

## Food and You 2: Wave 7 Key Findings

Area of research interest: [Behaviour and perception](#)

Project status: Completed

Project code: FS430662

Authors: Dr Beth Armstrong, Lucy King, Robin Clifford, Mark Jitlal, Katie Mears, Charlotte Parnell, Dr Daniel Mensah

Conducted by: Ipsos

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## F&Y2 Wave 7: Executive summary

Results available: Results available

Area of research interest: [Behaviour and perception](#)

Research topics: [Social science](#)

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PDF

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Food and You 2 is a biannual 'Official Statistic' survey commissioned by the Food Standards Agency (FSA). The survey measures consumers' self-reported knowledge, attitudes and behaviours related to food safety and other food issues amongst adults in England, Wales, and Northern Ireland.

Fieldwork for Food and You 2: Wave 7 was conducted between 28th April 2023 to 10th July 2023 ([footnote 1](#)). A total of 5,812 adults (aged 16 years or over) from 4,006 households across England, Wales, and Northern Ireland completed the 'push-to-web' survey (see Annex A for more information about the methodology).

The modules presented in this report include 'Food you can trust', 'Concerns about food', 'Food security', 'Food shopping and labelling', 'Online platforms' and 'Novel foods'.

### Food you can trust

#### Confidence in food safety and authenticity

- 88% of respondents reported that they were confident that the food they buy is safe to eat.
- 83% of respondents were confident that the information on food labels is accurate.
- Confidence in the food supply chain
- 68% of respondents reported that they had confidence in the food supply chain.
- Respondents were more likely to report confidence in farmers (84%) and shops and supermarkets (81%) than in takeaways (54%), and food delivery services (39%).

## **Awareness, trust and confidence in the FSA**

- 89% of respondents had heard of the FSA.
- 69% of respondents who had at least some knowledge of the FSA reported that they trusted the FSA to make sure 'food is safe and what it says it is'.
- 79% of respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food); 76% were confident that the FSA takes appropriate action if a food-related risk is identified, and 72% were confident that the FSA is committed to communicating openly with the public about food-related risks.

## **Concerns about food**

- 72% of respondents had no concerns about the food they eat, and 28% of respondents reported that they had a concern.
- Respondents who reported having a concern were asked to briefly explain what their concerns were about the food they eat. The most common concerns related to food production methods (33%), nutrition and health (30%), and the quality of food (23%).
- Respondents were asked to indicate if they had concerns about several food-related issues, from a list of options. The most common concern was food prices (72%) followed by food waste (58%), the amount of sugar in food (56%), the quality of food (56%), and the amount of food packaging (56%).

## **Food security**

- Across England, Wales, and Northern Ireland, 75% of respondents were classified as food secure (61% high, 14% marginal) and 25% of respondents were classified as food insecure (13% low, 13% very low).
- 80% of respondents reported that they had made a change to their eating habits for financial reasons in the previous 12 months. The most common changes were eating out less (49%), eating at home more (45%), eating fewer takeaways (44%) and buying items on special offer more (44%).
- 4% of respondents reported that they had used a food bank or other emergency food provider in the last 12 months, and 94% of respondents reported that they had not.
- 5% of respondents reported that they had used a social supermarket in the last 12 months and 79% of respondents reported that they had not.

## **Food shopping and labelling**

- 75% of respondents reported that they bought food from a large supermarket and 51% bought food from a mini supermarket about once a week or more often.
- 53% of respondents reported that they bought food from independent shops (greengrocers, butchers, bakers, fishmongers), 47% bought food from a local / corner shop, newsagent or garage forecourt, and 44% bought food from a local / farmer's markets or farm shops 2-3 times a month or less often.
- Most respondents reported that they 'always' or 'most of the time' check the use-by (85%) or best before (84%) date when they bought food. Respondents reported that they check

the list of ingredients (52%), nutritional information (47%), country of origin (48%) and food assurance scheme logos (42%) about half the time or occasionally.

- 83% of respondents who go food shopping and take into consideration a person who has a food allergy or intolerance were confident that the information provided on food labelling allows them to identify foods that will cause a bad or unpleasant physical reaction.

## Online platforms

- 60% of respondents reported that they had ordered food or drink from the websites of a restaurant, takeaway or café and 54% had ordered from an online ordering and delivery company (for example, Just Eat, Deliveroo, Uber Eats).
- 28% of respondents had ordered via an online marketplace (for example Amazon, Gumtree, Etsy). The platforms used least by respondents were food sharing apps (for example Olio, Too Good To Go) (14%) and social media platforms (for example, Facebook, Instagram, Nextdoor) (8%).
- 46% of respondents 'always' or 'most of the time' looked for the FHRS ratings, 31% of respondents did this about half of the time or occasionally, and 21% of respondents never looked for the FHRS rating when ordering food and drink online.
- Of the respondents who have a food hypersensitivity, or live with someone who has a food hypersensitivity, 18% always looked for information that would allow them to identify food that might cause them a bad or unpleasant reaction, 41% looked for this information less often and 37% never looked for this information.

## Novel foods

- Respondents reported greater awareness and knowledge of genetically modified (GM) food than gene-edited or genome-edited food (GE) and precision bred food. For example, 68% of respondents had never heard of precision bred food whereas 41% of respondents had never heard of GE food and 9% of respondents had never heard of GM food.
- 60% respondents reported that they had not used or consumed Cannabidiol (CBD) while 14% of respondents reported that they had used or consumed CBD.

1. Please note: In November 2024, the fieldwork date noted was corrected from 23rd April to 28th April.



## F&Y2 Wave 7: Acknowledgement

First and foremost, our thanks go to all the respondents who gave up their time to take part in the survey.

We would like to thank the team at Ipsos who made a significant contribution to the project, particularly Kavita Deepchand, Kathryn Gallop, Stephen Finlay, Hannah Harding, Sally Horton, Dr

Patten Smith, Kelly Ward, Ammeline Wang and Teodros Gebrekal.

We would like to thank the FSA working group, Welsh Language Unit, and our FSA colleagues – Joanna Disson and Clifton Gay.

Finally, thank you to our external reviewer Professor George Gaskell for his valuable direction and guidance.

Authors: Dr Beth Armstrong, Lucy King, Robin Clifford, Mark Jitlal, Katie Mears, Charlotte Parnell, Dr Daniel Mensah.



## F&Y2 Wave 7: Introduction

### The Food Standards Agency: role, remit, and responsibilities

The Food Standards Agency (FSA) is a non-ministerial government department working to protect public health and consumers' wider interests in relation to food in England, Wales, and Northern Ireland ([footnote 1](#)). The FSA's overarching mission is 'food you can trust'. The FSA's vision as set out in the [2022-2027 strategy](#) is a food system in which:

- Food is safe
- Food is what it says it is
- Food is healthier and more sustainable

Food and You 2 is designed to monitor the FSA's progress against this mission and to inform policy decisions by measuring on a regular basis consumers' self-reported knowledge, attitudes and behaviours related to food safety and other food issues in England, Wales, and Northern Ireland.

### Food and You 2: Wave 7

Food and You 2: Wave 7 data were collected between 28th April 2023 to 10th July 2023 ([footnote 2](#)). A total of 5,812 adults (aged 16 years and over) from 4,006 households across England, Wales, and Northern Ireland completed the survey (an overall response rate of 27.6%).

Food and You 2: Wave 7 data were collected during a period which saw the highest levels of annual inflation of the price of food and non-alcoholic drinks since 1977 ([footnote 3](#)). It is expected that these circumstances will have had a significant impact on people's food-related behaviours, such as, how and where people buy and eat food, and on levels of household food insecurity ([footnote 4](#)).

Food and You 2 is a modular survey, with 'core' modules included every wave, 'rotated' modules repeated annually or biennially, and 'one-off' modules addressing current issues of interest. The modules presented in this report include: 'Food you can trust' (core); 'Concerns about food' (core); 'Food security' (core); 'Food shopping and labelling' (rotated), 'Online platforms' (rotated) and 'Novel foods' (rotated).

This report presents key findings from the Food and You 2: Wave 7 survey. Not all questions asked in the Wave 7 survey are included in the report. The full results are available in the accompanying full data set and tables.

## Interpreting the findings

To highlight the key differences between socio-demographic and other sub-groups, variations in responses are typically reported only where the absolute difference is 10 percentage points or larger and is statistically significant at the 5% level ( $p < 0.05$ ). However, some differences between socio-demographic and other sub-groups are included where the difference is less than 10 percentage points, when the finding is notable or judged to be of interest. These differences are indicated with a double asterisk (\*\*). A single asterisk indicates that the value is not reported as the base size is below 100 and therefore may not be representative (\*).

In some cases, it was not possible to include the data of all sub-groups, however such analyses are available in the full data set and tables. Key information is provided for each reported question in the footnotes, including:

- Question wording (question) and response options (response).
  - Number of respondents presented with each question and description of the respondents who answered the question (Base= N).
  - 'Please note:' indicates important points to consider when interpreting the results.
1. In Scotland, the non-ministerial office [Food Standards Scotland](#), is responsible for ensuring food is safe to eat, consumers know what they are eating and improving nutrition.
  2. Please note: In November 2024, the fieldwork date noted was corrected from 23rd April to 28th April.
  3. See the [Cost of living insights: Food \(ONS\)](#).
  4. For example, [Consumer insights tracker report: key findings from December 2021 to March 2022 \(2022\)](#), FSA. [The UK Public's Interests, Needs and Concerns Around Food \(2022\)](#), Bright Harbour. [Food in a pandemic \(2021\)](#). FSA. [Family Resources Survey \(FRS\): financial year 2020 to 2021 \(2021\)](#). DWP. The FRS asks respondents to report experiences of food insecurity in the last 30 days so responses cannot be compared with Food and You 2.



## F&Y2 Wave 7: Chapter 1 Food you can trust

### Introduction

The FSA's overarching mission is 'food you can trust'. The FSA's vision is a food system in which:

- Food is safe
- Food is what it says it is
- Food is healthier and more sustainable

This chapter provides an overview of respondents' awareness of and trust in the FSA, as well as their confidence in food safety and the accuracy of information provided on food labels.

## Confidence in food safety and authenticity

Most respondents reported confidence (i.e., 'very confident' or 'fairly confident') in food safety and authenticity; 88% of respondents reported that they were confident that the food they buy is safe to eat, and 83% of respondents were confident that the information on food labels is accurate ([footnote 1](#)).

Confidence in food safety varied between different categories of people in the following ways:

- Age group: older respondents were more likely to be confident that the food they buy is safe to eat than younger adults (for example, 85% of those aged 25-34 years compared to 93% of those aged 75 years or over)\*\*.
- Annual household income: respondents with a higher income were more likely to be confident that the food they buy is safe to eat than those with a lower income, (for example, 94% of those with an income between £64,000 and £95,999 were confident compared to 86% of those with an income between £19,000 and £31,999)\*\*.
- NS-SEC ([footnote 2](#)): respondents in occupations (for example, 90% of those in managerial, administrative, and professional occupations) and full-time students (86%) were more likely to be confident that the food they buy is safe to eat than those who were long term unemployed and/or had never worked (77%).
- Food security: respondents who were more food secure were more likely to be confident that the food they buy is safe to eat compared to those who were less food secure (for example, 93% of those with high food security compared to 79% of those with very low food security).
- Ethnic group: white respondents (91%) were more likely to be confident that the food they buy is safe to eat than Asian or Asian British (80%) respondents ([footnote 3](#)).
- Responsibility for cooking: respondents who are responsible for cooking (89%) were more likely to be confident that the food they buy is safe to eat than those who don't cook (76%).
- Responsibility for food shopping: respondents who are responsible for food shopping (89%) were more likely to be confident that the food they buy is safe to eat than those who don't shop (79%).
- Confidence in the accuracy of information on food labels varied between different categories of people in the following ways:
  - NS-SEC: respondents in occupations (for example, 85% of those in intermediate occupations) and full-time students (88%) were more likely to report confidence in the accuracy of food labels than those who were long term unemployed and/or had never worked (63%).
  - Food security: respondents who had high (86%), marginal (87%), and low (83%) food security were more likely to report confidence in the accuracy of food labels than those with very low food security (74%).
  - Responsibility for cooking: respondents who are responsible for cooking (84%) were more likely to report confidence in the accuracy of food labels than those who don't cook (74%).

## Confidence in the food supply chain

Around two thirds of respondents (68%) reported that they had confidence (i.e., very confident or fairly confident) in the food supply chain ([footnote 4](#)).

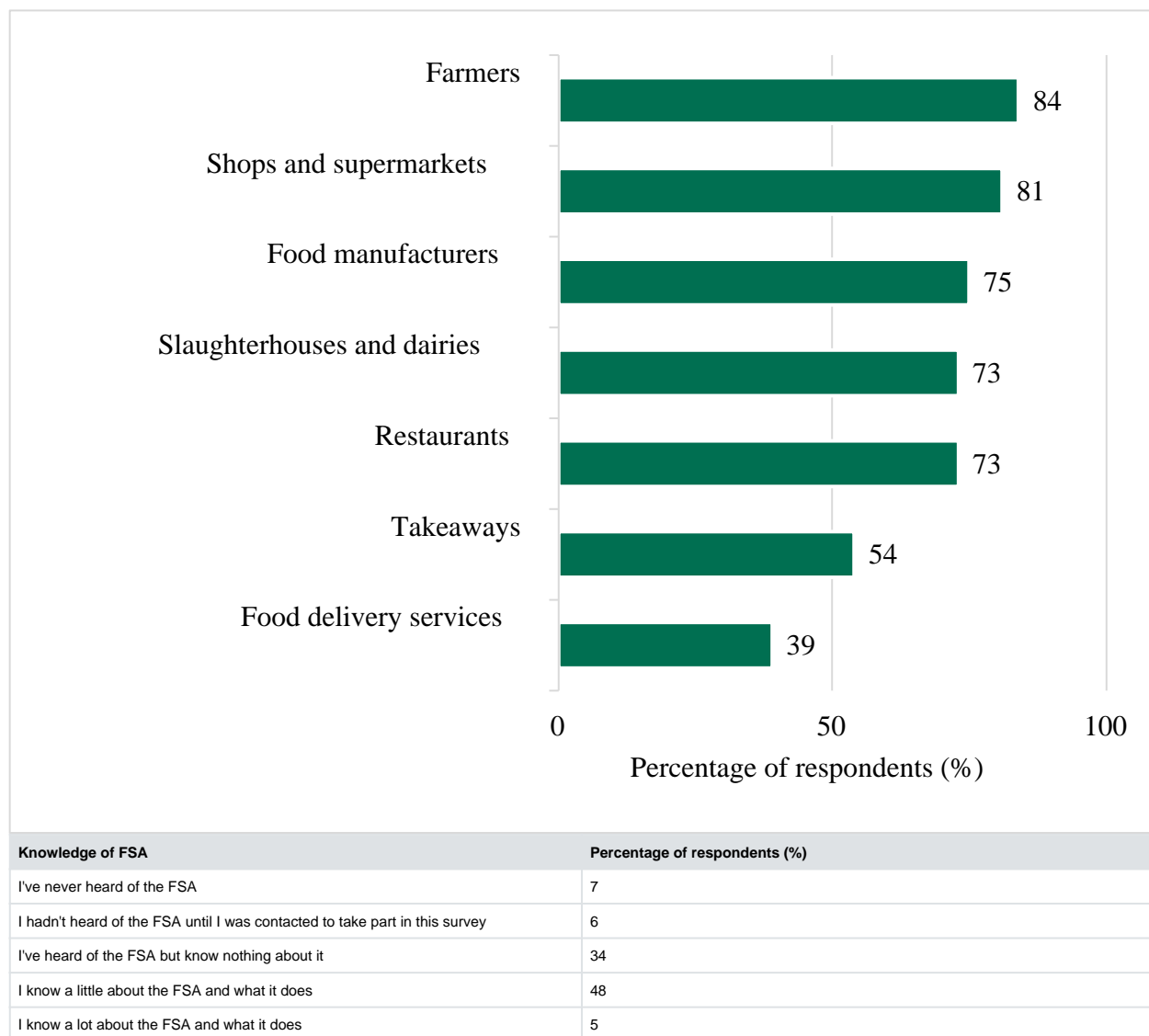
Confidence in the food supply chain varied between different categories of people in the following ways:

- Age group: respondents aged 75 years or over (78%) were more likely to report confidence in the food supply chain than those aged 54 years or younger (for example, 60% of those aged 25-34 years).
- NS-SEC: respondents in occupations (for example, 78% of small employers and own account workers) and full-time students (72%) were more likely to report confidence in the food supply chain than those who were long term unemployed and/or had never worked (57%).
- Region (England) [\(footnote 5\)](#): confidence in the food supply chain varied by region. For example, 74% of respondents in North-East England and 72% in South-West were confident in the food supply chain compared to 58% of those in Greater London.
- Food security: respondents who were more food secure were more likely to report confidence in the food supply chain than respondents who were less food secure (for example, 72% of those with a high level of food security compared to 57% of those with very low food security).
- Ethnic group: white respondents (71%) were more likely to report confidence in the food supply chain than Asian or Asian British (57%) respondents [\(footnote 6\)](#).
- Food hypersensitivity: respondents with a food allergy (73%) and those without a food hypersensitivity (70%) were more likely to report confidence in the food supply chain than those with a food intolerance (59%).

**Figure 1: Confidence that food supply chain actors ensure food is safe to eat.**

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[Image](#) [.csv](#)

Source: Food and You 2: Wave 7

Respondents were asked to indicate how confident they were that key actors involved in the food supply chain ensure that the food they buy is safe to eat. Respondents were more likely to report confidence (i.e. very confident or fairly confident) in farmers (84%) and shops and supermarkets (81%) than in takeaways (54%), and food delivery services for example, Just Eat, Deliveroo, Uber Eats (39%). Almost one in four (24%) of respondents reported that they don't know how confident they are that food delivery services ensure that the food they buy is safe to eat (Figure 1) ([footnote 7](#)).

## Awareness, trust and confidence in the FSA

### Awareness of the FSA

Most respondents (89%) had heard of the FSA ([footnote 8](#)).

Awareness of the FSA varied between different categories of people in the following ways:

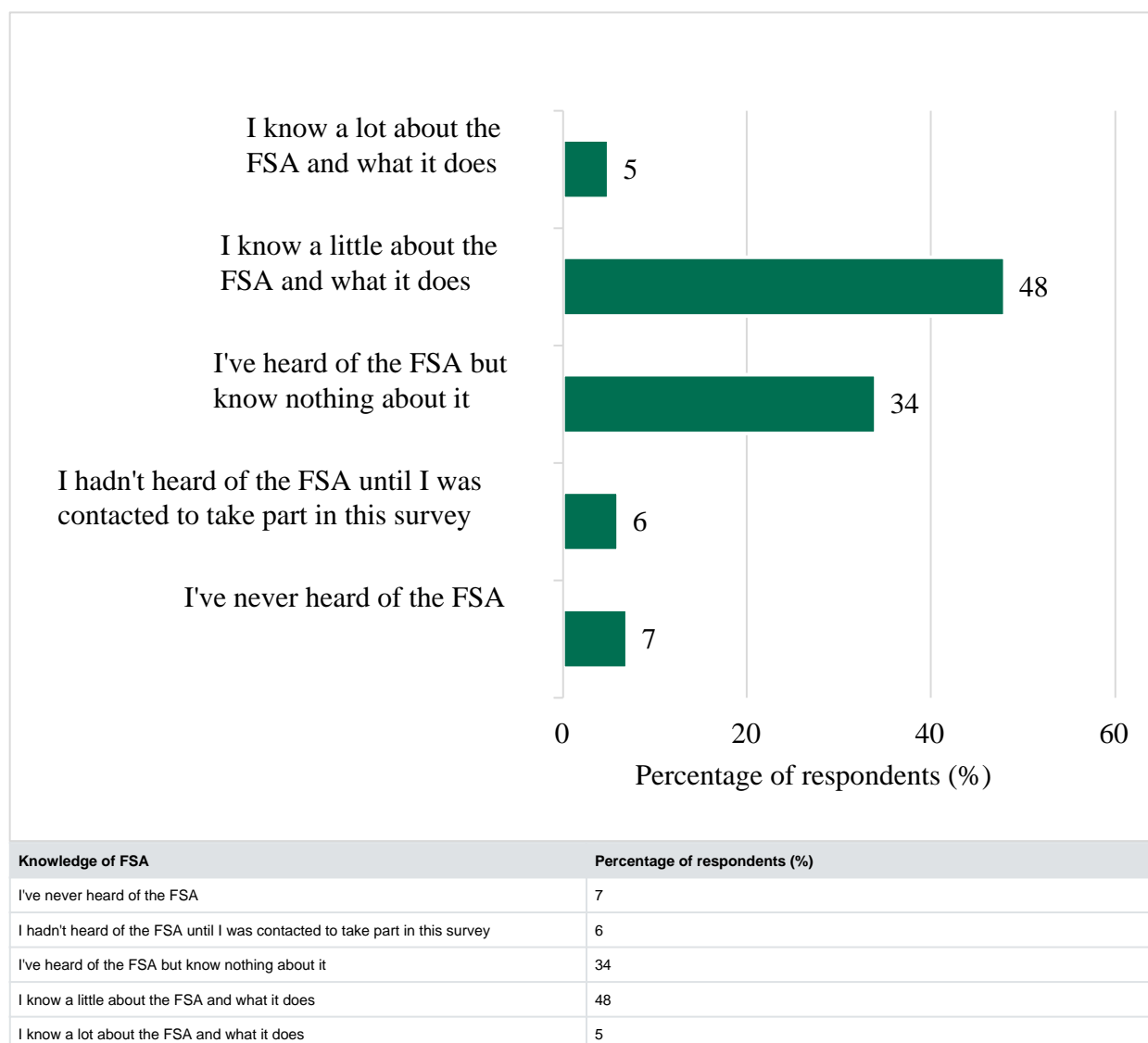


- Age group: older respondents were more likely to have heard of the FSA than younger respondents. For example, 97% of those aged 65-74 years had heard of the FSA, compared to 74% of those aged 16-24 years.
- Size of household: respondents who lived in smaller households were more likely to have heard of the FSA than those who lived in larger households. For example, 95% of those who lived in one-person households had heard of the FSA compared to 82% of those who lived in households of five persons or more.
- Annual household income: respondents with a higher income were more likely to have heard of the FSA than those with a lower income. For example, 97% of those with an income between £64,000 and £95,999 had heard of the FSA compared to 82% of those with an income of less than £19,000.
- NS-SEC: respondents in most occupational groups (for example, 96% of those in intermediate occupations) were more likely to have heard of the FSA than full-time students (72%) and those who were long-term unemployed or had never worked (56%).
- Food security: respondents who were more food secure were more likely to have heard of the FSA than respondents who were less food secure (for example, 92% of those with a high level of food security compared to 82% of those with low food security).
- Ethnic group: white respondents (92%) were more likely to have heard of the FSA compared to Asian or Asian British respondents (71%) ([footnote 9](#)).
- Responsibility for cooking: respondents who are responsible for cooking (90%) were more likely to have heard of the FSA than those who do not cook (69%).
- Responsibility for food shopping: respondents who are responsible for food shopping (90%) were more likely to have heard of the FSA than those who never shop for food (70%).

