
Biannual Public Attitudes Tracker

Wave 8, May 2014

Food Standards Agency

Social Science Research Unit

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Executive summary

The Food Standards Agency (FSA or Agency) places ten 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 7th to the 20th of May 2014, and a representative sample of 2,483 adults in the UK was interviewed.

The following summary shows top-line findings from in-house analysis. More differences between socio-demographic groups are captured in the main report. All differences and wave-on-wave changes cited are statistically significant at the 95% confidence level.²

Wave 8 Key findings

- The top three food safety issues of total (i.e. spontaneous plus prompted) concern for respondents were food hygiene when eating out (36%), food poisoning (28%) and the use of additives in food products (28%).
- The top wider food issues of total concern were food prices (51%), the amount of sugar in food (48%), and the amount of salt in food (47%).
- In this wave, women were more likely than men to report total concern about *every* individual food safety issue other than hormones/steroids/antibiotics in food. Women were also more likely than men to report total concern about *every* individual wider food issue.
- 49% of respondents reported total concern about food safety in UK restaurants, pubs, cafes and takeaways; the level of concern fluctuates across waves. 46% of respondents reported total concern about food safety in shops and supermarkets; this is similar to all previous waves

¹ www.tnsglobal.com

² This is where we can be 95% confident that the results did not come about by chance.

except Wave 6 (52%).

- 82% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from. As with all previous waves, the main ways these respondents reported being aware of hygiene standards were the general appearance of premises (64%) and the appearance of staff (47%).
- In this wave, of those respondents who reported being aware of the hygiene standards in places they eat out at or buy food from, 39% reported hygiene certificates, and 29% reported hygiene stickers, as ways of knowing about hygiene standards. While the proportion of respondents reporting hygiene certificates has plateaued in recent waves, the proportion of respondents reporting hygiene stickers in Wave 8 was 4-17 percentage points higher than all previous waves (12-25%).
- When shown the name of the Food Hygiene Rating Scheme (FHRS), 36% of respondents in England, Wales and Northern Ireland reported being aware of it. When shown the FHRS sticker and certificate, 69% of respondents in England, Wales and Northern Ireland reported having seen one or both of them before. This figure has increased by 3-19 percentage points compared to the three previous waves in which the question has been asked (50-66%).
- In Scotland, 14% of respondents reported being aware of the Food Hygiene Information Scheme (FHIS), an increase of 5 percentage points compared to Wave 7 (9%). The proportion of respondents reporting that they had seen an FHIS certificate and/or sticker (54%) increased 9-22 percentage points compared to waves 5 and 6 (32-45%).

- 79% of respondents reported being aware of the FSA, a modest decrease compared to the previous two waves (82%). As in previous waves, the main issue respondents reported the FSA to be responsible for was ensuring food bought is safe to eat (87%).
- Of those who reported being aware of the FSA, 61% said they trusted, and only 8% said they distrusted, the FSA to do its job.

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 initiatives or schemes concerning food hygiene, awareness of the FSA and its responsibilities, and trust in the FSA.

1.1 Methodology

This is Wave 8 of the redeveloped Tracker. The fieldwork period for this wave ran from the 7th May to the 20th May 2014, and a representative sample of 2,483 adults in the UK was interviewed. The research was conducted through the TNS consumer omnibus survey which uses face-to-face interviews, and respondents were selected 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 shows top-line findings from in-house analysis. Some additional time series data are presented in Annex D and Annex E for information. All wave-on-wave and socio-demographic differences cited are statistically significant at the 95% confidence level.³ Weighted and unweighted sample sizes for each question are detailed underneath figures.

Whilst the report comments on key socio-demographic differences that emerged across the survey, other socio-demographic differences may also be

³ This is where we can be 95% confident that the results did not come about by chance.

apparent in the data. Full data tables, including data on a range of other socio-demographic groups, are available on request (see below).

Where the term 'total' is used to report the research findings it refers to spontaneous and prompted responses combined. 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 from.

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 is of interest. Further detail on the average number of responses, including whether there is statistically significant variation between waves is available on request.

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 basis. In Wave 3, three new questions were added to the redeveloped tracker to measure awareness of initiatives and schemes concerning the hygiene standards in places people eat out at or shop for food. One further question, on whether or not respondents had seen the Food Hygiene Rating Scheme (FHRS) or Food Hygiene Information Scheme (FHIS) certificate and / or sticker before, was included in Wave 5, giving a total of ten questions. See Annex A for full details on the changes made to the Tracker 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 luke.ulas@foodstandards.gsi.gov.uk

2. Concern about food issues

Wave 8 Key findings

- The top three food safety issues of total concern were food hygiene when eating out (36%), food poisoning (28%), and the use of additives in food products (28%).
- The top three wider food issues of total concern were food prices (51%), the amount of sugar in food (48%), 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 what food issues, if any, they are concerned about. Respondents are first asked to state spontaneously what food issues they are concerned about and then asked to select food issues of concern from prompted lists, which include food safety issues.

2.1 Food safety issues of concern

Looking at total (i.e. spontaneous plus prompted) responses, the top⁴ food safety issues of concern were food hygiene when eating out (36%), food poisoning (28%), the use of additives in food products (28%), date labels (27%), and the use of pesticides to grow food (24%).⁵ See Figure 1 for further detail.

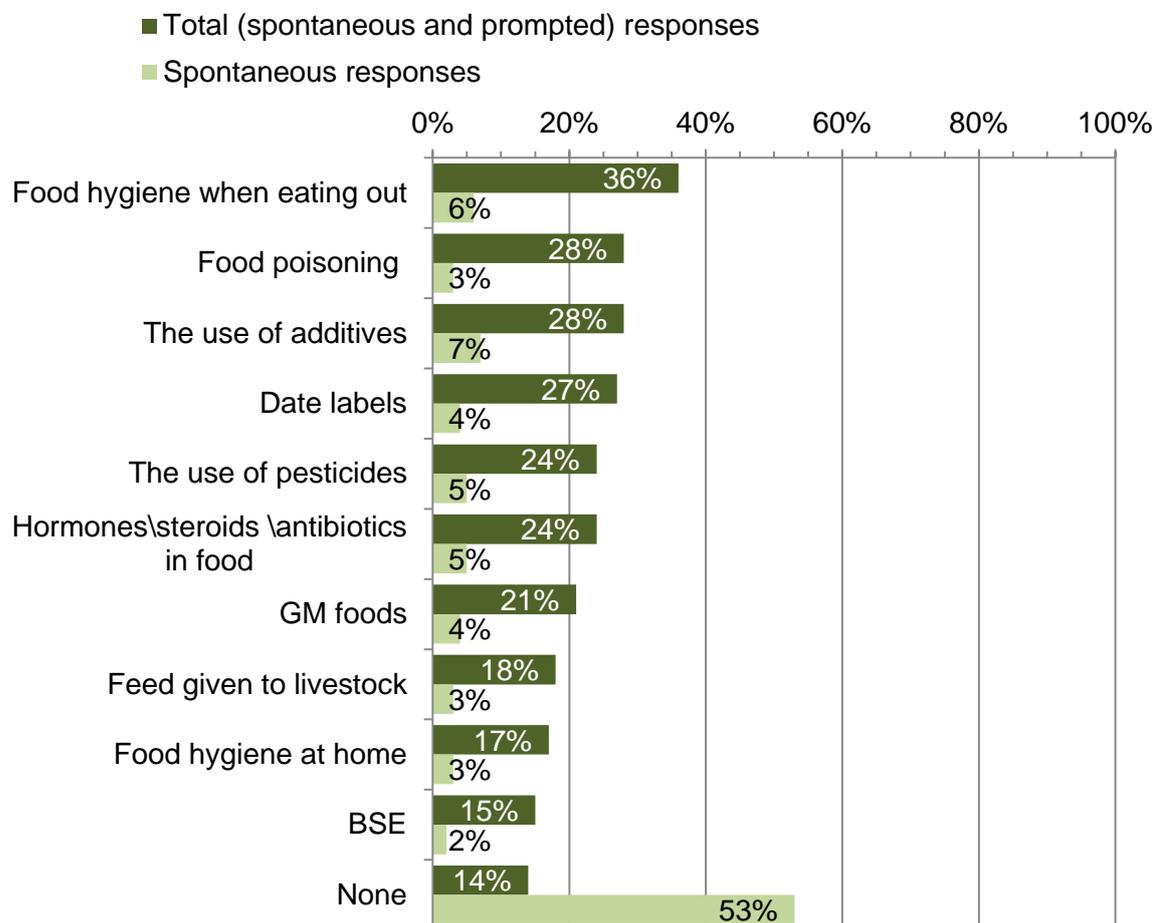
Compared to total concern, only a small proportion of respondents spontaneously mentioned they were concerned about food safety issues. The top food safety concerns spontaneously mentioned by respondents were the use of additives in food products (7%), food hygiene when eating out (6%),

⁴ 'Top' refers to the most frequently mentioned food issues of concern reported by respondents.

⁵ Average number of food safety total 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)

GM foods (5%), date labels (5%), and the use of pesticides to grow food (4%).⁶ See Figure 1 for further detail.

Figure 1: Reported concern about food safety issues (May 2014)



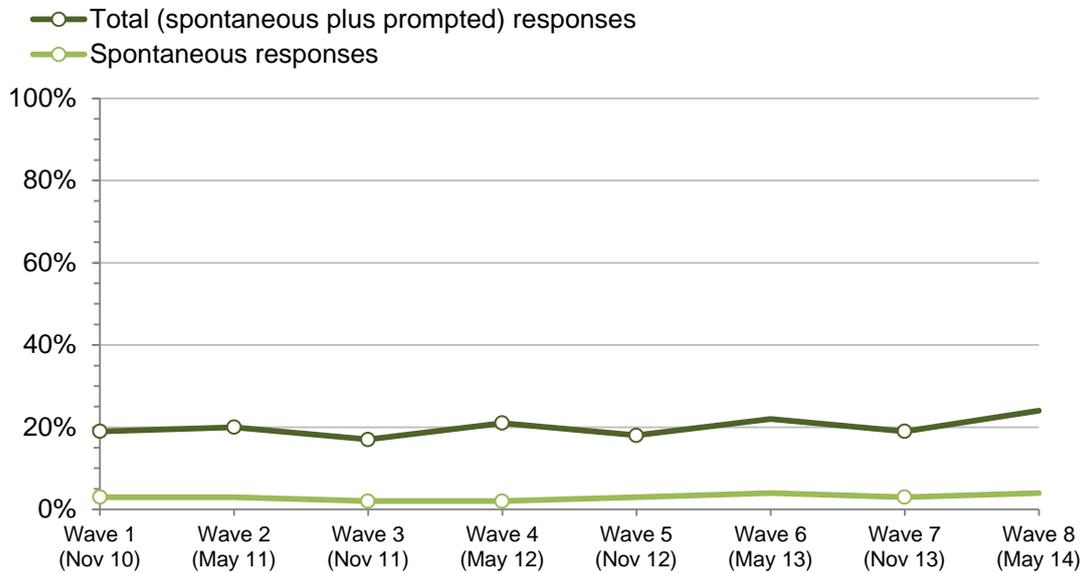
Base: All respondents, UK
 Weighted base (W8: 2000, W1-W7: 2000), Unweighted base (W8: 2483, W1-W7: 2069-2581)

Looking across the time series data, for most food safety issues of concern, the levels of total and spontaneous concern in Wave 8 are consistent with most previous waves of the Tracker. There are two exceptions, however. In Wave 8, the level of total concern about hormones, steroids or antibiotics in food (24%) rose by 3-7 percentage points compared to waves 1-5 and 7 (17-21%). The level of spontaneous concern about this issue in Wave 8 (4%) also

⁶ 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 (2.89)

rose 1-2 percentage points compared to waves 1, 3, 4 and 7 (2-3%). See Figure 2.

Figure 2: Reported concern about hormones/steroids/antibiotics in food (Nov 2010 – May 2014)



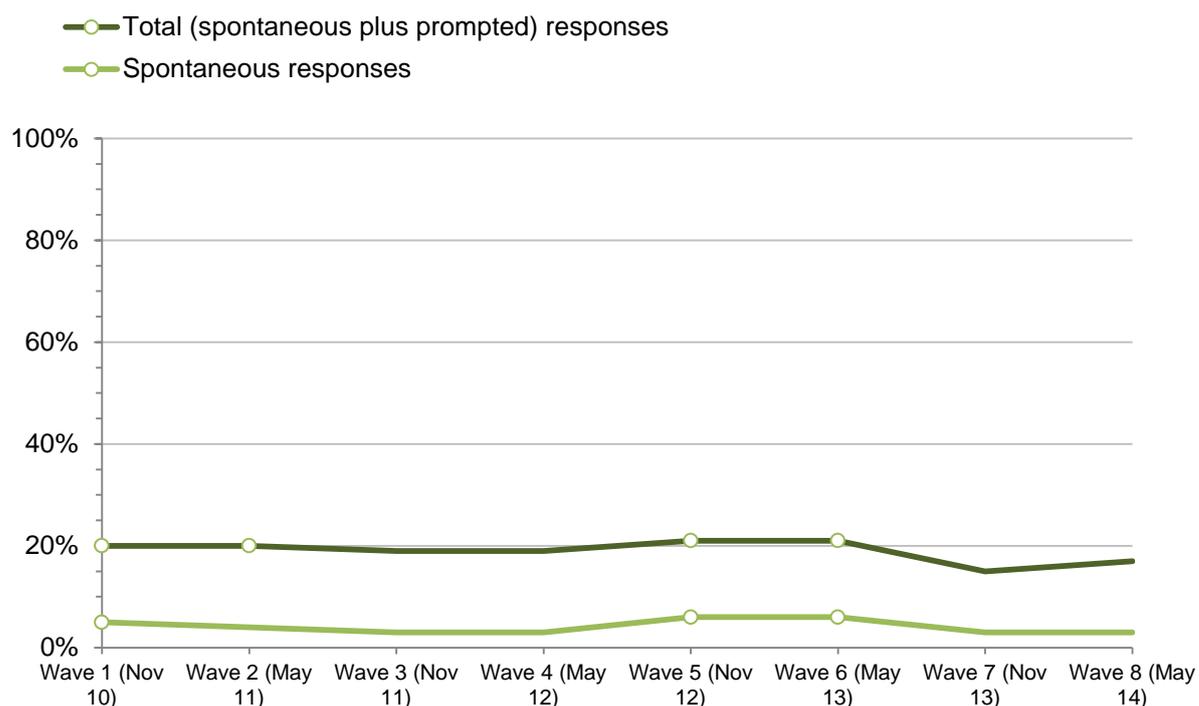
Base: All respondents, UK

Weighted base (W8: 2000, W1-W7: 2000), Unweighted base (W8: 2483, W1-W6: 2069-2581)

Circled data points denote statistically significant differences to Wave 8

In Wave 7, the level of total concern about food hygiene in the home (15%) was lower than for all previous waves. In Wave 8, the level of total concern was slightly higher (17%), but still 3-4 percentage points lower than waves 1,2 5 and 6. The level of spontaneous concern about food hygiene in the home in Wave 8 (3%) was 2-3 percentage points lower than waves 1, 5 and 6. See Figure 3 for further detail.

Figure 3: Reported concern about food hygiene in the home (Nov 2010 – May 2014)



Base: All respondents, UK

Weighted base (W8: 2000, W1-W7: 2000), Unweighted base (W8: 2483, W1-W6: 2069-2581)

Circled data points denote statistically significant differences to Wave 8

Times series graphs for additional food safety issues are contained in Annex D for information.

In Wave 8, some differences in levels of concern about food safety issues were apparent across socio-demographic groups. Those who were *more likely* to report total concern about food safety issues included:

- **Women:** In Wave 8, for *every* individual food safety issue other than hormones/steroids/antibiotics in food, women were more likely than men to report concern: food hygiene when eating out (40% compared to 32% of men), food poisoning (32% compared to 24%), use of additives (32% compared to 24%) and date labels (29% compared to 25%).
- **Respondents aged 50-65:** the use of pesticides (33% compared to 12-27% for all other age groups), hormones/steroids/antibiotics in food (35% compared to 11-26%), and the feed given to livestock (27% compared to 9-20%).

