



Food in Scotland
Consumer Tracking Survey
Wave 2

September 2016

SUMMARY REPORT

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1. Executive Summary

The results from Food Standards Scotland (FSS)'s Food in Scotland Consumer Tracking Survey act as a benchmark in measuring Scotland's attitudes, behaviours and knowledge in relation to food. 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.



Food Standards Scotland has six strategic outcomes it is working towards delivering:

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

The survey was developed and designed to explore the interests of consumers 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 second wave of tracking; the first wave¹ was reported on in March 2016.

Kantar TNS was commissioned to undertake the research on behalf of FSS, and surveyed a representative sample of adults in Scotland using an online self-completion approach. At each wave c1000 adults aged 16+ were interviewed:

- between 8th and 15th December 2015 for Wave one
- between 28th June and 6th July 2016 for Wave two

¹ [Wave 1 report can be found here](#)

1.1 Key Findings

1.1.1 Strategic Outcomes 5 and 6 – FSS is a trusted organisation, FSS is effective and efficient

- FSS has achieved a good level of brand recognition and trust in a short time, with the proportion aware of, and having trust in the organisation, increasing significantly in the six months between the first and second waves of tracking.
- Understanding of the role of FSS and ratings of FSS fulfilling its role and responsibilities have also improved by a few percentage points.
- FSS continues to perform best in those areas where consumers most expect it to be operating – in protecting and advising on food safety – compared to the less familiar areas of nutrition and food labelling.

1.1.2 Strategic Outcome 3 – Consumers choose healthier diets

1.1.2.1 Knowledge and awareness, and healthy eating behaviour

- The statements of healthy eating advice that participants were asked about, based on the principles of the [Eatwell Guide](#), are relatively well known (an average of eight known out of eleven); however the vast majority of respondents do not consistently follow them (an average of two out of eight). The least known healthy eating guidelines relate to what meals should be based on, with less than a third (31%) aware that it should be starchy carbohydrates.
- Most consumers are aware of the high sugar content in certain drinks and agree (80%) they should be avoided, however further behavioural measures show that this does not necessarily act as a barrier for consuming sugary drinks (67% consume any sugary drinks in an average week).
- Similarly, a large proportion agree snacks between meals should only be eaten occasionally and in small amounts (83%), yet nearly all (92%) claim to consume any 'discretionary' foods (eg cakes, sweets, chocolate, biscuits, savoury snacks) in an average week.
- When asked how often discretionary snacks are consumed, slightly under half (44%) indicated that they consume them at least once a day or more, and a fifth (19%) indicated twice a day or more. Furthermore, nearly half of the sample (48%) agreed that eating discretionary snacks makes them feel good, increasing to 61% among those who eat discretionary snacks twice a day or more.
- Links between health and diet are also well-established, with 85% agreeing they know that an unhealthy diet can cause lots of health problems, with over eight in ten indicating that they were concerned about the levels of salt, sugar, fat and saturated fat found in food.
- Most (over 70%) understand that they are responsible for their own weight, however a significant minority place the responsibility elsewhere, with around one in six believing it is the result of metabolism (18%) or genetics (16%).

- There is strong evidence that unhealthy eating/being overweight is regarded as a national problem in Scotland with around nine in ten agreeing that obesity (89%) is a serious problem.
- There is a growing concern among parents about their children's diet and health and wellbeing with an increase in agreement that they *worry about the types of food their children are eating* (from 45% agreed to 51%).

1.1.2.2 Barriers to, and opportunities for, choosing a healthier diet

- As found at wave one, there is a range of opinion in terms of our own and our families' diets: around half described their or their household's diet as healthy (56% and 52% respectively), a significant minority claimed it was unhealthy (14% and 17% respectively) and a further significant proportion said it was neither healthy nor unhealthy (27% for both), potentially reflecting a recognition that while not felt to be bad, it could be improved.
- Whilst most still agree, there has been a significant (5%) drop in agreement that consumers have *clear information on eating a healthy balanced diet* (84%, down from 89%).
- Perceptions around preparation time/convenience and expense are fairly significant barriers to making healthy choices whereas eating healthy food in itself is not.
- In terms of opportunities to improve diet, the survey results revealed that there was no single appealing (or unappealing) option.
- Views towards the ease of eating healthily when out of the home are rather polarised, with a small proportion claiming it is **very** easy and a similarly sized proportion describing it as **very** hard. The large remainder are fairly evenly split between those rating it as quite easy (42%) and quite difficult (36%).
- Most agree that the convenience of the least healthy food options (74%), price promotions (68%) and placing foods high in sugar or fat next to checkouts (66%) encourage the consumption of unhealthy foods.
- Around 80% expressed agreement that children's menus should offer more healthy choices and that everyone (children and adults) should be able to select smaller portion sizes on the menu. There was also a broad consensus that children should be offered smaller portions from the adult menu (69%).
- There was a high level of awareness of the UK Government plan to introduce a tax on sugary soft drinks (85%), but support for tax on this type of drinks, and for tax on other food types was fairly moderate (c50%); a much larger majority supported regulation of ingredients in food as a way of improving diet (75%).

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. To date, two waves of the survey have been undertaken, the first in December 2015 and this, the second, in June 2016. The main purpose of the research is to obtain current information on consumer attitudes, knowledge and reported behaviours in Scotland across a range of food safety and nutrition issues.

This is a biannual survey that allows for a core set of questions to be included at each wave and alternating modules focusing on food safety and authenticity, and diet and nutrition running annually i.e. at every second wave. The questions are mainly aligned to cover FSS's six strategic outcomes.

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

FSS intends to use the findings as a benchmark against which changes in food safety and healthy eating knowledge, attitudes, behaviours can be monitored over time.

This report summarises the findings from the **second** wave of research tracking and focuses mainly on the following FSS strategic outcomes:

- Consumers choose healthier diets
- FSS is a trusted organisation
- FSS is efficient and effective

The measures related to the outcomes that 'FSS is trusted' and 'FSS is efficient and effective' are repeated at each wave, therefore the Wave 1 results are also shown in this report for comparative purposes. A small number of measures relating to diet and nutrition were also included in the first wave, and these have also been reported in the second wave, where results are comparable.

3. Method and Sample

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



At each wave the same sample and methodological approach is adopted: the data is collected using an online self-completion questionnaire and the sample is drawn using a dual panel approach. These panels 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 3.1: Fieldwork dates

Tracking research wave	Sample size	Fieldwork dates
1	1003	8 th – 15 th December 2015
2	1000	28 th June – 6 th July 2016

Quotas were applied in order to provide a survey sample that was representative of the adult population in Scotland in terms of gender, age, socio-economic status and region. Additionally, to ensure that the achieved sample exactly matched the population on these key variables, and at each wave, a weighting² matrix was applied to the total sample results.³

The achieved and weighted sample profiles are shown in Table 3.2

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 weighting is based on population estimates from the BARB (Broadcasters' Audience Research Board) Establishment Report 2011, ONS (Office of National Statistics) Mid-year population estimates 2011 and the 2001 Census.

Table 3.2: Survey profile: achieved and weighted

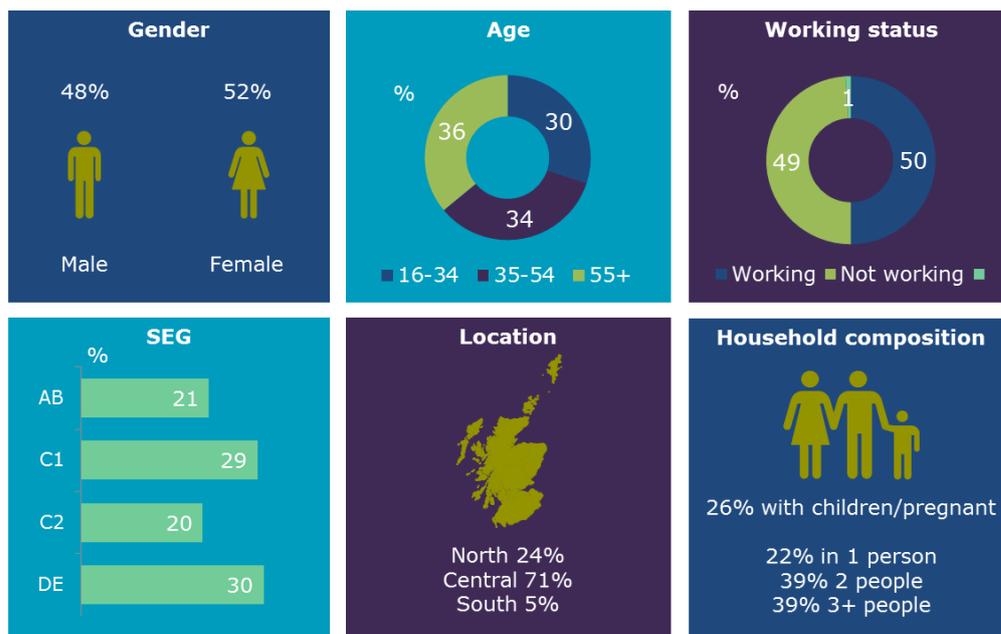
Base: All respondents (1000)

Base:1000		Target %	Achieved %	Weighted %
Gender	Male	48	48	48
	Female	52	52	52
Age	16-34	30	25	30
	35-44	16	18	16
	45-54	18	19	18
	55-64	15	17	15
	65+	21	22	21
SEG (socio-economic group)	AB	21	25	22
	C1	29	30	28
	C2	20	19	20
	DE	30	26	30

An overview of the survey sample is shown in Figure 3.1, illustrating the range of the adult population surveyed.

Figure 3.1 Sample profile

Base: All respondents (1000)



The scale and scope of the survey allows for a number of questions to be included which are also usable as analysis variables. Though this report focusses on the findings among the total Scotland sample, the data tables provide a wealth of information for further analysis by a number of variables in addition to standard demographics. Some examples of the analysis variables available are shown in Figure 3.2.

Figure 3.2 Analysis variable

Base: All respondents (1000)



As part of this comprehensive survey to gauge opinions and attitudes towards eating healthily, all respondents were asked to agree or disagree (using a five-point scale) with a wide range of attitude statements on food and nutrition. At the appropriate points within each chapter, these findings have been referenced in the main body of the text.

A copy of the questionnaire can be found here:

<http://www.foodstandards.gov.scot/wave-2-tracker-questionnaire>

The full results for each question are available here:

<http://www.foodstandards.gov.scot/food-scotland-data-tabulations>

4. 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, some eighteen months after the organisation was established.

In summary, we found that:

- FSS has achieved a good level of brand recognition and trust in a short time, with the proportion aware of, and having trust in the organisation, increasing significantly at wave two.
- understanding of the role of FSS and ratings of FSS fulfilling its role and responsibilities have also improved by a few percentage points.
- FSS continues to perform best in those areas where consumers most expect it to be operating – in protecting and advising on food safety – compared to the less familiar areas of nutrition and food labelling.



4.1 Brand recognition and perceptions

As illustrated in Figure 4.1 and Figure 4.2, there have been improvements in both awareness and trust in FSS since the first wave of tracking.

Figure 4.1 Proportion aware of Food Standards Scotland (Q7)

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



All respondents were shown the FSS logo and told that 'Food Standards Scotland' has taken over from the 'Food Standards Agency' as the organisation responsible for making sure people eat healthily and safely in Scotland. In total 50% claimed they had heard of FSS before taking part in the survey, a significant increase from 44% in Wave 1.

