
Biannual Public Attitudes Tracker

Wave 11, November 2015

Food Standards Agency

Social Science Research Unit

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Official Statistics

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

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

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

Executive summary

The Food Standards Agency (FSA or Agency) places 6 questions on the TNS¹ consumer face-to-face omnibus survey on a biannual basis in order to monitor key Agency issues. Fieldwork for this wave took place from the 5th to the 19th of November 2015, and a representative sample of 1,980 adults across England, Wales and Northern Ireland were interviewed. Findings for Scotland are no longer presented in this report. Please see section 1.1 for further details of this change.

The following summary presents top-line findings from in-house analysis. Further differences between socio-demographic groups are captured in the main report. Wave-on-wave trends for Waves 1 – 11 of the series are also considered in this report, with Wave 1 being carried out in November 2010. Unless stated otherwise, where comparisons are made in the text between different population groups, variables² or over time, only those differences found to be statistically significant at the 5% level are reported. In other words, these differences have no more than a 5% probability of occurring by chance.

Wave 11 Key findings

- The food safety issues of concern (i.e. including both spontaneous and prompted responses) most frequently mentioned by respondents were food hygiene when eating out (35%), food poisoning (28%), and food hygiene at home (28%).
- The wider food issues of concern most frequently reported were the amount of sugar in food (51%), food waste (49%), food prices (42%), and the amount of salt in food (42%).

¹ www.tnsglobal.com

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

- Reported concern about food safety in UK restaurants, pubs, cafes and takeaways, which is generally similar across waves, was reported by 48% of respondents. 42% of respondents reported concern about food safety in shops and supermarkets this wave.
- 84% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from. The main ways these respondents reported being aware of hygiene standards were the general appearance of premises (60%) the appearance of staff (45%) and hygiene certificates (45%).
- 74% of respondents in England, Wales and Northern reported being aware of the FSA.. The main issue these respondents reported the FSA to be responsible for was ensuring food bought is safe to eat (86%).
- Of those respondents that reported being aware of the FSA, 64% said that they trusted it to do its job whilst 8% indicated they distrusted the FSA.

Trends over time

Overall, findings from this wave are fairly consistent with previous waves. The main food safety issues of concern have remained largely unchanged.

In Wave 11, concerns about food safety in food outlets remain fairly stable, as does concern for restaurants, pubs, cafes and takeaways which continues to be marginally higher than for shops and supermarkets at this wave.

Wider spontaneous concerns about fat, sugar and salt remain the issues of top concern, with sugar continuing to be the most frequently reported. Wave 11 is the second time in succession that food prices have not been the highest reported wider food issue of concern. Spontaneous concern

about food prices was also reported by fewer respondents (12%) noted since wave 7, with the exception of Wave 9.

In Wave 11, awareness of the FSA (74%) has fallen slightly in comparison to the previous waves (78-83%). However it is not yet clear whether this finding represents a consistent change or is just a temporary fluctuation. Trust in the FSA has remained consistent over nearly all waves, after falling in Waves 6 and 7.

1. Introduction

The FSA has conducted the Public Attitudes Tracker survey since 2001 in order to monitor key Agency issues. After a review in 2010, the Tracker was redeveloped in full and since then has run on a biannual basis. Questions cover a number of topics of interest for the Agency, including: concern about specific food safety issues, awareness of hygiene standards in eating establishments, awareness of the FSA and its responsibilities, and trust in the FSA.³

1.1 Methodology

This is Wave 11 of the redeveloped Tracker. The fieldwork period for this wave ran from the 5th to the 19th of November 2015. Interviews took place with a representative sample of 1,980 adults across England, Wales and Northern Ireland. The research was conducted through the TNS consumer omnibus survey which uses face-to-face interviews and selects respondents using a random location sampling method.

In Wave 11, no sample boosts were undertaken in Scotland. Although fieldwork took place with a small number of Scottish respondents, without boosts, numbers would be insufficient to make any conclusions about Scottish respondents in general. Consequently, this report only presents findings for England, Wales and Northern Ireland. To ensure that comparisons from the current wave to previous waves are valid, Scottish responses have been removed from the previous waves – ensuring that findings from England, Wales and Northern Ireland are being compared with findings from the same countries. This means that figures presented in the current report may differ from ones presented previously. See Annex A for further methodological detail and Annex B for the full questionnaire.

³ From 2010 to May 2014 the survey also covered awareness of initiatives or schemes concerning food hygiene but this has now been continued in a separate survey

1.2 Reporting

The following report presents top-line findings from in-house analysis. It reports findings upon topics in the same order which they are covered in the survey itself, therefore reflecting how respondents engage with them. The report covers trends for Waves 1 to 11 of the series, with Wave 1 being carried out in November 2010. Some additional time series data are presented in Annex D for information. Unless stated otherwise, where comparisons are made in the text between different population groups, variables⁴ or over time, only those differences found to be statistically significant at the five per cent level are reported. In other words there is only a five per cent probability that differences as large as those reported have occurred by chance. Weighted and unweighted sample sizes for each question are detailed underneath figures⁵.

Whilst the report comments on key socio-demographic differences that emerged across the survey, other socio-demographic differences may also be apparent in the data. Full data tables, including data on a range of other socio-demographic groups, are available on request (see 'Background' overleaf)⁶. In this report, differences by age, gender, social grade, ethnicity, location type and country as well as the presence of children in the house, have been considered.

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

⁴ A variable is a way to represent a characteristic to assist data analysis; they can be either numerical such as an exact age, or a descriptive category, such as social class.

⁵ Survey data were weighted, where necessary, by referring to the 2011 UK census data to ensure that the sample is representative of the UK population in terms of the following demographic characteristics: age, gender, region and social grade.

⁶ Data is collected on the following demographic features of respondents': gender, age, ethnicity, social grade (see annex C), marital status, working status, area of residence, whether they have children and whether they are the household's principal shopper.

Prompted responses illustrate which issues are important to respondents when provided with a number of different response options to select from⁷.

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

1.3 Background

Between 2001 and 2010 the Tracker was largely run on a quarterly basis and consisted of six questions. These questions were redeveloped in spring 2010 and since then the Tracker has run on a biannual basis⁸. At Wave 3 and Wave 5 of the redeveloped tracker, a total of four new questions were added to measure awareness of initiatives and schemes concerning the hygiene standards in places people eat out at or shop for food. This included questions on the Food Hygiene Rating Scheme (FHRS) and the Food Hygiene Information Scheme (FHIS)⁹. At Wave 9, these four questions, which were at the end of the previous questionnaire, were removed and included in a separate survey. At Wave 10, two additional response options were added to question 1, these were 'Food not being what the label says it is' and 'Chemicals from the environment, such as lead, in food'.

See Annex A for full details on the changes made to the Tracker over time and Annex B for the full questionnaire.

⁷ Throughout the report, all responses cited are the combined total of prompted and spontaneous responses unless it specifically clarified that a figure only relates to spontaneous responses.

⁸ The redesigning of the tracker was guided by a specially commissioned redevelopment report which can be found here: <https://www.food.gov.uk/sites/default/files/public-attitudes-tracker-scoping.pdf>

⁹ Further information on these schemes can be found here: <http://ratings.food.gov.uk/> and here: <http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene/food-hygiene-information-scheme> .

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

2. Concern about food issues

Wave 11 Key findings

- The food safety issues of concern (i.e. including both spontaneous and prompted responses) most frequently mentioned by respondents were food hygiene when eating out (35%), food poisoning (28%), and food hygiene at home (28%).
- The most frequently reported wider food issues of concern were the amount of sugar in food (51%), food waste (49%), food prices (42%), and the amount of salt in food (42%).

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

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

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

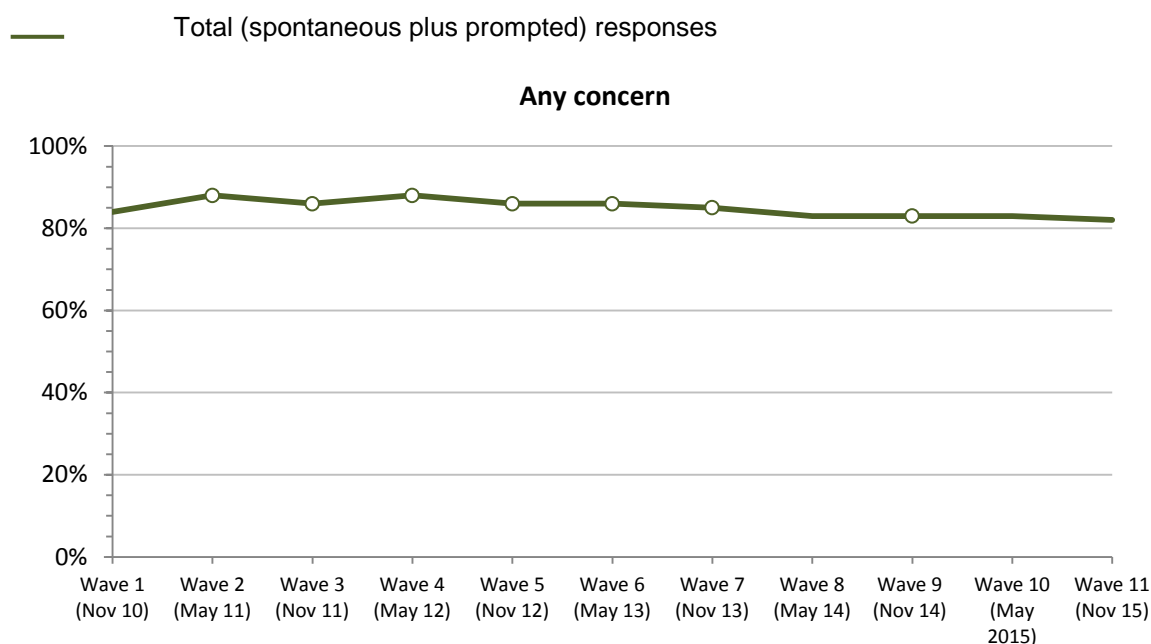
- Food poisoning such as Salmonella and *E. coli*
- Genetically Modified (GM) foods
- BSE ('mad cow disease')
- The feed given to livestock
- The use of pesticides to grow food
- The use of additives (such as preservatives and colouring) in food products
- Hormones\steroids\antibiotics in food
- Date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

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

2.1 Food safety issues of concern

Overall, for all food issues of concern (not just food safety), total reported concern¹⁰ was at its lowest this wave (82%) compared with previous waves (84-88%), a decline first detected at Wave 7 (85%). See Figure 1 for further detail.

Figure 1: Reported concern about food issues (Nov 2010 - Nov 2015)



Base: All respondents, England, Wales and Northern Ireland

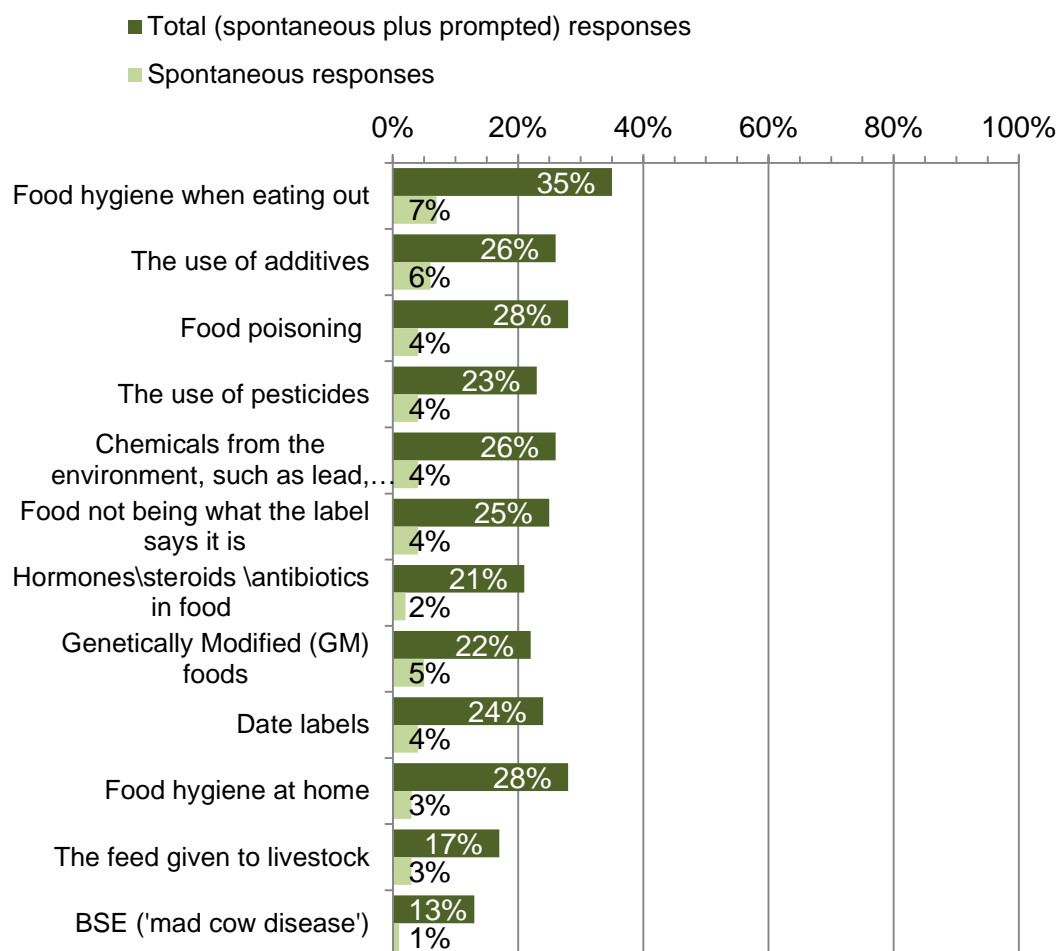
Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

The most frequently reported food safety issues of total concern were food hygiene when eating out (35%), food poisoning (28%), and food hygiene at home (28%). See Figure 2 for further detail.

¹⁰ Throughout this report, total responses means combined spontaneous and prompted responses.

