
Biannual Public Attitudes Tracker

Wave 10, May 2015

Food Standards Agency

Social Science Research Unit

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Table of Contents

List of Figures	3
Executive summary.....	5
Wave 10 Key findings.....	5
1. Introduction	8
1.1 Methodology.....	8
1.2 Reporting.....	8
1.3 Background.....	10
2. Concern about food issues	11
2.1 Food safety issues of concern	12
2.2 Wider food issues of concern	17
3. Concern about food safety in food outlets.....	23
4. Awareness of Hygiene Standards	26
5. Awareness of and levels of trust in the FSA	32
5.1 Awareness of the FSA	32
5.2 Awareness of the FSA's responsibilities	35
5.3 Trust in the FSA	40
Annex A. Technical summary.....	44
Annex B. Wave 10 Questionnaire.....	47
Annex C: Occupational Groupings	51
Annex D: Time series data from May 2015,	52

List of Figures

FIGURE 1: REPORTED CONCERN ABOUT FOOD SAFETY ISSUES (MAY 2015)	12
FIGURE 2: REPORTED CONCERN ABOUT THE USE OF PESTICIDES IN FOOD (NOV 2010 – MAY 2015)	13
FIGURE 3: REPORTED CONCERN ABOUT DATE LABELS (NOV 2010 – MAY 2015)	14
FIGURE 4: TOTAL NUMBER OF FOOD SAFETY CONCERN RESPONSES REPORTED BY GENDER (NOV 2010 – MAY 2015)	16
FIGURE 5: REPORTED CONCERN ABOUT WIDER FOOD ISSUES (MAY 2015)	18
FIGURE 6: REPORTED CONCERN ABOUT FOOD PRICES (NOV 2010 – MAY 2015)	19
FIGURE 7: REPORTED CONCERN ABOUT THE AMOUNT OF SUGAR IN FOOD (NOV 2010 – MAY 2015)	19
FIGURE 8: REPORTED CONCERN ABOUT FOOD WASTE (NOV 2010 - MAY 2015)	20
FIGURE 9: CONCERN ABOUT FOOD SAFETY IN UK FOOD OUTLETS (NOV 2010 - MAY 2015)	24
FIGURE 10: AWARENESS OF HYGIENE STANDARDS IN PLACES RESPONDENTS EAT OUT AT OR BUY FOOD FROM (NOV 2010 - MAY 2015)	27
FIGURE 11: WAYS RESPONDENTS REPORTED BEING AWARE OF HYGIENE STANDARDS (MAY 2015)	28
FIGURE 12: WAYS OF KNOWING ABOUT THE HYGIENE STANDARDS OF PLACES RESPONDENTS EAT AT OR BUY FOOD FROM (NOV 2010 – MAY 2015)	29
FIGURE 13: REPORTED USE OF FOOD HYGIENE STICKERS BY COUNTRY (MAY 2015).	31
FIGURE 14: AWARENESS OF THE FSA IN ENGLAND WALES AND NORTHERN IRELAND (NOV 2010 – MAY 2015)	33
FIGURE 15: AWARENESS OF THE FSA AND FSS IN SCOTLAND (NOV 2010 – MAY 2015)	34
FIGURE 16: REPORTED RESPONSIBILITIES OF THE FSA (MAY 2015)	36
FIGURE 17: REPORTED RESPONSIBILITIES OF FSS (MAY 2015)	37
FIGURE 18: REPORTED RESPONSIBILITY OF THE FSA IN ENGLAND WALES AND NORTHERN IRELAND: ENSURING FOOD IS SAFE TO EAT (NOV 2010 – MAY 2015)	38
FIGURE 19: REPORTED RESPONSIBILITY OF THE FSA AND FSS IN SCOTLAND: ENSURING FOOD IS SAFE TO EAT (NOV 2010 – MAY 2015)	38
FIGURE 20: REPORTED RESPONSIBILITY OF THE FSA IN ENGLAND, WALES AND NORTHERN IRELAND: DATE LABELS SUCH AS 'BEST BEFORE' AND 'USE BY' LABELS (NOV 2010 – MAY 2015)	39
FIGURE 21: TRUST IN THE FSA (NOV 2010 - MAY 2015)	41
FIGURE 22: TRUST IN FSS AND THE FSA IN SCOTLAND (NOV 2010 - MAY 2015)	42

Official Statistics

The Food Standards Agency's Head of Statistics, Clifton Gay, has approved that the statistics presented in this report meet the requirements of the UK Code of Practice for Official Statistics.

Further information and guidance on Official Statistics can be found on the UK Statistics Authority website:

<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>.

Executive summary

The Food Standards Agency (FSA or Agency) places six questions on the TNS¹ consumer face-to-face omnibus survey on a biannual basis in order to monitor key Agency issues. Fieldwork for this wave took place from the 8th to the 15th of May 2015, and a representative sample of 2,640 adults in the UK was interviewed.

The following summary presents top-line findings from in-house analysis. Further differences between socio-demographic groups are captured in the main report. Wave-on-wave trends for Waves 1 – 10 of the series are also considered in this report, with Wave 1 being carried out in November 2010. Unless stated otherwise, where comparisons are made in the text between different population groups, variables² or over time, only those differences found to be statistically significant at the five per cent level are reported. In other words, these differences have no more than a five per cent probability of occurring by chance.

Wave 10 Key findings

- The two food safety issues of concern (i.e. including both spontaneous and prompted responses) that were most frequently mentioned by respondents were food hygiene when eating out (37%), and the use of additives in food products (29%).
- The most frequently mentioned wider food issues of concern were the amount of sugar in food (52%), food waste (49%) and the amount of salt in food (47%).
- In this wave, women were generally more likely than men to report concern about most food safety issues and all wider food issues.

¹ www.tnsglobal.com

² A variable is a way to represent a characteristic to assist data analysis; they can be either numerical such as an exact age, or a descriptive category, such as social class.

- Reported concern about food safety in UK restaurants, pubs, cafes and takeaways, which is generally similar across waves, was reported by 48% of respondents. 42% of respondents reported concern about food safety in shops and supermarkets; this is similar to Wave 9 (45%) but lower than Waves 6-8 (46-52%).
- 83% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from. The main ways these respondents reported being aware of hygiene standards were similar to previous waves with the most important factors remaining the general appearance of premises (61%) the appearance of staff (46%) and hygiene certificates (42%).
- Awareness of the FSA was reported by 80% of respondents in England, Wales and Northern Ireland³. As at previous waves, the main issue these respondents reported the FSA to be responsible for was ensuring food bought is safe to eat (89%). Of those respondents that reported being aware of the FSA, 65% said that they trusted it to do its job whilst 7% indicated they distrusted the FSA.
- Awareness of Food Standards Scotland was reported by 71% of Scottish respondents. Of these respondents, 65% reported that they trusted FSS to do its job and 5% reported that they distrusted FSS to do its job.

Trends over time

Overall findings from this wave are fairly consistent with previous waves. The main food safety and nutrition issues of concern have remained largely unchanged. Spontaneous concerns about fat, sugar and salt remain high with sugar continuing to be the greatest of these concerns.

³ In April 2015 Food Standards Scotland took over the FSA's responsibilities in Scotland. Therefore at Wave 10 FSA specific questions were asked only to respondents from England, Wales and Northern Ireland and not all UK respondents as they were at Waves 1-9.

Wave 10 is the first occasion that food prices have not been the highest wider food issue of concern. Spontaneous concern about food prices (12%) was also reported by fewer respondents than all previous waves except Wave 8.

Concerns about food safety in food outlets are fairly stable, with concerns remaining marginally higher for restaurants, pubs, cafes and takeaways than shops and supermarkets at this wave.

Women continue to report greater concern than men about most food issues, including food outlet safety. Trust and awareness of the FSA has remained consistent with previous waves except for Waves 6 and 7.

1. Introduction

The FSA has conducted the Public Attitudes Tracker survey since 2001 in order to monitor key Agency issues. After a review in 2010, the Tracker was redeveloped in full and since then has run on a biannual basis. Questions cover a number of topics of interest for the Agency, including: concern about specific food safety issues, awareness of hygiene standards in eating establishments, awareness of the FSA and its responsibilities, and trust in the FSA.⁴

1.1 Methodology

This is Wave 10 of the redeveloped Tracker. The fieldwork period for this wave ran from the 8th to the 15th of May 2015, and a representative sample of 2,640 adults in the UK was interviewed. The research was conducted through the TNS consumer omnibus survey which uses face-to-face interviews and selects respondents using a random location sampling method. See Annex A for further methodological detail and Annex B for the full questionnaire.

1.2 Reporting

The following report presents top-line findings from in-house analysis. It reports findings upon topics in the same order which they are covered in the survey itself, therefore reflecting how respondents engage with them. The report covers trends for Waves 1 to 10 of the series, with Wave 1 being carried out in November 2010. Some additional time series data are presented in Annex D for information. Unless stated otherwise, where comparisons are made in the text between different population groups, variables⁵ or over time, only those differences found to be statistically significant at the five per cent level are reported. In other words there is only a five per cent probability that differences as large as those reported have

⁴ From 2010 to May 2014 the survey also covered awareness of initiatives or schemes concerning food hygiene but this has now been continued in a separate survey

⁵ A variable is a way to represent a characteristic to assist data analysis; they can be either numerical such as an exact age, or a descriptive category, such as social class.

occurred by chance. Weighted and unweighted sample sizes for each question are detailed underneath figures⁶.

Whilst the report comments on key socio-demographic differences that emerged across the survey, other socio-demographic differences may also be apparent in the data. Full data tables, including data on a range of other socio-demographic groups, are available on request (see 'Background' overleaf)⁷. In this report, differences by age, gender, social grade, ethnicity, location type and country as well as the presence of children in the house, have been considered.

For a number of questions, respondents were given the opportunity to provide responses spontaneously, before being prompted with a list of possible responses. Spontaneous responses give an indication of what issues are 'top of mind' for respondents without being shown any response options. Prompted responses illustrate which issues are important to respondents when provided with a number of different response options to select from⁸.

For some questions respondents can give multiple answers. Where this is the case, the average number of responses can vary between waves and between socio-demographic groups. The average number of responses is footnoted where it could be of interest. Further detail on the average number of responses, including whether there is statistically significant variation between waves is available on request. Rounding of figures means that not all percentages may add up to 100%.

⁶ Survey data were weighted, where necessary, by referring to the 2011 UK census data to ensure that the sample is representative of the UK population in terms of the following demographic characteristics: age, gender, region and social grade.

⁷ Data is collected on the following demographic features of respondents': gender, age, ethnicity, social grade (see annex C), marital status, working status, area of residence, whether they have children and whether they are the household's principal shopper.

⁸ Throughout the report, all responses cited are the combined total of prompted and spontaneous responses unless it specifically clarified that a figure only relates to spontaneous responses.

1.3 Background

Between 2001 and 2010 the Tracker was largely run on a quarterly basis and consisted of six questions. These questions were redeveloped in spring 2010 and since then the Tracker has run on a biannual basis⁹. At Wave 3 and Wave 5, a total of four new questions were added to measure awareness of initiatives and schemes concerning the hygiene standards in places people eat out at or shop for food. This included questions on the Food Hygiene Rating Scheme (FHRS) and the Food Hygiene Information Scheme (FHIS)¹⁰. At Wave 9, these four questions, which were at the end of the previous questionnaire, were removed and included in a separate survey. At Wave 10, two additional response options have been added to question 1, these are 'Food not being what the label says it is' and 'Chemicals from the environment, such as lead, in food'. In questions 4-6, references to the 'Food Standards Agency' have been replaced by 'Food Standards Scotland' for Scottish respondents, following the establishment of the public sector food body in April 2015. See Annex A for full details on the changes made to the Tracker over time and Annex B for the full questionnaire.

Earlier Tracker reports and full data tables, including wave-on-wave figures, are available on request. Please contact ssru@foodstandards.gsi.gov.uk to obtain these, or if you have any other feedback or queries on the survey.

⁹ The redesigning of the tracker was guided by a specially commissioned redevelopment report which can be found here: <https://www.food.gov.uk/sites/default/files/public-attitudes-tracker-scoping.pdf>

¹⁰ Further information on these schemes can be found here: <http://ratings.food.gov.uk/> and here: <http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene/food-hygiene-information-scheme> .

2. Concern about food issues

Wave 10 Key findings

- The two food safety issues of concern (i.e. including both spontaneous and prompted responses) that were most frequently mentioned by respondents were food hygiene when eating out (37%) and the use of additives in food products (29%).
- The three most frequently reported wider food issues of concern were the amount of sugar in food (51%), food waste (49%) and the amount of salt in food (47%).

To assist the Agency in monitoring the public's perception of food safety issues, the Tracker asks respondents the following questions:

Q1a What food issues, if any, are you concerned about? Which others?

Q1b And which of these food issues are you concerned about, if any? Please select all that apply. Which others?

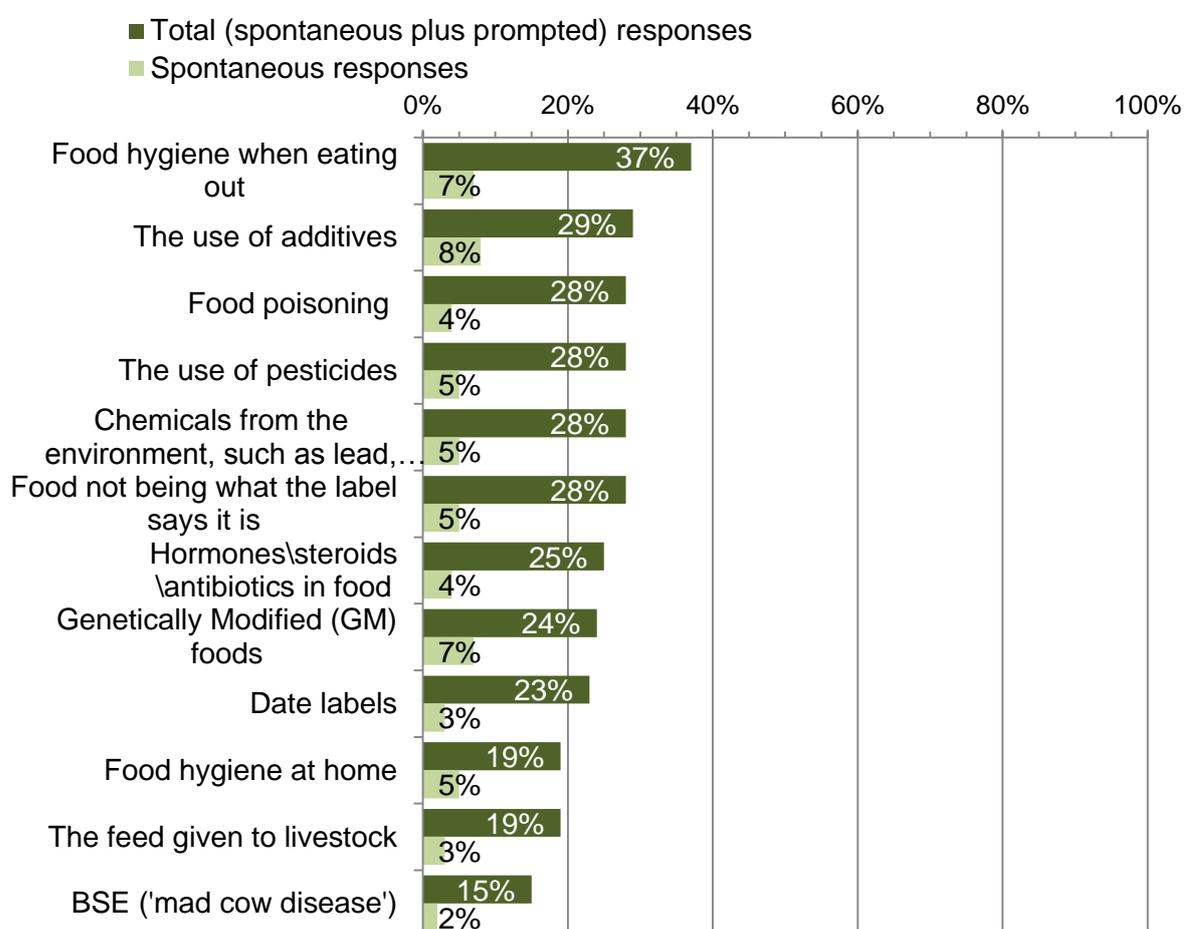
- Food poisoning such as Salmonella and *E. coli*
- Genetically Modified (GM) foods
- BSE ('mad cow disease')
- The feed given to livestock
- The use of pesticides to grow food
- The use of additives (such as preservatives and colouring) in food products
- Hormones\steroids\antibiotics in food
- Date labels, such as "best before" and "use by" labels
- Food hygiene when eating out
- Food hygiene at home
- Chemicals from the environment, such as lead, in food
- Food not being what the label says it is
- None of these

Respondents are first asked to state spontaneously what food issues they are concerned about and then asked to select food issues of concern from three prompted lists which in turn, cover issues of food safety (Q1b above), nutrition and wider concerns about food (questions Q1c and Q1d, described further below).

2.1 Food safety issues of concern

Looking at combined spontaneous and prompted responses, the most frequently reported food safety issues of concern were food hygiene when eating out (37%) and the use of additives in food products (29%). Concerns about food poisoning, the use of pesticides to grow food, chemicals from the environment such as lead in food and food not being what the label says it is, were each reported by a total of 28% of respondents.¹¹ See Figure 1 for further detail.

