

The Food and You Survey

Wales report



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Authors: Elizabeth Fuller, Urszula Bankiewicz, Byron Davies, Claire Lapham, Dhriti Mandalia, Ben Stocker.

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Chicken and turkey were the most frequently eaten type of meat; 83% of respondents ate it at least once a week. This compares with 61% who ate pre-cooked meats, 60% who ate cuts of beef, lamb or pork at least once a week, 38% who ate sausages, 34% who ate cured or dried meats and 16% who ate burgers at least once a week.

Over time, consumption of red meat and pre-cooked meats have fallen. In Wave 2 (2012) of Food and You, 79% of adults in Wales ate cuts of beef, lamb or pork at least once a week, compared with 61% in the current wave (2018). Similarly, 68% ate pre-cooked meats at least once a week in Wave 2, but this has declined to 61%. Consumption of chicken and turkey has remained relatively stable.

Just under a quarter (24%) of respondents ate ready meals at least once a week, and a smaller proportion (18%) ate pre-packaged sandwiches at least once a week.

Cooking

The majority of respondents (88%) reported having at least some responsibility for cooking or preparing food in the home, with 46% saying they were responsible for all or most of this. Women were more likely than men to have all or most of the responsibility for cooking or preparing food (62% compared with 29%).

Attitudes towards cooking and eating

In general, respondents expressed positive attitudes to food and cooking. The majority agreed with the statements 'I like trying new things to eat' (68%) and 'I enjoy cooking and preparing food' (64%), and most disagreed with the statement 'I'm not generally interested in food' (81%).

Shopping

The majority of respondents (85%) reported having at least some responsibility for household food shopping with 46% saying they were responsible for all or most of this. As with cooking and preparing food, women were more likely than men to report having all or most of the responsibility for food shopping (67% compared with 23%).

Almost all respondents shopped for food in large supermarkets (94%). Other types of retailer were used by a minority of respondents, most commonly mini supermarkets (37%), local or corner shops (31%) and independent butchers (28%).

Food security

'Food security' means having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life. In Wales, 80% of respondents lived in households with high food security, 10% in households classified as marginally food secure, and 10% reported living in household with low or very low food security. These proportions have remained at similar levels since Wave 4 (2016).

About one in six (17%) respondents reported that their household had worried in the last 12 months about running out of food before there was money to buy more. Similar proportions said that in the last 12 months they had experienced food running out when they did not have money to get more (13%) or that their household had experienced not being able to afford to eat balanced meals (10%).

Just under half of all respondents (44%) reported making at least one change in their buying or eating arrangements in the last 12 months for financial reasons.

Food safety in the home

The Index of Recommended Practice

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

The average IRP score in Wales was 69. There was an increase from 65 in Wave 1 (2010) to 69 in Wave 2 (2012) and it has remained at the same level since.

Cleanliness

More than eight out of ten respondents reported cleaning behaviours in line with recommended practices, saying they always washed their hands before starting to prepare or cook food (85%), and immediately after handling raw meat, poultry or fish (87%).

Cooking

Most respondents (84%) said they always cooked food until it is steaming hot throughout, in line with recommended practice. The proportions of respondents who reported that they never ate meat or meat products if the meat was pink or had pink or red juices, in line with recommended practice, was 91% for chicken or turkey, 86% for sausages, 80% for pork and 68% for burgers.

Less than one in ten (7%) respondents in Wales reported reheating food twice or more, compared with 83% of respondents who said they reheated food once and 10% who said that they never reheated food.

Chilling

A little over half (51%) of respondents who had a fridge said that no one in their household checked the temperature; 48% reported that they or someone else did check the temperature.

Less than half (46%) of respondents in Wales correctly identified that the recommended fridge temperature was between 0° and 5°C. A similar proportion (43%) did not know what the recommended fridge temperature was.

Respondents were asked which methods they use to defrost frozen meat or fish. About half defrosted meat or fish in the fridge (51%), as recommended, but slightly more (54%) defrosted it at room temperature, which the FSA describes as unsafe.

Cross contamination

Less than half of respondents (46%) said that they always used different chopping boards for different foods, in line with practices recommended to avoid cross contamination, while 19% never did. Recommendations on storing food in the fridge were followed by 68% who stored raw meat and poultry on the bottom shelf of the fridge, and the same proportion who never stored food in open tins in the fridge.

The majority (58%) of respondents said they never washed raw chicken, in line with recommended practice. A similar proportion (54%) never washed raw meat (excluding chicken). Less than one in five said they always washed raw chicken (18%) or raw meat and poultry other than chicken (15%).

The proportion who never washed raw chicken increased from 37% in Wave 3 (2014) to 55% in Wave 4 (2016) and has remained at a similar level in Wave 5. There was also an increase in the proportions who never washed raw meat and poultry other than chicken, from 12% in Wave 1 (2010) to 54% in Wave 5.

Less than half (44%) of respondents reported that they always washed fruit and vegetables that were going to be eaten raw, and 17% said they never did this. Respondents in Wales were less likely to report always washing fruit and vegetables to be eaten raw, compared with over half of respondents in Northern Ireland and England (58% and 55% respectively).

Respondents were asked whether they used any antibacterial surface sanitising spray or wipes to clean kitchen work surfaces. Just over half (52%) reported always using antibacterial surface sanitising spray or wipes to clean kitchen work surfaces. When asked how they normally use surface sanitising spray, 41% followed the recommended action and sprayed it, leaving it for a few minutes before wiping it off, and a similar proportion reported that they sprayed it and immediately wiped it off (43%), not as recommended by the FSA.

Assessing if food is safe to eat

Respondents were asked how they would tell whether different types of foods were safe to eat or use in cooking. Respondents were most likely to say that they assessed the safety of foods by how they smelt; specifically milk and yoghurt (82%), raw meat (70%), fish excluding shellfish (63%) and eggs (33%). The exception was cheese; respondents were most likely to rely on how it looked.

The use-by date was mentioned by a minority of respondents to assess the safety of raw meat (23%), milk and yoghurt (22%), eggs (22%), fish excluding shellfish (18%) and cheese (17%). Respondents in Wales were less likely than those in Northern Ireland or England to refer to the use-by date to check whether different types of food – milk and yoghurt, raw meat, cheese and fish (excluding shellfish) – were safe to cook or eat.

The FSA recommends that the use-by date is the best label to indicate whether food is safe to eat. Respondents were most likely to say that the use-by date was the label that best indicated food safety (69%).

Respondents were asked whether they checked use-by dates when they are about to cook or prepare food. Less than two thirds (64%) of respondents reported that they always did.

More than a third (37%) of respondents reported that they found it quite difficult to read labelling on food products due to the size of the print.

Three quarters (75%) of respondents reported that they would eat leftover food within two days of cooking it, in line with recommended practice.

Sources of information about food safety

The most common sources of information about food safety were product packaging (40%), family and friends (39%) and food TV shows and cooking programmes (30%).

Eating outside the home

Frequency of eating out

The definition of eating out in the Food and You survey encompasses eating or buying food from a wide range of establishments including restaurants, pubs, bars, nightclubs, cafés and coffee shops, sandwich bars, fast food outlets, canteens, hotels, and stalls as well as takeaway food.

Most respondents in Wales ate out, at least occasionally. They were most likely to eat dinner out; 81% did so, including 26% who ate or bought dinner away from home at least once a week. More than three in five (63%) ate lunch out, including 27% who did so at least once a week. A minority (36%) ate or bought breakfast away from home, including 9% who ate breakfast out at least once a week.

Deciding where to eat out

When deciding where to eat out, respondents most commonly used their own experience of the place (67%), recommendations from family and friends (52%) or word of mouth (50%).

When shown a list of factors which might influence their decision on where to eat out, respondents were most likely to mention a good hygiene rating score (71%), good service (67%), and the price of food (56%) as important.

Awareness of hygiene standards when eating out

The majority of respondents (74%) were very or fairly aware of hygiene standards when eating out or buying takeaway food. Those who said they were aware or neither aware nor unaware of hygiene standards, were most likely to judge them by the hygiene rating score (79%) and the general appearance of the premises (48%).

The food hygiene rating scheme (FHRS) was formally introduced in 2010. Since 2013, it has been a legal requirement for businesses in Wales to display their FHRS rating sticker. Most respondents (94%) reported having seen the sticker belonging to the FHRS. There have been increasing levels of recognition of the scheme stickers since they were introduced in 2010, from 43% in Wave 2 (2012) to 76% in Wave 3 (2014), 89% in Wave 4 (2016) and 94% in Wave 5 (2018).

Food poisoning

Experience of food poisoning

In Wave 5, more than a third (37%) of respondents in Wales reported that they had experienced food poisoning at some time in their lives.

Respondents who had experienced food poisoning were asked what action they took as a result. Two in five (39%) of this group said that they took no action. Of those who did take some action, the most common actions were stopping eating at certain eating establishments (35%) and stopping eating certain foods (21%).

Attitudes towards food safety and food poisoning

Over two thirds (69%) of respondents agreed with the statement that they were 'unlikely to get food poisoning from food prepared in my own home'. Three fifths (60%) agreed with the statement 'I always avoid throwing food away'.

Trust

Awareness of the FSA

Most respondents in Wales (90%) had heard of the FSA before they were contacted about Food and You. This included 63% of respondents who said that they had heard of the FSA but didn't know much about them or their responsibilities and 28% who said they had previously heard of the FSA and knew about their responsibilities (this question took into account that Food and You is sponsored by the FSA and that this is strongly reflected in the survey materials).

Trust in the FSA

Trust in the FSA was measured by asking respondents to consider how they thought the FSA would respond to seven food-related scenarios. Overall there was a high degree of confidence in the FSA.

Respondents' confidence was greatest when asked about the FSA's likely response in case of a food poisoning outbreak. Most respondents (89%) thought that there was a high likelihood that the FSA would take action to protect the public if there was a food poisoning outbreak.

More than three quarters of respondents (76%) thought that there was a high likelihood that the FSA would respond as soon as possible to new evidence about food safety. Similar proportions (75%) thought that there was a high likelihood that the problem would be looked into if they wanted to report a food related issue to the FSA, and the same proportion thought that there was a high likelihood that the FSA puts the public first.

A slightly smaller proportion (73%) thought there was a high likelihood that the FSA would inform the public if there was new evidence about food safety, and 70% of respondents thought that there was a high likelihood that the FSA would tell the truth to the public if there was new evidence about food safety.

There was less confidence in the FSA's impartiality; 61% of respondents thought that there was a high likelihood that the FSA was impartial, acting independently of external sources.

Trust in the food supply chain

Food and You Wave 5 included five questions about consumers' trust in the food they buy and eat, covering provenance, quality, the food supply chain and safety.

The majority (57%) of respondents said they would be very or quite sure that they knew where the food they bought had come from, compared with 15% who said they would be very or quite unsure.

Three fifths (59%) were very or quite sure that the food they bought from Britain had been prepared to the highest quality standards, compared with 10% who were unsure. There was less trust in food from abroad; less than a fifth (17%) said that they were very or quite sure that food and groceries from abroad were prepared to the highest quality standards, compared with more than twice that (38%) who were very or quite unsure.

Over half (53%) of respondents were very or quite sure that all the guidelines had been properly followed at all stages in bringing the food they bought from the farm to their home, compared with 19% who were very or quite unsure.

There was a high level of confidence in the safety of food; 85% of respondents were very or quite sure that the food they bought for their households was safe to eat, compared with 2% who were very or quite unsure of this.

Food authenticity

Most respondents said that they were confident when buying or eating food that it was what it said it is on the label or the menu. Under a third (30%) were confident all of the time, and a further 59% were confident most of the time that food was what it was said to be.

Introduction

The UK's food system is complex. It is essential that food continues to remain safe, authentic, affordable and sustainable in a future affected by climate change, global population growth and innovations in the way food is produced, distributed and consumed, both nationally and globally.

The Food Standards Agency (FSA) is set up to protect the interests of the consumer through a range of activities, including regulation of food businesses and developing and targeting messages and initiatives for the public. The FSA's Strategy for 2015 to 2020, *Food We Can Trust*,¹ renews its commitment to put consumers first.

The Food and You Survey is the FSA's principal source of methodologically robust and representative evidence on consumers' food-related activities and attitudes. Understanding the UK population's reported behaviour, attitudes and knowledge in relation to food issues is key to measuring the FSA's progress towards its strategic objectives, providing evidence that supports the FSA's campaigns and other activities, and identifying topics for further research or action.

About the FSA

The FSA was formed in 2000 as an independent non-ministerial government department, governed by a Board whose members have extensive knowledge and experience in a wide range of sectors relevant to the FSA. The FSA was set up to protect public health from risks which may arise in connection with the consumption of food (including risks caused by the way in which it is produced or supplied), and otherwise to protect the interests of consumers in relation to food.

The FSA is responsible for food safety and hygiene in England, Wales and Northern Ireland, and is committed to ensuring the general public can have trust and confidence in the food

1 www.food.gov.uk/sites/default/files/media/document/Food-Standards-Agency-Strategy%20FINAL.pdf

they buy and eat.² The FSA also enforces standards through its regulatory responsibilities. In 2010 the FSA launched the national food hygiene rating scheme (FHRS)³ in order to provide the public with information about the hygiene standards in food premises, helping them to make informed decisions when eating out (see Chapter 3 for more information).

The FSA also provides guidance to consumers on best practices for food safety and hygiene in order to minimise the risk of food poisoning. This includes advice on cleaning, cooking, cross contamination and chilling (collectively known as the '4 Cs'). Guidance is also given on the use of date labels (such as 'use-by' and 'best before' dates) and storage instructions on foods to help ensure safety of food eaten at home.

Since its inception in 2000, the FSA has commissioned surveys to collect quantitative data on the public's reported behaviour, attitudes and knowledge relating to food and food safety. Between 2000 and 2007 the FSA ran the Consumer Attitudes Survey (CAS). In 2008 the FSA's Social Science Research Committee (SSRC) recommended that a new survey – Food and You – be developed.

The Food and You survey

Background

Food and You is a biennial, cross-sectional survey of adults aged 16 years and over living in private households in England, Wales and Northern Ireland. Random probability sampling

² In 2010 responsibility for nutrition in England transferred from the FSA to the Department of Health, and subsequently, in 2013, to Public Health England (PHE). Responsibility for nutrition in Wales transferred to the Welsh Government in 2010. Responsibility for nutrition and healthy eating practices remains the responsibility of the FSA in Northern Ireland. Food safety and nutrition in Scotland is the responsibility of Food Standards Scotland (FSS), a non-ministerial government department of the Scottish Government, established by the Food Act 2015.

³ www.food.gov.uk/safety-hygiene/food-hygiene-rating-scheme

Aims

Food and You provides data about the prevalence of different attitudes, reported behaviour and knowledge about ways in which food is purchased, stored, prepared and eaten. The aims of Wave 5 were to provide the FSA with data on food hygiene and food safety and other food-related issues in order to:

- explore public understanding and engagement with food safety;
- assess knowledge of messages and interventions aimed at raising awareness and changing behaviour;
- describe public attitudes to food production and the food system;
- monitor trends in reported behaviour, attitudes and knowledge (compared with data from the previous four waves or from other sources);
- identify target groups for future interventions (e.g. those most at risk or those among whom FSA policies and initiatives are likely to have the greatest impact); and
- provide indicators and evidence for tracking the FSA's strategic plans.

About this report

Coverage

Fieldwork for Wave 5 in Wales was conducted between June and November 2018 and consisted of 536 interviews with a representative sample of adults aged 16 and over.

This report presents a descriptive overview of the findings for Wales. Trends across the five survey waves are reported where available, and Wave 5 results are presented by key socio-demographic factors such as gender, age group, household size, presence of children in household, income

and working status. In addition, area characteristics are analysed; the Wales Index of Multiple Deprivation⁵ and whether the respondent lives in an urban or rural area.

This report is complemented by additional reports published separately:

- Combined report – focusing on results from England, Wales and Northern Ireland combined.
- Country comparison report – focusing on differences between the three nations.
- Northern Ireland report – focusing on the Northern Ireland results.

Each report is accompanied by detailed tables of results in Excel format.

More detail on the Wave 5 questionnaire development and the survey methodology, can be found in the following supplementary reports:

- Technical report – describing the methodology.
- Development report – documenting the Wave 5 questionnaire development.

The complete data set will be available in the UK Data Service.⁶

5 The Wales Index of Multiple Deprivation (WIMD) comprises seven domains of deprivation, each developed to measure a distinct form or type of deprivation. In this report and the accompanying tables, the WIMD has been presented in five categories or quintiles. <https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation>

6 <https://ukdataservice.ac.uk/>

Self-reported behaviours

Data collected through face to face interviews may not accurately reflect people's actual practices for a number of reasons. This includes inaccurate recall, difficulties recalling behaviour that has become habitual, and social desirability bias.⁷

In Food and You, self-reported behaviour is therefore used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

The questionnaire has been carefully designed with this in mind and follows best practice to minimise bias caused by self-report, for example asking questions about behaviour within specific time periods (for example, asking whether a respondent did something 'in the last seven days' rather than 'usually') and framing questions neutrally.

Questionnaire changes between waves

While efforts are made to ensure consistency in questions asked at each wave to allow for comparisons over time, there have been a number of changes made to the questionnaire between waves, reflecting changing FSA priorities and responsibilities.

Waves 4 and 5 of the survey were carried out in England, Wales and Northern Ireland, but not in Scotland, as in Waves 1 to 3. Comparisons within this report based on previous waves are therefore based on data from these three nations only and exclude data from Scotland.⁸

⁷ Social desirability bias refers to respondents tendency to answer questions based on what they think they ought to say, rather than reflecting what they actually do, know or think. As in previous waves, there were several topics in the questionnaire for which respondents might be reluctant to report behaviour which goes against what is possibly widely known advice (for example, not washing their hands before cooking or preparing food).

⁸ In April 2015, responsibility for food safety and nutrition in Scotland were transferred to Food Standards Scotland (FSS), a non-ministerial government department of the Scottish Government. The FSS carries out its own programme of research.

A number of other changes to individual questions and response categories have been introduced between waves. Full details of changes to the questionnaire are outlined in each of the published technical reports.

Reporting conventions: notes to text and tables

1. Tables accompanying each chapter in this report are in Excel format and can be accessed via www.food.gov.uk/research/food-and-you/food-and-you-wave-five. The chapter texts include references to the relevant tables.
2. The data used in the report have been weighted. Weighted and unweighted sample sizes are shown at the foot of each table.
3. Weights were applied to correct for the lower selection probabilities of adults aged 16 and over in multi-adult households and dwellings, as well as for the selection of one dwelling unit or household if two or more were found at the selected address.
4. Where an earlier survey year (from Waves 1 to 4) is not shown in a table, this is generally because the question(s) was not asked in that year.
5. Unless stated otherwise, where comparisons are made in the text between different population groups or variables, only those differences found to be statistically significant at the 95% level are reported. In other words, differences as large as those reported have no more than a five per cent probability of occurring by chance.
6. In this report, some apparent differences between groups have not been commented on; this is because the sample size in Wales was not sufficiently large to confirm that these differences were statistically significant.

