



# Food in Scotland Consumer Tracking Survey **Wave 4**

October 2017

**SUMMARY REPORT**

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# 1. Executive Summary

Food Standards Scotland's (FSS) Food in Scotland Consumer Tracking Survey measures changes in Scotland's attitudes, behaviours and knowledge in relation to food over time. The survey is undertaken biannually and comprises a set of consistent questions at each wave, with modules focusing on **food safety and authenticity**, and **diet and nutrition**, running annually.



FSS has six strategic outcomes it is working towards delivering:

- 1. Food is safe**
- 2. Food is authentic**
- 3. Responsible food businesses flourish**
- 4. Consumers have healthier diets**
- 5. FSS is a trusted organisation**
- 6. FSS is efficient and effective**

The survey was developed and designed to explore consumers' interests in Scotland in relation to food, in order for FSS to put those interests at the heart of the work it does.

**This report is for the fourth wave of tracking.**

Kantar TNS was commissioned by FSS to undertake this research, and surveyed a representative sample of adults in Scotland using an online self-completion approach.

At each wave c.1,000 adults aged 16+ were interviewed:

- between 8<sup>th</sup> and 15<sup>th</sup> December 2015 for wave one;
- between 28<sup>th</sup> June and 6<sup>th</sup> July 2016 for wave two;
- between 8<sup>th</sup> and 21<sup>st</sup> December 2016 for wave three; and
- between 19<sup>th</sup> June and 4<sup>th</sup> July 2017 for wave four.

Full methodology and sample details can be found in Chapter 7.

## 1.1 Key Findings

### 1.1.1 Strategic Outcome 5 – FSS is a trusted organisation

- The level of awareness of and trust in FSS among the public remains at a good level, but has stabilised this wave.
- Ratings of FSS continue to improve on the key outcomes of food being safe and eating healthily, however, other ratings have either stabilised or recorded a slight decline.
- Concern over food prices is steadily rising. Uncertainty around Brexit is one factor driving up concern with food prices, as is the perception that eating healthily is more expensive.

### 1.1.2 Strategic Outcome 6 – Consumers have healthier diets

#### Consumers have healthier diets

- There has been a significant<sup>1</sup> improvement in awareness of the Eatwell Guide, particularly among males, 35-44 year olds and C1s.<sup>2</sup> However, there remains room for further improvement among all groups.
- The public is aware of the impact of unhealthy food choices on health and wellbeing, which emphasises that more than education is required to help encourage healthy food choices.
- There has been a significant increase in understanding of the need to limit sugary drinks, however there has been no change in claimed consumption.
- Discretionary snacking remains a widespread challenge, but it is encouraging that there has been a claimed reduction in unhealthy snacks being consumed at least once a day.
- There is good knowledge of most healthy eating advice, but there is confusion regarding what should be the main food type in meals, particularly around starchy carbohydrates.

#### Concerns and attitudes to eating healthily

- While healthy eating remains the top concern, it is affordability of eating a healthy diet that is a growing worry for consumers in Scotland.
- An increasingly large majority acknowledge that unhealthy eating in Scotland is a problem. However, attitudes towards personally doing more to eat healthily have moved in the opposite direction.
- There has been a significant increase in agreement that eating healthy food makes you feel good.

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<sup>1</sup> All mentions of 'significant' variations wherever these appear in this report refer to statistically significant differences

<sup>2</sup> Please see Appendix A for a full breakdown of the occupations by socio-economic grade

- There is now some evidence of seasonal differences in perception of one's own diet with respondents feeling healthier in the summer than winter; however, perceptions of their family's diet remain consistent.
- There are growing concerns about the amount of sugar, and salt found in food, highlighting that these issues are increasingly in the public consciousness.
- Among parents, concern with children's diet generally appears to have plateaued. However, there is a growing understanding of the need for children to avoid sugary drinks, and to a lesser extent, to not reward children with chocolates or sweets.

### **Barriers to choosing a healthier diet**

- In terms of opportunities to improve diet, there has been an increase in interest in eating more fruit and vegetables and eating less savoury snacks.
- People claim to have clearer information and are less confused about what is healthy, however, expense is increasingly perceived as a barrier to eating healthily.
- The ability to cook spaghetti bolognese from scratch was used as a basic indicator of cooking skills. Younger consumers and men admit to having the least ability.
- Public recognition of the impact of the availability and promotion of unhealthy products in shops is increasing.
- When it comes to eating out, consumers are less interested in reducing portion size but believe having more healthy options and lower prices will help with eating more healthily out of the home.
- Two-thirds of the population also support the display of calorie information on menus in cafés and restaurants.
- There has been a significant increase in the proportion who advocate children being fed from the adult menu (with smaller portions) highlighting a growing concern over the nutritional quality of children's menus.
- Awareness of the soft drinks industry levy has fallen, but in spite of this support for such action has increased (more so among the affluent respondents).
- Consumers increasingly support taxation on healthier food when linked to lower prices on healthy food.

## 2. Background and objectives

### 2.1 Background

Food Standards Scotland (FSS) is the public sector food body for Scotland and is a non-ministerial office, part of the Scottish Administration, alongside, but separate from, the Scottish Government.

FSS's vision is “**to create a food and drink environment in Scotland that benefits, protects and is trusted by consumers.**”

FSS's three statutory objectives are to:

- a) Protect the public from risks to health which may arise in connection with the consumption of food;
- b) Improve the extent to which members of the public have diets which are conducive to good health; and
- c) Protect the other interests of consumers in relation to food.

### 2.2 Study objectives

The Food in Scotland Consumer Tracking study is managed by Kantar TNS, an independent research company, on behalf of FSS. The main purpose of the research is to monitor information on consumer attitudes, knowledge and reported behaviours in Scotland across a range of food issues.

The survey is undertaken biannually and comprises a set of consistent questions at each wave on the FSS brand with two alternating modules: **food safety and authenticity** and **diet and nutrition**. The questions are mainly aligned to cover FSS's six strategic outcomes.

1. **Food is safe**
2. **Food is authentic**
3. **Responsible food businesses flourish**
4. **Consumers have healthier diets**
5. **FSS is a trusted organisation**
6. **FSS is efficient and effective**



FSS uses the findings from wave one as a baseline against which changes in food safety and healthy eating knowledge, attitudes, behaviours can be monitored over time.

This report highlights the findings from the **fourth** wave of research tracking and focuses mainly on the three FSS strategic outcomes below:

1. FSS is a trusted organisation
2. FSS is efficient and effective
3. Consumers have healthier diets

The measures related to the outcomes that 'FSS is trusted' and 'FSS is efficient and effective' are repeated at every wave and therefore the results from all the previous waves are shown in this report for comparative purposes.

The measures relating to this wave's module, 'Consumers have healthier diets', were previously conducted in wave two, though some measures were asked in all waves, and therefore not all data points are available for all measures. Where possible, all comparative data is shown.

**Please note that any trends or variations in the results referred to in the text as 'significant', references a difference between the two results which is statistically significant. For example, when comparing two waves or two population groups, these have been proven through statistical analysis (Independent Samples T-Test) as likely to be real differences (at the 95 per cent confidence limits) as opposed to differences which are the result of sampling error or chance.**

# 3. FSS is a trusted organisation

What this means: FSS is trusted by people and food businesses, and the other organisations that we interact with, to act in accordance with our values and principles and to put consumers first. This section of the report explores the public’s opinion and knowledge of FSS and its responsibilities.

In summary, we found that:

- The level of FSS awareness and trust among the public remains at a good level, but have stabilised this wave which highlights the need for sustained activity to reach new audiences.
- Ratings of FSS continue to improve on the key outcomes of food being safe and eating healthily, however, other ratings have either stabilised or recorded a slight decline.
- Concern over food prices and unhealthy diets are steadily rising which indicates that these issues are increasingly in the public consciousness. Uncertainty around Brexit is one factor driving up concern with food prices.

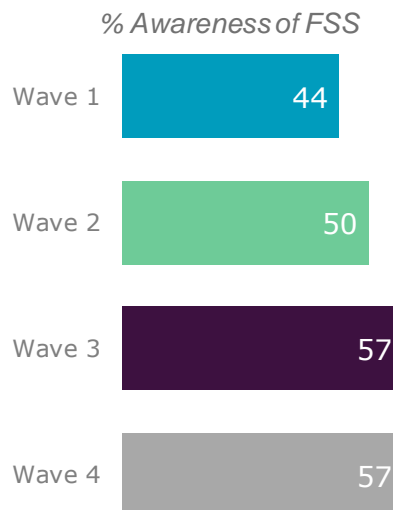


## 3.1 Brand recognition and performance

As illustrated in Figure 3.1 and Figure 3.2, there have been good increases in awareness and trust in FSS since tracking began. However, there has been no movement in either measure over the last six months.

**Figure 3.1 Proportion aware of Food Standards Scotland (Q7)**

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000)

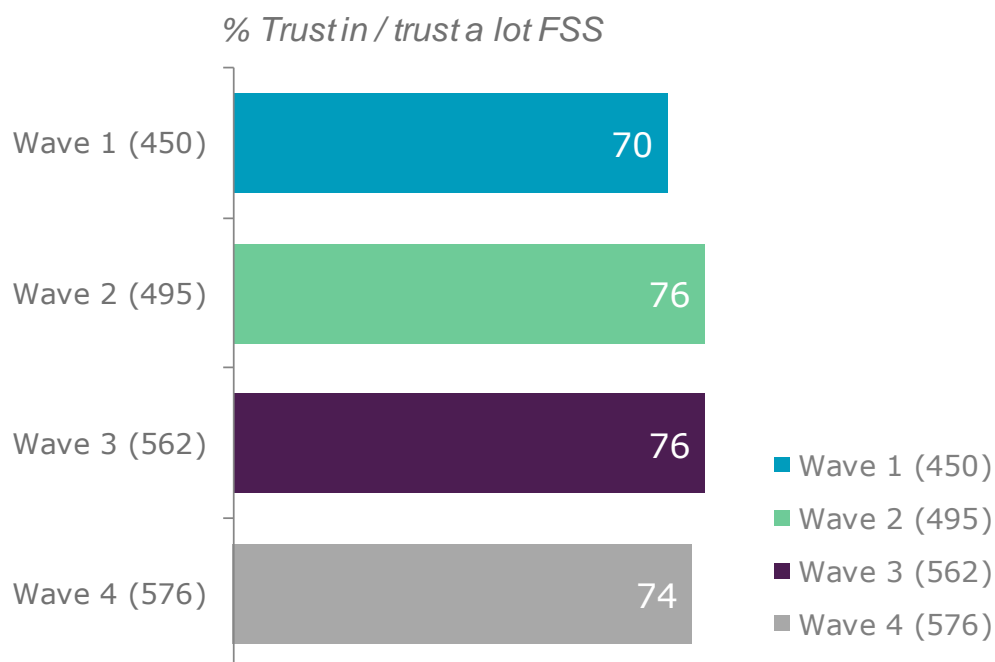




All respondents were shown the FSS logo and told that 'Food Standards Scotland' has taken over from the 'Food Standards Agency' as the organisation responsible for making sure people eat healthily and safely in Scotland, and asked if they had heard of Food Standards Scotland before. At wave four, 57% of the population claimed they had heard of FSS, a significant increase from 44% recorded at wave one and 50% at wave two; however, this represents no change since wave three. These results highlight a stabilisation in awareness and an indication that future activity could be developed to reach a broader and wider audience. The population group that has recorded the lowest increase in awareness over the four waves of tracking are those who are not parents (54% awareness compared to 65% awareness among parents at wave four).

**Figure 3.2 Proportion that trust Food Standards Scotland (Q9)**

Base: All respondents aware of FSS W1 (450), W2 (495), W3 (562), W4 (576)

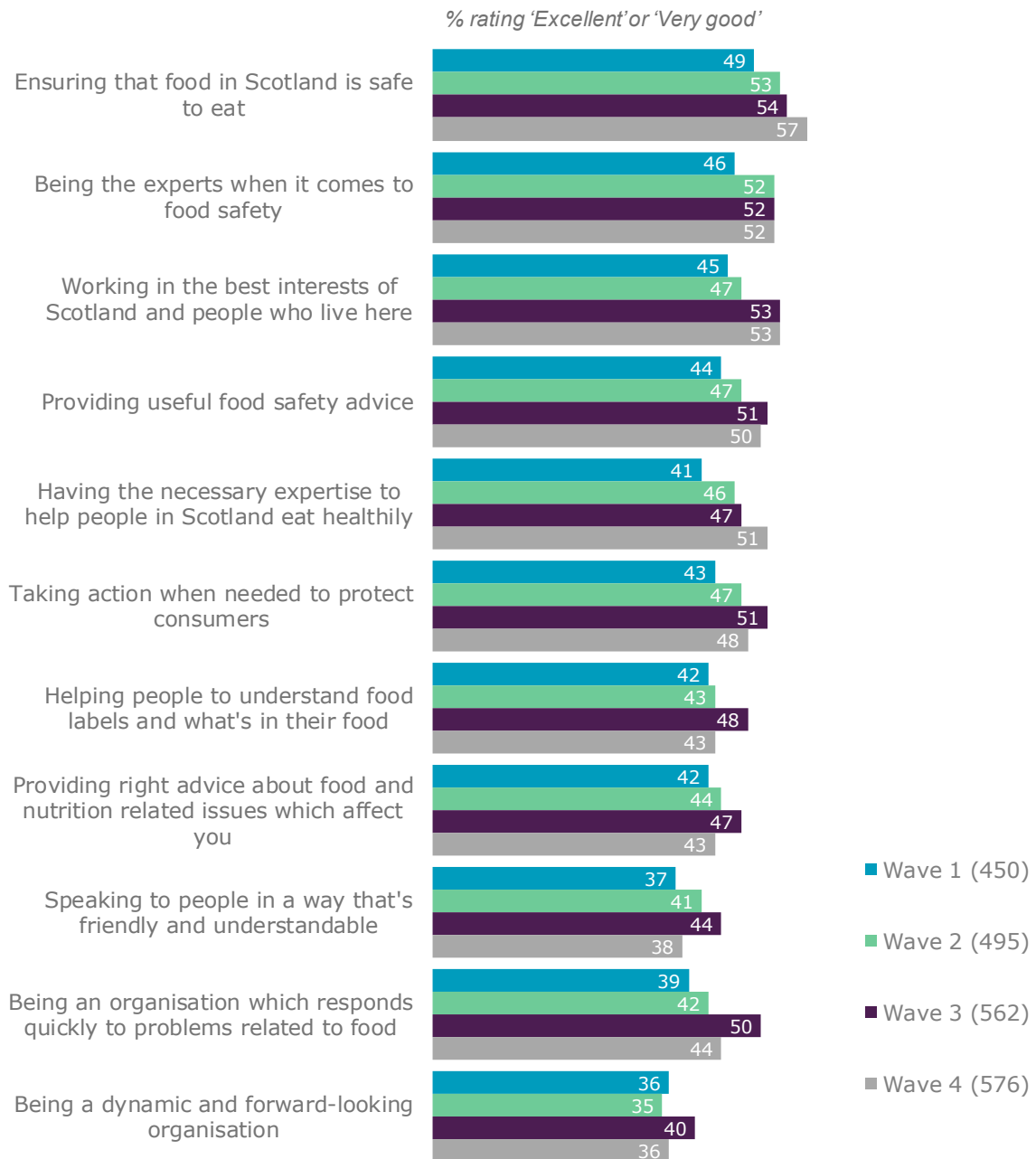


The degree of trust in the organisation remains at a good level and has not changed significantly since wave two with around three-quarters of those aware of the brand continuing to say that they either 'trust it' or 'trust it a lot' to do its job. Moreover, as found previously, only a very small proportion said they did not trust FSS (1%).

