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Food and You 2: Northern Ireland

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Wave 3-4 Key Findings



November 2022

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Executive Summary

Overview of Food and You 2

Food and You 2 is a biannual representative sample survey, recognised as an official statistic, commissioned by the Food Standards Agency (FSA). The survey measures self-reported consumer knowledge, attitudes and behaviours related to food safety and other food issues amongst adults in Wales, England, and Northern Ireland.

Food and You 2 uses a methodology, known as ‘push-to-web’, which is primarily carried out online.

Fieldwork for [Food and You 2: Wave 3](#) was conducted between 28th April and 25th June 2021. A total of 6,271 adults from 4,338 households across England, Wales, and Northern Ireland completed the survey. A total of 1,626 adults in Northern Ireland completed the survey.

Fieldwork for [Food and You 2: Wave 4](#) was conducted between 18th October 2021 and 10th January 2022. A total of 5,796 adults from 4,026 households across England, Wales, and Northern Ireland completed the survey. A total of 1,575 adults in Northern Ireland completed the survey.

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

Findings presented in this report refer to data collected in Northern Ireland unless otherwise specified.

Food you can trust

Confidence in food safety and authenticity

- Most respondents (94%) reported that they were confident that the food they buy is safe to eat.
- More than 8 in 10 (88%) respondents were confident that the information on food labels is accurate.

Confidence in the food supply chain

- Around three quarters of respondents (76%) reported that they had confidence in the food supply chain.
- Respondents were more likely to report confidence in farmers (90%), shops and supermarkets (85%), and restaurants (85%) than in takeaways (68%), and food delivery services for example, Just Eat, Deliveroo, Uber Eats (47%).

Awareness, trust and confidence in the FSA

- Most respondents (91%) had heard of the FSA.
- Most (81%) respondents who had at least some knowledge of the FSA reported that they trusted the FSA to make sure 'food is safe and what it says it is'.
- Around 9 in 10 (86%) respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food), 84% were confident that the FSA is committed to communicating openly with the public about food-related risks, and 85% were confident that the FSA takes appropriate action if a food-related risk is identified

Concerns about food

- Most respondents (88%) had no concerns about the food they eat, and only 12% of respondents reported that they had a concern.
- Respondents were asked to indicate if they had concerns about a number of food-related issues, from a list of options. The most common concerns related to food waste (55%), the amount of sugar in food (54%) and food prices (52%).

Food security

- Across Northern Ireland, England and Wales, 82% of respondents were classified as food secure (70% high, 12% marginal) and 18% of respondents were classified as food insecure (10% low, 7% very low).

Eating out and takeaways

- Around 6 in 10 respondents had ordered a takeaway directly from a takeaway shop or restaurant (59%), from a café, coffee shop or sandwich shop (either to eat in or take out) (58%), or eaten out in a restaurant (57%). Less than 1 in 10 (8%) respondents had not eaten food from any of the listed food businesses in the previous 4 weeks.
- Most respondents (92%) reported that they had heard of the Food Hygiene Rating Scheme (FHRS). Almost three quarters (65%) of respondents reported that they had heard of the FHRS and had at least a bit of knowledge about it.

Food allergies, intolerances and other hypersensitivities

- Most respondents (79%) reported that they did not have a food hypersensitivity. 10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease.

Eating at home

Use-by dates

- Over two thirds (69%) of respondents identified the use-by date as the information which shows that food is no longer safe to eat.
- Almost three-quarters (71%) of respondents reported that they always check use-by dates before they cook or prepare food.
- Most respondents reported that they had not eaten shellfish (89%), other fish (86%) and smoked fish (80%) past the use-by date in the previous month.

Food shopping and labelling

Where do respondents buy food from?

- Most respondents reported that they bought food from a supermarket or mini supermarket (80%), or local / corner shops, newsagents or garage forecourts (65%) about once a week or more often.
- Most respondents reported that they often (i.e. always or most of the time) check the use-by (90%) or best before (90%) date when they buy food.

Confidence in allergen labelling

- Most respondents (84%) who go food shopping and take into consideration a person who has a food allergy or intolerance were confident that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction.
- Respondents who bought food loose were more confident in identifying these foods at independent food shops (68%), in-store at a supermarket (67%) and when buying food from a supermarket online (64%). However, respondents were less confident when buying food from food markets or stalls (51%).

Sustainability and environmental impact

- Almost a third (28%) of respondents often (i.e. always or most of the time) buy food which has a low environmental impact.
- Over half of respondents thought that eating less processed food (55%) contributed most to a sustainable diet, and around 4 in 10 respondents thought that minimising food waste (44%) and eating more fruit and/or vegetables (44%) contributed most to a sustainable diet.
- Most (60%) respondents thought that buying locally produced food or food that is in season or buying foods with minimal or no packaging (43%) contributed most to someone making sustainable food shopping choices. However, 10% of respondents reported that they did not know what contributed most to someone making sustainable food shopping choices.

Healthy eating

- When asked how healthy they thought their usual diet was, most respondents reported that what they usually eat is fairly healthy (67%), with a further 20% reporting that what they eat is neither healthy or unhealthy.
- Most respondents (79%) reported that they ate fruit and vegetables every day or most days.
- Eating fruit and vegetables (94%), drinking plenty of water (70%), eating less salt (61%) and eating fish (61%) were considered the most important factors for people to have a healthy diet.

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First and foremost, our thanks go to all the respondents who gave up their time to take part in the survey.

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Introduction

The Food Standards Agency: role, remit, and responsibilities

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

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

Food and You 2 is designed to monitor the FSA's progress against this vision and inform policy decisions by measuring self-reported consumers' knowledge, attitudes and

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

behaviours related to food safety and other food issues in England, Wales, and Northern Ireland on a regular basis².

Food and You 2

Ipsos were commissioned by the FSA to develop and run a biannual survey, 'Food and You 2', carried out primarily online. Food and You 2 replaces the FSA's face-to-face Food and You survey (2010-2018)³, Public Attitudes Tracker (2010-2019) and [Food Hygiene Rating Scheme \(FHRS\) - Consumer Attitudes Tracker](#) (2014-2019). Due to differences in the question content, presentation and mode of response, direct comparisons should not be made between these earlier surveys and Food and You 2. More information about the history and methodology can be found in Annex A.

Food and You 2: Wave 3 and Wave 4

Fieldwork for [Food and You 2: Wave 3](#) was conducted between 28th April and 25th June 2021. A total of 6,271 adults from 4,338 households across England, Wales, and Northern Ireland completed the survey. A total of 1,626 adults in Northern Ireland completed the survey.

Fieldwork for [Food and You 2: Wave 4](#) was conducted between 18th October 2021 and 10th January 2022. A total of 5,796 adults from 4,026 households across England, Wales, and Northern Ireland completed the 'push-to-web' survey. A total of 1,575 adults in Northern Ireland completed the survey.

Food and You 2: Wave 3 and 4 data were collected during a period of political and economic change and uncertainty following the UK's exit from the EU and the COVID-19

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

³ The Food and You survey has been an Official Statistic since 2014.

pandemic. This context is likely to have had an impact on the level of food security, concerns and food-related behaviours reported in Food and You 2⁴.

Food and You 2 is a modular survey, with 'core' modules included every wave, 'rotated' modules repeated annually or biennially, and 'exclusive' modules asked on a one-off basis. The modules presented in this report include 'Food you can trust', 'Concerns about food', 'Food security', 'Eating out and takeaways', 'Food allergies, intolerances and other hypersensitivities', 'Eating at home', 'Food shopping and labelling' and 'Healthy eating'.

This report presents key findings from the Food and You 2: Wave 3 and Food and You 2: Wave 4 survey. Not all questions asked in the surveys are included in the report. The full results are available in the accompanying [Food and You 2: Wave 3 data tables and underlying data set](#) and [Food and You 2: Wave 4 data tables and underlying data set](#).

Findings presented in this report refer to data collected in Northern Ireland unless otherwise specified.

Future publication plans

A Food and You 2: Wave 1-4 Trends report is expected to be published in 2023. A Food and You 2: Wave 5-6 Northern Ireland Key Findings report is expected to be published in 2024.

⁴[Consumer insights tracker report: key findings from December 2021 to March 2022 \(2022\), FSA.](#) [The UK Public's Interests, Needs and Concerns Around Food \(2022\), Bright Harbour.](#) [Food in a pandemic \(2021\), FSA.](#) [UK Household Food Waste tracking survey Winter 2021: Behaviours, attitudes, and awareness \(2022\), WRAP.](#) [The true cost of living- The action needed to stem the rising tide of destitution: March 2022, Trussell Trust.](#) [Family Resources Survey \(FRS\): financial year 2020 to 2021 \(2021\), DWP.](#) The FRS asks respondents to report experiences of food insecurity in the last 30 days so responses cannot be compared with Food and You 2.

Interpreting the findings

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

The report presents some of the differences between some socio-demographic and sub-groups in the population. In some cases, it was not possible to include the data of all sub-groups, however these data are available in the [Food and You 2: Wave 3](#) and [Food and You 2: Wave 4](#) data tables.

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

- Question wording (question) and response options (response).
- Number of respondents presented with each question and description of the respondents who answered the question (Base= N).
- Whether data were collected from Wave 3 or Wave 4.
- Please note: indicates important points to consider when interpreting the results.

Chapter 1: Food you can trust

Introduction

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

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

This chapter provides an overview of respondents' awareness of and trust in the FSA, as well as their confidence in food safety and the accuracy of information provided on food labels⁵.

Confidence in food safety and authenticity

Most respondents reported confidence (for example, were very confident or fairly confident) in food safety and authenticity; 94% of respondents reported that they were confident that the food they buy is safe to eat, and 88% of respondents were confident that the information on food labels is accurate⁶.

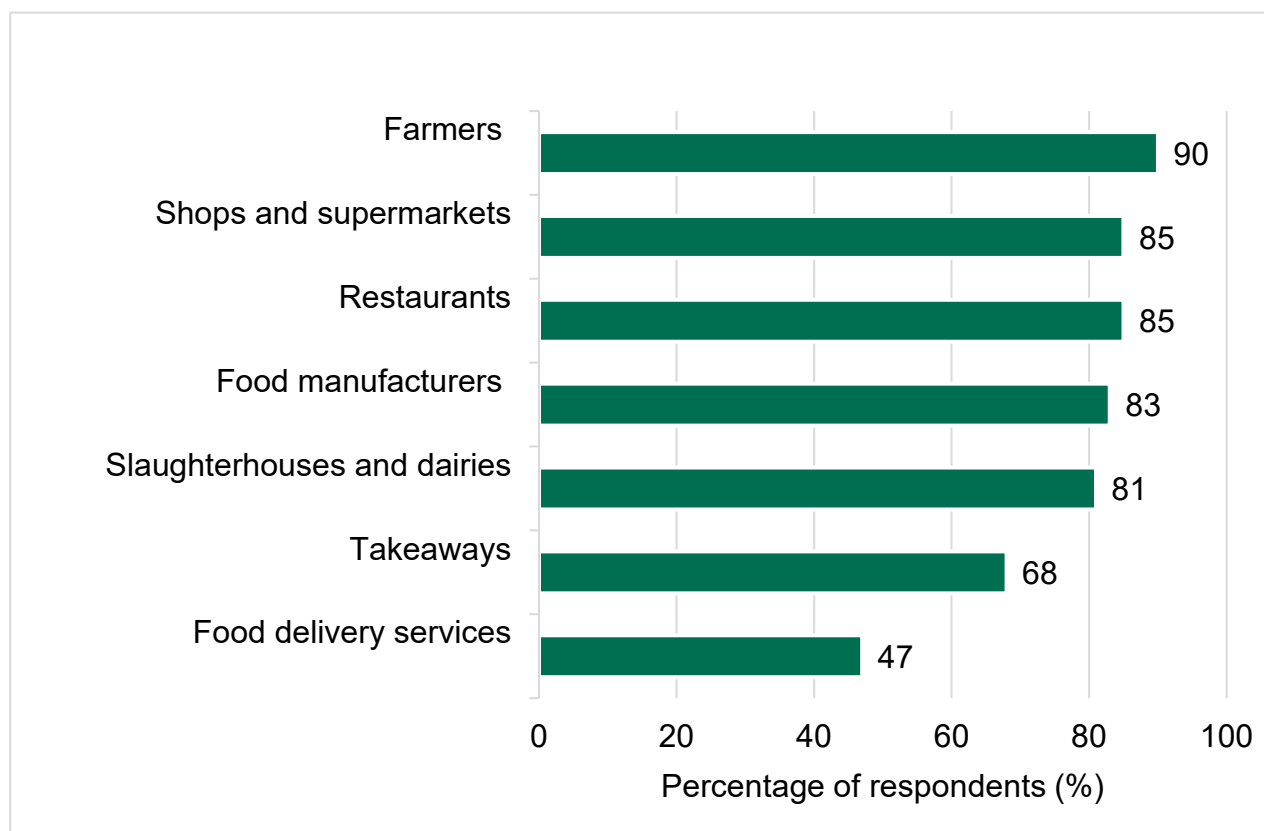
⁵ In line with the FSA's [2022-2027 Strategy](#), future reports will also consider food being healthier and more sustainable within this chapter.

⁶ Question: How confident are you that... A) the food you buy is safe to eat. B) the information on food labels is accurate (for example, ingredients, nutritional information, country of origin). Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base= 1263, all online respondents and all those who completed the 'Eating at Home' paper questionnaire in Northern Ireland. Wave 4.

Confidence in the food supply chain

Around three quarters of respondents (76%) reported that they had confidence (i.e. were very confident or fairly confident) in the food supply chain⁷.

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



Source: Food and You 2: Wave 4

⁷ Question: How confident are you in the food supply chain? That is all the processes involved in bringing food to your table. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base= 1263, all online respondents and all those who completed the 'Eating at Home' paper questionnaire in Northern Ireland. Wave 4.

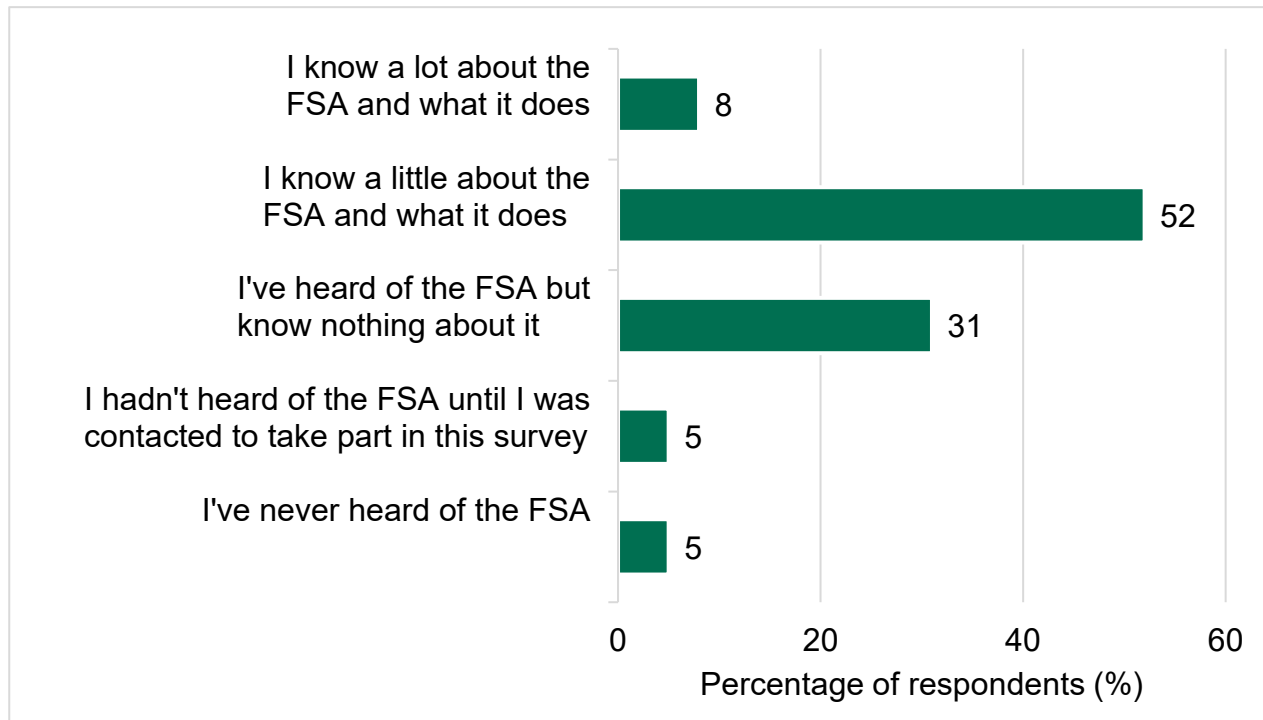
Respondents were asked to indicate how confident they were that key actors involved in the food supply chain ensure that the food they buy is safe to eat. Respondents were more likely to report confidence (i.e. very confident or fairly confident) in farmers (90%), shops and supermarkets (85%), and restaurants (85%), than in takeaways (68%), and food delivery services for example, Just Eat, Deliveroo, Uber Eats (47%) (Figure 1)⁸.

⁸ Question: How confident are you that... A) Farmers, B) Slaughterhouses and dairies, C) Food manufacturers for example, factories, D) Shops and supermarkets, E) Restaurants, F) Takeaways, G) Food delivery services for example, Just Eat, Deliveroo, Uber Eats...in the UK (and Ireland) ensure the food you buy is safe to eat. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base= 1329, all online respondents and all those who completed the 'Eating Out' paper questionnaire in Northern Ireland. Wave 4.

Awareness, trust and confidence in the FSA

Most respondents (91%) had heard of the FSA⁹.

Figure 2. Knowledge about the Food Standards Agency.



Source: Food and You 2: Wave 4

⁹ Question: Which of the following, if any, have you heard of? Please select all that apply.
Response: Food Standards Agency (FSA), (England) Public Health England (PHE), (England) Department for Environment, Food and Rural Affairs (DEFRA), (England) Environment Agency, (England and Wales) Health and Safety Executive (HSE), (Wales) Public Health Wales (PHW), (Wales) Natural Resources Wales, (NI) Public Health Agency (PHA), (NI) Department of Agriculture, Environment and Rural Affairs (DAERA), (NI) Health and Safety Executive Northern Ireland (HSENI), (NI) Safefood. Base= 1017, all online respondents in Northern Ireland. Wave 4. Please note: All consumers taking part in the survey had received an invitation to take part in the survey from Ipsos which mentioned the FSA. An absence of response indicates the organisation had not been heard of by the respondent or a non-response.

Most (60%) respondents reported at least some knowledge of the FSA; 8% reported that they knew a lot about the FSA and what it does, and 52% reported that they knew a little about the FSA and what it does. Around 3 in 10 (31%) had heard of the FSA but knew nothing about it, 5% had not heard of the FSA before being contacted to take part in the survey, and 5% had not heard of the FSA (Figure 2)¹⁰.

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

- Age group: respondents aged between 35 and 74 years (for example, 70% of those aged 55-64 years) were more likely to report knowledge of the FSA compared to the oldest respondents (46% of those aged 75 years and over).
- Annual household income: respondents with an income between £19,000 and £95,999 (for example, 66% of those with an income of £64,000-£95,999) were more likely to report knowledge of the FSA compared to those with an income of less than £19,000 (52%).
- Country: six in ten (60%) respondents in Northern Ireland reported knowledge of the FSA. Respondents in Wales (68%) were more likely to report knowledge of the FSA than those in England (57%)**.
- Food hypersensitivity: respondents with an intolerance (72%) were more likely to report knowledge of the FSA compared to respondents who did not have a food hypersensitivity (58%).

¹⁰ Question: How much, if anything, do you know about the Food Standards Agency, also known as the FSA? Response: I know a lot about the FSA and what it does, I know a little about the FSA and what it does, I've heard of the FSA but know nothing about it, I hadn't heard of the FSA until I was contacted to take part in this survey, I've never heard of the FSA. Base= 1575, all respondents in Northern Ireland. Wave 4. Please note: All consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA.

- Responsibility for cooking and / or shopping: respondents who were responsible for cooking (61%) and / or shopping (61%) were more likely to report knowledge of the FSA compared to respondents who do not cook (47%) and/or those who never shop (47%).
- Northern Ireland Multiple Deprivation Measure 2017 (NIMDM)¹¹: knowledge of the FSA was comparable between respondents who lived in area with different levels of deprivation. For example, 62% of those who lived in the most deprived areas (NIMDM 1) and 60% of those who lived in the least deprived areas (NIMDM 5) reported knowledge of the FSA.**

Trust in the FSA

Respondents who had at least some knowledge of the FSA were asked how much they trusted the FSA to do its job, that is to make sure food is safe and what it says it is; 81% of these respondents reported that they trusted the FSA to do this¹².

Around 9 in 10 (86%) respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food), 84% were confident that the FSA is committed to communicating openly with the public about

¹¹ [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#) is the official measure of relative deprivation of a geographical area. NIMDM is a multidimensional calculation which is intended to represent the living conditions in the area, including income, employment, health, education, access to services, housing, community safety and physical environment.

¹² Question: How much do you trust or distrust the Food Standards Agency to do its job? That is to make sure that food is safe and what it says it is. Responses: I trust it a lot, I trust it, I neither trust nor distrust it, I distrust it, I distrust it a lot, Don't know. Base= 959, all respondents who know a lot or a little about the FSA and what it does in Northern Ireland except where England, Wales and NI differences are stated. Wave 4. Please note: 'I trust it a lot' and 'I trust it' referred to as trust.

food-related risks, and 85% were confident that the FSA takes appropriate action if a food-related risk is identified¹³.

