

The 2014

FOOD and YOU

Survey

England Bulletin 3
Eating outside the home

The 2014

F  **D** and **YOU** 

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Eating outside the home

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Official Statistics

The statistics presented in this bulletin meet the requirements of the UK Code of Practice for Official Statistics.¹

Further information on Official Statistics can be found on the UK Statistics Authority website².

¹ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

² <http://www.statisticsauthority.gov.uk/national-statistician/types-of-official-statistics/index.html>

Foreword

This bulletin presents a descriptive overview of selected findings for England from Wave 3 of the Food and You survey, commissioned by the Food Standards Agency (FSA or the Agency). Much of the Agency's work with the public is concerned with informing and influencing the ways in which food is purchased, stored, prepared and consumed. Food and You provides data about the prevalence of different reported behaviours, attitudes and knowledge relating to these topics.

Waves 1 and 2 of the Food and You survey were carried out in 2010 and 2012 respectively. Wave 3 was conducted in 2014 and consisted of 3,453 interviews from a representative sample of adults aged 16 and over across the UK. In total 1,951 interviews were conducted in England, on which this report is based. Wave 3 builds on and extends the previous findings.

The key findings for England from Wave 3 have been published in four separate bulletins, one for each of the following main topics:

- Eating, cooking and shopping
- Food safety in the home
- Eating outside the home
- Experience of food poisoning and attitudes towards food safety and food production

In addition to the bulletins, an executive summary has been published which presents key findings for England from across the entire survey.

This bulletin provides a descriptive overview of the key findings for England from Wave 3 in relation to eating outside in the home.

Background and objectives

Role of the FSA

The FSA was created in 2000 as a non-ministerial, independent government department governed by a Board whose members have extensive knowledge and experience in a wide range of sectors relevant to the FSA. The Agency was set up to protect public health from risks which may arise in connection with the consumption of food, and otherwise to protect the interests of consumers in relation to food.

The FSA is responsible for food safety and hygiene across the UK, and is committed to ensuring the general public can have trust and confidence in the food they buy and eat.

In providing guidance on food safety to consumers, the Agency aims to minimise the risk of food poisoning. Advice generally relates to four aspects of food hygiene: cleaning, cooking, avoiding cross-contamination and chilling (collectively known as the '4 Cs'), with advice provided on each aspect. Guidance is also given on the use of date labels (such as 'use by' and 'best before' dates) and storage instructions on foods to help ensure the safety of food eaten at home.

The Food and You survey

In 2009, the FSA commissioned a consortium comprising TNS BMRB, the Policy Studies Institute (PSI) and the University of Westminster to carry out Wave 1 of Food and You. The main aim of this survey was to collect quantitative information as a baseline on the UK public's reported behaviour, attitudes and knowledge relating to food issues (such as food safety and healthy eating). The results from this survey provided an extensive evidence base to support policy making at the FSA and across other government departments.

Waves 1 and 2 of the Food and You survey were conducted by the same consortium in 2010 and 2012 respectively. Reports of the findings and methodological details are available on the FSA

website³. Specific examples of use of the findings include results from Wave 1 being used to determine the theme of the 2012 FSA Food Safety Week⁴ and findings from Wave 2 informing FSA public campaigns on food safety. Secondary analysis of the Waves 1 and 2 data has explored domestic food safety practices⁵ and the relationships between nutrition and food safety⁶. Wave 3 was carried out in 2014 by TNS BMRB.

Prior to 2010, the FSA was responsible for food safety and nutrition policy across the UK. Accordingly, Wave 1 of the Food and You survey contained questions covering both healthy eating and food safety, and the findings were reported together. During Wave 1, responsibility for nutrition policy (healthy eating) was transferred in England and Wales to the Department of Health (DH) and the Welsh Government respectively. Waves 2 and 3, therefore, focussed solely on food safety issues for respondents in England and Wales. This bulletin covers the UK wide food safety questions asked to respondents living in England. Separate bulletins have been published for each UK country, as well as a bulletin of the UK results as a whole⁷.

The objectives for Wave 3 of the Food and You survey were to collect quantitative information to enable the Agency to:

- Explore public understanding of, and engagement with, the Agency's aim of improving food safety
- Identify specific target groups for future interventions (e.g. those most at risk or those among whom FSA policies and initiatives are likely to have the greatest impact)
- Monitor changes over time (compared with data from Waves 1 and 2 or from other sources) in reported attitudes and behaviour
- Broaden the evidence base and develop indicators to assess progress in fulfilling the Agency's strategic plans, aims and targets.

About this bulletin

Self-reported behaviours

Interviews as a data collection method do not necessarily capture people's actual practices. What respondents say in interviews about what they do and think is necessarily *reported* for a number of reasons, including recall not being accurate, certain behaviours being habitual and therefore possibly difficult to recall, and desirability bias – described further below. Here self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be borne in mind.

When developing the Food and You questionnaire, it was apparent that the risk of social desirability bias was high i.e. respondents tended to answer questions based on what they thought they ought to say, rather than reflecting what they actually do, know or think. In particular, there were a number of topics in the questionnaire for which respondents might be reluctant to report behaviour which goes against a generally well known 'best practice' (for example, not washing their hands before cooking or preparing food). The Food and You questionnaire was carefully designed to limit this as far as possible by asking questions about behaviour in specific time periods (e.g. asking whether a respondent did something 'in the last seven days' rather than 'usually') and framing questions in a neutral way.

Questionnaire changes between waves

To reflect the changing responsibilities of the FSA, the focus of the survey content was changed between Wave 1 and Wave 2. To minimise any effects caused by changing the order of the questions

³ The Wave 1 report can be found at: http://www.foodbase.org.uk/admintools/reportdocuments/641-1-1079_Food_and_You_Report_Main_Report_FINAL.pdf and the Wave 2 report can be found at: http://www.foodbase.org.uk/admintools/reportdocuments/805-1-1460_Wave_2_Main_Report.pdf

⁴ <http://www.food.gov.uk/news-updates/campaigns/germwatch/>

⁵ <http://www.food.gov.uk/science/research/ssres/fs409012>

⁶ <http://www.food.gov.uk/science/research/ssres/crosscutss/fs307014>

⁷ www.food.gov.uk/food-and-you

attempts were made to keep the structure of the questionnaire as similar as possible between the waves. Despite this, the removal of the healthy eating questions in England and Wales, and further revisions of the food safety questions introduced unavoidable differences between the two waves of the survey. As the context in which survey questions are asked is known to influence the way respondents reply we cannot rule out the possibility that differences in responses between Waves 1 and 2 may have been partly or wholly because of changes to the questions in general and to the changed context resulting from removing the 'healthy eating' questions in particular. Further changes were made to the questionnaire at Wave 3. Again, whilst efforts were made to keep the structure of the questionnaire as similar as possible to the Wave 2 questionnaire, unavoidable differences were introduced between these two waves of the survey. That observed differences could be an effect of changes to the questionnaire should be kept in mind when considering the findings.

Where questions have remained consistent across the waves of the survey, statistical analysis has been used to determine whether results have changed significantly over time. Although having three data points now means it is possible to see trends starting to emerge, doing so is inevitably still tentative, whereas further waves of data collection would allow greater confidence in identifying trends.

At Wave 1 of the survey, in order to cover additional topics without over-burdening respondents, three question modules (eating arrangements, eating out and shopping patterns) were each asked of a random third of respondents. At Waves 2 and 3, all question modules were asked of all respondents. The larger sample sizes for these modules at Waves 2 and 3 mean that smaller differences observed between Waves 2 and 3 are statistically significant compared with differences between Wave 1 and Waves 2 or 3.

The Food and You Technical Report⁸ provides a summary of questionnaire changes between Wave 2 and Wave 3.

Reporting conventions

Unless stated otherwise, where comparisons are made in the text between different population groups or variables, only those differences found to be statistically significant at the five per cent level are reported. In other words, differences as large as those reported have no more than a five per cent probability of occurring by chance.

Percentages may not add to 100% as a result of rounding.

