

Food Standards Agency

Consumer Insight Research Messaging for Food Safety Communications

27th June 2014



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Project background



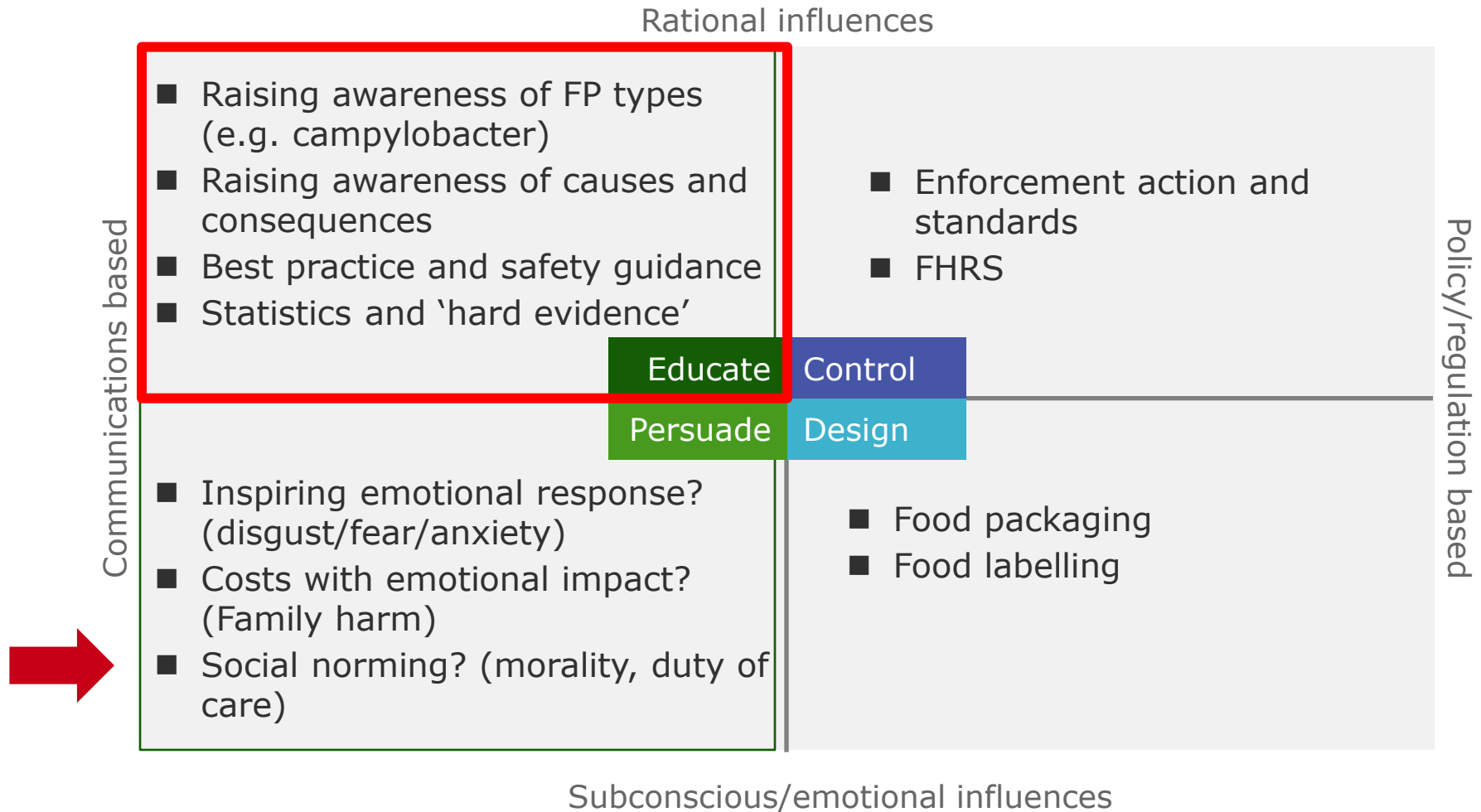
What is the FSA's overall goal in relation to the public and food safety?



How can the FSA help reduce food poisoning cases by 1) helping the public engage with food safety, and 2) motivating adoption of safer practice?



Mapping potential interventions



Over the past ten years, the FSA's communications have been primarily *education* rather than *persuasion* oriented. This research sought to identify potential windows of opportunity for effective behaviour change messaging – including persuasive approaches.



Research aims and approach

Purpose

Draw on evidence and behaviour change expertise to understand current drivers of behaviour

Identify potential 'messaging' directions which may be fruitful – working with the FSA to pool together previous data and insight and develop potential messaging levers

Explore consumer responses to potential communications approaches – understanding overall receptivity, resonance and impact – in terms of motivation to change behaviour

Determine 'windows of opportunity' and risk points for each – and any audience differences – both in and out of home

Provide overall recommendations around messaging **directions** and **audiences** which show promise for positive behaviour change – both **in** and **out of home**

Method

Collaborative review of previous insight and evidence (conducted by FSA) to identify potential behavioural levers

Behavioural mapping against the TNS Behaviour Web – identifying key behavioural drivers and barriers to change

Development of 9 draft communication 'routes' and supporting messages and stimuli to help bring them to life

14 qualitative focus groups (10 England, 2 Wales, 2 NI) – 114 respondents total, 90 min each

- Life-stage and gender splits
- 2 young adult groups (M/F)
- 2 younger parent groups
- 2 older parent groups
- 2 older adults groups
- 4 adults without children groups
- 2 mixed groups

+ 22
tel.
follow-
ups

Previous research has surfaced a wide range of challenges for change

FSA research,
Citizens'
Forums, Wider
Literature

Low risk perceptions

Consumers see food poisoning and mild or uncommon – with previous experience and optimism bias making it hard to imagine serious harm, or think they need to change their practice.

Limited coverage

Consumers know little about the real risks – and feel there is little public attention on FP currently

Euphemisms

Consumers can hide from some of the unpleasant consequences of food poisoning behind 'tummy bug' and 'the runs'



