

Food Hygiene Practices and Attitudes amongst Black and Minority Ethnicity groups

Research for the Food Standards Agency



TNS BMRB

Food Hygiene Practices and Attitudes among BME groups

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Contents

1. Introduction	3
2. In-home food hygiene practices	8
3. Out-of-home food hygiene practices	21
4. Communicating about food safety	27
5. Conclusions	31
6. Appendix	33

1. Introduction

1.1 Research Background

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. Central to this aim was the establishment of a nationwide series of consumer forums to enable the FSA to establish an ongoing dialogue with the public on food standards. Since 2008, TNS BMRB has been conducting the FSA's Citizens' Forums, a series of deliberative events to understand consumer attitudes and concerns in relation to a wide range of issues in relation to food. The FSA commissioned this Citizens' Forum to gain a better understanding of attitudes to food risk and reported food safety behaviours amongst ethnic groups that were less likely to report behaviours in line with certain recommended food safety practices in the FSA's Food and You survey.

Previous Citizens' Forums conducted for the FSA on the subject of Risk and Responsibility¹ have explored risk perceptions around food amongst the general public, and found that perceptions of risk in relation to food was low, both in terms of the likelihood of contracting food borne illness and the impact of illness. Based on their lived experience, many consumers make the assumption that their own food preparation and consumption behaviours are sufficient to keep themselves safe.

Additionally, insight from the FSA's qualitative and ethnographic study 'Kitchen Life'² exploring domestic kitchen practices, has shown that households took risks, in terms of not following FSA recommended practice, at least on some occasions, without individuals necessarily intending to act in a risky manner nor perceiving their actions to be risky.

¹ <http://www.food.gov.uk/science/research/ssres/foodsafetyss/balance-of-risks-and-responsibilities>

² <http://www.food.gov.uk/science/research/ssres/foodsafetyss/fs244026>

Data from 'Food and You', the FSA's flagship survey of reported consumer behaviour, attitudes and knowledge relating to food and food safety,³ suggested that some ethnic groups, particularly Black and Asian participants, were reporting different attitudes and behaviour around some elements of food preparation. For example, when asked about the washing of raw meat and poultry (a behaviour which can increase the risk of contracting campylobacter – a dangerous form of food poisoning) only 5% of Black participants and 4% of Asian participants reported practices in line with FSA recommendations never to wash raw meat and poultry, compared with 36% of the White population.⁴ Another key difference was the number of respondents stating that they "always avoid throwing away food" (regardless of date labelling), with around two thirds of Mixed Race (64%) and Asian (67%) participants reporting this, compared to around half of White participants (51%).⁵ Further details of these findings from Food and You can be found in the Appendix.

While these headline findings for Black and Minority Ethnic groups in the Food and You survey are of interest to the Agency, small sample sizes for these groups make it difficult to conduct further analysis. The FSA has therefore commissioned this research in order to gain a deeper understanding about attitudes and behaviours in relation to food preparation and hygiene amongst ethnic groups. This research will help to identify differences that might inform policymaking and communications in order to serve each part of the community in a way that reflects its needs. It is important for FSA to understand these differences, particularly where attitudes and behaviours are deeply ingrained and culturally charged.

1.2 Research Aims

The specific aims of the research were to:

1. Explore food hygiene practices of Black and Minority Ethnicity (BME) groups in the home, including:

³ Food and You is a biennial random probability survey of around 3,000 respondents across the UK, with three waves completed to date (in 2010, 2012 and 2014) by TNS BMRB. For more information see: <http://www.food.gov.uk/science/research-reports/ssresearch/foodandyou>

⁴ 'Black' includes the survey response categories 'Black'/'African'/'Caribbean'/'Black British', 'Asian' includes 'Asian'/'Asian British'.

⁵ Note that these are observational headline differences from the Food and You survey data, which have not been subject to statistical significance or regression testing.

- a. Attitudes which underpin these (what does 'dirty' mean, cultural associations and beliefs about being clean in the kitchen/cooking/preparing well)
 - b. Where these practice come from (e.g. parents, friends, school, instructions, 'experts')
2. Understand awareness and attitudes regarding recommended hygiene practice
3. Explore food hygiene and safety practices and attitudes when eating out, including:
 - a. Attitudes towards cleanliness in caterers/retailers
 - b. If and how they make judgements about cleanliness
 - c. Use of FHRS
4. Identify possible implications for communications about Food Hygiene
 - a. Who do/would BME participants trust/listen to
 - b. How BME participants feel/would respond to advice about safe and unsafe practices

1.3 Methodology

This research consisted of 16 focus groups with consumers conducted between 18th and 30th March 2015. 2 focus groups per evening were conducted across 7 locations: Birmingham, Bradford, Bristol, Liverpool, London, Manchester, and Nottingham. Participants self-defined their ethnicity.

The rationale for the approach was that we wished to be able to see where people had common ground as well as difference by comparing the responses within a group as well as the responses across groups. The makeup of groups was based on the differences identified by the secondary analysis of Food and You, and on the hypothesis that first- and second- generation ethnic backgrounds might be significant.

This report provides insight into reported attitudes/ behaviours, and no inference can be drawn to actual incidence of food-borne illness.

Conclusions are qualitative in nature and so intended to demonstrate a range of views on a topic and explore linkages between these. They are not intended to measure their extent across the population, nor will they be comprehensive.

All recruitment was managed by TNS BMRB's in-house qualitative field team, who are specialists in social research to inform Government policy and

practice. Field managers were fully briefed on the project and provided with detailed recruitment instructions and a screening questionnaire in order for the recruiter to assess participants' eligibility to take part in the research.

Participants were identified using 'free-find' techniques, where contacts are identified using 'on the street' recruitment. Following recruitment, all sample details were verified by our internal team.

The achieved sample table is shown below.

