Developing a Scope for Dietary Guidelines for Scotland

Final Report, August 2018

Food Standards Scotland

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Executive Summary

Introduction
The report sets out the findings of a scoping exercise carried out for FSS by the Jump/Red Tree/Social Marketing Gateway (SMG) consortium. The work has explored if there is a need for Dietary Guidelines that would help translate the existing food-based Eatwell Guide into a practical support for achieving a healthier diet.

Method
A programme of half-day workshops was set up to engage with academics and stakeholders with an obligation or interest in providing information about food and diet to the general public. A total of 63 participants took part in 7 exploratory Phase A workshops and a total of 32 stakeholders attended a Phase B workshop that aimed to firm up views and suggestions. A co-production approach was embraced throughout.

Findings - Phase A workshops
There was, both at the beginning and end of each of the workshops, a general feeling that Dietary Guidelines had a role to play and should be developed. This broad view was supported throughout the workshop discussions, which covered general views and issues, the potential scope of guidelines, and how they might be delivered and implemented.

General issues raised by participants
Each workshop followed a similar format, beginning by giving participants the opportunity to highlight what, for them, were key issues. The issues raised included:
- There is widespread public confusion about what is "healthy food" and what is not
- The need to win the 'hearts and minds' if we are to build a positive culture around food
- Messages from the media and the food industry exacerbate the public's lack of understanding on diet
- There is 'food skills gap' that presents a significant barrier to behaviour change
- Concerns about the danger of doing things that increase existing health inequalities
- The need to make people more conscious of and interested in food
- Achievable, step-by-step advice to consumers is needed
- New dietary advice should be tailored to the specific needs of population segments.

The potential scope of Dietary Guidelines
In the workshops, the discussion then moved on to consider participants' views about what Dietary Guidelines might cover. A summary of the views expressed were:

- Dietary Guidelines need to include how to avoid/prevent poor food choices
- As well as the nutritional aspects of food and diet, guidelines should also cover associated behavioural aspects (such as particular life events at which people are more open/receptive to change)
- Guidelines need to cover the wider determinants of health and the cultural differences across our society that impact people's behaviours and attitudes to food and nutrition
- There is a need and demand for resources that could help community-facing organisations improve people's food skills and knowledge: e.g. guidelines that offer practical, achievable small changes
- Teachers would welcome practical teaching resources and guidance to help them introduce practical work that supports the delivery of health messaging
- Guidelines need to include specific advice on certain macronutrients, e.g. on the value of starchy carbohydrates
- The importance of focusing on key life stages - e.g. becoming pregnant or having a health scare - when people are more open to change and address unhealthy eating habits
- There was debate over sustainability and only some participants felt that sustainability should be an element of the guidelines
- Participants recognised the limitations of guidelines and the need for a sustained effort, including policy and regulatory change
- Dietary guidance for Industry requires a separate approach - Dietary Guidelines alone will not encourage private sector industry to offer healthier choices
- There are specific food choices not covered sufficiently by TEG: alcohol, 'discretionary' foods[1], and 'composite or combination' foods:

Delivery and implementation of information

The workshops then moved on to considerations related to how any new information guidance might best be constructed and delivered. In this discussion, participants highlighted:

- The language and terminology used in guidelines must be carefully considered in order to be relevant and credible for different audiences
- Specific reference to the evidence base will help justify guidelines and strengthen their authority
- Ensure that Dietary Guidelines are consistent with existing and future policy and guidelines in related areas: e.g. in health and social fields
- Consistency in the messaging that is given to consumers is important for building awareness, authority and credibility
- A social movement to help create sustainable change could be encouraged to help unite people and give them a sense of collective purpose
- Target groups that are easily reached with simple dietary messages (e.g. in workplaces, prisons and schools)

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[1] The Eatwell Guide depicts some discretionary items in the 'foods high in fat, salt and sugars' section

- Learn from other health interventions (e.g. on alcohol and tobacco) and what can be learned and applied from this wider experience
- Use visual content to give people a frame of reference and show what a 'good diet' looks like
- Use of interactive digital resources could increase engagement and help deliver targeted interventions
- Similarly, a wider use of digital technology (e.g. like the Change4Life 'Food Scanner' app) could empower consumers to better understand their consumption habits.

Findings - Phase B workshop

The Phase A work uncovered broad support for Dietary Guidelines and helped identify a number of questions on which more in-depth consideration was required. At the Phase B workshop stakeholders engaged in conversations around six key questions:

How might Dietary Guidelines help the Food Information Delivery Chain?
Respondents considered what they might need to enable them to deliver healthy eating information more effectively to the public and highlighted:
- Consistency in the content of evidence-based information provided
- Guidelines that were easy to understand and accessible through the use of a series of core principles
- As most people in Scotland are a long way from the ideal of TEG, Guidelines need to be able to start from where consumers are now
- Guidelines that are flexible and adaptable to engage with all consumer groups and to remain useful over time
- The presentation and the media channels used to deliver the Dietary Guidelines should be chosen to enhance engagement and usefulness

Should a principles-based approach be taken to Dietary Guidelines?
The great majority supported basing new Dietary Guidelines on a platform of fundamental principles. Support centred on a belief that the challenge of impacting the nation's diet is a huge one, and that some big, guiding statements that everyone can subscribe to would help. A small number of stakeholders also suggested developing a 'vision' statement that would act as a rallying call by appealing to everyone who has a role to play in building a healthier Scotland. Participants were also in favour of keeping the list of principles short and centred on six themes:
- Recognising the value of food
- Engaging everyone potentially involved in encouraging people to eat well
- Supporting personal development
- Reducing inequalities
- Pragmatic advice and guidance
- Core messages

What areas outwith the current TEG should be included in Dietary Guidelines?
A range of areas were discussed and ranked into different levels of importance. The areas discussed went beyond the remit of FSS as FSS did not want to limit the scope of the Guidelines to purely nutrition related advice/ information.

Areas considered core and that should be included were:
- Discretionary foods
- Composite foods
- Drinks including alcohol
- Guidance covering life-stage transitions in particular early years/children
- Portion sizes
- Food skills – buying ingredients, cooking skills

Areas of secondary importance were:
- Physical activity
- Emotional wellbeing
- Specific diets and supplements, e.g. gluten free, vegan etc.

Areas that participants were less sure about considering for inclusion were:
- Food sustainability
- Sleep
- Obesity/weight management

Should the Dietary Guidelines be Segmented?
There was broad support for segmentation, recognising differences in diet and lifestyle between different groups of consumers. However, participants cautioned about developing a huge range of micro-targeted resources that could risk confusing core messages. The most widely supported suggestions were to segment by life-stage, socio-economic group, along cultural lines, or according to lifestyle and priority.

While some participants felt there may be a need for segmentation of guidance for those in the Food Information Delivery Chain, it was strongly emphasised that there would need to be a clear set of core guidance available throughout the Chain in order to ensure consistent messages from different sectors.

Which, if any, social and cultural aspects should be included in Dietary Guidelines?
There was support for social and cultural issues surrounding food choice to be covered within Dietary Guidelines as they are central to how we eat. The need to position food in a positive manner, empowering people to value food, was highlighted in much of the feedback. There was also consensus around encouraging people to make the link between the food they are eating and how it frames the social situations they are in - e.g. celebratory events are automatically linked with cake; a trip to the cinema feels incomplete without snacks. Encouraging the population to be aware of this link, supports a more holistic approach to eating that could start to change social norms. Cultural factors were discussed in terms of individuals' own personal 'food culture', rather than aspects relating to ethnic cultures.

How can Dietary Guidelines help create a positive food culture?
The importance of building a 'positive food culture' was enthusiastically supported, but a better way of phrasing it was suggested as being '…a food culture that positively

advanced the dietary outcomes we have agreed'. Participants described this positive future scenario as a culture where:

- Food was commonly seen as more important and valued more than it is now
- The preparation and consumption of food was viewed as a sociable, family, and fun activity
- Food and eating is not 'threatening' – based on an over-focus on weight and image
- Food is not viewed as 'fuel' – but something much more valuable and enjoyable
- People from all socio-economic and age groups are better skilled and more confident in preparing food
- Eating better was considered as 'tasty, affordable and easy'
- Scots viewed Scotland as a producer of a wide range of local, tasty, healthy and affordable food

An important and recurrent message was that future approaches need to be upbeat, positive, and 'encourage rather than lecture' people on eating better. Learning from other countries' approaches towards creating a 'positive food culture', and creatively communicating these messages, would be of value.

The food culture conversations reinforced the view that appropriate Dietary Guidelines did have potential to support dietary improvement in Scotland – but only as a part of a wider package consistently working together towards the same agreed outcomes.

Conclusions and Recommendations.

A strong appetite exists for Dietary Guidelines based on a short set of fundamental principles. Stakeholders would welcome additional guidance and support, both to communicate the essential messages about food and nutrition already contained in TEG, as well as support to engage and communicate with clients and the public on issues relating to healthy eating that are currently out with the scope of TEG.

Stakeholders called for: guidance that was very practical; segmented and tailored; core messages that can be used consistently across the food information delivery chain; scope for organisations to further tailor what and how they pass on information to their clients; and a person-centred approach that starts from where people are at in their food journey.

A range of recommendations can be made:

- Continue to the next stage in the process following the successful co-development approach that has been followed so far, including engaging with consumers.
- Consider the formation of a Short Life Working Group to support this process and develop potential content around each of the proposed elements of the Dietary Guidelines, plus key messages and resources targeted to defined population segments.
- Consider a vision statement or a set of principles (or both) to 'front' the Guidelines and act as a rallying call to mobilise a broad range of stakeholders

and partners in the food information delivery chain to get behind a fresh and sustained national effort to eat well

- The following areas should be included in the scope: Discretionary foods; Composite foods; Drinks including alcohol; Guidance covering life-stage transitions; Portion sizes; and Food skills.
- Content and key messages should be developed for the above and tested with stakeholders and consumers, along with a range of formatting (including digital and online) options.

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 Dietary Guidelines for Scotland to help translate the existing food-based Eatwell Guide into a practical support for achieving a healthier diet. This project aimed to explore, through a collaborative and co-productive approach[2], 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 draft final report submitted to FSS in May 2018. The work was carried out across two discrete phases of workshop activity (Phase A & Phase B). The methodology used is detailed below. In this final report, the findings from both phases are brought together, and a set of conclusions and recommendations for FSS to consider are set out.

Background

In Scotland, Dietary Goals[3] guide dietary policy and provide a benchmark against which the Scottish diet is monitored. The Goals are not consumer-facing. The main tool used across the UK for communicating a healthy balanced diet to consumers is the Eatwell Guide[4] (TEG). Both the TEG and the Dietary Goals are based on up-to-date evidence from the Scientific Advisory Committee on Nutrition.