Chapter 2: Concerns about food

Introduction

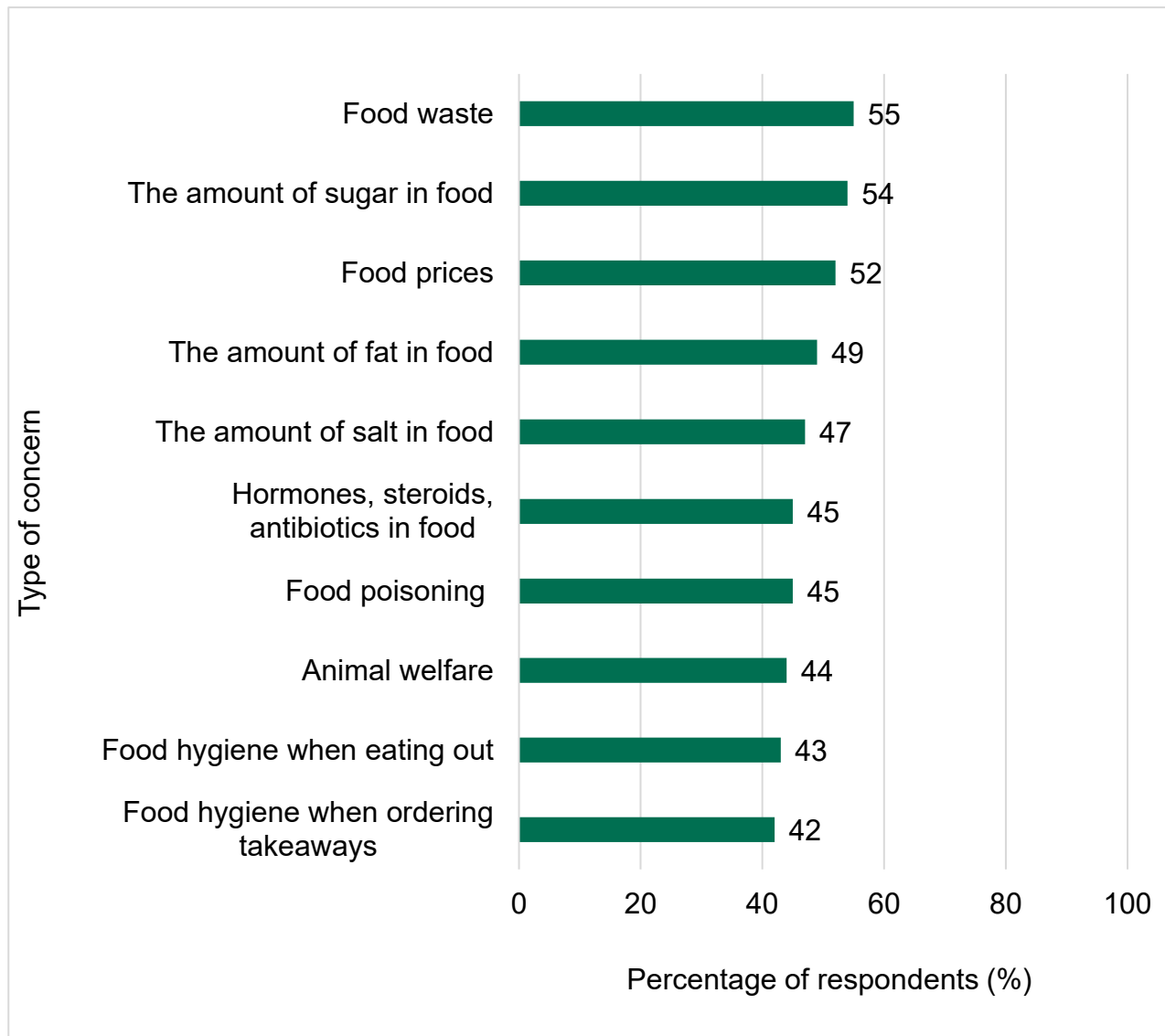
The FSA's role, set out in [law](#), is to safeguard public health and protect the interests of consumers in relation to food. In Northern Ireland, the FSA is also responsible for [nutrition policy](#). The FSA uses the Food and You 2 survey to monitor consumers' concerns about food issues, such as food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

Common concerns

Respondents were asked to report whether they had any concerns about the food they eat. Most respondents (88%) had no concerns about the food they eat, and 12% of respondents reported that they had a concern.

¹³ Question: How confident are you that the Food Standards Agency / the government agency responsible for food safety in England, Wales and Northern Ireland...A) Can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food). B) Is committed to communicating openly with the public about food-related risks. C) Takes appropriate action if a food related risk is identified? Responses: Very confident, Fairly confident, Not very confident, Not at all confident, Don't know. Base= 1575, all respondents in Northern Ireland. Wave 4. Please note: 'Very confident' and 'Fairly confident' referred to as confident. Respondents with little or no knowledge of the FSA were asked about 'the government agency responsible for food safety', those with at least some knowledge of the FSA were asked about the FSA.

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



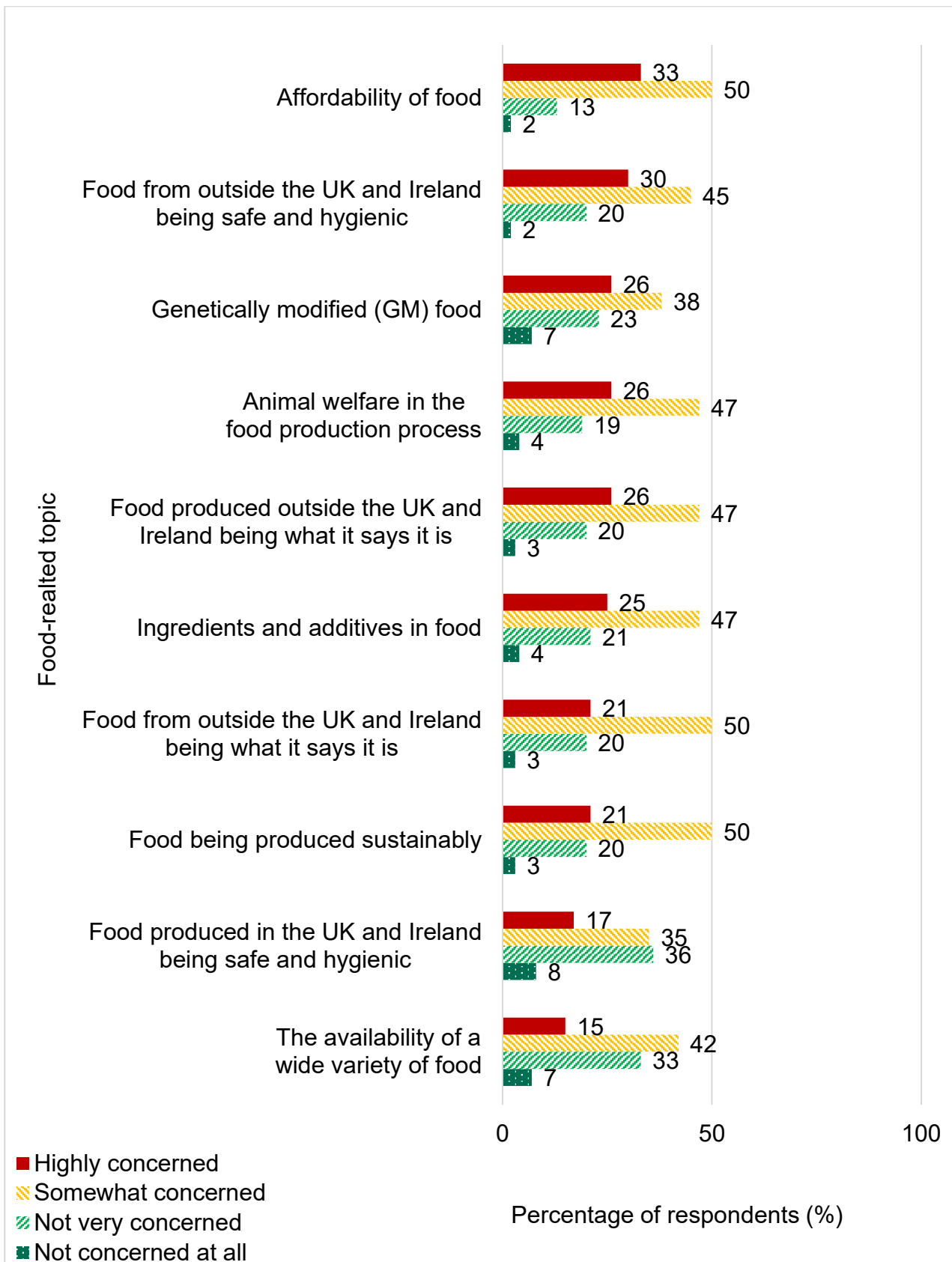
Source: Food and You 2: Wave 4

Respondents were asked to indicate if they had concerns about a number of food-related issues, from a list of options. The most common concerns related to food waste (55%), the amount of sugar in food (54%) and food prices (52%). Around half of respondents

were concerned about the amount of fat in food (49%), and the amount of salt in food (47%) (Figure 3)¹⁴.

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

¹⁴ Question: Do you have concerns about any of the following? Responses: The amount of sugar in food, Food waste, Animal welfare, Hormones, steroids or antibiotics in food, The amount of salt in food, The amount of fat in food, Food poisoning, Food hygiene when eating out, Food hygiene when ordering takeaways, The use of pesticides, Food fraud or crime, The use of additives (for example, preservatives and colouring), Food prices, Genetically modified (GM) foods, Chemical contamination from the environment, Food miles, The number of calories in food, Food allergen information, Cooking safely at home, None of these, Don't know. Base= 1017, all online respondents in Northern Ireland. Wave 4.



Source: Food and You 2: Wave 4

Respondents were asked to indicate the extent to which they were concerned about a number of specific food-related issues. Respondents were most likely to report a high

level of concern about the affordability of food (33%), and food from outside the UK and Ireland being safe and hygienic (30%). Around a quarter of respondents reported a high level of concern around genetically modified (GM) food (26%), animal welfare in the food production process (26%) and food produced outside the UK and Ireland being what it says it is (26%) (Figure 4)¹⁵.

Chapter 3: Food security

Introduction

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

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

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

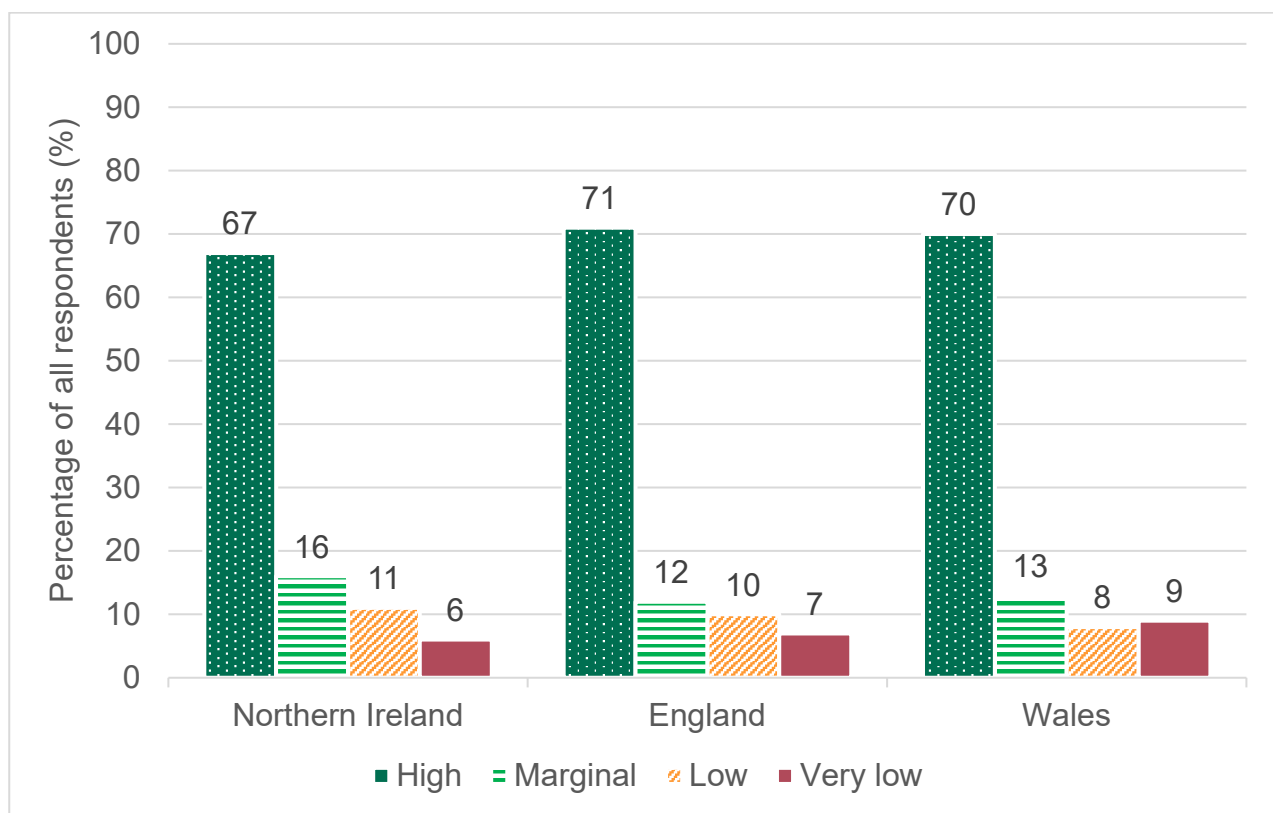
¹⁵ Question: Thinking about food in the UK [question wording variation in Northern Ireland: the UK and Ireland] today, how concerned, if at all, do you feel about each of the following topics? A) Affordability of food B) Food produced in the UK and Ireland being safe and hygienic C) Food from outside the UK and Ireland being safe and hygienic D) Food produced in the UK and Ireland being what it says it is E) Food from outside the UK and Ireland being what it says it is F) Food being produced sustainably G) The availability of a wide variety of food H) Animal welfare in the food production process I) Ingredients and additives in food J) Genetically modified (GM) food. Base= 1017, all online respondents in Northern Ireland. Wave 4. Please note: some question wording was modified for respondents in England and Wales, question stated ‘UK’ rather than ‘UK and Ireland’.

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

Food security

Across Northern Ireland, England and Wales, 82% of respondents were classified as food secure (70% high, 12% marginal) and 18% of respondents were classified as food insecure (10% low, 7% very low)¹⁶.

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

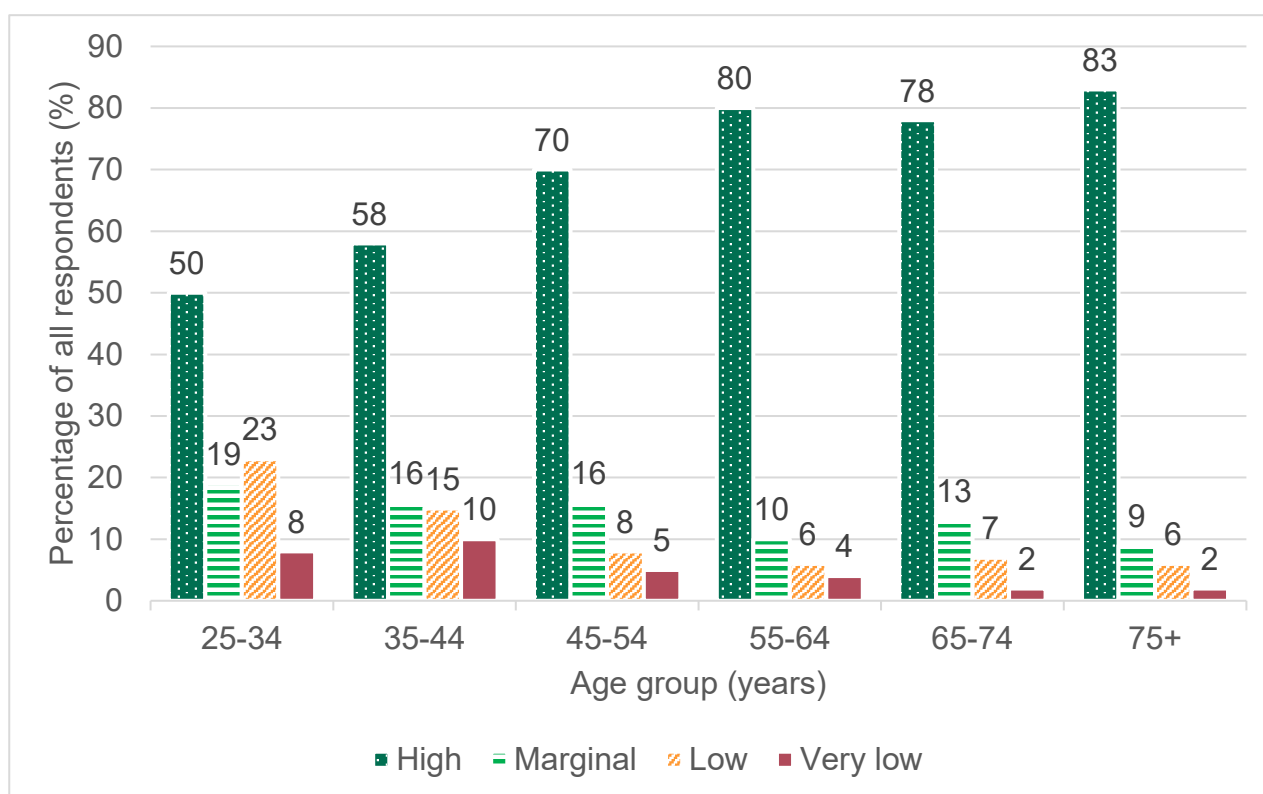


Source: Food and You 2: Wave 4

¹⁶ Question/Responses: Derived variable, see [USDA Food Security guidance](#) and Technical Report. Base= 5796, all respondents. Wave 4. Please note: See Annex A for information about the classifications and definitions of food security levels.

Food security levels were comparable across Northern Ireland, England, and Wales**. Around 8 in 10 respondents were food secure (i.e. had high or marginal food security) in Northern Ireland (82%), England (82%), and Wales (83%). Approximately 1 in 6 respondents were food insecure (i.e. had low or very low food security) in Northern Ireland (18%), England (18%), and Wales (17%) (Figure 5).

Figure 6. Food security by age group.

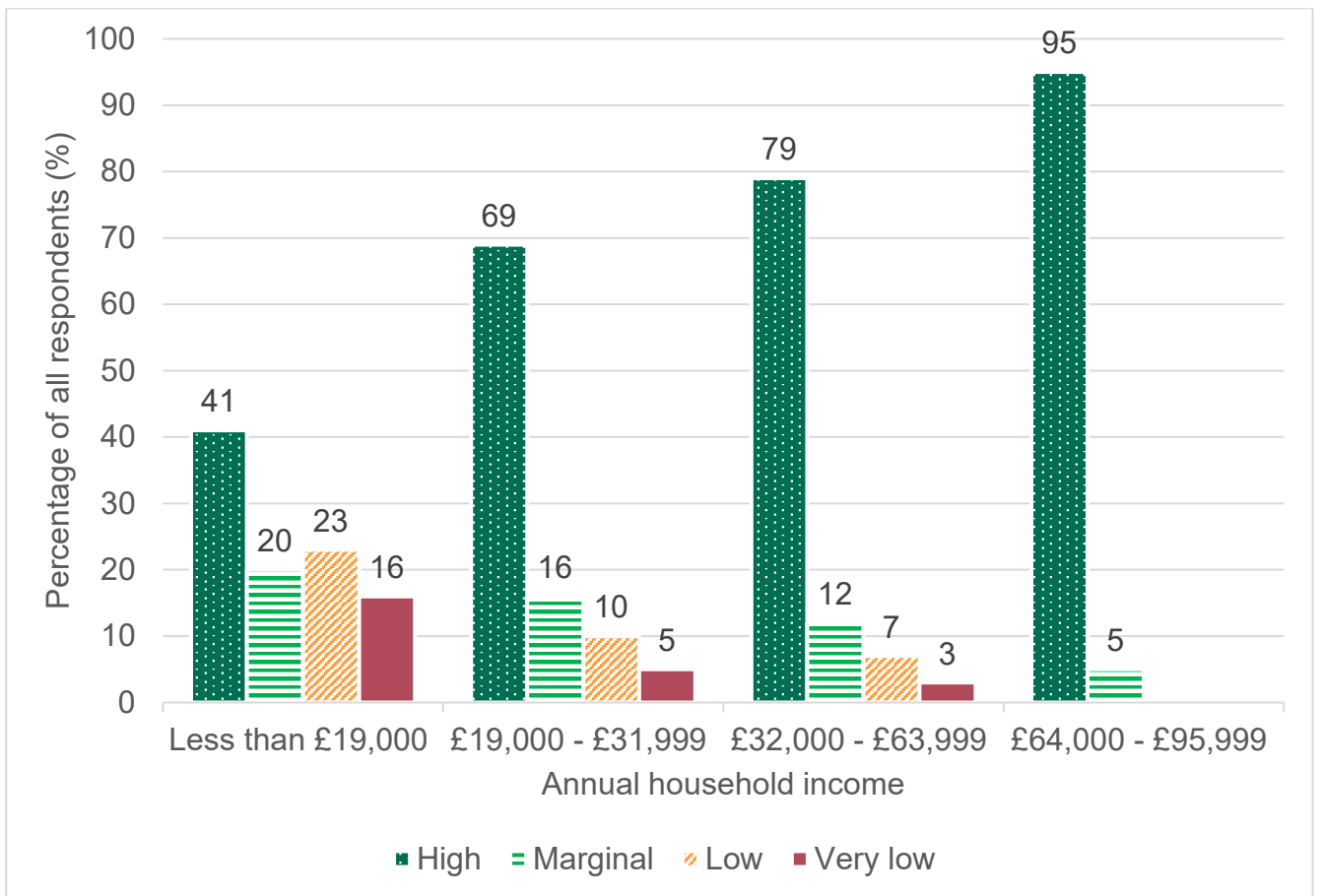


Source: Food and You 2: Wave 4

Within Northern Ireland food security varied by age group with older adults being more likely to report that they were food secure and less likely to report that they were food insecure than younger adults. For example, 31% of respondents aged 25-34 years were food insecure compared to 8% of those aged 75 years and over (Figure 6)¹⁷.

