

The 2014

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Survey

Northern Ireland Bulletin 3
Eating outside the home

The 2014

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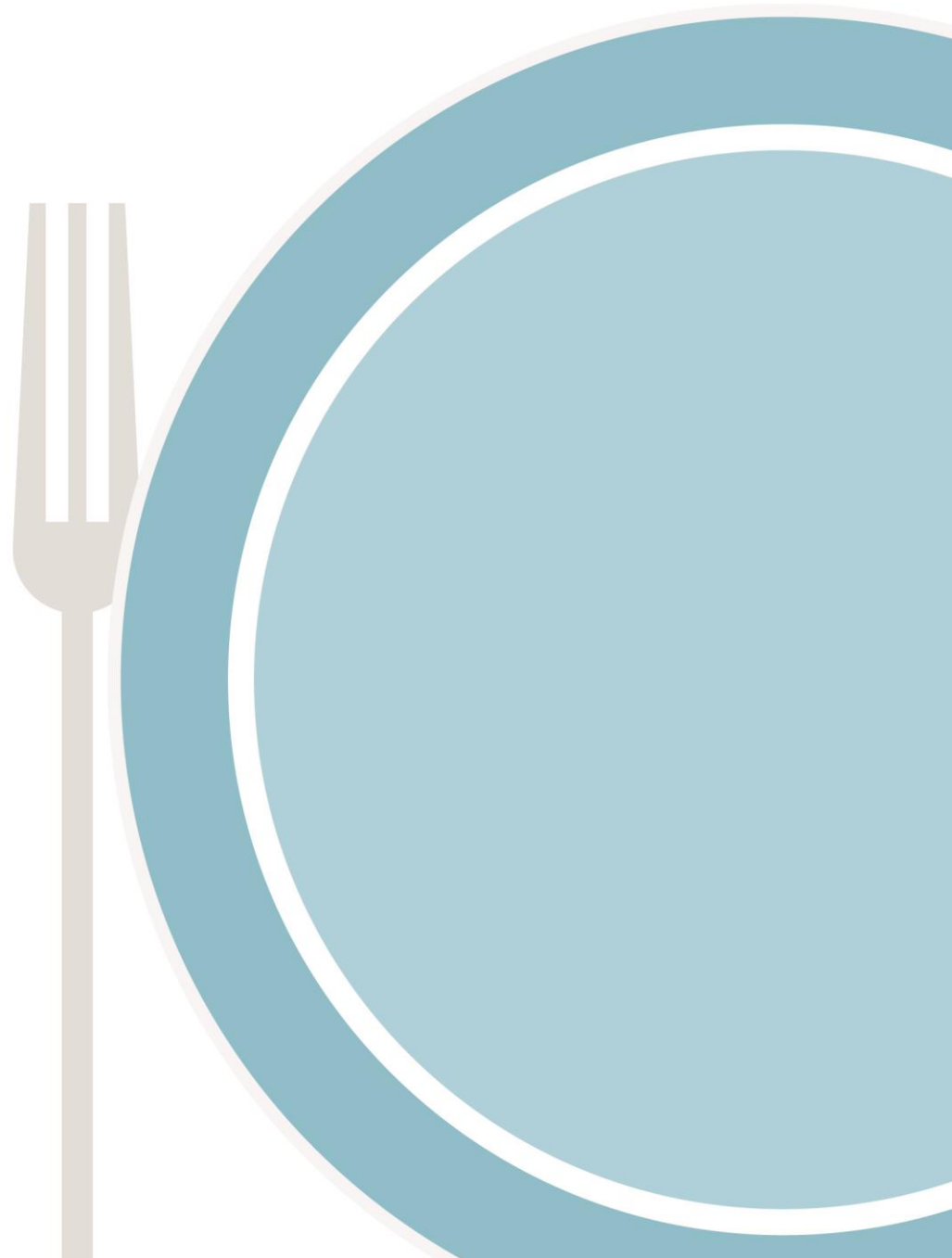
Eating outside the home

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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 from Wave 3 of the Food and You survey for Northern Ireland, 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, including 524 interviews in Northern Ireland on which this report is based. Wave 3 builds on and extends the previous findings.

The key findings for Northern Ireland from Wave 3 have been published in six 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
- Advice on healthy eating
- Eating and Health

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

This bulletin provides a descriptive overview of the key findings from Wave 3 in relation to eating outside 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 Northern Ireland the FSA is additionally responsible for nutrition policy and food labelling.

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. Nutrition policy in Northern Ireland and Scotland remains the responsibility of the Agency. Waves 2 and 3, therefore, included a question module on healthy eating for respondents in Northern Ireland and Scotland, but focussed solely on food safety issues for respondents in England and Wales.

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>

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. 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 Report⁷ 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 at this initial stage of data analysis. The identified variables were: age, gender and the Northern Ireland Multiple Deprivation Measure (NIMDM).⁸ Variation by age and gender has been considered across the three waves, while only Wave 3 data was examined for variation by NIMDM. Full data are available in the UK Data Archive⁹ and at data.gov.uk¹⁰ for further analysis.

⁷ <http://www.food.gov.uk/sites/default/files/food-and-you-2014-uk-bulletin-technical-report.pdf>

⁸ The Northern Ireland Multiple Deprivation Measure (NIMDM) 2010 is the official measure of area deprivation in Northern Ireland which considers deprivation across income, employment, health and disability, education skills and training, proximity to services, living environment, and crime and disorder. Areas are grouped into quintiles based on their 2010 NIMDM score, with quintile 1 the most deprived areas across Northern Ireland and quintile 5 the least deprived areas.

