



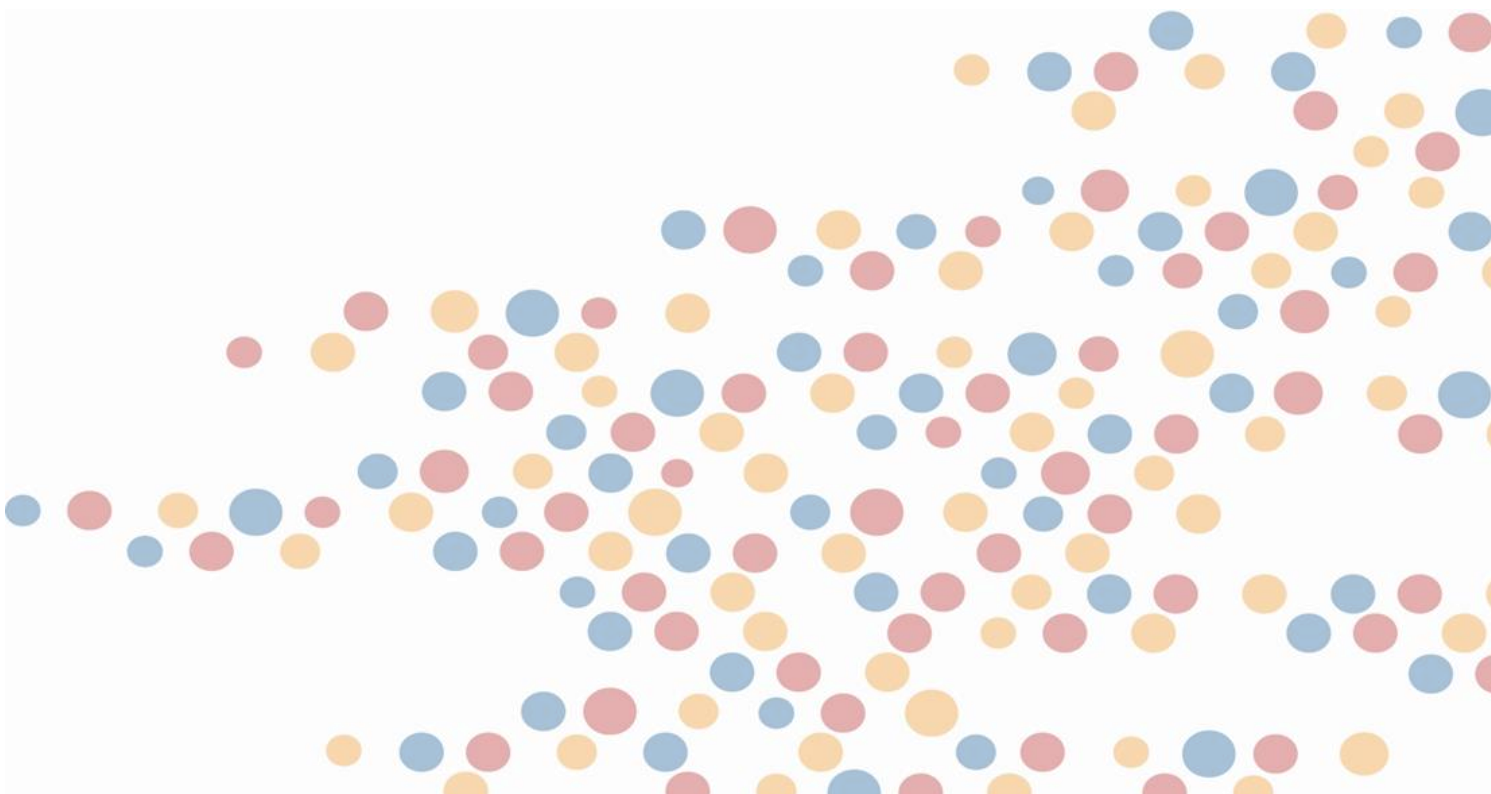
For safe food and
healthy eating



Food Standards Scotland

Out of Home Calorie Labelling
and Children's Menu Research
with those Experiencing Socio-
Economic Disadvantage

4th February 2022



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EXECUTIVE SUMMARY

Introduction

The JRS Research Consortium (JRS) was commissioned by Food Standards Scotland (FSS) to undertake research to help understand attitudes to three policies that are being recommended for implementation to the Scottish Government. All three policies are designed to encourage and support healthier diets across the population of Scotland when they are out of home (OOH). The first policy would involve the mandatory inclusion of calorie information at point of choice in venues that sell food and non-alcoholic drinks OOH¹. The second policy would involve the mandatory inclusion of calorie information at point of choice in venues that sell alcoholic drinks OOH. The third policy is a proposed voluntary scheme requiring the signing up and adherence to a code of practice for children's menus amongst OOH food selling businesses. This research focused on the attitudes of those experiencing socio-economic disadvantage across the population living in Scotland.

Methodology and Sample

The research was carried out using a qualitative research approach, involving three elements: a homework exercise for all respondents (requiring the completion of a short self completion profiling questionnaire); 12 one to one online depth interviews; and 12 online group discussions. The fieldwork was undertaken between the 6th and 15th of October 2021. A total sample of 72 respondents was recruited for the research, all of whom either lived in a Scottish Index of Multiple Deprivation (SIMD) I or II community or were in the DE socio economic groups. The sample including a mix of males and females and was split into four lifestage segments- those under 30 years of age with no children at home, young families (with children aged under 13 years at home- all of whom stated they used children's menus when eating OOH), older families (with children between 13 and 18 years of age at home), and 50 year olds and older who have no children at home or only share their home with other adults.

Findings

Context- eating OOH amongst those in the more socio-economically disadvantaged segments of Scotland's population

The research indicated that those in the more socio-economically disadvantaged segments of the population living in Scotland are eating OOH approximately 28 times per month. The most regular form of eating OOH involved buying a snack (undertaken approximately 7 times per month on

¹ Throughout this report the term 'foods' will be used as an abbreviation for 'foods and non-alcoholic drinks'

average) and the least regular form of eating OOH involved having social meals with children (undertaken approximately 3 times per month). Regularity of eating OOH varied significantly by lifestage, with under 30 year old adults with no children at home eating OOH approximately 36 times per month on average, and over 50 year olds with no children at home eating out approximately 16 times per month on average.

On balance, while most respondents indicated that they really appreciate all that eating OOH can offer, many felt they would like to or 'should' eat OOH less often. This was primarily because they knew that eating OOH is more expensive than preparing food at home, eating OOH is less healthy than eating at home and eating OOH, because of its convenience, can lead to lethargy as it requires less effort.

Calorie information provision for food and non-alcoholic drinks in OOH venues

Respondents were generally positive about the policy. Stating that they were broadly familiar with calories, it was better to know than not know how many calories are in foods they eat and that the policy might motivate OOH businesses to innovate and take responsibility for the calories they sell. The research highlighted that those in the more socio-economically disadvantaged parts of Scotland's society feel the policy should be mandatory, with no exclusions or exceptions. In addition, it was agreed that calorie information should be presented in the same font and in the same place as price.

However, the research also highlighted that there would be a number of potential barriers to engagement with and use of calorie information that could be provided OOH:

- First, many respondents had a limited understanding of how calories could be used to manage a healthy diet, for example, most did not know what the recommended daily intake was.
- Some respondents felt that calories are not a good metric for helping manage a healthy diet in comparison to information about the content of other nutrients in foods.
- For some respondents the idea was dismissed on the basis that they do not use calories and that calories are only used by individuals on 'calorie controlled diets'.
- Finally, many respondents felt there could be better ways to enhance levels of healthy eating OOH, for example through use of QR codes to direct those with interest to calorie and nutrition information.

In addition, there were a number of general concerns about the policy:

- There was a perceived risk of highlighting calorie information to vulnerable people who have or are susceptible to eating disorders.
- Some felt the policy was too much of an imposition from government, that ultimately would impact freedom of choice and the scope for enjoyment of OOH eating experiences.
- It was felt there would be too much of a burden on businesses if they are required to work out calorie amounts for all the foods they sell and then to present this at point of choice.

Further to this, there were concerns expressed throughout the research about the impact of the policy on the most socio-economically disadvantaged parts of the population living in Scotland:

- It was felt that cost increases across OOH venues would be inevitable and that these might reduce the scope for less affluent people to enjoy OOH eating.
- Alongside the concern about increased costs was the perceived risk of jobs being lost across the OOH food industry.
- It was felt that the policy might lead to less affluent people being pressured to buy less healthy options if businesses promote these heavily to compensate for the requirement to add calorie information.
- There was a perceived risk that calorie information could be misunderstood or misused by those less knowledgeable and less well educated. This potentially leading to some looking for higher calorie options to 'fill up' or to some seeking out higher calorie items to get a sense of greater value.
- Finally, it was felt that some people in society, particularly those less well educated, might develop unhealthy eating patterns to compensate for high calorie intake when eating OOH.

Despite these concerns and barriers the research indicated that there is potential for the policy to impact and change behaviour, albeit, changes in behaviour are likely to happen only once the policy is fully embedded in society. To help with this process it was felt to be vital that an education programme be implemented. This, it was felt, would require three key elements:

- The population living in Scotland needs to be educated on why calorie information is being added OOH and how the policy will work. Only through this, it was believed, would there be wide reaching trust and credibility in the information provided.
- The population living in Scotland needs to be taught how calorie information can be used OOH in a positive way and by those who are not necessarily following a strict calorie controlled diet, and by those who feel that calorie information is of no value unless it is accompanied by

nutrition information. As part of this, it needs to be clear how calorie information can be used to support a healthy balanced diet.

- Finally, it is expected that communications and education will be undertaken to ensure that those who are most vulnerable are not adversely affected. That is, work will need to be done to ensure that the provision of calorie information does not accentuate the risk of people in Scotland developing eating disorders.

Calorie information provision for alcoholic drinks in OOH venues

While some respondents felt that there could be value in providing calorie information on alcoholic drinks served OOH, most were doubtful that it would have any meaningful impact. This was primarily because it was believed there would be practical difficulties in implementing the policy- both on the basis that drinks menus are rarely used when buying alcohol OOH, especially in on-trade venues, and because the environment within these venues is typically very cluttered, meaning that it would be difficult to see calorie information.

Beyond this, investigations within the research showed that the vast majority of respondents currently overestimate the amount of calories in alcoholic drinks. As such, there was perceived to be a risk that adding calorie information at point of choice for alcoholic drinks might encourage increased consumption of alcohol.

Based on these findings, it will be important to undertake additional research into the potential impact of adding calorie information OOH at point of choice for alcoholic drinks. This research would ideally explore how calorie information can be presented OOH in off and on-trade businesses; and what would be the real impact and level of risk of increased drinking as a result of calorie information being provided for alcoholic drinks.

Children's menus code of practice

The research showed that children's menus are widely used and appreciated by parents of young children. They are broadly felt to give parents within the more socio-economically disadvantaged parts of society what they want- easy access to food and drink options that their children will eat and enjoy, at a good price. That said, parents were also widely critical of typical children's menus on the basis that they have limited choice, too much fried foods and not enough healthy options.

As such, parents in the research were widely supportive of the idea of a code of practice being introduced for children's menus. They also felt that a code of practice did have the potential to support parents and to ultimately encourage more healthy eating amongst children when OOH.

The draft code, as presented to respondents had a number of elements that were widely liked. These included the requirement for businesses: to review their current options and reduce fat, sugar and salt; to always provide non-fried food options; and to offer smaller portions from the adult menu. Parents were also supportive of the idea of more vegetable and fruit based options being offered, albeit it was felt that this would have to be done in a way that is appealing to children.

That said, it was felt that for the policy to work the draft code cannot limit or reduce choice, and the code cannot allow businesses to mis-represent the level of healthiness of their offering. So, for example, it will be important to encourage children to choose non-sugary drinks while not excluding the option of sugary drink entirely; and businesses should be required to not promote unhealthy foods to children, as well as to promote healthier foods.

1. INTRODUCTION

Food Standards Scotland (FSS) has long recognised the importance of working to improve the diets of people in Scotland when they eat and drink outside of the home. Between November 2018 and March 2019 FSS undertook a consultation on proposals to improve the Out of Home (OOH) eating environment for people in Scotland. Following this, proposals are being considered by FSS and the Scottish Government to implement three policies. That is:

- The requirement for OOH businesses that sell non-prepacked foods and non-alcoholic drinks to include calorie information at point of choice.
- The requirement for OOH businesses that sell alcoholic drinks to include calorie information at point of choice.
- The implementation of a voluntary code of practice for children's menus.

To help the development of these policies JRS was commissioned in September 2021 to undertake research specifically with people living in socio-economic disadvantage in relation to eating OOH and specifically to look at attitudes to these three proposed policies.

The broad definition of 'Eating Out of Home' used for the research was:

EATING DURING ANY TIME OF THE DAY AND FOR ANY PURPOSE- whether that be- breakfast, lunch, grabbing a snack, having a coffee and cake, or dinner:

Eating out in personal time on your own or with adults only- for a sit-down meal

e.g. when shopping or on a social occasion....in a restaurant, café or pub

Eating a meal when out for a social occasion with children

e.g. in leisure/soft play centers, fast food restaurants, other restaurants or cafés

Takeaway/ delivery food to eat at home

ordered over the phone or online

Buying a sit-down meal during a working day

in canteen or café or restaurant

Buying food and drink for a meal when eating on the go- that is not for 'sit-in' eating

e.g. buying a sandwich in a coffee shop or bakery

Buying a snack to eat when out of your home

e.g. from a café, a convenience store or vending machine

This report provides findings from the research undertaken.

2. RESEARCH OBJECTIVES

To assist in the decision making in relation to potentially implementing the core policies of calorie labelling OOH on food, calorie labelling OOH on alcoholic drinks, and the children's menus code of practice, this research sought to meet five key objectives:

- Understand more about how people living in socio-economic disadvantage are eating and drinking OOH
- Better understand the decision-making process in relation to buying food and drink in the OOH sector
 - o As part of this- explore the use of calorie information in the decision making process
- Better understand attitudes to the inclusion of calories at point of choice in the OOH environment
 - o And the potential impact of calorie information being provided
- Understand attitudes to and use of calorie information in relation to buying alcoholic drinks
 - o And from this, how the addition of calorie information at point of choice might impact the decision-making process regarding alcohol consumption
- Understand more about how children's menus are used and how it is felt a code of practice can help children eat more healthily

3. METHODOLOGY

3.1 Approach

This work was carried out using a qualitative research approach, involving three elements: a homework exercise for all respondents (in the form of a short self-completion profiling questionnaire); 12 one to one depth interviews; and a series of 12 online group discussions. The fieldwork was undertaken between the 6th and 15th of October 2021.

