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20 January 2015





**TNS BMRB** 

## The FSA

- Non-ministerial government department
- Established 2001
- Responsible for:
  - Food safety and hygiene
  - Labelling (safety, allergy)
  - Food law enforcement
  - Nutrition and nutrition labelling (Scotland and NI only)
- Science, evidence and research
- Social science at the FSA



## Food and You

- FSA's flagship social survey of the UK population
- Reported behaviours, attitudes and knowledge relating to food safety and other associated topics
- Biennial waves in 2010, 2012, and 2014 (UK reports September 2014, country reports December 2014)
- Carried out by TNS BMRB on behalf of the FSA
- Random probability sample findings representative of UK population
- Sample boosts in Scotland, Northern Ireland and, at Wave 3, Wales
- Face-to-face interviews in respondent's home (3,453 across UK at Wave 3 – 52% response rate)
- 45 minutes in England and Wales; 60 minutes in Scotland and Northern Ireland

## Topics covered in survey

- Household information
- Eating habits
- Shopping
- Food safety
- Health
- Healthy eating (Scotland and Northern Ireland)
- Demographics

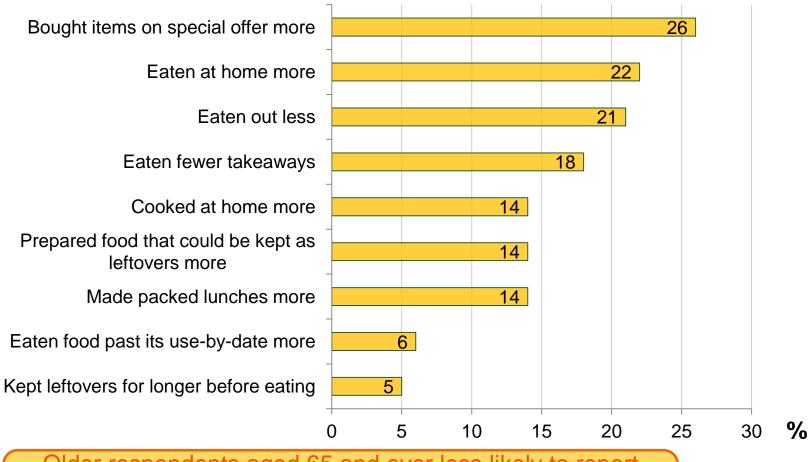


## Importance of Food and You

- Provides evidence to underpin policy decisions
- Essential baseline data about consumer behaviours
- Timeseries data
- Previously used to:
  - Determine theme of Food Safety Week 2012
  - Provide underpinning data for theme of Food Safety Week
    2014
  - Contribute to Board briefings
  - Provide indication of levels of consumer awareness and use of FHRS / FHIS (supporting bill for mandatory display of FHRS in Northern Ireland)
  - Secondary data analysis (including development of IRP)



## Changes to eating, cooking and shopping due to financial reasons



Food

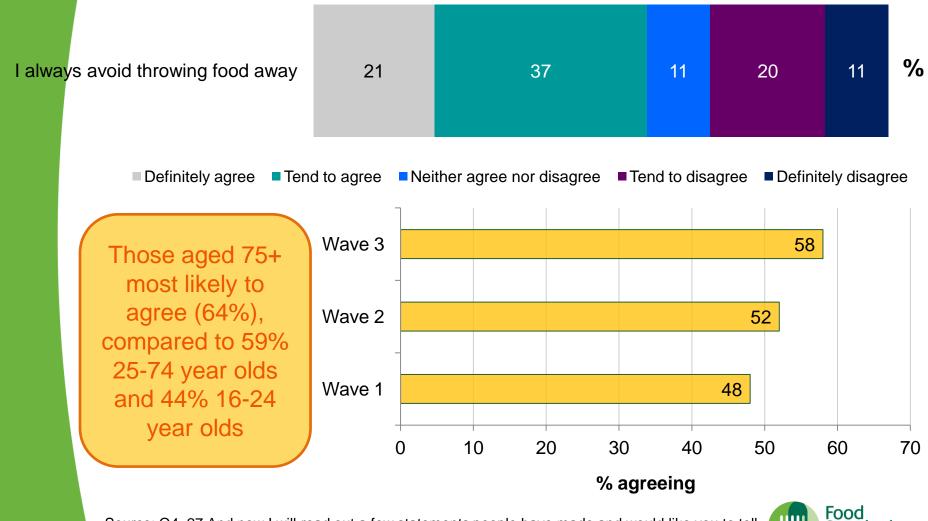
Standards Agency

food.aov.uk

Older respondents aged 65 and over less likely to report making changes (27%) compared to younger respondents (64% of those aged 16-44)

