

THE FOOD AND YOU SURVEY

WAVE 5

Country comparison report



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The Food and You Survey

Wave 5

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Food and You is the Food Standards Agency's (FSA) principal source of methodologically robust and representative evidence on consumers' self-reported food-related activities and attitudes. Food and You has been running on a biennial basis since 2010.

The main Combined Food and You Wave 5 report presents a descriptive analysis of findings for England, Wales and Northern Ireland, including trends and analysis by sociodemographic characteristics.¹ This supplementary report provides a cross-country analysis, highlighting similarities and differences between respondents living in England, Wales and Northern Ireland.

The findings are based on interviews with a representative sample of adults aged 16 and over across England, Wales and Northern Ireland. Additional interviews were carried out in Wales and Northern Ireland in order to meet the number of interviews required to conduct meaningful country-level analyses of the findings.

Fieldwork was carried out between June and December 2018. The sample comprises a total of 3069 interviews, including 2066 carried out in England, 536 in Wales and 467 in Northern Ireland.

Shopping, cooking and eating

Dietary restrictions, food allergy and intolerance

Respondents in England (4%) were slightly more likely to be vegetarian or vegan than those in Wales (3%) or Northern Ireland (2%).

¹ <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

The proportion of respondents who reported an adverse reaction to some foods was higher in England (17%) than in Wales or Northern Ireland (12% and 14% respectively). The proportions who said they avoided certain foods that might cause an adverse reaction were similar across countries.

Frequency of eating certain foods

Respondents in Northern Ireland were more likely than those in England and Wales to report eating meat and meat products at least once a week. This was true for chicken and turkey; beef, lamb and pork; sausages; cured and dried meats; and burgers. For example, 88% of respondents in Northern Ireland ate chicken or turkey at least once a week, compared with 83% in Wales and 81% in England. Similarly, 66% of respondents in Northern Ireland ate beef, lamb or pork at least once a week, compared with 60% in Wales and 54% in England.

Respondents in England and Wales (both 41%) were more likely than those in Northern Ireland (31%) to eat cooked or smoked fish at least once a week.

Respondents in England were most likely to eat raw vegetables, including salads, at least once a week (88% did so, compared with 79% of respondents in Wales and 75% in Northern Ireland).

Patterns of consumption of other food types asked about were similar in all three countries.

Cooking

The majority of respondents reported having at least some responsibility for cooking or preparing food in the home, and the proportions who did were similar in all three countries.

Attitudes towards cooking and eating

In general respondents expressed positive attitudes to cooking and eating. Respondents in England (72%) were more likely to agree that 'I like trying new things to eat' than those in Wales (68%) and Northern Ireland (63%). Otherwise, attitudes were similar in all three countries.

Shopping

In all three countries most respondents reported shopping for food in large supermarkets. Otherwise, those in Northern Ireland were more likely to also shop in local and corner shops, garage forecourts and independent butchers; respondents in England were more likely to also shop in markets and farms; and respondents in England and Wales were more likely than those in Northern Ireland to use supermarket home delivery services.

Food security

'Food security' means having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life. Levels of food security and insecurity were similar in all three countries.

Food safety in the home

The Index of Recommended Practice

The Index of Recommended Practice (IRP) is a composite measure of food hygiene knowledge and behaviours within the home, which includes questions on five 'domains' of food safety: cleanliness, cooking, chilling, avoiding cross contamination and use-by dates. A higher IRP score indicates more reported behaviours that are in line with recommended food safety practice.

Unchanged from Wave 4, respondents in Northern Ireland have the highest average IRP scores (72, compared with 69 in Wales and 67 in England).

Cleanliness

Most respondents reported cleaning behaviours in line with recommended practices, saying they always washed their hands before starting to prepare or cook food, and immediately after handling raw meat, poultry or fish. These proportions were similar in all three countries.

Cooking

Respondents in England were less likely to report cooking food until it was steaming hot throughout than were those in Wales and Northern Ireland (76%, compared with 84% and 83% respectively).

Respondents in Northern Ireland were most likely to report that they followed FSA advice and never ate different types of meat and meat products such as chicken, pork, sausages and burgers if the meat was pink or had pink or red juices. Respondents in England were least likely to avoid eating meat like this. The exception was red meat, where the recommendation is less straightforward than for other types of meat.

The majority of respondents said that they would reheat food no more than once, in line with recommended reheating practice, and this was similar in all three countries.

Chilling

Respondents in Northern Ireland were most likely to know the recommended fridge temperature (57% in Northern Ireland compared with 50% in England and 46% in Wales).

Across all countries, the most common method for defrosting meat was leaving meat or fish at room temperature, which is not recommended (52% of respondents in Northern

Ireland compared with 40% in England and 41% in Wales). Respondents in Wales were more likely to report defrosting meat and fish in the fridge, the recommended method (37% did so compared with 32% in England and 26% in Northern Ireland).

Cross contamination

Respondents in Northern Ireland were more likely than those in England and Wales to report following recommended practices to avoiding cross contamination. For example, they were most likely to say that they always used different chopping boards for different foods, in line with practices recommended to avoid cross contamination (54% in Northern Ireland compared with 46% in Wales and 45% in England).

Respondents in Northern Ireland were also most likely to store raw meat and poultry on the bottom shelf of the fridge and also more likely never to store open tins in the fridge, both in line with recommended practice.

In line with FSA advice, respondents in Northern Ireland were also most likely to say that they never washed raw chicken (62% of respondents in Northern Ireland never did this, compared with 58% in Wales and 49% in England) and never washed raw meat and poultry other than chicken (66%, compared with 54% in Wales and 48% in England).

A substantial minority, however, said that they always washed raw meat and poultry other than chicken or raw chicken. Both of these were more common in England (23% and 27% respectively) than in Wales (15% and 18%) or Northern Ireland (12% and 18%).

Assessing if food is safe to eat

Respondents were most likely to say that they assessed the safety of foods by how they smelt; specifically milk and yoghurt, raw meat, fish and eggs. In assessing whether cheese was safe to eat respondents were most likely to rely on how it looked.

Use-by dates were most likely to be used by respondents in Northern Ireland, compared with those in England or Wales, when assessing the safety of foods.

The FSA recommends that the use-by date is the best label to indicate whether food is safe to eat. Similar proportions in all three countries knew this. Respondents in Northern Ireland were most likely to say that they checked use-by dates when about to prepare or cook food (78% always did so, compared with 64% in Wales and 62% in England).

Sources of information about food safety

The most common sources of information about food safety were family and friends, product packaging and TV food shows and cooking programmes. Reliance on these sources was similar across all three countries.

Eating outside the home

Frequency of eating out

Most respondents ate out, at least occasionally, and this was similar across all three countries for breakfast, lunch and dinner.

Deciding where to eat out

Respondents most commonly used their own experience of establishments when deciding where to eat out, followed by recommendations from family and friends or word of mouth. These priorities were broadly similar across countries, although respondents in Northern Ireland were less likely than those in England and Wales to rely on their own experience (54%, compared with 65% and 67% respectively).

Good service, a good hygiene rating score and the price of food were the factors most likely to influence their decision on where to eat out. The hygiene rating was less frequently reported

as a decisive factor in England (59%) than in Wales (71%) or Northern Ireland (70%). Price was more influential in England (60%) than in Wales (56%) or Northern Ireland (52%).

Awareness of hygiene standards when eating out

Businesses in Northern Ireland and Wales are obliged by law to display their Food Hygiene Rating Scheme score, but this is not currently the case in England. Recognition of the Food Hygiene Rating Scheme (FHRS) sticker was higher in Northern Ireland and Wales (both 94%) than in England (86%).

Respondents in Northern Ireland were most likely to be aware of hygiene standards when eating out or buying takeaway food; 83% in Northern Ireland were very or fairly aware of these, compared with 74% in Wales and 69% in England.

Hygiene was most likely to be assessed by the hygiene rating score and the general appearance of the premises. Respondents in England were least likely to mention the hygiene rating score (60%, compared with 79% in Wales and 78% in Northern Ireland).

Food poisoning

Experience of food poisoning

Respondents in England were most likely to report that they had experienced food poisoning at some time in their lives (47% in England compared with 37% in Wales and 34% in Northern Ireland). Similar proportions in each country reported having had food poisoning in the last year.

Trust

Awareness of the FSA

Respondents in Northern Ireland and Wales were more likely than those in England to say that they had heard of the FSA before they were contacted about Food and You.

Trust in the FSA

Overall there was a high degree of confidence in the FSA, and this was similar for most of the scenarios asked about. There were three areas where confidence in the FSA was lower in England than in Wales or Northern Ireland:

- that a problem would be looked into if they wanted to report a food-related issue to the FSA;
- that the FSA would take action to protect the public if there was a food poisoning outbreak;
- that the FSA was impartial, acting independently of external sources.

Trust in the food supply chain

Food and You Wave 5 included five questions about respondents' trust in the food they buy and eat, covering provenance, quality, the food supply chain and safety.

Respondents in Northern Ireland were most likely to be very or fairly sure that the food they bought from Britain or the UK and Ireland had been prepared to the highest quality standards (67% compared with 58% in England and 59% in Wales).

Respondents in Northern Ireland were also most likely to be very or fairly sure that all the guidelines had been properly followed at all stages in bringing the food they bought from the farm to their home (58% compared with 53% in Wales and 47% in England).

Respondents in England were also least likely to be very or fairly sure that the food they bought for their households was safe to eat (80%, compared with 85% in Wales and 86% in Northern Ireland).

Food authenticity

Levels of confidence that when buying or eating food that it was what it said it is on the label or the menu were similar in the three countries.

Introduction

The UK's food system is complex. It is essential that food continues to remain safe, authentic, affordable and sustainable in a future affected by climate change, global population growth and innovations in the way food is produced, distributed and consumed, both nationally and globally.

