



# ICM Unlimited...

## Follow the Families

Phase 1: Exploring how FSS/The Union can reduce the amount of 'discretionary foods' Scotland consumes by 50%

# Agenda for today

- 1 A quick recap of what we did
- 2 Who you will need to convince
- 3 The key-types & drivers of 'snacking'
- 4 Reaction to early 'ways in' tested
- 5 Potential creative territories to explore





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**A quick recap of what we did**

# A series of ten *in-home* confessional interviews

Light-touch ethnographic interviews with families across Scotland to explore and understand 'discretionary eating'

## Our research question

Exploring how FSS/The Union can reduce the amount of 'discretionary foods' Scotland consumes by 50%

## Our approach

**Phase 1:** Ten confessional interviews with a broad range of socio-economic families across Scotland to explore their diet and reaction to early 'ways in' we hypothesised could make a difference

## What we discussed

Current eating habits – role of 'discretionary foods/drinks' – particular occasions when discretionary eating/drinking occurs – early hypotheses of behaviour change in this category





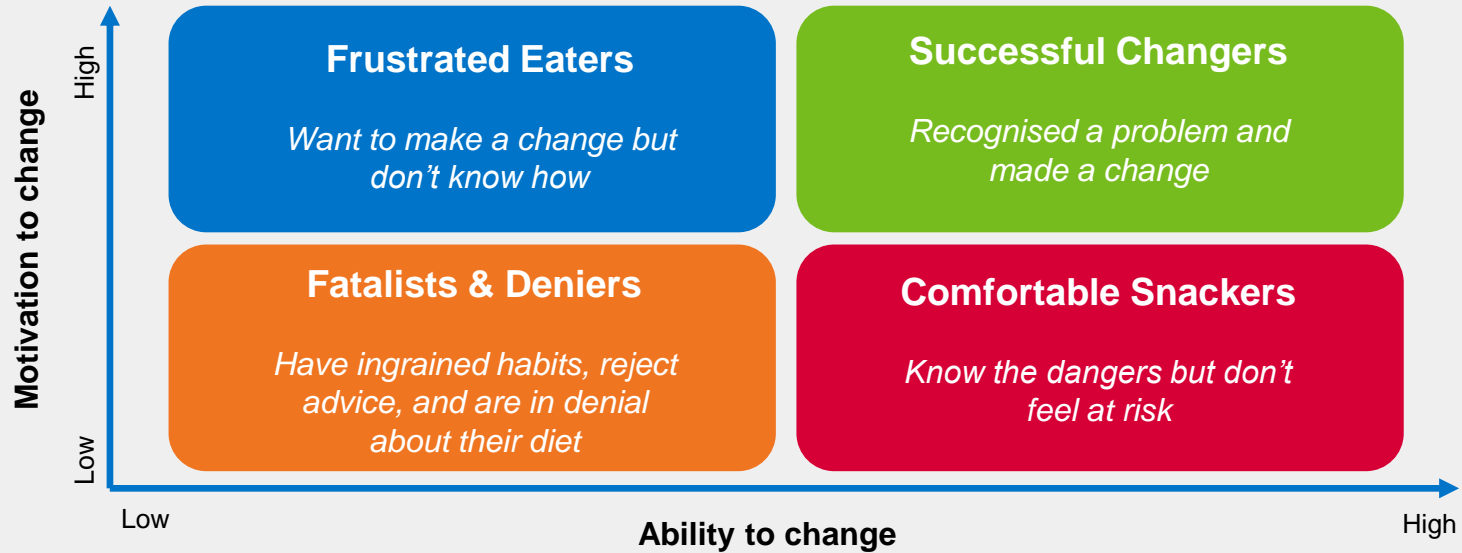
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**So, who do you need to convince**

# Mobility vs. Ability

Our rough segmentation of the Scottish 'snack-ers' that we met

## The broad types of segments that exist



# Fatalists & Deniers

The hardest group to reach that we met when it comes to making changes to diet

redacted

“I’m Type 2 diabetic, and I’m supposed to watch what I eat, but I don’t. Why should I give up what I like?”

This group have heard all the facts but won’t change their habits: they either reject advice on principle, or are in denial about the extent of their problem.