Respondents who were aware of FSS, were also asked to rate the organisation on a variety of brand proposition statements using a five-point scale, ranging from 'excellent' to 'poor'. The combined percentage rating FSS at a top two box level ('excellent', 'very good') is shown in Figure 3.3.

### Figure 3.3 Proportion rating FSS 'Excellent', 'Very good' (Q10)

Base: All respondents W1 (450), W2 (495), W3 (562), W4 (576)



The results show that the perceived performance of FSS has improved in most areas over the course of the tracking. However, as with awareness and trust, the latest wave has not seen the same degree of improvement as previously, and in most areas, performance has remained the same or has weakened slightly. Most importantly however, only a tiny minority (2% or less) indicated that performance on any aspect was 'poor'.

Encouragingly, the two areas that have recorded a notable increase in ratings are where the majority of spend has been focussed: *ensuring that food in Scotland is safe to eat* (increasing from 54% at wave three to 57% at wave four) and *having the necessary expertise to help people in Scotland eat healthily* (increasing from 47% at wave three to 51% at wave four).

The bottom two statements: *being an organisation which responds quickly to problems related to food* and *being a dynamic and forward-looking organisation* remain the areas with the lowest rating. However, aside from high profile public safety issues, the opportunities for FSS to be seen as dynamic and proactive are difficult to achieve.

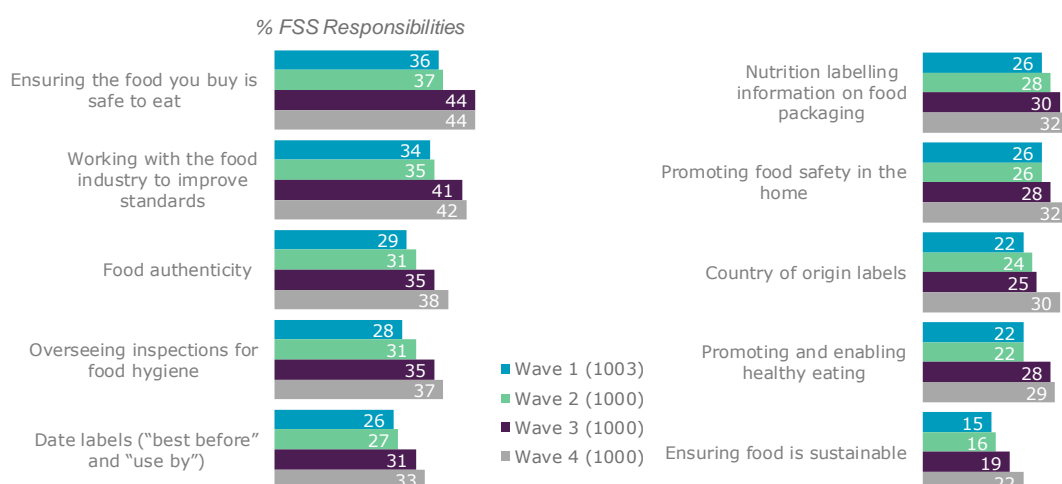
**Overall, the level of awareness and trust in FSS remains at a good level, but has stabilised at the latest wave. Ratings of FSS also continue to improve on the key outcomes of food being safe and eating healthily. However, other ratings of the organisation have either stabilised or recorded a slight decline.**

### 3.2 Knowledge of FSS’s responsibilities

The survey also gauged awareness of the remit of FSS by asking respondents to indicate, from a list, those areas which they thought were the responsibility of FSS. The results shown in Figure 3.4 are calculated from the total sample and not just those aware of the organisation.

**Figure 3.4 What issues respondents think FSS is responsible for (prompted) (Q8)**

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000)



As seen in the brand recognition and performance section (3.1), understanding of the role of the organisation has also stabilised. FSS remains most likely to be associated with food safety and food standards, such as *ensuring the food you buy*

*is safe to eat* (44% of consumers selecting this response) and *working with the food industry to improve standards* (42% of consumers selecting this response).

Awareness of the organisation’s remit for *food authenticity*, *overseeing hygiene inspections* and other aspects of *labelling* and *safety in the home* remain moderately well-known. Consumers are least familiar with the FSS responsibility of *promoting and enabling healthy eating* and *ensuring food is sustainable*.

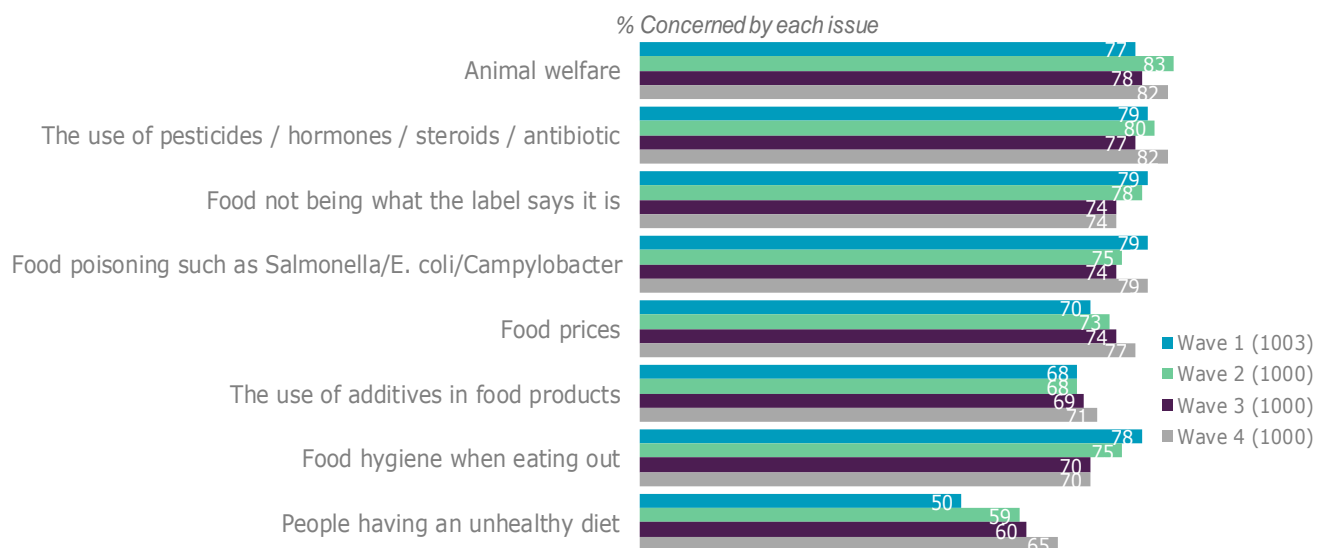
### 3.3 Protecting other interests of consumers in relation to food

Questions are asked early in the survey to establish which issues are of greatest concern to the general public.

Firstly, respondents were asked which issues, from a prompted list, concerned them and which did not. The top eight concerns (from a list of 16) are shown in Figure 3.5.

**Figure 3.5 Food issues causing concern - % concerned by each issue (prompted)**

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000)



The public remain concerned about a wide variety of issues, ranging from food hygiene to food production and authenticity, with concern generally fluctuating since tracking began. The only areas that have not fluctuated but have shown a steady increase in concern at every subsequent wave are *food prices* (70% at wave one increasing to 77% at wave four) and *people having an unhealthy diet* (50% at wave one increasing to 65% at wave four).

There were some notable differences in concerns across the demographic sub-groups within the population. For example, respondents in the ABC1 social grades<sup>3</sup> recorded slightly higher concern about *people having an unhealthy diet* at wave one (53% compared to 48% C2DEs), and over time this difference has widened (70% ABC1 concerned at wave four compared to 59% C2DEs). So, whilst the level of concern has increased over time for C2DEs, concern among ABC1s has increased at a greater rate.

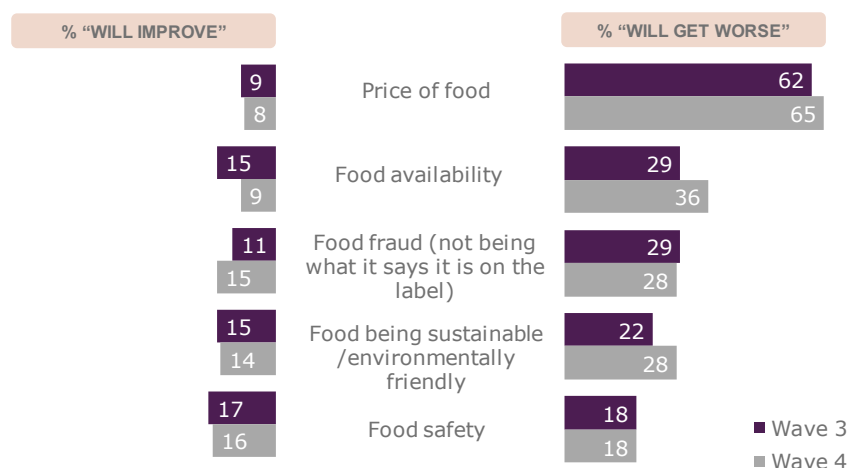
The gradual increase in concern of *food prices* recorded over time has predominantly been driven by an increase in concern among males, but females remain significantly more concerned (80% compared to 74% males at wave four). Similarly, there has been an increase in concern for *food prices* across all social grades, however respondents in the DE social grade remain significantly more concerned than ABs (84% compared to 66% at wave four).

These increases suggest that these areas are growing in the public consciousness and are becoming much more prevalent as a concern. The opposite can be seen for *food hygiene when eating out* which has become less of a concern over the course of the tracking (78% at wave one falling to 70% at wave four).

A new question was added to the tracking at wave three to gauge public perceptions towards the potential impact of Brexit on food issues. Specifically, respondents were shown a variety of food issues and asked if they thought each 'will get better', 'will get worse' or 'will stay the same' following Brexit. The results are summarised in Figure 3.6.

### Figure 3.6 Impact of Brexit on food issues

Base: All respondents W3 (1000), W4 (1000)



<sup>3</sup> Please see Appendix A for a full breakdown of the occupations by socio-economic grade

The findings suggest that the majority of consumers believe that the *price of food* will go up as a result of Brexit – this has increased from 62% saying it will get worse at wave three, to 65% at wave four. The proportion that believe *food availability* and *food sustainability* will get worse has also significantly increased (29% to 36% and 22% to 28% respectively) suggesting the opinions are more negative than six months ago. A notable minority believe that Brexit will have a positive impact on food issues.

**Consumer concerns have generally fluctuated over the course of the tracking with the exceptions of a continuing increase in concern towards ‘food price’ and ‘people having an unhealthy diet’. Views towards the impact of Brexit on food related issues have remained negative, particularly on the price of food, but have also worsened for food availability and food being sustainable.**

## 4. Consumers have healthier diets

FSS dietary guidance is based on the Eatwell Guide, produced by Public Health England in association with FSS and the Welsh and NI governments and is based on consensus evidence from the Scientific Advisory Committee on Nutrition. This chapter of the report mainly focuses on awareness of healthy eating advice.

In summary we found that:

- There has been a significant improvement in awareness of the Eatwell Guide, particularly among males, 35-44 year olds and C1s. However, there remains room for further improvement among all groups.
- The public is aware of the impact of unhealthy food choices on health and wellbeing, which emphasises that more than just education is required to help encourage healthy food choices.
- Knowledge of the high level of sugar found in soft drinks continues to be very good, and in some cases, over-estimated.
- There has been a significant increase in understanding of the need to limit sugary drinks, however there has been no change in claimed consumption.
- Discretionary snacking remains a widespread challenge, but it is encouraging that there has been a claimed reduction in snacks being consumed at least once a day.
- There is good knowledge of most healthy eating advice, but greater awareness is needed of the advice that starchy carbohydrates should be the main food group at each meal.



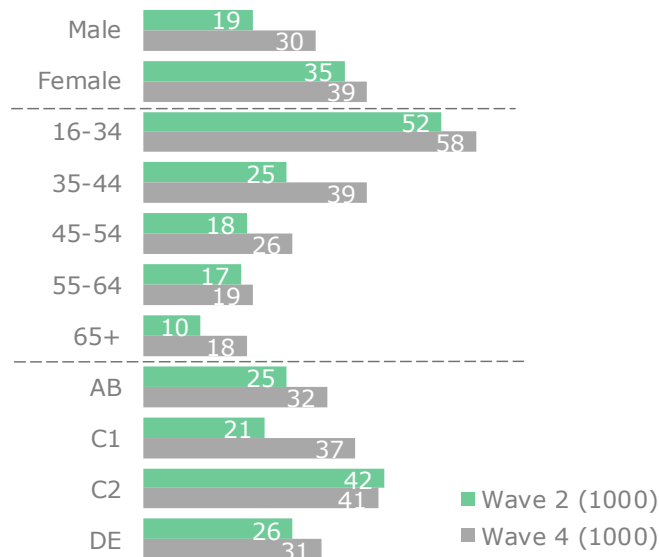
### 4.1 Awareness of the Eatwell Guide

As shown in Figure 4.1, there has been a significant improvement in awareness of the Eatwell Guide since wave two in June 2016; over a third (34%) now claim to have seen the Eatwell Guide, up from a quarter (27%) at wave two.

## Figure 4.1 Awareness of the Eatwell Guide

Base: All respondents W3 (1000), W4 (1000)

**27% W2 vs. 34% W4**  
 % Aware of Eatwell Guide



The demographic sub-groups which have recorded the biggest increases in awareness between wave two and wave four are males (19% to 30%), 35-44s (25% to 39%) and C1s (21% to 37%). These results illustrate that good progress has been made, particularly among those groups.

