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Survey

Scotland 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 Scotland, 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 475 interviews in Scotland on which this report is based. Wave 3 builds on and extends the previous findings.

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

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

Background and objectives

Role of the FSA and FSAS

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 Scotland 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 Standards Agency in Scotland is also tasked with the provision of diet and nutrition advice to encourage healthier eating. The FSA in Scotland will become a devolved public food body for Scotland on 1 April 2015, and will be renamed Food Standards Scotland. Its remit will remain broadly the same but with a particular focus on the needs of the Scottish nation.

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 Scotland and Northern Ireland remains the responsibility of the Agency. Waves 2 and 3, therefore, included a question module on healthy eating for respondents in Scotland and Northern Ireland, 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.
- Assess differences between, and areas for increased focus, across the national agencies in Scotland, Wales, Northern Ireland and England.

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

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>

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 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 Scottish Index of Multiple Deprivation (SIMD).⁸ Variation by age and gender has been

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

⁸ The Scottish Index of Multiple Deprivation (SIMD) is the official measure of area deprivation in Scotland which considers deprivation across income, employment, health, education, skills and training, housing, geographic access and crime. Areas are grouped into quintiles based on their 2012 SIMD score, with quintile 1 the most deprived areas across Scotland and quintile 5 the least deprived areas.

considered across all three waves, while only Wave 3 data was examined for variation by SIMD. Full data are available in the UK Data Archive⁹ and at data.gov.uk¹⁰ for further analysis.

⁹ <http://www.data-archive.ac.uk/>

¹⁰ <http://data.gov.uk/>

Key Findings

- In line with Waves 1 and 2, 76% of respondents reported eating out or buying food to take away in the last week. Around one in ten respondents (eight per cent) reported eating out six times or more in the last week.
- Respondents in more deprived areas (quintiles one and two) were less likely than those in the least deprived areas (quintile five) to report having eaten out six or more times in the last seven days (three per cent compared with 20%).
- When asked what was important to them when deciding where to eat out, 63% of respondents said that the cleanliness and hygiene of eating establishments was important. Around one in five said a good hygiene rating was important (21%). Good service (57%), recommendations and reviews (43%) and price (40%) were also selected as important factors when deciding where to eat out.
- Forty-one per cent of respondents who ate out said that food was less safe when eating out compared with eating at home, similar to the proportion at Wave 2.
- While three quarters (75%) of respondents said they were aware of standards of hygiene when eating out, 14% said they were not. Respondents aged 16-44 were less likely than those aged 45 and over to say that they were aware of hygiene standards (67% compared with 81%).
- As at Waves 1 and 2, respondents were most likely to report judging the hygiene standards of food establishments from their appearance or the appearance of their staff (62% and 41% respectively at Wave 3). A quarter (25%) said they used a hygiene certificate or sticker to judge hygiene standards, similar to the proportion at Wave 2, compared with 17% at Wave 1. Those in less deprived areas (quintiles three to five) were more likely than those in more deprived areas (quintiles one and two) to say that a good hygiene rating was important when deciding where to eat out (25% compared with 14%).
- Recognition of the Food Hygiene Information Scheme (FHIS) in Scotland was reported by 59% of respondents, compared with 44% at Wave 2. The vast majority of those who recognised the FHIS Scotland sticker or certificate at Wave 3 said they had seen it in the window or door of a food establishment (91%). Seven in ten respondents (70%) reported having seen the stickers and certificates belonging to different food hygiene rating schemes, compared with 54% at Wave 2.
- Overall, around one in ten respondents (12%) reported having used a hygiene rating scheme in the past 12 months to check an establishment's rating before deciding to eat there, compared with six per cent at Wave 2. Among these respondents using a scheme, almost all (97%) said they had used the information in the establishment's door or window. Six per cent reported that they had checked the rating on the internet. Of those who had used a scheme, 88% said they found it helpful.

Glossary

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.

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.

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 Information Scheme (FHIS) for Scotland and the Food Hygiene Rating Scheme (FHRS) for England, Wales and Northern Ireland. 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 FHIS inspection, in Scotland, a business can be given one of the following two inspection results:

- 'Pass' – this means that the business has achieved an acceptable level of compliance with the requirements of food hygiene law.
- 'Improvement Required' – this means the business has not achieved an acceptable level of compliance with the requirements of food hygiene law.

For the FHRS in England, Wales and Northern Ireland, the business is given one of six ratings from '5' to '0'. The top rating of '5' means that the business was found to have 'very good' hygiene standards. The bottom rating of '0' means 'urgent improvement necessary'.