Figure 2: Reported concern about food safety issues (Nov 2015)



Base: All respondents, England, Wales and Northern Ireland

Weighted base: 1,826, Unweighted base: 1,980

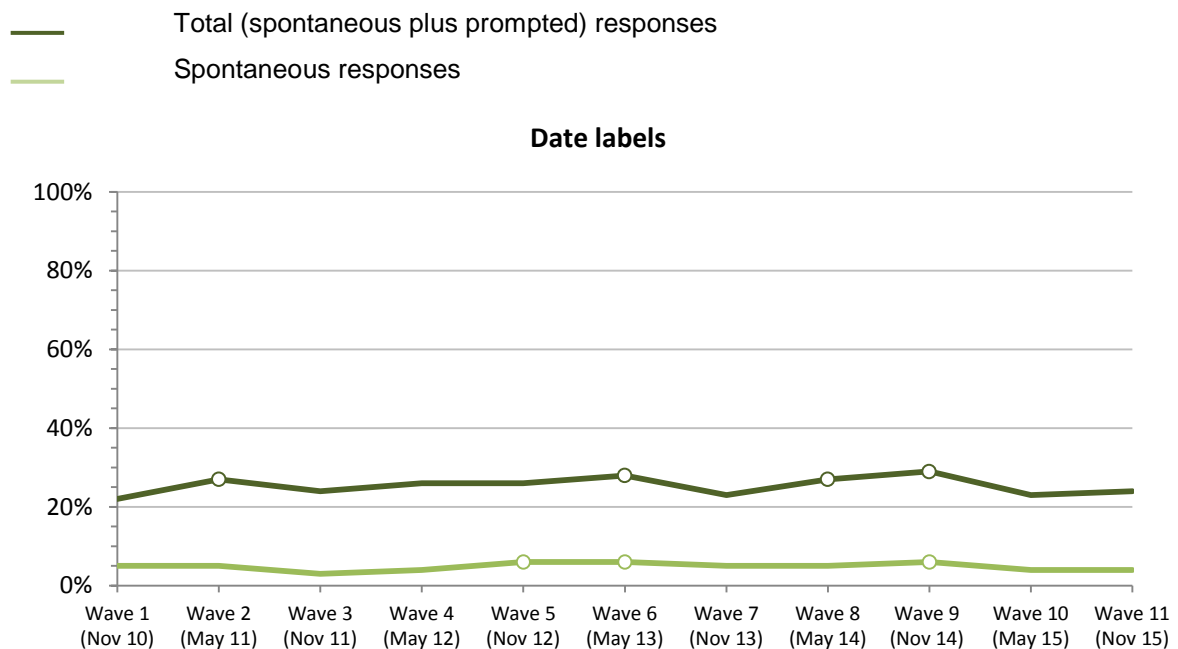
In Wave 11, the most frequently mentioned food safety concerns spontaneously reported by respondents were food hygiene when eating out (7%), the use of additives in food products (6%), and GM foods (5%).¹¹

¹¹ Average number of spontaneous concern responses: Wave 1 (2.79), Wave 2 (2.66), Wave 3 (2.41), Wave 4 (2.48), Wave 5 (3.00), Wave 6 (3.21), Wave 7 (2.80), Wave 8 (2.88), Wave 9 (3.27), Wave 10 (3.23), Wave 11 (3.04)

Looking across the time series data, concern about most food safety issues has stayed stable across all 11 waves. Differences to this wave are reported below

Spontaneous concern about date labels at Wave 11 (4%) was the same as at Wave 10 but 1-2% lower than at Waves 5-9. Total concern about date labels was reported by 24% of respondents this wave; this was lower than most previous waves except Waves 3 and 7 (23-24%). See Figure 4 for further detail.

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



Base: All respondents, England, Wales and Northern Ireland

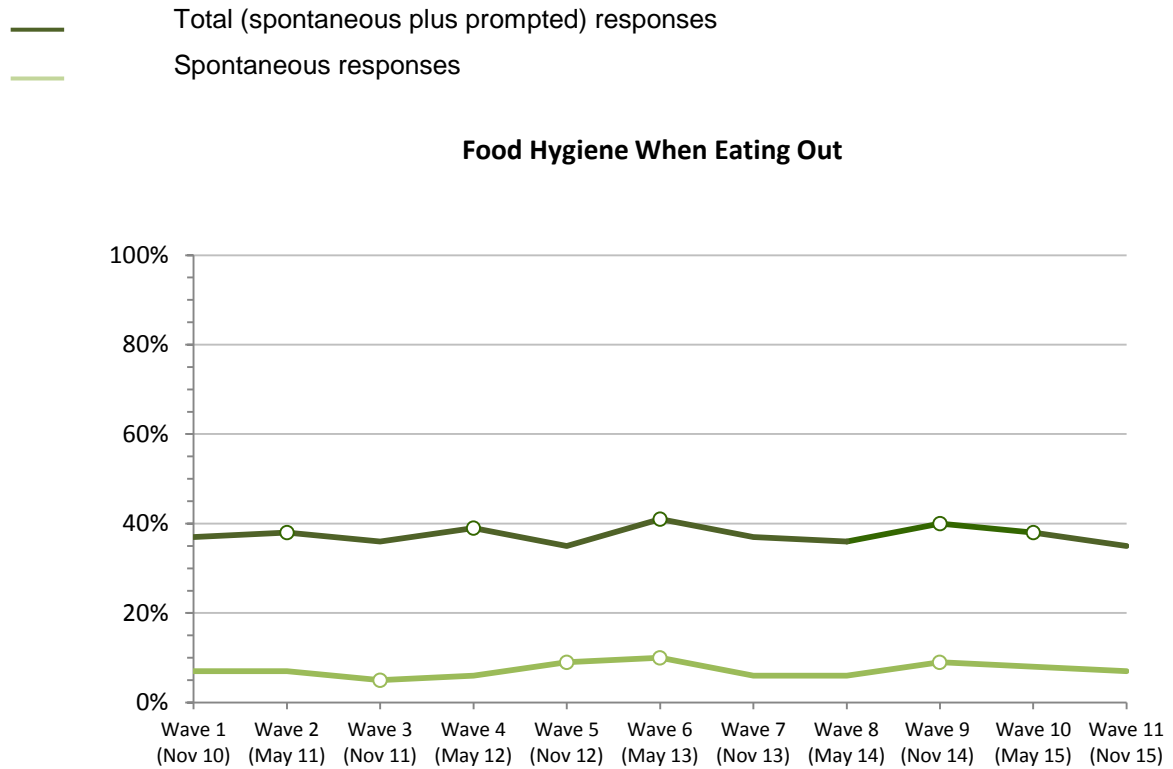
Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

At Wave 11, 35% of respondents reported concern about food hygiene when eating out, the lowest of the waves so far (36-41%), with the exception of

Wave 5 (also 35%). Concern about this issue has tended to fluctuate over the series. See Figure 5 for further detail.

Figure 4: Reported concern about food hygiene when eating out (Nov 2010 - Nov 2015)



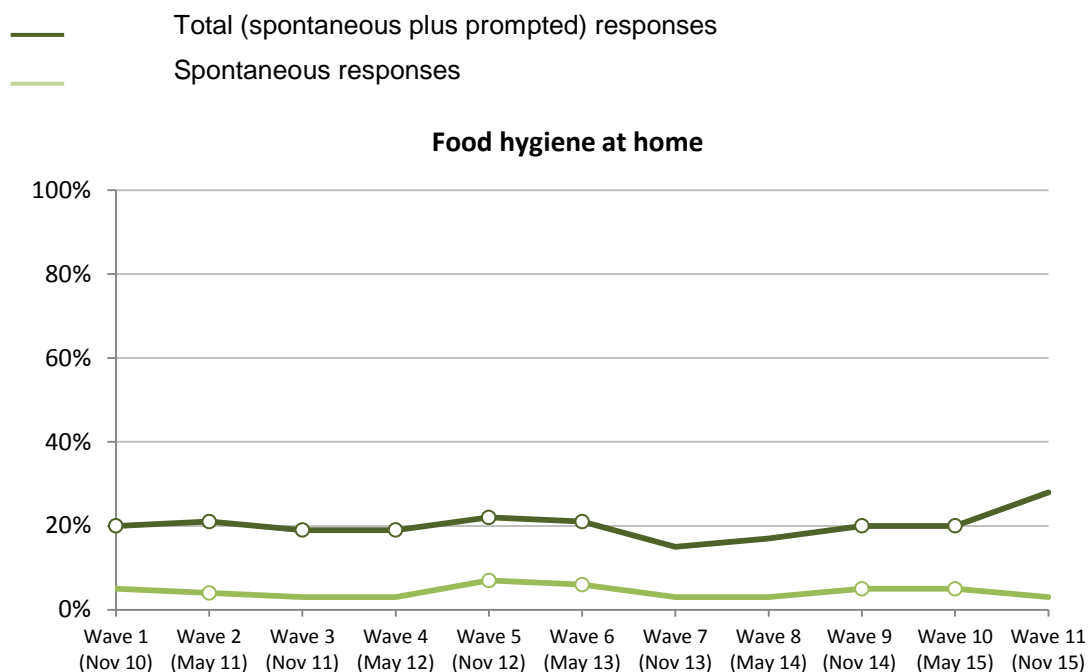
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

At Wave 11, 28% of respondents reported concern about food hygiene at home, the highest of the waves so far (15-22%). Concern about this issue has tended to go up and down over the series. See Figure 6 for further detail.

Figure 5: Reported concern about food hygiene at home (Nov 2010 - Nov 2015)



Base: All respondents, England, Wales and Northern Ireland

Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

Times series graphs for additional food safety issues which have not demonstrated considerable variation at Wave 11 are contained in Annex D for information.

At Wave 11, some differences in reported concern about food safety issues were apparent across socio-demographic groups, consistent with differences observed in most of the earlier waves. Those who were *more likely* to report concern about food safety issues at Wave 11 included:

- Social grade AB respondents¹²: were more likely to report concern for all food safety issues (75%) than respondents in all other social grades (60%-68%)
- Respondents aged 36-49 and 50-65: 75% and 73% respectively compared with 58-64% of respondents in all other age groups.
- Respondents in Wales: were more likely to report concern (76%) than in Northern Ireland (60%) and England (66%).
- Respondents in London: were more likely to report concern about food safety issues (78%) than in other regions (49-69%).
- Women: 70% compared with 63% of men
- Employed respondents: were more likely to report concern (68-70%) compared to unemployed respondents (65%).

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

- Respondents in the North East: 45% of respondents in the North East reported no concern, compared with 13-21% of respondents in other regions.
- Respondents aged 16-25 and over 65: 33% and 30% respectively reported they were not concerned about any food safety issues, compared with 19-20% of respondents aged 36-49 and 50-65 respectively.

Even where total levels of concern were similar, there were some differences in reported concern for particular food issues, for example:

¹² This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

- White respondents: were more likely to report concern than minority ethnic respondents about hormones \ steroids \ antibiotics in food (23% compared with 11%), pesticides (25% compared with 12%), and additives (28% compared with 14%).
- Respondents in England were more likely to report concern than respondents in other countries about chemicals in food (25% compared with 36-39%) and pesticides (23% compared with 28-29%).
- Respondents in rural areas: were more likely to report concern about feed given to livestock (23% compared with 15%) and hormones \ steroids \ antibiotics in food (27% compared with 20%) than respondents in urban areas.

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

2.2 Wider food issues of concern

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

Q1c And which of THESE food issues are you concerned about, if any?

Please select all that apply. Which others?

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

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

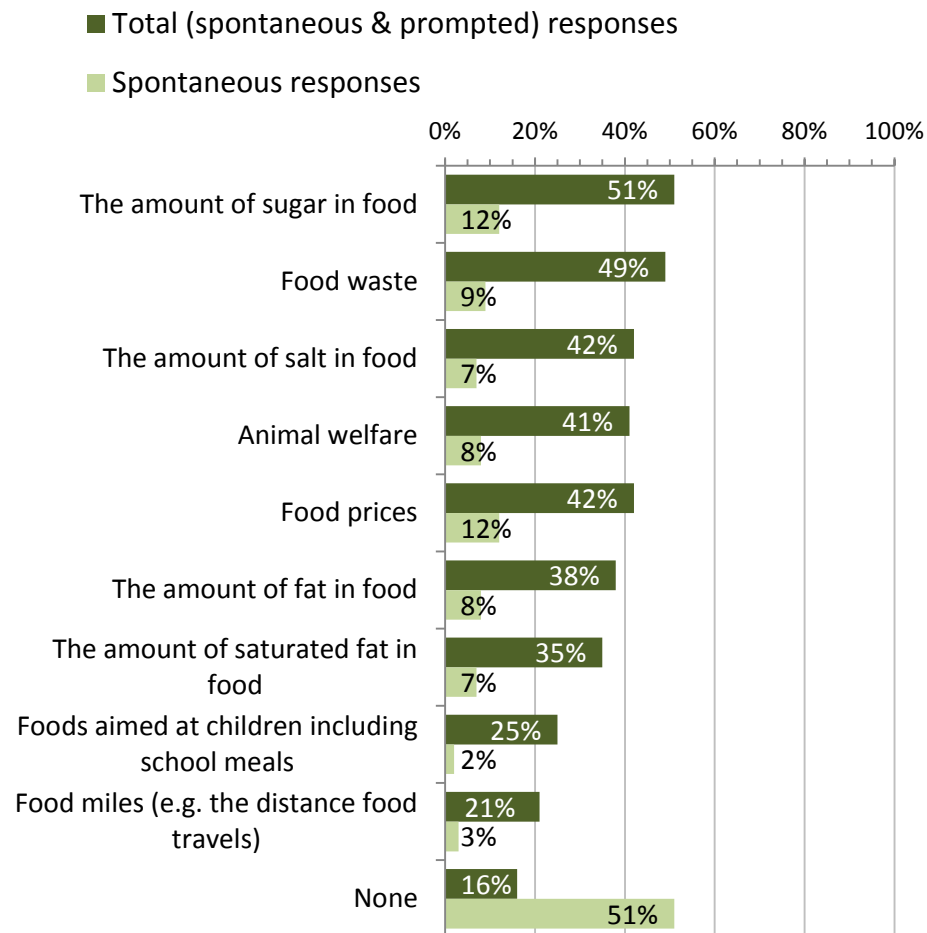
- Animal welfare
- Food prices
- Food waste
- Food miles (e.g. the distance food travels)
- None of these
- Don't know

In general, higher levels of concern were reported about a range of wider food issues than were reported for food safety issues in this wave. This is true of all waves; total concern about wider food issues has ranged from 82-88%, while total concern about food safety issues has ranged from 66-72%. The most frequently reported wider food issues of total concern were the amount of sugar in food (51%), food waste (49%) and the amount of salt in food (42%).¹³

The most frequently reported issues of spontaneous concern were the amount of sugar in food (12%), food prices (12%), and food waste (9%). See Figure 7 for further detail.

¹³ Average number of other food issues respondents reported being concerned about: Wave 1 (4.06), Wave 2 (4.26), Wave 3 (4.09), Wave 4 (4.27), Wave 5 (4.13), Wave 6 (4.32), Wave 7 (4.32), Wave 8 (4.40), Wave 9 (4.35) Wave 10 (4.39), Wave 11 (4.23)

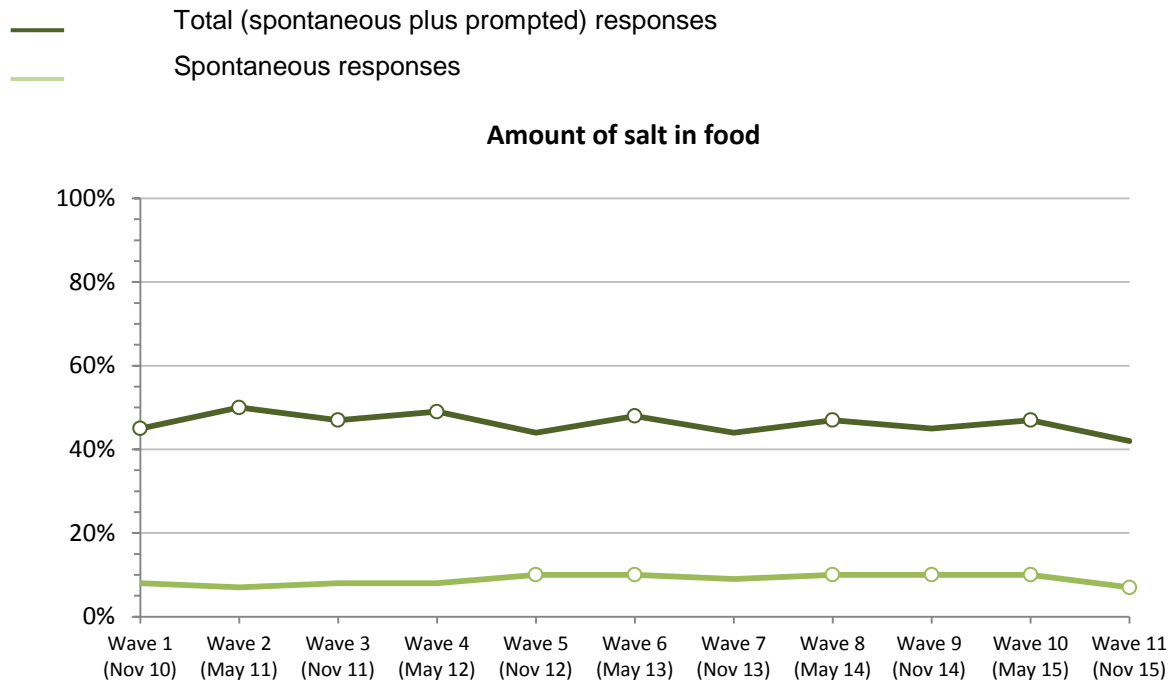
Figure 6: Reported concern about wider food issues (Nov 2015)



Base: All respondents, England, Wales and Northern Ireland
 Weighted base: 1,826, Unweighted base: 1,980

At Wave 11, 42% of respondents reported concern about the amount of salt in food, which was the lowest level of reported concern of the waves so far (44-50%). Concern about the amount of salt in food has tended to go up and down over time. See Figure 8 for further detail.

