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Still blaming the consumer? Geographies of responsibility in domestic food safety practices*

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*Accepted version

Still blaming the consumer? Geographies of responsibility in domestic food safety practices

Abstract

Drawing upon qualitative and ethnographic data collected in the UK, this paper discusses how public discourses and concerns about food safety are negotiated into everyday domestic kitchen practices. While many participants demonstrated 'behaviours' or 'practices' which could be seen to contravene or fall short of official guidelines, this does not necessarily indicate 'ignorance' or lack of responsibility on the part of consumers. Indeed, when explored in detail, participants presented a range of reasons for engaging in what the UK Food Standards Agency regard as 'risky' practices. Their explanations point toward an understanding of the distribution of domestic responsibility in which a number of stakeholders are implicated, while simultaneously acknowledging their role as final arbiters of food safety in the home.

Introduction

The increasing prominence of food as a significant concern within public health policy is reflected in two recent special issues of this journal (2003[2]; 2011[4]). Coveney's (2003) editorial to the first of these highlights the tensions between health promotion on the one hand, and facilitating trade in ensuring food supply on the other, acknowledging -- in the context of the former -- the absence of a coherent policy framework that strives to make 'healthy choices, easy choices' (2003, p. 100), an issue discussed in greater detail by Holm (2003) in the same issue. In her contribution, Holm draws attention to a culture of 'victim blaming' in attributing responsibility to consumers for a decline in the quality of food in the Danish market, resulting from a preference for cheap rather than quality produce. In spite of the UK Department of Health's recognition of the 'major impact [of the food industry] on what people eat' and its 'corporate social responsibility to promote healthy eating' (DoH 2004), retailers continue to locate responsibility for healthy eating with individual consumers, or in the case of children, with parents (Jones et al. 2006; Colls and Evans 2008). The question of individual responsibility -- or 'blame' -- has been extended to a wider range of issues beyond healthy eating agendas since the publication of these two special issues on food. For example, Evans (2011) highlights that assumptions about profligacy and culinary incompetence have circulated in debates concerning food waste and sustainability, while Milne (2011) reports on 'risk' practices among older populations who are 'vulnerable' to listeriosis.

A recurrent theme within many of the papers in this collection is the suggestion that rather than problematising consumer behaviour, policy and practitioners should

look toward understandings of consumer behaviour which acknowledge the ways in which the activities around cooking and eating are embedded in the flow of day-to-day life (Delormier et al. 2009, p. 217). Speaking more broadly about health-related choices, Ioannou (2005, p. 264) argues that these are not matters of relevant knowledge, but are circumscribed by individuals' material, environmental, social and structural circumstances. Likewise, Lindsay (2010: 475) reminds us that food and alcohol choices, for example, are not simply matters of what to eat and drink, and how much, but are also performative of social identities, enacted within social relations. Following what is recognised as 'the practice turn in food studies' (Domaneschi, 2012), a number of contributors to the 2011 special issue emphasised the importance of contextualising the choices that individuals make with, and around food, within the complexities of everyday life (Evans 2011; Halkier and Jensen 2011a; Milne 2011). Careful examination of the everyday, Gustafsson et al. (2011) suggest, can help explicate what some describe as 'deviations' (Brennan et al. 2007) from health promotion guidelines.

This paper develops this approach by examining what people 'do with food' in the context of food safety. While much has been written about consumer practice from a behavioural science perspectiveⁱ which focuses on how food safety *knowledge* is reflected in individuals' behaviour, such approaches have been criticised on the grounds that they are premised upon a 'deficit' understanding of consumer behaviour knowledge which isolates both individuals, and the food they consume, from the social, cultural, structural and practical complexities in which everyday practices are embedded (Halkier and Jensen 2011a). What follows is an attempt to unravel some of this complexity, as observed via empirical data collected in Northern England between February 2010 and August 2011ⁱⁱ. The aim of the study was to examine patterns of continuity and change in families' domestic kitchen practices within living memory, exploring domestic food provisioning practices in context as people interact with food and other objects, at the points of purchase, storage, preparation, consumption and disposal. One of our objectives was to problematise understandings of consumer behaviour which are based on assumptions about consumer 'ignorance', poor food hygiene knowledge and cooking skills (see Short 2006; Meah and Watson 2011). Underpinned by current theories of practice, we sought to explore more of the complex circumstances in which a range of food-related practices are made, including shopping (Meah and Watson, 2013), cooking (Meah and Watson 2011) and storage and disposal (Watson and Meah, 2013). Our research shows that practices are often embedded in knowledge, values and beliefs which go beyond considerations about the health and well-being of oneself or loved ones. As individuals do not exist in a social vacuum, the environment and local and distant communities may all be implicated in decisions, for example, about whether to eat something which may be regarded as 'on the edge'.

