



Prepacked Foods for
Direct Sale (PPDS)
Consumer Research

Final Report to Food
Standards Scotland
(FSS)

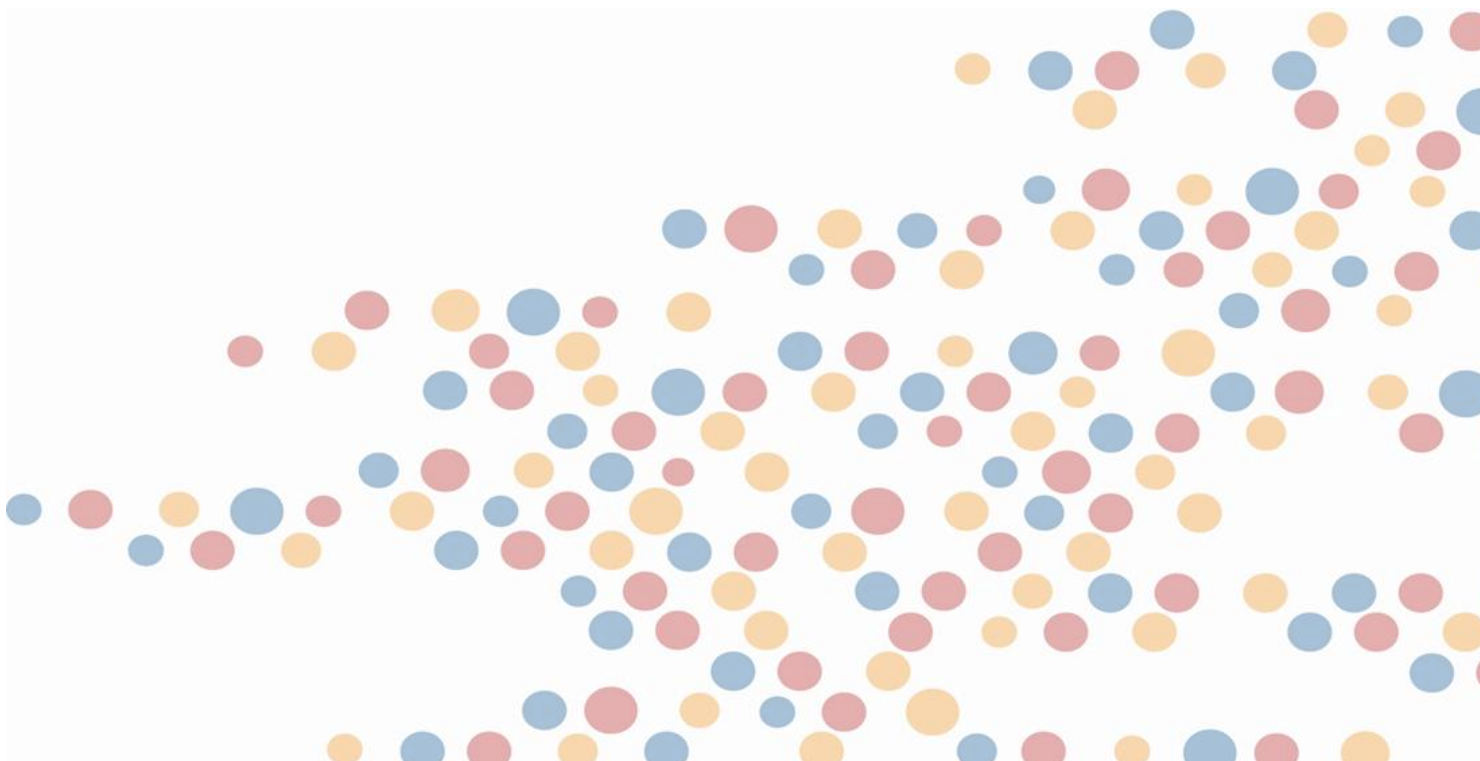


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1. Glossary of Key Terms

Coeliac disease	An autoimmune disease where eating gluten causes the immune system to begin attacking the individual's own bodily tissues in the gut. This can cause diarrhoea, weight loss, fatigue, bloating, and anaemia.
Cross-contact	Cross-contact occurs when an allergen is inadvertently transferred from a food containing an allergen to a food that does not contain the allergen. Some people may call this "cross-contamination."
Food allergy	An adverse reaction to a food that involves the immune system and can be a potentially life-threatening condition. Symptoms can appear within minutes, or up to several hours after a person has eaten a food they are allergic to. There is no cure for food allergy. An allergic individual must avoid the food which makes them ill.
Food intolerance	Most food intolerances do not involve the immune system and are generally not life-threatening. However, they can make someone feel very ill or affect their long-term health. Examples of food intolerance include lactose and gluten intolerance.
FSA	Food Standards Agency is the independent food regulator responsible for regulating food and feed products in England, Wales, and Northern Ireland.
FSS	Food Standards Scotland is the independent food regulator responsible for regulating food and feed products in Scotland.
Non-prepacked	Foods that do not fall into the definition of prepacked foods – they are sold unpackaged to customers or packaged on the sale premises only at the customer's request. They are also referred to as loose foods. For example, loose fruits at a greengrocer's or a meal in a restaurant.
Precautionary Allergen Labelling	Food labelling that provides information about the potential presence of allergens that may unintentionally appear in food as a result of cross-contact. This kind of labelling is currently not legislated but is done voluntarily by food producers.
Prepacked foods	These are foods that are manufactured and packaged before being transported to outlets to be sold. For example, a packet of dried pasta on a supermarket shelf.
Prepacked for Direct Sale (PPDS)	Foods made and packed on the same premises as they are being sold before being offered for sale to customers. This could include, for example, cakes, pies, and sandwiches which are made and packaged at the same premises from which they are sold. Since 1 October 2021, it is a legal requirement for PPDS foods to clearly display the name of the food and a full ingredients list with allergens emphasised on packaging/labelling.

2. Executive Summary

Background

Since 1 October 2021, it has been a legal requirement in the United Kingdom for Prepacked for Direct Sale (PPDS) food labels to clearly display the name of the food and a full ingredients list with the 14 regulated allergens emphasised within the list.

FSS commissioned JRS to carry out qualitative research among Scottish consumers with food allergies and intolerances, and the parents of children with allergies and intolerances. The research has sought to understand consumer awareness, experience, and impact of the new requirements.

Method

Eight online focus groups and eight online depth interviews were conducted with a total of 44 consumers living in different parts of Scotland. The fieldwork was carried out between 6 and 9 March 2023.

The focus groups and interviews explored:

- Consumers' food issues and the impact on their lives.
- Consumer understanding and behaviour around PPDS foods.
- Awareness and understanding of the new legislation.
- Food information and labelling.
- Impact of PPDS labelling requirements.

Food issues and their impact

Participants reported mixed levels of severity of food allergies and food intolerances, ranging from mild intolerances to much more serious consequences should they eat foods that they are allergic or intolerant to.

Most have been living with allergies and intolerances for many years, and they are used to being very careful in what they buy and where they shop for foods that they plan to eat. They have developed established behaviour patterns to deal with their food issues, sticking to what they know and not venturing beyond that.

They have worked hard to find ways to protect themselves from adverse reactions and are reluctant to jeopardise that balance. In addition to controlling what they eat in terms of shopping, living with allergies/intolerances has impacted participants' lives in other areas, such as financial, social, food enjoyment, health, and other issues.

Consumer understanding and behaviour

There was very little awareness or familiarity with the term 'prepacked for direct sale' or PPDS. Most associated the term with 'grab and go' food (especially sandwiches that are part of a meal deal), and other ready meals.

Some participants were regularly purchasing PPDS foods, but others (mostly those with moderate to severe allergies/intolerances) were avoiding them, and the outlets selling them, altogether.

Among those who had moderate to severe food allergies or intolerances, a lack of confidence in smaller food establishments emerged when discussing purchasing PPDS foods and was a recurring theme throughout the research. One particular concern was whether food products would actually be free from risk because of the possibility of cross-contact in the food preparation area.

After being shown the definition of PPDS food, some participants felt that they would struggle to know how to identify PPDS foods, and they would not know where to look on the packaging.

Indicators that consumers would use to establish if food has been prepared and packed on the premises include:

- having clear wrapping secured with a sticker or label,
- a label with a handwritten date,
- shorter/same day shelf life,
- a specific label (such as 'freshly made in store today'),
- foods being displayed in a certain place in a fridge or on a shelf in the store,
- or having less information on the label than they would expect in a supermarket.

Some said that they would ask a member of staff if the packaging did not tell them all they needed to know.

Awareness and understanding of new legislation

A brief definition of the new legislation was read out to all participants, followed by a short information video. Their response highlighted a very limited awareness of the legislation with only a few participants having heard of it.

Although not previously aware, many were quick to say that they could see things had changed a lot recently. In their experience, food labelling had definitely improved over the recent past, certainly in the environments that they purchased food from for their own consumption.

While participants did see that things had changed 'on the ground', there was little understanding of why this had come about. People were not aware that improvements were directly linked to the 2021 legislation.

Food information and labelling

Most participants living with food allergies and intolerances were generally very well versed in how to check if food is safe, and tend to be careful about examining labels, speaking to staff, and looking up products online to check for allergens. They have well established practices and protocols, including sticking with trusted products, brands, or stores, to stay safe.

Even those with less severe allergies and intolerances appeared to be risk averse. Most will only really take a risk in situations where they feel they have no choice, for instance if there is nothing else available at the time, because the result in terms of feeling ill is not considered worth it.

In general, labels are trusted to provide accurate information to allow people to decide whether food is safe. Participants were broadly satisfied that they can find the information they need to identify any food that might cause a bad or unpleasant physical reaction.

However, while things appear to have greatly improved for consumers in recent times, there are still limitations. For example, checking labels is time consuming and the text can be difficult to read.

Impact of PPDS labelling requirements

Participants offered broad based support for the new requirements. Most were aware that the information on food labels had improved over the recent past, and greatly welcomed that. When asked how worthwhile the changes introduced by the new legislation have been, almost all said they have been very or somewhat worthwhile.

However, most were not able to point to actual behaviour changes they had made as a result of the new requirements. Among those already aware of them, a few felt that their behaviour towards purchasing PPDS foods had probably been impacted to some extent. However, this was not a large group of participants, and there was little sign of significant changes in behaviour.