The Food Standards Agency (FSA) is set up to protect the interests of the consumer through a range of activities, including regulation of food businesses and developing and targeting messages and initiatives for the public. The FSA's Strategy for 2015 to 2020, *Food We Can Trust*,² renews its commitment to put consumers first.

The Food and You Survey is the FSA's principal source of methodologically robust and statistically representative evidence on consumers' food-related activities and attitudes. Understanding the UK population's reported behaviour, attitudes and knowledge in relation to food issues is key to measuring the FSA's progress towards its strategic objectives, providing evidence that supports the FSA's campaigns and other activities, and identifying topics for further research or action.

About the FSA

The FSA was created in 2000 as an independent non-ministerial government department, governed by a Board whose members have extensive knowledge and experience in a wide range of sectors relevant to the FSA. The FSA was set up to protect public health from risks which may arise in connection with the consumption of food (including risks caused by the way in which it is produced or supplied), and otherwise to protect the interests of consumers in relation to food.

2 <https://www.food.gov.uk/sites/default/files/media/document/Food-Standards-Agency-Strategy%20FINAL.pdf>

The FSA is responsible for food safety and hygiene in England, Wales and Northern Ireland, and is committed to ensuring the general public can have trust and confidence in the food they buy and eat.³ The FSA also enforces standards through its regulatory responsibilities. In 2010 the FSA launched the national Food Hygiene Rating Scheme (FHRS)⁴ in order to provide the public with information about the hygiene standards in food premises, helping them to make informed decisions when eating out (see Chapter 3 for more information).

The FSA also provides guidance to consumers on best practices for food safety and hygiene in order to minimise the risk of food poisoning. This includes advice on cleaning, cooking, cross contamination and chilling (collectively known as the '4 Cs'). Guidance is also given on the use of date labels (such as 'use-by' and 'best before' dates) and storage instructions on foods to help ensure safety of food eaten at home.

Since its inception in 2000, the FSA has commissioned surveys to collect quantitative data on the public's reported behaviour, attitudes and knowledge relating to food and food safety. Between 2000 and 2007 the FSA ran the Consumer Attitudes Survey (CAS). In 2008 the FSA's Social Science Research Committee (SSRC) recommended that a new survey – Food and You – be developed.

The Food and You survey

Background

Food and You is a biennial, cross-sectional survey of adults aged 16 years and over living in private households in England, Wales and Northern Ireland. Random probability sampling

3 In 2010 responsibility for nutrition in England transferred from the FSA to the Department of Health, and subsequently, in 2013, to Public Health England (PHE). Responsibility for nutrition in Wales transferred to the Welsh Government in 2010. Responsibility for nutrition and healthy eating practices remains the responsibility of the FSA in Northern Ireland. Food safety and nutrition in Scotland is the responsibility of Food Standards Scotland (FSS), a non-ministerial government department of the Scottish Government, established by the Food Act 2015.

4 <https://www.food.gov.uk/safety-hygiene/food-hygiene-rating-scheme>

ensures that everyone in these countries has a known chance of being selected to take part, so the results are representative of the population.

The first three waves of the survey were carried out by TNS BMRB (in 2010, 2012 and 2014 respectively). The National Centre for Social Research (NatCen), in collaboration with the Northern Ireland Statistics and Research Agency (NISRA), have been contracted to carry out Waves 4, 5 and 6 of the survey.

Food and You has been an important means of measuring progress against the FSA's strategic objectives⁵ and topics have reflected the changing priorities and interests of the FSA, summarised below:

- Wave 1 (2010) assessed consumer attitudes and behaviour to food-related issues falling under the FSA's remit. Following Wave 1, the questionnaire was reviewed extensively in light of responsibility for nutrition in England and Wales being transferred from FSA to the Department of Health (England) and Welsh Government in 2010.
- Wave 2 (2012) focused on food safety and hygiene issues.
- Wave 3 (2014) was designed to monitor changes since the previous two waves in attitudes and reported behaviour about food issues, to identify at-risk groups for food safety issues, and to explore public understanding of issues regarding the FSA's targets. For the first time at Wave 3, results from Food and You were published as an official statistic, reflecting the robust methodology of the survey and the development of a regular time series of data.
- Wave 4 (2016) included new questions to cover affordability of food, choice, security and sustainability.
- Wave 5 (2018) continued this focus and additionally included questions about public awareness of and trust in the FSA.

5 The FSA Strategic Plan up to 2015 is available at <http://webarchive.nationalarchives.gov.uk/20120206100416/http://food.gov.uk/multimedia/pdfs/strategy20102015.pdf>. The 2015 to 2020 strategy is available at <https://www.food.gov.uk/sites/default/files/media/document/Food-Standards-Agency-Strategy%20FINAL.pdf>

Aims

Food and You provides data about the prevalence of different attitudes, reported behaviour and knowledge about ways in which food is purchased, stored, prepared and eaten. The aims of Wave 5 were to provide the FSA with data on food hygiene and food safety and other food-related issues in order to:

- explore public understanding and engagement with food safety;
- assess knowledge of messages and interventions aimed at raising awareness and changing behaviour;
- describe public attitudes to food production and the food system;
- monitor trends in reported behaviour, attitudes and knowledge (compared with data from the previous four waves or from other sources);
- identify target groups for future interventions (e.g. those most at risk or those among whom FSA policies and initiatives are likely to have the greatest impact); and
- provide indicators and evidence for tracking the FSA's strategic plans.

About this report

Coverage

The main Combined Food and You Wave 5 report presents a descriptive analysis of findings for England, Wales and Northern Ireland, including trends and analysis by sociodemographic characteristics.⁶ This supplementary report provides a cross-country analysis, highlighting similarities and differences between respondents living in England, Wales and Northern Ireland.

6 <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

The findings are based on interviews with a representative sample of adults aged 16 and over across England, Wales and Northern Ireland. Additional interviews were carried out in Wales and Northern Ireland in order to meet the number of interviews required to conduct meaningful country-level analyses of the findings. Fieldwork was carried out between June and December 2018. The sample comprises a total of 3069 interviews, including 2066 carried out in England, 536 in Wales and 467 in Northern Ireland.

Additional reports are also based on the boosted sample:

- Northern Ireland report – focusing on the Northern Ireland results.
- Wales report – focusing on the Wales results.

Each report is accompanied by detailed tables of results in Excel format.

More detail on the Wave 5 questionnaire development and the survey methodology, can be found in the following supplementary reports:

- Technical report – describing the methodology.
- Development report – documenting the Wave 5 questionnaire development.

The complete data set will be available in the UK Data Service.⁷

⁷ <http://data-archive.ac.uk>

Self-reported behaviours

Data collected through face to face interviews may not accurately reflect people's actual practices for a number of reasons. This includes inaccurate recall, difficulties recalling behaviour that has become habitual, and social desirability bias.⁸

In Food and You, self-reported behaviour is therefore used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

The questionnaire has been carefully designed with this in mind and follows best practice to minimise bias caused by self-report, for instance asking questions about behaviour within specific time periods (e.g. asking whether a respondent did something 'in the last seven days' rather than 'usually') and framing questions neutrally.

Questionnaire changes between waves

While efforts are made to ensure consistency in questions asked at each wave to allow for comparisons over time, there have been a number of changes made to the questionnaire between waves, reflecting changing FSA priorities and responsibilities.

Waves 4 and 5 of the survey were carried out in England, Wales and Northern Ireland, but not in Scotland which was included in Waves 1 to 3. Comparisons within this report based on previous waves are therefore based on data from these three nations only and exclude data from Scotland.

A number of other changes to individual questions and response categories have been introduced between waves. Full details of changes to the questionnaire are outlined in each of the published development reports.

⁸ Social desirability bias refers to respondents' tendency to answer questions based on what they think they ought to say, rather than reflecting what they actually do, know or think. As in previous waves, there were several topics in the questionnaire for which respondents might be reluctant to report behaviour which goes against what is possibly widely known advice (for example, not washing their hands before cooking or preparing food).

Reporting conventions: notes to text and tables

1. Tables accompanying each chapter in this report are in Excel format and can be accessed via <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>. The chapter texts include references to the relevant tables.
2. The data used in the report have been weighted. Weighted and unweighted sample sizes are shown at the foot of each table.
3. Weights were applied to correct for the lower selection probabilities of adults aged 16 and over in multi-adult households and dwellings, as well as for the selection of one dwelling unit or household if two or more were found at the selected address.
4. Where an earlier survey year (from Waves 1 to 4) is not shown in a table, this is generally because the question(s) was not asked in that year.
5. Unless stated otherwise, where comparisons are made in the text between different population groups or variables, only those differences found to be statistically significant at the 95% level are reported. In other words, differences as large as those reported have no more than a five per cent probability of occurring by chance.
6. The following conventions have been used in tables:
 - no observations (zero value)
 - 0 non-zero values of less than 0.5% and thus rounded to zero
 - [] estimates based on 30 to 49 cases are presented in square brackets.
 - * estimates based on fewer than 30 cases are not shown.

7. Because of rounding, column percentages may not add exactly to 100%. For questions where respondents could give more than one response the percentages will add up to more than 100%.
8. 'Missing values' occur for several reasons, including refusal or inability to answer a particular question/section and cases where the question is not applicable to the respondent.
9. The term 'significant' refers to statistical significance (at the 95% level) and is not intended to imply substantive importance.
10. Where a table contains more than one variable, the bases may not be exactly the same. Tables will usually show the bases for the first variable in the table, and for any other variables where the bases are not of a similar magnitude.

1 Shopping, cooking and eating

1.1 Introduction

This chapter provides an overview of people's shopping, cooking, and eating habits. The FSA's *Food We Can Trust Strategy 2015–2020* aims to ensure that “we have access to an affordable healthy diet, and can make informed choices about what we eat, now and in the future”, within the context of guaranteeing food safety and accountability.⁹ It is important therefore that this report not only addresses food safety concerns, but also the role that food can play in people's everyday lives.