7. The following conventions have been used in tables:
 - no observations (zero value)
 - 0 non-zero values of less than 0.5% and thus rounded to zero
 - [] estimates based on 30 to 49 cases are presented in square brackets.
 - * estimates based on fewer than 30 cases are not shown.
8. Because of rounding, column percentages may not add exactly to 100%. For questions where respondents could give more than one response, the percentages will add up to more than 100%.
9. 'Missing values' occur for several reasons, including refusal or inability to answer a particular question/section and cases where the question is not applicable to the participant.
10. The term 'significant' refers to statistical significance (at the 95% level) and is not intended to imply substantive importance.
11. Where a table contains more than one variable, the bases may not be exactly the same. Tables will usually show the bases for the first variable in the table, and for any other variables where the bases are not of a similar magnitude.

1 Shopping, cooking and eating

1.1 Introduction

This chapter provides an overview of people's shopping, cooking, and eating habits in Wales. The FSA's *Food We Can Trust Strategy 2015 to 2020* aims to ensure that "we have access to an affordable healthy diet, and can make informed choices about what we eat, now and in the future", within the context of guaranteeing food safety and accountability.⁹ It is important therefore that this report not only addresses food safety concerns, but also the role that food can play in people's everyday lives.

The topics covered in this chapter include:

- an estimate of the proportions of people who restrict their diet in some way, including vegetarians, vegans and those affected by food allergies and intolerances.
- the frequency of consumption of different types of food that have been linked to food poisoning.
- cooking habits, with particular attention given to understanding who is responsible for cooking in the household.
- people's attitudes towards cooking and eating, reflecting this wave's focus on eating out rather than eating at home.
- food shopping habits, including responsibility for shopping and types of shops used.
- food security – the ability to access an adequate diet.

As outlined in the Introduction to this report, in Food and You self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

9 www.food.gov.uk/about-us/who-we-are

1.2 Dietary restrictions, food allergy and intolerance

Vegetarianism, veganism and other reasons for avoiding certain foods

Only a few respondents in Wales said that they were completely vegetarian (2%) or vegan (less than 1%).¹⁰

Respondents were also asked whether they avoided certain foods for other reasons, not specified but not because of allergies; 7% of respondents said that they did.¹¹ This was a smaller proportion than in England or Northern Ireland (both 13%).

Table 1.1

Adverse reactions to foods

One in eight respondents in Wales (12%) reported that they suffered an adverse reaction when they consumed certain foods. A further 5% said that they avoided certain foods due to the reaction that they might cause. These proportions have remained unchanged since Wave 4 (2016).

Table 1.2.1

Respondents who reported that they suffered adverse reactions or avoided certain foods that may cause a reaction were asked if this was caused by any of 14 specified foods.¹² The most common cause of a reaction was cow's milk and products made

¹⁰ This is consistent with previous waves, although the question wording has varied slightly, making direct comparisons impossible.

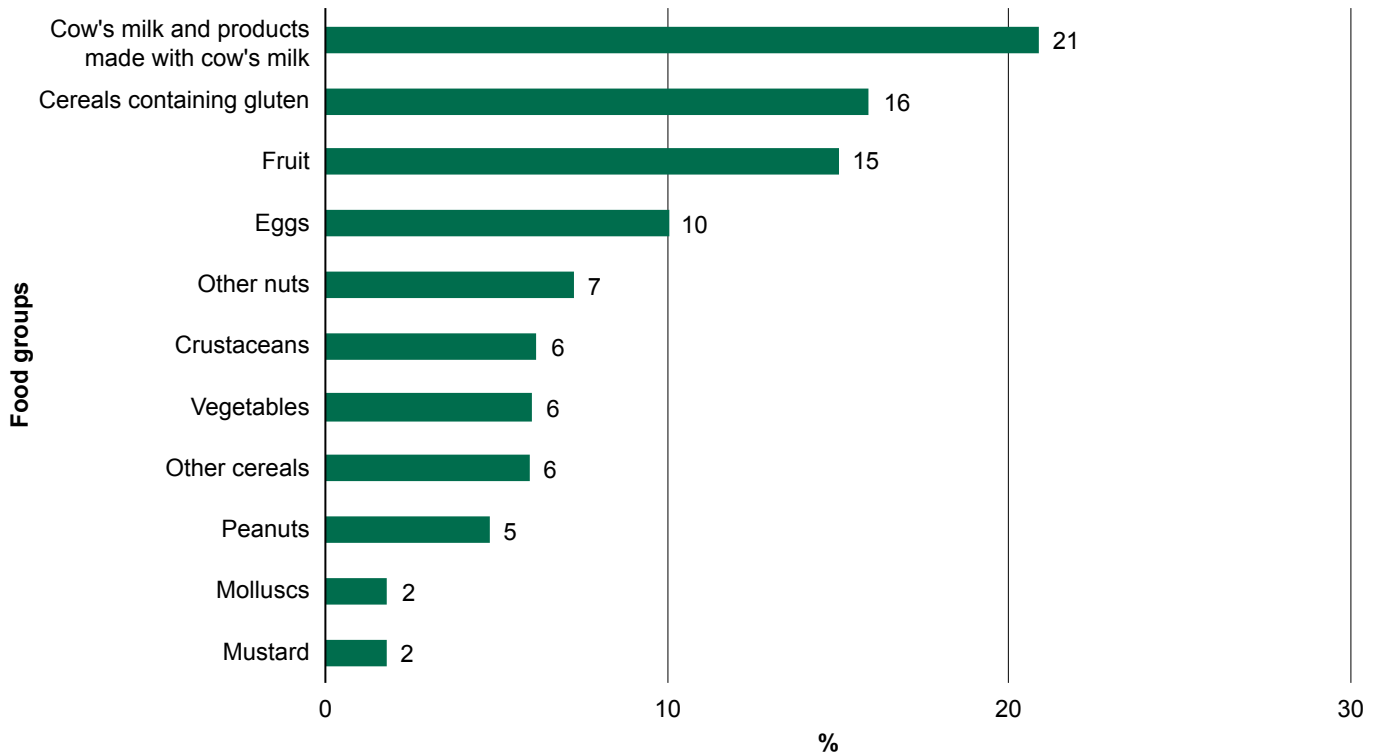
¹¹ This was a new question; in previous waves people were asked about avoiding food for religious or cultural reasons, and relatively few people reported this.

¹² These 14 foods are listed in Annex II of the EU Food Information for Consumers Regulation No.1169/2011 as allergy or intolerance producing products or substances. As a result, they must always be labelled on packaging when used as an ingredient or processing aid <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2011:304:FULL&from=EN>

with cow’s milk (21%), followed by cereals containing gluten (16%) and fruit (15%). Two in five (39%) of respondents who reported having adverse reactions or avoiding certain foods, said that they had suffered reactions to foods which were not on the list.

Table 1.2.2, Figure 1.1

Figure 1.1. Foods causing (potential) adverse reactions (Wales, Wave 5)



Nearly half of the respondents (47%) who suffered from adverse reactions to certain foods said that they suffered from a food intolerance, and one fifth (20%) reported suffering from a food allergy. More than a third (37%) said that they had a type of reaction not listed on the questionnaire. A small minority of respondents said they suffered from coeliac disease (1%), lactose intolerance (1%) or cow’s milk intolerance (2%).

Table 1.2.3

1.3 Frequency of eating certain foods

This section discusses the consumption of certain types of foods that pose, or are perceived to pose, the greatest food safety risks, for example in relation to food poisoning.

Meat and poultry

Chicken and turkey were the most frequently eaten type of meat with 83% of respondents in Wales reporting that they ate it at least once a week.

Eating **pre-cooked meats** at least once a week was reported by 61% of respondents. A similar proportion (60%) reported eating **beef, lamb or pork** once a week.

Respondents were less likely to report eating **sausages** (38%), **cured or dried meats** (34%) or **burgers** (16%) at least once a week. Few respondents reported eating **duck or goose** at least once a week (1%).

The proportion in Wales who ate chicken or turkey at least once a week has remained stable over time. There has been a decrease in the frequency of reporting eating beef, lamb or pork from 79% in Wave 2 (2012) to 60% in Wave 5 (2018). The proportion of respondents eating pre-cooked meats at least once a week has also declined over time, from 68% in Wave 2 to 61% in Wave 5.¹³

Since Wave 4 of Food and You (2016), the proportions of people in Wales who ate burgers and sausages have increased. The proportion who ate sausages at least once a week increased from 30% in Wave 4 to 38% in Wave 5, and the proportion who ate burgers at least once a week increased from 9% of respondents to 16% over the same period.

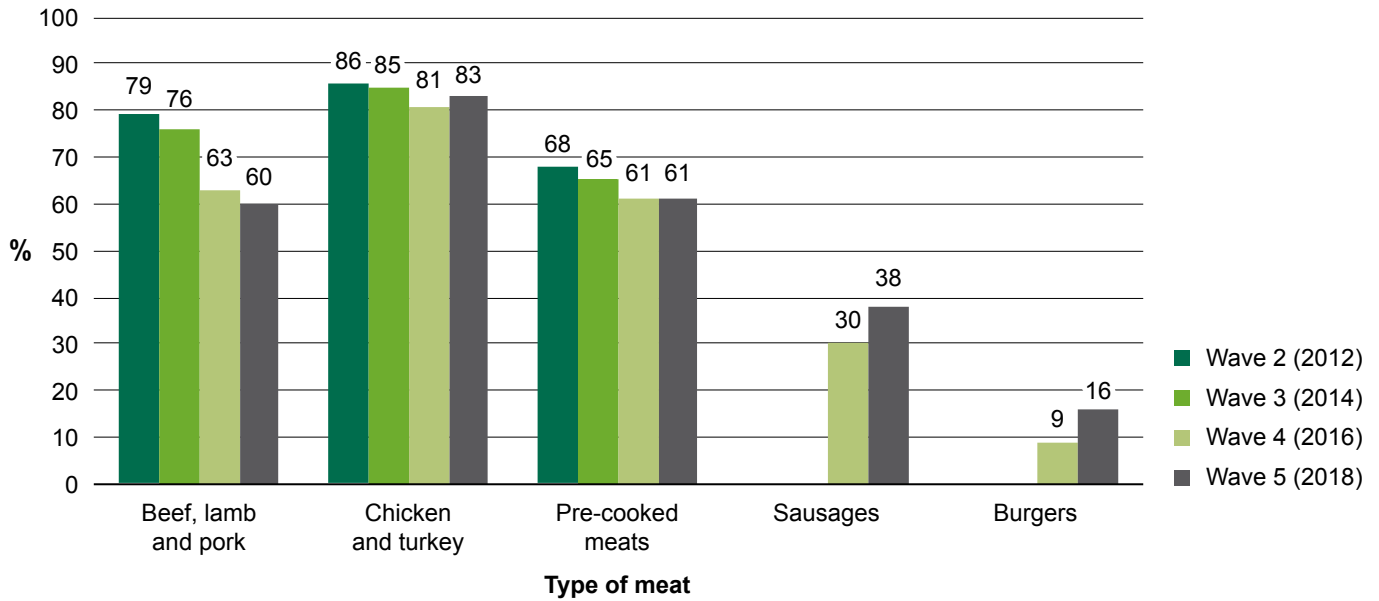
¹³ Until Wave 4, respondents were asked about 'Pre-cooked meats such as ham or paté'; in Wave 5 they were asked about 'Pre-cooked meats' with no examples given.

There were also differences between groups in Wales:

- **Gender:** Men were more likely than women to eat sausages at least once a week (44% and 32% respectively). There was a similar difference in the proportions who said that they ate cured or dried meats at least once a week (41% of men and 27% of women).
- **Age:** There were differences by age in the proportions who ate burgers. This was higher among younger age groups (21% of under 35s, 25% of those aged between 35 and 44) and lower among older age groups (3% of those aged 65 to 74 and 8% of those aged 75 and over).
- **Household size:** Respondents living alone were less likely to eat cuts or portions of beef, lamb or pork at least once a week (44%) than those who live with at least one other person (62% to 66%, depending on the numbers of people in the household). There was a similar pattern for pre-cooked meats; 50% of people who lived alone reported eating pre-cooked meats at least once a week, which increased with household size to 74% of those living with at least three other people.
- **Children under 16 in the household:** Respondents who lived with children under 16 were more likely than those in households without children to report eating chicken and turkey at least once a week (94% and 79% respectively). They were also more likely to eat sausages (48% and 34%) and burgers (27% and 12%).

Table 1.3, Figure 1.2

Figure 1.2. Proportion of respondents eating different types of meat at least once a week, by survey wave (Wales)



Milk and eggs

Most respondents in Wales said that they consumed **milk and dairy foods** at least once a week (95%). Around three quarters (72%) said they consumed them every day. These proportions have remained stable over time. Daily consumption of milk and dairy products was lowest among respondents aged under 35 (56%, compared with between 73% and 82% in other age groups). Otherwise consumption of milk and dairy products was similar across groups in Wales. Very few (5%) respondents said that they ever drank **raw milk**.

A large proportion of respondents (79%) reported eating **cooked eggs** at least once a week, including 10% who reported eating cooked eggs daily. The majority of respondents (86%) never ate **raw or uncooked eggs**.

Table 1.4

Fish and shellfish

Eating **cooked or smoked fish** at least once a week was reported by 41% of respondents. Just over a fifth (21%) reported that they never ate cooked or smoked fish. Men (46%) were more likely than women (36%) to eat cooked or smoked fish at least once a week, and weekly consumption increased broadly in line with age, from 28% of those aged 16 to 34 to 60% of those aged 75 and over.

Fewer people reported eating **cooked shellfish** at least weekly (10%), with around half (47%) of respondents reporting that they never ate cooked shellfish. Most respondents never ate **raw oysters** (97%).

Table 1.5

Fruit and vegetables

Most respondents in Wales said that they ate **raw fruit** (89%), **cooked vegetables** (94%) and **raw vegetables, including salad** (79%) at least once a week. This included around half (49%) who reported eating raw fruit at least once a day. Fewer respondents reported eating cooked vegetables (34%) and raw vegetables, including salad (16%), every day.

Young people were least likely to eat raw fruit every day (31% of under 35s compared with between 48% and 64% in older age groups). Similar proportions across age groups ate cooked vegetables every day, and this was also the case for raw vegetables. However, almost one in ten (9%) of those aged 16 to 34 never ate raw vegetables, compared with 2% or less in other age groups.

Table 1.6

Pre-packaged sandwiches and ready meals

Just under one in five (18%) ate **pre-packaged sandwiches** at least once a week. Around a quarter of respondents (24%) ate **ready meals** at least once a week. Most people who ate either pre-packaged sandwiches or ready meals did not eat them more than once or twice a week (13% and 18% respectively).

Since Wave 2 (2012), there has been a decline in those who report that they never eat pre-packaged sandwiches from 58% to 40% in Wave 5 (2018).

There was some variation across groups in the proportions who ate pre-packaged sandwiches at least once a week:

- **Age:** The proportion who ate pre-packaged sandwiches at least once a week decreased with age, from 32% of people aged 16 to 34 to 3% of those aged between 65 and 74 and 4% of those aged 75 and over.
- **Children under 16 in the household:** Those who lived with children under 16 were more likely than those who lived in households without children to eat pre-packaged sandwiches at least once a week (27% and 14% respectively).

Similarly, the proportions who ate ready meals at least once a week varied across groups:

- **Gender:** Men (28%) were more likely than women (21%) to eat ready meals at least once a week.
- **Household composition:** 37% of respondents who lived alone ate ready meals at least once a week, compared with between 18% and 24% who lived with other people.
- **Income:** Those in the highest household income group were less likely than those in lower income households to eat ready meals at least once a week (10%, compared with 25% to 30%).

Table 1.7

1.4 Cooking

A high proportion of respondents (88%) reported that they have some responsibility for cooking or preparing food in the home, with 64% reporting doing this at least once a day. Almost half (46%) of respondents said they were responsible for all or most of cooking or preparing of food, including 62% of women and 29% of men.

Similarly, 76% of women said that they prepared and cooked food every day, compared with 51% of men. This proportion was otherwise similar across groups.

Tables 1.8, 1.9

1.5 Attitudes towards cooking and eating

Respondents in Wales were asked about their views on cooking and eating. As in previous waves, most respondents had a generally positive outlook towards cooking and eating. More than two thirds (68%) of respondents agreed with the statement **'I like trying new things to eat'** and 64% agreed **'I enjoy cooking and preparing food'**.

The majority of respondents (81%) disagreed with the statement **'I'm not generally interested in food'** and 68% of respondents disagreed with the statement that they **'don't have time to prepare and cook food'**.

More than nine in ten (92%) agreed that **'There is too much plastic used in food packaging'**.

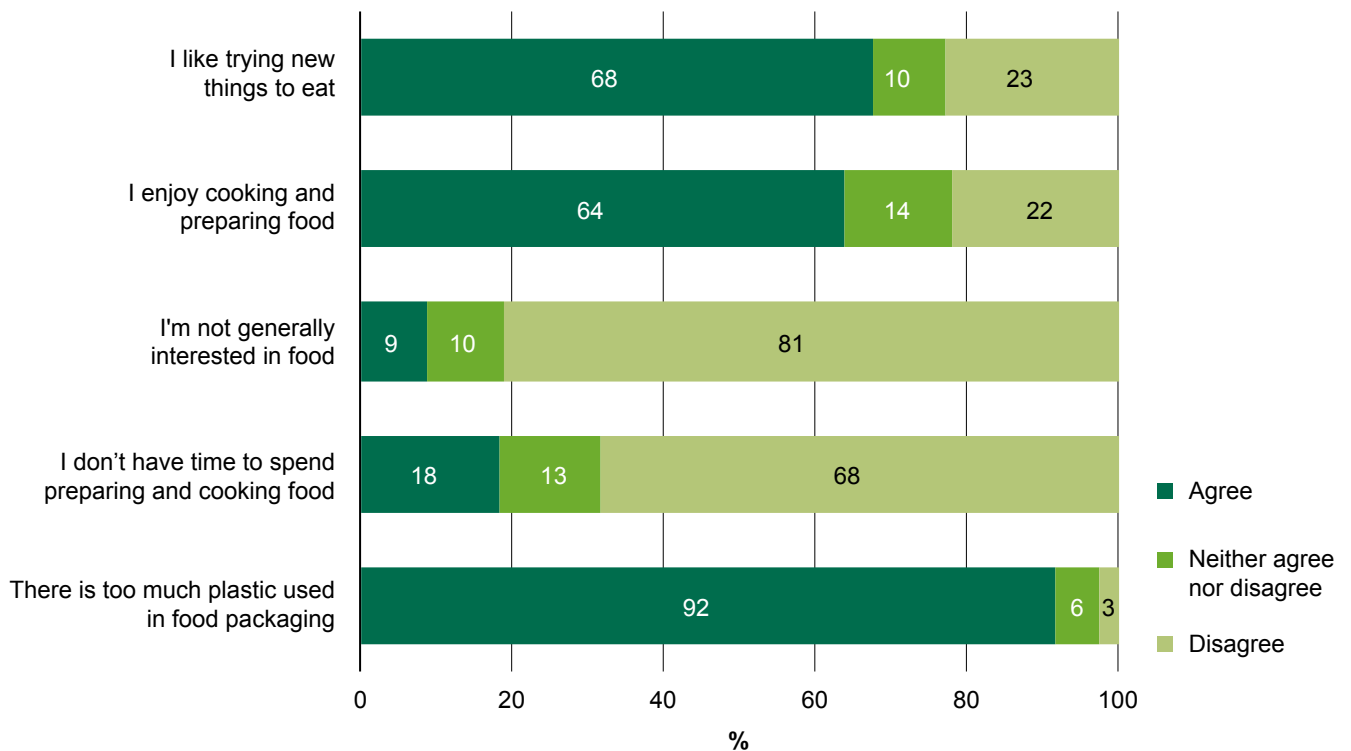
There were some differences between groups:

- **Age:** 67% of 16 to 34 year olds agreed that they **like trying new things to eat**, and this proportion increased to 85% of 35 to 44 year olds before declining with age to just under half (49%) of respondents aged 75 and above.

