Citizens Forum:
Expanding Food Hygiene Information
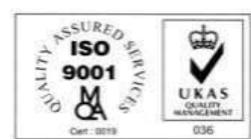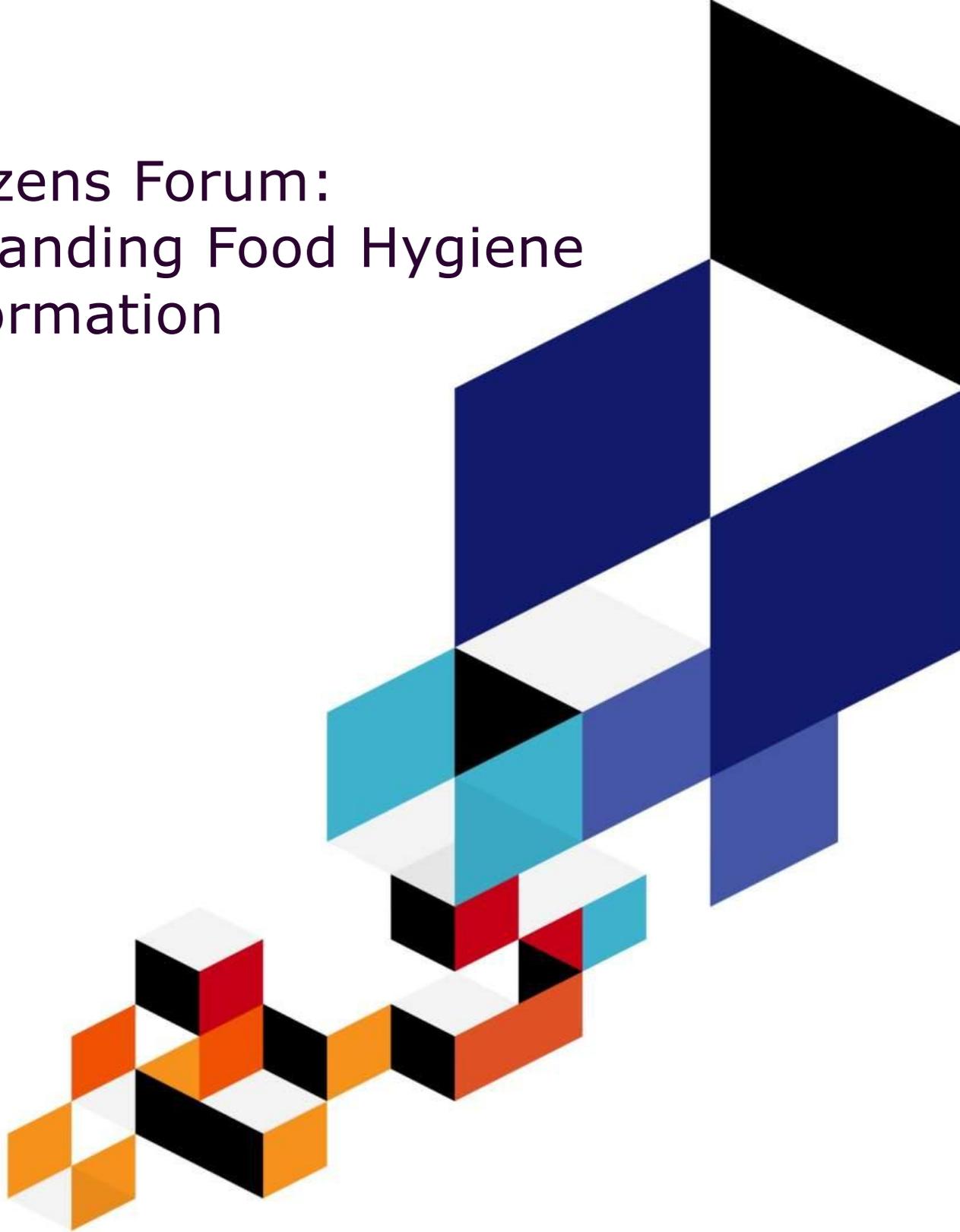
Executive Summary

TNS-BMRB was commissioned by the Food Standards Agency (FSA) to conduct a nationwide series of 'citizens forums', with the goal of establishing an ongoing dialogue with the public on food standards. This summary outlines findings from citizens' forums conducted in 2012, exploring consumers' views about expanding food hygiene information following local authority Food Safety Officer inspections of food businesses.

Currently, there are two schemes which provide consumers with information about food hygiene: The Food Hygiene Rating Scheme (FHRS) in England, Wales, Northern Ireland and the Food Hygiene Information Scheme (FHIS) in Scotland. Both schemes use a label outside the food business which denotes performance in their last food hygiene inspection. These schemes could be expanded in several ways: making it mandatory for businesses to display the rating; providing background information about the rating and the inspection process; and making inspection reports available to the public.

FHRS gives a rating of between zero and five, with zero indicating that urgent improvement was necessary, and five indicating that standards were high. FHIS uses inspection outcomes to indicate food hygiene standards, with Pass and Improvement required. Throughout this report, discussion of the 'ratings' encompasses views about both schemes, unless stated otherwise.

The format was twelve workshops, each comprising approximately 10 participants, held in nine locations across the UK and convened over two waves between March and May 2012.

Decision making about food
How people make decisions about where and what to eat has potential implications for the role of food hygiene information in influencing those decisions. In particular, three key issues emerged across the forums that may impact use of food hygiene information that is already available:

- **What drives people's decisions about what and where to eat** – People typically look for 'quality' – a broad term encompassing the whole experience of eating out, including the standard of food, customer service, price, and atmosphere. Importantly, people's views about quality are deeply personal, varying according to personal priorities and expectations, as well as different eating occasions. People feel confident in their ability to gauge quality, and use a number of indicators to assess any food business, including the standard of food, service, atmosphere, price and cleanliness. All of these were used as proxies for standards across the eating experience.

- **Level of concern about or interest in food hygiene** – People tend not to think about food hygiene unless they become ill or there is a food scare. Basic food hygiene is expected and consumers expect businesses that are not safe to be closed down; illustrating two commonly held assumptions:
    - food safety is a binary issue – food businesses are either safe or unsafe; and,
    - regulation will ensure that unsafe food businesses are not able to operate.

- **How long people spend thinking about where to eat** – Deciding where to eat is typically a quick decision and people do not want to spend much time thinking about it, unless perhaps for a special occasion. Therefore, people tend to rely on their own experience, or recommendations from people they know. Where this is not possible, people feel able to judge quality using visual cues (based on the indicators mentioned above). In contrast, the use of non-personal information was fairly limited. Although people did use reviews and consumer recommendation sites, these required some effort to assess the information's relevance to them. Therefore this kind of information was more commonly used for specific circumstances, such as: eating in an unfamiliar location; eating with vulnerable people; and special occasions.

All of this suggests that opportunities for food hygiene information to influence decisions may be constrained; particularly if the information is difficult to digest and jars with people's priorities. However, there may be opportunities to capitalise on situations where people actively seek more information; for example, by placing information at key locations, such as consumer-led review sites, or tourist information offices to encourage consumers to consider food hygiene, alongside other considerations when choosing between businesses. Displaying food hygiene information outside food businesses may act as a stop sign if performance was very poor.

Use of food hygiene information

Prior to attending the forums, participants had fairly low awareness of food hygiene information. This was focused on food hygiene certificates and different ratings schemes, which predominantly served to reassure people about their choice of outlet after they had decided where to eat.

More detailed information about FHRS and FHIS prompted discussions about how the ratings or, in the case of FHIS, the results, should be interpreted and acted upon, and what they meant in relation to people's own standards. Responses also highlighted a potential gap between how consumers judge what is acceptable and how food hygiene regulation is communicated. The ratings indicate that food hygiene is not in fact binary and that businesses may continue to operate despite employing practices which some individuals would consider unacceptable. For some participants, this prompted concerns about whether the regulatory process was sufficiently robust to protect the public.

It was recognised that ratings had the potential to influence people's decisions about where to eat (although this may be mitigated by consumers' confidence judging quality themselves and their resistance to information overload, see below). However, this was contingent on people feeling confident that the rating scheme reflected their own priorities, and that they noticed when a rating was not on display. This meant people needed to engage with the rating and understand it on their own terms. Triggers to engaging with the rating scheme included:

- whether people are responsible for vulnerable groups, such as young children or people with health problems;

- whether people feel the ratings are an accurate reflection of their own priorities.

