Healthyliving award
Brand Tracking: Wave 2 (2018)

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Abbreviations

**B&Bs:** Bed and breakfast establishments

**CATI:** computer assisted telephone interviewing

**FE:** Further Education establishments

**HE:** Higher Education establishments

**HLA:** healthyliving award

**IDBR:** Inter-Departmental Business Register

**SIC:** Standard Industrial Codes

**SIMD:** Scottish Index of Multiple Deprivation
Glossary

**B&Bs and hostels:** bed and breakfast is a small lodging establishment, typically with 4-11 rooms, that offers overnight accommodation and breakfast. A hostel is an establishment which provides inexpensive food and lodging for travellers.

**Care sector:** private, third sector and local authority care establishments for adults, children and other vulnerable audiences.

**Computer assisted telephone interviewing (CATI):** this is a method of interviewing whereby the questionnaire is scripted electronically, the interviewer telephoning the respondent and inputting their responses directly into the PC. This method ensures all questions are completed as desired and that routings are correctly adhered to. The electronic dataset produced also provides an immediate and accurate set of responses for processing and subsequent analysis.

**Community Cafés:** local cafés that provide access to healthy, affordable food for local people.

**Contract caterers:** companies that prepare meals for other companies and organisations and not to the general public (for the purposes of this report).

**Further and Higher Education:** places that serve food on the premises of these organisations e.g. halls of residence, campus cafes and restaurants.

**Health Inequalities:** are the unjust and avoidable differences in people’s health across the population and between specific population groups. Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual’s control. These circumstances disadvantage people and limit their chance to live longer, healthier lives.

**High street sector:** caterers likely to be located on the High Street or other well populated area e.g. independent cafes, takeaways, chains and franchise cafes or delis, takeaways.

**Inter-Departmental Business Register:** this is a comprehensive list of UK businesses used by government for statistical purposes. It provides the main sampling frame for surveys of businesses carried out by the Office for National Statistics (ONS) and other government departments. It is also a data source used for analyses of business activities. The Register covers 2.6 million businesses in all sectors of the UK economy, other than very small businesses (those without employees and with turnover below the tax threshold) and some non-profit making organisations.
**Private sector:** this is the part of the economy that is run by individuals and companies for profit and is not state controlled. Therefore, it encompasses all for-profit businesses that are not owned or operated by the government.

**Public sector:** places serving food on the premises of Public sector organisations e.g. local authority workplace restaurants, leisure trust cafés.

**Scottish Index of Multiple Deprivation:** this is the Scottish Government’s official measure for identifying areas of deprivation within Scotland. It identifies small area concentrations of multiple deprivation across all of Scotland in a consistent way. There are a number of ways to use the SIMD to compare levels of deprivation between different areas in Scotland. One of these is to assign data zones to one of five ‘quintiles’ according to their SIMD score. Quintiles are ranked by deprivation with quintile 1 containing the 20% most deprived data zones in Scotland and quintile 5 containing the 20% least deprived data zones in Scotland.

**Standard Industrial Codes:** these are a recognised system for categorising and defining business activities. They are the result of an ongoing attempt to develop as comprehensive a list as possible of the types of businesses that exist in the UK.

**Third sector:** not for profit organisations also known as the voluntary sector and includes the community sector.

**Visitor Attractions:** catering provision in places of interest, typically those with natural or cultural value.
Executive summary

Background
The healthyliving award (HLA) is a national award for the catering sector in Scotland and is delivered by NHS Health Scotland. The HLA works with food service outlets across Scotland to promote healthy eating. It has been designed as a way of meeting the growing consumer demand for healthier food whilst giving caterers recognition for good practice. The award has two main goals: firstly, to make food served generally healthier by making broad changes to how food is prepared; secondly, to encourage promotion and marketing activity that supports and encourages healthy eating.

The healthyliving award plus is a higher level of the award, which rewards caterers who demonstrate an even greater commitment to supporting healthier eating. It is open to standard award holders who have held the healthyliving award for at least two years, and requires sites to offer at least 70% of the food prepared as healthyliving, and made using healthier ingredients and cooking methods. In each section of the menu, at least half of the items must be healthyliving items and meet the specific healthyliving criteria. In addition, the range of crisps, confectionary and sugary drinks must be kept to a minimum (with crisps and confectionary being removed entirely from point of sale). The promotion of non-healthy items must also be avoided.

Catering businesses in the public sector have been targeted using various Scottish Government policy documents as leverage to encourage that they engage with HLA. The award has been promoted to catering businesses in the private and third sectors primarily through direct contact and sponsorship at Scottish Government and key industry events. Recently, several other marketing techniques have also been employed (e.g. posts on social media, features in industry newsletters, and targeted direct mail campaigns for the High Street and B&B sectors).

To date, the focus has primarily been on targeting everyday eating establishments where people eat often (such as those on the High Street and workplace restaurants) in order to have the maximum influence on Scotland’s diet. However, 2017-18 saw the introduction of new priority areas: B&Bs and Hostels, the Care sector, and Visitor Attractions

In 2014-15, HLA commissioned research to investigate levels of awareness of the HLA and its services, thereby establishing a baseline measure for these original sectors of interest (High Street, Contract Caterers, Public sector, Community Cafés, Further and Higher Education).

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1 Referred to in this report as the ‘new sample’.
3 Referred to in this report as the ‘main sample’.
Aims and objectives
The aim of this research was to measure and track awareness of HLA and target audience intention to register with it in the future.

The objectives of the research were to:
- Determine the current level of awareness of HLA in Scotland.
- Assess the extent to which awareness of HLA has changed since the baseline in 2015.
- Establish baseline levels of awareness of the HLA in the 2017-18 priority areas.
- Make recommendations for future HLA marketing plans.

Method
A quantitative CATI methodology was adopted, comprising a nationwide 15 minute telephone survey4 undertaken with 654 businesses in Scotland. A quota sampling approach was taken in order to ensure that each of the proportion of each of the business segments in the sample (High Street, Contract Caterers, Public sector, Community Cafés, Further and Higher Education, B&Bs and Hostels, the Care sector, and Visitor Attractions) was broadly in line with those in the wider population.

The sample was drawn from across Scotland. Participants were contacted by telephone on a random basis, using the database sample lists sourced and purchased for this purpose. They were subsequently screened using selective recruitment criteria to ensure they held the primary responsibility for decisions relating to the catering practices and food offering in their outlet(s).

Key questions were kept consistent with the 2014-15 study in order to allow direct comparison of the main sample results on these dimensions. One new question was added to measure recall of the targeted High Street and B&B campaigns.

Detailed analysis5 was conducted at the end of the fieldwork period, providing direct comparison in key areas with the 2015 data wherever appropriate.

Summary of key results
Spontaneous awareness of HLA remained unchanged for the main sample at 5%, with a similar level recorded for the new sample. HLA Plus did not receive any spontaneous mentions amongst the main sample and was mentioned by only 1% of the new sample.

4 Conducted 9th January – 16th February 2018 (including pilot), using a CATI methodology.
5 This involved close analysis of data tables showing the results for both the main and new samples, broken down by key profile variables (business sector, company size, SIMD quintile) and by cross-tabulation of pertinent questions from the survey (e.g. HLA awareness, awards held, whether ever accessed information, advice or support on healthy eating or catering issues, attitude to provision of healthy food options).
On prompting with the brand name, HLA awareness rose to 40% (those saying they thought they had, or definitely had heard of the award) for the main sample, in line with 2015. Awareness was lowest amongst the High Street segment. This figure was significantly higher at 48% for the new sample (although amongst the B&B and Hostel segment it was low and in line with the High Street). After prompting with a descriptor, awareness levels rose further: 61% of the main sample (equal with the previous wave), and 62% of the new sample.

Across both main and new samples, sources of awareness of HLA were largely via the catering or trade press and word of mouth, this being significantly higher amongst the new sample at 24% (compared with 9% of the main sample citing these sources). However, there was some limited reference to marketing activity such as direct mail, social media and industry events. There was some prompted recall of the specific targeted campaigns that had been undertaken: B&B campaign (8%), High Street campaign (22%).

Levels of detailed understanding of HLA remained constant at around 16% for both the main and new samples. However, there was a significant increase in the proportion of businesses in the main sample that claimed to be only aware of the name (47% compared with 28% in 2015), in contrast with those knowing only ‘a little’ about the award (32% compared with 49% in 2015). This was particularly evident amongst the High Street and Contract Caterer samples. Levels of knowledge amongst new sector establishments was in line with this.

Levels of engagement with HLA remained unchanged from the 2014-15 study, with 11% of those aware of HLA in the main sample (and 13% in the new sample) currently holding or working towards the award. Motivations for wanting to achieve the award focused primarily on both customer and business benefits (although mentions of the latter were down on 2015), and specifically on promoting healthy eating and their own business as a consequence. Around a fifth of the main sample also highlighted a market move in this direction as a trigger.

Those who were aware of HLA but had not been interested in pursuing the award attributed this to a lack of knowledge or low expectations of its effectiveness, alongside perceptions of onerous requirements.

As in 2015, around a third of both the main and new samples who had previously been unaware of the award perceived HLA to be very worthwhile. This figure was significantly lower in the High Street sector, and higher amongst businesses in SIMD quintiles 3-5.

Amongst those who were not previously aware of the award, levels of interest in working with HLA remained at just over 50% for both samples (14% of the main, and 21% of the new sample saying they were ‘very interested’). This appeared to

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6 Note that this was self-assessed and could not be verified by the questionnaire.
be linked to business ethos, with businesses with established practices in providing healthy options significantly more likely to be more interested. The reasons provided for this interest again related to promoting and satisfying a demand for healthier food, and positive business impacts. The main barriers cited in respect of engaging with the award were lack of sufficient time to implement the changes, and disinterest amongst their customers. Lack of interest in engaging with HLA at all was driven by a perception that it was not practical or relevant for the type of business, or that it was not of personal interest.

There was a significant increase in the proportion of businesses using email and social media to access business information, rising from 43% in 2015 to 51% in the 2018 main sample. The highest usage was of Facebook (32%) and email newsletters and updates (23%). Forty-five percent of the new sample were using such sources, although use of Facebook was significantly lower at 18%.

Web based information was the overall preferred channel for accessing business information, with only the Further and Higher Education sector rating printed resources alongside this as their preferred channel. Social media was ranked in the top three for High Street, Contract Caterer and Community Café businesses.

Conclusions
On all the key measures, there have been no significant shifts in awareness and understanding of HLA amongst the main sample segment. Measures for the new sample segment only differ significantly in respect of a higher level of prompted awareness of the HLA name.

This suggests that the marketing activity undertaken over the past 4 years may have had some role in maintaining awareness levels, but have not increased them significantly. This is evidenced by the fact that some marketing activity was spontaneously cited as the source of awareness of the award. Levels of knowledge of the award reflect the unchanged, and largely high level nature of awareness of HLA. In the main sample, clear understanding of the award and its criteria remained at the 2015 level, with only 16% of those aware of HLA claiming to ‘know a lot’. As before, this was significantly higher amongst establishments in the least deprived SIMD areas. However, there was a significant increase in the proportion of businesses that claimed to only be aware of the name (47% compared with 28% in 2015) relative to those knowing ‘a little’ about the award (32% compared with 49% in 2015). The respondents in the High Street and Contract Caterer sectors had significantly lower levels of understanding of HLA, potentially stemming from a perceived lack of relevance for both themselves and their customers. This would suggest that whilst there are good levels of name recognition for the award (most of the prompted awareness stemming from this), real understanding of what HLA represents has diminished amongst these sectors, and this together with low levels of intrinsic interest amongst many businesses in these sectors, is likely to result in limited follow up and uptake.
In the new sample segment, levels of good knowledge of HLA were at similar proportions. However, significantly more than in the main sample felt they knew a little about the award (42% compared with 32%). This would suggest that there is a greater base level understanding of HLA which can be built upon. There were no significant differences between the sectors.

Levels of active engagement with the award have also not changed since the 2015 wave, with 11% of businesses in the main sample currently holding or working towards the HLA. The extent of engagement amongst the new sample was on a par. Motivations to work towards and attain the award were consistent with those cited at the 2015 wave: the opportunity it provides both for tapping into and influencing consumer eating choices, and for impacting positively on business perceptions.

As in 2015, around a third of those previously unaware of HLA in both the main and new samples perceived it to be very worthwhile, with 14% (21% of the new sample) saying they would be very interested in working towards the award. Interest in engaging with HLA in the future appears to be strongly linked to existing business ethos, with businesses with established practices in providing healthy options significantly more likely to be more interested.

In developing future marketing strategy, the increased use of email (newsletters) and social media (particularly Facebook) for accessing business information will be an important consideration. Fifty-one percent of the main sample, and 45% of the new sample claimed to be using such media, although it should be noted that use of Facebook was significantly lower amongst the new sample at 18%, compared with 32% of the main sample.
Main recommendations
Marketing should aim to address barriers by clearly exemplifying meaningful benefits:

• Messaging should speak the language of the business, rather than that of healthy eating e.g. focus on the concept of widening the food choices offered in order to counteract perceptions of the award criteria limiting customer choice.
• Communications should clarify that the award aims to increase choice on the menu and does not require wholesale change.
• Marketing should aim to directly challenge the perception that ‘it is not relevant to my business’ by evidencing consumer demand.
• It should offer evidence of ease of implementation, positive impact, and the availability of support in working towards the award.

A more focused approach to targeting is recommended in order to maximise the potential impact of the limited budget available:

• Targeting warmer sectors e.g. Care sector, Visitor attractions, Contract Caterers, Community Cafés, Public sector, Further and Higher Education that are already engaged with the ethos of the award may provide some ‘quick wins’.
• Partnership marketing may provide a more effective route to targeting warm businesses in the High street, and B&B and hostel sectors by reaching those that are interested in providing quality food e.g. holders of VisitScotland’s Taste our Best accreditation.
• Create specific relevance for those businesses who already have established practices in place by making direct reference to this.

