RESEARCH PROJECTS

Allergen Information for Non-Prepacked Foods: Key Findings From Consumers and Food Service Workers

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FSA Research and Evidence

This report presents baseline findings on the provision of allergen information for non-prepacked foods, based on surveys of food service workers and consumers with food hypersensitivities (FHS). It also draws on trend data from the Food Standards Agency's Food and You 2 survey to provide broader context.

The findings show that while most businesses report providing allergen information, consumers do not always recall receiving it — particularly when it is not clearly signposted or proactively offered.

Although many consumers feel comfortable asking for allergen information, a significant minority do not, which can act as a barrier to safe food choices. Staff are generally seen as helpful, but perceptions of their knowledge vary, suggesting a need for continued training and support. Consumers generally feel more confident in written allergen information than information provided verbally by staff.

These baseline insights will inform future evaluation of the FSA's best practice guidance and support ongoing efforts to improve allergen communication in the out-of-home food sector.

Executive Summary

This report presents baseline findings from two surveys commissioned by the Food Standards Agency (FSA) to assess how allergen information is provided and experienced in the non-prepacked food sector. The research was conducted ahead of the publication of new best practice guidance in March 2025 and is intended to support future evaluation of its impact.

The surveys gathered insights from 520 food service workers and 964 consumers with food hypersensitivities (FHS), including adults with FHS and parents of children with FHS. The findings are supplemented by trend data from the FSA's Food and You 2 survey (Waves 2–9).

Key findings include:

- **Provision of allergen information:** Almost all food businesses (97%) report providing allergen information to consumers, including 62% that provide this both in writing and verbally. Most businesses (94%) provide allergen information in writing, including 32% that rely solely on written methods. In contrast, 65% of businesses provide allergen information verbally, but just 3% rely exclusively on verbal communication.

- **Accessing allergen information:** Consumers with FHS tend to be able to access allergen information when eating out or ordering takeaway, with only 4% saying they can *never* or *hardly ever* get the allergen information they need. However, consistent and reliable availability of allergen information remains a challenge – only 10% of adults with FHS say they can *always* get the allergen information they need, with the majority saying it's *nearly always* (21%), *very often* (34%), or *sometimes/occasionally* (24%) available.

- **Visibility and signposting:** A quarter of adults with FHS (25%) did not see allergen information the last time they ate out or got takeaway. Around half of adults with an FHS (46%) recalled that they had seen a sign or a message about how to get allergen information. This is helpful where businesses only provide allergen information on request, and is a requirement where businesses only provide allergen information verbally.

- **Proactive communication:** Just over half of businesses (52%) routinely ask customers about allergens, and the same proportion of consumers (also 52%) report being asked at their most recent purchase. This alignment is encouraging, but there is an opportunity for more businesses to adopt this practice.

- **Barriers to asking:** While most consumers (72%) feel comfortable asking for allergen information, a significant minority do not: 18% said they do not feel comfortable asking for allergen information, and 38% feel awkward or embarrassed to ask staff questions about the food they are serving. Having to ask remains a barrier, particularly when information is not visible or proactively offered.

- **Consumer confidence:** Confidence in allergen information is generally high, especially when it is provided in writing. Consumers are less confident in information provided verbally, highlighting the importance of clear, accessible written formats.
- **Staff training:** Most businesses (97%) provide allergen training and information to staff, but only half of adults with FHS (50%) perceive staff as knowledgeable when they ask about allergens, suggesting room for improvement in training quality and consistency.

These findings provide a robust baseline for evaluating the best practice guidance and identifying areas where further support or policy development may be needed to improve allergen communication and consumer safety.

1. Introduction

The Food Standards Agency is responsible for food safety across England, Wales and Northern Ireland. As part of its regulatory remit, the FSA's Food Hypersensitivity Strategy aims to improve the quality of life for people living with food hypersensitivities (FHS, includes allergies, intolerance and coeliac disease) and support them to make safe, informed food choices.

On 5th March 2025, the FSA published new best practice guidance on the provision of allergen information for non-prepacked foods. This best practice guidance makes recommendations for how businesses who sell non-prepacked food can comply with existing regulations in the most effective ways to provide mandatory information about 14 regulated allergens[1] to consumers.

Ahead of the new guidance being published, the FSA commissioned two surveys, one of food service workers, and one of consumers with FHS. The aims of this research were:

- To establish baseline measures relating to how information about allergens was being provided, prior to the introduction of the best practice guidance.

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1 The 14 regulated allergens are: celery, cereals containing gluten (namely wheat, rye, barley, and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites (if the sulphur dioxide and sulphites are at a concentration of more than ten parts per million) and tree nuts (namely almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

- To understand consumer experiences of receiving information about allergens.
- In light of the FSA Board's proposal that the provision of written allergen information should be underpinned by legislation, to provide evidence to support an assessment of legislative options. (Noting that the FSA is a non-Ministerial department, and any final decision on this is for Ministers).

This report presents baseline findings from both surveys. There is also a more detailed report of the consumer survey findings. That report includes additional data on consumer experiences, behaviours and attitudes as well as for different groups (e.g. age group, parents of children with FHS) and contexts (e.g. ordering in-person versus distance selling).

This report includes consumer data for adults with FHS only. Due to sample and weighting differences, data from adults with FHS and parents of children with FHS cannot be combined and are reported separately in the consumer report.

1.1. Food hypersensitivity

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

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

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

Coeliac disease is an autoimmune condition caused by gluten, a protein found in wheat, barley and rye, including products using these as ingredients. The immune system attacks the small intestine which damages the gut and reduces the ability to absorb nutrients. Symptoms of coeliac disease can include diarrhoea, abdominal pain and bloating, as well as longer term health consequences if the disease is not managed.

1.2. Allergen information for non-prepacked food

The FSA is responsible for allergen labelling and providing guidance to people with food hypersensitivities. By law, food businesses in the UK must inform customers if they use any of the 14 regulated allergens in the food and drink they provide. For non-prepacked food, food businesses can choose how they provide this information, such as in writing or verbally. Non-prepacked food is food that is sold loose (e.g. a restaurant or takeaway meal, cake sliced to order, scoop-served ice cream) or packaged at the request of the consumer (e.g. a purchase from a deli counter). Food that is prepacked for direct sale (e.g. a prepacked sandwich made on site) is not included within this definition, as there are different rules for this type of food.

1.3. Developing the best practice guidance

To develop the best practice guidance, the FSA carried out extensive research and engagement with consumers and food businesses to understand the most effective ways allergen information can be delivered to consumers. This includes:

- An international review of evidence on the provision of allergen information;
- Research into allergen management practices and information provision in the out of home food sector, and in large chains and SMEs specifically;
- Research on how to improve allergen communication in SME food businesses;
- Research on the preferences of consumers with food hypersensitivities, and on the circumstances associated with adverse reactions and near misses;
- A randomised control trial looking at the impact of businesses proactively asking consumers about allergens.
- A citizen science project with consumers with food hypersensitivities about how they assess allergen risk when eating food prepared outside the home.

This research found that there isn't a one size fits all approach to providing allergen information. There is sometimes a tension between consumers' desire to have a 'normal experience' when eating outside the home, and food businesses' belief that they need to treat people with food

hypersensitivity differently to ensure their safety. Businesses use different methods to provide allergen information, depending on their business model and beliefs about the best way to keep their customers safe. The best practice guidance was developed based on evidence of what works, considering these different perspectives and the need for some flexibility.

1.4. The best practice recommendations

The new best practice guidance recommends that businesses should make written allergen information easily available to consumers and to support this with a verbal conversation with consumers about their allergen requirements. Businesses can choose whether to provide written allergen information upfront (i.e. without consumers having to ask for it) or on request. Businesses can also choose what format to provide the written allergen information in (e.g. an allergen matrix, on menus, in an information booklet, on signs placed next to the food, etc.).

The best practice guidance also recommends that food businesses should:

- Encourage consumers to make them aware of any allergen requirements, e.g. by asking and/or displaying a notice;
- Keep a record of the full ingredients in their dishes where possible, so they can advise consumers on the presence of ingredients outside of the 14 regulated allergens if asked;
- Train their staff on allergens and food hypersensitivity;
- Have processes in place to ensure that consumer allergen requirements are accurately recorded, shared in writing with the person preparing the food and understood;
- Ensure that meals prepared to meet allergen requirements are easily identifiable (e.g. by a label) for the person serving the food and the consumer receiving it. Servers should also give verbal confirmation to consumers that the food meets allergen requirements.
- Display a notice advising consumers how they can access allergen information if they do not provide this upfront.

All recommendations apply to distance sellers as well as businesses where consumers order in-person.

1.5. Evaluating the best practice guidance

The baseline surveys in this report have been informed by a theory of change approach. The FSA identified key short and medium-term outcomes that we would hope to see from the introduction of best practice guidance, with the intention of doing follow up research ~18 months after its publication. These outcomes include:

- Food business operator (FBO) and consumer awareness of the guidance.
- Improved staff knowledge and training.
- Improved availability and signposting of allergen information.
- More businesses asking consumers about allergens, and confirming that allergen requirements have been noted when food and drink is served.
- Improved consumer confidence in allergen information.
- Fewer near misses and adverse reactions.

We are also monitoring potential unintended consequences of the guidance, such as consumers disclosing their FHS less frequently if written allergen information is more easily available. Ideally, evaluation of the best practice guidance will also include qualitative research with food businesses to explore practical barriers to, and enablers of, implementation.

2. Methods

This section gives an overview of the three data sources used for this baseline report. Further details on the two baseline surveys, including sample profile, questionnaire design, fieldwork, and weighting approach, are available in the accompanying Technical Report in **Annex A**. The data tables for both surveys are also available in the FSA's data catalogue. Further details on the Food and You 2 methodology are available in a separately published Food and You 2 Technical Report.

2.1. Survey of food service workers

The food service worker survey was conducted by Opinium on behalf of the Food Standards Agency. Fieldwork took place between 15 January and 10 February 2025, using an online questionnaire completed by a sample

of 520 food service workers across England, Wales and Northern Ireland. Participants were screened to ensure they worked in establishments that sell non-prepacked food, across a range of business types and sizes.

The survey explored how allergen information is provided, how staff are trained, and whether businesses ask about and confirm allergen requirements.

2.2. Survey of consumers

Ipsos UK conducted the consumer baseline survey on behalf of the Food Standards Agency. Fieldwork ran from 13 December 2024 to 5 February 2025, using an online questionnaire completed by 964 participants. This included 780 adults with a food hypersensitivity (FHS) and 184 parents of children with an FHS, across England, Wales and Northern Ireland.

