**I: Thank you so much again for participating. Just as a question to start off, what made you think it would be useful to participate in the interview from your perspective?**

P: Because you asked me to.

**I: That’s a very honest answer, I like that!**

P: I guess just a different perspective from I would say in a [anonymized] team we [00:37 inaudible] voice of the user, and I think the clinical dieticians would say that too, but they’re coming from a slightly different angle, they’ve got their clinical expertise. So, I guess this is coming from a slightly different angle, I haven’t got diabetes myself but working so closely with people with diabetes to produce food content, I think I’ve probably got a little bit of perspective from that side.

**I: Yeah, definitely, and how long have you been working for Diabetes UK?**

P: Three and a half years.

**I: As a [anonymized] then?**

P: Yeah, I was a [anonymized] and then [anonymized] recently, but yeah always in the [anonymized] team, and before that in another charity in a similar [anonymized] theme, in a health charity. So, it wasn’t too dissimilar just different conditions, but a lot of the same sorts of concerns and healthy eating is always running through all of that.

**I: Yeah, so definitely some established experience already in that area. It’s really good to have you onboard and talk with you about your perspective on the platform as well, and please also be honest about things you think could be improved, because that’s actually the whole goal of the interview, just to see how we could improve the platform as well in the future.**

**If you wouldn’t mind, just share your screen if you have the platform on your laptop or desktop, so we can just go through different features and talk a bit more about that. [Pause] Perfect, Diabetes Friendly Meals Community. So, these are just general questions about what you enjoy the most from the platform, you can be a bit more specific in terms of the different features of the community, the shopping list or the meal planner, but the specific things that stands out for you that you really enjoyed from the platform.**

P: Am I answering from what we have from a Diabetes UK perspective, or just from my perspective on the platform? Just because we have the shopping list embedded, and I know that gets certain levels of engagement and why.

**I: Yes, just be as inclusive as possible. I mean that’s both interesting…**

P: From that perspective I already know the shopping list feature works, I don’t think we’ve promoted it enough and I think it’s difficult for people to find, and that goes partly with the platform anyway; there are so many different features how do you know what’s right for you now, and how do you know what use, because they will still have the saving element as well on our platform.

It says I’ve got bad network quality, so sorry if it goes in and out.

**I: That’s alright, I can hear you clearly so far.**

P: You can catch most of it?

**I: Yeah, that’s alright.**

P: But I think the convenience of the shopping element is great, but there’s also another opportunity there for us to promote one of our huge clients, Tesco. So Tesco in the shopping widget is the most popular supermarket, but it’s not something that we push just because they’re a partner, it’s just happened organically like that which I think is really good, it’s really good for our partnership to be able to evidence that. So that’s something quite interesting… I’ve forgotten the original question.

**I: It’s just what you like the most about the platform, which feature, or just an overall thought about it.**

P: The community aspect of it being – I wouldn’t say it’s peer support, well I guess it is peer support, it is peer support; it’s sharing, other people sharing their own content, so it enables people with the condition to share information more visually. We have an online forum at Diabetes UK where people share, we’ve got really popular recipes and food spreads, and people share their stuff all the time but it’s not in the same way as this, it’s just text and then people are linked to different websites, different brands, and take people out of the platform. So I like the fact that you’ve got your community here and you can pin it, or it’s pinned for you when you sign-up, and get that peer engagement, rather than just from Diabetes UK sharing all of our recipes, or the platform showing all of their own recipes.

**I: Yes, so there’s the user generated elements that you employ. Yeah, if you’re referring to Diabetes UK if you have a similar kind of community or online thing where recipes are exchanged, yes that makes sense I guess, if that’s really working as well.**

P: It’s working and it’s hugely popular, I think it’s the second most popular thread out of our forum. The first one is just the general message board so it’s anything, whereas recipes and food are second there, we know it’s the most called about question to our help bank, skewed by Coronavirus in 2020, and I think probably Coronavirus has overtaken it but year by year it’s always food questions that are the most called about, so we know that it’s a need.

**I: Yes, so from like the Diabetes UK perspective it’s more the shopping, you can make a shopping list, and you can actually shop at, for example Tesco.**

P: Yes, that’s all we have activated for that moment. We ourselves have a tool where you can save our recipes and collect them, you can name a collection ‘Recipes’ in a personalisation tool in a section of the website, it’s really similar to this and we know the saving element is really popular, it enables user generated content.

