

APPENDIX D - CALL OFF AGREEMENT FORM



CALL OFF AGREEMENT FORM				
<p>This Form is to be used by the Client when requesting that work be undertaken within the terms of the Call Off Contract. The Parties agree that each completed and approved Form will form part of and be interpreted in accordance with the terms and conditions of that Call Off Contract.</p>				
Project Title: Work Package 5 - Behavioural Trial – sustainable diet shift (part 2 of 2)	Reference:	FS430885		
	Date:			
Buyer – Project Representative: [REDACTED]	Tel:			
	E-mail:	[REDACTED]		
Supplier – Project Representative: [REDACTED]	Tel:			
	E-mail:	[REDACTED]		
Project Start Date:	27/06/2022			
Project Completion Date:	9/12/2022			
<p>Specification/ Scope of Work: <i>To include Background, Scope of Work, Parties Inputs, Approach and Method, Skills required, Timetable:</i></p>				
<div style="background-color: #d9e1f2; padding: 5px;">1. Background and hypotheses</div> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">Description</td> <td> <p>This work spec is part 2 of the commissioned trial. The delivery of part 1 has informed this specification.</p> <p>Requests for Kantar have been highlighted in bold.</p> </td> </tr> </table>			Description	<p>This work spec is part 2 of the commissioned trial. The delivery of part 1 has informed this specification.</p> <p>Requests for Kantar have been highlighted in bold.</p>
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	<p>This spec is testing the effect of a behavioural intervention in an one-armed trial on shifting blue collar workers meal choice to the sustainable plant-based option. The exact intervention is yet to be decided but will likely be a combination of the use of loyalty cards, and the offer of free samples.</p> <p>Research question: Can we use a hybrid behavioural intervention to shift blue collar workers meal choice to the sustainable plant-based option in their staff canteen?</p> <p>Part 1 designed a two-arm study to investigate the effect of two behavioural interventions on the effect of choosing the sustainable plant-based option. Arm one was providing a free sample of the sustainable plant-based option and arm two was the use of a loyalty card scheme for the sustainable plant-based option. As part of part 1, eligible canteens were recruited and baseline till data was analysed. Due to the number of eligible canteens and baseline plant-based purchases, the commissioned trial (part 2) would be underpowered if both arms were to be run. Additionally, due to financial limitations, running both arms would not be feasible. Hence, we are commissioning a one-armed study. To inform the decision of which arm to go forward with, the analytic viability, costing, commercial viability, and behavioural science literature has been considered. These conversations are currently ongoing. We would like Kantar to provide us a rationale of using a hybrid intervention, combining both free samples and loyalty cards. We believe a combination of these two ideas has a high chance of shifting behaviour by invoking the power of “freebies” to induce familiarity with the product and subsequently reinforcing the habit with loyalty cards.</p> <p>The ideas on this trial were guided by an internal social science evidence review on the current gaps around healthy and sustainable diets (e.g. decreasing animal-based food consumption specifically, or on increasing plant-based food consumption beyond fruit and vegetable). In essence, there is little evidence focused on sustainable diets and what works to shift public acceptability towards these diets compared to healthy diets, and even less on the co-benefits. Fiscal interventions, promotion, and placement (choice architecture) interventions were found to be highly effective based on high quality evidence. However, the review highlighted that we need more real-world interventions, with evaluation, including measuring long-term effectiveness, cost-effectiveness, and unintended consequences e.g., spill over effects, substitution effects e.g., financial incentives have been shown to work but the longer term impacts are less clear.</p>
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	<p>Additional to the identified gap of the long-term effect of interventions, the lack of research around lower socioeconomic backgrounds was also identified. One of the findings from the review was that men from lower socioeconomic backgrounds are most resistant to the sustainable diet shift. We have therefore decided to focus on a blue-collar audience to try and tap into this group.</p> <p>Alongside our internal review, our commissioned (<i>A Rapid Review of the Evidence on the Factors Underpinning the Consumption of Meat and Dairy among the General Public</i>, n.d.) also has guided the trial ideas which were discussed in a workshop with FSA colleagues and academics working in the area of sustainable diet shift. This led to a short-list of trial ideas, of which two were worked up into trial protocols under the previous Kantar contract. The two ideas were re-naming food to be more appealing and offering free samples. Due to practical constraints with our catering partner, the re-naming idea was not possible, so we refocused on one of the other ideas identified in the workshop, which was financial incentives. Therefore, in December 2021 the FSA commissioned Kantar to design (part 1) a two-armed trial that looked into offering free samples and loyalty cards for the plant-based option in blue collar canteens. During part 1, Kantar has worked with the delivery catering partner to get everything set up in order to run the trial (part 2). Pre-trial work that was carried out in part 1 includes:</p> <ul style="list-style-type: none"> • Establishing a relationship with the delivery partner • All pre-trial and feasibility work (e.g., costings, materials design, canteen recruitment and randomisation, survey and discussion guides designed) • Peer review and ethics approval of the trial • Modular Extra (Analysis of historic data to allow insights into the impact of Veganuary) • Understanding of baseline data <p>Part 2 will continue from part 1 and involve running a one arm trial in the field, the analysis and reporting. We had to make this split to account for the practicalities of menu cycles, the potential impacts of Veganuary and the constraints of the FSA financial year.</p> <p>This trial work fits with the FSA's new five-year plan which includes a new emphasis on making food healthy and more sustainable, considering the growing public concern about health and climate change.</p>
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Existing evidence	<p>Food production and consumption have a significant impact on the environment, being responsible for around a third of global greenhouse gas emissions and impacting a multitude of other environmental aspects such as biodiversity, deforestation, and eutrophication.¹</p> <p>Regarding meat consumption, one study suggests that the UK could reduce food-related emissions by up to 17% if people shifted from the average diet to the nationally recommended diet, which is lower in meat and dairy and higher in fruits and vegetables.² In general, animal-derived products have a greater impact on the environment, particularly ruminant animals such as sheep and cattle.³ The UK Government's Climate Change Committee has advised we need a 20% shift away from all meat by 2030 rising to 35% by 2050, in order for the UK to reach net zero by 2050.⁶ Therefore the 2021 National Food Strategy set a goal of a 30% reduction over the next ten years⁴</p> <p>There is large potential for driving dietary changes in the UK, especially among lower socio-economic groups. In the UK, the lowest socio-economic groups consume up to 128 g/d less fruit and vegetables and 26 g/d more red and processed meat than the highest socio-economic groups.⁵ In the UK, National diet and nutrition survey data indicate a statistically significant difference in red and processed Meat consumption by SES determined between occupational groups for total red meat (F (7, 1993) = 3.93, P < 0.001), processed meat (F (7, 1993) = 2.78, P = 0.007), total red meat per 4184 kJ (1000 kcal) (F (7, 1993) = 4.56, P < 0.001) and processed meat per 4184 kJ (1000 kcal) (F (7, 1993) = 3.28, P = 0.002). A post hoc test revealed patterns that indicate a socioeconomic gradient in consumption of red and processed meat, which was particularly notable by occupational group. Those in higher managerial and professional occupations reported consuming significantly less red meat per 4184 kJ (1000 kcal) (37.24 g, ±26.32) than those in lower supervisory and technical occupations</p>
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¹ Crippa, M., Solazzo, E., Guizzardi, D., Monforti-Ferrario, F., Tubiello, F. N., & Leip, A. (2021). Food systems are responsible for a third of global anthropogenic GHG emissions. *Nature Food*, 2(3), 198–209. <https://doi.org/10.1038/s43016-021-00225-9>

² Behrens, P., Kiefte-de Jong, J. C., Bosker, T., Rodrigues, J. F. D., de Koning, A., & Tukker, A. (2017). Evaluating the environmental impacts of dietary recommendations. *Proceedings of the National Academy of Sciences*, 114(51), 13412–13417. <https://doi.org/10.1073/pnas.1711889114>

³ Organisation des Nations Unies pour l'alimentation et l'agriculture (Ed.). (2013). *Tackling climate change through livestock: A global assessment of emissions and mitigation opportunities*. FAO.

⁴ Dimpleby, H. (2021). *National Food Strategy: The Plan [Independent Review]*. <https://www.nationalfoodstrategy.org/wp-content/uploads/2021/07/National-Food-Strategy-The-Plan-1.pdf>

⁵ Maguire, E. R., & Monsivais, P. (2015). Socio-economic dietary inequalities in UK adults: An updated picture of key food groups and nutrients from national surveillance data. *British Journal of Nutrition*, 113(1), 181–189.

⁶ See also: Barton, K. L., Wrieden, W. L., Sherriff, A., Armstrong, J., & Anderson, A. S. (2015). Trends in socio-economic inequalities in the Scottish diet: 2001–2009. *Public Health Nutrition*, 18(16), 2970–2980. <https://doi.org/10.1017/S1368980015000361>

	<p>(47.35 g \pm29.06), P = 0.004 and those in routine occupations (47.65 g \pm31.31), P = 0.001⁶.</p> <p>A study found lower consumption of fruit and vegetables among low-income consumers in the UK was not caused by difficult to access or affordability, therefore suggested that interventions should focus on motivation to eat a plant-based diet⁷.</p> <p>The exposure effect is the psychological phenomenon by which people tend to develop a preference for things merely because they are familiar with them.⁸ This effect has been demonstrated with all five senses. Touching and tasting a product can directly influence a consumer to buy a product. Customers who are prompted to touch a product may buy it more frequently than costumers who did not touch it.⁹</p> <p>Part 1 explored increasing exposure using loyalty cards and the use of free samples, in two separate arms. Due to lack of power to run two arms, part 2 will be a one-armed study, combining both loyalty cards and free samples as a single intervention which mirrors real-word promotions. Internal research from the catering company we are working with found that taste, followed by price was the biggest driver of meal choices in the canteens. Hence, using a hybrid intervention touches on both factors: free samples (taste) and loyalty cards (price).</p> <p><u>Discounts via loyalty cards:</u></p> <p>Price has always been a critical factor informing our decisions, especially when it comes to dietary choices. Discounts may be particularly likely to influence purchasing choices. Horgen and Brownell (2002)¹⁰ ran an experiment in a cafeteria style restaurant and used price reduction as an incentive to encourage healthier diet choices. During the promotion, the price of the target items was decreased by approximately 20%–30%. The signs then listed the target items with their old and new prices. Sales increased during</p>
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⁶ Clonan, A., Roberts, K. E., & Holdsworth, M. (2016). Socioeconomic and demographic drivers of red and processed meat consumption: Implications for health and environmental sustainability. *Proceedings of the Nutrition Society*, 75(3), 367–373. <https://doi.org/10.1017/S0029665116000100>

⁷ Dibsdaill, L., Lambert, N., Bobbin, R., & Frewer, L. (2003). Low-income consumers' attitudes and behaviour towards access, availability and motivation to eat fruit and vegetables. *Public Health Nutrition*, 6(2), 159–168. <https://doi.org/10.1079/PHN2002412>

⁸ Zajonc, R. B. (2001). Mere Exposure: A Gateway to the Subliminal. *Current Directions in Psychological Science*, 10(6), 224–228. <https://doi.org/10.1111/1467-8721.00154>

⁹ Peck, J., & Childers, T. L. (2006). If I touch it I have to have it: Individual and environmental influences on impulse purchasing. *Journal of Business Research*, 59(6), 765–769. <https://doi.org/10.1016/j.jbusres.2006.01.014>

¹⁰ Horgen, K. B., & Brownell, K. D. (2002). Comparison of price change and health message interventions in promoting healthy food choices. *Health Psychology*, 21(5), 505–512. <https://doi.org/10.1037/0278-6133.21.5.505>

	<p>intervention periods with a price reduction compared to the baseline periods. This result is consistent with a general finding that, although sales promotions lead to significant sales increases over the short-term, this does not necessarily lead to changes in food-consumption patterns¹¹. Berman (2006)¹² pointed out that a one-off discount may be inadequate to encourage repeat purchasing while loyalty schemes such as reward-point scheme that allows customers to receive discounts or points based on cumulative purchases attempt to increase total purchases through offering additional discounts, discounts, or free goods when a consumer's purchases exceed a given level. Therefore, loyalty schemes may be more effective at encouraging long-term healthy and sustainable eating habits through cumulative consumption of plant-based foods.</p> <p>Chan et al. (2017)¹³ found that behavioural rewards such as a reward-points program increased intention to purchase a healthy food more so than did financial discounts. In a supporting field trial, they also showed that healthy food sales were significantly higher during the reward intervention than the price intervention. Similarly, Chance et al. (2014)¹⁴ also illustrated that promotions, such as loyalty cards, may be particularly effective because they linked a financial incentive with a sense of progress towards a goal, combining extrinsic and intrinsic motivation.</p> <p><u>Free samples:</u></p> <p>Supermarkets and food vendors regularly offer samples of new products with the aim of influencing purchasing behaviour. However, limited research has been conducted on how product sampling can influence food choice behaviour. In terms of short-term effects on purchase, a study has found that offering free samplings of chocolate to customers immediately increased the sale of chocolates even if only for small purchases and for varieties other than the</p>
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¹¹ Hawkes, C. (2009). Sales promotions and food consumption. *Nutrition Reviews*, 67(6), 333–342. <https://doi.org/10.1111/j.1753-4887.2009.00206.x>