## Figure 2. Knowledge about the Food Standards Agency (FSA)

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Source: Food and You 2: Wave 7

Most respondents reported at least some knowledge of the FSA; 5% reported that they knew a lot about the FSA and what it does, and 48% reported that they knew a little about the FSA and what it does. Around a third (34%) of respondents reported that they had heard of the FSA but knew nothing about it, 6% had not heard of the FSA until being contacted to take part in the Food and You 2 survey, and 7% had never heard of the FSA (Figure 2) [\(footnote 10\)](#).

Knowledge of the FSA varied between different categories of people in the following ways:

- Age group: respondents aged between 35 and 74 years (for example, 63% of those aged 45-54 years) were more likely to report knowledge of the FSA compared to younger respondents (36% of those aged 16-24 years) or the oldest respondents (47% of those aged 75 years and over).
- Annual household income: respondents with a higher income were more likely to report knowledge of the FSA compared to those with a lower income (for example, 63% of those with an income between £32,000 and £63,999 compared to 46% of those with an income of less than £19,000).

- NS-SEC: respondents in managerial, administrative, and professional occupations (60%) were more likely to report knowledge of the FSA than those who were in other occupational groups (for example, 47% of those in semi-routine and routine occupations). Those who were long term unemployed and/or had never worked (31%) or full-time students (36%) were least likely to report knowledge of the FSA.
- Region (England) ([footnote 11](#)): knowledge of the FSA varied by region. For example, 61% of respondents in the South-West of England reported knowledge of the FSA compared to 41% of those in Greater London and 48% of those in the East of England.
- Urban / rural: respondents in rural areas (61%) were more likely to report knowledge of the FSA than those in urban areas (52%)\*\*.
- Ethnic group: white respondents (55%) were more likely to report knowledge of the FSA than Asian or Asian British respondents (42%) ([footnote 12](#)).
- Food hypersensitivity: respondents with a food allergy (63%) were more likely to report knowledge of the FSA than respondents without a food hypersensitivity (53%).
- Responsibility for cooking: respondents who are responsible for cooking (55%) were more likely to report knowledge of the FSA compared to respondents who do not cook (35%).
- Responsibility for food shopping: respondents who are responsible for food shopping (56%) were more likely to report knowledge of the FSA compared to respondents who never shop (28%).

## Trust in the FSA

Respondents who had at least some knowledge of the FSA were asked how much they trusted the FSA to do its job, that is to make sure food is safe and what it says it is. A majority (69%) of respondents reported that they trusted the FSA to do its job, 27% of respondents neither trust or distrust the FSA to do this, and 2% of respondents reported that they distrust the FSA to do this ([footnote 13](#)).

Trust in the FSA varied between different categories of people in the following ways:

- Age group: younger respondents were more likely to report that they trusted the FSA to do its job than older respondents. For example, 83% of those aged 16-24 years reported that they trusted the FSA to do its job compared to 65% of those aged 65-74 years.
- Household size: respondents who lived in larger households were more likely to report that they trusted the FSA to do its job than those who lived in smaller households. For example, 81% of those who lived in 4 person households reported that they trusted the FSA to do its job compared to 62% of those in 1 person households.

Most respondents reported that they were confident that the FSA (or the government agency responsible for food safety) can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food) (79%). Around three quarters of respondents were confident that the FSA takes appropriate action if a food-related risk is identified (76%) and were confident that the FSA is committed to communicating openly with the public about food-related risks (72%) ([footnote 14](#)).

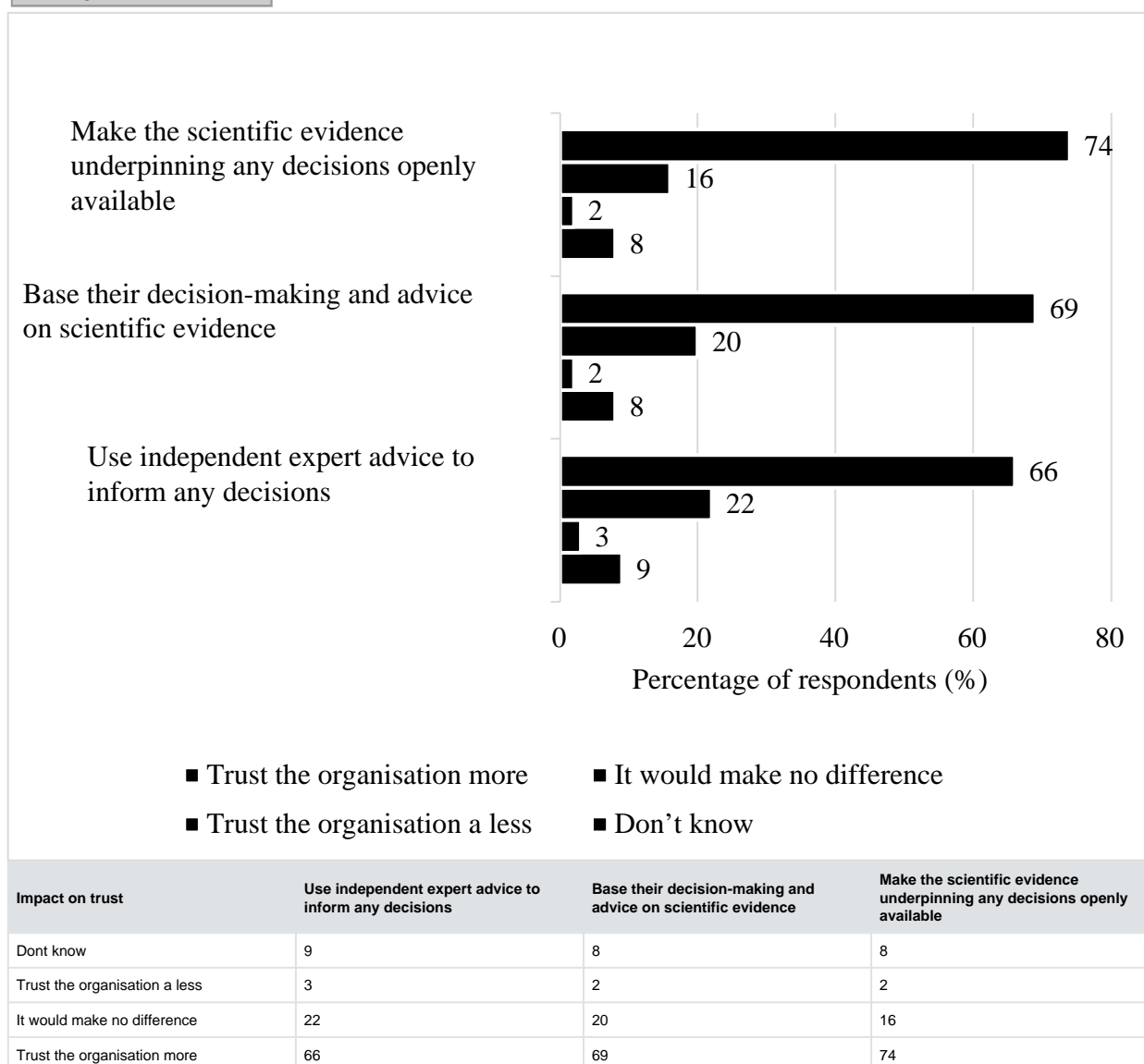
## Trust in science and organisations

Respondents were asked how confident they were that scientific research produces accurate conclusions. Around 8 in 10 (78%) respondents reported that they were confident that scientific research produces accurate conclusions ([footnote 15](#)).

## Figure 3. Factors which impact trust in an organisation

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[Image .csv](#)

Source: Food and You 2: Wave 7

Respondents were asked which factors, from a given list, would make them trust an organisation more or less. Around three quarters (74%) of respondents reported that they would trust an organisation more if it were to make the scientific evidence underpinning any decisions openly available, while 69% of respondents reported that they would trust an organisation more if it were to base decisions and advice on scientific evidence. Two-thirds (66%) of respondents reported that they would trust an organisation more if it were to use independent expert advice to inform any decisions, and 22% reported that this would not make a difference to how much they trusted an organisation. Around 1 in 10 respondents reported that they did not know how these factors would impact their trust of an organisation (Figure 3) [\(footnote 16\)](#).

1. Question: How confident are you that... a) the food you buy is safe to eat. b) the information on food labels is accurate (for example, ingredients, nutritional information, country of origin). Responses: very confident, fairly confident, not very confident, not at all confident, it varies, don't know. Base= 5812, all respondents.
2. [NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.
3. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
4. Question: How confident are you in the food supply chain? That is all the processes involved in bringing food to your table. Responses: very confident, fairly confident, not very confident, not at all confident, it varies, don't know. Base= 5812, all respondents.
5. Regional differences were only considered in England due to the low sample / base size in Wales and Northern Ireland.
6. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
7. Question: How confident are you that... A) Farmers, B) Slaughterhouses and dairies, C) Food manufacturers for example, factories, D) Shops and supermarkets, E) Restaurants, F) Takeaways, G) Food delivery services for example, Just Eat, Deliveroo, Uber Eats...in the UK (and Ireland) ensure the food you buy is safe to eat. Responses: Very confident, Fairly confident, Not very confident, Not at all confident, It varies, Don't know. Base= 5812, all online respondents and all those who completed the 'Eating Out' paper questionnaire.
8. Question: Which of the following, if any, have you heard of? Please select all that apply. Response: Food Standards Agency (FSA), (England) Department for Environment, Food and Rural Affairs (DEFRA), (England) The Office for Health Improvement and Disparities, (England) Environment Agency, (England) UK Health Security Agency (UKHSA), (England and Wales) Health and Safety Executive (HSE), (Wales) Public Health Wales (PHW), (Wales) Natural Resources Wales, (NI) Public Health Agency (PHA), (NI) Department of Agriculture, Environment and Rural Affairs (DAERA), (NI) Health and Safety Executive Northern Ireland (HSENI), (NI) SafeFood, None of these. Base= 3617, all online respondents. Please note: All consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA. An absence of response indicates the organisation had not been heard of by the respondent or a non-response.
9. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
10. Question: How much, if anything, do you know about the Food Standards Agency, also known as the FSA? Response: I know a lot about the FSA and what it does, I know a little about the FSA and what it does, I've heard of the FSA but know nothing about it, I hadn't

heard of the FSA until I was contacted to take part in this survey, I've never heard of the FSA. Base= 5812, all respondents. Please note: All consumers taking part in the survey had received an invitation to take part in the survey which mentioned the FSA.

11. Regional differences were only considered in England due to the low sample / base size in Wales and Northern Ireland.
12. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
13. Question: How much do you trust or distrust the Food Standards Agency to do its job? That is to make sure that food is safe and what it says it is. Responses: I trust it a lot, I trust it, I neither trust nor distrust it, I distrust it, I distrust it a lot, don't know. Base= 3323, all respondents who know a lot or a little about the FSA and what it does. Please note: 'I trust it a lot' and 'I trust it' referred to as trust.
14. Question: How confident are you that the Food Standards Agency / the government agency responsible for food safety in England, Wales and Northern Ireland...a) Can be relied upon to protect the public from food-related risks (such as food poisoning or allergic reactions from food). b) Is committed to communicating openly with the public about food-related risks. c) Takes appropriate action if a food related risk is identified? Responses: very confident, fairly confident, not very confident, not at all confident, don't know. Base= 5812, all respondents. Please note: 'very confident' and 'fairly confident' referred to as confident. Respondents with little or no knowledge of the FSA were asked about 'the government agency responsible for food safety', those with at least some knowledge of the FSA were asked about the FSA.
15. Question: How confident are you that scientific research produces accurate conclusions? Responses: Very confident, Fairly confident, Not very confident, Not at all confident, Don't know. Base= 3617, all online respondents. Please note: 'Very confident' and 'Fairly confident' referred to as confident.
16. Question: If an organisation were to...a) make the scientific evidence underpinning any decisions openly available b) base their decision-making and advice on scientific evidence c) use independent expert advice to inform any decisions...would this make you...? Responses: Trust the organisation a lot more, Trust the organisation slightly more, Trust the organisation a lot less, Trust the organisation slightly less, It would make no difference, Don't know. Base= 3617, all online respondents.



## F&Y2 Wave 7: Chapter 2 Concerns about food

## Introduction

The FSA's role, set out in [law](#), is to safeguard public health and protect the interests of consumers in relation to food. The FSA uses the Food and You 2 survey to monitor consumers' concerns about food issues, such as food safety, nutrition, and environmental issues. This chapter provides an overview of respondents' concerns about food.

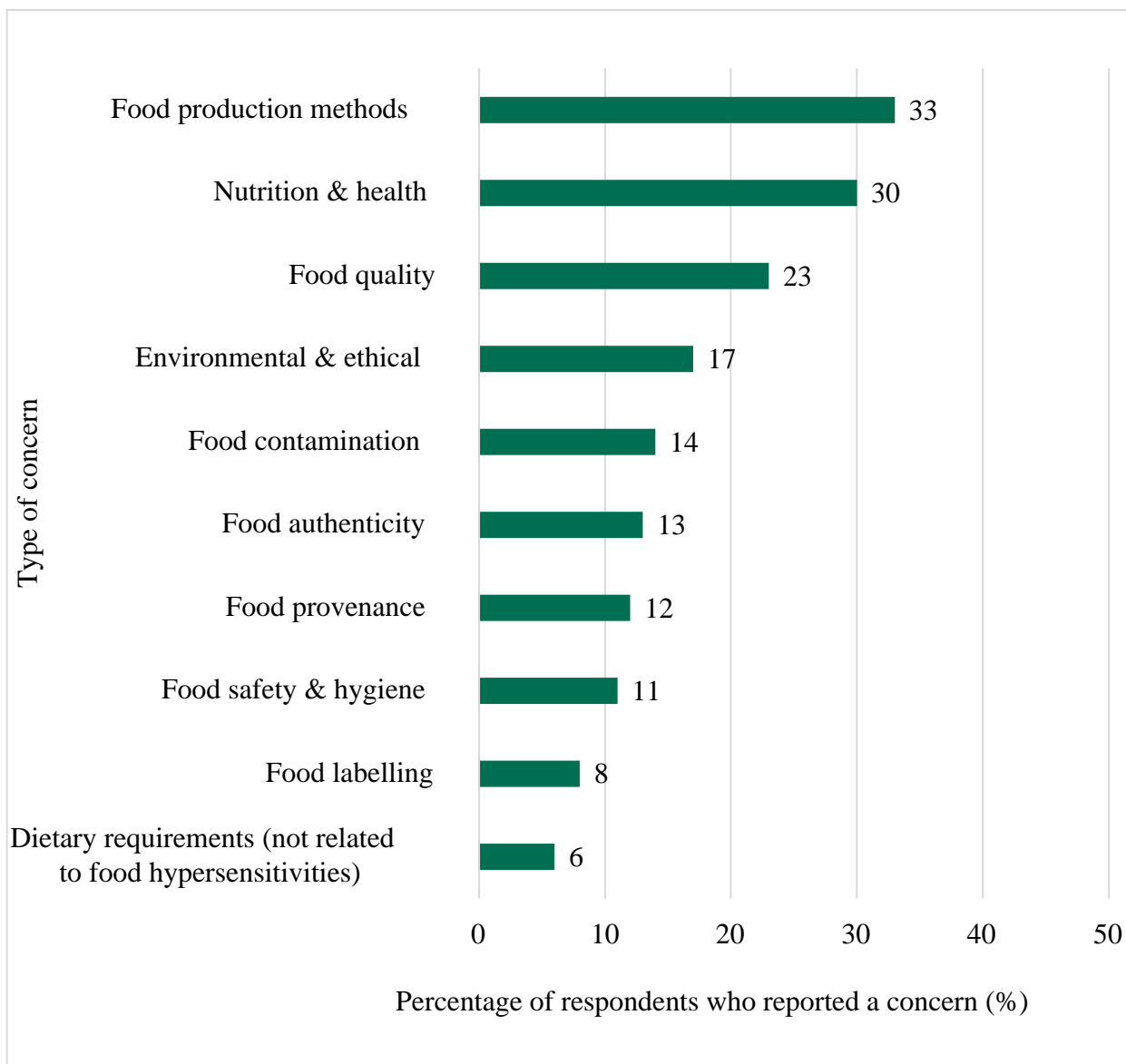
## Common concerns

Respondents were asked to report whether they had any concerns about the food they eat. Most respondents (72%) had no concerns, and 28% of respondents reported that they had a concern ([footnote 1](#)).

### Figure 4. Most common spontaneously expressed food-related concerns.

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Type of concern	Percentage of respondents who reported a concern (%)
Dietary requirements (not related to food hypersensitivities)	6
Food labelling	8
Food safety & hygiene	11
Food provenance	12
Food authenticity	13
Food contamination	14
Environmental & ethical	17
Food quality	23
Nutrition & health	30
Food production methods	33

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Source: Food and You 2: Wave 7

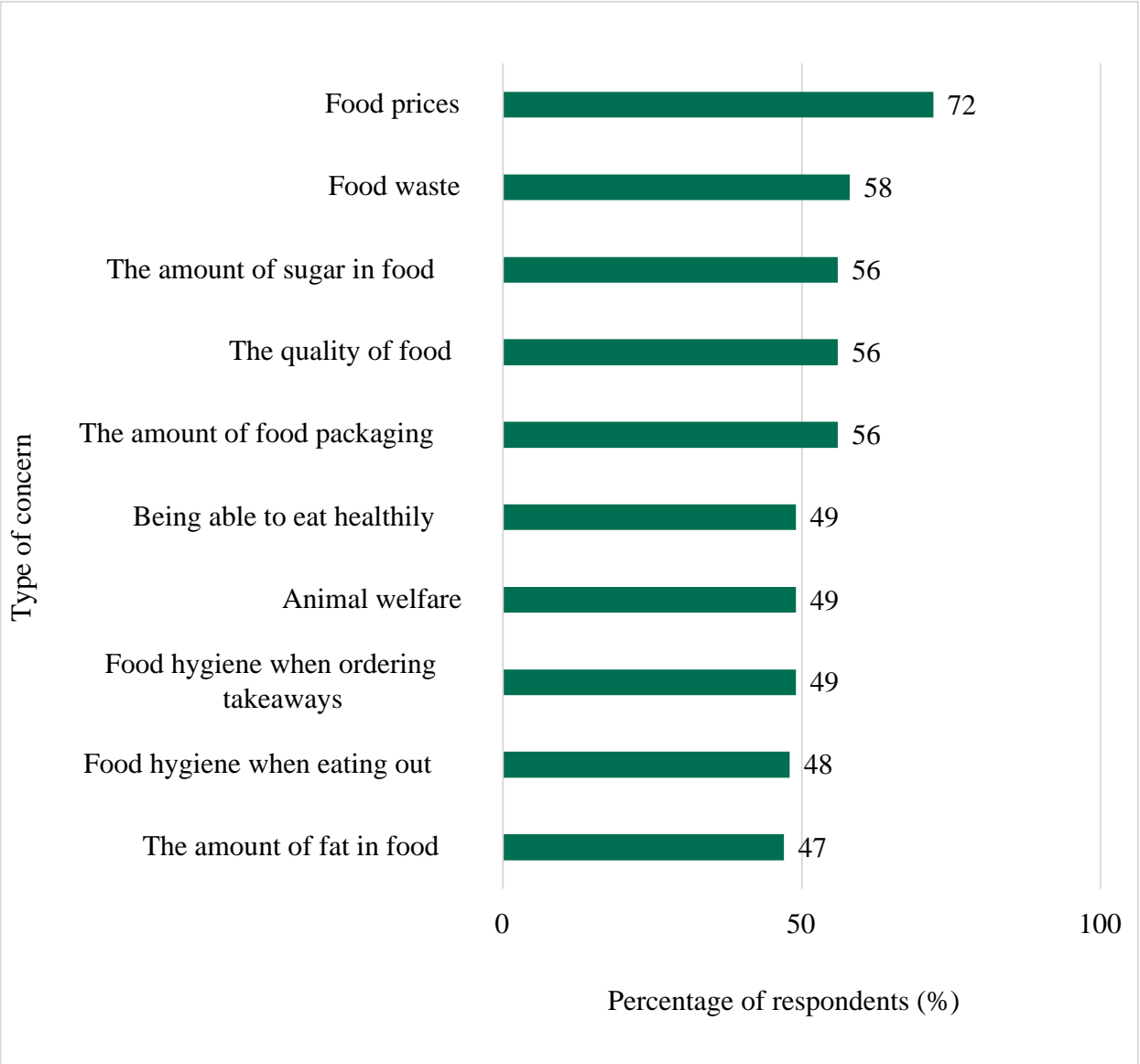
Respondents who reported having a concern were asked to briefly explain what their concerns were about the food they eat. The most common concerns related to food production methods (33%), nutrition and health (30%), and the quality of food (23%) (Figure 4) ([footnote 2](#)).



