

The 2014

FOOD and YOU

Survey

Wales Bulletin 3
Eating outside the home

The 2014

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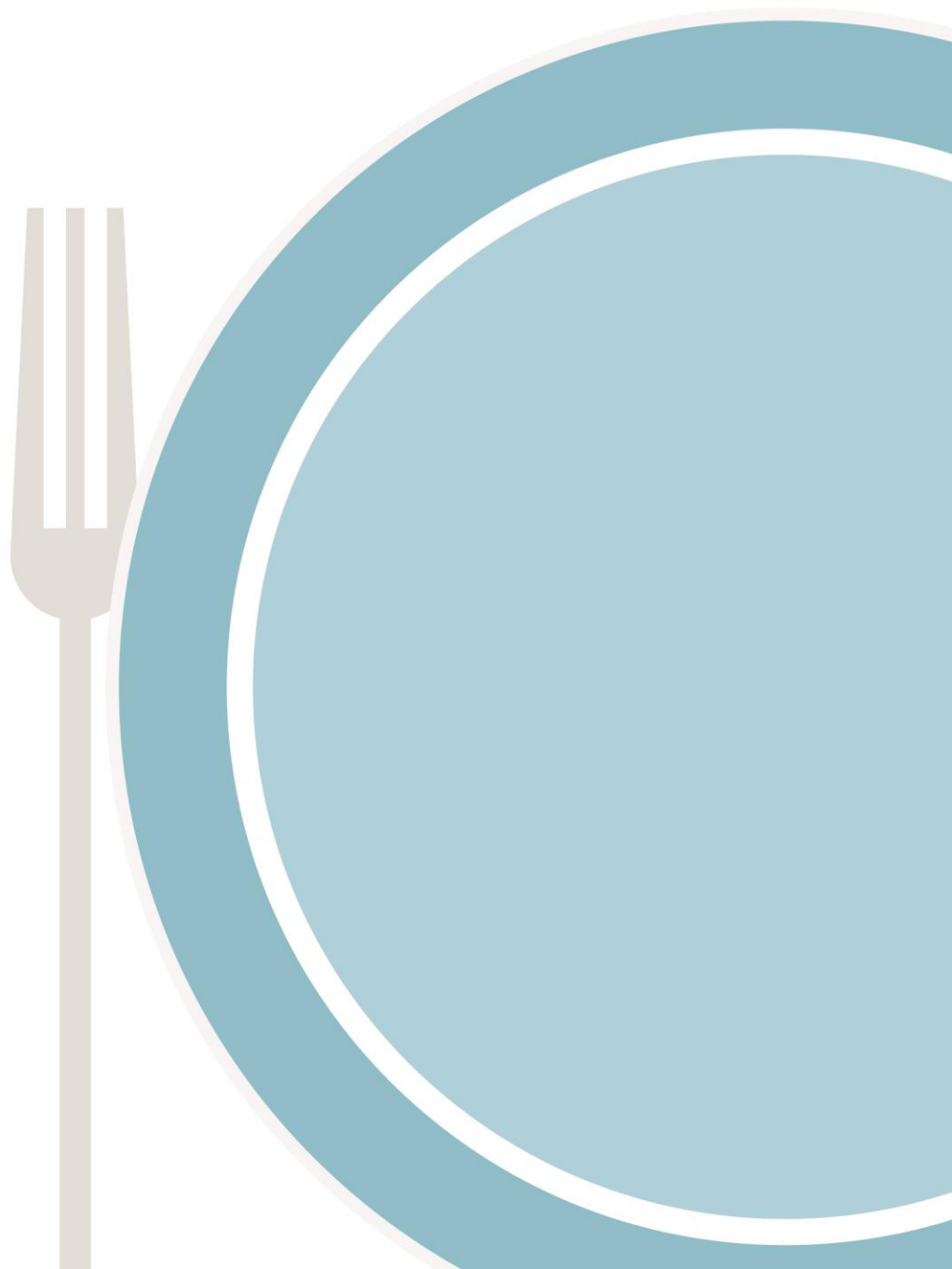
Eating outside the home

Authors:

Rachel Phillips, TNS BMRB

Gillian Prior, TNS BMRB

Catherine O'Driscoll, TNS BMRB



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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 Wales 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, including 503 interviews in Wales, on which this report is based. Wave 3 builds on and extends the previous findings.

The key findings for Wales 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 Wales from across the entire survey.

This bulletin provides a descriptive overview of the key findings for Wales 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. The FSA in Wales is additionally responsible for policy on general food labelling and food composition and standards.

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 Wales. 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.

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 <http://www.food.gov.uk/science/research-reports/ssresearch/foodandyou>

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 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.

There are two other important differences to note between waves: -

- The sample boost applied in Wave 3 means that the sample size of those living in Wales is higher at Wave 3 (503 respondents) than at either Wave 1 (121 respondents) or Wave 2 (104 respondents).
- 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 net result of these differences is that some analyses for Waves 1 and 2 data are based on a sample of fewer than 50 respondents. This is particularly the case for some questions from Wave 1 which were only asked of a third of respondents. These findings are still included in this report to provide contextual information, but care should be taken not to over-interpret these findings. In some cases much larger differences are required, when comparing Wave 1 to either Waves 2 or 3, in order for statistical significance to be achieved.

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. Only selected socio-demographic variables have been analysed to uncover statistically significant differences, particularly as the Wales sample size is lower than that compared with the UK as a whole. 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 Welsh

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

Index of Multiple Deprivation (WIMD)⁹. Due to the small base numbers for Wales at Waves 1 and 2, variation by these variables was only examined for Wave 3 data. Full data are available in the UK Data Archive¹⁰ and at data.gov.uk¹¹ for further analysis.

