

The Food & You Survey Wave 4

Executive Summary Wales Report

Acknowledgements

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This summary presents the key findings from Wave 4 of the Food and You survey for Wales, commissioned by the Food Standards Agency (FSA). The Food and You survey is the FSA's principal source of methodologically robust and representative evidence on consumers' self-reported food-related activities and attitudes.

Wave 1 of the survey was carried out in 2010, Wave 2 in 2012, Wave 3 in 2014 and Wave 4 in 2016. Wave 4 consisted of 3,118 interviews from a representative sample of adults aged 16 and over across England, Wales and Northern Ireland, including 492 interviews in Wales, on which this report is based.

In addition to this executive summary, a report has been published presenting a descriptive overview of the findings from Wave 4 of Food and You.

Shopping, cooking and eating

The majority of respondents (87%) reported having at least some responsibility for cooking or preparing food in the home, with almost half (47%) saying they were responsible for all or most of this. Women were more likely than men to have all the responsibility (61% compared with 34%). Women were also more likely to cook for themselves or others at least five days a week (80% compared with 68% of men).

The majority of respondents reported eating all breakfast (59%) and main evening meals (64%) at home in the last seven days. There was greater variability in the proportion of respondents reporting eating lunch at home, with 35% having eaten it at home on all days in the past week and 34% reporting having eaten lunch at home twice or less.

When asked if they ever suffer an adverse reaction when eating certain foods, 12% of respondents reported they did. A further 5% said they avoided certain foods because of the adverse reaction they might cause. Of those who reported an adverse reaction or avoided certain foods, the most common foods that people reported having an adverse reaction to were cows' milk and cows' milk products (25%), cereals containing gluten (11%) and eggs (8%).

Respondents were asked about consumption of certain types of foods that pose, or are perceived to pose, greater food safety risks, for example in relation to food poisoning.

The majority of respondents reported eating cuts of red meat and processed red meat (burgers, sausages and pre-cooked meats) once or twice a week or less.

Chicken and turkey were eaten more often than red meat with 29% reporting that they ate this type of food 3-4 times a week compared with 15% or less who said they ate red meat or products 3-4 times a week.

Nearly half (44%) of respondents said they never ate pre-packed sandwiches and 36% said they never ate ready meals. There was a slight increase the proportion who ever ate pre-packed sandwiches compared with previous waves.

Generally respondents enjoyed and were interested in food and cooking. The majority of respondents agreed with the statements 'I like trying new things to eat' (67%) and 'I enjoy cooking and preparing food' (67%) while they disagreed with the statement 'I'm not generally interested in food' (84%).

The majority of respondents (83%) reported having at least some responsibility for household food shopping with half (49%) saying they were responsible for all or most of this. As with cooking and preparing food, women were more likely than men to report having all or most of the responsibility for food shopping (65% compared with 31%).

'Food security' means having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life. The majority (74%) of respondents reported living in highly food secure households, 17% lived in marginally food secure households and 9% lived in low or very low food secure households (food insecure). Women were more likely to live in food insecure households than men (13% compared with 5%).

The majority (80%) of respondents reported that their household had never worried in the last 12 months about running out of food before there was money to buy more and 86% said that in the last 12 months they had never experienced food running out and they did not have money to get more. Eighty-eight per cent of respondents said that their household had never experienced not being able to afford to eat balanced meals in the last 12 months.

Overall, 46% of respondents reported making at least one change in their buying or eating arrangements in the last 12 months for financial reasons including 20% who had bought items on special offer more, 19% who had changed where they shopped for cheaper alternatives and 16% who said they ate out less.

Food safety in the home

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

There was increase in average IRP score from 65 in Wave 1 to 69 in Wave 4, indicating a small overall improvement in food safety practices. In Wave 4, as in previous waves, women had a higher IRP score than men (71 compared with 67).

The extent to which reported food safety practices were in line with FSA recommendations varied depending on the type of practice.

More than eight out of ten respondents reported **cleaning** behaviours in line with recommended practices, saying they always washed their hands before starting to prepare or cook food (86%), and immediately after handling raw meat, poultry or fish (89%).