Defensiveness

Feeling 'told off' can wed people more strongly to current practice

Habits, routines, culture

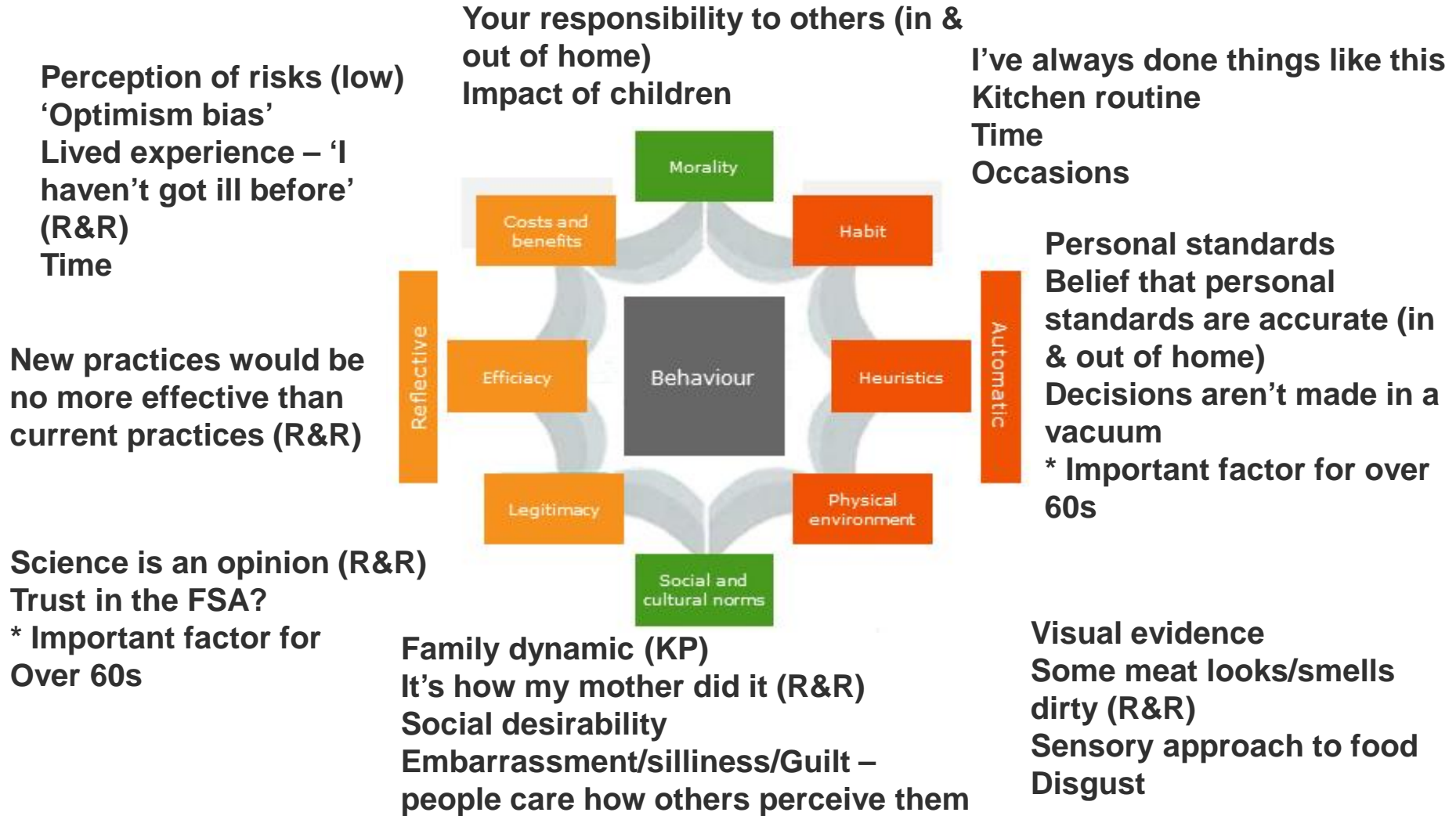
Embedded practice is difficult to change – particularly when practice is 'handed down' through culture/family

Visualisation

Out of sight, out of mind – consumers find it difficult to visualise and keep thinking about invisible risks



We worked with the FSA to systematically map data against reflective and automatic behavioural drivers



Developing potential new approaches

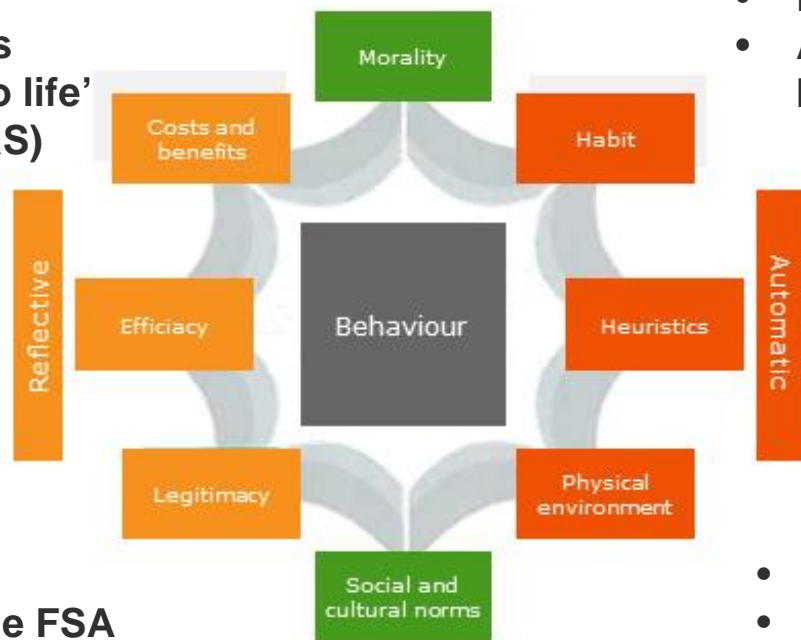
- Increase perception of risk
- Case studies
- Real stories
- Scare tactics
- Highlight consequences
- Bring the 'tummy bug to life'
- Highlight negative (FHRs)

- Impact of naming pathogens vs food poisoning, bacteria or germs

- Use of FSA brand (is the FSA sufficient to break down barriers)
- Evidence visually demonstrated

- Guilt
- Emotional cues

- Confronting people with their own actions
- Disrupting the habit
- Aligning with habit/expectations (FHRs)



- Guilt
- 'Fly on the wall'
- Observational humour
- "Don't be skanky" !!

- Myth busting

- Tone of voice**
- Positive
 - Easy to understand
 - Tangible

- The sensory 'yuk' factor
- Generate disgust
- Emphasise physical consequences
- Visualising germs
- Visualising bad practice



In collaboration with the FSA, we developed draft 'routes' and messages to 'speak' to key behavioural levers. These were not 'draft communications' per se – rather tests of consumer response to various levers; emotional/rational; and positive/negative messaging.

Summary of routes for testing

“Food poisoning is more serious than you think”

Costs & Benefits; Fear

disrupt euphemistic ‘tummy bug’ connotations; **move food poisoning into the ‘high severity’ space**

“Can you really afford to get food poisoning?”

Costs & Benefits; Social Norms; Shame / Fear / Guilt

challenging optimism bias, positioning **poor practice as costly** in terms of lost time, making consequences of food poisoning relatable

“What you don’t see can hurt you”

Sensory cues; Physical environment

help **visualise invisible risk**, generating cognitive dissonance to disrupt habits and assumptions about hygiene



The draft set of routes and messages covered a range of behavioural drivers (both rational and less so) as well as both positive/negative and asset/deficit approaches.