Drawing upon data collected via a series of focus groups, and a multi-generational ethnographic study, this paper explores the ways in which differing -- and often competing -- discourses and sources of knowledge regarding food preparation and storage, and food safety practices, have been negotiated into everyday kitchen life. While some participants did things which could be interpreted as contravening, or falling short of, guidance circulated by the UK Food Standards Agency and other best practice advice, this does not necessarily indicate either ignorance or lack of responsibility on the part of consumers. Indeed, when explored in detail, participants presented a range of rational and reasonable explanations for engaging in what might be deemed 'risky' practices. Likewise, although it has been suggested that consumers are both unrealistic about the risks presented by their own food practices and over-estimate those presented by food producers and retailers, participant responses point toward an understanding that a range of external stakeholders are implicated in ensuring the safety of the food we eat, while simultaneously acknowledging their own role as final arbiters of food safety in the home.

Locating responsibility for domestic food safety

Provisional data indicate that in the UK in 2011 there were approximately 94,000 laboratory-confirmed cases of the five key foodborne pathogens -- campylobacter, salmonella, e.coli, listeria monocytogenes and norovirus -- monitored by the Food Standards Agency (FSA 2012, p. 13). According to the FSA, the cost associated with these illnesses was estimated to be £1.9 billion in 2010 (FSA 2012, p. 3). While approximations vary about the contribution of domestic food safety practices to the total estimated incidence of foodborne illness, the domestic kitchen is considered a key site of infection (Scott 1997; Worsfold and Griffith 1997; FAO/WHO 2002; Redmond and Griffith 2004a; Mullan et al. 2010). Although legislation and greater regulatory authority may have introduced improved safeguards within the supply chain,ⁱⁱⁱ less is known about events after the point of purchase. Findings from the FSAs 2010 *Food and You* survey (PPrior *et al.* 2011) indicate that the 'majority of respondents reported behaviour that followed recommended practices in relation to cleaning, cross-contamination, chilling and cooking (known collectively as the '4 C's'); for example, 84 per cent reporting that they always washed their hands before preparing food. However, reported practice in other areas was less frequently in line with FSA advice: 41 per cent of respondents reported always washing raw meat or poultry, and 42 per cent reported always washing fish and seafood. Importantly, while 72 per cent indicated that they tended to rely on smell in their judgements concerning food safety, only 25 per cent mentioned use-by dates (Prior et al. 2011, p. 5-6). In view of these findings, it is perhaps not surprising

that, in the context of safety, food scientists indicate that ‘consumers are increasingly considered the weakest link in the chain’ (Terpstra et al. 2005: 527) which, according to some, can negate much of the effort made by the food industry to prevent foodborne illness (Jay et al. 1999). In this sense, it could be argued that the consumer is set up as a contemporary ‘folk-devil’ (Ungar 2001), failing to effect an appropriate response to ‘expert’ advice.

Among food scientists, one of the principal concerns appears to be the issue of individual responsibility. Verbeke et al. (2007, 3) observe that from an ‘expert’ point of view, the general public appear to be ‘rather deficient’ in their understanding of hazards and associated risks, displaying behaviours and making decisions which seem irrational, illogical or at least inconsistent with expert opinions and scientific knowledge. Consequently, an understanding of consumer behaviour which is based on ignorance and lack of knowledge has proliferated among food scientists and within the food industry. For example, key industry informants contributing to Shaw’s (1999) study of public concerns about food point toward an erosion of public understandings about food hygiene and safety, suggesting that the “*practice of food hygiene by people in general is nothing like what it ought to be*” (food scientist, quoted in Shaw 1999, 10.2). Likewise, a chicken grower quoted by Jackson et al. (2010, p. 180) suggests that poor knowledge and hygiene practices among ‘housewives’ are responsible for diseases such as salmonella, while “*the poor ruddy grower gets all the blame*”.

One of the criticisms that Jackson et al.’s chicken grower levels at housewives is their failure to *wash* chicken before they ‘*fling it in the microwave... or the oven*’ - a practice which the FSA now specifically advises against as washing is likely to spread germs and cause cross-contamination. Clearly, it is not as straightforward as simply following ‘expert’ opinion and advice, particularly when such advice changes over time or is inconsistent -- the use of wooden chopping boards is another good example of this. Nor should it be assumed that ‘knowledge’ should straightforwardly displace ‘ignorance’ and therefore affect a change in how consumers manage their food once it leaves the shop. Indeed, studies have highlighted that people of all ages report an *awareness* of what they should/should not do, but simultaneously acknowledge that they do not *always* do it (see Eves et al. 2006) and it is well known that *reported* behaviour does not always correspond with *observed* behaviour (Anderson et al. 2004; Terpstra et al. 2005).