⁹ WIMD is the official measure of relative deprivation for small areas in Wales. It considers deprivation across income, employment, health, education, geographical access to services, community safety, physical environment and housing. Areas are grouped into quintiles based on their 2010 Index of Multiple Deprivation (IMD) score, with quintile 1 the most deprived areas across Wales and quintile 5 the least deprived areas.

¹⁰ <http://www.data-archive.ac.uk/>

¹¹ <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. 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 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 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.

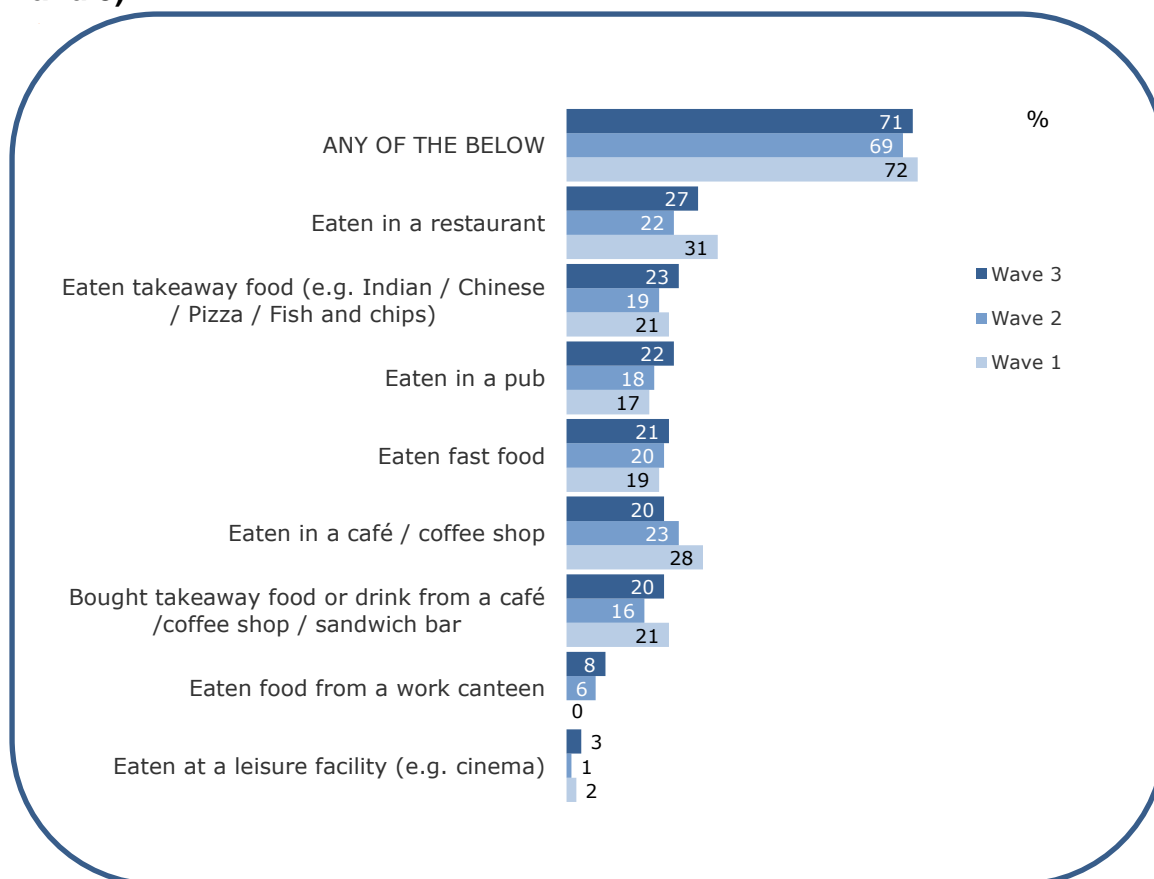
FHRS ratings / FHIS inspection results are published at www.food.gov.uk/ratings. In Wales, businesses are given stickers showing the businesses' FHRS ratings. Display of these stickers in locations where customers can easily see them became mandatory with the Food Hygiene Rating (Wales) Act 2013 which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

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...

