RESEARCH PROJECTS

Allergen Information for Non-Prepacked Foods: Consumer Experiences, Behaviours and Attitudes

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FSA Research and Evidence

This report presents findings from a baseline survey of consumer experiences, behaviours, and attitudes regarding the provision of allergen information when eating out or ordering takeaway. Conducted by Ipsos UK, the research surveyed 964 participants across England, Wales, and Northern Ireland, who were either adults with food hypersensitivities (FHS) or parents of children with FHS. The study was undertaken ahead of the publication (in March 2025) of the FSA's new best practice guidance on the provision of allergen information for non-prepacked foods.

The findings reveal that while awareness of the legal requirement for food businesses to provide allergen information is relatively high, detailed understanding remains limited. Most consumers with FHS eat out regularly but adopt cautious behaviours, such as checking menus in advance and choosing familiar food establishments. Confidence in avoiding allergens varies by setting, with lower confidence reported in digital and distance selling environments.

Despite these precautions, half of consumers reported experiencing an adverse reaction or near miss in the past six months, with a notable minority also facing challenges such as being asked to sign disclaimers or being refused service.

Although many consumers receive allergen information, only a minority are provided with both written and verbal communication, as recommended in the best practice guidance. Disclosure of FHS is inconsistent and influenced by factors such as severity of reaction, age, and comfort in seeking information. Consumers are more likely to disclose when prompted by staff or signage, highlighting the importance of proactive engagement by food businesses.

The report underscores strong consumer preference for written allergen information, particularly when paired with staff interaction. The findings support the FSA's guidance and suggest further efforts are needed to raise

awareness, improve consumer confidence, and encourage consistent disclosure. This research establishes a benchmark for evaluating the impact of future policy and practice changes.

Executive Summary

This report presents findings from a survey conducted among adults with a food hypersensitivity (FHS) and parents of children with an FHS in England, Wales and Northern Ireland. This survey was conducted in advance of the Food Standards Agency's (FSA) publication of new best practice guidance on the provision of allergen information for non-prepacked foods.

A key aspect of the guidance is that it will now be best practice for food businesses to have information about allergens easily available in writing, and to support this with a verbal conversation with consumers about their allergen requirements.

This research establishes baseline measures of consumer attitudes, behaviours, and experiences related to the provision of information about allergens, enabling future evaluation of the guidance's impact.

The research was undertaken using an online survey conducted by Ipsos UK from 13 December 2024 to 5 February 2025. In total, 964 people completed the online questionnaire – 780 adults with an FHS and 184 parents of children with an FHS.

Key findings from the research include:

Awareness, Behaviours and Experiences

- Awareness of the existing legal requirement for food businesses to provide allergen information is high (72% of adults with an FHS have heard of it). However, less than half (43%) say they know quite a lot / a bit about it. More than one in four (27%) adults with an FHS have not heard of the requirement.
- An overwhelming majority of those affected by an FHS eat out and/or get takeaway regularly, with 83% of adults with an FHS doing so at least once a month.
- Nevertheless, a significant proportion of those affected by an FHS adopt cautious behaviours when eating out or getting a takeaway, such as checking online menus in advance, checking written allergen information, asking staff about allergens when ordering and deciding what they'll have beforehand. Consumers with an FHS also tend to

adopt strategies such as only ordering from food businesses they've used before and trust, and/or ordering food they've had before.

- Consumers are generally confident that they can avoid ingredients that they or their child react to when purchasing non-prepacked food. However, this is dependent upon the setting, with confidence generally being lower in situations where food is ordered digitally and/or via distance selling.
- Many of those affected by an FHS have, on occasion, had negative experiences when buying non-prepacked food. Around half of those who eat out and/or get takeaway have experienced an adverse reaction or near miss with an ingredient they react to in the last six months. In the same period, sizeable minorities have also been asked to sign a disclaimer when eating out / getting takeaway (13% of adults with an FHS) or been refused service because of their FHS (15% of adults with an FHS).

Recent experiences when buying non-prepacked food

When asked about the most recent time they bought non-prepacked food:

- A majority (69% of adults with an FHS) report that information about allergens was provided to them, with written information (mentioned by 51% of adults with an FHS) more common than verbal information (mentioned by 38%).
- A minority (20% of adults with an FHS) say that information about allergens was provided both in writing and verbally – the ideal scenario set out in the new best practice guidance.
- One in four adults with an FHS did not get allergen information. This includes 22% of adults with an FHS who did not see allergen information and did not ask for it, and just 3% who did not get allergen information after asking for it. Where allergen information was not easily available, consumers did not necessarily ask for it, regardless of the severity of their reaction.

- Around half (46% of adults with an FHS) recall that the food business they ordered from displayed a sign or a message on the menu telling them how they could get information about allergens.
- Written information about allergens was provided in a range of ways by food businesses (e.g. allergen or full ingredient labelling on menus, 'may contain' statements, information on main menus or separate menus on request), with no dominant method for presenting this. This reflects the flexibility that food businesses have in how they can provide this information to consumers.
- Information covering all 14 regulated allergens (those that food businesses are required to provide information on by law) is reported to have been received by a third of adults with an FHS (36%).
- Around half (52% of adults with an FHS) report that they were asked by the food business if they had a food allergy or intolerance before they ordered.
- An overwhelming majority who told the food business about their FHS got confirmation that their allergen requirements were met when their food was served (84% of adults with an FHS). Confirmation was provided in various ways, such as verbally or via labelling. Nevertheless, it was common for confirmation to be provided after prompting by the consumer (38% of adults report verbal confirmation was received when they asked about this).
- Of all adults with an FHS who ordered via distance selling methods (e.g. online or over the phone), 47% say they received written information about allergens. 54% say they were asked if they had an allergy or intolerance before ordering. These figures are in line with those reported by those who purchased in person.

Asking for information and disclosing food hypersensitivities

- Most people who are impacted by an FHS report feeling comfortable asking a member of staff for more information about allergens (72% of adults with an FHS) – though there

are key differences according to age (with younger adults less comfortable), frequency of eating out, and awareness of the legal requirement to provide allergen information.

- Around half of adults with an FHS say they always or regularly disclose allergen requirements to food businesses (20% always disclose, 28% do so very often / nearly always). This is higher amongst parents of children with an FHS: three-fifths of parents say they always (31%), or very often/ nearly always (31%) disclose their child's FHS).
- Disclosure rates differ according to severity of reaction – those who experience mild or moderate symptoms are generally less likely to tell food businesses about their FHS.
- Cues in the service environment can be a barrier or enabler of disclosure. When presented with different hypothetical scenarios in isolation, propensity to disclose an FHS is slightly weaker if consumers see written information upfront (59% of adults with an FHS certain or likely to do so) compared to if staff ask if they have an FHS (69% certain or likely to do so) and if consumers see a notice encouraging customers to ask staff about allergens (65% certain or likely to).
- Other barriers to disclosure, obtained from an open-end question, include behavioural and psychological barriers related to discomfort talking about FHS in social and/or busy service environments. Consumers are also less likely to disclose their FHS if they are eating somewhere familiar and assume the food doesn't contain allergens.

Allergen information preferences

- Consumers are generally confident that all forms of information about allergens are reliable, but there is a greater degree of confidence in printed / written information (87% of adults with an FHS are confident this is reliable) compared with digital (80% confident) or verbal (75% confident) information.
- Most consumers dealing with an FHS like it when businesses ask about food allergies or intolerances (77% of adults with an FHS agree with this statement).

- When asked about various ways of being provided with allergen information, the new best practice approach (written allergen information plus a conversation) was one of the most trusted by consumers (79% of adults with an FHS say they trust it). When asked to select which two or three means of conveying information were most useful, 25% selected this option – making it the third most widely selected option.
- Consumers have clear preferences concerning written allergen information, with more than 7 in 10 agreeing that they rely on menus to decide what they can eat, and that they like to see allergen symbols on menus, as well as notices on menus and signs on display encouraging them to ask about allergens.
- Most consumers agree that staff tend to be helpful when they ask for allergen information (74% of adults with an FHS agree). Around half say staff tend to be knowledgeable (50% of adults with an FHS agree). Staff understanding of allergens is sometimes limited (30% of adults with an FHS agree that 'staff don't understand my requirements when I ask for allergen information)'.

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 (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.

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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).

Ahead of the new guidance being published, the FSA commissioned quantitative research to measure current consumer attitudes, behaviours and experiences related to the provision of information about allergens. Alongside this, the FSA commissioned a separate survey of food industry workers (see companion report 'Provision of allergen information for non-prepacked foods: key findings from consumers and food industry workers'). 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.
- 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).

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. 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.

2. Methods

Ipsos UK was commissioned to undertake the consumer baseline survey. The research took a quantitative approach, with an online questionnaire completed by samples of adults with a food hypersensitivity (FHS) and parents of children with an FHS in England, Northern Ireland and Wales from 13 December 2024 to 5 February 2025.

Participants were recruited from the recontact sample of the FSA's official statistic survey, Food and You 2, plus Ipsos UK's online Access Panel. Eligibility for the survey was based on adverse reaction to at least one of the 14 regulated allergens.

In total, 964 people completed the online questionnaire. Of these:

- 780 were adults with an FHS.
- 184 were parents of children with an FHS.

The adults with an FHS sample was weighted to the known estimated population profile of this consumer group, using data obtained from Wave 8 of Food and You 2.

As it was not possible to derive information about the known population profile of parents of children with an FHS from a suitable source, the decision was made not to weight this sample. Given this – and the differences in their sample profiles – adults with an FHS and parents are different populations for which different weighting approaches have been used. Findings for the two groups are not directly comparable.

Any differences referenced in this report are statistically significant differences, either between sub-groups or compared to the overall sample, of around ten percentage points or more unless otherwise stated.

The accompanying **Technical Report and other Annexes** (published with this report) include a more detailed overview of the methodology, sample and weighting approach, and sub-group analysis.

3. Provision of Information About Allergens: Awareness, Behaviours & Experiences

This chapter explores consumers' awareness, behaviours and general experiences in relation to the provision of information about allergens when buying non-prepacked food to eat in or takeaway.

3.1. Awareness of the law on allergen information

All businesses that sell non-prepacked food are legally required to provide consumers with information on the 14 regulated allergens when used as ingredients in the food they serve. However, more than one in four adults with an FHS (27%) report having never heard of this legal requirement. Awareness is largely qualified too: although 72% have heard of it, only 43% say they know quite a lot or a bit about it.

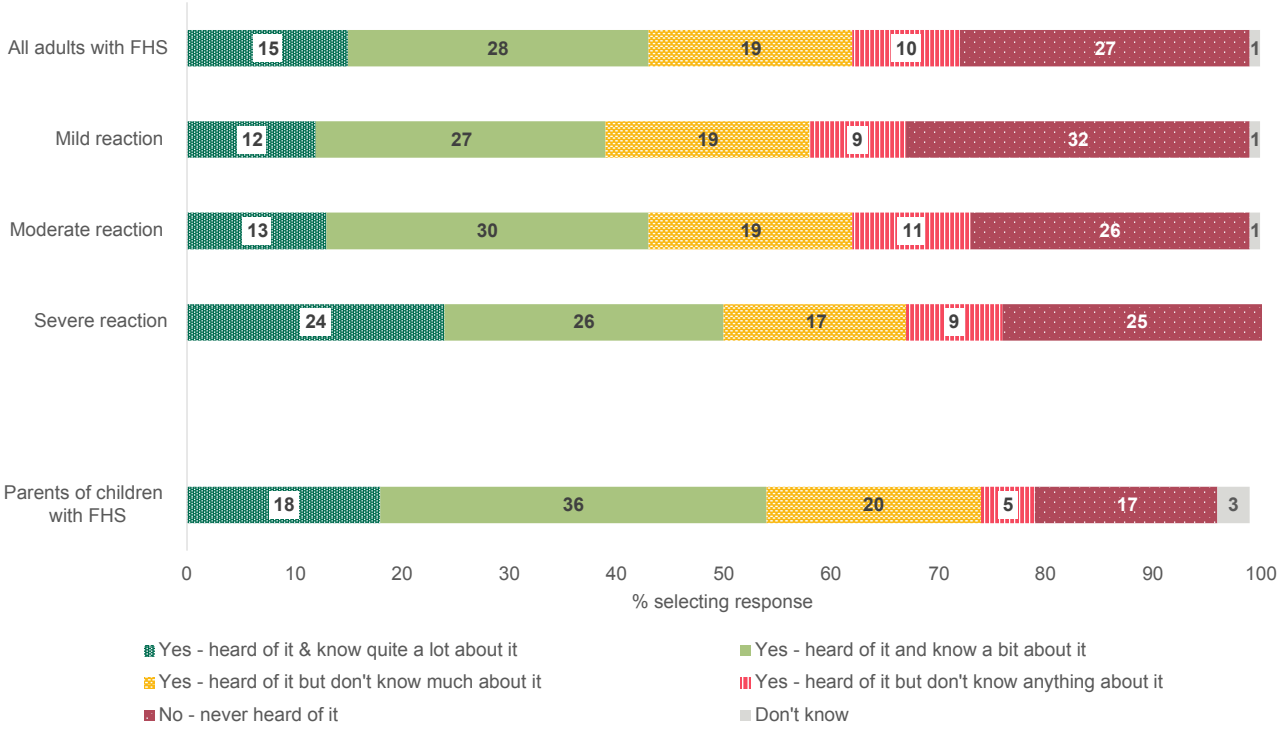

Figure 1. Awareness of legal requirement for food businesses to provide consumers with information on the 14 regulated allergens

Source: All food businesses are legally required to provide customers with information on the 14 regulated allergens, when used as ingredients in the food they serve. Before completing this survey, had you heard of this legal requirement?
Base: All adults with an FHS (n = 780); All adults with an FHS that causes a mild (n = 236), moderate (n = 399) or severe (n = 132) reaction; All parents of children with an FHS (n = 184).