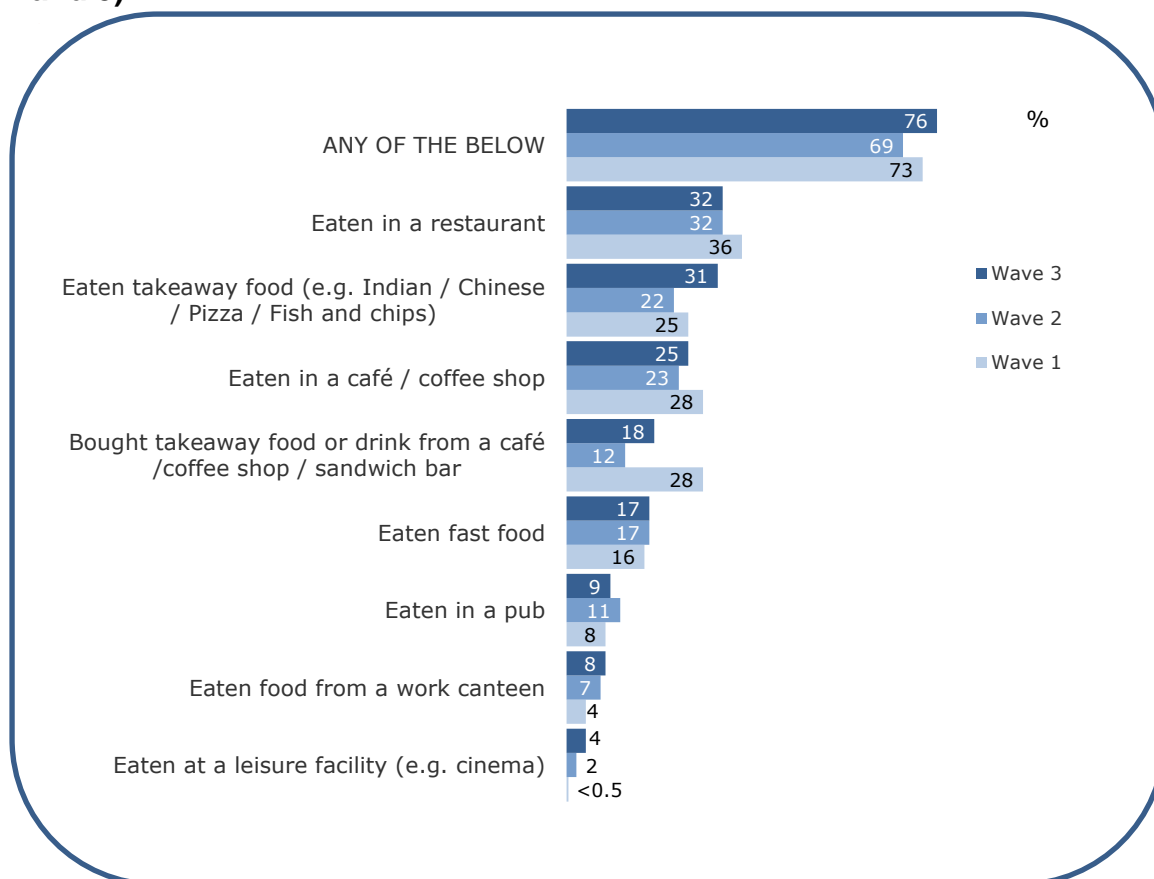
FHIS inspection results / FHRS ratings are published at www.food.gov.uk/ratings and businesses are given stickers or certificates and encouraged – though not currently required in Scotland, England, and Northern Ireland - to display these where their customers can easily see them. Display of stickers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



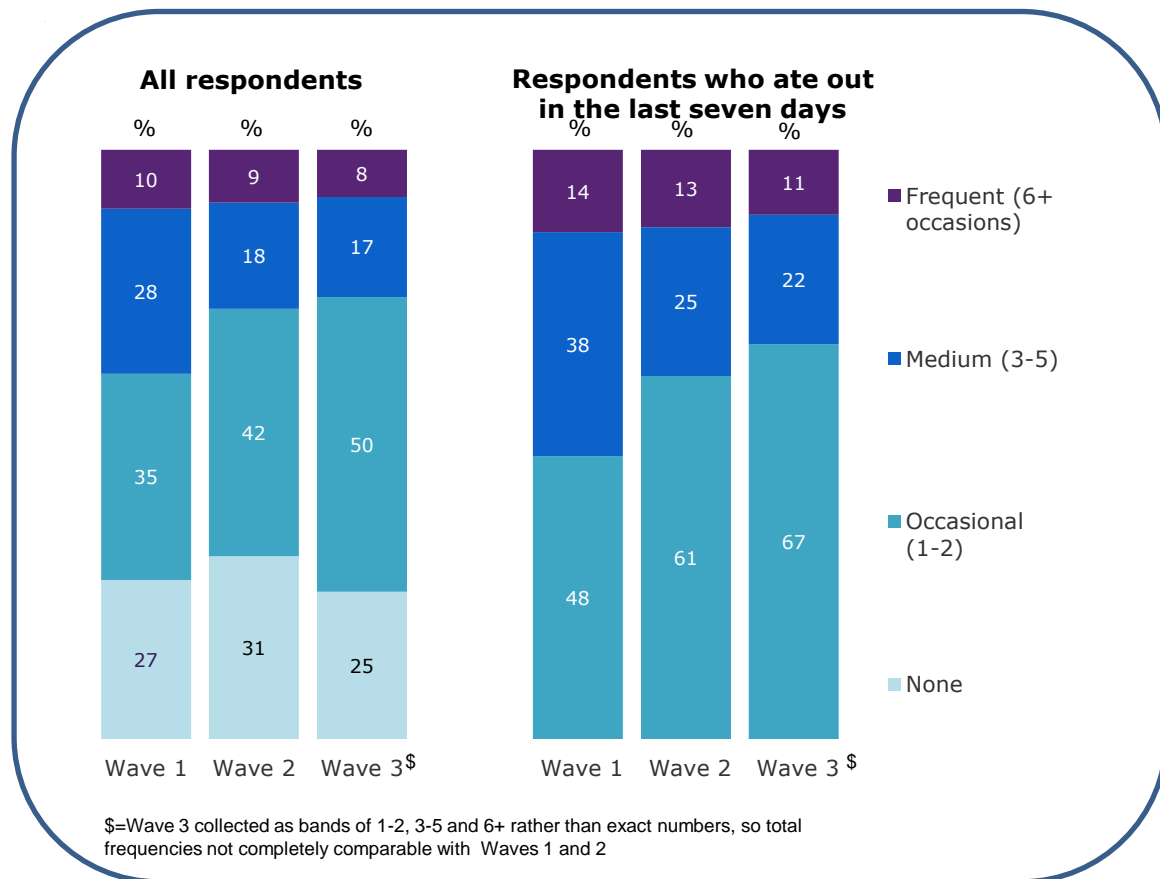
Source: Q2_33 Have you done any of the following things in the last seven days, that is since last ...