Participants tended to associate labelling on PPDS foods with wider food labelling when talking about its impact. Key areas of impact (or potential impact) were in expanding consumer choice, enabling participants to potentially buy a wider range of foods from a wider range of stores, to eat out with family and friends with greater confidence than before, and to be a bit more ambitious in their food choices.

Some participants who had learned about the new requirements during the research felt their future behaviour would be impacted. For example, some had not expected the same practices with regard to food labelling that they had become used to in supermarkets to be followed by smaller retailers. Now that they were aware, they were likely to view buying food for themselves in smaller outlets differently.

However, most participants, while positive about the new requirements, did not feel that their behaviour towards PPDS foods is likely to change in the near future. The reasons for this were mixed and included limited visibility of the changes, sticking with what they know, lack of trust in smaller outlets, fears about cross-contact, and precautionary allergen labelling by retailers (e.g., adding the words 'may contain' on food packaging) which was a source of frustration for some participants.

Many participants did not feel they wanted to, or needed to, change. They are highly safety conscious and comfortable with things as they are. This strong tendency to stick with the status quo means that there is often limited purchasing of PPDS food in unfamiliar food outlets. Many did not envisage this changing in the short-term.

Participants understood businesses may face difficulties responding to the new requirements, and there was sympathy for smaller food outlets. However, there was also concern that some businesses might pass on additional costs associated with allergen labelling of PPDS foods to consumers.

Conclusions

Many participants had an imperfect understanding of what constitutes PPDS food, and the great majority had no awareness of the new requirements.

Despite lack of awareness, there was a broad and positive awareness that food labelling generally, and food allergen labelling specifically, had improved over the last few years.

However, participants did not link the big improvements they have seen in food labelling to the new requirements.

While the improvements that consumers are aware of in food allergen labelling are hugely welcome, they have not impacted behaviour to any great extent to date.

The limited impact on behaviour is partly due to a strong tendency among people who are living with food allergies and intolerances to stick with what they know and trust.

3. Background

Food Standards Scotland (FSS) plays an important role in ensuring members of the public with food allergies and intolerances in Scotland are protected from potentially life-threatening reactions. They work with the food industry to ensure that food labelling assists consumers with food allergies and intolerances to make informed, safe choices. Food Standards Agency (FSA) plays the same role for consumers in England, Wales, and Northern Ireland.

In December 2014, food labelling and allergen information requirements were updated, and food business operators (FBOs) were then required to provide allergen information for non-prepacked foods, which includes food sold loose, food packed at the consumers' request and also food sold prepacked for direct sale (PPDS). PPDS foods are those that are packed before being offered for sale by the same food business on the same premises or location (or from moveable or temporary premises). The law at this time allowed for allergen information for these foods to be communicated in writing or verbally.

In 2016, Natasha Ednan-Laperouse died from an allergic reaction to a baguette which was PPDS. Following this there was a campaign for the expansion of legislation to bring the labelling requirements of PPDS foods more in line with prepacked foods which are subject to the full labelling requirements. Legislation, often known as 'Natasha's Law', was implemented from 1 October 2021 in the United Kingdom (UK) which made it a legal requirement for PPDS food labels to clearly display the name of the food and a full ingredients list, with the 14 regulated allergens¹ emphasised within the list.

One year after the PPDS labelling legislation came into force, the FSA and FSS commissioned a joint evaluation of its implementation and the effect it has had on FBOs and Local Authorities (LAs) across the UK. In addition, the FSA carried out research with consumers with food hypersensitivities in England, Wales, and Northern Ireland². FSS also commissioned separate research with consumers in Scotland and the findings of this research are reported in this publication.

Please note that the terms 'food allergies' and 'intolerances' are used throughout this report while the FSA evaluation uses the term food hypersensitivities.

¹ Regulation (EU) No. 1169/2011 on the provision of information to consumers (EU FIC) specifically requires allergens to be highlighted in the ingredients lists and details the 14 allergens recognised as the most common ingredients or processing aids causing food allergies or intolerances. Full information is available here: [Regulation \(EU\) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers, amending Regulations \(EC\) No 1924/2006 and \(EC\) No 1925/2006 of the European Parliament and of the Council, and repealing Commission Directive 87/250/EEC, Council Directive 90/496/EEC, Commission Directive 1999/10/EC, Directive 2000/13/EC of the European Parliament and of the Council, Commission Directives 2002/67/EC and 2008/5/EC and Commission Regulation \(EC\) No 608/2004 \(Text with EEA relevance\) \(legislation.gov.uk\)](#)

² FSA/FSS (2023) Evaluation of the implementation of prepacked for direct sale (PPDS) allergen labelling requirements, Available online at: [Executive Summary - PPDS evaluation | Food Standards Agency](#)

4. Research aims

This consumer research with individuals in Scotland with food allergies and intolerances, and the parents of children with allergies and intolerances, sought to understand:

- Awareness of the new PPDS labelling requirements.
- If, and how, the introduction of the new PPDS labelling requirements has impacted their experience of buying foods out of the home.
- The extent to which (if at all) the introduction of the new PPDS labelling requirements has improved access to ingredient information.
- The extent to which (if at all) consumers have confidence in information provided to them on PPDS food labels.
- Whether the introduction of the new PPDS labelling requirements have led to any unintended consequences that impact negatively on consumers, such as fewer suitable foods being available.
- Consumers' experiences of compliance among food businesses, for example whether or not the name of the food and list of ingredients, including allergen information, are present on prepacked food.

5. Methodology

To address the research aims a qualitative approach was followed, with eight online focus groups and eight online depth interviews. All research engagement was carried out online using Zoom.

Participants were recruited to meet the requirements of a specification agreed with FSS and they were offered an incentive to participate. A total of 44 consumers living in different parts of Scotland participated.

The fieldwork was carried out between 6 and 9 March 2023.

Sample plan

A sample plan was drawn up and agreed with the FSS client team which aimed to achieve a spread of demographic characteristics including gender, age group, socio-demographic group and area.

The sample plan (see Appendix 1 for more detail) called for the recruitment to deliver:

- Four groups with people with food allergies
- Two groups with people with food intolerances
- One group with parents of children with a food allergy
- One group with parents of children with food intolerances

The depth interviews were targeted on:

- People with coeliac disease
- People with severe food allergies
- People with severe food intolerances

- Parents of children with moderate to severe food allergies

Recruitment of participants

Participants were recruited by our experienced recruitment team, using a detailed screening questionnaire based on the sample specification agreed with FSS. Recruiters identified participants from across Scotland to participate in the online group sessions. Copies of recruitment materials are included in Appendix 2 and 3.

Research sample

Recruitment achieved a broad mix of the Scottish population, living in different parts of the country. Key characteristics of the 44 participants in the sample are shown in Figure 1 below.

Figure 1: Characteristics of the sample

Gender		Severity of condition*	
Male	17	Mild	3
Female	27	Moderate	21
Age		Severe	23
16-34	15	Living with food allergy	21
35-54	25	Living with food intolerance	13
55+	4	Child with food allergy	7
SEG		Child with food intolerance	6
BC1	27	Gluten sensitivity	11
C2DE	17	Coeliac (medically diagnosed)	5
Ethnicity		Non-coeliac gluten sensitivity (either self-diagnosed or clinically diagnosed)	4
White	35	IBS related to gluten sensitivity	3
Black/African/ Caribbean/ Black British	7	Coeliac (awaiting diagnosis)	2
Asian/Asian Scottish/Asian British	2		

Base: 44

*Base sums to 47 as one respondent also had two children with an allergy and an intolerance, and one respondent had both an allergy and an intolerance.

Focus group planning and structure

A detailed discussion guide (Appendix 4) was prepared and structured to reflect each of the research aims. In addition, and before getting into the core issues around PPDS food and the new legislation, time was built in for participants to chat about their food issues and the impact on their lives. This early part of the discussion guide was designed to get participants warmed-up and comfortable engaging in the group discussions and interviews.

Moderators stuck very closely to the guide as they delivered the focus groups. After a warm-up chat about participants' food issues, the time in each focus group was broken down into four discrete parts:

1. Consumer understanding and behaviour around PPDS foods.
 - Initial understanding was explored before participants were shown a definition of PPDS foods that was provided by FSS (Appendix 5).
2. Awareness and understanding of the new legislation.
 - Facilitators read out information about the new legislation provided by FSS. Participants were also shown a 46 second video clip³ from FSS online information for safe food and healthy eating which summarised the regulations that came into force on 1 October 2021.
3. Food information and labelling.
 - Discussions were facilitated on participants' experiences of accessing and using appropriate information for the foods they buy, and straw polls were used to gauge the extent of this.
4. Impact of PPDS labelling requirements.
 - Once participants had been given a bit more information of the new PPDS labelling requirements, there were discussions on the impact of the requirements and straw polls were used to facilitate this.

At certain points in each focus group session, straw polls were taken to gauge participants' views on the issue being discussed, and to facilitate further discussion. Where appropriate, some of this data has been shown below to illustrate a point. However, this is not survey data, and so cannot be taken to represent the responses of the population of Scotland.

Conducting the focus groups and depth interviews

Each focus group or interview was conducted by a senior member of the JRS research team. Three JRS staff were involved in delivering the research.

Three of the eight focus groups were observed by a member of FSS staff, with observers off camera and on mute for the duration of the main session, then given an opportunity to ask questions during the final few minutes.

Each group began with a welcome and an opportunity for participants to introduce themselves. Permission to video record the session was checked, and reassurances were given with respect to confidentiality, GDPR, and following the MRS Code of Conduct.

³ Video available here: [Prepacked for direct sale allergen labelling | Food Standards Scotland | Food Standards Scotland](#)

Data collection and analysis

Each focus group session was video recorded using Fathom. Fathom generates a script of the discussion, with each participant interjection time marked. Fathom also allows for sections of the discussion to be tagged by the researcher in real time, thus making it easy to go back and watch or read the content gathered around that point in the session.

After the focus groups and interviews, each researcher (consulting both the videos and transcripts as appropriate) prepared a full write-up of the salient findings (including illustrative/supportive verbatims), structuring these under the main sections of the discussion guide.

Therefore, in preparing the draft final report, the lead author had a set of high-quality research write-ups to consult and work from. The author was able to read across these structured documents and analyse these, looking for consistencies and differences on specific questions, and synthesise findings emerging across the groups and interviews.

Presentation of data

The research findings are presented in a narrative that flows across each of the main sections of the discussion guide. The narrative is supported by a mix of figures and verbatims/quotations. The figures draw from the online polls that were taken during the focus groups.