¹² Berman, B. (2006). Developing an Effective Customer Loyalty Program. *California Management Review*, 49(1), 123–148. <https://doi.org/10.2307/41166374>

¹³ Chan, E. K., Kwortnik, R., & Wansink, B. (2017). McHealthy: How Marketing Incentives Influence Healthy Food Choices. *Cornell Hospitality Quarterly*, 58(1), 6–22. <https://doi.org/10.1177/1938965516668403>

¹⁴ Chance, Z., Gorlin, M., & Dhar, R. (2014). Why Choosing Healthy Foods is Hard, and How to Help: Presenting the 4Ps Framework for Behavior Change. *Customer Needs and Solutions*, 1(4), 253–262. <https://doi.org/10.1007/s40547-014-0025-9>

	<p>sampled one.¹⁵ Samples may have long-term effects, with one study finding that free samples can produce measurable long-term effects on sales that can be observed as much as 12 months after the promotion¹⁶</p> <p>Further research is therefore needed to assess the impact of free food tastings on food choice behaviour. Specifically, our trial aims to explore whether free samples of plant-based meals in a blue-collar canteen environment can increase the purchases of those foods.</p> <p>We aim to increase exposure to plant-based foods during an intervention period by increasing exposure through free samples and subsequently building habits through loyalty card discounts, to see whether increased exposure increases the amount of plant-based meals that are ordered after the intervention is withdrawn.</p>
Hypotheses / Key research questions	<p>H1. In a blue-collar canteen environment, offering free samples and a loyalty card promotion on sustainable plant-based food options will increase purchases of those foods during the period that the intervention is offered.</p> <p>H2. In a blue-collar canteen environment, offering free samples and a loyalty card promotion on sustainable plant-based food options will increase purchases of those foods after the intervention is withdrawn.</p> <p>Using secondary, survey measures we will explore potential backfire effects, investigating whether:</p> <p>H3. Higher plant-based food consumption in the canteen at mealtime is associated with higher reported snacking.</p> <p>H4. Higher plant-based food consumption in the canteen at mealtime is associated with eating more meat-meals at other times</p>
Objectives	<ol style="list-style-type: none"> 1. To provide research on FSA new vision that food is healthier and more sustainable 2. To understand the effectiveness of behavioural interventions to help shift diets to more sustainable diets.

¹⁵ Lammers, H. B. (1991). The effect of free samples on immediate consumer purchase. *Journal of Consumer Marketing*, 8(2), 31–37. <https://doi.org/10.1108/07363769110034992>.

¹⁶ Bawa, K., & Shoemaker, R. (2004). The Effects of Free Sample Promotions on Incremental Brand Sales. *Marketing Science*, 23(3), 345–363. <https://doi.org/10.1287/mksc.1030.0052>

	3. To understand the perceived commercial viability of using loyalty cards/ and or free samples in a real-life food business.
2. Design plan (if any yet to be defined, please indicate)	
Type of project	Implementation
Study type	Field experiment
Timescale	<p><u>Part 2</u></p> <p>Menu cycles are 13 weeks. Week 1- 4 will run three times, with the 13th week matching the week 3 menu.</p> <p>Preparation for intervention 1st April 2022 – July 4TH 2022</p> <p>Base line data – July 4th 2022</p> <p>Intervention period – 1st August 2022</p> <p>Spill over effects – September 2022</p> <p>Reporting October/ November 2022</p>
Blinding	<p>Single blinded as canteen staff will not be blinded as to the condition of the canteen, as changes will be made to the canteen environment.</p> <p>Participants (workers having food in the canteen) will in effect be blinded as to the condition, as they will not be explicitly made aware that they are taking part in an experiment. However, they will likely notice the interventions as those will be visible to staff and lunchers.</p>
Study design	<p>Part 1</p> <p>Part 1 produced a trial protocol of a two-armed stepped-wedged field experiment, with stratification by baseline sales of plant-based meal options and canteen size.</p> <p>Part 2</p> <p>This field experiment will use a one-armed stepped-wedge design, with stratification by baseline sales of plant-based meal options and</p>

	<p>canteen size.</p> <p>All participating canteens will be offered the chosen intervention for the plant-based meals (loyalty card and free samples). Free samples will be offered at set intervals, and the loyalty card will enable the customer to have any lunch meal of their choice for free after a certain number of purchases of plant-based meals.</p> <p>The catering company, currently run 'Eco Thursday' in which the lead nutritionist provides the canteen staff discussion guides around environmental topics e.g. plant based eating and seasonal eating. The catering company use this as an indirect educational training for the catering staff. The catering company would like to keep this up during the month of the intervention to celebrate the use of the loyalty cards.</p> <p>We would like Kantar to reply with a detailed design of the hybrid intervention and rationale of the decision when the intervention will take place (breakfast or lunch)</p> <p>Four weeks of baseline data will be taken from historic till data, starting in July (the beginning of a new 13-week menu cycle, which consists of a four-week menu repeated three times. The final 13th week is a repeat of the 3rd week menu). This controls for baseline rates of plant-based choices and increase statistical power.</p> <p>The intervention period will run for a total of four weeks (August 2022),</p> <p>The last five weeks after the intervention (September 2022) will also be recorded, in order to investigate whether any effect of the intervention continued after it was withdrawn. All three months will be in the same menu cycle.</p> <p>On the last day of the intervention 'intercept interviews' (i.e. talking to customers on their way out of the canteen) will occur. In the last week after the intervention, canteen patrons will be recruited to participate in an exit survey to assess perceptions and effectiveness of the intervention. Interviews with canteen managers, staff and customers will also occur at the end of the study.</p> <p>In terms of loyalty card design, we ask Kantar to provide rationale and design a loyalty card using the literature to aim for the highest effect. E.g.</p> <ul style="list-style-type: none"> • How many stamps in total? • Any pre stamped stamps? <p>Message framing on the card? We also ask Kantar to provide a rationale for the set-up of the free samples to aim for the highest effect (e.g. signposting on the tray, promotional signs)</p>
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Randomisation	<p>During the canteen recruitment process in part 1, Kantar collected key information on canteens – including number of daily customers, size, proportion of sales that is plant-based, and location.</p> <p>As part of the step wedged design, all canteens will take part in the intervention, but the length of the intervention duration will be randomised. Part 1 randomisation plan was designed as the following</p> <p>$\frac{1}{4}$ of canteens will start on day 1 (week 1) of the intervention, $\frac{1}{4}$ will start on day 8 (week 2), $\frac{1}{4}$ on day 15 (week 3) and $\frac{1}{4}$ day 22 (week 4). All interventions will end on the last day of week 4.</p> <p>However, as Part 2 is only one arm and potentially will be a hybrid intervention, we ask Kantar to explore the feasibility of 3 entry points instead of 4.</p>
Peer Review	Brian Cook
Ethical considerations	<p>This trial has been reviewed by an ethical review board (London School of Economics), organised by Kantar as this is a covert intervention.</p> <p>The study adheres to GSR ethical guidelines.</p> <p>For pragmatic reasons, it will not be possible to get informed consent from those eating meals in the canteens, and we would not plan to advertise the fact of the trial in case that affected behaviour. (Canteen managers and possibly employees will know about the trial.) Kantar will offer information in a de-brief, after the post-trial survey has closed. However, the trial will not harm participants and there will be a social benefit—even an individual benefit to participants who use the loyalty card as they will pay less for their sustainable meals and the free sample provides participants with something free.</p> <p>Kantar will de-brief employees at the sites after the trial has ended.</p> <p>No personally identifiable data will be collected either from canteen employees or customers during the trial. The post-trial survey would allow participants to share personally identifiable data (email address) if they choose to enter the prize draw, and Kantar will get</p>

	<p>informed consent. Participants will be presented with Kantar's privacy notice prior to entering this data, and Kantar will only use this data for the administration of the prize draw. It will not be stored with the data.</p> <p>Kantar has designed the trial to minimise burden on partners, and partners will work voluntarily and in full knowledge of the purpose and nature of the trials. There is no detriment to trial participants.</p>
3. Variables (only fill in if requesting trial implementation)	
<p>Manipulated, or independent variable(s)</p>	<p>We will manipulate whether there is tasting sample placed in proximity to the point of choosing the sustainable option and whether a loyalty card is offered for the sustainable option.</p>
<p>Measured variables</p>	<p><u>Primary outcome measure:</u></p> <p>Primary outcome measure: number of plant-based main meals sold daily.</p> <p><u>Secondary outcome measures:</u> (to check changes in primary outcome measure are caused by people switching to sustainable options, and that the intervention does not affect total sales):</p> <ul style="list-style-type: none"> • proportion of plant-based options sold daily over the trial period (hypothesized to increase) • N of other options sold daily over the trial period (hypothesized to decrease) • total number of meals sold daily over the trial period (to check if total sales decrease, assuming workers have the possibility of meals elsewhere) <p>Number of plant-based meals is the primary outcome measure and proportion the secondary because we expect number to show more variance and therefore be more sensitive. The same modelling strategy will be used as for the primary variables but with the dependent variables being our secondary outcome measures.</p> <p>The survey will collect data on:</p> <ul style="list-style-type: none"> • perceptions of taste, • likelihood of ordering meals (and barriers or facilitators to ordering), • whether they ate the sample/ used the loyalty card

	<ul style="list-style-type: none"> • whether those who chose the healthy and sustainable option were familiar with it/ how often they choose similar options • whether those who ordered the healthy and sustainable option the day prior to survey completion were more likely to have had an afternoon snack (spill over effects) • whether those who ordered the vegetarian meal the day prior to survey completion were more likely to have had an unhealthy afternoon snack (spill over effects) <p>We ask Kantar to include in the discussion guide with canteen managers prompts around commercial viability e.g. perception if the intervention had an the effect on profit and the cost to the canteen if they carried on the intervention themselves.</p>
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4. Sampling plan (if any yet to be defined, please indicate)

Existing data	The Delivery partner does have existing till data that they have already shared with Kantar and FSA. The usability of this data is confirmed.
Data collection procedures	<p>Canteens will be recruited via the Delivery Catering Partner. Inclusion criteria has been discussed with catering partner and canteens have been identified as eligible.</p> <p>All users of the canteen will be automatically considered as participants in the trial.</p> <p>Baseline data to stratify randomisation was gathered through the Delivery Partner.</p> <p>The trial and associated data collection will then continue for 28 days.</p>

	<p>Data collected will include:</p> <ul style="list-style-type: none"> • Number of sales of the plant-based main each day • Total main course sales each day <p>After the intervention ends, the next four weeks data will be recorded, in order to investigate whether any effect of the intervention continued after it was withdrawn.</p> <p>Survey data will be collected online.</p> <p>Additional data will be collected via 'intercept interviews' (i.e. talking to customers on their way out of the canteen) on the last day of the intervention in 2-3 canteens for each arm. Interviews with canteen managers will also take place.</p>
Sample size	<p>Currently we have 42 canteens who are eligibility for the trial. Kantar have reached out to these canteens to check engagement. Sample size conversations are currently ongoing. The catering company we are working with are keen to work with a smaller number of canteens that are higher quality, engaged and higher footfall.</p>
5. Outputs and timeline / milestones (NB. all outputs must be in line with FSA brand guidelines and meet FSA accessibility requirements)	
<p>Please list any outputs expected from this research and an indicative timeline with milestones</p> <p><u>Outputs for part 2 include</u></p> <ul style="list-style-type: none"> • Updated protocol that reflects the trial accurately • Data tables (excel) • Report of findings for gov.uk (this may be split up into a main finding report and a technical report with the full method and analysis). Report should be FSA's accessibility requirements. • Report of findings for an academic journal –which specific academic journal is yet to be decided • Presentation of findings in a PowerPoint form <p><u>Milestones for project</u></p> <ul style="list-style-type: none"> • Fieldwork (3 months) starting end of July and ending end of September 2022 • Analyse data (October 22) • Kantar to send Excel data tables to FSA (October 22) • Final FSA and final academic report due 14th November 2022 • Presentation of findings as a PowerPoint 14th November 2022 including rational behind the chosen intervention. 	