With respect to the most effective channels for reaching these target audiences, the following observations are pertinent:

• Email (newsletters or updates) and social media channels are growing in terms of their use for accessing business information. Use of specific types of social media can be biased to certain sectors (e.g. High Street) and could provide a more effective route to reaching this audience than direct mail.
• Trade magazines are key for reaching catering professionals if the reach in Scotland is good e.g. Catering Scotland.
• Events with local champions could work on a personal level to convey the achievability and positive business impact of HLA.
1. Introduction

1.1 Background and policy

1.1.1 NHS Health Scotland
NHS Health Scotland is a national special Health Board working with public, private and third sectors to reduce health inequalities and improve health.

NHS Health Scotland aims to achieve this through better designed programmes and services, together with evidence informed decision making to create improved health policy and more effective delivery for the people of Scotland.

NHS Health Scotland became responsible for the delivery of the healthy living award (HLA) in April 2013 following the abolition of Consumer Focus Scotland, the former host organisation that managed and delivered the award. A stakeholder group is in place to advise the project from an industry perspective. The group includes representatives from the government agencies, food standards and the catering industry, other food related awards and agencies involved in food and health in Scotland.

1.1.2 Policy context
Launched in August 2006, the HLA is a national award for the catering sector in Scotland that rewards caterers who make it easier for their customers to eat healthily when eating out. It aims to promote healthy eating habits in Scotland.

It initially came about following a commitment made by the then Scottish Executive in the strategic framework for food and health in Scotland\(^7\) and was part of their Healthy Living Campaign. The HLA now forms a part of the Government’s wider health improvement agenda and is integral to their policy ‘Preventing Overweight and Obesity in Scotland: a Route Map Towards Healthy Weight’ (Scottish Government, 2010)\(^8\).

In addition, the award supports a number of other Scottish Government policy areas including:
- ‘Supporting Healthy Choices; A Framework for Voluntary Action’ (Scottish Government, 2014)\(^9\) and
- ‘Beyond the School Gate - Improving Food Choices in the School Community’ (Scottish Government, 2014)\(^10\).

The first of these, ‘Supporting Healthy Choices: A Framework for Voluntary Action’, is a voluntary framework which invites all food industry businesses to

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\(^8\) [http://www.scotland.gov.uk/Publications/2010/02/17140721/0](http://www.scotland.gov.uk/Publications/2010/02/17140721/0)


\(^10\) [http://www.scotland.gov.uk/Publications/2014/05/4143](http://www.scotland.gov.uk/Publications/2014/05/4143)
implement a range of voluntary commitments to improve Scotland’s dietary health (which contribute to the revised Scottish Dietary Goals). Examples include inviting retailers and caterers to remove all confectionery from till points, checkout aisles and areas around checkouts, and to remove or reduce portion sizes of foods high in sugar, saturated fat or salt offered to children. The HLA therefore remains a key part of the Scottish Government’s broader catering strategy and the award is outlined as one of the commitments in the framework.

‘Beyond the School Gate – Improving Food Choices in the School Community’ is intended to complement ‘Better Eating, Better Learning: a new context for school food’ (Scottish Government, 2014)\(^\text{11}\) and the extensive work already being undertaken in schools to encourage children and young people to eat a school meal. It offers a holistic package of support for project partners to encourage children and young people to make healthy choices, both inside and outside of school. In this context, the HLA has become a means by which local authorities can identify healthy food options outside the school, and provides support and guidance on the marketing of healthier options to caterers out with the school setting.

In January 2015, The Scottish Government launched the Eat Better Feel Better campaign\(^\text{12}\), intended to encourage and support people to make healthier choices to the way they shop, cook and eat. It worked with major retailers and community groups to give consumers the support and advice to make healthier choices.

1.1.3 The healthyliving award
The HLA works with food service outlets across Scotland to promote healthy eating out with the home and make it easier for people eating out to know where to go for healthier food. It has been designed as a way of meeting the growing consumer demand for healthier food whilst the giving caterers recognition for good practice.

The HLA is the sign of healthier eating, whether eating on the go from a deli or takeaway, or eating out at a café or restaurant. The award signifies to consumers that a caterer has used healthier ingredients and food preparation methods, and makes it easier for them to identify where they can find healthier food.

The award has two main goals:

• to make food served generally healthier by making broad changes to how food is prepared; and
• to encourage promotion and marketing activity that supports and encourages healthy eating.

\(^{11}\) http://www.gov.scot/Publications/2014/03/1606
\(^{12}\) http://www.gov.scot/Topics/Health/Healthy-Living/Food-Health
A caterer must meet certain conditions to achieve the award. These conditions are based on the general principles of a healthy balanced diet and appropriate sales promotion and marketing activity to encourage and support healthier eating through the presentation and sale of healthier food.

The award applicant must be committed to ensuring that the following conditions are met:

- keeping the level of fats, salt and sugar to a minimum in the food served, in particular saturated fat;
- making fruit and vegetables clearly available;
- making starchy foods the main part of most meals;
- providing healthy and nutritious food for children, in places where children are served;
- making sure that at least 50% of food served meets the specific relevant criteria; and
- having an appropriate promotion and marketing strategy which works alongside the general principles of the healthyliving award and supports healthier eating.

These criteria are aligned with the Revised Dietary Goals for Scotland\(^\text{13}\).

The award is free to register for and all guidance, information and support materials are provided free of charge. It is open to almost all types of private, public, third and voluntary food service outlets in Scotland, including workplace restaurants, cafes, sandwich shops, restaurants and other places that sell prepared food. By default, NHS Scotland staff and visitor catering (including private and third sector outlets) must achieve the award. NHS Scotland patient catering establishments, pre-school nurseries and local authority schools are not able to register for the award.

When a caterer is working to achieve the award, they are required to display award materials and promote the fact they are working towards award status. Once they feel ready and are satisfied that they are meeting all the required criteria, they will undergo an assessment visit. If successful, they will then receive an award certificate and more award materials to display.

The healthyliving award plus is a higher level of the award, which rewards caterers who demonstrate an even greater commitment to supporting healthier eating. It was launched in 2009 and is open to standard award holders who have held the healthyliving award for at least two years. The plus award requires sites to offer at least 70% of the food prepared as healthyliving, and made using healthier ingredients and cooking methods. In each section of the menu, at least half of the items must be healthyliving items and meet the specific healthyliving criteria. In addition, the range of crisps, confectionary and sugary drinks must be

\(^{13}\) http://www.gov.scot/Topics/Health/Healthy-Living/Food-Health/DietaryGoalsScot
kept to a minimum (with crisps and confectionary being removed entirely from point of sale). The promotion of non-healthy items must also be avoided. It is not a requirement for sites to completely cease selling non-healthy items, only that they offer a range of healthy dishes, drinks and snacks to offer balance to the food offer.

1.1.4 Priority areas for the healthyliving award
The focus to date has primarily been to target everyday eating establishments where people eat often (such as High street outlets and workplace restaurants) in order to have the maximum influence on Scotland’s diet. Additional priority areas added in 2017-18 include:
- B&Bs and hostels: the HLA had engaged with this sector to some extent in 2016 and wishes now to further build and capitalise on this initial engagement.
- The Care sector: as the sector spans adults, children and often vulnerable groups this is felt to be a key opportunity for engagement. Third sector organisations and local authorities operating in this sector are of key interest to the HLA.
- Visitor attractions: a key area of interest in view of the high number of families and children eating when visiting such establishments.

1.1.5 Marketing of the healthyliving award
Key messages promoted to the catering sector are that the HLA:
- increases customer satisfaction;
- meets the growing demand for healthier food;
- gains public recognition for achieving the award;
- enhances your image as a responsible, health conscious business;
- increases the knowledge of healthier and catering practices among members of staff; and
- is open to almost all types of catering outlets in Scotland.

Catering businesses in the public sector have been targeted using various Scottish Government policy documents (such as Addendum to CEL 01 (2012): Health Promoting Health Service), as leverage.

With respect to the private and third sectors, the award has been promoted using direct contact with a wide range of businesses and through sponsorship at Scottish Government and other key industry events. For example, a High Street marketing campaign was carried out in March 2015 (and comprised a direct mail, electronic mail, the creation of a website landing page and telemarketing).

In addition, there have been regular posts to the HLA Facebook and Twitter accounts by the HLA team, features in industry newsletters and magazines (such as an editorial piece in EventBase magazine, September 2016 issue), and an article in the June 2016 edition of VisitScotland’s e-bulletin.
1.2 Purpose of the research
The purpose of the research was to track any shifts in awareness of HLA since the benchmark study in 2014-15, and to establish a new baseline of awareness for the new priority sectors of interest (Care sector, Visitor Attractions and the B&Bs and Hostels). The information will help inform the extent to which marketing activities have succeeded in raising awareness of the HLA.

1.3 Aims and objectives
The aim of this research was to measure and track awareness of HLA and target audience intention to register with it in the future.

The objectives of the research were to:
- Determine the current level of awareness of HLA in Scotland.
- Assess the extent to which awareness of HLA has changed since the baseline in 2015.
- Establish baseline levels of awareness of HLA in the 2017-18 priority areas (Care sector, Visitor Attractions and the B&Bs and Hostels).
- Make recommendations for future HLA marketing plans.

1.4 Report structure
The report starts by outlining the study design, before moving on to detail the results. These will initially examine attitudes to the provision of healthy eating options and the extent to which information on the topic has been accessed. Spontaneous and prompted awareness of HLA will subsequently be reported, looking at the sources of this awareness and levels of knowledge of the award. The results section will then discuss levels of current engagement with HLA, interest in working towards the award in the future, and channel preferences for accessing information in respect of healthy eating or catering.

A discussion of the results will then be provided, followed by conclusions and recommendations.

Appendices one to four contain the CATI questionnaire used to survey participants, additional Figures and Tables referred to in the body of the report, and key total 2018 sample findings based on weighted data.
2. Methodology

2.1 Study design
A key aim of this study was to compare results with the initial benchmark wave undertaken in 2014-2015. To enable robust comparability, it was essential that there was no bias in the research methodology, or the sampling and analysis strategies adopted. As such, it was important both to replicate the CATI methodology, and to ensure sample comparability by adopting quotas broadly in line with those of previous years.

2.2 Method
A quantitative methodology was adopted, comprising a nationwide telephone survey undertaken with 654 businesses in Scotland. The CATI methodology provided greater control over both the overall response rates and the role in the business of the respondent completing the survey. The survey was 15 minutes in duration, and comprised a mix of closed and open questions (see Appendix 1). Detailed analysis of the resulting data was conducted at the end of the fieldwork period, providing direct comparison in key areas with the 2015 data as well as providing the required baseline data for the 2017-18 priority areas.

Key questions were kept consistent with the 2014-2015 study (although a number of additional pre-codes were added to capture possible responses from the new priority sectors) in order to allow direct comparison of results on these dimensions. One new question was added at this wave to enable assessment of the extent to which the High Street, and B&B and Hostels sectors recalled receiving the targeted direct mail campaigns which were sent to them from HLA.

It should be noted that HLA was referred to in this survey as the ‘healthyliving award’, and not the ‘healthyliving award scheme’ as in the 2015 survey as this more accurately reflects the status of the award.

2.3 Data collection
The sample was drawn from across Scotland. Participants were contacted by telephone on a random basis using the database sample lists sourced for this purpose. They were subsequently screened using selective recruitment criteria to ensure they held the primary responsibility for decisions relating to the catering practices and food offering in their outlet(s).

The sample for this survey was obtained from a number of sources. Data for some of the segments (e.g. High Street, Contract Caterer, and B&Bs and

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14 Conducted 9th January – 16th February 2018 (including pilot).
15 This involved close analysis of data tables showing the results for both the main and new samples, broken down by key profile variables (business sector, company size, SIMD quintile) and by cross-tabulation of pertinent questions from the survey (e.g. HLA awareness, awards held, whether ever accessed information, advice or support on healthy eating or catering issues, attitude to provision of healthy food options).
Hostels) was purchased from commercial providers of sample to the market research industry. This was purchased to a specification based on the survey criteria to ensure representation across geographic location, size of business and type of business. Accuracy of fit with the sample requirements was verified through the screening questions at the start of the questionnaire.

Data lists of other segments of interest (e.g. Community Cafes, Public Sector and Further and Higher Education establishments) were accessed through publicly available sources.

Participant consent was explicitly sought and recorded prior to commencing the survey at the start of each interview. Details of the research topic and sponsor, and the anticipated length of the questionnaire were communicated to potential respondents and verbal permission sought to continue with the interview. Attention was drawn to the fact that all responses would be anonymised and treated in the strictest confidence in accordance with the Market Research Society code of conduct. The script used was included in the questionnaire which is available in Appendix 1. Respondents were also informed that their participation was entirely voluntary and there was no requirement to answer any questions they did not want to answer. Only the answers to the questions put to interviewees were recorded for the purposes of this study.

### 2.4 Sample composition

The size and scope of the sample was crucial to establishing robust measure of relative awareness of the HLA and intention to register for the award. The approach replicated that of the 2015 study and sought to ensure sufficiently large base sizes to enable statistically valid analysis by sector as far as possible given the size of the overall universe for each sector\(^\text{16}\). A quota sampling approach was adopted, with the proportions broadly in line with those in the wider population. This enabled boosting or down-weighting some of the sub-groups in order to ensure that the base sizes were sufficiently robust to allow for confident analysis.

Researchers sought to establish accurate estimates of prevalence of each of the targeted sectors. This yielded counts for each sector (see Appendix 2) with those for the five sectors in the main sample not having changed significantly since the 2014-2015 benchmark wave.

Quotas included boosts in some of the sub-groups (Contract Caterers and Care sector) in order to provide sufficient base sizes to enable statistically robust analysis, and a down-weighting of the largest one (High Street) to accommodate this. However, given the very large proportion of High Street within the

\(^{16}\) It was not possible to include robust base sizes for some of the sectors (e.g. Community Cafés, Higher and Further education and the Public sector) as the overall universe is very small. As such, ensuring broad proportionality of the various sectors across the sample as a whole was the primary determinant in designing the sample composition.
marketplace these alterations do not compromise the overall validity of the sample profile as a representation of the marketplace as a whole.

The resulting sample structure (Table 1) meant that the overall sample, together with the High Street, Contract Caterer, Care sector, B&B and Hostels and Visitor Attraction sub-group samples were sufficiently robust for individual analysis. Due to the small numbers for the other sectors, robust analysis was not possible for these groups individually, these sectors giving only indicative data.