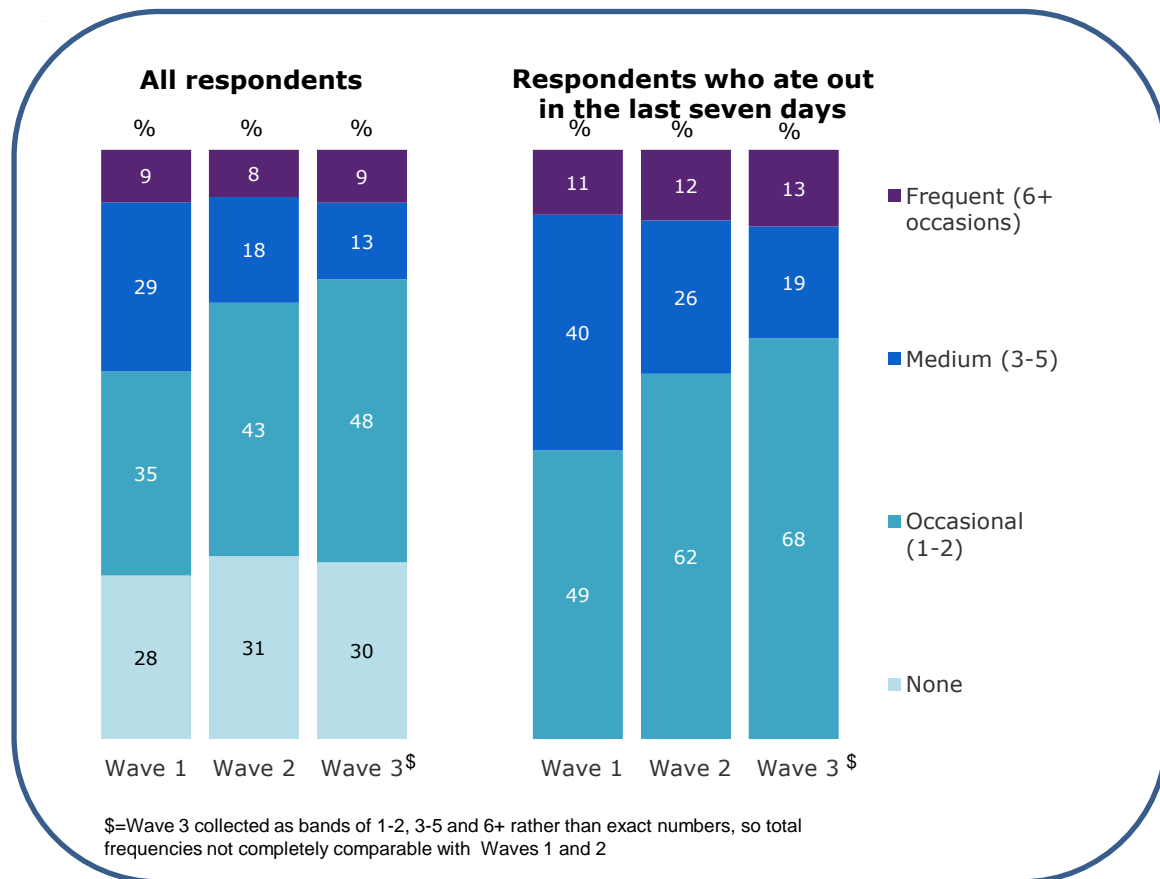
Note: respondents were able to give multiple responses to this question

Base: One third of total Wales sample – Wave 1 (46 – small base¹²); All Wales respondents - Wave 2 (104); Wave 3 (503)

- Around seven in ten respondents (71%) 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 (72% and 69% respectively).
- Around a quarter of respondents reported eating at restaurants (27%) and takeaway food outlets (23%), with around a fifth reporting eating out at pubs (22%), fast food outlets (21%), cafes or coffee shops (20%) or getting takeaway food from a café or coffee shop or sandwich bar (20%) over the previous seven days.
- The findings were similar to those at Waves 1 and 2.

¹² These findings are based on a small sample but are included to provide contextual information. Caution should be taken when interpreting these findings as the small base reduces the robustness of these data.

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 Wales sample – Wave 1 (46 – small base¹⁴); All Wales respondents - Wave 2 (104); Wave 3 (503); All Wales respondents that eat out – Wave 1 (33 – small base¹⁵); Wave 2 (98); Wave 3 (475)

- Respondents were most likely to report eating out or buying food to take away occasionally (48% saying once or twice in the last week) with around one in ten (nine per cent) eating out six times or more in the last week. Of those respondents who had eaten out in the last seven days, 68% had eaten out occasionally (once or twice) and 13% had eaten out at least six times.
- While it is difficult to make direct comparisons given changes to the way the question was asked, the findings appear similar to those at Waves 1 and 2.

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.

¹⁴ These findings are based on a small sample but are included to provide contextual information. Caution should be taken when interpreting these findings as the small base reduces the robustness of these data.

¹⁵ These findings are based on a small sample but are included to provide contextual information. Caution should be taken when interpreting these findings as the small base reduces the robustness of these data.

2.2 Variation in frequency of eating out by different groups in the population¹⁶

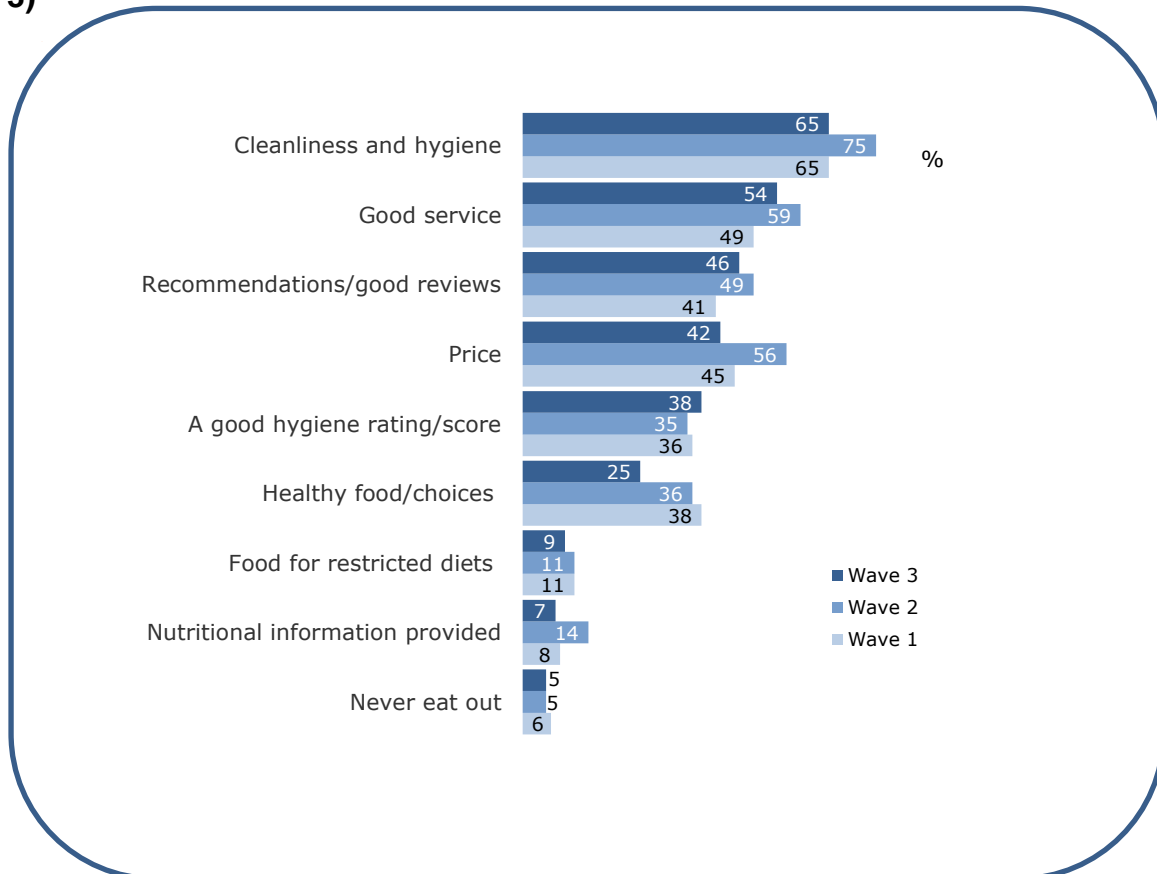
Variation by gender, age and Welsh Index of Multiple Deprivation (WIMD) at Wave 3

