The area for improvement should be how the information is packaged and how the public engages with it.
- Some participants singled out the Brazilian guidelines as being a model to follow. They felt that the model of having a small number of core principles would make the guidelines easier to adapt to a variety of contexts.

There was generally support for the idea of new guidelines, as seen in the table below with 8 of the 12 participants feeling that there is a definite need for guidelines to be produced. The remaining third of the participants tended to be of the opinion that current resources and policy are not effective, and while not convinced of the need for new guidelines, they felt that some action was still needed.

The table below details the responses to the question, "On a scale of 1-5, with 5 being the strongest, how strong a need would you say there is for new dietary guidelines?"

Scale	1 (No need)	2	3	4	5 (Strongest need)
Responses	1	1	2	5	3

Participants were then asked to write down the main reason for their answer. Selected comments are set out below.

Need overarching principles rather than 'guidelines' aimed at individuals. Need to shift language of 'consumer' - use people/citizenship approach

Guidelines need to be practical for the user. We need to be clear who the guidelines are for. There needs to be consistency of key dietary/nutrition messages from a trusted authority.

We need a definitive definition of what constitutes 'good food' - in line with Good Food Nation - so that there is a clear vision which unites all aspects of the system, from public procurement to food provision to retail etc.

Source: Participant Evaluation Return

Not necessarily new guidelines, but better transferability into real life of existing ones such as the Eatwell Guide. This is because the current guideline, at least for the public, requires too much work on an individual's end to choose a healthy diet. Where, or if, the guidelines cannot be adapted, new ones can be developed.

Evidence provided

The request for evidence was well received here, with several participants from this session keen to add papers or examples for consideration. Contributions included:

- Community Food & Health (2015) Healthy Diet and Lifestyle for Ethnic Minority Older People (Available at: https://www.communityfoodandhealth.org.uk/wp-content/uploads/2015/11/Healthy-Living-Final-English.pdf) (Accessed 22/05/18)
- Fielding-Singh, P., (2017) A Taste of Inequality: Food's Symbolic Value across the Socioeconomic Spectrum, *Sociological Science* 4 pp.424-448 (Available at https://www.sociologicalscience.com/download/vol-4/august/SocSci_v4_424to448.pdf) (Accessed 22/05/18)
- NDR UK (2015) Smart Sized Portions for Children (Available at https://www.ndr-uk.org/item/31/PaediatricHealth/Smart-Sized-Portions-for-Children.html) (Accessed 22/05/18)
- New Citizenship Project (2017) Food Citizenship: How thinking of ourselves differently can change the future of our food system (Available at https://drive.google.com/file/d/0B0swicN11uhbSGM2OWdCeXdQZGc/view) (Accessed 22/05/18)
- Wansink, B., Soman, D., & Herbst, K., (2017) Larger Partitions Lead to Larger Sales: Divided Grocery Carts Alter Purchase Norms and Increase Sales, *Journal of Business Research,* Feb 8 2017 (Available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2913825) (Accessed 22/05/18)

Workshop 6 - Teachers' Focus Group: Edinburgh 18th April 2018

> This project aims to explore, through a collaborative and co-productive approach, whether key partners and stakeholders feel there is a need for dietary guidelines and if so, what the scope of these should be, what advice should be contained and how they might be most effectively used.

The aim of this focus group was to gain an understanding of primary and secondary teachers' opinions on the need for new dietary guidelines and their potential content. A total of 8 participants attended, with 4 primary and 4 secondary school teachers. The secondary teachers' subjects included Hospitality, Home Economics, Health and Food Technology, while the primary teachers were recruited based on their involvement in lessons or initiatives relating to nutrition and health.

The teachers present worked for schools that covered geographical areas of Edinburgh spanning the whole of the socio-economic scale from some of the most deprived communities to the most affluent It is important to note that all teachers present recognised that their role, in relation to health, was equally about education of young people and about influencing behaviour within family units.

This report is set out in line with the structured elements of the focus group and pulls together feedback into emerging themes/key points. It incorporates paraphrased comments/quotes in support of particular points and relevant additional feedback from the post-course evaluation forms.