Figure 5. Most common prompted food-related concerns.

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Type of concern	Percentage of respondents (%)
The amount of fat in food	47
The amount of calories in food	47
Hormones, steroids or antibiotics in food	40
The use of additives	42
Food hygiene when eating out	48
Food hygiene when ordering takeaways	49
Animal welfare	49
Being able to eat healthily	49
The amount of food packaging	56
The quality of food	56
The amount of sugar in food	56
Food waste	58

Type of concern	Percentage of respondents (%)
Food prices	72

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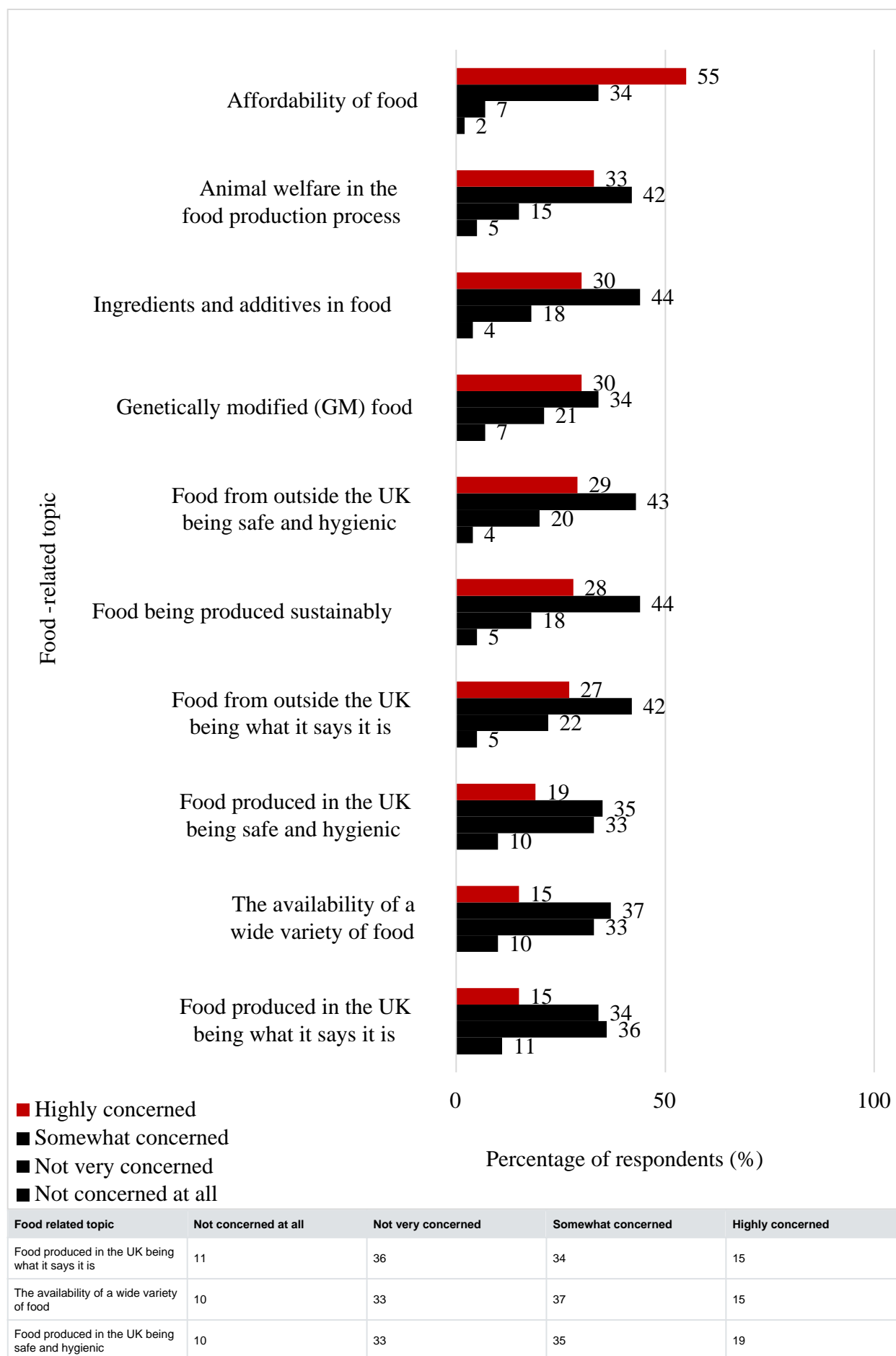
Source: Food and You 2: Wave 7

Respondents were asked to indicate if they had concerns about several food-related issues, from a list of options. The most prevalent concern was food prices (72%). Other common concerns were food waste (58%), the amount of sugar in food (56%), the quality of food (56%), and the amount of food packaging (56%) (Figure 5) [\(footnote 3\)](#).

**Figure 6. Level of concern about food-related topics.**

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Food related topic	Not concerned at all	Not very concerned	Somewhat concerned	Highly concerned
Food from outside the UK being what it says it is	5	22	42	27
Food being produced sustainably	5	18	44	28
Food from outside the UK being safe and hygienic	4	20	43	29
Genetically modified (GM) food	7	21	34	30
Ingredients and additives in food	4	18	44	30
Animal welfare in the food production process	5	15	42	33
Affordability of food	2	7	34	55

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[Image .csv](#)

Source: Food and You 2: Wave 7

Respondents were asked to indicate the extent to which they were concerned about a number of specific food-related issues. Respondents were most likely to report being highly concerned about the affordability of food (55%). Other issues respondents were highly concerned about included animal welfare in the food production process (33%), ingredients and additives in food (30%) and genetically modified (GM) food (30%) (Figure 6) ([footnote 4](#)).

The reported level of concern about the affordability of food varied between different categories of people in the following ways:

- Gender: women (61%) were more likely to report that they were highly concerned about the affordability of food than men (48%).
- Age group: respondents aged between 25 and 74 years were more likely to report that they were highly concerned about the affordability of food than those aged between 16 and 24 years (45%) and those aged 75 years or over (37%).
- Annual household income: respondents with a lower income were more likely to report that they were highly concerned about the affordability of food compared to households with a higher income (for example, 61% of those with an income below £19,000 compared to 55% of those with an income between £64,000 and £95,999).
- NS-SEC: those in most occupational groups (for example, 61% of those in semi-routine and routine occupations) were more likely to report that they were highly concerned about the affordability of food than full-time students (44%).
- Region (England) ([footnote 5](#)): concern about the affordability of food varied by region in England. For example, respondents who live in the North-East of England (61%) and North-West of England (58%) were more likely to report that they were highly concerned about the affordability of food compared to those who live in the East of England (44%).
- Food security: respondents with very low food security (79%) were most likely to report that they were highly concerned about the affordability of food than those with low (66%) or marginal (66%) food security. Those with high food security were least likely to report that they were highly concerned about the affordability of food (45%).
- Food hypersensitivity: respondents with an allergy only (65%) were more likely to report that they were highly concerned about the affordability of food than those without a food hypersensitivity (54%).
- Long-term health condition: respondents with a long-term health condition (61%) were more likely to report that they were highly concerned about the affordability of food than those without a long-term health condition (52%)\*\*.
- Responsible for cooking: respondents who were responsible for cooking (55%) were more likely to report that they were highly concerned about the affordability of food than those who were not responsible for cooking (43%).

- Responsibly for shopping: respondents who were responsible for shopping (56%) were more likely to report that they were highly concerned about the affordability of food than those who were not responsible for shopping (36%).

1. Question: Do you have any concerns about the food you eat? Responses: Yes, No.  
Base= 5812, all respondents.
2. Question: What are your concerns about the food you eat? Responses: [Open text].  
Base= 1715, all respondents with concerns about the food they eat. Please note: additional responses are available in the full data set and tables, responses were coded by Ipsos, see Technical Report for further details.
3. Question: Do you have concerns about any of the following? Responses: the amount of sugar in food, food waste, animal welfare, hormones, steroids or antibiotics in food, the amount of salt in food, the amount of fat in food, food poisoning, food hygiene when eating out, food hygiene when ordering takeaways, the use of pesticides, food fraud or crime, the use of additives (for example, preservatives and colouring), food prices, genetically modified (GM) foods, chemical contamination from the environment, food miles, the number of calories in food, food allergen information, cooking safely at home, the quality of food, the amount of food packaging, being able to eat healthily, none of these, don't know.  
Base= 3617, all online respondents. Please note: the data from this question are not directly comparable to previous waves due to new response options; being able to eat healthily, the quality of food, the amount of food packaging.
4. Question: Thinking about food in the UK [question wording variation in Northern Ireland: the UK and Ireland] today, how concerned, if at all, do you feel about each of the following topics? a) affordability of food b) food produced in [in England and Wales: the UK; [in Northern Ireland: the UK and Ireland] being safe and hygienic c) food from outside [in England and Wales: the UK; in Northern Ireland: the UK and Ireland] being safe and hygienic d) food produced in [in England and Wales: the UK; in Northern Ireland: the UK and Ireland] being what it says it is e) food from outside [in England and Wales: the UK; in Northern Ireland: the UK and Ireland] being what it says it is f) food being produced sustainably g) the availability of a wide variety of food h) animal welfare in the food production process i) ingredients and additives in food j) genetically modified (GM) food.  
Base = 5812, all respondents. Please note: some question wording was modified for respondents in England, Wales and Northern Ireland.
5. Regional differences were only considered in England due to the low sample / base size in Wales and Northern Ireland.



## F&Y2 Wave 7: Chapter 3 Food security

## Introduction

“Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.” World Food Summit, 1996.

Food and You 2 uses the 10-item [U.S. Adult Food Security Survey Module](#) developed by the United States Department of Agriculture (USDA) to measure consumers’ food security status.

Respondents are assigned to one of the following food security status categories:

- High: no reported indications of food-access problems or limitations.
- Marginal food security: one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.
- Low: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- Very low: reports of multiple indications of disrupted eating patterns and reduced food intake.

Those with high or marginal food security are referred to as food secure. Those with low or very low food security are referred to as food insecure.

More information on how food security is measured and how classifications are assigned and defined can be found in Annex A and on the [USDA Food Security website](#).

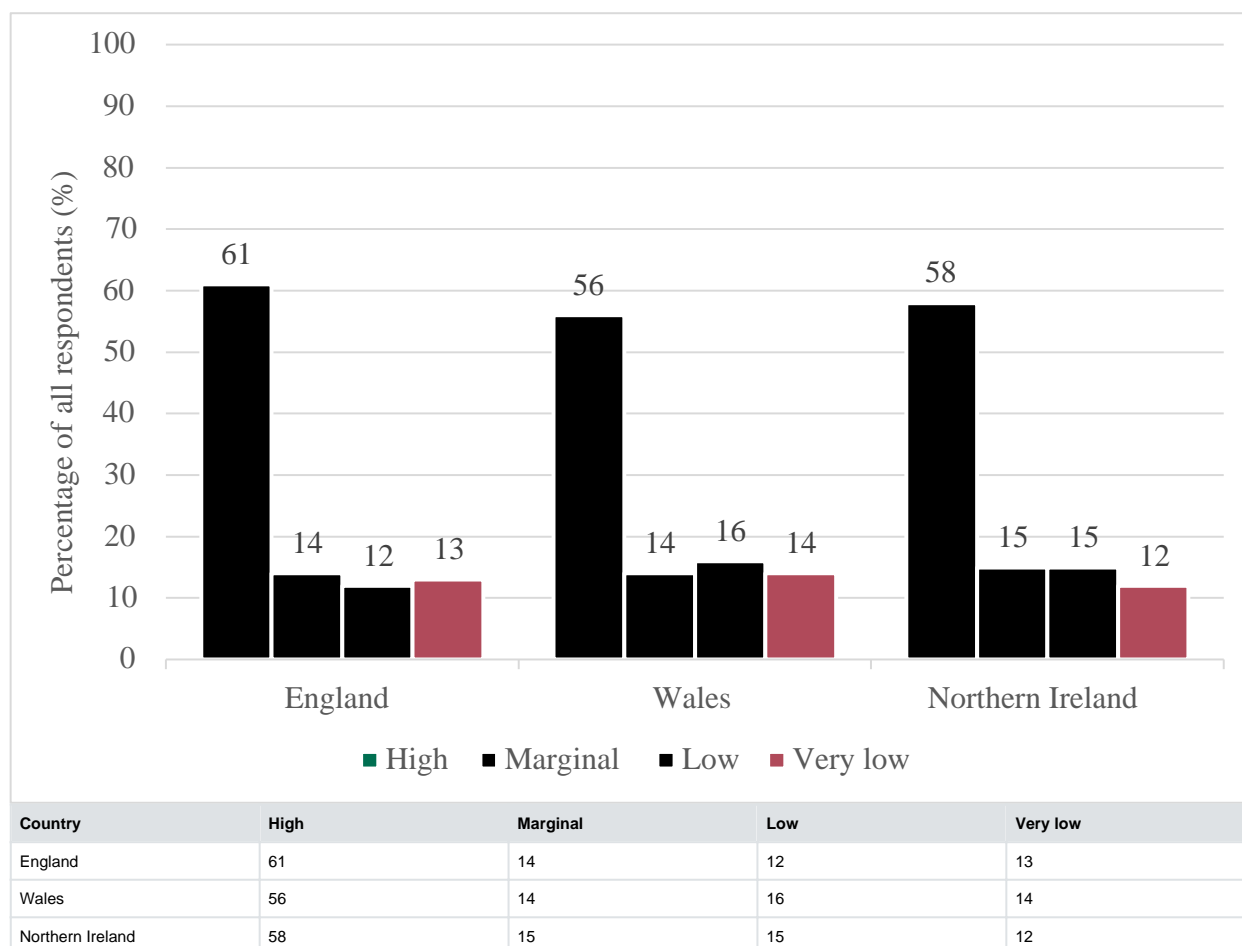
## Food security

Across England, Wales, and Northern Ireland, 75% of respondents were classified as food secure (61% high, 14% marginal) and 25% of respondents were classified as food insecure (13% low, 13% very low) ([footnote 1](#)).

## Figure 7. Food security in England, Wales, and Northern Ireland.

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Source: Food and You 2: Wave 7

Around three-quarters of respondents were food secure (i.e. had high or marginal food security) in England (75%) and Northern Ireland (74%), and 70% of respondents were food secure in Wales. Approximately a quarter of respondents were food insecure (i.e. had low or very low food security) in England (25%) and Northern Ireland (26%), and 30% of respondents were food insecure in Wales (Figure 7).

## Experiences of food insecurity

To establish a food security classification, respondents were asked up to ten questions from the US Adult Food Security Survey Module . All respondents were asked the first three questions from the food security survey module. The first three questions asked respondents how often, if ever, they had experienced any of the following in the previous 12 months:

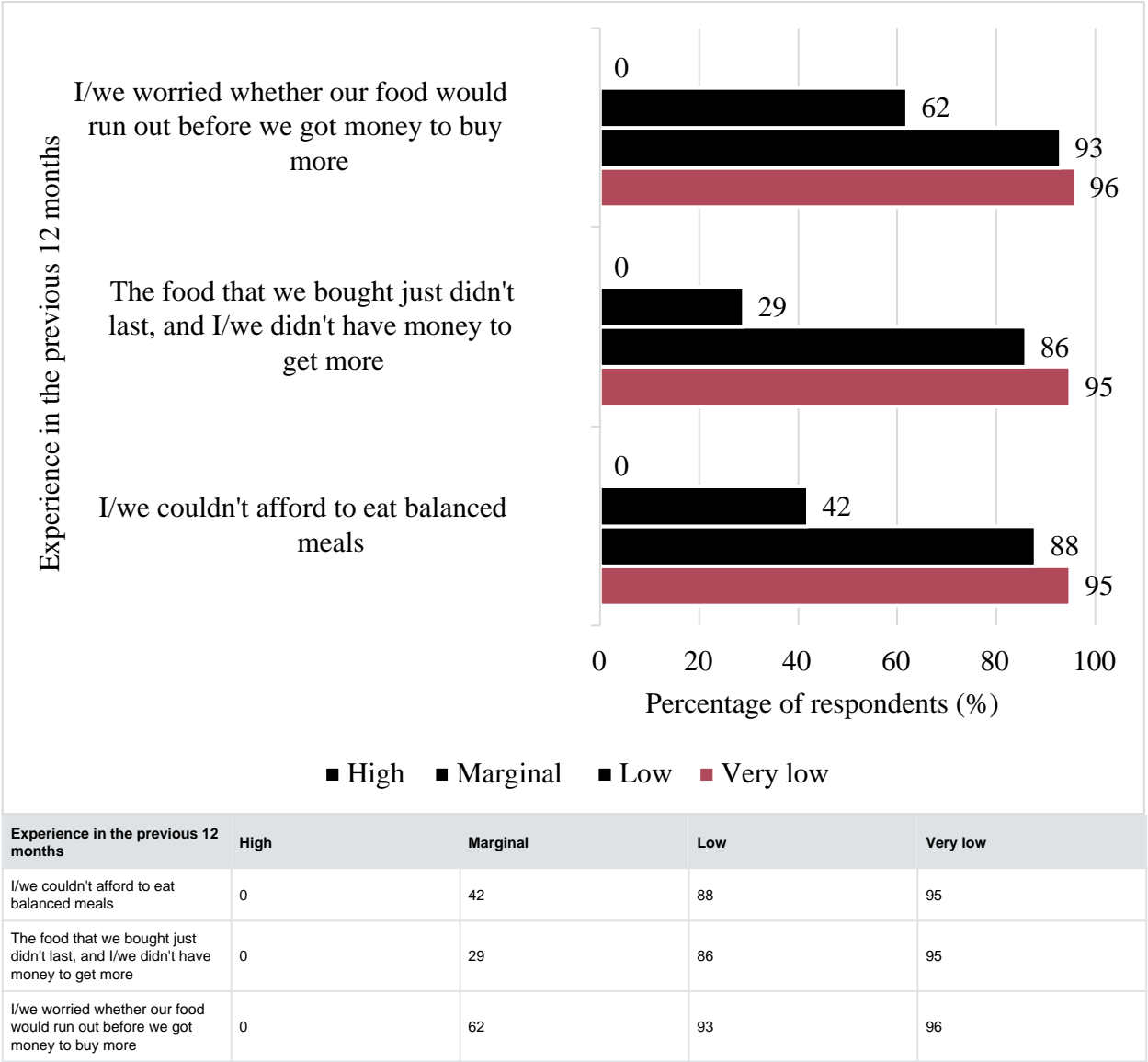
- I/we worried whether our food would run out before we got money to buy more
- The food that we bought just didn't last, and I/we didn't have money to get more
- I/we couldn't afford to eat balanced meals

If respondents reported any of the experiences, they were asked subsequent questions in the module.