- Differences were observed in where people reported eating out in the last week by **gender**. Men were more likely than women to report eating in a pub (29% compared with 16%), eating fast food (31% compared with 13%) or buying food or drink from a cafe, coffee shop or sandwich bar to take away (27% compared with 14%) in the last week.
- Men were also more likely than women to report having eaten out six or more times in the last week (15% compared with two per cent).
- Reported eating out behaviour varied by **age**, with younger respondents more likely to report eating out in the last week: 84% of those aged 16-34 and 74% of those aged 35-54 said that they ate out in the last week, compared with 57% of respondents aged 55 and over.
- Respondents aged 16-54 were more likely than those aged 55 and over to report having eaten out three or more times in the past seven days. Around three in ten (28%) of those aged 16-54 reported having eaten out at least three times, compared with 10% of those aged 55 and over.
- While there was little difference between the age groups in reported eating at pubs and cafes, there was greater difference in reported consumption of food to takeaway, and fast food in particular. For example, those aged 16-54 were more likely to report eating takeaway food (28%), fast food (30%) and buying food or drink from a cafe, coffee shop or sandwich bar to take away (25%) in the last week than those aged 55 and over (15%, six per cent and 12% respectively). Respondents aged 16-54 were also more likely than those aged 55 and over to report eating in a work canteen in the past week (12% compared with two per cent).
- Differences were observed by **level of deprivation**. Those in the least deprived areas (quintile five) were more likely than those in each of the more deprived areas (quintiles one to four) to have eaten in a restaurant in the past week (43% compared with 22% to 29% in the other areas).
- Respondents in the most deprived areas (quintile one) were less likely than those in less deprived areas to have eaten out three to five times in the past week (six per cent compared with 15% of respondents in quintiles two to five).

¹⁶ The following variables were analysed to identify statistically significant differences: age, gender and Welsh Index of Multiple Deprivation.

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)



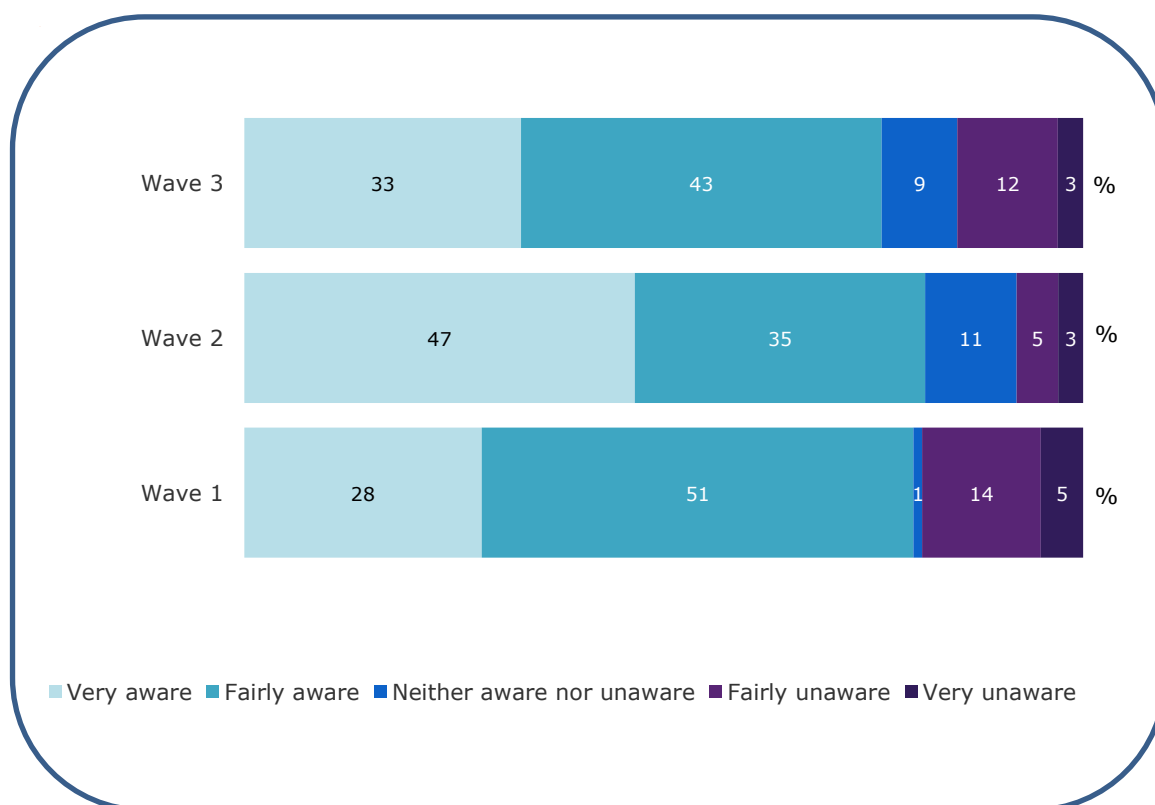
Source: Q2_35 Generally, when you're deciding where to eat out, which of the following are important to you?
 Note: respondents were able to give multiple answers / Only responses of five per cent or more are shown
 Base: One third of total Wales sample – Wave 1 (46 – small base¹⁷); All Wales respondents - Wave 2 (104); Wave 3 (503)

