

FY2 Wave 3-4 NI: Chapter 4 Eating out and takeaways

[The Food Hygiene Rating Scheme](#) (FHRS) helps people make informed choices about where to eat out or shop for food by giving clear information about the businesses' hygiene standards. Ratings are typically given to places where food is supplied, sold or consumed, including restaurants, pubs, cafés, takeaways, food vans and stalls.

The FSA runs the scheme in partnership with district councils in Northern Ireland, and with local authorities in England and Wales. In Northern Ireland, district council food safety officers are responsible for checking food hygiene standards at food premises to assess compliance with legal requirements through unannounced hygiene inspections. Businesses are given a rating from 0 to 5. A rating of 5 indicates that hygiene standards are very good and a rating of 0 indicates that urgent improvement is required.

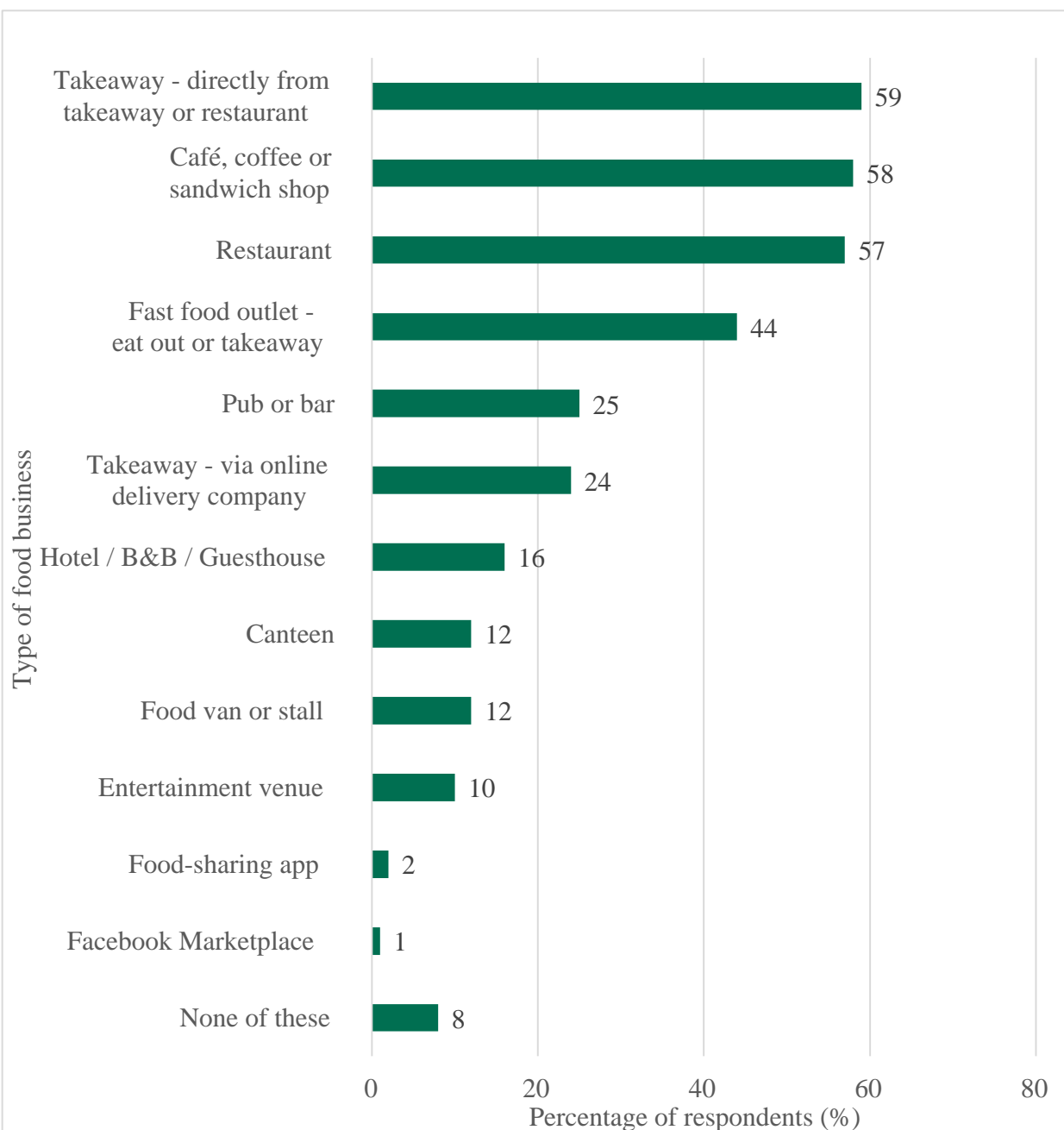
Food businesses are provided with a sticker which shows their FHRS rating. In Northern Ireland and Wales food businesses are legally required to display their FHRS rating, however in England businesses are encouraged to display their FHRS rating. FHRS ratings were introduced in November 2013 in Wales and October 2016 in Northern Ireland. [Footnote](#). FHRS ratings are also available on the FSA website.

