

Food and You 2: Northern Ireland Wave 5-6 Key Findings

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Executive Summary

Overview of Food and You 2

Food and You 2 is a biannual 'Official Statistic' survey commissioned by the Food Standards Agency (FSA). The survey measures self-reported consumers' knowledge, attitudes and behaviours related to food safety and other food issues amongst adults in England, Wales, and Northern Ireland.

This report presents the findings from Waves 5 and 6 of the Food and You 2 survey, collected from respondents in Northern Ireland.

[Wave 5](#) fieldwork was conducted between 26th April and 24th July 2022 and [Wave 6](#) fieldwork was conducted between 12th October 2022 and 10th January 2023.

A total of 1,875 adults in Northern Ireland took part in Wave 5 and 1,644 adults in Northern Ireland took part in Wave 6.

The modules presented in this report include 'Food you can trust', 'Concerns about food', 'Food security', 'Eating out and takeaways', 'Food allergies, intolerances and other hypersensitivities', 'Eating at home' and 'Food shopping and labelling'.

Findings presented in this report refer to data collected in Northern Ireland unless otherwise specified. Where the same data were collected in both Waves 5 and 6, the findings from Wave 6 are reported.

Key findings

Food you can trust

Confidence in food safety and authenticity

- 92% reported that they were confident that the food they buy is safe to eat.
- 87% of respondents were confident that the information on food labels is accurate.

Confidence in the food supply chain

- 76% reported that they had confidence in the food supply chain.
- Respondents were more likely to report confidence in farmers (88%), shops and supermarkets (84%), and restaurants (83%) than in takeaways (68%), and food delivery services for example, Just Eat, Deliveroo, Uber Eats (44%).

Awareness, trust and confidence in the FSA

- 91% had heard of the FSA.
- 82% who had at least some knowledge of the FSA reported that they trusted the FSA to make sure 'food is safe and what it says it is'.
- 85% of respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food). 80% were confident that the FSA is committed to communicating openly with the public about food-related risks, and 83% were confident that the FSA takes appropriate action if a food-related risk is identified..

Concerns about food

- 81% had no concerns about the food they eat, and 19% of respondents reported that they had a concern.

- Respondents were asked to indicate if they had concerns about a number of food-related issues, from a list of options. The most common concerns related to food prices (69%), the quality of food (59%) and food waste (56%).

Food security

- 74% of respondents were classified as food secure (59% high, 15% marginal) and 26% of respondents were classified as food insecure (13% low, 13% very low).

Eating out and takeaways

- 66% of respondents had ordered a takeaway directly from a takeaway shop or restaurant or eaten food from a café, coffee shop or sandwich shop (either to eat in or take out) in the last 4 weeks.
- 91% reported that they had heard of the Food Hygiene Rating Scheme (FHRS). 65% of respondents reported that they had heard of the FHRS and had at least a bit of knowledge about it.
- 48% of respondents had checked the hygiene rating of a food business in the last 12 months.

Food allergies, intolerances and other hypersensitivities

- 80% reported that they did not have a food hypersensitivity. 10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease.

Confidence in allergen labelling

- 92% who go food shopping and take into consideration a person who has a food allergy or intolerance were confident that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction.
- Respondents who bought food loose were more confident in identifying foods that would cause them or a member of their household a bad or unpleasant reaction at independent food shops (72%), in-store at a supermarket (69%) and when buying

food from a supermarket online (64%). However, respondents were less confident when buying food from food markets or stalls (52%).

Eating at home

Eating at home- Use-by dates

- 71% of respondents identified the use-by date as the information which shows that food is no longer safe to eat.
- 75% of respondents reported that they always check use-by dates before they cook or prepare food.
- Most respondents reported that they check the use-by (90%) or best before (90%) date always or most of the time when they buy food.

Food shopping and labelling

Food shopping and labelling- Where do respondents buy food from?

- Most respondents reported that they bought food from a supermarket or mini supermarket (84%), or local / corner shops, newsagents or garage forecourts (65%) about once a week or more often.

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Introduction

This report presents key findings from the Food and You 2: Wave 5 and Food and You 2: Wave 6 survey for respondents in Northern Ireland.

The Food Standards Agency: role, remit, and responsibilities

The Food Standards Agency (FSA) is a non-ministerial government department working to protect public health and consumers' wider interests in relation to food in England, Wales, and Northern Ireland¹. The FSA's overarching mission is 'food you can trust'. The FSA's vision as set out in the [2022-2027 strategy](#) is a food system in which:

- Food is safe
- Food is what it says it is
- Food is healthier and more sustainable

Food and You 2 is designed to monitor the FSA's progress against this vision and inform policy decisions by measuring self-reported consumers' knowledge, attitudes and behaviours related to food safety and other food issues in England, Wales, and Northern Ireland on a regular basis².

Food and You 2

¹ In Scotland, the non-ministerial office [Food Standards Scotland \(FSS\)](#), is responsible for ensuring food is safe to eat, consumers know what they are eating and improving nutrition.

² [FSA are one of the government organisations responsible for nutrition policy in Northern Ireland](#), Department of Health and Social Care are responsible for England and the Welsh Government are responsible for Wales.

Ipsos were commissioned by the FSA to develop and run a biannual survey, 'Food and You 2', carried out primarily online with the option of participating via a postal questionnaire. More information about the history and methodology can be found in Annex A.

Food and You 2: Wave 5 and Wave 6

Fieldwork for [Food and You 2: Wave 5](#) was conducted between 26th April and 24th July 2022. A total of 6,770 adults from 4,727 households across England, Wales, and Northern Ireland completed the survey. A total of 1,875 adults in Northern Ireland completed the survey.

Fieldwork for [Food and You 2: Wave 6](#) was conducted between 12th October 2022 and 10th January 2023. A total of 5,991 adults from 4,271 households across England, Wales, and Northern Ireland completed the survey. A total of 1,644 adults in Northern Ireland completed the survey.

Food and You 2: Wave 5 and 6 data were collected during a period of political and economic change and uncertainty. This context is likely to have had an impact on the level of food security, concerns and food-related behaviours reported in Food and You 2.

Food and You 2 is a modular survey, with 'core' modules included every wave, 'rotated' modules repeated annually or every 2 years, and one-off modules addressing current issues of interest. The modules presented in this report include 'Food you can trust' (core), 'Concerns about food' (core), 'Food security' (core), 'Eating out and takeaways' (rotated), 'Food hypersensitivities' (rotated), 'Eating at home (rotated)' and 'Food shopping and labelling (rotated)'.

Findings presented in this report refer to data collected in Northern Ireland unless otherwise specified. Not all questions asked in the surveys are included in the report. The full results are available in the accompanying [Food and You 2: Wave 5 data tables and underlying data set](#) and [Food and You 2: Wave 6 data tables and underlying data set](#).

Interpreting the findings

To highlight the key differences between socio-demographic and other sub-groups, variations in responses are typically reported only where the absolute difference is 10 percentage points or larger and is statistically significant at the 5% level ($p < 0.05$). However, some differences between socio-demographic and other sub-groups are included where the difference is fewer than 10 percentage points, when the finding is notable or judged to be of interest. These differences are indicated with a double asterisk (**).

In some cases, it was not possible to include the data of all sub-groups, however these data are available in the [Food and You 2: Wave 5](#) and [Food and You 2: Wave 6](#) data tables.

Key information is provided for each reported question in the footnotes, including:

- Question wording (question) and response options (response).
- Number of respondents presented with each question and description of the respondents who answered the question (Base= N).
- Whether data were collected from Wave 5 or Wave 6.
- Please note: indicates important points to consider when interpreting the results.

Chapter 1: Food you can trust

Introduction

The FSA's overarching mission is 'food you can trust'. The FSA's vision is a food system in which:

- Food is safe
- Food is what it says it is
- Food is healthier and more sustainable

This chapter provides an overview of respondents' awareness of and trust in the FSA, as well as their confidence in food safety and the accuracy of information provided on food labels.

Confidence in food safety and authenticity

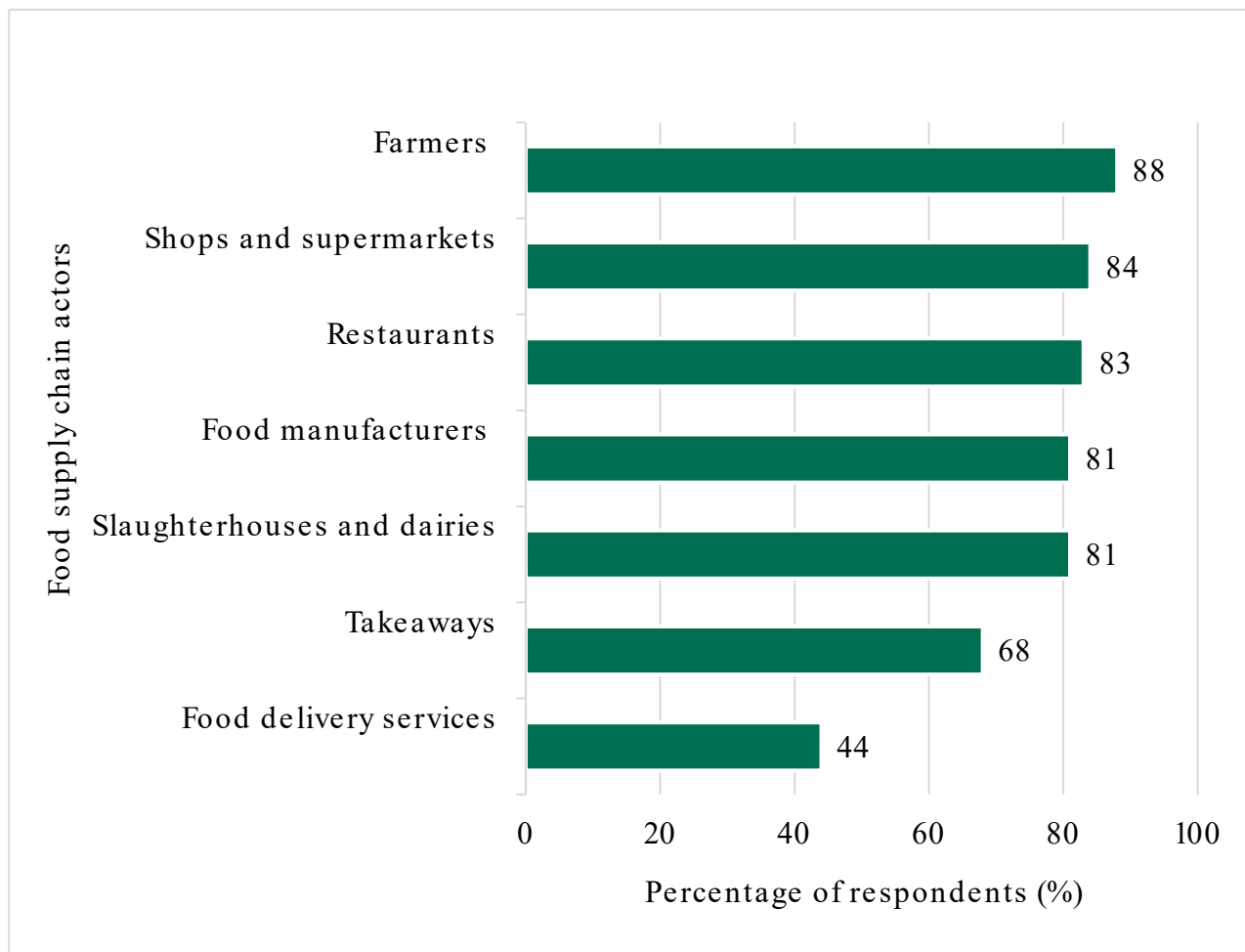
Most respondents reported confidence (for example, were very confident or fairly confident) in food safety and authenticity; 92% of respondents reported that they were confident that the food they buy is safe to eat, and 87% of respondents were confident that the information on food labels is accurate.³

Confidence in the food supply chain

³ Question: How confident are you that...A) the food you buy is safe to eat. B) the information on food labels is accurate (for example, ingredients, nutritional information, country of origin). Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base= 1644, all online respondents and all those who completed the 'Eating at Home' paper questionnaire in Northern Ireland. Wave 6.

Around three quarters of respondents (76%) reported that they had confidence (i.e. were very confident or fairly confident) in the food supply chain.⁴

Figure 1: Confidence that food supply chain actors ensure food is safe to eat.



Source: Food and You 2: Wave 6

Respondents were asked to indicate how confident they were that key actors involved in the food supply chain, in the UK and Ireland, ensure that the food they buy is safe to eat.

⁴ Question: How confident are you in the food supply chain? That is all the processes involved in bringing food to your table. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base= 1644, all respondents in Northern Ireland. Wave 6.

Respondents were more likely to report confidence (i.e. were very confident or fairly confident) in farmers (88%), shops and supermarkets (84%), and restaurants (83%), than in takeaways (68%), and food delivery services for example, Just Eat, Deliveroo, Uber Eats (44%) (Figure 1).⁵.

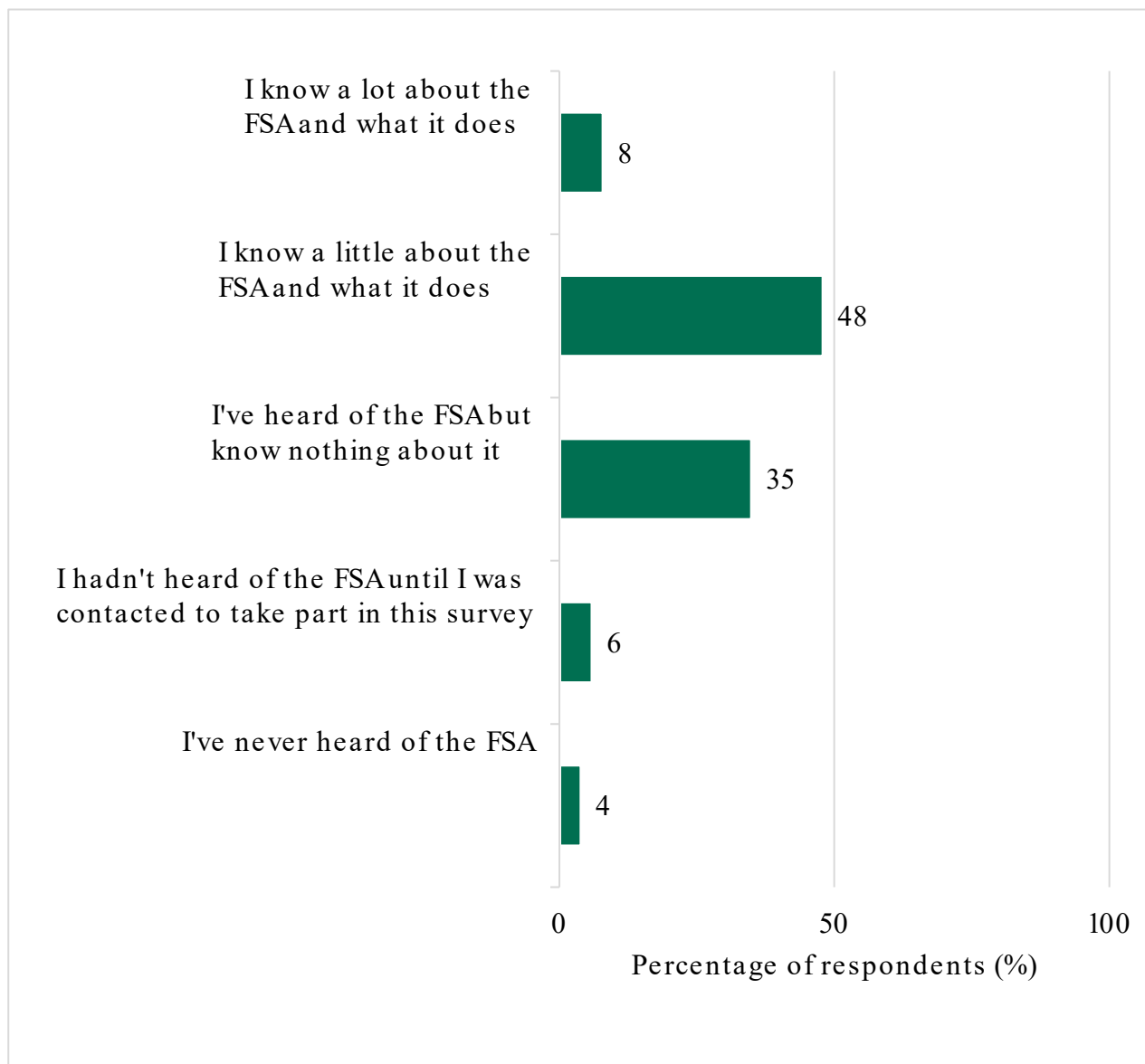
Awareness, trust and confidence in the FSA

Most respondents (91%) had heard of the FSA⁶.

⁵ Question: How confident are you that... A) Farmers, B) Slaughterhouses and dairies, C) Food manufacturers for example, factories, D) Shops and supermarkets, E) Restaurants, F) Takeaways, G) Food delivery services for example, Just Eat, Deliveroo, Uber Eats..in the UK (and Ireland) ensure the food you buy is safe to eat. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base= 1327, all online respondents and all those who completed the 'Eating Out' paper questionnaire in Northern Ireland. Wave 6.

