



# Food in Scotland Consumer Tracking Survey **Wave 6**

June 2018

**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 sixth 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;
- between 19<sup>th</sup> June and 4<sup>th</sup> July 2017 for wave four;
- between 7<sup>th</sup> and 20<sup>th</sup> December 2017 for wave five; and
- between 18<sup>th</sup> June and 5<sup>th</sup> July 2018 for wave six.

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

- There is clear evidence of the brand building exercise which FSS has been pursuing since its inception, with awareness and trust in FSS improving even further in the past 6 months.
- Following a period of stability, awareness of most aspects of FSS' remit and ratings of the organisation's performance have also increased at the latest wave, with perceptions all significantly higher than when tracking began.
- Over the course of tracking, concerns over animal welfare, food prices and a healthy diet in particular have increased significantly, whilst authenticity and food safety out of home are less of an issue.
- Perceptions of the impact of Brexit remain overwhelmingly negative, particularly in relation to food prices, but food availability appears to be increasingly on the mind of consumers.

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

#### Consumers have healthier diets

- There has been a significant improvement in awareness of the Eatwell Guide, particularly among females, younger age groups and C2s (See Appendix A for social grade definitions).
- Awareness of the negative impact of unhealthy food choices on health - whilst continuing to be high - has declined over the past year, especially in relation to sugar.
- There also continues to be a disconnect between knowledge and behaviour evident in the difference between the proportion claiming to know the importance of recommended practice and the proportion claiming to follow it.
- As in previous waves, consumers also continue to be well aware of, or over-estimate, the high level of sugar in soft/ diet drinks and sports drinks.
- Whilst there is a steady increase in the proportion drinking sugary drinks in an average week fewer people claim to be drinking sugary drinks daily. Virtually all adults continue to report snacking in an average week, with just over two fifths doing so daily.

#### Concerns and attitudes to eating healthily

- Healthy eating remains a top concern – and more so than previously – with concerns about food safety and authenticity continuing to decline.
- Concerns about unhealthy ingredients – particularly salt and sugar – have increased further at W6, highlighting that these continue to be on the public's mind.

- Perceptions of the unhealthiness of Scotland's diet have weakened over the last year, though there is still a high degree of agreement that changes are needed.
- Consumers' perceptions of the healthiness of their own diet are significantly better than at the start of tracking, but perceptions of their family's diet have been stable over tracking.
- Significant positive shifts since the start of tracking in recognition of the need to have fewer 'treats' and eat more healthily are encouraging in that they show an audience in Scotland who may be open to change.
- A significant increase over time in worry about children's diet, and a significant rise in concern at the latest wave over type 2 diabetes, clearly indicate greater concern among parents.

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

- Expense continues to be a barrier to healthy eating, and with more demands on people's time healthy eating has become less interesting or appealing, and consumers are falling back on tried and tested knowledge.
- There is some acknowledgement from consumers that it is becoming easier to eat healthily outside the home, and a significant fall in agreement that the most convenient food is least healthy suggests healthier choices are more obvious.
- Three quarters have had a takeaway/home delivery food in the last three months, though on balance, consumers claim to have had fewer takeaways in the last six months, with saving money and health being the main reasons for reducing.
- There is agreement that upsizing should not be encouraged and portions reduced, but only a minority go large regularly or have difficulty refusing – a greater choice of healthy options remains the most preferred way to eat more healthily out of home.
- Consumers are mostly likely to claim that it is money-saving or value for money promotions which lead to impulse buys of unhealthy products; rewards, upsizing offers and endorsements have more limited influence.
- A number of attitudes and behaviours are evident among younger adults which are leading to unhealthy habits which will potentially be challenging to change over time – such as greater consumption of takeaways, finding it harder to refuse upsizing and being more likely to buy unhealthy products as a result of promotional activities.
- There continues to be a substantial level of support for regulating the out of home environment. Well over half support restricting the promotion of unhealthy products where sold (especially high sugar drinks, energy drinks and chocolate) and support for increased prices on unhealthy products from a tax continues to increase.

## 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 1 as a baseline against which changes in food safety and healthy eating knowledge, attitudes and behaviours can be monitored over time.

This report highlights the findings from the **sixth** 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 four, 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:

- There is clear evidence of the brand building exercise which FSS has been pursuing since its inception, with awareness and trust in FSS improving even further in the past 6 months.
- Following a period of stability, awareness of most aspects of FSS' remit and ratings of the organisations performance have also increased at the latest wave, with perceptions all significantly higher than when tracking began.
- Over the course of tracking, concerns over animal welfare, food prices and a healthy diet in particular have increased significantly, whilst authenticity and food safety out of home are less of an issue.
- Perceptions of the impact of Brexit remain overwhelmingly negative, particularly in relation to food prices, but food availability appears to be increasingly on consumers' minds.



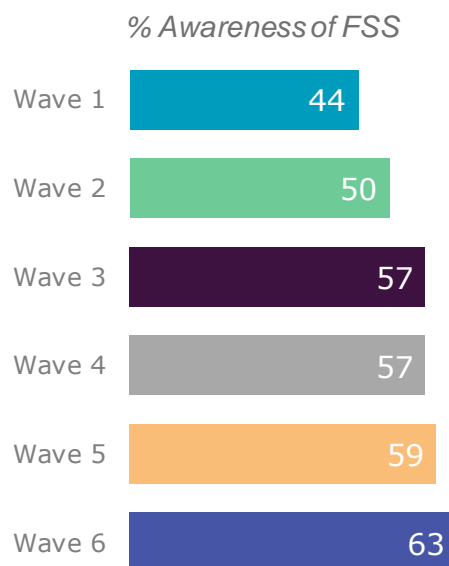


### 3.1 Brand recognition and performance

Figures 3.1 and 3.2 show that both awareness of and trust in FSS have improved further in the past 6 months – trust significantly so – meaning that both are now significantly higher than they were at the start of tracking, evidencing the positive brand building which has taken place in the last two and a half years.

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

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000), W5 (1000) W6 (1002)



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. 63% of the population claimed they had heard of the FSS in wave six, an increase on the previous wave (59%) and significantly higher than the 44% recorded at wave one.

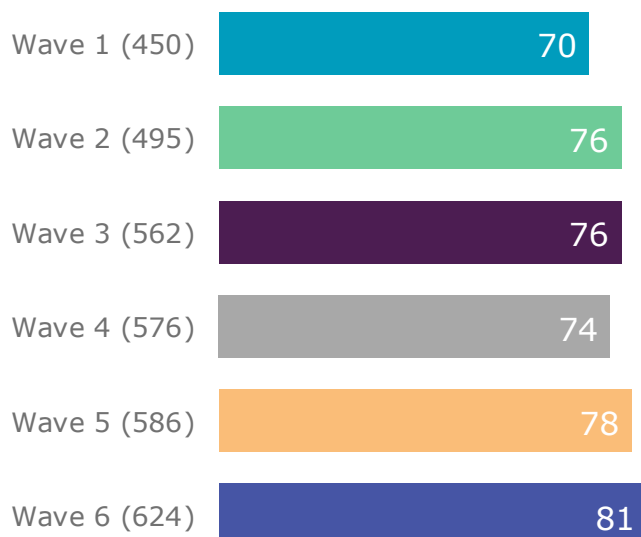
Among the demographic sub-groups at wave 6:

- There was significantly higher awareness among women (66% vs. 59% men), and whilst there is no change among men since wave five, awareness among **women** is up significantly from 58%.
- Awareness among 16-24s has increased from 55% to 64%, and among 25-34s from 58% to 70%, perhaps reflecting **younger** target audiences of recent campaigns.
- Small increases were recorded across all social grades, but more so among **C2DEs** (up from 61% to 67%).
- **Parents** continue to be more aware than non-parents (74% vs. 58%) with their awareness increasing from 67% at wave five.

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

Base: All respondents aware of FSS W1 (450), W2 (495), W3 (562), W4 (576), W5 (586), W6 (624)

% Trust in / trust a lot FSS (Among those aware)



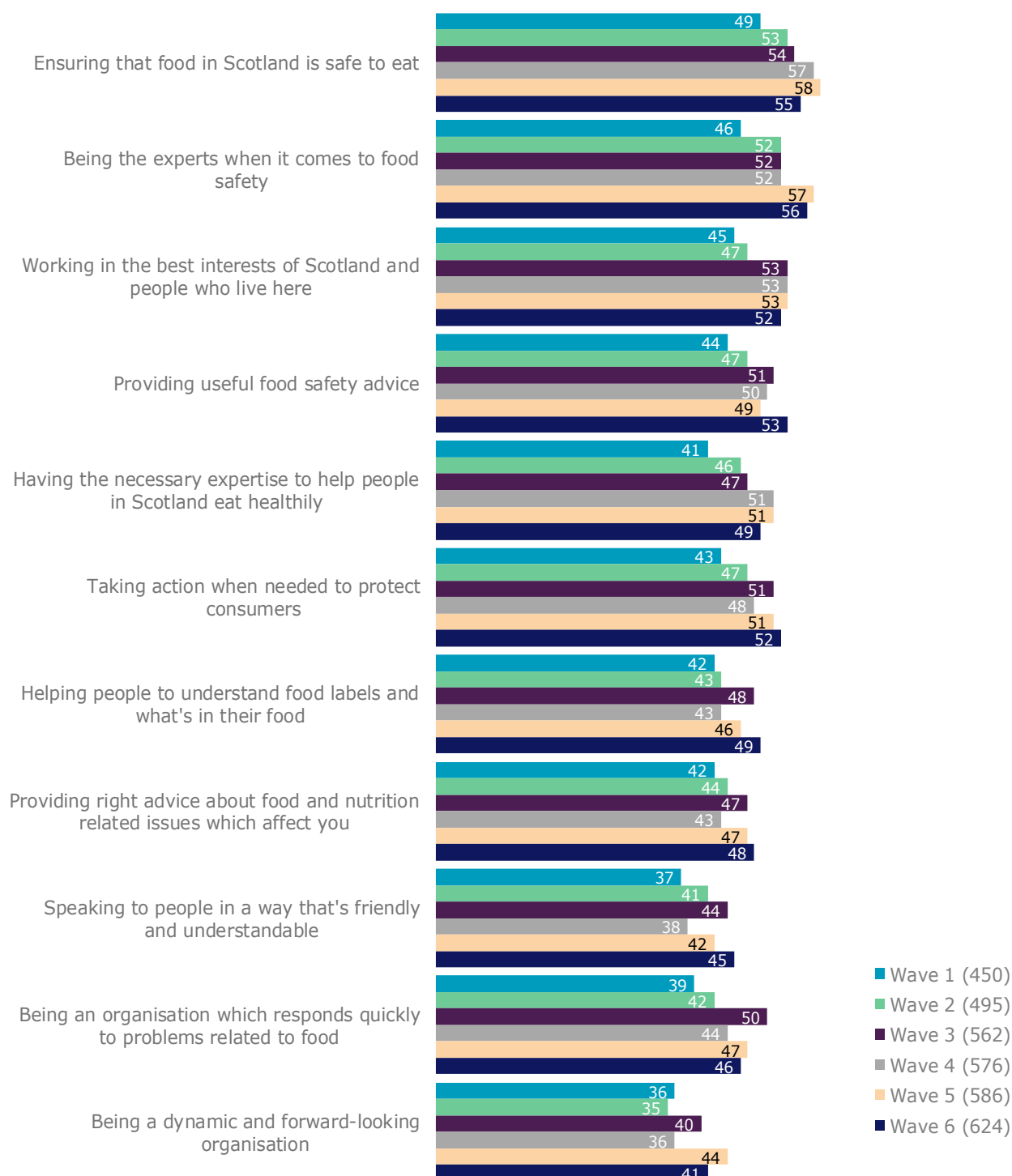
Trust in FSS has also increased further at wave six, with 81% **of those aware of the organisation** saying they ‘trust it’ or ‘trust it a lot’ to do its job, showing high levels overall. When rebased among all respondents, this equates to 51% of the population who trust FSS in wave six. This is a significant increase from 46% at wave five, and significantly higher than the 31% recorded at wave one.

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.

Ratings of FSS at wave six, among those aware of the organisation, are broadly in line with those recorded at wave five and in several cases are significantly higher than they were at the start of tracking. The most positive association at previous waves - *ensuring food is safe to eat* – has fallen slightly from 58% to 55%, with *being the experts when it comes to food safety* now the most positive association at 56%. *Providing useful food safety advice* has increased from 49% at wave five to 53%, which is the highest score recorded to date.

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

Base: All respondents W1 (450), W2 (495), W3 (562), W4 (576), W5 (586), W6 (624)



Several other measures have reached the highest level of positive association seen to date, namely *taking action when needed to protect consumers* (52%), *helping people to understand food labels and what's in their food* (49%) and *providing the right advice about food and nutrition related issues which affect you* (48%). Whilst

FSS is increasingly being seen as taking action, the proportion who say it is an *organisation which responds quickly to problems related to food* has fallen from 50% at wave three to 46% at wave six.

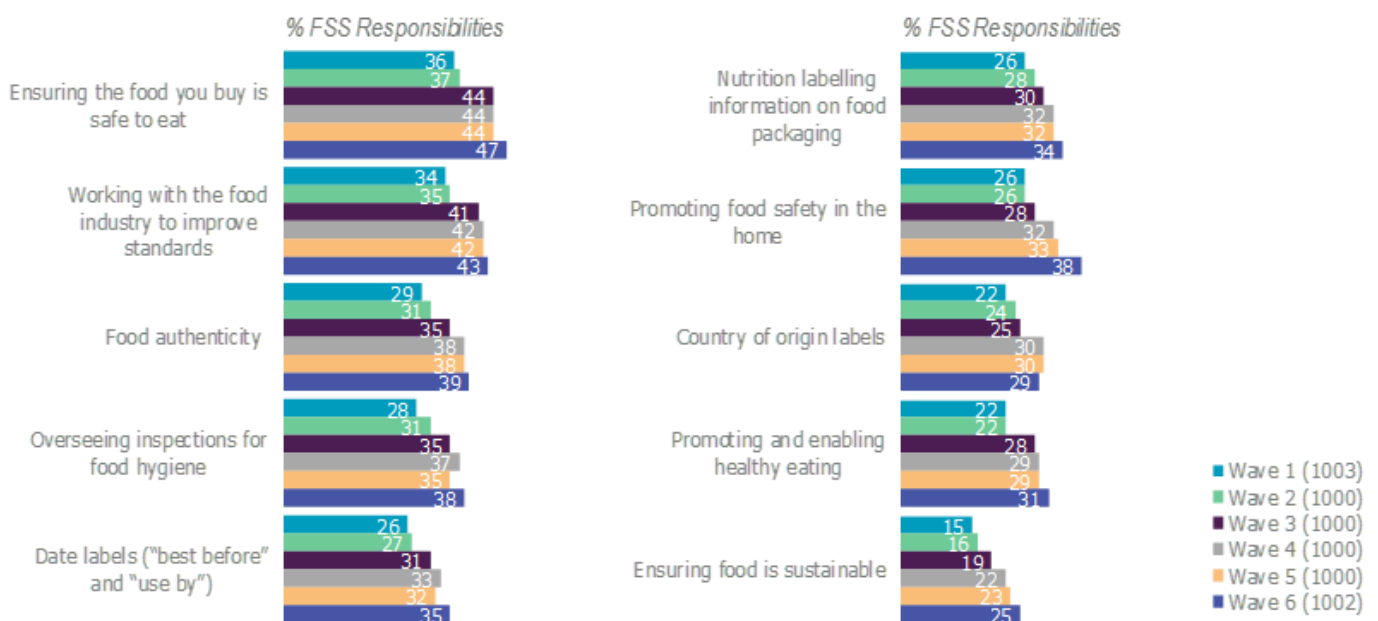
**Overall, the level of awareness and trust in FSS has continued to increase further. Ratings of FSS have improved on the key outcomes of food being safe with the organisation being seen as providing useful food safety advice and being the experts on food safety, alongside ratings of other areas being generally in line with the previous wave.**

### 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), W5 (1000), W6 (1002)



Following a year in which there was little change in knowledge of FSS' remit, at this latest wave most measures have seen an increase, in line with the increases in awareness and trust seen in the brand recognition and performance section (3.1). All measures shown in Figure 3.4 are now significantly higher than they were at the benchmark. FSS remains most likely to be associated with food safety and food

standards, such as *ensuring the food you buy is safe to eat* (47%) and *working with the food industry to improve standards* (43%).

Awareness of the organisation's remit for *food authenticity* (39%), *overseeing hygiene inspections* (38%) and other aspects of labelling remain moderately well-known. The largest increase recorded at wave six is for *promoting food safety in the home* (increasing from 33% to 38%), perhaps as a result of the 'Kitchen Crimes' campaign which ran between waves five and six. Consumers remain least familiar with the FSS responsibility of *promoting and enabling healthy eating* (31%).

### 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 do not. It should be noted that at wave six this list was amended to remove concerns which had shown little change over the course of tracking, and to add in areas which have become of more interest to FSS, reducing the list from 16 to 12 issues. The top six concerns from this list are shown in Figure 3.5.

