
Biannual Public Attitudes Tracker

Wave 12, May 2016

Food Standards Agency

Social Science Research Unit
August 2016



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Official Statistics

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

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

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

Executive summary

The Food Standards Agency (FSA or Agency) places 6 questions on a biannual basis on the regular TNS¹ face-to-face Omnibus survey, in order to monitor key Agency issues. Fieldwork for this wave took place from 18th to 22nd May 2016, with a representative sample of 2,044 adults interviewed in England, Wales and Northern Ireland.

The following summary presents top-line findings from in-house analysis. Further differences between socioeconomic and demographic groups are captured in the main report. Wave-on-wave trends for Waves 1–12 of the series are also considered in this report, with Wave 1 being carried out in November 2010.

Wave 12 Key findings

- The food safety issues of concern (including both spontaneous and prompted responses) most frequently reported by respondents were food hygiene when eating out (38%), food poisoning (30%), and chemicals from the environment (30%).
- The wider food issues of concern most frequently reported were the amount of sugar in food (55%), food waste (53%), the amount of salt in food (45%) and animal welfare (45%).
- Concern about food safety in UK restaurants, pubs, cafes and takeaways, which is generally similar across waves, was reported by 49% of respondents. 43% of respondents reported concern about food safety in shops and supermarkets in this wave.
- 85% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from. Of these respondents, the main

¹ www.tnsglobal.com

ways they reported being aware of hygiene standards were the general appearance of premises (60%) and the appearance of staff (48%).

- 78% of respondents in England, Wales and Northern Ireland reported being aware of the FSA. The main issue these respondents thought the FSA was responsible for was ensuring food bought is safe to eat (88%).
- Of those respondents that reported being aware of the FSA, 66% 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 waves. The main food safety issues of concern appear to have remained largely unchanged.

At Wave 12, concerns about food safety in food outlets remain fairly stable, as does concern for restaurants, pubs, cafes and takeaways which continues to be marginally higher than for shops and supermarkets.

Sugar remains the food issue of top concern, as at Wave 11. Spontaneous and total concern about sugar (at 18% and 55% respectively) has also increased more than any other food issue since Wave 1 in November 2010 (from 6% and 39% respectively).

At Wave 12, awareness of the FSA (78%) was similar to previous waves (78%-83%), with the exception of Wave 11 (74%). Trust in the FSA has remained fairly consistent over nearly all waves (63%-66%), after falling in Wave 6 (55%).

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 12 of the redeveloped Tracker. Fieldwork for this wave took place from 18th to 22nd May 2016. Interviews took place with a representative sample of 2,044 adults across England, Wales and Northern Ireland. The research was conducted through the regular TNS Omnibus survey which uses face-to-face interviews and selects respondents using a random location sampling method.

At Wave 12, no sample boost was undertaken in Scotland. Although fieldwork took place with a small number of Scottish respondents, without boosts, numbers would be insufficient to make any conclusions about Scottish respondents in general. Consequently, this report only presents findings for England, Wales and Northern Ireland. To ensure that comparisons from the current wave to previous waves are valid, Scottish responses have been removed from the previous waves – ensuring that findings from England, Wales and Northern Ireland are being compared with findings from the same countries. This means that figures presented in the current report may differ from ones presented previously.

Further details relating to the survey methodology are presented in Annex A, and the full questionnaire is presented in Annex B.

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 – name the survey?

1.2 Reporting

The following report presents top-line findings from in-house analysis. It reports findings on topics in the same order in which they are covered in the survey itself, reflecting how respondents engage with them. The report covers trends for Waves 1 to 12 of the biannual series, with Wave 1 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, variables³ or over time, only those differences found to be statistically significant at the 5% level are reported. In other words there is only a 5% probability that differences as large as those reported have occurred by chance. Weighted and unweighted sample sizes for each question are detailed underneath figures.⁴

Whilst the report comments on key socioeconomic and demographic differences apparent in the survey findings, other differences may also be apparent in the data. Full data tables, including data on a range of other socioeconomic and demographic groups, are available on request (see 'Background' overleaf).⁵ In this report, differences by age, gender, social grade, ethnicity, location, and presence of children in the household 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.

³ A variable is a way to represent a characteristic to assist data analysis; they can be either numerical such as an exact age, or a descriptive category, such as social class.

⁴ Survey data were weighted, where necessary, by referring to the 2011 UK census data to ensure that the sample is representative of the UK population in terms of the following demographic characteristics: age, gender, region and social grade.

⁵ Data is collected on the following socioeconomic and demographic features of respondents: gender, age, ethnicity, social grade (see annex C), marital status, working status, area of residence, whether they have children and whether they are the household's principal shopper.

Prompted responses illustrate which issues are important to respondents when provided with a number of different response options to select from.⁶

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 may be of interest. Further detail on the average number of responses, including whether there is statistically significant variation between waves is available on request. Rounding of figures means that not all percentages may add up to 100%.

1.3 Background

Between 2001 and 2010 the Tracker was largely run on a quarterly basis and consisted of 6 questions. These questions were redeveloped in Spring 2010 and since then the Tracker has run on a biannual basis.⁷ Between Wave 3 and Wave 5 of the redeveloped tracker, a total of four new questions were added to measure awareness of initiatives and schemes concerning the hygiene standards in places people eat out at or shop for food. This included questions on the Food Hygiene Rating Scheme (FHRS) and the Food Hygiene Information Scheme (FHIS).⁸ At Wave 9, these four questions, which had been added to the end of the previous questionnaire, were removed and included in the FHRS Tracker survey⁹. At Wave 10, two additional response options were added to Question 1: 'Food not being what the label says it is' and 'Chemicals from the environment, such as lead, in food'.

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

⁶ Throughout the report, all responses cited are the combined total of prompted and spontaneous responses unless it specifically clarified that a figure only relates to spontaneous responses.

⁷ The redesigning of the tracker was guided by a specially commissioned redevelopment report: <https://www.food.gov.uk/sites/default/files/public-attitudes-tracker-scoping.pdf>

⁸ <http://ratings.food.gov.uk/> and <http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene/food-hygiene-information-scheme>

⁹ <https://www.food.gov.uk/business-industry/hygieneratings>

Earlier reports and full data tables, including wave-on-wave figures, are available on request. In order to obtain these, or if you have any other queries relating to the survey, please contact alice.john@foodstandards.gsi.gov.uk or attitudetracker@foodstandards.gsi.gov.uk

2. Concern about food issues

Wave 12 Key findings

- The food safety issues of concern (including both spontaneous and prompted responses) most frequently reported by respondents were food hygiene when eating out (38%), food poisoning (30%), and chemicals from the environment (30%).
- The wider food issues of concern that were most frequently reported were the amount of sugar in food (55%), food waste (53%), the amount of salt in food (45%) and animal welfare (45%).

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

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

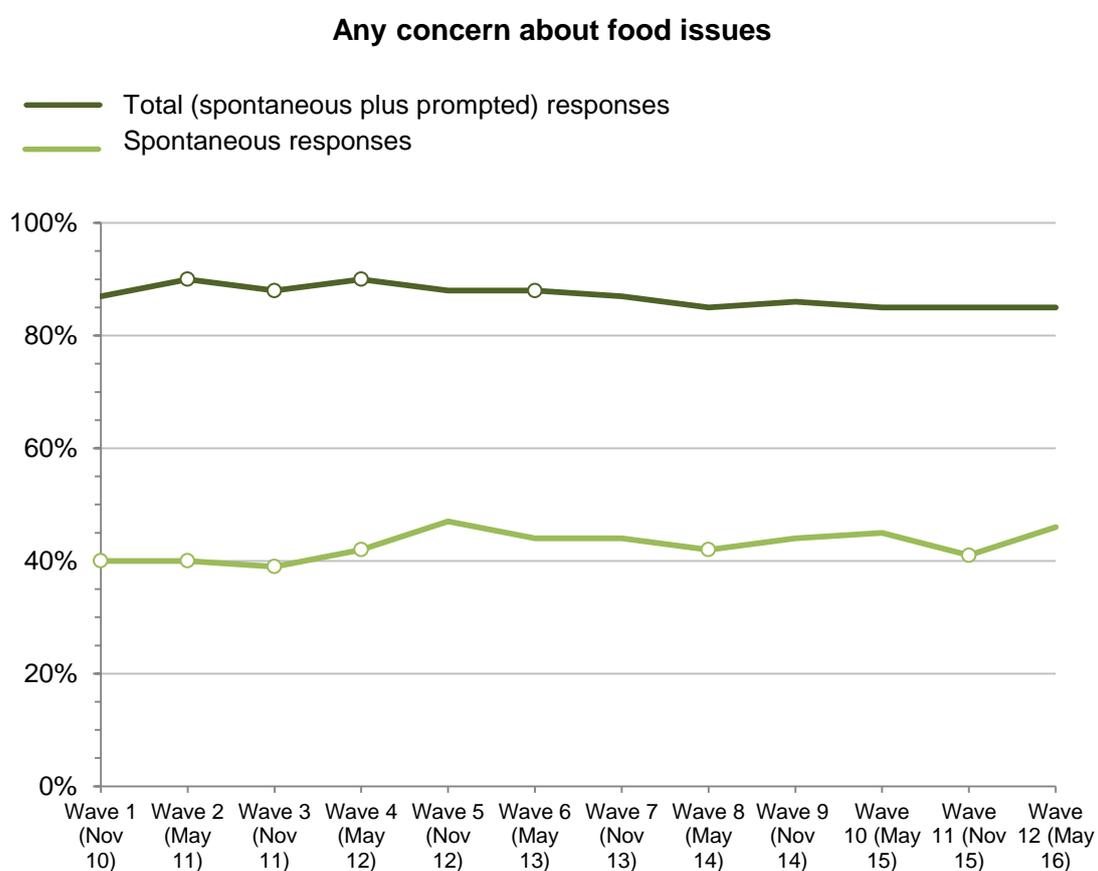
Q1b And which of these food issues are you concerned about, if any? Please select all that apply. Which others?

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

Respondents are first asked to state spontaneously what food issues they are concerned about, and then asked to select food issues of concern from 3 prompted lists which cover issues of food safety (Q1b above), nutrition, and other concerns about food (questions Q1c and Q1d, described further below).

Overall, for all food issues of concern (not just food safety), total reported concern¹⁰ at Wave 12 (85%) remained consistent with Waves 7-11 (85%-87%). See Figure 1.

Figure 1: Reported concern about food issues (Nov 2010 – May 2016)



Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044,

W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

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

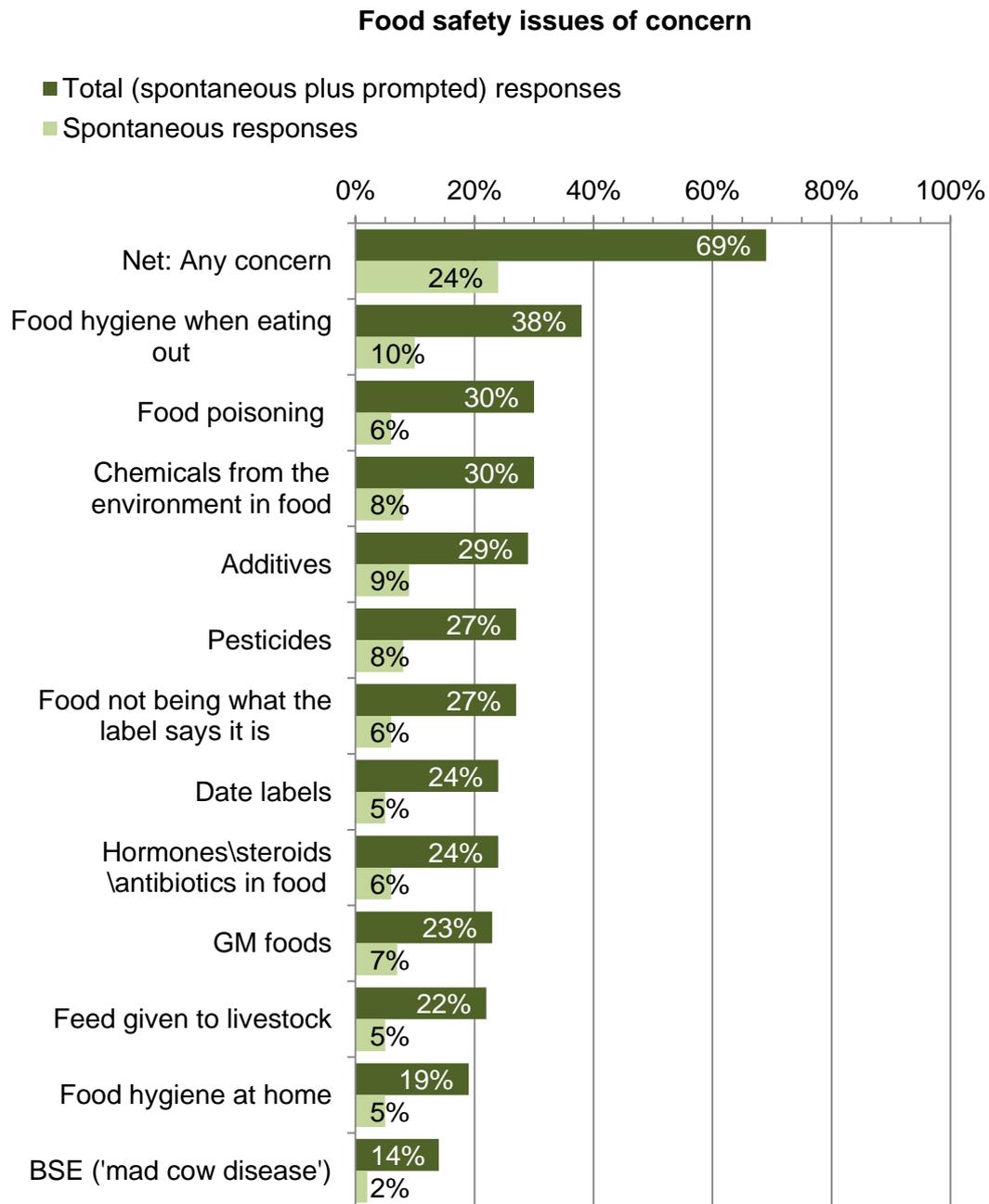
2.1 Food safety issues of concern

The most frequently reported issues of total concern relating to food safety were food hygiene when eating out (38%), food poisoning (30%), and chemicals from the environment (30%).

In terms of spontaneous responses, the most frequently reported food-safety-related concerns were food hygiene when eating out (10%), the use of additives (9%), chemicals (8%) and pesticides (8%).¹¹ See Figure 2.

¹¹ Average number of spontaneous concern responses: Wave 1 (2.79), Wave 2 (2.66), Wave 3 (2.41), Wave 4 (2.48), Wave 5 (3.00), Wave 6 (3.21), Wave 7 (2.80), Wave 8 (2.88), Wave 9 (3.27), Wave 10 (3.23), Wave 11 (3.04), Wave 12 (4.43)

Figure 2: Reported concern about food safety issues (May 2016)

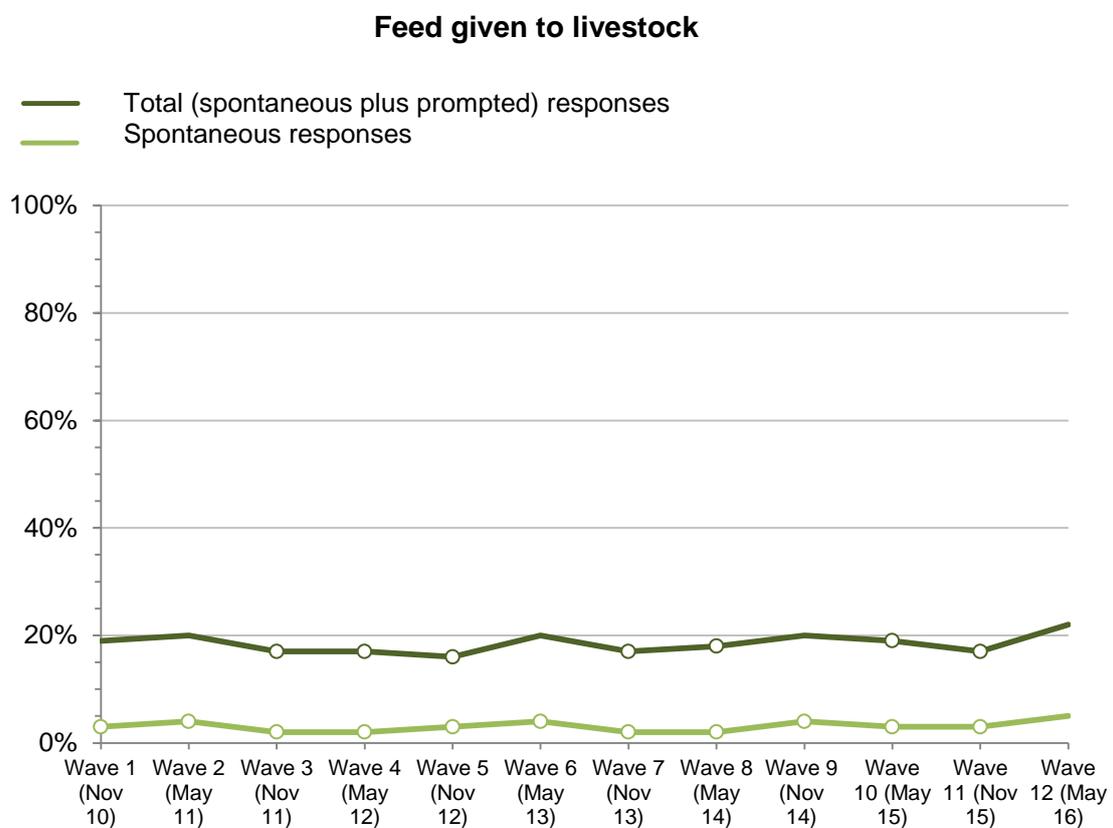


Base: All respondents, England, Wales and Northern Ireland
 Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Looking across the time series data, concern about most food safety issues has stayed fairly stable across all 12 waves. Differences to this wave are reported below.

At Wave 12, 22% of respondents reported concern about the feed given to livestock. This was higher than previous waves (16%-20%). Concern about this issue has tended to fluctuate slightly over the series. See Figure 3.

Figure 3: Reported concern about feed given to livestock (November 2010 - May 2016)



Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

Times series graphs for other food safety issues are presented in Annex D for information.

At Wave 12, consistent with most previous waves, some differences in reported concern about food safety issues were apparent across socioeconomic and demographic groups. Those who were *more likely* to report concern about any food safety issues at Wave 12 included:

- Women (74%), compared with 64% of men, especially in relation to food hygiene (42% v 34%) and food not being what the label says it is (30% v 23%).
- Respondents aged 36-49 and 50-65 (75% and 73% respectively), compared with 63%-68% of respondents in other age groups.
- Social grade C1 respondents¹² (77%), compared with 61%-75% of respondents in all other social grades. This is a change from previous waves, where social grade AB respondents were more likely to report concern for all food safety issues.
- Employed respondents (72%-74%), compared with 66% of unemployed respondents.
- Married respondents (72%), compared with single respondents (64%), especially in relation to for additives (33% v 19%).
- Principal shoppers (72%), as compared to those who did not normally buy food for the household (61%).
- Respondents in England (71%), compared with those in Wales and Northern Ireland (53% and 63%). This was a change from the previous wave, when respondents in Wales (76%) were more likely to report concern than those in Northern Ireland and England (60% and 66%). However this has tended to fluctuate over the series.
- Respondents in South East (76%) and London (75%) compared to those in other regions (59%-73%).

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

- Respondents in the North East: 34% reported no concern compared with 12%-28% of respondents in other regions.

¹² A full description of social grades is in Annex C

- Respondents aged 16-25 and over 65: 27% and 25% respectively reported no concerns, compared with 18% of respondents aged 36-65.