Within the scientific literature it has been suggested that another reported complexity is the tendency of consumers to over-estimate the contribution of distant farmers, manufacturing facilities, supermarkets, restaurants, and take-away establishments to the incidence of foodborne illness, while simultaneously under-estimating the contribution of their own domestic food handling and storage practices (Bruhn 1997; Green et al. 2003; Redmond and Griffith 2004b; Kennedy et al. 2005;

Bergsma et al. 2007; Byrd-Bredbenner et al. 2007). This literature suggests that ignorance and complacency (Eves et al. 2006) are contributing factors since consumers are either not aware, or will not accept, that more than half of all reported foodborne infections are contracted in the home (Kennedy et al. 2005, p. 442), prompting the recommendation that more emphasis needs to be given to personal responsibility in future food safety education initiatives (Redmond and Griffith 2004b, p. 187). The tendency, within the scientific literature, to prioritise individual responsibility reinforces Beck's (1992) argument that the 'risk society' is a 'risk distributing' society, with all participants seeking to find ways of passing responsibility on to someone else: while consumers are *reported* as deflecting responsibility to a range of external 'others' -- with an expectation that governments legislate to encourage greater transparency and accountability -- retailers often 'pass the buck' (Havinga 2008) to producers, while producers and food scientists, in turn, express concern about a perceived lack of cooking knowledge and skill among consumers, placing the 'reflexive burden' on the shoulders of individual consumers (Almas 1999, 2.7).

That risk involves a moral dimension has been noted by sociologists. Hier (2003) argues that the moralisation of risk often works through an exaggerated conception of individual human agency. For example, government food policy, through its emphasis on individual 'choice', blames consumers for a knowledge/skills 'deficit' while simultaneously ignoring the culpability of wider institutional actors arguably also contributing to unhealthy diets and lack of exercise. Hier identifies a growing tension between the 'techno-scientific rationalities' of the expert world (food scientists in the current context) and what he calls the 'social rationalities' drawn upon by consumers as they negotiate the conflicts and ambivalences associated with risk and food safety into the course of everyday living. Importantly, Lupton (2005) draws attention to the nature in which risks are perceived and prioritised by consumers varies geographically, and also according to age, gender and ethnicity (see also Rozin et al. 1999). Further, Lindsay (2010, p. 476-77) argues that how 'risk' is understood and subsequently rationalised by consumers is perhaps inconsistent with those public health discourses which underpin the development of health guidance (in Australia). The latter, she points out, is premised upon an epidemiological definition of risk, which emphasise danger, or hazards, rather than chance. Indeed, the communication of food risks relies on scientific risk assessments that involve uncertainty, often expressed in terms of statistical probabilities, which the public often find hard to understand (see Rowe 2011). Consequently, this enables slippage to occur between the meanings of probable risk and danger, and it is in this gap between the two that possibilities for negotiation at the level of individual practice are opened up.

From 'behaviour' to 'practice': shifting the analytical lens

Premised upon the assumption that behaviour is the outcome of a 'linear and ultimately rational process' (Harrison and Davies 1998, cited in Hargreaves 2011, p. 81), behaviour-based approaches are limited in that they can appear simplistic, emphasising the 'what' but with little attendance to the 'how' and 'why' which are also implicated in what transpires in domestic kitchens. Nonetheless, as Hargreaves (2011, p. 81) notes, the persistence of linear models of 'behavioural correction is perhaps partly explained because they render policy responses relatively straightforward'. But, expecting a change in behaviour to follow from promoting awareness of 'the 4 C's Strategy' (cooking cleaning, cooling and avoiding cross-contamination, FSA 2006), for example, ignores the reality that this knowledge has to be integrated into the complex purposes and routines of everyday food provisioning, and the broader structural circumstances in which these take place (see Evans 2011; Milne 2011). In reality, individuals may modify particular practices with differing degrees of permanence but, ultimately, do not end up doing what they are advised to do *for perfectly rational reasons*, particularly if certain practices are 'entrenched' (McCurdy et al. 2006). Given that habit and routine are acknowledged as contributing to how people handle food in the home, with older people -- in particular -- represented as acting 'on the basis of previous experience based on habit and ... not ... adjusted for new products and storage methods' (Terpstra et al. 2005, 532), it seems appropriate to approach these issues with a theoretical framework which foregrounds the role of habit, routine and the embedded nature of what takes place in domestic kitchens. In doing so, this both problematizes and makes possible a conceptual shift away from those individualist and behaviourist framings which emphasise the labelling of consumers as cavalier, complacent, irrational or overly optimistic (Redmond and Griffith 2004a; Kennedy et al. 2005; Eves et al. 2006; Bergsma et al. 2007; Damen and Steenbekkers 2007), and which attribute blame to consumers. Focussing on *practice*, rather than behaviour, can provide a better account of both human agency and the social, as well as examining the 'how' and 'why' in people's engagement with food, and other objects, during the complex messiness that constitutes everyday provisioning.