Awareness is significantly higher among younger adults with an FHS (83% have heard of it among those aged 16-34), and those who always (83%) or nearly always / very often (82%) disclose their FHS when eating out. Overall awareness levels are similar according to severity of reaction – however, those who report that they experience a severe reaction (24%) are twice as likely to those who experience a mild (12%) or moderate (13%) reaction to report knowing a lot about the requirement.

Patterns of awareness are similar among the sample of parents of children with an FHS. Some 80% have heard of the requirement, with more than half (54%) reporting that they know quite a lot or a bit about it.

3.2. Eating out behaviours

Among adults with an FHS, nearly all report that they eat out and/or get takeaway at least occasionally (just 1% say they never do this). Furthermore, an overwhelming majority (83%) eat out and/or get takeaway at least once a month.

Despite this, around half (48%) say they have sometimes avoided going out to eat or getting a takeaway in the last six months because of their FHS. This figure is significantly higher than average among those who experience a severe reaction (61%), younger consumers (64% of 16-34 year olds) and those who have experienced an adverse reaction or near miss in the last six months (67%).

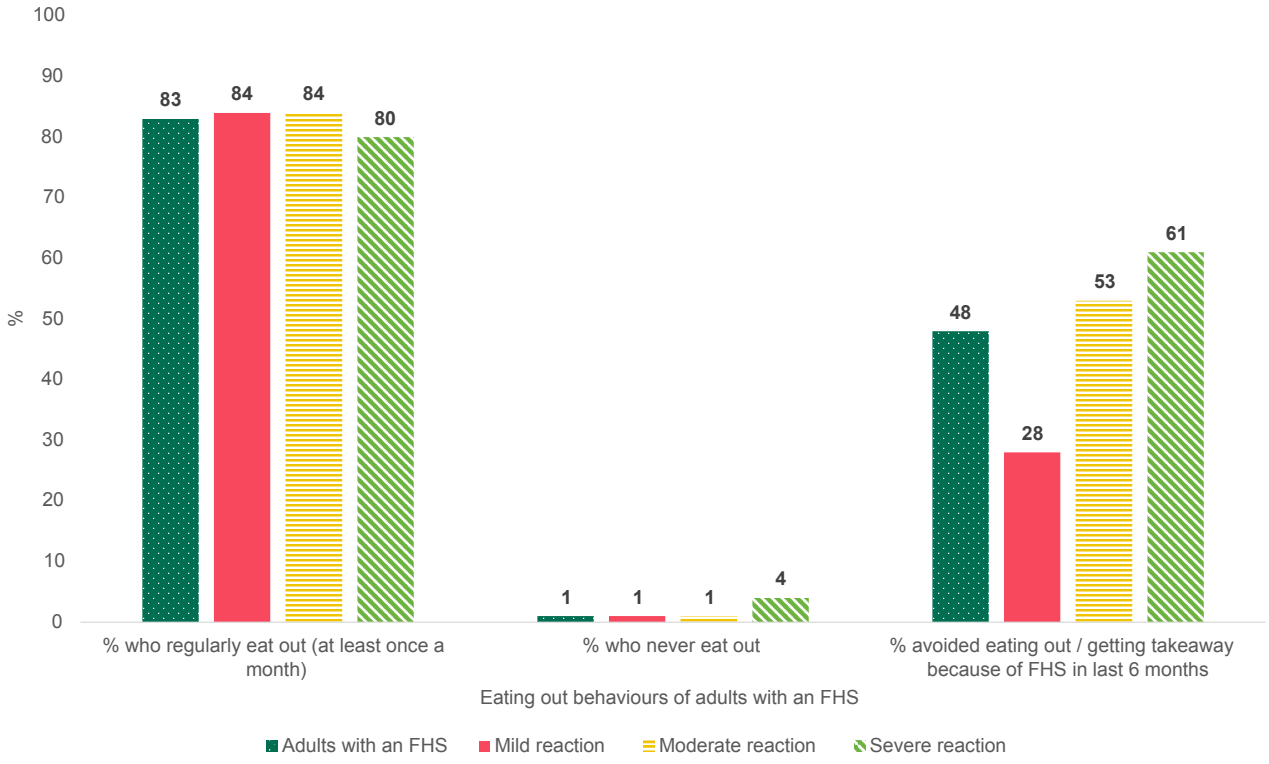

Figure 2. Eating our behaviours of adults with a food hypersensitivity

Source: How often, if at all, do you eat out at, or get a takeaway from a restaurant, cafe, coffee shop, fast food outlet, deli, or any other place where you can buy unpackaged food?; In the last six months, have you ever avoided going out to eat or getting a takeaway because of your food hypersensitivity?
Base: All adults with an FHS (n = 780); All adults with an FHS that causes a mild (n = 236), moderate (n = 399) or severe (n = 132) reaction.

Among parents of children with an FHS, 90% regularly eat out with their household, though just under half (46%) report having avoided going to eat out or getting a takeaway in the last six months because of their child's FHS.

3.2.1. How FHS influences eating out behaviours

When asked an open-ended question about how FHS influences how often they eat out or get a takeaway, some consumers described how they tend to avoid doing this:

> "When friends invite me out to eat, I often decline the offer." – Male, 52, England, Adult with an FHS

Some expressed a preference for home-cooked meals, sometimes linking this to the quality of information about allergens available at food businesses:

> "I eat out once or twice a month. I prefer home cooked meals - I know what goes into them." – Female, 21, England, Adult with an FHS

> "Due to his milk and nut allergy, a lot of fast food places don't explicitly list all of their ingredients, therefore it feels like more hassle than just staying in and me cooking so I know what exactly he will eat." – Female, 26, Wales, Parent of child with an FHS

Others said their or their child's FHS does not influence how often they eat out – though it does impact *where* they eat out:

> "My child's food hypersensitivity rarely stops me from eating out. If she's with me whenever I want to eat out, I make sure I go to places she has eaten at before." – Male, 29, England, Parent of child with an FHS

> "It doesn't influence how often, but definitely influences where I eat out. It takes me much longer to decide where to eat and how confident I am to eat there." – Female, 67, Northern Ireland, Adult with an FHS

Some described how their FHS makes them more cautious when eating out, for example, ordering food they've had before or only going to food businesses they know and trust:

> "It prevents me from gambling on specific foods to eat." – Male, 23, Northern Ireland, Adult with an FHS

> "We go out reasonably frequently, but it makes me cautious when we do. I tend to stick to the same places" – Male, 18, Wales, Adult with an FHS

Similarly, others avoid certain food businesses, preferring places where they can speak to staff who are knowledgeable about allergens:

> "We prefer to eat at restaurants that are family owned rather than the corporate chains. This way you can speak to the chef and get their attention. They cost more but the quality is better." – Male, 43, England, Parent of child with an FHS

> "It's hard as some places are very incompetent and not very knowledgeable regarding allergies, etc." – Female, 39, England, Parent of child with an FHS

Some comments highlighted that having to be careful where you eat can feel socially awkward and single them out from their peers:

> "It makes me feel alienated from my friends as I'm always the one who has to choose where we eat because of my intolerance." – Female, 55, Wales, Adult with an FHS

While the responses to this question varied, a clear theme was those impacted by an FHS avoid food businesses where they don't think they can get the information or reassurance they need about allergens.

Responses to a battery question on general attitudes to eating out/ getting takeaway similarly confirmed that adults with an FHS tend to take a cautious approach. Seven in ten or more agreed that they tend to buy food/drink from the same places (77%), to pick the same things to eat/ drink (73%) and only order from specific food businesses they know from experience are safe to eat from (71%). In contrast, 43% agree with the statement that they like to try lots of different types of food businesses and 27% agree that they try to buy food/drink from new places wherever possible.[2]

Among parents of children with an FHS who eat out, around two-thirds or more only order from specific food businesses which they know are safe to order from (71%), tend to buy from the same places (69%) and tend to pick the same things (65%). Half (51%) say that they like to try lots of different types of food business, with 44% saying they try to buy from new places wherever possible.[3]

3.2.2. Checking for information about allergens

When asked about various ways that they might check information about allergens before ordering food and drink, adults with an FHS are more likely to check online or written information rather than asking staff. This reflects the fact that, as shown in chapter six, consumers tend to prefer written information about allergens. Furthermore, as shown in chapter five, consumers do not always disclose their FHS to food businesses. They might therefore avoid asking for information about allergens on occasions when they do not wish to disclose.

Around three-fifths of adults with an FHS say they always / almost always / very often decide what they'll have beforehand (62%) or check an online menu for allergen information (58%) in advance. In contrast, 53% ask staff about allergens when ordering, and around a third (34%) check what

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2 These findings are in line with previous research that found consumers with an FHS tend not to be adventurous when eating out. See Food Standards Agency (2014) The preferences of those with food allergies and/or intolerances when eating out. These findings should be treated with some degree of caution though. Neither study looked at adventurousness among consumers who do *not* have an FHS. Other factors, such as general habits, food/cuisine preferences, affordability, and availability of food businesses in their local area, could also impact consumer behaviour and choice.

3 While they were asked to focus on their experiences related to the allergens their child reacts to, text substitutions were not used for the parent sample at this question. As such, statements were framed around the participant rather than their child with FHS.

information about allergens is available by contacting the food business in advance. The more severe somebody's reaction, the more likely these behaviours are.

The most common behaviours among parents of children with an FHS before ordering are to check written allergen information when ordering (82% always / almost always / very often), followed by asking staff when ordering (69%), checking an online menu in advance (69%) and deciding what to have beforehand (61%). The rate of checking what allergen information is available by contacting the business in advance (49%) is lower.

Table 1. Frequency of activities undertaken by adults with an FHS before ordering

	% Ever	% Always	% Very often / nearly always	% Not very often / occasionally	% Never / hardly ever
Check online menu for allergen information in advance	94	23	35	29	12
Check allergen information is available by calling or emailing in advance	76	11	23	27	39
Decide what you'll have beforehand	97	19	43	30	8
Check written allergen information when ordering	96	29	33	30	7
Ask staff about allergens when ordering	93	23	29	32	15
Tell a member of staff about your food hypersensitivity	94	20	28	35	16

Base: All adults with an FHS who eat out / get takeaway (n = 767).

3.3. Confidence in avoiding allergens

For consumers impacted by an FHS to be able to avoid allergens when eating out or getting takeaway, they need to know where these are present as intentional ingredients in the food or drink, and also whether allergen controls are in place to avoid cross-contamination in food preparation areas. In general (and despite experiences of adverse reactions and near misses being fairly common – see section 3.4.3), adults with an FHS are confident in their ability to avoid ingredients that they react to. However, this differs according to the setting in which they are purchasing non-prepacked food.

Adults with an FHS are most confident that they can avoid ingredients that they react to when eating a meal at a food business with table service (84%). Meanwhile, three-quarters (73%) are confident in doing so when eating in or collecting takeaway from a food business with counter service.

A weaker degree of confidence is shown in other settings – notably those where food is ordered digitally (e.g. via a self-service touchscreen, app, or website) and/or via distance selling (e.g. ordered online or over the phone). Just over three-fifths are confident that they can avoid ingredients they react to when eating in or collecting takeaway from food businesses with a digital ordering system (63%) or ordering from a food business' own website or app (62%). Slightly fewer are confident when ordering takeaway via a delivery service website or app (57%) and over the phone (56%).

Compared with table and counter service, confidence is also weaker when choosing unpackaged food from a counter such as a deli or bakery (65%).

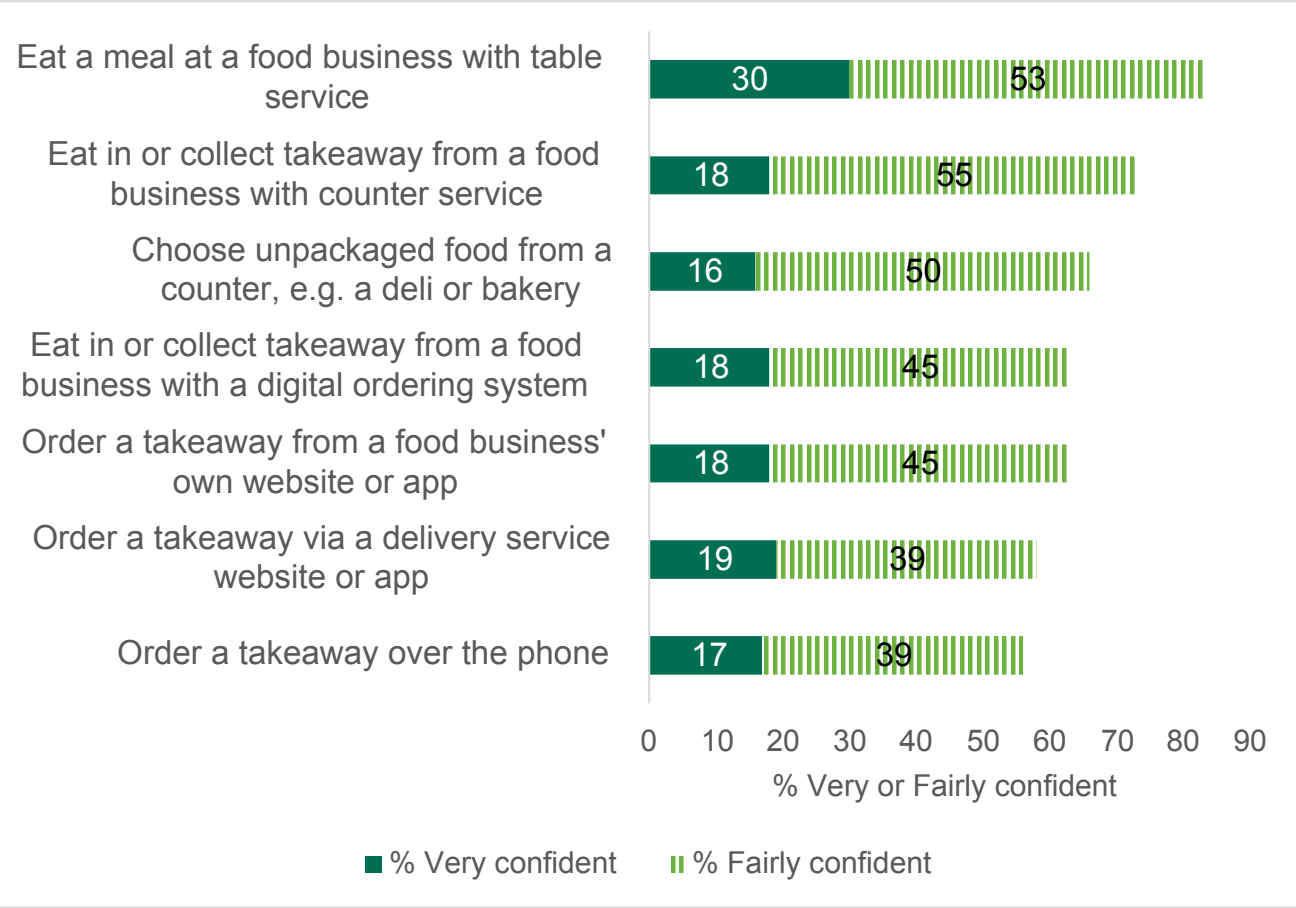

Figure 3. Adults' confidence in avoiding ingredients they react to in various settings