There were some further differences in reported concern for particular food safety issues, for example:

- Although respondents in England were more likely to report concern overall, respondents in Northern Ireland were more likely to report concern about food poisoning (49% v 30%), chemicals (47% v 30%), food not being what the label says it is (44% v 27%), pesticides (41% v 27%), and hormones / steroids / antibiotics in food (39% v 25%).
- Although respondents in London and the South East were more likely to report concern generally, they were less likely to report concern than those in the North West regarding food poisoning (43% v 30% for both) and food not being what the label says it is (36% v London 26% and South East 29%).

Looking across the time series data, women have been consistently more likely to report concern about most food safety issues compared to men. Respondents aged 16-25 and over 65 have been consistently less likely to report concern about most food issues than respondents in other age groups. Differences between all other socio-demographic groups were apparent in some, but not all, previous waves.

2.2 Wider food issues of concern

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

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

Please select all that apply. Which others?

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

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

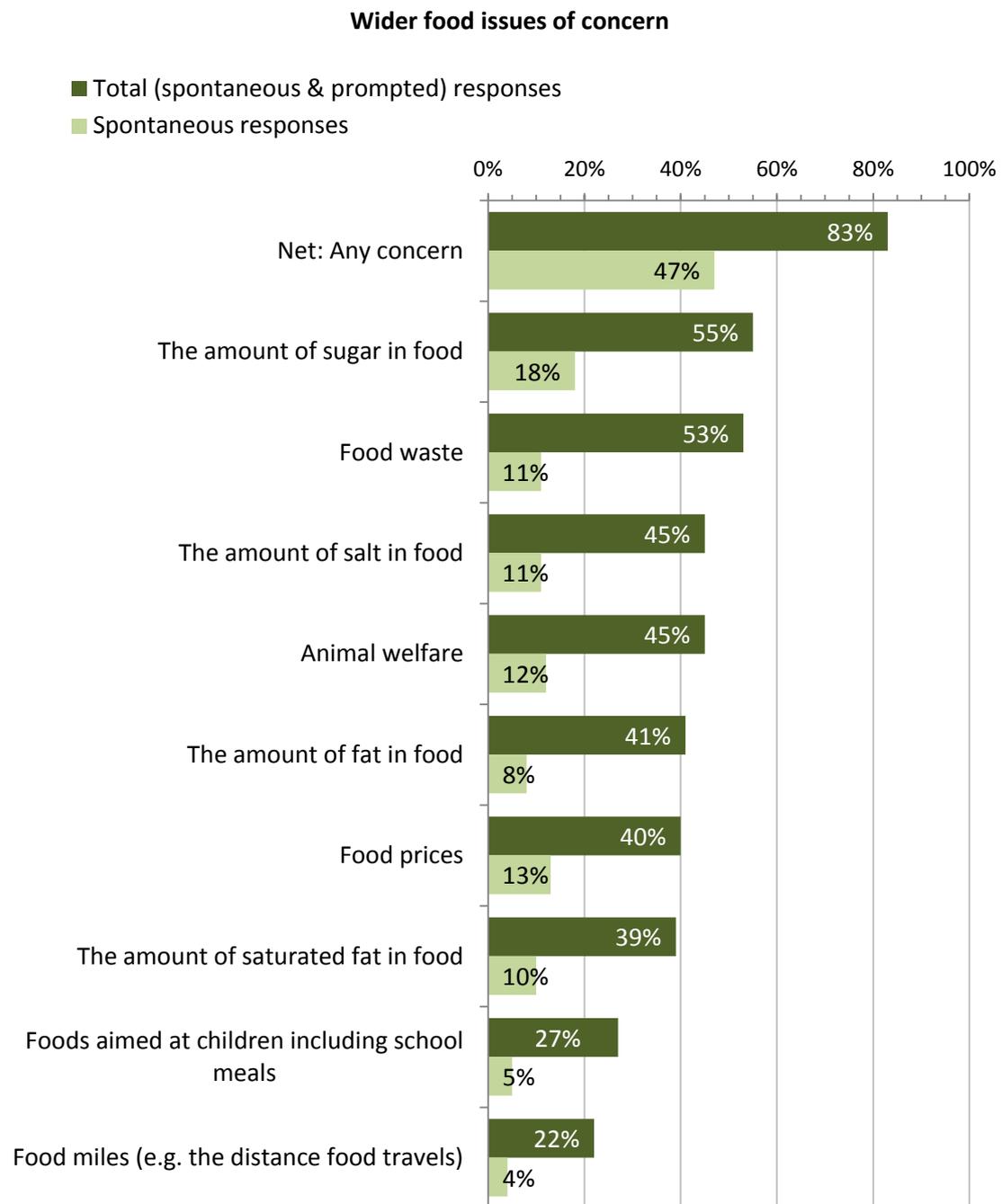
- Animal welfare
- Food prices
- Food waste
- Food miles (e.g. the distance food travels)
- None of these
- Don't know

In general, higher levels of concern were reported about a range of wider food issues than were reported for food safety issues in this wave. This is true of all waves; total concern about wider food issues has ranged from 82-88%, while total concern about food safety issues has ranged from 66-72%.

At Wave 12 the most frequently reported wider food issues of total concern were the amount of sugar in food (55%), food waste (53%) the amount of salt in food (45%) and animal welfare (45%).¹³ At Wave 12 the most frequently reported issues of spontaneous concern were the amount of sugar in food (18%), food prices (13%), and animal welfare (12%). See Figure 4.

¹³ Average number of other food issues respondents reported being concerned about: Wave 1 (4.06), Wave 2 (4.26), Wave 3 (4.09), Wave 4 (4.27), Wave 5 (4.13), Wave 6 (4.32), Wave 7 (4.32), Wave 8 (4.40), Wave 9 (4.35) Wave 10 (4.39), Wave 11 (4.23), Wave 12 (4.43)

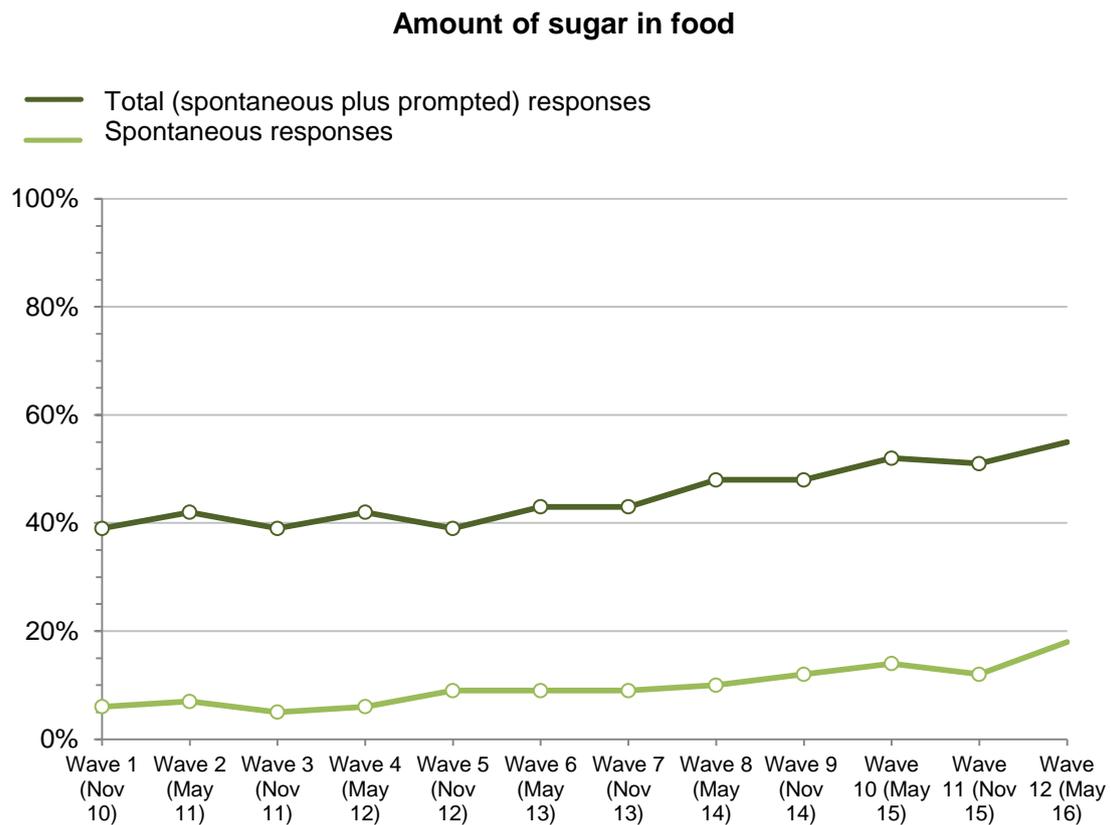
Figure 4: Reported concern about wider food issues (May 2016)



Base: All respondents, England, Wales and Northern Ireland
 Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

At Wave 12, reported concern about the amount of sugar in food was higher than at all previous waves. This was true of both total concern (55% v 39%-52%), and spontaneous concern (18% v 5%-14%). Total and spontaneous concern about sugar has tended to increase since Wave 7. See Figure 5.

Figure 5: Reported concern about the amount of sugar in food (November 2010 - May 2016)



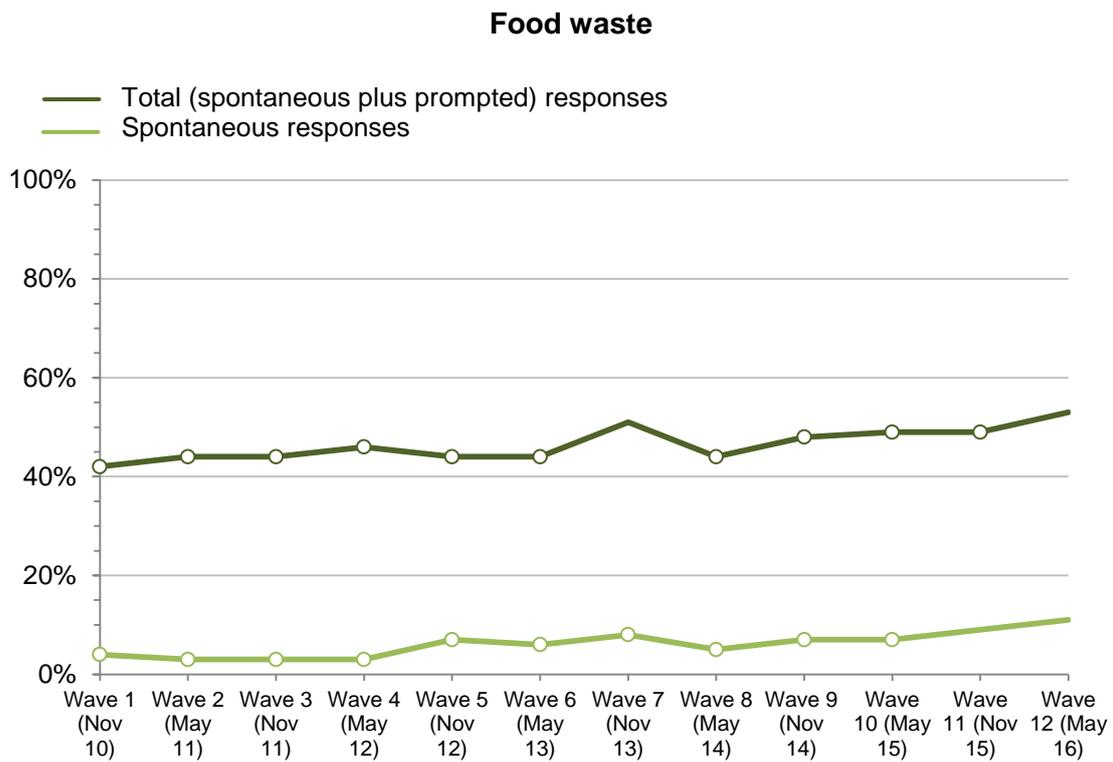
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

At Wave 12, reported concern about food waste was higher than at all previous waves. This was true of both total concern (53% v 42%-51%), and spontaneous concern (11% v 3%-9%). Total and spontaneous concern about food waste has tended to increase since Wave 8. See Figure 6.

Figure 6: Reported concern about food waste (November 2010 - May 2016)



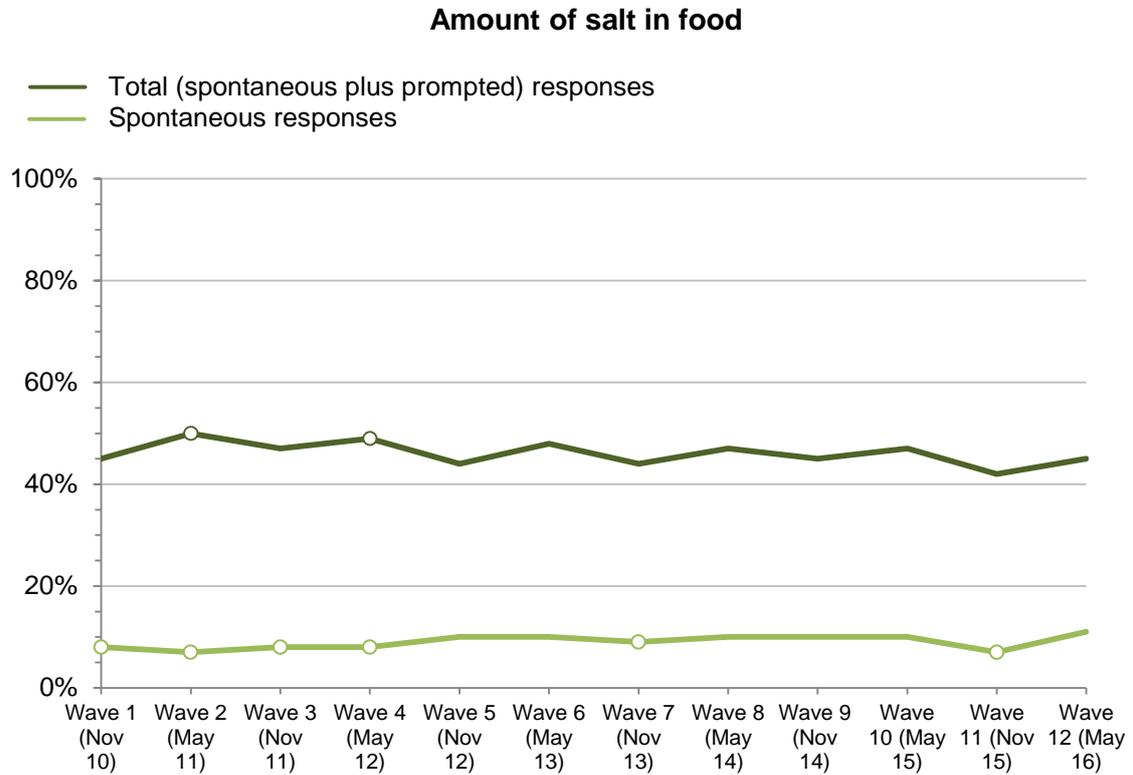
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

At Wave 12, 45% of respondents reported concern about the amount of salt in food. Concern about salt has tended to fluctuate over the series. See Figure 7.

Figure 7: Reported concern about the amount of salt in food (November 2010 - May 2016)



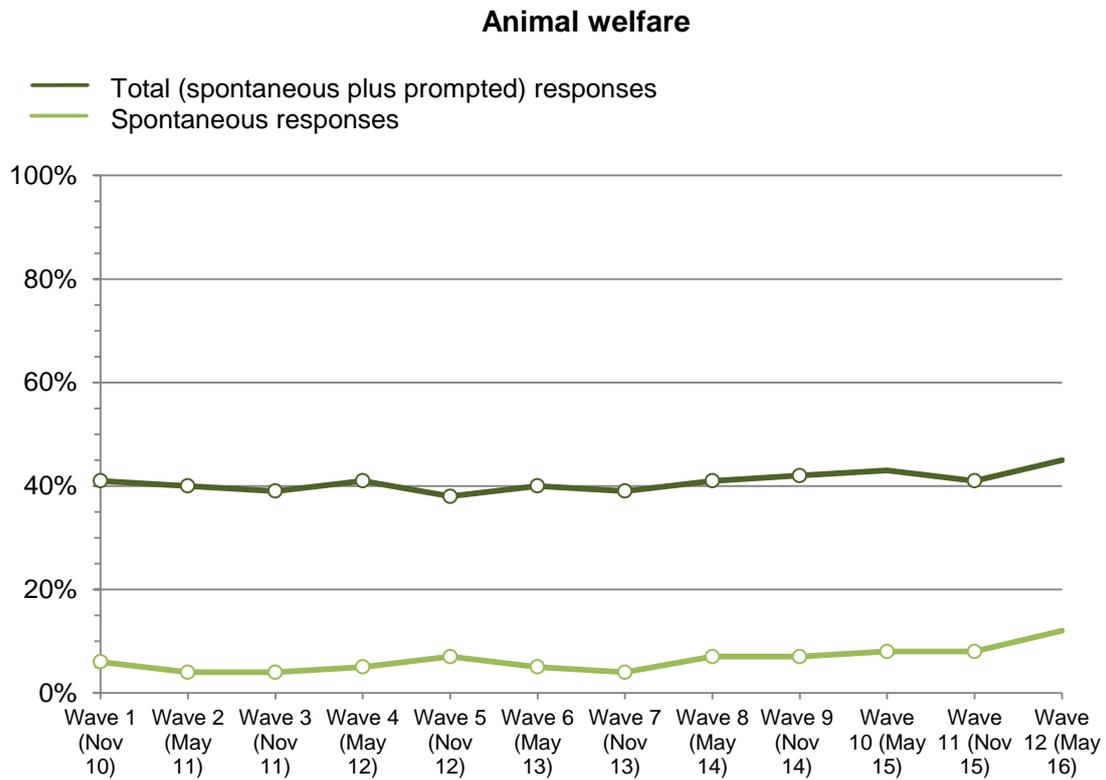
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

At Wave 12, reported concern about animal welfare was higher than at all previous waves. This was true of both total concern (45% v 38%-43%) and spontaneous concern (12% v 4%-8%). Concern about animal welfare has tended to fluctuate over the series. See Figure 8.