Summary of routes for testing

“The real effects of food poisoning are pretty disgusting”

Costs & benefits;
Sensory cues; Physical Environment; Disgust

amping up **disgust** element to **cut through rational counter-arguments** around own behaviour

“What you do is important – it keeps your family safe”

Social norms; Morality; Costs & benefits; Pride

encourage **positive identification with safe practise**, using duty of care and social norms as levers

“What will others think of you if you give them food poisoning?”

Social Norms; Morality; Costs & Benefits; Shame; Guilt

making audience think both about costs of their actions on others, and the resulting social judgment



Summary of routes for testing

“What will others think of you if they could see what you really do?”

Social Norms; Habit; Shame; Guilt; Embarrassment

using social judgment to **encourage reflection** on unsafe practise

“Are you really as safe as you think you are?”

Habit; Physical Environment; Shame; Embarrassment

directly challenging claimed behaviour to generate **cognitive dissonance** and reflection on unsafe practise

“It’s easy to keep you and your family safe”

Costs & Benefits; Efficacy; Legitimacy

encouraging adoption of safe practices by emphasising simplicity and clear benefits



Food Poisoning Statistics in 2013

1,000,000 cases of food poisoning

20,000 hospitalisations

500 deaths

John's Story

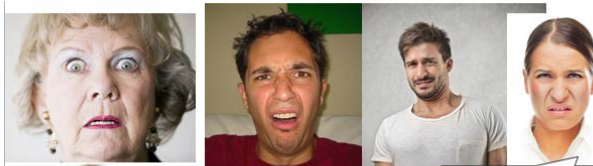
John caught food poisoning in September 2013. Whilst affected, Robert suffered from severe diarrhoea and lost an entire stone in weight. He had to take 3-4 weeks off work, and still feels as though his tummy has not entirely recovered from the illness.

Suffering from food poisoning is just no comparison with a 'doggy tummy'. It's in a different league.

Ann's Story

Ann was a fit and healthy 27 year old when she caught food poisoning. After a week of sickness and diarrhoea, she was admitted to hospital with bladder failure. She was severely dehydrated and lost nearly 2 stone. By the following day, she had developed Guillain-Barre syndrome, a severe auto-immune disease which left her paralysed from the chest down. Even now, 5 years later, she still has no movement in her toes, relies on a walking stick, and gets tired very quickly.

I didn't know much/anything about food poisoning until I had it myself. It's something that I wouldn't wish on anyone and want to make people aware that it's out there.



It turns out that the guy's completely disgusting at home! What a disappointment.



I always clean up before the neighbours come round, I don't want them seeing the state of my kitchen!

I would dread the other mums seeing my kitchen, they would think I'm a complete slob



It was coming out of both ends for hours

I had to get home covered in sick

I woke up and there was diarrhoea all over the sheets

I've never smelt anything so bad



"I can't believe Helen managed to give us all food poisoning. We won't be eating at hers again."

"Why did you take us to that dodgy restaurant for the Christmas party, James?"

"There's no way I'll see that guy again, after his attempt at cooking gave me food poisoning."



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Key findings



Key insights from this research


Consumers are defensive about their own practice and 'switch off' from deficit based approaches. Empowering umbrella messaging (there's a problem *out there* but you can *do something about it*) engages.



Concern for others is much more motivating than concern for self. A sense of duty of care and responsibility is powerful.



Some harder-hitting emotional messaging/imagery helps ensure cut-through and motivation to act. Consumers need to hear that FP can be serious and can happen to them to shift low risk perceptions and make behaviour change worth it.



Sensory cues are also critical to counter rationalisations and logical 'argument' – and discomfort inspires action. Images of germs/contagion/disgusting affects of food poisoning, etc cut through and have lasting impact and recall.

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Overall response to routes and messaging







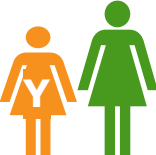

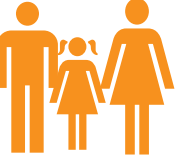
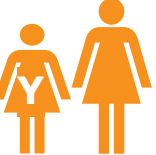
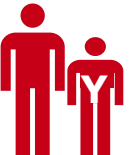

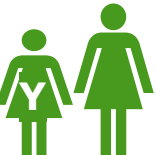
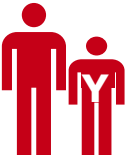




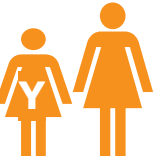
Audience starting points / context

- **Consumers are defensive about their current practice** and sensitive to being 'judged'; **tone is critical**, with empowering rather than 'blaming' communications likely to be more effective
- **Attitudes to FP tend to align to general risk orientations** – and specifically to attitudes to dirt/germs; more sensitive can be 'activated' into vigilance, but others need more persuasion
- **Overall, parents and women are more receptive audiences – with men and young men being hardest to engage.** (A typical pattern – C4L, Smoking, Cancer...)
- **Optimism bias and past experience are powerful** – consumers find it difficult to accept that their *own practice* may be dangerous. Assume only big slip ups lead to hard consequences – and bad poisoning happens to other people/out of home.
- **To change behaviour, communications need to *resonate with the audience (ENGAGEMENT), provide a reason to change (MOTIVATION) and stick with you (LONGEVITY). They also need clarity on what to change (BEHAVIOUR).***

How routes perform

- **Some clear 'winners' – but combinations work best** (research effect as a positive!)
- **A focus on protecting others works better than protecting self**
- **Mixing rational/emotional and positive/negative works best** to achieve a combination of engagement + motivation + longevity
 - Sensory and emotional helps rational risk messaging cut through (establish FP as a risk worth caring about)
 - Sensory, emotional, loss aversion creates discomfort & motivates
 - Positive framing of the individual → self-efficacy
- **For most, a need to blame the germs/situation** rather than blame the individual or their practice
 - Defensiveness against 'forced' self reflection/deficit approach
 - If situation the problem 'I' can (and should be the solution)
- **Social norming tends to backfire** except with those who are genuinely insecure about their practice (younger/inexperienced)

Effective routes

Lever	Route/Message	Who	I/O	E	M	L		
Sensory Automatic	What you don't see can still hurt you				I+O	Y	?	Y
Morality Automatic	What you do is important – it keeps your family safe				I+O	Y	Y	Y
Cost Reflective	Food poisoning is more serious than you think				I+O	?	?	Y
Sensory Automatic	The real consequences of food poisoning are pretty disgusting				I+O	?	?	Y
Cost Reflective	Can you really afford to be ill? (everyday costs)				I+O	Y	?	X
Social norming Automatic	What if you gave them food poisoning?				I	?	?	X

+Low SEG & SE



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Less effective routes

Lever	Who	I/O	E	M	L
Social norming Automatic	What if they could see what you really do? 	I	?	X	X
Habit Automatic	Are you as safe as you think you are? 	I	X	X	X
Cost Reflective	It's easy to learn how to keep yourself safe 	x	X	X	X

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Routes with traction



What you don't see can hurt you



Sensory cues/physical environment

What you don't see can hurt you

Who



E

M

L

Y

?