Table 1: Quantitative sample structure (n)

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of target population</th>
<th>Representative number of interviews</th>
<th>Number of interviews targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>High street</td>
<td>53</td>
<td>336</td>
<td>260 (reduced to accommodate boost)</td>
</tr>
<tr>
<td>Contract Caterers</td>
<td>3</td>
<td>19</td>
<td>80 (boosted)</td>
</tr>
<tr>
<td>Community</td>
<td>1</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Further and higher education</td>
<td>0</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Public Sector</td>
<td>1</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Care Sector</td>
<td>9</td>
<td>57</td>
<td>80 (boosted)</td>
</tr>
<tr>
<td>B&amp;Bs and Hostels</td>
<td>14</td>
<td>89</td>
<td>80</td>
</tr>
<tr>
<td>Visitor Attractions</td>
<td>18</td>
<td>114</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total population</strong></td>
<td></td>
<td><strong>635</strong></td>
<td><strong>635</strong></td>
</tr>
</tbody>
</table>

Given that the specific nature of the businesses within each sample group was the defining factor in their inclusion within the marketplace for HLA, the only other criterion for inclusion in the survey was the role of the interviewee in the business. Through screening at the start of the survey, it was ensured that all interviewees had responsibility for decisions concerning the catering practices and food offering in their business. However, no quotas were set on their specific role in this regard (i.e. whether they were a business owner, manager or head chef).

Other details such as size and location of the business were recorded, but no quotas were set. Businesses where customers were more likely to suffer health inequalities were not specifically targeted. However, the sampling process did have a provision to include a mix of all five SIMD quintiles in order to ensure that
those in SIMD 1 and 2 quintile areas (the more deprived areas) were fully represented and therefore could be analysed separately.

The NHS was excluded from the Public sector sample as the HLA is not voluntary for the NHS in Scotland, as all public and staff catering must hold an award. As such, their inclusion would have biased the results in favour of higher levels of awareness.

As it is not common practice to incentivise for this type of study, no form of tangible reward was offered to the respondents.

The sample profile achieved can be referenced in Appendix 3. The main sample is matched to that achieved in 2015 on all of the key variables (sector, company size, SIMD quintile, role within business) with one exception. In this wave, the proportion of interviews in the High Street is lower due to the down-weighted quota, and as such a small weighting factor has been applied to the main sample business segments to match them exactly with that achieved in the benchmark wave). This ensured robust comparison of the main sample results. This also had the effect of rebalancing the overall sample proportions to bring them more in line with the actual market penetrations.17

2.5 Analysis
The data from the CATI interviews was checked and cleaned for quality control purposes, and subsequently processed and data tables produced to a specification set by the research team. This specified breakdowns of the data that would be of interest to enable detailed analysis to be undertaken. Where initial examination of the findings raised further questions, additional data splits were produced for more directed investigation.

The first stage of the analysis examined the 2018 data and assess any trends and changes relative to the 2015 findings, thereby providing the principle points of comparison. Additional sub-group analysis looked at any differences by business sector, size and SIMD quintile, as well as variables stemming from answers to specific survey questions, for example HLA award status, awareness of HLA and attitudes to providing healthy food options.

The findings discussed in the report are based on analysis of the raw data generated from the quota sample, with only the weighting of the main sample sector segments as described above. Comparison is made on two levels:
- between the 2015 and 2018 main samples (comprising the High Street, Contract Caterer, Community Café, Public, and Further and Higher Education sectors) in order to provide insight into any changes in awareness and attitudes which may have taken place since this last measure

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17 The total sample was also run with each sector weighted to accurately reflect the penetrations established by the desk research. This showed no significant impact on the results, and as such is not referenced in this report, except in Appendix 4.
between the 2018 main and new sectors (Care sector, Visitor Attractions, and B&B and Hostels).

Significance testing\(^{18}\) of the data was conducted at a 95% confidence level, and thus all 'significant differences' cited are statistically robust at this level.

Where the base sizes are too small for robust comparison, this is indicated by an asterisk (*) in the Figures.

2.6 Limitations
The main limitation for this research was in establishing the overall marketplace statistics and proportions. These were estimated to the best of the knowledge available at the time and this breakdown has been used for the sampling process. There is also the issue of the size of the individual samples. The varied nature of the marketplace means that there is one very large influencing factor, the High Street sample, and then much smaller samples for the other four sectors. This has two main repercussions.

Firstly, when looking at the overall main sample results, these are likely to be strongly influenced by the High Street. In reporting the results, we have sought to mitigate this by referencing differences between the individual sectors rather than simply relying on the overall results.

Secondly, the size of the smaller sector segments means that statistical comparison between them is not robust and some comparisons must be taken at an indicative level due to these small sample sizes. As such, whilst the report makes reference to the results for Community Cafés, Public Sector, and Further and Higher Education, these must be treated indicatively and with care due to the low base sizes. This is also true where base sizes become reduced due to routing of questions.

Lastly, it was not possible to verify the source of awareness of HLA (e.g. by showing marketing materials). As a result, the impact of marketing can only be inferred, and not conclusively determined.

2.7 Ethics approval
Having reviewed the target audience and recruitment approach for this study it was decided that there was no need to secure NHS ethical approval.

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\(^{18}\) Based on two-sided tests, assuming equal variances with significance level 0.05. Tests are adjusted for all pairwise comparisons using the Bonferroni correction.
3. Results
This section of the report details the key findings. These are reported primarily on the basis of the key sample variables, and where relevant, by exception on significant differences. As such, if the report does not reference differences between sample sub-groups, it means that there were no statistically significant differences to note. Where differences were apparent, they and the pertinent sample group have been specifically referenced.

3.1 Business approach to provision of healthy food options
In order to provide an understanding of broad attitudes and activity in relation to the provision of healthy food option or healthier catering, respondents were asked to indicate which of a number of statements in this regard most closely matched their company’s approach.

There has been no significant shift in attitudes amongst the main sample, with 32% stating that they believed that the provision of healthy food options was important and had proactively implemented such catering practices, and a further 23% who thought it important but had not introduced specific practices to ensure its delivery (Figure 1). As in 2015, there was a significant difference in attitude between businesses in SIMD quintiles 1-2 compared with those in SIMD 3-5 quintile areas (27% of the former, and 37% of the latter having proactively implemented such measures). This reflects the 2015 findings.

A significantly higher proportion of the new sample indicated that they had proactively implemented practices to ensure healthier food options were provided (48%). This was driven by Care Sector businesses, 58% of which claimed that they had such practices firmly established.

The lowest levels of proactively were evidenced amongst the High Street businesses (28%). No significant differences were noted by company size.
Figure 1: Approach to provision of healthy food options or healthier catering (%)

- Provision of healthy food options is not something that is relevant to our business
  - 5% (2015 main), 4% (2018 main), 4% (2018 new)

- We would like to provide some healthier options for our customers, but there is little demand and we have not actively pursued it
  - 21% (2015 main), 17% (2018 main), 10% (2018 new)

- We provide some healthy options, but it is not a priority and we don’t actively consider it in our catering practices
  - 17% (2015 main), 19% (2018 main), 12% (2018 new)

- We believe that it is important to provide a range of healthy options for our customers, but have not introduced specific catering practices which will ensure this is consistently delivered
  - 27% (2015 main), 23% (2018 main), 20% (2018 new)

- We believe that it is important to provide a range of healthy options for our customers and have pro-actively implemented catering practices which are now firmly established
  - 29% (2015 main), 32% (2018 main), 48% (2018 new)

- Don't know
  - 2% (2015 main), 6% (2018 main), 4% (2018 new)

Source: Q26 Which one of the following would you say most closely describes your company’s approach towards the provision of healthy food options/healthier catering?
Base: All respondents (2015 main n=500, 2018 main n=387, 2018 new n=267)
3.2 Access of information, advice or support on healthy eating or catering issues

As in the 2015 wave, only a minority (27%) of the main sample had accessed any information, advice or support on healthy eating and catering. This figure was significantly higher amongst the new sample (49%), being strongly influenced by the Care Sector at 62%, compared with 46% of Visitor Attractions and 35% of B&B and Hostels.

Unlike in 2015 where SIMD quintiles 3-5 were significantly more likely to look for information than quintiles 1-2 (24% versus 16% respectively), there was no significant difference between the quintiles in this wave, with 24% of quintiles 1-2 versus 33% of quintiles 3-5 having sought information advice or support (although note that this indicates a significant increase in the proportion of businesses in quintiles 3-5, and not quintiles 1-2, seeking information).

Amongst the new sample, a higher proportion of the businesses had sought information: 56% of those in quintiles 1-2, and 46% of those in quintiles 3-5 (no significant difference between the two).

Those who looked for information spontaneously cited a variety of different sources (Table 2). As in 2015, the internet and search engines, and Local Authority sources were most frequently used by both the 2018 main and new samples. Businesses in the new sample also mentioned several other public sector sources (Health and Safety Executive, Food Standards Scotland, local Environmental Health office). No significant differences in levels of access were evident.
## Table 2: Sources of information on healthy eating or catering issues (%)

<table>
<thead>
<tr>
<th>Source</th>
<th>2015 main</th>
<th>2018 main</th>
<th>2018 new</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet/search engines</td>
<td>29</td>
<td>19</td>
<td>27</td>
</tr>
<tr>
<td>Local Authority/Council</td>
<td>10</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>FSS/FSA Scotland</td>
<td>5</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>HSE</td>
<td>2</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Local Environmental Health</td>
<td>7</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Government</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Magazines</td>
<td>9</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>healthyliving award</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Internally/boss/colleague</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Suppliers/manufacturers</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>FHIS</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Training course</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>NHS</td>
<td>-</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Own research</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Healthy Working Lives</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Private consultant</td>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Dietician/nutritionist</td>
<td>-</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Trade association</td>
<td>-</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>16</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: Q23 Where did you get this information from?
3.3 Awareness of the healthyliving award

Awareness of HLA was measured at different levels: in the context of spontaneous awareness of awards open to the catering industry in Scotland, recognition of the HLA name, and awareness of the award when prompted with a description. This section reports on these different levels of awareness to give a picture of overall awareness of the award across the sample.

3.3.1 Spontaneous awareness of HLA

Spontaneous awareness of HLA remains unchanged for the main sample at 5% (7% in 2015), with a similar level (6%) recorded for the new sample.

As in 2015, around a third of the main sample were aware of any awards open to the catering industry in Scotland (Figure 2), with significantly fewer in SIMD quintiles 1-2 compared to those in quintiles 3-5 (23% versus 40%).

Overall therefore, only a few awards were spontaneously mentioned, including a variety of awards receiving 1% or fewer mentions. The HLA was the most frequently mentioned within this list. The only other award receiving a significant number of mentions (7%) by businesses in the new sample was the Taste our Best award (VisitScotland’s accreditation scheme).

Six of the nineteen respondents mentioning HLA in the 2018 main sample were in the High Street sector (2%), with a further five respondents in Contract Catering businesses (9%). Amongst the new sample segments, 7% of Care sector and 9% of Visitor Attraction businesses mentioned the award.

HLA Plus did not receive any spontaneous mentions amongst the main sample and was mentioned by only 1% amongst the new sample.
Figure 2: Spontaneous awareness of awards open to the catering industry in Scotland (%)

Source: Q5 There are a number of awards that are open to the catering industry in Scotland – which if any are you aware of?
Base: All respondents (2015 main n=500, 2018 main n=387, 2018 new n=267)
3.3.2 Prompted awareness of HLA – name only

When prompted with the name (‘have you heard of the healthyliving award?’), levels of recognition were in line with the 2015 figures, with 26% claiming to be definitely aware of the HLA, and a further 14% thinking that they had heard of the HLA (Figure 3). As in the previous wave, recognition was significantly lower amongst the High Street sector, with the highest levels evident amongst Community Cafés, and Further and Higher Education\(^{19}\).

Recognition of the HLA name was significantly higher amongst the new sample segments (34% definitely aware, and 14% thinking they had heard of the award). Recognition was significantly lower amongst B&Bs and Hostels (30% definitely aware or thought so), compared with the Care sector (52%) and Visitor Attractions (60%). Amongst both samples, there was no significant difference between the SIMD quintiles.

\(^{19}\) NB small base sizes.
Figure 3: Prompted awareness of HLA – name only (%)

Source: Q6 Have you heard of the healthyliving award?
Base: All respondents (2015 main n=500; 2018 main n=387; 2018 new n= 267)
3.3.3 Prompted awareness of HLA – with description and overall

Those who were unaware of HLA on prompting with the name were then read the following description and asked if the award sounded familiar: ‘The Healthyliving Award is a national award for food service outlets across Scotland. It rewards caterers who make it easier for their customers to eat healthily when eating out of the home. The award conditions are based on the general principles of a healthy balanced diet, and ensure that healthier ingredients and cooking practices are used.’

At this point a further 5% of the main sample and 1% of the new sample claimed they had definitely heard of HLA. In addition, 15% more of the main sample (12% of the new sample) said they thought they had heard of the award.

Overall, as Figure 4 shows, a total of 32% of the total main sample and 36% of the total new sample were definitely aware of the HLA, with a further 29% and 26% (main sample and new sample respectively) thinking it sounded familiar. There were no significant changes in main sample awareness from the benchmark wave.

In this 2018, total prompted awareness was lowest amongst the High Street (55%, and significantly lower than Contract Caterers at 78%), and B&B and Hostel sectors (44%, and significantly lower than the Care sector and Visitor Attractions at 70% and 69% respectively).
Source: Q6/7 Does the healthy living award sound familiar to you now?
Base: All respondents (2015 main n=500; 2018 main n=387; 2018 new n=267)
3.3.4 Awareness of the green apple logo

All respondents were asked if they were familiar with the green apple logo of the HLA (no image was shown).

In line with the 2015 figure, 43% said they were familiar with the logo. The only significant change in claimed levels of awareness of the logo from the 2015 measure was amongst Contract Caterers where this dropped from 68% to 49%. As previously, familiarity was highest amongst Community Cafés, Public sector, and Further and Higher Education, and lowest amongst the High Street sector (39%).