Figure 8: Reported concern about animal welfare (November 2010 - May 2016)



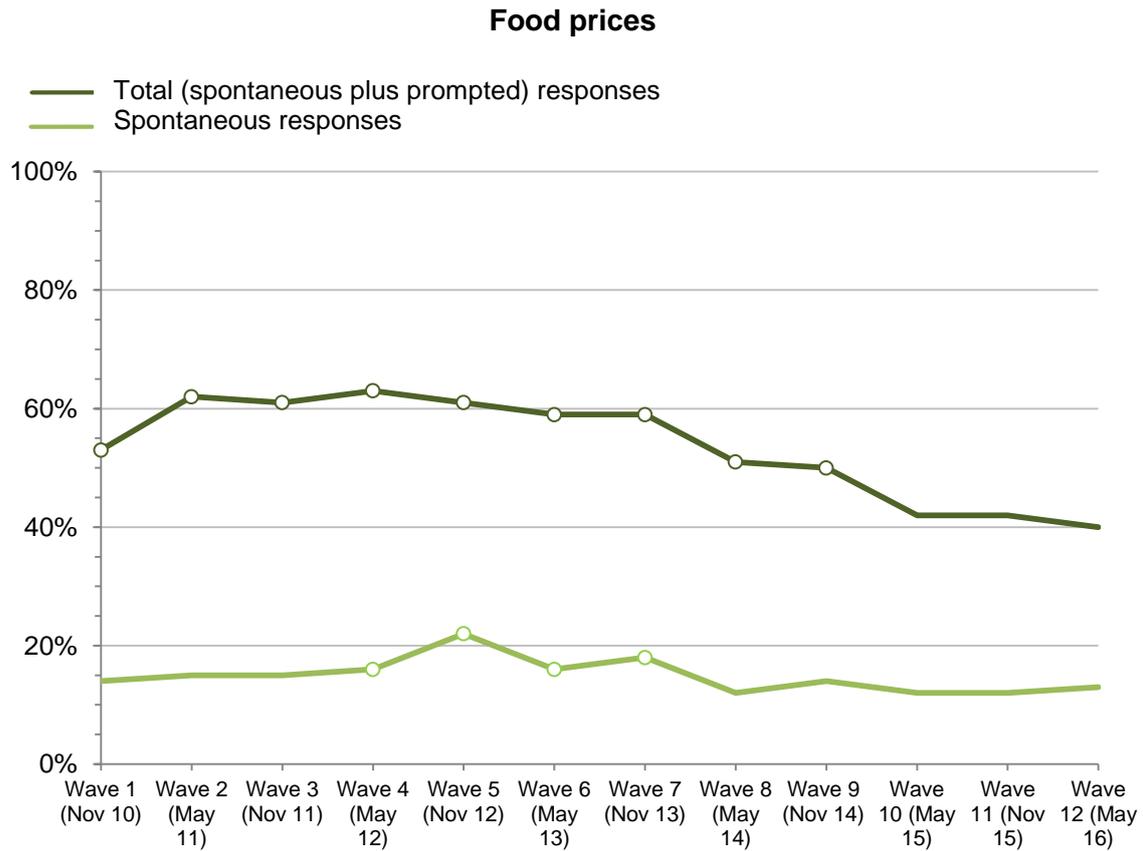
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

At Wave 12, total reported concern about food prices was lower than all previous waves. At 40%, this continued a decrease first detected at Wave 7 (51% v 53%-63% in Waves 1-6). Once again, food prices was not the most commonly mentioned wider food issue of concern, as it was until Wave 10. See Figure 9.

Figure 9: Reported concern about food prices (November 2010 - May 2016)



Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

Times series graphs for additional wider food issues which displayed less variation at Wave 12, or were of concern to fewer respondents, are contained in Annex D for information.

As with concern about food safety issues, reported concern about wider food issues varied between socio-demographic groups. Groups *more likely* to report concern about wider food issues at Wave 12 included:

- Social grade AB respondents, from AB (90%) to DE (75%) on a gradient. An exception to this was concern about food prices, for which the reverse was true; AB (35%) to DE (42%) on a gradient.
- Respondents in England (83%) compared with Wales (72%), especially for the amount of fat in food (41% v 24%).
- Respondents in the South East (88%) compared with respondents in other regions (76%-85%). This was especially true for concern about the amount of sugar in food, with South East (65%) v North East (45%).
- Principal shoppers (84%) compared with those who didn't normally do the food shopping (78%). This was true for issues under Q1c (72% v 61%, including 13% differences for the amount of sugar, salt, and fat), and to a lesser extent issues under Q1d (77% v 70%), especially food prices (42% v 31%) and food waste (55% v 45%).
- Women (86%) compared with men (80%). This was especially true for concern about the amount of fat in food (46% v 35%) and animal welfare (49% v 41%).

Those who were *less likely* to report any concerns, i.e. those more likely to report they were *not concerned* about any wider food issues, included:

- Respondents aged 16-25 (21%), compared with other age groups (10%-16%).
- Social grade DE respondents (21%), on a gradient from social grade AB respondents (8%).
- Respondents in Wales (24%), compared with those in England and Northern Ireland (14%-19%).
- Respondents in the North East (24%) compared with respondents in other regions (9%-19%).

There were also other variations at Wave 12 in terms of wider food issues, for example:

- White and minority ethnic respondents were similarly likely to report concern about wider food issues (83% v 82%). However, white respondents were more likely to report concern about animal welfare (48% v 27%) and food miles (23% v 15%), while minority ethnic respondents were more likely to report concern about food prices (48% v 39%).
- Respondents from rural and urban areas were similarly likely to report concern about wider food issues (81% v 83%). However, urban respondents were more likely to report concern about 'health' issues (72% v 63%), and food prices (43% v 32%).
- Respondents with and without children in the household were similarly likely to report concern about wider food issues (82% v 83%). However, respondents with children were more likely to report concern about foods aimed at children (39% v 22%) and animal welfare (40% v 48%).

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

3. Concern about food safety in food outlets

Wave 12 Key findings

- 49% reported concern about food safety in UK restaurants, pubs, cafes and takeaways.
- 43% reported concern about food safety in UK shops and supermarkets.

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

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

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

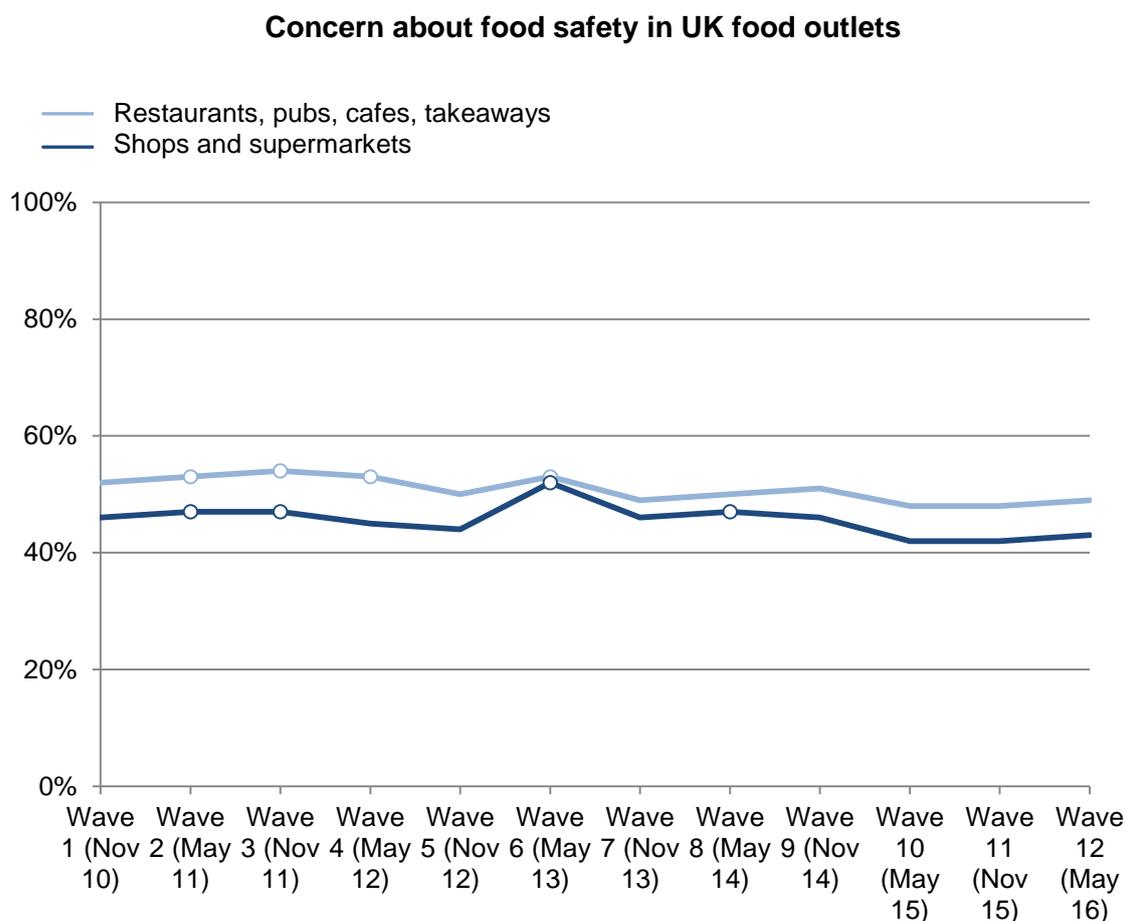
Q2b How concerned or unconcerned are you about the safety of ALL food that is sold in UK shops and supermarkets?

Response options as above

At Wave 12, 49% of respondents reported being concerned (i.e. combined 'very concerned' and 'fairly concerned' responses) about the safety of food sold in UK restaurants, pubs, cafés and takeaways. The proportion of respondents reporting concern was lower than in Waves 2-4 (53-54%) and Wave 6 (53%) but similar to other waves.

The proportion of respondents that reported being concerned about the safety of food sold in UK shops and supermarkets was 43% at Wave 12. This was lower than Waves 2 and 3 (47%), 6 (52%), and 8 (47%), but similar to all other waves. See Figure 10.

Figure 10: Reported concern about food safety in catering organisations such as restaurants and shops such as supermarkets (November 2010 - May 2016)



Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

Some variation was observed between different socio-demographic groups in response to these 2 questions. The following groups were *more likely* to report total concern (either 'fairly concerned' and 'very concerned') about food safety in food outlets (N.B. restaurants, pubs, cafés and takeaways shortened to 'catering organisations', shops and supermarkets shortened to 'shops'):

- Principal shoppers were more likely to report concern about food safety than those who were not, for both catering organisations (50% v 42%) and shops (45% v 38%).

- Respondents in Northern Ireland were more likely than those in England and Wales to report concern regarding catering organisations (58% v 49% and 40%) and shops (53% v 43% and 39%).
- Respondents in the South East were more likely to report concern about food safety in catering organisations than respondents in other regions (55% v 42%-54%). Meanwhile, respondents in the North West and London (both 50%) were more likely to report concern about food safety in shops than respondents in the South West and West Midlands (35%-36%).
- Minority ethnic respondents were more likely to report concern than white respondents regarding catering organisations (56% v 48%) and shops (55% v 42%).

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

- Respondents who were not principal shoppers, for catering organisations (36% v 27%), and to a lesser extent shops (40% v 34%).
- Respondents in Wales compared to respondents in England and Northern Ireland, regarding catering organisations (44% v 28%-31%), and to a lesser extent shops (42% v 33%-35%).
- Respondents in Yorkshire & the Humber and East Midlands were more likely to report unconcern about food safety in catering organisations than respondents in other regions (both 34% v 19%-33%). Meanwhile, respondents in the South West were more likely to report concern regarding shops than respondents in other regions (44% v 23%-40%).
- White respondents were more likely than minority ethnic respondents to report unconcern regarding catering organisations (31% v 20%) and to a greater extent shops (37% v 23%).

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

4. Awareness of Hygiene Standards

Wave 12 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 similar to previous waves, with the most frequently reported factors remaining the general appearance of premises (60%) and staff appearance (48%).

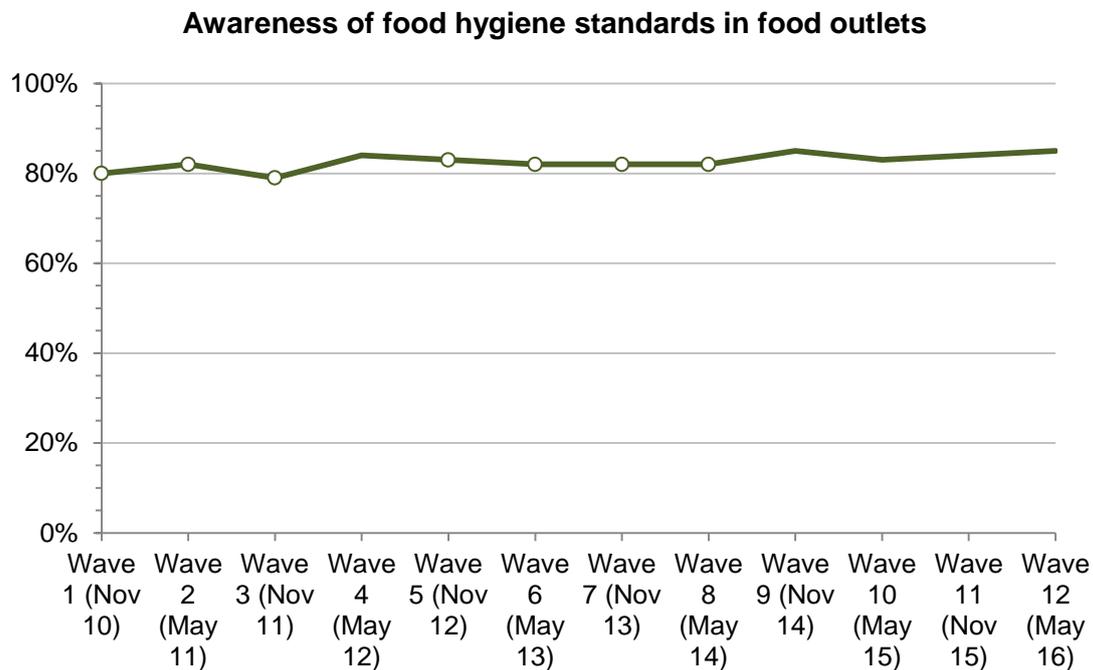
One of the FSA's strategic objectives is to ensure consumers have the information and understanding to make informed choices about where and what they eat. To help monitor performance against this objective, respondents were asked:

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 12, 85% of respondents reported being aware of the hygiene standards in places they eat out at or buy food from (i.e. a combination of 'yes-always' and 'yes-sometimes' responses). This figure is higher than Waves 1 to 3 (79%-84%), but similar to all other previous waves. See Figure 11.

Figure 11: Reported awareness of food hygiene standards in food outlets (November 2010 - May 2016)



Base: All respondents, England, Wales and Northern Ireland
 Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)
 Circled data points represent statistically significant differences to Wave 12

In terms of differences between socio-demographic groups in Wave 12, the following groups were *more likely and less likely* to report being aware of hygiene standards in places they eat out at or buy food from:

- Women were more likely than men to report awareness of hygiene standards (74% v 64%).
- Respondents aged 36-49 and 50-65 (75%-73%) were more likely to report awareness than those aged 16-25 and over 65 (both 63%).
- Social grade C1 respondents were more likely to report awareness (77%), but otherwise awareness was on a gradient from social grade AB (75%) to DE (61%) respondents.
- Part time and full time employed respondents were more likely to report awareness than unemployed respondents (74%-72% v 66%).
- Principal shoppers compared with respondents who did not normally buy food for the household (72% v 61%).

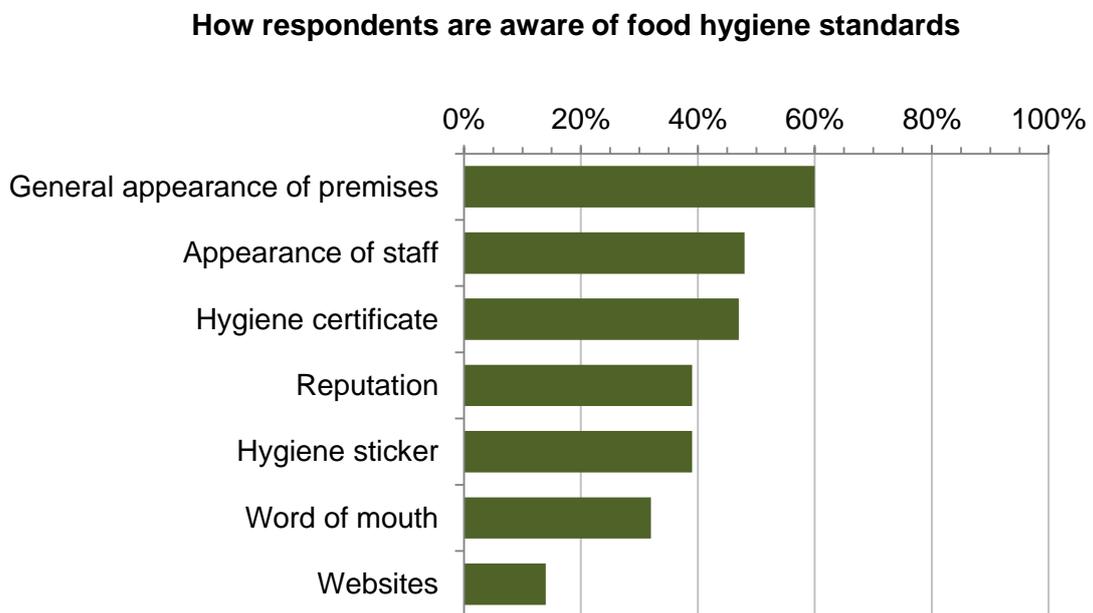
Respondents who reported being aware of hygiene standards in the places they eat out at or buy food from were then asked:

Q3b How do you know about the hygiene standards of the places you buy food from or eat out at? Please select all that apply. How else?

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

The most commonly mentioned ways in which these respondents reported being aware of hygiene standards were the general appearance of premises (60%) and staff appearance (48%). See Figure 12.¹⁴

Figure 12: Ways respondents reported being aware of food hygiene standards in food outlets (May 2016)



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

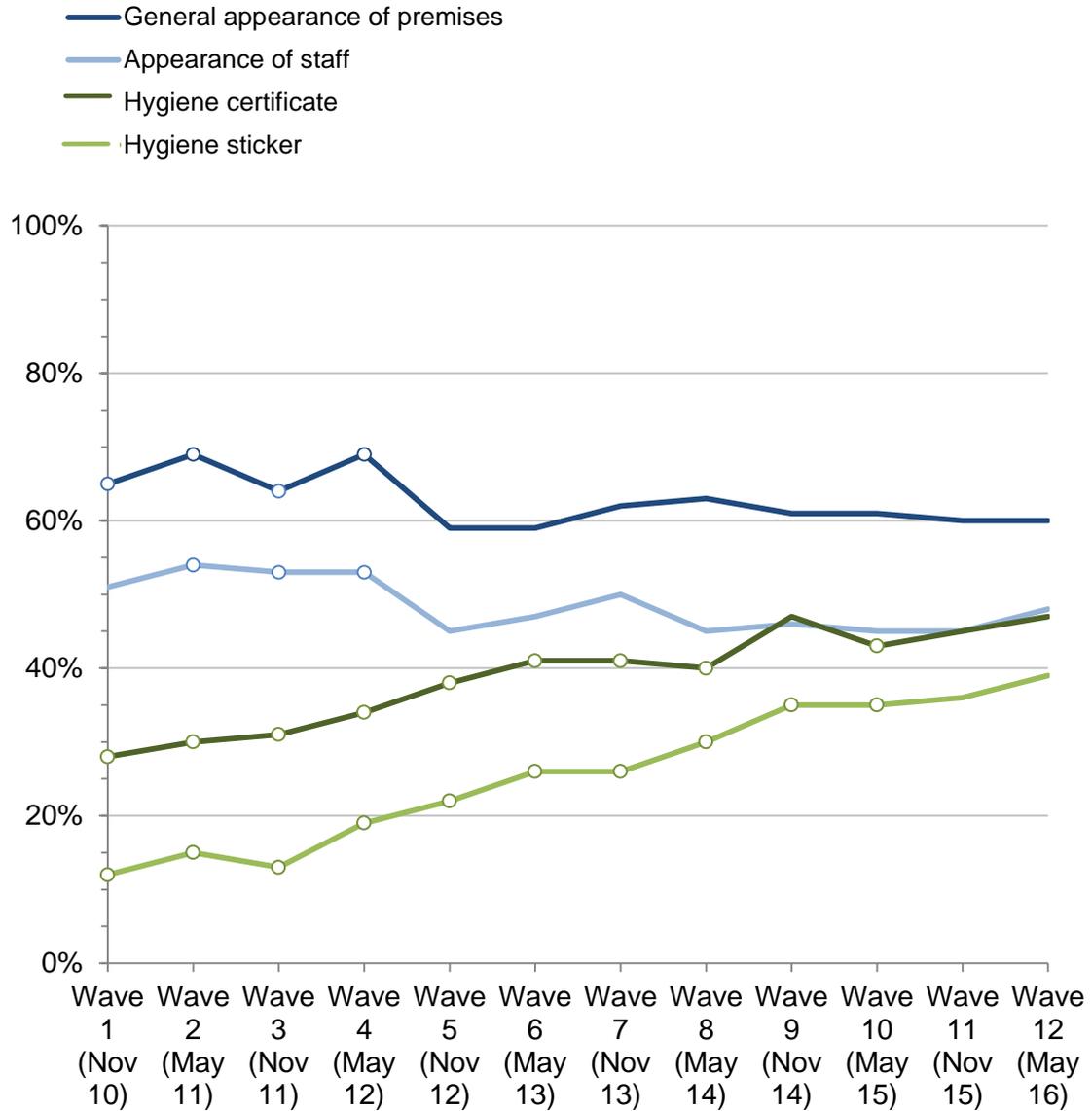
¹⁴ Average number of responses: Wave 1 (2.46), Wave 2 (2.61), Wave 3 (2.51), Wave 4 (2.67), Wave 5 (2.49), Wave 6 (2.64), Wave 7 (2.66), Wave 8 (2.64) Wave 9 (2.76), Wave 10 (2.68), Wave 11 (2.69), Wave 12 (2.83)

Looking across the time series data, the general appearance of premises (60% at Wave 12) has been the most commonly reported response to this question across all waves.

