Consumer Understanding on Additional Labelling Terms for Foods without Cereals Containing Gluten as Ingredients
## Administrative Information

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I Acknowledgements

This report was produced by Define Research and Insight on behalf of the Food Standards Agency.
II Executive Summary

Key Approach

- The purpose of this research was to explore reactions to a potential new statement which could appear on packaging, menus or product lists to highlight that a product does not contain cereals containing gluten as an ingredient. Such a statement may assist individuals who want to follow a diet that does not contain gluten to make informed choices about the food they buy. This statement was ‘No gluten containing ingredients’. This research was conducted in order to understand any assumptions made about the statement, how helpful potential consumers would think it was for them and any need for additional information to support it. In addition, potential supporting explanatory statements were also explored to understand their impact and how necessary these were to support the statement.

- The statement and supporting explanatory statements were explored in the context of pre-packed foods and product lists but in particular in the context of catering outlets and menus.

- A qualitative approach was used on this project, with thirty-four respondents interviewed who either i) had coeliac disease (gluten intolerance), ii) were a parent of a child who had coeliac disease (gluten intolerant) or iii) a parent where both the parent and their children had coeliac disease (gluten intolerance). The interviews took place over the telephone and were around thirty minutes in length. The respondent sample was largely comprised of respondents who took part in an earlier FSA research project into new labelling terms for foods for people with...
gluten intolerance\(^1\). It also included five respondents who had not taken part in the previous research (see Recruitment section below for methods of recruitment).

- In addition to interviews with consumers, six health professionals (HPs) were also interviewed in thirty minute telephone-depth interviews. This sample comprised of one GP, three Dietitians and two Practice Nurses. This sample again was drawn from those individuals who had taken part in the previous research.

- At the recruitment stage (that is on initial contact) all respondents were given the opportunity to provide their spontaneous reaction to the statement ‘No gluten containing ingredients' and their initial response was noted.

- Prior to the interview taking place, respondents were also sent a pre-task to read and complete. The pre-task (see Appendix 5 and 6) outlined some of the context for the new statement being proposed and asked them to consider the statement in light of this information.

- Both discussion guides for those with coeliac disease and parents of those with coeliac disease and Health Professionals are available in appendices 7 and 8 respectively.

- For additional details on sample breakdown and rationale for research approach, please see Appendix 1.

\(^1\) The findings from this study have been published on the FSA’s website at: www.food.gov.uk/science/research/researchinfo/foodcomponentsresearch/allergyresearch/surveyallergy/glutenintol.
Key Findings

• A range of different strategies are being used by respondents when eating away from the home to help them make safe food choices. Many are actively looking for ways to reduce their risk. However, there were a few within the sample who relied more on their own judgement and were not necessarily always thoroughly checking to establish whether the foods they ate contained gluten.
Response to ‘No gluten containing ingredients’ statement

- The statement ‘No gluten containing ingredients’ (hereafter referred to as NGCI) was generally welcomed by the research audience. NGCI also emerged as the most effective and appropriate statement compared to some alternatives tested.

- NGCI was perceived as a useful statement for making decisions when eating out, especially in the context of other changes on labelling food suitable for those people wishing to avoid gluten, for example changes to gluten free statements on menus. The NGCI statement was considered suggestive of several positive meanings, firstly that the food may be appropriate for them and thereby providing them with more choice. It was also considered a useful ‘short cut’ when choosing foods and was suggestive that the outlet was actively considering both their condition and their needs. Finally, and in the context of an eating out establishment, the NGCI label indicated that the caterer has achieved certain standards of food preparation.

- However, for many of those with coeliac disease and some of the Health Professionals, the statement did not in the first instance convey the potential risk of cross-contamination with cereals containing gluten. Instead it was often initially understood as indicating that the food had no gluten in it, or that it was equivalent to the definition for the ‘gluten-free’ (hereafter referred to as GF) phrase and, as such, foods with this statement may automatically be considered as safe for them to eat.

- The context in which the phrase will be used however is likely to have an impact on the levels of understanding and there are indications that more information is likely to be required to help inform decision making.

  o **NGCI statement on a menu/eating out establishment** – In an eating out context the statement is more likely to be queried by those for who cross-contamination with cereals containing gluten is a top of mind concern. Taking this statement at face value for many...
was less reliable because so much depended on the knowledge and attitude of the waiting and kitchen staff. There are indications however that some respondents in the sample may select NGCI labelled food without giving due consideration to cross-contamination with cereals containing gluten. As such, it would suggest that additional information will be important for those that might not ask, and even for those who are likely to ask questions, in order to make more informed choices.

- **NGCI statement on pack** – For most respondents a label on packaged food can be seen as a ‘stamp of approval’ – it’s been tested and is safe. Therefore when considered in this context, the assumption for many was that the packaged food with a NGCI statement would be safe to eat and the risk of cross-contamination with cereals containing gluten was not considered. If the product was placed in store next to GF foods, it may be more obvious that it is not the same as GF and therefore it may prompt greater consideration of its suitability. However, additional information (ideally on pack) about the statement is likely to be required to ensure an informed choice.

- **NGCI statement on a product list** – In the context of the product list, where it was felt more appropriate to give reasons why foods were in certain ‘categories’, it was expected that a more detailed explanation would be provided about the purpose of the statement and the risk of cross-contamination with gluten.

**Key Recommendations**

**Informing consumers about the new statement and the risk of cross-contamination with cereals containing gluten**

- The research suggested that education is likely to be required in the first instance to help those people wishing to avoid gluten to fully understand
the NGCI statement and its implications in order that it can be correctly understood and used to make informed choices about the food being purchased. Given the degree of confusion and potential risk of misunderstanding, the information will need to clearly state to those wishing to avoid gluten (and health professionals) how the labelling is going to change and what the different labelling will mean to them. This should also ideally include a broader description of how NGCI differs from the statements GF and Very Low Gluten (hereafter referred to as VLG). This will be important to ensure that those people wishing to avoid gluten are able to make informed choices.

- Supporting information is likely to go some way to help consumers understand the different labels and what is suitable for them. As well as a written explanation it may also be helpful to show this information diagrammatically in order to make the information easier to access. There emerged several elements that will be particularly important to relay to both consumers and to the health professionals who advise them. These included:

  - the way that foods are labelled to indicate they are suitable for people wishing to avoid gluten is changing
  - some foods that were previously labelled as GF may have contained up to 200 ppm of gluten, which may make them unsafe to some people with coeliac disease
  - the new rules will make food safer for those with coeliac disease and enable them to identify foods which are suitable for their condition
  - two phrases, which have defined amounts of gluten, will be used to replace the current labelling term GF:
    - ‘Gluten-Free’ – which will be used on foods containing 20 ppm or less of gluten
    - ‘Very Low Gluten’ which will be used on foods containing 21-100 ppm gluten and must contain a cereal ingredients which has been specially processed to reduce the level of gluten e.g. codex wheat starch
In the context of explaining these changes NGCI needs to be introduced as a distinct statement that will inform the consumer about the absence of gluten containing ingredients used in the food. Further elements that may be useful to relay about this statement included:

- this statement is different to ‘Gluten-Free’ and Very Low Gluten
- products labelled with this statement are those that are not proven to reach the limits required to be called GF or VLG
- although these products will consist of ingredients which do not contain gluten, these foods may have been prepared where there is a risk of cross-contamination with cereals containing gluten, although steps should have been taken to minimise this
- cross-contamination with cereals containing gluten affects different people in different ways and individuals with coeliac disease can tolerate differing amounts of gluten
- it may also be useful to inform how cross-contamination may have happened in a pre-packed setting

Whilst this additional supplementary information will be valuable, additional information is also likely to be required at the point of sale.

**Further information that consumers may require with the statement NGCI**

- **On Menu** – The presence of an NGCI statement is unlikely to stop many consumers from asking questions to determine whether they should eat a particular food. Further information would however be helpful to provide both a greater understanding of the NGCI statement and to remind them it is different to GF, allowing them to make a more informed choice.

- Mentioning cross-contamination within a supporting statement generated two responses. For some of those who had previously not considered the issue, (that is those who were eating un-labelled food...
before and preferring not to think too much about any potential risk), this obviously highlighted that risk, making it more top of mind and this was sometimes disconcerting. However, most respondents felt that the additional information was useful to have.

- Therefore there needs to be a balance between informing the audience of the risks without being overly off-putting. Further, (if caterers are willing) inviting consumers to ask more questions in the establishment would be very much welcomed and helpful for those less confident.

- The research indicated a potential phrase which could be present on menus alongside the NGCI statement to encourage a dialogue between customers and serving staff, that is:

  Please ask us about the steps we have taken to minimise cross-contamination with gluten containing foods.

- **On Pack** – Given the frequent assumption that NGCI had the same meaning as GF, additional support information on pack is likely to be essential to fully inform consumers and allow them to make the appropriate choice to suit their needs. However, it is likely that given the care with which most people with coeliac disease approach their diet, these food items would be avoided by some. There is also the chance that these foods may be avoided if GF alternatives are more readily available.

- Two options emerged from the research as to the potential additional information to convey on pack:

  1. In manufacturing this product, steps have been taken to minimise cross-contamination with gluten containing foods.

  2. This has been produced in a factory which also produces gluten containing foods.
Communicating the statement (and labelling changes)

- A range of channels emerged as key to communicating the NGCI statement and label changes. Expectations were typically around information supplied via a leaflet or website. Coeliac UK (hereafter referred to as CUK) was top of mind for most respondents and remained a valued and trusted source of information. Currently established lines of communication between CUK and its members would be a valuable resource for FSA in this instance.