- **All respondents undertook a Homework Exercise pre their interview:**
 - This involved the completion of a short, structured questionnaire that explored OOH food and drink consumption, the decision-making processes regarding eating OOH and, for parents of under 13yo children, use of children’s menus
 - Respondents completed and returned their homework exercises in advance of their interviews. As such, moderators were able to gain a broad understanding of OOH eating habits in advance of the more in-depth discussions.
- **A series of 12 one to one depth interviews**
 - The depths were held online via ZOOM (note- respondents were offered the option of being interviewed over the phone to ensure inclusiveness)
 - Interviews lasted approximately 60 minutes+
 - One to one depth interviews were used to gain a more intimate and personal perspective on eating OOH and attitudes to the relevant policies.
- **A series of 12 group discussions to allow debate and discussion**
 - All groups held online via ZOOM
 - Sessions lasted approximately 90 minutes
 - The group discussions were used to allow different perspectives to be heard by respondents and, from this, generate debate around the different attitudes held towards inclusion of calorie labelling OOH and a children’s menus code of practice.

Two research tools were designed for use in this work- the homework exercise and a topic guide to structure the depth and group interviews. To further support the interviews a set of showcards was generated that helped stimulate discussion. The research tools can be viewed in the appendices to this report.

All interviews were recorded to aid analysis. The recordings and moderators’ notes were then analysed using a three stage thematic analysis process. First individual interviewers undertook a

review of the data generated from their own interviews to identify key themes of relevance to the project. Following this, the moderator team undertook a stage of collective analysis where insights were compared around all the key themes. Finally, the team of moderators agreed the key conclusions based on all themes.

3.2 Sample

A total sample of 72 respondents was recruited for the research- all of whom completed their homework questionnaire. 56 respondents then attended one of the group discussions and 12 respondents were engaged in a one-to-one depth interview. Four respondents who were recruited to participate in one of the group discussions were unable to attend. All respondents were recruited by the JRS team of professional recruiters.

All respondents were recruited on the basis that they either lived in a Scottish Index of Multiple Deprivation (SIMD) I or II community (that is, Scotland's most deprived two quintile communities) or that they were in the DE socio economic groups. The sample for the research was then broadly divided by lifestage. This meant that adults across Scotland were interviewed either as: under 30 years of age with no children at home, young families (with children aged under 13 years at home), older families (with children between 13 and 18 years of age at home), or as 50 years of age and older who have no children at home or only share their home with other adults. All respondents within the young family lifestage sample were recruited on the basis that they used children's menus when eating OOH with their children.

To ensure full inclusiveness within the research:

- Quotas were set to ensure inclusion of minority ethnic respondents- a total of 7 minority ethnic respondents were included across the groups and depths
- Within the sample of parents and carers in young families
 - o 7 respondents were lone parents
 - o 8 respondents had 3 or more children living at home
- Respondents were recruited from around Scotland- living in urban and rural communities in the north, south, east, and west of the country
- All respondents who were not confident using the ZOOM online platform were offered assistance through the JRS ZOOM helpdesk or were given the opportunity to participate in a telephone depth interview as opposed to an online ZOOM interview
 - o Note- no respondents opted to be interviewed over the phone

- As per the research industry norm, all respondents were offered a financial incentive to motivate involvement in the study.

Exclusions across the whole sample:

To ensure the suitability of all respondents in relation to the objectives of the research two key 'exclusion' criteria were imposed on the sample:

- No individual was recruited if they stated that they (and their children for young family respondents) have very healthy diets; and stated that healthy eating is very important to them
- No individual was recruited if they worked in or had close family working in- media, marketing, or public health

Sample Plan:

56 respondents- 40 living in an SIMD I or II community; 16 were DE SEG not living in an SIMD I or II community			
Group 1 Under 30 No kids Males	Group 2 Under 30 No kids Females	Group 3 Under 30 No kids Males and Females Mix	Group 4 With kids 13-18 at home Males
Group 5 With kids 13-18 at home Females	Group 6 With kids 13-18 at home Males and Females Mix	Group 7 Older kids 18+ at home/ Empty Nesters/ No kids 50+ years Males	Group 8 Older kids 18+ at home/ Empty Nesters/ No kids 50+ years Females
Group 9 Older kids 18+ at home/ Empty Nesters/ No kids 50+ years Males and Females Mix	Group 10 With kids under 13 at home Males All use children's menus when eating OOH with kids	Group 11 With kids under 13 at home Females All use children's menus when eating OOH with kids	Group 12 With kids under 13 at home Males and Females Mix All use children's menus when eating OOH with kids
Additional Criteria Across Groups: <ul style="list-style-type: none"> - Groups 1 to 12- 6 minority ethnic respondents - Groups 10-12 (kid's menu interviews): <ul style="list-style-type: none"> o 7 respondents were lone parents (4 in groups 4, 5, 6) o 8 respondents with 3+ kids (5 in other groups) o 10 of 15 with oldest child being under 13yo - Groups 1 to 12- mix of urban and rural respondents from around Scotland- north, south, east and west 			

12 respondents- 6 living in an SIMD I or II community; 6 were DE SEG not living in an SIMD I or II community			
Depth 1 Under 30 No kids Male	Depth 2 Under 30 No kids Male	Depth 3 Under 30 No kids Females	Depth 4 With kids 13-18 at home Male
Depth 5 With kids 13-18 at home Female	Depth 6 Older kids 18+ at home/ Empty Nesters/ No kids 50+ years Male	Depth 7 Older kids 18+ at home/ Empty Nesters/ No kids 50+ years Female	Depth 8 Older kids 18+ at home/ Empty Nesters/ No kids 50+ years Female
Depth 9 With kids under 13 at home 3+ kids at home Male Use children's menus when eating OOH with kids	Depth 10 With kids under 13 at home 3+ kids at home Female Use children's menus when eating OOH with kids	Depth 11 With kids under 13 at home 1 or 2 kids at home Male Use children's menus when eating OOH with kids	Depth 12 With kids under 13 at home 1 or 2 kids at home Female Use children's menus when eating OOH with kids
Additional Criteria Across Depths: <ul style="list-style-type: none"> - Depths 1 to 12- 1 minority ethnic respondents - Depths 9-12 (kid's menu interviews) <ul style="list-style-type: none"> o 4 of 4 with oldest child being under 13yo - Depths 1 to 12- mix of urban and rural respondents from around Scotland- north, south, east and west 			

To further profile the sample, respondents were asked in their homework exercises to state how healthy a lifestyle they felt they had and to state how healthy they felt their diets were. Scales were used for both questions where 10 was noted as a very healthy lifestyle and diet and 1 was noted as very unhealthy. On average the sample gave scores of 5.46 out of 10 for 'healthy lifestyle' and 5.54 out of 10 for 'healthy diet'. Average scores relating to healthy lifestyle and diet were very similar across the whole sample of respondents, regardless of gender and lifestage.

4. MAIN FINDINGS

Key findings relating to the research objectives are detailed below. As findings from the homework exercise and the group and depth interviews complement each other, they are not considered separately, but addressed together. The main findings of the study are presented below in five sections:

- Eating OOH- a profile of behaviour
- The decision-making criteria used when choosing if and where to eat OOH, and what to eat and drink
- Attitudes to calorie information provision at point of choice OOH for food and non-alcoholic drinks
- Attitudes to calorie information provision at point of choice OOH for alcoholic drinks
- Attitudes to the idea of a code of practice for children's menus- from the perspective of parents of under 13 year old children who currently use children's menus

4.1 Eating OOH- a profile of behaviour

Eating OOH- a profile of behaviour- key findings

- The more socio-economically disadvantaged segments of the population living in Scotland are eating OOH approximately 28 times per month.
- The most regular form of eating OOH involved buying a snack (undertaken approximately seven times per month on average) and the least regular form of eating OOH involved having social meals with children (undertaken approximately three times per month).
- Regularity of eating OOH varied significantly by lifestage, with under 30 year old adults with no children at home eating OOH approximately 36 times per month on average, and over 50 year olds with no children at home eating out approximately 16 times per month on average.
- On balance, while most respondents indicated that they really appreciate all that eating OOH can offer, many felt they would like to or 'should' eat OOH less often. This was primarily because they knew that eating OOH is more expensive than preparing food at home, eating OOH is less healthy than eating at home and eating OOH can lead to lethargy as it requires less effort.

This section looks at regularity of eating OOH across each of the different types of eating opportunity. This topic was explored first through the homework exercise where respondents were asked to state

how often they eat OOH in each of the core types of eating OOH of relevance to this study. Following this, during the interviews, respondents were asked to provide more detail to their answers.

4.1.1 Regularity of eating out of home

Within the homework exercise, respondents were asked to state how often they eat OOH in each of the six categories (eating out socially with adults, eating out socially with children, takeaways and foods delivered to home, eating out during a break at work while sitting in, buying a meal to eat OOH while on the go, buying a snack). This was undertaken through use of a nine point scale (every day, a few times per week, about once per week, a few times per month, about once per month, less than once per month, a few times per year, less often, and never). To analyse these findings, respondents' responses were then allocated a score that gave a rough indication of how often they eat out per month. For example, those respondents who stated they buy a snack to eat when OOH 'every day' were recorded as eating out of home in this way 30 times per month and respondents who stated that they eat out on social occasions with adults 'about once per week' were recorded as doing this four times per month. Frequency for each type of eating out can then be added together to show, roughly, how often the sample eats OOH in any way. This system was used to make the process of responding easy for respondents within the scope of the research. That said, before looking at the results, two limitations to the research must be noted:

- The allocation of a score that extrapolates the amount of times eating out per month in each relevant way is based on a rough estimate
- Also, this research is based on a qualitative sample only

As a result of these limitations the findings outlined below should be regarded as indicative only.

Table 1 shows that, on average, the respondents eat OOH in any way once per day. The most regular type of eating OOH is buying a snack, which on average respondents stated they do nearly seven times per month. The least common type of eating OOH involved eating a meal when out for a social occasion with children- which was indicated to be undertaken approximately 3 times per month by those respondents who do, at least on occasions, eat out with children.

Table 1: Number of times eating OOH per month

BASE- 72 respondents who completed the homework exercise	Mean number of times eating OOH per month
Buying a snack to eat when out of your home (e.g. from a café, a convenience store or vending machine)	6.6 times per month
Buying food and drink for a meal when eating on the go- that is not for 'sit-in' eating (e.g. buying a sandwich in a coffee shop or bakery)	6.5 times per month
Takeaway/ delivery food to eat at home- ordered over the phone or online	5.1 times per month
Buying a sit-down meal during a working day (in canteen or café or restaurant)	3.4 times per month
Eating out in personal time on your own or with adults only- for a sit down meal (e.g. when shopping or on a social occasion....in a restaurant, café or pub)	3.4 times per month
Eating a meal when out for a social occasion with children e.g. in Leisure/soft play centres, fast food restaurants, drive-thru's, restaurants or cafés	3.1 times per month
NUMBER OF TIMES PER MONTH FOR ALL EATING OOH	28 times per month
NUMBER OF TIMES PER WEEK FOR ALL EATING OOH	7 times per week

4.1.2 Variations by Sub Group

The research indicated that those under 30 years of age and with no children at home are most likely to be eating out more regularly. For this segment of the sample, the average amount of eating out of home was 36 times per month- see Table 2 below.

Respondents with teen children at home were the next most regular eaters OOH- 30 times per month on average. Respondents in the young family lifestage (that is with children under 13 years old) indicated that they ate OOH in any way about 24 times per month. Older respondents (over 50 years of age and with no children at home) indicated they ate out least regularly. As Table 2 shows, this subgroup indicated that they ate out, on average, 16 times per month.

Table 2: Number of times eating OOH per month- BY SUBGROUP

	Total	Male	Female	Under 30 no kids	With kids under 13 yo and use children's menus	With kids 13-18	Older kids/empty nesters/ no kids 50+
NUMBER OF TIMES PER MONTH FOR ALL EATING OOH	28	27	29	36	24	30	16
Per week FOR ALL EATING OOH	7	7	7	9	6	7	4

4.1.3 Key themes revealed during the research- relating to each eating OOH occasion

Eating out in personal time on own or with adults only- for sit down meals

On average respondents indicated that they ate OOH on these occasions approximately three times per month. During discussions with respondents it was highlighted just how varied these occasions can be in terms of the reason for eating OOH, the locations chosen and the time of eating. All meals appear to be popular for eating OOH with others for at least some respondents- including social dinners and lunches, as well as meeting up for breakfast. Reasons for eating out in this way included special occasions, eating a meal as part of a social or activity day (including activities such as shopping and going to the cinema) and simply to catch up with friends and adult family members. Venues used for eating OOH, as may be expected, also varied significantly (including- fast food restaurants, cafés and restaurants with specific types of foods- Italian, Indian, general Asian).

Eating a meal when out for a social occasion with children

Parents and carers in the sample indicated that they ate out with their children approximately three times per month. The desire to 'treat' their children was clearly important for many respondents, with this desire increasing as a result of the pandemic lockdowns for some. These meals OOH with their children can be as standalone occasions or as part of days out (involving the cinema or other family occasions). In addition, it was noted that many lone parents who are sharing the caring responsibilities with another adult who does not live with them, appear to choose to take their children out for meals to ensure they have the most positive time possible while they are with their children.

In contrast, many parents appeared to be using eating OOH during occasions when they do not have time to prepare meals. This includes when they are taking their children to or picking them up from clubs and societies.

It was noted, however, that on many occasions parents and carers will choose not to eat with their children, instead preferring to feed their children then eat themselves later. This allowed the parents and carers to feed their children in places that they liked (e.g. soft play areas) but that did not serve food that they wanted themselves.