**Figure 3.5 Food issues causing concern - % concerned by each issue (prompted) (Q13)**

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000), W5 (1000), W6 (1002)



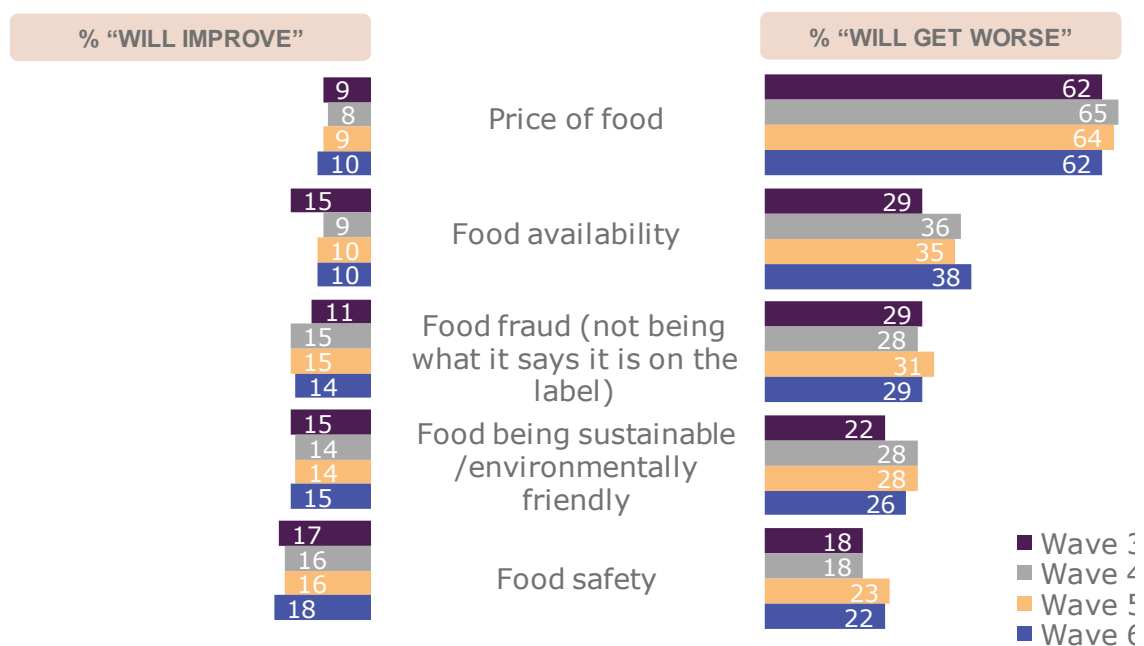
The public continues to be most concerned about *animal welfare* (82%) and although this has changed little over the last few waves concern remains significantly higher than it was at the start of tracking (77%). Concern over *food poisoning* has shown

little change over time, with around three quarters concerned about this. *Food prices*, which had shown a steady increase in concern wave-on-wave, are of slightly less concern at wave six, though this remains significantly more of a concern to consumers than at the start of tracking. Worry about *food not being what the label says it is* has continued to decline (79% at wave 1 to 72% at wave six) alongside *food safety when eating out* (78% at wave 1 to 67% in wave six). *People having an unhealthy diet* has increased slightly to 67% compared to 64% at wave five, building on previous increases to be significantly more of a concern than it was at wave one (50%).

To gauge public perceptions towards the potential impact of Brexit on food issues, 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 (Q159)**

Base: All respondents W3 (1000), W4 (1000), W5 (1000), W6 (1002)



Perceptions of the impact of Brexit have changed little over the last six months. As previously, only a minority believe Brexit will have a positive impact on food issues. Price of food remains the biggest concern with three fifths (62%) at wave six believing this will get worse. Of note at wave six is the increase in perceptions that food availability will get worse, which increased from 35% at wave five to 38% at wave six and is significantly higher than the 29% recorded at wave three.

**The issues concerning consumers over the course of tracking have been generally the same wave on wave, albeit with the level of concern changing**

over time. Healthy eating appears to be of increasing concern over time, whereas there is a general decline in concerns around 'food authenticity' and 'hygiene when eating out'. Views towards the impact of Brexit on food related issues have remained negative, particularly on food price and increasingly on availability.

## 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 females, younger age groups and C2s. However, there remains room for further improvement among all groups.
- Awareness of the negative impact of unhealthy food choices on health - whilst continuing to be high - has declined over the past year, especially in relation to sugar.
- There also continues to be a disconnect between knowledge and behaviour evident in the difference between the proportion claiming to know the importance of recommended practice and the proportion claiming to follow it.
- As in previous waves, consumers also continue to be well aware of, or over-estimate, the high level of sugar in soft/ diet drinks and sports drinks.
- Whilst there is a steady increase in the proportion drinking sugary drinks in an average week fewer people claim to be drinking sugary drinks daily. Virtually all adults continue to report snacking in an average week, with just over two fifths doing so daily.



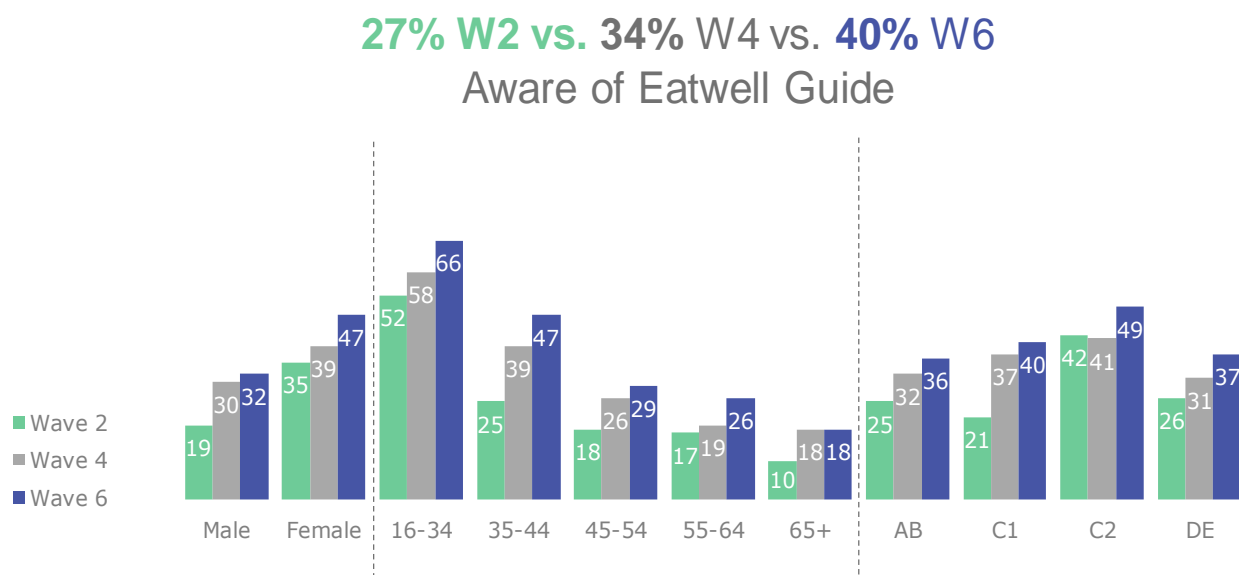
### 4.1 Awareness of the Eatwell Guide

As shown in Figure 4.1, there have been significant, wave-on-wave increases in awareness of the Eatwell Guide since wave two in June 2016; two fifths (40%) now claim to have seen the Eatwell Guide, up from a quarter (27%) at wave two and one third (34%) at wave four.



**Figure 4.1 Awareness of the Eatwell Guide (on prompting with image of guide)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)



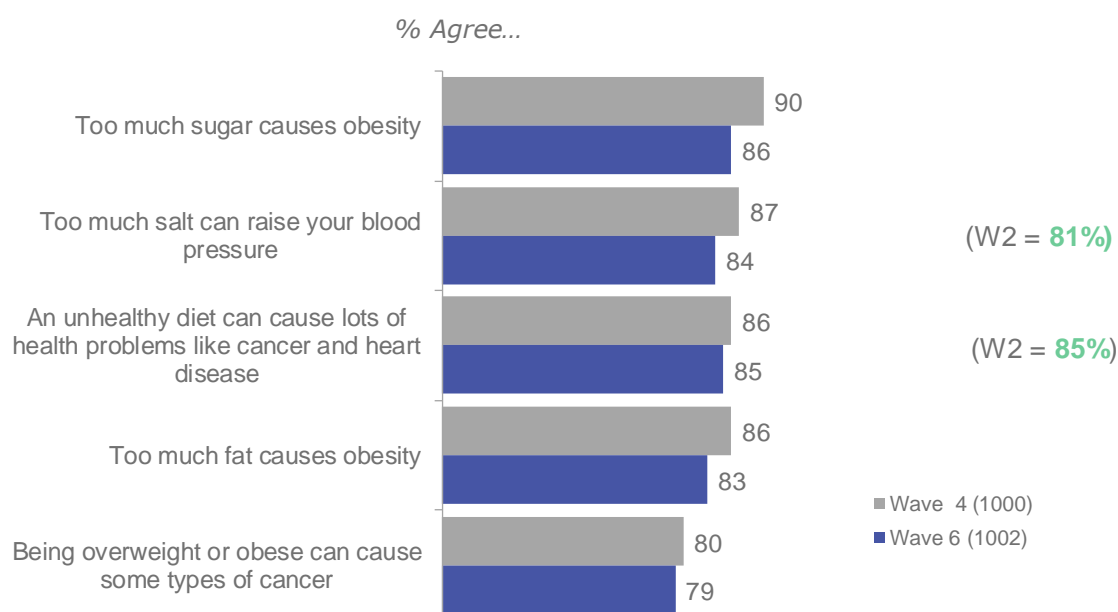
The demographic sub-groups which have recorded the biggest increases in awareness between wave four and wave six are females (39% to 47%), 16-34s (58% to 66%) and 35-44s (39% to 47%), and C2s (41% to 49%). These results illustrate that good progress has been made, particularly among those groups. However, there remains room for further improvement among all groups.

## 4.2 Knowledge of healthy eating behaviours and 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 and wave six, 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); W6 (1002)



In summary, the continued high levels of agreement with each of these statements indicates a very good level of awareness and understanding of the impact of high fat, salt and sugar intakes and of being overweight on health.

However, knowledge of the negative impact of unhealthy food choices on health does appear to have declined in the last year, especially in relation to sugar, with agreement that *too much sugar causes obesity* declining significantly from 90% at wave four to 86% at wave six.

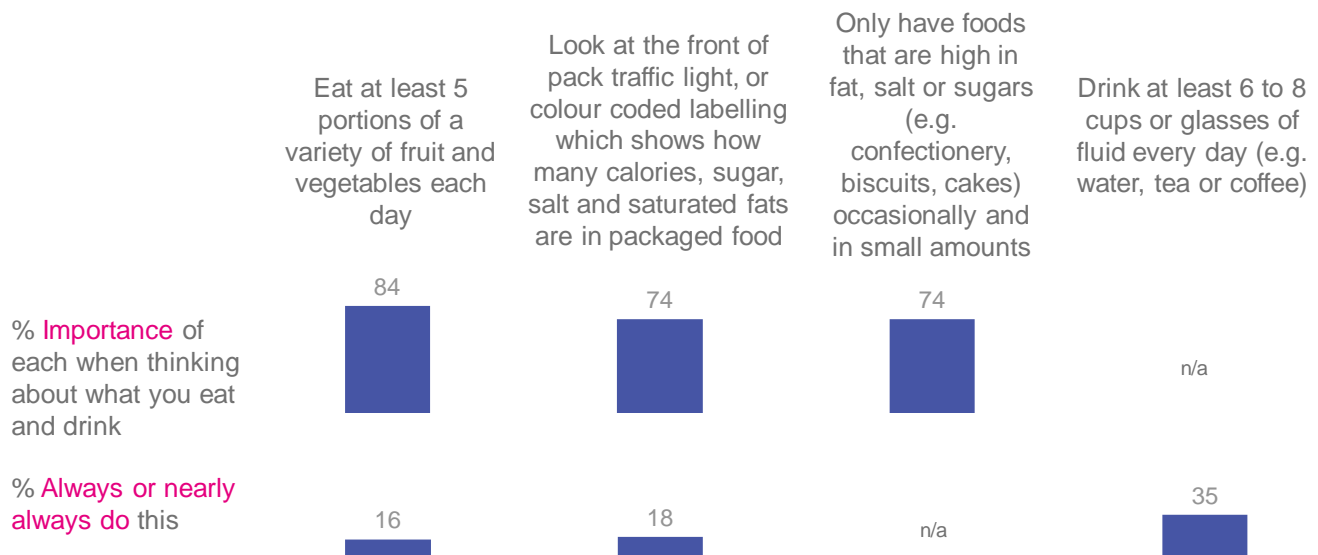
Though not significant, declines in agreement have also been recorded at wave six on the four other statements: the proportion agreeing that *too much salt can raise your blood pressure* has fallen from 87% to 84%, that *an unhealthy diet can cause lots of health problems like cancer and heart disease* is down slightly from 86% to 85%, that *too much fat causes obesity* has fallen from 86% to 83%, and that *being overweight or obese can cause some types of cancer* is down marginally from 80% to 79%.

In earlier waves of tracking, to establish knowledge of healthy eating advice and to highlight the gap between knowledge and action, respondents were shown a list of statements relating to healthy eating and asked if they were either true or false, the extent to which they thought such behaviour was important and the extent to which they personally followed the recommended advice. This exercise was reduced

significantly at wave six to cover only a small number of measures. These results are shown in Figure 4.3.

**Figure 4.3 Healthy eating knowledge and behaviour (Q98/Q113)**

Base: All respondents W6 (1002)



The results show that, for the small number of recommendations still included in the survey, consumers continue to be well aware of the importance of each with, for example, 84% saying it is important to *eat at least 5 portions of a variety of fruit and vegetables each day* and 74% to look at traffic light labelling and *only have foods that are high in fat, salt or sugars occasionally and in small amounts*.

In spite of holding these views on the importance of these behaviours, there is clear evidence of the gap between knowledge and action, with only 16% indicating that they 'always' or 'nearly always' *eat at least 5 portions of a variety of fruit and vegetables each day* and 18% who look at traffic light labelling. The survey did not record importance of drinking 6 to 8 cups of fluid every day, but just over one third (35%) claimed to always or nearly always do this. As such, the vast majority of respondents do **not** consistently follow these healthy eating recommendations.

### 4.3 Knowledge of sugar levels in foods

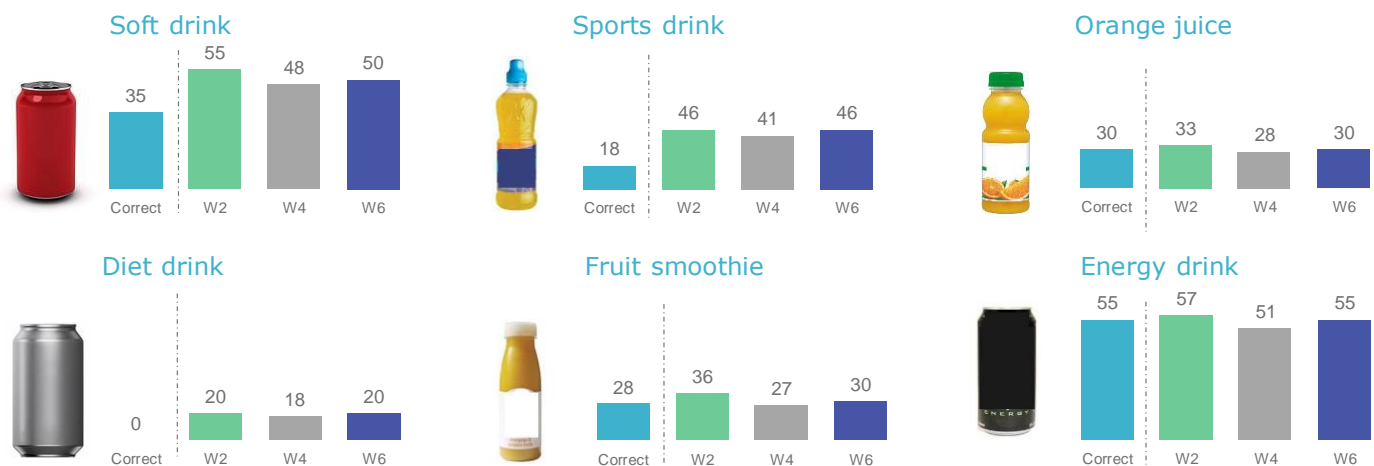
Further questions were asked to measure knowledge of the amount of sugar that can be found in soft drinks.

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 4.4 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, wave four and wave six.

**Figure 4.4 Average estimate amount of sugar in soft drinks (grams) (Q105)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)



For all sugary drinks asked about, respondents continued to be either very accurate with their estimate or over-estimate the amount of sugar. For example, respondents were accurate on the amount of sugar found in orange juice (30g, with actual amount 30g), fruit smoothies (30g, with actual amount 28g) and energy drinks (55g, with actual amount 55g). Respondents over-estimated the amount of sugar in soft drinks (50g, with actual amount 35g), sports drinks (46g, with actual amount 18g) and diet drinks (20g, with actual amount 0g). The results indicate that, with the exception of diet drinks, most consumers are very aware of the high sugar content that is found in these types of drinks.

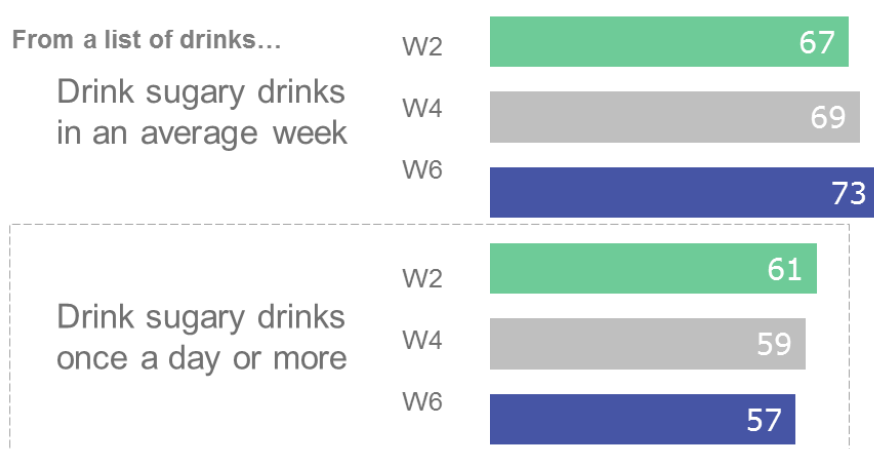
Consumers were also asked the extent to which they agreed that *I should avoid sugary drinks such as colas and lemonades*. Agreement with this statement increased from 79% at wave two to 83% at wave four, but has fallen back to the original level with 78% agreeing at wave six. Similarly, whereas the proportion who agreed that *I should only have fruit juice in small amounts* increased from 59% at wave two to 63% at wave four, at wave six agreement has fallen to 54%, significantly lower than at the start of tracking.