Figure 4.2 Proportion that trust Food Standards Scotland (Q9)

Base: All respondents W1 (450), W2 (495)

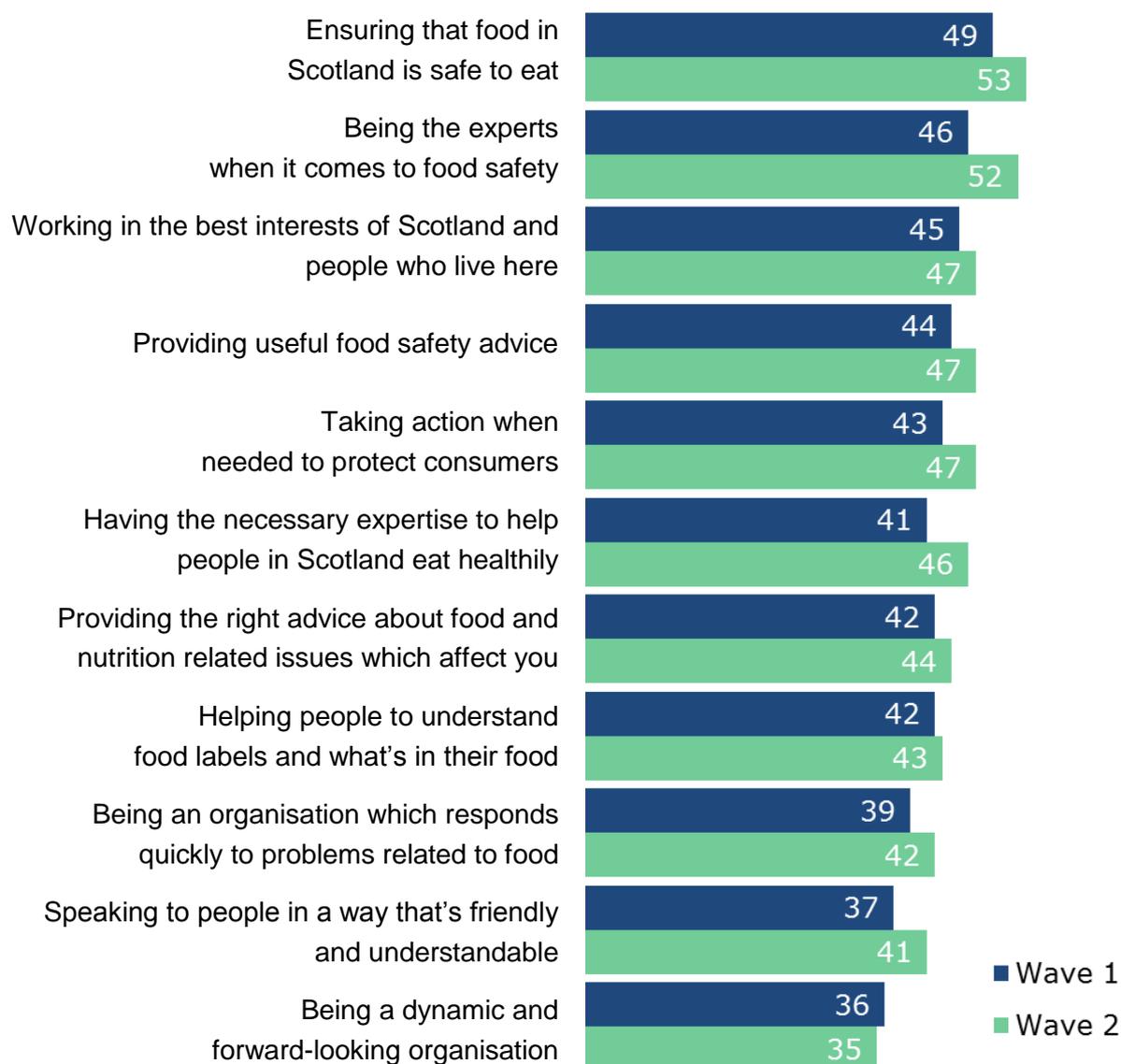


Among those aware of FSS, the degree of trust also increased significantly from 70% in wave one to 76% in wave two. As found previously only a very small proportion said they did not trust the organisation (1%) with the remainder (20%) neither trusting nor distrusting FSS - the latter reflecting unfamiliarity with the organisation.

Those aware of FSS were also asked to rate FSS 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 or very good) is shown in Figure 4.3 for each statement.

Figure 4.3 Proportion rating FSS 'Excellent' or 'Very good' (Q10)

Base: All respondents aware of FSS W1 (450), W2 (495)



The results show that the performance of FSS at wave two has improved across nearly all aspects, most notably being seen as the *experts when it comes to food safety* (46% in wave one increasing to 52% in wave two) and having the *expertise to help people in Scotland eat healthily* (41% in wave one to 46% in wave two).

The statements that got fewer *Excellent* or *Very good* scores relate more to the way in which the organisation operates, rather than its functions. Additionally, these statements recorded the highest level of non-response, with around 15% unable to give an opinion compared to around 10% across all other statements. That said *responsive to problems with food* and *being friendly and understandable* have both increased slightly at the latest wave, with being dynamic and forward looking the only aspect where there has been no sign of improvement.

Importantly the total percentage giving a positive rating of the top-3 box, including 'excellent', 'very good' or 'good', ranged from 69% to 86% across all statements and only a tiny minority (2% or less) indicated that any aspect was 'poor'.

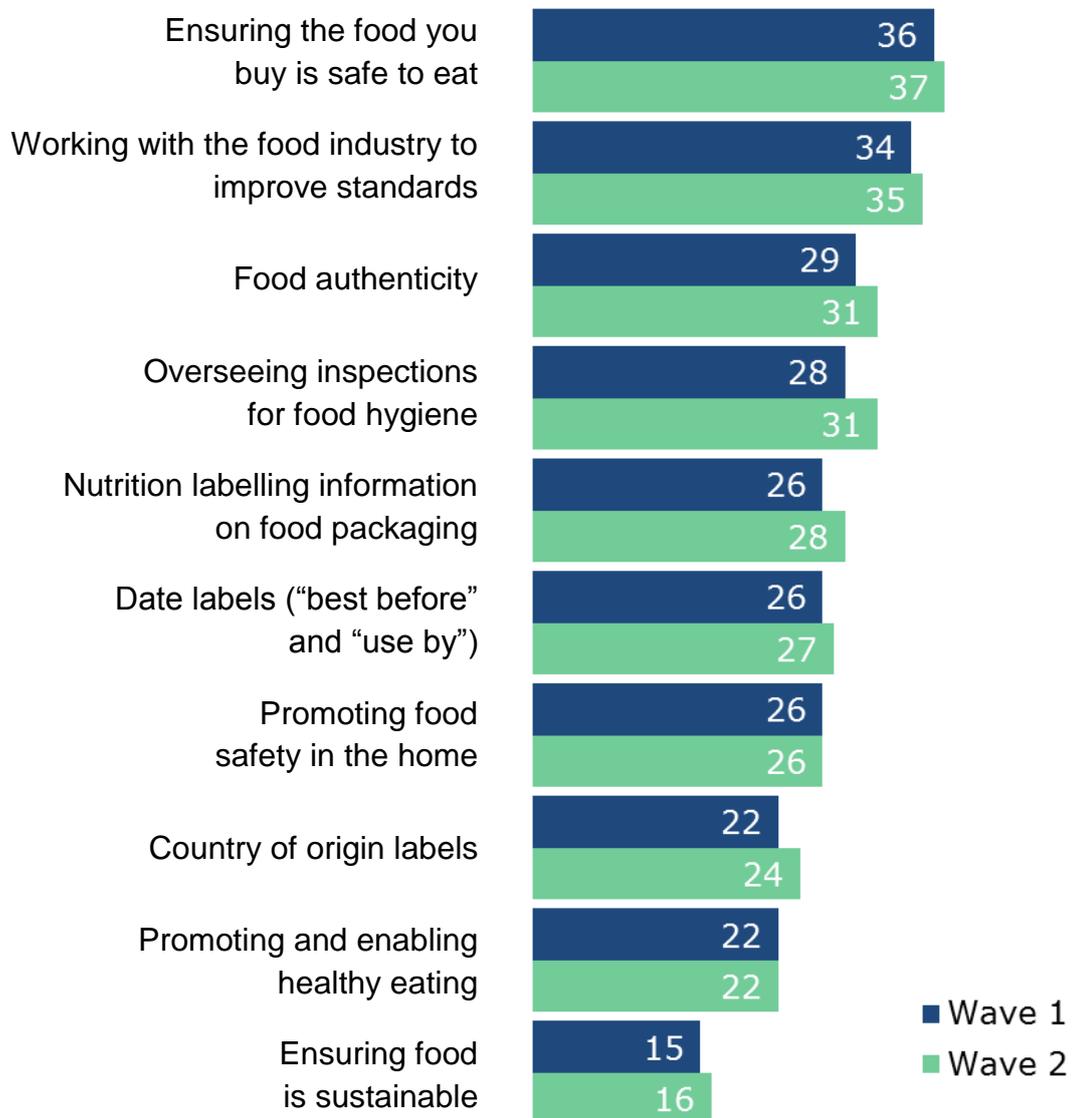
Overall therefore, FSS is perceived to perform strongly across all aspects but is considered to be performing best where consumers expect it to be operating – in protecting and advising on food safety. The aspects with the lowest level of strong positive endorsement also tended to have the highest level of non-response, suggesting that ratings will improve as familiarity with FSS increases.

4.2 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 for the total sample, not just those aware of the organisation, are shown in in Figure 4.4.

Figure 4.4 What issues respondents think FSS is responsible for (prompted) (Q8)

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



The results highlight that respondents are still relatively unfamiliar with the full scope of responsibilities of FSS, with the most selected issues ‘*ensuring the food you buy is safe to eat*’ and ‘*to work with the food industry to improve standards*’ each mentioned by around a third. In line with the increase in brand recognition however there is some evidence to suggest understanding of the role of FSS is slowly improving as there has been an increase of a few percentage points in several areas.

Overall, FSS remains more likely to be associated with food safety and standards and least likely to be familiar with its responsibility for healthy eating and food labelling. Awareness of the organisation’s remit for food authenticity, overseeing hygiene inspections and other aspects of labelling and safety in the home remain moderately well-known.

5. Consumers have healthier diets

FSS dietary advice is based on the [Eatwell Guide](#), produced by Public Health England in association with FSS and other UK governments. The Guide encompasses consensus evidence from the Scientific Advisory Committee on Nutrition Report on Carbohydrates and Health, together with existing dietary recommendations.

This chapter of the report mainly focuses on awareness of, and attitudes towards, healthy eating: covering issues such as knowledge of healthy eating guidelines, behaviours in relation to guidelines and health concerns around specific types of food. For a small number of measures in this section, benchmark data from wave one is available.

In summary we found that:

- the healthy eating advice is relatively well known. However, the vast majority of respondents do not consistently follow them. The least-known healthy eating advice relate to what should be the main type of food on the plate with less than a third aware that it should be starchy carbohydrates.
- most consumers are aware of the high sugar content in certain drinks and agree they should be avoided, however further behavioural measures show that this does not necessarily act as a barrier for consuming sugary drinks. Likewise, negative attitudes towards high sugar foods do not preclude these from being eaten.
- links between health and diet are well-established, and the level of concern with ingredients such as sugar, salt, fat and saturated fat, also confirms an awareness of the negative impact of poor nutrition.
- the majority understand that everyone is responsible for their own weight, however a significant minority place the responsibility elsewhere; with around one in six believing it is the result of metabolism or genetics.
- there is strong evidence that unhealthy eating/being overweight is regarded as a national problem with the vast majority agreeing that obesity is a serious problems for Scotland.
- the results from the two waves of tracking suggest that there is a growing concern among parents about their children's diet and health and wellbeing.