Y



Engagement:

- Sensory imagery → physical response (esp. hand imagery prompts people to think about touching mouth, others, children) vs. rational argument
- Known idiom and construct – lends buy-in
- 'Scientific' but credible
- Germ as the (neutral) enemy
- Some more responsive than others...



Longevity:

- 'Sticky' image – easy to imagine
- 'Activated' by cleaning adverts!

"It makes you think you've got to keep your hands clean, your surfaces clean."

New Parent, York, M



Motivation:

- Challenges look and smell/clean bathrooms heuristics
- 'Feel dirty' – want to act
- 'Can hurt' – must be vigilant
- But can result in pushback (overwhelm; can't be too paranoid)

"You don't see what's going on in the kitchen...I've worked in a bakery where they've dropped cakes and picked them up again and sold them"

Experienced Parent, Nottingham, F



Disgust routes do cut through – particularly where supported by 'contagion' and germ imagery – an established visual idiom which infers 'scientific evidence' + sensory judgment.

What you don't see can hurt you

Who



E

M

L

Y

?


Y

Who	Response
All	Response dependent on existing attitudes around germs/dirt; many (more women) respond strongly
Young adults	Disgust / dirtiness prompts strong response, less confident in own practices
Parents	Mothers with stronger responses overall – more likely to have current 'responsibility' around germ and dirt management (Dettol target audience!)
Older men and women	Find contagion fear less credible/compelling – 'good old days' pushback

"I want to go home and throw out all my chopping boards!"
Young Adult, Cardiff, F

"It's like when you lie on your bed, people tell you how many bedbugs there are but you don't lie awake at night"
Older No Children, Kettering, F



 **Disgust triggers an automatic 'I feel dirty' response that consumers are motivated to act on – but the strength of this depends on existing sensitivity, and a 'solution' is required to avoid tune-out.**

What you don't see can hurt you

Who



E M L

Y ? Y



Strong in-home message

Prompts people to imagine their own hands, own kitchen, own children – I must be vigilant to control invisible risk



Strong out of home message

Heightened risk perceptions around food prep 'behind closed doors' - reinforces value of FHRS!

Risks and downsides

- Not new – already 'made up mind'
- Raises concerns about chemicals, additives
- Overwhelm (can't control!)
- Pushback (not a risk)
- Amplification rather than shifting attitudes?
- Fall out from food businesses?

Ways forward

- New message in out of home context
- Needs to be presented with clear, achievable behavioural 'solutions' to enhance self-efficacy
- Needs support to shift risk perceptions ('hurt' me how?)
- More 'scientific' imagery most effective
- As elsewhere, children motivate...



This route has potential, but in isolation there is some risk of simply amplifying existing attitudes (and behavioural outcomes). However, the strongest out of home message overall.

What you do is important – it keeps your family safe



**Social norms/Morality/Costs and benefits
Positive - Pride**

What you do is important – it keeps your family safe

Who



E M L

Y Y Y



Engagement:

- Family safety = powerful reason to consider (versus *own* safety).
- Positions food safety as part of existing parental responsibility – both genders
- ‘Be a hero’ imagery positive/aspirational - resonates
- Most engaging to parents – but easily ‘translated’ (loved ones/grandchildren)
- No logical counter-argument!



Motivation:

- Works primarily to reinforce importance of vigilance/maintaining good practice around everyday
- Consideration around ‘passing on good habits’ adds extra pressure



Longevity:

- Images of happy families/children were remembered by some
- After groups, many spoke to family members about food hygiene

“It brings it back doesn’t it? Sometimes you do prepare food on the same board and it reminds you to be vigilant”

Nottingham, Experienced Parent, F

“It reminds you about the right way to do things – washing hands cleaning up. ... All of that is revolving around each and every one of us at home.”

York, New Parent, M



What you do is important – it keeps your family safe

Who



E M L

Y Y Y

Who	Response
All	Compelling – risk more credible and powerful when in relation to loved ones/vulnerable
Young adults	Least resonant overall – dependent on strength of connections/responsibilities
Parents	Powerful and motivating – particularly useful in engaging hard to reach men who find <i>own</i> safety less motivating
Older men and women	Easily translated to grandchildren/older partners/etc – though may not shift day to day practice

“I am aware that when I’m cooking for family and friends I’m generally more clean than when I’m cooking for myself”
Cardiff, Young Adults, F

“We still realise the importance of these things. We still look after our family the best way that we can. We don’t want to have to worry about them.”
Cardiff, Older Adulthood, M



What you do is important – it keeps your family safe

Who

E M L



Y Y Y



Strong in-home message

MY home/MY children/MY responsibility – domestic duty



Moderate out of home message

Weaker call to action out of home – can only check FHRs

Risks and downsides

- Needs harder images/messaging to cut through and raise urgency (what's the risk?)
- 'I am keeping them safe'...
- Younger less engaged overall

Ways forward

- Combination messaging to add edge...
- 'Little choices' to reinforce importance of everyday actions



Speaks to emotional responses – social norming and morality – by enmeshing safe food handling practices with what it means to be a good parent

Food poisoning is more serious than you think

People like you and your family can actually get seriously ill, or worse.



Costs and benefits
Negative - Fear

Food poisoning is more serious than you think

Who

E

M

L



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Engagement:

- Hard hitting statistics lend credibility to 'seriousness'
- Case studies make the statistics 'relevant' (it could be me)
- Repositions FP as a serious issue and challenges assumptions that *serious* food poisoning happens to other people



Motivation:

- Desire to avoid harm – but can default to 'caused by obvious germs'
- Risk aversion – participants fall back on belief that they wouldn't make themselves ill/only from 'serious errors'



Longevity:

- Stats and cases remembered in follow-up phone calls.
- But can post-rationalise or dismiss as scare tactic – particularly extreme cases

"It's a fair statement because most people don't realise how serious it can be. Some people get food poisoning and write it off as a dicky tummy, but you can end up in hospital."

Experienced Parent, Kettering, M

"These are real extreme cases – it doesn't really tell you how they got food poisoning, where they got it from. This is worst case scenario."