Figure 7. Food security by annual household income.

¹⁷ Data for respondents aged 16-24 years is not reported due to a small number of respondents being in this group.



Source: Food and You 2: Wave 4

Food security was associated with household income. Respondents with a higher household income were more likely to report food security than those with a lower income. For example, 95% of respondents with a household income between £64,000 and £95,999 reported high food security, compared to 41% of those with an income below £19,000 (Figure 7).

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

- Household size: one person (86%) and 2 person households (87%) were more likely to report that they were food secure compared households with 5 or more people (72%).
- Children under 16 in household: 87% of households without children under 16 years reported that they were food secure compared to 72% of households with children under 16 years.

- NS-SEC: food security was more likely to be reported by respondents in managerial, administrative and professional occupations (88%) compared to those who were in many other occupational groups. For example, 70% of those in semi-routine and routine occupations were food secure¹⁸.
- Long term health condition: respondents who did not have a long-term health condition (86%) were more likely to report being food secure compared to those who had a long-term health condition (76%).
- NIMDM: respondents who lived in less deprived areas were more likely to report being food secure compared to those who lived in more deprived areas. For example, 90% of those who lived in the least deprived area (NIMDM 5) were food secure compared to 75% of those who lived in the least deprived area (NIMDM 1).

Food bank use

Respondents were asked if they or anyone else in their household had received a free parcel of food from a food bank or other emergency food provider in the last 12 months. Most respondents (92%) reported that they had not used a food bank or other emergency food provider in the last 12 months, with 4% of respondents reporting that they had¹⁹.

School meals, meal clubs and Healthy Start vouchers

Respondents with children aged 7-15 years in their household were asked whether these children receive free school meals. Most respondents (71%) with a child(ren) aged 7-15

¹⁸ Data for long term unemployed and/or had never worked and full-time students were not reported due to a small number of respondents being in this group.

¹⁹ Question: In the last 12 months, have you, or anyone else in your household, received a free parcel of food from a food bank or other emergency food provider? Responses Yes, No, Prefer not to say. Base= 1017, all online respondents in Northern Ireland. Wave 4.

years in their household reported that the child(ren) do not receive free school meals. One in four (25%) respondents reported that the child or children receive free school meals²⁰.

Respondents with children aged 7-15 years in their household were asked whether the child(ren) had attended a school club where a meal was provided in the last 12 months. Most respondents (74%) reported that the child(ren) in their household had not attended one of these clubs in the last 12 months. One in seven (15%) respondents reported that the child(ren) in their household had attended a breakfast club before school, 6% reported that the child(ren) had attended an after-school club where they received a meal, and 5% reported that the child(ren) had attended a lunch and activity club held during the school holidays²¹.

Respondents who had children aged 0-4 years in their household or who were pregnant were asked whether they receive [Healthy Start](#) vouchers. Most respondents (88%) reported that they do not receive Healthy Start vouchers, with 7% of respondents reporting that they do²².

²⁰ Question: Does any child receive free school meals? Responses: Yes, No, Don't know, Prefer not to say. Base= 331, all respondents who had child(ren) aged 7 - 15 living in the household in Northern Ireland. Wave 4. The eligibility criteria for free school meals varies between [England, Wales and Northern Ireland](#).

²¹ Question: Did your child/any of the children in your household attend any of the following in the past 12 months? Responses: A breakfast club before school, An after-school club where they also received a meal (tea/dinner), A lunch and activity club that ran only during school holidays, None of these, Don't know. Base= 266, all respondents with child(ren) aged 5 - 15 in the household in Northern Ireland. Wave 4.

²² Question: Do you receive Healthy Start vouchers for yourself or your children? Responses: Yes, No, Don't know, Prefer not to say. Base= 126, all online respondents who are pregnant or have child(ren) aged 0 - 4 in household, and all those who completed the paper questionnaire and have child(ren) aged 0 - 4 years living in the household in Northern Ireland. Wave 4.

Chapter 4: Eating out and takeaways

Introduction

[The Food Hygiene Rating Scheme](#) (FHRS) helps people make informed choices about where to eat out or shop for food by giving clear information about the businesses' hygiene standards. Ratings are typically given to places where food is supplied, sold or consumed, including restaurants, pubs, cafés, takeaways, food vans and stalls.

The FSA runs the scheme in partnership with district councils in Northern Ireland, and with local authorities in England and Wales. In Northern Ireland, district council food safety officers are responsible for checking food hygiene standards at food premises to assess compliance with legal requirements through unannounced hygiene inspections. Businesses are given a rating from 0 to 5. A rating of 5 indicates that hygiene standards are very good and a rating of 0 indicates that urgent improvement is required.

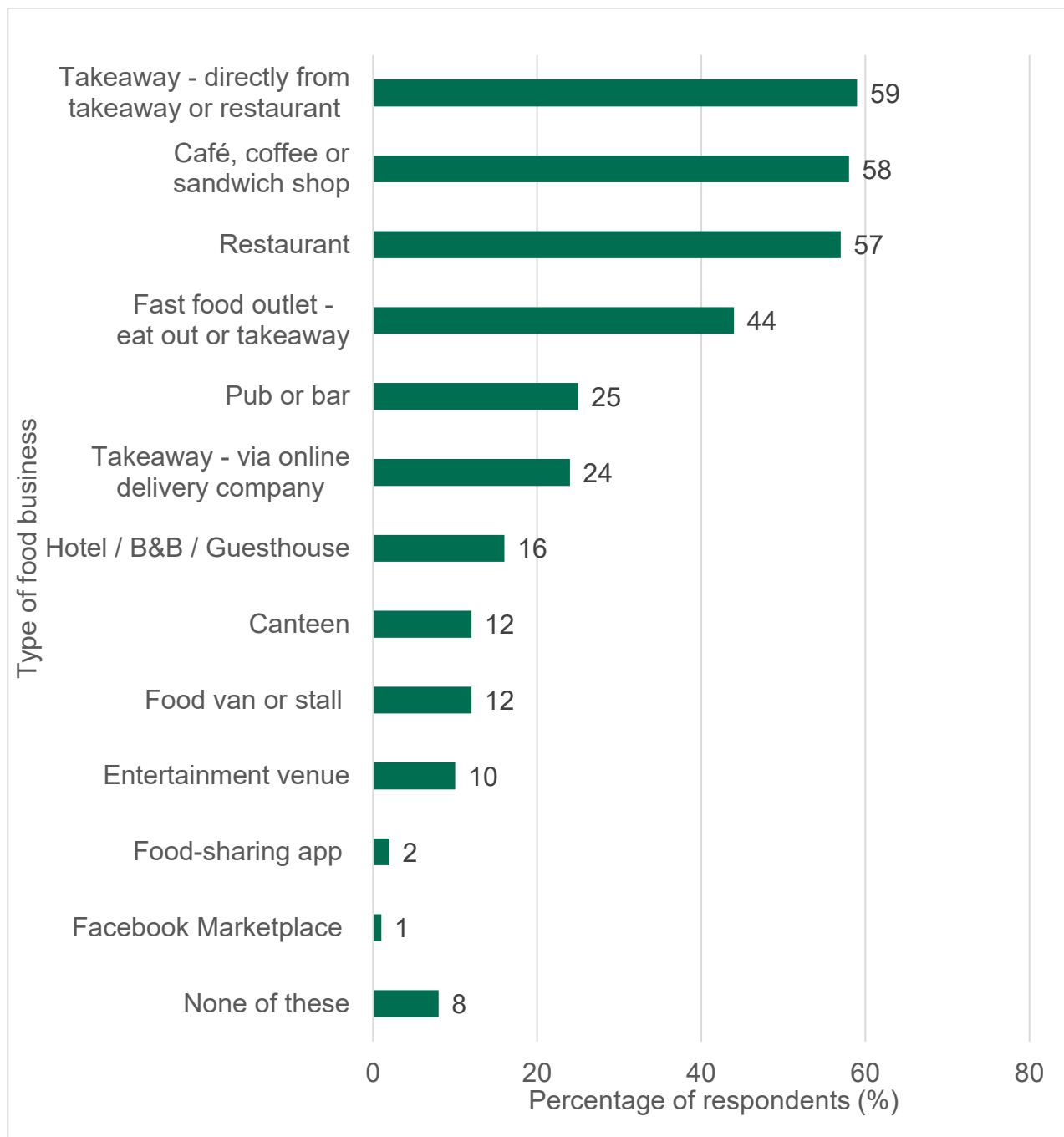
Food businesses are provided with a sticker which shows their FHRS rating. In Northern Ireland and Wales food businesses are legally required to display their FHRS rating, however in England businesses are encouraged to display their FHRS rating²³. FHRS ratings are also available on the FSA website.

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

Prevalence of eating out and ordering takeaways

²³ Legislation for the mandatory display of FHRS ratings was introduced in November 2013 in Wales and October 2016 in Northern Ireland.

Figure 8. Type of food business respondents had eaten at or ordered food from in the previous 4 weeks.



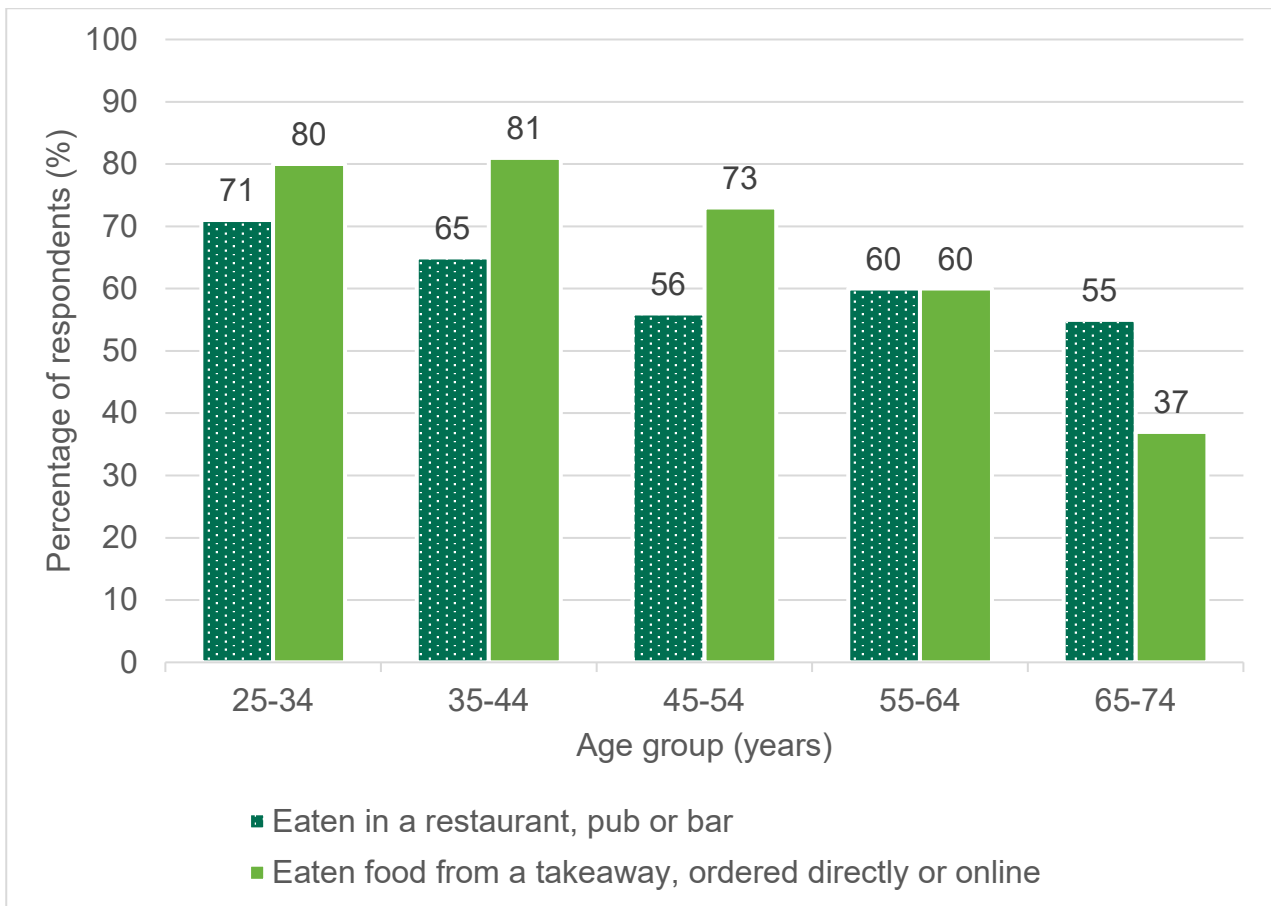
Source: Food & You 2: Wave 4

Respondents were asked where they had eaten out or ordered food from in the previous 4 weeks. Around 6 in 10 respondents had ordered a takeaway directly from a takeaway shop or restaurant (59%), from a café, coffee shop or sandwich shop (either to eat in or take out) (58%), or eaten out in a restaurant (57%). Less than 1 in 10 (8%) respondents

had not eaten food from any of the listed food businesses in the previous 4 weeks (Figure 8)²⁴.

Figure 9. Prevalence of eating out in a restaurant, pub or bar, or from a takeaway by age group in the previous 4 weeks.

²⁴ Question: In the last 4 weeks, have you eaten food... ? (Select all the apply)
Responses: Ordered a takeaway directly from a takeaway shop or restaurant, From a café, coffee shop or sandwich shop (either to eat in or take out), Ordered a takeaway from an online food delivery company (e.g. Just Eat, Deliveroo, Uber Eats), From a fast food outlet (either to eat in or take out), In a restaurant, In a pub/ bar, From a canteen (e.g. at work, school, university, or hospital), From a mobile food van or stall, In a hotel, B&B or guesthouse, From an entertainment venue (e.g. cinema, bowling alley, sports club), From a food-sharing app (e.g. Olio or Too Good To Go), From Facebook Marketplace (e.g. pre-prepared food or meals), None of these. Base= 1329, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland Wave 4. (see Annex A). Please note, percentages shown do not add up to 100% as multiple responses could be selected. Data were not reported for 16-24 years and 75+ years due to a small number of respondents being in this group.



Source: Food and You 2: Wave 4

Younger respondents were more likely to have eaten out in a restaurant, pub or bar, or from a takeaway (ordered directly or online) in the previous 4 weeks compared to older respondents. For example, 71% of respondents aged 25-34 years had eaten out in a restaurant, pub or bar compared to 55% of those aged 65-74 years. Similarly, 80% of respondents aged 25-34 years had eaten food from a takeaway (ordered directly or online) compared to 37% of those aged 65-74 years (Figure 9).

The prevalence of eating out in a restaurant, pub or bar or eating food from a takeaway (ordered directly or online) in the previous 4 weeks also varied between different types of people in the following ways:

- Annual household income: Respondents with a higher household income between £19,000 and £63,999 (for example 74% of respondents with an income of £32,000-£64,999) were more likely to have eaten out in a restaurant, pub or bar, in

the previous 4 weeks compared to respondents with an income below £19,000 (43%)²⁵.

- Household size: respondents who lived in larger households were more likely to have eaten food from a takeaway than those who lived in smaller households. For example, 78% of respondents living in 4-person households had eaten food from a takeaway compared to 40% of respondents living alone.
- Children under 16 years in household: respondents who had children in the household (82%) were more likely to have eaten food from a takeaway than those who did not have children aged 16 years or under in the household (60%). However, the prevalence of eating out in a restaurant, pub or bar did not differ between those with (60%) or without (62%) children aged 16 years or under in the household**.
- NS-SEC: respondents in some occupational groups (for example, 68% of those in managerial, administrative and professional occupations) were more likely to have eaten out in a restaurant, pub or bar compared to those in lower supervisory and technical occupations (54%) and semi-routine and routine occupations (44%).
- Urban/rural: respondents who lived in an urban area (70%) were more likely to have eaten food from a takeaway than those who lived in a rural area (60%). However, the prevalence of eating out in a restaurant, pub or bar did not differ between those who lived in urban (60%) or rural (63%) areas**.
- Food security: respondents with high (68%) food security were more likely to have eaten out in a restaurant, pub or bar than those with marginal (54%) or low (52%) food security²⁶.
- Long term health condition: respondents without a long-term health condition (66%) were more likely to have eaten out in a restaurant, pub or bar compared to

²⁵ Data for those with an income of £64,000 and above were not reported due to a small number of respondents being in this group.

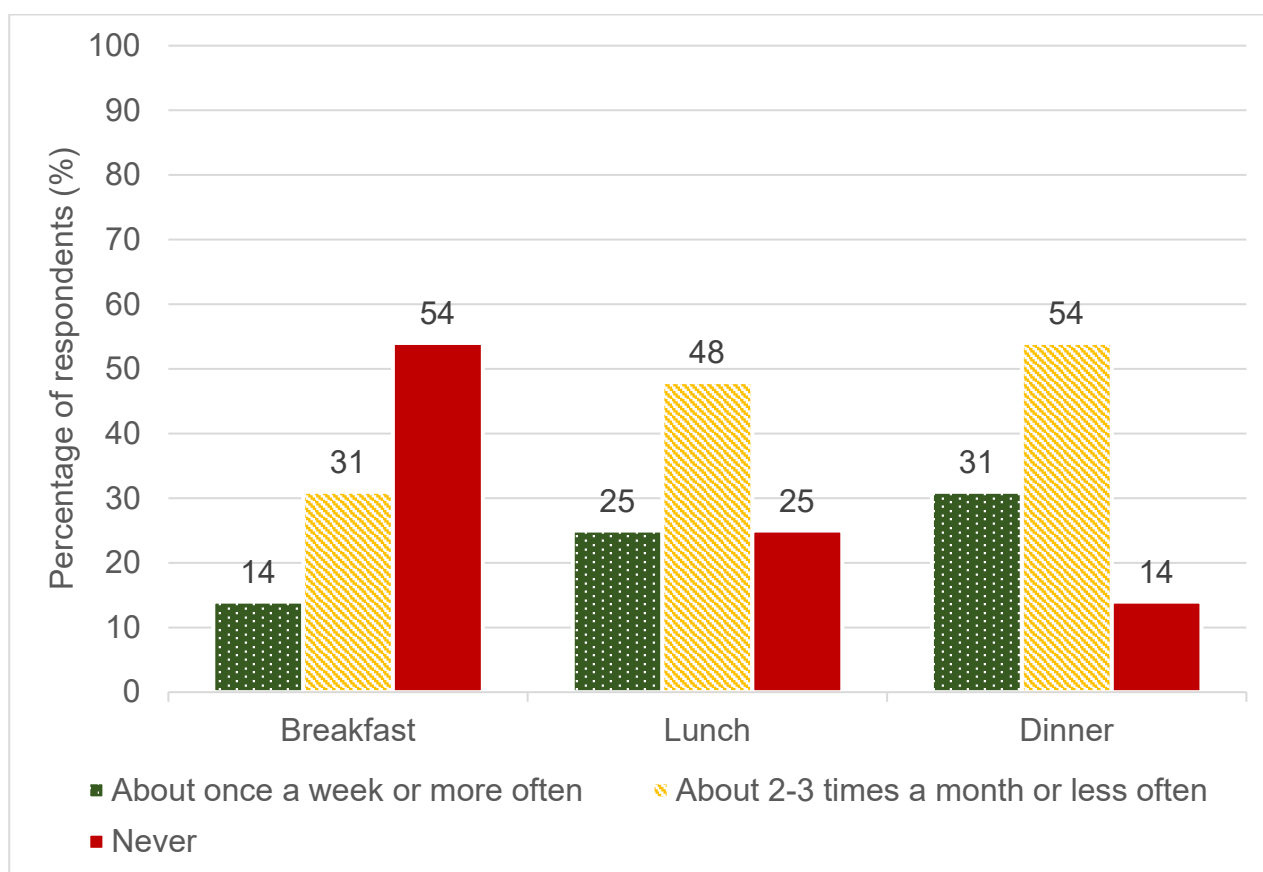
²⁶ Data for those with very low food security were not reported due to a small number of respondents being in this group.

respondents who had a long-term health condition (54%), however the prevalence of eating food from a takeaway did not differ greatly between those with (68%) or without (62%) a long-term health condition**.

- NIMDM: respondents who lived in the least deprived areas (NIMDM 5) (68%) were more likely to have eaten out in a restaurant, pub or bar compared to respondents who lived in the most deprived areas (NIMDM 1) (55%). However, respondents who lived in the most deprived areas (NIMDM 1) (76%) were more likely to have eaten food from a takeaway than those who lived in the less deprived areas, for (example NIMDM 3, 60%).

Eating out and takeaways by mealtime

Figure 10. Frequency of eating out or buying food to takeout by mealtime.



Source: Food & You 2: Wave 4

Respondents were asked how often they ate out or bought food to take out for breakfast, lunch, and dinner. Respondents were least likely to eat out or buy food to take out for breakfast, with 54% of respondents never doing this. Around half of respondents (48%)

reported that they ate out or bought take out food for lunch 2-3 times a month or less often (Figure 10)²⁷.