Participants were recruited from the Food and You 2 recontact sample and Ipsos UK's online panel. The survey explored consumer experiences, behaviours and attitudes related to allergen information when eating out or ordering takeaway. The adult FHS sample was weighted to reflect the known population profile from Food and You 2.

2.3. Food and You 2

Food and You 2 is an official statistics survey commissioned by the Food Standards Agency and conducted by Ipsos. It collects self-reported data on consumer knowledge, attitudes and behaviours related to food safety and other food issues across England, Wales and Northern Ireland.

This report draws on data from Waves 2 to 9 (November 2020 to July 2024) to provide context for consumer experiences of allergen information and any trends observed in recent years. The data are weighted to ensure representativeness and are based on a large, stratified sample of UK households.

3. Results

This section presents key findings from the bespoke consumer and food service worker surveys, along with relevant data from Food and You 2. The results are grouped by theme. Where appropriate, themes draw on multiple sources to triangulate the data and give further insights. For example, comparing feedback from food businesses and consumers on how allergen information is provided provides insight into the visibility and accessibility of such information.

3.1. Prevalence of adverse reactions

The purpose of allergen information is to keep consumers safe by preventing adverse reactions[2] to food and drink. Currently, adverse reactions are fairly common among consumers with FHS. In the consumer baseline survey, **42%** of adults with FHS reported that they had experienced an adverse reaction to non-prepacked food in the last six months. Around a quarter of adults with FHS (24%) experienced this more than once:

- 19% said they had experienced an adverse reaction to non-prepacked food once in the last six months.
- 13% said they had experienced an adverse reaction twice.
- 9% said they had experienced an adverse reaction 3-6 times.
- 2% said they had experienced an adverse reaction more than 6 times (i.e., more than once a month)

The companion report on consumer experiences, behaviours and attitudes highlights an inverse relationship between age and adverse reactions, with younger adults with FHS much more likely to report having experienced an adverse reaction in the last six months.

3.1.1. Adverse reactions over time

The Food and You 2 survey does not ask about adverse reactions to non-prepacked food specifically, but it does track adverse reactions to food more generally (e.g. to food prepared at home or bought pre-packed as well as non-prepacked food). This provides some indicative time series data about adverse reactions in recent years.

Food and You 2 respondents with a food hypersensitivity were asked if they had experienced a reaction to food (including food prepared at home, pre-packed and non-prepacked) within the past 12 months (Figure 1). Between Wave 3 (April 2021 to June 2021) and Wave 9 (April 2024 to July 2024) there was a notable increase in the percentage of respondents who had experienced a reaction from 42% to 61%.

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2 An adverse reaction may include symptoms associated with food allergies and food intolerances, such as difficulties breathing and swallowing, skin rash, itching and swelling on the face or in the mouth, nausea, vomiting, abdominal pain, bloating or diarrhoea.

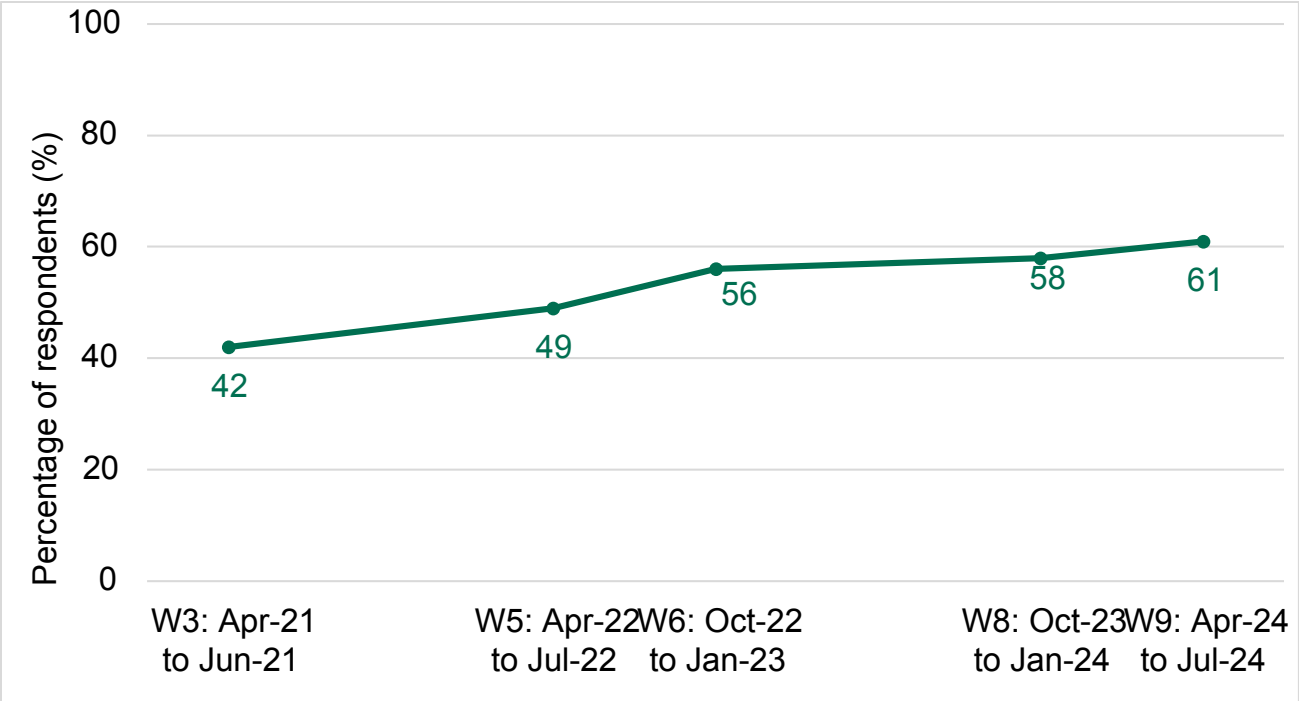

Figure 1. Proportion of respondents who experienced an adverse reaction in the last 12 months, Food and You 2 trend

Source: Food and You 2 Waves 3, 5, 6, 8, 9

3.1.2. Risk factors for adverse reactions

Previous research commissioned by the FSA found that non-prepacked food is the most common cause of adverse reactions. In a study of NHS data on allergic reactions[3], over half of all recorded cases (53%) occurred after consumption of non-prepacked food. Another study on adverse reactions and near misses[4] found that adults with FHS were more likely to report that their most recent incident related to food sold loose (67%) than food purchased in packaging (30%).

The research on adverse reactions and near misses also found that in most instances (75% of adults, 83% of children with FHS), allergen information was provided. Very few consumers (e.g. 3% of adults with FHS) thought that missing allergen information was the cause of their most recent incident.

This research highlights a combination of risk factors such as cross-contamination when food is prepared, consumers not disclosing their allergen requirements, allergen information not being passed on, receiving the wrong meal, errors in the allergen information provided, and allergen

3 Turner, P. 2024. Using NHS Data to Monitor Trends in the Occurrence of Severe, Food-Induced Allergic Reactions - Work Package 2. FSA & Imperial College London.

4 Knibb, R. 2023. Reactions and near misses to food in children and adults with food hypersensitivities, FSA & Aston University

information being difficult to understand. These findings underline the importance of two-way communication between businesses and consumers with FHS, and of businesses having clear processes in place for recording, confirming and updating allergen information.

3.2. Availability of allergen information

In the consumer baseline survey, 4% of adults with FHS who eat out/get takeaway said they can *never* or *hardly ever* get the allergen information they need. A further 5% said it's *not very often* available, meaning around 1 in 10 adults with FHS are routinely struggling to get the information they need. Just 10% of adults with FHS said the information they need is *always* available, with the remaining 79% opting for *nearly always* available (21%), *very often* available (34%), or *sometimes/occasionally* available (24%).

3.2.1. Availability of allergen information over time

The Food and You 2 survey asks consumers with FHS a similar question about the availability of allergen information when eating out or buying food to take out. This question uses a 5-point scale for response options rather than the 7-point scale used in the most recent baseline survey, so it's not directly comparable, but it is indicative of the availability of allergen information over time (Figure 2). Between Wave 2 (November 2020 to January 2021) and Wave 4 (October 2021 to January 2022), there was a notable increase in the percentage of respondents who reported that allergen information is available *occasionally*, *half of the time* or *most of the time*, from 60% to 68%. Since then, this figure has remained stable, with around **7 in 10** respondents reporting that this information is available *occasionally, half of the time* or *most of the time.*

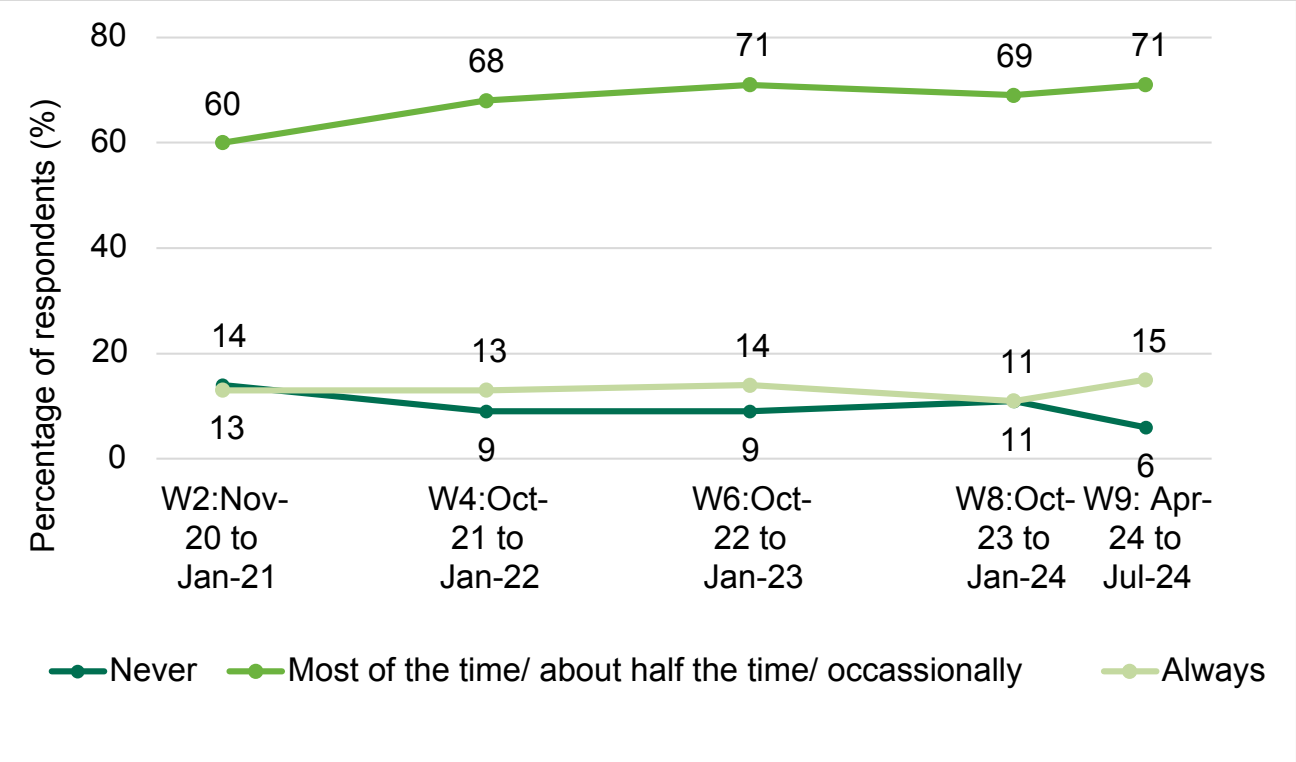

Figure 2. The availability of allergen information when eating out or buying food to take out, Food and You 2 trend

Source: Food and You 2 Waves 2, 4, 6, 8, 9

While most adults with FHS can access allergen information when eating out or ordering takeaway, consistent and reliable availability remains a challenge, highlighting the need for continued progress in this area.