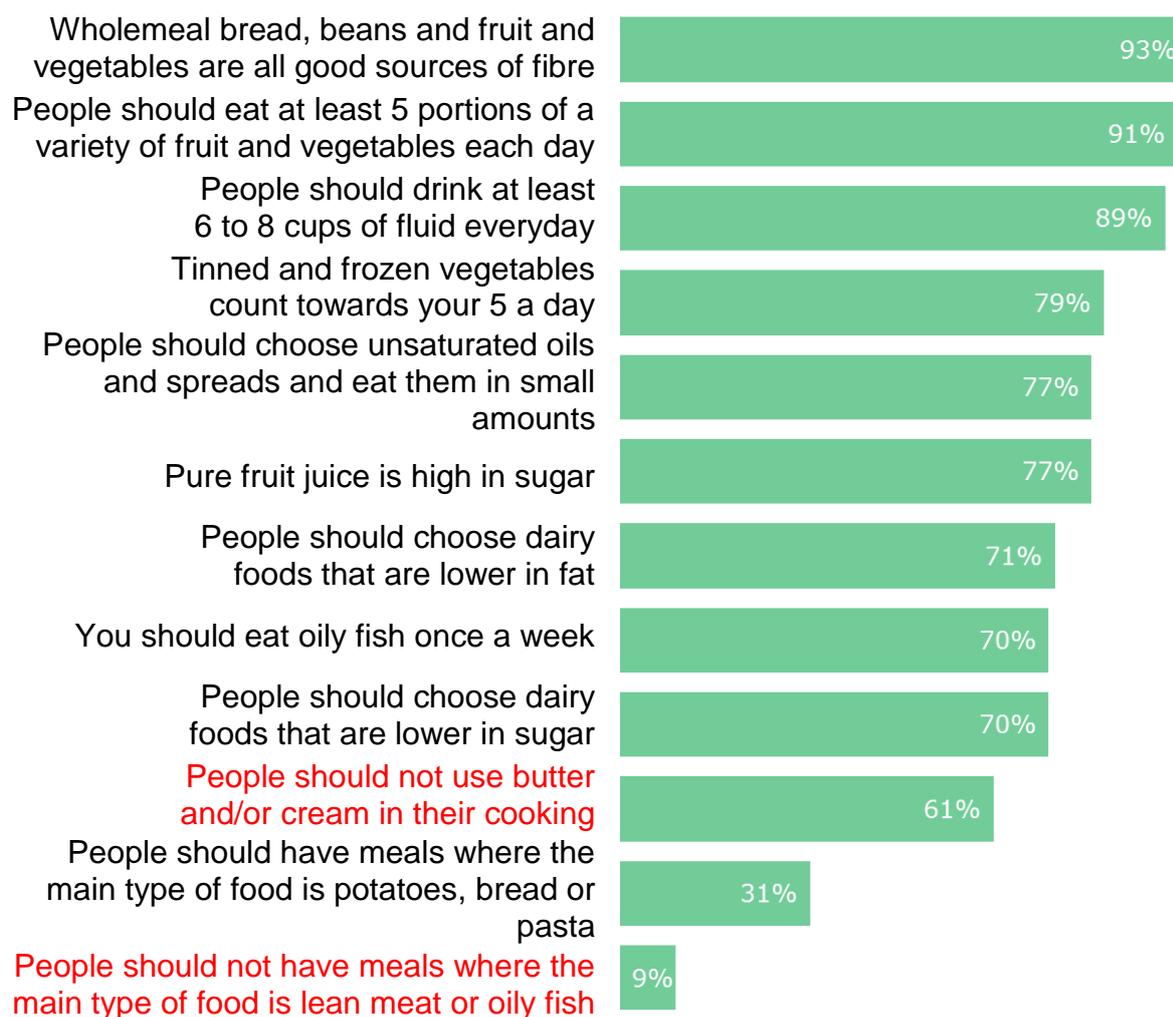


5.1 The gap between knowing and following healthy eating advice

To establish knowledge of healthy eating advice, respondents were shown a list of statements and asked if they were either true or false. These results are shown in Figure 5.1.

Figure 5.1 Knowledge of healthy eating advice (Q99/Q100)

Base: All respondents W2 (1000)



Red = 'false' statement presented to respondents

The results show that most of the healthy eating advice are well known, particularly that *wholemeal bread, beans and fruit and vegetables are all good sources of fibre* (93% aware), *people should eat at least 5 portions of a variety of fruit and vegetables each day* (91%) and *people should drink at least 6 to 8 cups of fluid everyday* (89%). Other well known, but less recognised advice is that *pure fruit juice is high in sugar* (77%) and that *people should choose dairy foods that are lower in fat* (71%) and *sugar* (70%).

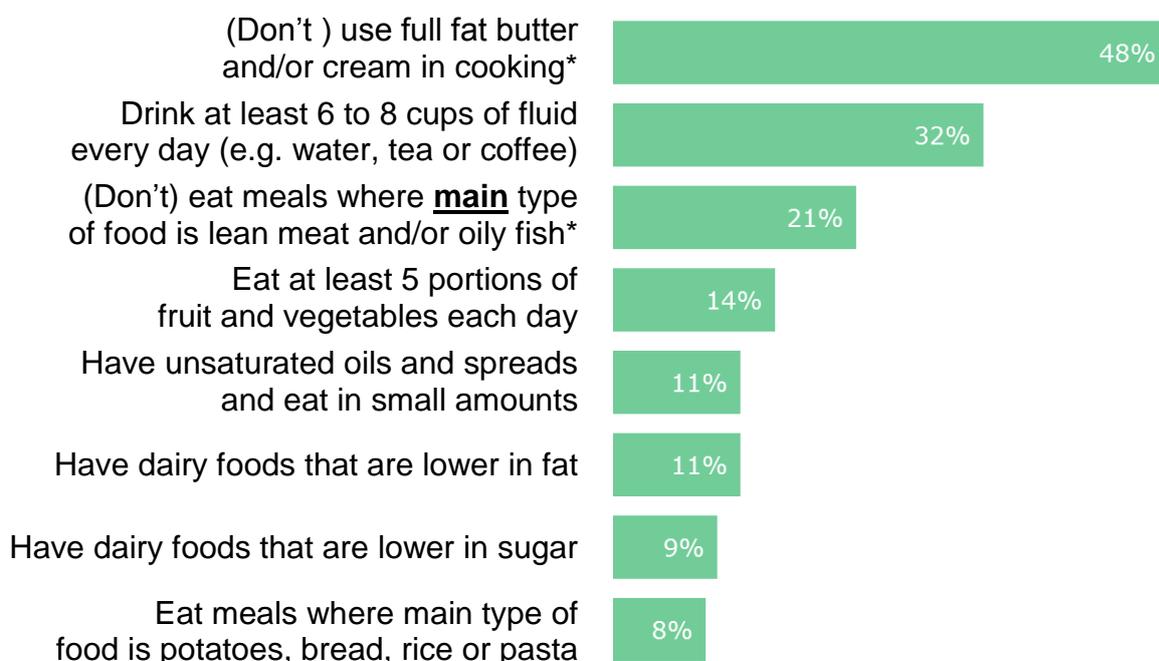
The least known advice is mainly concerned with what should be the main type of food on the plate; around a third (31%) knew that it should be potatoes, bread or pasta and less than one in ten (9%) correctly indicated that the statement ‘people should eat meals where the main type of food is lean meat or oily fish’ was false.⁴

Respondents were also shown a variety of healthy and unhealthy eating behaviours and asked how regularly they carried out each one (using a five point scale of always or nearly always, mostly, sometimes, rarely or never). Table 5.2 shows the extent to which each guideline is **regularly** followed i.e. the proportion that claimed to ‘always or nearly always’ (for healthy behaviours), or ‘rarely/never’ (for unhealthy behaviours).

Figure 5.2 Frequency of carrying out healthy eating behaviours (Q98)

Base: All respondents W2 (1000)

% Always/nearly always or Rarely/ never follow behaviour



*Never/rarely used for unhealthy behaviour

As Figure 5.2 illustrates, the vast majority of respondents do **not** consistently follow these healthy eating recommendations. Despite a high proportion (c.90%) knowing the well-established guidelines of *drinking 6-8 cups of fluid a day* and *eating at least five portions of fruit or vegetables each day*, these behaviours were always or nearly always carried out by only 32% and 14% of respondents respectively. A similar

⁴ It is important to note that the wording of the latter statement could have confused some respondents by using the words ‘lean meat’ and ‘oily fish’.

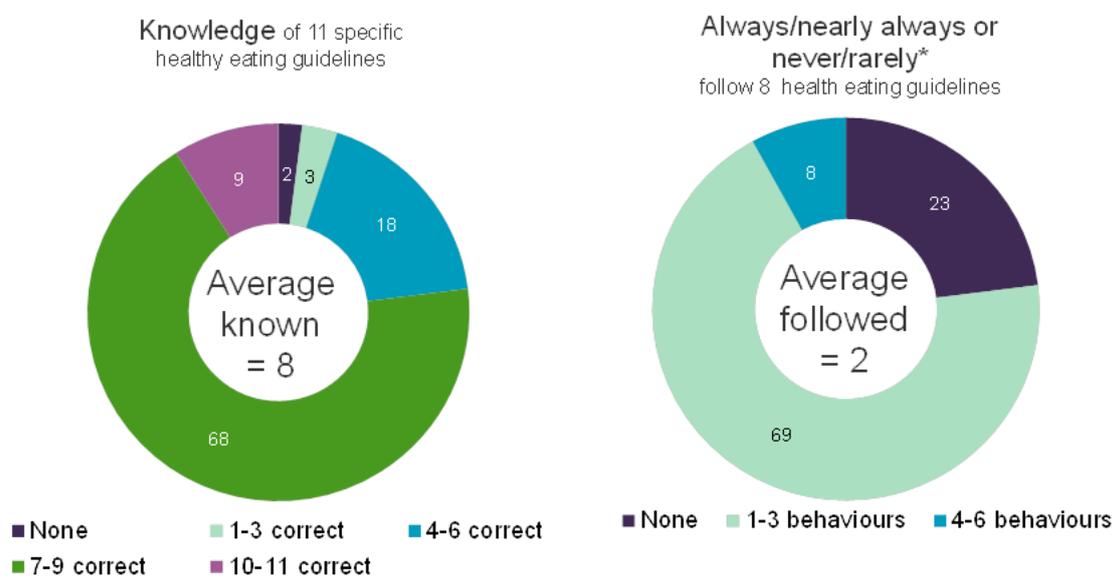
pattern can be seen for the other behaviours, thus highlighting that a high level of knowledge does not necessarily translate into a guideline being followed.

The recommendation not to *use full fat butter/cream when cooking*, was the most widely adhered, to with around half (48%) of the sample claiming to rarely or never do this. However, for four out of the eight listed guidelines, the proportion following them was only around one in ten.

Reinforcing this point, Figure 5.3 shows the large discrepancy between the average number of healthy eating advice known (eight out of eleven) and the average number of behaviours followed (two out of eight).

Figure 5.3 Average number of healthy eating guidelines known and behaviours followed (Q98/Q99)

Base: All respondents W2 (1000)



*Depending on healthy or unhealthy behaviour

In addition to the substantial difference between the average number known and average number followed, only 2% claimed they knew **none** of the recommendations, compared to nearly a quarter (23%) indicating that they consistently followed **none** of the advice.

There were only minor differences in knowledge and behaviours among the population groups, with those aged under 35 years slightly less knowledgeable than older age groups (although not markedly so) and females more likely to follow the guidelines than males.

5.2 Knowledge of sugar levels in foods/drinks and calorie guidelines

Further questions were asked to gauge knowledge of the amount sugar that can be found in soft drinks, and on daily recommended calorie intake.

Looking first at the amount of sugar in soft drinks, all respondents were shown a variety of non-branded drink images and asked to estimate the amount of sugar in each (with the option of answering in either grams or teaspoons). Figure 5.4 shows the average estimated amount of sugar given by all respondents, with the actual amount written above each.

Figure 5.4 Average estimate amount of sugar in soft drinks (Q105)

Base: All respondents W2 (1000)

Average estimated amount of sugar in soft drinks

(estimates noted in green)



Sports drink = 18g

46g



Fruit smoothie = 28g

36g



Soft drink = 35g

55g



Orange juice = 30g

33g



Diet drink = 0g

20g



Energy drink = 55g

57g

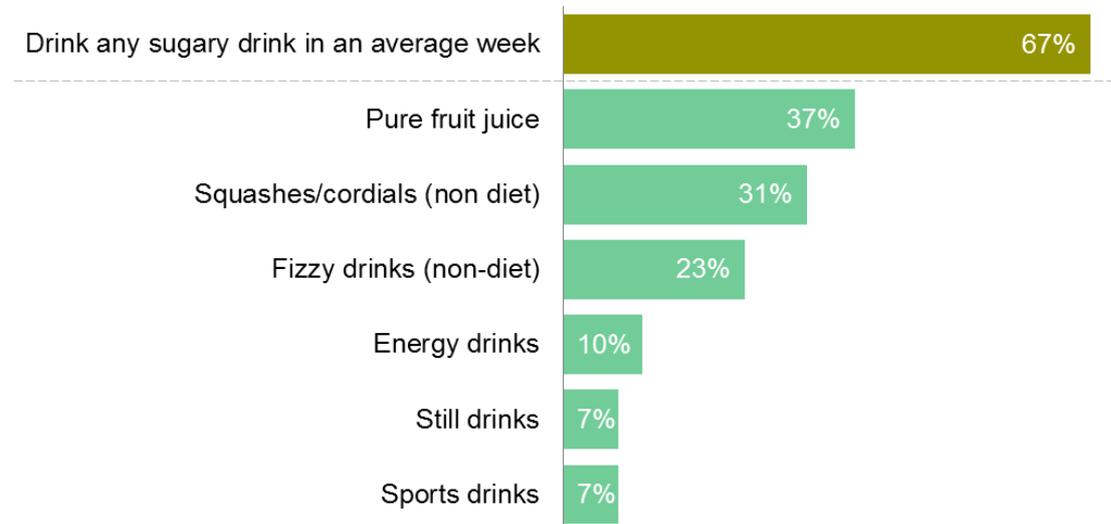
For all sugary drinks asked about, respondents over-estimated the amount of sugar in each, most notably for sports drinks (46g, with actual amount 18g) and soft drinks (55g, with actual amount 35g). Even the diet soft drink was estimated to contain a significant level of sugar (20g, with actual amount of 0g).