The 'practice turn' in social theory (Schatzki et al. 2001) has emerged from an interest in understanding the performative character of social life, foregrounding the mundane 'doings and sayings' (Schatzki 2002) which are tacit and so embedded within the rhythm of everyday life that they are barely noticed as people move about their kitchens. What might appear to be a straightforward practice of making an evening meal, for example, could routinely encompass washing up the breakfast dishes, cleaning out lunch boxes, feeding a pet, interacting with product labels in identifying what needs

to be used up first, remembering what different family members dis/like and working out who will be home at what time, leafing through a recipe book, putting a wash on, changing a nappy, peeling, chopping and slicing vegetables, putting something in the bin and adjusting the bin-bag, washing hands (or not), handling uncooked meat, making a cup of coffee, opening the post, clearing bags, coats, phones, keys, laptops from the kitchen table and helping a child with their homework even *before* heat is applied to any ingredients (if at all). While many of these activities are not directly food related, they routinely form part of the flow of what transpires within the space of a kitchen which may -- or may not -- be neatly bounded by walls and doors, but which still allow for flow to/from those spaces beyond, which could include gardens and bathrooms, as well as more obvious domestic spaces. Seen in this light, the activities which occur around -- but are not specific to -- food, can be understood as dynamic and relational, they are 'flows and happenings and processes of carrying out activities' which make visible how consumption is 'entangled in webs of social changes and reproduction in everyday life' (Halkier and Jensen 2011b, p. 105).

To date, much empirical research has tended to focus upon *reported behaviours*, or 'sayings', regarding what people claim to do in their kitchens. There has been little research that has explored people's 'doings' via direct observation^{iv} and less still that has attempted to explore people's practices as they occur within *the domestic context* of the kitchen and wider household. Current theories of practice (Reckwitz 2002; Schatzki 2002; Warde 2005; Shove, Watson et al., 2007; Shove and Pantzar 2010; Shove et al. 2012) lend themselves to this type of inquiry since, as Reckwitz (2002, 249) suggests, practice -- as the site of the social -- is concerned with the interconnections between forms of bodily activities, forms of mental activities, 'things' (such as food, technologies, recipe books, cleaning products) and their uses, accumulated stocks of knowledge (which include experiential knowledge, states of emotion and motivational knowledge), as well as awareness of public discourses concerning food safety. Much of what occurs in the kitchen is tacitly or unconsciously performed. While someone may be aware of making a decision to wash uncooked meat, or the use of a particular chopping board when slicing bread, they may not be able to articulate why they do this or account for the trajectory or history of a practice (Warde 2005). As Bourdieu (1990) suggests, it may simply be that they 'always have' done certain things in a particular way and as such, they become 'carriers' of practices (Reckwitz 2002) which may continue for generations. In this sense, current theories of practice divert analytical attention away from moments of individual decision-making (Hargreaves 2011), thereby problematising the issue of 'responsibility'.

Importantly, Power (2003, 10) suggests that 'practice has its own logic, which is not the rational or calculated logic of the logician, it is an embodied, practical logic,

without conscious or logical control'. Acknowledging that far from being 'irrational', practices may emerge from rational and embodied logics -- which make perfect sense to the individual -- is critical in developing more nuanced understandings of how people engage with food, the range of intermediaries which have been developed around food, and the various public and policy discourses which circulate, ranging from food hygiene and safety, through to waste avoidance. In making this conceptual leap, it then becomes possible to represent consumers as something other than cavalier, complacent, ignorant or irresponsible.

'Reasoned logics': rationalising risk

In the discussion which follows I specifically explore how perceptions of risk and responsibility are rationalised by my participants on a range of different levels, sometimes resulting in practices which might be regarded by food safety experts as 'risky' or dangerous. My interest is with exploring the good reasons consumers sometimes do 'bad' things in their kitchens^v. The study reported here has attempted to include more of the 'doings' of practice by combining seven focus groups (n=37) with a multi-generational household study, involving 23 participants (aged 17-92) from 2-4 generations of eight families across 17 households. Undertaken with naturally occurring groups, focus group discussions helped explore participants' responses to questions concerning public and policy discourses surrounding food safety, and perceptions of responsibility in social context, enabling me to refine the focus for the household study.