Source: Currently, how confident, if at all, would you feel in your ability to avoid ingredients that you react to if you were going to...?
Base: All adults with an FHS (n = 780)

Across all settings, there are no statistically significant differences in the levels of confidence in being able to avoid ingredients according to severity of reaction. There are, however, other interesting demographic and behavioural differences:

- Compared with younger adults (especially 16-34 year olds), those aged 55 and over have a much weaker degree of confidence when ordering digitally – especially via a delivery service website or app (38% vs 71% of 16-34 year olds).
- Compared to 16-24 year olds (76%), those aged 55 and over express greater confidence when eating a meal at a food business with table service (87%).
- Compared to adults with an FHS in England, those in Northern Ireland (NI) are less confident in being able to avoid ingredients that they react to when visiting a food business with a digital ordering system (51% in NI versus 64% in England), ordering a takeaway from a food business' own website or app (47% in NI versus 63% in England) and when ordering via a delivery service website or app (39% in NI versus 58% in England).[4]
- Those who eat out regularly have a greater degree of confidence in all scenarios compared to those who do so once a month or less often.
- Those who are comfortable asking for information about allergens are significantly more likely than average to feel confident in all scenarios – except for when choosing unpackaged food from a counter.
- Those who have experienced an adverse reaction or near miss in the last six months are significantly less confident than those who have not when eating a meal at a food business with table service (80% versus 90%), and ordering from a food business with counter service (69% versus 81%).

Among the sample of parents of children with an FHS, 82% are confident in their ability to avoid ingredients their child reacts to when eating at a food business with table service. Similar proportions express confidence when eating in or collecting takeaway from a business with counter service (79%), a digital ordering system (78%) and when ordering from a food business' own website or app (78%). Confidence is slightly weaker when ordering through a delivery service website or app (72%), and over the phone (72%) and when choosing unpackaged food from a counter (71%). While the

4 The age profile of the sample of adults with an FHS interviewed in Northern Ireland has a greater proportion of those aged 35-54. The sample in England, in contrast, contains a greater proportion of 16-34 year olds, who are generally more confident in digital ordering methods.

data are not directly comparable to the sample of adults with an FHS, the greater confidence of parents of children with an FHS when ordering using digital methods could be influenced by their younger age profile.

3.4. Experiences when buying non-prepacked food

Confidence in being able to identify ingredients they react to is linked to consumers' prior experiences when eating out/getting takeaway – in particular, whether they can get the information they need, as well as any negative experiences they may have had.

3.4.1. Availability of information about allergens

Among adults with an FHS who eat out / get takeaway, only 4% say they can never or hardly ever get the information they need to help them identify allergens that they avoid.

Despite this positive finding, just one in ten (10%) say they can always get the information they need. Just over half (54%) say they get the information they need very often / nearly always. A further three in ten (29%) get the information they need either not very often or occasionally.

Those who experience a severe reaction (16%) are more likely to report that they always get the information they need, compared with 8% of those who experience a moderate or mild reaction. Those who experience a moderate reaction are more likely to report getting the information they need very often / nearly always (61%), compared with those who experience a severe (48%) or mild (49%) reaction. This could be linked to those experiencing severe reactions being more likely to frequently check for information about allergens (see section 3.2.2).

Other characteristics associated with more frequently receiving information about allergens include: feeling comfortable asking for information about allergens, regularly disclosing an FHS, and being aware of the legal requirement for food businesses to provide allergen information.

Among parents of children with an FHS, 15% say they can always get the information they need to help identify the ingredients that their child avoids, with 56% getting this very often / nearly always, around one in four (26%) getting this occasionally / not very often and 3% never or hardly ever.

3.4.2. Frequency of being asked to sign a disclaimer and refused service

A small, though noticeable, minority of adults with an FHS report that in the last six months, they have either been asked to sign a disclaimer when eating out (13%) or been refused service because of their FHS (15%).

Those dealing with an FHS that causes a severe reaction are more likely to have experienced these issues. 23% of those who experience a severe reaction report having been asked to sign a disclaimer in the last six months, compared with those who experience a moderate (12%) or mild (8%) reaction. 30% of those who experience a severe reaction report that they have been refused service, while this figure is 11% for those with a moderate reaction and 9% for those with a mild reaction.

Other demographic and behavioural differences are also apparent:

- A greater proportion of younger adults report having been asked to sign a disclaimer (28% among 16-24s, 21% among 25-34s) and having been refused service (27% among 16-24s, 28% among 25-34s) in the last six months.
- A greater proportion of those who nearly always / very often disclose their FHS say they have been asked to sign a disclaimer (21%), or refused service (23%), compared to those with lower reported rates of disclosure (for example, 7% of those who disclose their FHS not very often or occasionally have been asked to sign a disclaimer, and 8% have been refused service).
- Around a quarter of those who have had an adverse reaction / near miss in the last six months report having been asked to sign a disclaimer (23%) or refused service (25%). Of those who have not had an adverse reaction / near miss in the last six months, only 3% have been asked to sign a disclaimer and 4% have been refused service.

Among parents of children with an FHS, 14% say they have been asked to sign a disclaimer and 13% that they have been refused service because of their child's FHS.

3.4.3. Frequency of near misses and adverse reactions

The issues that adults with an FHS face when eating out are further underlined by the proportions who report having had an adverse reaction[5] or near miss[6] in the past six months when buying non-prepacked food. Among adults with an FHS, 42% report that they had an adverse reaction and 34% a near miss after being served a product containing an ingredient they react to during this time period. Overall, 50% of adults say they have experienced either of these issues in the last six months.

Those who experience a mild reaction had a lower incidence of both adverse reactions (32%) and near misses (23%). Adverse reactions were most common among those who experience a moderate reaction (48%), while near misses were more frequent among those with either a moderate (37%) or severe (39%) reaction.

5 An adverse reaction was defined as follows in the survey: 'This 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.'

6 A near miss was defined as follows in the survey: 'A near miss includes instances where you became aware of ingredients that you / your child react to before consuming food and drink, or you / they ate the food or drink and did not have a reaction.'

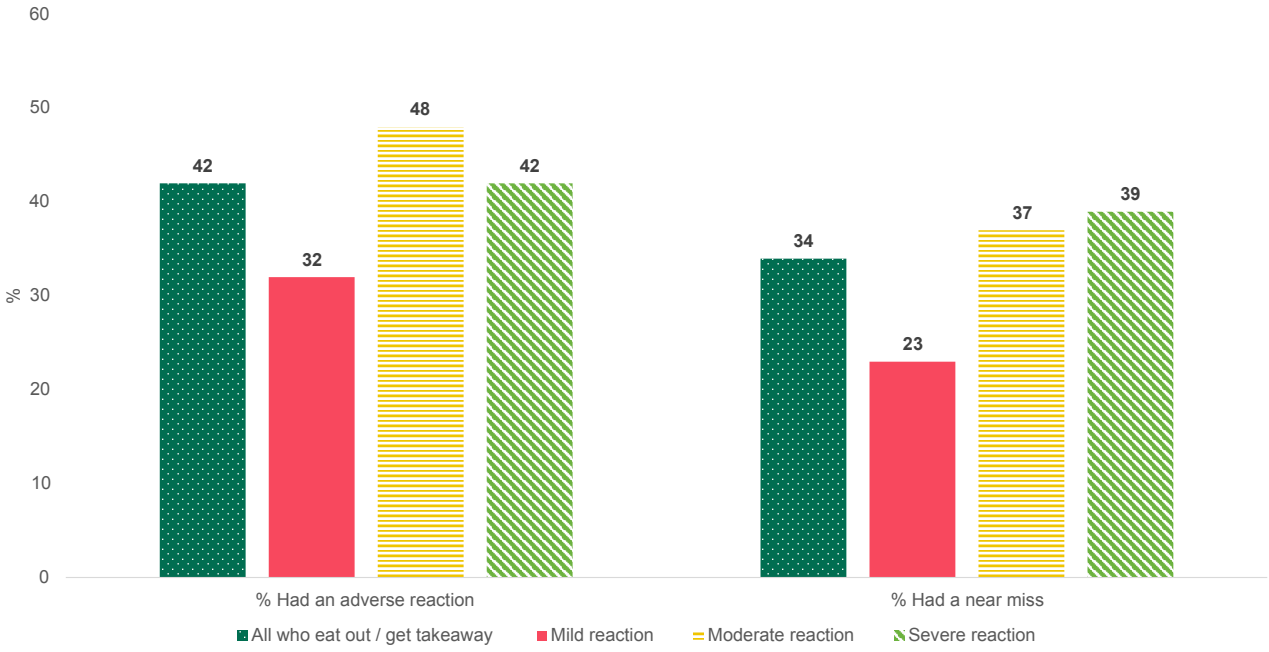

Figure 4. Experience of adverse reactions / near misses in the last six months by severity of reaction

Source: In the last six months, when eating out or buying food or drink to take out, how often if at all, have you had an adverse reaction / near miss after being served a product that contained an ingredient that you react to? Base: All adults with an FHS who eat out / get takeaway (n = 767); All adults with an FHS that causes a mild (n = 232), moderate (n = 394) or severe (n = 128) reaction and eat out / get takeaway.

Other demographic and attitudinal differences are also apparent:

- There is a significant age-gradient. A much higher proportion of 16-24 and 25-34 year olds report experiencing adverse reactions and near misses. Among 35-54 year olds, these experiences are in line with the average reported across all age groups. In contrast, reports of these are much less common among those aged 55+ (Figure 5).
- Reports of adverse reactions and near misses are also more common among those who nearly always / very often disclose their FHS (55% have experienced an adverse reaction, 52% have experienced a near miss), and those who know a lot / a bit about the legal requirement to provide allergen information (53% have experienced an adverse reaction, and 48% have experienced a near miss).
- Reports of adverse reactions are more common among the small minority who do not feel comfortable asking for information about allergens when eating out (58%), compared with those who feel comfortable asking for this information (39%).

- These latter findings could be seen as counter-intuitive. However, it may also be that people become more likely to disclose their FHS and more aware of what information about allergens businesses should provide if they have recently experienced an adverse reaction or near miss.

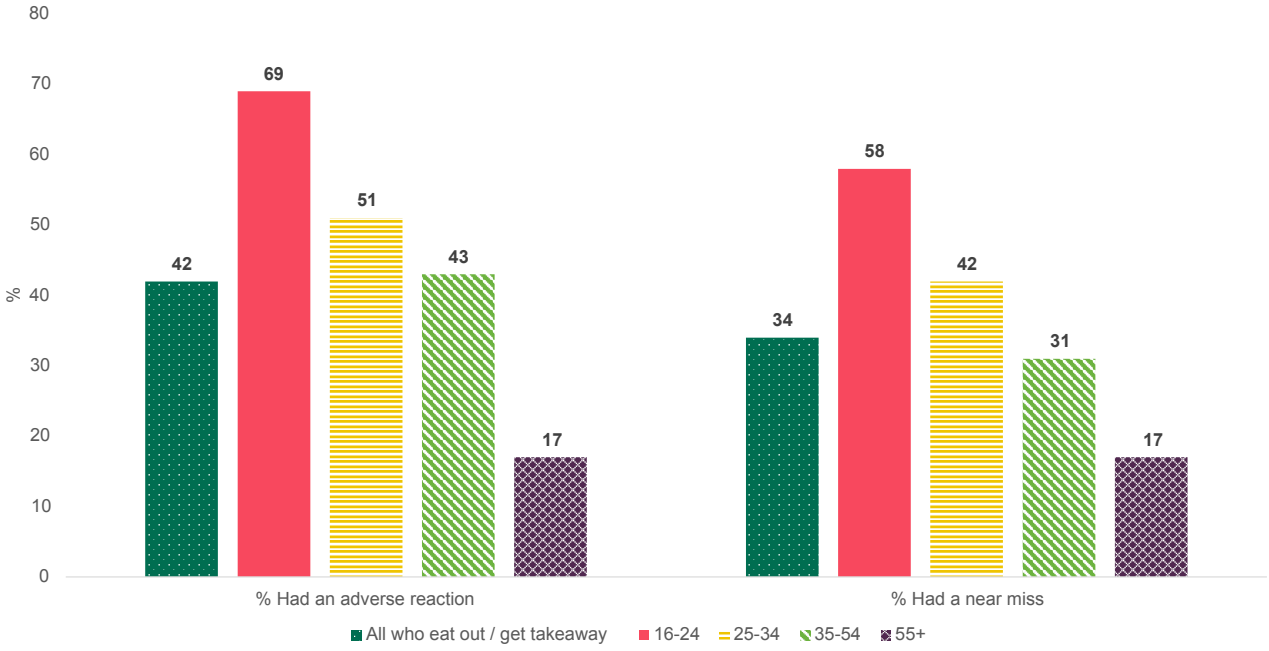

Figure 5. Experience of adverse reactions / near misses in last six months by age

Source: In the last six months, when eating out or buying food or drink to take out, how often if at all, have you had an adverse reaction / near miss after being served a product that contained an ingredient that you react to?
Base: All adults with an FHS who eat out / get takeaway (n = 767); All adults aged 16-24 (n = 170), 25-34 (n =170), 35-54 (n = 202) and 55+ (n = 218) who eat out / get takeaway.