As the TEG and Dietary Goals do not encompass wider social and cultural influences on food choice and consumption, FSS were of the view that this could be missing a step. Nor do they include provision of advice on issues such as food safety and standards, physical activity, alcohol, food waste, environmental sustainability or address barriers to healthy eating such as skills, affordability and acceptability.

This project, therefore, has sought to consider if new Dietary Guidelines to provide advice beyond the foods and proportions recommended for a healthy, balanced diet are needed. If so, they would be principally about translating the food-based Eatwell Guide into practical support for achieving a healthier diet, considering the many factors that affect dietary intake. TEG and the Dietary Goals themselves will remain unchanged.

This project, which is seen by FSS as the first step in possibly a larger exercise, has focused exclusively on stakeholders. These were primarily organisations in the food

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[2] The project, therefore, in order to deliver more rounded and informed outcomes, has sought to build on the existing skills and resources of FSS's partners through an active dialogue that has drawn on mutual strengths.

[3] http://www.gov.scot/Resource/0049/00497558.pdf

[4] http://www.foodstandards.gov.scot/downloads/Eatwell_Guide_Booklet.pdf

information delivery chain[5] and academics working in the field of food and nutrition. In the spirit of co-production, FSS committed to exploring the need and scoping the possible content of Dietary Guidelines hand in hand with a range of identified stakeholder partners drawn from:

- Academics
- Scottish Government
- NHS
- Local Authorities
- Education
- Third Sector
- Community groups
- Industry
- Consumer representatives

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[5] For the purposes of this report, the Food Information Delivery Chain is defined as including any non-academic organisation with an obligation or interest in providing information about food and diet to the general public.
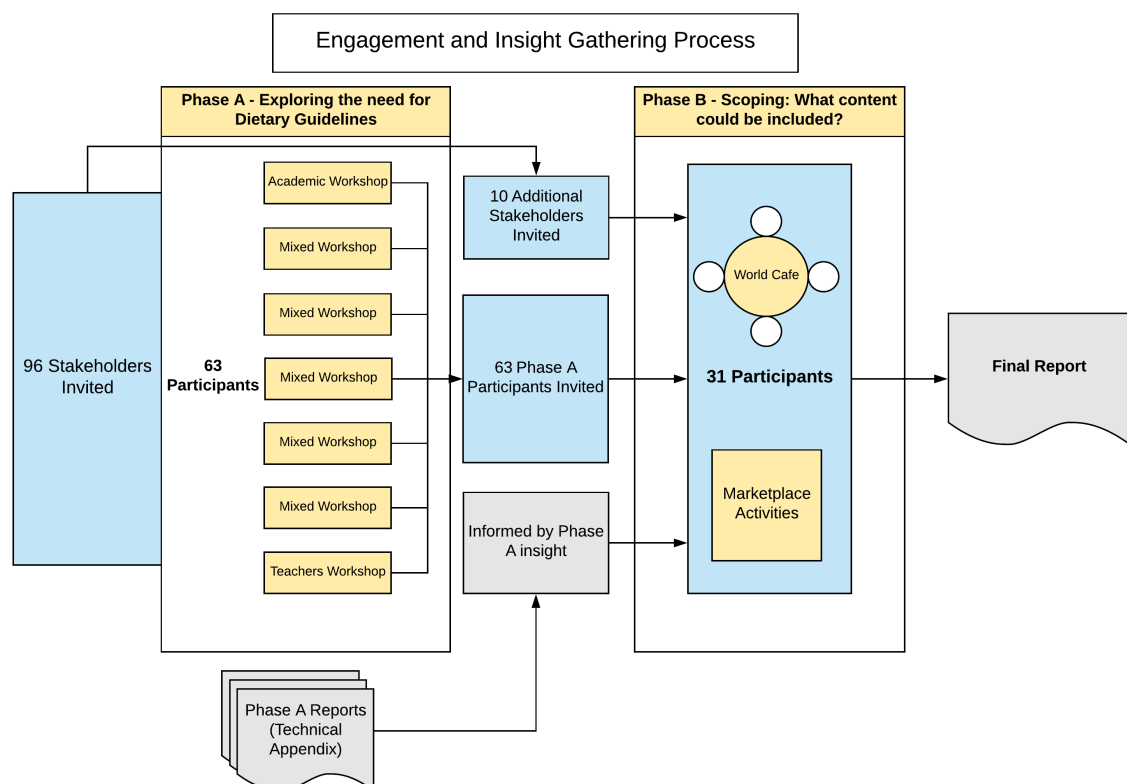
Methodology

The two principle aims of the project were to:

1. Explore stakeholders' views on the need for new Dietary Guidelines and the extent to which there is a consensus on this point, and
2. Scope out the possible content that stakeholders felt should be covered in any new Dietary Guidelines.

The approach used to meet these aims involved engaging closely, using a workshop-based methodology, with mixed groups of stakeholders (including academics) that FSS had previously been in touch with to establish their interest in scoping the potential for dietary guidelines. Each stakeholder had two opportunities to engage in the process: at one of a number of Phase A workshops; and at a larger Phase B workshop to which all stakeholders were invited. Figure 1 (below) provides an overview of the engagement process as a whole, including the numbers of stakeholders invited and participating at each stage.

Figure 1: Overview of Engagement Process

Engagement and Insight Gathering Process

Phase A - Exploring the need for Dietary Guidelines		Phase B - Scoping: What content could be included?

- Academic Workshop
- Mixed Workshop
- Mixed Workshop
- Mixed Workshop
- Mixed Workshop
- Mixed Workshop
- Teachers Workshop

96 Stakeholders Invited → **63 Participants**

10 Additional Stakeholders Invited

63 Phase A Participants Invited → World Cafe / Marketplace Activities → **31 Participants** → **Final Report**

Informed by Phase A insight

Phase A Reports (Technical Appendix)
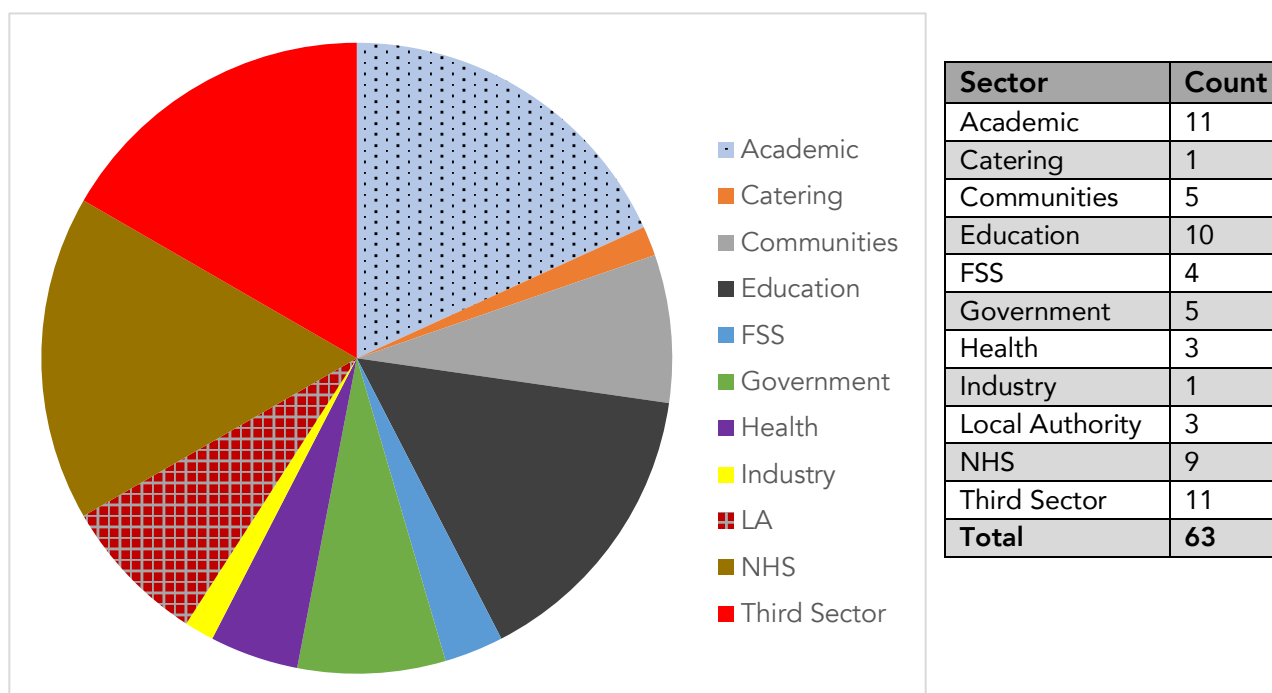
Phase A workshops (exploratory)

Stakeholders were invited to participate in one of a number of half-day exploratory workshops (Phase A). A total of 7 exploratory workshops were held around the country, including one session dedicated to academics and one for teachers (both primary and secondary).

A total of 63 stakeholders participated in the workshops, with the number at each workshop ranging from 6 to 12. Participants came from a broad range of sectors, the main ones being: academic, education, NHS and the third sector. Figure 2 shows a sector specific breakdown of the Phase A participants.

Each workshop followed a broadly similar format, opening with a short presentation from FSS about why the project was being carried out and why there was felt to be a need for Dietary Guidelines. The bulk of the time was then devoted to facilitated discussion that explored:

- Stakeholder roles in the food information delivery chain and the insights on key issues they have gained from it
- Their views on the Eatwell Guide (TEG) and what they might need to translate and communicate information effectively to consumer groups
- The case for (and against) new Dietary Guidelines
- The potential scope of any new Guidelines and how they might be delivered.

Figure 2: Breakdown of Phase A participants by sector

Sector	Count
Academic	11
Catering	1
Communities	5
Education	10
FSS	4
Government	5
Health	3
Industry	1
Local Authority	3
NHS	9
Third Sector	11
Total	63

After each workshop, a report on the findings was submitted to FSS and any changes required to the workshop plan for the next workshop discussed. In this way, we were able to embrace on-going learning, and adjust and hone the workshop facilitation to take account of learnings from the previous session. The full set of Phase A workshop reports is available under a separate cover (Technical Appendix).

Phase B workshop (scoping content)

While the Phase A workshops highlighted a broad consensus in favour of having some form of Dietary Guidelines and began to consider their potential scope, the findings also pointed out that further work on what the guidelines might cover was required.

The purpose of the Phase B follow-up session was, therefore, to probe a range of issues that emerged from Phase A, to gather more detail on these issues, and to check if the consensus among stakeholders for new guidelines that emerged during Phase A still held. The findings from Phase B could also help outline the scope and content of any new Dietary Guidelines

A total of 72 stakeholders were invited to the Phase B workshop and 31 participated in the workshop. The half-day session began by sharing the key findings from Phase A, and highlighting the issues and questions that FSS and the research team were inviting further input on.