Despite these fluctuations, these remain good levels of knowledge and understanding of the need to limit sugary drinks, but there has been little impact on claimed consumption.

Figure 4.5 shows the proportion of different sugary drinks consumed in an average week.

**Figure 4.5 Proportion of sugary drinks consumed in an average week (Q104)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)

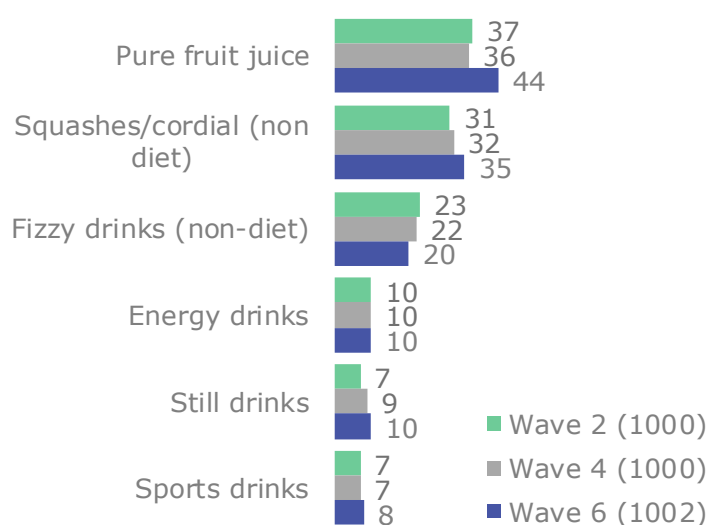


At this latest wave, there has been a further increase in the proportion who indicated that they drink sugary drinks in an average week, from 69% at wave four to 73% at wave six. This also represents a significant increase from the two thirds (67%) at wave two. However, there is also evidence that consumers are less likely to drink sugary drinks daily or more often, with 57% doing so at wave six, down from 59% at wave four and 61% at wave two.

As shown in Figure 4.6, pure fruit juice and cordials continue to be the sugary drinks most likely to be reported as being consumed in an average week, with the proportion claiming they drink pure fruit juice up significantly from wave two. Claimed consumption of non-diet fizzy drinks has fallen slightly from 23% at wave two to 20% at wave six. Energy drinks, flavoured still and sports drinks remain less popular by comparison, with 10% or less consuming these each week.

**Figure 4.6 Percentage of types of sugary drinks consumed in an average week (Q102)**

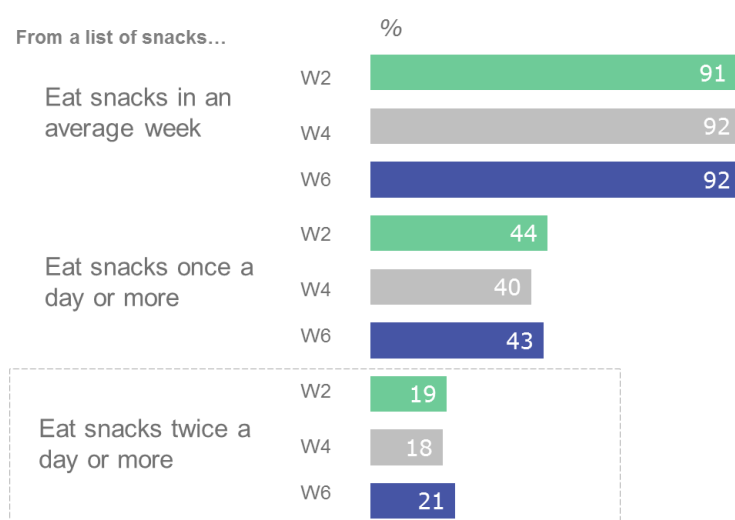
Base: All respondents W2 (1000), W4 (1000), W6 (1002)



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 4.7 shows the frequency of discretionary snack consumption in an average week. To note, the definition of discretionary foods as described here differs slightly from the definition within the recently published FSS [Briefing paper](#).

**Figure 4.7 Proportion of discretionary snacks consumed in an average week (Q104)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)

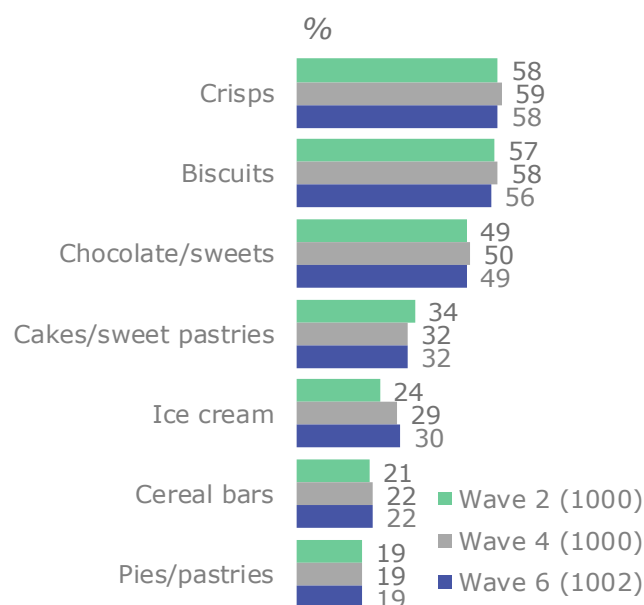


The results continue to show that a significant proportion of the population consume any of a prompted list of discretionary snacks in an average week (91% at wave two and 92% at waves four and six). When this group were asked how often these discretionary snacks are consumed, the proportion who indicated they did so once a day or more, or twice a day or more, both of which had dipped at wave four, have increased again. 43% claim to eat these types of snacks once a day or more – the same level as two years ago – whilst the proportion claiming they eat these snacks twice a day or more has increased to 21%, which is the highest level to date.

As shown in Figure 4.8, 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). Though ice-cream remains less popular by comparison, mentioned by 30%, this is up significantly from 24% two years ago.

**Figure 4.8 Types of snacks consumed in an average week (Q102)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)



The findings demonstrate the extent of discretionary snacking among the public, but also highlights this as an area that requires tackled to help achieve dietary improvements in the population.

**In summary, the results in this section evidence the continuing disconnect between knowledge and behaviour in relation to healthy eating, with most understanding the impact of negative food choices but nevertheless choosing not to follow recommended advice.**

## 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:

- Healthy eating remains a top concern – and more so than previously – with concerns about food safety and authenticity continuing to decline.
- Concerns about unhealthy ingredients – particularly salt and sugar – have increased further at W6, highlighting that these continue to be on the public's mind.
- Perceptions of the unhealthiness of Scotland's diet have weakened over the last year, though there is still a high degree of agreement that changes are needed.
- Consumers' perceptions of the healthiness of their own diet are significantly better than at the start of tracking, but perceptions of their family's diet have been stable over tracking.
- Significant positive shifts since the start of tracking in recognition of the need to have fewer 'treats' and eat more healthily are encouraging in that they show an audience in Scotland who may be open to change.
- A significant increase over time in worry about children's diet, and a significant rise in concern at the latest wave over type 2 diabetes, clearly indicate greater concern among parents.



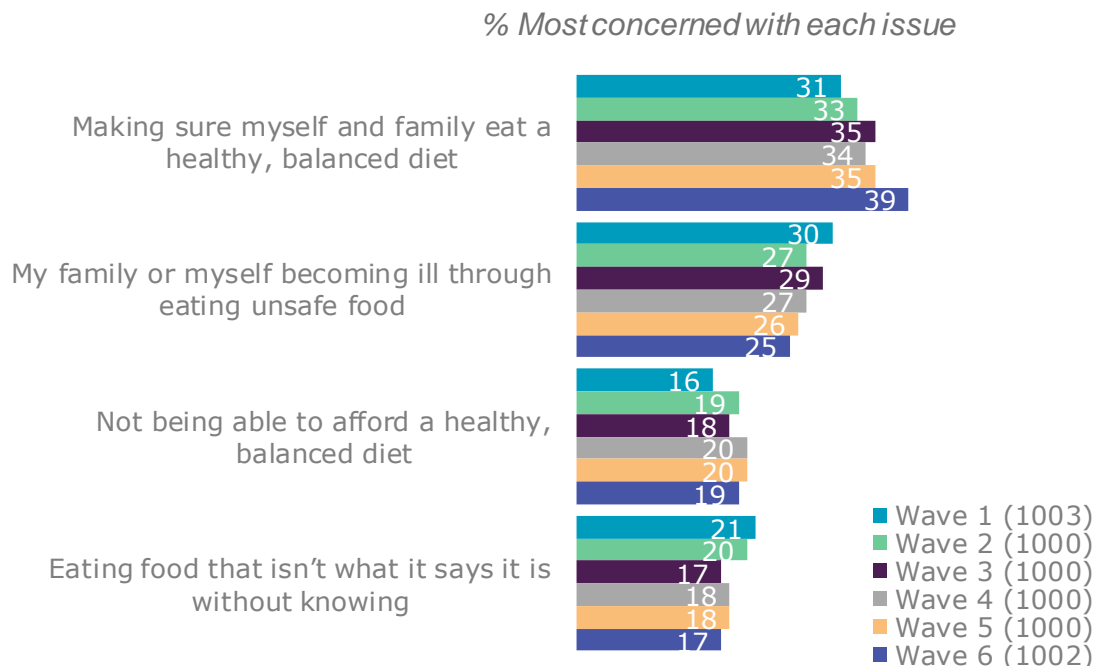
### 5.1 Concerns on food issues

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 six 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), W5 (1000), W6 (1002)



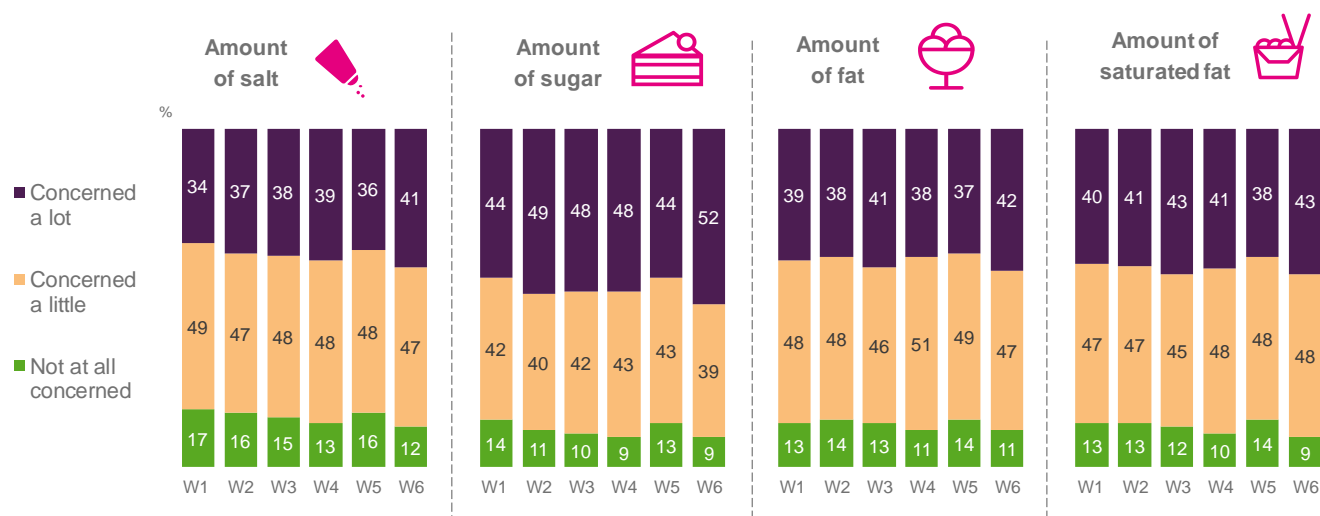
Healthy eating remains a top concern and more so than previously, up from 35% at wave five to 39% at wave six and having increased significantly since the start of tracking (31%). There has been a further decline over time in concern about becoming ill by eating unsafe food (25% at wave six compared to 26% at wave five), meaning this is now significantly less of a concern than at the start of tracking (30%). Affordability remains the top concern for one fifth (19%), and at wave six is of greater concern for females (21% vs. 16% males), 16-24s (25%) and those in the DE social grades (28% vs. 11% ABs). Whilst there has been a small decline in concern about food authenticity at this most recent wave, this has declined significantly since the start of tracking from 21% to 17% in wave six.

Looking into who is most concerned about ensuring they and their family eat a healthy, balanced diet, the increase between wave five and wave six is evident across most demographic sub-groups, but is driven by women (32% at wave five to 38% at wave six), 35-44 year olds (33% to 45%) and C2s (31% to 48%).

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), W5 (1000), W6 (1002)



Having seen four consecutive waves where concern about each of these issues generally increased, at wave five there was a slight reduction in concern, with all aspects seeing a small increase in the proportion who said they were 'not at all concerned' about each. However, this appears to have been a variation from the trend, as at wave six concern has risen again, and to higher levels than seen previously. The proportion of consumers indicating that they were concerned 'a lot' or 'a little' at wave six stood at 88% for salt (up from 84% at wave five), 91% for sugar (up from 87%), 89% for fat (up from 86%) and 91% for saturated fat (up from 86%). The ingredient causing the most widespread concern continues to be sugar with 52% stating they are concerned 'a lot' (up from 48% at wave four). Therefore, despite the slight fluctuation in the results, 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.

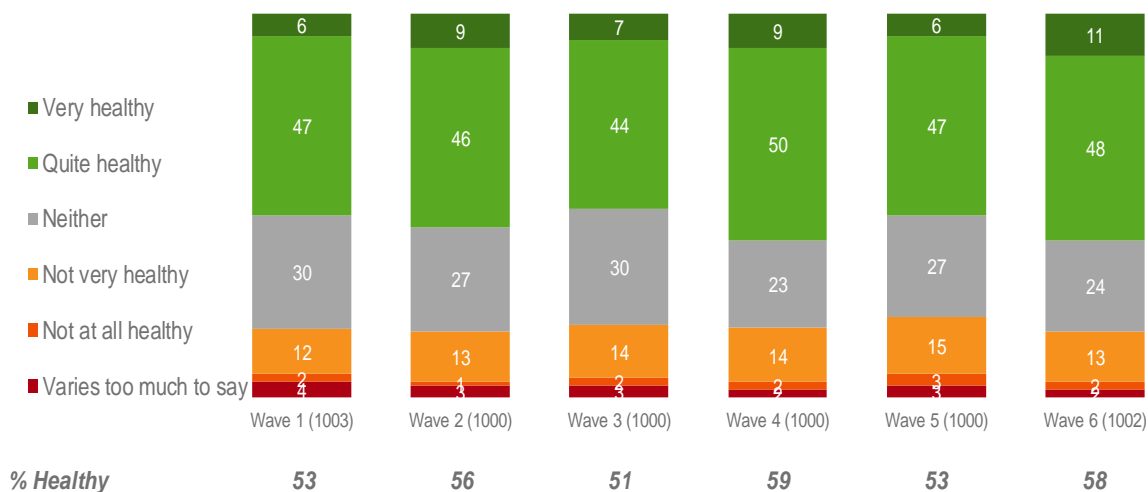
**To summarise, healthy eating remains the top concern for consumers and there have been further increases in concern particularly about sugar and saturated fat in food, highlighting that these issues continue to be in the public consciousness.**

## 5.2 Perceptions of own / family's diet and of Scotland'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 5.3 and Figure 5.4.

**Figure 5.3 Perceived healthiness of own diet (Q53)**

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000), W5 (1000), W6 (1002)

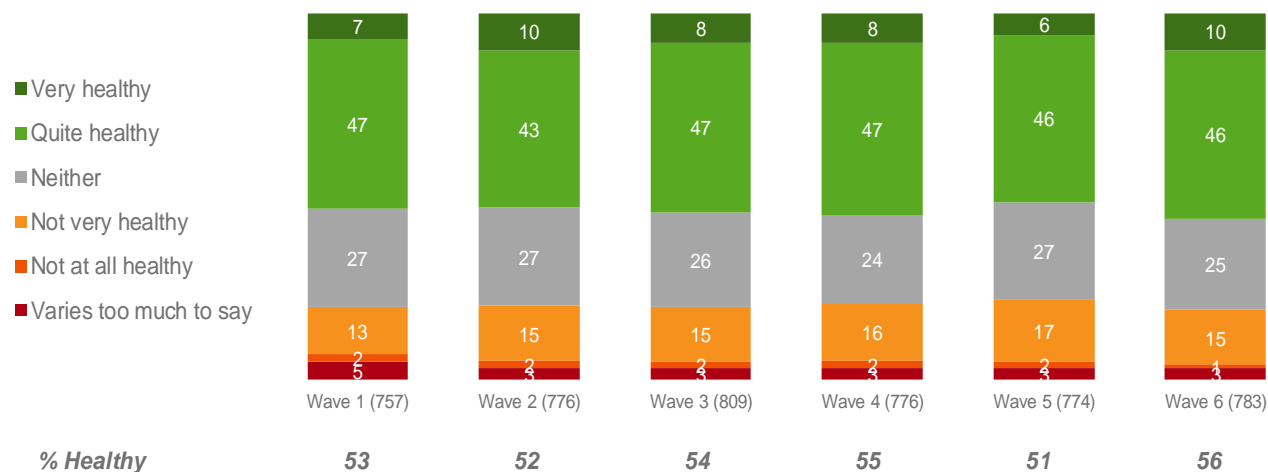


Perceptions of the healthiness of one's own diet have again increased in the summer months, reinforcing the existing hypothesis of seasonal effects on healthiness of diet, as results have been higher in waves two, four and six, all of which had fieldwork undertaken in the summer. Over half of respondents (58%) regarded their diet as 'healthy' at all, and 11% claimed it was 'very healthy', with both figures being significant increases on the levels seen when tracking began. Less than one fifth indicated that the food and drink they eat was unhealthy, though only 2% indicated it was 'not at all healthy'.