- When shown a list of factors which might affect their choice of where to eat out or to purchase takeaway food, 65% of respondents reported that the cleanliness and hygiene of the establishment was important; good service and good reviews were also important factors for around a half of respondents (54% and 46% respectively).
- Price was important for around two-fifths of respondents (42%), as was a good hygiene rating or score (38%).
- A quarter (25%) said that the availability of healthy food was important and around one in ten said food for restricted diets (nine per cent) or the provision of nutritional information (seven per cent) was important.

¹⁷ These findings are based on a small sample but are included to provide contextual information. Caution should be taken when interpreting these findings as the small base reduces the robustness of these data.

- The findings were similar to those at Waves 1 and 2, apart from for price with the proportion of respondents saying that price was an important factor lower at Wave 3 than at Wave 2 (42% compared with 56%), but similar to the proportion at Wave 1 (45%).
- When asked for the single most important factor when deciding where to eat out, 36% reported cleanliness and hygiene and eight per cent reported that a good hygiene rating / score was most important.
- Recommendations / good reviews were the next most likely factor to be selected as most important (17%) with a range of reasons given by other respondents such as healthy food choices (seven per cent), good service (seven per cent) and price (six per cent).
- Respondents who reported eating out were asked how safe they considered food to be when eating out compared with eating at home. Similar to Wave 2, forty-seven per cent of respondents at Wave 3 felt that food was less safe when eating out compared with eating at home, and 40% felt that there was no difference in safety. Eight per cent of respondents at Wave 3 considered food to be safer when eating out.

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 Wales respondents who eat out (one third of total sample) – Wave 1 (45 – small base¹⁸); All Wales respondents who eat out - Wave 2 (98); Wave 3 (475)

- When asked how aware they were of hygiene standards when eating out or purchasing takeaway food, 76% of respondents reported being aware¹⁹, with 33% stating that they were very aware (compared with 47% at Wave 2) and 43% stating that they were fairly aware.
- Fewer (fifteen per cent) said that they were unaware²⁰ of hygiene standards, with three per cent very unaware and 12% fairly unaware, which was similar to the proportion that were fairly unaware at Wave 1 (14%), but higher compared with the proportion at Wave 2 (five per cent).
- Nine per cent said that they were neither aware nor unaware of hygiene standards when eating out or purchasing takeaway food, similar to Wave 2 (11%) but higher than the proportion at Wave 1 (one per cent).

¹⁸ These findings are based on a small sample but are included to provide contextual information. Caution should be taken when interpreting these findings as the small base reduces the robustness of these data.

¹⁹ 'Aware' includes those who are very or fairly aware and this definition will be used throughout this bulletin

²⁰ 'Unaware' includes those who are 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 population²¹

Variation by gender, age and Welsh Index of Multiple Deprivation (WIMD) at Wave 3