**Figure 8. Experiences of food security by food security classification.**

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Source: Food and You 2: Wave 7

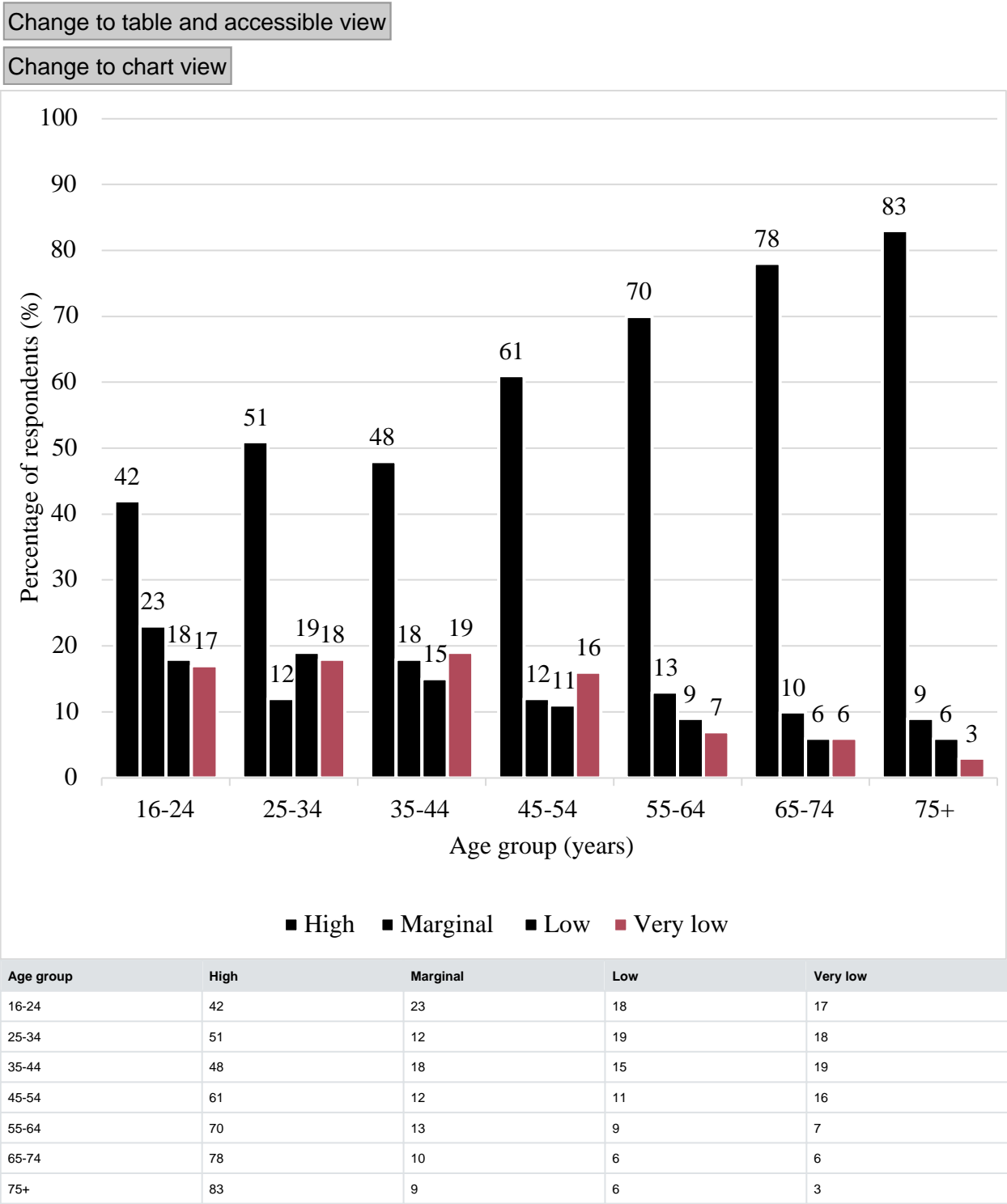
In the previous 12 months, respondents who had very low (96%), or low (93%) food security were more likely to have worried whether their food would run out before they had money to buy more, compared to those with marginal (62%) food security. Respondents who had very low (95%), or low (86%) food security were more likely to report that the food that they bought just didn't last, and they didn't have money to get more, compared to those with marginal (29%) food security. Respondents who had very low (95%), or low (88%) food security were more likely to report that they couldn't afford balanced meals, compared to those with marginal (42%) food security.



Respondents with high food security reported that they had not had any of these experiences (0% worried whether their food would run out before they got money to buy more, 0% the food that they bought just didn't last, and they didn't have money to get more) in the previous 12 months (Figure 8).

How food security differs between socio-economic and demographic groups

Figure 9. Food security by age group.



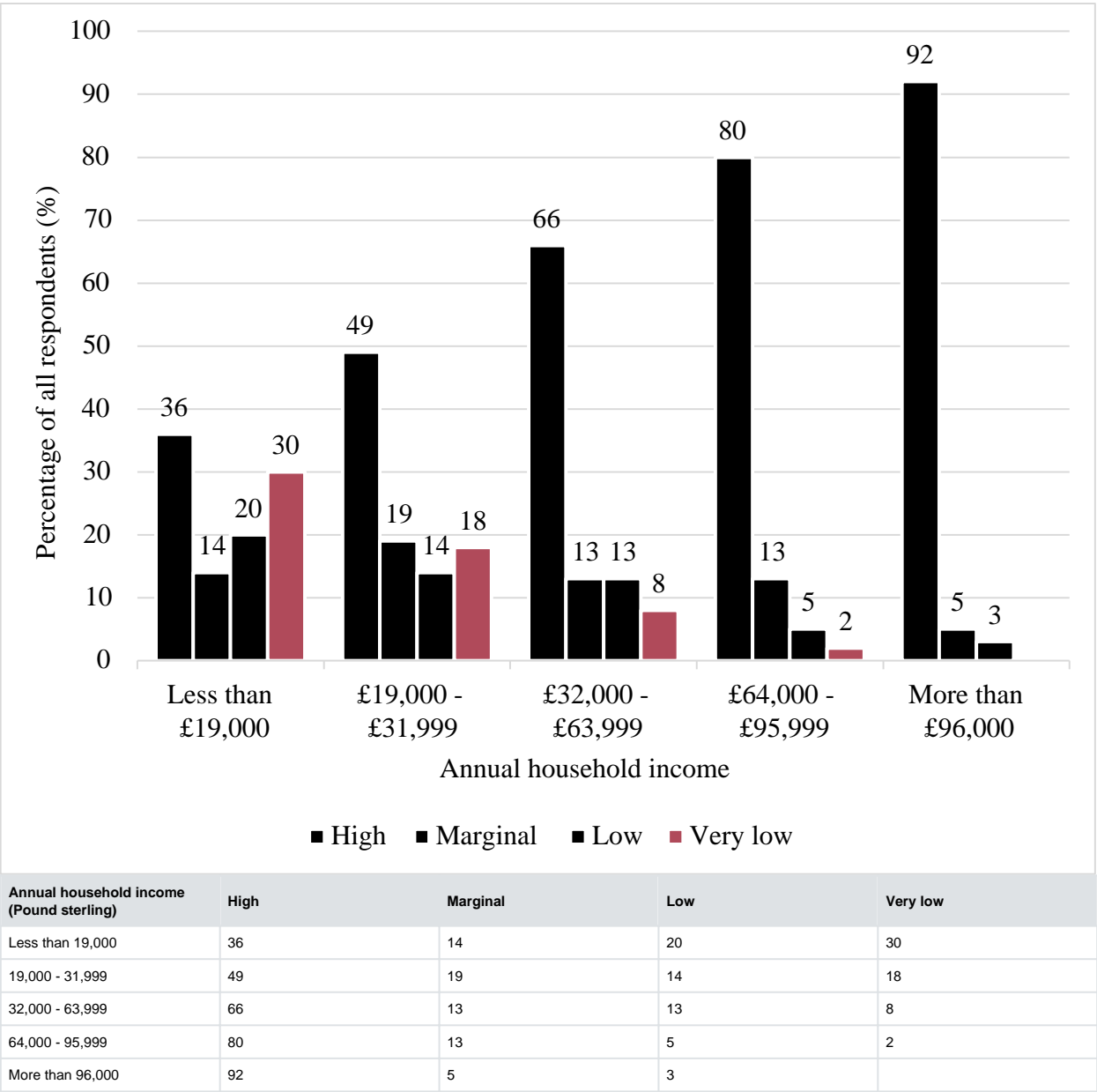
Source: Food and You 2: Wave 7

Food security varied by age group with older adults being more likely to report that they were food secure and less likely to report that they were food insecure than younger adults. For example, 35% of respondents aged 16-24 years were food insecure (18% low, 17% very low food security) compared to 8% of those aged 75 years and over (6% low, 3% very low food security) (Figure 9).

Figure 10. Food security by annual household income.

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[Image](#) [.csv](#)

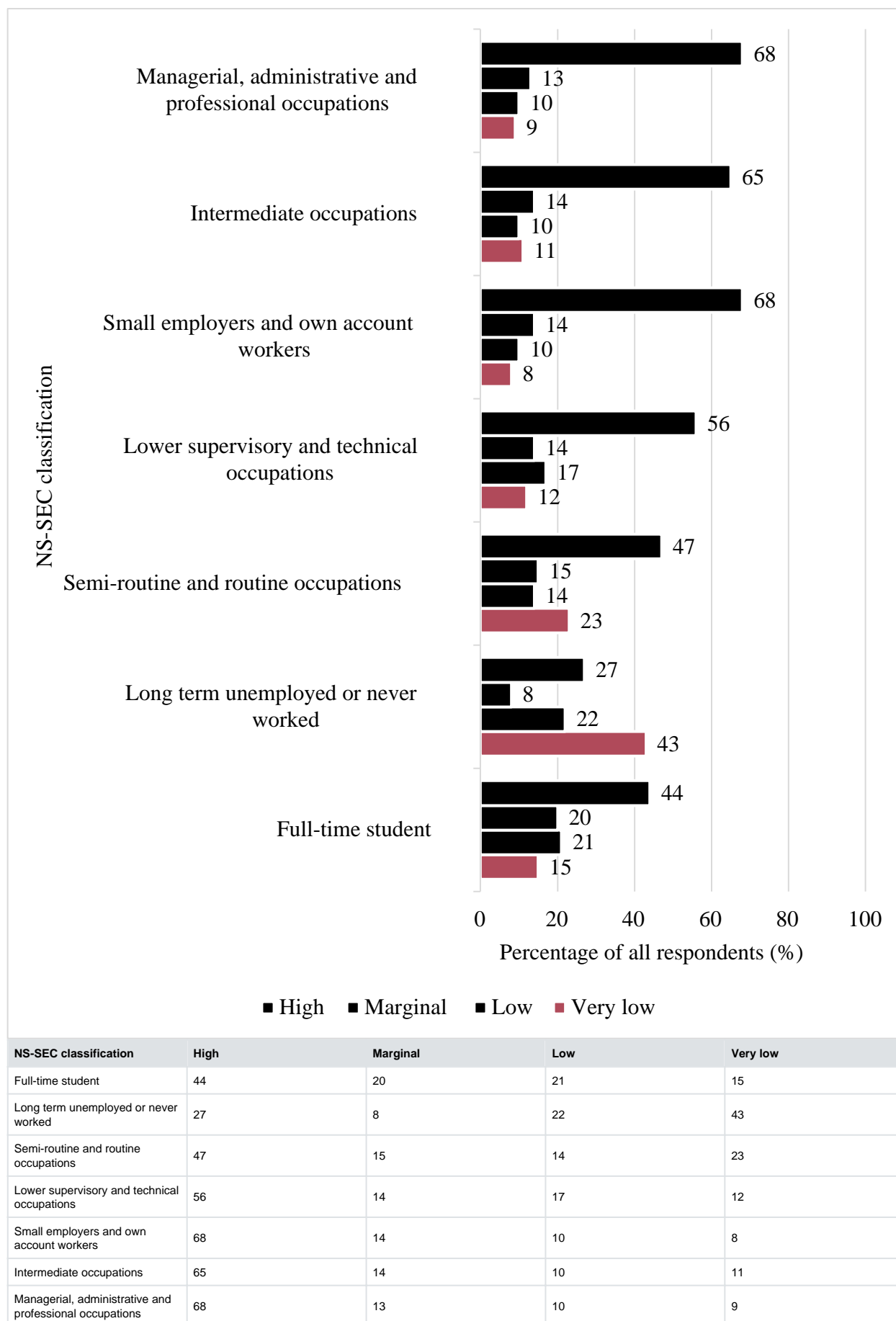
Source: Food and You 2: Wave 7

Food security was associated with household income. Respondents with a lower income were more likely to report being food insecure than those with a higher income. For example, 50% of those with an annual household income of less than £19,000 reported food insecurity (low 20%, very low 30%) compared to 7% of those with an income between £64,000 and £95,999 (low 5%, very low 2%) (Figure 10).

**Figure 11. Food security by socio-economic classification (NS-SEC).**

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Source: Food and You 2: Wave 7

Respondents who were long term unemployed and/or had never worked (66%) were more likely to report that they were food insecure compared to all other occupational groups. Those who were full-time students (36%), and in semi-routine and routine occupations (38%), were more likely to be food insecure than many other occupations groups (for example, 18% of small employers and own account workers) (Figure 11) [\(footnote 2\)](#).

The reported level of food insecurity also varied between different categories of people in the following ways:

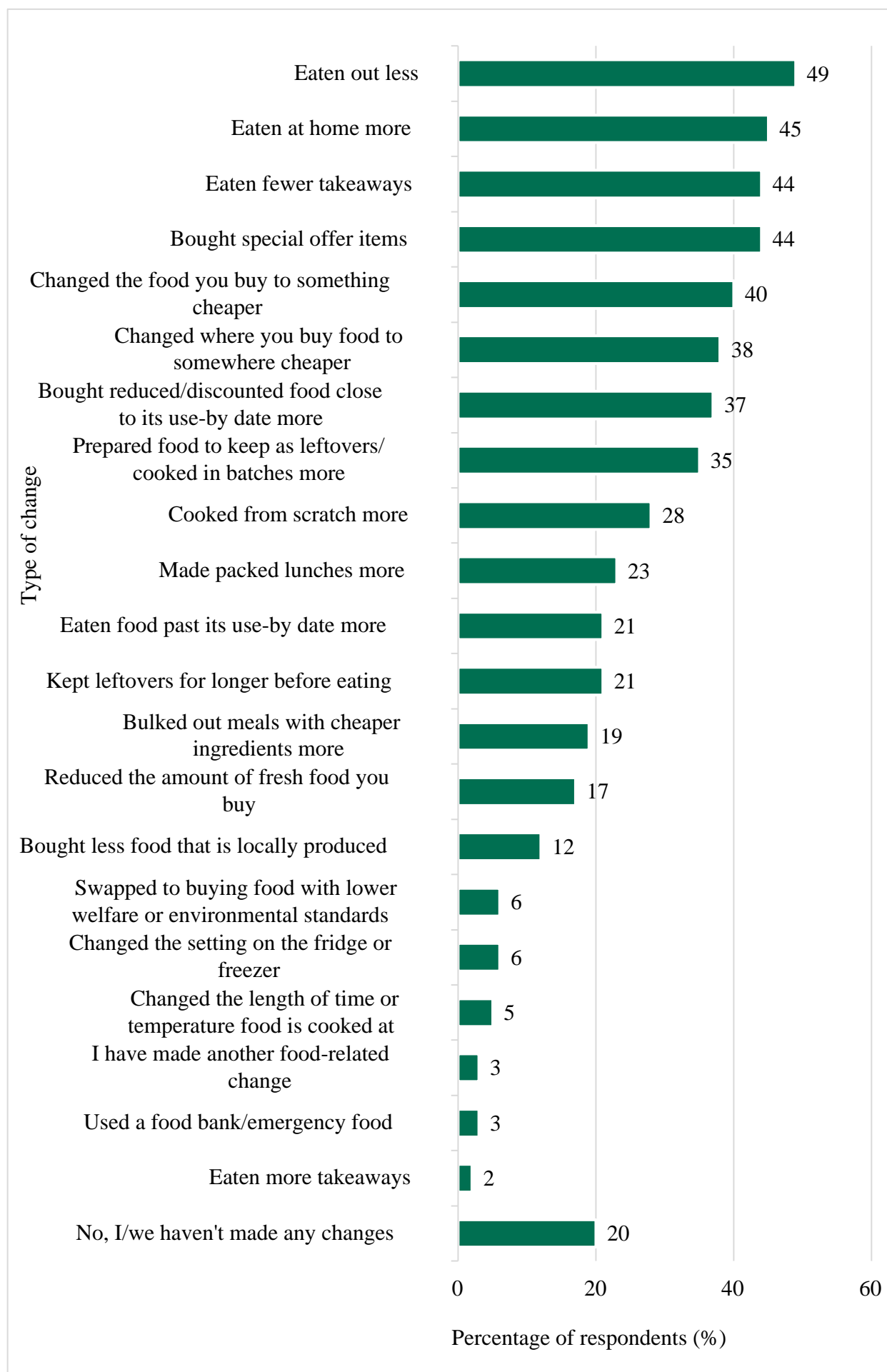
- Household size: households with 1 person (26%) or 3 or more people (for example, 34% of households with 5 people or more people) were more likely to report that they were food insecure compared to 2-person households (18%)\*\*.
- Children under 16 in household: 34% of households with children under 16 years reported that they were food insecure compared to 21% of households without children under 16 years.
- Children under 6 in household: 40% of households with children under 6 years reported that they were food insecure compared to 23% of households without children under 6 years.
- Urban vs rural: 27% of respondents living in an urban area reported that they were food insecure compared to 17% of respondents living in a rural area.
- Region (England) [\(footnote 3\)](#): levels of food insecurity varied by region in England. For example, respondents who live in the North-East of England (36%) and West-Midlands (32%) were more likely to be food insecure compared to those who live in the East of England (19%) or South-East of England (21%).
- Ethnic group: 40% of Asian or Asian British respondents reported that they were food insecure compared to 23% of white respondents [\(footnote 4\)](#).
- Long term health condition: respondents with a long-term health condition (39%) were more likely to report being food insecure compared to those without a long-term health condition (20%).

## Changes to food-related behaviours

### Figure 12. Changes in eating habits and food-related behaviours for financial reasons.

Change to table and accessible view

Change to chart view



Type of change	Percentage of respondents (%)
No, I/we haven't made any changes	20
Eaten more takeaways	2
Used a food bank/emergency food	3
I have made another food-related change	3
Changed the length of time or temperature food is cooked at	5
Changed the setting on the fridge or freezer	6
Swapped to buying food with lower welfare or environmental standards	6
Bought less food that is locally produced	12
Reduced the amount of fresh food you buy	17
Bulked out meals with cheaper ingredients more	19
Kept leftovers for longer before eating	21
Eaten food past its use-by date more	21
Made packed lunches more	23
Cooked from scratch more	28
Prepared food to keep as leftovers/ cooked in batches more	35
Bought reduced/discounted food close to its use-by date more	37
Changed where you buy food to somewhere cheaper	38
Changed the food you buy to something cheaper	40
Bought special offer items	44
Eaten fewer takeaways	44
Eaten at home more	45
Eaten out less	49

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[Image](#) [.csv](#)

Source: Food and You 2: Wave 7

Respondents were asked what changes, if any, they had made to their eating habits and food-related behaviours in the previous 12 months for financial reasons. Most respondents (80%) reported that they had made a change to their eating habits for financial reasons in the previous 12 months, with only 20% of respondents indicating that they had made no changes.

Common changes related to what and where respondents ate (49% ate out less, 45% ate at home more, 44% ate fewer takeaways), changes to shopping habits (44% bought items on special offer, 40% changed the food they buy to something cheaper, 38% changed where they buy food to somewhere cheaper, 37% bought reduced/discounted food) and changes to food preparation (35% prepared food that could be kept as leftovers/cooked in batches more, 28% cooked from scratch more, 23% made packed lunches more). Some respondents reported an increase in risky food safety behaviours due to financial reasons (21% kept leftovers for longer before eating, 21% had eaten food past its use-by date more, 6% changed the setting on the fridge / freezer) (Figure 12) [\(footnote 5\)](#).

## Food bank use

Respondents were asked if they or anyone else in their household had received a free parcel of food from a food bank or other emergency food provider in the last 12 months. Most respondents (94%) reported that they had not used a food bank or other emergency food provider in the last 12 months, with 4% of respondents reporting that they had [\(footnote 6\)](#).

Respondents who had received a food parcel from a food bank or other provider were asked to indicate how often they had received this in the last 12 months. Of these respondents, 15% had received a food parcel on only one occasion in the last 12 months, 59% had received a food parcel on more than one occasion but less often than every month, and 8% had received a food parcel every month or more often [\(footnote 7\)](#).

## Social supermarkets

Social supermarkets, food clubs and community pantries/larders allow people to buy food items at a heavily discounted price, or as part of membership. These are generally community organisations and may offer additional services such as referral services and volunteering opportunities. Some or all of the food is surplus from the food supply chain.

### Awareness and use of social supermarkets

Respondents were asked if they or anyone else in their household had used a social supermarket in the last 12 months. One in 20 (5%) respondents reported that they had used a social supermarket in the last 12 months and 79% of respondents reported that they had not used a social supermarket in the last 12 months. Around 1 in 10 (14%) respondents reported that they had not heard of social supermarkets [\(footnote 8\)](#).