However, people felt confident in their ability to make safe choices and/or trusted regulation to ensure food safety on their behalf. This acted as a barrier to engagement as food hygiene information was not considered necessary to identify safe food businesses.

Expanding food hygiene information
There was some appetite for making more information available to the public beyond the ratings; for example, full inspection reports and information and descriptions of the food hygiene inspections.   . In principle, consumers believed that food businesses and the government should be open about food safety, and it was hoped that this would drive better standards by exposing businesses with poor hygiene practices. However, in practice, few consumers said they would use this information and there were concerns about overloading people with information that they may not necessarily want or use. Therefore, it was important that consumers had a choice about the level of information they were exposed to and when.

An order of priorities emerged around what type of information people wanted:
- **Mandatory display of FHRS/FHIS** – Making FHRS and FHIS display mandatory was prioritised across all forums. It was felt that this would raise awareness of the scheme, making it possible for the scheme to be self-policing, as consumers may begin to directly challenge business owners who do not display ratings or avoid food businesses which did not display a rating as they would assume that the rating was low.
- **Providing a breakdown of the rating** – Some consumers wanted a breakdown of the main non-conformities to enable them to judge whether these non-conformities were important by their standards. However, consumers may not always recognise the importance of good management on maintaining standards and may therefore disregard low ratings if many of the non-conformities relate to management.

- **Inspection summaries** – Understanding specific non-compliances helped people interpret the rating in relation to their own standards.
- **Inspection date** – There was considerable emphasis on how up-to-date ratings were, with concern being fuelled by unrealistic expectations of inspection frequency.
- **Full reports** – This would support transparency, but ultimately was not a high priority given that people were unlikely to access or use the information.
- **FHRS / FHIS further along the food chain** – There was little appetite for developing FHRS / FHIS further along the food chain.

In terms of how food hygiene information should be presented, participants emphasised the need for a layered approach, which would allow consumers to access more detailed information if they chose to, but avoid overloading those who did not. At point of sale, information should be quick and easy to digest; for example, having the rating in the window with a website address where more information could be accessed if required.[1] Similarly, when online, consumers should be able to use a link alongside the rating to access more information about the inspection findings in increasing levels of detail, although it was considered unlikely that consumers, with the exception of certain at risk groups, would want to access information that goes beyond a list of non-conformities.

Overall, expanding food hygiene information was considered a positive direction for the FSA to take, on condition that the information is layered and the resource implications are minor. Furthermore, these findings suggest that expanding food hygiene information has the potential to influence how people engage with FHRS and FHIS, empowering at least some consumers to help drive up standards by making informed choices about where and what they eat.

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[1] Consumers were not aware that the stickers already include a website address for further information.

Contents

1. Introduction

In December 2005, the Food Standards Agency (FSA) Board agreed to develop more creative and experimental ways of engaging directly with individual consumers and to construct a new model for consumer engagement[2]. Central to this aim was the establishment of a nationwide series of consumer forums to enable the FSA to launch an ongoing dialogue with the public on food standards.

The forums provide the opportunity for the FSA to consider the ways it makes decisions to protect public health and consumer interests in relation to food safety. In particular, the forums help to frame issues the FSA focuses on, and ultimately the advice its gives, from a consumer perspective. Specifically, the forums aim to:

- understand the 'top of mind' concerns of UK consumers;
- develop deeper understanding about particular concerns that consumers have in relation to food;
- test FSA policy and ensure that the views of consumers are taken into account at all stages of the policy making process.

This report outlines findings from citizens' forums conducted in 2012, exploring consumers' views about proposals to expand food hygiene information following local authority) food hygiene inspections of food businesses.

1.1 Background to food hygiene information

Currently, all food businesses are inspected on a risk basis as part of a rolling inspection programme by food safety officers working for local authorities. Inspections aim to ensure that food bought in restaurants, cafes, supermarkets, takeaways and shops is being produced in accordance with food hygiene legislation and is safe to eat. Programmed inspections take place between every 6 months and 3 years, although a complaint or incident can trigger additional visits / investigations /

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[2] http://www.food.gov.uk/multimedia/pdfs/board/fsa111105.pdf

inspections. The greater the risk to public health, the more often the business will be inspected.

Food Hygiene Rating Scheme (FHRS) is the FSA's scheme to inform consumers about hygiene standards in the places they eat or buy food. There have previously been a number of other schemes in certain parts of the country (for example, 'Scores on the Doors'), but the Agency is working towards having a single national scheme.

The FHRS rating indicates how well the business is meeting the requirements of food hygiene law across three areas:

- **How hygienically the food is handled** – how it is prepared, cooked, re-heated, cooled and stored
- **The condition of the structure of the buildings** – the cleanliness, layout, lighting, ventilation and other facilities
- **How the business manages and records what it does** to make sure food is safe

Following each inspection, the food safety officer will determine a rating ranging from 0-5: where '0' rating means urgent improvement is required; while '5' rating means the hygiene standards are very good.

Food Hygiene Information Scheme (FHIS) operates in Scotland. The scheme is similar to FHRS in that food businesses display information about food hygiene standards based on their performance in a food hygiene inspection. Rather than using a rating, FHIS uses two outcomes: pass and improvement required.

Businesses are encouraged to display their rating (or result under FHIS) on the premises, but this is voluntary.[3] Ratings under the FHRS are published online and are searchable at www.food.gov.uk/ratings
The FSA is planning a public consultation around potential changes to what food hygiene information relating to local authority inspections is

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[3] Welsh Government has consulted on making the display of the FHRS sticker mandatory across Wales.

made publicly available. Specifically, the consultation will explore views about:

- a presumption of active publication of accessible information on food and feed business compliance;
- the practical and resource implications of moving towards routine publication of information collected by the FSA and its enforcement partners on food and feed law compliance in all food and feed establishments in the UK; and,
- extending the scope of FHRS /FHIS to include all food establishments in the UK.

Findings from the Citizens Forum will be used to inform the consultation process.

1.2 Aims of the research

The over-riding aim of the research was to explore consumer views about proposals to expand food hygiene information following local authority officer inspections of food businesses.

Specifically, the research sought to:

- Understand how consumers currently use information when deciding where to eat
- Understand consumers' views about openness and transparency
- Identify consumers' expectations, needs and interest in relation to information about food compliance (including challenging their views about what information they actually need/use)
- Explore views about making compliance information available to the public and how this could work in practice (including issues of accessibility; level of detail; resources; context; implications)
- Explore views about the potential impact of these changes (including trust in regulatory systems, consumer behaviour, and food industry / regulator practice)
- Explore reactions to the idea of extending FHRS / FHIS – where should the boundaries lie (e.g. farmers markets, primary production versus at point of sale) and what are the priorities

(e.g. making information available in outlets that cater for vulnerable groups i.e. schools, hospitals and care homes); how does this relate to consumer interest
- Consider how the FSA can ensure that making more compliance information available is worthwhile

1.3 Approach

The Citizens' Forums use a deliberative method which, during the first workshop, starts by gathering data from participants providing only minimal background information, as would be the case in any normal focus group. However, during the reconvened sessions, additional contextual and in-depth information is provided, informing participants' discussions. Therefore the deliberative method gains a much deeper understanding of consumer attitudes than traditional focus group discussions.

The methodology for this research into food hygiene information involved a series of twelve workshops, each convened over two waves. These were held in nine locations across the UK – Bath, Norwich, Leicester, Preston, Cardiff, Wrexham, Londonderry, Aberdeen, and Glasgow. Each workshop comprised a group of approximately 10 participants, and discussions in each wave lasted two hours.

The first wave of meetings focused on how decisions are made when eating out, and people's unframed views about the principles of food law compliance, and their expectations about the role of public information in this area. The second wave focused more specifically on potential challenges and trade-offs associated with increasing access to compliance information.

Each group was moderated by an independent facilitator, and representatives from the FSA were on hand to answer questions and help clarify any areas of uncertainty. Stimulus materials and expert presentations from EHOs and food business representatives were used to encourage discussion and provoke debate (see appendix). The findings

were subject to a full analysis, which forms the basis for this report. A full methodology can be found in the appendix.

1.4 Report outline

Following this introduction, the second section of this report explores how people make decisions about where to buy and eat food, including the role of information in the decision making process. Section three outlines people's responses to food hygiene information that is currently available and considers triggers and barriers to engaging with this information. Section four examines what consumers want in terms of expanding food hygiene information and how this should be presented. Finally, section five provides an overview of the findings and considers what this means for the FSA.