Source: Q3\_13 Have you made any of these changes in the last 6 months for <u>financial</u> reasons? Base: All respondents – Wave 3 (3,453)

## Throwing food away



Source: Q4\_27 And now I will read out a few statements people have made and would like you to tell me whether or not you agree with them? Base: All respondents – Wave 1 (3,163), Wave 2 (3,231), Wave 3 (3,453)

Standards

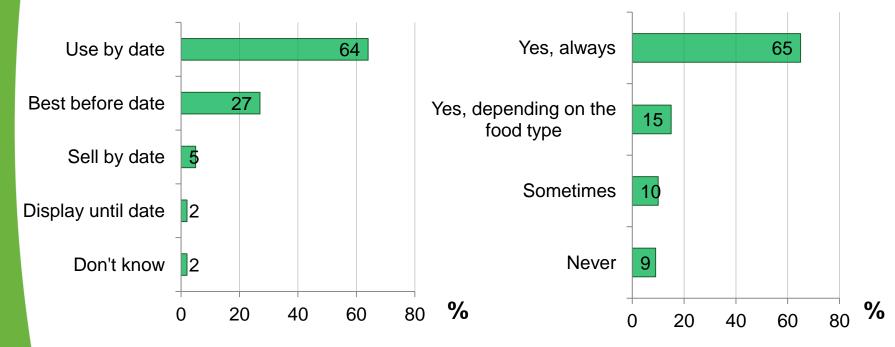
Agency

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# Knowledge and use of food date safety indicators

## What respondents think is the best indicator of food safety

## Frequency of checking use by date when cooking / preparing food



Source: Q4\_19B Which of these is the best indicator of whether food is safe to eat?; Q4\_22 Do you check use by dates when you are about to cook or prepare food? Base: All respondents – Wave 3 (3,453)



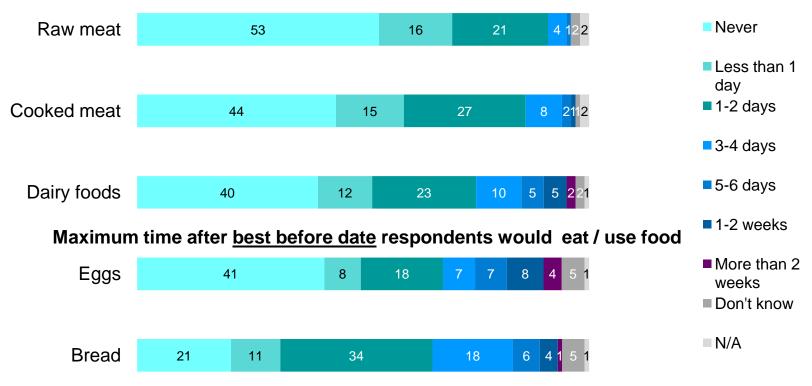
## Dairy durability markings

- Guidance developed (by Dairy UK in 2012) on providing consumers with information that can help reduce food wastage (specifically dairy products) in home without compromising food safety and quality (based on 2011 defra guidance)
- 'Best before' appropriate for the vast majority of foods, indicates the period for which a food can reasonably be expected to retain its optimal condition: Relates to *quality* of the food
- **'Use by**' required form of date mark for foods which are highly perishable from a microbiological point of view and which are in consequence likely, after a relatively short period, to present a risk of food poisoning: Relates to *safety* of the food
- Durability mark decided on case-by-case basis, so some dairy have best before (e.g. butter, hard cheese likely to have best before), and some have use by (e.g. soft cheese, pasteurised milk likely to have use by)
- Responsibility of food business operator (FBO) to set the appropriate durability indication or date mark



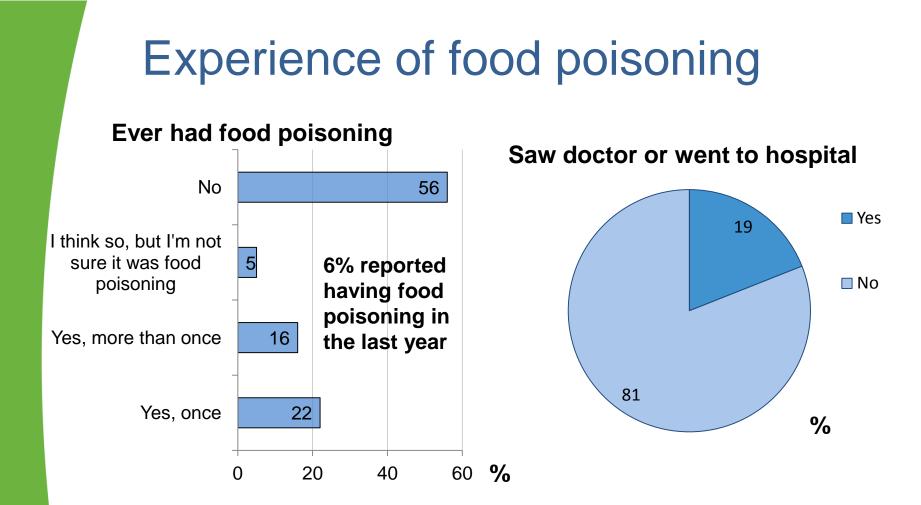
## Eating foods past use by / best before dates