- **Social grade AB⁷ respondents:** the use of additives in food (37% compared to 22-30% of respondents in all other social grades)
- **Respondents without children in the household:** the use of pesticides to grow food (26% compared to 21% of respondents with children in the household), the feed given to livestock (20% compared to 14%), and BSE (16% compared to 12%)
- **Respondents from rural areas:** date labels (31% compared to 26% of respondents in urban areas)
- **Respondents in Northern Ireland:** date labels (47% compared to 25-31% of respondents in England, Wales and Scotland).
- **Minority ethnic respondents:** food hygiene when eating out (45% compared to 34% of White respondents), and GM foods (25% compared to 20%)

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

- **Respondents aged 16-25:** the use of additives (12% compared to 25-36% for all other age groups), the use of pesticides to grow food (12% compared to 21-33%); the use of hormones/steroids/antibiotics in food (11% compared to 21-35%), and GM foods (12% compared to 19-27%). Respondents in this age group were also more likely to report that they had no food issues of concern (40% compared to 21-31%).

Looking across the time series data, women have been consistently more likely to report higher total concern about most food safety issues than men, and respondents aged 16-25 have been consistently less likely to report total concern than respondents in other age groups. Differences between all other socio-demographic groups were apparent in some, but not all, previous waves.

⁷ This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

2.2 Wider food issues of concern

As the FSA in Northern Ireland and Scotland are also responsible for nutrition, and in order to situate concern for food safety issues in the wider food context, other food issues of concern are reported below.

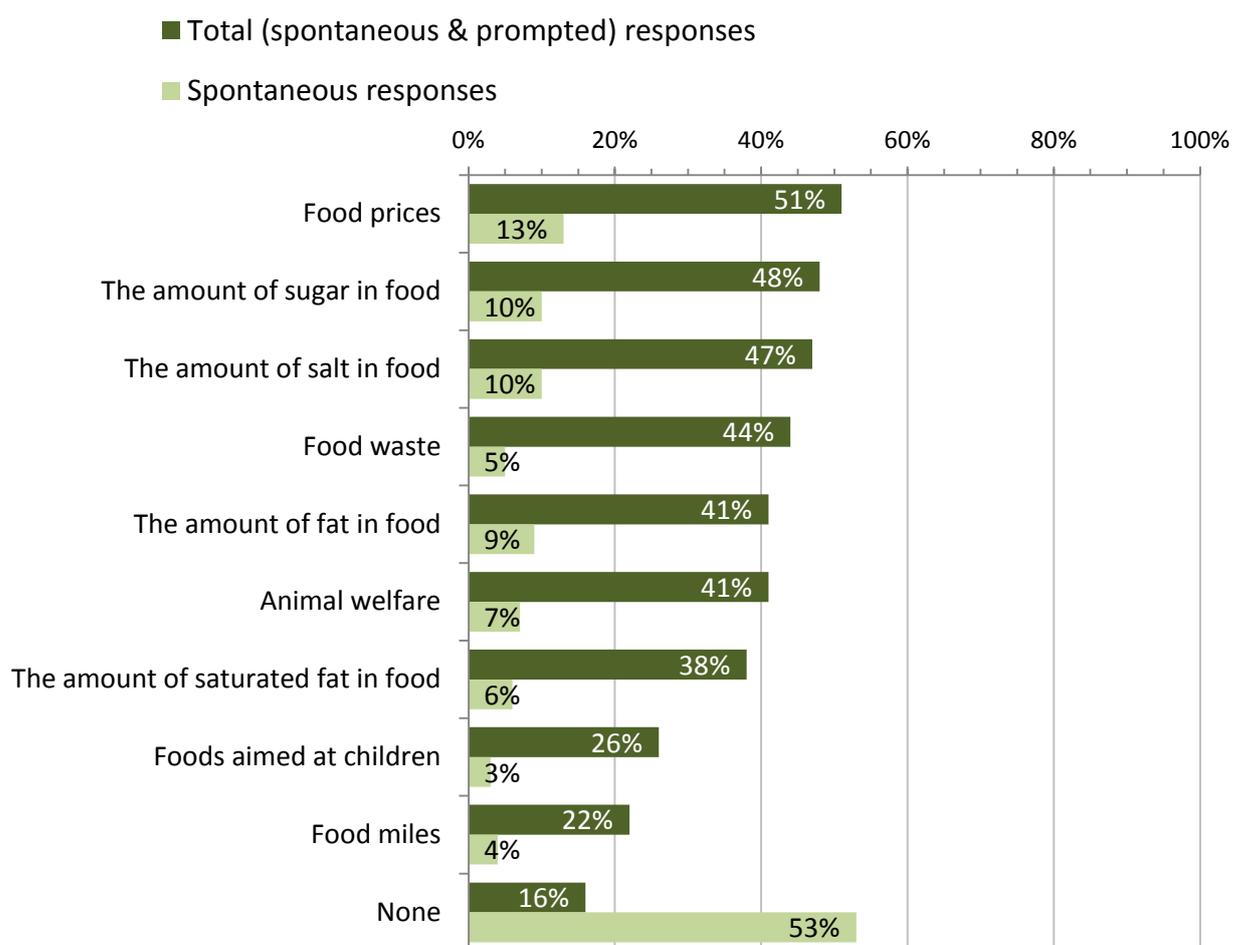
In general, higher levels of concern were reported about a range of wider food issues than were reported for food safety issues. The top wider food issues of total (i.e. spontaneous plus prompted) concern were food prices (51%), the amount of sugar in food (48%), the amount of salt in food (47%), food waste (44%), and the amount of salt in food (47%).⁸ See Figure 4 for further detail.

The top issues of spontaneous concern were food prices (13%), the amount of sugar in food (10%), the amount of salt in food (10%), the amount of fat in food (9%), and animal welfare (7%).⁹ See Figure 4 for further detail.

⁸ Average number of total concern responses for other food issues: 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)

⁹ Average number of spontaneous concern responses: Wave 1 (2.79), Wave 2 (2.66), Wave 3 (2.41), Wave 4 (2.46), Wave 5 (3.00), Wave 6 (3.21), Wave 7 (2.80), Wave 8 (2.89)

Figure 4: Reported concern about wider food issues (May 2014)



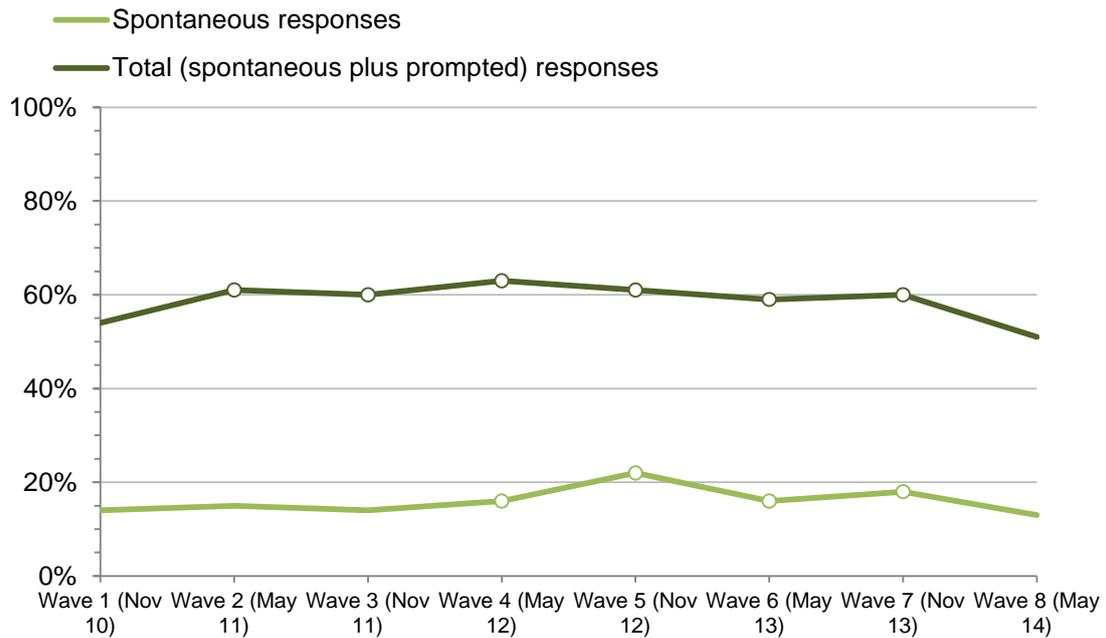
Base: All respondents, UK

Weighted base (W8: 2000, W1-W7: 2000), Unweighted base (W8: 2483, W1-W7: 2069-2581)

Whilst the Tracker does not specifically ask about horsemeat, a small proportion of respondents (1%) spontaneously reported horsemeat as a food issue of concern in this wave. This is a decrease of 4 percentage points compared to Wave 6 (5%). In this wave, a small proportion of respondents (1%) also mentioned halal products as a food issue of concern. The precise content of this concern varied between respondents – for example, some respondents were concerned that halal products were not widely enough available, while others were concerned that halal products were cruel to animals. A small number of people (less than 1%) also separately spontaneously mentioned halal meat not being clearly labelled as a food issue of concern.

Looking across waves, there are a few points of interest. Firstly, although 'food prices' remains the top wider food issue of concern, as it has been for all previous waves, in Wave 8 the proportion of total concern (51%) dropped 8-12 percentage points compared to waves 2-7 (59-63%). Spontaneous concern about food prices in Wave 8 (13%) also dropped 3-9 percentage points compared to waves 4-7 (16-22%). See Figure 5 for more detail.

Figure 5: Reported concern about food prices (Nov 2010 - May 2014)



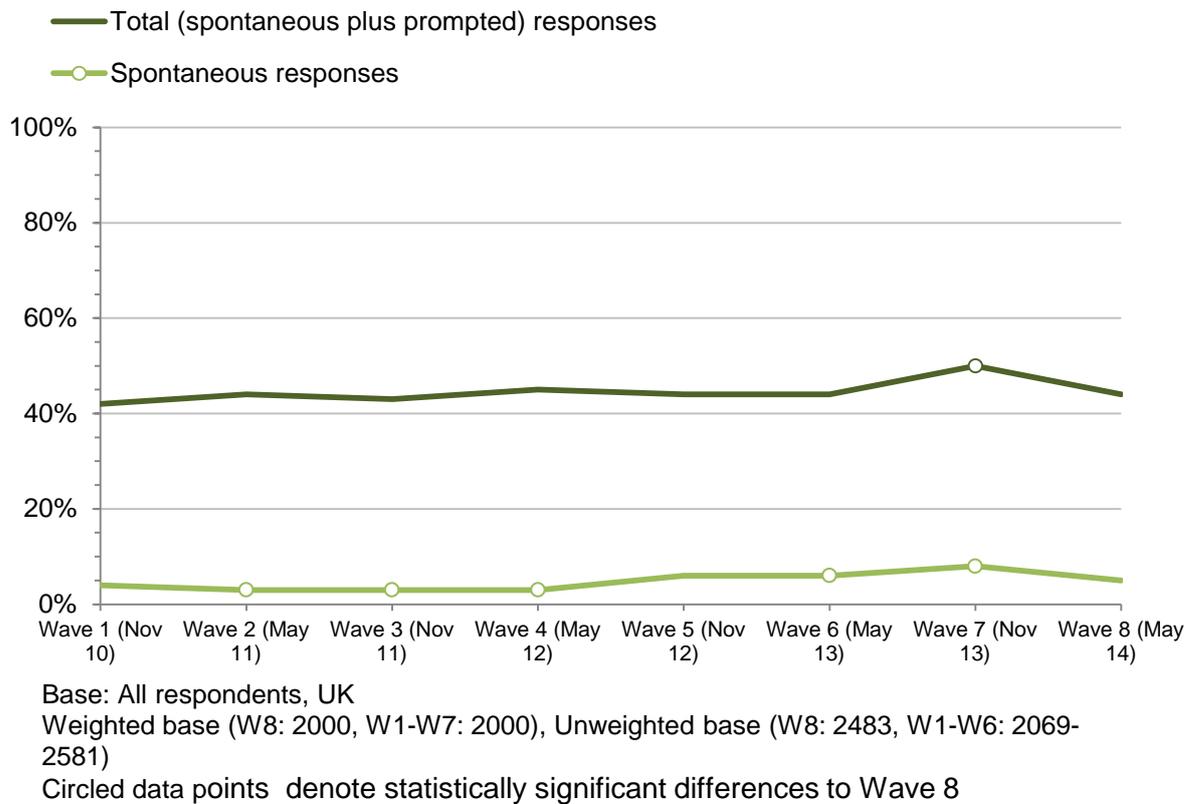
Base: All respondents, UK

Weighted base (W8: 2000, W1-W7: 2000), Unweighted base (W8: 2483, W1-W6: 2069-2581)

Circled data points denote statistically significant differences to Wave 8

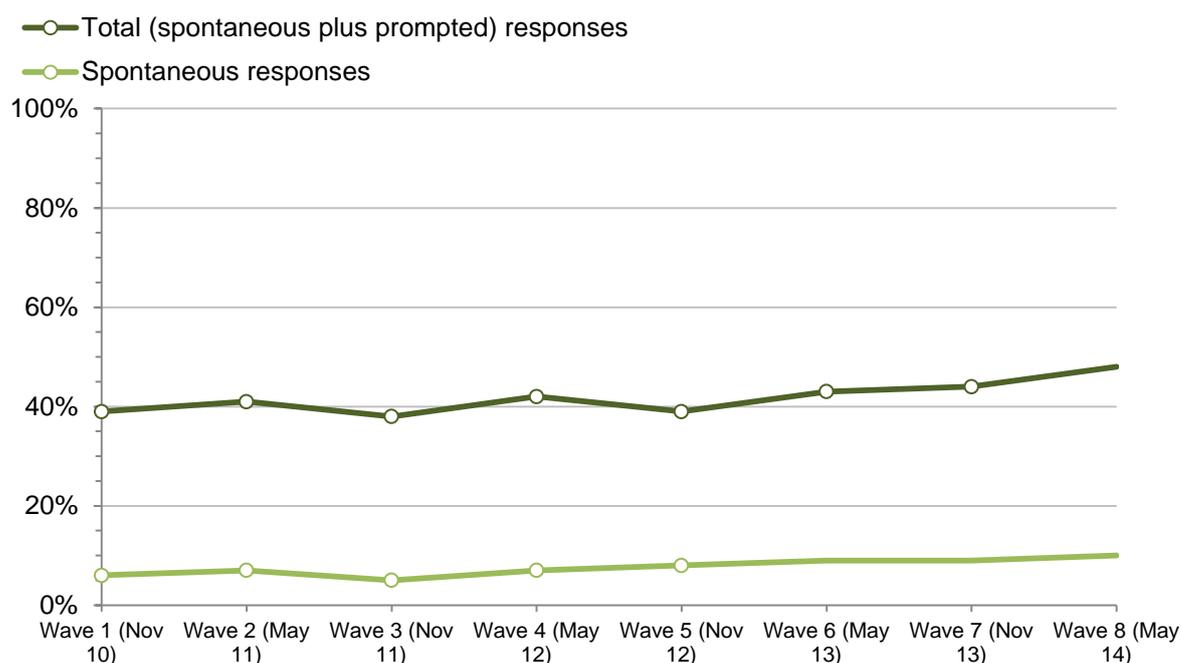
In Wave 7 both total concern and spontaneous concern about food waste rose compared to all previous waves. However, in Wave 8, total concern about food waste (44%) returned to a level consistent with waves 1-6. Spontaneous concern about food waste in Wave 8 (5%) dropped 1-3 percentage points compared to the previous two waves (6-8%), but remained 2 percentage points higher than waves 2-4 (3%). See Figure 6 for further detail.

Figure 6: Reported concern about food waste (Nov 2010 - May 2014)



In Wave 8, the proportion of total concern about the amount of sugar in food (48%) rose 4-10 percentage points in comparison to all previous waves (38-44%). The proportion of spontaneous concern (10%) was 3-5 percentage points higher than waves 1-5 (5-7%). See Figure 7 for further detail.

Figure 7: Reported concern about the amount of sugar in food (Nov 2010 - May 2014)



Base: All respondents, UK
 Weighted base (W8: 2000, W1-W7: 2000), Unweighted base (W8: 2483, W1-W6: 2069-2581)
 Circled data points denote statistically significant differences to Wave 8

Times series graphs for additional wider food issues are contained in Annex D for information.