Figure 1: Reported concern about food safety issues (May 2015)



Base: All respondents, UK

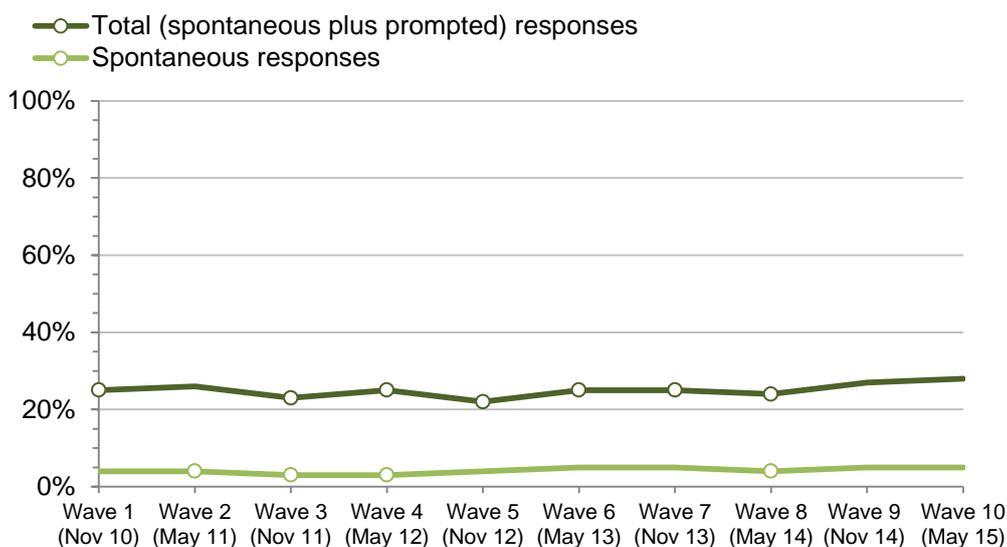
Weighted base : 2000, Unweighted base (W10: 2640).

¹¹ Average number of food safety concern responses per person: Wave 1 (3.50), Wave 2 (3.55), Wave 3 (3.46), Wave 4 (3.41), Wave 5 (3.28), Wave 6 (3.58), Wave 7 (3.32), Wave 8 (3.64), Wave 9 (3.79), Wave 10 (4.35). The average number of responses in Wave 10 was higher than any previous wave. This may be due to the number of respondents that reported two new response options that were included for the first time at Wave 10: .chemicals from the environment in food and food not being what the label says it is.

Respondents were more likely to cite concerns after they were shown the list of issues; a smaller proportion of respondents spontaneously mentioned concerns. The most frequently mentioned food safety concerns spontaneously reported by respondents were the use of additives in food products (8%), food hygiene when eating out (7%) and GM foods (7%).¹²

Looking across the time series data, concern about most food safety issues has stayed stable across all 10 waves, with a few exceptions. The level of concern about the use of pesticides (28%) has tended to go up and down over the series, and is currently higher than at Waves 3-8. The level of spontaneous concern about this issue at Wave 10 (5%) is not significantly different to most previous waves. See Figure 2.

Figure 2: Reported concern about the use of pesticides in food (Nov 2010 – May 2015)



Base: All respondents, UK

Weighted base (W10: 2000, W1-W9: 2000), Unweighted base (W10: 2640, W1-W9: 2069-2684)

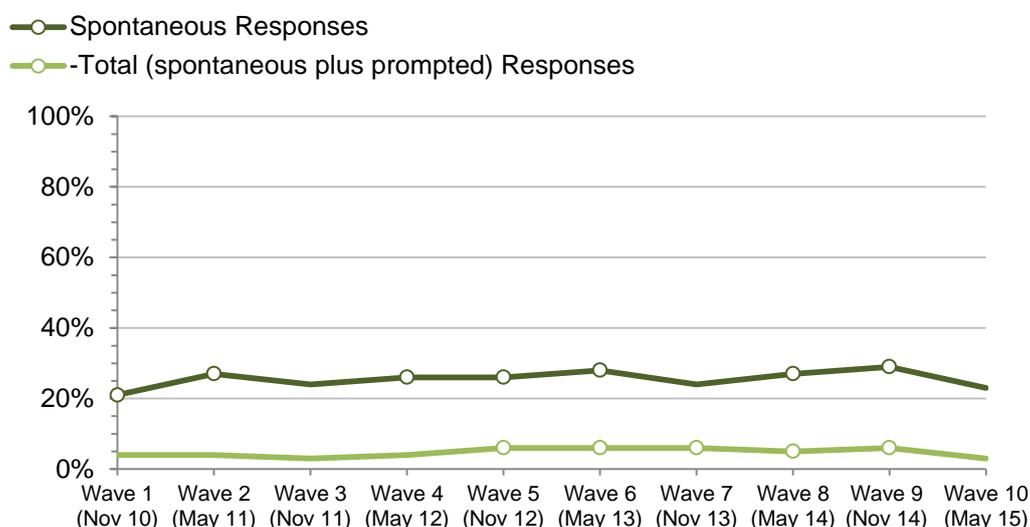
Circled data points denote statistically significant differences to Wave 10

At Wave 10, concern (combined spontaneous and prompted) about Date Labels was reported by 23% of respondents; this is significantly lower than most previous waves except Waves 3 and 7 (24% each). Spontaneous

¹² Average number of spontaneous concern responses: Wave 1 (2.79), Wave 2 (2.66), Wave 3 (2.41), Wave 4 (2.48), Wave 5 (3.00), Wave 6 (3.21), Wave 7 (2.80), Wave 8 (2.88), Wave 9 (3.27), Wave 10, (3.23).

concern about Date Labels at Wave 10 (reported by 3%) was 2-3 percentage points lower than Waves 5-9 and similar to Waves 1-4. See Figure 3 for further detail.

Figure 3: Reported concern about Date labels (Nov 2010 – May 2015)



Base: All respondents, UK

Weighted base (W10: 2000, W1-W9: 2000), Unweighted base (W10: 2640, W1-W9: 2069-2684)

Circled data points denote statistically significant differences to Wave 10

This section has presented results on food issues that demonstrate wave-on-wave changes of particular interest. Times series graphs for additional food safety issues which have not demonstrated considerable variation at Wave 10 are contained in Annex D for information.

At Wave 10, some differences in reported concern about food safety issues were apparent across socio-demographic groups; these are consistent with differences observed in most earlier waves. Those who were *more likely* to report concern about food safety issues included:

- Women: Female respondents were significantly more likely than men to report concern for all food safety issues at Wave 10 except food not being what the label says it is (29% compared with 27% of men) and BSE (16% compared with 14% of men). This included: food hygiene when eating out (41% compared with 34% of men), use of additives (34% compared with 25%), the use of pesticides (32% compared with 23%) and chemicals from the environment in food (32% compared with 24%).

- Respondents aged 50-65: the use of additives (40% compared with 14-31% for all other age groups) and BSE (25% compared with 5-16%).
- Social grade AB¹³ respondents: the use of additives in food (40% compared with 22-32% of respondents in all other social grades) and the feed given to livestock (35% compared with 15-19%).
- Respondents without children in the household: the use of pesticides (29% compared with 24% for those with children in the household), chemicals from the environment in food (30% compared with 25%), hormones/steroids/antibiotics in food (27 compared to 22%) the feed given to livestock (21% compared to 15%) and BSE (16% compared to 12%).
- Respondents from rural areas: The use of additives (34% compared to 28% of urban respondents), food not being what the label says it is (32% compared to 27%), hormones/steroids/antibiotics in food (30 compared to 24%) and the feed given to livestock (22% compared to 18%).
- White respondents: The use of additives (30% compared with 22% of non-White respondents), chemicals from the environment in food (29% compared with 19%) hormones/steroids/antibiotics in food (26% compared with 19%) and the feed given to livestock (20% compared with 10%).

Those who were *less likely* to report concern about food safety issues included:

- Respondents aged 16-25: the use of additives (14% compared with 25-40% for all other age groups), chemicals from the environment in food (13% compared with 21-38%); the use of pesticides to grow food (13%

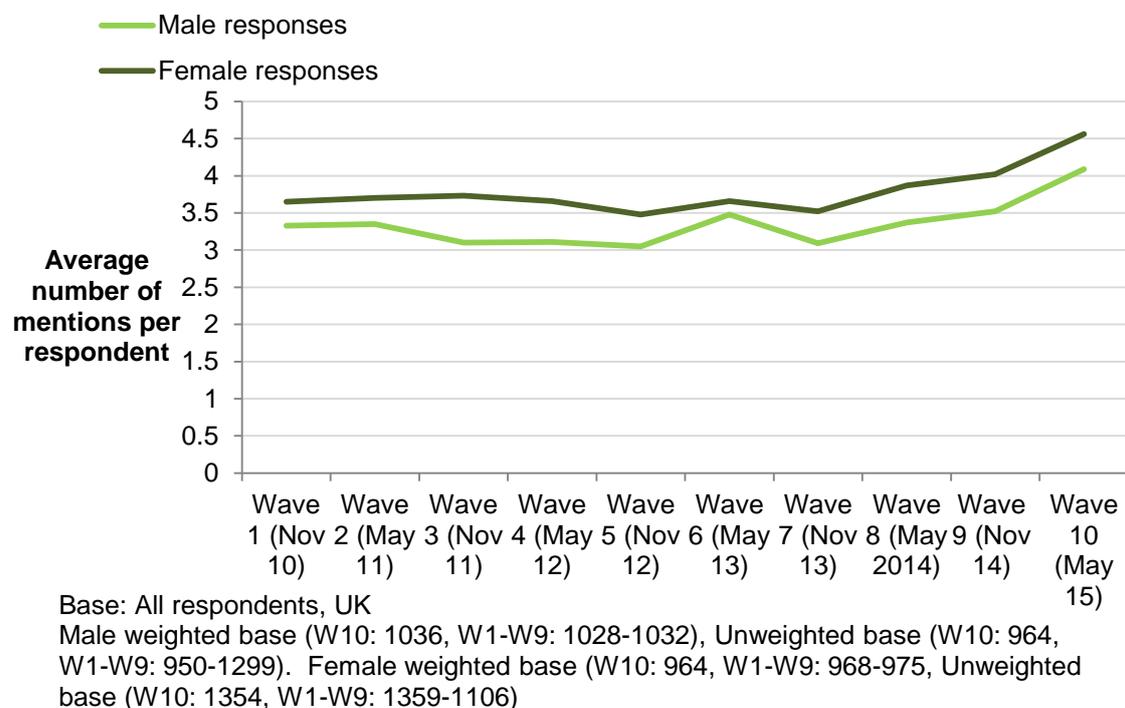
¹³ This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

compared with 21-39%); the use of hormones/steroids/antibiotics in food (12% compared with 19-35%), and GM foods (11% compared with 21-32%).

- Social grade C1 respondents: date labels (17% compared with 23-26% of respondents in all other social grades).

Looking across the time series data, women have been consistently more likely to report total concern about most food safety issues compared to men. See Figure 4.

Figure 4: Total number of food safety concern responses reported by gender (Nov 2010 – May 2015)



Respondents aged 16-25 have been consistently less likely to report concern about most issues than respondents in other age groups. Differences between all other socio-demographic groups were apparent in some, but not all, previous waves.

2.2 Wider food issues of concern

In order to situate concern for food safety issues in the wider food context, respondents are prompted to consider food issues of concern in two wider areas through the following two questions:

Q1c And which of THESE food issues are you concerned about, if any? Please select all that apply. Which others?

- The amount of salt in food
- The amount of sugar in food
- The amount of fat in food
- The amount of saturated fat in food
- Foods aimed at children including school meals
- None of these
- Don't know

Q1d And, finally in this section, which of THESE food issues are you concerned about, if any? Please select all that apply. Which others?

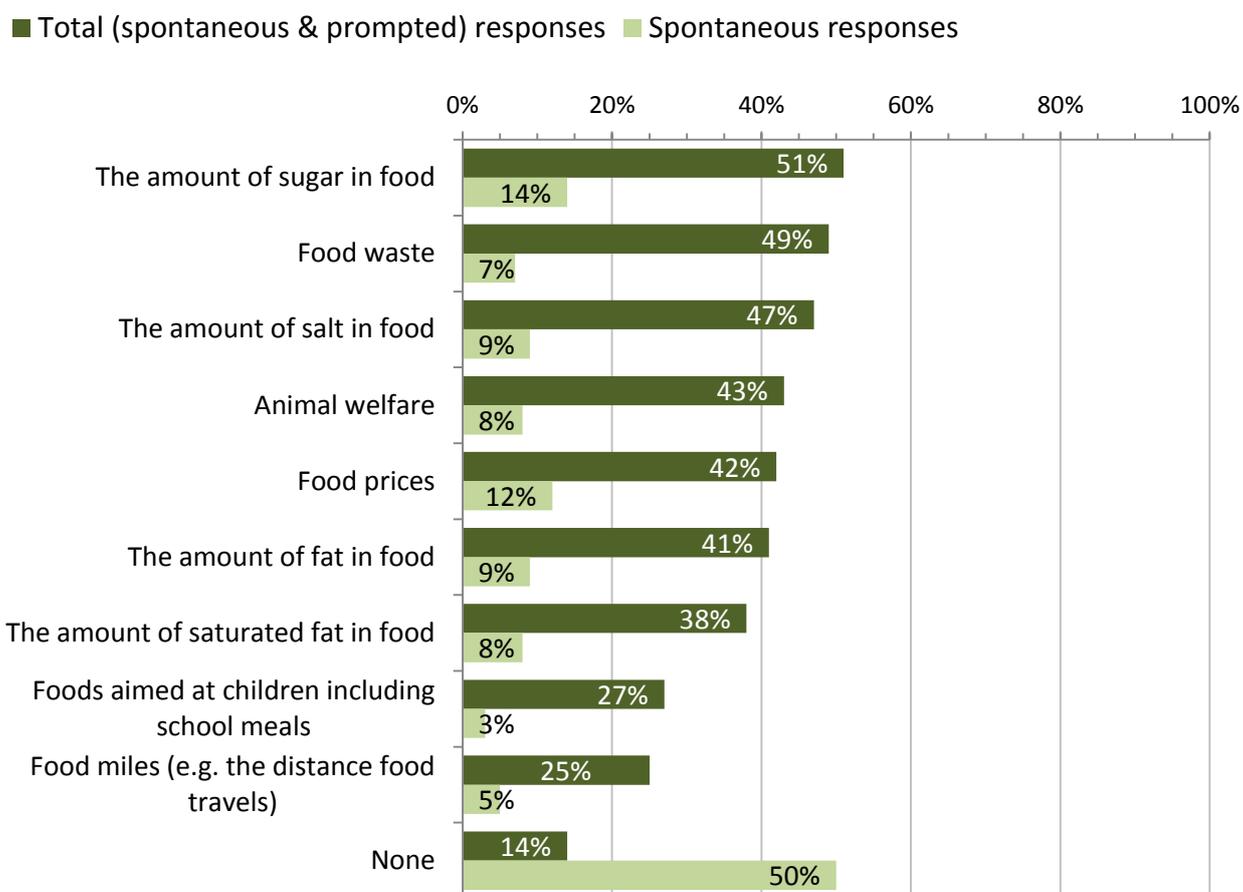
- Animal welfare
- Food prices
- Food waste
- Food miles (e.g. the distance food travels)
- None of these
- Don't know

In general, higher levels of concern were reported about a range of wider food issues than were reported for food safety issues in this wave. The most frequently reported wider food issues of concern (combined spontaneous and prompted reported concern) were the amount of sugar in food (51%), food waste (49%) and the amount of salt in food (47%).¹⁴

The most frequently reported issues of spontaneous concern were the amount of sugar in food (14%), food prices (12%), the amount of salt and the amount of fat in food (9% each). See Figure 5 for further detail.

¹⁴ Average number of other food issues respondents reported being concerned about: Wave 1 (4.06), Wave 2 (4.26), Wave 3 (4.09), Wave 4 (4.27), Wave 5 (4.13), Wave 6 (4.32), Wave 7 (4.32), Wave 8 (4.40), Wave 9 (4.35) Wave 10 (4.39).