All findings represent the views of the participants who attended the workshops and do not necessarily reflect the views of the FSA or emulate FSA policy.

All quotations are verbatim, drawn from transcripts of the group discussions.

2. Decision making about food

This section examines how people make decisions about where to buy and eat food, including the role of information in the decision making process. This sets the context for subsequent findings, exploring the potential role of food hygiene information in helping to inform consumer behaviour.

2.1 Choosing where to buy food

When making decisions about where and what to eat, consumers were primarily concerned about the 'quality' of the experience. 'Quality' was used as an umbrella term encompassing the whole experience of eating out, including the standard of food, customer service, price, and atmosphere.

Importantly, expectations about quality were felt to be deeply personal, varying according to personal priorities about certain aspects of the experience, as well as different eating occasions; for example, expectations of quality were higher for an expensive evening meal than for a fast food lunch.

When deciding where to eat out, people used a range of indicators to judge quality:

- **Standard of food:** Use of fresh, local or organic foods was considered indicative of higher standards.

- **Service:** The ratio of staff to customers, whether staff were friendly and polite, or alternatively if service was brisk and efficient, were all felt to be indicative of the type of eating experience people could expect.

- **Atmosphere:** Depending on the occasion, consumers were looking for specific settings, such as family-friendly, smart or informal

environments. Consumers looked for busy food businesses, particularly when in an unfamiliar area on the belief that local people knew good quality businesses.

- **Price:** Consumers would expect to pay more for a good quality meal, whilst their expectations of quality were lower for more low cost options.

- **Cleanliness:** There were a range of visual cues people used to gauge quality, such as whether tables were cleared quickly, the outside area was clean and tidy, staff were wearing gloves and uniforms were clean. All of these were felt to indicate a level of professionalism and showed that the management cared about the business.

> *"It's very important to me […] if the toilets are clean it says that cleanliness is important to them."* (Cardiff forum)

It is important to note that consumers primarily used cleanliness as a proxy for high standards across the eating experience, rather than specifically to assess food hygiene. Basic food hygiene was expected and consumers also expected businesses that were not safe would be closed down. This view highlights the perception of food safety as a binary issue – food businesses are either safe or unsafe – and also the expectation that regulation will ensure that those that are unsafe are not able to operate.

> *"Hygiene is taken as read. You're assuming that, it's like having a car with four wheels."* (Bath forum)

When prompted, consumers were aware of and to some degree anxious about a number of risks associated with poor food hygiene; for example, uncovered food becoming contaminated by flies or other customers, staff not washing their hands or not wearing gloves, and food not stored at the correct temperature, particularly during the summer months. However, there was considerable implicit trust in food hygiene regulation to ensure that sufficient standards were met and therefore this was not a front of mind consideration when deciding where to eat.

Overall, consumers felt confident using one or a combination of the above indicators when choosing where to eat. The decision whether or not to go into an outlet could be made quickly without extensive consideration, indicating that the thought processes involved were deeply embedded and automatic. Consumers were able to interpret a range of indicators simultaneously at an almost subconscious level. The choices they made *felt* intuitive and as such there was little motivation for people to seek out information which required more complex thought processes to interpret.

2.1.1 Use of information when choosing where to eat

Decisions about where to eat were often made before leaving the house. Choosing between food businesses on the street was not recognised as common, at least for evening meals. It is important to note, however, that previous research has highlighted consumers' fairly unrealistic assessments of the frequency with which they eat out.[4] Indeed, there was a tendency throughout these discussions for participants to focus on eating out at restaurants, needing repeated prompting to consider other occasions, such as buying lunch from a sandwich bar, or snacks from a corner shop. It was acknowledged by participants that these informal occasions were much more likely to be spontaneous.

Choosing a food outlet was typically a quick decision and consumers did not want to spend much time thinking about where to eat, unless perhaps for a special occasion. However, they still sought assurances that the quality of the experience would meet their expectations. Given the personal nature of people's expectations about quality, consumers preferred to rely on their own experience or personal recommendations. Considerable faith was placed in the recommendations of friends and family, based on the view that their own expectations and needs were better understood by people they knew. Consumers would even try a place that did not look appealing, based on a personal recommendation.

> *"Sometimes somewhere is recommended and you would never go there […] but then someone can say to you 'oh that's fantastic' […] and from*

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[4] FSA Citizens Forums (2008) Attitudes and behaviours when eating out (Yr 1 summary report)

what they tell you, you would go, even if it doesn't look that nice."
(Wrexham forum)

In contrast, there was fairly limited use of non-personal information during decision making, and participants described using online reviews and recommendations websites primarily when they were unable to rely on experience and personal recommendations. Interpreting non-personal information was felt to require more thought as consumers needed to assess the information's relevance to them. For example, reviews of businesses may focus on issues which they do not prioritise, or they could not be sure whether the individual writing the review had similar standards and expectations to them. People sought to personalise the information by looking for references to qualities they considered important and personally relevant; for example, whether other people had commented on the business being child-friendly or offering good value for money.

The additional time and consideration required for interpreting non-personal information therefore meant it was used predominantly for specific circumstances; for example:

- Eating in an unfamiliar location
- Eating with vulnerable people, such as people with food allergies and other special dietary needs, young children, and people with health problems
- Special occasions, such as searching for a new restaurant to impress someone.

Overall, these findings have two key implications for expanding food hygiene information:

- First, the fact that people are not thinking about food hygiene and assume a basic level of hygiene, means that they may not seek out or even be receptive to food hygiene information.
- Second, deeply personal judgements about quality when deciding where and what to eat are fairly entrenched, and this means that people's appetite for additional information may be low, particularly if the information seems either irrelevant or difficult to interpret.

3. Use of Food Hygiene Information

In this section, we explore consumers' responses to food hygiene information as it is presented currently, in particular food hygiene rating schemes, and consider the potential triggers and barriers to engaging with this information.

When asked about food hygiene information, consumers thought of food hygiene certificates in food businesses or signs asking people to 'wash your hands'. Various ratings schemes, including FHRS, FHIS, Scores on the Doors, and SmileSafe, were also raised spontaneously by participants in six of the nine locations. Whilst consumers had noticed food hygiene certificates and in some cases ratings, this information predominantly served to reassure consumers about their choice of outlet after they had decided where to eat. Although consumers said that they would not eat at a food business that was displaying a low rating, they did not necessarily notice when a business had no rating or certificates on display and as such it did not stop them from eating there.

> *"You see all the basic food hygiene certificates [...] you can see the staff have gone through all the training [...] and you've got the grading maybe on the door so you know the establishments been assessed."*
> (Londonderry forum)

In Londonderry and Cardiff, where FHRS had been publicised to a greater extent, consumers indicated that they used the information more actively. For example, some consumers in this group said they would only eat in restaurants that displayed a 4 or 5 rating.

3.1 Response to food hygiene ratings

During the forum, the Food Hygiene Rating Scheme and the Food Hygiene Information Scheme (in Scotland) were presented to consumers as one way in which food hygiene information is made available to the public. Responses

to FHRS and FHIS were initially positive and consumers suggested that they would use the information to avoid outlets which had poor food hygiene standards. However, having thought more deeply about how they would use the information, a number of questions were raised about the legitimacy of the rating, including: how the ratings (or outcomes in Scotland) were determined; how food hygiene standards in food businesses compared to the standards they would expect; and how rigorous the inspection process was on which both schemes were based. As a consequence, whilst consumers were in favour of promoting greater transparency in food businesses as a concept, they needed more information to use the ratings with confidence.

There was also considerable support for providing information in a simple format which consumers could use to make a quick decision, at a glance, much like their use of visual indicators when judging quality. However, as noted previously, food hygiene was considered to be binary – either safe or unsafe, with food businesses operating according to either acceptable or unacceptable standards. As such, it was not immediately clear what the different ratings meant and why it mattered if, as assumed, all businesses that were open were safe to eat in.

There were several questions which consumers raised in response to the ratings given as part of the FHRS, the underlying purpose of which was to identify a benchmark of acceptability in relation to their own hygiene standards. This worked for both high and low ratings, as consumers wanted to avoid businesses which did not meet their expectations for hygiene but equally they did not want to stop eating at outlets if they felt that the standards required for a high rating were overly stringent. Questions raised by consumers included:

- Are businesses with a low rating unsafe?
- What would a business have done wrong to get a 0-2 rating?
- Does a 3 rating mean the businesses is average, just meeting regulation or good?
- What was a business required to do to get a rating of 4 or 5?
- Does a high rating matter if 0-3 ratings are safe enough to stay open?