As with concern about food safety issues, levels of concern about wider food issues varied between socio-demographic groups. Groups *more likely* to report total concern about wider food issues included:

- **Women:** Women were more likely to report concern about every individual wider food issue. Some examples are food prices (55% compared to 47% of men), the amount of sugar in food (52% compared

to 43%), the amount of salt in food (51% compared to 42%), food waste (46% compared to 41%), the amount of fat in food (45% compared to 37%), animal welfare (45% compared to 37%), foods aimed at children (29% compared to 22%), and food miles (26% compared to 18%).

- **Respondents aged 50-65:** the amount of sugar in food (63% compared to 26-51% for all other age groups), food waste (54% compared to 31-47%), and the amount of saturated fat in food (47% compared to 27-40%).
- **Social grade AB¹⁰ respondents:** the amount of sugar in food (59% compared to 41-50% for all other social grades), the amount of salt in food (57% compared to 39-49%), food waste (53% compared to 35-46%), the amount of saturated fat in food (49% compared to 32-39%), and food miles (31% compared to 16-24%).
- **Respondents with children in the household:** food prices (56% compared to 49% for those without children in the household) and foods aimed at children (35% compared to 21%).
- **Respondents without children in the household:** animal welfare (44% compared to 34% for those with children in the household) and food miles (24% compared to 19%).
- **Minority ethnic respondents:** the amount of fat in foods (50% compared to 40% for White respondents)
- **White respondents:** animal welfare (42% compared to 29% for minority ethnic respondents)

Respondents who were *less likely* to report total concern about wider food issues included:

- **Respondents aged 16-25:** food prices (39% compared to 47-57% for all other age groups), the amount of sugar in food (26% compared to 45-62%), the amount of salt in food (29% compared to 44-56%), food waste (31% compared to 39-54%), the amount of fat in food (29% compared to 40-46%), the amount of saturated fat in food (27% compared to 35-47%), and food miles (9% compared to 17-30%).

¹⁰ 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, women have been consistently more likely, and respondents aged 16-25 have been consistently less likely to report being concerned about wider food issues. 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 8 Key findings

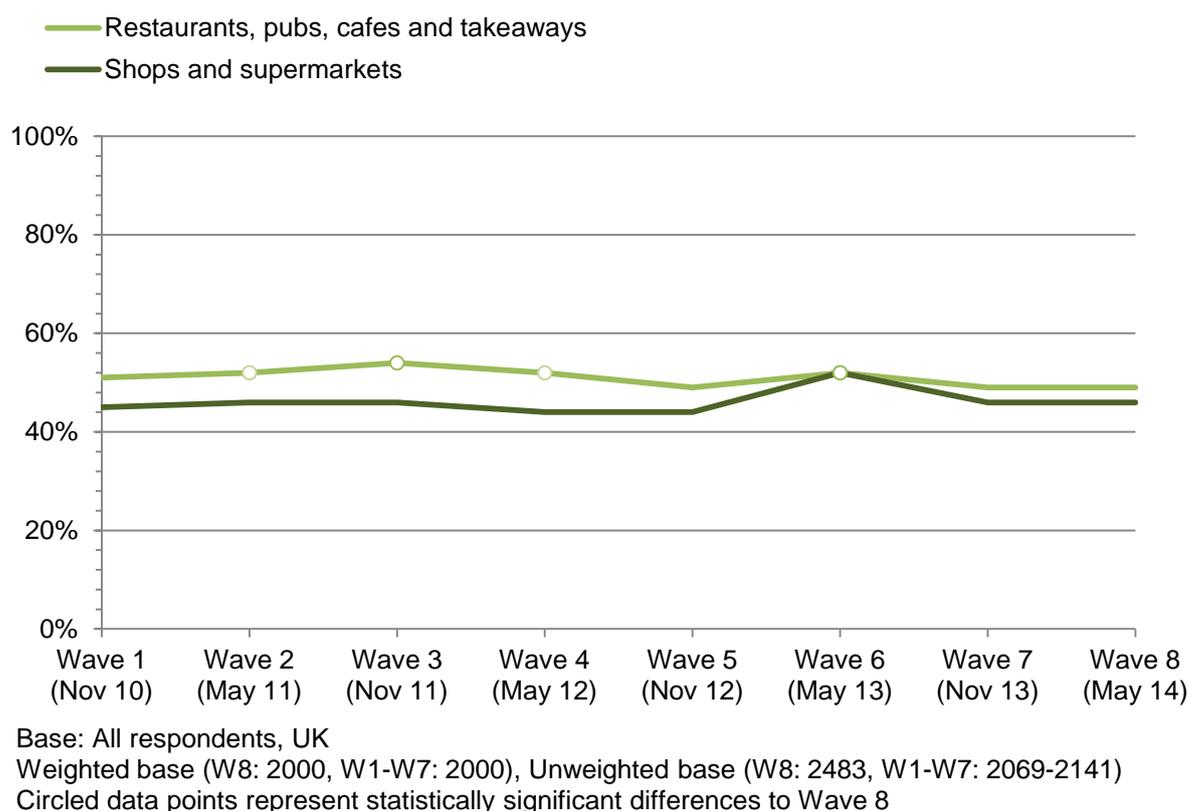
- 49% reported being concerned about food safety in UK restaurants, pubs, cafes and takeaways.
- 46% reported being concerned about food safety in UK shops and supermarkets.

To consider concern about food safety issues in more detail, respondents were asked how concerned or unconcerned they were about the safety of all food sold in a) UK restaurants, pubs, cafés and takeaways and b) UK shops and supermarkets.

In Wave 8, 49% of respondents reported being concerned¹¹ about the safety of food sold in UK restaurants, pubs, cafés and takeaways. The level of concern fluctuates across waves. The proportion of respondents that reported being concerned about the safety of food sold in UK shops and supermarkets was 46% in this wave, similar to all previous waves except Wave 6. See Figure 8 for further detail.

¹¹ Figure based on net of respondents who reported being 'very concerned' or 'fairly concerned', here and throughout the rest of the chapter.

Figure 8: Concern about food safety in UK food outlets (Nov 2010 - May 2014)



There was considerable variation between different socio-demographic groups in response to these two questions. Groups that were *more likely* to report concern about food safety in food outlets included:

- **Women:** safety of food sold in UK restaurants, pubs, cafés and takeaways (52% compared to 45% of men) and safety of food sold in UK shops and supermarkets (49% compared to 43%).
- **Minority ethnic respondents:** safety of food sold in UK restaurants, pubs, cafés and takeaways (60% compared to 47% of White respondents) and safety of food sold in UK shops and supermarkets (62% compared to 44%).

Looking across the time series data, similar differences by gender and ethnicity were apparent in all previous waves. Other socio-demographic differences – such as by age group – have been apparent in some, but not all, waves.

4. Awareness of hygiene standards

Wave 8 Key findings

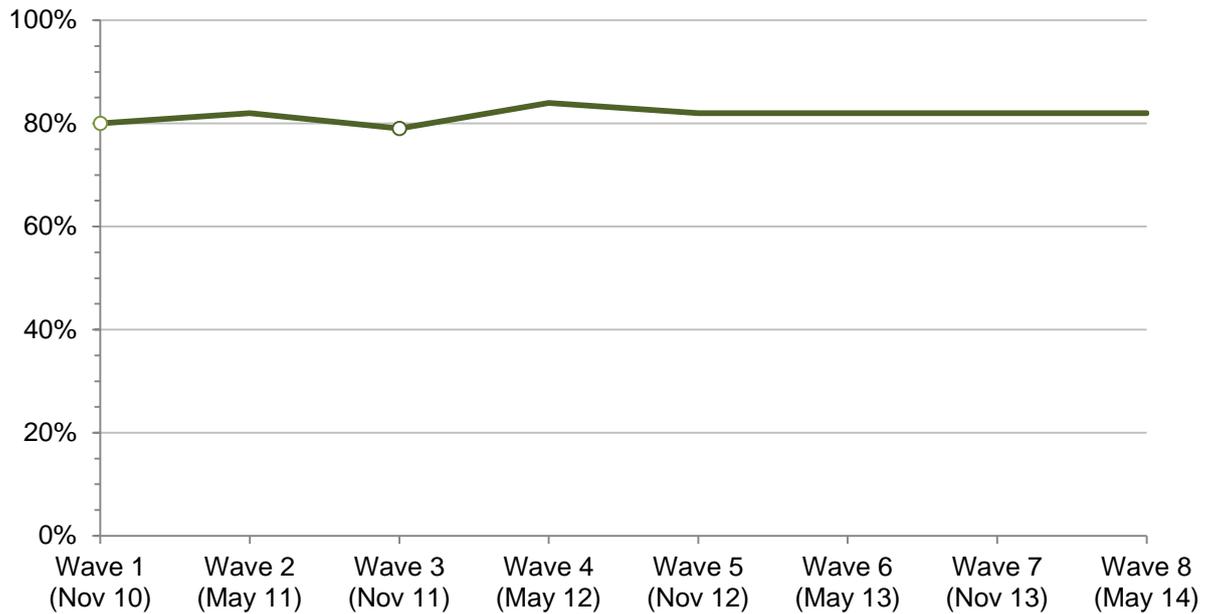
- 82% reported being aware of the hygiene standards in places they eat out at or buy food from.
- The main ways these respondents reported being aware of hygiene standards were the general appearance of the premises (64%) and the appearance of staff (47%).
- 39% of these respondents reported hygiene certificates, and 29% reported hygiene stickers, as ways of knowing about hygiene standards. While the proportion of respondents reporting hygiene certificates has plateaued in recent waves, the proportion of respondents reporting hygiene stickers in Wave 8 was 4-17 percentage points higher than all previous waves (12-25%).

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 the Tracker asks a number of questions on awareness of hygiene standards in places respondents eat out at or buy food from.

82% respondents reported being aware¹² of the hygiene standards in places they eat out at or buy food from. This figure is similar to all previous waves of the Tracker with the exception of waves 1 and 3 where reported awareness was slightly lower (79-80%). See Figure 9 for further detail.

¹² Figure based on net of respondents who reported 'yes-always' or 'yes-sometimes' when asked if they tended to be aware of standards of hygiene at places they eat out at or buy food from, here and throughout the remainder of the chapter.

Figure 9: Awareness of hygiene standards in places respondents eat out at or buy food from (Nov 2010 - May 2014)



Base: All respondents, UK

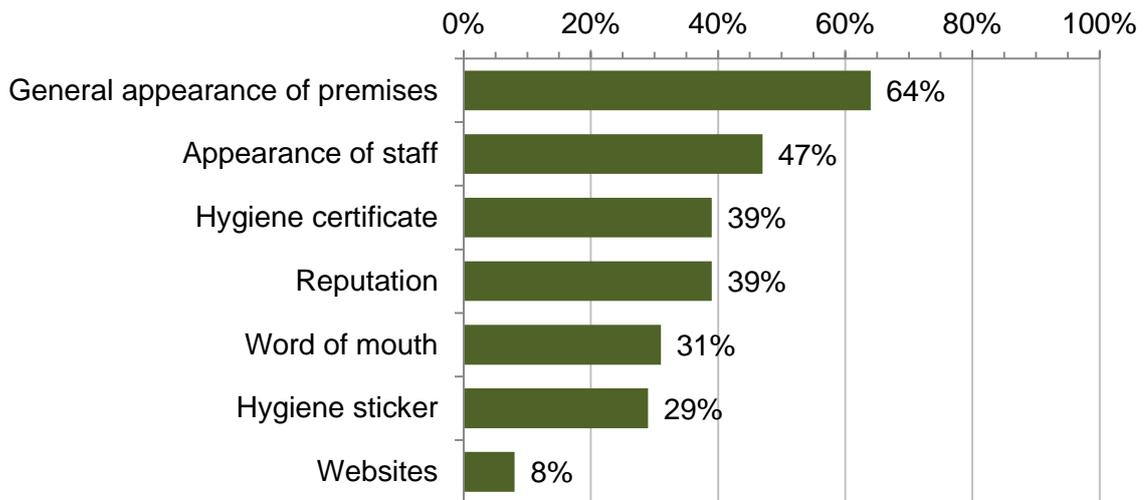
Weighted base (W8: 2000, W1-W7: 2000), Unweighted base (W8: 2483, W1- W6: 2069-2581)

Circled data points represent statistically significant differences to Wave 8

Respondents who reported being aware of hygiene standards in the places they eat out at or buy food from were asked *how* they were aware of these standards. The main ways these respondents reported being aware were via the general appearance of the premises (64%) and the appearance of staff (47%) (see Figure 10)¹³. These were also the most frequently reported methods in all previous waves.

¹³ Average number of responses: Wave 1 (2.00), Wave 2 (2.49), Wave 3 (2.11), Wave 4 (3.21), Wave 5 (2.14), Wave 6 (2.39), Wave 7 (2.67), Wave 8 (2.65).

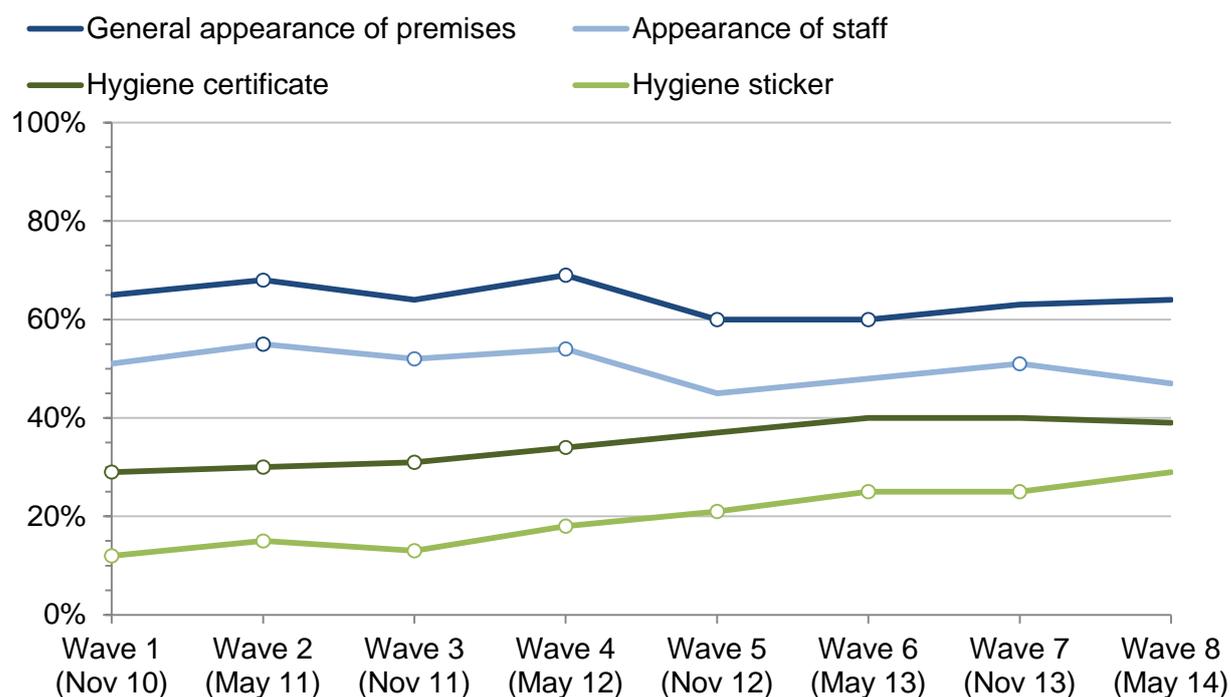
Figure 10: Ways respondents reported being aware of hygiene standards (May 2014)



Base: All respondents who reported being aware of the standards of hygiene when they buy food, UK
Weighted base (1644), Unweighted base (2048)

Looking across the time series data, the general appearance of premises and the appearance of staff have been, respectively, the first and second most popular responses to the question across all waves. In Wave 8, the proportions of respondents reporting they would know about hygiene standards through the use of hygiene stickers (29%) increased by 4-17 percentage points compared to all previous waves (12-25%). By contrast, the proportion of respondents reporting that they would know about hygiene standards via the use of hygiene certificates (39%) has plateaued in recent waves. See Figure 11 for further detail.

