	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 1 of 5
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.0
	Issue Date: 17/07/15
Form Type: Tender Information Document	Issued By: Director Food Science



## **RESEARCH TENDER CALL**

### **TENDER INFORMATION DOCUMENT**

**Project Reference No.: 01-2016**

**Project Title:**

**“What’s on your child’s plate? Food portion sizes and the proportion of different food groups eaten by children on the island of Ireland”**

#### **1. Objective/Knowledge Gap**

The portion size and the proportion of servings from the different food groups recommended for children’s meals depends on their age and stage. This research aims to:

- Provide insight into how parents estimate portion sizes and the controls that they use for (a) different meals and (b) different types of foods (‘healthy foods’ vs ‘unhealthy foods’); and
- provide insight into the proportion of different foods given at routine meals in the home and in school in comparison to those recommended by dietary guidelines.

#### **2. Background**


Several studies have examined body weight status in children on the island of Ireland (IOI) during the past two decades and show that almost 1 in 4 children are currently carrying excess weight. The problems of childhood obesity have been widely documented. An obese child is not only at increased risk of chronic disease later in life but also at risk in the short term of co-morbidities. Obese children are also more likely to suffer various orthopaedic and neurological conditions, breathing disorders and psycho-social problems<sup>1 2</sup>.

Over the past number of years, portion sizes have increased outside of the home but research on portion sizes inside the home has been limited. The NCFS research indicated that large portion sizes across many food groups is a likely key factor associated with obesity. This indicates that most people eat the same range of foods but those with excess weight eat more amounts of these foods that lead to energy intakes greater than energy requirements<sup>3</sup>. Fisher *et al.*, indicate that large portions may constitute an obesogenic influence on children’s eating

<sup>1</sup> Lobstein T, Baur L, Uauy R. Obesity in children and young people: a crisis in public health. *Obes Rev.* 2004;5 Suppl 1:4-104. Epub 2004/04/21.

<sup>2</sup> Must A, Hollander SA, D. EC. Child obesity: a growing public health concern. *Expert Review of Endocrinology and Metabolism.* 2006;1(2):233-54.

<sup>3</sup> Safefood, Health Service Executive. Body weight and eating habits in 5-12 year old Irish children. The National Children’s Food Survey, Summary Report: Safefood and Health Service Executive; 2011.

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 2 of 5
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.0
	Issue Date: 17/07/15
Form Type: Tender Information Document	Issued By: Director Food Science

by promoting intake at meals<sup>4</sup>. Caregivers can inadvertently contribute to their children's overconsumption of energy if they present them with portions that are not age or size appropriate<sup>5</sup>.

There are healthy eating guides for children in both jurisdictions, ROI and NI. In the Republic of Ireland, the food pyramid outlines the recommended proportions and servings for each food group, fruit and veg, starchy foods, protein, dairy foods and fats and oils. In NI the Eatwell guide provides guidance on the recommended proportions and servings of these food groups. Quantitative data on the diets of children has been gathered in both NI and ROI via the National Diet and Nutrition Survey (NDNS) and the National Children's Food Survey (NCFS), respectively.

The current diets of children are low in fruit and vegetables and fibre and high in saturated fat, salt and added sugar. In addition the available data has indicated that there are low intake of many vitamins and minerals e.g. 88% 5-12 year olds has inadequate Vitamin D intakes with a similar picture among teenagers; 1 in 3 5-12 year old girls had low calcium and iron intakes which increased in to 3 in 4 for iron and 42% for calcium among teenage girls. One in five teenage boys had low iron and calcium intakes.

The major energy sources for 5-12 year olds and 13-17 year olds were similar. Meat and meat products and sugars, confectionary, preserves and savoury snacks are major sources. Over half the meat and meat products consumed by these age groups are processed contributing not only to energy intake but also contributing to high intakes of saturated fat and salt also. Most of the milk consumed by children and teenagers is full fat. Any recommendations to tackle obesity must take into consideration overall nutritional needs e.g. iron and calcium. Data from the UK wide NDNS shows similar trends to that seen in ROI. There is no detailed dietary and nutrition information available until 2014/2015 for children and young people in NI.


Parents play an important role in the formation of food habits and preferences of young children. They can influence their children's food choice by making specific foods available, by acting as role models for their children and by their behaviour in specific situations. Results from the NCFS found that parents identified convenience, cost, and children's preferences and eating behaviours as significant barriers to providing a healthy diet. Interestingly, parents who recognised these factors as barriers were as likely to have children whose diets were healthy, indicating that their efforts provided them with the insight to spot the obstacles. Other international studies have found that early experiences of particular foods are major determinants of the development of children's food acceptance patterns<sup>6</sup>. Cooke et al., indicate that the amount of fruit and vegetables that UK parents themselves reported eating was in fact a strong predictor of their 2 to 6 year old child's intake<sup>7</sup>.

<sup>4</sup> Orlet Fisher J, Rolls BJ, Birch LL. Children's bite size and intake of an entree are greater with large portions than with age-appropriate or self-selected portions. American Journal of Clinical Nutrition. 2003;77(5):1164-70. Epub 2003/04/30.