Parents appear to choose from a wide number of venues when eating out with their children. Often with the choice being left to the children. Not surprisingly, McDonalds, KFC and some other fast-food restaurants were the most popular for regular treats, along with soft play venues for the parents of

younger kids as part of days out. In addition, Brewer's Fayre type restaurants were mentioned as being popular for many respondents for weekend full family treats.

Takeaway/ delivery of food to eat at home

On average, respondents indicated that they ate takeaways/ deliveries five times per month, with most respondents reserving this type of eating OOH for dinner only. When asked in their homework exercise, a little over half the respondents indicated that they were eating takeaway/ deliveries more often than they did before the COVID19 pandemic. Only about one in five respondents indicated that they ate fewer takeaways/ deliveries compared to before the pandemic.

"In the pandemic my takeaways really ramped up...I felt like I deserved a treat, and I was sick of cooking day after day after day" (M, under 30yo no kids)

"I think for us it's become a bit of a norm to order takeaways. Over lockdown it's slipped from the weekend to two or three days a week as well. It's not healthy and the kids aren't seeing anything different." (M, children 13-18, 50-55, DE)

Two triggers appear to have led to this increase in use of takeaways over recent times. First, technological developments, in app form and through other online purchase options, have made it much easier to order food that can then be delivered or picked up. These developments, it was acknowledged by respondents, are being led by organisations such as Deliveroo and Just-Eat. That said, it was also noted that many restaurants that can be ordered from direct also offer easy online platforms to order food from. This has allowed the options available for takeaway/ delivery to have increased significantly. One notable and popular expansion to the options available for delivery is fast food venues, such as McDonalds and Greggs.

"It's far too easy to order from your phone" (F, With kids under 13yo, Single parent)

One further benefit of using organisations such as Deliveroo and Just-Eat that also leads to increased demand is the fact that food can now be ordered, not only across menus, but from different restaurants in the same delivery. This allows for all the tastes and desires of different members of a household to be satisfied. Further to this, the financial barrier, for some, to ordering via one of the main delivery apps was decreasing through introduction of initiatives such as the Deliveroo Plus Gold scheme that allows free deliveries for a membership fee of £7.99 per month.

The second key trigger that has led to the majority of respondents increasing the number of takeaways/ deliveries they are eating compared to before the pandemic was the habits formed over

the periods of lockdown and restrictions. These habits, it appears, were formed through appreciation of a range of benefits of having takeaways:

- Respondents talked about the boredom they experienced over the pandemic which, for some, led to an increased desire to buy takeaways/ deliveries as a treat and for fun.
- Some respondents talked about takeaways being ordered as a form of comfort eating that helped mask the stresses and frustrations linked with the pandemic.
- In addition to this, respondents talked about eating more takeaways over the pandemic to compensate for missing out on eating OOH in other ways.
- Many respondents talked about appreciating the convenience of takeaways as there is less washing up and minimal tidying up afterwards.
- In addition, it was noted by some respondents that even after the main restrictions of the pandemic were lifted, it remained difficult to be spontaneous when eating out as it has been necessary in many eating OOH venues, to pre-book tables. This has meant that having a takeaway is regarded as the lower hassle option.

Respondents acknowledged that the habits that have been formed through appreciation of these benefits of eating takeaways/ deliveries are difficult to break. Ultimately meaning that many respondents were still eating more takeaways than they were before the pandemic despite restrictions being eased.

"We always did a Thursday night takeaway, but we started doing this more during lockdown because of boredom...and I would like to do this less now, because we've just kept it up now they're going to their clubs and everything, and you don't have much time, so it's easy to order a takeaway or grab a burger. We still do Thursday night takeaway though because that's always been a thing. Sometimes we order a different takeaway for everyone." (F, With kids under 13yo)

"I've just got into the habit of ordering at least five days a week since the pandemic started. When I do a big shop for the week, I tend to eat it all too quickly. After getting Covid and isolating, I just got into the habit." (M, 50+, Unemployed, No kids)

A sit-down meal during a working day

Those who were working out of home indicated that they ate sit down meals during a break in their working day approximately three times per month on average. This type of eating OOH appeared to be most popular amongst those undertaking more manual work (such as in construction) and for those with canteens in their workplace. That said, this form of eating OOH appeared to be rare for most

respondents with the majority stating that they typically were more likely to have lunch OOH without sitting in a café or restaurant.

Buying and eating a meal when on the go- not 'sit in'

Buying a meal when on the go to be eaten while not 'sitting-in' was the second most common type of eating OOH (after grabbing a snack). On average, respondents indicated that they ate OOH in this way approximately six times a month. In relation to this project, which focuses on calorie labelling for non-prepacked foods, it should be noted that the default form of eating a meal on the go, for many respondents, was through meal-deals of pre-packaged foods. These appeared to be popular thanks to their ease, speed and value. That said, widening of the options available for eating OOH meals on the go appeared to have enhanced and potentially increased the popularity of eating OOH. In general, many businesses, including McDonalds, Greggs and Subway, alongside independent cafés, bakeries and delis are acknowledged to be marketing themselves very strongly as sellers of meals for on-the-go eating. In addition, the widespread expansion of drive-thrus appears to have also helped accessibility for this type of meal. In relation to this type of eating OOH, respondents also acknowledged that breakfast has joined lunch as a very popular occasion for grabbing a meal on the go, with many respondents talking about grabbing a breakfast roll on the way to work.

Buying a snack when OOH

Finally, the buying of a snack for eating OOH appears to be the most common form of eating OOH. On average respondents indicated that they do this type of eating OOH seven times per month. It was clear that this type of eating OOH has become entrenched in eating routines again as a result of the efforts of the food retail industry over many years. Two main examples of this were:

- The rise of the coffee culture which has amplified the desire to grab a snack on the go- either from a coffee shop or a vending machine. Respondents acknowledged that it is more typical to buy a coffee with a 'treat' e.g. a cake, crisps or chocolate rather than just on its own.
- The enhanced offering from petrol stations- respondents acknowledged that it is very uncommon to find a station that does not have a wide selection of savoury and sweet snacks.

4.1.4 General observations relating to OOH eating

The population of people living with socio-economic disadvantage in Scotland is clearly not homogenous. Specifically, there are significant differences by the individual and the subgroup in terms of how they eat OOH. Overall, it appears clear that there is demand for eating OOH at different times of day and for all eating needs. The research has suggested that there are a number of key variables

that impact the levels of eating OOH and the types of eating OOH undertaken. First lifestage is important- where levels of eating OOH range from young adults without children at home, who are eating OOH the most, to older people without children at home, who are eating OOH the least. Beyond this, other variables that influence levels of eating OOH include:

- If someone is working OOH there appear to be more opportunities and temptations to eating while on the go.
- Levels of interest and ability to cook- the less interest and ability in cooking the more it is likely that an individual will eat a lot OOH.
- Location- it was noted in the research that those living in more rural settings appeared to eat OOH less. This was typically because of the reduced access to OOH eating opportunities.

“I meet a friend once a week for breakfast at Wetherspoon’s....we get a full English and free refills of tea. It’s easier than trying to get out at night and we get peace for a good catch-up” (F, with kids 13yo and over)

When probed on how content they were with the amount they eat OOH the first reaction from most respondents was that they were happy with it. This was broadly because it provides a positive experience on the whole - being both enjoyable and easy. Beyond this, a few respondents stated that they would ideally want to eat OOH more, with some ‘light-heartedly’ suggesting that they would like to eat OOH ‘all the time’. For many, this attitude was borne out of a desire to compensate for being deprived of many eating OOH opportunities during the COVID19 pandemic. That said, some respondents did state that they ‘should be’ eating OOH less. There were three main reasons many respondents felt ‘guilty’ about their levels of eating OOH:

- It is recognised that eating OOH is more expensive than cooking.
- It is recognised that eating OOH is less healthy than cooking at home. This lack of perceived healthiness of eating OOH was primarily related to the amount of food that is eaten OOH and the amount of sugar, salt and fat in OOH foods and drinks.
- Overall, it was recognised, by many, that the convenience of eating OOH can lead to lethargy as it requires less effort. The ‘knock on’ consequence of this was recognised to be a loss of skills and confidence with cooking, alongside reduced levels of socialising.

“It’s our family time – we all enjoy eating out. I’d maybe like to have less takeaways though – we sometimes find ourselves having two a week, which we need to stop.” (F, With kids under 13yo)

“It’s good for everything, except the waistline!” (M, 50+, Empty Nester)

“The biggest downside is the cost.” (M, 50+, Retired, Empty Nester)

“It gets the kids used to bad habits” (F, With kids under 13yo, Ethnic minority)

Despite the apparent ‘guilt’ felt around eating OOH held by many respondents there were clearly a number of barriers to cutting down their amount of eating OOH. These were:

- Lack of cooking skills and experience- this was especially a barrier to cutting down OOH eating for younger respondents.
- Different requirements or tastes across the family which made cooking at home difficult and often wasteful.
- In addition, eating OOH is simply regarded as more enjoyable both as an experience and for the taste.
- Finally, eating OOH is regarded as very easy, and significantly less hassle than preparing food and clearing up after preparing a meal at home.

“We’d all like to eat healthier, but I really don’t mind if I’m out and eat something bad for me. Generally if you’re in a restaurant, you’ll push the boat out and not care too much about price” (M, 50+, Empty Nester)

4.2 The decision-making criteria used when choosing if and where to eat OOH and what to eat

The decision-making criteria used when choosing if and where to eat OOH and what to eat- key findings

- Finding ‘tasty’ food at a good price were the most important criteria for respondents when eating OOH. Finding filling and familiar foods was also important.
- Finding and buying healthy foods and foods with low calories was a relatively low priority for respondents for all OOH eating occasions.
- Respondents did not regard it as easy or even possible to find foods that are healthy and have low calories that are also tasty, filling, familiar, and at a good price.
- Regarding the use of calories in the decision-making process, many respondents were spontaneously dismissive, with the majority suggesting that calories were only relevant to those on diets and that general information about nutritional content of foods is more important than calorie information alone.
- Many respondents only had a limited understanding of calories and the role they can play in supporting a healthy diet.

This section outlines the criteria used by respondents in the decision-making process when eating OOH.

4.2.1 Overview of the relative importance of the main criteria for choosing if and where to eat OOH

Within the homework exercise respondents were asked to score a list of different criteria out of 10 (where 10 was 'very important' and 1 was 'not at all important') for each of the six formats of eating OOH. Table 3 shows the main results.

Table 3: Important Criteria Relating to Selection of Venue and Foods When OOH

Total MEAN OUT OF 10 (10 very important)	EATING WITH ADULTS-Social	EATING WITH KIDS-Social	TAKEAWAY OR DELIVERY TO EAT AT HOME	SIT DOWN MEAL DURING WORKING DAY	BUYING MEAL WHEN ON THE GO-NOT SIT IN	BUYING SNACK WHEN OOH
Something tasty	8.49	7.92	8.64	7.86	8.07	8.08
Good price	7.71	8.31	7.97	8.24	8.15	7.62
Something filling	7.19	7.38	7.78	7.68	7.35	6.71
Something familiar	6.96	7.69	7.45	7	7.09	7.3
Convenience/time-saving	5.96	7	6.83	7.32	7.94	7.62
Large portion size	6	6.5	7	6.68	6.18	5.8
Healthy foods	5.17	5.81	3.94	5.32	5.37	5.14
Low calories	4.17	4.58	3.75	4.58	4.91	4.7

Overall, the most important criteria for making decisions around eating OOH related to finding food that is 'tasty', at a good price. The next most important criteria related to finding something filling and familiar. In contrast, it is clear that finding and buying healthy foods and foods with low calories is a relatively low priority for respondents for all OOH eating occasions. For many respondents, when probed on these criteria during the in-depth interviews and group discussions, it was also clear that the important criteria were often in conflict with the desire to find healthy foods with low calories. That is, it is not regarded as easy or even possible to find foods that are healthy and low calorie that are also tasty, filling, familiar, and at a good price.

Table 4 shows the average level of importance of criteria for all forms of eating OOH collectively and shows how these averages differ by subgroup in the sample. It can be seen that the relative importance of each criterion is similar across the subgroups, with finding something tasty, at a good price being the most important criteria for all subgroups. Beyond this, it can be seen that respondents with children are relatively more price sensitive. That said, the most important take out from this data for this project and the policy proposals being considered by FSS, is that the importance of finding healthy foods and low-calorie foods when eating OOH is relatively low for all subgroups. Within this, finding low calorie foods is the least important criteria when eating OOH for all subgroups.

Table 4: Important Criteria Relating to Selection of Venue and Foods When OOH – by SUBGROUP

	AVERAGE-ALL (10 very important v 1 not important)	AVERAGE Under 30 no kids	AVERAGE-With kids under 13 yo and use children's menus	AVERAGE-With kids 13-18	AVERAGE-Older kids/empty nesters/ no kids 50+
Something tasty	8.18	8.22	7.76	8.83	8.30
Good price	8.00	7.64	7.97	8.83	7.45
Something filling	7.35	7.22	7.26	7.90	7.07
Something familiar	7.25	6.98	6.76	7.58	7.90
Convenience/time-saving	7.11	6.92	7.09	7.92	6.37
Large portion size	6.36	6.40	6.69	6.57	5.34
Healthy foods	5.13	5.11	5.43	5.07	4.23
Low calories	4.45	4.42	4.66	4.40	4.05

In relation to the policy proposals being considered by FSS, when respondents were probed on the idea of sourcing healthy foods and foods with low calories when eating OOH, most were very dismissive. This was because, despite the regularity of eating OOH, most respondents still regarded it as a treat. In addition, for many respondents, especially in the younger subgroups, their perspective of living a healthy lifestyle is more about exercising on a regular basis, with many respondents in the younger subgroup indicating that they do not really care very much about the healthiness of the foods they eat, as long as they can maintain a weight that they are comfortable with. In addition, alongside this, there was a conflict for many younger adults in the sample between the idea of eating healthily and their desire to put on weight because they perceive themselves to be too thin or because they are training hard in the gym with a desire to ‘bulk up’ (primarily for young males).

Beyond this, for families, eating healthily when OOH is of less importance than ensuring that all members of the family have something that they are willing to eat. This, in turn, means there is less waste and less conflict during eating experiences. Some parents even argued that reducing the conflicts when choosing something to eat is actually important for their mental health.