⁹ <http://www.data-archive.ac.uk/>

¹⁰ <http://data.gov.uk/>

Key Findings

- Similar to Waves 1 and 2, 78% of respondents reported eating out or buying food to take away in the last week. Eight per cent reported eating out six times or more in the last week.
- When asked what was important to them when deciding where to eat out, 60% of respondents said that the cleanliness and hygiene of eating establishments was important. Around four in ten said a good hygiene rating was important (39%), compared with 24% at Wave 1. Recommendations and reviews (47%), price (47%), and good service (44%) were also selected as important factors when deciding where to eat out. Men were more likely than women to say that price was important to them when deciding where to eat (20% compared with 11% of women).
- Forty-four per cent of respondents who ate out said that food was less safe when eating out compared with eating at home.
- While 88% of respondents said they were aware of standards of hygiene when eating out, eight per cent said they were not. The proportion reporting that they were very or fairly aware of hygiene standards when eating out was lowest among those aged 25-34 (79%), and highest among those aged 75 and over (95%).
- Respondents were most likely to report judging the hygiene standards of food establishments from the appearance of the establishment (58%), by a food hygiene sticker (39%), or by the appearance of staff (36%). The proportion mentioning using a food hygiene sticker was greater than at Wave 1 (nine per cent). More than a half (56%) said they used a hygiene certificate or sticker to judge hygiene standards, which was similar to the proportion at Wave 2 (48%) and higher than that at Wave 1 (22%).
- Eighty-eight per cent of respondents reported having seen any of the stickers and certificates belonging to different food hygiene rating schemes, compared with 78% at Wave 2. Recognition of the Food Hygiene Rating Scheme (FHRS) in Northern Ireland and England was higher than at Wave 2, with 83% of respondents in Northern Ireland recognising the scheme at Wave 3 compared with 66% at Wave 2. The majority of those who recognised a certificate or sticker from each scheme said they had seen it in the window or door of a food establishment (e.g. 98% for the FHRS).
- Overall, 28% of respondents reported having used a hygiene rating scheme in the past 12 months to check an establishment's rating before deciding to eat there. Amongst these respondents using a scheme, 91% said they had used the information in the establishment's door or window. Nineteen per cent reported that they had checked the rating on the internet. Of those who had used a scheme, almost all (99%) said they found it helpful.

Glossary

Food Hygiene Rating Scheme (FHRS)

A scheme run by local authorities in Northern Ireland, England, and Wales in partnership with the Food Standards Agency, to provide consumers with information about hygiene standards in food premises. In Wales the display of a sticker indicating the food business's hygiene rating became mandatory in November 2013.

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 Northern Ireland, England and Wales 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 an FHRS inspection, in Northern Ireland, England and Wales, 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 in Scotland, 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.

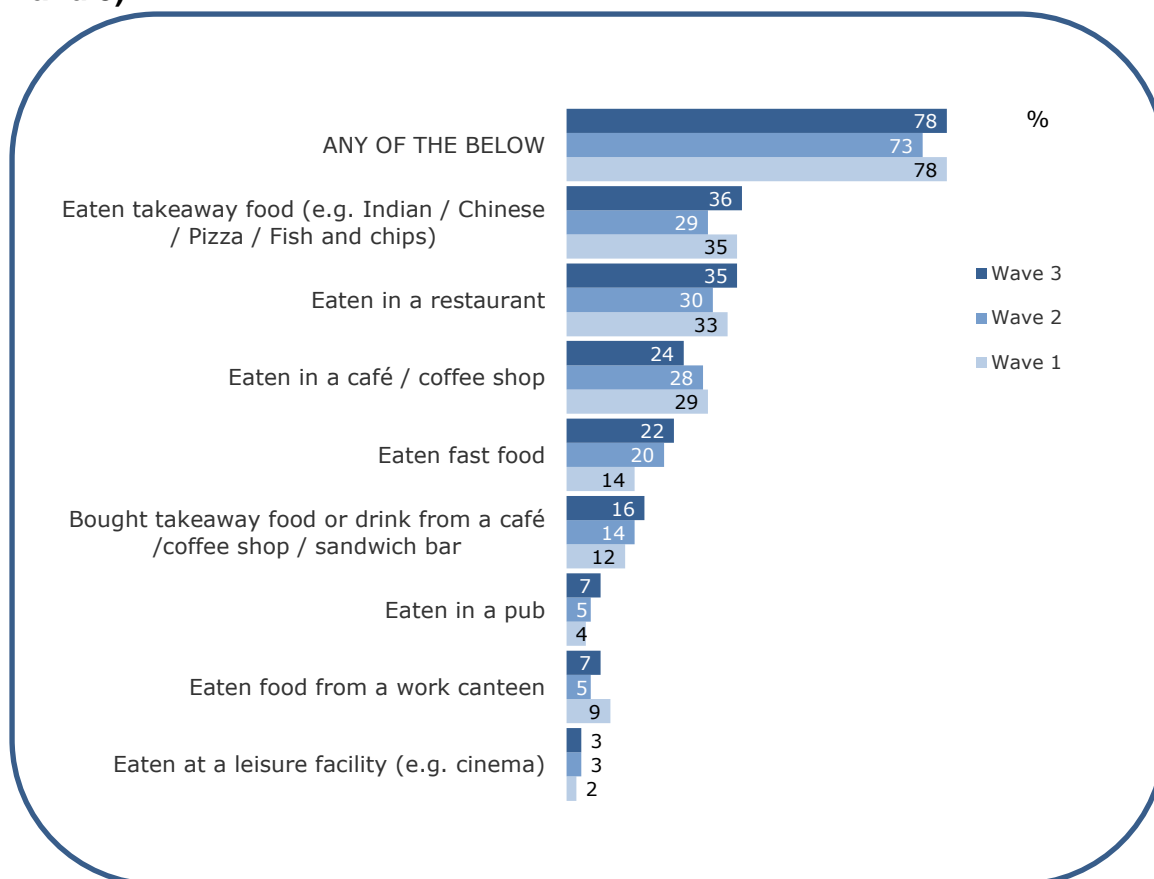
FHRS ratings / FHIS inspection results are published at www.food.gov.uk/ratings and businesses are given stickers or certificates and encouraged – though not currently required in Northern Ireland, England, and Scotland - to display these where their customers can easily see them. Display of stickers 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)