The use of social supermarkets varied between different categories of people in the following ways:

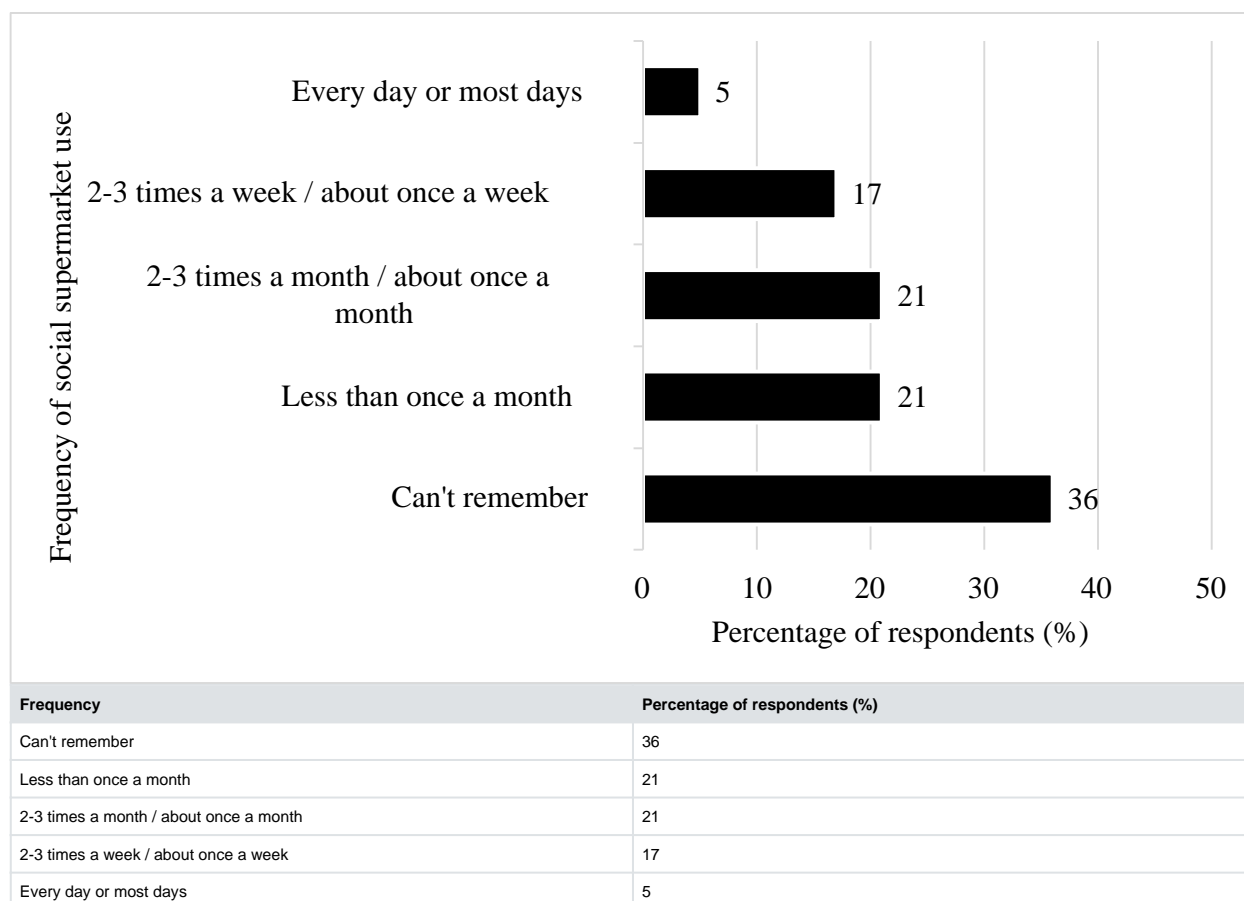
- Annual household income: respondents with an income of less than £19,000 (12%) were more likely to have used a social supermarket than those with a higher income (for example, 3% of those with an income of £32,000 or over)\*\*.
- Children under 16 in household: households with children under 16 years (8%) were more likely to have used a social supermarket compared to households without children under 16 years (4%)\*\*.
- NS-SEC: respondents who were long term unemployed and/or had never worked (14%) were more likely to have used a social supermarket than those in other occupational groups (for example, 4% in managerial, administrative, and professional occupations) or full-time students (6%)\*\*.
- Region (England) [\(footnote 9\)](#): levels of social supermarket use varied by region in England. For example, respondents who live in the North-West of England (10%), Greater London (7%), and the North-East of England (7%) were more likely to have used a social supermarket than those who live in the East of England (1%)\*\*.
- Food security: respondents with very low food security (17%) were more likely to have used a social supermarket than those with low (7%) or marginal (6%) food security. Those with high food security (3%) were least likely to have used a social supermarket.

**Figure 13. Frequency of social supermarket use among social supermarket users.**

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[Image](#) [.csv](#)

Source: Food and You 2: Wave 7

Respondents who had used a social supermarket were asked to indicate how often they had used this in the last 12 months. Of these respondents, 5% had used a social supermarket every day or most days, 17% had used a social supermarket 2-3 times a week or about once a week, 21% had used a social supermarket 2-3 times a month or about once a month, and 21% had used a social supermarket less than once a month. However, 36% of respondents who had used a social supermarket reported that they could not remember how often they had used a social supermarket in the last 12 months (Figure 13) [\(footnote 10\)](#).

## Free school meals

Respondents with children aged 7-15 years in their household were asked whether the children receive free school meals. Most respondents (74%) with a child(ren) aged 7-15 years in their household reported that the child(ren) do not receive free school meals. A quarter (25%) of respondents reported that the child or children receive free school meals [\(footnote 11\)](#).

The reported uptake of free school meals varied between different categories of people in the following ways:

- Annual household income: respondents with a lower income were more likely to report that the child(ren) receive free school meals compared to those with a higher income. For example, 64% of respondents with an income of less than £19,000 reported that the child(ren) receive free school meals compared to 7% of those with an income of £64,000-

£95,999.

- Country: 31% of respondents in Wales and 25% of those in England reported that the child(ren) receive free school meals compared to 14% of respondents in Northern Ireland.
- Food security: respondents with low (32%) or very low (52%) food security were more likely to report their child(ren) receive free school meals compared to those with high (13%) or marginal (27%) food security.
- Long-term health condition: respondents with a long-term health condition (43%) were more likely to report the child(ren) receive free school meals compared to those without a long-term health condition (20%).

1. Question/Responses: Derived variable, see [USDA Food Security guidance](#) and Technical Report. Base= 5812, all respondents. Please note: See Annex A for information about the classifications and definitions of food security levels.
2. [NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.
3. Regional differences were only considered in England due to the low sample / base size in Wales and Northern Ireland.
4. Please note: the figures of other ethnic groups are not reported due to low base / sample size.
5. Question: In the last 12 months, have you made any of these changes for financial reasons? Responses: eaten out less, eaten at home more, cooked at home more, eaten fewer takeaways, bought items on special offer more (for example, 3 for 2), prepared food to be kept as leftovers/cooked in batches more, changed where you buy food to somewhere cheaper, changed the food you buy to something cheaper, made packed lunches more, bought reduced/discounted food close to its use-by date more, eaten food past its use-by date more, kept leftovers for longer before eating, started using a food bank/emergency food provider, reduced the amount of fresh food you buy, swapped to buying food with lower welfare or environmental standards, bought less food that is locally produced, changed the length of time or temperature food is cooked at, changed the setting on the fridge or freezer, I have made another food-related change, I have not made any changes. Base= 5812, all respondents.
6. Question: In the last 12 months, have you, or anyone else in your household, received a free parcel of food from a food bank or other emergency food provider? Responses: Yes, No, Prefer not to say. Base= 5812, all respondents.
7. Question: How often in the past 12 months have you, or anyone else in your household, received a free food parcel from a food bank or other emergency food provider? Responses: Only once in the last year, Two or three times in the last year, Four to six times in the last year, More than six times but not every month, Every month or more often, Don't know, Prefer not to say. Base= 232, all respondents where anyone in household has used

a food bank or emergency food or received a free food parcel from a food bank or other emergency food provider in the last 12 months.

8. Question: In the last 12 months, have you, or anyone else in your household, used a social supermarket (also known as a food club/hub or community pantry)? Responses: Yes, No, Prefer not to say, I had not heard of a social supermarket, food club/hub or community pantry before today. Base= 5812, all respondents.
9. Regional differences were only considered in England due to the low sample / base size in Wales and Northern Ireland.
10. Question: How often in the last 12 months have you, or anyone else in your household, used a social supermarket (also known as a food club/hub or community pantry)? Responses: Every day, Most days, 2-3 times a week, About once a week, About once a month, Less than once a month, Can't remember. Base= 278, all respondents who have used a social supermarket in the last 12 month.
11. Question: Does any child receive free school meals? Responses: Yes, No, Don't know, Prefer not to say. Base= 1023, all respondents who had child(ren) aged 7 - 15 living in the household. The eligibility criteria for free school meals varies between [England, Wales and Northern Ireland](#).



## F&Y2 Wave 7: Chapter 4 Food shopping and labelling

### Introduction

The remit of food labelling is held by multiple bodies, that differ between England, Wales and Northern Ireland.

The FSA is responsible for aspects of food labelling which relate to food safety and allergens in England, Wales, and Northern Ireland. In addition, the FSA in Wales is responsible for food labelling related to food composition standards and country of origin. The FSA in Northern Ireland is responsible for food labelling related to food composition standards, country of origin and nutrition ([footnote 1](#)).

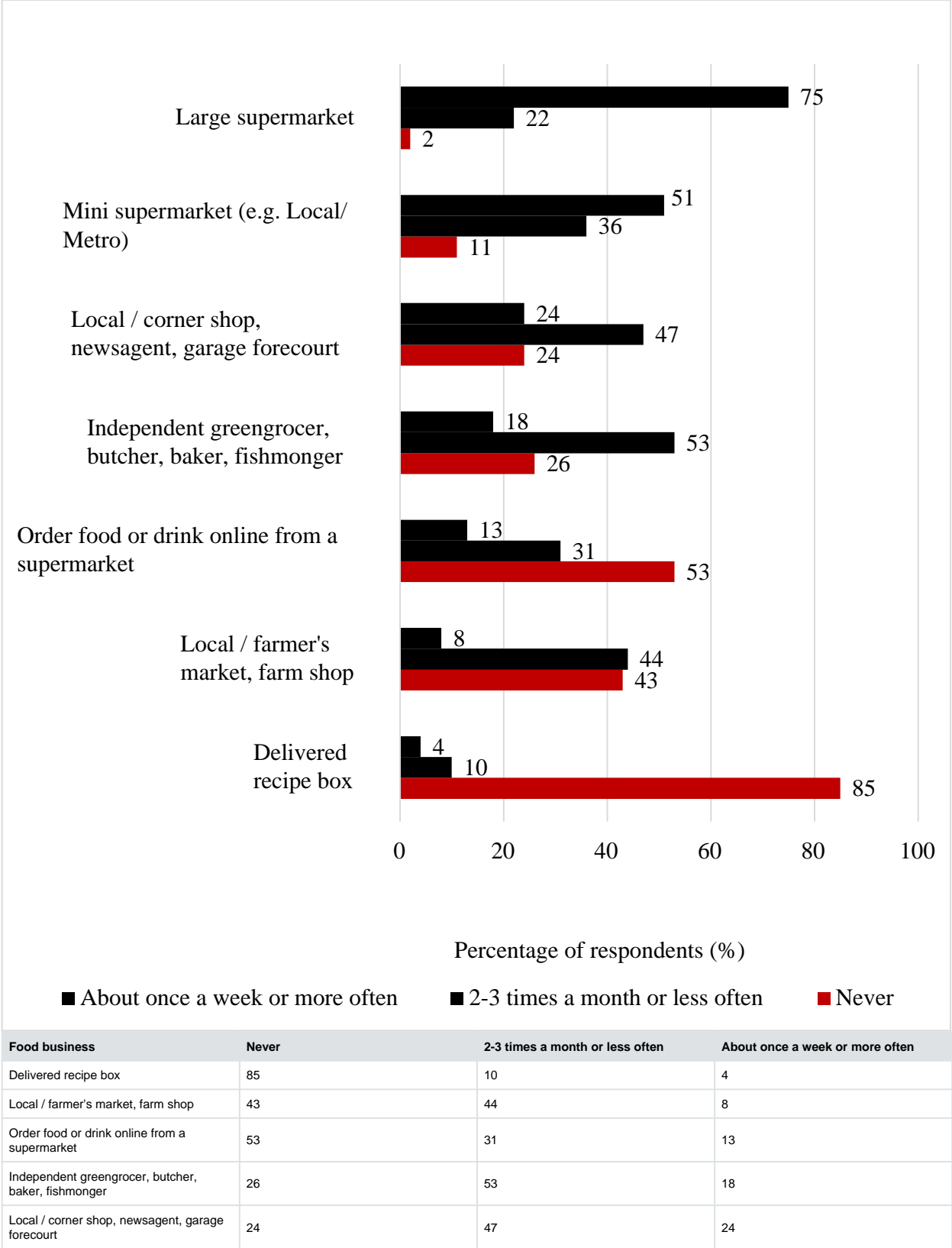
The [Department for Environment, Food and Rural Affairs](#) (Defra) plays a major role in food production and is responsible for aspects of food labelling such as composition and provenance.

This chapter provides an overview of food purchasing, what respondents look for when they are shopping and confidence in allergen labelling. Defra co-funded questions in this chapter which relate to food provenance, sustainability, and animal welfare.

Figure 14. Where respondents buy food from.

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Food business	Never	2-3 times a month or less often	About once a week or more often
Mini supermarket (e.g. Local/ Metro)	11	36	51
Large supermarket	2	22	75

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Source: Food and You 2: Wave 7

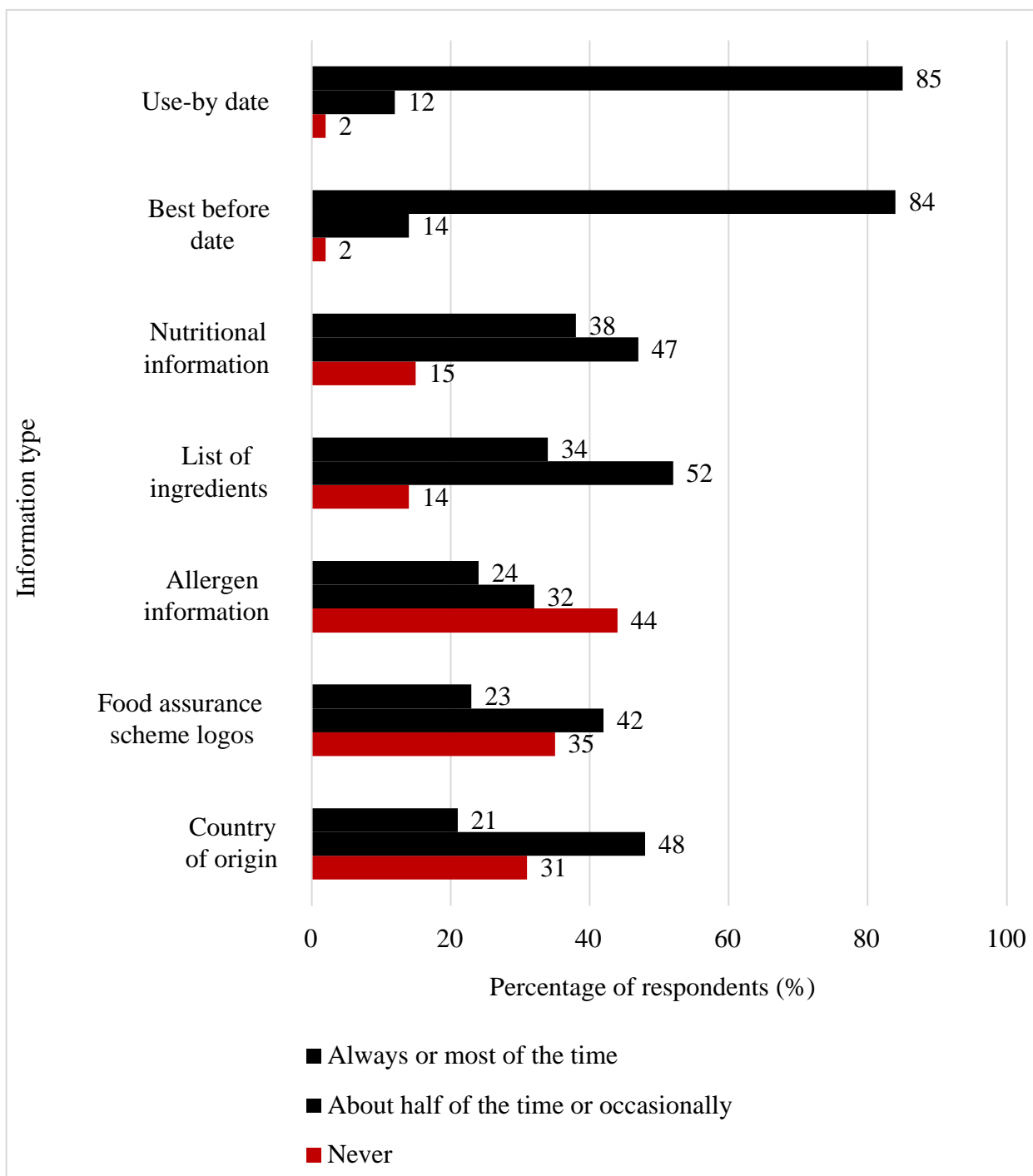
Respondents were asked to indicate where and how frequently they buy food. Most respondents reported that they bought food from a large supermarket (75%) or mini supermarket about once a week or more often (51%). Around half (53%) of respondents reported that they bought food from independent shops (greengrocers, butchers, bakers, fishmongers), 47% of respondents bought food from a local / corner shop, newsagent or garage forecourt, and 44% bought food from a local / farmers' markets or farm shops 2-3 times a month or less often. Around half (53%) of respondents reported that they had never ordered food or drink online from a supermarket. Most respondents (85%) reported that they had never had a recipe box delivered (Figure 14) [\(footnote 2\)](#)

## What do respondents report that they look for when buying food?

**Figure 15. What information respondents look for when buying food.**

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Information type	Always or most of the time	About half of the time or occasionally	Never
Country of origin	21	48	31
Food assurance scheme logos	23	42	35
Allergen information	24	32	44
List of ingredients	34	52	14
Nutritional information	38	47	15
Best before date	84	14	2
Use-by date	85	12	2

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[Image](#) [.csv](#)

Source: Food and You 2: Wave 7

Respondents were asked to indicate what information they check when buying food. Most respondents reported that they 'always' or 'most of the time' check the use-by (85%) or best before (84%) date when they bought food. Respondents reported that they check the list of ingredients (52%), nutritional information (47%), country of origin (48%) and food assurance scheme logos (42%) about 'half the time' or 'occasionally'. Allergen information was least often checked by respondents, (Figure 15) [\(footnote 3\)](#). However, respondents who have a food allergy only (64%)\* or an intolerance only (40%) were more likely to check allergen information 'always' or 'most of the time' when food shopping compared to those without a food hypersensitivity (19%).

Respondents were asked what they consider to be most important when choosing which food to buy from a list of options. The most frequently selected attribute was price or value for money (61%), followed by quality (39%), freshness (29%), and use-by dates and/or how long it will keep for (27%). Around 2 in 10 selected taste (23%), and healthiness (22%) [\(footnote 4\)](#).

When asked what information is used to judge the quality of food from a list of options, respondents reported that they most frequently used freshness (55%), taste (48%), and appearance (43%) to judge food quality. Fewer respondents reported that they used the ingredients (29%), price (28%), brand (21%), animal welfare (16%) and country of origin (11%) to judge food quality. Assurance schemes (9%), environmental impact (5%) and convenience (3%) were reported to be used by least respondents when judging food quality [\(footnote 5\)](#).

## Views on animal welfare, food and drink provenance and the environmental impact of food

Respondents were asked their views on animal welfare, food and drink provenance and the environmental impact of food. A greater majority of respondents reported that, it was important to buy meat, eggs and dairy which are produced with high standards of animal welfare (85%), to buy food which has a low environmental impact (74%) and to buy food that was produced in Britain (66%). Around half (49%) of respondents reported that it was important to buy drink that was produced in Britain [\(footnote 6\)](#).