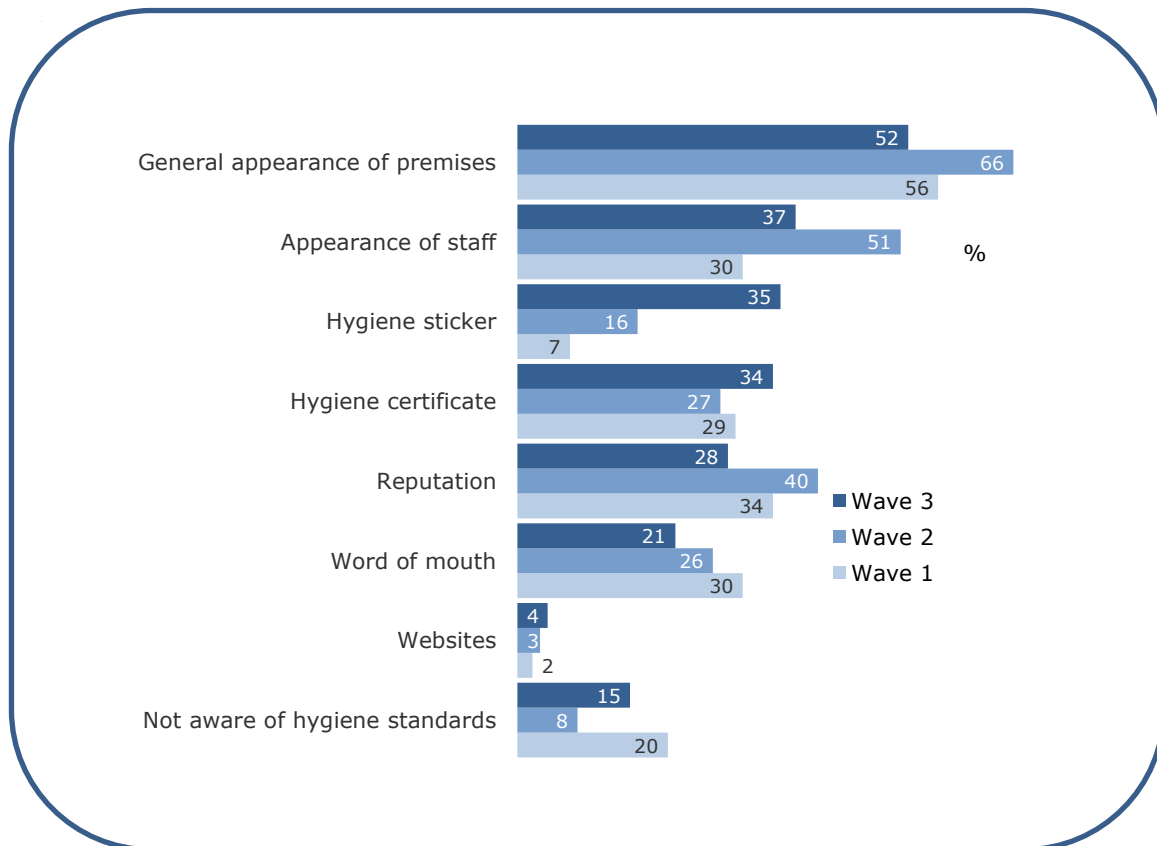
- There was no statistically significant variation by **gender** in terms of factors considered important when deciding where to eat and perception of food safety when eating out. In relation to awareness of hygiene standards when eating out, women were more likely to report being very aware of these (40%) compared with men (26%).
- There was little variation by **age** in the proportion stating that cleanliness and hygiene was important when deciding where to eat out, although those aged 16-34 were more likely to say this was important to them than those aged 35-44 (69% compared with 58%). There was no statistically significant variation in the proportion saying that a good hygiene rating / score was important.
- Respondents aged 16-44 were more likely than those aged 45 and over to consider that food was safer when eating out compared with eating at home (12% compared with five per cent) and those aged 16-34 were less likely to say they were very aware of hygiene standards when eating out (20% compared with 39% of those aged 35 and over).
- Variation was observed by **level of deprivation**. Respondents in the most deprived areas (quintile one) were less likely than those in each of the less deprived areas to state that cleanliness and hygiene was important when deciding where to eat out (46% compared with 66% to 73% in quintiles two to five), although there was no statistically significant variation in the proportions stating that a good hygiene rating / score was important.
- Respondents in the least deprived areas were more likely than respondents in the most deprived areas to say that food was about the same level of safety when eating out compared to when eating at home (55% of those in quintile five compared with 34% of those in quintile one).

²¹ The following variables were analysed to identify statistically significant differences: age, gender and Welsh Index of Multiple Deprivation.

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 Wales respondents who eat out²² – Wave 1 (one third of total sample – 45 – small base²³); Wave 2 (98); Wave 3 (475)

- 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 the general appearance of the premises (52%) and the appearance of staff (37%). However, compared with Wave 2 the proportions mentioning these items were lower (66% cited the general appearance of the premises at Wave 2 and 51% cited the appearance of staff).
- Reputation was mentioned by 28% of respondents and word of mouth by 21%.

²² 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.

²³ These findings are based on a small sample but are included to provide contextual information. Caution should be taken when interpreting these findings as the small base reduces the robustness of these data.

- The proportion of respondents mentioning a hygiene sticker as a way to know about hygiene standards (35%) was higher than that at both Wave 2 (16%) and Wave 1 (seven per cent); however the proportion of respondents that mentioned a hygiene certificate at Wave 3 was similar to that at Waves 1 and 2 (34%, 29% and 27% respectively).
- The proportion citing using *either* a hygiene certificate or a hygiene sticker to inform them about hygiene standards was 54% (compared with 32% at Wave 1 and 33% 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 Wales, the Food Hygiene Rating Scheme (FHRS) in England and Northern Ireland, the Food Hygiene Information Scheme (FHIS) and the Scores on the Doors (SoTD) scheme that previously operated in many London Boroughs²⁴ and were asked whether they had ever seen any of them before.

FHRS sticker (Wales):



FHRS sticker and certificate (England and Northern Ireland):



FHIS sticker and certificate (Scotland):