- We ask for Kantar to include in their response a detailed timetable of the project milestones including time for two drafts provided to the FSA and for the report to be peer reviewed in order to meet the 14th November deadline.
- Deadline for academic journal is yet to be decided.

6. Any other comments or requirements

Finances: conversations regarding costing are current ongoing, hence some costing is unknown. Unspent budget will be prioritised for implementation checks in canteens.

Special Terms:

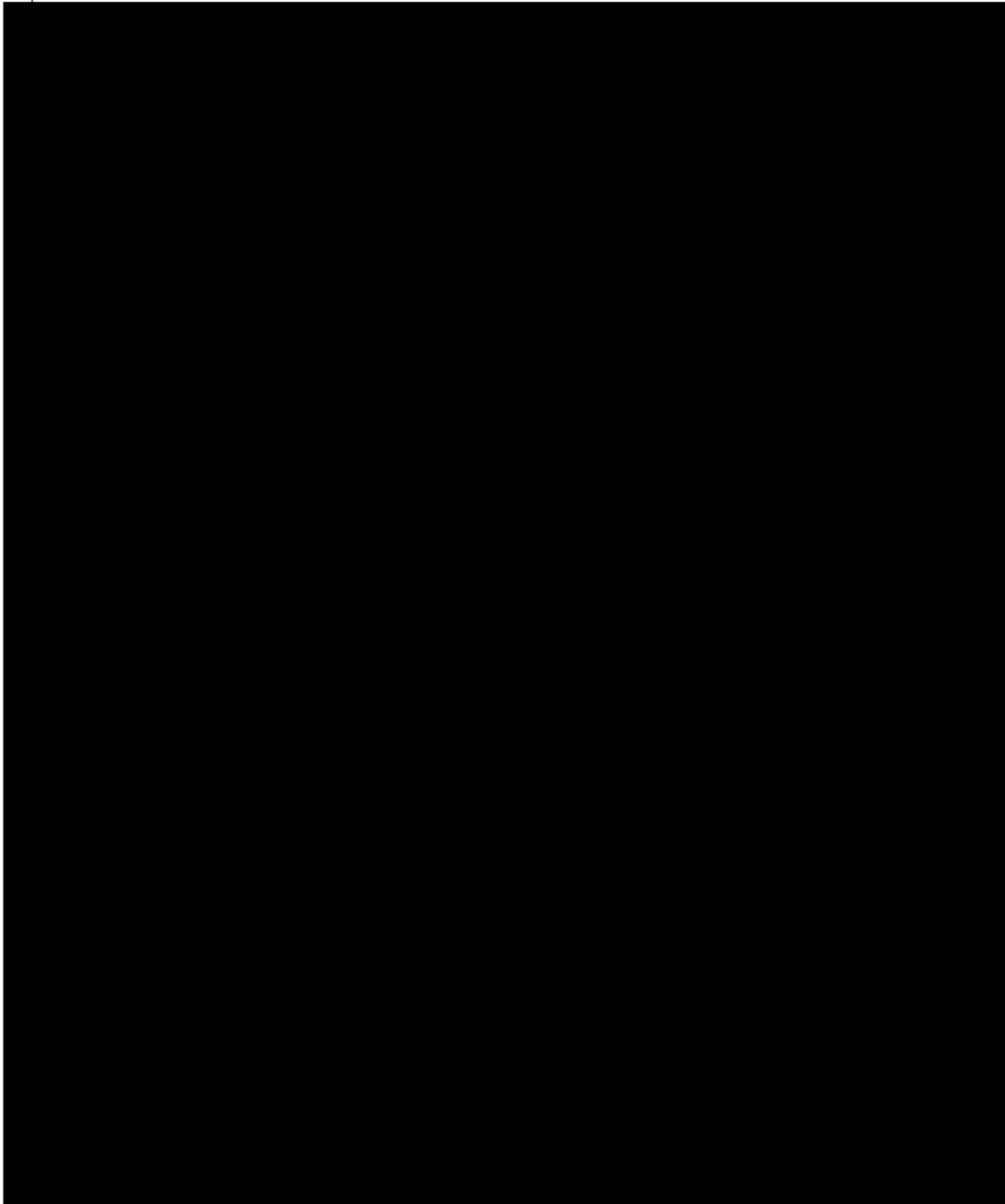
To include any terms or conditions not covered in the overarching contract or any terms amended for the purposes of this Call Off Agreement

Sub-Contractors	N/A
Deliverables:	See Annex 1 – Suppliers Response
Foreground IPR – Ownership	See Clause 20 Intellectual Property Rights in the overarching Contract
Personal Data (GDPR)	See Annex 1 – Suppliers Response
Price	See Annex 2 – Suppliers Financial Template
Payments & Invoicing	<p>Please submit invoices to [REDACTED] for work with FSA.</p> <p>Please include the referring FSA purchase order number in the email title and within the invoice to allow Invoice/Purchase Order matching. Note that invoices that do not include reference to FSA Purchase Order number will be returned unpaid with a request for valid purchase order through email.</p>

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We confirm receipt of this Form seeking approval for the above project to proceed. We agree to provide the goods and/or services requested according to the terms and conditions set out in the Call Off Contract between the FSA and Ipsos MORI

Signed on behalf of the FSA:



Annex 1 – Supplier Response

1. Overall response

Please provide a brief overview of your approach including a detailed methodology of how you will deliver the requirements.

If brief is for trial delivery, please provide description of core elements of trial design (as per outlined in the specification), including blinding, randomisation, variables (measured and manipulated), sample size and power

Describe any statistical models that will be used e.g., interactions, subgroups, and the inferences e.g., p-values, confidence intervals, effect sizes. Describe why this design is appropriate for the research

Methodology

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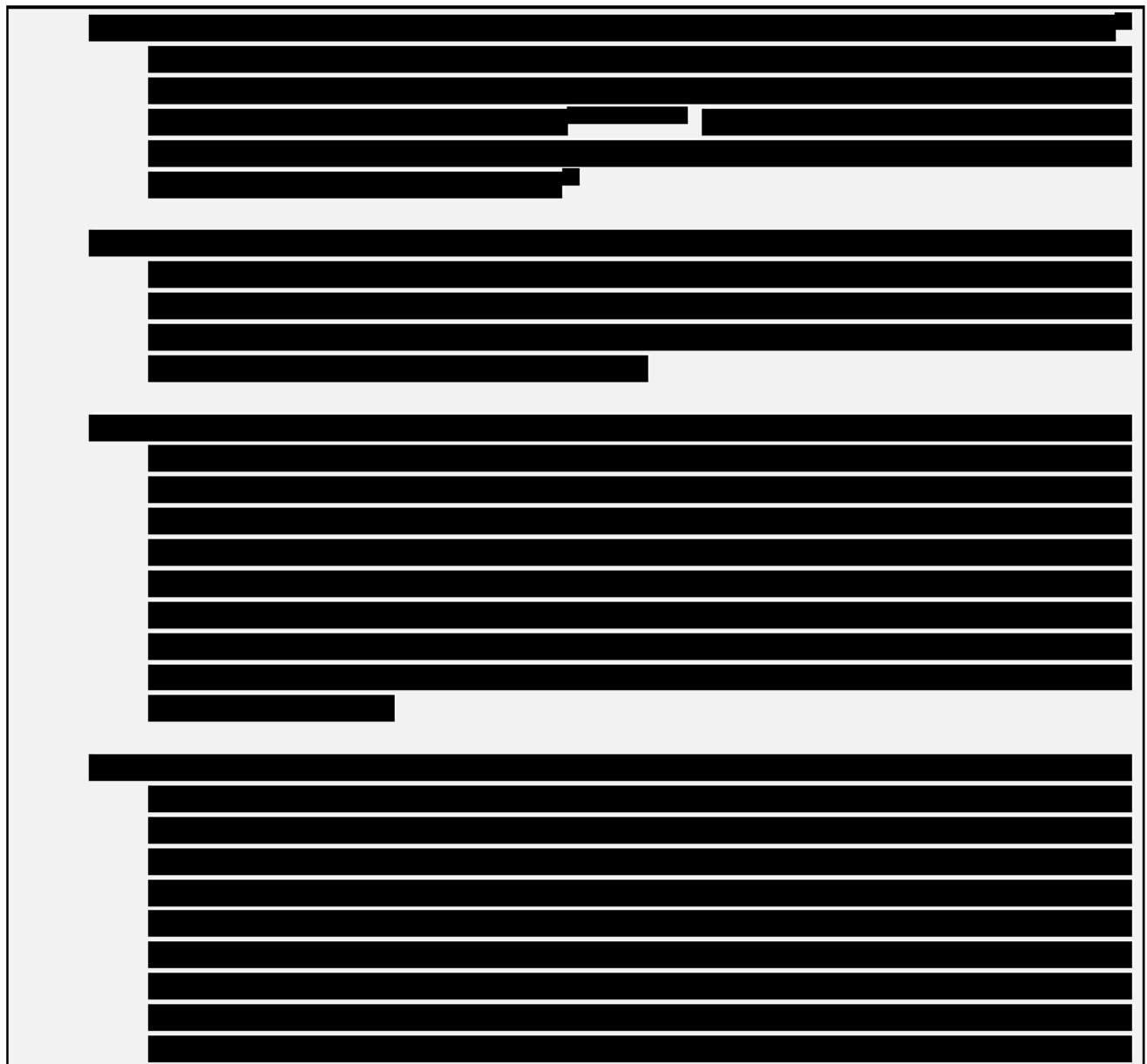
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¹⁷ Gillison, F., Lannon, G., Verplanken, B., Barnett, J., & Grey, E. (2021). A rapid review of the evidence on the factors underpinning the consumption of meat and dairy among the general public [Research Project]. University of Bath. <https://doi.org/10.46756/sci.fsa.bmk523>



¹⁸ Gillison, F., Lannon, G., Verplanken, B., Barnett, J., & Grey, E. (2021). A rapid review of the evidence on the factors underpinning the consumption of meat and dairy among the general public [Research Project]. University of Bath. <https://doi.org/10.46756/sci.fsa.bmk523>

¹⁹ Lea, E., & Worsley, A. (2003). Benefits and barriers to the consumption of a vegetarian diet in Australia. *Public Health Nutrition*, 6(5), 505–511. <https://doi.org/10.1079/PHN2002452>

²⁰ Rosenfeld, D. L., & Tomiyama, A. J. (2020). Taste and health concerns trump anticipated stigma as barriers to vegetarianism. *Appetite*, 144, 104469. <https://doi.org/10.1016/j.appet.2019.104469>