Figure 7: Reported concern about the amount of salt in food (Nov 2010 - Nov 2015)



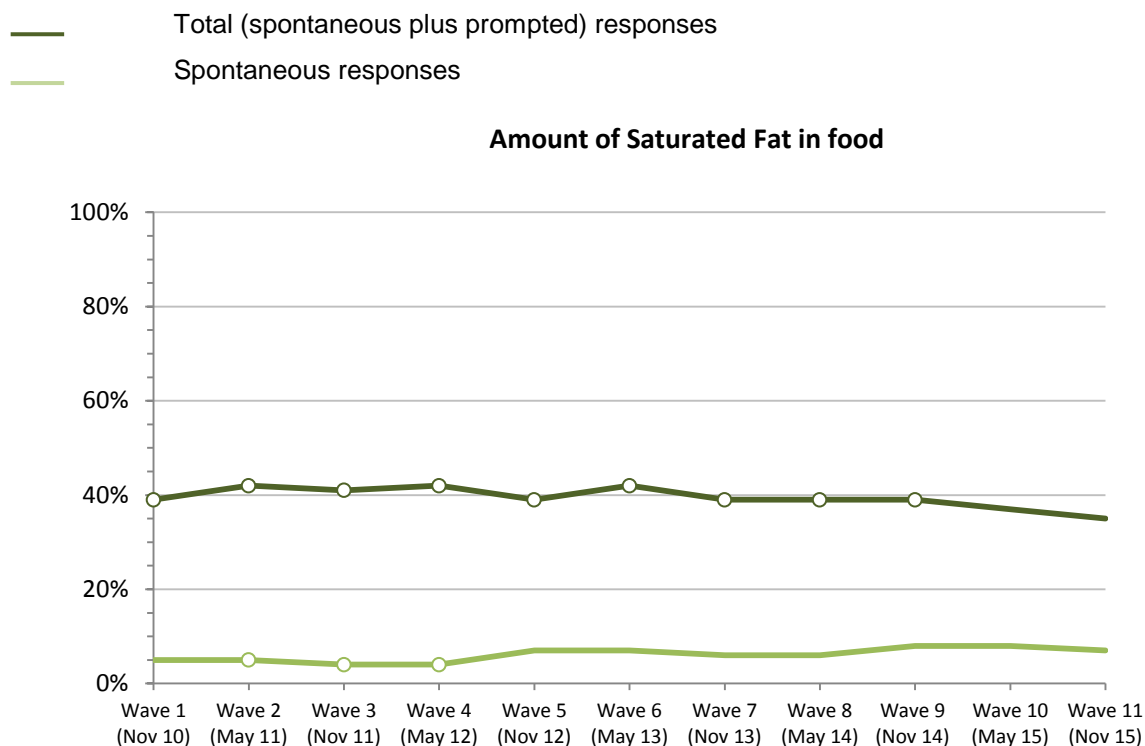
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

At Wave 11 35% of respondents reported concern about the amount of saturated fat in food. This represents a further decline since Wave 9 (39%) and Wave 10 (37%). Prior to this, concern about the amount of saturated fat in food has tended to go up and down over time. See Figure 9 for further detail.

Figure 8: Reported concern about the amount of saturated fat in food (Nov 2010 - Nov 2015)



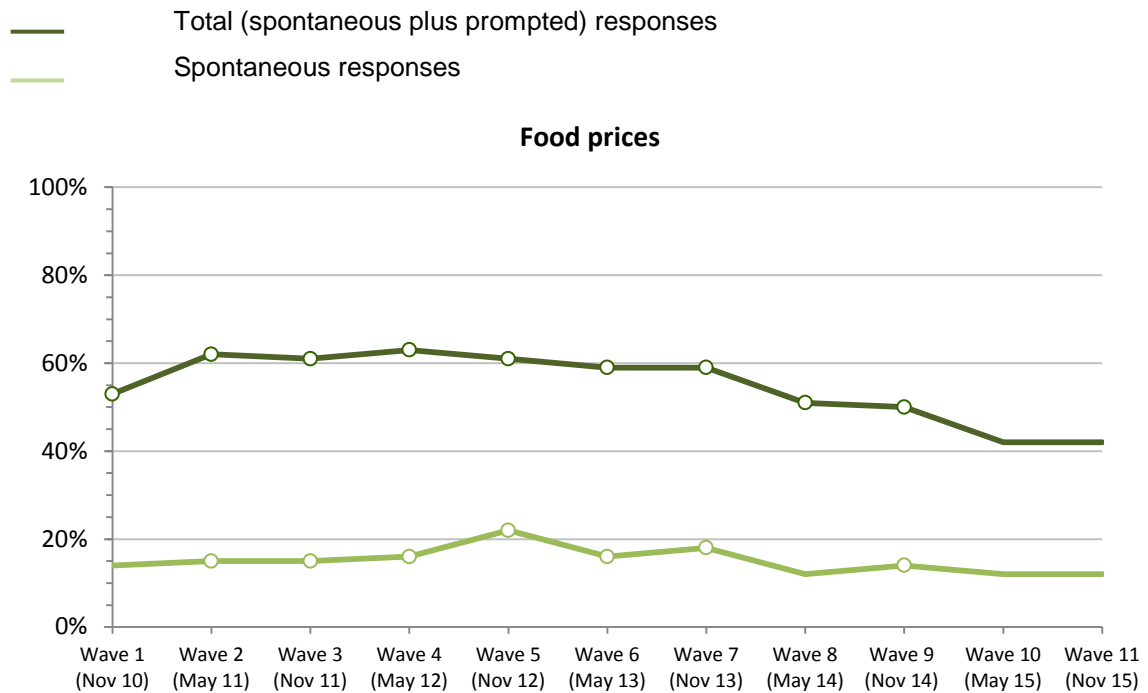
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

At Wave 11, food prices was not the most commonly mentioned wider food issue of concern, as was the case in waves 1-9. Reported concern about this issue was lower this wave (42%) than all previous waves except Wave 10 (also 42%). This continues a reduction in the proportion of respondents reporting this concern, which was first detected at Wave 8 (51%), compared to 59-63% in Waves 2-7. Spontaneous concern about food prices at Wave 11 was also lower than all previous waves (14-22%) except Waves 8 and 10 (12%). See Figure 10 for further detail.

Figure 9: Reported concern about food prices (Nov 2010 - Nov 2015)



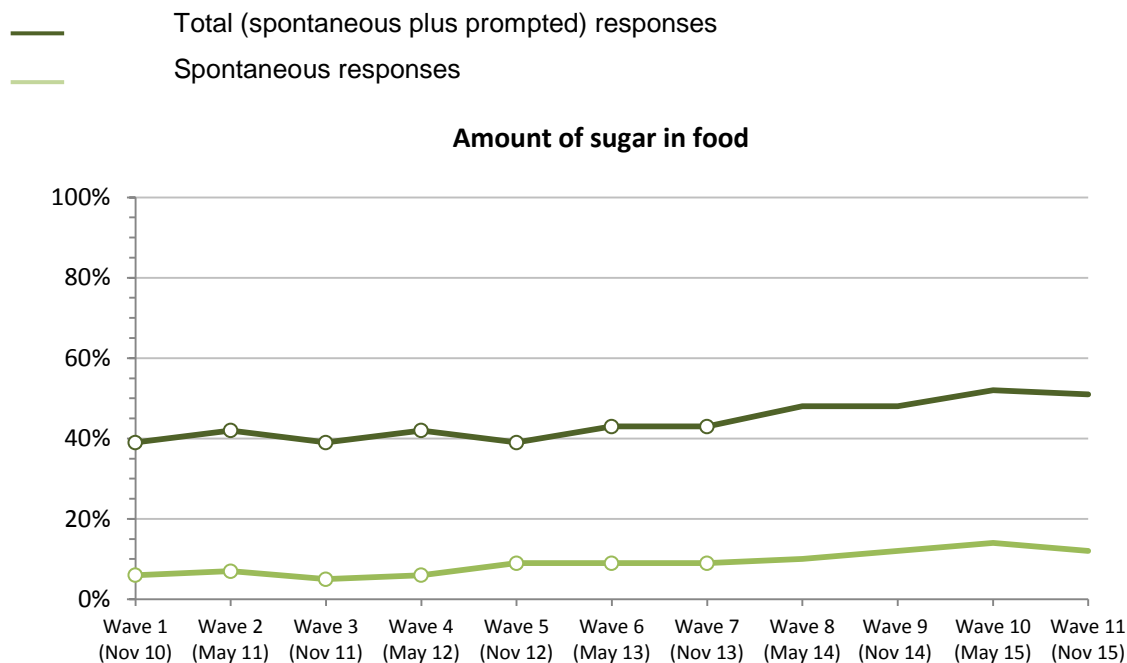
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

Total concern about the amount of sugar in food (51%) was higher this wave than all previous waves (38-47%) except Wave 10 (52%). This was also true of spontaneous concern (14%) about this issue except Wave 10 (14%). See Figure 11 for further detail.

Figure 10: Reported concern about the amount of sugar in food (Nov 2010 – Nov 2015)



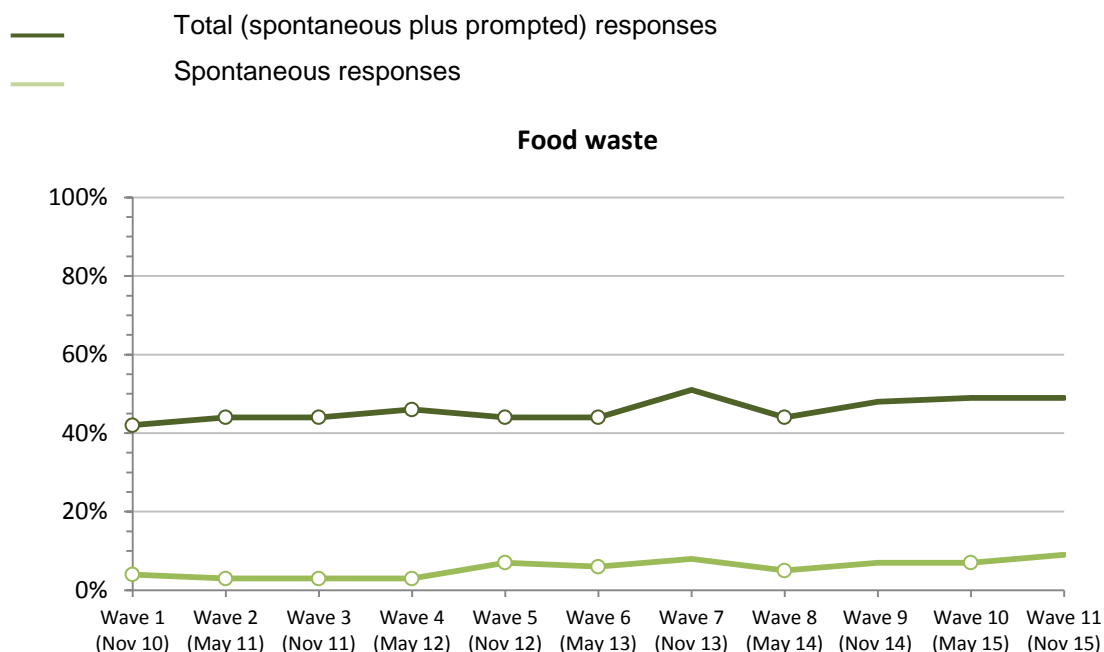
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

At Wave 11 the proportion of respondents reporting concern about food waste was 5-7% higher than Waves 1-6. Wave 11 (49%) was similar to Wave 9 (48%) and the same as Wave 10. See Figure 12 for further detail.

Figure 11: Reported concern about food waste (Nov 2010 – Nov 2015)



Base: All respondents, England, Wales and Northern Ireland

Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

Circled data points represent statistically significant differences to Wave 11.

Times series graphs for additional wider food issues which displayed less variation at Wave 11, or were of concern to fewer respondents, are contained in Annex D for information.

As with concern about food safety issues, reported concern about wider food issues varied between socio-demographic groups. Groups *more likely* to report concern about wider food issues at Wave 11 included:

- Social grade AB respondents: were more likely to report concern about wider food issues compared with other social grades (77%-89%).

- Respondents in Wales: were more likely to report concern about wider food issues compared with other countries (90% compared with 78%-81%), particularly animal welfare (50% compared with 34-41%) and food prices (52% compared with 42-45%).
- Respondents in England: were more likely to report concern about food waste than respondents in other countries (50% compared with 43-47%).
- Women: 86% of women reported concern for wider food issues compared with 77% of men, including: the amount of sugar in food (56% compared with 45%), animal welfare (45% compared with 37%), food miles (25% compared with 17%), and food waste (53% compared with 45%).
- Respondents in London: were more likely to report concern about wider food issues compared with respondents in other regions (88% compared with 78-85%).
- Respondents aged 36-65: were more likely to report concern for wider food issues (86%) compared with other age groups (76-79%).
- White respondents: were more likely to report concern about animal welfare (45% compared with 20%), food miles (23% compared with 8%), foods aimed at children (27% compared with 16%), and saturated fat (36% compared with 27%).

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

- Respondents aged 16-25: 22% reported not being concerned compared with 12% of 36-65 year olds.
- Men: 20% of men reported not being concerned about any wider food issues compared with 12% of women.

- Social grade DE: 20% of respondents of social grade DE reported not being concerned about any wider food issues, compared with 10% of respondents of social grade AB.
- Northern Ireland: 22% of respondents in Northern Ireland reported not being concern about wider food issues compared with 10-16% of respondents in England and Wales respectively.
- Respondents with children in the household: were less likely to report concern than those without (79% compared with 83%). This included concern about food waste (53% compared with 42%) and animal welfare (44% compared with 35%). A notable exception to this was concern about food prices (39% compared with 48%).