**I: Okay, so there are fixed recipes set up by Diabetes UK for example.**

P: Yeah, it’s like our 500 recipes or whatever, somebody can save them and come back to them, but the thing that I like about the platform, which is probably another reason why we joined up in the first place, is it’s just much more dynamic and it brings together lots of different elements to one place.

**I: And are there things in the platform where you thought, ‘Hm, I’m not a big fan’ or ‘I’m not that enthusiastic’ immediately, were there elements in the platform you thought there’s room for improvement?**

P: Yes, I guess it’s not necessarily isolated to this, but user-generated content has a good side and a bad side, so it’s how do you know, it’s [8:07 inaudible] are here, it’s got low-carb amazing flavour, actually a lot of people won’t support a low carb diet diabetes, and there are lots of mixed messages about it. So, I’m sure there are moderators on the platform like we have moderators on our forum, on our community forum. But I would be concerned about sharing something that isn’t vetted by a clinical person, like by dieticians, and that’s always the issue, it’s always the issue with user-generated content because you’re relying on somebody to give the correct advice.

**I: Yeah, and it’s about health in the end, and be quite specific in terms of managing your diabetes if it’s type one or type 2. So yeah, that’s really interesting a valid point, I think. And in terms of how user-friendly it was, were there specific things you found strikingly easy to use, or difficult, and how would you improve it if it was a bit more difficult or not intuitive?**

P: So the good and bad things, I just really wanted to mention the health score. I’ve had conversations about this before, but I don’t particularly like it. I think because this is an American brand originally or health advisor was American, I’m not sure that…

**I: If you click on the information button on the health score, you’ll see it’s from the US guidelines, nutritional guidelines.**

P: We’ve been pushing for clear and consistent calorie labelling and carbohydrate, all kind of nutritional labelling to be completely the same across every single product in every single supermarket in the UK because it’s so confusing, and I think that’s the downside to here, I don’t think it’s particularly clear, it’s not using the same traffic lights. I guess it has positive impact and negative impact, so it’s similar to traffic lights but it doesn’t line up exactly the same to what we’ve been pushing a lot for in the UK, in the supermarkets and food products perhaps.

**I: Yeah, and is that specifically about how you present the different nutritional values and how you categorise them as a healthy or unhealthy meal?**

P: Yeah, they say that they’ll be recognisable, so even here – you can’t see here whether something’s a green or a red per serving, whereas on our recipes we know that’s what people look for because they don’t know what these… I mean if you’re carb-counting and you have diabetes, I’m sure you a fair understanding of carbohydrate grams, but all the rest of it I’m not sure that people will understand whether 0.82 grams of sugar is good or not. So, I think that’s why people want that consistent approach, and that’s what I don’t like about this set-up.

**I: Yes, so I think the traffic lights is reflected in the health score where you have the red, the amber and the green as an overall score, but then you say how the scores actually build up and what’s behind it, like the reason behind it is not very clear. And also for someone with diabetes it would be nice to have something visual there according to the traffic. When we look at a package in the supermarket for example, we immediately see, oh this is three or four green, and amber for salt for example, yeah. Okay, that makes sense.**

P: It’s a real barrier for us because we’re campaigning for it, and if we’re not showcasing it ourselves then…

**I: Yes, so would it be adaptable to the British context and guidelines then do you think? Would this be possible amended to that, or is that…?**

P: I think we’ve had conversations about it before and it’s not possible, that’s just what they go with. I think even the word ‘health score’ it’s just more jargon, so if somebody doesn’t know what that means it’s just… and the score out of ten we don’t have that, as far as I’m aware we don’t have that in the UK.

**I: Yes, it’s not a universal or international thing.**

P: Yeah, so I think that’s a bit of a barrier.