- In addition, supermarkets and point of purchase communications were frequently mentioned by respondents as an appropriate and effective way of informing them of changes. Dietitians could also be utilised to convey information about labelling and forthcoming changes, although this would be limited to newly diagnosed people with coeliac disease rather than those already living with the illness. Pharmacists could also provide information at point of prescription. Some respondents mentioned specific websites that advise people with coeliac disease on eating out e.g. Gluten Free London, which would be assumed to be more specific about the impact of the labelling changes on eating out. Finally, although FSA was not top of mind, it is likely to be an acceptable messenger of the information.
Introduction

A. Background

Context of Research

Coeliac disease is defined as a permanent intolerance to gluten (a protein found in cereals such as wheat, rye and barley) and the presentation of symptoms is entirely dependent on the presence of gluten in the diet. Therefore consistent, clear and unambiguous food labelling is essential for consumers who are gluten intolerant, so that they can make informed choices about what they can, and cannot eat, and thereby manage their condition effectively.

Following a change in the food labelling rules in November 2005, people wishing to avoid gluten have been able to determine whether pre-packed foods contain a gluten-containing cereal and have, therefore, been able to avoid eating certain foods. However, there has been no legal definition of the permitted levels of gluten or labelling terms that should be used on those food specifically marketed for people who need to avoid gluten e.g. those products labelled as 'gluten free'. Therefore, currently there is currently an inconsistency in the labelling and the levels of gluten present in these 'coeliac-friendly' products. Some products may contain gluten levels as high as 200 parts per million (ppm). There are a number of reasons why gluten may be present in these products and the elimination/reduction of gluten is achieved in a number of different ways. Some products have been reformulated to remove the gluten-containing ingredients or to include substitute ingredients i.e. the gluten-containing cereal is replaced by a cereal ingredient which does not contain gluten, such as maize or rice flour. Such products tend to have very low levels of gluten, which may be present as a

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2 In November 2005 food labelling rules required pre-packed food sold in the UK and the rest of Europe to show clearly on the label if the food contains cereals containing gluten, including wheat, rye, barley and oats.
result of cross-contamination at some point in the food chain. There are also products that have gluten containing cereals as ingredients, but at very low levels and others that are naturally gluten free. Other products include gluten-containing cereals that have been specially processed to remove almost all the gluten (e.g. codex wheat starch) and usually contain a slightly higher residual level of gluten than the substitute products. However, due to technological constraints, it is not possible currently to eliminate gluten altogether from all specially formulated foods and, in some cases it is necessary to include some wheat starch in order to maintain the consistency and/or texture of the food as it is the gluten which gives bread its chewy texture.

In January 2009, new legislation[^3] was introduced to bring EU-wide consistency to these types of food labelling claims. Consumer reactions to labelling terms such as; ‘gluten free’ and ‘very low gluten’ were extensively researched by Define in the spring of 2009[^4].

Recent consultations with stakeholders, however, indicate some manufacturers and caterers feel that they would not be able to meet the criteria set by this new legislation. This may result in a more limited number of dietary options being available for those people wishing to avoid gluten, especially when eating away from the home and could result in them making risky food choices. This is counter to the objective of Commission Regulation (EC) 41/2009 which is to provide information to with coeliac disease to allow them to make an informed choice about the foods they should eat, whilst protecting their health. In response to this, the Food Standards Agency (FSA) has, in collaboration with these key stakeholders, developed a factual statement about the absence of gluten containing ingredients used in food. This factual statement aims to give consumers further information on these products so people who want to avoid gluten can make informed choices on

[^3]: Legislation to ensure claim consistency (i.e. ‘gluten-free’ = cannot contain > 20 ppm and ‘very low gluten’ = cannot contain >100 ppm gluten).

[^4]: The findings from this study have been published on the FSA’s website at: [www.food.gov.uk/science/research/researchinfo/foodcomponentsresearch/allergyresearch/surveyallergy/glutenintol](http://www.food.gov.uk/science/research/researchinfo/foodcomponentsresearch/allergyresearch/surveyallergy/glutenintol).
consuming a product based on their individual level of sensitivity, the presence/absence of gluten containing ingredients and potential cross contamination in a food.

Research was required to explore reactions to this new, factual statement.

**Food Sensitivity and Gluten Intolerance**

Coeliac disease affects approximately 1% of the UK population making it the most common small bowel disease in the Western world. People with coeliac disease can have a serious, life-long autoimmune disorder, triggered by the consumption of gluten (proteins found in cereals such as wheat, rye, barley). Their reaction to gluten manifests itself in a range of symptoms, which can include weight loss, stomach pains, diarrhoea and, in some cases over a longer period, chronic malnutrition, anaemia and osteoporosis and gut cancers. Whilst most people with coeliac disease can tolerate very small amounts of gluten in their diet, the sensitivity appears to vary between individuals, so that not all people with coeliac disease experience exactly the same symptoms or to the same degree. However, if gluten consumption continues, over a sustained period of time there is usually a detrimental effect on health.

A diet excluding those cereals containing gluten is prescribed for people with coeliac disease, and provides the only relief from the symptoms of the condition. Since wheat flour is usually the basis of most types of bread, as well as of a range of other popular foods such as pasta, pizza, pastry, biscuits and cakes, a gluten-free diet is difficult to achieve and generally means the elimination of most staple foods from the diet. This may further exacerbate some aspects of their condition, since it can result in deficiencies of essential nutrients usually obtained from these sources.

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1 Bingley et al 2004 BMJ 7435 p. 322-3
2 When people with coeliac disease eat foods containing gluten, it damages the lining of the small intestine, which stops the body from absorbing nutrients.

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Whilst there are many foods that have no gluten content at all (i.e. naturally free of gluten)\textsuperscript{7}, the food industry has developed a range of products in which the gluten content has been eliminated or reduced\textsuperscript{8}. People with coeliac disease can also buy special staple substitute products designed for people wishing to avoid gluten. The number of such foods marketed to people wishing to avoid gluten is increasing rapidly to fulfil the growing demand for these products. However, the levels of gluten present in foods currently marketed as gluten free are not controlled and can vary significantly.

In some cases, products containing naturally gluten free ingredients signpost the absence of gluten, either directly on the packaging, or by listing their product in directories of products suitable for people with coeliac disease. In other cases, products marketed as ‘gluten-free’ or as having low levels of gluten, may still contain a significant enough level to cause symptoms of the condition, either through cross-contamination at some point in the food chain, through residual levels remaining after reformulation, or because some staple foods such as bread still require a low level of wheat starch in order to maintain their texture and consistency.

It is important, therefore, that consumers can differentiate between the different types of products marketed for people with coeliac disease so that they can make informed choices and manage their condition effectively.

**Legislation on Food Labelling**

Since November 2005, food labelling rules have required pre-packed food sold in the UK (and the rest of the European Union), to show clearly on the

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\textsuperscript{7} Rice, potatoes and corn are all gluten-free, as well as being good sources of starchy carbohydrate; in addition, fruit, vegetables and unprocessed meat and fish contain no gluten.

\textsuperscript{8} This elimination/reduction of gluten is achieved in a number of different ways, including reformulation to remove the gluten-containing ingredients or the inclusion of substitute ingredients which do not contain gluten, such as maize or rice flour or using a cereal ingredients which has been specially processed to reduce the level of gluten e.g. code wheat starch
label if it contains a gluten-containing cereal\(^9\). This means that people with coeliac disease can check the labels in order to avoid such products.

However, there has been no specific legislation on the use of claims to indicate the absence, or the reduced level, of gluten in food. National rules can therefore vary widely across the EU. This may lead to uncertainty and potential confusion for the coeliac consumer and uninformed choices could potentially impact negatively upon consumers' health. Lack of legislation also means that there was no clear guidance for manufacturers or caterers producing this type of food.

In light of this, new legislation was introduced in January 2009 (to come into effect in January 2012). The new legislation will ensure that the labelling, advertising and presentation of all foods making these claims use the same phrases to indicate that they are suitable for people with gluten intolerance. The objective of the new Regulation is to protect consumer health by lowering the level of gluten in these foods and to ensure consistency across the EU on the use of claims regarding gluten levels, highlighting whether they are 'gluten free' or 'very low gluten'.

Additionally, food businesses may also voluntarily label these products with terms to indicate that they are suitable for individuals with gluten intolerance\(^10\). These additional terms may only be used in conjunction with the claims ‘gluten free’ or ‘very low gluten’. Where such claims of suitability are made, they will need to comply with the new rules\(^11\).

**The Role for Research**

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\(^9\) This includes wheat, rye, barley and oats, or if it includes any ingredient which contains these.

\(^10\) Terms or logos such as 'suitable for coeliacs'.

\(^11\) The new rules are to:
- Define the wording of the claims that can be used to indicate a product's suitability for someone with gluten intolerance.
- Define maximum levels of gluten that can be present in foods when a claim is made that describes the food as 'gluten-free' (so that it cannot contain more than 20 ppm gluten) and foods described as ‘very low gluten’ (which cannot contain more that 100 ppm gluten and must contain a cereal ingredients which has been specially processed to reduce the level of gluten e.g. codex wheat starch).
A public consultation on the draft Statutory Instrument and associated guidance raised some concerns amongst key stakeholders.

It was clear that many mainstream food manufacturers and caterers would be unable to fulfil the compositional requirements set out in the new legislation in order to label their foods as either ‘gluten free’ or ‘very low gluten’. This would lead to limited options being available for people wishing to avoid gluten, particularly when eating out, and could result in them making risky food choices.

The FSA has been working with key stakeholders to resolve this issue by considering what other information could be provided, whilst working within the current legislation. The proposed solution is to allow food producers to make a factual statement indicating the absence of gluten containing ingredients in a specific food. This measure would offer people wanting to avoid gluten further choices, especially with regard to non-pre-packed foods, and it would not contravene the new legislation.

