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# Social science in food policy and practice

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## Making the links...

- Between academic research and government
- Between policy and evidence
- Between science and social science
- Between quantitative and qualitative approaches.



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Food  
Standards  
Agency

# Working with the FSA

- Set up in 2001 after the BSE crisis
- Non-ministerial department: arms-length from government
- Remit change (2010): separated diet and nutrition from food safety
- ‘Variable geometry’ across the UK: differences between England, Wales, Scotland and Northern Ireland
- New Strategic Plan (2015-20): protecting the consumer interest in food (wider than food safety).



# Social science research

- FSA makes use of a number of Scientific Advisory Committees (SACs):
  - Social Science Research Committee (SSRC), established in 2008 as an ANDPB, currently being reconfigured as a departmental expert committee -- member since 2008, Chair since 2011
- Supported by a wider Register of Specialists
- Chair of SSRC serves on GACS and SSRC member is ex officio member of Advisory Committee on the Microbiological Safety of Food (ACMSF).

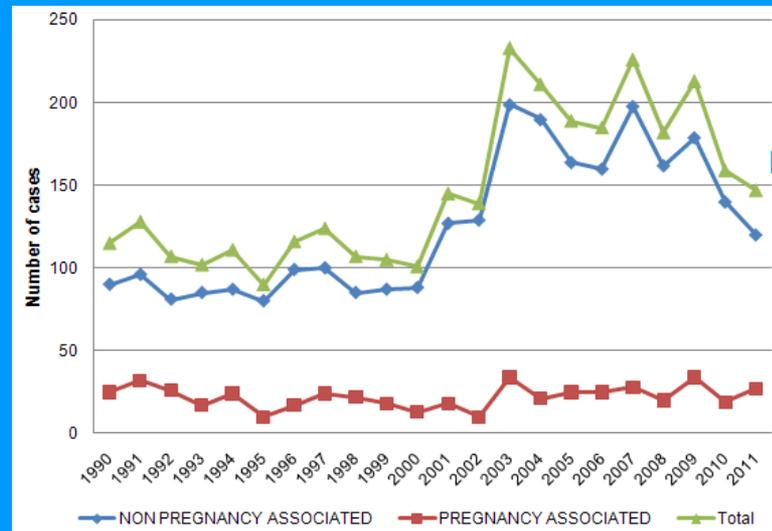


## Two examples:

- Challenges and opportunities of interdisciplinary research:
  - previous work on Listeria with ACMSF
  - current work on vulnerable groups.



# 1. Listeria



- Unexplained increase in Listeria since 2001
- Initial work by ACMSF unable to explain the rise – not increased reporting, more virulent pathogen, increased exposure, particular sites (hospitals and care homes)
- Asked SSRC to explore changes in ‘in-home’ behaviours
  - no baseline data on domestic practices (Food and You survey began in 2010)
  - systematic review of research on ‘in-home’ behaviours
  - commissioned qualitative research (Kitchen Life).



# Food and You



- FSA's flagship consumer survey:
  - a biennial, random probability survey, conducted in 2010, 2012, and 2014
  - representative sample of >3000 adults
- Data on:
  - eating, cooking and shopping
  - food safety in the home (fridge temperatures, reheating leftovers, washing raw meat and chicken etc)
  - eating out
  - food poisoning.



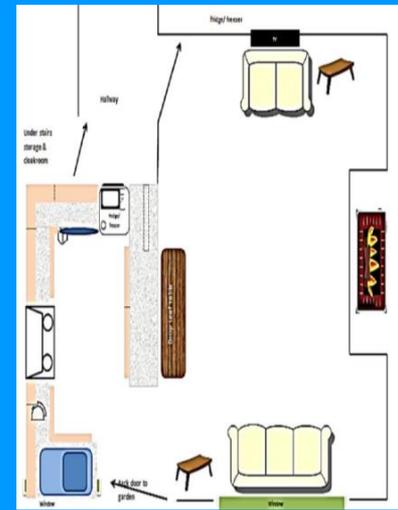
# Food and You results

- Provides baseline data on consumer attitudes and reported behaviours
- Increasing valuable over time
- Specific findings from Wave 3 include:
  - only 36% report never washing chicken (in compliance with FSA best-practice advice) while 53% sometimes or always do (increased risk of cross-contamination) – became the focus of Food Safety Week campaign
- Index of recommended practice (IRP)
  - composite risk index allowing new kinds of segmentation.