Figure 11: Ways of knowing about the hygiene standards of places respondents eat at or buy food from (Nov 2010 - May 2014)



Base: All respondents who reported being aware of hygiene standards when they buy food, UK
 Weighted base (W8 1644, W1 - W7: 1579- 1676), Unweighted base (W8:2048, W1 - W7: 1638- 2121)
 Circled data points represent statistically significant differences to Wave 8

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

- **Women:** 85%, compared to 79% of men.
- **Respondents with children in the household:** 85% compared to 81% for respondents without children in the household.

By contrast, the following group was *less likely* to be aware of hygiene standards in places they eat out at or buy food from:

- **Social grade DE respondents¹⁴:** 74%, compared to 81-85% for all other social grades.

¹⁴ 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.

Looking across time series data, women have been consistently more likely than men to report being aware of hygiene standards in places they eat out at or buy food from.

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 UK food outlets:

- **Respondents with children in the household:** use of hygiene certificates (42% compared to 37% of respondents without children in their household) and hygiene stickers (32% compared to 27%).

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+:** use of hygiene certificates (25% compared to 39-44% of all other age groups) and hygiene stickers (14% compared to 27-38%).
- **Respondents in Scotland:** use of hygiene certificates (30% compared to 39-54% for all other regions) and hygiene stickers (15% compared to 29-47%).

In most, but not all, previous waves, respondents with children in the household have been more likely, and respondents aged 66 or older have been less likely, to report they would use hygiene certificates as a way of knowing about hygiene standards. Due to a small sample size for Northern Ireland in Waves 1 to 5, which meant statistical testing between countries was not possible, it is not possible to compare country differences over the time series prior to Wave 6. However, since Wave 6, respondents in Scotland have been consistently less likely than respondents in other UK countries to report the use of hygiene certificates.

5. Awareness of initiatives or schemes concerning hygiene standards

Wave 8 Key findings

- 33% reported being aware of **any** hygiene initiatives or schemes, which is similar to Wave 7.
- When shown the name of the Food Hygiene Rating Scheme (FHRS), 36% of respondents in England, Wales and Northern Ireland reported being aware of it.
- Amongst respondents in England, Wales and Northern Ireland, 69% reported having seen the FHRS certificate and/or sticker before. This figure has increased by 3-19 percentage points compared to the three previous waves in which the question has been asked.
- In Scotland, 14% of respondents reported being aware of the Food Hygiene Information Scheme (FHIS), an increase of 5 percentage points compared to Wave 7. The proportion of respondents reporting that they had seen an FHIS certificate and / or sticker (54%) increased 9-22 percentage points compared to waves 5 and 6 (32-45%).

In Wave 3, three new questions were added to the end of the Tracker survey to measure awareness of initiatives or schemes relating to the hygiene standards of places where people eat out or shop for food. One of these questions asked about awareness of the Food Hygiene Rating Scheme (FHRS), Food Hygiene Information Scheme (FHIS) and 'Scores on the Doors'.¹⁵ The FHRS for England, Wales and Northern Ireland, and the FHIS for Scotland, are FSA / local authority partnership initiatives that provide consumers with information about hygiene standards in food premises at the time they are inspected. The FHRS was launched in November 2010 in

¹⁵ 'Scores on the Doors' is the name used for the majority of 'local' schemes that previously operated in the UK. There are no longer any 'local' schemes operating but the term 'scores on the doors' is still in common usage for describing the FHRS

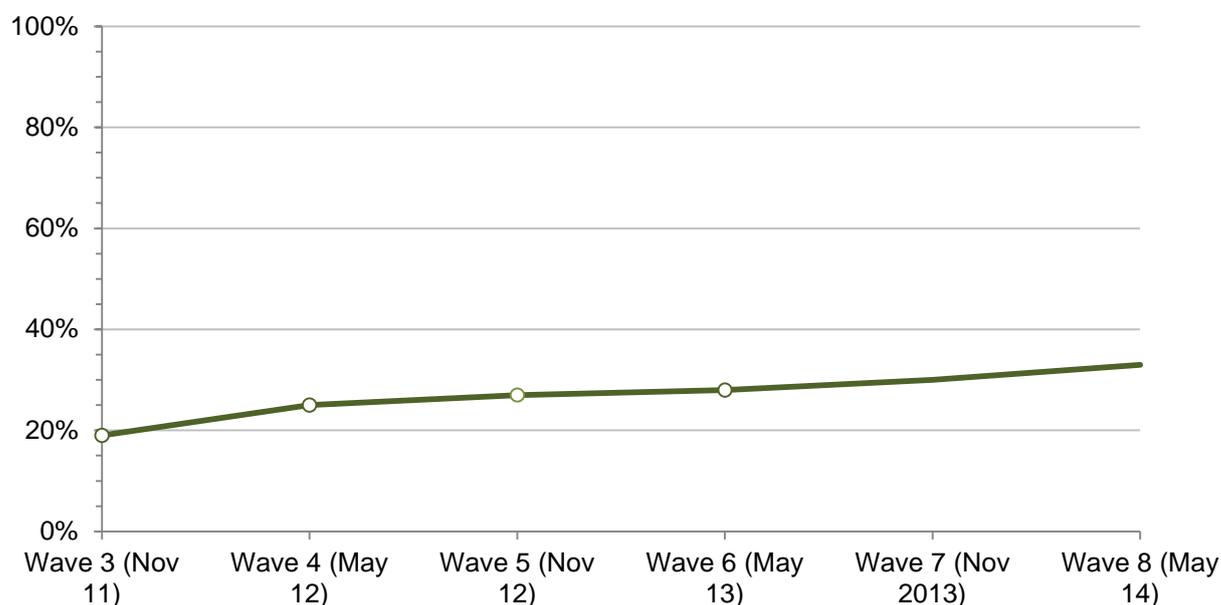
England, Wales and Northern Ireland, and the FHIS has been operating in some parts of Scotland since 2006.

As well as the FHS rating and FHIS inspection results being published by the FSA online¹⁶, for each scheme a certificate and/or sticker are provided for businesses to display at their premises.¹⁷ In Wave 5 an additional question was added to the survey to explore whether respondents had seen the sticker and/or certificate for the FHS and FHIS before.

5.1 Awareness of any hygiene initiatives or schemes

In this wave, 33% of respondents said that they had seen or heard about any initiatives or schemes concerning the hygiene standards in places people eat out or shop for food at. This is similar to Wave 7, but an increase of 5-14 percentage points compared to waves 3-6 (19%-28%). See Figure 12 for further detail.

Figure 12: Awareness of any hygiene initiatives or schemes (Nov 2011 - May 2014)



Base: All respondents, UK

Weighted base (W8: 2000, W3-W7: 2000), Unweighted base (W7: 2483, W3- W7: 2069-2141)

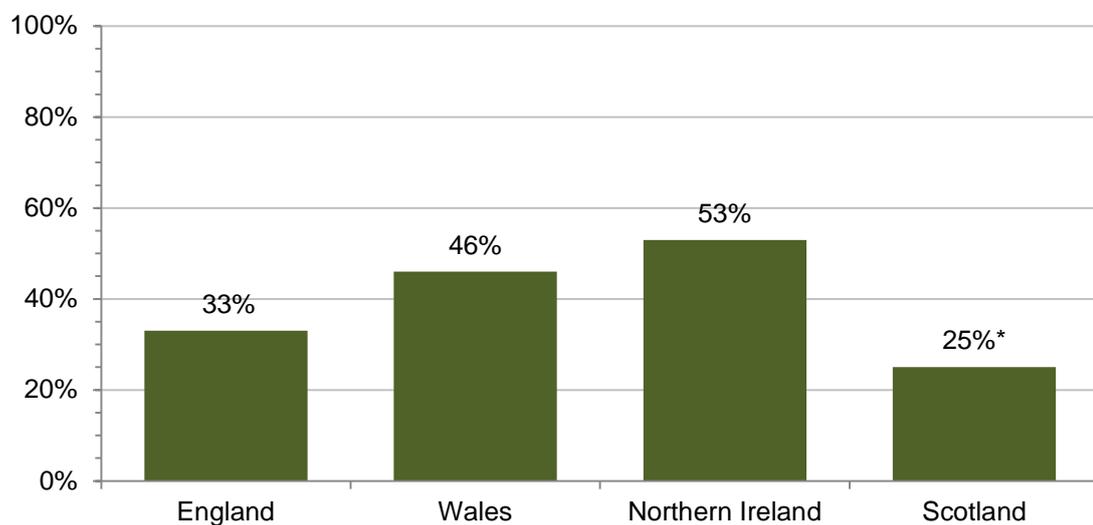
Circled data points represent statistically significant differences to Wave 8

¹⁶ www.food.gov.uk/ratings

¹⁷ Display is now mandatory in Wales, but not in England, Scotland or Northern Ireland.

Looking at the breakdown by country, respondents in Scotland (25%) were less likely to report having seen or heard about any hygiene standards initiatives or schemes compared to respondents in England (33%), Wales (46%) and Northern Ireland (53%). See Figure 13 for further detail.

Figure 13: Awareness of any hygiene standards initiatives or schemes by country (May 2014)



Base: All respondents

England - Weighted base (1680), Unweighted base (1743)

Wales - Weighted base (80), Unweighted base (86)

Northern Ireland - Weighted base (64), Unweighted base (115)

Scotland - Weighted base (176), Unweighted base (539)

* Statistically significant difference to all other countries

In addition to variation in awareness by country, the following groups were *more likely* to report awareness of any hygiene standards schemes:

- **Respondents with children in the household:** 38% compared to 31% of respondents without children in the household.
- **White respondents:** 34% compared to 28% of minority ethnic respondents.

The following groups were *less likely* to report awareness of any hygiene standards schemes:

- **Respondents aged 66+:** awareness of any scheme (20% compared to 28-42% for all other age groups).

Looking across the time series data, these socio-demographic differences are apparent in some, but not all, previous waves.

Respondents who said they had seen or heard about any initiatives or schemes were asked to spontaneously name them. The most common response given was the Food Hygiene Rating Scheme, at 21% - an increase of 6-14 percentage points over all previous waves. This is the first time the FHRs has been the most common response.¹⁸

5.2 Awareness of FHRs / FHIS / SoTD

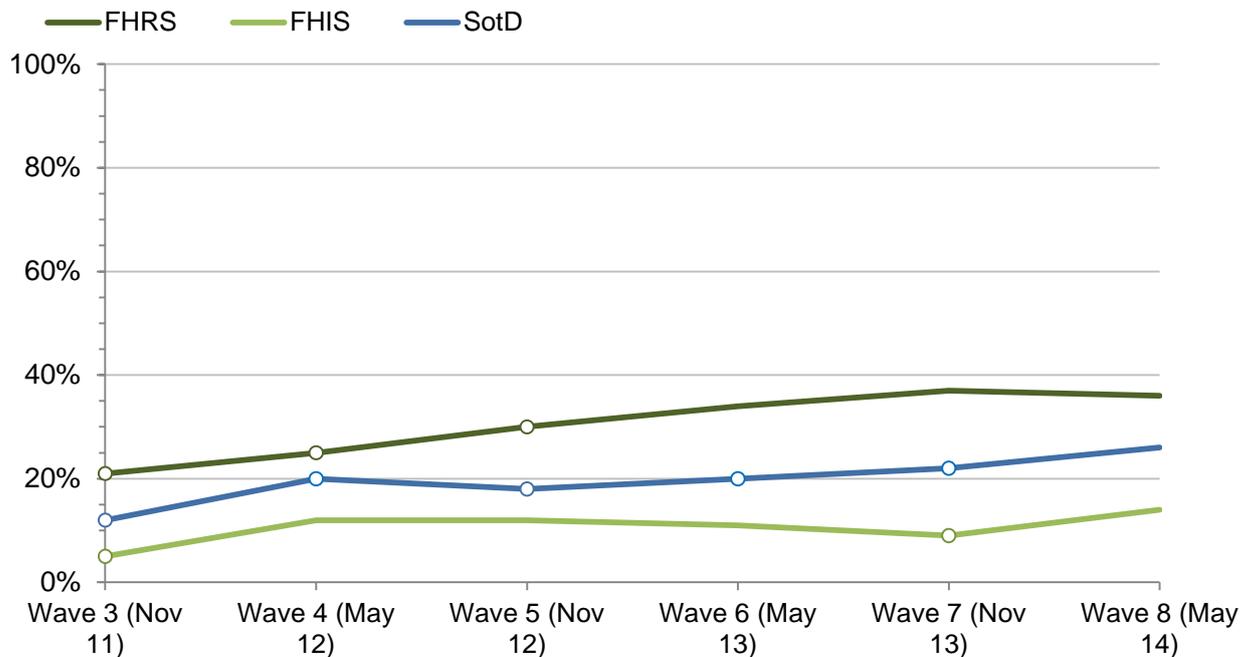
All respondents were then shown the names of the two FSA schemes concerning the hygiene standards in places people eat out or shop for food (FHRs and FHIS) and the name 'Scores on the Doors' which was used for the majority of 'local' schemes that previously operated in the UK; the term 'scores on the doors' is still in common usage for describing the FHRs.

In Wave 8, 36% of respondents in England, Wales and Northern Ireland reported being aware of the FHRs, 14% of respondents in Scotland said they were aware of the FHIS, and 26% of all respondents said they were aware of 'Scores on the Doors'. Before Wave 8, awareness of the FHRs in England, Wales and Northern Ireland had steadily increased wave-by-wave since tracking began in Wave 3 – but in Wave 8 this trend has ended. By contrast, prior to Wave 8 awareness of the FHIS in Scotland had remained at a similar level since tracking began, but in Wave 8 has increased by 5 percentage points compared to Wave 7 (9%). Perhaps unusually given that the scheme

¹⁸ Average number of spontaneous responses: Wave 3 (1.65), Wave 4 (1.65), Wave 5 (1.79), Wave 6 (1.86), Wave 7 (1.74), Wave 8 (1.64).

no longer runs, the percentage of all UK respondents who said they had seen or heard of Scores on the Doors increased in this wave (26%) by 4-14 percentage points compared to all previous waves (12-22%). See Figure 14 for further detail.

Figure 14: Awareness of FHRS / FHIS / SoTD (Nov 2011 - May 2014)



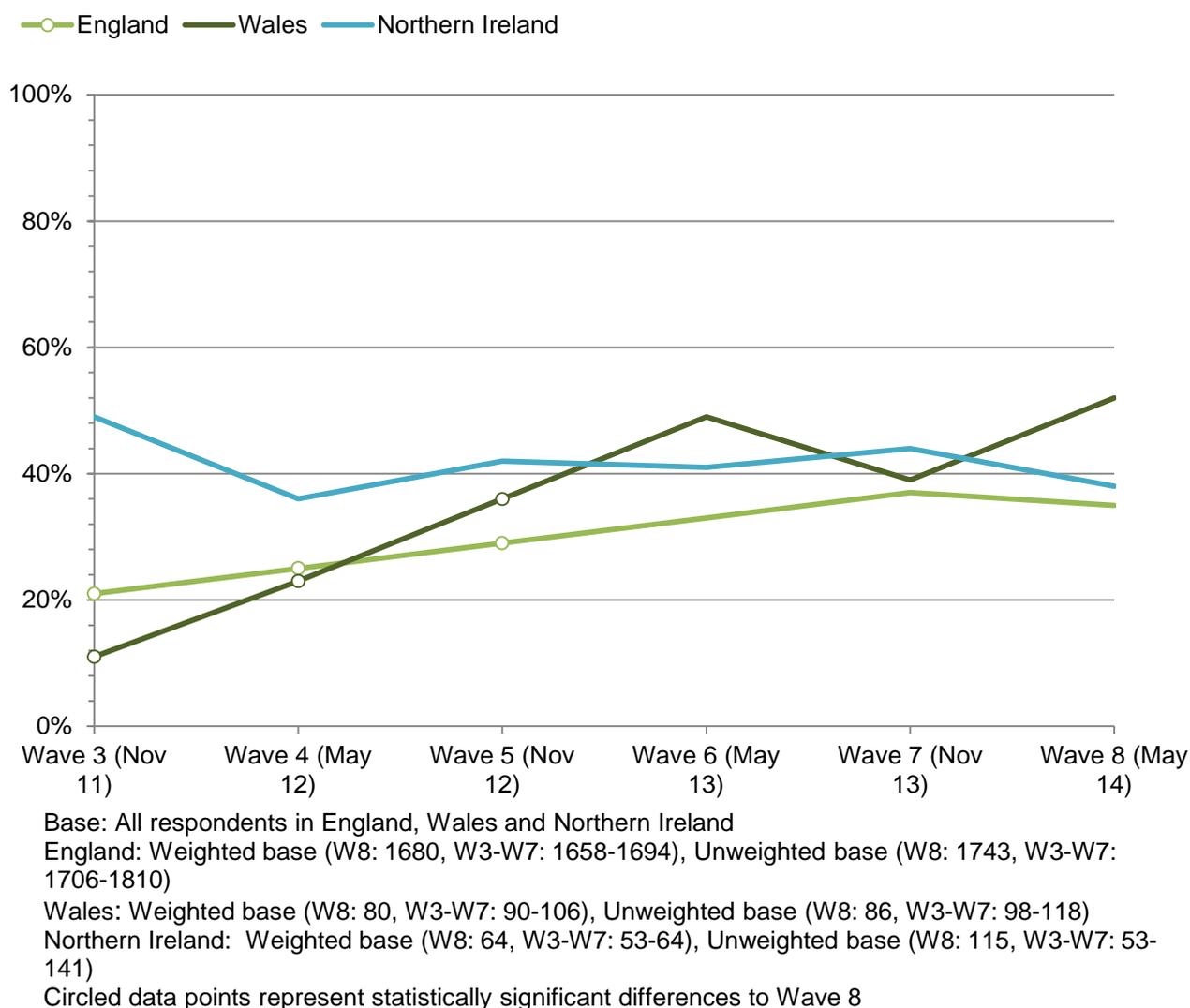
Base: All respondents

FHRS (E,W,NI): Weighted base (W8: 1824, W3 - W7: 1824-1835), Unweighted base (W78 1944, W3 - W67 1884-1961)

FHIS (S): Weighted base (W8: 176, W3 - W7: 165 - 176), Unweighted base (W8: 539, W3 - W7: 180 - 545)

Disaggregating awareness of FHRS by individual country shows that for each of England (35%), Wales (52%) and Northern Ireland (38%), there is no statistically significant difference to be found between Wave 8 and waves 6 and 7. Differences in awareness between waves are nevertheless quite large, and the lack of statistical significance, especially for Wales, may be due to a small sample size. See Figure 15 for further detail.