Reflections on how the session went

The focus group ran as a single session with all participants in one group. There was a good level of engagement with participants keen to share professional experience and views on the current practice in schools and what might be done to improve results. In the evaluation, 7 of the 8 participants indicated that they felt they had been able to make a sufficient input to the discussion, with the remaining one checking the "can't say" option[6]. All 8 participants were "very satisfied" with how the session had been run overall.

In contrast to most of the preceding workshops, this was a fairly homogenous group (working in the same sector with a similar specialism). Despite this, participants expressed a range of viewpoints on both the level of need for new guidelines and what they might be composed of.

Opening views on Dietary Guidelines

As with the partner workshops, at the start of the session, each participant was given the opportunity to make some opening comments about how strongly they felt the need/or otherwise for dietary guidelines (DG) is.

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[6] Based on 8 completed evaluation forms

Participants were generally in favour of new guidelines
This was fundamentally based on the belief that while knowledge of the theory of healthy eating is felt to be high (with one respondent noting that 'a four-year-old could tell you about the key messages in the 'Eatwell plate'), there was limited ability or desire to apply the theory into behaviour.

Two participants were less certain about the need for dietary guidelines. They were of the view that without wider support (possibly legislation) and environmental change, guidelines would not be enough by themselves to effect a change. In addition, those who were not convinced by the idea of DG expressed concerns about the possibility that new guidelines might simply reiterate the theory via another set of paper based and inaccessible materials.

> So hard to say without seeing a full remit. It's trying to create a society that doesn't exist. Whole change, housing-dining kitchens, subsidise healthier foods, increase price of others. Families suffer guilt already about not being able to provide for family.

General Views and Issues

Engagement with parents is crucial for changing children's food habits
A common issue highlighted by most participants was the fact that parents have a significant role to play in achieving the goal of a balanced diet in Scotland. Parents decide what younger children eat every day and are the major influence on children's attitudes and habits where food is concerned. Participants generally felt that without engaging with parents on some level it would be very difficult to translate good information on diet and health into good practice at home, and resulting from this create longer-term society wide attitudinal and behaviour change regarding healthy eating.

Scotland's current food culture is a barrier to change
It was broadly felt that a change in cultural attitudes to food is a difficult, but necessary, part of the process required to improve Scotland's diet.

Participants spoke about the role of our current culture in reinforcing unhealthy habits. A general theme emerging from the session was a lack of appreciation for the social aspects of food, such as cooking and eating together as a family. This presents a significant barrier to change, as any messaging on diet in school is undermined by the situation at home.

The prevalence of convenience foods, processed foods and eating-out were seen as contributing to a lack of engagement with eating and food preparation. Fostering a culture where people take the time to enjoy cooking and eating together was suggested as a way of making people more conscious of their eating habits and more receptive to messages on diet.

The real issue in schools and society at large is not lack of knowledge, but how to turn knowledge into practice
As noted, there was a strong belief that in general there is no great lack of nutritional awareness among pupils and parents. Messaging on diet is already well-integrated into the

curriculum from a young age and promoted to and known across society. Instead, the challenge, it was felt, lies in finding ways to turn a high level of knowledge and awareness into a sustained change of behaviour.

The key challenges that teachers recognised are faced by parents (and as such by their pupils) included those that prevent the parent from engaging with information provided for them by the school, and practically implementing guidelines on healthy eating in their daily lives:

- Respondents felt it is often easy to be, or to be seen to be, preachy or patronising to parents when providing them with information about life skills that (it could be argued) go beyond the basic education for their children. As part of this it was recognised that many parents, especially as their children get older (from 8 years old) are happy to simply leave the school to do their job of education in school, and for them to do their job of bring the children up at home.
- Connected to this first barrier was the issue of perceived fear amongst parents of engaging with teachers and schools. It was felt that many parents have fundamental problems with speaking with teachers and engaging with school work. It was felt that much of this is based on negative experiences the parents had when they were at school, possibly a lack of basic literacy skills and also a more general concern about engaging with authority figures.