	Ethnicity	Generation	Social Economic Grade⁶	Respondents	Location
1	Black African	First	Mixed	7	London
2	Black African	Other	ABC1	6	Bristol
3	Black African	Other	C2DE	6	Nottingham
4	Black African	Other	C2DE	3	Bradford
5	Black Caribbean	First	Mixed	7	Birmingham
6	Black Caribbean	Other	ABC1	6	Manchester
7	Black Caribbean	Other	ABC1	7	Liverpool
8	Black Caribbean	Other	C2DE	7	London
9	Asian	First	Mixed	5	London
10	Asian	Other	ABC1	7	Birmingham
11	Asian	Other	C2DE	7	Bradford
12	Asian	Other	C2DE	6	London
13	Mixed / other	First	Mixed	6	Bristol
14	Mixed / other	Other	ABC1	7	Nottingham
15	White British	NA	ABC1	7	Liverpool
16	White 'Other'	NA	C2DE	7	Manchester

Each focus group was made up of around 7 participants, and in total 101 participants took part in the research. The focus groups were split according to ethnicity and SEG in order to better understand the influence of these factors

⁶ A definition of the social grades can be found here: http://en.wikipedia.org/wiki/NRS_social_grade

on consumer attitudes and behaviour. The sample was designed to ensure a mix of age and gender within groups, as well as a mixture of those who were first generation migrants to the UK and those who were second or third generation. Each focus group was 90 minutes long.

The focus groups were digitally recorded and then analysed using TNS BMRB's matrix mapping approach, drawing on elements of Grounded Theory analysis. This robust analysis method allows researchers to draw out the diversity of opinions as well as identify common themes across discussions.

This report has not been peer reviewed.

2. In-home food hygiene practices

This section begins by discussing participants' attitudes to food in general as well as foods and eating occasions that they considered traditional within their communities. We go on to discuss how these attitudes effect reported cooking and storage practices and food safety behaviours.

2.1 Attitudes to food and eating habits

At the start of the focus groups, participants were asked broadly about their attitudes to food and the role food played in their lives. Across all groups, participants identified a range of foodstuffs and eating occasions which they considered to be particular or 'traditional' within their community. Eating these 'traditional' foods was considered central to family life and an important part of social events within their communities.

"I think within our culture as well everything we do is around food. It's like...when we [are] having someone dying in a black family, you don't have to wait for someone to ask 'someone come and see me', you hear, you go to the person's house, you take food and because people will be there for hours on end the pot will be cooking. It's a culture to us." (Birmingham, Black – Caribbean, Mixed SEG)

"Food is quite important, socialising, when you're socialising you'll sit and eat, go to a café or restaurant with friends you're socialising, it's around food, order food in wherever you're going to go, when you're at work you're sitting down with a cup of tea and you know there's coffee, tea, biscuits so you're sitting chatting away. Family; you have your family meals..." (London, Asian, Mixed SEG)

Eating traditional foods, particularly as part of large social events and celebrations, was also strongly linked to participants' culture and was often described as a means of expressing and connecting with their heritage.

"It's part of my culture, it's like a celebration...my heritages. Food is like a big part of my culture. So you wouldn't have just like bread and butter and

that's your dinner, you'd have meat and rice or a pasta dish and you'd share it together..." (Bristol, Mixed Race, Mixed SEG)

"When we were released from the chains of slavery we celebrated with food and music and as time has come on, when we're having a celebration as Caribbean people, the first thing we think about is food" (Manchester, Black Caribbean, Mixed SEG)

For some participants, attitudes to food and eating habits were also strongly linked to religion. Those with devout religious beliefs, both Christian and Muslim, talked about praying as they prepared food. For Muslim participants, eating Halal food also determined where they bought foods and ate out and some also said that food played a particularly key role in socialising because their friends and family did not drink alcohol.

"There are lots of rules. You have to wash meat in three different waters and say 'in the name of Allah' before it's clean." (Bradford, Asian, C2DE)

Eating 'traditional' foods emerged across all groups as key to expressing participants' heritage and feeling connected to faraway places. Making 'traditional' food choices went beyond the types of food eaten, it also effected where participants shopped for food (to source imported foods or foodstuffs not commonly available in main supermarkets) and how foods were prepared. However the extent to which this shaped participants' everyday eating habits varied across individuals. Aside from feeling connected to ones heritage, eating habits (i.e. the types of foods people ate, how frequently they cooked for themselves or ate out and where they chose to eat) were influenced by a range of considerations, including diet and health, cooking for people with allergies, personal preference and price.

"I always look in the 'woopsie aisle' to see what they have on reduced." (Liverpool, Black – Caribbean, ABC1)

Participants in first generation groups often said that 'traditional' foods made up the majority of their diet because they were best suited to their personal taste preferences and were foods they knew how to prepare. For some, the preparation and eating of traditional foods was also a way to ensure that such traditions would be carried through to and continued by the next generation.

Second Generation and Long-Term UK Residents described a far more mixed diet comprising a range of cuisines, typically combining foods traditional to their cultural background, as well as 'Western foods'. As was the case with First Generation participants, traditional foods and the associated eating occasions were considered part of connecting with and celebrating cultural identity. In contrast, 'Western' / 'English' foods were primarily seen to meet convenience needs e.g. as snacks, take-aways, lunches at work, food on the go / fast food solutions.

Participants who lived in, or were connected to, mixed race households described how they integrated different cooking styles and techniques (e.g. cooking a roast dinner with curried chicken). Whilst these participants described these behaviours as quirky it demonstrates that engrained behaviours can be interrupted where other influences, within an individual's social network, adopt different approaches.

2.2 Preparing food and cooking habits

The way foods were prepared and cooked was also considered a key part of the way in which food was used to express a community's heritage. Participants described techniques and styles of cooking that were passed down through generations – a process that was considered important both for older generation family members to educate future generations about their home countries and traditions and for younger generations to feel a connection to faraway places and cultures without having lived there. Consequently, teaching 'traditional' cooking techniques went beyond passing on skills and was also a means by which migrant communities ensured future generations maintained a connection to their parents'/ grandparents' home countries.

Preparing and cooking foods together, in a family / social environment was found to have a similar role to eating i.e. very much a social activity and considered a means by which communities can connect with their heritage. This was in evidence in all groups but strongest amongst Black African and Black Caribbean groups, where it was common for everyone to help out with food preparation. Less evidence was found in the first generation Asian groups of men helping out in the kitchen; we will note later in this report that men in this group seemed to know comparatively less about food preparation.