Table 1. Summary of focus groups

<i>Group</i>	<i>Group description</i>	<i>N</i>
A	Mixed group, aged 34-35	3
B	Male house-sharers, aged 23-30	5
C	Mixed group of older luncheon club members living in a former mining village	6
D	Cohabiting professional couples, aged 29-41	6
E	Mixed group of people living in rural areas, aged 39-79	8
F	Indian and Somali mothers attending community-based cook-and-eat sessions	6
G	Mothers of children under 4 attending a Sure Start Centre, 27-38	3

With the objective of exploring patterns of continuity and change in domestic kitchens -- within living memory -- among members of the same family, the household study combined food-focussed life history interviews with ethnographic methods, including shopping go-alongs (Kusenbach 2003), kitchen tours, videoed meal preparation, photography^{vi} and generally ‘hanging out’ (Evans 2012) in participants’ kitchens, sometimes as a participant.

Focus group participants in particular reported an awareness of current guidance concerning various aspects of food safety. Within these discussions, the media emerged as a principal source of information, although there was widespread scepticism concerning its role in proliferating anxiety, or “*hype*”, around certain issues. For most participants, common-sense logics, premised upon embodied and experiential knowledge, were invoked as fundamental to ensuring food safety. For example, these 63 year old women who cooked for a luncheon club for older people in their community reported a sense of exasperation with the food hygiene guidelines laid out in the courses they were required to attend:

Anne^{vii}: And you sit there and you think, ooh, you know, if they just let you gerron with it, I mean, I’ve always been in cooking since I left school at fifteen, and, it’s just getting, in my opinion, worse... Yeah, in, in telling you, I mean, to be honest if you use your common sense (...)

Trish: Yeah.

Anne: You know how to look after food and cook and er, you know.

Group C

Likewise, in Group D, Liz (37) responded dismissively to the 2010 news story about the prevalence of campylobacter in supermarket chickens (Poulter, 2010), suggesting that common sense dictates *that “you can only cook chicken well, ‘cause if you don’t, we all know^{viii} if you cook, if you eat undercooked chicken, or red, pink chicken, it’s bad for you”*. But the ‘how’ of this knowledge, its source or history, is something about which participants are more vague. For example, Liz’s friend, Pete (33) adds: *“that’s something that you know, you’ve been told elsewhere, maybe your mum told you that or something”*. In Group B, participants suggested that indicators of safety, such as Use-by dates, provided a *“starting reference point”*, but ultimately decisions about whether or not to consume a product will be premised upon sensory judgements (smell, appearance and taste) -- embodied knowledge -- which are simultaneously acknowledged as being *“only something you get from experience”* (Steve, 30).

In discussions of *reported* behaviour in both focus groups and the household study, participants acknowledged their awareness of current guidance concerning the

reheating of food, for example, but explained their general disregard for this information on the basis of their direct experience of never having been ill as a consequence of their practices. Household study participant, Stuart Charles (41), for example, used to work in the food industry as a dairy manager, which perhaps gives him some insider 'know-how'. He reports having reheated boeuf bourguignon *five* times in the past, but that his wife "*wouldn't ever allow that now... [whispers] it's all a load of rubbish I think... some people say you shouldn't heat meat more than twice, re-heat it, but I've done it three or four times I'm still here, I'm fine. So's Sally [wife], so's the kids*". Although convinced -- by experience -- that there is nothing wrong with his own practice, his whispered tones when speaking about the efficacy of reheating guidance is suggestive that his wife's beliefs about food safety rule in their kitchen. Another, younger, man with no partner or childcare responsibilities demonstrated a similar attitude. Andy (24, Group B) is a science teacher. He understands how microbes work and is also aware that rice is considered to be a particularly 'risky' food to reheat. However, his knowledge is displaced by experience and he rationalises his decision to continue reheating rice in the microwave on the basis that "*I've never suffered anything specifically bad from food poisoning. I've heated rice, as I've said, enough times and I've never, I'll keep doing that because it's never had any effect*". Nonetheless, he turned to me, as the focus group facilitator and perhaps perceived food safety 'expert', and said: "*but I might not after this evening if you're gonna tell me something about cooking rice again that's gonna turn me away from that forever... Is it just, there's nothing like long-term, brain damage, cancer related...?*" Andy wants to know if his actions can cause severe *long term* harm; it's a rationalised risk based upon his assessment of the *probability* of harm (Lindsay 2010), based upon the available information.