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

Base: One third of total Scotland sample – Wave 1 (165); All Scotland respondents - Wave 2 (507); Wave 3 (475)

- Around three-quarters of respondents (76%) 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.
- Respondents were most likely to report eating out at restaurants (32%), eating food from takeaway food outlets (31%, compared with 22% at Wave 2) and eating at cafes or coffee shops (25%) over the previous seven days.
- The proportion of respondents who reported getting takeaway food or drink from a café, coffee shop or sandwich bar (18%) was higher than at Wave 2 (12%) but lower than the proportion at Wave 1 (28%).

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 Scotland sample – Wave 1 (165); All Scotland respondents - Wave 2 (507); Wave 3 (475); All Scotland respondents that eat out – Wave 1 (146); Wave 2 (485); Wave 3 (450)

- Respondents were most likely to report eating out or buying food to take away occasionally (50% saying once or twice in the last week) with around one in ten (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, 67% 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, apart from the findings for occasional eating out (50% of respondents at Wave 3 reported this compared with 42% at Wave 2).
- Variation was also observed between Wave 3 and Wave 1; for example, half (50%) of respondents at Wave 3 said they ate out once or twice in the last seven days compared with around a third (35%) at Wave 1 and 17% of respondents at Wave 3 reported eating out three to five times in the last seven days compared with 28% at Wave 1.

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.

- The majority of respondents who had visited each type of establishment (other than a work canteen), had done so once or twice in the last seven days, as at previous waves.

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 differences in reported eating out in the last week by **gender**, with women more likely than men to report having eaten in a restaurant in the last seven days (38% compared with 26%). Women were no more likely to report eating out in general, which was in line with Wave 1, but different to Wave 2 where women were more likely than men to report eating out (75% compared with 62%).
- At Wave 3 there was no statistically significant variation in frequency of eating out by gender, compared with Wave 1 where women were less likely than men to report eating out six times or more in the last seven days (two per cent compared with 17%).
- Reported eating out behaviour varied by **age**, with younger respondents more likely to report eating out in the past week: 84% of those aged 16-54 said that they ate out, compared with 63% aged 55 and over. This is a similar pattern to that observed at Wave 2.
- Younger respondents were also more likely than older respondents to report having eaten out three or more times in the past seven days. Around four in ten (41%) of those aged 16-34 reported having eaten out at least three times, compared with 16% of those aged 45 and over, similar to Wave 1. At Wave 2, this difference was not observed and the main variation had been between those aged 16-64 and 65 and over.
- While there was little difference between the age groups in reported eating out at pubs and cafes, greater difference was observed in reported consumption of food to takeaway, and fast food in particular. For example, while 24% of those aged 16-54 said they had eaten fast food in the past week, five per cent of those aged 55 and over reported this. This is a similar pattern to that observed at Waves 1 and 2.

Other variation at Wave 3

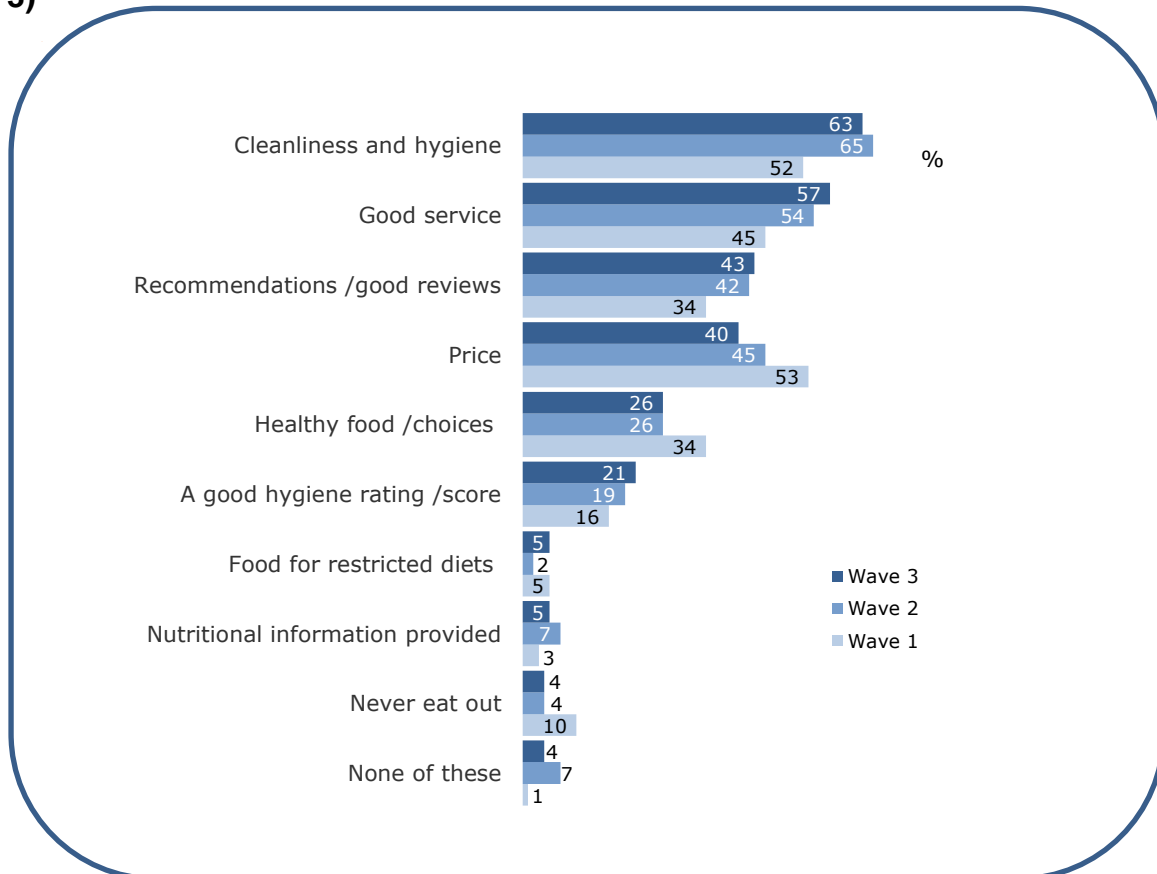
- Whilst there was no statistically significant variation by **Scottish Index of Multiple Deprivation (SIMD)** in the overall likelihood of eating out in the last seven days, respondents in the most deprived areas (quintile one) were less likely than those in less deprived areas (quintiles four and five) to report having eaten at a café or coffee shop in the last seven days (13% compared with 35%) and more likely to report having eaten takeaway food (39% of respondents in quintiles one and two compared with 21% of those in quintiles four and five).