The core work was done using a World Café approach. A series of six tables were set out, each with a key question and a few supplementary questions.   Participants broke up into small groups and worked at each table in turn, having a high intensity conversation for 15mins around the key question, using the supplementary questions as prompts to the discussion. There were also three other activities that took place outside of the World Café. These activities allowed participants to post their thoughts and suggestions in response to other questions relating to Dietary Guidelines on a marketplace wall, for example: '*How should we refer to calories*'.

Findings from Phase A

Overall, a great majority of participants attending the Phase A workshops were in favour of some form of Dietary Guidelines (Figure 3). Their support for Guidelines reflected a range of issues, needs and opportunities that they raised in the workshop discussions. Below, we summarise the key points made by participants grouped into:

- Key points raised by workshop participants
- Wider social and cultural areas that could fall within the scope of new Guidelines
- Issues relating to delivery and implementation of healthy eating information

Figure 3: Participants' support for Dietary Guidelines
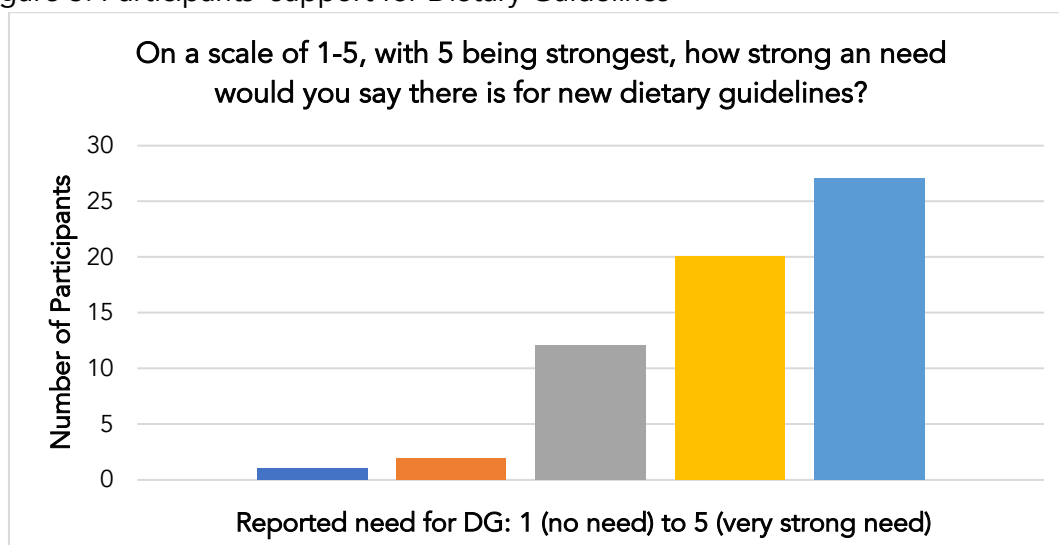
Source: Phase A feedback

Key points raised by workshop participants

Widespread public confusion about what is "healthy food" and what is not
With many more food choices these days, even within a single food category, it is increasingly difficult to identify healthier food options. There is pretty widespread confusion of what is healthy and what is not – e.g. some consumers may perceive a 'low fat' product to be a 'healthy' choice and may fail to consider the sugar content.

To help change food/eating culture we need to win the 'hearts and minds' of consumers
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, there is a need to ensure development of any Dietary Guidelines would ideally be presented to the population in a positive way with strong, credible branding and with an engaging tone. This point links to the discussion about use of appropriate language.

Messages from the media and the food industry exacerbate the public's lack of understanding on diet
A recurring theme was the damaging effect of competing messages on diet and nutrition from the media. Participants noted that the media tend to seize on the idea of a 'quick fix', exaggerating the benefits of 'superfoods' or dramatically cutting intake of certain food groups for weight loss[6].

Additionally, the impact of advertising and sales tactics from the food industry was recognised. For example, despite legislation on labelling nutritional content, it was felt that food packaging can contribute significantly to confusion about portion sizes, e.g. by lack of clarity on how many portions are contained in a given product, and providing energy values for an unlikely portion of the product (e.g. a 1/8th of a sharing bag of crisps). There was also a strong sense that promotions on unhealthy discretionary[7] foods gave a sense of value for money to consumers that make the unhealthy option even harder to resist.

Further to the points raised about the impact of media exaggeration and food industry tactics on the public's attitudes to food, it was suggested that one core purpose of new dietary guidelines might be to challenge the current perceived norms around, for example, what is a healthy portion size.

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[6] It should be noted that dietary guidelines would focus on healthy eating rather that weight loss.
[7] Discretionary products are not required for as part of a healthy diet, tend to be high in calories with little nutritional value, they include confectionery, biscuits, cakes, pastries, savoury snacks and sugary drinks.

A 'food skills gap' presents a significant barrier to behaviour change
Many participants made reference to the difficulties posed by a lack of food-related knowledge and skills in certain segments of the population. Examples given included older men living alone or first year university students living in halls of residence. A lack of shopping or budgeting skills and a lack of confidence in the kitchen can make people more inclined to choose the 'easy option' – often a processed ready meal or fast food can be less-healthy alternatives to a freshly cooked meal.

Participants involved in cooking or food safety training spoke of a need for a more comprehensive resource of key messages which account for the fact that individuals start with different levels of skill and knowledge. In this context there is a demand from the public for information, and trainers are often asked for resources and further guidance, but do not always have any available to pass on.

Insight from teachers highlighted the fact that cooking, shopping and budgeting skills are often no longer learned from parents as they often were in the past. Teachers were generally of the opinion that pupils and parents were knowledgeable about current dietary advice (e.g. they knew about the main food groups and were often aware of advice on sugar and fats), but often they lacked the skills necessary to act upon this knowledge and translate it into healthy meals.

There are concerns about increasing existing health inequalities
It was acknowledged that on the whole, improving health education and knowledge amongst the general population can widen the health inequalities gap – as those with poor health literacy and those from lower SIMD groups may be less inclined to act on health messages and advice. As such, Dietary Guidelines need to be accessible and work for all.

We need to make people be more conscious of and interested in food
Many people make food choices without much thought based on unconscious food biases which can be shaped by food industry tactics and advertising. This can lead people to make poor food choices even when they think they are choosing a healthy option. The historic positioning of a Mars Bar as a food that 'helps you work, rest and play' was given as an example. As such, there is a 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 could also encourage them to give more conscious thought to what they buy and eat.

It was recognised that it is very difficult – possibly impossible – to compete against the influence of the food industry promotional tactics on children – parents are often 'swamped' by the power of persuasion of children.

Achievable, step-by-step advice is needed
A key theme was the need for a distinction to be made between TEG which represents an *ideal* diet, and 'dietary guidelines' which should provide practical and achievable

advice on how to move towards TEG. It was felt by many participants that TEG is not within the perceived reach of many people. As such, guidance that takes into account where people are at now, and supports achievable, incremental changes that people can make which brings them closer to the goal of TEG would be helpful.

While these steps might not be ideal in dietary terms, any movement towards a healthier diet should be seen as a success. It was pointed out that people are more likely to reduce their intake of a particular food than they are to completely cease consumption overnight. Similarly, people are more open to change within a category, for example swapping a Mars bar to a lower calorie Kit Kat, than they are to change between categories, like swapping the chocolate for fruit.

Segmentation needs consideration
In order to supplement TEG, it was felt by many participants that any new dietary advice should be tailored to the specific needs of population segments. While opinion on precisely how to segment the audience was mixed, there was a strong feeling overall that guidelines should be person-centred, start from 'where people are' rather than presenting an ideal which could be off-putting because it was seen as unachievable. The Swedish guidelines, with their strapline, 'Find **your** way' were seen as a good example of this ethos.

An example of successful adaptation of current dietary advice to specific population segments was offered by one participant who had helped to produce a version of TEG targeting older people in ethnic minority communities in Scotland. The Eatwell Guide does not depict many of the staple foods for Black and Minority Ethnic (BME) communities (e.g. coconut milk, palm sugar or chapattis) which led to a lack of engagement in this segment of the population. Consultation with dietary experts and the target audience allowed for the creation of a resource with relevant portion guides. The advice was also able to suggest healthier alternative foods which were more familiar and culturally significant, thus reducing barriers to adoption.

Some participants also suggested contextualising new DGs to fit specific lifestyle patterns – e.g. what are good choices if you tend to eat mostly ready meals?

Suggested specific groups of people to consider included:
- Low income groups
- Rural groups
- Adolescents
- Elderly people
- Those who are very busy/pressed for time
- Those with low health literacy
- The homeless/those in temporary accommodation

Key points relating to potential scope of Dietary Guidelines

Dietary Guidelines need to include how to avoid/prevent poor food choices
There is 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. Targeted consumer facing messaging – for example, underlining the value of trying to avoid unhealthy food options when travelling – has an important role to play.

As well as 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 use examples of behaviours that deviate from the norm in healthy ways – e.g. people whose uncommon, but successful, behaviours or strategies enable them to find better solutions to eating more healthily than their peers, despite facing similar challenges and having no extra resources than their peers[8].

It is important that guidelines consider/incorporate the wider determinants of health and the cultural differences across our society
It was acknowledged that most people are aware of the key health messages and that 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, cooking skills/facilities and housing issues or the different food cultures of ethnic communities, particularly with regards to helping those people in most need of support. The approach must show an 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 guidelines in this wider context. It was felt that ideally, a wide range of stakeholders needed to be on board and understand and apply the same consistent messages. Practically, it was suggested that a possible mechanism to address this was through local Community Planning Partnerships (CPPs). These are local authority-led that draw together other public bodies and aim to ensure that resources are aligned with agreed Local Outcome Improvement Plans (LOIPs).

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[8] These people are also referred to as 'positive deviants' or 'community change agents'

Linked to this, some participants from a community health background suggested following the '5 As' model to address challenges in the community and support a balanced diet: Access, Availability, Affordability, Aptitude, Attitude.

There is a need and demand for resources in a community context
Some participants, particularly those with community food initiative backgrounds, identified the opportunity for guidelines to form the basis for teaching resources that could help community-facing organisations improve people's food skills and knowledge. It was felt that 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. Some noted that they made use of the existing TEG materials, but often found that the materials were in short supply or were in a format that was difficult to translate to a real-world context (e.g. such as shopping on a tight budget or cooking for a fussy child). It was also acknowledged that many lack knowledge and skills for helping clients put TEG into practice.

For instance, guidelines that offered practical, achievable small changes would be useful as the current materials can prove difficult to apply in a community context.

There is growing demand from teachers for widely available, practical teaching resources
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. It was suggested (by both primary and secondary teachers) that dietary advice at a school level could incorporate practical work, giving children the chance to interact with and enjoy food, hopefully fostering a more positive relationship with food and eating. However, it was also recognised that dietary guidance in schools would be of limited effectiveness without parental engagement, as many children would need support in the home to put it into practice.