Prevalence of eating out and ordering takeaways

Figure 8 Type of food business respondents had eaten at or ordered food from in the previous 4 weeks

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Type of outlet	Percentage of respondents
None of these	8
Facebook Marketplace	1
Food-sharing app	2
Entertainment venue	10

Type of outlet	Percentage of respondents
Food van or stall	12
Canteen	12
Hotel / B&B / Guesthouse	16
Takeaway - via online	
delivery company"	24
Pub or bar	25
Fast food outlet -	
eat out or takeaway"	44
Restaurant	57
Café, coffee or	
sandwich shop"	58
Takeaway - directly from	
takeaway or restaurant"	59

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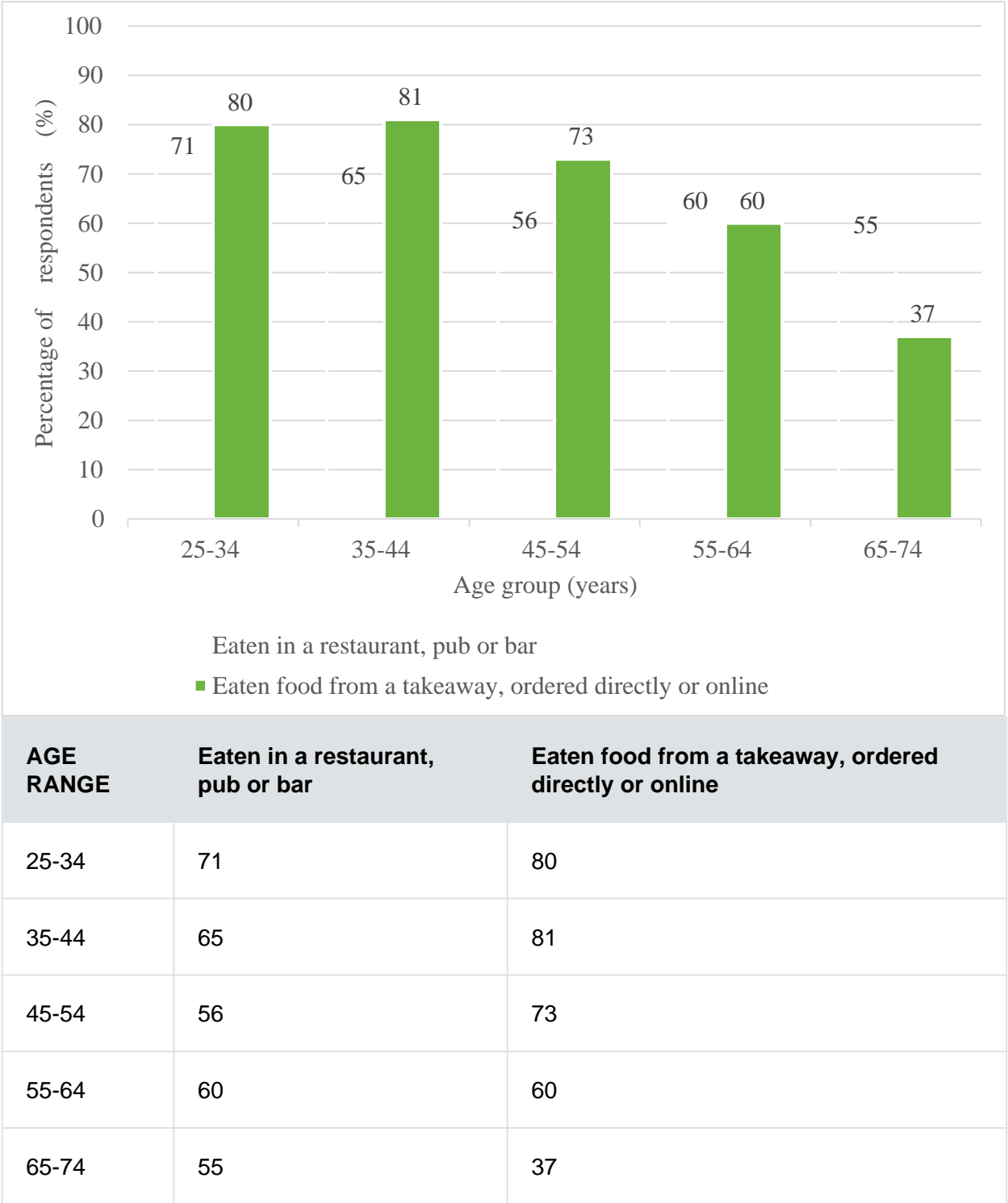
Source: Food & You 2: Wave 4

