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# Biannual Public Attitudes Tracker

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Wave 6, May 2013

Food Standards Agency

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Social Science Research Unit

July 2013

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## Executive summary

The Food Standards Agency (FSA or Agency) places ten questions on the TNS<sup>1</sup> 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 10 May – 26 May 2013 and a representative sample of 2581 adults in the UK was interviewed.

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

### Key findings

- The top two food safety issues of total (spontaneous plus prompted) concern for respondents were food hygiene when eating out (40%) and food poisoning (30%). Total concern about food hygiene when eating out has increased slightly by between 3-5 percentage points compared to most previous waves.
- The top other food issues of total (spontaneous plus prompted) concern were food prices (59%), the amount of salt in food (47%) and food waste (44%). Whilst the Tracker does not specifically ask about horsemeat, a small proportion of respondents (5%) spontaneously reported horsemeat as a food issue of concern in this wave.
- Concern about food safety in UK restaurants, pubs, cafes and takeaways (52%) has remained unchanged. However, concern about food safety in UK shops and supermarkets (52%) increased in this wave compared to all previous waves (44-46%, Nov 2010 – Nov 2012).

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<sup>1</sup> [www.tnsglobal.com](http://www.tnsglobal.com)

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

- 82% 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 was the general appearance of premises (60%) and the appearance of staff (48%).
- 40% of respondents reported hygiene certificates, and 25% reported hygiene stickers, as ways of knowing about hygiene standards. Both these figures have been steadily increasing since Wave 1 (29% and 12% respectively in Nov 2010).
- Awareness of the Food Hygiene Rating Scheme (FHRS) has continued to increase in this wave. A third (34%) of respondents in England, Wales and Northern Ireland reported being aware of the FHRS (21-30%, Nov 2011 – Nov 2012) and 57% said they had seen the FHRS certificate and/or sticker before (50%, Nov 2012).
- Awareness of Food Hygiene Information Scheme (FHIS) is more mixed. 11% of respondents in Scotland reported being aware of the FHIS which is similar to the previous two waves. However, 45% said they had seen the FHIS certificate and/or sticker before, an increase compared to the previous wave (32% in Nov 2012).
- 82% of respondents reported being aware of the FSA. This is similar to most previous waves of the Tracker. The main issue respondents reported the FSA to be responsible for was ensuring food bought is safe to eat (86%).
- 56% of respondents said they trusted, and only 12% said they distrusted, the FSA to do its job. Compared to all previous waves of the Tracker trust has decreased (62-66% between Nov 2010 – Nov 2012) whilst distrust has increased (5-7% between Nov 2010 – Nov 2012).

## **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: concern about specific food issues, attitudes towards particular 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 6 of the redeveloped Tracker. The fieldwork period for this wave of research was 10 May – 26 May 2013 and a representative sample of 2581 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 and reported at the 95% confidence level.<sup>3</sup> 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

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<sup>3</sup> 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 a range of other socio-demographic groups, are available on request.

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 what issues are important to respondents when provided with a number of different response options to select from.

On 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 mostly 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

[rosanna.mann@foodstandards.gsi.gov.uk](mailto:rosanna.mann@foodstandards.gsi.gov.uk)

## 2. Concern about food issues

### Key findings

- The top two food safety issues of total concern were food hygiene when eating out (40%) and food poisoning (30%).
- Other food issues of total concern include food prices (59%), the amount of salt in food (47%) and food waste (44%). Whilst the Tracker does not specifically ask about horsemeat, a small proportion of respondents (5%) spontaneously reported horsemeat as a food issue of concern in this wave.
- Looking across the time series data since Nov 2010, total concern about food hygiene has risen slightly in this wave (40% compared to 35-37% in previous waves).

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 were concerned about and then asked to select food issues of concern from prompted lists, which included food safety issues.

### 2.1 Food safety issues of concern

Looking at total (spontaneous plus prompted) responses, the top<sup>4</sup> food safety issues of concern were food hygiene when eating out (40%), food poisoning (30%), date labels (28%), the use of additives (27%) and the use of pesticides (25%).<sup>5</sup> 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.<sup>6</sup>

The top food safety concerns spontaneously mentioned by respondents were

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<sup>4</sup> 'Top' refers to the most mentioned food issues of concern reported by respondents (total or spontaneous responses). Differences are reported for these issues only unless otherwise stated.

<sup>5</sup> Average number of total concern responses: Wave 1 (3.50), Wave 2 (3.55), Wave 3 (3.46), Wave 4 (3.41), Wave 5 (3.28), Wave 6 (3.58).

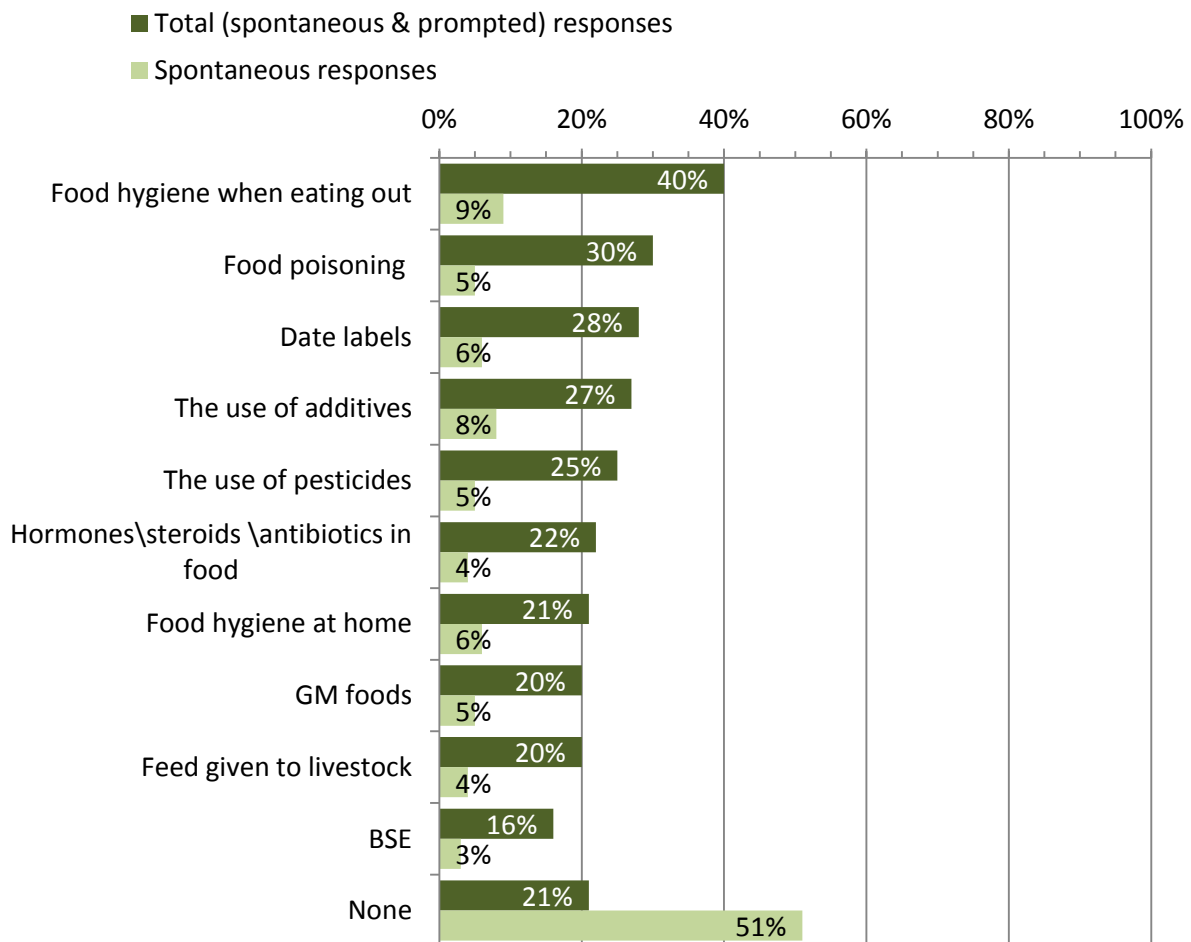
<sup>6</sup> Average number of spontaneous concern responses: Wave 1 (2.79), Wave 2 (2.66), Wave 3 (2.41), Wave 4 (2.48), Wave 5 (3.00), Wave 6 (3.21).



food hygiene when eating out (9%), the use of additives (8%), date labels (6%), food hygiene at home (6%), food poisoning (5%) and the use of pesticides (5%) and genetically modified foods (5%). See Figure 1 for further detail.

An interesting point of comparison when looking across the top food safety issues is that total concern about food hygiene when eating out (40%) is approximately twice as high as concern about food hygiene in the home (21%). Also interesting to note is the relatively high proportion of respondents who reported no food safety issues of concern (21% for total concern and 51% for spontaneous concern).

**Figure 1: Reported concern about food safety issues (May 2013)**



Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069-2141)

Looking across the time series data for the top food safety issues of concern, total concern about food hygiene (40%) has risen slightly in this wave, increasing by 3-5 percentage points compared to Wave 1,2,3 and 5 (between 35-37%). Spontaneous concern has also seen a small increase in recent waves, with the level reported in both Wave 5 (9%) and 6 (9%) being higher than that reported in Waves 1-4 (4-6%). See Figure 2 for further detail.

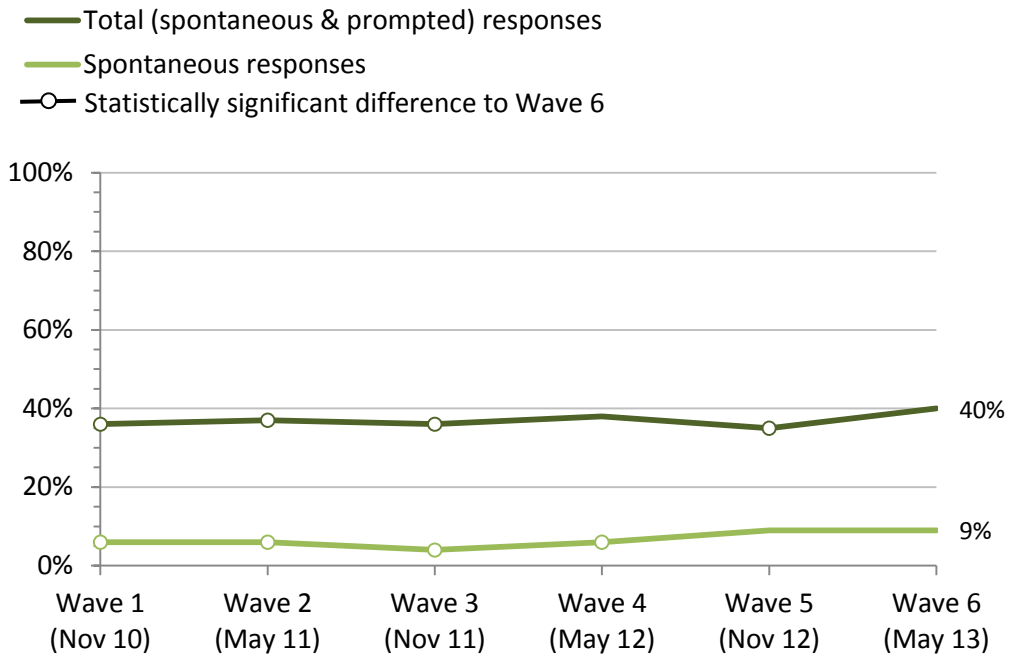
There has also been some change in reported concern about date labels across the time series data. Spontaneous concern increased by 3-4 percentage points in Wave 5 (6%) compared to Wave 1-4 (3-4%) and has remained at this level in Wave 6 (6%). However, less change is apparent in total concern about date labels across waves with the level of concern in Wave 6 (28%) being similar to that reported in Waves 2, 4 and 5. See Figure 3 for further detail.

Some fluctuations<sup>7</sup> over the time series are apparent for total concern about food poisoning, the use of additives and the use of pesticides but there has been no overall increase or decrease over time. See Annex D for time series data on all the top food safety issues of concern.

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<sup>7</sup> This is where there were significant increases or decreases between one wave and the next, but these changes are not significantly different to all other waves.

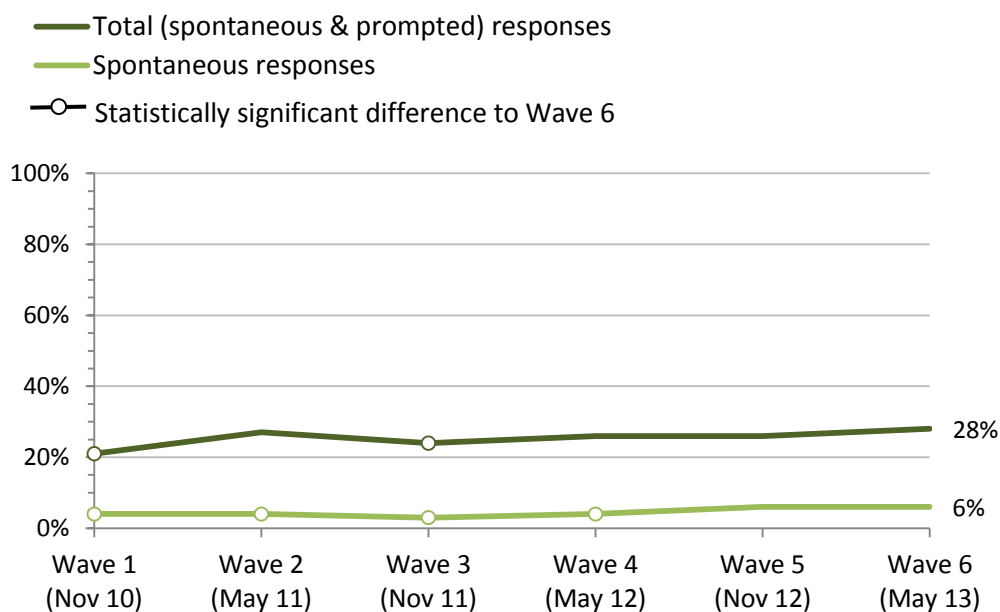
**Figure 2: Reported concern about food hygiene when eating out (Nov 2010 - May 2013)**



Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069-2141)

**Figure 3: Reported concern about date labels (Nov 2010 - May 2013)**



Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069-2141)

Some differences in levels of concern about food safety issues were also apparent across different socio-demographic groups. Groups that were *more likely* to report total concern about food safety issues included:

- **Women:** food hygiene when eating out (44% compared to 36% of men), food poisoning (34% compared to 25%), use of additives (32% compared to 22%) and the use of pesticides (28% compared to 22%).
- **Respondents in Northern Ireland:** use of additives (48% compared to 23-27% of respondents in England, Wales and Scotland) and the use of pesticides (36% compared to 21-25%).
- **Minority ethnic respondents:** about food hygiene when eating out (48% compared to 39% of White respondents) and date labels (37% compared to 26%).
- **Social grade AB<sup>8</sup> respondents:** use of additives (38% compared to 22-27% for all other social grades).
- **Children in the household:** use of pesticides (26% compared to 22% for respondents without children in the household).