Figure 15: Awareness of FHRS by country (Nov 2011 - May 2014)



5.3 Scheme certificates and stickers

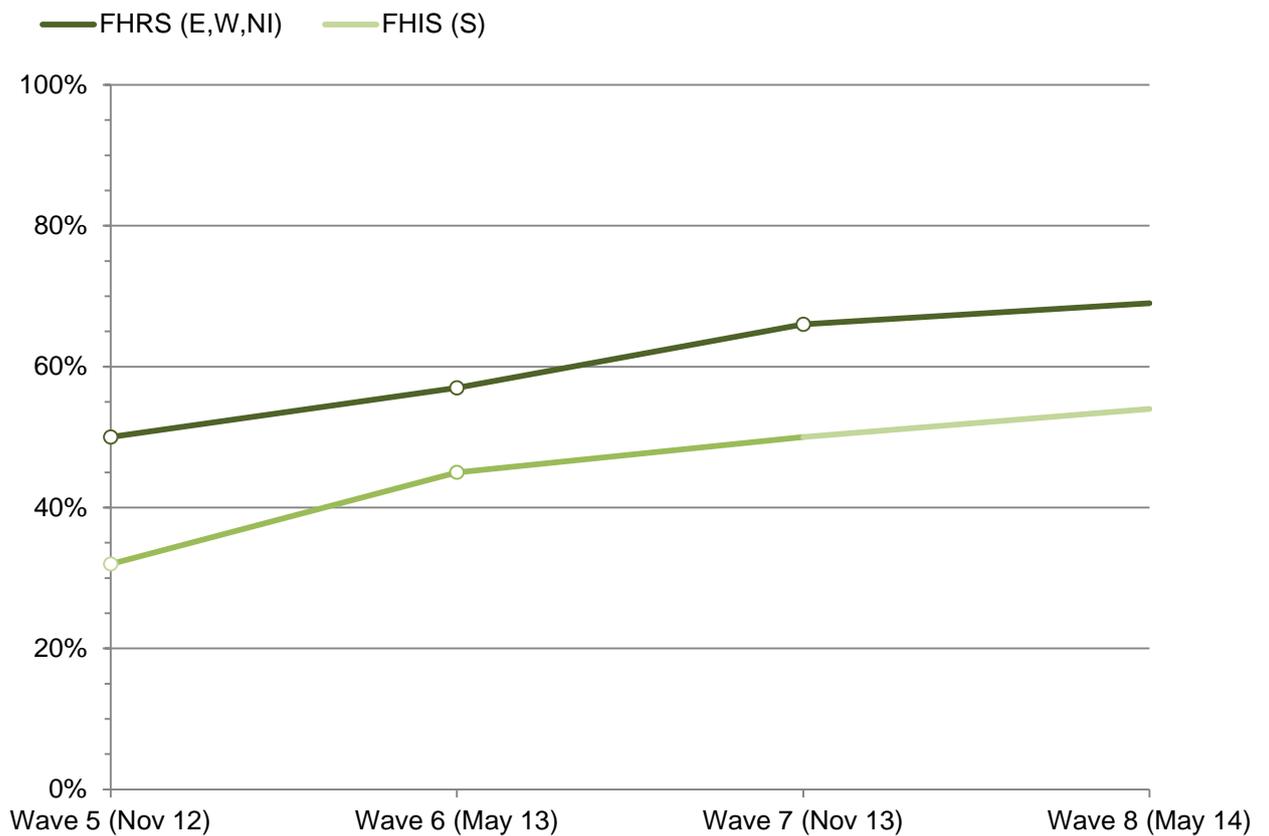
Since Wave 5, all respondents in England, Wales and Northern Ireland have been shown an image of the FHRS certificate and/or sticker, and asked if they have seen either before. Respondents in Scotland are shown an image of the FHIS certificate and/or sticker, and asked if they have seen either before.

In this wave, amongst respondents in England, Wales and Northern Ireland, 69% reported having seen the FHRS certificate and/or sticker before. This figure has increased by 3-19 percentage points compared to the three previous waves in which the question has been asked. See Figure 16 for further detail.

Disaggregating this statistic, we find that 84% of respondents in Northern Ireland reported having seen an FHRS certificate and / or sticker before, compared to 68% of respondents in England and 73% of respondents in Wales. The difference between Northern Ireland and England is significant, but we cannot say that the difference between Northern Ireland and Wales is statistically significant, due to small samples sizes. See Figure 17.

Amongst respondents in Scotland, 54% reported having seen the FHIS certificate and/or sticker before. This is a significant increase compared to Wave 5 (32%) and Wave 6 (45%), but is not significantly different to Wave 7. See Figure 16 for further detail.

Figure 16: Awareness of FHRS / FHIS certificate and/or sticker (Nov 2012 - May 2014)



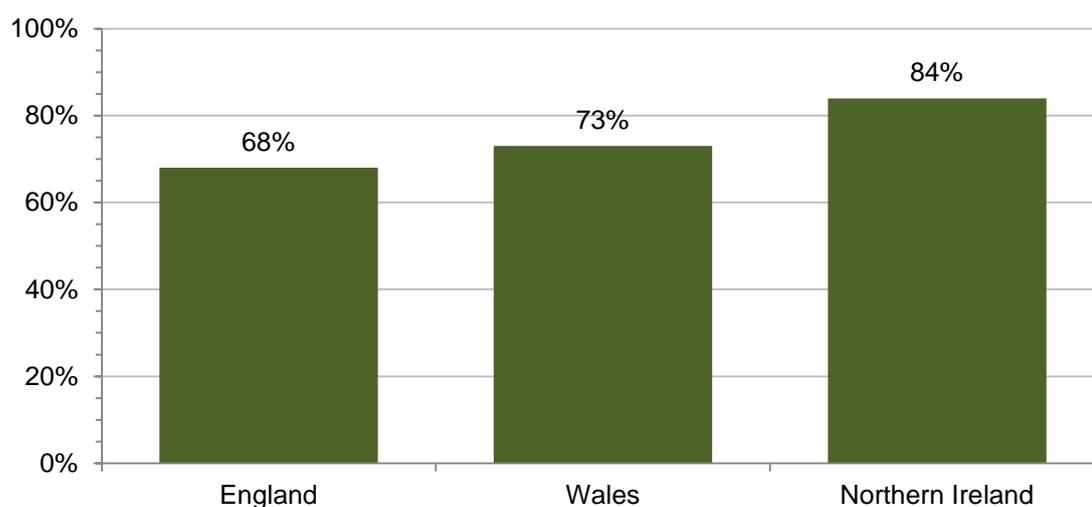
Base: All respondents

FHRS (E, W, NI): Weighted base (W8: 1824, W3-W7: 1824-1834), Unweighted base (W8: 1944, W3-W7: 1884-1974)

FHIS (S): Weighted base (W8: 176, W3-W7: 165-176), Unweighted base (W8: 539, W3-W7: 180-545)

Circled data points represent statistically significant differences to Wave 8

Figure 17: Awareness of FHRS by country (May 2014)



Base: All respondents

England - Weighted base (1680), Unweighted base (1743)

Wales - Weighted base (80), Unweighted base (86)

Northern Ireland - Weighted base (64), Unweighted base (115)

Looking at variation by different socio-demographic groups, the following groups in England, Wales and Northern Ireland were *more likely* to report that they had heard of the FHRS or seen the FHRS certificate and/or sticker before:

- **Women:** heard of the FHRS (38% compared to 30% of men); seen the FHRS certificate and/or sticker (71%, compared to 67%)
- **Respondents living in rural areas:** seen the FHRS sticker and/or certificate (74% compared to 68% of respondents living in urban areas)
- **Respondents with children in the household:** seen the FHRS certificate and/or sticker before (80% compared to 64% of respondents without children in the household).

Groups *less likely* to report they had heard of the FHRS or seen the FHRS certificate and/or sticker before include:

- **Respondents aged 66+:** heard of the FHRS (19% compared to 37-41% of all other age groups); and seen the FHRS certificate and/or sticker before (38% compared to 64-85%).

With regards to the FHIS, the following groups in Scotland were *more likely* to report having seen the FHIS certificate and/or sticker before:

- **Women:** heard of the FHIS (16% compared to 9% of men)
- **Respondents with children in the household:** seen the FHIS certificate and/or sticker before (65% compared to 48% of respondents without children in the household).

The following groups were *less likely* to have seen the FHIS certificate and/or sticker before:

- **Respondents aged 66+:** seen the FHIS certificate and/or sticker before (26% compared to 41-76% for all other age groups).

This was the third wave for which sample sizes were large enough to analyse socio-demographic differences for the FHRS in England, Wales and Northern Ireland and the FHIS in Scotland, and so we can only report socio-economic differences between waves 6, 7 and 8. In England, Wales and Northern Ireland, respondents living in rural areas and respondents with children in the household have been more likely to report awareness of the FHRS in all three waves. Similarly, respondents aged 66+ have been less likely to report awareness of the FHRS in all three waves. In Scotland, respondents with children in the household have been more likely to report seeing the FHIS certificate and/or sticker in all waves, and respondents aged 66+ have been less likely to do so.

6. Awareness of and levels of trust in the FSA

Wave 8 Key findings

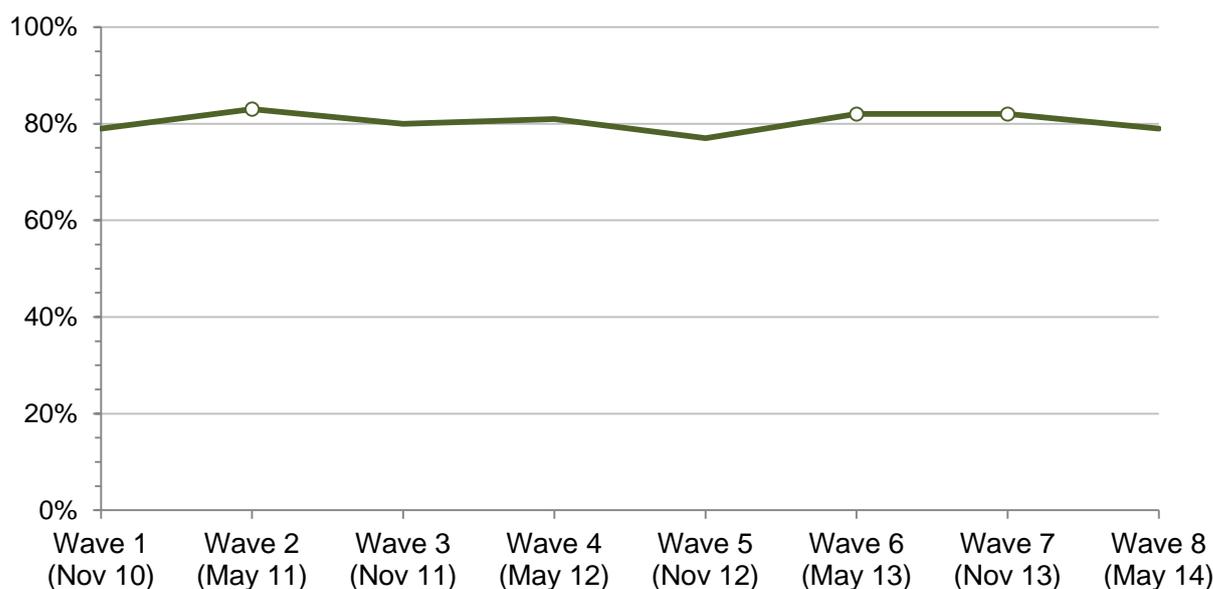
- 79% reported being aware of the FSA, a modest decrease compared to the previous two waves (82%).
- As in previous waves, of those who said they were aware of the FSA, the main responsibility of the FSA reported by respondents was ensuring food bought is safe to eat (87%).
- Of these respondents who said they were aware of the FSA, 61% said they trusted, and only 8% 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.

6.1 Awareness of the FSA

79% of respondents said they were aware of the Food Standards Agency in this wave of the Tracker, which is a decrease of 3 percentage points compared to the previous two waves (82%). However, whilst there have been some fluctuations in awareness of the FSA over time, there has been no overall trend toward increase or decrease. See Figure 18 for further detail.

Figure 18: Awareness of the FSA (Nov 2010 - May 2014)



Base: All respondents, UK

Weighted base (W8: 2000, W1-W7: 2000), Unweighted base (W8: 2483, W1-W7: 2069-2581)

Circled data points represent statistically significant differences to Wave 8.

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

- **Respondents aged 50-65:** 88% compared to 67-83% for all other age groups.
- **Social grade AB¹⁹ respondents:** 88% compared to 70-81% for all other social grades.
- **Respondents in rural areas:** 83% compared to 78% for respondents in urban areas.
- **Respondents in Wales:** 94% compared to 78-79% of respondents in England, Scotland and Northern Ireland.
- **White respondents:** 81% compared to 65% of minority ethnic respondents.

¹⁹ This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

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

- **Respondents aged 16-25:** 67% compared to 75-88% for all other age groups.
- **Social grade DE²⁰ respondents:** 70% compared to 81-88% of all other social grades.

Looking across time series data, similar differences by age, ethnicity and social grade were apparent in all previous waves

6.2 Awareness of the FSA's responsibilities

Respondents who were aware of the FSA were asked what issues they thought the Agency is responsible for. The FSA is responsible for food safety and food hygiene across the UK with some responsibilities for food labelling and nutrition in Wales, Scotland and Northern Ireland.²¹

Looking at total (i.e. spontaneous plus prompted) responses, the main responsibilities reported by these respondents were: ensuring the food you buy is safe to eat (87%), date labels (66%), nutrition labelling (60%), country of origin labelling (56%), promoting and enabling healthy eating and lifestyles (40%) and promoting food safety in the home (35%).²² See Figure 19 for further detail.