Some older respondents were also dismissive about the idea of looking for healthy foods when OOH. This, as with other groups, related to the idea that eating OOH was a treat, with this meaning that finding something tasty and filling was more important. Many older respondents also stated that they felt it was too late for them to change their habits when eating OOH in relation to the types of foods they eat and their levels of healthiness.

Regarding calories specifically, many respondents were spontaneously particularly dismissive. This attitude was reflected in the relatively low scores given for ‘importance of finding low calorie foods when eating OOH’ (see Table 4). At a spontaneous level the majority of respondents suggested that calories were not relevant to them. This was based on the idea that calories are associated with diets and losing weight. In addition, respondents across the whole sample were spontaneously dismissive about using calorie information in their decision-making process on the basis that they are not thought to be a valuable metric. Some respondents felt that calories were less valuable than general nutrition information, such as fat, protein, salt and sugar content, and or because the amount of calories that can be eaten is understood to vary significantly by individual- depending on personal build and activity or exercise levels.

“I’m not thinking about calories, I’m treating myself” (F, with kids 13yo and over, single parent, minority ethnic)

“I’m not thinking about whether something is healthy at all. Good, tasty food doesn’t go together with low calories” (F, without kids and older families)

“Sugar and fat are important as well (as calories)...you need to improve understanding of basic nutrition, what you’re putting into your body” (M, without kids and older families)

4.2.2 Understanding of calories

While respondents were generally dismissive about the role of calories in the decision-making process when eating OOH, the research also highlighted that many only had a limited understanding of calories and the role they can play in supporting a healthy diet.

When respondents were asked what the recommended daily calorie intake is, very few knew that it is 2000 for women and 2500 for men. Respondents typically understood the recommended daily intake to range from about 1600 to 3000 for males, with most who guessed underestimating the recommended levels. For females, the estimated recommended daily calorie intake ranged from 1200 to 2000, again with most who guessed underestimating the recommended levels.

Further to this, the range of calories that can be within standard dishes when eating OOH, was very surprising for most respondents. When they were shown the information in Table 5 it was clear that there was limited understanding of the wide ranges of calories in foods that they are eating on a regular basis. This information also, as evident across the research sample, helped respondents understand calories better and the fact that standard dishes can have wide varieties of calorie counts depending on the ingredients used, the portion sizes, and the cooking methods.

Table 5: Showcard used to explore understanding of and attitudes towards amounts of calories in standard dishes that can be bought OOH

Approximate calorie ranges of common menu items (source- online research)	
Food Type	Approximate calorie ranges
Cooked Breakfasts	500-1570
Fish and Chips	650-1900
Burger and Chips	470-1900
Pizzas	171-3080
Starters and Small Plates	15-1317
Sandwiches and wraps	160-700
Paninis and Baguettes	220-1000
Chips/Fries	220-1440
Sides (excl. regular chips/fries)	70-910
Desserts	46-1426
Cinema popcorn	139-1180
Cakes and pastries	60-760
Specialty Coffee (excl. black coffee)	5-588
Milkshakes	127-641
Food on the go meal deals	200-1500

Despite being made aware of the recommended daily calorie intake and the ranges of calories that can be in standard foods eaten OOH, respondents remained cynical and dismissive about the role that calories could play in their decision-making process when eating OOH. Overall, most respondents tended to see what calories cannot do rather than what they can. That is:

- Calorie information was not felt to be as valuable for considering health in comparison to nutrition information.
- Calorie intake recommendations were felt to have limited value as the recommended daily intake was perceived to vary significantly by individual.
- Calorie information was felt to have limited value for 'regular people' who are not 'diet obsessed' on the basis that it is too difficult to monitor calorie intake on an ongoing basis.

4.3 Attitudes to calorie information provision at point of choice OOH for food and non-alcoholic drinks

Attitudes to calorie information provision at point of choice OOH for food and non-alcoholic drinks- key findings

- Despite spontaneous reservations about the use of calorie information in the decision-making process, respondents were generally positive about the policy primarily on the basis that it was felt to be better to know than not know how many calories are in foods they eat and on the basis that the policy might motivate OOH businesses to innovate and take responsibility for the calories they sell.
- General concerns about the policy included:
 - o The perceived risk of highlighting calorie information to vulnerable people who have or are susceptible to eating disorders.
 - o Calorie information would impact freedom of choice and the scope for enjoyment of OOH eating experiences.
 - o The perceived burden on businesses as a result of the policy.
- Concerns about the impact of the policy on the most socio-economically disadvantaged parts of the population living in Scotland included:
 - o Potential cost increases across OOH venues might reduce the scope for less affluent people to enjoy OOH eating.
 - o Cost increases for businesses might result in jobs being lost across the OOH food industry.
 - o Less affluent people might be pressured to buy less healthy options if businesses promote these heavily to compensate for the requirement to add calorie information.
 - o Calorie information could be misunderstood or misused by those less knowledgeable and less well educated resulting in the adoption of unhealthy eating patterns.
- Despite these concerns and barriers the research indicated that there is potential for the policy to positively impact and change behaviour.

This section outlines how respondents reacted to the idea of calorie information being provided at point of choice for food and non-alcoholic drinks.

Spontaneous reactions were, on the whole, more positive than negative- as is reflected in the scores out of 10 given in relation to the general idea of calorie information being provided at point of choice (where 10 was ‘very positive about the idea’ and 1 was ‘very negative about the idea’)- see Table 6. The average score out of 10 across the whole sample was 7 out of 10, with the young family segment appearing to be the most positive and the young pre-child segment being the most negative. That said, respondents across the whole sample had doubts or were even cynical about the idea of including calorie information at point of choice.

Table 6: Attitudes to calorie information being included at point of choice for OOH eating establishments

	Average out of 10 (10- very positive about the idea)
All respondents	7
Males	7
Females	6
Younger- pre kids	5
Young families	8
Teen families	7
Older- post kids	6

4.3.1 Positive perspectives on including calorie information at point of choice

Despite the respondents being cynical about the use of calorie information to help manage a healthy diet and despite there being only limited levels of use of calories information by respondents, many did react positively to the idea of including calorie information at point of choice OOH. There were four positive themes around the idea:

- Calories are a familiar metric- Although detailed understanding is low for many, the broad concept of calories is understood. In addition, it was noted by many respondents that calorie information is already being provided in several OOH venues including McDonalds, Subway, Greggs.

“If it’s (calorie information) something you see every day, we’ll start to understand it more. You’ll learn it’s in front of your face” (M, 50+, Empty Nester)

- It was generally agreed that it can only be a good thing to be better informed when choosing what to eat OOH. Some respondents stated that even if calorie information may not be used to choose foods OOH, it would be good to know what levels of calories are in foods and drinks. Respondents even noted that having calorie information does not impact on the individual's freedom of choice, e.g. as would be the case if specific food items were 'banned'. Relating to this, it was felt that calorie information might help individuals choose between different options that are appealing, based on the calorie content.

"if you don't know what your intake is how can you control it?" (M, with kids under 13yo, 3+ kids)

- It was recognized by respondents that there could be potential value for society at large through calorie information potentially facilitating healthier choices for those who are most in need. Overall OOH options are recognized as typically less healthy than foods cooked at home. As such, it was felt that calorie information might help individuals' decision-making processes when OOH especially at times they are being 'hard-sold-to' by OOH food sellers.

"Obesity is a huge thing so if it's going to make a healthier Scotland and put less pressure on the NHS, I'm all for it" (F, with kids under 13yo, 3+ kids)

- Finally, it was recognized that being obliged to include calorie information at point of choice might encourage the food industry to innovate and take responsibility for the calories they sell. Thus making the OOH food industry part of the solution to Scotland's obesity problem. This value for including calorie information was especially recognized as respondents became aware of the range of calories possible in standard dishes depending on portion size, ingredients and cooking method (as seen in Table 5).

4.3.2 Negative perspectives on including calorie information at point of choice

There were two broad categories of negative comments regarding the idea of including calorie information OOH. First, there were eight general negatives about the idea:

- First, the most commonly mentioned concern related to the belief that a widespread display of calorie information would send out a dangerous message to vulnerable people, especially younger people, who are too body obsessed. The concern for many respondents across all the research sessions was that calorie information could trigger or increase eating disorders.
- For some respondents, across all segments of the sample, including calorie information OOH sounds like it will spoil the fun of OOH eating. Some respondents then suggested that Government should not be involved in trying to influence what people are eating and that adults should be able to make their own choices. For some respondents the policy felt a bit "Big Brother-esque".

- For some respondents the idea was dismissed on the basis that they do not use calories as a metric now, and as such, the information would not be relevant to them. This view was felt especially valid in relation to eating OOH, which as noted, was often regarded as a treat. In addition, calorie information was only perceived by some respondents to be relevant to people on a diet, which for many respondents was not something they were interested in doing.
- Further to the issue outlined in section 4.2.2 many respondents felt that calorie information would be of little value to them as they don't understand calories as well as they would need to. For example, calorie information was felt, by many, to be meaningless if daily recommendation allowances are not known.

“If you don't know how many calories you need over the day, 330 doesn't mean anything.”

(M, 50-55, children 13-18, DE)

- Again, as noted, some respondents felt that calories are not a good metric for helping manage a healthy diet. This perspective was based on the belief that recommended daily intake amounts vary significantly and on the basis that nutritional information is more important.
- Many respondents across the sample also had doubts about the accuracy of calorie information that would be provided OOH. Specifically, respondents questioned how calorie information could be accurate for every dish sold OOH when they are not uniform. Also, respondents questioned how calorie information could be provided in situations where a standard offering is not sold- e.g. in a self-service buffet. Beyond this, respondents feared that in many situations it would be difficult to police calorie information provision and as such the information will not be reliable and therefore it will be of no value.
- Some respondents also had concerns that there would be too much of a burden on businesses if they are required to work out calorie amounts for all the foods they sell and then to present this at point of choice. This concern was most felt for small businesses and those businesses that regularly change their menus, especially as they are trying to recover from COVID19.
- Finally, many respondents felt there could be alternative ways to enhance levels of healthy eating OOH. Ideas put forward by respondents included: QR codes- making calorie information and potentially other nutrition information accessible to those who are interested; nutrition information provided in a simple traffic light system; and through using tax incentives or other 'carrots' to incentivize businesses to be more health conscious and through this change recipes, cooking methods and portions sizes across their menus.

The second broad category of concerns about calorie information being provided OOH related to potential negative consequences that would be most felt by the more socio-economic disadvantaged parts of society. In total, there were five potential issues of this sort recognized by respondents across the sample:

- First, it was felt that cost increases across OOH venues would be inevitable. This concern was based on the idea that businesses would need to spend more money on menu printing and on more expensive healthy ingredients, and that the consumer will end up paying for this. This, it was felt, would disproportionately affect the more socio-economic disadvantaged parts of society. At the most extreme level it was feared that an increase in costs for eating OOH might result in greater isolation for those who are least affluent.

"I don't think it'd be fair if this made things go up in price" (F, With kids under 13yo)

"Would this mean that the things higher in calories would go up in price, so people on low incomes wouldn't be able to treat their kids to a McDonald's anymore? Some people rely on these places because they're fast and convenient...it's not fair that some people wouldn't be able to afford it." (F, With kids under 13yo)

- In addition, it was felt that there would be pressure put on businesses, again because of cost increases, that might lead to jobs being lost. Again, it was felt that this would disproportionately impact those in society who are on lower incomes, especially the young working in hospitality.
- A third concern for respondents related to the idea that to reduce the need to change popular recipes, some businesses might look to promote or generally reduce the cost of higher calorie items. This in turn, it was felt, might lead to less affluent people being pressured to buy less healthy options.
- Respondents also acknowledged that there would be a risk that calorie information could be misunderstood or misused by those less knowledgeable. This potentially leading to some looking for higher calorie options to 'fill up' or to some seeking out higher calorie items to get a sense of greater value. Related to this concern was the idea that some who had perceived the recommended daily calorie intake to be lower than it is might, if uneducated, start overeating.
- Finally, it was felt that some people in society, particularly those less knowledgeable, might develop unhealthy eating patterns to compensate for high calorie intake when eating OOH. For example it was felt that calorie information OOH might lead to unhealthy fasting or to eating with amplified concern about calories with less concern, than should be the case, about nutritional balance.

4.3.3 Views on the practical implementation of the calorie information provision policy

Despite the negative attitudes and concerns listed above, most respondents, were positive about the idea of calorie information being included at point of choice. Further to this, when asked about how the system should be implemented respondents were widely in agreement, regardless of their demographic profile.

First when asked if calorie information provision should be mandatory, respondents universally felt it should be. It was felt that having a scheme that is voluntary would inevitably lead to a situation where some businesses do and some do not provide calorie information. In turn, this would mean that, to be of value, consumers would need to seek OOH eating venues that provide calories- something that most respondents felt would not happen.

Respondents were also asked if any business type or food type should be exempt or if there should be a roll out via priority businesses. Again, the answer to this question was no. Respondents even felt that there should be no exceptions even for small business who they had previously stated might be vulnerable due to increasing costs. Again, the logic behind this view was that there was no point in implementing the calorie information provision policy unless it is universally adopted.

When asked how calorie information should be provided it was felt that it needed to be uncluttered, easy to see and easy to understand. As such, it was felt that the specific number of calories for the foods and drinks bought should be provided. That is, there should not be calorie information provided by weight or volume, e.g. per 100g or per 100ml. This was felt to be important on the basis that when calorie information is provided by weight or volume on pre-packaged foods and drinks it is too often difficult to understand how many calories are being consumed in total. On balance most respondents also felt that calorie information should be provided as a clearly printed standalone number, as opposed to alongside a bank of information about nutrition and ingredients. This view was held on the basis that again, nutrition information provided for packaged foods can be too cluttered and difficult to digest. Finally, it was felt to be logical that calorie information be provided alongside and in the same font as price information. This principle, it was felt, would mean that businesses would not be able to hide their calorie information away.

Beyond all these hopes about how the calorie information system would be practically implemented it was felt, across the whole sample, to be vital that a wide-reaching education programme be

implemented. This education programme would allow the population to better understand what calorie information means at a personal level and how it can be used to help guide healthier eating habits when eating OOH.