Topics covered

The Food and You survey collected data on a wide range of topics. As a result it is not feasible for this series of bulletins to present detailed analysis of all of the questions. In particular, only selected socio-demographic variables have been analysed to uncover statistically significant differences. These variables were identified by the FSA as of key interest, providing the most useful information about sub-group variation among those living in England at this initial stage of data analysis. The identified variables were: age, gender, English region⁹ and Index of Multiple Deprivation¹⁰ (IMD). Variation by age and gender has been considered across the three waves, while only Wave 3 data was examined for variation by English region and IMD. Full data are available in the UK Data Archive¹¹ and at data.gov.uk¹² for further analysis.

⁸ <http://www.food.gov.uk/sites/default/files/food-and-you-2014-uk-bulletin-technical-report.pdf>

⁹ English region is the geographical unit formerly referred to as Government Office Region (GOR). It comprises the following nine regions, built up of complete counties/unitary authorities: North East, North West, Yorkshire and the Humber, East Midlands, West Midlands, East of England, London, South East and South West.

¹⁰ IMD is a measure of area deprivation which considers deprivation across income, employment, health and disability, education, crime, barriers to housing and services, and living environment. Areas are grouped into quintiles based on their 2010 Index of Multiple Deprivation (IMD) score, with quintile 1 the most deprived areas across England and quintile 5 the least deprived areas.

¹¹ <http://www.data-archive.ac.uk/>

¹² <http://data.gov.uk/>

Glossary

Food Hygiene Rating Scheme (FHRS)

A scheme run by local authorities in England, Wales and Northern Ireland in partnership with the Food Standards Agency, to provide consumers with information about hygiene standards in food premises.

Food Hygiene Information Scheme (FHIS)

A scheme run by local authorities in Scotland in partnership with the Food Standards Agency, to provide consumers with information about hygiene standards in food premises.

Scores on the Doors scheme (SotD)

The name used for many of the 'local' food hygiene rating schemes, which local authorities ran prior to the formal launch of the national FSA schemes - FHRS / FHIS.

1. Background

The definition of eating out in the Food and You survey encompasses eating at a wide range of establishments: restaurants, pubs, cafés and coffee shops, sandwich bars, fast food outlets, work canteens, leisure facilities such as cinemas, bowling alleys and theme parks, as well as takeaway food (e.g. Indian / Chinese / pizza / fish and chips).

The FSA has the strategic objective that consumers should have the information and understanding they need to make informed choices about what and where they eat. A key element in achieving this is the Food Hygiene Rating Scheme (FHRS) for England, Wales and Northern Ireland and the Food Hygiene Information Scheme (FHIS) for Scotland. These schemes have been introduced in partnership with local authorities and are designed to help consumers choose where to eat out or shop for food by giving them information about the hygiene standards of food premises. The schemes are also intended to encourage food businesses to improve their standards.

Each business is given a 'hygiene rating' when it is inspected by a food safety officer from the business's local authority. The hygiene rating shows how closely the business is meeting the requirements of food hygiene law. At the end of the FHRS inspection, the business is given one of the following six ratings with respect to its food hygiene standards:

- 5 – 'very good'
- 4 – 'good'
- 3 – 'generally satisfactory'
- 2 – 'improvement necessary'
- 1 – 'major improvement necessary'
- 0 – 'urgent improvement necessary'

For the FHIS, a business is awarded either a 'pass' or 'improvement required' rating depending on whether it has achieved an acceptable level of compliance with the requirements of food hygiene law.

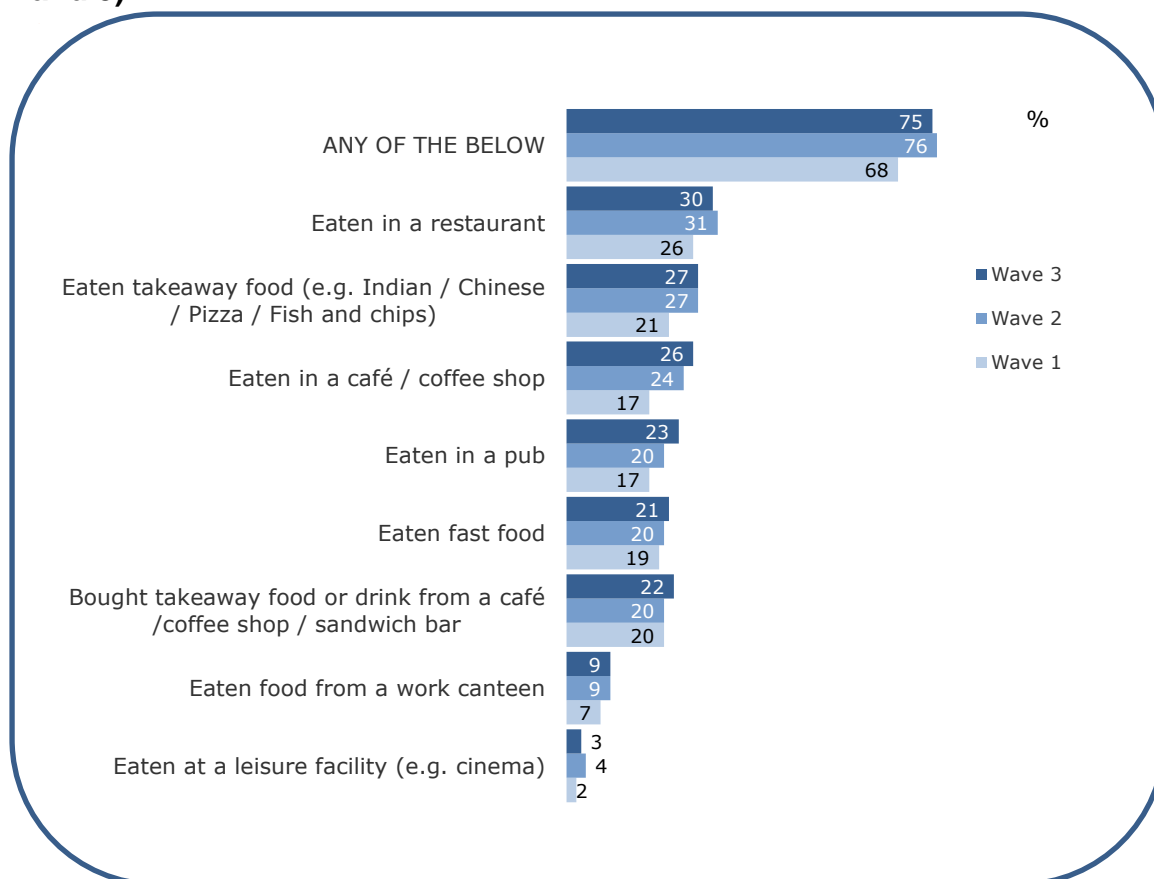
FHRS ratings / FHIS inspection results are published at www.food.gov.uk/ratings and businesses are given stickers or certificates and encouraged – though not currently required in England, Northern Ireland, and Scotland - to display these where their customers can easily see them. Display of stickers at food business premises in Wales became mandatory with the Food Hygiene Rating (Wales) Act 2013 which came into force at the end of November 2013.

Prior to the formal launch of the FHRS and FHIS in November 2010, many local authorities ran their own 'local' hygiene rating schemes. Many were based on six tiers and called 'Scores on the Doors' (SotD) and the term is still often used to describe FHRS.