Factors considered when ordering a takeaway

Respondents were asked which factors, from a given list, they generally considered when deciding where to order a takeaway from²⁸.

Figure 11. Factors considered when ordering a takeaway.

²⁷ Question: At the moment, how often, if at all, do you eat out or buy food to take out for...? A) Breakfast, B) Lunch, C) Dinner. Responses: Several times a week, About once a week, About 2-3 times a month, About once a month, Less than once a month, Never, Can't remember. Base= 1329, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland. Wave 4.

²⁸ Including takeaway ordered directly from a takeaway shop or restaurant or via an online food delivery company.



Source: Food & You 2: Wave 4

Of those who had ordered food from a takeaway, the factors most commonly considered when deciding where to place an order were the respondents' previous experience of the takeaway (80%) and the quality of food (78%). In addition, 4 in 10 (40%) respondents

considered the food hygiene rating when deciding where to order a takeaway from (Figure 11)²⁹.

Awareness and recognition of the FHRs

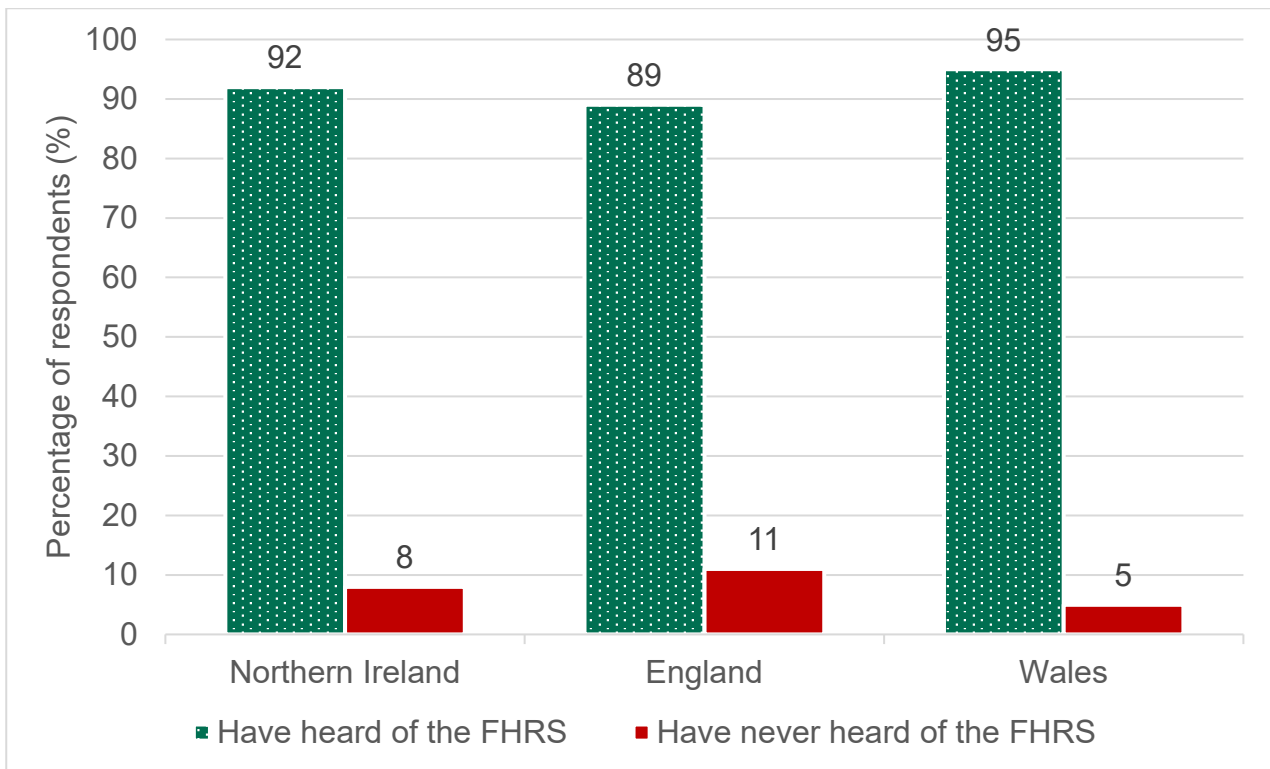
Most respondents (92%) reported that they had heard of the FHRs. Almost three quarters (65%) of respondents reported that they had heard of the FHRs and had at least a bit of knowledge about it^{30,31}.

Figure 12. Percentage of respondents who had heard of the FHRs by country.

²⁹ Question: Generally, when ordering food from takeaways (either directly from a takeaway shop or restaurant or from an online food delivery company like Just Eat, Uber Eats or Deliveroo) what do you consider when deciding where to order from? Responses: My previous experience of the takeaway, Quality of food, Price (including cost of delivery), Type of food (e.g. cuisine or vegetarian/vegan options), Recommendations from family or friends, Food Hygiene Rating, Location of takeaway, Whether there is a delivery or collection option, Offers, deals or discount available, Delivery/ collection times, Whether food can be ordered online e.g. through a website or app, Reviews e.g. on TripAdvisor, Google, social media, or in newspapers and magazines, Whether it is an independent business or part of a chain, Whether healthier options are provided, Whether allergen information is provided, Whether information about calories is provided, None of these, Don't know. Base= 922, all online respondents who order takeaways in Northern Ireland. Wave 4.

³⁰ Question: Have you heard of the Food Hygiene Rating Scheme? Responses: Yes, I've heard of it and know quite a lot about it, Yes, I've heard of it and know a bit about it, Yes, I've heard of it but don't know much about it, Yes, I've heard of it but don't know anything about it, No, I've never heard of it. Base = 1329, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland. Wave 4.

³¹ Responses to other FHRs questions not included in this report are available in the full dataset and tables. A more detailed FHRs report will be published separately. Wave 4.



Source: Food and You 2: Wave 4

Most respondents living in Northern Ireland (92%), England (89%), and Wales (95%), had heard of the FSA (Figure 14)**.

Respondents in Wales (74%) were more likely to report that they had heard of the FHRs and had at least some knowledge of the FHRs compared to those in England (57%) and Northern Ireland (65%)**.

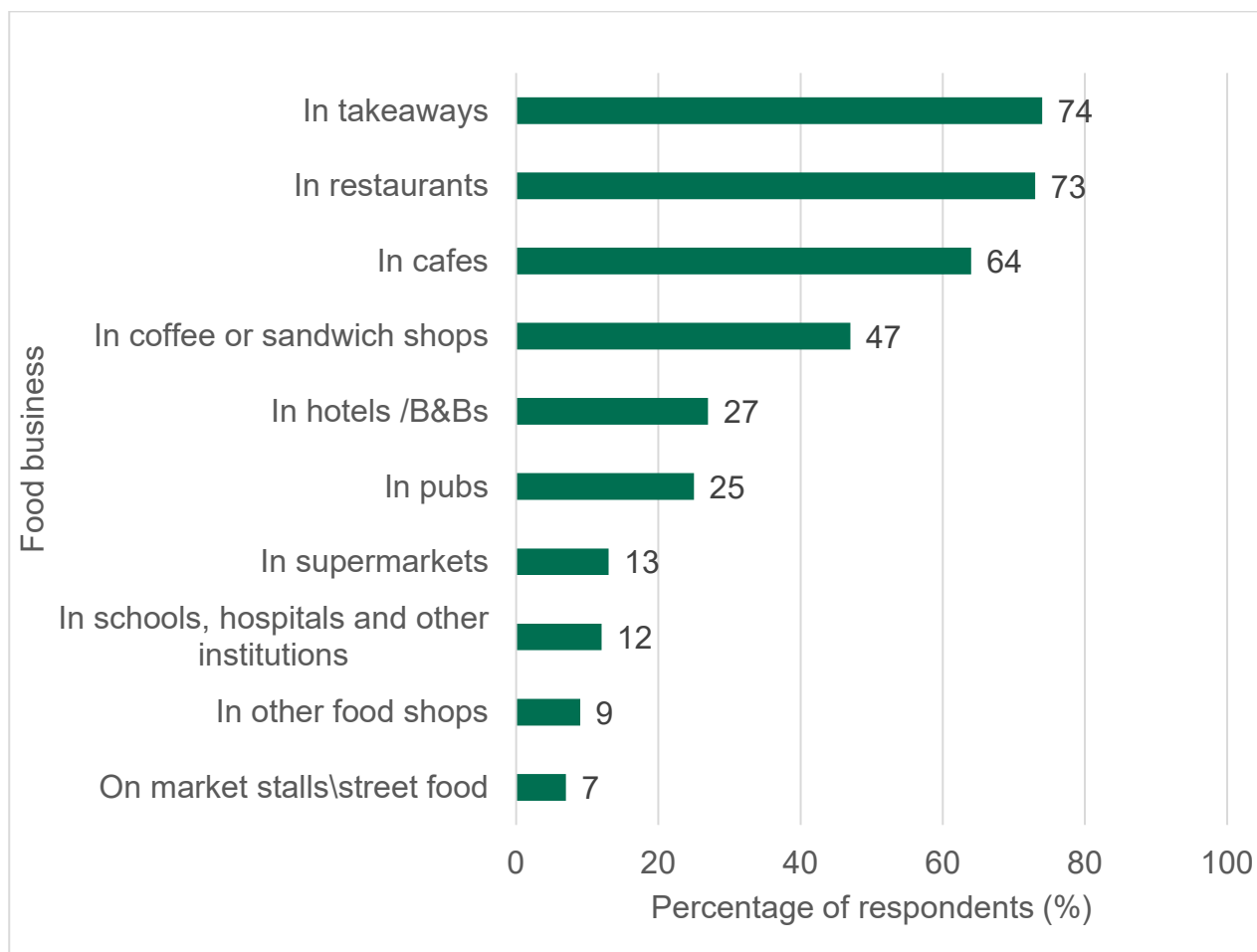
When shown an image of the FHRs sticker, recognition of the FHRs sticker was comparable across Northern Ireland (94%), England (87%), and Wales (95%) (Figure 12)^{32**}.

FHRs usage

³² Question: Have you ever seen this sticker before? Responses: Yes, No, Don't know/ Not sure. Base = 4755, (England = 2085, Wales = 1027, Northern Ireland = 122), all online respondents and those answering the Eating Out postal questionnaire. Wave 4.

Respondents living in Wales (54%) were more likely to have checked the hygiene rating of a food business in the last 12 months compared to respondents in England (40%) and Northern Ireland (46%)** ³³.

Figure 13. Food businesses where respondents in Northern Ireland had checked the food hygiene rating in last 12 months.



³³ Question: In the last 12 months, have you checked the hygiene rating of a food business? You may have checked a rating at the business premises, online, in leaflets or menus whether or not you decided to purchase food from there. Responses: Yes, I have checked the Food Hygiene Rating of a food business, No, I have not checked the Food Hygiene Rating of a food business, Don't know. Base = 4755 (England = 2347, Wales = 1079, Northern Ireland = 1329) , all online respondents and those answering the Eating Out postal questionnaire in England, Wales and Northern Ireland. Wave 4.

Source: Food & You 2: Wave 4

Respondents who said they had checked the hygiene rating of a food business in the last 12 months were asked what types of food businesses they had checked. In Northern Ireland the most common types of food business which respondents had checked the food rating of were takeaways (74%) and restaurants (73%) (Figure 13)³⁴.

Chapter 5: Food allergies, intolerances and other hypersensitivities

Introduction

‘Food hypersensitivity’ is a term that refers to a bad or unpleasant physical reaction which occurs as a result of consuming a particular food. There are different types of food hypersensitivity including a food allergy, food intolerance and coeliac disease³⁵.

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

³⁴ Question: In which of the following kinds of food businesses have you checked the hygiene ratings in the last 12 months? Responses: In takeaways, In restaurants, In cafés, In coffee or sandwich shops, In pubs, In hotels & B&Bs, In supermarkets, In other food shops, In schools, hospitals and other institutions, On market stalls/street food, Manufacturers (Business-to-Business traders), Somewhere else, Don’t know. Base = 617, all online respondents and all those who completed the Eating Out postal questionnaire who have checked the Food Hygiene Rating of a food business in the last 12 months in Northern Ireland. Wave 4.

³⁵ [FSA Explains: Food hypersensitivities. Overview: Food Allergy, NHS.](#) [Food Intolerance, NHS. Overview: Coeliac disease, NHS.](#)

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

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

The FSA is responsible for allergen labelling and providing guidance to people with food hypersensitivities. [By law](#), food businesses in the UK must inform customers if they use any of the 14 most potent and prevalent allergens³⁶ in the food and drink they provide.

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

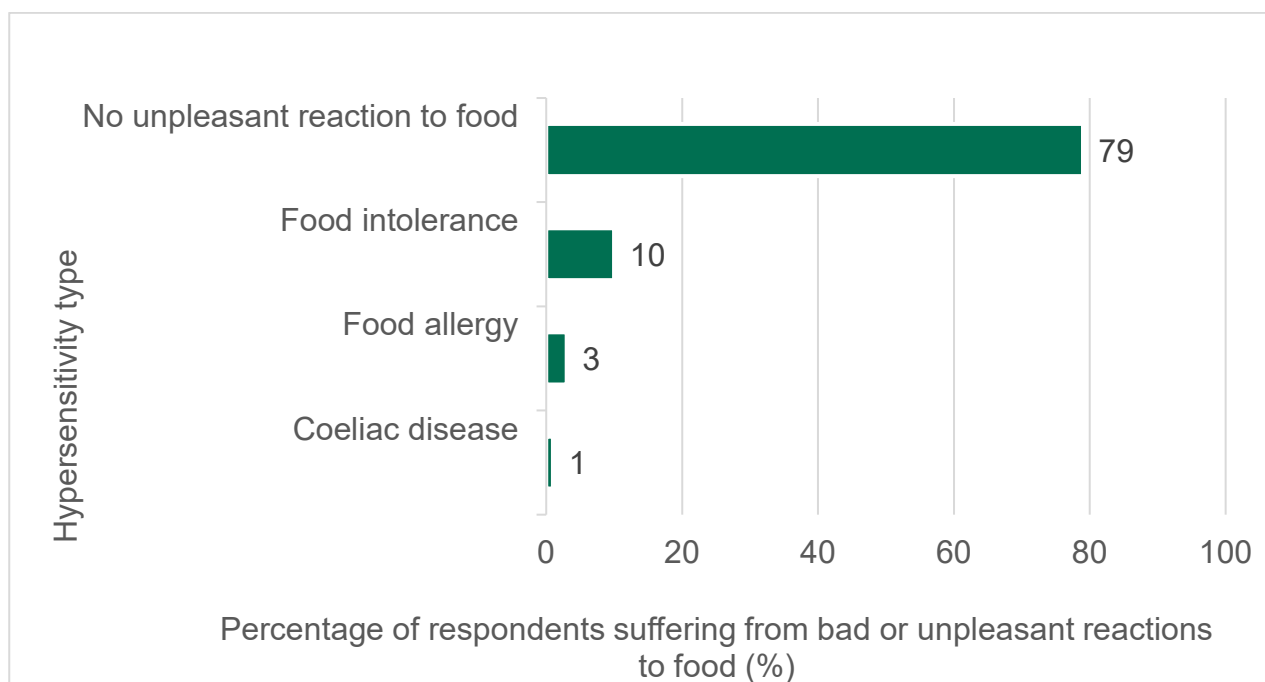
This chapter provides an overview of respondents' understanding of food allergies and intolerances, the self-reported prevalence and diagnosis of food hypersensitivities, and experiences of eating out or ordering a takeaway among those with a hypersensitivity.

³⁶ Allergens: celery, cereals containing gluten (such as barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites and tree nuts (such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts).

Prevalence and diagnosis of food hypersensitivities

Around 1 in 5 (21%) respondents reported that they suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause³⁷.

Figure 14. Prevalence of different types of food hypersensitivity.



Source: Food and You 2: Wave 4

³⁷ Question: Do you suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause? Responses: Yes, No, Don't know, Prefer not to say. Base= 1575, all respondents in Northern Ireland.

Most respondents (79%) reported that they did not have a food hypersensitivity. 10% of respondents reported that they had a food intolerance, 3% reported having a food allergy, and 1% reported having coeliac disease (Figure 14)³⁸.

Diagnosis of food hypersensitivities

Respondents who reported having a bad or unpleasant reaction were asked how they had found out about their condition. Around a quarter (23%) of respondents who had a food hypersensitivity had been diagnosed by an NHS or private medical practitioner and 9% had been diagnosed by an alternative or complementary therapist but not a NHS/private medical practitioner. However, 11% had used other methods and most respondents (71%) had not received any diagnosis.³⁹

Eating out with a food hypersensitivity

The FSA provides guidance for food businesses on providing allergen information. Food businesses in the retail and catering sector are required by law to provide allergen information and to follow labelling rules. The type of allergen information which must be provided depends on the type of food business. However, all food business operators

³⁸ Question/ Responses: Derived variable, see data tables (REACTYPE_1 to REACTYPE_18 combined NET) and Technical Report. Base= 1575, all respondents. Wave 4.

³⁹ Question: How did you find out about your problem with these foods? Responses: I have been diagnosed by an NHS or private medical practitioner (e.g. GP, dietician, allergy specialist in a hospital or clinic), I have been diagnosed by an alternative or complementary therapist (e.g. homeopath, reflexologist, online or walk-in allergy testing service), I have noticed that this food causes me problems, but I have not been formally diagnosed with a specific condition, Other. Base= 333, all respondents who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland. Wave 4.

must provide allergen information for prepacked and non-prepacked food and drink. Foods which are pre-packed or pre-packed for direct sale (PPDS) are required to have a label with a full ingredients list with allergenic ingredients emphasised⁴⁰.

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

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

Around 2 in 10 (22%) respondents always checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction, and 34% of respondents checked this information was available less often (i.e. most of the time or less often). However, 40% of respondents never checked in advance that information was available which would allow them to identify food that might cause them a bad or unpleasant reaction⁴¹.

⁴⁰ [Allergen guidance for food businesses, FSA.](#)

⁴¹ Question: When eating out or ordering food from somewhere new, how often, if at all, do you check in advance that information is available allowing you to identify food that might cause you a bad or unpleasant physical reaction? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 316, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause who eat out or order takeaways in Northern Ireland. Wave 4.

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

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

Around 1 in 6 (16%) respondents reported that this information was always readily available and 58% of respondents reported that this information was available less often (i.e. most of the time or less often). However, 18% of respondents reported that this information was never readily available when they ate out or bought food to take away⁴².

Respondents were asked how often they asked a member of staff for more information when it is not readily available. Around a quarter (24%) respondents reported that they

⁴² Question: When eating out or buying food to take out, how often, if at all, is the information you need to help you identify food that might cause you a bad or unpleasant physical reaction readily available? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 316, online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction in Northern Ireland. Wave 4.

always asked staff for more information, whilst 39% did this less often (i.e. most of the time or less often), and 32% never asked staff for more information⁴³.

Respondents were asked how comfortable they felt asking a member of staff for more information about food that might cause them a bad or unpleasant physical reaction. Most respondents (70%) reported that they were comfortable (i.e. very comfortable or fairly comfortable) asking staff for more information, however 20% of respondents reported they were not comfortable doing this (i.e. not very comfortable or not at all comfortable)⁴⁴.

⁴³ Question: When information is not readily available, how often do you ask a member of staff for more information? Responses: Always, Most of the time, About half of the time, Occasionally, Never, I don't need to ask because the information is always readily available, Don't know. Base= 302, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland, excluding those who say 'I don't need to ask because the information is always readily available'. Wave 4.

⁴⁴ Question: How comfortable do you feel asking a member of staff for more information about food that might cause you a bad or unpleasant physical reaction? Responses: Very comfortable, Fairly comfortable, Not very comfortable, Not at all comfortable, It varies from place to place, Don't know. Base = 316, all online respondents who eat out or buy food to take away and have a food reaction, and all postal respondents, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause in Northern Ireland. Wave 4.

Chapter 6: Eating at home

Introduction

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

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

Two versions of the 'Eating at home' module have been created, a brief version which includes a limited number of key questions, and a full version which includes all related questions. The brief 'Eating at home' module was included in the Wave 4 survey and is reported in this chapter⁴⁵.

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

Cleaning

⁴⁵ The full 'Eating at home' module was reported in the [Food and You 2: Wave 1 Key Findings report](#). The full module will be reported again in Wave 5.

Handwashing in the home

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

The majority (73%) of respondents who cook reported that they always wash their hands before preparing or cooking food. However, 26% of respondents reported that they do not always (i.e., most of the time or less often) wash their hands before preparing or cooking food⁴⁶.

Most respondents (91%) who cook meat, poultry or fish reported that they always wash their hands immediately after handling raw meat, poultry, or fish. However, 9% of respondents reported that they do not always (i.e., most of the time or less often) wash their hands immediately after handling raw meat, poultry or fish⁴⁷.

Handwashing when eating out

Respondents were asked, how often, if at all, they washed their hands or used hand sanitising gel or wipes before eating when they ate outside of their home. Over half (55%) of respondents reported that they always washed their hands, used hand

⁴⁶ Question: When you are at home, how often, if at all, do you wash your hands before starting to prepare or cook food. Responses: Always, Most of the time, About half the time, Occasionally, Never, I don't cook, Don't know. Base= 1160, all online and all those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't cook/prepare food' in Northern Ireland. Wave 4.