As shown in Figure 5.4, there has been little change in perceptions of the diet of other people in the household, with no seasonal trend evident over the course of the tracking.

### Figure 5.4 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), W5 (774), W6 (783)

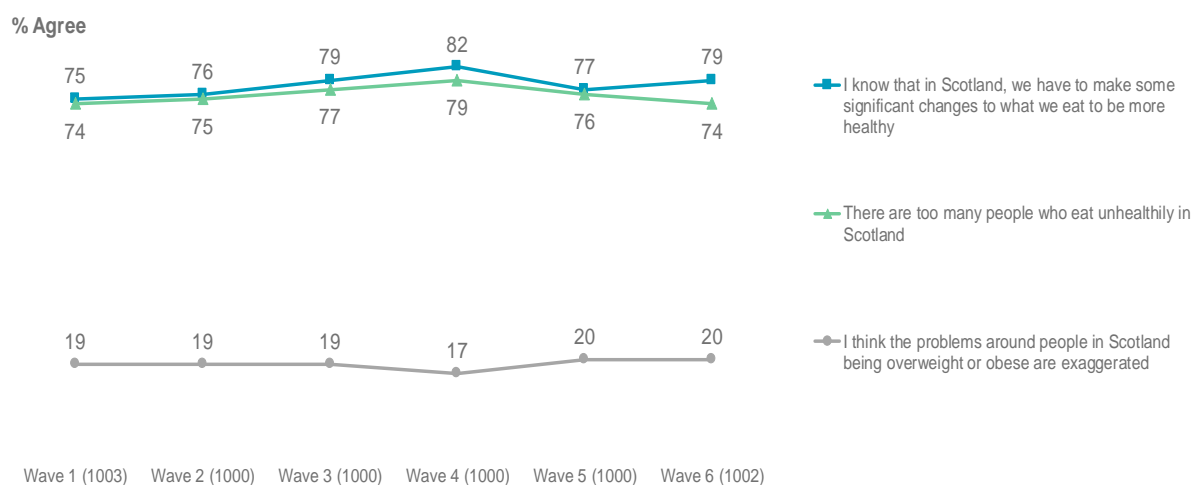


Each wave has recorded consistent results, with responses spread across the range of answers. 56% in total at wave six indicated their family's diet is healthy, with most (46%) stating it is 'quite healthy' – similar to levels seen at previous waves. As noted in earlier reports, the absence of seasonality may suggest that consumers think of their family as sticking to a certain level of healthiness that tends not to vary.

The survey also asked respondents the extent to which they agreed with statements relating to unhealthy eating specifically in Scotland. The results are shown in Figure 5.5.

### Figure 5.5 Unhealthiness of Scotland's diet (Q56)

Base: All respondents W2 (1000), W4 (1000), W5 (1000), W6 (1002)



Perceptions of the unhealthiness of Scotland's diet have weakened over the last year, with the proportion who agree that *There are too many people who eat unhealthily in Scotland* falling significantly from 79% in wave four to 74%. Whilst this is still a high level of agreement, and therefore of recognition that Scotland has a bad diet, it nonetheless shows no change over the course of tracking (74% at wave one). Despite this, agreement that *I know that in Scotland, we have to make some significant changes to what we eat to be more healthy* has rebounded from 77% in wave five to 79%, which represents a significant increase from 75% at the start of tracking. Alongside this there has been no change in the proportion who agree *I think the problems around people in Scotland being overweight or obese are exaggerated*, which was 19% at wave one and 20% at wave six.

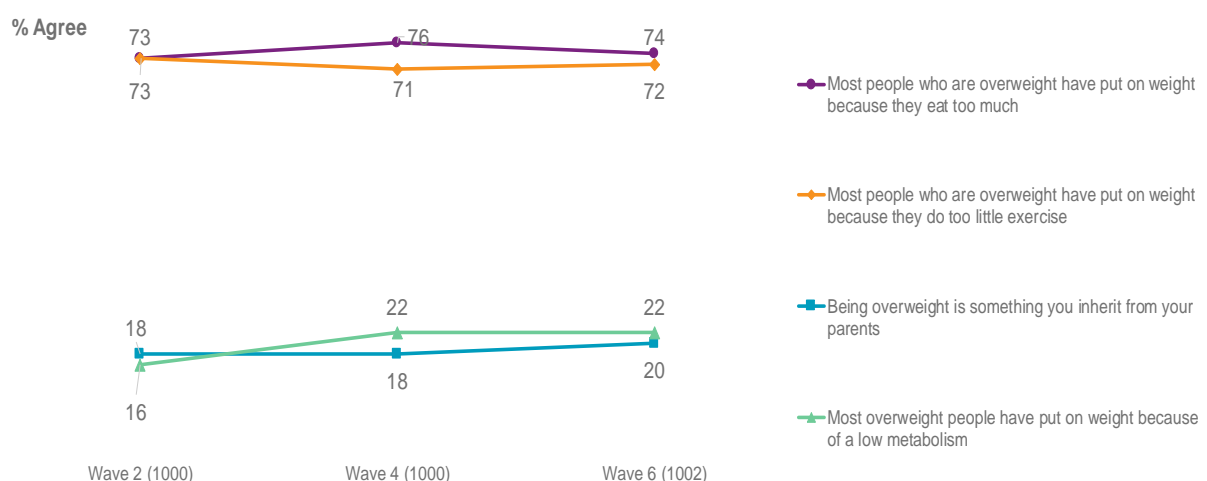
At every other wave of the survey, respondents were also asked how serious they think obesity and Type 2 Diabetes are in Scotland today. Recognition of the seriousness of both is widespread and shows little change over time. The proportion indicating that obesity is a serious problem was 89% at wave two, 91% at wave four and 90% at wave six, whilst the proportion indicating they believe Type 2 Diabetes is a problem was 88% at wave two, 87% at wave four and 88% at wave six.

**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. There continues to be widespread recognition of the challenges facing Scotland's diet, and the impact it may have in the future.**

### 5.3 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 5.6.

**Figure 5.6 Attitudes to being overweight (% Agreeing) (Q122)**



Base: All respondents W2 (1000), W4 (1000), W6 (1002)

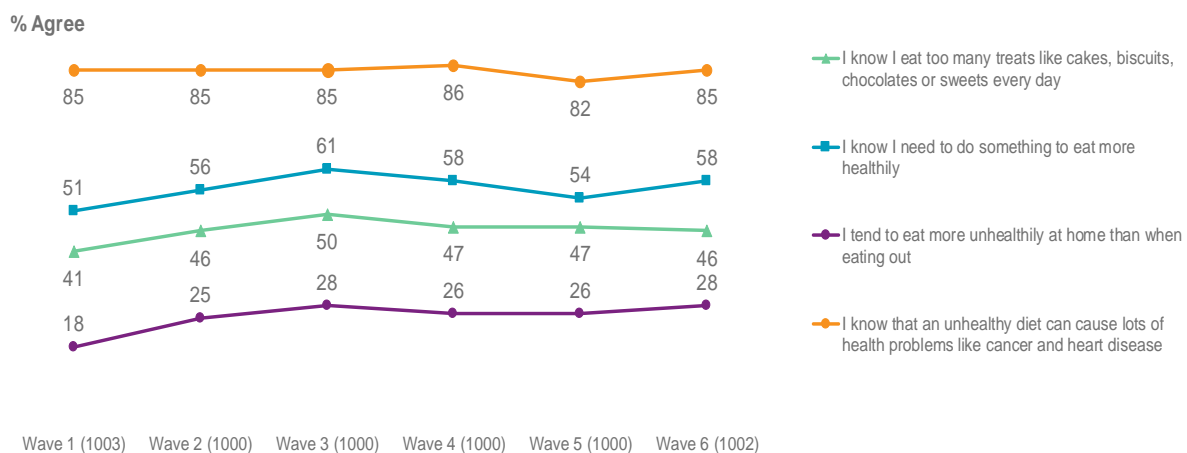
Overall, the clear association between being overweight and diet and exercise remains with the findings indicating that a large majority (over 70%) continue to believe that most people who are overweight have gained weight because they eat too much and/or exercise too little with no change in this over the last two years. However, there has been a significant increase over time in the proportion who believe it is the result of low metabolism (16% at wave two, increasing to 22% at wave four and remaining at 22% at wave six). A similar proportion of one in five believe it to be inherited (20% at wave six).

## 5.4 Attitudes to diet and healthy eating

Respondents were also presented with a number of attitude statements related to healthy eating behaviours. Figure 5.7 shows the proportion of consumers who agree with each of these attitudes.

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

Base: All respondents W1 (1003), W2 (1000), W3 (1000), W4 (1000), W5 (1000), W6 (1002)



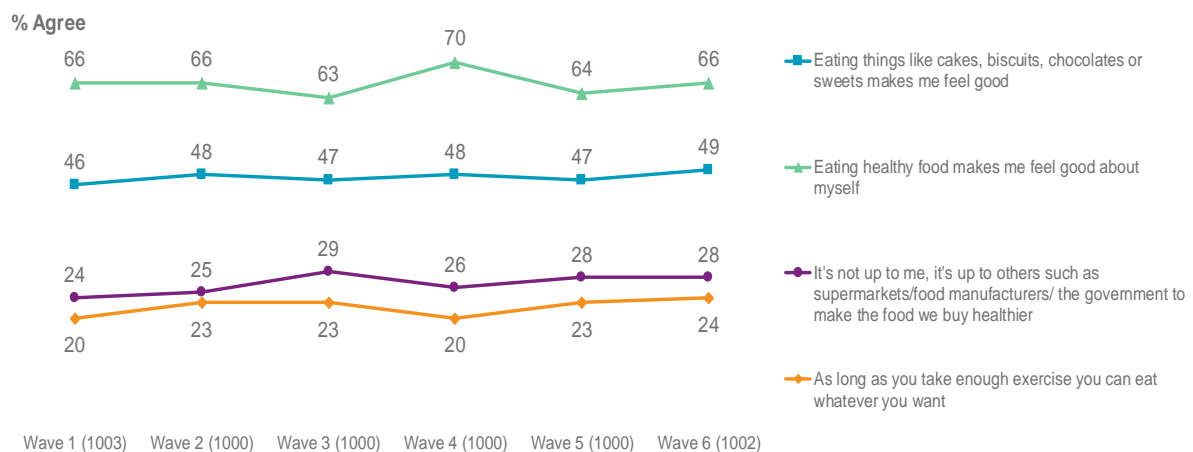
This wave has seen an upturn in levels of agreement for three of the four statements shown in Figure 5.7. The proportion who are aware of the health risks posed by an unhealthy diet - *I know that an unhealthy diet can cause lots of health problems like cancer and heart disease* - remains very high overall, but has increased from 82% in wave five to 85% in wave six.

Following two successive declines in agreement, there has been an encouraging increase in the proportion who agree that *I need to do something to eat more healthily* to 58% at wave six. The proportion who agree that *I know I eat too many treats like cakes, biscuits, chocolates or sweets every day*, at 46% at wave six, is relatively stable over time but up significantly from the start of tracking (41%).

However, there continues to be some evidence of deflection of the issues around healthy eating towards the food sector and the benefits of exercise, rather than changes to diet, as shown by the proportion agreeing to other attitude statements as shown in Figure 5.8.

### Figure 5.8 Attitudes towards healthy eating (% Agreeing) (Q56)

Base: All respondents W1 (1000), W2 (1000), W3 (1000), W4 (1000), W5 (1000), W6 (1002)



Though there has been no change at the latest wave in the level of agreement that *it's not up to me, it's up to others such as supermarkets, food manufacturers, the government to make the food we buy healthier* (28%), agreement with this statement is up significantly from the start of tracking (24%), and whilst it has fluctuated over time consumers generally appear to be placing more of the onus for healthy eating on these organisations (and potentially in turn an expectation that they take action).

With a further small increase in the proportion agreeing *that as long as you take enough exercise you can eat whatever you want* (24%), this is also up significantly since tracking began

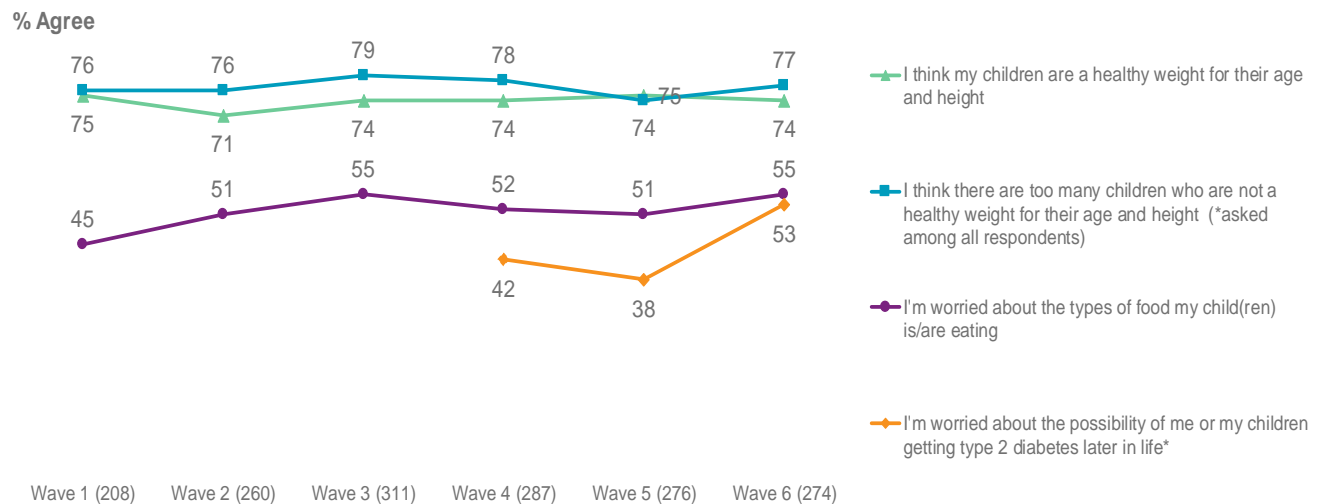
The proportion agreeing that *eating healthy food makes me feel good about myself* has continued to fluctuate, increasing slightly at this latest wave to 66% - still lower than it was one year ago in wave four, and at the same level as at the start of tracking. There is also little change in the proportion agreeing that *eating things like cake, biscuits and chocolate or sweets makes me feel good* (49% at wave six), highlighting the extent of the task to change behaviours and encourage healthier choices.

## 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 5.9.

**Figure 5.9 Attitudes to children's diet (% Agreeing) (Q56)**

Base: All respondents W1 (1000), W2 (1000), W3 (1000), W4 (1000), W5 (1000), W6 (1002)



\* Wording changed at Wave four to include "Type 2"

**Among all respondents**, there has been a recovery following a dip seen at wave five in the belief that there are too many overweight children, from 74% in wave five to 77% in wave six, bringing agreement back in line with the levels seen in waves three and four.

**Parents** continue to think there is no problem with their own children with a similar proportion (74% vs. 75% at wave five) agreeing that *my children are a healthy weight for their age and height*. Agreement with this has remained stable across the two years of tracking. Around half of parents are concerned about *the types of food their children are eating*. Whilst this increased over the first year of tracking from 45% to 55% at wave three, it then dipped (indicating less concern) to 51% at wave five but has now increased back to 55% (indicating greater concern), in line with increasing concern about healthy eating and ingredients generally.

Despite a dip at wave five, there has been a significant increase in the proportion of parents who *worry about the possibility of me or my children getting type 2 diabetes later in life*, from 42% in wave four to 53% in wave six. (It is important to note that due to the change in wording of the statement to include 'type 2' at wave four, the results from previous waves are not directly comparable).



Two further measures have been included in the tracking regarding children's consumption of sugary drinks and snacks. At wave four – after FSS' 'Let's Change our Future' healthy eating campaign - there was a significant improvement in agreement among parents that *children should avoid sugary drinks* (78% at wave two increasing to 89% at wave four), but this has since declined again to 82% at wave six. Similarly, agreement that *it is OK to reward children with chocolates, sweets and biscuits* had moved in the right direction (i.e. downwards – 43% at wave two, to 40% at wave four), but has since risen to the highest (worst) level of agreement to date with 46% of parents agreeing.

**These results highlight a high level of awareness of the importance of children's diets, but in spite of increasing concern about children having a poor diet and in particular about type 2 diabetes as a consequence of this, there is an increasing need to persuade parents to avoid sugary drinks, and 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:

- Expense continues to be a barrier to healthy eating, and with more demands on people's time healthy eating has become less interesting or appealing, and consumers are falling back on tried and tested knowledge.
- There is some acknowledgement from consumers that it is becoming easier to eat healthily outside the home, and a significant fall in agreement that the most convenient food is least healthy suggests healthier choices are more obvious.
- Three quarters have had a takeaway/home delivery food in the last three months, though on balance, consumers claim to have had fewer takeaways in the last six months, with saving money and health being the main reasons for reducing.
- There is agreement that upsizing should not be encouraged and portions reduced, but only a minority go large regularly or have difficulty refusing – a greater choice of healthy options remains the most preferred way to eat more healthily out of home.
- Consumers are mostly likely to claim money-saving or value for money promotions lead to impulse buys of unhealthy products; rewards, upsizing offers and endorsements have more limited influence.
- A number of attitudes and behaviours are evident among younger adults which are leading to unhealthy habits which will potentially be challenging to change over time – such as greater consumption of takeaways, finding it harder to refuse upsizing and being more likely to buy unhealthy products as a result of promotional activities.
- There continues to be a substantial level of support for regulating the out of home environment. Well over half support restricting the promotion of unhealthy products where sold (especially high sugar drinks, energy drinks and chocolate) and support for increased prices on unhealthy products from a tax continues to increase.