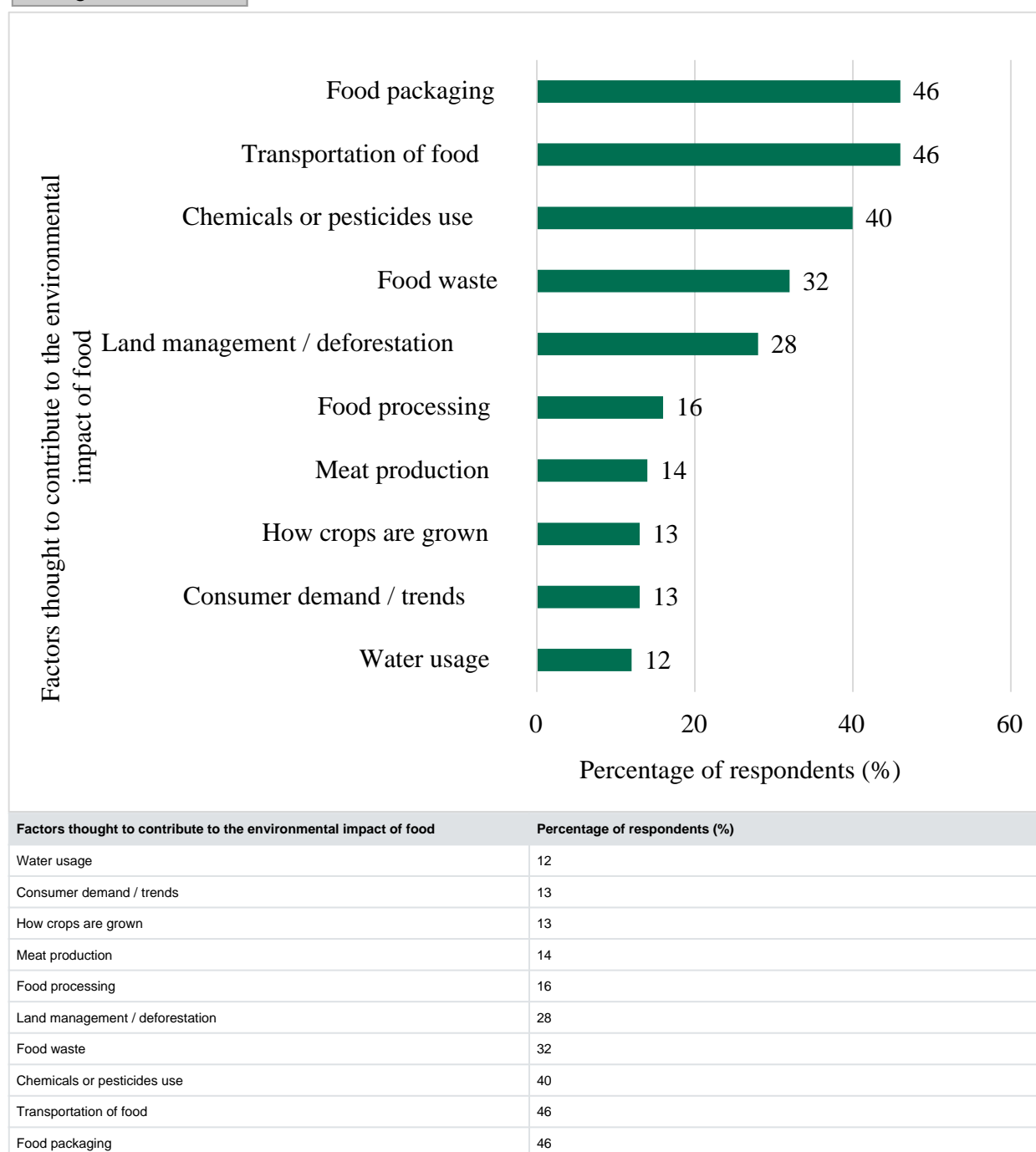
Respondents were asked how frequently they check for information about the environmental impact and animal welfare of food when shopping. A quarter (25%) of respondents reported that they checked for information about the environmental impact 'always' or 'most of the time'. Around a third (34%) of respondents reported that they 'always' or 'most of the time' checked for information about animal welfare when purchasing food [\(footnote 7\)](#).

Respondents were asked to indicate how often, where possible, they buy food which was produced in Britain, has animal welfare information or which had a low environmental impact. Around 6 in 10 respondents often (i.e., 'always' or 'most of the time') buy meat, eggs and dairy which has information on animal welfare (57%), 51% often buy food produced in Britain, and 36% often buy food which has a low environmental impact [\(footnote 8\)](#). Half of respondents thought that food products show enough information about their country of origin (50%). Around a third (34%) of respondents thought that meat, eggs, and dairy products show enough information about animal welfare, and 21% thought food products show enough information about their environmental impact [\(footnote 9\)](#).

## Figure 16. Factors thought to contribute most to the environmental impact of food.

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[Image](#) [.csv](#)

Source: Food and You 2: Wave 7

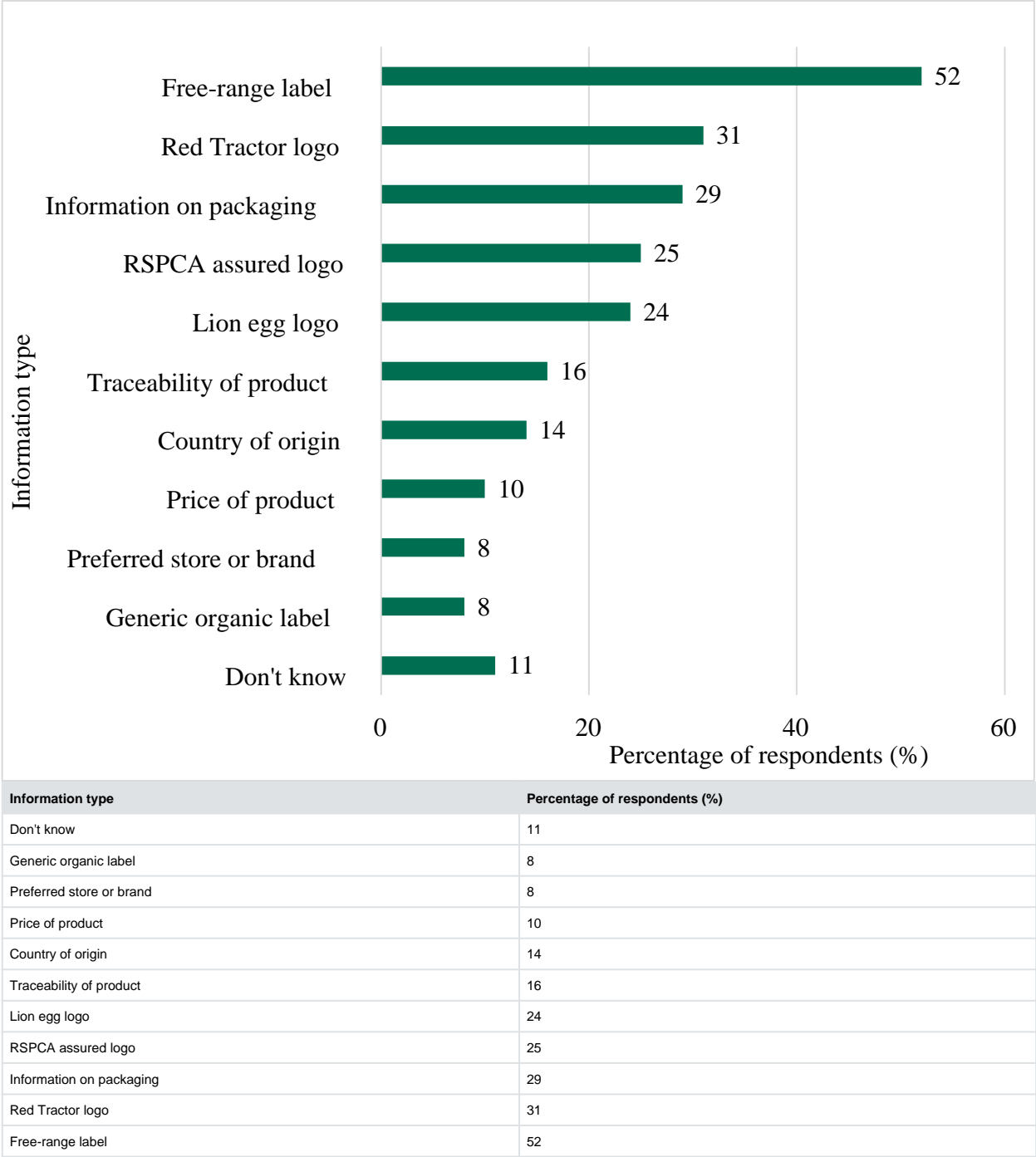
Respondents were asked, from a list of options, what they think contributes most to the environmental impact of food. The factors thought to contribute most to the environmental impact of food were food packaging (46%) and the transportation of food (46%). The use of chemicals and pesticides (40%), food waste (32%) and land management and/or deforestation (28%) were also considered as contributors to the environmental impact of food (Figure 16) [\(footnote 10\)](#).



Figure 17. What would indicate high animal welfare standards of meat, eggs, and dairy products to respondents.

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When respondents were asked, from a list of options, what would indicate whether a product containing meat, eggs or dairy had been produced with high standards of animal welfare, the most common indicator selected was a free-range label (52%). Other commonly selected indicators of animal welfare standards were the Red Tractor logo (31%) and information on packaging (29%). Around 1 in 10 (11%) reported that they do not know what would indicate whether a product containing meat, eggs or dairy had been produced with high standards of animal welfare (Figure 17) ([footnote 11](#)).

## Confidence in allergen labelling

Respondents who go food shopping and take into consideration a person who has a food allergy or intolerance were asked how confident they were that the information provided on food labelling allows them to identify foods that would cause a bad or unpleasant physical reaction. Overall, 83% of respondents stated that they were confident (i.e., very confident or fairly confident) in the information provided ([footnote 12](#)).

Respondents were asked how confident they were in identifying foods that will cause a bad or unpleasant physical reaction when buying foods which are sold loose, such as at a bakery or deli-counter. Respondents who bought food loose were more confident in identifying these foods from supermarkets in-store (72%), from online supermarkets (68%), and when shopping at independent food shops (65%) compared to buying food from food markets or stalls (55%) ([footnote 13](#)).

1. Nutrition standards and nutrition food labelling is the remit of the Department of Health and Social care in England and the Welsh Government in Wales.
2. Question: How often, if at all, do you...a) shop for food in store at a large supermarket b) shop for food in store at a mini supermarket (e.g., Local/ Metro). c) shop for food at independent greengrocers', butchers', bakers' or fishmongers'. d) shop for food at local/corner shops, newsagents' or garage forecourts. e) get a home delivery from a supermarket. f) shop for food at a local market, farmer's market or farm shop. g) get a recipe box delivered (e.g. Hello Fresh, Gousto). Responses: every day, most days, 2-3 times a week, about once a week, 2-3 times a month, about once a month, less than once a month, never, can't remember, I don't do any food shopping. Base= 5812, all respondents who have at least some responsibility for food shopping for their household.
3. Question: When shopping for food, how often, if at all, do you check...a) use-by dates. b) best before dates. c) list of ingredients. d) allergen information. e) nutritional information. f) country of origin. g) food assurance scheme logos. Responses: always, most of the time, about half the time, occasionally, never, don't know. Base= 3394, all online respondents who ever do food shopping. Please note: allergy only base n=93\*.
4. Question: What is most important to you when you are choosing which foods to buy? Responses: price/value for money, quality, freshness, taste, appearance of food, healthiness, use-by date/how long it will keep for, country of origin, ingredients, that it is ethical or eco-friendly, farming methods for example, organic or free-range farming, how it is made or how it is produced, choice/availability/variety, buying what my household/ children want, trust in supplier, safety of product, convenience/how easy it is to cook or prepare, other, don't know. Base= 5157, all online respondents and those answering the

England & Wales postal questionnaire.

5. Question: What do you use to judge the quality of food? Responses: taste, appearance, country of origin, convenience, ingredients, animal welfare, freshness, assurance schemes, brand, price, environmental impact, other. Base= 5157, all online respondents and those answering the England & Wales postal questionnaire.
6. Question: How important is it to you...a) to buy food that was produced in Britain [if Northern Ireland: UK and Ireland] b) to buy drink that was produced in Britain [if Northern Ireland: UK and Ireland] c) to buy meat, eggs and dairy which are produced with high standards of animal welfare. d) to buy food which has a low environmental impact. Responses: very important, somewhat important, not very important, not at all important, don't know. Base= 5157, all online respondents and those answering the England & Wales postal questionnaire.
7. Question: When purchasing food, how often do you do the following...a) check for information on animal welfare. b) check for information on environmental impact. Responses: always, most of the time, about half the time, occasionally, never, don't know. Base=5157, all online respondents and those answering the England & Wales postal questionnaire.
8. Question: How often do you do the following, where possible? A) Buy food produced in Britain [If Northern Ireland: 'the UK and Ireland']? B) Buy meat, eggs and dairy which has information on animal welfare. C) Buy food which has a low environmental impact. Responses: Always, Most of the time, About half the time, Occasionally, Never, Don't know. Base= 5157, all online respondents and those answering the England & Wales postal questionnaire.
9. Question: To what extent do you agree or disagree with the following? a) meat, eggs and dairy products show enough information about animal welfare. b) food products show enough information about their environmental impact c) food products show enough information about their country of origin. Responses: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree, don't know. Base= 5157, all online respondents and those answering the England & Wales postal questionnaire.
10. Question: What do you think contributes to the environmental impact of food? Responses: food packaging, chemicals or pesticides, transportation of food, land management/deforestation, food waste, production of meat, the way in which crops are grown, food processing, consumer demand/trends, water usage, other, don't know. Base= 5157, all online respondents and those answering the England & Wales postal questionnaire.
11. Question: What would indicate to you whether a product containing meat, eggs or dairy had been produced with high standards of animal welfare? Responses: free-range label, information on packaging, country of origin, traceability of product, preferred store or brand, appearance of product, price of product, generic organic label, Red Tractor logo, RSPCA assured logo, Lion egg logo, Soil Association logo, Marine Stewardship (MSC) logo, other certification/logo [open text], other [open text], don't know. Base= 5157, all online respondents and those answering the England & Wales postal questionnaire.

12. Question: How confident are you that the information provided on food labels allows you to identify foods that will cause you, or another member of your household, a bad or unpleasant physical reaction? Responses: very confident, fairly confident, not very confident, not at all confident, it varies from place to place, don't know. Base= 2472, all respondents who consider the dietary requirements of themselves/someone else in the household when shopping.
13. Question: When buying food that is sold loose (e.g. at a bakery or deli counter), how confident are you that you can identify foods that will cause you or another member of your household a bad or unpleasant physical reaction? Consider food sold loose from the following sources...a) supermarkets in store. b) supermarkets online. c) independent food shops. d) food markets/stalls. Responses: very confident, fairly confident, not very confident, not at all confident, it varies from place to place, don't know. Base A=2369, B=1925, C=2267, D=2153, all online respondents, and those who completed the version A postal questionnaire, who consider the dietary requirements of themselves/someone else in the household when shopping, excluding 'I don't buy food from here'/'I don't buy food sold loose'.



## F&Y2 Wave 7: Chapter 5 Online platforms

### Introduction

An online food platform is a technology business that facilitates the exchange of food between vendor(s) and consumer(s). Any business selling food online, including food delivery businesses, must be registered as a food business [\(footnote 1\)](#). The FSA provides guidance for food businesses, which use online platforms [\(footnote 2\)](#). A food safety officer from the local authority will inspect a business to check that it follows food hygiene law so that the food is safe to eat.

Food and You 2 asked respondents about their use and experiences with different types of food related online platforms. A range of online platforms are asked about including food business and delivery websites, food sharing apps and social media marketplaces.

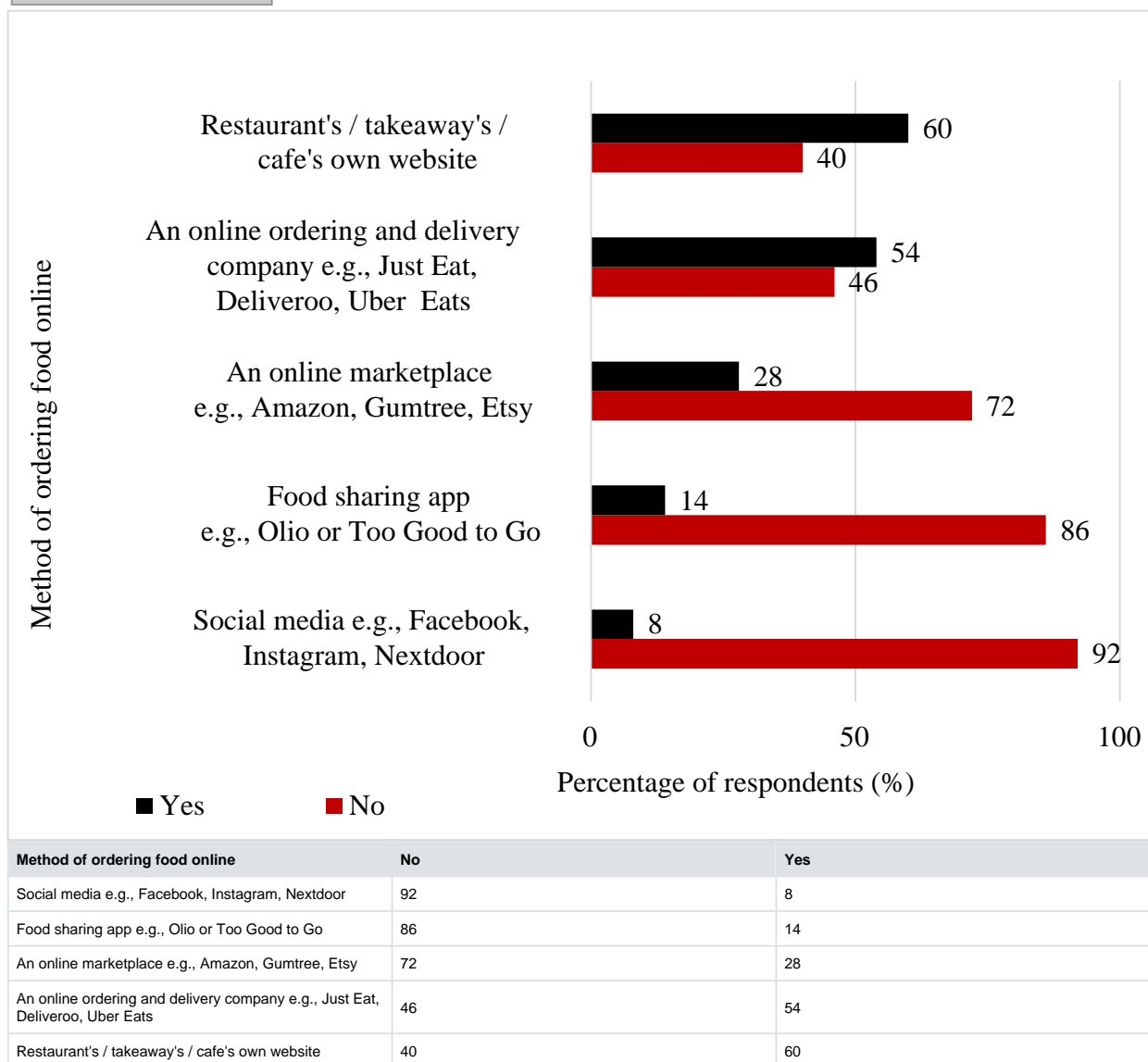
This chapter provides an overview of respondents' use of online platforms, including how frequently people use online platforms to buy food or drink, and the types of food and drink people order. It also provides information on people's awareness and use of food hygiene ratings and allergen information on online platforms.

### Which online platforms are used to order food or drink online?

#### Figure 18. Where respondents order food or drink online.

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[Image](#) [.csv](#)

Source: Food and You 2: Wave 7

Respondents were asked to indicate if they had ever ordered food or drink online from a number of different platforms. Six in ten respondents reported that they had ordered food or drink from the websites of a restaurant, takeaway or café (60%) and around half had ordered from an online ordering and delivery company (for example, Just Eat, Deliveroo, Uber Eats) (54%). Around 3 in 10 (28%) respondents had ordered via an online marketplace (for example Amazon, Gumtree, Etsy). The platforms used least by respondents were food sharing apps (for example Olio, Too Good To Go) (14%) and social media platforms (for example, Facebook, Instagram, Nextdoor) (8%) (Figure 18) ([footnote 3](#)).

Use of online marketplaces (for example Amazon, Gumtree, Etsy) to order food or drink varied between different categories of people in the following ways:

- Age group: younger adults were more likely to have ordered food or drink from an online marketplace compared to older adults. For example, 41% of those aged 16-24 years had

ordered food or drink from an online marketplace compared to 11% of those aged 75 years or over.

- Household size: respondents who lived in larger households were more likely to have ordered food or drink from an online marketplace than those living in smaller households. For example, 21% of those living in 1-person households had ordered food or drink from an online marketplace compared to 36% of those in households of 5-person or more.
- Children under 16 years in the household: 36% of those with children under 16 years in the household had ordered food or drink from an online marketplace compared to 25% of those without children under 16 years.
- Children under 6 years in the household: 39% of those with children under 6 years in the household had ordered food or drink from an online marketplace compared to 27% of those without children under 6 years.
- NS-SEC: those in lower supervisory and technical occupations (35%), full-time students (35%) and those who were long term unemployed and/or had never worked (34%) were more likely to have ordered food or drink from an online marketplace than those in other occupational groups (for example, 24% in intermediate occupations).
- Food security: respondents with low (43%) or very low (39%) food security were more likely to have ordered food or drink from an online marketplace than those with marginal (31%), or high (23%) food security\*\*.
- Responsibility for cooking: those who cook (29%) were more likely to have ordered food or drink from an online marketplace than those who never cook (17%).
- Responsibility for food shopping: those who shop for food (29%) were more likely to have ordered food or drink from an online marketplace than those who never shop (16%).

