safefood

Do you have a kids menu?

A report into kids meals when eating out

Summary Report

be safe be healthy be well

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1 Introduction

Childhood obesity

Childhood obesity is a growing worldwide public health issue, the prevalence of which has increased by 2.5 per cent between 1990 and 2010 [4]. The island of Ireland (IOI) is no exception, where almost one in four children and young people are carrying excess weight [5-9] (Table 1).

Table 1 Rates of overweight and obesity among children in Northern Ireland (NI) and the Republic of Ireland (ROI)

	Overweight* (%)	Obese* (%)
NI		
Children (aged 2-15 years) [7]	21	10
ROI		
Children (aged 2-4 years) [10]	15	3
Children (aged 3 years) [8]	19	6
Children (aged 9 years) [9]	19	7
• Boys	17	5
• Girls	22	8

*Based on World Health Organisation (WHO) Body Mass Index (BMI) classification [11]: underweight, BMI <19.9 kg/m^2; normal weight, BMI 20-25.0 kg/m^2; overweight, BMI 25.1 – 29.9 kg/m^2; obese BMI >30.0 kg/m^2) with the International Obesity Taskforce (IOTF) cut-offs for BMI [12, 13] being used to determine bodyweight category for individuals <18 years.

BMI values during childhood and adolescence are important risk factors for the presence of adult overweight or obesity and the associated risks of increased morbidity and mortality [14-18]. In 2002, Guo *et al.*, predicted that between one-fifth and more than one-third of overweight pre-school children will become overweight adults, and about half of overweight children and adolescents are expected to be overweight adults [16]. These findings, along with those of other researchers, highlight

the importance of childhood and adolescence as significant 'critical periods' in the development of adult obesity [19, 20].

The health consequences of obesity are many and varied, ranging from an increased risk of premature death to a range of debilitating illnesses that have an adverse effect on quality of life [21]. The problems of childhood obesity have also been widely documented [22, 23]. An obese child is not only at increased risk of chronic disease (cardiovascular disease, type 2 diabetes and certain cancers) later in life, but also at risk of immediate health effects: a review of studies found high blood pressure, early signs of type 2 diabetes and fatty liver disease to be present in a large proportion of obese children [24]. Obese children are also more likely to suffer various bone and neurological conditions, breathing disorders and mental-health problems [22].

Eating out of home

Lifestyles on the IOI have transformed over recent decades and this includes changes in our eating habits. Due to the pressure of today's modern environment, there has been a rapid rise in the availability of 'convenient' and cheap food, with eating occasions outside the home becoming more and more common [25-29]. In the Republic of Ireland (ROI), almost one in four eating or drinking occasions involve food cooked outside the home, i.e. in a restaurant, pub, coffee shop or takeaway [30].

Eating food cooked outside the home has been the focus of increased attention because of its association with higher energy and fat intakes, lower micronutrient intakes [31-35], increased percentage body fat [36] and weight gain [37]. In addition, nutritional surveys completed in the takeaway sector have revealed that certain foods, i.e. potato, chicken, pizzas, burgers and Chinese food prepared outside the home, are high in calories, fat and salt [38-42]. These surveys also reported major differences in portion sizes across takeaway outlets on the IOI [41]. Frequent use of the food service sector has been identified as a possible risk factor in the development of obesity [43-46]. This has significance for children's eating habits, given that 77 per cent of children in ROI are now eating food cooked outside the home at least once a week [6], with takeaways accounting for approximately half of these [43].

2 Study overview

The aim of this research was to investigate the range of food available for children while eating outside the home, and to identify barriers to and opportunities for the provision of healthier food options in this environment. Specific study objectives included:

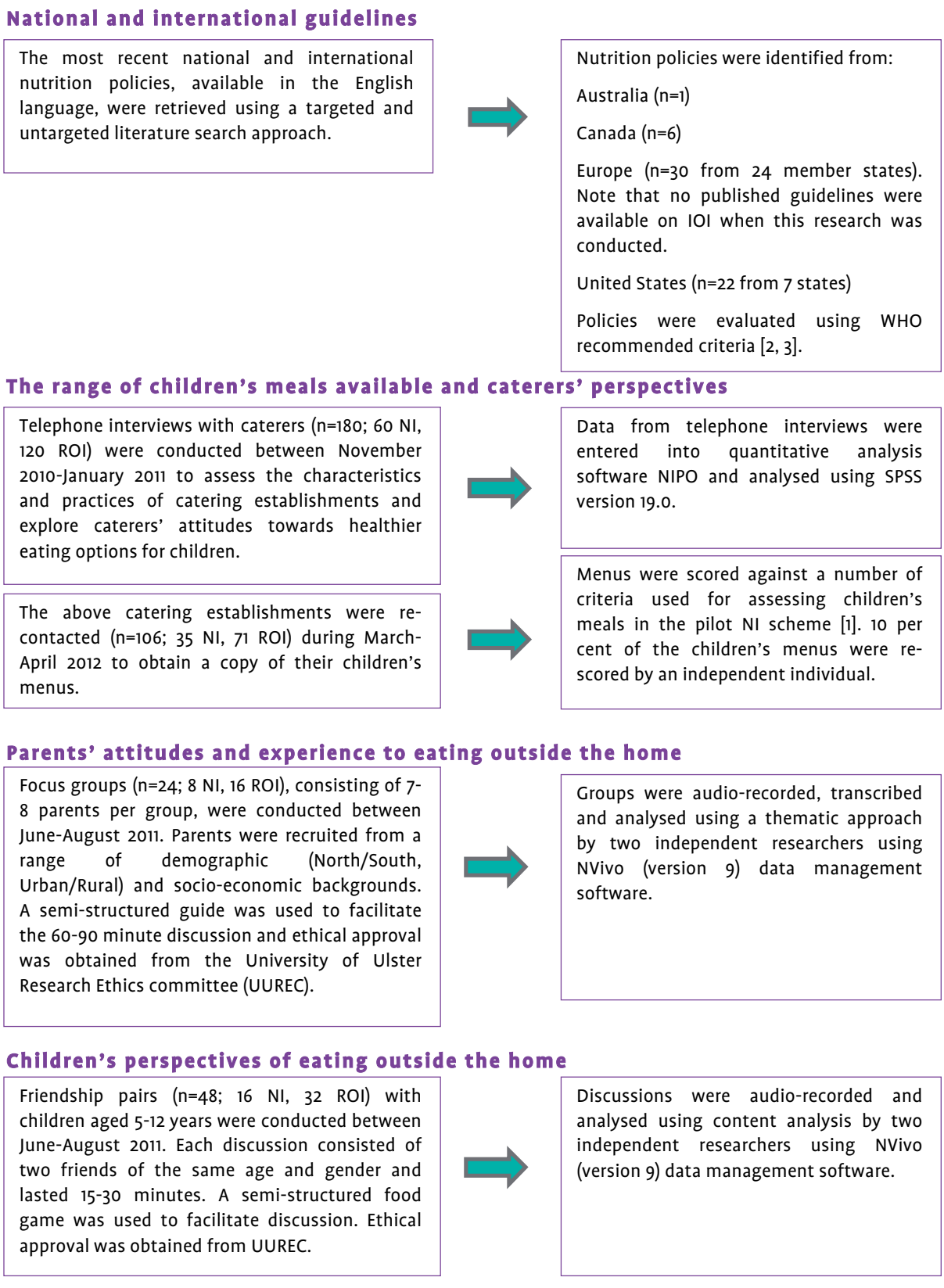
1. To assess what nutritional guidelines are available nationally and internationally with respect to eating outside the home;
2. To investigate the range of children's meals available outside the home across the IOI and explore the perspective of caterers in the provision of healthier meal options;
3. To assess attitudes and experiences of parents and guardians of children aged 5-12 years when eating outside the home;
4. To assess children's (aged 5-12 years) attitudes with regards to food and eating occasions outside the home.