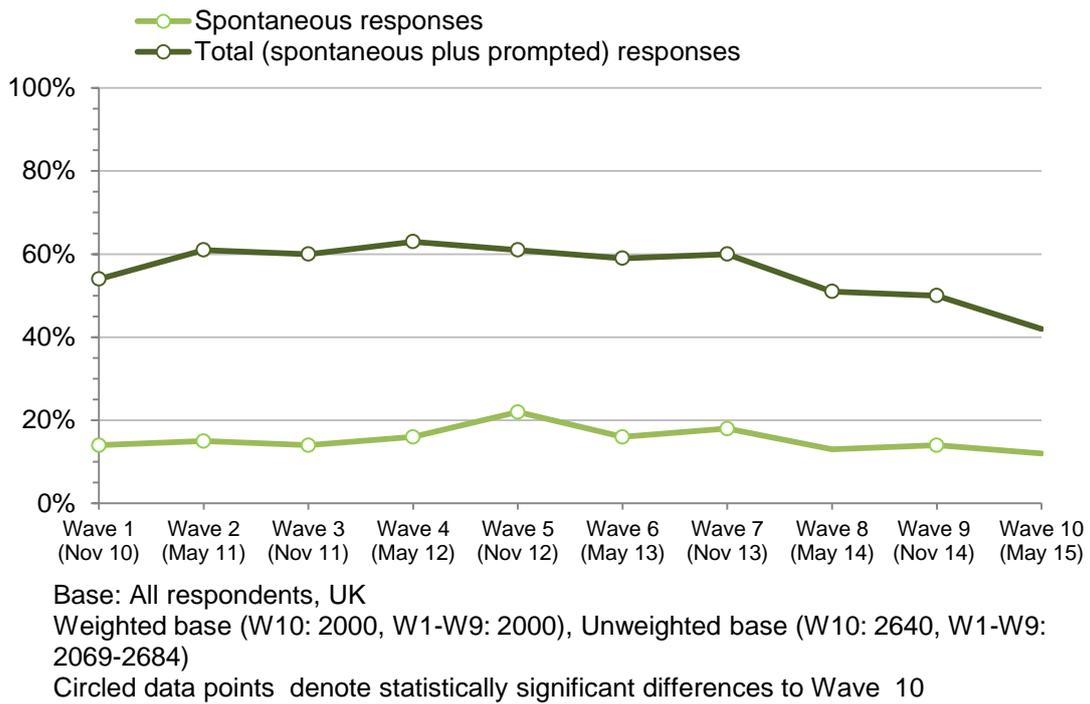
Figure 5: Reported concern about wider food issues (May 2015)



Base: All respondents, UK
 Weighted base: 2000, Unweighted base: 2640

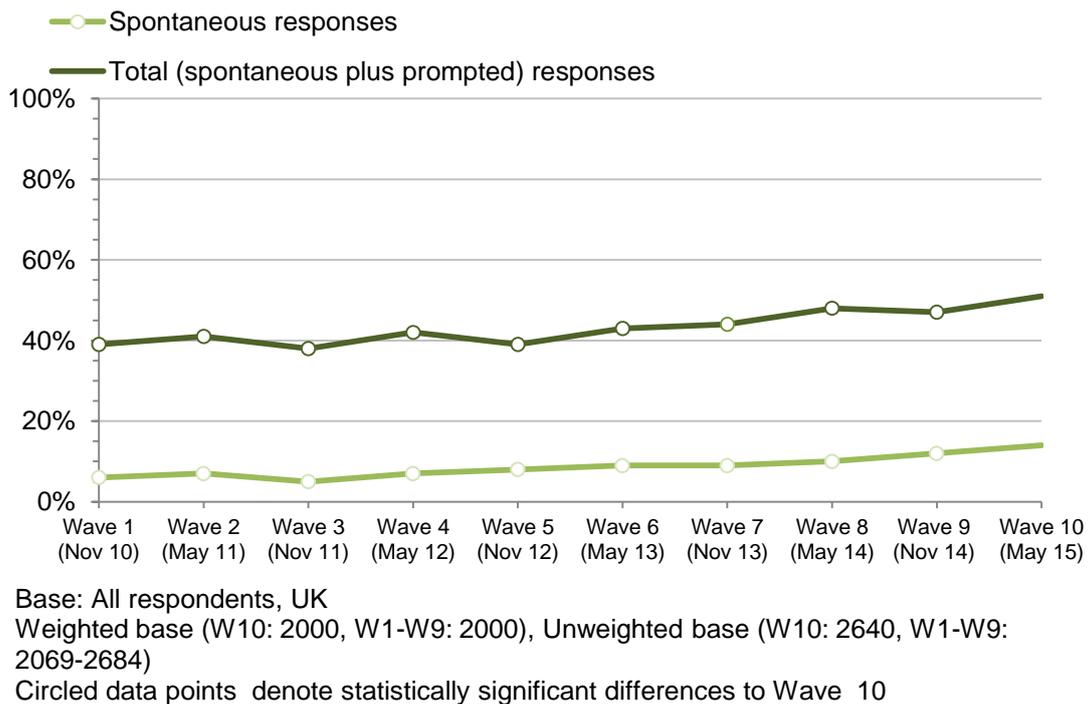
Looking across waves, there are a few points of interest. Firstly, ‘food prices’ is not the most commonly mentioned wider food issue of concern this wave, unlike for all previous waves. This continues a reduction in the proportion of respondents reporting this concern, which was first detected at Waves 8 (51%) and 9 (50%). Reported concern about this issue at Wave 10 (42%) is lower than all previous waves. Spontaneous concern about food prices at Wave 10 (12%) is also lower than all previous waves (14-22%) except Wave 8 (13%). See Figure 6 for more detail.

Figure 6: Reported concern about food prices (Nov 2010 – May 2015)



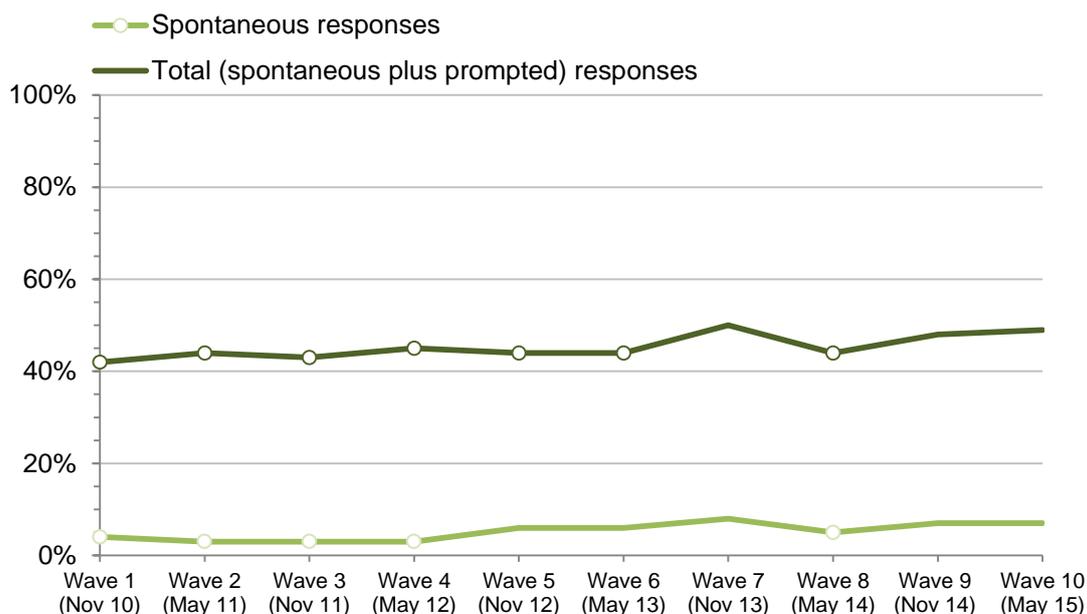
Concern about the amount of sugar in food (51%) was higher this wave than all previous waves (38-47%). This was also the case for spontaneous concern (14%) for this issue. See Figure 7 for further detail.

Figure 7: Reported concern about the amount of sugar in food (Nov 2010 – May 2015)



The proportion of respondents reporting concern (49%) about food waste was higher compared with Wave 8 and was also 5-7% higher than Waves 1-6. It was similar to Wave 9 (48%) and Wave 7 (50%), which is when the highest proportion of respondents reported concern about this issue. See Figure 8 for further detail.

Figure 8: Reported concern about food waste (Nov 2010 - May 2015)



Base: All respondents, UK

Weighted base (W10: 2000, W1-W9: 2000), Unweighted base (W10: 2640, W1-W9: 2069-2684)

Circled data points denote statistically significant differences to Wave 10

Times series graphs for additional wider food issues which displayed less variation at Wave 10 or were of concern to fewer respondents, are contained in Annex D for information.

As with concern about food safety issues, reported concern about wider food issues varied between socio-demographic groups. Groups *more likely* to report concern about wider food issues at Wave 10 included:

- Women: Female respondents were more likely to report concern about *each* individual wider food issue. Some examples are food prices (45% compared with 40% of men), the amount of sugar in food (54% compared with 48%), the amount of salt in food (49% compared with

44%), food waste (53% compared with 44%), the amount of fat in food (43% compared with 38%), animal welfare (48% compared with 37%), foods aimed at children (32% compared with 22%), and food miles (29% compared with 21%).

- Social grade AB¹⁵ respondents: animal welfare (51% compared with 35-46% for all other social grades) and food miles (35% compared with 18-27%).
- Children in/not in the household: Respondents with children in the household were more likely to report concern about food prices (47% compared with 40% for those without children in the household) and foods aimed at children (37% compared with 23%). Whereas respondents without children in the household were more likely to report concern about animal welfare (45% compared with 37% for those with children in the household) and the amount of salt in food (48% compared with 43%).
- Respondents from urban areas: food prices (43% compared to 38% of rural respondents).
- Respondents from Northern Ireland: food waste (64% compared to 42 to 48% of respondents from other countries) and foods aimed at children (49% compared with 26-30%).
- White and non-white respondents: white respondents were more likely to report concern about animal welfare (45% compared with 24% for non-white respondents), the amount of salt in foods (47 compared with 40%) and food miles (26% compared with 15%). Conversely, non-white respondents were more likely to report concern about food prices (51% compared with 41% for white respondents).

¹⁵ This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

One group of respondents were *less likely* to report concern about wider food issues:

- Respondents aged 16-25 reported lower concern about all but 2 issues, including: The amount of sugar in food (32% compared with 48-60% of those aged 26 and over), the amount of salt in food (26% compared with 38-58%), food waste (32% compared with 46-57%) and foods aimed at children (15% compared with 22-32%).

Looking across the time series data, women have been consistently more likely, and respondents aged 16-25 have been consistently less likely, to report being concerned about wider food issues across all waves. Differences between all other socio-demographic groups were apparent in some, but not all, previous waves.

3. Concern about food safety in food outlets

Wave 10 Key findings

- 48% reported being concerned about food safety in UK restaurants, pubs, cafes and takeaways.
- 42% reported being concerned about food safety in UK shops and supermarkets.

To consider concern about food safety issues in more detail, respondents are asked the following questions:

Q2a How concerned or unconcerned are you about the safety of ALL food that is sold in UK restaurants, pubs, cafes and takeaways?

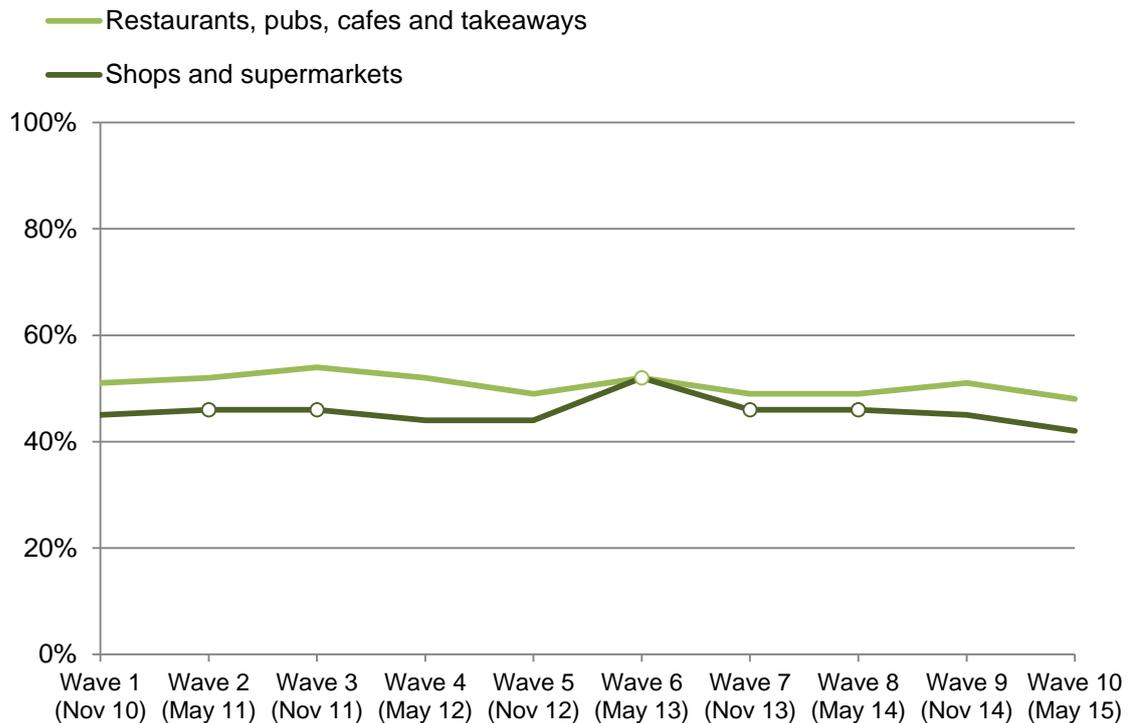
- I am very concerned
- I am fairly concerned
- I am neither concerned nor unconcerned
- I am fairly unconcerned
- I am very unconcerned

Q2b How concerned or unconcerned are you about the safety of ALL food that is sold in UK shops and supermarkets?

Response options as above

At Wave 10, 48% of respondents reported being concerned (combined 'very concerned' and 'fairly concerned' responses) about the safety of food sold in UK restaurants, pubs, cafés and takeaways. The proportion of respondents reporting concern is broadly similar across waves. The proportion of respondents that reported being concerned about the safety of food sold in UK shops and supermarkets was 42% at this wave. This is lower than Waves 2, 3, and 6 – 8 and similar to all other waves. See Figure 9 for further detail.

Figure 9: Concern about food safety in UK food outlets (Nov 2010 - May 2015)



Base: All respondents, UK

Weighted base (W10: 2000, W1-W9: 2000), Unweighted base (W10: 2640, W1-W9: 2069-2684)

Circled data points denote statistically significant differences to Wave 10

Some variation was observed between different socio-demographic groups in response to these two questions. Several groups were *more likely* to report concern about food safety in food outlets:

- Women: Female respondents were more likely to report concern about the safety of food sold in UK restaurants, pubs, cafés and takeaways (51% compared with 46% of men).
- Respondents aged 50-65: Safety of food sold in UK restaurants, pubs, cafés and takeaways (57% compared with 40-51% for all other age groups).
- Children in/not in the household: Respondents without children in the household were more likely to report concern about the safety of food sold in UK restaurants, pubs, cafés and takeaways (50% compared

with 44% for those with children in the household) and the safety of food sold in UK shops and supermarkets (44% compared with 39%).

- Non-white respondents: safety of food sold in UK restaurants, pubs, cafés and takeaways (56% compared with 47% of White respondents) and safety of food sold in UK shops and supermarkets (53% compared with 41%).

Groups that were more likely to report being *unconcerned* (combined 'very unconcerned' and 'fairly unconcerned' responses) about food safety in food outlets included:

- Men: safety of food sold in UK restaurants, pubs, cafés and takeaways (35% compared with 28% of women).
- Respondents in Urban areas: safety of food sold in UK restaurants, pubs, cafés and takeaways (33% compared with 25% of respondents from rural areas).

Looking across the time series data, similar patterns of findings by ethnicity were apparent at all previous waves. The proportion of male (41%) and female (43%) respondents that reported concern about the safety of food sold in UK shops and supermarkets has remained similar at Wave 10; this similarity was also observed at Waves 5 and 9.

Other socio-demographic differences – such as by age group – have been apparent in some, but not all, waves.

4. Awareness of Hygiene Standards

Wave 10 Key findings

- 83% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from.
- The main ways these respondents reported being aware of hygiene standards were similar to previous waves, with the most important factors remaining the general appearance of premises (61%) the appearance of staff (46%) and hygiene certificates (42%).

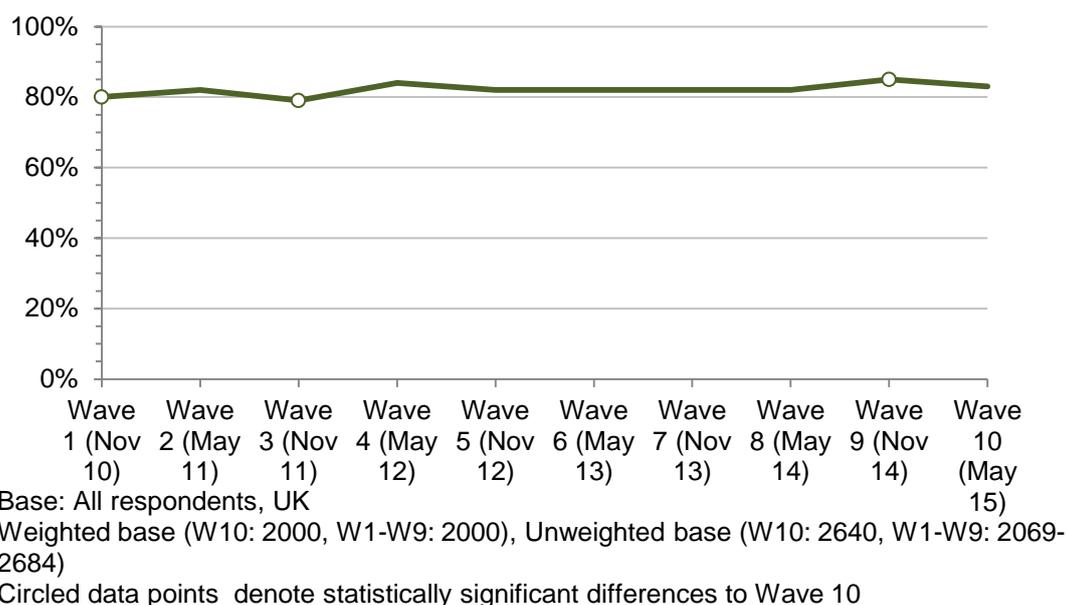
One of the FSA's strategic objectives is to ensure consumers have the information and understanding to make informed choices about where and what they eat. To help monitor performance against this objective, respondents are asked the following question:

Q3 When you buy food in shops or supermarkets, or eat at restaurants, cafes, pubs and takeaways, do you tend to be aware of the standards of hygiene of these places?

- Yes – always
- Yes – sometimes
- No
- Don't know

At Wave 10, 83% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from (combining all 'yes-always' and 'yes-sometimes' responses). This figure is similar or higher than all previous waves except at Wave 9 (85%). See Figure 10 for further detail.

Figure 10: Awareness of hygiene standards in places respondents eat out at or buy food from (Nov 2010 - May 2015)



Respondents who reported being aware of hygiene standards in the places they eat out at or buy food from are then asked the following question:

Q4 How do you know about the hygiene standards of the places you buy food from or eat out at? Please select all that apply. How else?