With regards to food preparation habits within the home, a very strong importance was placed on cooking from scratch. Many of the reasons were

given for preferring home cooked foods, many of which as familiar from previous Citizens' Forums. Cooking from scratch meant that participants were:

- Able to ensure that their food is safe and clean, since they were following their own hygiene and safety standards.
- Fully aware of what was in their food, therefore were able to ensure they and their family were eating healthily.
- Able to control quality by ensuring the best and freshest ingredients were being used.
- Satisfying taste needs, by cooking and flavouring the food according to their or their family's specific preferences.
- Controlling their food budget; cooking from scratch was thought to be cheaper than buying ready-prepared meals.

"The cooker has to be spotless, the kitchen sink must have nothing in there waiting to be washed, so you're going into a fresh kitchen, a new kitchen." (Birmingham, Black – Caribbean, Mixed SEG)

"It's quite important because it's very [healthy] cooking from scratch, all the ingredients you use, it's a lot tastier as well so I think you enjoy the food more when you're cooking from scratch." (London, Asian – Other, C2DE)

"I think it's sometimes cheaper cooking from scratch than buying ready made stuff." (Bristol, Black – African, ABC1)

The primary downside of cooking from scratch was that it was recognised to be more time consuming and could therefore be less appealing after a day's work / a busy day or if cooking just for themselves. Some younger participants also commented about the smell of cooking in the family home when cooking from scratch.

"Another thing is the smell in the household. I won't go in the kitchen if my mum's cooking certain food. It [smell] sticks to my clothes." (Birmingham, Asian, C2DE)

Alongside the aforementioned more familiar reasons for preferring to cook from scratch, participants also placed a great deal of emphasis on preparing food 'properly'. In participants' eyes, preparing food properly meant traditionally. This was seen to be a means of passing on skills, tips and habits

relating to good food preparation practice (i.e. hygiene) to the younger generations, effectively demonstrating and ensuring continuity of heritage. This included practices relating to being clean and safe in the kitchen.

"You know it's safe and done properly." (Bradford, Black – African, C2DE)

"The older generation, it's a cultural thing as well because I know like in my family that's the thing they all do together. They used to cook together, that was their thing and that is what my mum does with me. Every time I am round or when we were growing up that's all we used to do. When my mum is cooking, come into the kitchen as well and I'd learn and we'd cook together. It is just like a family thing that we do. That's really important for the older generation." (London, Black – African, Mixed SEG)

Many actually described this behaviour as showing love for the family (and friends). Cooking from scratch was a way of demonstrating how much they cared for anyone who would be eating the food.

"You've got to cook with love." (Birmingham, Black – Caribbean, Mixed SEG)

"If food feels the love, it's going to give love back!" (Black African Mixed Generations, Bradford)

2.3 Food safety practices in the home

Food safety (primarily discussed in terms of cleanliness and hygiene) emerged spontaneously as a key priority and was considered central to being considered a good cook. In many of the groups, participants expressed a perception that food preparation and cooking techniques common in their community were inherently safe for two reasons:

- Firstly, they believed that food hygiene and cleanliness standards were high – in many groups, being clean and hygienic was sacrosanct with several participants using the phrase 'cleanliness is next to godliness';
- Secondly, that food was safer because there was a tendency to cook food thoroughly - participants pointed out that many traditional foods were

slow cooked e.g. curried or stewed. For many, cultural (and, for some, religious) preferences were for well-done meat, with no sign of blood.

In the first generation migrants groups it was suggested that cooking practices traditional to their culture were likely to be safe because these practices had originated in hot countries where the risk of food borne illnesses was greater. However, this view was not shared by all. In other cases, first generation migrants stated that they felt safer in the UK because cooking equipment was cleaner and retailers adopted better food safety and hygiene standards.

“Yes we come from somewhere like, you know, not really crazy about hygiene. So not like [in] here. That’s why here I feel everything is safe. I mean I’ve lived here for a long time. When I go back I don’t feel safe in Thailand anymore.” (Female, Asian / Chinese / Other, London)

“Yes because in Vietnam it’s quite similar. It’s not, you know, it’s not very clean there and I’ve been to Thailand as well so I know, comparing them both they’re very similar and I’ve got used to it, so our standard of being dirty here is a lot cleaner than Asia.” (Male, Asian / Chinese / Other, London)

“I’m more cautious if I’m cooking in Africa as things aren’t so clean.” (Black African First Generation, Nottingham)

2.4 Awareness of safe food handling practices

When asked to describe safe and unsafe food handling practices, participants were able to describe wide ranging practices that they believed ensured food was safe to eat. The range of practices described are shown in the table below.

Food safety concern	Food safety practice
Cross-contamination	Clean surfaces before, during and after food preparation
	Separate chopping boards for meat / chicken / fish etc.
	Store meat on separate shelf in fridge (often at the bottom to prevent blood dripping onto food below)
	Separate knives for meat / chicken / fish etc.
	Clean equipment before and after food preparation (and during if necessary)
	Store meat on separate shelf in fridge

	Store meat, chicken & fish separately
	Dedicated shelf in fridge for allergy sufferer's foods
	Separate raw vs. cooked foods
Personal / general hygiene	Wash hands before, during and after food preparation
	Clean hair and nails
	Do not lick spoons (although some reminisce about their elders always doing this)
	No pets in kitchen
Storage	Separate raw vs. cooked foods
	Be aware of how long foods have been frozen
	Cover containers
	Cool food before chilling / freezing
	Keep foods out of direct sunlight
	Follow on-pack instructions or copy in-store storage
Chilling	Check fridge temperature
Food hygiene	Do not use food that has been dropped on the floor / spilled
	Cook food thoroughly / all the way through
	Wash meat
Re-heating	Mixed opinions, dependent on the type of food and whether previously re-heated
Instructions relating to cooking and storage	Regarded by most as a general guide; experience, common sense and tradition will prevail, particularly with regard to cooking times
	Check use by dates

Whilst there was considerable awareness across the groups of recommended food safety practices, knowledge was variable across individuals. Echoing findings from the Risk and Responsibility forum, participants were aware, to varying degrees, of a variety of recommended practices (one participant specifically mentioned the 4 Cs).