This chapter highlights the similarities and differences between respondents in England, Wales and Northern Ireland, and is complementary to Chapter 1 of the Combined Food and You Wave 5 report.¹⁰ The topics covered include:

- who restricts their diet in some way, including vegetarians, vegans and those affected by food allergies and intolerances.
- the frequency of consumption of different types of food that have been linked to food poisoning.
- cooking habits, with particular attention given to understanding who is responsible for cooking in the household.
- attitudes towards cooking and eating, reflecting this wave's focus on eating out rather than eating at home.
- food shopping habits, including responsibility for shopping and types of shops used.
- food security – the ability to access an adequate diet.

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

9 www.food.gov.uk/about-us/who-we-are

10 <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

Tables accompanying this chapter are available in Excel at <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>.

1.2 Dietary restrictions, food allergy and intolerance

Vegetarianism, veganism and other reasons for avoiding certain foods

A small proportion of respondents said they were completely vegetarian or vegan. This was slightly more likely in England (4%) than in Wales (3%) or Northern Ireland (2%).

Respondents were also asked whether they avoided certain foods for other reasons, not specified but not because of allergies. A smaller proportion of respondents in Wales (7%) did this than in England or Northern Ireland (both 13%).

Table 1.1

Adverse reactions to foods

The proportion of respondents who reported an adverse reaction to some foods was higher in England (17%) than in Wales or Northern Ireland (12% and 14% respectively). The proportions who said they avoided certain foods that might cause an adverse reaction were similar across countries.

Table 1.2.1

Respondents who either suffered adverse reactions or avoided certain foods that might cause an adverse reaction were asked whether they experience any reaction to a list of 14 different

foods.¹¹ Of those who reported an adverse reaction or avoided certain foods, cow's milk and products made with cow's milk were the most common cause of reaction, followed by fruit and cereals containing gluten. The proportions reporting these were similar in all three countries.

Table 1.2.2

When asked about specific reaction types, respondents who had reported an adverse reaction to one or more types of food were most likely to say that they suffered from a food intolerance, followed by a food allergy. The proportions reporting these were at similar levels in all three countries.

Table 1.2.3

1.3 Frequency of eating certain foods

This section discusses the consumption of certain types of foods that pose, or are perceived to pose, the greatest food safety risks, for example in relation to food poisoning.

Meat and poultry

Respondents in Northern Ireland were most likely to report eating different kinds of meat and meat products at least once a week.

The most frequently eaten type of meat was **chicken and turkey**, which 88% of respondents in Northern Ireland ate at least once a week, 83% in Wales and 81% in England.

¹¹ These 14 foods are listed in Annex II of the EU Food Information for Consumers Regulation No.1169/2011 as allergy or intolerance producing products or substances. As a result, they must always be labelled on packaging when used as an ingredient or processing aid <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2011:304:FULL&from=EN>

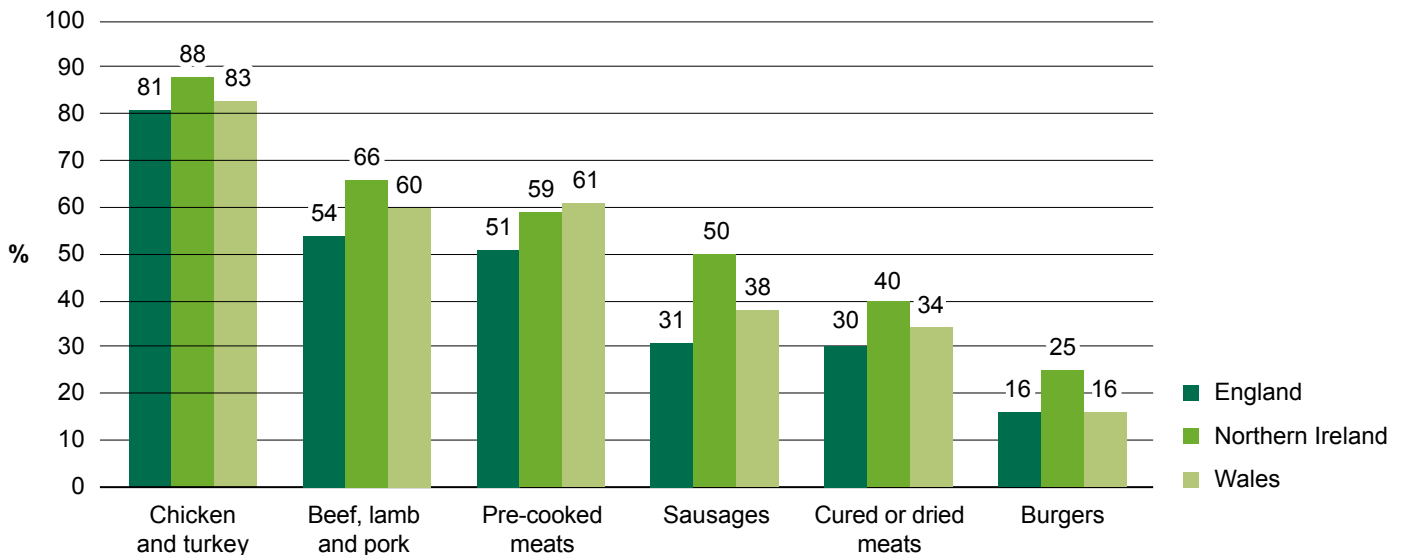
Two thirds (66%) of respondents in Northern Ireland ate **beef, lamb or pork** at least once a week, compared with 60% in Wales and 54% in England.

The proportions who ate **sausages, cured or dried meats** or **burgers** at least once a week were also highest in Northern Ireland. Half (50%) of adults in Northern Ireland ate sausages at least once a week, compared with 38% in Wales and 31% in England. Slightly smaller proportions ate cured or dried meats at least once a week; 40%, 34% and 30% respectively. A quarter (25%) of adults in Northern Ireland ate burgers at least once a week, compared with 16% in both England and Wales.

Consumption of **pre-cooked meats** followed a slightly different pattern; 61% of adults in Wales ate these at least once a week, 59% in Northern Ireland and 51% in England.

Table 1.3

Figure 1.1. Proportion of respondents eating different types of meat at least once a week, by country



Milk and eggs

Levels of consumption of **milk and dairy foods** (such as cheese and yoghurt), **raw milk**, **cooked eggs** and **raw or uncooked eggs** at least once a week were each similar in all three countries.

Table 1.4

Fish and shellfish

Respondents in England and Wales were more likely to eat **cooked or smoked fish** at least once a week (both 41%) than those in Northern Ireland (31%).

Levels of consumption of **cooked shellfish** at least once a week were similar in all three countries. However, there were differences in the proportions who said that they never ate cooked shellfish (57% in Northern Ireland, 47% in Wales and 41% in England).

Table 1.5

Fruit and vegetables

Similar proportions in each country ate **raw fruit** at least once a week, and the same was true for **cooked vegetables**. There were differences in the proportions of respondents who ate **raw vegetables** including salads at least once a week (88% of respondents in England did so, compared with 79% in Wales and 75% in Northern Ireland).

Table 1.6

Pre-packaged sandwiches and ready meals

Levels of consumption of **pre-packaged sandwiches** and **ready meals** at least once a week were similar in all three countries.

Table 1.7

1.4 Cooking

The proportions of men and women who were responsible for at least some cooking or preparing food in the home were similar in all three countries.

Tables 1.8, 1.9

1.5 Attitudes towards cooking and eating

Respondents in England (72%) were more likely to agree with the statement **'I like trying new things to eat'** compared with those in Wales (68%) and Northern Ireland (63%).

Otherwise, attitudes towards the following statements were consistent across countries:

- 'I enjoy cooking and preparing food';
- 'I'm not generally interested in food';
- 'I don't have time to spend preparing and cooking food'.

Table 1.10

1.6 Shopping

Most respondents reported having at least some responsibility for household food shopping. This varied between 83% in Northern Ireland, 85% in Wales and 88% in England.

Table 1.11

Whilst in all countries most respondents reported shopping for food in large supermarkets, those in Northern Ireland were more likely to use independent butchers (56%), local and corner shops (40%), and garage forecourt shops (24%) than in England (31%, 30% and 5%) and Wales (28%, 31% and 6%).

However, respondents in England were more likely to shop at markets, including stalls and farmers' markets (20%), or farms (10%) compared to those in Northern Ireland (10%, 6%) and Wales (18%, 5%).

Supermarket home delivery services were more commonly used in England and Wales (both 17%) compared to in Northern Ireland (10%).

Table 1.12

1.7 Food security

Food security, as defined by the United Nations' Committee on World Food Security, is the condition in which all people, at all times, have physical, social and economic access to sufficient safe and nutritious food that meets their dietary needs and preferences for an active and healthy life. For further information on how Food and You measures food security see the main survey report.¹²

Similar proportions in each country were classified into each of the four categories of food security defined by the survey.

Additionally, similar proportions across countries reported that:

- they had never worried about running out of food before there was money to buy more;
- they had not felt that the food they bought didn't last and they didn't have money to get more;
- they couldn't afford to eat balanced meals.

Table 1.13

Just under half of all respondents reported making at least one change in their shopping or eating behaviour for financial reasons over the previous 12 months, and this proportion was similar in all three countries.

¹² <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

The same was true for most of the individual changes asked about. One exception was changing the places they bought food for cheaper alternatives, which was done by 20% of respondents in England and Wales, compared with 12% in Northern Ireland.