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

4. Concern about food safety in food outlets

Wave 11 Key findings

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

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

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

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

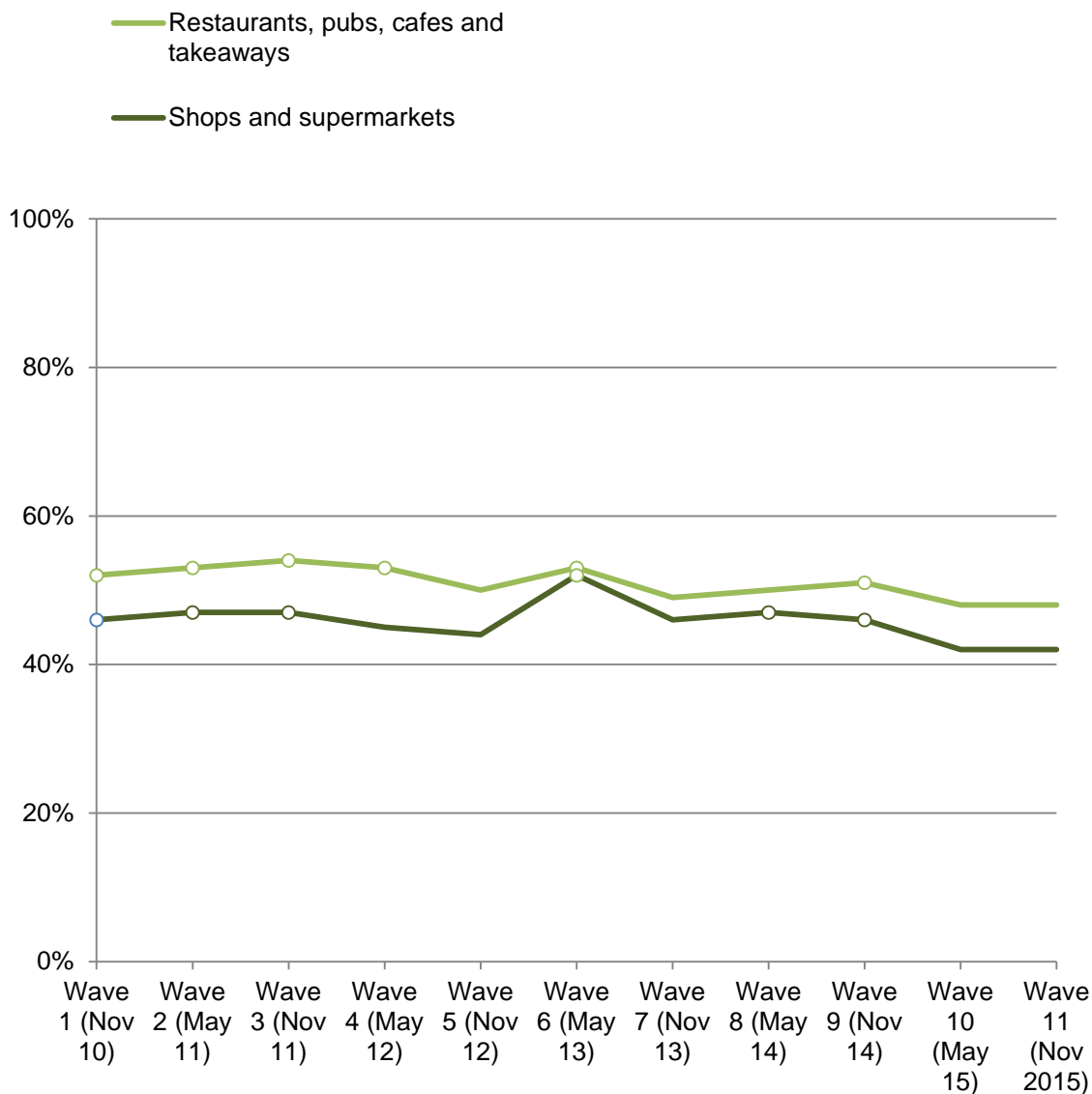
Q2b How concerned or unconcerned are you about the safety of ALL food that is sold in UK shops and supermarkets?

Response options as above

At Wave 11, 48% of respondents reported being concerned (net concern: combined 'very concerned' and 'fairly concerned' responses) about the safety of food sold in UK restaurants, pubs, cafés and takeaways. The proportion of respondents reporting concern was lower than in Waves 1-4 (52-54%), Wave 6 (53%) and Wave 9 (51%) but similar to other waves.

The proportion of respondents that reported being concerned about the safety of food sold in UK shops and supermarkets was 42% at Wave 11. This was lower than Waves 1 (46%) 2, 3, (both 47%) and 6 (52%) 8, (47%) and 9 (46%) but similar to all other waves. See Figure 13 for further detail.

Figure 12: Concern about food safety in UK food outlets (Nov 2010 - Nov 2015)



Base: All respondents, UK
 Weighted base (W11: 1826, W1-W10:1836-2091), Unweighted base (W10: 1980, W1-W10: 1818-1840)
 Circled data points denote statistically significant differences to Wave 11

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

- Women: Female respondents were more likely to report concern about the safety of food sold in UK restaurants, pubs, cafés and takeaways (52% compared with 43% of Male respondents) and UK shops and supermarkets (48% compared with 37% of Male respondents).
- Respondents aged 50-65: were more likely to report concern about the safety of food sold in UK shops and supermarkets (49% compared with 38% for respondents 16-25, 26-35 and 66+).
- Non-white respondents were more likely to report concern about the safety of food sold in UK restaurants, pubs, cafés and takeaways (58% compared with 46% of white respondents) and the safety of food sold in UK shops and supermarkets (53% compared with 40% of white respondents).

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

- Men: were more likely to report being unconcerned about the safety of food sold in UK restaurants, pubs, cafés and takeaways (37% compared with 27% of women).
- Respondents working full-time: were more likely to report being unconcerned about the safety of food sold in UK restaurants, pubs, cafés and takeaways (33% compared with 26% of respondents working part-time).

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

4. Awareness of Hygiene Standards

Wave 11 Key findings

- 84% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from.
- The main ways these respondents reported being aware of hygiene standards were similar to previous waves, with the most frequently reported factors remaining the general appearance of premises (60%) the appearance of staff, and hygiene certificates (both 45%).

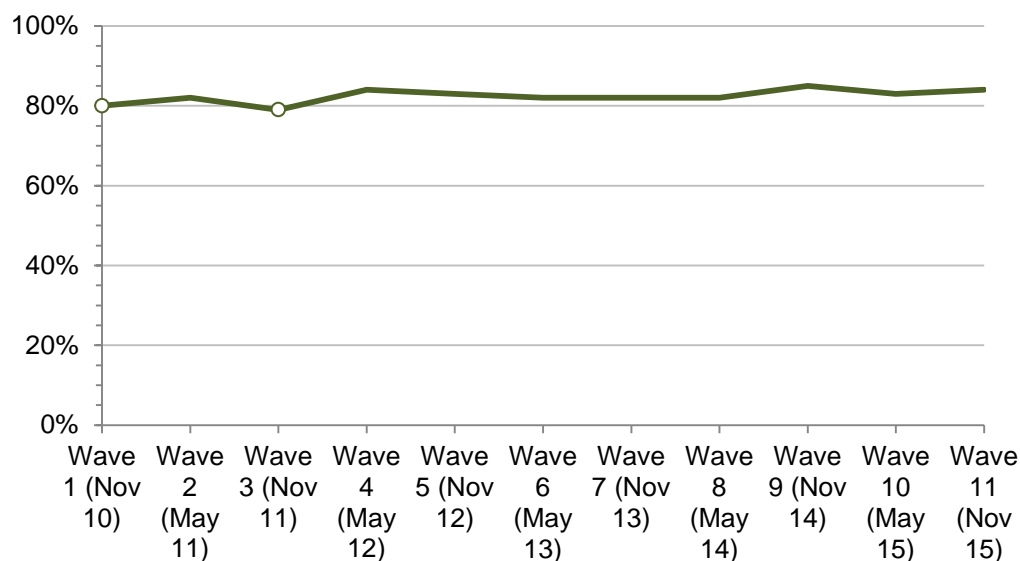
One of the FSA's strategic objectives is to ensure consumers have the information and understanding to make informed choices about where and what they eat. To help monitor performance against this objective, respondents are asked the following question:

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

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

At Wave 11, 84% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from (a combination of 'yes-always' and 'yes-sometimes' responses). This figure is higher than Wave 1 and 3 (80% and 79% respectively), but similar to all other previous waves. See Figure 14 for further detail.

Figure 13: Awareness of hygiene standards in places respondents eat out at or buy food from (Nov 2010 – Nov 2015)



Base: All respondents, UK

Weighted base (W11: 1826, W1-W10: 1818-1840), Unweighted base (W11: 1980, W1-W10: 1884-2091)

Circled data points denote statistically significant differences to Wave 11

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

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

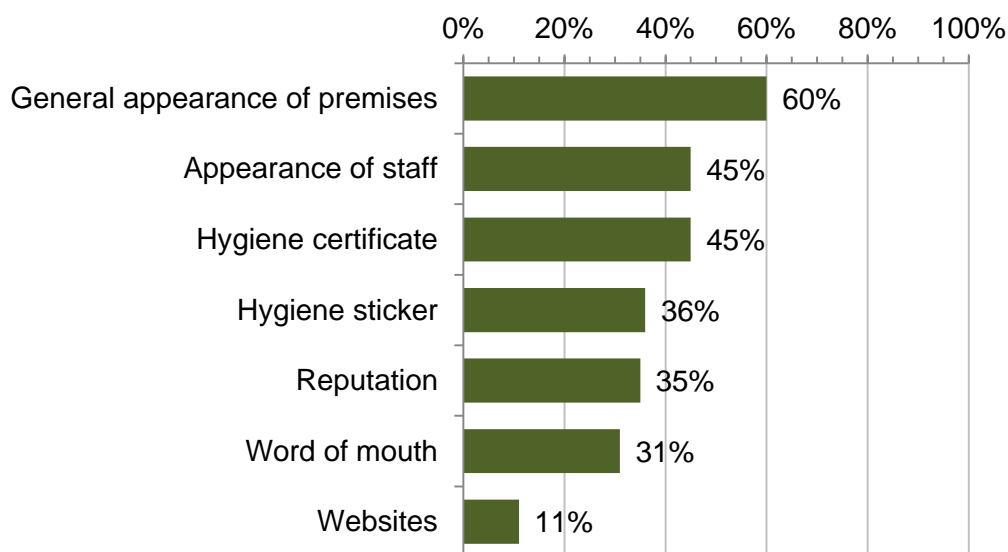
- Word of mouth
- Reputation
- Appearance of people working there
- General appearance of shop\restaurant\cafe\pub\takeaway
- Hygiene sticker
- Hygiene certificate
- Websites
- Other (specify)

The most commonly mentioned ways in which these respondents¹⁴ reported being aware of hygiene standards were the general appearance of premises

¹⁴ Weighted base of 1,536 respondents and unweighted base of 1,672.

(60%) the appearance of staff, and hygiene certificates (both 45%). See Figure 15 for further detail¹⁵.

Figure 14: Ways respondents reported being aware of hygiene standards (November 2015)



Base: All respondents who reported being aware of the standards of hygiene when they buy food, England, Wales and Northern Ireland
 Weighted base (1536), Unweighted base (1672)

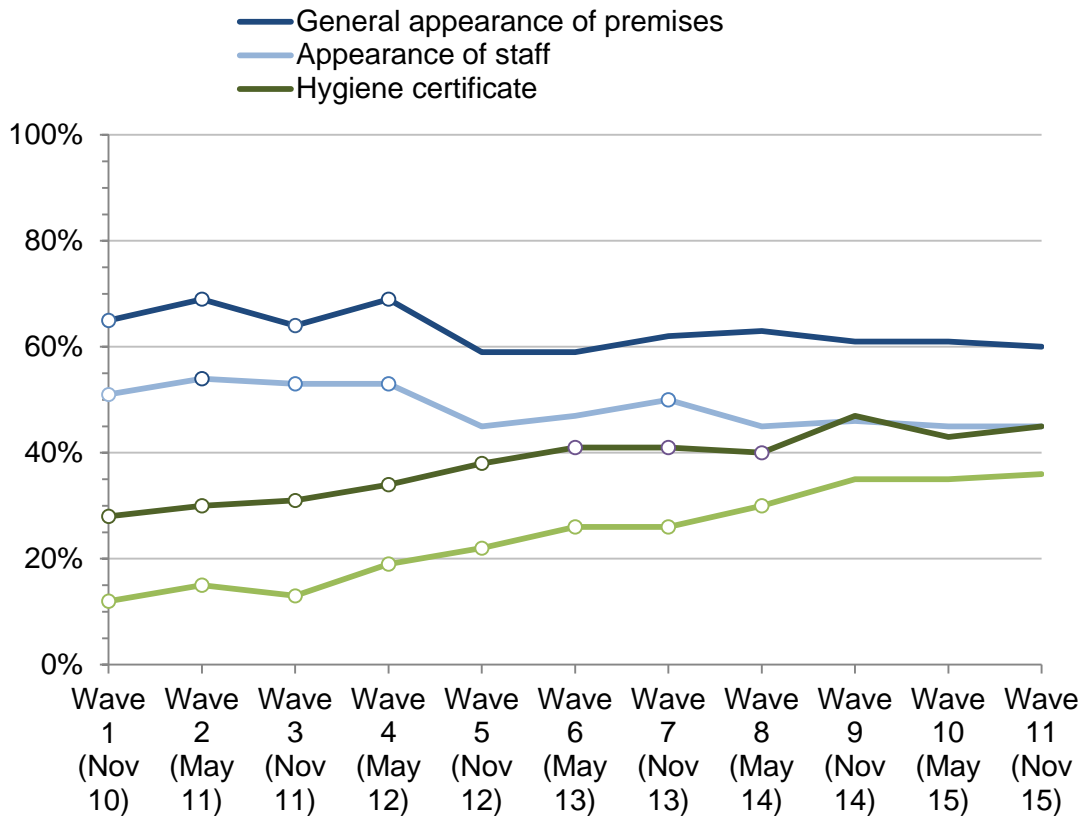
Looking across the time series data, the general appearance of premises (60%) has been the most commonly reported response to this question across all waves.

At Wave 11, the proportion of these respondents who reported awareness of hygiene standards through hygiene certificates (45%) was similar to Waves 9 and 10 (47% and 43%) but higher than all other previous waves (Waves 1-8: 28%-41%). A similar pattern was observed for the proportion of respondents who reported using hygiene stickers (36%) this wave. This figure remained

¹⁵ Average number of responses: Wave 1 (2.46), Wave 2 (2.61), Wave 3 (2.51), Wave 4 (2.67), Wave 5 (2.49), Wave 6 (2.64), Wave 7 (2.66), Wave 8 (2.64) Wave 9 (2.76), Wave 10 (2.68), Wave 11 (2.69)

similar to Waves 9 and 10 (both 35%) and higher than all other previous waves (Wave 1-8; 12%-30%). See Figure 16 for further detail.