- Household Income:** Respondents in the two lower household income groups were less likely to agree that **'I like trying new things to eat'** (62% and 60%) than were those in the two higher groups (80% and 70%). Additionally, respondents in the two lower income groups were more likely to disagree with the statement **'I don't have time to spend preparing and cooking food'** (82% and 79%), compared with respondents in higher household income groups (55% and 71%).

Table 1.10, Figure 1.3

Figure 1.3. Attitudes towards cooking and eating (Wales, Wave 5)



1.6 Shopping

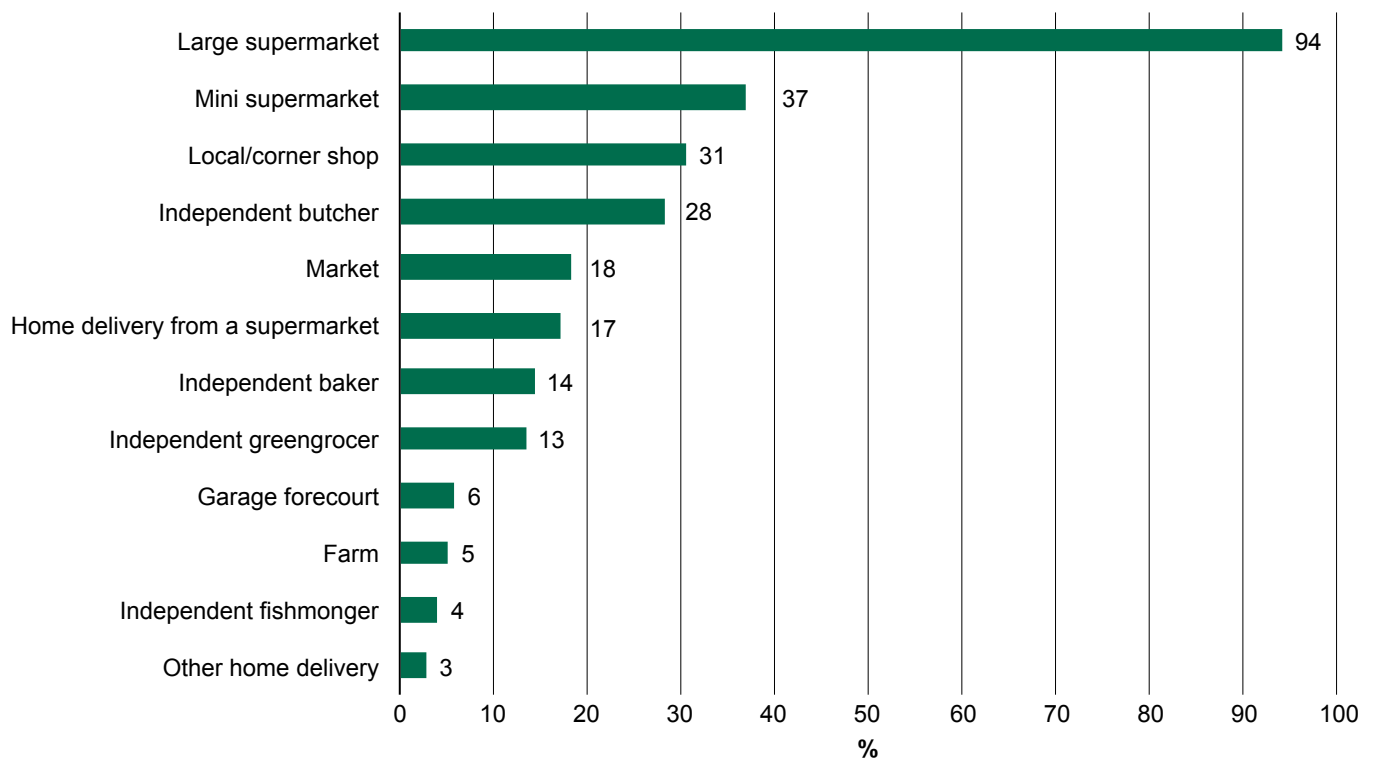
A large proportion of respondents in Wales reported that they have at least some responsibility for the household food shopping (85%), with 46% reporting being responsible for all or most of the shopping. There were some differences between groups. Women were nearly three times more likely as men to report having responsibility for all or most of the household food shopping (67% compared with 23% respectively).

Table 1.11

Almost all respondents shopped in large supermarkets (94%). Under half used other types of shop, most commonly mini supermarkets (37%), local or corner shops (31%) and independent butchers (28%). The proportions using each type of shop have generally remained stable, although the proportions using home delivery services from supermarkets has increased since Wave 2 (2012) from 9% to 17%.

Table 1.12, Figure 1.4

Figure 1.4. Where households shop for food (Wales, Wave 5)



1.7 Food Security

Definition

Food security, as defined by the United Nations' Committee on World Food Security, is the condition in which all people, at all times, have physical, social and economic access to sufficient safe and nutritious food that meets their dietary needs and preferences for an active and healthy life.¹⁴

In Food and You, household food security is measured using responses to ten different questions relating to experiences with accessing and consuming food.¹⁵ Respondents are allocated a score based on these responses (see Technical Report for more detail),¹⁶ and these are categorised below. Households that report three or more conditions indicating food insecurity are classified as 'food insecure'.

- **High food security (score = 0):** Households had no problems, or anxiety about, consistently accessing adequate food.
- **Marginal food security (score = 1 or 2):** Households had problems at times, or anxiety about, accessing adequate food, but the quality, variety, and quantity of their food intake were not substantially reduced.
- **Low food security (score = 3 to 5):** Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted.
- **Very low food security (score = 6 to 10):** At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.

14 For an account of the evolution of this definition see www.fao.org/3/y4671e/y4671e06.htm#fn31

15 These ten questions asked within the Food and You survey are used by the United States Department of Agriculture Research Service. See www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement/ for further details.

16 www.food.gov.uk/research/food-and-you/food-and-you-wave-five

Overall levels of food security

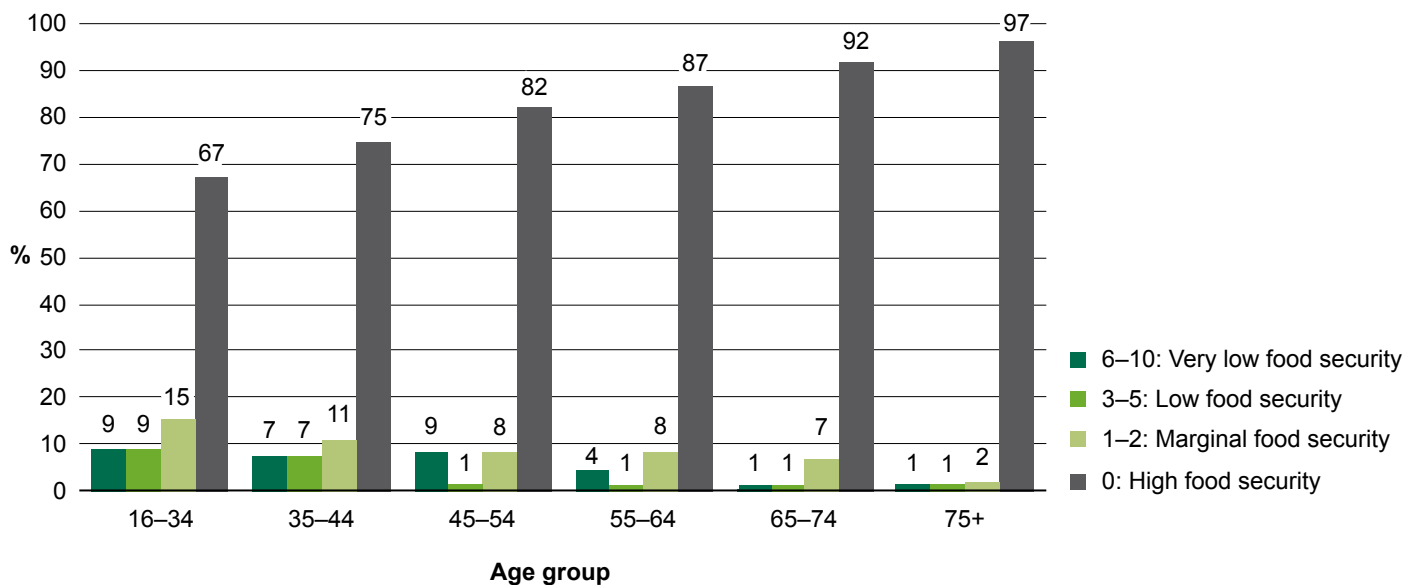
Based on these scores 80% of respondents in Wales lived in households with high food security, 10% in households classified as marginally food secure, and 10% reported living in households with low or very low food security (known as food 'insecure'). These proportions are similar to those in Wave 4 (2016) and were also similar in England and Northern Ireland.

The following differences were observed between groups of respondents:

- **Age:** The proportions living in households with high food security increased broadly with age, from 67% of people aged 16 to 34 to 96% of over 75s.
- **Children in the household:** Those who lived with children under 16 were less likely to have high food security than those in households without children (68% and 85% respectively). There was a similar difference between those living in households with children aged under 6 and those who were not living with young children (60% and 84% respectively).
- **Household income:** The majority of households in the lowest income group had high food security (69%), and this proportion increased with income to 95% of those in the highest income group.

Table 1.13, Figure 1.5

Figure 1.5. Food security status by age group (Wales, Wave 5)



Specific concerns

Most respondents in Wales (83%) said that in the last 12 months they had never worried about running out of food before there was money to buy more, but 17% had worried about this at some time.

Most respondents had not felt that the food they bought didn't last, and they didn't have money to get more, or that they couldn't afford to eat balanced meals. But 13% had felt that the food they bought didn't last, and they didn't have money to get more, and 10% had felt that they couldn't afford to eat balanced meals.

There were some differences between groups:

- Age:** 31% of respondents aged 16 to 34 had worried that their food would run out before they got money to buy more. This proportion decreased with age to just 3% of those aged 75 and over. There was a similar pattern in the proportion of respondents who had felt that the food they bought didn't last and they didn't have money to get more (from 22% of respondents aged 16 to 34 to 3% of respondents aged 75 and over). 17% of respondents aged 16 to 34 felt that it was sometimes or often true that they couldn't afford to eat balanced meals compared with 2% of those aged 75 and over.

- Children in the household:** Households with children under 16 were twice as likely to report that they had sometimes or often worried about their food running out before they could buy more (27%) as were those with no children under 16 in the household (13%). More than one in five (22%) of households with children under 16 said they had felt like the food they bought wouldn't last compared to less than one in ten (9%) of households without children. When asked if they felt that they couldn't afford to eat balanced meals, 25% of households with children under 16 said this was sometimes or often true compared to 5% of respondents in households without children. There was a similar pattern for respondents in households with children aged under 6.
- Household income:** 29% of respondents in the lowest household income group reported that they had worried about running out of food, compared to 5% of those in the highest household income group. There was a similar pattern when asked if in the last 12 months they had ever felt that food which was bought didn't last before they had the money to buy more (26% of those on the lowest household income had felt this, compared with 3% in the highest income group). Less than 1% of respondents in the highest income group reported they sometimes or often couldn't afford to eat balanced meals, compared with 23% in the lowest income group.

Table 1.13

Changes in buying or eating habits

Under half of the respondents in Wales (44%) reported that they had made at least one change to their shopping or eating behaviour for financial reasons over the past 12 months. The most frequently reported changes were buying more items on special offer (21%), eating at home more (20%), changing the places they bought food for cheaper alternatives (20%) and eating out less (18%).

Table 1.14

2 Food safety in the home

2.1 Introduction

The prevention of food-borne disease is at the heart of FSA's aims and responsibilities. The FSA's *Food We Can Trust Strategy 2015 to 2020* includes a focus on consumers, specifically in enabling them to store, prepare and cook food safely. Handling food in the home in line with food safety regulations and best practice is particularly important in reducing incidences of food-borne illnesses. Good practice includes taking extra precautions when cooking for vulnerable people and taking account of available information when making food decisions.¹⁷ An improved understanding of the population's domestic food safety activities when shopping for, storing, preparing, cooking and eating food, supports the delivery of the FSA's aims.

Food and You is a key source of information on people's reported behaviour, attitudes and knowledge relating to food safety, and whether this is in line with recommended practice. This information helps to inform FSA communications and policy making, for instance through identifying particular groups to target. It is also used in authoritative reports, the most recent example being the 3rd ACMSF report on *Campylobacter*, where the draft report is currently out for consultation.¹⁸ Comparisons across waves of the survey also allow examination of trends over time and help to assess whether previous food safety campaigns and interventions (such as the 2014 Food Safety Week 'Don't wash raw chicken') have had an impact on people's behaviours.

This chapter covers knowledge and reported behaviour of respondents in Wales across five domains of food safety, described below. The questions were generally the same as

17 www.food.gov.uk/sites/default/files/media/document/Food-Standards-Agency-Strategy%20FINAL.pdf

18 At the time of writing, this report is out for consultation. Chapter 8, 'People's attitudes and behaviours regarding risk' draws heavily on Food and You data, particularly the 4Cs. See Third Report on *Campylobacter*, Advisory Committee on the Microbiological Safety of Food Ad Hoc Group on *Campylobacter* (forthcoming).

those included in previous waves, with the addition of questions about use of sanitising spray to gain further insight into behaviours aimed at preventing cross contamination.

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

2.2 Do people follow recommended food safety practices?

Food and You asks respondents a series of questions about their normal behaviour in relation to five important elements or 'domains' of food safety:

- cleaning
- cooking
- chilling
- avoiding cross contamination
- use-by dates

These domains are reported on separately within this chapter.

To get an overall picture of people's food safety behaviour, the Index of Recommended Practice (IRP) can be used. The IRP is a composite measure of food hygiene knowledge and behaviours within the home, which includes questions from each of the five food safety domains.¹⁹ Questions were

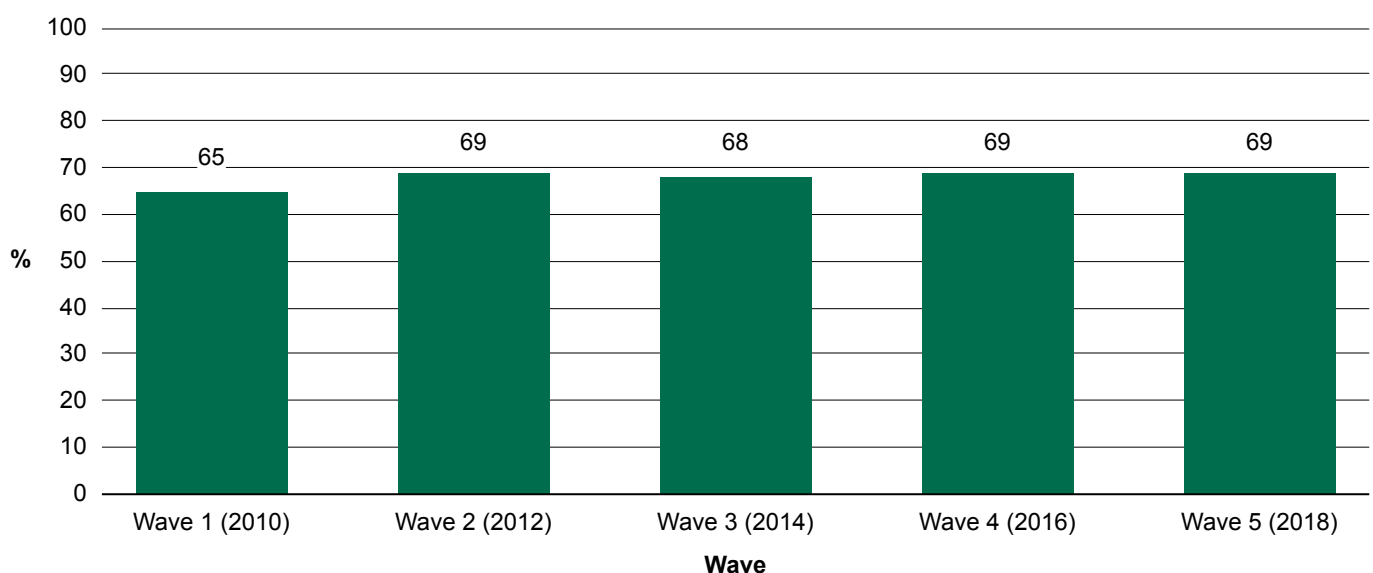
¹⁹ www.food.gov.uk/sites/default/files/media/document/fs409012-2finalreport.pdf

selected for the IRP because they mapped onto practices that, if not followed, were more likely to increase the risk of food-borne disease. Each item scores 1 for responses in line with recommended practice or 0 for responses not in line with recommended practice. The overall score is then converted to a score out of 100 with a higher score indicating more reported behaviours that are in line with recommended food safety practice. It is important to note that IRP gives an overall indication of whether recommended practices are being followed and this is useful for comparing across subgroups, but it does not inform about individual behaviours. The findings are used by the FSA to track progress towards its strategic aims and to identify groups within the population who are less likely to report behaviour in line with recommended practice.

In Wales, the mean IRP score was 69. The mean IRP score increased from 65 in Wave 1 (2010) to 69 in Wave 2 (2012) and has stayed at this level in subsequent waves. Women had a higher IRP score than men (65, compared with 72). Additionally, the mean IRP score was lower in single person households (64), compared with households with two or more occupants (between 68 and 71, depending on household size). Otherwise there was little variation between groups.