**I: Okay, no I think that’s a valid point. Yeah, we have specific questions going into the health score, but you’ve already covered quite a bit of it, so thank you! I’ll just go with what’s in your mind really. But that’s one of our focus points doing the interview, a bit more in-depth about the nutritional aspect of it as well. And just to go back to the more general what your first thoughts are on like how difficult and how easy is it to use? Do you have any thoughts about that as a [anonymized]?**

P: I would say it is, I used it on my phone when I first used it, because I wondered if that’s how the majority of people would use it. Sometimes you get a different experience if you’re on your phone, especially the scrolling and it’s more natural, whereas here when you’re clicking through it’s not that natural, that kind of feature feels like a more natural scroll on a mobile. But I think it’s probably almost too much, it’s a bit of a content overload, so, I’m sure that a lot of – look at these numbers, look at how many members there are, there’s a *huge* amount of members in these, and sometimes if you’re seeing reviews or you’re seeing different groups – I mean I follow different groups on say Facebook and LinkedIn, and you often pick the one with the most people in if there’s very similar ones, so if there’s a few that like smoothies, or fruit drinks, or something like that, you pick the one with the most… which you can do, but these are huge numbers and I don’t know if that’s actually true. [Laughs] I guess it must be. I’ve never seen community figures like this before with such huge numbers, over 10,000 people in the food space might be completely accurate but is it accurate?

**I: Yeah, I think so because it’s just US-driven, so I think they are popular, and getting popular in Europe as well.**

P: Maybe it’s because from a UK perspective… I’m sure that some other platforms and other media like interest boards and stuff, and groups on social media have this many… so I guess it’s a bit like likes and Tik-Tok, but it does feel huge and it feels quite overwhelming, so what I think would be useful is that you’d have some kind of a…that would help you to get to the right place by asking more questions, because I know when you set-up your profile… well, I didn’t have to enter any information really to set-up the initial profile, but you can add more to it to get more tailored suggestions, can’t you. But I think discovering each [15:55 inaudible] rely a lot on the individual to do it.

**I: Yes, so you said some level of personalisation which can be automated. I think they tried to do that so like recipes in communities, but yeah very person dependent I guess as well.**

P: Yeah, I think once you’ve started liking stuff, so here for instance if you change your preferences, we found in one of our tools like this, if you don’t go in and do all of that they don’t even know it’s there half the time, but it’s also too many things. People are general… I wouldn’t say the word lazy, but people generally want to be pushed towards something, want to be helped, they don’t want to have to spend ages trying to find something.

**I: It needs to be presented quite instantly doesn’t it? Yeah.**

P: Yeah, sometimes their perspective of a product, they can just be like, ‘Right we need to give you everything so you can choose, you’ve got all this amazing choices,’ but if they read up on the website you always find they give too many options, and you see that when you’ve got too many call to actions which are effectively what these are, you don’t go anywhere or you may just stick to your one or two up here, but you may not then ever explore anything new.

**I: Yes, I get that.**

P: I would see that as there’s another route to that with engagement emails and stuff like that which you get from the platform, so if there’s something of interest based on those people’s preferences potentially from the email, then they can be notified of that, but I do think there needs to be more direction, there needs to be more directives.

It’s funny, I don’t know if dieticians talk about this, but that is what people call us up about and say, ‘What do I eat? You have to tell me what to eat,’ and we won’t do that – the dieticians will not do that because it’s individual per person, there is no diabetic diet.

**I: Yes, they definitely said that yesterday!**

P: I’m sure, I’m sure they did, yeah.

**I: True, it’s very personalised.**

P: Effectively I don’t think they wanted it to be called Diabetes Friendly meals originally, I think [18:27 inaudible] we were okay with it, but it was because it was an existing community, but really there is no such thing as that in their mind. But from a layperson’s point of view that’s what we offer, as Diabetes UK, we are advertising these recipes because they are better for you and more suited to you as a diabetic. So, if that’s not a diabetes friendly meal then I don’t know what is!

**I: It’s the label as well that has different interpretations for different people who are engaging with it, because this was originally also meant for people who may be caring for someone who has diabetes. But I think that’s a valid point about it can be quite overwhelming to be given so many different options and choices, it’s a luxury to have choices I guess but it can be a bit too much and overwhelming when you might lose someone by not engaging them from the start. So is there anything you thought was easy to use, or you could imagine was easy for people to use, something that stood out?**

P: I think because it’s so image-based it just makes it more engaging and easier to click, so I do think that helps. I know that’s not really… well it’s part of the user experience but, I found it very easy to use generally, I’m just more about the… it’s easy to click and easy to add and all these things that I don’t think are terribly hard to use, but getting the most value out of the individual using it, that’s different than it just being easy to actually navigate. I just don’t imagine that people use all the elements of it because there is so much there, and so are they not getting the best out of it because they don’t go into their preferences and choose?