⁴⁷ Question: When you are at home, how often, if at all, do you wash your hands do you wash your hands immediately after handling raw meat, poultry or fish. Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 1133, all online respondents and those who completed the 'Eating at home' postal questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't cook meat', in Northern Ireland. Wave 4.

sanitising gel or wipes when they ate outside of their home, 41% did this less often (i.e., most of the time or less often) and 4% never did this⁴⁸.

Chilling

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

If and how respondents check fridge temperature

When asked what temperature the inside of a fridge should be, 64% of respondents reported that it should be between 0-5 degrees Celsius. Around 1 in 6 (17%) respondents reported that the temperature should be above 5 degrees, 4% reported that the temperature should be below 0 degrees, and 14% of respondents did not know what temperature the inside of their fridge should be⁴⁹.

⁴⁸ Question: When eating outside of the home, how often, if at all, do you wash your hands, or use hand sanitising gel or wipes before eating? Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 1329, all online respondents and those answering the Eating Out postal questionnaire in Northern Ireland. Wave 4.

⁴⁹ Question: What do you think the temperature inside your fridge should be? Responses: Less than 0 degrees C (less than 32 degrees F), Between 0 and 5 degrees C (32 to 41 degrees F), More than 5 but less than 8 degrees C (42 to 46 degrees F), 8 to 10 degrees C (47 to 50 degrees F) (2%), More than 10 degrees C (over 50 degrees F), Other, Don't know. Base= 1263, all online respondents and those answering the 'Eating at Home' paper questionnaire, excluding those who don't have a fridge, in Northern Ireland. Wave 4.

Almost half of respondents who have a fridge reported that they monitored the temperature, either manually (49%) or via an internal temperature alarm (8%)⁵⁰. Of the respondents who manually check the temperature of their fridge, 81% reported that they check the temperature of their fridge at least once a month, as recommended by the FSA⁵¹.

Cooking

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

Respondents were asked to indicate how often they cook food until it is steaming hot and cooked all the way through. The majority (83%) of respondents who cook reported that

⁵⁰ Question: Do you, or anyone else in your household, ever check your fridge temperature? Responses: Yes, No, I don't need to - it has an alarm if it is too hot or cold, Don't know. Base= 1260, all online respondents and those answering the 'Eating at Home' paper questionnaire, excluding those who don't have a fridge, in Northern Ireland. Wave 4.

⁵¹ Question: How often, if at all, do you or someone else in your household check the temperature of the fridge? Responses: At least daily, 2-3 times a week, Once a week, Less than once a week but more than once a month, Once a month, four times a year, 1-2 times a year, Never, Don't know. Base= 621, all online respondents and those who completed the 'Eating at Home' postal questionnaire where someone in household checks fridge temperature in Northern Ireland. Wave 4.

they always cook food until it is steaming hot and cooked all the way through, however 17% reported that they do not always do this⁵².

When respondents were asked to indicate how often they eat chicken or turkey when the meat is pink or has pink juices⁵³, the majority (92%) reported that they never eat chicken or turkey when it is pink or has pink juices. However, 7% of respondents reported eating chicken or turkey at least occasionally when it is pink⁵⁴.

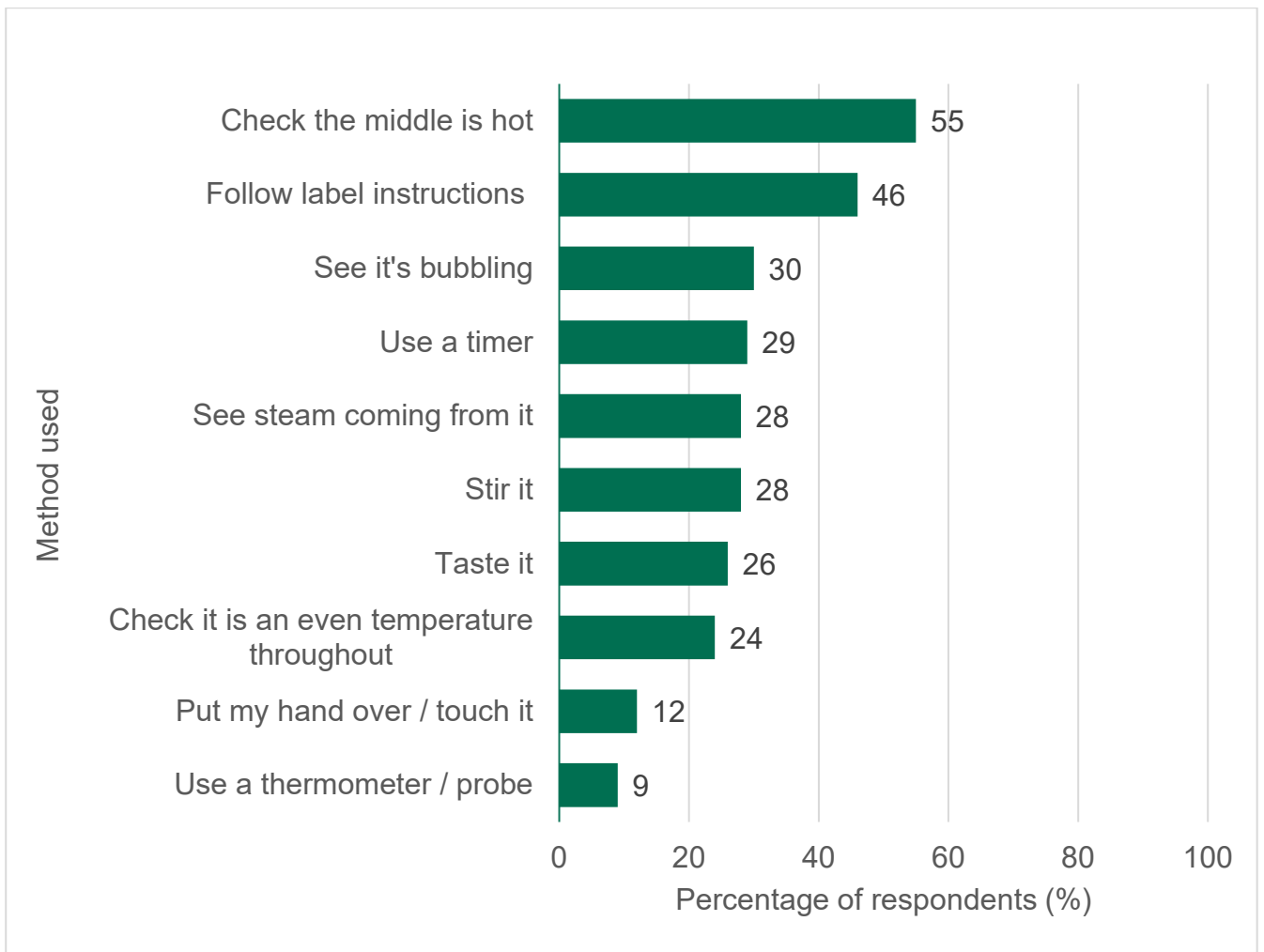
Reheating

Figure 15. Methods used when reheating food to check it's ready to eat.

⁵² Question: How often, if at all, do you cook food until it is steaming hot and cooked all the way through? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 1157, all online respondents who ever do some food preparation or cooking for their household, and all those who completed the 'Eating at Home' postal paper questionnaire, excluding 'I don't cook' in Northern Ireland. Wave 4.

⁵³ Data on the consumption of red meat, duck, beefburgers, sausages and pork when the meat is pink or has pink or red juices is available from [Food and You 2: Wave 1](#) and is expected to be reported in Food and You 2: Wave 5.

⁵⁴ Question: How often, if at all, do you eat chicken or turkey when the meat is pink or has pink or red juices? Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base =1213, all respondents who are not vegan, pescatarian or vegetarian, and who do eat chicken/turkey in Northern Ireland. Wave 4.



Source: Food & You 2: Wave 4

Respondents were asked to indicate how they check food is ready to eat when they reheat it. The most common method was to check if the middle was hot (55%), and the least common method was to use a thermometer or probe (9%) (Figure 15)⁵⁵.

When respondents were asked how many times they would reheat food, the majority reported that they would only reheat food once (82%), 9% would reheat food twice, and 2% would reheat food more than twice⁵⁶.

Leftovers

Respondents were asked how long they would keep leftovers in the fridge for. Over two-thirds (77%) of respondents reported that they would eat leftovers within 2 days, 18% of

⁵⁵ Question: When reheating food, how do you know when it is ready to eat? (Select all that apply). Responses: I check the middle is hot, I follow the instructions on the label, I can see its bubbling, I use a timer to ensure it has been cooked for a certain amount of time, I check it's an even temperature throughout, I can see steam coming from it, I can see steam coming from it, I taste it, I stir it, I put my hand over it/touch it, I use a thermometer/probe, None of the above, I don't check. Base= 1117, all online respondents and those who completed the 'Eating at Home' postal questionnaire who ever do some food preparation or cooking for their household, excluding 'I don't reheat food', in Northern Ireland. Wave 4.

⁵⁶ Question: How many times would you consider reheating food after it was cooked for the first time? Responses: Not at all, Once, Twice, More than twice, Don't know. Base= 1121, all online respondents and those who completed the 'Eating at Home' postal questionnaire who reheat food using one of the methods in the previous question in Northern Ireland. Wave 4.

respondents reported that they would eat leftovers within 3-5 days and only 1% would eat leftovers after 5 days or longer⁵⁷.

Avoiding cross-contamination

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

Almost two-thirds (63%) of respondents reported that they never wash raw chicken, whilst 35% of respondents wash raw chicken at least occasionally (i.e. occasionally or more often)⁵⁸.

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

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

Respondents were asked to indicate, from a range of responses, how they store meat and poultry in the fridge. Respondents were most likely to report storing raw meat and poultry in its original packaging (64%) or away from cooked foods (58%). Over a third of

⁵⁷ Question: When is the latest you would consume any leftovers stored in the fridge?
Responses: The same day, Within 1-2 days, Within 3-5 days, More than 5 days later, It varies too much, Don't know. Base= 1263, all online respondents and those answering the 'Eating at Home' postal questionnaire in Northern Ireland. Wave 4.

⁵⁸ Question: How often, if at all, do you do the following? Wash raw chicken. Responses: Always, Most of the time, About half of the time, Occasionally, Never, Don't know. Base= 1153, all online respondents who ever do some food preparation or cooking for their household, and all those who completed the 'Eating at Home' postal paper questionnaire, excluding 'I don't cook' and 'not stated' in Northern Ireland. Wave 4.

respondents reported storing raw meat and poultry in a sealed container (38%), with a lower proportion covering it with film/foil (27%), or storing it on a plate (12%)⁵⁹.

Over two-thirds (70%) of respondents reported storing raw meat and poultry at the bottom of the fridge, as recommended by the FSA. However, 14% of respondents reported storing raw meat and poultry wherever there is space in the fridge, 10% of respondents reported storing raw meat and poultry in the middle of the fridge, and 7% at the top of the fridge⁶⁰.

Use-by and best before dates

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

Respondents were asked to indicate which date shows that food is no longer safe to eat. In accordance with FSA recommendations, over two-thirds (69%) of respondents identified the use-by date as the information which shows that food is no longer safe to

⁵⁹ Question: How do you store raw meat and poultry in the fridge? Please select all the apply. Responses: Away from cooked foods, Covered with film/foil, In a sealed container, In its original packaging, On a plate. Base= 1177, all online respondents, and those answering the 'Eating at Home' postal questionnaire except those who don't buy/store meat/poultry, don't store raw meat/poultry in the fridge, do not have a fridge or don't know, in Northern Ireland. Wave 4.

⁶⁰ Question: Where in the fridge do you store raw meat and poultry? Responses: Wherever there is space, At the top of the fridge, In the middle of the fridge, At the bottom of the fridge. Base= 1157, all online respondents and those who completed the 'Eating at Home' paper questionnaire, who store raw meat/poultry in the fridge except those who don't buy/store meat/poultry, don't have a fridge or don't know, in Northern Ireland. Wave 4.

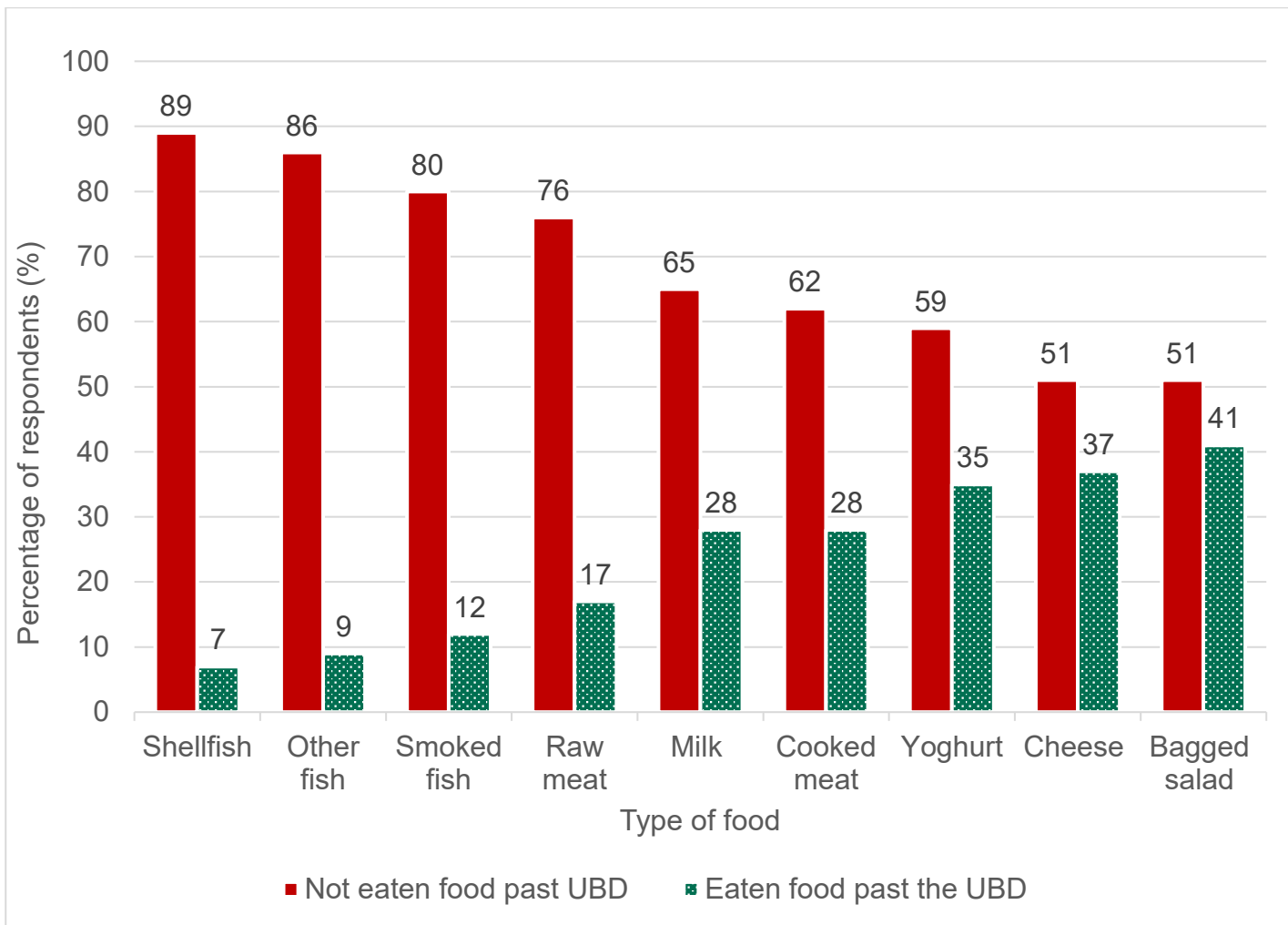
eat. However, 10% of respondents identified the best before date as the date which shows food is no longer safe to eat⁶¹.

Almost three-quarters (71%) of respondents reported that they always check use-by dates before they cook or prepare food and 22% of respondents did this most of the time, 6% reported checking use-by less often (i.e. about half the time or occasionally), and just 1% reported never checking use-by dates⁶².

Figure 16. Types of food which respondents had eaten past the use by date in the previous month.

⁶¹ Question: Which of these shows when food is no longer safe to eat? Responses: Use-by date, Best before date Sell by date, Display until date, All of these, It depends, None of these, Don't know. Base= 1263, all online respondents and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 4.

⁶² Question: How often, if at all, do you check use-by dates when you are about to cook or prepare food? Responses: Always, Most of the time, About half of the time, Occasionally, Never, It varies too much, Don't know. Base=1157, all online respondents who ever do some food preparation or cooking for their household, and all those who completed the Eating at Home postal questionnaire, excluding I don't cook / prepare food and not stated in Northern Ireland. Wave 4.



Source: Food & You 2: Wave 4

Respondents who had eaten certain foods in the last month were asked to indicate if they had eaten that food past the use-by date. Of these respondents, most reported that they

had not eaten shellfish (89%), other fish (86%), or smoked fish (80%) past the use-by date in the previous month (Figure 16)⁶³.

Chapter 7: Food shopping and labelling

Introduction

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

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

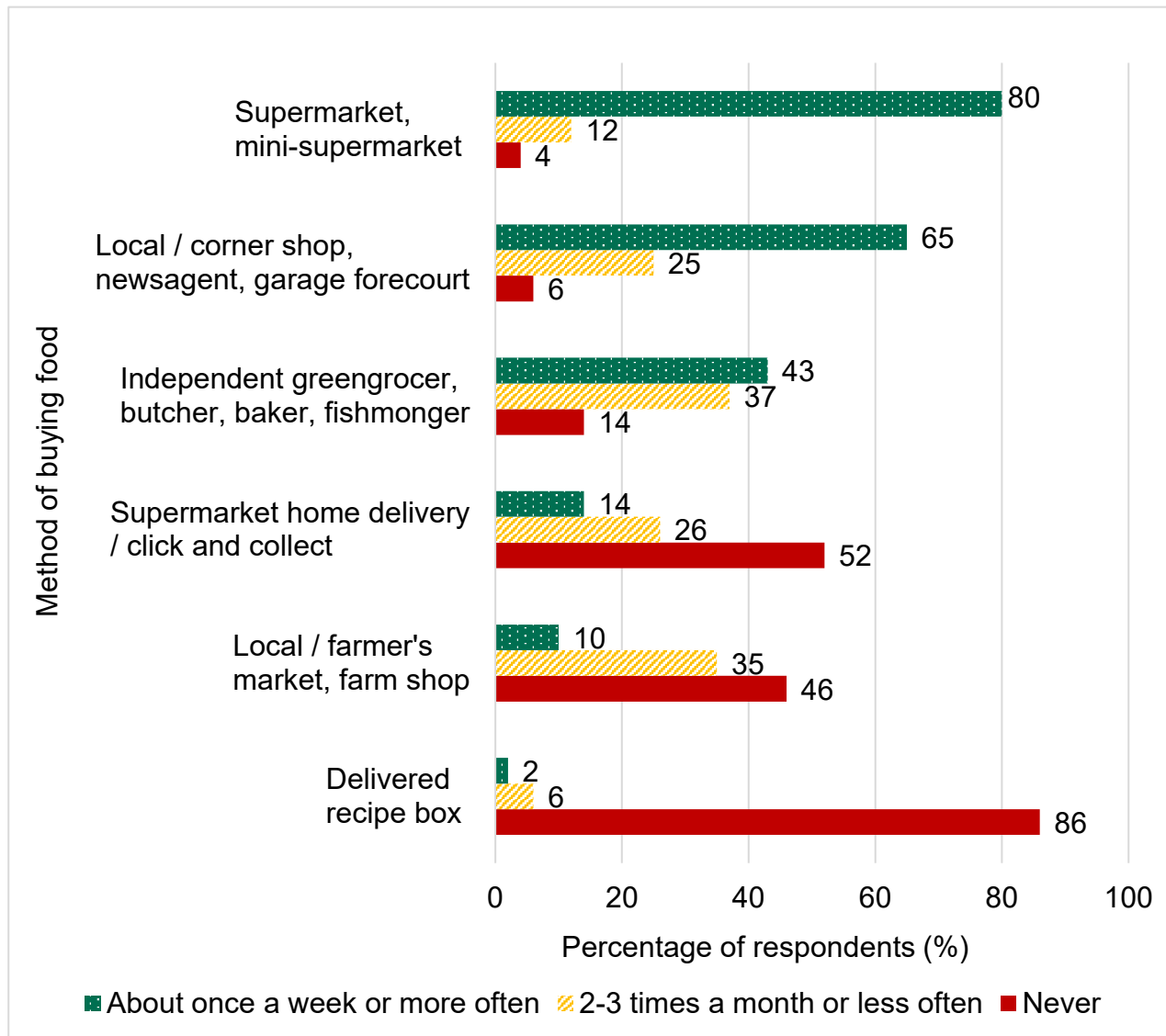
The [Department for Environment, Food and Rural Affairs](#) (Defra) plays a major role in food production and is responsible for aspects of food labelling such as composition and provenance. Defra only works directly in England but works closely with the devolved administrations in Northern Ireland, Wales and Scotland.

⁶³ Question: In the last month, have you eaten this food past its use by date? A= Cooked meats, B=Smoked fish, C=Bagged salads, D=Cheese, E=Milk, F= Raw meat, G=Shellfish, H=Any other fish, I=Yoghurt. Responses: Yes, this happened every week, Yes, this happened some weeks but not every week, Yes, this happened just one week in the last month, No, never, Don't know/can't remember, Prefer not to say. Base A=926, B=720, C=877, D=930, E=948, F= 936, G=694, H=818, I=877, all online respondents who had eaten the type of food in the previous month in Northern Ireland. Wave 4. Please note: base description varies by food type, further information is available in the data tables.