Maximum time after use by date respondents would eat / use food



Source: Q11\_6 What is the maximum time after the use by date / best before date that you would use / eat...? Base: All respondents – Wave 3 (3,453)





Source: Q4\_28 Have you personally ever had food poisoning? & Q4\_28a Thinking about the most recent occasion you had food poisoning, did you see a doctor or go to hospital because of it? Base: Q4\_28 All respondents – Wave 3 (3,453); Q4\_28a All respondents who have had food poisoning in the past year – Wave 3 (202)

Respondents in Northern Ireland were less likely to report having had food poisoning than those in other countries Women were more likely than men to report seeing a doctor



## Food poisoning in the last year

- 19% visited a doctor or went to hospital
- Of these, 69% (31 respondents) had food poisoning medically diagnosed
- In other words, 13% of those who had food poisoning in the last year had it medically diagnosed

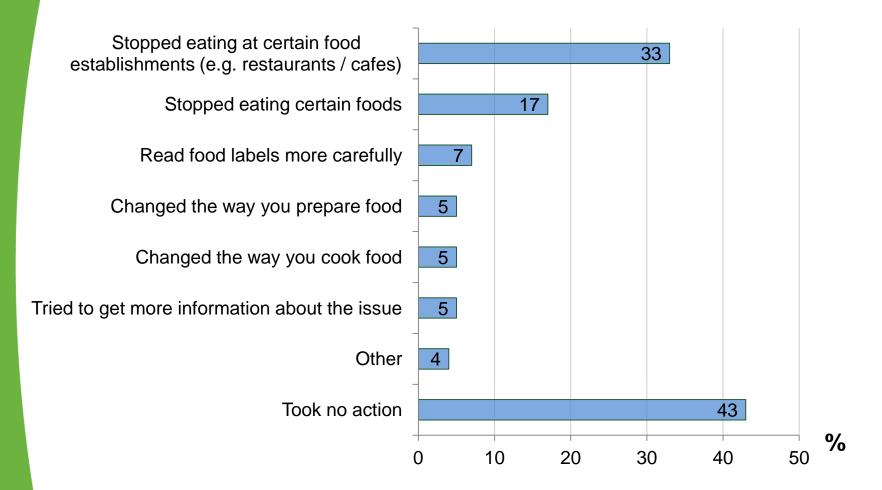
Source: Q4\_28a Thinking about the most recent occasion you had food poisoning, did you see a doctor or go to hospital because of it?; Q4\_27B Was it medically diagnosed, by that I mean were samples tested that showed you definitely had food poisoning?; Q4\_27C Do you remember what type of food poisoning you had?

Base: Q4\_28a All respondents who have had food poisoning in the past year – Wave 3 (202); Q4\_27B All respondents who saw a doctor or went to hospital about their food poisoning in the last year – Wave 3 (42); Q4\_27C All respondents who had food poisoning medically diagnosed – Wave 3 (31)

Six reported having e-coli; six reported having viral food poisoning; four reported having campylobacter; one reported salmonella. Five said they had something else, and the remainder did not know what it was.



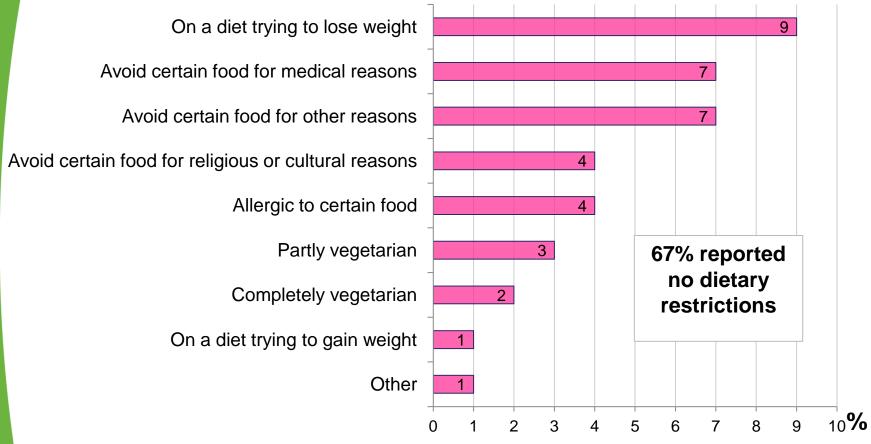
## Changes as a result of food poisoning