A factual statement would be acceptable when the following circumstances apply:

- A product has no gluten-containing ingredients
- The statement made related only to the presence/absence of gluten containing ingredients
- No indication is made about the suitability of the product for people with coeliac disease
- No indication is made about the levels of gluten present in the food
- A food producer has taken all reasonable steps to control cross-contamination but, the food producer is nonetheless unable to guarantee that cross-contamination of the product has not occurred

This factual statement should give those people wishing to avoid gluten information about the presence/absence of gluten containing cereals to allow them to make an informed choice about consuming specific foods depending on their individual level of sensitivity. This measure should also enable caterers, some of whom may be unable to conduct a testing regimen, to offer
a choice to people who want to avoid gluten who wish to eat in restaurants, canteens, institutional and other catering outlets.

The phrase ‘no gluten containing ingredients’ has been proposed following discussions with stakeholders and could be used on menus, food labels and product lists. The FSA conducted this research to investigate how consumers and health professionals would interpret and respond to the factual statement ‘no gluten containing ingredients’.

B. Research Objectives

The main objective of the research was:

To explore consumer and health professionals’ reaction to the proposed factual statement ‘no gluten containing ingredients’ for use on menus, food labels and product lists.

To deliver this overall objective, the research specifically needed to:

- Determine understanding of the phrase ‘no gluten containing ingredients’, and the extent to which such products would be appropriate for people avoiding gluten.

- Evaluate how consumers would use the phrase to make a choice about whether to eat such a food.

- Assess whether consumers understand that ‘no gluten containing ingredients’ has a different meaning to ‘gluten free’ and ‘very low gluten’ – and that products with this statement are not proven to meet the limits to allow them to be labelled with ‘gluten free’ or ‘very low gluten’.

- Check whether consumers understand that products with the statement ‘no gluten containing ingredients’ would not be appropriate for all people who need to avoid gluten.
• Determine the suitability of such a phrase in the context of menus, food labels and product lists.

• Understand amendments or alternatives to the proposed phrase.

• Explore whether the phrase ‘no gluten containing ingredients’ conveys the possibility of a cross-contamination (with gluten) risk to consumers (particularly when used by caterers, but also when used on product lists, product labels etc) and how much of a concern cross-contamination with cereals containing gluten is to those who want to avoid gluten.

• Gauge extent of consumer interest in receiving further explanations of the phrase, and how they would like to receive any additional information.

C. Method and Sample

Method\textsuperscript{12}

A qualitative research approach was considered to be the most appropriate method to meet the objectives of this project. This approach enabled in-depth exploration of both current eating out behaviour as well as responses to the new factual statement. Two audiences were included in the sample - the target audience (those with coeliac disease/parents of those with coeliac disease) and the health professional audience.

All interviews were approximately thirty minutes long and conducted via telephone. (The discussion guide which was used is provided in Appendices 7 and 8.)

\textsuperscript{12} There is fuller detail of the method in Appendix 1.
Respondents from a previous FSA study on gluten labelling were re-contacted (as mentioned above - see Recruitment section below for further details). At the re-contact stage respondents were asked for their spontaneous response to the statement NGCI. Prior to the telephone interview they were also sent some contextual information regarding the new labelling which they were asked to read. (See Appendix 5 and 6)

Sample

In total forty telephone depth interviews were conducted. This included thirty people with coeliac disease, four parents of children with coeliac disease (one a coeliac themselves) and six health professionals (one GP, three Dietitians and two Practice Nurses). The sample included a mix of those that were members and non-members of Coeliac UK and across different ages. Given the sample was reliant on being able to re-contact previous respondents there were limitations to the sample in that the majority were female and of a higher SEG. For a further breakdown of the sample please see Appendix 1.

Recruitment

Two methods of recruitment were used for this project. The majority of respondents had taken part in a previous research project into gluten labelling conducted by Define on behalf of FSA. This study took place in March 2009 and involved face to face depth interviews and groups. At the time of interview, respondents were asked whether they would be happy for their contact details to be taken and passed on to the FSA so that they may be re-contacted to take part in further research projects.

The remaining five respondents were free found. That is recruiters were used to find suitable respondents. The project was explained in full to these new respondents and an introductory letter sent if required prior to the interview.
Respondents were offered and given a small monetary incentive to encourage participation, for reading the materials prior to being interviewed and for taking part in the research session.
Fieldwork Locations and Timings

Respondents were drawn from Scotland, Wales, Northern Ireland, the North of England, Midlands and South East (including London).

The Define Research team comprised of Joceline Jones, Victoria Page, Claire Vernon, Chantelle Watt, Jules Kelly and Lucy Bush.

Fieldwork was conducted in June - July 2010.

D. Analysis

At the fieldwork stage the research sessions were recorded, where respondents gave their consent for this, and/or notes were taken through the session. The executives then listened back to the recording or worked through their notes taken in the sessions to create a set of notes and verbatims.

An internal debriefing session took place with the research team to discuss findings and from this session, notes were drawn up which highlighted key findings. The purpose of this was to identify key types of consumers (in terms of behaviours and attitudes), key themes and key responses towards the stimulus materials. These were then distilled into a draft presentation, using the interview notes to verify any detailed points but also to bring to life points via verbatims that have been raised by the respondents. Prior to the final presentation, any additional points of clarification were then also discussed with the team.
IV Detailed Findings

4.1 Strategies used when Eating Out

A number of strategies were being used when eating away from the home by respondents - either prior to going to an establishment or at the establishment itself. Often one or more of these strategies was being used when eating out although they were not all being used by all respondents.

A number of these strategies were discussed by dietitians who, for example, suggested to their clients that they ring a restaurant beforehand and check with staff about the food, e.g. asking staff about how food was prepared, or selecting ‘plain meals’ (avoiding sauces), or going to Coeliac UK website to find recommendations.

4.1.1 Pre-planning

Many of those with coeliac disease were currently taking steps prior to going out to ensure they would confidently be able to eat food prepared outside the home\(^\text{13}\). This is likely to continue with the introduction of the legally defined terms ‘gluten-free’ and ‘very low gluten’ as well as the factual statement, however having a statement that helps more readily identify places which have taken care to provide food for people avoiding gluten is likely to be helpful.

Respondents reported using a number of pre-planning strategies to help reduce the risk of accidentally ingesting gluten or ensuring that suitable food would be available when going out to eat. The extent to which these techniques were used varied across the sample.

\[^{13}\text{For the purposes of this research this covered any establishment that made food on their premises for consumption on site or as a take-away e.g. restaurants, cafes and canteens.}\]

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There were a number of strategies identified that respondents used in the pre-planning stage:

**Going to trusted, familiar or recommended places**

Respondents cited online forums, websites and CUK as sources of trusted advice regarding eating establishments. For some in the sample, a system of trial and error had helped them establish a list of suitable places in their local area where they could eat safely. In addition, some reported using the current GF labelling on menus to indicate places suitable for people with coeliac disease to eat.

“There are 4-5 places that I could go to at short notice, without having to ring up in advance”  
[Coeliac]

“It does help if you have an understanding there and you know what’s on the menu before you go”  
[Coeliac]

“I mean being myself living in the area I know which restaurants do have gluten free food on menu, so I can say which ones I’ve seen on menus and can recommend those ones, we also recommend places that sell plainer foods as well”  
[Dietician]

**Avoidance of specific types of food establishment**

Many respondents claimed that they chose not to eat at what they considered ‘high risk’ places in which the kitchen standards were deemed low or compromised. Very cheap or very busy establishments, those serving fast food, for example local high street take-aways and some cafes fell into this category. In addition, some respondents avoided establishments at specific times, for example, when they were expected to be busy or over lunchtime when it was felt a higher proportion of gluten containing foods would be prepared. For some respondents language barriers with staff at foreign-food establishments meant that risk could not be ruled out and as such these places were often avoided.
“On the whole it's fine... problems tend to arise when somewhere's really busy or at the cheaper end of the market... there's no way I'd go to a greasy spoon”

[Coeliac]

Calling ahead
This was a fairly widespread strategy used by respondents who would typically want to find out whether the staff fully understood their requirements and if it would be possible to be catered for. For some this was also a useful technique to reduce the number of questions they would need to ask when they were in the establishment itself.

“Once you have spoken to a restaurant you have a much better idea whether they can cater for you. A lot of the time I will call first, especially if I'm going out with group of people it saves the embarrassment”

[Coeliac]

Taking own food
To reduce risk, taking one’s own food when going out, either as a back-up or as a primary option, was a strategy used by some respondents. It was often a preferred option for parents of coeliac children although some adult respondents also claimed they might take their own food, for example, buy a coffee and eat their own cake or muffin, taken their own pizza dough to a pizza restaurant and one reported taking their own pasta to a local Italian restaurant.

“If it's a buffet style function I'll take my own food”

[Coeliac]

4.1.2 In situ

Personal judgement in situ was important in assessing the suitability of food on offer, although labels were seen as a useful short-cut to help identify suitable food items. Assessments of such labels and how they were used varied across the sample and were dependent on respondent attitude. In general however there was a recognition that meals prepared outside of the home were more variable in terms of risk and could be trusted less than meals prepared in the home.
“You usually know within the first minute whether you can eat there”

[Coeliac]

“If I go out and see Gluten Free on the menu I would still ask about it and check about cross-contamination”

[Coeliac]

There were a number of strategies used when in an establishment and these were either used alone or in combination.

**Naturally Gluten Free foods**

Many respondents reported selecting what were clearly naturally gluten free menu items e.g. a plain steak, a leaf salad or food without sauces. Sometimes this was an internal process for the respondent, that is, they did not mention to staff or companions that they were coeliac.