The most frequently reported responsibility spontaneously mentioned by respondents was ensuring the food you buy is safe to eat (59%) followed by date labels (21%), nutrition labelling (19%), country of origin labelling (15%),

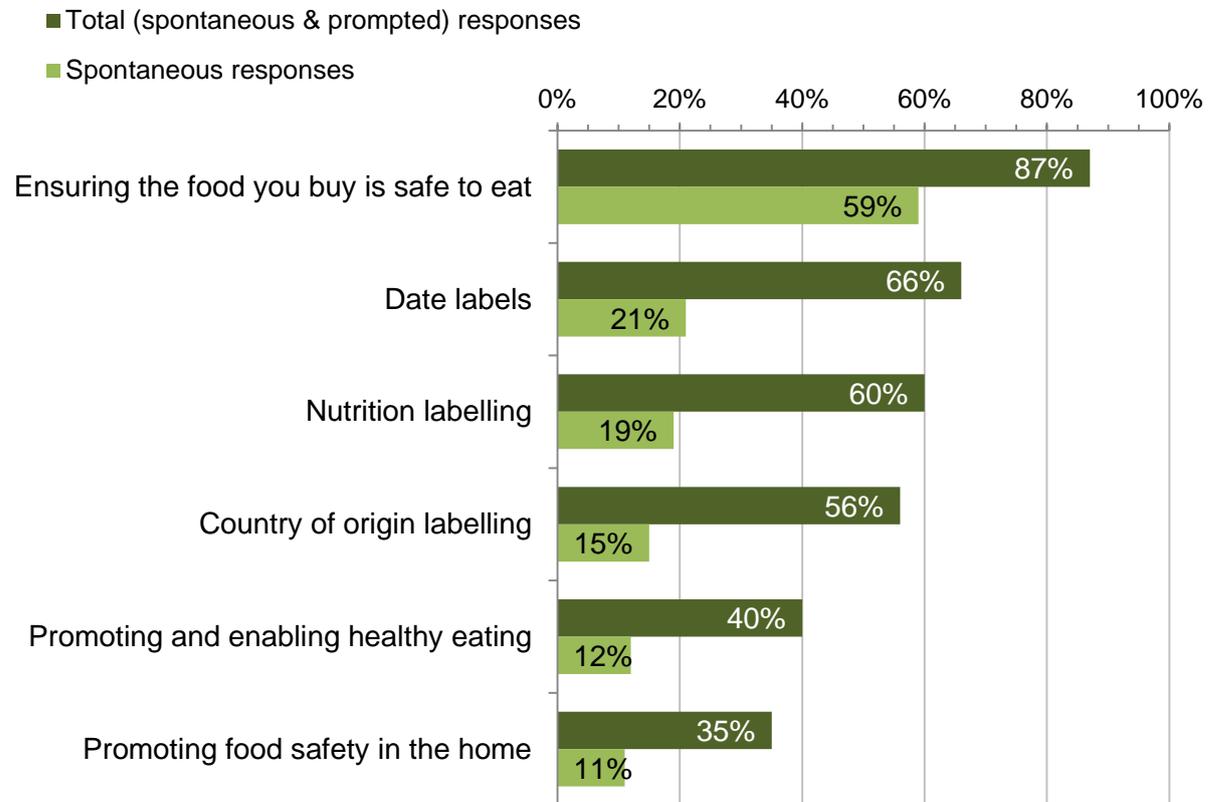
²⁰ This includes semi-skilled and unskilled manual workers, unemployed and others dependent on the state long term. See Annex C for full description of social grades.

²¹ See <http://www.food.gov.uk/about-us/about-the-fsa/> for further detail.

²² Average number of 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 (4.19).

promoting and enabling healthy eating and lifestyles (12%) and promoting food safety in the home (11%).²³ See Figure 19 for further detail.

Figure 19: Reported responsibilities of the FSA (May 2014)

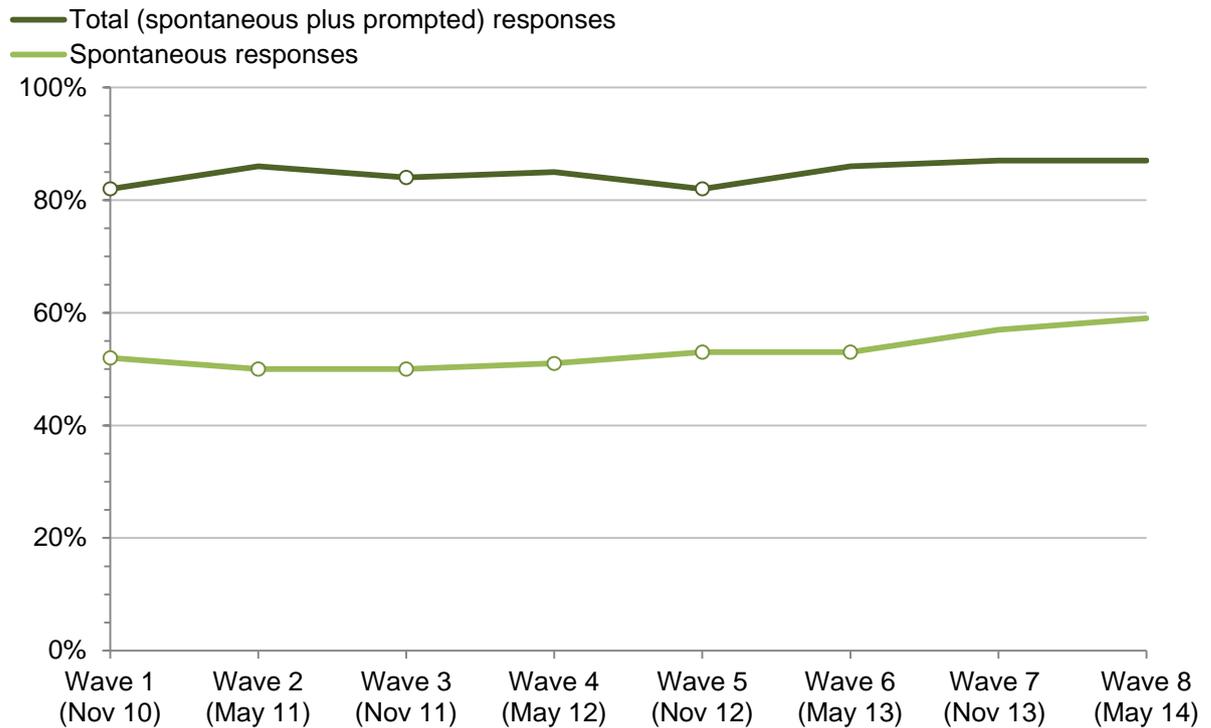


Base: All respondents aware of the FSA, UK
 Weighted base (1582), Unweighted base (1943)

Looking across the time series data, the percentage of these respondents spontaneously reporting that 'ensuring the food you buy is safe to eat' was a responsibility of the FSA (59%) has increased by 6-9 percentage points compared to waves 1-6 (50-53%), but is similar to Wave 7. The total (spontaneous and prompted) response rate for this responsibility (87%) remained similar to the two most recent previous waves. See Figure 20 for further detail.

²³ Average number of 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).

Figure 20: Reported responsibility of the FSA: Ensuring food is safe to eat (Nov 2010 - May 2014)



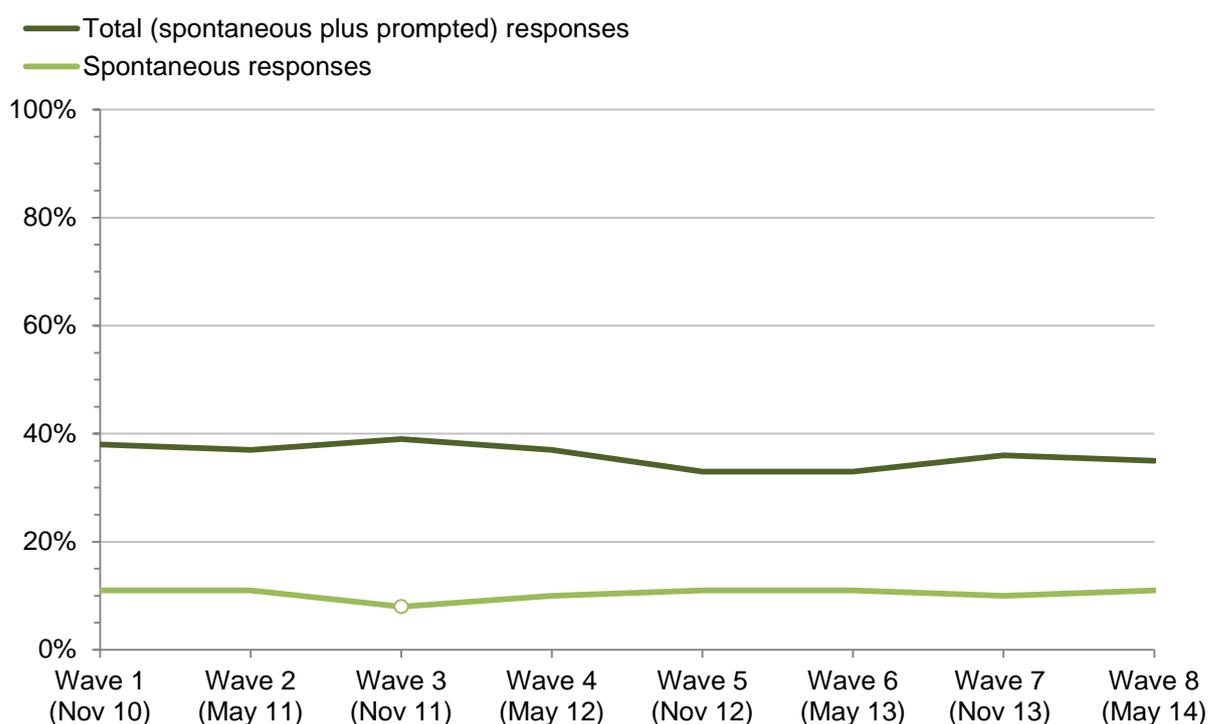
Base: All respondents aware of the FSA

Weighted base (W8: 1582, W1-W7: 1534-1665), Unweighted base (W8: 1943, W1-W7: 1568-2083)

Circled data points represent statistically significant differences to Wave 8.

The proportion of respondents spontaneously reporting 'promoting food safety in the home' as a responsibility of the FSA (11%) has been similar in all but one previous wave. The proportion of total responses (35%) is similar to all previous waves. See Figure 21.

Figure 21: Reported responsibility of the FSA: promoting food safety in the home (Nov 2010 – May 2014)



Base: All respondents aware of the FSA

Weighted base (W8: 1582, W1-W7: 1534-1665), Unweighted base (W8: 1943, W1-W7: 1568-2083)

Circled data points represent statistically significant differences to Wave 8.

Although there are differences in the remit of the FSA by country, there was little significant difference by country in the top issues respondents reported the FSA to be responsible for. However, there were some differences by other socio-demographic groups, with the following groups being *more likely* to report the FSA had responsibility for certain issues:

- **Respondents in rural areas:** date labels (68% compared to 59% of respondents in urban areas), and nutrition labelling (66% compared to 59%)
- **Minority ethnic respondents:** date labels (73% compared to 65% of White respondents).

The following groups were *less likely* to report the FSA had responsibility for certain issues:

- **Respondents aged 16-25:** country of origin labelling (43% compared to 55-62% of all other age groups).
- **Social grade DE²⁴ respondents:** date labels (60% compared to 67-71% for all other social grades), nutrition labelling (49% compared by 59-70%), country of original labelling (50% compared to 57-62%)

Looking across the time series data, these group differences are apparent in some, but not all, previous waves.

6.3 Trust in the FSA

Respondents who reported being aware of the FSA were asked how much they trust or distrust the FSA to do its job. 61% of these respondents reported that they trusted²⁵ and 8% of respondents reported that they distrusted²⁶ the Agency to do its job.

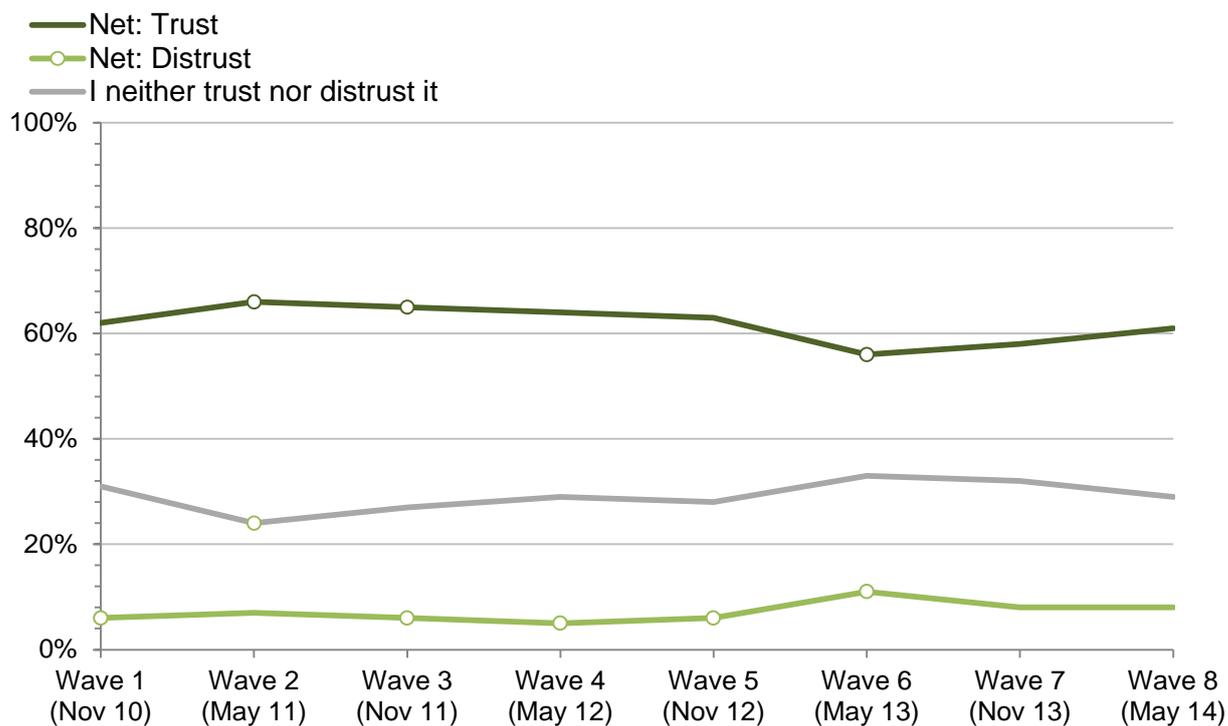
In Wave 6, trust decreased compared to all previous waves (56% compared to 62-66%), and remained at a similar level in Wave 7. In Wave 8 (61%) trust has increased slightly compared to Wave 6, but still remains 4-5 percentage points below waves 2-3 (65-66%). Distrust in Wave 8 (8%) decreased 3 percentage points compared to Wave 6 (11%), but is still 2-3 percentage points higher than waves 1 and 3-5 (5-6%). See Figure 22 for further detail.

²⁴ 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.

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.

Figure 22: Trust in the FSA (Nov 2010 - May 2014)



Base: All respondents aware of the FSA, UK
 Weighted base (W8: 1582, W1 - W7: 806 - 1642), Unweighted base (W8: 1943, W6: 832- 2083)
 Circled data points represent statistically significant differences to Wave 8.

Looking at variation in levels of trust by socio-demographic groups, the following groups were *more likely* to report that they trusted the Agency to do its job:

- **Respondents in rural areas:** 68% compared to 59% of respondents in urban areas

The following were *more likely* to report that they *distrusted* the Agency to do its job:

- **Respondents with children in the household:** 10% compared to 6% of respondents without children in the household

Looking across the time series data, there is little consistency regarding socio-demographic groups and levels of trust or distrust. For example, in some previous waves, respondents in urban areas have been more likely to report

trusting the Agency than respondents in rural areas, and respondents without children in the household have been more likely to report distrusting the Agency than respondents with children in the household.

Annex A. Technical summary

Methodology

Fieldwork for this wave took place from the 7th to the 20th of May 2014, and a representative sample of 2,483 adults 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. Sample points are defined using 2001 Census small area statistics and the Postcode Address File (PAF). After stratification by Government Office Region and social grade, 143 primary sampling points are selected. These are then checked to ensure they are representative by an urban and rural classification. Within the selected primary sampling points, a postcode sector is chosen. To reduce clustering effects, primary sampling points are divided into two halves, and postcode selection alternates between the two.

All interviews are conducted via the TNS field team and in accordance with strict quality control procedures. Quotas (by sex, working status and presence of children) are set during interviewing to ensure representativeness, whilst any sample profile imbalances are corrected at the analysis stage through weighting.