Figure 15: Ways of knowing about the hygiene standards of places respondents eat at or buy food from (November 2010 – November 2015)



Base: All respondents who reported being aware of hygiene standards when they buy food, England, Wales and Northern Ireland
 Weighted base (W 11: 1536, W1 – W10: 1448- 1559), Unweighted base (W 10:1672, W1 - W9: 1498- 1741)
 Circled data points represent statistically significant differences to Wave 11

In terms of differences between socio-demographic groups in Wave 11, the following groups were *more likely* to report being aware of hygiene standards in places they eat out at or buy food from:

- Women: 88% compared with 80% of male respondents

- Respondents aged 36-49: 88% compared with 16-25 (78%) aged 26-35 (83%) and 66+ (83%).

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

- Men: 20% compared with 11% of female respondents
- Social grade DE respondents: 19% compared to 12% for AB and 13% for C2 respondents.

In terms of differences between sociodemographic groups for ways they report knowing about hygiene standards, the following group¹⁶ was *more likely* to report they would use hygiene stickers as a way of knowing about hygiene standards in places they eat out at or buy food from:

- Respondents with children in the household: use of hygiene stickers (42% compared with 33% of those without children in the household).

The following groups¹⁷ were *less likely* to report they would use hygiene certificates and/or hygiene stickers as a way of knowing about the hygiene standards:

- Respondents aged 66 years or older: hygiene certificates (29% compared with 45-53% for all other age groups) and hygiene stickers (24% compared with 33-42%).
- Working status Other: hygiene certificates (40% compared with 48% full-time and 50% part-time) and hygiene stickers (31% compared with 40% full-time and 42% part-time)

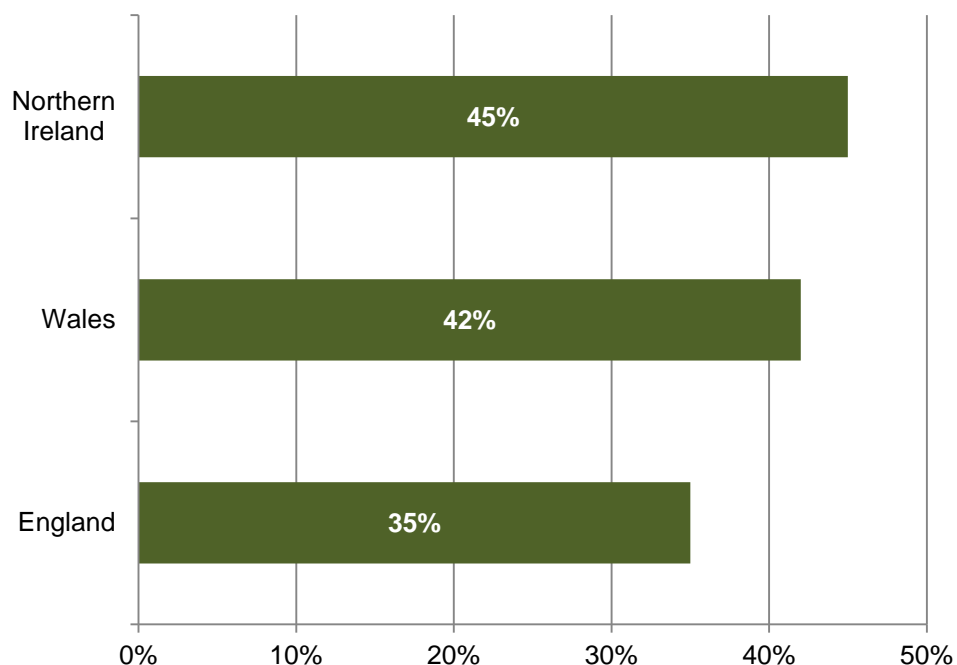
¹⁶ Amongst respondents who report being aware of the standards of hygiene when they eat out or purchase food

¹⁷ As above

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

Differences by country have been compared across the time series since Wave 6. In Wave 11, respondents in Northern Ireland were more likely to report using Food Hygiene stickers than respondents in England (45% compared with 35%)¹⁸. See Figure 17.

Figure 1: Reported use of Food hygiene stickers by country (November 2015).



Base: All respondents who reported being aware of hygiene standards when they buy food, England, Wales and Northern Ireland

Weighted base (Wave 11: England 1410, Wales 73, Northern Ireland 53) Unweighted base (Wave 11: England 1482, Wales 76, Northern Ireland 114).

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

5. Awareness of and levels of trust in the FSA

Wave 10 Key findings

- 74% of respondents in England, Wales and Northern reported being aware of the FSA. This was a decrease on the figures found in waves 1-10 (78-83%).
- As in previous waves, amongst those aware of the FSA, the main responsibility of the FSA reported by respondents was ensuring food bought is safe to eat (86%).
- Of respondents who said they were aware of the FSA, 64% said they trusted, and 8% said they distrusted, the FSA to do its job.

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

5.1 Awareness of the FSA

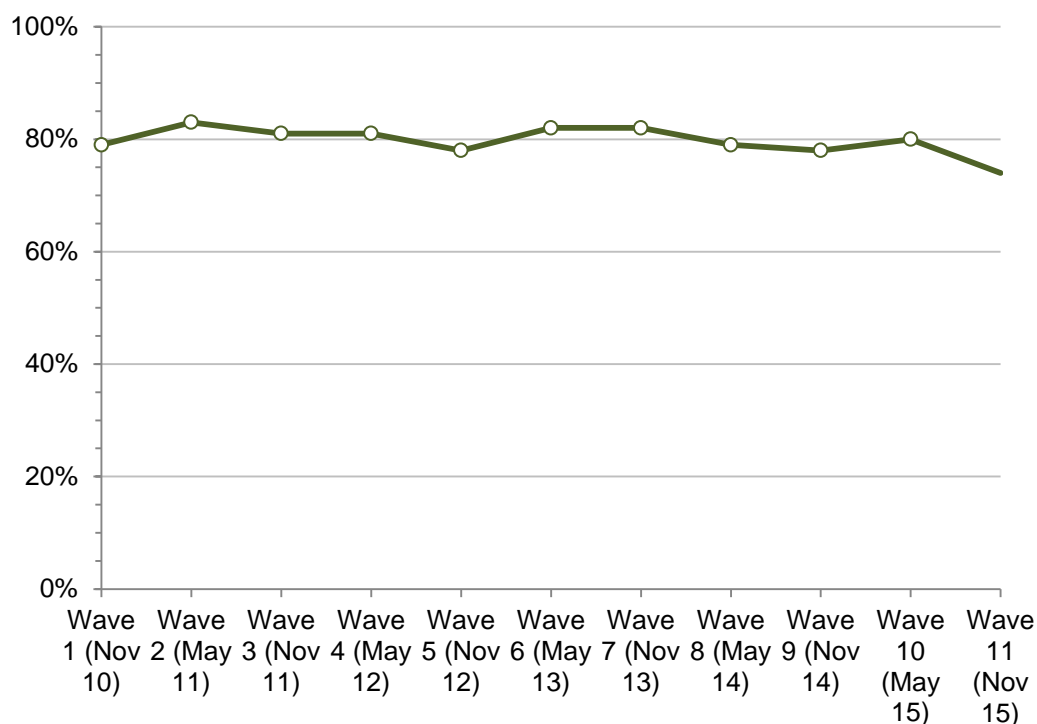
Respondents were asked the following question:

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

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

In Wave 11, 74% of respondents reported being aware of the Food Standards Agency. Though this figure represents a decrease on figures found in previous waves, there have been fluctuations in awareness of the FSA over time (Wave 1-10: 78-83%) and it is not yet clear whether this represents a recurring change. See Figure 14 for further detail.

Figure 17: Awareness of the FSA in England Wales and Northern Ireland (Nov 2010 – Nov 2015)



Base: All respondents, England, Wales and Northern Ireland
 Weighted base (W11:1826, W1-W10: 1824-1841), Unweighted base (W11: 1980, W1-10: 1883-1984)
 Circled data points represent statistically significant differences to Wave 10.

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

- Social grade AB¹⁹ respondents: 87% compared with 62-77% for all other social grades.
- Respondents in rural areas: 84% compared to 72% of respondents in urban areas.
- White respondents: 78% compared with 56% of non-white respondents.

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

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

- Social grade DE²⁰ respondents: 62% compared with 75-87% of respondents in all other social grades.

When looking across the time series data, similar socio-demographic differences by ethnicity, urban/rural and social grade were apparent in most of the previous waves.

5.2 Awareness of the FSA's responsibilities

The FSA is responsible for food safety and food hygiene policy as well as safety and allergy labelling in England, Wales and Northern Ireland. It also holds responsibilities for wider food labelling in Wales and Northern Ireland and for nutrition in Northern Ireland.

Respondents in England, Wales and Northern Ireland who were aware of the FSA, or respondents in Scotland who were aware of Food Standards Scotland (FSS), are asked the following questions. Please see section 1.1 for an explanation of the findings presented

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

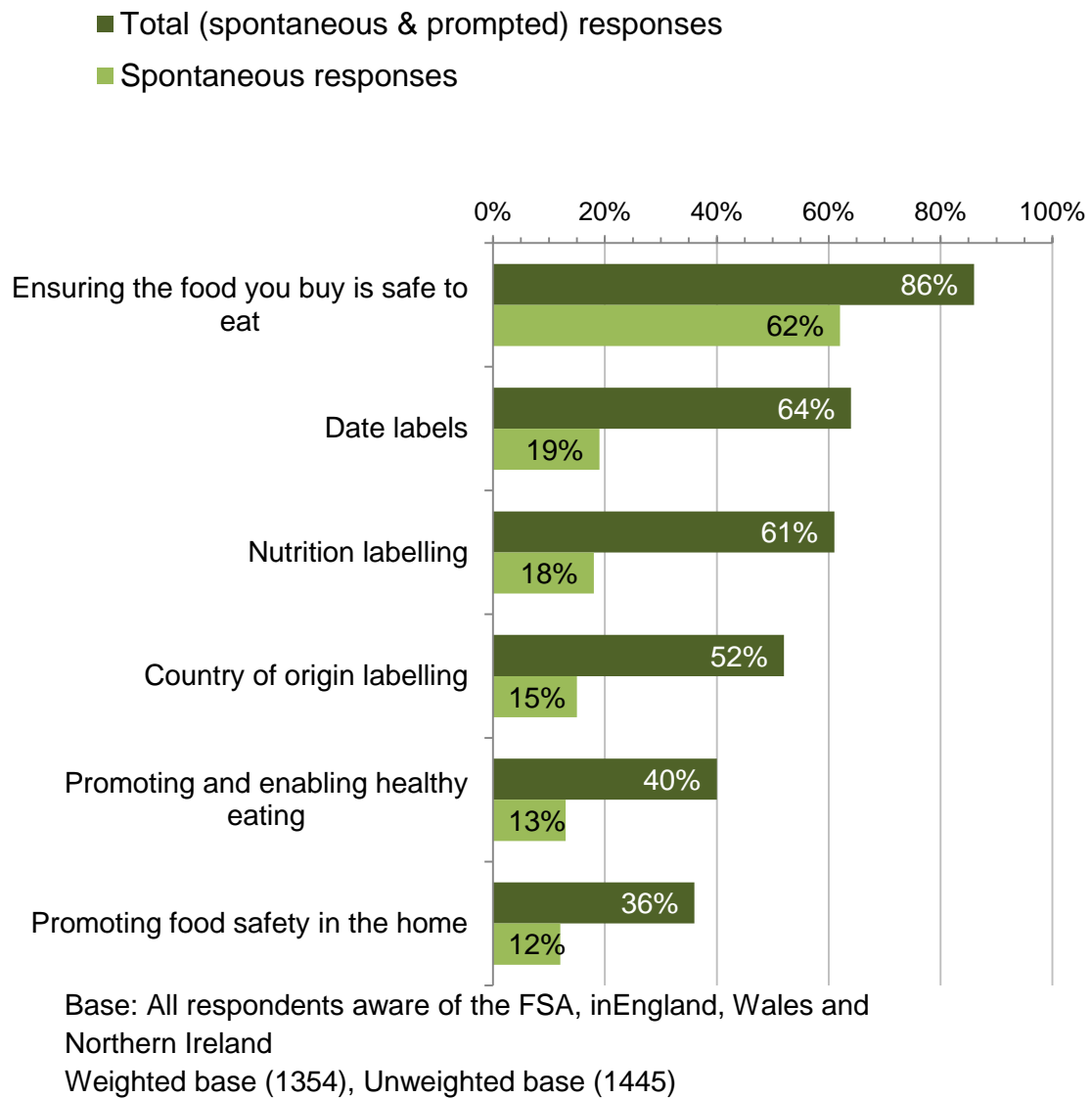
Q5b And which of these issues do you think the Food Standards Agency / Food Standards Scotland is responsible for?

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

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

The three responsibilities of the FSA most commonly reported (combined spontaneous and prompted responses) by respondents aware of the FSA, were ensuring the food you buy is safe to eat (86%), date labelling (64%) and nutrition labelling (61%). Ensuring the food you buy is safe to eat (62%) was also the most spontaneously reported responsibility²¹ See Figure 19 for further detail ²².

Figure 18: Reported responsibilities of the FSA (November 2015)

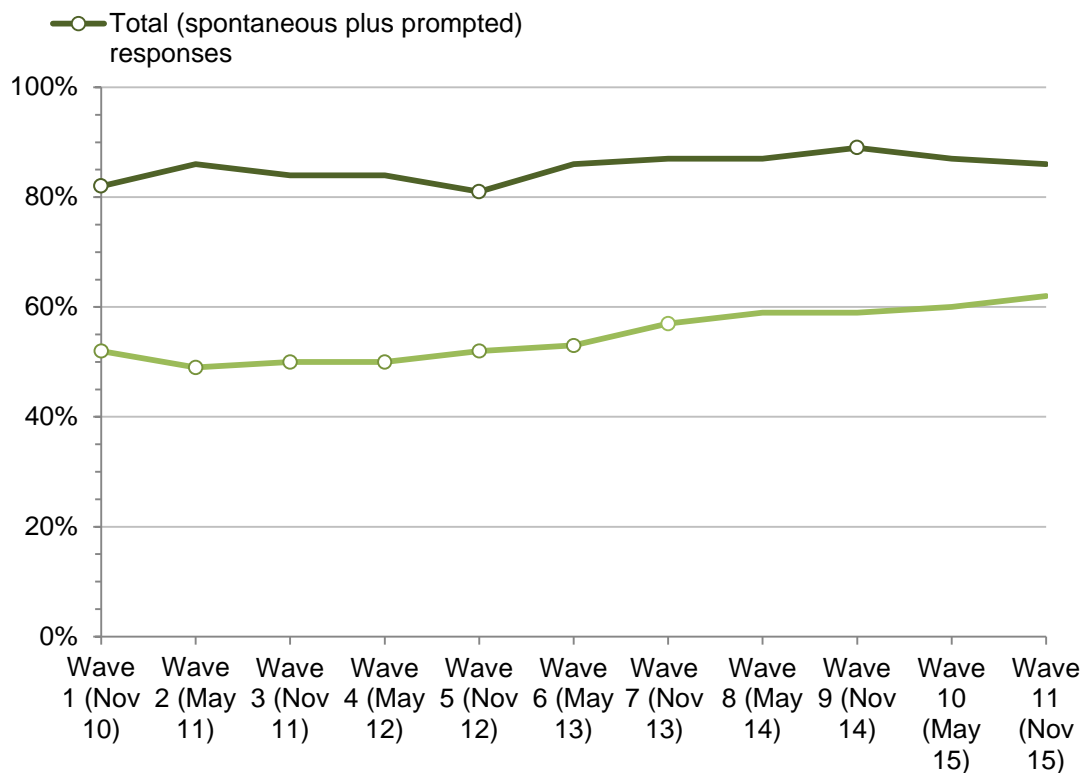


²¹ Average number of total responsibilities responses: Wave 1 (4.1), Wave 2 (4.16), Wave 3 (4.2), Wave 4 (4.1), Wave 5 (4.07), Wave 6 (4.07), Wave 7 (4.2), Wave 8 (4.19), Wave 9 (4.5), Wave 10 (4.25) Wave 11 (4.17).