¹² The following variables were analysed to identify statistically significant differences: age, gender and SIMD.

- Respondents in more deprived areas (quintiles one and two) were less likely than those in the least deprived areas (quintile five) to report having eaten out six or more times in the last seven days (three per cent compared with 20%).

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?

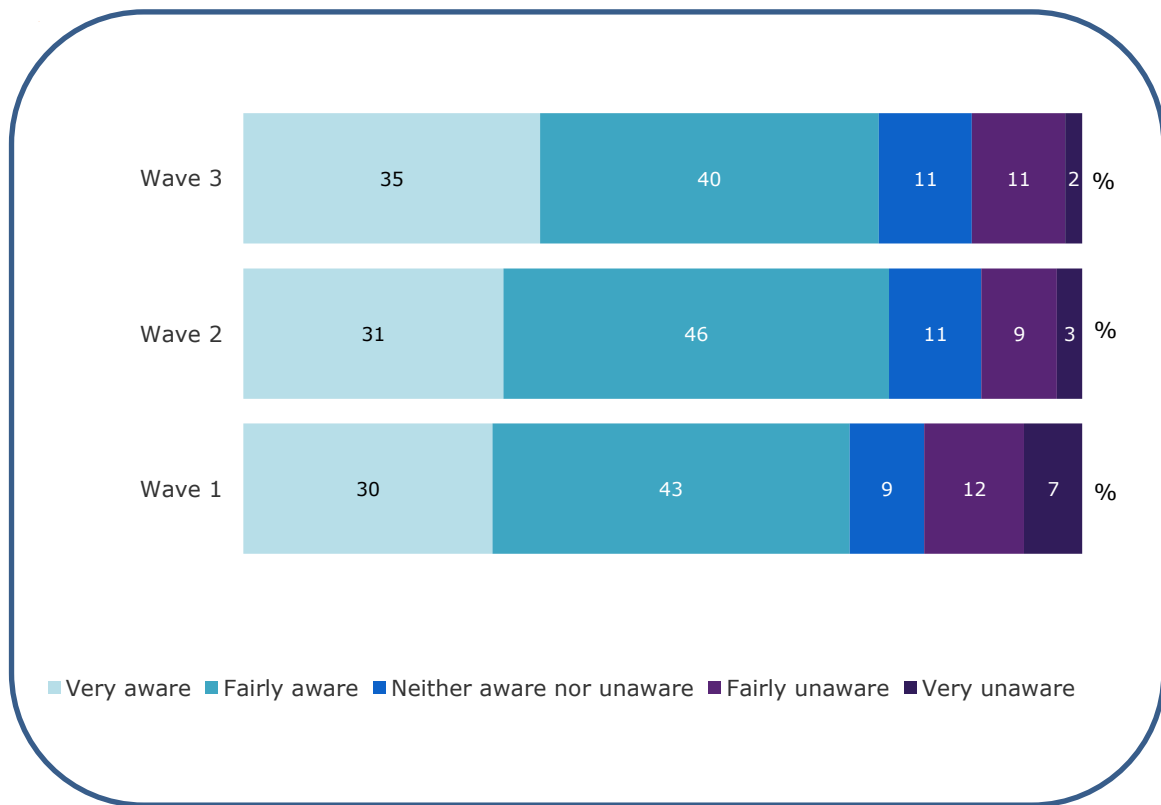
Note: respondents were able to give multiple answers / Only responses of five per cent or more are shown

Base: One third of total Scotland sample – Wave 1 (165); All Scotland respondents - Wave 2 (507); Wave 3 (475)

- When shown a list of factors which might affect their choice of where to eat out or to purchase takeaway food, 63% of respondents reported that the cleanliness and hygiene of the establishment was important, similar to Wave 2 and compared with 52% at Wave 1.
- Good service was also an important factor for around three-fifths of respondents (57%), similar to Wave 2 and compared with 45% at Wave 1.
- A good hygiene rating or score was mentioned as important when deciding where to eat out by 21% of respondents, similar to Waves 1 and 2.
- Around two-fifths of respondents (43%) said that recommendations and reviews were important, similar to the proportion at Wave 2 and compared with 34% at Wave 1.