3.3. General provision of allergen information

Overall, **97%** of food service workers said their business provides allergen information to consumers (Figure 3) and 62% said this is provided both in writing and verbally, as recommended in the best practice guidance. It is more common for businesses to provide allergen information in writing than verbally. Most businesses (94%) provide allergen information in writing, including 32% that rely solely on written methods. In contrast, 65% of businesses provide allergen information verbally, but just 3% rely exclusively on verbal communication.

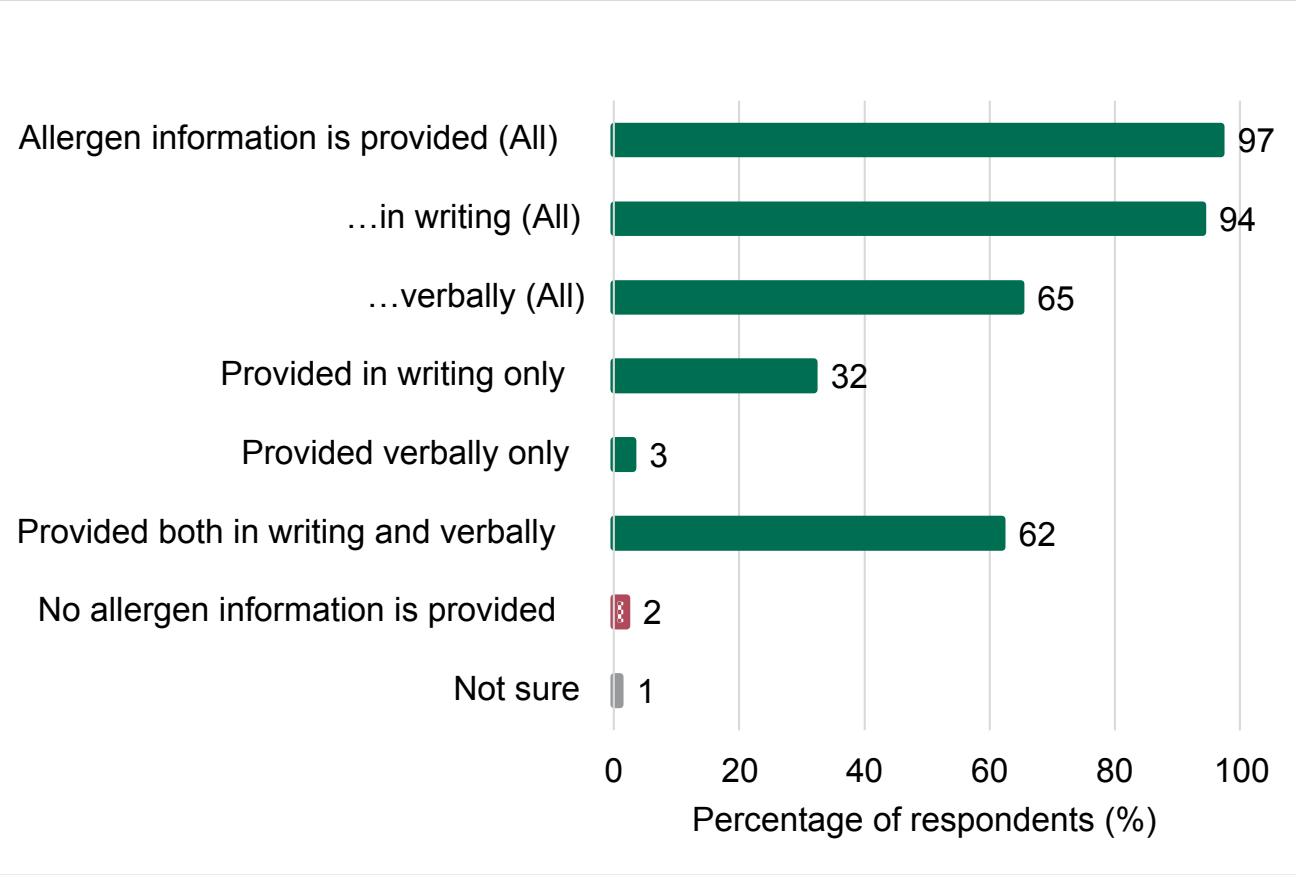

Figure 3. % of food businesses that provide allergen information to consumers

Source: survey of food service workers (n=520)

Consumers were asked to recall how the business provided allergen information the most recent time they ate out or got takeaway. **69%** of adults with FHS got allergen information in some form (Figure 4). Only 1 in 5 (20%) got information both in writing and verbally. It was more common for allergen information to have been provided in writing (51%) than verbally (38%).

Despite only 2% of businesses saying they do not provide allergen information, 1 in 4 consumers (25%) said they couldn't see allergen information the most recent time they ate out or got takeaway. A further 6% couldn't recall whether or not they had seen allergen information. This suggests that allergen information is not always apparent or memorable to consumers.

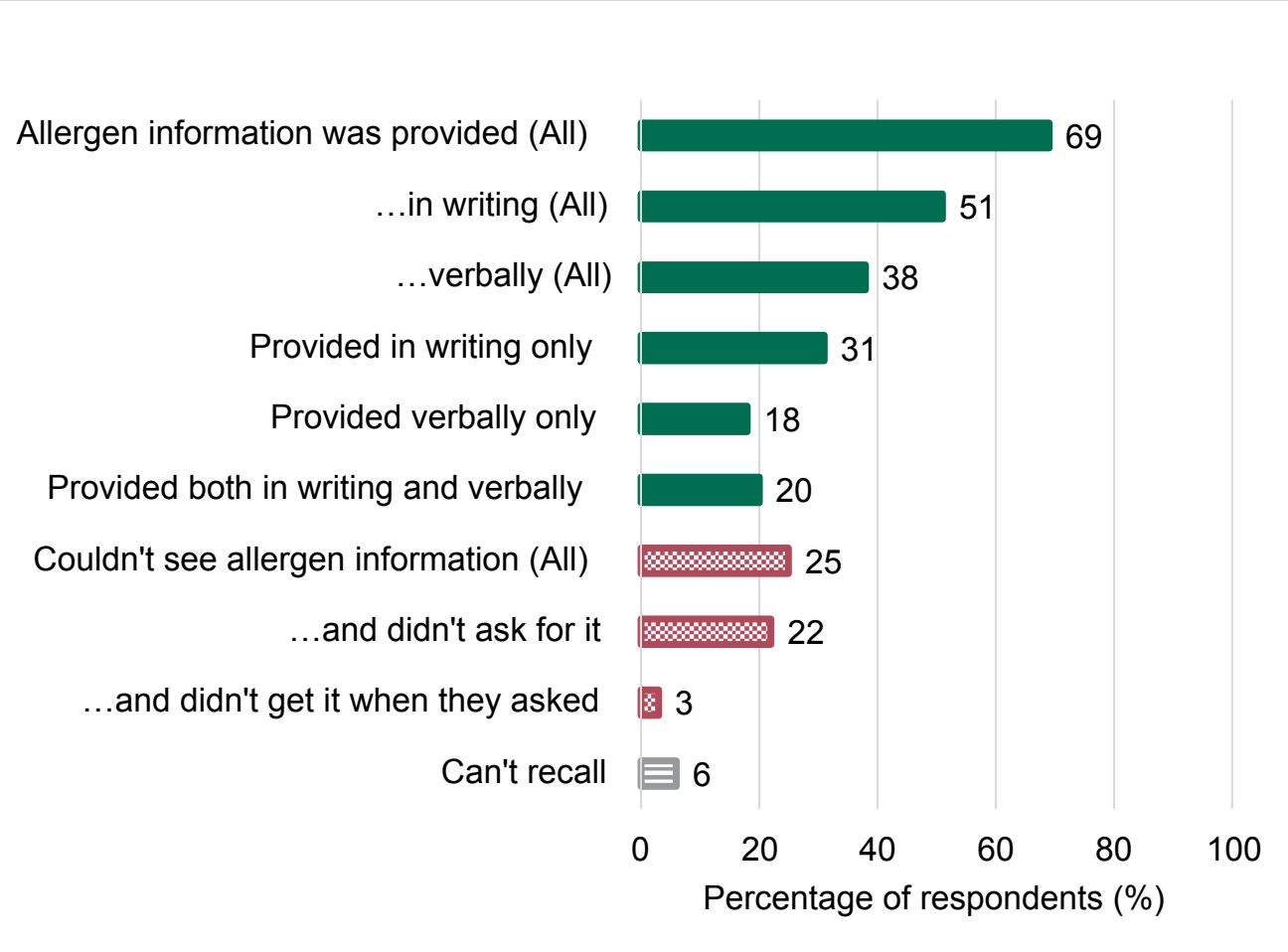

Figure 4. % of adults with FHS who got written and/or verbal allergen information the most recent time they ate out/got takeaway

Source: consumer baseline survey, adults with FHS who eat out/get takeaway (n=767)

3.4. Signposting to allergen information

Businesses that only provide allergen information verbally are legally required to signpost consumers to where they can find it, such as by asking staff. In the food service worker survey, the 3% of businesses that only provide allergen information verbally (n=17) were asked if their business displays written information instructing consumers to speak to staff about allergens. All but one of these businesses said they did, while the remaining respondent answered 'don't know'. Half of the businesses (n=8) signposted consumers via a written sign, and the other half (n=8) signposted via a notice on the menu. The small base size for this question means results are only indicative.