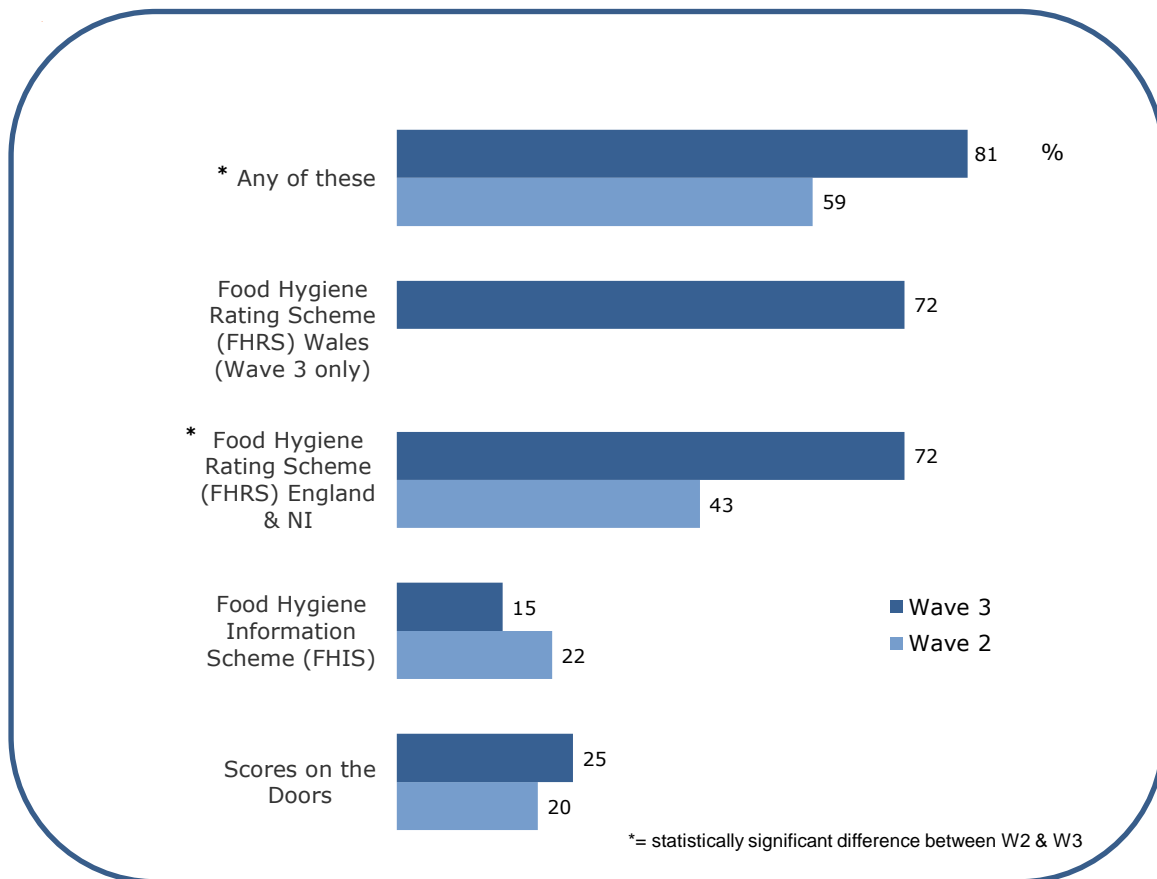


SoTD sticker and certificate:



²⁴ 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 Wales respondents - Wave 2 (104); Wave 3 (503) (Question not asked at Wave 1)

- Around eight in ten respondents (81%) reported having seen any of the stickers and certificates belonging to different food hygiene rating schemes, compared with 59% at Wave 2. This was driven by higher recognition of the sticker and certificate from the FHRS in England and Northern Ireland (72% at Wave 3 compared with 43% at Wave 2)²⁵.
- The FHRS in Wales was included separately in the questionnaire for the first time at Wave 3, and 72% of respondents said they recognised the sticker.
- Recognition of any FHRS sticker or certificate (i.e. the sticker or certificate from the England and Northern Ireland scheme or the sticker from the Wales scheme) was reported by 76% of respondents.
- There was no statistically significant difference in recognition for the certificates or stickers from the FHIS (15%) or the SotD scheme (25%).

²⁵ 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 (Wales)	SotD	FHRS (NI & England)	FHIS
Food establishment window or door (e.g. restaurant / cafe)	94%	90%	92%	90%
Website	8%	5%	6%	0%
Newspaper / magazine	5%	2%	5%	0%
Internet (no specific detail)	3%	1%	3%	0%
Place of work / school	2%	3%	2%	10%
TV	1%	0%	1%	0%
Other	1%	1%	1%	1%
Don't know	3%	4%	5%	3%
<i>Base</i>	<i>339</i>	<i>124</i>	<i>345</i>	<i>71</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

Base: All Wales respondents who have seen the image before.

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. In Wales, from 28 November 2013, it has been mandatory for any new FHRS stickers that include the Welsh Government logo to be displayed by businesses in a prominent place – such as the front door, entrance or window.

- 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 94% of respondents who had seen an FHRS Wales sticker reporting this at Wave 3, and between 90% and 92% for other schemes).

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, 35% of respondents reported that they had used a hygiene scheme in the past 12 months, compared with 13% 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 (83%). Around three in ten Wave 3 respondents (29%) said they had used the internet to check a rating.
- Of those respondents who said they had used a rating scheme in the last 12 months, 94% reported that they had found it helpful, and 69% said it was very helpful. Comparisons with Wave 2 are not possible due to the small base size²⁶.

²⁶ At Wave 2 15 respondents reported using a scheme in the past 12 months.

4.5 Variation in awareness of hygiene standard indicators by different groups in the population²⁷

Variation by gender, age and Welsh Index of Multiple Deprivation (WIMD) at Wave 3

- There was no statistically significant variation by **gender** in awareness of the various food hygiene rating scheme stickers and certificates.
- Awareness of hygiene standards and hygiene certificates or stickers varied by **age**. Forty per cent of respondents aged 16-64 who ate out said they used stickers as one of the ways to judge the hygiene standards of an establishment, compared with 18% of those aged 65 and over who ate out.
- Recognition of any scheme was lower among those aged 65 and over (59%) particularly compared with those aged under 35 (96%). Recognition of each of the individual schemes was lower among older respondents. For example, the FHRS sticker for Wales was recognised by 88% of those aged 16-44, 67% of those aged 45-64 and 50% of those aged 65 and over.
- Respondents aged 16-64 were also more likely to report having used a hygiene scheme in the past 12 months to check an establishment's rating before deciding to eat there (40%, compared with 18% of those aged 65 and over).
- Awareness of hygiene certificates or stickers and usage varied by **level of deprivation**. Recognition of any scheme was lower among respondents in the most deprived areas (quintile one) than among respondents in less deprived areas (70% compared with 84% of respondents in quintiles two to five).
- Respondents in more deprived areas (quintiles one and two) were more likely than those in less deprived areas to report having used a hygiene scheme in the past 12 months to check an establishment's rating before deciding to eat there (41% compared with 29% of respondents in quintiles three to five).