Beyond these barriers of engaging with schools and messages from schools, recognising the practical and emotional barriers that many parents face in relation to healthy eating was felt to be vital to recognise. These included:

- Lack of time in busy schedules
- Lack of skills relating to household budgeting and shopping
- Lack of skills to cook from basic, raw ingredients
- A massive reliance on processed foods and from this a basic lack of understanding of how processed foods relate to healthy eating
- And, for some, a lack of motivation to spend time on issues such as healthy eating when there are more fundamental challenges in their lives, often created by poverty:
  - 'Some don't have money for toilet roll'
  - 'When you have no money, it is often too risky to cook something that you are not sure your family will eat'
- It is also recognised that for many parents, who are dealing with the multiple daily challenges of bringing up children, unhealthy foods often represent a positive, easy and gratifying escape.
- Connected to this is the fact that the environment and culture we live in often makes it too easy, that is convenient and cheap, to eat unhealthily.

It was also recognised that there are huge differences between parents in terms of the types and scale of barriers that they face when trying to get their families to eat more healthily.
It was felt that the most important criteria for differentiating parts of the population in relation to promoting healthy eating was affluence or socio-economic group.

Beyond this, it was recognised that schools themselves vary massively in terms of their level of commitment to, and desire to get more engaged with, healthy eating initiatives.

In addition, several participants expressed the opinion that teachers with responsibility for health and wellbeing are already saturated with information and guidance to pass on and were not convinced of the value of producing any more written guidance in the style of the Brazilian guidelines.

However, it was widely felt that from professional experience the lessons and activities which had the most lasting impact on pupils were those which involved practical elements such as cooking, growing food, or that gave relatable and practical examples such as physically demonstrating how much sugar went into a bottle of juice. These examples were used by respondents to demonstrate their belief that real practical steps need to be taken to allow the population to get beyond the theory of healthy eating to making practical changes in their eating behaviour.

Response to the idea of Dietary Guidelines

Evaluation Responses

The table below details the responses to the question, "On a scale of 1-5, with 5 being the strongest, how strong a need would you say there is for new dietary guidelines?"

Scale	1 (No need)	2	3	4	5 (Strongest need)
Responses	0	0	2	2	4

Participants were then asked to write down the main reason for their answer. Selected comments are set out below.

> Engagement with people and children/parents not being delivered currently despite good "knowledge"

> Health and wellbeing is part of the Curriculum. Food technology is a major component and there is an expectation on teachers to deliver this regularly - educators need relevant guidelines.

> New ways to engage people with the guidelines, especially parents. Media, podcasts, meal planners etc

> Need to make changes - young generation can't suffer for our mistakes. Practical education/whole person is so important.

Source: Participant Evaluation Returns

Reasons given in support of new DGs

There is growing demand from teachers for widely available, practical teaching resources

It was highlighted that there is increasing demand for teachers to deliver health messaging in schools, but there is a lack of consistent, widely available guidance on delivering this in a practical way.

There is a need for a long-term, sustained campaign

A recurring theme in discussions about good practice in dietary interventions was that one-off interventions and events (such as cookery roadshows or edible gardening projects) were often very effective at getting pupils to change their behaviour – but only in the short term.

It was suggested that if projects like this were part of a coordinated, consistent and sustained programme of dietary activities then there was the potential to achieve a lasting change in behaviour.

Scotland's current food culture needs to be addressed by any guidelines

This issue arose from discussions about current cultural barriers to behaviour change. It was felt that new guidelines offered an opportunity to try and shift cultural attitudes to food towards a more conscious, social way of cooking and eating.

Overall views on the purpose of DGs

Participants were very much of the opinion that if new guidelines were produced they could have two broad purposes:

- To provide ways to put the existing guidance to practical use.
- To help promote the cultural aspects of food- that is, to try and get the population more conscious of different roles that food can take in a positive and healthy way in our society- i.e. in terms of the positive aspects of budgeting, shopping, preparing food and consuming food (as an experience, often with a social element).

Proposed Audience for DGs

It should be noted that views on the potential audience for guidelines were generally restricted to the context of school-based education. That said, within this context, three audience groups emerged from the discussion which, at a practical level, it was felt should be considered when DG are being developed:

- Teaching staff
- Pupils
- Parents - it was generally stated that of the three groups, parents were the audience which was the most difficult to engage with. Addressing this challenge was an area where many participants felt that new guidelines could play a role.