“BMI says I’m clinically obese, but there’s people a lot bigger than me.”

“I know it’s going to affect me further down the line but, when I’m 70, I’m not going to bother.”

“There’s always research out there, but it doesn’t mean it’s the same for everyone.”

# Frustrated Eaters

Those who want to make a change but lack either information or resources

**This group are constrained by lack of knowledge, family resistance, or financial issues and need guidance on how to successfully make a change.**

redacted

“I used to drink a lot of diet coke and stopped. I now drink iced water and nutri-bullets throughout the day – but I still get my can of 7-up with my dinner and a few biscuits”

redacted

“We try to eat healthily but it’s very hard...I’ve always been big, and the kids are big, and I don’t want them to be like that...but my son won’t eat vegetables”



# Comfortable Snackers

Those who have the knowledge and resources to change, but don't think they have a problem

redacted

“We try our best to eat well but I have a slow metabolism. Everyone in my family does. I'm hoping that our son takes after his father who has a fast metabolism”

**This group are in need of a wake up call: they know all the dangers and are able to eat as they please, but they don't think their habits are that dangerous and often make excuses.**

“For a lot of my life I've been worried about my weight, but this point in my life is probably when I'm the least worried because I've realised it doesn't actually matter as much, and I've got so much else to worry about.”

redacted

“I would probably listen more if it was a bit more scary...I just lose motivation for stuff”

# Successful Changers

Those who recognised their problem and have successfully made changes to their relationship with food

**This is the aspirational group: they have already made changes to their family's diet, often prompted by concern for their children's wellbeing**

**"I developed diabetes during my pregnancy and had to really learn about my diet and making healthy changes.**

redacted

**"I don't want my children to grow up and face the same problems I've had to. I wish my mum had said no to me when I was a child"**

**"I have always struggled with weight and diet. I decided that I didn't want my children to when they were my age"**

redacted



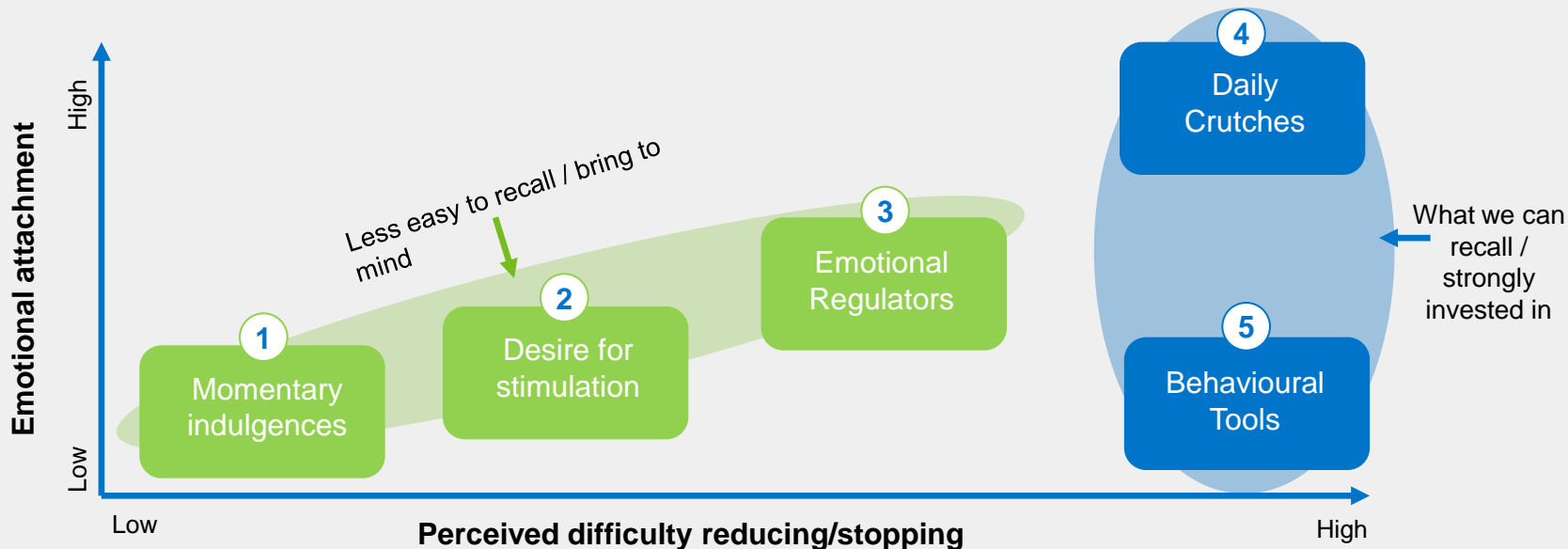
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# The key types & drivers of 'snacking'