²⁷ The following variables were analysed to identify statistically significant differences: age, gender and Welsh Index of Multiple Deprivation. There were no statistically significant differences by gender.

5. Comparisons between Wales and the rest of the UK

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

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

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

	Wales	England	Scotland	Northern Ireland
A lot more safe	2%	1%	*	1%
A bit more safe	6%	5%	6%	7%
About the same	40%	43%	50% ^{E W}	44%
A bit less safe	34%	34%	32%	32%
A lot less safe	13% ^S	11%	8%	12%
NET: more safe	8%	6%	6%	8%
NET: less safe	47%	45%	41%	44%
It varies too much to say	4%	4%	3%	3%
Don't know	1%	2%	*	1%
<i>Base</i>	<i>(475)</i>	<i>(1,879)</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 Wales who ate out were less likely than those in Scotland to say that the safety of food when eating out is about the same as when eating at home (40% compared with 50%) and they were more likely to say it was a lot less safe (13% compared with eight per cent of those in Scotland who ate out).

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

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

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

	Wales	England	Scotland	Northern Ireland
Very aware	33% ^E	26%	35% ^E	36% ^E
Fairly aware	43%	47% ^S	40%	52% ^{W S}
Neither aware nor unaware	9% ^{NI}	12% ^{NI}	11% ^{NI}	4%
Fairly unaware	12% ^{NI}	12% ^{NI}	11%	7%
Very unaware	3%	3%	2%	1%
Total aware	76%	73%	75%	88% ^{E W S}
Total unaware	15% ^{NI}	15% ^{NI}	14% ^{NI}	8%
<i>Base</i>	<i>(475)</i>	<i>(1,879)</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 in Wales who ate out were less likely than those in Northern Ireland to say that they were aware of hygiene standards when eating out (76% compared with 88% respectively) and less likely to say that they were fairly aware (43% compared with 52%).
- Whilst respondents in Wales who ate out were no more likely than those in England to say that they were at all aware of hygiene standards when eating out, they were more likely to say that they were very aware (33% compared with 26% of respondents in England who ate out).

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

	Wales	England	Scotland	Northern Ireland
General appearance of premises	52%	55%	62% ^{E W}	57%
Appearance of staff	37%	40%	41%	36%
Hygiene certificate	34% ^S	31% ^S	21%	28%
Reputation	27% ^{NI}	27% ^{NI}	31% ^{NI}	20%
Hygiene sticker	35% ^{E S}	23% ^S	11%	39% ^{E S}
Word of mouth	20%	22%	25%	27%
Websites	4%	6%	4%	4%
Other (specify)	1%	2%	1%	0%
Hygiene sticker or certificate combined	54% ^{E S}	43% ^S	26%	56% ^{E S}
Unaware of hygiene standards	15% ^{NI}	15% ^{NI}	14% ^{NI}	8%
<i>Base</i>	<i>(475)</i>	<i>(1,879)</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 Wales 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 (52% compared with 62%).
- Respondents in Wales were more likely than those in both England and Scotland to say they used a hygiene sticker or certificate (54% compared with 43% and 26% respectively).
- Respondents in Wales who ate out were also more likely than those in Northern Ireland to cite reputation as an indicator (27% compared with 20%).

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

% recognise	Wales	England	Scotland	Northern Ireland
Any scheme	81% ^S	76% ^S	70%	88% ^{E W S}
FHRS Wales	72% ^{E S NI}	45% ^S	11%	62% ^{E S}
FHRS England and Northern Ireland	72% ^{E S}	65% ^S	19%	83% ^{E W S}
SotD	25%	29% ^S	20%	32% ^S
FHIS	15%	20% ^{NI}	59% ^{E W NI}	13%
% used rating scheme in last year	35% ^{E S}	20% ^S	12%	28% ^{E S}
Base	(503)	(1,951)	(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 Wales were more likely to report recognising any of the food hygiene rating schemes (81%) than those living in Scotland (70%) but less likely to do so than those living in Northern Ireland (88%).
- Respondents living in Wales were more likely to report recognising the FHRS sticker for Wales than those in each of the other countries (72% compared with 45% in England who recognised the FHRS Wales sticker, 62% in Northern Ireland and 11% in Scotland).
- They were also more likely than those in England and Scotland to report recognising the FHRS for England and Northern Ireland sticker or certificate (72% compared with 65% in England and 19% in Scotland)²⁸, but were less likely compared with those living in Northern Ireland (83%).
- Respondents living in Wales 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, (76%) than those living in England (67%) or Scotland (20%) but less likely to do so than those living in Northern Ireland (87%).
- Respondents living in Wales were less likely to report being aware of the FHIS (15%) compared with those living in Scotland (59%).

²⁸ Similarities between the English and Welsh sticker may have resulted in respondents being unable to differentiate accurately between the two.

- Respondents living in Wales were more likely to report having used a food hygiene rating scheme in the last year to check an establishment's hygiene standards before deciding to visit (35%) compared with those in Scotland (12%) and England (20%).