

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 28 – Improving Consumer Adherence to Use-By Dates	Reference:	FS107010
	Date:	02/12/2021
Client – Project Representative: [REDACTED]	Tel:	
	E-mail:	[REDACTED]
Supplier – Project Representative: [REDACTED] [REDACTED]	Tel:	[REDACTED]
	E-mail:	[REDACTED] [REDACTED]
Project Start Date:	06/12/2021	
Project Completion Date:	31/03/2021	
Specification/ Scope of Work:		
<p>Background</p> <p><u>Why are we interested in use-by dates?</u></p> <p>The FSA was set up to protect public health in relation to food. Our main goal is to ensure food is safe. Since consumers are responsible for the safe preparation and storage of food in their home, the FSA gives practical</p>		

guidance and recommendations to consumers on food safety and hygiene in the home. This includes advising the public to follow storage instructions on foods and eat foods that have a [use-by date](#) (UBD) on or before the UBD, as storing and cooking food past its use by date can lead to food poisoning.

However, we know from our recent research that a significant minority of consumers are not adhering to UBDs.

For example, our [Food and You 2](#) survey has revealed that:

- Most respondents (67%) correctly identified the UBD as the information which shows that food is no longer safe to eat.
- Whilst most (62%) respondents reported 'always' checking UBDs before cooking or preparing food, 37% do not always do so (Wave 2).
- Younger adults (aged 16-24 years) and full-time students were less likely to always check use by dates compared to other age groups and occupational groups. Asian or British Asian respondents were less likely to always check UBDs (47%) compared to White respondents (64%) (Wave 2).
- A significant minority of respondents reported consuming bagged salad (40%), cheese (39%), milk (27%), cooked meats (27%), or smoked fish (12%) past its UBD in the last month (Wave 2).
- Respondents reported using a range of methods to assess whether food was safe to eat. For example, smell was most often used to assess raw meat (76%) and milk and yogurt (73%) whereas cheese was most often assessed visually (65%) (Wave 1).

We explored people's attitudes and behaviour relating to UBDs in more depth in our recent [qualitative research](#) which found:

- Levels of **knowledge about UBDs were generally good, however, this did not always translate to behaviour**. As such, simply providing more information about the difference between the UBD and the Best Before Date (BBD) is unlikely to result in greater compliance.
- There was little understanding about how UBDs are determined, or the specific risks associated with expired food, beyond a recognition that they may become ill, resulting in skepticism and mistrust towards UBDs with participants instead **relying on personal or sensory judgements**. Personal past experiences of food going off before the UBD or not being ill despite eating expired food reinforced perceptions also undermined consumer trust in the UBD as a safety marker. Explaining how UBDs are determined and providing

information about the risks associated with specific products could help to raise awareness and increase trust. Participants also felt that stronger, more consistent, and risk-focused messaging around UBD could lead to greater compliance. However encouraging people to rely on UBDs over their sensory judgements is unlikely to be fruitful, as these behaviours have been cemented over time for participants with no perceived ill effects.

- Values and upbringing also shaped a **reluctance to waste food**, which led many to consume items past the UBD. Focusing on meal planning, shopping lists, and checking the fridge before purchasing items could help to avoid individuals ending up with excess food that is close to or past its UBD. Linking these types of planning to reducing food waste and saving money could also tap into individual desires and values, making them more likely to stick.

This research concluded that behaviours towards UBDs were influenced by a web of factors including understanding of UBDs, individual motivations and the wider environment. This suggests that a single approach to changing behaviours towards UBDs is unlikely to be effective. Instead, interventions may need to focus on changing routines and habits, as well as the wider consumer environment and information campaigns to raise awareness of the risks of consuming different foods past the UBD. It was recommended that future research should focus on: *“Building the evidence around specific out of date products that hold the greatest risk and testing potential interventions which could encourage greater compliance. For example, focusing on pre-prepared foods such as cooked meats and testing specific labels or wider interventions.”*

Separately, we have recently tested [food safety messaging with consumers](#). This research found that:

- Four key factors influenced engagement in food safety, including: confidence and experience in cooking and handling food; personal experience of food poisoning; cultural norms; and heightened awareness of germs.
- Nine further factors influenced reactions to the approaches and messages tested, including: perceived risk; experience of consequences; personal resonance of scenario; clarity and credibility of the message; clear rationale for food safe behaviours; practical and easy guidance; use of scientific terms and information; use of language, tone, and phrasing; and use of images.

We want to build on the findings from each of these studies and (a) explore possible interventions which could help increase adherence to use by

dates amongst consumers and (b) understand how one of these interventions could be trialed and tested.

How does this work fit in with our strategic objectives?

Changing consumer behaviour is a key objective for the Agency and features in our 2015-2020 Strategic Plan: “Use our assessment of behaviour change models, and robust evidence on consumer attitudes and practices, to frame, pilot and evaluate our approaches to effective interventions, including flexible or segmented approaches for different groups of people”.