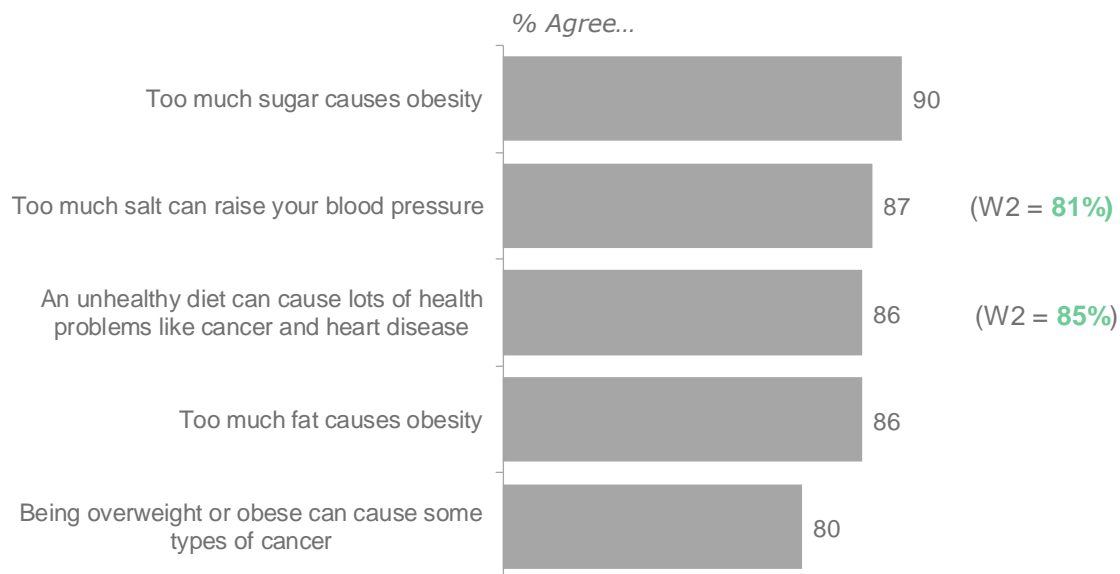
## 4.2 Knowledge of the impact of poor diet on health

The survey also sought to establish the extent to which the impact of poor diet choices on health and wellbeing is understood. To measure this, respondents were given a list of statements and asked to agree or disagree with each, using a five-point rating scale ('agree strongly', 'agree slightly', 'neither agree nor disagree', 'disagree slightly' and 'disagree strongly'). Figure 4.2 shows the total percentage agreeing with each statement at wave four, as well as the results for the two statements that were asked at wave two.



## Figure 4.2 Agreement with statements regarding impact of poor diet choices on health conditions (Q56/Q114)

Base: All respondents W2 (1000), W4 (1000)



The responses illustrate that knowledge of the relationship between food and health is generally well known, particularly with a high level of agreement that *too much sugar causes obesity* (90%) and a slightly lower, yet still high, proportion agreeing that *too much fat causes obesity* (86%).

Furthermore, there has been a significant increase in the proportion agreeing that *too much salt can raise your blood pressure* (increasing from 81% at wave two to 87% at wave four) with a similarly high proportion agreeing that *an unhealthy diet can cause lots of health problems like cancer and heart disease* (85% at wave two and 86% at wave four). Finally, the vast majority (80%) agreed that *being overweight can cause some types of cancer*.

In summary, these results indicate a very good level of awareness and understanding of the impact of high fat, salt and sugar intakes and of being overweight on health.

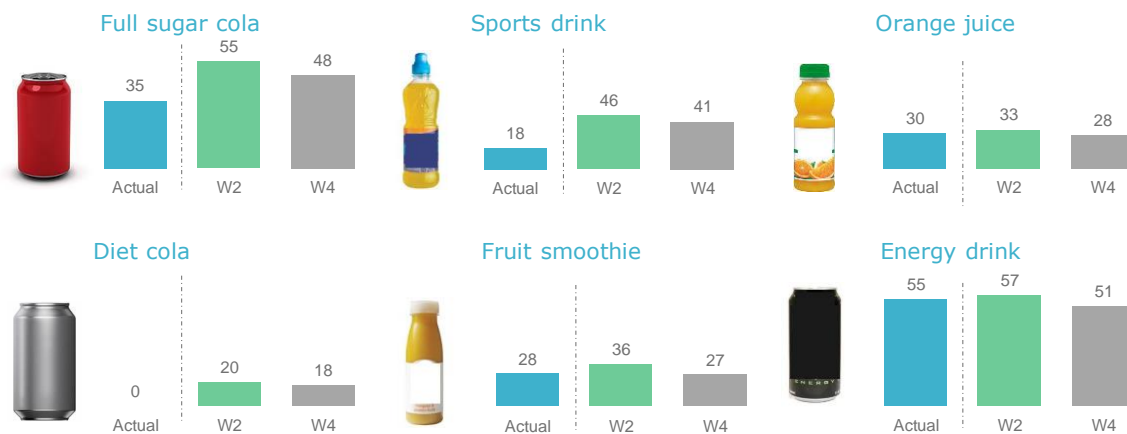
### 4.3 Knowledge of sugar levels in foods

Further questions were asked to measure knowledge of the amount of sugar that can be found in soft drinks.

All respondents were shown images of a variety of non-branded drinks and asked to estimate the amount of sugar in each (with the option of answering in either grams or teaspoons). Figure 4.3 shows the actual amount of sugar found in grams (left hand

column) and the average of the estimated amounts recorded by all respondents at wave two and wave four.

**Figure 4.3 Average estimate amount of sugar in soft drinks (grams) (Q105)**  
 Base: All respondents W2 (1000), W4 (1000)



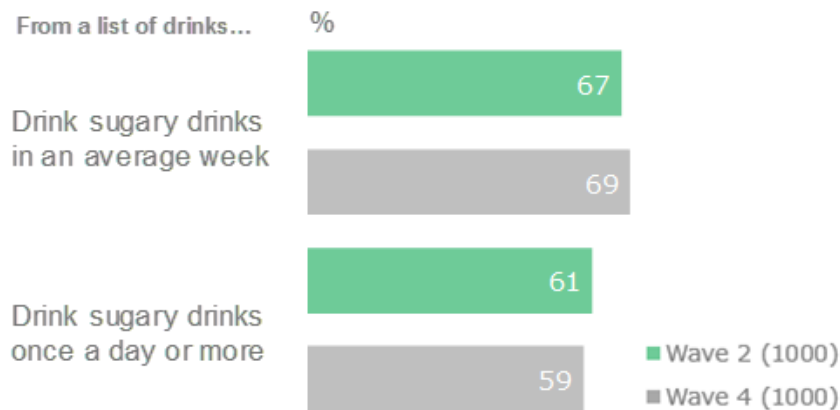
For all sugary drinks asked about, respondents were either very accurate with their estimate or over-estimated the amount of sugar. For example, respondents were accurate on the amount of sugar found in orange juice (28g, with actual amount 30g), fruit smoothies (27g, with actual amount 28g) and energy drinks (51g, with actual amount 55g). Respondents over-estimated the amount of sugar in soft drinks (48g, with actual amount 35g), sports drinks (41g, with actual amount 18g) and diet drinks (18g, with actual amount 0g). The results indicate that most consumers are very aware of the high sugar content that is found in these types of drinks.

Moreover, there has been a significant increase in agreement that *I should avoid sugary drinks such as colas and lemonades* (increasing from 79% at wave two, to 83% at wave four). Despite this good level of knowledge and improvement in understanding of the need to limit sugary drinks, there has been little impact on claimed consumption.

Figure 4.4 shows the proportion of different sugary drinks consumed in an average week.

### Figure 4.4 Proportion of sugary drinks consumed in an average week (Q104)

Base: All respondents W2 (1000), W4 (1000)



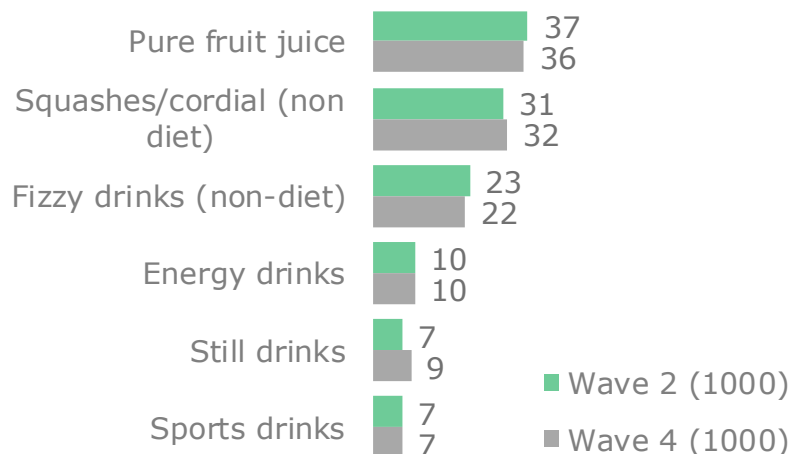
As found at wave two, two-thirds (67% at wave two and 69% at wave four) indicated that they consume any of a prompted list of sugary drinks in an average week. When this group was asked how often they drink sugary drinks, there was little change in frequency at wave four with the majority (61% at wave two and 59% at wave four) claiming they do so once a day or more.

As shown in Figure 4.5, pure fruit juice and cordials continue to be the sugary drinks most likely to be reported as being consumed in an average week (around a third of consumers), followed by non-diet fizzy drinks (around a fifth of consumers). Energy drinks, flavoured still and sports drinks are less popular by comparison, with 10% or less consuming these each week.

### Figure 4.5 Types of sugary drinks consumed in an average week (Q102)

Base: All respondents W2 (1000), W4 (1000)

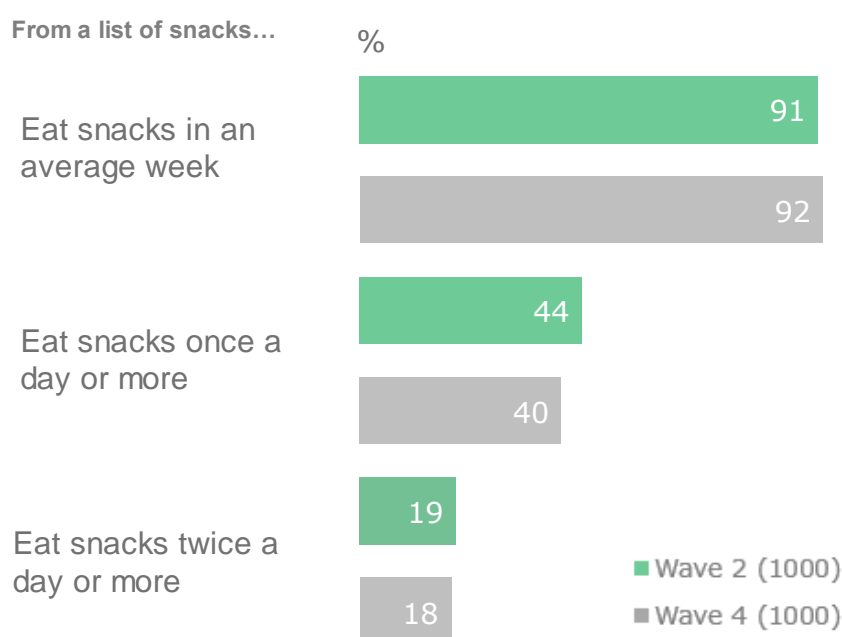
#### Percentage of sample consuming sugary drinks in average week



Similar questions were asked regarding the consumption of discretionary foods. For the purposes of this report, the term 'discretionary foods' covers chocolate bars / sweets, cakes / sweet pastries, biscuits, crisps/ savoury snacks, cereal bars, ice-cream and pies / savoury pastries. Figure 4.6 shows the frequency of discretionary snack consumption in an average week.

**Figure 4.6 Proportion of discretionary snacks consumed in an average week (Q104)**

Base: All respondents W2 (1000), W4 (1000)



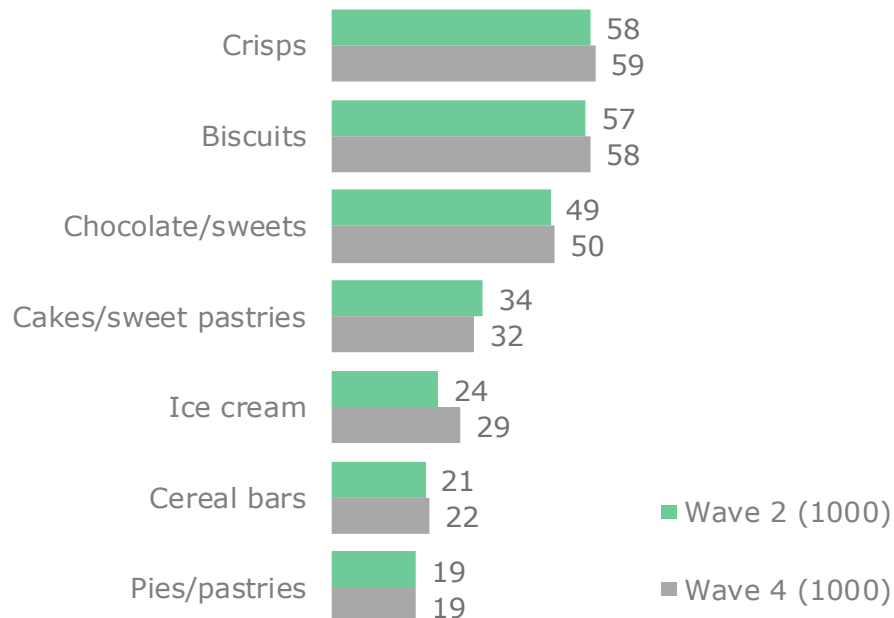
The results show that a significant proportion of the population consume any of a prompted list of discretionary snacks in an average week (91% at wave two and 92% at wave four). When this group were asked how often these discretionary snacks are consumed, it is encouraging that there has been a slight drop in the proportion that indicated they did so at least once a day or more (44% at wave two, down to 40% at wave four), however the proportion that indicated that they did so twice a day or more has remained stable (19% at wave two and 18% at wave four).

As shown in Figure 4.7, the main snacks consumed in an average week remain the same as recorded at wave two. They are crisps (around 6 in 10), biscuits (around 6 in 10) and chocolate/sweets (half of consumers), with ice-cream (under a third) or cereal bars (around a fifth) much less popular by comparison.

## Figure 4.7 Types of snacks consumed in an average week (Q102)

Base: All respondents W2 (1000), W4 (1000)

*Percentage of sample consuming snacks in an average week*



The findings demonstrate the extent of discretionary snacking among the public, but also highlight there is potential for tackling problems, such as obesity, by encouraging those who do snack to reduce the number of snacking occasions.

### 4.4 The gap between knowing and following healthy eating recommendations

To establish knowledge of healthy eating advice, respondents were shown a list of statements and asked if they were either true or false. These results are shown in Figure 4.8.

**Figure 4.8 Proportion knowing the statement to be true or false (Q99/Q100)**

Base: All respondents W2 (1000), W4 (1000)

STATEMENT	% Knowing statement to be correct	
	Wave 2	Wave 4
Beans and fruit and vegetables are all good sources of fibre (TRUE)	93*	92
People should drink at least 6 to 8 cups of fluid everyday (TRUE)	89	86
Tinned and frozen vegetables do not count towards your 5 a day (FALSE)	79*	77
People should choose unsaturated oils and spreads and eat them in small amounts (TRUE)	77	78
Pure fruit juice is high in sugar (TRUE)	77	75
People should choose dairy foods that are lower in fat (TRUE)	71	68
People should choose dairy foods that are lower in sugar (TRUE)	70	70
People should use butter and/or cream in their cooking (FALSE)	61	58
People should eat at least 10 portions of a variety of fruit and vegetables each day (FALSE)	n/a*	50
People should have meals where the biggest proportion of the meal is high in protein (FALSE)	n/a*	30
People should have meals where the biggest proportion of the meal is potatoes, bread, pasta or other starchy carbohydrates (TRUE)	n/a*	24

\*Slight wording change since wave two and therefore is not directly comparable

The results show that most of the healthy eating messages continue to be well known, particularly that *beans and fruit and vegetables are all good sources of fibre* (93% aware at wave two, 92% at wave four), *people should drink at least 6 to 8 cups of fluid everyday* (89% at wave two, 86% at wave four) and *people should choose unsaturated oils and spreads and eat them in small amounts* (77% at wave two, 78% at wave four).