Background

A number of changes in methodology and questionnaire content have occurred over the history of the Tracker survey.

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 – Onwards*: 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.²⁷ We phased out the old question on trust in Wave 3 (Nov 2011) as we had sufficient data to monitor the question change at this stage. The reports on the redevelopment of the Tracker can be viewed at <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>.

In Wave 3, 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. In Wave 5, the 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. See Annex B for the full questionnaire used in Wave 8.

²⁷ 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 8 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
- 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
- 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 is responsible for? (Please select all that apply. Which others? Base: All adults aware of the Food Standards Agency UK)

- 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 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 UK)

- 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)

Q.7 Have you seen or heard of any initiatives or schemes that tell you about the hygiene standards in places where you eat out or shop for food? (Base: All adults UK)

- 01: Yes
- 02: No
- (DK)

Q.8 And what initiatives or schemes are they? (Base: All adults who have seen or heard of any initiatives/schemes that tell you about hygiene standards in places where people eat out or shop for food)

- 01: Food Hygiene Information Scheme
- 02: Food Hygiene Rating Scheme
- 03: Scores on the Doors
- 04: "H" for Hygiene Award Scheme
- 05: Food Hygiene Assessment Scheme
- 06: Food Hygiene Award
- 07: Food Hygiene Inspection Rating Scheme
- 08: Food Hygiene Star Rating Scheme
- 09: Food Safety Star Rating Scheme
- 10: Ratemyplace
- 11: Safe2eat
- 12: Smilesafe
- 13: Other
- (DK/CR)

Q.9 Below are some initiatives and schemes that tell you about the hygiene standards in places where you eat out or shop for food. Which of them have you seen or heard of? – Total (Base: All adults UK)

- 01: Food Hygiene Information Scheme
- 02: Food Hygiene Rating Scheme
- 03: Scores on the Doors
- 14: None of these
- (DK)

Q10a Have you seen this before? (England, Wales and Northern Ireland only)



- 01: Yes
- 02: No
- (DK)

Q10b Have you seen this before (Scotland only)



- 01: Yes
- 02: No
- (DK)

Annex C: Occupational Groupings

- A**
- Approximately 3% of the total population
 - 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**
- Approximately 18% of the total population
 - 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**
- Approximately 28% of the total population
 - 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**
- Approximately 22% of the total population
 - 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

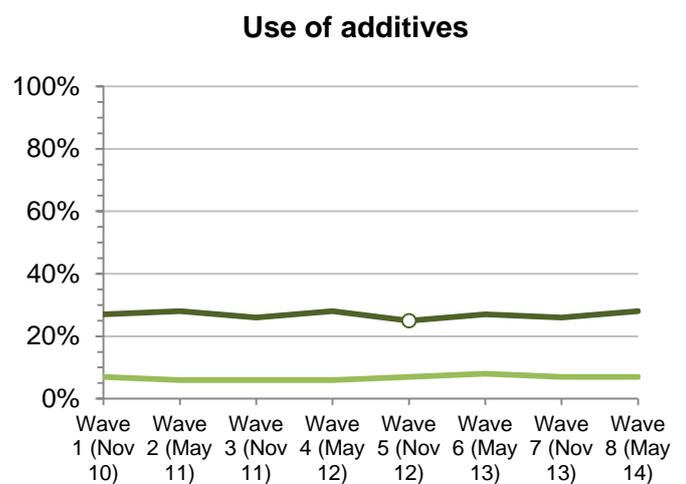
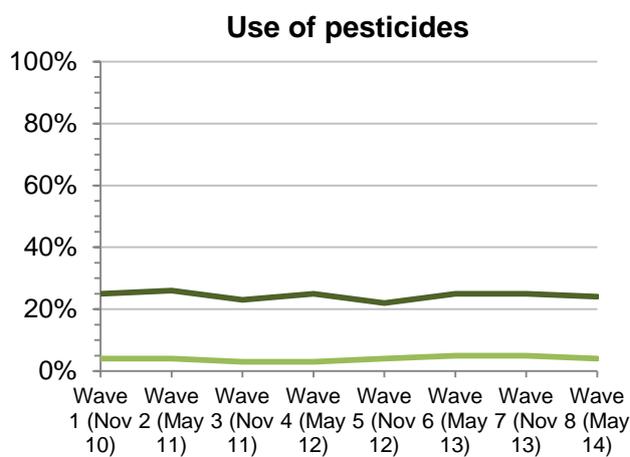
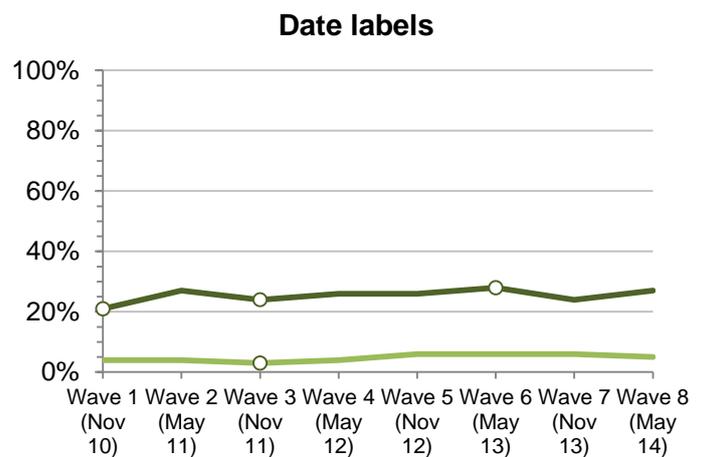
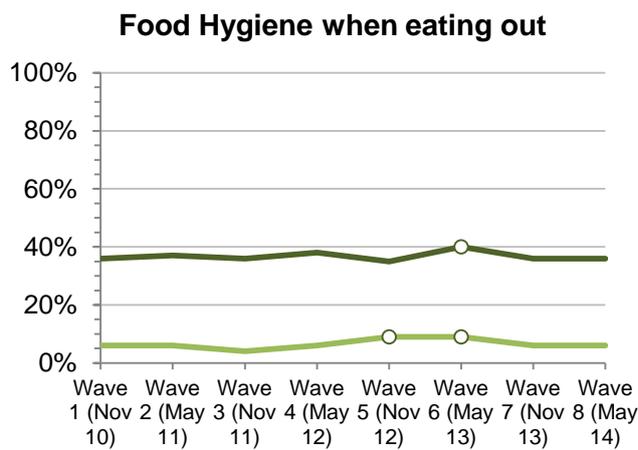
- D**
- Approximately 18% of the total population
 - All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers
 - Retired people previously grade D with a pension from their job
 - Widows if receiving pensions from their late husband's job

- E**
- Approximately 11% of the total population
 - 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

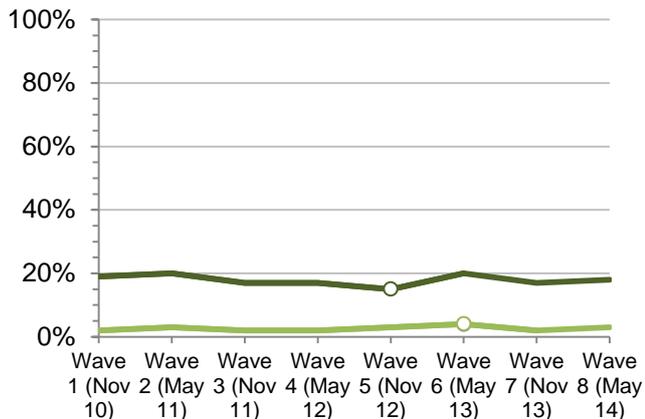
Annex D: Time series data from Nov 2010, relating to the question ‘What food issues, if any, are you concerned about?’

- Total (spontaneous plus prompted) responses
- Spontaneous responses

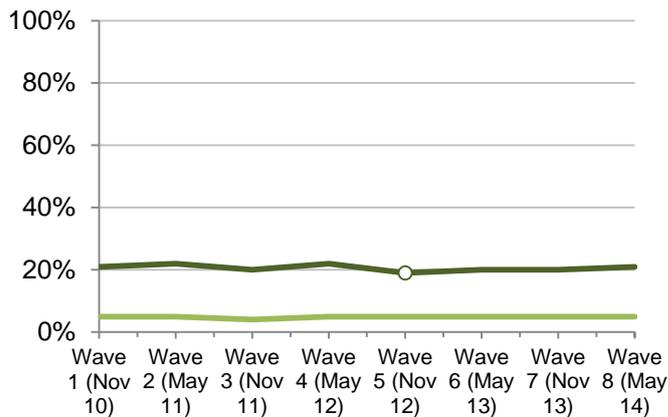
Circled data points represent statistically significant differences to Wave 8