At Wave 12, 47% of respondents reported awareness of hygiene standards through hygiene certificates. This has tended to increase over the series (except for Waves 9 and 11). At Wave 12, 39% of respondents reported awareness of hygiene standards through hygiene stickers. This figure is higher than at all previous waves, and awareness has increased over most waves since Wave 1, when 12% of respondents reported awareness. See Figure 13.

Figure 13: Ways respondents reported being aware of food hygiene standards in food outlets (November 2010 - May 2016)

How respondents are aware of hygiene standards over time



Base: All respondents in England, Wales, and Northern Ireland who reported being aware of hygiene standards when they buy food
 Weighted base (W12: 1,556, W1-W11: 1826 - 2,000). Unweighted base (W12: 1,724, W1-W11: 1,980-2,684)
 Circled data points represent statistically significant differences to Wave 12

In terms of differences between sociodemographic groups for ways they reported knowing about hygiene standards, 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 places they eat out at or buy food from:

- Social grade C1 respondents were more likely to report using hygiene certificates (50% v DE 43%).
- Respondents in England were more likely to report using hygiene certificates (48% v Wales 31%), particularly respondents in the South West (59% v North East 38%).
- Social grade AB respondents were more likely to report using hygiene stickers (45% v C2 34%).
- Respondents in Northern Ireland were more likely to report using hygiene stickers (45% v England 38%), as were respondents in Yorkshire & the Humber (44% v East Midlands 31%).

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

- Respondents aged over 65 were least likely to report using hygiene certificates (29% v 47%-54%) and hygiene stickers (27% v 40%-45%). On a gradient from those aged over 65 to those aged 16-25, respondents aged over 65 were more likely to base their knowledge of hygiene standards on the appearance of both premises (70% v 52%) and staff (60% v 34%).
- In most, though not all, previous waves, respondents aged over 65 have been less likely to report using hygiene certificates and/or hygiene stickers as a way of knowing about hygiene standards.

5. Awareness of and trust in the FSA

Wave 12 Key findings

- 78% of respondents in England, Wales and Northern reported being aware of the FSA, similar to previous waves (74%-83%).
- As in previous waves, amongst those aware of the FSA, the main responsibility of the FSA reported by respondents was ensuring food bought is safe to eat (88%).
- Of respondents who said they were aware of the FSA, 66% 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

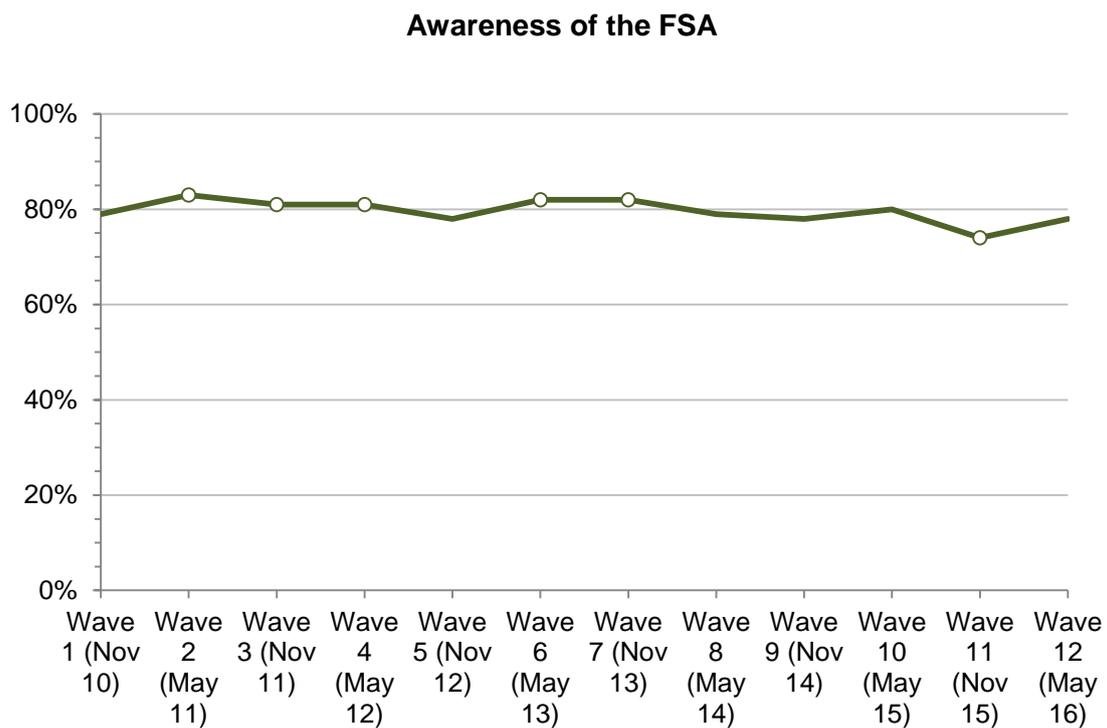
Respondents were asked:

Q4 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)

At Wave 12, 78% of respondents reported being aware of the FSA. There have been fluctuations in awareness of the FSA over time, so this is similar to previous waves (74%-83%). See Figure 14.

Figure 14: Reported awareness of the FSA (November 2010 - May 2016)



Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

Clear variation in reported awareness of the FSA was apparent across socio-demographic groups at this wave. Groups that were *more likely and less likely* to report being aware of the FSA included:

- Respondents aged 36-49 were more likely to report awareness of the FSA (88%), while respondents aged 16-25 were less likely to do so (62%).
- White respondents were more likely than ethnic minority respondents (81% v 57%).
- Social grade AB respondents were more likely to report awareness of the FSA (89%), while social grade DE respondents were less likely (66%).
- Married respondents compared with single respondents (83% v 68%).
- Employed respondents, both part time and full time, were more likely to report awareness than unemployed respondents (82% v 73%).
- Respondents in rural areas compared with urban areas (86% v 75%).
- Respondents in the South East (91%), especially when compared with those in London (61%), as well as other regions (72%-84%).

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

5.2 Awareness of the FSA's responsibilities

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

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

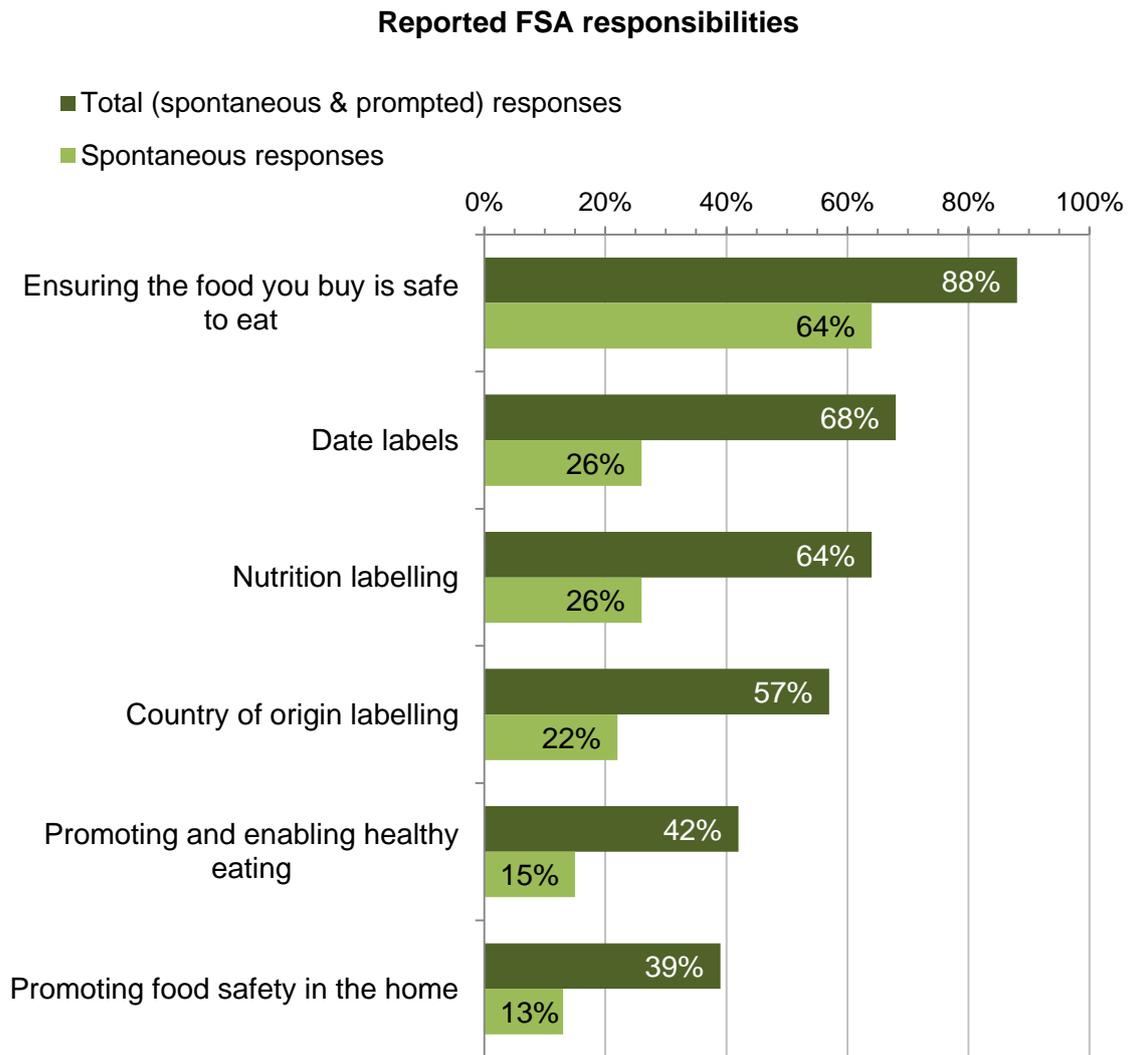
Q5b And which of these issues do you think the Food Standards Agency is responsible for?

- 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 3 responsibilities of the FSA most commonly reported (combined spontaneous and prompted responses) by respondents aware of the FSA were: ensuring the food you buy is safe to eat (88%), date labelling (68%) and nutrition labelling (64%). Ensuring the food you buy is safe to eat (64%) was also the most spontaneously reported responsibility.¹⁵ See Figure 15.

¹⁵ Average number of total responsibilities responses: Wave 1 (4.1), Wave 2 (4.16), Wave 3 (4.2), Wave 4 (4.1), Wave 5 (4.07), Wave 6 (4.07), Wave 7 (4.2), Wave 8 (4.19), Wave 9 (4.5), Wave 10 (4.25) Wave 11 (4.17), Wave 12 (4.37)

Figure 15: Reported responsibilities of the FSA (May 2016)

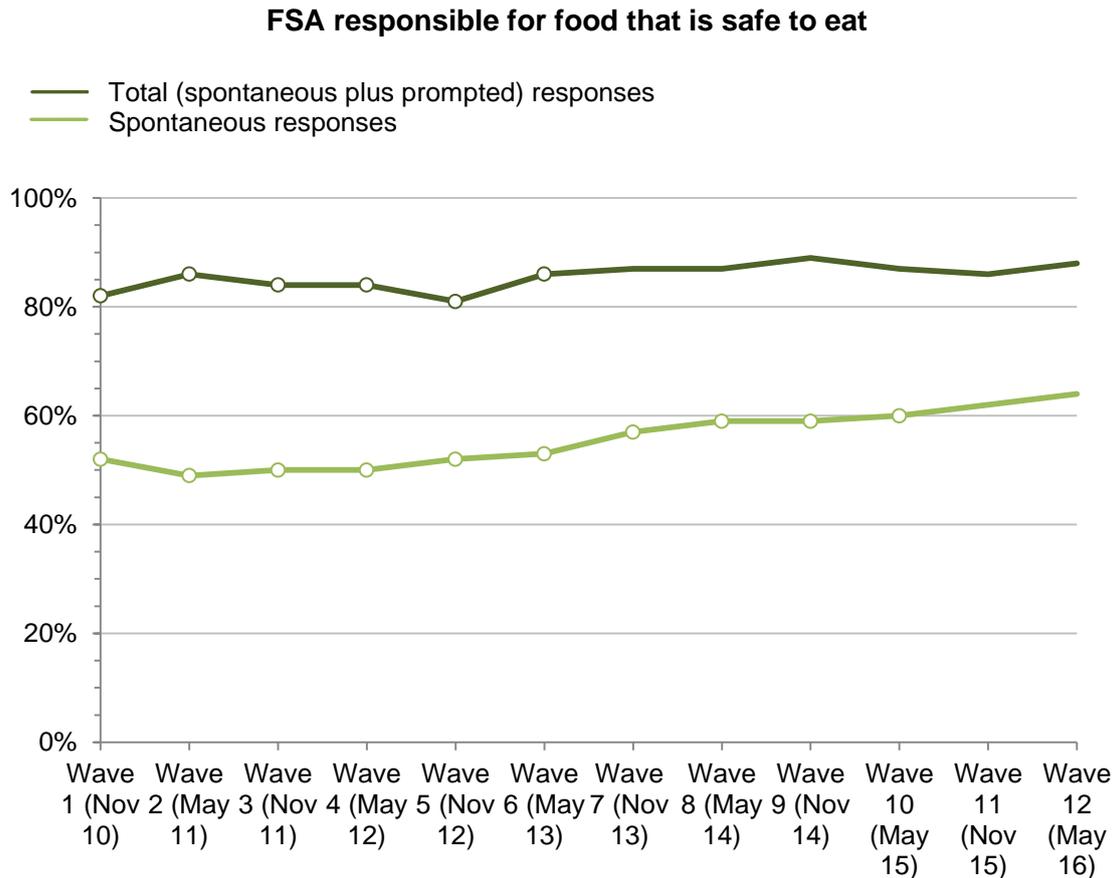


Base: All respondents who reported awareness of the FSA in England, Wales, and Northern Ireland

Weighted base (W12: 1,564, W1-W11: 1826 - 2,000). Unweighted base (W12: 1,421, W1-W11: 1,980-2,684)

At Wave 12, 64% of respondents spontaneously reported that 'ensuring the food you buy is safe to eat' was a responsibility of the FSA; the highest of the waves so far (49-62%). The percentage of respondents has stayed the same or increased wave on wave since Wave 2. See Figure 16.

Figure 16: Reported responsibilities of the FSA 'Ensuring food is safe to eat' (November 2010 - May 2016)



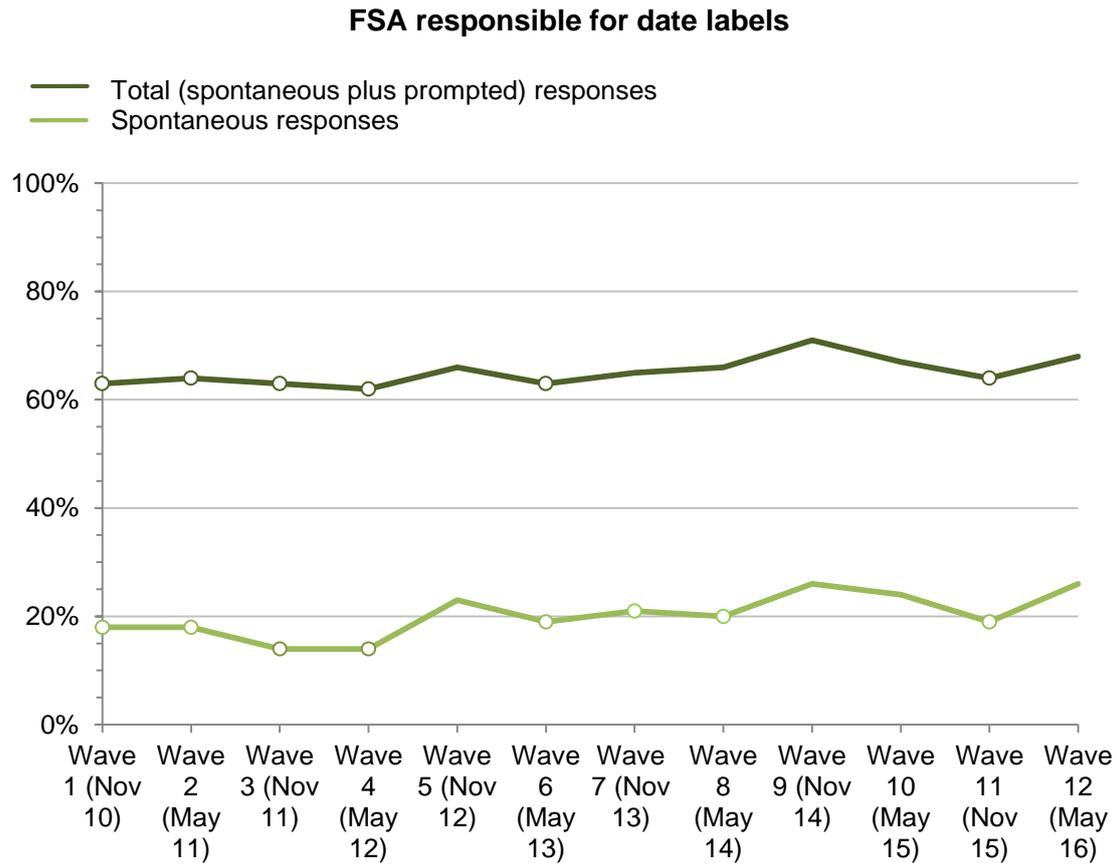
Base: All respondents who reported awareness of the FSA in England, Wales, and Northern Ireland

Weighted base (W12: 1,564, W1-W11: 1,826 - 2,000). Unweighted base (W12: 1,421, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

At Wave 12, 68% of respondents considered date labelling an FSA responsibility, higher than at all previous waves except Wave 9 (71%), though responses to this issue have tended to fluctuate over the series. See Figure 17.

Figure 17: Reported responsibilities of the FSA 'Date labels such as best before and use by dates' (November 2010 - May 2016)



Base: All respondents who reported awareness of the FSA in England, Wales, and Northern Ireland

Weighted base (W12: 1,564, W1-W11: 1,826 - 2,000). Unweighted base (W12: 1,421, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

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

Date labels:

- Social grade AB respondents were more likely to report that FSA had responsibility for date labelling, on a gradient from AB (77%) to DE (60%).
- Respondents in England (69%) compared with Northern Ireland and Wales (57%-58%).
- Respondents in the West Midlands and the East of England (both 74%), especially when compared with respondents in the East Midlands (61%).
- Respondents aged 50-65 (72%), especially when compared with those aged over 65 (64%).

Nutrition labels:

- Social grade AB respondents were more likely to report that the FSA had responsibility for nutrition labelling, on a gradient from AB (75%) to DE (49%).
- Respondents in England (65%) compared with Wales and Northern Ireland (52%-55%)
- Respondents in the East of England (71%), especially when compared with respondents in the East Midlands (60%).
- Respondents aged 50-65 (72%), especially when compared with those aged over 65 and 16-25 (both 64%).
- Married respondents compared with single respondents (67% v 59%).