Regardless of how they received allergen information, consumers were asked to recall whether the business they ordered from the most recent time they ate out or got takeaway displayed a sign or a message on the menu about allergens. Around half of adults with an FHS (46%) recalled that they had seen a sign or a message about how to get allergen information.

- Among the 324 adults with an FHS who did not get written allergen information, this figure was lower: only 37% recalled seeing a sign or a message on the menu.
- Among the 106 adults with an FHS who got written information on request, this figure was higher: 68% recalled seeing a sign or a message on the menu.

Recall was limited for this question, suggesting that consumers do not always notice signposting to ask for allergen information.

3.5. Written allergen information upfront or on request

All food service workers who said their business provides written allergen information (n=487) were asked if this is information is available to customers without them having to ask, or provided by staff on request:

- **65%** said it's shown to customers without them needing to request it.
- 20% said it's only provided on request.
- 12% said it varies, and 2% answered 'not sure'.

Of all adults with FHS who got written allergen information the most recent time they ate out or got takeaway (n=393):

- **68%** said it was available without having to ask for it.
- 28% said it was provided on request.
- 4% couldn't recall whether it was provided upfront or on request.

3.6. Businesses asking consumers about food hypersensitivity

Over half of all food service workers (**52%**) said their business asks customers whether they have any allergies every time or most of the time when they are ordering food. Across the whole sample:

- 39% said customers are asked about allergies every time they order food.
- 13% said customers are asked about allergies most of the time.

- 15% said customers are asked about allergies some of the time.
- 22% said customers are occasionally asked about allergies.
- 9% said customers are never asked, and 3% said they were not sure.

The same proportion of adults with FHS (52%) said they were asked if they had a food allergy or intolerance the most recent time they ate out or got takeaway. This includes:

- 37% who were asked by a member of staff.
- 14% who were asked via webform (e.g. when booking a table or ordering online).
- 6% who were asked in some other way.

Positive alignment between business practices and consumer experiences suggests that this proactive method of allergen communication is effective and noticed by consumers with FHS. However, there is room for improvement if more businesses do this consistently.

3.7. Consumers asking businesses for allergen information

As shown in the previous sections, allergen information is not always provided upfront, and some businesses do not proactively ask their customers if they need allergen information. In these circumstances, consumers must ask to get the allergen information they need.

Of the 1 in 4 adults with FHS who didn't get allergen information the last time they ate out or got takeaway (Section 3.3), the vast majority (22%) couldn't see allergen information and didn't ask for it. Only 3% didn't get allergen information after asking for it. This indicates that having to ask is a key barrier to consumers getting the allergen information they need.

When asked how comfortable they feel asking a member of staff for more information about allergens, **72%** of adults with FHS said they feel fairly or very comfortable, while around one in five (18%) do not feel comfortable (Figure 5). Those who do not generally feel comfortable asking for allergen information were significantly more likely to say they couldn't see allergen information and didn't ask for it (31%) the last time they ate out or got takeaway.

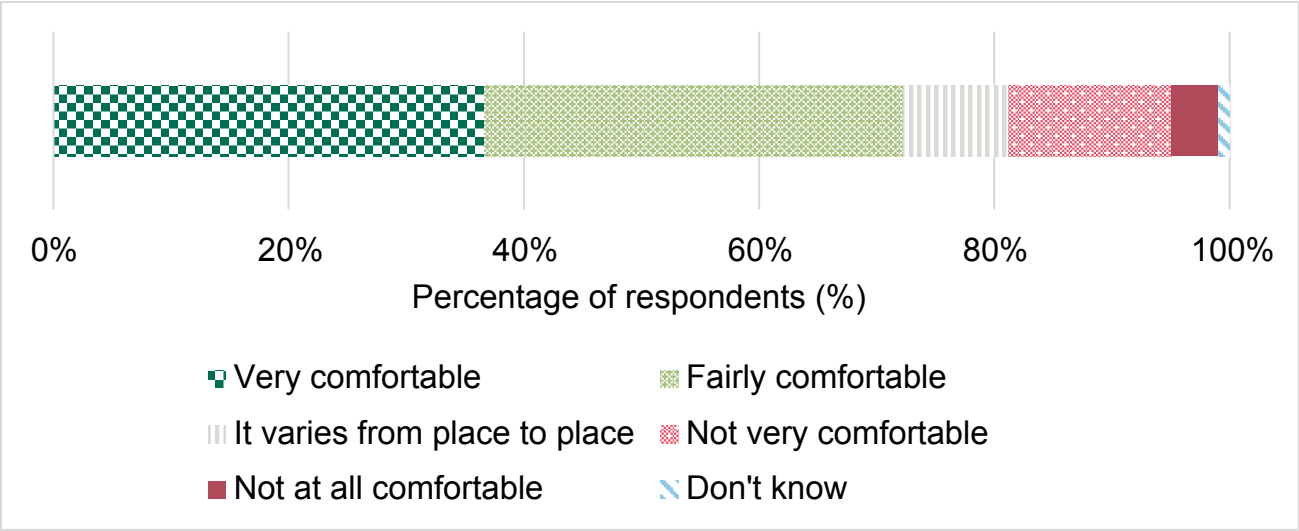

Figure 5. How comfortable adults with FHS feel asking for allergen information

Source: consumer baseline survey, adults with FHS who eat out/get takeaway (n=767)

Two thirds of adults with FHS (66%) agreed with the statement 'I am happy to ask serving staff about allergens in the food they are serving'. Conversely, 36% agreed with the statement 'I don't like to ask staff questions about allergens, and 38% agreed with the statement 'I feel awkward or embarrassed to ask staff questions about the food they are serving' (Figure 6).

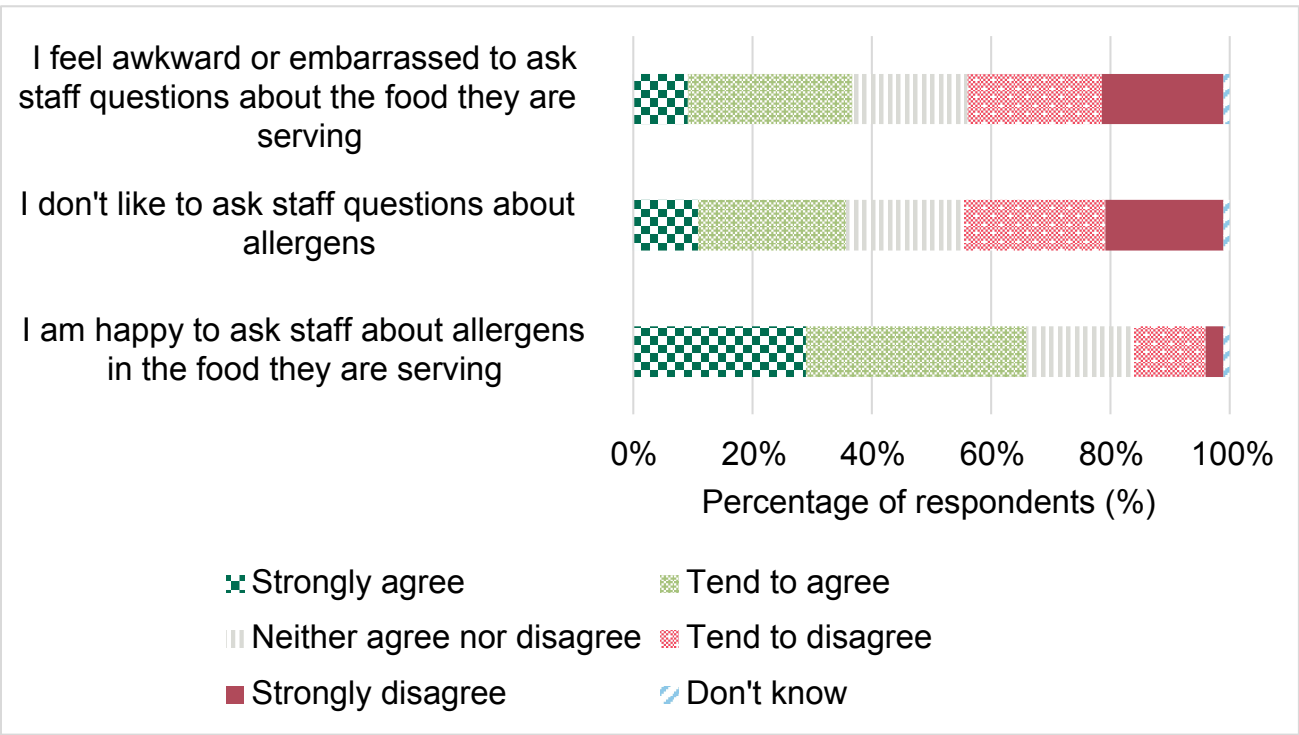

Figure 6. Agreement with statements about asking staff for allergen information

Source: consumer baseline survey, adults with FHS who eat out/get takeaway (n=767)

The companion report on consumer experiences, behaviours and attitudes highlights some important demographic differences in comfort asking for allergen information. Young adults with FHS are less likely to feel comfortable doing this than older adults. Compared with the adults with FHS sample, parents of children with FHS more likely to feel comfortable asking for allergen information on their child's behalf.

3.7.1. Comfort asking for allergen information over time

Food and You 2 respondents were asked over several waves how comfortable they feel asking a member of staff for more information about food that might cause them a bad or unpleasant physical reaction (Figure 7). There were no notable differences in how comfortable respondents felt between Wave 2 and Wave 9, with around **7 in 10** respondents reporting that that they were comfortable (i.e., very comfortable or fairly comfortable) across all waves.

