

Domestic Kitchen Practices: A summary of findings from the 'Kitchen Life' study

Background paper for ACMSF meeting, 26th June 2014, Aviation House

Kitchen Life was commissioned in late 2011 to investigate, document, analyse and interpret domestic kitchen practices. The study was intended to generate insights about 'what goes on and why' in UK kitchens to inform the Food Standards Agency's (FSA) thinking about how to reduce the burden of foodborne disease. A key focus of earlier FSA research has been on reported behaviours – the *Kitchen Life* study took a different approach, to examine what people do, what they say about what they do and the role of the kitchen itself and its assorted things, technologies and resources (chopping boards, microwaves and cupboards, for example).

Kitchen Life was conceived as a study in which the central concern would lie with social practices, thereby not ignoring the mundane, difficult-to-recall aspects of kitchen life, to avoid focusing on individuals and their behaviour or on pre-determined activities often thought to influence food safety, like 'cooking' or 'cleaning'. Using current theories of practice meant looking at the 'whole' of kitchen life; rather than isolating particular aspects, such as the people involved; their behaviour, attitudes or beliefs; or the kitchen technologies they have access to – a practices approach encompasses all of these elements, and more, and investigates how they are interconnected within everyday routines.

The objectives of this study were to investigate:

- What constitutes everyday 'kitchen life' in contemporary UK households?
- What relationships exist, and why, between what people do and say and the kitchen space/place?
- What potential pathways exist between practices and food safety within domestic kitchens?
- How can we identify and define the most 'at risk' households in terms of their kitchen practices?
- How, if at all, do households encompassing older and younger people and pregnant women differ?

Research design

Kitchen Life drew on a qualitative methodology using an ethnographic approach. We recruited 20 households as case studies to investigate the kitchen lives of people aged under-60 years (including some women who were pregnant) and people aged 60 years and older. Age and pregnancy-status were the main selection criteria because of the Agency's

interest in groups thought to be particularly vulnerable to foodborne illness¹. A range of qualitative methods was used to generate insights about what goes on and why in UK kitchens, including a participant-led kitchen tour, observation, video observation and informal interviews.

The study findings are organised around four themes which broadly relate to where, exactly, kitchen life takes place, how, by whom and why. The themes relate to the boundaries of the kitchen; the way that kitchen practices are entangled; encounters with others in the kitchen; and household² logics and principles.

Where? The boundaries of the kitchen

The kitchen has meanings which extend far beyond food-related activities.

Perhaps contrary to the way it is often characterised, the data reveal that the kitchen is not a neatly bounded space or room reserved exclusively for practices relating to foodwork. Kitchens in the study were spaces in which different aspects of domestic life took place: laundry, cleaning, child care, pet care, social life, school and office work, art and craft activities, music practice, reading, gardening and bicycle repairs. Indeed, the kitchen was a space in which objects or appliances were routinely found that might be deemed 'out of place', in a food-focused view of the kitchen. These included fixed items such as washing machines, dryers, boilers and utility meters, along with others which were moveable including pets, plants, bins, items for recycling, coats, mail, magazines, newspapers, bags, laptops, keys and phones. In some study households, the presence of items such as coats, keys and mobile phones pointed toward the kitchen as a 'gateway' or 'hub' into the home; a first – or last – port of call on entering or leaving the house.

Foodwork was not confined to the kitchen – it took place in other internal and external spaces within the home.

The kitchen was a space with multiple meanings in which the boundaries could be seen as being *blurred*. This blurring incorporated both outdoor as well as indoor spaces and this could have implications for how issues of food safety and cross-contamination can be understood. For example, lack of available storage space meant that some participants stored items such as drinks, tinned and dried goods and vegetables in such places as under-stair cupboards, the garage, utility rooms, bedrooms, a downstairs shower cubicle or even a relative's home. It was not uncommon for larger appliances, such as fridges and freezers, to be located in adjacent rooms, or a garage, or for particular aspects of foodwork to take place in other parts of participants' homes.

Kitchens can be inefficient in terms of design, size and layout – particularly for participants living in social housing and for those households with younger children or older adults.

The kitchens in our sample varied in size and shape and while a number of participants were content with their kitchens, others reflected on spatial constraints that they felt inhibited what they could do. While some study households were able to fulfil their design aspirations, albeit, in some cases, within a limited budget - others had a more limited capacity to make the changes they desired. Participants who lived in social and former social

¹ There was not scope to explicitly include households with people with compromised immunity.

² The term household, when used in this section and throughout the report, refers to the households who took part in the study.

housing were particularly likely to express dissatisfaction with the layout of their kitchens. Smaller kitchens were, though, sometimes advantageous for households with older people with additional health, mobility or care needs.