The target groups involved in the research included:

- Caterers
- Parents and guardians of children aged 5-12 years
- Children aged 5-12 years.

In order to achieve the study objectives, a mixed methods study using both quantitative and qualitative research methods was conducted. An overview is given in Figure 1.

Figure 1 Objectives of the study and corresponding methods



3 Main findings

- Few nutrition policies include the family eating-out sector and, when included, often lacked specific details and evaluation strategies to ensure their effectiveness.
- Children's menus across the IOI were limited in terms of choice and healthier options available.
- Two-thirds (64 per cent) of caterers surveyed reported that they provide healthier options for children, but only 27 per cent reported actively promoting these. Caterers' attitudes towards the appeal of healthier options was mixed, but the majority agreed that they would provide healthy choices if the demand was greater.
- Establishments which provided healthier options found that it was cost effective and uptake was good.
- Key factors driving the parents' decision to eat-out were 'treat' and 'time and convenience', coupled with the perception that the cost of eating outside the home was comparable to eating in the home.
- The choice of eating-out location was driven by the 'perceived cost or deals', and how 'family-friendly' parents considered the establishment to be, as this increased the enjoyment of eating-out.
- What the child ate while outside the home was predominantly decided by the child themselves and was driven by 'taste', the 'marketing and presentation of food' or 'foods they associated with a particular establishment'.
- Economic stress was forcing a change in parental behaviour and attitudes, and priorities of 'value for money' and 'reducing food wastage' overshadowed nutritional considerations while eating outside the home. Parents reported changing their choice of eating-out location, rather than the number of times they ate out and fast food establishments had become popular.
- Many parents and caterers were willing to make efforts to improve children's diets in light of the increasing rates of childhood obesity.

4 Review of national and international nutritional guidelines

In total, 59 nutrition policies[1] were included in this review; one national nutritional policy was found for Australia [47], six were obtained from Canada [48-53], thirty nutrition policies were deemed appropriate in the World Health Organisation's (WHO) European Region Member States (ER) [54-83] and twenty-two nutrition policies were included from the United States (US) [84-105]. Each nutrition policy included in the review was evaluated using scoring criteria established based on the WHO's Global Strategy used by Member States to develop national policies, strategies or action plans for addressing population diet and physical activity [2, 3, 106]. These criteria included:

- Inclusion of regulations for children's food served outside the home
- Advertising regulations to restrict the advertisement of certain foods to children
- Provision of strategies to reduce the cost of buying healthier foods
- Catering sector as stakeholders in development of policy documents
- Family eating-out sector as stakeholders in development of policy documents
- Inclusion of catering sector in the nutrition policies
- Inclusion of family eating-out sector in the nutrition policies.

Where the family eating-out sector was included, additional criteria were used to evaluate:

- Provision of nutrition information for consumers
- Training of catering staff in nutrition
- Communication and positive marketing strategies to promote healthier choices
- Monitoring and evaluation structures in place for any strategies implemented.

[1] For the purpose of this review, all nutrition- and health-related policy documents, strategies or recommendations were referred to as 'nutrition policies'.

Results

Overall, the majority of nutrition policies reviewed met relatively few of the WHO criteria for assessing eating outside the home. Refer to Appendix 1 for full table of results.

- Most of the policies (71 per cent) highlighted the importance of healthy food choices for children and included guidelines for children's food served outside the home, albeit this was largely restricted to school food provision.
- Approximately one-fifth of nutrition policies included recommendations regarding the advertisement of children's food. A pro-active example of advertising regulations was provided in Sweden's 'Healthy Dietary Habits and Increased Physical Activity', in which the Swedish government has banned all TV food advertisements targeted at children [107].
- Recommendations to reduce the cost of 'healthier foods' also featured in only one-fifth of the policies reviewed.
- Ten per cent of nutrition policies included the catering sector as a stakeholder in the development stages of the policy and even less (five per cent) included the family eating-out sector as a stakeholder.
- The family eating-out sector was included in 41 per cent of the nutrition policies and, when included, covered a variety of different recommendations to increase the quality of food served outside the home:
    - Half of the nutrition policies specified that the provision of nutrition information is essential for informing consumers when purchasing food outside the home. However, there is no consensus as to how this information should be conveyed. For example, voluntary approaches in Slovenia [77] and Colorado [85] use a symbol to highlight healthier food options on menus that meet nutrition guidelines, while Spain [78] has advised that nutrition information for menu options should be made available for consumers who request it.
    - 29 per cent recommended that catering staff should have training in nutrition. ER policies were more likely to recommend this (50 per cent) compared to other countries (Australia: 0, Canada: 0, US: 11 per cent). Slovenia had the most detailed specification for this criterion and recommends that nutrition and health should be incorporated in the curriculum of all catering courses [77].
    - 38 per cent emphasised that effective communication strategies should be employed to promote the sale of healthier food choices. US policies were more likely (56 per cent) to advocate this approach compared with Australia (0), Canada (0) or the ER (25 per cent). An example of this is Colorado's nutrition policy 'Smart Meal Seal', which developed a

symbol for establishments to place on any advertisements or literature to promote their taking part in the programme [85].

- Only one-fifth of policies specified the inclusion of formal monitoring and evaluation structures for outside of home eating initiatives to assess their effectiveness and efficiency. For example, Slovenia is the only ER country to assign a monitoring and evaluation goal to their nutrition labelling of menus initiative and reported it would continuously monitor the quality of food served by participating restaurants [77].

Currently, the IOI does not address any of these key strategies. However efforts are being made and Food Safety Agencies in both NI and ROI are currently investigating nutrition menu labelling in the catering sector.