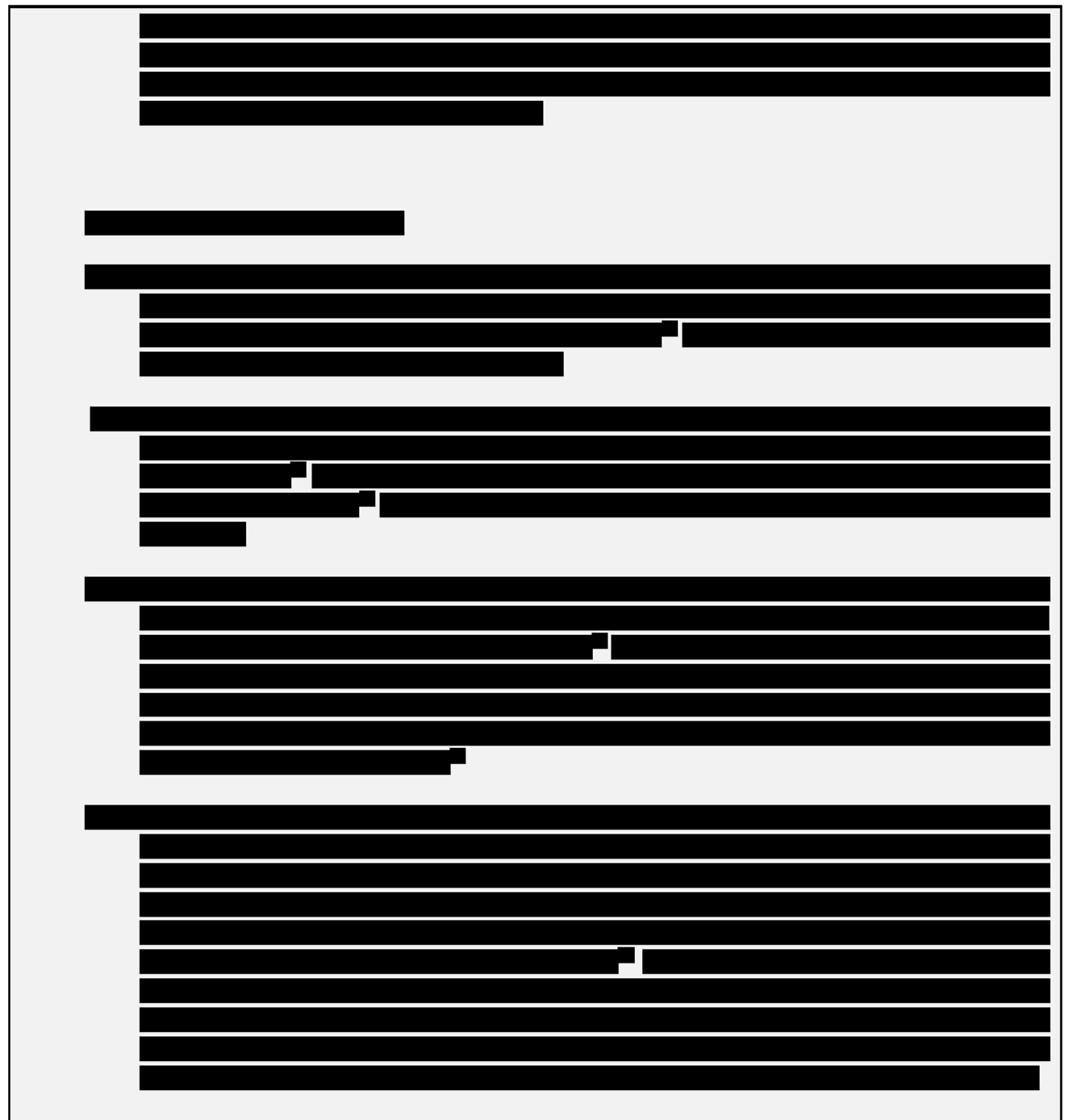
²¹ Lea, E. J., Crawford, D., & Worsley, A. (2006). Consumers' readiness to eat a plant-based diet. *European Journal of Clinical Nutrition*, 60(3), 342–351. <https://doi.org/10.1038/sj.ejcn.1602320>

²² Graça, J., Oliveira, A., & Calheiros, M. M. (2015). Meat, beyond the plate. Data-driven hypotheses for understanding consumer willingness to adopt a more plant-based diet. *Appetite*, 90, 80–90. <https://doi.org/10.1016/j.appet.2015.02.037>

²³ Lea, E., & Worsley, A. (2001). Influences on meat consumption in Australia. *Appetite*, 36(2), 127–136. <https://doi.org/10.1006/appe.2000.0386>

²⁴ Fehér, A., Gazdecki, M., Véha, M., Szakály, M., & Szakály, Z. (2020). A Comprehensive Review of the Benefits of and the Barriers to the Switch to a Plant-Based Diet. *Sustainability*, 12(10), 4136. <https://doi.org/10.3390/su12104136>

²⁵ D bsdall, L., Lambert, N., Bobbin, R., & Frewer, L. (2003). Low-income consumers' attitudes and behaviour towards access, availability and motivation to eat fruit and vegetables. *Public Health Nutrition*, 6(2), 159–168. <https://doi.org/10.1079/PHN2002412>



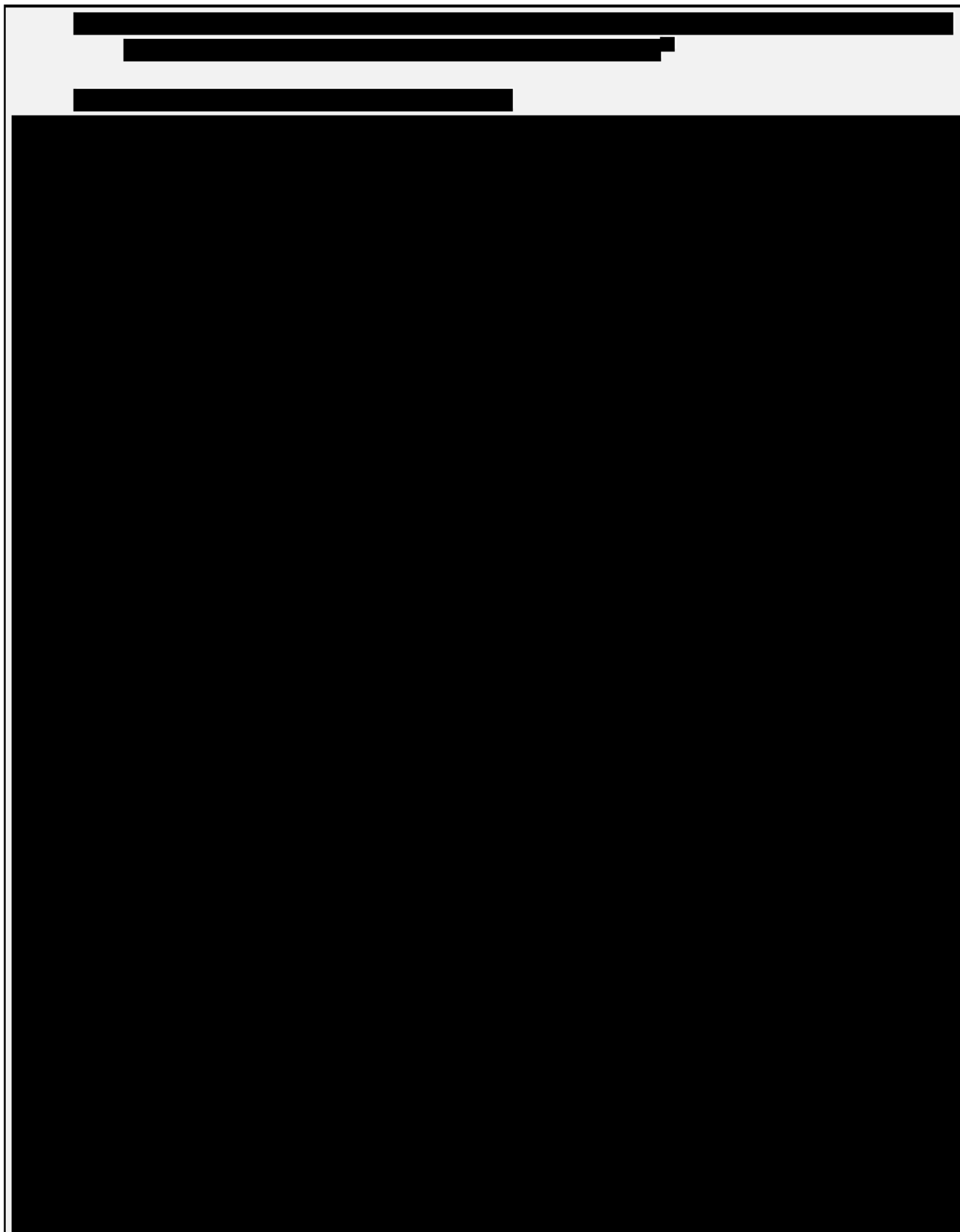
²⁶ Horgen, K. B., & Brownell, K. D. (2002). Comparison of price change and health message interventions in promoting healthy food choices. *Health Psychology, 21*(5), 505–512. <https://doi.org/10.1037/0278-6133.21.5.505>

²⁷ Chan, E. K., Kwortnik, R., & Wansink, B. (2017). McHealthy: How Marketing Incentives Influence Healthy Food Choices. *Cornell Hospitality Quarterly, 58*(1), 6–22. <https://doi.org/10.1177/1938965516668403>

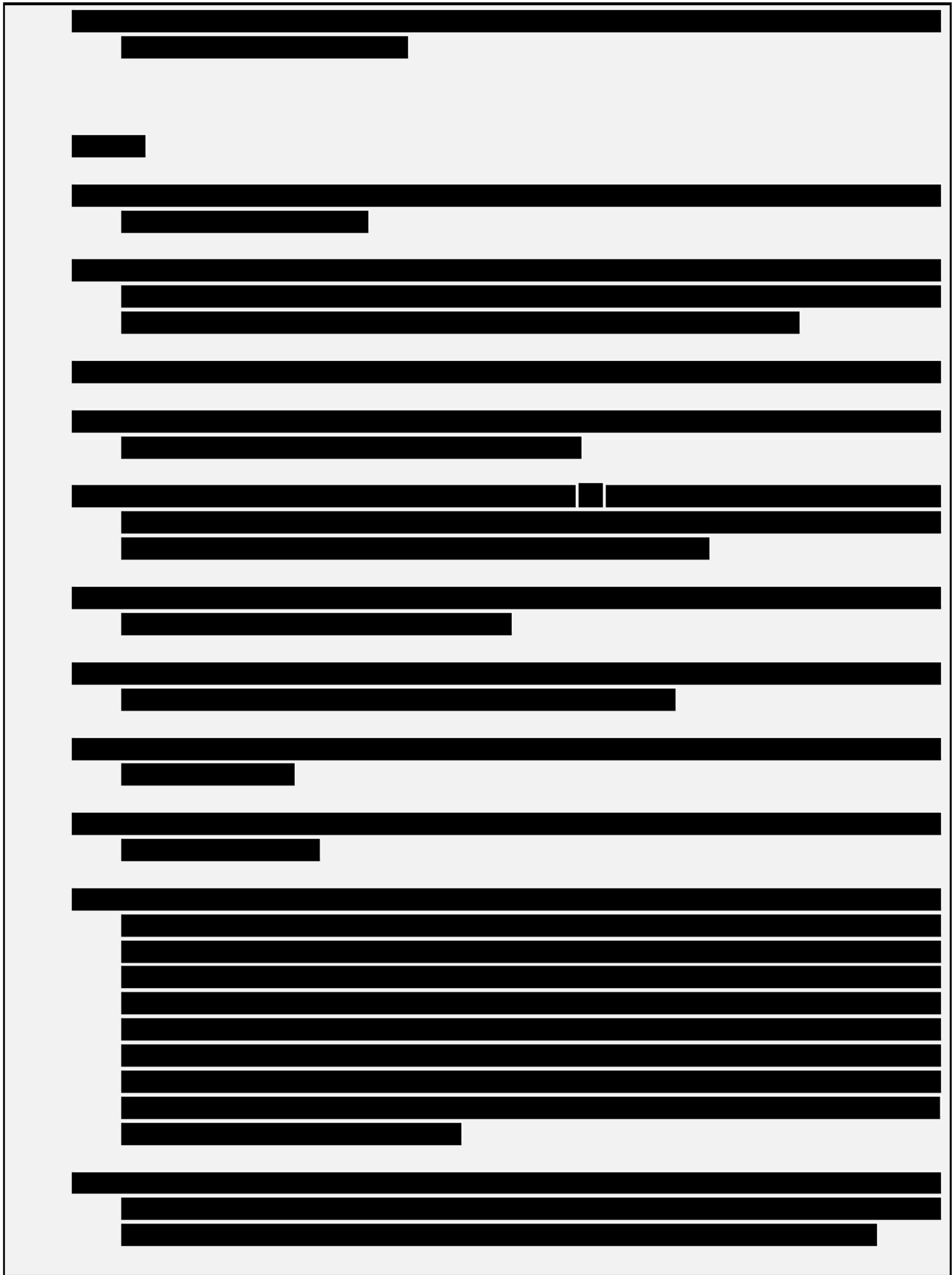
²⁸ Berman, B. (2006). Developing an Effective Customer Loyalty Program. *California Management Review, 49*(1), 123–148. <https://doi.org/10.2307/41166374>