⁶ Question: Which of the following, if any, have you heard of? Please select all that apply. Response: Food Standards Agency (FSA), Public Health Agency (PHA), Department of Agriculture, Environment and Rural Affairs (DAERA), Health and Safety Executive Northern Ireland (HSENI), *safe food*. Base= 1037, all online respondents in Northern Ireland. Wave 6. Please note: All consumers taking part in the survey had received an invitation to take part in the survey from Ipsos which mentioned the FSA. An absence of response indicates the organisation had not been heard of by the respondent or a non-response.

Figure 2. Knowledge about the Food Standards Agency.



Source: Food and You 2: Wave 6

Over half (56%) of respondents reported at least some knowledge of the FSA; 8% reported that they knew a lot about the FSA and what it does, and 48% reported that they knew a little about the FSA and what it does. 35% had heard of the FSA but knew

nothing about it, 6% had not heard of the FSA before being contacted to take part in the survey, and 4% had not heard of the FSA (Figure 2).⁷.

Knowledge of the FSA varied between different categories of people in the following ways:

- **Age group:** respondents aged between 25 and 79 years (for example, 67% of those aged 55-64 years) were more likely to report knowledge of the FSA compared to the oldest respondents (for example, 55% of those aged 65-79 years and over)⁸.
- **NS-SEC:** respondents in a managerial, administrative and professional occupation (63%) and small employers and own account workers (60%) were more likely to have knowledge of the FSA than those in semi-routine and routine occupations (47%) and those who are long term unemployed or who have never worked (36%).
- **Country:** six in ten (56%) respondents in Northern Ireland reported knowledge of the FSA. Respondents in Wales (65%) were more likely to report knowledge of the FSA than those in England (56%)**.

⁷ Question: How much, if anything, do you know about the Food Standards Agency, also known as the FSA? Response: I know a lot about the FSA and what it does, I know a little about the FSA and what it does, I've heard of the FSA but know nothing about it, I hadn't heard of the FSA until I was contacted to take part in this survey, I've never heard of the FSA. Base= 1644, all respondents in Northern Ireland. Wave 6. Please note: All consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA. Due to rounding, percentages may not add up to 100%.

⁸ Data for respondents aged 16-24 years and those aged 80 years and over is not reported due to a small number of respondents being in this group.

- **Responsibility for cooking and / or shopping:** respondents who were responsible for cooking (57%) and / or shopping (58%) were more likely to report knowledge of the FSA compared to respondents who do not cook (43%) and/or those who never shop (37%).

Trust in the FSA

Respondents who had at least some knowledge of the FSA were asked how much they trusted the FSA to do its job, that is to make sure food is safe and what it says it is; 82% of these respondents reported that they trusted the FSA to do this⁹.

⁹ Question: How much do you trust or distrust the Food Standards Agency to do its job? That is to make sure that food is safe and what it says it is. Responses: I trust it a lot, I trust it, I neither trust nor distrust it, I distrust it, I distrust it a lot, Don't know. Base= 954, all respondents who know a lot or a little about the FSA and what it does in Northern Ireland except where England, Wales and NI differences are stated. Wave 6. Please note: 'I trust it a lot' and 'I trust it' referred to as trust.

Nearly 9 in 10 (85%) respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food), 80% were confident that the FSA is committed to communicating openly with the public about food-related risks, and 83% were confident that the FSA takes appropriate action if a food-related risk is identified.¹⁰.

¹⁰ Question: How confident are you that the Food Standards Agency / the government agency responsible for food safety in England, Wales and Northern Ireland...A) Can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food). B) Is committed to communicating openly with the public about food-related risks. C) Takes appropriate action if a food-related risk is identified? Responses: Very confident, Fairly confident, Not very confident, Not at all confident, Don't know. Base= 1644, all respondents in Northern Ireland. Wave 6. Please note: 'Very confident' and 'Fairly confident' referred to as confident. Respondents with little or no knowledge of the FSA were asked about 'the government agency responsible for food safety', those with at least some knowledge of the FSA were asked about the FSA.

Chapter 2: Concerns about food

Introduction

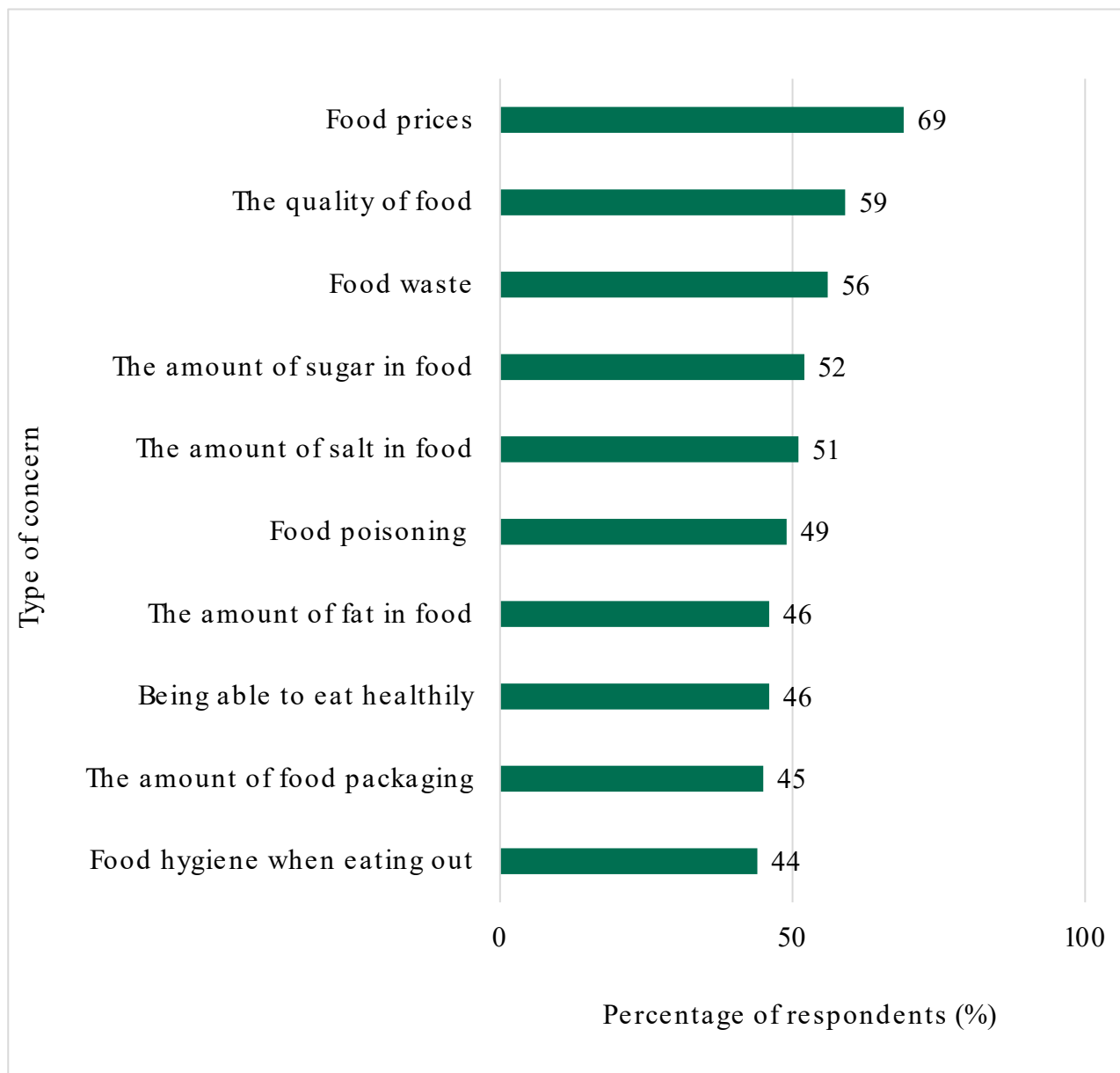
The FSA's role, set out in [law](#), is to safeguard public health and protect the interests of consumers in relation to food. In Northern Ireland, the FSA is also responsible for [nutrition policy](#). The FSA uses the Food and You 2 survey to monitor consumers' concerns about food issues, such as food safety, nutrition, and environmental issues. This chapter provides an overview of respondents' concerns about food.

Common concerns

Respondents were asked to report whether they had any concerns about the food they eat. Most respondents (81%) had no concerns about the food they eat, and 19% of respondents reported that they had a concern¹¹.

¹¹ Question: Do you have any concerns about the food you eat? Responses: Yes, No.
Base= 1644, all online respondents and all those who completed the 'Eating at Home' paper questionnaire in Northern Ireland. Wave 6.

Figure 3. Ten most common prompted food-related concerns.



Source: Food and You 2: Wave 6.

Respondents were asked to indicate if they had concerns about a number of food-related issues, from a list of options. The most common concerns related to food prices (69%), the quality of food (59%) and food waste (56%). Around half of respondents were

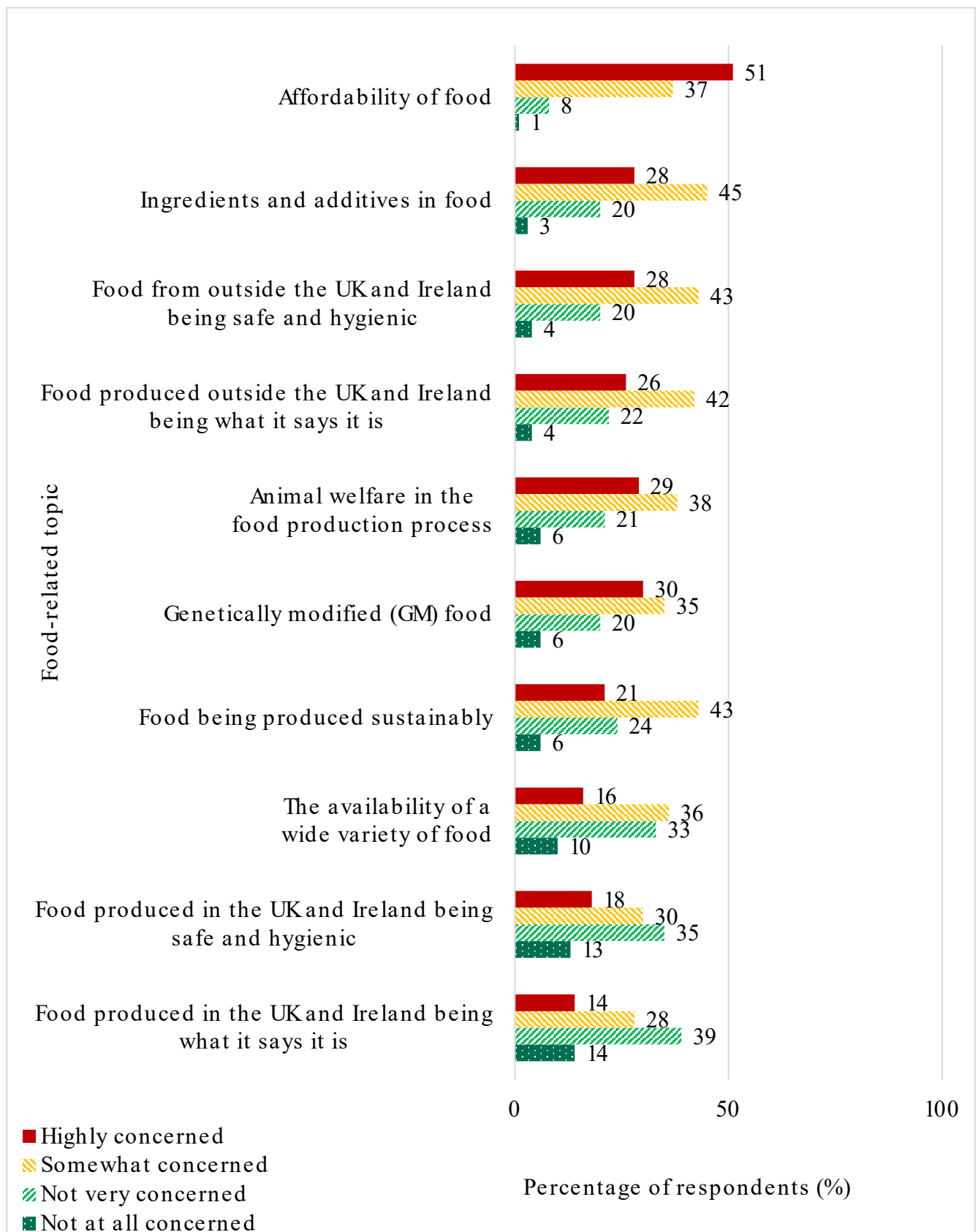
concerned about the amount of sugar in food (52%), and the amount of salt in food (51%) (Figure 3).¹².

Food concerns differed between different groups of people:

- **Age:** Respondents aged over 55 were more likely to be concerned about the quality of food than younger adults. For example, 70% of those aged 55-64 years reported being concerned about the quality of food compared to 50% of those aged 25-34 years.
- **Food security:** Those with high food security were more likely to be concerned about the amount of sugar (58%), the amount of salt (58%) and the amount of fat (52%) in food than those with very low food security (37%, 39%, and 34% respectively).

¹² Question: Do you have concerns about any of the following? Responses: The amount of sugar in food, Food waste, Animal welfare, Hormones, steroids or antibiotics in food, The amount of salt in food, The amount of fat in food, Food poisoning, Food hygiene when eating out, Food hygiene when ordering takeaways, The use of pesticides, Food fraud or crime, The use of additives (for example, preservatives and colouring), Food prices, Genetically modified (GM) foods, Chemical contamination from the environment, Food miles, The number of calories in food, Food allergen information, Cooking safely at home, None of these, Don't know. Base= 1037, all online respondents in Northern Ireland. Wave 6.

Figure 4. Level of concern about food-related topics.



Source: Food and You 2: Wave 6.

Respondents were asked to indicate the extent to which they were concerned about a number of specific food-related issues. Respondents were most likely to report a high level of concern about the affordability of food (51%), and genetically modified (GM) food (30%). Around 3 in 10 respondents reported a high level of concern around animal welfare in the food production process (29%), ingredients and additives in food (28%) and food produced outside the UK and Ireland being safe and hygienic (28%) (Figure 4)¹³.

¹³ Question: Thinking about food in the UK [question wording variation in Northern Ireland: the UK and Ireland] today, how concerned, if at all, do you feel about each of the following topics? A) Affordability of food B) Food produced in the UK and Ireland being safe and hygienic C) Food from outside the UK and Ireland being safe and hygienic D) Food produced in the UK and Ireland being what it says it is E) Food from outside the UK and Ireland being what it says it is F) Food being produced sustainably G) The availability of a wide variety of food H) Animal welfare in the food production process I) Ingredients and additives in food J) Genetically modified (GM) food. Base= 1644, all online respondents in Northern Ireland. Wave 6. Please note: some question wording was modified for respondents in England and Wales, question stated 'UK' rather than 'UK and Ireland'.

Chapter 3: Food security

Introduction

This chapter reports the level of food security in Northern Ireland, England and Wales, and how food security varied between different categories of people.

“Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.” World Food Summit, 1996.

Food and You 2 uses the [U.S. Adult Food Security Survey Module](#) developed by the United States Department of Agriculture (USDA) to measure consumers’ food security.

Respondents are assigned to one of the following food security status categories:

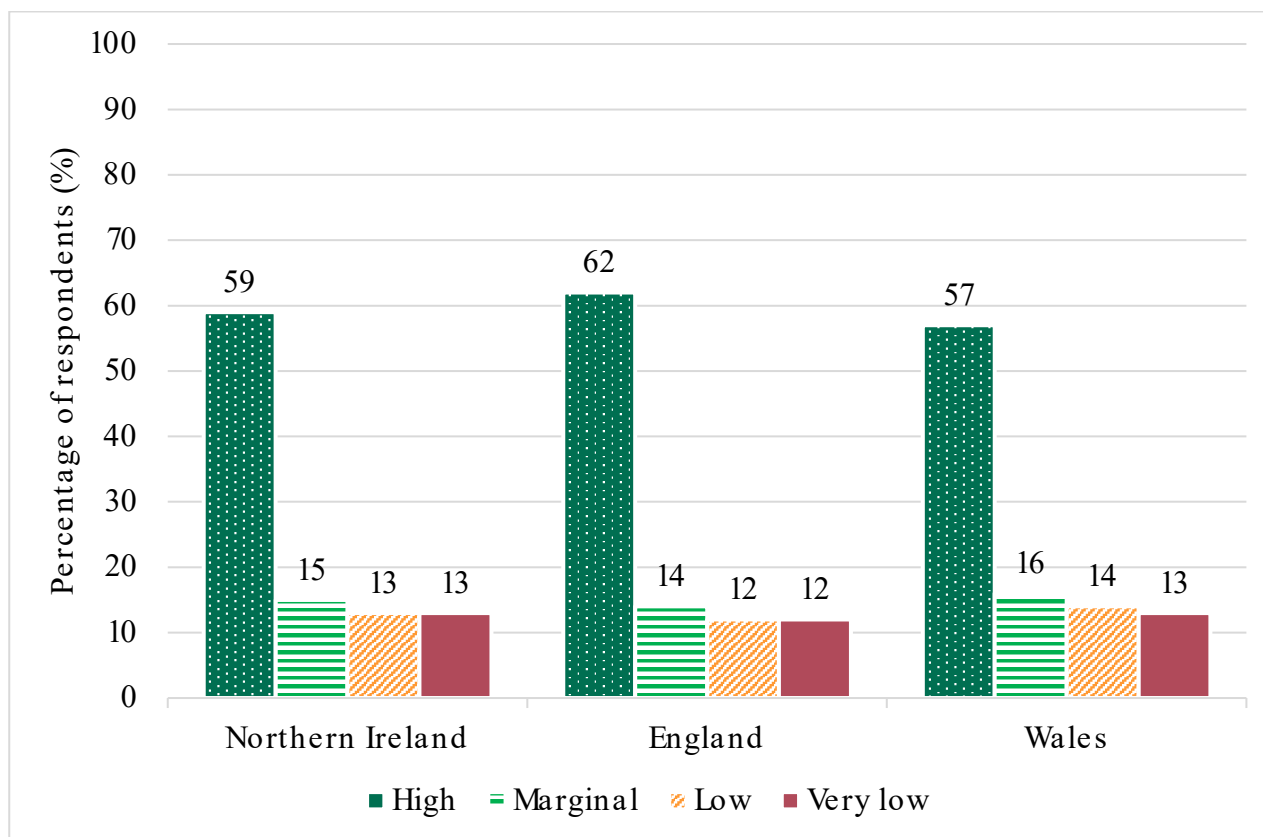
- **high**: no reported indications of food-access problems or limitations.
- **marginal**: one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.
- **low**: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- **very low**: reports of multiple indications of disrupted eating patterns and reduced food intake.