Other well known, but less established, messages include that *pure fruit juice is high in sugar* (77% at wave two, 75% at wave four) and that *people should choose dairy foods that are lower in fat* (71% at wave two, 68% at wave four) and that *people should choose dairy foods that are lower in sugar* (70% at both waves).

The least known advice is mainly concerned with what food groups meals should be based on. Only around three in ten (30%) correctly indicated that the statement *people should have meals where the biggest proportion of the meal is high in protein* was false, and only a quarter (24%) knew that *people should have meals where the biggest proportion of the meal is potatoes, bread, pasta*. These results highlight that greater understanding is needed on the advice that, starchy carbohydrates should be the main food group at each meal.

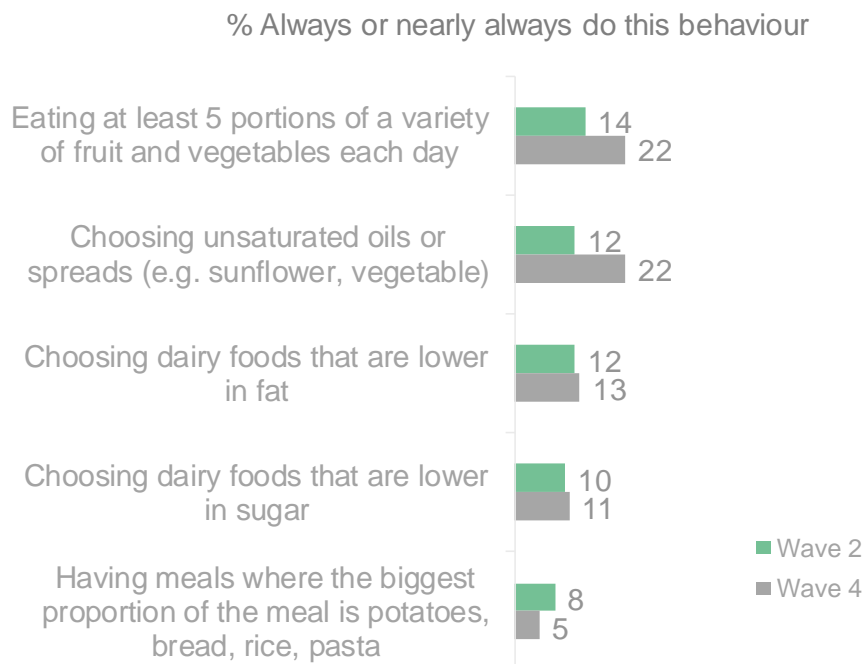
The results also indicate that there is some confusion on the number of fruit and vegetables that should be consumed each day. At wave two, 91% correctly indicated that five portions should be consumed in an average day, however when the statement was changed at wave four to ask if it's true or false that people should eat ten portions a day, there was some confusion with 50% correctly identifying that it is false, and 41% indicating that this is true.

On a slightly differently worded measure from wave 2, a significant improvement in the proportion that know *you should eat oily fish once a week was recorded* (70% at wave two, increasing to 75% at wave four).

Respondents were also shown a variety of healthy eating behaviours and asked how regularly they carried out each one (using a five-point scale of 'always or nearly always', 'mostly', 'sometimes', 'rarely' or 'never'). Figure 4.9 shows the extent to which each recommendation is **regularly** followed i.e. the proportion that claimed to 'always or nearly always' carry out the behaviour.

**Figure 4.9 Frequency of carrying out healthy eating behaviours (Q98)**

Base: All respondents W2 (1000), W4 (1000)



As Figure 4.9 illustrates, the vast majority of respondents do **not** consistently follow these healthy eating recommendations. Despite a high proportion (c.70%) knowing they should *choose dairy foods that are lower in fat and sugar*, the proportion that stated they always or nearly always carried out these behaviours was just over 1 in 10. A similar pattern can be seen for the other behaviours listed, thus highlighting that a good level of knowledge does not necessarily translate into the advice being followed.

To further demonstrate the lack of awareness around what should be the main food type on the plate, only 5% of respondents claimed to always or nearly always eat meals where the biggest proportion was carbohydrates (down from 8% at wave two). As well as emphasising the lack of awareness around what should be the main food type. It also indicates some uncertainty as to what carbohydrates do for us.

However, there are some positives to highlight – it is encouraging that the proportion who claim to always or nearly always *eat at least 5 portions of a variety of fruit and vegetables a day*, has significantly increased from 14% at wave two to 22% at wave four. Similarly, there has been a significant increase in the proportion who claim to always or nearly always choose unsaturated oils or spread (12% at wave two to 22% at wave four).



**To summarise, there is generally good familiarity with healthy eating recommendations, the sugar content of high sugar drinks, as well as widespread acknowledgement of the health impacts of poor diet. However, this is in contrast to the reported low adoption of healthy eating behaviours, highlighting that there are other factors influencing food and drink choices.**

## 5. Concerns and attitudes to eating healthily

This chapter of the report covers a different set of issues that also relate to the FSS strategic outcome 'Consumers choose healthier diets'. It focuses on concerns and attitudes towards consumers' own diet, their children's diet, and that of the nation.

In summary we found that:

- While healthy eating remains the top concern, consumers are increasingly worried about affordability of eating a healthy diet.
- There are growing concerns about the amount of sugar and particularly salt found in food, highlighting that these issues are increasingly in the public consciousness.
- An increasingly large majority acknowledge that unhealthy eating in Scotland is a problem, but attitudes towards personally doing more to eat healthily have moved in the opposite direction.
- There has been a significant increase in agreement that eating healthy food makes you feel good.
- Among parents, concern with children's diet generally appears to have plateaued. However, there is a growing understanding of the need for children to avoid sugary drinks, and to a lesser extent, to not reward children with chocolates or sweets.

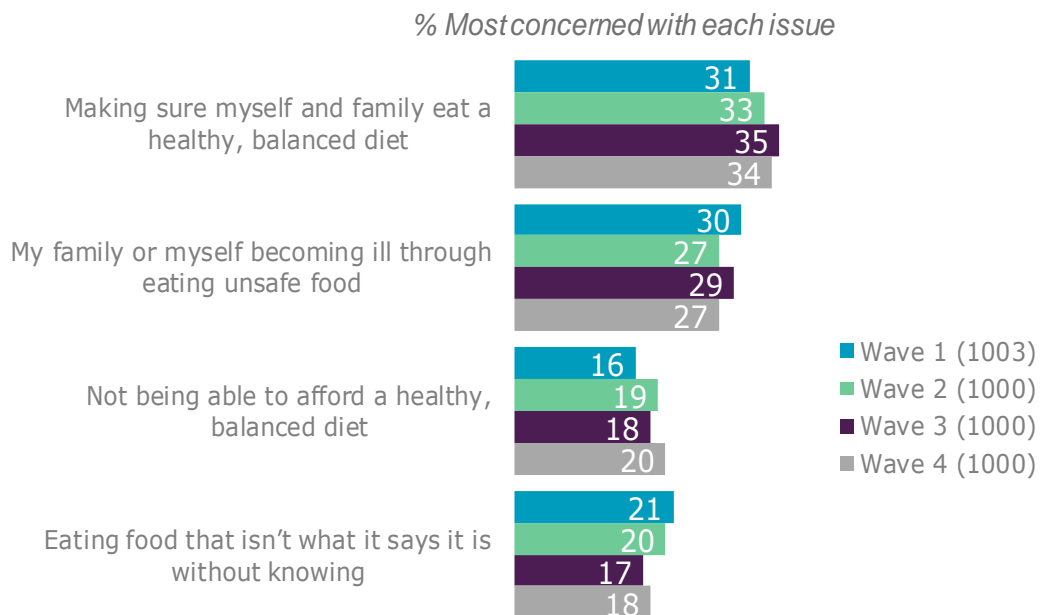


### 5.1 Concerns on food issues

To assist FSS in identifying a stronger sense of the priority areas for action, respondents were presented with four specific issues and asked which **one** of these caused them the most concern. The results of this question for all four waves are shown in Figure 5.1.

### Figure 5.1 Most concerning food issue (prompted) (Q14)

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000)



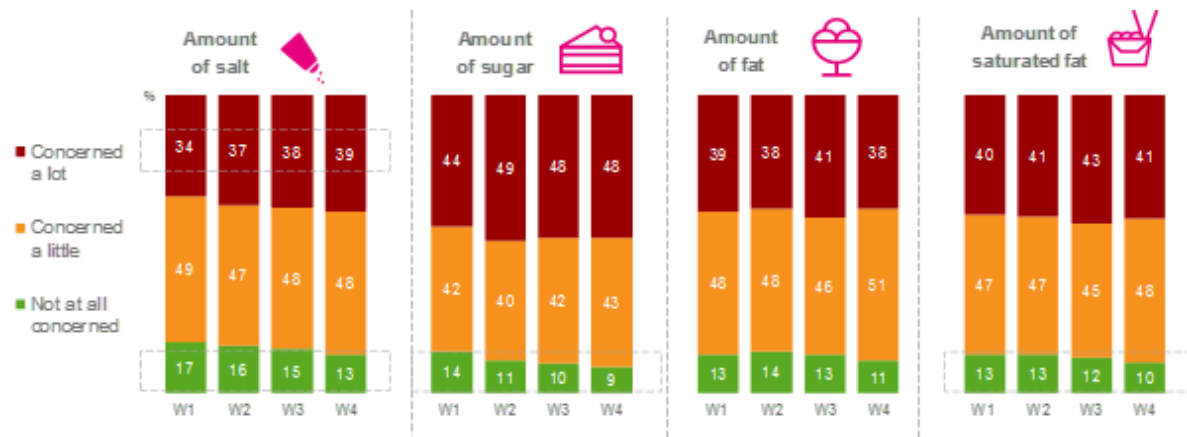
There have been no significant movements at the latest wave with *eating a balanced diet* continuing to be the priority issue (34% selecting this at wave four), but with no further increase in importance recorded at this latest wave. Concern over *not being able to afford a healthy, balanced diet* has increased at wave four, albeit marginally, but has significantly increased from 16% at wave one to 20% at wave four. These results indicate that respondents' concerns are starting to swing more towards affording a healthy, balanced diet, rather than just making sure they eat a healthy, balanced diet.

There were some notable sub-group differences in concern over not being able to afford a healthy diet, with those in the younger age group significantly more concerned (31% 16-24s compared to 7% 65+ at wave four), as well as those in the lower social grades (26% DEs compared to 11% ABs at wave four). Respondents in the lower social grades were also less concerned about making sure they eat a healthy, balanced diet (23% compared to 46% ABs) further emphasising difference in concerns and priorities among the different population groups.

In addition to establishing the main concerns among consumers, additional questions were used to determine the level of concern with the amount of salt, sugar, fat and saturated fat in food. Figure 5.2 shows the total percentage saying they were concerned with each ingredient.

**Figure 5.2 Level of concern with ingredients in food (Q55)**

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000)



The level of concern with the amount of salt, sugar, fat and saturated fat in food has changed since the start of the research with the latest results suggesting that concerns are slightly greater than before. At wave four, around nine in ten respondents indicated that they were either concerned ‘a lot’ or ‘a little’ about the levels of salt, sugar, fat and saturated fat found in food, thus further demonstrating the widespread understanding of the potential negative impact of these ingredients.

In line with the findings reported at previous waves, the ingredient causing the most widespread concern is sugar with 48% continuing to state they are concerned ‘a lot’ (up from 44% at wave one), and a similar increase recorded for concern over the amount of salt (39%, up from 34% at wave one). The trends over the past two years are less clear cut with regard to the amount of fat and saturated fat in food, although there is certainly no evidence of any reduction in concern with these ingredients with only 11% and 10% of the population indicating they are ‘not at all concerned’.

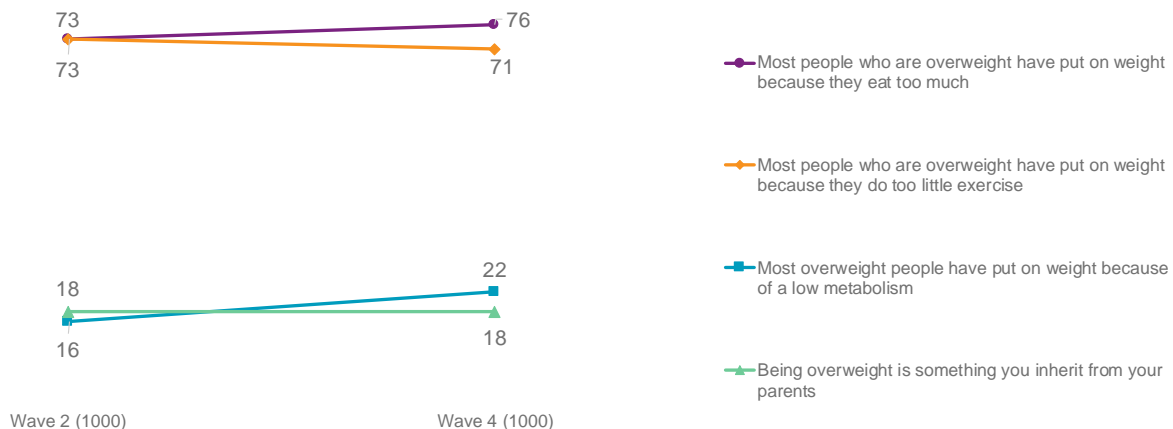
**To summarise, while healthy eating remains the top concern, it is affordability that continues to increase in importance. There have been increases in concern particularly about sugar and salt in food, highlighting that these issues are increasingly in the public consciousness.**

## 5.2 Responsibility for weight

Findings were obtained with regard to why individuals may be or have become overweight. Four different options were presented and respondents were asked to indicate how much they agreed or disagreed with each one. These results are shown in Figure 5.3.