# There are five *types* of snacking

They operate on a scale of 'emotional attachment / utility vs. 'difficulty of reducing / stopping

## Mapping of snacking categories identified



### Key

■ Mindless ■ Mindful

# ‘Mindless’ snacking categories may be the easier wins

Certain snacking types are ‘mindless’ and may have weaker emotional attachment / dependency

## Mindless snacking categories identified...

### What is it?

### Examples

1

Momentary releases

Minor indiscretions throughout the day that happen on a whim with little (if any) pre-or-post thought about actual need to eat/drink nor consequences of consumption

Walking past chocolates at work; grazing while cooking; finishing off left-overs from child’s plate

2

Devoid of stimulation

We operate in a digitally speeded up environment with a demand to be constantly ‘on’ & stimulated – snacking when devoid of stimulation is used to inject ‘something’ when we feel empty

Eating chocolate in car when driving; having crisps on long journey; having a coffee while waiting for a train

3

Emotional Regulators

We as a species want to avoid feelings of distress & anxiety. Throughout our daily lives we use snacks as a way of pacifying or medicating feelings

Falling back on chocolate during periods; having a drink when upset/shocked

**If ‘mindless’, there is less obvious dependency, and therefore an opportunity**

# Whereas *'mindful'* snacking will be difficult to change

These are ingrained, justified and seen as essential 'treats' rather than 'discretionary foods/drinks'

## Mindful snacking categories identified...

What is it?

Examples

4

Daily  
Crutches /  
rituals

Simple-vices we have justified to ourselves and are so emotionally invested in them each day that they become difficult to imagine life without

Tea and biscuits at 11am and 3pm; carbonated drink with dinner; chocolate pudding after dinner

5

Behavioural  
Toolkit

Known-to-be 'wrong' but are wielding like a tool in certain situations to get the desired behaviour

Giving children crisps to eat as a snack as know they will eat; buying a favourite dessert to placate children at home



Edinburgh, Female, C

*Don't make me give up my can of 7-up. I can give up anything else but not that.*



Glasgow, Female, D

*I know giving the kids a chocolate bar is not good but I know they are fussy eaters and that they will definitely eat this and won't go hungry*



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# Response to early 'ways in'

# Response to early 'ways in' [1 of 3]

How appealing suggested 'ways in' are likely to be with each segment

	Fatalists & Deniers	Frustrated Eaters	Comfortable Snackers	Successful Changers	Insight
<b>Snacks do count</b> <i>Talking about the true impact of snacks</i>					Broad appeal at raising awareness/transparency of high-sugar/fat items
<b>Drop a snack and drop a stone</b> <i>If you drop a 140 calorie snack a day, you could lose a stone without trying too hard</i>					Appreciate <b>practical advice</b> and <b>achievable goals</b> elements.
<b>Replace</b> <i>Replace a 'naughty' item with a healthier alternative</i>					However, can feel like a gimmick and lacking in honesty
<b>What your parents ate</b> <i>Comparison of your child's diet with that of your parents (or yourself) when growing up</i>					Tapping into children as a motivator but lacking in real impact

















## Key

High Mid Low



# Response to early 'ways in' [2 of 3]

How appealing suggested 'ways in' are likely to be with each segment













	Fatalists & Deniers	Frustrated Eaters	Comfortable Snackers	Successful Changers	Insight
<b>Consequences (1)</b> <i>Cancer; diabetes</i>					Scare stories or Project Fear felt to be too easy to 'turn-off' from and heard it all before
<b>Consequences (2)</b> <i>Amputations; blocked arteries; problems giving birth/having operations, strain on joints</i>					
<b>Showing health benefits (1)</b> <i>Having more energy, feeling better, sleeping better, having fewer illnesses</i>					Like the idea of being empowered to make changes via benefits but can feel too far removed and lacking in relevance to me
<b>Showing health benefits (2)</b> <i>Weight loss, glowing skin, shiny hair</i>					