Table 2.1, Figure 2.1

Figure 2.1. IRP scores by survey wave (Wales)



2.3 Cleanliness

The FSA recommendation is always to wash hands with warm soapy water before preparing, cooking and eating food as well as after touching raw meat, poultry or fish.

In Wales, 85% of respondents reported always washing their hands before starting to prepare or cook food. A similar proportion of respondents reported always washing their hands after handling raw meat, poultry or fish (87%).

Table 2.2

2.4 Cooking

Ensuring food is properly cooked

The FSA stresses the importance of cooking food at the right temperature and length of time to ensure all harmful bacteria are killed and food is safe to eat.

The FSA recommends that most meat and meat products such as turkey, chicken, duck, goose, pork, minced meat products such as kebabs, sausages and burgers need to be steaming hot and cooked all the way through before eating.

In addition, most frozen vegetables also should be cooked and steaming hot before consumption.

Respondents were asked whether they cook food until it's steaming hot throughout. Most respondents in Wales (84%) reported always cooking their food until it is steaming hot throughout.

Women were more likely than men to say that they always cooked food until it was steaming hot throughout (90% compared with 78%, respectively).

Meat and meat products

The FSA recommends that most meat and meat products such as turkey, chicken, duck, goose, pork, minced meat products such as kebabs, sausages and burgers should not be eaten if the meat is pink or has pink or red juices.

Respondents were asked whether they ate various types of meat and meat products if the meat was pink or had pink or red juices. Nine in ten (91%) respondents in Wales said that they never ate **chicken or turkey** if the meat was pink or had pink or red juices. Less than half (44%) of respondents in Wales said that they never ate **duck** if it's undercooked, but 40% said that this question was not applicable to them.

It is safe to eat steak or other whole cuts of red meat rare as long as they have been properly cooked and sealed on the outside, as this is where harmful bacteria are normally found in this type of meat.

Respondents were asked whether they ate **red meat** if the meat was pink or had pink or red juices. Two fifths (40%) of respondents in Wales said that they never did, but more than half (52%) did this at least sometimes. The proportion of respondents in Wales who reported never eating red meat if the meat is pink or has pink or red juices was 59% in Wave 2 (2012) and has declined since then.

There were differences across groups in the proportions who said they never ate red meat if the meat was pink or had pink or red juices:

- **Age:** around half of respondents aged 55 and over said they never ate red meat if the meat was pink or had pink or red juices (between 48% and 54% depending on age). This was less common among younger respondents, and least common among those aged between 25 and 34 (21%).
- **Income:** the proportion who never ate red meat if the meat was pink or had pink or red juices decreased from 59% in the group with the lowest household income group to 23% in the highest income group.

The FSA recommends always to cook burgers thoroughly, as rare or undercooked burgers may contain harmful bacteria and cause food poisoning.

Over two thirds (68%) of respondents in Wales said that they never ate **burgers** if the meat was pink or had pink or red juices. This is at a similar level to Wave 4 (2016) when burgers were first asked about.

There were some differences between age groups; 62% of those aged 16 to 34 never ate burgers if the meat was pink or had pink or red juices and the proportion was similar (63%) among those aged 35 to 44. The proportion was higher among those aged 45 to 54 years (84%) and thereafter declined with age. The pattern among older respondents was influenced by the proportions who never ate burgers at all, from 20% of those aged 55 to 64 to 35% of those aged 75 and over.

More than four fifths (86%) of respondents reported never eating sausages if the meat is pink or has pink or red juices. This proportion was similar across groups.

The FSA recommends that pork should not be eaten pink or rare.

Eight in ten (80%) respondents in Wales reported never eating whole cuts of **pork** or pork chops if the meat is pink or has pink or red juices.

Table 2.3

Reheating food

The FSA recommends not to reheat food more than once and always to ensure it is heated throughout and steaming hot before eating.

Less than one in ten (7%) respondents in Wales reported reheating food twice or more, compared with 83% of respondents who said they reheated food once and 10% who said that they never reheated food.

Respondents were asked how they checked that food had been reheated properly. The highest proportions of respondents said that they checked that the middle was hot (40%), or saw steam coming from the food (33%).

Tables 2.4.1, 2.4.2

2.5 Chilling

Checking fridge temperature

The temperature in the fridge should be checked using a fridge thermometer, rather than the dials on the fridge as this may be inaccurate.

Respondents were asked whether they or someone else in the household check the fridge temperature. A little over half (51%) said that no one in their household did. Just under half (48%) of the respondents in Wales said that they or someone else in their household checked the fridge temperature.

Respondents living on their own were most likely to say that they didn't check their fridge temperature (75%, compared with 50% or less in households with two or more people). Otherwise, there was little variation between groups.

Respondents who did check the temperature, were most likely to say they checked it at least daily (24%) and nearly half (47%) checked it at least once a week.

Table 2.5

The most common ways of checking fridge temperature reported by respondents in Wales were checking the setting/gauge of the fridge (43%) and checking the temperature display or thermometer built into the fridge (34%).

Table 2.6

Knowledge of the recommended fridge temperature

The FSA recommends that the fridge temperature should be kept below 5°C to stop harmful bacteria from growing and to avoid food poisoning.

Respondents were asked if they knew the recommended fridge temperature. Less than half (46%) of respondents in Wales correctly identified that the recommended fridge temperature was between 0° and 5°C. A similar proportion (43%) did not know what the recommended fridge temperature was. Respondents in Wales were less likely to know the correct temperature than were those in than those in England (50%) or Northern Ireland (57%).

There were differences between groups:

- **Age:** the proportions of respondents who knew the correct temperature declined with age from 58% of those aged between 16 and 34 to 24% of those aged 75 and over.

- **Household composition:** 21% of respondents living on their own knew the recommended fridge temperature, compared with 44% to 45% of those in two or three person households, and 63% living with at least three other people.
- **Household income:** around a third of respondents in the lowest household income groups identified the correct temperature (35% and 36% respectively), compared with more than half of those in higher income groups (58% and 51% respectively).

Table 2.7

Defrosting food

When defrosting food, it should be placed in the fridge, or if this is not possible, food should be defrosted in a microwave. It is unsafe to defrost food at room temperature.

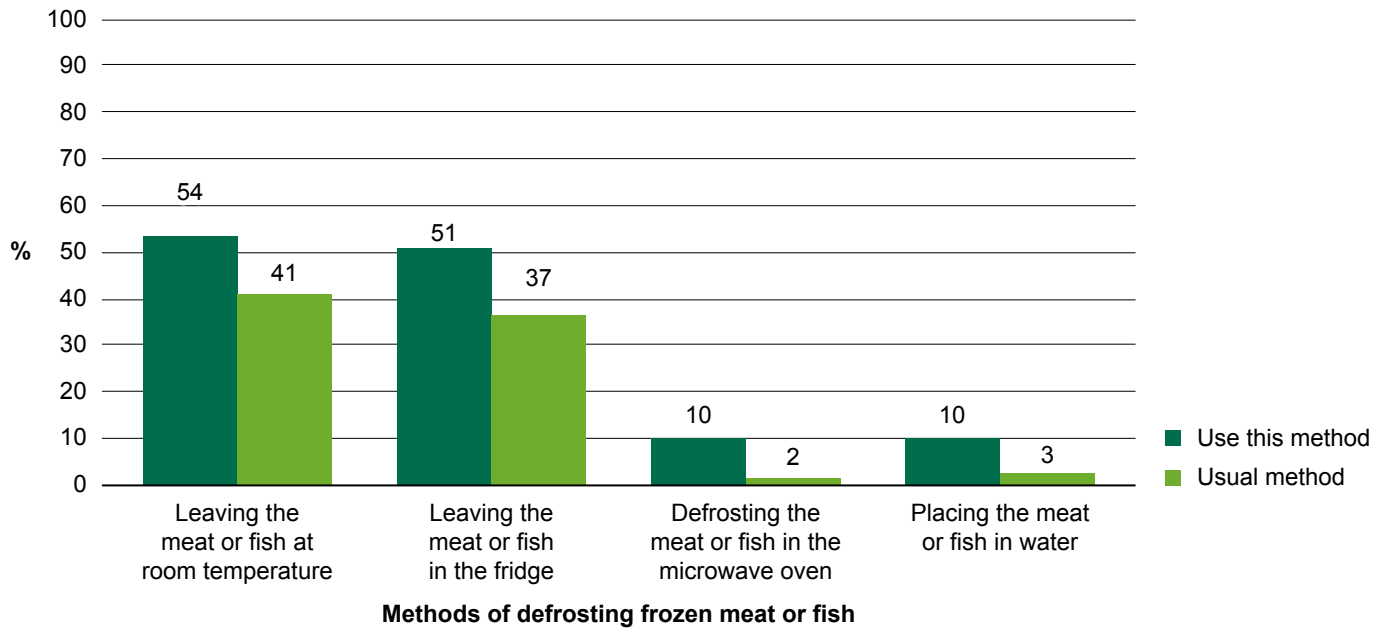
Respondents were asked which methods they use to defrost frozen meat or fish. About half defrosted meat or fish in the fridge (51%), as recommended, but slightly more (54%) defrosted it at room temperature, which the FSA describes as unsafe.

Table 2.8.1

When asked which method they usually used, respondents in Wales were most likely to say they left the meat or fish at room temperature (41%), although a similar proportion (37%) defrosted meat and fish in the fridge. Respondents in Wales were more likely to defrost meat and fish in the fridge than were those in England (32%) or Northern Ireland (26%).

Table 2.8.2, Figure 2.2

Figure 2.2. Methods used to defrost frozen meat or fish (Wales, Wave 5)



2.6 Cross contamination

Cross contamination occurs when harmful bacteria or other microorganisms are transferred between objects, for example bacteria can be transferred between raw and cooked food. Cross contamination can cause food poisoning.

To avoid cross contamination and its risks, the FSA recommends never washing raw meat, always storing covered raw meat, poultry, fish and shellfish on the bottom shelf of your fridge and using different utensils, plates and chopping boards for raw and cooked food.

Chopping boards

Under half (46%) of respondents in Wales said that they always used different chopping boards for different foods and 19% said that they never did. The proportion of respondents who always use different chopping boards for different foods has remained stable over time and is similar across groups.

Table 2.9.1

The most commonly reported reasons for washing chopping boards after preparing raw meat, poultry or fish were to prevent cross contamination (60%) and to wash away germs or bacteria (53%).

The proportion of respondents who reported that they wash their chopping boards to prevent cross contamination was between 1% and 6% in Waves 1 to 3 (2010 to 2014), increased to 65% in Wave 4 (2016) and was at a similar level in Wave 5 (2018).

Table 2.9.2

Storing food in the fridge

Respondents were asked where in the fridge they stored **raw meat and poultry**. Two thirds (68%) of respondents in Wales reported storing meat and poultry on the bottom shelf of the fridge, in line with the FSA recommended practice.

There was some variation across the groups:

- **Gender:** women were more likely than men to store raw meat and poultry on the bottom shelf of the fridge (75% and 62% respectively).
- **Household composition:** less than half (48%) of respondents living on their own reported storing meat and poultry on the bottom shelf of the fridge, compared with between 67% and 77% of respondents living in larger households.

Table 2.10.1

When asked how they stored raw meat and poultry in the fridge, the most common response was storing it in its packaging (56%) which is the recommended practice (as long as the packaging is unopened).

Table 2.10.2

When asked whether they store **open tins** in the fridge, the majority (68%) of respondents in Wales said that they never did, in line with the recommended practice.

Table 2.11

Washing food

The FSA recommends never to wash raw meat, poultry and fish as splashing water transfers harmful bacteria to surrounding surfaces which then can come in contact with ready-to-eat food.

Respondents were asked whether they washed raw chicken, raw meat and poultry other than chicken, and raw fish or seafood.

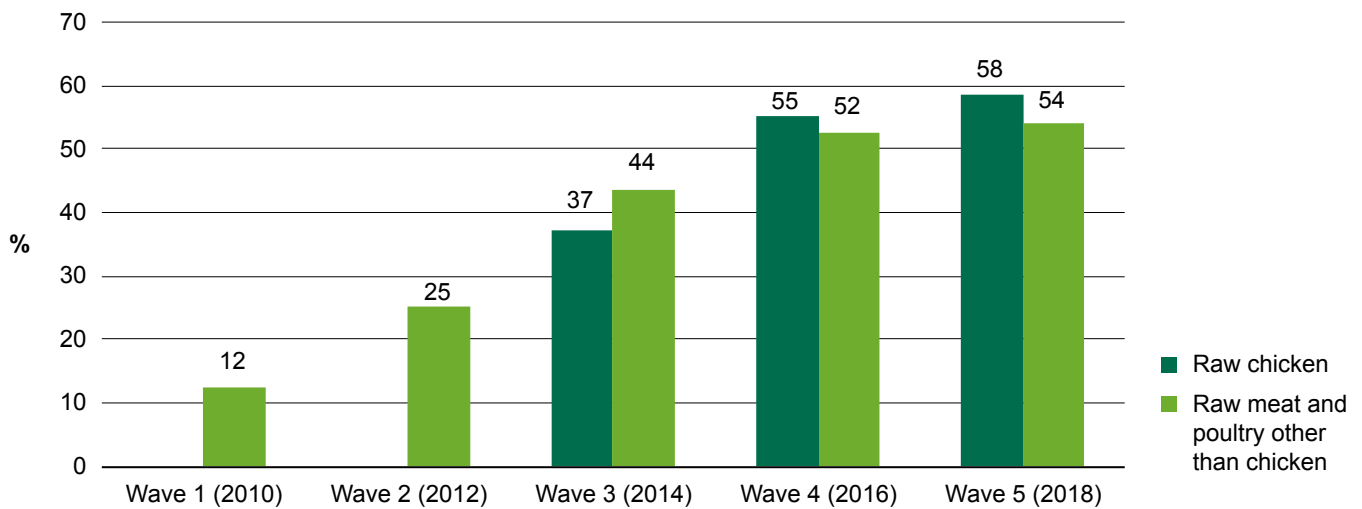
More than half (58%) of respondents said that they never washed **raw chicken**, as recommended. Less than a fifth (18%) said that they always did. The proportion who never washed raw chicken increased from 37% in Wave 3 (2014) to 55% in Wave 4 (2016) and has remained at a similar level in Wave 5.

A similar proportion (54%) reported that they never washed **raw meat and poultry other than chicken**, while 15% said that they always did. As with washing raw chicken, the proportion who never wash raw meat and other poultry increased over time, from 12% in Wave 1 (2010) to 52% in Wave 4 (2016).

When asked whether they wash **raw fish or seafood**, 37% of respondents said that they never did, whereas two in ten (20%) respondents said that they always did that. The proportion who never wash raw fish or seafood also increased over time, from 13% in Wave 1 (2010) to 31% in Wave 4 (2016).

Table 2.12, Figure 2.3

Figure 2.3. Never washes raw meat or poultry by survey wave (Wales)



The FSA recommends that unless the packaging says ‘ready-to-eat’, fruit and vegetables should be washed before consumption.

Less than half (44%) of respondents in Wales reported that they always washed fruit and vegetables to be eaten raw, while 17% said that they never did so.

One third (34%) of respondents said that they always washed fruit and vegetables to be eaten cooked and a quarter (25%) said that they never did so. There are no variations in these practices between different groups.

Table 2.13

Respondents in Wales (44%) were less likely to report always washing fruit and vegetables to be eaten raw, compared with over half of respondents in Northern Ireland and England (58% and 55% respectively). This was also true for always washing fruit and vegetables to be eaten cooked (34% in Wales, 47% in England and 58% in Northern Ireland).

Sanitising spray

The FSA recommends cleaning and disinfecting kitchen work surfaces to kill harmful bacteria and prevent them from spreading into food. It is recommended to use a sanitising spray and leave it on the surface for the time specified on the bottle before wiping it off.

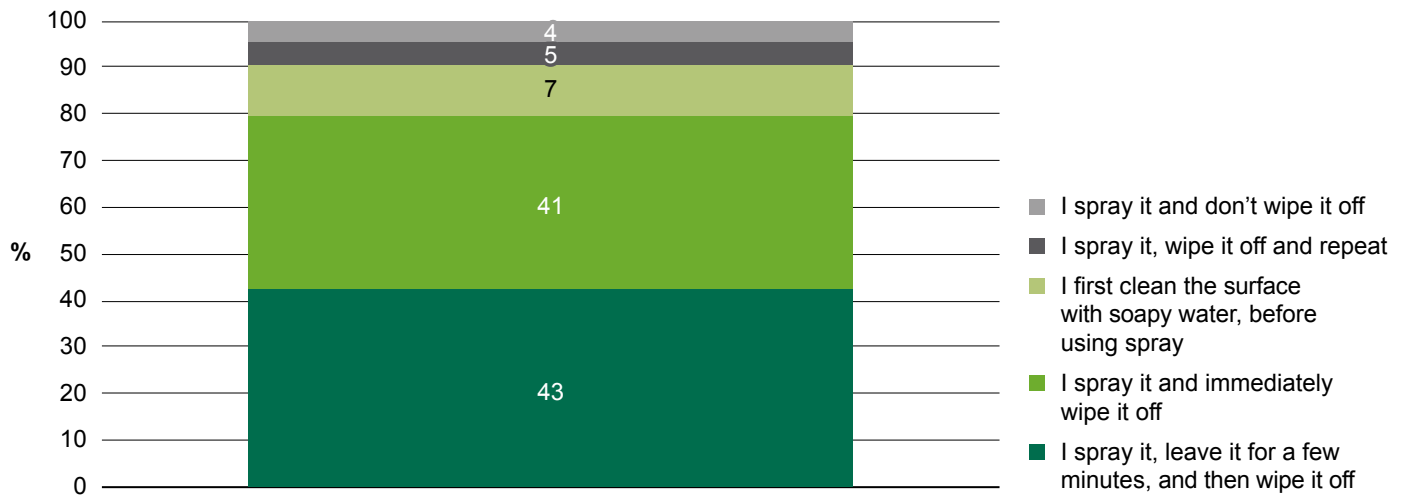
Respondents were asked whether they used any antibacterial surface sanitising spray or wipes to clean kitchen work surfaces. Just over half (52%) of respondents in Wales reported that they always used sanitising products to clean kitchen surfaces.

Women were more likely than men to report always using antibacterial surface sanitising spray or wipes to clean kitchen work surfaces (59%, compared with 44%).

When asked how they normally use surface sanitising spray, 41% of respondents in Wales reported spraying surface sanitising spray, leaving it for a few minutes, and then wiping it off, as recommended. A similar proportion, 43%, said that they spray it and immediately wipe it off which is not the recommended practice.

