
Biannual Public Attitudes Tracker

Wave 9, November 2014

Food Standards Agency

Social Science Research Unit
February 2015



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Official Statistics

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

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

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

Executive summary

The Food Standards Agency (FSA or Agency) places six questions on the TNS¹ consumer face-to-face omnibus survey on a biannual basis in order to monitor key Agency issues. Fieldwork for this wave took place from the 5th to the 12th of November 2014, and a representative sample of 2,684 adults in the UK was interviewed.

The following summary presents top-line findings from in-house analysis. Further differences between socio-demographic groups are captured in the main report. Wave-on-wave trends for Waves 1 – 9 of the series are also considered in this report, with Wave 1 being carried out in November 2010. Unless stated otherwise, where comparisons are made in the text between different population groups, variables or over time, only those differences found to be statistically significant at the five per cent level are reported. In other words, differences as large as those reported have no more than a five per cent probability of occurring by chance.

Wave 9 Key findings

- The four food safety issues of concern (i.e. including both spontaneous and prompted replies) that were most frequently mentioned by respondents were food hygiene when eating out (39%), food poisoning (32%), the use of additives in food products (29%) and date labels (29%).
- The most frequently mentioned wider food issues of concern were food prices (50%), food waste (48%) and the amount of sugar in food (47%).
- In this wave, women were generally more likely than men to report concern about individual food safety issues and wider food issues.

¹ www.tnsglobal.com

- Reported concern about food safety in UK restaurants, pubs, cafes and takeaways is generally similar across waves, reported by around 50% of respondents. 45% of respondents reported concern about food safety in shops and supermarkets; this is similar to all previous waves except Wave 6 (52%).
- 85% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from. The main ways these respondents reported being aware of hygiene standards were similar to previous waves with the most important factors remaining the general appearance of premises (61%) and the appearance of staff (47%). The proportion of respondents that reported looking for hygiene certificates (46%) or hygiene stickers (35%) were both higher than at any previous wave.
- Awareness of the FSA was reported by 78% of respondents, which is broadly similar with previous waves. As at previous waves, the main issue respondents reported the FSA to be responsible for was ensuring food bought is safe to eat (89%). Of those respondents that reported being aware of the FSA, 65% said that they trusted it to do its job whilst 7% indicated they distrusted the FSA.

Trends over time

Overall findings from this wave are fairly consistent with previous results. The main issues of food safety and nutrition have remained largely unchanged except for a higher level of concern about GM foods compared with previous waves. Spontaneous concerns about both fat, sugar and salt remain high with sugar continuing to be the greatest of these concerns. Whilst food prices remain the highest area of spontaneous concern, this was reported by fewer respondents than recent waves, whereas a greater proportion reported concerns about food waste.

Concern about food hygiene in the home has returned to levels consistent with earlier waves whilst concerns about retailer food safety are fairly

stable. Concerns were marginally higher for restaurants, pubs, cafes and takeaways than shops and supermarkets.

Women continue to report a greater proportion of concern than men about food issues, including retailer food safety. Trust and awareness of the FSA has returned to previous levels after the decline that occurred over Waves 6 and 7.

1. Introduction

The FSA has conducted the Public Attitudes Tracker survey since 2001 in order to monitor key Agency issues. After a review in 2010, the Tracker was redeveloped in full and since then has run on a biannual basis. Questions cover a number of topics of interest for the Agency, including: concern about specific food safety issues, awareness of hygiene standards in eating establishments, awareness of the FSA and its responsibilities, and trust in the FSA.²

1.1 Methodology

This is Wave 9 of the redeveloped Tracker. The fieldwork period for this wave ran from the 5th to the 12th of November 2014, and a representative sample of 2,684 adults in the UK was interviewed. The research was conducted through the TNS consumer omnibus survey which uses face-to-face interviews and selects respondents using a random location sampling method. See Annex A for further methodological detail and Annex B for the full questionnaire.

1.2 Reporting

The following report presents top-line findings from in-house analysis. It reports findings upon topics in the same order which they are covered in the survey itself, therefore reflecting how respondents engage with them. The report covers trends for Waves 1 to 9 of the series, with Wave 1 being carried out in November 2010. Some additional time series data are presented in Annex D for information. Unless stated otherwise, where comparisons are made in the text between different population groups, variables or over time, only those differences found to be statistically significant at the five per cent level are reported. In other words, differences as large as those reported have

² From 2010 to May 2014 the survey also covered awareness of initiatives or schemes concerning food hygiene but this has now been continued in a separate survey

no more than a five per cent probability of occurring by chance. Weighted and unweighted sample sizes for each question are detailed underneath figures³.

Whilst the report comments on key socio-demographic differences that emerged across the survey, other socio-demographic differences may also be apparent in the data. Full data tables, including data on a range of other socio-demographic groups, are available on request (see 'Background' below)⁴. In this report, differences by age, gender, social grade, ethnicity and country as well as the presence of children in the house, have been considered.

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

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

³ Referring to the UK census data 2011 survey data were weighted, where necessary, to ensure that the sample is representative of the UK population in terms of the following demographic characteristics: age, gender, region and social grade.

⁴ Data is collected upon the following demographic features of respondents': gender, age, ethnicity, social grade (see annex C), marital status, working status, area of residence, whether they have children and whether they are the household's principal shopper.

1.3 Background

Between 2001 and 2010 the Tracker was largely run on a quarterly basis and consisted of six questions. These questions were redeveloped in spring 2010 and since then the Tracker has run on a biannual basis. At Wave 3 and Wave 5, a total of four new questions were added to measure awareness of initiatives and schemes concerning the hygiene standards in places people eat out at or shop for food. This included questions upon the Food Hygiene Rating Scheme (FHRS) and the Food Hygiene Information Scheme (FHIS)⁵. At Wave 9, these four questions, which were at the end of the previous questionnaire, have been removed and included in a separate survey. See Annex A for full details on the changes made to the Tracker over time and Annex B for the full questionnaire.

Earlier Tracker reports and full data tables, including wave-on-wave figures, are available on request. Please contact hugh.king@foodstandards.gsi.gov.uk

⁵ Further information is available at <http://ratings.food.gov.uk/> and <http://www.food.gov.uk/scotland/safetyhygienescot/foodhygieneinfoscot>.

2. Concern about food issues

Wave 9 Key findings

- The four most frequently reported food safety issues of concern were food hygiene when eating out (39%), food poisoning (32%), the use of additives in food products (29%) and date labels (29%).
- The three most frequently reported wider food issues of concern were food prices (50%), food waste (48%) and the amount of sugar in food (47%).

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

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

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

- Food poisoning such as Salmonella and *E. coli*
- Genetically Modified (GM) foods
- BSE ('mad cow disease')
- The feed given to livestock
- The use of pesticides to grow food
- The use of additives (such as preservatives and colouring) in food products
- Hormones\steroids\antibiotics in food
- Date labels, such as "best before" and "use by" labels
- Food hygiene when eating out
- Food hygiene at home
- None of these

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

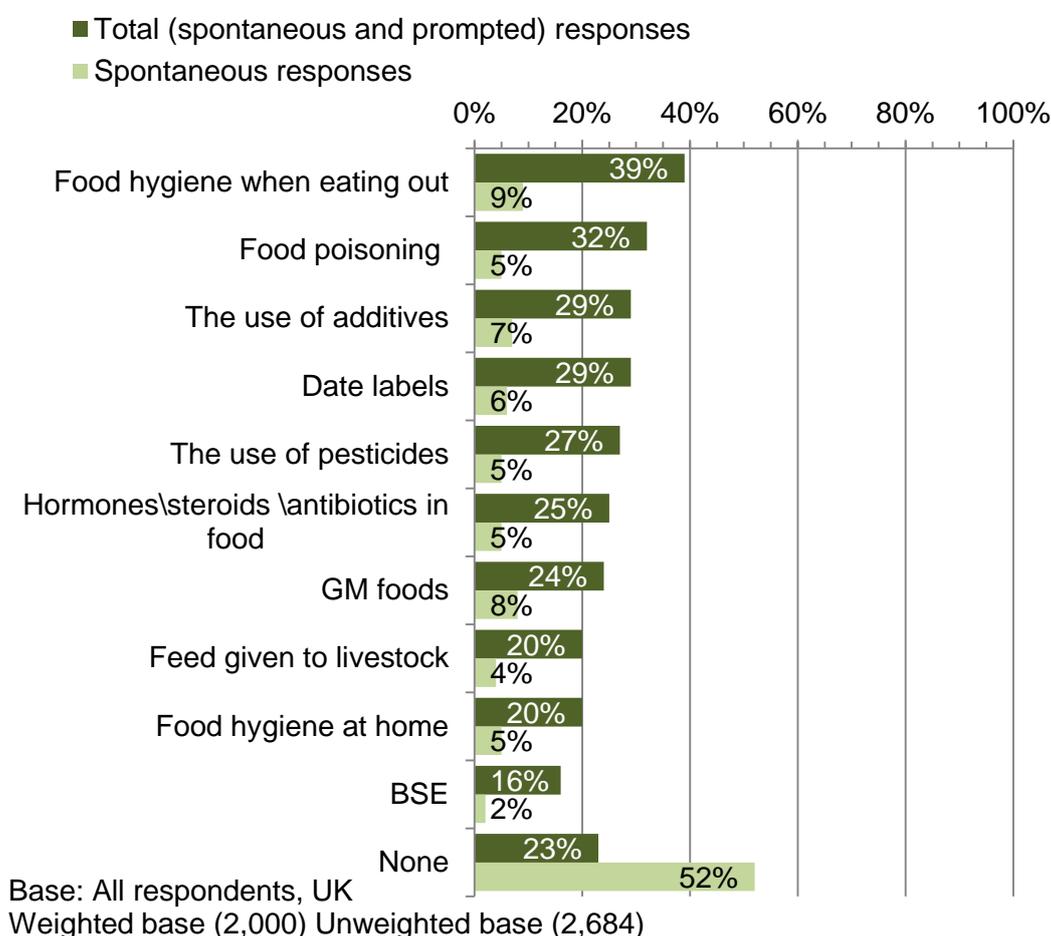
2.1 Food safety issues of concern

Looking at combined spontaneous and prompted responses, the most frequently reported food safety issues of concern were food hygiene when

eating out (39%), food poisoning (32%), the use of additives in food products (29%), date labels (29%), and the use of pesticides to grow food (27%).⁶

Respondents were more likely to cite concerns after they were shown the lists of issues: only a small proportion of respondents spontaneously mentioned concerns. The most frequently mentioned food safety concerns spontaneously mentioned by respondents were food hygiene when eating out (9%), GM foods (8%), the use of additives in food products (7%), and date labels (6%).⁷ See Figure 1 for further detail.