Respondents who, in general, were *less likely* to report total concern about food safety issues included:

- **Respondents aged 16-25 and 26-35:** use of additives (12% and 22% compared to 29-35% for all other age groups) and the use of pesticides (13% and 16% compared to 27-36%).

Looking across the time series data, women have been consistently more likely to report higher total concern about food safety issues than men. In contrast, this is the first wave in which respondents with children in the household have reported higher levels of total concern about pesticides compared to respondents without children in the household. Differences between all other socio-demographic groups were apparent in some, but not all, previous waves.

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<sup>8</sup> 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 Other food issues of concern

As the FSA offices in the devolved nations (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 other food issues than were reported for food safety issues. The top<sup>9</sup> other food issues of total (spontaneous plus prompted) concern were food prices (59%), the amount of salt in food (47%), food waste (44%), the amount of fat in food (43%), the amount of sugar in food (43%) and the amount of saturated fat in food (41%).<sup>10</sup> See Figure 4 for further detail.

As for food safety issues, only a small proportion of respondents spontaneously mentioned they were concerned about other food issues compared with total concern. The top other food issues of spontaneous concern were food prices (16%), the amount of salt in food (10%), the amount of fat in food (10%), the amount of sugar in food (9%), the amount of saturated fat in food (7%) and food waste (6%).<sup>11</sup> See Figure 4 for further detail.

Whilst the Tracker does not specifically ask about horsemeat, a small proportion of respondents (5%) spontaneously reported horsemeat as a food issue of concern in this wave.

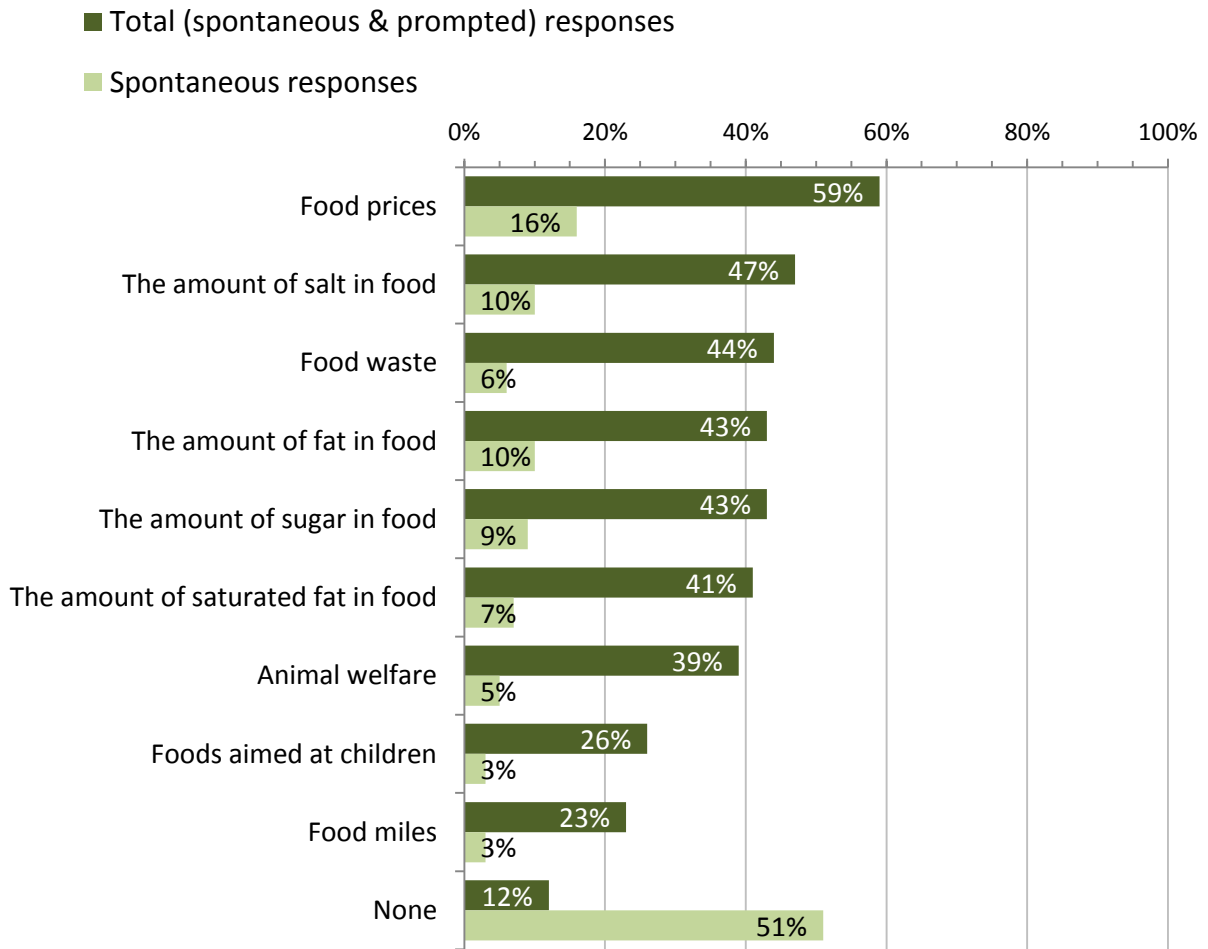
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<sup>9</sup>'Top' refers to the most mentioned food issues of concern reported by respondents (total or spontaneous responses). Differences are reported for these issues only unless otherwise stated.

<sup>10</sup> 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)

<sup>11</sup> Average number of spontaneous concern responses for other food issues: Wave 1 (2.79), Wave 2 (2.66), Wave 3 (2.41), Wave 4 (2.46), Wave 5 (3.00), Wave 6 (3.21)

**Figure 4: Reported concern about other food issues (May 2013)**



Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069-2141)

Looking across waves, total concern about food prices saw a modest increase of 5 percentage points between Wave 1 (54%, Nov 2010) and Wave 2 (61%, May 2011), but has remained largely constant since then. There was also a spike<sup>12</sup> in spontaneous concern about food prices in Wave 5 (22%, Nov 2012), with spontaneous concern being 7-8 percentage points higher than all other waves (between 14-15%). See Figure 5 for further detail.

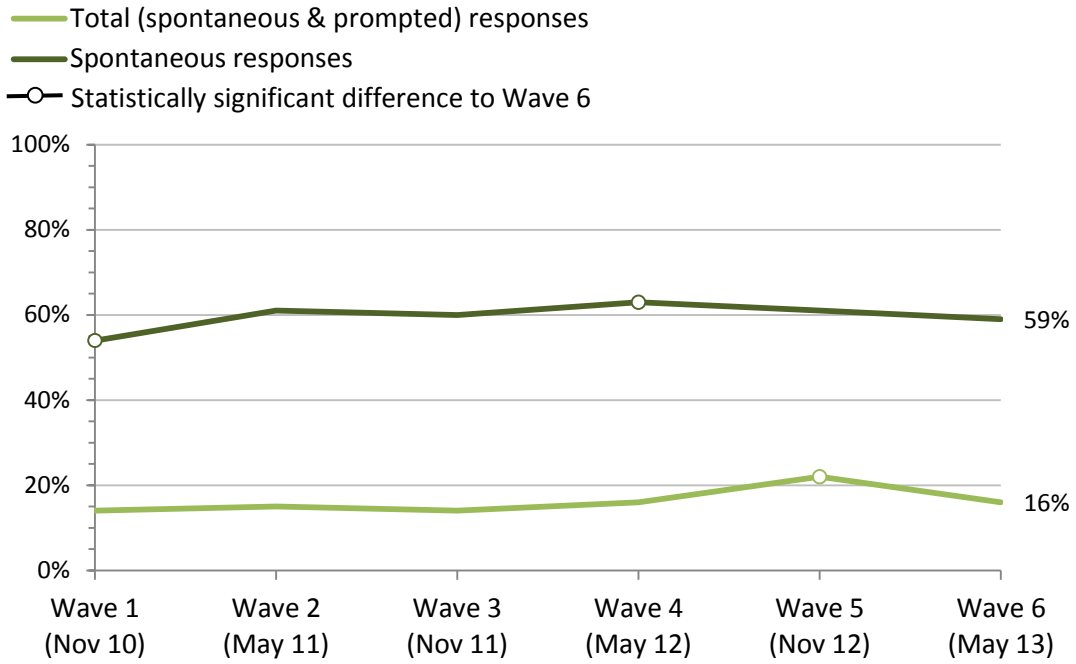
There has been some change across the time series in reported concern about the amount of sugar in food. Spontaneous concern has increased slightly in this wave (9%) by 2-5 percentage points compared to Waves 1-4 (5-7%), but is at the same level as Wave 5. It is also interesting to note a seasonal fluctuation in total concern about the amount of sugar in food, with the level of concern being generally slightly higher in the May waves than the November waves. See Figure 6 for further detail.

Total concern about food waste, the amount of salt in food, the amount of fat in food and the amount of saturated fat in food has seen some fluctuations across waves but there has been no overall increase or decrease over time. However, spontaneous concern did slightly increase (by 2-3 percentage points) for all of these issues in Wave 5 (Nov 2012) and has remained at this higher level in the current wave (May 2013). See Annex D for time series data on all top other food issues of concern.

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<sup>12</sup> This is where there was a significant increase compared to all previous waves but only for one wave with the figure falling to the original level in the following wave.

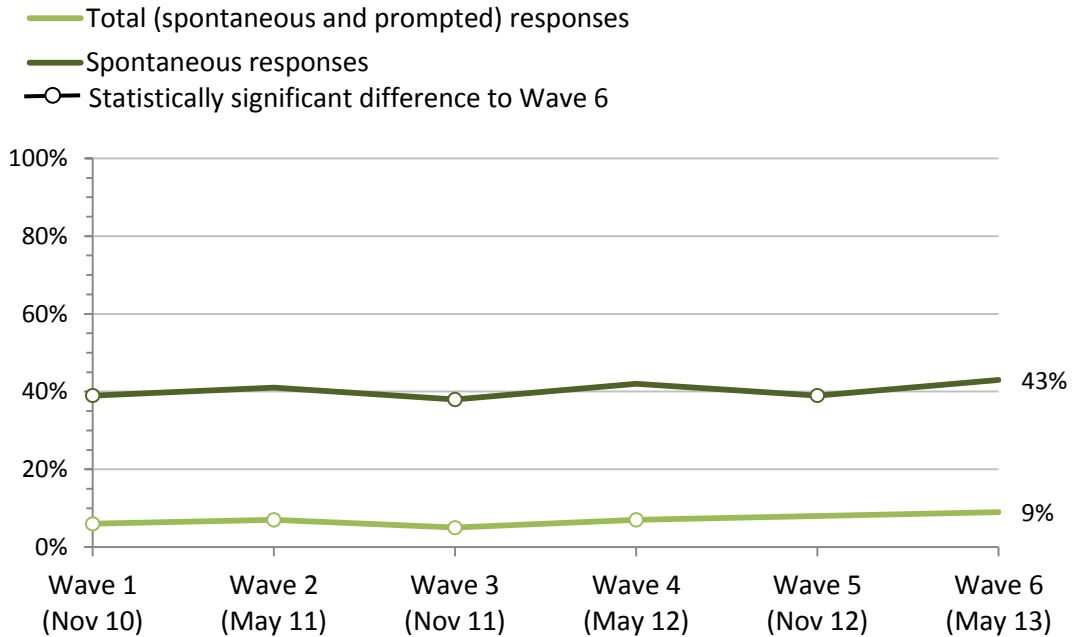
**Figure 5: Reported concern about food prices (Nov 2010 - May 2013)**



Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069-2141)

**Figure 6: Reported concern about the amount of sugar in food (Nov 2010 - May 2013)**



Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069 - 2141)



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

- **Women:** food prices (62% compared to 56% of men), amount of salt in food (51% compared to 43%), food waste (48% compared to 40%), amount of fat in food (48% compared to 39%), amount of sugar in food (49% compared to 37%), amount of saturated fat in food (44% compared to 38%).
- **Respondents aged 50-65:** amount of salt in food (57% compared to 28-49% for all other age groups), the amount of fat in food (54% compared to 39-46%) and food waste (54% compared to 32-48%).
- **Respondents in Northern Ireland:** amount of saturated fat in food (55% compared to 33-42% of respondents in England, Wales and Scotland).
- **Minority ethnic respondents:** food prices (65% compared to 58% for White respondents).
- **Social grade AB<sup>13</sup> respondents:** amount of sugar in food (52% compared to 37-44% for all other social grades).

As with food safety issues, respondents who were *less likely* to report total concern about other food issues included:

- **Respondents aged 16-25:** amount of salt in food (28% compared to 47-57% for all other age groups), the amount of fat in food (29% compared to 39-54%), the amount of sugar in food (23% compared to 39-53%) and the amount of saturated fat in food (29% compared to 38-50%).

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

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

### 3. Concern about food safety in food outlets

#### Key findings

- 52% reported being concerned about food safety in UK restaurants, pubs, cafes and takeaways.
- 52% reported being concerned about food safety in UK shops and supermarkets. This is an increase compared to all previous waves of the Tracker.