4.3.4 Reactions to calorie information provision when presented in food menus

To explore the potential reactions to calorie information at point of choice OOH respondents were asked to choose from two menus, first one without calorie information and then one with calorie information provided. Respondents were then asked to comment on their choices and if and why they changed their order after being shown the calorie counts for each dish. It is worth noting that this exercise was undertaken before wider discussions were held around calorie information provision. Across this exercise in the research, two versions of the menu were used:

- Menus 3a/3b (see below) were initially used for all respondents on the basis that it provided a range of typical meal dishes. In the early parts of the research, however, it was seen that many respondents saw menus 3a/3b as examples of what they would get when eating OOH for a social occasion. As such, this menu would be used when they were looking for a treat, at which time they would be less likely to look for low calorie options.
- As a result of this, menus 3c/3d were provided by the FSS team as examples of those that would provide foods typically consumed at lunch or breakfast, and as such, less likely to be viewed as a treat.

Showcard 3a- without Kcals shown; 3b- with Kcals

Starters		
Bread and Olives	(577 Kcals)	£3.49
Nachos - With cheese sauce, guacamole, salsa, sour cream and jalapeños	(507 Kcals)	£3.29
Classic Prawn Cocktail	(419 Kcals)	£4.55
Tomato & Basil Soup (served with crusty bread)	(286 Kcals)	£3.49
Mains		
All Day Breakfast - 1 pork sausage, 2 rashers of back bacon, a fried free-range egg, half a grilled tomato, mushrooms, baked beans and 2 hash browns	(779 Kcals)	£8.25
Battered Cod & Chips (with peas)	(1,538 Kcals)	£6.80
Tuna & Sweetcorn Jacket Potato	(484 Kcals)	£4.45
House Salad with Prawns in a Cocktail Sauce - Crisp lettuce, mixed leaves and cherry tomatoes, with ribbons of cucumber and carrot, served with reduced fat dressing	(387 Kcals)	£5.99
Spaghetti Bolognese	(508 Kcals)	£9.75
Bacon Cheeseburger - Served in a toasted bun with lettuce, tomato, red onion & mayo, with fries and onion rings	(1,494 Kcals)	£6.99
Chicken & Avocado BLT (with mayo)	(1,257 Kcals)	£4.99
Roast mushroom & ale pie - Roasted mushroom & ale pie with parsley shortcrust pastry and puff pastry lid	(761 Kcals)	£6.75

Sides		
Onion Rings	(311 Kcals)	£1.75
Bowl of chips	(955 Kcals)	£3.00
Side Salad	(142 Kcals)	£3.00
Desserts		
Chocolate Brownie & Ice Cream	(519 Kcals)	£3.95
Baked Vanilla Cheesecake	(772 Kcals)	£3.95
Apple Crumble - served with hot custard	(515 Kcals)	£2.95
Black Forest Gateau	(863 Kcals)	£2.95
Trio of Sorbet	(453 Kcals)	£2.50

Showcard 3c- without Kcals shown; 3d- with Kcals

MENU		
Breakfast		
Bacon Breakfast Roll	(330 kcals)	£1.75
Bacon & Sausage Breakfast Baguette	(589 kcals)	£2.60
Apple & Cinnamon Porridge	(232 kcals)	£1.00
Sandwiches & Savouries		
Sausage Roll	(328 kcals)	£1.00
Chicken Bake	(422 kcals)	£1.45
Beef & Vegetable Pasty	(459 kcals)	£1.30
Sausage, Bean & Cheese Melt	(453 kcals)	£1.40
Mexican Chicken Baguette	(524 kcals)	£2.60
Egg Mayonnaise Sandwich	(369 kcals)	£1.95
Ham & Egg Roll	(329 kcals)	£1.75
Sweet Treats		
Jam Doughnut	(236 kcals)	£0.95
Chocolate Éclair	(344 kcals)	£1.15
Yum Yum	(323 kcals)	£0.85
Drinks		
Americano	(9 kcals)	£1.50
Latte	(111 kcals)	£1.75
Cappuccino	(94 kcals)	£2.00
Hot Chocolate	(219 kcals)	£1.85
Tea	(9 kcals)	£1.00

This exercise revealed five different segments in relation to the impact of calorie information provision:

- A minority of respondents were clearly surprised by the calorie information provided and in turn reacted by changing their orders. This segment was seen across different demographic subgroups in the sample from young to older. That said, this segment was skewed to those who were already predisposed to using calorie information.

“The difference between a hot chocolate and a tea – wow! Looking at the number of calories, only for lunch, you could be over 1000 calories – that’s a lot!” (F, With kids under 13yo)

- The majority of respondents across all groups could be seen to accept the information provided but with limited enthusiasm. Their acceptance of the information lacked enthusiasm primarily because they did not necessarily like the idea of their behaviour being changed so they eat less of what they enjoy. This led many to believe that they would have less fun and fewer treats, than they currently do, if calorie information is provided. That said, respondents did accept the idea of calorie information being provided on the basis that it was felt to be better to know than not know. From this, most respondents broadly felt that calorie information might not have a massive impact immediately but that it might change their behaviour in small ways over time. So, for example, respondents stated that they may change one part of their order (in relation to the exercise with the menus provided) if there was calorie information provided (e.g. not having or changing a side dish order). They also accepted calorie information could have a longer term impact on their behaviour as calories become recognised as a simple way of keeping tabs on what they eat, with this in turn pushing

them to have a more balanced attitude to eating, and reframing what is acceptable as a treat and how regularly they are consumed.

"it would maybe stop me buying so many takeaways...I've started to think of them less as a treat and more as just convenient" (F, with kids 13yo and over)

- A further segment across the sample included those who recognized calorie information as an 'eye opener' while believing that it would not impact their behaviour. This segment included those who remained defensive and dismissive after the exercise with the menus. For example, this segment was clearly concerned at how many calories were in some dishes they might order but they accepted these dishes in an OOH context as treats. This was especially the case for those who were shown the 'dinner menus' (3a/3b). This segment included many who stated that they were 'not on a diet' and as such calories were felt not to be important. That said, even this segment, on probing, indicated that the calorie information might, sometimes, encourage them to trade-off meals seen to be high in calories, for example, by being more active or by skipping meals after eating OOH.
- The fourth segment included those who were health conscious but did not feel calories are a valuable measure for supporting a healthy lifestyle. This segment was skewed to younger respondents who often had active lifestyles. As a result, this segment indicated that they would be unlikely to change their order placed from menus 3a/3b or 3c/3d. That said, it is worth noting that this segment, on probing, did accept that there might be occasions when they would change an order to one with fewer calories if they were either trying to control their weight, if they had consumed a lot of calories before the eating occasion or if there were two or more equally appealing choices.

"All this will do is if people want to buy a cream bun at 700 calories, but they know the shop down the road does a cream bun for 300 calories, they'll go to the shop down the road to get it." (M, 50+, Retired, Empty Nester)

- The final segment was the most cynical about calorie information and therefore rejected the idea of changing their order. This segment appeared to include those with the least healthy lifestyles and those who cared least about healthy eating.

Overall, respondents generally reacted positively to the idea of calorie information being provided and many indicated that calorie information would have an impact their behaviour. That said, most respondents' behaviour is likely to be nudged toward more healthy eating as opposed to calorie information encouraging a major and significant change to attitudes and behaviour. This in turn means that the OOH calorie information policy will be one that will have a long-term impact on behaviour

and as such will need a long-term commitment from FSS, the Scottish Government and the OOH food industry. Only through this will calorie information be understood and will it have the chance to be established as an important part of the decision-making process for people across Scotland, including across the least affluent parts of the population living in Scotland as represented by the sample in this research.

Central to the commitment to the policy, as indicated above, will be the need to educate the population about the value of calorie information. The research indicated that those in the least affluent parts of Scotland will need and expect to be communicated to about and educated around three key themes:

- Why calorie information is being added OOH and how the policy will work
 - o This communication will be required to avoid cynicism about the accuracy of calories being provided by OOH businesses and to avoid the risk that some will have that it is too easy for businesses to manipulate the information they provide for their own benefit. Within this, communications will be required to ensure the population understand if and how costs will increase OOH, if they do.
- How calorie information can be used OOH
 - o Within this theme, there was felt to be a need for education around a range of issues. First, what is the recommended daily calorie intake, and how does this vary by gender, age, build, and level of activity. How calorie information can be valuable even without additional nutrition information. Why calorie information can be valuable for all, not just those on diets. How calorie information can be used to help encourage a more balanced diet that includes healthy and discretionary foods. How OOH food businesses can and will be worked with so they are better at controlling calories OOH while still allowing us to enjoy ourselves- through looking at ingredients, portion sizes and cooking methods.
- Finally, it will be expected that communications and education will be undertaken to ensure that those who are most vulnerable are not adversely affected.
 - o That is, it is expected that work will be needed to ensure that those people in society who are at risk of being influenced by calorie information to the degree they might develop eating disorders will be educated about the positive role calorie information can have in a healthy lifestyle.

4.4 Attitudes to calorie information provision at point of choice OOH for alcoholic drinks

Attitudes to calorie information provision at point of choice OOH for alcoholic drink- key findings

- While some respondents felt that there could be value in providing calorie information on alcoholic drinks served OOH, most were doubtful that it would have any meaningful impact.
- It was felt likely that there would be practical difficulties in implementing the policy- both on the basis that drinks menus are rarely used when buying alcohol OOH, especially in on-trade venues, and because the environment within these venues is typically very cluttered, meaning that it would be difficult to see calorie information.
- The research showed that the vast majority of respondents currently overestimate the amount of calories in alcoholic drinks. As such, there was perceived to be a risk that adding calorie information at point of choice for alcoholic drinks might encourage increased consumption of alcohol.

Attitudes to the idea of including calorie information on alcoholic drinks served OOH were explored as a standalone part of interviews. Even in comparison to reactions to the idea of calorie information being included on food menus, most respondents were uncertain about the idea of inclusion on alcoholic drinks served OOH. The first reaction to the idea across the whole sample was that 'having a drink' was an extreme example having a treat. That is, drinking alcohol is associated with socialising and having fun. With this, most respondents were not sure of the value of calorie information being included at point of choice for alcoholic drinks OOH.

4.4.1 Positive perspectives on including calorie information at point of choice where alcoholic drinks are sold

Despite general uncertainty about the value of showing calorie information for alcoholic drinks, some respondents did think there was some value in the idea. Many participants felt that if calorie information inclusion OOH was to be successful, the 'full picture' would need to be given. This would mean it would be needed for food, non-alcoholic drinks and for drinks including alcohol. This idea was felt to be particularly valid on the basis that most respondents understood there to be a high number of calories in most alcoholic drinks.

4.4.2 Negative perspectives on including calorie information at point of choice where alcoholic drinks are sold

Despite these positive perspectives most respondents did feel that there would be no value for them in having calorie information included for alcoholic drinks. This was primarily for six key reasons:

- It was felt that calorie information will be ignored because of the social nature of drinking. This was felt to be even more likely as more alcohol is consumed.

“I only drink if I’m going on a night out so it’s not going to make a difference to me – I’m out for drinks so I’m going to drink” (M, under 30yo, no kids)

- At a practical level many respondents acknowledged that they use drinks menus and lists far less than food menus.
- Many were doubtful that they would be able to see calorie information in many venues that sell alcohol due the cluttered nature of the sales environment. This was felt to be likely both in off-license and on-trade venues.

“I never think about it [calorie content] at the time...I’m much more likely to take price into account” (F, with kids 13yo and over, 3+kids)

“once you’ve had a few you’ll forget and you wouldn’t give a damn anyway” (F, without kids and older families)

- In addition, respondents could not visualize how calorie content could be included for every type and mix of drinks that are sold in an on-trade environment.
- And again, as for food, there was concern about how the policy would be policed to ensure that it is not misused or ignored by businesses.

So, spontaneously there were many concerns about the idea of calorie information being included for alcoholic drinks OOH. That said, some respondents did feel that there was some logic in including calorie information within drinks menus in restaurants where they are both likely to see it and take it into account.

4.4.3 Reactions to calorie information provision when presented in menu format for alcoholic drinks

To further test the potential value of calorie information at point of sale for alcoholic drinks respondents were shown a drinks list without calories, asked what they would choose and what calories they thought would be in their drinks. They were then shown a menu with calories and asked what they thought and if they would change their orders.

Showcard 5a- without Kcals shown; 5b- with Kcals

DRINKS MENU		
White Wine – 250ml	(206 Kcals)	£4.79
Red Wine – 250ml	(228 Kcals)	£4.39
Flavoured Cider – 500ml	(240 Kcals)	£3.00
Beer – 330mls	(148 Kcals)	£3.00
Pint of lager	(182 Kcals)	£4.25
Gin & Tonic	(80 Kcals)	£5.25
Orange Juice – 250ml	(108 Kcals)	£2.50

This exercise was very surprising for almost all respondents on the basis that most understood there to be far more calories in alcoholic drinks than there are. For example, most respondents estimated that there would be about 400 Kcals in a 330ml beer, instead of the 148 Kcals that it does contain. Similarly red or white wine were thought to have about 300 Kcals (not the 206 to 228 Kcals that is in white and red while respectively). A gin and tonic was estimated to contain about 150 Kcals (not 80 Kcals) and orange juice was estimated to have up to 600 calories by some respondents, not the 108 Kcals that is included.

Respondents' reactions to this exercise indicated that there would be an inherent risk of including calorie information on alcoholic drinks at point of choice OOH. That is, that many people would actually choose to drink more on the basis that there are fewer calories than they had expected. Beyond just consuming more of the drinks that would typically be drunk, respondents suggested that calorie information might encourage some to switch to drinks with a higher alcohol to calorie ratio.

"Beer's quite healthy!" (M, 50+, Retired, Empty Nester)

"Only 80 calories in a gin and tonic.....make mine a treble!" (F, without kids and older families)

In addition to this risk, it was felt by some respondents that again, as with food, there would be a risk that businesses will incentivize cheap alcoholic drinks to compensate for the requirement to provide calorie information.

So, overall, while many respondents did feel there would be a requirement to include calorie information on alcoholic drinks sold OOH to ensure that the information provision is comprehensive, most had concerns. First, many doubted they would care about calorie information when drinking alcohol on the basis that they are trying to enjoy themselves. Second, there were practical concerns, with most respondents doubting that they would notice the calorie information in the cluttered environments when alcohol is sold OOH either in the off or on trades. That said, the biggest concern flagged by the research is that calorie information for alcohol might encourage more drinking on the basis that, for the majority of respondents, they had significantly overestimated the number of calories in typical alcohol drinks.