Figure 1: Reported concern about food safety issues (November 2014)

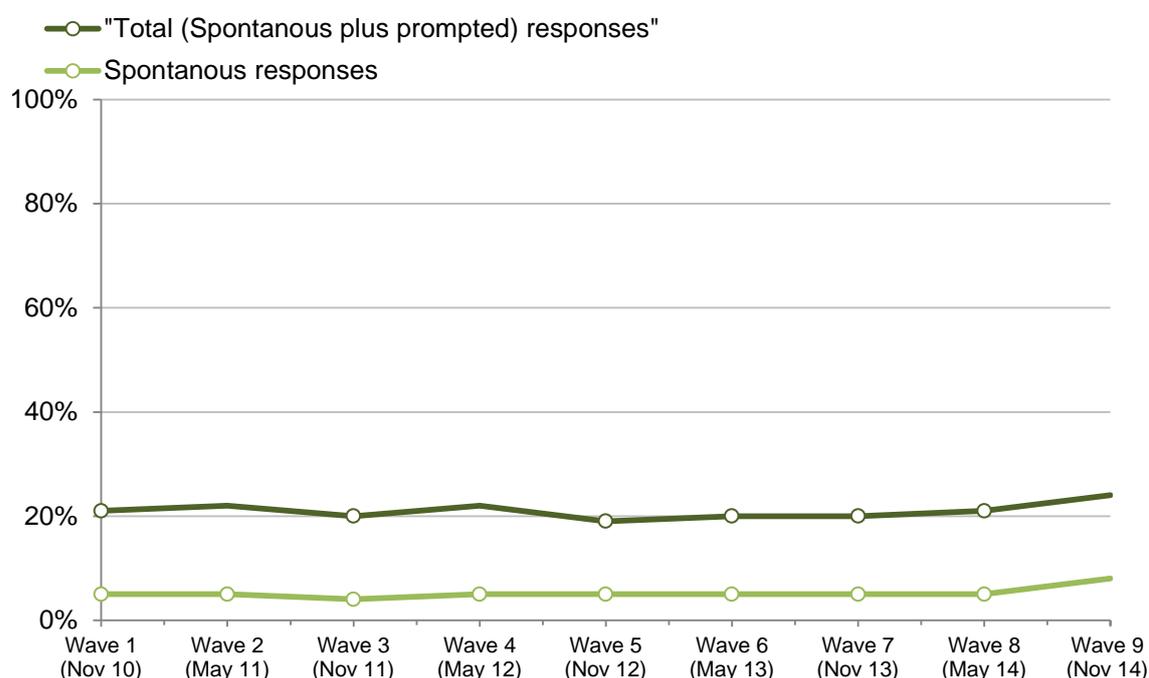


⁶ Average number of food safety concern responses per person: Wave 1 (3.50), Wave 2 (3.55), Wave 3 (3.46), Wave 4 (3.41), Wave 5 (3.28), Wave 6 (3.58), Wave 7 (3.32), Wave 8 (3.64), Wave 9 (3.79)

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

Looking across the time series data, concern about most food safety issues has stayed stable across all 9 waves, with a few interesting exceptions. The level of concern about GM foods (24%) has tended to go up and down over the series, and is currently higher than at most previous waves. The level of spontaneous concern about this issue at Wave 9 (8%) is also 3-4 percentage points higher compared with all previous waves. See Figure 2.

Figure 2: Reported concern about GM foods (Nov 2010 – Nov 2014)



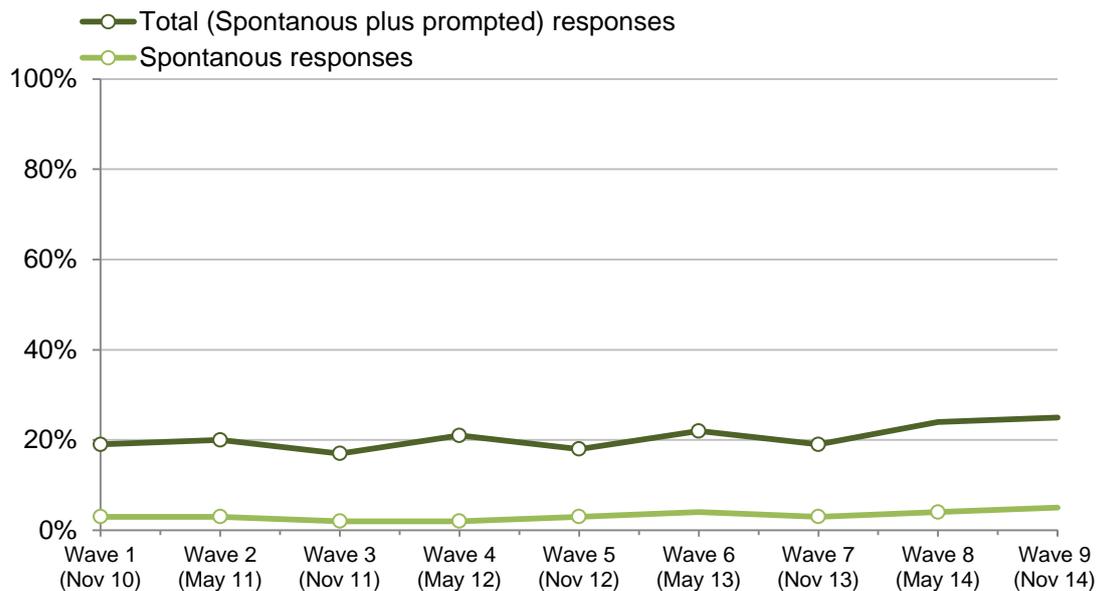
Base: All respondents, UK

Weighted base (W9: 2,000, W1-W8: 2,000), Unweighted base (W9: 2,684, W1-W8: 2,069-2,581)

Circled data points denote statistically significant differences to Wave 9

At Wave 9, concern (combined spontaneous and prompted) about hormones/steroids/antibiotics in food was reported by 25% of respondents; this is significantly higher than all previous waves except Wave 8 (24%). Spontaneous concern about hormones/steroids/antibiotics in food at Wave 9 (reported by 5%) was 2-3 percentage points higher than waves 1-5 and 7 and similar to waves 6 and 8. See Figure 3 for further detail.

Figure 3: Reported concern about hormones/steroids/antibiotics in food (Nov 2010 – Nov 2014)



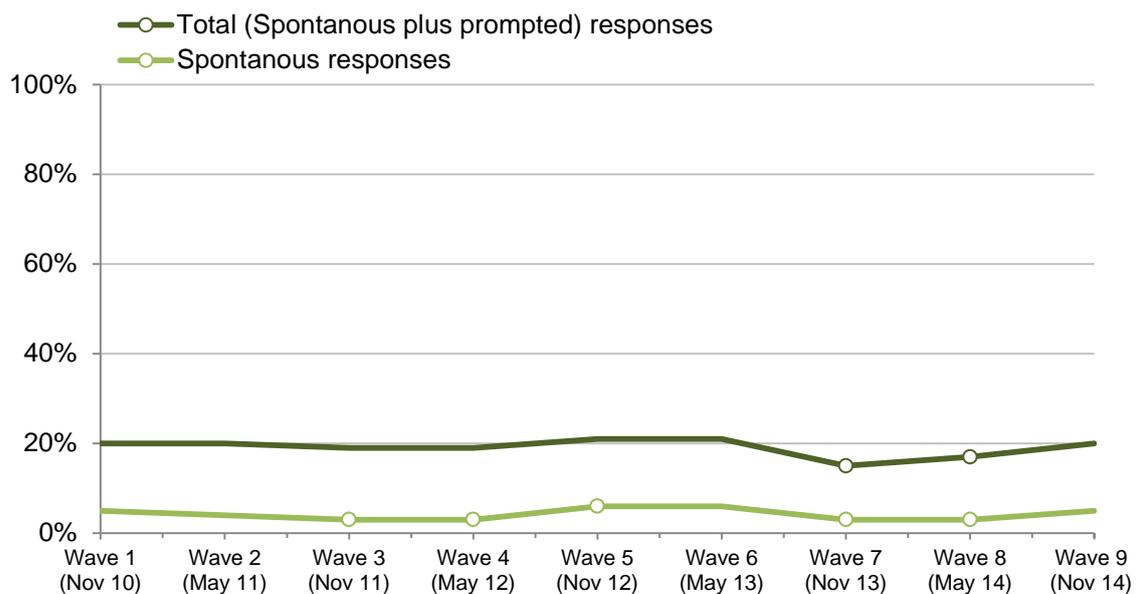
Base: All respondents, UK

Weighted base (W1-W9: 2,000) Unweighted base (W9: 2,684, W1-W8: 2,069-2,581)

Circled data points denote statistically significant differences to Wave 9

At Wave 7, concern about food hygiene at home was reported by a smaller proportion of respondents (15%). This has increased across Wave 8 and Wave 9 (17 and 20% respectively) to a proportion that is similar to all other previous waves (19-21%). See Figure 4 for further detail.

Figure 4: Reported concern about food hygiene at home (Nov 2010 – Nov 2014)



Base: All respondents, UK

Weighted base (W1-W9: 2000), Unweighted base (W9: 2684, W1-W8: 2069-2581)

Circled data points denote statistically significant differences to Wave 9

This section has presented results upon food issues that demonstrate wave-on-wave changes of particular interest. Times series graphs for additional food safety issues which have not demonstrated considerable variation at Wave 9 are contained in Annex D for information.

At Wave 9, some differences in reported concern about food safety issues were apparent across socio-demographic groups; this is consistent with differences observed in earlier waves. Those who were *more likely* to report concern about food safety issues included:

- Women: Women were generally more likely than men to report concern for individual food safety issues at Wave 9; this included: food hygiene when eating out (42% compared with 36% of men), use of additives (35% compared with 24%), the use of pesticides (31% compared with 22%) and date labels (31% compared with 26%).
- Social grade AB⁸ respondents: the use of additives in food (41% compared with 25-30% of respondents in all other social grades), hormones/steroids/antibiotics in food (33% compared with 20-27%) and the feed given to livestock (26% compared with 18-20%).

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

- Respondents aged 16-25: the use of additives (13% compared with 28-37% for all other age groups), the use of pesticides to grow food (13% compared with 21-34%); the use of hormones/steroids/antibiotics in food (13% compared with 20-33%), and GM foods (11% compared with 19-34%). Respondents in this age group were also more likely to report that they had no food issues of concern (34% compared with 17-25%).
- Respondents in Scotland: food hygiene when eating out (28% compared with an overall 40% of respondents in England, Wales and Northern Ireland).

⁸ This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

- White respondents: The use of additives (31% compared with 21% of non-White respondents), use of pesticides (28% compared with 21%) hormones/steroids/antibiotics in food (27% compared with 17%) and the feed given to livestock (22% compared with 12%).

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

2.2 Wider food issues of concern

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

Q1c And which of THESE food issues are you concerned about, if any? Please select all that apply. Which others?

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

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

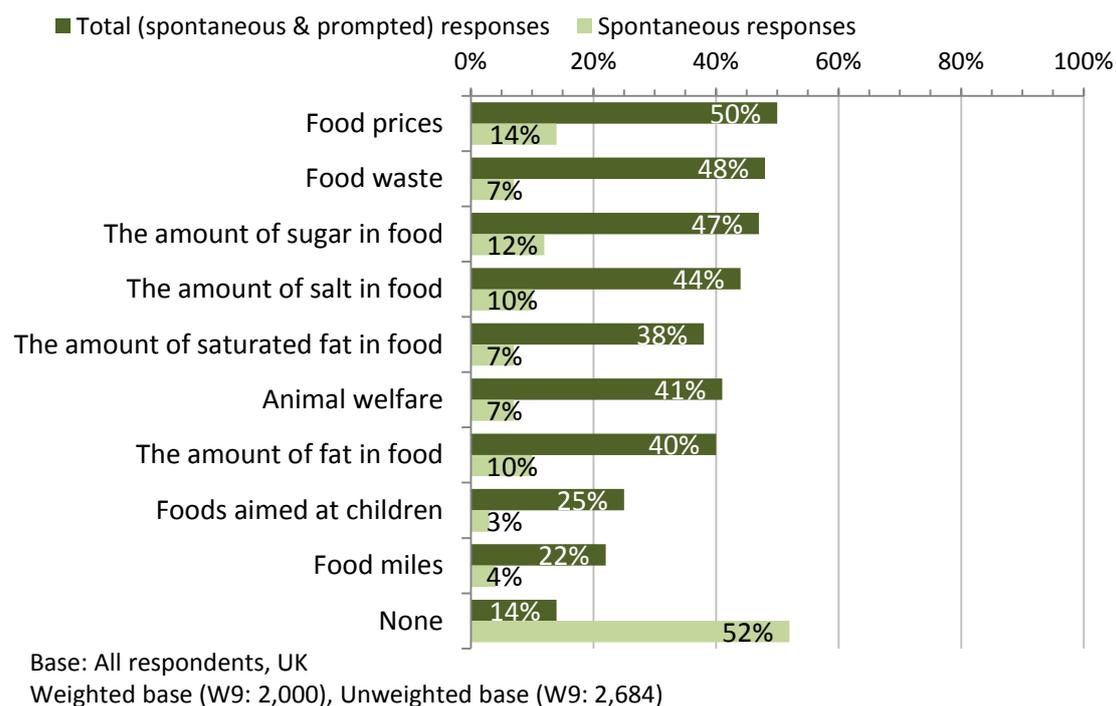
- Animal welfare
- Food prices
- Food waste
- Food miles (e.g. the distance food travels)
- None of these
- Don't know

In general, higher levels of concern were reported about a range of wider food issues than were reported for food safety issues. The most frequently reported wider food issues of concern (combined spontaneous and prompted reported concern) were food prices (50%), food waste (48%), the amount of sugar in

food (47%), the amount of salt in food (44%) and the amount of fat in food (40%).⁹ See Figure 5 for further detail.