## Key

 High  Mid  Low

# Response to early 'ways in' [3 of 3]

How appealing suggested 'ways in' are likely to be with each segment

	Fatalists & Deniers	Frustrated Eaters	Comfortable Snackers	Successful Changers	Insight
<b>Showing lifestyle benefits</b> <i>Being more active with children; able to run for and catch the bus</i>					The <b>family angle</b> is strong with many, but a campaign on this basis would need more of an edge.
<b>Collective action (1)</b> <i>Family/friends/work colleagues working together to improve their diets</i>					<b>Group support</b> appeals to many – tapping into the slimming groups in the past
<b>Collective action (2)</b> <i>What if everyone in Scotland made changes to their diet?</i>					This national angle did not seem to resonate with anyone.

**Key**

 High  Mid  Low



5

# Potential creative territories to explore

# 1. Mothers are the ‘gatekeepers’

Insight: use matriarchal influence over the families who are best placed to drive behaviour change in this category

## Mothers are the ‘gatekeepers’



### They think...

Mothers are more in-tune with body image much more so than fathers – they are *mostly* trying to do their best and maintain/lose weight



### They feel...

Mothers are the *nurturers* in the family unit – it is their role to ensure the health and nutrition of the family unit as a whole



### They do...

Across the families we spoke with the mother is still the key decision-maker when it comes to food/cooking and drives change in eating habits

**Mothers have the power to foster change: how can we empower them?**

## 2. Pointing out the myths

Insight: we have cognitive dissonance about what we eat – leading to false comparisons & projections

### Ways in which we...



#### **The unlikely future: 'It won't happen to me'**

Many of our families were aware of the health risks associated with high-sugar/fat items but they were easily rationalised / justified away

#### **The skewed comparison: 'I'm not as big as other people I know'**

Our families were able to compare themselves favourably to others that they knew who were bigger/unhealthier than them and reinforce their eating habits

#### **The offsetting bias: 'I make sure we eat a lot of vegetables'**

Most of our families **felt** they ate well as they ensured a fruit & vegetables were included – in some ways we offset our 'bad' against the 'good'

**Is there an opportunity to challenge our assumptions about our food/diet and reframe what we compare ourselves against?**

# 3. Making the mindless, mindful, *the invisible visible*

Insight: we gloss over / miss many of the snacks we consume , but we could make them visible / bring them to mind

## How could we encourage awareness...



### ...by making sugar / fat visible

A more obvious or visible currency – current amount of sugar in grams is difficult to interpret and felt to be hidden on purpose. (Hidden sugar)

### ...by making the snacks visible

Few items snacked were truly 'routine' but instead quite 'momentary' which leaves them open to being forgotten – is there any way in which we can make them more visible

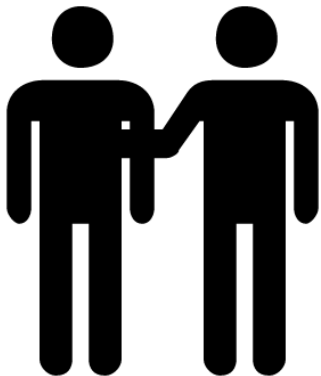
### ...by showing the traps and tricks

Families talk of being surrounded / bombarded by consumption – the dice are loaded in the manufacturers/retailers favour. An opportunity to make us 'detectives'?

**How do we make our behaviour more visible (without being preachy / superior)**

# 4. Finding a team or support

Insight : partners and friends support new or good habits - out of respect, care, love, or competition



## Living partners

Helping a change in habit can be framed as an act of care or love. Simple actions: putting out fewer biscuits, half a teaspoonful less of sugar. Smuggling out the sugar. Can be done with humour.