'Practical and reasoned logics': cross-contamination

Ethnographic work with households was an opportunity to explore participants' practices as these were being performed. What emerges from my engagement with participants as they went about their everyday business in their kitchens is not a sense of cavaliness or complacency, quite the opposite. Indeed, they expressed perfectly sound reasoning for engaging in what the FSA and others would regard as 'bad' practices. For example, I visited Azam Habib's (35) home with the intention of observing him preparing and cooking a curry. Azam talked me through each stage of the process, breaking it down into sets of practices requiring different skills and competencies: knife skills in preparing the onions and garlic; sensory skills in judging when the spices have been adequately fried. I was struck by the fact that, like his mother, whom I had observed in her home the previous day, Azam had rinsed his chicken and it sat draining in a colander in the sink. While similarly-aged focus group participants were unable to

explain why they did this, Azam is assertive in his explanation, again invoking reasoned logic:

“...it comes from the shop, it’s been in the fridge... because they handle it, for me that’s an issue... it’s all that transition, innit, bringing it from there, bringing it in the bag, getting it home. For me, you’ve always got to be more aware of meat as well”.

While Azam expressed genuine surprise when I told him what the official guidance on this issue is, others – who appeared to be better informed - were insistent in their maintenance of this practice. Amy (34, Group A), for example, explained that *“I just take the chopping board next to the sink, wash the meat and put it straight on the chopping board, and I think I haven’t trailed it across the kitchen like she did in the [FSA] advert”.* In Amy’s mind, the practical steps she reports taking to avoid ‘trailing’ bacteria across her kitchen ameliorates any perceived risks from continuing with an entrenched practice, something she has *“always”* done and appears not to want to change.

I was fortunate to be invited to spend an overnight and then a whole day with another participant, Mary Green (67), becoming a participant observer as I accompanied her through her daily routine: from breakfast through to evening meal, including her weekly visit to the supermarket. What I recorded with my video camera foregrounded the very practical and reasoned logics which underpin some of her practices, all of which are born out of a concern with what she refers to as *“cross-infection”*. In one short section there is evidence of a convergence of different sources of knowledge, bodily and mental activities involving a range of ‘things’ to produce situated practices. For example, when asked about what she uses her blue chopping board for, she explains: *“I’m very concerned about uncooked meats and chicken especially.”* Chicken is a non-human agent which Mary understands can make you ill – what, in Reckwitz’s (2002) terms, might be regarded as ‘motivational knowledge’. She acknowledges that this concern does not originate in her own background as a child, reporting that in rural Ireland 60 years ago *“there was no real hygiene as such”*, but at the same time asserting that *“we didn’t get ill so easily”*, something which she attributes to *“our immune system and what we got used to as kids”*. These are further examples of the experiential knowledge, and beliefs, which inform and provide the context for people’s practices.

To help ameliorate some of her anxieties concerning uncooked meat and fish, Mary develops a set of practices involving a range of intermediaries: fish will generally be put on a plate, while a blue chopping board is set aside for uncooked meat, which she says she will then spray with Dettol^{ix} and wash in hot water. She reports that when she has been handling meat or fish, she will also spray the sink and surrounding area

and wipe it down with disposable kitchen towel, “*to be sure*”. These sets of practices and things which make them possible (the plate, the chopping board, the Dettol, the disposable kitchen towel) enable Mary to believe that she is not spreading bacteria around, and to feel more confident about avoiding foodborne illness. However, on watching the footage back, I noticed that when, a short while later, she rinses a piece of fish under the tap, she did not engage in the process she had described earlier.



Figure 1. Mary Green washing fish

Instead, a piece of fish is rinsed under the tap, patted dry with kitchen paper and placed on a white chopping which she had earlier prepared vegetables on. After removing the skin, this is wrapped up in the packaging from the fishmonger and disposed of, and Mary quickly rinses her hands under the tap. At no point does she spray the sink and wipe it down in the way previously described; instead, it is washed in hot soapy water, along with other items used in accomplishing the preparation of the meal. Whether this points to a gap between ‘saying’ and ‘doing’ is not clear and perhaps she would have been more vigilant had she been handling meat or chicken -- or, indeed, if her routine had not been interrupted by my presence -- but, at least in theory, Mary believes that she’s doing the ‘right’ thing.