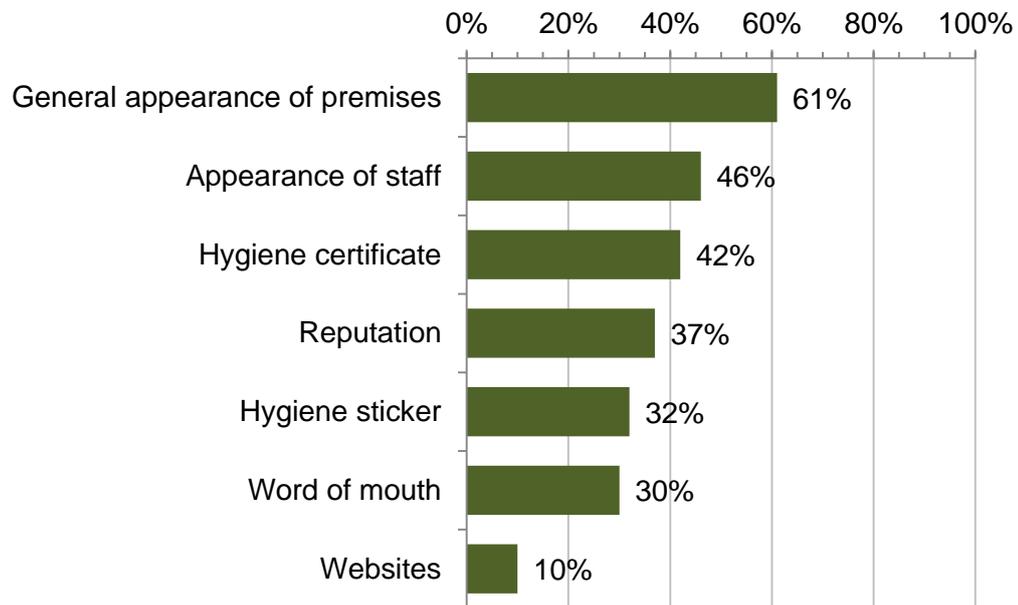
- Word of mouth
- Reputation
- Appearance of people working there
- General appearance of shop\restaurant\cafe\pub\takeaway
- Hygiene sticker
- Hygiene certificate
- Websites
- Other (specify)

The main ways these respondents¹⁶ reported being aware were via the general appearance of premises (61%) the appearance of staff (46%) and hygiene certificates (42%). See Figure 11¹⁷.

¹⁶ Weighted base of 1,656 respondents and unweighted base of 2,183.

¹⁷ Average number of responses: Wave 1 (2.47), Wave 2 (2.63), Wave 3 (2.49), Wave 4 (2.65), Wave 5 (2.51), Wave 6 (2.65), Wave 7 (2.67), Wave 8 (2.65) Wave 9 (2.79), Wave 10 (2.68).

Figure 11: Ways respondents reported being aware of hygiene standards (May 2015)

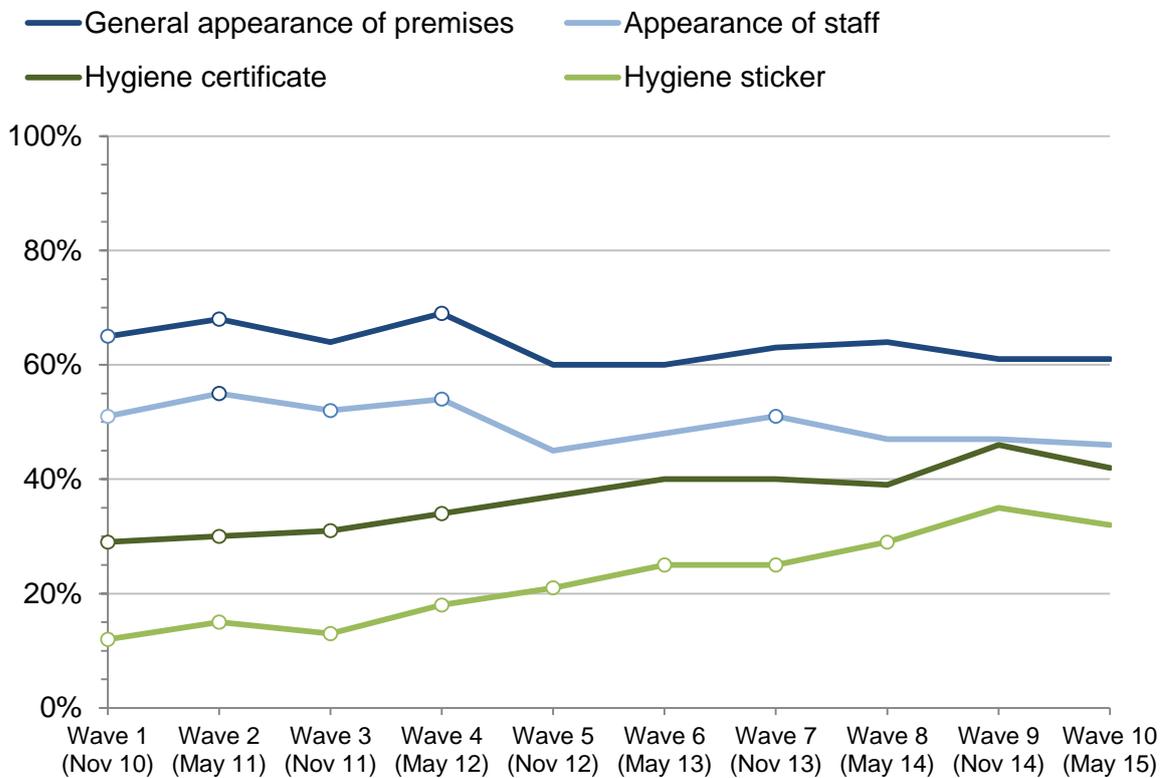


Base: All respondents who reported being aware of the standards of hygiene when they buy food, UK
Weighted base (1656), Unweighted base (2183).

Looking across the time series data, the general appearance of premises and the appearance of staff have been, respectively, the first and second most reported responses to the question across all waves.

At Wave 10, the proportion of these respondents reporting they would know about hygiene standards through the use of hygiene certificates (42%) is similar to Wave 6,7 and 9 (40-46%) and higher than all other previous waves. The proportion of respondents who reported using hygiene stickers (32%) as a method this wave also remained similar with Wave 9 (35%) and higher than all other previous waves. See Figure 12 for further detail.

Figure 12: Ways of knowing about the hygiene standards of places respondents eat at or buy food from (Nov 2010 – May 2015)



Base: All respondents who reported being aware of hygiene standards when they buy food, UK Weighted base (W10: 1656, W1 - W9: 1709- 1676), Unweighted base (W10:2183, W1 - W9: 1638- 2260)

Circled data points represent statistically significant differences to Wave 10

There were few observable differences between different socio-demographic groups at this wave. One group was *more likely* to be aware of hygiene standards in places they eat out at or buy food from:

- Women: 85% compared with 80% of male respondents

The following groups were more likely to report being *unaware* of hygiene standards in places they eat out at or buy food from:

- Respondents aged 16-25: 24% compared with 13-18% of those aged 26 and over.

Of those that reported being aware of hygiene standards, the following groups were *more likely* to report they would use hygiene certificates and/or hygiene stickers as a way of knowing about hygiene standards in places they eat out at or buy food from.

- Respondents with children in the household: use of hygiene stickers (37% compared with 32% of those without children in the household).
- White respondents: use of hygiene certificates (43% compared with 35% for non-white respondents).

The following groups were *less likely* to report they would use hygiene certificates and/or hygiene stickers as a way of knowing about the hygiene standards:

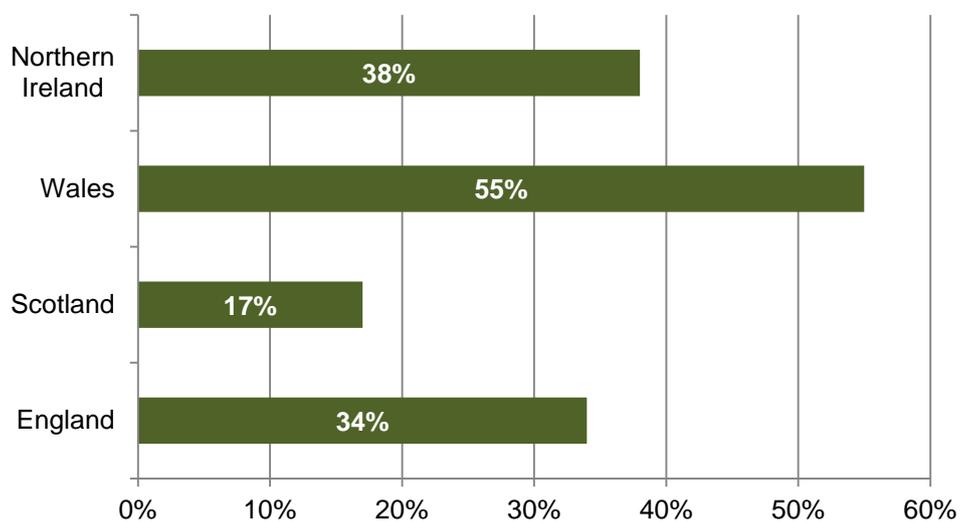
- Respondents aged 66 years or older: hygiene certificates (31% compared with 43-48% for all other age groups) and hygiene stickers (23% compared with 30-41%). This group was also significantly less likely to report they would use websites as a way of knowing about hygiene standards in UK food outlets (4% compared with 9-14%)

In most, but not all, previous waves, respondents with children in the household have been more likely, and respondents aged 66 years or older have been less likely, to report they would use hygiene certificates as a way of knowing about hygiene standards.

Differences by country have been compared across the time series since Wave 6. From Waves 6-10, respondents in Scotland were consistently less likely than respondents in other UK countries to report the use of hygiene certificates. At Wave 10, respondents from Scotland (17%) were also significantly less likely to report the use of hygiene stickers, whilst respondents in Wales (55%) were significantly more likely to report their use

compared to respondents in England or Northern Ireland (34-38%)¹⁸. See Figure 13.

Figure 13: Reported use of Food hygiene stickers by country (May 2015).



Base: All respondents who reported being aware of hygiene standards when they buy food, UK Weighted base (England 1404, Scotland 125, Wales 76, Northern Ireland 51) Unweighted base (England 1530, Scotland 442, Wales 97, Northern Ireland 114).

Times series graphs for other, less commonly reported, ways of being aware of hygiene standards are contained in Annex D for information.

¹⁸ In Wales the display of an FHRs sticker indicating the food business's hygiene rating became mandatory in November 2013; since this time FHRs certificates have not been issued to premises.

5. Awareness of and levels of trust in the FSA

Wave 10 Key findings

- 80% of respondents in England, Wales and Northern reported being aware of the FSA. This is similar to most previous waves.
- 71% of respondents in Scotland reported awareness of the newly founded public sector food body Food Standards Scotland.
- As in previous waves, of those who said they were aware of the FSA, the main responsibility of the FSA reported by respondents was ensuring food bought is safe to eat (89%).
- Of respondents who said they were aware of the FSA, 65% said they trusted, and 7% said they distrusted, the FSA to do its job.

Respondents were asked a number of questions about awareness of the Agency and its responsibilities, and how much they trust or distrust the Agency to do its job.

5.1 Awareness of the FSA

Respondents were asked the following question:

Q5 Which of the following, if any, have you heard of? Please select all that apply. Which others?

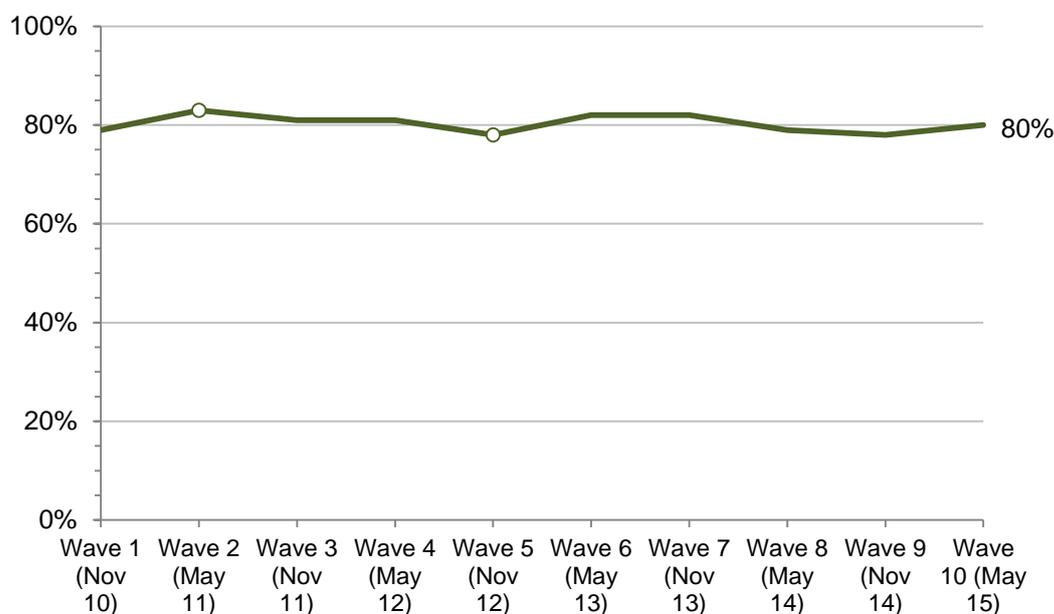
Respondents are shown a list containing a number of 11 or 12 public organisations (depending on country- full details in Annex B)

In April 2015 Food Standards Scotland (FSS) became the official public sector food body for Scotland. Therefore, for the first time at Wave 10, respondents from Scotland were shown a list containing FSS instead of FSA as an option. Respondents in England, Wales and Northern Ireland continued to see the

Food Standards Agency. Responses to this and the following questions on areas of responsibility and trust (see below) have therefore been separated to indicate clearly the views held about these separate organisations¹⁹.

At this wave of the tracker, 80% of respondents in England, Wales and Northern Ireland reported being aware of the Food Standards Agency. This figure is similar to awareness amongst this group of respondents at most previous waves, except 2 and 5. Whilst there have been some fluctuations in awareness of the FSA over time in this area, there has been no overall trend toward increase or decrease. See Figure 14 for further detail.

Figure 14: Awareness of the FSA in England Wales and Northern Ireland (Nov 2010 – May 2015)



Base: All respondents, England, Wales and Northern Ireland

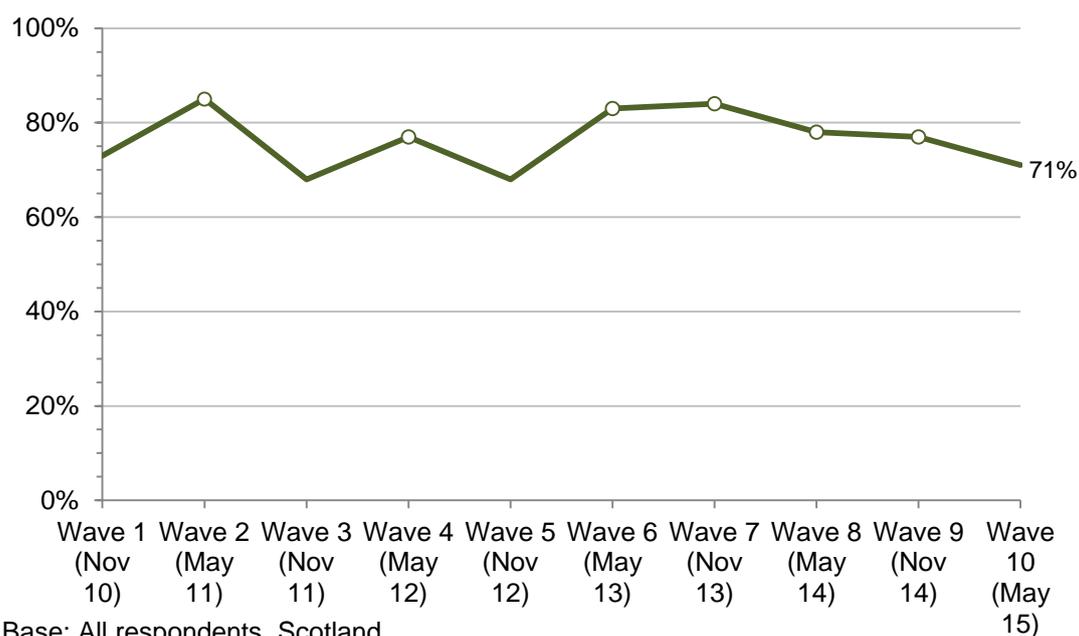
Weighted base (W10:1840, W1-W9: 1824-1841), Unweighted base (W10: 2091, W1-9: 1883-1984)

Circled data points represent statistically significant differences to Wave 10.

At Wave 10, 71% of Scottish respondents reported being aware of Food Standards Scotland. This figure is lower than awareness of the FSA amongst Scottish respondents in all but two previous waves. See Figure 15.

¹⁹ In the case of Wave on Wave results, all Scottish Respondents have also been separated from those in other areas, despite them previously being asked about the FSA.

Figure 15: Awareness of the FSA and FSS in Scotland (Nov 2010 – May 2015)



Base: All respondents, Scotland

Weighted base W10 (FSS):160, W1-W9 (FSA): 159-182, Unweighted base W10

(FSS):541, W1-W9 (FSA): 700-180

Circled data points represent statistically significant differences to Wave 10.

Some differences in awareness of the FSA in England, Wales and Northern Ireland were apparent across different socio-demographic groups at this wave. Groups that were *more likely* to report being aware of the FSA included:

- Social grade AB²⁰ respondents: 90% compared with 70-84% for all other social grades.
- Respondents in rural areas: 85% compared to 79% of respondents in urban areas.
- White respondents: 82% compared with 63% of non-white respondents.

Respondents who were *less likely* to report being aware of the FSA included:

- Respondents aged 16-25: 66% compared with 75-89% for all other age groups.
- Social grade DE²¹ respondents: 70% compared with 77-90% of respondents in all other social grades.

²⁰ This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

Looking across the time series data, similar patterns of findings by age, ethnicity and social grade were apparent at all previous waves.