The results highlight that most consumers are aware of the high sugar content in these types of drinks. Furthermore, the majority agreed (79%) that they should avoid sugary drinks such as colas and lemonades. Despite this, further behavioural measures show that awareness of sugar content does not necessarily act as a barrier from consuming sugary drinks.

Figure 5.5 shows the proportion of different sugary drinks consumed in an average week.

Figure 5.5 Proportion of sugary drinks consumed in an average week (Q102)

Base: All respondents W2 (1000)



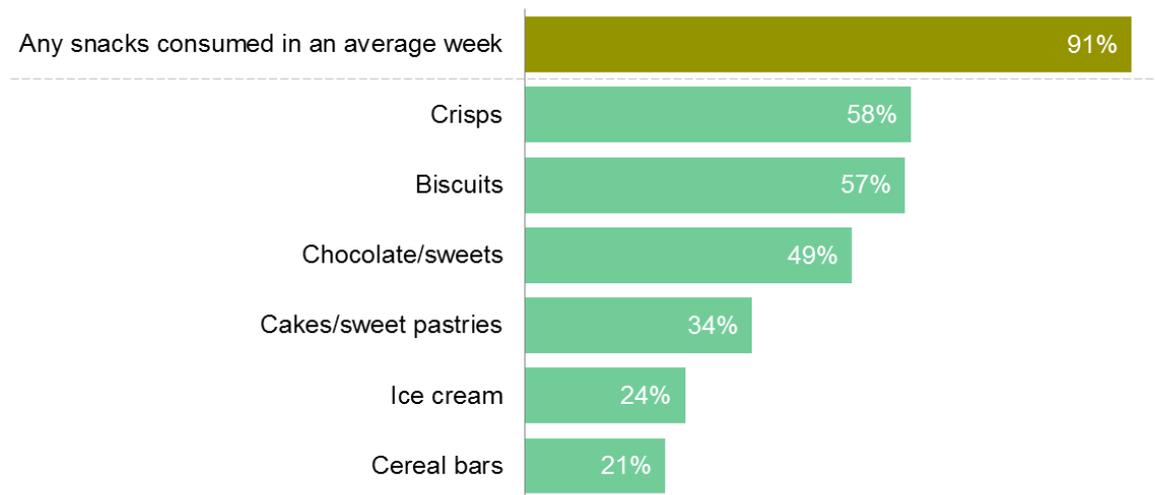
Two-thirds (67%) indicated that they consume any of these sugary drinks in an average week. Moreover when this group was asked how often they drink sugary drinks, the majority (61%) said they do so once a day or more.

Pure fruit juice and cordials were the sugary drinks most likely to be consumed in an average week (37% and 31% respectively), followed by fizzy drinks (23%). Energy, flavoured still and sports drinks were less popular by comparison, with 10% or less consuming these each week.

Similar questions were asked regarding the consumption of unhealthy snacks. Figure 5.6 shows the frequency of unhealthy snack consumption in an average week.

Figure 5.6 Proportion of unhealthy snacks consumed in an average week (Q102)

Base: All respondents W2 (1000)



The results show that a significant proportion of the population treat themselves to discretionary snacks on a regular basis. The main snacks consumed in an average week are crisps, biscuits and chocolate/sweets with ice-cream or cereal bars much less popular by comparison.

When this group were asked how often these discretionary snacks are consumed, (44%) slightly under half indicated that they did so at least once a day or more, with around half this number (19%) indicating that they did so twice a day or more - despite a large proportion (83%) agreeing, at a different measure, that snacks between meals should only be eaten occasionally and in small amounts.

The findings therefore highlight, on the one hand, the extent of discretionary snacking as a poor diet choice and on the other the potential for tackling problems such as obesity by encouraging those who snack to reduce the number of snacking occasions.

Confirming the high propensity to eat snacks, almost half the sample (46%) agreed that they know they *eat too many 'treats' like cakes, biscuits, chocolates or sweets every day* - increasing to nearly three-quarters (70%) among those who eat discretionary snacks twice a day or more.

However, while there is a high level of awareness and recognition of the need to reduce the amount of unhealthy snacks consumed, the widespread sense of enjoyment associated with snacking is likely to be a major barrier to achieving change: nearly half of the sample (48%) agreed that eating discretionary snacks *makes me feel good* (increasing to 61% among those who eat discretionary snacks twice a day or

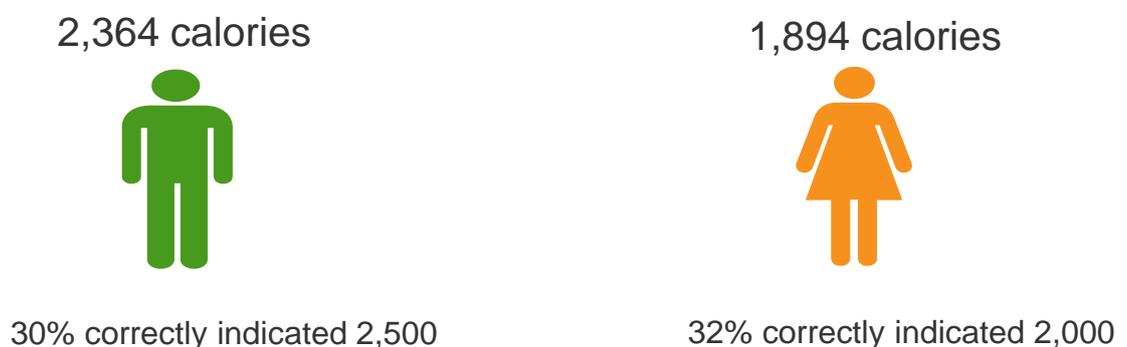
more). This suggests that, for many, improving their diet will require them to not only make different choices but also to accept that they will be denied the pleasure they associate with eating sugary snacks.

Moving on to knowledge of recommended calorie intake, all respondents were asked to provide the recommended number of calories men and women should consume. These results are shown in Figure 5.7.

Figure 5.7 Average estimated number of recommended calories for men and women (Q106/Q107)

Base: All respondents W2 (1000)

Average estimated number of recommended calories for men/women



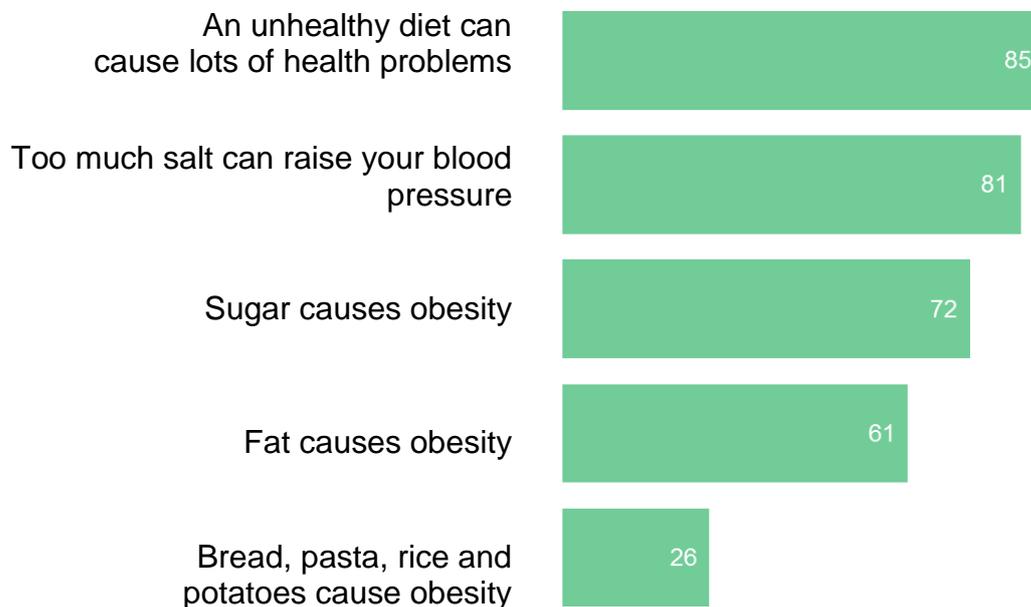
Knowledge of the recommended total calorie guidelines is at a reasonably good level, with 30% correctly estimating 2,500 calories for men, and 32% correctly estimating 2,000 for women. The average number of calories estimated across the sample was also relatively accurate, at just over 2,300 for men, and just under 1,900 for women. This suggests that there is no strong requirement for further communication on this, as it is well-established dietary advice, albeit more familiar to women than men.

5.3 Knowledge of the impact of poor diet on health

The survey also sought to establish the extent to which the impact of poor diet choices on health 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. Figure 5.8 shows the total percentage agreeing with each statement.

Figure 5.8 Agreement with statements regarding impact of poor diet choices on health conditions (Q56/Q114)

Base: All respondents W2 (1000)



The pattern of response illustrates that knowledge of the relationship between food and health is much better in some respects than others. For example, there is a particularly high level of awareness at a general level that poor diet choices can *cause lots of health problems* (85% agreeing). Likewise the vast majority associate *too much salt with raised blood pressure* (81%). By comparison, fewer were in agreement that *obesity is caused by sugar* (72%) and, an even lower proportion recognised the link with *fat and obesity* (61%).

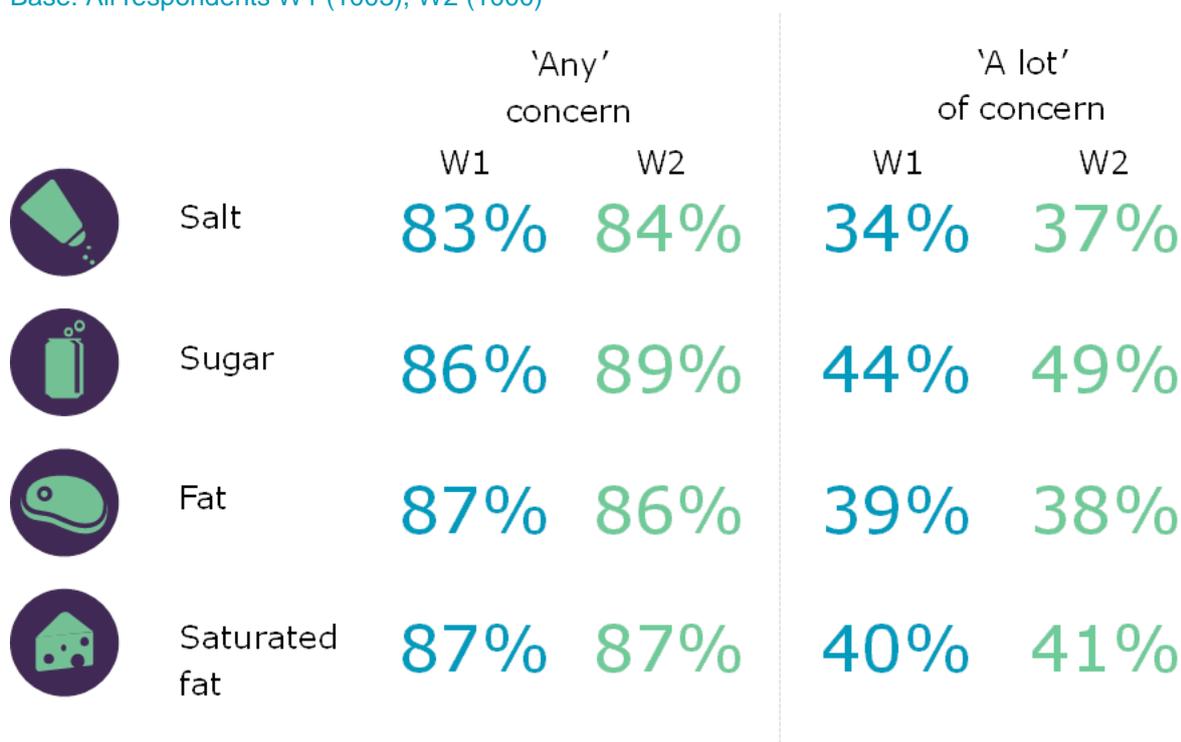
In particular there is some confusion regarding the impact of eating carbohydrates with around a quarter *agreeing that bread, pasta, rice and potatoes cause obesity* (26%); thus signalling the need for much greater clarity on this topic.

In addition to establishing understanding of the links between particular food ingredients and health, additional questions were used to determine the level of concern with the amount of salt, sugar, fat and saturated fat in food.

Figure 5.9 shows the total percentage claiming to be concerned with each ingredient as well as the percentage expressing 'a lot' of concern with each.