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 6, 52% of respondents reported being concerned<sup>14</sup> about the safety of food sold in UK restaurants, pubs, cafés and takeaways (25% reported being unconcerned<sup>15</sup>). Concern has increased compared to the previous wave of the Tracker (49%, Nov 2012), but is not statistically different to Wave 1-4 (Nov 2010 – May 2012).

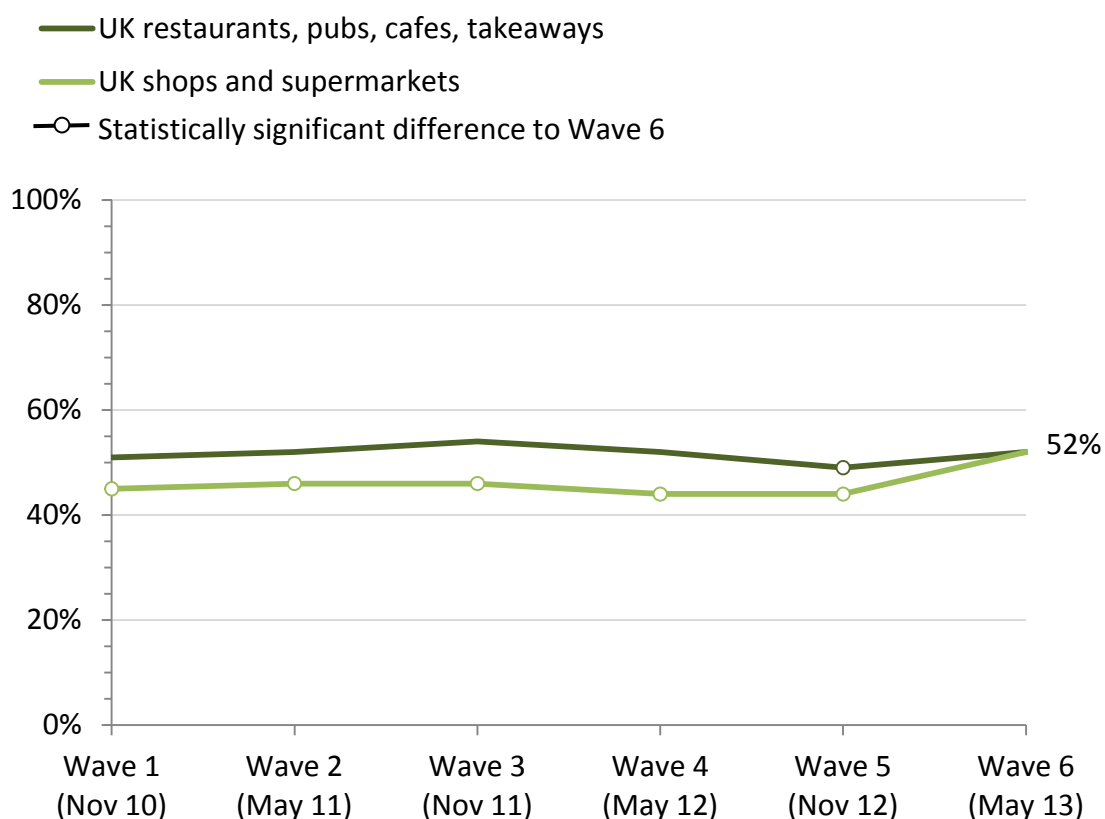
The proportion of respondents reporting being concerned about the safety of food sold in UK shops and supermarkets was also 52% in this wave (28% reported being unconcerned). This is an increase compared to all previous waves of the Tracker (between 44-46%, Nov 2010 – Nov 2012). For the first time, this puts the level of concern about the safety of food sold in UK shops and supermarkets, and UK restaurants, pubs, cafes and takeaways at the same level. See Figure 7 for more detail.

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<sup>14</sup> Figure based on net of respondents who reported being 'very concerned' or 'fairly concerned', here and throughout the rest of the chapter.

<sup>15</sup> Figure based on net of respondents who reported being 'very unconcerned' or 'fairly unconcerned', here and throughout the rest of the chapter.

**Figure 7: Concern about food safety in UK food outlets (Nov 2010 - May 2013)**



Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069 - 2141)

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 (57% compared to 48% of men) and safety of food sold in UK shops and supermarkets (57% compared to 46%).
- **Respondents aged 50-65:** safety of food sold in UK restaurants, pubs, cafés and takeaways (59% compared to 44-53% of all other age groups).
- **Respondents in Northern Ireland:** safety of food sold in restaurants, pubs, cafés and takeaways (65% compared to 46-53% in England,

Wales and Scotland) and safety of food sold in UK shops and supermarkets (64% compared to 47-52%).

- **Minority ethnic respondents:** safety of food sold in UK restaurants, pubs, cafés and takeaways (60% compared to 51% of White respondents) and safety of food sold in UK shops and supermarkets (62% compared to 50%).
- **No children in the household:** safety of food sold in restaurants, pubs, cafés and takeaways (54% compared to 49% of respondents with children in their household).

Respondents who were generally *less likely* to be concerned about these issues included:

- **Respondents aged 16-25:** safety of food sold in restaurants, pubs, cafés and takeaways (44% compared to 52-59% for all other age groups), and safety of food sold in UK shops and supermarkets (43% compared to 52-55%).

Looking across time series data, similar differences by gender and ethnicity were apparent in all previous waves. However, this was the first wave where respondents in Northern Ireland reported higher levels of concern about the safety of food in UK shops and supermarkets. This was also the first wave where respondents aged 50-65, and respondents without children in the household, reported higher levels of concern about the food sold in UK restaurants, pubs, cafés and takeaways. Differences between all other socio-demographic groups were apparent in some, but not all, previous waves.

## 4. Awareness of hygiene standards

### Key findings

- 82% reported being aware of the hygiene standards in places they eat out at or buy food from.
- The main ways respondents reported being aware of hygiene standards were the general appearance of the premises (60%) and the appearance of staff (48%).
- 40% reported hygiene certificates, and 25% reported hygiene stickers, as ways of knowing about hygiene standards. Both of these figures have been steadily increasing since Wave 1.

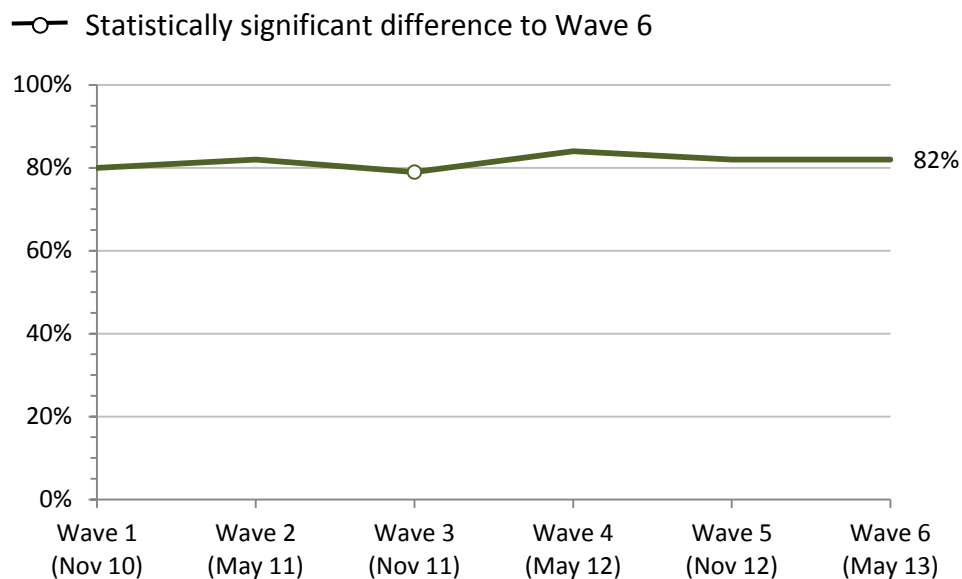
The Agency has a strategic objective to ensure consumers have the information and understanding to make informed choices about where and what they eat. To help monitor performance against this objective the Tracker asks a number of questions on awareness of hygiene standards in places respondents eat out at or buy food from.

Four-fifths of respondents (82%) reported being aware<sup>16</sup> 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 Wave 3 where reported awareness was slightly lower (79%, Nov 2011). See Figure 8 for further detail.

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<sup>16</sup> 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 8: Awareness of hygiene standards in places respondents eat out at or buy food from (Nov 2010 - May 2013)**



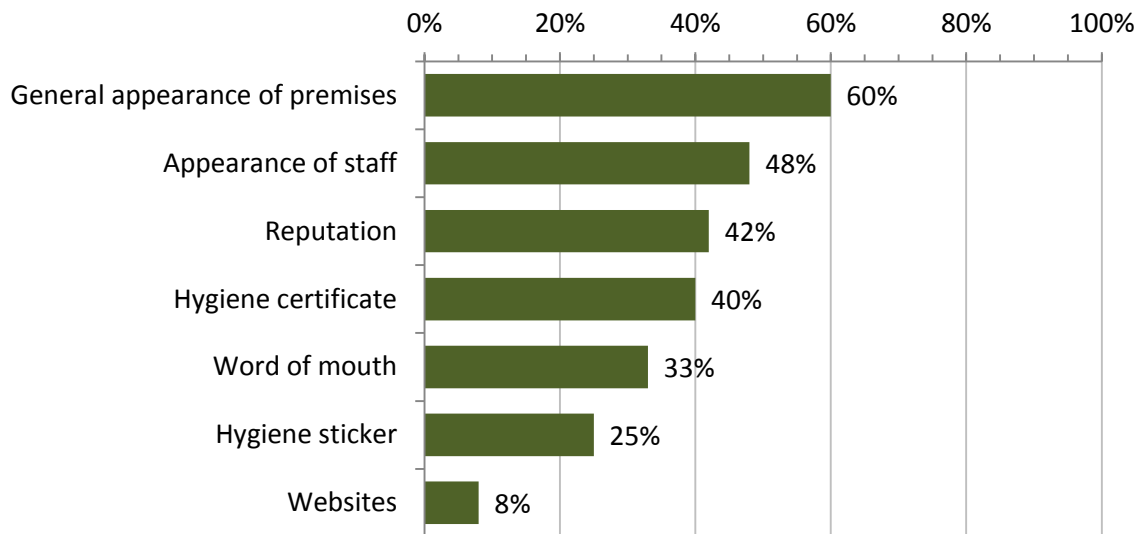
Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1- W5: 2069-2141)

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 respondents reported being aware were from the general appearance of the premises (60%) and the appearance of staff (48%) (see Figure 9)<sup>17</sup>. These were also the most frequently reported methods in all previous waves (Nov 2010- Nov 2012).

<sup>17</sup> 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)

**Figure 9: Ways respondents reported being aware of hygiene standards (May 2013)**

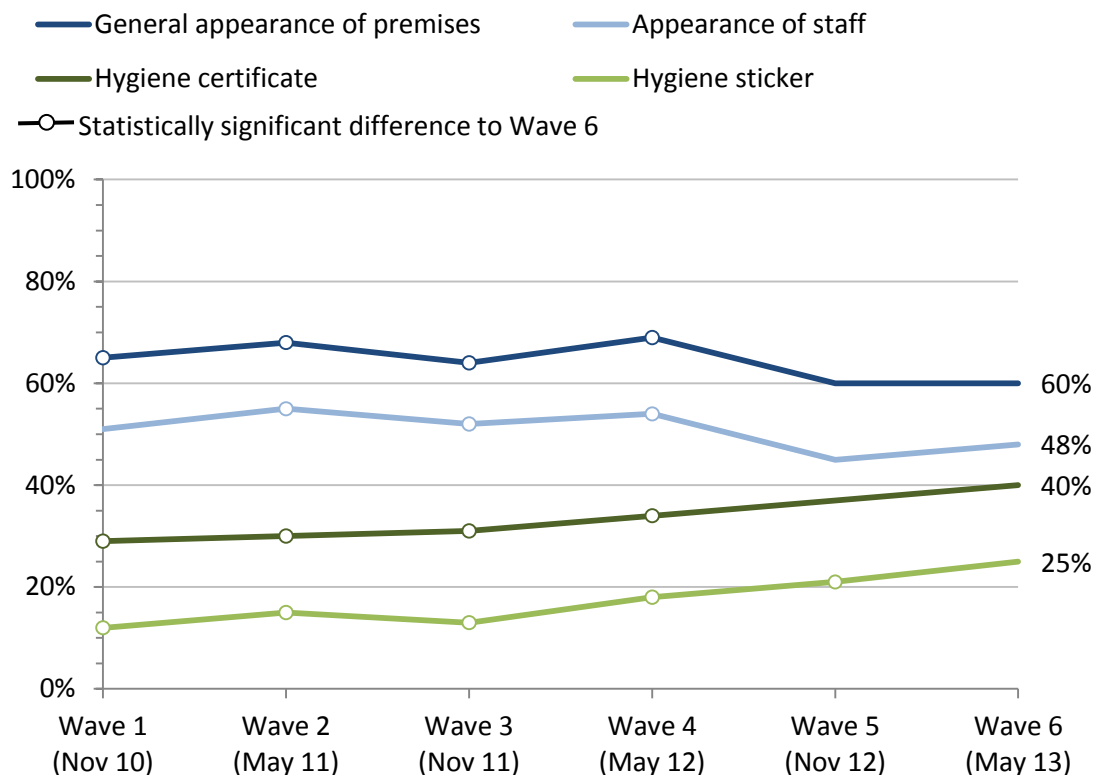


Base: All respondents who reported being aware of the standards of hygiene when they buy food, UK  
Weighted base (1638), Unweighted base (2121)

Looking at reported ways of being aware of hygiene standards across the time series data, there was a slight decrease in Wave 5 in the proportion of respondents reporting they used the general appearance of the premises and the appearance of staff compared to previous waves of the Tracker (November 2010- May 2012). This lower level has remained constant in Wave 6. See Figure 10 for further detail.

In contrast, the proportion of respondents reporting they would know about hygiene standards through the use of hygiene certificates and hygiene stickers has been steadily increasing since Wave 1 (Nov 2010). In this wave of the Tracker, 40% of respondents reported knowing about hygiene standards through the use of hygiene certificates compared to 34% in Wave 4 (May 2012) and 29% in Wave 1 (Nov 2010). A quarter of respondents (25%) reported hygiene stickers in this wave as a way of knowing about hygiene standards compared to 21% in the previous wave (Nov 2012) and 12% in Wave 1 (Nov 2010). See Figure 10 for further detail.