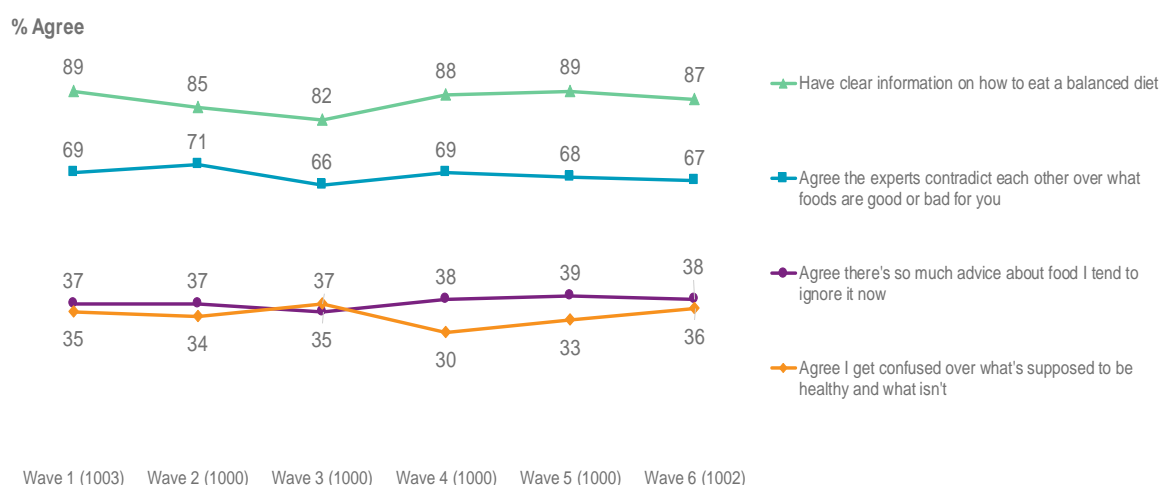


## 6.1 Barriers to healthy eating

In terms of the factors preventing consumers from making healthier choices, the survey established attitudes towards information and guidance on healthy eating. Whilst there have been some fluctuations over the course of tracking, as shown in Figure 6.1, the results remain very similar to the start of tracking and as such quite mixed.

**Figure 6.1 Attitudes towards available guidance on healthy eating (% Agreeing) (Q11/ Q15/ Q56)**

Base: All respondents W1 (1003), W2 (1,000), W3 (1000), W4 (1000), W5 (1000), W6 (1002)

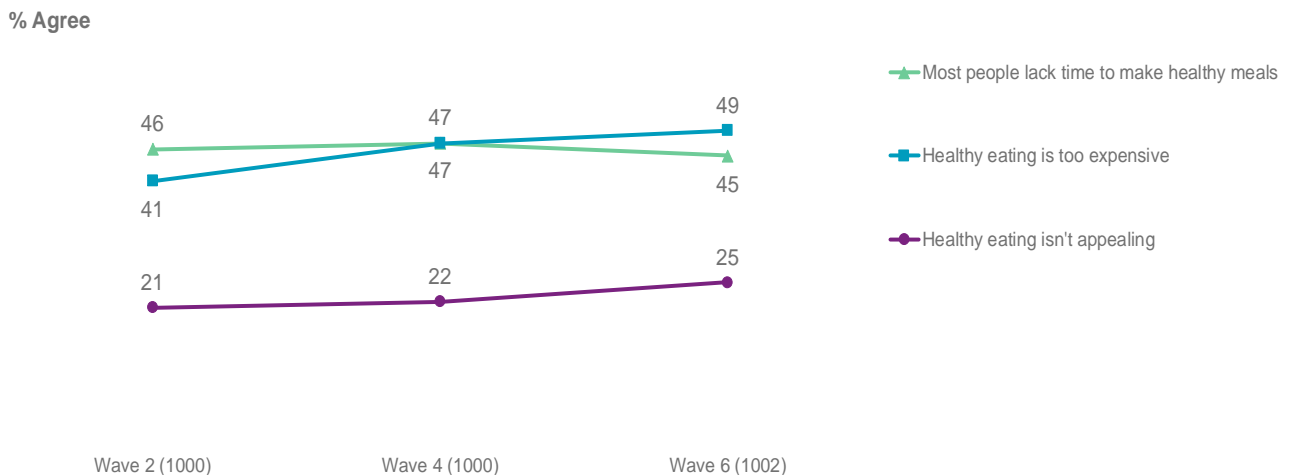


Almost nine in ten respondents (87%) agree that they *have clear information on eating a healthy balanced diet*, which has been relatively stable over the last year having increased from 82% at wave three, and is in line with the 89% recorded at the start of tracking. Similarly, two-thirds of respondents (67%) agreed that *the experts contradict each other over what foods are good or bad for you*, also in line with the start of tracking (69%). Whereas one year ago there was evidence to suggest consumers were less confused than before with the proportion who agreed that they *get confused over what's supposed to be healthy and what isn't* falling from 37% to 30%, this has increased again over the last year with 36% agreeing. More concerning is that 38% at wave six agree that *there's so much advice about food I tend to ignore it*, a proportion which has shown essentially no change over time meaning many consumers are not likely to pay attention to advice from either FSS or other sources.

As previously reported, the expense involved in healthy eating continues to be more of a concern for consumers, and this is also clear when looking at attitudes towards eating healthily (Figure 6.2).

**Figure 6.2 Attitudes towards healthy eating (% Agreeing) (Q114)**

Base: All respondents W2 (1,000), W4 (1000), W6 (1002)



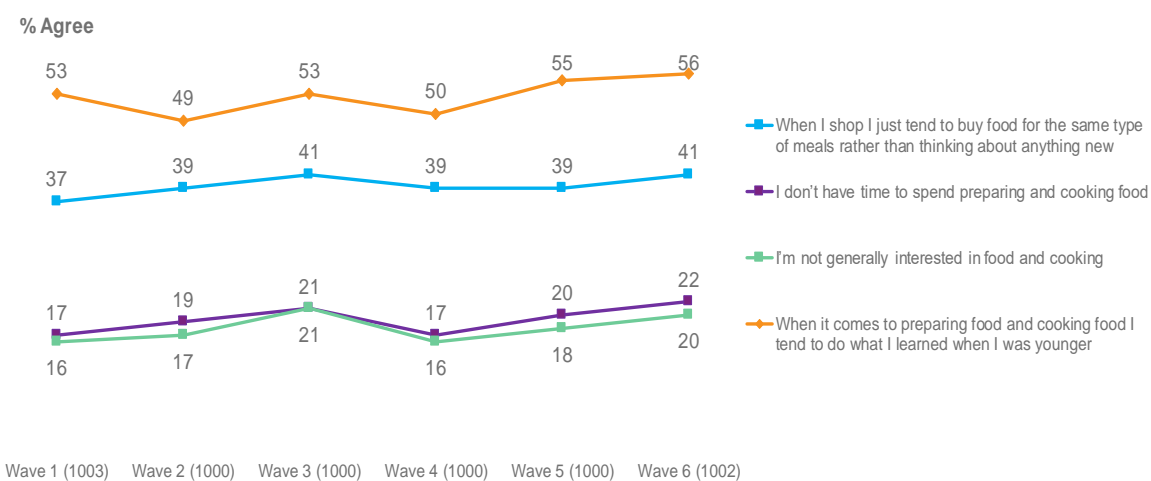
Wave four saw a significant increase in the proportion who agree that *it is too expensive to eat healthily* (47% at wave four, up from 41% at wave two), and this has increased further to half (49%) at wave six, further highlighting that affordability is increasingly a barrier to eating healthily.

Other measures around barriers to eating healthily found that one quarter now agree that *eating healthily is not appealing* (25%, up from 21% at wave two and 22% at wave four), which may be due to concerns around increased expense. 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 and 45% at wave six). Perceptions around preparation time and expense are therefore fairly substantial barriers to making healthy choices whereas healthy food in itself is not, suggesting that the cost-saving benefits of eating healthily should be emphasised.

Four statements (also expressing a negative view) were used to measure the population's attitudes towards cooking and shopping. As shown in Figure 6.3, these statements have tended to fluctuate over the course of tracking, but have generally seen an upward trend in agreement – i.e. an increase in the proportion holding the negative opinion.

### Figure 6.3 Attitudes towards food generally (% Agreeing) (Q11)

Base: All respondents W1 (1003), W2 (1,000), W3 (1000), W4 (1000), W5 (1000), W6 (1002)

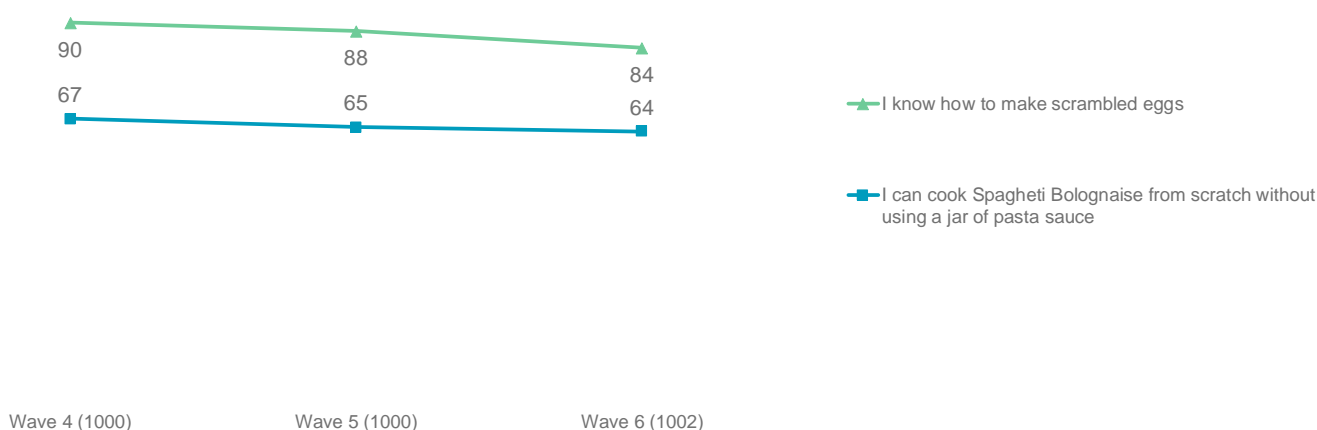


A sizeable minority continue to agree that they *tend to buy food for the same type of meals rather than thinking about anything new*, with around two fifths agreeing with this statement at each wave. The proportion who claim that *when it comes to preparing food and cooking food I tend to do what I learned when I was younger* has also fluctuated considerably, but it has increased significantly over the last year from 50% at wave four to 56% at wave six, the highest level recorded to date. The proportion who agreed that they are *not generally interested in food and cooking* or that *I don't have time to spend preparing and cooking food* dipped for both statements at wave four, but has been increasing since from 16% to 20% for the former and 17% to 22% for the latter. This is consistent with the increases seen in Figure 6.2 in the proportion who claim that healthy eating isn't appealing.

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 6.4.

**Figure 6.4 Proportion who claim to know how to cook scrambled eggs or spaghetti bolognese (% Agreeing) (Q11)**

Base: All respondents W4 (1000), W5 (1000), W6 (1002)



The proportion of consumers who agree that they *know how to cook scrambled eggs* has fallen significantly over the last year, from 90% at wave four to 84% at wave six. The decline between waves five and six specifically is evident across most demographic groups, but appears to be driven by declines among 16-24s (78% down to 68%) and 55-64s (94% down to 84%). There is also a decline, though not a significant one, in the proportion who agree that they *can cook spaghetti bolognese from scratch, without using a jar*, from 65% at wave four to 64% in wave six.

**Overall, expense continues to be a barrier to healthy eating, and with more demands on people's time healthy eating appears to have become less interesting or appealing, and consumers tend to do what they have always done when preparing and cooking food.**

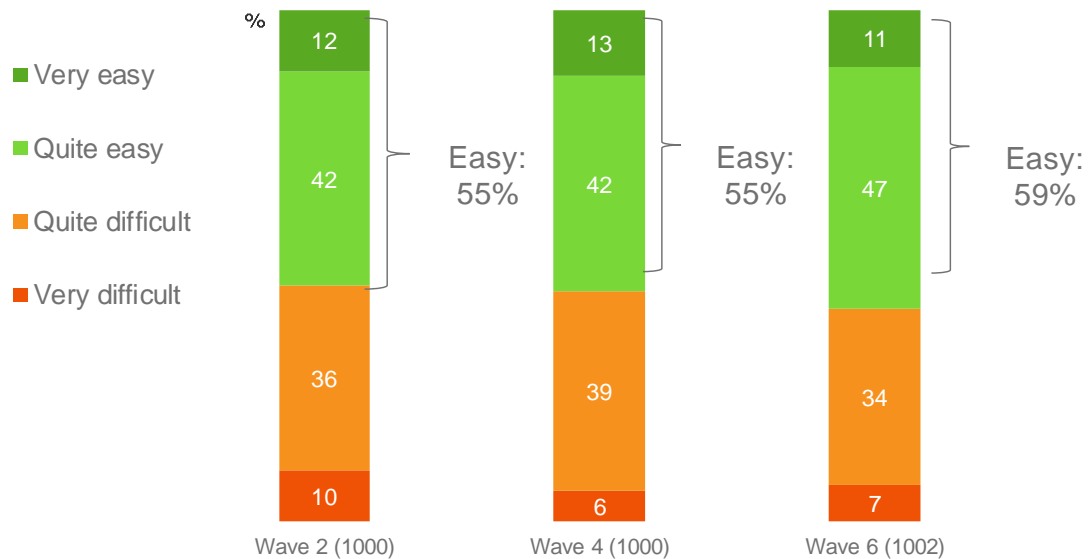
## 6.2 Barriers and opportunities for eating healthily outside the home, including takeaway and home delivery

The survey also examined views toward eating healthily outside the home, and possible options for making this easier. At wave six, this also included some new questions to examine the use of takeaways and home delivery food.

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 6.5.

**Figure 6.5 Ease of eating healthily out of the home (Q117)**

Base: All respondents W2 (1000), W4 (1000), W6 (1,000)

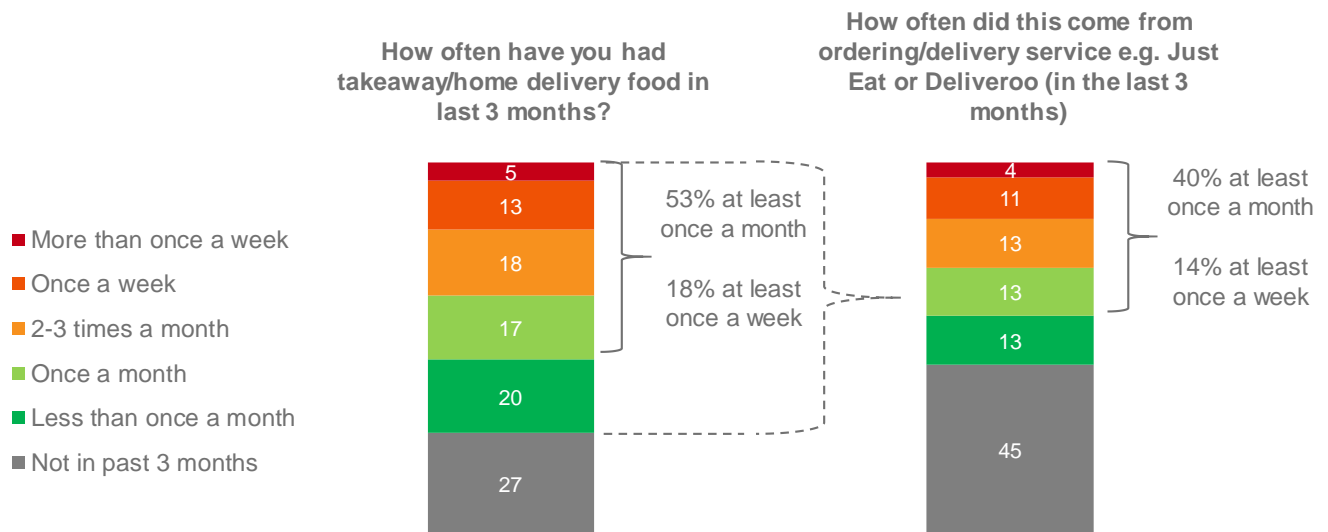


Views towards the ease of eating healthily out of the home remain rather polarised, with a small proportion claiming it is **very** easy, and an even smaller proportion describing it as **very** difficult. The large remainder are fairly evenly split between those rating it as quite easy (47% at wave six) and quite difficult (34% at wave six). Nonetheless, the 59% of consumers at wave six who say it is easy to eat healthily outside the home is the highest recorded to date, suggesting there is some acknowledgement at this latest wave that it has become easier. It also continues to be the case that it is the younger age groups who find it harder to eat healthily outside the home. Specifically, at wave six, 51% of 16-34 year olds and 59% of 35-44 year olds claim they find it easy, and whilst both groups have seen significant increases in claimed ease since wave two (41% and 52% respectively), they remain less likely to find it easy than older respondents (70% of those aged 65 and over at wave six).

At wave six, some new questions were added to the survey to better understand one particular area of the out of home environment – takeaway and home-delivery food. There was a desire to understand the extent to which consumers have takeaway food and whether they use home delivery services to receive this, with the results of these questions shown in Figure 6.6.

