

Quarterly Public Attitudes Tracker - Advice on measuring trends in awareness, trust and confidence

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Quarterly Public Attitudes Tracker

*Advice on measuring trends in
awareness, trust and confidence*

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1 Introduction

The Food Standards Agency (FSA) has data on people's awareness of, trust in and confidence in the Agency going back for around a decade. It has quarterly readings on **awareness** and **confidence** collected within a face-to-face omnibus survey of adults (aged 16 and over) in the UK¹ which uses random location sampling. It refers to this as its 'Public Attitudes Tracker'. Quarterly readings on people's **trust** in the FSA began in 2008, when a question previously asked on the Consumer Attitudes Survey (CAS) was added to the suite of 'Tracker' questions on the omnibus. The FSA has annual readings on trust dating from 2000 to 2007 from CAS, which was an annual face-to-face survey also using random location sampling.

The FSA has asked BPSR to review the Tracker, assessing whether the methodology and current suite of questions provide robust data on public awareness of, and confidence and trust in the Agency. As the Tracker is also used to measure trends in attitudes towards food safety issues and other specific food issues, the FSA has also asked us to consider these within the remit of the review.

In this short report, we provide advice and draw recommendations on -

- Measuring public awareness of the FSA (Section 2)
- Measuring trust and confidence in the FSA (Section 3)
- Monitoring trends in 'food issues' in the Tracker (Section 4)
- The current methodology used for the Tracker and feasible alternatives (Section 5)

In each section, we are mindful of the implications of making any changes to the comparability of the trend data. During our short review, we have consulted with Alison Park at Natcen and Rory Fitzgerald at City University who work on two key attitudinal surveys (British Social Attitudes Survey and the European Social Survey) and Debbie Collins at NatCen who is an expert in survey question testing.

¹ Prior to 2006, fielded only in Great Britain.

2 Measuring awareness of the FSA

2.1 Overview

Currently, the Tracker measures public awareness of the FSA by -

- Showing respondents a list (the order of which is randomised) of government departments, agencies and other organisations, and asking them to say which they have heard of. Those saying they have heard of the FSA at this point are recorded as having 'spontaneous' awareness of it;
- Those not spontaneously aware of the FSA are asked directly about whether they have heard of it. Those saying they have heard of it at this point are recorded as having 'prompted' awareness of it.

Since September 2009, some revisions were made to the list of organisations. Our understanding is that, prior to this, the list had been the same since 2001. These questions are asked at the start of the module of Tracker questions on the omnibus. Of course, given the nature of an omnibus survey, the topics preceding the module will vary from quarter to quarter, so there is no ability to control for any order effects outside of the module.

The FSA has asked us to review whether this is the best way for them to measuring awareness of the Agency. In the sub-sections below, we address the questions –

- What is the best way of measuring awareness of the existence of the FSA? (sub-section 2.2)
- Should the FSA be measuring people's awareness of the role of the FSA rather than simply its existence? (sub-section 2.3)
- How frequently should awareness be measured? (sub-section 2.4)
- What would the implications of any changes/additions be for the time series? (sub-section 2.4)

2.2 Measuring awareness of the existence of the FSA

In this sub-section, we review the structure of the current awareness questions and raise potential alternatives to measuring awareness of the existence of the FSA.

To start, it is useful to more tightly define what is currently used as a measure of 'awareness' of the FSA. The current questions provide a measure of whether people have heard of an organisation called the Food Standards Agency. More accurately, it is a measure of whether people have heard of an organisation called something along the lines of the Food Standards Agency. Respondents choose from a written list and are likely to say they have heard of it even if they were not sure of the exact name of the organisation.

In terms of measuring whether someone has heard of the Agency, the current question structure is fair. We concur with the approach of embedding the FSA within a wider list of organisations (which is quite a common approach to measuring awareness), and of the randomising of the list. (We assume that interviewers keep prompting for more answers, although this is not on the CAPI script.) However, it is questionable whether identification of the FSA from a written list of organisations is a measure of 'spontaneous' awareness. It might more accurately be described as 'prompted'. If the FSA continues to field this question, it would be helpful to more accurately describe the measure – proportions 'heard of' rather than 'aware of' and 'prompted' rather than 'spontaneous'.