2. Frequency of eating out

2.1 Reported eating out behaviour

Figure 2.1 Reported eating out behaviour in the last seven days: prevalence of eating at, or buying food to take away from, different establishments (Waves 1, 2 and 3)



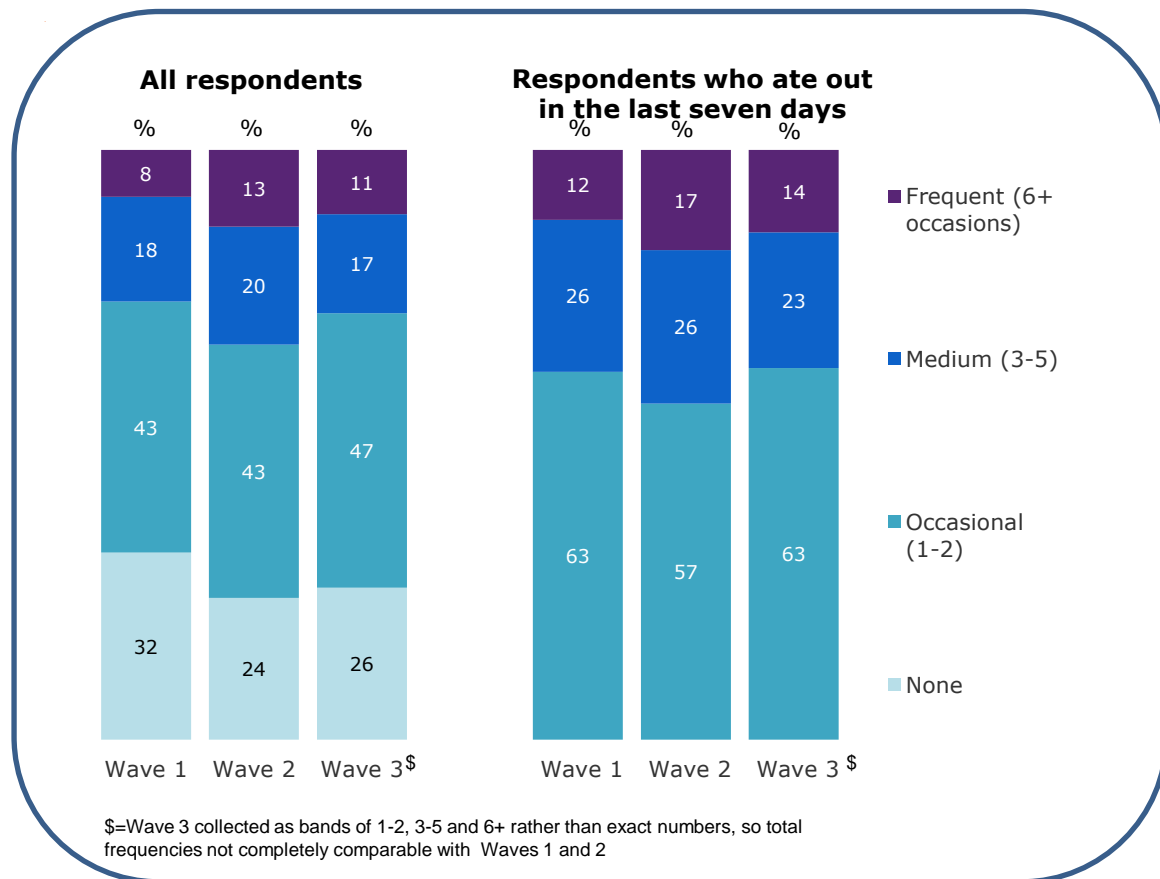
Source: Q2_33 Have you done any of the following things in the last seven days, that is since last ...

Note: respondents were able to give multiple responses to this question

Base: One third of total England sample – Wave 1 (676); All England respondents - Wave 2 (2,116); Wave 3 (1,951)

- Three-quarters of respondents (75%) reported that they had eaten out or bought food to take away in the previous seven days, similar to the proportion at Wave 2 (76%) and greater than that reported at Wave 1 (68%).
- As at Waves 1 and 2, respondents were most likely to report eating out at restaurants (30%), and cafes or coffee shops (26%) and buying food from takeaway food outlets (27%) over the previous seven days.
- The proportions of respondents who reported buying takeaway food (27%), and eating in a cafe or coffee shop (26%) were similar to the proportions reporting this at Wave 2 and higher than at Wave 1 (21% and 17% respectively). The proportion reporting eating in a pub was also higher at Wave 3 compared with Wave 1 (23% compared with 17%).

Figure 2.2 Reported eating out behaviour in the last seven days: frequency of eating out or buying food to take away (Waves 1, 2 and 3)



Source: Q2_34 How many times have you eaten in a ... in the last seven days?¹³

Base: One third of total England sample – Wave 1 (676); All England respondents - Wave 2 (2,116); Wave 3 (1,951); All England respondents that have eaten out in the last seven days – Wave 1 (461); Wave 2 (1,511); Wave 3 (1,386)

- Respondents were most likely to report eating out or buying food to take away occasionally (47% saying once or twice in the last week) with only 11% eating out six times or more in the last week. Of those respondents who had eaten out in the last seven days, 63% had eaten out occasionally (once or twice) and 14% had eaten out at least six times.
- While it is difficult to make direct comparisons across the waves given changes to the way the question was asked, these appear to be similar to the findings at Wave 2.
- The majority of respondents who had visited each type of establishment (other than a work canteen), had done so only once or twice in the last seven days, as at previous waves.

¹³ At Wave 3 frequencies were collected as bands of 1-2, 3-5 and 6+ for each establishment visited, rather than the exact numbers as at Waves 1 and 2. To calculate total frequencies across all establishments, proxy values were used for each band. These were 6 for those saying 6+ and 4 for those saying 3-5; for those saying 1-2, the mean number of visits reported by those saying 1-2 at Waves 1 and 2 were used. These were: restaurant 1.19, pub 1.09, café 1.21, takeaway from café 1.29, fast food 1.16, canteen 1.44, leisure facility 1.03 & takeaway 1.23.

2.2 Variation in frequency of eating out by different groups in the population¹⁴

Variation by gender and age, including differences between the survey waves

- As at Waves 1 and 2, there were differences in where people reported eating out in the last week by **gender**, but for the first time at Wave 3 men were more likely to report eating out at all (79%) than women (72%). The difference in reported eating out compared with Wave 1 was greater for men (69% at Wave 1) than for women (68% at Wave 1).
- Men were also more likely than women to report having eaten out three or more times in the last week (33% compared with 23%).
- At Wave 3, men were more likely than women to report eating fast food (27% compared with 16%), takeaways (32% compared with 22%), and food taken out from a café (24% compared with 19%), similar to the findings at Wave 1.
- Men were more likely than women to report eating in a work canteen at Wave 3 (12% compared with seven per cent), similar to the findings at Wave 2.
- Women were more likely than men to report eating in a café (29% compared with 22%) and the differences from Wave 1 were greater for women than for men (both 17% at Wave 1).
- Reported eating out behaviour varied by **age**, with younger respondents more likely to report eating out in the last week: 85% of those aged 16-34 said that they ate out in the last week, compared with 77% aged 35-54, 69% aged 55-74 and 54% aged 75 and over. Compared with Wave 1, higher proportions of those aged 35-64 ate out at Wave 3, with the greatest difference seen for those aged 45-54 (77% at Wave 3 compared with 57% at Wave 1).
- Younger respondents were also more likely than older respondents to report having eaten out three or more times in the past seven days. Around half (52%) of those aged 16-24 reported having eaten out at least three times, compared with 38% of those aged 25-34, 28% of those aged 35-54, 17% of those aged 55-64 and 10% of those aged 65 and over.
- While there was little difference between the age groups in reported eating out at pubs and cafes, there was a much greater difference in reported consumption of food to takeaway, and fast food in particular. For example, 46% of those aged 16-24 said they had eaten fast food in the past week, compared with 24% of those aged 25-54 and seven per cent of those aged 55 and over. This is a similar pattern to that observed at Waves 1 and 2.