Those with high or marginal food security are referred to as food secure. Those with low or very low food security are referred to as food insecure.

More information on how food security is measured and how classifications are assigned and defined can be found in Annex A and the [USDA Food Security website](#).

Food security in Northern Ireland, England and Wales

Figure 5. Food security in Northern Ireland, England, and Wales.



Source: Food and You 2: Wave 6

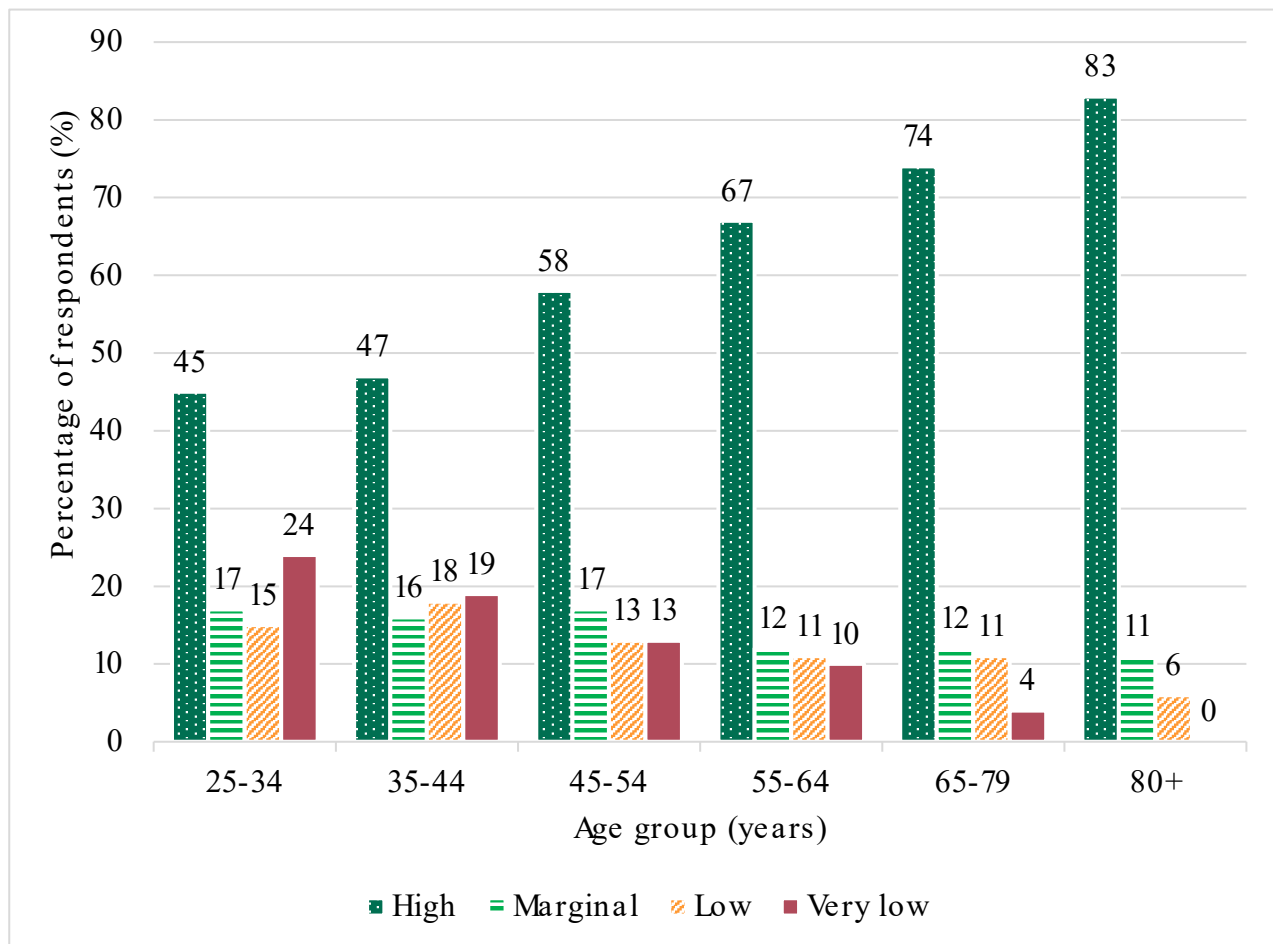
Across Northern Ireland, England and Wales, 75% of respondents were classified as food secure (61% high, 14% marginal) and 25% of respondents were classified as food insecure (12% low, 12% very low).¹⁴.

¹⁴ Question/ Responses: Derived variable, see [USDA Food Security guidance](#) and Technical Report. Base= 5991, all respondents. Wave 6. Please note: See Annex A for information about the classifications and definitions of food security levels.

Food security levels were comparable across Northern Ireland, England, and Wales**. Around three quarters of respondents were food secure (i.e. had high or marginal food security) in Northern Ireland (74%), England (76%), and Wales (73%). Approximately 1 in 4 respondents were food insecure (i.e. had low or very low food security) in Northern Ireland (26%), England (24%), and Wales (27%) (Figure 5).

Food security in Northern Ireland

Figure 6. Food security by age group.



Source: Food and You 2: Wave 6

Within Northern Ireland, food security varied by age group with older adults being more likely to report that they were food secure and less likely to report that they were food

insecure than younger adults. For example, 38% of respondents aged 25 to 34 years were food insecure compared to 15% of those aged 65 to 79 years (Figure 6)¹⁵

¹⁵ Data for respondents aged 16-24 years and those aged 80 years and over is not reported due to a small number of respondents being in this group.

Figure 7. Food security by annual household income.



Source: Food and You 2: Wave 6

In Northern Ireland, food security was associated with household income. Respondents with a higher household income were more likely to report food security than those with a lower income. For example, 82% of respondents with a household income between £64,000 and £95,999 reported high food security, compared to 39% of those with an income below £19,000 (Figure 7)¹⁶.

¹⁶ Data for respondents with an annual household income of more than £96,000 is not reported due to a small number of respondents being in this group

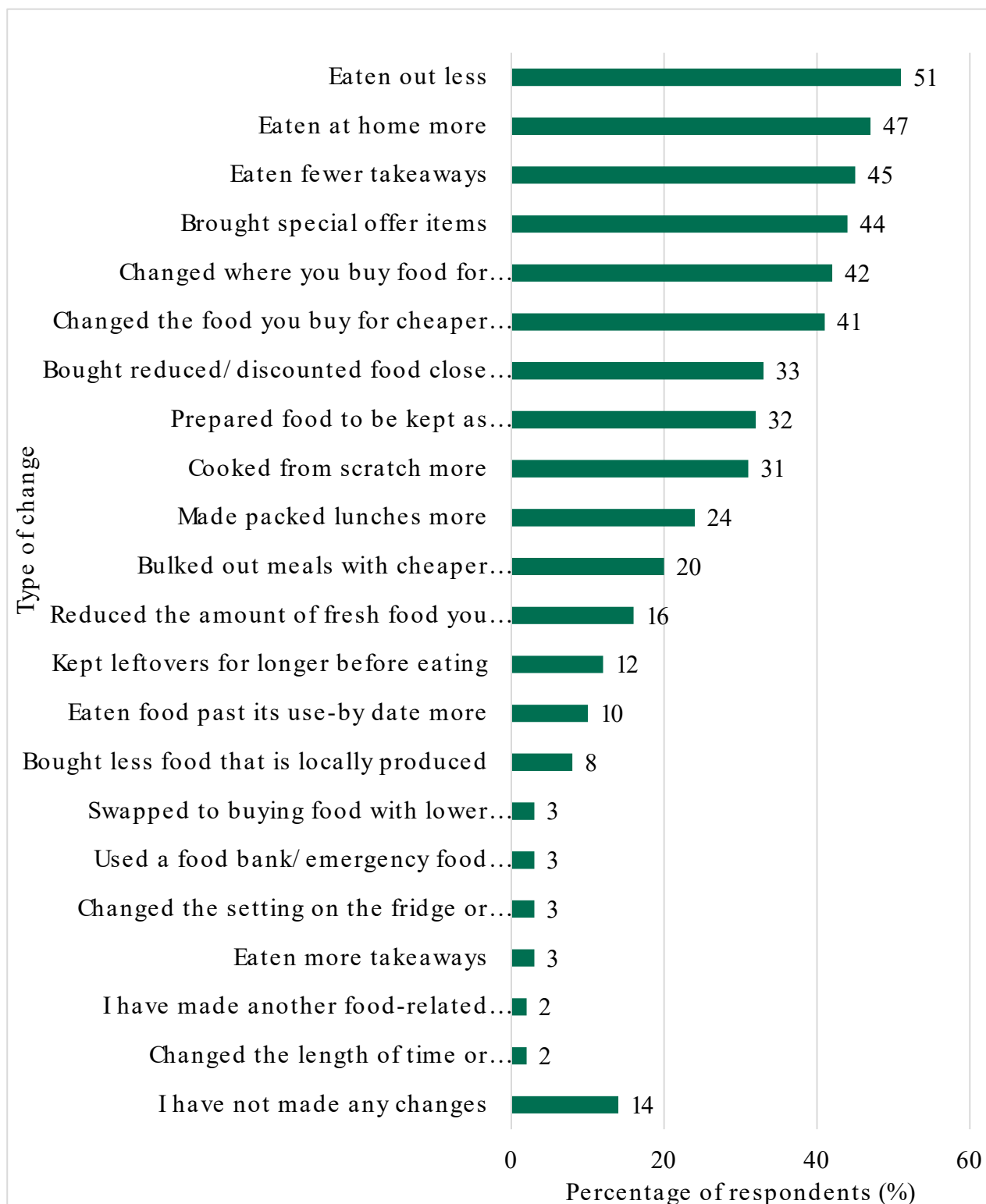
The reported level of food security also varied between different categories of people in Northern Ireland in the following ways:

- **Household size:** two person households (80%) were more likely to report that they were food secure compared to households with 5 or more people (69%).
- **Children under 16 in household:** 78% of households without children under 16 years reported that they were food secure compared to 66% of households with children under 16 years.
- **NS-SEC:** food security was more likely to be reported by small employers and own account workers (82%), and respondents in managerial, administrative and professional occupations (79%) compared to those who were in many other occupational groups (for example, 62% of those in semi-routine and routine occupations were food secure)¹⁷.
- **Long term health condition:** respondents who did not have a long-term health condition (79%) were more likely to report being food secure compared to those who had a long-term health condition (64%).
- **NIMDM:** respondents who lived in less deprived areas were more likely to report being food secure compared to those who lived in more deprived areas. For example, 80% of those who lived in the least deprived area (NIMDM 5) were food secure compared to 67% of those who lived in the most deprived area (NIMDM 1).

¹⁷ Data for 'long term unemployed and/ or had never worked' and 'full-time students' are not reported due to a small number of respondents being in these groups.

Changes to food-related behaviour for financial reasons

Figure 8. Changes in eating habits and food-related behaviours for financial reasons.



Source: Food and You 2: Wave 6

Respondents were asked what changes, if any, they had made to their eating habits and food-related behaviours in the previous 12 months for financial reasons. In Northern Ireland, most respondents (86%) reported that they had made a change to their eating habits for financial reasons in the previous 12 months. Only 14% of respondents indicated they had made no changes.

The changes the highest proportion of respondents reported making related to what and where respondents ate (51% ate out less, 47% ate at home more, 45% ate fewer takeaways), changes to shopping habits (44% bought items on special offer, 42% changed where they buy food for cheaper alternatives, 41% changed the food they buy for cheaper alternatives, 33% bought reduced/discounted food) and changes to food preparation (32% prepared food that could be kept as leftovers/ cooked in batches more, 24% made more packed lunches).

Food bank use

Respondents were asked if they or anyone else in their household had received a free parcel of food from a food bank or other emergency food provider in the last 12 months. In Northern Ireland, most respondents (93%) reported that they had not used a food bank or other emergency food provider in the last 12 months, with 4% of respondents reporting that they had¹⁸.

¹⁸ Question: In the last 12 months, have you, or anyone else in your household, received a free parcel of food from a food bank or other emergency food provider? Responses Yes, No, Prefer not to say. Base= 1644, all respondents in Northern Ireland. Wave 6.

Free school meals, meal clubs and Healthy Start vouchers

Respondents with children aged 7-15 years in their household were asked whether these children receive free school meals. In Northern Ireland, most respondents (80%) with a child(ren) reported that the child(ren) do not receive free school meals. Around one in five (19%) respondents reported that the child or children receive free school meals¹⁹.

Respondents with children aged 5-15 years in their household were asked whether the child(ren) had attended a school club where a meal was provided in the last 12 months. Around 8 in 10 (83%) reported that the child(ren) in their household had not attended one of these clubs in the last 12 months. One in eight (12%) respondents reported that the child(ren) in their household had attended a breakfast club before school, 3% reported that the child(ren) had attended a lunch and activity club held during the school holidays and 2% reported that the child(ren) had attended an after-school club where they received a meal²⁰...

¹⁹ Question: Does any child receive free school meals? Responses: Yes, No, Don't know, Prefer not to say. Base= 344, all respondents who had child(ren) aged 7 - 15 living in the household in Northern Ireland. Wave 6. The eligibility criteria for free school meals varies between [England, Wales and Northern Ireland](#).

²⁰ Question: Did your child/ any of the children in your household attend any of the following in the past 12 months? Responses: A breakfast club before school, An after-school club where they also received a meal (tea/ dinner), A lunch and activity club that ran only during school holidays, None of these, Don't know. Base= 271, all respondents with child(ren) aged 5 - 15 in the household in Northern Ireland. Wave 6.

Respondents who had children aged 0-4 years in their household or who were pregnant were asked whether they receive [Healthy Start](#) vouchers. In Northern Ireland, most respondents (87%) reported that they do not receive Healthy Start vouchers, with 10% of respondents reporting that they do²¹.

²¹ Question: Do you receive Healthy Start vouchers for yourself or your children?

Responses: Yes, No, Don't know, Prefer not to say. Base= 132, all online respondents who are pregnant or have child(ren) aged 0 - 4 in household in Northern Ireland. Wave 6.

Chapter 4: Eating out and takeaways

Introduction

[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.