We are less sure of the merits of the follow up question which asks explicitly about the FSA (rather than relying on respondents picking it out from the list). The proportions picking from a list may well be a more accurate reflection of the proportions who have heard of the FSA. The follow-up question may well suffer from acquiescence bias, with respondents feeling led to say that they have heard of the FSA. However, without knowing what came out of (or could come out of) the cognitive testing and/or piloting of these questions, it is impossible to be definitive about this. If, for reasons of continuity over time, the FSA continued to use this follow-up question, it would need to consider how to relabel it, if the 'spontaneous' reading was changed to 'prompted'.

Whether the FSA should explore alternative ways of measuring whether the public is aware of the existence of the Agency depends on its information needs. As we have said, it currently has a prompted measure of whether people have heard of the Agency. One obvious alternative measure of awareness of the FSA is whether people know which organisation has the FSA's remit. Two questions could be used to get a spontaneous then prompted measure of this -

- Respondents could be asked to spontaneously name the organisation accountable for protecting people's health and the interests of consumers in relation to food (obviously worded in a more respondent-friendly fashion than this)²;
- Those that don't know (or answered incorrectly?) could be asked to pick from a list of plausible organisations (eg Department of Health, Food Standards Agency, DEFRA, Health and Safety Executive, Meat Hygiene Service).

Alternatively, if the important issue is for people to be able to pick out the role of the FSA against those of similar organisations, then the spontaneous question could be dropped and just the prompted question asked, framed along the lines of 'Which if any of these organisations is accountable.....'.

One further dimension to awareness that the FSA might be interested is its visual identity - namely whether people recognise the FSA logo (given its use across a number of FSA campaigns). Respondents could be asked to pick out the logo from a number of alternatives (either made up or of other similar organisations), or be asked to spontaneously name the organisation with this logo. The latter might be more difficult to execute within a module of questions about the FSA.

2.3 Measuring people's awareness of the role of the FSA

The FSA has asked us to consider whether it should measure awareness of the Agency via a series of questions rather than the current two. In the sub-section above, we suggest additional/alternative ways of measuring public awareness of the FSA (and in sub-section 2.4 we discuss how these might be added without disrupting the time series). However, the FSA may want to consider further expanding the questions they ask on awareness to measure the extent to which people are aware of the roles that the FSA plays. The advantage of these additional questions would be that -

- (a) it would provide more detailed data on people's awareness of the Agency and what it does;

² The interviewer would then code to a precoded list (not shown to the respondent). This would not require later coding by the omnibus survey organisation.

- (b) it would test on a regular basis the extent to which the public are aware of new FSA campaigns and initiatives and the extent to which they attribute these to the FSA;
- (c) it would provide more data to understand trends in trust and/or confidence in the FSA.

This would involve asking people to list things that fall within the remit of the FSA. This could be asked spontaneously³, and followed up using a precoded list (including things that are and are not part of the FSA's remit), or simply the latter.

2.4 Measurement frequency and time series implications

Since 2001, the FSA has tracked public awareness of the Agency on a quarterly basis. Now, several years after the launch of the Agency, awareness levels (as currently measured) are relatively stable wave on wave. If the FSA decided to continue (solely) with the current questions on awareness, it could consider increasing the intervals between each reading (to, say, twice a year). However, there are different decisions to be made if these questions are replaced and/or added to with one or more of the suggestions made in sub-sections 2.2 and 2.3.

A question on public awareness of the FSA logo could be added after the existing two awareness question without issue. However, asking awareness of the organisation by asking which organisation has the FSA's remit would need to be as an alternative rather than in addition to the existing questions. Both in order to maintain the existing time series and because the two types of questions measure different dimensions of awareness (both of which have their uses), we advocate asking the two types of awareness question at alternative quarters. In this way, the FSA will continue its existing time series (with a less frequent reading) as well as adding another awareness dimension, without each contaminating each other. If, over time, the new measure gets more frequently used, it would be possible to phase out the other. Given it is likely that the new questions might get quite different readings than the current ones, we would not advocate stopping these, at least until a new time series

³ Again, the interviewer would then code to a precoded list (not shown to the respondent). This would not require later coding by the omnibus survey organisation.

is established with other questions. The question on the logo could be asked either quarterly or twice yearly.