Quotations are used throughout this report and are anonymised to protect the identity of participants. Reference is made to participant characteristics using the following abbreviation conventions:

Table 1: Abbreviation convention for participant quotes

Gender	M (Male) F (Female)
Age	16-34 35-54 55+
Socio-economic group (SEG)	A - Higher managerial, professional, or administrative B - Intermediate managerial, professional or administrative C1 - Supervisory or clerical, junior managerial, professional or administrator, student living away from home C2- Skilled manual worker D - Semi or unskilled manual worker E - Unemployed or retired and living on state pension only
Diet / Type of allergy or intolerance	Food allergy Food intolerance Child with food allergy Child with food intolerance

6. Findings

Food issues and their impact

During the opening discussion about people's food issues and their impact, participants reported mixed levels of severity of food allergies and food intolerances. They ranged from those who had mild intolerances which resulted in feeling uncomfortable, unwell, or for their skin to break out in a rash or hives, to those who suffer much more serious consequences should they eat foods that they are allergic or intolerant to. Some, for example, reported living with a 'Type 1' issue, meaning that they react to the smallest traces of the allergen, even if someone nearby is consuming it.

"I've got a mild allergy to peanuts, it's more of an inconvenience than anything...I come out in a rash. I've got an EpiPen, but I don't carry it" (M, 16-34, C2DE, Food allergy)

"My 2.5-year-old daughter is allergic to milk, eggs, and nuts. She was diagnosed with the prick test, and she's Type 1. The reaction is instant.... eczema, rashes, she's ended up in hospital" (F, 35-44, C1, Child with severe food allergy)

Most of the participants have been living with allergies and intolerances for many years. For them, a strong feature of their purchasing habits is to be very careful in what they buy and where they shop for foods that they plan to eat themselves. Participants who have been living with food allergies for a while report having been through a difficult journey. They now feel as safe as they can because they are confident in what they can and cannot eat, and where they can and cannot shop safely.

In most of these cases they have developed established behaviour patterns to deal with their food issues, sticking to what they know and not venturing beyond that. They have worked hard to find ways to protect themselves from adverse reactions and are reluctant to jeopardise that balance. In addition to controlling what they eat in terms of shopping, living with allergies/intolerances has impacted participants' lives in other areas, such as financial, social, food enjoyment, health, and other issues.

Shopping

When buying food for themselves, many participants talked about shopping only in certain supermarkets where they know there is a 'free from' aisle, or where they are confident, they will find the information they need on product labelling. Several mentioned difficulties in finding gluten-free products in discount supermarkets (such as Aldi and Lidl) or having to shop in the bigger or more premium supermarkets (such as Sainsbury's or Waitrose) which were felt to have a better range of allergen-free foods.

Shopping often takes longer, as participants reported needing to examine labels closely. Even though they tend to stick to buying the same products and brands which

they know are 'safe', taking time to check is a widespread practice. The latter is partly because some participants have had a negative experience with the ingredients in a well-known brand changing unexpectedly.

“So, you end up looking it up and then it's not accurate. And they change all the time, they're always updating the ingredients that go into the food and they don't always have the accuracy.” (F, 51-54, D, Sensitivities and allergies)

Financial

Participants reported that the cost of food (such as gluten-free products) is often higher, especially if specifically labelled 'free from' or if found in the specific allergen-free area of the supermarket.

“The free from aisle is like four times more expensive” (M, 35-60, BC1, Food allergy)

Some often choose to cook from scratch at home. While participants found this to normally be more expensive than buying ingredients that are already prepared, such as sauces, they report that it feels safer because they are sure of what they are eating, and confident that it does not contain ingredients that will prove problematic.

Social

Living with allergies and intolerances means that peoples' social lives are often impacted in multiple ways. It is common to experience difficulty finding places to eat safely when going out with friends. Participants reported that, on occasion, they will forego an opportunity to socialise because they would rather avoid feeling a burden on their friends by limiting the choice of places to eat, or feeling like they are making a fuss over menu options. Even visiting the homes of friends or family, when they expect food will be provided, can be a pressure because they don't want to create extra work for the host or find that the host has gone out of their way only to have misunderstood their dietary requirements.

Similarly, some people talked about not being able to participate in workplace celebrations (formal or informal) as event organisers do not tend to think about buying allergen friendly cakes and sweets. So, overall, it is quite common for people to feel that their ability to socialise in ways they would like to has been compromised by a combination of necessary actions to keep themselves safe, and to avoid placing demands on others.

For adults, while these types of social impacts were fairly common, over time they had got used to things and this has become more of an irritant than a major problem for most. Indeed, most have established coping mechanisms such as calling ahead to restaurants or checking menus online, bringing their own snacks to work, or hosting friends at their own homes.

For those with children with allergies or intolerances, however, it can be the cause of much greater worry and other problems. Some talked about not being able to send their child to nursery, having to restrict children from attending playdates or parties, and ensuring that they (as parents) are always present to supervise.

“He wants to go to kids’ parties, and you have to make sure everyone’s aware he is lactose intolerant because he gets quite a severe reaction in his stomach” (M, 35-44, C1, Child has mild food intolerance)

Food enjoyment

While those with longer standing food issues have adjusted and become used to doing the things that keep them safe, those who had recently developed allergies or intolerances were more likely to report that food has become less enjoyable for them than before. Many talked about food not tasting as good (especially gluten-free) and how the more restricted diet that they had to follow was repetitive and boring.

Also, participants with newly diagnosed allergies/intolerances, experiencing new food issues, often had the additional challenge of navigating for the first time what they can and cannot eat. Some parents of children with an allergy/intolerance talked about specific impacts, such as:

“Before that, we loved (national chain) pizzas and stuff, but we can’t sit there and eat a fully loaded cheese pizza in front of him” (M, 35-44, C1, Child has mild food intolerance)

Health

Those with food allergies need to remember to carry an adrenaline autoinjector (AAI), such as an EpiPen, and/or other medication at all times. On occasion, some forget, leading to worry when they are out and about. There is often anxiety over what they are eating when they are not cooking from scratch or taking food from home. A few were concerned about substitution of ingredients in order to make them allergen-free, such as high sugar content in gluten-free foods.

Other issues

On occasion, some participants have found themselves in situations where they simply could not find anything safe to eat and went hungry. This has been an issue when travelling:

“I was in Paris in December. I lost several pounds because I couldn't eat. There was nothing labelled up. There was nothing. And then when I did try and eat, I would end up trying to find bathrooms in Paris.” (F, 51-54, D, Sensitivities and allergies)

Even when they find ‘safe’ brands and products, and stick with them, they need to remain continually vigilant to any recipe changes. Those with newly diagnosed or

discovered intolerances are surprised and often caught out by hidden allergens that they did not anticipate being in certain foods (milk powder in salt and vinegar crisps for example).

Consumer understanding and behaviour

Understanding of PPDS foods

There was very little awareness or familiarity with the term 'prepacked for direct sale' or PPDS. For most, what immediately came to mind was shaped by the term 'prepackaged' and constituted mainly any 'grab and go' food (especially sandwiches that are part of a meal deal), and other ready meals.

Participants were then shown a definition of PPDS foods that was provided by FSS (see Appendix 5). Some were surprised by what was included, such as prepacked, uncooked meat. Some participants did not realise that the PPDS legislation covered smaller establishments, such as take-away sandwich shops:

"I didn't realise what it was. I thought it would be like the supermarkets. But actually, it's more like Greggs. Is that right? They have the ability to make the sandwiches on site, but they also have ones that are pre-done." (F, 35-44, E, Moderate food allergy)

Purchasing of PPDS foods and concerns about smaller food outlets

Some participants were regularly purchasing PPDS foods, but others (mostly those with moderate to severe allergies/intolerances) were avoiding them, and the outlets selling them, altogether.

"The lack of a full ingredients label means I can't risk it." (M, 16-34, C2DE, Severe food allergy)

Among those who had moderate to severe food allergies or intolerances, a lack of confidence in smaller food establishments emerged when discussing purchasing PPDS foods, and was a recurring theme throughout the research. Several participants talked about how they would not trust buying from smaller, less well-known food outlets because they either did not expect the packaging would carry full food ingredient information, or if it did, they were unsure if they could trust it. One particular concern raised was whether food products would actually be free from risk because of the possibility of cross-contact in the food preparation area.

"I would like to buy more locally, but I don't trust them because you cannot rely on the content of the food matching the labelling. This is probably because they change their ingredients often and they don't keep up with the labelling. The other reason I don't trust them is because there may be cross-contamination in the kitchens." (F, 51-54, D, Sensitivities and allergies)

Identifying PPDS food

Despite having seen the definition of PPDS food, some participants felt that they would struggle to know how to identify PPDS foods and they would not know where to look on the packaging. Others, however, did not see a major problem to finding out and most would simply ask a member of staff if they felt that information on the packaging did not tell them all they needed to know.

“If it’s made on the premises and I don’t understand something on the label, I’ve got an opportunity to ask who has made it.” (F, 35-44, E, Moderate food allergy)

Indeed, asking a member of staff was a very common action when checking the safety of food. However, when in establishments that are busy, or where the customer feels that staff are new and/or inexperienced, there is less confidence in this method of checking.

A few participants also pointed out that, if they were in smaller food outlets, they may be able to tell if food is being prepared on the premises because of visual cues such as a food preparation area or a cooker/oven.

“I think it comes down to common sense. If there’s no cookers in that property, you know it’s not being cooked on that premises. If you go to a supermarket, you know it hasn’t been made there because they haven’t got a kitchen, so it has been packed in another place.” (F, 35-44, C1, Child with moderate food intolerance and food intolerance)

With particular reference to smaller food outlets, where there was any doubt about safety and the possibility of cross-contact, participants felt it was really important to know (and be able to tell with confidence) if the food item had been prepared and packed in-house. This was especially so for those with more severe food issues.

“Yes, it’s very important if you feel that the environment is risky...you need to know if it has been made up in the store.” (F, 35-60, C1, Severe food intolerance)

When pressed on how (hypothetically speaking) they might tell if a food item was PPDS, most consumers talked about how the relevant information would look on the packaging, and how this would help them to establish if the food has been prepared and packed on the premises. Here, visual indicators would be things like:

- having clear wrapping secured with a sticker or label,
- a label with a handwritten date,
- shorter/same day shelf life,
- a specific label (such as ‘freshly made in store today’),
- foods being displayed in a certain place in a fridge or on a shelf in the store,
- or having less information on the label than they would expect in a supermarket.