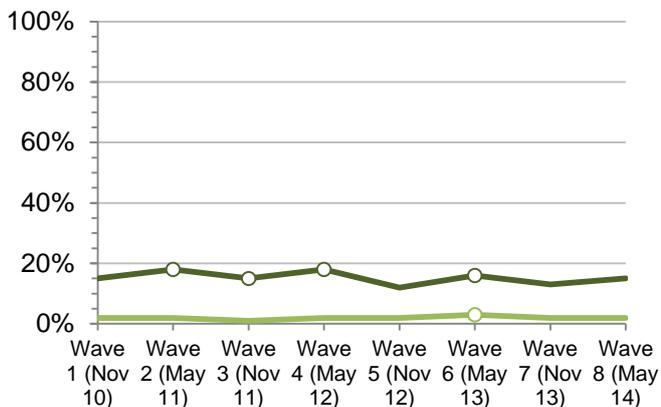
Feed given to livestock



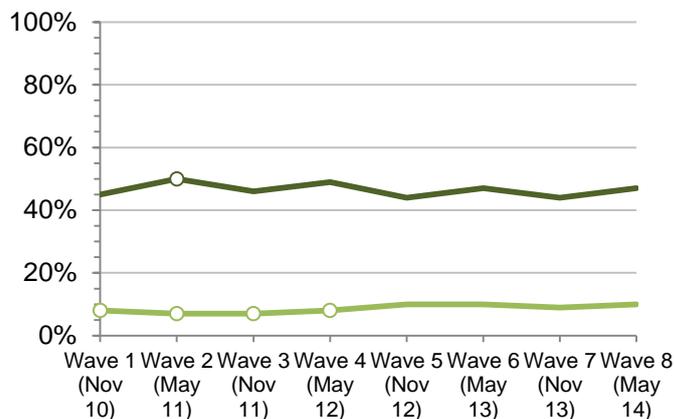
GM foods



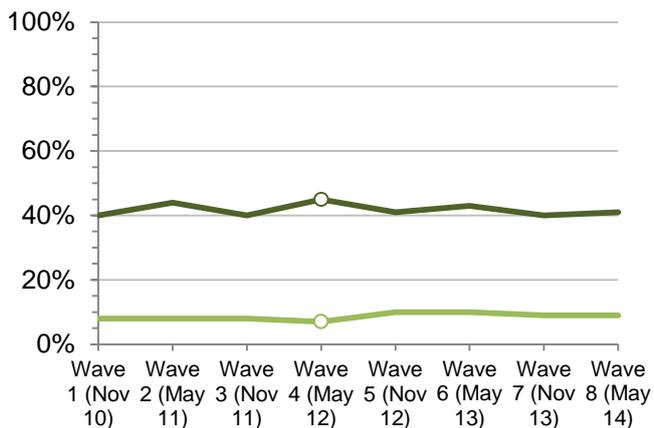
BSE



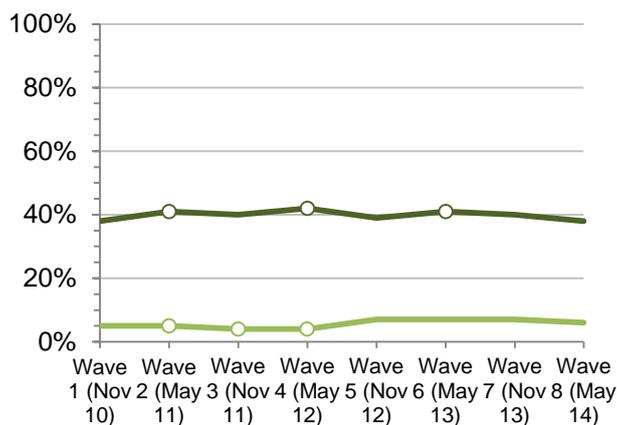
Amount of salt in food



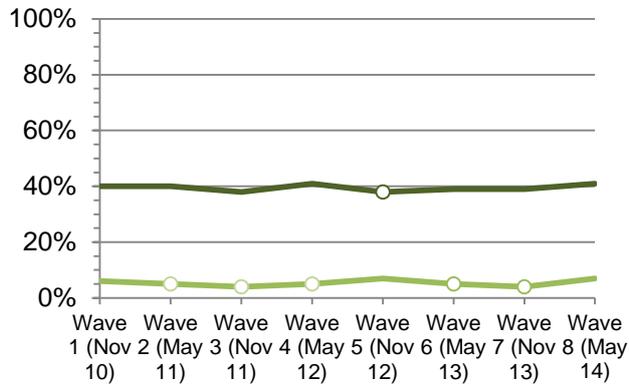
Amount of fat in food



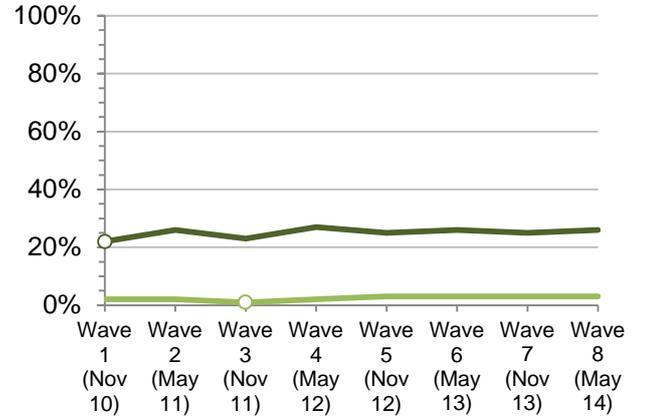
Amount of saturated fat in food



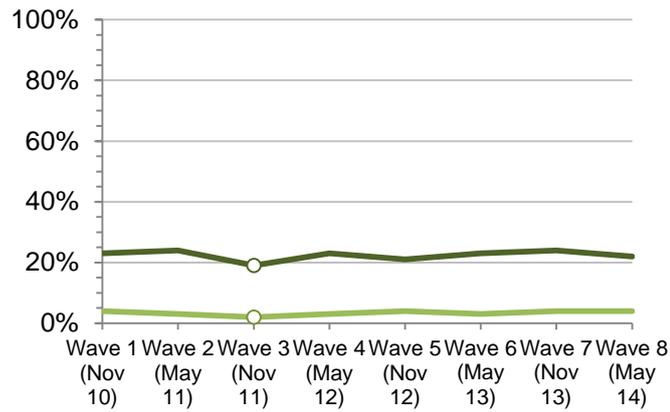
Animal welfare



Foods aimed at children



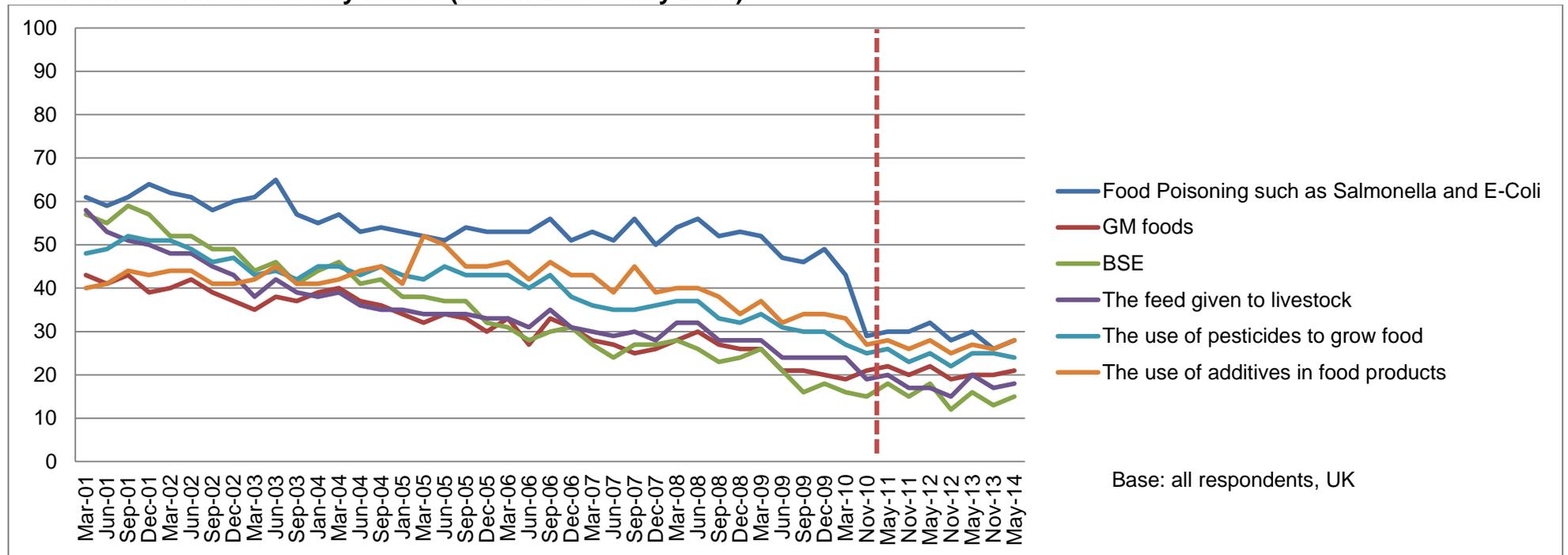
Food miles



Annex E. Time series data from March 2001

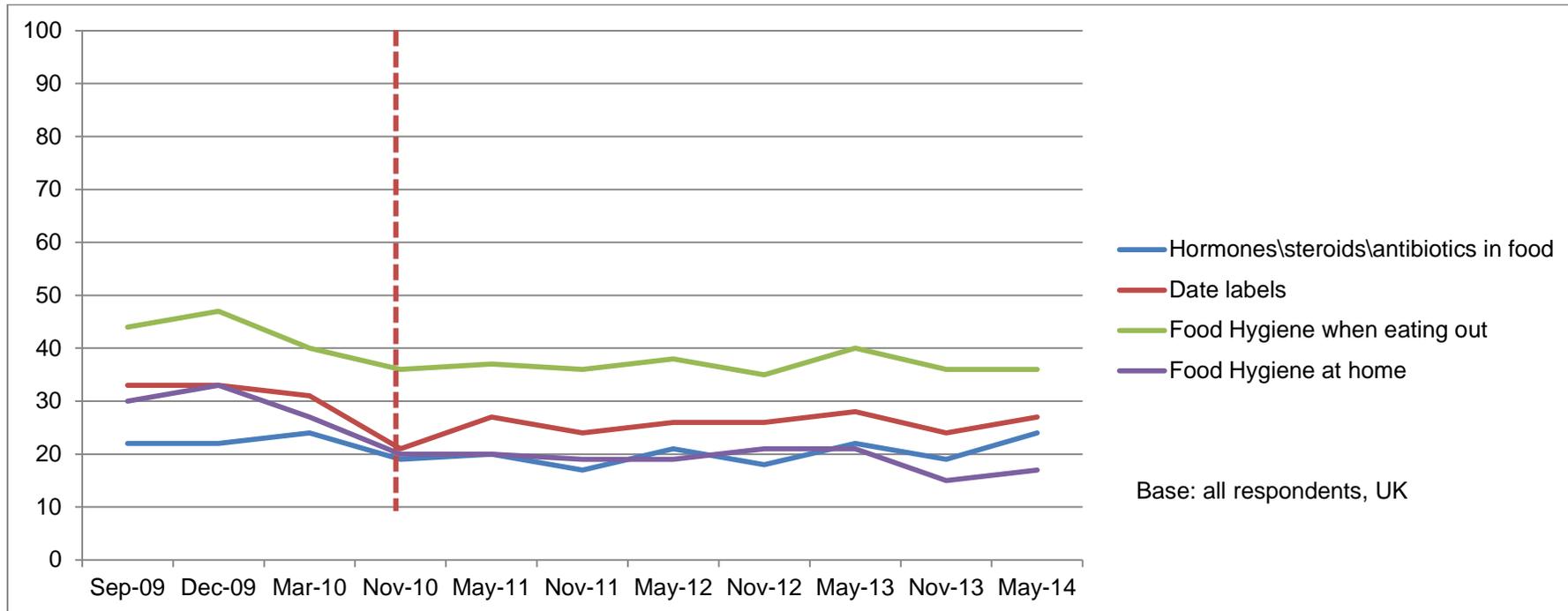
The following figures show time series data from March 2001 – May 2014 where appropriate. The dashed red line in each time series graph indicates when the redeveloped biannual Tracker started (Wave 1 was Nov 2010). Caution should be applied when interpreting this data due to changes made to the survey including the questions asked and respondent base. Please contact us for further details on the cautions surrounding this data.

Total concern for food safety issues (March 2001 – May 2014)²⁸



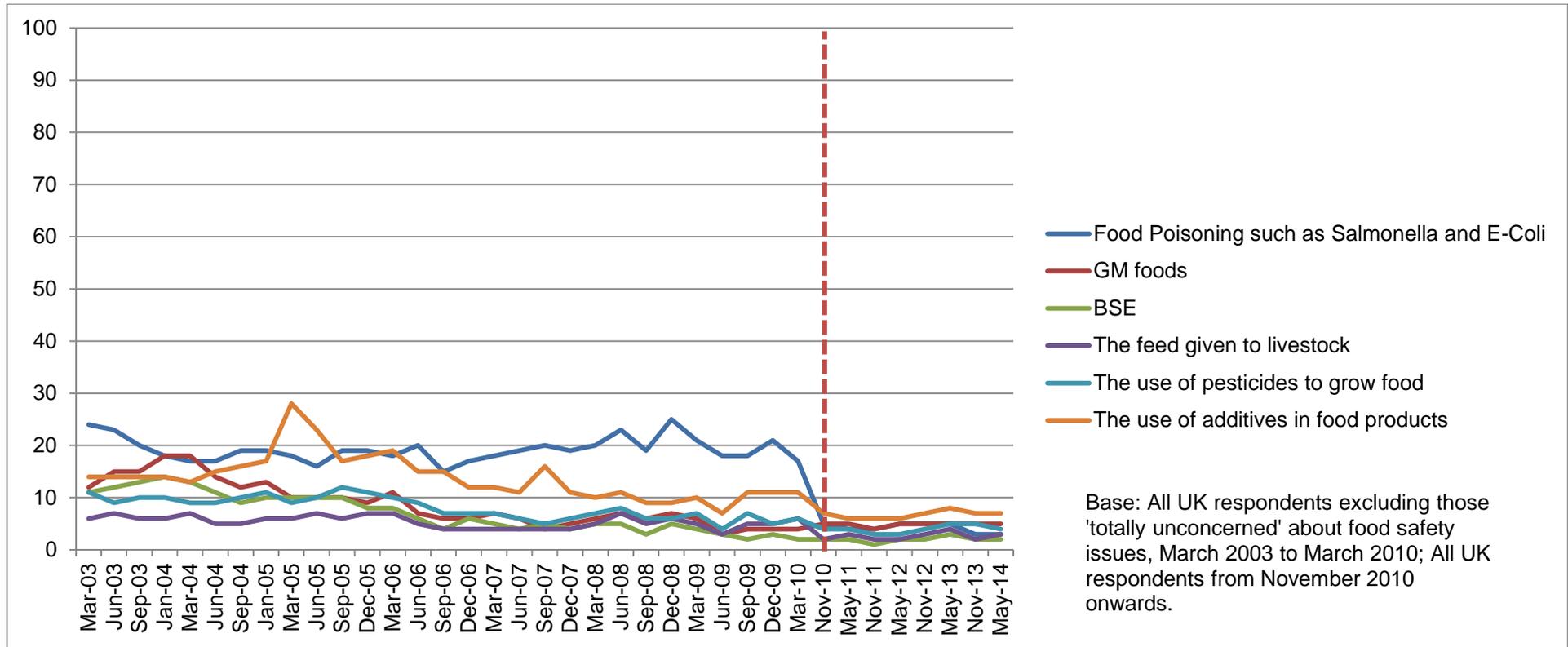
²⁸ These food safety issues have been tracked since March 2001. Caution should be applied when interpreting this data. The food issues question has changed several times since the tracker started in March 2001. Please contact us for further details on the cautions surrounding this data.

Total concern for food safety issues (Sept 2009 – May 2014) ²⁹



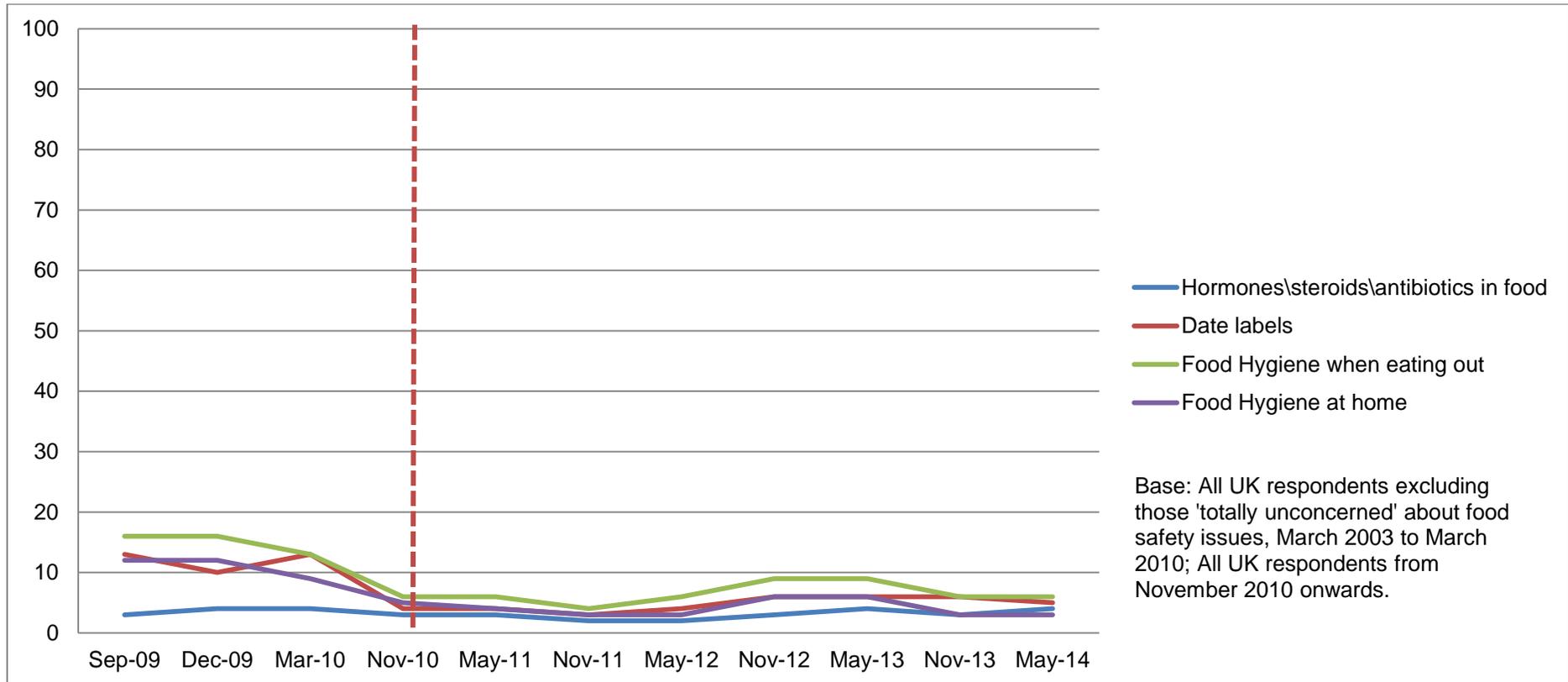
²⁹ These food safety issues have been tracked since September 2009. Caution should be applied when interpreting this data. The food issues question has changed several times since the tracker started in March 2001. The respondent base has also changed. Please contact us for further details on the cautions surrounding this data.

Spontaneous concern for food safety issues (March 2003 - May 2014)³⁰



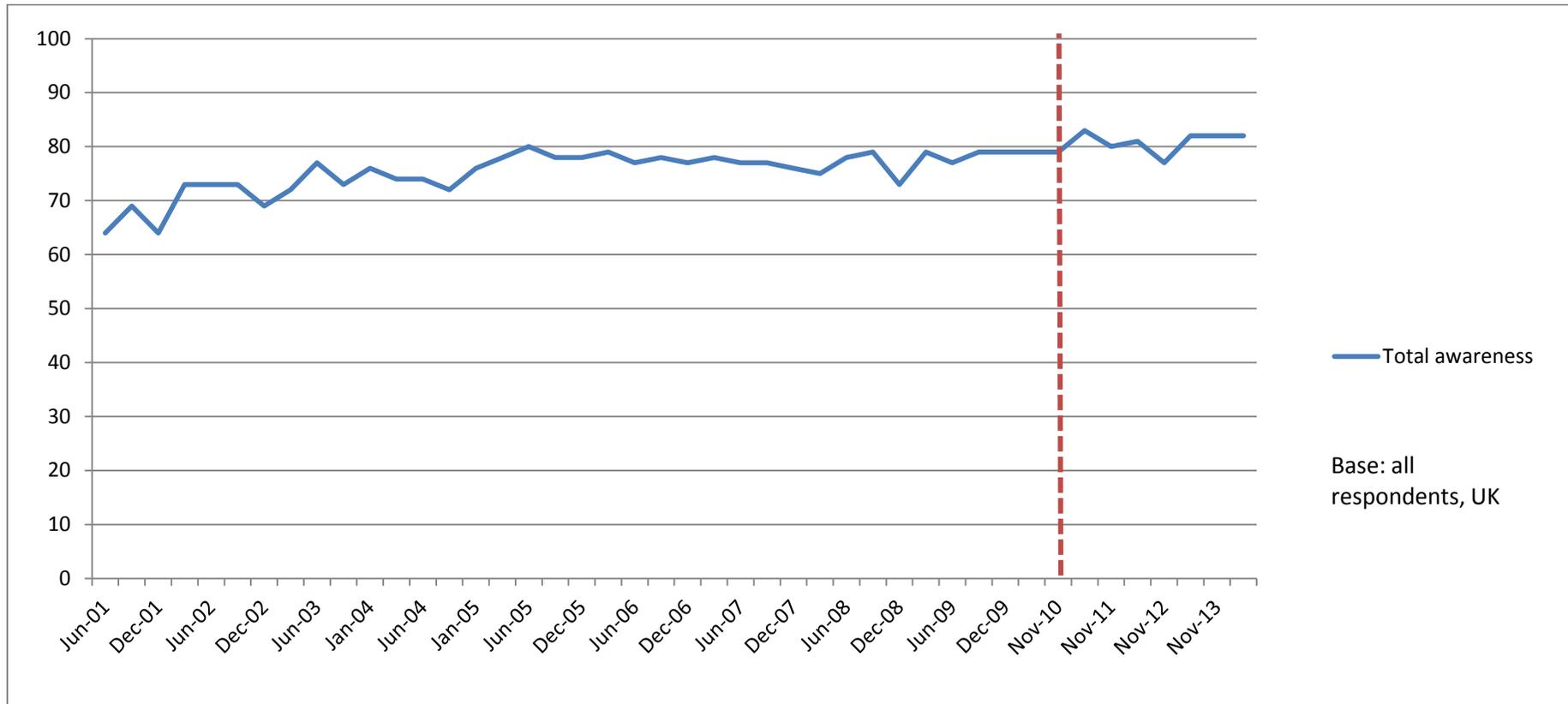
³⁰ These food safety issues have been tracked since March 2003. Caution should be applied when interpreting this data. Please contact us for further details on the cautions surrounding this data.

Spontaneous concern for food safety issues (Sept 2009 – May 2014) ³¹



³¹ These food safety issues have been tracked since September 2009. Caution should be applied when interpreting this data. The food issues question has changed several times since the tracker started in March 2001. Please contact us for further details on the cautions surrounding this data.

Awareness of FSA (June 2001 - Nov 2014)³²



³² Caution should be applied when interpreting this data. The awareness question has changed several times since the tracker started in March 2001. Please contact us for further details on the cautions surrounding this data.