Source: Q4\_28B In response to when you had food poisoning (most recently) have you done any of the following? Base: All respondents who have had food poisoning –Wave 3 (1,411)



## **Dietary restrictions**

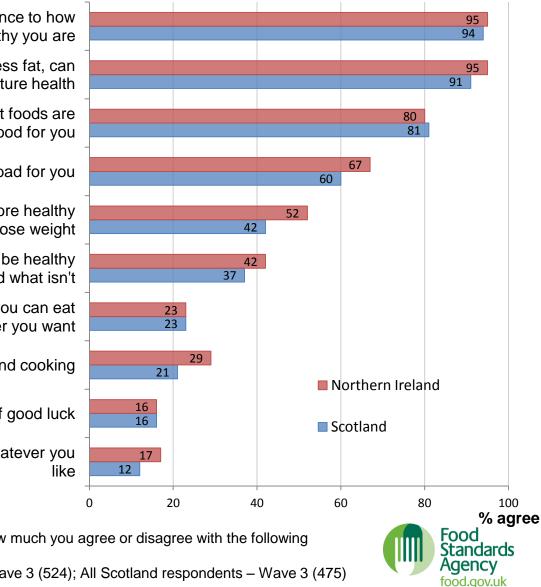


Source: Q7\_1 Which, if any, of the following applies to you? Please state all that apply. Note: respondents were able to give multiple answers at Q7\_1 Base: All respondents –Wave 3 (3,453)

32% of non-white respondents reported avoiding certain food for religious / cultural reasons



## Attitudes to healthy eating



What you eat makes a big difference to how healthy you are

Small dietary changes, such as eating less fat, can lead to benefits for my future health

Experts contradict each other over what foods are good for you

The tastiest foods are the ones that are bad for you

The main reason for people to eat a more healthy diet is to lose weight

I get confused over what's supposed to be healthy and what isn't

As long as you take enough exercise you can eat whatever you want

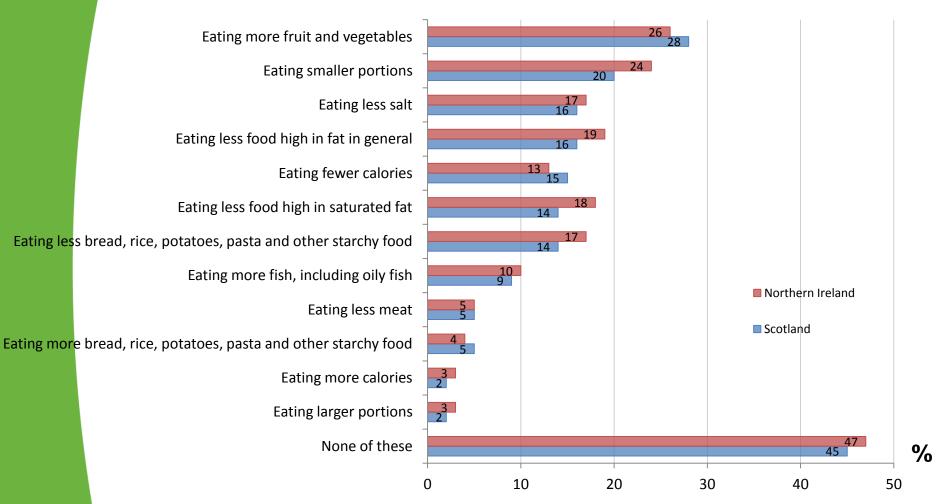
I'm not generally interested in food and cooking

Good health is just a matter of good luck

If you are not overweight you can eat whatever you

Source: Q2 16 & H2 16 Please tell me how much you agree or disagree with the following statements. Base: All Northern Ireland respondents - Wave 3 (524); All Scotland respondents - Wave 3 (475)