Among those who have experienced an adverse reaction or near miss, the most recent time this happened, most (87%) report having taken actions to avoid ingredients that they react to before ordering. 60% say they mentioned their allergen requirements to the food business – with 46% doing so via a conversation with a staff member and 21% noting requirements on an online booking or order form. 52% report checking written information in some way – including 39% who say they checked written or printed information such as a menu, board or food label, and 25% who say they checked digital information such as an online menu, app, or self-service screen.

Adults who experience a severe reaction were more likely to report having had a conversation with a staff member about their allergen requirements before their most recent adverse reaction or near miss (63%). Those who always (73%) or nearly always/very often (53%) disclose their FHS were also more likely to report having had a conversation with a staff member before their most recent adverse reaction or near miss.

There were no significant differences between those with mild/moderate/severe reactions for having checked written allergen information before their most recent adverse reaction or near miss

While the base size is small, those who hardly ever / never disclose their FHS (n = 43) are more likely to say they did not take any of the listed actions (33%, compared with 10% of all adults with an FHS who have experienced an adverse reaction or near miss).

Among parents of children with an FHS, 39% report their child had an adverse reaction and 40% a near miss in the last six months. Overall, 51% of parents of children with an FHS say their child has experienced either in that time period. Among those whose child had an adverse reaction/near miss, 87% say they took action before ordering the most recent time their child experienced this. Two-thirds (66%) report having checked written information about allergens and 49% report that they mentioned their child's allergen requirements to the business in some way.

3.5. Summary

This chapter demonstrates that:

- Overall, awareness of the current legal requirement to provide allergen information is high, albeit qualified and stronger among certain groups.
- Most consumers affected by an FHS still eat out regularly.
- However, despite this, a significant proportion of people sometimes avoid eating out / getting takeaway or adopt specific, cautious behaviours (such as ordering from the same food businesses and/or ordering the same foods, and checking information about allergens in advance).

When it comes to avoiding allergens:

- Overall confidence in being able to avoid allergens is high – though this differs according to setting. Notably, weaker levels of confidence are evident in situations involving digital ordering and delivery services.
- Consumers with an FHS report that they are not always able to get the information they need to help them identify ingredients they avoid.

Further to this, many report recently having had negative experiences related to their or their child's FHS:

- Half of those affected by an FHS report that they / their child have experienced either an adverse reaction or near miss in the last 6 months.
- A minority have experienced having to sign disclaimers or being refused service.

Altogether, the chapter suggests that alongside the introduction of the new best practice guidance, consumers would also benefit from other measures aimed at:

- Working with businesses to improve the provision of information in settings where consumers are currently less confident in being able to identify ingredients that they or their child reacts to. In particular, this applies to where consumers are ordering using digital or distance selling methods; and
- Increasing consumer awareness of the law around the provision of allergen information.

4. Most Recent Experience Eating Out or Ordering Takeaway

This chapter focuses on consumers' most recent experiences when eating out or ordering a takeaway – in particular, how, if at all, information about allergens was provided and signposted to consumers. The evidence highlights how the provision of information and asking about allergen requirements varies between different types of food business. Written allergen information is currently provided in a range of ways and with varying levels of detail. These findings provide important context about what allergen information consumers actually get when they buy non-prepacked food.

4.1. General allergen information provision

When asked specifically about the most recent time they bought non-prepacked food, overall, 69% of adults with an FHS report that information about allergens was provided.[7] 51% say this was provided to them in

[7] Note that the question focused on which forms of allergen information people received, not which forms of allergen information were available. Furthermore, this question did not determine whether consumers got information about allergens upfront, or had to ask for it – see following page.

writing and 38% got information verbally. Altogether, one in five (20%) say that the information was given both in writing *and* verbally – the ideal scenario set out in the new best practice guidance.

Those who ordered in person were more likely than those doing so via distance selling to have been provided with information about allergens (73% versus 63%), and to have received verbal information (41% versus 31%). Verbal information was also more likely to have been provided for those ordering from a local chain (52%) than an independently owned food business (38%) or national chain (34%).

In total a quarter of adults with an FHS (25%) say they did not see allergen information the last time they ate out or got takeaway – with 22% reporting they could not see it upfront and did not ask for it. Only 3% said it wasn't provided when they asked for it. There are no significant differences according to severity of reaction. Indeed, a similar proportion of those who experience a severe (18%), moderate (23%) and mild (22%) reaction say they could not see information about allergens and did not ask for it.

Groups more likely to have <u>not</u> seen information about allergens include those who: live in Northern Ireland (39%), are not comfortable asking for information (39%), have never heard of the legal requirement to provide allergen information (39%), and those who never disclose their FHS (51%).

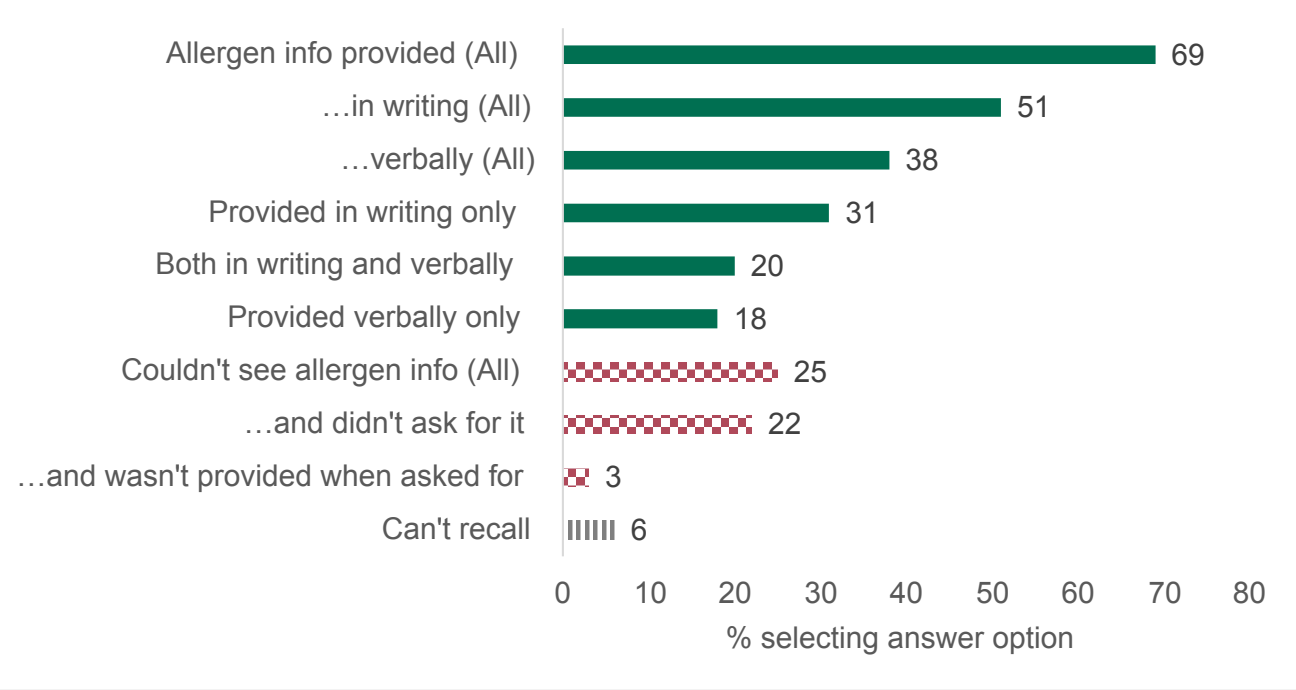

Figure 6. Types of allergen information provided when making most recent purchase

Source: When you were making this purchase, how, if at all, did this business provide allergen information?
Base: All adults with an FHS who eat out / get takeaway (n = 767).

Of those who received written information, more than two-thirds (68%) report that it was available without having to ask for it – with this being more likely at independently owned food businesses (82%) than local (55%) or national chains (61%). Around three in ten (28%) say that it was provided on request[8] – with this being less common at independently owned restaurants (15%) compared with those that are part of a local (43%) or national chain (34%). There were no significant differences in whether written allergen information was received upfront or on request for those ordering in person or via distance selling.

Among parents of children with an FHS, 83% report having received information about allergens. 62% report having received written information and 49% verbal information – with 28% receiving both. The proportion of those not receiving information about allergens was 11% – made up of 8% who did not ask for it and 3% who say it was not provided when asked for.

Parents of children with an FHS received written information without having to ask staff for it in most cases (68%), though around three in ten (29%) say this was provided by staff on request.

4.2. Allergen information signposting

While the best practice guidance is for food businesses to make information about allergens easily available to consumers, there is also a need to signpost consumers to where they can find out more about the food and drink they are ordering (for example, if more detailed allergen and ingredient information can be provided on request).

While recall was more limited (especially among older age groups), around half of adults with an FHS (46%) report that the food business they ordered from displayed a sign or message on the menu telling them how they could get information about allergens.[9] A greater proportion who ordered from a local chain (57%) report having seen a sign about allergens on display or a message on the menu. 23% report that they did not see a sign or message displayed – a figure that was greater among those in Northern Ireland (35%)

There were no statistically significant differences reported between those who ordered in person and via distance selling methods.

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8 When re-based to the total population of adults with an FHS who eat out/get takeaway, a third say written allergen information was available without having to ask for it (35%).

9 This figure stood at 55% among the parents of children with an FHS sample.

Displaying a notice telling consumers how they can access allergen information is already a legal requirement for businesses that only provide allergen information verbally. Of the 324 adults with an FHS who did not get written information, only 37% recalled seeing a sign or a message on the menu.

Additionally, the new best practice guidance recommends that food businesses should also display a notice if they provide written information about allergens on request. Among the 106 adults with an FHS who got written information on request, 68% recalled that the business displayed a sign or a message on the menu.

4.3. Being asked about allergen requirements

Around half of adults with an FHS (52%) report that they were asked if they had a food allergy or intolerance before they ordered. The most common means of this was being asked by a member of staff (37%), with 14% being asked via webform and 6% in some other way. Those who most recently ordered from a local chain were more likely to report having been asked this information by a staff member, via webform or some other way (70%).

There were no significant differences in the overall proportion saying they were asked (and not asked) if they had an FHS between those ordering in person and via distance selling methods. The means in which people were asked, unsurprisingly, differed though. 41% who ordered in person were asked by a member of staff (compared to 28% who ordered via distance selling). Meanwhile, 25% of those ordering via distance selling were asked via a webform (compared to 10% who ordered in person).

44% report not having been asked, rising to 75% in Northern Ireland.

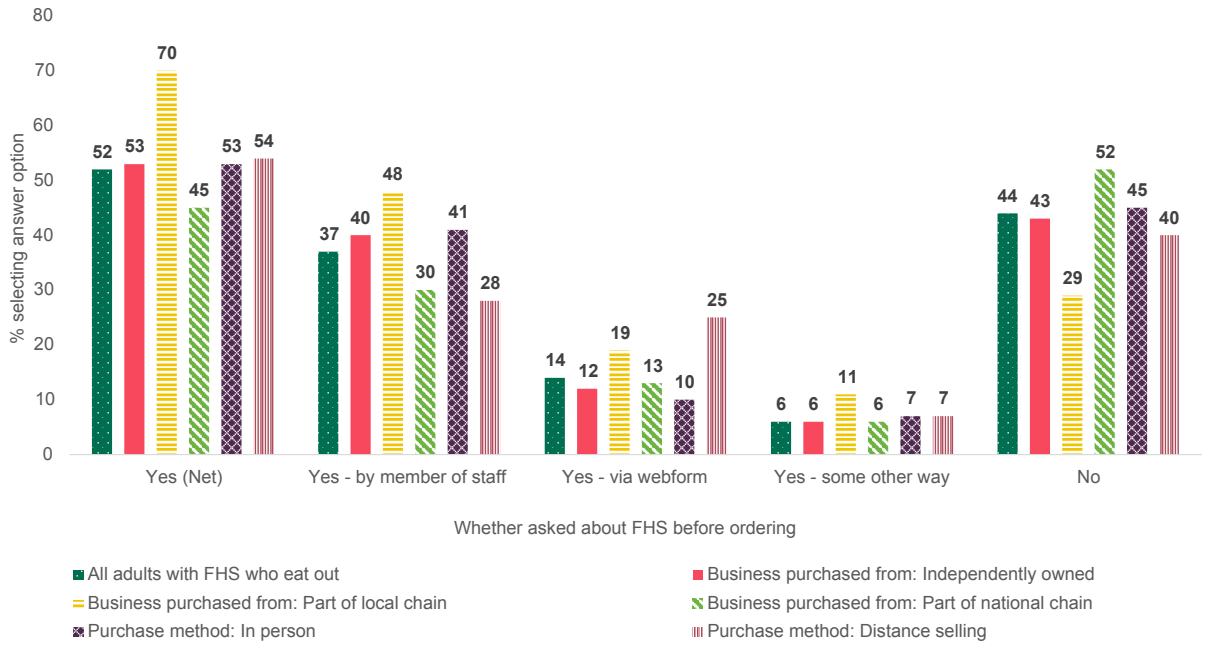

Figure 7. Whether adults were asked if they had a food hypersensitivity before ordering

Source: Were you asked if you had a food allergy or intolerance before you ordered?
Base: All adults with an FHS who eat out / get takeaway (n = 767); who most recently purchased from a food business that is independently owned (n = 295), part of a local chain (n = 161), part of a national chain (n = 279); who most recently purchased in person (n = 548), via distance selling methods (n = 204).