- Price and the availability of healthy food were less likely to be mentioned as an important factor at Wave 3 compared with Wave 1 (40% mentioned price at Wave 3 compared with 53% at Wave 1 and 26% mentioned the availability of healthy food at Wave 3 compared with 34% at Wave 1).
- When asked for the single most important factor when deciding where to eat out, 39% reported cleanliness and hygiene and three per cent 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 good service (11%), price (seven per cent) and healthy food choices (seven 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-one per cent of respondents who ate out felt food was less safe when eating out compared with eating at home, and six per cent considered food to be safer when eating out, while half (50%) said that there was no difference. These findings were similar to those at Wave 2.

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



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

Base: All Scotland respondents who eat out (one third of total sample) – Wave 1 (146); All Scotland respondents who eat out - Wave 2 (485); Wave 3 (450)

- Similar to Waves 1 and 2, when asked how aware they were of hygiene standards when eating out or purchasing takeaway food, 75% of respondents reported being aware¹³, with 35% stating that they were very aware and 40% fairly aware of standards of hygiene when eating out or purchasing takeaway food. Fewer (14%) said they were not aware¹⁴.

¹³ 'Aware' includes those who are very or fairly aware and this definition will be used throughout this bulletin

¹⁴ 'Not aware' includes those who were very or fairly unaware and this definition will be used throughout this bulletin

3.1 Variation in perceptions of food safety and hygiene when eating out by different groups in the population¹⁵

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

- **Women** were more likely than men to say that cleanliness and hygiene were important when deciding where to eat (70% compared with 56% of men). These are similar to the findings at Waves 1 and 2. In addition, at Wave 3, women were more likely than men to say cleanliness and hygiene was the most important factor (46% compared with 30%).
- At Wave 3 women were no more likely than men to say that they were aware of the hygiene standards where they ate out, compared with Wave 2 where 82% of women who ate out reported being aware compared with 70% of men. At Wave 1 women were no more likely than men to report being aware of hygiene standards, but were more likely to report being very aware (41% compared with 19%).
- Likelihood of reporting cleanliness and hygiene as important when deciding where to eat did not vary by **age**, similar to Waves 1 and 2.
- Reported awareness of hygiene standards when eating out was lowest among those aged 16-44 (67%), and highest among those aged 45 and over (81%). Similar findings were observed at Wave 2 with 73% of those aged 16-54 reporting to be aware compared with 83% of those aged 55 and over.

Other variation at Wave 3

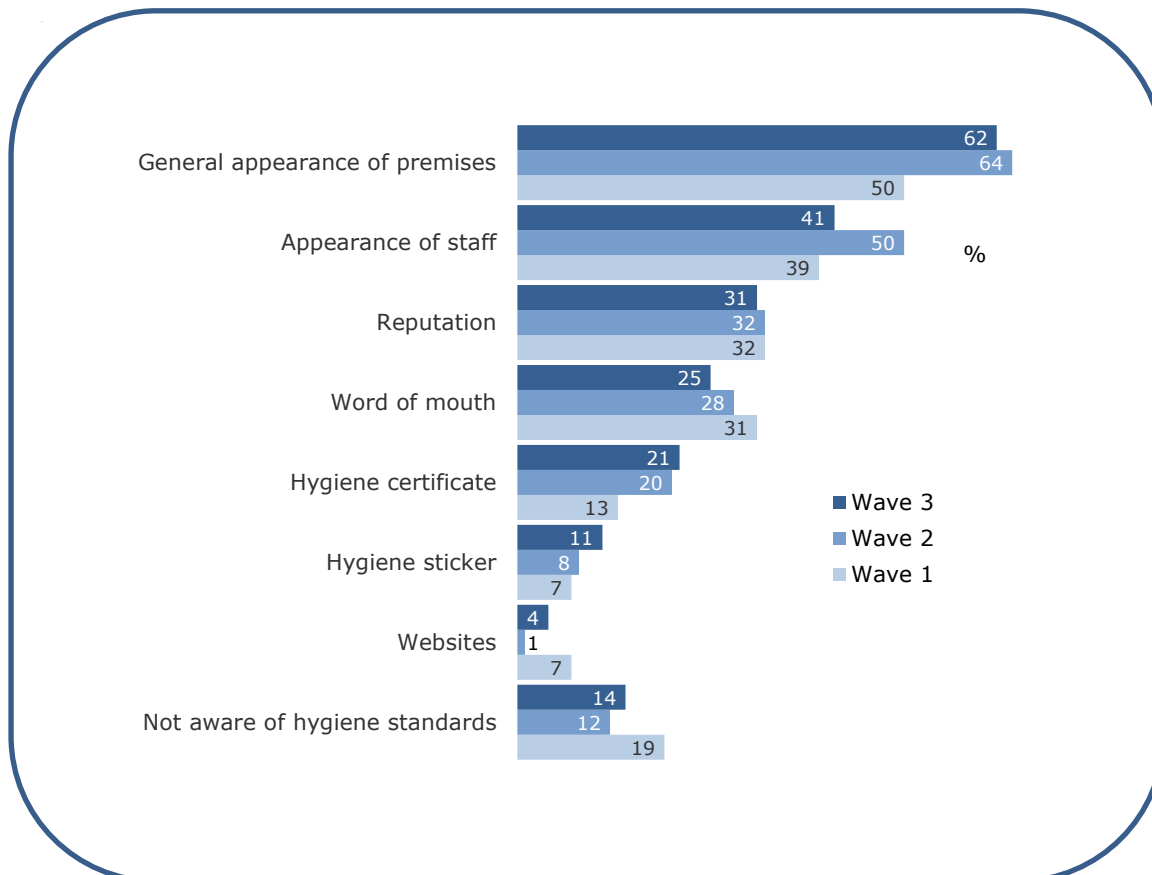
- Those in **less deprived areas** (quintiles three to five) were more likely than those in more deprived areas (quintiles one and two) to say that a good hygiene rating was important when deciding where to eat out (25% compared with 14%).

