# F&Y2 trends: Annex A: Background and methodology

## Background

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

The Food and You 2 survey replaced the biennial Food and You survey (2010-2018), biannual Public Attitudes Tracker (2010-2019) and annual Food Hygiene Rating Scheme (FHRS) Consumer Attitudes Tracker (2014-2019). The Food and You survey has been an Official Statistic since 2014. Due to the difference in methodology between the Public Attitudes Tracker, FHRS Consumer Attitudes Tracker and Food and You survey (2010-2018) it is not possible to compare the data collected in Food and You 2 (2020 onward) with these earlier data. Comparisons can be made between the different waves of Food and You 2.

#### Previous publications in this series include:

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

### Methodology

The Food and You 2 survey is commissioned by the Food Standards Agency (FSA). The fieldwork is conducted by Ipsos. Food and You 2 is a biannual survey. See Table 1 in the Introduction for the fieldwork dates for each wave of data collection.

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

A random sample of addresses (selected from the Royal Mail's Postcode Address File) received a letter inviting up to two adults (aged 16 or over) in the household to complete the online survey. A first reminder letter was sent to households that had not responded to the initial invitation. A postal version of the survey accompanied the second reminder letter for those who did not have access to the internet or preferred to complete a postal version of the survey. A third and final reminder was sent to households if the survey had not been completed. Respondents were given a gift voucher for completing the survey. The sample of main and reserve addresses was stratified by region (with Wales and Northern Ireland being treated as separate regions), and within region (or country) by local authority (district in Northern Ireland) to ensure that the issued sample was spread proportionately across the local authorities. National deprivation scores were used as the final level of stratification within the local authorities - in England the Index of Multiple Deprivation (IMD), in Wales the Welsh Index of Multiple Deprivation (WIMD) and in Northern Ireland, the Northern Ireland Multiple Deprivation Measure (NIMDM).

Due to the length and complexity of the online questionnaire it was not possible to include all questions in the postal version of the questionnaire. The postal version of the questionnaire needed to be shorter and less complex to encourage a high response rate. To make the postal version of the questionnaire shorter and less complex, up to two versions were produced. The content of the versions of the postal questionnaires differed between waves of data collection. See the Technical Report of each wave for further details.

All data collected by Food and You 2 are self-reported. The data are the respondents own reported attitudes, knowledge and behaviour relating to food safety and food issues. As a social research survey, Food and You 2 cannot report observed behaviours. Observed behaviour in kitchens has been reported in <u>Kitchen Life 2</u>, an ethnographic study which used motion-sensitive cameras, surveys, interviews, and fridge and freezer thermometers, to explore food safety behaviours in 70 households and 31 food business operator kitchens.

The minimum target sample size wave of the Food and You 2 survey is 4,000 households (2,000 in England, 1,000 in Wales, 1,000 in Northern Ireland), with up to two adults in each household invited to take part as mentioned above. See the Technical Report for each wave for details about the sample size, response rate and number of respondents who were removed from the dataset.

Weighting was applied to ensure the data are as close as possible to being representative of the socio-demographic and sub-groups in the population, as is usual practice in government surveys. The weighting applied to the Food and You 2 data helps to compensate for variations in within-household individual selection, for response bias, and for the fact that some questions were only asked in one of the postal surveys. Separate trend weights have been calculated for each country, for all countries combined and for 'Welsh-England' estimates. The purpose of trend weights is to allow data for individual questions to be compared across waves. For each trend weight, relevant wave weights were identified and then rescaled in order to equalise the weighted sample size in each wave. Further details about the weighting approach used and the weights applied to the Wave 1 – 6 trends data are available in the Trends SPSS User Guide and Food and You 2, Waves 1-6: Weighting note.

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

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

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

### **Technical terms and definitions**

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

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

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