Similarly, our Science, Evidence, and Information Strategy for 2015-2020 highlights that a priority for the Agency is “understanding consumers, food businesses enforcement partners and others in the food system and how we can work with them to support behaviour change and build and spread good practice”. This will: “provide the basis for supporting behaviour change through robust and up-to-date evidence on the diversity of UK consumers, their views, concerns and behaviours, including what approaches work best to support consumers to make informed decisions; support our work on effective policy and efficient regulation by providing evidence on the views and behaviours of consumers, businesses, and those working in regulation and enforcement, and what will work best to influence their behaviours and achieve benefits for consumers - reflecting the diversity that exists within these groups; and build future capability by advancing our understanding of behaviour change in relation to food and the wider food system”. A headline activity is to “pilot and evaluate the use of selected behaviour change models in real FSA projects”.

Objectives and methodology

The FSA’s mission is to ensure food is safe. Recent research has shown that a significant minority of consumers are not adhering to UBDs putting themselves at greater risk of foodborne disease.

The FSA would like to commission Ipsos MORI to:

1. Conduct a **desk review** to explore whether any interventions aimed at increasing the public's adherence to UBDs have already been designed and tested and what the results were.
2. Come up with a **list of 5-10 proposed interventions** aimed at increasing the public's adherence to UBDs within the home, to help reduce the risk of foodborne disease amongst consumers.

These interventions should be:

- Informed by previous FSA research (e.g., Food and You 2, qualitative research and message testing) and findings from the desk review.
- Based on behavioural science theory e.g.COM-B.
- Targeted at consumers aged 65 and over and/or focusing on higher risk foods (which the FSA can identify if required).
- We would like to avoid any interventions that involve labelling.

For each proposed intervention, we would like to know:

- Whether this intervention has already been tested or whether this is addressing an evidence gap – if it has already been tested, how does this build on previous findings?
 - What specific behaviours the proposed intervention is addressing and among whom
 - The rationale (supported by evidence) for why we think this intervention might change behaviour and the behavioural theory behind the intervention (what it has been modelled on (e.g., COM-B) and any biases that we are addressing or exploiting)
 - What a good trial might entail
 - What data we would aim to collect and how
 - What other effects we might observe
 - What risks and dependencies there would be
3. Run a **workshop** with key FSA stakeholders and our advisory committee to discuss and prioritise which intervention to take forward to the design phase using the [APEASE](#) evaluation criteria.
 4. **Design a randomised control trial** which will test the effectiveness of the chosen intervention identified in the workshop.

This project should be guided by Public Health England's guide to [Achieving Behaviour Change](#).

Key research question/s:

1. What interventions (if any) have been used to increase adherence to UBDs amongst consumers? How successful were these?
2. What interventions could be used to increase adherence to UBDs amongst high-risk consumers (either those that are vulnerable, aged 65+, or those least likely to comply)?
3. What interventions could be used to increase adherence to UBDs for specified high risk foods?
4. How could the effectiveness of one of these interventions be trialled and tested?
5. What specific evidence gaps exist regarding behavioural trial research in this area?

Outputs

Outputs should include:

1. A summary of the desk review findings.
(To include what audience behavioural trials were focused on, and what type of food, and any gaps that exist).
2. A summary of 5-10 proposed interventions with a clearly evidenced rationale (addressing the points outlined above) to inform discussion with the FSA about which trial to take forward to the design phase.
3. A workshop with FSA stakeholders and our advisory committee to discuss and prioritise which intervention to take forward to the design phase. The discussion and decisions should be written up in a short workshop report.
4. A trial protocol for the chosen trial including:
 - research aims and objectives
 - the challenge identified and potential solutions based on behavioural theory
 - the proposed intervention

- trial design including methodology for randomisation, sampling and recruitment, trial procedure, any plans for blinding, detailed analysis plan including power calculations
- ethical considerations and risks
- indicative budget and timelines for running the trial

We would expect that outcome measures are properly identified in discussions with FSA. Outcome measures should reflect strong construct validity and high reliability. It is expected that all trials are adequately powered, with sample-sizes inflated for any foreseen issues of attrition. We would expect that the sample matches the population, with such assumptions tested in the evaluation stage. We would anticipate that research designs are appropriate for the inquiry, with adequate steps taken to ensure robust results are obtained.

All protocols and outputs will need to be peer reviewed by an independent reviewer and/or our Advisory Committee for Social Science.

All outputs must be in line with FSA brand guidelines and meet FSA accessibility requirements.

How will the outputs of this research be disseminated for effective/maximum impact?

We plan on publishing the trial protocol. The other project outputs may also be published as annexes.

Timescale milestones

Indicative timelines for key deliverables:

- Inception – w/b 5th December 2021
- Desk review draft – w/b 14th December 2021
- Report & summary of proposed interventions – w/b 3rd Jan 2022
- FSA Workshop for intervention selection – w/b 10th/17th January 2022
- Trial Protocol design & first draft – 7th-21^s March 2022

- Trial protocol Final - 31 March 2022

Timings are flexible however all outputs to be delivered by 31 March 2022.