4.5 Attitudes to the idea of a code of practice for children's menus- from the perspective of parents of children under 13 years old who currently use children's menus

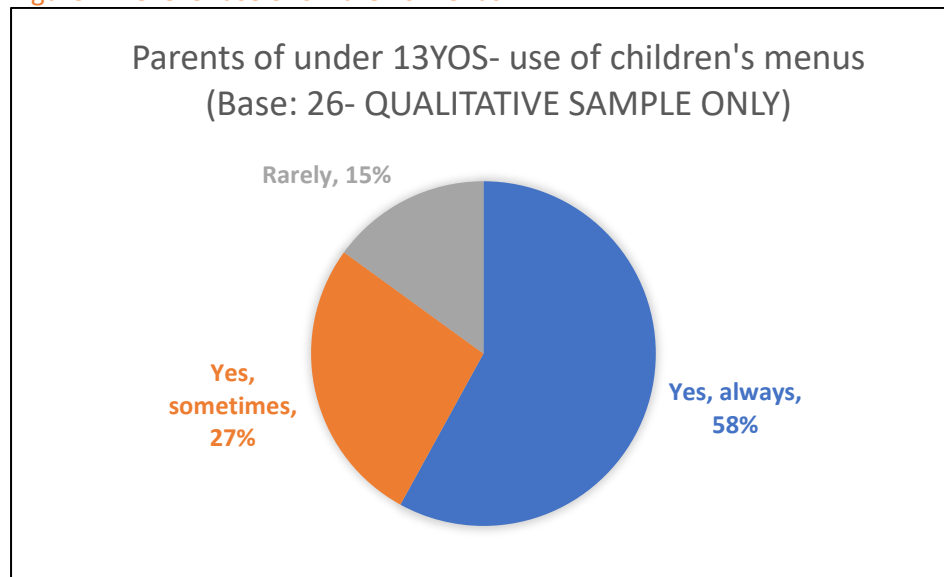
Attitudes to the idea of a code of practice for children's menus- from the perspective of parents of children under 13 years old who currently use children's menus- key findings

- Children's menus are broadly felt to give parents within the more socio-economically disadvantaged parts of society what they want- easy access to food and drink options that their children will eat and enjoy, at a good price.
- That said, parents were also widely critical of typical children's menus on the basis that they have limited choice, too much fried foods and not enough healthy options.
- Parents in the research were widely supportive of the idea of a code of practice being introduced for children's menus.
- The code of practice was felt to have the potential to support parents and to ultimately encourage more healthy eating amongst children when OOH.
- The draft code, as presented to respondents had a number of elements that were widely liked. These included the requirement for businesses: to review their current options and reduce fat, sugar and salt; to always provide non-fried food options; and to offer smaller portions from the adult menu. Parents were also supportive of the idea of more vegetable and fruit based options being offered, albeit it was felt that this would have to be done in a way that is appealing to children.
- That said, it was felt that for the policy to work the draft code cannot limit or reduce choice, and the code cannot allow businesses to mis-represent the level of healthiness of their offering.

4.5.1 Levels of use of children’s menus

Relevant respondents - that is parents and carers of children under 13 years of age who had stated that they use children’s menus - were first asked how often they use them. As can be seen in Figure 1, 58% of relevant respondents stated that they always use children’s menus when eating with their children OOH, and a further 27% use them sometimes. The research suggested that children’s menus are particularly used for under 10-year-olds and less used with children aged 11-12 years old.

Figure 1: Level of use of children’s menus



When further probed, it was clear that children’s menus are often central in the decision of where to eat for most parents with younger kids.

*“For me it’s very important to have a children’s menu....we won’t go somewhere if there’s not one”
(M, with kids under 13yo, 3+ kids)*

4.5.2 Why are children’s menus important to many?

The research indicated that parents look for and use children’s menus because they help give them what they are looking for. That is, and as shown in Table 7, parents are mainly looking for options their children will eat and enjoy, at a good price.

When asked specifically about children’s menus it was these values that are being delivered. Central to these values is ‘familiarity’, with children’s menus being perceived to offer very similar foods. This consistency with and familiarity of children’s menus makes the experience of eating OOH with their young children a far more enjoyable and relaxing experience for all. In addition, children’s menus are perceived to be an excellent route for finding good value on the basis that there are typically lots of

promotions and that there are pricing structures more aligned with the smaller portions on children’s menus.

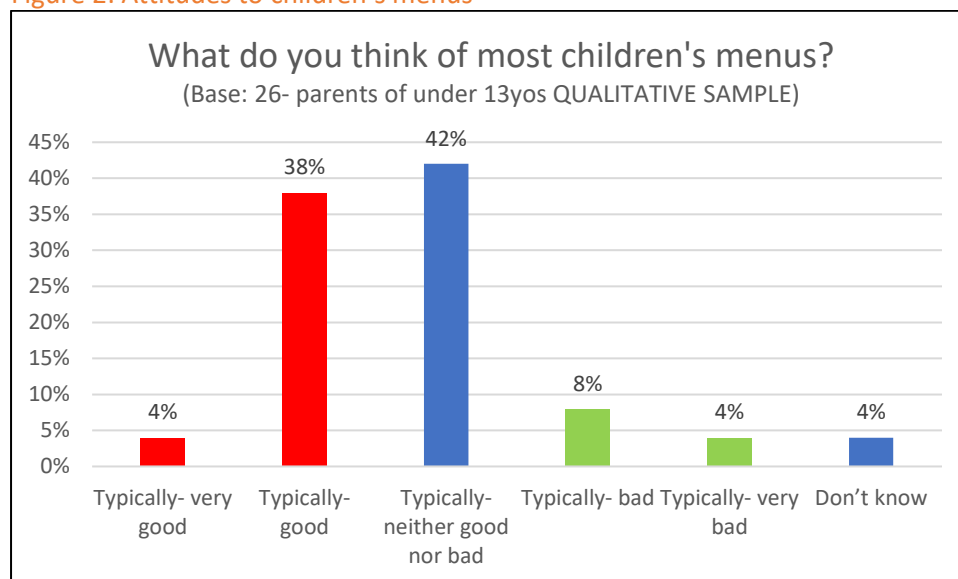
Table 7: What is looked for in children’s menus

	All Parents of under 13yos MEAN OUT OF 10- 10 Very Good
Base: Parents of under 13yos	26
Something my kids will eat	8.73
Something my kids will enjoy	8.58
Good price	7.85
Good size portions	7.46
Something different- to give my kids an experience	6.58
Healthy foods	6.15
Other (open ended)	Activities, and allergy information

4.5.3 Attitudes to current children’s menus

As can be seen in Figure 2, many parents in the research were generally positive about typical children’s menus. As noted, these attitudes were based on children’s menus giving parents what they need and want- something their children will eat and enjoy, at a good price.

Figure 2: Attitudes to children’s menus



That said, when further probed on their attitudes to children’s menus, most parents were critical at three key levels. First, children’s menus were felt to have very little variety and as such, did not provide

an opportunity for children to have different experiences when eating OOH. Second, parents felt there was too much fried food offered on children's menus. And finally, parents mentioned that there was generally a lack of healthy options offered on children's menus.

"Bog standard, basic stuff....chicken nuggets and fish fingers and chips with everything" (M, with kids under 13yo, 3+ kids)

"It's really difficult to get something different at a reasonable price...my kids love pasta but that's not usually on the kids menu" (M, with kids under 13yo, 3+ kids)

That all said, parents recognised the conflicts between what they stated they appreciate getting from children's menus (something their children will eat and enjoy, at a good price) and what they would ideally like (more variety, healthier options, fewer fried foods).

On balance, this conflict leads most parents to rationalise that eating OOH with their children is a treat and that it is better that they are able to eat something that they enjoy than have something healthy and unfamiliar that their children, it was felt, would not eat. As a result of this, parents spontaneously perceived it to be better to try to keep the same familiar foods in children's menus, making them healthier through changing cooking methods and ingredients rather than removing choice.

4.5.4 Spontaneous attitudes to the idea of the code of practice

When the general idea of a code of practice for children's menus was presented to relevant respondents, most were positive - in theory. The positive reaction was based on the idea that it is a good thing to improve the diets of their children, and that the code might have the potential to address some of their concerns (i.e. too little choice, too much fried food, and not enough healthy options). That said, parents were concerned that a code of practice would reduce the choice to their children and potentially make the experience of eating OOH with their children more challenging.

When asked what they felt should be in the code of practice parents gave four main suggestions:

- Ingredients and cooking methods should be controlled to ensure healthier options are available. This would include: using fresh ingredients, controlling sugar content (e.g. using reduced sugar ketchup), and generally controlling the fat content of foods offered.
- All dishes, it was felt, should be produced to a minimum quality standard to ensure that they have some dietary value. Respondents suggested that a code of practice could include the requirement for businesses to gain approval from a dietician for foods they are selling to children.

- Children's menus should include healthy alternatives and options. Within this idea parents felt that more pasta dishes should be included on the basis that they tend to be a healthier option that is popular with children. In addition, parents wanted the option to substitute healthier options into dishes e.g. to be able to choose boiled potatoes rather than chips. Ideally, parents would like to have a 'pick & mix' approach on children's menus to allow standard dishes to be offered but in a way that they can be made healthier by the parents without reducing the appeal for their children. Further to this, parents felt that dishes offered should be cooked and presented in a way that allows healthy ingredients to be included in an inobtrusive way. The technique of hiding healthy ingredients so they are less off-putting for children was stated to be one used by parents for a long time, and one that it was felt chefs in OOH venues should be adopting more.
- Finally, parents spontaneously stated that there should be more promotion of healthier options and no promotion of unhealthy options. It was felt that healthy options need to be presented in a way that encourages children to try new and healthier foods. Within this it was felt strongly that the code should not allow the least healthy options to be used to entice their children.

4.5.5 Prompted attitudes to the FSS draft code of practice for children's menus

Participants in the research were shown a draft code of practice which outlines a number of options businesses could follow to make the food they provide for children healthier. Draft actions include:

1. Businesses should review their existing offering for children, and identify opportunities for reducing fat, sugar and salt
2. Each course should contain at least one portion of fruit or vegetables
3. Non-fried food options should always be available
4. A fruit based dessert should always be available
5. Sugary drinks should not be offered as part of a children's menu
6. Businesses should actively promote healthier options (actions 1-5), including within meal deals
7. Small or half portions should be available from the adult menu where practical

In general terms most respondents were positive about the seven ideas and felt most of them have their place in a code of practice. In addition, parents felt that the draft code contained many of the core ideas they had spontaneously felt should be included.

The most positive ideas in the draft code of practice were those that would increase choice and still allow children to eat what they want but in a healthier way.

- Respondents were especially positive about idea 1 (businesses should review their current options and reduce fat, sugar and salt). This idea, it was felt, would allow favorite options to be kept in children's menus but for these to be healthier.
- Idea 3 (non-fried food options always being offered) and idea 7 (smaller portions offered from the adult menu) were also really liked because they would increase the choice for their children. The idea of including reduced sized options from the adult menu was particularly liked by parents with older children (that is 10+ years). That said, it was felt that having smaller portions available on the adult menu would be of positive value to adults who want to eat less as well.

Idea 2 (each course should contain at least one portion of fruit or vegetables) and idea 4 (a fruit-based dessert should always be available) were also liked but it was felt they should ideally be developed slightly.

- These ideas were felt to be fine in theory, but for many parents they sounded like they are trying to force healthy eating onto children, which parents know doesn't work, especially when OOH. To improve these ideas parents felt that it was important to explicitly ensure there was good variety of ingredients used (for example there should not only be sweetcorn, which parents criticised for being the ubiquitous vegetable served to children). It was also felt there should be less 'mandatory' serving of healthy options and more options for healthy substitutes. In addition, parents felt these ideas could be improved if the healthy ingredients are included in a more subtle or hidden way than is implied. Without this level of 'clever inclusion' of healthy ingredients it was feared that the healthy options would simply be off-putting for children.

"You can get a situation where they'll refuse to eat something that's next to the peas – you'd need to still be able to ask for it without them." (M, children under 13yo, 50-55, DE)

Ideal 6 (businesses should actively promote healthier options- including within meal deals) was also liked but, again, it was felt that it should be developed slightly.

- That is, while parents were supportive of the idea that healthy options should be promoted to children, they also felt that the code should explicitly state that unhealthy options should not be promoted to children. If, through the code of practices, OOH food businesses are

promoting only healthy foods to children it was felt that there would be the potential, over time, to change norms.

“That’s really good, it always seems to be unhealthy options they promote” (M, with kids under 13yo)

One of the seven ideas was not liked by parents. That was idea 5 (sugary drinks should not be offered as part of the children’s menu).

- Again, the theory of reducing the number of sugary drinks consumed by their kids was liked. That said, parents were wary about reducing the options available to their children, especially when they are being treated OOH. From this, some parents struggled to see why ‘all’ sugary drinks would be excluded, which it should be noted, they took to mean including real fruit juices. In addition, parents were not sure whether diet drinks might be included within the terms of idea 5. For many parents, this idea was not good based on the perception that there are too many unhealthy additives in diet drinks. Based on this thinking parents concluded that idea 5 would only allow for milk and water to be offered to their children which they felt was unfair and unworkable. The lack of ‘fairness’ of idea 5 was compounded because it was assumed that adults’ menus would still have the full selections of sugary and fizzy drinks. When probed, some respondents suggested that the code should focus more on ensuring that children only drink milk, water, real fruit juices or small amounts of sugary drinks.

*“What so they’ll only be able to get water or milk to drink? That wouldn’t work for my kids”
(M, ethnic minority, with kids under 13yo and over 13yo, 3+ kids)*

4.5.6 Potential effectiveness of the Code of Practice

Parents were relatively positive about the potential impact of the code. At best it was felt it could nudge changes in behaviour in four different ways:

- It could encourage some parents to look out for OOH eating venues that have signed up to the code.
- When in OOH eating venues, it could encourage parents to stay more conscious of the need to ensure that their children are eating as healthily as possible.
- It could encourage parents to try to influence the choices of their children in terms of selection of healthier foods.
- It could, over time, change the norm for children where they expect fried foods and sugary drinks to one where they are more open to choosing more healthy food and drink options.