Awareness and understanding of new legislation

The following brief definition of the new legislation was read out to all participants, followed by a short information video⁴ (which reinforced the point that the requirements relate to all food businesses):

‘New legislation, which requires food businesses in Scotland to include the product name and full ingredient information on food sold prepacked for direct sale (PPDS), came into force on 1 October 2021 in Scotland and the rest of the UK. The new legislation improves information about allergens and other ingredients in food packed in advance, mainly at the same place where it’s sold, before being offered to consumers. These changes to PPDS labelling requirements are sometimes referred to as ‘Natasha’s Law’.

There was very limited awareness of the legislation with only a few participants having heard of it. Although the majority were not previously aware, many were quick to say that they could see things had changed a lot recently. In their experience, food labelling had definitely improved over the recent past, certainly in the environments where they purchased food for their own consumption.

“In the early 2000s, it was a lot more difficult because it wasn't always on the packaging, and you just had to take a chance, really, with dairy and all that. Now, people with allergies are a lot better catered for than they've ever been before.” (F, 35-44, C1, Child with moderate food intolerance and food intolerance)

One participant who was aware of the requirements suspected she may have heard of it through the Coeliac UK website. This site shares information on incidents where food has not been labelled correctly, and users are able to contact food outlets to seek improvements. Other participants had found out about the requirements while researching a newly discovered intolerance or allergy.

Many were not aware of Natasha’s Law, although some were aware of the incident and that Natasha Ednan-Laperouse had died after suffering a severe allergic reaction on a plane as a result of eating a sandwich from a well-known shop. Most of these were also aware that there had been a campaign in response to this incident, but they did not link this as contributing to the passage of new legislation for the labelling of PPDS foods.

While participants did see that things had changed ‘on the ground’, there was little understanding of why this had come about; people were not aware that improvements were directly linked to the 2021 legislation.

Some participants felt that the improvements they were aware of might be related to the Covid-19 Pandemic, and increased levels of hygiene protocols. Others pointed out

⁴ Video available here: [Prepacked for direct sale allergen labelling | Food Standards Scotland | Food Standards Scotland](#)

that allergens are now more broadly 'on the agenda'. For example, restaurants are now asking people if they have any allergies when booking and/or ordering. Participants had also noticed announcements when flying about no peanuts, and some parents talked about school regulations asking children not to bring nuts into school.

When the detail of the new legislation was considered within the focus groups, one aspect that surprised many participants was that it applied to all businesses selling PPDS food. As a result of the group discussion, they recognised that it applies to smaller businesses, such as local bakers, butchers, and cafes.

However, while many may often use smaller businesses, as has been noted, they do not tend to use them to buy PPDS food for themselves. When buying prepacked foods for their own consumption, they stick with the larger stores and supermarkets that they associate with having more reliable food labelling practices.

The reluctance to consider buying food for themselves from smaller establishments was also often tied to not trusting that food made up on the premises would be free from cross-contact with allergens that would pose them problems.

Food information and labelling

Participants were asked about their general experience of identifying foods that may cause them, or their child, a bad or unpleasant reaction.

Most participants living with food allergies and intolerances are generally very well versed in how to check if food is safe for them, and tend to be very careful about examining labels, speaking to staff, and looking up products online to check for allergens. They have well established practices and protocols, including sticking with trusted products, brands, or stores, to stay safe. Where the information is not available, they will not take a risk.

The occasional bad experience has reinforced this established caution. One participant, for example, forgot to read the packaging fully on one occasion and suffered an adverse reaction as a result. Another could not decide what type of sausage she wanted and asked her regular butcher to 'surprise' her. When she ate the product purchased, she had a bad reaction because the sausages contained an unexpected ingredient which she was allergic to.

Even those with less severe allergies and intolerances appeared to be risk averse. Most will only really take a risk in situations where they feel they have no choice, for instance if there is nothing else available at the time, because the result in terms of feeling ill is not considered worth it.

In general, labels are trusted to provide accurate information to allow people to decide whether food is safe. However, while things appear to have greatly improved for consumers in recent times, there are still limitations.

As mentioned before, it is time consuming to have to check every detail of every label. Some participants reported feeling self-conscious and uncomfortable when having to stare at a food label for a lengthy period of time in order to read it. Full ingredient listings can also be long, with a risk of potentially not seeing an allergen even though it is listed. It was specifically mentioned that the use of bold text for allergens helps, but participants are not convinced that it is used widely enough. Text is also often in very small print, which causes problems for those with sight impairments.

“It's not always easy because of the tiny writing which is hard to read. It would be better if it was bigger and brighter.” (F, 51-54, C1, Severe food intolerance).

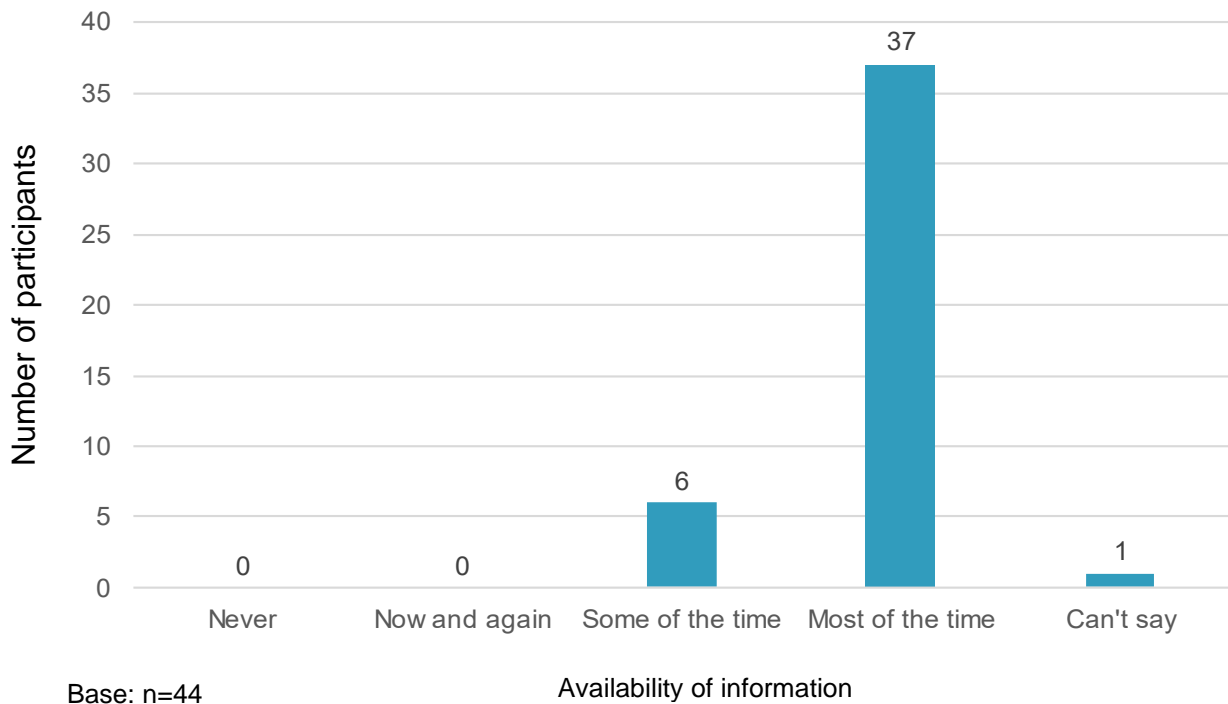
A call for both bigger and bolder print was frequently made, but some participants were sceptical that there is sufficient space for labels to carry this. It was also mentioned that colour coding or the use of simple symbols on the front of the pack would be helpful to aid quick identification of products either to avoid, or to reassure that they are safe.

There were also some specific situations that participants found to be more challenging, such as when in busy, smaller food establishments where they feel uncomfortable about asking staff questions about ingredients, or when dealing with labelling on foods from other countries (even where information is provided in English).

“Sometimes you think that looks really nice, but it doesn't have the same labelling. Even the English label that's on top maybe doesn't have what you need it to have and it's frustrating because you have to think you don't want to risk it.” (F, 35-44, E, Moderate food allergy)

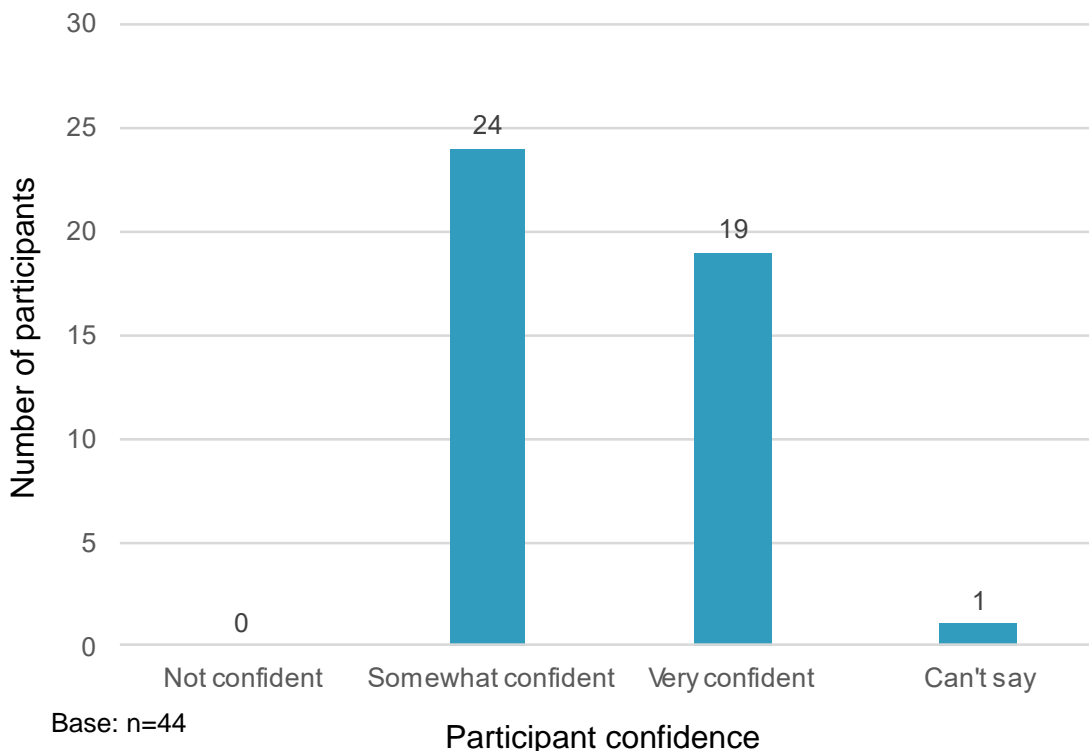
Despite some limitations, the straw poll shows that the research participants were broadly satisfied that they could find the information they needed to identify any food that might cause a bad or unpleasant physical reaction some or most of the time (43 out of 44, Figure 2).