Table 1.14

2 Food safety in the home

2.1 Introduction

The prevention of food-borne disease is at the heart of FSA's aims and responsibilities. The FSA's *Food We Can Trust Strategy 2015–2020*¹³ includes a focus on consumers, specifically in enabling them to store, prepare and cook food safely. Handling food in the home in line with food safety regulations and best practice is particularly important in reducing incidences of food-borne illnesses. An improved understanding of the population's domestic food safety activities when shopping for, storing, preparing, cooking and eating food, supports delivery of the FSA's aims.

Food and You is a key source of information on people's behaviour, attitudes and knowledge relating to food safety, and whether this is in line with recommended practice. This information helps to inform FSA communications activity and policy making. Comparisons across waves of the survey also allow examination of trends over time and help to assess whether previous food safety campaigns and interventions (such as the 2014 Food Safety Week 'Don't wash raw chicken') have had an impact on people's behaviours.

This chapter highlights the similarities and differences between respondents in England, Wales and Northern Ireland, and is complementary to Chapter 2 of the Combined Food and You Wave 5 report.¹⁴ It covers respondents' knowledge and behaviour across five domains of food safety, described below.

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>.

13 <https://www.food.gov.uk/sites/default/files/media/document/Food-Standards-Agency-Strategy%20FINAL.pdf>

14 <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

2.2 Do people follow recommended food safety practices?

Food and You asks respondents a series of questions about their normal practices in relation to five important elements or 'domains' of food safety:

- cleanliness;
- cooking;
- chilling;
- avoiding cross contamination;
- use-by dates.

These domains are reported on separately within this chapter.

To get an overall picture of people's food safety behaviour, the Index of Recommended Practice (IRP) can be used. The IRP is a composite measure of food hygiene knowledge and behaviours within the home, which includes questions from each of the five food safety domains.¹⁵ Questions were selected for the IRP because they mapped onto practices that, if not followed, were more likely to increase the risk of food-borne disease. Each item scores 1 for responses in line with recommended practice or 0 for responses not in line with recommended practice. The overall score is then converted to a score out of 100 with a higher score indicating more reported behaviours that are in line with recommended food safety practice. It is important to note that IRP gives an overall indication of whether recommended practices are being followed and this is useful for comparing across subgroups but it does not inform about individual behaviours. The findings are used

¹⁵ <https://www.food.gov.uk/sites/default/files/media/document/fs409012-2finalreport.pdf>

by the FSA to track progress towards its strategic aims and to identify groups within the population who are less likely to report behaviour in line with recommended practice.

As in Wave 4, the mean IRP score was highest in Northern Ireland (72), lower in Wales (69) and lowest in England (67).

Table 2.1

2.3 Cleanliness

The FSA recommendation is always to wash hands with warm soapy water before preparing, cooking and eating food as well as after touching raw meat, poultry or fish.

Most respondents reported always washing their hands before starting to prepare or cook food (82%) and also immediately after handling raw meat, poultry or fish (85%). The proportions who said they always did these were at similar levels across all three countries.

Table 2.2

2.4 Cooking

Ensuring food is properly cooked

The FSA stresses the importance of cooking food at the right temperature and length of time to ensure all harmful bacteria is killed and food is safe to eat.

The FSA recommends that most meat and meat products such as turkey, chicken, duck, goose, pork, minced meat products such as kebabs, sausages and burgers need to be steaming hot and cooked all the way through before eating.

In addition, most frozen vegetables also should be cooked and steaming hot before consumption.

Respondents in England (76%) were less likely to cook food until it was steaming hot throughout than were those in Wales (84%) and Northern Ireland (83%).

Meat and meat products

The FSA recommends that most meat and meat products such as turkey, chicken, duck, goose, pork, minced meat products such as kebabs, sausages and burgers should not be eaten if the meat is pink or has pink or red juices.

It is safe to eat steak or other whole cuts of red meat rare as long as they have been properly cooked and sealed on the outside, as this is where harmful bacteria is normally found in this type of meat.

The FSA recommends always to cook burgers thoroughly, as rare or undercooked burgers may contain harmful bacteria and cause food poisoning.

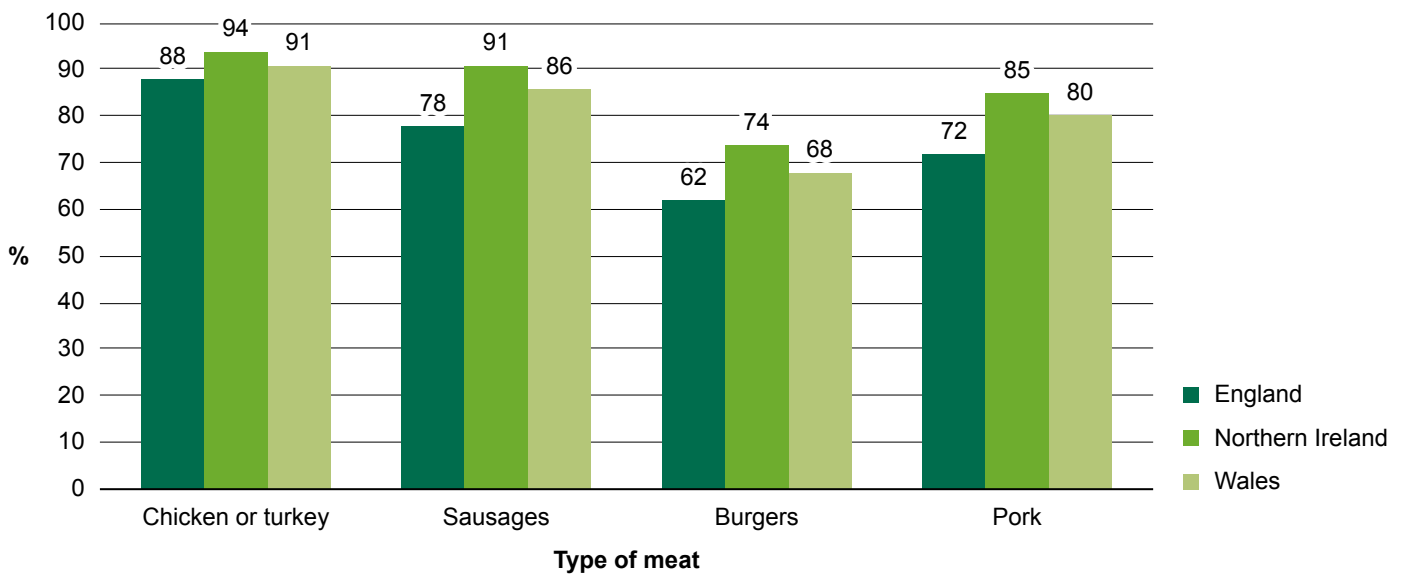
The FSA recommends that pork should not be eaten pink or rare.

Respondents in Northern Ireland were most likely to report that they followed FSA advice and never ate different types of meat and meat products such as chicken, pork, sausages and burgers if the meat was pink or had pink or red juices. Respondents in England were least likely to avoid eating meat like this.

The exception was for **red meat**, where the recommendation is less straightforward than for other meats. The proportions of respondents in each country who reported that they never ate red meat if the meat was pink or had pink or red juices were similar across countries, as were the proportions who did this at least sometimes.

Table 2.3

Figure 2.1. Never eats meat if pink or has pink or red juices, by country



Reheating food

The FSA recommends not to reheat food more than once and always to ensure it is heated throughout and steaming hot before eating.

There was little variation in the proportions of adults in each country who reported that they would consider reheating food twice or more. The same was true for the proportions who reheated leftovers once and who said they did not reheat food at all.

Respondents were asked how they usually judge whether food has been reheated properly. A popular method was seeing whether steam is coming from the food, although this varied between countries (33% in Wales, 45% in England, and 52% in Northern Ireland). Another commonly used method was checking whether the middle was hot; this was consistent across countries.

Tables 2.4.1, 2.4.2

2.5 Chilling

Checking fridge temperature

The temperature in the fridge should be checked using a fridge thermometer, rather than the dials on the fridge as the latter may be inaccurate.

Similar proportions of those who have a fridge in each country said that they (or someone else in the household) checked the fridge temperature. Most of them said they did so at least once a month, in line with the FSA recommendations, and this proportion was also similar between counties.

Table 2.5

One method respondents used to check their fridge temperature was to check the setting or gauge; a greater proportion of respondents reported doing this in Northern Ireland (51%) compared with Wales (43%) and England (36%).

The proportions who checked the temperature display were similar across countries.

Table 2.6

Knowledge of the recommended fridge temperature

The FSA recommends that the fridge temperature should be kept below 5 degrees C to stop harmful bacteria from growing and to avoid food poisoning.

Respondents in Northern Ireland were most likely to know that the fridge temperature should be between 0° and 5° Celsius (32° to 41° Fahrenheit) (57%, compared with 50% in England and 46% in Wales).

Table 2.7

Defrosting food

When defrosting food, it should be placed in the fridge, or if this is not possible, food should be defrosted in a microwave. It is unsafe to defrost food at room temperature.