New Parent, London, F



Food poisoning is more serious than you think

Who

E

M

L



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Who	Response
All	Raises risk perceptions – but can be short-lived or pushed 'out of home'
Young adults	Young tended to be more confident they wouldn't experience a 'worst case scenario'. Males appeared to respond well to 'evidence'.
Parents	Shocked and anxious, empathised with case studies; spontaneous extrapolation to <i>children</i>
Older men and women	Those who haven't experienced serious food poisoning are less concerned by risks ('our life experience says otherwise')

"That took me back a bit emotionally – the fact that she was paralysed. You think poorly stomach or whatever but that's shocking"

Young Adult, Cardiff, F

"I think it doesn't apply to me. ... I'm very happy with what I do in my kitchen and feed everybody and so far everyone's been alright"

Older Adulthood, Bangor, F



Although the risks were clear to all segments, many disassociated these and saw them as something that 'happens to other people'. Route had greatest cut-through among parents.

Food poisoning is more serious than you think

Who

E M L



? ? ?



Weak in-home message

Consumers don't believe they'd seriously poison themselves



Strong out of home message

Heightens existing risk perceptions - but too scared to eat out

Risks and downsides

- Post-rationalisation of statistics can reduce effectiveness where audience is not already warmed up to food safety messages.
- If such a big issue – why so little action?
- In out-of-home context can demonise restaurants

Ways forward

- Case studies are critical – especially 'normal'/'not vulnerable'/young
- Availability heuristic – reframing comparisons are powerful - i.e. kills more people than meningitis
- Linking to messages to remind participants that small slip ups can have serious consequences + 'what you can do'



Risk based messaging has shock factor, but discomfort motivates rational kick-back - this route worked best when preceded by more sensory and emotional imagery (germs, disgust).

The real effects of food poisoning are pretty disgusting



**Costs & benefits/Sensory/Physical Environment
Negative - Disgust**

The real effects of FP are pretty disgusting

Who

E

M

L



Y

?

Y



Engagement:

- Strong (probably strongest) cut through across all groups
- Prompts flashbacks - how 'horrendous' food poisoning really *feels* – highlights real costs vs. 'tummy bug'
- Some pushback and tune-out against graphic images – particularly without pay off (new information or call to action)



Longevity:

- Images stayed with people – although not linked to expressed motivation to change

"The thought of being sick and having diahorrea is disgusting to a person, or having to clean it up"
Older Adult, F, Kettering



Motivation:

- Cut-through seems to help *other* messages cut through and motivate
- Without an accompanying call to action, food poisoning can be dismissed as a disgusting but *inevitable* part of life

"It's the obvious case that you know is going to happen"
Young Adult, F, Cardiff



The real effects of FP are pretty disgusting

Who

E M L



Y ? Y

Who	Response
All	Initially compelling, particularly if you have had food poisoning, but needs a CTA or participants question 'so what'
Young Men	Little empathy or embarrassment – something to laugh about, like a hangover
Young women / women	Can switch off entirely if disgust images too graphic. However, for parents awful task of cleaning up after ill young one resonates.
Older women	Most likely to be more sympathetic – but also express perception that FP is 'just one of those things'



Initial responses are gendered (women tune out, men laugh!) but both genders often pulled disgust imagery into their 'ideal' communications – cuts through, engages and is remembered.

The real effects of FP are pretty disgusting

Who

E

M



Y

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Weak in-home message

Route draws on personal experience and people don't believe they'd make themselves *that ill*



Strong out of home message

Bad food poisoning only happens eating out, BBQ (at somebody else's house) – reminder to avoid

Risks and downsides

- Can be read as describing people as disgusting – people are the victims
- Defensive switch-off
- Illness = broader than FP (flu)
- If out of home – disgusting restaurants?
- Needs to be realistic (smoking)

Ways forward

- A combination route rather than a way in on its own
- Avoid *shaming* tone i.e. use of 'horrendous' rather than 'disgusting'
- Needs positive uplift and way forward



Harder for disgust to drive *positive action* (safety behaviours) than discourage negative ones (e.g., smoking). Evoking past experience and flash-backs are effective – but needs a clear call to action.

Can you really afford to get food poisoning?



**Costs & Benefits/Social Norms
Negative – Shame/Fear/Guilt**

Can you really afford to get food poisoning?

Who

E M L



Y ? X



Engagement:

- Relevant cost and benefits really effective here – people imagine the personal impact on them; it makes risk real and brings it to life
- 'Afford' is flexible – people can choose the everyday cost that speaks to them (money and family time stand out)



Longevity:

- Hard hitting case studies and statistics had more longevity in raising risk perceptions

"We're all relatively money-orientated so that draws our interest in, but then there's the other things as a secondary consideration"
Younger No Children, Nottingham, F



Motivation:

- Like disgust route, without an accompanying call to action, food poisoning can be dismissed as a costly 'no I can't afford it' but inevitable part of life

"You could also put an advert up saying 'can you afford to be in a car accident' - there's only so much you can do about it"
Younger No Children, Bangor, M



Can you really afford to get food poisoning?

Who

E M L



?

Who	Response
All	A flexible route – most can identify with 'costs' they would face if they were affected.
Young adults	Those in work, especially the self-employed, were most conscious about monetary losses FP might incur
Parents	Awareness of increased pressures on their time, as well as duty of care for others, made this route effective
Older men and women	Seems less relevant to older segments, especially those who are retired – but health costs still resonate

“Not just money-wise, but you’re missing out on important times with your kids. If you work then weekends are important and if you’re at home all weekend in bed, you’re missing out on the special time”

Experienced Parent,
Nottingham, F

“I can’t really empathise with any of those scenarios to be honest with you. ... If you had children you might be more upset about it.”

Older Adulthood, Cardiff, M



Can you really afford to get food poisoning?

Who

E M L



Y ? X



Moderate in-home message

Brings to life the cost of tummy-bug which some people accept they may give to themselves



Weaker out of home message

Can activate 'can get sick anywhere' feeling of chance

Risks and downsides

- Situation and execution must feel 'realistic' / something I can relate or risk being laughed off/dismissed (missing babies first steps/a party)
- For some 'discussing money' is a turn off or patronising – 'nanny state' tone
- 'It's my risk'

Ways forward

- Focus targeting of message towards the most affected groups: parents and the self-employed.
- Combine with clear 'call to action' about how the costs of food poisoning can be avoided.



When the cost/benefit dilemma feels relevant, the route resonates – but this is hard to get right, and doesn't seem to 'last'. Tone can feel scolding rather than motivating.

What will others think of you if you give them food poisoning



“There’s no way I’ll see that guy again, after his attempt at cooking gave me food poisoning.”



**Social Norms/Morality/Costs and Benefits
Negative – Shame/Guilt/Embarrassment**

What will others think of you if you give them FP?

Who

E

M

L

Best with younger segments

?

?

X



Engagement:

- Strong reactions amongst younger men and women (less confident in practice and more likely to talk about cooking for peers as a social activity)
- Duty of care reading (making vulnerable groups ill) resonates more strongly than social norming / shame
- Younger men – girls cut through...
- But shame/social norming and 'scolding' tone also provoked kickback and defensiveness



Longevity:

- Dismissed as 'unlikely to happen'
- None recalled the social judgment messages in follow-up calls.