It was also apparent that food hygiene ratings could be easily confused with quality ratings, such as Michelin stars or hotel star ratings. In part this

reflects the fact that food hygiene is not front of mind for people, whilst quality of experience is more prominent. It also highlights that if the scheme is not fully understood, there is a risk that consumers may become confused, or even dismiss the rating altogether, where businesses that are considered low quality (for example, fast food chains) are given high ratings.

In contrast to FHRS, the Food Hygiene Information Scheme (FHIS) in Scotland includes only two levels – 'improvement required' and 'pass'. Despite this fundamental difference, broadly similar issues were raised by participants. People were concerned whether standards required to 'pass' would meet their own expectations, and questioned whether 'improvement required' meant that the business was unsafe.

These initial responses highlight a potential gap between how consumers judge what is acceptable and how food hygiene regulation is communicated. The ratings indicate that food hygiene is not in fact binary and that businesses may continue to operate despite employing practices which some individuals would consider unacceptable. For some participants, this prompted concerns about whether the regulatory process was sufficiently robust to protect the public.

3.2 Engaging with the food hygiene ratings

There was some recognition that rating schemes had the potential to operate as a stop sign, enabling consumers to identify businesses which did not meet standards they considered acceptable. However, this effect was only possible under certain conditions, where consumers:

1. had set a benchmark, which they felt confident reflected their own expectations; and,
2. noticed when a rating was not on display and responded to this either by not eating there or finding out the rating by asking the business or looking online.

Ultimately, for both these conditions to be in place, consumers had to engage sufficiently with the scheme to research the rating themselves and understand it in their terms. The triggers and barriers to engagement and ultimately to use are discussed below.

Between the first and second waves of group discussions, there was some divergence between individuals in their response to being made aware of the ratings during the first wave. In particular, three broad levels of engagement with the rating scheme were noted:

Superficially engaged – Between the waves, these participants noticed some high ratings but did not notice or follow up where there was no rating on display. This means the impact on behaviour for these individuals was limited to high ratings legitimising choices they had already made.

Partially engaged – These participants noticed that ratings were not always on display and (at times) questioned businesses about this. However, they did not always assume that ratings were not on display because they were poor, instead questioning whether all businesses had been given a rating. Again, the impact on behaviour for this group was fairly limited.

Fully engaged – Consumers who engaged the most strongly with the scheme had been online to check the ratings of their favourite or local restaurants. These individuals often had a particular motivation for understanding the rating; for example, parents of young children who were more concerned about food safety (the full range of drivers of engagement is discussed below). Researching online had a strong positive effect on engagement, allowing participants to understand where some businesses had simply chosen not to display a poor rating. In some cases, participants had been able to see details about specific non-compliances which allowed them to make comparisons between the ratings and their own standards about what is or is not acceptable. The impact of this information was to help consumers make confident decisions about whether they would eat food from certain businesses. In several cases this resulted in participants deciding to avoid favourite restaurants because of low ratings.

3.2.1 Drivers of engagement

The different responses highlighted above suggest that awareness alone may not be sufficient to prompt widespread use of the ratings. In order to act on the information consistently and confidently, individuals needed to

understand what the rating meant and how it was relevant to them. As part of the research process, consumers were given more detailed information about the rating schemes and the food hygiene inspection process. This highlighted a range of salient features which appeared to drive engagement for some participants. These are discussed below.

How inspections were carried out: Video footage of the inspection process was shown during the first wave. Due to the apparent thoroughness and methodical approach, consumers acknowledged that the inspection was likely to expose issues which they would be unable to see themselves. The very fact that EHOs could access parts of the business that consumers could not had a high degree of salience, particularly given people's reliance on visual cues to make decisions about where to eat.

> *"So one of the things that stuck with me was the video […]It was like the front of the shops always seem fine, but once you got in there [..] you can understand why they got a lower star rating."* (Preston forum)

Qualifications and apparent professionalism of EHOs: EHOs attended the second wave of the forums to describe how they carried out inspections. The experience and qualifications of these professionals typically impressed participants, helping to build trust in the inspection process, which in turn added weight to the ratings.

> *"You trust that the food hygiene people [have] given them that rating 'cause that's what they're qualified to do."* (Norwich forum)

How the rating was determined: It was explained to participants that the rating was based on how the business performed in relation to three areas – food hygiene, condition of the structure of the buildings, and confidence in management (see introduction for more details).

Hygiene and the condition of the building were fairly intuitive to consumers, reflecting the visual indicators they used to make judgements about food businesses; for example, whether food was covered, staff were wearing gloves or the restaurant front was unkempt. This meant that participants felt comfortable with what a good or bad rating might mean.

However, consumers did not immediately understand or engage with confidence in management and for many this meant they would be tempted to disregard a rating if it was primarily due to poor confidence in management. Implicitly consumers recognise that good management was important to ensure that standards are maintained. For example, consumers thought it was important that a restaurant front was well maintained because this indicated that the manager took care of the business and was professional. Similarly, consumers were concerned about the date of an inspection as standards may have slipped in the meantime. However, often consumers did not link confidence in management with maintaining standards. Instead they focussed on the record keeping element, which was dismissed as overly bureaucratic and unfair for small businesses which should not be expected to spend time on paperwork. Yet consumers who did recognise the link to maintaining standards considered confidence in management to be a key element of the rating. This highlights the importance of communicating the elements in a way that fits with consumer priorities and behaviours.

3.2.2 Barriers to engagement

As noted above, the forum suggests that engagement with ratings can be problematic for some consumers. In particular, individuals who have deeply embedded habitual behaviours concerning where they eat and how they choose businesses may never engage with information that does not support this behaviour. It was common for consumers to describe routine eating out behaviours, for example dining at favourite restaurants or using the same takeaway every week. Whilst there were examples of consumers, usually parents, rejecting a favourite restaurant because it had received a low rating, others were less receptive and said they would continue to eat at an outlet, regardless of the rating, because they had never had a bad experience when eating there themselves. Instead, these consumers questioned whether the rating was too harsh. This was particularly the case in small towns, or consumers living out of town, where there were fewer options and therefore consumers had eaten in the same outlet several times and trusted that business. In addition a lack of alternative food businesses in the local vicinity acted as a practical barrier to changing behaviour.

Consumers' motivation to engage with the rating was also undermined by the confidence in their ability to make safe choices themselves. People trusted visual indicators to judge quality and this was legitimised through long-term safe use of particular businesses (although, as noted above, this faith in their ability to judge was to some extent undermined by the seeing the inspection process in action).

There was also an implicit trust in the regulatory system and an assumption that businesses would not be allowed to operate if they were unsafe. This deeply held belief reduces people's sense of personal responsibility for food hygiene, and to some extent may negate the need for people to engage with food hygiene information.

> *"In this country we're lucky because we know the standards are high and that places do get shut down […] that's probably why we don't go looking for reports"* (Wrexham forum)

The relative frailty of apparently abstract food hygiene information compared to personal views and grounded examples were also illustrated by the influence that food business managers had on participants' views. Food business managers were invited to attend the second wave of the forum, and in some cases participants spoke to local businesses themselves between waves. Where businesses were more negative about the ratings, consumers questioned the legitimacy of the rating; for example, there were several examples of businesses complaining that low ratings were applied because they were expected to produce too much paperwork. This created the impression that the ratings were overly stringent and focused on areas that were not priorities for consumers.

> *"After listening to you (food business manager) talk, I would trust you that your place is a good place to eat and we would want to go there, but […].] if you see a bad score, you might just think, […] it's really dirty, or there are rats running everywhere."* (Norwich forum)

Discussions about the inspection process also prompted some concerns about the effectiveness of food hygiene regulation. In particular, there was considerable concern about the length of time between inspections and the fact that new businesses were not routinely inspected before being allowed

to open. This, in turn, prompted concerns about the reliability of ratings, unless they were very recently carried out and frequently updated.

4. Expanding Food Hygiene Information

This section examines what consumers want in terms of food hygiene information and how this should be presented, as well as their suggestions for expanding the Food Hygiene Rating Schemes (FHRS and FHIS)

4.1 Expanding food hygiene information

Participants were asked whether the public should be given access to food hygiene information beyond the rating schemes. There were a number of options for expanding food hygiene information which were presented to participants:

- Making FHRS and FHIS mandatory, thereby ensuring that businesses displayed low as well as high ratings
- Providing background information, including a generic explanation of the ratings, summary inspection reports and full inspection reports.