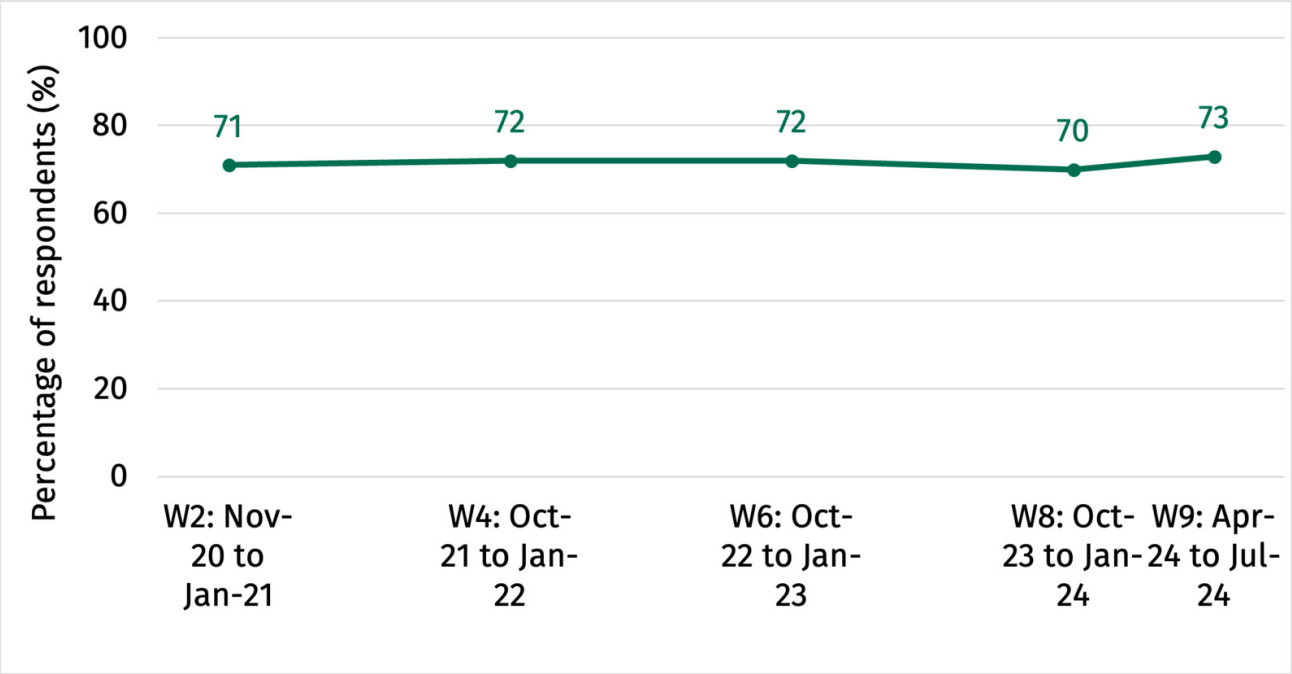

Figure 7. % of respondents with FHS who feel comfortable asking a member of staff for allergen information, Food and You 2 trend

Source: Food and You 2 Waves 2, 4, 6, 8, 9

Food and You 2 respondents were also asked how often they ask a member of staff for more information about allergens, when this information is not readily available (Figure 8). There were no notable differences in the percentage of respondents who always ask between Wave 2 and Wave 9, with around a fifth of respondents across all waves reporting that they always do this. Fewer respondents said they never ask

for allergen information in Wave 9 (21%) than in Wave 2 (29%). However, it is not yet clear whether this represents a decline over time or a more complex pattern of wave-on-wave variation.

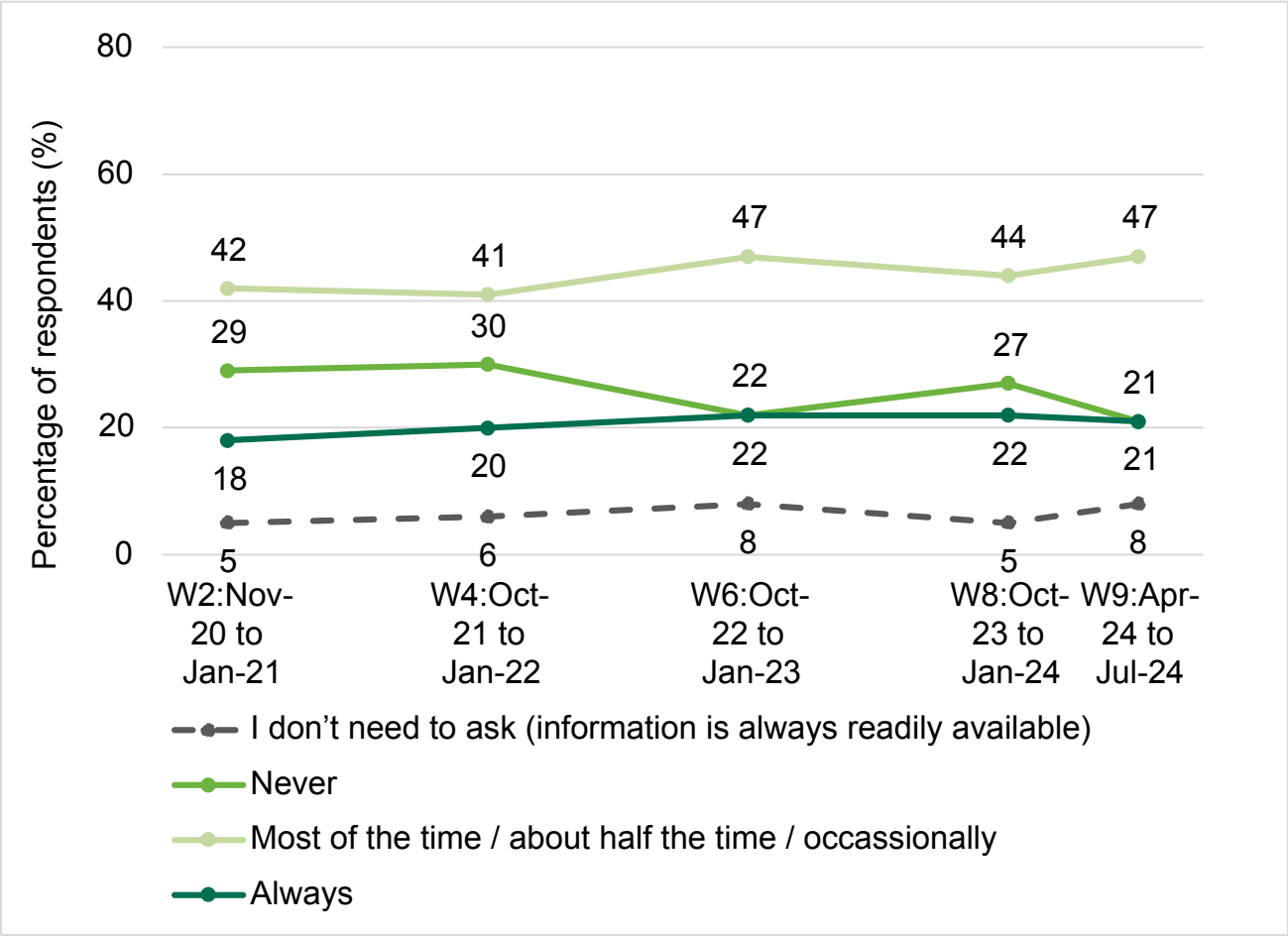

Figure 8. How often respondents with FHS ask staff for allergen information when eating out or buying food to take out, Food and You 2 trend

Source: Food and You 2 Waves 2, 4, 6, 8, 9

These findings highlight that, while many consumers with FHS feel comfortable asking for allergen information, having to ask remains a barrier — especially when information isn't visible or proactively offered.

3.8. Format of written allergen information

All food service workers who said their business provides written allergen information were asked in what format(s) this is shared with customers (Figure 9). They could select multiple options. Allergen labelling on the main menu (40%) was the most common way of providing written allergen information to consumers, though by no means a clear frontrunner. A variety of methods are currently used, with no one format of written allergen information being predominant.

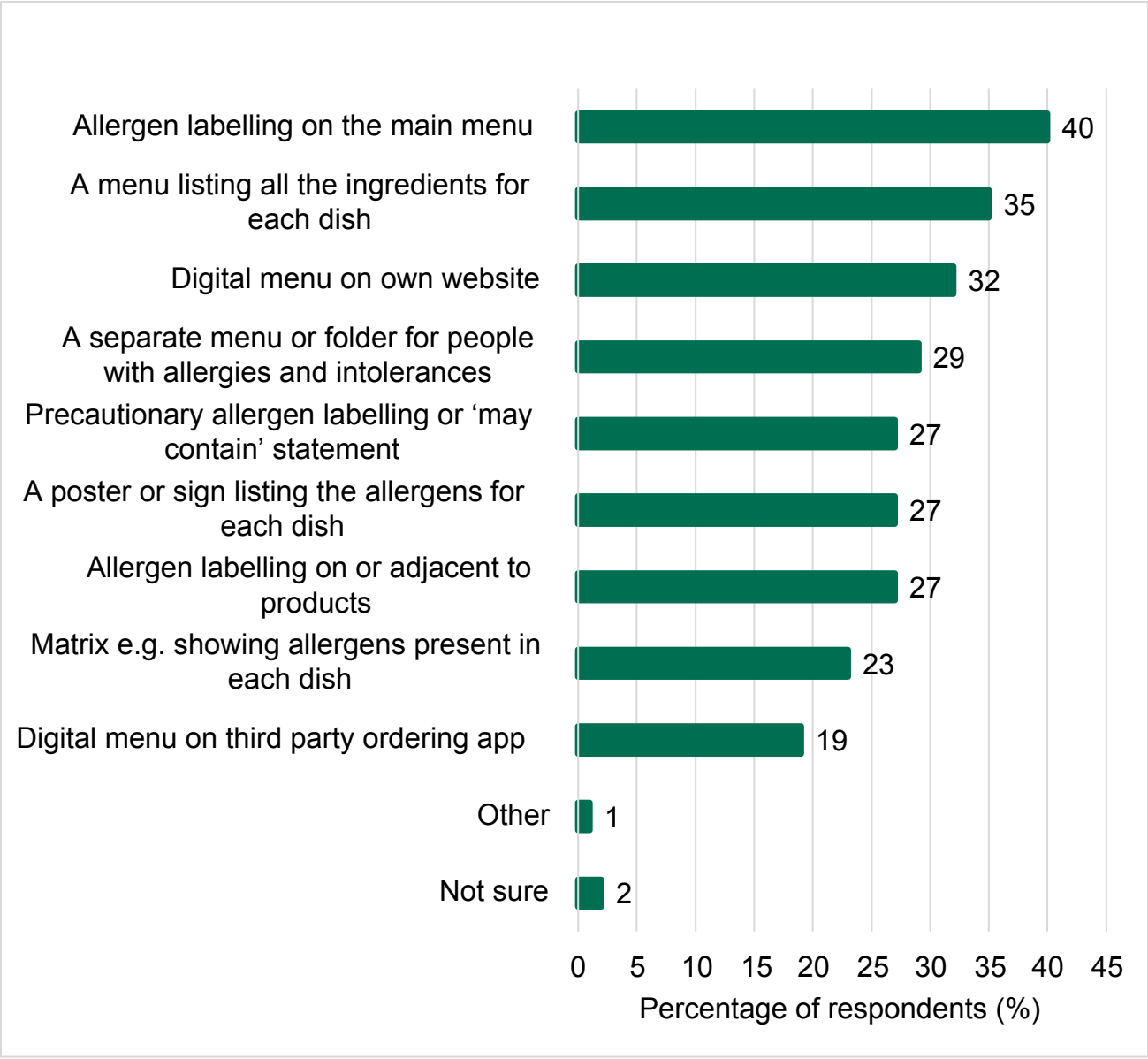

Figure 9. How businesses provide written allergen information

Source: survey of food service workers, all whose business provides written allergen information (n=487)

Consumers were asked what kind of written allergen information was provided the most recent time they ate out or got takeaway (Figure 10). They could likewise select multiple options. Excluding those who said that none was provided (12%), adults with FHS recalled having been provided with written allergen information in a variety of ways. Allergen labelling on the main menu (23%) was again the most common format, but there is no one clear primary method by which consumers receive written allergen information.