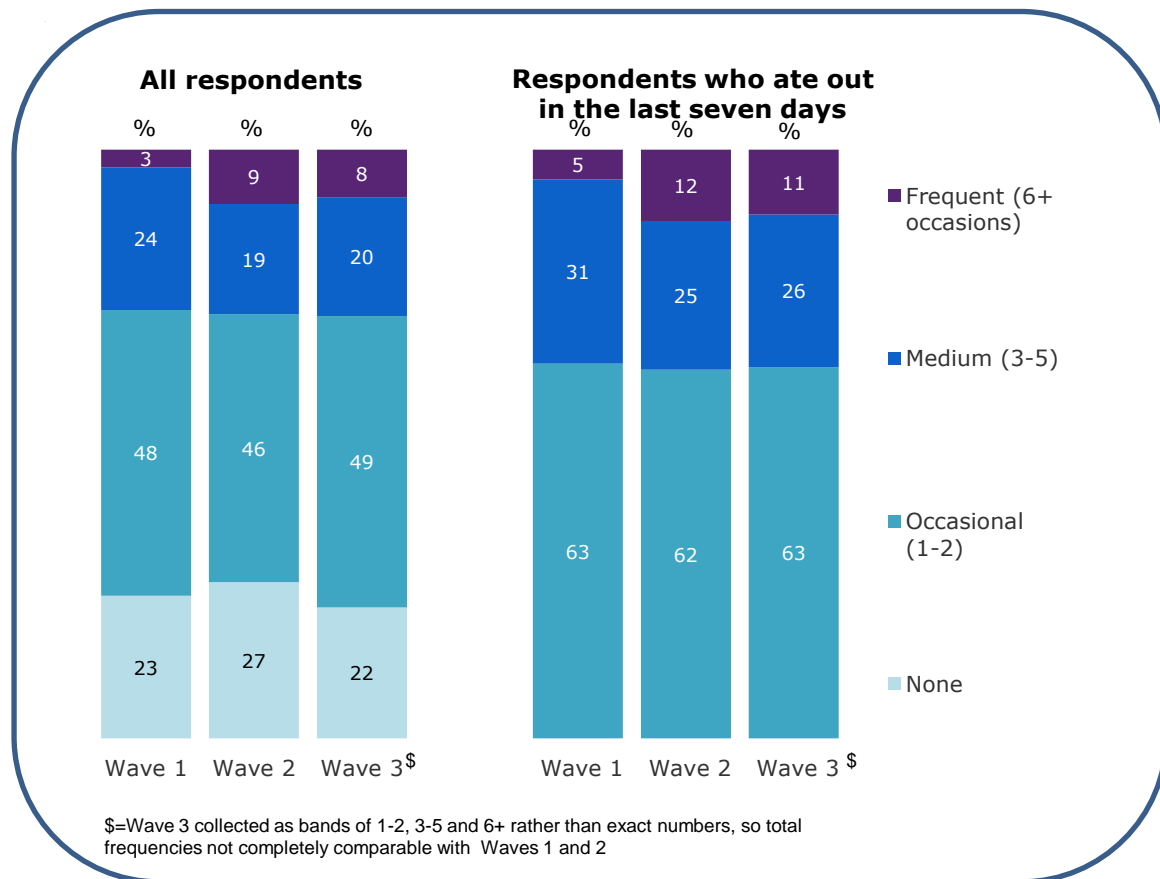


Source: Q2_33 Have you done any of the following things in the last seven days, that is since last ...
 Note: respondents were able to give multiple responses to this question

Base: One third of total NI sample – Wave 1(169); All respondents - Wave 2 (504); Wave 3 (524)

- Around four in five respondents (78%) reported that they had eaten out or bought food to take away in the previous seven days, similar to the proportions at Waves 1 and 2 (78% and 73% respectively).
- As at Waves 1 and 2, respondents were most likely to report eating takeaway food (36%), eating at restaurants (35%), and eating in a café or coffee shop (24%) over the previous seven days.
- There were no statistically significant changes in the reported frequency of eating out at any of the establishments from the proportions at Waves 1 and 2.

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?¹¹

Base: One third of total NI sample – Wave 1 (169); All NI respondents - Wave 2 (504); Wave 3 (506); All NI respondents that eat out – Wave 1 (126); Wave 2 (344); Wave 3 (381)

- Respondents were most likely to report eating out or buying food to take away occasionally (49% saying once or twice in the last week) with eight per cent 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 11% had eaten out at least six times.
- While it is difficult to make direct comparisons 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.

¹¹ 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 population¹²

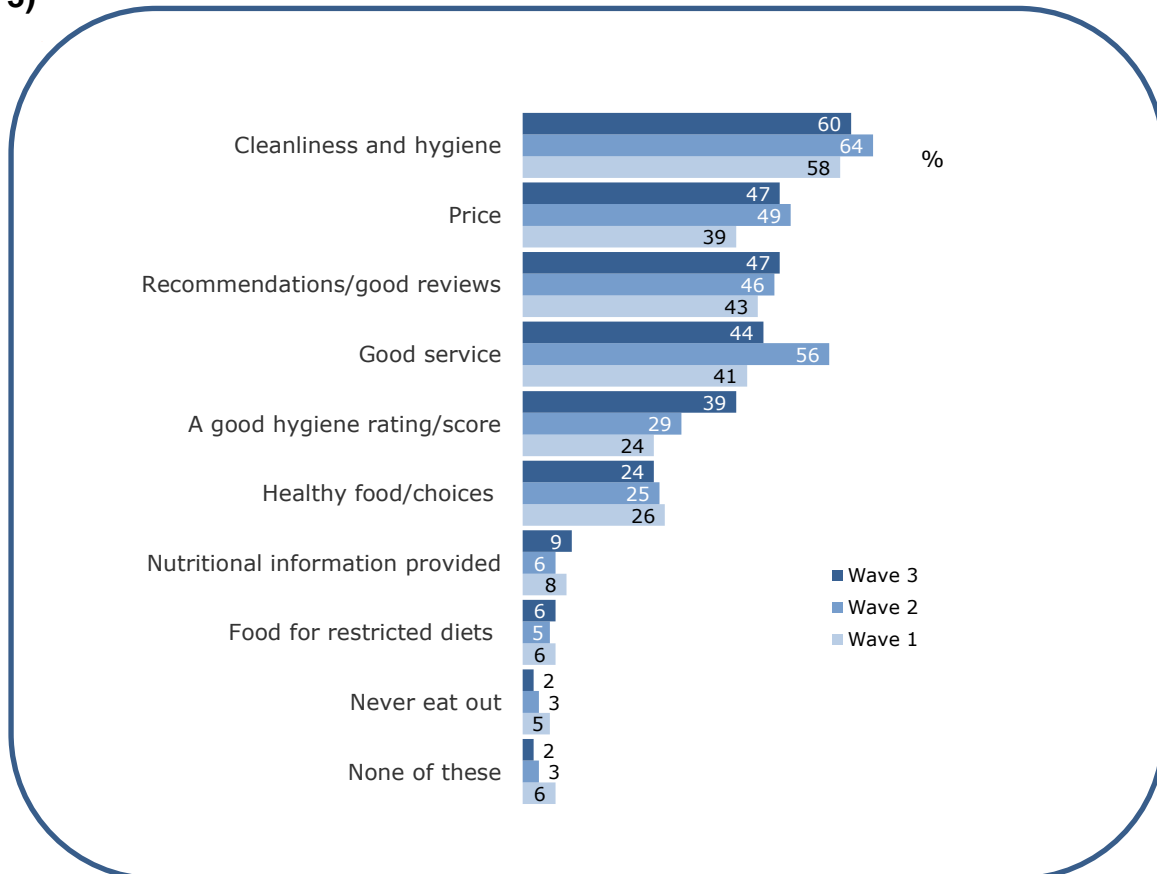
Variation by gender and age, including differences between the survey waves