The majority of respondents reported always **cooking** food until it is steaming hot throughout (84%) in line with recommended practice. The proportions of respondents who reported that they never ate meat or meat products if the meat was pink or had pink/red juices, in line with recommended practice, was 91% for chicken or turkey, 83% for sausages, 80% for pork and 66% for burgers.

The majority said that they would reheat food no more than once (92%), in line with recommended **reheating** practice. Eight per cent of respondents reported that they would reheat food twice or more, this proportion was higher than in previous waves.

When reheating food in a microwave, the FSA recommend always following the product manufacturers' instructions. Microwave power varies and this affects the timing given on instructions. The majority (93%) of respondents with a microwave knew that microwave power varies, although 17% did not know what their microwave wattage was.

When asked what respondents thought the temperature inside the fridge should be, the majority (42%) said it should be between 0 and 5°C (the recommended temperature). This was higher than the proportion in Wave 1 (34%) but lower than the proportion in Waves 2 and 3 (58% and 52% respectively). Of respondents who had a fridge, almost half (47%) reported that they or someone else checked the temperature.

The majority (79%) of respondents who reported that their fridge temperature was checked said they did this at least once a month, which is in line with recommended practice for **chilling**. This proportion was higher than in Waves 2 and 3 (71% and 72% respectively).

Respondents were asked which methods they used to defrost meat or fish. The method reported by the highest proportion of respondents was leaving meat or fish at room temperature (56%), which is not recommended. This was similar to Waves 2 and 3 (57% and 58% respectively).

Half of respondents (51%) said that they always used different chopping boards for different foods, in line with practices recommended to avoid **cross contamination**. Sixty-seven per cent reported that they stored raw meat and poultry on the bottom shelf of the fridge, in line with recommended practice. The same proportion (67%) reported that they never stored food in open tins in the fridge, which is in line with recommended practice as the tin may contaminate the food.

In Wave 4, more than half (55%) of respondents said they never washed raw chicken and 52% said that they never washed raw meat (excluding chicken), both of which are in line with recommended practice. The proportions who said they never washed raw chicken and raw meat have both increased since Wave 3 (37% and 44% respectively). Similarly, compared with previous waves, a higher proportion of respondents reported that they never washed fish and seafood: 31% compared with 13% in both Waves 1 and 2 and 24% in Wave 3.

Almost half (46%) of respondents reported that they always washed fruit which was going to be eaten raw. Respondents were more likely to report washing vegetables that were going to be eaten raw; 59% said that they always did. Respondents in Wave 4 were less likely to always wash vegetables than in previous waves.

The FSA recommends that the **use by date** is the best indicator of whether food is safe to eat, and this was cited as an indicator by 80% of respondents. While similar to the proportions in Wave 2 and Wave 3, this was higher than the proportion in Wave 1 (68%). When asked which date label was the *best* indicator of food safety, 71% selected the use by date (compared with 60%-68% in Waves 2 and 3).

Sixty-seven per cent of respondents reported that they always checked use by dates when buying food. The proportion who reported checking use by dates when cooking or preparing food was lower than that for buying food, with 56% saying they always checked the date. This proportion was lower than in previous waves.

Thirty-six per cent of respondents said they found labels on food products difficult to read because of the size of the print. The proportion reporting difficulty in reading labels is generally associated with age: 64% of people aged 75 and over reported at least some difficulty.

The majority (74%) of respondents reported that they would eat leftover food within two days of cooking it, in line with recommended practice. This was lower than in previous waves (87% in Wave 1 and 81%-82% in Waves 2 and 3).

Common sources of information about food safety practices cited by respondents were product packaging (37%) and family and friends (35%). Twenty-four per cent said they used the internet. A third (30%) said they used food TV shows or cooking programmes.

Eating outside the home

The definition of eating out in the Food and You survey encompasses eating or buying food from a wide range of establishments including: restaurants, pubs, bars, nightclubs,

cafés and coffee shops, sandwich bars, fast food outlets, canteens, hotels, stalls as well as takeaway food. Almost all respondents (97%) ate out, with a third (33%) doing so once or twice a week.