How? The entanglement of kitchen practices

Food-related and non-food related elements of kitchen practice were entangled; practices incorporated multiple activities, things, people and places in and outside the home that flowed seamlessly together.

Kitchen life was clearly a complex business. When households were doing things in the kitchen it often involved a whole range of actions and interactions; frequently these had little to do with food preparation or eating, but they were embedded in practices which *did* involve food. Rearranging a bin liner, petting a dog or answering the phone were not discrete practices, but were unknowingly carried out and, often, unlikely to be perceived as related to food safety. Seen in this light, what we saw was not ‘a practice’ – cooking; cleaning; feeding the dog – but a *complex entanglement* of practices set in the context of everyday life. This complex entanglement also meant that many household practices were *inconsistently* carried out, changing according to the context or circumstances – including pregnancy, illness or what else was going on in the kitchen.

The cleaning of sites, surfaces and things, including floors, work surfaces, food and utensils, was often entangled within other elements of kitchen practice rather than being a discrete activity.

In the context of the domestic kitchens we studied, ‘cleaning’ was unevenly entangled within practices relating to a range of sites, surfaces and things, including food and utensils. Households in the study appeared to base their assessments about cleanliness against self-defined levels of social acceptability. What might be ‘normal’ for one household, in terms of when dishcloths needed changing or when a work surface was ‘clean’, for example, was completely unacceptable for another household. Further, what constituted ‘cleaning’ ranged from the ‘aesthetic’ tidying or clearing of surfaces – perhaps involving the removal of debris by brushing crumbs from a worktop with one’s hand, for example – to a concern with ‘microbial’ cleaning and the perceived removal of potentially harmful bacteria. Cleaning - either of hands or things - was not something that generally took place as a discrete practice. More often than not, cleaning was something which was entangled within the ‘gaps’ in between waiting for the kettle to boil, or for something to cook, or until it was time to leave the kitchen or house.

Pets were often fully integrated as members of a household; their care was not necessarily separated from other kitchen practices.

Pet-owners in this study did not generally see encounters with their cats, dogs, gerbils and goldfish as problematic or as potential ‘pathways’ to illness. Their care was entangled with other things that occurred in the kitchen. So, whilst some households took particular care in cleaning chopping boards and spraying surfaces, for example, they did not always wash their hands in between petting animals and handling food, or separate pets’ dishes from their own. This is a useful insight in terms of the way that practices are taken-for-granted and embedded in the flow of everyday life.

With whom? Encounters in the kitchen

Practices are negotiated and shaped through social encounters between adults and children within households - and also through encounters with others, such as cleaners, carers and relatives.

We analysed the ways in which practices were shared, reproduced, resisted and negotiated through encounters between the people in and external to study households. We use the term 'encounters' because this encompasses not just the people involved, but also the setting and activities which might be undertaken. All the encounters observed and reported could potentially affect food safety outcomes, though these issues were generally subsumed within broader concerns about learning how to act in the kitchen, either in a 'safe' or 'responsible' manner (for children), or in a harmonious or a contested manner (for children and adults). Even in lone households kitchen life was influenced and shaped by carers, cleaners, delivery people, friends and non-cohabiting relatives. Central to these findings was the matter of one person's autonomy to do things and how this was either negotiated or undermined by others. While one person in a household was sometimes 'in charge' of the everyday *choreography* or organisation of kitchen life, this was not always the case and the role was sometimes shared. In households with children and teenagers, even the youngest were active participants in kitchen life.

Why? Household logics and principles

'Rules of thumb' about 'how things are done' were inconsistently drawn on by households in the study, particularly in relation to washing meat, poultry and fish; and salad and vegetables.

We use 'logics and principles' as a term relating to the rules of thumb drawn on by participants; the common sense values and 'ways of doing things', as told to us by household members. Dimensions of trust in relation to production processes and packaging emerged as salient issues in some participants' explanations for why they did certain things and these were particularly apparent in the context of meat, poultry and fish, as well as in relation to vegetables and salad. A number conveyed a sense of unease, or mistrust concerning the purchase of meat. While some participants did not see any value in washing meat, others felt that blood, bone fragments, dust and imagined handling processes prior to the point of purchase needed to be 'washed away'. There was a great deal of unevenness in participants' practices concerning whether salad and vegetables, including 'prewashed' items, should be washed.

'Expert' knowledge existed alongside other logics and principles – expert knowledge was not seen as better than knowledge based on experience.