5.2 Awareness of the FSA's responsibilities

The FSA is responsible for food safety and food hygiene policy as well as safety and allergy labelling in England, Wales and Northern Ireland. It also holds responsibilities for wider food labelling in Wales and Northern Ireland and for nutrition in Northern Ireland. FSS has responsibility for all these areas in Scotland²² Respondents in England, Wales and Northern Ireland who were aware of the FSA, or respondents in Scotland who were aware of FSS, are asked the following questions:

Q5a Please can I check, which issues do you think the Food Standards Agency / Food Standards Scotland is responsible for? Which other issues?

Q5b And which of these issues do you think the Food Standards Agency / Food Standards Scotland is responsible for?

- Ensuring the food you buy is safe to eat
- Promoting food safety in the home
- Promoting and enabling healthy eating and healthy lifestyles
- Ensuring food is sustainable – such as reducing greenhouse emissions and reducing waste when producing food
- Nutrition labelling information, such as traffic light labelling
- Date labels, such as “best before” and “use by” labels
- Country of origin labels, which identify where food comes from
- Other (specify)

The responsibilities reported (combined spontaneous and prompted responses) for the FSA by most respondents were ensuring the food you buy is safe to eat (87%), date labels (67%) and nutrition labelling (62%). ensuring the food you buy is safe to eat (60%) was spontaneously reported most often.

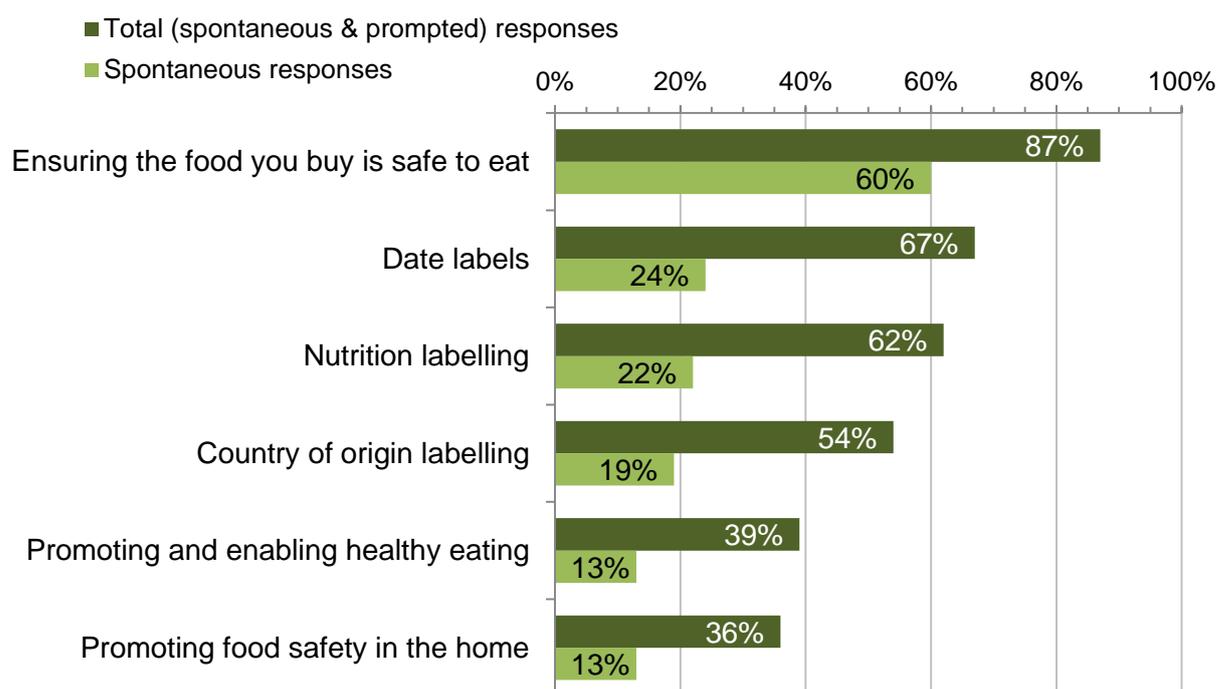
Other reported responsibilities were country of origin labelling (54%), promoting and enabling healthy eating and lifestyles (39%) and promoting

²¹ This includes semi-skilled and unskilled manual workers, unemployed and others dependent on the state long term. See Annex C for full description of social grades.

²² See <http://www.food.gov.uk/about-us/about-the-fsa/> or <http://www.foodstandards.gov.scot/about-us> for further details.

food safety in the home (36%).²³ Spontaneous responses of other responsibilities consisted of date labels (24%), nutrition labelling (22%), country of origin labelling (19%), promoting food safety in the home and promoting and enabling healthy eating and lifestyles (13% each).²⁴ See Figure 16 for further detail.

Figure 16: Reported responsibilities of the FSA (May 2015)



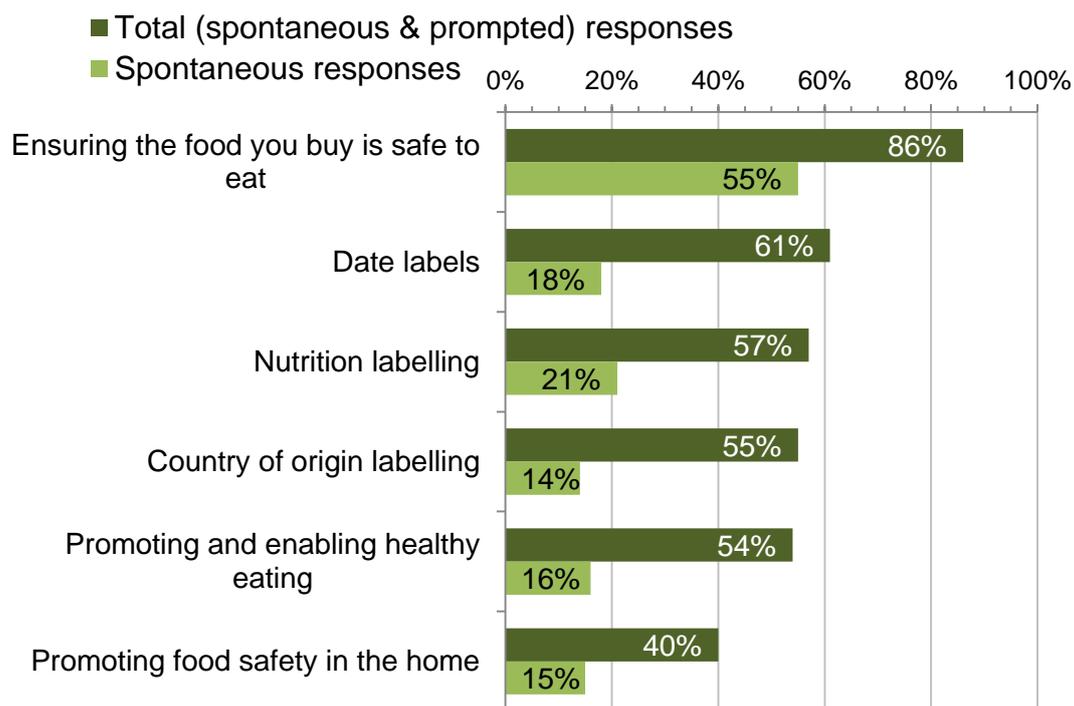
Base: All respondents aware of the FSA, England, Wales and Northern Ireland
 Weighted base (1476), Unweighted base (1670)

The most commonly reported responsibilities by Scottish respondents for FSS at Wave 10 were also ensuring the food you buy is safe to eat (86%), date labels (61%) and nutrition labelling (57%). Ensuring the food you buy is safe to eat (55%) was also spontaneously reported most often, see Figure 17.

²³ Average number of total responsibilities responses: Wave 1 (4.11), Wave 2 (4.17), Wave 3 (4.19), Wave 4 (4.14), Wave 5 (4.07), Wave 6 (4.06), Wave 7 (4.18), Wave 8 (4.20), Wave 9 (4.47), Wave 10 (4.25).

²⁴ Average number of spontaneous responsibilities responses: Wave 1 (2.02), Wave 2 (1.95), Wave 3 (1.82), Wave 4 (1.87), Wave 5 (2.20), Wave 6 (2.08), Wave 7 (2.07), Wave 8 (2.06), Wave 9 (2.28), Wave 10 (2.27).

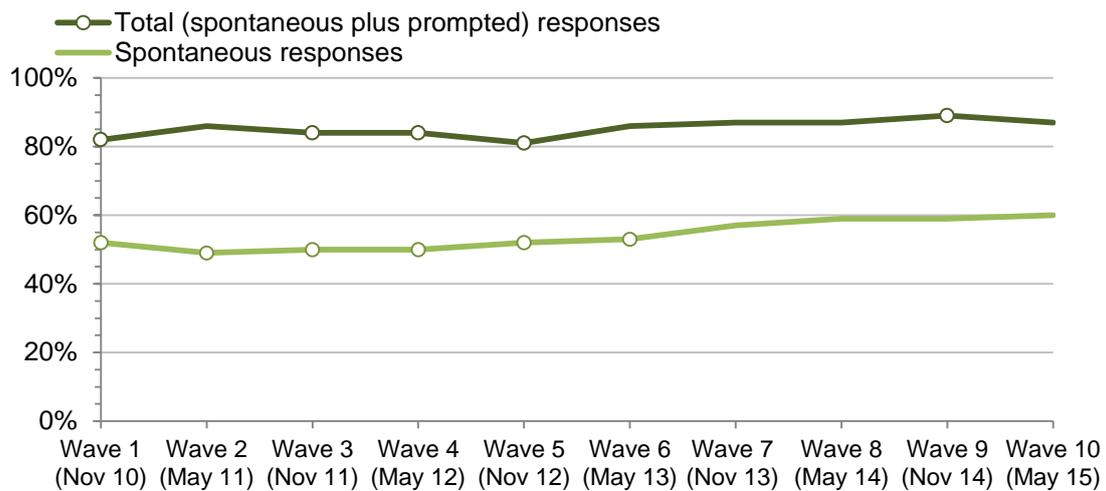
Figure 17: Reported responsibilities of FSS (May 2015)



Base: All respondents aware of FSS, Scotland. Weighted base (114), Unweighted base (381)

Looking across the time series data, the percentage of respondents in England, Wales and Northern Ireland spontaneously reporting that 'ensuring the food you buy is safe to eat' was a responsibility of the FSA (60%) remains higher than at waves 1-6 (50-53%). The combined spontaneous and prompted response rate for this responsibility (87%) was higher this wave than at Waves 1, 3, 4 and 5 (82-25%). Both total and spontaneous responses at Wave 10 were similar to those at all waves between Waves 6-9. See Figure 18 for further detail.

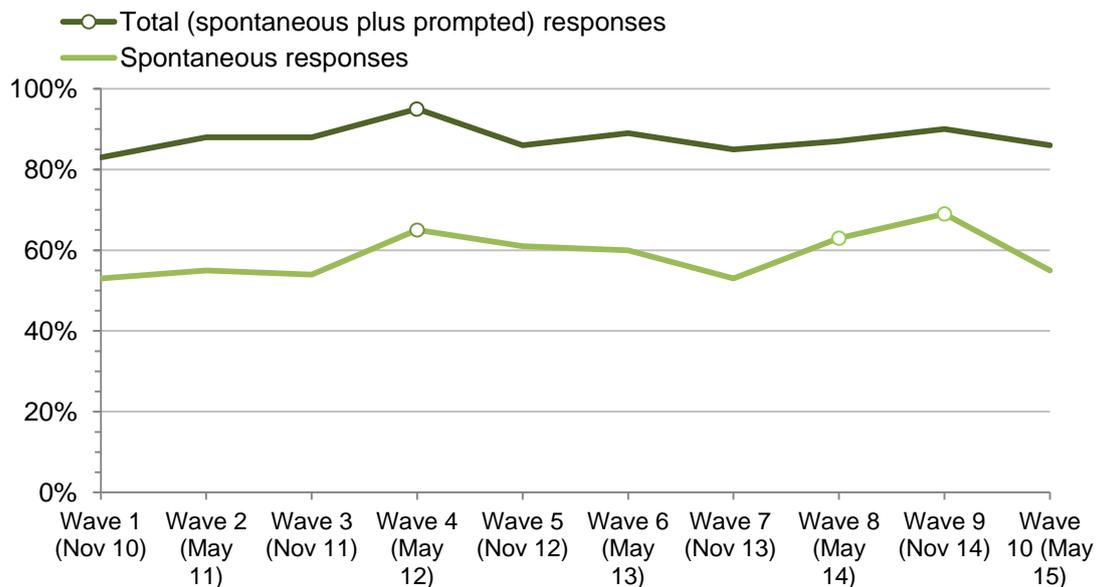
Figure 18: Reported responsibility of the FSA in England Wales and Northern Ireland: Ensuring food is safe to eat (Nov 2010 – May 2015)



Base: All respondents aware of the FSA in England, Wales and Northern Ireland
 Weighted base (W10: 1476, W1-W9: 1534-1665), Unweighted base (W10: 1670, W1-

The number of Scottish respondents reporting that the FSA was responsible for ensuring food was safe to eat varied across waves 1-9. Reporting of this responsibility for FSS at Wave 10 is similar to most of these previous waves, except Wave 4 (95%). See Figure 19.

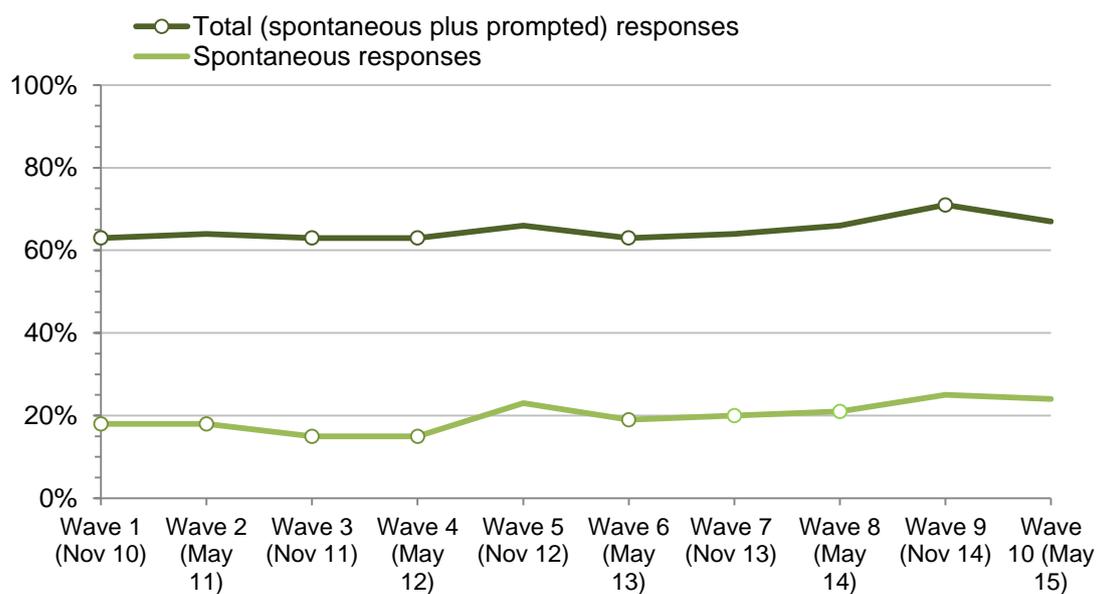
Figure 19: Reported responsibility of the FSA and FSS in Scotland: Ensuring food is safe to eat (Nov 2010 – May 2015)



Base: Scottish respondents aware of the FSA or FSS
 Weighted base W10 (FSS): 114, W1-W9 (FSA): 112-148, Unweighted base W10 (FSS): 381, W1-W9 (FSA): 121-541
 Circled data points represent statistically significant differences to Wave 10

At Wave 9 in England, Wales and Northern Ireland (71%), the highest recorded proportion of respondents who reported awareness of the FSA indicated that they had considered date labels, such as 'best before' and 'use by' dates, to be one of the FSA's responsibilities. At Wave 10 (67%) reports of this responsibility were consistent with levels at Waves 2, 5, 7 and 8. See Figure 20.

Figure 20: Reported responsibility of the FSA in England, Wales and Northern Ireland: date labels such as 'best before' and 'use by' labels (Nov 2010 – May 2015)



Base: All respondents aware of the FSA in England, Wales and Northern Ireland
 Weighted base (W10: 1476, W1-W9: 1534-1665), Unweighted base (W10: 1670, W1-W9: 1568-2083)

Circled data points represent statistically significant differences to Wave 10

There were some differences in the perceived remit of the FSA across different socio-demographic groups of England, Wales and Northern Ireland at this wave. The following groups were *more likely* to report the FSA had responsibility for certain issues:

- White respondents: country of origin labelling (56% compared with 40% of non-white respondents).
- Respondents in Northern Ireland: promoting healthy eating date labels (58% compared with 38-42% for England and Wales).
- Respondents aged 36-49: nutrition labelling (73% compared with 55-64% of those aged below 36 or above 49)

- Respondents in urban areas: promoting healthy eating (40% compared to 34% of respondents from rural areas).
- Respondents without any children in the House: country of origin labelling (56% compared with 49% of respondents with children in the house), promoting food safety in the home (38% compared to 32%).

Looking across the time series data, these group differences in England, Wales and Northern Ireland are apparent in some, but not all, previous waves. Times series graphs for additional reported responsibilities of the FSA are contained in Annex D for information.

5.3 Trust in the FSA

Respondents in who reported being aware of the FSA or FSS are asked the following question:

Q6 How much do you trust or distrust the Food Standards Agency / Food Standards Scotland to do its job? That is, trust it to make sure the food sold in shops and restaurants is safe, and to provide advice on food safety in the home.

- I trust it a lot
- I trust it
- I neither trust nor distrust it
- I distrust it
- I distrust it a lot

65% of respondents in England, Wales and Northern Ireland who reported being aware of the FSA reported that they trusted²⁵ the Agency to do its job. 7% of respondents reported that they distrusted²⁶ the Agency to do its job.