- There were no statistically significant differences in reported frequency of eating out in the last week by **gender**, however at Wave 2 men were more likely to report eating out at all (82%) than women (66%).
- At Wave 2, men were also more likely than women to report eating takeaways (36% compared with 23%), and eating fast food (31% compared with 11%), however these differences were not observed at Wave 3, as men and women were equally likely to report eating at each type of establishment.
- Reported eating out behaviour varied by **age**, with younger respondents more likely to report eating out in the last week: 93% of those aged 16-34 said that they had eaten out, compared with 79% of those aged 35-54 and 63% of those aged 55 and over. Compared with Wave 2, greater proportions of those aged 75 and over reported eating out at all during the week prior to interview (57% at Wave 3 compared with 21% at Wave 2).
- Younger respondents were also more likely than older respondents to report having eaten out three or more times in the last seven days. Forty-five per cent of those aged 16-34 reported having eaten out at least three times, compared with 21% of those 35 and over, and 11% of those aged 75 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 takeaway and fast food. For example, while 45% of those aged 16-24 said they had eaten fast food in the past week, four per cent of those aged 60 and over reported this. Similarly, 60% of those aged 16-24 reported eating takeaway food compared with 10% of those aged 60 and over. These results were similar to those observed at Waves 1 and 2.

¹² The following variables were analysed to identify statistically significant differences: age, gender and NIMDM. There were no statistically significant differences by NIMDM.

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?

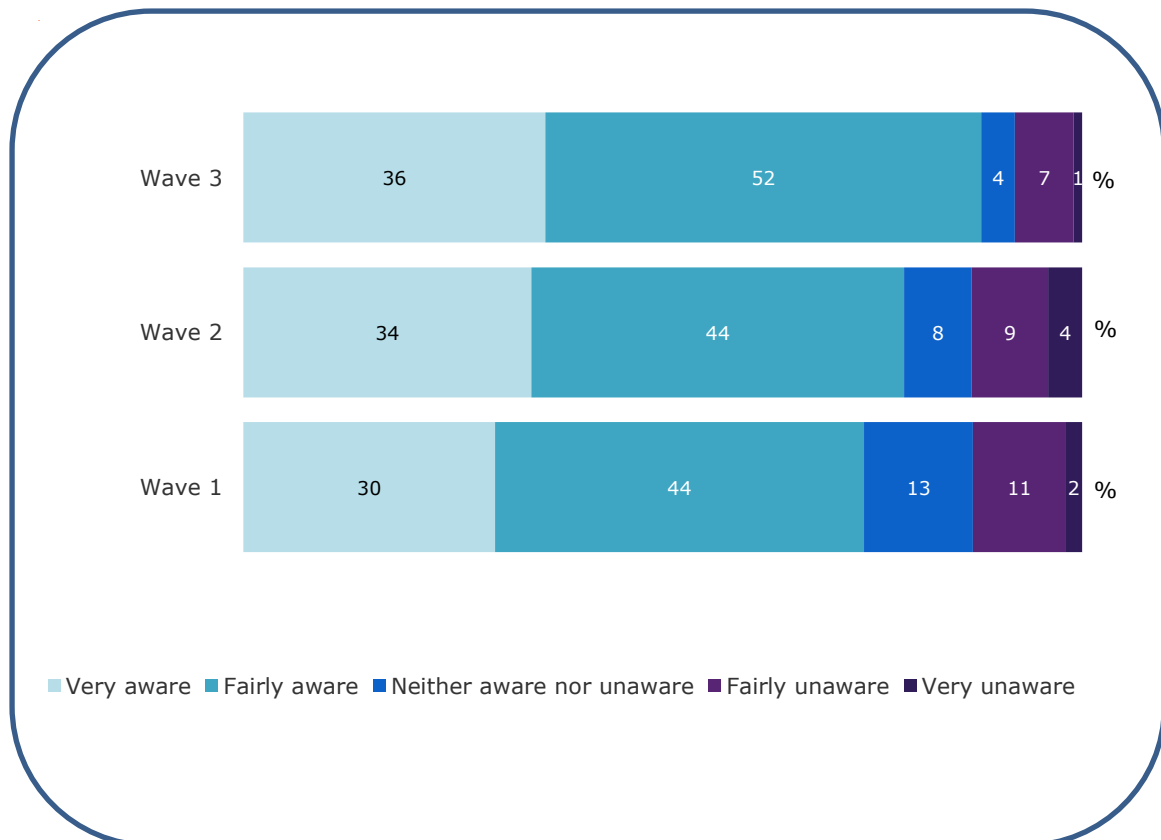
Note: respondents were able to give multiple answers / Only responses of five per cent or more are shown

Base: One third of total NI sample – Wave 1 (169); All NI respondents - Wave 2 (504); Wave 3 (524)

- When shown a list of factors which might affect their choice of where to eat out or to purchase takeaway food, 60% of respondents reported that the cleanliness and hygiene of the establishment was important; price and recommendations or good reviews were also important factors, each for around a half (47%). 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 39% of respondents, compared with 24% at Wave 1 and 29% at Wave 2.
- Forty-four per cent of respondents said that good service was important, similar to the proportion at Wave 1 (41%), compared with 56% at Wave 2.
- When asked for the single most important factor when deciding where to eat out, 34% reported cleanliness and hygiene and 12% reported that hygiene rating / scores were most important.