Use of social media (for example, Facebook, Instagram, Nextdoor) to order food or drink varied between different categories of people in the following ways:

- Age group: younger adults were more likely to have ordered food or drink from social media than older adults. For example, 15% of those aged 16-24 years had ordered food or drink from social media compared to 3% of those aged 75 years or over.
- Children under 6 years in the household: 7% of those with children under 6 years in the household had ordered food or drink from social media compared to 17% of those without children under 6 years.
- Annual household income: respondents with a lower income were more likely to have ordered food or drink from social media compared to those with a higher income. For example, 13% of those with an income of less than £19,000 had ordered food or drink from social media compared to 4% of those with an income of more than £96,000\*\*.
- NS-SEC: full-time students (17%) and those who were long term unemployed and/or had never worked (17%) were more likely to have ordered food or drink from social media than those in some other occupational groups (for example, 7% in managerial, administrative and professional occupations).
- Region (England): respondents who lived in North-East England (20%) were more likely to have ordered food or drink from social media than those in other regions (for example, 6% in Greater London, 7% of those in Yorkshire and the Humber, 7% of those in East of England).
- Food security: those who were less food secure were more likely to have ordered food or drink from social media. For example, 17% of those with very low food security had ordered food or drink from social media compared to 5% of those with high food security.

Use of food sharing apps (for example Olio, Too Good To Go) to order food or drink varied between different categories of people in the following ways:

- Age group: younger adults were more likely to have ordered food or drink from a food sharing app than older adults. For example, 27% of adults aged 16-24 years had ordered food or drink from a food sharing app compared to 1% of those aged 75 years or over.

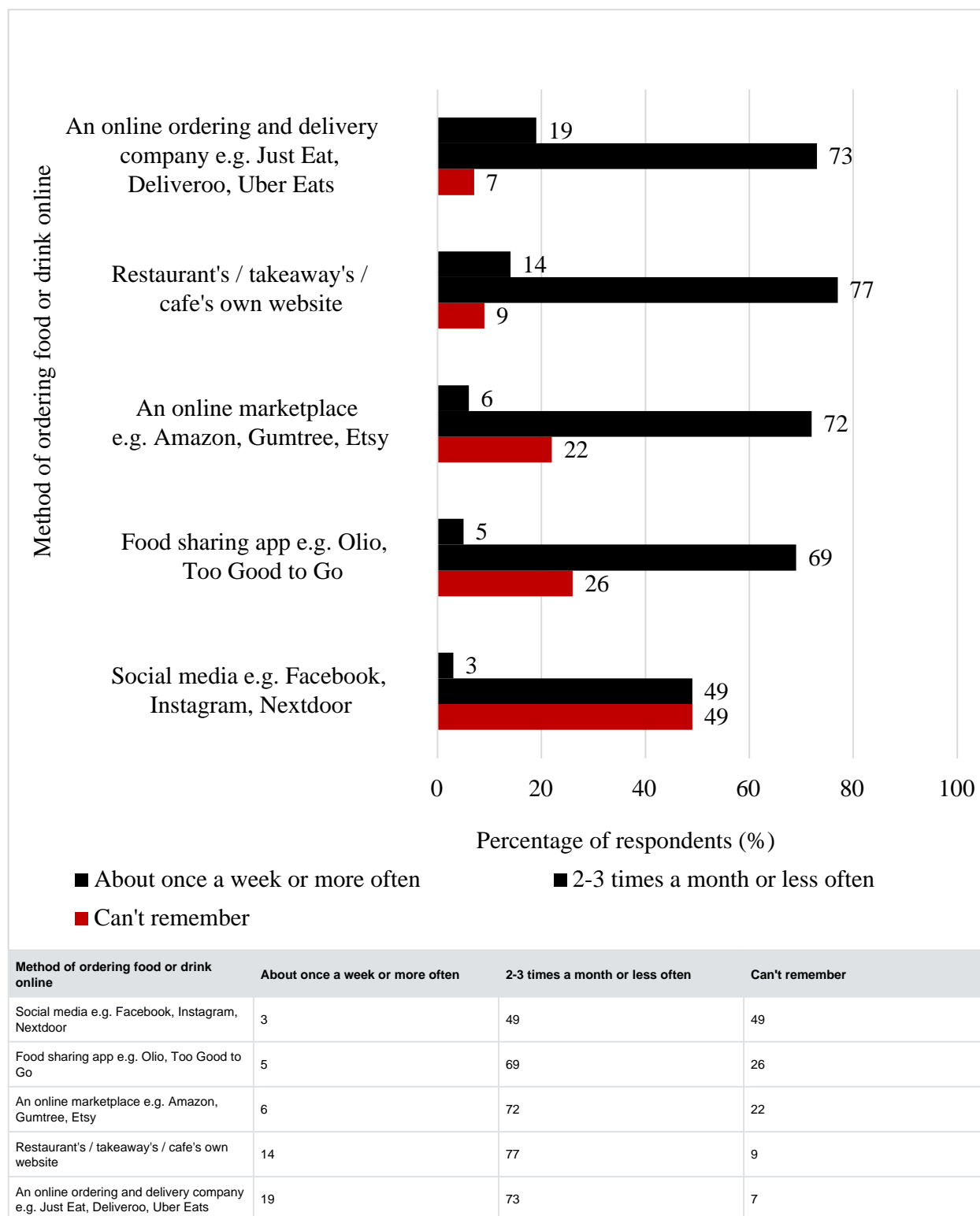
- Household size: respondents who lived in larger households were more likely to have ordered food or drink from a food sharing app than those who lived in smaller households. For example, 19% of those who lived in households of 5-persons or more had ordered food or drink from an online marketplace compared to 8% of those in 1-person households.
- NS-SEC: full-time students (24%) were more likely to have ordered food or drink from a food sharing app than those in occupational groups (for example, 8% of small employers and own account workers) and those who were long term unemployed and/or had never worked (8%).
- Food security: those who had marginal (21%), low (18%) or very low (20%) food security were more likely to have ordered food or drink from a food sharing app than those with high food security (11%).

## How often do respondents order food or drink through online platforms?

**Figure 19. How often respondents order food or drink from different online platforms.**

[Change to table and accessible view](#)

[Change to chart view](#)



Download this chart

[Image](#) [.csv](#)

Source: Food and You 2: Wave 7

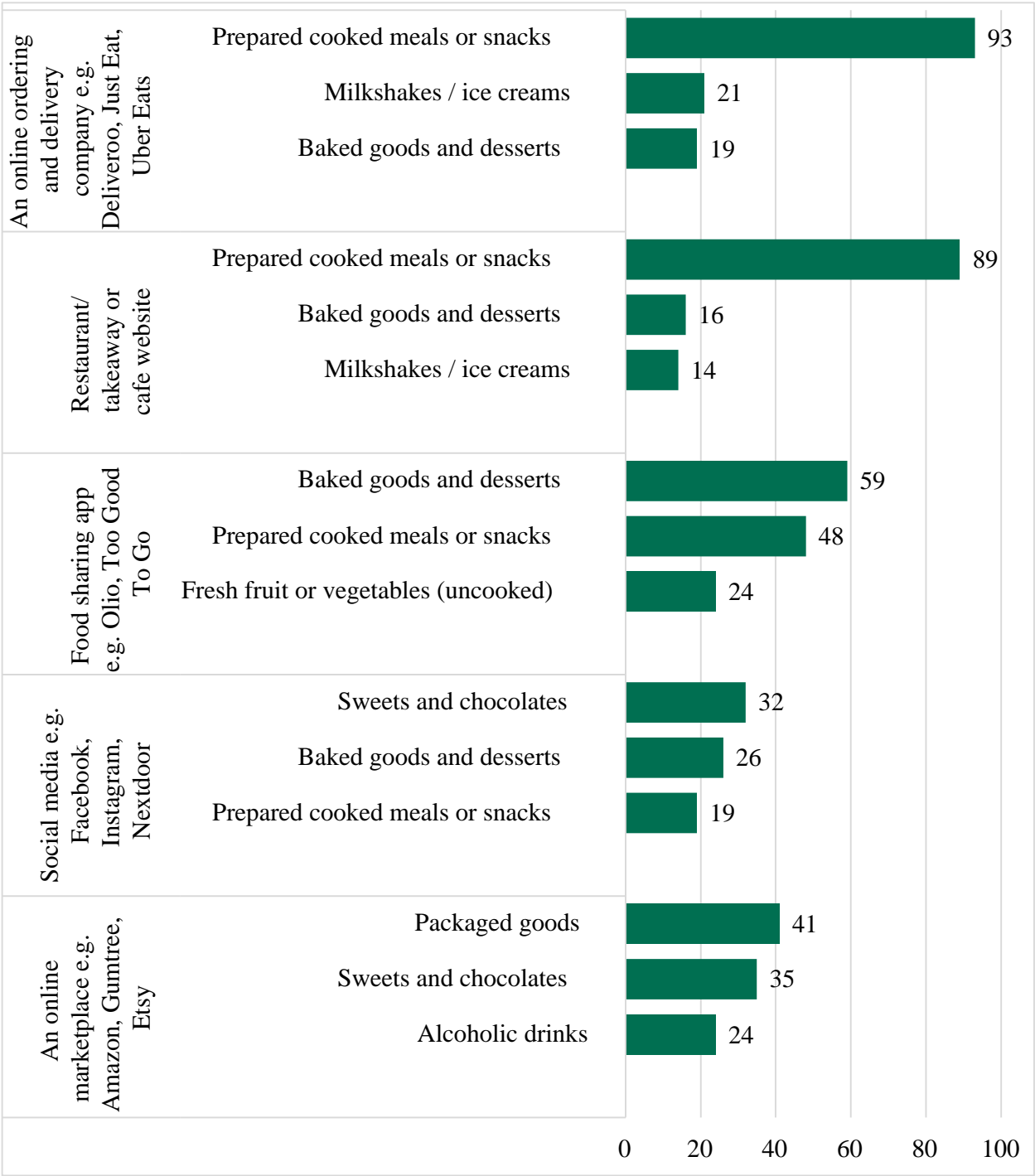
Respondents who had ordered food or drink from a range of online platforms were asked how frequently they ordered food or drink from that platform. Most respondents ordered food or drink from each type of online platform 2-3 times a month or less often, with a minority using these types of platforms about once a week or more often. For example, 19% of respondents ordered



food or drink from an online ordering and delivery company (for example, Just Eat, Deliveroo, Uber Eats) about once a week or more often, 73% of respondents did this 2-3 times a month or less often. Around half (49%) of respondents reported that they can't remember how often they ordered food or drink from a social media platform (e.g., Facebook, Instagram, Nextdoor) (Figure 19) [\(footnote 4\)](#).

## What types of food and drink do respondents order through different online platforms?

Figure 20. The type of food or drink ordered by online platforms



Source: Food and You 2: Wave 7

Respondents who completed the survey online and had ordered food or drink from online platforms were asked what food or drink they had ordered from each of the platform(s). The most common type of food or drink ordered varied by the platform. Prepared cooked meals or snacks (93%) were the products most commonly ordered through online ordering and delivery companies (for example, Just Eat, Deliveroo, Uber Eats), and restaurant, takeaway or café websites (89%). Baked goods and desserts (59%) were the products most commonly ordered through food sharing apps (for example, Olio, Too Good To Go). Packaged goods were most commonly ordered via online marketplaces (for example, Amazon, Gumtree, Etsy) (41%) and sweets and chocolates were the products most commonly ordered through social media (for example, Facebook, Instagram, Nextdoor) (32%) (Figure 20) [\(footnote 5\)](#).

## Use of FHRs on online platforms

[The Food Hygiene Rating Scheme](#) (FHRs) helps people make informed choices about where to eat out or shop for food by giving clear information about the businesses' hygiene standards. Businesses are given a rating from 0 to 5. A rating of 5 indicates that hygiene standards are very good and a rating of 0 indicates that urgent improvement is required. The FSA runs the scheme in partnership with local authorities in England, Wales, and Northern Ireland.

Respondents who had ordered food or drink through an online platform and had heard of the FHRs were asked how often they look for FHRs ratings when ordering food and drink online. Almost half (46%) of respondents 'always' or 'most of the time' looked for the FHRs ratings, 31% of respondents did this about half of the time or occasionally, and 21% of respondents never looked for the FHRs rating when ordering food and drink online [\(footnote 6\)](#).

Respondents who reported looking for FHRs ratings when ordering food or drink online were asked how often the ratings were easy to find. Around half (52%) of respondents reported that the ratings were 'always' or 'most of the time' easy to find, 37% reported that the ratings were easy to find about half the time or occasionally, and 4% reported that the ratings were never easy to find [\(footnote 7\)](#).

## Hypersensitivities and use of online platforms

Food hypersensitivity is a term that refers to a bad or unpleasant physical reaction which occurs as a result of consuming a specific food. There are different types of food hypersensitivity including, food allergy, food intolerance and coeliac disease [\(footnote 8\)](#).

The FSA provides guidance for food businesses on providing allergen information to their customers. By law [\(footnote 9\)](#), food businesses in the UK must inform customers if they use any of the 14 most potent and prevalent allergens in the food and drink they provide [\(footnote 10\)](#). The allergen labelling required differs depending on how food is being sold and the type of food being sold. If food is sold online allergen information should be available to a customer before the purchase of the food is completed and when the food is delivered [\(footnote 11\)](#).

Respondents who have a food hypersensitivity, or live with someone who has a food hypersensitivity, were asked how often they look for information which allows them to identify food that may cause a bad or unpleasant reaction when ordering food or drink online. Around 2 in 10 (18%) respondents who have a food hypersensitivity always looked for information that would allow them to identify food that might cause them a bad or unpleasant reaction, and 41% of respondents looked for this information less often (i.e., 'most of the time', 'about half of the time', 'occasionally'). However, 37% respondents who have a food hypersensitivity never looked for

information that would allow them to identify food that might cause a bad or unpleasant reaction when ordering food or drink online ([footnote 12](#)).

1. [Advice to businesses selling food online, FSA \(PDF\)](#). [Regulation \(EC\) no 178/2002 of the European parliament and of the council of 28 January 2002 \(PDF\)](#).
2. [Distance selling, mail order and delivery, FSA](#). [Food safety for food delivery, FSA](#).
3. Question: Have you ever ordered food or drink online through...? a) a restaurant's, cafe's or takeaway's own website. b) an online ordering and delivery company e.g. Just Eat, Deliveroo or Uber Eats, etc. c) an online marketplace, e.g. Amazon, Gumtree, Etsy, etc. d) social media, e.g. Facebook, Instagram, Nextdoor, etc. e) a food sharing app, e.g. Olio or Too Good To Go, etc. Responses: yes, no. Base= 3617, all online respondents.
4. Question: How often do you order food or drink online...? A) a restaurant's, cafe's or takeaway's own website. b) an online ordering and delivery company e.g. Just Eat, Deliveroo or Uber Eats, etc. C) an online marketplace, e.g. Amazon, Gumtree, Etsy, etc. d) social media, e.g. Facebook, Instagram, Nextdoor, etc. e) a food sharing app, e.g. Olio or Too Good to Go, etc. Responses: every day, most days, 2-3 times a week, about once a week, 2-3 times a month, about once a month, less than once a month, never, can't remember. Base A= 3077, B= 2555, C= 1680, D= 813, E= 942, all online respondents and those who completed version A postal questionnaire who have ever ordered food or drink through A/B/C/D/E.
5. Question: In the last 12 months, what food or drink have you ordered online...? a) directly through a restaurant's, cafe's or takeaway's own website. b) through an online ordering and delivery company e.g. Just Eat, Deliveroo or Uber Eats, etc. c) an online marketplace, e.g. Amazon, Gumtree, Etsy, etc. d) through social media, e.g. Facebook, Instagram, Nextdoor, etc. e) through a food sharing app, e.g. Olio or Too Good to Go, etc. Responses: prepared cooked meals or snacks, baked goods and desserts, such as cheesecakes, cakes, biscuits, breads etc or dough/mixes to make these, milkshakes / ice creams, protein shakes, fresh fruit or vegetables (uncooked), dairy products, such as milk, cheese, yoghurt, butter etc, alcoholic drinks, such as beer, wine, spirits, cocktails, non-alcoholic drinks, other (please specify). Base A= 1991, B= 1649, C= 796, D= 169, E= 362, all online respondents who have ever ordered food or drink online through...A/B/C/D/E.
6. Question: When you order food and drink online, how often do you look for Food Hygiene Rating Scheme ratings? Responses: always, most of the time, about half of the time, occasionally, never, don't know. Base= 2423, all respondents who have ordered food and drink online and have heard of the Food Hygiene Rating Scheme.
7. Question: When you look for Food Hygiene Rating Scheme ratings when ordering food and drink online, how often are they easy to find? Responses: always, most of the time, about half of the time, occasionally, never, don't know. Base= 1874, all online respondents who look for Food Hygiene Rating Scheme ratings when ordering food or drink online.

8. [FSA Explains: Food hypersensitivities. Overview: Food Allergy, NHS. Food Intolerance, NHS. Overview: Coeliac disease, NHS.](#)
9. [42 Regulation \(EU\) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 \(PDF\).](#)
10. Allergens: celery, cereals containing gluten (such as barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites and tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).
11. [Allergen guidance for food businesses, FSA.](#)
12. Question: When you order food and drink online, how often do you look for information that allows you to identify food that might cause you or another member of your household a bad or unpleasant physical reaction? Responses: always, most of the time, about half of the time, occasionally, never, don't know, I don't order food and drink online. Base= 2185, all online respondents who have ordered food or drink online and who suffer from a bad or unpleasant physical reaction after consuming certain foods or avoid certain foods because of the bad or unpleasant physical reaction they might cause, and/or live with at least one other adult or child in their household.



## F&Y2 Wave 7: Chapter 6 Novel foods

### Introduction

The FSA's vision as set out in the [2022-2027 strategy](#) is a food system in which 'food is healthier and more sustainable', accounting for the growing priorities of dietary health and sustainability for the UK Government, Welsh Government, Northern Ireland Executive, and for consumers.

The FSA is responsible for the [authorisation of novel foods](#). The novel food status of cannabidiol (CBD) was confirmed in [England and Wales in January 2019](#). In [Northern Ireland](#), CBD food products are unauthorised novel foods.

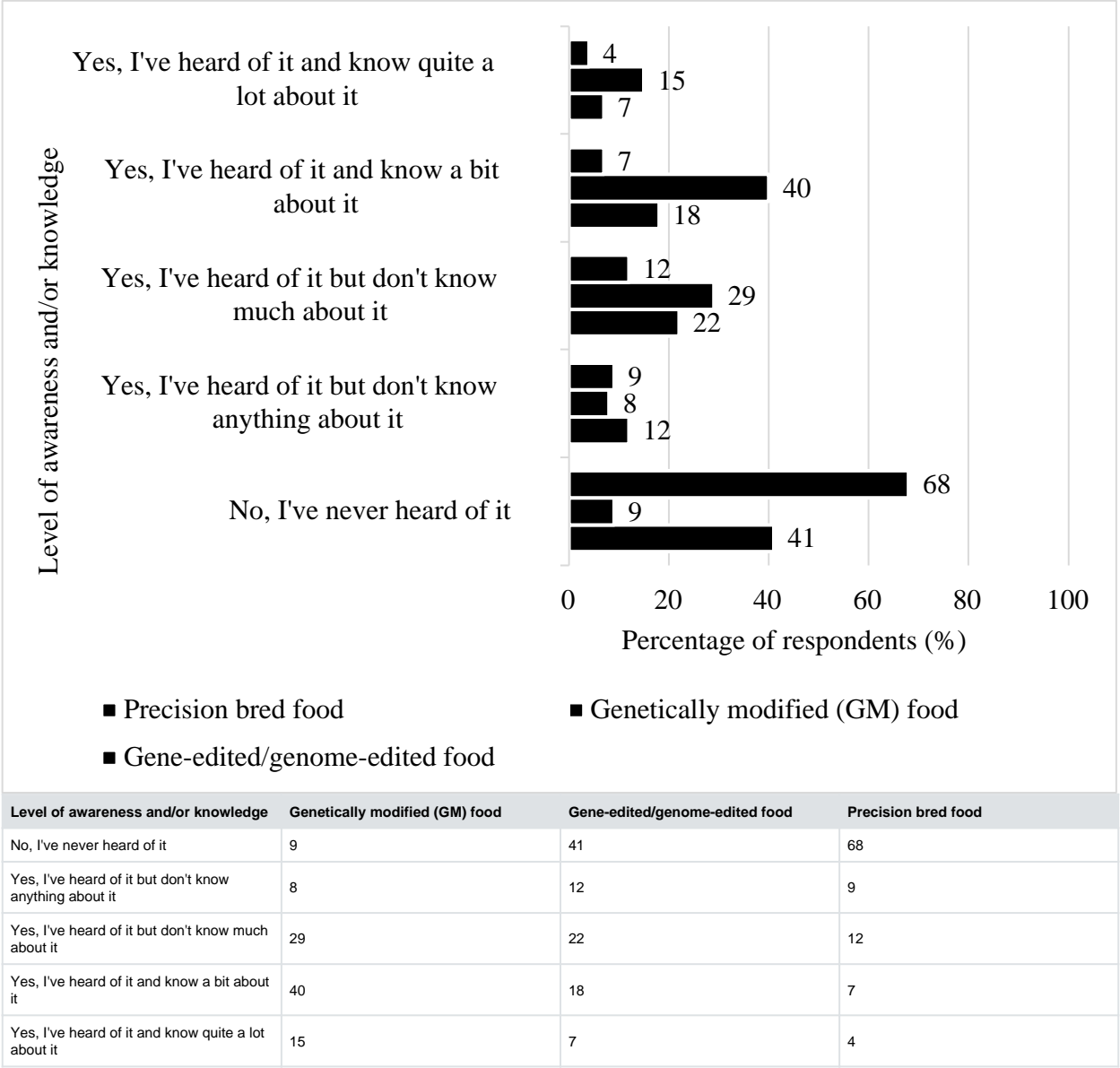
The [Department for Environment, Food and Rural Affairs](#) (Defra) has a broad remit and plays a major role in increasing the sustainability, productivity and resilience of the agriculture, fishing, food and drink sectors, enhancing biosecurity at the border and raising animal welfare standards. In addition, [Defra oversees the regulation](#) of genetic technologies such as genetically modified organisms (GMO), gene edited (GE) and precision bred organisms ([footnote 1](#)).