Specific advice is needed on certain macronutrients
Particular emphasis was placed by a sizeable minority of respondents on the confusion around certain macronutrients which form a significant part of TEG. They felt that official messaging on carbohydrates is unclear, with more clarity needed on the value of starchy carbohydrates and a need to avoid encouraging consumption of carbohydrates in the form of sugar. The issue is compounded by media attention given to some diets which advocate abstaining completely from starchy carbohydrates. Similar issues were identified with fats – people need to be aware that fat is a necessary part of the diet but that it should be limited.

Focus on key points when people are more open to change
People are more open to change at different points in their life and when they have experienced a life-altering event. For example, becoming pregnant/having children, having a health scare, illness in a relative, retiring or leaving home. There is a need to consider these key life events and the opportunities they present to help people break existing bad habits and foster a more balanced attitude to food consumption.

Debate over sustainability

The issue of whether guidelines should cover sustainability drew a mixed response. Some participants strongly felt that sustainability should be an element of the guidelines as part of efforts to foster a more holistic and conscious approach to food. However, others argued that while sustainability was a potential long-term goal, including messaging on this topic risked diluting the effect of the dietary advice by giving those with poorer diets too much to consider.

Recognise the limitations of guidelines and the need for a sustained effort, including policy and regulatory change

Participants from a range of backgrounds acknowledged that education and information alone will not be sufficient to solve the complex issues around diet in Scotland. They suggested that sustainable change will be a long-term process requiring changes to policy and legislation and a gradual shift in social norms. Participants felt that Dietary Guidelines can form an important part of this but are only one part of the jigsaw and should not be regarded as a whole solution.

Dietary guidance for Industry requires a separate approach

It was recognised that Dietary 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 different approach which could involve more controlling measures across the food environment/supply chain, such as tighter regulation, this however is beyond the scope of the proposed Dietary Guidelines.

There are specific food choices not covered by TEG

One criticism of TEG was the fact that it omits certain categories that are commonplace in the current diet. These included alcohol, 'discretionary' foods[9], and 'composite or combination' foods:

- While discretionary foods are unhealthy and not ideal choices, they are a significant part of many people's diet.
- Alcohol is not part of an ideal diet, but it remains a significant source of calories and sugar in addition to the negative effects of alcohol itself. Including alcohol guidelines may also help tackle other associated problems.
- Combination foods are comprised of more than one food category shown in TEG. For example, lasagne contains dairy, starchy carbohydrates, protein (e.g. meat) and vegetables. This makes it difficult for people to quantify their intake without proper context, so it could be beneficial for popular combination foods.

Some participants suggested guidelines should address these gaps, as this would help people to place their current food habits in context. It would also present the opportunity to promote alternative options or smaller portions.

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[9] The Eatwell Guide depicts some discretionary items in the 'foods high in fat, salt and sugars' section

Key points relating to delivery/implementation of information

Language, terminology and tone are important
The language and terminology used in guidelines must be carefully considered in order to have the right impact – it needs to be relevant and credible for different audiences. For instance, certain words (including 'diet') can have negative connotations and an off-putting effect. The perception of 'healthy' food as bland or boring may also be an issue, so other terms may be more effective.

One participant was strongly in favour of avoiding the use of the term 'consumer' to refer to the end users of the guidelines, suggesting that using a term such as 'citizen' could help to foster a more positive approach to food.

Language must also be consistent with that used in other advice in order to avoid adding to people's confusion.

Adopting an overall positive 'can do' rather than a negative 'you can't, should not do' tone for the dietary guidelines was favoured.

Specific reference to the evidence base will help justify guidelines and strengthen their authority
It was viewed by some participants that using some of the evidence base to back information contained within dietary guidelines will help give them credibility and authority and thereby also helping to dispel food myths and the plethora of other misleading and misinformed dietary advice and guidance in the public domain.

Linked to this it was felt that TEG and DGs 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.

Acknowledge and link with other health, social and environmental policy and guidance
Dietary choice is linked with and influenced by a wide range of factors, such as physical activity, income, the environment or food knowledge. It is therefore important to ensure that Dietary Guidelines are consistent with existing and future policy and guidelines in related areas so that they complement one another rather than adding to public confusion.

It was acknowledged that the guidelines in isolation will not change what people eat, but they provide opportunities to ensure consistent messaging and to direct and link with other related areas, such as the good food/sustainability agenda, physical activity, and environmental sustainability. This would also present an opportunity to ensure messaging is consistent across all official sources of information.

Specific reference was also made to the proposed Good Food Nation Bill as an agenda that the Dietary Guidelines may also link and relate to. There was recognition that a

degree of conflict exists between supporting the Scottish food and drink industry whilst also encouraging consumers to make 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.

Consistency is important for building awareness, authority and credibility
It was seen as highly important that any guidance was positioned as being the definitive, official advice. The messages must be consistent, both at an organisational and personal level, throughout the 'food information delivery chain'. Participants identified some potential areas where this could be put into practice:

- Making Every Contact Count (MECC) is the practice of equipping public-facing staff with the skills and knowledge to deliver brief advice and brief interventions, including signposting people to local relevant services when opportunities arise. In Scotland this approach is already being implemented within the NHS, but in England it has been more widely applied across the public and 3rd sectors. There is the potential for MECC to provide another channel to deliver targeted healthy eating messages to the public at scale.
- Specify adherence to guidelines in public sector procurement; grant awards and sponsorship – participants were generally critical of sponsorship which competed directly with healthy living messages (e.g. Irn-Bru and the Commonwealth Games). This feeds into the earlier point regarding consistent messaging across areas of government influence.
- Providing a promotional toolkit for use in public-facing workplaces – as there was some doubt as to precisely which service providers currently make use of TEG. Additionally, it was suggested that regular evaluation of how guidelines were being applied across the 'food information delivery chain' would be important to ensure consistency.
- Participants who interact with businesses in an enforcement capacity (Food Safety and Environmental Health) may have opportunities during their visits for MECC-style conversations with business owners, although some participants were sceptical as to whether the enforcement context would be too much of a challenging time to have such a discussion.

A social movement to help create sustainable change
There was a suggestion that if a social movement around dietary improvement could be successfully encouraged, this would potentially unite people and give them a sense of collective purpose. Creating a community in this manner could help people to support one another and sustain behaviour change over the longer term.

Look for groups that are easily reached
As an example of this it was felt that workplaces and schools (to reach families) were good places to reach important segments of the target audience that will benefit from dietary guidelines. It was felt that these would be good places to efficiently reach the audience with simple dietary messages.

Learn from other health guidance
There was discussion on other areas of health guidance, such as alcohol and tobacco campaigns, and what could be learned and applied. Most participants were wary of borrowing too much from successful alcohol and tobacco messaging due to the absolute nature of these issues: e.g. while you can advise the public to quit smoking entirely, everyone still needs to eat, and food should be seen as a fundamentally positive thing. However, there was recognition that the long-term/sustained and multifaceted approach seen in tobacco and alcohol campaigns would also be required to improve dietary intakes.

Conversely, some participants were of the opinion that limited use of hard-hitting messages on the health impact of a poor diet could be used to target people at earlier life stages as part of a preventative campaign, in a similar manner to tobacco control efforts. Some teachers agreed that this could be an effective approach with pupils. They did however recognise that diet messages would require a more nuanced approach compared to anti-smoking messages. One potential negative consequence of using stronger messaging was the risk of having harmful effects on the body image and mental health in young people.

Use visual content to give people a frame of reference
Participants broadly appreciated the value of visually representing what a 'good diet' looks like, with the Brazilian guidelines being singled out as a good example of this in practice. However, it was noted that FSS already provide a visual representation of a balanced diet in the form of Eatwell Everyday[10], although it was suggested that further illustrative material could be added. There was a link between this and calls for segmentation, with the suggestion that menus should appeal to the typical diets of different food cultures within the population.

Other participants referred to the well-known '5-a-day' messaging, noting that although many people are aware that they should aim for a daily target of five portions of fruit and vegetables, most would not be sure what one portion' would look like. Visual references can help give clarity here.

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[10] http://www.foodstandards.gov.scot/consumers/healthy-eating/eatwell/eatwell-everyday

Use interactive digital resources to increase engagement and deliver targeted interventions

There was support for a wider use of digital technology to empower consumers to better understand their consumption habits. It was felt that an interactive resource could be an effective means of self-assessment for dietary guidance and aid in targeting people with advice that was achievable based on their current habits.

Other existing resources were discussed as examples of good practice, with the Change4Life 'Food Scanner' app singled out for particular praise. The app allows users to scan barcodes on food and delivers messaging on health in straightforward terms with a strong visual sense of scale, e.g. expressing quantities of sugar by depicting the number of sugar cubes.

Other points

The case against new dietary guidelines

Among the minority of participants who were not in favour of developing new guidelines, it was felt that the real issue was not with the content of the current guidance, but with its implementation. The suggestion was that instead of developing a new set of guidelines, it would be better to focus efforts on reinforcing the current guidance and ensuring that it is widely and consistently implemented in a manner which resonates with the public.

Comments from participants who were uncertain of need for guidelines

Uncertainty among participants was also often linked to the issue of implementation. Survey responses indicated that some undecided participants were convinced of a need to improve or change the way nutritional advice is interpreted and delivered to consumers but were not sure whether an entirely new set of guidelines were necessary to achieve this.

Findings from Phase B

While the Phase A work uncovered broad support for Dietary Guidelines, and was able to give an initial steer about what stakeholders felt they might usefully cover and how they might use them, FSS and the research team identified a number of areas where more in-depth feedback would be useful.

These areas then provided the focus for the Phase B work, which was a single, half-day workshop that all those engaged in Phase A (plus a few other partners who had registered an interest in being involved) were invited to.

The World Café approach, coupled with some additional interactive activities, was used to explore the following issues (Figure 4). The key questions that provided the focus for the World Café table conversations were:

1. How could Dietary Guidelines help your role in the Food Information Delivery Chain?
2. Should a principles-based approach be taken to Dietary Guidelines?
3. What areas outwith the current TEG should be included in Dietary Guidelines?

4. Which, if any, social and cultural aspects should be included in Dietary Guidelines?
5. Do the Dietary Guidelines need to be segmented?
6. How can Dietary Guidelines help create a positive food culture?

In addition, the Marketplace activities were:
- Activity 1 – Prioritising practical advice and tools to include
- Activity 2 - Identifying any no-go areas or anything that has been missed
- Activity 3 – Identifying suitable terminology

An important emphasis in the Phase B workshop was to try and draw out practical suggestions across the above questions to help inform FSS's next steps in the process of developing Dietary Guidelines. Understandably, given that the issues being focused on had already emerged from the Phase A work, there was a degree to which the conversations in the World Café covered similar territory to that explored in Phase A. Nevertheless, the facilitators were able to push and encourage participants to go as far as they could to offer practical suggestions and ideas to inform subsequent development work.

The remainder of this report summarises the World Café conversations, and summarises the output from the Marketplace activities.