Figure 2: How readily available information is to help identify food that might cause a bad or unpleasant physical reaction (participant perceptions)



With specific reference to information provided on PPDS food labels, the situation is slightly less positive. Just under half of participants (24 out of 44) indicated in the straw poll that they were 'somewhat' confident that they are able to identify and avoid foods that might cause an unpleasant reaction for them or their child (Figure 3).

Figure 3: Participant confidence that the information provided on PPDS food labels allows them to identify and avoid foods that might cause an unpleasant reaction for them or their child



Impact of PPDS labelling requirements

When asked about the impact the new PPDS labelling requirements have had, participants were generally very positive, but it is important to distinguish between this general positivity and actual behaviour of participants. Evidence from this research suggests that the link between the two is fairly weak. While there is broad based support for the requirements, participants were less able to point to actual behaviour changes they had made as a result of them.

This is partly because participants did not know the requirements were in place, which made it difficult for them to respond to questions about how they had been specifically impacted by them. However, the weak link between support and behaviour may also reflect three themes which came through quite strongly in the research:

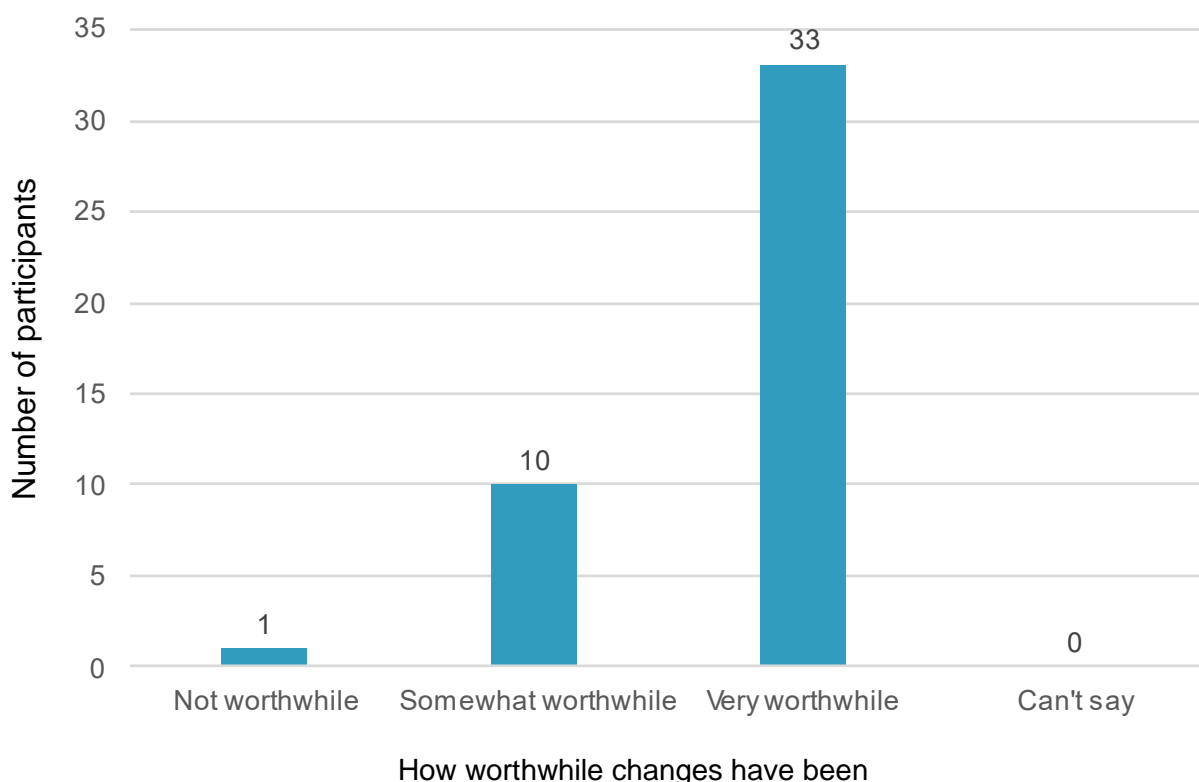
- people sticking with what they know and feel safe with
- lack of trust in the food safety practices of smaller and less familiar food outlets
- and a sense that some food businesses use 'may contain' statements on labelling as a way of avoiding having to provide full allergen information.

General positivity

Participants' general positivity towards PPDS legislation needs to be set against a context that most of them had not been aware of the new requirements prior to participating in this research. Certainly, most were aware that the information on food labels had improved over the recent past, and greatly welcomed that. When asked (in the straw poll) how worthwhile the changes introduced by the new legislation have been, almost all said they have been very or somewhat worthwhile (43 out of 44), with most indicating they felt they were very worthwhile (33 out of 44) (Figure 4).

"They (new requirements) are huge, they are massive. Peoples' diets are so restricted if they have an allergy or serious intolerance. It could enable lives to open up, with people becoming less socially isolated, because they are more aware of what they can eat. It will help them take more ownership of their own health." (F, 45-50, B, Possible coeliac)

Figure 4: How worthwhile changes introduced by the new regulation have been



Base: n=44

This general positivity reflects a number of things, including (as indicated in the quotes below) a new confidence in retailers' practice, a sense that consumers have more information to work with, and a general uplift in perceived safety. Following participation in the research, participants said they are now more likely to look out for labels on PPDS foods because they now know information should be there.

"It's more reassuring to know what I'm giving to my son is safe for him to have." (F, 35-44, DE, Child with moderate food allergy)

"It just gives me more confidence and trust in that retailer [if PPDS foods are labelled] knowing that they are more particular in their food preparations and use suppliers who are more particular about this [allergens]." (F, 35-44, C1, Child with severe food allergy)

"When shopping, you now have more information to draw on. You're able to try new things, be more adventurous, whereas in the past you tended to stick with what you knew." (F, 35-60, Serious food intolerance)

Impact on behaviour

Among those who were already aware of the new requirements, a few felt (on reflection) that their behaviour towards purchasing PPDS foods had probably been

impacted to some extent. However, this was not a large group of participants, and there was little sign of significant changes in behaviour.

Participants tended to associate labelling on PPDS foods with wider food labelling when talking about its impact. Key areas of impact (or potential impact) were in expanding consumer choice, enabling participants to potentially buy a wider range of foods from a wider range of stores, and to eat out with family and friends with greater confidence than before. In some cases, this had already enabled a few participants to be a bit more ambitious in their food choices and to try out new foods.

“It makes it easier to try new things. It can get quite hard and boring sometimes when you have to stick to the same things.” (F, 35-44, E, Moderate food allergy)

“More confidence to eat out with friends. Makes things easier. If cafes are busy, you don't have to bother staff by asking them. Feels more normal, what it should be like.” (F, 2534, C1, Mild food allergy)

“I think there must have been some or a big impact...over the recent past my life has changed because of the clearer labels. I was just not aware that's why.” (F, 51-55, D, Gluten intolerant)

There were some participants who felt that their future behaviour would be impacted based on what they had learned about the new requirements during this research. For example, some had not expected the same practices with regard to food labelling that they had become used to in supermarkets to be followed by smaller retailers. However, now that they were aware, they noted that they are likely to view buying food for themselves in smaller outlets differently.

“I was aware that the big retailers label their PPDS foods, but until today I thought it was just the big companies. This has completely changed my thinking. I'll now be looking more closely when I go into smaller shops.” (F, 45-50, B, Possible coeliac)

“With this sort of clarity, I would be more comfortable to try something I hadn't bought before” (F, 35-44, DE, Child with food allergy)

However, most participants, while positive about the new requirements, did not feel that their behaviour had been impacted to date. Nor did many indicate that they felt their behaviour towards PPDS foods is likely to change in the near future. The reasons for this were mixed and included limited visibility of the changes, sticking with what they know, lack of trust in smaller outlets, fears about cross-contact and precautionary allergen labelling.

Limited visibility of changes

Some had not noticed things had changed, or they had only noticed changes very recently. Many are simply not shopping in the types of stores where PPDS foods are being sold, as they are not used to being able to eat foods from these places, and stick to familiar, larger supermarkets.

“Labelling in supermarkets is really good, but I wasn’t aware that this (labelling requirements) applied to all businesses. So, I’ve not been going into many local shops. I just assumed it would be difficult to get information.” (F, 45-50, Suspected coeliac)

"Like I said, I've not really noticed too much. So, I wouldn't say it's had much of an impact on myself." (M, 16-34, C1, Food intolerance)

People sticking with what they know and trust

Many participants did not feel they wanted to, or needed to, change. They are highly safety conscious and comfortable with things as they are. This is particularly so for participants who have been living with allergies and intolerances for some time, and now feel confident that they know how to eat safely. This strong tendency to stick with the status quo means that there is often limited purchasing of PPDS food in unfamiliar food outlets. Many do not envisage this changing in the short-term.

“I will look for the labels now because I know that they should be there, but I’m not going to change my buying habits, because I’ll just buy the same stuff that I have always bought.” (M, 45-50, C1, Severe food allergy)

"No impact on my life. It's important to have that labelling, it gives you choices if you need the choices, but it doesn't change the types of food that you're able to eat." (F, 35-60, BC1, Severe food allergy)

Particular fears relating to cross-contact

Other participants expressed concern that, even where the business was fully compliant with the requirements on allergen food labelling, they would not trust that the environment that the food is prepared in would be free from cross-contact with ingredients that could give them a serious reaction. Several expressed fears and reservations in relation to potential cross-contact (although they referred to it as cross-contamination).

This was particularly true for smaller businesses, as participants did not have the confidence that they would have separate preparation areas, there was a big question mark over trusting their foods. This was because there was an assumption that PPDS food offered by larger retailer/supermarket brands was made in large premises that had enough space for separate areas to prevent cross-contact, and that these organisations had robust policies in place to minimise the likelihood of litigation.