²² Average number of total responsibilities responses: Wave 1 (4.1), Wave 2 (4.16), Wave 3 (4.2), Wave 4 (4.1), Wave 5 (4.07), Wave 6 (4.07), Wave 7 (4.2), Wave 8 (4.19), Wave 9 (4.5), Wave 10 (4.25) Wave 11 (4.17).

The percentage of respondents spontaneously reporting that 'ensuring the food you buy is safe to eat' was a responsibility of the FSA (62%) remains higher than at waves 1-7 (49-57%). When looking at total responses (spontaneous and prompted combined) for this responsibility, the figure (86%) was higher in Wave 11 than at Waves 1 and 5 (82% and 81% respectively) but lower than the figure in Wave 9 (89%). See Figure 20 for further detail.

Figure 19: Reported responsibility of the FSA in England Wales and Northern Ireland: Ensuring food is safe to eat (Nov 2010 – Nov 2015)



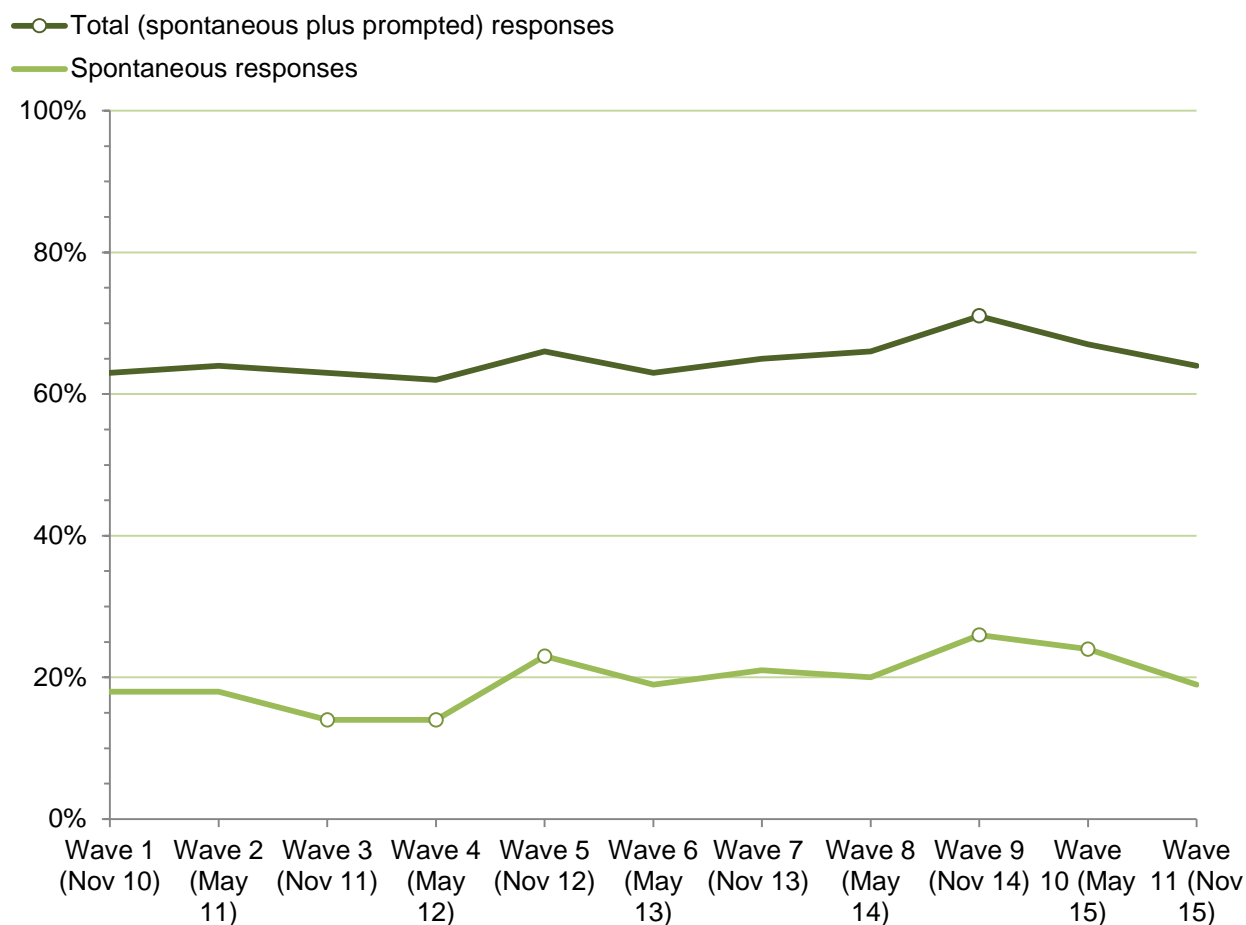
Base: All respondents aware of the FSA

Weighted base (W11: 1354, W1-W10: 1423-1509), Unweighted base (W11: 1445, W1-W10: 1446-1670)

Circled data points represent statistically significant differences to Wave 11

At Wave 11 (64%) the proportion of respondents who considered date labelling as an FSA responsibility were lower than wave 9 (71%) but consistent with levels found in all other waves. See Figure 21.

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



Base: All respondents aware of the FSA

Weighted base (W11: 1354, W1-W10: 1423-1509), Unweighted base (W11: 1445, W1-W10: 1446-1670)

Circled data points represent statistically significant differences to Wave 11

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

- Respondents in Northern Ireland: Ensuring food is safe to eat (94% compared with 85% for England).
- Respondents aged 50-65: Date labelling (69%) compared with respondents aged 16-25 and 66+ (both 57%).

- Married respondents: Date labelling (67%) compared with 59% for both Single and Separated/Widowed/Divorced respondents.
- White respondents: Nutritional labelling (62% compared with 52% of non-white respondents) and Country of Origin labelling (53% compared with 44% of non-white respondents)

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

5.3 Trust in the FSA

Respondents in who reported being aware of the FSA were asked the following question:

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

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

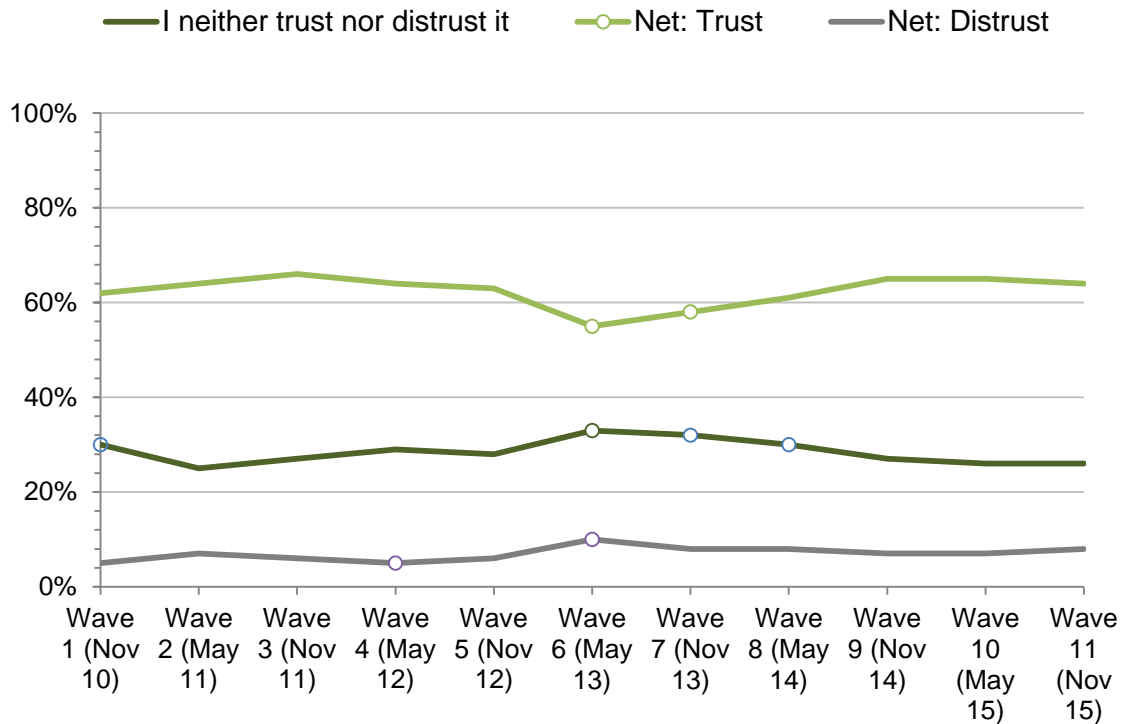
In Wave 11, 64% of respondents reported that they trusted²³ the Agency to do its job whilst 8% of respondents reported that they distrusted²⁴ the Agency to do its job (of those aware of the FSA). Trust saw a wave-on-wave increase from Waves 6-9 (55-65%); at Wave 10 it remained at 65% and a similar level Wave 1-5 (62-66%). In Wave 11, the proportion of respondents who reported

²³ Figure based on net of respondents who reported 'I trust the FSA a lot' or 'I trust the FSA', here and throughout the remainder of the chapter.

²⁴ Figure based on net of respondents who reported 'I distrust the FSA a lot' or 'I distrust the FSA', here and throughout the remainder of the chapter.

they neither trust nor distrust the Agency (26%) remained unchanged from the previous wave, and was lower than at Waves 1 and 6-8 (30-33%). Distrust at Wave 11 (8%) was higher than in Wave 1 and 4 (5%) but lower than in Waves 6 (10%). See Figure 22 for further detail.

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



Base: All respondents aware of the FSA, W11: England, Northern Ireland and Wales, W1-11: Weighted base (W11: 1354, W1 - W10: 737 - 1507), Unweighted base (W11: 1445 W1 - W9: 758-1670)
 Circled data points represent statistically significant differences to Wave 10.

When looking at variation in levels of trust in the FSA by socio-demographic groups, respondents in Northern Ireland were *more likely* to report that they trusted the Agency to do its job than respondents in England;

- Respondents in Northern Ireland: 76%, compared to 63% of respondents in England.

Differences in levels of trust and distrust across sociodemographic groups have not been consistent across most previous waves.

Conclusions

Generally, findings from this wave are fairly consistent with previous waves.

The majority of respondents report being aware of the FSA, although this figure has fallen slightly compared with previous waves. It is not yet clear if this represents a consistent change or is just a temporary fluctuation. Trust in the FSA has remained consistent over nearly all waves, after falling in Waves 6 and 7. The main responsibility of the FSA reported by respondents remains ensuring that food bought is safe to eat (86%).

Overall, both general and food safety issues of concern most commonly reported remain largely consistent across all waves. The main food safety and nutrition issues of concern have remained largely unchanged. Concerns about food safety in food outlets are relatively stable, with a small degree of variation across waves, and is marginally higher for restaurants, pubs, cafes and takeaways than shops and supermarkets, as was found in previous waves. Women continue to show higher levels of concern than men about most food issues, including retailer food safety whilst younger people generally report lower levels of concern about most food issues than other age groups.

Annex A. Technical summary

Methodology

Fieldwork for this wave took place from the 5th to the 19th of November 2015, and a representative sample of 1,980 adults (aged 16 and over) in England, Wales and Northern Ireland were interviewed. The research was conducted using the TNS consumer omnibus survey employing face-to-face Computer Assisted Personal Interviewing (CAPI). Respondents were selected using a random location sampling method.

2001 Census small area statistics and the Postcode Address File (PAF) were used to divide the UK into a master sampling frame of 630 sample points. The frame was then refined down to 415 points in the UK and 14 in Northern Ireland by stratifying points according to Government Office Region, Social Grade²⁵ and urban/rural coverage. Sequential waves of fieldwork are conducted systematically across this sampling frame to provide maximum geographical dispersion and ensure that sample point selection remains representative for any specific fieldwork wave.

For Wave 11 of the attitudes tracker, a total of 132 sample points were included. To reduce clustering effects, each of these primary sampling points was divided into two halves. Fieldwork clusters comprising aggregations of wards were defined from the chosen half of each sample point; 200-250 addresses were then sampled for fieldwork from each cluster, using the PAF. All interviews were conducted by the TNS field team and in accordance with strict quality control procedures. Quotas (by sex, working status and presence of children) were set during interviewing to ensure representativeness, whilst any sample profile imbalances in all these demographic criteria were corrected at the analysis stage through weighting against national distribution of age, gender, social grade and area. A summary of the number of participants from different age groups and gender can be found in the table below.

²⁵ Refer to Annex C for an explanation of social grade criteria.

Age	Weighted	Unweighted
16-24	256	292
25--34	350	341
35-44	291	285
45-54	298	281
55+	630	781
Female	936	1043
Male	890	937

All weighted criteria were tested at 5% level of significance.

Background

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

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

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

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

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

Due to observed fluctuations in responses to this question on trust, in autumn 2010 the Tracker was redeveloped in full. A redeveloped question on trust asked respondents how much they trusted or distrusted the FSA (see Annex B for full question). However, for the purpose of monitoring the impact of the questionnaire changes, Wave 1 (Nov 2010) and 2 (May 2011) of the redeveloped Tracker ran both the old question monitoring trust (that had been included since September 2008) and the redeveloped question using a split run (50:50) of respondents.²⁶ The old question on trust was removed at Wave 3 (Nov 2011) as we had sufficient data at this stage to establish how the change in question formulation had affected responses provided. The reports on the redevelopment of the Tracker can be viewed at <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>.

At Wave 3 (Nov 2011), three new questions were added to the end of the survey to measure awareness of initiatives or schemes concerning the hygiene standards in places where people eat out or shop for food. The survey also originally included a question asking if respondents were willing to be re-contacted at a later date to answer follow up questions related to the survey. At Wave 5, this re-contact question was removed, and one new question was added to the end of the survey. This question asked respondents in England, Wales and Northern Ireland whether they had seen the FHRS certificate and/or sticker, and respondents in Scotland whether they had seen the FHIS certificate and/or sticker before. At Wave 9 the survey's final four questions, which measured awareness of formal initiatives or

²⁶ This was a recommendation from the development work for the new biannual Tracker. For the full reports on the development work please see: <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>

schemes concerning the hygiene standards in places where people eat out or shop for food (including FHRS and FHIS), have been removed and included in a separate survey. At Wave 10 two new response options 'Chemicals from the environment, such as lead, in food' and 'Food not being what the label says it is' were added to question 1A) and 1B). In Wave 11, no sample boosts were undertaken in Scotland. Although fieldwork took place with a small number of Scottish respondents, without boosts, numbers would be insufficient to make any conclusions about Scottish respondents in general. Consequently, this report only present findings for England, Wales and Northern Ireland. To ensure that comparisons from the current wave to previous waves are valid, Scottish responses have been removed from the previous waves – ensuring that findings from England Wales and Northern Ireland are being compared with findings from the same countries. This means that figures presented in the current report may differ from ones presented previously.