Establishing best practice guidelines

It is difficult to establish best practice guidelines from the policies that included the family eating-out sector because few conducted formal evaluations. More emphasis should be placed on appropriate evaluation strategies to help inform the development of effective nutrition policies in this eating context. However, the scoring system identified two voluntary initiatives that could be considered as models of best practice: Colorado's 'Smart Meal Seal' [85] and Slovenia's 'Health Beneficial Food' [77]. In particular, Colorado's 'Smart Meal Seal', designed in partnership with Colorado Restaurant Association and owners of large and small restaurants, addresses menu labelling, staff training, communication strategies and monitoring and evaluation structures. Evaluations of the programme have found sales of healthier menu options increased, while sales of side orders such as fries and soft drinks decreased [108]. Initiatives similar to these might prove economically acceptable to businesses as they are voluntary, while still improving the quality of food served outside the home.

5 The catering perspective

A total of 180 catering establishments were surveyed (refer to Table 2 for establishment types) to evaluate the:

- Range of children's menu options available
- Practices of the eating-out establishments with regards to children's food, e.g. cooking methods, promotions and efforts being made to provide healthier options
- Caterers' attitudes towards healthier children's options and childhood obesity.

Table 2 Categorisation of eating establishments surveyed

Eating establishment type		Total		NI		ROI	
		N	(%)	N	(%)	N	(%)
Group 1	Café / sandwich shop	22	12	11	19	11	9
Group 2	Fast food	40	22	20	33	20	17
Group 3	Restaurant (private, franchise, hotel)	81	45	23	38	58	48
Group 4	Pub	37	21	6	10	31	26
Total		180	100	60	100	120	100

The catering establishments were re-contacted early in 2011 to obtain a copy of their children's menu (n=106; 35 NI, 71 ROI) and menus were scored using the following criteria used for assessing children's meals in the pilot NI Nutrition Award [1]:

- Does at least half of the children's menu offer healthier options? (score range: 0-2)
- Is a lower fat alternative to fried chipped/roasted potato products always available on the children's menu such as, baked potato, mashed potato, dry roasted potatoes, pasta or rice? (score range: 0-3)
- Is there at least one other vegetable option on the menu other than tinned baked beans? (score range: 0-3)
- Is fruit or yoghurt available as a dessert option on the children's menu? (score range: 0-2)
- Are milk and water available as drinks? (score range: 0-2)
- Are appropriately priced half portions of healthier adult meals available? (score range: 0-3)

Achievable menu scores ranged from 0-15 points, with fifteen representing the highest possible score.

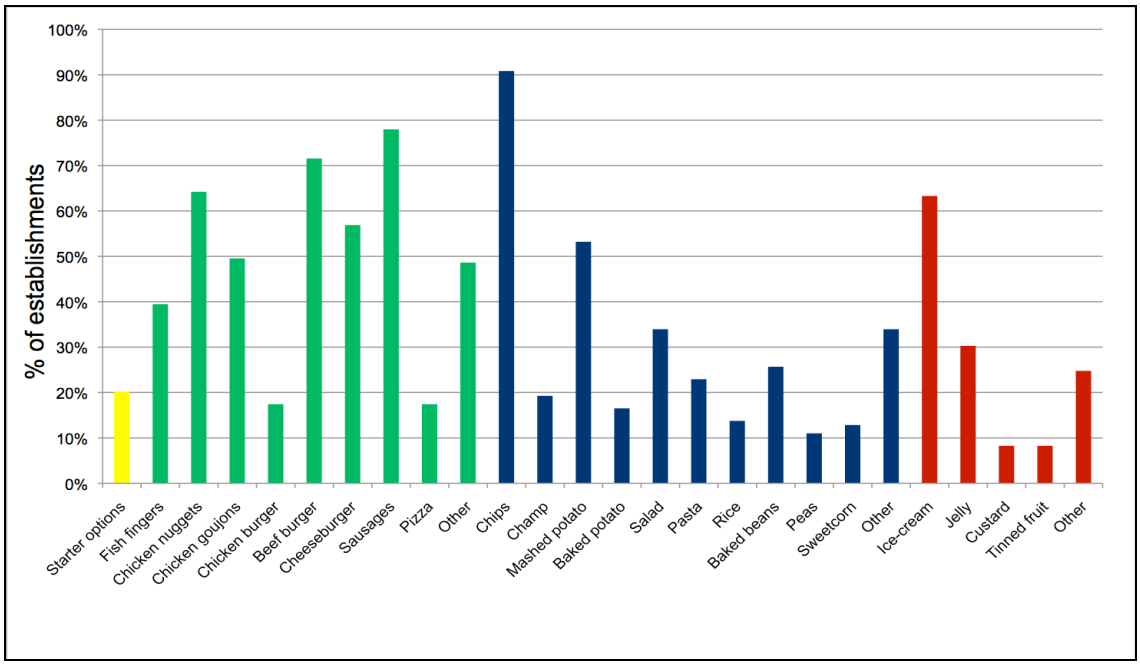
Results

Range of children's menu options available

Information on children's menus acquired via survey with caterers

Of the 180 caterers surveyed, 173 (96 per cent) reported that they had a separate children's menu or that children could order smaller portions from the main menu. Separate children's menus were provided in 76 per cent of establishments, mainly for children under 12. The options available within the children's menu are shown in Figure 2. One-quarter of establishments offer starter options, half offer dessert options and just under half (48 per cent) offer 5-8 main course options with sausages, beef burgers and chicken nuggets being the top three most widely available main courses.

Figure 2 Foods available on the children's menu (Island of Ireland n=109)*



*Not all establishments were willing to provide this information

Analysis of acquired children's menus

Of the 106 children's menus obtained, the scoring system found that:

- In general, children's menus offered a limited range of food and drink choices for children.
- Almost one-third didn't provide alternative main course options to; fish fingers/battered fish, chicken nuggets/goujons, chicken/beef/cheese burgers, sausages, pasties and pizza.
- Healthier menu options were also limited, as indicated by the low average healthier option score achieved (3.9 (SD3.3)/15). No establishment scored above 12/15.
- Around 40 per cent of all establishments exclusively provided chips with their main meal and the availability of lower fat alternative to chips (e.g. mashed potato, pasta, rice) was limited. Only 42 per cent of sampled menus listed vegetables.
- Overall, establishments scored lowest in criteria 3 (vegetable options) and highest in criteria 5 (healthier drinks).
- Establishments in ROI scored significantly higher for providing fruit and yoghurt options and half portions (criteria 6; P=0.032) than establishments in NI, but total scores were not significantly different (ROI 4.13 (SD3.20); NI 3.43 (SD3.43); P=0.305).

- Fast food establishments provided fewer healthier children's options and achieved a significantly (P<0.01) lower healthy option score (1.4 (SD1.9)), compared to restaurants (4.3 (SD3.3)), pubs (4.5 (SD2.9)) and cafés/sandwich shops (5.9 (SD3.6)). Refer to Table 3 for full table of results.