Additional questions on the remit of the FSA (as suggested in sub-section 2.3) could be added without issue after either set of questions in sub-section 2.2. At least in the early stages of the time series, we suggest fielding these on a quarterly basis (particularly in relation to seeing how new campaigns are associated with fluctuations in awareness of particular roles). In terms of the flow of the interview, these questions would be best placed straight after the other awareness questions. However, this has the danger of affecting later questions on trust and/or confidence in the FSA. Indeed, making any changes to the awareness questions may have some effect on how people answer the questions on trust and/or confidence. This is something that we return to in our concluding comments in Section 6.

As requested, we are providing general advice, rather than exact question wordings, at this point. Any new questions in this area would require cognitive testing prior to launching. In addition, piloting would be required to decide whether asking spontaneous awareness would work sufficiently well to merit both the open questions and the prompted ones (both for awareness of which organisation has the FSA remit and awareness of the roles of the FSA).

3 Measuring trust and confidence in the FSA

3.1 Overview

Currently, the Tracker measures public trust and confidence in the FSA via three questions covering –

- Confidence in all organisations involved in protecting people’s health with regards food safety (measured using a 5-point verbalised scale from ‘very confident’ to ‘not at all confident’);
- Confidence in the role played by the FSA in protecting people’s health with regards food safety (measured using the same 5-point verbalised scale from ‘very confident’ to ‘not at all confident’);
- Trust in the FSA (measured using a 7-point numeric scale with verbalised end points ‘an organisation I do not trust at all’ and ‘an organisation I trust completely’).

These questions are asked after the awareness questions listed in sub-section 2.1 and two questions measuring respondents’ own levels of concern about food safety issues. The FSA uses data from the Tracker for both confidence questions; for the trust question it uses data from CAS until summer 2008 and the Tracker from autumn 2008 onwards.

The FSA has asked us to review how it measures public trust and confidence, particularly in light of differences in levels of trust and confidence and a reduction in levels of trust since it was added to the Tracker; and because trust levels are markedly lower than levels of confidence.

In the sub-sections below, we address the questions –

- What is the difference between ‘public trust’ and ‘public confidence’, and is it meaningful to measure both in relation to the FSA? (sub-section 3.2)
- How should trust/confidence in the FSA be measured? (sub-section 3.3)

- How frequently should trust/confidence be measured? (sub-section 3.4)
- What would the implications of any changes/additions be for the time series? (sub-section 3.4)

3.2 Concepts of public trust and public confidence

In the absence of cognitive testing, we cannot come to a definitive answer about the divergence in the trends in public trust and public confidence, and in the reasons for the differences in people's responses to each question, although, as we explain in later sections, two key elements are the end points on the trust question and the difference in scales used. However, in this initial section we start with some comments on the similarities and differences between the two concepts (putting differences in question structures to one side for the moment), and whether it is useful, or indeed appropriate, to try to measure both in relation to the FSA.

When surveys ask people about their views of an organisation, they commonly ask how much they trust them (eg British Social Attitudes asks about trust in government and in politicians; the European Social Survey asks about a range of institutions including the police and the legal system). We found very few examples of studies measuring confidence in the role of an organisation (for instance one survey we came across on trust in charities funded by the Charity Commission asks people about 'trust and have confidence in' in the same question). In 2006, ONS published a paper on measuring public confidence in official statistics (Simmons and Betts, 2006). After cognitive testing, they altered questions designed to measure people's *confidence* in different statistics to become measurements of *trust*. Respondents were more comfortable with using the term 'trust' and – when talking through how they had answered questions on confidence during the cognitive interview – often replaced the term 'confidence' with 'trust'. Although confidence in statistics and confidence in an organisation are not directly comparable, this finding is useful nonetheless. It shows both the fine line between the two concepts and suggests that, if a choice were to be made between the two, trust is a more user-friendly term.