Among parents of children with an FHS, experiences were similar. Half (51%) report that they were asked if their child had an allergy or intolerance before ordering – with 36% being asked by a member of staff and 16% via a webform. 45% report that they were not asked.

4.4. How written information about allergens was provided

Under existing law for non-prepacked food, food businesses have flexibility regarding how they provide written information about allergens to consumers. This was reflected in a lot of variation in how consumers received written information about allergens when making their most recent purchase. Among adults with an FHS who eat out, the most common recalled ways in which written information was provided were through 'allergen labelling on the main menu' (21%), 'precautionary allergen labelling or 'may contain' statements' (19%) and 'a menu listing all the ingredients for each dish' (19%). As the next chapter shows, menu labeling and providing an ingredients list are methods of displaying written information which are highly trusted and considered useful by consumers.

Nevertheless, at least one in ten selected each of the other methods listed at this question. These include receiving information via an allergen matrix and separate menu or folder – both of which are perceived as highly

trusted and useful sources of information by consumers. However, other methods deemed less trusted and useful – such as digital menus and websites - also featured.

Those purchasing via distance selling methods were, unsurprisingly, more likely to report being provided with information about allergens on a digital menu (24%) and on a delivery service website or app (23%).

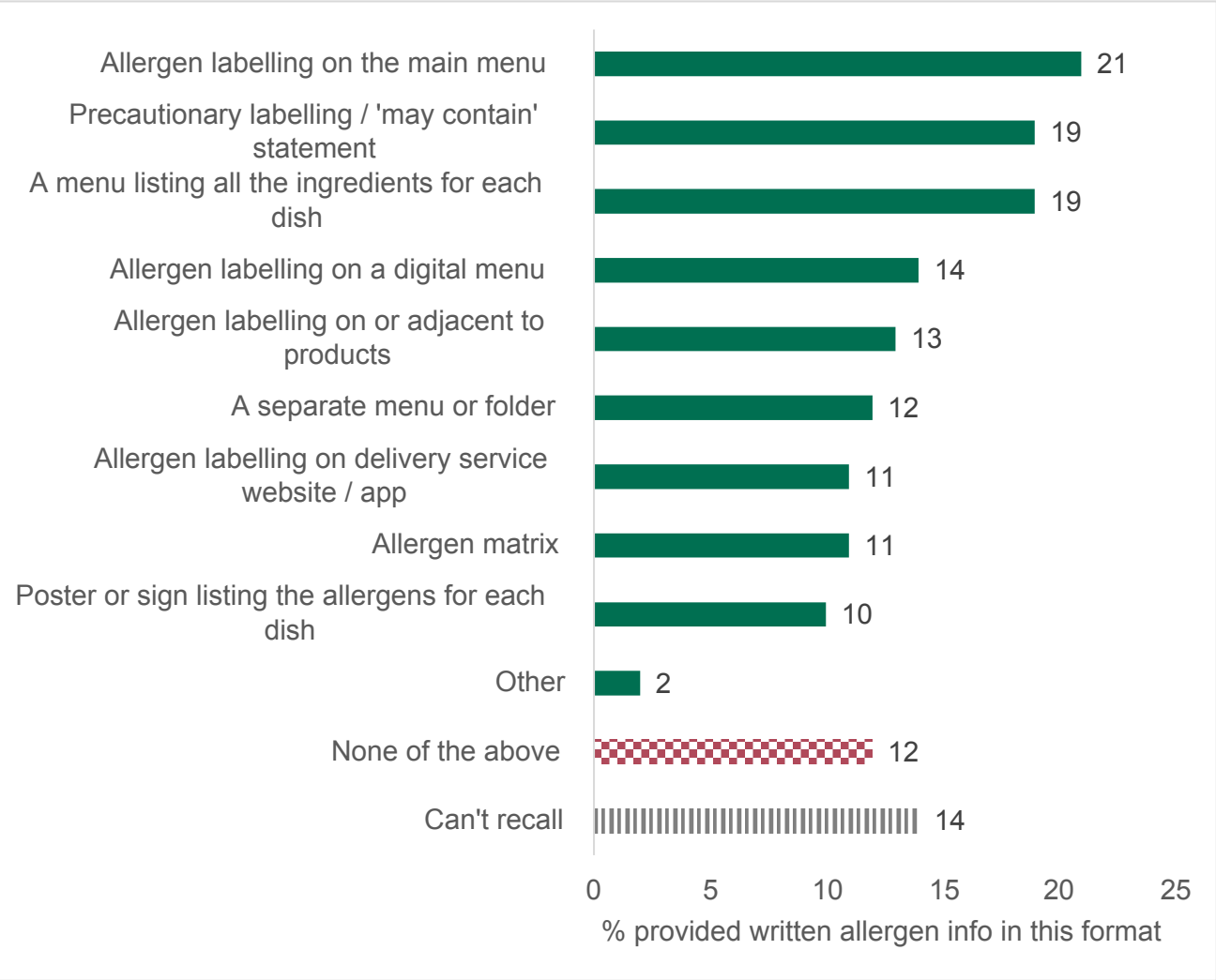

Figure 8. How written allergen information was provided when making most recent purchase

Source: What kind of written allergen information, if any, was provided?
Base: All adults with an FHS who eat out / get takeaway (n = 767).

Among the sample of parents of children with an FHS who eat out, a third report that written information about allergens was provided on 'a menu listing all the ingredients for each dish' (33%), a quarter (24%) through 'allergen labelling on the main menu' and one in five (21%) through 'precautionary allergen labelling or 'may contain' statements'. Again though, at least one in ten mentioned each of the other options prompted at this question.

4.5. Types of written and verbal information provided

Consumers also recalled having received varying levels of detail in written and verbal information about allergens and other ingredients.

Adults with an FHS who eat out report that the following types of information were provided:

- 19% got information on whether **some** of the 14 regulated allergens were in the food or drink, for example 'nut free' or 'contains gluten';
- 18% got information on whether **all** of the 14 regulated allergens were in the food or drink;
- 18% got information on **all ingredients** in the food or drink; and
- 15% got information about allergens they specifically asked about.

One in nine (11%) report that none of these kinds of information were provided. Meanwhile, a fifth (19%) did not recall.

Among the sample of parents, 28% report having been provided information on **all ingredients**. Similar proportions then report being provided information on whether **all** 14 regulated allergens were in the food or drink (20%), information about allergens they specifically asked about (17%) and whether **some** of the 14 regulated allergens were present (16%).

The new best practice recommendation is that information on **all** 14 regulated allergens should be provided, with full ingredient information available on request where possible. Overall, more than a third of adults with an FHS (36%) and almost half of parents of children with an FHS (48%) received this level of detail the last time they purchased non-prepacked food.

4.6. Confirmation of allergen requirements

A positive finding is that an overwhelming majority of those who told the food business about their FHS on their most recent visit – 84% – got confirmation that their allergen requirements had been met when their food or drink was given to them. (See chapter five for an overview of disclosure rates). The most common means through which this was received was from a server either confirming this verbally when the consumer asked (38%) or without being asked (34%). One in five (21%)

report that there was a label, flag or sticker on the food, while 7% say this was communicated in some other way. 15% say they did not receive confirmation.

Label, flags or stickers were more commonly used in food businesses that are part of a local or national chain (both 27% compared with 14% for independently owned businesses). Those purchasing via distance selling were more likely to report receiving confirmation in some other way (17%).

Regardless of the different ways in which this was provided, those purchasing from different types of food business and through in person and distance selling methods were as likely as each other to report they got confirmation their needs had been met.

Of those parents who disclosed information about their child's FHS on their most recent visit, 87% reported that they got confirmation that their child's allergen requirements had been met – with the most common means of receiving this being from a server when asked (49%).

4.7. Summary

This chapter shows that the most recent time consumers impacted by an FHS bought non-prepacked food:

- Most people got information about allergens, with written information being more common than verbal information. As chapter six shows, this means that those dealing with an FHS are getting information about allergens in a format that they tend to trust and find most useful.
- However, a sizeable minority of those dealing with an FHS do not recall seeing information about allergens (or asking for it). Interestingly, this recall question suggests that when information about allergens is not easily available, consumers will not necessarily ask for it, regardless of the severity of their FHS.
- The ways in which consumers received written information about allergens varied between food businesses, with no single dominant method of providing this.
- Similarly, the types of information about allergens that consumers recall being provided differ from business to business. More than a third of adults and half of parents of children with an FHS recall receiving information covering all 14 regulated allergens. However, consumer recall could be limited by the fact they may only be looking for detail on the allergens/ingredients of interest to them.

While reflecting the flexibility that food businesses have in presenting allergen information, consideration should be given to the forms that consumers consider to be most trustworthy and useful (as discussed in chapter six).

The chapter also shows there are differences between types of food business:

- There is some evidence to suggest consumers are more likely to get information about allergens without needing to ask at independently owned businesses.
- Local chains appear more likely to ask consumers about allergen requirements though, with national chains being less inclined to do so.
- Around half of those with an FHS recall seeing signposting towards information about allergens the last time they ate out or got takeaway, with this being more common among those who most recently ordered from a chain restaurant.

The findings suggests that greater action is required to encourage food businesses that are part of a chain – where there seems to be a greater reliance on signposting – to provide information about allergens unprompted and to ask about requirements.

The chapter also shows that despite these differences, most consumers who disclose their allergen requirements felt that these were noted and confirmed by the business when their food was served. Nevertheless, many received confirmation only after asking. This is another area where businesses could be encouraged to provide confirmation without consumers having to prompt them.

5. Asking for Allergen Information and Disclosing Food Hypersensitivities

This chapter gives an overview of disclosure behaviours among consumers affected by an FHS. It also analyses general attitudes towards disclosure of FHS, including the propensity to tell food businesses about allergen requirements in different scenarios.

As evidenced in previous chapters, consumers disclosing their FHS to food businesses is linked with positive outcomes, such as a greater likelihood of consumers getting the information they need, and getting confirmation that their allergen requirements have been noted when food is served.

Being aware of consumers' allergen requirements also enables food businesses to notify the person preparing the food, to follow allergen controls, and to advise their customers of any cross-contamination risks.

5.1. Asking for information about allergens

Under current legislation and in the new best practice guidance, businesses that provide non-prepacked food have a choice about whether they provide information about allergens upfront or on request. Where information about allergens is only available on request, access depends on consumers' willingness to ask for it. More than seven in ten adults with an FHS who eat out (72%) feel comfortable asking a member of staff for more information about allergens, while around one in five (18%) do not feel comfortable doing this.

Younger adults are more likely to *not* feel comfortable asking for information about allergens: 25% of those aged 16-24 say they do not feel comfortable doing this, compared with 18% across the adult sample as a whole and 11% of those aged 55+.

Those who regularly eat out are more comfortable asking for information about allergens (75%) compared with those who eat out less often (56%). Greater levels of comfort are also found among those who know quite a lot or a bit about the legal requirement for food businesses to provide information on the 14 regulated allergens (81%) than those who don't know much or anything about it (71%) and those who've never heard of it (62%).

Among parents of children with an FHS who eat out, an overwhelming majority (84%) feel comfortable asking a member of staff for more information, with just 9% not feeling comfortable asking.

5.2. Disclosing food hypersensitivities

The new best practice guidance emphasises the provision of written information *and* a conversation about consumers' allergen needs. This is to enable food businesses to safely cater for food hypersensitivities, to follow allergen controls, and to advise consumers of any cross-contamination risks. A key focus of the survey therefore was whether consumers disclose their food hypersensitivity to businesses when they buy non-prepacked food.

Around half of adults with an FHS say they always or regularly disclose this: 20% always disclose this, 28% do so very often / nearly always, 35% not very often / occasionally and 16% either hardly ever or never.

Higher rates of disclosure appear to be linked to factors including the severity of reaction they experience. A third (33%) who experience a severe reaction say they always tell a member of staff compared to 19% with a moderate reaction and 7% with a mild reaction.

Lower rates of disclosure are also found in other groups. Notably, more than a third who have never heard of the requirement for food businesses to provide allergen information (34%) never / hardly ever mention their FHS when eating out / getting takeaway.

Just as section 5.1 shows that there were differences when it came to their level of comfort asking for information about allergens, there are further interesting differences in propensity to disclose according to age. While those aged 55+ are more likely than all other age groups to never or hardly ever disclose their FHS (24%), the proportion who say they always disclose this (23%) is in line with the overall sample figure. Fewer 16-24 year olds always (11%) disclose their FHS. Instead, they are more likely to disclose this only occasionally or not very often (43%). The polarisation among older adults is potentially a reflection of disclosure habits being ingrained among individuals. The lower propensity among younger adults to always disclose, in contrast, is potentially a reflection of this age group being generally less comfortable asking staff for information about allergens, as set out in the previous section.

Rates of disclosure among parents of children with an FHS are high – a potential reflection of the fact allergies are more common among children and the safeguarding responsibilities that parents/guardians have. More than three fifths combined always (31%) or very often / nearly always (31%) tell a member of staff about their child's FHS, with just 4% never or hardly ever doing this.

5.3. FHS disclosure at most recent purchase

When asked about the most recent time they ate out or got takeaway, just over half of all adults with an FHS (55%) report that they told the food business about their FHS. This includes both those who told the food business unprompted, and those who disclosed their FHS after being asked.