Country of origin labels:

- Social grade AB respondents were more likely to report that the FSA had responsibility for country of origin labelling, on a gradient from AB (64%) to DE (48%).
- Respondents in the North West (62%), especially when compared with respondents in London (50%).
- Respondents aged 50-65 (62%) compared with other age groups (53%-60%), especially when compared with those aged 16-25 (43%).

Promoting healthy eating:

- Respondents in Northern Ireland (49%) were more likely to report that the FSA had responsibility for promoting healthy eating, especially when compared with those in England (41%).
- Respondents in the West Midlands (51%), especially when compared with those in the East Midlands (33%).
- Respondents aged 50-65 (46%), especially when compared with those aged 16-25 (34%).
- Married respondents compared with single respondents (44% v 35%).

Promoting food safety in the home:

- Respondents in Northern Ireland (49%) were more likely to report that the FSA had responsibility for promoting food safety in the home, compared with respondents in England and Wales (39%-33%).
- Respondents in the North East (52%), especially when compared with those in the South West (27%).
- Respondents aged 26-35 (45%), especially when compared with those aged 36-49 (34%).

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

5.3 Trust in the FSA

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

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

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

At Wave 12, 66% of respondents reported that they trusted¹⁶ the FSA to do its job whilst 7% of respondents reported that they distrusted¹⁷ the FSA to do its job. Trust saw a wave-on-wave increase from Waves 6-9 (55-65%). At Wave 12 trust remained at 65%; a similar level to Waves 1-5 and 10-11 (62-66%).

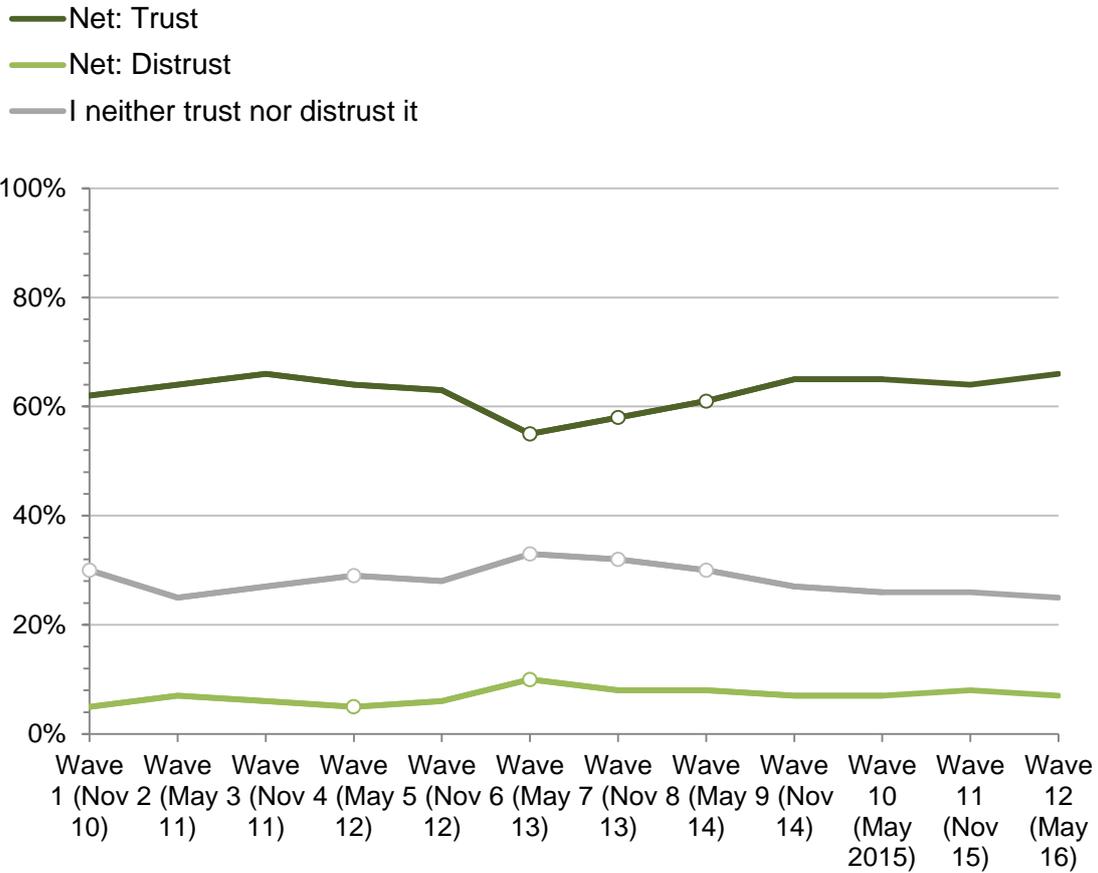
At Wave 12, the proportion of respondents who reported they 'neither trust nor distrust' the FSA (25%) remained similar to Waves 10 and 11 (26%), and lower than Waves 1 and 6-8 (30-33%). Distrust at Wave 12 (7%) was consistent with Waves 7-11 (7%-8%). See Figure 18.

¹⁶ 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.

¹⁷ 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.

Reported trust in the FSA to do its job (November 2010 - May 2016)

Trust in the FSA



Base: All respondents who reported awareness of the FSA in England, Wales, and Northern Ireland

Weighted base (W12: 1,564, W1-W11: 1826 - 2,000). Unweighted base (W12: 1,421, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

When looking at variation in levels of trust in the FSA between socio-demographic groups, the following groups were *more likely and less likely* to report that they trusted the FSA to do its job:

- Respondents aged 26-35 were more likely to report trust in the FSA (72%), especially compared to those aged over 65 (60%).
- Social grade C1 respondents were more likely to report trust (72%), particularly compared to social grade AB and DE respondents (both 62%).
- Respondents employed full time were more likely to report that they trusted the FSA to do its job (71%) compared to those employed part time or unemployed (64%-61%).
- Respondents in rural areas were more likely to report trust in the FSA than those in urban areas (71% v 64%).
- Respondents in Northern Ireland were more likely to report trust (77%) than those in England and Wales (65%-74%).
- Respondents in Yorkshire & the Humber were more likely to report that they trusted the FSA to do its job (71%), particularly when compared with respondents in the East of England (58%) and London (59%).

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

Conclusions

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

The majority of respondents reported that they were aware of the FSA. Trust in the FSA has remained consistent over nearly all waves (after falling in Wave 6). The main responsibility of the FSA reported by respondents remained ensuring that food bought is safe to eat.

Respondents in England (65%) were more likely to report that the FSA had responsibility for nutrition labelling compared with Wales (52%) and Northern Ireland (55%). However, although the FSA holds responsibilities for wider food labelling in Wales and Northern Ireland, it has not held responsibility for nutrition labelling in England since 2010. In England responsibility for nutrition labelling policy was transferred to the Department of Health, and general food labelling policy responsibilities (unrelated to food safety) were transferred to Defra.¹⁸

Reported awareness of hygiene stickers was higher than at all previous waves (39%), the result of a tendency to increase since Wave 1 (12%). Concern about food safety in food outlets remained relatively stable, and was marginally higher for restaurants, pubs, cafes and takeaways than for shops and supermarkets, consistent with previous waves.

Most food safety and wider food issues of concern have remained largely consistent with previous waves. For example, the amount of sugar in food remained the top food issue of concern. This wave, reported concern about sugar was higher than at all previous waves. Concern about sugar has also increased more than for any other food issue since Wave 1, and it has tended to increase wave on wave since Wave 7.

¹⁸ <https://www.food.gov.uk/enforcement/regulation/fir>

However, once again food prices was not the most commonly mentioned wider food issue of concern, which it was until Wave 10. Concern about food prices was lower than at all previous waves. This continues the decrease in respondents reporting this concern first detected at Wave 7. Meanwhile, concern about food waste was higher than at all previous waves. Concern about food waste has tended to increase wave on wave since Wave 8.

There were notable variations by socio-economic and socio-demographic group. These were often consistent with previous waves, for example women continued to report higher levels of concern than men for all food issues. However, at this wave social grade C1 respondents were more likely to report concern about food safety issues than respondents in other social grades. This was a change from previous waves, where social grade AB respondents were the most likely to report concern. The greatest socio-economic and socio-demographic variations at Wave 12 ranged from 20% to 30%, and are presented in Annex E.

Annex A: Technical summary

Methodology

Fieldwork for this wave took place from 18th to 22nd May 2016, and a representative sample of 2,044 adults (aged 16 and over) in England, Wales and Northern Ireland 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.

The 2001 Census small area statistics and the Postcode Address File (PAF) were used to divide the UK into a master sampling frame of 630 sample points. The frame was then refined down to 415 points in the UK and 14 in Northern Ireland by stratifying points according to Government Office Region, Social Grade¹⁹ and urban/rural coverage. Sequential waves of fieldwork are conducted systematically across this sampling frame to provide maximum geographical dispersion and ensure that sample point selection remains representative for any specific fieldwork wave.

For Wave 12 of the attitudes tracker, a total of 132 sample points were included. To reduce clustering effects, each of these primary sampling points was divided into two halves. Fieldwork clusters comprising aggregations of wards were defined from the chosen half of each sample point; 200-250 addresses were then sampled for fieldwork from each cluster, using the PAF. All interviews were conducted by the TNS field team and in accordance with strict quality control procedures. Quotas (by sex, working status and presence of children) were set during interviewing to ensure representativeness, whilst any sample profile imbalances in all these demographic criteria were corrected at the analysis stage through weighting against national distribution of age, gender, social grade and area. A summary of the number of participants from different age groups and gender can be found in the table below.

¹⁹ Refer to Annex C for an explanation of social grade criteria.

Age	Weighted	Unweighted
16-24	246	288
25-34	329	314
35-44	322	290
45-54	286	297
55+	643	855
Female	939	1060
Male	887	984

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

Background

The Tracker survey has been conducted since 2001. During this time, a number of changes in methodology and questionnaire content have occurred.

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

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

- *April 2001-December 2001*: research conducted quarterly;
- *October 2001-September 2002*: research conducted monthly;
- *December 2002-March 2010*: research conducted quarterly;
- *November 2010 – to May 2016 (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.²⁰ 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), 3 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 4 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. At Wave 10 two new response options 'Chemicals from the environment, such as lead, in food' and 'Food not being what the label says it is' were added to

²⁰ 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>

question 1A) and 1B). At Wave 12, no sample boosts were undertaken in Scotland. Although fieldwork took place with a small number of Scottish respondents, without boosts, numbers would be insufficient to make any conclusions about Scottish respondents in general. Consequently, this report only presents findings for England, Wales and Northern Ireland. To ensure that comparisons from the current wave to previous waves are valid, Scottish responses have been removed from the previous waves – ensuring that findings from England Wales and Northern Ireland are being compared with findings from the same countries. This means that figures presented in the current report may differ from ones presented

Annex B: Wave 12 Questionnaire

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

(Spontaneous)

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

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

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

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

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

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

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

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

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

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

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

(Base: All adults UK)

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

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

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

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

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

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

(Spontaneous)

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

- 01: Ensuring the food you buy is safe to eat
- 02: Promoting food safety in the home
- 03: Promoting and enabling healthy eating and healthy lifestyles
- 04: Ensuring food is sustainable – such as reducing green house emissions and reducing waste when producing food
- 05: Nutrition labelling information, such as traffic light labelling
- 06: Date labels, such as “best before” and “use by” labels

07: Country of origin labels, which identify where food comes from

08: Other (specify)

(DK)

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

01: I trust it a lot

02: I trust it

03: I neither trust nor distrust it

04: I distrust it

05: I distrust it a lot

(DK)

Annex C: Occupational Groupings²¹

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

²¹ Social grade is weighted according to 2006 BARB data: <http://www.barb.co.uk/>.

Annex D: Time series data

Food issues of concern

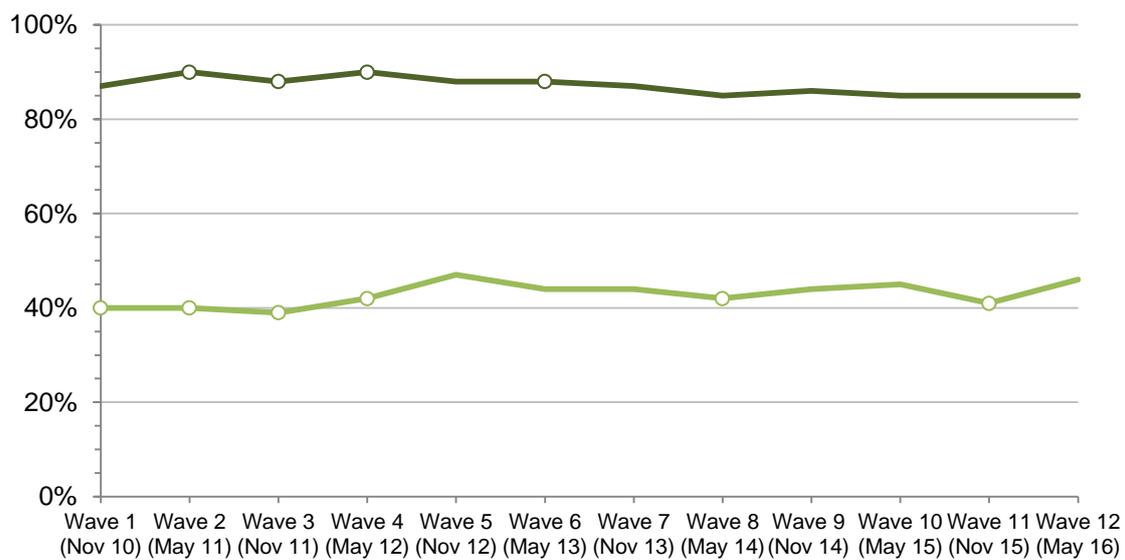
Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Circled data points represent statistically significant differences to Wave 12

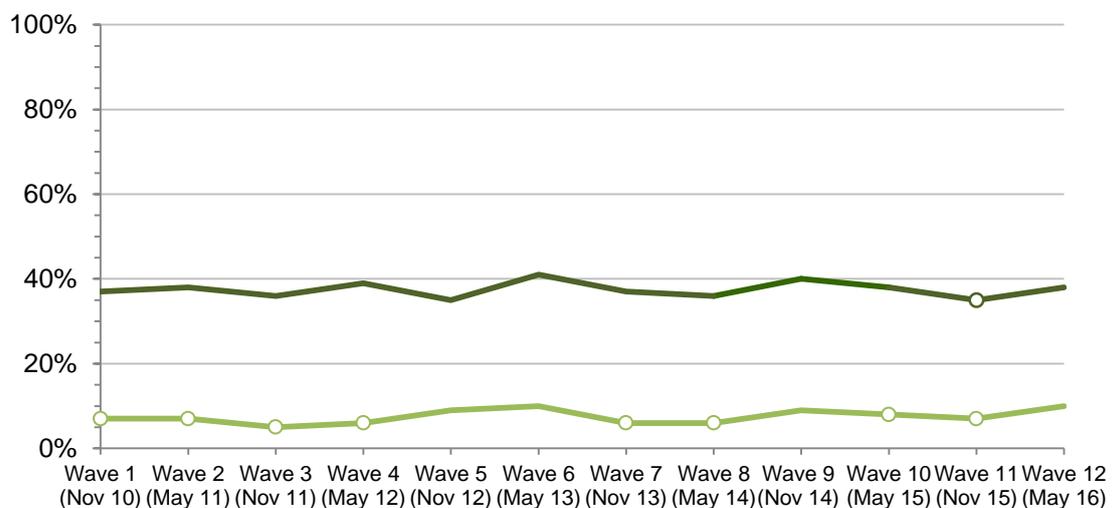
- Total (spontaneous plus prompted) responses
- Spontaneous responses