**Figure 10: Ways of knowing about the hygiene standards of places respondents eat at or buy food from (Nov 2010 – May 2013)**



Base: All respondents who reported being aware of hygiene standards when they buy food, UK Weighted base (W6: 1638, W1 - W 5: 1589 - 1676), Unweighted base (W6: 2121, W1 - W5: 1638-1787)

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

- **Women:** 85% compared to 78% of men.

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 over all previous waves.

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



- **Respondents in Northern Ireland:** use of hygiene certificates (57% compared to respondents in England (40%), Wales (41%) and Scotland (27%)) and hygiene stickers (52% compared to respondents in England (25%), Wales (28%) and Scotland (18%).
- **Children in household:** use of hygiene certificates (45% compared to 28% of respondents without children in their household) and hygiene stickers (37% compared to 24%).

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 39-48% of all other age groups) and hygiene stickers (14% compared to 26-30%).

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 previous waves, which meant statistical testing between countries was ineligible, it is not possible to compare country differences over the time series data.

## 5. Awareness of initiatives or schemes concerning hygiene standards

### Key findings

- 28% reported being aware of **any** hygiene initiatives or schemes.
- Awareness of the FHRS has continued to increase; 34% in England, Wales and Northern Ireland were aware of the FHRS in this wave (21-30%, Nov 2011-Nov 2012) and 57% has seen the FHRS certificate and / or sticker before (50%, Nov 2012).
- In Scotland, 11% of respondents were aware of the FHIS which is similar to the previous two waves, while awareness of the FHIS certificate and / or sticker (45%) has increased compared to the previous wave (32%, Nov 2012).

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 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'<sup>18</sup>. The FHRS for England, Wales and Northern Ireland, and the FHIS for Scotland, are FSA / local authority partnership initiatives for providing consumers with information about hygiene standards in food premises at the time they are inspected. The FHRS was launched in November 2010 and the FHIS has been operating in some parts of Scotland since 2006.

As well as the FHRS rating and FHIS inspection results being published by the FSA on-line<sup>19</sup>, for each scheme a certificate and/or sticker are provided for

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<sup>18</sup> 'Scores on the Doors' is the name used for the majority of 'local' schemes that previously operated in the UK.

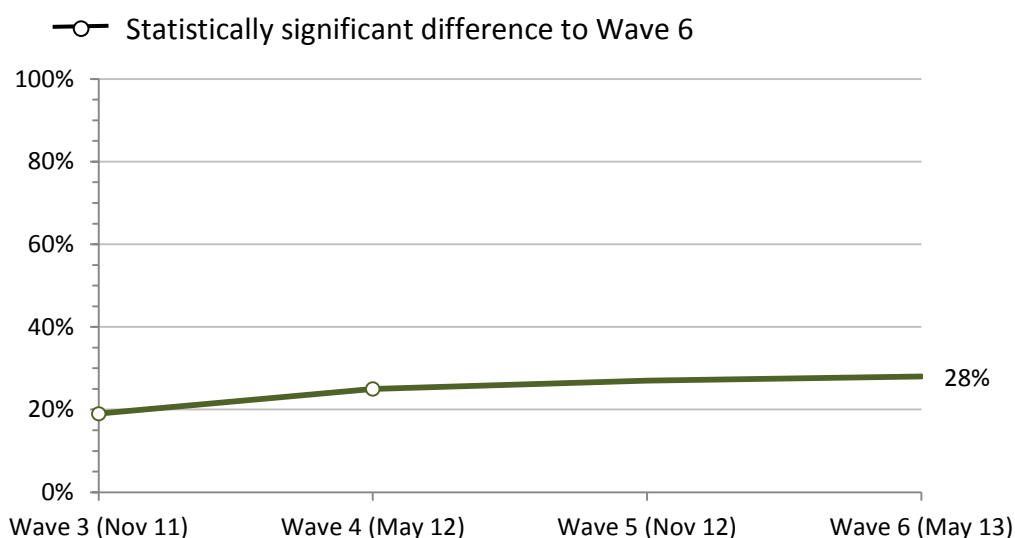
<sup>19</sup> [www.food.gov.uk/ratings](http://www.food.gov.uk/ratings)

businesses to display at their premises. In Wave 5 an additional question was added to the survey to explore whether respondents had seen the sticker and/or certificate for the FHRS and FHIS before.

### 5.1 Awareness of any hygiene initiatives or schemes

In this wave, 28% 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. This figure is similar to the previous wave (27%, Nov 2012) but has increased compared to Wave 3 (19%, Nov 2011) and Wave 4 (25%, May 2012). See Figure 11 for further detail.

**Figure 11: Awareness of any hygiene initiatives or schemes (Nov 2011 - May 2013)**



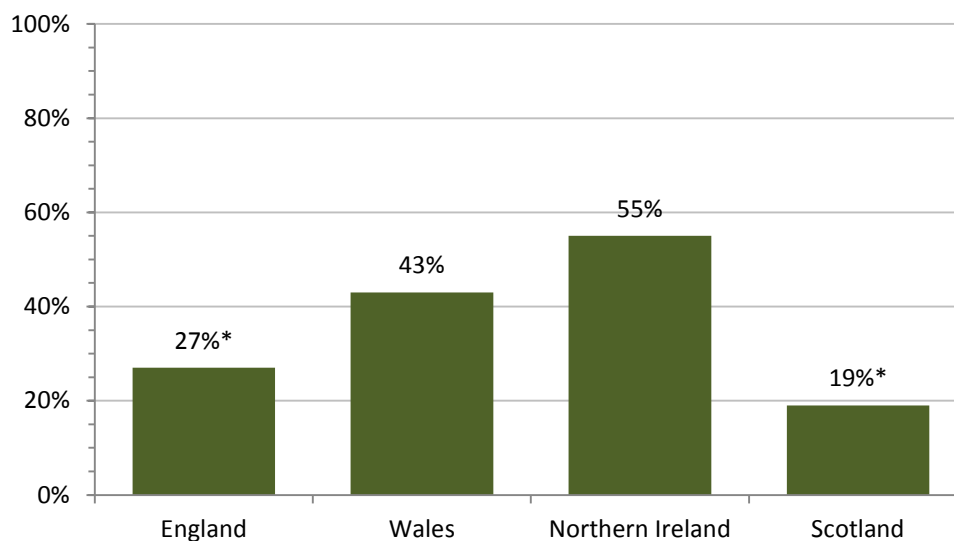
Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1- W5: 2069-2141))

Looking at the breakdown by country, respondents in Scotland (19%) and England (27%) were less likely to report having seen or heard about any hygiene standards initiatives or schemes compared to respondents in Wales (43%) and Northern Ireland (55%). There was no significant difference between respondents in Wales and Northern Ireland in the proportion who said they had seen or heard about any hygiene standards initiatives or schemes. See Figure 12 for further detail.

**Figure 12: Awareness of any hygiene standards initiatives or schemes by country (May 2013)**

\* Statistically significant difference to all other countries



Base: All respondents

England - Weighted base (1694), Unweighted base (1810)

Wales - Weighted base (90), Unweighted base (99)

Northern Ireland - Weighted base (57), Unweighted base (127)

Scotland - Weighted base (159), Unweighted base (545)

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

- **Respondents living in rural areas:** awareness of any scheme (36% compared to 25% of respondents in urban areas).
- **White respondents:** awareness of any scheme (27% compared to 20% 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 (17% compared to 27-35% compared to all other age groups).

Looking across time series data, similar differences by type of area, ethnicity and age were 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 responses given were the Food Hygiene Star Rating Scheme (26%), The Food Hygiene Award (16%), Scores on the Doors (15%), the Food Hygiene Rating Scheme (14%) and the Food Safety Star Rating Scheme (14%). Spontaneous awareness of these named schemes is at a similar level to most previous waves of the Tracker (Nov 2011 – Nov 2012).<sup>20</sup>

## 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.

Awareness of the FHRS in England, Wales and Northern Ireland has continued to steadily increase; 34% of respondents reported that they had seen or heard about the FHRS in this wave (compared to 21%-30%, Nov 2011 – Nov 2012).<sup>21</sup> See Figure 13 for further detail. Awareness of the FHRS varied between respondents in England, Wales and Northern Ireland, with respondents in Wales (49%) reporting higher awareness of the FHRS compared to respondents in England (33%) and Northern Ireland (41%). See Figure 14 for further detail.

In Scotland, 11% of respondents were aware of the FHIS which is similar to the previous two waves, but there was a significant increase compared to Wave 3 (5%, Nov 2011).<sup>22</sup> See Figure 13 for further detail.

The percentage of all UK respondents who said they had seen or heard of Scores on the Doors increased in this wave (20%) compared to some, but not all, previous waves (Nov 2011-Nov 2012). See Figure 13 for further detail.

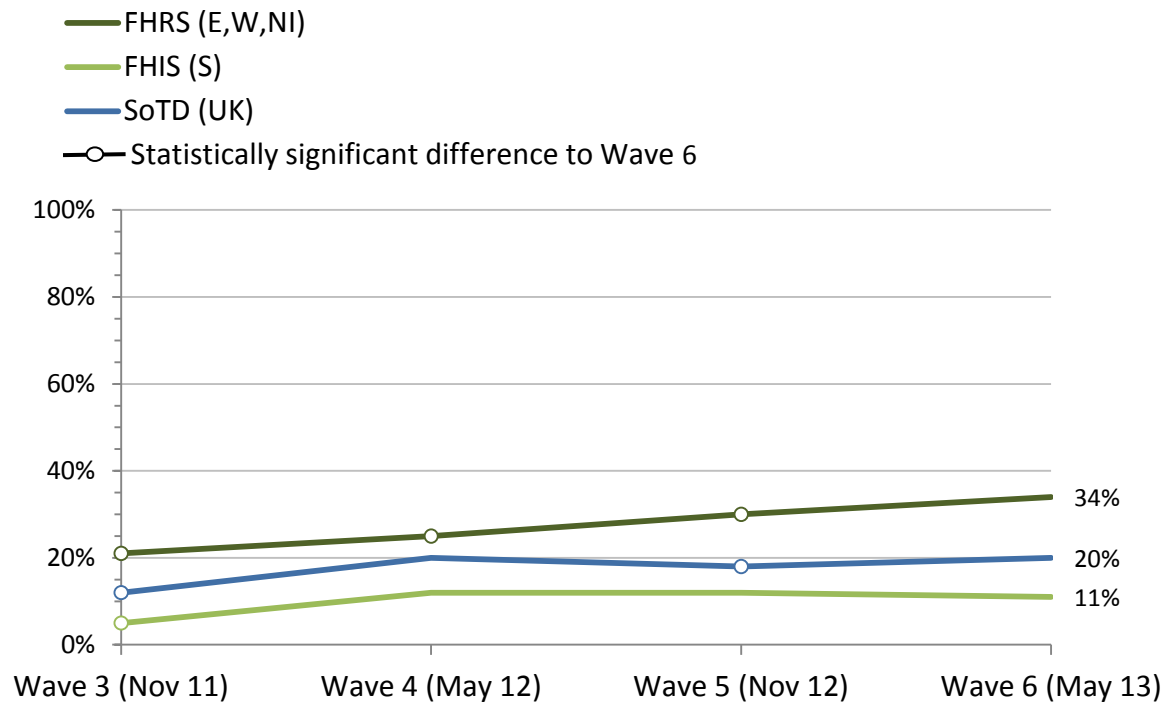
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<sup>20</sup> Average number of spontaneous responses: Wave 3 (1.65), Wave 4 (1.65), Wave 5 (1.79), Wave 6 (1.86)

<sup>21</sup> Average number of prompted and total responses: Wave 3 (1.37), Wave 4 (1.40), Wave 5 (1.36), Wave 6 (1.44).

<sup>22</sup> Average number of prompted and total responses: Wave 3 (1.31), Wave 4 (1.36), Wave 5 (1.30), Wave 6 (1.35)

**Figure 13: Awareness of FHRS / FHIS / SoTD (Nov 2011 - May 2013)**



Base: All respondents

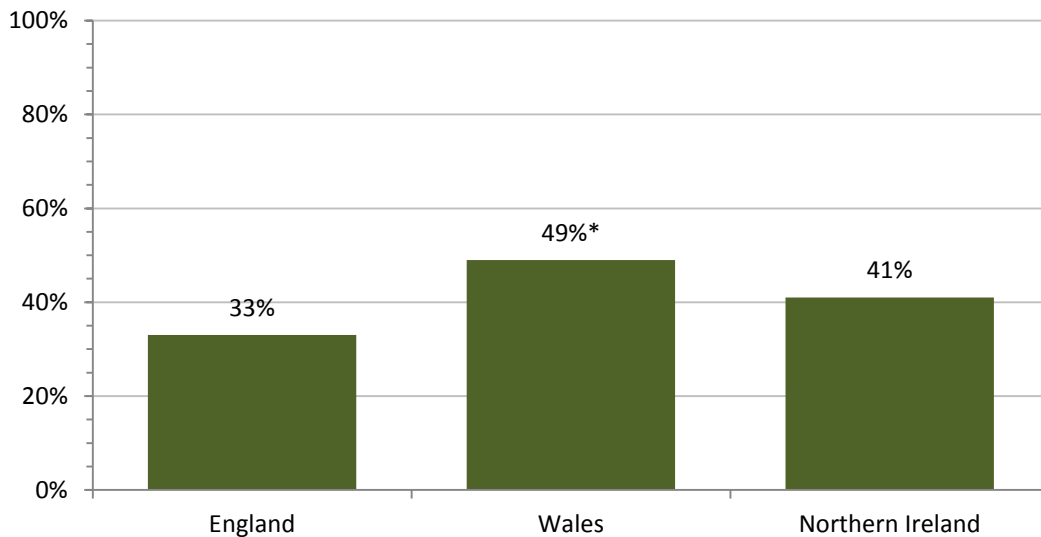
FHRS (E,W,NI): Weighted base (W6: 1841, W3 - W5: 1824-1835), Unweighted base (W6: 2036, W3 - W5: 1884-1961)