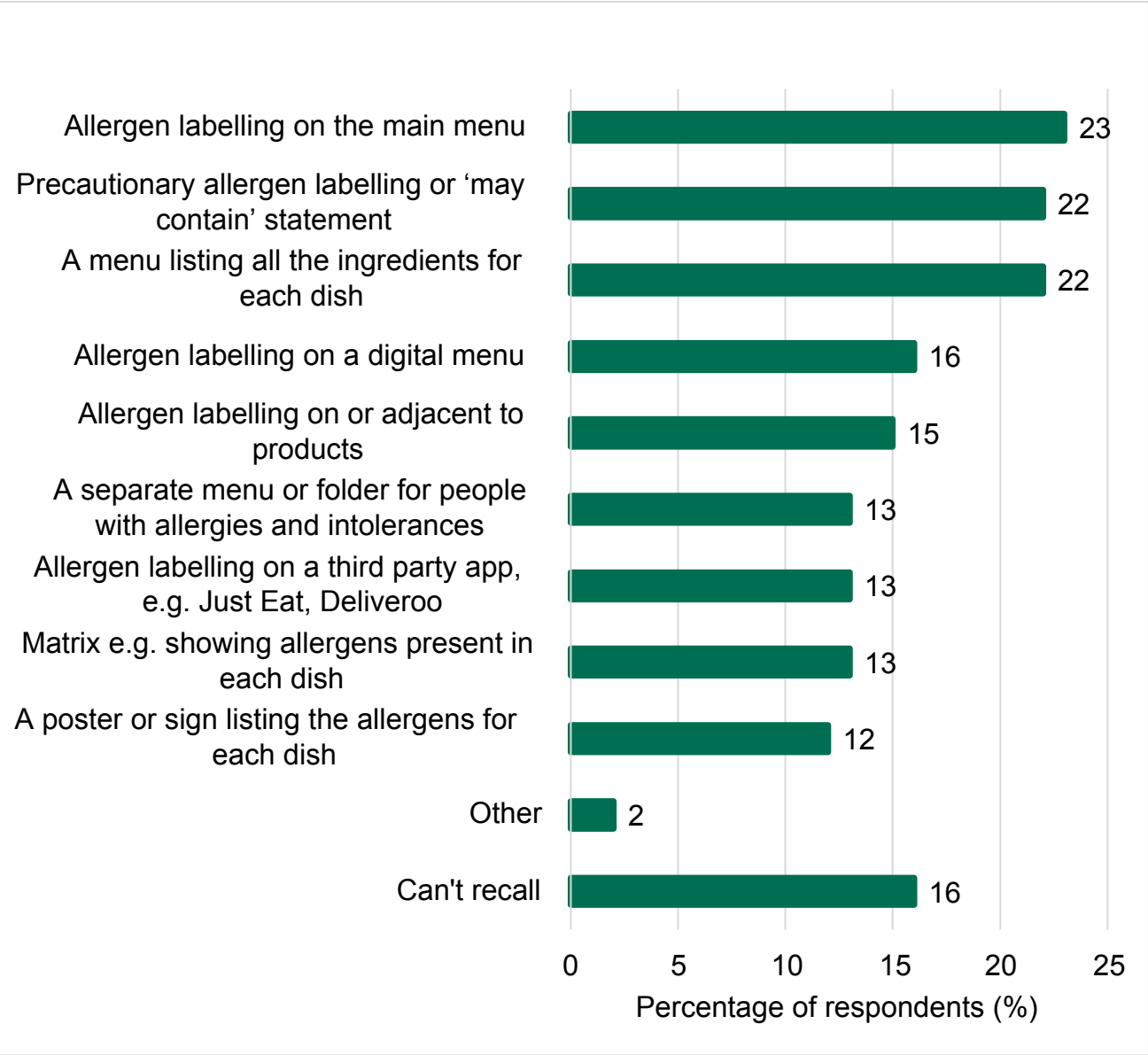

Figure 10. How adults with FHS got written allergen information the most recent time they ate out/ got takeaway

Source: consumer baseline survey, adults with FHS who eat out/get takeaway, excluding those who answered 'None of the above' (exclusive) (n=676)

3.9. Information on all allergens and ingredients

Food service workers whose business provides written allergen information (n=479) were asked whether this includes the 14 regulated allergens, all, or some ingredients. They could select multiple options. Overall, **94%** of respondents said their businesses provide information on all the relevant major allergens and/or all ingredients in the products they serve.

- 68% said their business provides information on all 14 regulated allergens, where these are present in each product they serve.
- 49% said they provide information on all ingredients for each item on the menu.
- 7% said they provide information on some ingredients for each or select menu items e.g. only information on nuts or gluten, but not other allergens.
- 1% selected 'Other', and 0.4% selected 'None of the above'.

Consumers were asked to recall what information they got about allergens or ingredients in the food and drink they ordered the most recent time they ate out or got takeaway. This question was asked of all consumers who eat out/get takeaway, regardless of whether they last received allergen information in writing or verbally. Consumers could only select one option, and they had a wider range of options to choose from. Of all adults with FHS who eat out/get takeaway (n=767):

- 19% said they got information on whether some of the 14 regulated allergens were in the food or drink, e.g. 'nut free' or 'contains gluten'.
- 18% said they got information on all 14 regulated allergens.
- 18% said they got information on all ingredients in the food or drink.
- 15% said they got information on allergens they specifically asked about.
- 11% said 'none of these', and 19% said 'I can't recall'.

Overall, **36%** of adults with FHS got information on all 14 regulated allergens or all ingredients in the food or drink the most recent time they ate out or got a takeaway. While not directly comparable, the findings from food service workers and consumers suggest that many businesses are exceeding best practice by offering full ingredient information.

However, there is a gap between what businesses report providing and what consumers recall receiving. This may reflect differences in communication, visibility, or consumer attention (e.g. to specific allergens they react to). Additionally, while no businesses reported providing no allergen information, a small proportion offer only partial details, and some consumers rely on asking for specific allergen information.

3.10. Confirming allergen requirements when food is served

If a customer has made their allergen requirements known, **96%** of food service workers said that allergen information is confirmed when their food is served (i.e. the allergen-free meal is identified). This includes:

- 64% who said that staff confirm this verbally.
- 53% who said that a label, flag or sticker is included with the food.
- 1% who said it is confirmed some other way.

Of all adults with FHS who informed the food business of their allergen requirements the most recent time they ate out or got takeaway (n=407), **84%** got confirmation that their allergen requirements had been met when their food was given to them. This includes:

- 38% who said a server confirmed this verbally when they asked.
- 34% who said a server confirmed this verbally unprompted
- 21% who said there was a label, flag or sticker on the food.
- 7% who said this was communicated some other way.

These findings suggest that while businesses generally have processes in place to confirm allergen requirements, there is sometimes a disconnect between reported business practices and consumer experiences. Some consumers with FHS still need to actively seek reassurance that their needs have been met.

3.11. Distance selling

Food service workers were asked if written allergen information is available upon delivery for takeaway orders (Figure 11). Of all those whose establishment provides takeaway orders, **88%** said that written allergen information is available in some form. The most common way of providing written allergen information for takeaway orders was with a sticker or label on the food, with half (50%) doing this.

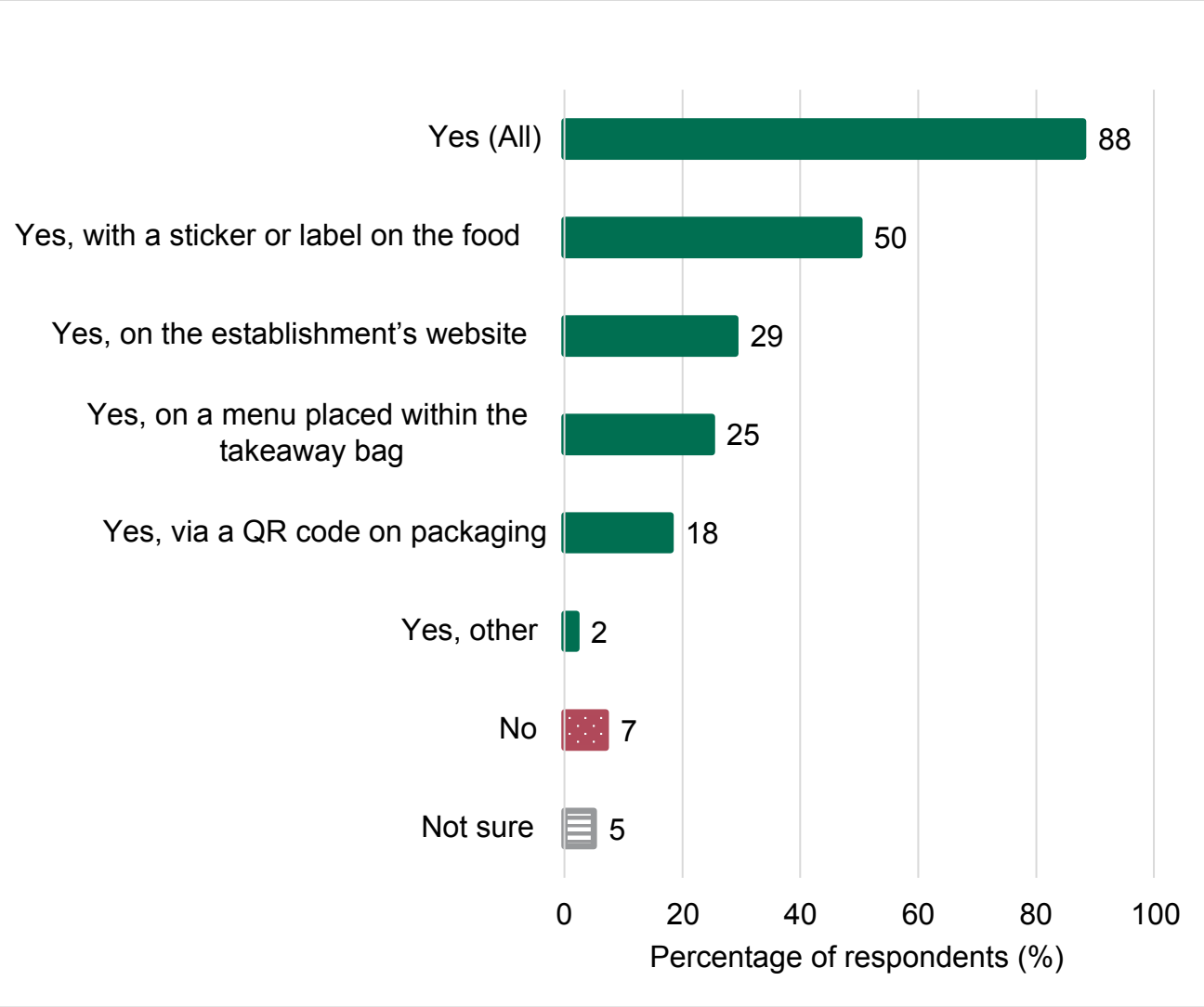

Figure 11. % of food businesses who provide written allergen information for takeaway orders

Source: survey of food service workers, all whose business provides takeaway orders (n=312)

The consumer baseline survey did not include a separate question on takeaway orders. However, the data on the most recent time consumers ate out or got takeaway includes a subgroup who made their purchase via distance selling.