“If I’m nervous about it at all, I’ll just stick with a jacket potato”

[Coeliac]

**Specially prepared food**

Some respondents had previously asked to have foods made especially for them based on what the restaurant could provide. This was generally a ‘back-up’ strategy in the event of nothing being available on the menu, and was also used by parents finding food for their children.

“Especially for my daughter...she tends to live on jacket potatoes or ham egg and chips when we’re out”

[Coeliac]

**Use of Gluten Free labels**

Some respondents stated that they used current GF labels on menus (where provided) to choose their food. In some establishments, separate allergy menus were available and were a useful tool to aid food selection. The only drawback to this strategy was that it was claimed that the number of establishments with comprehensive labelling of gluten free foods was low.
“I look for GF on the menu in the ideal world but you don't see it that often. The main problem is the limited variety of food you can eat”

[Coeliac]

**Staff conversations**

Conversations with the staff, waiting and kitchen, was a strategy used by many of the respondents. From these conversations, respondents claimed it was normally possible to identify knowledge levels around coeliac disease and requirements, as well as the attitude and approach of the establishment towards catering for their needs. A positive response to their questions and concerns was often seen as important in raising confidence and trust and deciding to eat there.

“Usually...I'll quiz the waitress, see if she can help... or she'll put you in the direction of the chef..... It's just explaining what you can and can't eat”

[Coeliac]

“There’s one or two places that just go 'what's a coeliac?' and I think 'well I'm not eating there’”

[Coeliac]

**Kitchen inspection**

Finally some respondents reported asking to look at the kitchen to see how food was prepared. This allowed them to identify areas of risk, perhaps more efficiently than members of staff, and negotiate a way in which their meal could be safely prepared.

“I will ask if the utensils are separate utensil, separate toasters, I'd always ask those questions and sometimes occasionally we've asked if we could see the kitchen, and not always but occasionally when its quiet they ask if I would be more satisfied to see the kitchen”

[Parent of coeliac]

### 4.2 Attitudes towards Eating Out

A range of different types of mindset towards eating out emerged amongst those in the sample who have coeliac disease. These different attitudes were dependent on sensitivity towards gluten and therefore concern and

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also on personality type, for example some were more confident than others to ask questions. Across these different attitudes some appear to be taking more risks with regard to gluten consumption than others. In terms of those taking fewer risks, these included those who were generally more sensitive and concerned, had themselves been unwell due to lower diligence mistakes or had seen others been unwell. These attitudes are as follows:

4.2.1 Avoiders

Avoiders tended to feel that eating food prepared outside of the home was often risky or too difficult. These respondents were often more sensitive to gluten and they had often had negative experiences after eating out in the past, for example, feeling unwell. These respondents often did not feel confident that restaurants were capable, even if the staff did their absolute best, to prepare food which is sufficiently free of gluten, that is, there might not be separate kitchens or kitchen areas available. Some parents were Avoiders, as some saw this as the safest strategy to minimise risk for their coeliac children.

“There are so few places that cater for coeliacs, I just have no choice. It’s impossible for me to eat out with any confidence”

[Coeliac]

Some of these Avoiders were avoiding eating out where possible. Alternatively they might eat out but take their own food, either as a back up or just to have regardless of what was available. This was seen as particularly suited to large group occasions, for example, work functions. Parents also reported that it was often easy to take a ‘lunchbox’ along for their child, and that restaurants were often quite open to this. Buying a drink for a child and taking a snack in for them was readily accepted by many proprietors, and parents did not necessarily even feel the need to explain. These respondents were taking their own sandwiches or muffins into cafes, due to the difficulty of finding any gluten free lunch or snack food (other than fruit).
Another key strategy for this group was to only go to selected restaurants. For example, one Avoider respondent knew of a couple of restaurants which were owned and run by people with coeliac disease or who had someone with coeliac disease in their immediate family and so trusted their kitchen procedures, but were not comfortable eating at any other restaurants.

“I have one café that I can go to, they serve GF cake but it’s 10 miles away. Eating out is just not something that I feel I can do”

[Coeliac]

4.2.2 Pragmatists

Many of the respondents fell into this group that is they were pragmatic when eating out and aimed to do the best they could when eating out in terms of finding something which is safe for them. They tended to use a number of the strategies discussed above in order to make eating out as easy as possible for them, for example ringing ahead to the restaurant to discuss their needs. They would generally discuss their condition with a restaurant once there but often also defaulted to a naturally gluten free option and potentially adapting the food, for example, omitting the sauce where necessary as this could feel easier. This group were more likely to compromise their choice of foods when eating out and sometimes had a limited repertoire of meals that they relied on.

“I go to the same place and order the same food every time – they know who I am and make a steak, potatoes and veg for me, without any sauce”

[Coeliac]

“I scan the menu and usually immediately exclude certain things”

[Coeliac]

“I’m used to limiting myself, I’m used to having a choice of one or two things, where other people have choices of maybe eight things”

[Coeliac]

“The times that I have eaten out I just have to go plain and ask the chef if he understand how the food needs to be prepared. The preparation environment is a massive worry; it stops me from enjoying myself”

[Coeliac]
4.2.3 Confident Enquirers

Confident Enquirers were generally confident to get what they needed in most places. Again they were using a variety of the strategies particularly the more discursive ones. These respondents were generally able and willing to explain and discuss their condition and their requirements with staff and as such were more likely to ask for specially made meals or feel confident to send food back to the kitchen if they were not satisfied with it. Due to their confidence, they were less likely to feel ‘restricted’ when eating out, seeing it as a challenge, not a problem. Some parents were Confident as it was felt more acceptable to be assertive on behalf of your child, for example, ‘can you do a fried egg with a clean pan’ for my child.

“I will usually phone in advance...I will explain the situation to the waiter when I get the menu, that I can’t eat gluten as well as what gluten is....I'll ask them if there is anything on the menu, or I'll ask to speak to the chef...I would then ask a few more questions ‘are the chips fried in the same oil?’ for example...if I have any worries then I have no qualms about sending food back 2 or 3 times”

[Coeliac]

“I always just look for the proprietor or the chef to ask, if I can get reassurance that they understand, it helps”

[Coeliac]

Aside from these types of respondents discussed above, there were also a few respondents in the sample who appeared to be taking more of a risk when they were eating out. These respondents were less likely to be interrogating menus or establishments and were more likely to go for short cuts or simplest choices putting themselves at risk. These people tended to experience less severe obvious symptoms or were for example, asymptomatic. Provision of additional supporting information is likely to be important for these respondents.

4.2.4 Head in the Sand

Those respondents who were ‘Head in the Sands’ tended not to do much to ensure they ate safely when eating out, and claimed they were not particularly worried by this. No parents fell into this category in our sample.
These respondents were more likely to be asymptomatic or have low level symptoms (however people who are asymptomatic/low level symptoms did also fall into the other attitude types, depending on their personality and awareness of their condition). Whilst they recognised that they probably should be more careful when eating out, it seemed either difficult (and would mean less choice) or embarrassing to raise their concerns when out and about. Typically they were often more concerned with short term convenience than considering the long term health issues, which they thought seemed rather intangible and irrelevant. The main strategy they tended to use was to pick naturally gluten free foods off the menu, but generally without stating they are coeliac or discussing cross-contamination as an issue. There were also examples where they picked whatever seemed like it would have the least gluten, for example, a particular kind of curry in an Indian restaurant, and they just hoped for the best. These respondents were less likely to ask direct questions in the restaurant setting unless invited to do so.

“I find eating out really hard and tend to just order whatever…I pick something that is less likely to have gluten in it”  
[Coeliac]

4.2.5 Quiet Worriers

Quiet Worriers were concerned about eating safely when eating out. They might ask questions but often lacked the confidence to ensure everything was done to meet their needs. For example, some claimed that they might say something to a staff member, such as asking if there is gluten free option available, or saying they are a coeliac. Another strategy mentioned was handing over a card explaining what they can and cannot eat (one respondent had drawn up her own, although others mentioned that CUK also provide these). However, they also liked to use labelling on the menu where possible as it reduced the need to discuss the issue with the staff. Their experience when eating out often depended on the awareness of the staff and caterer. If the staff were helpful and understood what was needed, they were perhaps more likely to get food which was safe (unlike Head in the Sand respondents). However if the staff did not understand or were not
interested, then these types of respondent would not necessarily feel comfortable to explain, or indeed insist, on what they required. As such there is potential for them to put themselves at risk and ‘suffer the consequences’.

“I don’t like to make a fuss, I feel quite embarrassed”

[Coeliac]

4.3 Cross-contamination

4.3.1 Context

Dietitians stated they raised cross-contamination as an issue with patients, particularly at initial discussions with those newly diagnosed with coeliac disease. It was discussed in terms of storing, preparing and eating food in the home. It was also discussed in the context of eating out. As mentioned above, some of the advice given in this area included encouraging people who want to avoid gluten to talk to the staff and ask plenty of questions about cooking processes.

“I do tell them about cross-contamination...suggest they speak to the chef about how they prepare the food, ‘do they use separate fryers?’...that sort of thing”

[Health professional]

“When I first got it I thought, ‘oh my god this business about preparing food is as important as what you eat...that’s the message that you get”

[Coeliac]

Although not always referred to as cross-contamination, the risk of cross-contamination with cereals containing gluten was familiar to all of the people with coeliac disease in the sample and keeping foods and preparation utensils separate in the home was a concern for many.