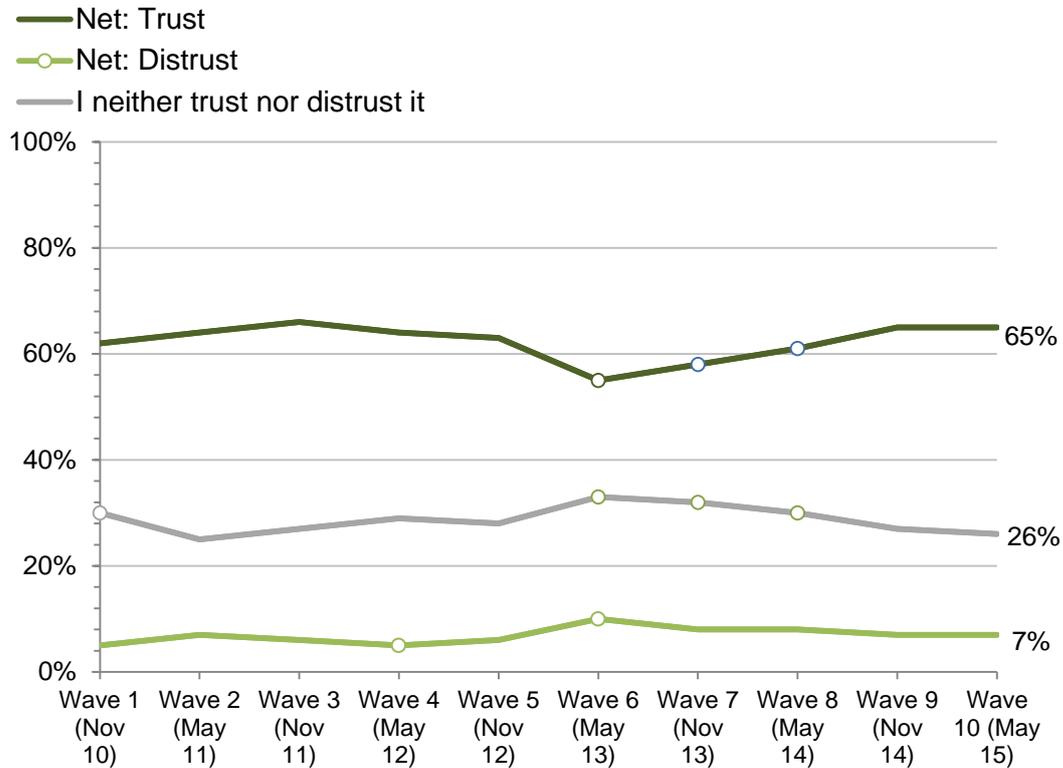
Trust saw a wave-on-wave increase from Waves 6-9 (56-65%); at Wave 10 it remained at similar level to Waves 9 and 1-5 (62-66%). The number of

²⁵ Figure based on net of respondents who reported 'I trust the FSA a lot' or 'I trust the FSA', here and throughout the remainder of the chapter.

²⁶ Figure based on net of respondents who reported 'I distrust the FSA a lot' or 'I distrust the FSA', here and throughout the remainder of the chapter.

respondents who reported they neither trust nor distrust the Agency at Wave 10 (26%) was lower than at Waves 4 and 6-8 whilst distrust at Wave 10 (7%) was similar to most previous waves. See Figure 21 for further detail.

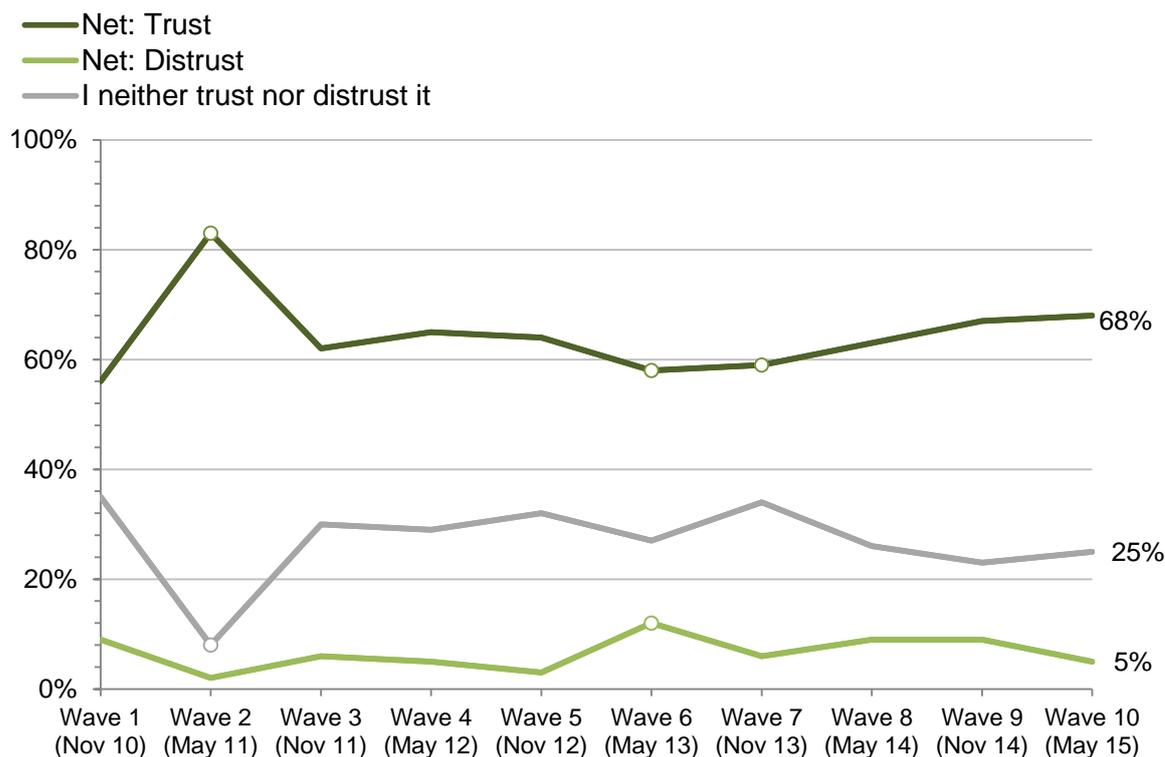
Figure 21: Trust in the FSA (Nov 2010 - May 2015)



Base: All respondents aware of the FSA, W10: England, Northern Ireland and Wales, W1-9: UK
 Weighted base (W10: 1476, W1-W9: 1534-1665), Unweighted base (W10: 1670, W1-W9: 1568-2083)
 Circled data points represent statistically significant differences to Wave 10

68% of Scottish respondents who reported being aware of FSS reported that they trusted it to do its job. 5% of respondents reported that they distrusted FSS to do its job. Trust in FSS is comparable to Scottish respondent's trust in the FSA in most previous Waves, except Wave 2 (83%) and Waves 6 and 7 (58-59%). See Figure 22.

Figure 22: Trust in FSS and the FSA in Scotland (Nov 2010 - May 2015)



Base: Scottish respondents aware of the FSA or FSS
 Weighted base W10 (FSS): 114, W1-W9 (FSA): 112-148, Unweighted base W10 (FSS): 381, W1-W9 (FSA): 121-541
 Circled data points represent statistically significant differences to Wave 10

Looking at variation in levels of trust in the FSA by socio-demographic groups, only one particular group was significantly *more likely* to report that they trusted the Agency to do its job:

- Respondents in Northern Ireland: 82%, compared to 64% of respondents in England and 68% of those in Wales.

When looking across the time series data, there has been little consistency regarding socio-demographic groups and levels of trust or distrust in most previous waves.

Conclusions

Overall findings from this wave are fairly consistent with previous results. Trust and awareness of the FSA remain at a steady level following a reported decline over Waves 6 and 7. Awareness of FSS is reported for the first time at this wave, following the establishment of the public sector food body for Scotland.

The main issues of general and food safety concern have remained largely unchanged across all waves. Concern about chemicals from the environment in food and food not being what the label says it is was prompted for the first time at this wave, with the same proportion of respondents reporting each. Looking at wider issues of concern, food prices has declined to the extent that it is not the highest reported area of spontaneous or overall concern for the first time. Conversely spontaneous concerns about salt, fat and sugar remain high.

Concerns about food safety in food outlets are fairly stable, being marginally higher for restaurants, pubs, cafes and takeaways than shops and supermarkets.

Women continue to show higher levels of concern than men about food issues, including retailer food safety whilst younger people generally report lower levels of concern than other age groups.

Annex A. Technical summary

Methodology

Fieldwork for this wave took place from the 8th to the 15th of May 2015, and a representative sample of 2,640 adults (aged 16 and over) in the UK was interviewed. The research was conducted using the TNS consumer omnibus survey employing face-to-face Computer Assisted Personal Interviewing (CAPI). Respondents were selected using a random location sampling method.

2001 Census small area statistics and the Postcode Address File (PAF) were used to divide the UK into a master sampling frame of 625 sample points. The frame was then refined down to 415 points in the UK and 14 in Northern Ireland by stratifying points according to Government Office Region, Social Grade²⁷ and urban/rural coverage. Sequential waves of fieldwork are conducted systematically across this sampling frame to provide maximum geographical dispersion and ensure that sample point selection remains representative for any specific fieldwork wave.

For Wave 10 of the attitudes tracker, a total of 188 sample points were included. To reduce clustering effects, each of these primary sampling points was divided into two halves. Fieldwork clusters comprising aggregations of wards were defined from the chosen half of each sample point; 200-250 addresses were then sampled for fieldwork from each cluster, using the PAF. All interviews were conducted by the TNS field team and in accordance with strict quality control procedures. Quotas (by sex, working status and presence of children) were set during interviewing to ensure representativeness, whilst any sample profile imbalances in all these demographic criteria were corrected at the analysis stage through weighting against national distribution of age, gender, social grade and area. A summary of the number of participants from different age groups can be found in the table below.

Age	Male		Female	
	Weighted	Unweighted	Weighted	Unweighted
16-24	143.31	153	143.78	164
25--44	344.04	348	358.72	409
45--64	308.44	405	315.88	389
65+	168.61	380	217.22	392

All weighted criteria were tested at 95% level of significance.

²⁷ Refer to Annex C for an explanation of social grade criteria.

Background

Whilst this report focuses upon data which has been collected from November 2010 onwards, the Tracker survey has been conducted since 2001. During this time, a number of changes in methodology and questionnaire content have occurred.

From April 2001 to June 2006 data was collected from a representative sample of adults aged 16 and over in Great Britain (i.e. England, Scotland and Wales). From September 2006 the sample was extended to be representative of the United Kingdom (i.e. England, Scotland, Wales and Northern Ireland).

The frequency of fieldwork for the Tracker has also changed since 2001:

- *April 2001-December 2001*: research conducted quarterly;
- *October 2001-September 2002*: research conducted monthly;
- *December 2002-March 2010*: research conducted quarterly;
- *November 2010 – to May 2015 (this report)*: research conducted biannually.

Between September 2008 and March 2010, in addition to a question in the Tracker that measured confidence in the FSA, a question was included to measure trust in the FSA. This question asked how the respondent would rate their trust in the FSA on a scale from 1-7 and had previously been asked in the FSA annual Consumer Attitudes Survey (CAS) which was last conducted in 2007.

Due to observed fluctuations in responses to this question on trust, in autumn 2010 the Tracker was redeveloped in full. A redeveloped question on trust asked respondents how much they trusted or distrusted the FSA (see Annex B for full question). However, for the purpose of monitoring the impact of the questionnaire changes, Wave 1 (Nov 2010) and 2 (May 2011) of the redeveloped Tracker ran both the old question monitoring trust (that had been included since September 2008) and the redeveloped question using a split

run (50:50) of respondents.²⁸ The old question on trust was removed at Wave 3 (Nov 2011) as we had sufficient data at this stage to establish how the change in question formulation had affected responses provided. The reports on the redevelopment of the Tracker can be viewed at <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>.

At Wave 3 (Nov 2011), three new questions were added to the end of the survey to measure awareness of initiatives or schemes concerning the hygiene standards in places where people eat out or shop for food. The survey also originally included a question asking if respondents were willing to be re-contacted at a later date to answer follow up questions related to the survey. At Wave 5, this re-contact question was removed, and one new question was added to the end of the survey. This question asked respondents in England, Wales and Northern Ireland whether they had seen the FHRs certificate and/or sticker, and respondents in Scotland whether they had seen the FHIS certificate and/or sticker before. At Wave 9 the survey's final four questions, which measured awareness of formal initiatives or schemes concerning the hygiene standards in places where people eat out or shop for food (including FHRs and FHIS), have been removed and included in a separate survey. At Wave 10 two new response options 'Chemicals from the environment, such as lead, in food' and 'Food not being what the label says it is' were added to question 1A) and 1B). In April 2015, Food Standards Scotland became the national body for food safety and nutrition matters in Scotland. To reflect this, at Wave 10, all references to 'the Food Standards Agency' or 'the FSA' in questions 4, 5 and 6 of the survey were replaced by 'Food Standards Scotland' or 'FSS'. See Annex B for the full questionnaire used at Wave 10.

²⁸ This was a recommendation from the development work for the new biannual Tracker. For the full reports on the development work please see: <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>

Annex B. Wave 10 Questionnaire

Q.1a What food issues, if any, are you concerned about? Which others? (Base: All adults UK)

(Spontaneous)

Q.1b And which of these food issues are you concerned about, if any? Please select all that apply. Which others? (Base: All adults UK)

- 07: Food poisoning such as Salmonella and *E. coli*
- 11: Genetically Modified (GM) foods
- 02: BSE ('mad cow disease')
- 17: The feed given to livestock
- 19: The use of pesticides to grow food
- 18: The use of additives (such as preservatives and colouring) in food products
- 12: Hormones\steroids\antibiotics in food
- 03: Date labels, such as "best before" and "use by" labels
- 05: Food hygiene when eating out
- 04: Food hygiene at home
- 22: Chemicals from the environment, such as lead, in food
- 23: Food not being what the label says it is
- 21: None of these
- (DK)

Q.1c And which of THESE food issues are you concerned about, if any? Please select all that apply. Which others? (Base: All adults UK)

- 14: The amount of salt in food
- 16: The amount of sugar in food
- 13: The amount of fat in food
- 15: The amount of saturated fat in food
- 09: Foods aimed at children including school meals
- 21: None of these
- (DK)

Q.1d And, finally in this section, which of THESE food issues are you concerned about, if any? Please select all that apply. Which others? (Base: All adults UK)

- 01: Animal welfare
- 08: Food prices
- 10: Food waste
- 06: Food miles (e.g. the distance food travels)
- 21: None of these
- (DK)

Q.2a How concerned or unconcerned are you about the safety of ALL food that is sold in UK restaurants, pubs, cafes and takeaways? (Base: All adults UK)

- 01: I am very concerned
- 02: I am fairly concerned
- 03: I am neither concerned nor unconcerned
- 04: I am fairly unconcerned
- 05: I am very unconcerned
- (DK)

Q.2b How concerned or unconcerned are you about the safety of ALL food that is sold in UK shops and supermarkets? (Base: All adults UK)

- 01: I am very concerned
- 02: I am fairly concerned
- 03: I am neither concerned nor unconcerned
- 04: I am fairly unconcerned
- 05: I am very unconcerned
- (DK)

Q.3a When you buy food in shops or supermarkets, or eat at restaurants, cafes, pubs and takeaways, do you tend to be aware of the standards of hygiene of these places?
(Base: All adults UK)

- 01: Yes – always
- 02: Yes – sometimes
- 03: No
- (DK)

Q.3b How do you know about the hygiene standards of the places you buy food from or eat out at? Please select all that apply. How else? (Base: All adults who are at all aware of the standards of hygiene when they buy food UK)

- 01: Word of mouth
- 02: Reputation
- 03: Appearance of people working there
- 04: General appearance of shop\restaurant\cafe\pub\takeaway
- 05: Hygiene sticker
- 06: Hygiene certificate
- 07: Websites
- 08: Other (specify)
- (DK)

Q.4 Which of the following, if any, have you heard of? Please select all that apply. Which others? (Base: All adults UK)

- 01: Department of Health (only show if England)
- 02: Department for Health, Social Services and Public Safety (DHSSPS) (only show if NI)
- 03: Public Health Agency (PHA) (only show if NI)
- 04: Scottish Government Health Improvement Directorate (only show if Scotland)
- 05: Department for Public Health and Health Professions (only show if Wales)
- 06: Food Standards Agency (only show if England, Wales or NI)
- 22: Food Standards Scotland (only show if Scotland)
- 07: Safefood (only show if NI)
- 08: National Institute for Health and Clinical Excellence (NICE)
- 09: Department for Environment, Food and Rural Affairs (DEFRA) (only show if England)
- 10: Department for Rural Affairs (only show if Wales)
- 11: Department of Agriculture and Rural Development (DARD) (only show if NI)
- 12: The Environment Agency (only show if England or Wales)
- 13: Scottish Environment Protection Agency (SEPA) (only show if Scotland)
- 14: Scottish Government Rural Directorate (only show if Scotland)
- 15: The British Medical Association
- 16: Office of Communications (OFCOM)
- 17: Audit Scotland (only show if Scotland)
- 18: Health & Safety Executive
- 19: Office of Fair Trading
- 20: World Health Organisation (WHO)
- 21: British Dietetic Association (BDA)
- (N)
- (DK)

Q.5a And please can I check, which issues do you think the Food Standards Agency is responsible for? Which other issues? (Base: All adults aware of the Food Standards Agency UK)

(Spontaneous)

Q.5b And which of these issues do you think the Food Standards Agency/Food Standards Scotland is responsible for? (Please select all that apply. Which others? Base: All adults aware of the Food Standards Agency in England, Wales and NI or Food Standards Scotland in Scotland)

- 01: Ensuring the food you buy is safe to eat
- 02: Promoting food safety in the home
- 03: Promoting and enabling healthy eating and healthy lifestyles
- 04: Ensuring food is sustainable – such as reducing green house emissions and reducing waste when producing food
- 05: Nutrition labelling information, such as traffic light labelling
- 06: Date labels, such as “best before” and “use by” labels
- 07: Country of origin labels, which identify where food comes from
- 08: Other (specify)

(DK)

Q.6a How much do you trust or distrust the Food Standards Agency/Food Standards Scotland to do its job? That is, trust it to make sure the food sold in shops and restaurants is safe, and to provide advice on food safety in the home. (Base: All adults aware of the Food Standards Agency in England, Wales and NI or Food Standards Scotland in Scotland)

01: I trust it a lot

02: I trust it

03: I neither trust nor distrust it

04: I distrust it

05: I distrust it a lot

(DK)

Annex C: Occupational Groupings²⁹

Grade	Approximate percentage of population	General description	Retiree description
A	3	These are professional people, or are very senior in business or commerce or are top level civil servants	Retired people, previously grade A, and their widows
B	20	Middle management executives in large organisations, with appropriate qualifications Top management or owners of small business	Retired people, previously grade B, and their widows.
C1	28	Junior management owners of small establishments: and all others in non-manual Positions Jobs in this group have very varied responsibilities and educational needs	Retired people previously grade C1 and their widows.
C2	21	All skilled manual workers, and those manual workers with responsibility for other people	Retired people previously grade C2 with a pension from their job Widows if receiving pensions from their late husband's job
D	18	All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers	Retired people previously grade D with a pension from their job Widows if receiving pensions from their late husband's job
E	10	All those entirely dependent on the state long term, through sickness, unemployment, old age or other reasons. Those unemployed for a period exceeding 6 months (otherwise classify on previous occupation) Casual workers and those without a regular income Only households without a chief wage earner will be coded in this group	N/A

²⁹ Social grade is weighted according to 2006 BARB data: <http://www.barb.co.uk/>.