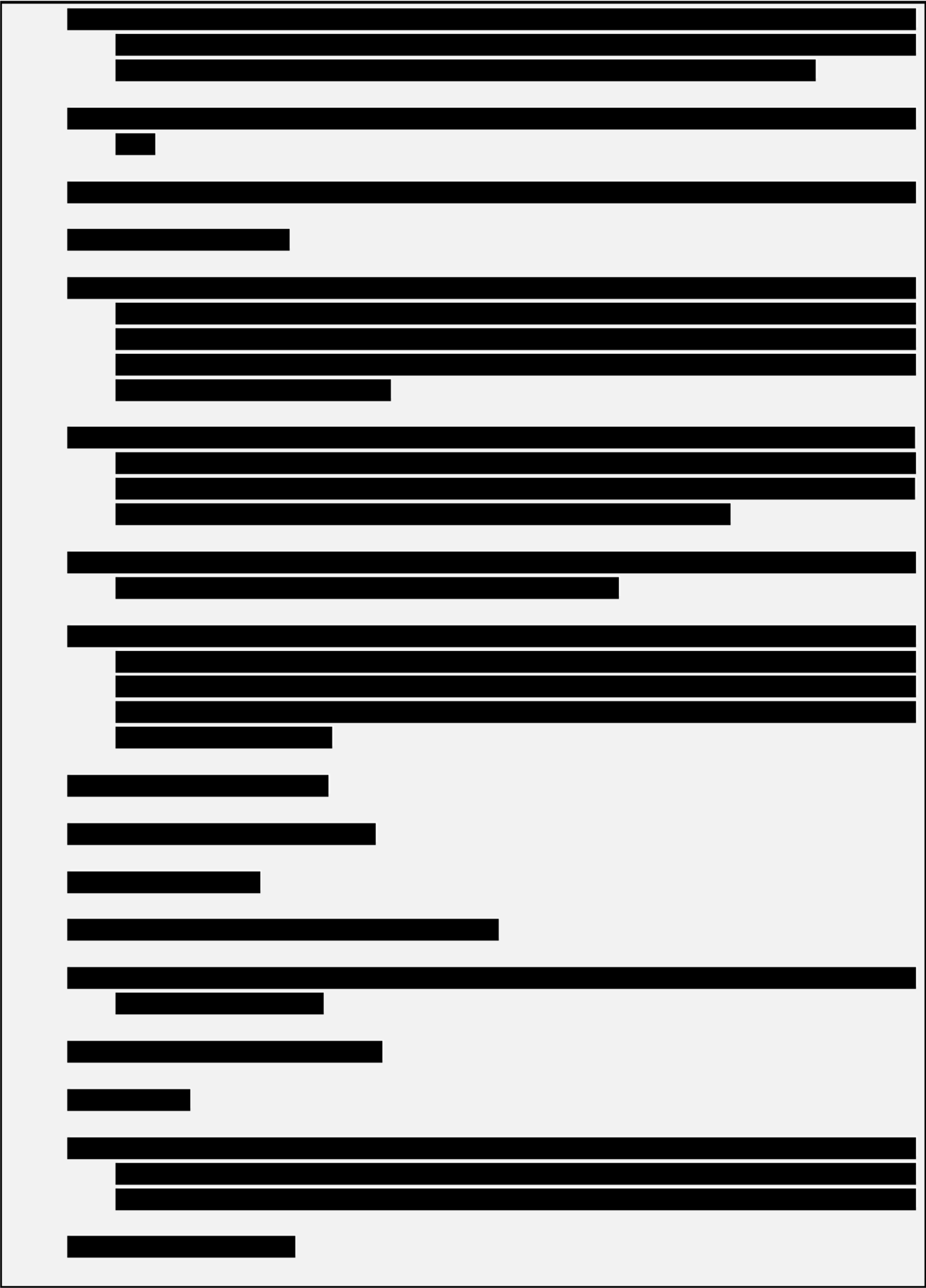
²⁹, ³⁰ Nunes, J. C., & Drèze, X. (2006). The Endowed Progress Effect: How Artificial Advancement Increases Effort. *Journal of Consumer Research, 32*(4), 504–512. <https://doi.org/10.1086/500480>

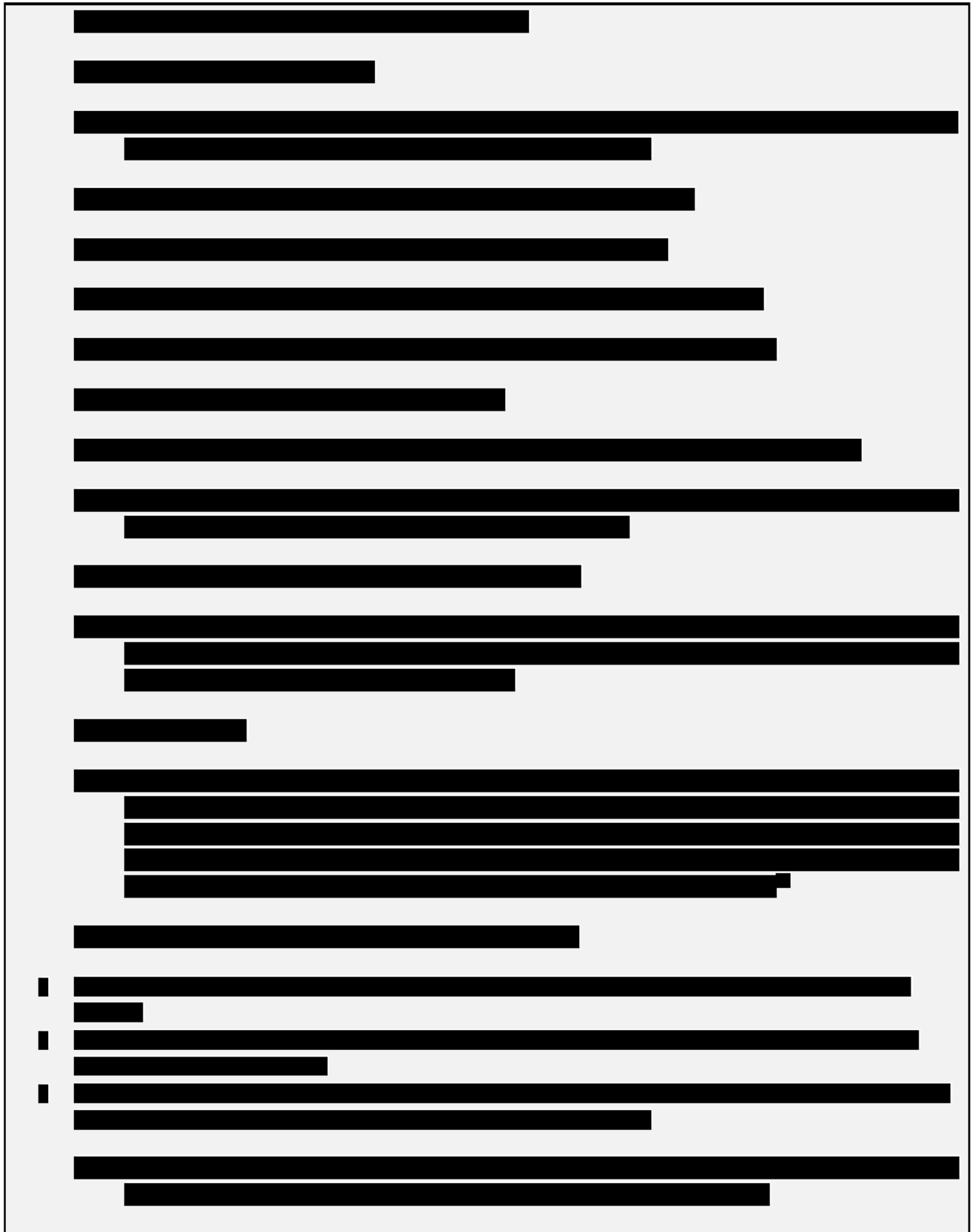
³¹ Horgen, K. B., & Brownell, K. D. (2002). Comparison of price change and health message interventions in promoting healthy food choices. *Health Psychology, 21*(5), 505–512. <https://doi.org/10.1037/0278-6133.21.5.505>



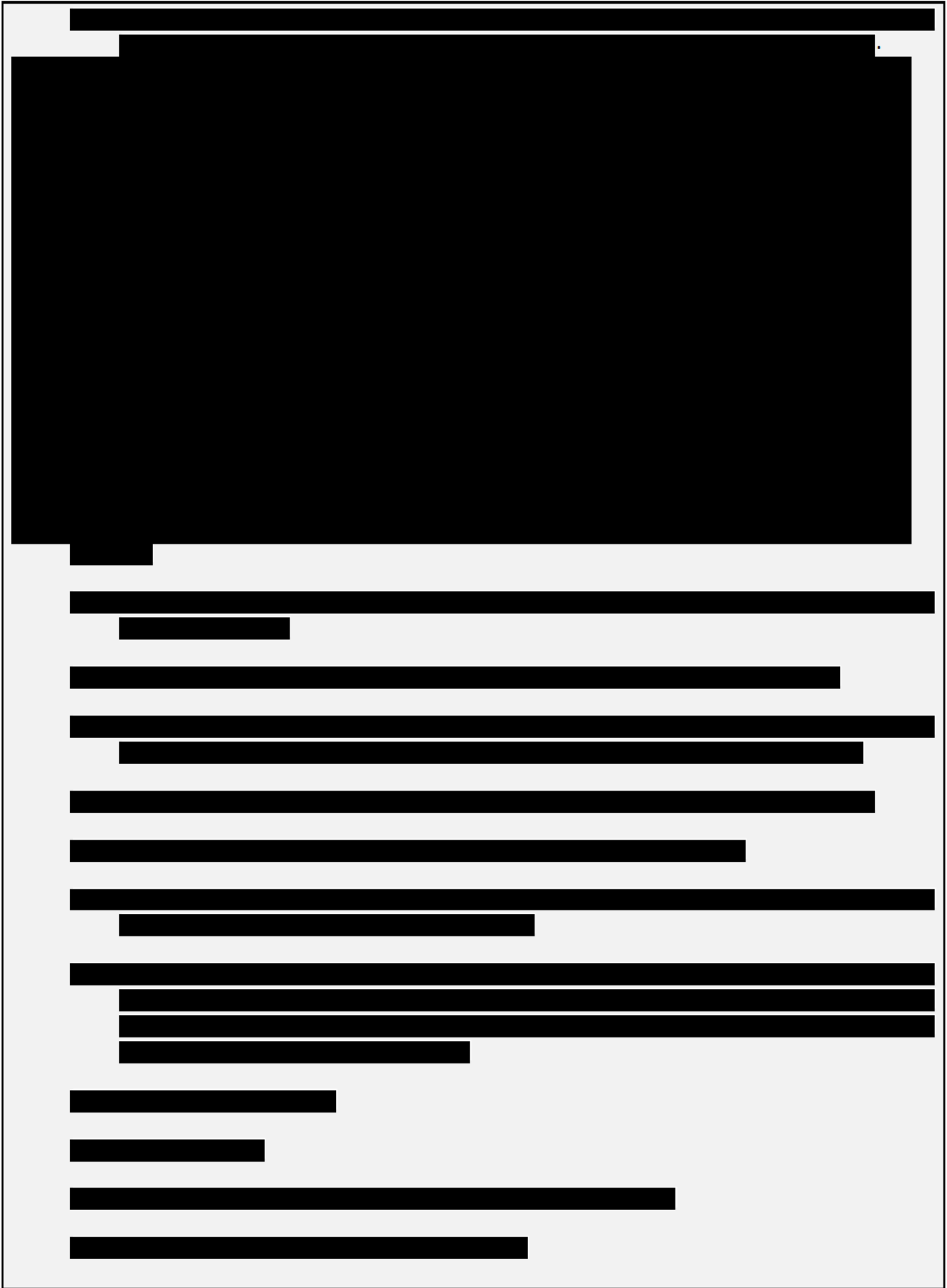
³² Friends of the Earth. (2020, September 10). *Kale Yeah!: University of Portsmouth pilot*.
<https://campaigning.friendsoftheearth.uk/kale-yeah/kale-yeah-university-portsmouth-pilot>