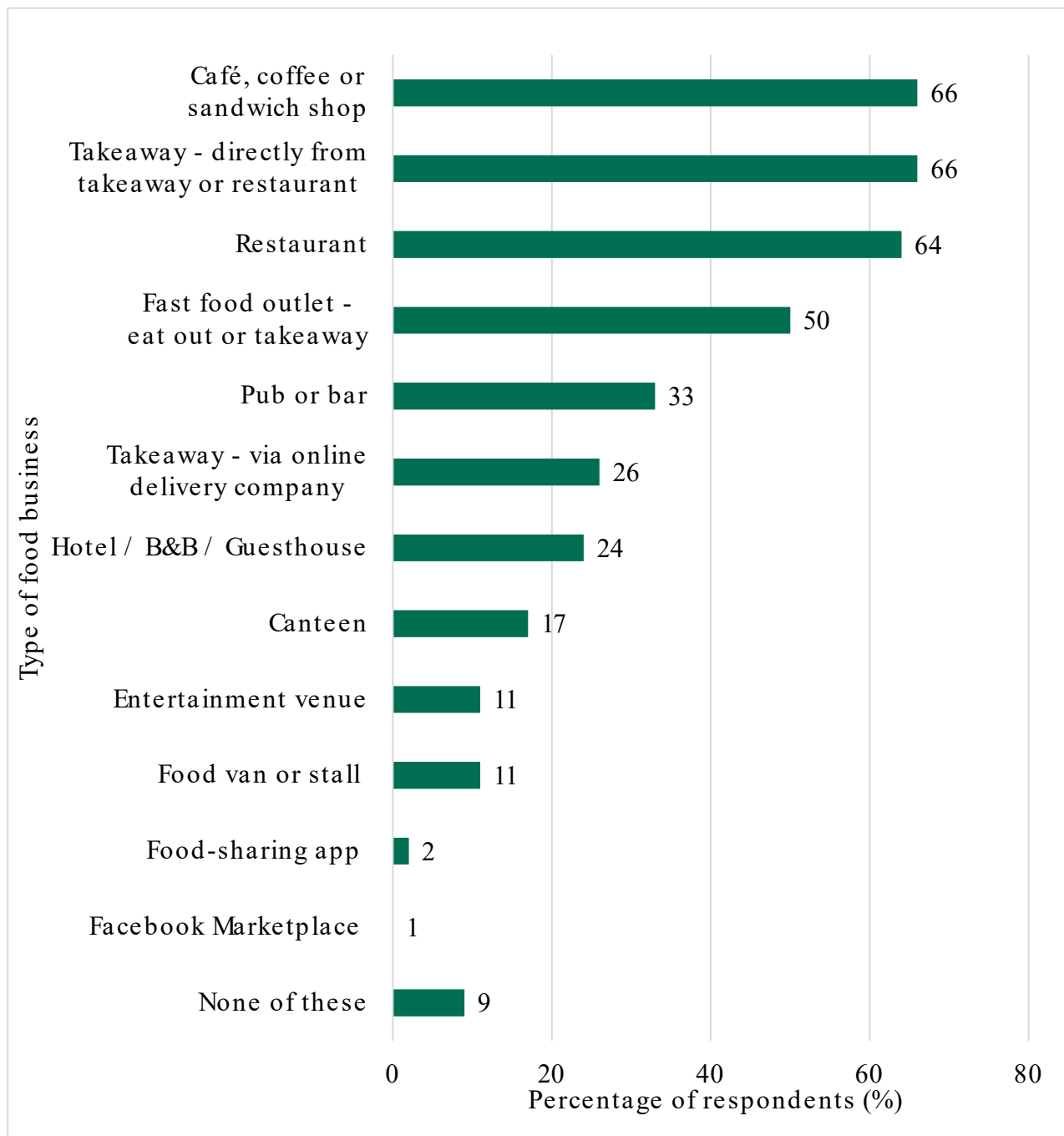
Food businesses are provided with a sticker which shows their FHRS rating. In Northern Ireland and Wales food businesses are legally required to display their FHRS rating, however in England businesses are encouraged to display their FHRS rating²². FHRS ratings are also available on the FSA website.

This chapter provides an overview of respondents' eating out and takeaway ordering habits, the factors that are considered when deciding where to order a takeaway from, and recognition and use of the FHRS.

Prevalence of eating out and ordering takeaways

²² Legislation for the mandatory display of FHRS ratings was introduced in November 2013 in Wales and October 2016 in Northern Ireland.

Figure 9. Type of food business respondents had eaten at or ordered food from in the previous 4 weeks.



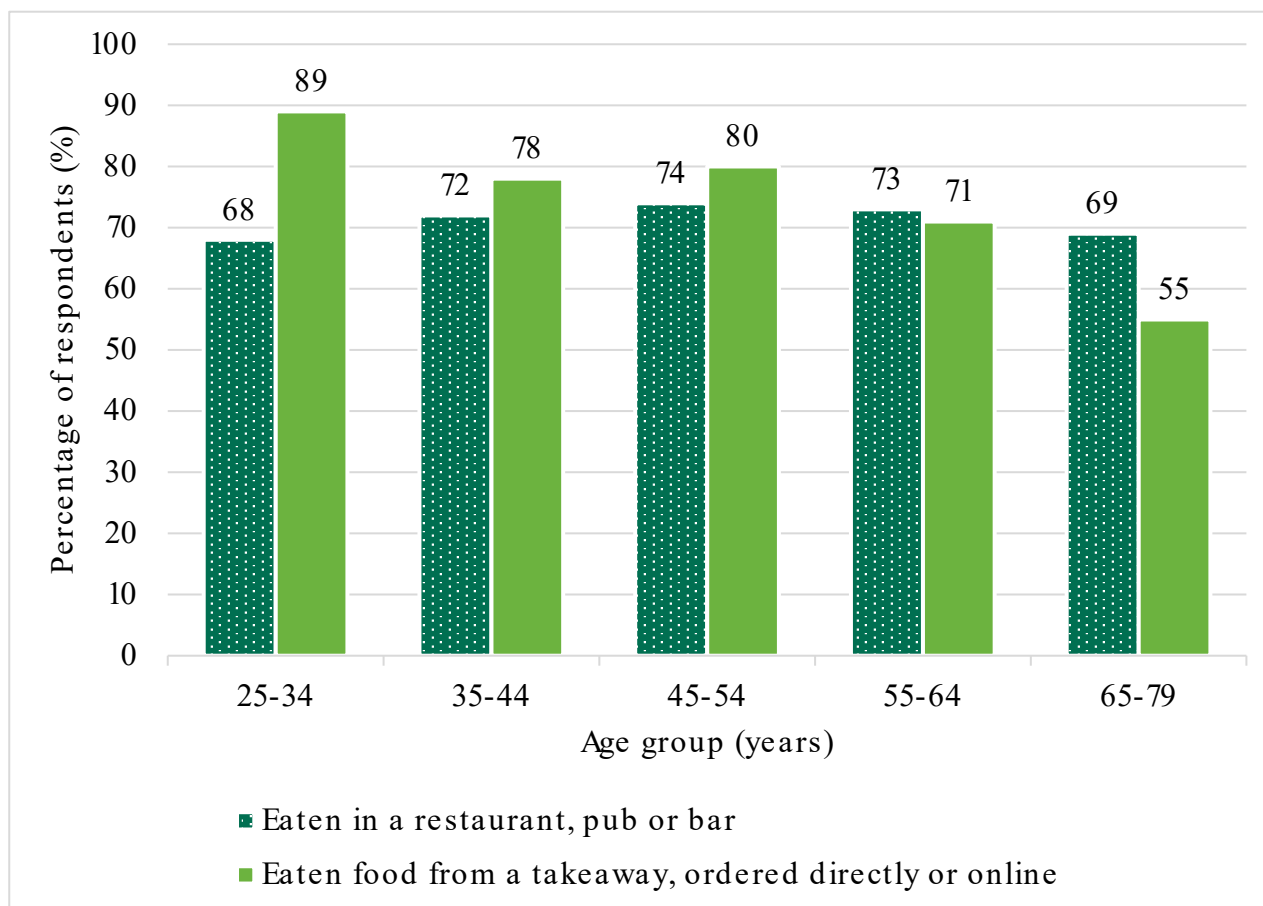
Source: Food & You 2: Wave 6

Respondents were asked where they had eaten out or ordered food from in the previous 4 weeks. The most common places respondents reported eating food was from a café, coffee shop or sandwich shop (either to eat in or take out) (66%), ordered a takeaway directly from a takeaway shop or restaurant (66%) or eaten out in a restaurant (64%).

Around 1 in 10 (9%) respondents had not eaten food from any of the listed food businesses in the previous 4 weeks (Figure 9)²³.

²³ Question: In the last 4 weeks, have you eaten food... ? (Select all the apply)
Responses: Ordered a takeaway directly from a takeaway shop or restaurant, From a café, coffee shop or sandwich shop (either to eat in or take out), Ordered a takeaway from an online food delivery company (e.g. Just Eat, Deliveroo, Uber Eats), From a fast food outlet (either to eat in or take out), In a restaurant, In a pub/ bar, From a canteen (e.g. at work, school, university, or hospital), From a mobile food van or stall, In a hotel, B&B or guesthouse, From an entertainment venue (e.g. cinema, bowling alley, sports club), From a food-sharing app (e.g. Olio or Too Good To Go), From Facebook Marketplace (e.g. pre-prepared food or meals), None of these. Base= 1215, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland, excluding 'not stated' Wave 6. (see Annex A). Please note, percentages shown do not add up to 100% as multiple responses could be selected. Data were not reported for 16-24 years and 80+ years due to a small number of respondents being in this group.

Figure 10. Prevalence of eating out in a restaurant, pub or bar, or from a takeaway by age group in the previous 4 weeks.



Source: Food and You 2: Wave 6

Younger respondents were more likely to have eaten out from a takeaway (ordered directly or online) in the previous 4 weeks compared to older respondents. For example, 89% of respondents aged 25 to 34 years had eaten food from a takeaway (ordered directly or online) compared to 55% of those aged 65 to 79 years (Figure 10).

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:

- **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, 83% of respondents living in a household with 5 or more people had eaten food from a takeaway compared to 50% of respondents living alone.

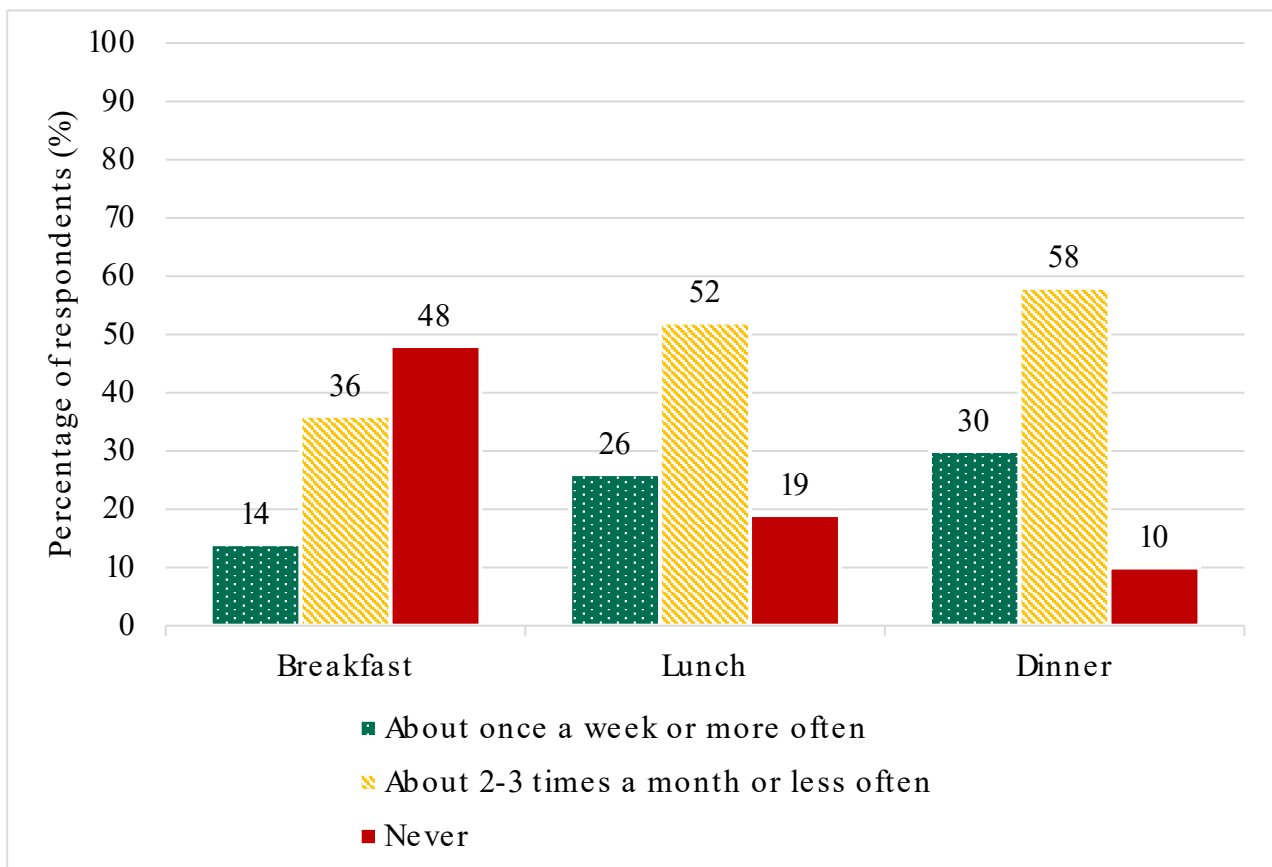
- **Annual household income:** respondents with a higher household income between £19,000 and £95,999 (for example 77% of respondents with an income of £32,000-£64,999) were more likely to have eaten out in a restaurant, pub or bar, in the previous 4 weeks compared to respondents with an income below £19,000 (54%)²⁴. Similarly, those with an annual household income of more than £19,000 (for example, 78% of respondents with an income of £32,000- £63,999) were more likely to have eaten food from a takeaway than those with an income of less than £19,000 (66%).
- **Children under 16 years in household:** respondents who had children in the household (81%) 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 (70%). However, the prevalence of eating out in a restaurant, pub or bar did not differ between those with (68%) or without (70%) children aged 16 years or under in the household**.
- **NS-SEC:** respondents in managerial, administrative and professional occupations (73%) were more likely to have eaten out in a restaurant, pub or bar compared to those in semi-routine and routine occupations (63%).
- **Food security:** respondents with high food security (74%) were more likely to have eaten out in a restaurant, pub or bar than those with low (60%) or very low food security (51%). However, those with very low food security (82%) were more likely to have eaten food from a takeaway than those with marginal food security (70%).
- **Long term health condition:** respondents without a long-term health condition (73%) were more likely to have eaten out in a restaurant, pub or bar compared to respondents who had a long-term health condition (59%). However the prevalence of eating food from a takeaway did not differ between those with (74%) or without (74%) a long-term health condition**.

²⁴ Data for those with an income of £64,000 and above were not reported due to a small number of respondents being in this group.

- **NIMDM:** respondents who lived in the least deprived areas (NIMDM 5) (78%) 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) (62%). However, the proportion of respondents who had eaten food from a takeaway did not vary between areas of deprivation (for example NIMDM 1, 74% compared to NIMDM 5, 73%)**.
- **Responsibility for cooking:** Respondents who reported having responsibility for cooking (71%) were more likely to have eaten out in a restaurant, pub or bar compared to those who do not cook (55%).

Eating out and takeaways by mealtime

Figure 11. Frequency of eating out or buying food to takeout by mealtime.



Source: Food & You 2: Wave 6

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 48% of respondents never doing this. Around half of respondents (52%)

reported that they ate out or bought take out food for lunch 2-3 times a month or less often (Figure 11)²⁵.

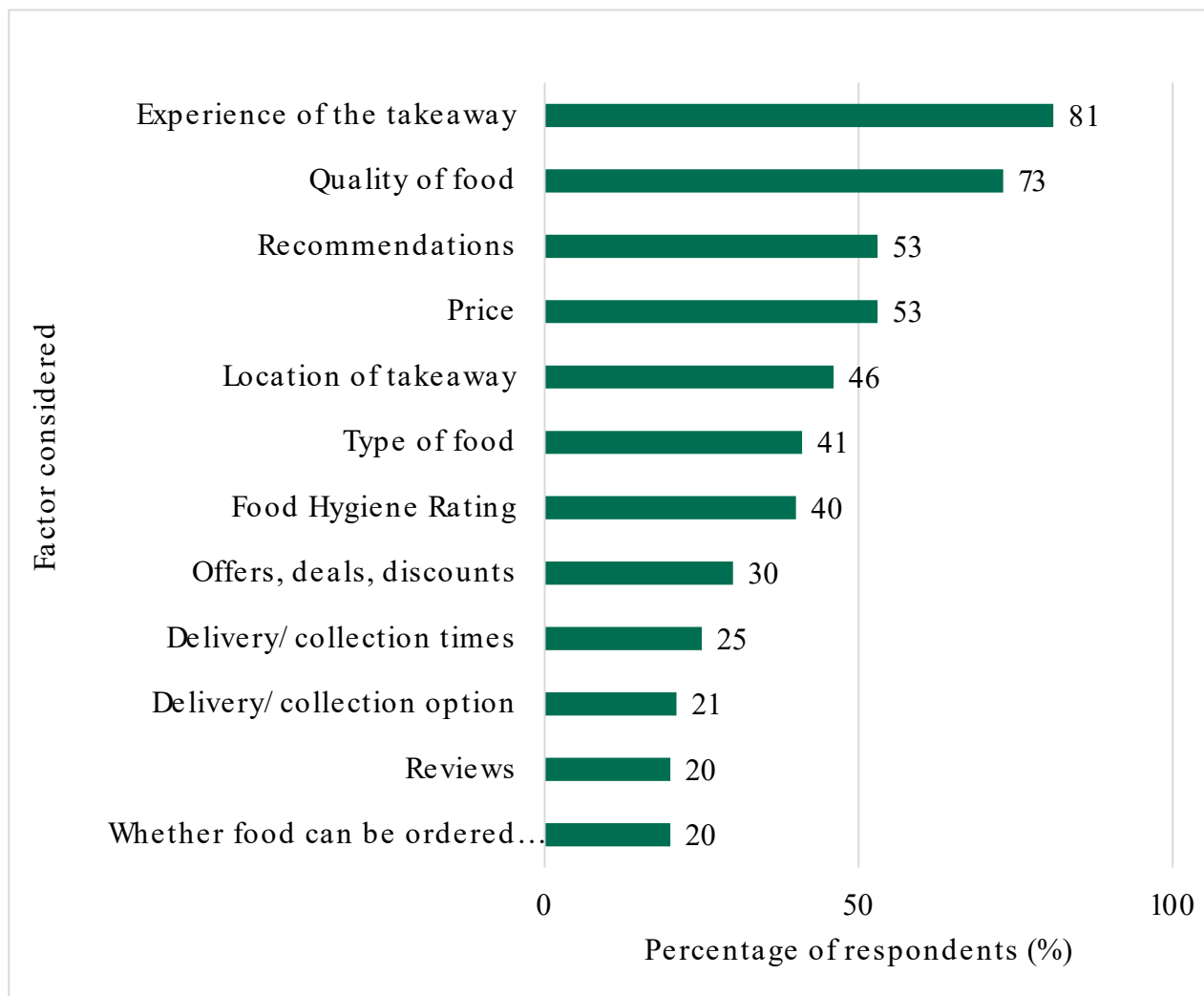
Factors considered when ordering a takeaway

Respondents were asked which factors, from a given list, they generally considered when deciding where to order a takeaway from²⁶.