FHIS (S): Weighted base (W6: 169, W3 - W5: 165 - 176), Unweighted base ( W6: 545, W3 - W5: 180 - 185)

SoTD (UK): Weighted base (W6: 2000, W3 - W5: 2000), Unweighted base (W6: 2581, W3-W5:2069-2141)

**Figure 14: Awareness of FHRS by country (May 2013)**

\* Statistically significant difference to all other countries



Base: All respondents

England - Weighted base (1694), Unweighted base (1810)

Wales - Weighted base (90), Unweighted base (99)

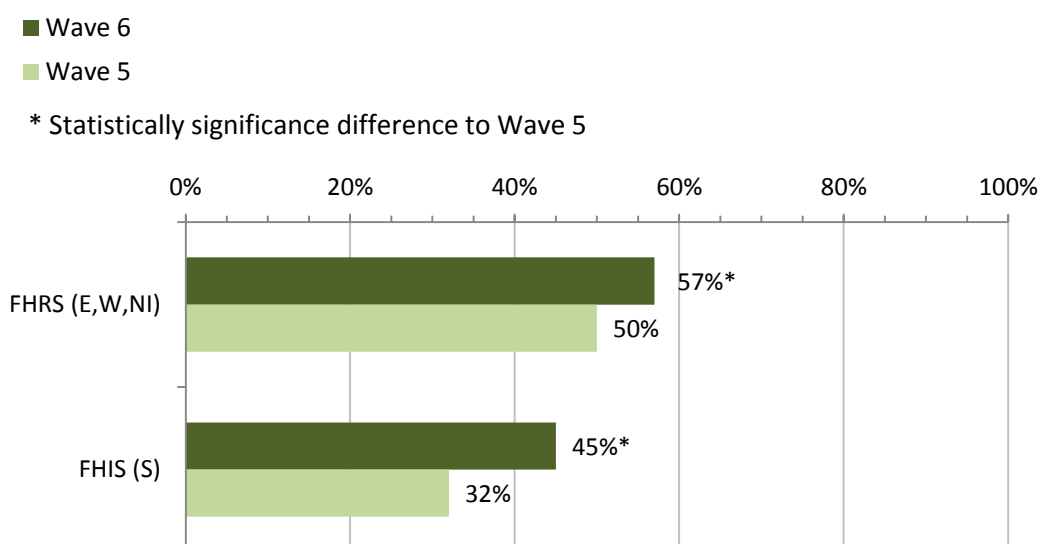
Northern Ireland - Weighted base (57), Unweighted base (127)

Since Wave 5, all respondents in England, Wales and Northern Ireland were asked if they had seen the FHRS certificate and/or sticker, and respondents in Scotland were asked if they had seen the FHIS certificate and/or sticker before.

Amongst respondents in England, Wales and Northern Ireland, 57% reported having seen the FHRS certificate and/or sticker before. This figure has increased compared to the previous wave (50%, Nov 2012). See Figure 15 for further detail. Awareness of the FHRS certificate and/ or sticker also varied between respondents in England, Wales and Northern Ireland. Respondents in England were the least likely to report having seen the FHRS certificate and / or sticker before (56%), followed by respondents in Wales (70%) and then respondents in Northern Ireland (84%) who had the highest awareness of the certificate and/or sticker. See Figure 16 for further detail.

Amongst respondents in Scotland, 45% reported having seen the FHIS certificate and/or sticker before. This is an increase compared to the previous wave (32%, Nov 2012). See Figure 15 for further detail.

**Figure 15: Awareness of FHRS/FHIS certificate and/or sticker (Nov 2012 - May 2013)**



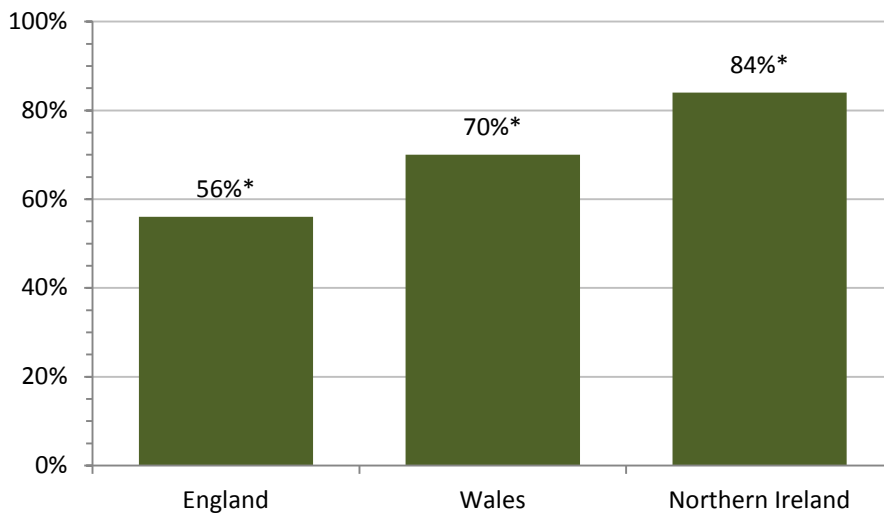
Base: All respondents

FHRS (E, W,NI): Weighted base (W5 - 1824, W6 - 1841), Unweighted base (W5 - 1884, W6 - 2036)

FHIS (S): Weighted base (W5 - 176, W6 - 169), Unweighted base (W5 - 185, W6 - 545)

**Figure 16: Awareness of FHRS certificate and/or sticker by country (May 2013)**

\* Statistically significant difference to all other countries



Base: All respondents

England - Weighted base (1694), Unweighted base (1810)

Wales - Weighted base (90), Unweighted base (99)

Northern Ireland - Weighted base (57), Unweighted base (127)

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

- **Respondents aged 16-25:** seen the FHRS certificate and/or sticker before (75% compared to 31-64% of all other age groups).
- **Respondents living in rural areas:** heard of the FHRS (42% compared to 32% of respondents in urban areas) and seen the FHRS certificate and/or sticker before (62% compared to 56%).
- **White respondents:** heard of the FHRS (36% compared to 29% of minority ethnic respondents).
- **Children in households:** seen the FHRS certificate and/or sticker before (65% compared to 54% of respondents without children in the household).

Groups that were *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 34-41% of all other age groups) and seen the FHRS certificate and/or sticker before (31% compared to 58-61%).
- **Social grade DE<sup>23</sup>:** seen the FHRS certificate and/or sticker before (52% compared to 58-61% of all other social grades).

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

- **Respondents aged 16-25 and 26-35:** seen the FHIS certificate and/or sticker before (63% and 68% respectively compared to 22-45% of all older age groups).
- **Children in the household:** seen the FHIS certificate and/or sticker **before** (56% compared to 38% 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 (22% compared to 34-68% for all other age groups).

This was the first wave that sample sizes were large enough to analyse socio-demographic differences for the FHRS in England, Wales and Northern Ireland and the FHIS in Scotland. Therefore it was not possible to compare socio-demographic differences in FHRS and FHIS awareness across the time series data.

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<sup>23</sup> 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.

## 6. Awareness of and levels of trust in the FSA

### Key findings

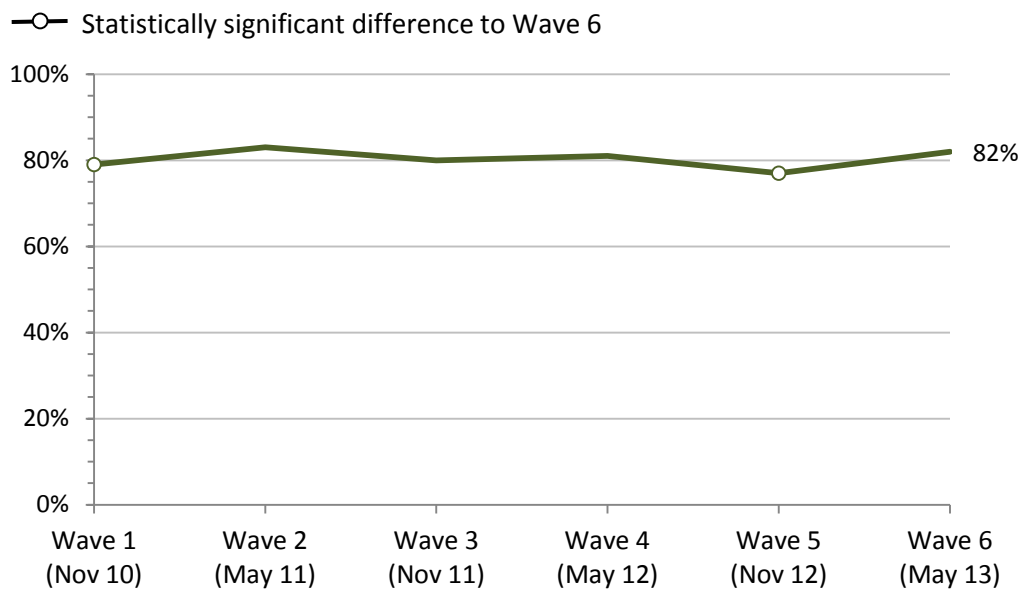
- 82% reported being aware of the FSA. This is similar to most previous waves of the Tracker.
- As in previous waves, the main responsibility of the FSA reported by respondents was ensuring food bought is safe to eat (86%).
- 56% said they trusted, and only 12% said they distrusted, the FSA to do its job. Compared to all previous waves of the Tracker trust has decreased (62-66% between Nov 2010 – Nov 2012) whilst distrust has increased (5-7% between Nov 2010 – Nov 2012).

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

82% of respondents said they were aware of the Food Standards Agency (FSA or Agency) in this wave of the Tracker. Whilst there have been some fluctuations in awareness of the FSA over the time series data, there has been no overall increase or decrease. See Figure 17 for further detail.

**Figure 17: Awareness of the FSA (Nov 2010 - May 2013)**



Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069-2141)

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

- **Respondents aged 36-49 and 50-65:** 86% and 92% of respondents aged 36-49 and 50-65 respectively compared to 71-86% for all other age groups.
- **White respondents:** 85% compared to 64% of minority ethnic respondents.

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

- **Social grade DE<sup>24</sup> respondents:** 71% of respondents in social grade DE compared to 82-90% in all other social grades.

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

<sup>24</sup> 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.

## 6.2 Awareness of the FSA 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.<sup>25</sup>

Looking at total responses (spontaneous plus prompted responses), the main responsibilities reported were: ensuring food is safe to eat (86%), date labels (63%), nutrition labelling (56%), country of origin labelling (54%), promoting and enabling healthy eating and lifestyles (38%) and promoting food safety in the home (33%).<sup>26</sup> See Figure 18 for further detail.

These same responsibilities were also the main ones spontaneously mentioned by respondents. The most frequently reported responsibility spontaneously mentioned by respondents was ensuring the food you buy is safe to eat (53%) followed by date labels (19%), country of origin labelling (17%), nutrition labelling (16%), promoting and enabling healthy eating and lifestyles (11%) and promoting food safety in the home (11%).<sup>27</sup> See Figure 18 for further detail.

Whilst the Tracker does not specifically ask about horsemeat, a small proportion of respondents (1%) spontaneously said that horsemeat / fraud was an FSA responsibility in this wave.

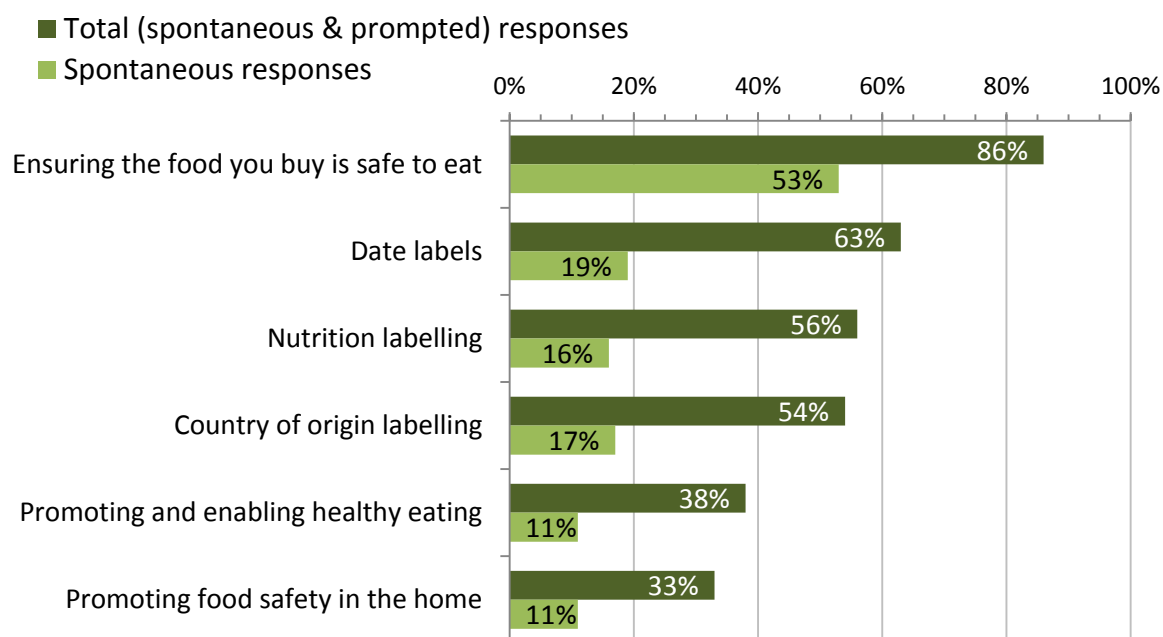
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<sup>25</sup> See <http://www.food.gov.uk/about-us/about-the-fsa/> for further detail.

<sup>26</sup> 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).