That is not to say that there is no difference between the two concepts. Hall et al (2002) in a paper on measuring trust in the medical profession defined trust as 'the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor,

irrespective of the ability to monitor or control that other party'. Public trust certainly implies that there is some form of spoken or unspoken contractual agreement between the public and the organisation, and that it involves issues of governance. Confidence in an organisation definitely plays a part in someone's trust in them. However, if we picture this as a Venn diagram, trust and confidence partly but not wholly overlap. We suspect that cognitive testing might show that asking about 'confidence' implies that the FSA is an organisation that protects the public from risk. This may seem more appropriate for some of the FSA's roles (eg around protecting the public against large-scale food safety issues such as the BSE crisis) than for others (eg educating about salt levels).

The issues raised above point to the usefulness of some qualitative and/or cognitive work around how the FSA is viewed and how the current questions on trust and confidence are answered. On the face of it, a generic question on overall trust in the FSA may work better than a generic question on confidence in the Agency, and sits within a wider body of survey data on trust in other institutions (to which the FSA could be compared⁴). Whether 'confidence' is an appropriate measure needs further unpacking. An alternative approach might be to focus on the key roles of the FSA and, for each, ask respondents -

- how *important* they feel it is to have a government agency responsible for this; and
- how *well* they feel the FSA is doing on this aspect.

This might provide richer data than the confidence question, to be used alongside a generic question on trust.

3.3 Measuring trust/confidence

Confusion over the concepts of trust and confidence is only one explanation for the differences in how respondents rate levels of confidence and trust in the FSA. (However, we think it almost certainly contributes.) There are a number of methodological factors which may also play a part –

⁴ However, the current scale that the FSA uses to measure trust does not match those of other surveys. Direct comparison between it and other organisations would require the use of the same question structure and scale.

- Asking two questions on confidence immediately followed by a question on trust (sub-section 3.3.1);
- The different question structures and wordings for the confidence and trust questions (sub-section 3.3.2); and
- The response scales used to measure confidence and trust (sub-section 3.3.3).

We discuss each of these in turn.

3.3.1 Question ordering

Prior to September 2008, the FSA's measure of trust came from CAS. Although the confidence questions were also fielded on CAS, the questions on trust and confidence were not asked close together and therefore unlikely to be subject to order effects that may be happening on the Tracker. Prior to September 2008, the Tracker included the two confidence questions, but not the trust question.

Given the overlap in the concepts (discussed in sub-section 3.2), it is highly plausible that the confidence questions will have an impact on how respondents reply to the trust question. If there is an order effect, it may be that – if respondents feel that they are being asked the same question in a different form – that they feel as if they answered incorrectly the first time and change their trust rating as a result. Cognitive testing would be helpful in unpacking this.

3.3.2 The questions on confidence and trust

It is reasonably likely that, if the FSA commissioned the question development work that we suggest, the current questions on confidence in the FSA will be dropped in favour of a suite of questions looking at public attitudes towards how well the FSA are doing on a range of measures. However, as we cannot be sure of this, we have reviewed the question structure of both the confidence and the trust questions.

One overarching issue is how respondents answer these questions if they are not aware of the FSA and its role. The quality of the data from respondents who first hear of the FSA and/or what it does via the description preceding the question on confidence in the FSA must be questionable. Any question that relies on an explanatory introduction is subject to concern. In this instance, concerns will be exacerbated by the fact that the explanation itself lacks clarity. Having an expanded

set of questions on awareness of the FSA may help in this respect, as respondents will have had a more detailed introduction to the FSA before being asked questions around confidence and/or trust.

Rather surprisingly, although the trust and confidence questions are both asked of all Tracker respondents, the published statistics on confidence are based on all responses (irrespective of whether a respondent is aware of the FSA) whereas the trust statistics exclude those not aware of the FSA. If the two statistics are to be continued we would recommend that this difference be phased out, with both sets of statistics being based on those who were aware of FSA prior to the interview. (Note that one plausible reason confidence levels have increased over time is that more people have become aware of the FSA. Those not aware of the FSA tend to be 'less confident' – most answering the question on confidence as either 'neither confident nor not confident' or as a 'don't know'.)