**Figure 6.6 Frequency of having takeaway or home-delivery food and use of ordering/delivery service (Q218/219)**

Base: All respondents W6 (1,002)



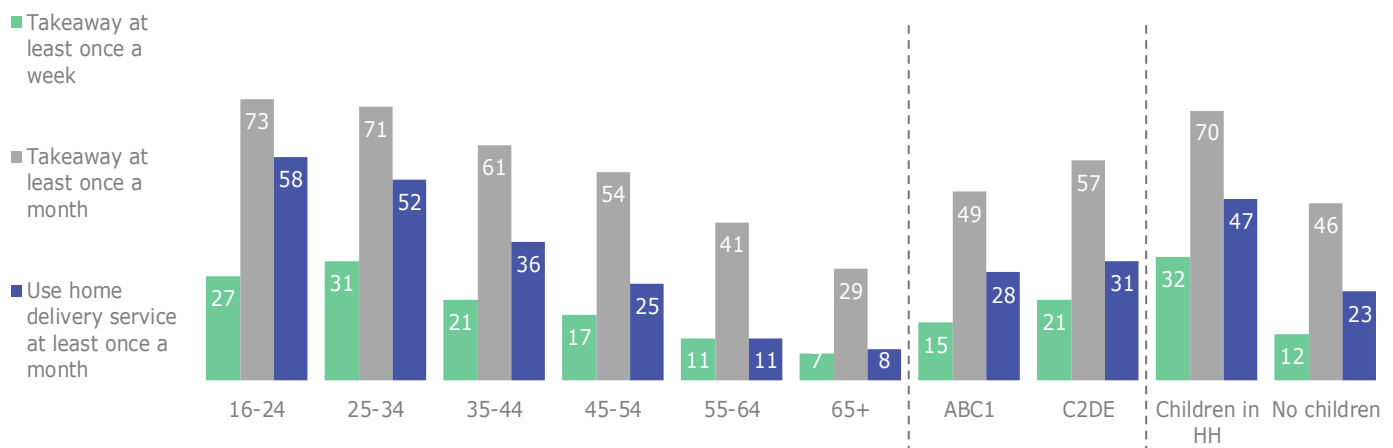
When asked how often they had takeaway or home delivery food in the last three months, almost three quarters of consumers (73%) claimed to have at least one, with 53% indicating they did this at least once a month and almost one fifth (18%) at least once a week. Those who had ever done this in the last three months were then asked how often their takeaway had come from an ordering or delivery service. Just over half (55%) of those who had had a takeaway in the last three months indicated they had used such a service, with 40% using these at least once a month and 14% at least once a week. Perhaps unsurprisingly, use of such services was higher among those who had a takeaway more often - among those who have had a takeaway at least once a week, 52% use a delivery service for this at least once a week, and 73% used one at all (vs. 56% of those who had a takeaway less than once a week but at least once a month).



There were very clear differences in consumption of takeaways and use of delivery services by demographic sub-groups, as shown in Figure 6.7

**Figure 6.7 Frequency of having takeaway or home-delivery food and use of ordering/delivery service by sub-group (Q218/219)**

Base: All respondents W6 (1,000)








One of the clearest differences is in relation to age, with the youngest age groups significantly more likely to use takeaways and home delivery services compared to older age groups, and with usage declining with age. For example, one quarter (27%) of 16-24 year olds claimed to have a takeaway at least once a week compared to 7% of those aged 65 and over. Three quarters (73%) of the youngest audience had a takeaway at least once a month (vs 29% of those aged 65+) and almost three fifths (58%) used a home delivery service at least once a month vs. fewer than one in ten (8%) of those aged 65 and over. The levels exhibited by the younger age groups is particularly concerning given that it suggests these habits are already quite well entrenched in this audience and may be harder to change over time.

Whilst there are some differences between social grades, these are not as large as those seen in other sub-groups. Consumption of takeaways is higher among those in the C2DE social grades (21% at least once a week and 57% at least once a month compared to 15% and 49% respectively among those in the ABC1 social grades), but use of a home delivery service in the past three months is similar across the two groups – 28% of ABC1s and 31% of C2DEs. A more significant difference is evident between those with children in the household and those without. Families are significantly more likely than those without to undertake all of the listed behaviours, and as more frequent consumers of takeaways, the impact of this behaviour on their children's diets should be considered.

Finally, all consumers were asked to indicate, in relation to three behaviours about takeaways and home delivery food, whether they had done the behaviour more, less or the same amount in the last three months. The results are shown in Figure 6.8.

**Figure 6.8 Change in takeaway or home-delivery food consumption in the last 6 months (Q75/Q76)**

Base: All respondents W6 (1,000)

Whether done more or less of each in last 6 months (Q75)		 Had takeaway food direct from a restaurant/takeaway	 Had home delivery from a fast food outlet or restaurant	 Had takeaway food from ordering delivery service e.g. Just Eat, Deliveroo
%				
<b>No change</b>		<b>65</b>	<b>70</b>	<b>71</b>
<b>MORE</b> 		<b>8</b>	<b>7</b>	<b>8</b>
<b>Reasons</b> (% of those doing more)	Save money	25	44	39
	It's healthier	18	6	22
	Food safety	23	21	19
	To avoid waste	30	24	25
	Other	30	38	33
<b>LESS</b> 		<b>27</b>	<b>24</b>	<b>21</b>
<b>Reasons</b> (% of those doing less)	Save money	74	73	74
	It's healthier	59	51	42
	Food safety	7	8	8
	To avoid waste	13	8	11
	Other	10	9	10

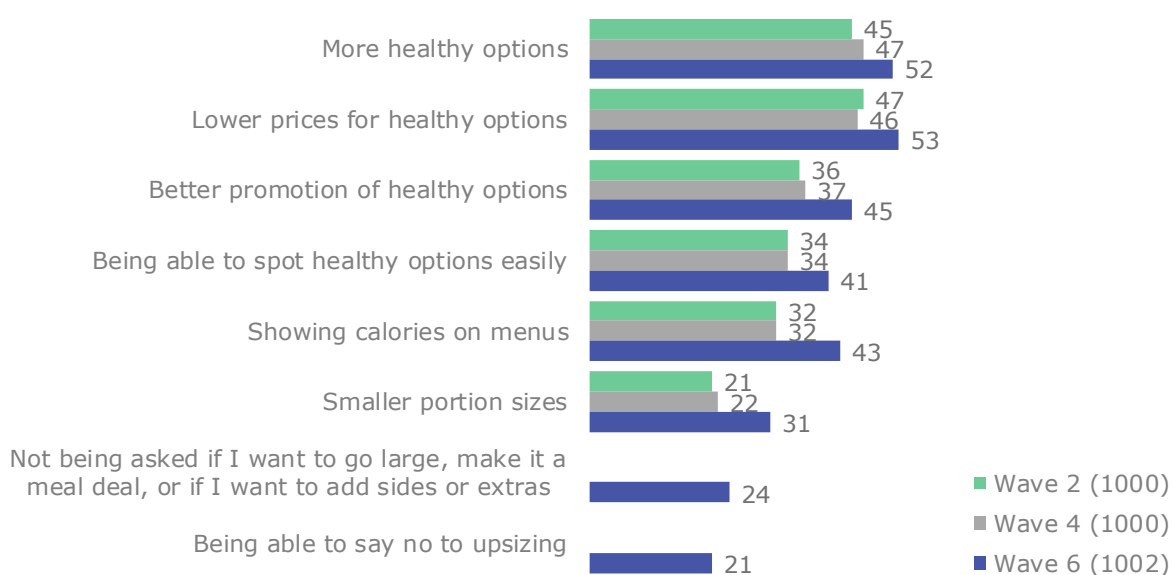
When asked whether they *had takeaway food directly from a restaurant/takeaway* more, less of the same in the last six months, two thirds (65%) of consumers reported no change in their behaviour, one in ten (8%) said they had done this more and one quarter (27%) less. Among those who had done it more the reasons for this were varied, though the most common mention was 'to avoid waste'. Among those who had done it less, whilst a variety of reasons were also given, the main reasons were to 'save money' (74%) and 'it's healthier' (59%).

A very similar pattern of response was recorded in relation to the other two statements. When asked if they *had home delivery food from a fast food outlet or restaurant*, 70% reported no change in this in the last six months, 7% had done this more and 24% less – again to save money and to improve health. Finally, when asked if they *had takeaway food from an ordering/delivery service* in the last six months, 71% reported no change, 8% did this more and 21% less.

When all respondents were asked what would make it easier to eat more healthily out of the home, a greater choice of lower cost healthy options continue to be the main ways in which the public would like to see the out of home environment change. 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), W6 (1002)

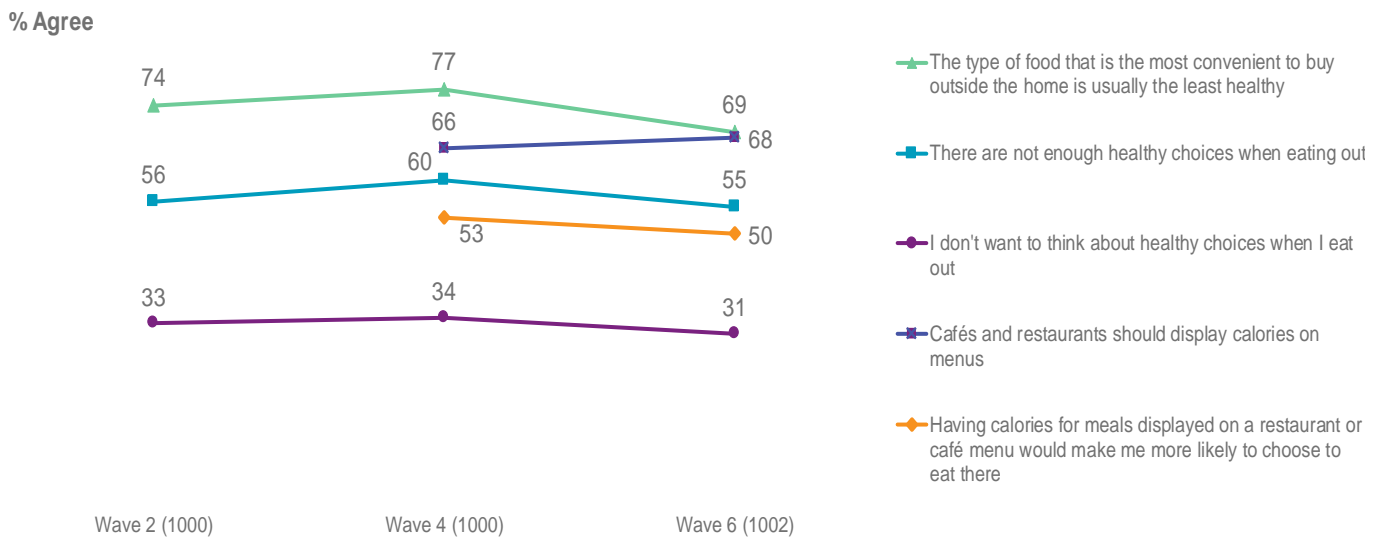


All measures which have been included at all three waves have seen a significant increase over the course of tracking. The most popular options at wave six were *more healthy options* (up from 47% at wave four to 52%) and *lower prices* (up from 46% at wave four to 53%). The next three most popular options - *better promotion of healthy options*, *improving ease of spotting healthier options* or *showing calories on menus* – have all seen an increase from around one third to over two fifths believing these would improve healthy eating outside of the home. Three in ten (31%) favoured *smaller portion sizes* (up from 21% at wave two). Two new options were added to the prompted answer list at wave six, related to upsizing. One quarter would like to *not be asked if I want to go large* etc., and one fifth believe it would be easier if they were *able to say no to upsizing*.

Measurement of the factors that encourage and discourage healthy eating out of the home indicates that there is broad recognition of the role that the food sector can play in contributing to less healthy 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), W6 (1002)



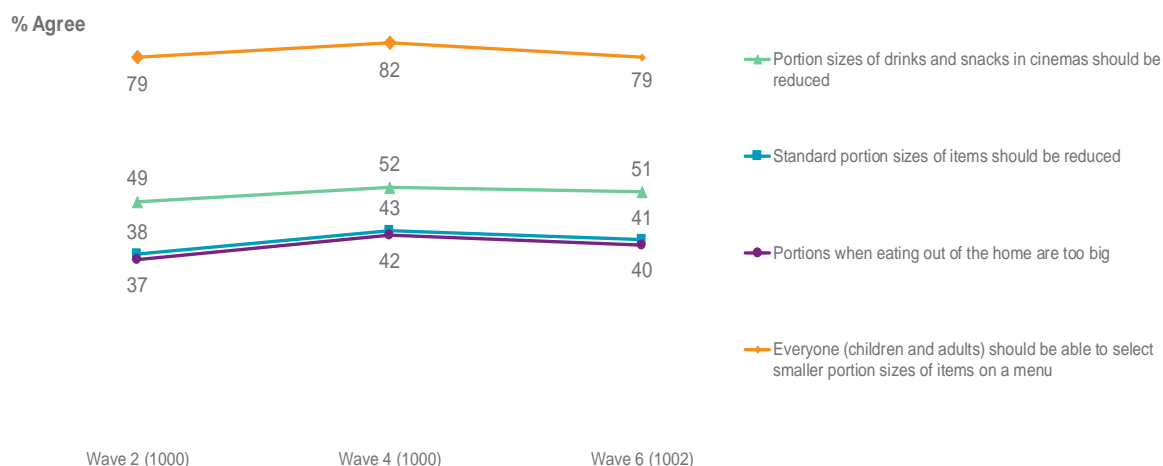
Perhaps reflecting the perception that it is easier to eat healthier out of the home, there has been a significant decline in agreement that the most convenient food is the least healthy from 77% at wave four to 69% at wave six, suggesting healthier choices are becoming more obvious to consumers. Similarly, the proportion who agree that *there are not enough healthy choices when eating out* has fallen from 60% at wave four to 55% at wave six – also suggesting greater visibility of healthy options. Finally, there has also been a small decline in the proportion of consumers who agreed that they *don't want to think about healthy choices when they eat out*, from 34% at wave four to 31% at wave six, providing further evidence of consumers being more open and able to change than previously.

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 already strong support that *cafés and restaurants should display calories on menus* has increased further from 66% to 68%. Whilst half (50%) of consumers indicated that the display of calories would influence their café/ restaurant choice, this has fallen slightly from 53%. Nevertheless, these results provide good evidence that certain customers are likely to value calorie information.

The survey also included a number of statements relating to the impact of portion sizes on eating healthily. These results are shown in Figure 6.11.

**Figure 6.11 Attitudes towards eating out of the home (% Agreeing) (Q119)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)

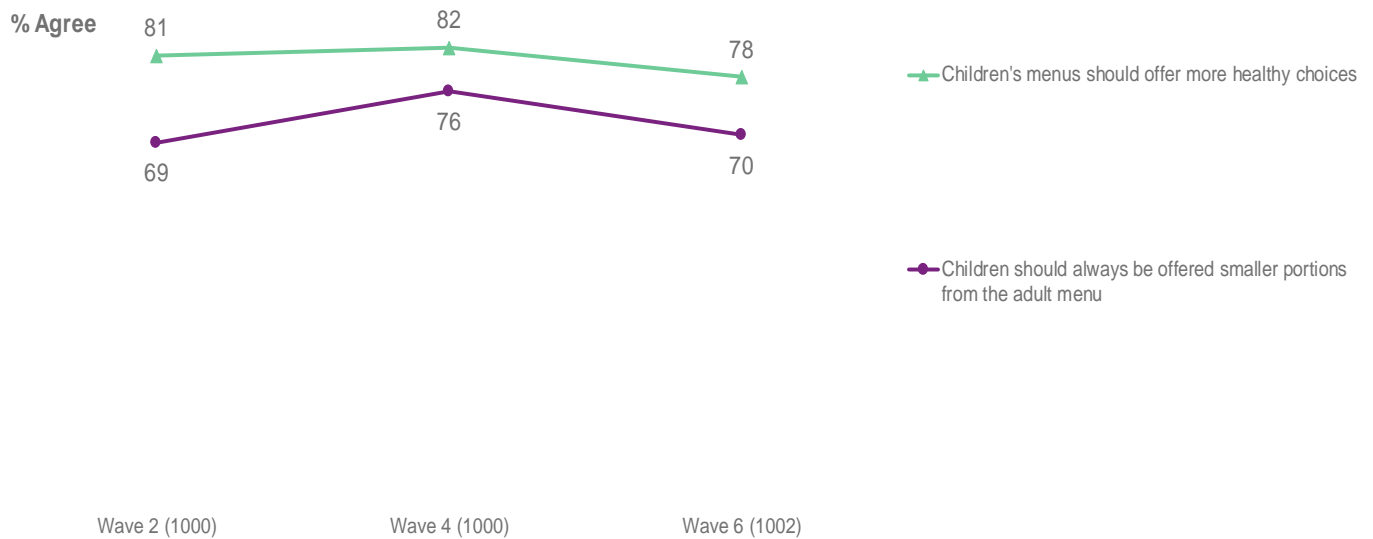


There has been little change at wave six, or indeed no significant change over the course of tracking, in perceptions of portion sizes. There continues to be widespread agreement that *everyone should be able to select a smaller portion size off a menu* (79% at wave six). However, as noted earlier, this is one of the least favoured options when asked what would help to eat healthier out of the home. A good proportion – of around half – also continue to agree that *portion sizes of drinks and snacks in cinemas should be reduced* (51% at wave six). Support for improving healthy choices by restricting standard portion size remains lower than for other potential actions at 41% in wave six, and agreement that *portions when eating out of the home are too big* is at 40%, only up slightly from 37% at wave two. It therefore remains the case that 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, though this has declined more recently as shown in Figure 6.12.

**Figure 6.12 Agreement with statements about children eating out of the home (% Agreeing) (Q119)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)



Whilst there continues to be a very high level of agreement that *children's menus should offer more healthy choices*, the 78% agreement with this statement is down from 82% at wave four and 81% at wave two. Whilst agreement that *children should always be offered smaller portions from the adult menu* increased significantly from 69% at wave two to 76% at wave four, it has since fallen back significantly to the original level, with 70% agreeing at wave six. Nevertheless, these results continue to indicate a higher level of agreement for action to be taken to address the range and size of options available to children when eating out.