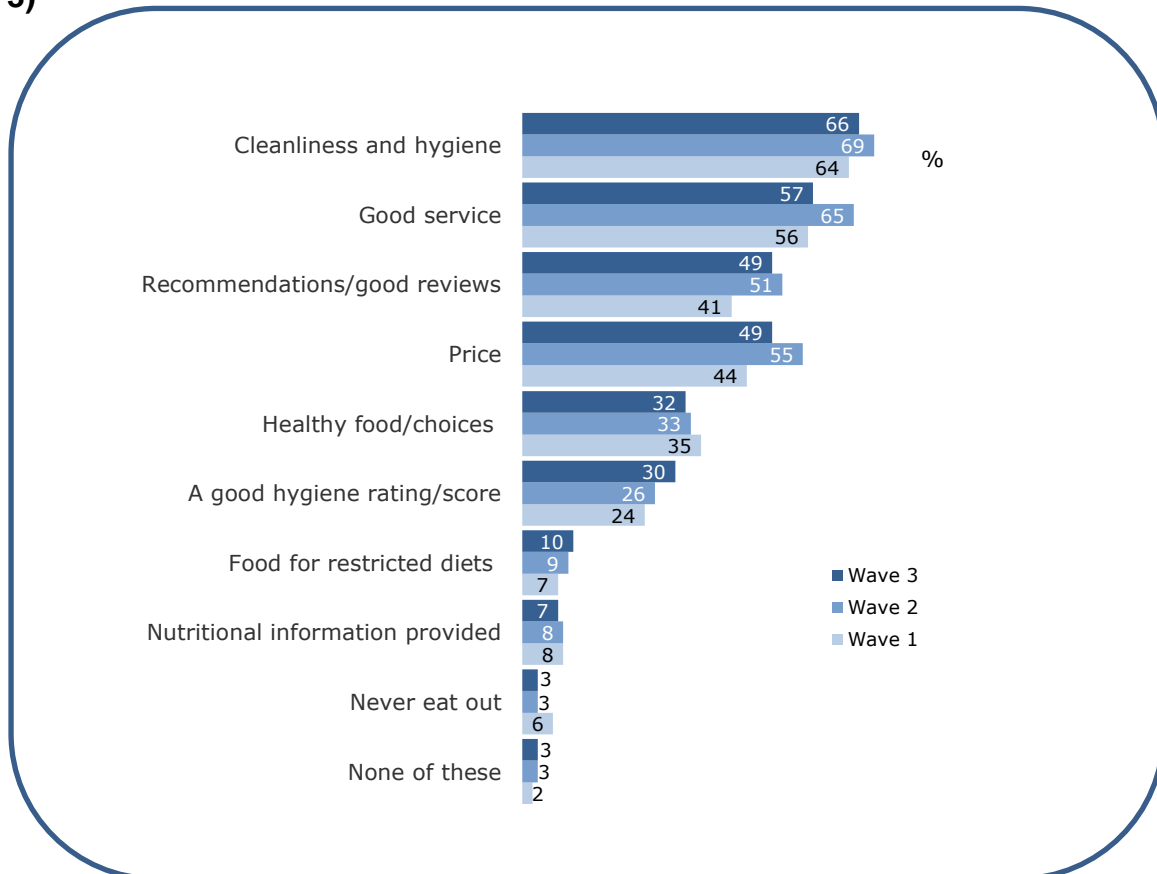
¹⁴ The following variables were analysed to identify statistically significant differences: age, gender, index of multiple deprivation and region.

Other variation at Wave 3

- Variation was observed by **Index of Multiple Deprivation**. Those living in more deprived areas were less likely to report eating out in a restaurant than those in less deprived areas (27% in quintiles one to two compared with 35% in quintiles four to five) and to report eating in a pub (14% in quintile one compared with 25% in all other areas).
- Respondents living in more deprived areas were, however, more likely to report having takeaway food (30% in quintiles one to three) compared with those in less deprived areas (19% in quintile five), and to report eating fast food (25% in quintiles one to two compared with 15% in quintile five).
- Differences were also observed by **region**. Respondents living in London reported different patterns of eating out than those living in other regions. They were more likely to report eating out at all (80%) compared with those living in Yorkshire and the Humber (69%), and more likely to report eating out three or more times in the past week (37%) compared with those in most other areas (21% to 26%) with the exception of the North East (33%), East (28%) and South East (28%).
- Respondents living in London were also more likely than those in other regions to report eating out or buying food in the following venues:
 - Restaurants (46%) compared with all other areas, particularly Yorkshire and the Humber (21%).
 - Cafés (32%) compared with 21% in the West Midlands.
 - Takeaway food from a café (24%) along with those in the East (24%) and South East (26%) compared with those in the North West (14%).
 - Fast food (27%), along with those in the East (24%) compared with those in the South West (14%).
 - Work canteen (15%) compared with those in the South East (eight per cent), North West (six per cent) and Yorkshire and the Humber (five per cent).
- Respondents living in London were, however, less likely to report eating in a pub (14%) compared with those in most other areas, particularly the West Midlands (33%) and the South West (31%).

3. Perception of food safety and hygiene when eating out

Figure 3.1 Importance of factors in deciding where to eat out (Waves 1, 2 and 3)



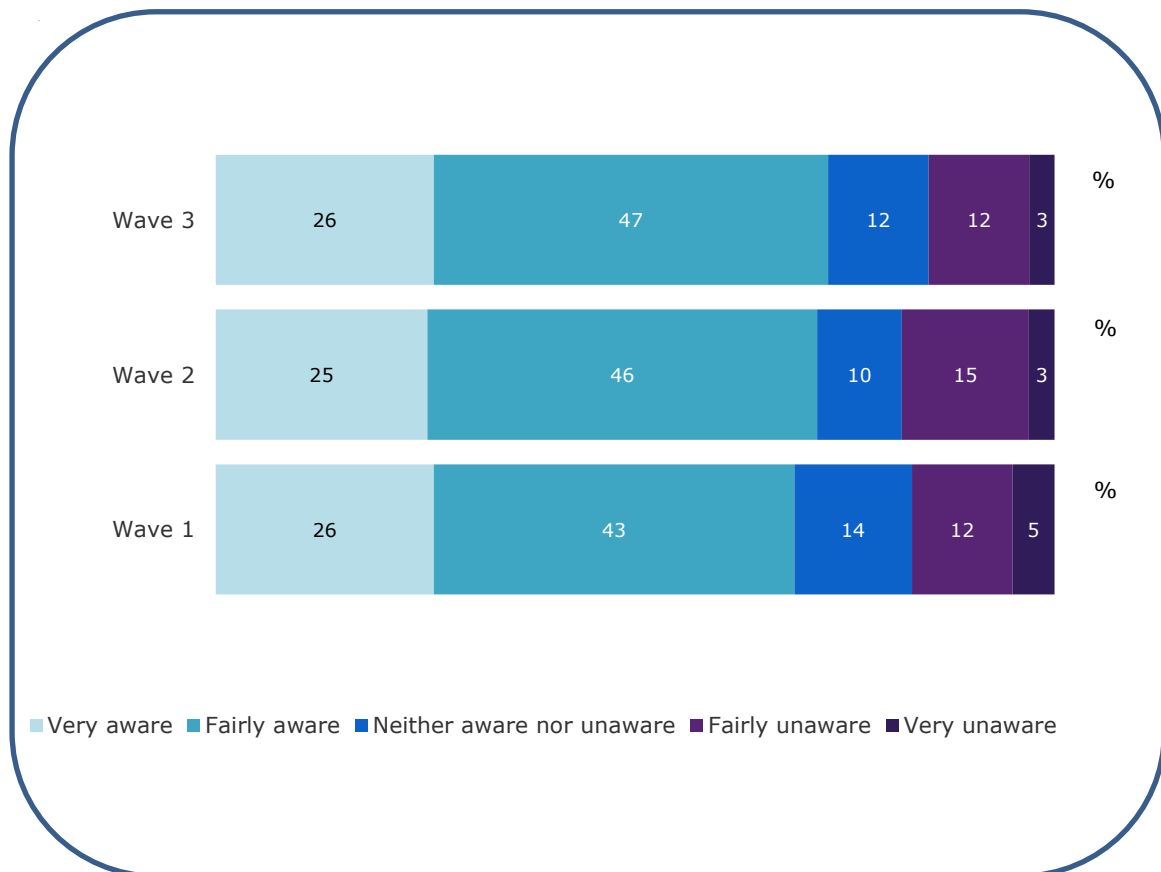
Source: Q2_35 Generally, when you're deciding where to eat out, which of the following are important to you?
 Note: respondents were able to give multiple answers / Only responses of five per cent or more are shown (apart from for 'never eat out' and 'none of these')

Base: One third of total England sample – Wave 1 (676); All England respondents - Wave 2 (2,116); Wave 3 (1,951)

- When shown a list of factors which might affect their choice of where to eat out or to purchase takeaway food, 66% of respondents reported that the cleanliness and hygiene of the establishment was important; service and price were also important factors for around a half or more (57% and 49% respectively). These were similar to the proportions at Wave 1.
- A good hygiene rating or score was mentioned as important when deciding where to eat out by 30% of respondents, compared with 24% at Wave 1 and 26% at Wave 2.
- Around half of respondents (49%) said that recommendations and reviews were important, similar to the proportion at Wave 2 (51%) and compared with 41% at Wave 1.