Annex B. Wave 11 Questionnaire

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

(Spontaneous)

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

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

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

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

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

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

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

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

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

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

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

(Base: All adults UK)

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

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

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

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

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

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

(Spontaneous)

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

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

(DK)

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

01: I trust it a lot

02: I trust it

03: I neither trust nor distrust it

04: I distrust it

05: I distrust it a lot

(DK)

Annex C: Occupational Groupings²⁷

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

²⁷ Social grade is weighted according to 2006 BARB data: <http://www.barb.co.uk/>.

Annex D: Time series data from November 2015,

‘What food issues, if any, are you concerned about?’

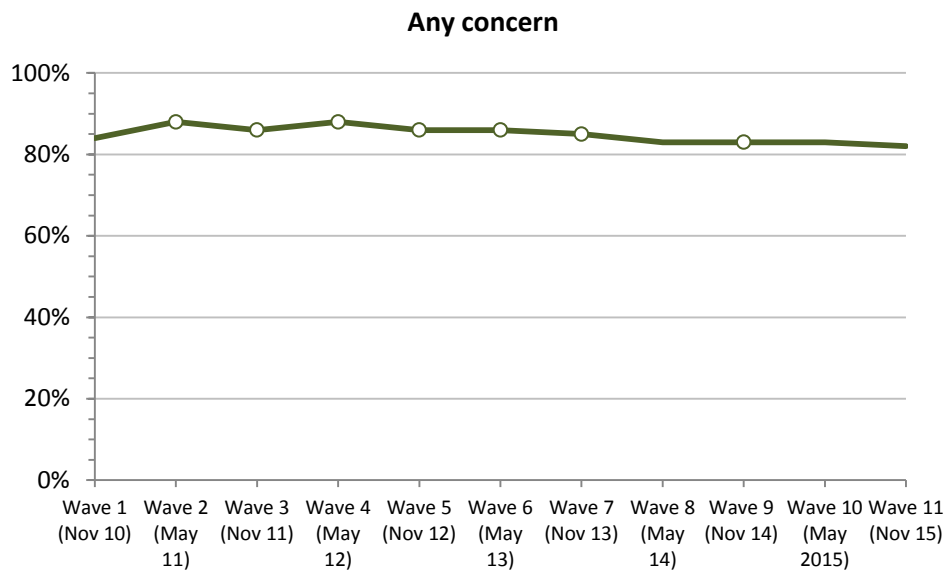
These bases apply to all figures below.

Base: All respondents, England, Wales and Northern Ireland

Weighted base (W11: 1,826, W1-W10: 2,000). Unweighted base (W11: 1,980, W1-W10: 2,069-2,684)

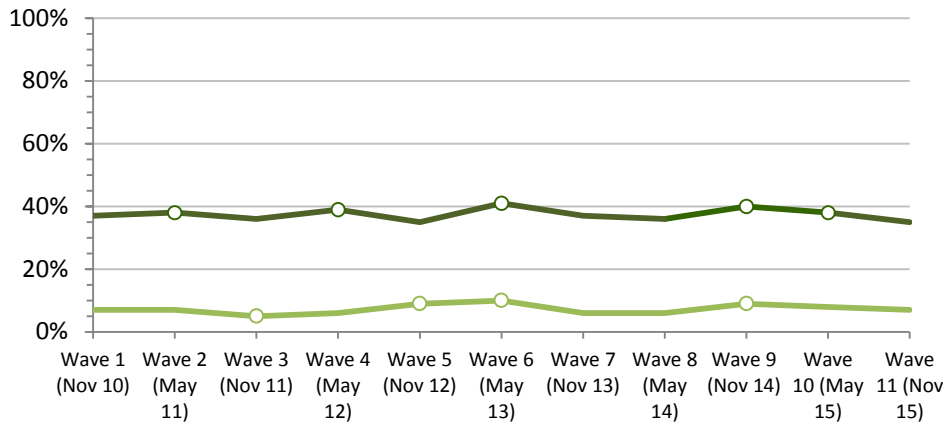
Circled data points represent statistically significant differences to Wave 11.

— Total (spontaneous plus prompted) responses
— Spontaneous responses

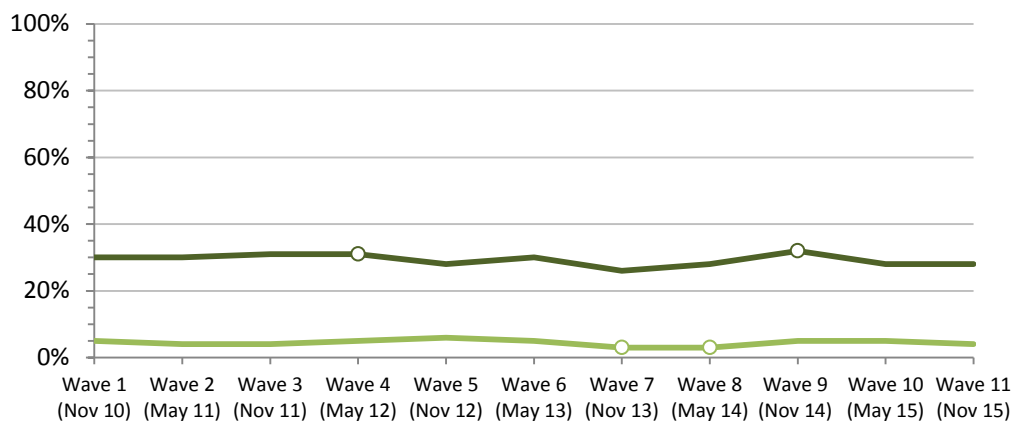


Food safety issues of concern

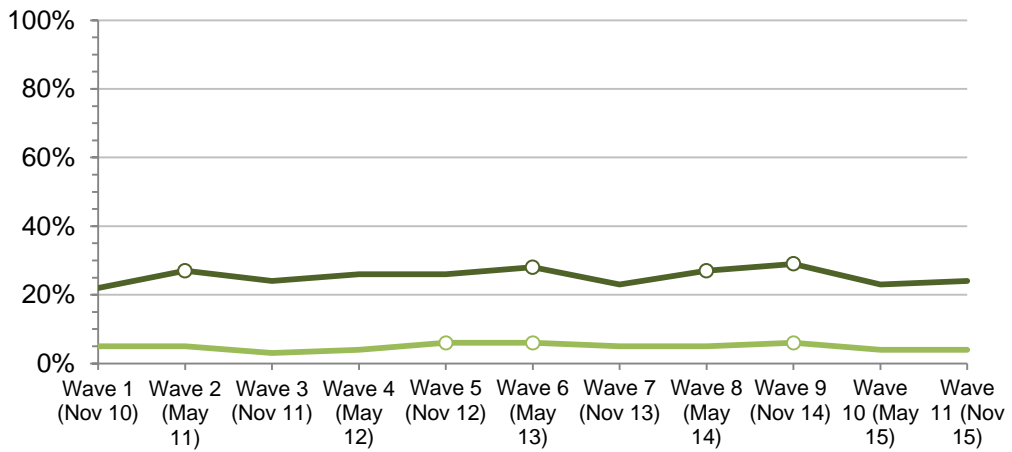
Food Hygiene When Eating Out



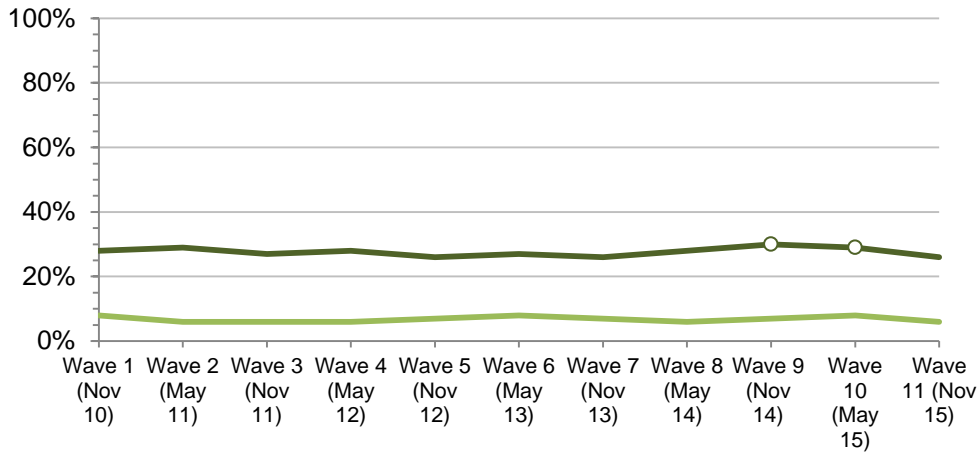
Food Poisoning



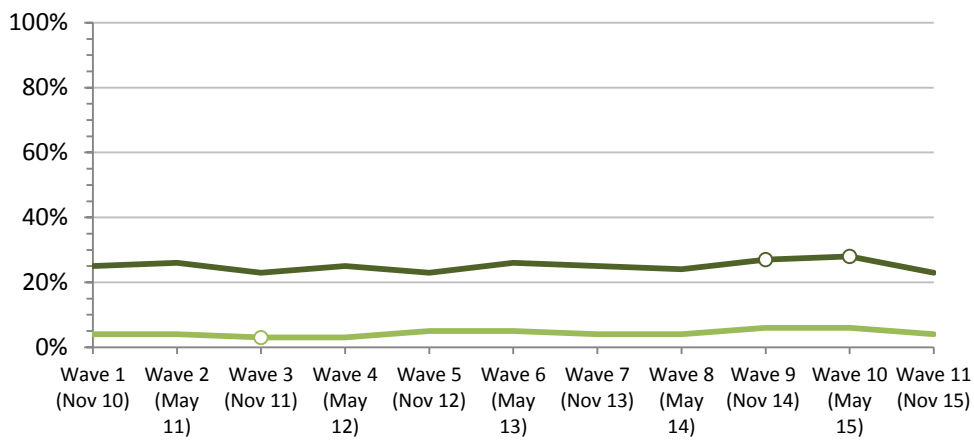
Date labels



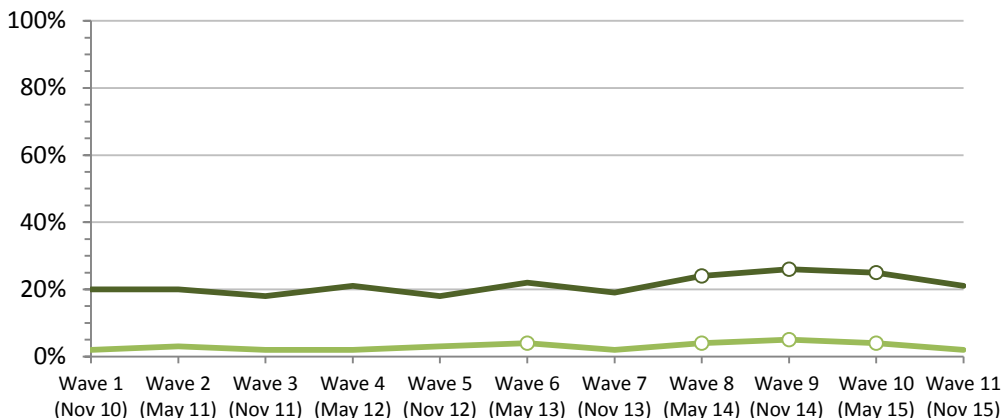
Use of Additives



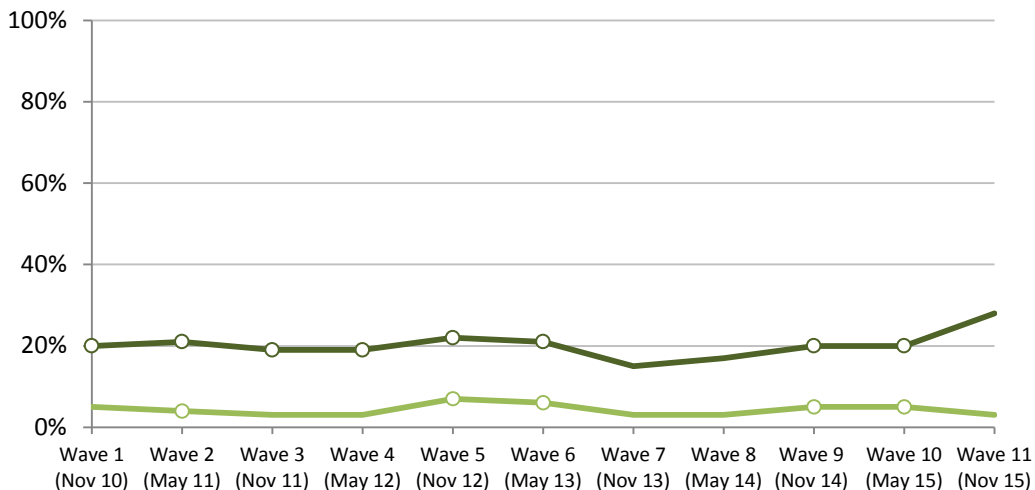
Use of Pesticides



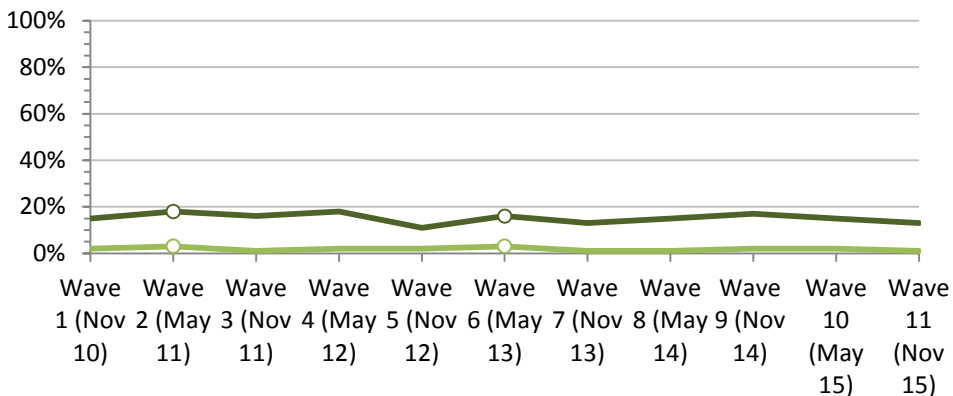
Hormones \ steroids \ antibiotics in food