**In summary, whilst there is some recognition that consumers are finding it easier to eat healthily outside of the home, perhaps as a result of more healthy choices being available or obvious, the prevalence of takeaway and home delivery food, in particular among younger adults and families, potentially poses a significant challenge in the future.**

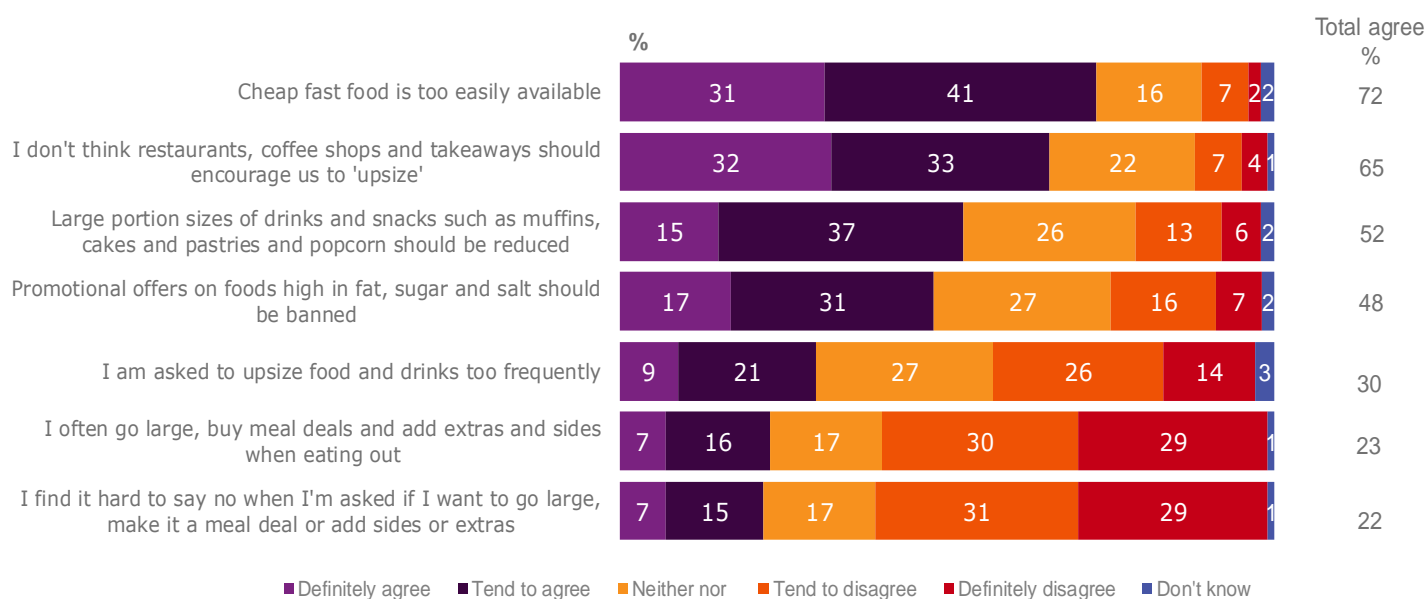
### 6.3 Promotional activities and upsizing

Whilst the tracking has previously included a number of questions related to promotional tactics used by the food sector, this section of the tracking was expanded at wave six to include additional questions related to the influence of different promotions on buying of unhealthy products and on upsizing specifically, given the recent FSS 'No to Upsizing' campaign.

Consumers were presented with a number of statements in relation to some of these tactics, with particular reference to upsizing, and asked the extent to which they agreed or disagreed with each one. The results of this are shown in Figure 6.13.

**Figure 6.13 Agreement with statements about upsizing and the availability of unhealthy food outside the home (% Agreeing) (Q56/Q119)**

Base: All respondents W6 (1002)

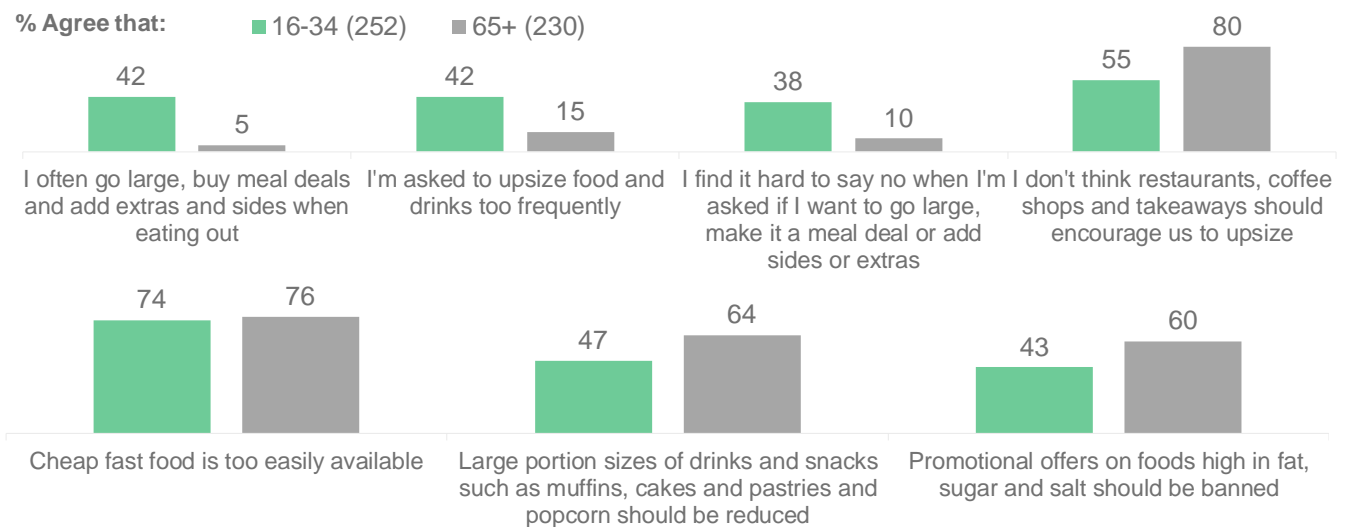


There are differing opinions among consumers across the different statements. Almost three quarters (72%) agreed and one third (31%) agreed strongly that *cheap fast food is too easily available* and two thirds (65%) agreed and one third (32%) agreed strongly that *I don't think restaurants, coffee shops and takeaways should encourage us to 'upsized'*. A smaller proportion of around half agreed that *large portion sizes of drinks and snacks such as muffins, cakes and pastries and popcorn should be reduced* (52%) and *Promotional offers on foods high in fat, sugar and salt should be banned* (48%). On other statements related to upsizing, three in ten (30%) agreed that *I am asked to upsize food and drinks too frequently* but this is also quite a polarising statement with four in ten (40%) disagreeing. Finally, a greater proportion of consumers disagree than agree with the final two statements – 59% disagree (29% strongly) that *I often go large, buy meal deals and add extras and sides when eating out*, whilst only 23% agree (7% strongly). Similarly, 60% disagree (29% strongly) that *I find it hard to say no when I'm asked if I want to go large, make it a meal deal or add sides or extras*, whilst only 22% agree (7% strongly).

Consumers' views on these statements differ considerably across demographic sub-groups and in particular by age and in relation to upsizing, as shown in Figure 6.14.

**Figure 6.14 Agreement with statements about upsizing and the availability of unhealthy food outside the home – by age (% Agreeing) (Q56/Q119)**

Base: All respondents W6 (1002)



Regardless of age, around three quarters agree that *cheap fast food is too easily available*. However, in relation to upsizing opinions differ significantly and are correlated with age, with those aged 16-34 significantly more likely than those aged 65 and over to agree that they often go large (42% vs. 5%), are asked to upsize too frequently (42% vs. 15%) and that they find it hard to refuse upsizing (38% vs. 10%), highlighting their significantly greater experience of, and issues around, upsizing. In spite of this, younger age groups appear less likely to believe that action should be taken to help them with such issues. Whilst over half (55%) of 16-34 year olds agree that catering establishments should not encourage upsizing, a significantly higher proportion of 80% of those aged 65 and over agree. Similarly, 47% of 16-34 year olds agree that large portion sizes should be reduced, compared to 64% of those aged 65 and over, and 43% agree that promotional offers on unhealthy foods should be banned, compared to 60% of those aged 65 and over.

In terms of other demographic differences, women are significantly more likely than men to agree that *cheap fast food is too easily available* (76% vs. 69% of men) and that *I'm asked to upsize food and drinks too frequently* (33% vs. 27% of men), but otherwise both groups have similar views. There are, however, more differences by social grade. ABs are significantly more likely than DEs to support various action to encourage healthier eating, specifically:

- I don't think restaurants, coffee shops and takeaways should encourage us to upsize (71% ABs vs. 60% DEs)
- Large portion sizes of drinks and snacks such as muffins, cakes and pastries and popcorn should be reduced (58% ABs vs. 44% DEs)



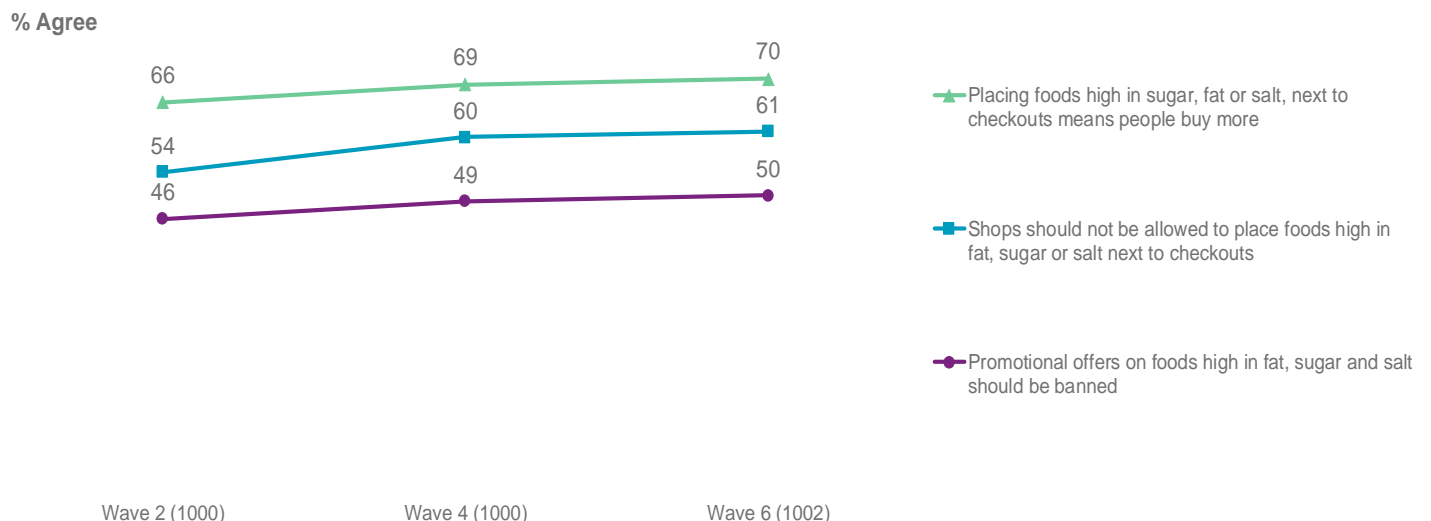
- Promotional offers on foods high in fat, sugar and salt should be banned (56% ABs vs. 38% DEs)

In addition, C2s are more likely to agree *I often go large, buy meal deals and add extras and sides when eating out* (27%), *I'm asked to upsize food and drinks too frequently* (34%) and *I find it hard to say no when I'm asked if I want to go large, make it a meal deal or add sides or extras* (28%).

Consumers were also asked to indicate their agreement with other statements relating to encouraging healthier choices in shops, which are shown in Figure 6.15.

**Figure 6.15 Attitudes towards food and drink in the shops (% Agreeing) (Q115)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)



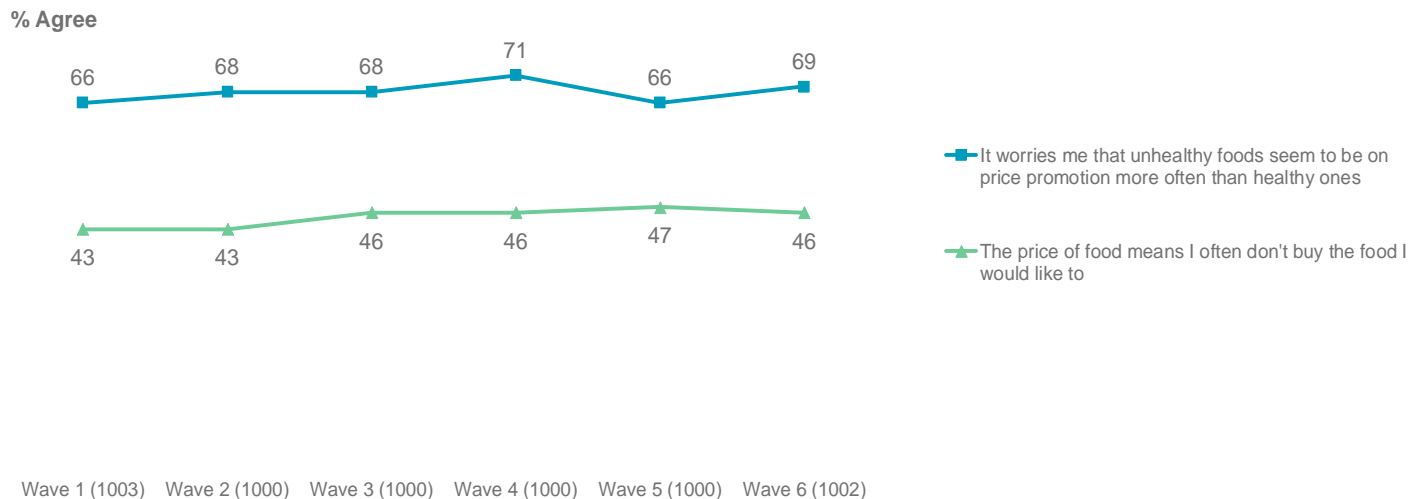
Negative perceptions of unhealthy product availability and promotion have increased further over the last year. At wave six, 70% agreed that *placing foods high in sugar, fat or salt next to checkouts means people buy more*, up from 69% at wave four and 66% at wave two. Similarly, agreement that *shops should **not** be allowed to place foods high in sugar or fat next to checkouts* increased slightly from 60% at wave four to 61% at wave six, which is up significantly from 54% at wave two. Finally, half (50%) now agree that *promotional offers on foods high in fat, sugar and salt should be banned*, up from 46% at wave two. This suggests consumers are more aware over time of the influence of the external environment and potentially receptive to change.

In relation to one further attitude statement included in the survey (Figure 6.16), the proportion agreeing that they are *worried that unhealthy foods are more often on price promotions*, has fluctuated over time, increasing from 66% at wave one to 71%

at wave four before dipping to 66% at wave five. This has increased to 69% at wave six, highlighting that this remains a concern for a significant proportion of consumers.

### Figure 6.16 Attitudes towards eating out of the home (% Agreeing) (Q11)

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

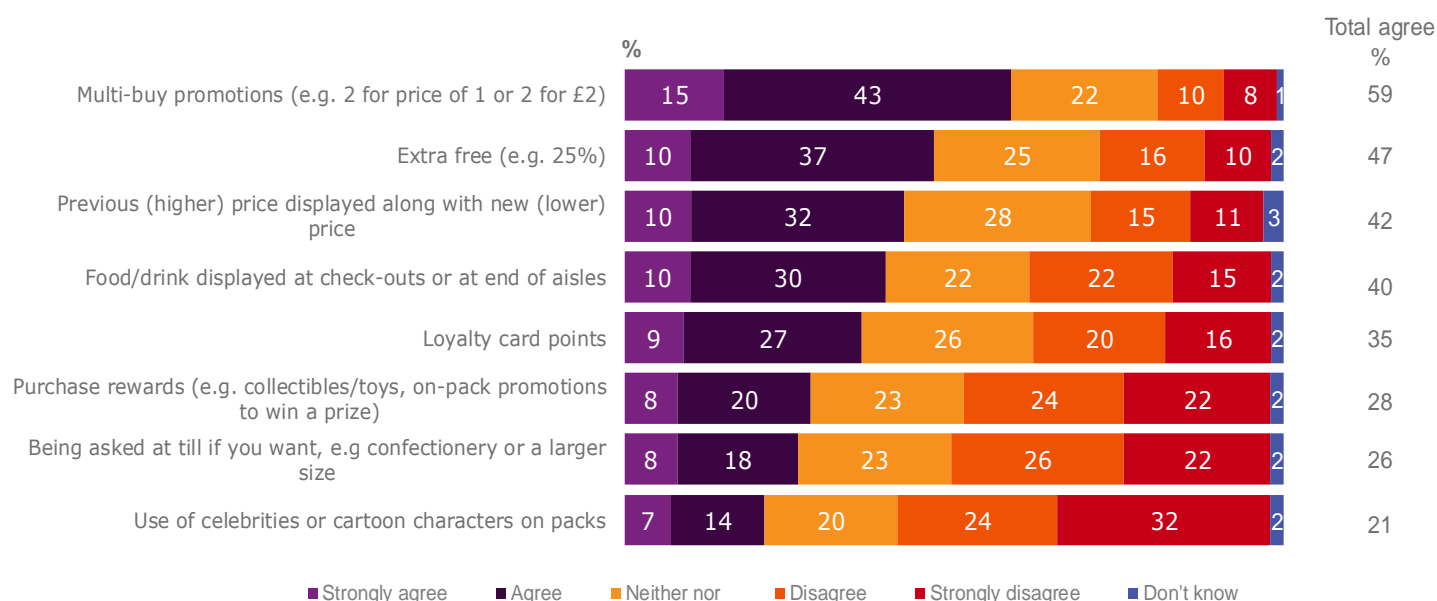


Furthermore, a substantial portion of the population (46%) remain hindered in their attempts to *buy food they want because of the price*, which is up slightly from 43% at the start of tracking, further highlighting that this continues to be a barrier to making healthier choices. At wave six, agreement with this statement was higher among females (54% vs. 39% of males), declines significantly with age from 63% among 16-24s to 25% of 65+, and increases significantly from 31% among those in the AB social grades to 56% of DEs.