Respondents were asked where they had eaten out or ordered food from in the previous 4 weeks. Around 6 in 10 respondents had ordered a takeaway directly from a takeaway shop or restaurant (59%), from a café, coffee shop or sandwich shop (either to eat in or take out) (58%) or eaten out in a restaurant (57%). Less than 1 in 10 (8%) respondents had not eaten food from any of the listed food businesses in the previous 4 weeks (Figure 8) ([footnote](#)).

Figure 9 Prevalence of eating out in a restaurant, pub or bar, or from a takeaway by age group in the previous 4 weeks.

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Source: Food and You 2: Wave 4

Younger respondents were more likely to have eaten out in a restaurant, pub or bar, or from a takeaway (ordered directly or online) in the previous 4 weeks compared to older respondents. For example, 71% of respondents aged 25-34 years had eaten out in a restaurant, pub or bar compared to 55% of those aged 65-74 years. Similarly, 80% of respondents aged 25-34 years had eaten food from a takeaway (ordered directly or online) compared to 37% of those aged 65-74 years (Figure 9).

The prevalence of eating out in a restaurant, pub or bar or eating food from a takeaway (ordered directly or online) in the previous 4 weeks also varied between different types of people in the following ways:

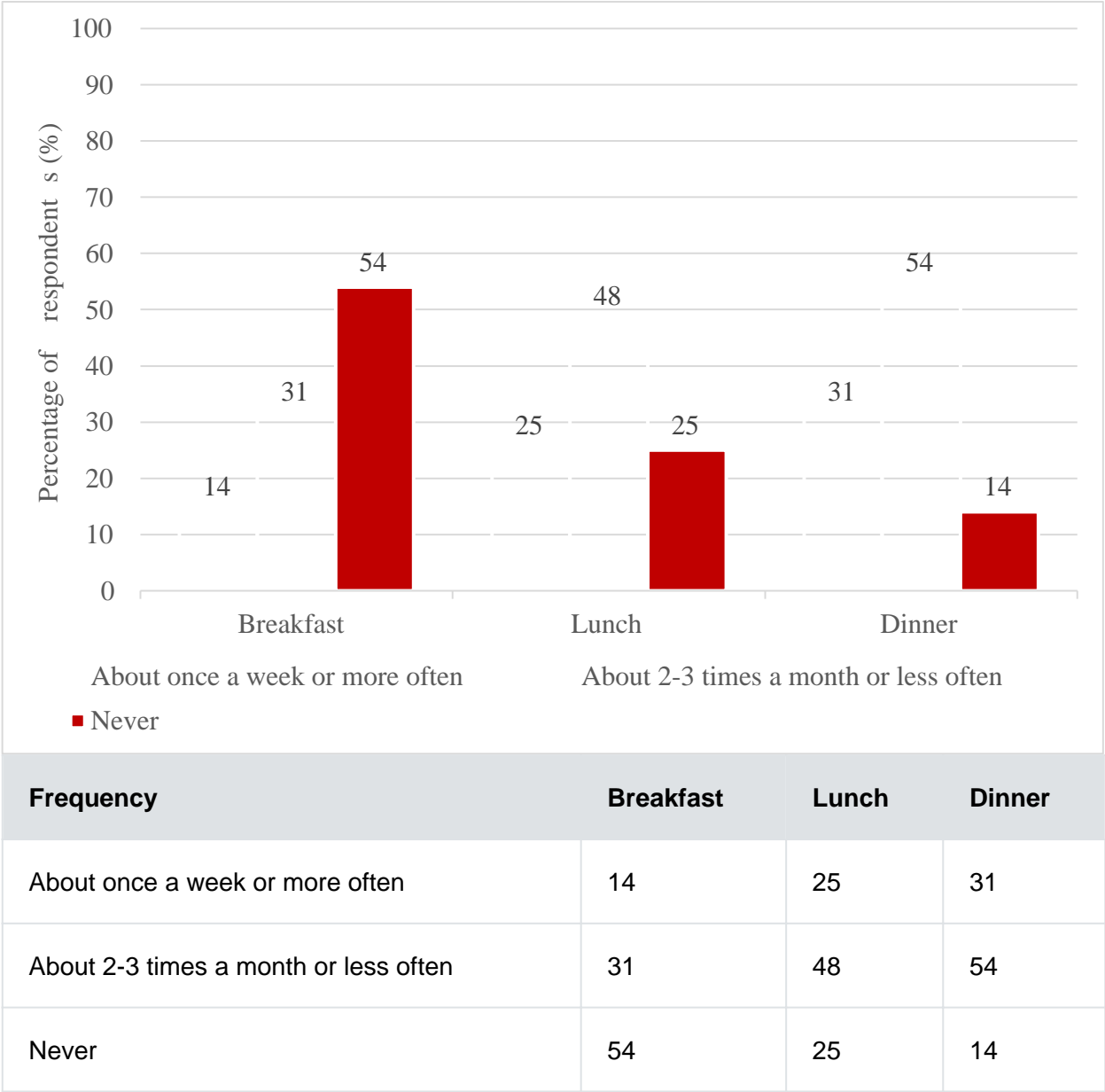
- Annual household income: Respondents with a higher household income between £19,000 and £63,999 (for example 74% of respondents with an income of £32,000-£64,999) were more likely to have eaten out in a restaurant, pub or bar, in the previous 4 weeks compared to respondents with an income below £19,000 (43%) ([footnote](#)).
- Household size: respondents who lived in larger households were more likely to have eaten food from a takeaway than those who lived in smaller households. For example, 78% of respondents living in 4-person households had eaten food from a takeaway compared to 40% of respondents living alone.