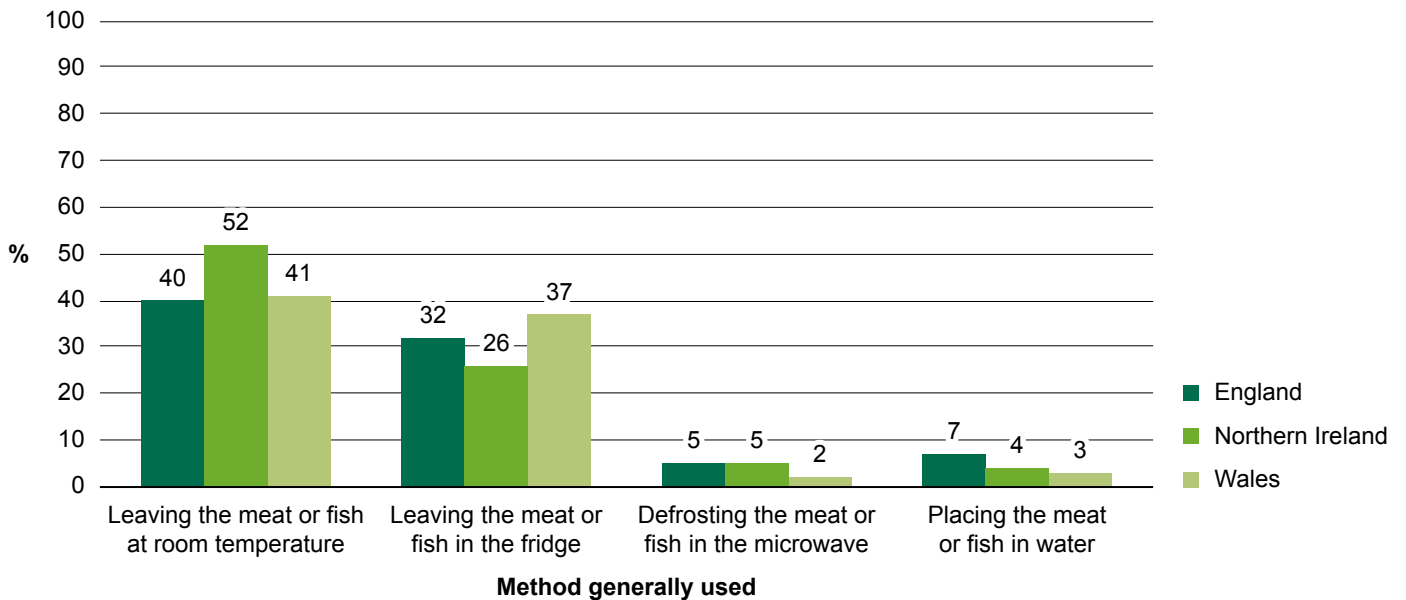
When defrosting frozen meat or fish, most respondents reported leaving the meat or fish at room temperature, which is not recommended by the FSA. Respondents were slightly less likely to report defrosting meat or fish in the fridge, the recommended method, and this differed across countries (50% in England, 51% in Wales, and 41% in Northern Ireland).

This difference was further highlighted when respondents were asked which single method they generally used. In all three countries, leaving meat and fish to defrost at room temperature was the preferred option, but in Wales, leaving meat/fish in the fridge was almost as popular (41% selected room temperature,

compared with 37% who defrosted meat and fish in the fridge). In England, the difference was slightly greater (40% and 32% respectively). In Northern Ireland respondents were twice as likely to defrost meat and fish at room temperature as in the fridge (52%, compared with 26% respectively).

Tables 2.8.1, 2.8.2

Figure 2.2. Method generally used to defrost frozen meat or fish, by country



2.6 Cross contamination

Cross contamination occurs when harmful bacteria or other microorganisms are transferred between objects, for example bacteria can be transferred between raw and cooked food. Cross contamination can cause food poisoning.

To avoid cross contamination and its risks, the FSA recommends never washing raw meat, always storing covered raw meat, poultry, fish and shellfish on the bottom shelf of your fridge and using different utensils, plates and chopping boards for raw and cooked food.

Chopping boards

Respondents in Northern Ireland (54%) were more likely use different chopping boards for different foods than those in England (45%) and Wales (46%). Respondents in Northern Ireland were also much more likely to know that this was to avoid cross contamination (71%, compared with 58% in England and 60% in Wales).

Tables 2.9.1, 2.9.2

Storing food in the fridge

In Wales and Northern Ireland 68% of respondents reported storing raw meat and poultry on the bottom shelf of the fridge in line with recommended practice, compared with 58% in England.

Table 2.10.1

Across all three countries, most respondents reported storing raw meat and poultry in its packaging, which is the recommended practice.

Table 2.10.2

Most respondents reported that they never stored open tins in the fridge, although this was higher in Northern Ireland (76%) than in Wales (68%) or England (64%).

Table 2.11

Washing food

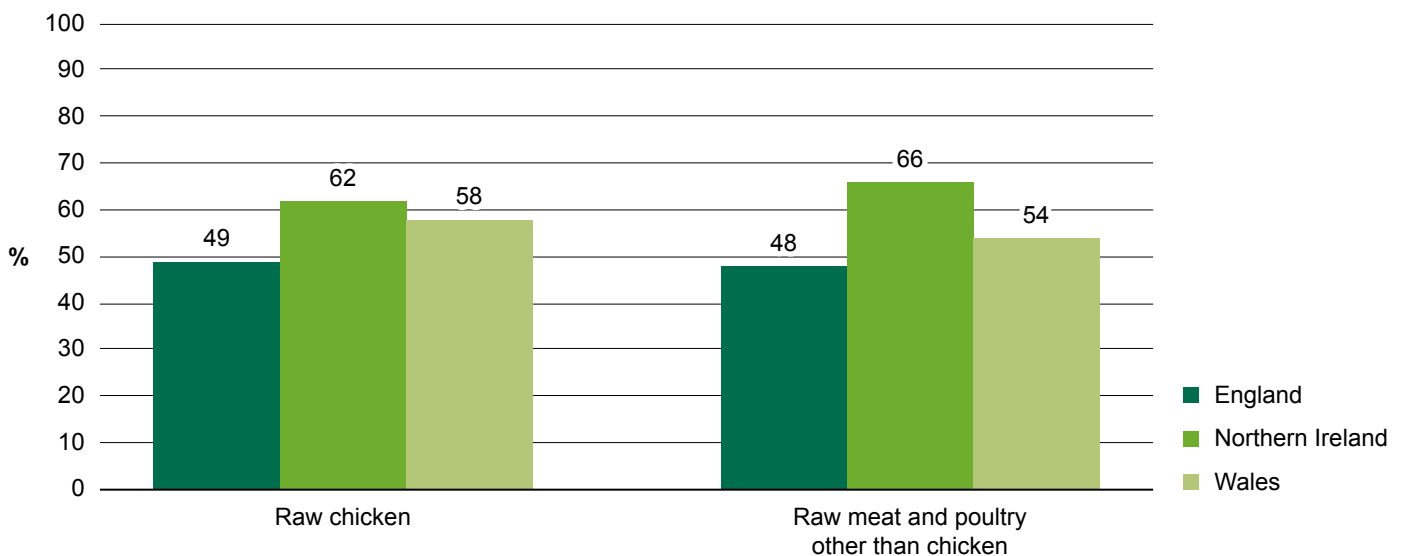
The FSA recommends never to wash raw meat, poultry and fish as splashing water transfers harmful bacteria to surrounding surfaces which then can come in contact with ready-to-eat food.

Respondents were asked whether they washed raw meat, poultry and fish before cooking. In line with FSA advice, respondents in Northern Ireland were most likely to say that they never washed **raw chicken** (62% of respondents in Northern Ireland never did this, compared with 58% in Wales and 49% in England) and never washed **raw meat and poultry other than chicken** (66%, compared with 54% in Wales and 48% in England).

A substantial minority, however, said they always washed raw meat and poultry other than chicken or raw chicken. Both of these were more common in England (23% and 27% respectively) than in Wales (15% and 18%) or Northern Ireland (12% and 18%).

Table 2.12

Figure 2.3. Never washes raw meat, by country



The FSA recommends that unless the packaging says 'ready-to-eat', fruit and vegetables should be washed before consumption.

Over half of respondents in England (55%) and Northern Ireland (58%) reported always washing **fruit and vegetables** to be eaten raw, compared with 44% in Wales. Respondents in Northern Ireland were most likely always to wash fruit and vegetables to be eaten cooked (58%, compared with 47% in England and 34% in Wales).

Conversely, the proportions who never washed fruit and vegetables to be eaten raw were higher in Wales (17%) than in England and Northern Ireland (10% and 11% respectively). Adults in Wales were also more likely to report never washing fruit and vegetables to be eaten cooked (25%, compared to 16% in England and 10% in Northern Ireland).

Table 2.13

Sanitising spray

The FSA recommends cleaning and disinfecting kitchen work surfaces to kill harmful bacteria and prevent it from spreading into food. It is recommended to use a sanitising spray and leave it on the surface for the time specified on the bottle before wiping it off.

More than half of respondents reported always using antibacterial surface sanitising spray or wipes to clean kitchen work surfaces, and this proportion was similar in all three countries.

When asked how they normally use surface sanitising spray, respondents were most likely to report that they spray it and immediately wipe it off (which is not in line with the recommended use), and this was at similar levels in all

three countries. The recommended action, spraying and leaving it for a few minutes before wiping it off, was more frequent in Wales (41%) and Northern Ireland (40%) than in England (33%).

Table 2.14

2.7 Assessing if food is safe to eat

Respondents were asked how they would tell whether different types of foods were safe to eat or use in cooking. Respondents were most likely to say that they assessed the safety of these foods by how they smelt; specifically milk and yoghurt, raw meat, fish excluding shellfish and eggs. In assessing whether cheese was safe to eat respondents were most likely to rely on how it looked.