Negotiating competing discourses: food safety vs food waste

It was clear from talking with and observing participants that they are aware of food safety as an issue, whether from media coverage of ‘food scares’, public health messages, or through their own or others’ practices. It was equally clear, however, that messages concerning ‘good’ or ‘best’ practice existed in tension with other concerns and public discourses. For example, another realm of food-related social anxiety also visible in the media and at the level of public policy which potentially pulls practices of home food provisioning in an opposing direction, are those concerning campaigns to reduce the astonishing levels of food waste generated in the UK (Foresight 2011). While campaigns like ‘Love Food, Hate Waste’ (WRAP, 2013) moralise acts of food saving, like keeping and finding creative culinary uses for leftovers, and of food disposal, they are at odds with those discourses which problematise common practices of thrift, saving and reuse around provisioning for food safety reasons. The tensions that arise as these public discourses are negotiated together into domestic practices are reflected in scepticism regarding intervention by the “*nanny state*”, the role of the media in proliferating anxieties, and concerns about retailers exploiting these anxieties, for example through date labelling.

At the level of practice, we see various degrees of adherence to ‘use-by’ dates and mistrust of the ‘science’ behind this innovation. This is reflected in the observations of household study participant, Ted Anderson (66):

“...[people] don’t understand what [these dates] mean, I say to people, ‘Do you think that this use-by date... today it’s not a problem? Is it a problem tomorrow? It will kill you, is that what you think? What do you think this use-by date, it is the day that’s set well ahead of some possible danger that it might have’...In principle ...I generally ignore these dates, completely ignore them, and I look at them and, depending on how it looks and how it tastes, how it smells and it’s, it won’t kill you if you have a taste, and if the taste isn’t very good you can throw it away”.

Here is an example of a perfectly rational explanation for what the FSA would perhaps describe as ‘bad’ behaviour. It is not born out of ignorance or as an act of resistance. Ted presents reasoned logic: *“these dates are set well ahead... do you think today it’s not a problem... but tomorrow it will kill you?”* As with many other participants, his rules of thumb (Green et al. 2003) involve relying on embodied and experiential knowledge, his sensory skills, his capacity to interact with food and ‘read’ their smell, appearance, taste – all practical logics. Of course, there are limitations to Ted’s approach since some pathogens are invisible to the human eye and undetectable by smell, leaving real,

objective, risks which cannot be assessed through trusting our senses alone but such judgements should not be dismissed as entirely irrational or lacking their own logic.

Shifting 'geographies of responsibility'

In an earlier section in this paper I discussed how behaviourist framings of responsibility have a tendency to place the burden, and 'blame', with the individual. Engaging a practice-driven approach, however, enables us to extend the geographies of responsibility (Massey 2004) and understand how consumers' motivations for engaging in certain practices may often involve an understanding of responsibility which goes beyond the level of the household^x. Let us take, for example, Ted Anderson's indignation concerning how some people engage with use-by dates. Many months after he made these comments, I spent an afternoon filming him preparing food for a Christmas Eve party that he and his wife, Laura (63) were hosting in their home. I watched him cutting out pastry circles and repeatedly rerolling the dough so that eventually he was left with a piece too small to do anything with. I comment on this, reporting that his son had told me that he will often pass on leftover bits of cabbage to Ted and Laura rather than throw them away. My fieldnotes describe the exchange:

"We'd be cross if it gets thrown away" says Laura. She turns to Ted and says: "I can hear your mother in her Welsh kind of way, "I hate waste. I hate waste"". Ted explains that his mother's response is partly due to having to feed so many hungry mouths, but also the fact that she grew up in the 1920s when there wasn't much around. "Everyone's got parents, grandparents like this". He goes on: "the reason she did it is because she had to stretch food out, but the reason someone like me does it is because this stuff's precious, it shouldn't be thrown away. It's been grown and nurtured and cooked".

A number of reasons are articulated concerning this couple's aversion to food waste, which sometimes result in their pushing the boundaries of perceived safety. While experiences of food shortage in their own childhoods are one factor, for Ted, his concerns are wider and relate to food security and global resources, thus broadening the scale of responsibility. Seen in this light, what might appear to be 'bad' practice in the context of food safety -- consuming food beyond recommended use-by date -- is actually 'good' practice when considered from a sustainability perspective.

Importantly, when it came to questions about distributions of responsibility for the safety of food consumed in the home, it was clear that perceptions of responsibility are diffuse and – contrary to what is indicated in some of the literature outlined earlier – not entirely attributed to 'external' agents. Among my participants there was a sense of

confidence in the safety of the food they buy. If there were doubts about a particular product or retailer, they would make a different purchasing decision, avoiding certain products or shopping elsewhere. Indeed male focus group participants acknowledged that: *“it’s a shared responsibility. At almost every stage there is an element of responsibility (...) the government oversee to try and make sure that by the time it gets to you, it’s, there is nothing dangerous in it”*. Participants regarded themselves as having a responsibility from the point of purchase onward. In this sense, it was reasoned that if something is assumed to be safe at the point of purchase, but is then left in the fridge for three weeks before it is cooked *“then it’s your responsibility... whatever goes into our mouth you’re responsible”*.