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

Where do respondents buy food?

Figure 17. Where respondents buy food from.



Source: Food and You 2: Wave 3

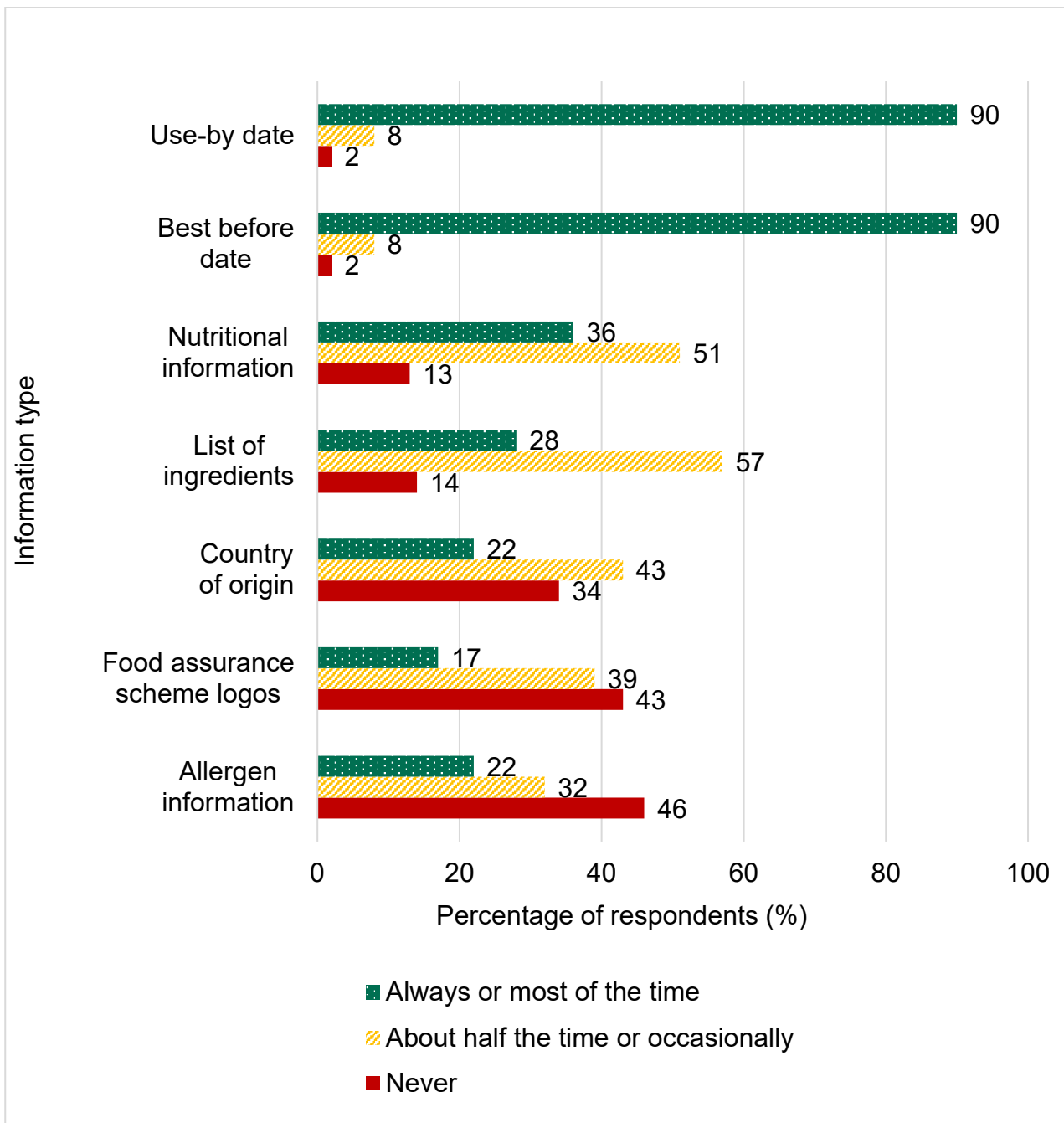
Respondents were asked to indicate where and how frequently they buy food. Most respondents reported that they bought food from a supermarket or mini supermarket

(80%), or local / corner shops, newsagents or garage forecourts (65%) about once a week or more often (Figure 17)⁶⁴.

What do respondents look for when buying food?

Figure 18. Type of information respondents check while shopping.

⁶⁴ Question: How often, if at all, do you...A) Shop for food in store at a supermarket (including mini supermarkets like Metro/ Local). B) Shop for food at independent greengrocers', butchers', bakers' or fishmongers'. C) Shop for food at local/corner shops, newsagents' or garage forecourts. D) Get a home delivery from a supermarket. E) Shop for food at a local market, farmer's market or farm shop. F) Get a recipe box delivered (e.g. Hello Fresh, Gousto). Responses: Every day, Most days, 2-3 times a week, About once a week, 2-3 times a month, About once a month, Less than once a month, Never, Can't remember. Base= 1626, all respondents in Northern Ireland. Wave 3.



Source: Food and You 2: Wave 3

Respondents were asked to indicate what information they check when buying food. Most respondents reported that they often (i.e. always or most of the time) check the use-by (90%) or best before (90%) date when they bought food. Respondents reported that

they check the list of ingredients (57%), nutritional information (51%), and country of origin (43%) about half the time or occasionally (Figure 18)⁶⁵.

When asked what information is used to judge the quality of food from a list of options, respondents reported that they most often used freshness (57%), taste (40%), and appearance (39%) to judge food quality. Fewer respondents reported that they used the price (27%), ingredients (26%), brand (25%), and country of origin (17%) to judge food quality. Assurance schemes (13%), animal welfare (13%) environmental impact (7%) and convenience (1%) were reported to be least used by respondents when judging food quality⁶⁶.

Around a third (31%) of respondents thought that meat, eggs, and dairy products show enough information about animal welfare, and 21% thought that food products show enough information about their environmental impact⁶⁷.

⁶⁵ Question: When shopping for food, how often, if at all, do you check...A) Use-by dates. B) Best before dates. C) List of ingredients. D) Allergen information. E) Nutritional information. F) Country of origin. G) Food assurance scheme logos. Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 976, all online respondents who have at least some responsibility for food shopping for their household, in Northern Ireland. Wave 3.

⁶⁶ Question: What do you use to judge the quality of food? Responses: Taste, Appearance, Country of origin, Convenience, Ingredients, Animal welfare, Freshness, Assurance schemes, Brand, Price, Environmental impact, Other. Base= 1079, all online respondents, in Northern Ireland. Wave 3.

⁶⁷ Question: To what extent do you agree or disagree with the following? A) Meat, eggs and dairy products show enough information about animal welfare. B) Food products show enough information about their environmental impact. Responses: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Don't know. Base= 1079, all online respondents, in Northern Ireland. Wave 3.

Confidence in allergen labelling

Respondents who go food shopping and take into consideration a person who has a food allergy or intolerance were asked how confident they were that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction. Overall, 84% of respondents stated that they were confident in the information provided on food labels⁶⁸.

Respondents were asked how confident they were in identifying foods that will cause a bad or unpleasant physical reaction when buying foods which are sold loose, such as at a bakery or deli-counter. Respondents were more confident in identifying these foods at independent food shops (68%), in-store at a supermarket (67%), when buying food from a supermarket online (64%). However, respondents were less confident when buying food from food markets or stalls (51%)⁶⁹.

⁶⁸ Question: How confident are you that the information provided on food labels allows you to identify foods that will cause you, or another member of your household, a bad or unpleasant physical reaction? Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base= 655, all respondents who consider the dietary requirements of themselves/someone else in the household when shopping in Northern Ireland. Wave 3.

⁶⁹ Question: When buying food that is sold loose (e.g. at a bakery or deli counter), how confident are you that you can identify foods that will cause you or another member of your household a bad or unpleasant physical reaction? Consider food sold loose from the following sources...A) Supermarkets in store. B) Supermarkets online. C) Independent food shops. D) Food markets/stalls. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies from place to place, Don't know. Base A=632, B=518, C=608, D=556, all respondents who consider the dietary requirements of themselves/someone else in the household when shopping - excluding 'I don't buy food from here' / 'I don't buy food sold loose' in Northern Ireland. Wave 3.

The importance of buying foods with a low environmental impact

Respondents were asked how important it was to buy food which has a low environmental impact. Around three-quarters (73%) of respondents reported that it was important (i.e. very important or somewhat important) to them to buy food which has a low environmental impact. Around 2 in 10 (22%) respondents did not consider it important (i.e. not very important or not at all important) to buy food which has a low environmental impact ⁷⁰.

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

Respondents were asked how frequently they check for information about the environmental impact of food when purchasing food. A fifth (20%) of respondents reported that they often checked (i.e. always or most of the time) for information about the environmental impact when purchasing food, 41% did this less often (i.e. about half of the time, or occasionally) and 33% of respondents reported that they never checked for information about the environmental impact when purchasing food⁷¹.

⁷⁰ Question: How important is it to you to buy food which has a low environmental impact? Responses: Very important, Somewhat important, Not very important, Not at all important, Don't know. Base= 1263, all online respondents, and those answering the 'Eating at Home' postal questionnaire. Wave 4.

⁷¹ Question: When purchasing food, how often do you check for information on environmental impact? Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 1263, all online respondents, and those answering the 'Eating at Home' postal questionnaire in Northern Ireland. Wave 4.

How often respondents buy foods with a low environmental impact

Respondents were asked to indicate how often, where possible, they buy food which has a low environmental impact. Almost a third (28%) of respondents often (i.e. always or most of the time) buy food which has a low environmental impact, 42% do this less often (i.e., about half of the time, or occasionally) and 8% of respondents reported that they never buy food which has a low environmental impact. However around 2 in 10 (22%) respondents do not know how often they buy food which has a low environmental impact⁷².

Attitudes toward information about a products environmental impact

Respondents were asked to indicate to what extent they agree or disagree that food products show enough information about their environmental impact. Over a quarter (28%) of respondents agreed (i.e. strongly agree or agree) that products show enough information about their environmental impact, however around a quarter (24%) of respondents disagreed (i.e. strongly disagree or disagree). Around 1 in 10 (12%)

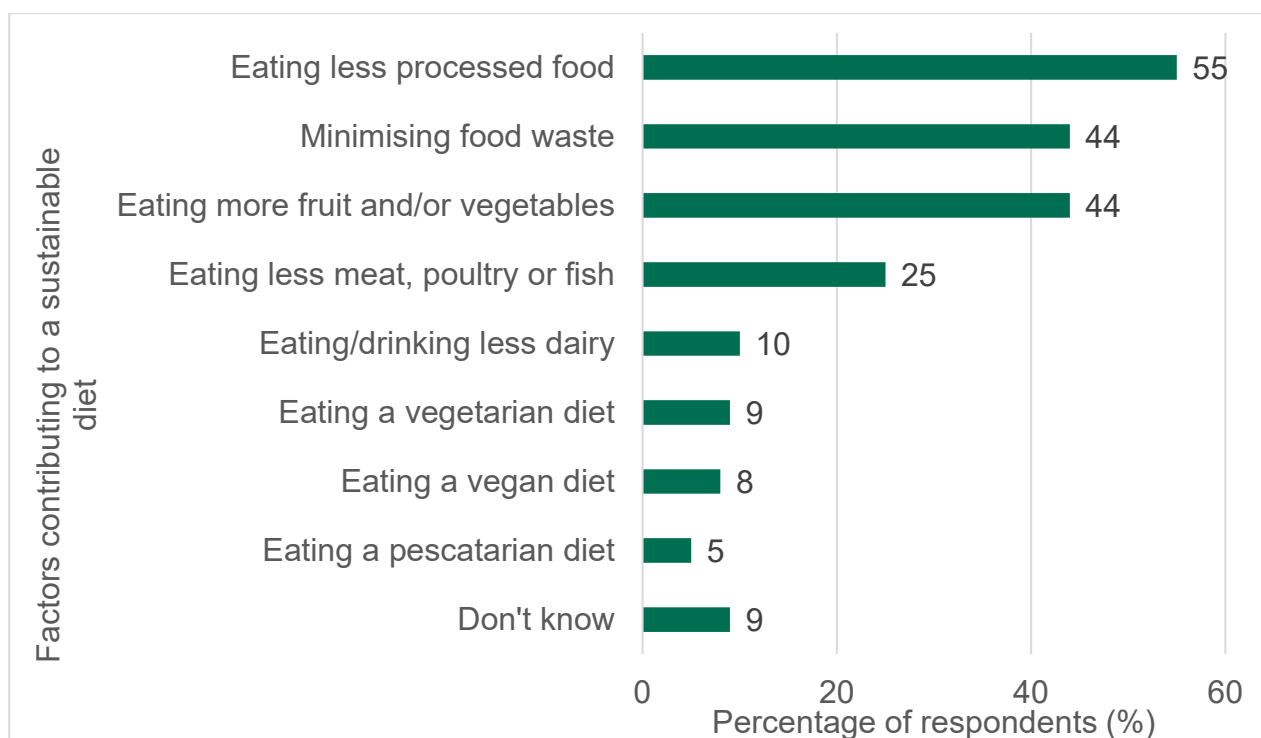
⁷² Question: How often do you buy food which has a low environmental impact, where possible? Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 1263, all online respondents, and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 4.

respondents reported that they do not know whether products show enough information about their environmental impact⁷³.

Perceptions of factors which contribute to sustainable diets and shopping choices

Perceptions of what contributes to a sustainable diet

Figure 19. Factors which respondents thought contribute most to a sustainable diet.



Source: Food and You 2: Wave 4

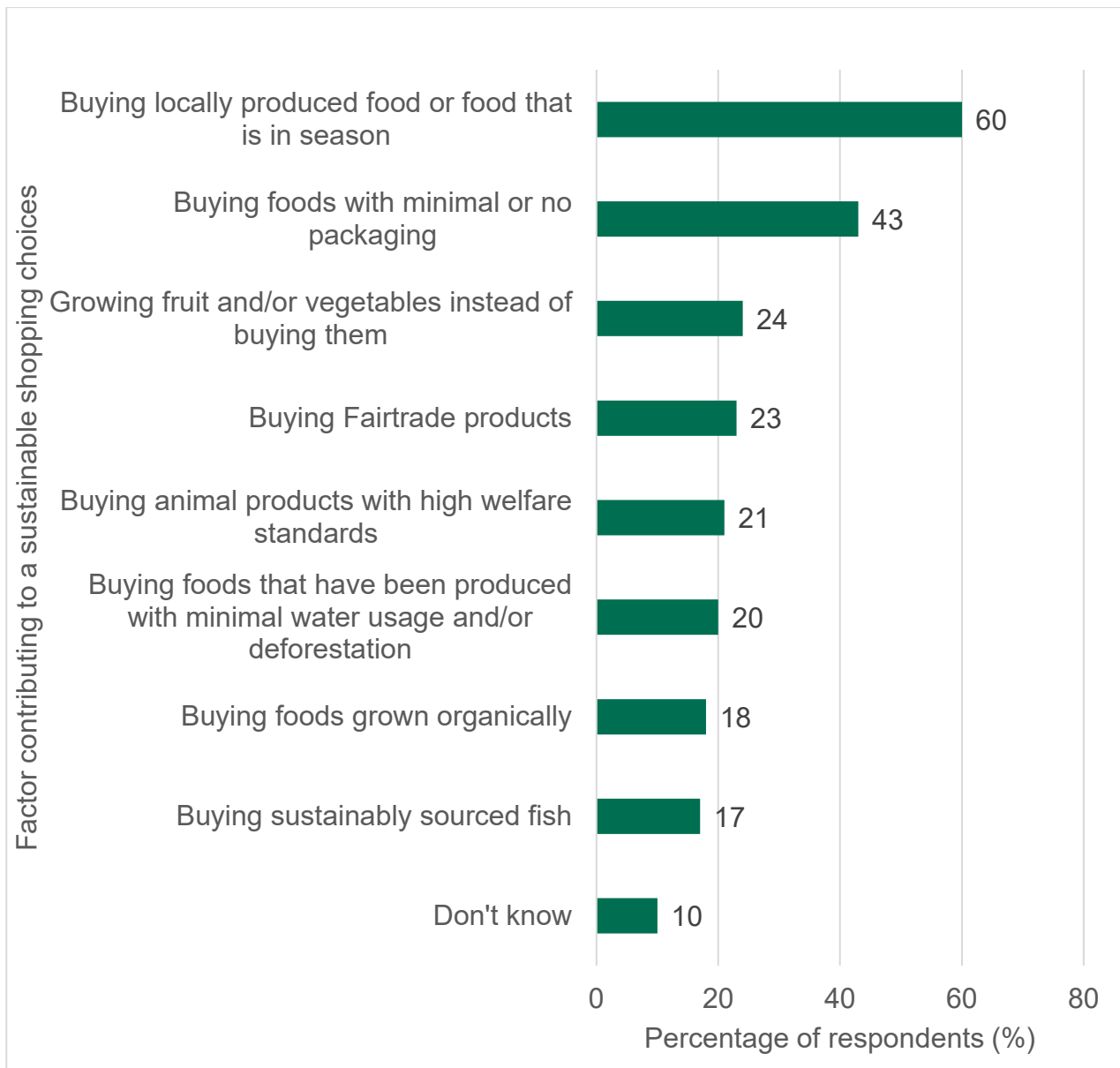
⁷³ Question: To what extent do you agree or disagree that food products show enough information about their environmental impact? Responses: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Don't know. Base= 1263, all online respondents, and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 4.

Respondents were asked, from a list of options, what they thought contributes most to someone having a sustainable diet. Over half of respondents thought that eating less processed food (55%) contributed most to a sustainable diet. Around 4 in 10 respondents thought that minimising food waste (44%) and eating more fruit and/or vegetables (44%) contributed most to a sustainable diet. A quarter (25%) of respondents thought that eating less meat, poultry, or fish (25%) contributed most to a sustainable diet. Fewer respondents thought that consuming less dairy (10%), eating a vegetarian (9%) or vegan (8%) diet or contributed most to a sustainable diet. Almost 1 in 10 (9%) respondents reported that they did not know what contributed most to someone having a sustainable diet (Figure 19)⁷⁴.

⁷⁴ Question: Which of the following do you think contributes most to someone having a sustainable diet? Responses: Eating a vegetarian diet, Eating a pescatarian diet, Eating a vegan diet, Eating less meat or poultry or fish, Eating/drinking less dairy, Eating less processed food, Eating more fruit and/or vegetables, Minimising food waste, None of these, Don't know. Base= 1263, all online respondents, and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 4.

Perceptions of what contributes to sustainable shopping choices

Figure 20. What respondents think contributes most to sustainable shopping choices.



Source: Food and You 2: Wave 4

Respondents were asked, from a list of options, what they thought contributed most to someone making sustainable food shopping choices. Most (60%) respondents thought that buying locally produced food or food that is in season or buying foods with minimal or no packaging (43%) contributed most to someone making sustainable food shopping

choices. However, 10% of respondents reported that they did not know what contributed most to someone making sustainable food shopping choices (Figure 20)⁷⁵.

Chapter 8: Healthy eating

Introduction

The FSA is responsible for some areas of [nutrition policy in Northern Ireland](#) along with the [Department of Health](#). The FSA provides information to consumers in Northern Ireland on how to achieve a healthier diet, and supports food businesses to provide and promote healthier food and drink. The [Eatwell Guide](#)⁷⁶ provides information to consumers on how they can get a balanced, healthier and more sustainable diet. The Eatwell Guide does this by providing a summary of the five main food groups, the proportions of different types of food consumers are recommended to eat, and information on fluid intake.

⁷⁵ Question: Which of the following do you think contributes most to someone making sustainable food shopping choices? Responses: Buying animal products with high welfare standards, Buying fair trade products, Buying locally produced food or food that is in season, Buying foods with minimal or no packaging, Buying foods that have been produced with minimal water usage and/or minimal deforestation, Buying foods grown organically, Buying sustainably sourced fish, Growing fruit and/or vegetables instead of buying them, None of these, Don't know. Base= 1263, all online respondents, and those answering the 'Eating at Home' postal questionnaire, in Northern Ireland. Wave 4.

⁷⁶ The [Eatwell Guide](#) was developed with Public Health England (PHE) in association with FSA Northern Ireland, the Welsh Government and Food Standards Scotland. [PHE has been replaced by UK Health Security Agency and Office for Health Improvement and Disparities](#).

This chapter provides an overview of the types of foods respondents eat, perceptions of what contributes towards a healthy diet, respondents knowledge of UK Government recommendations and dietary changes respondents have made to their diet.