Results from the menu scoring system should be interpreted with caution, as the sample of children's menus obtained may not have been fully representative of establishments located within various regions of ROI, even though it closely reflected the original representative sample in terms of establishment location (country) and type.

Table 3 Healthy option menu score for children's menus across NI and ROI

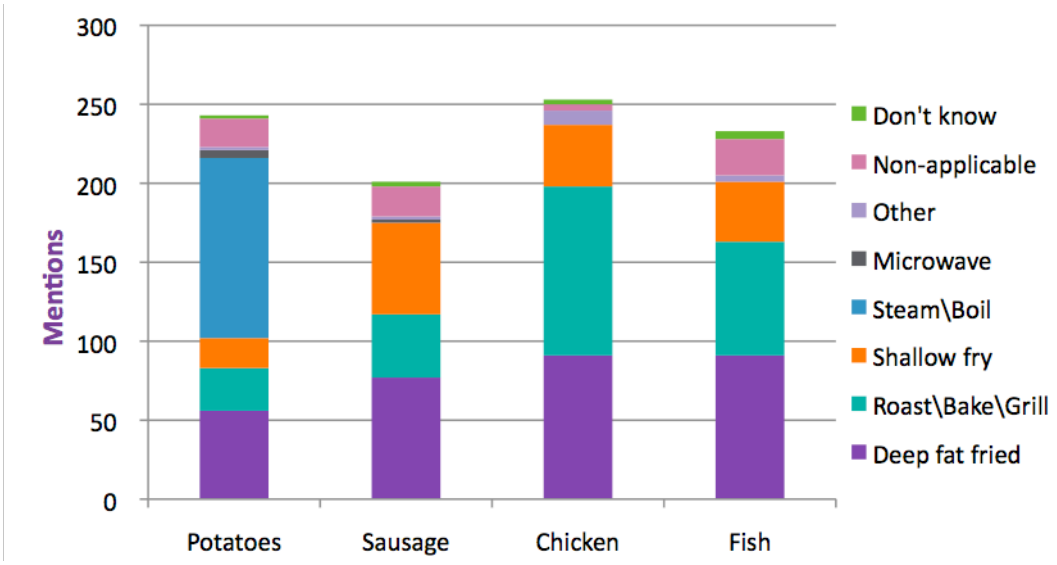
Criteria (score range)	All (n=106) Mean (SD)	NI (n=35) Mean (SD)	ROI (n=71) Mean (SD)	p. value
1. Healthy options (0-2)	0.54 (0.73)	0.40 (0.65)	0.61 (0.76)	0.17
2. Lower fat alternative to chips (0-3)	0.87 (1.12)	0.91 (1.07)	0.85 (1.15)	0.77
3. Vegetable options (0-3)	0.18 (0.44)	0.14 (0.43)	0.21 (0.44)	0.45
4. Fruit and yoghurt options (0-2)	0.42 (0.69)	0.23 (0.60)	0.51 (0.71)	0.038
5. Healthy drink option (0-2)	1.33 (1.30)	1.46 (1.4)	1.27 (1.3)	0.48
6. Half options available from main menu (0-3)	0.56 (1.01)	0.29 (0.79)	0.69 (1.09)	0.032
Total	3.90 (3.28)	3.43 (3.43)	4.13 (3.20)	0.30

Practices of eating-out establishments

Two-thirds (64 per cent) of respondents reported that they provide healthier options for children, but only 27 per cent reported actively promoting these.

Most establishments surveyed (71 per cent) reported making their food on the premises and Figure 3 illustrates the cooking methods used. Deep fat frying was the most common cooking method for sausages, chicken and fish, while 35 per cent of establishments reported seasoning their food with salt. The majority of establishments use the same portion sizes for all ages of children and have a set price for all options provided.

Figure 3 Cooking methods for foods provided on the children's menu and the smaller portions available from main menu



A small proportion of respondents (eight per cent) were found to provide nutritional information such as the amount of calories, total fat, saturated fat and sugars on their menus and seven per cent provided information on salt. 37 per cent provided information on vegetarian choices and peanut, coeliac and milk intolerances.

Approximately half indicated that they would like more support in obtaining dietary information for their menu, while in 29 and 12 per cent of establishments, staff had some nutritional training or had taken part in healthy eating initiatives respectively.

Caterers' attitudes towards healthier children's options and childhood obesity

The majority of caterers (84 per cent) agreed that providing healthy food to children is important and that it is partly their responsibility (46 per cent). However, they strongly consider that the main

responsibility lies with the parent. Nearly two-thirds of respondents state that they would be likely to provide healthier food options for children and 32 per cent reported that, in the last year, they had made changes to their menu in light of recent concern about children's diets. These reported changes include offering more vegetables, pasta or adding salad options.

Caterers' attitudes towards childhood obesity were similar across the IOI. Respondents agreed (80 per cent) that they have a role to play in helping to prevent childhood obesity and considered they are now under greater pressure from government (65 per cent) and parents (61 per cent) to provide healthier food options for children.

Cost was not a major issue for caterers; over half of respondents disagreed that healthy food is more expensive and 76 per cent agreed that it is possible to provide healthier cost effective choices for children.

Caterers' attitudes towards the appeal of healthier options was mixed with a third of respondents agreeing and 46 per cent disagreeing that healthy food is less appealing. However, the majority of caterers (79 per cent) agreed that they would provide healthy choices if the demand was greater. Refer to Table 4 for more information.

Table 4 Mean score from attitudinal questions

Attitudinal statement	Mean score / 5*
It is not our responsibility to provide more nutritious food for children	2.85
It is the responsibility of parents to ensure children choose more healthy foods	4.50
Healthier food is more costly	2.55
Healthier food is less appealing to customers	2.75
It is possible to provide healthier choices for children which are cost effective	4.04
Healthier choices would be provided if the demand was greater	4.27
Providing healthy food to children is important to us	4.32
It is important for the catering industry to help prevent childhood obesity	4.28
Pressure from parents to provide healthy food has increased	3.58
Pressure from the media/government to provide healthy food has increased	3.77
There has been a better uptake of healthier options than less healthy options	3.55
Having a children's menu has helped us increase our family customer base	3.59
Having a children's menu could help us increase our family customer base	4.22

**5; strongly agree, 4; agree, 3; neither agree nor disagree, 2; disagree, 1; strongly disagree*

Regional differences

Few regional differences were found. NI eating establishments were more likely to provide standardised portions for children and have provided more menu options in the last year, in light of recent interest and concern about children's diets. ROI eating establishments were more likely to rely on the food servers' judgement to estimate appropriate portion sizes, while they were also more likely to agree that it is possible to provide healthier choices for children which are also cost effective.