Conclusion

In this paper I have demonstrated that, compared with the rather limited and decontextualized understandings that have previously been available via behaviour-based approaches, the application of an ethnographically-informed ‘practice lens’ can facilitate more nuanced insights into the factors influencing how consumers engage with matters of food safety in the home. The data I have presented reinforce Evans’ (2011) observations that participants’ behaviours, practices or attitudes should not be dismissed as individual acts reflective of ‘ignorance’ or ‘fecklessness’. As I have illustrated, habitual practices often emerge from a scheme of reasoned and practical logics in which food safety is but *one* dimension. Also contributing to the ecology of risk are background knowledge and understandings, and an awareness of various discourses relating to wider concerns, such as the environment and food waste, for example, which are perhaps more significant motivating factors than food safety for some individuals.

In this sense, my participants see themselves as not simply being responsible for themselves, but also to others in the wider sense. Indeed, my data highlight how, at the level of everyday practice, individuals present perfectly ‘good’ reasons for engaging in what food authorities might regard as ‘bad’ behaviour. By exploring these issues at the level of practice, my data point toward my participants’ understandings of a distribution of responsibility in which a number of stakeholders are implicated, including the government, food producers and retailers, while simultaneously acknowledging their own role as final arbiters of food safety in the home.

One might then ask, what are the implications of this argument for public health and food policy? At one level, food safety authorities are right to base their advice on the best-available scientific advice regarding the microbiological basis of food-borne risks to human health. They cannot ignore the risks that consumers take by trusting their senses to judge when food is safe to eat, given the risks that food may be contaminated by microscopic organisms which are invisible to the human eye. But nor

should they ignore the logic that informs consumers' everyday practices, especially where this departs from scientific understanding. It might even be hypothesised that the food authorities' advice would have more impact if it took more account of consumers' practical knowledge and routine practices, basing their advice on current levels of public understanding and stocks of knowledge rather than assuming a deficit of (scientific) knowledge or a lack of skill regarding their culinary practices (cf. Hinchliffe and Draper 2012)^{xi}. My data suggest that there are *different knowledges* at work in people's everyday kitchen practices and that policy-makers should respect the logic that informs these practices rather than assuming the superiority of one form of (scientific, microbiological, expert) knowledge over other forms of (practical, embodied, tacit) knowledge.

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ⁱ See for example, McIntosh et al. 1994; Redmond and Griffith 2004a and b; Finucane and Holup 2005; Kennedy et al. 2005; Terpstra et al. 2005; Eves et al. 2006; McCurdy et al. 2006; Brennan et al. 2007; Bergsma et al. 2007; Damen and Steenbekkers 2007; Verbeke et al. 2007.

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ⁱⁱⁱ Fieldwork was completed before the current horsemeat scandal which may have altered public perceptions of the safety and integrity of food supply chains.

^{iv} Exceptions include studies undertaken by Jay et al. 1999; Anderson et al. 2004; Redmond et al. 2004; Terpstra et al. 2005, and Byrd-Bredbenner et al. 2007, some involving model kitchens and recipe cards as opposed to more naturally occurring activities in participants' own kitchens.

^v Soula Ioannou (2005, p. 265) has highlighted how binary divisions - such as healthy/unhealthy, good/bad - restrict the vision of everyday issues pertinent to health-related behaviours.

^{vi} Selected images can be accessed via the project's online photo-gallery:

<http://www.flickr.com/photos/52548860@N08/sets>

^{vii} All names are pseudonyms.

^{viii} Underlining of quotes indicates where I have added emphasis.

^{ix} Colleagues from Sweden and the Netherlands have expressed surprise at the use of chemical sprays in the kitchen which they usually reserve for the bathroom.

^x For Massey, acting responsibly at one level -- for example, supporting local food producers -- can have consequences for people elsewhere, such as farmers in the Global South. See Jackson et al. (2009) for an analysis of sugar production/consumption which uses this framework.

^{xi} That the FSA is moving in this direction is evidenced through its commissioning, in 2011, a qualitative study of domestic kitchen practices: <http://www.food.gov.uk/science/research/ssres/foodsafetyss/fs244026/#.UWuwPnRwZIZ>.