3.3.2.1 Current questions on confidence

The question on confidence in all organisations involved in protecting health regarding food safety is complex and cognitively difficult -

- The FSA uses the term 'food safety' to cover a wide range of issues (as listed in Q3a). However, as a standalone phrase, it is not clear that respondents will all have the same understanding of what is meant by this phrase, with some likely to take a much narrower definition around food hygiene and food poisoning and not include issues around healthy consumption;
- People may not be clear what is meant by 'all organisations involved...' and it is therefore difficult to analyse how people have responded to this question;
- The question is long and wordy, combining a number of quite vague terms (eg current measures, all organisations, health with regards to food safety).

If the FSA continues to field questions on confidence, we question the usefulness of asking about all organisations in addition to the question on the FSA. We also recommend reworking of the question to improve clarity.

The question on confidence in the FSA suffers from a number of the same points, and relies on respondents having an understanding of 'the role played by the Food Standards Agency'.

The problems with the design of these two questions will undoubtedly affect the quality of the resulting data and may add to the discrepancies between the questions on confidence and on trust.

3.3.2.2 Current question on trust

On wording of the current question, the current question wording of the trust question could be tidied up, so that it asks more directly about the extent to which the respondent trusts the FSA. It currently asks how they 'rate' the FSA, then introduces the 7-point scale, and only then introduces the concept of trust. Also, it is cognitively confusing to explain what the 7th point of the scale is followed by the 1st point of the scale, only then to show the scale in a way that the respondent reads the 1st point before the 7th.

The FSA asked us to consider whether the questions on trust and/or confidence should be asked within a battery including other organisations. The benefits of this are not immediately clear, unless the FSA would like to be able to position themselves alongside other related organisations. If that is not the case, then it is appropriate to ask about trust/confidence in the FSA alongside the other questions on the FSA and not add to the survey costs by including the FSA within a battery of other institutions. The responses about the FSA should be more considered when asked in this way, rather than within a list of other institutions.

3.3.3 The response scales

Again, we have commented on the scales used for both the 'confidence' and the 'trust' questions.

3.3.3.1 'Confidence' scale

The questions on confidence use a five-point comparative evaluative scale. These types of scales allow for measurements of stronger or weaker degrees of confidence, but without providing a score along a continuum provided by a numerical scale (see sub-section 4.3.3.2). A five-point scale seems sufficient on this occasion. However, the format of the current scale is that of a four-point scale with a mid-point added, and would be better worded as a true five-point scale. The structure of this scale means it is straightforward to group people into those who are 'confident' (very plus fairly), and

‘not confident’ (not very and not at all), and those who are neither confident or not, so the published statistics on the ‘percentage confident’ do unambiguously identify those respondents who are confident. (This contrasts with the trust statistic, as we describe below.)

3.3.3.2 ‘Trust’ scale

The scale used for the question on trust is a numeric 7 point scale, with the two ends anchored (currently – see below) with the rating ‘an organisation I do not trust at all’ (code 1) and ‘an organisation I trust completely’ (code 7). The use of a numerical scale mirrors the decisions taken on a number of other surveys measuring trust (although not British Social Attitudes) allowing for a wider spread of responses than a comparative evaluative scale. (It is worth noting that in their work on trust in institutions both ONS and the European Social Survey teams chose scales running from 0 to 10, because people are more used to rating on this scale than, say, a scale from 1 to 7. ONS also found evidence that respondents liked to have 0 as the end point, denoting that they had no trust in the institution at all.)

We have identified two major issues with the trust scale that is currently used – firstly in terms of how it has changed since it was fielded on CAS and secondly in terms of whether its format is appropriate for the purposes for which it is used.

3.3.3.2.1 *Change in format since CAS*

Whether inadvertently or not, there was a change in the wording of the trust question and scale between the CAS and the Tracker. In the CAS the question used was –

SHOW SCREEN

Q46b How would you rate the Food Standards Agency on a scale of 1 to 7 where 7 is ‘an organisation I trust’ and 1 is ‘an organisation I don’t trust’
SINGLECODE, (ALLOW D/K - DO NOT SHOW)

An organisation I don’t trust	1	2	3	4	5	6	7	An organisation I trust
-------------------------------	---	---	---	---	---	---	---	-------------------------

In the Tracker the phrase ‘an organisation I trust’ became ‘an organisation I trust completely’.