It was also found that half portions were often not available, particularly in NI eating establishments. This regional difference may at least be partly due to a joint health initiative from the Restaurants Association of Ireland and Nutrition and Health Foundation called 'Kids Size Me', which was set up in ROI in 2010 to encourage the provision of half-size portions of meals from the regular menu [109].

Establishment differences

Hotel restaurants were most likely to provide healthier options for children when compared to other establishments and were also found to:

- consider the children's menu important and actively promote it
- have made changes to their menu or cooking methods over the last year to make them healthy
- make food on the premises
- use healthier cooking methods.

Respondents from hotel establishments were also more likely to consider that cost was not a limiting factor in providing healthier children's options and disagreed that healthy food is less appealing to customers.

Establishments not providing healthier options for children were more likely to be fast food outlets, who were found to have a children's menu but a limited range of menu options for children. Respondents from fast food establishments were also more likely to:

- consider the children's menu unimportant
- use less healthy cooking methods
- have made no positive changes to their menu or cooking methods over the last year
- consider that healthier options would not sell well, while also having little interest in providing healthier options in the future
- display nutritional information at point-of-sale and have staff who have some nutritional training.

6 The parental perspective

Twenty-four focus groups were held to explore all aspects of parents/guardians feelings, aspirations, expectations, anxieties and frustrations as they relate to choosing meals for children when eating outside the home. Focus Groups lasted 60-90 minutes and discussion was led using a topic guide covering the following areas:

- Why do families eat out?
- What factors affect parents' choice of eating-out location?
- What factors do parents perceive influence their child's food choice?
- Responsibility for childhood obesity
- What barriers exist for children making healthy choices while eating-out?
- What strategies could be implemented to support children in making healthy choices while eating-out?
- How have eating-out patterns changed over time?

Results

Key factors driving parents' decision to eat-out were 'treat' and 'time and convenience'

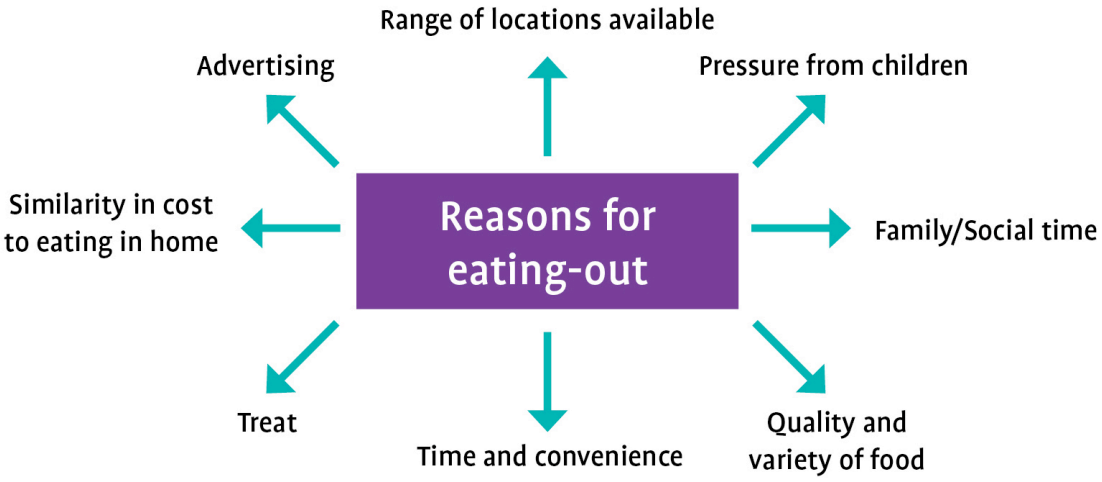
The decision to eat out is most often initiated by the parent with 'treat', and 'time and convenience' being the strongest deciding factors. Parents considered eating-out as a treat; perhaps as a result of experiencing very few eating-out occasions themselves while growing up. Closely associated with this, parents reported that due to busy lifestyles, eating-out was an easy and convenient option.

> *'It's time... What's the easiest to do, put on a pot of pasta or just fly down to the nearest whatever take away' - Limerick C2DE*

In addition to these factors, parents considered that, given the number of special offers and deals now available, the cost of eating-out had become more comparable to eating in the home. Refer to Figure 4 for more reasons why parents choose to eat out.

'If you were going to Tesco's or something and buy a packet of burgers and baps and something else it works out almost cheaper just to take them to McDonalds' – Ballymena

Figure 4 Why do families eat out?



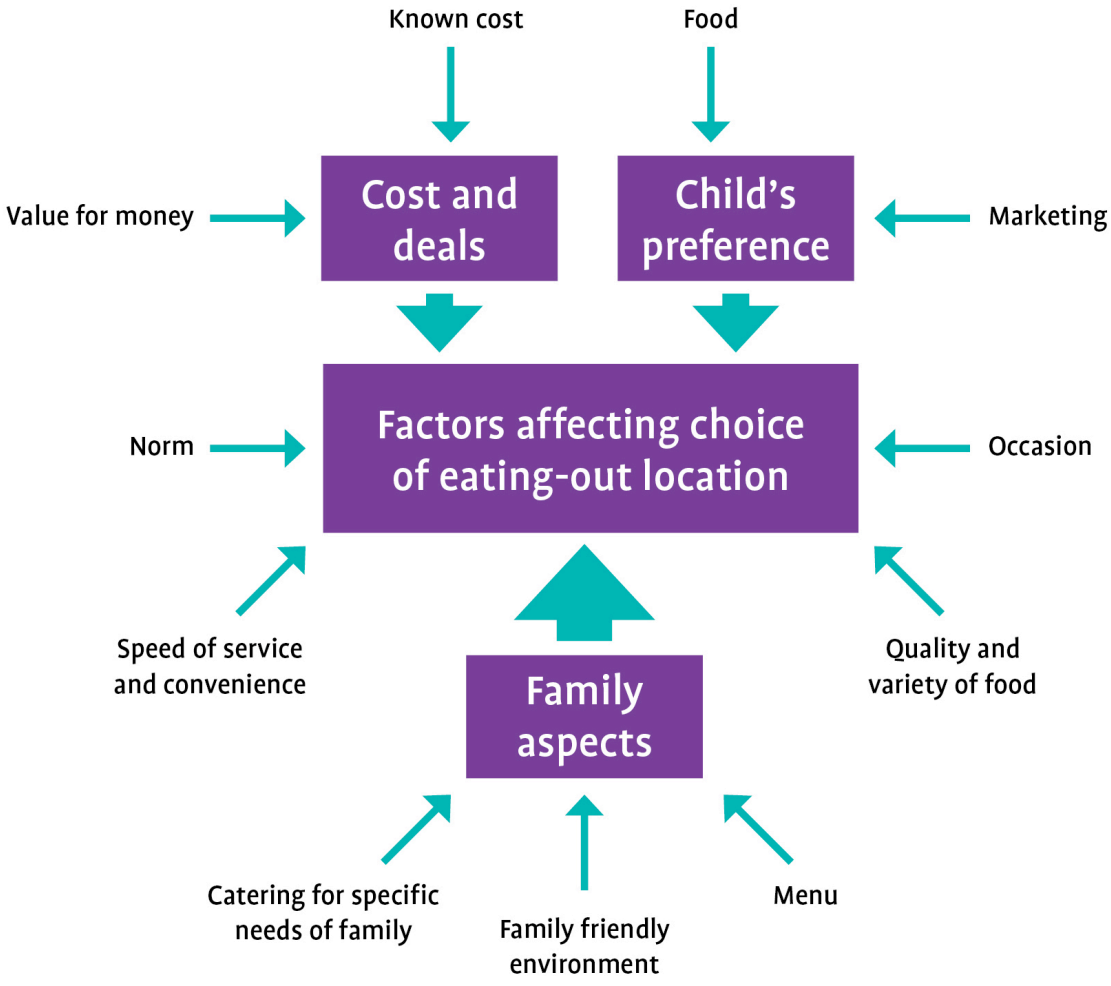
The choice of eating out location was driven by the 'perceived cost/deals available' and how 'family-friendly' parents considered the establishment to be