Any concern about food issues

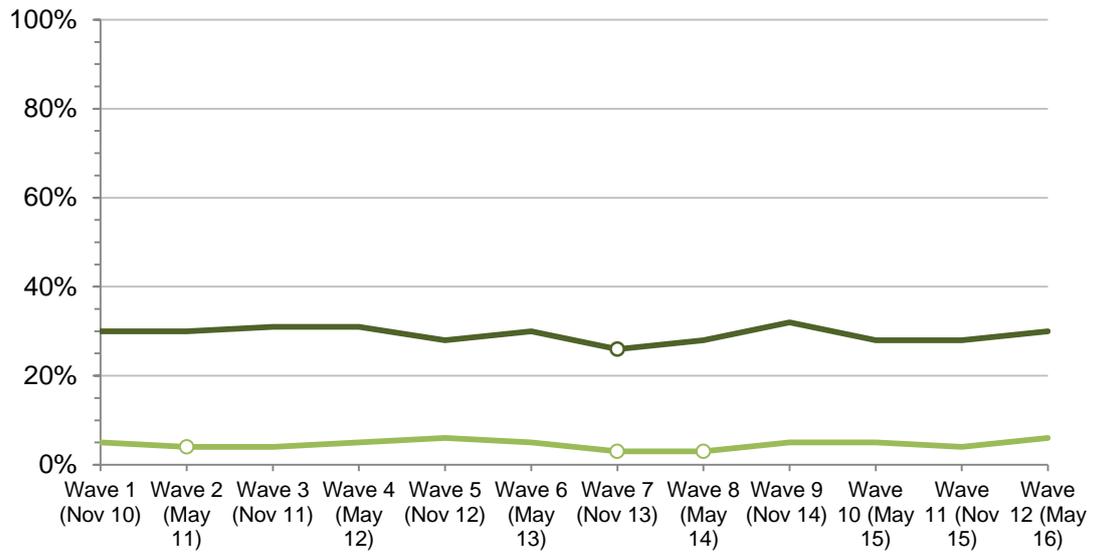


Food safety issues of concern

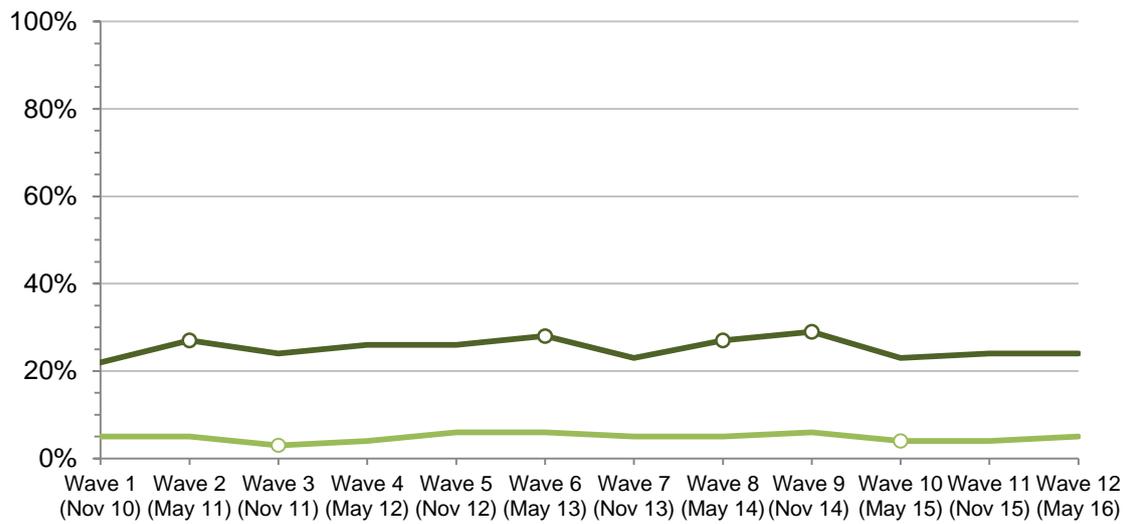
Food Hygiene When Eating Out



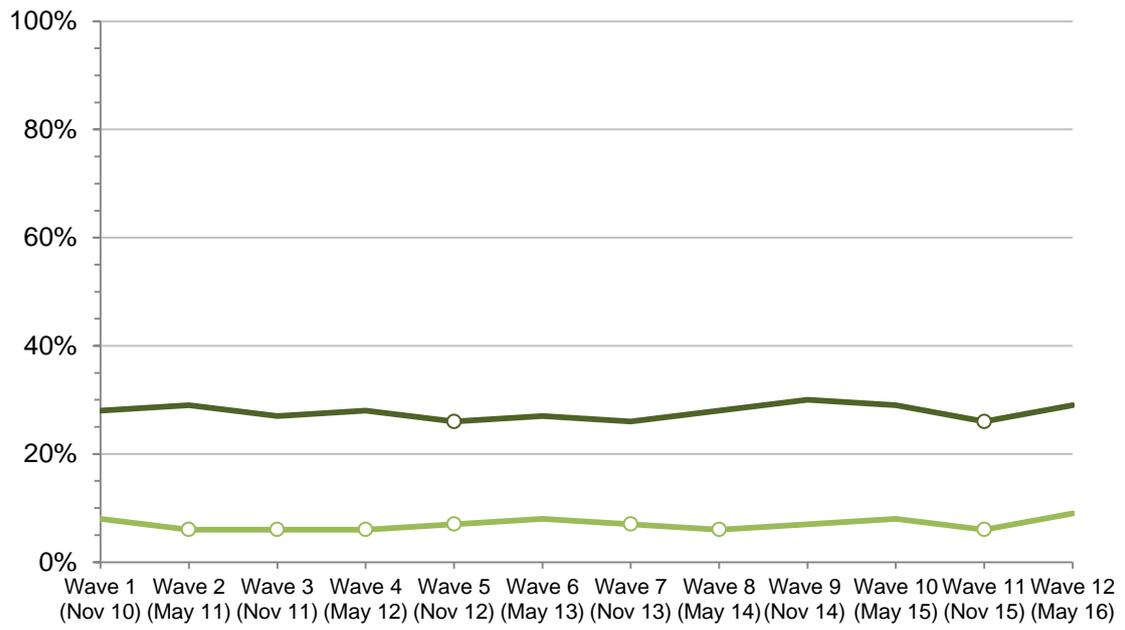
Food Poisoning



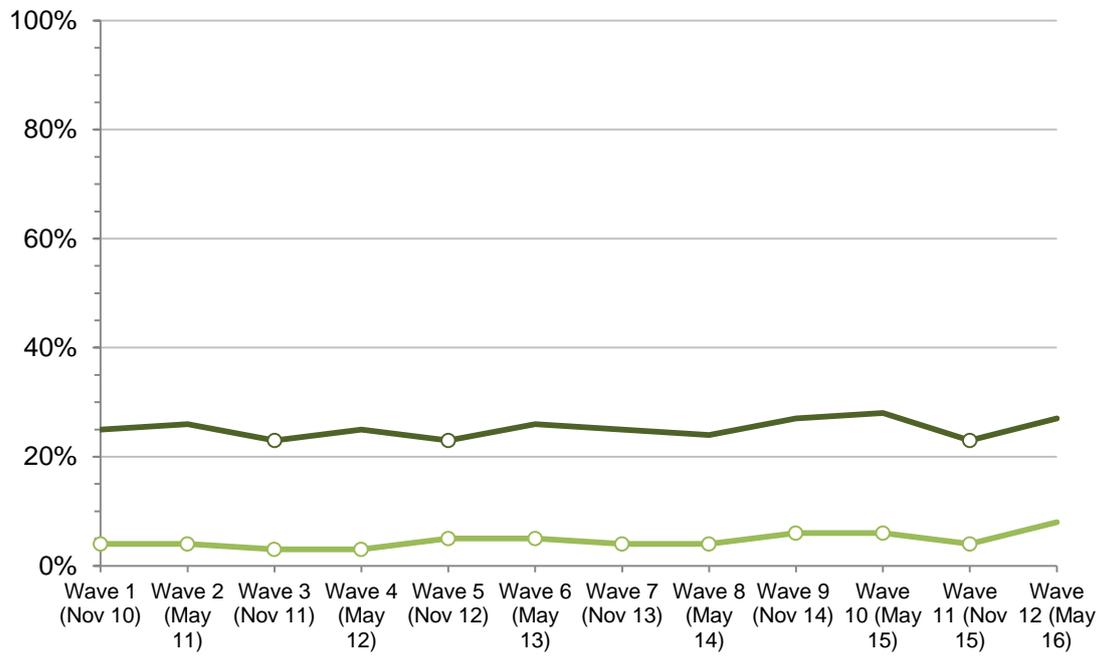
Date labels



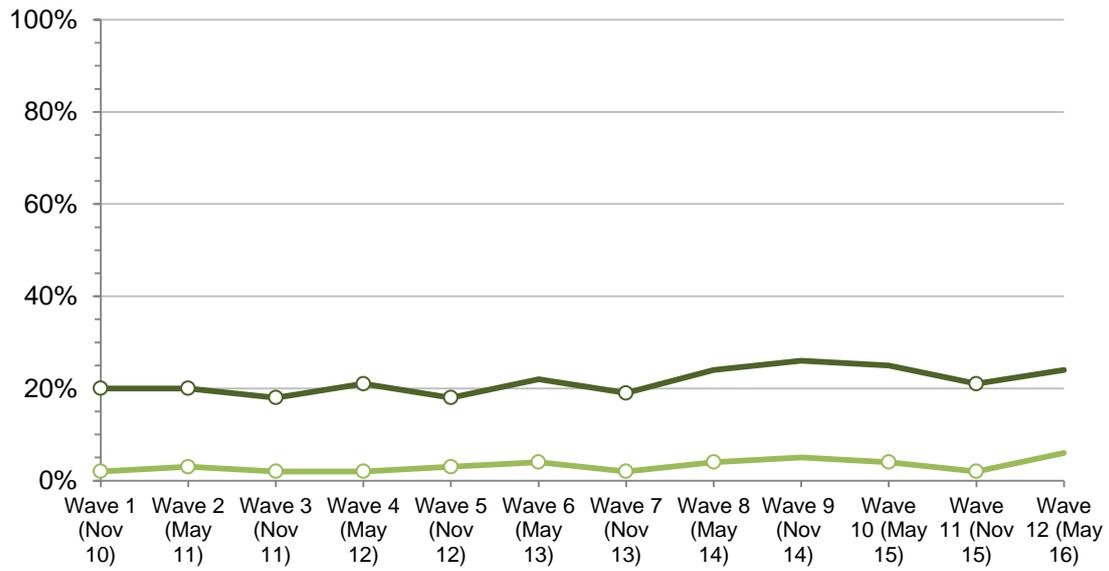
Use of Additives



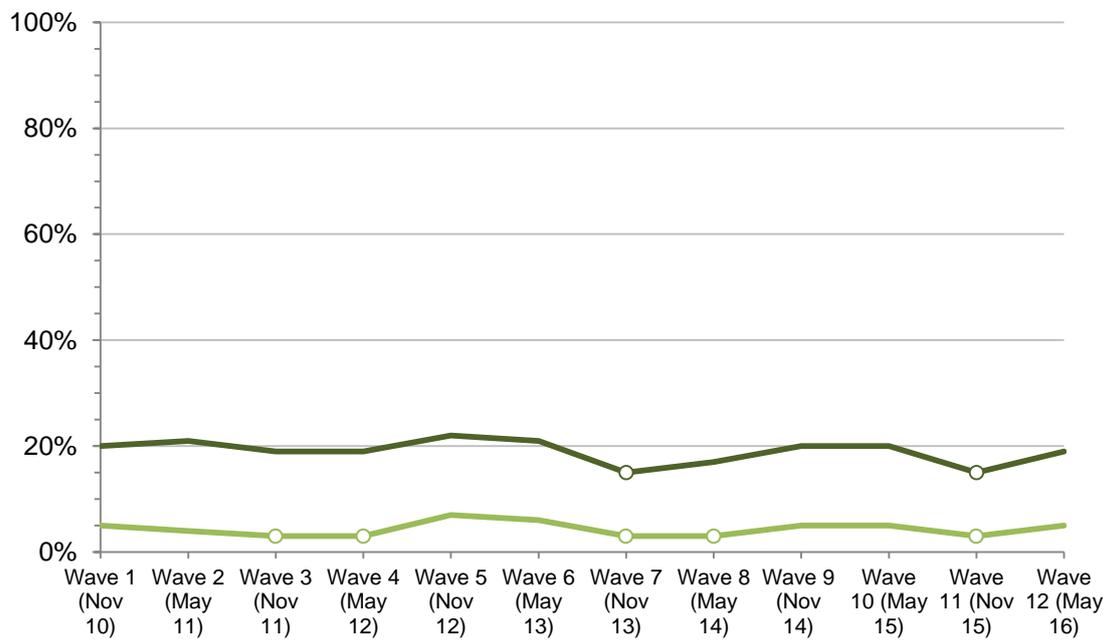
Use of Pesticides



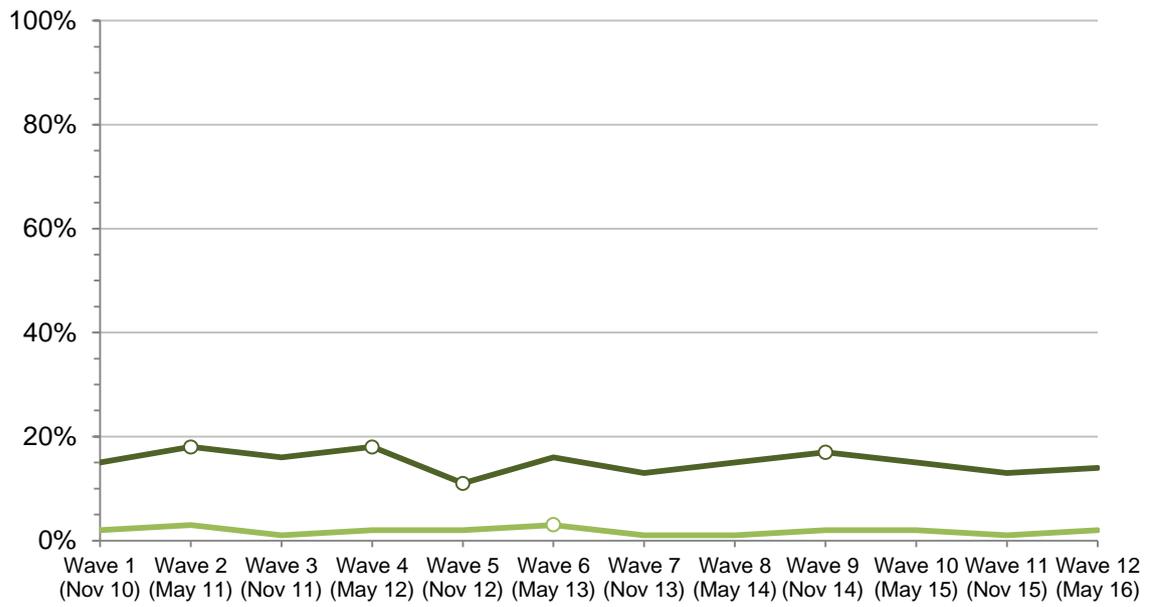
Hormones / steroids / antibiotics in food