- When asked for the single most important factor when deciding where to eat out, 34% of respondents reported cleanliness and hygiene and five per cent reported that hygiene rating / score was most important.
- Recommendations were the next most likely factor to be selected as most important (17%) with a range of reasons given by other respondents such as price (11%), good service (nine per cent) and healthy food choices (eight per cent).
- Respondents who reported eating out were asked how safe they considered food to be when eating out compared with eating at home. Forty-five per cent of respondents who ate out felt food was less safe when eating out compared with eating at home, and six per cent considered food to be safer when eating out, while 43% said that there was no difference. These findings were similar to those at Wave 2.

Figure 3.2 Awareness of hygiene standards when eating out (Waves 1, 2 and 3)



Source: Q2_37 When you eat out, at places such as at restaurants, cafes, pubs and takeaways, or buy food to take home to eat from supermarkets or shops, how aware would you say you generally are about their standards of hygiene?

Base: All England respondents who ever eat out (one third of total sample) – Wave 1 (633); All England respondents who ever eat out - Wave 2 (2,032); Wave 3 (1,879)

- When asked how aware they were of hygiene standards when eating out or purchasing takeaway food, 73% of respondents reported being aware¹⁵, with 26% stating that they were very aware and 47% fairly aware. This was similar to the findings at Wave 1. A minority at Wave 3 (15%) said they were not aware¹⁶, compared with 19% at Wave 2.

¹⁵ 'Aware' includes those who are very or fairly aware and this definition will be used throughout this bulletin

¹⁶ 'Not aware' includes those who were very or fairly unaware and this definition will be used throughout this bulletin

3.1 Variation in perceptions of food safety and hygiene when eating out by different groups in the population¹⁷

Variation by gender and age, including differences between the survey waves

- **Women** were more likely than men to say that cleanliness and hygiene were important when deciding where to eat (70% compared with 62% of men), although it should be noted that women selected more factors than men in general at this question (mean average 3.3 for women compared with 3.0 for men). These are similar to the findings at Waves 1 and 2. In addition, women were more likely than men to say cleanliness and hygiene was the most important factor (38% compared with 30%).
- In terms of **age**, the youngest and oldest respondents were less likely than those in the middle age group to select cleanliness and hygiene as an important factor (60% of those aged 16-24, 59% of those aged 75 and over) while those aged 35-54 were more likely to select this factor (70%). At previous waves either the oldest or youngest respondents were less likely to choose this as a factor, but at Wave 3 both age groups were less likely to choose it.
- Reported awareness of hygiene standards when eating out was lowest among those aged 16-34 (65%), and higher among those aged 35-64 (73%) and those aged 65 and over (83%). Similar findings were observed at previous waves.

Other variation at Wave 3

- Variation was observed by **Index of Multiple Deprivation**. Respondents living in the most deprived areas (quintile one) were less likely to say good service was important to them when choosing where to eat out (46%) compared with those in less deprived areas (quintiles two to five, 59%).
- Respondents in the most deprived areas (quintile one) were more likely to say they were very aware of standards of hygiene when eating out (30%) compared with those in the least deprived areas (21% in quintile five). They were also more likely to say that food is less safe when eating out (52%) than those in less deprived areas (41% in quintiles four to five).
- Differences were also observed by **region**. Respondents living in London were less likely to say cleanliness and hygiene were important to them when choosing where to eat out (52%) compared with those in most other areas (63% to 78%). Respondents living in the North East were more likely to say that cleanliness and hygiene were the most important factor to them (48%) compared with those in the North West (31%), London (29%), the South East (31%) and the South West (29%).

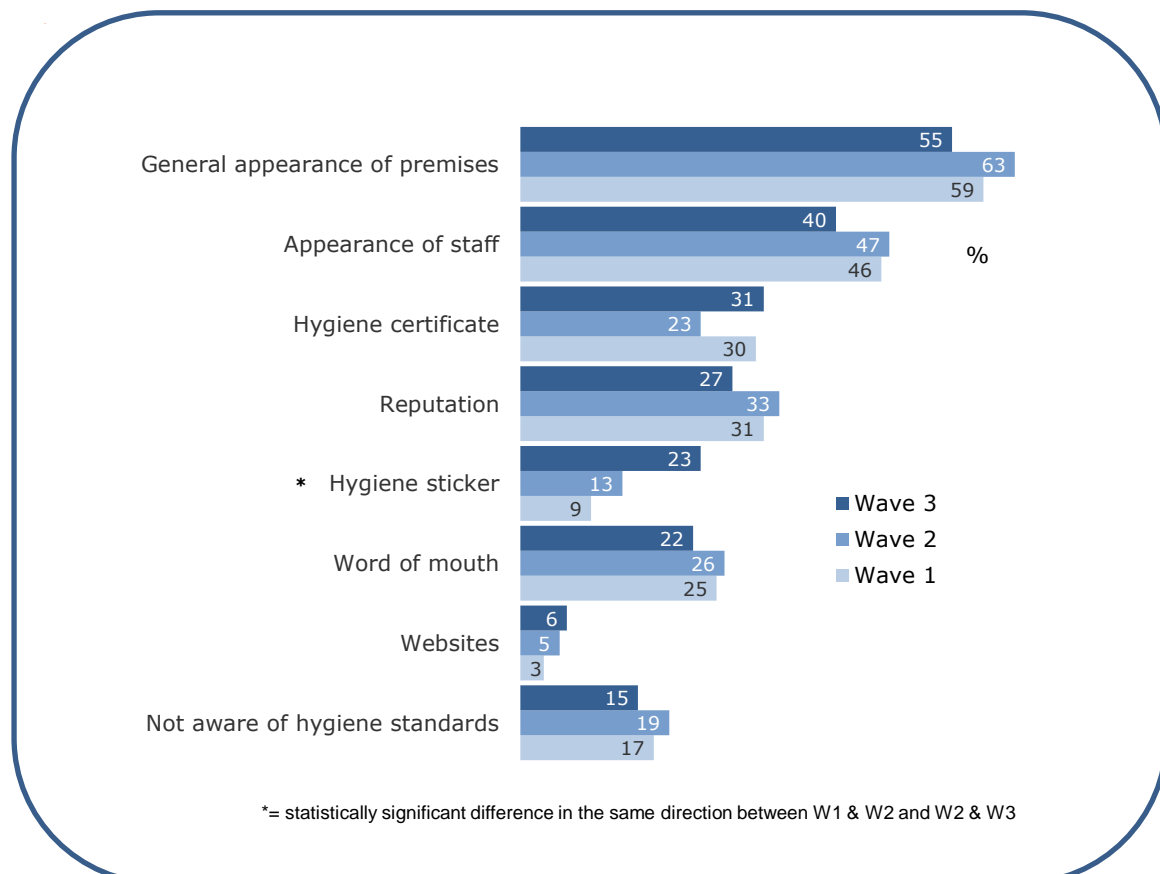
¹⁷ The following variables were analysed to identify statistically significant differences: age, gender, index of multiple deprivation and region.

- Respondents living in the South West were less likely to say that a good hygiene rating or score was important (21%) compared with those in Yorkshire and the Humber (34%), the East Midlands (35%), the West Midlands (34%) and the East (37%).
- Respondents in Yorkshire and the Humber, and the North East were more likely to say that food is less safe when eating out (53% and 55% respectively) compared with those in the East Midlands (37%) and the South East (38%).