- Children under 16 years in household: respondents who had children in the household (82%) were more likely to have eaten food from a takeaway than those who did not have children aged 16 years or under in the household (60%). However, the prevalence of eating out in a restaurant, pub or bar did not differ between those with (60%) or without (62%) children aged 16 years or under in the household**.
- NS-SEC: respondents in some occupational groups (for example, 68% of those in managerial, administrative and professional occupations) were more likely to have eaten out in a restaurant, pub or bar compared to those in lower supervisory and technical occupations (54%) and semi-routine and routine occupations (44%).
- Urban/rural: respondents who lived in an urban area (70%) were more likely to have eaten food from a takeaway than those who lived in a rural area (60%). However, the prevalence of eating out in a restaurant, pub or bar did not differ between those who lived in urban (60%) or rural (63%) areas**.
- Food security: respondents with high (68%) food security were more likely to have eaten out in a restaurant, pub or bar than those with marginal (54%) or low (52%) food security ([footnote](#)).
- Long term health condition: respondents without a long-term health condition (66%) were more likely to have eaten out in a restaurant, pub or bar compared to respondents who had a long-term health condition (54%), however the prevalence of eating food from a takeaway did not differ greatly between those with (68%) or without (62%) a long-term health condition**.
- NIMDM: respondents who lived in the least deprived areas (NIMDM 5) (68%) were more likely to have eaten out in a restaurant, pub or bar compared to respondents who lived in the most deprived areas (NIMDM 1) (55%). However, respondents who lived in the most deprived areas (NIMDM 1) (76%) were more likely to have eaten food from a takeaway than those who lived in the less deprived areas, for (example NIMDM 3, 60%).