Figure 5.9 Level of concern with ingredients in food (Q55)

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



Over eight 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 demonstrating widespread understanding of the potential negative impact of these ingredients. In line with the findings reported at wave one the ingredient causing most widespread concern was sugar. Moreover, with a significant shift in those claiming that sugar caused 'a lot' of concern (from 44% to 49% in wave two), compared to relatively little change for the other ingredients, it is clear that sugar levels in food is increasingly considered to be a dominant nutritional issue.

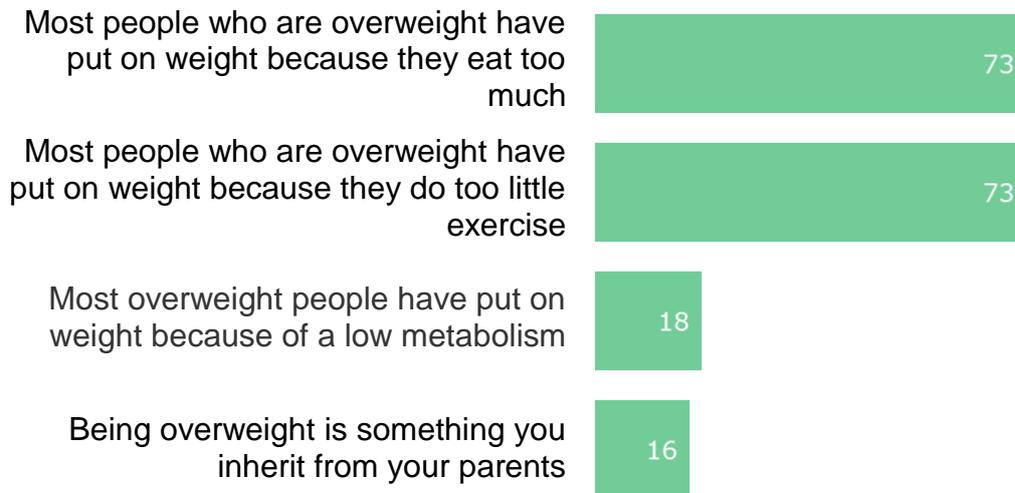
To summarise this section, there is generally good familiarity with healthy eating advice, calorie contents of high sugar foods/drinks and total calorie guidelines, as well as widespread acknowledgement of the negative impact of eating nutritionally poor types of food. However, this is in contrast to the very low reported adoption of healthy eating behaviours, highlighting that there are other influential factors driving food and drink choices.

5.4 Responsibility for weight

Findings were obtained with regard to whether individuals believe they are responsible for their own weight, rather than genetics or a health condition. 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 5.10.

Figure 5.10 Attitudes to being overweight (Q122)

Base: All respondents W2 (1000)



Overall, the findings indicate that while a large majority (over 70%) acknowledge they have responsibility for their own weight, a significant minority place the responsibility elsewhere: around one in six believing it is the result of metabolism (18%) or genetics (16%). Most are therefore fairly well informed but there is still scope for improving upon this.

At a different, but related, question on attitudes towards making healthier choices, it was also established that a sizeable minority (25%) agreed that it is “*up to the supermarkets/ manufacturers/ government to make the food available to buy healthier*”. It cannot therefore be assumed that everyone is prepared to take responsibility for their healthy eating choices.

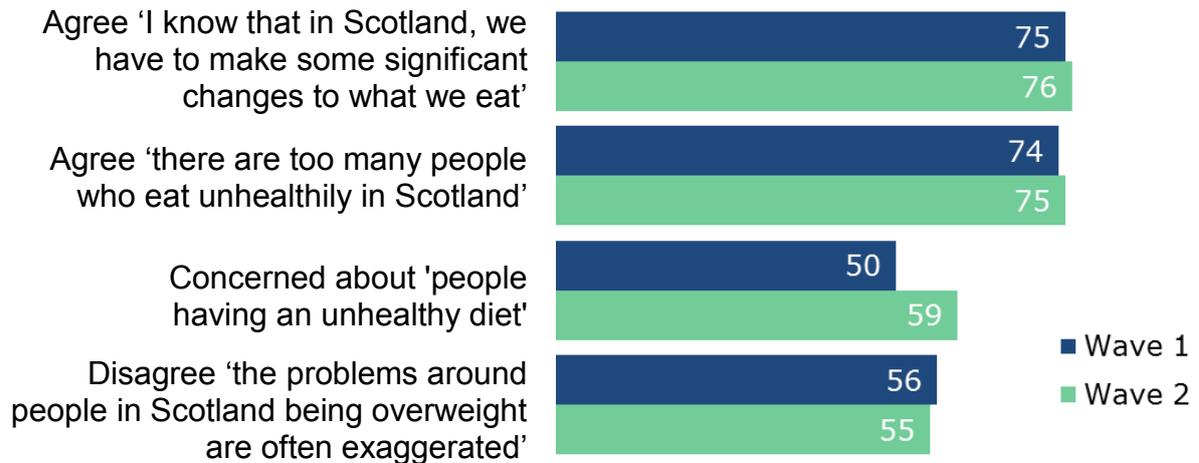
When considering the best strategies for encouraging consumers to make healthier food choices, it is therefore worth noting that although most understand it to be their own responsibility, there is a significant minority that place the onus elsewhere.

5.5 Attitudes towards unhealthy eating at a national (Scottish) level

Moving away from the role of the individual to that of the population more generally, there is strong evidence that unhealthy eating/being overweight is regarded as a national problem in Scotland. For example, around nine in ten agreed that obesity (89%) is a serious problem and attitudinally most believe changes need to be made at a national level in Scotland.

Figure 5.11 Attitudes to eating in Scotland (Q56)

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



As shown in Figure 5.11, around three-quarters continue to agree that *they know people in Scotland need to make significant changes to what they eat* and that *there are too many people who eat unhealthily in Scotland*. Furthermore, only around a fifth (19%) agreed, whereas over half disagreed, that *the problems around people in Scotland being overweight are often exaggerated*.

In summary, there appears to be a general consensus that tackling the problems of unhealthy eating in Scotland requires individual as well as collective action.

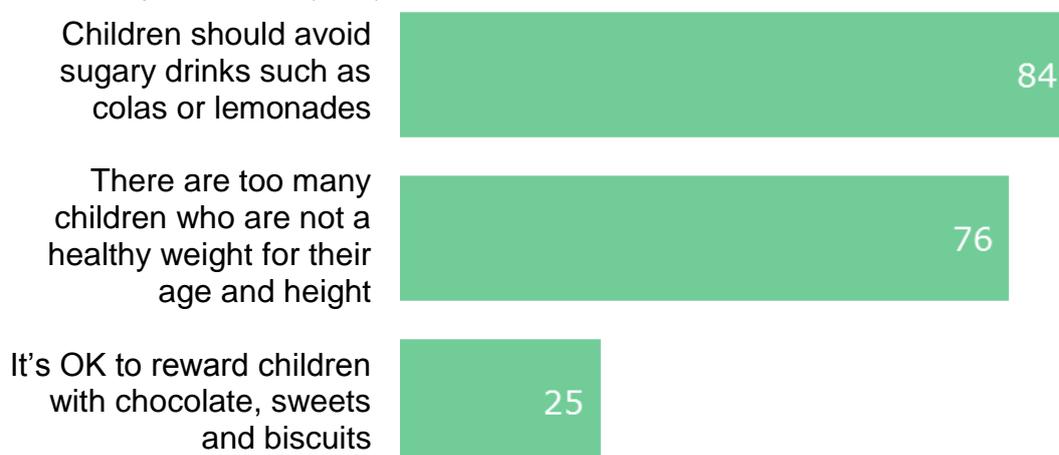
5.6 Attitudes towards children and unhealthy eating

Views among adults generally, not just parents, toward the need to improve children’s diet are also fairly consistent, as shown in Figure 5.12.

Figure 5.12 Attitudes to children’s diet (Q56/Q114)

(figures are those agreeing)

Base: All respondents W2 (1000)



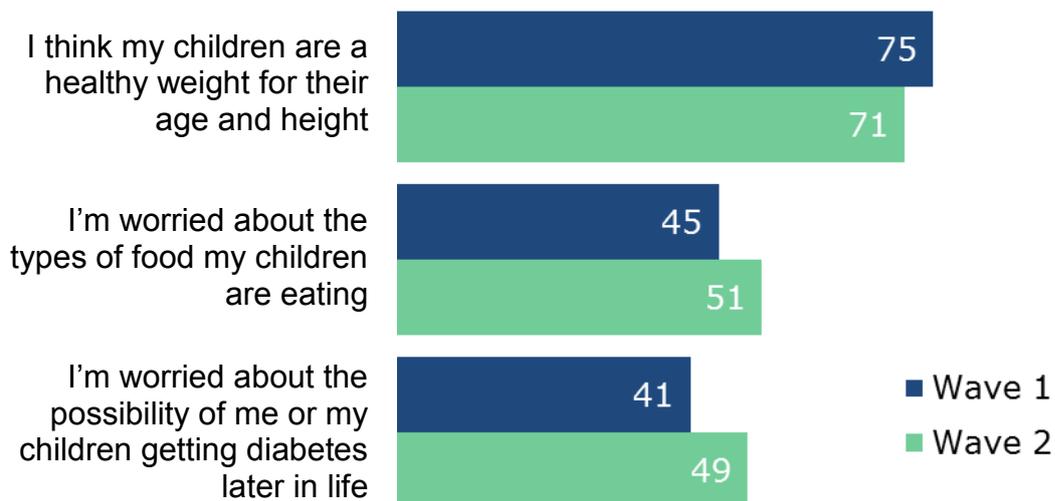
The level of consensus is particularly widespread with respect to the need for children to avoid sugary drinks such as colas and lemonades (84%) and three-quarters (76%) agreed that *there are too many children who are not a healthy weight for their age and height* reflecting a recognition of a wider problem but not necessarily with one's own family. However, attitudes were very mixed with regard to whether *it is ok to reward children with chocolate, sweets and biscuits*. Overall, respondents were slightly more likely to disagree than agree (39% disagreement and 25% agreement). Nevertheless, one in four indicated that they believe that it is acceptable to reward children with high sugar treats.

Parents were also asked some additional attitudinal questions regarding their children's diet, health and well-being. These results are shown in Figure 5.13.

Figure 5.13 Attitudes to children's diet (Q56)

(figures are those agreeing)

Base: All parents in W1 (208), W2 (260)



The findings from the two waves of tracking suggest that there is a growing concern among parents about their children's eating habits. For example, although not a significant difference, wave two recorded a drop among parents agreeing that *their children were a healthy weight for their age and height* (from 75% to 71%). Furthermore, there has been an increase in worry about the types of food their children are eating (from 45% agreed to 51%), and about the possibility of getting diabetes later in life (from 41% to 49%).

This highlights an increasing awareness of the need to change children's' diets and confirms the importance of Food Standard Scotland's healthy eating campaign which is designed to encourage parents to reduce the number of snacks/treats that they give to their children.

6. Barriers to, and opportunities for, 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 perceptions of healthy eating generally, the barriers and opportunities for encouraging healthy eating, particularly outside of the home, and possible options to encourage healthy through the introduction of taxes or government legislation on food ingredients.

In summary we found that:

- similar to wave one, there is a range of opinion in terms of own/families diets; around half described their diet/ their household's diet as healthy, a significant minority claiming it was unhealthy and a further significant portion who were uncertain
- whilst most still agree, there has been a significant drop in agreement that consumers have *clear information on eating a healthy balanced diet*
- perceptions of preparation time and expense are fairly significant barriers to making healthy choices whereas eating healthy food in itself is not
- in terms of opportunities to improve diet, the survey results revealed that there was no single appealing (or unappealing) option
- views towards the ease of eating healthily out of the home are rather polarised; on the other hand most agree that the convenience of the least healthy food options, price promotions and placing foods high in sugar or fat next to check-outs each encourage the consumption of unhealthy foods
- support for regulating retailers' actions is only at a moderate level, aside from ensuring that menus should better reflect children's smaller appetites
- there was a high level of awareness of the plan to introduce a tax on sugary soft drinks but support for this tax, and for tax on other food types was fairly moderate; a much larger majority supported regulation of ingredients in food as a way of improving diet.