However, good awareness and knowledge did not always translate into good practice. Circumstances existed where participants admitted that they 'cut corners' regarding food safety behaviours. Typically this occurred when participants were cooking for themselves – greater care was taken when they knew that others might be eating the food they prepared.

"I'm less careful if I'm just cooking for myself ... I'd feel very bad if I gave other people food poisoning." (Nottingham, Mixed Race, ABC1)

Younger participants, particularly men, were among the most likely to describe 'cutting corners' when preparing food. Some explained that this was because

they were more often cooking for themselves rather than others; while others felt that they would need to catch food poisoning, or otherwise 'feel the consequences' before they would see need to adjust their behaviour. Equally, older men, (particularly those from Asian backgrounds), expressed lower awareness of and interest in safe practices. They typically did little cooking for themselves, had limited understanding of safe practices, and did not consider it a priority.

Whilst many practices and attitudes were similar to those raised in other Citizens' Forums, some practices stood out as particular to the ethnic groups involved in this research. These will be discussed in more detail:

- Attitudes and practices around cleanliness and cross-contamination.
- Bulk buying and freezing foods bought in bulk.
- Bulk cooking and re-using leftovers.
- Throwing foods away and use of date labelling.

2.4.1 Attitudes and perceptions around cleanliness and cross-contamination

We have already noted that a great deal of importance was attributed to cleanliness, which emerged as a means of expressing how much the individual cared for the family and social group, as an expression of love. Feelings ran high as a result, with disgust and repulsion being expressed at the idea of not following these practices and risking the health of the family and social group, as well as the shame this would bring on the cook.

These attitudes and deep rooted beliefs also applied to washing meat, which was mentioned spontaneously but meant different things to different people. For some, washing meat had religious significance, meaning they prayed whilst washing meat / whilst washing blood off meat / whilst generally preparing meat. For participants in the group who were Muslim, washing meat had particular religious importance, to ensure that there was absolutely no blood left on the meat.

Others explained that washing meat was a way of killing germs, getting rid of strong smells, removing dirt, fat and / or skin, and was something ingrained as a cultural habit. Not knowing who or what had touched the meat beforehand was a concern, as was not knowing whether the meat had been washed as thoroughly as the participants themselves would wash it.

Many laughed, were aghast or were simply confused when discussing recommended practice around the washing of chicken meat (i.e. that chicken should not be washed to avoid spreading *Campylobacter*). For many, this advice seemed to go against the ingrained habits described above.

"I've been brought up in a household where my mum said you need to make sure you are washing the chicken, you need to make sure it is clean. It is just instinct now that whenever I buy a chicken, even if it says ready to eat I am still going to wash it. ... So it is just in the back of my mind, it is that instinct." (London, Black – African, Mixed SEG)

For some who had been exposed to media coverage regarding *Campylobacter*, these news stories had reinforced the importance of washing meat to ensure it was not carrying harmful bacteria.

*"They said don't wash the meat because of the splash back ... but in the same breath I heard when it comes fresh from the supermarkets it's got the *Campylobacter* bacteria on it anyway, so like in the same breath it says not to wash your meat, yet you're giving us meat that's not fresh, that's already got lots of bacteria on it!" (Manchester, Black – Caribbean, ABC1)*

2.4.2 Shopping habits, bulk buying and freezing

Across all of the BME groups, participants used supermarkets for 'basics' including bread, milk, as well as some canned and dried foods. Many had noticed that supermarkets had started to stock foods from 'around the world' but were aware that it was far more expensive compared to their local specialist grocery store. Consequently, few used supermarkets to source traditional foods.

Participants also used a range of different outlets to source meat, vegetables, dried goods and traditional foods such as rice and pounded yam. These outlets included specialist local butchers, small independent grocery shops, local street markets and specialist grocers / supermarkets. These outlets were perceived to have a larger range and to offer better prices for foods sourced from abroad.

"You can't get all the ingredients in one place, so you just have to keep looking around." (Manchester, Black – Caribbean, ABC1)

Specialist local stores were perceived to:

- Stock a wider variety of foods and different cuts of meat that would not be found in a supermarket
- Facilitate relationship building. Participants talked about getting to know their local butcher over time, therefore felt reassured that they were getting good quality meat / could ask for particular cuts.
- Offer better value for money than the large supermarkets.
- Be more likely to provide halal meat.

Shopping around meant that purchasing foodstuffs was time consuming, leading to a common habit of a 'monthly shop', to bulk buy meat and dried foods. This would then be supplemented with day-to-day shopping trips for fresh fruit, vegetables and other perishables. This habitual bulk buying was most commonly described amongst Black African and Black Caribbean groups. Freezing practices and awareness / understanding of freezer safety highlighted a lack of confidence, notably with regard to safe defrosting behaviours. Fresh meat that had been bought in bulk was portioned and frozen, then used over the course of the month ahead.

"We freeze all our meat to reduce the risks and take it out the day before to thaw." (Liverpool, Black – Caribbean, ABC1)

Some participants had 2 or 3 freezers in active use. These would be used for different types of food, or food for the month vs. food for the next few days.

"I've got two deep ones [freezers], one I put my Asian products in like my fish, meat, chicken and my vegetables and stuff and the other one is like chicken nuggets, fish fingers, burgers, the Western food that stays separate from the Asian food." (London, Asian, Mixed SEG)

Differences of opinion were clearly apparent with regard to freezer safety. For some, frozen food was regarded as a way of 'freezing time', meaning that the food could be eaten several months after originally freezing it.

"In my opinion, the freezer is like a time machine, that's why I said I can leave food in there for about 2 months. Because for me, as long as it is

you don't open it and close it and leave it open for too long...I think the temperature preserves it..." (London, Black – African, Mixed SEG)

In contrast, others routinely checked all frozen foods on a monthly basis, so that they knew what needed to be eaten and what they still had in store for the next month. With the latter group, any uncertainty surrounding how long food had been frozen for meant that the food would be thrown away rather than take any risk.