The most frequently reported issues of spontaneous concern were food prices (14%), the amount of sugar in food (12%), the amount of salt in food and the amount of fat in food (10% each). See Figure 5 for further detail.

Figure 5: Reported concern about wider food issues (Nov 2014)



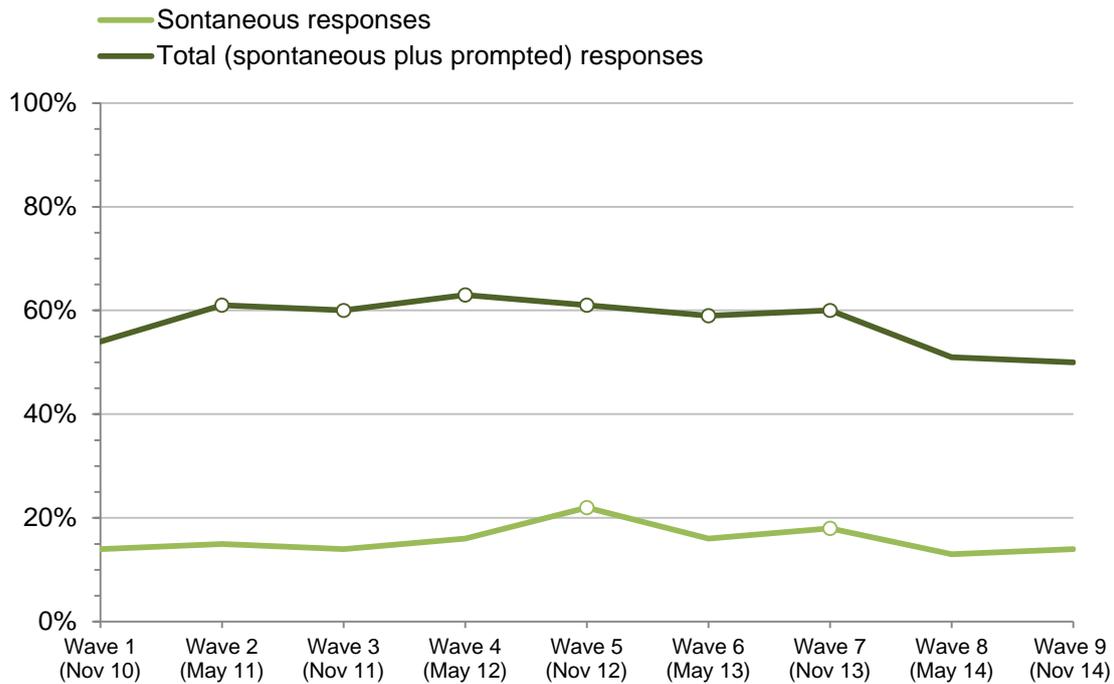
Whilst the Tracker does not specifically ask about horsemeat, a small proportion of respondents (1%) spontaneously reported this, or meat products being incorrectly identified, as a food issue of concern in this wave. This is in line with Wave 8 and a decrease of 4 percentage points compared with Wave 6 of May 2013, when the incident was first highlighted (5%).

Looking across waves, there are a few points of interest. Firstly, 'food prices' remains the most commonly mentioned wider food issue of concern, as it has been for all previous waves. However, a reduction in the proportion of

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

respondents reporting this concern, which was first detected at Wave 8 (51%), has been maintained at Wave 9 (50%); which is lower compared with waves 1-7 (54-63%). Spontaneous concern about food prices at Wave 9 (14%) is similar to Wave 8 (13%) but remains lower than waves 5 and 7 (22% and 18% respectively). See Figure 6 for more detail.

Figure 6: Reported concern about food prices (Nov 2010 - Nov 2014)



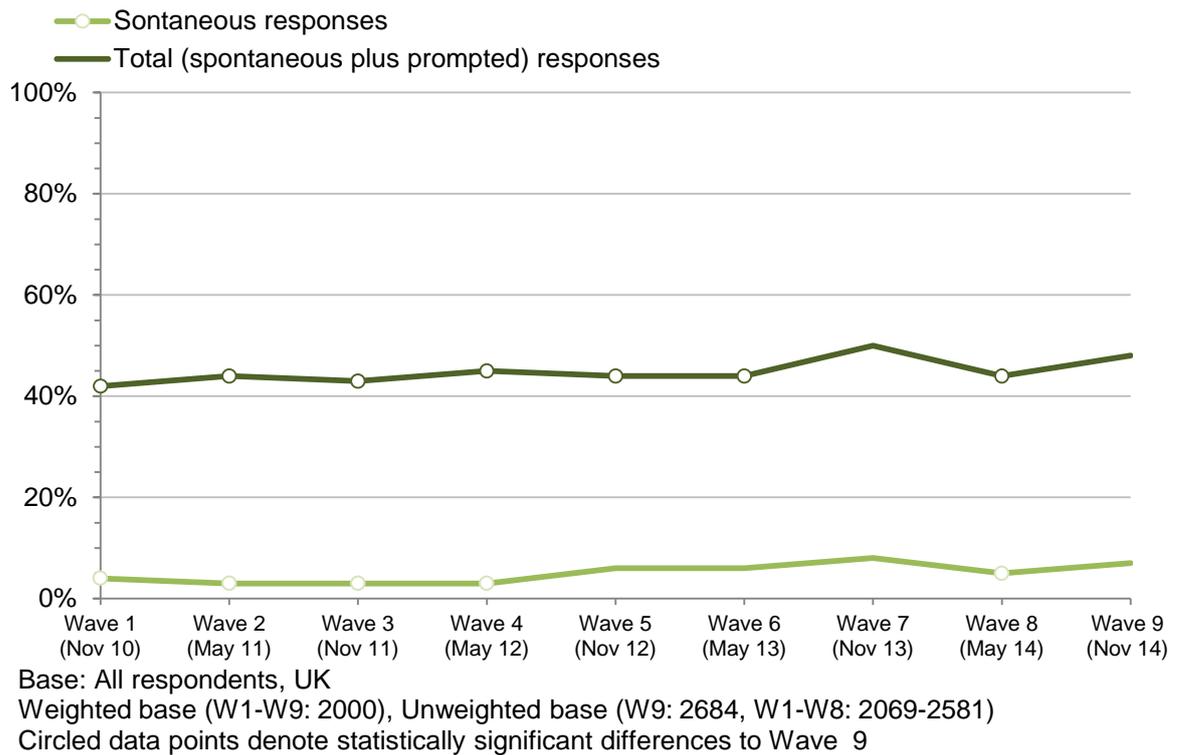
Base: All respondents, UK

Weighted base (W1-W9: 2000), Unweighted base (W9: 2684, W1-W8: 2069-2581)

Circled data points denote statistically significant differences to Wave 9

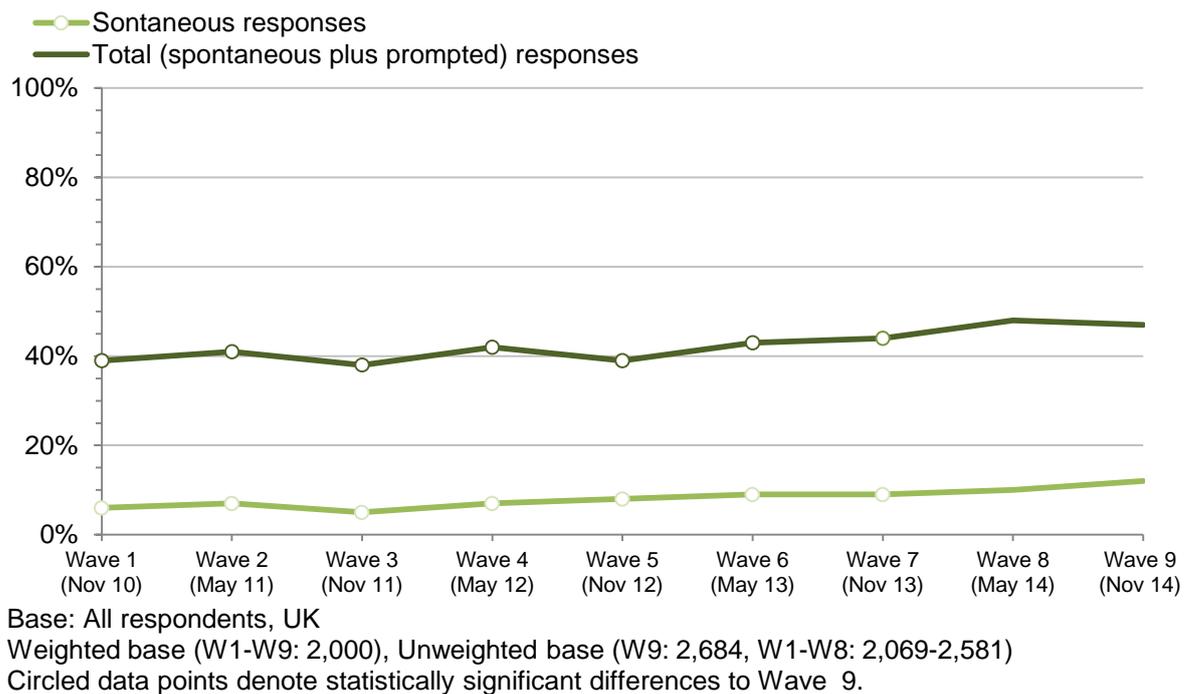
The proportion of respondents reporting concern (48%) about food waste was higher compared with Wave 8 and is also 4-6% higher than waves 1-6. It is similar to Wave 7 (50%), which is when the highest proportion of respondents reported concern about this issue. Spontaneous concern (7%) was 2 percentage points higher compared with Wave 8 and was 3-4 percentage points higher than waves 1-4. See Figure 7 for further detail.

Figure 7: Reported concern about food waste (Nov 2010 - Nov 2014)



Concern about the amount of sugar in food (47%) was similar at Waves 8 and 9 but currently remains higher than all other previous waves (38-44%). This is also the case for spontaneous concern (12%) upon this issue. See Figure 8 for further detail.

Figure 8: Reported concern about the amount of sugar in food (Nov 2010 – Nov 2014)



Times series graphs for additional wider food issues which were of concern to fewer respondents, are contained in Annex D for information.

As with concern about food safety issues, reported concern about wider food issues varied between socio-demographic groups. Groups *more likely* to report concern about wider food issues at Wave 9 included:

- Women: Female respondents were more likely to report concern about *each* individual wider food issue. Some examples are food prices (54% compared with 45% of men), the amount of sugar in food (52% compared with 42%), the amount of salt in food (48% compared with 41%), food waste (51% compared with 45%), the amount of fat in food (44% compared with 35%), animal welfare (46% compared with 37%), foods aimed at children (29% compared with 22%), and food miles (26% compared with 19%).
- Respondents aged 36-49: foods aimed at children (35% compared with 11-28% for all other age groups).
- Social grade AB¹⁰ respondents: animal welfare (51% compared with 35-42% for all other social grades) and food miles (31% compared with 17-23%).
- Children in/not in the household: Respondents with children in the household are more concerned about food prices (55% compared with 48% for those without children in the household) and foods aimed at children (34% compared with 22%). Whereas respondents without children in the household were more likely to report concern about animal welfare (43% compared with 37% for those with children in the household) and food miles (24% compared with 19%).
- White and non-white respondents: Non-white respondents are significantly more likely to report concern about the amount of fat in foods (46% compared with 39% for White respondents) and food prices (57% compared with 49%). Conversely, White respondents are more

¹⁰ This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

likely to report concern about animal welfare (45% compared with 21% for non-white respondents) and food miles (24% compared with 15%).