Beyond this though, most respondents were very clear that there would need to be developments to the draft code in three ways:

- The suggested changes need to be incorporated:
 - o Including: ensure there is good variety of ingredients used; less 'mandatory' serving of healthy options and more options for healthy substitutes and healthy ingredients included in a more subtle or hidden way; the code needs to explicitly state that unhealthy options should not be promoted to children; the code should focus more on ensuring that children only drink milk, water, fresh fruit juices or small amounts of sugary drinks.
- Businesses need to be worked with to ensure that they use the code of practice in a positive and constructive way, as opposed to simply as a marketing exercise:
 - o Business, especially small business, that have children's menus need to be supported by FSS to ensure they best include healthier ingredients, and have portion sizes and cooking methods that are conducive with good health.
- The code needs to be well promoted to parents:
 - o Parents were very conscious that they are being marketed to heavily by OOH eating businesses that target parents of young children. As such, parents recognised that to have impact, the code needs to be well known by parents so that it is front of mind when they are choosing an OOH venue to eat at with their children and so they remember to use the code when choosing for or with their children.

Respondents were also asked if they felt there would be any risk to them if a code was introduced.

- Importantly, costs cannot go up to consumer. As outlined in sections 4.2.1 and 4.5.2, price is important to parents when choosing a venue to eat at OOH with their children. Beyond this, it is recognised that children's menus, at this time, typically deliver promotions and value well. As such, the parents in the research sample were clear that if prices increase there would be a risk of excluding families, especially if they are on lower incomes, from eating OOH with their children.
- In addition, at worst, respondents felt that there would be a risk of the code being misused by OOH businesses. That is, being signed up to the code of practice might give a false impression that the business is offering healthier choices when the code allows for the same fried foods to be sold as now. As such, it was felt strongly that there would need to be good policing of the code, primarily because of its voluntary nature.

As a conclusion to the discussions with parents about a code of practice for children's menus, parents queried why businesses would voluntarily get involved. Many parents actually felt this policy should be mandatory. Without this, it was expected that most businesses will recognise parents' key priorities- i.e. buying something their kids will eat and enjoy and be filled by, at a good price. Based on this, it was felt that, as a voluntary option, there needs to be incentives for businesses. These it was generally thought could come in the form of- awards, tax breaks, and or heavy promotion of the policy to parents to increase demand from parents and from businesses in turn.

"I'd probably be more interested in eating at these places [who had signed up to the code] but I don't know if I'd go out of my way to find one" (M, with kids under 13yo, 3+ kids)

5. SUMMARY AND CONCLUSIONS

Overall, this research has shown that the policies relating to the mandatory inclusion of calorie information at point of choice in venues that sell food and non-alcoholic drink OOH; and the voluntary scheme involving the signing up and adherence to a code of practice for children's menus will be welcomed by many of those experiencing socio-economic disadvantage in Scotland. The research has also shown that these policies have the potential to help encourage this part of the population to eat and drink more healthily when buying OOH.

While the policy relating to the mandatory inclusion of calorie information on alcoholic drinks at point of choice was not wholly rejected, most respondents were doubtful that it would have any meaningful impact.

Beyond these general conclusions, a number of key considerations emerged relating to all policies that are important to note when planning their potential implementation.

5.1 Calorie information being added at point of choice when eating and drinking OOH- key considerations

OOH calorie information provision- food and non-alcoholic drinks

For OOH calorie information to be meaningful and potentially of value it was felt that the policy should be mandatory; there should be no exceptions given to particular types of foods or drinks; and that the programme should be introduced across all OOH businesses that sell food and non-alcoholic drinks at the same time. In addition, the idea of having calorie information at point of choice, in the font and alongside price information was supported.

Beyond this though, it was felt to be important to ensure that there is a wide reaching education programme to support the implementation of the policy. It was felt that there should be three elements to this education programme:

- The population living in Scotland needs to be educated on why calorie information is being added OOH and how the policy will work. Only through this, it was believed, would there be wide reaching trust and credibility in the information provided.
- The population living in Scotland needs to be taught how calorie information can be used OOH in a positive way and by those who are not necessarily following a strict calorie control diet, and by those who feel that calorie information is of no value unless it is accompanied by

nutrition information. As part of this, it needs to be clear how calorie information can be used to support a balanced diet that includes both healthy foods and discretionary foods.

- Finally, it will be expected that communications and education will be undertaken to ensure that those who are most vulnerable are not adversely affected. That is, work will need to be done to ensure that the provision of calorie information does not accentuate the risk of people in Scotland developing eating disorders.

In addition to the education programme it was felt that FSS needs to remain mindful of and mitigate against five risks of the calorie provision policy that respondents felt might disproportionately and negatively impact the least affluent in society:

- It was believed that costs are likely to increase across OOH venues. At worst, it was felt that this might accentuate social exclusion within the least affluents parts of society.
- Again, due to cost increases created by the policy it was felt that there would be a risk of job losses across the OOH food and drink sector.
- There was felt to be a risk that to reduce the need to change popular recipes, some businesses might look to promote or generally reduce the cost of higher calorie items. Thus making these unhealthy options more accessible to individuals with limited money to spend OOH.
- There was also felt to be a risk that calorie information could be misunderstood or misused, especially by those less knowledgeable.
- It was also suggested that there would be a risk that unhealthy eating patterns might be developed to compensate for high calorie intake when eating OOH.

OOH calorie information provision- alcoholic drinks

Some respondents felt that there could be value in providing calorie information in OOH venues where alcoholic drinks are sold. This was primarily felt because of the perceived high numbers of calories in most alcoholic drinks. That said, the research showed there were two main issues with this idea.

First, it was felt that there would be practical difficulties in implementing the policy- both on the basis that drinks menus are rarely used when buying alcohol OOH, especially in on-trade venues, and because the environment within these venues is typically very cluttered, meaning that it would be difficult to see calorie information.

Second, the research showed that the vast majority of people currently overestimate the amount of calories in alcoholic drinks. As such, there is a risk that adding calorie information at point of choice for alcoholic drinks might encourage increased consumption of alcohol.

Based on these findings, JRS feels that it will be important to undertake additional research into the potential impact of adding calorie information OOH at point of choice for alcoholic drinks. This research would ideally explore how calorie information can be presented OOH in off and on-trade businesses; and what the real impact and level of risk is of increased drinking as a result of calorie information being provided.

5.2 Code of practice children's menus- key considerations

The research showed that children's menus are important to and widely used by parents of young children. They are broadly felt to give parents what they want- easy access to options that their children will eat and enjoy, at a good price. That said, parents were also widely critical of typical children's menus on the basis that they have limited choice, too much fried foods and not enough healthy options.

Based on this the research showed that parents will be supportive of the idea of a code of practice being introduced for children's menus. It was felt that, at best, a code could improve the diets of children when eating OOH. That said, there were felt to be two important requirements for development of the draft code- it will be important not to limit or reduce choice, and the code cannot allow businesses to mis-represent the level of healthiness of their offering.

APPENDIX 1: HOMEWORK EXERCISE

FSS

OOH Calorie and Children's Menu Research

HOMEWORK V3 FINAL OCTOBER

Thank you so much for agreeing to take part in our research. The research will explore where people eat, the types of food they eat, and why.... when they are not preparing food themselves or having food prepared for them by family or friends. So that includes food bought when not at home for eating when not at home....and take away or delivery food for eating at home.

To help prepare you for the discussion, and to provide background information for the research team, we would like you to complete this questionnaire please. It shouldn't take you more than about 10 minutes to complete.

The answers you give will be kept confidential. The most important thing is just to be honest please.

When you complete this questionnaire and press 'submit' your answers will automatically be sent to the research team for analysis.

Thank you again for your help. We look forward to seeing you at your research session.

First a bit about you:

What gender are you?:

- Male
- Female
- Prefer to self-describe _____
- Prefer not to say

How old are you?:

- Under 30 years
- 31-40 years
- 41-50 years
- 51-60 years
- 61-70 years
- 71+ years

Who do you share your home with? (please tick all that are relevant to you):

- Nobody- I live alone
- Partner or spouse
- Kids 12 years or under
- Kids 13 to 17 years
- My grown up kids (18 years +)

- Other adults (flatmates or friends)
- Other _____

Your attitudes to health- please be honest

How healthy a lifestyle do you live? Please give a score out of 10 where 10 is 'my lifestyle if very healthy' and 1 is 'my lifestyle is very unhealthy'

- 1,2,3,4,5,6,7,8,9,10

Specifically, how healthy is your diet, on average? Please give a score out of 10 where 10 is 'my diet is very healthy' and 1 is 'my diet is very unhealthy'

- 1,2,3,4,5,6,7,8,9,10

Eating food you don't prepare yourself or that is prepared for you by family or friends

Here is a list of different ways of buying food and drink which you don't prepare yourself. Approximately how often do you buy food and drink in this way?....Every day, A few times per week, About once per week, A few times per month, About once per month, Less than once per month, A few times per year, Rarely, Never

- Eating out in personal time on your own or with adults only- for a sit down meal (e.g. when shopping or on a social occasion....in a restaurant, café or pub)
- ONLY SHOW IF HAVE CHILDREN UNDER 12- Eating a meal when out for a social occasion with children e.g. in Leisure/soft play centers, fast food restaurants, drive-thru's, restaurants or cafés
- Buying a sit-down meal during a working day (in canteen or café or restaurant)
- Takeaway/ delivery food to eat at home- ordered over the phone or online
- Buying food and drink for a meal when eating on the go- that is not for 'sit-in' eating (e.g. buying a sandwich in a coffee shop or bakery)
- Buying a snack to eat when out of your home (e.g. from a café, a convenience store or vending machine)

Personally, what do you look for when eating out in each of the ways relevant to you? For each way of eating food please give a score out of 10 for each of the different things you might look for...where 10 is 'this is very important to me' and 1 is 'this is not important to me at all' ROUTE ONLY ASK FOR THOSE CODED AS USED

- Eating out in personal time on your own or with adults only- for a sit down meal (e.g. when shopping or on a social occasion....in a restaurant, café or pub)
 - Good price (1-10)
 - Healthy foods (1-10)
 - Something filling (1-10)
 - Large portion size (1-10)
 - Something tasty (1-10)
 - Something familiar (1-10)

- Low calories (1-10)
- Convenience/time-saving (1-10)
- Eating a meal when out for a social occasion with children e.g. in Leisure/soft play centers, fast food restaurants, drive-thru's, restaurants or cafés
 - Good price (1-10)
 - Healthy foods (1-10)
 - Something filling (1-10)
 - Large portion size (1-10)
 - Something tasty (1-10)
 - Something familiar (1-10)
 - Low calories (1-10)
 - Convenience/time-saving (1-10)
- Buying a sit-down meal during a working day (in canteen or café or restaurant)
 - Good price (1-10)
 - Healthy foods (1-10)
 - Something filling (1-10)
 - Large portion size (1-10)
 - Something tasty (1-10)
 - Something familiar (1-10)
 - Low calories (1-10)
 - Convenience/time-saving (1-10)
- Takeaway/ delivery food to eat at home- ordered over the phone or online
 - Good price (1-10)
 - Healthy foods (1-10)
 - Something filling (1-10)
 - Large portion size (1-10)
 - Something tasty (1-10)
 - Something familiar (1-10)
 - Low calories (1-10)
 - Convenience/time-saving (1-10)
- Buying food and drink for a meal when eating on the go- that is not for 'sit-in' eating (e.g. buying a sandwich in a coffee shop or bakery)
 - Good price (1-10)
 - Healthy foods (1-10)
 - Something filling (1-10)
 - Large portion size (1-10)
 - Something tasty (1-10)
 - Something familiar (1-10)
 - Low calories (1-10)
 - Convenience/time-saving (1-10)
- Buying a snack to eat when out of your home (e.g. from a café, a convenience store or vending machine)
 - Good price (1-10)
 - Healthy foods (1-10)
 - Something filling (1-10)
 - Large portion size (1-10)
 - Something tasty (1-10)
 - Something familiar (1-10)
 - Low calories (1-10)
 - Convenience/time-saving (1-10)

ROUTING ASK IF CODED 'Takeaway/ delivery food to eat at home- ordered over the phone or online'

Do you eat 'takeaways meals' at home (that is meals you collect or have delivered to your home) more or less or about the same in comparison to before the pandemic?

- I use food delivery services much more than before the pandemic
- I use them a little more
- I use them about the same as before the pandemic
- I use them a little less
- I use them much less than before the pandemic
- I don't know

ROUTING IF CODED 'HAVE CHILDREN 12 years or under' OTHERS CLOSE

When eating out with your children (that is your child(ren) 12 years or younger) do you use children's menus?

- Yes, always
- Yes, sometimes
- Rarely
- Never
- Don't know

Overall, what do you think of most children's menus nowadays?

- Typically- very good
- Typically- good
- Typically- neither good nor bad
- Typically- bad
- Typically- very bad
- Don't know

Why do you think that? _____

Which place to eat do you think does the best children's menu?

- Don't know

Why do you think that? _____

What do you look for in a children's menu? Please give a score out of 10 for each of the different things you might look for...where 10 is 'this is very important to me' and 1 is 'this is not important to me at all'

- Good price (1-10)
- Something my kids will eat (1-10)
- Healthy foods (1-10)
- Something my kids will enjoy (1-10)
- Something different- to give my kids an experience (1-10)
- Good size portions (1-10)

Is there anything else you look for in a children's menu?