1 - How might Dietary Guidelines help the Food Information Delivery Chain?
Respondents considered what they might need from the Dietary Guidelines to enable them and or their organisations to deliver healthy eating information more effectively to the public. They also considered what information the Guidelines might contain and what format or media might best be used to present them to consumers.
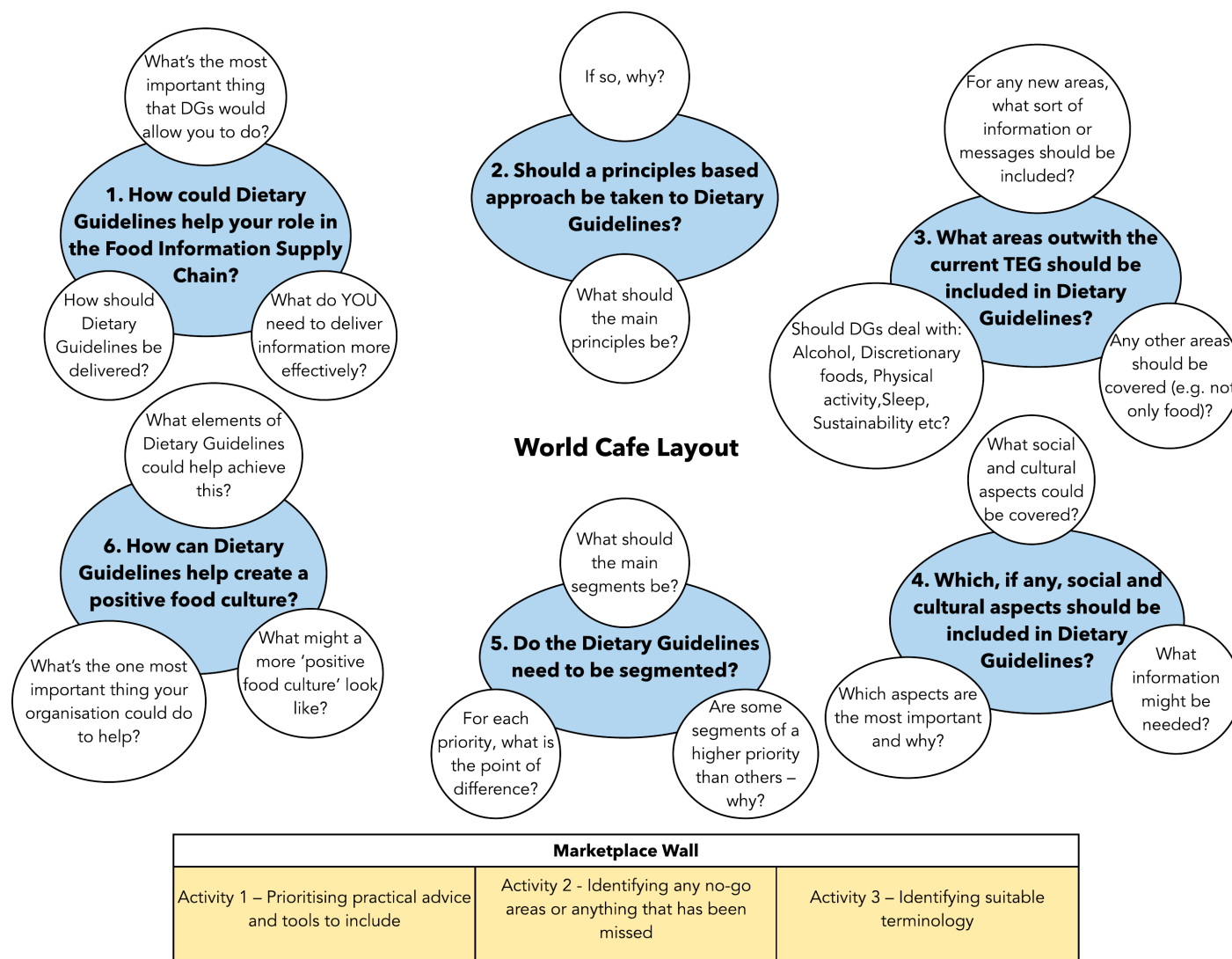
Five core themes were revealed, each described below.

Consistency in the content of evidence-based information provided in the Dietary Guidelines
One of the biggest challenges stakeholders face in engaging with their clients is the 'barrier' presented by contradictory information. Contradictory information that often challenges what they are advising undermines their credibility and reduces the willingness of clients to engage with the advice being offered. The main forms of contradictory information come from mass and social media, but it was also suggested that perhaps healthy eating messages given to the public by professionals and practitioners are not always consistent either.

Dietary Guidelines need to contain information that stakeholders can present with confidence and without fear that it is going to contradict information that has already been given, especially by other professionals. Where contradictory or confusing information is received by their clients, they need Dietary Guidelines to be wholly evidence based and therefore explainable and defendable.

Figure 4: Layout of the World Café and Marketplace activities

What's the most important thing that DGs would allow you to do?

1. How could Dietary Guidelines help your role in the Food Information Supply Chain?

How should Dietary Guidelines be delivered?

What do YOU need to deliver information more effectively?

If so, why?

2. Should a principles based approach be taken to Dietary Guidelines?

What should the main principles be?

For any new areas, what sort of information or messages should be included?

3. What areas outwith the current TEG should be included in Dietary Guidelines?

Should DGs deal with: Alcohol, Discretionary foods, Physical activity, Sleep, Sustainability etc?

Any other areas should be covered (e.g. not only food)?

World Cafe Layout

What elements of Dietary Guidelines could help achieve this?

6. How can Dietary Guidelines help create a positive food culture?

What's the one most important thing your organisation could do to help?

What might a more 'positive food culture' look like?

What should the main segments be?

5. Do the Dietary Guidelines need to be segmented?

For each priority, what is the point of difference?

Are some segments of a higher priority than others – why?

What social and cultural aspects could be covered?

4. Which, if any, social and cultural aspects should be included in Dietary Guidelines?

Which aspects are the most important and why?

What information might be needed?

Marketplace Wall		
Activity 1 – Prioritising practical advice and tools to include	Activity 2 - Identifying any no-go areas or anything that has been missed	Activity 3 – Identifying suitable terminology

Easy to understand and accessible through the use of a series of core principles
One of the barriers stakeholders face is in trying to explain fairly wide reaching, and at times complicated, concepts to people who often have a very limited understanding of and or little interest in what they are presenting. As such, it was felt that Dietary Guidelines need to be based around a small number of core principles that can, in simple terms, consolidate the wider and more detailed concepts. The use of core overarching principles was seen as a positive component of the Dietary Guidelines from Brazil and Sweden.

To bridge where consumers are now and where it is desired for them to be, Dietary Guidelines need to start from where consumers are now
A core theme across all the research has been the need to accept that many or even most of the people in Scotland are a long way from the ideal of TEG. Dietary Guidelines can best start showing the journey that individuals can take to a healthier diet by showing where the consumer is starting from.

For Dietary Guidelines to start where consumers are, two tasks need to be undertaken:
- First, a thorough segmentation to allow core sub groups across the population, who have different starting points, to be identified
- Second, modular system of Dietary Guidelines that allow practitioners to start, for various segments of the population, from different starting points

Dietary Guidelines need to be flexible and adaptable to engage with all consumer groups and to remain useful over time
It was felt very unlikely that, especially in the short term, Dietary Guidelines will be relevant to all segments and help all health care practitioners deal with all challenges they face. There would ideally be scope for practitioners to contact FSS to request additional guideline materials specifically for a segment of the population or for a particular challenge being faced. This approach would allow the Dietary Guidelines, over time, to become relevant to as wide a proportion of the population as possible. It would also allow the Guidelines to evolve over time, for example, to adapt to any future legislative changes.

The presentation and the media channels used to deliver the Dietary Guidelines should be chosen to enhance engagement and usefulness
There is a need to ensure that the presentation of information and the media channels used for delivering the Dietary Guidelines should actually help their level of relevance and their usability and not hinder them.

It was felt that if the wrong media channels are used to present the Dietary Guidelines, they would never get used. In contrast, if the right media channels are used, there is far greater scope for the Dietary Guidelines to be useful to professionals and impactful, relevant and useful for clients and consumers.

Five themes were identified in relation to the presentation of information and the media channels used:

- Visually impactful so as to engage
  - Guidelines need to avoid being too text heavy. They should be visual, bright and simple in presentation
  - The should be easy to use by professionals and easy to understand by clients and consumers
- Suitable use of technology for the target audience
  - Technology should be used to enhance the accessibility and functionality of the Guidelines. For example, there is scope to have Dietary Guidelines presented via an app or central online resource
  - Not all potential end users of the information in the Guidelines will have the relevant hardware or know-how to use digital technology. Therefore there needs to be a degree of flexibility when considering how technology is used to ensure that it helps when possible, but without excluding potential beneficiaries of the information
- Practical - to allow the core dietary guideline to be taken away and be accessible to consumers at the times they are most needed
  - Dietary Guidelines should come in a format that allows them to be used throughout the daily lives of the end users
  - Resources are needed that can be kept by end users to help with everything from budgeting, to shopping and cooking
- Language that is easily understood
  - Use language that is not going to confuse end users
- Suitable tone to motivate
  - Language that is positive and motivating
  - Avoid being preachy or patronising
  - Language relevant to the end user, and possibly adapted for different segments

2 - Should a principles-based approach be taken to Dietary Guidelines?

Some participants required clarification on 'what is meant by principles', which reflected that a few were confusing principles (i.e. foundations and underpinning essence) with key messages (i.e. what is communicated to the public). Overall, the majority opinion was that there could be a useful role for principles, but this view was not a unanimous one.

The case 'for' and 'against' principles

The main reason for support of a principles-based approach centred on a belief that the challenge of impacting the nation's diet is a huge one, not one that will be solved in the short-term, and that some big, guiding statements that everyone can subscribe, to and that will guide action, would possibly help.

Those unconvinced that new Guidelines are needed pointed to The Scottish Government's National Outcomes [11], which set out the kind of Scotland the government would like to see and what it plans to do to help bring that about. Here participants were referring principally to the stated National Outcome that we *'Live longer, healthier lives'*, but also to National Outcomes *'Our children have the best start in life and are ready to succeed'* and *'We have tackled the significant inequalities in Scottish society.'*

Those unconvinced by the need for Guidelines were concerned about possible duplication and confusion with the above National Outcomes and were posing the question: e.g., *'What would new Guidelines bring to the table that is not already there in the National Outcomes?'*

A vision – an alternative to principles?
Those not convinced of the need for Guidelines were, however, not rejecting that there was a need for 'something' to support TEG. Rather they felt that the challenge was to encourage influential organisations involved in delivering information on food and nutrition to find meaningful ways to translate TEG to support healthier eating in the communities and with groups that they work with.