"Don't they say if you haven't consumed it within like a month then it's got to be chucked out? I think I've learnt that, I don't know, I could be lying." (London, Black – African, Mixed SEG)

With confusion, differences of opinion and lack of confidence apparent with regard to freezer safety, we believe that there is a possible opportunity to deliver guidance on recommended practices around freezing.

2.4.3 Bulk cooking and eating leftovers

Cooking in bulk and deliberately over-catering was very common, especially at the weekend, either to cater for a big family / social event or simply to have food to offer unexpected visitors. In Black African and Black Caribbean groups specifically, cooking more than enough in order to cater for unexpected visitors was very much the norm.

West Indian people always have like an extra portion of food. If you turned up it's always share that portion of food, even if the others are eating there's always something there and they'll like feed you.' Manchester, Black African, ABC1

This meant that participants often had leftovers to eat during the following week. Although avoiding food waste was considered important, very few participants said that they would eat leftovers after two or three days after cooking. In two instances, young second generation males claimed to have become ill as a result of eating leftovers beyond what they described as the 'two to three day rule'. Both were aware that they had taken a risk, had learnt a lesson and had since changed their behaviour.

First generation participants from African backgrounds placed a high level of importance on not wasting food. Culturally, they had been brought up to finish what was served to them.

"It is also within our culture to eat everything as well. So it is not like you go somewhere and they offer you something and you go oh I don't like that. Oh no, you eat everything." (London, Black – African, Mixed SEG)

Some uncertainty / lack of confidence was apparent around the right practices regarding storage and re-heating of foods, as previously noted in Section 2.2.2.

As a consequence, we believe there is a possible opportunity for targeting advice about recommended practices with regard to the storage of leftovers.

2.4.4 Throwing food away and use of date labelling

Varied practices were apparent with regard to both throwing food away and the use of date labelling, often being based on a combination of the individual's confidence and the habits that they have developed over time / inherited from their elders.

The FSA's 'Food and You' survey showed low use of date labelling and similarly low resistance to waste amongst the ethnic groups considered here. This research identified a more nuanced picture. Notably, it was younger participants, who were less confident about their cooking skills, who used date labelling for most foods. Others felt more able to make a judgement based on the appearance and smell of the food, particularly when considering fresh meat, vegetables and dairy products.

"Dairy, no one is going to try and eat that if it's expired. But if it's chicken and something like that and it is like a day out or something, I would eat it, it's not a problem. But I think like I said you can get a feel when you smell stuff. Anything like fish or dairy and stuff like that, then straight out." (London, Black – African, Mixed SEG)

Date labelling was far more likely to be used for processed foods or pre-cooked foods, whereas for fresh meat and vegetables, participants felt able to judge by look and smell, combined with their confidence in the source of the fresh

foods: especially where this was a local store with whom the participant had built up a relationship with over time.

Whilst they were resistant to waste, many participants avoided waste by planning meals across the week / month and eating leftovers within 2 days of first cooking. One participant in Manchester made a point of ensuring he had eaten the fridge contents before replenishing. Very limited evidence emerged of participants avoiding waste by eating food close to or past the use by date.

"Before my shopping, more likely I will use it to the end of that weekend, so next Friday my fridge will be absolutely empty and I will just fill it again and start again." (Manchester, White – Other, C2DE)

3. Out-of-home food hygiene practices

In this section, we will explore findings from the groups regarding how participants assess food safety when eating out, as well as their response to the Food Hygiene Rating Scheme, drawing out any differences particular to these groups.

3.1 Food safety behaviours when eating out of home

When judging the safety of a place to eat out-of-home, participants in these groups reported using many of the same 'rules of thumb' found in previous Citizens' Forums conducted for the FSA.

Firstly, participants explained that they used their own personal judgment and inference to assess the safety of a food establishment – often based on a mixture of 'common sense' and visual cues. Participants across the groups stated that if they entered an establishment that was clearly dirty, or where they could see that food was being handled in an unhygienic manner, they would likely choose not to eat there. When challenged, some participants did recognise that this initial check might not tell the full story.

"If it does not look right when you walk into a place, obviously the kitchen's not going to be right. If they look dirty you're going to think twice – should I be eating here." (London, Asian, C2DE)

"You can't always see the kitchen but what's outside the kitchen is telling." (Liverpool, Black – Caribbean, ABC1)

The importance of being able to visually 'check' an establishment meant that restaurants with an open kitchen, where it was possible for participants to watch their food being prepared, were seen to be preferable as it was easier to quickly assess the hygiene of the establishment. Where a kitchen was hidden from view, it was recognised that this could potentially conceal risks or unhygienic practice.

"I'm a big fan of open kitchens like at Nando's – you can see the food being cooked through." (Bristol, Mixed Race, ABC1)

"Nowadays when you go into a good restaurant you can see what they're doing, what they're cooking, and it makes you feel more comfortable." (Birmingham, Black – Caribbean, Mixed SEG)

To supplement their own personal judgment of establishments that they had visited, participants described how they used the recommendations of friends, family and other trusted contacts to assess the safety of a food establishment. It was assumed that if friends and family had visited a food establishment without getting ill or expressing concerns, it was probably safe to visit.

"You know [about safety] based on a place's reputation. It's word of mouth." (Bradford, Black – African, C2DE)

Some distinctive views about food safety whilst eating out, different from those found in previous Citizens' Forums, did emerge within these groups. When making an instinctive assessment of an establishment (as discussed above) some participants would make allowances for outlets serving food in what they saw as a traditional manner. Where restaurants used (or were believed to use) practices that participants would use in their own cooking, this gave reassurance that their food would be safe.

Some participants explained that their knowledge of conditions in their home country meant they could be more forgiving of a storefront that was old and worn. This was because they expected these outlets to maintain the same standards of cleanliness that they themselves would observe in home.