Amongst the new sample 45% claimed familiarity with the green apple logo, this being highest amongst Visitor Attractions (56%) and lowest amongst B&B and Hostels (28%).

Of those who had prompted awareness of HLA, 59% (both main and new samples) said they were familiar with the logo.

3.3.5 Main sources of awareness of the healthyliving award

All respondents who claimed awareness of HLA at a prompted level were asked how they had become aware of the award. There was a wide mix of responses, with the most frequently mentioned being trade press or newsletters (significantly higher amongst the new sample segments at 24% compared with 9% of the main sample), word of mouth or recommendation (significantly fewer mentions in the main sample compared with 2015 – 9% versus 18%), and particular mention of awareness via a member of staff amongst the new sample (10% of this sample, and 19% of the Care sector). Table 3 shows the full list of responses made.

Of particular interest is the significant increase in spontaneous mentions of direct mail (‘mailshot, flyer’) amongst the main sample, from 4% to 9%, this being 12% of the High Street sector. This can be attributed to specific marketing activity targeting this sector that was undertaken by HLA in the past couple of years. This was verified by means of a question describing the mailing and asking respondents in this segment whether they recalled receiving such a communication. Twenty-two percent of the High Street sector claimed recall of the mailing, with a further 10% claiming they were unsure. All those respondents who had spontaneously mentioned direct mail as the source of their awareness of HLA confirmed recall of the mailing at this question.

A similar question was asked of respondents in the B&B and Hostel sectors which had also been exposed to direct mail activity. In this segment, recall of receiving the mailing was lower with, 8% recalling it and 3% unsure.
### Table 3: Main sources of awareness of HLA (%)

<table>
<thead>
<tr>
<th>Source</th>
<th>2015 main</th>
<th>2018 weighted main</th>
<th>2018 new</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering press/trade press/newsletter</td>
<td>18</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>Word of mouth/recommendation</td>
<td>18</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Via member of staff</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Newspaper (national)</td>
<td>9</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Newspaper (local)</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Banner ad on internet (landing page?)</td>
<td>8</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Mailshot/flyer</td>
<td>4</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Approached by HLA</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Award ceremony/industry event</td>
<td>-</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>VisitScotland e-bulletin</td>
<td>-</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Social media</td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>EventsBase magazine</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Television</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Local Health Board</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Saw apple logo</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Local Environmental Health dept.</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Company Head office</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>healthyliving award website</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Involvement in Scottish Healthy</td>
<td>8</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Choices Award</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Through Health Scotland / HWL</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Talk/event/conference</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Radio advertising</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Via customer</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Email</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Q8 How have you heard about / come to be aware of the healthyliving award scheme?
Base: Those aware of HLA (2015 main n=304, 2018 main n=234, 2018 new n=165)
3.3.6 Level of knowledge of HLA amongst those aware of the award

Fourteen percent of those aware of the HLA in the main sample felt that they knew a lot about the award, with a further 32% saying they knew a little (Figure 5). Whilst the former reflects the detailed knowledge levels noted in the 2015 wave, the proportion of the sample who felt they knew a little about the award dropped significantly from the 49% in the initial wave. The corresponding increase of those in this 2018 study saying they knew nothing other than the name is evident most significantly amongst the Contract Caterer (22% in 2015 up to 48%) and the High Street segments (33% in 2015 up to 50%). Levels of detailed knowledge were significantly higher amongst businesses in SIMD quintiles 3-5 (19% compared with 7% of those in quintiles 1-2). This reflects the 2015 findings.

Amongst the new sample, detailed knowledge was also at 15%, but there was a significantly higher proportion of these businesses that felt they knew a little about HLA (42%). There were no significant difference between the individual business sectors.
Figure 5: Level of knowledge of HLA amongst those aware of the award (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Know a lot</th>
<th>Know a little</th>
<th>Only name</th>
<th>Only green apple logo</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 main</td>
<td>16%</td>
<td>28%</td>
<td>7%</td>
<td>49%</td>
</tr>
<tr>
<td>2018 main</td>
<td>14%</td>
<td>32%</td>
<td>6%</td>
<td>48%</td>
</tr>
<tr>
<td>2018 new</td>
<td>15%</td>
<td>42%</td>
<td>2%</td>
<td>41%</td>
</tr>
</tbody>
</table>

Source: Q9 How much would you say you know about the healthyliving award?
Base: Those aware of HLA (2015 main n=304; 2018 main n=234; 2018 new n=165)
3.4 Motivations and barriers to engagement

This section reviews the current levels of engagement with the HLA, together with the reasons provided for involvement with the award or otherwise.

3.4.1 Levels of engagement with HLA

Of those businesses who were aware of HLA, 11% in the main sample and 13% in the new sample segments were actively engaged with the award. Of these, 1% in the main sample and 2% in the new sample were working towards the HLA Plus. The main sample figures are in line with those recorded in the 2015 wave (Figure 6).

There was a significant increase in the proportion of main sample businesses that had very little or no engagement with, or knowledge of HLA (53% compared with 36% in 2015). This reflects the higher levels in the 2018 sample that only knew the award name. The levels of engagement amongst the new sample businesses was consistent with this.

There were no significant differences between sample groups, except to note that significantly fewer businesses in SIMD quintiles 1 and 2 were likely to fall into the ‘some engagement’ category than those in SIMD quintiles 3 to 5 (29% versus 42% in the main sample). No significant differences were evident amongst new sample businesses.
Figure 6: Current engagement with HLA (%)

Source: Q10 Which of the following applies to your business with regards to the healthyliving award?
Base: Those aware of HLA (2015 main n=304, 2018 main n=234, 2018 new n=165)
3.4.2 Key reasons for engagement with HLA

The reasons provided for deciding to work toward or achieve the HLA fell into four key areas:

- **Business benefit:** 35% of the main sample (compared with 55% in 2015, and 19% of the new sample) commented on the business benefits that were anticipated as a result of achieving the award. These related to positive image or increased prestige for the business, the fact that the award is a recognised industry award held in high regard, and providing business differentiation and attracting a different clientele. A few businesses also referred to the fact that they were already meeting a lot of the requirements.

- **Customer benefit:** 31% of the main sample (39% in 2015) and 38% of the new sample mentioned reasons relating specifically to benefitting customers. These included active promotion of healthy eating and the provision of healthy options for more vulnerable customers (especially Care sector). It was evident from some of the spontaneous reasons provided (e.g. ‘to provide a better healthy eating environment for our customers’, ‘because I myself am very health conscious’) that this was at least in part driven by either company or personal ethos.

- **Market driven factors:** 19% of the main (unchanged from 2015), and 6% of the new sample highlighted an increased customer interest in this area, or that they were trying to meet the needs of particular target audiences e.g. students, gym goers.

- **Good practice:** a small proportion of the sample (6% main and 14% new) cited their reasons as being driven by the desire to strive for higher standards and continual improvement. For a minority, this also linked to staff development.

3.4.3 Key reasons for not engaging with HLA (those aware of the award)

Reasons for lack of interest in pursuing the award amongst those who were aware of HLA related primarily to:

- **Award related factors:** across the main sample 35% (42% in 2015), and across the new sample 30% cited limited knowledge and understanding of the award, and a perception that the criteria were too limiting as barriers. A few respondents in both the main and new samples also questioned the value of the award to their business.

- **Business related factors:** expectations of onerous requirements also constituted barriers to engagement. Thirty-eight percent of the main sample and 35% of the new sample cited factors such as lack of time to implement, limitations of having a small menu, conflict with food ethos (e.g. not using sweeteners), other priorities (new business), and a perceived lack of relevance to the type of business e.g. fish and chip shop.

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20 Small base sizes throughout.
21 Small base size for the new sample segment.
Customer related factors: 10% of the main sample and 6% of the new sample referred to a perceived lack of demand amongst their customers and unwillingness to 'enforce' healthy options. Respondents in the Care sector also felt that having to cater for restricted client diets made it difficult to consistently adhere to the criteria.

3.4.4 Attitudes to nutritional issues (those unaware of the award)
To place into context the views of those who had little or no awareness or knowledge of HLA, two attitudinal questions were asked to establish perceptions of the importance of 'driving up nutritional standards within the catering industry' and 'making it easier for people to know where to go for healthier food when eating out of home'. These are discussed initially, prior to examining attitudes to HLA itself.

With respect to the perceived importance of driving up nutritional standards within the catering industry (Figure 7), 53% of the main sample (in line with 2015) felt this was very important, with a further 37% stating it was quite important. Of the former, 31% went on to say they thought HLA was very worthwhile, and 41% that it was quite worthwhile (see section 3.5.5 below). There were no significant differences in attitude between the business sectors or SIMD quintiles.

Respondents in the new sample had significantly more positive views on the importance of driving up nutritional standards (70% saying it was very important) – this was primarily evidenced in the Care sector where 82% said this, compared with 62% of B&B and Hostels, and 63% of Visitor Attractions.
Figure 7: Perceived importance of ‘Driving up nutritional standards within the catering industry’ (%)

Source: Q15a In your view, how important is it to … drive up nutritional standards throughout the catering industry?
Base: Those not heard of HLA/know very little about HLA (2015 main n=305; 2018 main n=276, 2018 new n=183)
With respect to the perceived importance of making it easier for people to know where to go for healthier food when eating out of home, 46% of the main sample felt this was very important, with a further 41% saying it was quite important (Figure 8). Again, of the former, 42% went on to say they thought that the HLA was very worthwhile. The figures here were consistent with those in the 2015 wave of the study, and there were no significant differences between sector or SIMD quintiles.

Significantly more of the new sample claimed that they felt that it was very important to make it easier for people to know where to go for healthier food when eating out of home (62%). Again, this was driven by the Care sector, 71% of which said this as compared with 56% of B&B and Hostels, and 59% of Visitor Attractions.
Figure 8: Perceived importance of ‘Making it easier for people to know where to go for healthier food when eating out of home’ (%)

Source: Q15b In your view, how important is it to … make it easier for people to know where to go for healthier food when eating out of home?
Base: Those not heard of HLA/know very little about HLA (2015 main n=305; 2018 main n=276, 2018 new n=183)
3.4.5 Perceptions of the value of HLA (those unaware of the award)

Those respondents who had not heard of HLA, or knew very little about it, were read a further description as follows: 'The healthy living award is a free national award for all caterers and food service outlets across Scotland that sells prepared food. It rewards caterers who make it easier for their customers to eat healthily when eating out. It has two main goals. The first is to make the food served generally healthier by making broad changes to how it is prepared. The second goal is to encourage promotion and marketing that supports and encourages healthier eating. To achieve an award, there are certain conditions that must be met. These conditions are based on the general principles of a healthy balanced diet and include reducing levels of fat, salt and sugar in the food served.'

These respondents were then asked how worthwhile they felt this kind of award to be. The overall response was positive, with almost a third of the main sample (31%, compared with 41% in 2015 – not significant) and 39% of the new sample saying they felt it was very worthwhile (a mean score\(^{22}\) of 2.99 and 3.08 respectively for the 2018 samples). See Figure 9.

There were no significant differences in opinion between the 2018 business sectors. However, the High Street sector showed a significant drop in rating of the value of the award between 2015 and the current wave, from a mean score of 3.13 to one of 2.95. Significantly higher value was attributed to the award by businesses in SIMD quintiles 3-5 as compared with those in the more deprived quintiles 1-2 (a mean score of 3.12 versus 2.87).

Not surprisingly, those businesses for which healthy eating options and catering practices were a priority were significantly more likely to rate the award as worthwhile.

\(^{22}\) Mean score derived from the following values: very worthwhile = 4, quite worthwhile = 3, not very worthwhile = 2, not at all worthwhile = 1.
Figure 9: How worthwhile HLA is seen to be – those unaware of HLA (%)

<table>
<thead>
<tr>
<th></th>
<th>Very worthwhile (4)</th>
<th>Quite (3)</th>
<th>Not very (2)</th>
<th>Not at all worthwhile (1)</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015 main</strong></td>
<td>41%</td>
<td>34%</td>
<td>8%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td><strong>2018 main</strong></td>
<td>31%</td>
<td>41%</td>
<td>10%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td><strong>2018 new</strong></td>
<td>39%</td>
<td>33%</td>
<td>15%</td>
<td>8%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Mean score:
- 2015 main: 3.13
- 2018 main: 2.99
- 2018 new: 3.08

Source: Q13 How worthwhile do you feel something like this is?
Base: Those not heard of HLA or know very little about HLA (2015 main n=305; 2018 main n=276, 2018 new n=183)
As in the previous wave of the study, the main reasons cited for why the award was considered worthwhile related to a belief that it would bring customer benefit (65% of the main sample, and 61% of the new sample) in respect of raising awareness of healthy eating and contributing to improving health and wellbeing of their customers. Some made specific mention of having a role in addressing the obesity problem in Scotland. Mention was also made of the important of providing customer choice.

Some respondents saw a direct business benefit (23% of the main sample and 20% of the new sample), anticipating a promotional opportunity, or as a reinforcement of existing standards if they were already providing healthy eating choices.

A minority across both the old and new samples also mentioned that they felt it would tap into customer expectations or concerns in respect of healthier eating habits.

Almost a quarter of businesses in both the main sample and new samples did not feel that the award was worthwhile. This included 23% of the High Street, 17% of the Contract Caterer, 22% of the Care Sector, 24% of both the Visitor Attraction and B&B and Hostel segments. The reasons provided for this related to a perceived lack of relevance to their business, a lack of time to implement the criteria, a view that it was unnecessary as they already offered healthy options, and a belief that ultimately it was down to the customer to decide on their food choices.

3.4.6 Interest in working towards HLA in the future
All respondents who had not heard of the award, or only knew little about it, were asked how interested they would be in working towards HLA in the future. In the main sample 13% said they would be very interested, with a further 40% saying they would be quite interested in this. This is consistent with the 2015 figures (Figure 10). There were no significant differences between the business sectors or by SIMD in the 2018 data. The only difference of note was an attitudinal one: those businesses that thought that the provision of healthy food options was important, and those that believed in the importance of driving up nutritional standards, were significantly more likely to be interested in working towards the award.