Greater transparency was generally perceived to be a positive move. It was considered morally right for food businesses and the government to be more open with regards to food safety. Consumers also recognised that greater transparency would drive better standards by exposing businesses with poor hygiene practices.

> *"The threat of being on this website would probably be a very good deterrent"* (Bath forum)

Whilst in principle greater transparency was considered to be a good thing, in practice consumers were concerned about information overload, there was limited appetite for in depth technical information and there was considerable support for keeping information simple and in a format that was easy to digest, particularly at the point of purchase.

Consumers raised concerns about the potentially negative effects of overloading people with information that they may not necessarily want or use. In particular, when delivering detailed information such as inspection reports, consumers indicated that it would be inappropriate to display this information in eating outlets where it may put people off their food. Although, in some cases consumers indicated that this information should be available on request for those customers who were interested or had concerns. Therefore, it was important that consumers had a choice about the level of information they were exposed to and when. For example, parents or those caring for vulnerable groups may be interested in accessing more detailed information about inspection findings, due to concerns about the well-being of the people they cared for. For consumers who were less engaged with food hygiene information, being presented with dense technical information about food hygiene inspections or descriptions of issues within businesses may be considered inappropriate and off-putting.

This indicates an apparent contradiction between what consumers said they wanted in principle for the public – full disclosure, transparency and openness about food hygiene standards – and what they wanted for themselves – a simple indicator which allowed them to determine whether a food outlet was safe or not.

The impact that EHOs attending the groups had on their views about expanding FHRS also indicated that consumers did not hold particularly strong views about providing the public with routine access to more information. Where the EHOs presented tangible trade-offs resulting from making more food hygiene information available (for example, reducing the number of inspections in order to spend more time uploading inspection reports), consumers reverted to the view that making FHRS mandatory and promoting the scheme to raise awareness was sufficient.

4.2 Consumer priorities regarding food hygiene information

Although consumers wanted full disclosure of food hygiene information, they prioritised the options which were the easiest to use and most likely to impact behaviour. Consumers liked the idea of the rating, but they needed

background information in order to use the rating with confidence. Their responses to the options presented to them are described below in order of preference.

Mandatory rating scheme

Across all forum discussions, participants prioritised making the display of the rating mandatory over other changes to food hygiene information. The rating was considered easy to use, required little thought and was visual, allowing consumers to use the rating alongside other visual cues.

Consumers believed that making the display of the rating (or outcome for FHIS) at business premises mandatory would increase engagement simply by people becoming more accustomed to seeing it in all businesses. As a consequence, consumers would be more aware of businesses that did not display a rating and therefore the scheme would become self policing. Consumers may directly challenge business owners who did not display ratings or avoid food businesses where a rating was not on display, assuming that the rating was low. However, as discussed in section two, engagement with the scheme was fragile and there may be a risk that consumers would dismiss the scheme if the ratings contradicted their own experience. For example, if a favourite restaurant received an unexpectedly low rating.

Ratings breakdown

There was some interest in having the rating broken down into each of the component elements: hygiene, structure and confidence in management. However, this appeared to be driven by a lack of understanding of confidence in management. As a result, consumers wanted individual ratings for each of the elements to allow them to disregard low ratings which they deemed unimportant.[5]

> *"They might be [rated] one and it could just be the paperwork, which wouldn't really matter to me"* (Wrexham group)

Inspection summaries

Inspection summaries contained a brief description of the main non-compliances which impacted the rating. Understanding the non-compliances

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[5] This was not discussed in Scotland as FHIS is not based on the same scoring criteria

allowed consumers to interpret the rating in relation to their own standards. For example, knowing that a business did not ensure that staff received proper training emphasised the importance of having good management systems in place, thereby reducing the chance of consumers disregarding a low rating based on poor confidence in management (see section two). This highlights the importance of grounded examples in bringing to life fairly abstract concepts, by making them more directly relevant to consumers.

> *"It's not just thinking the manager's rubbish at his job […] it actually states that the staff need training [...] it makes me realise that management is actually important."* (Preston forum)

Information about specific non-compliances also changed consumers' perceptions about the three component elements of the rating. Consumers tended to prioritise hygiene and structure over confidence in management. This was perhaps because they already used visual indicators relating to cleanliness and upkeep of the property and these were apparently reflected in elements of the rating. However, specific non-compliances demonstrated the importance of confidence in management by identifying issues which individuals were concerned about, for example training needs.

Inspection date and timescales

Consumers were concerned that food hygiene ratings may not reflect current conditions as practices may change over time. As a result, it was considered important that the inspection date was presented alongside the rating. However, consumers had unrealistic expectations about the frequency with which inspections were carried out. As such, including a date may in fact discourage use by reminding consumers that the rating is based on an inspection at a single point in time and, according to their assumptions, may no longer be relevant no matter how recently the inspection was carried out.

Providing timescales for improvements were also suggested by consumers. This would enable consumers to check that businesses had made the necessary improvements. This was considered to be fairer for businesses that had received a low rating but had responded by making improvements. It also meant that consumers could consider outlets with a low rating, if they knew the business was taking the necessary steps to improve food safety.

Full reports

Initial responses to the principle of providing access to full inspection reports were supportive, based on the idea that it would be good for transparency and it would not be difficult to publish reports that were already available. However, over the course of discussions it emerged as a fairly low priority. There was limited appetite from individuals to access reports themselves, although it was considered important that reports should be accessible to people who wanted them. Individuals who were concerned about the food hygiene standards of a business may be motivated to research more deeply into the full inspection findings. However, beyond this, use and impact on behaviour was likely to be low. As a consequence, consumers felt that local authorities should only make these reports available if it did not require additional resources that could be better used elsewhere; for example, carrying out food hygiene inspections.

Applying FHRS and FHIS further along the food chain

A final option explored with participants was whether ratings should be applied to products further down the food chain. In general, there was little appetite for this. People struggled to understand the food chain itself, describing the concept as 'too complicated' and 'information overload'.

> *"Would I really care how clean the guy's gloves were that was picking peas, you know. I mean, there's just knowing too much isn't there."*
> (Wrexham forum)

Responsibility for ensuring products were safe was felt to lie with the ultimate retailer, so there was an expectation that the retailers' rating would take the food chain into account.

Despite a lack of consumer interest, consumers considered it important to record and publish this information as this would ensure a degree of oversight, ultimately driving up standards.

4.3 Presenting food hygiene information

The research also considered how food hygiene information should be presented to consumers in order to have the greatest impact. This was in

terms of the level of detail provided and how the information could be accessed; for example, at the food business, online or through other forms of media.

Consumers discussed their use of other government information such as NHS Choices, Ofsted school league tables and crime mapping, which revealed how different information needs determined how consumers wanted to access information. There were three conditions which underpinned people's preferences about accessing information:

- How complex the decision is (the reason for seeking information)
- How much time you have to make that decision
- How important that decision is to you

Whilst consumers were willing to spend considerable time and effort investigating important life decisions, such as choosing a school for their child or deciding where to live, choosing a food outlet was felt to be far less important and relatively straightforward. As such, consumers wanted information to be quick and easy to digest. Visual markers with clear symbolic meaning were discussed as effective tools; examples included chillies to represent spiciness or apples to denote healthy eating.

> *"I think the visual aspect's always the best part of anything. A good visual can say 100 words."* (Aberdeen forum)

As noted above, consumers may not be sufficiently motivated to seek information themselves. Therefore food hygiene information should be presented to consumers at the point of choice. First and foremost, presenting the rating outside an establishment, where it was easy to see, was considered most effective as consumers could then make the decision whether or not to eat there before entering. Information inside the outlet may be less effective as consumers would feel uncomfortable leaving once they had entered.

Beyond point of sale, participants suggested providing food hygiene information alongside other forms of information, such as restaurant reviews and recommendations. One benefit of this approach is that it hooks into situations where people are actively seeking information (albeit not food hygiene information), and people may therefore be more receptive.

A layered approach, which allowed consumers to access more detailed information if they chose to, was considered key to avoiding information overload. At point of sale, information should be quick and easy to digest; for example, having the rating in the window with a website address where more information could be accessed if required. Similarly, consumers expected that when online, they would be able to use a link alongside the rating to access more information about the inspection findings in increasing levels of detail.