“You’d need to know that the utensils that are used are kept in a different place, that they are kept separate, but how do you know?” (F, 61-64, Coeliac disease)

“It may say, gluten-free, but cross-contamination if it’s been in contact with other gluten products is the problem if you’re coeliac. It’s great to know the labelling is there, but it’s only half the solution for me. If it said, ‘gluten-free and prepared in a gluten-free environment’, then I’d be more likely to take the risk and buy.” (F, 45-50, Suspected coeliac)

There was also an issue about how a customer can reliably tell if staff practice in the food preparation is actually safe, which caused anxiety for a number of participants.

“I don’t know how many times someone has to wash a pan before it’s safe. I’ve worked in a kitchen on a busy night. Meat and fish are being cut on the same board. The same knife could be used. In the heat of the moment, you don’t know who you are sending it out to.” (M, 51-54, C1, Serious food allergy)

Precautionary allergen labelling

There was a perception that the use of language like ‘may contain’ on food packaging is a fairly widespread (and possibly increasing) practice among smaller food outlets. This was another factor that impeded purchasing of PPDS foods from smaller food outlets where participants could not be certain if the food they might want to buy was safe to eat. The use of precautionary allergen labelling was a source of frustration for quite a few of the participants:

“I just avoid anything that has ‘may contain’ warnings. I’ve had some reactions, so now I’ve just cut it all out as it’s too risky.” (F, 45-50, Suspected coeliac)

“It’s probably OK, but when I see ‘not suitable for nut allergen sufferers’, it puts the seed of doubt into you.” (F, 25-34, C1, Mild food allergy).

Perceived impacts on businesses

While participants recognised that having precautionary allergen labelling allows them to stay safe, there was a general feeling that some businesses may be defaulting to its use to avoid having to tighten up food preparation practices and remove the risk of cross-contact happening. This fed a suspicion that some businesses might be using the practice to avoid embracing the spirit of the new requirements:

“Shops are just covering themselves by using ‘may contain’. Make the factories that ingredients come from cleaner, or produce the food in a separate place, so ‘may contain’ is used less often” (M, 35-44, BC1, Coeliac)

Participants also understood businesses may face difficulties responding to the new requirements and there was a fair amount of sympathy for smaller food outlets. For

example, it was noted that it would be difficult for small businesses to guarantee that PPDS products were free from certain allergens where these ingredients were bought in from another supplier where cross-contact might have taken place. There was an assumption that larger retailer/supermarket brands would not have the same issue.

Also, there was anecdotal feedback about some businesses removing some PPDS products from the shelves, possibly because they could not guarantee that cross-contact with allergens had not happened during food preparation. Where this had happened, it was noted that it had led to less choice for consumers in what were popular local food outlets.

Some questioned how difficult it might be for small businesses to comply with legislation and whether or not some would be able to survive as a result. One participant was confident that the new requirements may have been a significant contributory factor in the closure of one local business that he used and valued.

Related to the above, was concern that some businesses would need to pass on additional costs associated with allergen labelling of PPDS foods to consumers. This is a real concern in the current economic climate, and with the backdrop of allergen-free products already often being more expensive.

7. Conclusions

Many participants had an imperfect understanding of what constitutes PPDS food according to the definition of the new legislation, and the great majority had no awareness of the new requirements pertaining to allergen labelling on PPDS food.

However, despite lack of awareness of the PPDS legislation, there was a broad and positive awareness that food labelling generally, and food allergen labelling specifically, had improved over the last few years which is seen as very important in supporting consumer choice and enabling people to buy and eat safely.

Participants did not, however, link the big improvements they have seen in food labelling to the new requirements, nor do they perceive them to be associated only with PPDS foods (which, as noted, are not consistently understood).

All of the above made it difficult for participants in the research to respond to questions about their views on, and how they have been impacted by, the new requirements for PPDS foods. Discussion on these questions took place after the facilitators had defined and described PPDS food and the new requirements.

While the improvements that consumers are aware of in relation to food allergen labelling are hugely welcome and have generally made things a lot easier for people when shopping, they have not impacted behaviour to any great extent.

The limited impact on behaviour is partly due to a strong tendency among people who are living with food allergies and intolerances to stick with what they know and trust. There is a strong commitment to the status quo and to what, and where, people know and have confidence in.

Another factor that supports the status quo is a sense that people are less likely to find PPDS foods that are labelled in ways that meet their needs. This was related to the overuse of precautionary allergen labelling, coupled with a lack of trust in (particularly) smaller food outlets that may struggle to remove the risk of cross-contact taking place in food preparation areas.

Appendix 1 – Sample plan

Group 1 People with food allergies Gender mix 16-34yrs BC1	Group 2 People with food allergies Gender mix 35-60yrs (min 2 participants with kids at home) BC1
Group 3 People with food allergies Gender mix 16-34yrs C2DE	Group 4 People with food allergies Gender mix 35-60yrs (min 2 participants with kids at home) C2DE
Group 5 People with food intolerances Gender mix 16-34yrs Mix of SEG	Group 6 People with food intolerances Gender mix 35-60yrs (min 2 participants with kids at home) Mix of SEG
Group 7 Parents of children with a food allergy Must be responsible for making decisions about child eating out of home Gender mix Mix of SEG	Group 8 Parents of children with food intolerances Must be responsible for making decisions about child eating out of home Gender mix Mix of SEG
Depths 1-2 People with coeliac disease	Depths 3-4 People with severe food allergies
Depths 5-6 People with severe food intolerances	Depths 7-8 Parents of children with moderate to severe food allergies

Additional stipulations regarding sampling:

- Participants recruited from across Scotland.
- At least eight minority ethnic participants recruited across the groups.
- Included people with whose conditions reflect a range of severity (mild, moderate, severe) based on their own self-reported assessment.

Appendix 2 – Screening questionnaire



Market Research - SG158 Screener

Introduction: Good morning/afternoon/evening I am..... from Jump Research, an independent market research agency, who are conducting a project on behalf of Food Standards Scotland. We have been asked to speak to people around Scotland who may suffer from food allergies / food intolerances or have children with food allergy / intolerance. I was wondering if you would like to take part. It would take the form of an online group discussion of 90 mins (or 1-2-1 interview of 60 mins) on DATE @ TIME. As a thank you for your time you would receive £40.

To make sure you are eligible to take part, I need to ask you a few questions and take your contact details. The information you provide will be kept securely and are confidential. They will not be used for any other purpose than this research, and only be seen by the research team. All details collected are deleted at the end of the project.

By providing the answers and details you are opting-in to the research. You can opt-out at any time by contacting me. You will receive an email confirming your opt-in and providing full details of the project if you are eligible to take part. This will come from Jump Research. Please respond to this email to confirm you are happy to participate in the research.

A1 **Respondent name:**

A2 **Email address:**

A3 **Phone number:**

A4 **Recruiter name:**

A5 **Group or depth**

Group

Depth

A6

Group number:

- 1
- 2
- 3
- 4

- 5
- 6
- 7
- 8

A7

Depth number:

- 1
- 2
- 3
- 4

- 5
- 6
- 7
- 8

A7a

Date and time of depth:

SQ1

Do you have access to a computer / laptop with a webcam or tablet with audio/video? (i.e. can you take part in zoom meetings).

- Yes
- No

Continue

Thank and close

SQ2 **Do you or does any of your close family work in any of the following industries?**

- Advertising CLOSE
- Marketing CLOSE
- Public Relations CLOSE
- Market Research CLOSE
- Food Standards Scotland CLOSE
- Nutrition CLOSE
- None of the above GO TO SQ3

SQ3 **How regularly do you eat out of home, including buying pre-packaged foods (e.g. sandwiches)**

- Very often Go to SQ4
- Quite often Go to SQ4
- Occasionally Go to SQ4
- Very occasionally CLOSE
- Never CLOSE

SQ4a **Do you suffer from a bad or unpleasant physical reaction after consuming certain foods, or avoid certain foods because of the bad or unpleasant physical reaction they might cause? This may include an autoimmune response such as coeliac disease.**

- Yes Go to SQ4b, then Q1
- No Go to SQ4b

SQ4b **Do you have any children in your household, aged 17 or under, who suffer from a bad or unpleasant physical reaction after consuming certain foods, or who avoid certain foods because of the bad or unpleasant physical reaction they might cause?**

- Yes Continue to Q1 (if Yes at SQ4a) or Q2 (if No at SQ4a)
- None who suffer CLOSE IF NO AT SQ4a
- No kids at home CLOSE IF NO AT SQ4a

Food Allergy: A food allergy is when the body's immune system (which is the body's defence against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing a number of chemicals in the body. These chemicals cause the symptoms of an allergic reaction

Food Intolerance: Food intolerances do not involve the immune system. Instead, a food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea.

Q1 **Do you have an allergy or a food intolerance (or both) and which foods affect you?**

	Food allergy	Food intolerance
Peanuts	<input type="radio"/>	<input type="radio"/>
Other nuts, e.g. almonds, hazelnuts, walnuts, cashew nuts, pecans	<input type="radio"/>	<input type="radio"/>
Cow's milk and products made with cow's milk, e.g. butter, cheese, cream, yoghurt	<input type="radio"/>	<input type="radio"/>
Cereals containing gluten, e.g. wheat, rye, barley, oats	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>
Crustaceans, e.g. crabs, lobster, prawns, scampi	<input type="radio"/>	<input type="radio"/>
Molluscs, e.g. mussels, snails, squid, whelks, clams, oysters	<input type="radio"/>	<input type="radio"/>

Soya	<input type="radio"/>	<input type="radio"/>
Celery/celeriac	<input type="radio"/>	<input type="radio"/>
Mustard	<input type="radio"/>	<input type="radio"/>
Lupin	<input type="radio"/>	<input type="radio"/>
Sesame	<input type="radio"/>	<input type="radio"/>
Sulphur dioxide/sulphites	<input type="radio"/>	<input type="radio"/>
Cereals other than those containing gluten, e.g. buckwheat, rice, corn	<input type="radio"/>	<input type="radio"/>
Fruit	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Which food?

Food Allergy: A food allergy is when the body's immune system (which is the body's defence against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing a number of chemicals in the body. These chemicals cause the symptoms of an allergic reaction

Food Intolerance: Food intolerances do not involve the immune system. Instead, a food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea.

Q2 Does your child have an allergy or a food intolerance (or both) and which foods affect them?