New sample businesses expressed similar levels of interest: 21% saying they would be very interested, and 31% that they would be quite interested. The B&B and Hostel sector were significantly less likely to be interested (56% saying they would not be interested) than the Care sector (38%) or Visitor Attractions (31%).

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23 NB small base sizes, so indicative findings only.
Figure 10: Level of interest in applying for HLA in future (%)

Mean score

2015 main

- Very interested (4)
- Quite (3)
- Not very (2)
- Not at all (1)
- Don’t know

2018 main

2018 new

Source: Q16 How personally interested would you be in working towards the healthyliving award?
Base: Those not heard of HLA or know very little about HLA (2015 main n=305; 2018 main n=276; 2018 new n=183)
The primary reasons given for interest in applying for HLA reflected perceptions of why the award was worthwhile, and were based around business benefits (particularly amongst the main sample), a personal belief in providing healthy food, and a desire to help customers. The reasons provided by main sample businesses mirrored those of the 2015 survey, although there were significant drops in mentions of being motivated by the prospect of the award acting as a promotional tool (dropping from 38% of mentions to 15%), wanting to help improve customers’ diets (from 33% to 20%), impressing existing customers (from 23% to 12%), and feeling that it was something they would personally like to do (down from 26% to 14%). It should be noted however that as this was an open-ended question with the potential for each respondent to make multiple mentions, it may be that this sample were less inclined or able to provide several reasons for their interest (Figure 11).
Figure 11: Reasons for interest in applying for HLA (%)

- It may be a good promotional tool: 38%
  - 2015 main: 15%
  - 2018 main: 13%
  - 2018 new: 15%
- May assist/increase business/sales/profits: 21%
  - 2015 main: 10%
  - 2018 main: 21%
- To gain recognition for offering healthy options: 19%
  - 2015 main: 4%
  - 2018 main: 18%
- Kudos for the business: 12%
  - 2015 main: 2%
  - 2018 main: 12%
- To satisfy a growing customer demand for healthier food: 27%
  - 2015 main: 13%
  - 2018 main: 21%
- Want to help improve customers’ diet: 23%
  - 2015 main: 12%
  - 2018 main: 23%
- May impress existing customers: 10%
  - 2015 main: 5%
  - 2018 main: 6%
- To promote healthy eating/increase awareness: 26%
  - 2015 main: 9%
  - 2018 main: 14%
- I’d enjoy the challenge/get job satisfaction: 25%
  - 2015 main: 7%
  - 2018 main: 14%
- It sounds good/like something I’d like to do: 20%
  - 2015 main: 14%
  - 2018 main: 8%
- Personal belief/interest in nutrition: 21%
  - 2015 main: 19%
  - 2018 main: 21%
- To increase staff morale: 5%
  - 2015 main: 4%
  - 2018 main: 2%
- May help drive up industry standards: 5%
  - 2015 main: 4%
  - 2018 main: 3%
- To attain the award: 5%
  - 2015 main: 6%
  - 2018 main: 8%
- To impress higher management/may be good for my career: 4%
  - 2015 main: 2%
  - 2018 main: 1%
  - 2018 new: 4%
- Other: 13%
  - 2015 main: 8%
  - 2018 main: 8%
  - 2018 new: 13%

Source: Q17 Can you please explain why you might be interested in applying? Base: Those not heard of HLA or know very little about HLA and interested in applying (2015 main n=178, 2018 main n=146, 2018 new n=96)
Forty-three percent of those in the 2018 main sample who claimed to be interested in applying for HLA cited difficulties or barriers that might have to be overcome in order to take up HLA (39% of the new sample). These related mainly to concerns that customers would reject or not like the food, or that there would be insufficient time to set up and implement the changes (Table 4). In contrast with 2015, some businesses in both the main and new sample segments anticipated difficulty in getting buy-in from senior management.

Table 4: Perceived difficulties or barriers to overcome in applying for HLA (%)

<table>
<thead>
<tr>
<th></th>
<th>2015 main %</th>
<th>2018 main %</th>
<th>2018 new %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customers will reject it/don’t like that kind of food</td>
<td>30</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Insufficient time to set up/实施</td>
<td>11</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Getting buy in from senior management</td>
<td>16</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Unable to ensure 50% of menu is healthy option</td>
<td>18</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Altering the menu</td>
<td>6</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Criteria appear too difficult to maintain</td>
<td>3</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Will be too much wastage/won't sell as well</td>
<td>3</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Logistical problems with my premises</td>
<td>6</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Implementation too difficult</td>
<td>-</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Think would be lots of form filling/bureaucracy</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Cost/financial</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Too small a business</td>
<td>-</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Staff will reject it/don’t like that kind of food</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Lack of skills/expertise</td>
<td>6</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Don’t want to be seen to be forcing customers</td>
<td>-</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Lack of understanding what it is about</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Q18b What are these difficulties or barriers?
Base: Those not heard of HLA/know very little about HLA and interested in applying AND see barriers (2015 main n=79, 2018 main n=63, 2018 new n=37)

Those who were not interested in applying for HLA (39% of those in the main, and 44% of the new samples who had not heard of HLA or knew very little about it) offered reasons relating to perceived lack of feasibility given their menus, and a sense that such changes would not be acceptable to their customers. Some lacked any personal interest in providing healthy options and felt that the award would be too much hassle or too time consuming to implement (Figure 12).
Figure 12: Reasons for not being interested in applying for HLA (%)

Source: Q19 Can you please explain the reasons why you would not be interested in applying for the award in the future?
Base: Those not heard of HLA or know very little about HLA and not interested in applying (2015 main n=114, 2018 main n=108, 2018 new n=78)
3.5 Information channels

There was a significant increase, from 43% to 51%, in the proportion of main sample businesses in 2018 that were accessing healthy eating, catering or other business information via email and social media. Use of these channels was lowest amongst the High Street sector (46%, compared with 68% of Contract Caterers). As in the previous wave, those who did so mostly used email newsletters and updates, and Facebook to access such business information. Further and Higher Education were least likely to use the latter when compared with the other main sample segments.

A similar proportion of the new sample (45%) were accessing information via these channels, although their use of Facebook was significantly lower at 18% compared with 32% of the main sample in 2018 (Figure 13).
Figure 13: Channels currently used to access information - prompted (%)

Source: Q25 Do you currently access healthy eating, catering or other business information via any of the following media?
Base: All respondents (2015 main n=500, 2018 main n=387, 2018 new=267)
Overall preferred channels for accessing information showed a clear leaning towards web-based information (81% of the main sample, in line with 2015, and 84% of the new sample). Preference for printed resources dropped significantly from 50% to 36% amongst the main sample (32% for the new sample), as did email enquiry and face-to-face consultation. Interest in using social media channels remained high (Figure 14).
Figure 14: Preferred channels for accessing this type of information (%)

Source: Q24a Should you need it, what would be your preferred channels for accessing this type of information, advice or support? (multi-coding possible)
Base: All respondents (2015 main n=500, 2018 main n=387, 2018 new n=267)
Those who had mentioned more than one preferred channel were asked to rank their top three choices. This, together with the preferences of those who only selected one channel were combined to provide a ranking of preferred channels for each of the business sectors. This is shown below in Table 5.

The mean scores show that web-based information and websites remained the clear preference across all of the business sectors, with only Further and Higher Education rating printed resources alongside this as their preferred channel. Social media was ranked in the top three for High Street, Contract Caterer and Community Café businesses. Training courses feature in the top three for the Public sector, Care sector, and Further and Higher Education businesses.

The only significant difference in preference between businesses in the more and less deprived SIMD quintiles was that those in SIMD quintiles 1 and 2 (main sample only) were significantly less likely to select events and exhibitions as a preferred channel for accessing information.
Table 5: Top three ranked channels for accessing information (mean score)

<table>
<thead>
<tr>
<th></th>
<th>High Street</th>
<th>Contract caterers</th>
<th>Comm. Café</th>
<th>Public sector</th>
<th>FE &amp; HE</th>
<th>B&amp;B and hostels</th>
<th>Care sector</th>
<th>Visitor Attraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Web based</td>
<td>Web based</td>
<td>Web based</td>
<td>Web based</td>
<td>Printed resource</td>
<td>Web based</td>
<td>Web based</td>
<td>Web based</td>
</tr>
<tr>
<td></td>
<td>2.09</td>
<td>2.33</td>
<td>2.58</td>
<td>2.32</td>
<td>1.40</td>
<td>2.48</td>
<td>2.05</td>
<td>2.21</td>
</tr>
<tr>
<td>2</td>
<td>Social media</td>
<td>F2F consult.</td>
<td>Social media</td>
<td>Training courses</td>
<td>Web based</td>
<td>E-mail enquiry</td>
<td>Training courses</td>
<td>F2F consult.</td>
</tr>
<tr>
<td></td>
<td>0.62</td>
<td>0.61</td>
<td>0.50</td>
<td>0.60</td>
<td>1.20</td>
<td>0.39</td>
<td>0.57</td>
<td>0.47</td>
</tr>
<tr>
<td>3</td>
<td>F2F consult.</td>
<td>Social Media</td>
<td>Printed resource</td>
<td>Email Enquiry</td>
<td>Training courses</td>
<td>F2F consult.</td>
<td>F2F consult.</td>
<td>Email enquiry</td>
</tr>
<tr>
<td></td>
<td>0.42</td>
<td>0.53</td>
<td>0.42</td>
<td>0.48</td>
<td>0.60</td>
<td>0.38</td>
<td>0.52</td>
<td>0.41</td>
</tr>
</tbody>
</table>

Scoring: 1st place = 3, 2nd place = 2, 3rd place= 1, no mention= 0

Source: Q24b Could you rank these channels in order of preference for accessing this type of information, advice or support?
Base: All respondents (2018 High Street n=265, Contract Caterers n=80, Community Café n=12, Public Sector n=25, FE & HE n=5, B&B and Hostels n=82, Care Sector n=100, Visitor Attractions n=85)
4. Discussion

Amongst the 2018 main sample, levels of awareness of HLA (both spontaneous at 5%, and total prompted\(^24\) at 32%) remain unchanged from the benchmark study in 2014-2015. Whilst there is variation in prompted awareness levels across the different business sectors that comprise the main sample, no significant shifts were evident between the two waves of the study. Awareness levels remain lowest in the High Street sector, although this is likely to be driven by the degree of variation in the types of business and food offering (e.g. restaurant or cafeteria versus coffee shop or take-away), with the relevance of the award to the latter type of business being called into question by respondents.

The benchmark spontaneous awareness for the new sample (B&B and Hostels, Care sector, Visitor Attractions) is in line with that for the main sample. However, prompted awareness of the name is significantly higher at 34% saying they have definitely heard of the HLA name, compared with 26% of the main sample. Total prompted awareness is also at the same level as for the main sample with 36% saying that the award definitely sounds familiar. The B&B and Hostel sector show the lowest levels of awareness, in line with the High Street.

This suggests that the relatively low levels of marketing activity undertaken over the past four years may have had some role in maintaining awareness levels, but have not increased them significantly. This is borne out by some respondents' spontaneous attribution of their source of awareness to direct mail (9% of the main sample and 3% of the new) and trade press or newsletters (9% of the main sample and 24% of the new), these being channels used for marketing activity. There were also a small number of references made by respondents to awareness through attendance at an award ceremony or industry event, the VisitScotland e-bulletin and the EventsBase magazine, all of which were used for promotional activity in recent years.

Additionally, when specifically questioned about recalling receiving a targeted direct mail from HLA\(^25\), a fifth of the High Street sector claimed recall. Eight percent of the B&B and Hostel sector said they recalled a similar mailing to them. Whilst the research sample did not target or identify those businesses that had been mailed as part of these campaigns, the findings suggest that this type of approach has had some success amongst the High Street sector, but very limited success amongst the B&B and Hostel sector. This may be due to a strong perception amongst some businesses in these sectors of a lack of relevance of the award to their specific business, due to the nature of their food offering. Indeed, only 15% of the B&B and Hostel sector said they would be very

\(^{24}\) Those saying the award ‘definitely’ sounded familiar after prompting with both the HLA name and a descriptor.

\(^{25}\) A description of the content of the campaign messaging was provided.
interested in working towards HLA on behalf of their business (compared with 24% of Visitor Attractions for example), citing ‘too much hassle’, lack of feasibility given their menu, and lack of meaning to their customers as their main reasons. The low level of interest and reasons given are the same for the High Street segment.

Levels of good understanding of HLA amongst the main sample remained consistent with those seen in the benchmark study (14% claiming to ‘know a lot’). However, there was a significant increase in the proportion of businesses that claimed to only be aware of the name (47% compared with 28% in 2015) relative to those knowing ‘a little’ about the award (32% compared with 49% in 2015). This was particularly evident in the High Street and Contract Caterer sectors. In the case of the former, this is in keeping with the low levels of awareness of the award. With the Contract Caterer sector where HLA has had greater levels of engagement, this may be due to the fact that there were more micro businesses who claimed some level of awareness of HLA than in 2015, with 42% of these businesses stating that they only knew the name (compared with 23% in 2015). Overall, this would suggest that whilst there are good levels of name recognition for the award (most of the prompted awareness stemming from this), real understanding of what HLA represents has diminished amongst these sectors, and this together with low levels of intrinsic interest amongst many businesses in these sectors, is likely to result in limited follow up and uptake.

Levels of knowledge of HLA amongst the new sample showed similar proportions who claimed they knew a lot about the award, but significantly more than the main segment who felt they knew a little about the award (42% compared with 32%). This would suggest that there is a greater base level understanding of HLA which can be built upon and a potential for higher levels of future engagement. There were no significant differences between the sectors.

Interest in engaging with HLA in the future appears to be strongly linked to existing business ethos, with businesses with established practices in providing healthy options significantly more likely to be more interested. This is borne out by the fact that those (in both main and new samples) who are very interested in the award are already significantly more likely to view the raising of nutritional standards and making it easier for people to eat healthily out of home as very important.