This change in the description of the scale is, we believe, the principle reason for the sharp drop in those giving a score of 5-7 that accompanied the move to the Tracker.

For the last three waves of the CAS the trust statistics were at around 60% (only slightly lower than the confidence statistics) but with the change of wording the trust statistic fell to around 50%. This is the kind of shift that would be expected with a much 'stronger' statement at the top end of the scale.

3.3.3.2.2 *Whether the scale format is appropriate*

The rationale for using scales with more points is that it allows for more detailed, and subtle, analysis of ratings. For the FSA, we understand that the main use of the trust question is to generate a 'trust percentage', so that having an unbiased measurement of this percentage overrides any analysis requirements. At the moment those rating the FSA as 5, 6 or 7 on the trust question are assumed to 'trust' the FSA. This is an imposed assumption, and we believe it would be far preferable if a trust percentage was derived with the numerator being those respondents who explicitly say that they trust the Agency. This would argue for a labelled scale, as with confidence. It would also mean moving to a 5 point scale for trust because 7, or more, point scales are confusing if labelled.

As a crude check on the implicit assumption that a score of 5, 6, or 7 denotes trust and 4 is a neutral position, we have looked at the association between trust responses and confidence responses. For the latest wave of the Tracker (Wave 44), of those who were 'very confident' in the FSA, 90% gave a trust score of 5 or more, with the majority scoring 6 or 7. So there is certainly a strong association between confidence and trust. But for those 'fairly confident' (that is, those more ambiguous about the FSA), just 59% gave a trust score of 5 or more, and most of these gave a score of 5. And a very large percentage (36%) gave a trust score of 4. These 36% are all assumed by the FSA to not trust the FSA, whereas, with a labelled scale, we suspect many would say that 'on balance' they do trust the Agency. Any such misclassification of a proportion of the '4's could well explain a lot of the difference between the trust and confidence statistics⁵.

⁵ We wonder whether all respondents register that 4 is the mid-point of a scale from 1 to 7, or whether they perceive it as just above the mid-point. Many may simply divide 7 by 2 and assume that anything above 3.5 is 'positive'.

3.4 Measurement frequency and time series implications

If the trust question is to be changed (to a 5 point labelled scale) then this introduces issues about how the time series in trust is to be maintained. Given the change in question between the CAS and the Tracker this may not be a large issue – in the sense that this introduced a change in the time series fairly recently anyhow, so there is no long time series to maintain. However, if continuity with the current series is important then the simplest option would be to run the old and new questions in parallel for the few waves of the Tracker, with a random half of respondents getting the old question and the other half getting the new question.

4 Monitoring trends in concerns about 'food issues' in the Tracker

The key foci of our review were the questions around awareness, confidence and trust. However, in this short section, we provide additional thoughts about the other questions currently fielded on the Tracker.

After the awareness questions and before the confidence questions, the Tracker asks respondents about their level of concern about 'food safety issues', and follows up - on all apart from those with no concerns at all - with a spontaneous then a prompted question about the issues that concern them. We make the following two observations about these questions –

- People are asked about 'food safety issues' without clarification of this term. As mentioned in sub-section 3.3.2.1, as a standalone phrase, it is not clear that respondents will all have the same understanding of what is meant by this phrase, with some likely to take a much narrower definition around food hygiene and food poisoning and not include issues around healthy consumption. The FSA may want to consider rephrasing so that it includes all the Agency's interests or foci – and better reflects the list used in the following questions.
- The wording scale is currently a hybrid between that usually used for four-point and usually used for five-point scales (eg code 4 is 'fairly unconcerned' as per a five-point scale from 'very concerned' to 'very unconcerned', while code 5 is 'not at all concerned' as per a four-point scale from 'very concerned' to 'not at all concerned').