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

- Respondents aged 16-25: The amount of sugar in food (30% compared with 44-55% of those aged 26 and over), the amount of salt in food (31% compared with 40-52%), food waste (35% compared with 44-54%) and foods aimed at children (11% compared with 24-35%).

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

3. Concern about food safety in food outlets

Wave 9 Key findings

- 51% reported being concerned about food safety in UK restaurants, pubs, cafes and takeaways.
- 45% reported being concerned about food safety in UK shops and supermarkets.

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

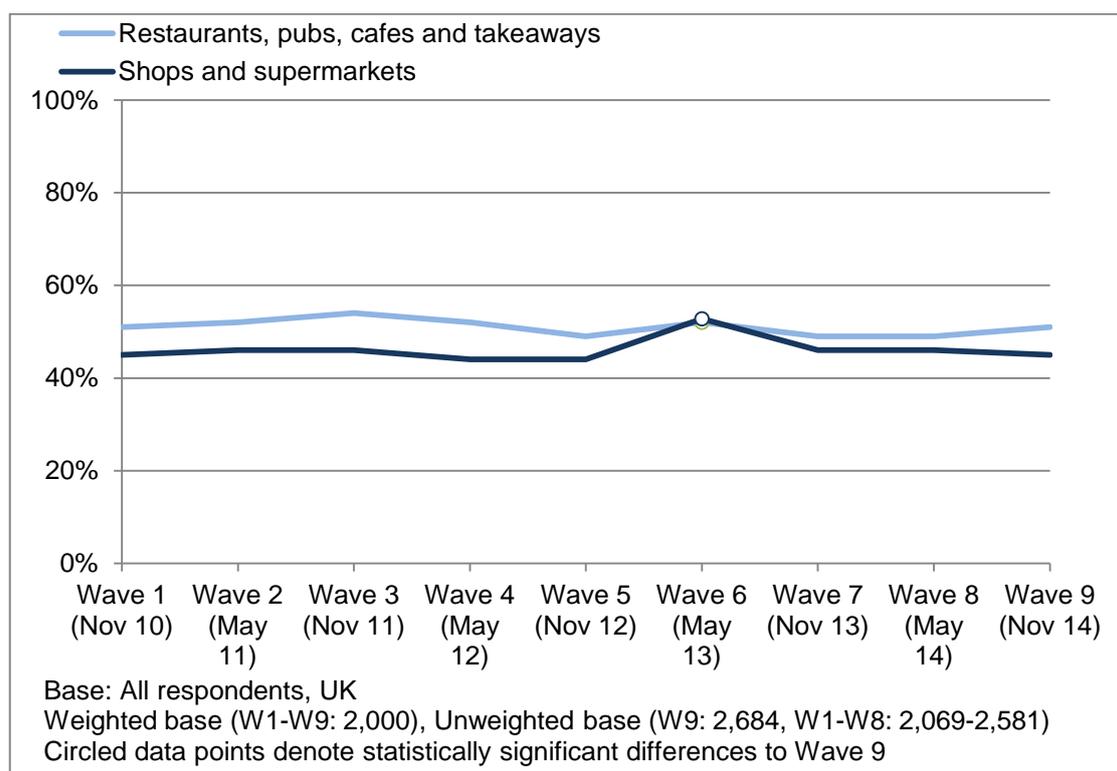
Q2a How concerned or unconcerned are you about the safety of ALL food that is sold in UK restaurants, pubs, cafes and takeaways?

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

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

At Wave 9, 51% of respondents reported being concerned (combined 'very concerned' and 'fairly concerned' responses) about the safety of food sold in UK restaurants, pubs, cafes and takeaways. The proportion of respondents reporting concern is broadly similar across waves. The proportion of respondents that reported being concerned about the safety of food sold in UK shops and supermarkets was 45% at this wave. This is similar to all previous waves except Wave 6 when a similar proportion reported concern about both. While fewer people tend to report concern about shops than restaurants, the similar proportion concerned about both issues at Wave 6 coincides with the Horse meat incident. See Figure 9 for further detail.

Figure 9: Concern about food safety in UK food outlets (Nov 2010 - Nov 2014)



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

- Non-white respondents: safety of food sold in UK restaurants, pubs, cafés and takeaways (57% compared with 49% of White respondents) and safety of food sold in UK shops and supermarkets (56% compared with 43%).

Groups that were *less likely* to report concern about food safety in food outlets included:

- Respondents in Scotland: safety of food sold in UK restaurants, pubs, cafés and takeaways (42% compared with 51-61% of respondents from other countries) and safety of food sold in UK shops and supermarkets (36% compared with 45-53%).

Looking across the time series data, similar patterns of findings by ethnicity were apparent at all previous waves. Interestingly, at Wave 9, the proportion

of male respondents that were concerned about the safety of food sold in UK shops and supermarkets (45%) has risen to a level similar to the proportion of women. In all previous waves except Wave 5, a higher proportion of women had indicated concern compared with men (6-11% more women reported concern compared with men). Wave 9 was also the first occasion since Wave 5 that the proportion of women stating concern about safety of food sold in UK restaurants, pubs, cafés and takeaways (51%) was similar to men (50%), whereas it had been 5-9% higher in waves 1-4 and 6-8.

Other socio-demographic differences – such as by age group – have been apparent in some, but not all, waves.

4. Awareness of hygiene standards

Wave 9 Key findings

- 85% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from.
- The main ways these respondents reported being aware of hygiene standards were the general appearance of the premises (61%) and the appearance of staff (47%).
- 46% of these respondents reported hygiene certificates, and 35% reported hygiene stickers, as ways of knowing about hygiene standards. The proportions of respondents reporting either of these methods are both higher than all previous waves.

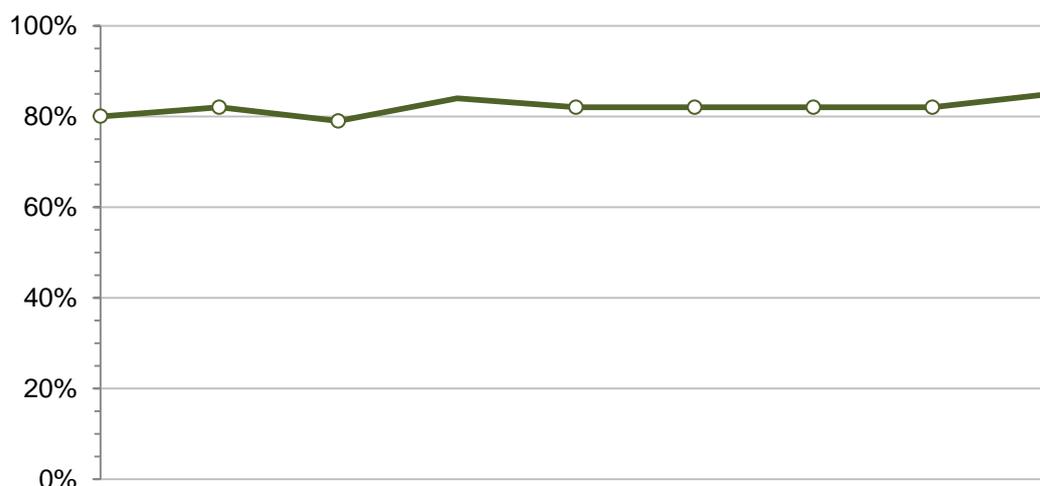
One of the FSA's strategic objectives is to ensure consumers have the information and understanding to make informed choices about where and what they eat. To help monitor performance against this objective the Tracker asks respondents the following question:

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

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

At Wave 9, 85% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from (combining all 'yes-always' and 'yes-sometimes' responses). This figure is 3-6 percentage points higher than all previous waves of the Tracker with the exception of Wave 4 where reported awareness was similar (84%) to Wave 9. See Figure 10 for further detail.

Figure 10: Awareness of hygiene standards in places respondents eat out at or buy food from (Nov 2010 - Nov 2014)



Base: All respondents, UK
 Weighted base (W1-W9: 2,000), Unweighted base (W9: 2,684, W1-W8: 2,069-2,581)
 Circled data points denote statistically significant differences to Wave 9

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

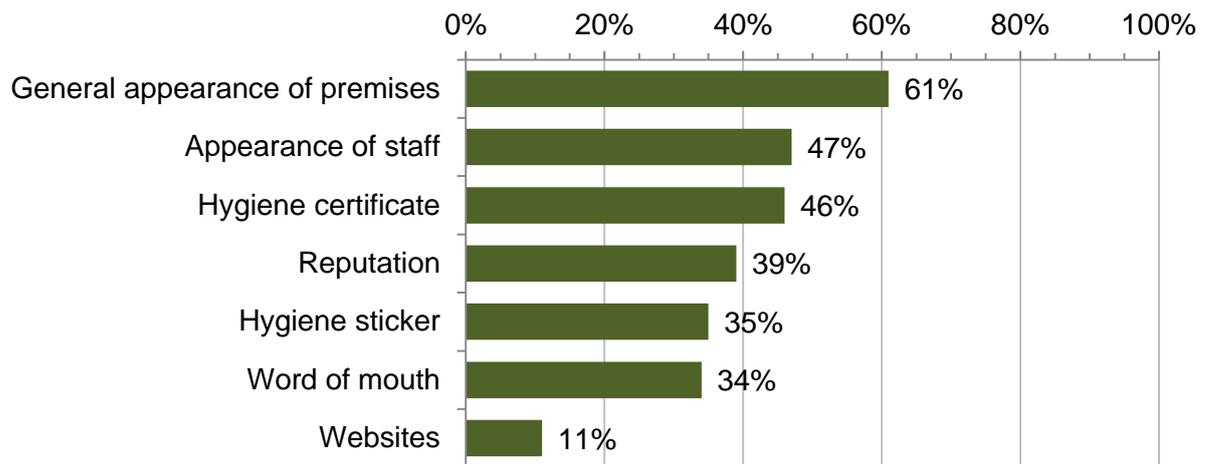
Q4 How do you know about the hygiene standards of the places you buy food from or eat out at? Please select all that apply. How else?

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

The main ways these respondents reported being aware were via the general appearance of the premises (61%) and the appearance of staff (47%). See Figure 11.¹¹

¹¹ Average number of responses: Wave 1 (2.47), Wave 2 (2.63), Wave 3 (2.49), Wave 4 (2.65), Wave 5 (2.51), Wave 6 (2.65), Wave 7 (2.67), Wave 8 (2.65) Wave 9 (2.79).