## Friends and extended family

Aviva Drive family – a real world challenge to drive more safely, but done with humour and character. There are powerful ways to channel the social network of friends and family to challenge and support

## Work colleagues

Use the dynamic of humour, support, competition to create different challenges in the work place. (For example the sugar equivalent of Ikea's 'chuck out your chintz')

**An opportunity to engage the family and social network in simple activities which are rewarding in themselves.**

# 5. Showing short-term benefits for long-term wins

Insight: a barrier to change in this category is the difficulty seeing any immediate 'pay-off' for making healthier choices



## Smoking cessation an ideal example

Lots of our families had given up smoking and given as a prime example of a *habit* that they have been motivated to change due to future implications to health

## Short-term benefits and encouragement

Apps/resources talking up the shorter-term benefits in real-time and gamification helping to increase awareness at point of consumption and encourage healthy choices

## Ability to tap into a longer term phasing-out approach

Ability to gradually phase out/reduce high-sugar/fat items over a longer period – i.e. week 1 reduce sugary drinks, week 2 reduce chocolate etc.

**Offering an alternative source of pay-off/distraction would appear to help encourage healthier choices**





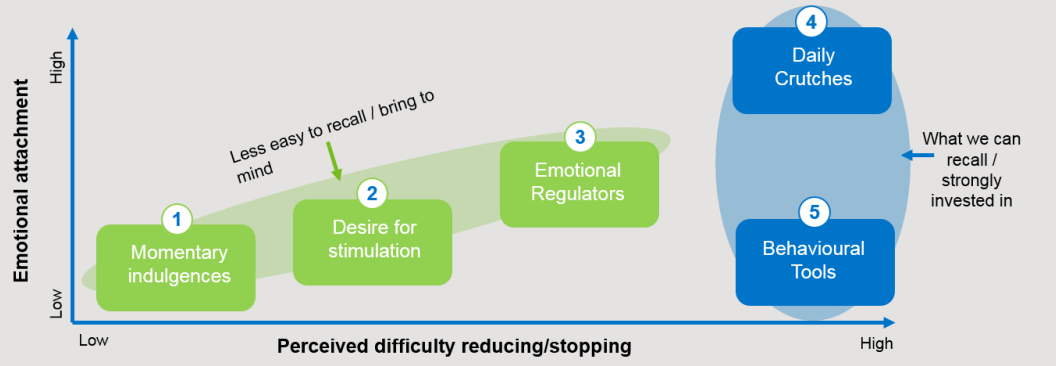
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# Appendix slides

# Language to describe these high-sugar/fat items

Families were only able to vocalise the mindful items as being *wee treats*

## Mapping of snacking categories identified



## Mindful items are wee treats

The mindful items are highly rationalised/top-of-mind items and consistently described as *wee treats*

This really reflects the role they see them playing their lives – infrequent sources of pleasures even though the opposite is actually true






## Mindless items are (unsurprisingly) hard to describe/recall

These mindless items are difficult to recall/driven by subconscious powers and thus difficult to rationalise and give a term – ‘forgotten snacks’, ‘momentary eating’ working to some extent but not immediately understood

**Some opportunity to define the mind/less food items and effectively give it a name**

# Reaction to descriptions we tested

On balance, all of our descriptions to some extent failed to get to the essence of how we feel about these foods/drinks

	Appeal	Insight
<b>Discretionary foods</b>		Not easily understand or common lexicon – don't attribute to the mindless or mindful eating they engage in and fell flat in every interview
<b>Creeping calories</b>		Can appreciate that it is attempting to associate creeping calories with creeping weight but rejected as ultimately makes them feel slightly guilty
<b>Forgotten foods</b>		Two distinct sides – when applied to mindful snacking it is rejected because they look forward to them but felt to resonate against the little mindless snacking
<b>Empty calories</b>		This phrase already known to some extent – tending to be used to describe alcohol but again it never really engaged the families we spoke with
<b>Guilty pleasures</b>		Closer to the mark as dials into how they feel about these items – enjoyment and guilt to a certain extent – however, still a little negative in description

Key  High  Mid  Low

**Absolutely apparent that our almost condescending/negative language cuts against the positive/enjoyment our families described them as**

# Openness to apps splitting opinion

Frustrated eaters being the segment most open to any app support