Respondents most commonly used their own experience of establishments (65%) when deciding where to eat out. Respondents also took word of mouth and recommendations from friends or family into account (43% and 42% respectively).

When shown a list of factors which might influence their decision on where to eat out, 71% of respondents reported that the cleanliness and hygiene of the establishment was important to them; overall a third (34%) of respondents who ate out considered this the most important factor. A good hygiene rating was mentioned by half (51%) of respondents.

Women were more likely than men to be influenced by the cleanliness and hygiene of the establishment when deciding where to eat out (76% of women, 65% of men). Overall 40% of women and 27% of men said this was the most important factor in their decision making.

The majority of respondents (89%) reported having seen the sticker belonging to the Food Hygiene Rating Scheme (FHRS), an increase from 76% at Wave 3 and 43% at Wave 2.

Recognition of the FHRS was associated with age: 96%-98% of those aged 16 to 34 recognised the images compared with 62% of those aged 75 and over.

Food poisoning

Overall, 39% of respondents reported having ever had food poisoning. Men (42%) were more likely than women (36%) to report having had food poisoning. Wave 4 respondents were more likely than those in Wave 3, but similar to Wave 2, to report having taken no action after experiencing food poisoning (48% compared with 30% at Wave 3 and 47% at Wave 2). Where action was taken, the most commonly mentioned were to stop eating at certain food restaurants (32%) and to stop eating certain foods (16%).

Almost three quarters (72%) of respondents agreed with the statement that they were unlikely 'to get food poisoning from food prepared in my own home'. Respondents were more likely than in previous waves to agree with the statement 'I always avoid throwing food away' (64% compared with 58% in Wave 3, 46% in Wave 2 and 48% in Wave 1).

Food production and the food system

One third (33%) of respondents always felt confident that food is what it says it is on the label or the menu. Respondents who did not always feel confident were asked whether they had, in the last year, taken any subsequent action. Almost a third (31%) of respondents reported reading food labels more carefully, 12% had stopped eating certain foods, 11% had tried to get more information about the issue and 10% had stopped shopping for food at certain places.

When asked to what extent they felt informed about chemicals deliberately added to food by producers, 47% of respondents felt very well or well informed. Respondents felt generally less well informed about chemical residues from the food production process (e.g. pesticides, veterinary medicines); 81% felt not informed about this matter compared with 52% who felt not informed about chemicals deliberately added to food by producers. Eighty-one per cent of respondents felt not informed about the chemicals that can occur naturally in food (e.g. naturally occurring toxins or heavy metals such as lead) and 78% felt not informed about the chemicals that can be formed during the cooking process (e.g. through cooking at high temperatures or through smoking of food). Around one fifth (19%-22%) felt informed about either of these two matters.

Almost two thirds (62%) of respondents agreed that they would like more information about what they can personally do to limit the presence of chemicals in food. Fifty-five per cent of respondents were concerned about possible long-term health effects of chemicals in food.

Almost half (45%) of respondents agreed with the statement that 'to help ensure there is enough to feed the population worldwide, we in the UK will have to make changes to what we

eat'. Similarly, 48% of respondents agreed that 'to produce more food, we in the UK will have to make more use of technology in food production'.

Responses were a little more evenly spread to the statement 'to help ensure there is enough food to feed the population worldwide, we in the UK will have to eat less meat': 32% agreed and 42% disagreed.

Whilst 37% of respondents agreed that when buying food they check to see where it was produced, a higher proportion (48%) did not check. Around half of all respondents agreed that where possible they prefer to buy food produced in Britain/the UK and Ireland (59%), that they had greater trust in the quality of food produced in Britain/the UK and Ireland compared with food imported from overseas (54%), and that they would be prepared to pay more for food and drink that is produced in Britain/the UK and Ireland (50%). Overall 90% per cent of respondents agreed with the statement that it is important to support British farmers and food producers/farmers and food producers in the UK and Ireland.

There was some concern that food produced in Britain/the UK and Ireland tends to be more expensive than food imported from overseas: 46% of respondents agreed with this statement.