"In Jamaica some people haven't got what's classed as a proper house to live in: they might live in a house made out of boards. But they'll cook outside and I'll tell you, everything is spotless. You wouldn't believe it when they come out of where they live." (Birmingham, Black – Caribbean, Mixed SEG)

"If I was getting Caribbean food, this sounds bad, I wouldn't expect [the restaurant] to be prim and proper and pristine! ... But I expect them to have washed their meat and prepared it in a way similar to what I would at home." (Bristol, Mixed Race, ABC1)

Some participants acknowledged that this could result in 'double standards' – forgiving practices at establishments from their culture that they would not accept from others.

"If I was going to another type, a pizza restaurant, and it looked like a Caribbean restaurant, I wouldn't eat there! It's probably something I relate to. That sounds really bad!" (Bristol, Mixed Race, ABC1)

Among participants who were first-generation migrants who had previously lived in less economically developed countries there was a perception that food hygiene and safety standards in the UK were higher. Some (particularly those who had been living in the UK for longer) felt that the standards of cleanliness they had experienced in the UK had changed their understanding of what was acceptable – challenging some of the practices they were familiar with in the countries they had lived in before.

"I go back [to Thailand] every year. For the first five, six years, I didn't really feel much different [about food safety]. But now I've lived here for ten years, I've become even more careful and fussy. ... Now when I go back I don't feel safe [in relation to food] in Thailand anymore." (London, Asian – Other, C2DE)

None of this is to say that these groups had a higher tolerance for risk – rather that the lens through which participants evaluated risk was determined in part by their culture and upbringing. Participants were highly sensitive about what they perceived to be risky or unsafe behaviour in relation to food – but they were less likely to see practices that they viewed as familiar, traditional, or distinctive to their culture as being risky or unsafe.

3.2 Response to FHRS

The response of participants to FHRS was very much aligned to previous Citizens' Forums. Participants' awareness of the scheme and the degree to which they had made use of it previously varied. Levels of awareness ranged between those who had never seen the scores before, and those who perceived them to be extremely common.

Those who responded most positively to the FHRS scores explained that they might use this information when making a decision about where to eat. But many caveated this by suggesting that this would be secondary to their own

judgment and the recommendations of friends alongside the FHRs scores. Those who did feel that the FHRs had the potential to influence their behaviour generally stated that they would only choose not to eat at somewhere with a low score, rather than go out of their way to eat at a venue with a high score.

"If a place was a 5 but I didn't like the look of it I wouldn't ignore my own judgement." (Liverpool, Black – Caribbean, ABC1)

"3's okay, it's about average isn't it? ... I wouldn't trust a 2. ... After 2, I'm okay with that." (London, Asian, C2DE)

There were some queries raised about FHRs, and a degree of 'push-back' from some participants. Some questioned the way in which the ratings were calculated. This was particularly true for those participants who had visited restaurants that they felt deserved different scores (either higher or lower) than the official FHRs score. There was a perception that the inspectors providing the rating might be judging by different criteria to the 'common sense check' applied by participants.

"I've seen these places and it may have 5 but personally I wouldn't give it a 2 - maybe I judge them too harshly. I'm looking at the cleanliness of the building and the grease on the floor and different things." (Manchester, Black – Caribbean, ABC1)

This led some of these participants to question the legitimacy of the rating, with some concerned that staff would be made aware of an inspection ahead of time and prepare in order to ensure that they received a higher score. Others felt that the FHRs might simply represent a snapshot in time – and if it had been calculated some time ago it might no longer reflect standards at the establishment.

"If [the inspection is] only once a year then they're like 'pheeew done that', if they know it's always September. ... They can have a high rating but you catch them on a bad day or they've got the wrong staff in, you're a bit screwed." (Bristol, Black – African, ABC1)

"All them places won't be checked frequently, they will just go there if there is something wrong, if somebody has food poisoning." (Manchester, White – Other, C2DE)

Some were also concerned about the fact that it was not mandatory for an establishment to display the rating, suggesting that an establishment with a low rating could conceal this fact.

"The restaurants don't have to display it so it's a nonsense really, it's not compulsory." (Birmingham, Black – Caribbean, Mixed SEG)

These groups did provide some distinctive responses that had not emerged in other Citizens' Forums. In particular, the popularity of eating establishments that came from a traditional culture where it was (to some degree) expected that the actual restaurant building might not look 'pristine' (as discussed in greater detail above) meant there was more scepticism around the idea of an FHRS score that might be partially based on the condition of a structure.

"They could have scored 2 on certain things that you're not interested in. Sure, it's a crappy building, but I'd let them get away with that. If the kitchen is spot on, I don't mind eating there." (Liverpool, Black – Caribbean, ABC1)

"[It might not be accurate] if it's based on the condition of the structure of the building... They're not always great, the shacks." (Bristol, Mixed Race, ABC1)

In some groups, participants who knew or were familiar with the owners of food establishments explained that they would approach the owners and ask for clarification or reassurance if they discovered that the establishment in question had a low FHRS rating.

"If I were a regular there, I'd ask them – what's going on with this [FHRS score of] 2? I'd see what they said and take it from there. If you've got that relationship, you'd trust the owner." (Bradford, Black – African, C2DE)

Some first generation migrants who had come to the UK from less economically developed countries stated that, due to the standards of food hygiene which they were familiar with in the places they had lived before, they expected that even a 1 or 2 on the FHRS scale would still be comparatively safe.

"Everything in [the UK] is quite safe. ... We come from somewhere like, you know, not really crazy about hygiene. ... In Asia the food is not very clean in

a lot of the restaurants. ... That's why here I feel everything is safe. ... [Even] our standard of being dirty here is a lot cleaner than Asia." (London, Asian – Other, C2DE)

4. Communicating about food safety

This section will focus on the channels through which participants learn about food safety and hygiene, and the opportunities for new information to effectively change food safety behaviour.