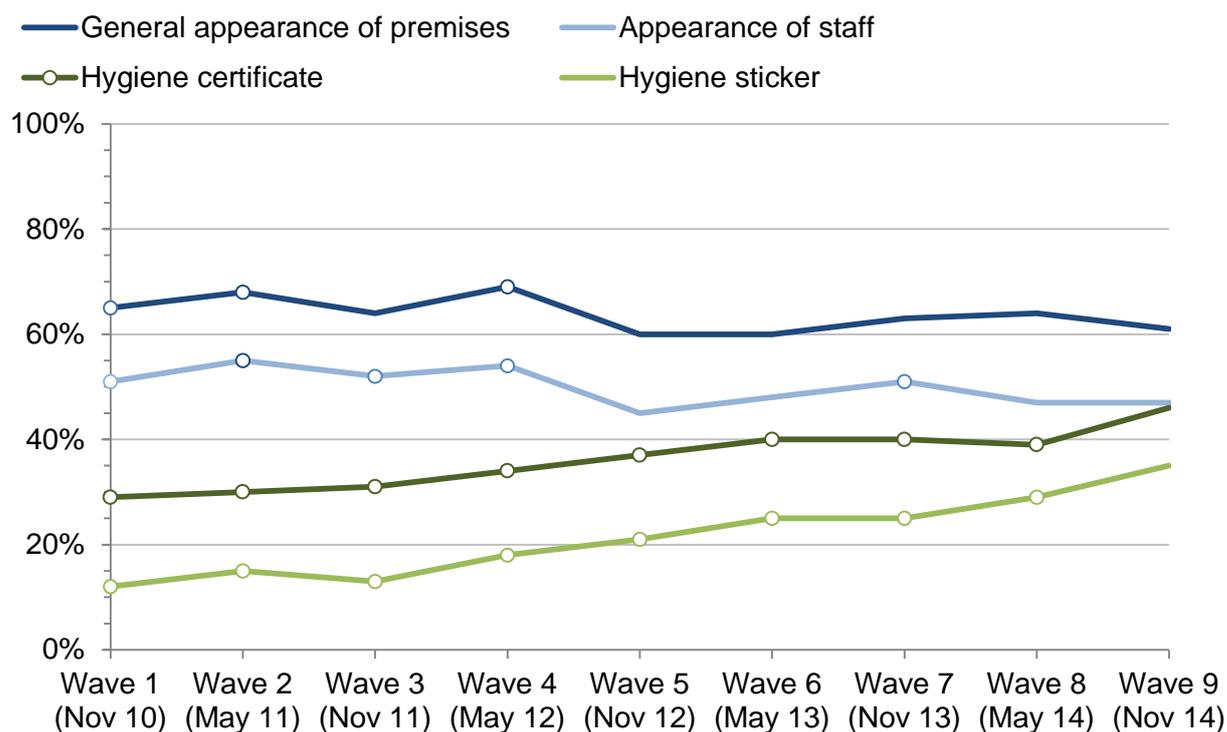
Figure 11: Ways respondents reported being aware of hygiene standards (Nov 2014)



Base: All respondents who reported being aware of the standards of hygiene when they buy food, UK
Weighted base (1709), Unweighted base (2260)

Looking across the time series data, the general appearance of premises and the appearance of staff have been, respectively, the first and second most reported responses to the question across all waves. At Wave 9, the proportion of respondents reporting they would know about hygiene standards through the use of hygiene certificates (46%) has risen from Wave 8 (39%) and is higher than all previous waves. Reporting of this has gradually increased across the time series from 29% at wave 1. The proportion of respondents who reporting using hygiene stickers (35%) as a method has also shown a gradual increase compared with all previous waves (12-29%). At wave 9 the proportion of respondents who reported using hygiene stickers was similar to the proportion who reported using word of mouth (34%) to know about hygiene standards. See Figure 12 for further detail.

Figure 12: Ways of knowing about the hygiene standards of places respondents eat at or buy food from (Nov 2010 - Nov 2014)



Base: All respondents who reported being aware of hygiene standards when they buy food, UK
 Weighted base (W 9: 1,709, W1 - W8: 1,579- 1,676), Unweighted base (W 9:2,260, W1 - W8: 1,638-2,121)

Circled data points represent statistically significant differences to Wave 9

There were some observable differences between different socio-demographic groups at this wave. One group was *more likely* to be aware of hygiene standards in places they eat out at or buy food from:

- Respondents with children in the household: 88% compared with 84% of respondents without children in the household.

The following group was *less likely* to be aware of hygiene standards in places they eat out at or buy food from:

- Social grade DE respondents¹²: 81%, compared with 86-88% of respondents in all other social grades.

¹² This includes semi-skilled and unskilled manual workers, unemployed and others dependent on the state long term. See Annex C for full description of social grades.

Looking across time series data, women have been consistently 4-7% more likely than men to report being aware of hygiene standards in places they eat out at or buy food from. At Wave 9 however the proportion of women (86%) and men (84%) were similar.

The following groups were *more likely* to report they would use hygiene certificates and/or hygiene stickers as a way of knowing about hygiene standards in UK food outlets:

- Respondents with children in the household: use of hygiene stickers (39% compared with 32% of those without children in the household).
- Respondents in Northern Ireland: use of hygiene certificates (60% compared with 36-47% for all other countries) and hygiene stickers (52% compared with 29% in Scotland and 34% in England).

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

- Respondents aged 66+: use of hygiene certificates (36% compared with 48-49% of all other age groups) and hygiene stickers (21% compared with 33-41%). Conversely, this group was significantly more likely to report they would use the appearance of staff as a way of knowing about hygiene standards in UK food outlets (61% compared with 32-51% of all other age groups).
- Respondents in Scotland: use of hygiene stickers (29% compared with 34-52% for all other regions). Instead, this group was significantly more likely to report they would use reputation (46% compared with 27-39%) or word of mouth (41% compared with 25-34%) as ways of knowing about hygiene standards in UK food outlets.

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

Differences by country have been compared across time series since Wave 6. From Wave 6-9, respondents in Scotland were consistently less likely than respondents in other UK countries to report the use of hygiene certificates. Looking at Wave 9, respondents from Scotland (40%) continued to be less likely than respondents living in England, Wales and Northern Ireland (47%) to indicate awareness of hygiene standards. Interestingly however, for the first time, Wales became the region with the lowest overall proportion of respondents indicating use of this source of information (36%).¹³

Times series graphs for less common ways of being aware of hygiene standards are contained in Annex D for information.

¹³ In Wales the display of an FHRs sticker indicating the food business's hygiene rating became mandatory in November 2013; since this time FHRs certificates have not been issued to premises.

5. Awareness of and levels of trust in the FSA

Wave 9 Key findings

- 78% of respondents reported being aware of the FSA. This is lower than some recent waves, but close to the average when viewed across the history of the Tracker as a whole.
- As in previous waves, of those who said they were aware of the FSA, the main responsibility of the FSA reported by respondents was ensuring food bought is safe to eat (89%).
- Of respondents who said they were aware of the FSA, 65% said they trusted, and 7% said they distrusted, the FSA to do its job.

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

5.1 Awareness of the FSA

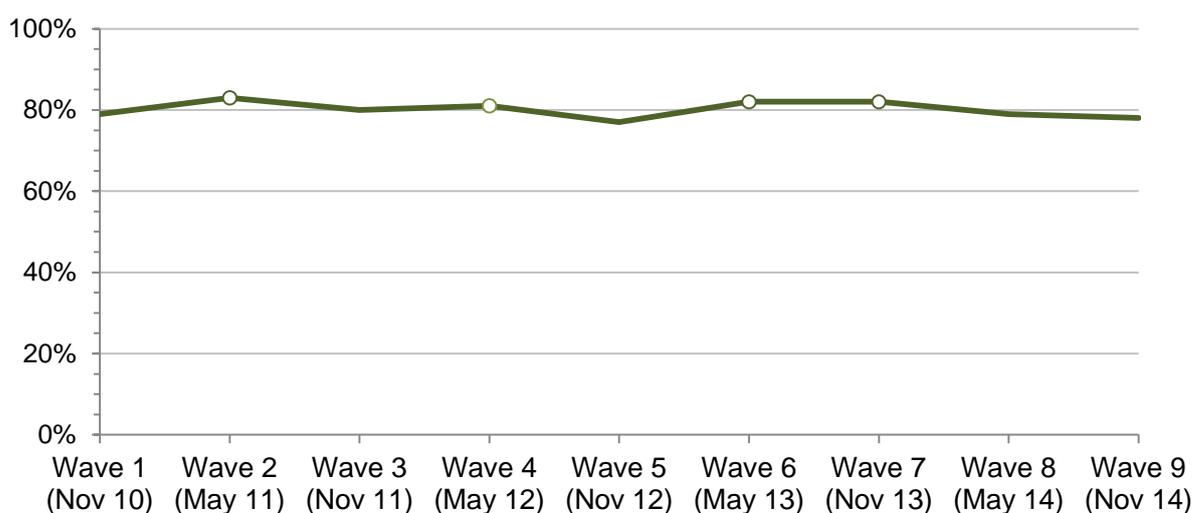
Respondents were asked the following question:

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

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

In this wave of the Tracker 78% of respondents indicated an awareness of the Food Standards Agency, which is similar to Waves 1, 3, 5 and 8 and lower by 3-5 percentage points compared with waves 2, 4, 6 and 7. However, whilst there have been some fluctuations in awareness of the FSA over time, there has been no overall trend toward increase or decrease. See Figure 13 for further detail.

Figure 13: Awareness of the FSA (Nov 2010 - Nov 2014)



Base: All respondents, UK

Weighted base (W1-W9: 2,000), Unweighted base (W9: 2,684, W1-W8: 2,069-2,581)

Circled data points represent statistically significant differences to Wave 9.

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

- Social grade AB¹⁴ respondents: 87% compared with 68-81% for all other social grades.
- Respondents in Wales: 91% compared with 77-83% of respondents in England and Scotland.
- White respondents: 82% compared with 57% of non-white respondents.

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

- Respondents aged 16-25: 63% compared with 73-87% for all other age groups.
- Social grade DE¹⁵ respondents: 68% compared with 79-87% of respondents in all other social grades.

¹⁴ This includes professional people and middle managers in large businesses or owners of small businesses. See Annex C for full description of social grades.

¹⁵ This includes semi-skilled and unskilled manual workers, unemployed and others dependent on the state long term. See Annex C for full description of social grades.

Looking across the time series data, similar patterns of findings by age, ethnicity and social grade were apparent at all previous waves

5.2 Awareness of the FSA's responsibilities

The FSA is responsible for food safety and food hygiene policy as well as safety and allergy labelling across the UK. It also holds responsibilities for wider food labelling in Wales, Scotland and Northern Ireland and for nutrition in Scotland and Northern Ireland.¹⁶ Respondents who were aware of the FSA were asked the following questions:

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

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

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

The responsibilities reported (combined spontaneous and prompted responses) by the most respondents were: ensuring the food you buy is safe to eat (89%), date labels (71%), nutrition labelling (63%), country of origin labelling (58%), promoting and enabling healthy eating and lifestyles (47%) and promoting food safety in the home (43%).¹⁷ See Figure 13 for further detail.

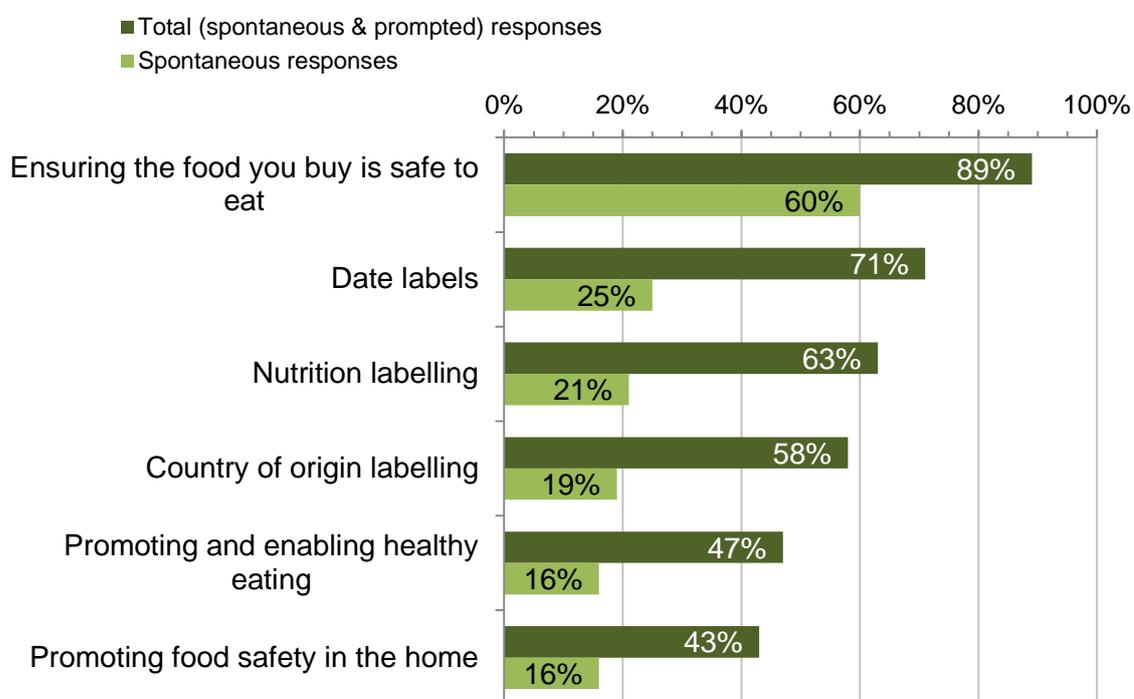
The most frequently reported responsibility spontaneously mentioned by respondents was ensuring the food you buy is safe to eat (60%) followed by

¹⁶ See <http://www.food.gov.uk/about-us/about-the-fsa/> for further detail.