Wave six of the tracking also aimed to explore in more detail the impact of different types of promotions. Respondents were asked the extent to which they agreed or disagreed that different types of promotions had led them to buy on impulse unhealthy food or drink for themselves or others, beyond what they had planned. The levels of agreement recorded for each of the different types of promotions are shown in Figure 6.17.

**Figure 6.17 Impact of different types of promotion on buying unhealthy food on impulse (% Agreeing) (Q215)**

Base: All respondents W6 (1002)

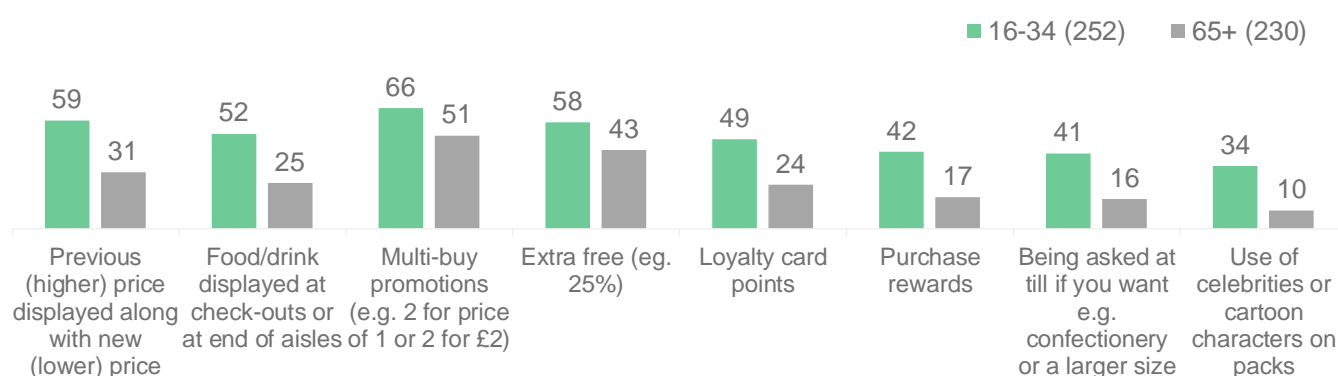


The type of promotion which has the biggest impact on consumers is *multi-buy promotions (e.g. 2 for the price of 1 or 2 for £2)* – three fifths (59%) agree, and 15% agree strongly that such promotions have led them to buy more unhealthy products on impulse. Just under half (47%) claim they are influenced by *extra free offers*, and two fifths by *the previous (higher) price being displayed along with the new (lower) price*. Having products on display at checkouts or aisle ends is of slightly less influence, with 40% agreeing this impacts them and one in ten agreeing strongly. One third (35%) agree they are impacted by *loyalty card points*, and 28% by *purchase rewards*. A similar proportion – 26% - claim that they have been led to buy more unhealthy food than they had planned as a result of being *asked at the till if they want confectionery or a larger size*. Finally, the use of *celebrities or cartoon characters on packs* has the least impact – whilst one fifth (21%) agree that they have been influenced by this, 56% disagree and 32% disagree strongly that this has led them to buy more unhealthy food.

Once again, there are clear demographic differences in terms of how these promotions are viewed by consumers, with younger age groups (i.e. those aged 16-34) significantly more likely than those aged 65 and over to buy unhealthy food on impulse as a result of all these types of promotions, as shown in Figure 6.18.

**Figure 6.18 Impact of different types of promotion on buying unhealthy food on impulse (% Agreeing) – by age (Q215)**

Base: All respondents W6 (1002)



As well as significant differences by age, women are significantly more likely than men to be influenced by *the previous (higher) price being displayed along with the new (lower) price* (46% vs. 39% of men) and *food/drink displayed at check-outs or at the end of aisles* (44% vs. 36% of men). Those with children in the household are also significantly more likely to say they have been influenced by all multi-buy promotions. Finally, C2s also tend to be most influenced, but this probably reflects this group being more likely to have children in household.

**In terms of the promotion of unhealthy food in the out of home environment, there is recognition that unhealthy fast food is the most readily available. There is also recognition that the retail industry uses several different types of promotion to lure consumers into buying unhealthy food on impulse, with those related to value for money having the greatest impact on consumers. Upsizing is particularly prevalent among younger adults who will also need more help in identifying and refusing offers of upsizing, whereas older consumers are less likely to upsize and be more supportive of action being taken to minimize upsizing.**

## 6.4 Regulation and taxation

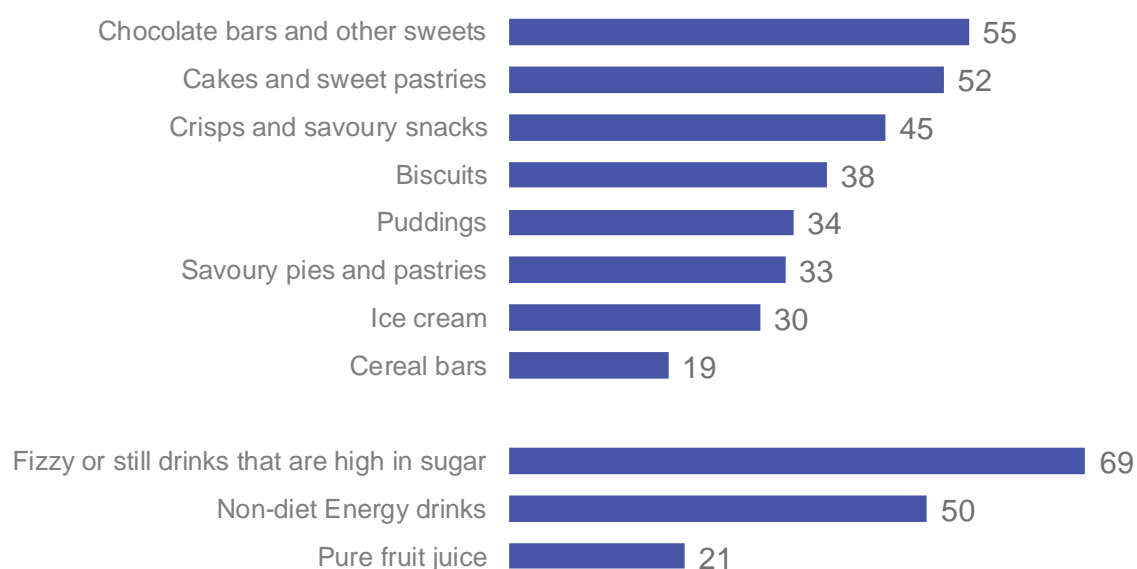
On the same theme of promotions which may lead to the purchase of unhealthy food, two further questions were added to the survey at wave six. Firstly, consumers were asked if they would support restricting the marketing and promotion of some unhealthy food/drink inside the premises where they are sold. Overall, three fifths (60%) claimed that they would support such a move. Despite some of the sub-group differences noted in the previous chapter, a relatively similar level of support was seen across all groups – by age, 65% of 16-24 year olds agreed compared to 68% of those aged 65 and over, with other age groups in the high 50%s. 63% of those in the ABC1 social grades would support such a move, compared to 57% of C2DEs,

and 64% of those with children are supportive, compared to 59% of those without children.

Consumers were also asked, if the promotion and marketing of unhealthy food and drinks were to be restricted inside the premises they are sold, which foods and drinks should be covered. The results of this question at a total sample level are shown in Figure 6.19.

**Figure 6.19 Products that should be restricted at the point of sale (Q216)**

Base: All respondents W6 (1002)



In the eyes of consumers, the main focus of such a restriction appears to be on high sugar products, with 55% mentioning chocolate bars and sweets, 52% cakes and sweet pastries, 69% drinks which are high in sugar and 50% non-diet energy drinks. As such, there appears to be a good level of support for restricting such products at the point where they are sold.

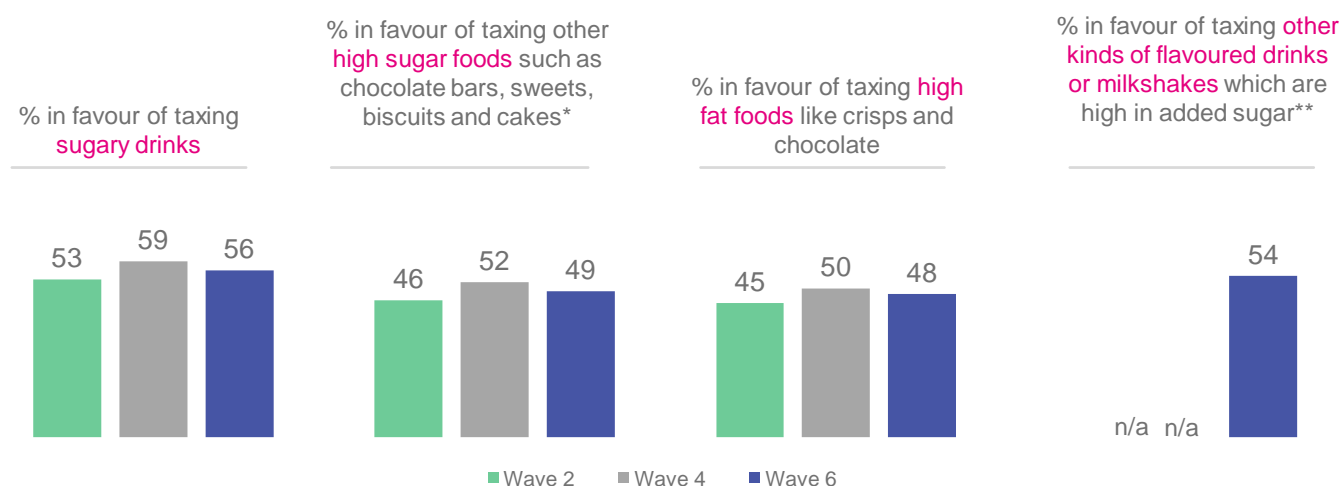
As at previous waves, the survey also sought to gauge public opinion on introducing taxes on drinks or foods high in sugar. The proportion in favour of different types of taxation are shown in Figure 6.20.

## Figure 6.20 Support for introducing taxes (Q125)

Base: All respondents W2 (1000), W4 (1000), W6 (1002)

\* Previous wording included breakfast cereals

\*\* Added at wave 6

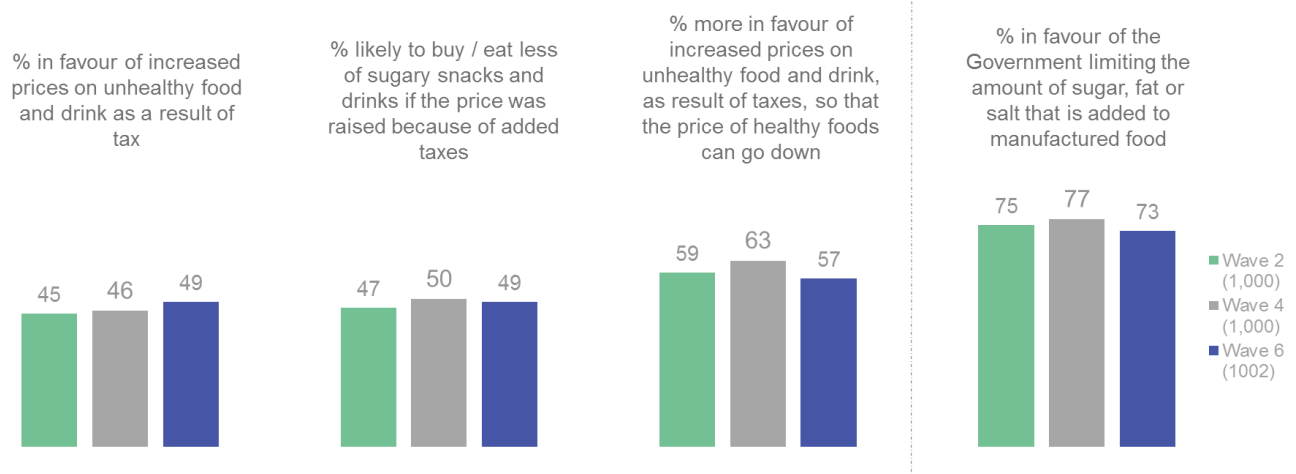


Taxing sugary drinks continues to record the highest level of favourability, though support has dropped from 59% at wave four to 56% at wave six. This could be a result of the sugary levy being introduced in April 2018. Half (49%) continue to be in favour of taxing other high sugar foods such as chocolate bars, sweets, cakes and biscuits. This is down slightly from 52% at wave four, but this could be due to the change in wording to remove breakfast cereals. Just under half (48%) support the taxation of high fat foods (down slightly from 50% at wave four), of whom 20% are strongly in favour; of the remainder, 21% are neither in favour nor against, 15% slightly against and 15% strongly against. Finally, in a new statement added at wave six, a similar proportion of just over half (54%) indicated their support for taxing other kinds of flavoured drinks or milkshakes which are high in added sugar. Despite some small fluctuations over time, these results continue to provide evidence that consumers have good level of support for taxation on unhealthy products.

All respondents were also asked whether they supported price increases on unhealthy food if taxes were imposed. These results are summarised in Figure 6.21.

**Figure 6.21 Support for introducing taxes/Government regulation (Q126, Q127, Q128, Q129)**

Base: All respondents W2 (1000), W4 (1000), W6 (1002)



Though the lowest level of support continues to be recorded for increased prices on unhealthy food and drink as a result of a tax, this has increased over time from 45% at wave two to 49% at wave six. Around half (49% at wave six) indicated that they would be less likely to buy or eat unhealthy foods if prices increased because of added taxes. The proportion who indicated that they would be **more** in favour of price increases if it meant that the price of healthy food would reduce has fallen significantly from 63% at wave four to 57% at wave six, which is now lower than that seen at the start of tracking (59%). By comparison, a much larger majority support regulation of ingredients in food as a way of improving diet, though the 73% who are in favour of the government limiting the amount of sugar, fat or salt added to manufactured goods at wave six is down from 77% at wave four. Nevertheless, this still represents three quarters continuing to support Government regulation.

**In summary, there continues to be a high level of backing (73%) of the government introducing regulation on food ingredients. The proportion in favour of increased prices as a result of a tax on unhealthy food and drink has seen a further small increase. Support for the general principle of taxes on unhealthy food and drink remains at around half of consumers. There is substantial support (60%) for action to be taken to restrict the promotion of unhealthy products at the point of sale, with consumers seeing high sugar products as the most appropriate candidates for restriction.**

## 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>1</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
5	1000	7 <sup>th</sup> – 20 <sup>th</sup> December 2017
6	1002	18 <sup>th</sup> June – 5 <sup>th</sup> July 2018

Quotas are applied 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>1</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>2</sup> matrix is applied to the total sample results.<sup>3</sup>

The achieved and weighted sample profiles are shown in Table 7.2

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

Base: All respondents (1002)

		Target %	Achieved %	Weighted %
Gender	Male	49	49	49
	Female	51	51	51
Age	16-34	30	25	30
	35-44	15	16	15
	45-54	18	20	18
	55-64	15	16	15
	65+	22	23	22
SEG (socio-economic group)	AB	25	27	25
	C1	28	30	28
	C2	19	17	19
	DE	29	26	29

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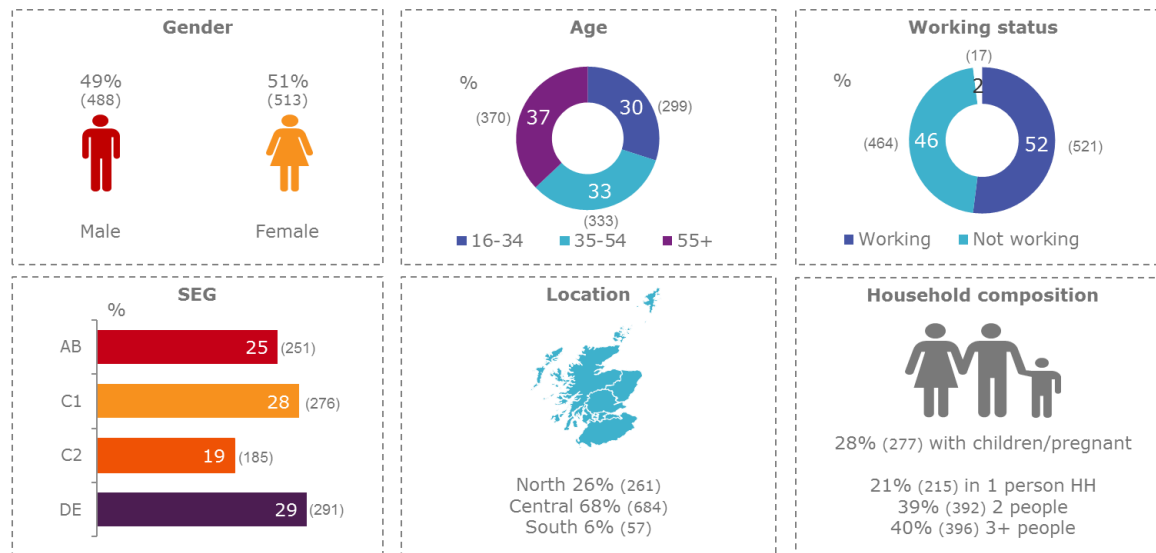
2 Weighting is the process by which data are adjusted to reflect the known population profile. Through weighting specified profiles are adjusted to match targets and through the use of a number of targets each respondent is assigned a weight within the sample that represents the extent to which their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

3 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 Weighted sample profile (note the weighted number of respondents is shown in brackets)**

Base: All respondents (1002)



Though this report focusses on the findings among the total Scotland sample, the data tables provide a wealth of information for further analysis by several variables in addition to standard demographics.

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:

[https://www.foodstandards.gov.scot/downloads/Wave\\_6\\_Questionnaire.pdf](https://www.foodstandards.gov.scot/downloads/Wave_6_Questionnaire.pdf)

The full results for each question are available here:

[https://www.foodstandards.gov.scot/downloads/Wave\\_6\\_data\\_tables.pdf](https://www.foodstandards.gov.scot/downloads/Wave_6_data_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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