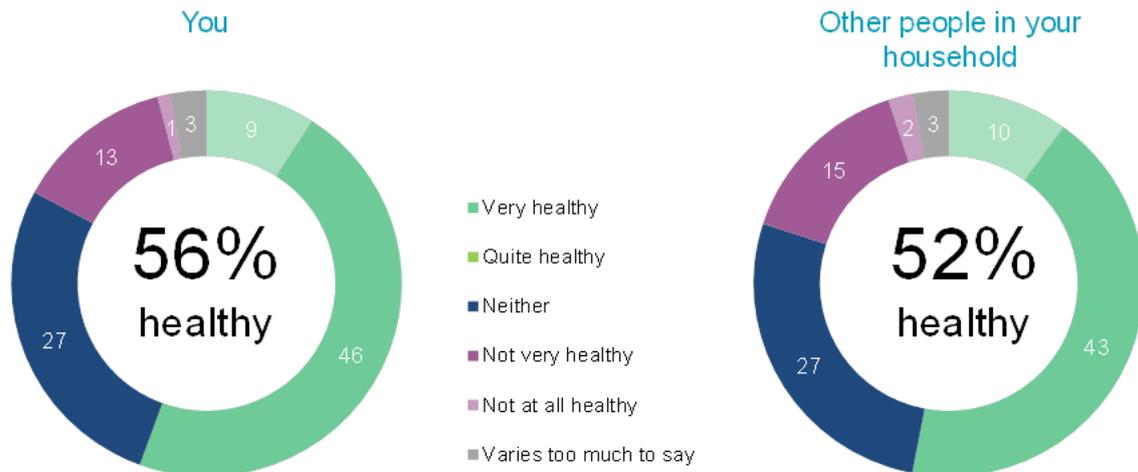


6.1 Perceptions of own/family's diet

To provide some context, 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 6.1.

Figure 6.1 Perceived healthiness of own/household's diet (Q53/Q54)

Base: All respondents W2 (1000) / all in multi-person households (757)



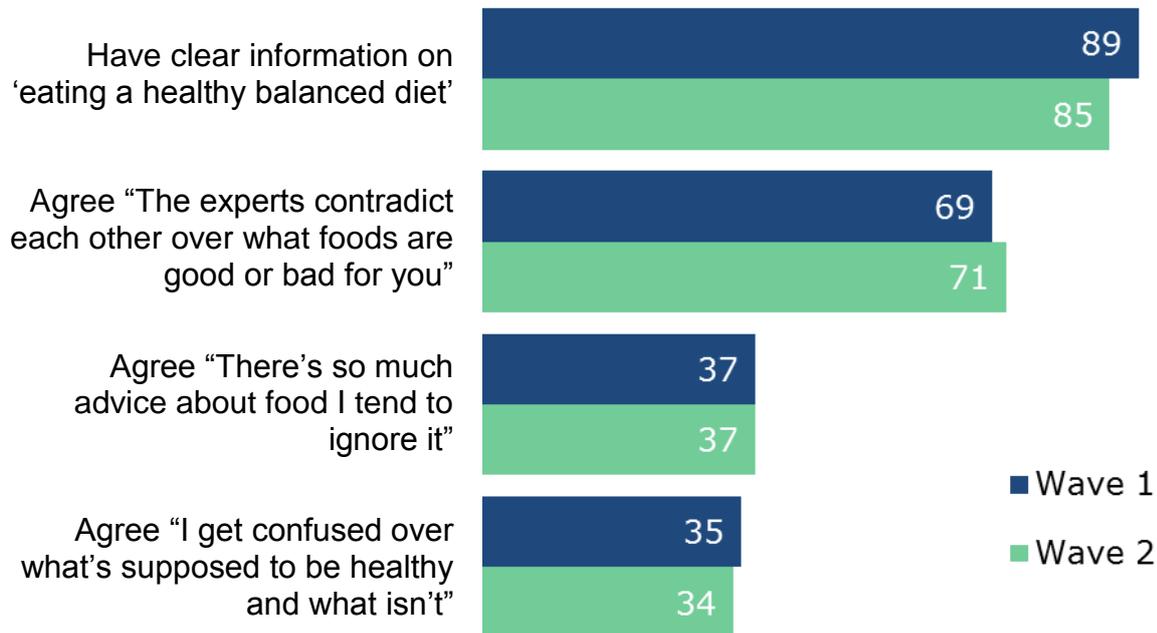
The survey results show, firstly, that there is little difference in perceptions towards a person's own diet and that of their household generally. Secondly, there is a range of opinion in terms of the perceived healthiness or otherwise of food and drink consumed. While around half the sample described their diet/their household's diet as healthy, the remainder comprised a significant minority claiming it was unhealthy (14% and 17% respectively) and a further significant proportion who said it was neither healthy nor unhealthy (27% for both), potentially reflecting a recognition that while not felt to be bad, it could be improved. A very similar set of findings was obtained at wave one.

Furthermore, in line with these figures, just over half (56%) agreed that they “*need to do something to eat more healthily*”. It is also worth noting firstly, that the percentage figure is some five percentage points higher than the level of agreement obtained at wave one, and secondly, that among those who described their diet as unhealthy, some 90% agreed that they “*need to do something to eat more healthily*”.

Reflecting the uncertainty as to whether their diet is unhealthy or not, views expressed towards the information and guidance that is available on eating healthily were often negative. These findings are summarised in Figure 6.2.

Figure 6.2 Perceived health of own/household's diet (Q15/Q56) Base:

All respondents W1 (1003), W2 (1,000)



Whilst most still responded positively, there has been a significant drop in agreement that consumers have *clear information on eating a healthy balanced diet*.

Additionally, there has been an increase in agreement that *'the experts contradict each other over what foods are good or bad for you'* and around a third at each wave confirmed that *I get confused over what's supposed to be healthy and what isn't*.

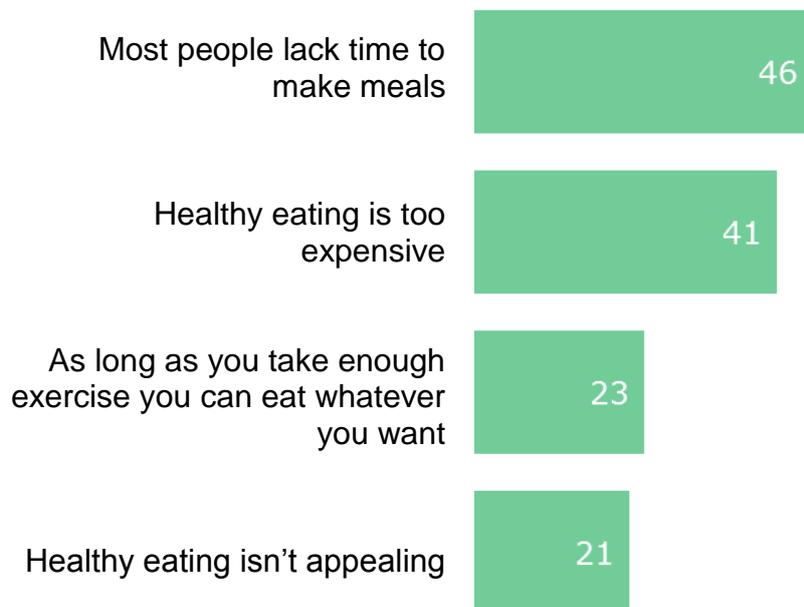
Overall therefore, the findings suggest that there is a need for a strong, authoritative voice to clarify and lead on healthy eating guidance. However, there is a big challenge in communicating healthy eating guidance, as around four in ten (37%) agreed that *there's so much advice about food I tend to ignore it*.

6.2 Barriers to promoting healthier eating generally

In terms of the factors preventing consumers from making healthier choices, the survey established the extent to which four specific barriers influence healthy eating. The results obtained are shown in Figure 6.3

Figure 6.3 Barriers to eating healthy (Q56/Q114)

Base: All respondents W2 (1000)



In summary, although only around one in five agreed that *eating healthily was not appealing* (21%), twice as many agreed that *most people lack the time to make healthy meals* (46%) or that *it is too expensive to eat healthily* (41%). Perceptions around preparation time and expense are therefore fairly significant barriers to making healthy choices whereas healthy food in itself is not. Moreover, around two thirds (66%) agreed that *eating healthy food makes me feel good about myself*, confirming that healthy food is largely viewed positively.

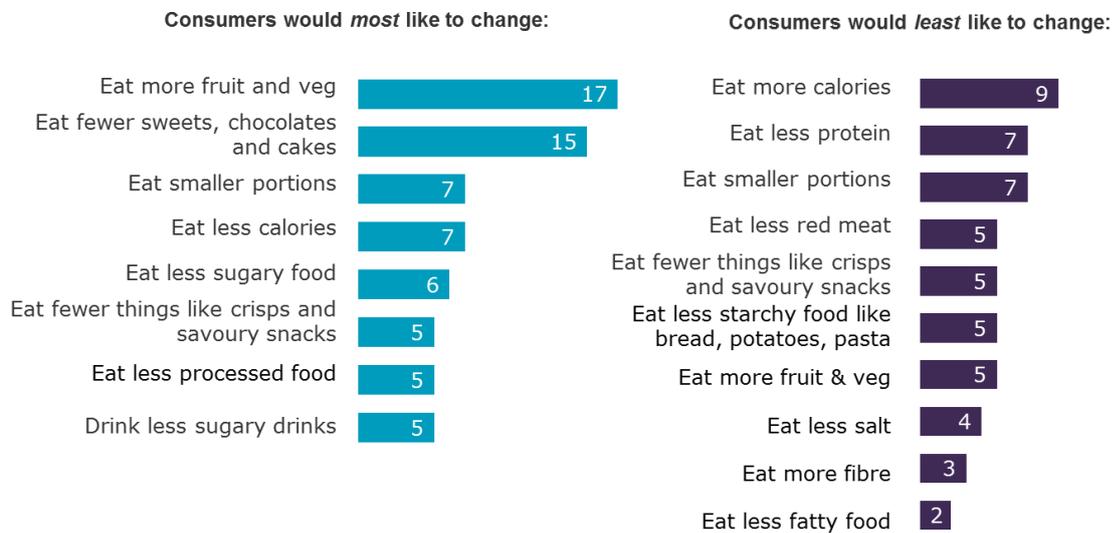
Concerns expressed around not being able to afford a healthy diet were more widespread among those in lower socio-economic households (C2DEs), although the difference with higher groups (ABC1s) was less than might have been expected (44% compared to 39%).

Additionally, there is a small but nevertheless sizeable level of misunderstanding (23%) that *as long as you take enough exercise you can eat whatever you want*. For some of those undertaking a significant amount of exercise therefore, further education may be required to convince them that they cannot rely purely on their physical fitness; they also need to make good food choices.

In terms of opportunities to improve diet, the survey results revealed that there was no single appealing (or unappealing) option. Figure 6.4 indicates the % endorsing each item as the one thing they would most like to change to make their diet healthier, and the one item they would least like to change.

Figure 6.4 What consumers would most / least like to change about their diet (Q109/Q111)

Base: All respondents W2 (1000)



Reflecting good awareness of the five-a-day message, *eat more fruit and vegetables* was mentioned by the highest proportion (17%) as the change they would most like to make to eat healthily. A similar proportion (15%) endorsed *eat fewer treats* as their single preferred change. However with only these two options cited by more than one in ten, there was no clear consensus as to the best route to achieving a better diet: with various options all appealing to even smaller minorities.

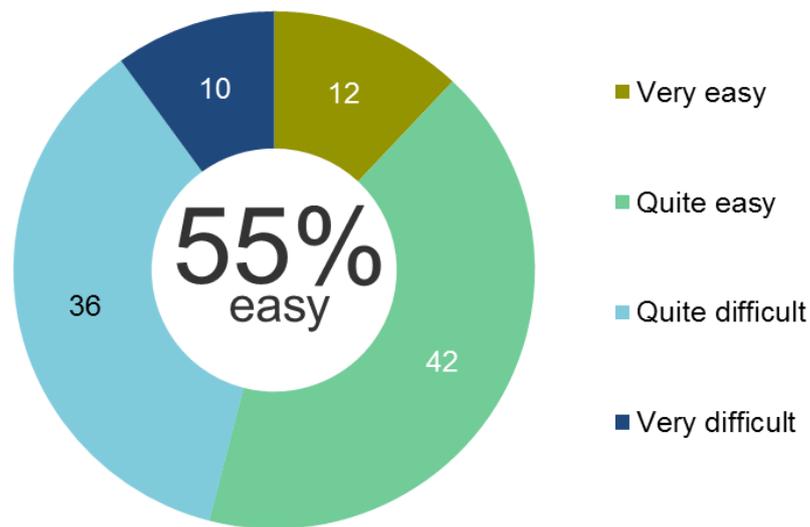
Likewise for what consumers would **least** like to give up, each response was selected by under 10% of the sample confirming that everyone has different aspirations and obstacles to eating more healthily.