¹⁷ Average number of total responsibilities responses: Wave 1 (4.11), Wave 2 (4.17), Wave 3 (4.19), Wave 4 (4.14), Wave 5 (4.07), Wave 6 (4.06), Wave 7 (4.18), Wave 8 (4.20), Wave 9 (4.47).

date labels (25%), nutrition labelling (21%), country of origin labelling (19%), promoting and enabling healthy eating and lifestyles (16%) and promoting food safety in the home (16%).¹⁸ See Figure 14 for further detail.

Figure 14: Reported responsibilities of the FSA (Nov 2014)

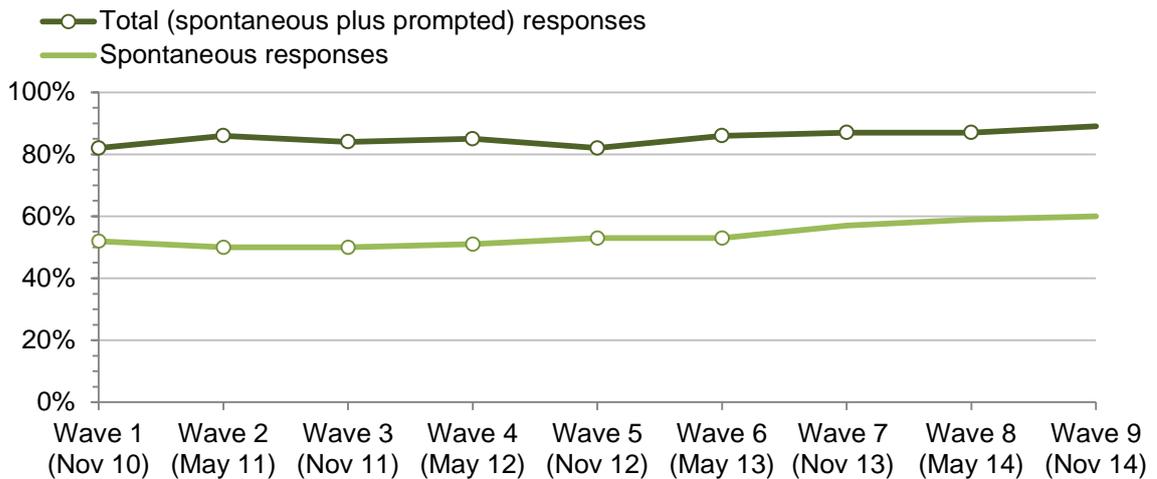


Base: All respondents aware of the FSA, UK
 Weighted base (1,559), Unweighted base (2,064)

Looking across the time series data, the percentage of respondents spontaneously reporting that 'ensuring the food you buy is safe to eat' was a responsibility of the FSA (60%) is higher than at waves 1-6 (50-53%). The combined spontaneous and prompted response rate for this responsibility (89%) is significantly higher than all previous waves. There has been a steady increasing trend in both total and spontaneous responses indicating this responsibility since Waves 5 and 6 respectively. See Figure 15 for further detail.

¹⁸ Average number of spontaneous responsibilities responses: Wave 1 (2.02), Wave 2 (1.95), Wave 3(1.82), Wave 4 (1.87), Wave 5 (2.20), Wave 6 (2.08), Wave 7 (2.07), Wave 8 (2.06), Wave 9 (2.28).

Figure 15: Reported responsibility of the FSA: Ensuring food is safe to eat (Nov 2010 - Nov 2014)



Base: All respondents aware of the FSA

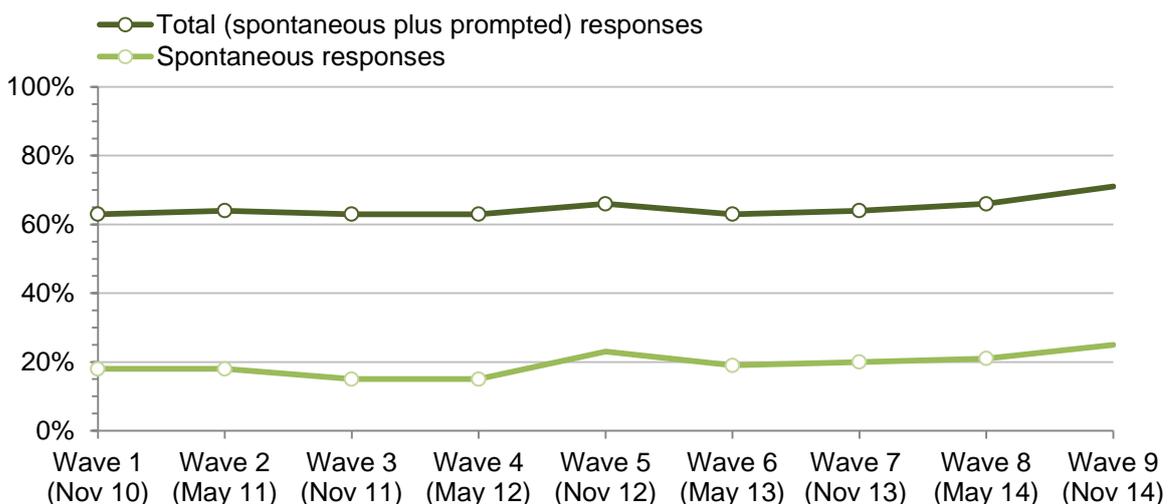
Weighted base (W9: 1,559, W1-W8: 1,534-1,665), Unweighted base (W9: 2,064, W1-W8: 1,568-2,083)

Circled data points represent statistically significant differences to Wave 9.

At Wave 9, a total of 71% of respondents who reported that they were aware of the FSA indicated that they considered date labels, such as ‘best before’ and ‘use by’ dates, to be one of its responsibilities, a higher proportion than at all previous waves (63-66%). The proportion of spontaneous responses which indicated date labels was also higher than at all waves apart from Wave 5.

See Figure 16.

Figure 16: Reported responsibility of the FSA: date labels such as ‘best before’ and ‘use by’ labels (Nov 2010 – Nov 2014)



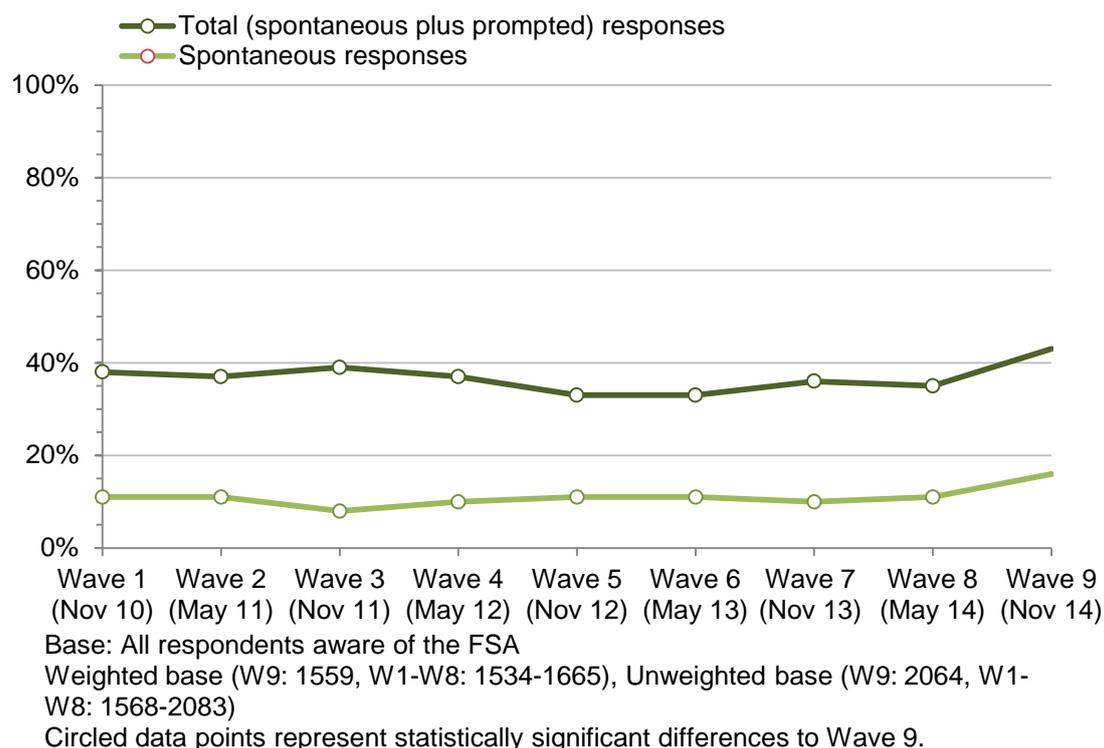
Base: All respondents aware of the FSA

Weighted base (W9: 1,559, W1-W8: 1,534-1,665), Unweighted base (W9: 2,064, W1-W8: 1,568-2,083)

Circled data points represent statistically significant differences to Wave 9.

The proportion of respondents spontaneously reporting 'promoting food safety in the home' as a responsibility of the FSA (16%) is higher than all previous waves (8-11%). The overall proportion of spontaneous and prompted responses indicating this area of responsibility (43%) is also higher than all previous waves (33-39%) See Figure 17.

Figure 17: Reported responsibility of the FSA: promoting food safety in the home (Nov 2010 – Nov 2014)



There were some differences in the perceived remit of the FSA across different socio-demographic groups at this wave with the following groups being *more likely* to report the FSA had responsibility for certain issues:

- White respondents: country of origin labelling (59% compared with 45% of non-white respondents) and date labels (73% compared with 65%).
- Respondents from Wales: date labels (87% compared with 64-70% for all other countries), nutrition labelling (74% compared with 53-54% in Scotland and Northern Ireland) and country of origin labels (71% compared with 47-58% in England and Scotland).

The following group was *less likely* to report the FSA had responsibility for certain issues:

- Respondents aged 16-25: promoting food safety in the home (33% compared with 42-49% of those aged 26-65), promoting and enabling healthy eating (38% compared with 47-50% of those aged 36 and over).

Looking across the time series data, these group differences are apparent in some, but not all, previous waves.

Times series graphs for additional reported responsibilities of the FSA are contained in Annex D for information.

5.3 Trust in the FSA

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

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

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

65% of respondents who reported being aware of the FSA reported that they trusted¹⁹ the Agency to do its job. 7% of respondents reported that they distrusted²⁰ the Agency to do its job.