Disclosure was again more common among those who experience severe (69%) and moderate reactions (56%) compared to those whose reaction is mild (39%). Disclosure without being asked (26%) was also more common among those who experience a severe reaction (37%) than those with a moderate (25%) or mild (19%) reaction (see Figure 9).

41% report that they did not tell the business about their FHS. This includes 34% who were not asked by the food business and did not disclose, and 7% who opted not to disclose despite being asked if they had an allergy or

intolerance. Not disclosing an FHS was more common among those with a mild reaction (54%) compared to those with a moderate (41%) or severe reaction (27%).

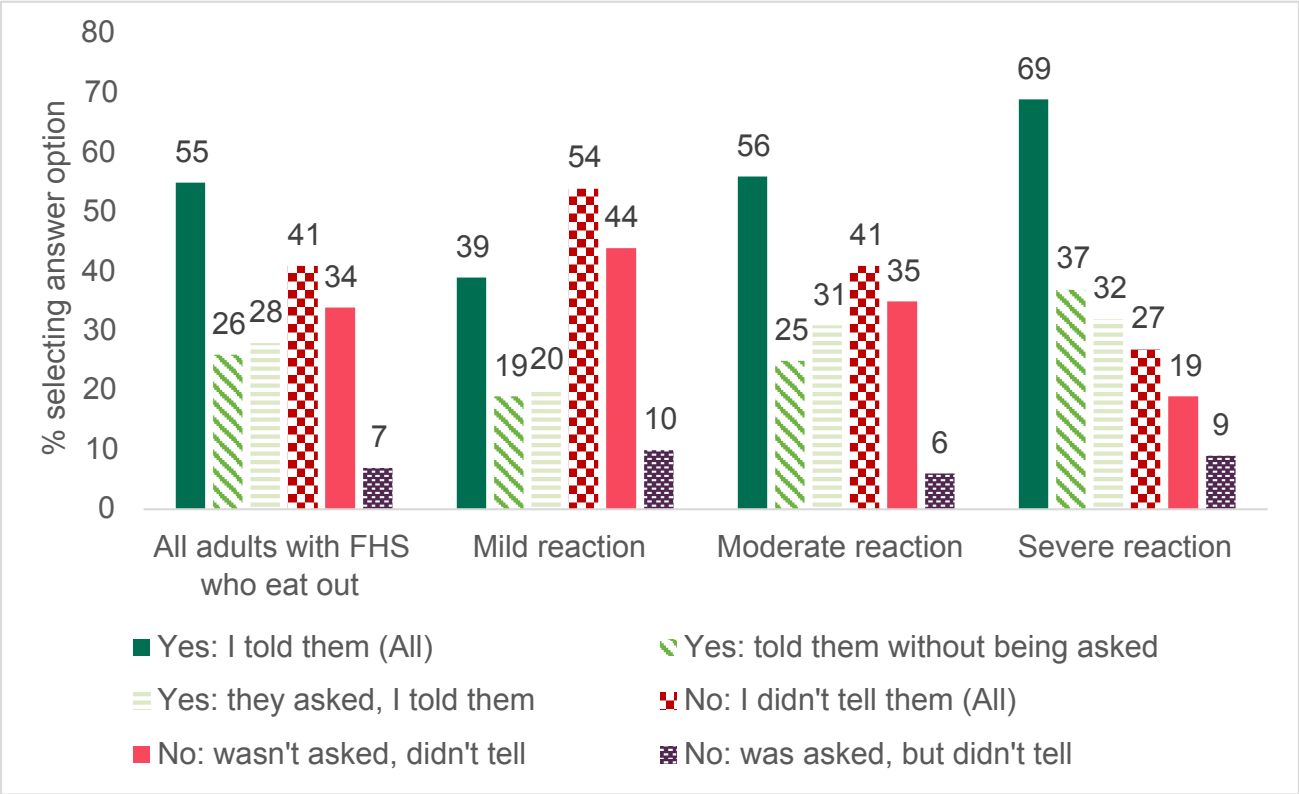

Figure 9. Food hypersensitivity disclosure the most recent time consumers ate out/got takeaway

Source: Did you tell the business that you had a food allergy or intolerance?
Base: All adults with an FHS that causes a mild (n = 232), moderate (n = 394) or severe (n = 128) reaction and eat out / get takeaway.

There were again some differences according to age. 16-34 year olds (63%) were more likely to say they told the business about their FHS, with 52% of those aged 35-54 and 49% of those aged 55+ doing so. The proportion who did not tell the business about their FHS stood at 46% among those aged 55+ and 44% among 35-54 year olds. In contrast, around a third aged 16-34 did not tell the business. These differences according to age may have primarily been driven by differing proportions reporting they were not asked by the business about their FHS and did not tell them. Other differences were also apparent:

- Those purchasing in person (58%) were more likely to have told the business about the FHS than those purchasing via distance selling methods (47%).
- Those purchasing from a business that is part of a national chain were more likely to say they were not asked and did not tell the business (41%).

- More than six in ten of those who are comfortable asking for information about allergens said they told the business (62%), compared with a third who are not comfortable doing this (34%).
- 71% who know a lot / bit about the legal requirement to provide allergen information said they told the business (including 38% who did so without being asked and 33% when prompted). Among those who are aware but don't know much / anything about this, 56% report having told the business about their FHS (20% without being asked, 36% after being asked). Only 29% of those who have never heard of the requirement report having disclosed this information, with two-thirds (67%) having not done so.
- Two-thirds (65%) who have experienced an adverse reaction / near miss in the last six months told the business about their FHS (30% without being asked and 35% when prompted). In contrast, 45% who have not experienced an adverse reaction / near miss disclosed their FHS (24% without being asked, 22% when prompted).

When asked about the most recent time they ate out / got takeaway, there was a high reported level of disclosure among parents of children with an FHS. Overall, 69% say they told the business about their child's FHS (39% without being asked, 30% after being asked), while a quarter did not disclose this (with 25% saying they were not asked and did not tell, and 2% that they were asked but did not tell).

5.4. Likelihood of disclosing FHS in different scenarios

Reported FHS disclosure levels are relatively high – especially among parents of children with an FHS. But, as set out in the previous section, a sizeable minority did not disclose their or their child's FHS the most recent time they bought non-prepacked food, and some groups seem more likely to disclose only after being prompted.

Further evidence exists that this is the case from a question about different hypothetical scenarios. Based on this, consumers with an FHS are more likely to say they would tell a member of staff about their FHS requirements when staff ask customers about allergens or they see notices encouraging customers to ask, than when they see written information about allergens upfront.

Among adults with an FHS:

- **If they see written information about allergens upfront before placing an order:** 59% say they are certain or likely to tell a member of staff about their allergen requirements, compared to 22% who are unlikely or certain not to:

In contrast, there are two prompted scenarios in which propensity to disclose is somewhat greater:

- **If staff ask if they have a food allergy, intolerance or sensitivity:** 69% are certain or likely to tell a member of staff about their allergen requirements, compared to 17% who are unlikely or certain not to; and
- **If consumers see a notice encouraging them to ask staff about allergens**[10]**:** 65% are certain or likely to tell a member of staff about their allergen requirements, compared to 16% who are unlikely or certain not to.

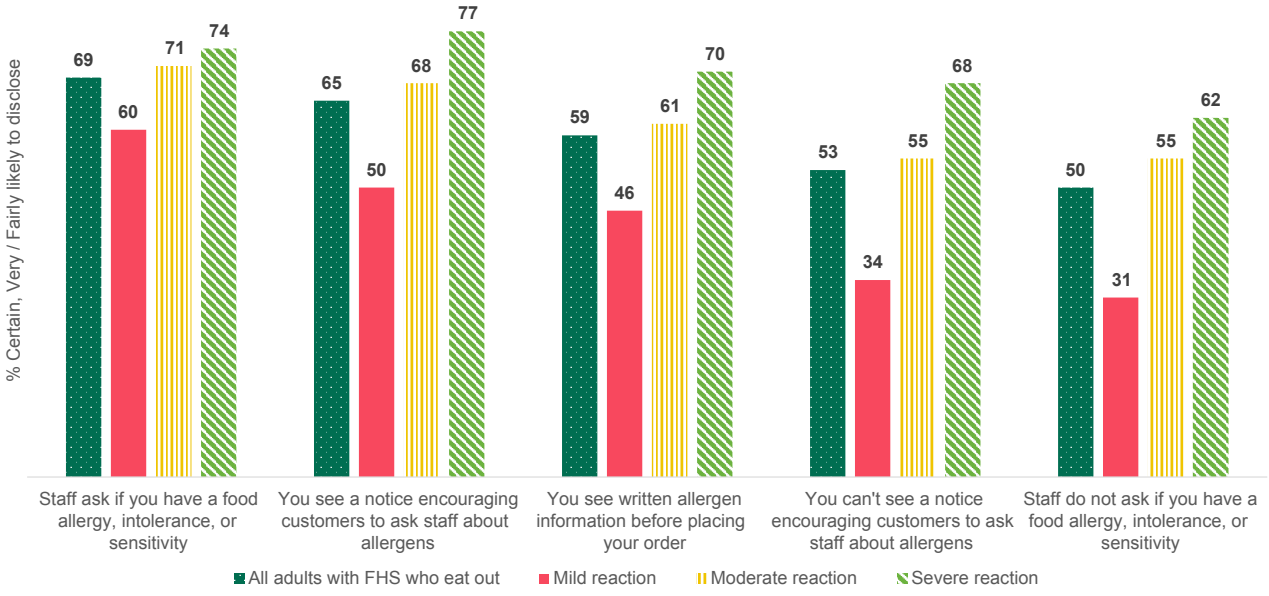

Figure 10. Likelihood of disclosure of food hypersensitivity in different situations

Source: How likely or unlikely would you be to tell a member of staff about your food allergy, intolerance or sensitivity in each of the following situations?
Base: All adults with an FHS who eat out / get takeaway (n = 767); All adults with an FHS that causes a mild (n = 232), moderate (n = 394) or severe (n = 128) reaction and eat out / get a takeaway.

10 This would not give consumers the allergen information they need to decide what they can/wish to order without asking and speaking to a member of staff first.

This lower propensity to disclose allergen requirements could potentially be linked to written information about allergens serving to provide greater reassurance (see chapter six). However, with the new guidance making it best practice to provide written information and for this to be supported with a verbal conversation about allergen requirements, these findings illustrate that prompting by food businesses makes it more likely that these conversations take place.

This is further supported by the weaker propensity to disclose among adults with an FHS in the other two scenarios tested where staff did not ask and consumers could not see signposting from the food business.

- **If staff do not ask if consumers have a food allergy, intolerance or sensitivity:** 50% are certain or likely to tell a member of staff about their allergen requirements, compared to 31% who are unlikely or certain not to; and
- **If consumers can't see a notice encouraging them to ask staff about allergens:** 53% are certain or likely to tell a member of staff about their allergen requirements, compared to 26% who are unlikely or certain not to.

There are again significant differences when it comes to severity of reaction, with those whose reaction is severe being more likely in all circumstances to report they would disclose information about their FHS. However, differences according to severity of reaction are most stark for the circumstances where customers cannot see a notice encouraging them to ask and where staff do not ask about allergens. This demonstrates the importance of businesses asking about, signposting and providing written information to help encourage greater disclosure, especially among those with mild or moderate symptoms.

When analysed according to other demographic, attitudinal and behavioural variables, those aged 25-34, those who are more comfortable asking for information about allergens, those who always / nearly always / very often disclose their FHS, those with higher levels of awareness of the legal requirement to display allergen information, and those who have recent experience of an adverse reaction / near miss are typically more likely than average to report they would disclose information about their FHS across the five scenarios.

Among parents, patterns in propensity to disclose were similar:

- **If staff ask if their child has an FHS:** 77% are certain or likely to disclose;

- **If they see a notice encouraging customers to ask staff about allergens:** 72% are certain or likely to disclose;
- **If they see written information upfront before placing an order:** 69% are certain or likely to disclose their child's FHS;
- **If staff do not ask if their child has an FHS:** 61% are certain or likely to disclose; and
- **If they can't see a notice encouraging customers to ask staff about allergens:** 56% are certain or likely to disclose.

5.5 Situations in which consumers are unlikely to disclose FHS

Participants were asked an open-ended question about situations in which they would be unlikely to disclose their or their child's FHS. When responding to this, some said that there were no situations in which they would be unlikely to do this – with those who experience a severe reaction more likely to say this. Such a response was also more common among parents of children with an FHS.

> **"Since this is about my health, I am always ready to tell the staff." – Male, 30, England, Adult with an FHS**
>
> **"I would never be unlikely to speak to staff about my child's allergy. This helps us decide if it is a safe place to eat." – Female, 40, England, Parent of child with an FHS**

Despite this, most respondents did provide examples of situations in which they would be unlikely to disclose an FHS.

A key theme that is relevant to the best practice guidance, is that some consumers said they are unlikely to disclose if written information is provided upfront:

> **"If the allergens were already clearly noticeable on a menu or noticeboard then I wouldn't feel the need to ask in person." – Male, 20, Wales, Adult with an FHS**
>
> **"If I get to a restaurant and I see a written form of allergies that can be found in each menu, I'm most likely not going to mention it to them because I don't want everyone knowing about my child's allergies." – Female, 33, England, Parent of child with an FHS**

Other scenarios include where they believe that the food they order does not contain allergens, especially if the food outlet or menu specifically catered to FHS – such as a gluten-free restaurant – or they knew and trusted the food business:

> "In a situation where I want to get food he's always been eating whenever we go out, I won't need to ask or tell a staff about his allergies." – Female, 24, England, Parent of a child with an FHS

Some mentioned social barriers, including shyness and ordering as part of a group:

> "If they don't ask and don't seem inclined to, and there's no information on it. I'm too shy to ask so I just stick to what I know is safe to eat." – Female, 21, England, Adult with an FHS

> "If I was with a large group I'd be less likely to divulge the information for fear of delaying delivery of people's meals and appearing to be fussy." – Male, 48, Northern Ireland, Adult with an FHS

Others mentioned cues they pick up about the service environment:

> "Most time some members of staff don't feel comfortable asking about people's food allergies. I feel shy to tell them about my food allergies." – Female, 24, England, Adult with an FHS

> "In a busy environment where staff are focused on taking orders quickly and the service is impersonal, I usually feel the interaction is too brief or rushed to mention my specific dietary needs. Also, I feel some restaurants do not have clear allergen protocols and the menu may lack transparent allergen labelling. It sometimes makes me feel unsure whether informing staff will truly reduce the risk of cross-contamination or help avoid exposure to allergens." – Female, 21, England, Adult with an FHS

In summary, this qualitative feedback provides context as to why consumers don't always and automatically make businesses aware of their allergen requirements, and underlines the importance of breaking down barriers to disclosure.