6.3 Barriers and opportunities for eating healthily outside the home

The survey also examined views toward eating healthily outside the home, and possible options for making this easier. In the first instance consumers were asked how easy or difficult they found it to eat healthily when eating outside the home. These results are found in Figure 6.5.

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

Base: All respondents W2 (1000)

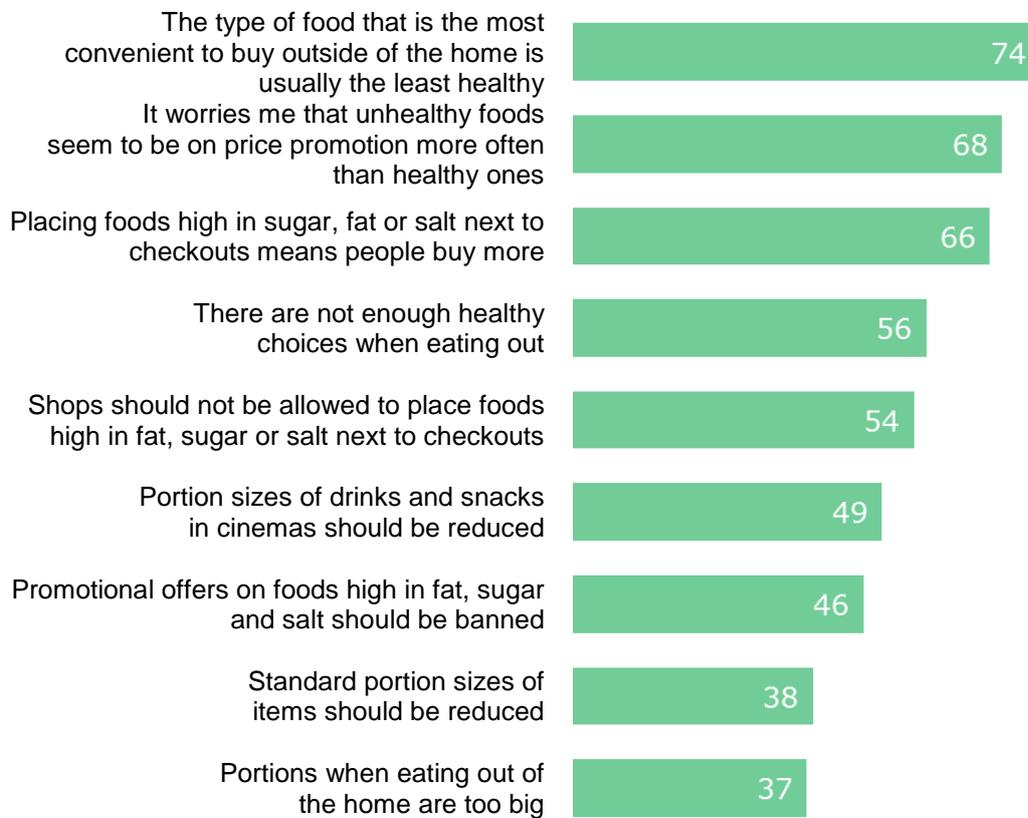


Views towards the ease of eating healthily out of the home are rather polarised, with a small proportion claiming it is **very** easy and a similar sized proportion describing it as **very** hard. The large remainder are fairly evenly split between those rating it as quite easy (42%) and quite difficult (36%). However, further analysis indicates that ease of eating out of home increases in line with age: 41% of 16-34s rated it as easy, compared to 54% of 35-64 year olds and 72% of those aged 65+.

Measurement of the factors that encourage and discourage healthy eating out of the home indicates that there is broad recognition of the role that retailers play in promoting unhealthy choices. On the other hand there is no consensus with regard to any actions/changes that might be imposed on retailers/food establishments to encourage healthy eating. These results are summarised in Figure 6.6.

Figure 6.6 Agreement with statements about eating out of the home (Q115/Q119)

Base: All respondents W2 (1000)



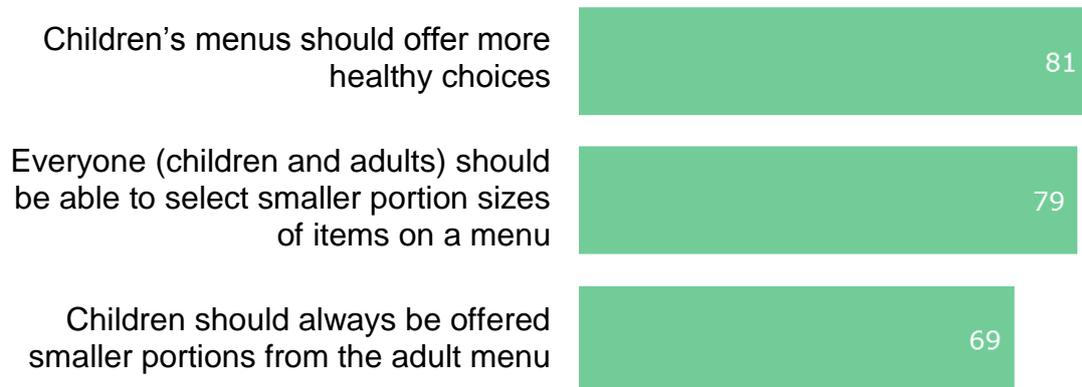
Most agree, for example, that the convenience of the least healthy food options (74%), price promotions (68%) and placing foods high in sugar or fat next to checkouts (66%) each encourage the consumption of unhealthy foods.

By comparison, support for improving healthy choices by restricting where shops place foods high in sugar or fat next to checkouts or by banning promotional offers on high fat/sugar/salt goods was significantly lower (54% and 46% respectively). A small majority (56%) also agreed that there were not enough healthy choices when eating out and that portion sizes in cinemas should be reduced (49%). There was though even less support (37%) for the argument that general portion sizes are too big when eating out or for reducing the size of a standard portion (38%).

By comparison, support was much wider for appropriate children's offerings on the menu. These findings are shown in Figure 6.7.

Figure 6.7 Agreement with statements about children eating out of the home (Q119)

Base: All respondents W2 (1000)

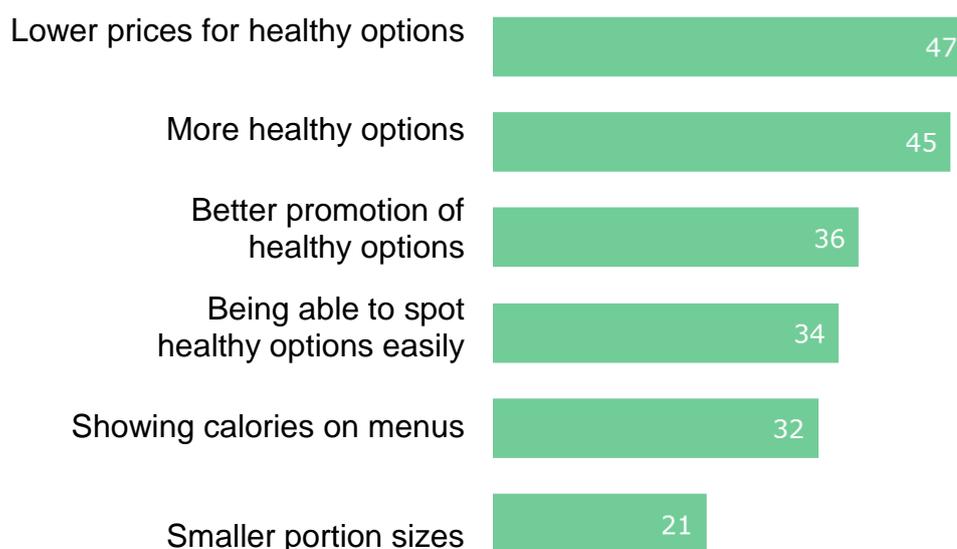


Around 80% expressed agreement that children's menus should offer more healthy choices and that everyone (children and adults) should be able to select smaller portion sizes on the menu. A slightly smaller majority, of around two-thirds, endorsed the suggestion that children should be offered smaller portions from the adult menu (69%).

When asked what would make it easier to eat more healthily out of the home, none of the six suggested options were endorsed by more than half the sample, with each of them only achieving a moderate level of support, at best. These results are shown in Figure 6.8.

Figure 6.8 Support for options that would make it easier to eat more healthily out of the home (Q118)

Base: All respondents W2 (1000)



As expected, the most popular option was *lower prices* (47%), followed closely by *healthier options* (45%) although less than half endorsed either of these. Moreover, significantly fewer agreed that *improving ease of spotting healthier options* (34%) or *showing calories on menus* (32%) would improve healthy eating out of the home. The least favoured option overall was *smaller portion sizes* (21%), despite strong agreement that everyone should be able to *select smaller portion sizes on a menu* (79%). Clearly consumers are happy to have smaller portions available as an option, but there is little support for reducing portion sizes generally.

Age had a significant influence on these views, with those aged over 65 years much more supportive generally of these options, and in particular for smaller portion sizes being offered. There was also a significant difference in the appeal of showing calories on menus according to socio-economic grouping: the lowest group (DEs) exhibited much lower support for this suggestion (23%) than all other groups (35%).

The lukewarm support for these methods of improving eating out of the home may partly be a reflection of the reluctance to consider healthy choices when eating out generally. A third of the sample agreed that they “*don’t want to think about healthy choices when eating out*”.

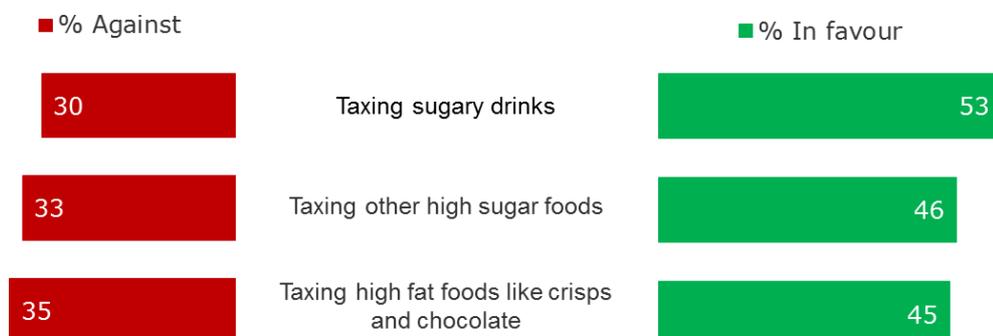
6.4 Taxes

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

There was a high level of awareness of the plan to introduce a tax on sugary soft drinks (85%), but support for tax on this type of drinks, and for tax on other food types was fairly moderate – as shown in Figure 6.9.

Figure 6.9 Support for introducing taxes (Q125)

Base: All respondents W2 (1000)



Around half the sample was in favour of the additional taxes, a third against and around a fifth were unsure either way. More specifically, taxing sugary drinks recorded the highest level of favourability, with just over half (53%) giving a positive response.

There were some notable differences in support by socio-economic status, with respondents in the highest socio-economic groups (ABs) more in favour of all three taxes compared to those in the lowest (DE) (c50% compared to c35%).

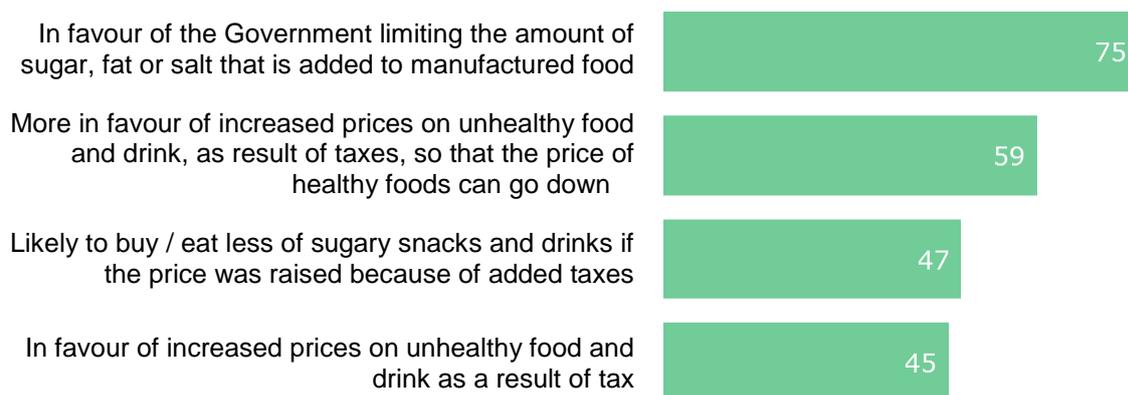
By comparison, however, a much larger majority supported regulation of ingredients in food as a way of improving diet, with 75% in favour of the government limiting the amount of sugar, fat or salt added to manufactured goods.