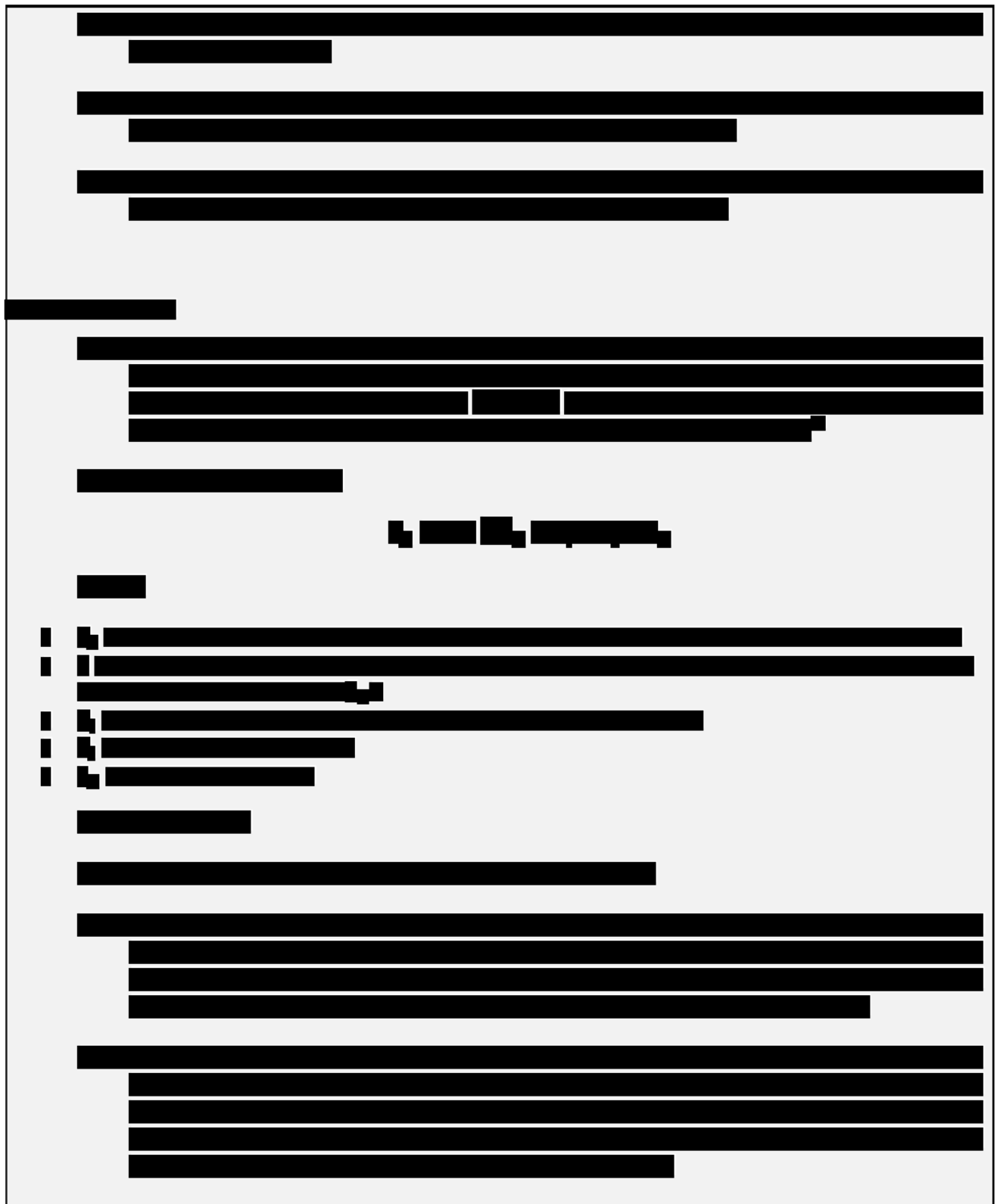






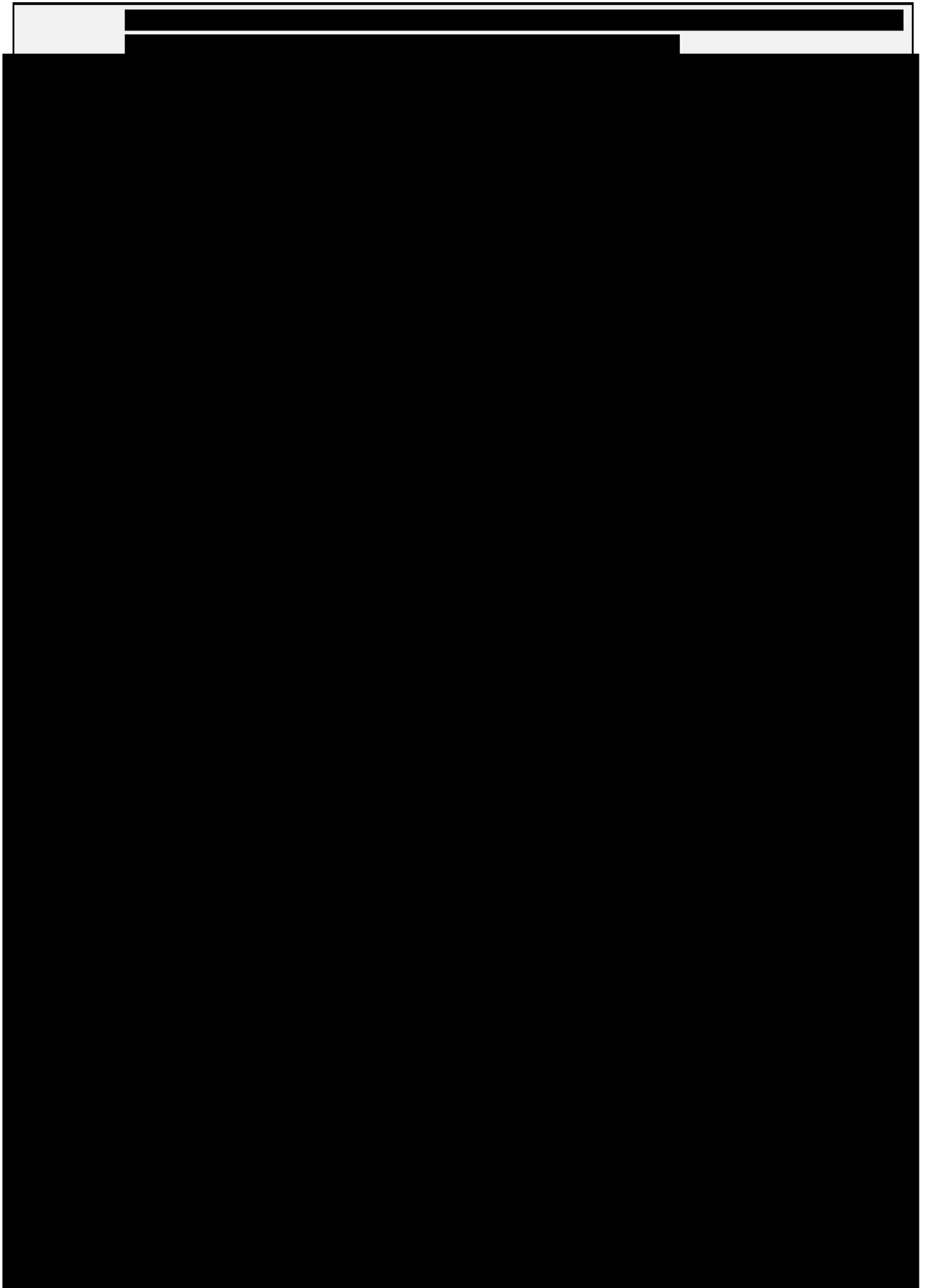
³³ This approach is superior to a simulation conducted using a wholly synthetic dataset because the actual variance/covariance in branch sales are taken into account.

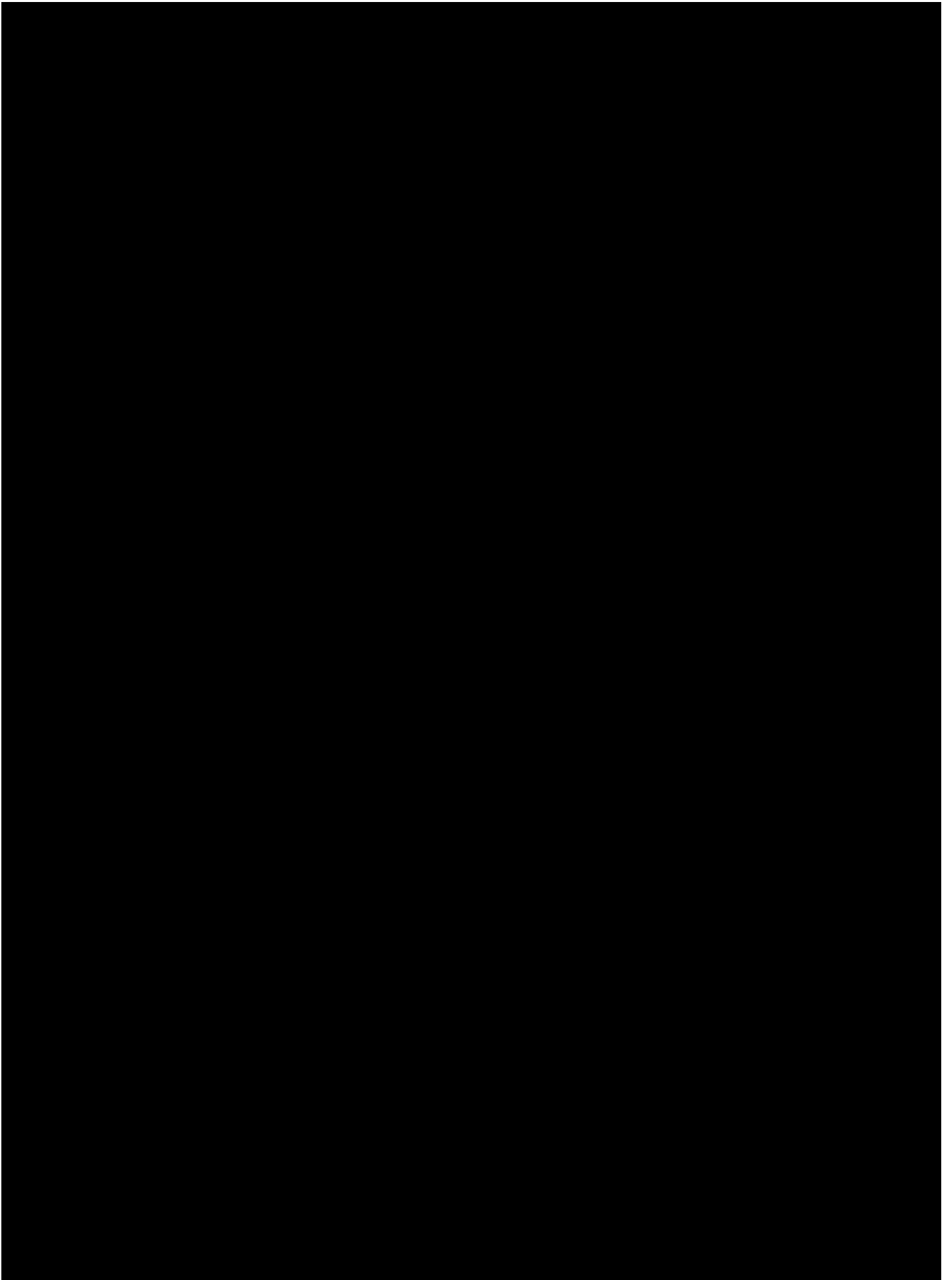




³⁴ For example, by adjusting for autocorrelation in errors using a generalised model as described in Jacob, R. T., Goddard, R. D., & Kim, E. S. (2014). Assessing the Use of Aggregate Data in the Evaluation of School-Based Interventions: Implications for Evaluation Research and State Policy Regarding Public-Use Data. *Educational Evaluation and Policy Analysis*, 36(1), 44–66. <https://doi.org/10.3102/0162373713485814>

³⁵ Hussey, M. A., & Hughes, J. P. (2007). Design and analysis of stepped wedge cluster randomized trials. *Contemporary Clinical Trials*, 28(2), 182–191. <https://doi.org/10.1016/j.cct.2006.05.007>





2. Quality Management

Our overall approach to quality management is laid out in Q5 of our response to the call-off contract ITT. In brief, we have a fully defined and documented project process that includes all key activities, checks and senior sign-off points. All research materials and outputs undergo rigorous testing by operational and project team staff. This includes double-testing as a minimum, meaning at least two members of the research team fully check documents and files. All research materials and outputs are checked and approved by the Project Director before being provided to you for final approval. Time is built into schedules to allow you to comment, and for us to revise materials if necessary.

We also have a formal quality and information security escalation process, detailed in our response to the call-off contract ITT.

3. Delivery Timescales

The project timeline is provided in the form of a GANTT chart in a separate attachment.

4. Project Risks

A risk register for this trial follows. Each risk is rated in terms of its likelihood and impact, with the strategy for attenuation also outlined.