The cost and perceived enjoyment of the eating-out occasion were the primary factors affecting the choice of eating-out location. Parents reported compromising on the quality of food for themselves to ensure their child was happy and catered for, thus reducing parental stress. In particular, parents reported a strong preference for deals where there was a 'known' cost, e.g. family eats for €20 or

where 'kids eat free', as this was seen to represent good value for money and also less stress for the parent if the child doesn't eat. Refer to Figure 5 for more factors influencing parents' choice of eating-out location.

'And you don't feel guilty if they don't eat (child free deal)' – Dublin

Figure 5 Factors which influence parents' choice of eating-out location



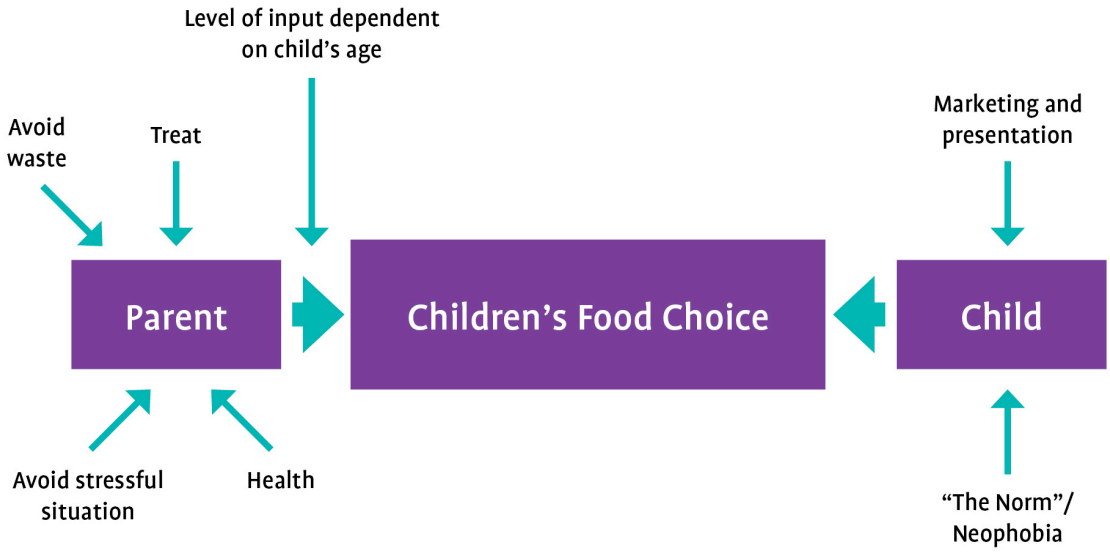
Marketing and presentation are key in determining child's food choice

Parents considered that they had little input into their child's food choice decision and in many cases, particularly with regards to older children, the child had full control. Marketing and the presentation of the food were found to be key factors in younger children's food choice decision and children tended to choose foods which they associated with a particular establishment (e.g. Happy Meals in McDonalds, pizza in Luigi's) and foods they knew they would enjoy.

'They will eat the food but it is the toy' – Dublin

As previously mentioned, parents viewed the eating-out occasion as a treat and therefore encouraged children to make their own food choice decision. This also allowed the parent to avoid a stressful situation with the child while eating-out. However, parents did report trying to influence their child to make small compromises in their meal choice decision to improve the healthiness of the meal, e.g. juice rather than a fizzy drink, fish fingers rather than chicken nuggets, ordering chips and potatoes to share. Factors which influence parents and child's food choice when eating-out are presented in Figure 6.

Figure 6 Factors which influence parents and child's food choice when eating-out



Barriers and strategies to support children in making healthy choices while eating-out

Many parents felt that healthy eating was not a consideration when eating-out, as it was a treat and did not contribute significantly to their children's diet. They believed that children's menus often did not offer healthier options, were lower in quality and limited in variety. Parents reported not always being convinced of the perceived 'healthiness' of 'healthier' options. Moreover, parents often perceived the 'healthier' option as not being good value for money.

'It is only salad leaves and it is €9, and I know in half an hour she's going to be starving'' – Dublin

Neophobia, or the fear of trying new foods (including known foods presented in a different manner), was discussed, particularly in relation to younger children, while parents considered their older children to be slightly more adventurous.

Parents felt eating-out establishments needed to make more effort with regard to supporting children in making healthier choices while eating-out by;

- Providing acceptable healthier options, half portions and vegetables as part of children's meals
- Using healthier cooking methods
- Using current marketing techniques directed at children in relation to healthier options, e.g. use of a toy, appealing packaging.

Responsibility for childhood obesity

Parents believed the main responsibility in preventing childhood obesity lies with the parents themselves but admit they needed to be more proactive in this role. It was generally believed that, while it is not the establishment's responsibility, they do have a role to play.

'I think it firmly (responsibility for childhood obesity) rests at home to be honest' – Ballymena

The school environment is the children's principal source of information about healthy foods and this information does appear to be passed on to parents. Healthy eating policies were frequently discussed by parents and they particularly liked the 'Food Dudes[2]' campaign which had been introduced in many schools in ROI. They felt that children complied with the healthy eating policies in school and therefore less effort was needed in the home with regards to healthy eating.

How have eating-out patterns changed over time?

General changes

Parents consistently reported very few eating-out occasions while they were growing up and, as a result, still regarded eating-out as a treat. In the case of their children, eating-out occurred so frequently that they did not hold this perception.