“I know about it, at home I make sure I don’t use knives and forks anyone else uses”

[Coeliac]

“I was chatting to someone and she said she uses one side of the toaster and her partner uses another, but you can still get crumbs, even preparing food beside stuff”
For most of the sample, cross-contamination with cereals containing gluten was generally considered less of an issue and was less top of mind with regard to pre-packaged or factory produced foods, on the assumption that such foods, if stated as suitable, would be free of gluten. The perception here was that there are stricter regulations around food production and fewer chances for mistakes to occur in a ‘factory’ or ‘production line’ environment. A few respondents referred to food items or brands (for example Cadbury’s) which are labelled as ‘may contain gluten’ and as such generally avoided.

“You don’t think that if it is a packet that there would have been cross-contamination”

“A great example for me about cross-contamination of packaged products is Dairy Milk which contains ingredients that are GF but just can’t be eaten as it’s made in a factory making gluten containing products. So I think any info is valuable info when it comes to cross-contamination”

4.3.2 Consideration to cross-contamination with cereals containing gluten when eating out

Many of the people with coeliac disease in the sample considered the potential risk of cross-contamination with gluten when eating out. For these people it was almost like an automatic check whenever they chose to eat out. It is therefore likely that they will continue to ask questions despite the use of the new factual statement except in cases where a high level of trust has developed between them and a particular establishment. However, there were a few, namely the Head in the Sand and Quiet Worrier respondents, who may choose not to think about it, use the label at face value and take risks.

Many respondents gave consideration to cross-contamination with cereals containing gluten when eating out to some degree – the very minimum was selecting a restaurant or cafe that was felt to have higher hygiene standards. However, respondents differed in their level of concern about cross-
contamination with cereals containing gluten when eating out, and this was often linked to their sensitivity to gluten (i.e. severity of symptoms). There was also some evidence from a few respondents that they were choosing to ‘ignore’ the risk posed by cross-contamination as they were worried that it may reduce their ability to eat out, or to do so ‘without a fuss’ (e.g. Head in the Sands).

“Eating out, I do think about [cross-contamination] but I don’t do anything about it because I feel like I can’t”

[Coeliac]

Those respondents who felt that cross-contamination with cereals containing gluten was ‘not a problem for me’ were often those with a low sensitivity or those whose symptoms may be deemed uncomfortable, but not painful or overly intrusive on day-to-day life. For these people, cross-contamination with cereals containing gluten was something they were aware of, but not a pressing concern. For others that fell into this category, either awareness levels were much lower or they were more actively ‘putting the issue to the back of their mind’.

“I don’t really worry about that cos I don’t have really serious symptoms...when I was first diagnosed I was told not to use the same knives or chopping board as my son...but I can’t live like that”

[Coeliac]

“Unless you go to a restaurant that is entirely gluten free...then you accept there’s a risk”

[Coeliac]

“I really don’t worry about crumbs, I’m 75 you can’t be obsessive at that age I use the same surface. It’s only an issue if I eat something with wheat in it.”

[Coeliac]

“It wouldn’t really come to mind cos I would hope that it was prepared separately anyway at a restaurant”

[Coeliac]

Many were on the lookout for the most obvious risks. These tended to be easily visible processes or ingredients, for example whether the same oil was used to fry gluten-containing chips and non-gluten foods, if croutons would come with the salad, or if a stock cube or sauce would be used.
“When eating out I really don’t consider cross-contamination too much, I just make sure that I am eating plain foods. The key for me is just to keep it simple”

[Coeliac]

“My biggest worry is the extra agents they add to sauces or if meat comes with bread round the edges like ham stuff just needs to be plain”

[Coeliac]

Some were doing more ‘checking’ and would typically ask a couple of questions to staff about cross-contamination of surfaces and utensils with cereals containing gluten and aim to reduce the risk by making suggestions for cleaning or for alternative preparation procedures. However, this group would tend to accept an implicit element of risk in eating out.

“If I’m not sure I might ask...for example if they’re carving up a roast dinner...I might ask if I can have clean utensils”

[Coeliac]

“Restaurants and cafes need to show us that they understand [cross-contamination] but at the end of the day they can’t have two kitchens”

[Coeliac]

“For me cross-contamination is a concern. If I had to give it a mark, I’d say 7 out of 10. Most of the time I’m unwell it’s due to cross-contamination - there’s always that risk”

[Coeliac]

Finally, the most conscientious group were those who ‘needed to ask’ about cross-contamination with cereals containing gluten. For these respondents it was a high concern and always top of mind. They were concerned about both their immediate reaction to gluten-containing foods and the long term effects on their health, and had typically had a bad experience in the past which had shore up their vigilance. These respondents are also likely to be those who feel confident to ask questions, for example the Confident Enquirers and some Pragmatists and Worriers.

“I will always ask about cross-contamination I am concerned about the long term effects even if it does nothing to me now”

[Coeliac]
"I do worry about cross-contamination despite showing no symptoms. Anything that is not prepared in my kitchen is an issue and I need to worry about it"

[Coeliac]

4.4 Response towards Current Legislation

With regards to the new definition for ‘Gluten-Free’, there was a sense that the new reduced levels were a positive step. However, some respondents still struggled with the concept that these foodstuffs would still contain some gluten.

“It is a worry that I may have been eating things with a high ppm of gluten previously”

[Coeliac]

The VLG label was more problematic for this audience and was still difficult for them to understand, even with an explanation (this was explored with this audience through the previous research on the new labelling changes as discussed previously). Respondents struggled to grasp how these foods could be safe for them to eat as the fact they contained even a trace of gluten was enough to raise concerns and potentially prompt avoidance. Within the discussion it was helpful when they were informed that some of the food they currently eat may be re-labelled VLG under the new legislation. As this was not necessarily understood by these respondents, discussion of this point did help them to understand it more clearly. This led some respondents to think that they may still buy the product although some considered it might prompt them to think that the ingredients had changed and therefore the product should be avoided.

“The term Very Low Gluten still worries me - I would stay away from that”

[Coeliac]

“The missing bit in the jigsaw is who is going to determine what you are objectively [in terms of severity] and how is that going to be determined”

[Coeliac]
4.5 Reaction to ‘No Gluten Containing Ingredients’

4.5.1 Standalone

As a standalone statement, those people with coeliac disease in the sample often made the general assumption that NGCI was equivalent to GF. There were some respondents however who tended to be more questioning as to the precise meaning and implications of the statement.

For health professionals, the response appeared to vary according to how informed they were about coeliac disease. For example, the dietitians were much more likely to raise the issue of cross-contamination with cereals containing gluten. For others (GP and practice nurses) there was an indication that further information on risk may be required.

Broadly speaking, levels of understanding and response were split two ways. For the first group (who comprised a majority of the sample) the statement was taken at face-value and the assumption was that foodstuff labelled in this way would not contain any gluten. For these respondents there was no real distinction between NGCI and GF and both were considered safe for all people with coeliac disease to eat. The label was welcomed as a means by which consumer choice for those wishing to avoid gluten might be maintained. The group consisted of consumers as well as all three health professional types covered in the sample (Dietitians, GPs and Practice Nurses).

“Doesn’t contain any gluten at all. I’d be quite happy eating that”
[Coeliac]

“It means there’s no gluten in it and I’m ok to have it”
[Coeliac]

“I would have said that’s a green light for people with coeliac, they can take it and feel completely free from any anxieties they were going to be doing themselves any harm”
[Health Professional]
The second group of people, comprised some consumers (typically the more sensitive respondents: Avoiders, Confident Enquirers and Pragmatists) and dietitians. They did perceive the label to imply that there was no gluten in the food, however there was less of a tendency to take this at face-value and a greater concern about the safety of the food. They started to ask questions around cross-contamination with cereals containing gluten as there was no implicit reassurance on this point within the wording of the statement. Dietitians in particular raised this as an issue. Some wondered what the rationale for the new label was (in addition to GF), which indicated that though they were perhaps unsure how the meanings differed, they realised there must be a distinction between the two. Others, in their discussion of how NGCI sat in relation to GF were less convinced of the need for a new label and thought it might be too confusing.

“Food is fine to eat, but there is a possible risk of cross-contamination. Probably would eat it but might query about it”

[Coeliac]

“Well I immediately think that tells me nothing about how clean the production line is, how clean their kitchen is, what the level of awareness is, how many parts per million it is...there is no intent to put gluten in”

[Coeliac]

“NGCIs might have no gluten in the ingredients but it tells you nothing about how it’s been prepared”

[Coeliac]

4.5.2 Perceived safety – GF vs. VLG vs. NGCI

When those people with coeliac disease and some of the HPs were told what the NGCI statement is intended to mean (i.e. it has not been tested and is not necessarily under 20 ppm) they were often surprised as it was contrary to their assumptions. There was an indication therefore that a clear explanation of the new terms will be needed to ensure full comprehension. In addition, where those wishing to avoid gluten see the NGCI statement, that is the context in which it used, for example on menus, on pack and so on, is likely to impact on their understanding and should be taken into account.
For a lot of respondents GF was considered the most failsafe label and the foods that it applied to could be eaten by anyone wishing to avoid gluten. When asked how the NGCI statement compared to this it was often seen as a close second in terms of perceived safety. However, for some it was considered even safer than GF as it seemed to be more specific and therefore more credible. Across the sample, most felt that either VLG was the least safe and suitable for only a few people who have coeliac disease or there was some confusion between this and NGCI.

“The fact that it says no gluten at the beginning it sounds more definite than the Very Low Gluten statement, which is a bit ambiguous”

[Health Professional]

“It seems like GF and NGCI are similar if you see them on a packet, why change to NGCI just keep GF”

[Coeliac]

“I would say GF is the safest, but I’m confused about which of VLG and NGCI’s would contain less gluten”

[Coeliac]

“It’s hard to categorise NGCI’s and that makes me feel a bit uncomfortable”

[Coeliac]

### 4.5.3 NGCI phrase – In context

**Menu**

The introduction of the NGCI statement on menus was welcomed by most respondents as it was perceived to increase choice when eating out. Whilst the statement would likely be interrogated by many of the respondents in this context, additional information was expected in order to be clear and not misleading. Additional information is also likely to be required to inform those who would be less questioning and to reassure those with a tendency to worry.