### Figure 5.3 Attitudes to being overweight (% Agreeing) (Q122)

Base: All respondents W2 (1000), W4 (1000)

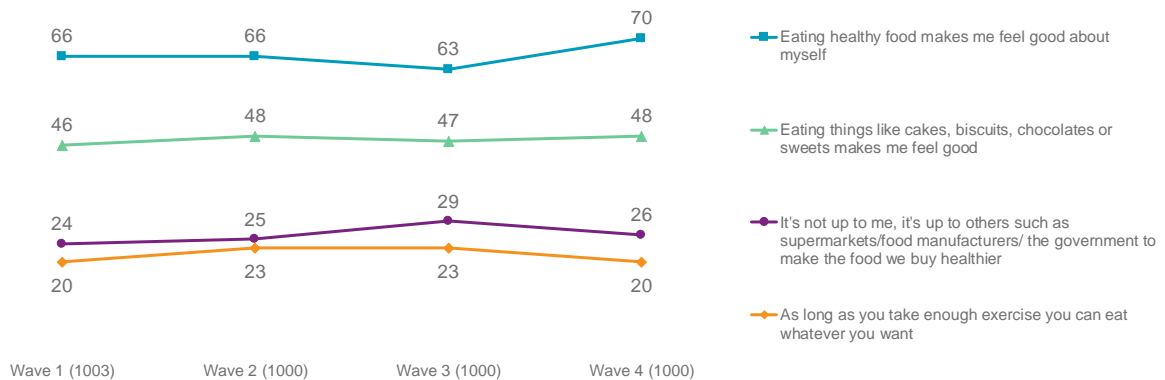


Overall, the findings indicate that a large majority (over 70%) continue to believe that most people who are overweight have gained weight because they eat too much and/or exercise too little. However, a sizable minority (approx. 1 in 5) believe it is the result of low metabolism (18% at wave two, increasing to 22% at wave four) and a similar proportion believe it to be inherited (18% at both waves). It is respondents in the younger age groups that are more likely to agree that people are overweight due to a low metabolism (41% 16-24s compared to 16% 35+). Most are therefore fairly well informed on the strong relationship between weight and physical activity / diet but there is still scope for improving upon this, particularly among younger groups. When considering the best strategies for reducing obesity it is also worth noting that a minority believe in the influence of contributory factors such as metabolism and genes.

It was also established that a sizeable minority agreed (26%) that it is *up to the supermarkets/ manufacturers/ government to make the food available to buy healthier* (as shown in Figure 5.4). It cannot therefore be assumed that everyone understands and accepts their own role in making healthy eating choices and being a healthy weight, with some transferring responsibility to personal characteristics outside of their control and others putting the onus elsewhere.

**Figure 5.4 Attitudes towards healthy eating (% Agreeing) (Q56)**

Base: All respondents W1 (1000), W2 (1000), W3 (1000), W4 (1000)



Moreover, a fifth (20% at wave four) continue to agree *that as long as you take enough exercise you can eat whatever you want*. Further education may be required to convince the public they cannot rely purely on physical fitness and that they also need to make good food choices.

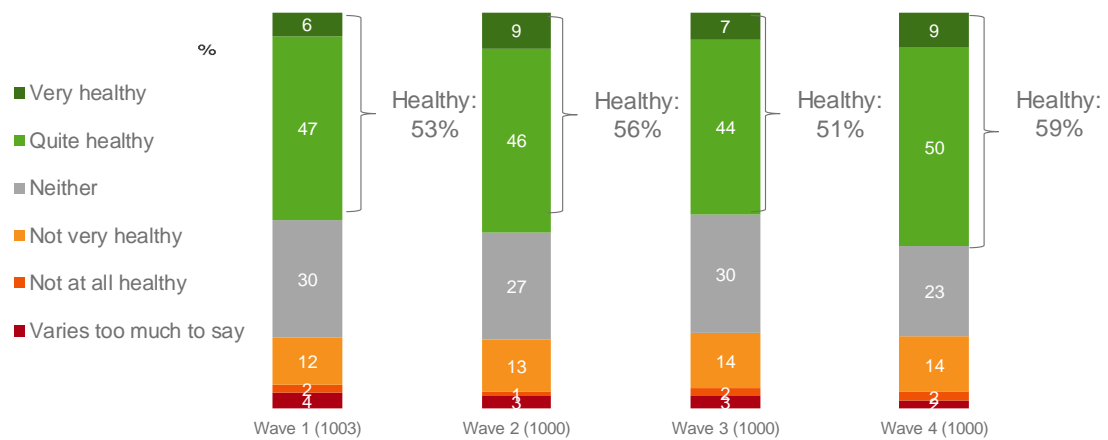
Encouragingly, there has been an increase in agreement that *eating healthy food makes me feel good about myself* (63% at wave three, increasing to 70% at wave four), coupled with no increase in agreement that *eating things like cakes, biscuits, chocolate or sweets* makes them feel good. However, with just under half of the population continuing to admit they enjoy eating cakes, biscuits and chocolates (47% at wave three, 48% at wave four), it highlights the extent of the problem in changing behaviours and encouraging healthy choices.

### 5.3 Perceptions of own / family's diet

To provide some context to healthy eating, survey respondents were asked to rate the healthiness of their own food and drink consumption as well as that of other people in their household. These results are summarised in Figure 5.5 and Figure 5.6.

## Figure 5.5 Perceived healthiness of own diet (Q53)

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000)



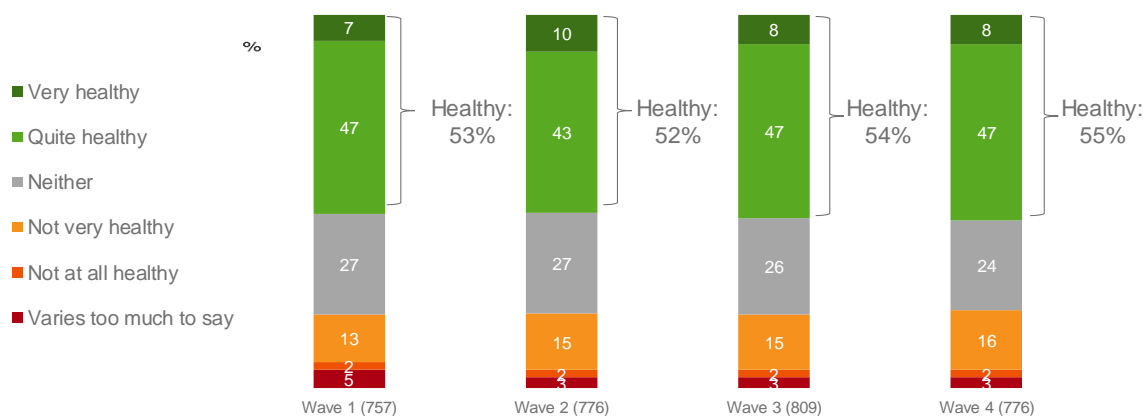
The survey results show that the majority of respondents regard their diet as healthy (59% at the latest wave), with around one in ten claiming it is 'very healthy' (9%). A quarter claim it is 'neither' (23%) and less than a fifth (17%) say it is 'unhealthy'. Now that there are four waves for comparison, there does appear to be a seasonal effect to perceptions of one's own diet, with a higher proportion saying it is healthier at wave two and four (fieldwork in June) than waves one and three (fieldwork in December).

The groups that perceive themselves to have a healthier diet at wave four are: females (63% compared to 54% males), ABC1s (63% compared to 54% DEs) and those ages over 65 (66% compared to 50% 16-24s).

As shown in Figure 5.6, there has been little change in perceptions towards the diet of other people in the household, with no seasonal trend evident over the course of the tracking.

## Figure 5.6 Perceived healthiness of household's diet (Q54)

Base: All with more than 1 person in the household W1 (757), W2 (776), W3 (809), W4 (776)



Each wave has recorded fairly consistent results, with a range of opinion in terms of the perceived healthiness of food and drink consumed; over half stated it is 'healthy' (55% at the latest wave), a quarter stated 'neither' (24%) and under a fifth stated it is 'unhealthy' (18%). The absence of seasonality may suggest that consumers think of their family as sticking to a certain level of healthiness that tends not to vary.

The groups that perceive their family to have a healthier diet at wave four are: ABs (65% compared to 47% DEs) and those aged over 55 (65% compared to 38% 16-24s).

**Overall, the majority continue to perceive their own diet, and their families, as 'healthy', with evidence of seasonal differences in perception of one's own diet.**

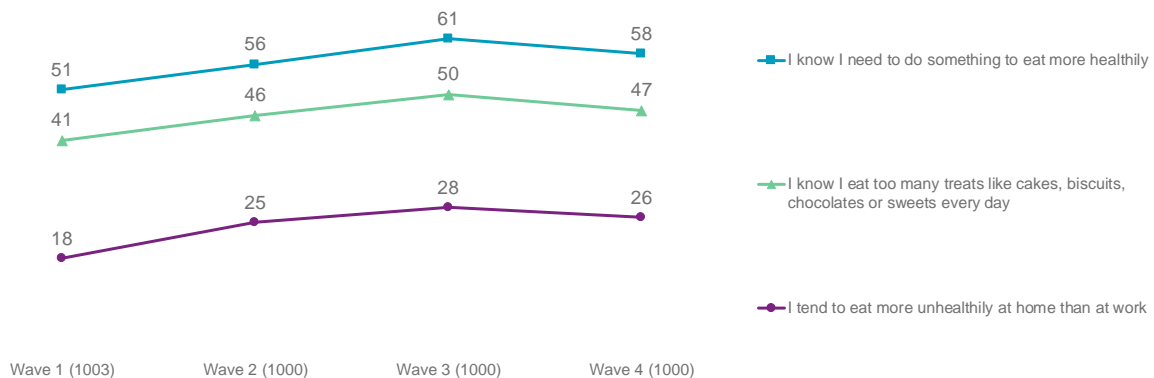
## 5.4 Attitudes towards healthy eating

As shown in Figure 5.7, there has been a fall in acceptance of the personal need to change one's own diet and eat more healthily.



## Figure 5.7 Attitudes towards personal diet (% Agreeing) (Q56)

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000)



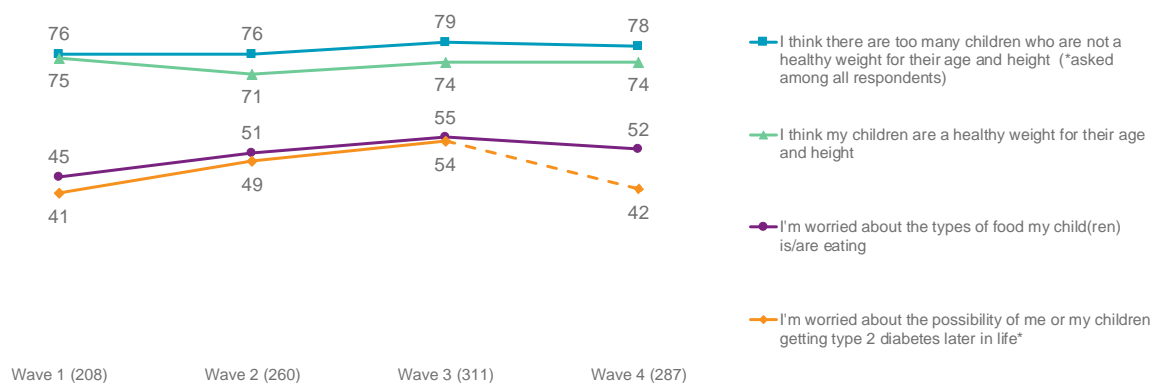
Although nearly six in ten consumers indicated they had a healthy diet, a similar proportion (58% at wave four) agreed that *they know they need to do something to eat more healthily*. Since tracking began, there has been a growing acceptance of the need to act to achieve a better diet, however wave four is the first wave where it has shown any signs of falling. Similarly, wave four is the first wave that has recorded a fall in the proportion agreeing that they *know they eat too many treats like cakes, biscuits, chocolate or sweets every day* (47%, down from 50% at wave three).

## 5.5 Attitudes towards children and unhealthy eating

Parents were also asked some additional attitudinal questions regarding their children's diet, health and well-being. These results are shown in Figure 5.8.

### Figure 5.8 Attitudes to children's diet (% Agreeing) (Q56)

Base: All respondents W1 (1000), W2 (1000), W3 (1000), W4 (1000)



The findings from the four waves of tracking suggest that concern among parents about their children's eating habits remains high, but have started to plateau. **Among all respondents**, there remains a widespread consensus that *there are too*

*many children who are not a healthy weight for their age and height (78%)* reflecting a recognition of a wider problem. However, **parents** continue to think there is no problem with their own children with a similar proportion (74%) agreeing that *my children are a healthy weight for their age and height*.

Around half of parents are concerned about *the types of food their children are eating*, however following a wave on wave increase in worry, wave four recorded a slight decline (52%, down from 55% at wave three) suggesting attitudes are stabilising.

Two fifths (42%) of parents agreed that they *worry about the possibility of me or my children getting Type 2 diabetes later in life*. It is important to note however, that due to the change in wording of the statement to include 'Type 2' at the latest wave, the results from previous waves are not directly comparable. Nevertheless, the results do indicate that four in ten parents are concerned enough with their own diet / their children's diet to think it may cause them to have a serious health condition in future.

On a positive note, two further measures indicate that there has been a significant improvement in agreement among parents that *children should avoid sugary drinks* (78% at wave two increasing to 89% at wave four), with agreement that *it is OK to reward children with chocolates, sweets and biscuits* also moving in the right direction (i.e. downwards – 43% at wave two, to 40% at wave four).

**These results highlight a good, but stable awareness of the need to change childrens' diets, and that there is a growing understanding of the need to avoid sugary drinks, and to a lesser extent, to not reward children with chocolates/sweets.**

## 6. Barriers to choosing a healthier diet

This chapter of the report covers a different set of issues that also relate to the FSS strategic outcome 'Consumers choose healthier diets'. It focuses on the barriers and opportunities for healthy eating, particularly outside of the home, and possible options to encourage healthy eating through the introduction of taxes or government legislation on food ingredients.

In summary we found that:

- In terms of opportunities to improve diet, there has been an increase in interest in eating more fruit and vegetables and eating less savoury snacks.
- People appear to have clearer information and are less confused about what is healthy. However, expense is increasingly perceived as a barrier to eating healthily.
- Using *being able to cook spaghetti bolognese from scratch* as a basic indicator of cooking skills, showed young consumers and men to have the least ability.
- Public recognition of the impact of the availability and promotion of unhealthy products in shops is increasing.
- When it comes to eating out, consumers are less interested in reducing portion size, but believe having more healthy options and lower prices will help with eating more healthily out of the home.
- Two-thirds of the population also support the display of calorie information on menus in cafés and restaurants.
- There has been a significant increase in the proportion who advocate children being fed from the adult menu (with smaller portions), highlighting a growing concern over the nutrition of children's menus.
- Awareness of a soft drinks industry levy has fallen, but in spite of this support for such action has increased (more so among the affluent respondents).
- Consumers support food tax increases when linked to lower prices on healthy food, and more so than before.