'Every day is a treat for kids nowadays. It's totally changed from when I was a child' – Limerick

Changes caused by the recession

Parents reported that economic stress had forced a change in potential behaviour and attitudes while eating outside the home. They reported a change in eating-out location, rather than a reduced number of eating-out occasions and fast food establishments, takeaways and early birds have become more popular. The main reasons for this were:

[2] Food Dudes is an incentive programme in schools in ROI encouraging children to try new fruit and vegetables.

- Deals and special offers available
- Perceived comparability of cost to eating in the home
- Reduced parental stress as less money was wasted if child did not eat.

Strategies to cut costs and ensure value for money while eating-out included:

- Avoiding inevitable additional costs (e.g. drinks, desserts) by ordering water/diluting juice, stopping on the way home for a dessert or taking foods home
- Encouraging child to make their own food choice decision or guiding them to an option they will eat to avoid waste, while also encouraging child to 'clean their plate'
- Limiting coercion of healthier options as they may not be accepted or fill the child up
- Choosing establishments that offer large portion sizes.

Priorities of 'value for money' and 'reducing food wastage' overshadowed nutritional considerations while eating-out.

7 The child's perspectives

Forty-eight friendship pair discussions were held to investigate the attitudes of children to food and eating occasions outside the home. The following were the main discussion topics developed by the research team:

- Where they like to eat outside the home and why?
- Do their parents/ guardians choose their food for them?
- Perceptions and knowledge of healthy food choices.

To facilitate further discussion, children were asked to play a game which involved looking at a variety of foods from various food groups and selecting foods they prefer and the foods they considered 'healthier'.

Results

Where children eat out

Younger children were more likely to mention franchise fast food establishments such as McDonalds or KFC as places where they eat-out. Older children (age >11 years) mentioned local restaurants when eating-out with family, and franchise fast food and takeaways when eating-out with friends.

Food choice decision

Children reported making their own food choice decisions while eating-out but that parents do not allow them to order something that is too expensive or will be wasted through not being eaten. They talked most frequently about 'taste' in relation to their food choice decision but other factors affecting choice included neophobia, health and value for money. For example, many children reported ordering the same food as they know they like them.

'I always get the same thing in case I order something and don't like it' – Belfast, 11-12 years, boys

Most children tended to order off the children's menu, while some reported ordering off the adult menu because the foods they wanted were not available on the children's menu. Children also liked the option of having a half portion as it increased the variety of foods offered to them.

Perceptions and knowledge of healthy food choices

School played an important role in educating children about food and health. Children recalled 'Food Dudes', the 'Food Pyramid', and the 'Eatwell Plate[3]' and talked about food groups they had learned about in school. Health was viewed by children in terms of having energy, not being 'fat' or sick and having good teeth.

'If you eat more veg then you get healthier, if you don't eat healthy you'll get sick and die' – Sligo, age 6, boys,

Fruit and vegetables, and, milk and water, were considered 'healthy foods' by all age groups, and this extended to any food which contained fruit or vegetables or had them in their name, e.g. fruit shoot, tomato sauce. All children categorised foods as 'good' or 'bad' but only older children were able to offer an explanation as to why, e.g. milk contains calcium which is good for bones and teeth. Children often found it easier to remember negative food messages, e.g. 'has sugar in it'.

[3] The Food Pyramid and Eatwell Plate are dietary guidelines in ROI and NI respectively.

8 Discussion and Conclusion

This is one of the first projects from the IOI to provide a 360° perspective on family eating-out occasions. It explores caterers, parents/guardians and children's perspectives, while also investigating the range of options available for children while eating outside the home.

The research found that, in general, children's menus offered a limited range of food and drink choices and this was also reinforced during discussions with parents and children. In light of the lack of general children's menu options, it was perhaps not surprising that the provision of healthier options was also limited, as indicated by the low healthier option scores assigned. Research supports this finding with Krukowski *et al.,* and Saelens *at al.,* reporting the provision of at least one healthier option on only 13 per cent and 47 per cent of children's menus in the US respectively [110, 111]. In this study, eating establishments scored lowest for the inclusion of a vegetable option and parents consistently reported that they would like to see more vegetables included as standard within children's menus. These findings concur with previous findings from ROI from 2003, which may indicate that little improvements have been made to children's menus in recent years [112].

Two-thirds of caterers reported that they provide healthier options for children, but only a minority (27 per cent) actively promote these. Attitudes towards the appeal of healthier options was mixed, however the majority of caterers (79 per cent) agreed that they would provide healthy choices if the demand was greater. It is reassuring to note that establishments which did provide healthier options, considered that their appeal and uptake was similar to less healthy options.

'Treat' and 'time and convenience' were the main factors driving the parents' decision to eat out. In addition to these, parents considered that, given the number of special offers and deals now available, the cost of eating-out had become more comparable to eating in the home. Cost was also found to be a major determinant when choosing the eating-out location, for example, parents reported a strong preference for deals where there was a 'known' cost, i.e. family eats for €20.

While cost was found to be a major determinant in the parents' decision to eat out and choice of eating out location, it was not identified as a major constraint for caterers in the provision of healthy foods for children, but rather consumer acceptability.

Both parents and children consider that the child's food choice while eating-out is decided primarily by the child, which concurs with previous research in UK and ROI children, indicating that children have much more control over their food choice decisions, while eating-out than they do at home [113,

114]. Parents are only likely to intervene in the decision if they consider that the child is selecting a meal that is not value for money or that they will not eat (to avoid food wastage). Children talked about 'taste' in relation to their food choice decision, while parents consider their children's food choice decisions are heavily driven by the 'presentation' and 'marketing' of food. Eating-out decisions have been shown to be strongly linked to marketing strategies such as toys and colouring among younger Welsh children [114]. Furthermore, children in NI and England considered that the appeal and packaging of less healthy food was a barrier to healthier food choices [115]. These findings highlight potential mechanisms for promoting healthier options for children and also the importance of focusing these promotions not only at the parent but also the child.

Both parents and caterers strongly agreed that parents had the main responsibility for preventing childhood obesity. However, parents felt that eating establishments had a key role to play and would like to be supported in encouraging their child to make healthier food choices, a finding which has previously been reported within a UK Catering for Health review [116].

The school environment and associated healthy-eating policies were generally viewed positively by parents and have resulted in an increased awareness of health in both children and their parents. Healthy eating policies were frequently discussed by parents and children, and 71 per cent of all nutrition policies reviewed addressed school food provision. For the majority of children, this nutritional awareness was not a major factor in food choice decisions. However, some parents of older girls (>10 years) did report that increased awareness of body image and peer pressure affected their child's food choice decisions. This has been shown previously in children from ROI and Fitzgerald *et al*. 2010 found that children's food preferences override their nutritional knowledge when making decisions about food, but that links were made by adolescents between food and image [113]. Findings also showed that fast food was perceived by adolescents as having negative consequences for appearance [113].