5.6. Summary

This chapter shows that:

- Large majorities (72% of adults with an FHS and 84% of parents of children with an FHS) are comfortable asking a member of staff for more information about allergens when eating out.
- Although generally high, there is significant variance in disclosure rates – in particular according to the severity of reaction that people experience, with disclosure rates much lower among those who experience a mild reaction.
- Disclosure rates also differ according to comfort levels asking for information about allergens, awareness of the legal requirement to display allergen information, and recent experiences of adverse reactions / near misses.
- Propensity to disclose is weaker in situations where consumers have seen written information about allergens upfront and higher in situations where the consumer is prompted to disclose, either being asked by a member of staff about their requirements or seeing a sign encouraging them to ask staff about allergens.
- For some there are behavioural / psychological barriers to disclosure – including barriers related to the service they are receiving, who they are with and general discomfort talking about their / their child's FHS.

Given these findings, alongside the introduction of the new guidance, efforts to reduce barriers to disclosure, to increase disclosure among those experiencing less severe reactions, and to encourage people to disclose FHS even after written information has been provided upfront would be beneficial. Together, these measures could potentially help increase consumer confidence asking for information about allergens, improve disclosure rates and ensure consumers' allergen needs are better met.

6. Consumer attitudes and information preferences

This final chapter covers attitudes towards the different ways in which information about allergens can be provided to consumers. As shown in the previous chapters, food businesses currently provide verbal and written information about allergens in different ways and with varying levels of detail. This chapter provides an overview of what allergen information consumers tend to trust and find most useful.

6.1. Perceived reliability of allergen information

Although all forms of information about allergens are generally seen as reliable by consumers, there is 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 (with 39% being very confident). As set out in section 4.1, this was the most common form of information that participants reported receiving the last time they bought unpackaged food. In contrast, 80% are confident that digital information is reliable (with 33% very confident). 75% are confident that information provided verbally by a staff member is reliable (with 20% very confident).

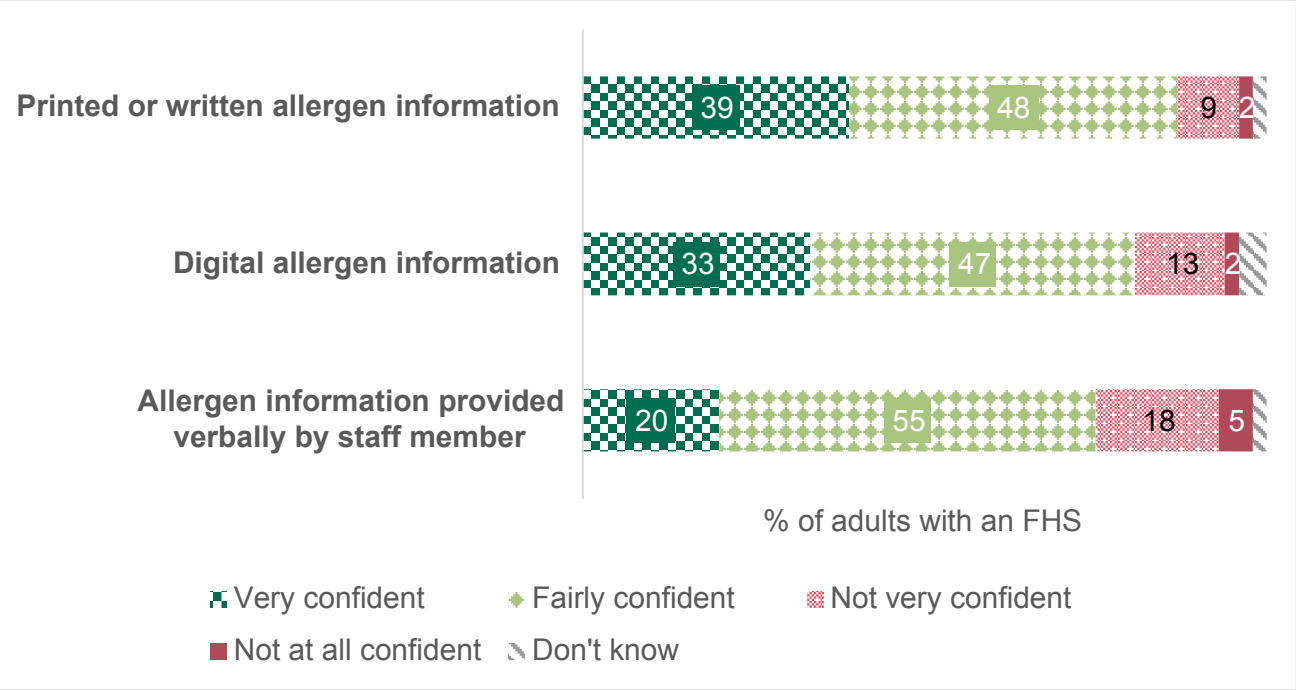

Figure 11. Confidence that different types of allergen information are reliable

Source: When eating out or buying food or drink to take out, how confident, if at all, do you feel that the following types of allergen information are reliable?
Base: All adults with an FHS who eat out / get takeaway (n = 767)

For each type of information, levels of confidence in their reliability differ little for different consumer groups – with this even being the case according to severity of reaction.

Among parents of children with an FHS, 91% are confident printed or written information is reliable (42% very confident), compared with 86% who say the same about digital information (37% very confident) and 84% about information provided verbally by a staff member (30% very confident).

6.2. Perceived trust and usefulness of sources of information about allergens

The new best practice approach to providing information about allergens – being able to see written information and have a conversation with a staff member – was tested for **trust** and **usefulness** against eleven other means in which information could be provided. Participants were asked to rate the extent to which they **trusted** each of the twelve difference sources of information. They were then asked to select up to three options that they considered to be **most useful** (with the option of saying none of them). The ranked results for this question are presented in Table 2.

The new best practice approach was one of the **most trusted** sources of information, with 79% saying they trusted it (and 43% trusting it a lot). Its scored similarly to the highest scoring source of information: a menu that lists all ingredients for each dish (80% trust it, 47% trust it a lot). Yet, in terms of being **most useful**, the proportion of adults with FHS who selected the best practice option (25%) was lower than that for having a menu that lists all ingredients for each dish (33%).[11]

Table 2. Perceived trust and usefulness of various sources of allergen information

	% trust source of information slightly / a lot	% who say source of information is most useful
Menu that lists all the ingredients for each dish	80	34
Being able to see written information and have a conversation with a staff member	79	25
Main menu including allergen information provided inside a food business	79	29
Separate menu or folder on request for people with allergies and intolerances	78	23
Allergen labelling on or adjacent to products	78	21
Conversation with staff who cook or prepare the food	77	25
An allergen matrix	76	24
Digital menu including allergen information on a food business' own website, premises, or app	71	16
Main menu including allergen information displayed outside food business premises	71	13
Conversation with a manager	70	14
Conversation with serving staff	66	14

11 While some businesses already do this, having a menu that lists *all* ingredients for each dish may not be realistic for all food businesses to provide.

	% trust source of information slightly / a lot	% who say source of information is most useful
Digital menu including allergen information on a delivery service website or app	58	14

Source: When eating out or getting food or drink to take out, how much do you trust or distrust each of the following sources of information to help you choose what you can eat or drink?; Which of the following sources of information, if any, do you find most useful when choosing what you can eat or drink?
Base: All adults with an FHS who eat out / get takeaway (n = 767).

The new best practice approach was seen as **most useful** by a greater proportion of those with a severe reaction (33%) compared with a mild reaction (18%). Furthermore, those aged 55 and over (34%) were more likely to say this approach was most useful.

Overall, each of the twelve sources of information tested were **trusted** by a majority of adults with an FHS. However, the **most trusted** sources of information involved the physical provision of written information, with the lone exception being a conversation with staff who cook or prepare the food (77% trust). **Trust** is lower in information provided digitally. Notably, the **lowest level of trust** recorded was for digital menus on a delivery service website (58%). Conversations with a manager (70%) and serving staff (66%) were also **less likely to be trusted** than the provision of written information.

The digital provision of information (16% on a food business' own website, premises or app; 14% on delivery website or app)[12] and conversations with serving staff (14%) and a manager (14%) were seen as the **least useful** sources – along with a main menu displayed outside food business premises (13%).

Trust levels vary by age. Those aged 16-24 are somewhat less trusting of most sources of information, while those aged 55+ show lower degrees of trust in digital information.

For all sources of information – except for a menu that lists all the ingredients for each dish – levels of trust were significantly greater than average for those who are comfortable asking for information about allergens when eating out. Compared with those who eat out regularly, those who eat out less often express lower levels of trust in conversations, main menus displayed inside / outside a food business, digital menus and

12 It is worth noting that there are circumstances (i.e. when a consumer purchases using online distance selling methods) in which information provided in this way cannot be avoided.

allergen labelling on or adjacent to products. In contrast, greater levels of trust in numerous sources are evident among those who say they always disclose their FHS.

There are also some limited demographic and attitudinal differences when it comes to which source of information people find **most useful**. Being able to see written information and have a conversation with a staff member is seen as most useful by a greater proportion of those aged 55 and over (34%) compared to the overall sample.

An allergen matrix is seen as most useful by greater proportions of those not comfortable asking for information about allergens (35% vs 22% who are comfortable). A conversation with a manager was seen as most useful by a greater proportion of those who say they always disclose their FHS (23%). Among those who hardly ever / never disclose their FHS a greater than average proportion (45%) see a menu that lists all the ingredients for each dish as being most useful.

Among parents of children with an FHS, 84% **trust** being able to see written information and have a conversation with a staff member (just one point fewer than a conversation with staff who cook or prepare the food and a menu that lists all ingredients for each dish). A quarter (25%) say it was the **most useful** source of information. As with adults with an FHS, the proportion identifying this as most useful was lower than that for a menu that lists all ingredients for each dish (32%).

6.3. Written information attitudes and preferences

Written information is clearly seen by consumers as the most trusted and most useful way to provide information about allergens. Adults with an FHS also have clear preferences regarding specific aspects of written information about allergens. Seven in ten or more agree with the statements that:

- 'I like it when there are symbols on the menu that make it clear which allergens are present in each dish' (77%);
- 'I like it when there is a notice in menus that encourages customers to ask for information about allergens' (76%);
- 'I would like to see more information on menus about the exact ingredients in each dish' (74%);
- 'I like it when there is a sign up that encourages customers to ask for information about allergens' (72%); and
- 'I rely on menus to decide what I can eat' (71%).

A smaller, though still strong majority (60%) agree they 'like to see separate menus or folders for people with food allergies or intolerances'.

Across all of these statements, opinion was similar according to severity of reaction, with no significant differences in agreement levels between those experiencing mild, moderate or severe reactions.

In contrast, opinion is more split as to whether 'including information about every ingredient in menus would be confusing'. 45% agree with this statement compared to 32% who disagree. For this statement, a stronger proportion of those experiencing mild or moderate reactions agree than disagree, whereas among those who experience a severe reaction, opinion is more or less evenly split (44% agree and 42% disagree).

Despite a strong preference for allergen symbols on menus, opinion is equally split on the negatively framed statement 'symbols on the menu are an unreliable guide for making food choices' (36% agree, 32% disagree).

When analysed according to age, 16-24 year olds appear less in favour of a large volume of written information being provided. Indeed, they were the only age group among which a majority (59%) agree 'including information about every ingredient in menus would be confusing'.

Separate menus, signposting and more information about the exact ingredients in each dish are then more popular among those comfortable asking for information about allergens, those who regularly or always disclose their FHS, and those who have higher levels of awareness of the legal requirement for businesses to provide allergen information.