Please write in _____

Nothing else

Thank and submit

APPENDIX 2: TOPIC GUIDE

FSS

OOH Calorie and Children's Menu Research

Topic Guide V3 FINAL OCTOBER 2021

Introductions

- Moderator- name and neutrality
- Explanation of group/depth discussions process
- MRS code of conduct and confidentiality- TAPE and Client viewing- as relevant
- Topic of research- eating when you are out and about....
 - o As you know the research will be used to explore where people eat, and the types of food they eat, and why, when they are **NOT preparing the food for themselves at home or having food prepared for them by family or friends.**
 - o This can be....having something for breakfast, buying a sandwich for lunch, grabbing a snack, having a coffee and cake, or having a meal out, it all counts....as does ordering a takeaway to eat at home
 - We are interested in your experiences of buying food from any of the very wide range of places you can go to when out and about....
 - Cafes, all types of restaurants, takeaways, pubs/bars, vending machines, workplace canteens, hotels, leisure and entertainment venues.
 - Supermarkets and convenience stores which provide "food on the go".
 - Places where we purchase food when commuting or travelling.
 - Food delivery services (not grocery), including online.
 - So.... - takeaways that you may order to eat at home count
 - But eating food out of home that you prepared at home (e.g. for a packed lunch) does not count
- Key thing to be aware of when we talk about this part of your life is you need to be honest please- about your views and your behaviour- WE HAVE ASKED YOU TO COME ALONG TODAY BECAUSE WE UNDERSTAND THAT YOU ARE TYPICAL OF THE TYPES OF PEOPLE WHO LIVE IN SCOTLAND....INCLUDING IN TERMS OF HOW YOU EAT AND DRINK
- You:
 - o Name, family/ who share your home with?
 - o Of all the different types of eating, when you are not preparing the food for yourself, what is your favorite? MODERATOR- USE THIS QUESTION TO GAUGE THAT RESPONDENTS UNDERSTAND WHAT WE MEAN BY OOH EATING

How are respondents eating and drinking OOH- MODERATOR NOTE- AVOID TALKING ABOUT DRINKING ALCOHOL AT THIS TIME

- **SHOWCARD 1** Go around respondents individually
 - o Very quickly....please describe how you buy food in each of the following ways...where you go, what you eat and how often?
 - Eating out in personal time on your own or with adults only- for a sit down meal (e.g. when shopping or on a social occasion....in a restaurant, café or pub)
 - Eating a meal when out for a social occasion with children e.g. in Leisure/soft play centers, fast food restaurants, drive-thru's, restaurants or cafés
 - Buying a sit-down meal during a working day (in canteen or café or restaurant)
 - Takeaway/ delivery food to eat at home- ordered over the phone or online
 - Buying food and drink for a meal when eating on the go- that is not for 'sit-in' eating (e.g. buying a sandwich in a coffee shop or bakery)
 - Buying a snack to eat when out of your home (e.g. from a café, a convenience store or vending machine)

- Are you happy with the amount you eat in these ways or, in an ideal world, would you do it less or more?
 - o Why do you say that?
- Do you think you eat more or less in these ways (SC1)....than you used to....a few years ago?
 - o PROBE- how have your eating habits change?
 - o PROBE- when did your eating habits change?
 - o PROBE- why have your eating habits change?
- What, for you, are the plus sides of eating out of home in these ways (SC1)....versus preparing food for yourself at home?
- What, if anything, are the downsides of eating more....in these different ways?
- PROBE IF NEEDED:
 - o Just to be clear, how has your use of takeaways and home delivery services changed in recent years?
 - o Which home delivery services do you use? (Probe- the restaurants own service, Deliveroo, Just Eat, Uber Eats, other)
 - o Has the pandemic changed the amount you go online or phone for a carry out- that you get either as a takeaway or through delivery to your home?
 - Why is that? Probe- is it about the prices being low, the ease and convenience of takeaway/delivery eating, the variety, the general appeal across the family....or something else?

Decision making process when eating OOH

- **SHOWCARD 2-** When you did the homework exercise we asked you to rate the importance of each of these factors on where you eat....to help us fully understand the scores you gave in the homework can you please tell me how important each of these is for each type of eating out (MODERATOR- GO THROUGH EATING OOH OCCASIONS ON SC1 IN TURN AND ASK RESPONDENTS TO DISCUSS THE CRITERIA)
 - o Good price
 - o Healthy foods
 - o Something filling
 - o Large portion size
 - o Something tasty
 - o Something familiar
 - o Low calories
 - o Convenience/time-saving
 - o On promotion
- **PROBE FULLY ON PRICE OVERALL-** do you feel you get good value for money when eating OOH?
 - o Why do you say that?
 - o Do you look for ways to save money when eating OOH or is it more a time to treat yourself?
 - o Are you spending more or less in each area of eating out (SC1) than you were a few years ago?

Probe on the importance of calorie information

- **CALORIE ON MENU TEST- SHOWCARDS 3a and 3b:**
 - o Just for a bit of fun- imagine you were out for dinner just now....please choose a meal from this food menu **SHOW MENU WITH NO CALORIE INFORMATION**
 - o And now....please choose a meal from this food menu **SHOW MENU WITH CALORIE INFORMATION**
 - What are your first thoughts now we have done this exercise?
- **PROBE FULLY ON CALORIES OVERALL-** how well would you say you understand calories....and their influence on the healthiness of a diet?
 - o What is the recommended number of calories for an average male? (2500)
 - o What is the recommended number of calories for an average female? (2000)
 - o Just to be clear, how much do you care about calories day to day?
 - Do they influence how you eat or drink at all?

- Why do you say that?
 - Now we know that it will vary by different occasions....but based on the discussion we have just had....how much would you say you, on average, typically care about calories when eating OOH?
 - Why do you think that is?
 - FOR THOSE WHO DON'T USE CALORIES AS PART OF DMP OOH- Are there any occasions when you have used calories to help guide what you eat?

●
Reaction to calorie information being added at point of choice

- What do you think of the idea of calorie information being added in all places that you eat out of home....including online and on menus for delivery services? TO ANSWER THIS PLEASE FIRST GIVE A SCORE OUT OF 10- WHERE 10 IS 'ADDING CALORIE INFORMATION IN PLACES I BUY FOOD OUT OF HOME IS A VERY GOOD IDEA' AND 1 IS 'IT IS A TERRIBLE IDEA'
 - So, overall, is it a good idea or not?
 - Why do you say that?
- The idea from FSS and the SG is that calorie information will need to be included, by law, at all places you decide what you are going to buy in all the areas of eating OOH we have been discussing. Calorie information will need to be included near the price information and in a format that is the same size as the price....
 - What do you think?
- Do you think it makes sense to have calorie information presented beside the price in this way?
 - Why do you think that?
 - Do you have any other suggestions on how the calorie information should be presented?
- Do you think the inclusion of calories at POINT OF CHOICE....that is beside the price....will have an impact on you?
 - If yes, how will it have an impact on you?
 - If no, why not?
- What might be the potential benefits for you of having calorie information at point of choice?
 - For you personally?
 - For society at large?
- What can be done to help ensure the introduction of calorie information is received positively by people like you....and that it encourage people to eat more healthily when OOH?
- Over time, as people get more used to having calorie information at point of choice when eating out of home....do you think it will have the potential to change the way people eat or not?
 - Why do you say that?
- **SHOWCARD 4-** here is a card that shows the ranges of calories included in foods you could buy OOH. If, over time, you got more familiar with the calorie options that are available, do you think it would make a difference to you?....how and why?

Approximate calorie ranges of common menu items (source- online research)	
Food Type	Approximate calorie ranges
Cooked Breakfasts	500-1570
Fish and Chips	650-1900
Burger and Chips	470-1900
Pizzas	171-3080
Starters and Small Plates	15-1317
Sandwiches and wraps	160-700
Paninis and Baguettes	220-1000
Chips/Fries	220-1440
Sides (excl. regular chips/fries)	70-910
Desserts	46-1426
Cinema popcorn	139-1180
Cakes and pastries	60-760
Specialty Coffee (excl. black coffee)	5-588
Milkshakes	127-641
Food on the go meal deals	200-1500

- Can you think of any downsides to having calorie information at point of choice for eating out of home, including for deliveries and takeaways?
 - o Can you think of any negative impacts for you?
 - o Thinking about possible situations....what would your reaction be:
 - If there are price increases
 - If favorite types of food and drink are sold in smaller portion sizes
 - If higher calorie items are sold at the same price as lower calorie items
 - If smaller businesses are exempt- so, for example, your local fish and chip shop might not have to show calorie information
 - o What can be done to help ensure the introduction of calorie information does not have a negative impact on people like you?

Reaction to calorie information being added at point of choice for alcoholic drinks (IF LIMITED TIME AVAILABLE- ASK THIS SECTION ONLY FOR RESPONDENTS WITHOUT CHILDREN 12 YEARS OLD OR UNDER)

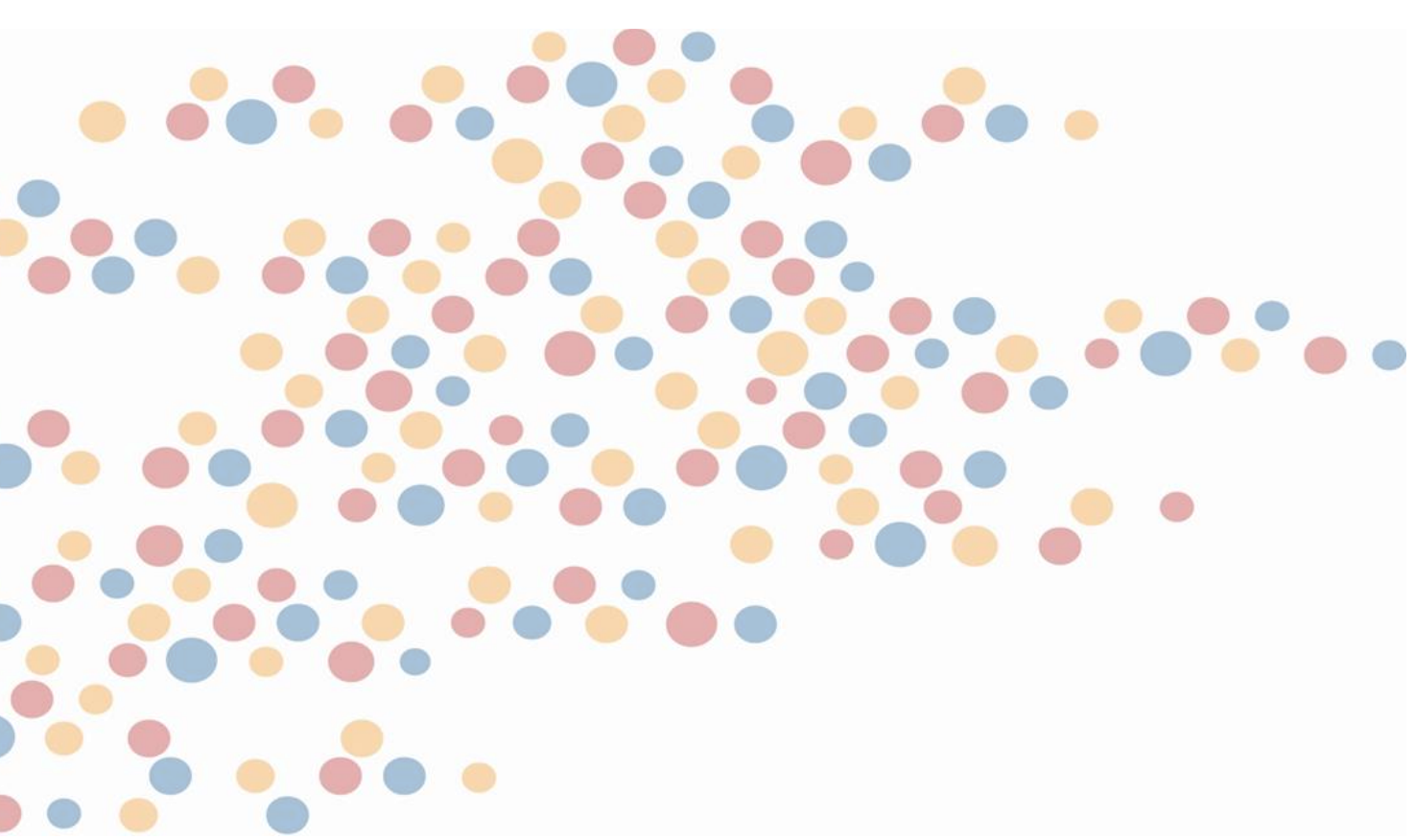
- As part of potential plans, calorie information might also be added on all alcoholic drinks at point of choice- both from off-license and supermarkets....and in pubs and restaurants
 - o What do you think of this idea?
 - o Are you conscious of the amount of calories there are in alcoholic drinks?
 - Does that impact how you drink?
 - If yes, how?
 - If not, why not?
- **SHOWCARD 5a** Here is a small drinks menu....how many calories do you think are in each drink?
 - o **SHOWCARD 5b** Here are the calories- what do you think?
 - o Would having calorie information at point of choice for alcoholic drinks impact how much you drink do you think?

- Why/ why not?
- For any of you, would there be any downsides to having calorie information provided for alcoholic drinks?

Children's menus (ONLY FOR RESPONDENTS WITH CHILDREN 12 YEARS OLD OR UNDER)

- Further to your homework
 - How important are children's menus for you when you eat out with your kids?
 - Why do you say that?
 - What do you think of typical children's menus just now?
 - Good or bad?
 - What are the best ones- why?- MODERATOR- LISTEN FOR REFERENCES TO HEALTH
 - What do you look for in a children's menu? PROBE:
 - Good price
 - Something your kids will eat
 - Healthy foods- MODERATOR- PROBE FULLY RE THE IMPORTANCE OF HEALTH- WHY IMPORTANT AND WHY NOT IMPORTANT
 - Something your kids will enjoy
 - Something different- to give your kids an experience
 - Good size portions
- If children's menus were to be improved, for you, how would they do that?
- What do you think of the idea of a code of practice being introduced that encourages places to eat (such as leisure/soft play centers and cafes and restaurants) to improve how healthy children's menus are?
 - For you, what would the code of practice encourage different places to eat to do with their children's menus?
 - PROBE If NECESSARY- For you, what should the code of practice have to help ensure healthier choices are made by and for kids?
- **SHOWCARD 6** Here is a draft code of practice for children's menus in Scotland
 - What do you think of this?
 - What ideas do you like?
 - What ideas do you not like?
 - Do you think anything else should be added? E.g.
 - Do you think businesses should be OK to run promotions with unhealthy options- e.g. free ice cream bar?
 - What about the idea of an awards presentation for sign up and compliance to a children's menu code of practice
- Do you think you would search out and go to restaurants that use this code?
 - Why/ why not?
 - What would your kids think?
- What could be done to ensure that the code of practice works best in helping parents?

Close and Thank



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