Beyond this, it was also felt that while DG materials, content or initiatives are developed for all three of these audience, it is also important to recognise that there is massive diversity within each of these audience groups and, as such, any DG development must be done with a segmented audience in mind. Key criteria for segmentation thought to be important for respondents included:

- Socioeconomic grouping- which it was felt play a very important role in determining attitudes and behavior with food.
- Relative level of starting skills- e.g. in relation to- budgeting, shopping and cooking.

Possible Scope and Content of new DGs

Within the discussion about possible scope and content of any future DG there were three key areas of discussion:

- that the media should be used to present DGs
- the content of the DGs itself
- and the need, while developing DG, to continue working to change the environment within which DG will need to work in the future.

Make DG engaging to ensure there is stand out in our modern world of social media entertainment and information provision

In general terms it was felt to be vital to ensure that new DG are not produced in yet another paper-based format '*that will get lost in the mix of leaflets*' they already have at schools. To be engaging for them, for pupils and for parents it was felt that a clever and creative mix of media channels and formats needs to be used - from podcasts, to apps, to videos on YouTube, to big events and roadshows, and of course with wide reaching use of social media.

Central to this was the idea that DGs needs to be more than just another one-off campaign and more a cultural movement that allows society to come together and share in a desire to eat better and to be healthier.

DGs should be modular

Given the huge range of issues connected to eating well it was felt that DGs should be presented in a modular fashion. That is, the temptation to try to change everything that is wrong with our diet in one initiative, as opposed to taking on bite sized challenges one at a time, should be avoided.

Language and content used across all media platforms should be positive and fun

It was felt that however the DGs are developed it should be fun, engaging and inclusive in its tone, and through this present a positive love of food and eating in a healthy way.

Dietary messaging should be presented in a subtle way with guidelines for pupils and parents focusing on making food an enjoyable experience

As many of the group favoured a focus on food culture, it was felt that at school level the emphasis should be on providing children and parents with opportunities to enjoy interacting with food. Several participants were of the opinion that overtly nutritional content would be off-putting or "preachy", and that by learning to cook pupils would naturally develop an understanding of *why* certain foods were less healthy.

One participant illustrated this with the example of teaching her pupils to make pastry from scratch. While pastry is not considered part of a balanced diet, her pupils enjoyed the process of cooking and eating something familiar, and the lesson prompted a discussion about the high fat content of pastry.

Focusing on topical issues could help engage parents
A suggested solution to media competition and parental lack of engagement was to ensure that DGs were promoted by association with topical issues. For example, the current debate over the sugar tax presents an opportunity to get people talking about what they feed their children and maintain awareness of dietary messages.

Using companies as a base for getting DG out there
Another suggestion raised was based on some companies CSR policy of allowing employees time off to volunteer with charities. One participant suggested creating a scheme where employers allow their staff time off to learn about healthy eating and from this to share food with their families to promote the idea of people enjoying food together.

Content - make it practical and make it engage with people's lives at a holistic level

All content needs to be based on the reality of people's lives now and build from this
Many respondents felt that the core strengths of the Swedish and Brazilian DGs were that they were 'realistic'. That is, that they were built on an understanding of where their populations are now in terms of levels of knowledge, attitudes and behavior around healthy eating. Examples of how this was felt to be important in Scotland were:

- The need to recognize our lack of understanding in key areas- budgeting, shopping, cooking (including batch cooking), the issue of portion sizes, the role of discretionary foods in our society, the lack of understanding of processed foods and their level of relative positive and negative content
- The need to recognize that for some people in our society poverty creates a very real barrier- and as such, DG need to be built (for some segments) on this reality

New DGs should take a skills-based approach
In line with the themes discussed above, it was generally felt that a primary role of DGs should be to provide the public with the skills to put the existing information into practice.

Integrated and holistic
There was also the suggestion that the approach being taken to encouraging the people of Scotland to be healthier was too compartmentalised. That is, the need to eat better is presented in a detached way from other key areas of health - exercise, mental health, smoking, drinking and sleep. As such, it was felt that DG would be better placed as part of a wider, more holistic approach to wellbeing and from this allow the people of Scotland to see how they all fit together.