I think there’s definitely personalisation possibilities when somebody tells you more about themselves, and they probably do that here because we do that on our site. But if they don’t tell you that then you have to use insights already to say, right if they’ve clicked on diabetes friendly meals, I would hope that they would reorder this to make it more appropriate. It feels so random.

**I: Yeah, and did you use the meal planner or have do you have any thoughts on that, because I read about your shopping list that you also [21:11 inaudible] to use with Diabetes UK, but the meal planner itself is that something that was easy to use?**

P: I didn’t actually ever use it, but I think it’s the best idea, yeah if you’ve saved something then you can add it, yeah. I mean all of this is very easy… oh, no I did play around with this when it first… because it was new wasn’t it?

**I: Yeah.**

P: I think that’s very easy to use on desktop. I remember fiddling around with it and not having an easy ride on a mobile, I can’t actually remember. I mean drag and drop is sometimes much easier on desktop. But the actual idea of having a meal planner is exactly what people want and is great. But just looking at the top, the top menu is very good, I think it’s a bit hidden actually, but I remember when they first launched it, I thought maybe it was beta because it wasn’t highlighted a lot, it doesn’t look like it’s in beta now.

**I: Yes, it’s the shopping list and the meal planner that might not be as clear, yes, it’s all within the same line as the home and recipes.**

P: Yeah, on home I’d expect the planner to be seen here, I would see this as your dashboard, and actually effectively it’s not.

**I: Okay, that’s interesting, so that possibly could be an improvement that you have your own personalised dashboard, and then see what your meal planning is…**

P: Yes, I would have thought you have, really recipes when you say to them, they go here, and then you’ve got your collection, and then you can navigate to the meal planner I assume here, it said something earlier – magically add it to something.

**I: Yes, I think with the three dots you can access, yeah, or add to with the green button.**

P: Yeah, but it said it here before, ‘magically add it’. I mean when you go home, I would expect to see my pinned recipes or my meal planner, or all the menu items here.

**I: Okay, yeah that’s interesting. Just to come back to more the dietary side of it, I know you mentioned things already about the health score and nutrition values, do you think the recipes represent enough variety in healthy food for people with diabetes? You touched upon it already with some of your answers I think, but.**

P: Yeah, well yes, they do, it’s just I don’t know how it’s moderated, so from a user’s point of view if I… I mean I’m not imagining that I have diabetes but who is Elizabeth Foster, and do I know that that’s good for me? It would be nice to identify that person and see what type of diabetes they had. I mean, can you click on them? No, you can’t click on them. If it says Diabetes UK, I would hope that – not necessarily in the US – in the UK, people will recognise that brand. Again, it’s swings and roundabouts about user generated content. So, I guess I would be concerned but again I would go with the number of saves probably, and the number of likes,so that gives me a sense that it’s really popular, so I don’t know – although tofu I don’t like! But these ones, healthy chocolate muffins, that sounds a bit weird…but you’ve got 964 people saving it so probably it’s a bit of a winner, and so I like that, I like the features that talks about likes and saves.

**I: Yes, that’s your kind of review element from this recipe, how many people actually save the recipe, so how popular is it.**

P: Yes, it’s the same, if you saved it, I see that as a like.

**I: Yeah, so you’re saying there is variety.**

P: [25:42 over speaking] quite overwhelming, so I know that here you’ve got a filter system, but I think that’s not very obvious. So those people get [25:52 poor audio] the websites, but lots of people just go to search, but again you’re relying on the individual. I would like to see more structure here and say, right the most popular recipes here is this one, or these are dinner recipes, these are lunch recipes, so these are breakfast.

**I: Yes, so that could probably be improved from that element, from that perspective as well. We already touched upon the health score; does it represent nutrition values adequately per serving? Did you have any specific thoughts about that regardless of the fact that it’s more US based, and that the health score in general as a concept is not that clear for people here?**

P: I don’t have anything else to add other than I added before, because I just don’t think it works here, and it doesn’t work for Diabetes UK.