5 Review of the methodology

5.1 Overview

In this section we review the current methodology used for the Tracker and, where appropriate, suggest alternative approaches. We cover –

- Sample design and sample size (sub-section 5.2);
- Mode (sub-section 5.3)
- Frequency of readings (sub-section 5.4)
- Follow-up questions (sub-section 5.5)
- Permission to recontact (sub-section 5.6)

5.2 Sample design and sample size

The use of non-probability based samples for government statistics is controversial. The random-location sampling used by TNS *does* give random sampling of areas, but within areas people are selected who are ready and willing to be interviewed (within the constraints that particular quotas have to be met by interviewers). The standard argument against this approach is that if those easy to find and easy to persuade to be interviewed have different behaviours and opinions to the general population, then this method will give biased statistics. The alternative (and generally preferred) approach is probability sampling, where members of the public are selected at random and as many of those selected are interviewed as possible. If reasonable efforts are made to persuade reluctant respondents to take part then this approach is assumed less bias-prone than random-location. However random probability omnibus surveys are considerably more expensive than random location surveys. NatCen provided us with a rough quote for including the current questions in one wave of their GB omnibus, the estimate being £25k. Including a Northern Ireland sample would increase the cost to around £29k. Whereas our crude estimate of the cost for a single wave of a random-location omnibus (based on on-line published rates) is around £10k. The difference is almost entirely attributable to the extra effort that interviewers have to make with a probability sample – for instance making multiple calls at addresses to try and make contact with those selected.

Another difference between random probability and random-location is the time taken to generate results. Whereas fieldwork for random-location takes just a few days, for random probability the fieldwork can take many weeks to complete. This would have implications for the speed with which the FSA could generate their statistics each quarter. The NatCen omnibus, for instance, works to a 15 week cycle: with questions being agreed in Week 1 and data being provided in Week 15, and includes a 5 week fieldwork period.

There appear to be a number of options for the FSA:

1. Continue with the current random-location model and assume that there are no major biases in the sample that affect the published statistics. Once data from the current attitudes survey is available, this *may* provide a means of testing this – in the sense that for any questions that are asked on both surveys (if indeed there are any) there should be relatively little difference between the surveys if bias in the tracker is low. If there is a large difference then this may point to a problem with the Tracker sampling.
2. A second option would be to move entirely to a probability sample omnibus, of which we believe there are just two in GB: the NatCen omnibus and the ONS omnibus. This would be the preferred option methodologically, but we recognise it may not be affordable. (A case might however be made for running the tracker series less frequently so as to make random probability sampling more feasible.)
3. A third, compromise, approach would be run the Tracker questions on a random-location omnibus, but to periodically (say once every two years) repeat the questions on a random probability omnibus. This would act as a check that the random-location statistics are not too far adrift from what would be achieved from a random probability sample.

On sample size, the current Tracker interviews 2,000 respondents per wave. This looks to be an appropriate sample size and means that wave on wave changes of around 3 percentage points can be detected. There is no obvious case to be made for a larger sample size, and a much smaller sample size would simply make the survey less sensitive to change over time and reduce the possibility for sub-group analysis.

Some reduction could probably be tolerated however, so the slightly smaller sample sizes of some omnibus surveys need not rule them out.

5.3 Mode

We do not think it would be feasible to change the mode of interview from face-to-face to telephone, without major changes to the ways in which the questions are currently asked. For instance, all scales currently shown to respondents would need to be read out. This would lead to changes in the ways that the scales would need to be presented. Given difficulties in holding a 5-point scale in one's head, one option is to split 5-point scale questions into two (eg firstly asking 'how much do you trust or distrust', following up with a question 'is that a lot or a little'). These changes would be just one type of mode effect which would very likely lead to discontinuity in the time series. However, we assume that the FSA would only consider moving to telephone mode in order to save money, and that cost savings would only be an issue if it wants to move away from quota sampling. However, we are not aware of any high quality telephone omnibus surveys in the UK, so changing mode is unlikely to be a possibility anyhow.