Eating out and takeaways by mealtime

Figure 10 Frequency of eating out and take away by mealtime

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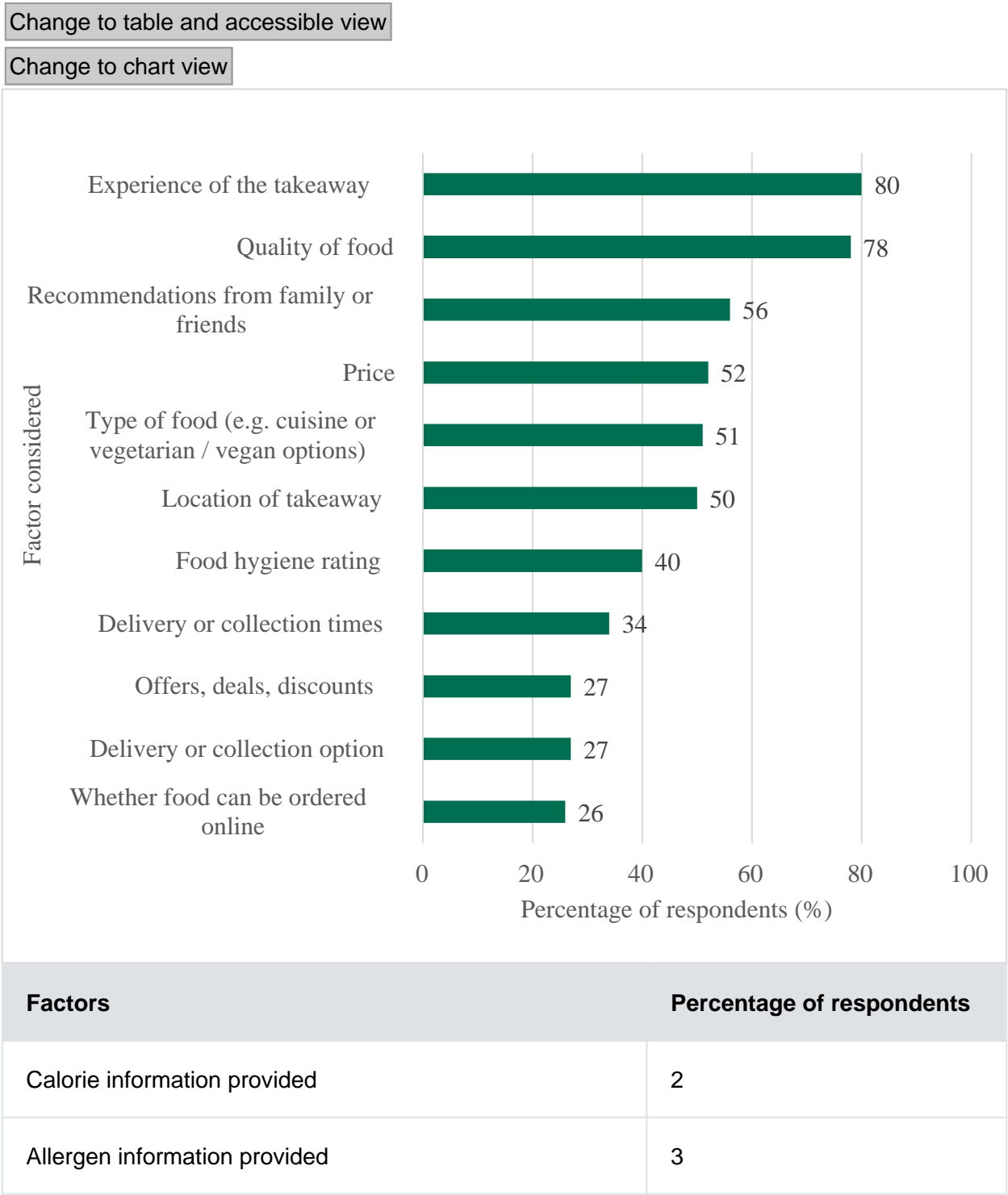
Source: Food & You 2: Wave 4