<sup>5</sup> Johnson SL, Hughes SO, Cui X, Li X, Allison DB, Liu Y, et al. Portion sizes for children are predicted by parental characteristics and the amounts parents serve themselves. The American journal of clinical nutrition. 2014;99(4):763-70.

<sup>6</sup> Koivisto Hursti UK. Factors influencing children's food choice. Annals of Medicine. 1999;31(1):26-32.

<sup>7</sup> Cooke LJ, Wardle J, Gibson EL, Sapochnik M, Sheiham A, Lawson M. Demographic, familial and trait predictors of fruit and vegetable consumption by pre-school children. Public health nutrition. 2004;7(2):295-302. Epub 2004/03/09.

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 3 of 5
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.0
	Issue Date: 17/07/15
Form Type: Tender Information Document	Issued By: Director Food Science

### **3. Approach**

It is proposed that the aims and objectives of the current research are met by using predominantly qualitative research methods such as focus groups with parents within the community setting. This may be complemented with quantitative methods. Creative approaches such as the use of vignettes should be considered for use in the qualitative approach to facilitate open and frank discussions.

### **4. Technical Specification**

- (a) Scope of research
- (b) Literature review
- (c) Qualitative and quantitative work
- (d) Analysis
- (e) Data handling and Reporting
- (f) Quality assurance

#### **(a) Scope of the research**

1. The research will be focused on parents of 2 to 12 year olds and will be representative of:
  - a) Different age ranges;
  - b) Rural and urban;
  - c) Men and women;
  - d) The distribution of socio-economic groups with a particular focus on C2DE parents.
2. The research should be conducted among adults living in both NI and ROI.

#### **(b) Literature review**


The research should include a review of the literature in this area both published and unpublished or grey literature.

#### **(c) Qualitative and quantitative research**

A full justification and rationale for the proposed methodology (including recruitment strategies) and analytical approach will be required. It will be necessary to indicate for all aspects of the project how the proposed data will be collected, analysed and reported.

The research should be predominantly qualitative in nature. The use of validated questionnaires should be considered to collect some relevant quantitative data.

The contractor is responsible for developing and piloting any topic guide which will be used to facilitate the qualitative discussions. The contractor is encouraged to use tools such as vignettes or visual aids to facilitate a more relevant and open discussion for the participants.

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 4 of 5
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.0
	Issue Date: 17/07/15
Form Type: Tender Information Document	Issued By: Director Food Science

#### **(d) Analysis**

The contractor will provide explicit details of all analytical methods. Quality control must be evident in the analysis and in the case of the qualitative research the results must be verified by a second qualitative researcher.

#### **(e) Data Handling and Reporting**

1. An interim report (electronic and hardcopy) containing a summary of the findings to date will be submitted to **safefood** at six monthly intervals of the research.
2. The contractor is responsible for collating all results and a final project report will be submitted to **safefood** on completion of the study.
3. All forms, documentation and electronic files must be retained by the contractor until further notice from **safefood** in case of issues arising after the completion of the research.

#### **(f) Quality Assurance**

1. Ethical approval will be an essential component to the approach where human interventions are involved.
2. The contractor will use validated methods where applicable and will apply best practice quality controls to approaches.
3. **safefood** can visit contractors during the course of the survey to assess how the work is being carried out.

### **5. Proposed Activities/Deliverables**

The proposed activities and deliverables will be dependent on the methodology proposed and will include


- Submission on a 6 monthly basis of an Interim Report.
- Submission of a Final Project Report to be submitted to **safefood** within the 12 month study period.
- Detailed recommendations of potential strategies to enable parents, children and others to select (a) age-appropriate portion sizes and (b) proportion of foods from the different food groups for children's meals.

### **6. Other requirements**

Total costings are to be included in the tender.

### **7. Evaluation of Tenders**

The tenderers will be evaluated as follows:

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 5 of 5
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.0
	Issue Date: 17/07/15
Form Type: Tender Information Document	Issued By: Director Food Science

**(a) Quality of the proposal:**

- ✓ Anticipated deliverables;
- ✓ Research method and facilities;
- ✓ Value for money;
- ✓ Potential for application;
- ✓ Work plan, including the overall timeframe.

**(b) Quality of Applicants:**

- ✓ Experience in subject area;
- ✓ Quality Assurance and Quality Control measures in place.

**8. Duration of Project**

Estimated duration of the project: Total of 12 months max. A detailed timescale of research should be submitted by each applicant.

**9. Tender Application Forms and Guidelines**

The Tender Application Form and associated Guidelines can be downloaded from [www.safefood.eu](http://www.safefood.eu). They can also be obtained by emailing [research@safefood.eu](mailto:research@safefood.eu), quoting the project reference number **01-2016**. Alternatively please contact **safefood** as per the details below.

Clodagh Flavin  
Research Coordinator  
**safefood**  
7 Eastgate Avenue  
Eastgate  
Little Island  
Co. Cork

Tel: +353 21-2304117  
Fax: +353 21-2304111

**The closing date** for receipt of applications by **safefood** is no later than **4pm on Friday 10<sup>th</sup> June 2016**.