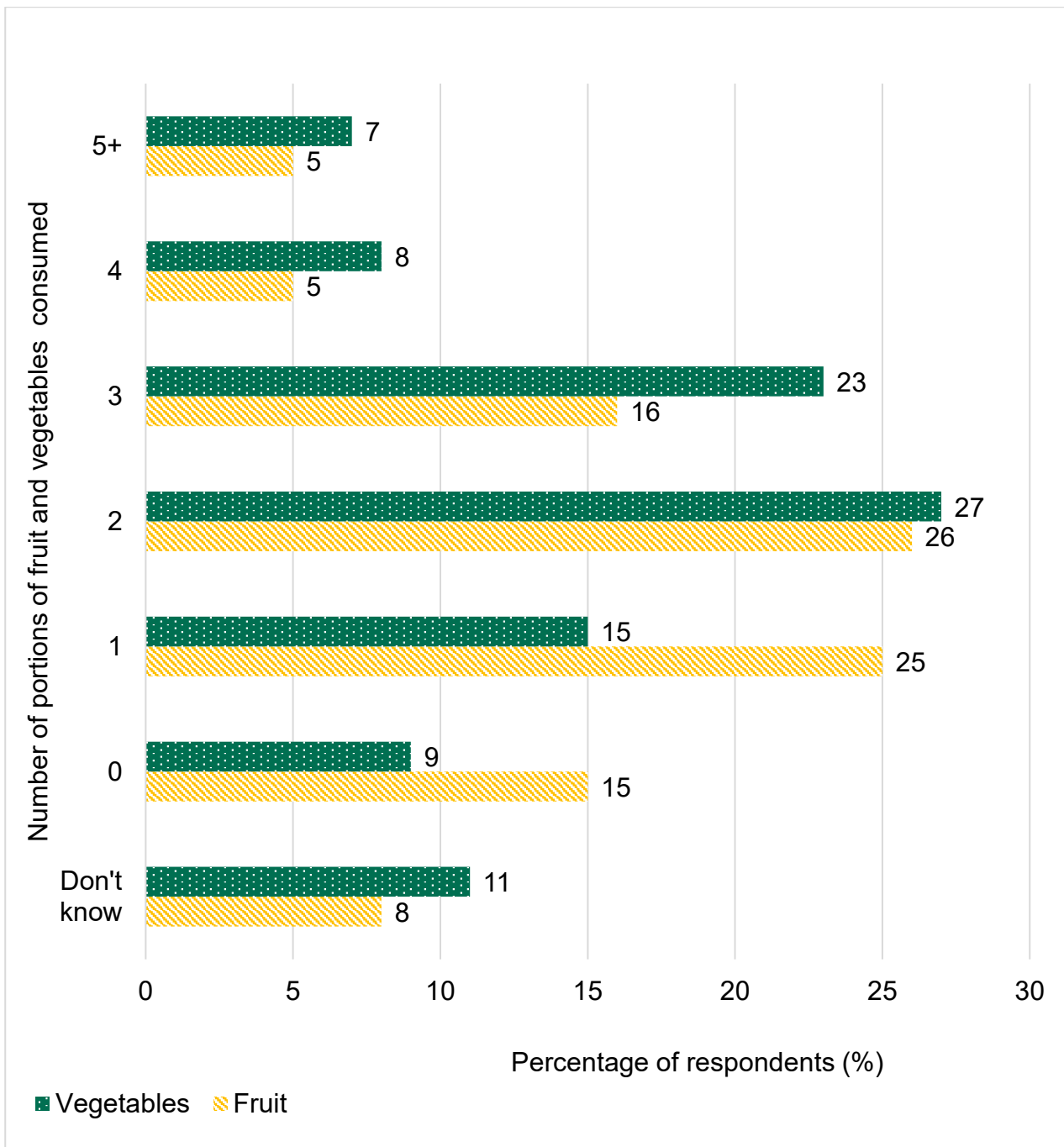
How healthy respondents think their diet is

When asked how healthy they thought their usual diet was, most respondents reported that what they usually eat is fairly healthy (67%), with a further 20% reporting that what they eat is neither healthy or unhealthy. A minority reported that their diet was very healthy (8%), fairly unhealthy (5%), or very unhealthy (1%).⁷⁷

What types of foods do respondents eat?

Figure 21. Number of portions of fruit and vegetables consumed during the previous day.

⁷⁷ Question: Overall, would you say that what you usually eat is...? Responses: very healthy, fairly healthy, neither healthy or unhealthy, fairly unhealthy, very unhealthy. Base = 1079, all online respondents in Northern Ireland. Wave 3.



Source: Food and You 2: Wave 3

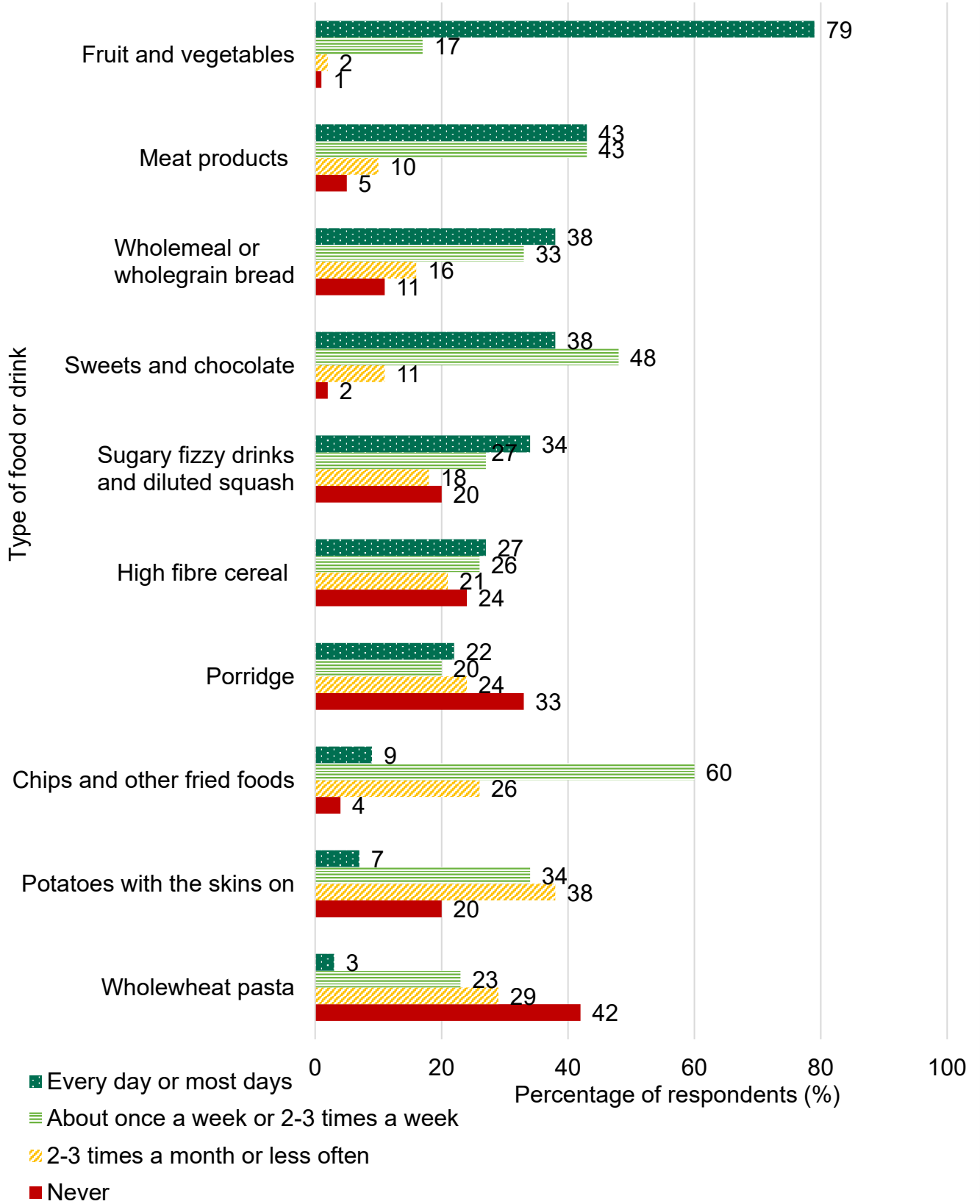
Respondents were asked how many portions of vegetables and fruit, not including fruit juice or smoothies, they had eaten or drunk the previous day. The majority of respondents had eaten either one (25%) or two (26%) portions of fruit the previous day, whilst 15% of respondents had not eaten any. Approximately a quarter of respondents had eaten two (27%) or three (23%) portions of vegetables, whereas 9% respondents had not eaten any portions of vegetables the previous day. Around 1 in 10 respondents reported that they did not know how many portions of fruit (8%) and vegetables (8%) they

had eaten (Figure 21)⁷⁸. In addition, respondents were asked if they had drunk some fruit juice or smoothie the previous day, around a third (34%) of respondents had drunk at least a small sized glass of fruit juice or smoothie⁷⁹.

Figure 22. How often respondents consumed certain types of food and drink.

⁷⁸ Question: Thinking about what you ate and drank yesterday. How many portions of...A) Fruit B) Vegetables...did you eat yesterday? Response: [open text]. Base= 1079, all online respondents in Northern Ireland. Wave 3.

⁷⁹ Question: Did you drink a small sized glass of fruit juice or smoothie yesterday? Response: Yes - a small glass (150ml/5 fluid ounces), Yes - a larger glass (more than 150ml/5 fluid ounces), No - I did not drink any fruit juice yesterday, No - drank less than a small glass (150ml/5 fluid ounces), Don't know. Base= 1079, all online respondents in Northern Ireland. Wave 3.



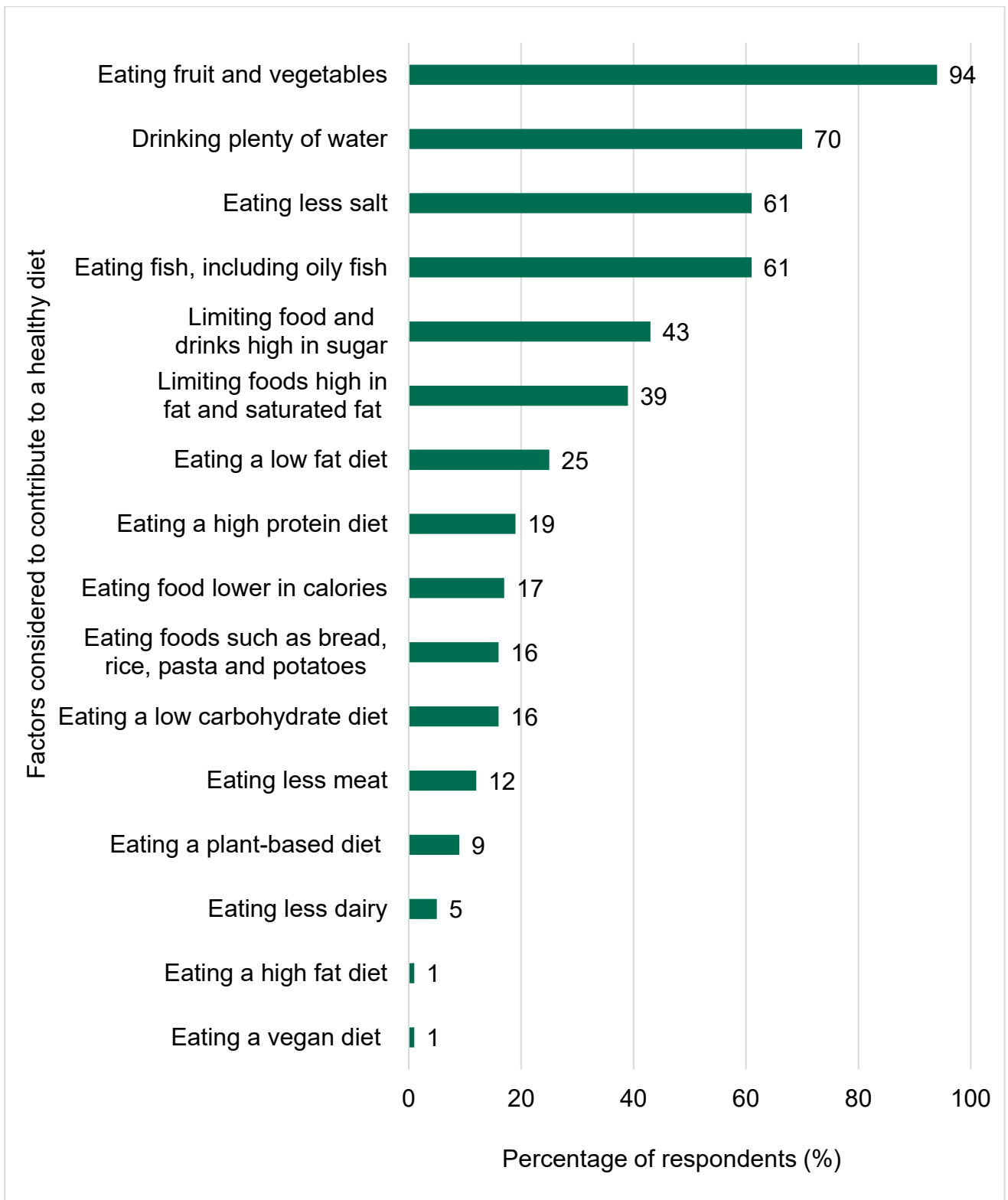
Source: Food and You 2: Wave 3

Respondents were asked how often they consumed certain types of food or drink. Most respondents (79%) reported that they ate fruit and vegetables every day or most days. Around 4 in 10 respondents reported that they ate meat products (43%), wholemeal or wholegrain bread (38%) or sweets and chocolate (38%) every day or most days. Of the listed foods, respondents were least like to report eating wholewheat pasta (42%) and porridge (33%) (Figure 22)⁸⁰.

Perceptions of what contributes to a healthy diet

Figure 23. Factors which respondents considered as most important for a healthy diet.

⁸⁰ Question: How often do you eat...? Response: A = Eat meat products (e.g. sausages, burgers, meat and chicken pies), Eat sweets and chocolate, Drink sugary fizzy drinks and diluted squash, Eat chips and other fried foods, Eat fruit and vegetables. B = Porridge, High fibre cereal (e.g. wheat biscuits, bran flakes, shredded wheat), Wholemeal or wholegrain bread, Wholewheat pasta, Potatoes with the skins on. Base A= 1626, all respondents in Northern Ireland. Wave 3.B = 1079, all online respondents in Northern Ireland. Wave 3.



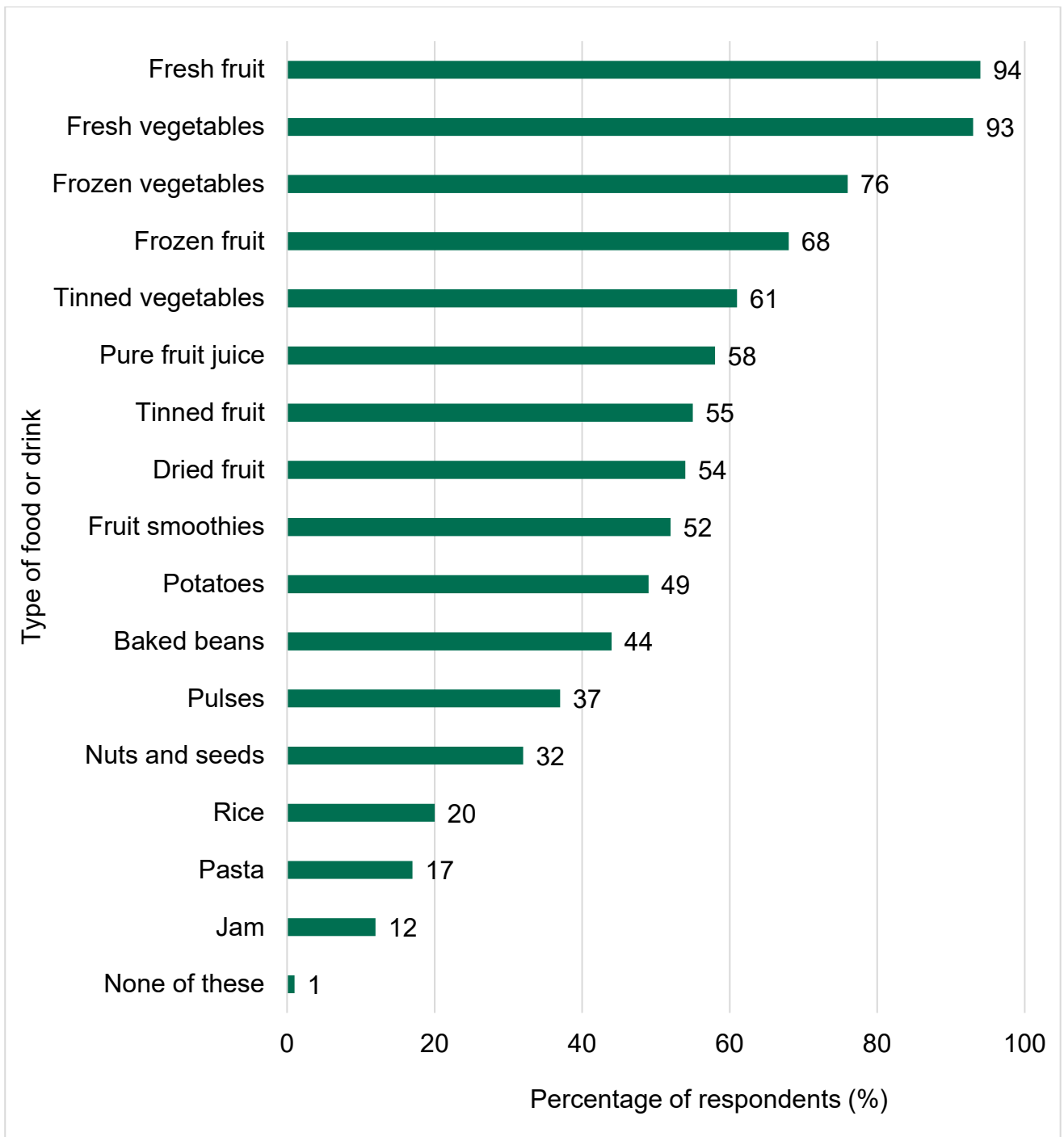
Source: Food and You 2: Wave 3

Respondents were asked what factors, from a given list, are the most important for people to do to have a healthy diet. Eating fruit and vegetables (94%), drinking plenty of water (70%), eating less salt (61%) and eating fish (61%) were considered the most important factors for people to have a healthy diet. Eating a vegan diet (1%), high fat diet

(1%) and eating less dairy (5%) were considered the least important factors for people to have a healthy diet (Figure 23)⁸¹.

Figure 24. Types of food or drink thought to count towards daily fruit and vegetable intake.

⁸¹ Question: Which of the following are the most important for people to do to have a healthy diet? Responses: Eating fruit and vegetables, Drinking plenty of water, Eating fish, including oily fish, Eating less salt, Limiting food and drinks high in sugar, Limiting foods high in fat and saturated fat, Eating a low fat diet, Eating a high protein diet, Eating food lower in calories, Eating foods such as bread, rice, pasta and potatoes, Eating a low carbohydrate diet, Eating less meat, Eating a plant-based diet (eating majority of foods from plant sources), Eating less dairy, Eating a high fat diet, Eating a vegan diet (not eating any animal products). Base= 1079, all online respondents in Northern Ireland. Wave 3.



Source: Food and You 2: Wave 3

Respondents were asked which types of food or drink, from a given list, can count toward someone’s daily fruit and vegetable intake. In line with advice, most respondents reported that fresh fruit (94%), fresh vegetables (93%), frozen vegetables (76%), and frozen fruit (68%) count towards someone’s daily fruit and vegetable intake. Many respondents reported that tinned vegetables (61%), pure fruit juice (58%), tinned fruit (55%), dried fruit (54%), fruit smoothies (52%), baked beans (44%) and pulses (37%)

count towards someone's daily fruit and vegetable intake. However, some respondents reported some types of food can count towards someone's daily fruit and vegetable intake which do not, such as, potatoes (49%), nuts and seeds (32%), rice (20%), pasta (17%) and jam (12%) (Figure 24)⁸².

Knowledge of UK Government recommendations

Proportions of different types of foods

The [UK Government recommends](#) that potatoes, bread, rice, pasta and other starchy carbohydrates, and fruit and vegetables should make up the largest parts of a diet. It is recommended that foods high in fat, sugar and salt, and oils and spreads should make up the smallest parts of a diet.

Respondents were asked which two food groups they thought the UK Government recommends should make up the largest part and smallest part of a diet. Most respondents reported that fruit and vegetables (85%) or meat, fish, eggs, beans, pulses and other proteins (72%) should make up the largest part of a diet. However, fewer respondents (17%) identified both food groups correctly⁸³. Most respondents reported that foods high in fat, sugar and salt (84%) or oils and spreads (55%) should make up the

⁸² Question: Which of the following, if any, can count towards someone's daily fruit and vegetable intake? Responses: Fresh fruit, Fresh vegetables, Frozen vegetables, Frozen fruit, Tinned vegetables for example sweetcorn, Pure fruit juice, Tinned fruit for example peaches, Dried fruit for example raisins or apricots, Fruit smoothies, Potatoes, Baked beans, Pulses, such as lentils, chickpeas or kidney beans, Nuts and seeds, Rice, Pasta, Jam, None of these. Base = 1626, all respondents in Northern Ireland. Wave 3.

⁸³ Question: Which two of the following food groups do you think the UK Government recommends should make up the largest part of our diet? Respondents: fruit and vegetables; meat, fish, eggs, beans, pulses and other proteins; Potatoes, bread, rice, pasta and other starchy carbohydrates; Dairy (cheese, milk, yoghurt) and alternatives; Foods high in fat, sugar and salt; Oils and spreads; Don't know. Base = 1053, all online respondents in Northern Ireland except those who 'don't know' which food groups the UK Government recommends make up the largest part of our diet. Wave 3.

smallest part of a diet. However, fewer respondents (3%) identified both food groups correctly⁸⁴.

Fruit and vegetables

The [UK Government](#) that people should eat at least five portions of a variety of fruit and vegetables every day.

Respondents were asked how many portions of fruit and vegetables they thought the UK Government recommend that people should eat every day. Most respondents (80%) reported that the UK Government recommend that people should eat 5 portions of fruit and vegetables every day and 5% of respondents reported 6 portions, however 13% of respondents reported that people should eat between 1 and 4 portions⁸⁵.

Calories

The [UK Government recommend](#) that most adult females require on average 2000 calories a day and that most adult males require on average 2500 calories a day.