### Dietary changes – Scotland and Northern Ireland



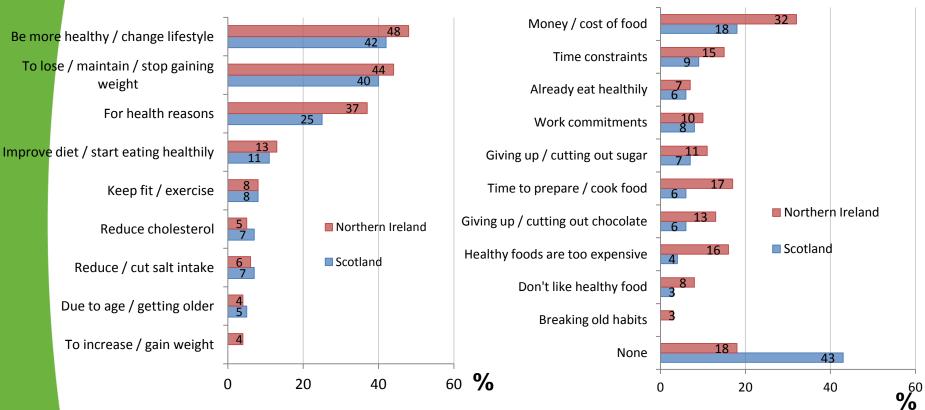
Source: H2\_19 Thinking about the last six months, what changes, if any, have you personally made to the food you eat? Note: respondents were able to give multiple answers Base: All Northern Ireland respondents –Wave 3 (524); All Scotland respondents – Wave 3 (475)



### Reasons for changes and barriers to change

#### Reasons for change

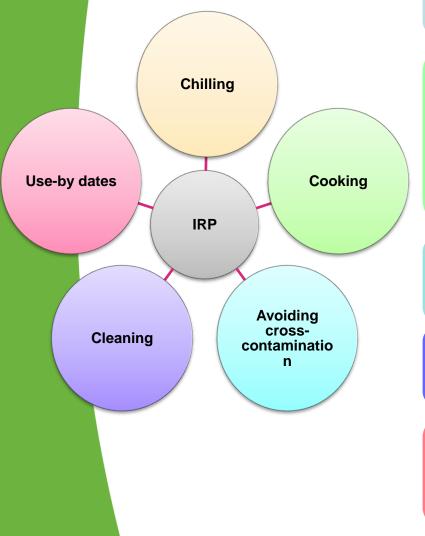
#### Barriers to change



Source: H2\_21 Why have you made these changes to the food you eat in the last six months? H2\_22 Some people may find it difficult to eat more healthily. Can you tell me please, what do you think would be the difficulties, if any, for you in trying to eat more healthily? Responses given by four per cent (H2\_21) and three per cent (H2\_22) or more at Wave 3 are shown. Respondents answered spontaneously and were able to give more than one response Base: H2\_21 All NI respondents who reported changes (268); All S respondents who reported changes (247); H2\_22 All Northern Ireland respondents –Wave 3 (524); All Scotland respondents – Wave 3 (475)



## Index of Recommended Practice



#### Chilling

Checking fridge is 0-5°C at least monthly with a thermometer

#### Cooking

- Cooking food to steaming hot
- Eating chicken/turkey if pink or with pink/red juices
- Number of times you would consider re-heating food
- How you usually tell food has been re-heated properly

#### Avoiding cross-contamination

- Washing raw meat/poultry
- Where/how raw meat/poultry is stored in the fridge

#### Cleaning

 Washing hands before food preparation/after handling raw meat/fish

#### Use by dates

- Knowledge and checking of use by dates
- Last day you would consider eating Sunday leftovers

## Exploring domestic food safety practices

## Socio-demographic variables are associated with reported food safety behaviours (measured using IRP):

 Those most likely to report behaviours in line with recommended practice are: women, people aged under 65 years, people living in Northern Ireland, people of white ethnicity, those who are married or cohabiting

## The following variables were not significantly associated with IRP score (when controlling for other variables):

 Education, self-reported health, housing tenure, household size, presence of children in household, income, socio-economic classification, work status, religion, disability, urbanity, area level of deprivation

Suggests reported food safety behaviours are related to who you are (e.g. age, gender) and not your situation (e.g. in terms of economics or educational attainment)

### Links between nutrition and food safety

- Knowledge of healthy eating recommendations ('5-a-day' and eatwell plate) are associated with reported food safety behaviours (as measure using IRP). Those with greater knowledge more likely to report behaviours in line with recommended practice.
- Links between some attitudes towards healthy eating, and reported food safety behaviours those who perceived their diet as healthy and those with less complacent views on healthy eating more likely to report behaviours in line with recommended practice.
- BUT reported nutrition related behaviours (e.g. eating fruit and veg) were not associated with reported food safety behaviours variation explained by socio-demographic factors (such as age and gender).



## Thank you for listening, any questions?

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## The 2014 For o D and You U Survey

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