	Food allergy	Food intolerance
Peanuts	<input type="radio"/>	<input type="radio"/>
Other nuts, e.g. almonds, hazelnuts, walnuts, cashew nuts, pecans	<input type="radio"/>	<input type="radio"/>

Cow's milk and products made with cow's milk, e.g. butter, cheese, cream, yoghurt	<input type="radio"/>	<input type="radio"/>
Cereals containing gluten, e.g. wheat, rye, barley, oats	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>
Crustaceans, e.g. crabs, lobster, prawns, scampi	<input type="radio"/>	<input type="radio"/>
Molluscs, e.g. mussels, snails, squid, whelks, clams, oysters	<input type="radio"/>	<input type="radio"/>
Soya	<input type="radio"/>	<input type="radio"/>
Celery/celeriac	<input type="radio"/>	<input type="radio"/>
Mustard	<input type="radio"/>	<input type="radio"/>
Lupin	<input type="radio"/>	<input type="radio"/>
Sesame	<input type="radio"/>	<input type="radio"/>
Sulphur dioxide/sulphites	<input type="radio"/>	<input type="radio"/>
Cereals other than those containing gluten, e.g. buckwheat, rice, corn	<input type="radio"/>	<input type="radio"/>
Fruit	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Which food?

Q3 **Do you have a bad / unpleasant reaction to food containing gluten? If yes, which of the following best describes your situation?**

- Medically diagnosed with coeliac disease Depth 1 / 2
- May have coeliac disease but not fully tested Depth 1 / 2
- Gluten sensitivity / non-coeliac gluten sensitivity (either self-diagnosed or clinically diagnosed)
- IBS
- Don't have a reaction to gluten

Q4a **How severe is your food allergy?**

- Severe Recruit a mix
- Moderate Recruit a mix
- Mild Recruit a mix

Q4b **How severe is your food intolerance?**

- Severe Recruit a mix
- Moderate Recruit a mix
- Mild Recruit a mix

Q5a **How severe is your child's food allergy?**

- Severe Recruit a mix
- Moderate Recruit a mix
- Mild Recruit a mix

Q5b **How severe is your child's food intolerance?**

- Severe Recruit a mix
- Moderate Recruit a mix
- Mild Recruit a mix

Q6

Gender of respondent:

- Male Check quotas
- Female Check quotas

Q7

Age of respondent:

- | | | | |
|-------------------------------|--------------|-------------------------------|--------------|
| <input type="radio"/> 16 – 24 | Check quotas | <input type="radio"/> 51 - 54 | Check quotas |
| <input type="radio"/> 25 – 34 | Check quotas | <input type="radio"/> 55 - 60 | Check quotas |
| <input type="radio"/> 35 – 44 | Check quotas | <input type="radio"/> 61 - 64 | Check quotas |
| <input type="radio"/> 45 – 50 | Check quotas | <input type="radio"/> 65 + | Check quotas |

Q8

Which of the following groups does the chief income earner in the household belong to?

· If retired and have an occupational pension, please select according to the previous occupation.

- Semi or unskilled manual worker (D)** Check quotas
- Skilled manual worker (C2)** Check quotas
- Supervisory or clerical / Junior managerial / Professional / administrator (C1)** Check quotas
- Intermediate managerial / Professional / Administrative (B)** Check quotas
- Higher managerial/ Professional/Administrative (A)** Check quotas
- Student (C1)** Check quotas
- Retired and living on state pension only (E)** Check quotas
- Unemployed (for over 6 months) or not working due to long term sickness (E)** Check quotas
- Unemployed (less than 6 months) (E)** Check quotas
- Homemaker (E)** Check quotas
- Other** Check quotas

Q9

Which of the following best describes your ethnicity?

- | | |
|---|--------------|
| <input type="radio"/> White | Continue |
| <input type="radio"/> Mixed/Multiple ethnic group | Check quotas |
| <input type="radio"/> Asian/Asian British | Check quotas |
| <input type="radio"/> Black/African/Caribbean/Black British | Check quotas |
| <input type="radio"/> Other ethnic group | Check quotas |
| <input type="radio"/> Prefer not to say | Continue |

Q10

Which council area do you live in?

- | | | |
|---|--|---|
| <input type="radio"/> Aberdeen City | <input type="radio"/> East Renfrewshire | <input type="radio"/> Orkney Islands |
| <input type="radio"/> Aberdeenshire | <input type="radio"/> Falkirk | <input type="radio"/> Perth and Kinross |
| <input type="radio"/> Angus | <input type="radio"/> Fife | <input type="radio"/> Renfrewshire |
| <input type="radio"/> Argyll and Bute | <input type="radio"/> Glasgow | <input type="radio"/> Scottish Borders |
| <input type="radio"/> City of Edinburgh | <input type="radio"/> Highland | <input type="radio"/> Shetland Islands |
| <input type="radio"/> Clackmannanshire | <input type="radio"/> Inverclyde | <input type="radio"/> South Ayrshire |
| <input type="radio"/> Dumfries and Galloway | <input type="radio"/> Midlothian | <input type="radio"/> South Lanarkshire |
| <input type="radio"/> Dundee City | <input type="radio"/> Moray | <input type="radio"/> Stirling |
| <input type="radio"/> East Ayrshire | <input type="radio"/> Na h-Eileanan Siar (Western Isles) | <input type="radio"/> West Dunbartonshire |
| <input type="radio"/> East Dunbartonshire | <input type="radio"/> North Ayrshire | <input type="radio"/> West Lothian |
| <input type="radio"/> East Lothian | <input type="radio"/> North Lanarkshire | |

Thanks for completing - please press submit and enter next screener

Appendix 3 – Respondent email confirmation

Email confirmation

Hi there,

Thank you for agreeing to take part in our market research project. Please read the details below and reply that you are happy to participate.

You are invited to take part in a small group discussion to discuss the information provided on food labels, specifically food you buy for eating out of the home. This will provide information to Food Standards Scotland to know whether more information is required / food businesses are doing the right thing.

The discussion will take place using Zoom, which is an online video conferencing tool. You must have access to a laptop / pc with webcam and audio, or a tablet / smart phone that can gain access to your camera / audio. If you haven't used before, please setup ahead of time and test. There is more information attached about using Zoom. If you have any problems, please call Ruth on 07900267906 or email ruth@jumpresearch.co.uk

To join the Zoom meeting, you just need to click this link:

Time and date details:

Date:

Time:

Moderator name:

The discussion will last about **90 mins** and you will receive **£40** in appreciation of your time and input. You will receive this within a couple of days of the research taking place.

Here is some information about what to expect during the discussion:

- Please be on time for the session start time. If you are later than 5 minutes after the start time, then you may not be able to take part.
- The moderator will introduce themselves and tell you more about the discussion and then ask you to briefly introduce yourself.
- There are no right or wrong answers – all we ask is that you contribute and share your views.
- Please stay for the full session and please try and take part in a room with no distractions.
- The discussion may be recorded to allow the Moderator to listen back to what was said and allow them to report back correctly. The recordings will not be used for any other purpose and will not be passed onto anyone else. All recordings will be deleted once the project has been reported to the client.

Finally:

We hope that you will enjoy the discussion. Please be reassured that all information and views remain confidential and cannot be used for any other purpose under our Market Research Society Code of Conduct.

Kind regards
Ruth Fleming

Appendix 4 – Discussion guide

**Food Standards Scotland
Pre-packed foods for direct sale (PPDS) - Consumer Research
TOPIC GUIDE DRAFT (FINAL)
17th Feb 2023**

Introduction and set up (5mins)

By moderator- name, JRS, independent researcher

Welcome and introduction to the subject and format of the session. A max of 1.5hrs for groups / 1hr for 1-2-1 depths.

We are carrying out this work for our client Food Standards Scotland (FSS) which has a responsibility for ensuring that the food we eat is safe and to give us the information we need about food and food safety.

The topic is PPDS – i.e., prepacked foods for direct sale. We are wanting to talk to consumers with food allergies and intolerances and those who live with people with allergies and intolerances to get your views on a few things, such as:

- Your awareness of new labelling requirements for PPDS foods
- How the requirements may have impacted your experience of buying foods out of home, and your confidence in the information provided on food labels on PPDS foods
- Your experience of how compliant food business are with PPDS labelling requirements.

Reassurance over **confidentiality**, GDPR and MRS Code of Conduct

- We will not disclose any of your details
- We will anonymise all our reports - quotations may be used but will be tagged with a general description of your role
- We will only use the information you provide for the purpose of this research

Individual introductions - First name, what you do, where you live, your household situation.

Background

Can you tell me a bit about your / your child's food allergy or intolerance and its severity?

PROBE: What impact does that have on your life / lives?

PROBE: How does it impact what information you look for when buying food?

PROBE: Does it impact whether or not you avoid certain types of food altogether?

PPDS foods – consumer understanding and behaviour

When you hear the term 'Prepacked for Direct Sale' – PPDS foods – what kind of food items come to mind? NOTE DOWN SPONTANEOUS COMMENTS.

I'm now going to read out the full definition of PPDS foods:

SHOWCARD 1 – DEFINITION OF PPDS FOODS

PPDS foods are those packed before being offered for sale by the same food business to the final consumer, where this takes place on the same premises or location; or from moveable or temporary premises (e.g., a market stall or mobile sales vehicle).

Examples of these include:

- Sandwiches placed into packaging by the food business on site before being offered for sale to customers (i.e., they are wrapped in advance and not made-to-order)
- Cakes a baker puts in boxes on their premises and then sells to consumers on a market stall
- Burgers or sausages which are prepacked by a butcher to be sold on the same premises.

How does that compare to your understanding of foods that are PPDS?

PROBE: Is there anything that surprises you? Or anything unclear?

Say you entered a food business and saw food in packaging ready for you to buy. How easy or difficult would it be for you to tell whether the food was packaged on that business premises?

PROBE: How would you determine whether these foods are PPDS or not?

PROBE: Is there anything that could make it easier for you to determine whether a product is PPDS or not...e.g., where / when packaged...anything at all?

Can you think of any situation, or any products, where there is doubt / uncertainty about whether or not they are PPDS?

What types of PPDS food do you purchase?

PROBE: Are you more or less likely to purchase PPDS food over any other types of food (e.g., loose foods, packaged foods)?

IF YES: Why?

IF THEY DON'T PURCHASE PPDS FOOD: Are there any particular reason/s you don't buy PPDS food?

Awareness and understanding of new legislation

INFORM PARTICIPANT/S THAT...

New legislation, which requires food businesses in Scotland to include the product name and full ingredient information on food sold prepacked for direct sale (PPDS), came into force on 1 October 2021 in Scotland and the rest of the UK. The new legislation improves information about allergens and other ingredients in food packed in advance, mainly at the same place where it's sold, before being offered to consumers. These changes to PPDS labelling requirements are sometimes referred to as 'Natasha's Law'.