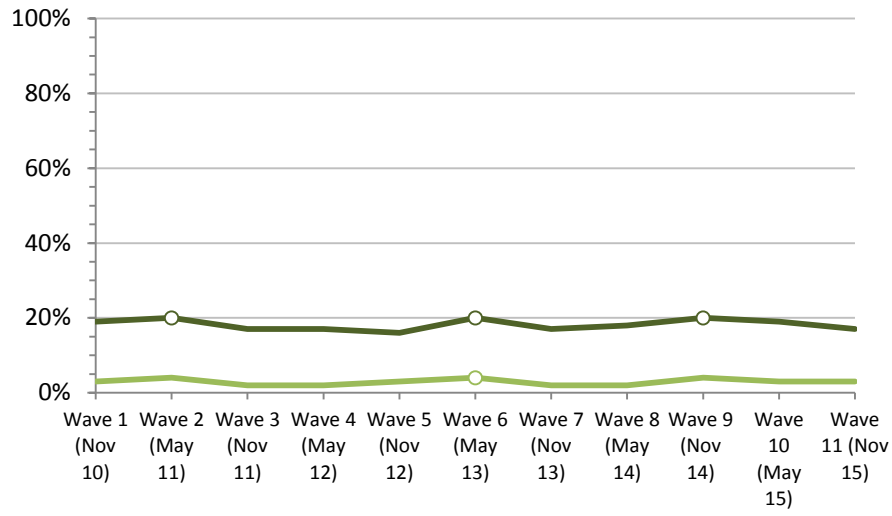
Food hygiene at home



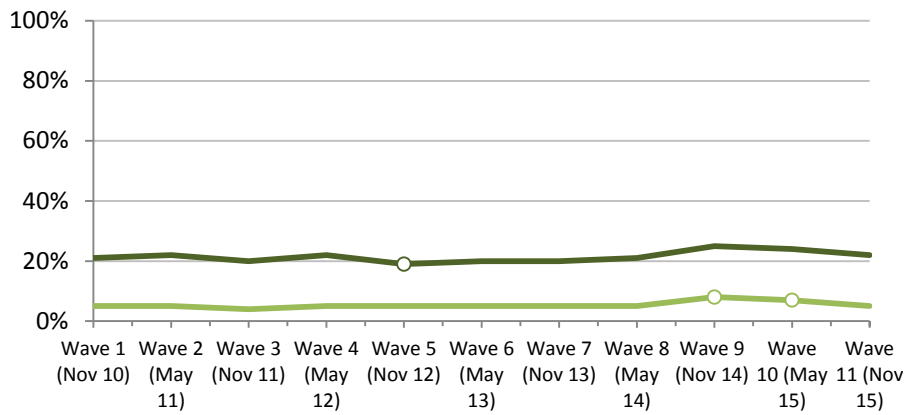
BSE



Feed given to livestock

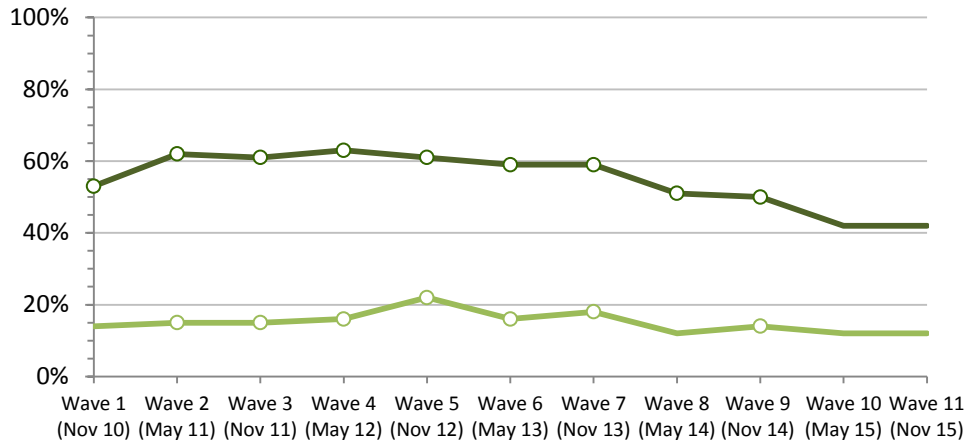


GM foods

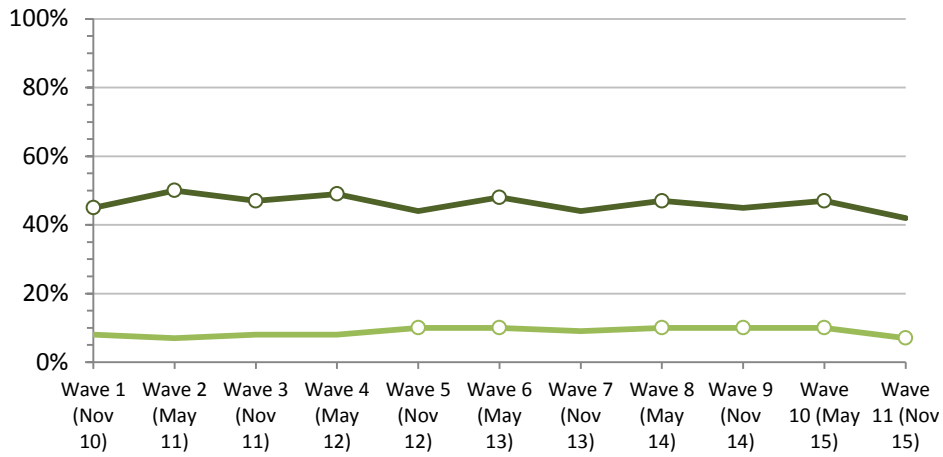


Wider Food issues of concern

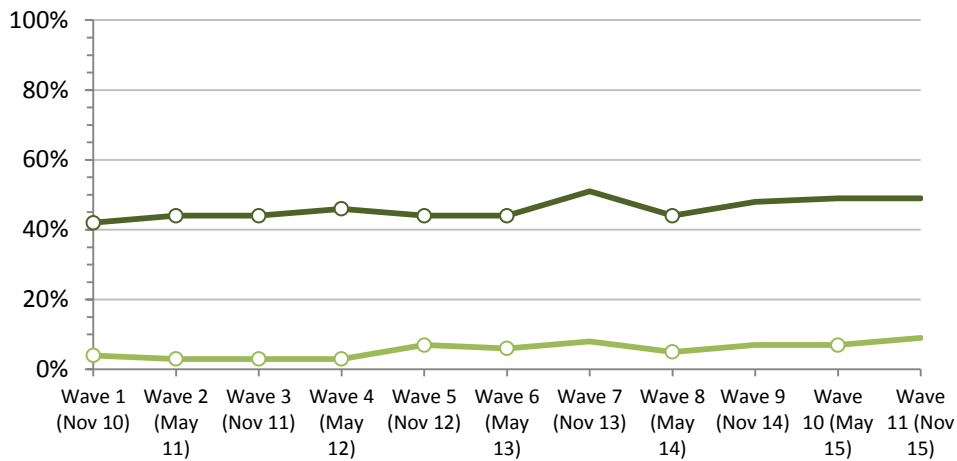
Food prices



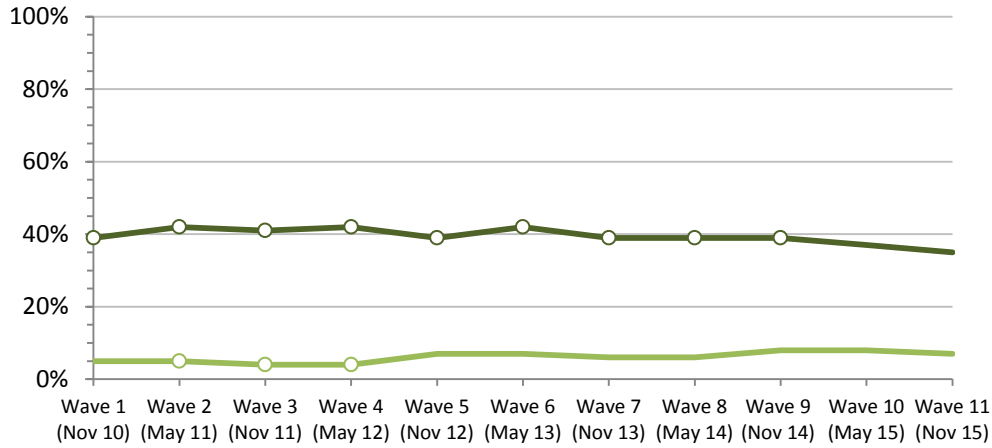
Amount of salt in food



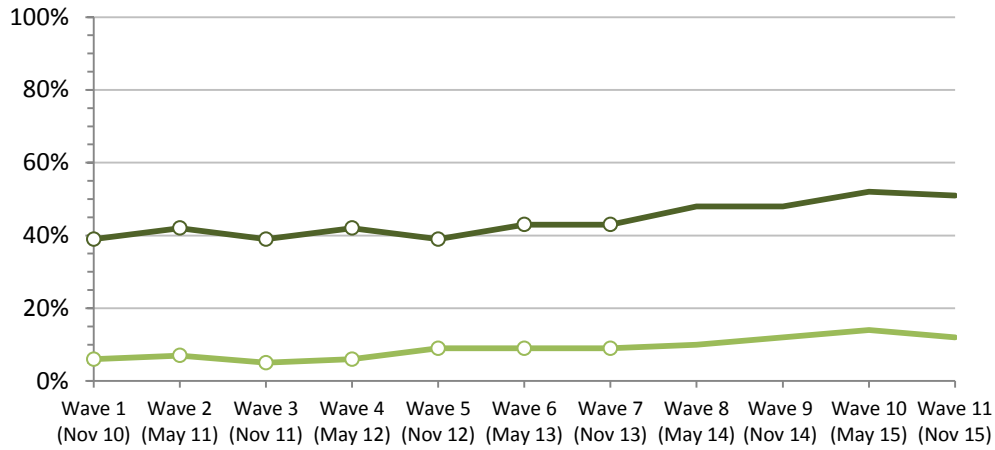
Food waste



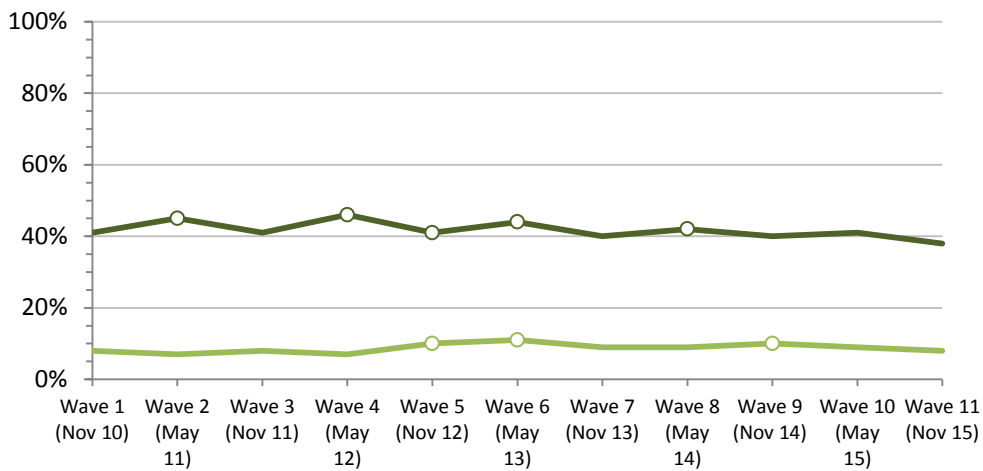
Amount of Saturated Fat in food



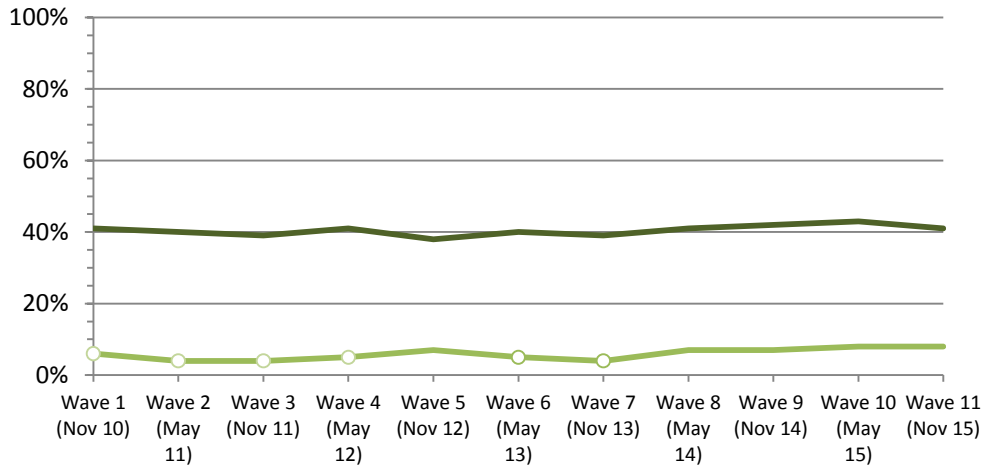
Amount of sugar in food



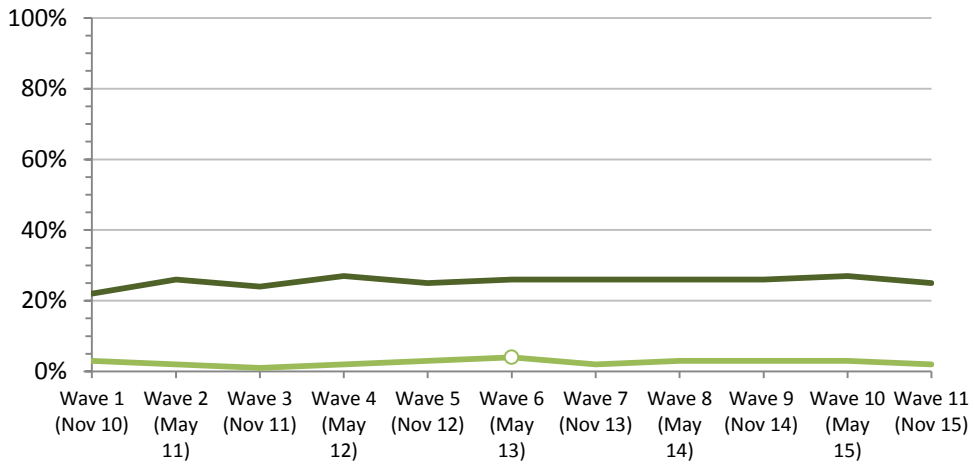
Amount of Fat in food



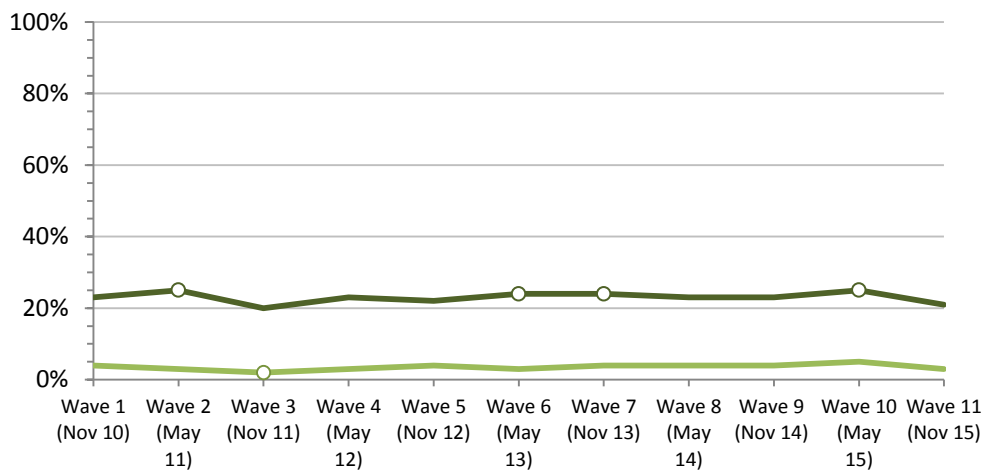
Animal welfare



Foods aimed at children



Food miles



Reported concern regarding Horsemeat