<sup>27</sup> 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)

**Figure 18: Reported responsibilities of the FSA**



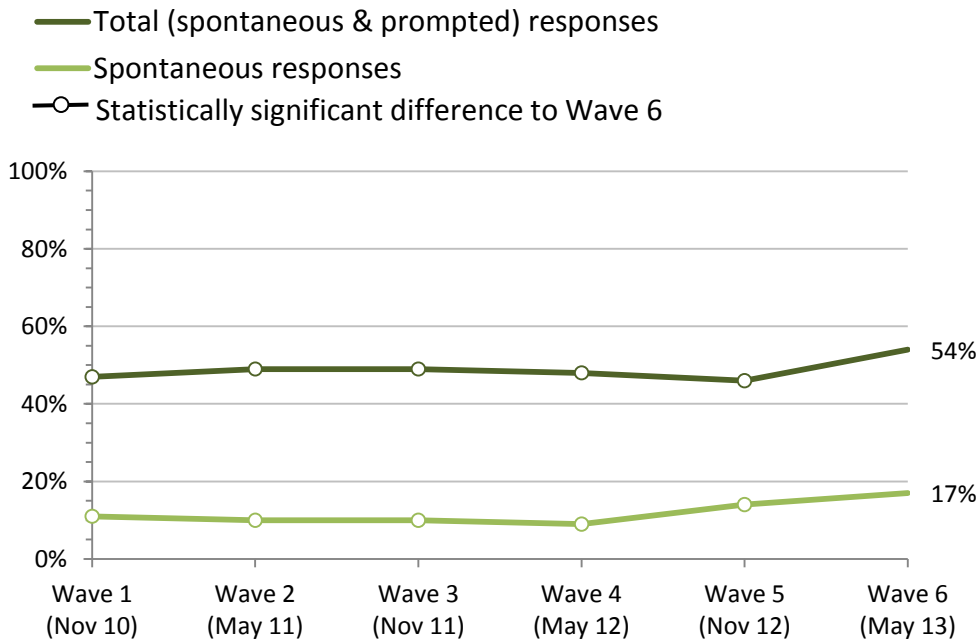
Base: All respondents aware of the FSA, UK  
Weighted base (1639), Unweighted base (2083)

Looking across the time series data, total and spontaneous responses of 'country of origin' as an FSA responsibility has been similar across Wave 1-Wave 5 (46-49% for total, 11-14% for spontaneous) but has increased in this wave of the Tracker (54% for total, 17% for spontaneous). See Figure 19 for further detail.

The total percentage of respondents who reported 'promoting food safety in the home' as an FSA responsibility decreased in Wave 5 (33%) compared to all previous waves (37-39%, Nov 2010 – May 2012) and has stayed at this level in this wave. Spontaneous reporting has remained largely unchanged across all waves. See Figure 20 for further detail.

The percentage of respondents who reported ensuring food is safe to eat, date labels, nutrition labelling and promoting and enabling healthy eating and lifestyle as responsibilities of the Agency has remained largely unchanged compared to previous waves. Whilst some fluctuations in total and spontaneous responses are observable, there has been no overall increase or decrease over time.

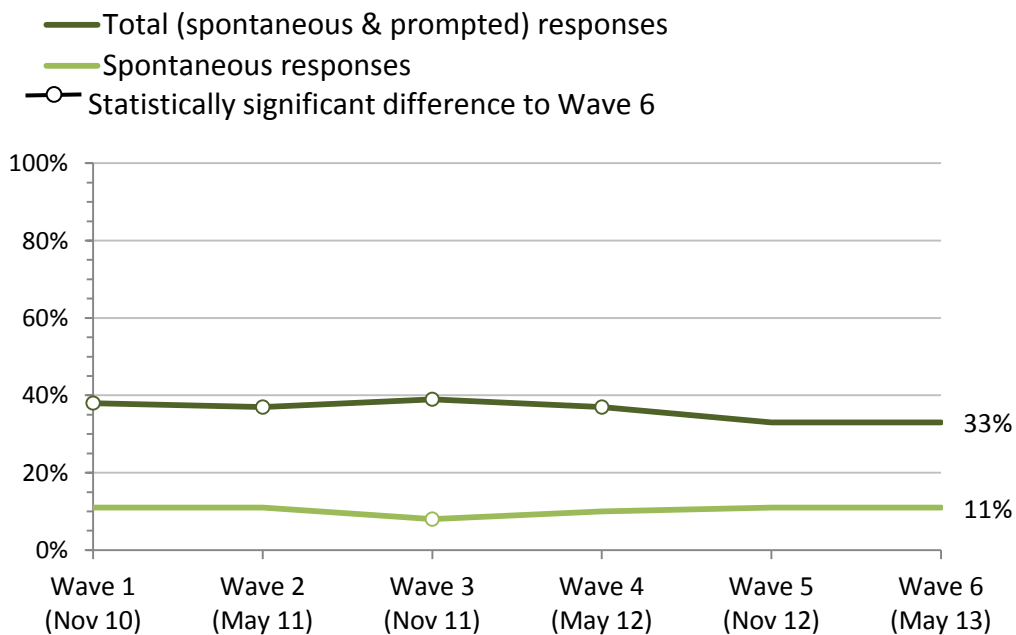
**Figure 19: Reported responsibility of the FSA: Country of origin labelling (Nov 2010 - May 2013)**



Base: All respondents aware of the FSA, UK

Weighted base (W6: 1639, W1 - W5: 806 - 1617), Unweighted base (W6: 2083, W1 - W5: 832- 1695)

**Figure 20: Reported responsibility of the FSA: Promoting food safety in the home (Nov 2010 - May 2013)**



Base: All respondents aware of the FSA, UK

Weighted base (W6: 1639, W1 - W5: 806 - 1617), Unweighted base (W6: 2083, W1 - W5: 832- 1695)

Although there are differences in the remit of the FSA by country, there were no significant differences by country in the issues respondents reported the FSA to be responsible for. However, there were some differences by other socio-demographic groups in total responses of FSA responsibilities, with the following groups being *less likely* to report the FSA had responsibility for certain issues:

- **Respondents aged 16-25 and 66 or older:** nutrition labelling (44% and 49% respectively compared to 57-62% of all other age groups).

Looking across the time series data, similar differences by age were apparent in some, but not all, previous waves.

### 6.3 Trust in the FSA

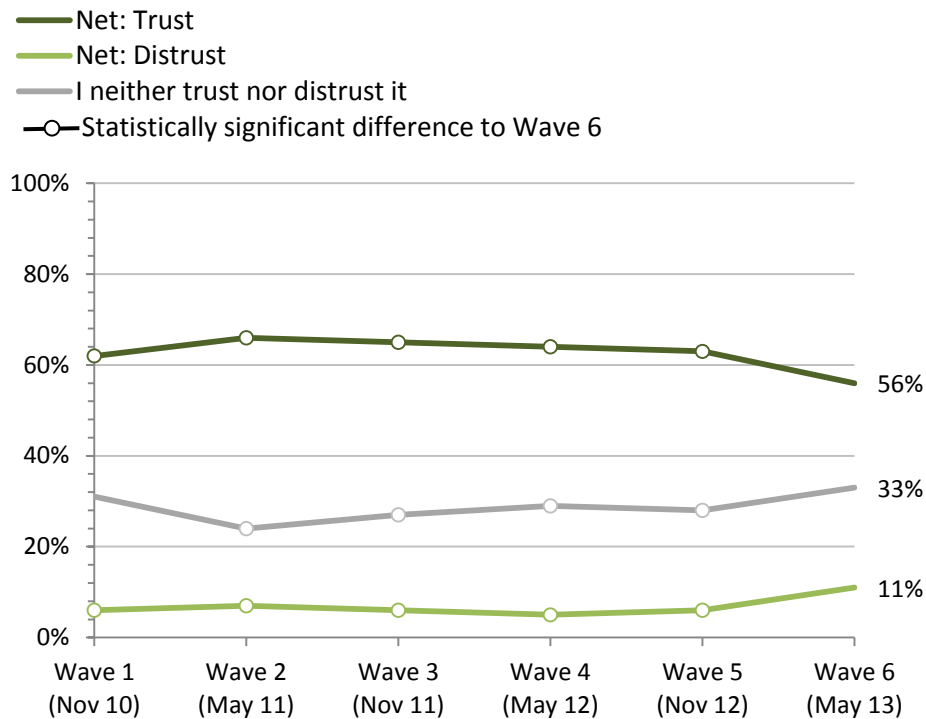
Respondents who reported being aware of the FSA were asked how much they trust or distrust the FSA to do its job. 56% of respondents reported that they trusted<sup>28</sup> and 11% of respondents reported that they distrusted<sup>29</sup> the Agency to do its job. Compared to all previous waves, trust has decreased in this wave (62-66% between Nov 2010 – Nov 2012) whilst distrust (5-7% between Nov 2010 – Nov 2012) has increased. There has also been an increase in the percentage of respondents who said they neither trusted nor distrusted the Agency (33%) compared to the previous four waves (24-29% between May 2011- Nov 2012). See Figure 21 for further detail.

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<sup>28</sup> 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.

<sup>29</sup> 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 21: Trust in the FSA (Nov 2010 - May 2013)**



Base: All respondents aware of the FSA, UK

Weighted base (W6: 1639, W1 - W5: 806 - 1617), Unweighted base (W6: 2083, W5: 832-1695)

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 aged 26-35:** 64% reported they trusted the Agency compared to 51-54% of older age groups.
- **Respondents living in urban areas:** 57% of respondents living in urban areas reported trusting the Agency compared to 51% of respondents living in rural areas.

Looking across the time series data, whilst similar differences by age were apparent in some, but not all, previous waves, this was the first wave in which respondents living in urban areas reported higher levels of trust in the Agency than respondents in rural areas.



## **Annex A. Technical summary**

### **Methodology**

Fieldwork for this wave took place from 10 May – 26 May 2013 and a representative sample of 2581 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 representivity, 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. From September 2006 the sample was extended to be representative of the United Kingdom. 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 differences in question order and sampling, results from the Tracker were not directly comparable to the CAS.

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 (Table 1 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<sup>30</sup>. 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 6.

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<sup>30</sup> 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 6 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)

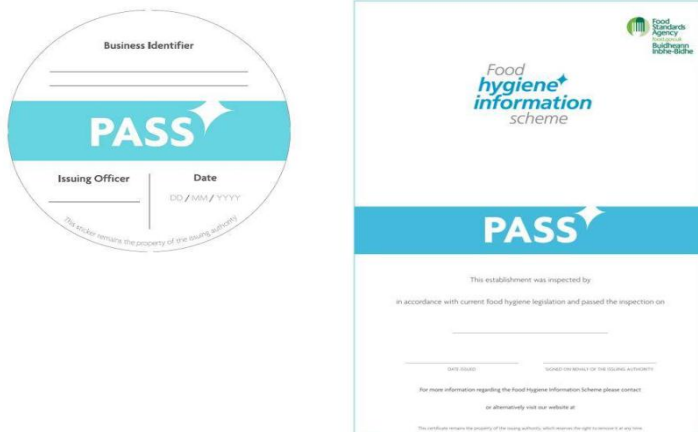
- 01: Food Hygiene Information Scheme
- 02: Food Hygiene Rating Scheme
- 03: Scores on the Doors
- 14: None of these
- (DK)

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 Social Grading/ Occupational Groupings<sup>31</sup>**

Prior to 1993 the standard means of social grading was based on the occupation of the head of the household. It is assumed that the family environment will affect the individual's attitude and behaviour and that the status of the head of household is the most convenient means of defining it.

Since 1993 Market Research Companies have begun to base social grading on the occupation of the Chief Income Earner in the household i.e. the person in the household with the largest income, whether from employment, pensions, state benefits, investments or any other source.

More detail on the individual groupings below.

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<sup>31</sup> Source: Market Research Society, 2011



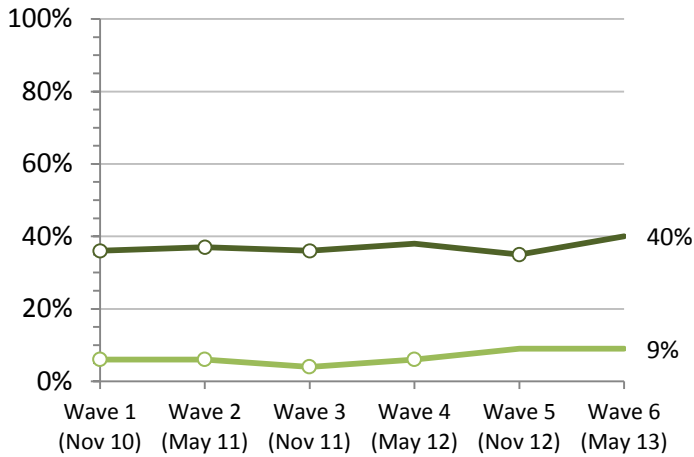
## Occupational Groupings

- 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 dependant 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

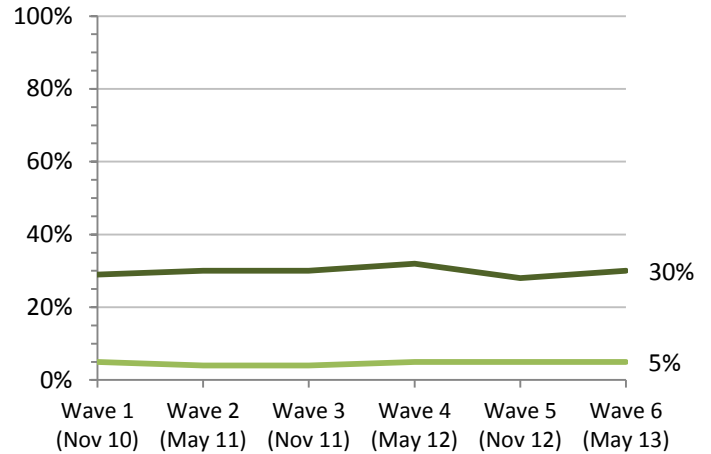
## Annex D: Time series data from Nov 2010: food safety and other food issues of concern

— Total (spontaneous & prompted) responses      —○ Spontaneous responses  
○ Statistically significant difference to Wave 6