Risk management			
Identified risk*	Likelihood of risk (high, medium, low)	Impact of Risk (high, medium, low)	Risk management strategy
Timeline slippage. There are numerous actions to complete, and many aspects of the design and implementation to finalise, before trials can be launched, including the peer review that needs to be done before the trial materials can be re-submitted to ethics.	Low	High	We have a relatively detailed outline with clear statements of the points where details still need to be added. Many of these relate to partner engagement, on which see below.

<p>Fidelity of implementation.</p>	<p>Medium</p>	<p>Medium</p>	<p>Fieldworkers will be employed to be onsite hanging out free samples according to the trial's guidance.</p> <p>Similarly, loyalty cards will be handed out by fieldworkers (during the time they are present in restaurants) and by restaurant staff (after the fieldworkers are no longer present).</p> <p>Both weekly check-ins with participating restaurants and randomised spot-checks will allow us to ensure the trial is being implemented as planned.</p> <p>In both arms, we will be doing observational qual</p>
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			<p>during the trial, which provides another opportunity for implementation checks. A post-trial survey with customers will also provide information about the trial implementation.</p> <p>A sensitivity analysis will be conducted in order to check that results are robust to non-complying restaurants.</p>
<p>Access to trial's key materials. A series of materials are involved in the delivery of this trial such as loyalty cards or tools required to hand out free samples. These involved third-parties</p>	Medium	Low	<p>Orders for all of these materials will be placed four weeks ahead of the trial, which allows plenty of time for materials to arrive on site.</p> <p>Several checks with the canteens will be made on the</p>

<p>such as designers, printers and curriers. There's a risk that materials may not be delivered on time for the trial due to delays on the suppliers' side.</p>			<p>weeks ahead of the trial to make sure materials have been delivered and any issues can be discussed. These weeks will also provide a window for replacing orders in case any materials do not reach their final destination or there are issues with quality.</p> <p>If there were still delays in delivering such materials, fieldworkers are scheduled to go to their assigned sites on day 2 of the trial, and could deliver the materials themselves if needed.</p>
<p>Partner engagement and retention. We will</p>	<p>Medium</p>	<p>High</p>	<p>We have a strong relationship with the partner (Compass)</p>

<p>need to enlist support from external partners (restaurants) to deliver interventions. This is fundamental to the success of the trials.</p>			<p>overseeing a large number of restaurants. However, the risk is engagement with their restaurant managers, whose cooperation is needed to implement the trial.</p> <p>The trial design aims to reduce the burden on restaurants to a minimum.</p> <p>We will ask for a contact at the restaurant as a condition of entering the trial and will check in with them regularly. In previous trials we have had a prize draw for businesses in trials, and we could consider offering a prize draw incentive to restaurant managers to mitigate</p>
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			engagement risks.
<p>Lack of power. The trial will lack statistical power to detect changes in outcomes if there are too few restaurants in each arm and/or the size of the change is too small.</p>	Low	High	<p>We have an indicative power calculation, which is the basis for recruitment. It is based on highly conservative estimates, aiming to find out whether in a worst-case scenario, we could detect an effect. We are aiming to recruit more restaurants than the suggested minimum, in case of issues with fidelity or drop-outs. We will use baseline sales data to refine the power calculation prior to implementation (so we can define key variables such as mean daily sales, variance and ICC).</p>

<p>Cost overrun leading to trial needing to end early. There is a fixed budget for subsidising meals bought using loyalty cards, if that maximum is reached before the end of the trial, then the trial</p>	<p>Low</p>	<p>High</p>	<p>We have budgeted to be able to subsidise meals in the case of for a very large effect, which makes this relatively low risk. Compass will give us data updates each week during the trial so we can keep track of how much money we owe them for the free meals, and they will be aware that we are only paying up to the cap so they will have an incentive to do this.</p>
<p>Covid-19 restrictions being reintroduced, which could affect restaurants' willingness to partner</p>	<p>Low</p>	<p>High</p>	<p>We will actively monitor the risk of Covid-19 on an ongoing basis and will discuss any significant developments with the FSA project team to</p>

			agree mitigation.
Project team absences: delay and/or inconsistency in project delivery	Low	Medium	<p>Our standard practice is to assign deputies to key roles within project teams, so that if a member needs to be replaced, we have someone suitable who is already familiar with the work.</p> <p>As one of the largest social research organisations globally, we have the advantage of scalability: additional behavioural experts can be added to the research team, if necessary.</p>

5. Ethical Considerations

For pragmatic reasons, it will not be possible to get informed consent from those eating lunch in the restaurants. Likewise, the trial would not be advertised to restaurant's customers to reduce the risk of interfering with their natural behaviour (restaurant managers and possibly employees will know about the trial). We can offer information in a de-brief, after the post-trial survey has closed. However, the trial will not harm participants and there will be a social benefit—and even a benefit to individuals eating in the restaurants, who may pay less for their sustainable meal or be offered a free sample before they buy.

We will de-brief employees at the sites after the trial has ended.

No personally identifiable data will be collected either from cafeteria employees or customers during the trial. Participants will choose to share personally identifiable data (email address) during the post-trial survey, only if they opt in for the prize draw. The survey will contain a link to Kantar's Privacy Policy. Data will be securely deleted after the prize draw has been completed.

We have sought to design trials which minimise burden on partners, and partners will work voluntarily and in full knowledge of the purpose and nature of the trials. There is no detriment to trial participants, whether they are in treatment or control groups.

We took the original two-armed design to an ethics board and will take the new one-armed trial design to the ethics board, asking for an amendment, as a part of the deliverables.

6. GDPR *(Please complete the below table detailing personal data that will be processed as part of this work package. Additional questions are also provided beneath the table to provide additional assurances.)*

Description	Details
Subject matter of the processing	The processing is needed in order to ensure that the Processor can effectively deliver the trial design.
Duration of the processing	Approximately 3 months.
Nature and purposes of the processing	Data will comprise responses restaurant-level data on sales.

Type of Personal Data	No personally identifiable data will be collected.
Categories of Data Subject	Restaurant-level sales data
Plan for return and destruction of the data once the processing is complete UNLESS requirement under union or member state law to preserve that type of data	As per our usual process, data will be retained for 12 months before permanent deletion.
<p>Please respond to remaining questions in this table to provide further assurances of data protection. Completion of this section is only required for primary data collection, or desk-based research that uses personal or sensitive data.</p>	
Will Kantar complete a PIA for this project?	<p>No</p> <p><i>Secondary data analysis, with no personal data</i></p>
<p>Please read each statement below. If the answer to any statement is 'no' please provide further details.</p> <ul style="list-style-type: none"> Is the research being carried out solely to fulfil the objectives set out by the FSA? This means that Kantar, or any sub-contractors, will not use the research data for any other purposes. Does Kantar accept that it is the data processor (not data controller) for the research data collected? Is the data that is collected in the Project proportionate to achieve the required research outcomes? 	<p>Yes</p> <p>Yes</p> <p>Yes</p>
<p>Please read each statement below. If the answer to any statement is 'yes' please provide further details.</p>	

<ul style="list-style-type: none"> • Will the FSA receive any personally identifiable participant data throughout the research project? • Is the research study about FSA staff? • Is the study about any other party where we may not have consent (e.g. FSA stakeholders/local authority contacts)? • Will the work package involve collecting children's data? The Data Protection Act states that under 18s class as children, but those 13 or over have a right to consent. • Will any of the data be used to make a decision about the individual? • Will the study involve combining information from other sources and linking it directly to individual responses in a way that the individual may not expect or may object to? • Will we be re-using/re-purposing any old research personally identifiable research data that the data subject may not have consented to? 	<p><i>No</i></p> <p><i>No</i></p> <p><i>No</i></p> <p><i>No</i></p> <p><i>No</i></p> <p><i>No</i></p> <p><i>No</i></p>	
<ul style="list-style-type: none"> • Is this research likely to cause damage, distress or harm to someone (e.g. physical harm, financial loss or psychological pain) as a result of the topics discussed and audience involved? Please assess the level of risk as Low, Medium or High and include what mitigating actions will be taken if the answer is 'Medium', or 'High'. 	<p><i>Low</i></p>	
<p>Will we be seeking to recontact the participant?</p>	<p><i>No</i></p>	
<p>Please provide a date by which the participant information notice will be provided to the FSA. If participant notice is not required, please state why.</p>	<p><i>There will be no individual participant data.</i></p>	

7. Total Cost

Please provide the total cost for this work package. Please provide a detailed breakdown of costs in the financial template which is to be submitted alongside this Project Proposal Document. This should include payment milestones (where applicable)

Have you attached the financial template?: Yes

Completed by: [REDACTED]

Date: 10/06/2022

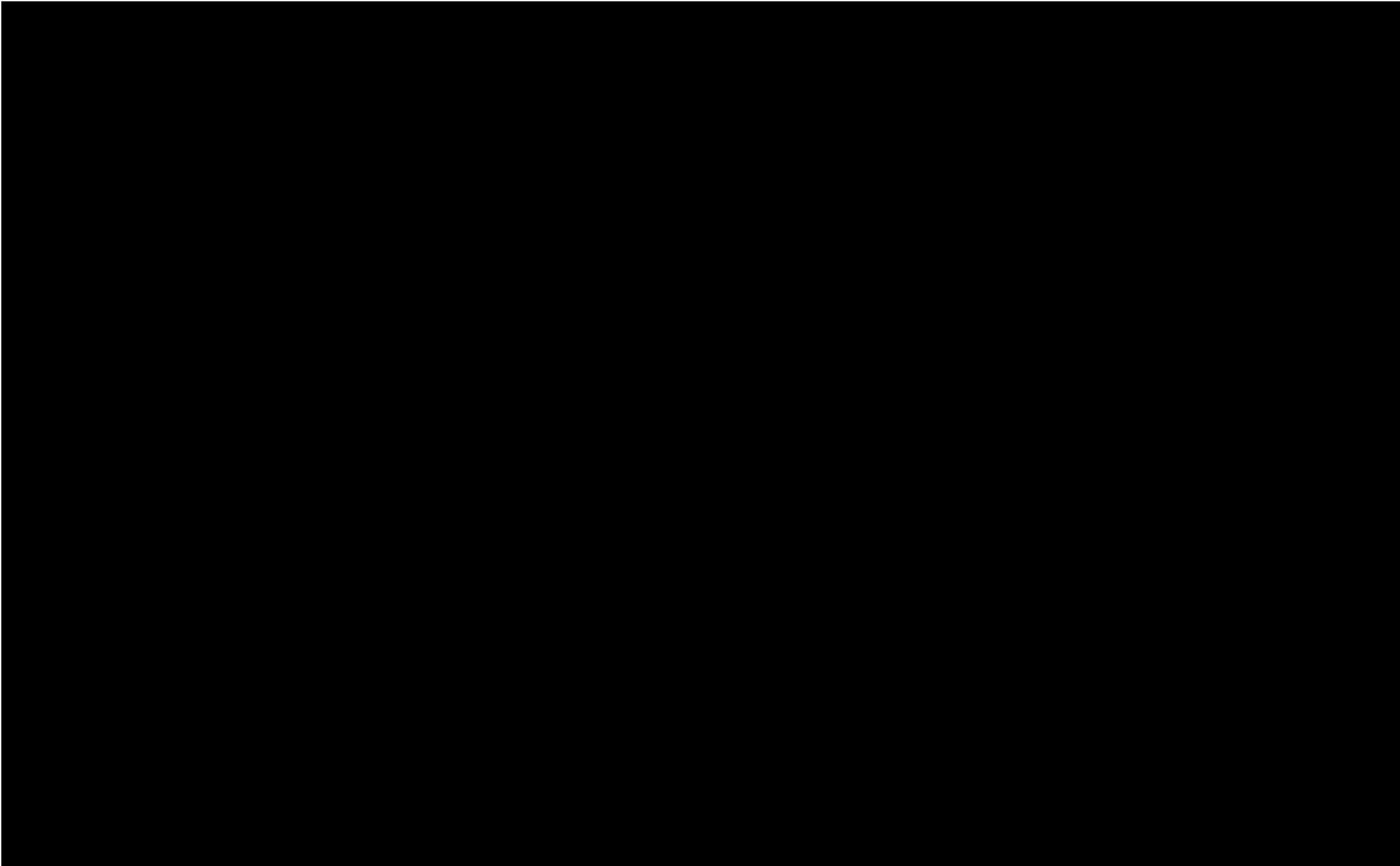
8. For Completion By [REDACTED]