In terms of the overall impact, the potential of having this statement on menus was considered useful as a signpost and ‘short cut’ to finding suitable food. It was also felt to open up the number of options available for people
wishing to avoid gluten on any given menu, as there may well be NGCI dishes that people would have otherwise overlooked.

“It would be quicker and easier to pinpoint the food I could have”

[Coeliac]

“Certainly in restaurants it will make a difference, it cuts out a whole level of scanning and questioning”

[Coeliac]

The other perceived benefit of the label was that it was felt to indicate that the establishment and proprietors themselves were more aware of the issues related to preparing gluten free food. This also meant that staff would be assumed to be more knowledgeable and possibly have had training. The statement implied for some that the kitchen would have been subject to an inspection procedure and deemed officially suitable to produce food for people with coeliac disease. In these ways some of the people with coeliac disease in the sample would feel an increase in confidence in establishments that were using this statement.

“If you saw it on a menu it would suggest the restaurant knew what they were talking about”

[Coeliac]

“It just makes you think someone’s made the effort to try and not include gluten”

[Coeliac]

“It will make venues have to do some research on what it means to be a Coeliac so that should be positive”

[Coeliac]

In terms of the cross-contamination with cereals containing gluten issue, for most this was not an immediate consideration with this statement, that is the statement did not lead them to readily consider the risk of cross-contamination with cereals containing gluten. However, many would automatically raise queries about the risk of cross-contamination with cereals containing gluten when eating out, whether prompted by a statement or not, because that is what they are accustomed to. Some however were less likely to consider the risks without a prompt or reminder to do so.
“That sounds misleading, people won’t understand that. You need to tell people it’s not been tested so they can make an informed choice”  

[Health Professional]

Overall then, for those respondents already asking questions, they are likely to continue to do so. However, for others the statement may work to overly reassure which could prevent supplementary questions being asked of staff. There was evidence that some dietitians were also concerned that their patients may not ask enough questions.

“I think if they hadn’t been informed of this at all and they just saw the menu I think they would just choose it”  

[Health Professional]

“It seems now that I am very very sensitive so obviously these new labelling laws are interesting but perhaps won’t have huge amount of relevance because I think I would always ask more questions when I go out”  

[Coeliac]

“I would expect that if it said that there were no gluten ingredients then it would be fine to eat – no questions”  

[Coeliac]

“It means there’s no gluten in it and I’m ok to have it”  

[Coeliac]

‘On Pack’

In terms of overall impact of the statement on packs, it appeared through the research that respondents would be likely to use this as they do GF. Consideration of cross-contamination with cereals containing gluten on pack was low and even from those respondents who had previously indicated vigilance in an eating out context. Packaged foods were assumed to be more standardised and produced in more rigorously managed environments, and that reduced levels of wariness. There remained a more cautious group of respondents who stated that upon seeing this label on a product would make an effort to find out more precisely what it meant, or would stick to trusted products if they were still unsure.

“I think if I saw it on a product I might trust it more”  

[Coeliac]
In general though, many respondents claimed that they would be likely to buy products with an NGCI label on them and assume that the food was safe to eat. This suggests that further information might be required to ensure that respondents are fully informed of its meaning.

“If I saw this on a pack I’d think ‘ok no gluten in this – fine for me to eat’”

[Coeliac]

**Product list**

In a context whereby the labels are viewed comparatively, for example if the product lists contained products in all three categories then people may be more likely to expect differences between GF, VLG and NGCI. That said there was a general assumption on a product list that there would be more detail provided (as it was assumed there would be more space to do so). If it was simply a product list of NGCI items then the assumptions about it being the same as GF might prevail and therefore more explanation would be required.

“I think that I would take more notice of NGCI if it was in the handbook but I think it would need to be clearly defined”

[Coeliac]

### 4.5.4 Response to alternative statements

The research tested four alternative statements to ‘No gluten containing ingredients’ to see if they were able to convey the meaning of the statement more clearly or were preferred by respondents. These statements were rotated (that is the order in which they were discussed changed across the respondents) to reduce any order effect.

The alternative statements were:

- No gluten ingredients
- Does not contain gluten containing ingredients
- No added gluten ingredients
- No added gluten containing ingredients

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Overall the statement ‘No gluten containing ingredients’ was preferred to any of the alternatives tested in the research.

“I think the initial phrase seems to work the best to me, the others either make me suspicious or are too long winded” [Coeliac]

No gluten ingredients
The alternative ‘No gluten ingredients’ was an acceptable phrase and for most its meaning was similar to the original NGCI. However, it was not immediately clear for some, and there was some preference for the inclusion of the word ‘containing’ as this helpfully indicated that trace elements or ‘ingredients within ingredients’ had been screened and cleared of gluten.

Does not contain gluten containing ingredients
The statement ‘Does not contain gluten containing ingredients’ felt very definitive for some and therefore had some impact. For most however it seemed overly long-winded and was often criticised grammatically. In addition some respondents were confused by the statement and ultimately it was not felt to add anything valuable above the proposed NGCI phrase.

“It’s quite long, it sounds a bit confusing” [Coeliac]

‘No added gluten ingredients/ No added gluten containing ingredients’
Finally the phrases ‘No added gluten ingredients/ No added gluten containing ingredients’ generated negative responses from across the sample. The word ‘added’ heightened concern and confused respondents as to what the implications of this were. For example, to many it implied that the food naturally contained gluten but no additional gluten had been added, even though none had been specifically added. For this reason many respondents stated that they would avoid such labelled products.

“No good, it’s like no added sugar, but there is sugar in the product already they just haven’t added anymore” [Coeliac]
4.5.5 Testing supportive explanations for non pre-packed foods (to be used alongside NGCI)

In order to understand the potential supporting information or explanation that might be required alongside the use of NGCI on a menu, a series of explanations were tested with respondents. Through the research these were developed in response to respondent feedback and some new explanations were introduced to the research although these were only tested with around a fifth of the sample (indicated with an *). As with the alternative statements these supportive explanations were rotated, that is the order in which they were discussed was changed across respondents, in order to reduce any order effect.

**Least effective explanations**

Those alternative explanations that were considered the least appropriate or effective overall tended to be those that used off-putting or overly technical language. They were also phrases that were less effective at sufficiently addressing the risk. However, an open invitation to ask about food preparation was appreciated by respondents and thus worth including.

Responses in detail to the explanations were as follows:

1. **This product has no gluten containing ingredients. We have taken all reasonable steps to control cross-contamination, BUT we are unable to guarantee that cross-contamination of the food has not occurred.**

   This statement was welcomed in the sense that it appeared honest, but the phrase ‘unable to guarantee’ sounded as though the restaurant were trying to ‘cover their backs’ in the event of a problem and this did not resonate well. In addition, the reference to ‘reasonable steps’, suggested that the outlet was not making enough effort to reduce the
risk. The overall impact of this was that if this was used on a menu, trust in the establishment and their ability to provide safe food were reduced. The statement also appeared long winded and quite complex which also reduced its appeal.

“I don’t want to go out to eat somewhere that has a huge long legal blurb”

“This feels a little like it is insinuating that cross-contamination has occurred. It’s not making me want to eat it”

“This is unacceptable and leaves me feeling uncomfortable, they are not guaranteeing anything”

2. *Please ask us about the way our food is prepared.*

This phrase effectively created an invitation to ask staff questions and would potentially help to build rapport and confidence for a coeliac when eating out. It did not generate anxiety, but rather acted as a prompt for the individual to assess their own level of risk. One drawback was that it was not always clear from reading the statement that the issue to which it is referring is around cross-contamination with gluten containing foods. In this way the statement as it stands was potentially too vague.

“They’re inviting you to ask them”

Further alternative explanations that similarly proved less effective were those that raised concerns about potential cross-contamination with cereals containing gluten. Although these statements were perceived as clear and explicit in stating that there is a risk (even if small) they worked to heighten perceptions of risk as too high.
3. **While the ingredients do not contain gluten, there is a small risk that cross-contamination with gluten-containing foods may have occurred. We have taken steps to minimise the chance of this happening.**

This phrase effectively explained the risk and did not sound as much like the restaurant was trying to ‘cover themselves’ compared to the previous alternatives. However, reference to the fact that a risk may have occurred was off-putting to some and the explanation was found too long for others.

“That’s the most honest statement, because there is always a small risk”

[Coeliac]

“The idea that it is saying may have occurred would probably be enough to put me off – you want to know it hasn’t occurred”

[Coeliac]

4. **There is a small risk that contamination with gluten containing foods may have occurred. Please ask our staff about the steps we have taken to minimise cross-contamination.**

This did communicate that specific steps had been taken and the invitation to ask was again welcomed and considered a reassuring element. The fact that the statement did not lead with this invitation however meant it had less impact. Again reference to risk did overly raise concerns which could discourage them from eating foods with this statement.

“I think reading that gives you a chance to ask questions and it lets you know that they are expecting questions”

[Coeliac]

**More effective explanations**

Those explanations that focussed on minimising cross-contamination with cereals containing gluten sufficiently raised the issue of risk without being overtly off-putting. When this element was linked to an invitation to ask questions, it helped to reduce the chance that an NGCI label would be seen as suitable for all.
1. **We have taken steps to minimise cross-contamination.**

This explanation did suggest a risk of cross-contamination and was generally felt to be short and to the point. In addition it suggested that something positive was being done by the outlet to reduce any risk. However for some it felt a little lacking in detail.