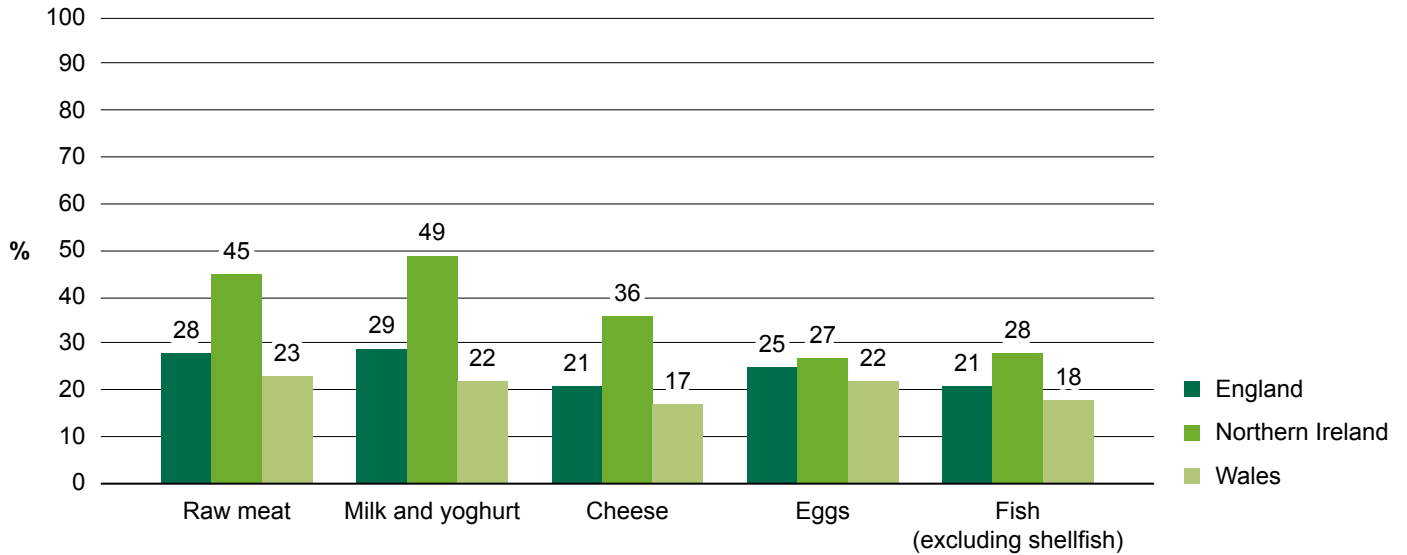
The recommended way of telling whether food is safe to eat or use in cooking is the use-by date.

The use-by date was mentioned by a minority of respondents as a way of assessing the safety of various foods.

When assessing whether eggs were safe to eat, use-by dates were used consistently across the three countries. However, when assessing milk and yoghurt, raw meat, cheese and fish, excluding shellfish, those in Northern Ireland were more likely to refer to the use-by date than those in England and Wales.

Tables 2.15 to 2.19

Figure 2.4. Proportions who check use-by dates to tell whether food is safe to eat or cook, by country



Product labelling

When asked which date labels indicate whether food is safe to eat or use, respondents were most likely to identify the use-by date as the best indicator of food safety.

Tables 2.20.1, 2.20.2

Respondents in Northern Ireland were most likely to say that they consulted use-by dates when they were about to cook or prepare food; 78% always did so, compared with 64% in Wales and 62% in England.

Table 2.21

The proportions who found it difficult to read labelling on food products due to the size of the print were similar in all three countries.

Tables 2.22

Using leftovers

The FSA recommends eating leftover food no more than two days from cooking (that is, up to Tuesday if cooked on Sunday). After that the food may be unsafe to eat.

The proportions who followed this recommendation were similar in all three countries.

Table 2.23

2.8 Sources of information about food safety

The most common sources of information about food safety were family and friends, product packaging and TV food shows and cooking programmes. Reliance on these sources was at similar levels in all three countries.

Table 2.24

3 Eating outside the home

3.1 Introduction

This chapter focuses on food bought from outside the home. The FSA's Strategy for 2015 to 2020¹⁶ highlights its commitment to protect public health from the risks which may arise in connection with the consumption of food, and outlines a number of consumer rights which underpin this, including the right to be protected from unacceptable levels of risk, and the right to make choices knowing the facts.

These rights also apply to obtaining and eating food outside the home. Therefore helping consumers to make informed choices about where they eat out and purchase their food is an important part of the FSA's commitment. As part of this commitment, in 2010 the FSA launched the national Food Hygiene Rating Scheme (FHRS)¹⁷ in partnership with Local Authorities and businesses across England, Wales and Northern Ireland.

Local authorities are responsible for carrying out inspections of food businesses to check that they comply with legal requirements and for awarding food hygiene ratings based on the findings of inspections.¹⁸ Businesses in England are encouraged, although not legally required, to display these ratings, whereas in Wales and Northern Ireland display of FHRS ratings is mandatory.^{19 20}

16 <https://www.food.gov.uk/sites/default/files/media/document/scistrat%20%282%29.pdf>

17 <https://www.food.gov.uk/safety-hygiene/food-hygiene-rating-scheme>

18 Food businesses are issued with a sticker and the rating is uploaded to www.food.gov.uk/ratings for public use.

19 Displaying FHRS ratings has been mandatory in Wales since 2013 following the Food Hygiene Rating (Wales) Act 2013, and in Northern Ireland since 2016, following the Food Hygiene Rating Act (Northern Ireland) 2016.

20 Since 2011, the FSA has commissioned independent research to track the proportion of businesses who display their FHRS ratings by audit and telephone survey. Latest figures found that in 2017, 55% of businesses in England, 85% in Northern Ireland and 86% in Wales were displaying their rating <https://www.food.gov.uk/research/research-projects/display-of-food-hygiene-ratings-in-england-wales-and-northern-ireland-2017-wave-of-research>

This chapter highlights the similarities and differences between respondents in England, Wales and Northern Ireland, and is complementary to Chapter 3 of the Combined Food and You Wave 5 report.²¹ It covers:

- where and how often respondents eat out or buy takeaways
- the types of information respondents use to decide where to eat out and which factors they consider important when making these decisions
- respondents' awareness of hygiene standards and recognition of the Food Hygiene Rating Scheme (FHRS).

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>.

3.2 Frequency of eating out

The definition of eating out in Food and You includes eating away from home and also buying takeaway food from different types of establishments including restaurants, fast food outlets, pubs, bars, nightclubs, cafés, and coffee shops, sandwich bars, canteens, hotels and B&Bs, and mobile vans and stalls. Breakfast, lunch or dinner were asked about separately.

The proportions eating or buying each of these meals away from home at least once a week were similar in all three countries.

Tables 3.1 to 3.3

²¹ <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

3.3 Where people eat out or buy takeaway food

Almost all respondents had eaten or bought takeaway food away from home in the last month in at least one of the outlets asked about, including 96% of respondents in Northern Ireland, 93% of respondents in Wales and 92% of respondents in England.

There were few differences between countries in the proportions who had eaten or bought takeaway food at different types of outlet in the last month. However, respondents in Northern Ireland were more likely to have bought takeaway food from a restaurant or takeaway outlet (66%) compared with England and Wales (both 56%). Conversely, respondents in England (41%) and Wales (39%) were more likely to report eating in a pub, bar or nightclub, compared with Northern Ireland (27%).

Table 3.4

3.4 Deciding where to eat out

When deciding where to eat out in the last twelve months, respondents were most likely to rely on their own experience of the place, recommendations from family and friends or word of mouth. These priorities were broadly similar across countries, although respondents in Northern Ireland were less likely than those in England and Wales to rely on their own experience (54%, compared with 65% and 67% respectively).

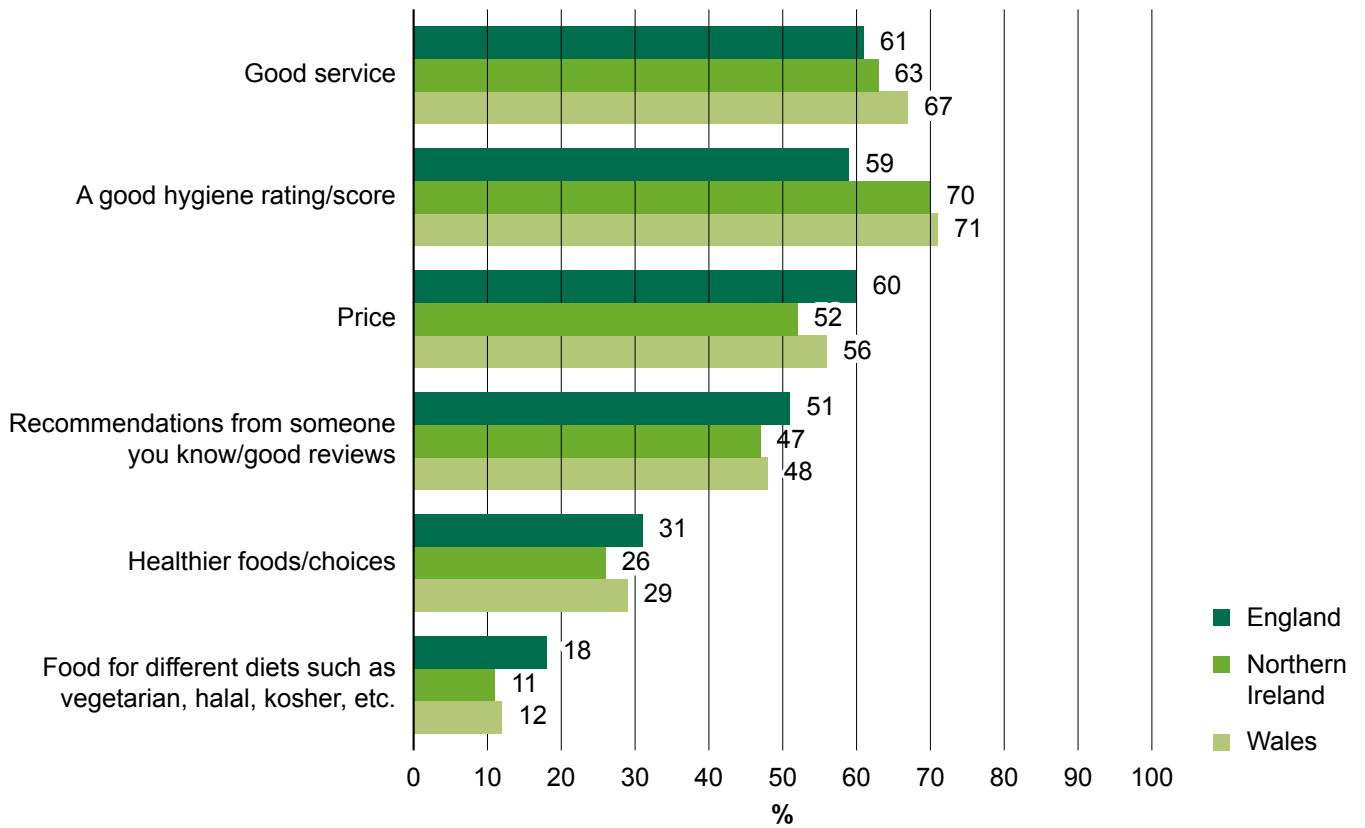
Table 3.5.1

Good service, a good hygiene rating score and the price of food were the factors most likely to influence their decisions about where to eat out. Similar proportions in each country mentioned good service, but the hygiene rating was less frequently reported in England (59%, compared with 71% in Wales and 70% in Northern Ireland), and price was more frequently reported in England (60%) than in Wales (56%) or Northern Ireland (52%).

