

'VULNERABLE' OLDER ADULTS and KITCHEN PRACTICES IN THE HOME.

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1. BACKGROUND and AIMS:

People aged 60 and above are considered to be more vulnerable to foodborne illness than younger people. The UK Food Standards Agency (FSA) is working towards developing a better understanding of the factors which contribute to this increased vulnerability. This FSA funded study aimed to provide an in-depth exploration of the domestic kitchen practices of 20 UK households.

2. METHOD and ANALYSIS:

The ethnographic case-study design includes households (selected from those who had taken part in the FSA Food and You survey 2010) with people aged under 60, 60-79 and 80+ years. The researchers observed people in their kitchens, taking photographs and recording video footage as well as talking to participants and involving them in data collection (e.g. giving participants a diary and a disposable camera; some households generated their own video data).

Analysis involved researchers repeatedly reading, viewing, listening to, discussing and comparing data for each household, writing analytic fieldnotes, coding data in NVivo (version 9) and identification and testing of four conceptual level themes.

3. RESULTS 1: Themes

A number of areas of 'kitchen-life' influence how 'vulnerability' in older age is defined or understood in relation to food-related practices. These are summarised in the diagram below and illustrated with images. Boundaries between pieces of the diagram are blurred and none is privileged over another.

Boundaries of the kitchen: The kitchen has meanings extending beyond food-related activities and kitchen life incorporates spaces outside the kitchen itself. Many kitchens have poor design, size and layout.

Entanglement of kitchen practices: Food and non-food related practices are seamlessly entangled including multiple actions, things and places. Practices are unevenly performed and taken for-granted and shift as a result of changes in circumstances. Pets are integrated members of households.

Encounters in the kitchen: Kitchen practices are shaped by and reflect encounters with others in the home. Food safety is therefore socially constructed.

Household logics and principles: 'Expert' knowledge is contested and exists alongside other, accumulated logics and principles. Logics are unevenly applied, particularly in relation to washing meat, poultry and fish, salad and vegetables.

4. RESULTS 2: Vulnerabilities

Most households did some things that were against FSA recommended practice e.g. not following 'use-by-dates' on food but older people may be 'at risk' due to more factors working against them (compared to younger people). A framework (Schroder-Butterfill and Marianti 2006), exploring how threats (e.g. using microwave meals, reliance on senses to check food), exposure, coping capacity (skills, using newer technologies, such as microwaves) and outcomes are linked was used. For an example of potential vulnerability, see *Table 1*.



Medicines stored in kitchen cupboard



Food uncovered in fridge



Dog bowls left to dry alongside dishes



Cutting meat up on 'special' meat only chopping board



Small kitchen useful following a stroke



Bread bin used as 'office' and storing garden tools



Using garden-kneeler to access cupboards



Washing up and wiping sink

Harry keeps a framed photo of his (deceased) wife Janet on the kitchen table, he reports staying up late into the night talking to her and is observed in his self-filmed video footage cheerfully wishing her a 'good morning' while making his breakfast.

Table 1. Example of assessing vulnerability using Schroder-Butterfill and Marianti framework

Threat	Exposure	Coping capacity (assets)	Outcomes
Use of frozen ready meals	<ul style="list-style-type: none"> Loss of spouse who formerly provided all meals. Illness results in frailty and inability to stand and prepare meals. Delivery of meals by external company. Meals stored at incorrect temperature. Poor rotation of food in freezer. Meals defrosted at room temperature prior to reheating. Back of pack instructions not followed to reheat food. Food not heated thoroughly. Food not eaten immediately. Leftovers stored in fridge and eaten later in the week. 	<ul style="list-style-type: none"> Confidence in preparing ready meals. Company provides readable/clear after-sales advice about storage and reheating. Individual (or another family member or carer) aware of risks of poor storage or reheating of frozen food. Individual (or another family member or carer) can read and understand back of pack instructions. Individual (or another family member or carer) is used to reheating food from frozen in microwave. Individual (or another family member or carer) assesses whether the food is safe to eat. 	Mild to severe episode of foodborne illness

5. CONCLUSIONS:

The complexity of the kitchen practices of older people has the potential to impact on their vulnerability to foodborne illness in a number of ways. Those interested in disseminating food safety messages need to account for the complexity and context within which kitchen life is undertaken. Further work is needed with households with extensive health and social care needs and wider ethnic variation.

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