Table 2.14, Figure 2.4

Figure 2.4. How uses sanitising spray or wipes (Wales, Wave 5)



2.7 Assessing if food is safe to eat

Respondents were asked how they would tell whether different types of foods were safe to eat or use in cooking. In Wales, the most commonly reported method of telling this for most types of food was checking how the food smelt. Respondents selected this option for milk and yoghurt (82%), raw meat (70%), fish excluding shellfish (63%) and eggs (33%). The only exception was cheese, for which the most commonly reported method of telling whether it is safe to eat was checking how it looks (74%).

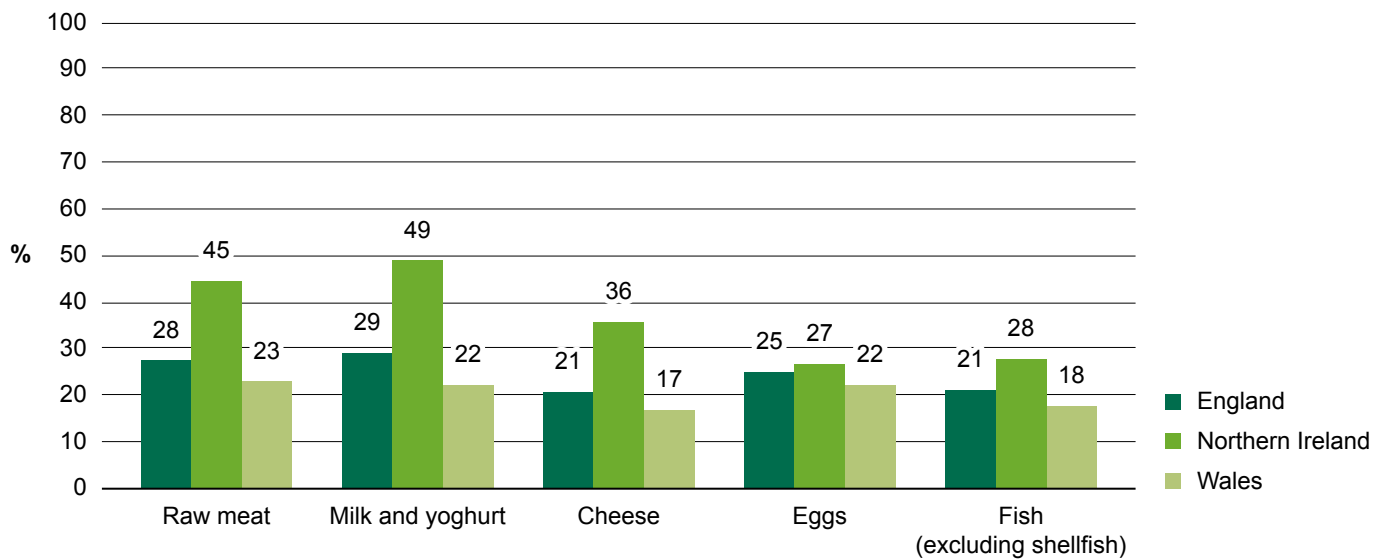
The recommended way of telling whether food is safe to eat or use in cooking is the use-by date.

The use-by date was mentioned by a minority of respondents to assess the safety of raw meat (23%), milk and yoghurt (22%), eggs (22%), fish excluding shellfish (18%) and cheese (17%). Respondents in Wales were less likely than those in Northern

Ireland or England to refer to the use-by date to check whether different types of food – milk and yoghurt, raw meat, cheese and fish (excluding shellfish) – were safe to cook or eat.

Tables 2.15 to 2.19, Figure 2.5

Figure 2.5. Proportions who check use-by dates to tell whether food is safe to eat or cook, by country (Wave 5)



Product labelling

Three quarters (75%) of respondents in Wales knew that the use-by date indicated that food was safe to eat and the majority (69%) reported that the use-by date was the label that best indicated food safety.

Tables 2.20.1, 2.20.2

Almost two thirds (64%) of respondents in Wales said that they always checked use-by dates when they were about to prepare or cook food. Only 3% of respondents reported never checking the use-by date labels.

The proportion of respondents in Wales who always checked use-by dates declined between Wave 1 (2010) when it was 79%, and Wave 4 (2016) when it was 56%. In Wave 5, this proportion increased to 64%.

Women were more likely than men to always check the use-by date labels (72% compared with 56%).

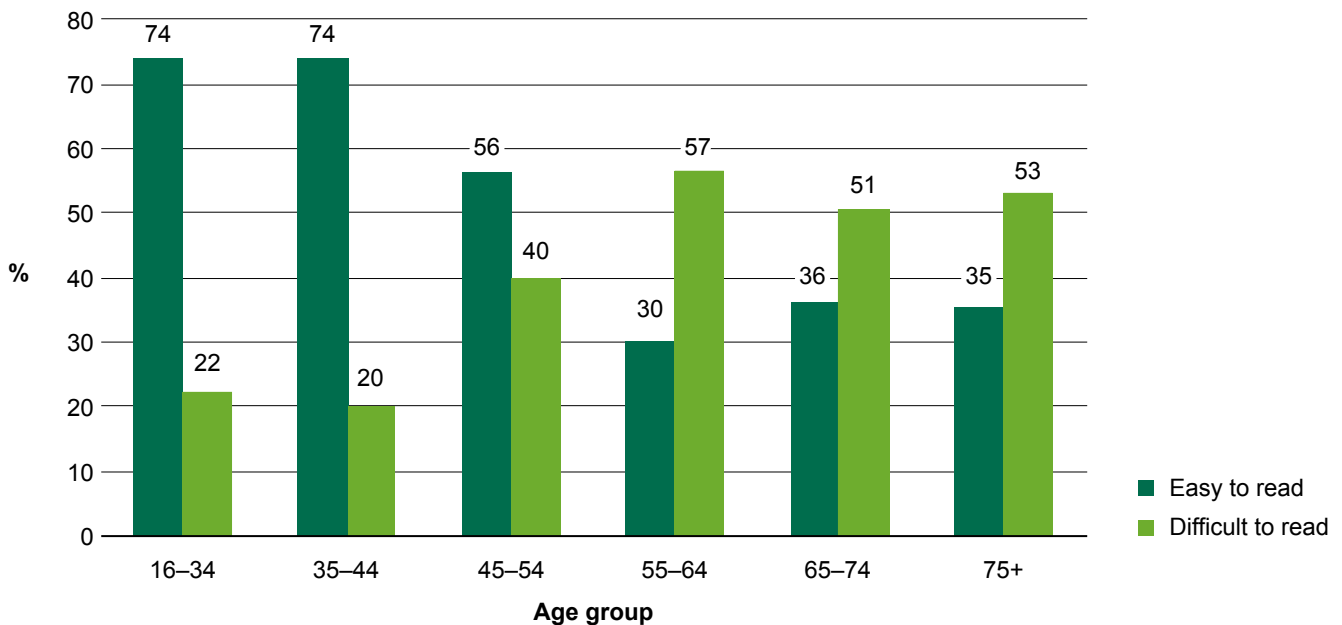
Table 2.21

Over half (55%) of respondents in Wales found it easy to read the size of print on product labels, while 37% found the size of print made labels difficult to read.

The proportion who found labels difficult to read varied with age. Older respondents were more likely to report having difficulties reading product labelling (51% or more of respondents aged 55 years and over, compared with 22% or less of respondents aged under 45).

Table 2.22, Figure 2.6

Figure 2.6. Ease of reading product labelling due to the size of print, by age (Wales, Wave 5)



Using leftovers

The FSA recommends eating leftover food no more than two days from cooking (that is, up to Tuesday if cooked on Sunday). After that the food may be unsafe to eat. In Wales, three quarters (75%) of respondents followed this recommendation, which was at a similar level to England and Northern Ireland. This proportion has declined over time from 87% in Wave 1 (2010) to 74% in Wave 4 (2016). It has remained at a similar level in Wave 5.

Table 2.23

2.8 Sources of information about food safety

Respondents were most likely to say that they got information about how to prepare and cook food safely at home from product packaging (40%), family and friends (39%) and food TV shows and cooking programmes (30%).

A quarter (25%) of respondents said that they did not look for information on food safety. This was least common among those aged between 16 and 34 (9%), compared with 21% of respondents aged 35 to 45, between 32% and 33% of those aged between 45 and 74, and 43% of those aged 75 and over.

Table 2.24

3 Eating outside the home

3.1 Introduction

This chapter focuses on food bought outside the home. Changes in consumer behaviour and greater flexibility in personal budgets have led to an increasing shift towards substituting home cooking with eating out. The consumption of food and beverages from outside the home has undergone considerable growth over the last decade, with UK households in the financial year 2017/18 spending an average of £18.60 per week on restaurant and café meals, £5.10 on takeaways and snack food eaten outside the home, and £5.10 on takeaways eaten at home.²⁰

The FSA's Strategy for 2015 to 2020²¹ highlights its commitment to protect public health from the risks which may arise in connection with the consumption of food. Helping consumers to make informed choices about where they eat out and purchase their food is an important part of the FSA's commitment. In 2010 the FSA launched the national food hygiene rating scheme (FHRS)²² in partnership with Local Authorities and businesses across Wales, England and Northern Ireland.

The FHRS provides the public with information about the hygiene standards in food premises at the time they are inspected for compliance with legal requirements. This helps people to make an informed decision when eating out or buying food. By recognising businesses with good standards, it also acts as an incentive for businesses with lower standards to make improvements. The overall aim of the scheme is to improve hygiene standards of food establishments and reduce the incidence of food-borne illness.

Local authorities are responsible for carrying out inspections of food businesses to check that they comply with legal requirements and for awarding food hygiene ratings based

20 www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/bulletins/familyspendingintheuk/financialyearending2018

21 www.food.gov.uk/sites/default/files/media/document/scistrat%20%282%29.pdf

22 www.food.gov.uk/safety-hygiene/food-hygiene-rating-scheme

on the findings of inspections.²³ Since 2013 it has been a legal requirement for businesses in Wales to display their FHRs ratings.^{24, 25}

In 2014, the FSA introduced a consumer attitudes survey to focus specifically and in detail on consumer awareness, recognition and use of FHRs more extensively.²⁶ Food and You, on the other hand, has a broader focus on exploring respondents' attitudes and behaviours when eating out or purchasing takeaway food more broadly, and covers:

- where and how often respondents eat out or buy takeaways
- the types of information respondents use to decide where to eat out and which factors they consider important when making these decisions
- respondents' awareness of hygiene standards and recognition of the food hygiene rating scheme (FHRs).

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

23 Food businesses are issued with a sticker and the rating is uploaded to www.food.gov.uk/ratings for public use.

24 Under the Food Hygiene Rating (Wales) Act 2013.

25 Since 2011, the FSA has commissioned independent research to track the proportion of businesses who display their FHRs ratings by audit and telephone survey. Latest figures found that in 2017, 55% of businesses in England, 85% in Northern Ireland and 86% in Wales were displaying their rating: www.food.gov.uk/research/research-projects/display-of-food-hygiene-ratings-in-england-wales-and-northern-ireland-2017-wave-of-research

26 www.food.gov.uk/research/research-projects/food-hygiene-rating-scheme-consumer-attitudes-tracker-wave-1

3.2 Frequency of eating out

The definition of eating out in Food and You includes eating away from home and also buying takeaway food from different types of establishments including restaurants, fast food outlets, pubs, bars, nightclubs, cafés, and coffee shops, sandwich bars, canteens, hotels and B&Bs, and mobile vans and stalls. Respondents were not asked where they ate the takeaways they bought. Breakfast, lunch or dinner were asked about separately, unlike in Wave 4 (2016), when respondents were asked about how often they ate out or bought takeaway food in general. Consequently, it is not possible to compare these findings with previous waves of the survey.

Breakfast

Over a third (36%) of respondents in Wales reported that they ate breakfast out or bought a takeaway for breakfast. This included 9% who ate breakfast out at least once a week, 11% who did so less often than that but at least once a month, and 15% who ate breakfast out less than once a month.

The following differences between demographic groups were observed:

- **Age:** younger respondents (16 to 34 year olds) were more likely to eat breakfast out at least once a week compared to other age groups (16% of 16 to 34 year olds did, declining to between 2% and 4% in age groups over 55).
- **Household composition:** adults living with children aged under 16 were twice as likely to have eaten breakfast out or bought a takeaway for breakfast at least once a week than those with no children (14%, compared with 7%).

Table 3.1, Figure 3.1

Lunch

More than three in five (63%) respondents in Wales ate or bought lunch outside the home. This included 27% who ate lunch out at least once a week, 20% who did so less often than that but at least once a month, and 15% who ate lunch out less than once a month. There were some differences across groups:

- **Age:** younger respondents were more likely than older respondents to report eating or buying lunch outside the home at least once a week (39% of 16 to 34 year olds, declining with age to 14% of those aged 75 and over).
- **Work status:** those in employment were most likely to eat or buy lunch out at least once a week than those who were retired (31% of those in work compared with 17% in retirement).

Table 3.2, Figure 3.1

Dinner

Dinner was the meal most likely to be eaten or bought away from home; 81% of respondents in Wales said they ate dinner out, including 26% who did so once a week or more, 37% who did so less often than that but at least once a month, and 18% who ate dinner out less than once a month.

The proportions who ate or bought dinner away from home varied across groups:

- **Age:** eating or buying dinner away from home at least once a week was most common among respondents aged 16 to 34 (43%). The proportion who did so declined with age to 10% of those aged 75 years and over.
- **Work status:** respondents in employment were more likely than retired respondents to eat or buy dinner away from home at least once a week (30%, compared with 10%).

Table 3.3, Figure 3.1

Figure 3.1. Frequency of eating or buying breakfast, lunch or dinner away from home (Wales, Wave 5)

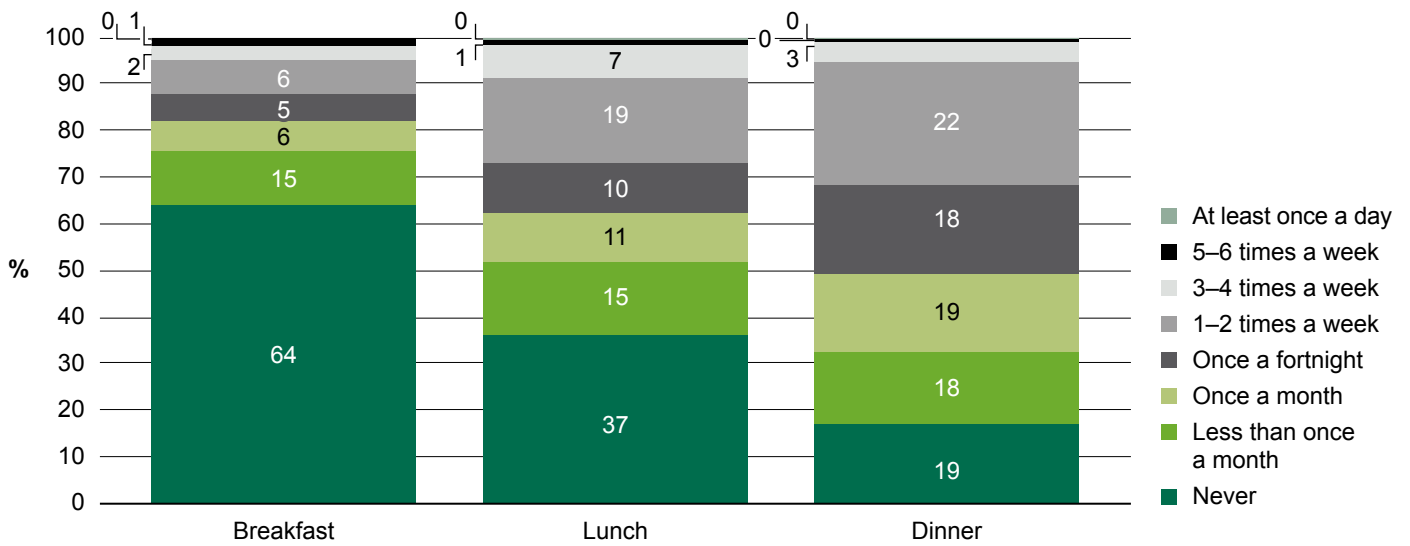
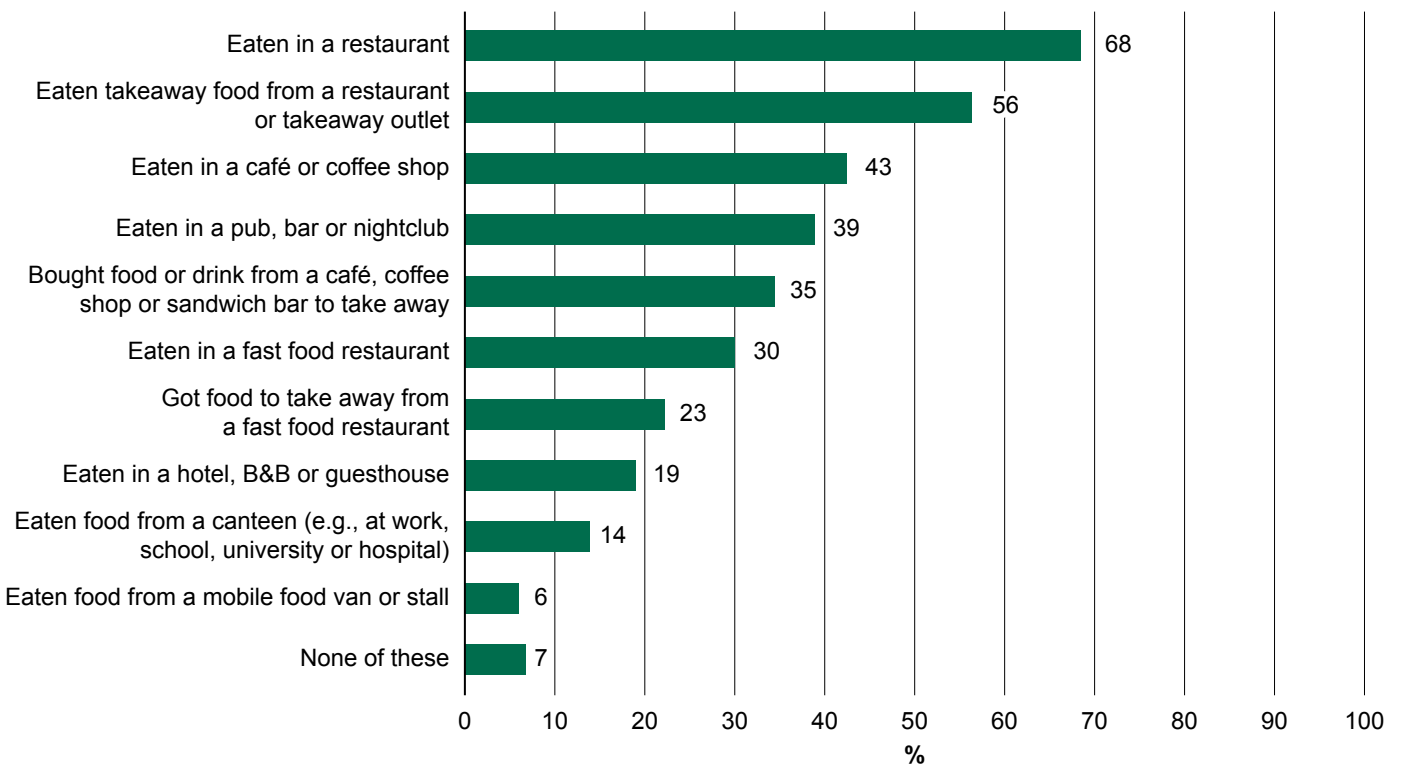


Figure 3.2. Where ate out or bought takeaway food in the last month (Wales, Wave 5)



3.3 Where people eat out or buy takeaway food

The majority of respondents in Wales (93%) had eaten or bought takeaway food away from home in the last month in at least one of the outlets asked about, most frequently a restaurant (68%), a takeaway restaurant or outlet (56%) or a café or coffee shop (43%).