Respondents in England were also more likely to choose a place to eat because it offered food for different diets, such as vegetarian, halal or kosher food (18% in England, compared with 12% in Wales and 11% in Northern Ireland).

Table 3.5.2

Figure 3.1. Main factors considered important when deciding where to eat out, by country



3.5 Awareness of hygiene standards when eating out

Respondents in Northern Ireland (83%) were most likely to report being very or fairly aware of hygiene standards when eating out or buying takeaway food compared with respondents in Wales (74%) and England (69%)

Table 3.6

Those who said they were aware of hygiene standards and those who described themselves as neither aware or unaware were asked how they assessed hygiene standards when eating out. The hygiene rating or score and the general appearance of the premises were most commonly mentioned. Respondents in England were less likely to mention the hygiene rating (60%, compared with 79% in Wales and 78% in Northern Ireland). The general appearance of the premises were less likely to be mentioned by respondents in Wales (48%) than those in England (60%) or Northern Ireland (59%). Other criteria were mentioned by similar proportions of respondents in each country with the exception of online customer reviews, which were used by 25% of respondents in England, 21% in Wales, and 16% in Northern Ireland.

Table 3.7

3.6 Recognition of the food hygiene rating scheme (FHRS)

Respondents were shown images of the stickers for the FHRS in their respective countries and were asked whether they had seen these images before. The FHRS was formally introduced in 2010. Businesses in England are encouraged,

although not legally required, to display their FHRs rating, while display has been mandatory in Wales since 2013, and in Northern Ireland since 2016.



Recognition of the Scheme stickers was generally high, although lower in England (86%) than in Wales or Northern Ireland (both 94%).

Table 3.8

4 Food poisoning

4.1 Introduction

The current incidence of food poisoning within the UK is difficult to quantify. Although food poisoning is classed as a legally notifiable infection under the Health Protection Regulations 2010, the second study of Infectious Intestinal Diseases in the Community (IID2) estimated that for every case notified to the authorities, there were around ten GP consultations and 147 cases in the community. The same study estimated that in 2008-9 around a quarter of the population suffered from symptoms during the course of a year.²²

Campylobacter was the most common foodborne pathogen identified through the IID2, closely followed by clostridium perfringens and norovirus. Salmonella was the cause of the most hospital admissions.²³ Less common pathogens may have more serious effects. For example, listeria monocytogenes, causes listeriosis, which may be fatal, particularly among vulnerable groups, such as pregnant women, people with reduced immunity, new-born babies and people aged over 60.²³

In the Strategic Plan 2015 to 2020,²⁴ the FSA set out its commitment to ensuring 'Food is safe' and 'Empowering consumers' to make informed decisions about the food they buy, prepare and eat.

This chapter covers respondents' experience of food poisoning, their action taken as a result of having food poisoning and their attitudes towards food poisoning and food safety. It highlights the similarities and differences between respondents in England, Wales and Northern Ireland, and is complementary to Chapter 4 of the Combined Food and You Wave 5 report.²⁵

22 <https://www.food.gov.uk/research/research-projects/the-second-study-of-infectious-intestinal-disease-in-the-community-iid2-study>

23 <https://www.food.gov.uk/safety-hygiene/listeria>

24 <https://www.food.gov.uk/sites/default/files/media/document/FSA-Strategic-plan-2015-2020.pdf>

25 <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

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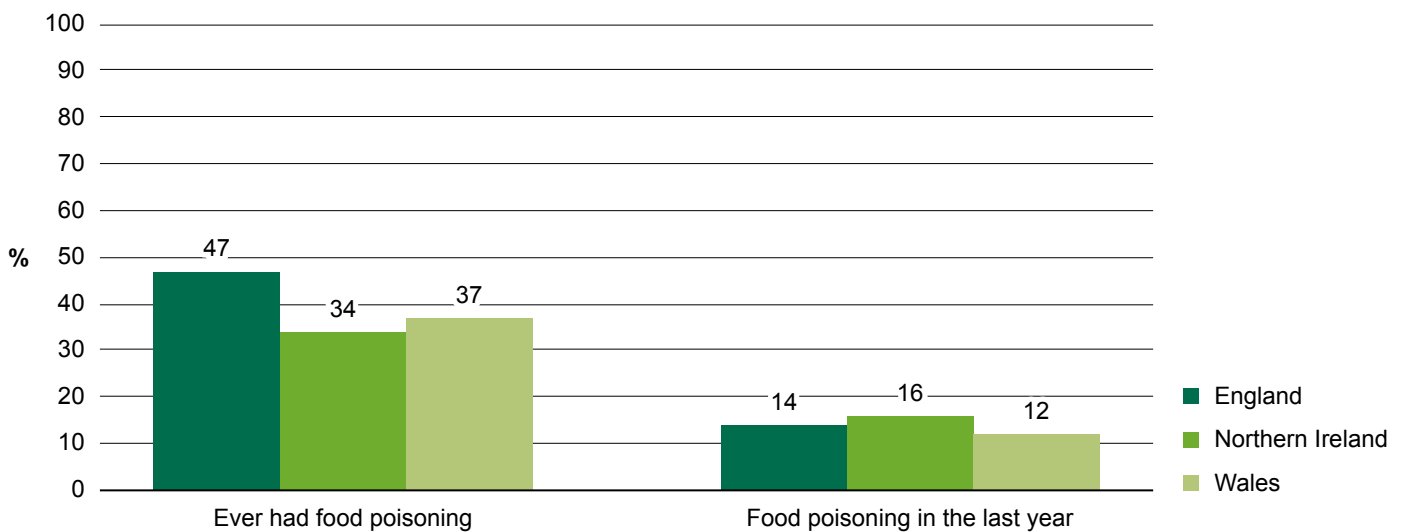
Tables accompanying this chapter are available in Excel at <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>.

4.2 Experience of food poisoning

Respondents in England (47%) were most likely to report that they had experienced food poisoning at some time in their lives compared with Wales (37%) and Northern Ireland (34%) however similar proportions in each country said they had experienced food poisoning in the last year.

Table 4.1

Figure 4.1. Experience of food poisoning, by country



Respondents who had experienced food poisoning were asked what action they took as a result. Most respondents took no action however some respondents reported that they stopped eating at certain eating establishments or stopped eating certain foods; this was consistent across countries.

Table 4.2

4.3 Attitudes towards food safety and food poisoning

Respondents in England (68%) were most likely to agree that **'I always avoid throwing food away'** compared with those in Northern Ireland (63%) and Wales (60%)

Respondents in England (42%) and Wales (39%) were more likely to agree that **'If you eat out a lot you are more likely to get food poisoning'** than those in Northern Ireland (33%).

Similar proportions in all three countries agreed with the following statements:

- 'Restaurants and food establishments should pay more attention to food hygiene';
- 'I am unlikely to get food poisoning from food prepared in my own home';
- 'I often worry about whether the food I have is safe to eat'.

Table 4.3

5.1 Introduction

The FSA published its 2015–2020 Strategic Plan under the title *Food We Can Trust*.²⁶ The strategy identifies the importance of ensuring “Food is safe and what it says it is”. Achieving this entails trust in all elements of the food chain as well as trust in the FSA and its role in ensuring the integrity of the food we eat.

The trust questions asked in Food and You broadly follow Organisation for Economic Co-operation and Development (OECD) guidelines,²⁷ focusing on institutional trust as opposed to interpersonal trust. The questions were also guided by the OECD’s five dimensions of trust specific to trust in the institutions of government: integrity, responsiveness, reliability, openness, and fairness.

Questions focused specifically on:

- authenticity (that food is what it says it is)
- trust in the food system (the production, distribution and sale of food)
- trust in food regulation (that food is regulated effectively to protect consumers)
- trust in the FSA itself as a department (that the department meets the five dimensions of trust)

These categories cover individual, structural and relational trust, which are the three types of trust identified by the FSA’s Trust in a Changing World project.²⁸

This chapter focuses on awareness of and confidence in the FSA, as well as questions on trust in food and the food supply chain, and food authenticity. It highlights the similarities and

26 <https://www.food.gov.uk/sites/default/files/media/document/FSA-Strategic-plan-2015-2020.pdf>

27 <http://www.oecd.org/governance/oecd-guidelines-on-measuring-trust-9789264278219-en.htm>

28 <https://www.food.gov.uk/research/research-projects/trust-in-a-changing-world>

differences between respondents in England, Wales and Northern Ireland, and is complementary to Chapter 5 of the Combined Food and You Wave 5 report.²⁹

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>.