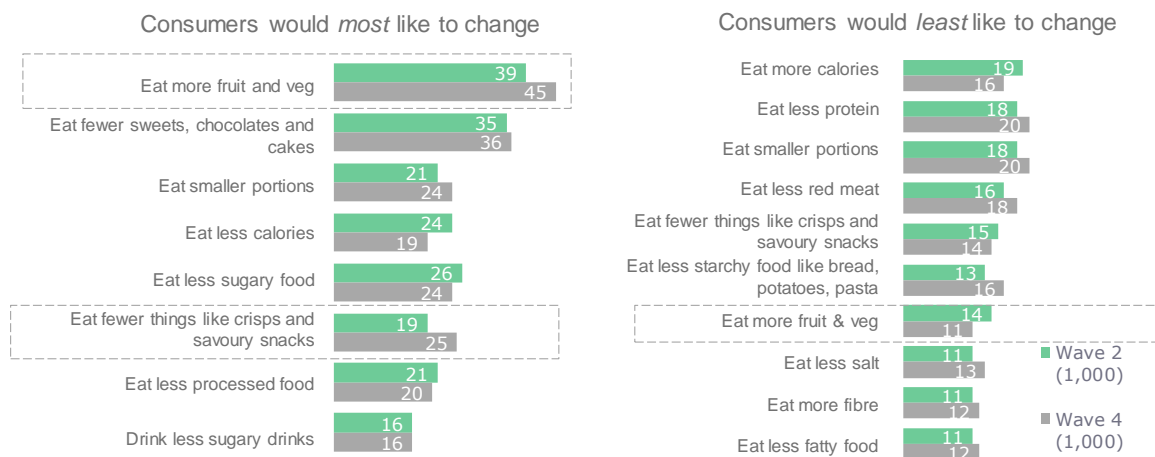


### 6.1 Barriers to healthy eating

In terms of opportunities to improve diet, when respondents were asked what they would *most* and *least* like to change about their diet, there was no single appealing (or unappealing) option selected by a majority. It is encouraging however, that there have been improvements in the proportion who would like to eat more fruit and

vegetables, and to eat fewer savoury snacks. Figure 6.1 indicates the percentage endorsing each action they would like to change to make their diet healthier, and the option they would least like to change.

**Figure 6.1 What consumers would most / least like to change about their diet (%) (Q109/Q111)**



The action consumers would **most** like to change in their diet is to *eat more fruit and vegetables* – with a significant increase in the proportion who selected this at wave four (45%, up from 39%). Similarly, there has also been a significant increase in the proportion who would like to *eat fewer savoury snacks such as crisps* (25%, up from 19% at wave two). However, the varied results indicate that there is no clear consensus as to the best route to achieving a better diet with nearly all options selected by over a fifth of respondents, and only two options selected by more than a third.

Likewise, for what consumers would **least** like to give up, each response was selected by under 20% of the sample confirming that everyone has different aspirations and obstacles to eating more healthily.

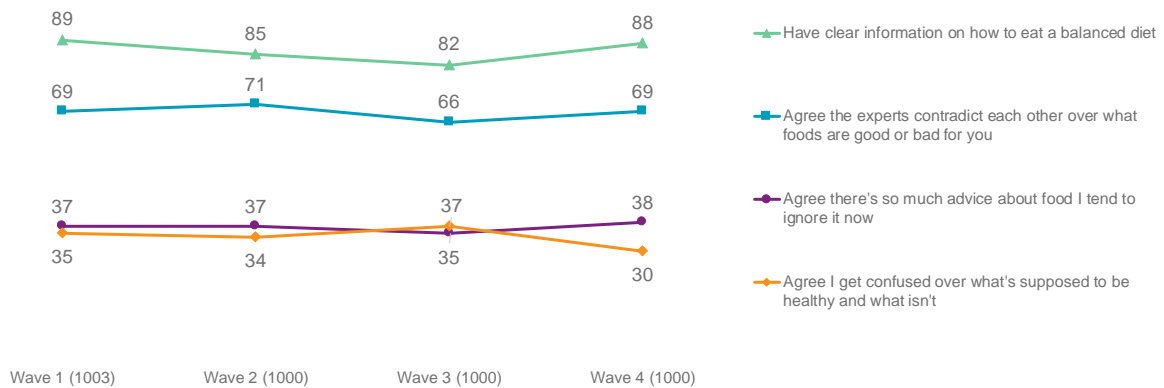
**In summary, the results indicate that there was no single appealing action, however there have been improvements in the proportion who would like to eat more fruit and veg, and eat fewer savoury snacks.**

## 6.2 Barriers to promoting healthier eating generally

In terms of the factors preventing consumers from making healthier choices, the survey established attitudes towards information and guidance on healthy eating. As shown in Figure 6.2, the results remain mixed.

**Figure 6.2 Attitudes towards available guidance on healthy eating (% Agreeing) (Q11/ Q15/ Q56)**

Base: All respondents W1 (1003), W2 (1,000), W3 (1000), W4 (1000)

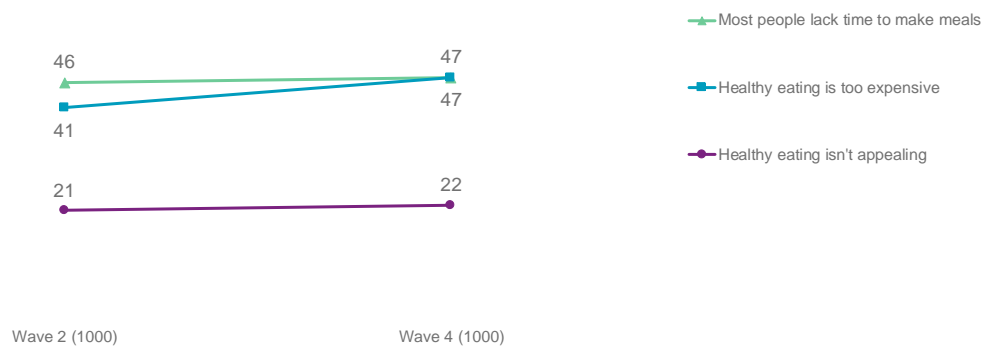


Although over two-thirds of respondents (69%) agreed that *the experts contradict each other over what foods are good or bad for you*, there has been an increase in agreement that consumers have *clear information on eating a healthy balanced diet*. Further evidence to suggest consumers are less confused than before is the significant fall in the proportion who agreed that they *get confused over what's supposed to be healthy and what isn't* (30% at wave four, down from 37% at wave two) – the lowest level recorded to date. Communicating healthy eating recommendations remains a challenge, however, as four in ten (38%) agreed that *there's so much advice about food I tend to ignore it*.

As previously reported, there is a growing concern with regards to the price of food, and this is further emphasised when looking at attitudes towards eating healthily (Figure 6.3).

### Figure 6.3 Attitudes towards healthy eating (% Agreeing) (Q114)

Base: All respondents W2 (1,000), W4 (1000)



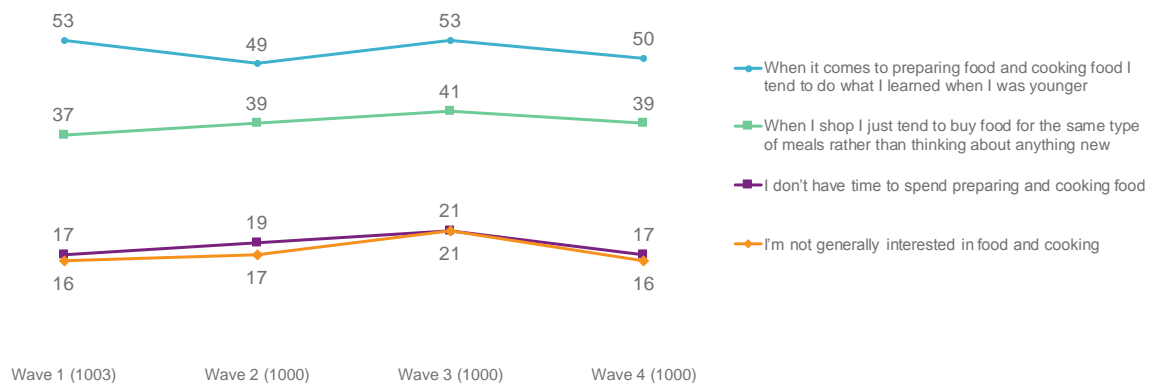
Wave four has seen a significant increase in the proportion who agree that *it is too expensive to eat healthily* (47% at wave four, up from 41% at wave two) and further highlights that expense is becoming a barrier to eating healthily. The demographic sub-groups that recorded higher agreement with this statement were those in the younger age groups - with agreement falling with age (57% 16-44s compared to 31% 65+) - and respondents in the DE social grade (53% compared to 37% ABs).

Other measures around barriers to eating healthily found that one in five continue to agree that *eating healthily was not appealing* (21% at wave two, 22% at wave four), although it is encouraging that over half of the population (53%) disagreed with this statement (23% neither agreed nor disagreed). Another barrier to eating healthily is time, with just under half agreeing that *most people lack the time to make healthy meals* (46% at wave two, 47% at wave four). Perceptions around preparation time and expense are therefore fairly substantial barriers to making healthy choices whereas healthy food in itself is not, and suggests that perhaps FSS should also focus their activity on the cost-saving benefits of eating healthily, rather than just the benefits to health.

Four statements (also expressing a negative view) were used to measure the population's attitudes towards cooking and shopping. As shown in Figure 6.4, it is encouraging that attitudes towards cooking habits have improved slightly (demonstrated by a fall in those agreeing with the negative views).

## Figure 6.4 Attitudes towards food generally (% Agreeing) (Q11)

Base: All respondents W1 (1003), W2 (1,000), W3 (1000), W4 (1000)

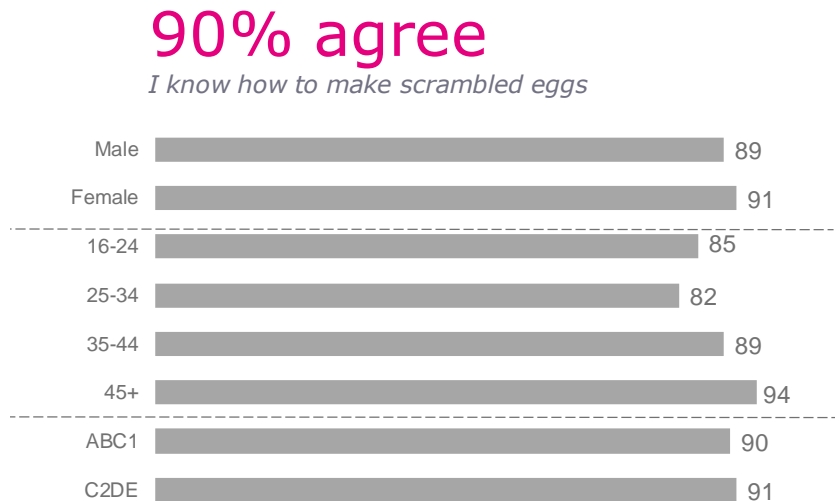


All statements have recorded slight falls in agreement at the latest wave which suggests that interest and engagement in cooking and preparing food has somewhat improved. However, a sizeable minority continue to agree that they *tend to buy food for the same type of meals rather than thinking about anything new* (39%). The proportion who claim that they *don't have time to spend preparing and cooking food* has also fallen (17%, down from 21% at wave three), as has the proportion who agreed that they are *not generally interested in food and cooking* (16%, down from 21% at wave three). Overall, these positive shifts suggest that while changing cooking and shopping habits remains a challenge there may be a growing desire to do more or do things differently.

As well as asking respondents about their interest and inclination to cook, two new statements were added at wave four to measure cooking ability. The extent to which different groups claim to know how to make scrambled eggs and spaghetti bolognese are shown in Figures 6.5 and 6.6.

## Figure 6.5 Proportion who claim to know how to cook scrambled eggs (% Agreeing) (Q11)

Base: All respondents W4 (1000)

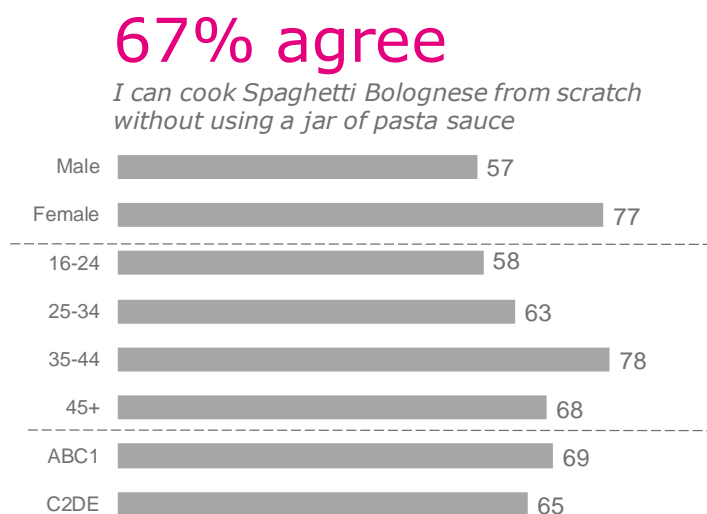


Nearly everyone (90%) agreed that they *know how to cook scrambled eggs*, with few differences by gender and social-economic grade recorded. Those over the age of 35 do have slightly higher levels of agreement, but it is nonetheless a widely-made dish.

When considering the proportion who agree that they *can cook spaghetti bolognese from scratch, without using a jar* a slightly different picture is evident (Figure 6.6).

## Figure 6.6 Proportion who claim to know how to cook spaghetti bolognese from scratch (% Agreeing) (Q11)

Base: All respondents W4 (1000)





At a total level, around two-thirds of the population (67%) agreed they can make spaghetti bolognese from scratch without using a jar, with the results varying across the demographic sub-groups. This total figure is driven by agreement among females (77% compared to 57% males) and those aged 35-44 (78% compared to 58% 16-24s) and perhaps suggests respondents with families are most likely to know how to make this meal. There is little difference by socio-economic grade. Any promotion of healthy recipe ideas among younger age groups and males therefore needs to not be intimidating and allow for limited cooking ability.

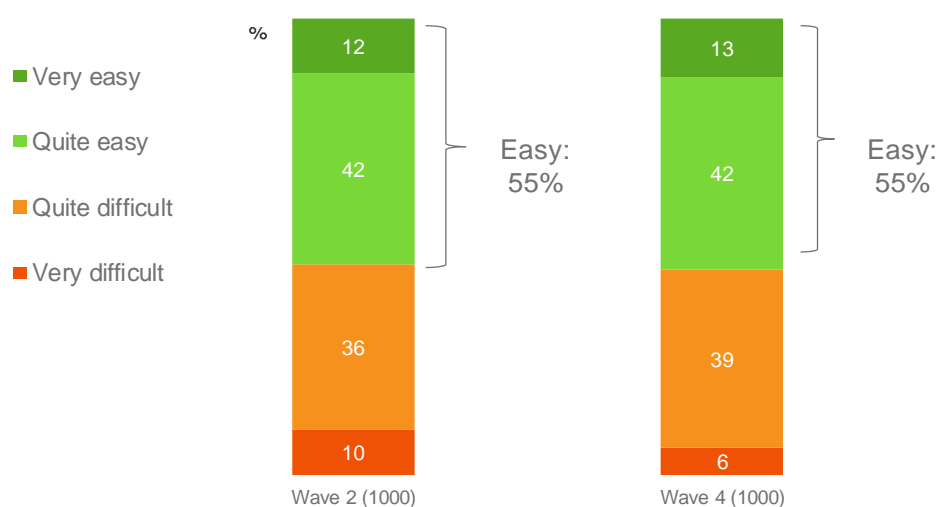
**Overall, the population appear to have clearer information and are less confused about what is healthy. Moreover, while cooking skills and abilities are mixed, with a large proportion sticking to what they know, there are early signs that engagement with food and cooking food is increasing. However, expense is increasingly perceived as a barrier to eating healthily.**

### 6.3 Barriers and opportunities for eating healthily outside the home

The survey also examined views toward eating healthily outside the home, and possible options for making this easier. In the first instance consumers were asked how easy or difficult they found it to eat healthily when eating outside the home. These results are found in Figure 6.7.