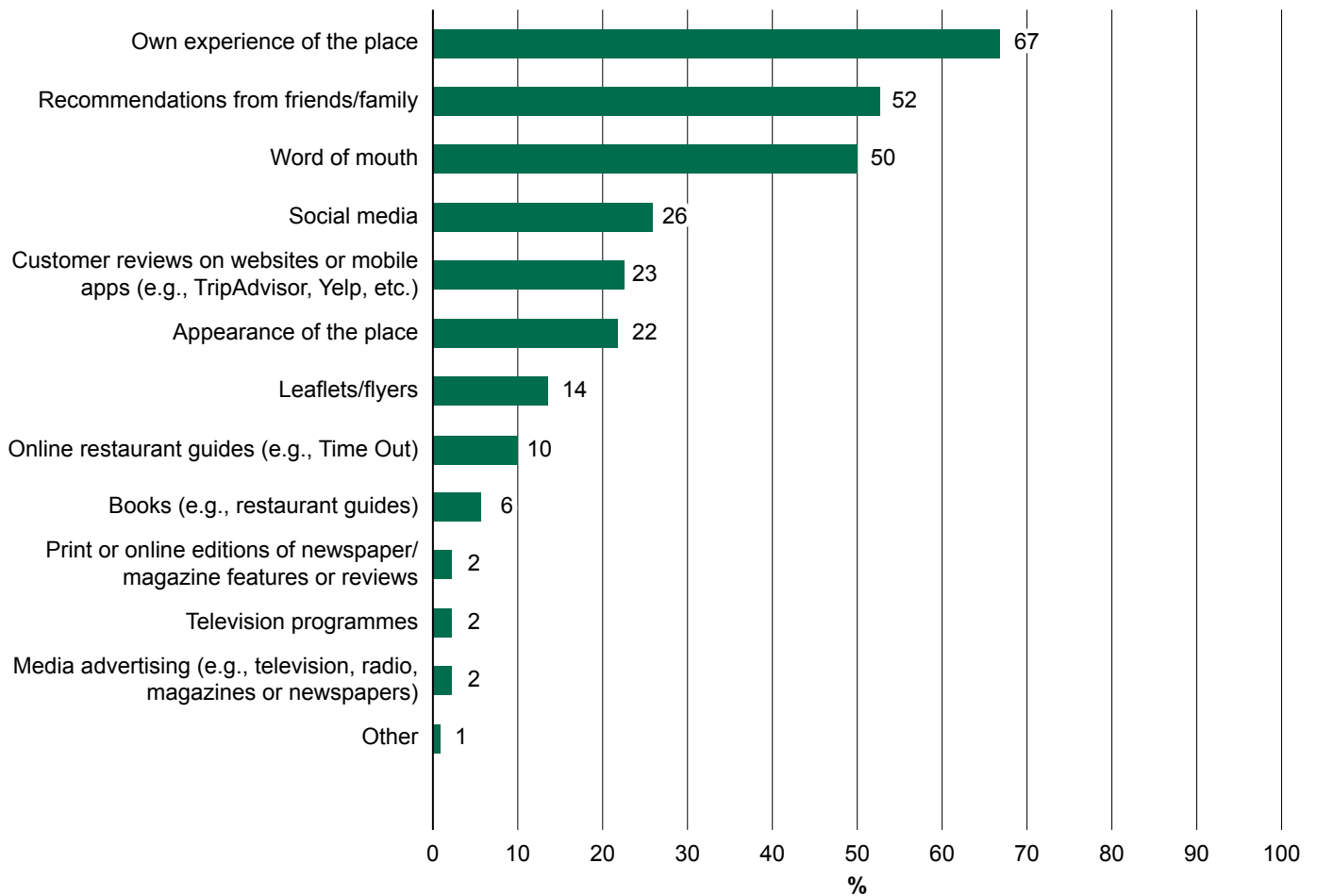
There were some differences across age groups. All respondents aged between 16 and 34 had eaten or bought food away from home in the last month. This proportion declined broadly in line with age to 78% of respondents aged 75 and over. This pattern was reflected in the proportions who had bought food from some types of outlet. For example, 71% of under 35s had bought takeaway food from a restaurant or takeaway outlet in the last month, and this proportion declined with age to 21% of those aged 75 and over. Similarly, 38% of 16 to 34 year olds had bought takeaway food from a fast food restaurant, declining with age to 8% in the oldest age group. There were no such age differences in the proportions who had eaten in restaurants or cafés or coffee shops.

Table 3.4, Figure 3.2

3.4 Deciding where to eat out

When deciding where they ate out in the last twelve months, around two thirds of respondents in Wales relied on their own experience of the place (67%) and around half reported recommendations from family and friends (52%) or word of mouth (50%).

Table 3.5.1, Figure 3.3

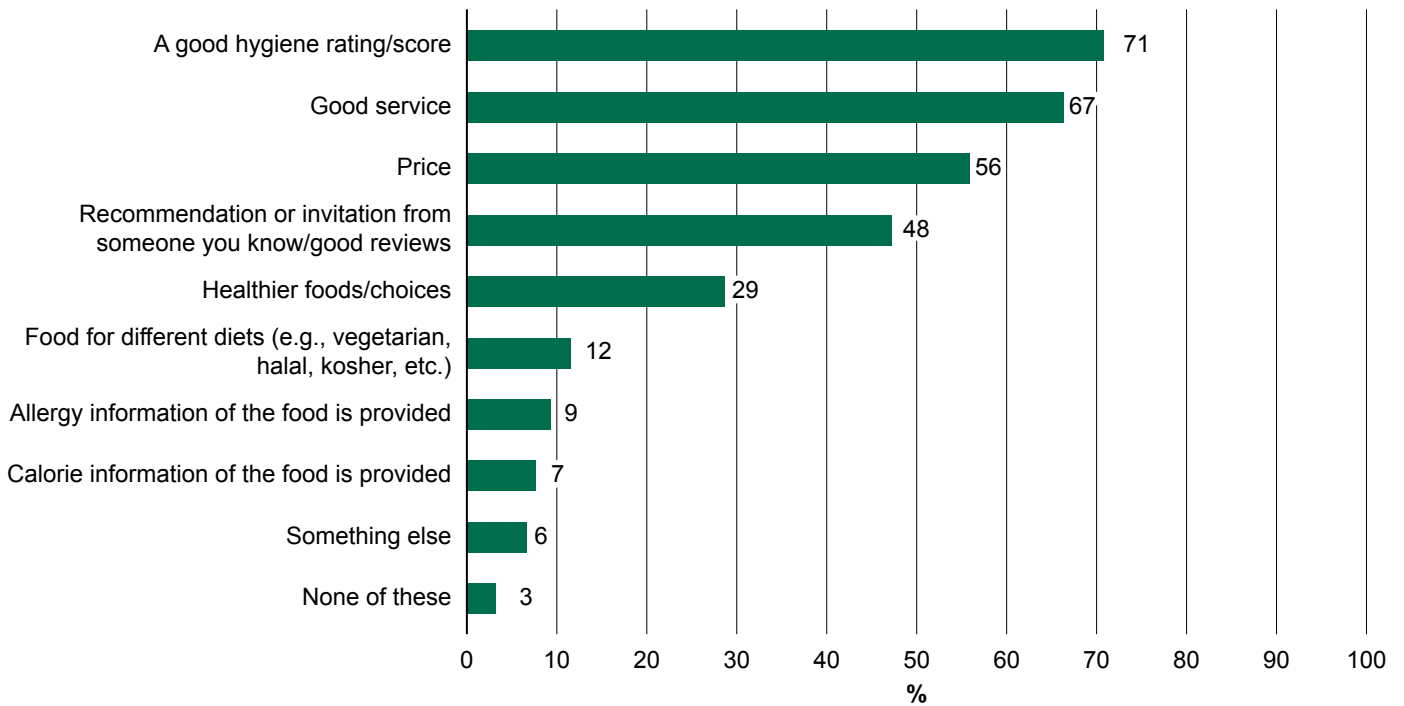
Figure 3.3. Information sources considered when deciding where to eat out (Wales, Wave 5)

In Wales, a good hygiene rating score (71%), good service (67%), and the price of food (56%) were the most important factors influencing decisions about where to eat out. There was little variation across groups.

There were differences between countries. The hygiene rating was more important to respondents in Wales (71%) and Northern Ireland (70%) compared with those in England (59%); whereas price was less important to respondents in Wales (56%) and Northern Ireland (52%) compared with those in England (60%).²⁷

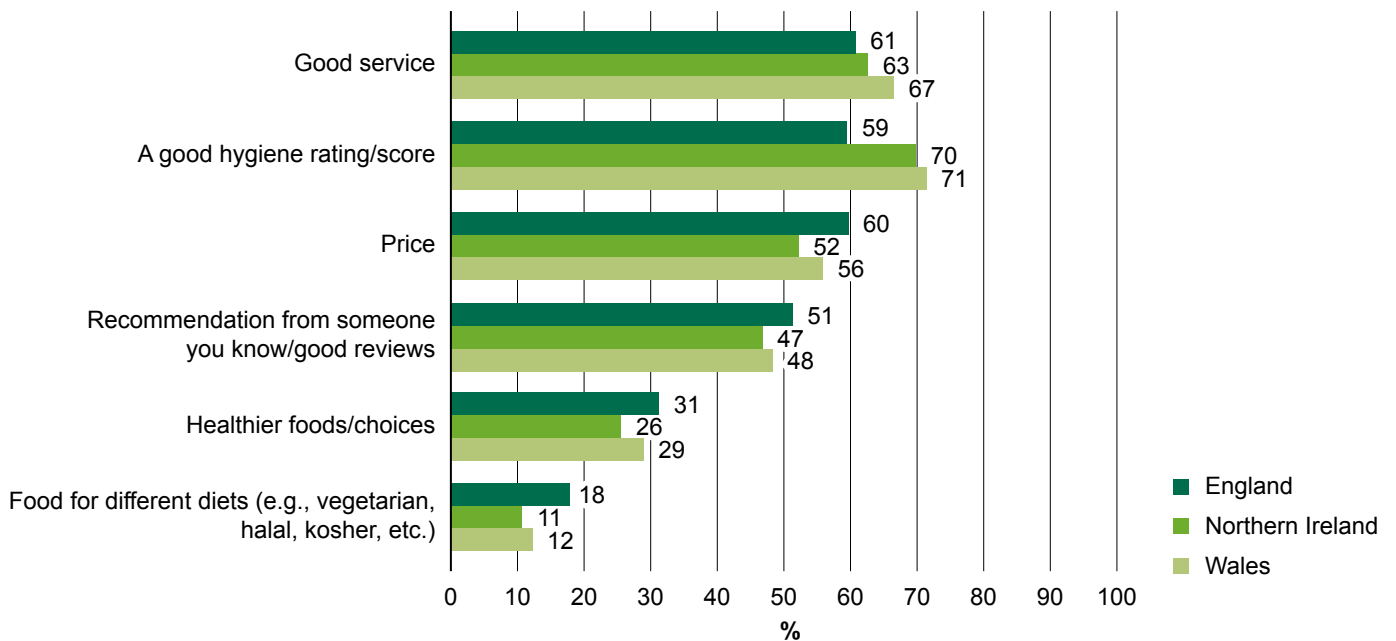
Table 3.5.2, Figures 3.4, 3.5

Figure 3.4. Factors considered important in deciding where to eat out (Wales, Wave 5)



²⁷ A detailed comparison of Food and You Wave 5 findings by country is available at www.food.gov.uk/research/food-and-you/food-and-you-wave-five

Figure 3.5. Main factors considered important when deciding where to eat out, by country (Wave 5)



3.5 Awareness of hygiene standards when eating out

The majority of respondents in Wales (74%) were very or fairly aware of hygiene standards when eating out or buying takeaway food. One in eight respondents (13%) said they were very or fairly unaware of hygiene standards.

Table 3.6

Those who said they were aware of hygiene standards and those who described themselves as neither aware or unaware were asked how they assessed hygiene standards when eating out. The hygiene rating score was mentioned by four in five respondents (79%). Other factors were less important. About half mentioned the general appearance of the premises (48%), and a third mentioned the appearance of staff (34%) or the establishment’s reputation (32%).

Younger respondents were most likely to mention the hygiene rating (91% of under 35s and 89% of those aged between 35 and 44), and the proportion who did declined broadly in line with age to 57% of those aged 75 or over.

Respondents in Wales (79%) and Northern Ireland (78%) were more likely than those in England (60%) to mention the hygiene rating. The general appearance of the premise was less likely to be important to respondents in Wales (48%) than those in England (60%) or Northern Ireland (59%).²⁸

Table 3.7

3.6 Recognition of the food hygiene rating scheme (FHRS)



Respondents in Wales were shown an image of the sticker for the FHRS (shown below) and were asked whether they had seen this image before. The FHRS was formally introduced in 2010. Since 2013, it has been a legal requirement for businesses in Wales to display their FHRS rating.

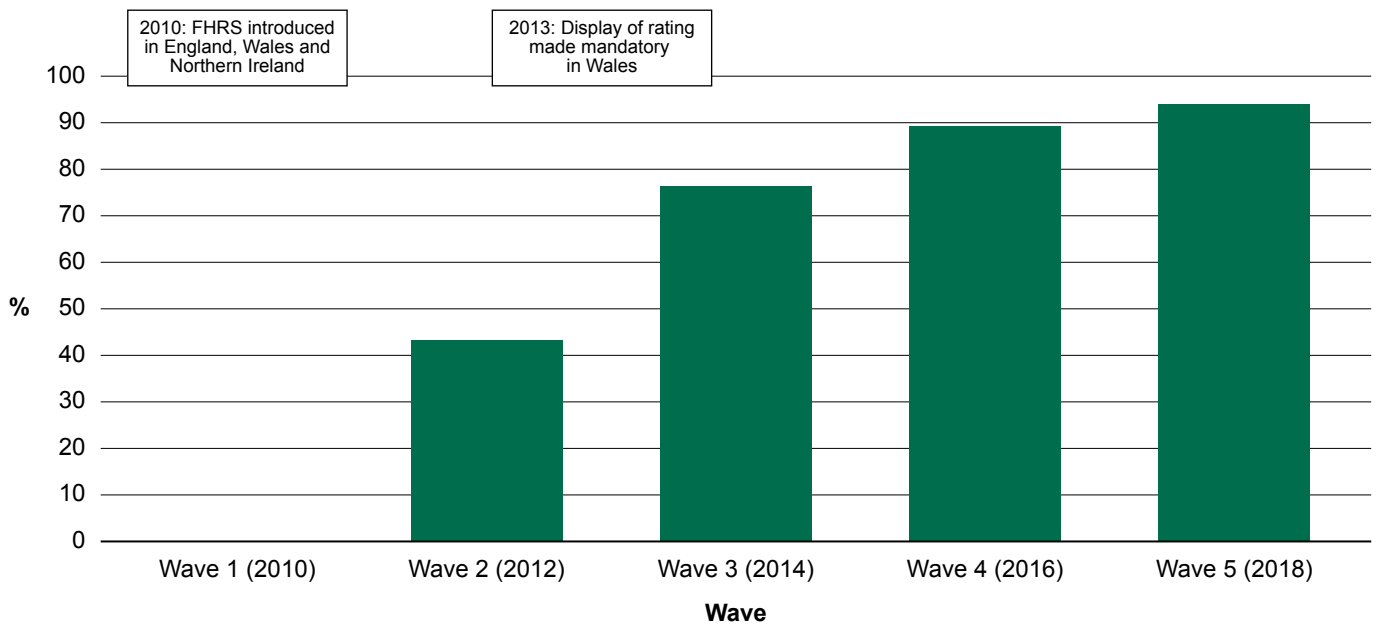
²⁸ A detailed comparison of Food and You Wave 5 findings by country is available at www.food.gov.uk/research/food-and-you/food-and-you-wave-five

In Wales, recognition of the scheme stickers has increased since this question was first asked in Wave 2 (2012), from 43% to 76% in Wave 3 (2014) and 89% in Wave 4 (2016). In Wave 5 (2019), recognition continued to increase, to 94%.

Recognition of the scheme stickers was higher in Wales and Northern Ireland (both 94%), where display of the stickers is mandatory, than in England (86%) where it is still optional.

Table 3.8, Figure 3.6

Figure 3.6. Recognition of food hygiene rating scheme by survey wave (Wales)



4 Food poisoning

4.1 Introduction

The current incidence of food poisoning within the UK is difficult to quantify. Although food poisoning is classed as a legally notifiable infection under the Health Protection Regulations 2010, the second study of Infectious Intestinal Diseases in the Community (IID2) estimated that for every case notified to the authorities, there were around ten GP consultations and 147 cases in the community. The study estimated that in 2008–9 around a quarter of the population suffered from symptoms of food poisoning during the course of a year.²⁹

Campylobacter was the most common food-borne pathogen identified through the IID2, closely followed by clostridium perfringens and norovirus. Salmonella was the cause of the most hospital admissions. Less common pathogens may have more serious effects. For example, listeria monocytogens, causes listeriosis, which may be fatal, particularly among vulnerable groups, such as pregnant women, people with reduced immunity, new-born babies and people aged over 60.³⁰

This chapter covers the experience of food poisoning reported by respondents in Wales, their actions as a result of having food poisoning and their attitudes towards food poisoning and food safety.