- Recommendations were the next most likely factor to be selected as most important (19%) with a range of reasons given by other respondents such as price (15%), healthy food choices (six per cent) and good service (five 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-four per cent felt that food was less safe when eating out (compared with 36% at Wave 2), and 44% that there was no difference (compared with 53% at Wave 2). Eight per cent thought that the food they ate out was safer than what they ate at home, similar to Wave 2 (five per cent).

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 NI respondents who eat out (one third of total sample) – Wave 1 (159); All NI respondents who eat out - Wave 2 (482); Wave 3 (503)

- When asked how aware they were of hygiene standards when eating out or purchasing takeaway food, 88% of respondents reported being aware¹³, compared with 74% at Wave 1. At Wave 3, 36% stated that they were very aware and 52% fairly aware of standards of hygiene when eating out or purchasing takeaway food. A minority (eight per cent) said they were not aware¹⁴, which was similar to the proportion at Wave 2 (13%).

¹³ 'Aware' includes those reporting being either very aware or fairly aware of hygiene standards and this definition will be used throughout this bulletin

¹⁴ 'Unaware' includes those reporting being either fairly unaware or very unaware of hygiene standards 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 population¹⁵

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

- As at Waves 1 and 2, little difference by **gender** was observed in factors which were important when deciding where to eat. The only statistically significant difference related to price, as men were more likely to mention this as the most important factor than women (20% compared with 11%). Women (89%) were no more likely than men (87%) to say that they were aware of the hygiene standards where they eat out, which is different from Waves 1 and 2 (when women were more likely to say they were aware).
- In terms of **age**, the youngest respondents were more likely to select price as the most important factor (31% of those aged 16-24 compared with 12% of those aged 25 and over). As at Wave 2, those aged 16-54 were more likely than those aged 60 and over to mention price as being at all important (55% and 31% respectively). The younger respondents were less likely to say that cleanliness and hygiene when eating out was important to them, compared with those aged 45 and over (41% of those aged 16-24 compared with 64%).
- Healthy food choices were most frequently mentioned as important by those aged 35-44, with 37% of this age group stating this, compared with 13% of those aged 16-24 and 20% of those aged 60 and over.
- The proportion reporting that they were very or fairly aware of hygiene standards when eating out was lowest among those aged 25-34 (79%), and highest among those aged 75 and over (95%). A similar pattern was observed at Wave 2.

Other variation at Wave 3

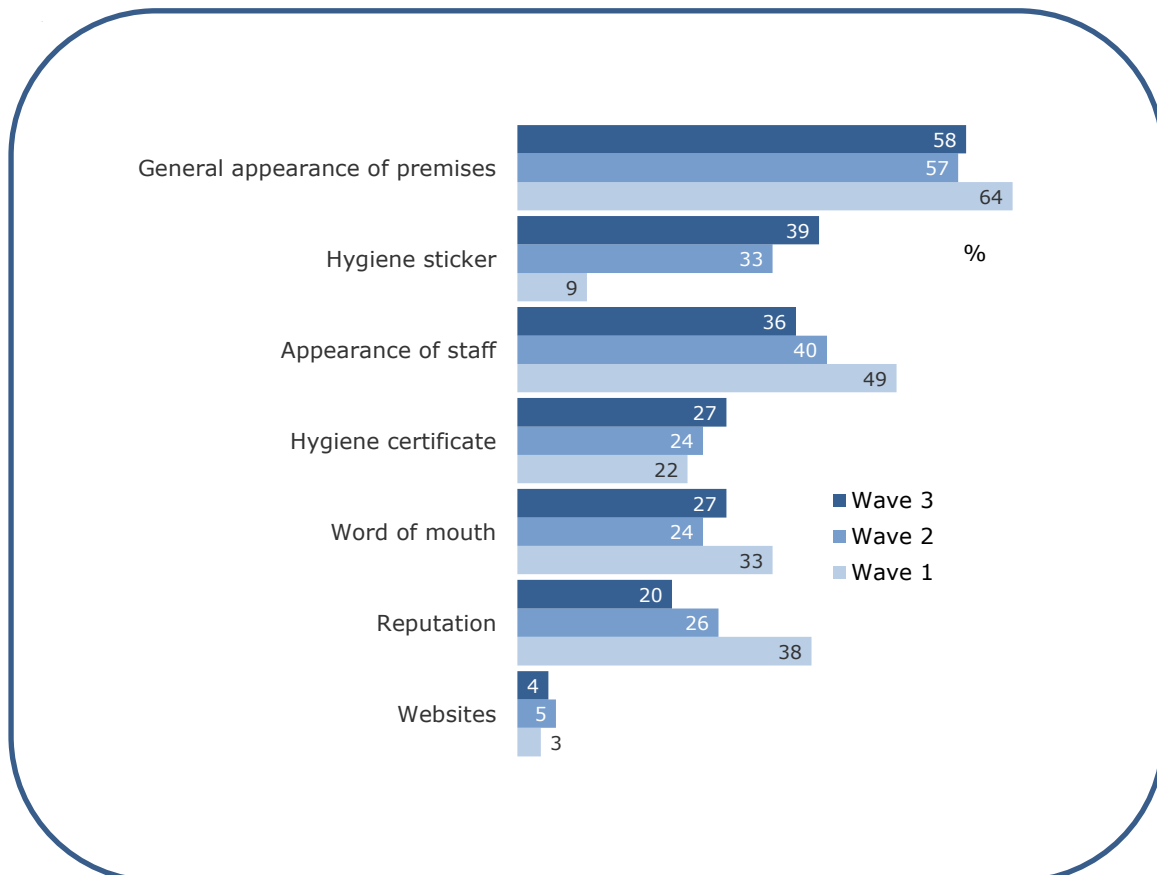
- Variation by **Northern Ireland Multiple Deprivation Measure (NIMDM)** was considered. Respondents in the least deprived areas were more likely than those in the most deprived areas to say that a good hygiene rating or score was important to them (55% in quintile five mentioned this compared with 28% of those in quintile one).
- Those in the least deprived areas were also more likely to say that they were aware of hygiene standards (96% in quintiles four and five) compared with those in more deprived areas (84% in quintiles one to three).