"If you give someone food poisoning they can't do things they had planned that week. Then you're responsible not just for the food poisoning but for everything else"

Younger No Children, Bangor, M

"It's very difficult to prove that anybody's given you food poisoning, because you don't know the real source."

Mixed Group, York



Motivation:

- 'I haven't given it to anyone'
- 'People would understand'
- 'Nothing I do is bad enough to really hurt someone'
- 'Can never know'



What will others think of you if you give them FP?

Who

Best with younger segments

E

M

L

?

?

X

Who	Response
All	Does cut through initially – emotional response to idea of harming others
Young adults	Less confident in their own practice: segment most affected by social norming / shame. If impacts romantic life, big impact
Parents	Parents more engaged by duty of care/guilt, although younger parents were also receptive to the social norm / shame
Older men and women	Tendency to assume their own practice was not the risk (we're veterans) - felt more at risk from others' bad cooking

"I can imagine the possibility of me giving someone food poisoning through my cooking, and I don't want that to happen"
Young Adults, Cardiff, F

"Unless you've given anybody food poisoning you're not going to care, are you? I haven't given anybody food poisoning as far as I know, so I'm not that concerned about the way I cook."
Experienced Parent, Kettering, M



As duty of care supersedes the intended social shaming/guilt message, route resonates most with parents. Women more receptive to social norming messages overall.

What will others think of you if you give them FP?

Who

E M L

Best with younger segments

? ? X



Weak in-home message

Where participants had previously given someone food poisoning, did lead them to reconsider behaviour



Weak out of home message

Against scolding tone, not willing to accept personal responsibility

Risks and downsides

- Overall, rational pushback disengages - 'I would never intend to give someone food poisoning', 'I mostly do the right thing', 'you never know'
- Risks seeming patronising/'nanny state' tone

Ways forward

- Self-judgement stronger overall (what would you think about yourself)
- Vulnerable groups
- Relationship-based for younger
- Ensure that route is paired with a clear call to action to channel the initial strong reactions



'Blaming' inspires defensiveness rather than reflection – and negative tone seems to disengage. Route works best when bleeds into other levers (morality/duty of care)

5

Less successful routes



**What would others think of
you if they could see what
you really do?**

**Are you really as safe as
you think you are?**

**Social Norms/Habit
Negative – Shame/Guilt/Embarrassment**

What would others think of you if they could see...?

Who

E

M

L

Best with younger segments

X

X

X



Engagement:

- Stronger amongst younger men and women (less confident in practice and unsure if doing the right thing)
- Tends to head off-track (sex, bathrooms, etc)
- Social norm around privacy reduces engagement (none of your business; everyone has their own way)



Longevity:

- None recalled the social judgment messages in follow-up calls.

"To be quite honest with you if someone came in my house and said they don't like the way I'm doing it, they can like it or lump it"

Older Adult, F, Kettering

"A home's a home, it's not a science lab" Young Adult, M, Bangor



Motivation:

- No real reason to change – almost entrenches current approach (you shouldn't judge me, I'll do what I do)
- Don't link practice to outcomes without more messaging support...
- Some younger – want to learn more



Are you really as safe as you think you are?

Who

E

M

L

Best with younger segments

X

X

X



Engagement:

- Accept they may not be entirely safe, but argue that some risk is acceptable
- Stronger amongst younger men and women (less confident in practice and unsure if doing the right thing)
- Deficit approach results in defensiveness rather than reflection
- Tone feels patronising/'nanny state'



Motivation:

- No real reason to change or disrupt habit – almost entrenches current approach (you shouldn't judge me, I'll do what I do)
- Don't link practice to outcomes without more messaging support...
- Some younger – want to learn more



Longevity:

- None recalled the habit challenge messages in follow-up calls.

"Maybe it's just me being stubborn but I'd just say "Yes" it doesn't really affect me at all"
Young Adults, M, Bangor

"I've always done things the way I've done it and because it's never done me any harm I'd be very reluctant to change" Older Adults, F, Kettering



What would others think/ Safe as you think you are?

Who

Best with younger segments

E

M

L

?

?

X

Who	Response
All	Immediate rejection of messages – social norms of privacy and ‘to each their own’ – can entrench views
Young adults	Less confident in their own practice: segment most affected by social norming / shame / embarrassment
Parents	Parents more engaged by duty of care/ guilt, although younger parents were also receptive to the social norm / shame
Older men and women	Tendency to assume their own practice was not the risk (we’re veterans) - felt more at risk from others’ bad cooking

“I don’t think we do it to know what others think of us, we’re doing it because we think it’s the right thing to do and we’re not doing it to impress you or anyone else”
Older Adult, F, Bangor

“They are probably all doing exactly the same as us unless they’ve got OCD”
Experienced Parent, M, Kettering



What would others think/ Safe as you think you are?

Who

E

M

L

Best with younger
segments

?

?

X



Weak in-home message

People tend to think that they are on a par with others and therefore dismiss message



Weak out of home message

People do not feel responsible for safe practices in restaurants/
shame not a strong driver

Risks and downsides

- People are comfortable with a certain level of risk and this is not strong enough to challenge
- Tend to push back against external 'shame' levers – find internal 'guilt' levers stronger motivation
- Risk of creating inertia/apathy through judgmental tone

Ways forward

- Questioning approach does cause people to examine practice – but then reject premise
- Requires stronger sense of risk/outcomes to create behaviour change – i.e. substantive evidence of unacceptable risk/illness etc
- An internal 'guilt' route is stronger than external 'shame' levers



Questioning can be a useful approach to engage/reflect but requires stronger emphasis on **internal monitors** and possible **outcomes** to cut through

**It's easy to keep you
and your family safe**



TNS BMRB

© TNS 2014

It's easy to keep you and your family safe

Who



E

M

L

X

X

X



Engagement:

- Positive message well received esp. after more 'scary' messages
- Young men in particular open to hearing about 'easy' practices
- Felt to be patronising and 'school teacher' tone "not aimed at me"
- Some questioning of the message among those who had already heard how serious it could be



Motivation:

- No real reason to change – reinforces current practice for most
- Felt to be too perfectionist/ unrealistic for some (e.g. different chopping boards)
- Some younger ask for more about what/when/where/how



Longevity:

- None recalled the 'easy' message in follow-up calls.