As outlined in the Introduction to this report, in Food and You, self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

29 www.food.gov.uk/research/research-projects/the-second-study-of-infectious-intestinal-disease-in-the-community-iid2-study

30 www.food.gov.uk/safety-hygiene/listeria

4.2 Experience of food poisoning

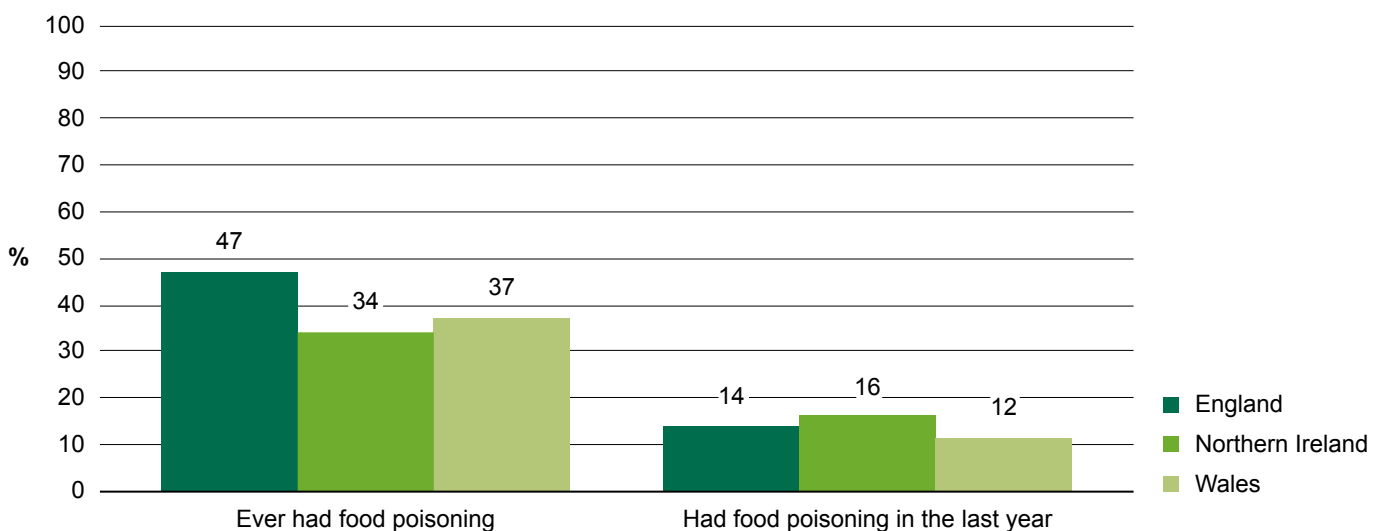
In Wave 5, 37% of respondents in Wales said that they had experienced food poisoning at some time in their lives. This proportion has remained at broadly similar levels across all five waves of Food and You. There was some variation by income, with those in the two lower household income groups less likely to say they had experienced food poisoning (32% and 30%, compared with 50% and 49% in the two higher income groups).

In Wales, 12% of respondents reported that they had experienced food poisoning in the last year. This comprised 9% who had it once, 3% who had it more than once and 1% who said they couldn't be sure. These proportions are similar to previous waves and did not vary between different socio-demographic groups.

Respondents in Wales (37%) and Northern Ireland (34%) were less likely to report that they had experienced food poisoning at some time in their lives compared with those in England (47%). Similar proportions in each country reported having had food poisoning in the last year.

Table 4.1, Figure 4.1

Figure 4.1. Experience of food poisoning, by country (Wave 5)

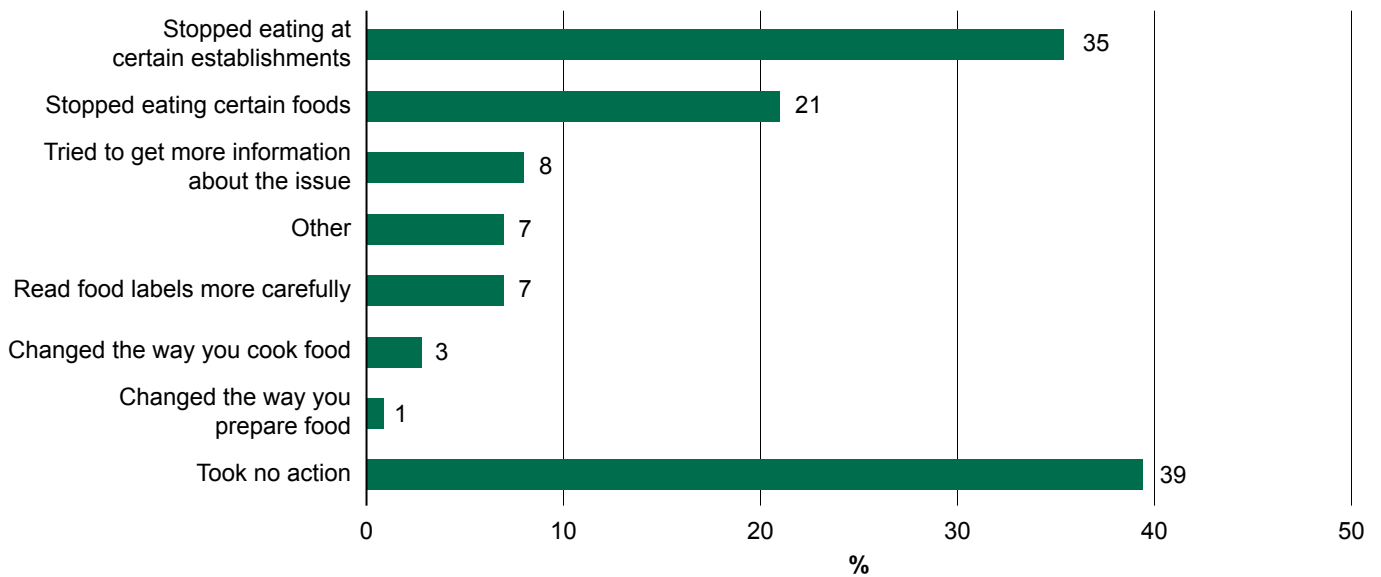


Respondents who had experienced food poisoning were asked what action they took as a result. Around two fifths (39%) said that they took no action.

Of those who did take some action, the most common actions were stopping eating at certain eating establishments (35%) or stopping eating certain foods (21%). Less than one in ten tried to get more information about the issue, read food labels more carefully, changed the way they prepared food or cooked food, or did something else.

Table 4.2, Figure 4.2

Figure 4.2. Actions taken as a result of having had food poisoning on most recent occasion (Wales, Wave 5)



4.3 Attitudes towards food safety and food poisoning

Three fifths (60%) of respondents in Wales agreed that **'I always avoid throwing food away'**. This proportion has increased steadily from 48% in Wave 1 (2010) and 46% in Wave 2 (2012) to a peak of 64% in Wave 4 (2016). The proportion was highest among those aged 75 and over (81%); otherwise it was at similar levels, between 52% and 64% in other age groups. Respondents in Wales (60%) and Northern Ireland (63%) were less likely than those in England (68%) to agree with this.

Over two thirds (69%) of respondents agreed that **'I am unlikely to get food poisoning from food prepared in my own home'**. This proportion has remained at similar levels across survey waves. Men were more likely than women to agree with this statement (76%, compared with 63%), and agreement also increased with age, from 57% of those aged between 16 and 34 to 87% of those aged 75 and over.

Around two fifths (39%) agreed that **'If you eat out a lot you are more likely to get food poisoning'**. The proportion who agreed with this was highest in Wave 2 (2012) when it was 50% but has remained between 38% and 41% since then. Respondents in Wales (39%) and England (42%) were more likely to agree with this statement than those in Northern Ireland (33%).

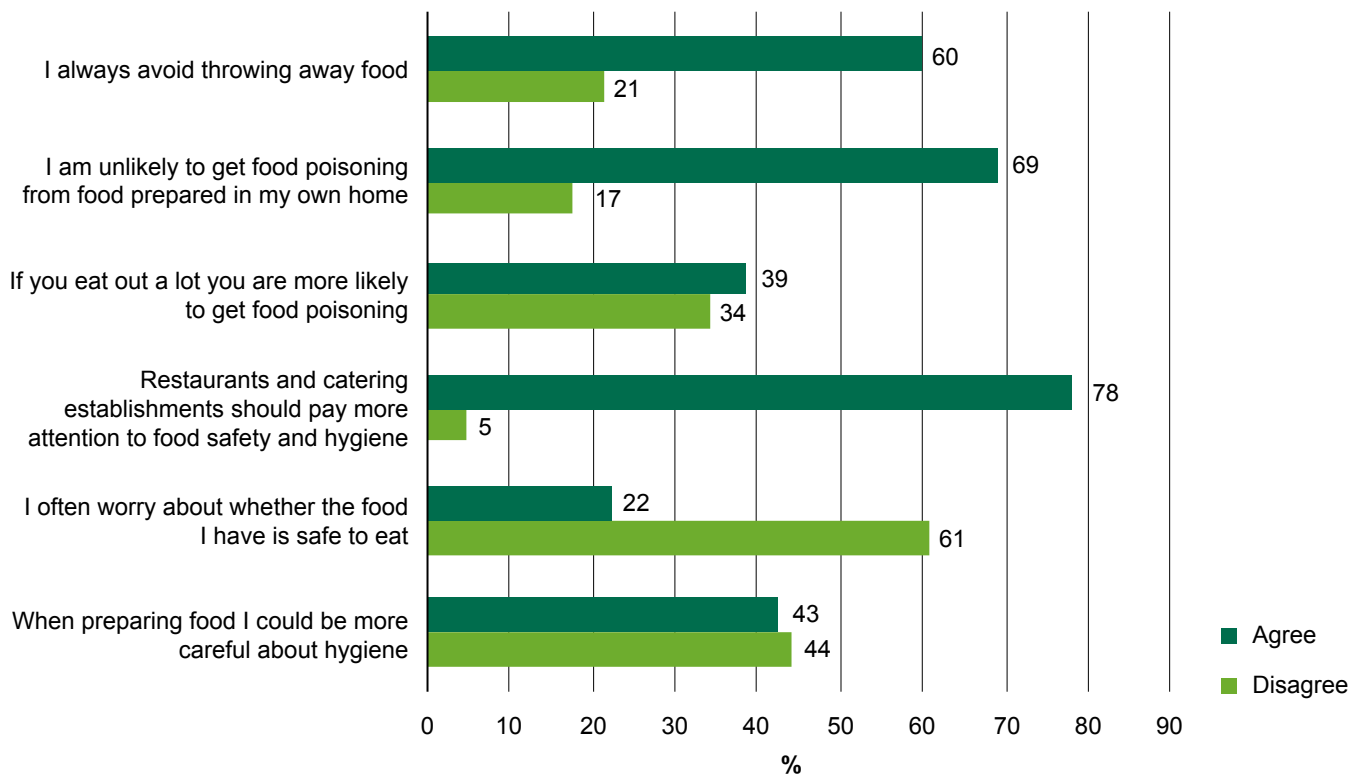
Around three quarters (78%) agreed that **'Restaurants and food establishments should pay more attention to food hygiene'**. This has remained at broadly similar levels across survey waves.

One fifth (22%) of respondents agreed that **'I often worry about whether the food I have is safe to eat'**. Similar proportions across survey years agreed with this statement.

Two fifths (43%) agreed that **‘When preparing food I could be more careful about hygiene’** but a similar proportion (44%) disagreed with this statement.

Table 4.3, Figure 4.3

Figure 4.3. Attitudes to food safety (Wales, Wave 5)



5.1 Introduction

The Food Standards Agency (FSA) published its 2015 to 2020 Strategic Plan under the title *Food We Can Trust*.³¹ The strategy identifies the importance of ensuring “Food is safe and what it says it is”. Achieving this entails trust in all elements of the food chain as well as trust in the FSA and its role in ensuring the integrity of the food we eat.

In order to understand and monitor consumer trust in food and the FSA, the FSA has commissioned research into trust, including an evidence review and deliberative forums,³² and questions on the bi-annual Public Attitudes Tracker Survey.³³ As part of this investigation, new questions exploring trust in the FSA were also added in Wave 5 of Food and You, building on areas explored in Wave 4 of the survey that looked at knowledge and attitudes regarding the food production system and authenticity of food.

Guidelines produced by the Organisation for Economic Co-operation and Development (OECD)³⁴ recommend an approach to measuring trust which comprises a core bank of five questions which measure a respondent’s general levels of trust, alongside three other types of trust questions (evaluative, expectational and experiential) each focusing on trust through a different lens. Each set of questions can be further divided into interpersonal (e.g. trust in neighbours, trust in other people in general) and institutional trust (e.g. trust in the NHS or the police).

The trust questions asked in Food and You broadly follow the OECD guidelines, focusing on institutional trust as opposed to interpersonal trust. The questions were also

31 www.food.gov.uk/sites/default/files/media/document/FSA-Strategic-plan-2015-2020.pdf

32 www.food.gov.uk/research/research-projects/trust-in-a-changing-world

33 www.food.gov.uk/about-us/biannual-public-attitudes-tracker

34 www.oecd.org/governance/oecd-guidelines-on-measuring-trust-9789264278219-en.htm

guided by the OECD's five dimensions of trust specific to trust in the institutions of government: integrity, responsiveness, reliability, openness, and fairness.

Questions focused specifically on:

- authenticity (that food is what it says it is)
- trust in the food system (the production, distribution and sale of food)
- trust in food regulation (that food is regulated effectively to protect consumers)
- trust in the FSA itself as a department (that the department meets the five dimensions of trust).

These categories cover individual, structural and relational trust, which are the three types of trust identified by the Trust in a Changing World project.

This chapter focuses on awareness of and confidence in the FSA, as well as questions on trust in food and the food supply chain, and food authenticity.

As outlined in the Introduction to this report, in Food and You self-reported behaviour is used as a proxy for actual behaviour. Where the report refers to behaviour, attitudes or knowledge, the fact that the data refer to reported behaviour must always be taken into account.

Tables accompanying this chapter are available in Excel at www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

5.2 Awareness of the FSA

In measuring awareness of the FSA, the questionnaire took account of the fact that participants had been introduced to the survey with letters carrying the FSA logo and signed by an FSA research officer, and the survey leaflets similarly referred extensively to the FSA.³⁵ Respondents were therefore asked whether they had heard of the FSA before they were contacted to take part in the interview.³⁶

Most respondents in Wales (90%) had heard of the FSA before they were contacted about Food and You. This included 63% of respondents who said that they had heard of the FSA but didn't know much about it or its responsibilities and 28% who said they had previously heard of the FSA and knew about its responsibilities. There were few differences between groups.

Respondents in England were less likely than others to have heard of the FSA before they were contacted about Food and You (86%, compared with 90% in Wales and 91% in Northern Ireland). These differences were to some extent accounted for by the proportions who said that they had heard of the FSA but didn't know much about the Agency or its responsibilities (52% in England, compared with 63% in Wales and 62% in Northern Ireland). Similar proportions in each country said they had previously heard of the FSA and knew about its responsibilities.

Table 5.1

35 The introductory letter and survey leaflets can be found in the Food and You Wave 5 Technical Report www.food.gov.uk/research/food-and-you/food-and-you-wave-five.

36 Despite this qualification, it is possible that some respondents may not have accurately recalled their prior awareness of the FSA, so this estimate should be treated with caution.

5.3 Trust in the FSA

Trust in the FSA was measured by asking respondents to consider how they thought the FSA would respond to seven food-related scenarios (e.g. an outbreak of food poisoning). Each item was scored on how likely the FSA was to respond in a certain way from 0 (very unlikely) to 10 (very likely) and have been grouped as follows:

- low likelihood (0 to 3)
- medium likelihood (4 to 6)
- high likelihood (7 to 10)

For these ratings, 'don't know' responses are also shown.

Overall there was a high degree of confidence in the FSA in Wales, particularly that the FSA would take action if there were a food poisoning outbreak (89% thought these was a high likelihood of this). There was least certainty about the FSA's impartiality, with 61% of respondents saying that there was a high degree of likelihood that the FSA is impartial. Confidence in the FSA tended to be lower among respondents aged under 35 and those in the group with the lowest household income.

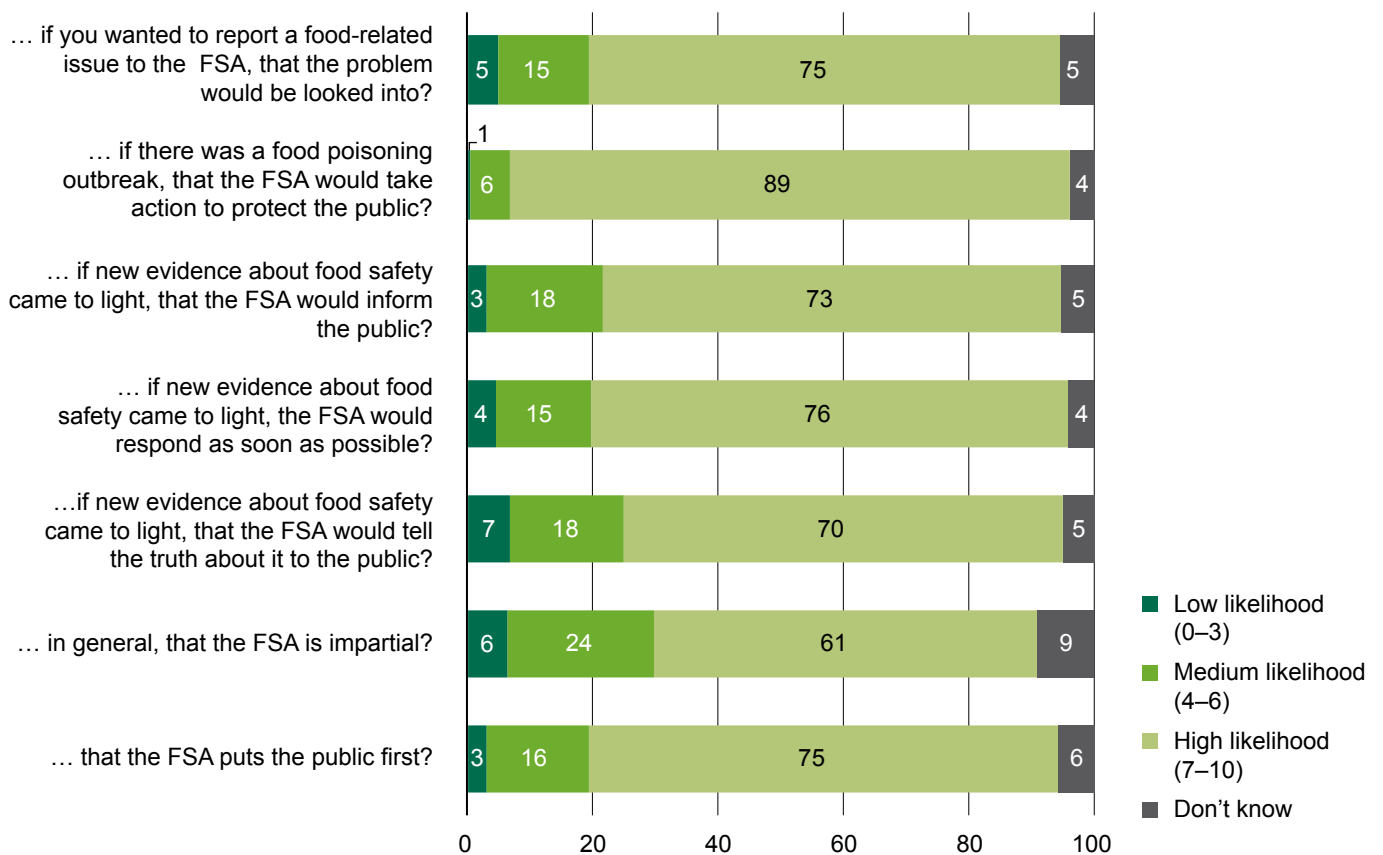
Similar proportions in all three countries believed that there was a high likelihood that:

- if new evidence about food safety came to light, the FSA would inform the public;
- if new evidence about food safety came to light, the FSA would respond as soon as possible;
- if new evidence about food safety came to light, the FSA would tell the truth about it to the public; and
- the FSA puts the public first.