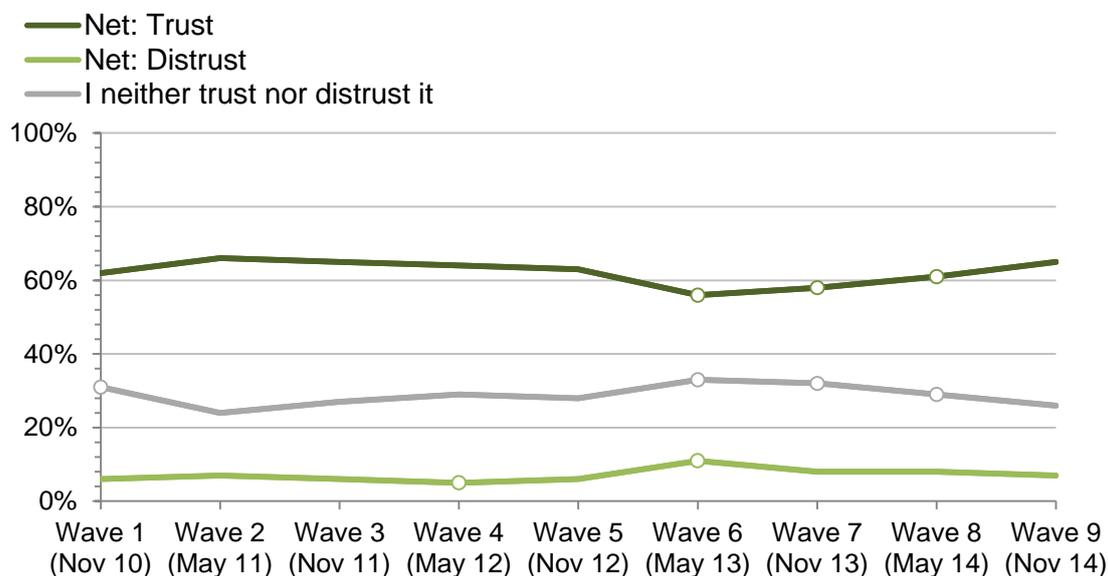
Trust has seen a significant wave-on-wave increase from wave 6-9 (56-65%), and is currently at a similar level to waves 1-5 (62-66%). The number of respondents who neither trust nor distrust the Agency has declined from

¹⁹ Figure based on net of respondents who reported 'I trust the FSA a lot' or 'I trust the FSA', here and throughout the remainder of the chapter.

²⁰ Figure based on net of respondents who reported 'I distrust the FSA a lot' or 'I distrust the FSA', here and throughout the remainder of the chapter.

Wave 6-9 (26-33%) whilst distrust at Wave 9 (7%) is similar to most previous waves. See Figure 18 for further detail.

Figure 18: Trust in the FSA (Nov 2010 - Nov 2014)



Base: All respondents aware of the FSA, UK
 Weighted base (W9: 1,559, W1 - W8: 806 - 1,642), Unweighted base (W9: 2,064, W1 - W8: 832- 2,083)
 Circled data points represent statistically significant differences to Wave 9.

Looking at variation in levels of trust by socio-demographic groups, no particular group was significantly *more or less likely* to report that they trusted the Agency to do its job. This is consistent with previous waves as, when looking across the time series data, there has been little consistency regarding socio-demographic groups and levels of trust or distrust.

Conclusions

Overall findings from this wave are fairly consistent with previous results. Trust and awareness of the FSA has returned to previous levels after the decline that occurred over Waves 6 and 7. The main issues of general and food safety concern have remained largely unchanged. Spontaneous nutritional concerns about ingredients such as salt and fat remain high, with sugar continuing to be the greatest of these concerns. Whilst food prices remain the highest area of spontaneous concern, they are lower than in recent waves.

Concerns about retailer food safety are fairly stable, being marginally higher for restaurants, pubs, cafes and takeaways than shops and supermarkets.

Women continue to show higher levels of concern than men about food issues, including retailer food safety whilst younger people generally report lower levels of concern than other age groups.

Annex A. Technical summary

Methodology

Fieldwork for this wave took place from the 5th to the 12th of November 2014, and a representative sample of 2,684 adults (aged 16 and over) in the UK was interviewed.

The research was conducted using the TNS consumer omnibus survey employing face-to-face Computer Assisted Personal Interviewing (CAPI). Respondents were selected using a random location sampling method. Sample points were defined using 2011 Census small area statistics and the Postcode Address File (PAF). After stratification of Great Britain into 600 areas of equal population, a master sampling frame of 300 sample points was selected to reflect the country's geographical and socio-economic profile. The areas within each Standard Region were stratified by population density bands and social grade²¹. Fieldwork was allocated systematically across a set of 154 sub-samples in order to provide maximum geographical dispersion.

Within the selected primary sampling points, a postcode sector was chosen. To reduce clustering effects, primary sampling points were divided into two halves, and postcode selection alternated between the two. All interviews were conducted by the TNS field team and in accordance with strict quality control procedures. Quotas (by sex, working status and presence of children) were set during interviewing to ensure representativeness, whilst any sample profile imbalances in all these demographic criteria were corrected at the analysis stage through weighting against national distribution of age, gender, social grade and area. A summary of the number of participants from different age groups can be found in the table below.

Age	Male		Female	
	Weighted	Unweighted	Weighted	Unweighted
16-24	137.69	171	109.64	174
25--44	352.28	375	278.98	441
45--64	317.8	359	257.09	393
65+	166.8	394	184.87	377

²¹ Refer to Annex C for an explanation of social grade criteria.

All weighted criteria were tested at 95% level of significance.

Background

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

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

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

- *April 2001-December 2001*: research conducted quarterly;
- *October 2001-September 2002*: research conducted monthly;
- *December 2002-March 2010*: research conducted quarterly;
- *November 2010 – to November 2014 (this report)*: research conducted biannually.

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

Due to observed fluctuations in responses to this question on trust, in autumn 2010 the Tracker was redeveloped in full. A redeveloped question on trust asked respondents how much they trusted or distrusted the FSA (see Annex B for full question). However, for the purpose of monitoring the impact of the questionnaire changes, Wave 1 (Nov 2010) and 2 (May 2011) of the redeveloped Tracker ran both the old question monitoring trust (that had been

included since September 2008) and the redeveloped question using a split run (50:50) of respondents.²² The old question on trust was removed at Wave 3 (Nov 2011) as we had sufficient data at this stage to establish how the change in question formulation had affected responses provided. The reports on the redevelopment of the Tracker can be viewed at <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>.

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

²² This was a recommendation from the development work for the new biannual Tracker. For the full reports on the development work please see: <http://www.food.gov.uk/science/socsci/surveys/publictrackingsurvey>

Annex B. Wave 9 Questionnaire

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

(Spontaneous)

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

- 07: Food poisoning such as Salmonella and *E. coli*
- 11: Genetically Modified (GM) foods
- 02: BSE ('mad cow disease')
- 17: The feed given to livestock
- 19: The use of pesticides to grow food
- 18: The use of additives (such as preservatives and colouring) in food products
- 12: Hormones\steroids\antibiotics in food
- 03: Date labels, such as "best before" and "use by" labels
- 05: Food hygiene when eating out
- 04: Food hygiene at home
- 21: None of these
- (DK)

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

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

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

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

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

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

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

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

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

(Base: All adults UK)

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

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

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

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

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

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

(Spontaneous)

Q.5b And which of these issues do you think the Food Standards Agency is responsible for? (Please select all that apply. Which others? Base: All adults aware of the Food Standards Agency UK)

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

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

- 01: I trust it a lot
- 02: I trust it
- 03: I neither trust nor distrust it
- 04: I distrust it
- 05: I distrust it a lot
- (DK)

Annex C: Occupational Groupings

Grade	Approximate percentage of population	General description	Retiree description
A	3	These are professional people, or are very senior in business or commerce or are top level civil servants	Retired people, previously grade A, and their widows
B	18	Middle management executives in large organisations, with appropriate qualifications Top management or owners of small business	Retired people, previously grade B, and their widows.
C1	28	Junior management owners of small establishments: and all others in non-manual Positions Jobs in this group have very varied responsibilities and educational needs	Retired people previously grade C1 and their widows.
C2	22	All skilled manual workers, and those manual workers with responsibility for other people	Retired people previously grade C2 with a pension from their job Widows if receiving pensions from their late husband's job
D	18	All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers	Retired people previously grade D with a pension from their job Widows if receiving pensions from their late husband's job
E	11	All those entirely dependent on the state long term, through sickness, unemployment, old age or other reasons. Those unemployed for a period exceeding 6 months (otherwise classify on previous occupation) Casual workers and those without a regular income Only households without a chief wage earner will be coded in this group	N/A

Annex D: Time series data from Nov 2010,

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

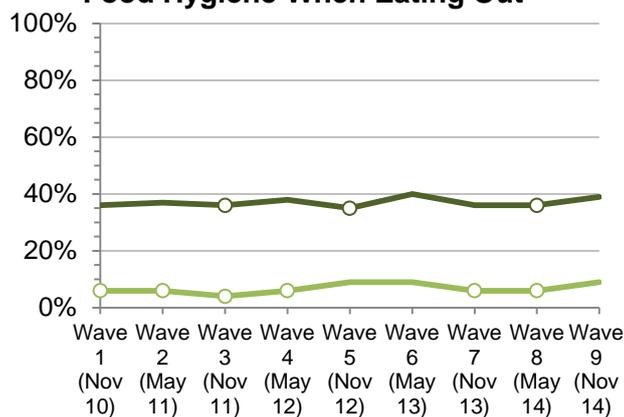
Base: All respondents, UK Weighted base (W9: 2,000, W1-W8: 2,000). Unweighted base (W9: 2,684, W1-W8: 2,069-2,581)

Circled data points represent statistically significant differences to Wave 9

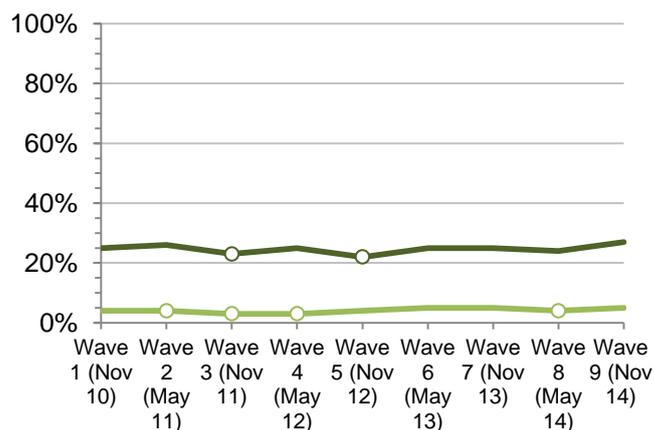
- Total (spontaneous plus prompted) responses
- Spontaneous responses