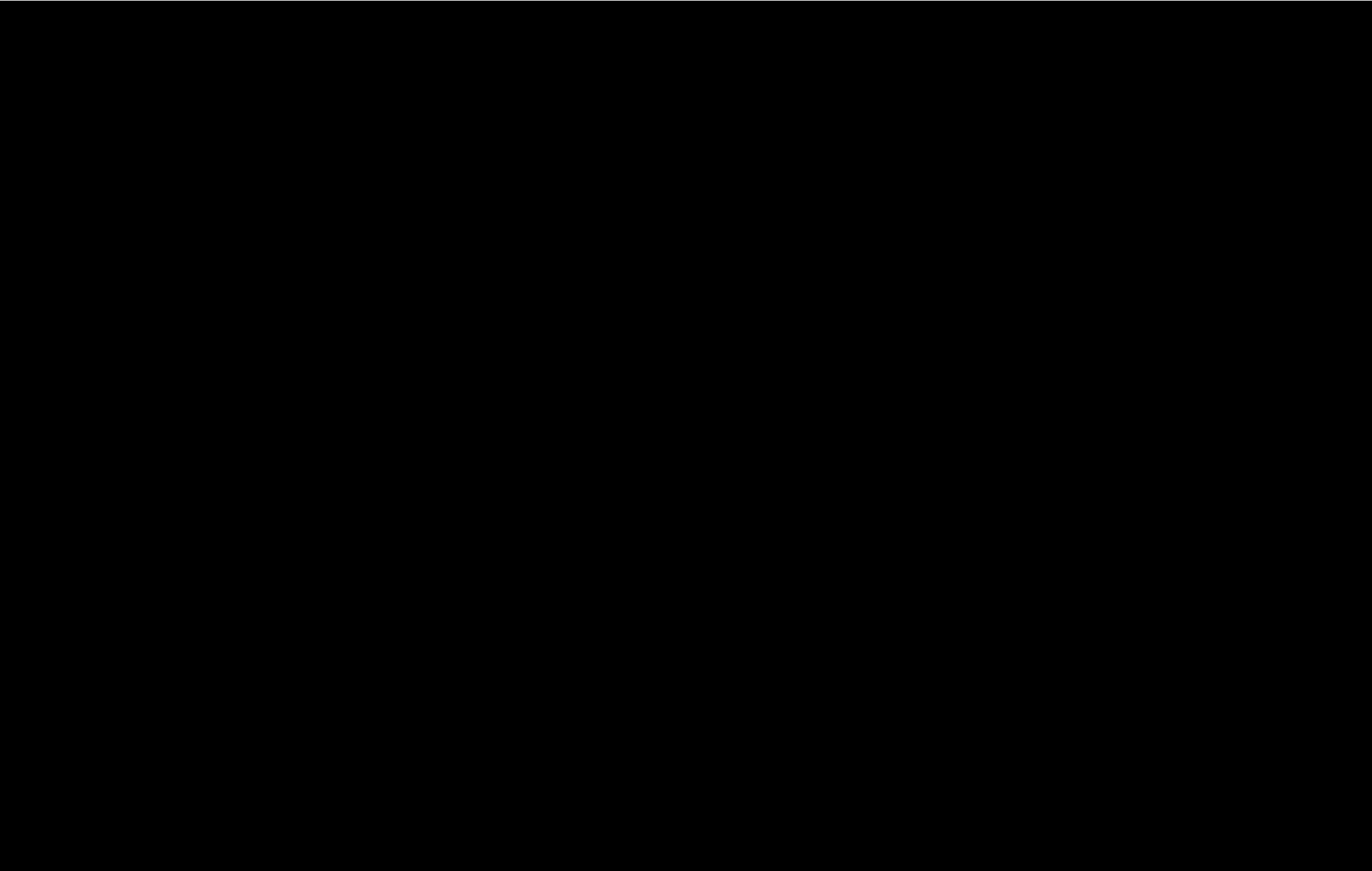
I confirm that the assurances provided under the GDPR section of this form have been reviewed and that:

- *research can commence on the assurances provided*

Completed by: [REDACTED]

Date: 27/06/2022





Annex 2 – Supplier Financial Template

Tender Reference	FS430885
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Tender Title	Behavioural Trial – sustainable diet shift (part 2 of 2)
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Full legal organisation name	Kantar
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Main contact title	██████████
Main contact forname	██████████
Main contact surname	██████

Main contact position	██
Main contact email	██████████████████████████████████
Main contact phone	██████████████

Will you charge the Agency VAT on this proposal?
--

Yes

Please state your VAT registration number:
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GB210325428

Project Costs Summary Breakdown by Participating Organisations
Please include only the cost to the FSA.

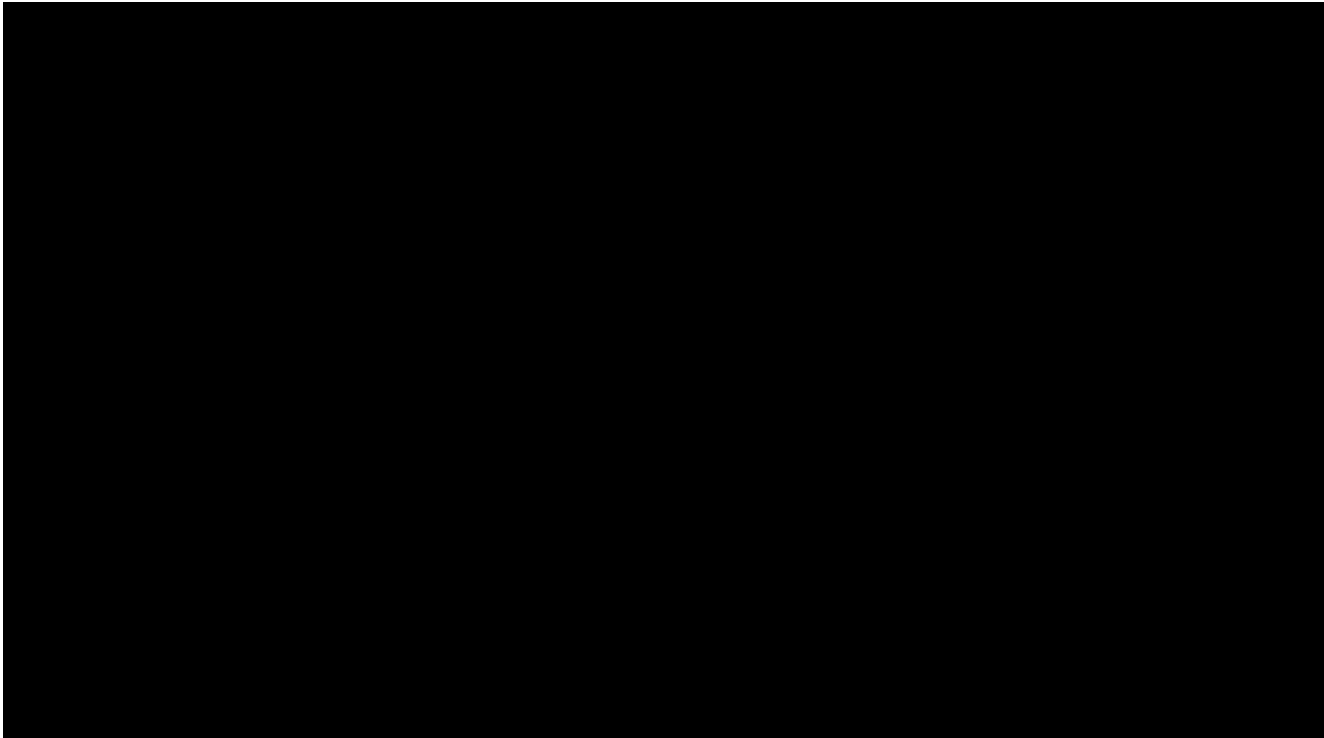
Organisation	VAT Code*	Total (£)
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* Please indicate zero, exempt or standard rate. VAT charges not identified above will not be paid by the FSA

** The total cost figure should be the same as the total cost shown in table 4

** The total cost figure should be the same as the total cost shown below and in the Schedule of payments tab.

Project Costs Summary (Automatically calculated)



Total Project Costs	£	109,923.75
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Staff Costs Table

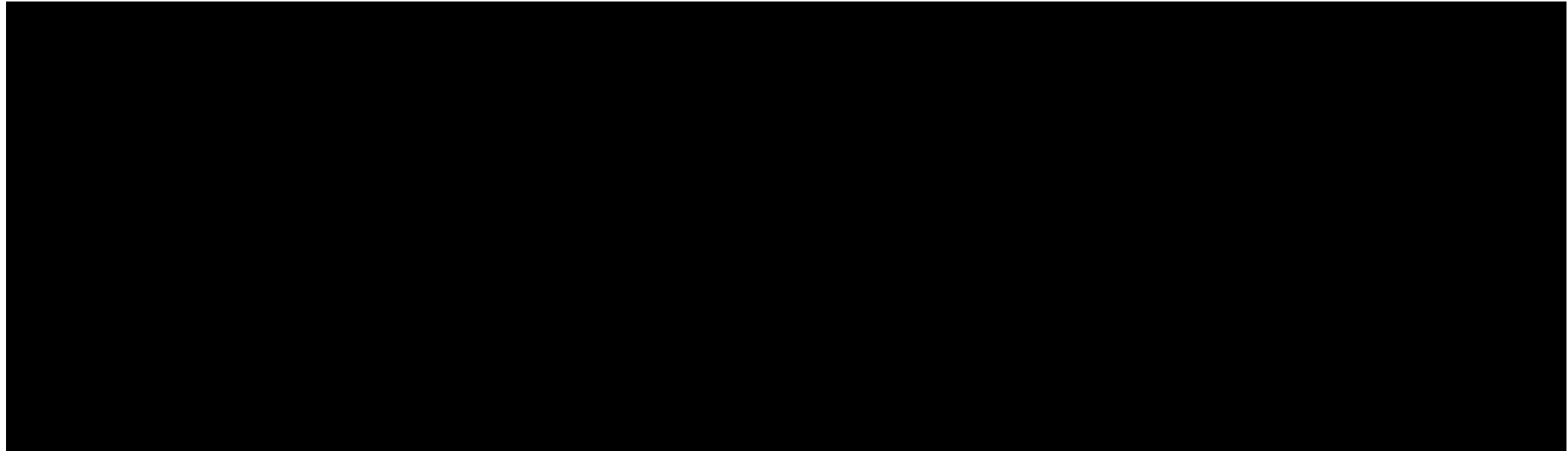
*This should reflect details entered in your technical application section 4C.

Please insert as many lines as necessary for the individuals in the project team.

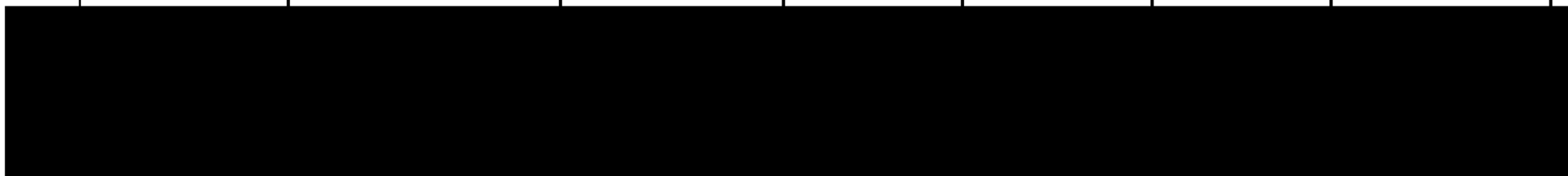
Please note that FSA is willing to accept pay rates based upon average pay costs. You will need to indicate where these have been used.

Consumable/Equipment Costs

Please provide a breakdown of the consumables/equipment items you expect to consume during the project



Proposed Project Start Date	01-Apr-2022	Amount				
Invoice Due Date	Description as to which deliverables this invoice will refer to (<i>Please include the deliverable ref no(s)</i>)	*Net	** VAT Code	§ Duration from start of project (Weeks)	§ Duration from start of project (Date)	Financial Year



Total	£ 109,923.75
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Totals Agree

* Please insert the amount to be invoiced net of any VAT for each deliverable
 ** Please insert the applicable rate of VAT for each deliverable
 *** 20% of the total project budget is withheld and will be paid upon acceptance of a satisfactory final report by the agency.
 § The number of weeks after project commencement for the deliverable to be completed

Summary of Payments

Financial Year (Update as applicable in YYYY-YY format)	Year 1		
	2022-23	Retention	Total
	£	£	£
Total Amount			109,923.75