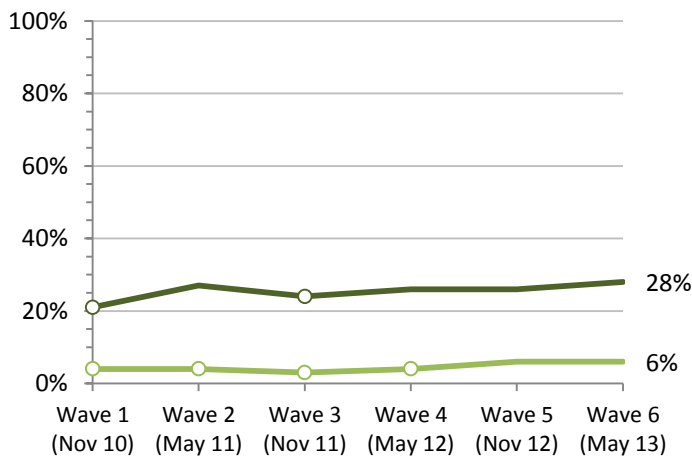
Food hygiene when eating out



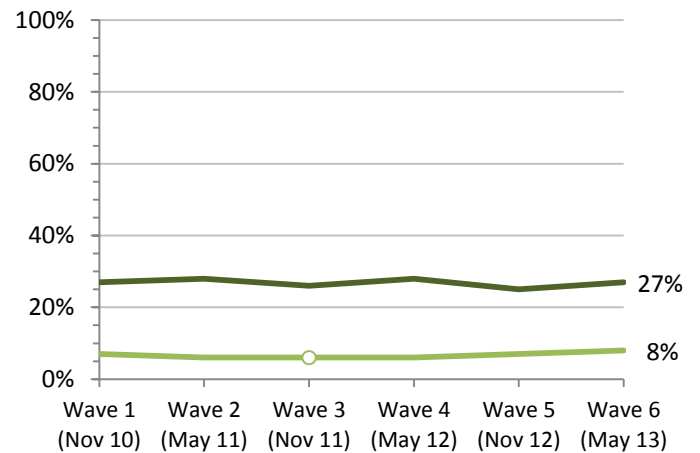
Food poisoning



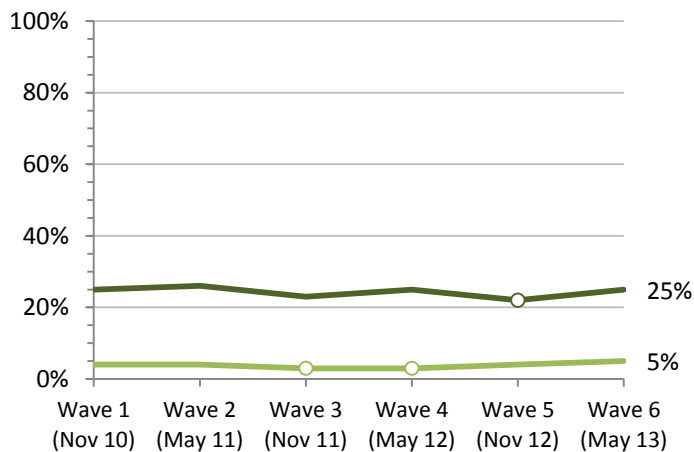
Date labels



Use of additives



Use of pesticides

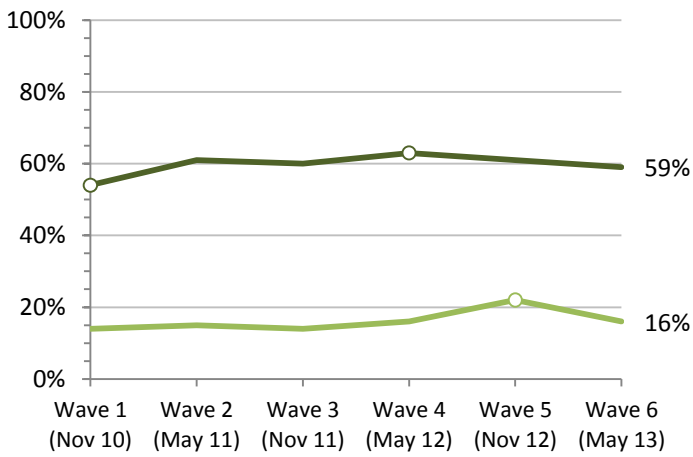


Base: All respondents, UK

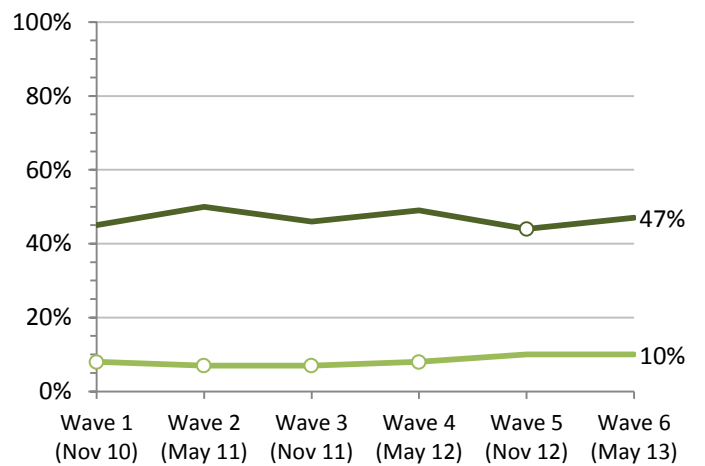
Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069 - 2141)

—○ Total (spontaneous & prompted) responses      — Spontaneous responses  
—○ Statistically significant difference to Wave 6

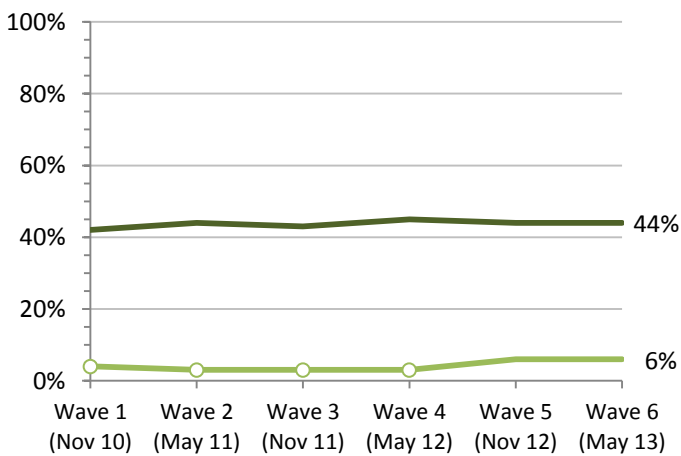
### Food prices



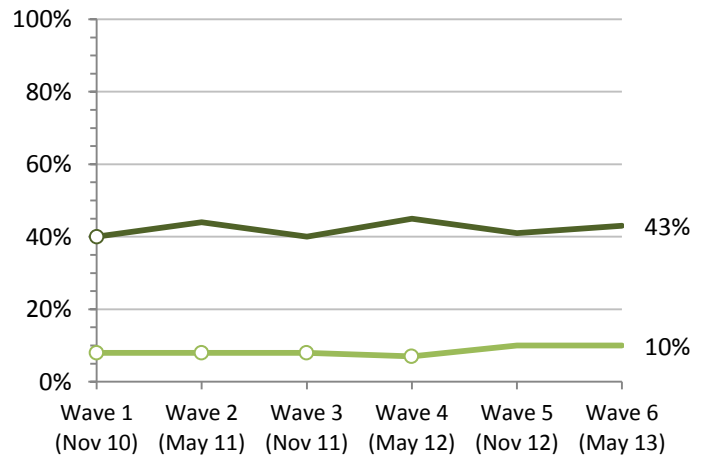
### Amount of salt in food



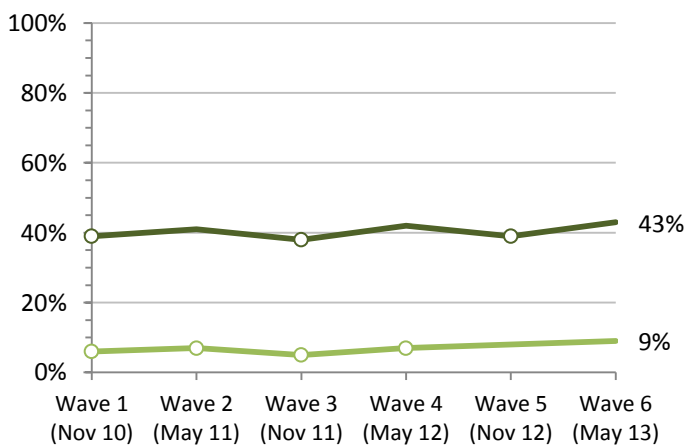
### Food waste



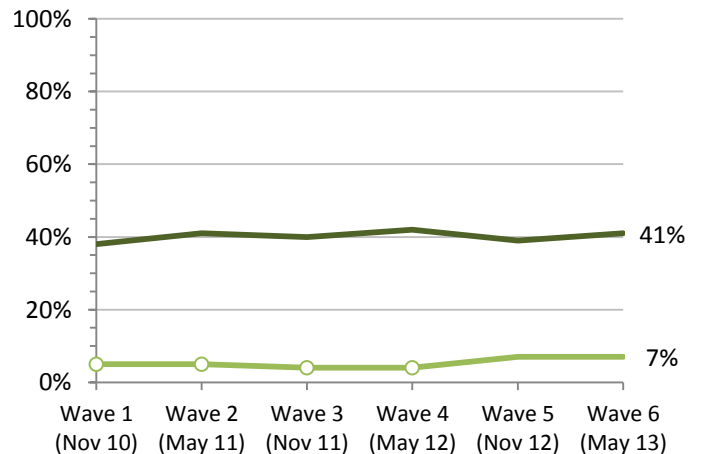
### Amount of fat in food



### Amount of sugar in food



### Amount of saturated fat in food



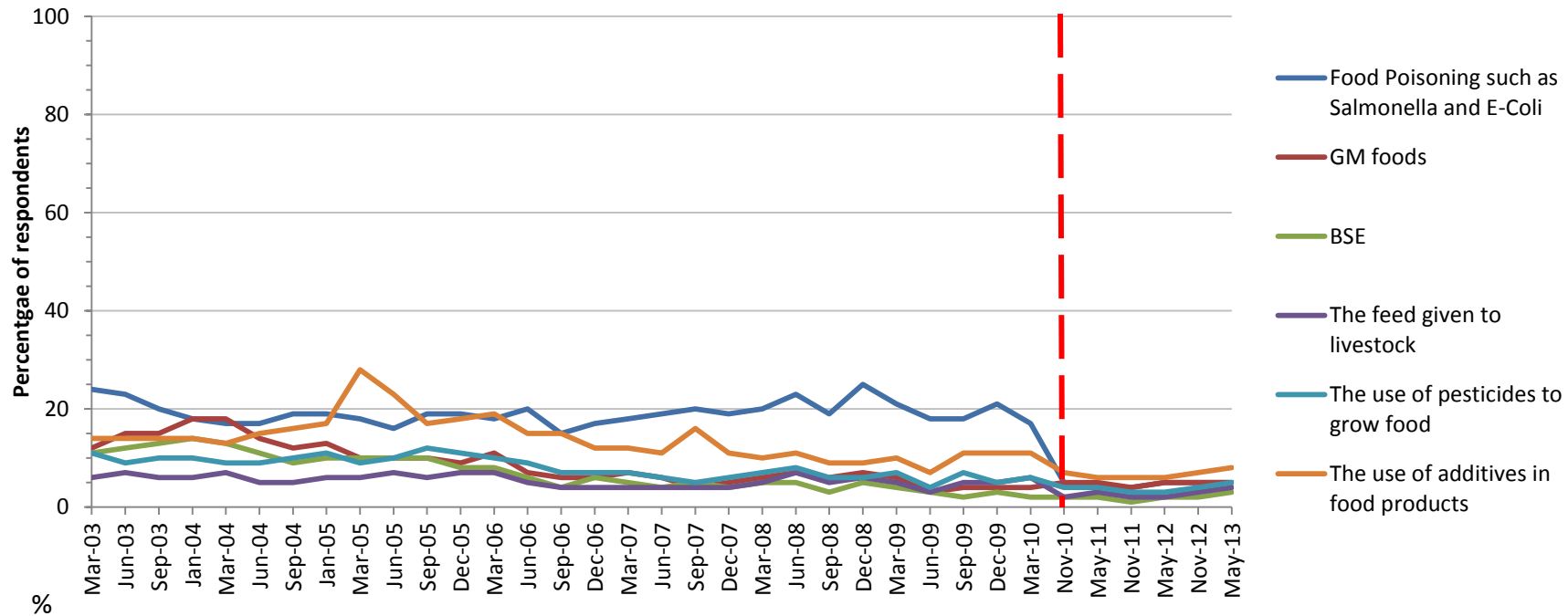
Base: All respondents, UK

Weighted base (W6: 2000, W1-W5: 2000), Unweighted base (W6: 2581, W1-W5: 2069 - 2141)

## Annex E. Time series data from March 2001

The following figures show time series data from March 2001 – Nov 2012 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.