Across the key measures, a number of significant differences are of note between the more and less deprived SIMD quintiles. In terms of awareness, businesses in SIMD quintiles 3-5 are significantly more likely to be spontaneously aware of awards open to the catering industry in Scotland (40% compared with 23% of businesses in SIMD quintiles 1-2 in the main sample, not significant in the new sample), this being reflected in higher levels of both
spontaneous and prompted awareness of HLA. Additionally, amongst those businesses with some level of awareness, significantly more in the least deprived quintiles (SIMD quintiles 3-5) felt they know a lot about the award (19% versus 7% of businesses in SIMD quintiles 1-2 in the main sample). Businesses in SIMD quintiles 1-2 in the main sample were significantly less likely to view the award as worthwhile, particularly amongst the High Street sector. These lower levels of perceived relevance indicate that some of the businesses in the more deprived quintiles (in the main sample) will be more difficult for HLA to engage with, with better success in this area likely to have to be built on wider Scottish Government activities around raising awareness of healthy eating issues amongst the general public (for example through the *Eat Better, Feel Better* campaign).

In broader terms, the relatively small shifts in awareness and interest are likely to reflect the fact that there have been no significant changes in the attitudes of the main sample industry sectors to the provision of healthy food options. Fifty-five percent believe that it is important to provide healthy options, with 34% having proactively implemented catering practices in this regard. Levels of access of information, advice or support on healthy eating or catering issues also remains unchanged, with only 27% having ever accessed such information. The highest levels of proactivity and seeking of information are to be seen amongst the Community Cafés, Further and Higher Education and Contract Caterers, and as such these are likely to provide the most fertile sectors for immediate engagement (although not necessarily those likely to produce the biggest immediate impact).

In terms of those other sectors with lower levels of proactive interest in offering healthy options, this suggests that a strong motivator will be required to drive businesses to consider HLA. This is likely to require a perception of growing customer demand (harder to communicate convincingly for certain types of business, or where there is an established, traditional clientele), and a sense of ease of implementation of the award criteria.

However, both proactive implementation and accessing of information is significantly higher amongst the new sample (48% and 49% respectively). This is particularly the case in the Care sector, where there is perhaps a greater immediate sense of relevance, and more potential to drive interest in HLA.

In developing future marketing strategy, the increased use of email (newsletters) and social media (particularly Facebook) for accessing business information will be an important consideration. Fifty-one percent of the main sample, and 45% of the new sample claim to be using such media (although it should be noted that use of Facebook is significantly lower amongst the new sample at 18%, compared with 32% of the main sample). Whilst all but the Further and Higher Education sector indicate a web-based channel preference as their first choice for accessing information, secondary channel preferences indicate that tailoring
to specific target audiences might help to increase engagement levels. In particular, it should be noted that social media features most strongly for the High Street sector, while the Care and Public sectors, and Further and Higher Education are interested in training courses.
5. Conclusions and recommendations

5.1 Conclusions
On all the key measures, there have been no significant shifts in awareness and understanding of HLA amongst the main sample. Measures for the new sample only differ significantly in respect of prompted awareness of the HLA name. Levels of spontaneous awareness of the healthyliving award remained constant at 6% (main sample), rising to 26% ‘definitely aware’ on prompting with the name, and 32% after prompting with a descriptor. Total prompted awareness was lowest amongst the High Street segment. Amongst the new sample of priority sectors, prompted awareness (name only) was significantly higher at 34%, with the other levels consistent with those evidenced in the main sample. Total prompted awareness was significantly higher amongst the Care sector and Visitor Attractions.

There is evidence that HLA marketing activity has been the source of some awareness of the award, with spontaneous attribution to direct mail (9% of the main sample and 3% of the new), the HLA website landing page and trade magazines (4% and 9% respectively). On prompting, 8% of the B&B and Hostel sector, and 22% of the High Street sector confirmed recall of targeted campaigns.

Levels of knowledge of the award reflect the unchanged, and largely high-level nature of awareness of HLA. In the main sample, clear understanding of the award and its criteria remained at the 2015 level, with only 16% of those aware of HLA claiming to ‘know a lot’. As before, this was significantly higher amongst establishments in the least deprived SIMD areas. However, there was a significant increase in the proportion of businesses that claimed to only be aware of the name (47% compared with 28% in 2015) relative to those knowing ‘a little’ about the award (32% compared with 49% in 2015). The respondents in the High Street, and Contract Caterer sectors had significantly lower levels of understanding of HLA, potentially stemming from a perceived lack of relevance for both themselves and their customers. In this context, it is worth noting that the High Street sector included the largest number of businesses in the main sample that fell into SIMD quintiles 1 and 2 (46% of this segment), and that this may be linked to lower levels of engagement. These findings indicate that whilst there are good levels of name recognition for the award (most of the prompted awareness stemming from this), real understanding of what HLA represents has diminished amongst these sectors, and this together with low levels of intrinsic interest amongst many businesses in these sectors, is likely to result in limited follow up and uptake.
In the new sample, levels of good knowledge of HLA were at similar proportions. However, significantly more than in the main sample felt they knew a little about the award (42% compared with 32%). This would suggest that there is a greater base level understanding of HLA which can be built upon.

Levels of active engagement with the award have also not changed since the 2015 wave, with 11% of businesses in the main sample currently holding or working towards the HLA. The extent of engagement amongst the new sample was on a par. Motivations to work towards and attain the award were consistent with those cited at the 2015 wave: the opportunity it provides both for tapping into and influencing consumer eating choices, and for impacting positively on business perceptions.

As in 2015, around a third of those previously unaware of HLA in both the main and new samples perceived it to be very worthwhile, with 14% (21% of the new sample) saying they would be very interested in working towards the award. Interest in engaging with HLA in the future appears to be strongly linked to existing business ethos, with businesses with established practices in providing healthy options significantly more likely to be more interested.

Lack of interest was driven by a perception that the award lacked relevance for the specific business, or by a personal lack of interest in working towards an award.

In developing future marketing strategy, the increased use of email (newsletters) and social media (particularly Facebook) for accessing business information will be an important consideration. Fifty-one percent of the main sample, and 45% of the new sample claimed to be using such media, although it should be noted that use of Facebook is significantly lower amongst the new sample at 18%, compared with 32% of the main sample.

5.2 Recommendations

A number of key barriers need to be overcome in order to generate higher levels of intrinsic interest in both the healthy eating agenda, and in achieving HLA:

- a sense that such a change is not customer driven, but rather an imposition on customers, ‘forcing’ them to eat food they do not want;
- the perception that implementation of the award criteria will be onerous and time consuming; and
- consequently, a lack of perceived benefit to the business or individual chef.

Marketing should aim to address objections by clearly exemplifying meaningful benefits:

- Messaging should speak the language of the business, rather than that of healthy eating e.g. focus on the concept of widening the food choices offered in order to counteract perceptions of the award criteria limiting customer choice.
• Communications should clarify that the award aims to increase choice on the menu and does not require wholesale change. In this context ‘50% of the menu’ as a key message may be daunting in direct marketing communications when there is no understanding of the criteria. Focus rather on examples of small changes that need not significantly affect their main menu – the 50% can be communicated via subsequent materials which detail the criteria e.g. the website and starter pack.

• Challenge the perception that ‘it is not relevant to my business’.

• Offer evidence of ease of implementation and positive impact (e.g. case studies).

More regular, sustained marketing activity is recommended to build and maintain brand awareness. Communications should aim to provide additional incentive to work to achieve the award e.g. by evidencing consumer demand and the availability of support in working towards it.

A more focused approach to targeting is recommended in order to maximise the potential impact of the limited budget available:

• Targeting ‘warmer’ sectors e.g. Care sector, Visitor Attractions, Contract Caterers, Community Cafés, Public sector, and Further and Higher Education that are already engaged with the ethos of the award may provide some ‘quick wins’.

• Partnership marketing may provide a more effective route to targeting warm businesses in the High street and B&B and Hostel sectors by reaching those that are interested in providing quality food e.g. holders of VisitScotland’s Taste our Best accreditation.

• Create specific relevance for those businesses who already have established practices in place by making direct reference to this.

With respect to the most effective channels for reaching these target audiences, the following observations are pertinent:

• Email (newsletters or updates) and social media channels are growing in terms of their use for accessing business information. Use of specific types of social media can be biased to certain sectors (e.g. High Street) and could provide a more effective route to reaching this audience than direct mail.

• Trade magazines are key for reaching catering professionals if the reach in Scotland is good e.g. Catering Scotland.

• Events with local champions could work on a personal level to convey the achievability and positive business impact of HLA.
6. References


HEALTHYLIVING AWARD
Awareness & insight questionnaire 2018

Name

Organisation

Address

Postcode

Telephone

CLASSIFICATION

Current role within organisation
(specify)

Owner ............................................. 1
Manager ........................................ 2
Head/Executive Chef ..................... 3
Other .............................................. 4

Company size (from Q1)

Sole trader ....................................... 1
Micro ........................................... 2
Small ............................................. 3
Medium ......................................... 4
Large ............................................ 5

Sector (from S2)

High St ........................................ 1
Community .................................... 2
Public sector ................................. 3
Contract caterer ............................. 4
F & H education ............................ 5
Care sector ................................... 6
B&B or hostel ................................. 7
Visitor attraction ........................... 8

Scott Porter Research
INTRODUCTION
Good morning / afternoon, my name is........ from Scott Porter Research & Marketing. We are
cconducting a piece of research about the catering industry, and would like to speak to the
manager of the business or the person responsible for decisions relating to the catering practices
and food offering in your food outlets. May I please speak to that person? What is his/ her
name?

Good morning / afternoon Mr/Ms ........ My name is ........ from Scott Porter Research & Marketing.
We have been commissioned to undertake some research with catering businesses/providers
about their food offering? The interview will take around 10 to 15 minutes to complete, and your
input would be very much appreciated. All responses will be anonymised and treated in the
strictest confidence in accordance with the MRS code of conduct.

Would you mind if I ask a question to see if you are within the scope for this survey?

SCREENING QUESTIONS

S1  Are you the person within your organisation who has the main responsibility for
decisions relating to the catering practices and food offering in your food outlets?
   Yes (write in role______)...... 1 CONTINUE
   No................................. 3 CLOSE (ask to speak to person responsible for this)

S2  Which of the following types of catering provider does your
business/organisation best fit in to?
   READ OUT
   High street catering – for example independent cafes, chains,
franchise cafes/deis, takeaways, restaurants................................. 1 CHECK QUOTA
   Community cafe......................................................... 2 CHECK QUOTA
   Contract caterer – for example for a private workplace............................. 3 CHECK QUOTA
   Public sector – for example local authority workplace restaurants,
visitor attractions, leisure trusts .................................................. 4 CHECK QUOTA
   Further and higher education – for example halls of residence,
campus cafes and restaurants.................................................... 5 CHECK QUOTA
   Care sector – for example third sector and local authority care
establishments for adults, children and other vulnerable audiences ... 6 CHECK QUOTA
   B&B or hostel – with food offering............................................ 7 CHECK QUOTA
   Visitor attraction – with food offering........................................ 8 CHECK QUOTA
   Retail food outlet only.......................................................... 9 CHECK QUOTA
   None of these .................................................................10 CLOSE

Thank you. The rest of the questionnaire will take around 10 -15 minutes. Would you
be willing to take part? Would it be ok to ask you these questions now or is it more
convenient to call you later, at home for example?

Ask now.......................... 1 CONTINUE
Call at work at later stage ..2 MAKE APPOINTMENT
Call at home.......................... 3 TAKE NUMBER AND MAKE APPOINTMENT
No.......................................... 4 TERMINATE INTERVIEW

Scott Porter Research
MAIN QUESTIONNAIRE
Before we start, I would like to confirm that the interview will be conducted according to the Code of Conduct of the Market Research Society – you do not have to answer any questions that you do not want to and you may terminate the interview at any time. The interview will be recorded for quality control purposes, but your identity will be kept strictly confidential and none of your answers will be attributed to you or your organisation. Are you happy to continue with the interview?

BUSINESS BACKGROUND AND PROFILING

Q1 Approximately how many people are employed in your business / in providing catering in all the outlets in this organisation?

None (sole trader) ...... 1
1-10 employees .......... 2
11-49 employees ...... 3
50-250 employees ...... 4
251+ employees ...... 3

Q2a ASK HIGH ST CATERING, COMMUNITY CAFÉ: What type of catering outlet is your business?
ASK CONTRACT CATERERS, PUBLIC SECTOR, F&H EDUCATION, VISITOR ATTRACTION: What types of catering outlets are available across this organisation? Any others?
ASK CARE SECTOR, B&B, HOSTEL: What type of catering facility is available in your business?
MULTICODE POSSIBLE

Workplace canteen/cafeteria/workplace restaurant ........... 1
Café/coffee shop ................................................. 2
Sandwich shop/sandwich bar/snack bar ....................... 3
Delicatessen ......................................................... 4
Restaurant/cafeteria ............................................. 5
Take away ................................................................ 6
Family eatery ......................................................... 7
Residential dining room ......................................... 8
Other (please specify): ............................................. 9

Q2b Is it/are any of these part of a chain or franchise, like Costa Coffee, Subway and Pizza Express for example?
ONE CODE ONLY

Yes ........................................................................... 1
No ............................................................................ 2

Q3 Can you please estimate how many customers are served on an average day across all of your outlets? Your best estimate will be fine.

WRITE IN NUMBER: ____________
Q4 Which of the following do you provide for customers?
READ OUT – CODE ALL THAT APPLY
Breakfast ................................................................. 1
Lunch .............................................................................. 2
Dinner .............................................................................. 3
Light snacks ...................................................................... 4
‘On the go’ food e.g. sandwiches, take-away ...................... 5
Other (specify)..................................................................... 6

CATERING AWARDS - AWARENESS

Q5 There are a number of awards that are open to the catering industry in Scotland. Which, if any, are you aware of?
DO NOT PROMPT. PROBE FULLY: Any others? MULTI CODING POSSIBLE

Food for Life catering mark .............................................. 1
Taste our Best Award ......................................................... 2
Eat Safe Award .................................................................. 3
Healthyliving Award ......................................................... 4
Healthyliving Award Plus ................................................ 5
Another award not listed above (please specify) ............... 6
Not aware of any catering awards ..................................... 7

Q6 Have you heard of the Healthyliving Award?