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

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 Scotland respondents who eat out¹⁶ – Wave 1 (one third of total sample - 146); Wave 2 (485); Wave 3 (450)

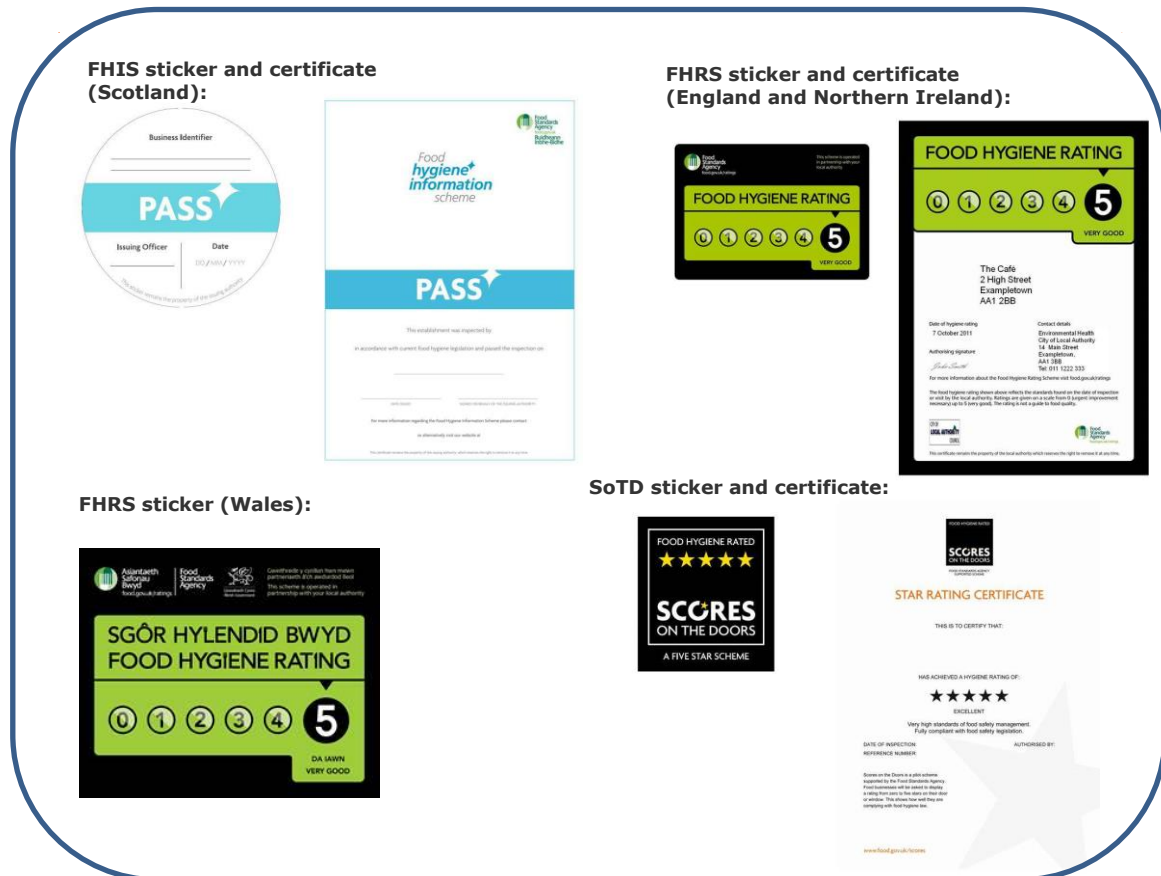
- As at Waves 1 and 2, respondents at Wave 3 were most likely to say that they used appearance to judge the food hygiene standards of eating establishments, with the most commonly cited indicators being general appearance of premises (62%) and appearance of staff (41% compared with 50% at Wave 2). Reputation was mentioned by 31% of respondents and word of mouth was mentioned by a quarter (25%).
- The proportion of respondents mentioning a hygiene certificate (21%) or hygiene sticker (11%) was similar to that at Waves 1 and 2.

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 citing using *either* a hygiene certificate or a hygiene sticker to inform them about hygiene standards was 25%, similar to the proportion at Waves 2 and higher than at Wave 1 (17%). It is possible that these terms are used interchangeably by some respondents.