Annex D: Time series data from May 2015,

'What food issues, if any, are you concerned about?'

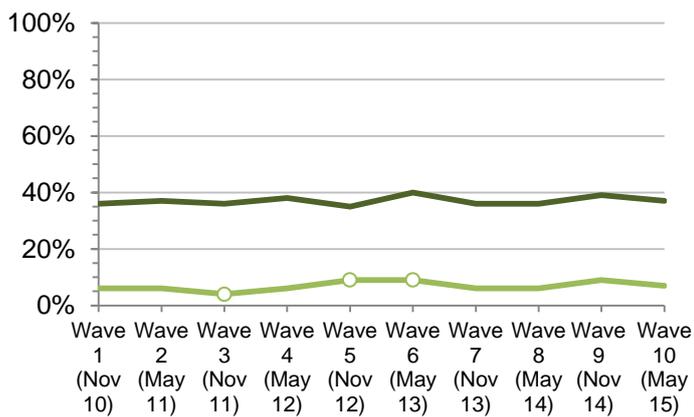
Base: All respondents, UK Weighted base (W10: 2,000, W1-W9: 2,000). Unweighted base (W10: 2,640, W1-W9: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 10

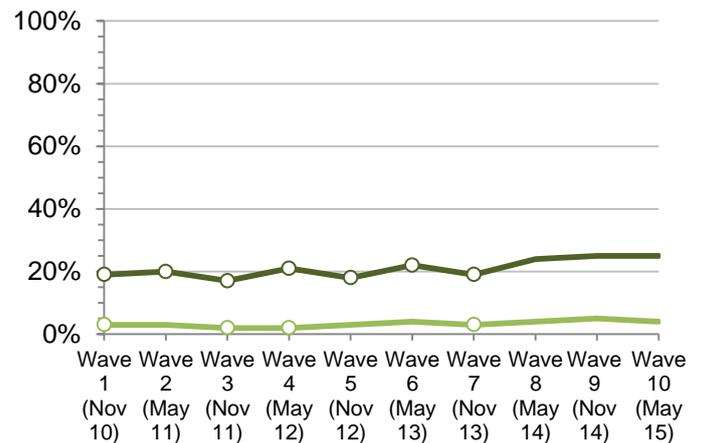
- Total (spontaneous plus prompted) responses
- Spontaneous responses

Food safety issues of concern

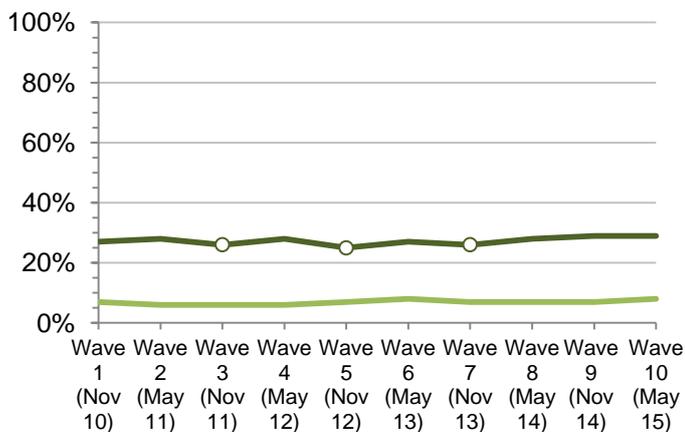
Food Hygiene When Eating Out



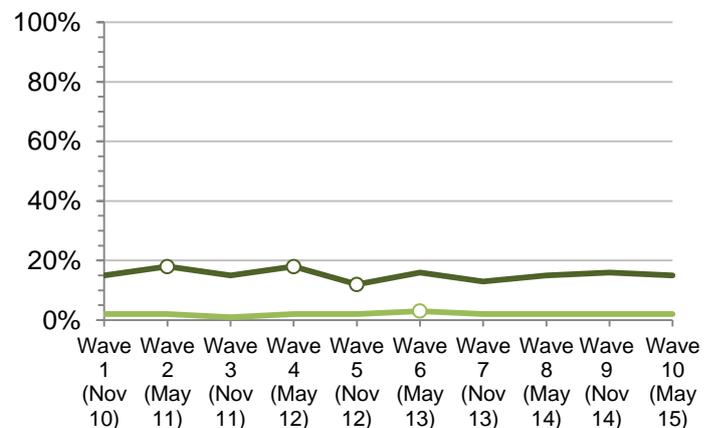
Hormones \ steroids \ antibiotics in food



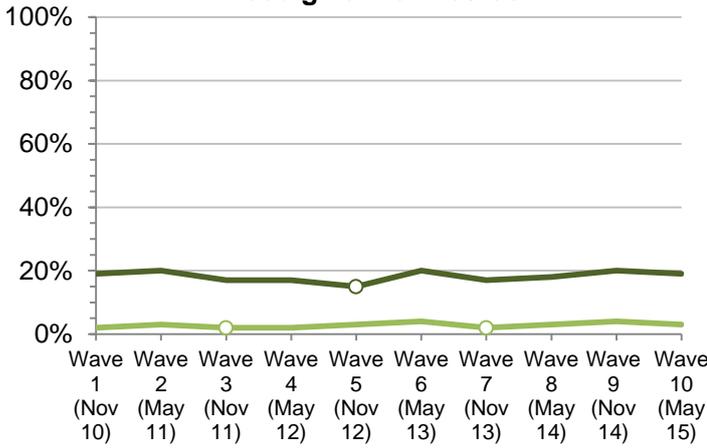
Use of Additives



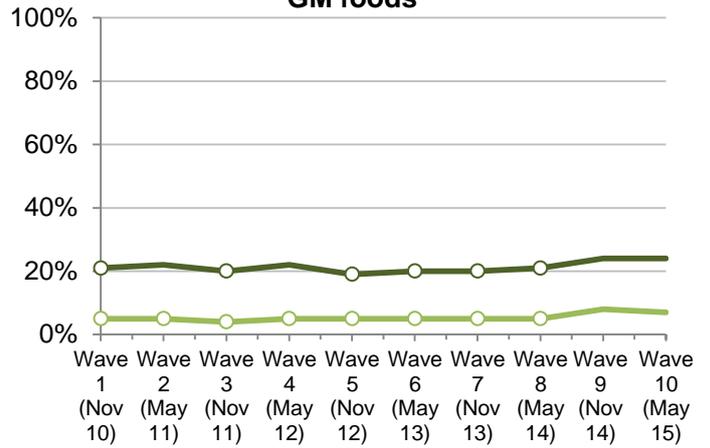
BSE



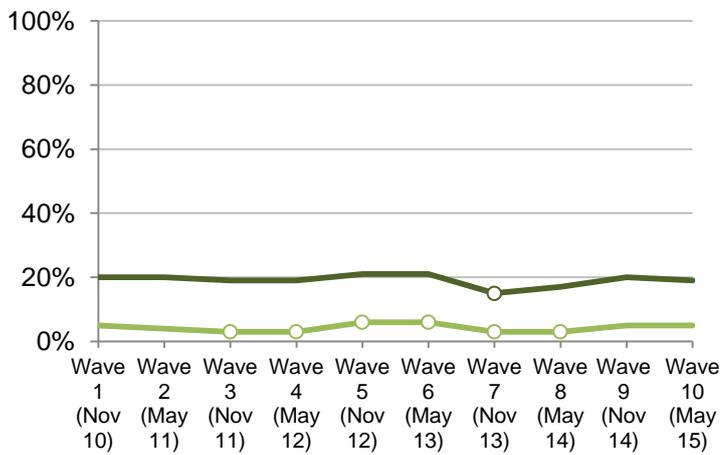
Feed given to livestock



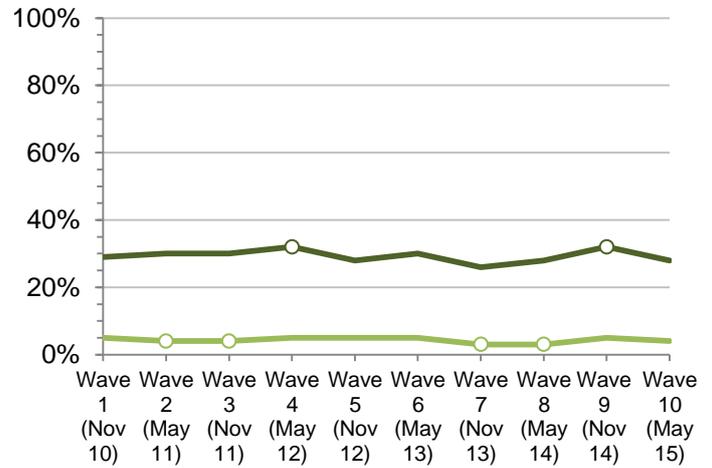
GM foods



Food hygiene in the home

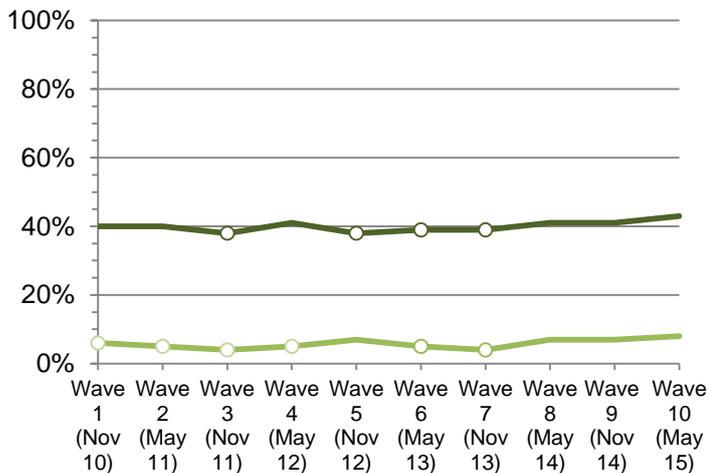


Food Poisoning

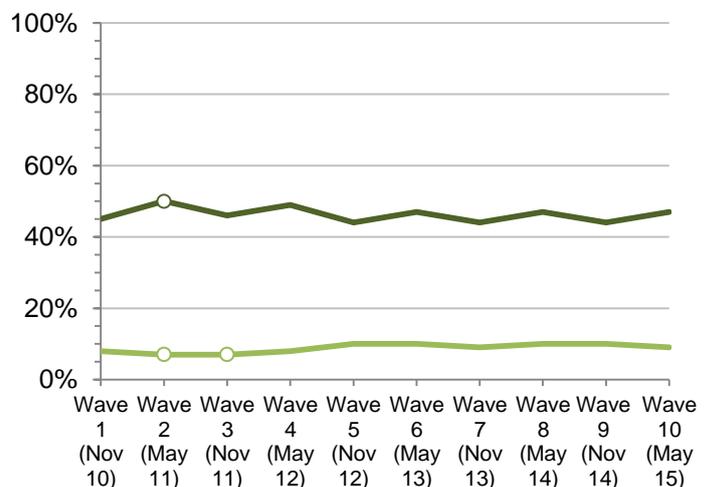


Wider Food issues of concern

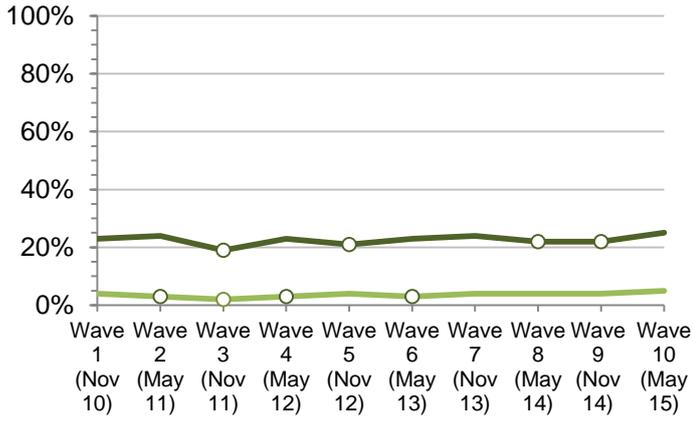
Animal welfare



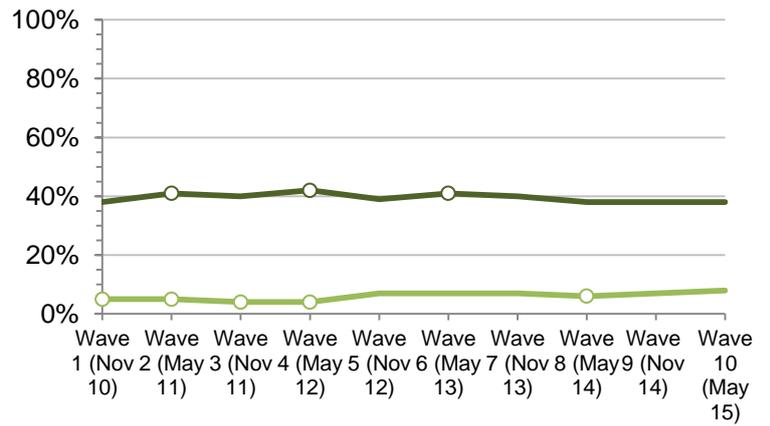
Amount of salt in food



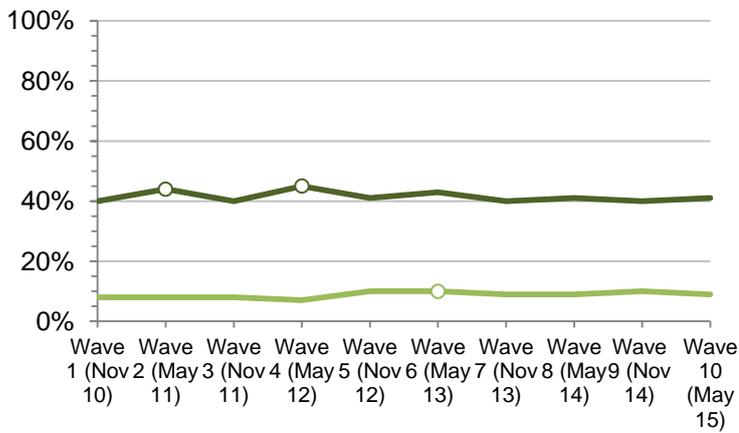
Food miles



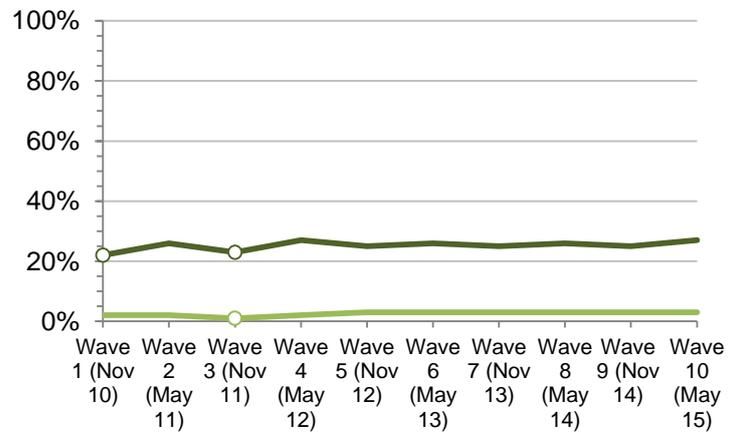
Amount of Saturated Fat in food



Amount of Fat in food



Foods aimed at children



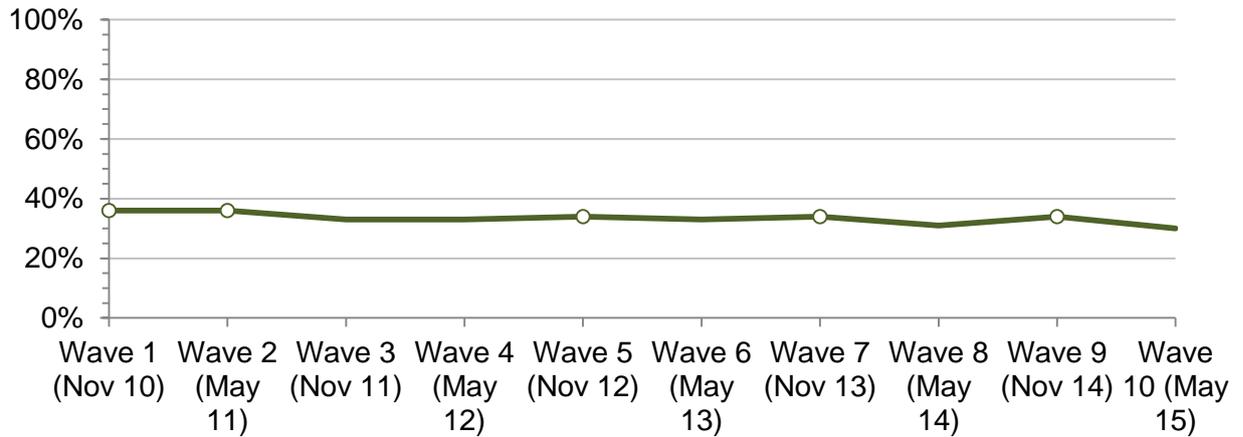
‘How do you know about the hygiene standards of the places you buy food from or eat out at?’