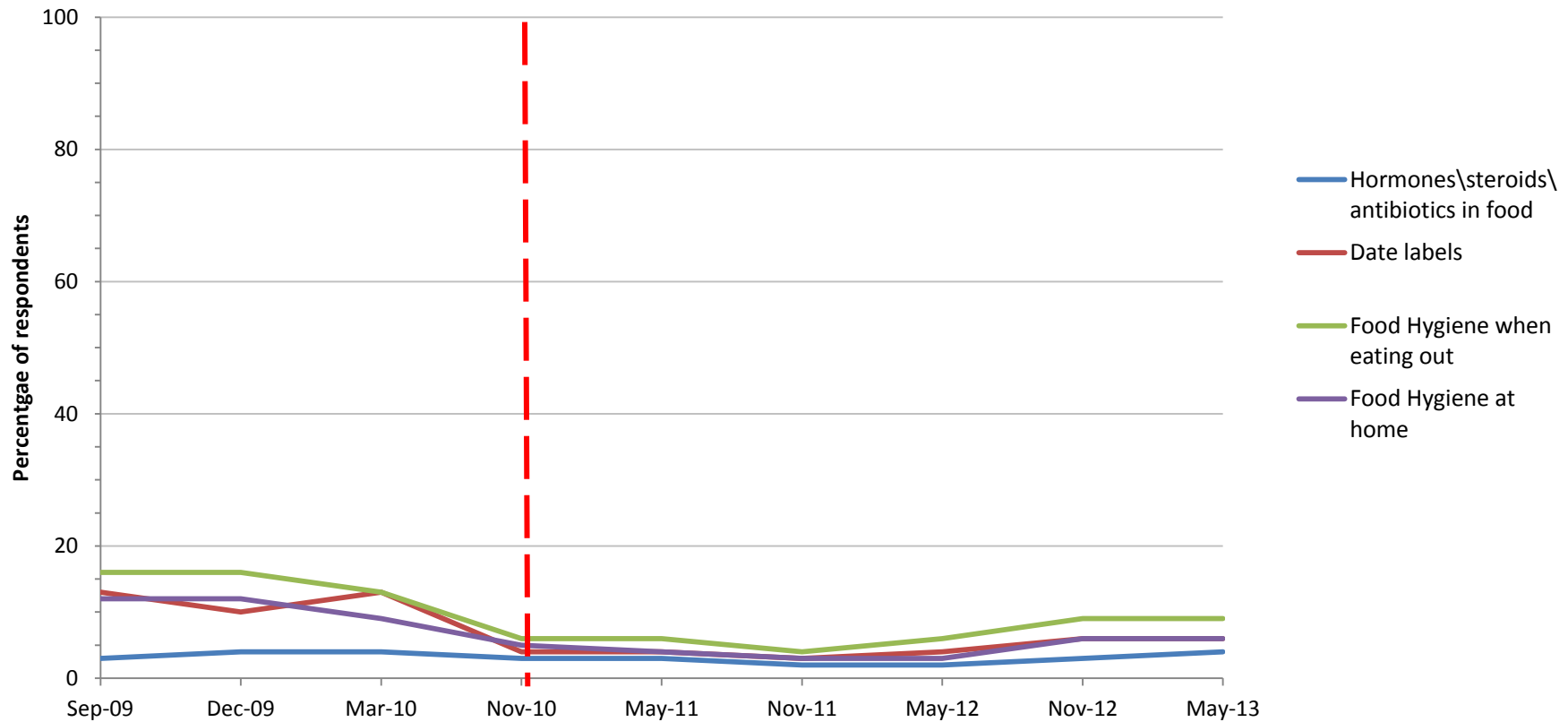
### Spontaneous concerns for food safety issues (March 2003 - Nov 2012)<sup>32</sup>



Base: All UK respondents excluding those 'totally unconcerned' about food safety issues (March 2003 to March 2010); All UK respondents from November 2010 onwards

<sup>32</sup> 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.

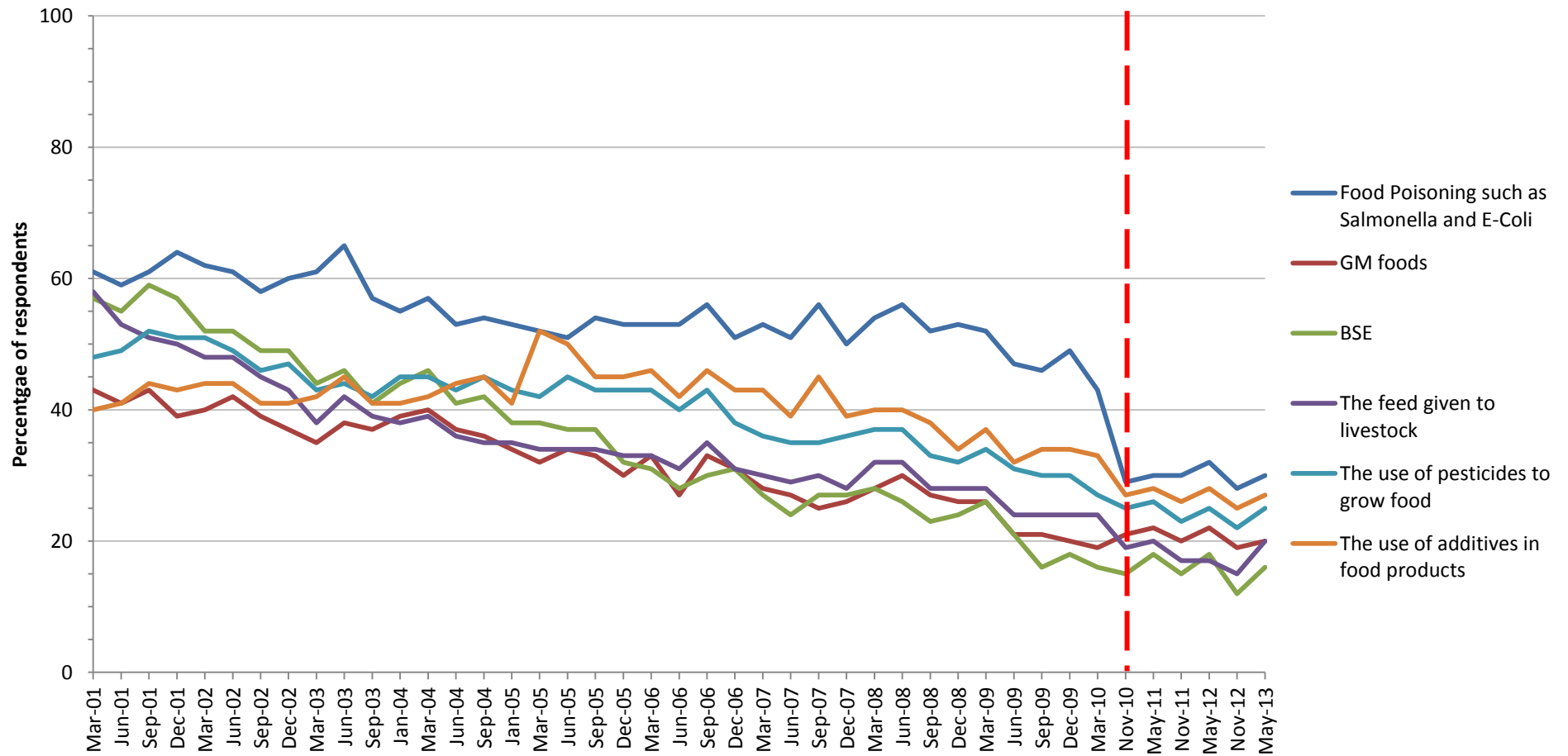
### Spontaneous concern for food safety issues (Sept 2009 - Nov 2012)<sup>33</sup>



Base: All UK respondents excluding those 'totally unconcerned' about food safety issues (September 2009 to March 2010); All UK respondents from November 2010 onwards

<sup>33</sup> 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.

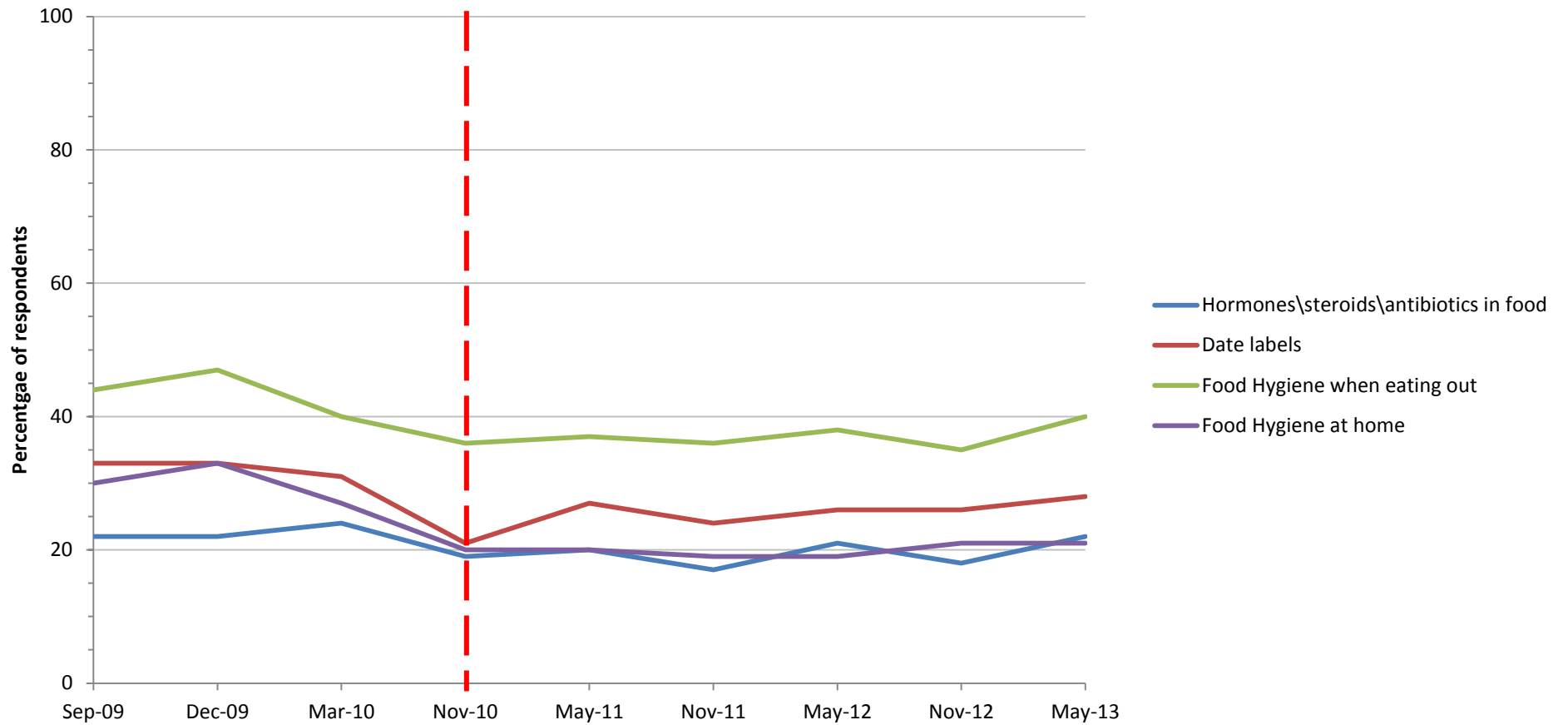
### Total concern for food safety issues (March 2001 - Nov 2012)<sup>34</sup>



Base: All respondents, UK

<sup>34</sup> 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.

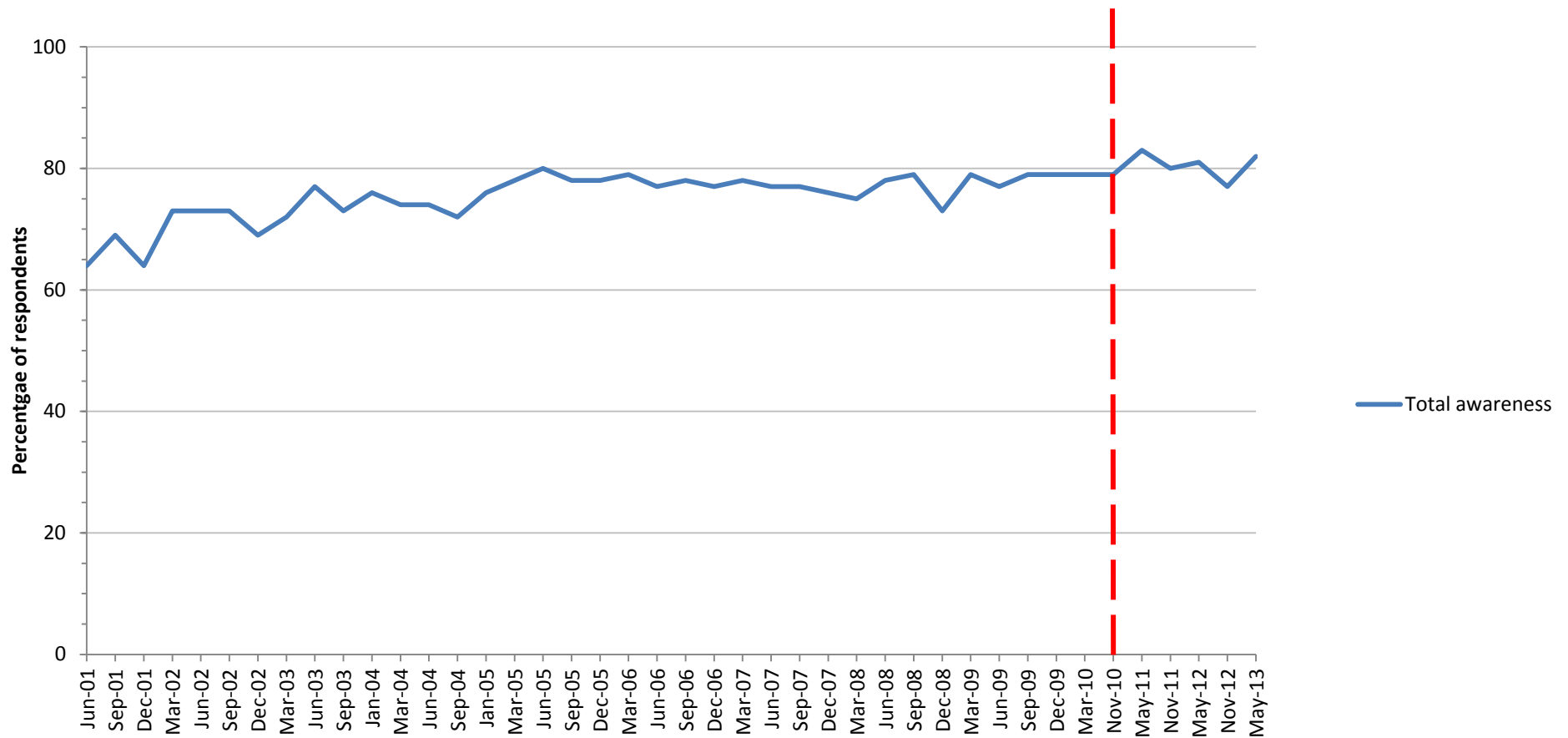
**Total concerns for food safety issues (Sept 2009 - Nov 2012)<sup>35</sup>**



Base: All respondents, UK

<sup>35</sup> 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 2012)<sup>36</sup>



Base: All respondents, UK

<sup>36</sup> 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.