Working alongside initiatives to influence the environment

DGs should involve or put pressure on industry to change policies
Some participants suggested that efforts to change Scotland's food culture should be supported by engaging with the retail industry. The example of some retailers voluntarily banning the sale of energy drinks to under-16s was mentioned as an example of industry being receptive to new regulations if public support is sufficient.

DGs should be supported by policy to control the food environment in schools
Although school food was outwith the scope of this project, there was discussion around the food environment within schools and how it might be regulated more effectively to influence food behaviour.

Some participants suggested bringing in measures to encourage parents to think more carefully about the snacks they provide their children with, such as banning plastic packaging to reduce intake of processed snacks Others favoured banning certain foods altogether or preventing pupils from going outside school grounds for lunch to eliminate the option of takeaway food.

Negative messaging is potentially an effective tool to run alongside DG
One potential element that divided opinion was the use of negative tactics similar to those seen with smoking or alcohol campaigns. Some of the teachers believed that strong images of the consequences of a poor diet (such as tooth decay or obesity) would be an effective way of leaving a lasting impression on pupils. Similar tactics aimed at parents could include positioning feeding children a poor diet as neglectful.

However, this prompted a discussion of body image, with some participants wary of potential harmful effects associated with using obesity as a motivator for dietary health.

Phase B involvement

While participants in this focus group are unlikely to be available for the Phase B workshop on May 2nd as it takes place during school hours, it is notable that 5 of the 8 participants indicated interest in being involved with Phase B on their evaluation forms. This level of interest indicates that another session with teachers would be possible if their input would be considered valuable to Phase B.

Workshop 7 – Edinburgh 19th April 2018

This project aims to explore, through a collaborative and co-productive approach, whether key partners and stakeholders feel there is a need for dietary guidelines and if so, what the scope of these should be, what advice should be contained and how they might be most effectively used.

The purpose of this workshop, the 7th (and final) in the series, was to engage with a range of partners/stakeholders to seek their response to these questions and to identify key insights and understanding that need consideration in developing dietary guidelines.

- The workshop, facilitated by SMG, was attended by a mixed group of 6 partners. The partners included representation from:
- Third sector organisations
- Academia
- British Dietetic Association
- Food Standards Scotland
- NHS Health Scotland

This report is set out in line with the structured elements of the workshop and pulls together feedback into emerging themes/key points. It incorporates paraphrased comments/quotes in support of particular points and relevant additional feedback from the post-course evaluation forms.

Reflections on how the session went

The session was run as one table group. At the beginning of the session each participant was given a chance to give their thoughts on the core question, and this was revisited towards the end of the session to allow participants to voice their final thoughts. Overall, there was a very high degree of engagement. When asked in the evaluation form, all 6 attendees felt that they had been able to make sufficient input to the discussion.[7]

As with the previous workshops in Glasgow, Aberdeen and Edinburgh the opening presentation was effective in focusing the group discussion on the main topics from the outset. The presentation was well received overall, with 5 of the 6 participants rating it 4 or 5 on a 5-point scale, where 5 was "very satisfied".

Opening views on Dietary Guidelines

At the start of the session, each participant was given the opportunity to make some opening comments about how strongly they felt the need/or otherwise for dietary guidelines (DGs) is.

All participants acknowledged the need for some form of new dietary guidelines (although this phrase jarred with several people), with varying opinions on what the focus of these should be. All participants verbally rated the strength of need for new guidelines between 8

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[7] Based on 6 completed evaluation forms

and 10 on a 10-point scale, where 10 was 'strongest need'. There was some variety in what the focus and priority of new guidelines should be, but the need for practical resources that would help practitioners to translate information from TEG in client-appropriate ways was a recurring theme.

The range of initial views expressed included:

- Current resources like The Eatwell Guide (TEG) are fine, but they are not practical, and there's a strong need for practical resources.
- Visually the current tools (e.g. TEG) are good, but the general population don't know how to translate this. There is a need for practical supplements, such as recipes.
- Segmentation is necessary, e.g. the older population may have difficulty following current guidance as they can't read labels. It's also important to note that for this group being underweight can be just as big a problem as being overweight.
- There needs to be new guidance, and it has to be practical. We need to get back to basics because too much information can be detrimental. A simplified tool for consumers is necessary.
- Scope is the key – we need to work out what needs to be in guidelines and how to present this information in a new way.
- There is a need for new guidelines, but ensuring consistency of messaging is the more important than creating new guidance. We need to ensure that all professionals are consistent in what they tell consumers and what we tell the media.