¹⁵ The following variables were analysed to identify statistically significant differences: age, gender and NIMDM.

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 NI respondents who eat out¹⁶– Wave 1 (one third of total sample - 159); Wave 2 (482); Wave 3 (512)

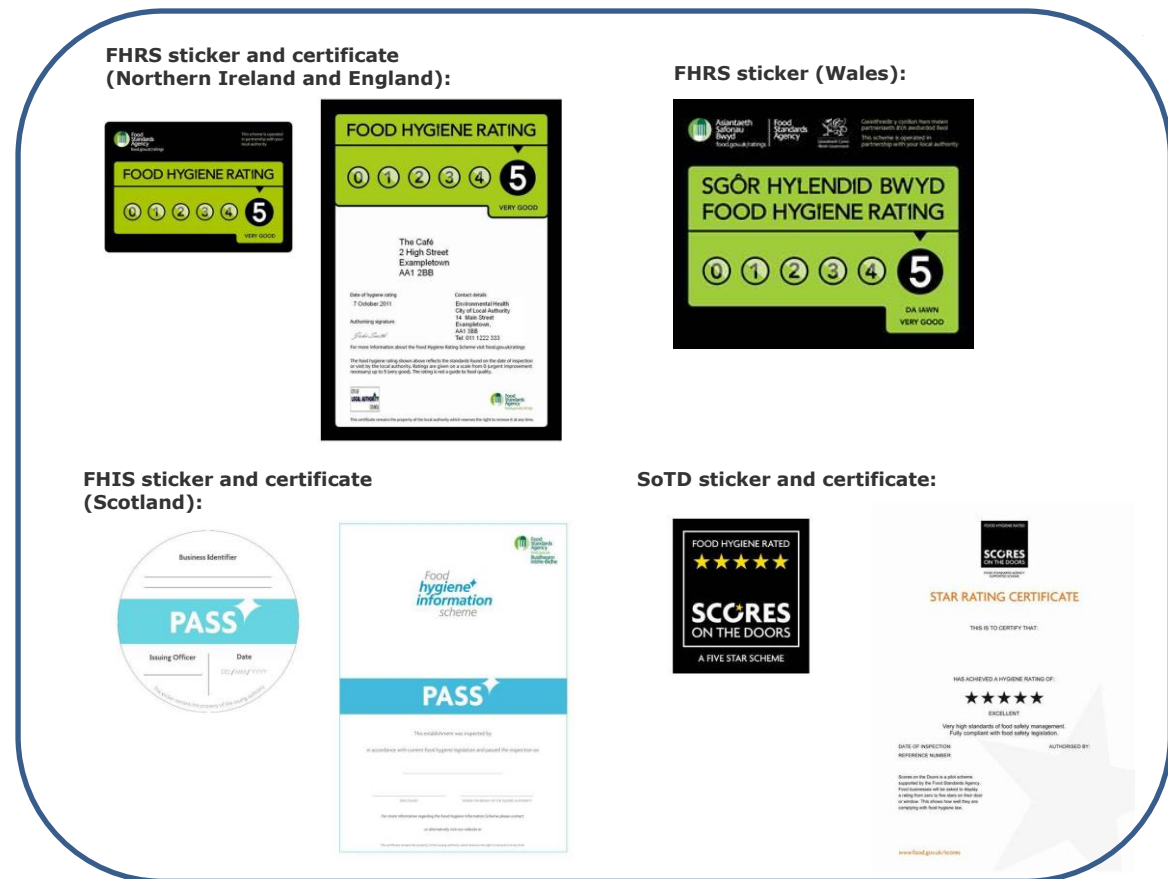
- As at Waves 1 and 2, respondents at Wave 3 were most likely to say that they used the general appearance of premises to judge the food hygiene standards of eating establishments (reported by 58%). Compared with Wave 1, a greater proportion of respondents mentioned hygiene stickers (39% compared with 9%) and a smaller proportion mentioned both the appearance of staff (36% compared with 49%) and the establishment's reputation (20% compared with 38%) as indicators of food hygiene standards.

¹⁶ 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 (27%) was similar to that at Wave 1 (22%), as was the proportion mentioning word of mouth (27% at Wave 3, 33% at Wave 1).
- The proportion citing using *either* a hygiene certificate or a hygiene sticker to inform them about hygiene standards was 56%. This is similar to the proportion at Wave 2 (48%) and higher than at Wave 1 (22%). It is possible that these terms are used interchangeably by some respondents, although greater reporting of using stickers compared with Wave 1 suggests some differentiation is made.