5. Conclusions

This section provides an overview of the findings and considers what implications they have for expanding food hygiene information.

5.1 How do consumers decide where to eat and what implications does this have for food hygiene information?

Decisions about food are typically made quickly and without much conscious thought. People tend to resist spending time considering options, preferring instead to rely on previous experiences and quick judgements about 'quality'. Most importantly, these judgements about quality are made according to deeply personal standards, and people feel confident in their ability to judge quality using rules of thumb and personal recommendations.

Yet while many food decisions are snap judgements, occasions that require pre-planning allow more time for consumers to reflect on information in private and to compare options, rather than the exposed buy/don't buy decision at point of sale. Importantly, when consumers are actively searching for information on these occasions, they may be more receptive to anything that helps them to make a decision.

Implications:
- Information at point of purchase should be easy to digest and needs to support (rather than obstruct) fast judgements.
- Information needs to chime with people's views and priorities in order to influence their behaviour. This should be reflected in communications about the rating; for example, consumers did not immediately recognise the importance of 'confidence in management' unless the link to maintaining standards was highlighted.
- There may be more opportunities to capitalise on pre-purchase situations when consumers' have more time to absorb information; for

example, by placing information at appropriate locations, such as consumer-led review sites or tourist information. The FHRS and FHIS websites may have a particular role to play in situations where consumers are willing to spend more time considering their choices; for example, when travelling away from home, when eating with vulnerable people, or when planning a special occasion.

A final point on this area is that people are not thinking about food hygiene when deciding where to eat. Basic levels of hygiene are generally assumed, based on an expectation that businesses would not be allowed to operate if they were unsafe. This deeply held but subconscious belief in food safety regulation to some extent negates personal responsibility, and crucially is based on very limited awareness of regulatory processes. All of this means that, currently, people may not be receptive to food hygiene information. Furthermore, highlighting regulatory processes that do not match consumer expectations could potentially undermine their belief in food safety regulation. However, it is important to note that this research did not explore how these views might be affected by poor health or food scares. Yet we know from previous research that food safety and hygiene become a primary concern in these situations. At these points, it becomes critical to promote trust by encouraging openness, transparency, and helping consumers to engage realistically with food safety issues.

5.2 What expectations, needs and interest do consumers have in relation to food hygiene information?

As noted above, people tend not to think about food hygiene unless they become ill or there is a food scare. Beyond these situations, people assume that regulation will ensure that food is safe. This fairly uncomplicated perception of food safety perhaps explains why people do not typically seek out food hygiene information. It also explains why people may react to being given information about food hygiene by questioning what it means and what they should do about it. These reactions highlight the fact that people generally have not thought about these issues before and are unsure how they relate to their personal standards and priorities.

This process is illustrated by people's reactions to FHRS and FHIS. Despite some awareness of the rating scheme prior to the forum, it was clear that many people had not fully understood what it meant or how they should use or respond to it. This disengaged state meant that people used the ratings in fairly arbitrary ways – making unconfident and inconsistent decisions about what is acceptable for them, and ultimately falling back on personal judgements and rules of thumb. Conversely, when people engaged with the information and sought detail behind specific ratings, they felt able to take more confident actions; for example, by avoiding certain businesses despite previous good experiences.

Implications:
- In order to build and support trust in the ratings (and indeed the regulatory process) it may be important that people are able to access and interpret food hygiene information when they want or need to.

- Messages which encouraged engagement and which could be used in communications surrounding the scheme included:

  - FHRS and FHIS are based on a rigorous inspection process, carried out by qualified and trained inspectors
  - The ratings provide an indication of the standards that the food businesses have in place and their ability to maintain those standards consistently over time

Most importantly, consumers need to be able to relate a rating to their own conception of acceptable levels of hygiene. This could be done in a number of ways, suggestions from consumers taking part in this research included:
- Listing the main non-conformities which led to the rating received
- Providing descriptions of typical food businesses operating at each level, however, this would need to be real to life in order for consumers to engage i.e. rather than generic statement such as 'good standard of cleanliness throughout', statements such as 'counters were regularly wiped down throughout the day, there was some build up of grime around the cooker, the manager has said this will be cleaned by x date.'

5.3 What are consumers' views about expanding food hygiene information?

There is some appetite for the principle of expanding food hygiene information. However, there is not a strong consumer demand for engaging with more food hygiene information. In particular, participants prioritised making the display of FHRS and FHIS mandatory. This would bring two benefits: first, it would help to drive up standards by making it harder for businesses to hide poor ratings; and second, more consistent application would help to raise consumer awareness and make its use more habitual. It is easier for people to notice a low rating than to notice the absence of a low rating.

However, unless people engage with the rating and understand what it means in relation to their personal standards, there is a risk that it will not be used consistently or appropriately. In situations where the rating is felt to jar with people's experiences and personal judgements, this may lead to it being questioned and even rejected. With this in mind, it may be helpful to pre-empt some of these issues, providing answers to questions like: What does the rating mean? How does it relate to my standards and priorities? What do I need to do about it? However, participants were keen to avoid being overloaded by excessive information. There is an important contradiction here, on the one hand consumers need more information in order to trust the ratings whilst on the other consumers are not particularly engaged with food hygiene, there is little appetite to spend time researching FHRS and FHIS and in some cases consumers were actively opposed to receiving a lot of information on food hygiene.

Implications:
- It may be beneficial to provide examples and explanations of the ratings that feel personal, and allow people to relate ratings to their own expectations, in order to build trust.
- However, a layered approach should be employed, whereby information can be sought in increasing levels of detail according to interest and need, to avoid information overload. .

It is important to note however that consumers were opposed to providing further information at the expense of other LA activities as they believed that use would be limited.

5.4 How can the FSA ensure that making more food hygiene information available is worthwhile?

Overall, participants valued the ratings schemes. They were seen as a tool to drive up standards within the food industry by increasing transparency about food hygiene compliance. Yet, as noted above, individuals did not always feel able to act on the rating confidently or consistently. In part this was due to the lack of mandatory display, but also a lack of personal engagement with the information.

In order to make the provision of more food hygiene information 'worthwhile' from a consumer perspective, it needs to influence people's decisions. In order to do this, interventions need to be based on an understanding of what drives current behaviour. Therefore, it may be useful to consider current triggers and barriers to engaging with food hygiene information; in particular, two areas that seemed to profoundly affect some participants' engagement with FHRS and FHIS:

Implications:
Explain how food safety is regulated – Gaining a deeper understanding of the complexity of the inspection process challenged two core beliefs that act as barriers to engagement with food hygiene information:
- Firstly, the belief that visual indicators are enough to make a judgement on business compliance with food regulation – Learning about the training and qualifications of EHOs, and the access they had to areas consumers could not see indicated that visual cues were too crude and could miss potentially serious issues.
- Secondly, the belief that regulation would ensure food businesses maintained sufficient food hygiene practices – Learning about the inspection process raised doubts in consumers' minds, particularly relating to the frequency of inspections and the standards in low rated businesses which may not meet standards they considered acceptable.

However, it also indicated a role for consumers in helping to drive standards themselves by boycotting low rated businesses

Make the rating relevant and explain how consumers should respond – Communicating food hygiene issues in a way that fits with consumers' priorities and behaviours means they are more likely to use the information. Providing grounded examples of non-compliances, and explaining what people should do about this information, may help to embed the importance of food hygiene.

Overall, these findings suggest that expanding food hygiene information has the potential to influence how people engage with FHRS and FHIS, empowering at least some consumers to help drive up standards by making informed choices about where they eat.