### Awareness of gene-edited (GE), genetically modified (GM) and precision bred foods

**Figure 21. Awareness and knowledge of genetically modified (GM), gene-edited/genome-edited (GE) and precision bred food.**

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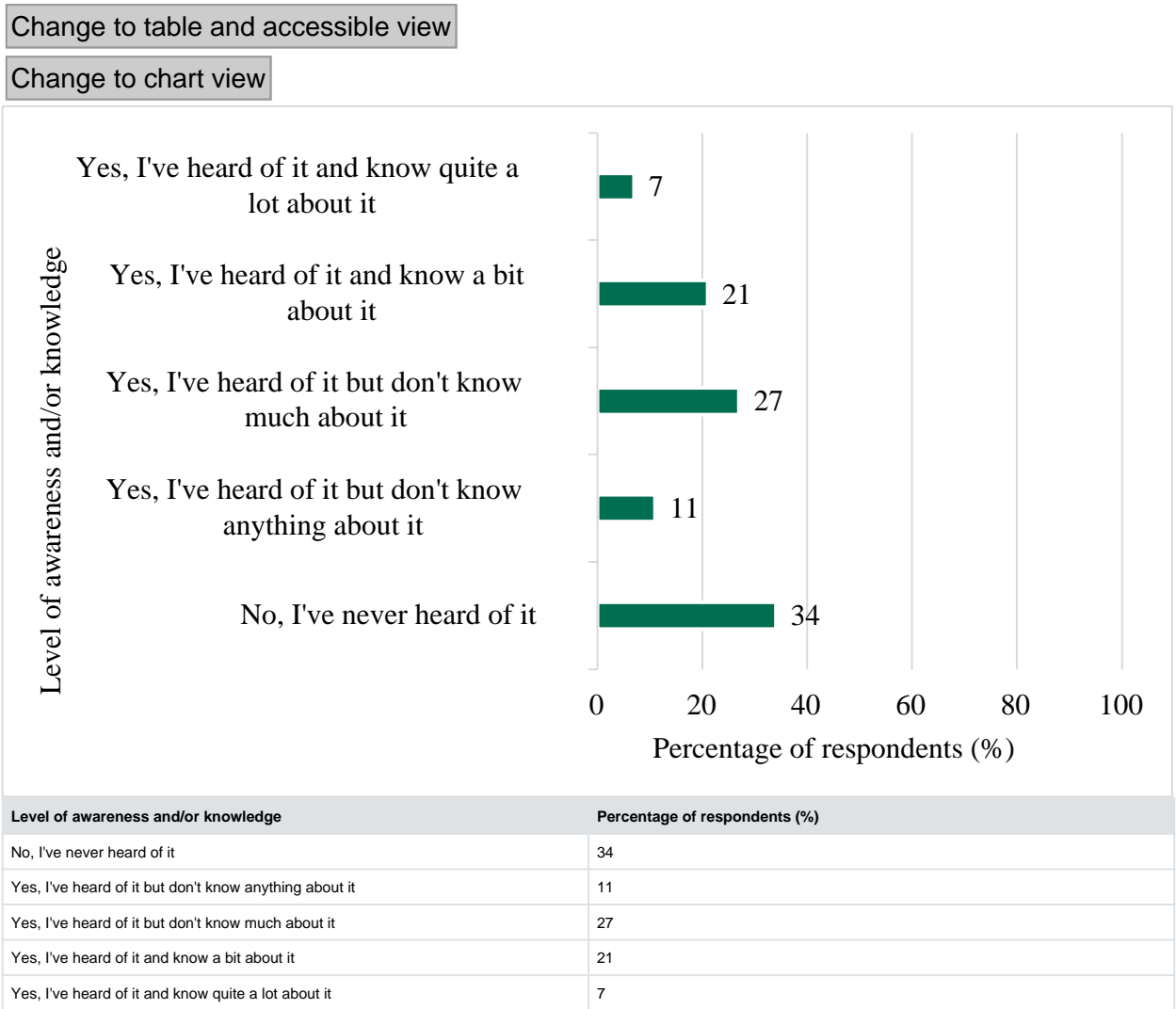
Source: Food and You 2: Wave 7

Respondents were asked if they had ever heard of genetically modified (GM) food, gene-edited or genome-edited food and precision bred food. Respondents reported greater awareness and knowledge of genetically modified (GM) food than gene-edited or genome-edited food (GE) and least knowledge of precision bred food. For example, 68% of respondents had never heard of

precision bred food whereas 41% of respondents had never heard of GE food. 9% of respondents had never heard of GM food (Figure 21) [\(footnote 2\)](#).

## Awareness and use of Cannabidiol (CBD)

**Figure 22. Awareness and knowledge of cannabidiol (CBD).**



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[Image](#) [.csv](#)

Source: Food and You 2: Wave 7

Respondents were asked if they had ever heard of Cannabidiol (CBD). Around half (55%) of respondents had heard of CBD: 7% reported that they know quite a lot about it; 21% reported that they know a bit about it; 27% reported that they don't know much about it, and 11% reported that they don't know anything about it. Around a third (34%) of respondents reported that they had never heard of CBD (Figure 22) [\(footnote 3\)](#).

Respondents were asked if they had used or consumed CBD in the previous 12 months. Over 1 in 10 (14%) respondents reported that they had used or consumed CBD and 60% of respondents reported that they had not used or consumed CBD. A quarter (25%) of respondents reported that

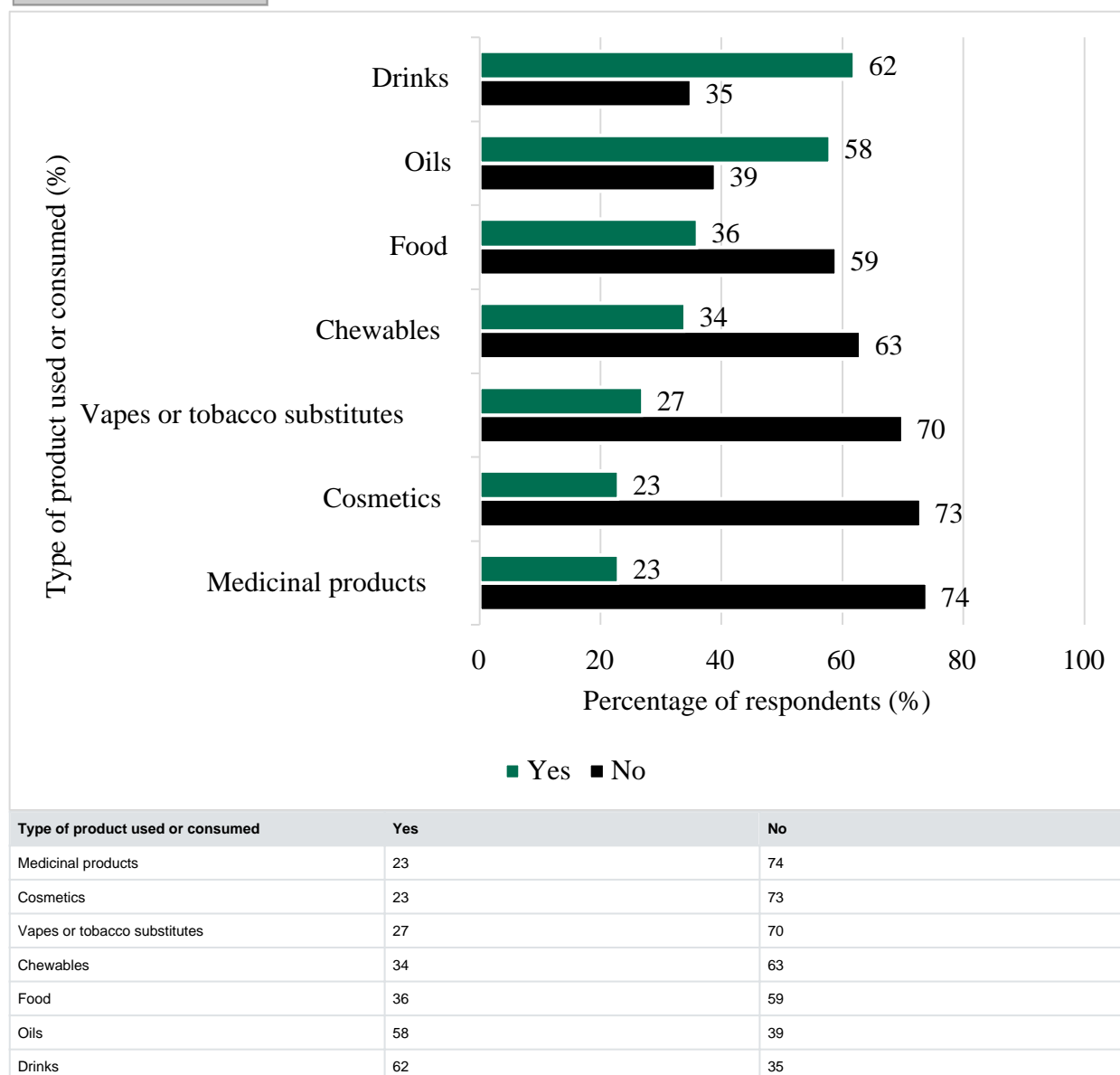
they didn't know if they had used or consumed CBD [\(footnote 4\)](#) in the previous 12 months.

Respondents who had used or consumed CBD in the previous 12 months were asked how they decided on a suitable dose or serving. The most common methods to decide on a suitable dose or serving were to follow the instructions on the packaging or label (58%), researching about the topic on the internet (22%), and monitoring the effect it has and increasing/ reducing the dose as needed (21%) [\(footnote 5\)](#).

**Figure 23. Types of cannabidiol (CBD) product used or consumed among CBD users.**

[Change to table and accessible view](#)

[Change to chart view](#)



Download this chart

[Image](#) [.csv](#)

Respondents who had used or consumed CBD in the previous 12 months were asked how often they had used or consumed different types of CBD products. Around 6 in 10 respondents reported that they had consumed drinks (62%) or oils (58%) containing CBD. Around a third respondents reported that they had consumed food (36%) or chewables (34%) containing CBD. Around a quarter of respondents had used vapes or tobacco products (27%), cosmetics (23%) or medicinal products (23%) containing CBD (Figure 23) [\(footnote 6\)](#).

1. Precision breeding is a way of changing the DNA of plants or animals in a precise way, using techniques including gene-editing. Gene-editing uses specialised enzymes to cut DNA at specific points. These changes must be equivalent to those that could have been made using traditional plant or animal breeding methods.
2. Question: Have you ever heard of...A/B? A) Genetically modified (GM) food? B) Gene-edited or genome-edited food C) Precision bred food? Responses: Yes, I've heard of it and know quite a lot about it; Yes, I've heard of it and know a bit about it; Yes, I've heard of it but don't know much about it; Yes, I've heard of it but don't know anything about it; No, I've never heard of it. Base= 5812, all respondents.
3. Question: Have you heard of Cannabidiol, commonly known as CBD? Responses: Yes, I've heard of it and know quite a lot about it; Yes, I've heard of it and know a bit about it; Yes, I've heard of it but don't know much about it; Yes, I've heard of it but don't know anything about it; No, I've never heard of it. Base= 3617, all online respondents.
4. Question: Have you used or consumed products containing Cannabidiol (CBD) in the last 12 months? Responses: Yes, No, Don't know, Prefer not to say. Base= 2481, all online respondents who have heard of Cannabidiol.
5. Question: When using/consuming products containing cannabidiol (CBD), how do you decide suitable dose/serving? Responses: By monitoring the effect it has on me and increasing/ reducing the dose as needed, Following the instructions on the packaging or label, Following the advice from my doctor, Following the advice from a pharmacist or shop assistant, Researching about the topic on the internet, Researching about the topic on the internet, This isn't something I think about, Other. Base= 295, All online respondents who have used/consumed products containing Cannabidiol in the last 12 months.
6. Question: How often used or consumed in the last 12 months... a) Drinks; b) Food; c) Oils; d) Chewables; e) Medicinal products; f) Vapes or tobacco substitutes; g) Cosmetics ... (products containing CBD)? Responses: Most days or every day, Several times a week, About once a week, Several times a month, About once a month, Once or a few times over the past year, Never. Base= 295, All online respondents who have used/consumed products containing Cannabidiol in the last 12 months.



# F&Y2 Wave 7: Annex A

## Background

In 2018 the FSA's [Advisory Committee for Social Science](#) (ACSS) established a new Food and You Working Group to review the methodology, scope and focus of the Food and You survey. The Food and You Working Group provided a [series of recommendations](#) on the future direction of the Food and You survey to the FSA and ACSS in April 2019. Food and You 2 was developed from the recommendations.

The Food and You 2 survey replaced the biennial Food and You survey (2010-2018), biannual Public Attitudes Tracker (2010-2019) and annual Food Hygiene Rating Scheme (FHRS) Consumer Attitudes Tracker (2014-2019). The Food and You survey has been an Official Statistic since 2014. Due to the difference in methodology between the Public Attitudes Tracker, FHRS Consumer Attitudes Tracker and Food and You survey (2010-2018) it is not possible to compare the data collected in Food and You 2 (2020 onward) with these earlier data. Comparisons can be made between the different waves of [Food and You 2](#). A report which provides an overview of key trends from Food and You 2: Wave 1 (fieldwork: 29th July to 6th October 2020) to Wave 6 (fieldwork: 12th October 2022 to 10th January 2023) was published in December 2023.

### Previous publications in this series include:

- Food and You 2: Wave 1 Key Findings (March 2021)
- Food and You 2: Wave 2 Key Findings (July 2021)
- Food and You 2: Wave 3 Key Findings (January 2022)
- Food and You 2: Wave 4 Key Findings (August 2022)
- Food and You 2: Wave 5 Key Findings (March 2023)
- Food and You 2: Wave 6 Key Findings (July 2023)
- Food and You 2: 2020-2023 trends (December 2023)

## Methodology

The Food and You 2 survey is commissioned by the Food Standards Agency (FSA). The fieldwork is conducted by Ipsos. Food and You 2 is a biannual survey. Fieldwork for Wave 6 was conducted between 28th April 2023 to 10th July 2023 ([footnote 1](#)).

Food and You 2 is a sequential mixed-mode 'push-to-web' survey (summary of method below). Push-to-web helps to reduce the response bias that otherwise occurs with online-only surveys. This method is accepted for government surveys and national statistics, including the 2021 [Census](#) and [2019/2020 Community Life Survey](#).

A random sample of addresses (selected from the Royal Mail's Postcode Address File) received a letter inviting up to two adults (aged 16 or over) in the household to complete the online survey. A first reminder letter was sent to households that had not responded to the initial invitation. A postal version of the survey accompanied the second reminder letter for those who did not have access to the internet or preferred to complete a postal version of the survey. A third and final reminder was sent to households if the survey had not been completed. Respondents were given a gift voucher for completing the survey.

The sample of main and reserve addresses ([footnote 2](#)) was stratified by region (with Wales and Northern Ireland being treated as separate regions), and within region (or country) by local authority (district in Northern Ireland) to ensure that the issued sample was spread proportionately across the local authorities. National deprivation scores were used as the final level of

stratification within the local authorities - in England the [Index of Multiple Deprivation \(IMD\)](#), in Wales the [Welsh Index of Multiple Deprivation \(WIMD\)](#) and in Northern Ireland, the [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#).

Due to the length and complexity of the online questionnaire it was not possible to include all questions in the postal version of the questionnaire. The postal version of the questionnaire needed to be shorter and less complex to encourage a high response rate. To make the postal version of the questionnaire shorter and less complex, two versions were produced. The two versions of the postal survey are referred to as the 'Eating Out' and 'Eating at Home' postal questionnaires. See the Technical Report for further details.

All data collected by Food and You 2 are self-reported. The data are the respondents own reported attitudes, knowledge and behaviour relating to food safety and food issues. As a social research survey, Food and You 2 cannot report observed behaviours. Observed behaviour in kitchens has been reported in [Kitchen Life 2](#), an ethnographic study which used a combination of observation, video observation and interviews to gain insight into domestic kitchen practices.

The minimum target sample size for the Food and You 2 survey is 4,000 households (2,000 in England, 1,000 in Wales, 1,000 in Northern Ireland), with up to two adults in each household invited to take part. For Wave 7 a total of 5,812 adults (aged 16 years or over) from 4,006 households across England (2,968 adults), Wales (1,318 adults), and Northern Ireland (1,526 adults) completed the survey. An overall response rate of 27.6% was achieved (England 29.1%, Wales 28.2%, Northern Ireland 24.6%). Sixty-two per cent (62.2%) of respondents completed the survey online and 37.8% completed the postal version of the survey. The postal responses from 26 respondents were removed from the data set as the respondent had completed both the online and postal survey. Further details about the response rates are available in the Technical Report.

Weighting was applied to ensure the data are as close as possible to being representative of the socio-demographic and sub-groups in the population, as is usual practice in government surveys. The weighting applied to the Food and You 2 data helps to compensate for variations in within-household individual selection, for response bias, and for the fact that some questions were only asked in one of the postal surveys. Further details about the weighting approach used and the weights applied to the Food and You 2: Wave 7 data are available in the Technical Report.

The data have been checked and verified by four members of the Ipsos research team and two members of the FSA Statistics branch. Further details about checks of the data are available in the Technical Report. Descriptive analysis and statistical tests have been performed by the FSA Statistics branch. R (statistical software) was used by the FSA Statistics branch to calculate the descriptive analysis and statistical tests (t-tests).

The p-values that test for statistical significance are based on t-tests comparing the weighted proportions for a given response within that socio-demographic and sub-group breakdown. An adjustment has been made for the effective sample size after weighting, but no correction is made for multiple comparisons.

Reported differences between socio-demographic and sub-groups typically have a minimum difference of 10 percentage points between groups and are statistically significant at the 5% level ( $p < 0.05$ ). However, some differences between respondent groups are included where the difference is fewer than 10 percentage points when the finding is notable or of interest. Percentage calculations are based only on respondents who provided a response. Reported values and calculations are based on weighted totals.

## Technical terms and definitions

Statistical significance is indicated at the 5% level ( $p < 0.05$ ). This means that where a significant difference is reported, there is reasonable confidence that the reported difference is reflective of a

real difference at the population level.

Food security means that all people always have access to enough food for a healthy and active lifestyle ([World Food Summit, 1996](#)). [The United States Department of Agriculture \(USDA\)](#) has created a series of questions which indicate a respondent's level of food security. Food and You 2 incorporates the [10 item U.S. Adult Food Security Survey Module](#) and uses a 12 month time reference period. Respondents are referred to as being food secure if they are classified as having high food security (no reported indications of food-access problems or limitations), or marginal food security (one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake). Respondents are referred to as being food insecure if they are classified as having low food security (reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake) or very low food security (reports of multiple indications of disrupted eating patterns and reduced food intake).

[NS-SEC](#) (The National Statistics Socio-economic classification) is a classification system which provides an indication of socio-economic position based on occupation and employment status.

[Index of Multiple Deprivation \(IMD\)](#) / [Welsh Index of Multiple Deprivation \(WIMD\)](#) / [Northern Ireland Multiple Deprivation Measure \(NIMDM\)](#) is the official measure of relative deprivation of a geographical area. IMD/WIMD/NIMDM classification is assigned by postcode or place name. IMD/WIMD/NIMDM is a multidimensional calculation which is intended to represent the living conditions in the area, including income, employment, health, education, access to services, housing, community safety and physical environment. Small areas are ranked by IMD/WIMD/NIMDM; this is done separately for [England](#), [Wales](#) and [Northern Ireland](#).

## References

- [Advisory Committee for Social Science \(ACSS\)](#)
- [Census 2011. Office of National Statistics](#)
- Duffy, B., Smith, K., Terhanian, G., & Bremer, J. (2005). [Comparing data from online and face-to-face surveys](#). International Journal of Market Research, 47(6), 615-639. <https://doi.org/10.1177/147078530504700602>
- [Food and You \(2010-2019\)](#)
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- Gaskell, G. (2019). [Review of FSA's Food and You Survey](#). 2 April 2019 ACSS Meeting – Food and You Review Report (Paper 3.5).
- United States Department of Agriculture (USDA). [Food security.](#)
- Wills, W., Meah, A., Dickinson, A., & Short, F. (2013). [Domestic kitchen practices: Findings from the 'Kitchen Life' study](#). University of Hertfordshire Report for the Food Standards Agency
- [World Food Summit 1996, Rome Declaration on World Food Security.](#)

1. Please note: In November 2024, the fieldwork date noted was corrected from 23rd April to 28th April.
2. A reserve sample of addresses was created to use if the target number of respondents was not achieved from the main sample of addresses.