**I: Yeah, that’s a clear answer. Is diabetes friendliness represented adequately in each recipe with the client [27:04 inaudible] index and loads, because there are some values on the nutrition table per recipe where you can also get a bit more information about what these values are, and how to relate it to your blood glucose management, I guess. But is that something you’ve thought about, or it’s just that it’s there but you don’t know how useful it is, or it’s very useful I you can imagine?**

P: I guess it’s difficult for me to answer that, I’m not someone with diabetes and I’m not a clinician, so I can see that someone with diabetes it might be useful, but I actually suspect that glycaemic index doesn’t come up in conversation a lot with our audiences, it’s obviously important but it’s more if it’s recommended by us say, you see some kind of a green – this one’s obviously got red and that would alarm me immediately. I’m not sure the majority of people would delve really deeply into glaucomic in-depth, except the really-really engaged type 1’s. So I feel like it’s important from a medical perspective and it gives you that information to help you manage your diabetes, because you should understand about GI foods.

I don’t know anything about glycaemic load at all, no idea at all about that but GI foods is something that I think really engaged people with type 1 would be more aware of, but I’m just not sure the majority of people with type 2 would be.

**I: Well that’s an important implication if you want different shades between the two different types as well, yeah because they have different needs. But then again, you’re saying everyone has individual needs and preferences, so again it’s hard to cluster that. But I guess there is some implication.**

P: You almost include stuff like that. My question would be why is that included, and then other stuff isn’t? There are other things you could put here about the nutrients and pull something out about calories and carbs a little bit more or talk about portion sizes or something like that. There are other things that could be relevant, but they decided to pick out pricing in depth and load, and I don’t know why. I don’t know why; I don’t know whether it’s for the benefit of the user or from a medical perspective. So, it’s interesting.

**I: Yeah definitely, it’s also how you want to position the app I guess, and yes, the audience, how it fits the audience. Alright, and in terms of your expectations, would it support people with diabetes in planning their meals more efficiently do you think, with the different tools they have in this app?**

P: Yes definitely. I’ll just go back to my point about the meal planning, it’s huge for us and that’s what a lot of people want, they want that structure, but we give them meal plans that are already created.

**I: Oh, okay, pre-made meal plans per week, yeah.**

P: I think it’s *really* important to be able to help people make their own, I just think from what I know about our users they would want the starting point, so maybe an example meal plan, and then be able to swap in something that won’t affect the ultimate number of carbohydrates that week. So, have more of a starting point and then be able to swap it out. I think if someone builds their own and there’s not totaliser is there to say this is how many carbs you can have.

**I: No.**

P: I think it would be *really* difficult… because if somebody just chucked in banana muffins every day, or lots of carb-heavy stuff, there’s a lot of maths for a diabetic, so I would expect more… I mean the dieticians have just been improving our meal plans and they’ve been having to do so many calculations to get that right, and that’s just one weeks’ worth of meal planning for a low carb diet for example. So I think this is relying on the user too much here. I love the idea of being able to build it, I just think something needs to be started for you.

**I: Yes, so at least some qualified guidance, or just a quality check on how many carbs, is there enough variety? I think like you’re saying, what’s the portion size? Yes.**

P: Yes, and the point of this is, it’s not just for people with diabetes, so they can’t make a meal planner for that condition because the platform isn’t for people with diabetes solely, so for us if we were to take this moving forward it would be around meal planning absolutely, because that’s something that is also interactive and a good piece of engaging content. But we did have a really-really basic tool on our site which was like a totaliser, if you want to try a low-carb diet that means 30 grams per day of carbs, or something like that, you’d have a totaller and then it would go down when you’ve added things to take up that amount, and then it would go green, or red if you were over. It was so basic it was rubbish, but the idea was there, I thought the idea was good. So that’s what I think people need, more help with the maths side as well.

**I: Yeah, I’ve heard of people using different apps alongside existing apps, yes, because it’s not an all-in-one.**

P: Carbs & Cals, it’s a great app for that maths stuff, and I’m not sure we’d be able to compete with that, so what’s the USP of something like this compared to that, for people with diabetes anyway?

**I: Yeah. We spoke to some people with diabetes, so yeah, I recognise some of your answer definitely, around the carb counting.**

P: Great.

**I: I think your suggestion about giving them some initial idea about how your weekly meals should be for someone with diabetes, I think that’s also quite a nice idea actually.**

P: I think actually even for people who are at risk of, so you’ve got 12 million people at risk of type 2, if they were using this, which we can imagine a huge amount of people are using it because it’s a big part of the population, [32:23 poor audio] UK anyway, so how can we help people think about that without pushing it down their throats? It’s like, ‘This is a meal planner for…’ I don’t want to say weight loss, but something like that, like ‘This is the outcome that you can get from this, it will reduce your waist size…’ or something, or ‘You can go down a dress size,’ or something, and then, ‘this is the meal plan for you.’