Annex 1 – Discussion Guides

FSA Citizens' Forums:
FHRS (Wave 1)
Topic Guide

Objectives:

- The overall aim of this research is to explore consumer views on information about food business compliance

- Specifically, wave one will explore how people make decisions about eating out and introduce to consumers the information that is available to help them make informed decisions

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Key Questions	Stimulus/ tasks	Approx timing
1. Introduction		**15 mins**
1.1 Introduction • Introduce research – a study of public views on food business compliance; part of an ongoing dialogue with the public on food for FSA o Wave 1 – exploring consumer views on the role of information in helping people to make decisions about where to eat out • Introduce TNS-BMRB – independent research company; research carried out on behalf of FSA • Confidentiality – their views will be used, but not identifiable • Recording – recordings only available to the research team • Length of discussion approx. 2 hours		5 mins
1.2 FSA representative: Introduce FSA; reiterate purpose of the forums; take points of clarification about research process		5 mins

1.3 Group introductions and icebreaker
 • Participants introduce themselves to the group
   o Name
   o Who they live with – partner; number / age of children
   o What they do – work or hobbies
 • Icebreaker: What is your favourite dish? And where does it come from? (e.g. ingredients from supermarket; take-away from local restaurant)
		5 mins

2. Decision making context when eating out		**30 mins**

2.1 Experiences of eating out • I'm going to show you some images related to 'eating out'. When you're looking at these I want you to think about what helps you decide where to eat, what to eat, whether to come back or whether to recommend. *Show STIMULUS A (slide show / audio clip) which illustrate various eating out restaurant / establishments. Imagine yourself in that restaurant: what are you thinking about, looking at, what do you notice.* *Hand out post-its and ask people to write down:* • *What you notice* • *How you feel* *Keep the images running throughout next discussion. Give a single sheet handout of images at the end of the montage that participants can refer to.*	**STIMULUS A:** Stimulus material to evoke context of eating out (slide show, paper photo montage, audio clips); including the inside and outside of different restaurants/ places to eat	5 mins

• Overall, what are the key things that help you to decide whether to eat at a restaurant or not
    o PROBE: What are these, why do they matter to you, do you think they matter to others
    o PROBE: If it doesn't come up spontaneously – was there anything related to food hygiene that would have helped you make a decision
.
• Now, thinking in more detail about the images **outside** the places to eat, what sorts of things would you look for to help you make your decision
    ▪ PROBE: Is there any information you can see that in particular helps you make your decision
    o What about if you're with different types of companions, does this alter the way you make this decision
      ▪ PROBE: (Your) children, colleagues, friends, parents, older people
    o What about different types of eating occasion
      ▪ PROBE: Eating and socialising, eating on the go, fine dining, late night snack, meal replacement
 	
• Now focusing on the images of the **inside** of the places to eat.
    o What sorts of things are you looking for to help you make a decision about whether to eat
      ▪ PROBE: Is there any information you can see that in particular helps you make your decision
    o Is there any information on the inside of the establishment that you are looking at in order to help you decide
		20 mins

• Thinking about the last 2-3 occasions you have eaten out, where you've planned where to eat **before you leave your home**, what has influenced these decisions		5 mins

○ PROBE: previous experiences, personal recommendations, reviews (internet, papers, magazines), anything else ○ Does this change for different types of eating occasion ○ Has this changed overtime; e.g. is the internet a more important factor now • Are there any **other factors** that might influence your decision		
3. Information experience and expectations		**30 mins**

Before we think about having access to more information inside and outside food establishments, we want you to think about what it means to have access to extra information.
 	
• EXERCISE: Based on what we have just discussed, we now want to develop some **principles** on openness. To help us do this I would like you to tell me:
 	
    ○ When it is okay to be open with other people
    ○ When is it okay to be closed or hold back from other people
    ○ When is it good for them to be open with you
    ○ And when is it good for them to hold back
 	
• Okay, now let's think about **food establishments** and how open they should be
  ○ Probe: What sorts of things do you think food establishments are open or closed about
  ○ What should they be telling you and what do they not need to tell you
    ▪ PROBE: are most establishments doing this; who are the worst / best
  ○ How is this information delivered to you
 	
• Now we want to think about **other information sources** that you may have used in the past. The government publishes lots of data that people like you and I can use to make decisions. Probably the most well known is the school Ofsted reports, but there are lots of others such as house sale prices, NHS Choices, local crime database.
    ○ Have you ever used any of the data sources
    ○ How have used it / others used it / might you use it
    ○ What information were you really looking for and what were you looking at to get this information
      – PROBE: statistics, peoples' comments, maps, graphs, comparisons, markers of good or poor performance
	`
	
	Moderator to note benefits / problems of openness and transparency on different colour cards (for later reference)
	
	STIMULUS B: Pass out / display screen shots of public information sources
		10 mins
		
		10 mins

○ Which were the most helpful and why ○ How did the information influence your decision making - What do you think could translate into information about food hygiene - SPONTANEOUS: What does **food hygiene information** mean to people - Has anyone ever used / looked at / seen food hygiene information ○ Where / what did you see ○ What information sticks in your memory about the information ○ How did you use / process it, what did it mean to you, how did it affect your decisions ▪ Give an example ○ Who is this information meant for - What do you think is the **purpose** of making this information available ○ Is the information more important for some people than others ○ What is the effect on the food establishment ○ How valuable do you think it is ▪ What are the affects of not having it / having more detailed information ○ Do you think it has an effect on people's day to day eating decisions ▪ When does it have an effect		10 mins
4. Expectations of info re food hygiene		**15 mins**
- To what extent would you want any **more information** about food hygiene than you already receive; why do you say this ○ Do you think everyone is like you or do you think there would be other opinions ○ Who do you think would be most likely to use it or ignore it - Is there any information about hygiene in food establishments that you would like to have access to • PROBE: meeting standards, EHO reports **How far back** (in the food chain) would you want this information to go • What about for different types of food establishments • What about in supermarkets for fresh or canned food - How do you think having this information might **affect the decisions you make** about eating in different food establishments		

• Do you have a **preference** for how you would like to access it o PROBE: At the point of purchase, Online o To what extent do you think transparent information about food hygiene compliance will be seen by the majority as a safety blanket as opposed to being a usable resource		
5. Current system of food compliance		**15 mins**

• Show **STIMULUS C** [Food Fighters clip] to provide background about the current system of food compliance
 	
• TNS-BMRB researcher to present **STIMULUS D** [presentation slides] – outlining the current system of food compliance and what information is collected and why; and details on what information is currently publicly available and in what format
 	
• Questions and points of clarification
 	
• Do you think that the information that is **currently collected** to determine food compliance is appropriate; why / why not
• What information do you think is not really important to you
    o What sorts of people do you think might find this information important
• What information that is currently collected is really important; why
    o Do you think everyone will see this as important as you do
 	
• In terms of the information that is made **publically available**, is this what you would expect to be made available
    o Is there other information that you would want that isn't publically available
    o How would you want to receive this information
        o PROBE: At the point of purchase, Online
	STIMULUS C1:
	Food Fighters film about food inspections
	
	STIMULUS D:
	Presentation / information about current system of food compliance	

6. Summary of views / questions		**15 mins**
• To sum up then, what are the three key **benefits** of increasing public access to information about food compliance • And what are the three key **challenges** • Who should have a **responsibility** to use this information o PROBE: Teachers, care providers, family, LAs, consumer advocates • Are there any issues that you would like to cover in the next wave? • As a very final question, thinking about the information that is collected *[refer back to FSA presentation / handout]* do you think this		

is **helpful** for people like you to know; why / why not o If it's not helpful for you, who might it be helpful for?		
EXERCISE BETWEEN WAVES – handout scrapbooks [**STIMULUS E**] and explain task *[asking people to make note of any good / bad examples of giving information; aim is to get people thinking about how information can be presented]* **NEXT SESSION** – *Outline scope of next session:* • *Remind participants of the date for the next session* • *Aims of this session will be to explore how food hygiene information could be made available to the public, including reviewing examples of where this is already happening* • *Explain that EHOs and FBOs will be present and will be able to answer any questions they have*	**STIMULUS E**: Scrapbooks for collecting examples of good/bad information	

FSA Citizens' Forums:
FHRS (Wave 2)
Topic Guide

Objectives:

- The overall aim of this research is to explore consumer views on information about food business compliance

- Specifically, wave two will explore:
  - what food hygiene information the public want, how they would use it and how information about food hygiene should be presented
  - how much of a priority is food hygiene information with other trade offs in mind (fewer EHO inspections or costs and damage to food business)

Please note: In locations where two groups are running simultaneously, there will be a mixture of 'plenary' sessions where all 20 participants come together in one room, and 'small group' sessions with breakout groups of 10 participants

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Key Questions	Stimulus/ tasks	Approx timing
4. Introduction – Small group session		**10 mins**
1.1 Introduction • Remind respondents about nature of the research – a study of public views on food business compliance; part of an ongoing dialogue with the public on food for FSA o Wave 2 – understand what food hygiene information should be made available to the public, how this would be used and to think creatively about the best way to present this information • Introduce TNS-BMRB – independent research company; research carried out on behalf of FSA • Confidentiality – their views will be used, but not identifiable • Recording – recordings only available to the research team • Length of discussion approx. 2 hours		3 mins
1.2 FSA representatives: Introduce FSA; reiterate purpose of the forums; take points of clarification about research process; explain role of EHO / FBO **EHO / FBO:** Introduce themselves to the group **Reminder of pre-task. Quick show of hands: Having thought about the way other types of information are presented to you, who thinks that the FSA should make more information available to the public beyond the existing FHRS?**		2 mins