Yes definitely ....................................................................... 1 GO TO Q8
Yes, think so ........................................................................ 2 GO TO Q8
No ..................................................................................... 3 GO TO Q7
Don’t know / unsure ........................................................... 4 GO TO Q7

Read out description:
“The Healthyliving Award is a national award for food service outlets across Scotland. It rewards caterers who make it easier for their customers to eat healthily when eating out of the home. The award criteria are based on the general principles of a healthy balanced diet, and ensure that healthier ingredients and cooking practices are used.”

Q7 Does the Healthyliving Award sound familiar to you now?

Yes definitely ....................................................................... 1 GO TO Q8
Yes, think so ........................................................................ 2 GO TO Q8
No ..................................................................................... 3 GO TO Q13
Don’t know / unsure ........................................................... 4 GO TO Q13
ASK ALL WHO KNOW OF THE AWARD (CODE 1 & 2 Q6, OR CODES 1 & 2 Q7)

Q8 How have you heard about / come to be aware of the HealthyLiving Award?  
DO NOT PROMPT – MULTICODE POSSIBLE – PROBE: Anywhere else?

Read about it in the newspaper (national press) .................................................. 1
Read about it in the newspaper (local press) .......................................................... 2
Read about it in catering magazines/press/newsletter ........................................... 3
Saw advert in trade magazines ............................................................................. 4
Saw banner advert on the internet ..................................................................... 5
Saw advert on buses .......................................................................................... 6
Saw apple logo .................................................................................................. 7
Radio advertising ................................................................................................ 8
Came across the HealthyLiving Award website .............................................. 9
Through a talk/event/conference ...................................................................... 10
Through industry event / award ceremony ..................................................... 11
Through industry sponsorship .......................................................................... 12
Was approached by them (HLA) directly ......................................................... 13
Member of staff brought it to my attention/mentioned it .............................. 14
Customer brought it to my attention/mentioned it ....................................... 15
Had previous involvement in Scottish Healthy Choices Awards .................. 16
NO CODE ........................................................................................................... 17
Through Health Scotland ................................................................................ 18
Through Healthy Working Lives .................................................................... 19
Through word of mouth /recommendation ...................................................... 20
Through my local Health Board ..................................................................... 21
Through my Company Head office ................................................................ 22
Through Local Environmental Health Officer / Department ........................ 23
Received some direct mail in the post .............................................................. 24
Received an email ............................................................................................. 25
Received a phone call ...................................................................................... 26
On social media (Facebook, Twitter) ............................................................... 27
In the VisitScotland e-bulletin ........................................................................ 28
In the EventBase magazine ............................................................................ 29
Visited their website ...................................................................................... 30
Other (Specify) ............................................................................................... 31
Don’t know / can’t remember ......................................................................... 32

ASK HIGH STREET CATERING AND B&B ONLY:

Q8a Do you remember receiving any direct mail from the HealthyLiving Award in the past couple of years? The mailing referred to....

B&B campaign: .... putting healthy on your menu and a new award on your wall. Making a few changes, using healthy cooking methods and ingredients can help you achieve the healthyLiving award, and bring extra guests through your door.

High Street Campaign:... small changes stacking up. Doing things just a little differently will make it easier for your customers to eat healthily and you get rewarded for offering healthier menu choices.

READ OUT. ONE CODE ONLY

Yes .................................................................................................................. 1
No .................................................................................................................... 2
Not sure .......................................................................................................... 3
Q9  How much would you say you know about the HealthyLiving Award?
READ OUT. ONE CODE ONLY

Know a lot about it ..............................................................................1
Know a little about it .........................................................................2
Only know the name, nothing else ..................................................3
Only know the green apple logo, nothing else .................................4

Q10 Which of the following applies to your business with regards to the HealthyLiving Award?
READ OUT. MULTICODE POSSIBLE

We currently hold the HealthyLiving Award......................................1 GO TO Q11
We are currently working towards the HealthyLiving Award............2 GO TO Q11
We currently hold the HealthyLiving Award Plus ..........................3 GO TO Q11
We are currently working towards the HealthyLiving Award Plus ...4 GO TO Q11
We know about it but are not working towards it / do not hold it......5 GO TO Q12
We used to hold the award but no longer do .................................6 GO TO Q12
We started working towards the award, but stopped ....................7 GO TO Q12
We registered for the award but didn’t proceed .........................8 GO TO Q12
We know little/nothing about the award and are not working towards it 9 GO TO Q13
Don’t know / unsure ....................................................................10 GO TO Q13

ASK THOSE WHO HAVE THE AWARD / ARE WORKING TOWARDS IT (CODES 1-4 Q10)
Q11 What were the reasons why you/your organisation decided to work towards/achieve the award?
DO NOT PROMPT. PROBE FULLY: Any other reasons?

NOW GO TO Q20

ASK THOSE WHO ARE AWARE OF, BUT DO NOT HAVE THE AWARD / ARE NOT WORK TOWARDS IT (CODES 5-7 Q10)

Q12 Can you please explain why you/your establishment has not been interested in pursuing the HealthyLiving Award?
DO NOT PROMPT. PROBE FULLY: Any other reasons?

NOW GO TO Q20

Scott Porter Research
ASK THOSE WHO HAD NOT HEARD OF HLA AFTER DESCRIPTION AT Q7 (CODES 3-4). OTHERS TO Q20

Q13 I am now going to read out a brief description of what the Healthyliving Award is all about, then I’d like to get your thoughts on this.

'The Healthyliving Award is a free national award for all caterers and food service outlets across Scotland that sells prepared food. It rewards caterers who make it easier for their customers to eat healthily when eating out. It has two main goals. The first is to make the food served generally healthier by making broad changes to how it is prepared. The second goal is to encourage promotion and marketing that supports and encourages healthier eating.

To achieve an award, there are certain conditions that must be met. These conditions are based on the general principles of a healthy balanced diet and include reducing levels of fat, salt and sugar in the food served.'

How worthwhile do you feel something like this is?

READ OUT CODES 1-4. ONE CODE ONLY
Very worthwhile .................. 1GO TO Q14
Quite worthwhile ............... 2GO TO Q14
Not very worthwhile .......... 3GO TO Q14
Not at all worthwhile ....... 4GO TO Q14
Don’t know/not sure ......... 5GO TO Q15

ASK THOSE WHO CODE 1-4, OTHERS SKIP TO Q15a
Q14 Why do you say that?
PROBE FULLY

ASK ALL ANSWERING Q13
Q15 In your view, how important is it to...
a. ...drive up nutritional standards throughout the catering industry?
READ OUT CODES 1-4. CODE ONE ONLY

Very important .................. 1
Quite important ................ 2
Not very important ............ 3
Not at all important .......... 4
Don’t know ..................... 5
b. ...make it easier for people to know where to go for healthier food when eating out of home?
READ OUT CODES 1-4. CODE ONE ONLY

Very important .................. 1
Quite important ................ 2
Not very important .......... 3
Not at all important ........ 4
Don’t know ....................... 5

Q16 How personally interested would you be in working towards the Healthy Living Award on behalf of your business in the future?
READ OUT CODES 1-4. CODE ONE ONLY

Very interested ............... 1 CONTINUE TO Q17
Quite interested ............. 2 CONTINUE TO Q17
Not very interested .......... 3 SKIP TO Q19
Not at all interested ........ 4 SKIP TO Q19
Don’t know ..................... 5 SKIP TO Q20

ASK ONLY THOSE INTERESTED (CODES 1-2 Q16)
Q17 Can you please explain why you might be interested in applying?
DO NOT PROMPT. PROBE FULLY: Any other reasons? MULTICODE POSSIBLE.

May assist/increase business/...sales/...profits .................. 1
May impress existing customers ........................................ 2
To satisfy a growing customer demand for healthier food ...... 3
It may be a good promotional tool ................................. 4
To increase staff morale .................................................. 5
Kudos for the business ..................................................... 6
To impress higher management/...may be good for my career 7
I’d enjoy the challenge .................................................... 8
I’d get job satisfaction out of taking part .......................... 9
Personal belief/...interest in nutrition ................................ 10
Sounds easy enough to achieve/...little altering of menus ...... 11
Sounds like I wouldn’t have to alter catering methods much .. 12
To gain recognition for offering healthy options ................ 13
Want to help improve customers’ diet ............................. 14
It sounds good/...like something I’d like to do .................. 15
Important to follow Government policy .......................... 16
To attain the award ....................................................... 17
May help drive up industry standards .............................. 18
Don’t know ................................................................. 19
Other (specify) ................................................................ 20

Q18a You said you might be interested in applying for the award, but can you think of any difficulties or barriers that you or your establishment might have to overcome?

Yes ................................................................. 1 CONTINUE TO Q18b
No ................................................................. 2 SKIP TO Q20
Don’t know ....................................................... 3 SKIP TO Q20

Scott Porter Research 8
Q18b What are these difficulties/barriers? PROBE FULLY. Anything else? DO NOT PROMPT. CODE ALL RESPONSES.

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logistical problems with my premises</td>
<td>1</td>
</tr>
<tr>
<td>Lack of skills/expertise</td>
<td>2</td>
</tr>
<tr>
<td>Having insufficient time to set it up/implement</td>
<td>3</td>
</tr>
<tr>
<td>My staff will reject it/...don’t like that kind of food</td>
<td>4</td>
</tr>
<tr>
<td>My customers will reject it/...don’t like that kind of food</td>
<td>3</td>
</tr>
<tr>
<td>Lack of understanding as to what it is about</td>
<td>6</td>
</tr>
<tr>
<td>The criteria appear too difficult to maintain</td>
<td>7</td>
</tr>
<tr>
<td>I think there would be lots of form filling/bureaucracy</td>
<td>8</td>
</tr>
<tr>
<td>Will be too much wastage/doubt healthier options will sell as well</td>
<td>9</td>
</tr>
<tr>
<td>Don’t want to be seen to be forcing customers to eat more healthily</td>
<td>10</td>
</tr>
<tr>
<td>Being unable to ensure 50% of menu is a healthy option</td>
<td>11</td>
</tr>
<tr>
<td>Getting buy in from senior management</td>
<td>12</td>
</tr>
<tr>
<td>Getting buy in from the catering staff</td>
<td>13</td>
</tr>
<tr>
<td>Don’t know</td>
<td>14</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>15</td>
</tr>
</tbody>
</table>

ASK ONLY THOSE WHO ARE NOT VERY/AT ALL INTERESTED:

Q19 Can you please explain the reasons why you would not be interested in applying for the award in the future? DO NOT PROMPT. PROBE: Any other reasons why not?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too much hassle/can’t be bothered</td>
<td>1</td>
</tr>
<tr>
<td>The award won’t mean anything to my customers</td>
<td>2</td>
</tr>
<tr>
<td>The award doesn’t have a very high national profile</td>
<td>3</td>
</tr>
<tr>
<td>Not interested in offering/promoting healthy options</td>
<td>4</td>
</tr>
<tr>
<td>It’s an area that doesn’t interest me</td>
<td>5</td>
</tr>
<tr>
<td>My customers aren’t into healthy eating</td>
<td>6</td>
</tr>
<tr>
<td>It’s not practical/feasible given my menu(s)</td>
<td>7</td>
</tr>
<tr>
<td>It’d take too much time to set up/implement</td>
<td>8</td>
</tr>
<tr>
<td>Couldn’t get buy in from catering staff</td>
<td>9</td>
</tr>
<tr>
<td>Couldn’t get buy in from management</td>
<td>10</td>
</tr>
<tr>
<td>Too expensive to offer 50% healthy choices</td>
<td>11</td>
</tr>
<tr>
<td>Don’t have the skills/expertise</td>
<td>12</td>
</tr>
<tr>
<td>Not my decision</td>
<td>13</td>
</tr>
<tr>
<td>Don’t know</td>
<td>14</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>14</td>
</tr>
</tbody>
</table>

ASK ALL – TOTAL SAMPLE

Q20 Are you familiar with the green apple logo of the Healthyliving Award?

<table>
<thead>
<tr>
<th>Familiarity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Not sure</td>
<td>3</td>
</tr>
</tbody>
</table>
Q21 Does your establishment currently hold, or is it working towards any other catering awards? If so, which ones?
CODE ALL THAT APPLY – DO NOT PROMPT

<table>
<thead>
<tr>
<th>Award</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food for Life catering mark</td>
<td>1</td>
</tr>
<tr>
<td>Taste our Best award</td>
<td>2</td>
</tr>
<tr>
<td>Eat safe award</td>
<td>3</td>
</tr>
<tr>
<td>Another award not listed above (please specify)</td>
<td>4</td>
</tr>
<tr>
<td>No – hold no catering awards</td>
<td>5</td>
</tr>
</tbody>
</table>

INFORMATION SOURCES AND COMMUNICATIONS

Q22 Have you ever accessed information, advice or support on healthy eating and/or catering issues?