> We need consistent messages that can be tailored to support different groups. These need to be positive and not widen inequalities.

Views expressed in general discussion

We need to be focussed on who we are targeting

There's no shortage of dietary advice. For instance, NHS Health Scotland has lots of good resources relating to food and diet, but not all of it is essential for every audience. Part of the challenge, particularly for people imparting food and dietary advice and support, is to know what is appropriate and how to get it to the relevant audience in a user friendly and practical way.

> Food and diet is complex – when it comes to advice and guidance a one size fit all approach isn't appropriate

People need to hear/acknowledge the right key messages/answers about diet rather than what they 'want' to hear

In today's society where people have higher expectations, many are drawn to diets and advice in the public domain that claim fast results. It is important to be able to cut through wrong, misleading, unsubstantiated information and advice with proper, evidence-based guidance.

Guidance needs to breakdown the move to healthier choices and dietary goals in simple, achievable steps

There are many groups of people who are a long way from being able to make healthier food choices – many having low health literacy and food related skills. They need advice and guidance that takes them forward in small, attainable steps. This may mean encouraging people to make 'less unhealthy' food choices to get them closer to the good choices, possibly recognising that many may never full get there. As such the guidelines need to help translate the dietary goals/TEG.

The language and tone of guidance is very important

There was a strong view that too much health promotion comes across as dictatorial – 'You must do this. You must do that'. This makes people switch off to what they need to hear, know and do. Therefore, any guidelines need to encompass a positive, 'can-do', tone. Also, much of the wording and terminology can be confusing or be completely misunderstood. An example given was that for a group older people the word 'carbohydrate' was meaningless. As such, language and terminology need to be meaningful and relevant. It was also highlighted that use of visual approaches is an effective way to convey messaging and advice.

We need to ensure guidance is relevant, relatable, simple, straightforward and practical

Linked to the above points, guidance needs to try and make any steps/actions as easy as possible. For instance, more work is required to translate the dietary goals and TEG into real life. The guidelines need to make it easy for people to relate to their current food/eating choices and behaviours and how/what they can do make better choices.

Education for all is vital

Education is important for everyone – both influencers: those imparting knowledge and advice, food providers, and consumers: families and young children, older people etc. Education needs include how people can change their behaviours, not just what they need to do. A key influencer group highlighted is food caterers – they have a key influence and control of food choice for consumers – no more so than in schools and other public sector environments (e.g. hospitals). Like all the other groups, it is important they are equipped with the necessary knowledge and skills to present attractive healthy food choices.

Leadership and evidence is important

It was acknowledged that the amount of information and advice available (from both valid sources and not) for consumers seems endless. There needs to be visible leadership so that everyone knows (is able to distinguish between) what is official, credible guidance and what is not. Having and emphasising the evidence to back up the guidance, is important for validating it for consumers so that they can make more informed choices.

Messaging needs to be consistent

There was a strong view that everyone with an educational and support role should be on-message both in terms of knowing what key messages to say and how to convey them to different groups of people. It was acknowledged that inconsistent delivery of messaging undermines and weakens its credibility and those who deliver it, whereas a consistent and unified voice will make the message more powerful, credible and stand out more.

Contribution and impact of TEG and accompanying resources

The participants were all very familiar with TEG and have a good deal to say about it. There were a number of positive observations made:

- Compared to the last version, the message about foods that are high in Fat, Sugar and Salt is welcome and important. Practitioners can take this and build from it, communicating with clients in ways that are focused on them and that are easy to understand, e.g. helping people understand:
  - *What is a small amount…*
  - *What does less often mean…*
- The traffic light system (TLS) was also welcomed, and felt to be particularly useful for adults, though less so for younger children (NB it was noted that 'age' is a complicating factor and makes it very difficult to develop generic advice/guidance – e.g. children going through a growth spurt when dietary needs change). For some older people, it was felt that they would only look at the colours.