- Of all adults with FHS who ordered via distance selling (n=204), **47%** got allergen information in writing the most recent time they got takeaway.
- Of all adults with FHS who ordered via distance selling and informed the business of their allergen requirements (n=98), 18% said they got written confirmation that their allergen requirements had been met via a label, flag, or sticker on the food. It was more common for consumers

to have received verbal confirmation of allergen requirements, either when they asked (45%) or unprompted (33%).

Although most food businesses report providing written allergen information with takeaway orders, these findings illustrate that consumers with FHS sometimes need to take proactive steps — such as scanning a QR code, double-checking a website, or asking for verbal confirmation — to ensure their needs have been met.

3.11 Staff knowledge and training

Food service workers were asked how staff are provided with information and training on food allergens (Figure 12). Overall, **97%** said that some form of information and/or training on food allergens is provided. The most common way of providing this was formal training for existing (46%) and new (42%) staff and online training (40%).

The FSA's allergen e-learning package is used by more than a third of businesses (36%) to provide allergen training, and its Safer Food Better Business package is used by more than a quarter (27%).

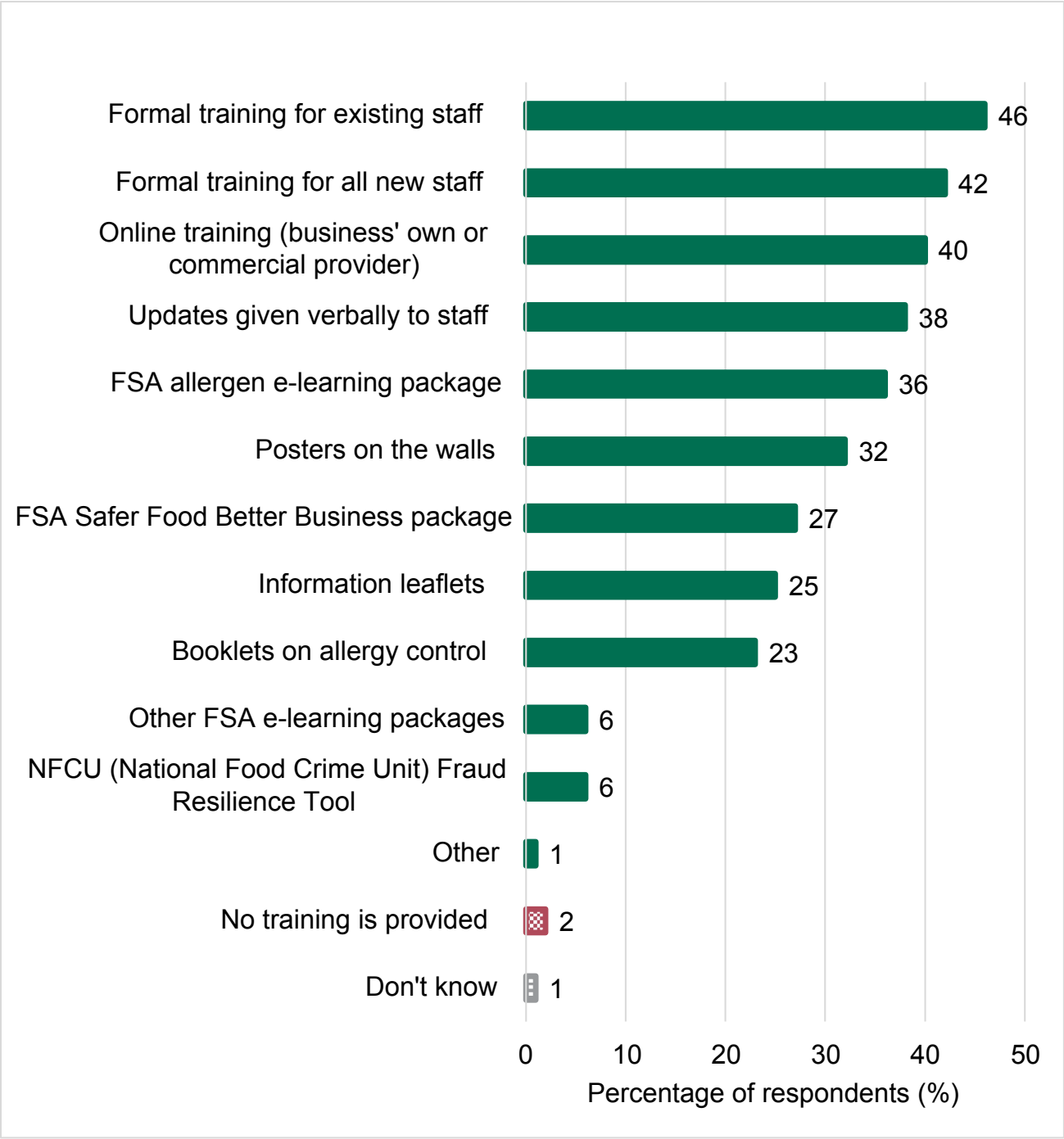

Figure 12. How staff are provided with information and training on food allergens

Source: survey of food service workers (n=520)

When asked about their general experience of eating out and getting takeaway, around three-quarters of adults with FHS (**74%**) agreed that staff tend to be helpful when they ask for allergen information. However, fewer agreed that staff tend to be knowledgeable when they ask for allergen information, with only half (**50%**) agreeing with this statement (Figure 13).

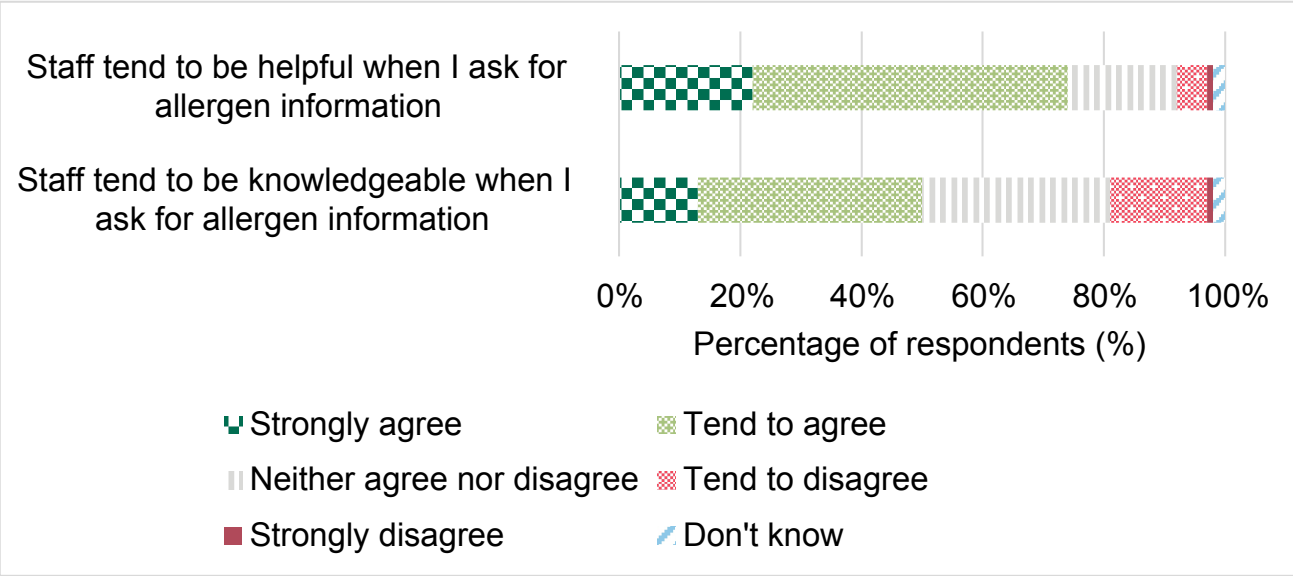

Figure 13. Agreement with statements about staff helpfulness and knowledge

Source: consumer baseline survey, adults with FHS who eat out/get takeaway (n=767)

Although allergen training is widely implemented across the sector, the experience of consumers with FHS suggests that further efforts may be needed to enhance staff knowledge and confidence in communicating allergen information verbally.

3.12. Consumer confidence in allergen information

Consumers with FHS were asked about how confident they feel that allergen information is reliable (Figure 14). While confidence in allergen information is generally high, they expressed a greater degree of confidence in printed or written information compared with digital or verbal information.

Overall, 87% of adults with an FHS who eat out are confident that printed or written information is reliable. 80% are confident that digital information is reliable, and 75% are confident that information provided verbally by a staff member is reliable.