²⁵ Question: At the moment, how often, if at all, do you eat out or buy food to take out for...? A) Breakfast, B) Lunch, C) Dinner. Responses: Several times a week, About once a week, About 2-3 times a month, About once a month, Less than once a month, Never, Can't remember. Base= 1037, all online respondents in Northern Ireland. Wave 6.

²⁶ Including takeaway ordered directly from a takeaway shop or restaurant or via an online food delivery company.

Figure 8. Factors considered when ordering a takeaway.



Source: Food & You 2: Wave 6

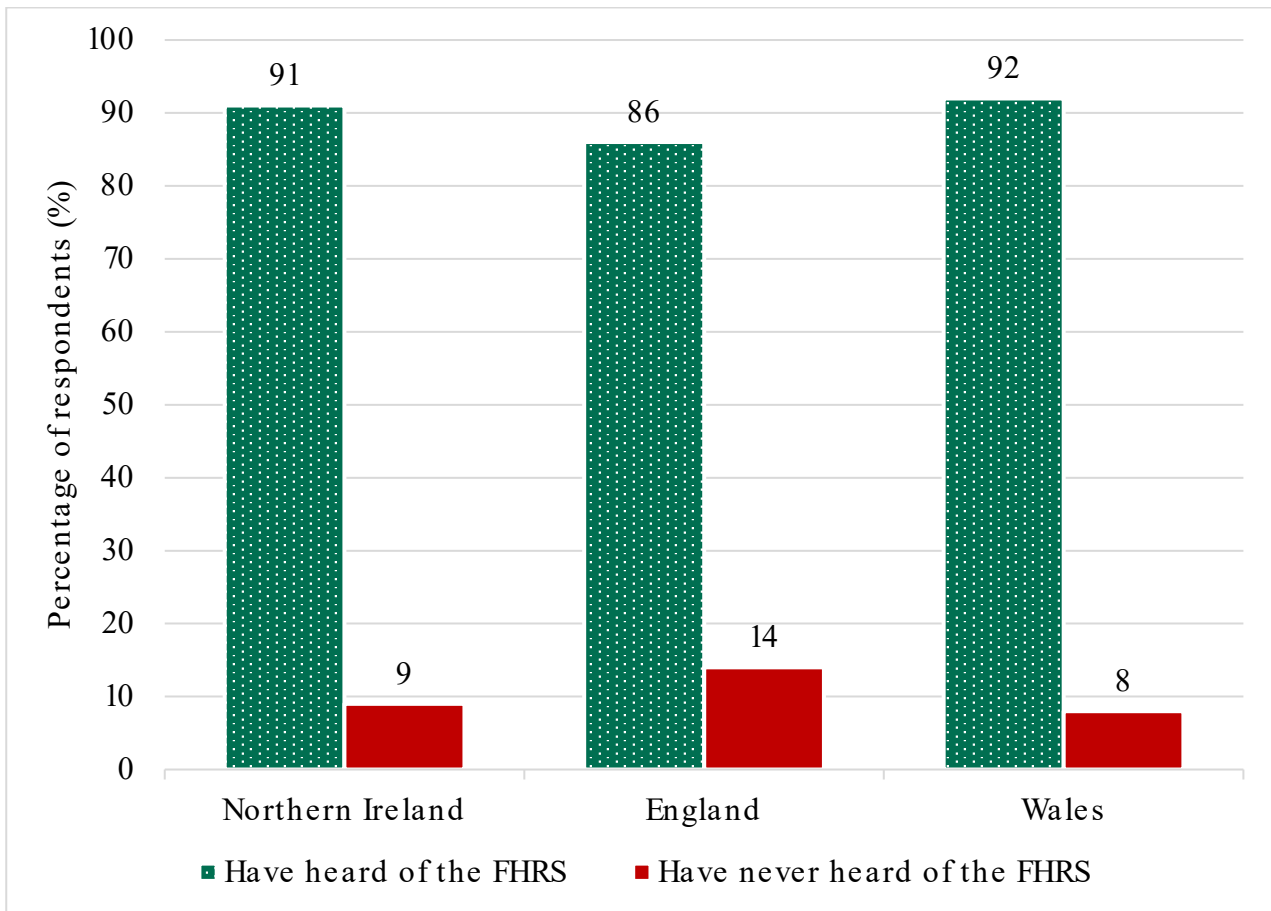
Of those who had ordered food from a takeaway, the factors most commonly considered when deciding where to place an order were the respondents' previous experience of the takeaway (81%) and the quality of food (73%). In addition, 4 in 10 (40%) respondents

considered the food hygiene rating when deciding where to order a takeaway from (Figure 12)²⁷

²⁷ Question: Generally, when ordering food from takeaways (either directly from a takeaway shop or restaurant or from an online food delivery company like Just Eat, Uber Eats or Deliveroo) what do you consider when deciding where to order from?
Responses: My previous experience of the takeaway, Quality of food, Price (including cost of delivery), Type of food (e.g. cuisine or vegetarian/ vegan options), Recommendations from family or friends, Food Hygiene Rating, Location of takeaway, Whether there is a delivery or collection option, Offers, deals or discount available, Delivery/ collection times, Whether food can be ordered online e.g. through a website or app, Reviews e.g. on TripAdvisor, Google, social media, or in newspapers and magazines, Whether it is an independent business or part of a chain, Whether healthier options are provided, Whether allergen information is provided, Whether information about calories is provided, None of these, Don't know. Base= 929, all online respondents who order takeaways in Northern Ireland. Wave 6.

Awareness and recognition of the FHRS

Figure 13. Percentage of respondents who had heard of the FHRS by country.



Source: Food and You 2: Wave 6

Most respondents (91%) reported that they had heard of the FHRS. 65% of respondents reported that they had heard of the FHRS and had at least a bit of knowledge about it^{28,29}.

Most respondents living in Northern Ireland (91%), England (86%), and Wales (92%), had heard of the FHRS (Figure 13)**. Respondents in Wales (69%) and Northern Ireland (65%) 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 (54%).

When shown an image of the FHRS sticker, recognition of the FHRS sticker was comparable across Northern Ireland (93%), Wales (91%) and England (87%)^{30**}.

²⁸ Question: Have you heard of the Food Hygiene Rating Scheme? Responses: Yes, I've heard of it and know quite a lot about it, Yes, I've heard of it and know a bit about it, Yes, I've heard of it but don't know much about it, Yes, I've heard of it but don't know anything about it, No, I've never heard of it. Base = 1354, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland. Wave 6.

²⁹ Responses to other 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 6.

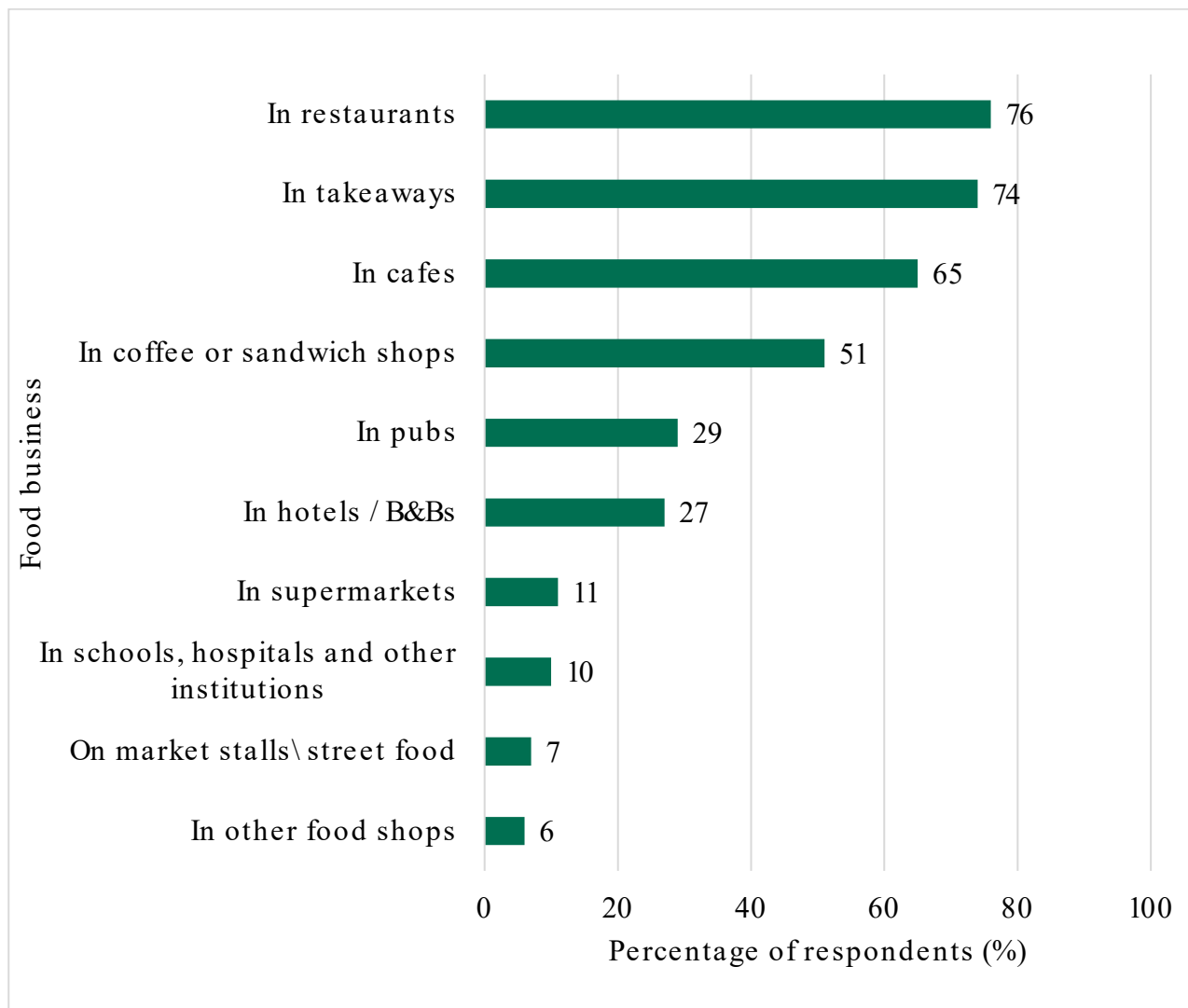
³⁰ Question: Have you ever seen this sticker before? Responses: Yes, No, Don't know/Not sure. Base = 4918, (England = 2420, Wales = 1144, Northern Ireland = 1354), all online respondents and those answering the Eating Out postal questionnaire. Wave 6.

FHRS usage

Respondents living in Wales (59%) were more likely to have checked the hygiene rating of a food business in the last 12 months compared to respondents in Northern Ireland (48%) and England (42%)³¹.

³¹ Question: In the last 12 months, have you checked the hygiene rating of a food business? You may have checked a rating at the business premises, online, in leaflets or menus whether or not you decided to purchase food from there. Responses: Yes, I have checked the Food Hygiene Rating of a food business, No, I have not checked the Food Hygiene Rating of a food business, Don't know. Base = 4918 (England = 2420, Wales = 1144, Northern Ireland = 1354) , all online respondents and those answering the Eating Out postal questionnaire in England, Wales and Northern Ireland. Wave 6.

Figure 14. Food businesses where respondents in Northern Ireland had checked the food hygiene rating in last 12 months.



Source: Food & You 2: Wave 6

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. The most

common types of food business which respondents had checked the food rating of were restaurants (76%) and takeaways (74%) (Figure 14)³².

³² Question: In which of the following kinds of food businesses have you checked the hygiene ratings in the last 12 months? Responses: In takeaways, In restaurants, In cafés, In coffee or sandwich shops, In pubs, In hotels & B&Bs, In supermarkets, In other food shops, In schools, hospitals and other institutions, On market stalls/ street food, Manufacturers (Business-to-Business traders), Somewhere else, Don't know. Base = 649, all online respondents and all those who completed the Eating Out postal questionnaire who have checked the Food Hygiene Rating of a food business in the last 12 months in Northern Ireland. Wave 6.

Chapter 5: Food allergies, intolerances and other hypersensitivities

Introduction

'Food hypersensitivity' is a term that refers to a bad or unpleasant physical reaction which occurs as a result of consuming a particular food. There are different types of food hypersensitivity including a food allergy, food intolerance and coeliac disease³³.

A **food allergy** occurs when the immune system (the body's defence) mistakes the proteins in food as a threat. Symptoms of a food allergy can vary from mild symptoms to very serious symptoms, and can include itching, hives, vomiting, swollen eyes and airways, or anaphylaxis which can be life threatening.

Food intolerance is difficulty in digesting specific foods which causes unpleasant reactions such as stomach pain, bloating, diarrhoea, skin rashes or itching. Food intolerance is not an immune condition and is not life threatening.

Coeliac disease is an autoimmune condition caused by gluten, a protein found in wheat, barley and rye and products using these as ingredients. The immune system attacks the small intestine which damages the gut and reduces the ability to absorb nutrients. Symptoms of coeliac disease can include diarrhoea, abdominal pain and bloating.

³³ [FSA Explains: Food hypersensitivities. Overview: Food Allergy, NHS.](#) [Food Intolerance, NHS.](#) [Overview: Coeliac disease, NHS.](#)

The FSA is responsible for allergen labelling and providing guidance to people with food hypersensitivities. [By law](#), food businesses in the UK must inform customers if they use any of the 14 most potent and prevalent allergens³⁴ in the food and drink they provide.

To help consumers make safe and informed choices, food businesses can voluntarily provide information about the unintentional presence of the 14 most potent and prevalent allergens, for example 'may contain' or 'produced in a factory with'. This is called [precautionary allergen labelling](#) (PAL). PAL information can be provided verbally or in writing but should only be provided where there is an unavoidable risk of allergen cross-contamination that cannot be sufficiently controlled through risk management actions.

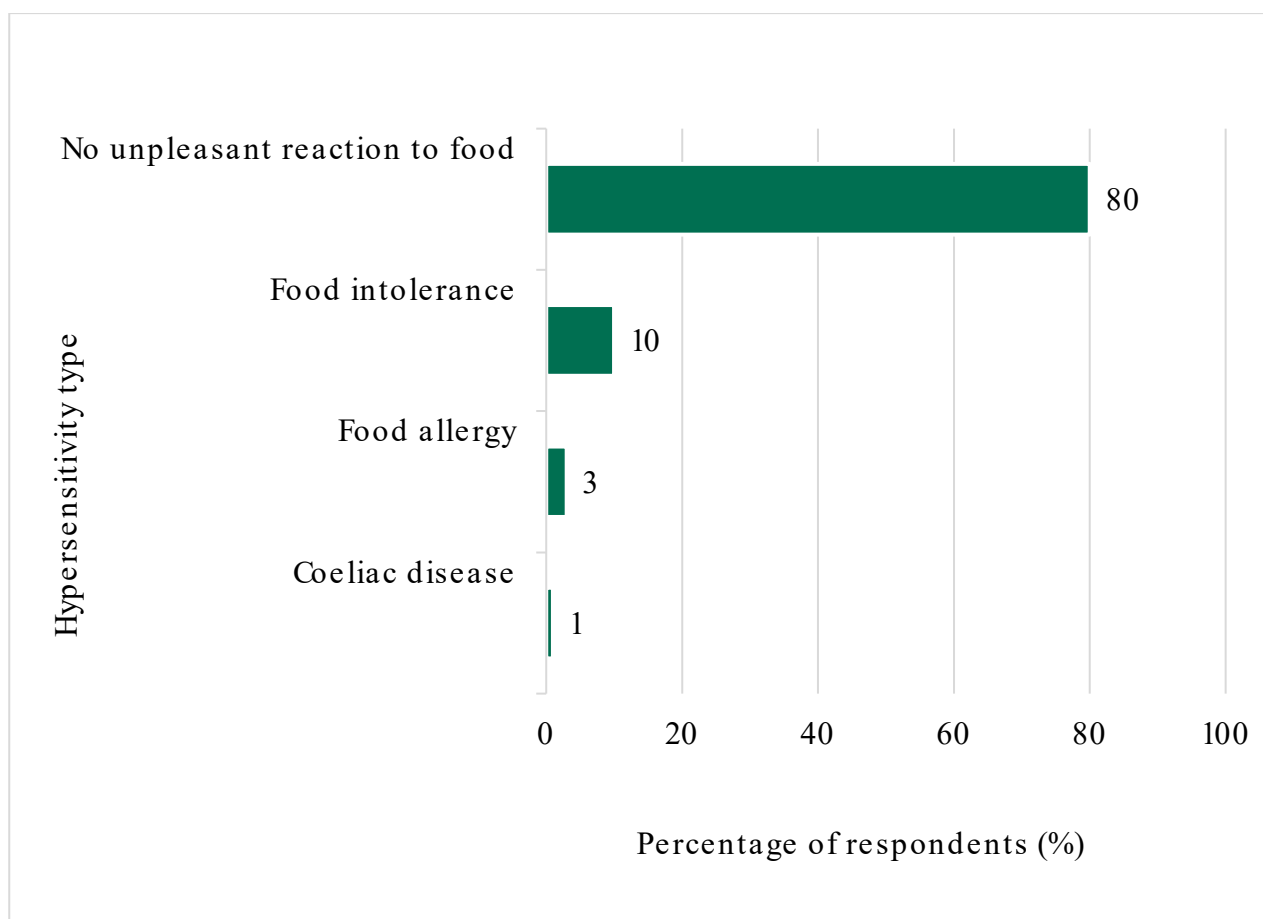
This chapter provides an overview of respondents' understanding of food allergies and intolerances, the self-reported prevalence and diagnosis of food hypersensitivities, and experiences of eating out or ordering a takeaway among those with a hypersensitivity.