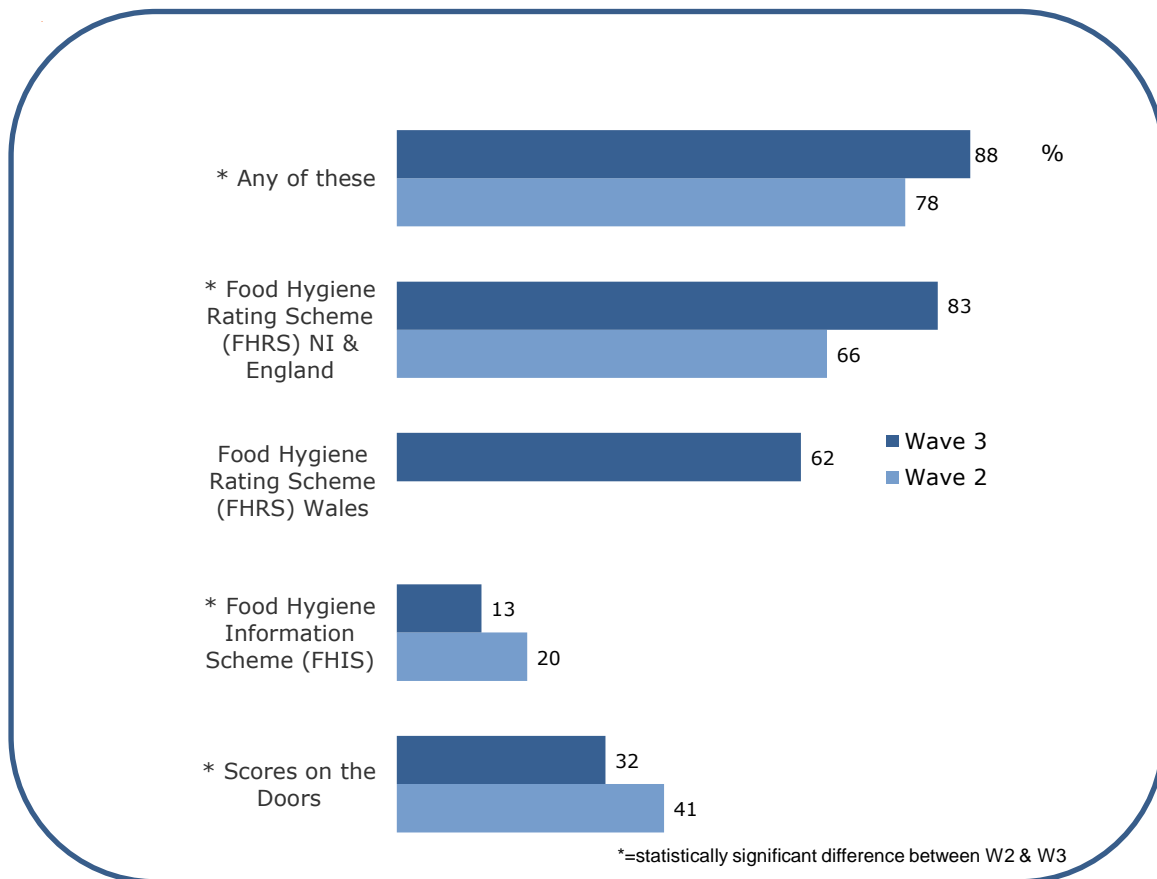
4.2 Recognition and use of the food hygiene rating schemes

Respondents were shown images of certificates and stickers for the Food Hygiene Rating Scheme (FHRS) in Northern Ireland and England, 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 Boroughs¹⁷ and were asked whether they had ever seen any of them before.



¹⁷ 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 NI respondents Wave 2 (504); Wave 3 (524)

- Around nine in ten respondents (88%) reported having seen any of the stickers and certificates belonging to different food hygiene rating schemes, compared with 78% at Wave 2. This was driven by higher recognition of the sticker and certificate of the FHRs Northern Ireland and England scheme (83% recognised this scheme at Wave 3 compared with 66% at Wave 2)¹⁸.
- The FHRs in Wales was included separately in the questionnaire for the first time at Wave 3, and 62% of respondents said they recognised the sticker.
- Recognition of the certificates or stickers from the FHIS (13%) and the SotD scheme (32%) was lower than at Wave 2 (20% and 41% respectively).

¹⁸ Although 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.

4.3 Where the certificate or sticker had been seen

Table 4.1 Where respondents had seen the scheme images (Wave 3)

	FHRS (NI & England)	FHRS (Wales)	FHIS	SotD
Food establishment window or door (e.g. restaurant/cafe)	98%	98%	90%	94%
Internet (no specific detail)	2%	2%	2%	4%
Newspaper / magazine	2%	2%	2%	2%
Website	2%	2%	2%	2%
Place of work / school	1%	2%	3%	0%
Other	*	1%	3%	1%
Don't know	1%	1%	0%	2%
<i>Base</i>	<i>(412)</i>	<i>(298)</i>	<i>(65)</i>	<i>(158)</i>

Source: Q12_2 Where have you seen this image?

Note: respondents were able to give multiple answers

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

Base: All NI respondents who have seen the image before (Question 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 (with 90% to 98% of respondents who had seen a certificate or sticker reporting this at Wave 3).

4.4 Use of food hygiene rating schemes

- After being shown images of certificates and stickers from the hygiene standards 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, 28% of respondents reported that they had used a hygiene scheme in the past 12 months, similar to 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 (91%), similar to the proportion at Wave 2 (90%). Around one in five (19%) Wave 3 respondents said they had used the internet to check a rating, similar to the proportion at Wave 2 (24%).
- Of those respondents who said they had used a rating scheme in the last 12 months, almost all (99%) reported that they had found it helpful, and 62% 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 population¹⁹

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

- There was no statistically significant variation by **gender** in recognition of the various food hygiene rating scheme stickers and certificates and, unlike at Wave 2, men were no more likely than women to recognise the Score on the Doors certificate or sticker.
- As at Wave 2, awareness of hygiene standards and recognition of hygiene certificates or stickers varied by **age**. Sixty three per cent of respondents aged 16-44 who ate out said they used stickers or certificates as one of the ways to judge the hygiene standards of an establishment, compared with 19% of those aged 75 and over who ate out.
- Recognition of any scheme was lower among those aged 75 and over (49%) particularly compared with those aged under 45 (97%). Recognition of each of the individual schemes was lower among older respondents. For example, while 89% of those aged 16-64 recognised the FHRS sticker or certificate for Northern Ireland and England, 66% of those aged 65-74 and 46% of those aged 75 and over recognised the same sticker or certificate.
- Those aged over 45 were more likely to report recognising any of the FHRS stickers and certificates compared with the same age group at Wave 2 (80% and 67% respectively).
- Recognition of the SotD sticker or certificate was also lower among the oldest groups of respondents, with recognition highest among those aged 45-54 (43% compared with 27% of those aged over 60 and 11% of those aged over 75), similar to the findings at Wave 2.
- Younger respondents were more likely to report having used one of the four food hygiene rating certificates or stickers in the last 12 months, with 33% of 16-34 year olds reporting this compared with 17% per cent of those aged 60 and over. This pattern was also found at Wave 2.

Other variation at Wave 3

- There was little variation by **Northern Ireland Multiple Deprivation Measure (NIMDM)**, however, respondents from the least deprived areas who ate out were more likely to report that they used a hygiene sticker or certificate to inform themselves about hygiene standards when eating out, compared with those from the most deprived areas (68% of those in quintile five reported using a sticker or certificate compared with 40% of those in quintile one).