What seemed to be being called for here, was a clear statement that in order to build towards a healthier Scotland, a wide range of players need to be actively involved in doing what they can do within their own spheres of influence. Participants suggested that this could be captured in a vision statement that would act as a rallying call appealing to everyone who has a role to play. Indeed, this idea of using a vision statement as a call to action also chimes with one of the issues pointed up by other groups that could be the basis of one of the principles (i.e. Engaging everyone potentially involved in encouraging people to eat well – see below).

How many principles do we need?
Across all but one of the six groups, participants were in favour (some strongly so) of basing new Dietary Guidelines on a platform of fundamental principles. They also favoured keeping this list short, so that people would be able to recall what they were and not 'switch off' when faced with a long list. For most participants, the ideal number of principles would be around 5 or 6.

What should the principles cover?
When participants considered what the underlying principles might be, there were probably six themes that were voiced with a degree of frequency, each of which could be the basis of a principle:

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[11] www.gov.scot/About/Performance/scotPerforms/outcome

- Recognising the value of food
- Engaging everyone potentially involved in encouraging people to eat well
- Supporting personal development
- Reducing inequalities
- Pragmatic advice and guidance
- Core messages

Recognising the value of food

There was broad support for one of the principles to be rooted in the need to shift the culture around how food is valued in Scotland: e.g. to help us move away from a position where people often see value as 'two for one' deals or other cheap offers, and towards a situation where healthy food is seen as something that's fun and to be enjoyed. But in doing so, we need to be alert to the needs and opportunities of different cultures and income groups so that subsequent messaging about the value of food is appropriate and makes better food choices possible for all.

Engaging everyone potentially involved in encouraging people to eat well

A recurring theme throughout the process is that 'everyone has a role in helping people eat better'. This again emerged strongly in discussion about principles, with participants calling for organisations and their staff to play a stronger role in communicating healthy eating information to their clients and the public. As noted above, it could also find expression in a vision statement that acts as a rallying call to a wide cross section of stakeholders. A principle based on recognising and mobilising the many organisational assets with links to Dietary Guidelines that provide core messaging about healthy eating that everyone in the food information delivery chain can draw on to communicate (with appropriate tailoring) with the public and its constituent segments.

Supporting personal development

Recognising that people are at different starting points in their food journeys, the theme of enabling and supporting personal development was identified as a potential principle. The need for TEG to be communicated to different groups in ways that are meaningful and positive to them is key: people need to be able to make choices and take small steps that move them towards a healthier diet rather than being encouraged to adopt an ideal diet that may be unachievable in the foreseeable future. A principle along these lines that the Guidelines could then build on generated fairly broad support.

Reducing inequalities

Every conversation voiced concern about the possible widening of inequalities, which indicates that if a set of principles are to be established there would be very strong support for taking inequalities into consideration. It was also recognised that this may prove to be very difficult to achieve in practice. A principle connecting healthy eating to inequalities would, perhaps helpfully, link the Dietary Guidelines with the National Outcome '*We have tackled the significant inequalities in Scottish*

society', thus reinforcing the importance of stakeholders being mindful of how information they provide on food and nutrition impacts inequalities in Scotland.

Pragmatic advice and messaging
Along with the inequalities issue, the importance of ensuring that information and messaging around TEG is suited to the audiences it is communicated to was given very high priority as a potential principle. It was closely connected – indeed, seen as essentially linked - to the above points about avoiding the widening of inequalities and starting from where people are at in their food journey. Advice and messaging rooted in TEG needs to be framed in a person-centred way so that it is understandable and meaningful to different groups of the population.

Core messages
In response to a widespread recognition that mixed messaging poses a major problem, there was support for a short list of positive key messages that everyone could subscribe to and use to underpin the guidelines.

3 - What areas outwith the current TEG should be included in Dietary Guidelines?
Echoing the discussions in Phase A, TEG, in its current form, would benefit from accompanying guidance in a number of areas. To varying degrees, most of the areas put forward to stimulate discussion were seen as relevant and helpful to have guidance on – the ensuing debate was to what degree they should be included or not.

Across the range of areas put forward, and those raised specifically by participants, there were certain areas where agreement for their inclusion was universal - e.g. for composite and discretionary foods and others where opinions were mixed, such as food sustainability.

Some areas should be core to the DGs, some need reference to only
Across all the groups when it came to trying to prioritise/rank areas the general view was that ranking areas is less important whereas it was more a question of which areas are core, and therefore should be included, versus which areas may need some form of reference to, to give context to the Guidelines and help make them more relevant, but not specific guidance on.

Inclusion considerations
Across the conversations, a number of overarching factors about how the different areas that should be included were raised.

Elements should be evidence based
Any areas included must be backed up by corresponding evidence to help validate the guidance and add credibility. For some areas discussed, the relevant link to diet and corresponding evidence was lacking/insufficient, e.g. regarding sleep, and therefore this was put forward as a basis for excluding it from the DGs.

The breadth and depth of guidance needs to be balanced
Everyone acknowledged that guidance needs to be easy for consumers to take on board and relate to and, therefore, should be accessible – not too much and avoid being overwhelming. At the same time, this needs to be balanced by having sufficient context and a holistic perspective.

A positive tone is important
Everyone felt that whatever form the Dietary Guidelines are presented in that they need to be positive in tone to help encourage and empower people to make and sustain healthier food choices.

Areas for inclusion or not
Across the group discussions, three sets of areas emerged: those considered core and that must be included; those considered secondary, that a degree of reference to would be useful; and a third set of areas where views were mixed and their inclusion, either as core or secondary, was debateable.

The areas discussed went beyond the remit of FSS as FSS did not want to limit the scope of the Guidelines to purely nutrition related advice/ information.

Areas considered core and should be included:
- Discretionary foods
- Composite foods
- Drinks including alcohol
- Guidance covering life-stage transitions in particular early years/children
- Portion sizes
- Food skills – buying ingredients, cooking, making out of home food/eating choices

The call to include discretionary foods and drinks, along with composite foods in the Guidelines was strong and universal. Regarding drinks, alongside alcohol, it was felt that strong messaging/guidance/advice is required in relation to sugary drinks such as smoothies, energy drinks, and the growing range of coffee shop drinks.

Secondary areas:
- Physical activity
- Emotional wellbeing
- Specific diets and supplements, e.g. gluten free, vegan etc.

For these areas it was generally felt that although they have a degree of relevance and are useful for adding context, however their inclusion could be too much and make the DGs overwhelming – the view was that there is already plenty of specific guidance for these areas readily available.

Highly debateable areas:
- Food sustainability

- Sleep
- Obesity/weight management

Regarding food sustainability, for which views were most polarised, there was recognition that this is important for a long-term perspective and for certain groups of consumers, but not necessarily essential for the core task of moving people closer to TEG. With obesity and weight management, the view from some participants was that these emphasise a negative view and can/could reinforce associated stigma.

The associated evidence base linked to diet was for some areas also considered lacking by a number of participants, e.g. around sleep and eating.

4 - Should the Dietary Guidelines be Segmented?

Overall, opinion favoured some form of segmentation, recognising differences in diet and lifestyle between different groups of consumers. However, participants were also wary of over-segmentation that could see a huge range of micro-targeted resources that could risk confusing core messages. One participant summed up the importance of segmentation by suggesting that one of the overall aims of the new Guidelines should be for people to *"Be able to make the best choice for their situation"*.

A fairly wide range of ideas and opinions were put forward on how best to segment the audience. Discussion touched on both segmenting the public and segmenting professionals/practitioners. Conversation focused more on segmenting consumers.

Segmenting Consumers
The most widely supported suggestions were to segment by life-stage, socio-economic group, along cultural lines, or according to lifestyle and priority. Each of these is profiled below, with the key points of difference within the segments highlighted.

Life-stage
Segmenting by life-stage could produce segments including adolescents, parents, retired people, or students. People at different life stages typically have different priorities, outlooks on life and levels of control over their diet.

Targeting parents should take into account the fact that they are the primary buyers of their household's food intake and the time pressure associated with supporting and caring for a family. Guidelines for adolescents could place more emphasis on short-term benefits of healthy eating and advice for eating outside the home. Guidelines for older people may need to be framed in the context of a more traditional diet.

Diet Category

With only a small minority of the population currently eating a diet that would meet TEG[12], some participants favoured segmenting consumers according to their current dietary habits and producing Guidelines outlining achievable next steps. Possible segments included those eating mainly convenience foods, the traditional Scottish diet, or people who exclude certain foods, e.g. vegans

Point of difference: Guidelines for these segments will differ depending on the diet in question. For example, participants suggested that those with the least healthy diet could have more suggested swaps within product categories encouraged.

Socio-economic Groups

Segments could be defined by Scottish Index of Multiple Deprivation deciles or by type of employment (full-time, part-time, unemployed etc). Some participants were critical of segmenting along socio-economic lines due to the risk of deepening existing inequalities. However, others felt that the most disadvantaged segments should be prioritised – *"The less choice you have, the more vital it is that you understand the issue"*.

The emphasis here is on people's capacity for change. Certain groups, especially those in poverty, are subject to (real or perceived) barriers (e.g. fuel poverty, a lack of cooking skills, or a belief that healthier foods represent poor value for money). Guidelines for those on lower incomes could address some of these issues.

Cultural Groups

Cultural segments would include religious or ethnic groups, particularly those who follow a particular diet due to religious beliefs, e.g. halal or kosher.

If advice refers to food groups which they do not consume, people are more likely to feel that it does not apply to them. Providing portion guides for staple foods popular in some communities, but not covered by TEG, is important if people from minority backgrounds are to be engaged.

Lifestyle/Priority

Some participants put forward the idea of defining segments by the priority of the consumer – i.e. grouping people into those on a tight budget, people who are at a given distance from the ideal TEG diet, people with very little spare time who value convenience, etc.

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[12]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/446651/eatwell_options_paper_FINAL_updated_.pdf

By producing Guidelines for these segments, the content can be tailored to resonate with what is most important to the consumer. This has the advantage of avoiding some of the stereotyping associated with socio-economic segmentation while still addressing barriers to change.

Segmentation of Professionals/Practitioners
Some participants felt there may be a need for segmentation of guidance for those in the Food Information Delivery Chain. There was debate over whether Guidelines for professionals/practitioners should be prioritised over the public. Some were in favour of one very basic resource for the public and a wider range of more detailed resources to equip potential influencers to deliver targeted messages.

It was this area that generated the most concern about clutter and inconsistency of messages. It was strongly emphasised that there would need to be a clear set of core guidance available throughout the food information delivery chain in order to ensure consistent messages from different sectors.

Professional/practitioner segments were largely defined by the nature of their interaction with the public, e.g. clinical staff, community workers and teachers. Participants felt that these groups would benefit from clearer guidance on delivering nutritional messages to the public and possibly some supplementary materials to aid them in making the information digestible.