³⁴ Allergens: celery, cereals containing gluten (such as barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites and tree nuts (such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts).

Prevalence and diagnosis of food hypersensitivities

One fifth (20%) of respondents reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause³⁵.

Figure 15. Prevalence of different types of food hypersensitivity.



Source: Food and You 2: Wave 6

³⁵ Question: Do you suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause? Responses: Yes, No, Don't know, Prefer not to say. Base= 1644, all respondents in Northern Ireland.

Most respondents (80%) reported that they did not have a food hypersensitivity. 10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease (Figure 15)³⁶.

Diagnosis of food hypersensitivities

Respondents who reported having a bad or unpleasant reaction were asked how they had found out about their condition. Around 1 in 3 (29%) respondents who had a food hypersensitivity had been diagnosed by an NHS or private medical practitioner and 9% had been diagnosed by an alternative or complementary therapist but not by a NHS/private medical practitioner. However, 69% had not been formally diagnosed with a specific condition and 7% had used other methods³⁷.

³⁶ Question/ Responses: Derived variable, see data tables (REACTYPE_1 to REACTYPE_18 combined NET) and Technical Report. Base= 1079, all respondents. Wave 6.

³⁷ Question: How did you find out about your problem with these foods? Responses: I have been diagnosed by an NHS or private medical practitioner (e.g. GP, dietician, allergy specialist in a hospital or clinic), I have been diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service), I have noticed that this food causes me problems, but I have not been formally diagnosed with a specific condition, Other. Base= 341, all respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland. Wave 6.

Eating out with a food hypersensitivity

The FSA provides guidance for food businesses on providing allergen information. Food businesses in the retail and catering sector are required by law to provide allergen information and to follow labelling rules. The type of allergen information which must be provided depends on the type of food business. However, all food business operators must provide allergen information for prepacked and non-prepacked food and drink. Foods which are pre-packed or pre-packed for direct sale (PPDS) are required to have a label with a full ingredients list with allergenic ingredients emphasised³⁸.

How often people checked allergen information in advance when eating somewhere new

Respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods were asked how often, if at all, they checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction when they ate out or ordered a takeaway from somewhere new.

One fifth (20%) of respondents always checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction, and 45% of respondents checked this information was available less often (i.e. most of the time or less often). However, 34% never checked in advance that information

³⁸ [Allergen guidance for food businesses, FSA](#)

was available which would allow them to identify food that might cause them a bad or unpleasant reaction³⁹.

Availability and confidence in allergen information when eating out or ordering takeaways

Respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods were asked how often information which allowed them to identify food that might cause them a bad or unpleasant reaction was readily available when eating out or buying food.

Around 1 in 10 (8%) respondents reported that this information was always readily available and 74% of respondents reported that this information was available less often

³⁹ Question: When eating out or ordering food from somewhere new, how often, if at all, do you check in advance that information is available allowing you to identify food that might cause you a bad or unpleasant physical reaction? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 320, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause who eat out or order takeaways in Northern Ireland. Wave 6.

(i.e. most of the time or less often). However, 12% of respondents reported that this information was never readily available when they ate out or bought food to take away⁴⁰.

Respondents were asked how often they asked a member of staff for more information when it is not readily available. 17% of respondents reported that they always asked staff for more information, whilst 45% did this less often (i.e. most of the time or less often), and 29% never asked staff for more information⁴¹.

Respondents were asked how comfortable they felt asking a member of staff for more information about food that might cause them a bad or unpleasant physical reaction. Most respondents (62%) reported that they were comfortable (i.e. very comfortable or fairly comfortable) asking staff for more information, however 26% of respondents

⁴⁰ Question: When eating out or buying food to take out, how often, if at all, is the information you need to help you identify food that might cause you a bad or unpleasant physical reaction readily available? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 319, online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction in Northern Ireland. Wave 6.

⁴¹ Question: When information is not readily available, how often do you ask a member of staff for more information? Responses: Always, Most of the time, About half of the time, Occasionally, Never, I don't need to ask because the information is always readily available, Don't know. Base= 319, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland. Wave 6.

reported they were not comfortable doing this (i.e. not very comfortable or not at all comfortable)⁴².

Confidence in allergen labelling

Respondents who go food shopping and take into consideration a person who has a food allergy or intolerance were asked how confident they were that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction. Overall, 92% of respondents stated that they were confident in the information provided on food labels⁴³.

Respondents were asked how confident they were in identifying foods that will cause a bad or unpleasant physical reaction when buying foods which are sold loose, such as at a bakery or deli-counter. Respondents were more confident in identifying these foods at independent food shops (72%), in-store at a supermarket (69%), when buying food from

⁴² Question: How comfortable do you feel asking a member of staff for more information about food that might cause you a bad or unpleasant physical reaction? Responses: Very comfortable, Fairly comfortable, Not very comfortable, Not at all comfortable, It varies from place to place, Don't know. Base = 319, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland. Wave 6.

⁴³ Question: How confident are you that the information provided on food labels allows you to identify foods that will cause you, or another member of your household, a bad or unpleasant physical reaction? Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base= 676, all respondents who consider the dietary requirements of themselves/ someone else in the household when shopping in Northern Ireland. Wave 6.

a supermarket online (64%). However, respondents were less confident when buying food from food markets or stalls (52%)⁴⁴.

⁴⁴ Question: When buying food that is sold loose (e.g. at a bakery or deli counter), how confident are you that you can identify foods that will cause you or another member of your household a bad or unpleasant physical reaction? Consider food sold loose from the following sources.. A) Supermarkets in store. B) Supermarkets online. C) Independent food shops. D) Food markets/ stalls. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base A=472, B=396, C=461, D=434, all respondents who consider the dietary requirements of themselves/ someone else in the household when shopping - excluding 'I don't buy food from here' / 'I don't buy food sold loose' in Northern Ireland. Wave 6.

Chapter 6: Eating at home

Introduction

The FSA is responsible for protecting the public from foodborne diseases. This involves working with farmers, food producers and processors, and the retail and hospitality sectors to ensure that the food people buy is safe.

Since people are responsible for the safe preparation and storage of food in their home, Food and You 2 asks respondents about their food-related behaviours in the home, including whether specific foods are eaten past their use-by date, and knowledge and reported behaviour in relation to five important aspects of food safety: cleaning, cooking, chilling, avoiding cross-contamination and use-by dates. The FSA gives practical guidance and recommendations to consumers on [food safety and hygiene](#) in the home. Food and You 2 also asks respondents about the frequency with which they prepare or consume certain types of food.

Two versions of the 'Eating at home' module have been created; the brief module which includes a limited number of key questions which are fielded annually, and a full version which includes additional questions and is fielded every 2 years. The brief 'Eating at home' module is reported in this chapter⁴⁵.

This chapter provides an overview of respondent knowledge, attitudes and behaviours relating to food safety, diet, and other food-related behaviours.

⁴⁵ The full 'Eating at home' module was last reported in the Food and You 2: Wave 5 Key Findings report.

Cleaning

Handwashing in the home

The [FSA recommends](#) that everyone should wash their hands before they prepare, cook or eat food and after touching raw food, before handling ready-to-eat food.

The majority (78%) of respondents who cook reported that they always wash their hands before preparing or cooking food. However, 21% of respondents reported that they do not always (i.e., most of the time or less often) wash their hands before preparing or cooking food.⁴⁶.

Most respondents (90%) who cook meat, poultry or fish reported that they always wash their hands immediately after handling raw meat, poultry, or fish. However, 9% of respondents reported that they do not always (i.e., most of the time or less often) wash their hands immediately after handling raw meat, poultry or fish.⁴⁷.

⁴⁶ Question: When you are at home, how often, if at all, do you wash your hands before starting to prepare or cook food. Responses: Always, Most of the time, About half the time, Occasionally, Never, I don't cook, Don't know. Base= 1219, all online and all those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't cook/prepare food' in Northern Ireland. Wave 6.

⁴⁷ Question: When you are at home, how often, if at all, do you wash your hands do you wash your hands immediately after handling raw meat, poultry or fish. Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 1198, all online respondents and those who completed the 'Eating at home' postal questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't cook meat', in Northern Ireland. Wave 6.

Handwashing when eating out

Respondents were asked, how often, if at all, they washed their hands or used hand sanitising gel or wipes before eating when they ate outside of their home. Around a third (35%) of respondents reported that they always washed their hands, used hand sanitising gel or wipes when they ate outside of their home, 56% did this less often (i.e., most of the time or less often) and 8% never did this⁴⁸.

Chilling

The [FSA provides guidance](#) on how to chill food properly to help stop harmful bacteria growing.

If and how respondents check fridge temperature

When asked what temperature the inside of a fridge should be, 69% of respondents reported that it should be between 0-5 degrees Celsius. Around 1 in 7 (14%) respondents reported that the temperature should be above 5 degrees, 3% reported that the

⁴⁸ Question: When eating outside of the home, how often, if at all, do you wash your hands, or use hand sanitising gel or wipes before eating? Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 1327, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland. Wave 6.

temperature should be below 0 degrees, and 13% of respondents did not know what temperature the inside of their fridge should be.⁴⁹.

Six in ten (60%) respondents who have a fridge reported that they monitored the temperature, either manually (51%) or via an internal temperature alarm (10%).⁵⁰. Of the respondents who manually check the temperature of their fridge, 79% reported that they check the temperature of their fridge at least once a month, as recommended by the FSA⁵¹.

⁴⁹ Question: What do you think the temperature inside your fridge should be?

Responses: Less than 0 degrees C (less than 32 degrees F), Between 0 and 5 degrees C (32 to 41 degrees F), More than 5 but less than 8 degrees C (42 to 46 degrees F), 8 to 10 degrees C (47 to 50 degrees F), More than 10 degrees C (over 50 degrees F), Other, Don't know. Base= 1324, all online respondents and those answering the 'Eating at Home' paper questionnaire, excluding those who don't have a fridge, in Northern Ireland. Wave 6.

⁵⁰ Question: Do you, or anyone else in your household, ever check your fridge temperature? Responses: Yes, No, I don't need to - it has an alarm if it is too hot or cold, Don't know. Base= 1323, all online respondents and those answering the 'Eating at Home' paper questionnaire, excluding those who don't have a fridge, in Northern Ireland. Wave 6.

⁵¹ Question: How often, if at all, do you or someone else in your household check the temperature of the fridge? Responses: At least daily, 2-3 times a week, Once a week, Less than once a week but more than once a month, Once a month, four times a year, 1-2 times a year, Never, Don't know. Base= 676, all online respondents and those who completed the 'Eating at Home' postal questionnaire where someone in household checks fridge temperature in Northern Ireland. Wave 6.

Respondents with very low food security (89%) were more likely to report that they checked the temperature of their fridge at least once a month than those with high food security (75%).

Cooking

The FSA recommends that cooking food at the right temperature and for the correct length of time will ensure that any harmful bacteria are killed. When cooking pork, poultry, and minced meat products the FSA recommends that the meat is steaming hot and cooked all the way through, that none of the meat is pink and that any juices run clear.

Respondents were asked to indicate how often they cook food until it is steaming hot and cooked all the way through. The majority (81%) of respondents who cook reported that they always cook food until it is steaming hot and cooked all the way through, however 18% reported that they do not always do this.⁵².

When respondents were asked to indicate how often they eat chicken or turkey when the meat is pink or has pink juices, the majority (91%) reported that they never did this.

⁵² Question: How often, if at all, do you cook food until it is steaming hot and cooked all the way through? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 1219, all online respondents who ever do some food preparation or cooking for their household, and all those who completed the 'Eating at Home' postal paper questionnaire, who ever do some food preparation or cooking for their household in Northern Ireland. Wave 6.

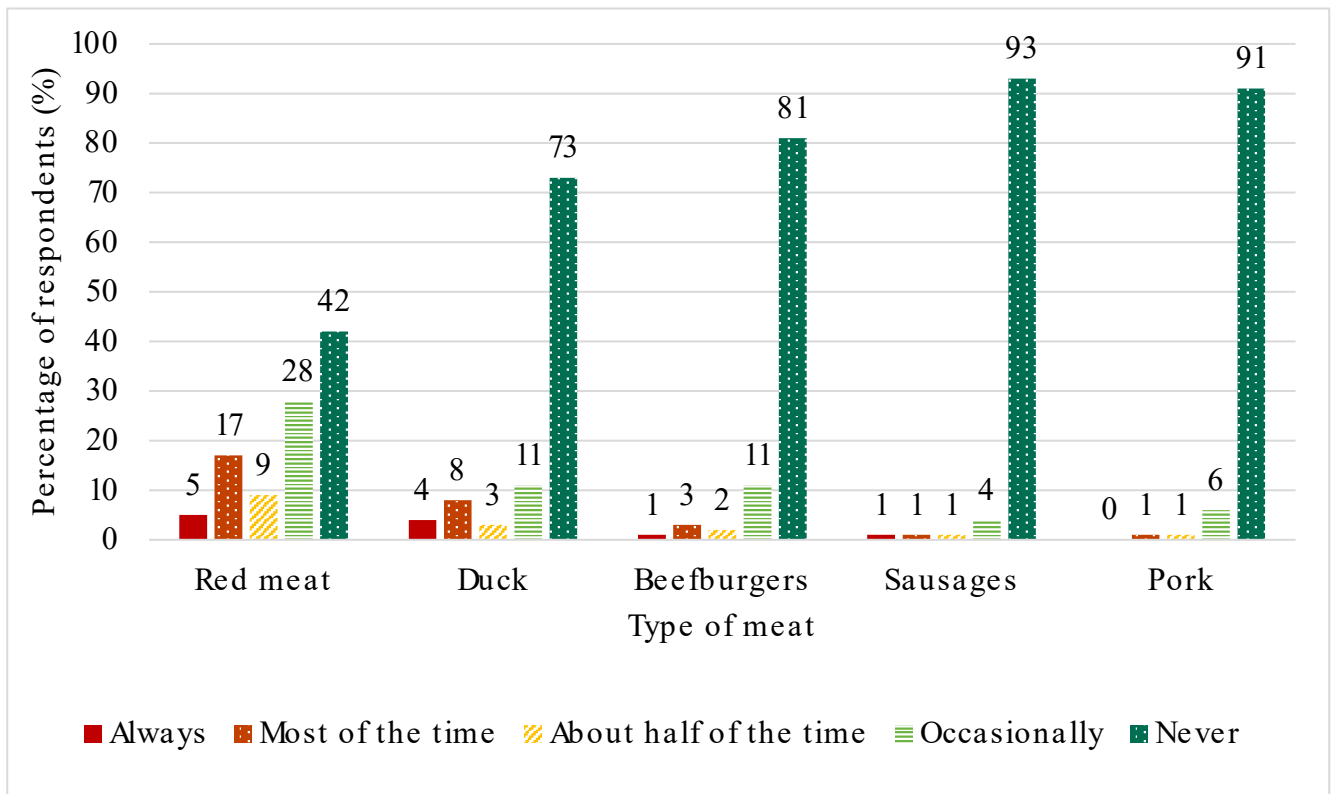
However, 8% of respondents reported eating chicken or turkey at least occasionally when it is pink⁵³.

The prevalence of eating chicken or turkey pink varied between different categories of people in the following ways:

- **Food security:** Those with high food security (94%) were more likely to report never eating chicken or turkey when it is pink or has pink or red juices compared to those with very low food security (84%).

⁵³ Question: How often, if at all, do you eat chicken or turkey when the meat is pink or has pink or red juices? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base =1265, all respondents who are not vegan, pescatarian or vegetarian, and who do eat chicken/ turkey in Northern Ireland. Wave 6.