Yes...............................................................................................................1 GO TO Q23
No..................................................................................................................2 GO TO Q24a
Don’t know....................................................................................................3 GO TO Q24a

Q23 Where did you get this information from? Which organisations?
DO NOT PROMPT/ PROBE FULLY: ‘any others?’/ MULTI-CODING POSSIBLE

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety Executive (HSE)</td>
<td>1</td>
</tr>
<tr>
<td>Food Standards Agency (FSA) Scotland/Food Standards Scotland (FSS)</td>
<td>2</td>
</tr>
<tr>
<td>Food Hygiene Information Scheme (PHIS)</td>
<td>3</td>
</tr>
<tr>
<td>Safer Food Better Business (SFBB)</td>
<td>4</td>
</tr>
<tr>
<td>Local Authority or Council</td>
<td>5</td>
</tr>
<tr>
<td>Local Environmental Health Officer</td>
<td>6</td>
</tr>
<tr>
<td>Government</td>
<td>7</td>
</tr>
<tr>
<td>Healthy Working Lives</td>
<td>8</td>
</tr>
<tr>
<td>Citizens Advice Bureau (CAB)</td>
<td>9</td>
</tr>
<tr>
<td>Federation of Small Businesses</td>
<td>10</td>
</tr>
<tr>
<td>The Scottish Chamber of Commerce</td>
<td>11</td>
</tr>
<tr>
<td>Business Gateway</td>
<td>12</td>
</tr>
<tr>
<td>Confederation of Business Industries Scotland (CBI)</td>
<td>13</td>
</tr>
<tr>
<td>REHIS (Royal Environmental Health Institute of Scotland)</td>
<td>14</td>
</tr>
<tr>
<td>Private Consultant</td>
<td>5</td>
</tr>
<tr>
<td>Trade Association</td>
<td>16</td>
</tr>
<tr>
<td>Can’t remember</td>
<td>17</td>
</tr>
<tr>
<td>None</td>
<td>18</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>19</td>
</tr>
</tbody>
</table>
ASK ALL

Q24a. Should you need it, what would be your preferred channels for accessing this type of information, advice or support? READ OUT – MULTICODE POSSIBLE

- Web based information/websites ......................................................... 1
- Social media (twitter/blogs) ................................................................. 2
- Online chat ....................................................................................... 3
- Face to face consultation ................................................................... 4
- Training sessions/courses .................................................................. 5
- Events/exhibitions ............................................................................ 6
- Email enquiry .................................................................................... 7
- LinkedIn ............................................................................................ 8
- Printed resource (e.g. brochure/manual/guide) .................................... 9
- Other channel (specify________) ...................................................... 10
- Don’t know/don’t mind ..................................................................... 11

ASK IF MORE THAN ONE CHANNEL CODED AT Q24a

Q24b. Could you rank these channels in order of preference – first, second and third – for accessing this type of information, advice or support? ONE CODE IN EACH COLUMN

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web based information/websites</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Social media (twitter/blogs)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Online chat</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Face to face consultation</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Training sessions/courses</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Events/exhibitions</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Email enquiry</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>LinkedIn</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Printed resource (brochure/manual/guide)</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Other (as specified in Q27a________)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Don’t know/don’t mind</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

Q25. Do you currently access healthy eating, catering or other business information via any of the following media? READ OUT – MULTI CODE POSSIBLE

- Facebook ................................................................. 1
- Twitter ............................................................................. 2
- Blogs ............................................................................... 3
- RSS feeds ........................................................................... 4
- Email newsletters/updates .................................................. 5
- YouTube ............................................................................ 6
- Google alerts ..................................................................... 7
- LinkedIn .......................................................................... 8
Q26 Finally, I am going to read out a number of statements. Which one would you say most closely describes your company’s approach towards the provision of healthy food options/healthier catering?

<table>
<thead>
<tr>
<th>READ OUT. ONE CODE ONLY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of healthy food options is not something that is relevant to our business</td>
<td>1</td>
</tr>
<tr>
<td>We would like to provide some healthier options for our customers, but there is little demand and we have not actively pursued it</td>
<td>2</td>
</tr>
<tr>
<td>We provide some healthy options, but it is not a priority and we don’t actively consider it in our catering practices</td>
<td>3</td>
</tr>
<tr>
<td>We believe that it is important to provide a range of healthy options for our customers, but have not introduced specific catering practices which will ensure this is consistently delivered</td>
<td>4</td>
</tr>
<tr>
<td>We believe that it is important to provide a range of healthy options for our customers and have pro-actively implemented catering practices which are now firmly established</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6</td>
</tr>
</tbody>
</table>

Thank you very much for taking part in this research

PLEASE ENSURE COMPANY DETAILS AT START ARE COMPLETE FOR QUALITY CONTROL PURPOSES – ENSURE POSTCODE IS RECORDED – VITAL!
Appendix 2: Population size estimates

The sources below were used to estimate the sizes of each of the target segment sizes:

- **High Street sector:** sourced from [https://www.nomisweb.co.uk](https://www.nomisweb.co.uk); IDBR – SIC 56 Food and beverage activities specifically in: 56101 Licenced restaurants, 56102 Unlicensed restaurants and cafes, 56103 Take away food shops and mobile food stands, 56301 Licensed clubs, 56302 Public house and bars. The estimated count in 2017 (latest data) was 10,190 which equates to 53% of the target population.

- **Contract Caterers sector:** sourced from [https://www.nomisweb.co.uk](https://www.nomisweb.co.uk); IDBR – SIC 56 Food and beverage activities specifically in: 56210 Event catering activities in the Private sector. The estimated count in 2017 (latest data) was 615 which equates to 3% of the target population.


- **Higher and Further Education sector:** sourced from data found via the following three websites (accessed in February 2018): [https://collegesscotland.ac.uk/college-mergers.html](https://collegesscotland.ac.uk/college-mergers.html) (specifically, a downloadable leaflet which had been updated 11 January 2018), [https://www.universities-scotland.ac.uk/member-universities/](https://www.universities-scotland.ac.uk/member-universities/), and [http://www.uhi.ac.uk/en/campuses/](http://www.uhi.ac.uk/en/campuses/). These sites indicated there are 18 Universities and 31 Colleges in Scotland, which equate to zero percent of the target population.

- **Public sector:** sourced from [https://www.mygov.scot/organisations](https://www.mygov.scot/organisations) and a telephone enquiry to Sporta (Scotland). Here is was estimated that there are 148 public bodies and 30 Leisure Trusts in Scotland which equate to one percent of the target population.

- **Care sector:** sourced from The Care Inspectorate’s website ([http://www.careinspectorate.com/index.php/index.php/care-services/](http://www.careinspectorate.com/index.php/index.php/care-services/)). The website provides details of the number of establishments inspected for both adults (including those for older people, people with mental health problems, people with physical and sensory impairments, people with learning disabilities, people with drug and alcohol misuse problems, and those providing short breaks and respite services) and children. The site indicates there are 1,420 care home services for adults and 384 care homes for children which equate to nine per cent of the target population.

- **B&Bs and Hostels:** sourced from an e-mail enquiry to VisitScotland. Response indicated there are 2,608 Small Serviced accommodation providers (i.e. B&Bs and guesthouses) and hostels in Scotland who are members of their Quality Assurance scheme and who are not members of the VisitScotland QA scheme but who have a listing on their website. Although this may not fully reflect the
entire population, it will include some non-members and lapsed members. This estimate equates to 14% of the target population.

- Visitor Attractions: sourced from an e-mail enquiry to VisitScotland. Response indicated there are 3,378 Visitor Attractions in Scotland which equates to 18% of the target population. Again, it should be noted that these figures only represent those who are members of their Quality Assurance scheme as well as those who are not members of the VisitScotland QA scheme but who have a listing on their website.
Appendix 3: Sample profile

The sample profile for the main sample (Table 6a) shows one that is closely matched with that of the 2014-2015 benchmark study. Whilst the sector split and SIMD quintile was recruited according to quotas, the remaining demographics were left to fall out naturally. This resulted in a high proportion of micro and small businesses in the main sample and a high proportion of business owners or managers. The new sample comprised a significantly higher proportion of sole traders and a concomitantly smaller proportion of small businesses than the main sample. This is likely to have stemmed from the profile of the B&B and Hostels sector which includes a high percentage of sole traders.

A spread across all five SIMD quintiles was achieved, with quintiles 1-2 making up 43% of the main sample (matched with the 2015 proportion). This figure was significantly lower for the new sample segments, and is likely to reflect the higher concentration of these businesses in less deprived areas.

SIMD was defined by the postcode address of the specific business or outlet that the respondent was engaged with (not for example, by the head office of a chain of outlets).

26 Note that a weighting factor was applied to the sector segments only in order to ensure proportions were exactly matched (see section 2.4)
Table 6a: Quantitative sample profile (%) (i)

<table>
<thead>
<tr>
<th>Segment</th>
<th>2015 main sample %</th>
<th>2018 main sample %</th>
<th>2018 new sample %</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Street</td>
<td>77</td>
<td>77</td>
<td>-</td>
</tr>
<tr>
<td>Contract Caterers</td>
<td>16</td>
<td>16</td>
<td>-</td>
</tr>
<tr>
<td>Public Sector</td>
<td>4</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Community Cafes</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>FE &amp; HE</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Visitor Attractions</td>
<td>-</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>Care Sector</td>
<td>-</td>
<td>-</td>
<td>37</td>
</tr>
<tr>
<td>B&amp;Bs and hostels</td>
<td>-</td>
<td>-</td>
<td>31</td>
</tr>
<tr>
<td><strong>Company size</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sole trader</td>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Micro (1-10 employees)</td>
<td>60</td>
<td>62</td>
<td>67</td>
</tr>
<tr>
<td>Small (11-49 employees)</td>
<td>31</td>
<td>32</td>
<td>18</td>
</tr>
<tr>
<td>Medium (50-250 employees)</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Large (251+)</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>SIMD quintile</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1 - 2</td>
<td>47</td>
<td>43</td>
<td>29</td>
</tr>
<tr>
<td>Q3 - 5</td>
<td>53</td>
<td>57</td>
<td>71</td>
</tr>
<tr>
<td><strong>Current Role</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner</td>
<td>23</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Manager</td>
<td>36</td>
<td>43</td>
<td>34</td>
</tr>
<tr>
<td>Head/Executive chef</td>
<td>6</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: Screening and profiling questions
Base: all respondents (2015 main sample n=500, 2018 main sample n=387, 2018 new sample n=267)

Respondents were responsible for a wide range of types of outlet, often overlapping (for example a café and take away). Only a minority (16% of the main sample and 9% of the new sample) were from franchises. Most provided a variety of meal types. There was a range of customer numbers served, from under 50 customers per day, to more than 500 customers per day (Table 6b). The mean number of customers per day was 820 in the main sample (significantly more than in 2015) and 314 in the new sample, but this is pulled up by some of the larger outlets that are fewer in number in the sample. This was highlighted when reviewing the median figure (the mid-point of all responses) which sits at 100 for the main sample and 40 for the new (impacted by the greater number of sole trader and micro businesses in this sample).
<table>
<thead>
<tr>
<th>Types of catering outlet</th>
<th>2015 main sample</th>
<th>2018 main sample</th>
<th>2018 new sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace canteen/ cafeteria/etc</td>
<td>5</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Café/ coffee shop</td>
<td>37</td>
<td>40</td>
<td>28</td>
</tr>
<tr>
<td>Sandwich shop/ bar/ snack bar</td>
<td>13</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Delicatessen</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Restaurant/cafeteria</td>
<td>39</td>
<td>49</td>
<td>16</td>
</tr>
<tr>
<td>Take away</td>
<td>25</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Family eatery</td>
<td>16</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Outside/ contract catering</td>
<td>11</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Residential dining room</td>
<td>0</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Part of a chain or franchise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>85</td>
<td>84</td>
<td>91</td>
</tr>
<tr>
<td>Meal types provided</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakfast</td>
<td>51</td>
<td>62</td>
<td>87</td>
</tr>
<tr>
<td>Lunch</td>
<td>85</td>
<td>90</td>
<td>67</td>
</tr>
<tr>
<td>Dinner</td>
<td>65</td>
<td>63</td>
<td>51</td>
</tr>
<tr>
<td>Light snacks</td>
<td>71</td>
<td>68</td>
<td>70</td>
</tr>
<tr>
<td>On the go food</td>
<td>75</td>
<td>68</td>
<td>50</td>
</tr>
<tr>
<td>Average daily customers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 50</td>
<td>31</td>
<td>21</td>
<td>55</td>
</tr>
<tr>
<td>51-100</td>
<td>24</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td>101-200</td>
<td>14</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>201-300</td>
<td>8</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>301-400</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>401-500</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>501+</td>
<td>3</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Don't know</td>
<td>11</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Screening and profiling questions
Base: all respondents (2015 main sample n=500, 2018 main sample n=387, 2018 new sample n=267)
Only 17% of main sample businesses and 21% of new sample businesses said that they held an award of some sort. Overall 7% of the main sample (8% of the new sample) said they held or were working towards HLA (Figure 15). The other main award mentioned was the Taste our Best award (accredited by VisitScotland) and mainly mentioned by the Visitor Attractions and Bed and Breakfast and Hostel sectors.

**Figure 15: Catering awards held (%)**

<table>
<thead>
<tr>
<th>Award Type</th>
<th>2015 main sample</th>
<th>2018 main weighted sample</th>
<th>2018 new sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>85%</td>
<td>83%</td>
<td>79%</td>
</tr>
<tr>
<td>HLA</td>
<td>7%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>HLA Plus</td>
<td>1%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>12%</td>
<td>17%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of respondents mentioning key awards in ‘Other’</th>
<th>2015 main sample</th>
<th>2018 main weighted sample</th>
<th>2018 new sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taste our Best award</td>
<td>6</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Eat Safe award</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Food for Life catering mark</td>
<td>2</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Q10 which of the following applies to your business with regards to the healthy living award? and Q21 Does your establishment currently hold, or is it working towards any other catering awards? (amalgamated responses from both questions – multicode)
Base: All respondents (2015 main n=500, 2018 main n=387, 2018 new n=267)
Appendix 4: Key total market findings (weighted data)
The raw data for the total 2018 sample was also weighted to exactly reflect the relative proportions of these target businesses. This provided a view of this market as a whole, and although the results varied only very minimally and not significantly, for completeness this appendix provides the figures for the key findings.

- Awareness of HLA: 5% of the sample spontaneously mentioned HLA as an award that they knew was open to the catering industry in Scotland. Prompted name awareness was at 28% (definitely aware), with total awareness rising to 32%. Forty-three percent were aware of the green apple logo.
- Level of knowledge: 14% claimed they knew a lot about HLA, with a further 37% saying they knew a little and 44% the name only.
- Engagement with HLA: 11% were currently actively engaged with the award, with 37% aware of it but not holding or working towards it currently. Fifty-two percent had little or no knowledge or engagement. Of this latter segment, a third felt it was very worthwhile (having been read a descriptor), with 38% saying it was quite worthwhile. Fifty-eight percent of this segment felt it was very important to drive up nutritional standards and 62% said they felt it was it was very important to make it easier for people to know where to go for healthier food when eating out of home.
- Interest in working towards HLA: sixteen percent of those who were either unaware if HLA or knew very little about the award claimed to be very interested in working towards it in the future, with a further 36% saying they were quite interested.
- Preferred channels: forty-seven percent used social media to access information on healthy eating, catering or other business needs, with around a quarter using Facebook and email newsletter or updates (26% and 23% respectively). Preferred channels for accessing such information were web based (82%).