1.3 <u>Brief</u> **group re-introductions and warm up**
 	
  • Ask participants to remind the group of their first name
      ° What's the one interesting piece of information you took away from our last discussion?
		5 mins

5. Review of information delivery - Small group session		**10 mins**

2.1 Presenting information
 	
  • To kick off, we're going to discuss good and bad examples of presenting information, as we do so, I will write up a list of what makes information easy and difficult to use.
  • Can you describe either your best or worst information example
     ° What makes it so good / bad; if necessary probe on:
         • Look and feel
         • Language used
         • How visual the info is (i.e. using pictures, maps, graphs)
         • Branding / trustworthy source of info
         • How well laid out it is
         • Amount / detail of information provided
 	
(*Refer group to flipchart list – probe in turn*)
  • How does this relate to food hygiene information?
     ° What is relevant for FHRS from these flipcharts?
     ° Would these things make it more likely that you or others would use the FHRS information?
	ON FLIP CHART
	Note key points about what makes information easy or difficult to use)
		5 mins
		
		5 mins

6. Feedback from EHO and FBO (PLENARY) – Plenary session		**25 mins**

Explain – we're now going to hear from the EHO on the types of information they collect and how this could be made available to public and views from the FBO on the likely impact on their business
 	
  • **Presentation from the EHO** – to be structured in line with the local inspection process
     ° What happens in the **lead up** to an inspection?
         • EHO to describe the process that is taken to decide when / who to inspect. What information is used and how? Please describe the process for new, low rated and high rated businesses.
     ° What happens **during** an inspection?
         • What is the EHO specifically looking for and how does this translate into a rating (using real-life examples of 0 and 5 [SCOT: pass / fail] rating where possible)
         • What do these ratings mean in terms of risk to
	`	15 mins

the public; are 0-2 unsafe and why are 0 -2 ratings allowed to stay open; does 3 mean there is no risk or does 5 mean there is no risk; does 4 and 5 mean the company is doing more than required? [SCOT: What happens to FBOs that fail?] ○ What happens **following** an inspection? • Description of the outputs created by an inspection – what do the reports contain; what do they look like (word docs, tables, technical language, handwritten etc); is there a summary; how easy do you think it would be for the public to understand • What information (if any) could be useful for the public beyond the rating? – e.g. details of specific infringements; what the solutions / actions to be taken are; timescales for the businesses to address the infringements; implications of not addressing the infringements; positive practices; when the last inspection was (and previous); what action the public should take ○ Why is displaying the FHRS score and sticker not mandatory for businesses across the UK? • Response from the FBO ○ How easy / difficult is it to meet standards ○ How does the inspection process work from their perspective; how do they help to ensure they meet these standards ○ What does it feel like to be inspected? Do you get any warning? ○ What are their views about FHRS; what impact does the rating have on them? • Q&A – Points of clarification only	Moderator to ensure that the Q&A only covers points of clarification regarding the presentation and FBO response	5 mins 5 mins
4. Increasing access to food hygiene information - Small group session		**30 mins**
4.1 Initial responses to the presentations • Reactions to the information provided by EHO / FBO ○ Anything that is reassuring / surprising / concerning ○ How do they feel about the type and amount of information collected		5 mins
4.2 Views about ways to increase access to food hygiene info • We're now going to talk about some ways in which the FSA can extend the current FHRS system to offer more information or advice to the public	STIMULUS – **Presentation** and copies of **inspection**	5 mins

• **PRESENTATION:** Moderator to run through the presentation, outlining that we are going to focus on six ways of providing food hygiene information. (Emphasise that the examples do not all relate to the same business)
    1. FHRS rating [Scotland: FHIS rating]
    2. Detail about how the rating is calculated
    3. Summary of inspection findings influencing the rating
    4. Full details of inspection findings influencing the rating (3 areas – food hygiene; structure and cleaning; confidence in management)
    5. Full inspection report
    6. Comments from the business about the rating
 	
• SPONTANEOUS REACTION: What do people think about these options for providing information
    o PROBE: Positive / negative
    o Is there enough / too much information?
	reports from Norwich (3 to pass around in each group so people don't spend too long reading them) [EXPLAIN: This is one option that an LA thinks provides a complete package of information that could be published.	5 mins
		
		5 mins

• Thinking about these options I want to get your views on what the ideal information package for food hygiene would look like
• **EXERCISE:** I'm going to split you into two groups. I want you to work together in your groups to decide what information you want made available
    o Outside the food business
    o Inside the food business
    o Online
    o Elsewhere
• I've given you some pictures of the different types of information that might be made available and there are some flipcharts on the walls with the different locations.
• I want you to place as many or as few of these in the locations where you feel they would be helpful to you. There are multiple copies of each so you can place the same picture in multiple locations.
• IMPORTANT: Work together as a team to make the decision.
	Some LA are using hand written letters etc
	This needs to be emphasised throughout this session	

• Take each group in turn asking them to describe why they placed those types of information in those locations
• PROBE on (throughout referring back to earlier FLIPCHARTS of good / bad information examples; use to challenge people if there are contradictions, e.g. simplicity, level of detail):
    o **Who** would use it
    o **What** would they use it for
    o How **helpful** would it be to people
    o What should it **look like**
    o Should it be provided for all businesses (or focus on those with low ratings)
    o What **effect** would it have if all the information described
	STIMULUS Priority Information
	
	Materials: 4 flip charts for each group (Outside flip chart, Inside flipchart, Online flipchart, Elsewhere flipchart)
	
	Mod note: Allow five minutes for
		10 mins

was made available to the public (e.g. influence consumer behavior; drive business standards, increase costs)	*the completion of the exercise.*	
5. Implications of increasing access to food hygiene information – Plenary session		**30 mins**

The EHO and FBO are now going to respond to the ideas you have raised, with a particular focus on what the costs will be to them and how this might effect what they do and can offer to the public.
 	
• Researcher(s) to feedback ideal information package(s)
• EHO and FBO to discuss in terms of:
   o Resource implications (locally and nationally)
   o Likely effect on the business
   o Likely effect on the customer
   o Likelihood of it achieving the desired outcome?
 	
   o The EHO / FBO to sum up their response and suggest what they think would be most cost effective (i.e. having the desired effect on customers / businesses without being too costly for them)
 	
• Questions and points of clarification
 	
• Spontaneous reactions – how do you feel about the EHO / FBO responses
• Do you have concerns about the potential implications of your information preferences (in light of the EHO / FBO responses)
• PROBE (where relevant):
   o Making the **display of FHRS / FHIS rating mandatory**
      ▪ Impact on LAs (more demand from FBOs for re-inspections; changes EHO/FBO relationship from collaboration to enforcement)
      ▪ Impact on FBOs (drive standards; increase costs)
      ▪ Impact on consumers (change behaviour; ignore)
   o All other options *[Providing **detail about how ratings are calculated**; providing **summary written information**; providing **written detail about each aspect of the rating**; and, providing **full inspection reports]**
      ▪ Impact on LAs (resource implications – where not currently provided electronically; if not
	Max 5 mins each for EHO and FBO	10 mins
		
		5 mins
		
		15 mins

done consistently across LAs; and, if required to be in more accessible language / style / remove confidential information) • Impact on FBOs (negativity of information potentially off-putting) • Impact on consumers (whether understandable, able to act upon)		
6. Prioritising the changes – Stay in plenary session		**15 mins**

• Priority setting
    o How important is it that people have access to information about food hygiene
    o How does this balance against the potential implications of providing this information
        ▪ For LAs
        ▪ For FBOs
        ▪ For consumers
    o If providing the ideal package of information means fewer inspections / higher costs, how does this affect your views
    o If the display of FHRS / FHIS ratings is not mandatory, how does this affect your views
    o What are your priorities for food hygiene information
    o To what extent have your views changed over the course of the discussion
 	
• Summary of views
    o To what extent do you think the changes suggested will:
        • Change the way people choose where to eat
        • Affect food businesses
        • Make the public safer
    o 3 key messages for the FSA (on the flipchart)		

THANK AND CLOSE