I know that’s very difficult because you don’t know where they’re starting from, but it’s just having that goal at the start, so that’s why we’ve got a budget meal planner that’s gone up in popularity through COVID because people are trying to save money, so the ultimate outcome could be, ‘This is a cost-effective meal planner, and you won’t spend that much money if you have it.’ So yeah, this is just leaving people to their own devices and it’s pretty difficult for most people, I think.

**I: Yeah, it must be, I guess having a lot of discipline as well and keeping an eye on so many factors that are involved. Yeah, that’s really interesting. Do you think the support potentially helps them make more healthy food choices? I know we talked about the health score as well, and that you have questions about how that has been built up, the background evidence for that; but do you think it has potential to support people make more healthy choices?**

P: Yeah, it definitely has potential, I think if you look for recipes nowadays, and people are, so the search for recipe content has gone up hugely in 2020 and still is. But if you just leave someone to their own devices and they Google healthy recipes or whatever, and they get something, it’s very sporadic and I think something like this that someone can go into and know that they’re tried and tested, there’s huge benefit to that, but I just go back to the moderated bit, how do you know that they are actually healthy? I know the health score is there and it shows a green light so it’s probably good, but people don’t see that until they click through, do they, so how do you know which ones to choose from that huge array? Unless… obviously it says healthy recipes as a main of one of the communities, but what does that really mean?

But no, I do think there’s loads of [37:02 inaudible] and I’m sure it’s already helping so many people anyway.

**I: Yes, and in terms of more diabetes related indicators of health, like the waist and weight, their cholesterol and blood sugar level, is that something you think would have the potential to change it or support it at least, in the bigger picture?**

P: Yes, if there was more information about… or something related to blood sugar levels, as in If you have high blood sugar levels, ‘this’ type of recipe would help you lower it,’ yes absolutely if that was possible.

**I: Yeah. Is that something related to the glycaemic index as well on the loads, is that how it’s… with the figure on?**

P: I don’t know enough about it, I’m terrible.

**I: Me neither, don’t worry!**

P:I’m not a clinician. But yes potentially, I guess it’s just joining the dots; you can’t just rely on someone to know that that’s going to help with... I was so surprised at how many people don’t know what a high blood sugar level is, for people with diabetes who have been diagnosed for years,they don’t know what a high number is, or how a high number can affect them, and that’s just…

**I: For like the type 2, yeah.**

P: Yes, definitely type 2, mostly, but then that’s the majority of people with diabetes anyway. So, yeah, I’d say we just can’t make assumptions that people understand the condition, and it’s such a complicated condition anyway.

**I: Yes, definitely. The final question around expectations, you can stop screen-sharing as well. Would this support people with diabetes in different food experience, shopping experience maybe? Do you have any thoughts about that?**

P: Yes, I’ve obviously talked about the shopping widget already, [pause] I don’t know. For me I’m not sure about the popularity of that element, but for me it’s probably the least life-changing part specific to diabetes, or even if I was talking from my personal opinion, I don’t think it’s the biggest part of it. I’m not sure how we got it in the first place, or maybe it was the easiest thing to embed tests for us, but I would say meal planning – meal planning and the community stuff and the personalisation, that side of it I think could have more of an impact on people’s lives than the [shopping list] but that’s just my opinion.

**I: Yeah, definitely. And in terms of the reach of the app, do you think it attracts, and is user-friendly for people with a variety of different socio-demographic backgrounds. So in terms of age, younger and older people, or in terms of digital literacy, so if they’re very focused on tech or they don’t really know how to use an app or something on the desktop, and also in terms of the ethnic background of people; do you have any thoughts around that, around the platform?**

P: I think it’s very hard to answer that for a lot of those things. I have no idea what the data says and what ages are using it now, but I would have thought you shouldn’t be creating something like this for everyone, it just won’t ever be for everyone, so you’re only ever going to attract the people that use something digitally. That’s fine if it works for that audience, then that’s absolutely fine, but I have no idea about ethnic background because you don’t have any personal identity on a platform, you can’t click on people’s profiles to see who is using it andrelate to those people, so it’s not like you can say, ‘Oh this is a group of people – this is a community that I feel like I belong to,’ I don’t think you can make assumptions just based on cooking; if someone’s got some Caribbean food in their community, does that mean you’re catering for that Caribbean community? Maybe. I think it’s much more complex than that.