Respondents were asked how often they ate out or bought food to take out for breakfast, lunch, and dinner. Respondents were least likely to eat out or buy food to take out for breakfast, with 54% of respondents never doing this. Around half of respondents (48%) reported that they ate out or bought take out food for lunch 2-3 times a month or less often (Figure 10) ([footnote](#)).

Factors considered when ordering a takeaway

Respondents were asked which factors, from a given list, they generally considered when deciding where to order a takeaway from [\(footnote\)](#).

Figure 11 Factors considered when ordering a takeaway.



Factors	Percentage of respondents
Healthier options provided	7
Independent business or chain	8
Reviews	20
Whether food can be ordered online	26
Delivery or collection option	27
Offers, deals, discounts	27
Delivery or collection times	34
Food hygiene rating	40
Location of takeaway	50
Type of food (e.g. cuisine or vegetarian / vegan options)	51
Price	52
Recommendations from family or friends	56
Quality of food	78
Experience of the takeaway	80

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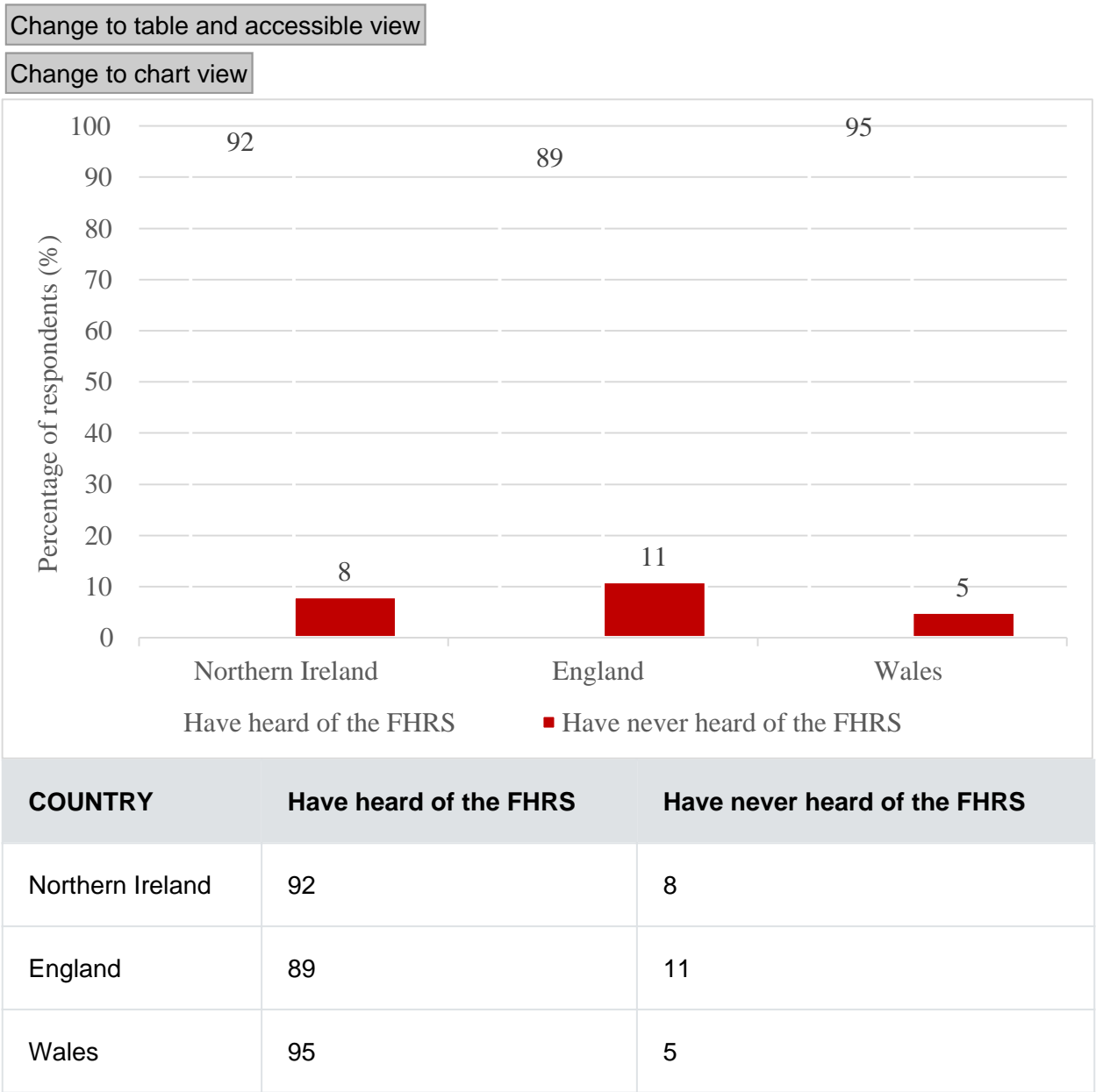
Source: Food & You 2: Wave 4