For all other food-related scenarios, confidence in the FSA was lower in England than in Wales or Northern Ireland.

Tables 5.2 to 5.8, Figure 5.1

Figure 5.1. How likely... (Wales, Wave 5)



If you wanted to report a food related issue to the FSA, how likely do you think it would be that the problem would be looked into?

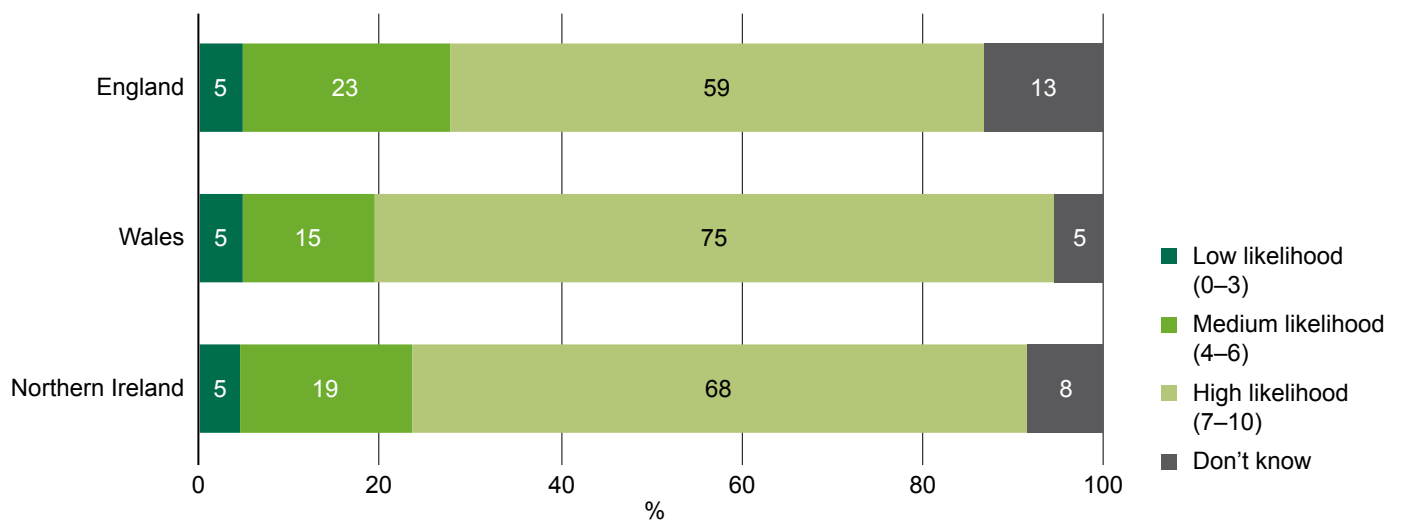
Three quarters of respondents in Wales (75%) thought that it was highly likely that the problem would be looked into if they wanted to report a food-related issue to the FSA; 15% thought there would be a medium likelihood that it would be looked into, 5% thought there was a low likelihood and 5% didn't know.

The proportions believing that there was a high likelihood that this was so were higher in Wales than in Northern Ireland (68%) or in England (59%).

The youngest and oldest age groups were less likely than others to believe that there was a high likelihood of this; 62% of under 35s and 64% of those aged 75 and over, compared with at least 77% in other age groups. Trust also varied with household income; 62% of those in the lowest income group thought there was high likelihood that a food-related problem would be looked into, compared with 81% and 82% in the two highest income groups.

Table 5.2, Figure 5.2

Figure 5.2. How likely would the FSA be to act on a report of a food-related issue, by country (Wave 5)



If there was a food poisoning outbreak, how likely or unlikely do you think it would be that the FSA would take action to protect the public?

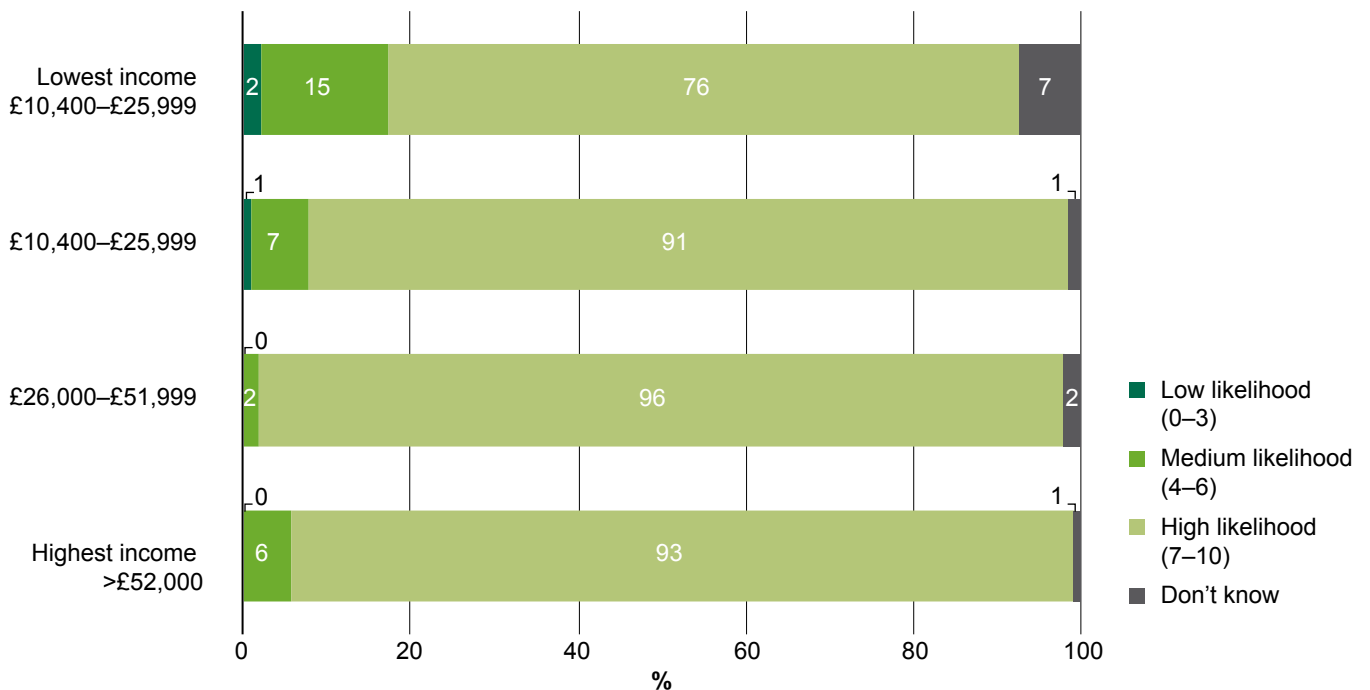
Most respondents in Wales (89%) thought that there was a high likelihood that the FSA would take action to protect the public if there was a food poisoning outbreak, 6% thought there would be a medium likelihood that it would be looked into, 1% thought

there was a low likelihood and 4% didn't know. The proportion in Wales who thought there was a high likelihood of this was higher than in Northern Ireland (86%) and in England (82%).

Respondents aged between 16 and 34 were less likely to think this than were those in older age groups (81% of the youngest age groups, compared with between 89% and 98% in other age groups). In addition, those in the lowest income group were less likely to think that the FSA would take action than those in higher income groups (76%, compared with at least 91% in other groups).

Table 5.3, Figure 5.3

Figure 5.3. How likely is it that the FSA would take action to protect the public if there was a food poisoning outbreak, by household income (Wales, Wave 5)



If new evidence about food safety came to light, how likely or unlikely do you think it would be that the FSA would inform the public?

Around three quarters of respondents in Wales (73%) thought that there was a high likelihood that the FSA would inform the public if new evidence about food safety came to light, 18% thought there was a medium likelihood, 3% a low likelihood, and 5% didn't know. Again, respondents in the lowest income group were less likely to think that there was a high likelihood that the FSA would inform the public if new evidence about food safety came to light, compared with those in higher income groups (59% in the lowest income group, compared with between 75% and 83% in other groups).

Table 5.4

If new evidence about food safety came to light, how likely or unlikely do you think it would be that the FSA would respond as soon as possible?

Three quarters (76%) of respondents in Wales thought that there was a high likelihood that the FSA would respond as soon as possible to new evidence about food safety, 15% thought there was a medium likelihood, 4% a low likelihood and 4% didn't know. Younger respondents, aged 16 to 34, were less likely, than other age groups, to think that there was a high likelihood that the FSA would respond as soon as possible to new evidence about food safety (64% in the youngest age group, compared with between 73% and 88% in other age groups).

Table 5.5

If new evidence about food safety came to light, how likely do you think it would be that the FSA would tell the truth about it to the public?

Seven in ten (70%) respondents thought that there was a high likelihood that the FSA would tell the truth to the public if there was new evidence about food safety, 18% thought this was a medium likelihood, 7% thought it was a low likelihood and 5% didn't know. Again, respondents in the lowest income group were least likely (49%) to think that there was a high likelihood that the FSA would tell the truth to the public if there was new evidence about food safety, and this increased with income (from 71% to 76% in higher income groups).

Table 5.6

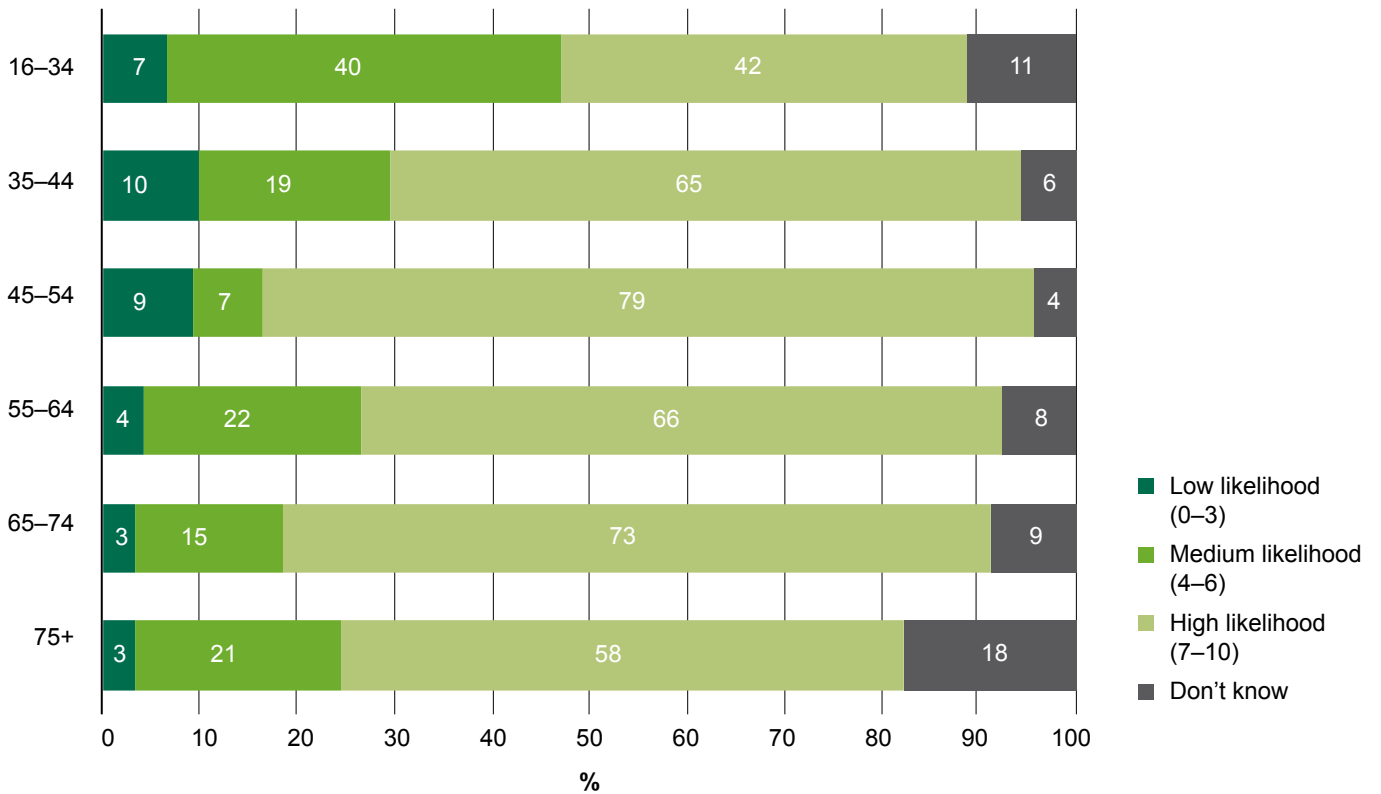
In general, how likely or unlikely do you think it is that the FSA is impartial? By this we mean that the FSA acts independently of external sources.

Three fifths (61%) of respondents thought that there was a high likelihood that the FSA was impartial, 24% thought this was a medium likelihood, 6% thought it was a low likelihood and 9% didn't know.

There were differences by age between the proportion who thought there was a high likelihood that the FSA was impartial, but with no clear pattern. Under 35s were least likely to think that there was a high likelihood of this (42%, compared with between 58% and 79% in other age groups).

Table 5.7, Figure 5.4

Figure 5.4. How likely is it that the FSA is impartial, by age (Wales, Wave 5)



In general, how likely or unlikely do you think it is that the FSA puts the public first?

Three quarters (75%) of respondents thought there was a high likelihood that the FSA puts the public first, 16% thought there was a medium likelihood, 3% thought there was a low likelihood and 6% didn't know. Respondents in the lowest income group were less likely to think that the FSA puts the public first, than were those in higher income groups (61%, compared with at least 77% in other groups).

Table 5.8

5.4 Trust in the food supply chain

Food and You Wave 5 included five questions about consumers' trust in the food they buy and eat in Britain, covering provenance, quality, the food supply chain and safety.

Provenance

Around three in five (57%) respondents said they were very or quite sure that they knew where the food they bought had come from, compared with 15% who said they were very or quite unsure. There was very little difference across demographic groups.

Quality

Respondents were asked separately about food from Britain and food from abroad. Around three in five (59%) respondents were very or quite sure that the food they bought that came from Britain had been prepared to the highest quality standards, compared with 10% who were unsure.

There was less trust in food from abroad. Around one in five (17%) respondents said that they were very or quite sure that food and groceries from abroad were prepared to the highest quality standards, compared with 38% who were very or quite unsure.³⁷

The food supply chain

More than half (53%) of respondents were very or quite sure that all the guidelines had been properly followed at all stages in bringing the food they bought from the farm to their home, compared with 19% who were very or quite unsure.

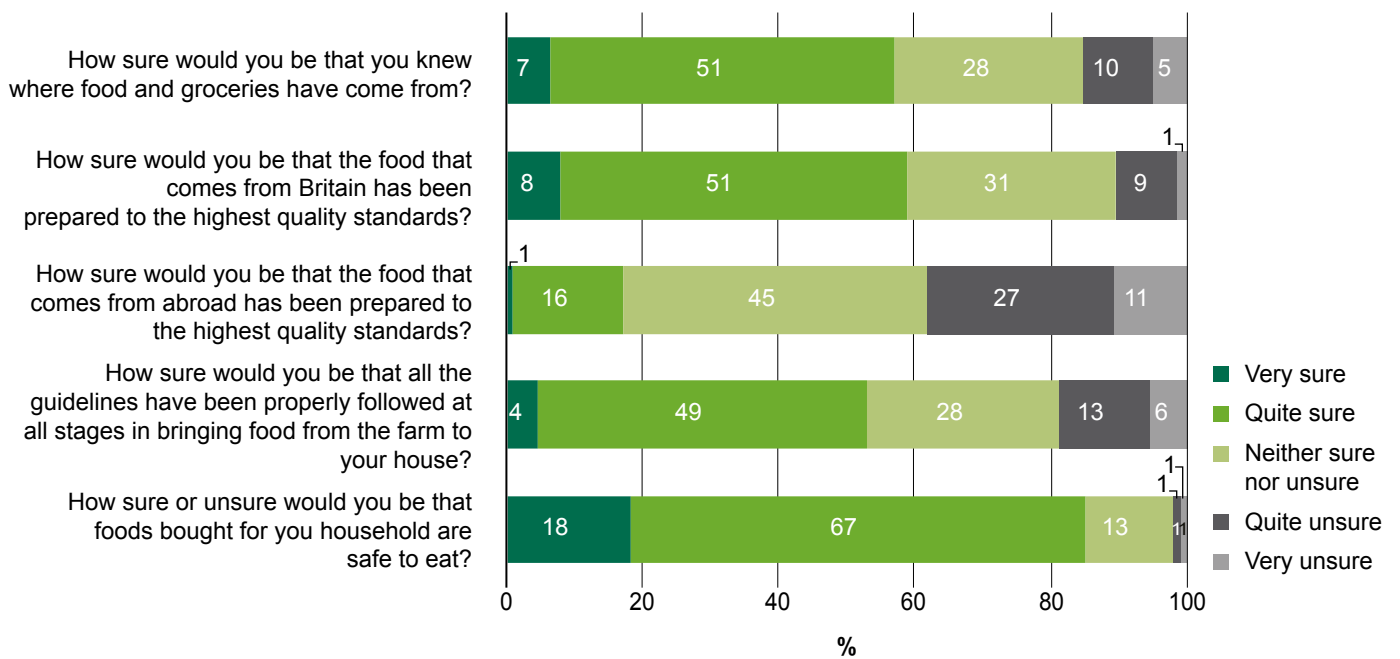
³⁷ Responses to this question followed a similar pattern in England and Northern Ireland.

Food safety

There was a high level of confidence in the safety of food; 85% of respondents were very or quite sure that the food they bought for their households was safe to eat, compared with 2% who were very or quite unsure of this.

Table 5.9, Figure 5.5

Figure 5.5. Trust in the food supply chain: confidence when buying food or groceries (Wales, Wave 5)



5.5 Food authenticity

When asked how confident they were that when buying or eating food that it was what it said it is on the label or the menu, 30% of respondents were confident all of the time whilst 59% were confident most of the time.

Table 5.10



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