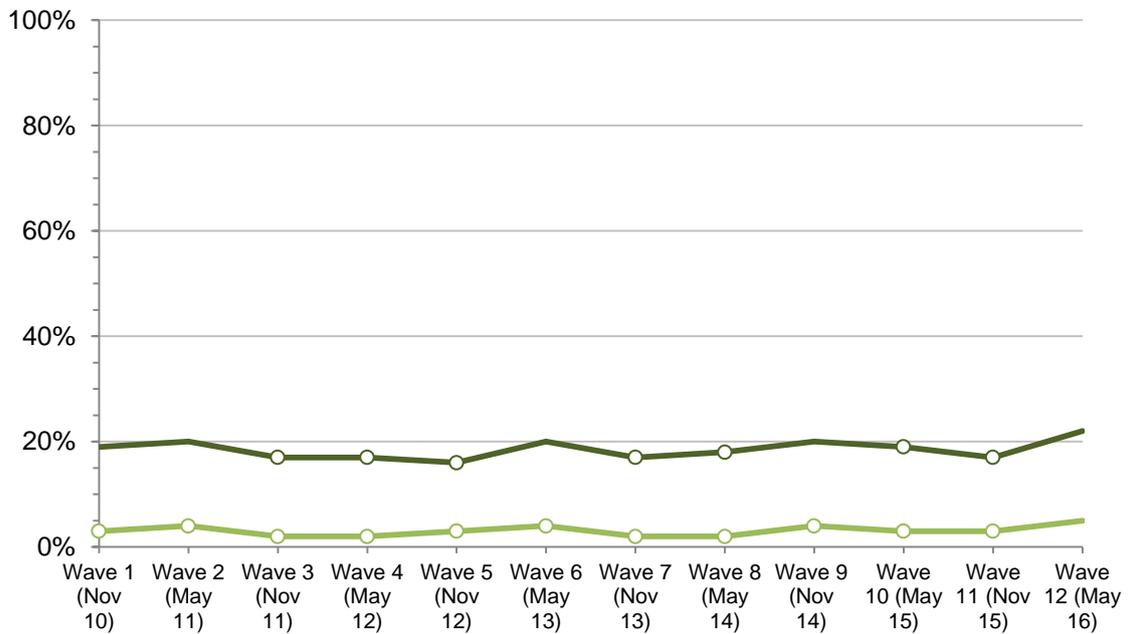
Food hygiene at home



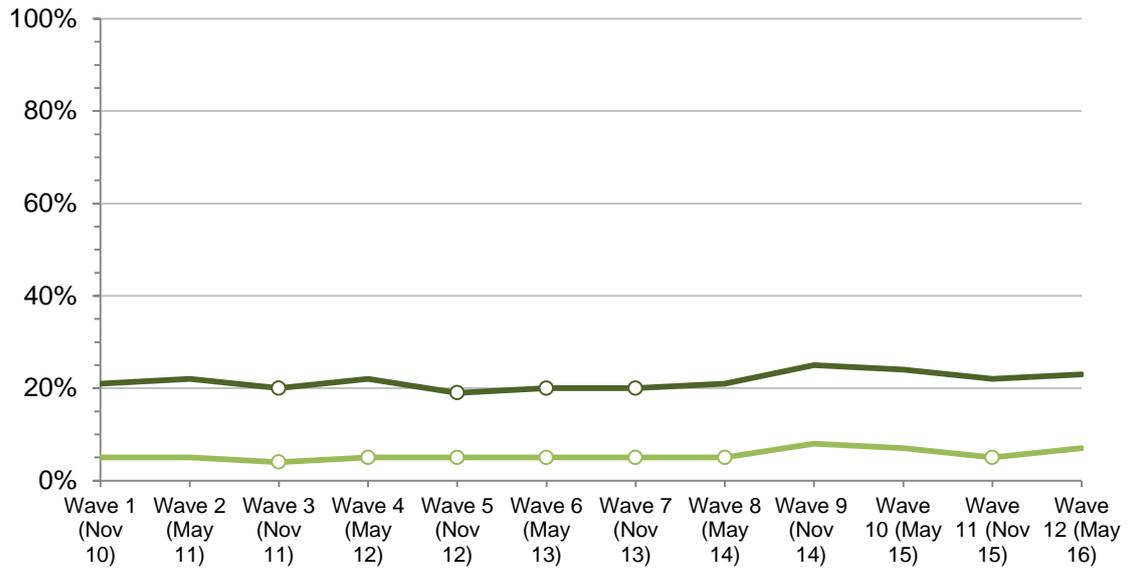
BSE



Feed given to livestock

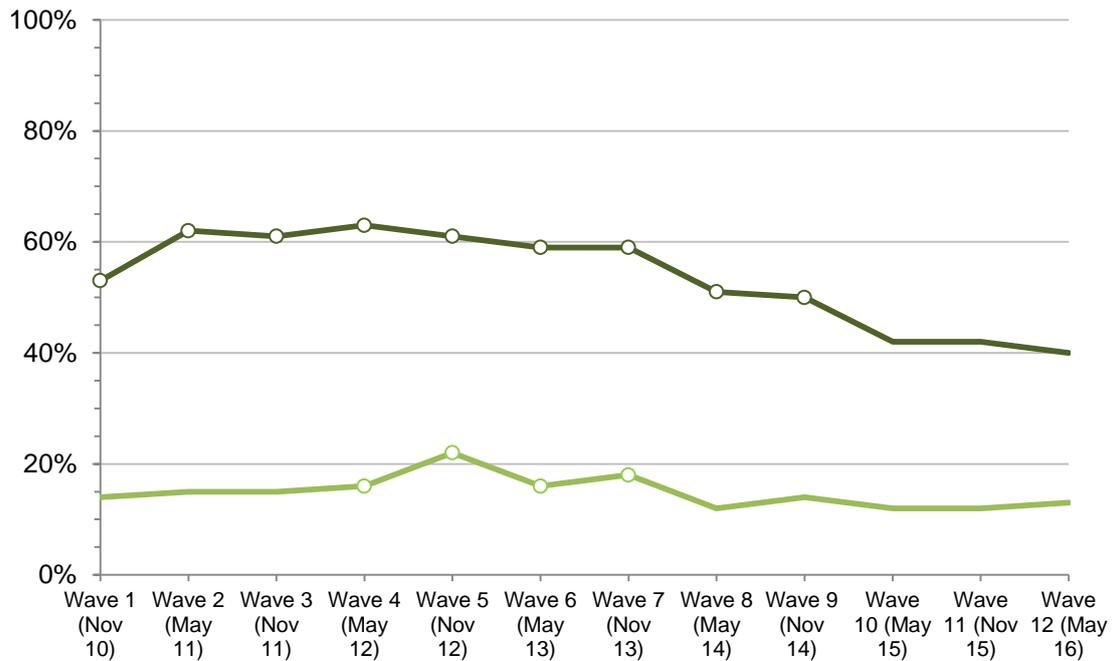


GM foods

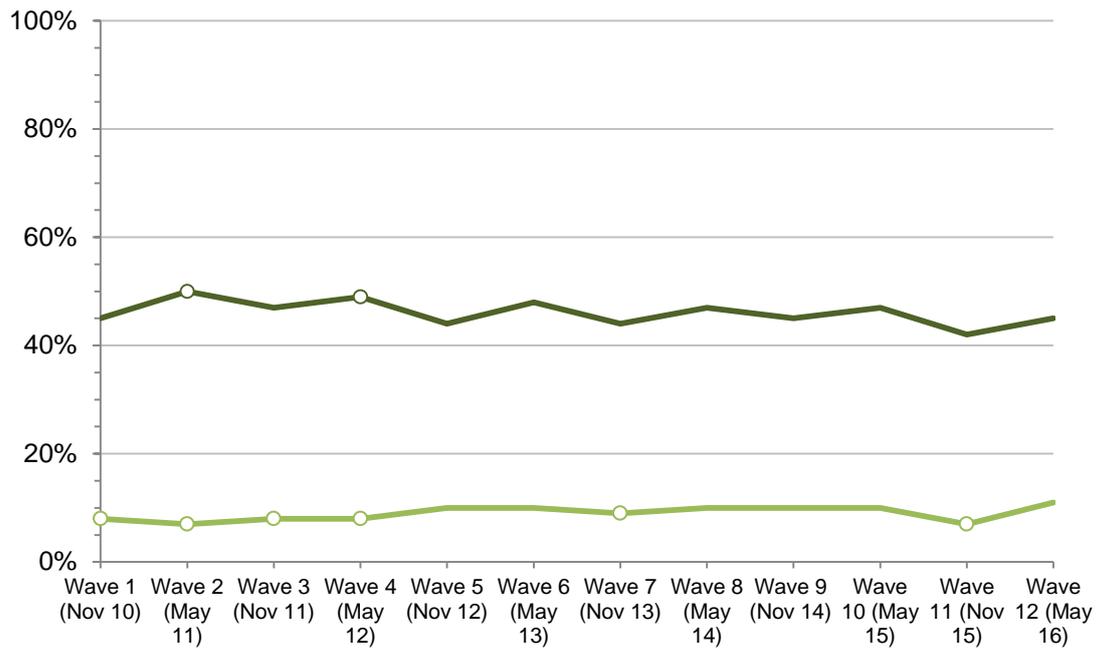


Wider food issues of concern

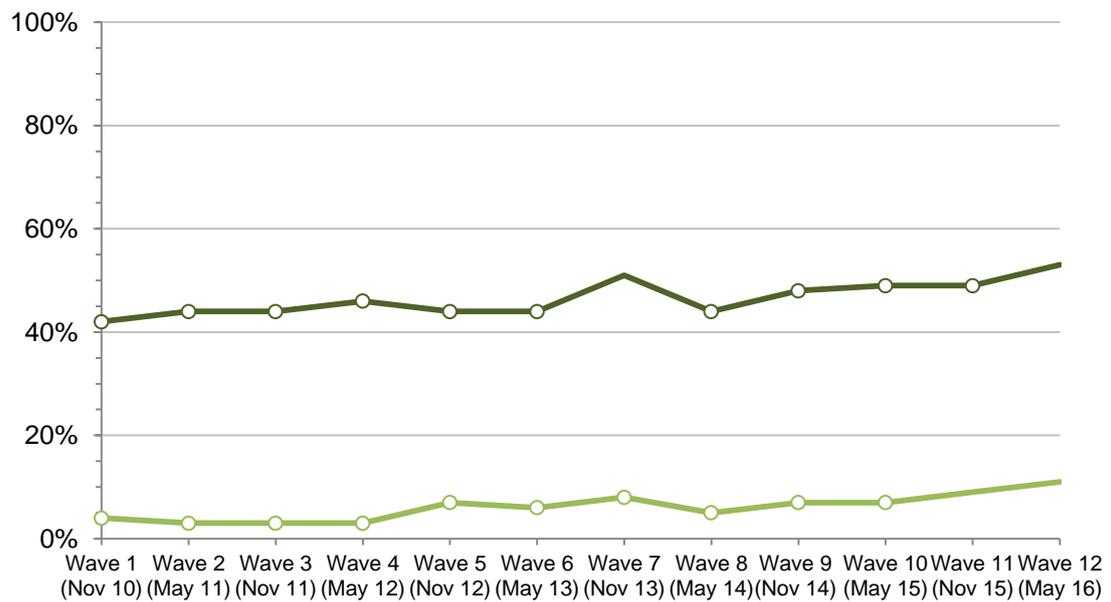
Food prices



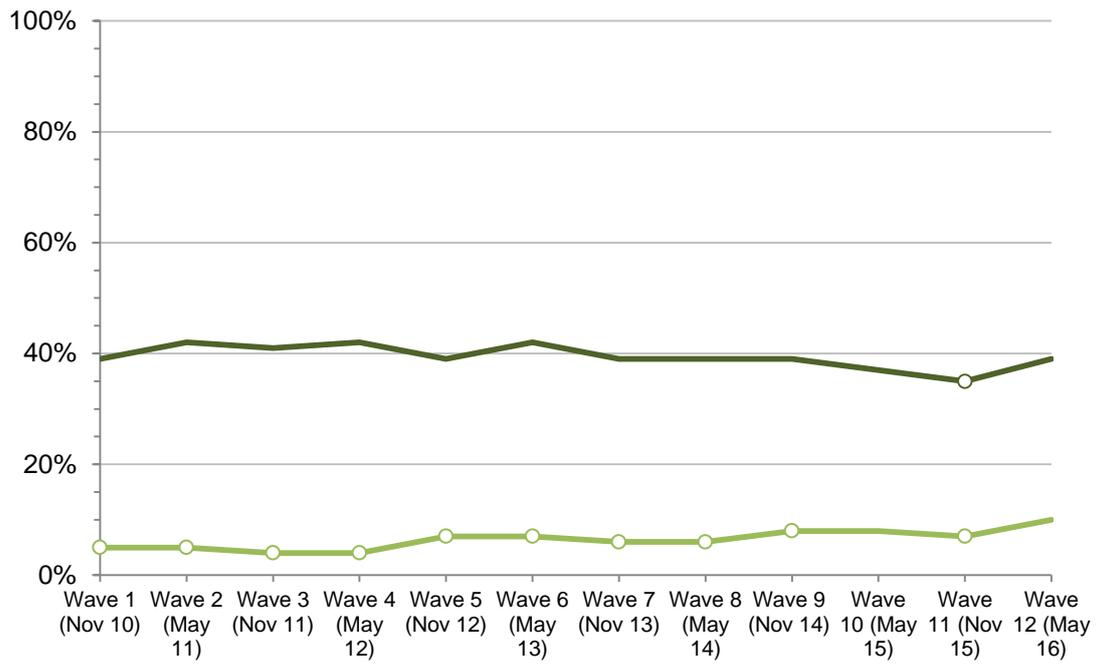
Amount of salt in food



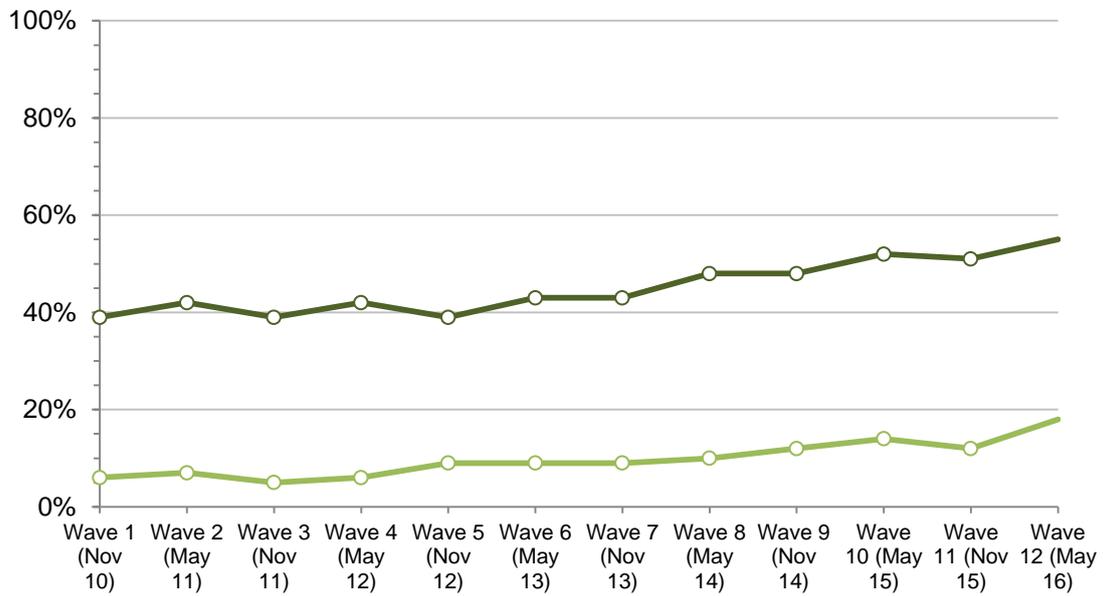
Food waste



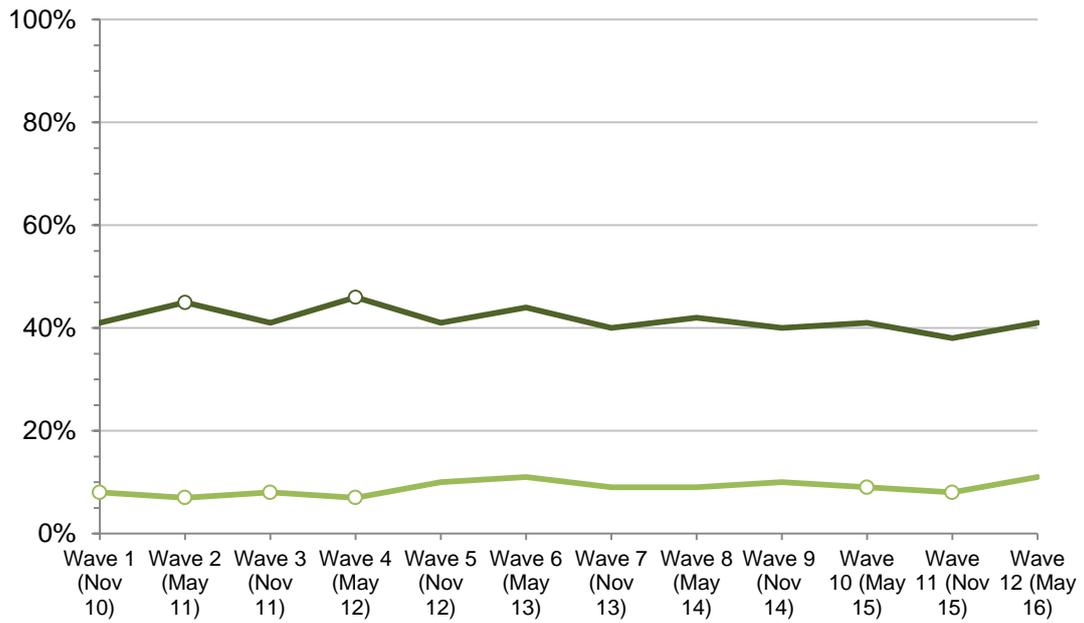
Amount of saturated fat in food



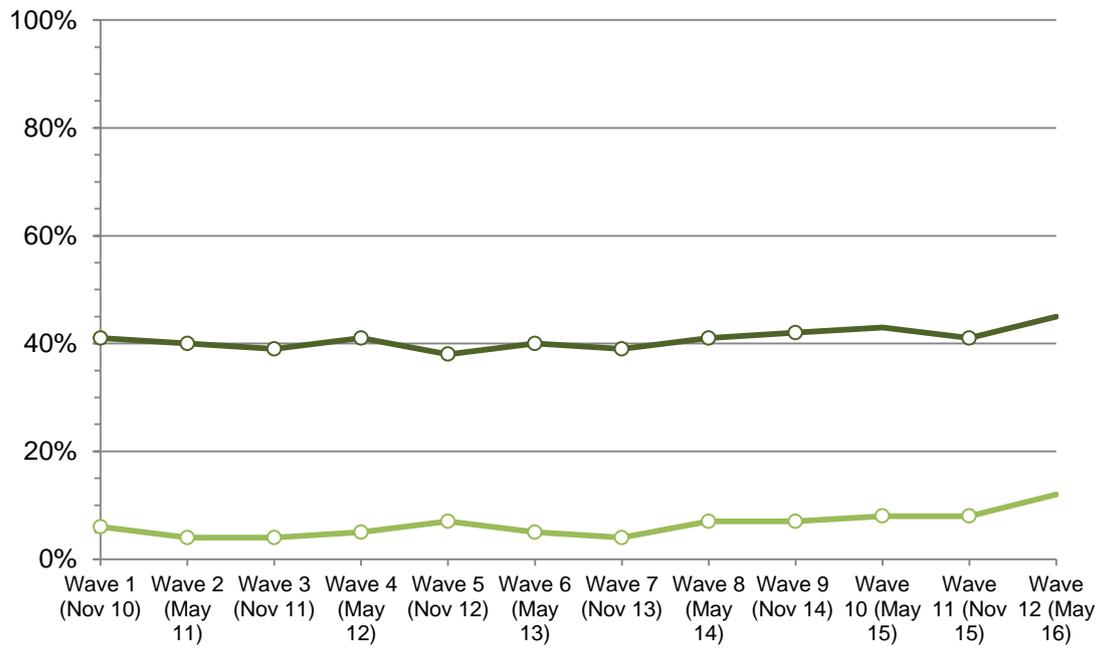
Amount of sugar in food



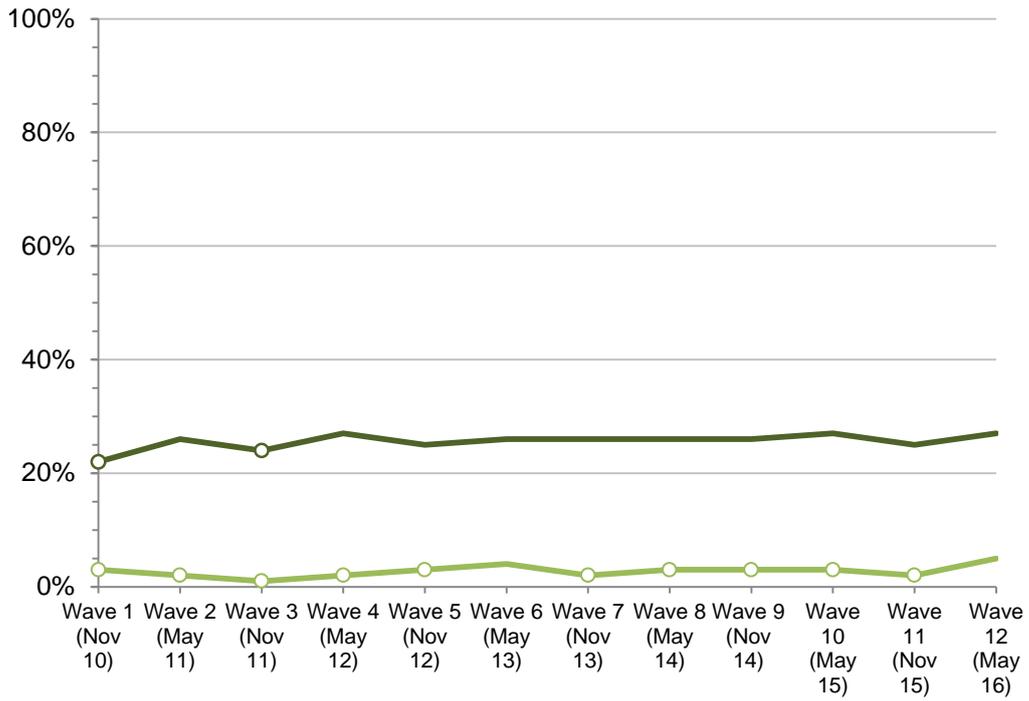
Amount of fat in food



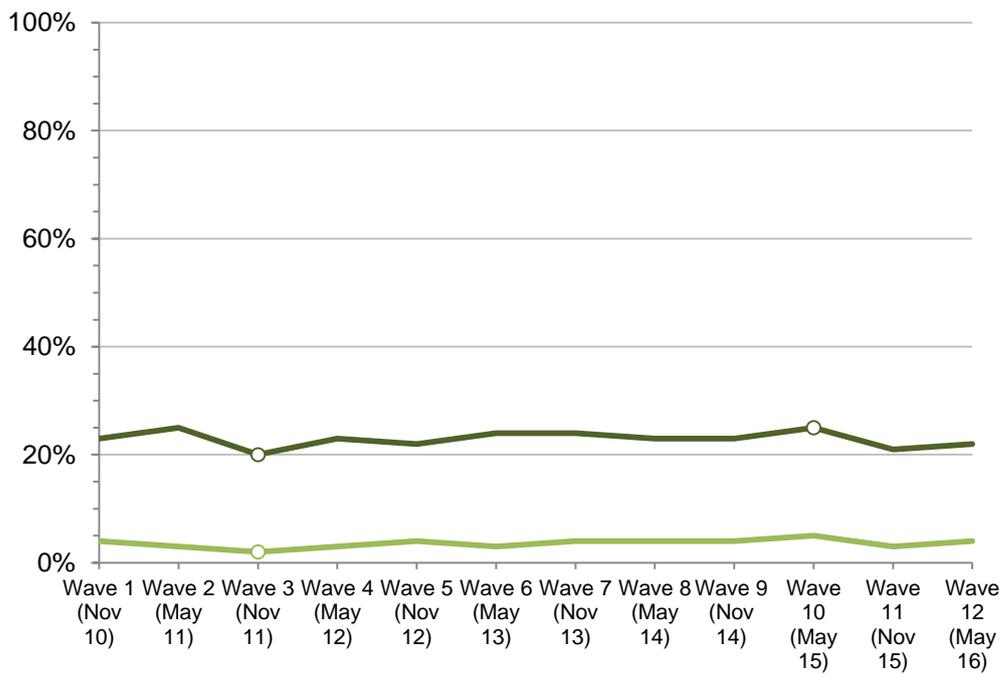
Animal welfare



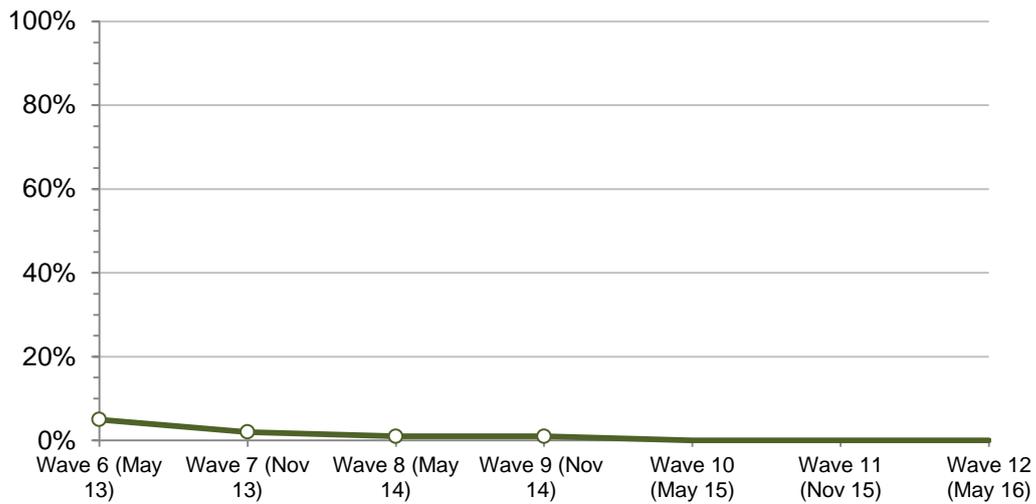
Foods aimed at children



Food miles



Horse meat / meat not being what it is claimed to be



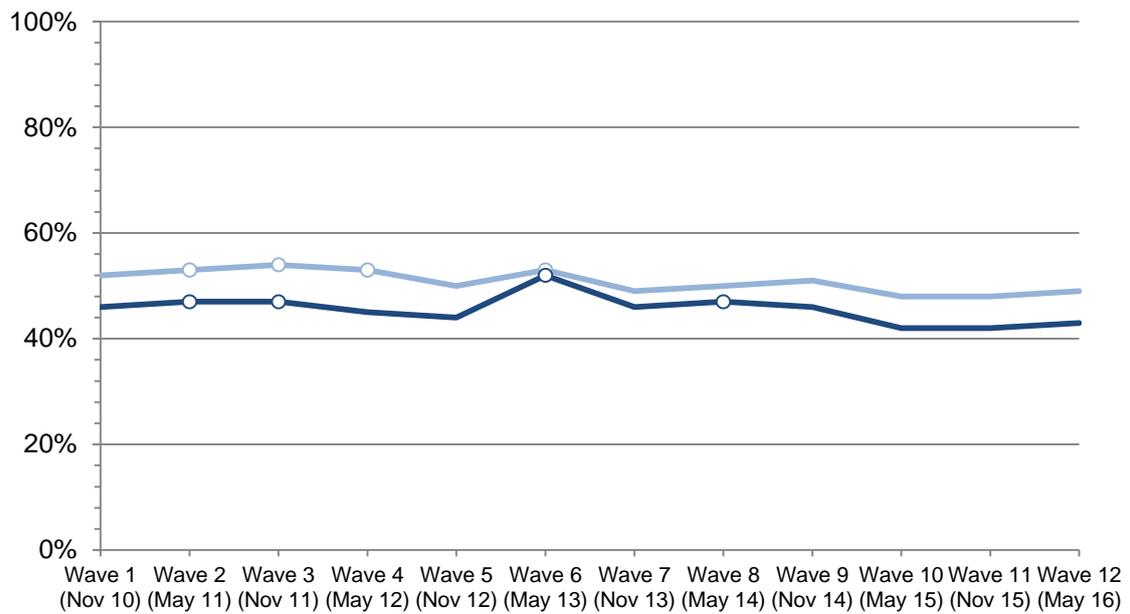
Concern about food safety in food outlets