5 - Which, if any, social and cultural aspects should be included in Dietary Guidelines?
It was felt to be challenging to identify specific social or cultural situations that could be included as the scope is so large, but that social and cultural issues surrounding food choice should be covered within Dietary Guidelines as they are central to how we eat. Consequently, as discussion resisted addressing specific social contexts, conversations were general, but framed in the context of the social/cultural aspects around eating and food choice.

The need to position food in a positive manner was highlighted - eating is a very social event and food choice is highly influenced by social and situational factors. There was consensus that people, in general, don't make the link between the food they are eating and how it frames the social situations they are in - e.g. celebratory events are automatically linked with cake; a trip to the cinema feels incomplete without snacks. Encouraging the population to be aware of this link, supports a more holistic approach to eating that could start to change social norms.

Cultural factors were discussed in terms of individuals' own personal 'food culture', rather than aspects relating to ethnic cultures. The conversations highlighted a number of key points as set out below.

It is very important to include cultural and social aspects in the DGs, although it is less clear what these should be and how we could do this
Including cultural and social aspects in DGs is vital as food is a very social thing, often defining our interactions with others. Including cultural and social issues encourages the population to view eating and diet in a more 'holistic' manner. We should encourage people to think about all the ways in which food features in their lives. In doing so, we can promote the link between diet and other factors – e.g. mental health, fun, social inclusion etc.

We should give overarching, general encouragement, but avoid direct advice as everyone's food culture/social situation is different
It is 'too ambitious' to give advice/guidance relating to specific social situations as individuals all have their own unique food cultures, influenced by friends, family, food access, eating habits etc. As such, Dietary Guidelines should give general guidance, but also recognise that everyone is different.

Social/cultural messages should be carefully constructed to ensure they are not 'preachy' or 'judgemental' – e.g. advising that food can be enjoyed by eating as a family may alienate those who do not have a family to eat with. As it would be impossible to account for every different social context, advice should be light-touch and 'encouraging for all' rather than linked to very specific social contexts.

Food should be positioned as a pleasurable entity, and eating as enjoyment should be emphasised
Participants felt it was crucial to position food as something to be enjoyed. All messages should be framed positively, suggesting how to implement a good change into diet without being restrictive or negative.

By promoting, nutritious and healthy and food as pleasurable, it is easier to make the link between this and enjoyable social situations, which is key to implementing long-term change. People need to imagine themselves enjoying cooking a healthy meal with friends and family in the same way they imagine ordering a takeaway to share.

Encourage a positive relationship with food, and think about how food can positively impact and influence peoples' relationship with others
Rather than linking healthy eating and diet with weight loss, encouraging people to connect food with community and social interactions, and as a fun activity, creates a positive context for eating. We need to recognise the long history of sharing meals, which have brought people together and supported social cohesion.

This topic led into some discussion about how the media can negatively impact perception of healthy foods. The term 'superfood' was cited as problematic. When the media brand something as a superfood, they inadvertently move focus from other healthy foods, which can lose reputation with the population.

Eating is emotional – Guidelines need to acknowledge how different food features in different social situations

It was felt vital to take into account that eating is emotional, and that people are going to eat different things, at different times, for different reasons. Food has the ability to define our interactions and how we engage with others. Guidelines should acknowledge that some situations will centre around food that doesn't fit TEG: e.g. birthday celebrations.

Guidelines need to acknowledge and account for social norms, but whether or not they should accept them is debatable

Social norms proved to be a contentious issue in the conversations. No consensus was reached on whether or not Dietary Guidelines should accept social norms and advise people within these parameters, or if they should challenge them.

It was agreed that to enact any change we need to start with where people are and how they actually live their life, which includes recognising current social norms. However, there was no consensus on whether Guidelines should accept social norms as absolute or encourage the population to challenge them.

Some participants felt that we need to be realistic about how much we can expect the individual to change, and therefore we should focus on encouraging people to make small, positive changes when in those social situations (e.g. not ordering a cake with your takeaway coffee). Social pressure was also discussed, as in many situations this greatly influences what we eat – e.g. it is more socially acceptable/ convenient to eat a chocolate bar on a busy train than vegetable sticks and hummus.

Encourage the population to make better choices by emphasising the value of food

It was felt that in Scotland there is not a culture of valuing food. In general, the population don't value what they put into their mouths in the same way as they value other goods (e.g. a new handbag or shoes). It is important to highlight how valuable the food can be for overall wellbeing, which may start with encouraging people to value themselves more.

One participant suggested the issue of food value is wrapped up in the *'general culture of self-deprecation in Scotland'*. As such, many of the population don't appreciate the value of *'Scotland's natural larder'*. If we can use the Guidelines to build pride in what we have, cultural perceptions of the value of food may start to change, resulting in more care being given to our food choices.

Additionally, in Scotland there is not a strong culture of taking time over food. We eat quickly, on-the-go or at our desks. Socially, we prioritise other things and 'fit in' food as secondary. Dietary Guidelines should help inspire people to take time over their food and enjoy it, elevating the status and value of food.

To elevate the personal value of food, we have to start with empowering the individual

To change people's perspective on eating, we have, first, to empower them. For many, food is a chore due to a lack of confidence in preparing and cooking a meal. This leads to choices that are quick, easy and convenient – unhealthy processed foods and takeaways.

Dietary Guidelines should aim to make it convenient for people to eat better, and make cooking a positive experience. We need to challenge the perception that a healthy meal requires high level cooking skills and lots of time. Healthy meals can be made by a combination of ingredients such as vegetables and convenience products such as dried pasta and jarred sauces.

6 - How can Dietary Guidelines help create a positive food culture?

Most of the groups agreed on the importance of a 'positive food culture' and identified a number of common things they would describe as progress towards this. However, one group cautioned on any assumptions on the use of the word 'positive' suggesting this could be interpreted as a commonly agreed thing. In discussion, it was clear this point was more than academic – for some/many people eating a burger and chips every day and drinking regularly may be viewed as very 'positive'. Thereby, we needed to be cautious on assuming that people think they have a 'problem'. Well-meaning advice from this standpoint could be ineffective.

A better way of phrasing this was therefore suggested as '…a food culture that positively advanced the dietary outcomes we have agreed'.

With this proviso, all of the groups described a set of common factors of this more positive future scenario as a culture where:
- Food was commonly seen as more important and valued than it is now
- The preparation and consumption of food was more commonly viewed as a sociable, family, and fun activity where people spent more time on these activities *because they wanted to.* This was noted as much more the norm in other countries, with one participant noting *"my partner comes from Mexico where a family spending many hours preparing and eating food was considered a very valued part of the social norm"*. It was further recognised that this happened across all socio-economic groups, and was more common in many countries significantly less wealthy than Scotland
- Food and eating is not 'threatening' – based on an over-focus on weight and image
- Food is not viewed as 'fuel' – but something much more valuable and enjoyable
- People from all socio-economic and age groups are better skilled and more confident in preparing food
- Eating better was considered as 'tasty, affordable and easy'
- Scots viewed Scotland as a producer of a wide range of local, tasty, healthy and affordable food – 'not as the butt of jokes, such as the home of deep fried Mars bars.'

Understanding the nature and scale of the journey
The above list was recognised as being some way from the current reality. It further highlighted the gap from what we know on current eating patterns and TEG, and signalled what future Dietary Guidelines need to address.

But equally, any future Dietary Guidelines require to recognise their limitations, and that they would only be one element of a much larger package of actions. Central to this is the combination of wider measures to address poverty and inequalities, and supply chain focused statutory/enforcement measures to reduce the availability/convenience of unhealthy food options.

Overall, we need to recognise that the cultural transformation aspired to is a long-term venture – 'change for most people is likely to be more like coastal erosion than an epiphany'.

An important and recurrent message from the conversations was that moving forward was less likely to be successful if a 'doom and gloom' approach is taken – i.e. if future Guidelines 'criticised and made people feel bad'. Future approaches need to be upbeat, positive, and 'encourage rather than lecture' people on eating better. Learning from other countries that appear to be nearer to a 'positive food culture' – and imaginatively communicating these messages – would be of value.

This may include carefully considering terminology – for example the core message to the public may be 'do you want to feel better?' as opposed to 'do you want to eat better?'. On the supply side, small changes from 'all you can eat' to 'all you would like to eat' buffets may be helpful.

Implications and suggestions for future Scottish Dietary Guidelines
The food culture discussions reinforced the view that appropriate Dietary Guidelines (or something with an equivalent name) did have potential in improving how Scotland eats – but only as a part of a wider package consistently working together towards the same agreed outcomes.

In terms of content and style, Guidelines needed to be:
- Integrated with other activities
- Positive in terms of encouraging practical changes that people really felt they could make – real life cases studies and stories may be helpful here
- Unthreatening – i.e. not 'don't do this and…', but 'what an opportunity to feel better…'
- Focused on people's starting points, and incremental in focus based on segmenting and understanding these
- Inclusive across all population groups
- Based on good international practice
- Imaginatively presented
- 'Fun'

In terms of organisations in the food delivery chain helping support the development of a more positive food culture there was broad agreement around the following four points:

- Many people must be involved – the type of cultural transformation required had to be a 'whole system/society' endeavour
- Continually identify, support and communicate good practice and success – small and large scale. This was key to the positive message required – 'maybe in the past too much of this is terrible and too little on look how well this worked'
- Consistent messaging is key
- Maintain engagement with stakeholders throughout the process.

Output from the Activities

During breaks in the workshop proceedings, participants engaged with three activities, leaving thoughts, suggestions and other output that is summarised below.

The specific topics of the activities were:
- Activity 1 – Prioritising practical advice and tools to include
- Activity 2 - Identifying any no-go areas or anything that has been missed
- Activity 3 – Identifying suitable terminology

Activity 1 required the participants to prioritise a range of possible areas for practical advice and tools for inclusion in the Guidelines. The feedback supported the evidence gathered from the conversations, i.e. that what was particularly important was:
- prioritising portion size
- food swaps to help eat more healthily, and
- advice on discretionary foods.

Activity 2 asked participants for their suggestions about any areas that the Guidelines should avoid, or things that have been missed or insufficiently discussed during the workshop.

Activity 3 asked participants to offer suggestions relating to the language that should be used in the Dietary Guidelines, particularly to convey information to the public. For example, how should 'starchy carbohydrates' be referred to?; how should we talk about diet?; and how should we refer to 'fibre or define 'fat' and 'lower sugar options'?

Figure 5 presents examples of the feedback to the questions set in Activities 2 & 3. An important point that was underlined by several participants was the importance of checking and testing language and terminology with the end users: i.e. the stakeholders have an informed view on how advice and guidance might be better communicated to their clients, but consumer input is also essential.