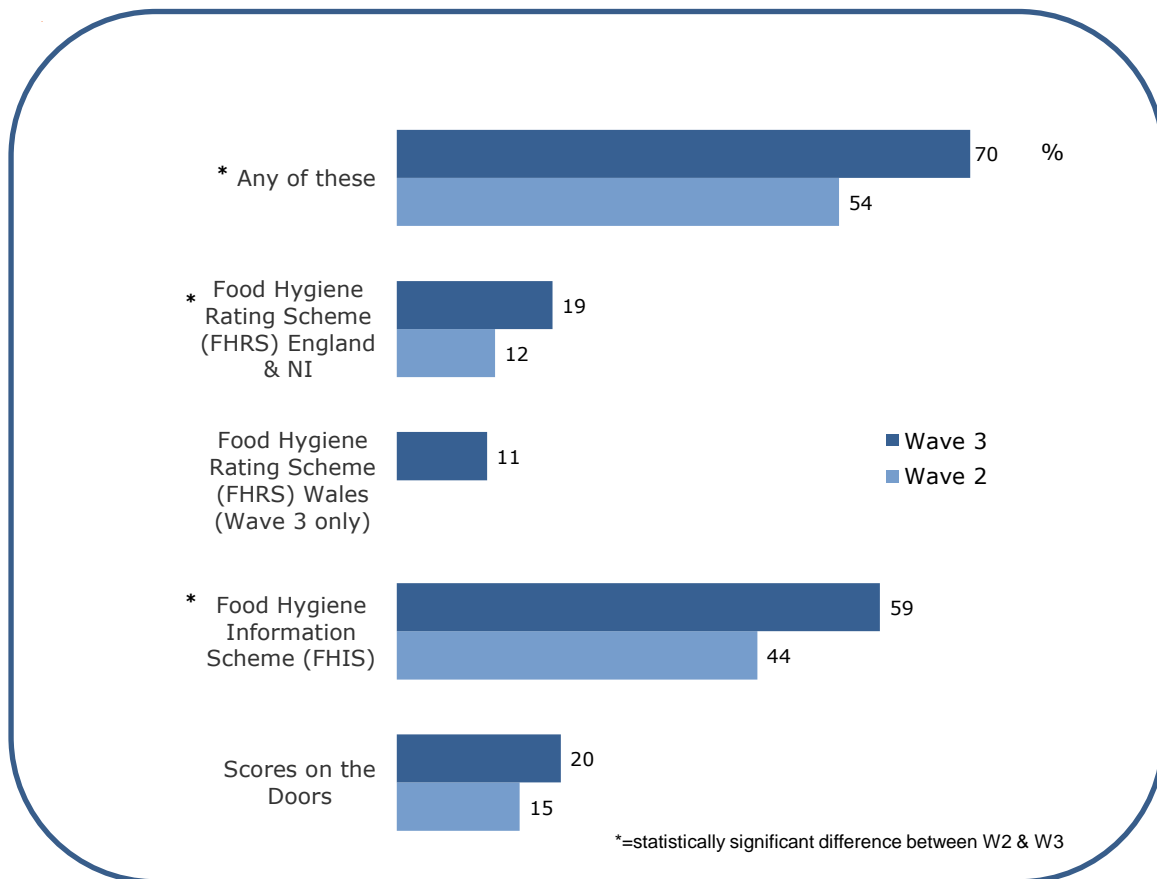
4.2 Recognition and use of the food hygiene rating schemes

Respondents were shown images of certificates and stickers for the Food Hygiene Information Scheme (FHIS), Food Hygiene Rating Scheme (FHRS) in England and Northern Ireland, the Food Hygiene Rating Scheme (FHRS) in Wales 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 Scotland respondents Wave 2 (507); Wave 3 (475) (Question not asked at Wave 1)

- Seven in ten respondents (70%) reported having seen any of the stickers and certificates belonging to different food hygiene rating schemes, compared with 54% at Wave 2. This was driven by higher recognition of the sticker and certificate from the FHIS (59% at Wave 3 compared with 44% at Wave 2) and the FHRS in England and Northern Ireland (19% at Wave 3 compared with 12% at Wave 2)¹⁸.
- The FHRS in Wales was included separately in the questionnaire for the first time at Wave 3, and 11% of respondents in Scotland said they recognised the sticker.
- There was no statistically significant change in recognition for the certificates or stickers from the SotD scheme (20%).

¹⁸ Similarities between the English and Welsh stickers may have contributed to reported levels of awareness of the English and Welsh stickers, 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)

	FHIS	FHRS (NI & England)	FHRS (Wales)	SotD
Food establishment window or door (e.g. restaurant / cafe)	91%	87%	81%	89%
Place of work / school	7%	4%	0%	4%
Website	1%	4%	4%	1%
Internet (no specific detail)	*	0%	0%	0%
Newspaper / magazine	*	2%	6%	2%
TV	0%	2%	3%	0%
Other	1%	0%	0%	1%
Don't know	2%	1%	6%	4%
<i>Base</i>	<i>(264)</i>	<i>(86)</i>	<i>(56)</i>	<i>(95)</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 Scotland respondents who have seen the image before (Questions not asked at Wave 1)

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

- Respondents who reported that they had seen any of the types of certificates or stickers before were asked, unprompted, where they had seen it. As was the case at Wave 2, overwhelmingly, the most common place respondents reported was the window or door of a food establishment (with 81% to 91% 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, 12% of respondents reported that they had used a hygiene scheme in the past 12 months, compared with six per cent at Wave 2.
- Almost all (97%) of those 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. Six per cent of Wave 3 respondents said they had used the internet to check a rating. The findings were similar to those at Wave 2.
- Of those respondents who said they had used a rating scheme in the last 12 months, 88% reported that they had found it helpful, and 39% 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

- Variation by **gender** was observed in recognition of the FHRS Wales sticker at Wave 3 (15% of men compared with seven per cent of women reported recognising this).
- Awareness of hygiene standards and recognition of hygiene certificates or stickers varied by **age**. Recognition of any scheme was lower among those aged 65 and over (46%) compared with those aged 16-64 (76%), as was recognition of the FHIS sticker or certificate (35% of those aged 65 or over compared with 66% of those aged 16-64). Similar patterns were seen at Wave 2. Recognition of the FHIS sticker or certificate was higher at Wave 3 compared with Wave 2 among 25-34 year olds (79% compared with 51% at Wave 2) and those aged 75 and over (26% compared with seven per cent at Wave 2).
- Among those who reported having seen the FHIS sticker or certificate at Wave 3, 14% of 16-34 year olds reported having seen it at a place of work or at school compared with two per cent of those aged 35 and over.
- At Wave 3 respondents aged 55-64 were more likely than at Wave 2 to report using one of the four food hygiene rating certificates or stickers in the last 12 months (16% at Wave 2 compared with three per cent at Wave 2).