2. **‘Please ask us about the steps we have taken to minimise cross-contamination with gluten containing foods.’**

Overall this resonated well with the respondents. The inclusion of the invitation to ask staff was much appreciated and would certainly help prompt action in a food outlet. Opening the explanation with this invitation also increased its impact and was thought to reflect well on the establishment. Linking this to NGCI helped to suggest that cross-contamination should be a consideration and implicitly suggested the potential risk without raising anxiety levels too high. Reference to cross-contamination with gluten containing foods was also clear.

“What would work best would be ‘Please ask us about the way our food is prepared - we have taken steps to minimise cross-contamination...”

[Coeliac]

“That’s saying there could be a risk but ask anyway...you can make up your own mind”

[Coeliac]

4.5.6 **Testing supportive explanations for pre-packed foods (to be used alongside NGCI)**

As part of the research, three statements were tested in relation to use on pre-packed foods. These were developed through the course of the fieldwork. These were explored with around a fifth of the sample. In the context of pre-packaged foods, additional information can elevate the potential risk of consumption but does provide clarity of meaning. In terms of preference, phrases two and three were of equal interest.
1. There is a small risk that contamination with gluten containing foods may have occurred.

Whilst this statement created a sense of honesty and care having been taken to inform those people wishing to avoid gluten, its focus on risk was less liked (as per the menu explanation) and it was considered off-putting.

“I don’t like this one because I don’t like the word risk”

[Coeliac]

2. This may have been produced in a factory which also produces gluten containing foods.

This was suggested spontaneously by some respondents in the context of discussing NGCI. Positively, it was considered to be direct and to the point which increased understanding on how it would work in situ. It also highlighted risk for some allowing them to make an informed decision. However, for others the statement made it quite difficult to assess the level of risk.

“I can’t take the risk, but my daughter is gluten intolerant not coeliac and she would take the risk”

[Coeliac]

3. In manufacturing this product steps have been taken to minimise cross-contamination.

This explanation worked well to demonstrate that efforts have been made and overall the tone was positive. However, it was not overtly clear that the issue was cross-contamination with gluten and it would need some explicit reference in order to get this across. Also, given the general attitude towards packaged foods and the lack of consideration around cross-contamination, there is a chance that an explanation such as this may raise queries as it would not be expected here.
4.6 Additional Information Needs and Channels

4.6.1 Additional information needs

Consumers were keen for additional information about the introduction of this new statement, for example, its meaning and issues relating to cross-contamination with cereals containing gluten. Health professionals were also in agreement that this would be useful for themselves and their patients. In order to optimise understanding, this phrase is likely to have to be presented alongside an explanation of the current legislation, as well as how the new labels/statements fit together and what each of them mean.

Specific NGCI information

Some queries that were raised by respondents included:

- **How do caterers ‘qualify’ to use NGCI?**
  Respondents were interested to know how food establishments were monitored and whether staff had been specifically trained on issues relating to gluten-free food preparation.

- **How will this impact on my eating out?**
  Respondents were also keen to have an idea as to how many restaurants will have the statement on their menus. For some there was a perception or hope from some respondents that the introduction of this statement might mean that outlets would have to start to do this thereby increasing their range of options.

- **What questions might be helpful to ask when eating out?**
  Some guidance around what would be useful and appropriate questions to ask of staff might be valuable for those less confident respondents.
Health professionals too were keen to see an emphasis on encouraging clients to ask more.

- **Where can one go to get further information?**
  Finally, respondents were often interested to use additional resources to find out more precisely what the changes will mean to them.

### 4.6.2 Suggested information channels and types

There was a high expectation of involvement from Coeliac UK, with members expecting to be informed through their channels. There was also evidence to suggest that point of purchase information will be helpful to reach this audience.

Of the range of channels spontaneously mentioned by consumers, Coeliac UK was the most frequently cited.

**Coeliac UK**

This organisation was a key source of information and advice for many of the respondents. People accessed the website and read the Crossed Grain magazine, as well as attending training and education sessions provided through local groups. Health professionals also expected CUK to be a vital source of information and all currently signpost patients to the organisation.

“The Coeliac UK website, or their newsletter, leaflets at doctors surgery would be helpful, dietician is important although not for me personally”

[Coeliac]

“From Coeliac UK it would go to the volunteers who run groups around the country. Where they have the coeliac food in health food shops, in supermarkets there should be leaflets – not everyone is a member of Coeliac UK”

[Coeliac]

**Retailers** (e.g. Supermarket, health food shop, restaurant)

There was a general expectation that leaflets would be provided at point of purchase, or that there could be information and guidance on supermarket
signage. Some respondents suggested having additional information on supermarket websites.

“If you have it on the shelves in the gluten free part of the supermarket, at chemists and on menus that has to cover pretty much all coeliacs”

[Coeliac]

Other ‘Coeliac’ Websites/blogs (e.g. Gluten Free Cooking, Gluten Free London (eating out guide for coeliacs))
Websites providing guidance on where to eat out were cited as a good place to find out more about the NGCI statement. In addition some younger respondents discussed blog sites as a way to introduce the issue and discuss this.

“You could go to blogs like Gluten Free London – it tells you about good places to eat and gives good recommendations – which is really helpful so it would fit there”

[Coeliac]

Clinical settings
Some respondents felt that information could effectively come via Doctors’ surgeries, dietitians and pharmacists. Some respondents imagined that leaflets giving further information the new phrases might be available from Doctors’ surgeries, dietitians and pharmacists.

“Dieticians definitely need to know, GP’s don’t need to know much as once a decision has been made it’s down to the dietician, but it would be good for them to know as well”

[Coeliac]

Food manufacturers
Only a minority mentioned food manufacturers as a source of advice and information. Those manufacturers that cater specifically for people wishing to avoid gluten (e.g. Glutafin, Genius Bread) were cited as appropriate companies to inform members of the public about how labelling will be changing.

“The manufacturers could let you know I suppose that things are changing or what the new labels mean”

[Coeliac]
General Media

Again, this resource was mentioned only by a few, and they tended to be the older respondents. These people mentioned local papers as a way to received further information about the upcoming changes.

4.6.3 Suggested information channels and types – Health professionals

Health professionals, and especially dietitians would value more information and could potentially act as a channel to explain how the system is changing.

Health professionals expected to be updated through professional organisations, for example the British Dietetics Association. As mentioned, CUK was frequently cited as a useful and popular resource. A leaflet explaining the changes (as per consumer suggestions) that could also be used with clients would be welcomed. This could include information on the general risk of ‘cross-contamination’ risk for NGCI but also general information for other HPs too.

“I’d expect the BDA to let me know about changes”
[Health Professional]
V  Conclusions and Recommendations

5.1  Strategies used when Eating Out

- A range of different strategies are being used by respondents when eating away from the home to help them make safe food choices. These are either prior to going out and through pre-planning or actually at the establishment when making the purchase decision.

- Many are actively looking for ways to reduce their risk. However, there were a few within the sample who relied more on their own judgement and were not necessarily always thoroughly checking with establishments to determine whether the foods they ate contained gluten.

5.2  Response to ‘No gluten containing ingredients’ Statement

- The statement ‘No gluten containing ingredients’ was generally welcomed by the research audience. NGCI also emerged as the most effective and appropriate statement compared to the alternatives tested.

- NGCI was perceived as a useful statement for making decisions when eating out, especially in the context of other changes on labelling food suitable for people with coeliac disease, for example, changes to the meaning of the phrase ‘gluten–free’ on menus. The NGCI statement was considered suggestive of several positive meanings, firstly that the food may be appropriate for them and thereby providing them with greater choice. It was also considered a useful 'short cut' when choosing foods and was suggestive that the outlet was actively considering both their condition and the needs of their coeliac customers. Finally, and in
the context of an eating out establishment, the NGCI label indicated that
the caterer has achieved certain standards of food preparation.

- However, for many of those with coeliac disease and some of the Health
  Professionals, the statement did not immediately convey the potential
  risk of cross-contamination with cereals containing gluten. Instead, it
  was often initially assumed to indicate that the food had no gluten in it,
  or that it was equivalent to the ‘gluten-free’ (phrase and, as such, foods
  with the NGCI statement may automatically be considered as safe for
  them to eat.

- However, the context in which the phrase will be used is likely to have
  an impact on the levels of understanding and there are indications that
  more information is likely to be required to help inform decision making.

  o **NGCI statement on a menu/eating out establishment** – When
    eating out the NGCI statement is more likely to be queried by those
    for who cross-contamination with cereals containing gluten is a top
    of mind concern. Taking this statement at face value for many was
    less reliable because they felt that so much depended on the
    knowledge and attitude of the waiting and kitchen staff. There are
    indications however that some respondents in the sample may
    select NGCI labelled food without giving due consideration to cross-
    contamination with cereals containing gluten. As such, it would
    suggest that additional information will be important for those that
    might not ask, and even for those who are likely to ask questions, in
    order to make more informed choices

  o **NGCI statement on pack** – For most respondents a label on
    packaged food can be seen as a ‘stamp of approval’ – it’s been
    tested and is safe. Therefore, when considered in this context, the
    assumption for many was that the packaged food with a NGCI
    statement would be safe to eat and they did not consider the risk of
    cross-contamination with cereals containing gluten. If the product
    was placed in store next to GF foods, it may be more obvious that it
is not the same as GF and therefore it may prompt greater consideration of its suitability. However additional information (ideally on pack) about the statement is likely to be required to ensure an informed choice.

- **NGCI statement on a product list** – In the context of the product list, where it was felt more appropriate to give reasons why foods were in certain ‘categories’, it was expected that a more detailed explanation would be provided about the purpose of the statement and the risk of cross-contamination with gluten containing cereals.