**I: Yeah, I think it’s a valid point. It was just more the question… I think the ambition is to be as inclusive as possible, but what you’re saying, I think that might not be realistic.**

P: I don’t think it is, and I think they should be better at accepting that. I think there are ways that people use recipe books that will never change, and people will always want recipe books, and then you have the platform for a reason, and you target the people who are using it the most. [42:30 overspeaking] audiences, but.

**I: And related to diabetes I also think type 2 more lifestyle related; maybe more older people compared to some people with type 1 which is diagnosed in a much earlier stage. I think it’s also the people who would be more drawn to this, is that a select group of people which might be younger, or caring with someone with diabetes, so we just want to get a bit more understanding about what people think actually, and how accessible it is for different groups.**

P: Yes, if you’ve got kids and they’re diagnosed and they’re starting to make their own food and are encouraged by their parents to make their own food in their teenage years, we know they are on different platforms, we know they’re on YouTube and we know they’re on other platforms from a younger age, so I think it’s probably more suited to the parents, and I definitely think spouses of people with type 2 str therefore potentially at risk. So that audience to me is a huge untapped… and people who are using it, but we don’t know enough about that audience because they don’thave the condition themselves, so whether they’re carers or they’re spouses, or even friends cooking for others, I think that’s who feels sometimes more engaged than the actual person themselves.

**I: More the support system around it.**

P: Yeah. It depends on who the cook is and yeah, I’d say the majority are women it tends to be that we see. that behaviour from women and more women getting involved in our cooking competitions and stuff like that.

**I: That’s interesting as well.**

P: But that’s quite normal, I mean come on, you know!

**I: [Laughs] Well, I’m lucky I think because my partner cooks quite a lot of food.**

P: Yes, so does mine actually, so does mine! [Laughs]

**I: Good choice!**

P: From a family perspective and if we’re looking at the age group of 40’s, 50’s type 2 potentially I would say the majority are women cooking for family.

**I: Yes, and I think that’s also a different generation, yeah, those rules are a bit more established around that, I think.**

P: Who needs this more, is it us, is it our age group? Is it our generation or is it that generation?

**I: Yes, that’s also a further question.**

P: You shouldn’t be trying to cater for everyone, and if we are in the sphere of diabetes trying to help people there are multiple-multiple options for different age groups, like Instagram and everything, and other age groups will not touch that and will not ever see it. So, we need to be catering for a certain group there, so they’re not excluded from all the options that younger people have maybe.

**I: Okay, a very interesting answer. And when you were starting to get involved in the project, or when you were using it yourself, is there specifically something you learnt from it? Were you thinking, ‘Oh, I didn’t know this before,’ is there something you said you learnt from it, or not?**

P: No, not really, I can’t think of anything. Obviously, I’ve given my opinion on a few areas, for me I wouldn’t use it myself, that’s probably my main answer. I wouldn’t use it myself because I don’t feel the need to, but saying that if I had a long-term condition, or if I was trying to lose weight and had a goal in mind, and I wanted more of a planned approach I would use something like this and I think that’s the difference. I’m lucky that I don’t have anything that drives me to do that, and so I can be a bit more sporadic in the way I approach my diet, which I know that’s notreally right because you should be thinking about prevention as well, but I don’t think I’m the type of audience or I really have a need for it.

**I: We’ve talked about suggestions to improve, basically you’re saying the filter function, and the amount of information that’s presented, which would be overwhelming, so it could be clustered a bit more and presented differently.**

P: Yes.

**I: Also around if we zoom into the nutrition values and health score, a personalised dashboard would be nice. Is there anything you’ve forgotten where you think, ‘Oh, that would be nice to improve,’ or suggestions for improvements?**

P: I feel like I’ve said quite a lot there.

**I: You did.**

P: I think the ultimate one would be when you arrive you feel like you’re in the right place, and it’s being really upfront about how you can use it and what it’s going to offer you, what the benefits are. At the moment it’s too reliant on the individual to act, I think.