5.2 Awareness of the FSA

In measuring awareness of the FSA, the questionnaire took account of the fact that participants had been introduced to the survey with letters carrying the FSA logo and signed by an FSA research officer, and the survey leaflets similarly referred extensively to the FSA.³⁰ Respondents were therefore asked whether they had heard of the FSA before they were contacted to take part in the interview.

Respondents in England were less likely than others to have heard of the FSA before they were contacted about Food and You (86%, compared with 90% in Wales and 91% in Northern Ireland). These differences were to some extent accounted for by the proportions who said that they had heard of the FSA but didn't know much about the Agency or its responsibilities (52% in England, compared with 63% in Wales and 62% in Northern Ireland). Similar proportions in each country said they had previously heard of the FSA and knew about its responsibilities.

Table 5.1

²⁹ <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

³⁰ Survey materials can be found in the Food and You Wave 5 Technical Report <https://www.food.gov.uk/research/food-and-you/food-and-you-wave-five>

5.3 Trust in the FSA

Trust in the FSA was measured by asking respondents to consider how they thought the FSA would respond to seven food-related scenarios (e.g. an outbreak of food poisoning). Each item was scored on how likely the FSA was to respond in a certain way from 0 (very unlikely) to 10 (very likely) and have been grouped as follows:

- low likelihood (0 to 3);
- medium likelihood (4 to 6);
- high likelihood (7 to 10).

For these ratings, 'don't know' responses are also shown.

Overall there was a high degree of confidence in the FSA. Similar proportions in all three countries believed that there was a high likelihood that:

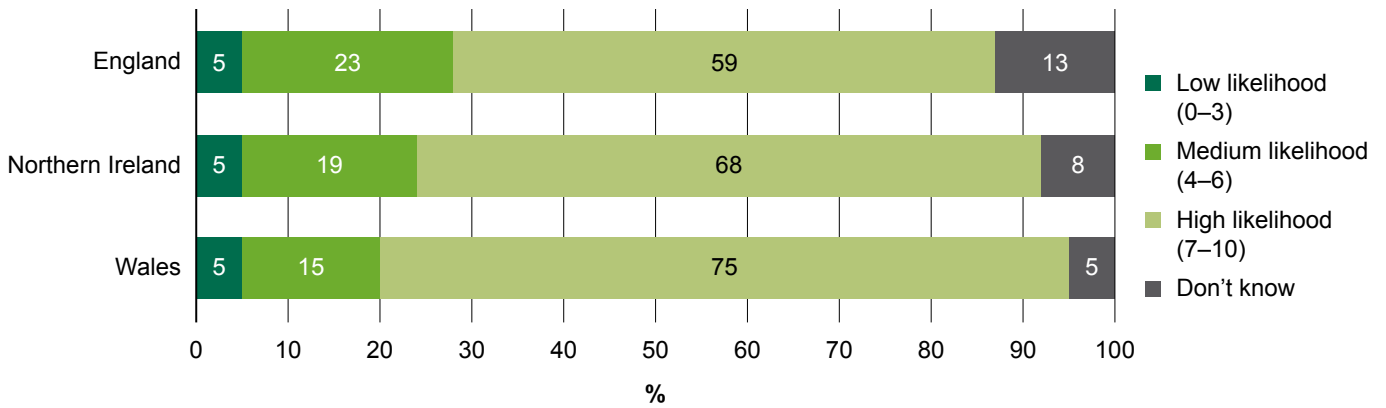
- if new evidence about food safety came to light, the FSA would inform the public;
- if new evidence about food safety came to light, the FSA would respond as soon as possible;
- if new evidence about food safety came to light, the FSA would tell the truth about it to the public; and
- the FSA puts the public first.

For the other statements (discussed below), confidence in the FSA was lower in England than in Wales or Northern Ireland.

If you wanted to report a food-related issue to the FSA, how likely do you think it would be that the problem would be looked into?

The proportions believing that there was a high likelihood that this was so were 75% in Wales, 68% in Northern Ireland and 59% in England.

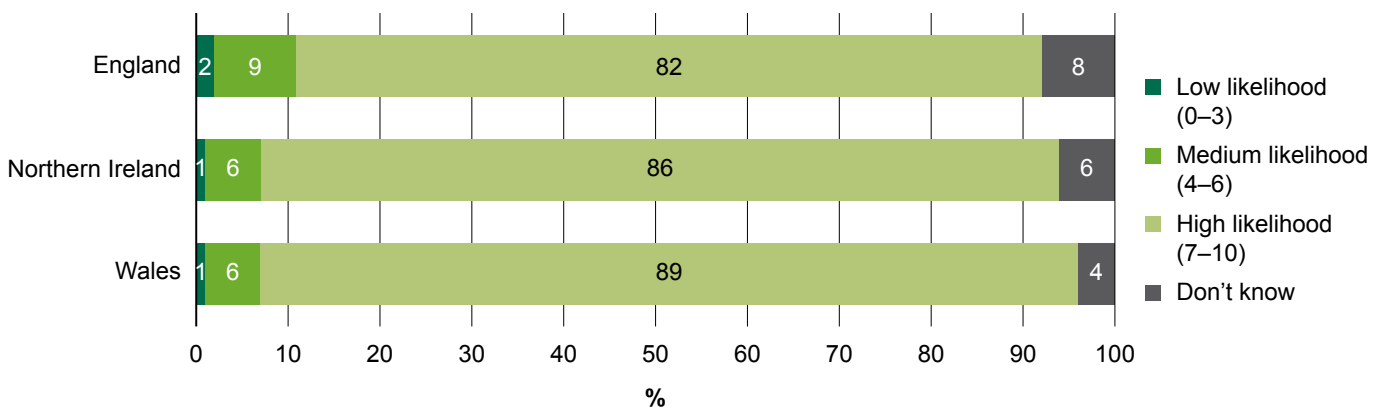
Figure 5.1. How likely would the FSA be to act on a report of a food related issue, by country



If there was a food poisoning outbreak, how likely or unlikely do you think it would be that the FSA would take action to protect the public?

89% of respondents in Wales believed that there was a high likelihood of this, compared with 86% in Northern Ireland and 82% in England.

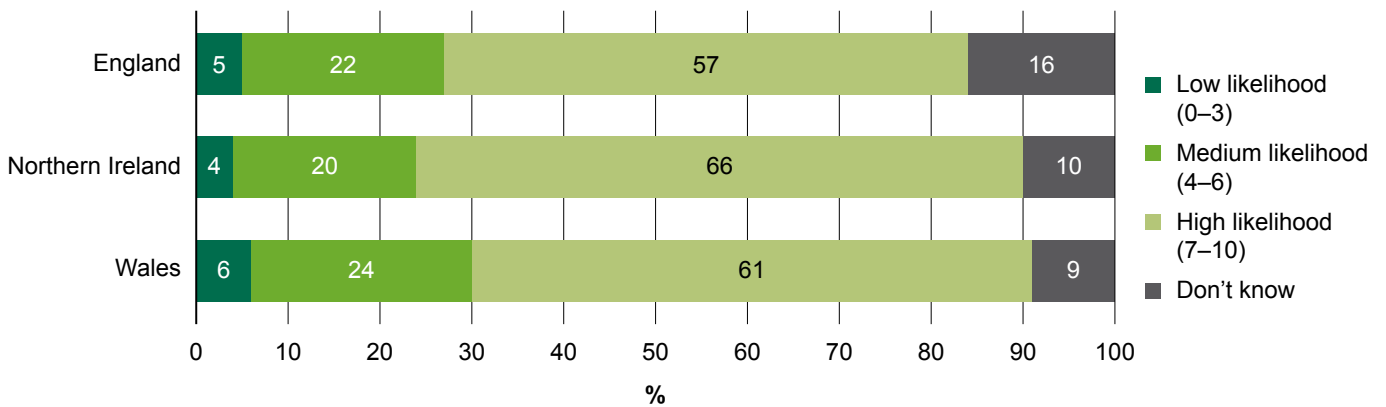
Figure 5.2. How likely would the FSA be to take action to protect the public if there was a food poisoning outbreak, by country



In general, how likely or unlikely do you think it is that the FSA is impartial? By this we mean that the FSA acts independently of external sources?

66% of respondents in Northern Ireland believed that there was a high likelihood that the FSA was impartial, compared with 61% in Wales and 57% in England.

Figure 5.3. How likely is it that the FSA is impartial, by country



Tables 5.2 to 5.8

5.4 Trust in the food supply chain

Food and You Wave 5 included five questions about consumers' trust in the food they buy and eat, covering provenance, quality, the food supply chain and safety. In England and Wales the questionnaire asked about buying food and groceries in Britain; in Northern Ireland the question referred to buying food and groceries in the UK and Ireland.

As with confidence in the FSA, respondents in England tended to be less sure about different elements of the food chain than were those in Wales or Northern Ireland.

Provenance

Similar proportions in all three countries said they would be very or fairly sure that they knew where the food they bought had come from.

Quality

Respondents were asked separately about food from Britain or the UK and Ireland and food from overseas. More than half were very or fairly sure that the food they bought from Britain or the UK and Ireland had been prepared to the highest quality standards (58% in England, 59% in Wales and 67% in Northern Ireland).³¹

There was less trust in food from abroad, and this was at similar levels in all three countries.

The food supply chain

There were differences between countries in the proportions who were very or fairly sure that all the guidelines had been properly followed at all stages in bringing the food they bought from the farm to their home (47% in England, 53% in Wales and 58% in Northern Ireland).

Food safety

Respondents in England were less sure than those elsewhere that the food they bought for their households was safe to eat (80% of respondents in England very or fairly sure, compared with 85% in Wales and 86% in Northern Ireland).

Table 5.9

³¹ In England and Wales, respondents were asked about 'food that comes from Britain', in Northern Ireland the question referred to 'food that comes from the UK and Ireland'.

5.5 Food authenticity

Confidence in food being what it said it is on the label or the menu was similar in all three countries.

Table 5.10



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