Figure 16: Proportion of respondents who eat meat pink or with pink juices



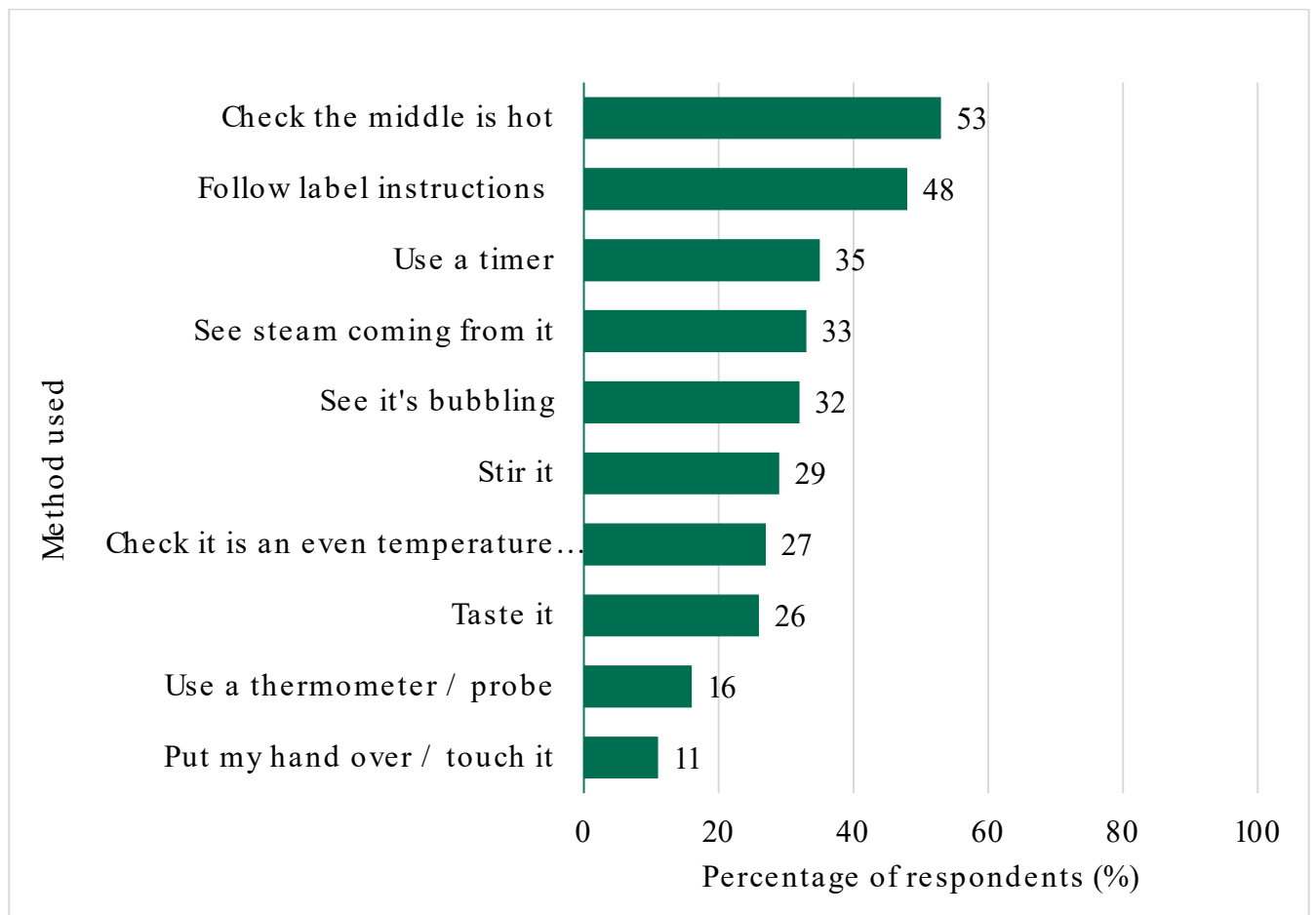
Source: Food and You 2: Wave 5

In Wave 5, respondents were also asked how often they eat red meat, duck beefburgers, sausages or whole cuts or pork chops when the meat is pink or has pink or red juices. The majority reported that they never eat sausages (93%) or pork (91%) when the meat is pink. However, more respondents reported eating red meat (at least occasionally) when it is pink (58%) than those who never eat red meat when it is pink (42%) (Figure 16)⁵⁴.

⁵⁴ Question: How often, if at all, do you do the following? Eat...A) red meat, B) duck, C) beefburgers, D) sausages, E) whole cuts or pork chops ..when it is pink or has pink or red juices. Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base A=947, B=724, C=918, D= 924, E= 861, all online who are not vegan/ pescatarian/ vegetarian who eat this type of meat.

Reheating

Figure 17. Methods used when reheating food to check it's ready to eat.



Source: Food & You 2: Wave 6

Respondents were asked to indicate how they check food is ready to eat when they reheat it. The most common method was to check if the middle was hot (53%), and the

least common method was to put their hand over it or touch the food (11%) (Figure 17).⁵⁵.

When respondents were asked how many times they would reheat food, the majority reported that they would only reheat food once (85%), 7% would reheat food twice, 4% would reheat more than twice and 3% reported that they would not reheat food at all⁵⁶.

⁵⁵ Question: When reheating food, how do you know when it is ready to eat? (Select all that apply). Responses: I check the middle is hot, I follow the instructions on the label, I can see its bubbling, I use a timer to ensure it has been cooked for a certain amount of time, I check it's an even temperature throughout, I can see steam coming from it, I can see steam coming from it, I taste it, I stir it, I put my hand over it/ touch it, I use a thermometer/ probe, None of the above, I don't check. Base= 1171, all online respondents and those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't reheat food', in Northern Ireland. Wave 6.

⁵⁶ Question: How many times would you consider reheating food after it was cooked for the first time? Responses: Not at all, Once, Twice, More than twice, Don't know. Base= 1173, all online respondents and those who completed the 'Eating at Home' postal questionnaire who reheat food using one of the methods in the previous question in Northern Ireland. Wave 6.

Leftovers

Respondents were asked how long they would keep leftovers in the fridge for. Over 7 in 10 (73%) respondents reported that they would eat leftovers within 2 days, 21% of respondents reported that they would eat leftovers within 3-5 days and only 2% would eat leftovers after 5 days or longer.⁵⁷.

Avoiding cross-contamination

The FSA provides guidelines on [how to avoid cross-contamination](#). The FSA recommends that people [do not wash raw meat](#). Washing raw meat can spread harmful bacteria onto your hands, clothes, utensils, and worktops.

Around two-thirds (67%) of respondents reported that they never wash raw chicken, whilst 30% of respondents wash raw chicken at least occasionally (i.e. occasionally or more often).⁵⁸.

⁵⁷ Question: When is the latest you would consume any leftovers stored in the fridge? Responses: The same day, Within 1-2 days, Within 3-5 days, More than 5 days later, It varies too much, Don't know. Base= 1327, all online respondents and those answering the 'Eating at Home' postal questionnaire in Northern Ireland. Wave 6.

⁵⁸ Question: How often, if at all, do you do the following? Wash raw chicken. Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 1219, all online respondents who ever do some food preparation or cooking for their household, and all those who completed the 'Eating at Home' postal paper questionnaire, who ever do some food preparation or cooking for their household in Northern Ireland. Wave 6.

How and where respondents store raw meat and poultry in the fridge

The FSA recommends that refrigerated raw meat and poultry is kept covered, separately from ready-to-eat foods and stored at the bottom of the fridge to avoid cross-contamination.

Respondents were asked to indicate, from a range of responses, how they store meat and poultry in the fridge. Respondents were most likely to report storing raw meat and poultry in its original packaging (66%) or away from cooked foods (59%). Over a third of respondents reported storing raw meat and poultry in a sealed container (39%), covering it with film/foil (33%), or with a lower proportion storing it on a plate (9%).⁵⁹.

Over 7 in 10 (72%) respondents reported only storing raw meat and poultry at the bottom of the fridge, as recommended by the FSA. However, 14% of respondents reported storing raw meat and poultry wherever there is space in the fridge, 9% of respondents reported storing raw meat and poultry in the middle of the fridge, and 5% at the top of the fridge.⁶⁰.

⁵⁹ Question: How do you store raw meat and poultry in the fridge? Please select all the apply. Responses: Away from cooked foods, Covered with film/ foil, In a sealed container, In its original packaging, On a plate. Base= 1247, all online respondents, and those answering the 'Eating at Home' postal questionnaire except those who don't buy/ store meat/ poultry, don't store raw meat/ poultry in the fridge, do not have a fridge or don't know, in Northern Ireland. Wave 6.

⁶⁰ Question: Where in the fridge do you store raw meat and poultry? Responses: Wherever there is space, At the top of the fridge, In the middle of the fridge, At the bottom of the fridge. Base= 1227, all online respondents and those who completed the 'Eating at Home' paper questionnaire, who store raw meat/ poultry in the fridge except those who don't buy/ store meat/ poultry, don't have a fridge or don't know, in Northern Ireland. Wave 6.

Use-by and best before dates

Respondents were asked about their understanding of the different types of date labels and instructions on food packaging, as storing food for too long or at the wrong temperature can cause food poisoning. Use-by dates relate to food safety. Best before (BBE) dates relate to food quality, not safety.

Respondents were asked to indicate which date shows that food is no longer safe to eat. In accordance with FSA recommendations, 71% of respondents identified the use-by date as the information which shows that food is no longer safe to eat. However, 10% of respondents identified the best before date as the date which shows food is no longer safe to eat⁶¹.

Three-quarters (75%) of respondents reported that they always check use-by dates before they cook or prepare food and 20% of respondents did this most of the time, 4% reported checking use-by dates less often (i.e. about half the time or occasionally), and just 1% reported never checking use-by dates⁶².

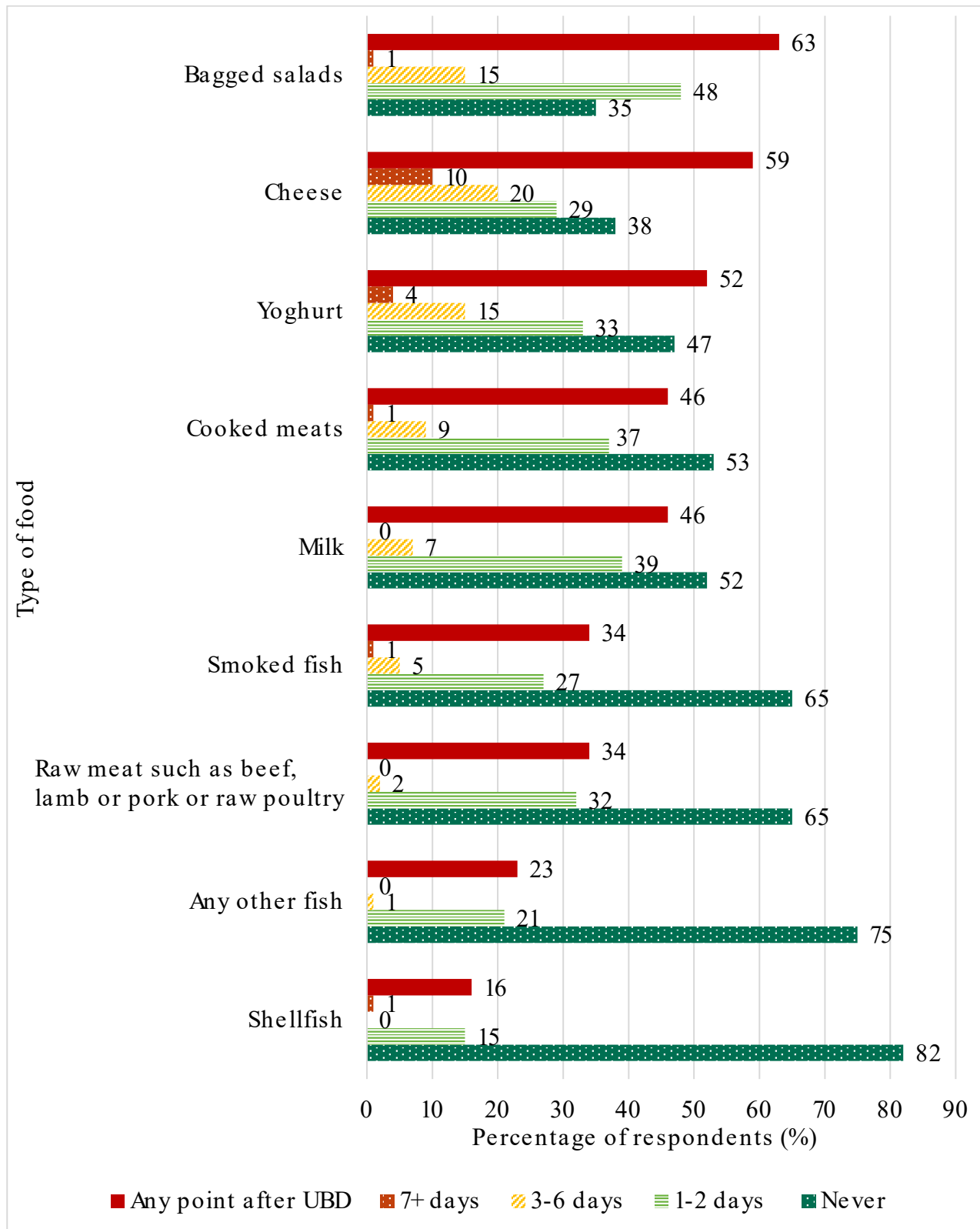
The proportion of people who reported always checking the use-by date varied by groups of people:

⁶¹ Question: Which of these shows when food is no longer safe to eat? Responses: Use-by date, Best before date Sell by date, Display until date, All of these, It depends, None of these, Don't know. Base= 1327, all online respondents and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 6.

⁶² Question: How often, if at all, do you check use-by dates when you are about to cook or prepare food? Responses: Always, Most of the time, About half of the time, Occasionally, Never, It varies too much, Don't know. Base=1219, all online respondents who ever do some food preparation or cooking for their household, and all those who completed the Eating at Home postal questionnaire, excluding I don't cook / prepare food and not stated in Northern Ireland. Wave 6.

- **Age:** those aged 25 to 34 years (83%) were more likely to always check the use-by date than older adults (for example, 73% of those aged 65 to 79 years)
- **NS-SEC:** those in semi-routine and routine occupations (84%) were more likely to always check the use-by date compared to those in managerial, administrative and professional occupations (73%).

Figure 18. How long after the use-by date respondents would consume different foods.



Source: Food & You 2: Wave 6

Respondents who eat certain foods were asked when, if at all, is the latest that they would eat the type of food after the use-by date. Most reported that they would not eat shellfish (82%), other fish (75%), raw meat (65%) or smoked fish (65%) past the use-by date. Bagged salad (63%) and cheese (59%) were the foods respondents were most likely to report eating at any point after the use-by date. Around two-thirds of respondents would eat yoghurt (52%), cooked meats (46%) and milk (46%) at any point after the use-by date (Figure 18)⁶³.

⁶³ Question: When, if at all, is the latest you would eat or drink the following items after their use-by date? a=cooked meats, b=smoked fish, c=bagged salads, d=cheese, e=milk, f=raw meat such as beef/ pork/ lamb/ raw poultry, g=shellfish, h=any other fish, i=yoghurt. Responses: 1-2 days after the use-by date, 3-4 days after the use-by date, 5-6 days after the use-by date, 1-2 weeks after the use-by date, more than 2 weeks after the use-by date, I don't eat/ drink this after its use-by date, don't know/ I don't ever check the use-by date of this. Base A= 1252, B=985, C=1238, D=1274, E=1263, F= 1239, G=847, H=1070, I=1230, all online respondents and those who completed the 'Eating at Home' postal questionnaire, who eat A/ B/ C/ D/ F/ F/ G/ H/ I. Please note: the figures shown do not add up to 100% as not all responses are shown.

Chapter 7: Food shopping and labelling

Introduction

In March 2022, the FSA launched a new [5 year strategy](#) (2022-2027). Building on the previous strategy, the FSA's vision has evolved to include 'food is healthier and more sustainable', to account for the growing priorities of dietary health and sustainability for the Northern Ireland Executive, UK Government, Welsh Government, and for consumers.

Regulation of food labelling is complex, and the remit of food labelling is held by multiple bodies, that differ between [Northern Ireland, England and Wales](#).