Food safety issues of concern

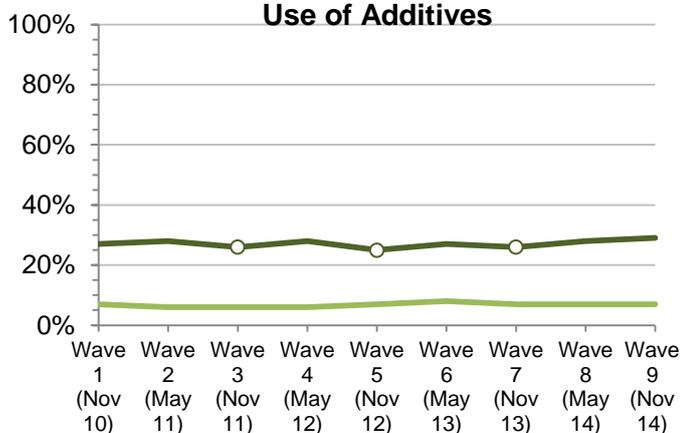
Food Hygiene When Eating Out



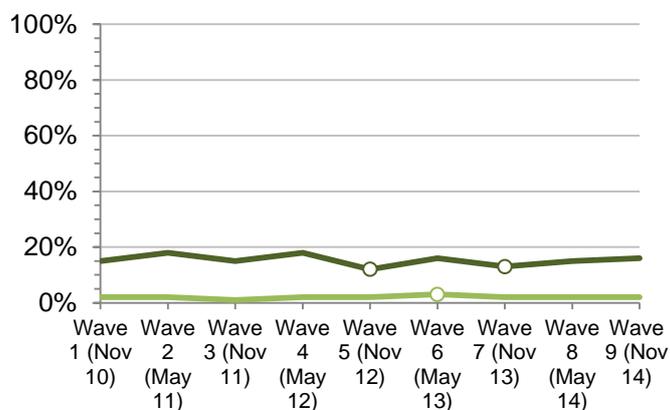
Use of Pesticides



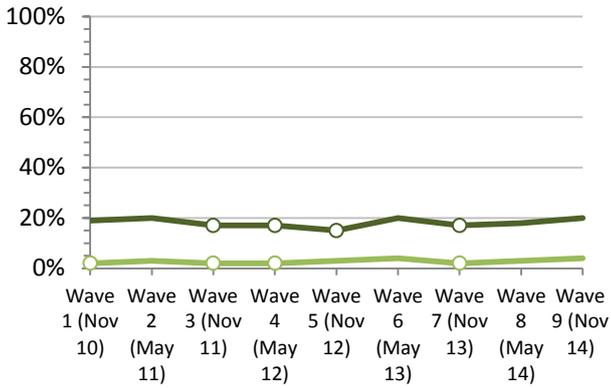
Use of Additives



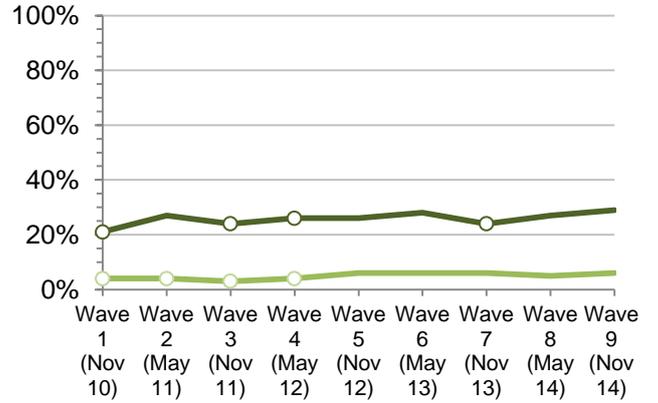
BSE



Feed given to livestock

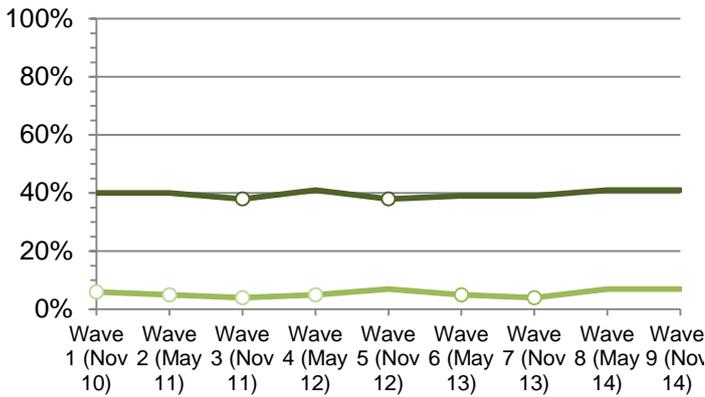


Date labels

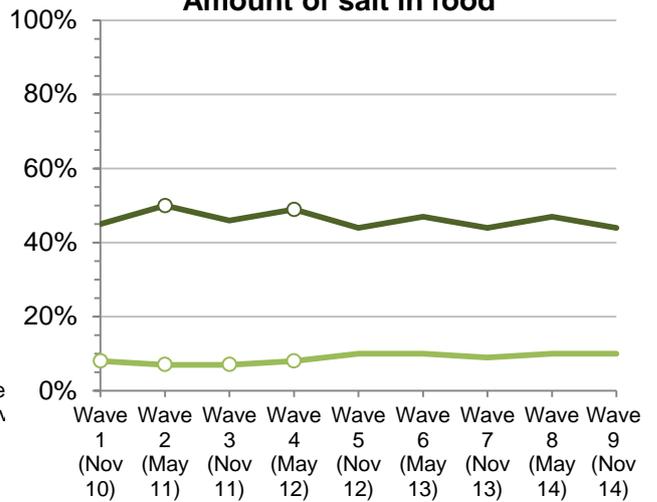


Wider Food issues of concern

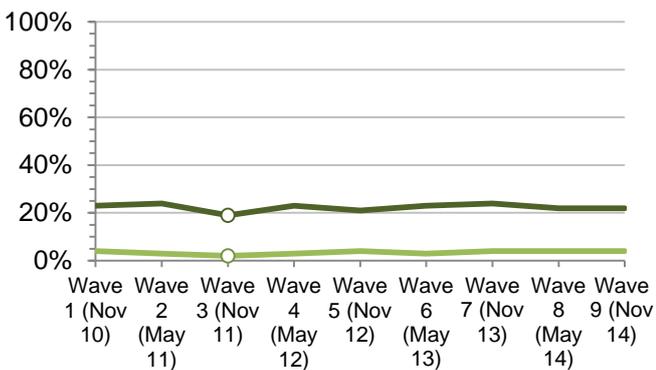
Animal welfare



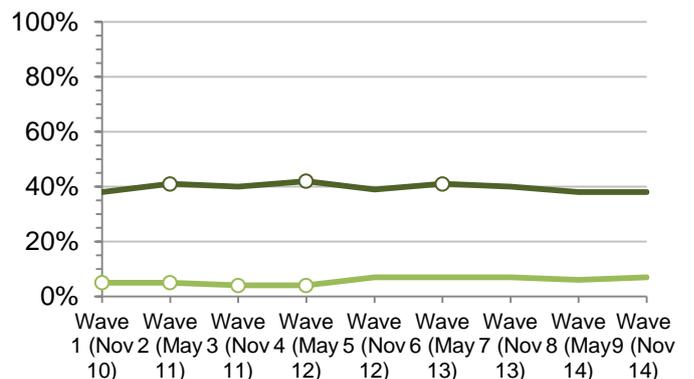
Amount of salt in food



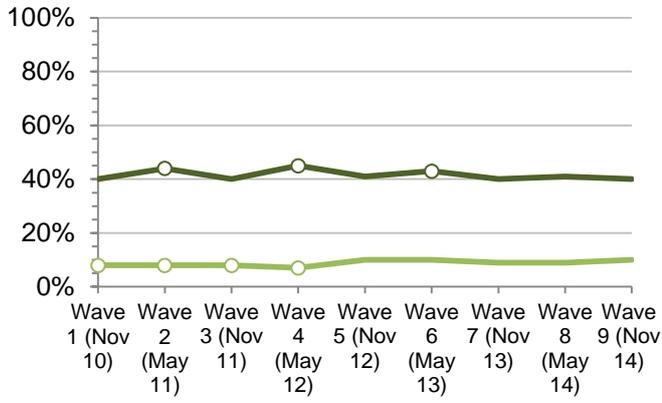
Food miles



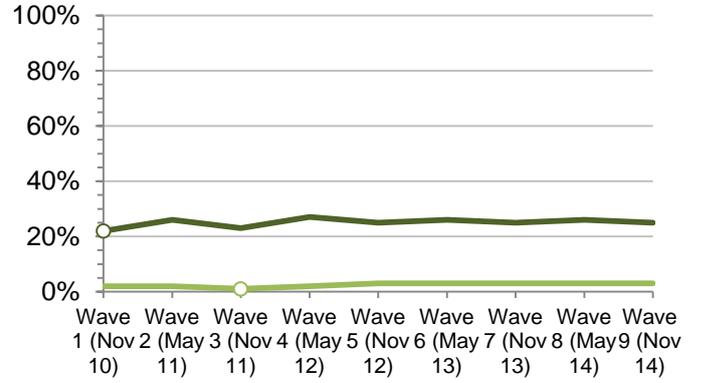
Amount of Saturated Fat in food



Amount of Fat in food

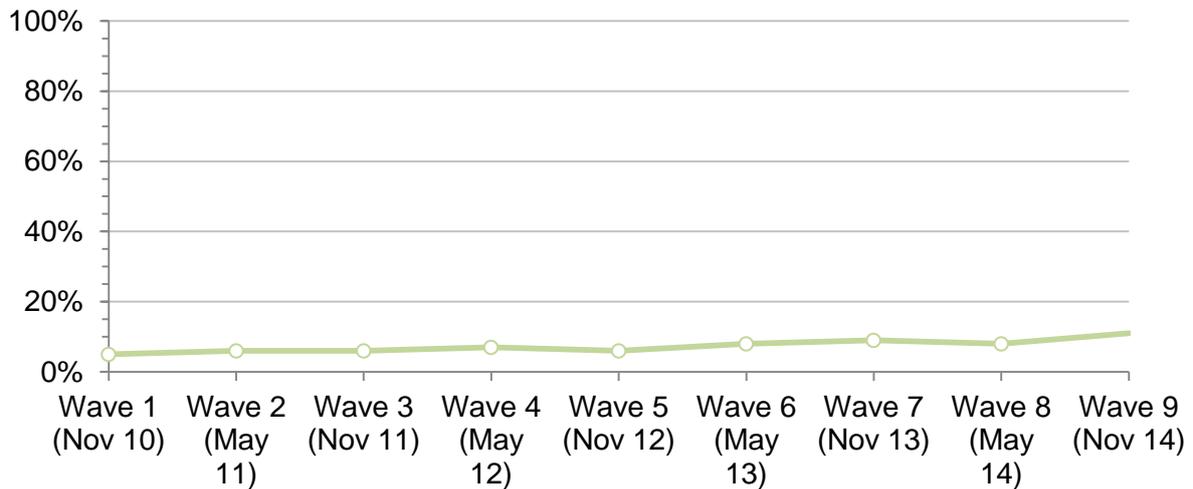


Foods aimed at children



'How do you know about the hygiene standards of the places you buy food from or eat out at?'

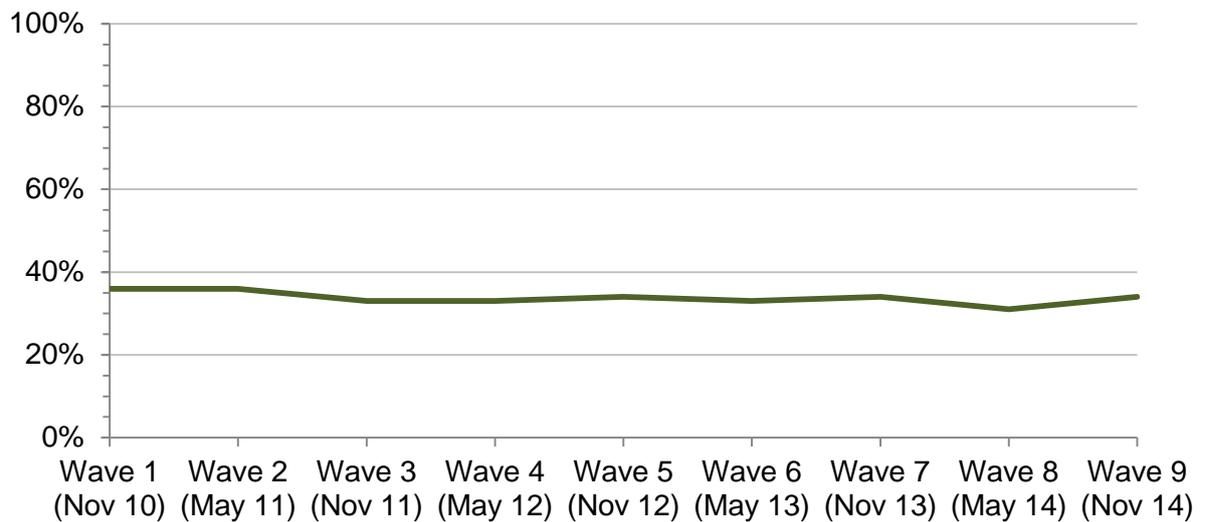
Websites



Base: All respondents who reported being aware of hygiene standards when they buy food, UK
 Weighted base (W9: 1709, W1 - W8: 1579- 1676), Unweighted base (W9:2260, W1 - W8: 1638-2121)

Circled data points represent statistically significant differences to Wave 8

Word of mouth



Base: All respondents who reported being aware of hygiene standards when they buy food, UK
 Weighted base (W9: 1709, W1 - W8: 1579- 1676), Unweighted base (W9: 2260, W1 - W8: 1638-2121)

'Which issues do you think the Food Standards Agency is responsible for?'

Base: All respondents aware of the FSA, UK

Weighted base (W9: 1,559, W1 - W8: 806 - 1,642)

Unweighted base (W9: 2,064, W1 - W8: 832- 2,083)

Circled data points represent statistically significant differences to Wave 9.