"What it says to me is that if you make a little bit of effort you're going to have a bigger chance of avoiding problems" Young adults, Bangor, M

"You'd look at it, you'd inwardly digest it and within an hour you've forgotten about it" Older Adults, Cardiff, M



It's easy to keep you and your family safe

Who



E

M

L

X

X

X

Who	Response
All	Acceptance of message does not lead to any strong call to action. Rejected for tone by some, seen to apply to others 'not me'
Young adults	Less confident in their own practice but would reject if not accompanied by simple, clear information about how they can act
Parents	Feel this is a message for their children – more aimed at school/college than themselves
Older men and women	Tend to see themselves as educators for their families and see it as something they say to their family rather than need to listen to themselves

"If you're in the know of how to do that then you can do it, it's the knowledge"

Younger Adults, F, Cardiff

"If that's aimed at children then fine, because you need to teach them how to be common sensed around food"

Experienced family, M, Kettering



It's easy to keep you and your family safe

Who



E

M

L

X

X

X



Weak in-home message

Most feel that they do the 'easy' things that keep their family safe already



Weak out of home message

People disagree that it is easy out of home – they lack control in these environments – could change with more FHRs behaviour push

Risks and downsides

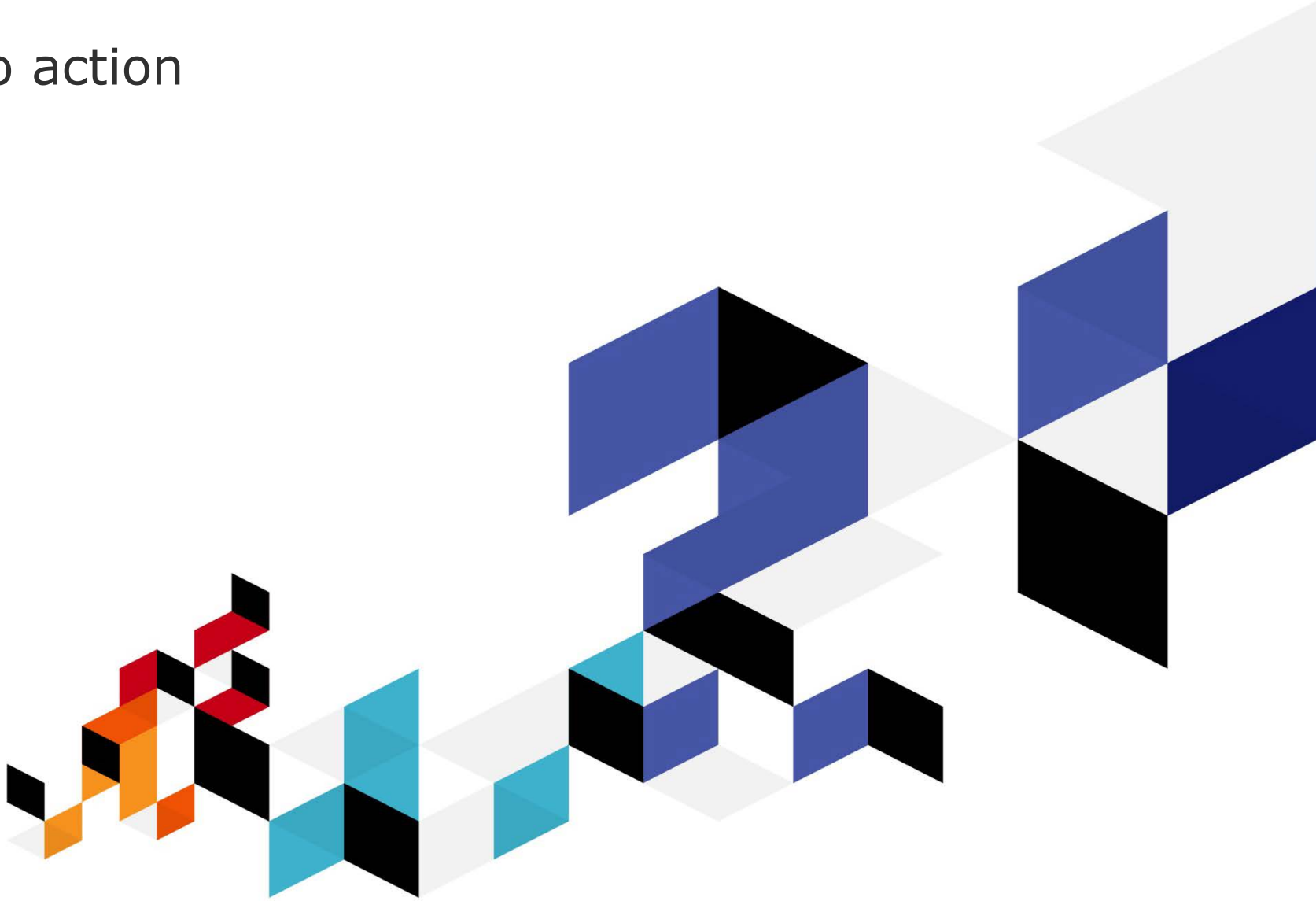
- Lack of motivation to act/change behaviours
- Creates a sense of complacency
- More experienced people can reject actions suggested in imagery as unnecessary/impractical and prefer their own heuristics

Ways forward

- This message worked best as a positive outcome to some of the stronger scary/disgust messages, providing a positive way forward once people have been shaken out of their belief in current practice
- Requires simple, clear messages about what the easy steps are to be actionable



Call to action



Call to action

Consumers need a clear call to action and a 'way forward' from the discomfort many routes inspire – plus clear behavioural 'solutions'

Worked well...

Little choices implies vigilance as the behavioural response

- Self-efficacy – actions you should and can do
- Inferred recognition that slip-ups can happen – this doesn't make you 'bad' or 'stupid'
- It's the mundane choices, not the big mistakes

Worked less well...