Of those who had ordered food from a takeaway, the factors most commonly considered when deciding where to place an order were the respondents' previous experience of the takeaway (80%) and the quality of food (78%). In addition, 4 in 10 (40%) respondents considered the food hygiene rating when deciding where to order a takeaway from (Figure 11) ([footnote](#)).

Awareness and recognition of the FHRS

Most respondents (92%) reported that they had heard of the FHRS. Almost three quarters (65%) of respondents reported that they had heard of the FHRS and had at least a bit of knowledge about it [\(footnote\)](#), FHRS questions not included in this report are available in the full dataset and tables. A more detailed FHRS report will be published separately. Wave 4.

Figure 12 Percentage of respondents who had heard of the FHRS by country



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Source: Food and You 2: Wave 4

Most respondents living in Northern Ireland (92%), England (89%), and Wales (95%), had heard of the FSA (Figure 14)**.

Respondents in Wales (74%) were more likely to report that they had heard of the FHRS and had at least some knowledge of the FHRS compared to those in England (57%) and Northern Ireland (65%)**.

When shown an image of the FHRS sticker, recognition of the FHRS sticker was comparable across Northern Ireland (94%), England (87%), and Wales (95%) (Figure 12) [\(footnote\)](#) **.

FHRS usage

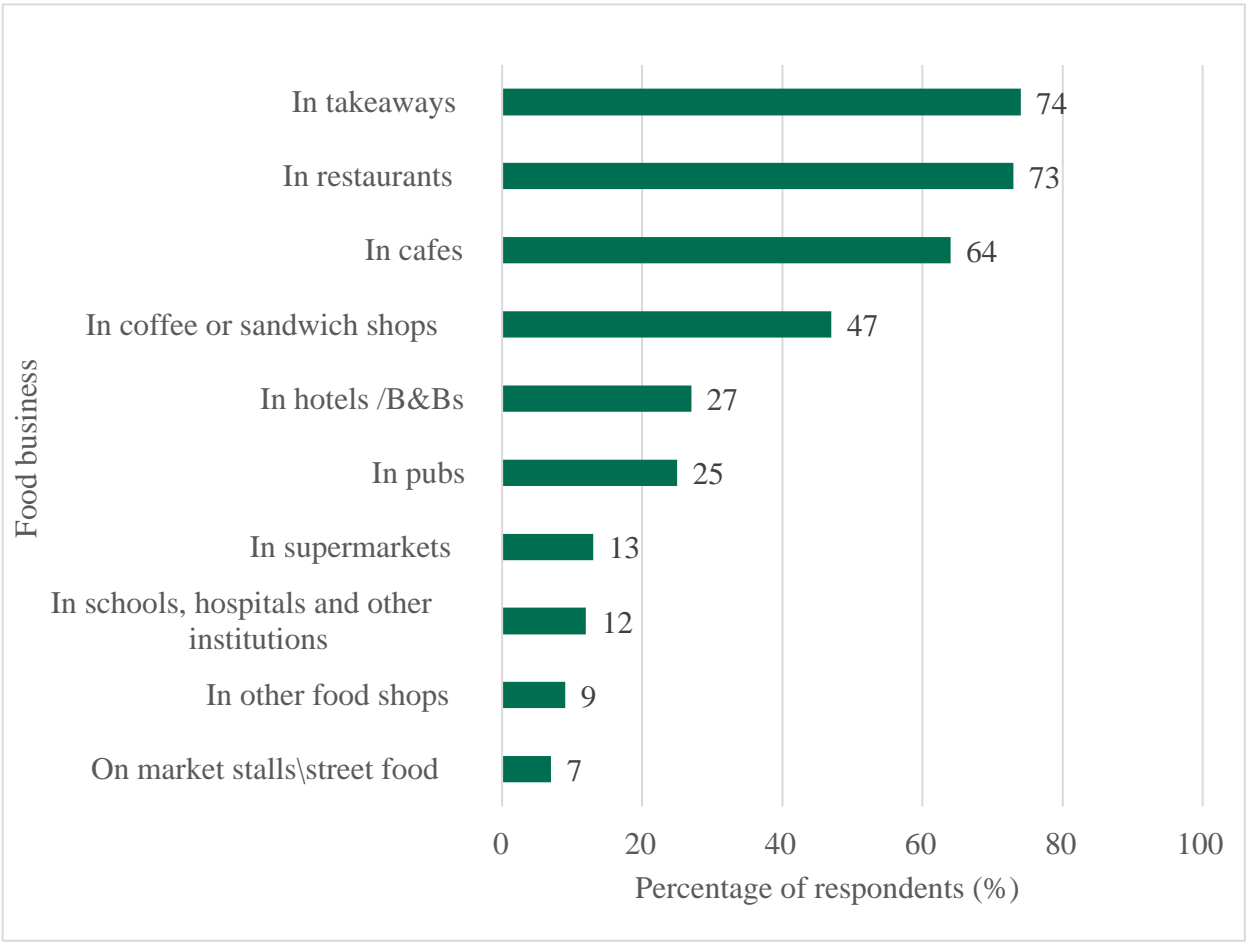
Respondents living in Wales (54%) were more likely to have checked the hygiene rating of a food business in the last 12 months compared to respondents in England (40%) and Northern Ireland (46%)** [\(footnote\)](#).

Figure 13. Food businesses where respondents in Northern Ireland had checked the food hygiene rating in last 12 months.

Figure 13 Food businesses where respondents in Northern Ireland had checked the food hygiene rating in last 12 months

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Outlet	Percentage of respondents
On market stalls\street food	7
In other food shops	9
In schools, hospitals and other institutions	12
In supermarkets	13
In pubs	25
In hotels /B&Bs	27
In coffee or sandwich shops	47
In cafes	64
In restaurants	73
In takeaways	74

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Source: Food & You 2: Wave 4

Respondents who said they had checked the hygiene rating of a food business in the last 12 months were asked what types of food businesses they had checked. In Northern Ireland the most common types of food business which respondents had checked the food rating of were takeaways (74%) and restaurants (73%) (Figure 13) ([footnote](#)).