**I: Okay, yeah. Would you recommend this in its current form for people with diabetes to use it, or…?**

P: Yes, I would, but I have to be careful with my Diabetes UK hat on, thinking is it moderated and is it actually clinically accurate from our point of view, which is why the dieticians have been involved in this project. We’ve just been signposting to it and having a real data protection message, we haven’t actually said we’re partnering, and this is our content, or our platform – obviously it’s not our platform anyway, we can’t say that. But you know what I mean, we try to keep it at arm’s length because of the constraints around it. So, yes, yes, I would but I’d want to understand more about how it ticks our clinical boxes.

**I: Yes, I think that’s also overlapping the question of how it fits with Diabetes UK, the Learning Zone or anything, and that is within your platform as well, yeah.**

P: The Learning Zone is an education piece, so it’s very different but it will blend well together, so you might have an education course about what glycaemic index means, and then you’d get to the end of it and then you’d have some low GI foods available in a meal plan or something.

**I: Create an example.**

P: So there’s definitely opportunities in [0:50:11 unclear] but they have different purposes, it’s just making sure that the language that we speak is the same.

**I: Yes, especially from that educational context where everything is built up and backed up by expertise from dieticians, and the guidelines in the UK as well.**

**Before we wrap up, I have two additional questions, one is around do you have a view on existing or similar applications in this area of diabetes? So is there something similar like the platform already out there, or is this a unique market position in that sense?**

P: I think we talked about this at the beginning of the project, but thinking about the Carbs & Cals app, and other apps, because the Learning Zone for example isn’t an app, you can use it on your mobile, but it isn’t an app, and it’s not very user-friendly really on your mobile in my view. But you’ve got something like Learning Zone which talks to you about food, so that’s very different, you’ve got online communities like ours, like other people have got, other diabetes ones. Diabetes.co.uk have a massive forum community where again they’ve gotconversations on threads about food. But I think the closest one is things like Carbs & Cals where you can calculate what to eat and build recipes and stuff that’s based on the carbohydrates or the calories, and I know that’s a popular one for type 1. I can’t remember the others, but yes that is a popular one.

**I: That’s also interesting that you made the distinction between the community and forum kind of thing, like apps…**

P: Yes, I’m starting to think of it in a much more… I’ve always thought the connection is Learning Zone, but actually when I step back, I think maybe the connection is more that peer sharing, rather than purely education, and that’s where you can get people really involved, rather than us telling them what to do. That’s maybe where there’s more of an understanding thatsomething is user-generated vs clinically this is what we’re saying, and this is an education piece. So I think yeah, there’s differences there.

**I: We started on a project before as well about behaviour change, and I think from a psychology background which is more my area, things around peer support and peer modelling are actually quite effective in some context for some people, so yeah it could be generically applied. I think yeah, you’re pinpointing to the right things in there as well.**

**I’m just going to ask the questions as they were in my script, I think you’ve touched upon them as well. The last question is more around COVID, so how do you think the pandemic and the true lockdowns have specifically influenced the usage of the platform and maybe its potential?**

P: I don’t know, I’d be really interested to know, I don’t know if we’ve ever been shared that kind of information, but I know at the beginning of the project we were concerned about shopping and that led to food stuff, so I’d be interested to know whether that’s had an effect on the shopping widget itself, the fact that nobody could get any Tesco or Sainsbury deliveries. Maybe it was defunct, or people weren’t using it thatmuch. But I know from my perspective, recipe searches and use of our recipe section on our website has rocketed. So, I would imagine that the platform has too, but I’m not sure. I’m not sure how SEO-friendly the platform is. Do you know what I mean by SEO**?**

**I: Not really.**

P: So search, if you’re Googling something, if you’ve got all your content within a platform, a log-in, I’m not sure how much the platform has externally outside of that, so that people can find content when they search on Google.

**I: Ah, on Google, yeah.**

P: Whereas obviously if you Google something – banana bread, BBC Good Food is…

**I: Will pop-up first.**

P: … [55:09 inaudible] but does the platform have any of its recipes on its actual website, and then it brings people in that way? I don’t know, I haven’t actually looked at that.

**I: I don’t think so.**

P: So if you don’t know that the platform is there, then has the usage gone up or has it just gone up for things like BBC Good Food and us because people are searching for stuff, I don’t know. But I definitely think the interest has been there for food, so yeah it must have increased.

**I: Okay, well we’re at the end of the interview so thank you so much for your time. Do you have anything to add at all? I’m just going to stop recording as well.**

P: No, no not really, I think it’s been interesting to reflect actually. I guess it’s been quite a long time since we started, and I guess… [recorder switched off]

[ENDS]