4. Awareness and use of hygiene standards indicators

4.1 Indicators of food hygiene standards

Figure 4.1 Indicators used to inform hygiene standards (Waves 1, 2 and 3)



Source: Q2_38 How do you know about the hygiene standards of the places you eat out at or buy food from?
 Note: respondents were able to give multiple answers

Base: All England respondents who eat out¹⁸ – Wave 1 (one third of total sample - 633); Wave 2 (2,032); Wave 3 (1,879)

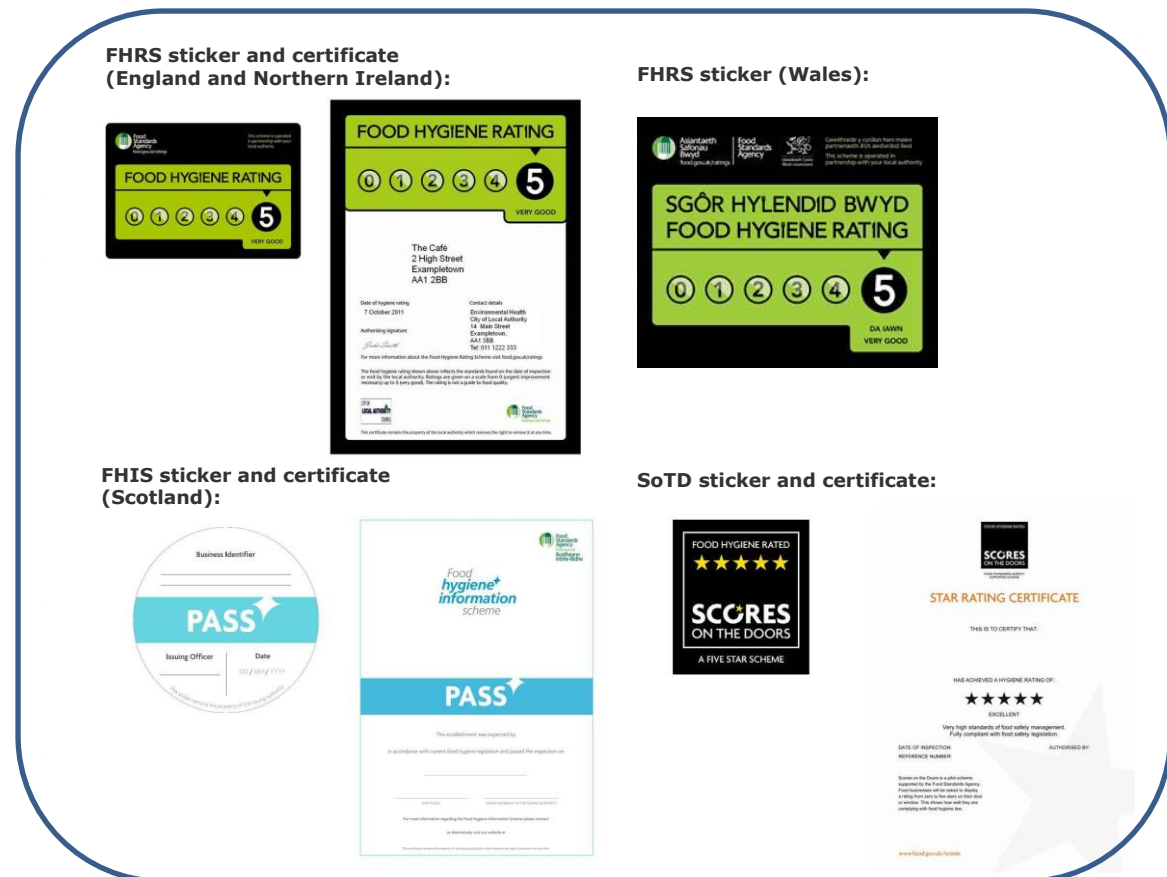
- As at Waves 1 and 2, respondents at Wave 3 were most likely to say that they used appearance to judge the food hygiene standards of eating establishments, with the most commonly cited indicators being general appearance of premises (55%) and appearance of staff (40%). Reputation was mentioned by 27% of respondents. However, the proportions citing each of these factors were lower than at Wave 2.

¹⁸ These figures have been re-based on all respondents who ever eat out in order to display the total level of awareness of different sources.

- The proportion of respondents mentioning a hygiene certificate (31%) was similar to that at Wave 1, although respondents were more likely to mention it than at Wave 2 (23%). The proportion who mentioned a hygiene sticker was higher with 23% of respondents reporting that they used these as an indicator of hygiene standards compared with nine per cent at Wave 1 and 13% at Wave 2.
- The proportion citing using *either* a hygiene certificate or a hygiene sticker to inform them about hygiene standards was 43% (compared with 33% at Wave 1 and 28% at Wave 2). It is possible that these terms are used interchangeably by some respondents, although greater reporting of using stickers compared with Waves 1 and 2 suggests some differentiation is made.

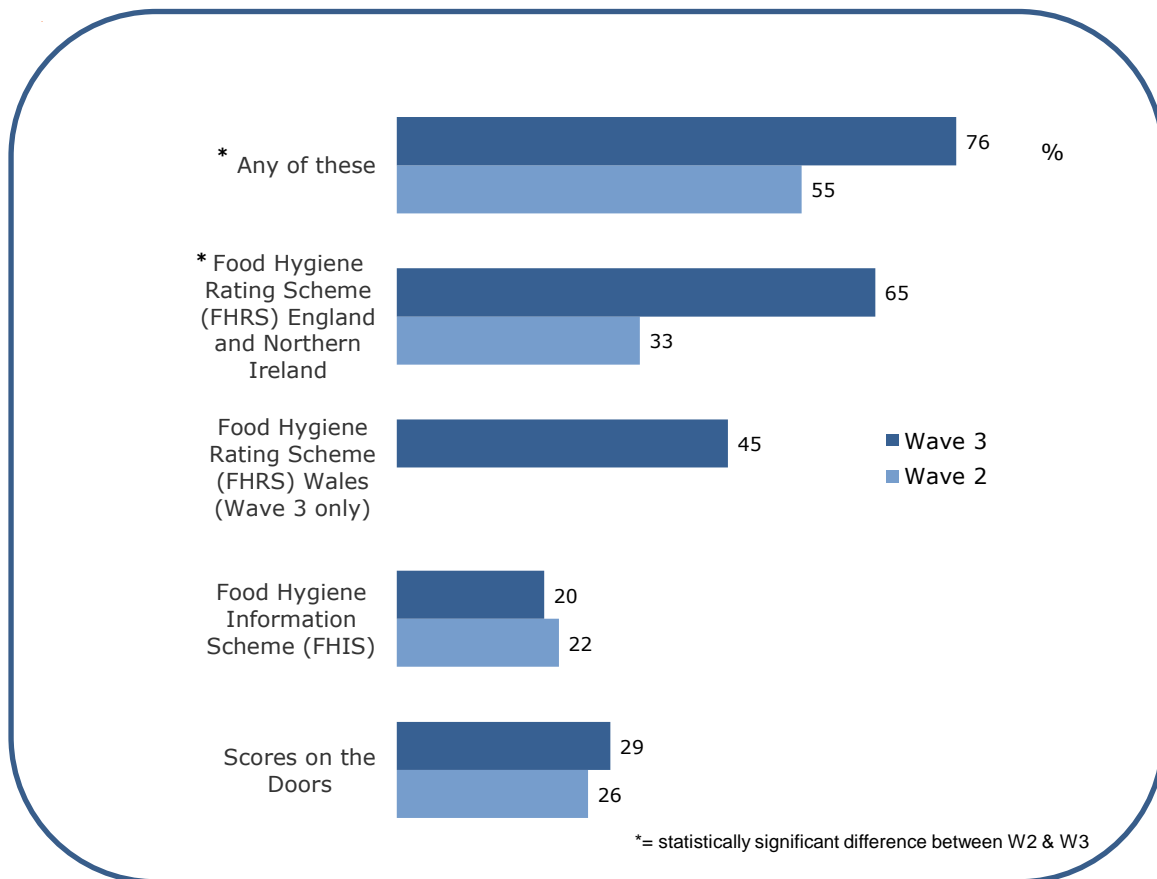
4.2 Recognition and use of the food hygiene rating schemes

Respondents were shown images of certificates and stickers for the Food Hygiene Rating Scheme (FHRS) in England and Northern Ireland, the Food Hygiene Rating Scheme (FHRS) in Wales, the Food Hygiene Information Scheme (FHIS) and the Scores on the Doors (SoTD) scheme that previously operated in many London Boroughs¹⁹ and were asked whether they had ever seen any of them before.