4.1 Learning about safe practices

Across all of the groups, there was a broad agreement that most participants had learnt the fundamentals of food hygiene and safety as a child or teenager – primarily through parental guidance and instruction, and occasionally through school learning as well. Parents and children would cook together or as part of a family group, and through these shared experiences food preparation skills and knowledge were passed down. This inherited learning was continually reinforced by parents, friends and family members (i.e. the people whom participants were cooking alongside on a regular/daily basis, and whose expectations often influenced the behaviour of participants) who were predominantly seen as trustworthy and reliable sources of information. This meant that there was often resistance when these behaviours were challenged.

“You do what you were taught from the grass roots ... people do things in their own traditional ways and bad habits die hard.” (Nottingham, Black – African, C2DE)

When asked who they would trust to provide further information about food safety, participants described a range of different ‘experts’ who they believed could provide useful advice. This included scientists or doctors; others suggested that they might be ‘top chefs’.

“These people, they have scientists and things and that goes beyond what my mum told me.” (Bristol, Black – African, ABC1)

“If my doctor said don't do it or it'll affect your health or make you ill, I'd listen.” (Nottingham, Black – African, C2DE)

Opinions were mixed about the role of government officials (including the FSA). Some felt that if the FSA or another government department was liaising with scientists and staffed by 'food specialists', they could be another potential source of expert information. On the other hand were those who felt that the government was more likely to have a vested interest or agenda of its own, meaning that government advice would not be as impartial as a scientist or health professional.

"I don't really trust the government. They just manipulate you – they might say 'oh that's unhealthy' and they may encourage you to buy a certain food more just to [sell] that product." (London, Asian – Other, C2DE)

Although experts (including scientists, doctors and 'top chefs') and government were recognised as a potential source of information, there was an acknowledgement that in practice it would be difficult for advice from these sources to actually overturn the habits that participants had already formed. This was especially true where these habits were drawn from traditional practice distinctive to their family, culture or background. This was clearly played out in the discussion of washing meat: participants explained that they would ignore this advice if it clashed with their own understanding of hygiene. Many held strong opinions about the dirtiness of chicken meat, believing that it would be unhygienic and unsafe to cook and eat it without washing it first.

"There was something on the news about the top supermarkets, their [bad] hygiene... A few months ago you're telling me and everybody not to wash the chicken, now they've got bacteria – do you want us to eat that bacteria chicken?!" (Birmingham, Black – Caribbean, Mixed SEG)

Additionally, participants explained that they might also ignore this kind of advice if it felt as though 'experts' had misunderstood or failed to appreciate participants' own efforts to cook safely, especially where these were drawn from traditional/cultural practices.

"I don't think they understand we do season our meat for days and we wash chicken. We wash all meats and fish and stuff, we prepare it differently." (Bristol, Black – African, ABC1)

There were two key triggers that participants suggested would be most likely to influence their food safety practice. Firstly, participants explained they would be more likely to change behaviour where they witnessed or were recommended a particular behaviour by someone from within their family or wider social network. Parents and family members were consistently seen as the most trusted sources of information about food safety. This transfer of different behaviours was particularly evident in mixed ethnicity groups where participants said that each side of the family had different ways of doing things and practices merged or were interchangeable depending on the style of cooking and who was cooking the food (for example, 'washing' a chicken in vinegar when cooking a curry, but not when cooking a roast).

"If they say you've got to cook something a certain way and my mum said to me 'no you don't have to do that' then I'd listen to my mother because she's never got it wrong has she? Done it that way hundreds of times." (Manchester, White – Other, C2DE)

Secondly, participants suggested that experiencing serious consequences, such as an incident of food poisoning, might result in a change in behaviour. Until participants actually experienced the consequences of behaviours they deemed to be safe, it was seen as unnecessary to change behaviours such as the washing of meat. Even then, participants expected that information about the cause of the food poisoning would need to come from somebody they trusted. As discussed above, this would likely either be a family member, or an 'expert' with whom they felt a close connection.

"We've been washing chicken and nothing's happened so what's wrong with that? We've lived all these centuries ... and all of a sudden we're going to drop dead are we now? Just die from diseases?" (Birmingham, Asian, ABC1)

4.2 Learnings for communicating about food safety

As previous Citizens' Forums have found, there are a number of challenges that are faced by any communications seeking to initiate a change of behaviour with regards to food safety.

Firstly, as has been found in previous Citizens' Forums, participants in this research were confident that they were unlikely to become ill as a result of their own cooking and that they took measures necessary to keep themselves

and their family safe. They were not convinced that there was a credible danger of falling ill from food poisoning due to their own actions.

Equally, another key challenge for communications seeking to introduce new or different food safety behaviours is that participants' ingrained habits are extremely hard to shift. This is especially the case where these habits are reinforced on a regular, or even daily, basis by the habits of family members and close friends. As a result, food preparation behaviours such as the washing of meat and poultry can be extremely difficult to challenge or replace when these behaviours are commonly practiced within an individual's family circle. Where these behaviours are attributed a cultural or religious significance (as discussed in Chapter 2.2.1, this was the case for several of the groups involved in this research), the attempt to 'correct' these runs the risk of either being completely ignored, or of provoking an emotive reaction among some.

In part, these ingrained habits are so difficult to challenge because the fact that participants have used the techniques they learnt from their parents in their cooking for most or all of their lives means that their 'lived experience' seems to counter any claims of danger. Participants explained that if they were regularly getting food poisoning or otherwise being harmed by their behaviour, they would not continue with it: they expressed a reticence to change until they actually experienced poisoning which was clearly and directly a result of a particular practice, rather than an accident.

5. Conclusions

Food habits, attitudes to food and the cultural importance of traditional foods and eating occasions have strong links to family, culture and religious beliefs. Traditional foods and eating occasions were considered a key aspect of connecting with and expressing cultural heritage. Standards are high and compromises are not the norm (particularly when it comes to food cleanliness practices common in their community).

As was seen to be the case when drawing conclusions from the 'Risk and Responsibility' research, participants strongly believed that there is a right and proper way of preparing foods and it is traditional to learn this from family members while cooking together. This perceived tradition of passing down cooking practices also had important cultural significance beyond passing down skills. It was also a means by which older generations could enable younger generations to understand their heritage and re-connect with faraway places without living there.