**Figure 6.7 Ease of eating healthily out of the home (Q117)**

Base: All respondents W2 (1000), W4 (1000)

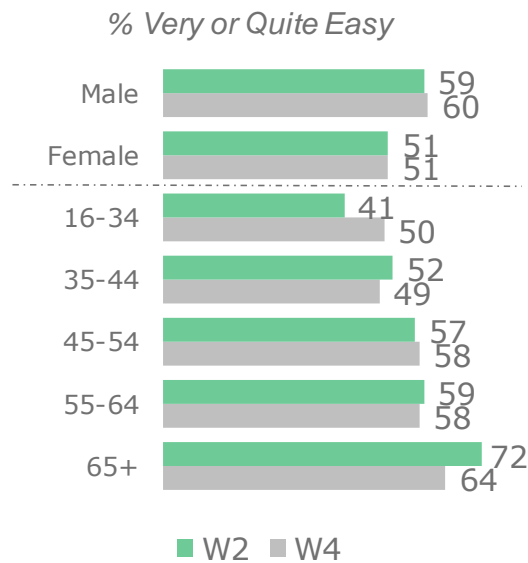


Views towards the ease of eating healthily out of the home remain rather polarised, with a small proportion claiming it is **very** easy, and an even smaller proportion

describing it as **very** difficult. The large remainder are fairly evenly split between those rating it as quite easy (42% at both waves) and quite difficult (36% at wave two, and 39% at wave four). However, further analysis indicates that there is a large difference in ease of eating out of home by gender, with around 6 in 10 males finding it easy, compared to 5 in 10 females, and ease also increases with age (Figure 6.8). There is no difference by socio-economic group.

**Figure 6.8 Ease of eating healthily out of the home by age and gender (Q117)**

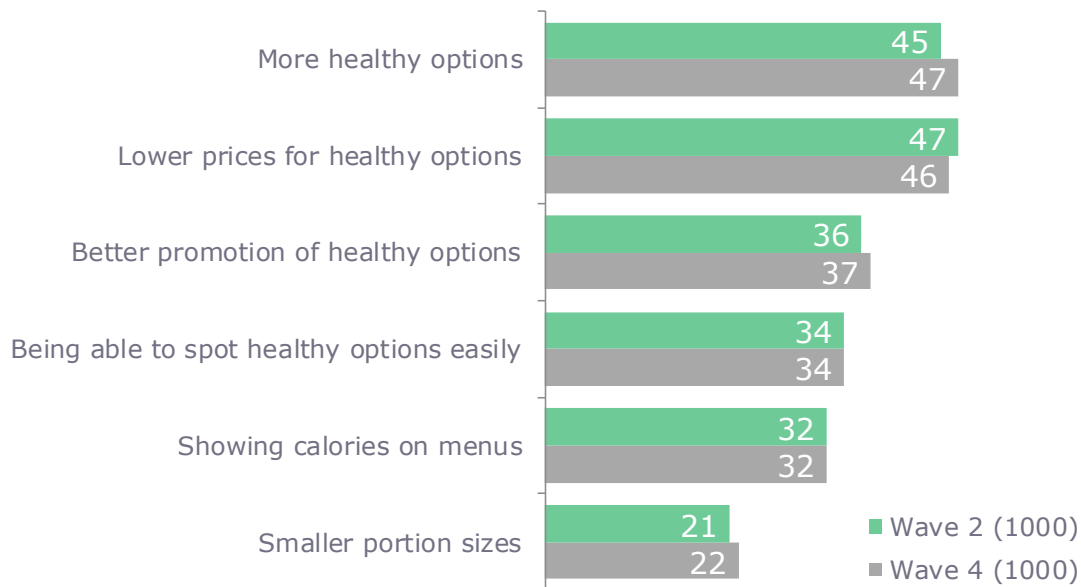
Base: All respondents W2 (1000), W4 (1000)



When all respondents were asked what would make it easier to eat more healthily out of the home, none of the six suggested options were endorsed by more than half the sample, with each of them only achieving a moderate level of support, at best. These results are shown in Figure 6.9.

**Figure 6.9 Support for options that would make it easier to eat more healthily out of the home (%) (Q118)**

Base: All respondents W2 (1000), W4 (1000)



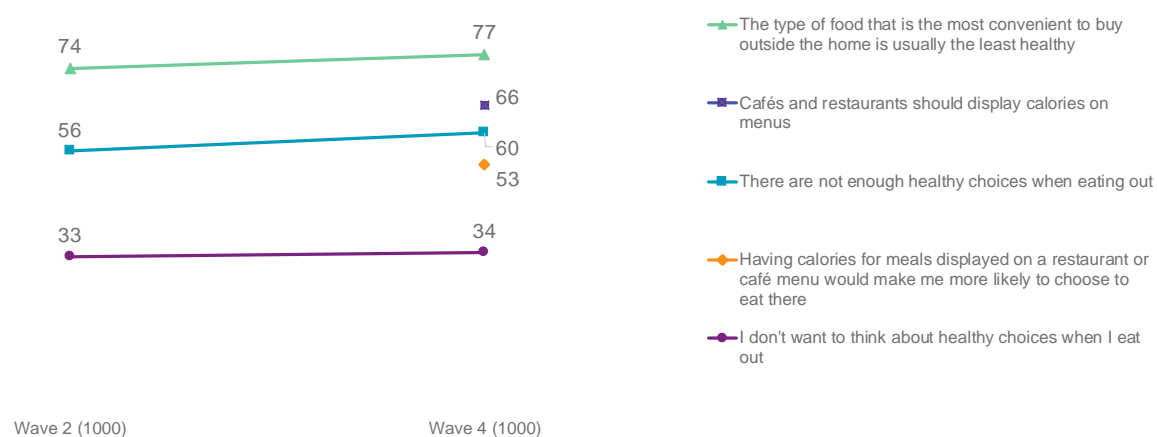
There has been no movement over the year since the previous tracking. The most popular options were *more healthy options* (45% at wave two, 47% at wave four) and *lower prices* (47% at wave two, 46% at wave four). Around a third suggested *better promotion of healthy options*, *improving ease of spotting healthier options* or *showing calories on menus* would improve healthy eating out of the home. The least favoured option overall was *smaller portion sizes* with around a fifth selecting this option (21%).

Age had a notable influence on these views, with those aged over 65 years much more supportive for smaller portion sizes being offered (27% compared to 22% overall), whereas younger respondents were more supportive towards *lower prices for healthy options* (50% 16-54s compared to 40% 55+). There was also a significant difference by gender with regard to the appeal of offering *more healthy options* (55% females compared to 39% males) or *showing calories on menus* (36% females compared to 28% males). There was also a difference in appeal according to socio-economic group with DEs exhibiting much lower support for *more healthy options* (39% DEs compared to 50% ABs).

Measurement of the factors that encourage and discourage healthy eating out of the home indicates that there is broad recognition of the role that caterers can play in promoting unhealthy choices. These results are summarised in Figure 6.10.

## Figure 6.10 Attitudes towards eating out of the home (% Agreeing) (Q119)

Base: All respondents W2 (1000), W4 (1000)



There is now greater acknowledgement that the *type of food that is most convenient to buy is usually the least healthy* (e.g. crisps, burgers, sweets) (increasing from 74% agreement at wave two to 77% at wave four) and that *there are not enough healthy choices when eating out* (increasing from 56% agreement at wave two to 60% at wave four) – further backing up the above results that more healthy options available can encourage healthier eating out of home. Additionally, only a third of consumers (33% at wave two, 34% at wave four) agreed that they *don't want to think about healthy choices when they eat out*, providing further evidence of consumers being open to change.

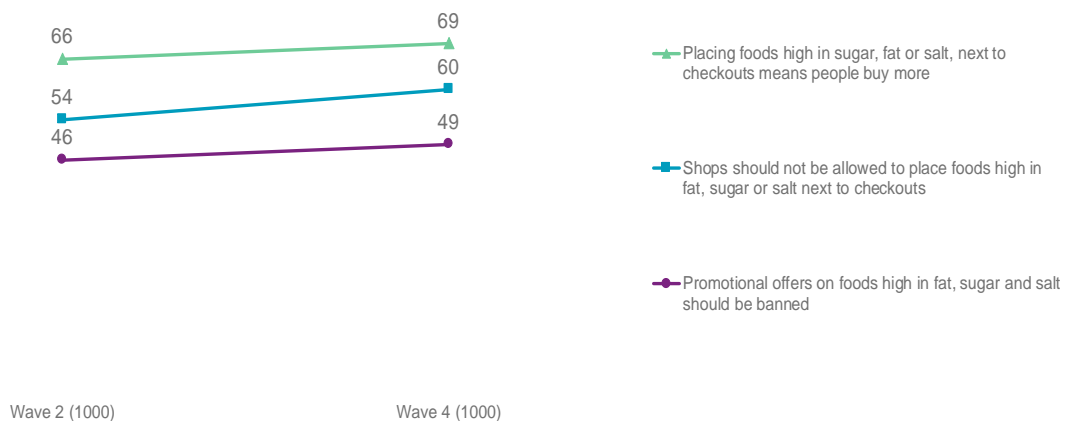
Two new statements were added to the wave four survey to measure consumers' attitudes towards displaying calories on menus, with the findings from both highlighting a demand for this information. The initial results show fairly strong support that *cafes and restaurants should display calories on menus* with around two-thirds (66%) agreeing, a fifth (21%) neither agreeing nor disagreeing, and only a tenth (10%) disagreeing. Respondents in the younger age group were slightly more likely to agree that cafes and restaurants should display calories on menus (72% 16-24s compared to 66% 65+) however there was no difference in agreement by gender or social grade.

When consumers were specifically asked if the display of calories would influence their café/restaurant choice, over half (53%) agreed that it would – more so among females (56% compared to 49% males) and those aged 16-24 (67% compared to 50% 25+). These results provide good evidence to help convince businesses that certain customers are likely to value calorie information.

Other options for encouraging healthier choices out of the home are shown in Figure 6.11.

### Figure 6.11 Attitudes towards eating out of the home (% Agreeing) (Q115)

Base: All respondents W2 (1000), W4 (1000)

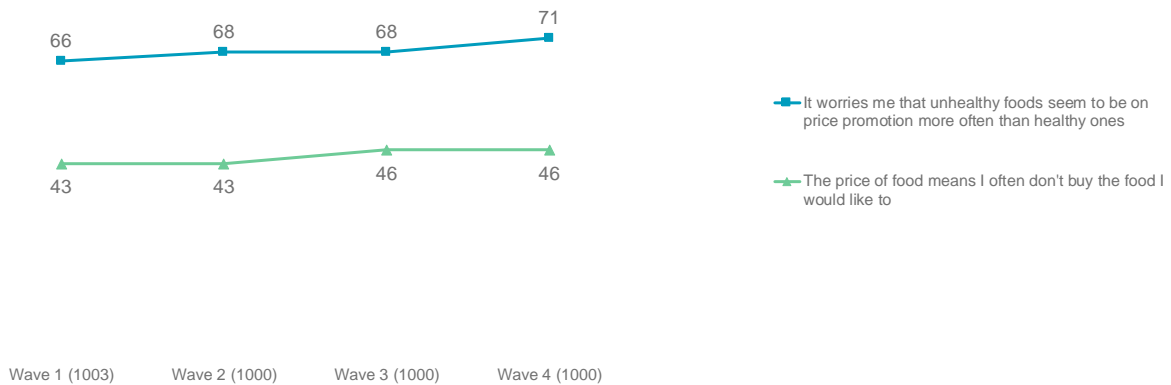


A large majority agreed that *placing foods high in sugar, fat or salt next to checkouts means people buy more* and that *shops should **not** be allowed to place foods high in sugar or fat next to checkouts* (69% and 60% respectively) highlighting that the population recognises this selling and marketing technique. Additionally, the proportion agreeing that they are *worried that unhealthy foods are more often on price promotions*, has increased further at the latest wave, up from 66% at wave one to 71% at wave four; a belief that is particularly widespread among females (76% compared to 65% males). There is also evidence that support for removing promotional offers in shops is growing, with half now agreeing (49%, up from 46% at wave two) that they should be banned.

Those aged 65+ are more likely to agree that shops should not place these foods next to the till (69% compared to 53% 16-24s), and that they should be banned (58% compared to 46% 16-44s).

### Figure 6.12 Attitudes towards eating out of the home (% Agreeing) (Q11)

Base: All respondents W2 (1000), W4 (1000)

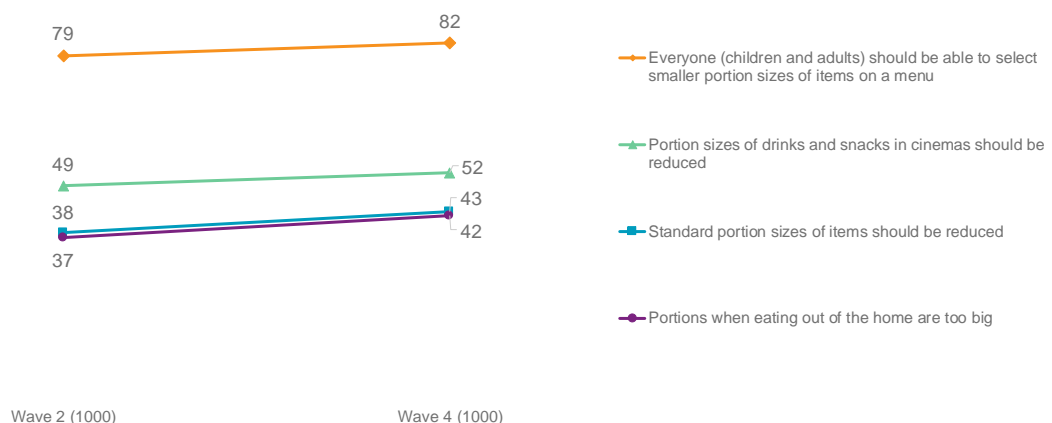


Furthermore, a substantial portion of the population (46%) remain hindered in their attempts to *buy food they want because of the price*, further highlighting that this continues to be a barrier to making healthier choices, particularly among the younger age groups (65% 16-24s compared to 29% 65+) and in the C1C2DE social grade (52% compared to 30% AB).

The survey also included a number of statements relating to the impact of portion sizes on eating healthily. These results are shown in Figure 6.13.