5.4 Frequency of readings

In the sections above we've suggested in places that, rather than running the same questions on the Tracker each quarter, that there might be value in tracking using more questions but less frequently. So that for instance, one set of questions is asked in Quarters 1 and 3 each year and another set in Quarters 2 and 4. Core questions, such as a revised trust question, could be asked each quarter so that any trends downwards or upwards that the FSA needs to factor into its decision-making can still be spotted reasonably quickly.

5.5 Follow-up questions

The FSA asked us to consider whether it would be appropriate to add a number of follow-up questions which would probe for more detail on the scale responses given. We do not think that this would be the best way of obtaining a better understanding of how respondents rate the FSA in terms of trust and confidence. Rather, we think that increasing the number of closed questions which ask directly about awareness of the FSA's remit, on views of which roles are important and how well the FSA is doing on

each (as suggested in sub-sections 2.2, 2.3 and 3.3) is the best use of an additional questions on an omnibus survey. If there is a real information gap about on how people view the FSA, perhaps the best option would be to follow-up some omnibus respondents via a longer survey (eg of people holding particular views) or qualitative in-depth interviews and/or focus groups.

5.6 Permission to recontact

We assume that omnibus survey organisations ask respondents as a matter of course for permission to recontact them for future research (given that omnibus surveys are a useful sample source for groups of people who are otherwise hard to identify). However, the FSA should check with their omnibus provider whether this is the case and, if not, ask for this question to be added. The FSA should check how the permission to recontact question is asked. Ideally, it would be done in a way that does not require any follow-up work to be carried out by the same organisation that carried out the omnibus survey.

6 Summary of recommendations

Where to strike the balance between maintaining complete comparability across the whole of the time series and making changes that will improve future readings is a decision for the FSA. In this report, we have highlighted a number of issues about the current questions and survey methodology, and have made recommendations on how these could be improved and what alternative questions might be added. However, without doubt, most of these changes would affect the FSA's ability to make direct comparisons between readings pre and post these changes.

Here, we very briefly summarise our key recommendations from each of the sections above.

6.1 Measuring awareness of the FSA

There are a range of alternative ways that awareness of the FSA might be measured, including awareness of the role of the FSA (rather than just its existence) and dimensions of awareness such as recognition of the FSA logo. The current questions have some shortcomings, and we suggest an alternative question which could replace these. Other suggestions could be asked in addition to either the existing questions or the alternatives to provide more information on awareness within the FSA. If these alternatives and additions are adopted, our suggestion is that the current questions be moved to every alternate quarter (to maintain the time series), the alternative is asked in the other waves, and the additional questions are asked in each quarter.

6.2 Measuring trust and confidence in the FSA

To summarise our discussions on the trust and confidence questions:

- Trust appears to be a better understood concept than confidence, and is probably closer to what the FSA is trying to measure. However, this would be worth testing qualitatively.

- On the face of it, we would recommend losing the question on confidence in favour of a set of questions asking ‘how well’ the Agency is doing with regards the specific roles that it plays.
- The current 7 point scale for trust means that an assumption has to be made that those scoring 5 or more ‘trust’ the FSA. We suggest that a five point *labelled* scale be used instead if the primary use of the data is to produce a ‘trust’ percentage. To avoid a sudden jump in the time series, we suggest that the old and new trust questions each be asked of 50% of respondents for one or two quarters.
- The primary reason that the trust percentages declined sharply with the switch from the CAS to the Tracker is very likely to be the change in the scale labels (from ‘an organisation I trust’ to ‘an organisation I trust completely’). Other effects, such as asking the question on trust straight after what will be seen as a very similar question on confidence, will play a part.

6.3 Sample design and sample size

The current sample size for the Tracker looks to be appropriate. However, we would recommend consideration of whether random probability sampling would be a better model for Agency. This would be considerably more expensive than the current random location survey design but would give statistics that the FSA could be more assured are population-representative. An alternative would be to run the questions on a random probability omnibus ‘on occasion’ as a check that the random location statistics are reasonable. We recommend that the FSA continues to field questions on a quarterly basis, although some questions might be asked in alternate waves.

References

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Simmons E and Betts P (2006) Developing a quantitative measure of public confidence in official statistics, ONS