Are you aware of this legislation?

IF YES: Can you describe what you understand these new requirements to be?

PROBE: In what circumstances do they apply? What information needs to be carried on the labele.g., name of food, all ingredients, 14 major allergens), anything else?

IF AWARE: When and how did you find out about the new requirements?

DOUBLE CHECK AWARE/NOT AWARE

Here is a short video (less than a minute) that summarises the requirements introduced on 1 October 2021....

FACILITATOR PLAYS VIDEO. PLAY TWICE IF REQUIRED.

What's your thoughts on what you have just heard about the new requirements? GIVE TIME FOR INITIAL RESPONSES.

Is the definition of PPDS clear and understandable?

Is there anything you have heard that is different to what you expected / would expect?

Do you feel that you fully understand the labelling requirements for PPDS foods?

PROBE: Why / Why not?

Have you used any guidance or resources to understand the new requirements? IF YES: What were they? Were they useful? Would you recommend any areas for improvement?

Are there any aspects of the new requirements that you are still uncertain or confused about?

Food information and labelling

Thinking of all the food that you purchase, how would you describe your experience of identifying foods that may cause you (or your child) a bad or unpleasant reaction? LISTEN OUT FOR POSITIVES AND NEGATIVES / ANY CHALLENGES FACED.

How confident are you that you are able to identify foods that may cause a bad or unpleasant reaction (for you and/or your child)?

Thinking specifically of food that is PPDS, how readily available is the information you need to help identify food that might cause a bad or unpleasant physical reaction (for you and/or your child)? ...ADD, IF NECESSARY: By 'readily available' I mean that you are able to access the information in writing (e.g., on a food label) without needing to ask a member of staff to provide it.

PROBE: Would you say, the information is readily available: most of the time, some of the time, now and again, or never?

Have you ever struggled or had any difficulty in finding information on PPDS food?

IF YES: What do you do on these occasions? What kind of difficulties / barriers has this caused for you?

IF THEY SAY, 'ASKED A MEMBER OF STAFF', PROBE: And how have they reacted? LISTEN OUT FOR GOOD / NOT GOOD EXPERIENCES

IF NOT EVER 'ASKED A MEMBER OF STAFF: What is the reason/s you have not asked staff for help with allergen information?

Does your experience in finding information on PPDS food differ across different food outlets?

IF YES: How / in what way?

How confident are you that the information provided on PPDS food labels allows you to identify and avoid foods that might cause an unpleasant reaction for you / your child?

**PROBE: Are you very confident / Somewhat confident / Not confident / Can't say
What could increase your confidence in the labels you find on PPDS food?**

Impact of PPDS labelling requirements

NB - YOU ARE COVERING SIMILAR GROUND TO THE ABOVE QUESTIONS, BUT THE FOCUS NOW IS TO TEASE OUT HOW THINGS HAVE CHANGED FOR PEOPLE SINCE OCTOBER 2021.

I'd now like to ask about your experience of buying PPDS foods since the introduction of the new PPDS labelling requirements in October 2021....

*****NB – SOME PARTICIPANTS MAY NOT HAVE BEEN AWARE OF THE 2021 CHANGES, SO TAILOR QUESTIONS AS APPROPRIATE – E.G., PROBE ANY DIFFERENCE/S THEY HAVE NOTICED SINCE 2021.**

Overall impact of new regulations

**Overall, how would you describe the impact (if any at all) the new PPDS labelling requirements have had for you when buying PPDS foods (for you / your child)?
GIVE TIME FOR PARTICIPANTS TO REFLECT AND OPEN UP.**

Changes & challenges

What (if any) change/s have you noticed?

PROBE: For example, have you found that the information available to identify if a PPDS food might cause a bad or unpleasant reaction for you / your child has changed at all?

Generally speaking, would you say that the changes you have noticed (if any) have been positive or not?

PROBE: What are your reasons for saying that?

Have you faced any challenges or difficulties as a result of the new labelling requirements?

IF YES: What challenges / difficulties?

Have you done anything in particular to try and overcome these difficulties / challenges?

IF YES: How did it go - were you successful?

Impact of the new regulations on confidence

Has the introduction of the new requirements impacted your confidence in buying PPDS foods?

IF YES: In what way?

PROBE: Was this change immediate after the new regulations were introduced, or was it more gradual?

PROBE: Would you say this change is a direct result of new legislation, or are there other factors?

IF YES: What are these other factors?

Impact of the new regulations on consumer behaviour

Has the introduction of the new PPDS requirements impacted your behaviour... in any way at all?

IF YES: In what way/s? GIVE TIME FOR PEOPLE TO OPEN UP

Since the introduction of the new requirements, has how often you bought PPDS foods changed at all?

IF YES: How? What are the reasons for this / these changes?

Since the introduction of the new requirements, have you had to ask a business for further allergen or ingredient information?

IF YES: What further information did you ask for? Was this provided?

IN CASES WHERE BEHAVIOUR HAS BEEN NO IMPACT ON BEHAVIOUR ASK: Is there any reason/s that your behaviour – i.e., what you do when buying food - has not changed since the new regulations were introduced?

Impact of new regulations on business behaviour

In your experience, how have food businesses responded to the new regulations?

PROBE: Are they compliant – and do they do what they are meant to do? And is that all / most / or some businesses? Why do you think that is?

Wider impacts of new regulations on consumers

Has the introduction of the new PPDS requirements impacted your quality of life in any way?

IF YES: How?

PROBE: Why do you think this is? Was this change immediate? More gradual?

Has the change in PPDS labelling requirements impacted your life in any other way/s?

IF YES: How? Why do you think this is?

Summing up

Can I just double check, what if any impact has the labelling regulations had on you...would you say they have had: a big impact, some impact, or no impact?

ASK EACH PARTICIPANT

Overall, have the changes introduced been 'worthwhile' from the point of view of consumers?

PROBE: Have they been: very worthwhile, somewhat worthwhile, or not worthwhile?

ASK EACH PARTICIPANT

Are there any things – any actions – that you feel could be taken (by government bodies or businesses) that would make the new labelling regulation work better for you as a customer?

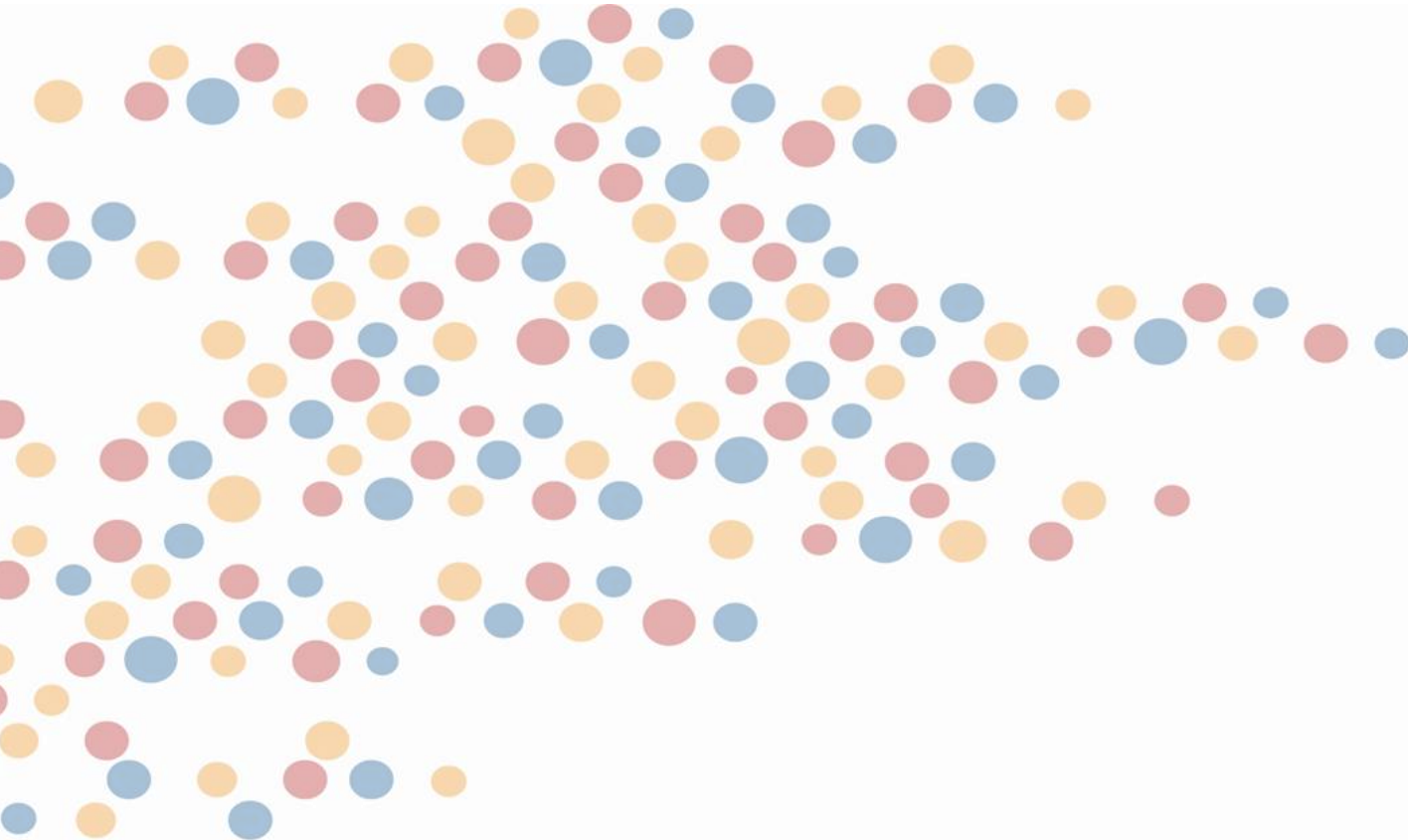
Appendix 5 - Showcard

Definition of Prepacked food for direct sale (PPDS)

PPDS foods are those packed before being offered for sale by the same food business to the final consumer, where this takes place on the same premises or location; or from moveable or temporary premises (e.g., a market stall or mobile sales vehicle).

Examples of these include:

- Sandwiches placed into packaging by the food business on site before being offered for sale to customers (i.e., they are wrapped in advance and not made-to-order)
- Cakes a baker puts in boxes on their premises and then sells to consumers on a market stall
- Burgers or sausages which are prepacked by a butcher to be sold on the same premises.



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