Easy to learn & Protect yourself/family

- Some traction with young people but needs behavioural response

Fight the germs / don't let them win

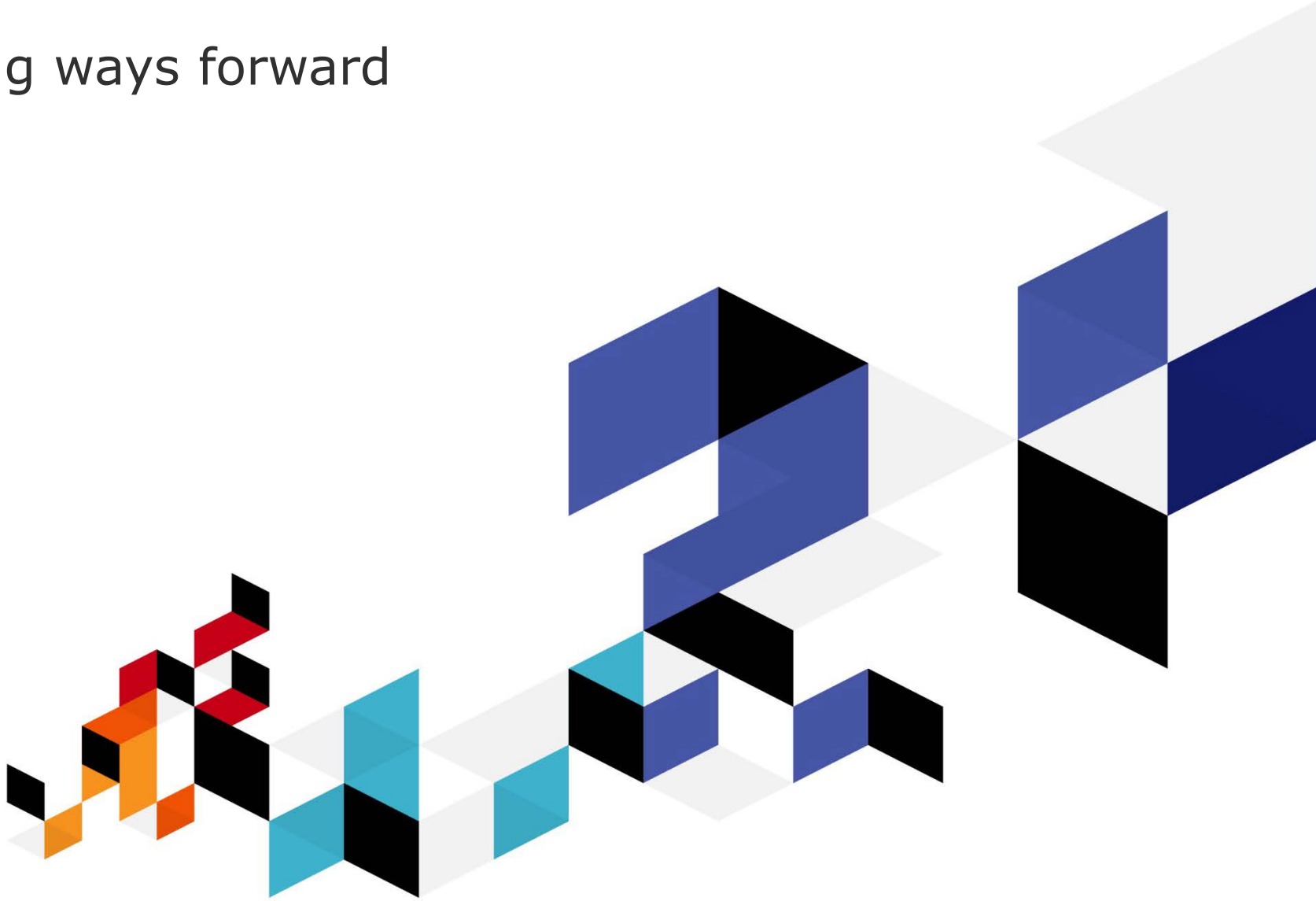
- Flippant / patronising
- Don't feel 'in the war' right now

Don't your family down

- Accusatory



Finding ways forward



UMBRELLA ROUTE ENGAGES AND MOTIVATES

*'What you do is important –
it keeps your family safe'*

Empowering * Positive * Non-judgmental * No rejection * Emotional pull *
Duty of care and responsibility * Loss aversion (avoid harm) * Asset based
* Genuine attention to practice * Risk to others – don't have the right to
put them in harm * across audiences * pride and power



+ CREDIBLE RISK

*'Food poisoning is more
serious than you think'*

Real risk * case studies engage*
raise the stakes * reason to
change behaviour * costs that
resonate * reframing and
anchoring with known ills



SENSORY and EMOTIONAL

'Real affects are disgusting'

*'What you don't see can hurt
you'*

Ensure cut-through and
engagement * emotional response
reduces rational kick-back *
strengthens messaging overall *
visualise the invisible

**CALL TO ACTION: It's the little things you do
that make the difference (and here's what
they are)**

Follow up calls – ‘What happened next’

There was some evidence of behaviour that had changed as a result of the combination of routes.

“I remember the 500 deaths per year... And the eating out aspect was more memorable for me ... I was supposed to go out to a place called Cosmos in Derby, but then I looked it up and I didn't go because it had a bad rating.”

Younger No Children,
Nottingham, F

“It's the toilet with the sick that sticks with me physically”

Younger No Children, Bangor, M

“I thought it was other people who give you food poisoning but that I was safe now I know that people when you eat out have been trained but you haven't.”

Young Adult, Cardiff, F

“The images of the toilet and the germs were really striking, really memorable. ... I do think a little bit more about what my kitchen's like the tea towel gets washed and the surfaces get wiped down every 4 days.”

Older No Children, London, M

“Now I am paranoid about meat, and I know that the food I cook has to be piping hot.”

Mixed Group, London

“You learn from your parents and they don't know the right thing to do, and you need to be more aware of what you can do for your family”

Young Adult, Cardiff, F

“Sometimes we think our houses are clean, but then would our friends be happy to eat there? I'm paying more attention to cleaning surfaces and handling meat since the group”

Experienced Parent,
Nottingham, F

The statistics, the ‘disgusting’ imagery, and the ‘UV’ imagery really stood out.

Audience recommendations

- **Parent audience by far most receptive** – more works, more of the time
- **Parent/family-focused/duty of care messaging also tends *not* to disengage others** – can still engage and motivate younger/older as either directly applied (grandchildren) or translated (girlfriends) to loved ones and vulnerable
- **Younger audiences more receptive to social norming messages** – a golden opportunity, but audience specific
- **Older adults a hard nut to crack!** A sleeping opportunity until vulnerability or care duties hit in oldest old?



In-home/out-of-home

- **Overall – ‘good’ routes work both in and out of home.**
- **In-home – protectionism works best**
 - Positive safety behaviours as part of general domestic duties
 - Responsibility to the ones you love
 - Everyday practices and little changes
- **Out of home – visualising invisible risk**
 - Activates fear of the unknown
 - Sensory creates discomfort
 - An easy solution which ties in well – FHRs helps to visualise!



With a track record of success in similar approaches...

My friend saw her bus
She didn't see the car
Stop. Think. Live.

MAYOR OF LONDON Transport for London

gulp so we'd better get moving!

9 out of 10 of our kids risk growing up with dangerous amounts of fat in their bodies

change 4 life

WARNING IT'S HARD TO BE A LITTLE GIRL IF YOU'RE NOT.

WARNING FAT PREVENTION BEGINS AT HOME. AND THE BUFFET LINE.

Stop childhood obesity. strong4life.com

I'd love to quit smoking. But my dad won't let me.

TNS BMRB

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SECONDHAND SMOKE IS FIRSTHAND DEATH.

SMOKEFREE

arms your child.

Some matter how careful you are, if you don't see what's really there.

SMOKEFREE

Children of parents who smoke, get to heaven earlier.

CHILD HEALTH FOUNDATION
www.underground.co.uk
seen on www.boredpanda.com

Behaviour as the missing link

- **A clear call to action is needed** – what are the 'little behaviours' that count most?
- **Where is the receipt box?**