# Kitchen Life

- Led by Wendy Wills, funded by FSA (2013)
- Qualitative study of 20 UK households drawn from F&Y sample including older people (60+) and pregnant women
- Boundaries, entanglements, encounters:
  - food-related practices not confined to kitchens (fridges and freezers in utility rooms and garages)
  - non-food practices in kitchens (pet care, children's homework, bicycle repairs...).





# Specific findings...

- Participants had limited knowledge about refrigerating and reheating food
- Gaps between what people say and what they do (washing hands, chopping boards etc.)
- Risky practices (such as washing chicken) rationalized via 'rules of thumb'; personal experience and sensory judgement vs expert knowledge
- Implications for managing risks, conceptualising vulnerability, public communication etc.



## 2. Vulnerable groups

- Current work on ‘vulnerability’ conventionally understood as those who belong to specific socio-demographic groups (e.g. ‘the elderly’ or pregnant women)
- Defining VGs:
  - ‘For listeriosis, vulnerability is considerably increased within the following groups: elderly (i.e. people more than 60 years of age...), cancer patients, patients undergoing immunosuppressive or cytotoxic treatment, unborn and newly delivered infants, pregnant women, diabetics, alcoholics ... and a variety of other conditions’ (ACMSF 2009, para 7).



# Reframing vulnerability?

- Reviewing literature on vulnerability to climate change, natural hazards and wide range of other threats including foodborne illness
- Distinguish between:
  - inherent and situational vulnerability
  - synchronic and diachronic vulnerability
- Emphasis on:
  - practices and pathways
  - adaptive strategies and coping mechanisms.



# Alternative models

- Conventional (linear) model (Schröder-Butterfill & Marianti, 2006):



Figure 1.

- Revised (circular) model (Jackson & Meah, in review):

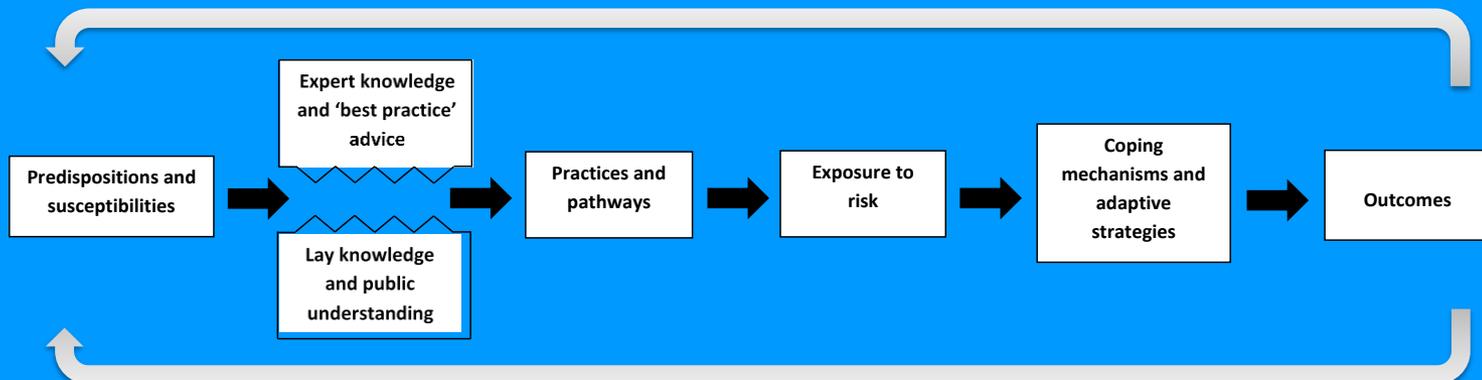


Figure 2



# Fitness for purpose

- No single best method
  - random weighted probability sample surveys (such as F&Y) as 'gold standard' when representativeness is required
  - other methods (online surveys, consumer panels) may be equally or more appropriate (e.g. where a rapid assessment of public opinion is required)
- Need to be clear about:
  - the nature and quality of evidence
  - the basis on which claims are made (e.g. distinguishing between data on actual behaviour and data on reported behaviour; acknowledging the implications of 'observer effects' and positionality in ethnographic research).



# Conclusions

- Drawn on experience of working with FSA to highlight benefits/challenges of collaboration between research and government (academics and policy-makers), between different disciplines (science and social science) and different kinds of evidence (quant and qual)
- Challenge: for policy-makers to be smarter in the advice they seek from academics (clearer framing of research needs, better understanding of likely outcomes etc.); and researchers to be sharper in how we meet the demands of policy-makers (better framed answers, clearer language etc).