As we have found in other citizen's forums, handling food safely was a key priority and many did not believe they would make themselves ill. Being clean, hygienic and safe is sacrosanct and reflects how much the individual cares about their family. Many participants strongly believed that they prepared food as safely as possible and this was perhaps more pronounced amongst individuals who believed that cooking practices shared by their communities were safer than European (or more specifically British) practices because they originate in hot countries.

With these BME groups, participants were aware and acknowledged food risk and food safety was a shared priority. Consequently, communications with these groups may not need to overcome low risk perceptions as was found in the Risk and Responsibility Citizens' Forum.

However, in terms of educating individuals about recommended practice, in many cases participants believed they knew the right way to protect themselves from risk and that their practices were safe. There was strong

trust in practices that had been handed down from family member and maintaining these was an important part of keeping the traditions of faraway places alive in migrant communities. Therefore there is likely to be strong resistance to any communications which directly challenge these behaviours.

However, there were recognised knowledge gaps that could be targeted. Aside from cleanliness, participants were not always confident they understood recommended practice (particularly relating to storage, freezing and re-heating leftovers). They may therefore be more receptive to communications on these issues.

There was strong support for the FHRS rating (largely for unknown outlets), however given the focus on cleanliness as key to food safety there is perhaps a risk that individuals in these BME groups may be more likely to disregard ratings they believe to be based on lower priority components e.g. condition of structure.

6. Appendix – Ethnicity Analysis using Food and You Data

Food Safety Practices

Data was selected from Waves 1-3 of the Food and you Survey, and weighted using a combined Waves 1-3 weighting. The data was then divided into groups based on responses to the ethnicity variable included as part of the demographic questions. Note that in breaking down the data by ethnic groups, some categories have very small sample numbers. The sample sizes should be taken into consideration when considering significance and generalisability. Furthermore, this data has not been subject to statistical testing or regression analysis, therefore any differences presented here are purely observational.

For each ethnic group, an average value on the Index of Recommended Practice (IRP) was calculated. The IRP is composite measure of food safety-related practices that was developed as a secondary analysis tool to provide a continuous indicator from 0-100 of the extent to which participants report practices in line with a number food safety practices recommended by the FSA. The IRP has been revised over the past three waves of Food and You, and has been peer reviewed by NatCen, with recommendations incorporated into the IRP that is currently used.

Table 1: Average IRP scores by ethnic group.

Ethnicity	Number of samples	Average IRP score (out of 100)
Refused	9	63
Not stated	135	63
White	9103	65
Mixed/Multiple ethnic groups	120	60
Asian/Asian British	600	59
Black/African/Caribbean/Black British	306	59
Other Ethnic group	54	58
6 ⁷	3	62

⁷ The ethnicity of this small number of samples is currently unknown, due to an error in labelling – currently only given as '6'.

As Table 1 shows, headline findings from Food and You suggest that BME groups may be less likely to behave in line with recommended practice when compared to White respondents.

In terms of individual food safety-related behaviours, one of the most significant differences between various ethnic groups was for washing raw meat and poultry. The FSA recommends that raw meat and poultry should never be washed, to avoid contaminating surfaces and areas with potentially dangerous bacteria. Table 2 shows the % of each ethnic group that reported behaving in line with recommended practice (i.e. never washing raw meat and poultry). This suggests that BME groups were less likely to report never washing chicken, in comparison to White respondents.

Table 2: % of each Ethnic group that follow recommended practice (RP) for washing raw meat/poultry by Ethnic group.

Ethnicity	Number of samples	% of group following RP for washing raw meat/poultry
Not stated	118	36%
White	8099	36%
Mixed/Multiple ethnic groups	99	19%
Asian/Asian British	474	4%
Black/African/Caribbean/Black British	294	5%
Other Ethnic group	52	2%

Note that the question regarding washing raw meat and poultry changed across the waves. At Waves One and Two, the following question was asked “Thinking about when you are storing, preparing and cooking food in the kitchen do you wash raw meat or poultry?”. At Wave Three the question was split into the following two questions “Thinking about when you are storing, preparing and cooking food in the kitchen do you wash raw chicken?” and “Thinking about when you are storing, preparing and cooking food in the kitchen do you wash raw meat or poultry other than chicken?”. In order to continue measuring this variable as part of the IRP across all waves, Wave 3 responses were assigned recommended practice (RP) if respondents reported never washing both raw meat and chicken to the two separate questions.

Attitudinal statements

In addition to food safety practice questions, the Food and You Survey includes a range of attitudinal statements for which respondents are invited to indicate their degree of agreement or disagreement. In order to facilitate analysis, responses to these questions have been re-coded in the following way:

- Definitely agree = Agree
- Tend to agree = Agree
- Neither agree nor disagree = Neither
- Tend to disagree = Disagree
- Definitely disagree = Disagree
- Don't know = Don't know

Table 3 shows the proportion of respondents, according to ethnicity, that have indicated that they 'agree' with the given statements. The number of respondents within each ethnic group is provided in brackets. For some, a range is given due to some respondents not being applicable to respond to each question.

Table 3: Proportion agreeing with attitudinal statements by ethnicity.

% agree with statement	Ethnicity					
Statement	Not Stated (136)	White (9097 - 9126)	Mixed/ Multiple ethnic groups (120)	Asian/ Asian British (594-600)	Black/ African/ Caribbean / Black British (301-306)	Other Ethnic group (56-57)
I always avoid throwing food away	48%	51%	64%	67%	59%	49%
I am unlikely to get food poisoning from food prepared in my own home	76%	74%	67%	79%	82%	81%
It's just bad luck if you get food poisoning	28%	24%	22%	34%	26%	26%
If you eat out a lot you are more likely to get food poisoning	48%	40%	48%	66%	68%	52%

Restaurants and catering establishments should pay more attention to food safety and hygiene	72%	77%	77%	90%	94%	79%
I often worry about whether the food I have is safe to eat	17%	22%	26%	42%	42%	45%
People worry too much about getting food poisoning	54%	40%	26%	48%	44%	58%
A little bit of dirt won't do you any harm	57%	59%	50%	29%	32%	40%