Base: All respondents, England, Wales and Northern Ireland

Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)

Concern about food safety in UK food outlets

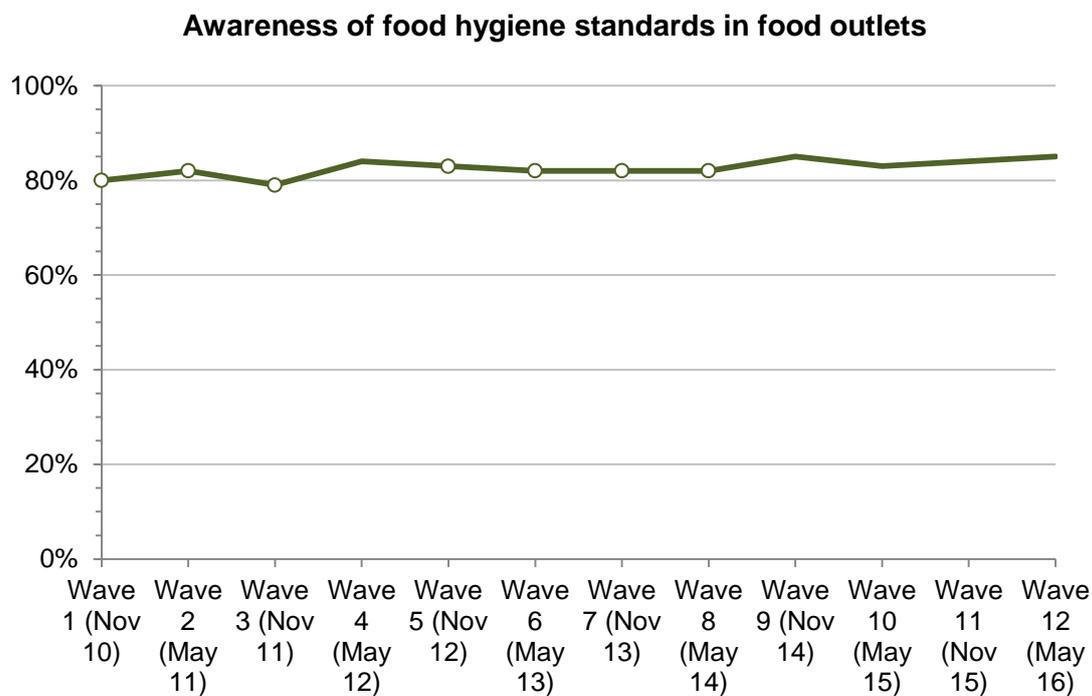
- Restaurants, pubs, cafes, takeaways
- Shops and supermarkets



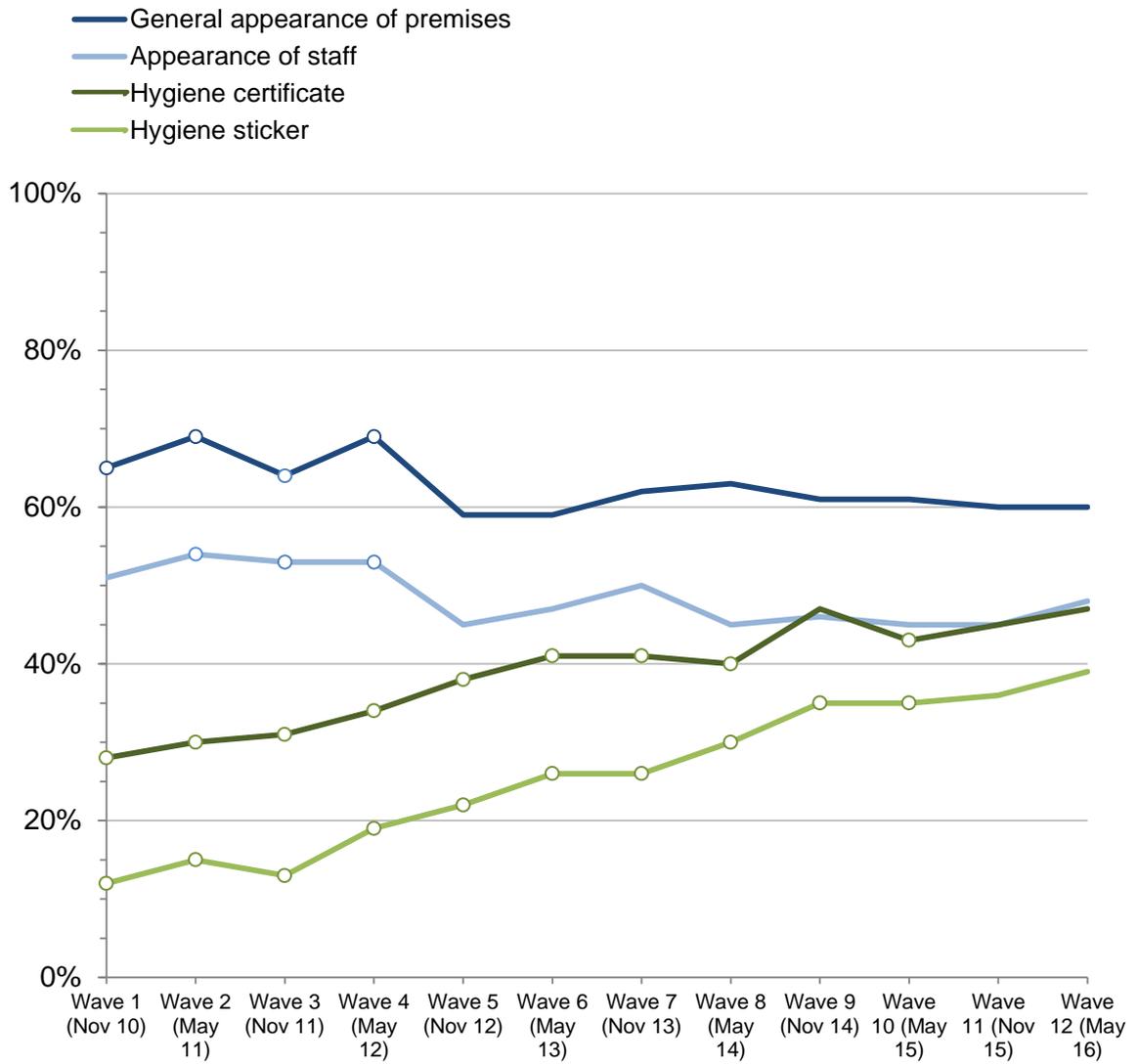
Awareness of food hygiene standards in food outlets

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

Weighted base (W12: 1,556, W1-W11: 1826 - 2,000). Unweighted base (W12: 1,724, W1-W11: 1,980-2,684)



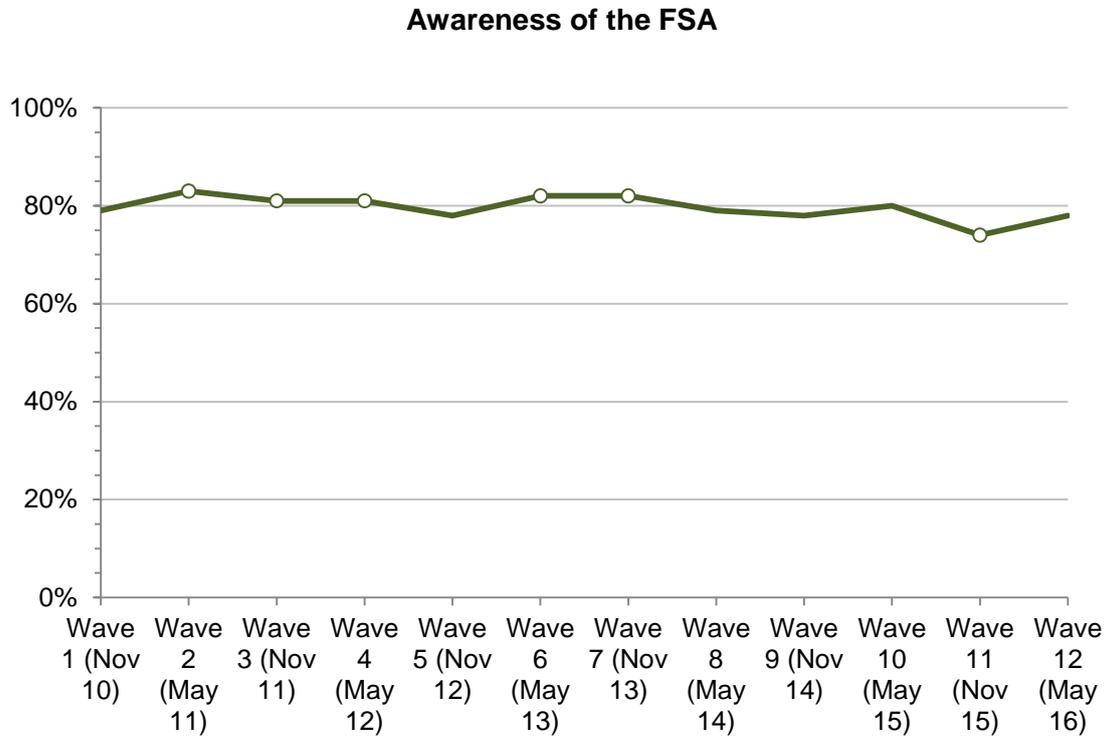
How respondents are aware of hygiene standards over time



Awareness of the FSA

Base: All respondents, England, Wales and Northern Ireland

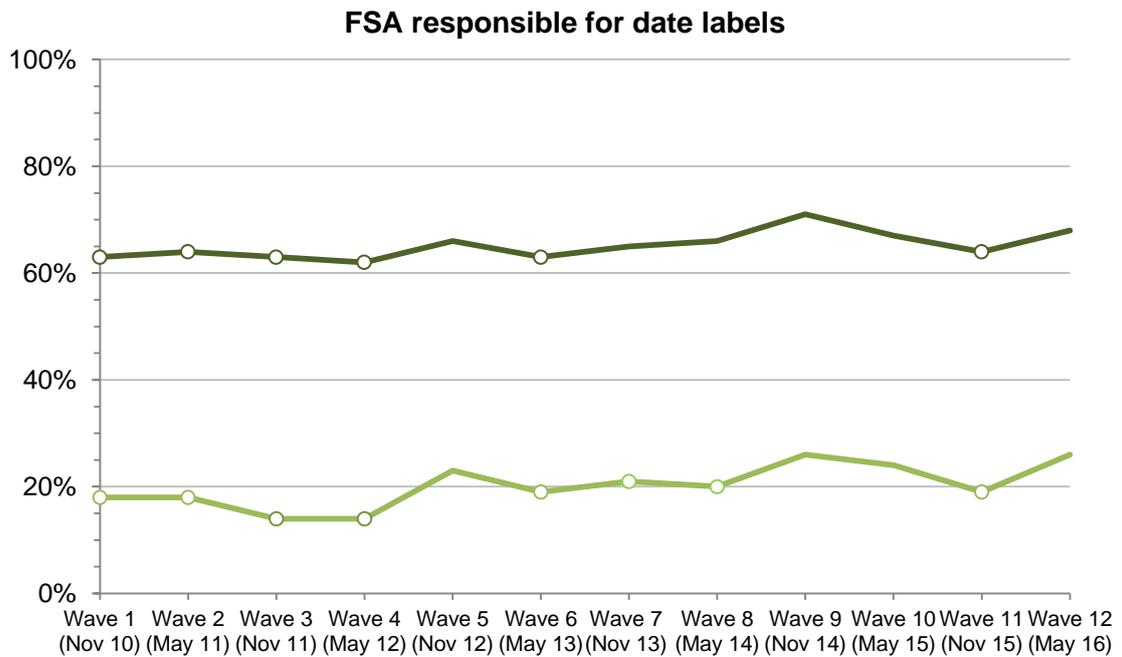
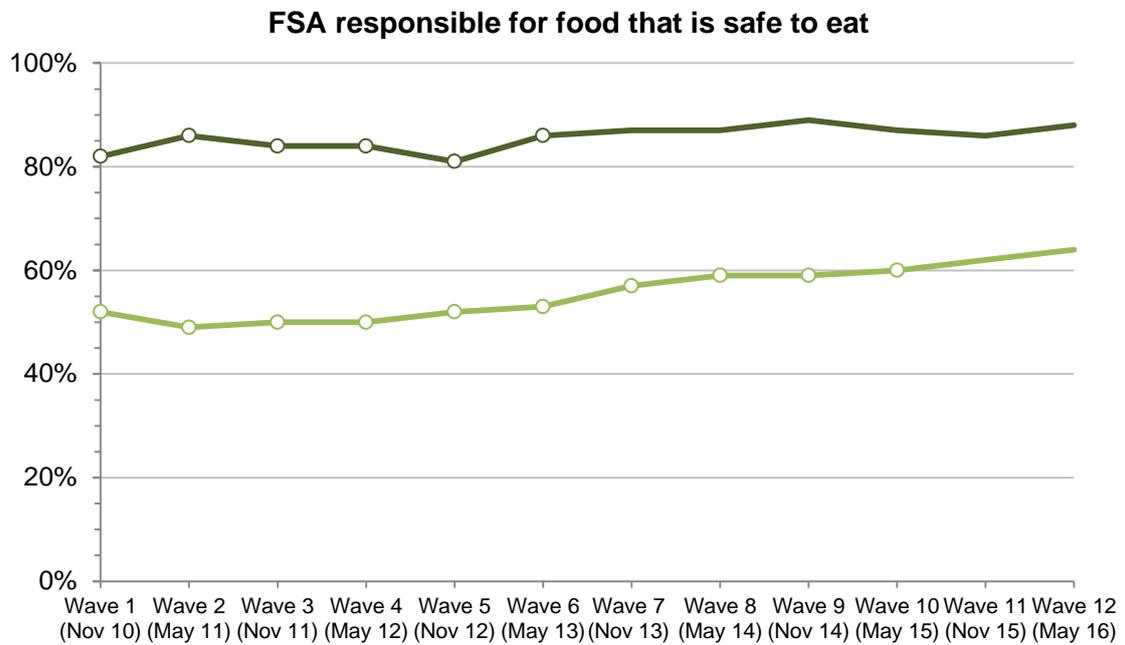
Weighted base (W12: 1826, W1-W11: 1826 - 2,000). Unweighted base (W12: 2,044, W1-W11: 1,980-2,684)



Awareness of the FSA's responsibilities

Base: All respondents who reported awareness of the FSA in England, Wales, and Northern Ireland

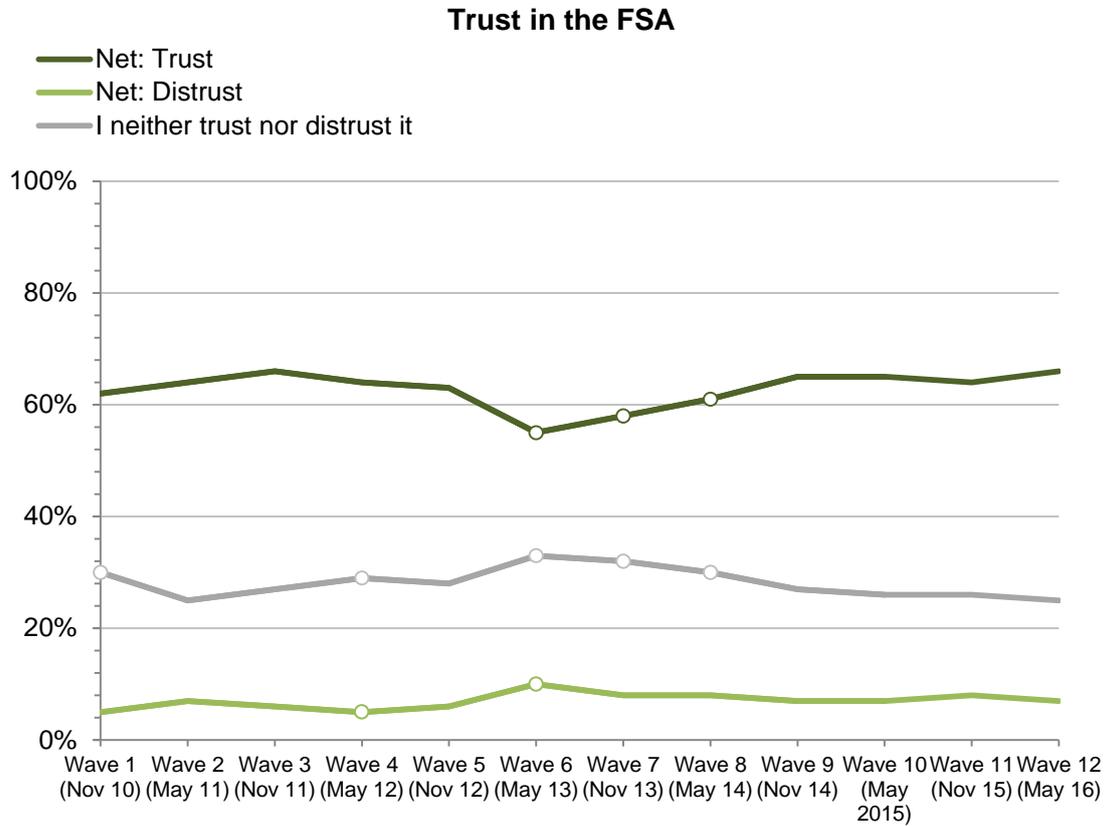
Weighted base (W12: 1,564, W1-W11: 1826 - 2,000). Unweighted base (W12: 1,421, W1-W11: 1,980-2,684)



Trust in the FSA

Base: All respondents who reported awareness of the FSA in England, Wales, and Northern Ireland

Weighted base (W12: 1,564, W1-W11: 1826 - 2,000). Unweighted base (W12: 1,421, W1-W11: 1,980-2,684)



Annex E: Greatest socio-economic and socio-demographic variations

The greatest socio-economic and socio-demographic variations at Wave 12 ranged from 20% to 30%, as follows:

Food issues of concern

- Respondents in the North East were more likely to report no concern about food issues compared with those in London (34% v 12%).
- Respondents in the North East were particularly less likely to report concern about the amount of sugar in food compared to those in the South East (45% v 65%).

Awareness of Hygiene Standards

- Respondents aged over 65 were least likely to report using hygiene certificates (29% v 47%-54%) and hygiene stickers (27% v 40%-45%).
- On a gradient from oldest to youngest, oldest respondents were more likely to base their knowledge of hygiene standards on the appearance of premises (70% v 52%) and staff (60% v 34%).
- Respondents in the North East were least likely to report using hygiene certificates, particularly compared with those in the South West (38% v 59%).

Awareness of the FSA

- Respondents in the South East were more likely to report awareness of the FSA, especially when compared with those in London (91% v 61%).
- Respondents aged 36-49 were more likely to report awareness of the FSA, particularly compared with those aged 16-25 (88% v 62%).
- White respondents were more likely to report awareness of the FSA than ethnic minority respondents (81% v 57%).
- Social grade AB respondents were more likely to report awareness of the FSA, especially compared with social grade DE respondents (89% v 66%).