Other variation at Wave 3

- Recognition of any food hygiene rating scheme varied by **Scottish Index of Multiple Deprivation**. Sixty-one per cent of those in the most deprived areas (quintile one) reported recognising any scheme compared with 80% of those in the least deprived areas (quintile five).

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

5. Comparisons between Scotland and the rest of the UK

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

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

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

	Scotland	England	Wales	Northern Ireland
A lot more safe	*	1%	2%	1%
A bit more safe	6%	5%	6%	7%
About the same	50% ^{E W}	43%	40%	44%
A bit less safe	32%	34%	34%	32%
A lot less safe	8%	11%	13% ^S	12%
NET: more safe	6%	6%	8%	8%
NET: less safe	41%	45%	47%	44%
It varies too much to say	3%	4%	4%	3%
Don't know	*	2%	1%	1%
<i>Base</i>	<i>(450)</i>	<i>(1,879)</i>	<i>(475)</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 Scotland who ate out were more likely than those in England and Wales to say that the safety of food when eating out was about the same as when eating at home (50% compared with 43% and 40% respectively) and they were less likely than those in Wales to say that it was a lot less safe (eight per cent compared with 13%).

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

	Scotland	England	Wales	Northern Ireland
Cleanliness and hygiene	63%	66%	65%	60%
Good service	57% ^{NI}	57% ^{NI}	54% ^{NI}	44%
Recommendations / good reviews	43%	49%	46%	47%
Price	40%	49% ^{W S}	42%	47%
Healthy foods / choices	26%	32% ^{W S NI}	25%	24%
A good hygiene rating / score	21%	30% ^S	38% ^{E S}	39% ^{E S}
Food for restricted diets	5%	10% ^{S NI}	9%	6%
Nutritional information provided	5%	7%	7%	9%
Good / quality food	2%	1%	2%	1%
Choice / menu	1%	1%	2%	*
Location / convenience	*	1%	3% ^{S NI}	*
Something else	2%	2%	3%	1%
None of these	4%	3%	4%	2%
<i>Base</i>	<i>(475)</i>	<i>(1,951)</i>	<i>(503)</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 Scotland were less likely than those living in England, Wales, and Northern Ireland to say that a good hygiene rating or score was important when deciding where to eat out (21% compared with 30%, 38% and 39% respectively).
- Other variations by country in the importance of different factors when deciding where to eat out were observed. For example, respondents in Scotland were more likely than those in Northern Ireland to say that good service was important (57% compared with 44%) and less likely than those in some countries to say that price, healthy foods, food for restricted diets or location were important (see Table 5.3).

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

	Scotland	England	Wales	Northern Ireland
Very aware	35% ^E	26%	33% ^E	36% ^E
Fairly aware	40%	47% ^S	43%	52% ^{W S}
Neither aware nor unaware	11% ^{NI}	12% ^{NI}	9% ^{NI}	4%
Fairly unaware	11%	12% ^{NI}	12% ^{NI}	7%
Very unaware	2%	3%	3%	1%
Total aware	75%	73%	76%	88% ^{E W S}
Total unaware	14% ^{NI}	15% ^{NI}	15% ^{NI}	8%
<i>Base</i>	<i>(450)</i>	<i>(1,879)</i>	<i>(475)</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 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 Scotland who ate out were less likely than those in Northern Ireland to say that they were aware of hygiene factors when eating out (75% compared with 88%) and less likely to say that they were fairly aware (40% compared with 52%).
- Whilst respondents in Scotland who ate out were no more likely than those in England to say that they were at all aware of hygiene factors when eating out, they were more likely to say that they were very aware (35% compared with 26% of respondents in England who ate out) and less likely to say that they were fairly aware (40% compared with 47%).

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

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

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

% recognise	Scotland	England	Wales	Northern Ireland
Any scheme	70%	76% ^S	81% ^S	88% ^{E W S}
FHIS	59% ^{E W NI}	20% ^{NI}	15%	13%
FHRS England and Northern Ireland	19%	65% ^S	72% ^{E S}	83% ^{E W S}
FHRS Wales	11%	45% ^S	72% ^{E S NI}	62% ^{E S}
SotD	20%	29% ^S	25%	32% ^S
% used rating scheme in last year	12%	20% ^S	35% ^{E S}	28% ^{E S}
<i>Base</i>	<i>(475)</i>	<i>(1,951)</i>	<i>(503)</i>	<i>(524)</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 Scotland were less likely to report recognising any of the food hygiene rating schemes (70%) than those living in England (76%), Wales (81%) and Northern Ireland (88%)
- Respondents living in Scotland were more likely than those in each of the other countries to report being aware of the FHIS sticker or certificate (59% compared with 20% in England, 15% in Wales, and 13% in Northern Ireland).
- They were less likely than those in England and Northern Ireland to be aware of the SotD sticker or certificate (12% compared with 20% and 28% respectively), and less likely than those in each of the other countries to be aware of the FHRS for England and Northern Ireland sticker or certificate²⁰ (19% compared with 65% in England, 72% in Wales and 83% in Northern Ireland) and the FHRS sticker for Wales (11% compared with 45% in England, 72% in Wales and 62% in Northern Ireland).
- Respondents living in Scotland were also less likely than those in each of the other countries to report having used a food hygiene rating scheme in the last 12 months to check an establishment's hygiene standards before deciding to visit (12% compared with 20% in England, 35% in Wales and 28% in Northern Ireland).

²⁰ Similarities between the English and Welsh sticker may have resulted in respondents being unable to accurately differentiate the two.