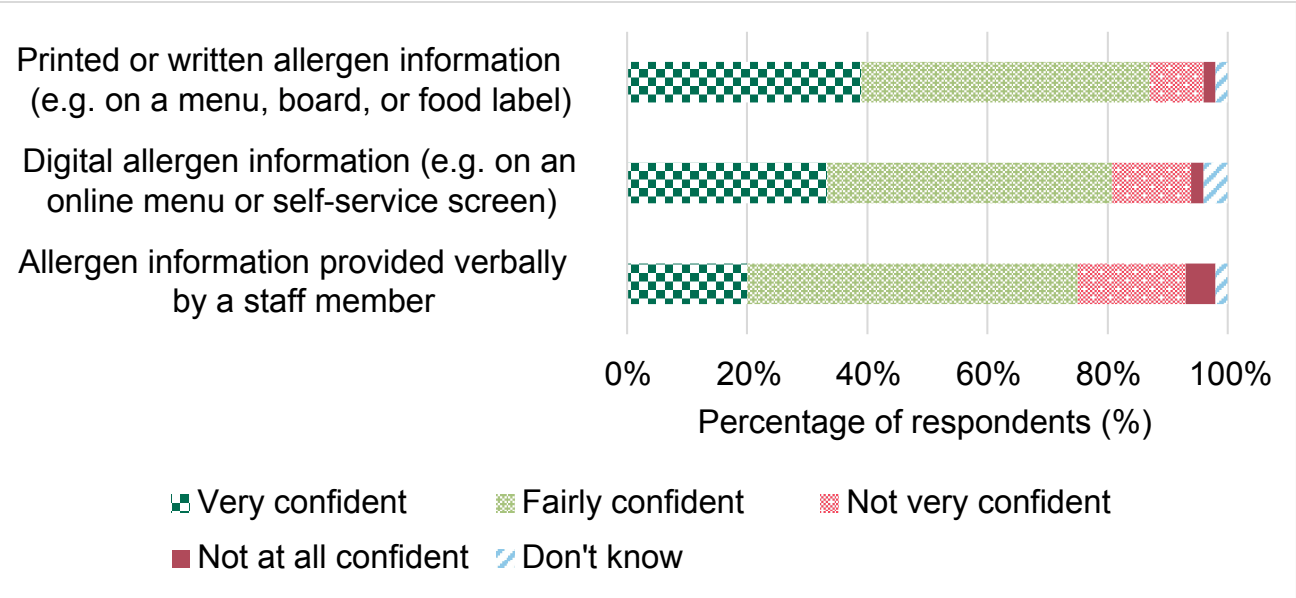

Figure 14. Consumer confidence that allergen information is reliable

Source: consumer baseline survey, adults with FHS who eat out/get takeaway (n=767)

3.12.1. Confidence in allergen information over time

Food and You 2 respondents were asked over several waves how confident they feel that information provided in writing (e.g. on the main menu or a separate allergen menu) and verbally by a member of staff will allow them to identify food that might cause them a bad or unpleasant physical reaction (Figure 15). There is some wave-on-wave variation for this question, but no clear trend of increasing or declining confidence over time. At Wave 9, around eight in ten respondents (83%) felt confident in information provided in writing, and seven in ten (67%) felt confident in information provided verbally.

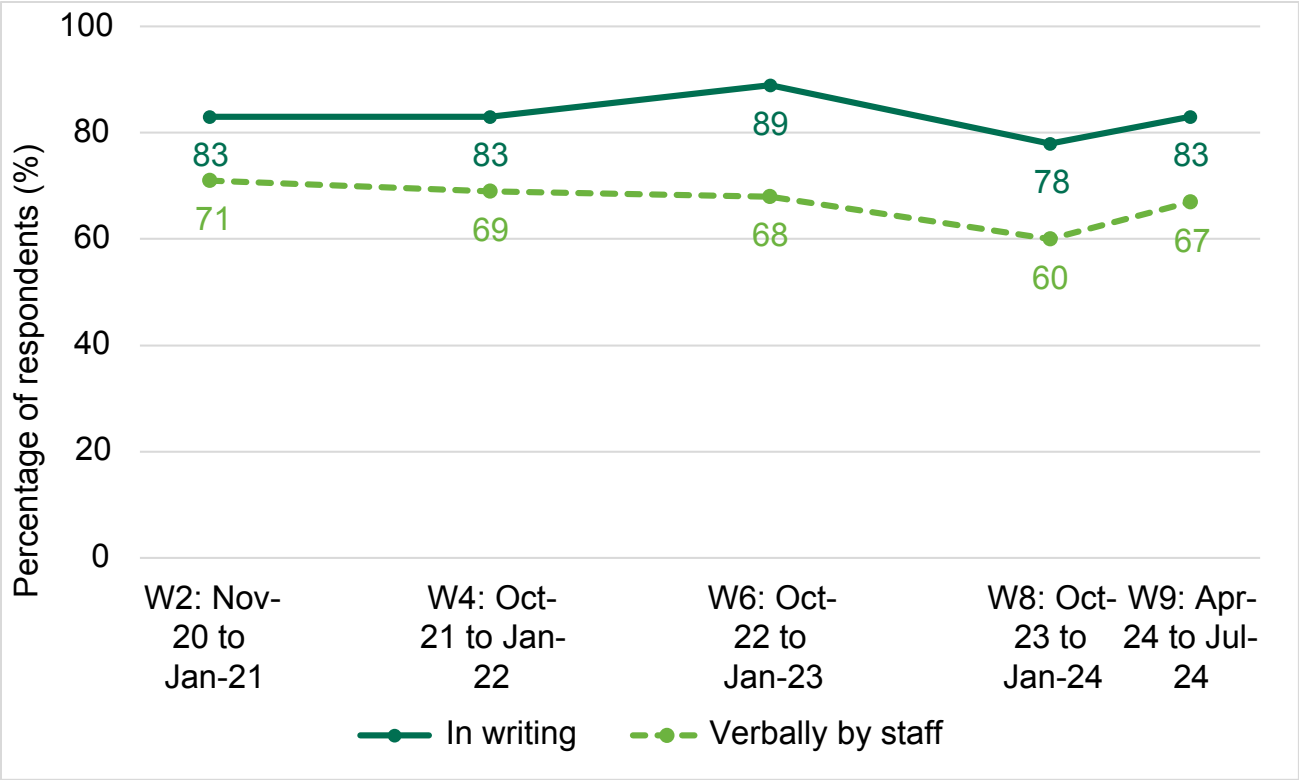

Figure 15. How confident respondents with FHS were in allergen information provided in writing or verbally, Food and You 2 trend

Source: Food and You 2 Waves 2, 4, 6, 8, 9

While overall confidence in allergen information is high, consumers place greater confidence in written formats than in verbal communication, underscoring the importance of clear, accessible written information

4. Discussion

This evaluation baseline provides a comprehensive picture of how allergen information is currently provided in the non-prepacked food sector and experienced by consumers with food hypersensitivities (FHS). The findings highlight encouraging signs of alignment between food businesses and consumers with FHS, particularly in the widespread provision of written allergen information and the proactive steps some businesses take to ask about allergen needs. However, the data also reveal persistent gaps in consistency, visibility, and consumer confidence that indicate further improvements are needed.

A key insight is that while most businesses report providing allergen information, a significant proportion of consumers with FHS do not recall seeing it, or only receive it upon request. This disconnect may reflect differences in how information is presented, how visible it is, or how confident consumers feel in interpreting or trusting it. Notably, consumers

express greater confidence in written allergen information than in verbal communication from staff. This underscores the importance of making written information easily accessible and clearly signposted.

The requirement for consumers to ask for allergen information remains a barrier, particularly for those who feel awkward or embarrassed doing so. Although most consumers report feeling comfortable asking, a sizeable minority do not, and this discomfort may prevent them from accessing the information they need. This is especially important given that adverse reactions remain common, and that proactive communication—both from businesses and consumers—is key to preventing harm.

The findings also suggest that while staff are generally perceived as helpful, there is room to improve their knowledge and confidence in allergen communication. Continued investment in training, particularly using trusted resources such as the FSA's e-learning tools, will be essential.

Future research should explore the reasons behind the gap between business-reported practices and consumer experiences, including qualitative work to understand how allergen information is communicated and perceived in real-world settings. It will also be important to monitor changes over time following the introduction of the best practice guidance, including any unintended consequences such as reduced consumer disclosure of FHS.

Overall, these baseline findings provide a strong foundation for evaluating the impact of the FSA's best practice guidance and identifying where further support or policy development may be needed to ensure safe, inclusive dining experiences for people with food hypersensitivities.

Acknowledgements

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References

Barnett, J., et al. (2017). *The preferences of those with food allergies and/or intolerances when eating out*. FSA & University of Bath. https://www.food.gov.uk/research/food-allergy-and-intolerance-research/preferences-for-consumers-with-food-allergies-or-intolerances-when-eating-out

Basis Social. (2023). *SME allergen provision in the non-prepacked sector: Research with micro and small food business operators*. FSA & Basis Social. https://doi.org/10.46756/sci.fsa.ezn529

Basis Social. (2024). *Improving allergen communication in SME food businesses in out-of-home settings*. FSA & Basis Social. https://doi.org/10.46756/sci.fsa.gom408

Britain Thinks. (2022). *Provision of Allergen Information in the Out of Home Food Sector*. FSA & Britain Thinks. https://doi.org/10.46756/sci.fsa.fbo151

Ipsos MORI. (2021). *Allergen management in large chains*. FSA & Ipsos MORI. https://www.food.gov.uk/about-us/fsa-22-06-07-annex-f-research-on-allergen-management-in-large-chains

Kantar Public. (2023). *Does proactively asking about allergens before ordering by Food Business Operator staff improve customer outcomes? A randomised controlled trial conducted in partnership with a national Food Business Organisation*. FSA & Kantar Public. https://doi.org/10.46756/sci.fsa.xbx580

Knibb, R. (2023). *Reactions and near misses to food in children and adults with food hypersensitivities*. FSA & Aston University. https://doi.org/10.46756/sci.fsa.eio564

Koidis, T. (2025). *Engaging food sensitive citizen scientists to understand the safety, efficacy, and practices of procuring ready to eat food online*. FSA & UKRI. https://doi.org/10.46756/001c.142401

RSM Consulting. (2023). *Understanding the international provision of allergen information picture in the non-prepacked sector*. FSA, RSM Consulting, University College Cork Consulting & Allergy UK. https://doi.org/10.46756/sci.fsa.jsi798

Turner, P. (2024). *Using NHS Data to Monitor Trends in the Occurrence of Severe, Food-Induced Allergic Reactions - Work Package 2*. FSA & Imperial College London. https://doi.org/10.46756/001c.122330

Supplementary Materials

Annex A: Technical Report Provision of Allergen Information baseline surveys

Download: https://science.food.gov.uk/article/142304-allergen-information-for-non-prepacked-foods-key-findings-from-consumers-and-food-service-workers/attachment/294609.docx

Annex B: Consumer weighting and sample profiles

Download: https://science.food.gov.uk/article/142304-allergen-information-for-non-prepacked-foods-key-findings-from-consumers-and-food-service-workers/attachment/294610.docx

Annex C: Consumer baseline questionnaire

Download: https://science.food.gov.uk/article/142304-allergen-information-for-non-prepacked-foods-key-findings-from-consumers-and-food-service-workers/attachment/294611.docx

Annex D: Food business sample profiles

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Annex E: Food business questionnaire

Download: https://science.food.gov.uk/article/142304-allergen-information-for-non-prepacked-foods-key-findings-from-consumers-and-food-service-workers/attachment/294613.docx