Base: All respondents who reported being aware of hygiene standards when they buy food, UK.

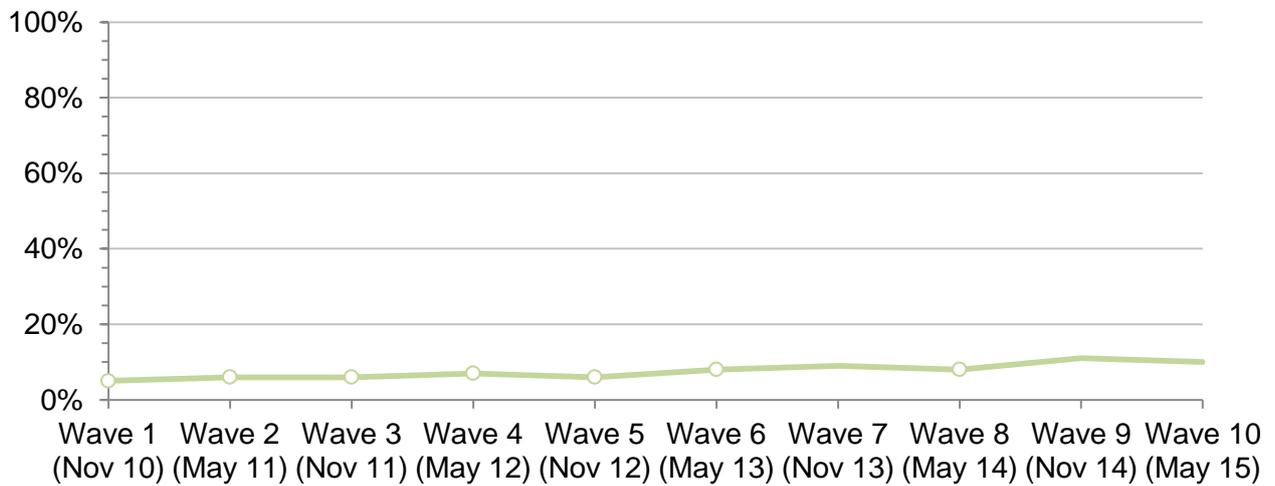
Weighted base (W10: 1656, W1-W9: 1709-1676), Unweighted base (W10:2183, W1-W9: 1638- 2260)

Circled data points represent statistically significant differences to Wave 10

Word of mouth



Websites



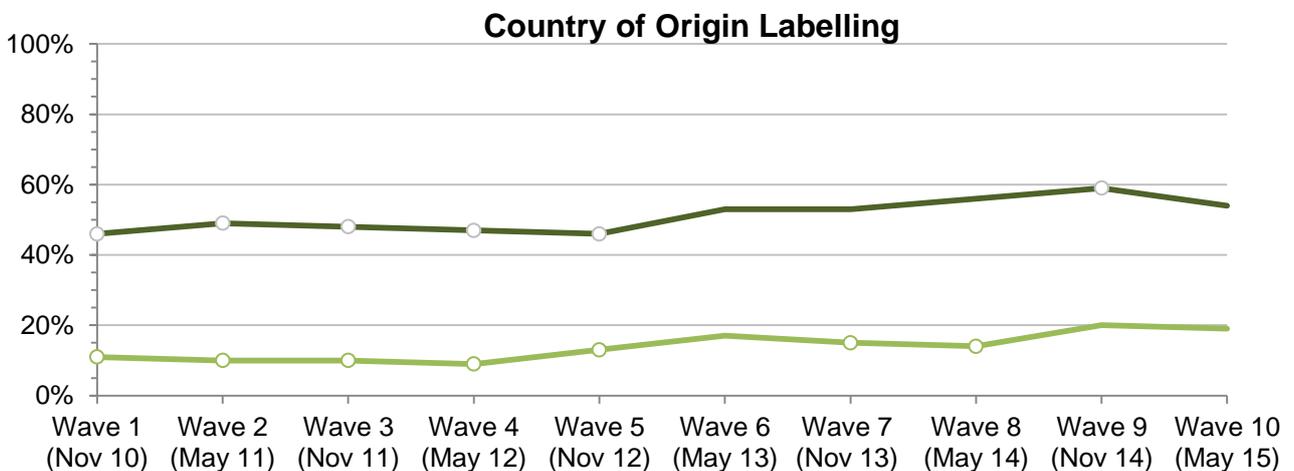
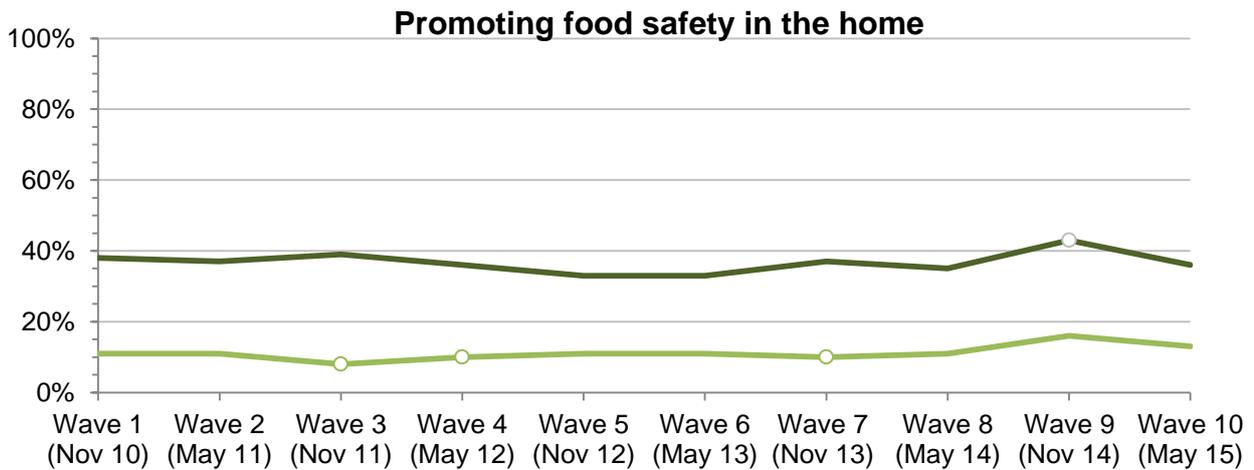
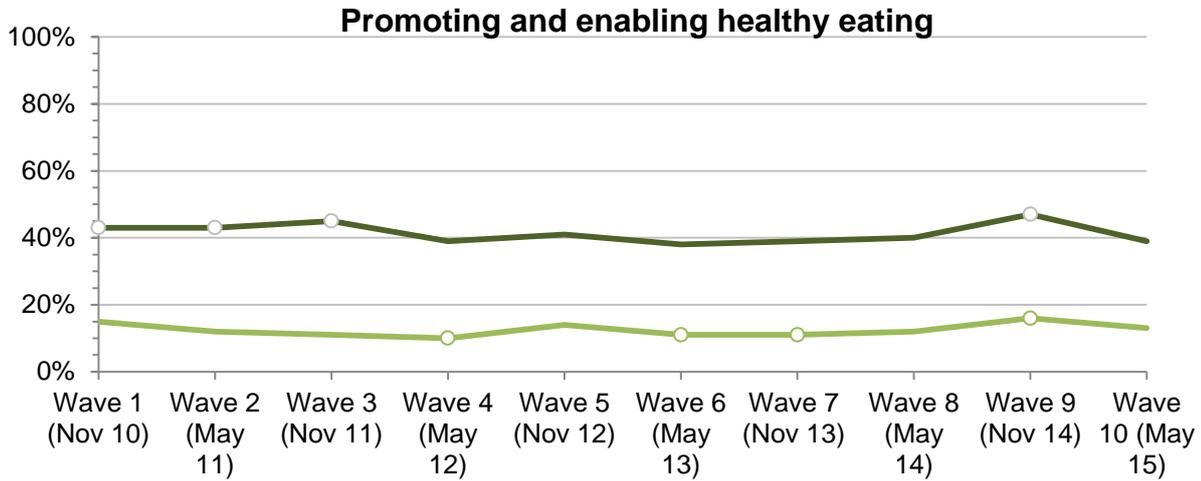
'Which issues do you think the Food Standards Agency is responsible for?' – England, Wales and Northern Ireland

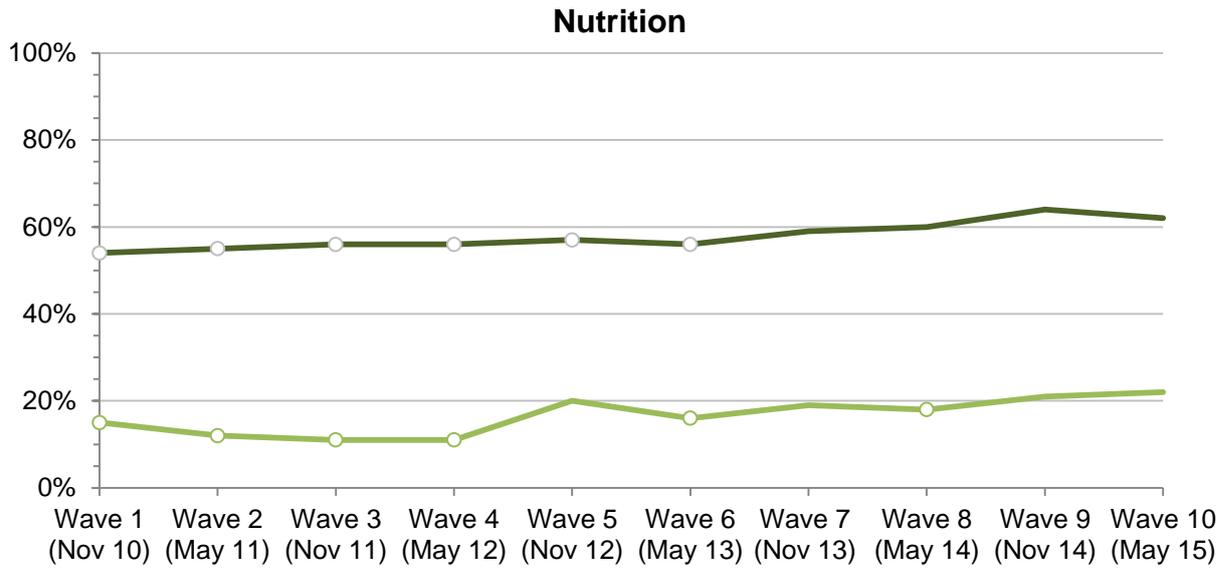
Base: All respondents aware of the FSA, England Wales and Northern Ireland

Weighted base (W10: 1,476, W1 - W9: 1,414 - 1,509)

Unweighted base (W10: 1,670, W1 - W9: 1,446 - 1,634)

Circled data points represent statistically significant differences to Wave 10.



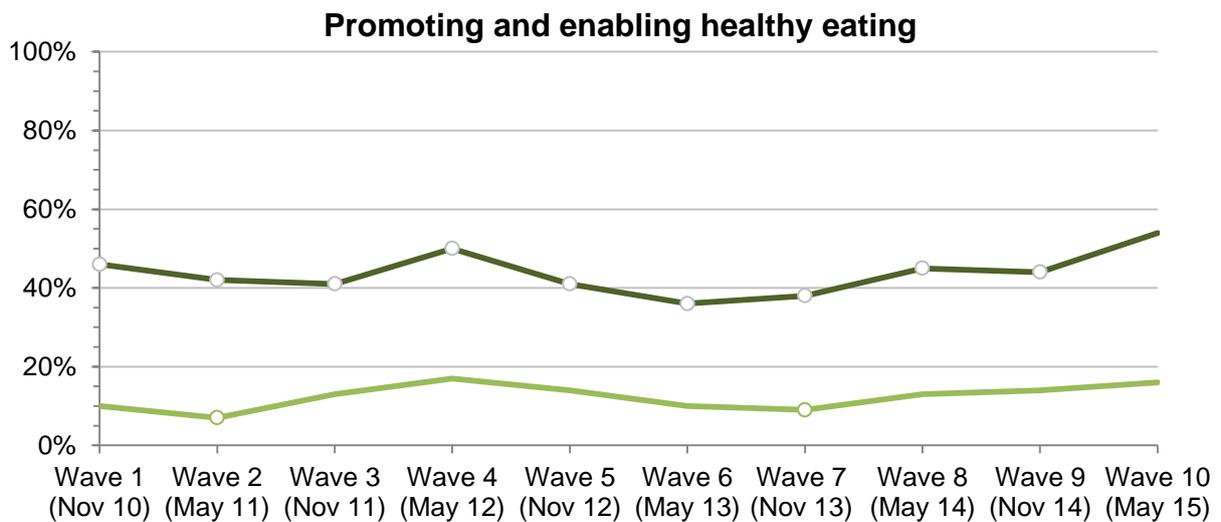


‘Which issues do you think the Food Standards Scotland/Food Standards Agency is responsible for?’ - Scotland

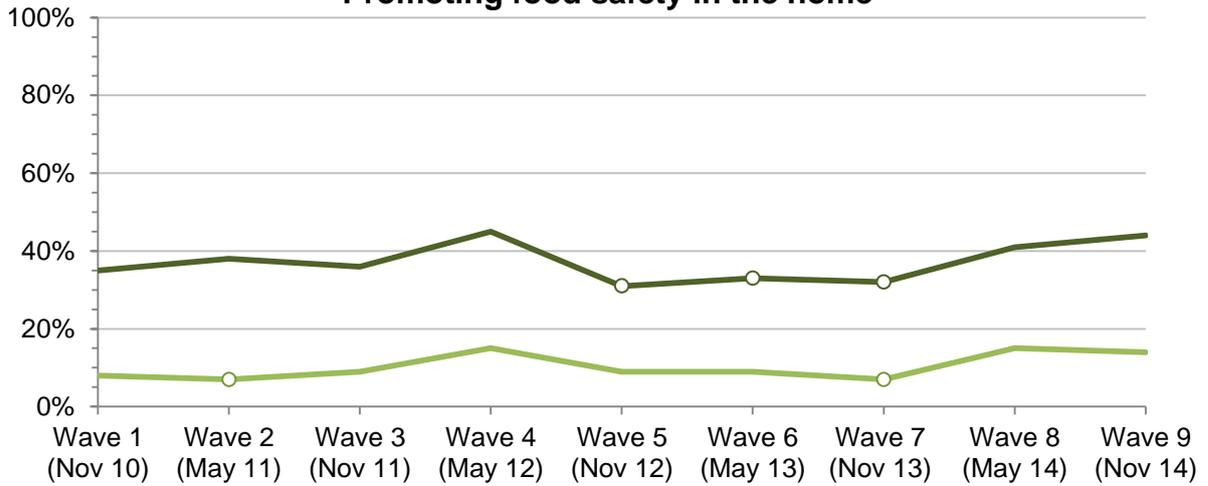
Base: Scottish respondents aware of the FSA or FSS

Weighted base: W10 (FSS) 114, W1-W9 (FSA) 112-148, Unweighted base W10 (FSS) 381, W1-W9 (FSA) 121-541.

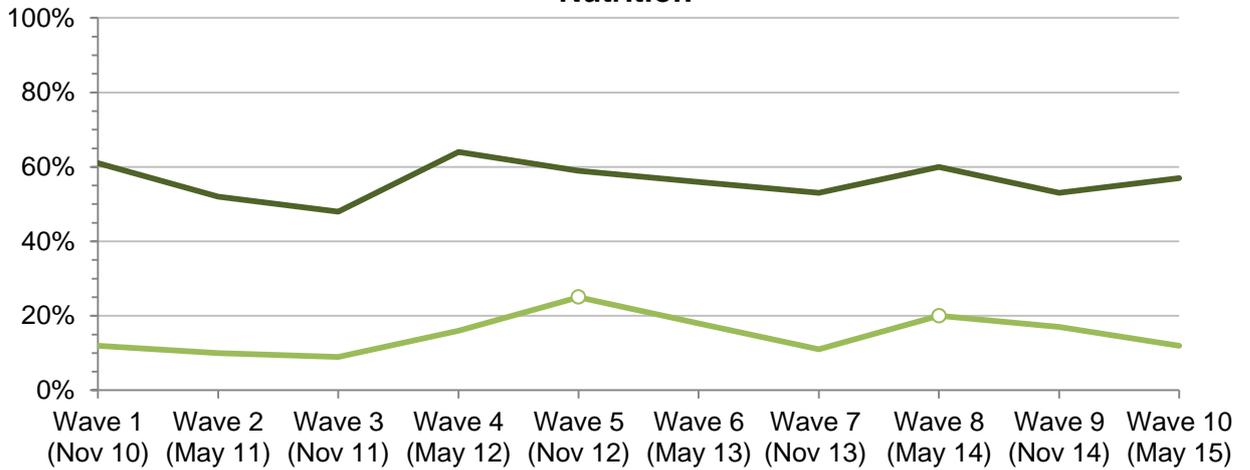
Circled data points represent statistically significant differences to Wave 10



Promoting food safety in the home



Nutrition



Country of Origin Labelling