### 5.3 Informing Consumers about the New Statement and the Risk of Cross-Contamination with Cereals containing Gluten

- The research suggested that education is likely to be required in the first instance to help wishing to avoid gluten fully understand the NGCI statement and its implications in order that it can be correctly understood and used to make informed choices about the food being purchased. Given the degree of confusion and potential risk of misunderstanding, the information will need to clearly state to people with coeliac disease (and health professionals) how the labelling is going to change and what the different labelling will mean to them. This should also ideally include a broader description of how NGCI statements differ from the phrases GF and Very Low Gluten. This information will be important to ensure that people wishing to avoid gluten are able to make informed choices.

- Supporting information is likely to go some way to help consumers understand the different labels and what is appropriate for them. As well as a written explanation of the different phrases, it may also be helpful to show this information diagrammatically, in order to make the information easier to access. There emerged several elements that will be particularly important to relay to both consumers and to the health professionals who advise them. These included:
the way that foods are labelled to indicate they are suitable for coeliacs is changing
some foods that were previously described as GF or suitable for coeliacs may have contained up to 200 ppm of gluten, which may make them unsafe to some people with coeliac disease
the new rules will make food safer for those with coeliac disease and enable them to identify foods which are suitable for their condition
two phrases, which relate to foods that have defined amounts of gluten, will now be defined by law:

- ‘Gluten-Free’ – which will be used on foods containing 20 ppm or less of gluten
- ‘Very Low Gluten’ which will be used on foods containing 21-100 ppm gluten and must contain a cereal ingredient which has been specially processed to reduce the level of gluten e.g. codex wheat starch

- In the context of explaining these changes, NGCI statements need to be introduced as a distinct statement that will inform the consumer about the absence of gluten containing ingredients in the food. Further elements that may be useful to relay about this statement included:

  - this statement is different to ‘Gluten-Free’ and Very Low Gluten
  - products labelled with this statement are those that are not proven to reach the limits required to be called GF or VLG
  - although these products will consist of ingredients which do not contain gluten, these foods may have been prepared where there is a risk of cross-contamination with cereals containing gluten, although steps should have been taken to minimise this
  - cross-contamination with cereals containing gluten affects different people in different ways and individuals with coeliac disease can tolerate differing amounts of gluten
it may also be useful to explain how cross-contamination may have happened in a pre-packed setting

- Whilst this additional supplementary information will be valuable, additional, information is also likely to be required at the point of sale.

5.4 Further Information that Consumers may require with the Statement NGCI

- It was identified in the research that further explanations may be required to help support the statement NGCI.

- **On Menu** – The presence of an NGCI statement is unlikely to stop many consumers from asking questions to determine whether they should eat a particular food. Further information would however be helpful to provide both a greater understanding of the NGCI statement and to remind them it is different to GF, thus allowing consumers to make a more informed choice.

- Mentioning cross-contamination within a supporting statement generated two responses. For some of those who had previously not considered the issue, (that is those who were eating un-labelled food before and preferring not to think too much about any potential risk), this obviously highlighted that risk, making it more top of mind and this was sometimes disconcerting. However, most respondents felt that the additional information was useful to have.

- Therefore there needs to be a balance between informing the audience of the risks without being overly off-putting. Further, (if caterers are willing) inviting consumers to ask more questions in the establishment would be very much welcomed and helpful for those less confident.

- The research indicated a potential phrase which could be present on menus alongside the NGCI statement to encourage a dialogue between customers and serving staff, that is:
Please ask us about the steps we have taken to minimise cross-contamination with gluten containing foods.

- **On Pack** – Given the frequent assumption that the NGCI statement had the same meaning as GF, additional support information on pack is likely to be essential to fully inform consumers and allow them to make the appropriate choice to suit their needs. However, it is likely that given the care with which most people with coeliac disease approach their diet, these products would be avoided by some. There is also the chance that these foods may be avoided if GF alternatives are more readily available.

- Two options emerged from the research as to the potential additional declaration to convey on pack:

  - *In manufacturing this product, steps have been taken to minimise cross-contamination with gluten containing foods.*

  - *This has been produced in a factory which also produces gluten containing foods.*

5.5 Communicating the Statement (and labelling changes)

- A range of channels emerged as key to communicating the NGCI statement and label changes. Expectations were typically around information supplied via a leaflet or website. Coeliac UK was top of mind for most respondents and remained a valued and trusted source of information. Currently established lines of communication between CUK and its members would be a valuable resource for FSA in this instance.

- In addition, supermarkets and point of purchase communications were frequently mentioned by respondents as an appropriate and effective
way of informing them of changes. Dietitians could also be utilised to convey information about labelling and forthcoming changes, although this would be limited to those newly diagnosed with coeliac disease, rather than those already living with the illness. Pharmacists could also provide information at point of prescription. Some respondents mentioned specific websites that advise people wishing to avoid gluten on eating out e.g. Gluten Free London, which would be assumed to be more specific about the impact of the labelling changes on eating out. Finally, although FSA was not top of mind, it is likely to be an acceptable messenger of the information.

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Appendices

APPENDICES

1. Sample, Method and Rationale
2. Introduction letter to respondents
3. Secondary letter to respondents
4. Recruitment questionnaire for respondents
5. Pre-Task for consumers
6. Pre-Task for health professionals
7. Discussion guide for consumers
8. Discussion guide for health professionals
9. Permission for further research letter
10. Telephone script
Appendix 1
Sample, Method and Rationale

a) Coeliacs and Parents of coeliacs sample in detail

- Interviews were conducted over the phone
- Each session was for 30 minutes

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Additional sample detail:

- Of the total sample 26 respondents were members of Coeliac UK and 8 were non-members
- Of the total sample 29 were BC1 SEG and 5 were C2DE SEG. There were also a number of retired respondents in the sample.

Research Criteria

In the first instance respondents were recruited on the basis of having taken part in previous gluten labelling research for FSA in March 2009. These respondents had been recruited (through market research recruiters or with the help of coeliac UK through their local groups) on the basis that:
- they had either been clinically diagnosed with coeliac disease, were non-clinically diagnosed but considered themselves gluten intolerant, or were parents of children with coeliac disease (who were managing their children’s diet)
- they were purchasing gluten free products

Executives at Define were supplied with contact details of these respondents and initiated contact through a letter outlining the scope and purpose of the project (see Appendix 2). These letters were then followed up by a telephone call where possible and a secondary letter (see Appendix 3) in cases where a telephone number had not been supplied.
The additional respondents who were recruited to top-up the sample using free found methods (that is, recruiters were used to find suitable respondents) were taken through a screening process (see Appendix 4).

Research Approach and Rationale

The approach within the depth interviews was as follows:

1. **Approach**: Respondents were asked for their *spontaneous reaction* to the NGCI statement at recruitment stage. This response was noted and compared to later responses based on deeper consideration to the statement.

   **Rationale**: It was really important to understand what respondents thought of the new statement at face value and without context. Being able to compare these initial responses to those gathered during the interview was particularly valuable in terms of gaining an insight into what supporting information was required in order to fully communicate the meaning of the statement to this audience.

2. **Approach**: Respondents were sent an electronic or paper version of a *pre-task* (see Appendix 5) which included a description of the new statement and provided the context and rationale for its introduction. Respondents were requested to consider several questions relating to the statement prior to the interview.

   **Rationale**: It was important that respondents were given some background information to the NGCI statement and related labelling changes so they would be better placed to consider the implications by the time of interview. It also meant that the interview was not entered ‘cold’ but that respondents had familiarised themselves with the issues and were better able to articulate their thoughts and opinions as a result.

3. **Approach**: *30 minute telephone depth interview* following a structured discussion guide that allowed a degree of flexibility in order to account for respondents’ individual language requirements and experiences. The guide was developed through the fieldwork in order to feed insights and ideas generated by the research into new interviews. New explanatory statements were developed and introduced into the guide to help to understand what would be useful to support the NGCI statement – either on pack or on a menu.

   **Rationale**: Tele-depth interviews were considered an effective and efficient method to collect data. The subject did not require a visual element or stimulus, but focussing as it did on respondent experience and statement wording, a telephone interview was appropriate. In addition the majority of respondents had been interviewed for previous research in face to face sessions in March 2009. 30 minutes was considered the optimum amount of time in order to thoroughly explore the issues around the statement and its alternatives, without leading to respondent fatigue.
b) **Health Professionals sample in detail**

- Interviews were conducted over the phone
- Each session was for 30 minutes

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**Research Criteria**

As with the end-user respondents, Health professionals recruited on this project had taken part in the previous research into gluten labelling. They were all required to deal in some capacity with coeliacs or parents of coeliac children although the level of interaction and expertise varied across the sample. In addition all the dietitians interviewed had British Dietetic Association accreditation.

**Research Approach and Rationale**

1. **Approach:** Health professionals were also asked at recruitment stage for their *initial reaction* to the NGCI statement.  
   **Rationale:** This was valuable data for the same reasons relating to end-user respondents – namely that it was important to see what their first impression of the statement was and how far their professional knowledge was implicit in their face-value response. Assumptions and misunderstandings of the statement were rendered clear at this stage and provided an important contrast to reactions gathered during the interview.

2. **Approach:** All health professionals were sent a *pre-task*, either by email or post. (See Appendix 6).  
   **Rationale:** It was important to understand how health respondents responded to the statement having been given further information about its introduction and it also allowed them to have considered some of the issues prior to the interview. This led to richer discussions and more thought-through responses.

3. **Approach:** *30 minute telephone depth interviews* were conducted with health professionals.  
   **Rationale:** In order to accommodate busy health professional schedules, telephone depths were considered the most flexible and appropriate method to gather data. 30 minutes was considered an optimum amount of time to explore their experiences of working with and advising people with coeliac disease as well as their understanding of the statement.