Also, while there is less support for increased prices on foods as a result of food taxes (45%), the majority (59%) indicated that they would be **more** in favour of price increases if it meant that the price of healthy food would reduce. Importantly, there was a reasonably positive response when asked about the impact of higher prices on the consumption of sugary snack and drinks. In total, just under half (47%) indicated that they would be less likely to buy or eat unhealthy foods if prices increased because of added taxes.

These results are summarised in Figure 6.10.

Figure 6.10 Support for introducing taxes/Government regulation (Q126, Q127, Q128, Q129)

Base: All respondents W2 (1000)



% agreeing with each

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

7. Food is safe

By this FSS means that food is produced in line with relevant legislation, and that food placed on the market is not contaminated or injurious to health. Where appropriate, food is supplied with accurate instructions to ensure safe storage and handling, and consumers understand the risks and how to protect themselves and others from foodborne illness.

The 'Food is Safe' strategic outcome was the main focus of the first wave of tracking. A small number of measures around following safe behaviours were then repeated at wave two. This chapter of the report provides a brief update on the extent to which 'safe' behaviours are currently being followed.

In summary we found that:

- a large majority continue to indicate that they **always** *wash their hands after handling raw meat, poultry or fish*; however this fell significantly from 76% at wave one to 71% at wave two.
- other cooking guidelines relating to the methods used to determine whether or not food has been cooked safely were recorded at more consistent levels.

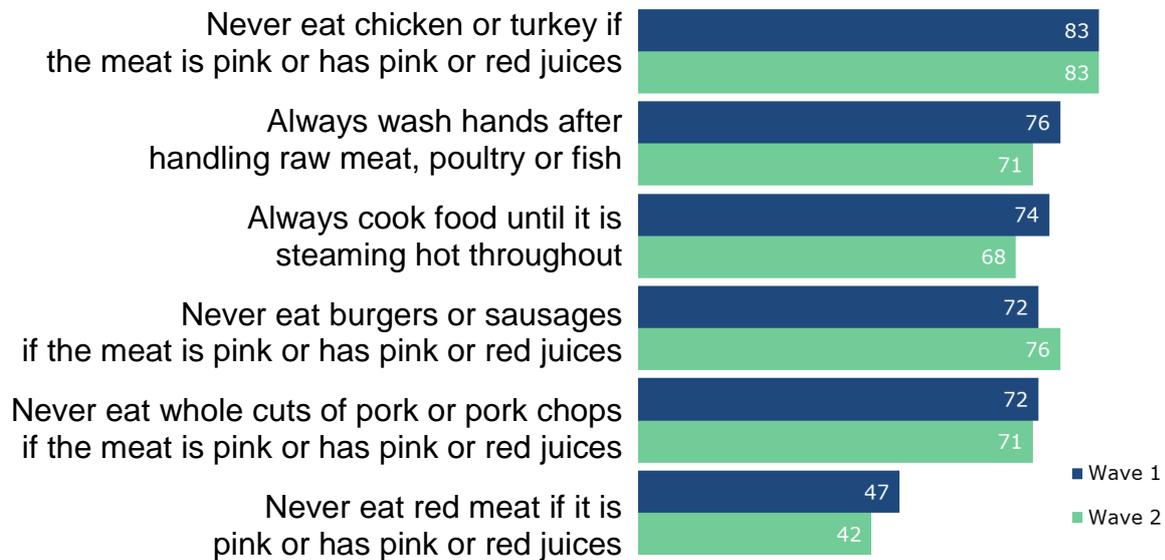


All of the results in this chapter are based on the 95% of the sample who indicated that they had some responsibility for cooking and preparing food in their household.

In the first instance, the total proportions claiming that they adhere to the recommended cleanliness and cooking advice are shown in Figure 7.1. The percentages represent those claiming to 'always' follow 'to do' guidance or to 'never' follow 'not to do' guidance.

Figure. 7.1: Extent to which recommended behaviours are followed (Q19)

Base: all respondents involved in preparing/cooking food W1 (956), W2 (971)



A large majority continue to indicate that they **always** wash their hands after handling raw meat, poultry or fish; however this fell significantly from 76% at wave one to 71% at wave two. Similarly, the proportion that claimed to **always** cook food until it is steaming hot throughout also fell, from 74% to 68%.

Other cooking guidelines relating to the methods used to determine whether or not food has been cooked safely were recorded at more consistent levels. Similar proportions agreed, for example, that they **never** eat burgers/sausages if pink/with pink or red juice (72% in wave one, 76% in wave two) and **never** eat pork if pink/with pink or red juice (72% and 71% respectively). An even higher proportion indicated that they **never** eat poultry if pink/with pink or red juice (83% at both waves). As found previously the results were more mixed for **never** eating red meat if it is pink or has pink juices (47% in wave one and 42% in wave two).

These results highlight that a significant proportion of those responsible for the majority of the cooking and food preparation continue not to follow the guidelines. However it is important to caveat any comparisons between wave one and wave two. While some of these latest findings indicate that standards are dropping, the first wave of the tracking research included a much larger number of the 'Food is Safe' questions than measured at wave two. This may have resulted in respondents answering the questions in a different way at each wave of research.

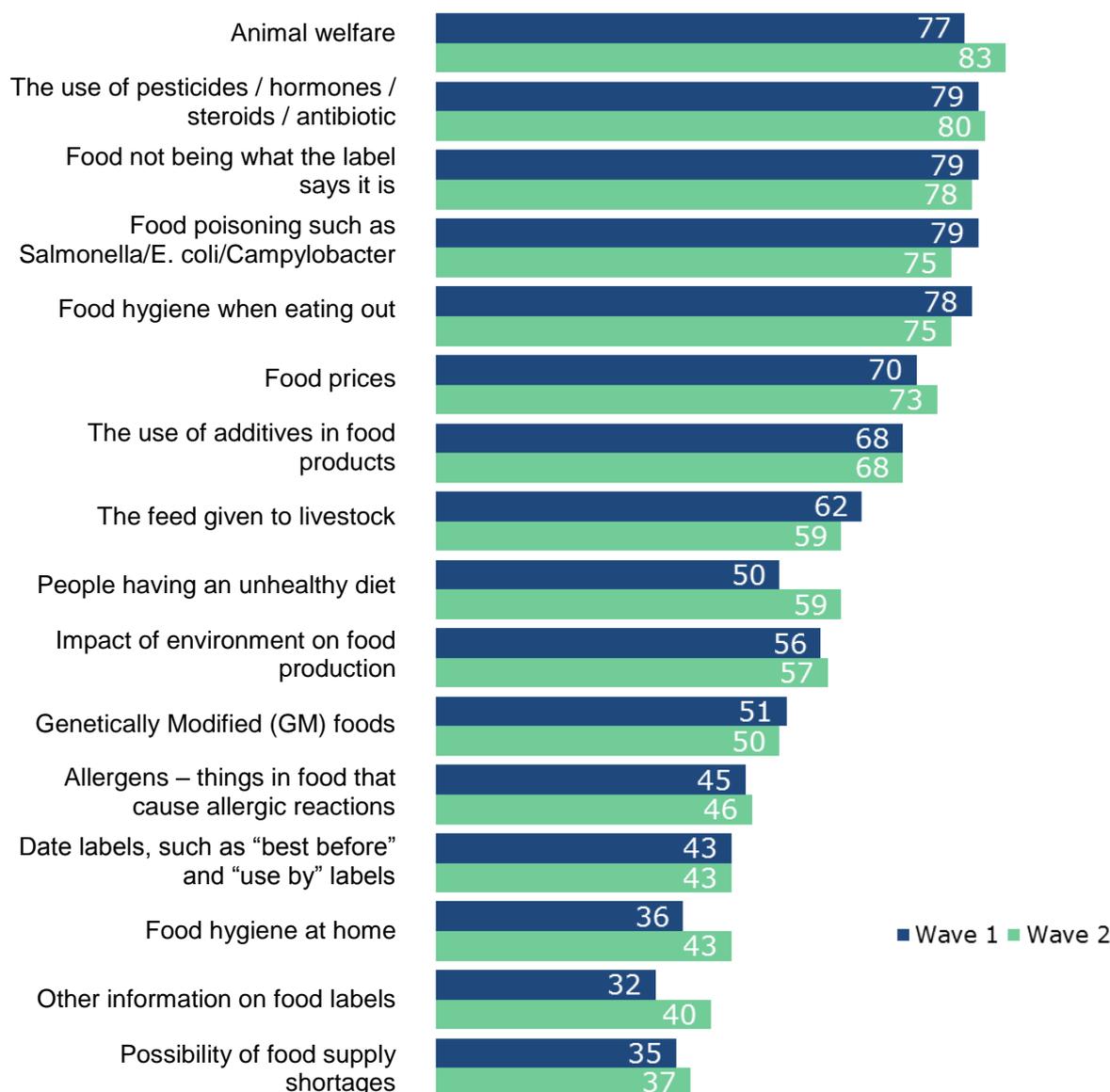
8. Protecting other interests of consumers in relation to food

Given that Food Standards Scotland has a wide remit, it is important to track what issues in relation to these areas are of greatest concern to the general public. Two questions were asked early in the survey to establish this.

Firstly, respondents were asked which issues, from a prompted list, concerned them and which did not. The proportion concerned with each issue is shown in Figure 8.1 below, for waves one and two.

Figure 8.1 Food issues causing concern - % concerned by each issue (prompted)

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



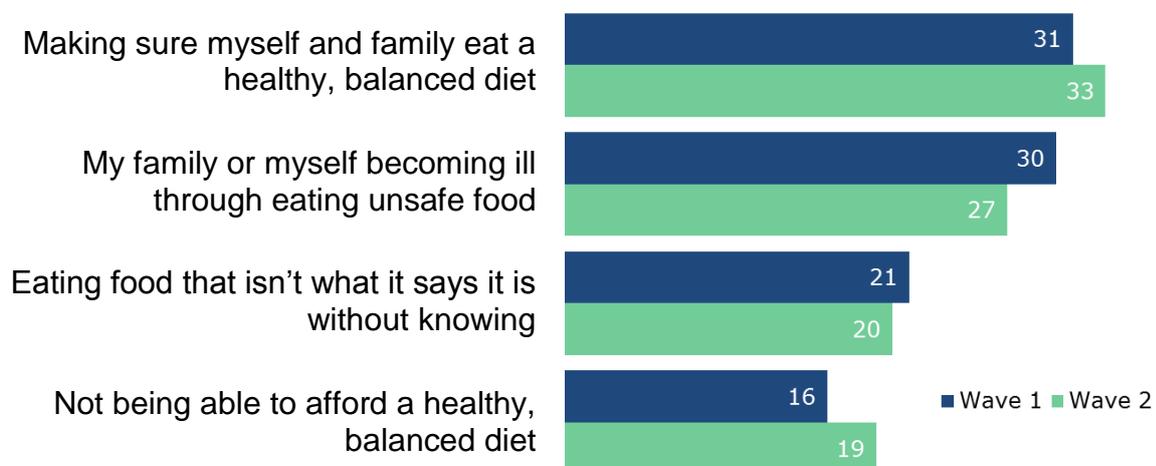
As shown in Figure 8.1, the public are concerned about a wide variety of food related issues, ranging from food hygiene to food production and authenticity. In wave two, there was a significant increase in concern regarding issues that cover different FSS strategic outcomes, specifically *animal welfare* (77% to 83%), *people have an unhealthy diet* (50% to 59%), *food hygiene at home* (36% to 43%) and *other information on food labels* (32% to 40%). *Food poisoning* continues to be a concern for many (75%) and the noticeable difference in the proportions that are concerned about *food hygiene when eating out* (75%) compared to being concerned about *food hygiene at home* (43%), is again in evidence, illustrating that many consider eating out to be the bigger risk.

Similarly, there continues to be widespread concern about *food not being what the label says it is* (78%) and significantly less concern among the sample about *date labels, etc.* (43%).

Respondents were also presented with four specific issues and asked which one of these caused the most concern. The results of this question are shown in Figure 8.2, for both waves.

Figure 8.2 Most concerning food issue (prompted) (Q14)

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



Although there have been no significant changes between wave one and wave two there has been some movement in the percentages endorsing each item as their main concern. As a result, eating a balanced diet is now emerging as the dominant concern, whereas becoming ill from eating unsafe food has reduced in importance. Not being able to afford a healthy, balanced diet is also showing signs of becoming a more widespread priority whereas concern with food authenticity remains at a more consistent level.



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