  Again, practitioners often 'interpret or modify' the information when communicating with clients:
  - E.g. one dietician just talking about the 'colours', advising, for example, not to have too many reds in your shopping basket
  - A point of qualification made what 'you can't judge the value of all foods on the colour' – e.g. 'oily fish is high in fat but good for you!'

Nutritionists and dieticians use TEG very frequently, and it is common for them to develop and add on supplementary material to help make TEG meaningful for the specific needs and context of clients.

> The diets of some residents are the worst I've seen…one piece of fruit a week if you're lucky and fibre is non-existent. They are so far removed from where TEG is. We need to find practical things they can do …really, really simple messages are needed to help them get more fibre into their diets.

This reflects the widely held view that TEG is too complicated as it stands to be easily understood and acted on by people – i.e. it needs interpretation and translation. This latter point in itself supports the need for DGs, and their potential role in helping translate TEG in a meaningful way to the general public.

TEG is primarily 'ingredient-based', which makes it difficult to relate what people actually eat (e.g. in ready meals and combination foods) to TEG guidance.

> We need to get away from the 'one nutrient approach' and accept that people are going to use takeaways. We need resources that will translate (TEG) into more realistic healthy approaches to eating. The resource (TEG) is beautiful, but it is far removed from the reality of what people are eating.

In making TEG more accessible, there is a big issue with **terminology**. Health practitioners are comfortable with the language of TEG, but it is not suited to many of the public. For example:

- What is a carbohydrate and how do you distinguish between a healthy and less healthy one?
- What are fats, saturated and unsaturated?
- …Or do these things matter?

> Most people see food as food, as something to be enjoyed. But dietary messaging does not really embrace this – it's about eating less of that, more of this, all in too negative a language.

The discussion here led onto a general recognition that there was a need when translating TEG for consumers for the use of simple, consistent, positive messages that can be delivered by a wide body of practitioners who pass on food information to the public.

Reflection and revisiting the need for DGs

The final section gave participants the opportunity to reflect on the discussions, make any final comments, and make a final statement in relation to the need for DGs. The final feedback was:

- New guidelines need to be practical and translatable for different groups.
- Guidance should be targeted/focused. Part of the problem with the information already out there is that it covers too much – we should prioritise some dietary elements and focus on putting out messaging relating to those elements and ensuring they are well-known, understood and consistently given out.
- As well as being practical, guidelines/messages need to be accessible and consistent.
- We need to make use of the range of influencers out there, including caterers in schools, health professionals and practitioners and anyone who comes into contact with the population in a food environment.

- If the guidelines are designed to be consumer facing, it's important they don't widen inequalities.
- Marketing is crucially important – the marketing of our dietary advice needs to be strong enough to combat the marketing of fad diets, advice pushed by the media, and discretionary foods.

There was overall support for the idea of new guidelines, as seen in the table below, with all 6 participants feeling that there is a need for guidelines to be produced. 4 of the group felt that this need was very strong, rating it 4 or 5 on a 5-point scale (where 5 is 'strongest need'). Of the 2 participants rating the strength of need 3, one commented that it is more important to ensure any guidelines are practical than just produce new guidance; the other suggested that health messages need to be updated to include food and mood, rather than focus only on physical issues with diet and health.

The table below details the responses to the question, "On a scale of 1-5, with 5 being the strongest, how strong a need would you say there is for new dietary guidelines?"

Scale	1 (No need)	2	3	4	5 (Strongest need)
Responses	0	0	2	1	3

Participants were then asked to write down the main reason for their answer. Selected comments are set out below.

Evidence shows that the current provision is not improving Scotland's dietary challenges.

To support a change in behaviour and fill a current gap with consistent and far-reaching messaging.

Lack of evidence that current guidelines are promoting diet change.

Not just new - to be a more practical interpretation and accessible guide (simple language, key points and practical where possible). Consistent messaging and practical user application is necessary.

Source: Participant Evaluation Return

Evidence provided
The request for evidence garnered some resources and papers for consideration. Contributions included:
- Community Food & Health (2015) Healthy Diet and Lifestyle for Ethnic Minority Older People (Available at: https://www.communityfoodandhealth.org.uk/wp-content/uploads/2015/11/Healthy-Living-Final-English.pdf) (Accessed 22/05/18)

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