Conclusion

Overall, findings within this work indicate that further efforts are needed across the IOI to improve the quality of children's food choices while eating outside the home. It was encouraging that many parents and caterers indicated a willingness to make necessary changes, however both highlighted the need for support. In particular, changes are needed with regards to the incorporation of the eating outside the home sector into nutritional policies, and the training of caterers in the provision of cost effective healthier options which are acceptable to children and which will not detract from the overall enjoyment of the eating-out occasion. To parents, eating outside the home is perceived as a treat and is convenient. The balance of these aspects and nutritional factors also needs to be considered. This work has provided an evidence base of strategies which can be employed to support families with children to consider healthier food options outside the home.

9 Recommendations

It was encouraging to find that many parents and caterers indicated a willingness to make necessary changes to improve the healthiness of children's diets when eating outside the home. Below are a number of recommendations that can be made following the results of this study. It is important to bear in mind that, because parents view eating-out primarily as a treat, any proposed changes must ensure that it does not affect the overall enjoyment of the eating-out occasion.

Key messages for policy makers

- Develop effective nutrition policies which include the family eating-out sector and outline the responsible body to co-ordinate implementation and monitor adherence: This research showed little evidence that this sector was included in many nutrition policies nationally or internationally and, when included, was done so at a minimal level. Inclusion of this sector at a policy level highlights its importance and is likely to influence action in the area.
- Support caterers in providing nutritional information for their menus: Pilot programmes in both NI and ROI were underway at the time this report was published to provide calorie information at point of purchase. This information may be helpful for parents in guiding children towards healthier choices.

Key messages for catering industry

Caterers can help provide an environment where the healthier choice is made more accessible for parents and children, yet keeping the occasion feeling like a treat:

- Encourage caterers to provide healthy options which are acceptable to children: Parents discussed strategies whereby eating-out establishments could support them in encouraging their children to make healthier choices when eating-out;

    - Provision of half portions from the main menu
    - Inclusion of (more) vegetables in children's menu

  - Provision of healthier alternatives to chips
  - Using healthier cooking methods.
- Actively promote healthy options: use current marketing techniques directed at children to encourage selection of healthier options, e.g. use of a toy, appealing packaging.

While these suggested changes may require additional effort and, in some cases, additional resources, caterers need to be assured that it could have a positive impact on their eating establishment's family customer base. Findings from the current work showed that parents are more likely to frequent an establishment which caters for the needs of their family, and where they know their child is likely to select a healthier option without coercion. Furthermore, results indicated that eating establishments which do offer healthier options find they are cost effective and that uptake is good.

Key messages for parents

- Support and guide children in making healthier choices: in this research children were aware that they had the primary say in what they ate, but were often aware of what they'd be allowed and not allowed.
- Ask for healthier options at establishments that you regularly go to: caterers reported that if there was greater demand that they would make changes.

Appendices

Appendix 1

Table 5 Assessment of nutrition policies using WHO criteria for eating outside the home

Country	Includes children's food	Advertising regulations for children	Cost strategies for healthier foods	Catering sector as stakeholder	Family eating-out sector as stakeholder	Includes catering sector in policy	Includes family eating-out sector in policy	Total Criteria Met (n=7 (%))
Australia (n=1) [47]	√	-	√	-	-	-	√	3 (43)
Canada (n=1) [48-53]	√	√	√	√	-	√	√	6 (86)
European Union (n=23)								
Albania [54]	-	-	-	-	-	-	-	0
Armenia [55]	-	-	-	-	-	-	-	0
Austria [56]	-	-	-	-	-	-	-	0
Belarus [57]	-	-	-	-	-	-	-	0
Belgium [58]	√	√	-	-	-	√	√	4 (57)
Bulgaria [59]	√	-	-	-	-	√	-	2 (29)
Denmark [60, 61]	√	√	-	-	-	√	-	3 (43)

Estonia [62]	√	-	-	-	-	√	-	2 (29)
Finland [63, 64]	√	-	√	-	-	√	√	4 (57)
France [65]	√	√	-	√	-	√	√	5 (71)
Greece [66]	-	-	-	-	-	-	-	0
Hungary [67, 68]	√	-	-	-	-	√	√	3 (43)
Iceland [69, 70]	√	-	√	-	-	√	√	4 (57)
Ireland [71]	-	-	-	-	-	-	-	0
Netherlands [72, 73]	√	√	√	√	-	√	√	6 (86)
Norway [74, 80]	√	-	√	-	-	√	√	4 (57)
Portugal [75]	-	-	-	-	-	-	-	0
Russian Fed. [76]	-	-	-	√	√	√	√	4 (57)
Slovenia [77]	√	-	-	-	-	√	√	3 (43)
Spain [78]	√	√	-	√	√	√	√	6 (86)
Sweden [79]	√	√	-	-	-	√	√	4 (57)
Switzerland [81, 82]	√	√	-	-	-	-	-	2 (29)

UK [83]	√	√	-	-	-	√	-	
United States (n=7)								
Colorado [85-87]	√	√	-	√	√	√	√	6 (86)
Washington [88]	√	-	√	-	-	√	√	4 (57)
California [84, 89, 90, 92]	√	√	√	-	-	√	√	5 (71)
North Dakota [91, 94]	√	-	√	-	-	-	-	2 (29)
North Carolina [95-97]	√	-	√	-	-	√	√	4 (57)
Louisiana [98-101]	√	-	-	-	-	-	-	1 (14)
Mississippi [102-105]	√	-	-	-	-	√	√	3 (43)
Total (n=33)	24 (73)	11 (33)	10 (30)	6 (18)	3 (9)	21 (64)	18 (55)	

Table 6 Further assessment of nutrition policies that specifically included the family eating-out sector using WHO criteria for eating outside the home

Country	Provision of nutrition information	Training of staff in nutrition	Communication strategies	Monitoring and evaluation structures	Total Criteria Met (n=4(%))
Australia (n=1)	-	-	-	-	0
Canada (n=1) [52]	-	-	-	-	0
European Union (n=23)*					
Belgium [58]	√	√	-	-	2 (50)
Finland [63, 64]	√	√	√	-	3 (75)
France [65]	√	-	-	-	1 (25)
Hungary [68]	√	√	√	-	3 (75)
Iceland [69]	-	-	-	-	0
Netherlands [72, 73]	-	√	√	-	2 (50)
Norway [74, 80]	-	-	-	-	0
Russian Fed. [76]	-	-	√	-	1 (25)
Slovenia [77]	√	√	-	√	3 (75)

Spain [78]	√	-	-	-	1 (25)
Sweden [79]	√	√	√	-	3 (75)
United States (n=7)					
Colorado [85-87]	√	√	√	√	4 (100)
Washington [88]	-	-	√	-	1 (25)
California [84, 89, 90, 92, 93]	√	-	√	-	2 (50)
North Carolina [95-97]	-	-	-	-	0
Mississippi [2-5]	-	-	√	-	1 (25)
Total					

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