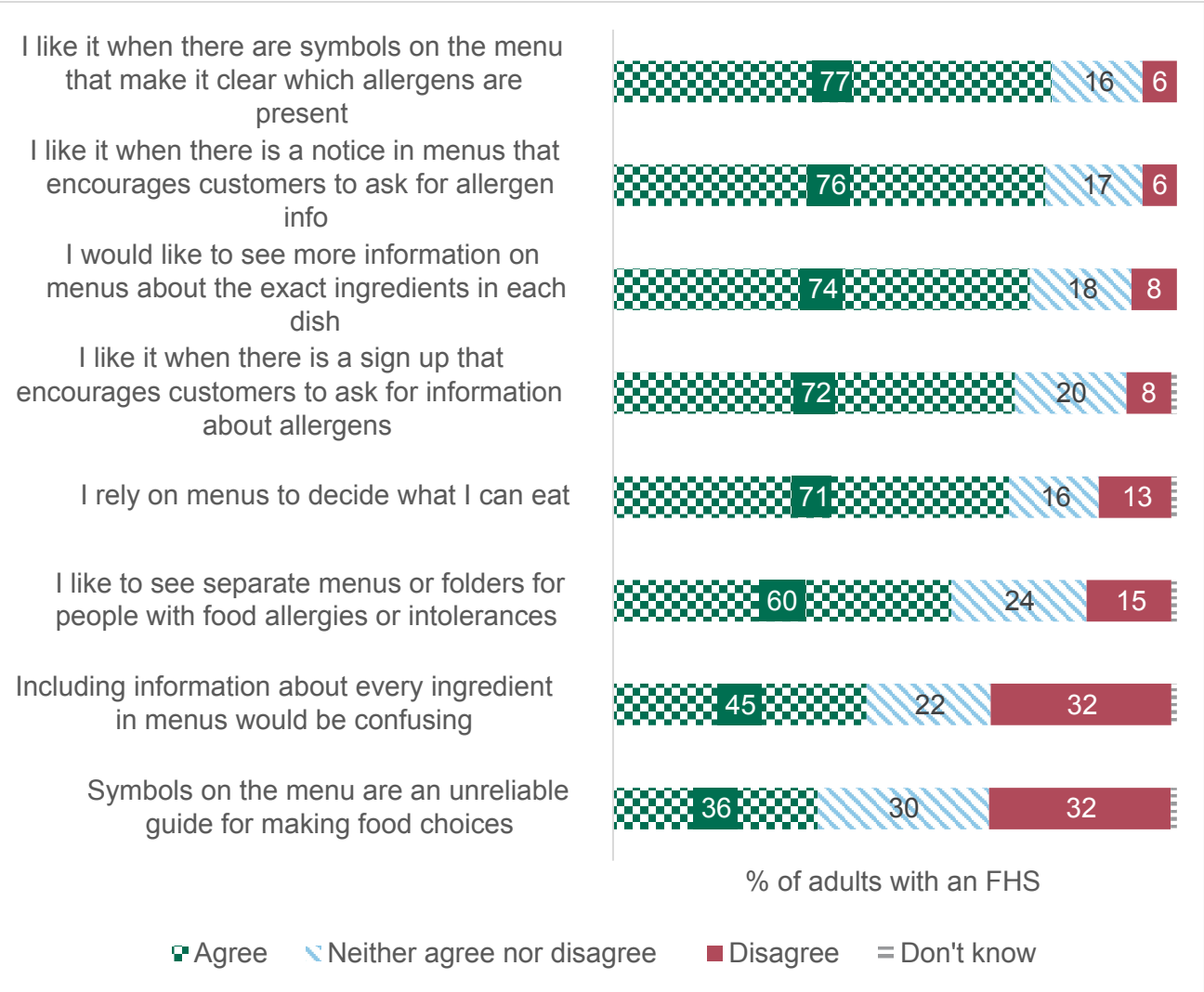

Figure 12. Attitudes towards written allergen information

Source: To what extent do you agree or disagree with each of the following statements about written allergen information?
Base: All adults with an FHS who eat out / get takeaway (n = 767).

Parents of children with an FHS express similar attitudes to adults with an FHS. At least seven in ten agree that: 'I would like to see more information on menus about the exact ingredients in each dish' (78%); 'I like it when there is a sign up that encourages customers to ask for information about allergens' (78%); 'I like it when there are symbols on the menu that make it clear which allergens are present in each dish' (77%); 'I like it when there is a notice in menus that encourages customers to ask for information about allergens' (77%); and 'My child and I rely on menus to decide what they can eat' (71%).

Two-thirds (65%) agree that 'I like to see separate menus or folders for people with food allergies or intolerances'. There is then weaker agreement with the statements 'Including information about every ingredient in menus would be confusing' (49%) and 'Symbols on the menu are an unreliable guide for making food choices' (43%).

6.4. Verbal information attitudes and preferences

Perhaps reflecting the fact that verbal forms of information are seen as less trusted and useful by consumers, there is greater differentiation in attitudes towards verbal information. There is a strong interest in asking for and receiving verbal information. However, at the same time, for some adults with an FHS there are barriers to seeking verbal information – notably relating to comfort.

There is a consensus among adults with an FHS that:

- 'I like it when businesses ask customers about food allergies or intolerances' (77% agree);
- 'Staff tend to be helpful when I ask for allergen information' (74% agree) – though this sentiment is stronger among those who experience a severe reaction (87%); and
- 'I am happy to ask serving staff about allergens in the food they are serving' (66% agree).

Half (50%) agree and 17% disagree that 'staff tend to be knowledgeable when I ask for allergen information'. A similar proportion agree (49%) that 'even if there is written information about allergens, I want to talk to staff about the food', while one in four (26%) disagree with this.

Opinion is balanced for two statements tested – that 'I feel awkward or embarrassed to ask staff questions about the food they are serving' (38% agree, 42% disagree) and 'I don't like to ask staff questions about allergens' (36% agree, 43% disagree). A greater than average proportion of those with a severe reaction (51%) agree with the latter statement. This is further evidence of the behavioural barriers that reduce the likelihood of some customers asking for information about allergens.

Finally, 30% agree that 'staff don't understand my requirements when I ask for allergen information', compared to 39% who disagree.

Certain demographic and attitudinal differences in attitudes towards verbal information are evident. Those aged 16-24 are more likely to say they dislike – and feel awkward or embarrassed – asking about allergens. In contrast, those aged 55 and over express a greater degree of comfort asking questions to staff.

Comfort in asking questions is also associated with those who regularly disclose their FHS, who have greater awareness of the legal requirement to provide allergen information, and who regularly eat out. These groups are also more inclined to find staff to be helpful and knowledgeable when

asking for information. In contrast, discomfort is associated with those who hardly ever disclose their FHS, as well as people who have recent experience of an adverse reaction / near miss.

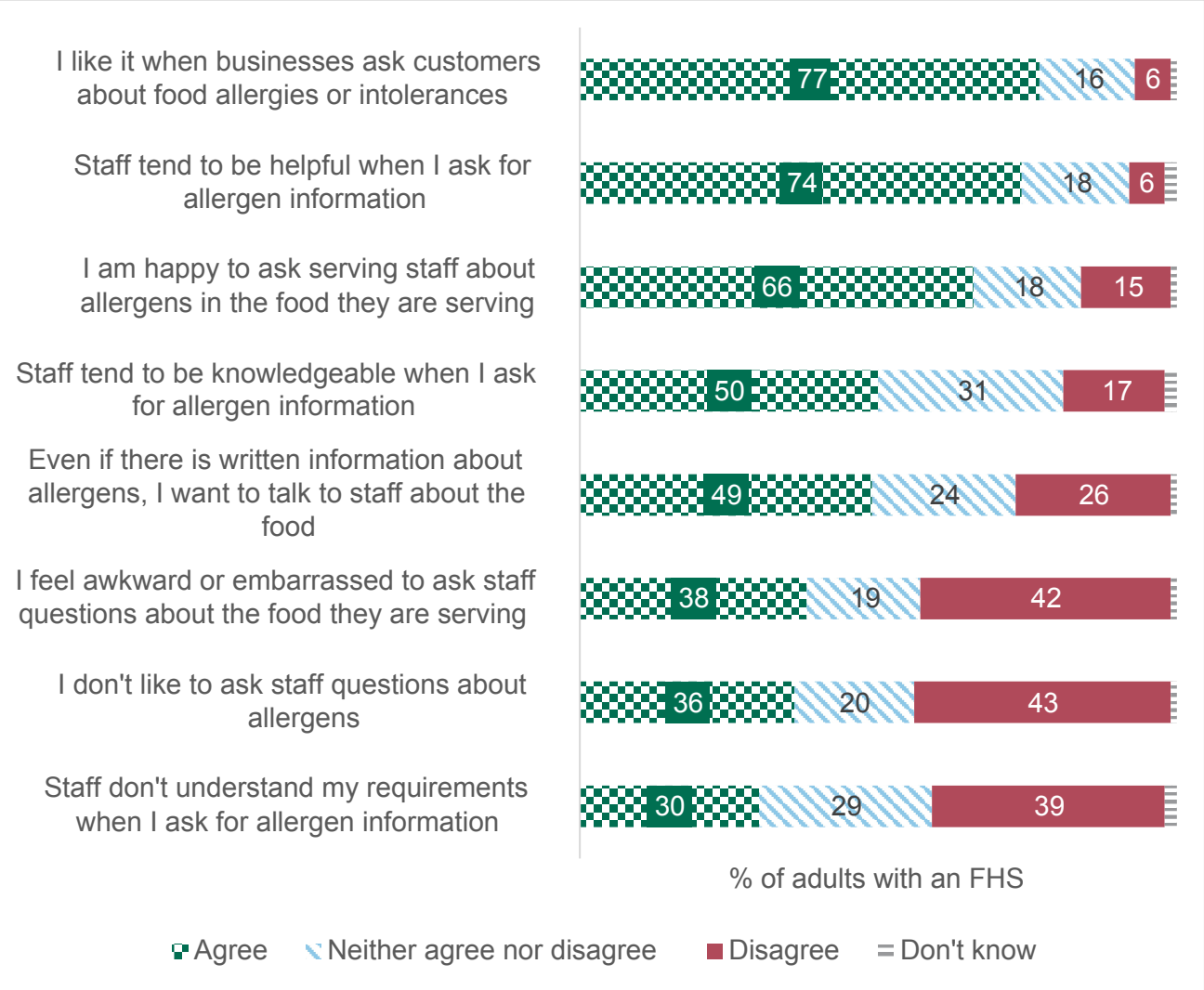

Figure 13. Attitudes towards verbal allergen information

Source: To what extent do you agree or disagree with each of the following statements about verbal allergen information?
Base: All adults with an FHS who eat out / get takeaway (n = 767).

Parents of children express similar attitudes for most statements, although comfort asking for information about allergens appears to be less of a barrier. Only around a quarter say they 'don't like to ask staff questions about allergens' (23%) and 'feel awkward or embarrassed to ask staff questions about the food they are serving' (24%).

6.5. Summary

Regarding the new best practice guidance – providing written information and following this up with a verbal conversation – the chapter demonstrates that:

- This is seen as one of the more trusted and more useful means of conveying information about allergens.

More generally, this chapter shows that:

- Printed / written information about allergens is seen as most reliable – and provides further evidence that demonstrates consumers prefer information in this format.
- Digital information, though, is seen as less trusted and useful.

Taken together with findings outlined in chapter five, that those impacted by an FHS are more likely to disclose this when prompted, data on consumers' information preferences suggests that:

- Upfront written information alone may not be enough to encourage disclosure, as a quarter disagree with the statement that they want to talk to staff about the food even if there is written information available.

This implies the need to emphasise to businesses the importance of proactively initiating allergen conversations with consumers. This is something consumers dealing with an FHS appreciate – with a strong majority saying they like it when businesses ask about allergens.

7. Conclusion

This report has detailed the current attitudes, behaviours and experiences related to the provision of information about allergens among consumers with a food hypersensitivity (FHS) and parents of children with an FHS. The research offers several key conclusions relevant to the FSA's new best practice guidance regarding the provision of allergen information for non-prepacked food and beyond.

Most notably, the research findings largely affirm the direction of the FSA's new guidance. The emphasis on providing written information about allergens aligns with consumer preferences for information in this format, with those affected by an FHS seeing this as the most reliable, trusted and useful format. The findings also highlight the importance of prompting conversations about allergen requirements, as a significant proportion of consumers impacted by an FHS like it when staff ask about allergens, and they are more likely to disclose their FHS when prompted.

However, the research suggests that while improving the provision of allergen information is a good step, this alone may not be enough to encourage greater levels of FHS disclosure – and it will need to be

supported by broader strategies to tackle barriers to disclosure. This is particularly the case among groups where propensity to disclose their / their child's FHS is low, such as those whose reaction is mild or moderate. Furthermore, social and psychological barriers – such as shyness/lack of confidence disclosing FHS information and behavioural norms in group settings – need to be considered in a holistic approach to encourage greater levels of disclosure. This underlines the importance of recommendations in the new best practice guidance for food businesses to actively initiate conversations about allergens – as well as to signpost to where information can be found – to ensure the needs of consumers dealing with an FHS are met.

Further to this, action to address gaps in consumer awareness and confidence would appear necessary to ensure that the impacts of the new best practice guidance are as effective as they can be, and that the incidence of consumers experiencing adverse reactions and near misses is lowered.

This could include:

- Measures to further improve awareness of the legal requirement for food businesses to provide allergen information;
- Measures to enable consumers to feel more confident that they can avoid ingredients they / their child reacts to – in particular, in settings involving digital ordering and distance selling; and
- Research to better understand barriers to disclosure of FHS and communications to help normalise disclosure – even among those who experience mild or moderate symptoms and, as such, may not feel it necessary to make food businesses aware of their FHS.

This baseline survey ultimately provides a benchmark for evaluating the impact of the new guidance. Future waves of this research will, hopefully, show a positive trend in the indicators collected as part of this study.

Submitted: July 21, 2025 BST. Published: October 07, 2025 BST.

Supplementary Materials

Annex A: Technical Report

Download: https://science.food.gov.uk/article/142308-allergen-information-for-non-prepacked-foods-consumer-experiences-behaviours-and-attitudes/attachment/294911.docx

Annex B: Consumer weighting & sample profiles

Download: https://science.food.gov.uk/article/142308-allergen-information-for-non-prepacked-foods-consumer-experiences-behaviours-and-attitudes/attachment/294912.docx

Annex C: Consumer baseline questionnaire

Download: https://science.food.gov.uk/article/142308-allergen-information-for-non-prepacked-foods-consumer-experiences-behaviours-and-attitudes/attachment/294913.docx

Annex D: Food business sample profiles

Download: https://science.food.gov.uk/article/142308-allergen-information-for-non-prepacked-foods-consumer-experiences-behaviours-and-attitudes/attachment/294914.docx

Annex E: Food business questionnaire

Download: https://science.food.gov.uk/article/142308-allergen-information-for-non-prepacked-foods-consumer-experiences-behaviours-and-attitudes/attachment/294915.docx