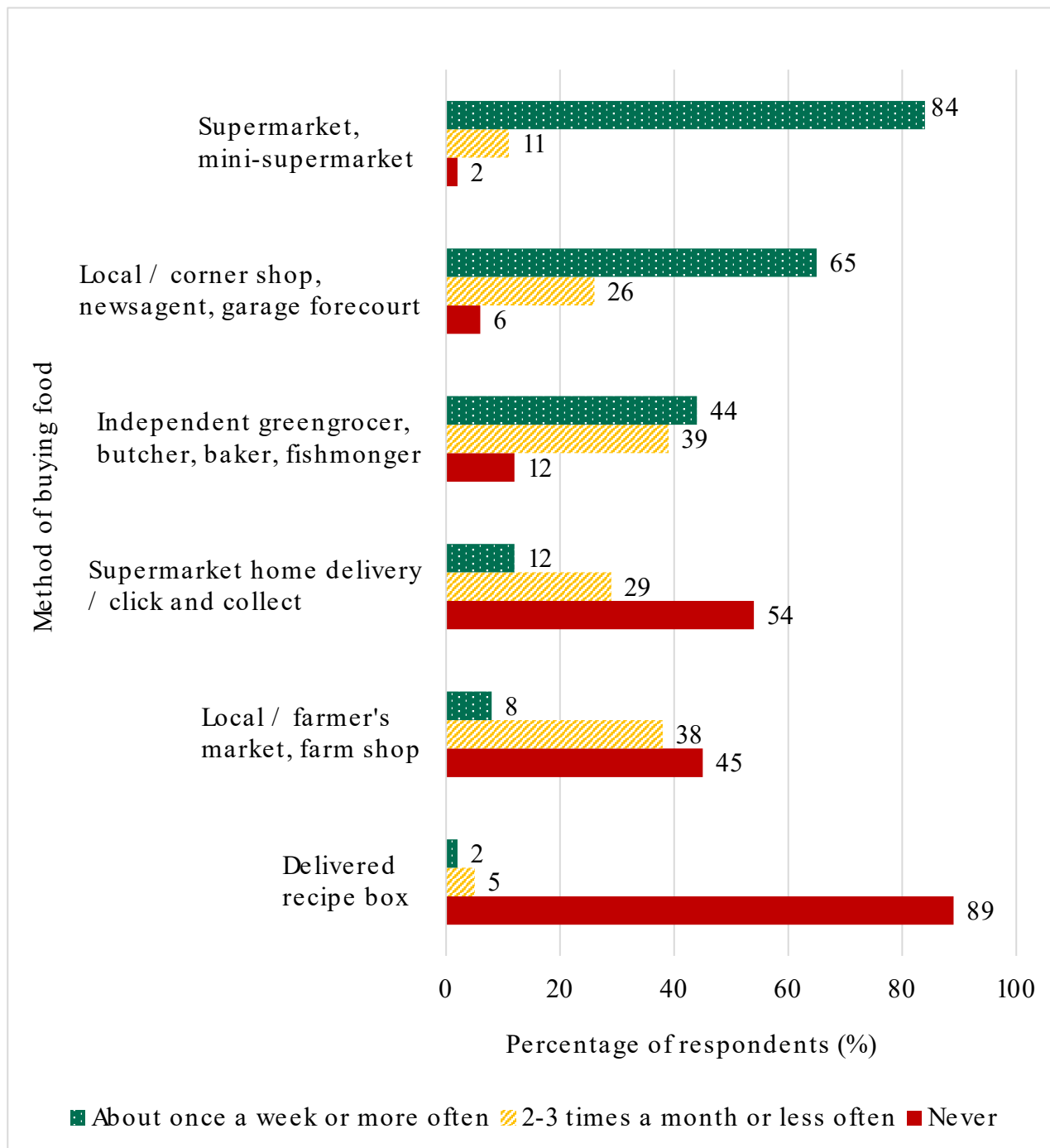
In Northern Ireland and Wales, the FSA has policy responsibility for non-safety food information (general requirements), e.g. name of the food, ingredients lists etc. and food composition standards. In addition, the FSA in Northern Ireland has policy responsibility for nutrition related labelling and composition standards. In Scotland, FSS has policy responsibility for general food labelling, food composition standards and nutrition related matters. In England, the [Department for Environment, Food and Rural Affairs](#) (Defra) is responsible for aspects of general food labelling and food composition standards, with the Department of Health and Social Care (DHSC) being responsible for nutrition related labelling and composition standards. FSA, FSS, Defra and DHSC work together under common framework structures which aim to coordinate policy development in their respective areas and minimise divergence between nations.

This chapter provides an overview of food purchasing, what respondents look for when they are shopping and confidence in allergen labelling. Defra co-funded questions in this chapter which relate to environmental impact and sustainability.

The findings in this chapter are from Wave 5 of the Food and You 2 survey.

Where do respondents buy food?

Figure 19. Where respondents buy food from.



Source: Food and You 2: Wave 5

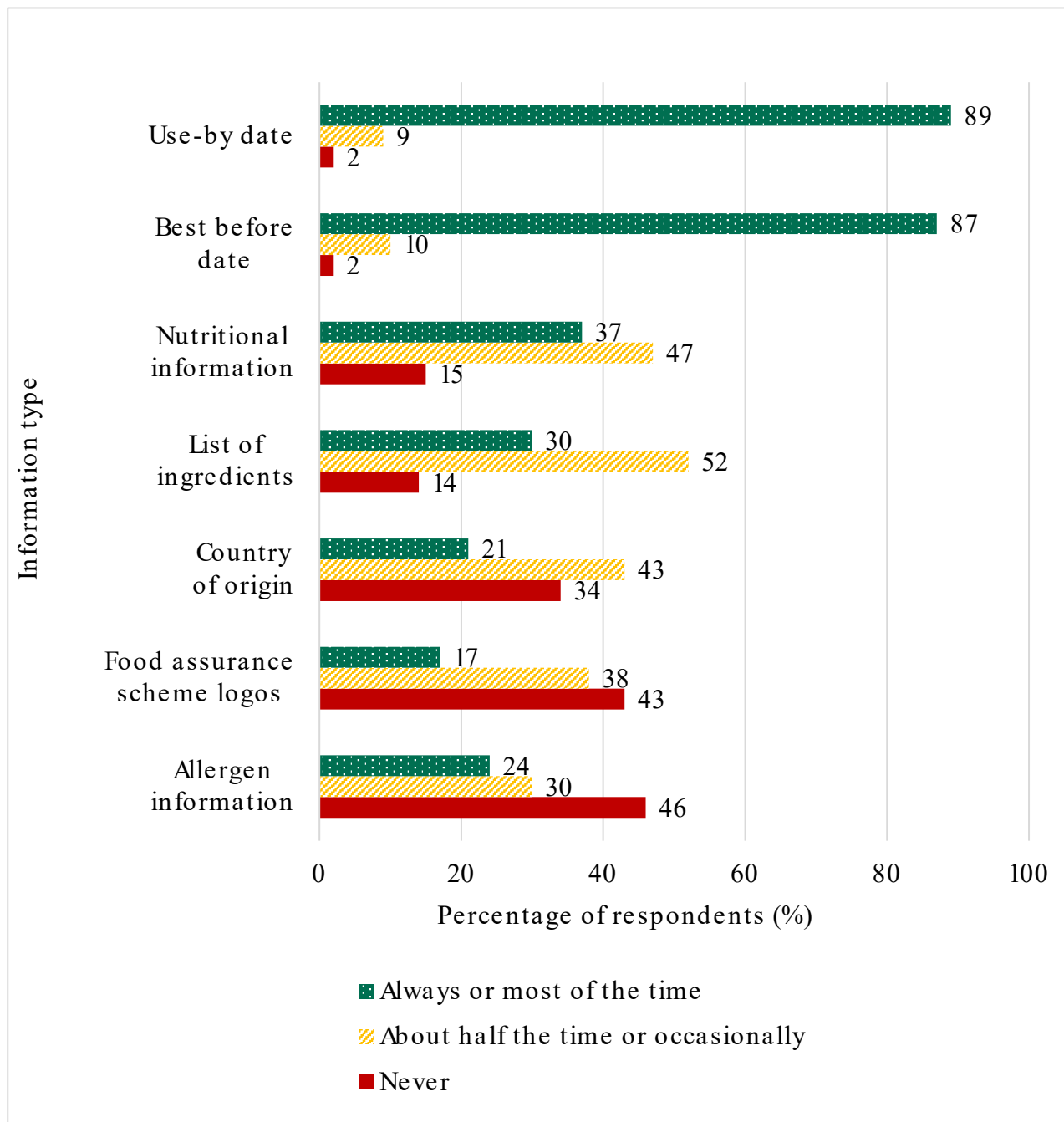
Respondents were asked to indicate where and how frequently they buy food. Most respondents reported that they bought food from a supermarket or mini supermarket

(84%), or local / corner shops, newsagents or garage forecourts (65%) about once a week or more often (Figure 19)⁶⁴.

⁶⁴ Question: How often, if at all, do you...A) Shop for food in store at a supermarket (including mini supermarkets like Metro/ Local). B) Shop for food at independent greengrocers', butchers', bakers' or fishmongers'. C) Shop for food at local/ corner shops, newsagents' or garage forecourts. D) Get a home delivery from a supermarket. E) Shop for food at a local market, farmer's market or farm shop. F) Get a recipe box delivered (e.g. Hello Fresh, Gousto). Responses: Every day, Most days, 2-3 times a week, About once a week, 2-3 times a month, About once a month, Less than once a month, Never, Can't remember. Base= 1467, all respondents in Northern Ireland. Wave 5.

What do respondents look for when buying food?

Figure 20. Type of information respondents check while shopping.



Source: Food and You 2: Wave 5

Respondents were asked to indicate what information they check when buying food. Most respondents reported that they check the use-by (89%) or best before (87%) date always or most of the time when they bought food. Respondents reported that they check

the list of ingredients (53%), nutritional information (48%), and country of origin (44%) about half the time or occasionally (Figure 20)⁶⁵.

When asked what information is used to judge the quality of food from a list of options, the information the highest proportion of respondents reported using to judge food quality was freshness (57%), taste (45%), and appearance (45%). Fewer respondents reported that they used the price (30%), ingredients (26%), brand (24%), and country of origin (12%) to judge food quality. Assurance schemes (11%), animal welfare (10%) environmental impact (4%) and convenience (4%) were reported to be used least by respondents when judging food quality⁶⁶.

⁶⁵ Question: When shopping for food, how often, if at all, do you check.. A) Use-by dates. B) Best before dates. C) List of ingredients. D) Allergen information. E) Nutritional information. F) Country of origin. G) Food assurance scheme logos. Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 946, all online respondents who have at least some responsibility for food shopping for their household, in Northern Ireland. Wave 5.

⁶⁶ Question: What do you use to judge the quality of food? Responses: Taste, Appearance, Country of origin, Convenience, Ingredients, Animal welfare, Freshness, Assurance schemes, Brand, Price, Environmental impact, Other. Base= 1875, all online respondents, in Northern Ireland. Wave 5.

The importance of buying foods with a low environmental impact

Respondents were asked how important it was to buy food which has a low environmental impact. 82% of respondents reported that it was important (i.e. very important or somewhat important) to them to buy food which has a low environmental impact. 14% of respondents did not consider it important (i.e. not very important or not at all important) to buy food which has a low environmental impact ⁶⁷.

How often respondents check for information about the environmental impact of food

Respondents were asked how frequently they check for information about the environmental impact of food when purchasing food. Over a quarter (27%) of respondents reported that they checked for information about the environmental impact when purchasing food always or most of the time, 40% did this about half of the time, or occasionally and 26% reported that they never checked for information about the environmental impact when purchasing food⁶⁸.

How often respondents buy foods with a low environmental impact

⁶⁷ Question: How important is it to you to buy food which has a low environmental impact? Responses: Very important, Somewhat important, Not very important, Not at all important, Don't know. Base= 1875, all respondents in Northern Ireland. Wave 5.

⁶⁸ Question: When purchasing food, how often do you check for information on environmental impact? Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 1875, all online respondents, and those answering the 'Eating at Home' postal questionnaire in Northern Ireland. Wave 5.

Respondents were asked to indicate how often, where possible, they buy food which has a low environmental impact. Over 4 in 10 (44%) respondents buy food which has a low environmental impact always or most of the time, 33% do this about half of the time, or occasionally and 7% of respondents reported that they never buy food which has a low environmental impact. However around 2 in 10 (16%) respondents do not know how often they buy food which has a low environmental impact⁶⁹.

Attitudes toward information about a products environmental impact and animal welfare

Respondents were asked to indicate to what extent they agree or disagree that food products show enough information about their environmental impact. Around a fifth (21%) of respondents agreed (i.e. strongly agree or agree) that products show enough information about their environmental impact, however 38% neither agreed or disagreed. 29% of respondents disagreed (i.e. strongly disagree or disagree) that products show enough information about their environmental impact⁷⁰.

Respondents were asked whether they agreed or disagreed that meat, eggs and dairy products show enough information about animal welfare. Around a third (35%) of respondents said that their neither agreed not disagreed that meat, eggs, and dairy

⁶⁹ Question: How often do you buy food which has a low environmental impact, where possible? Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 1875, all online respondents, and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 5.

⁷⁰ Question: To what extent do you agree or disagree that food products show enough information about their environmental impact? Responses: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Don't know. Base= 1875, all online respondents, and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 5.

products show enough information about animal welfare while 32% agreed (strongly agree or agree) ⁷¹.

⁷¹ Question: To what extent do you agree or disagree with the following? Meat, eggs and dairy products show enough information about animal welfare. Responses: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Don't know. Base= 1875, all respondents, in Northern Ireland. Wave 5.

Annex A: Food and You 2: Wave 5 and 6

Background

In 2018 the [Advisory Committee for Social Science](#) (ACSS) established a new Food and You Working Group to review the methodology, scope and focus of the Food and You survey. The Food and You Working Group provided a [series of recommendations](#) on the future direction of the Food and You survey to the FSA and the ACSS in April 2019. Food and You 2 was developed from the recommendations.

Food and You 2 replaces the FSA's face-to-face Food and You survey (2010-2018)⁷², Public Attitudes Tracker (2010-2019) and [Food Hygiene Rating Scheme \(FHRS\) - Consumer Attitudes Tracker](#) (2014-2019). Due to differences in the question content, presentation and mode of response, direct comparisons should not be made between these earlier surveys and Food and You 2.

Previous publications in this series include:

- [Food Security in Northern Ireland Wave 1](#)
- [Food and You 2: Northern Ireland and Wales Specific Wave 1-2 Key Findings](#)
- [Food and You 2: Northern Ireland Wave 3-4 Key Findings](#)

Methodology

The Food and You 2 survey is commissioned by the Food Standards Agency (FSA). The fieldwork is conducted in England, Wales and Northern Ireland by Ipsos. Food and You 2 is a biannual survey. Fieldwork for Wave 5 was conducted between 26th April and 24th July 2022 and fieldwork for Wave 6 was conducted between 12th October 2022 and 10th January 2023.

⁷²The Food and You survey has been an Official Statistic since 2014.

Sampling

Food and You 2 is a sequential mixed-mode 'push-to-web' survey. A random sample of addresses (selected from the Royal Mail's Postcode Address File) received a letter inviting up to two adults (aged 16 or over) in the household to complete the online survey. A first reminder letter was sent to households that had not responded to the initial invitation. A postal version of the survey accompanied the second reminder letter for those who did not have access to the internet or preferred to complete a postal version of the survey. This helps to reduce the response bias that otherwise occurs with online-only surveys.

The sample of main and reserve addresses⁷³ was stratified by region (with Northern Ireland and Wales being treated as separate regions), and within region (or country) by local authority (district council in Northern Ireland) to ensure that the issued sample was spread proportionately across the local authorities. National deprivation scores were used as the final level of stratification within the local authorities - in England the [Index of Multiple Deprivation \(IMD\)](#), in Wales the [Welsh Index of Multiple Deprivation \(WIMD\)](#) and in Northern Ireland, the [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#).

Due to the length and complexity of the online questionnaire it was not possible to include all questions in the postal version of the questionnaire. To make the postal version of the questionnaire shorter and less complex, two versions were produced.

Response rates

For Wave 5 a total of 6,770 adults from 4,727 households across Northern Ireland (1,875 adults), England (3,424 adults), and Wales (1,471 adults), completed the survey. In Northern Ireland, a response rate of 27.2% was achieved. 54.1% of respondents completed the survey online and 45.9% completed the postal version of the survey.

⁷³ A reserve sample of addresses was created to use if the target number of respondents was not achieved from the main sample of addresses.

For Wave 6 a total of 5,991 adults from 4,217 households across Northern Ireland (1,088 adults), England (2,072 adults), and Wales (1,015 adults), completed the survey. In Northern Ireland, a response rate of 26.5% was achieved. 63.1% of respondents completed the survey online and 36.9% completed the postal version of the survey.

Weighting

Weighting was applied to ensure the data are as close as possible to being representative of the socio-demographic and sub-groups in the population, as is usual practice in government surveys. The weighting applied to the Food and You 2 data helps to compensate for variations in within-household individual selection, for response bias, and for the fact that some questions were only asked in one of the postal surveys.

Further details on sampling, response rates and weighting approach can be found in the Technical Report for [Wave 5](#) and [Wave 6](#).

Interpreting the findings

All data collected by Food and You 2 are self-reported. The data are the respondents own reported attitudes, knowledge and behaviour relating to food safety and food issues. As a social research survey, Food and You 2 cannot report observed behaviours.

The p-values that test for statistical significance are based on t-tests comparing the weighted proportions for a given response within that socio-demographic and sub-group breakdown. An adjustment has been made for the effective sample size after weighting, but no correction is made for multiple comparisons.

Reported differences between socio-demographic and sub-groups typically have a minimum difference of 10 percentage points between groups and are statistically significant at the 5% level ($p < 0.05$). However, some differences between respondent groups are included where the difference is fewer than 10 percentage points when the finding is notable or of interest. Percentage calculations are based only on respondents who provided a response. Reported values and calculations are based on weighted totals.

Due to the difference in methodology between the Public Attitudes Tracker, FHRS Consumer Attitudes Tracker and Food and You survey (2010-2018) it is not possible to

compare the data collected in Food and You 2 (2020 onward) with these earlier data. Comparisons can be made between the different waves of [Food and You 2](#).

Technical terms and definitions

1. Statistical significance is indicated at the 5% level ($p < 0.05$). This means that where a significant difference is reported, there is reasonable confidence that the reported difference is reflective of a real difference at the population level.
2. Food security means that all people always have access to enough food for a healthy and active lifestyle ([World Food Summit, 1996](#)). [The United States Department of Agriculture](#) (USDA) has created a series of questions which indicate a respondent's level of food security. Food and You 2 incorporates the [10 item U.S. Adult Food Security Survey Module](#) and uses a 12 month time reference period. Respondents are classified as having high food security, marginal food security, low food security and very low food security.
3. [NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.
4. [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#) is the official measure of relative deprivation of a geographical area. WIMD classification is assigned by postcode or place name. WIMD is a multidimensional calculation which is intended to represent the living conditions in the area, including income, employment, health, education, access to services, housing, community safety and physical environment. Small areas are ranked by IMD/WIMD/NIMDM; this is done separately for [England](#), [Wales](#) and [Northern Ireland](#).



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