¹⁹ This last scheme is a set of locally delivered schemes which local authorities have replaced with the national FHRS / FHIS scheme. It was decided to include it in the question using the stickers and certificates used in London as this was the most widespread initiative outside of the FHRS / FHIS.

Figure 4.2 Recognition of stickers or certificates belonging to different food hygiene rating schemes (Waves 2 and 3)



Source: Q12_1 Have you seen any of these before?

Base: All England respondents - Wave 2 (2,116); Wave 3 (1,951) (Questions not asked at Wave 1)

- Around three-quarters (76%) of respondents reported having seen any of the stickers and certificates belonging to different food hygiene rating schemes, compared with 55% at Wave 2. This was driven by higher recognition of the sticker and certificate from the FHRs in England and Northern Ireland (65% at Wave 3 compared with 33% at Wave 2)²⁰.
- The FHRs in Wales was included separately in the questionnaire for the first time at Wave 3, and 45% of respondents in England said they recognised the sticker.²¹
- There was no statistically significant difference in recognition for the certificates or stickers from the FHIS (20%) or the SotD scheme (29%) compared with that at Wave 2.

²⁰ Similarities between the English and Welsh stickers may have contributed to reported levels of awareness of the English sticker, i.e. respondents may not accurately differentiate between the two.

²¹ Similarities between the English and Welsh stickers may have contributed to reported levels of awareness of the Welsh sticker.

4.3 Where the certificate or sticker had been seen

Figure 4.3 Where respondents had seen the scheme images (Wave 3)

	FHIS	FHRS (NI & England)	FHRS (Wales)	SotD
Food establishment window or door (e.g. restaurant / cafe)	85%	91%	91%	88%
Place of work / school	8%	5%	4%	5%
Website	3%	4%	3%	2%
Internet (no specific detail)	1%	2%	1%	1%
Newspaper / magazine	*	2%	2%	1%
TV	0	1%	1%	*
Other	4%	2%	1%	*
Don't know	3%	3%	3%	5%
<i>Base</i>	<i>(370)</i>	<i>(1224)</i>	<i>(824)</i>	<i>(542)</i>

Source: Q12_2 Where have you seen this image?

Note: respondents were able to give multiple answers / Only responses of four per cent or more shown

Note: responses to Q12_2 were given spontaneously, with no prompted response list shown to respondents / * indicates less than 0.5%

Base: All England respondents who have seen the image before (Questions not asked at Wave 1)

The FSA recommends that businesses should display the stickers and certificates at their premises in a place where people can easily see them when they visit.

- Respondents who reported that they had seen any of the types of certificates or stickers before were asked, unprompted, where they had seen it. As was the case at Wave 2, overwhelmingly, the most common place respondents reported was the window or door of a food establishment (91% for the FHRS England and Northern Ireland sticker or certificate, 91% for the FHRS Wales sticker, 88% for the SotD sticker or certificate and 85% for the FHIS sticker or certificate).

4.4 Use of food hygiene rating schemes

- After being shown images of certificates and stickers from the hygiene rating schemes, respondents were asked if they had used a hygiene scheme like this in the past 12 months to check an establishment's rating before deciding to eat there. Overall, 20% of respondents reported that they had used a hygiene scheme in the past 12 months, compared with 10% at Wave 2.
- Respondents who reported using a scheme indicated that the most common way that they had checked the information was to look for information displayed at the food establishment (77%), compared with 90% at Wave 2. Around one in four Wave 3 respondents (26%) said they had used the internet to check a rating, compared with 15% at Wave 2.
- Of those respondents who said they had used a rating scheme in the last 12 months, 90% reported that they had found it helpful, and 49% said it was very helpful, similar to the results at Wave 2.

4.5 Variation in awareness of hygiene standard indicators by different groups in the population²²

Variation by gender and age, including differences between the survey waves

- There was no statistically significant variation by **gender** in awareness of the various food hygiene rating scheme stickers and certificates.
- As at Wave 2, use of hygiene certificates or stickers as an indicator of hygiene standards varied by **age**. Forty nine per cent of respondents aged 16-54 who ate out said they used stickers or certificates as one of the ways to judge the hygiene standards of an establishment, compared with 15% of those aged 75 and over who ate out. Difference in reported use of stickers or certificates at Wave 3 compared with Wave 1 was only observed among respondents aged 16-54 (37% at Wave 1, 49% at Wave 3).
- Recognition of any scheme was lower among those aged 75 and over (36%) particularly compared with those aged under 45 (86%). Recognition of each of the individual schemes was lower among older respondents. For example, while 77% of those aged 16-44 recognised the FHRS sticker or certificate for England and Northern Ireland, 47% of those aged 65-74 and 27% of those aged 75 and over recognised the same sticker or certificate.
- Recognition of the FHRS certificate and sticker for England and Northern Ireland was greater at Wave 3 compared with Wave 2 for respondents of all ages, although the difference was greatest for those aged 35-54 (29% at Wave 2, 72% at Wave 3).
- Recognition of the SotD sticker or certificate was also lower for older respondents, with recognition highest among those aged 16-24 (36% compared with 30% of those aged 25-64, 27% of 65-74 year olds and 14% of those aged 75 and over), similar to the findings at Wave 2.
- Respondents aged 16-44 were more likely to report having used one of the hygiene rating schemes in the last 12 months to check an establishment's rating (27%), compared with six per cent of those aged 75 and over. Respondents of all ages were more likely than those at Wave 2 to report using a hygiene rating scheme, but the difference was greatest for those aged 16-24 (10% at Wave 2, 29% at Wave 3).

Other variation at Wave 3

- No statistically significant variation was observed by **Index of Multiple Deprivation**.

²² The following variables were analysed to identify statistically significant differences: age, gender, index of multiple deprivation and region.

- Differences were observed by **region**. Respondents living in Yorkshire and the Humber were more likely to report using stickers or certificates as one of the ways to judge the hygiene standards of an establishment (56%) compared with those in the North West, West Midlands, East, London and South East (37% to 41%).
- Respondents in the South West were more likely to say they recognised one or more of the schemes (87%) compared with other regions (71% to 78%) except for the North East (81%), and the East Midlands (82%).
- Respondents living in London were less likely to say they recognised the FHRS sticker or certificate for England (52%) and more likely to recognise the SotD sticker or certificate (41%) compared with those in most other regions (61% to 74% for the FHRS, and 25% to 33% for the SotD scheme).
- Respondents living in London were more likely to report using one of the four food hygiene rating certificates or stickers in the last 12 months (23%) along with respondents in the North East (29%), North West (22%) and Yorkshire and the Humber (24%), compared with those in the South East (14%).

5. Comparisons between England and the rest of the UK

Table 5.1 Reported eating out behaviour in the last seven days, by country (Wave 3)

	England	Wales	Scotland	Northern Ireland
ANY OF THE BELOW	75%	71%	76%	78%
Eaten in a restaurant	30%	27%	32%	35% ^W
Eaten takeaway food (e.g. Indian/ Chinese/ Pizza/ Fish and chips)	27%	23%	31% ^W	36% ^{E W}
Eaten in a café or coffee shop	26% ^W	20%	25%	24%
Eaten in a pub	23% ^{S NI}	22% ^{S NI}	9%	7%
Bought food or drink from a café, coffee shop or sandwich bar to take away	22% ^{NI}	20%	18%	16%
Eaten fast food	21%	21%	17%	22%
Eaten food from a work canteen	9%	8%	8%	7%
Eaten food from a cinema, bowling alley, theme park or other leisure facility	3%	3%	4%	3%
<i>Base</i>	<i>(1,951)</i>	<i>(503)</i>	<i>(475)</i>	<i>(524)</i>

Source: Q2_33 Have you done any of the following things in the last 7 days?

Note: respondents were able to give multiple answers

Base: All respondents

NB. E / W / S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial

- Respondents living in England were more likely to report having eaten in a café or coffee shop in the last seven days compared with those living in Wales (26% compared with 20%).
- They were also more likely than respondents living in Scotland and Northern Ireland to report having eaten in a pub (23% compared with nine per cent and seven per cent respectively).
- Respondents living in England were more likely compared with those living in Northern Ireland to report buying food to take away from a café (22% compared with 16%) but less likely to report having eaten takeaway food (27% compared with 36%).