Respondents were asked how many calories they thought the UK Government recommend that an average adult female and average adult male should eat every day. In line with recommendations, 45% of respondents reported that an adult female should eat 2000 calories every day. However, 1% reported that an adult female should eat 500 calories a day, 6% reported 1000 calories a day, 35% reported 1500 calories a day, 3%

⁸⁴ Question: Which two of the following food groups do you think the UK Government recommends should make up the largest part of our diet? Respondents: fruit and vegetables; meat, fish, eggs, beans, pulses and other proteins; Potatoes, bread, rice, pasta and other starchy carbohydrates; Dairy (cheese, milk, yoghurt) and alternatives; Foods high in fat, sugar and salt; Oils and spreads; Don't know. Base = 1626, all respondents in Northern Ireland. Wave 3.

⁸⁵ Question: How many portions of fruit and vegetables do you think the UK Government and health experts recommend that people should eat every day? Responses: 1 portion, 2 portions, 3 portions, 4 portions, 5 portions, 6 portions, Don't know. Base = 1079, all online respondents in Northern Ireland. Wave 3.

reported 2500 calories a day, and 10% reported that they did not know⁸⁶. In line with UK Government recommendations, 48% of respondents reported that an adult male should eat 2500 calories. However, 1% reported that an adult male should eat 500 calories a day, 1% reported 1000 calories a day, 29% reported 2000 calories, 6% reported 3000 calories a day and 10% reported that they did not know⁸⁷.

Salt

The [UK government recommend](#) that adults should have no more than 6 grams of salt per day. Respondents were asked how much salt they thought the UK Government recommend that an adult should not exceed each day. In line with recommendations, 16% of respondents reported that adults should not exceed 6 grams of salt a day. However, 35% of respondents reported that adults should not exceed 2 grams of salt a day, 24% of respondents reported that adults should not exceed 4 grams of salt a day, 1% of respondents reported that adults should not exceed 8 grams of salt a day, and 24% of respondents reported that they did not know⁸⁸.

Fibre

The UK Government recommend that an adult should eat 30 grams of fibre each day.

⁸⁶ Question: How many calories do you think the UK Government and health experts recommend that an adult female should eat each day? Responses: 500 calories, 1000 calories, 1500 calories, 2000 calories, 2500 calories, 3000 calories. Don't know. Base = 1079, all online respondents in Northern Ireland. Wave 3.

⁸⁷ Question: How many calories do you think the UK Government and health experts recommend that an adult male should eat each day? Responses: 500 calories, 1000 calories, 1500 calories, 2000 calories, 2500 calories, Don't know. Base = 1079, all online respondents in Northern Ireland. Wave 3.

⁸⁸ Question: How much salt - in grams or ounces - do you think the UK Government and health experts recommend that an adult should not exceed each day? Responses: 2 grams or 0.07 of an ounce, 4 grams or 0.14 of an ounce, 6 grams or 0.21 of an ounce, 8 grams or 0.28 of an ounce, Don't know. Base = 1079, all online respondents in Northern Ireland. Wave 3.

Respondents were asked how much fibre they thought the UK Government recommend that an adult should eat each day. In line with recommendations, 29% of respondents reported that adults should eat 30 grams of fibre each day. However, 36% reported other levels of fibre, and 35% of respondents reported that they did not know⁸⁹.

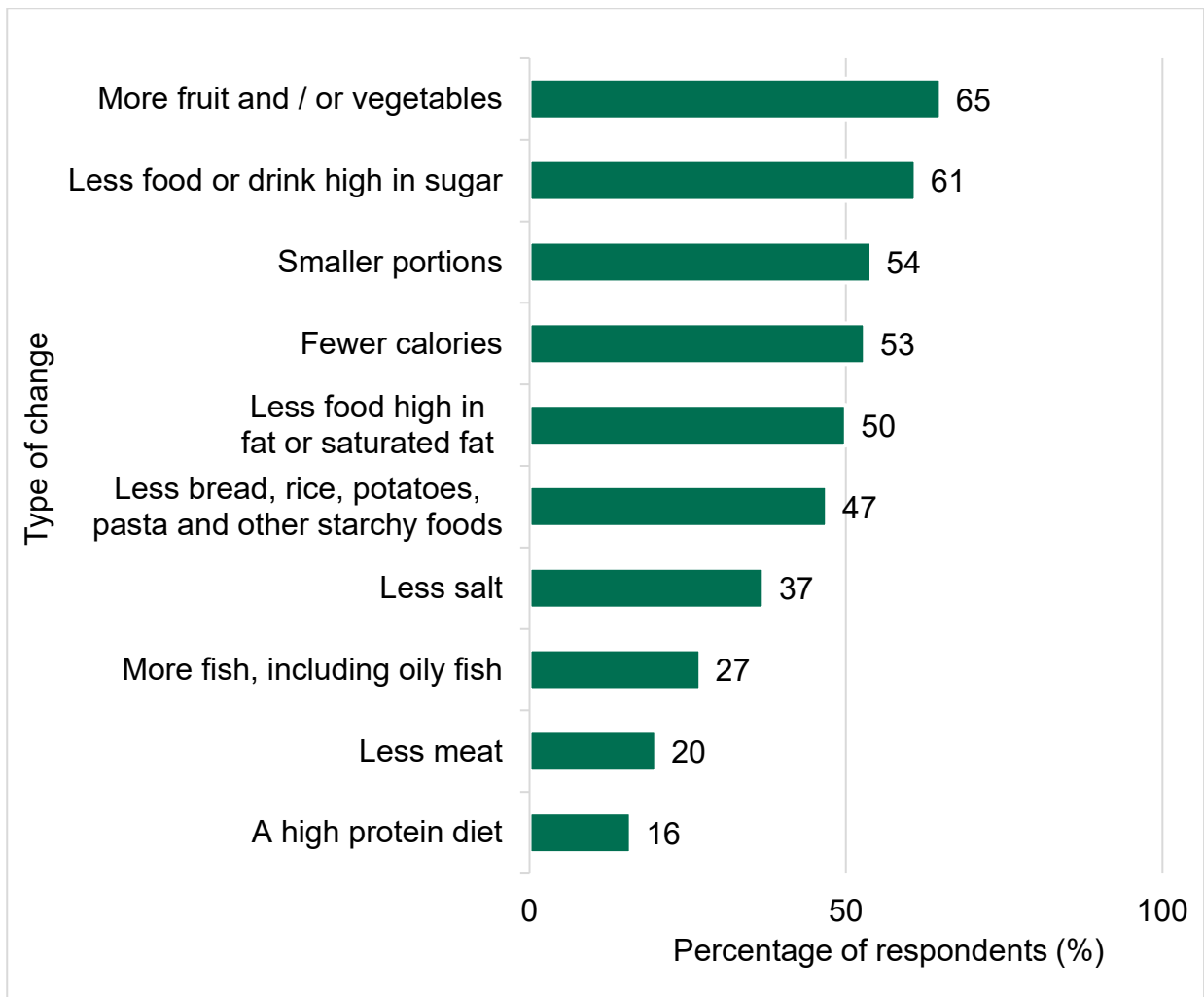
Changes in eating habits

Respondents were asked if they had made (or attempted to make) any changes to what they ate or drank in the previous 12 months. Over half (57%) of respondents reported that they had done this⁹⁰.

Figure 25. Ten most common changes or attempted changes to what respondents ate or drank in the previous 12 months.

⁸⁹ Question: How much fibre - in grams or ounces - do you think the UK Government and health experts recommend that an adult should eat each day? Responses: 10 grams or 0.35 ounces, 20 grams or 0.70 ounces, 30 grams or 1.05 ounces, 40 grams or 1.41 ounces, Don't know. Base = 1079, all online respondents in Northern Ireland. Wave 3.

⁹⁰ Questions: In the last 12 months, have you made, or attempted to make, any changes to what you eat or drink? Responses: Yes, No, Don't know. Base = 1626, all respondents in Northern Ireland. Wave 3.



Source: Food and You 2: Wave 3

Respondents who had made or attempted to make any changes, from a given list, to what they ate or drank in the previous 12 months, were asked what changes they had made or attempted to make. The most common changes respondents reported were

consuming: more fruit and / or vegetables (65%); less food or drink high in sugar (61%); smaller portions (54%); and fewer calories (53%) (Figure 25)⁹¹.

Respondents who had made or attempted to make any changes to what they ate or drank in the previous 12 months were asked why they had made or attempted to make these changes. The most common reasons given were to be more healthy or to have a healthier lifestyle (83%) and to lose weight (75%)⁹².

Eating healthy outside the home

Respondents were asked how healthy they thought that the food they eat out or take out is compared to the food they eat at home. The majority (84%) of respondents thought

⁹¹ Questions: What changes have you made or attempted to make? Responses: More fruit and/or vegetables, Less food or drink high in sugar e.g. sweets, chocolate and fizzy drinks, Smaller portions, Fewer calories, Less food high in fat or saturated fat e.g. sausages, pastries, cheese and crisps, Less bread, rice, potatoes, pasta and other starchy foods, Less salt, More fish, including oily fish, Less meat, A high protein diet, A plant-based diet (eating majority of foods from plant sources), More bread, rice, potatoes, pasta and other starchy foods, A vegan diet (not eating any animal products), Larger portions, More calories, Other, None of these. Base = 888, all respondents in Northern Ireland who have made / attempted to make a change to their diet in the last 12 months. Wave 3.

⁹² Questions: Why have you made or attempted to make [this/these change/s] to what you eat or drink? Responses: To be more healthy or have a healthier lifestyle, To lose weight, To improve my mental health, Due to age or getting older, For a specific health condition, Due to concerns about the environment, Based on advice from medical professionals e.g. a doctor, nurse etc, Because of lockdown or concerns about coronavirus (COVID-19), Based on UK Government healthy eating guidelines, Financial reasons (e.g. higher cost of food or reduced income), To gain weight, Due to a significant life event (e.g. getting married, getting divorced, or bereavement), Based on advice from celebrities or influencers, Other reason. Base = 888, all respondents in Northern Ireland who have made / attempted to make a change to their diet in the last 12 months.

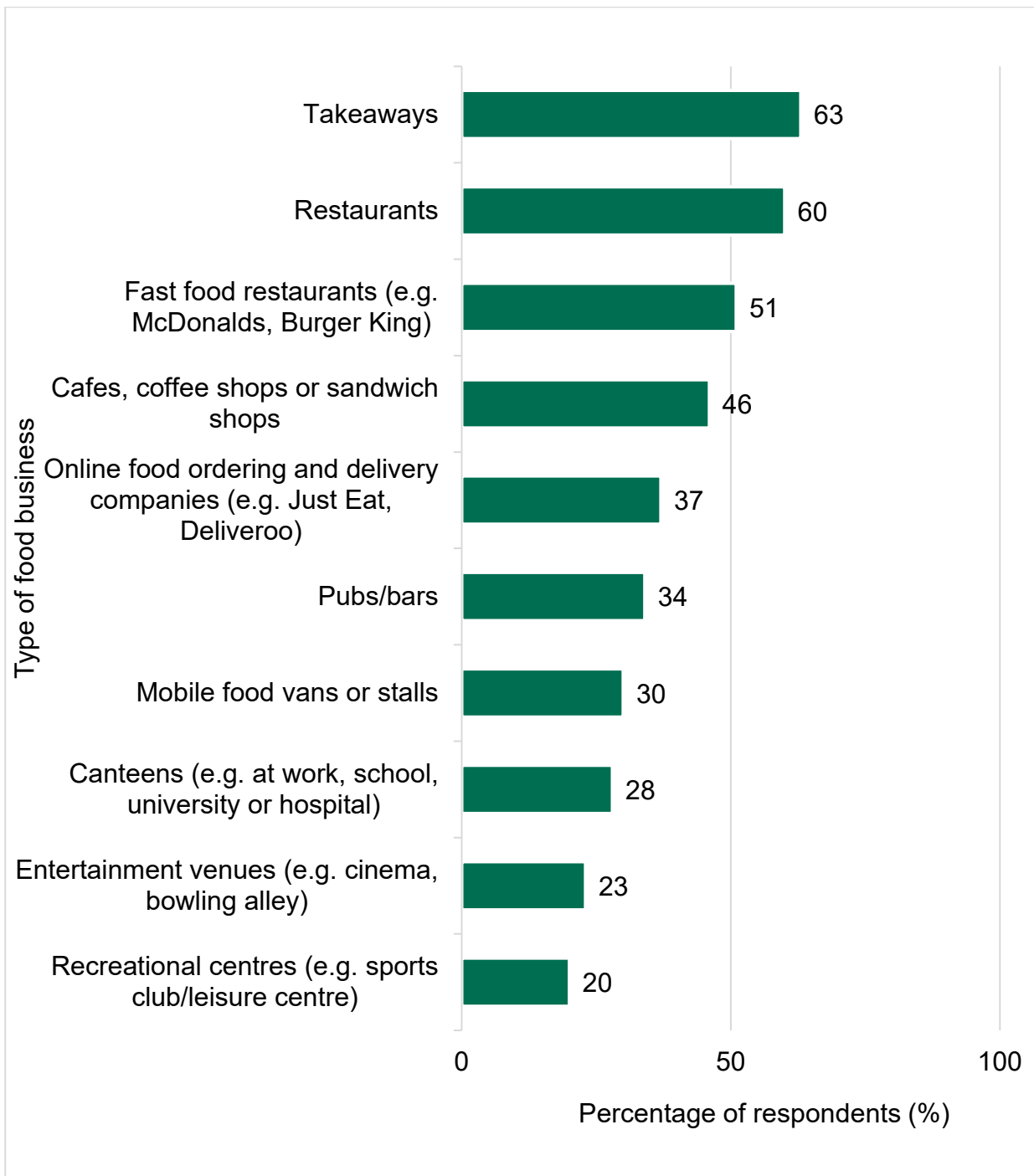
that the food they eat outside the home is less healthy (i.e. a bit less healthy or a lot less healthy). Only 3% stated that the food they eat out or take out is healthier than the food they eat at home⁹³.

The prevalence of respondents reporting that the food they eat out or take out is less healthy compared to the food they eat at home varied in the following ways:

- Gender: Women (89%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to men (79%).
- Annual household income: Respondents with a household income of £32,000-£63,999 (90%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to respondents with an income below £19,000 (77%).
- NS-SEC: respondents in managerial, administrative and professional occupations (87%) and intermediate occupations (87%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to those in semi-routine and routine occupations (74%).
- Responsibility for cooking: respondents who were responsible for cooking (85%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to those who do not cook (75%).
- NIMDM: respondents who lived in the least deprived areas (NIMDM 5) (89%) were more likely to report that the food they eat out or take out is less healthy than the food they eat at home compared to respondents who lived in the most deprived areas (NIMDM 1) (78%).

Figure 26. Where respondents would like to see more information about how healthy different food and drink options are.

⁹³ Questions: When you eat out or buy food to take away, how healthy would you say the food that you eat is, compared to when you eat at home? Responses: A lot more healthy, A bit more healthy, About the same, A bit less healthy, A lot less healthy, Don't know. Base= 1079, all online respondents in Northern Ireland. Wave 3.



Respondents were asked to select from a given list in which places they would like to see more information displayed about how healthy different food and drink options are. Most commonly, respondents reported that they would like takeaways (63%) and restaurants (60%) to display more information about how healthy different options are. Around half

(51%) reported that they would like fast food restaurants (e.g. McDonalds, Burger King) to display this information⁹⁴.

Respondents were asked what nutritional information they would find useful on the menu to help inform their choices when eating out. Over half (55%) of respondents reported that they would find it useful if menus showed calorie information, 49% of respondents reported information about fat content would be useful, 46% reported information about sugar content would be useful and 43% reported information about salt content would be useful. Only 16% reported that none of these would be useful.

⁹⁴ Questions: In which, if any, of these places would you like to see more information displayed about how healthy different food and drink options are? Responses: Takeaways, Restaurants, Fast food restaurants (e.g. McDonalds, Burger King), Cafes, coffee shops or sandwich shops, Online food ordering and delivery companies (e.g. Just Eat, Deliveroo), Pubs/bars, Mobile food vans or stalls, Canteens (e.g. at work, school, university or hospital), Entertainment venues (e.g. cinema, bowling alley), Recreational centres (e.g. sports club/leisure centre), None of these, Don't know. Base= 1079, all online respondents in Northern Ireland. Wave 3.

Annex A: Food and You 2: Wave 4

Background

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

The Food and You 2 survey has replaced the biennial Food and You survey (2010-2018), biannual Public Attitudes Tracker (2010-2019) and annual Food Hygiene Rating Scheme (FHRS) Consumer Attitudes Tracker (2014-2019). The Food and You survey has been an Official Statistic since 2014.

Previous publications in this series include:

- [Food and You 2: Wave 1 Key Findings](#) (March 2021)
- [Food and You 2: Wave 2 Key Findings](#) (July 2021)
- [Food and You 2: Wave 3 Key Findings](#) (January 2022)
- [Food and You 2: Wave 4 Key Findings](#) (July 2022)

Methodology

The Food and You 2 survey is commissioned by the Food Standards Agency (FSA). The fieldwork is conducted by Ipsos. Food and You 2 is a biannual survey. Fieldwork for Wave 3 data were collected between 28th April and 25th June 2021 and fieldwork for Wave 4 was conducted from 18th October 2021 and 10th January 2022.

Food and You 2 is a sequential mixed-mode 'push-to-web' survey. A random sample of addresses (selected from the Royal Mail's Postcode Address File) received a letter inviting up to two adults (aged 16 or over) in the household to complete the online survey. A first reminder letter was sent to households that had not responded to the initial invitation. A postal version of the survey accompanied the second reminder letter for

those who did not have access to the internet or preferred to complete a postal version of the survey. This helps to reduce the response bias that otherwise occurs with online-only surveys. This method is accepted for government surveys and national statistics, including the 2021 [Census](#) and [2019/2020 Community Life Survey](#). A third and final reminder was sent to households if the survey had not been completed. Respondents were given a gift voucher for completing the survey. Further details about the methodology are available in the Technical Report. Due to the difference in methodology between the Public Attitudes Tracker, FHRS Consumer Attitudes Tracker and Food and You survey (2010-2018) it is not possible to compare the data collected in Food and You 2 (2020 onward) with these earlier data. Comparisons can be made between the different waves of [Food and You 2](#).

The sample of main and reserve addresses⁹⁵ was stratified by region (with Northern Ireland and Wales being treated as separate regions), and within region (or country) by local authority (district council in Northern Ireland) to ensure that the issued sample was spread proportionately across the local authorities. National deprivation scores were used as the final level of stratification within the local authorities - in England the [Index of Multiple Deprivation \(IMD\)](#), in Wales the [Welsh Index of Multiple Deprivation \(WIMD\)](#) and in Northern Ireland, the [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#).

Due to the length and complexity of the online questionnaire it was not possible to include all questions in the postal version of the questionnaire. The postal version of the questionnaire needed to be shorter and less complex to encourage a high response rate. To make the postal version of the questionnaire shorter and less complex, two versions were produced. All data collected by Food and You 2 are self-reported. The data are the respondents own reported attitudes, knowledge and behaviour relating to food safety and food issues. As a social research survey, Food and You 2 cannot report observed behaviours. Observed behaviour in kitchens has been reported in [Kitchen Life](#), an ethnographic study which used a combination of observation, video observation and

⁹⁵ A reserve sample of addresses was created to use if the target number of respondents was not achieved from the main sample of addresses.

interviews to gain insight into domestic kitchen practices. This study will be updated through Kitchen Life 2, which is in progress now and due to report in 2023.

The minimum target sample size for the survey is 4,000 households (2,000 in England, 1,000 in Wales, 1,000 in Northern Ireland), with up to two adults in each household invited to take part as mentioned above. For Wave 3 a total of 6,271 adults from 4,338 households across Northern Ireland (1,626 adults), England (3,190 adults), and Wales (1,455 adults), completed the survey. An overall response rate of 31% was achieved (Northern Ireland 27%, England 32%, Wales 32%). Sixty-nine per cent of respondents completed the survey online and 31% completed the postal version of the survey. The postal responses from 68 respondents were removed from the data set as the respondent had completed both the online and postal survey. Further details about the response rates are available in the Wave 3 Technical Report. For Wave 4 a total of 5,796 adults from 4,026 households across Northern Ireland (1,575 adults), England (2,940 adults), and Wales (1,281 adults), completed the survey. An overall response rate of 28.5% was achieved (Northern Ireland 26%, England 30%, Wales 29%). Sixty-five per cent of respondents completed the survey online and 28.5% completed the postal version of the survey. The postal responses from 51 respondents were removed from the data set as the respondent had completed both the online and postal survey. Further details about the response rates are available in the Wave 4 Technical Report.

Weighting was applied to ensure the data are as close as possible to being representative of the socio-demographic and sub-groups in the population, as is usual practice in government surveys. The weighting applied to the Food and You 2 data helps to compensate for variations in within-household individual selection, for response bias, and for the fact that some questions were only asked in one of the postal surveys. Further details about weighting approach used and the weights applied to the Food and You 2: Wave 4 data are available in the Technical Report.

The data have been checked and verified by six members of Ipsos and two members of the FSA Statistics branch. Descriptive analysis and statistical tests have been performed by Ipsos. Quantum (statistical software) was used by Ipsos to calculate the descriptive analysis and statistical tests (t-tests).

The p-values that test for statistical significance are based on t-tests comparing the weighted proportions for a given response within that socio-demographic and sub-group

breakdown. An adjustment has been made for the effective sample size after weighting, but no correction is made for multiple comparisons.

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

Technical terms and definitions

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

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