¹⁹ The following variables were analysed to identify statistically significant differences: age, gender and NIMDM.

5. Comparisons between Northern Ireland and the rest of the UK

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

	Northern Ireland	England	Wales	Scotland
ANY OF THE BELOW	78%	75%	71%	76%
Eaten in a restaurant	35% ^W	30%	27%	32%
Eaten takeaway food (e.g. Indian/ Chinese/ Pizza/ Fish and chips)	36% ^{E W}	27%	23%	31% ^W
Eaten in a café or coffee shop	24%	26% ^W	20%	25%
Eaten in a pub	7%	23% ^{S NI}	22% ^{S NI}	9%
Bought food or drink from a café, coffee shop or sandwich bar to take away	16%	22% ^{NI}	20%	18%
Eaten fast food	22%	21%	21%	17%
Eaten food from a work canteen	7%	9%	8%	8%
Eaten food from a cinema, bowling alley, theme park or other leisure facility	3%	3%	3%	4%
<i>Base</i>	<i>(524)</i>	<i>(1,951)</i>	<i>(503)</i>	<i>(475)</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 Northern Ireland were more likely to report having eaten in a restaurant in the last seven days compared with those living in Wales (35% compared with 27%). They were more likely than respondents in England or Wales to report having eaten takeaway food (36% compared with 27% and 23%).
- Respondents living in Northern Ireland were less likely than respondents living in England or Wales to report having eaten in a pub (seven per cent compared with 23% and 22% respectively). They were also less likely than respondents in England to report having bought food or drink to take away from a café (16% compared with 22%).

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

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

- No statistically significant differences were found in perceptions of food safety when eating out compared with eating at home between respondents in Northern Ireland and the rest of the UK.

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

	Northern Ireland	England	Wales	Scotland
Cleanliness and hygiene	60%	66%	65%	63%
Good service	44%	57% ^{NI}	54% ^{NI}	57% ^{NI}
Recommendations / good reviews	47%	49%	46%	43%
Price	47%	49% ^{W S}	42%	40%
Healthy foods / choices	24%	32% ^{W S NI}	25%	26%
A good hygiene rating / score	39% ^{E S}	30% ^S	38% ^{E S}	21%
Food for restricted diets	6%	10% ^{S NI}	9%	5%
Nutritional information provided	9%	7%	7%	5%
Good / quality food	1%	1%	2%	2%
Choice / menu	*	1%	2%	1%
Location / convenience	*	1%	3% ^{S NI}	*
Something else	1%	2%	3%	2%
None of these	2%	3%	4%	4%
<i>Base</i>	<i>(524)</i>	<i>(1,951)</i>	<i>(503)</i>	<i>(475)</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 Northern Ireland were less likely than respondents in England, Scotland or Wales to say that good service was an important factor when deciding where to eat out (44% compared with 57%, 54% and 57% respectively). They were less likely than respondents in England to say that healthy food (24% compared with 32%) or food for restricted diets (six per cent compared with 10%) were important to them.
- Respondents in Northern Ireland were more likely to say that a good hygiene rating or score was important compared with respondents in England and Scotland (39% compared with 30% and 21% respectively).

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

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

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

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 Northern Ireland were more likely to say that they were very aware of hygiene factors when eating out (36%) compared with those living in England (26%). They were also more likely to say they were fairly aware (52%) than those in Wales (43%) or Scotland (40%).
- In total, respondents living in Northern Ireland were more likely to say they were either very or fairly aware of hygiene standards (88%) than those living in any other part of the UK (values ranging from 73% to 76%).

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

	Northern Ireland	England	Wales	Scotland
General appearance of premises	57%	55%	52%	62% ^{E W}
Appearance of staff	36%	40%	37%	41%
Hygiene certificate	28%	31% ^S	34% ^S	21%
Reputation	20%	27% ^{NI}	27% ^{NI}	31% ^{NI}
Hygiene sticker	39% ^{E S}	23% ^S	35% ^{E S}	11%
Word of mouth	27%	22%	20%	25%
Websites	4%	6%	4%	4%
Other (specify)	0%	2%	1%	1%
Hygiene sticker or certificate combined	56% ^{E S}	43% ^S	54% ^{E S}	26%
Unaware of hygiene standards	8%	15% ^{NI}	15% ^{NI}	14% ^{NI}
<i>Base</i>	<i>(503)</i>	<i>(1,879)</i>	<i>(475)</i>	<i>(450)</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 Northern Ireland who ate out were less likely than those in the rest of the UK to say they used reputation as an indicator of hygiene standards (20% compared with 27% to 31%). They were more likely than those in England and Scotland to say they used hygiene stickers (39% compared with 23% and 11% respectively), and more likely to mention at least one of either hygiene sticker or certificate (56% compared with 26% in Scotland and 43% in England).
- Those living in Northern Ireland were less likely to say they were unaware of hygiene standards (eight per cent) compared with respondents living in the rest of the UK (14% to 15%).

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

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

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 Northern Ireland were more likely to report recognising any of the food hygiene rating schemes (88%) than those living in England (76%), Wales (81%) and Scotland (70%)
- Respondents living in Northern Ireland were more likely to report recognition of the FHRS Northern Ireland and England sticker or certificate (83%) than respondents in any other UK country (where 19% to 72% of respondents reported recognising the sticker or certificate).
- Those in Northern Ireland were more likely than respondents in England or Scotland to report awareness of the FHRS for Wales (62% compared with 45% and 11%), and more likely than those in Scotland to report awareness of the SotD sticker or certificate (32% compared with 20%).
- Respondents living in Northern Ireland were more 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) (87%) than those living in England (67%), Wales (76%) or Scotland (20%).
- Respondents living in Northern Ireland were less likely to report being aware of the FHIS (13%) compared with those living in Scotland (59%), and less likely than to report recognition of the FHRS Wales sticker (62%) than those living in Wales (72%).
- Respondents living in Northern Ireland were more likely to report having used a food hygiene rating scheme to check an establishment's hygiene standards

before deciding to visit in the last year (28%) compared with those in England (20%) or Scotland (12%).