Figure 5: Selected responses from the Activity 2 and 3 Marketplace walls (Source: participant input from workshop activities)

How should we define 'less often and in small amounts'?:	How should we define sustainability?:	How do we need to talk about diet?:
This term differs between individuals. Practical tips on what 'less' means.	With reference to specific outcomes over time e.g. long, healthy life; enough 'healthy' food for all; less meat in diet; a planet that remains habitable	No 'good' or 'bad' foods. All foods can contribute to a healthy lifestyle
'Everything in moderation'		Alternatives to the term 'diet', e.g. 'Healthy lifestyle'. The word 'diet' is perceived as a plan to follow to lead to a change in weight
'Everything in moderation'		
Use of the word 'treat' to denote discretionary foods for occasional eating	Use an agreed definition from the Scottish Government? Keep it consistent	Everyone can eat better (i.e. rather than perfectly)
A focus on a whole diet approach and not good and bad foods.		"Our relationships with food"?
With specific examples that are age, gender etc. relevant.	Earth and ecosystem friendly. Eat seasonal foods, avoid excessive food miles, low/no meat.	Eating a variety of foods – no excess
Not sure we should - doesn't fit in with stepped approach		Diet is the food we need to survive and develop. 'Diet' infers restriction. We need to reclaim the term diet.
· Depends on the food e.g. cooking oil (difficult to quantify) vs. chocolate bar (should be part of a good balanced diet)	With specific examples that are age, gender etc. relevant.	
A focus on a whole diet approach and not good and bad foods.	Making choices that leave enough for the future/for others	'Eating well '– it's about making choices for you (what you enjoy and what your body needs) and those you care for

How should we refer to fibre?:	How should we define 'lower fat' and 'lower sugar' options?:	How should we refer to calories?:	How should we describe fats?:
Bulk. Food that helps digestion, keeps us full and healthy. Something good. 'Eat your beans'	Carefully! Sometimes lower fat means higher sugar	Don't refer to them or use equivalent. We should use easy terms like 'energy'	Good fats or healthy/important/essential fats
Refer to it as fibre but explain where to find it e.g. wholegrain, vegetables, fruit	More education on 'traffic light' labelling to guide choices	Don't forget Kilojoules is a legal requirement for labelling!	Categorise into those that provide good health, and advise on those that don't and compromise health
Fibre is okay – just sometimes needs explaining	These haven't worked well. Could we talk about portion size – overall less food	Avoid feeding into 'food as fuel' narrative. Talk of portion sizes in terms of physical size/proportion of the plate.	As necessary for a healthy diet but in small amounts
		Term can be used but less emphasis on counting calories, as nutritional composition can vary widely between two foods with the same amount of calories.	We need to be clear that fat is a nutrient and out body needs it to function. It's too simplistic to say that fat is bad.

How should we refer to starchy carbohydrates?	How should we refer to what we are doing to translate TEG in a meaningful way for the public?	Any other terms that need to be expressed in other ways?:
The name doesn't matter that much, as long as it is clear what falls under it. List them!	Supporting offering practical advice through translating a food model into something meaningful and worthwhile	Discretionary foods could be better expressed as 'treat' foods?
Ask the public what that term means to them. 'Carbs' perceived as unhealthy and something that needs to be reduced.	'Communicating?' Helping people to find ways to eat well and enjoy healthy diets? / With simple messages that can be grasped and become part of everyday language e.g. 5-a-day	Food environment' and 'healthy options'
Counter the idea they are 'bad'. Explain why we need carbs and how they benefit the body.	How to meet TEG over a day – 3 meals and snacks (if needed) / "Healthy eating advice" and "Health and wellbeing advice"?	'Discretionary foods' – needs thought about! These shouldn't be expressed as 'junk' or 'bad'!
	Simple messages with pragmatic examples tailored to people in different contexts	'Portion size' – quantify using relatable examples

Conclusions and Recommendations

Conclusions

The engagement process has explored the need for new Dietary Guidelines among a rich and diverse group of stakeholders and conducted initial scoping of what Guidelines might cover.

The two-stage, co-development process worked very well, achieving a high level of engagement and participation from identified stakeholders. Participants reported a high level of satisfaction both with how the workshops they attended were run and the degree to which they felt able to input to discussions.

The key overall finding is that a strong appetite for Dietary Guidelines (for both practitioners and consumers), and based on a short set of fundamental principles, exists across the food information delivery chain.

Stakeholders would welcome additional guidance and support, both to communicate the essential messages about food and nutrition already contained in TEG, as well as support to engage and communicate with clients and the public on issues relating to healthy eating that are currently out with the scope of TEG.

It was frequently pointed out by participating stakeholders that, while they could express views on what (and in what form) public-facing information and resources to support healthy eating is required, there is a need to explore suggestions and ideas with consumers: i.e. a direct role for consumers in the development of Dietary Guidelines.

The findings identified a number of practical suggestions about what the scope of Dietary Guidelines should be and what they could usefully cover, and key population segments that information could be developed for.

Stakeholders called for: guidance that was very practical; segmented and tailored; core messages that can be used consistently across the food information delivery chain; scope for organisations to further tailor what and how they pass on information to their clients; and a person-centred approach that starts from where people are at in their food journey.

There was also a fairly strong view expressed during the engagement process that stakeholders did not want to see the Guidelines as being a weighty document, instead it should be something light and easy to update. The Guidelines need not be a single document, but more a set of resources and ways that stakeholders can more effectively communicate and support behaviour change in the community.

This scoping project has now got us to a helpful point in the process of developing Dietary Guidelines, but there remains further work to do. Looking forward, there are a few key recommendations to be made for consideration by FSS.

Recommendations

Drawing on the areas where there was broad-based consensus among the stakeholders, a range of recommendations can be set out. These fall within two broad groupings: recommendation about how the next stage of the work should be approached; and recommendations pertaining to the possible content and format (including testing) of the Guidelines.

Continue to the next stage in the process of developing Dietary Guidelines

Given the support expressed for Dietary Guideline, FSS should now continue the process that it has started by this first piece of work, building on what has been achieved and progress the development of options that can then be tested with both stakeholders and consumers. In moving forward, FSS should:

- Continue to embrace the co-development approach that has been followed so far. The engagement process has assembled a community of stakeholders who have shown an active interest in working with FSS on Dietary Guidelines - they are an important asset to continue to work with. Moving forward, the process should continue as a collaborative, co-development effort, maintaining contact with stakeholders who have helped up to this point and who are able to continue inputting.
- Invite input from additional stakeholder perspectives. Stakeholders who have not been represented in the process so far, such as representatives from the private sector, should be engaged to ensure comprehensive involvement across the food information supply chain in the co-design of the Guidelines.
- Consumer input should also be secured during the next phase of work, in particular to further explore:
  - appropriate language to use when communicating information about food and nutrition;
  - feedback on draft key messages to check that they will resonate with target segments of the population; and
  - what resources would be valued by consumers and support them to eat well.
- One option that should be considered by FSS to help coordinate and drive the next stage in the process is the formation of a Short Life Working Group to further develop potential content around each of the proposed elements of the Dietary Guidelines, plus key messages and resources targeted to defined population segments.

Possible content and format of Dietary Guidelines

There is a strong case to see the next phase of the work falling into two linked stages: a content development stage; and a testing and piloting stage, both of which could be overseen by the Short Life Working Group.

Content and format

Vision statement – A vision statement that would 'front' the Guidelines, to support the Food Standards Scotland statutory responsibility to improve the extent to which consumers have diets conducive to good health, should be considered. This would be a rallying call to mobilise a broad range of stakeholders and partners in the food information delivery chain to get behind a fresh and sustained national effort to eat well. An early task would be to either develop a few vision statements for testing among stakeholders. Alternatively, if the vision statement could be developed around the core principles (below) that could remove the need for having a vision statement and a set of core principles.

Core principles - An early task should be to agree the core principles that could underpin the Guidelines, that all stakeholders can buy into, and consider in what form/format they need to be made available in. Core principles identified during this piece of work that should be considered are:
- Recognising the value of food (i.e. finding the positives)
- Mobilising assets of stakeholders (i.e. maximising the role that different bodies can play in helping people to eat well)
- Supporting personal development (i.e. recognising peoples' different journeys of change)
- Reducing inequalities
- Pragmatic advice and guidance (i.e. suited to the situation and the opportunities that different people find themselves in)
- A short list of core messages (i.e. that can be applied consistently and constantly by bodies in the food information delivery chain).

Key areas to cover in the Guidelines – Another early decision required is the areas to be covered by the Guidelines; i.e. what needs to be within the scope. The work with stakeholders has highlighted that the following are areas that should be included:
- Discretionary foods;
- Composite foods; drinks including alcohol;
- Guidance covering life-stages;
- Portion sizes; and
- Food skills.

Developing content on each key area – Once FSS has confirmed what areas are initially within scope, draft content should be developed for each, drawing on the body of information that already exists. Provisional content on each area should be developed for both stakeholders and consumers, going into more detail for stakeholders. Developing core key messages that can be used by a wide range of bodies should be developed as part of this.

In developing content (e.g. key messages) for consumers, a key consideration should be to make the information, advice and guidance meaningful to their situation (i.e. where they are in their journey). It would be appropriate for the Short Life Working

Group to engage with a small group of key stakeholders who are expert in each topic to bring relevant content together.

The emphasis should be on content first, before thinking about 'how' (i.e. what channels and formats) the information can best be communicated to the public.

Developing formatting options – Once the content has been developed, how it can be communicated should then be considered. There is a strong attraction to maximise the use of online and digital platforms as this enables content to be easily and frequently revised, e.g. to keep the content up to date and relevant to consumers.

Key considerations here should be:
- What hard copy resources could be used (e.g. z-cards[13] and leaflets)
- Using FSS's existing online platform
- Using the online platforms of key stakeholders
- What role can social media play
- Developing an App for use by stakeholders.

Testing and piloting
Once some content has been developed and added to a selection of possible formats, the next step should be to test and pilot both content and format with a wider group of stakeholders and groups of consumers (segmented as appropriate). There are a range of options that FSS may wish to consider at this stage. For example, key healthy eating messages and support resources can be tested with segmented groups of consumers and focus groups with stakeholders.

Another exciting option would be to engage a body of stakeholders in a given local community (or communities) and work with them to set up and deliver an action research project that would pilot how the new Guidelines could be used and how effective users find them to be.

For example, a small number of pilots could be established where stakeholders would use and try out the draft materials over (say) a six-month period, with the experience being monitored and evaluated. A mix of geographies where there are significant healthy eating challenges should be considered, e.g.: an urban community; a semi-urban or small-town environment; and an area covering communities in the Highlands or Islands.

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Once FSS has reflected on the above report, and assuming that the decision is to move forward, the next very practical step could be to consider the formation of a small group

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[13] These are business card-sized information resources that unfold.

of key stakeholders (e.g. in the form of the Short Life Working Group suggested above). The role of this group would be to give some further consideration to the scope, content and format of the Dietary Guidelines, develop a clear brief for the next stage of the work, including engaging with consumers for creating testing purposes.

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