Table 5.2 Perception of food safety when eating out compared with eating at home, by country (Wave 3)

	England	Wales	Scotland	Northern Ireland
A lot more safe	1%	2%	*	1%
A bit more safe	5%	6%	6%	7%
About the same	43%	40%	50% ^{E W}	44%
A bit less safe	34%	34%	32%	32%
A lot less safe	11%	13% ^S	8%	12%
NET: more safe	6%	8%	6%	8%
NET: less safe	45%	47%	41%	44%
It varies too much to say	4%	4%	3%	3%
Don't know	2%	1%	*	1%
<i>Base</i>	<i>(1,879)</i>	<i>(475)</i>	<i>(450)</i>	<i>(503)</i>

Source: Q2_39 When you eat out, how safe would you say the food that you eat is, compared to when you eat at home?

Base: All respondents who eat out

NB. E / W / S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial / * indicates less than 0.5%

- Respondents living in England who ate out were less likely than those Scotland to say that the safety of the food when eating out is about the same as when eating at home (43% compared with 50%).

Table 5.3 Importance of factors in deciding where to eat out, by country (Wave 3)

	England	Wales	Scotland	Northern Ireland
Cleanliness and hygiene	66%	65%	63%	60%
Good service	57% ^{NI}	54% ^{NI}	57% ^{NI}	44%
Recommendations / good reviews	49%	46%	43%	47%
Price	49% ^{W S}	42%	40%	47%
Healthy foods / choices	32% ^{W S NI}	25%	26%	24%
A good hygiene rating / score	30% ^S	38% ^{E S}	21%	39% ^{E S}
Food for restricted diets	10% ^{S NI}	9%	5%	6%
Nutritional information provided	7%	7%	5%	9%
Good / quality food	1%	2%	2%	1%
Choice / menu	1%	2%	1%	*
Location / convenience	1%	3% ^{S NI}	*	*
Something else	2%	3%	2%	1%
None of these	3%	4%	4%	2%
<i>Base</i>	<i>(1,951)</i>	<i>(503)</i>	<i>(475)</i>	<i>(524)</i>

Source: Q2_35 Generally, when you're deciding where to eat out, which of the following are important to you?

Note: respondents were able to give multiple answers

Base: All respondents

NB. E / W / S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial / * indicates less than 0.5%

- Respondents living in England were more likely than those living in Scotland to say that a good hygiene rating or score was important when deciding where to eat out (30% compared with 21%), but less likely to say it was important compared with those living in Wales (38%) and Northern Ireland (39%).
- Further differences were observed for other important factors. For example, respondents in England were more likely to say that each of good service, price, healthy food choices and food for restricted diets were important, compared with respondents in other countries (see Table 5.3).

Table 5.4 Awareness of hygiene standards when eating out, by country (Wave 3)

	England	Wales	Scotland	Northern Ireland
Very aware	26%	33% ^E	35% ^E	36% ^E
Fairly aware	47% ^S	43%	40%	52% ^{W S}
Neither aware nor unaware	12% ^{NI}	9% ^{NI}	11% ^{NI}	4%
Fairly unaware	12% ^{NI}	12% ^{NI}	11%	7%
Very unaware	3%	3%	2%	1%
Total aware	73%	76%	75%	88% ^{E W S}
Total unaware	15% ^{NI}	15% ^{NI}	14% ^{NI}	8%
<i>Base</i>	<i>(1,879)</i>	<i>(475)</i>	<i>(450)</i>	<i>(503)</i>

Source: Q2_37 When you eat out, how aware would you say you generally are about standards of hygiene?

Base: All respondents who ever eat out

NB. E / W / S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial

- Respondents living in England were less likely to say that they were very aware of hygiene standards when eating out (26%) compared with those living in Wales (33%), Scotland (35%) and Northern Ireland (36%). They were, however, more likely to say they were fairly aware of hygiene standards (47%) than those in Scotland (40%).
- In total, respondents living in England were less likely to say they were either very or fairly aware of hygiene standards (73%) than those living in Northern Ireland (88%) and more likely to say they were very or fairly unaware (15% compared with eight per cent).

Table 5.5 Indicators used to inform hygiene standards, by country (Wave 3)

	England	Wales	Scotland	Northern Ireland
General appearance of premises	55%	52%	62% ^{E W}	57%
Appearance of staff	40%	37%	41%	36%
Hygiene certificate	31% ^S	34% ^S	21%	28%
Reputation	27% ^{NI}	27% ^{NI}	31% ^{NI}	20%
Hygiene sticker	23% ^S	35% ^{E S}	11%	39% ^{E S}
Word of mouth	22%	20%	25%	27%
Websites	6%	4%	4%	4%
Other (specify)	2%	1%	1%	0%
Hygiene sticker or certificate combined	43% ^S	54% ^{E S}	26%	56% ^{E S}
Unaware of hygiene standards	15% ^{NI}	15% ^{NI}	14% ^{NI}	8%
<i>Base</i>	<i>(1,879)</i>	<i>(475)</i>	<i>(450)</i>	<i>(503)</i>

Source: Q2_38 How do you know about the hygiene standards of the places you eat out at or buy food from?
 Note: respondents were able to give multiple answers

Base: All respondents who eat out

NB. E / W / S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial

- Respondents living in England who ate out were less likely than those in Scotland to say they used the general appearance of the premises as an indicator of hygiene standards (55% compared with 62%) and were more likely than those in Scotland to say they used a hygiene certificate (31% compared with 21%) or hygiene sticker (23% compared with 11%).
- Respondents living in England were, however, less likely to cite using a hygiene sticker or certificate (43%) compared with those living in Wales (54%) and Northern Ireland (56%). In particular they were less likely to cite using a hygiene sticker (23% compared with 35% and 39% respectively).
- Those living in England were more likely to cite reputation (27%) compared with respondents living in Northern Ireland (20%).

Table 5.6 Awareness and use of Food Hygiene Rating Schemes, by country (Wave 3)

% recognise	England	Wales	Scotland	Northern Ireland
Any scheme	76% ^S	81% ^S	70%	88% ^{E W S}
FHIS	20% ^{NI}	15%	59% ^{E W NI}	13%
FHRS England and Northern Ireland	65% ^S	72% ^{E S}	19%	83% ^{E W S}
FHRS Wales	45% ^S	72% ^{E S NI}	11%	62% ^{E S}
SotD	29% ^S	25%	20%	32% ^S
% used rating scheme in last year	20% ^S	35% ^{E S}	12%	28% ^{E S}
<i>Base</i>	(1,951)	(503)	(475)	(524)

Source: Q12_1 Have you ever seen this before? & Q12_3 In the last 12 months, have you used a food hygiene rating scheme to check an establishment's hygiene standards before deciding to visit?

Base: All respondents

NB. E / W / S / NI indicates that the result is statistically significantly higher than the result for the country indicated by the initial

- Respondents living in England were less likely to report awareness of the FHRS for England and Northern Ireland sticker or certificate (65%) compared with those in Wales²³ (72%) and Northern Ireland (83%), but more likely compared with those living in Scotland (19%).
- Respondents living in England were less likely to recognise either of the FHRS schemes i.e. the sticker or certificate from the England and Northern Ireland scheme or the sticker from the Wales scheme, (67%) than those living in Wales (76%) or Northern Ireland (87%) but more likely to do so than those living in Scotland (20%).
- Respondents living in England were more likely to report awareness of the SotD sticker or certificate (29%) compared with those living in Scotland (20%).
- Respondents living in England were less likely to report being aware of the FHIS (20%) compared with those living in Scotland (59%) and of the FHRS for Wales (45%) than those living in Wales (72%).
- Respondents living in England were more likely to report having used a food hygiene rating scheme to check an establishments hygiene standards before deciding to visit (20%) compared with those in Scotland (12%) but less likely compared with those living in Wales (35%) and Northern Ireland (28%).

²³ Similarities between the English and Welsh sticker may have resulted in respondents being unable to differentiate accurately between the two.