### Figure 6.13 Attitudes towards eating out of the home (% Agreeing) (Q119)

Base: All respondents W2 (1000), W4 (1000)



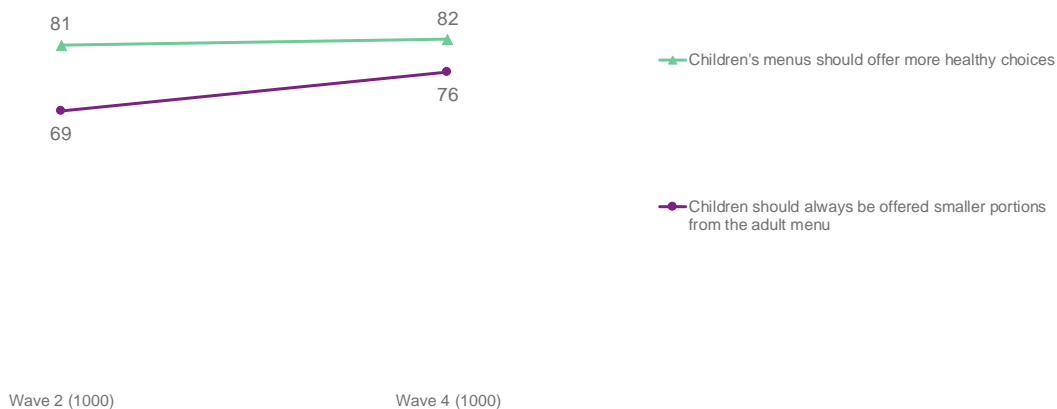
Support for improving healthy choices by restricting standard portion size remains lower than for other potential actions, but has improved. There has been an increase in agreement that *portions when eating out of the home are too big* (37% at wave two, to 42% at wave four) and that *standard portion sizes of items should be reduced* (38% at wave two, to 43% at wave four) indicating that this is increasingly

supported. There is also widespread and growing agreement that *everyone should be able to select a smaller portion size off a menu* (79% at wave two, increasing to 82% at wave four). However, as noted earlier, this is one of the least favoured options when asked what would help to eat healthier out of the home. Finally, around half of respondents continue to agree that *the cinema should reduce its drinks and snacks portions* (49% at wave two, to 52% at wave four). Clearly consumers are happy to have smaller portions available *as an option*, but there is less support for reducing standard portion sizes generally.

Compared to changing adult menu options, support was much stronger for appropriate children’s offerings on menus. These findings are shown in Figure 6.14.

**Figure 6.14 Agreement with statements about children eating out of the home (% Agreeing) (Q119)**

Base: All respondents W2 (1000), W4 (1000)



There is consensus that children’s menus should offer more healthy choices (81% at wave two, 82% at wave four), with a significant increase in agreement that *children should always be offered smaller portions from the adult menu* (69% at wave two, increasing to 76% at wave four). Agreement with these statements was higher among females and those aged 65+. These results perhaps indicate that there are often limited options available on children’s menus, and to help children to have healthier choices when eating out they should be offered smaller portions from the adult menu.

**In summary, the public recognition of the impact of unhealthy food promotion in shops has increased. When it comes to eating out of the home, consumers are less interested in reducing portion size but believe having more healthy options and lower prices will help with eating more healthily. There is also support for calorie information on menus. There has been a significant increase in the proportion who advocate children being fed from the adult menu (with smaller portions) highlighting a growing concern over the nutritional value of children’s menus.**

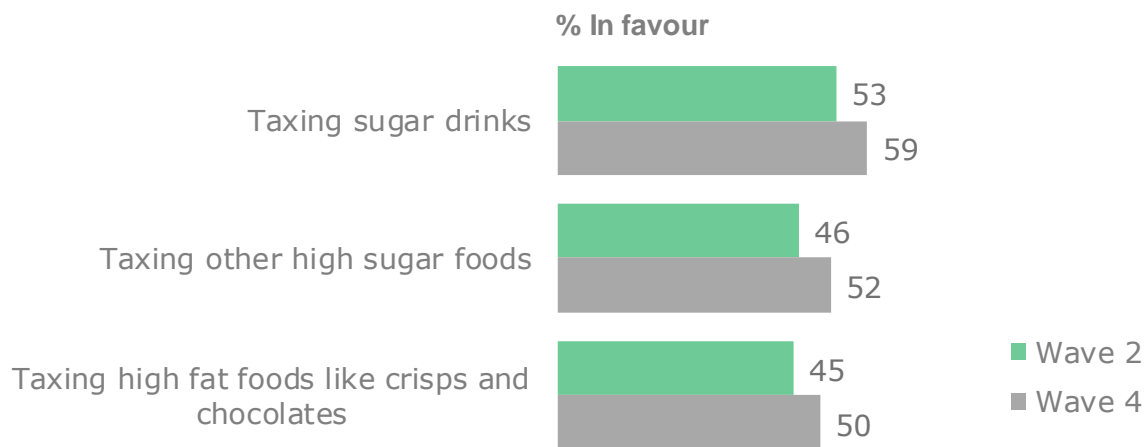
## 6.4 Taxes

The survey also sought to gauge public opinion on introducing taxes on drinks or foods high in sugar.

There remains a good level of awareness of the plan to introduce a soft drinks industry levy on sugary soft drinks, although this has fallen at the latest wave (to 77% at wave four, compared to 85% at wave two). Despite this fall in awareness, support for this type of tax on drinks and for other food types has significantly increased – as shown in Figure 6.15.

**Figure 6.15 Support for introducing taxes (Q125)**

Base: All respondents W2 (1000), W4 (1000)



Taxing sugary drinks continues to record the highest level of favourability with nearly 6 in 10 of the population now in favour (59%, up from 53% at wave two), and over half now in favour of taxing other high sugar (52%, up from 46% at wave two) and high fat foods (50%, up from 45% at wave two). These results therefore provide further evidence that consumers have a growing appetite for action to improve diet.

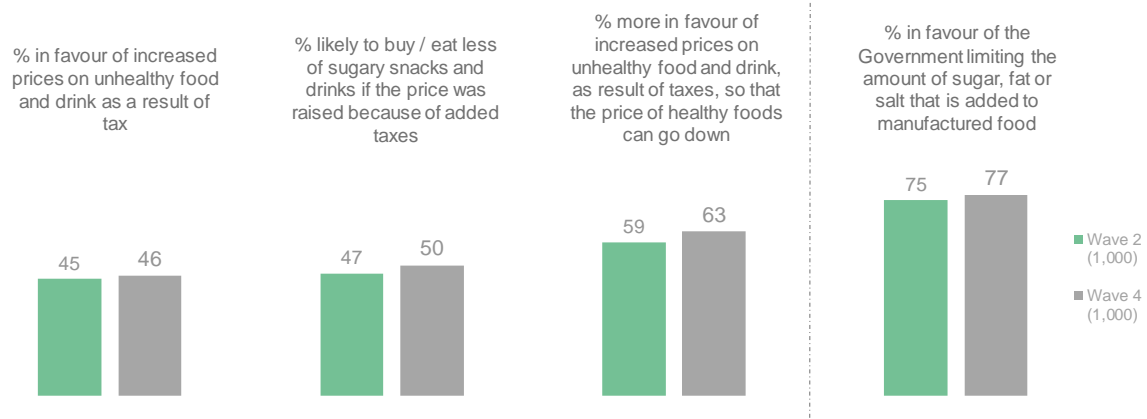
As found previously, there were some notable differences in support by socio-economic status with respondents in the highest socio-economic groups (ABC1s) more in favour of **all** three taxes compared to those in the lowest (C2DEs) (49% compared to 41%).

All respondents were also asked whether they supported price increases on unhealthy food if taxes were imposed. These results are summarised in Figure 6.16.



**Figure 6.16 Support for introducing taxes/Government regulation (Q126, Q127, Q128, Q129)**

Base: All respondents W2 (1000), W4 (1000)



By comparison, a much larger majority supported regulation of ingredients in food as a way of improving diet, with around three-quarters (75% at wave two, 77% at wave four) in favour of the Government limiting the amount of sugar, fat or salt added to manufactured goods.

Also, while there is less support for increased prices on foods as a result of food taxes (45% at wave two, 46% at wave four), around 6 in 10 (59% at wave two, 63% at wave four) indicated that they would be **more** in favour of price increases if it meant that the price of healthy food would reduce.

Importantly, there was a reasonably positive response when asked about the impact of higher prices on the consumption of sugary snack and drinks. In total, around half (47% at wave two, 50% at wave four) indicated that they would be less likely to buy or eat unhealthy foods if prices increased because of added taxes.

**Overall, therefore, opinion is much more positive towards the Government introducing regulation on food ingredients than towards taxes on food. However, while the general principle of taxes on food and drink is moderately supported, the appetite for this increases significantly when linked to lower prices on healthy foods.**

## 7. Method and sample

To ensure that the views and behaviours of the public in Scotland towards food safety and authenticity are accurately captured, the tracking study comprises a large-scale quantitative survey among a representative sample of adults, aged 16+ in Scotland.



At each wave the same sampling and methodological approach is adopted: the data is collected using an online self-completion questionnaire and the sample is drawn primarily from the Kantar TNS panel, Lightspeed, with additional sample provided by panel partners.<sup>4</sup> Sample is provided by additional panel partners to ensure that a new, fresh sample of adults is surveyed at each wave of research. Lightspeed and all panel partners operate to the highest standards of panel member recruitment, maintenance and quality checks, to ensure that robust data is collected.

The dates and sample sizes achieved at each wave of tracking are shown in the table below.

**Table 7.1: Fieldwork dates**

Tracking research wave	Sample size	Fieldwork dates
1	1003	8 <sup>th</sup> – 15 <sup>th</sup> December 2015
2	1000	28 <sup>th</sup> June – 6 <sup>th</sup> July 2016
3	1000	8 <sup>th</sup> – 21 <sup>st</sup> December 2016
4	1000	19 <sup>th</sup> June - 4 <sup>th</sup> July 2017

**Quotas are applied in order to provide a survey sample that is representative of the adult population in Scotland in terms of gender, age, socio-economic status and region.**

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<sup>4</sup> The panel partners included Research Now, GMI and Panelbase

Additionally, to ensure that the achieved sample exactly matches the population on these key variables, and at each wave, a weighting<sup>5</sup> matrix is applied to the total sample results.<sup>6</sup>

The achieved and weighted sample profiles are shown in Table 7.2

**Table 7.2: Survey profile: achieved and weighted**

Base: All respondents (1000)

		Target %	Achieved %	Weighted %
Gender	Male	49	45	49
	Female	51	55	51
Age	16-34	30	30	30
	35-44	15	16	15
	45-54	18	20	18
	55-64	15	16	15
	65+	22	18	22
SEG (socio-economic group)	AB	25	24	25
	C1	28	31	28
	C2	19	19	19
	DE	29	27	29

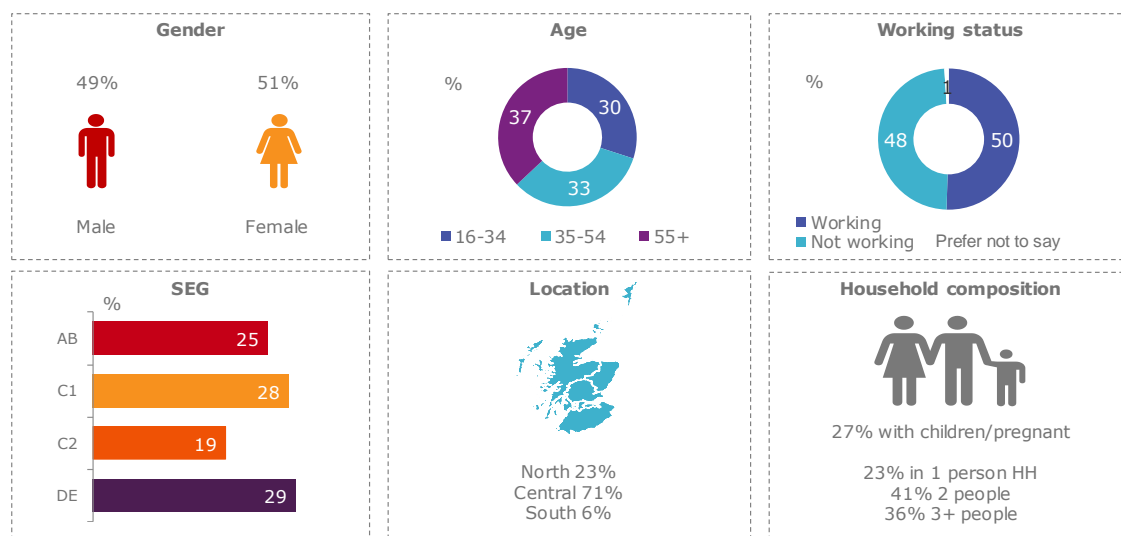
5 Weighting is the process by which data are adjusted to reflect the known population profile. Through weighting specified profiles are adjusted to match targets and through the use of a number of targets each respondent is assigned a weight within the sample that represents the extent to which their answers are adjusted.

6 The data was weighted to match the population profile based on mid-year population estimates 2014, 2011 Census and TGI July 2014-June 2015.

An overview of the survey sample is shown in Figure 7.1, illustrating the range of the adult population surveyed.

### Figure 7.1 Sample profile

Base: All respondents (1000)



Not working = retired, unemployed, student, unable to work etc

Though this report focusses on the findings among the total Scotland sample, the data tables provide a wealth of information for further analysis by a number of variables in addition to standard demographics. Some examples of the analysis variables available are shown in Figure 7.2.

### Figure 7.2 Analysis variable

Base: All respondents (1000)



Please note that throughout the report at single response option questions the total percentage shown may be one to two percentage points more or less than 100%

because of rounding the numbers up or down. At questions where multiple answers are allowed the total percentage will be over 100%.

A copy of the questionnaire can be found here:

**[http://www.foodstandards.gov.scot/downloads/Wave 4 Questionnaire.pdf](http://www.foodstandards.gov.scot/downloads/Wave_4_Questionnaire.pdf)**

The full results for each question are available here:

**[http://www.foodstandards.gov.scot/downloads/Wave 4 report tables.pdf](http://www.foodstandards.gov.scot/downloads/Wave_4_report_tables.pdf)**

## 8. Appendix A

### Social grade definitions (based on chief income earner)

- A**
  - Scotland: 6% of the population;
  - These are professional people, or are very senior in business or commerce, or are top civil servants
  - Retired people, previously grade A. Widows/widowers of people previously grade A
  
- B**
  - Scotland: 18% of the population;
  - Middle management executives in large organisations, with appropriate qualifications
  - Principle officers in local government and civil service
  - Top management or owners of small business concerns, educational and service establishments
  - Retired people, previously grade B. Widows/widowers of people previously grade B
  
- C1**
  - Scotland: 28% of the population;
  - Junior management; owners of small establishments; and all others in non-manual positions
  - Jobs in this group have very varied responsibilities and educational needs
  - Retired people, previously grade C1. Widows/widowers of people previously grade C1
  
- C2**
  - Scotland: 19% of the population;
  - All skilled manual workers and those manual workers with responsibility for other people
  - Retired people previously grade C2, with a pension from their job
  - Widows/widowers, if receiving pensions from their late husband's/wife's job
  
- D**
  - Scotland: 16% of the population;
  - All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers
  - Retired people, previously grade D, with a pension from their job
  - Widows/widowers, if receiving a pension from their late husband's/wife's job
  
- E**
  - Scotland: 13% of the population;
  - All those entirely dependent on the state long term, through sickness, unemployment, old age or other reasons. Those unemployed for a period exceeding 6 months (otherwise classified on previous occupation)
  - Casual workers and those without a regular income
  - Only households without a chief income earner are coded in this group



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