The findings highlight the complex terrain in which kitchen practices and food safety were negotiated. The ethnographic approach brought to the fore both a number of uncertainties and confusions regarding production processes and current best-practice advice as well as a range of personal beliefs, values and logics which perhaps rubbed alongside 'expert' guidance. It is in these gaps - where conflict and ambivalence arose between expert and lay knowledge – that food safety practices were negotiated at the level of individual study households. Importantly, where there was doubt or a lack of knowledge concerning the perceived efficacy of guidance relating to recommended practice, this appeared to open up the potential for households to rely on 'tried and tested' logics based on personal

experience. Sensory logics were drawn upon by participants, for example, particularly when it was felt that there was some doubt about either the science behind date labelling, or the trustworthiness of its application by manufacturers or retailers. Aside from smell, a range of other senses were relied on to assess food for freshness. Participants reported judging food by the presence of mould, for example, or whether food 'felt' cold in the refrigerator.

Conclusions

By bringing to life contemporary kitchens, through a 'close-up' examination of practices, *Kitchen Life* provides insights that could be useful in the Agency's efforts to support effective food safety in the home, by revealing the relationships that exist (and why) between what people do and say and the kitchen space/place.

What constitutes everyday 'kitchen life' in contemporary UK households?

Study households were neither aware of some of their mundane actions, nor of the contradictions in their accounts, because of the habitual nature of what goes on in the kitchen. Kitchen life was also not necessarily seen by households as incorporating issues of 'food safety' and this has implications when communicating messages to the general public. The findings also demonstrate that kitchens were often not under the control of one person and therefore the practices of each member of a household (individually and collectively) need to be considered. The findings present an opportunity for fresh or renewed thinking about food safety policy.

One suggestion for the way the Agency could draw on the findings would be to carefully craft information which takes account of the context of everyday life, to provide households with a different, enhanced mode of communication about domestic kitchen practices. This could perhaps be achieved through the use of illustrative 'real life' case studies. Illustrative case studies could be utilised at the points at which households might consider changing aspects of their kitchen practice – so-called 'points of leverage'³ – when food safety could potentially be enhanced through minor changes. Pregnancy and moving home are suggestions for such leverage points.

What potential pathways exist between practices and food safety within domestic kitchens?

A key finding to emerge from this study is the extent and ways that kitchen practices are entangled and impossible to 'pull apart'. 'Cleaning', for example, was part of the flow of an overall practice and *not considered* as 'cleaning' by many people in the study. Campaigns like the 4 Cs, which 'pull apart' and isolate behaviours, risk actions - like preventing cross-contamination through careful cleaning of chopping boards - being perceived by consumers as the *only* activity they need concern themselves with in relation to practices involving items such as a chopping board. The insights offered in this report present some new avenues of enquiry, particularly relating to the interaction between the non-foodwork and foodwork elements of kitchen practice and the blurring of the boundaries with spaces outside the kitchen. This could have implications for food safety, in terms of the number of 'things' touched – food or otherwise.

³ This term arose from a workshop organised by the FSA to discuss the findings of this study, held at Aviation House on 9th May 2013.

How can the most 'at risk' households be identified and defined in terms of their kitchen practices?

All of the households studied could be seen to take risks, in terms of not following FSA recommended practice, at least on some occasions. However, these individuals did not set out, usually, to act in a risky manner nor did they perceive their actions to be risky, so it is worth examining the gap between the Agency's definition of risk versus possible household-level definitions of risk, as well as the reasons why this gap might exist. Adopting a generic risk framework tends to ignore most of the meanings which are inherent in everyday life and instead puts an emphasis on how institutions view individuals and their 'failing' behaviour. Consideration of alternative frameworks is recommended.

How, if at all, do households encompassing older and younger people and pregnant women differ?

Our findings suggest that older people, in particular, might be at risk of harm from foodborne illness because there are more factors working against them than in other household types. The risks to older people are not straight-forward, however, because changes in practice that occur, for example, as a result of bereavement, frailty or failing health, might result in greater *or* fewer pathways to a risk of contracting foodborne illness. The findings suggest that considering a household's *assets* (not just economic assets) and *coping capacities* (e.g. asking for advice about reheating food) could complement an approach which examines why and how households fail to adhere to recommended practice.

Further details:

Kitchen Life was undertaken by a team of social scientists from the University of Hertfordshire in 2011-2013.

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A full report from the study is available online:

http://www.foodbase.org.uk/results.php?f_category_id=&f_report_id=818

As part of the overall programme of work commissioned by FSA, Newcastle University undertook a feasibility study to investigate the value of using Activity Recognition Devices to assess domestic kitchen practices. A separate report is available from the feasibility study:

http://www.foodbase.org.uk/results.php?f_category_id=&f_report_id=819