Please note at this stage we are only interested in scoping possible interventions and designing a trial to test one of these interventions. We are not committing to run a trial through the call-off contract.

Special Terms:

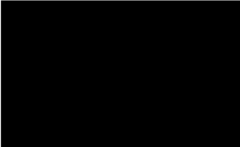
To include any terms or conditions not covered in the overarching contract or any terms amended for the purposes of this Call Off Agreement

Sub-Contractors	See Annex A – Suppliers Response
Deliverables:	See Annex A – Suppliers Response
Foreground IPR – Ownership	See Clause 15 – Intellectual Property Rights in overarching Contract
Personal Data (GDPR)	See Annex A – Suppliers Response
Price	See Annex B – 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> <p>Further details can be found at Schedule 5 'Invoicing Procedure & No PO/ No Pay' in the Call Off Contract.</p>

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:

Name: 

Signature 

Position: Commercial Advisor

Date: 14/12/2021

Signed on behalf of Ipsos Mori:

Name: 

Signature 

Position: Head of Behavioural Science, Ipsos MORI Public Affairs

Date: 22nd November

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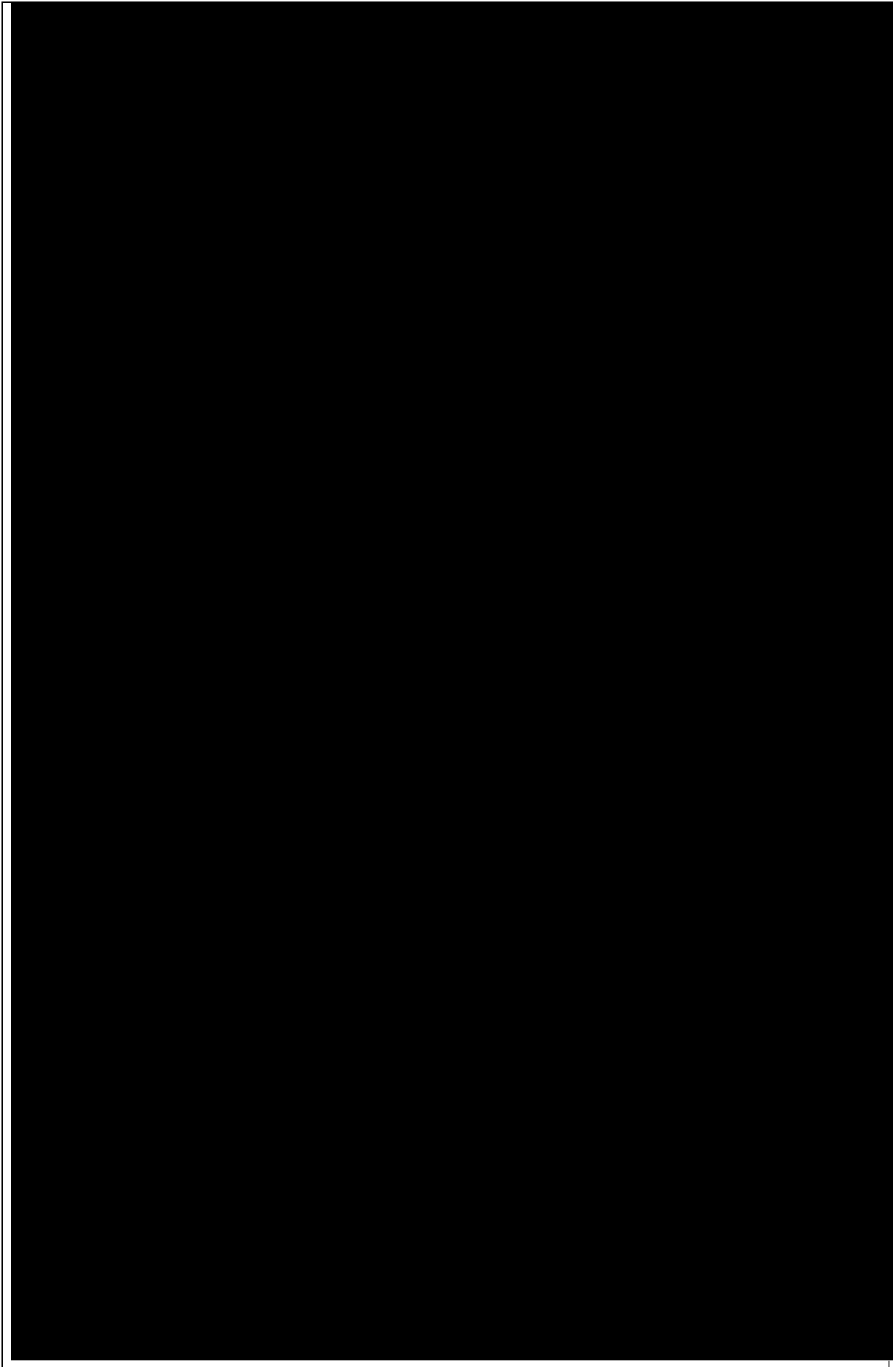
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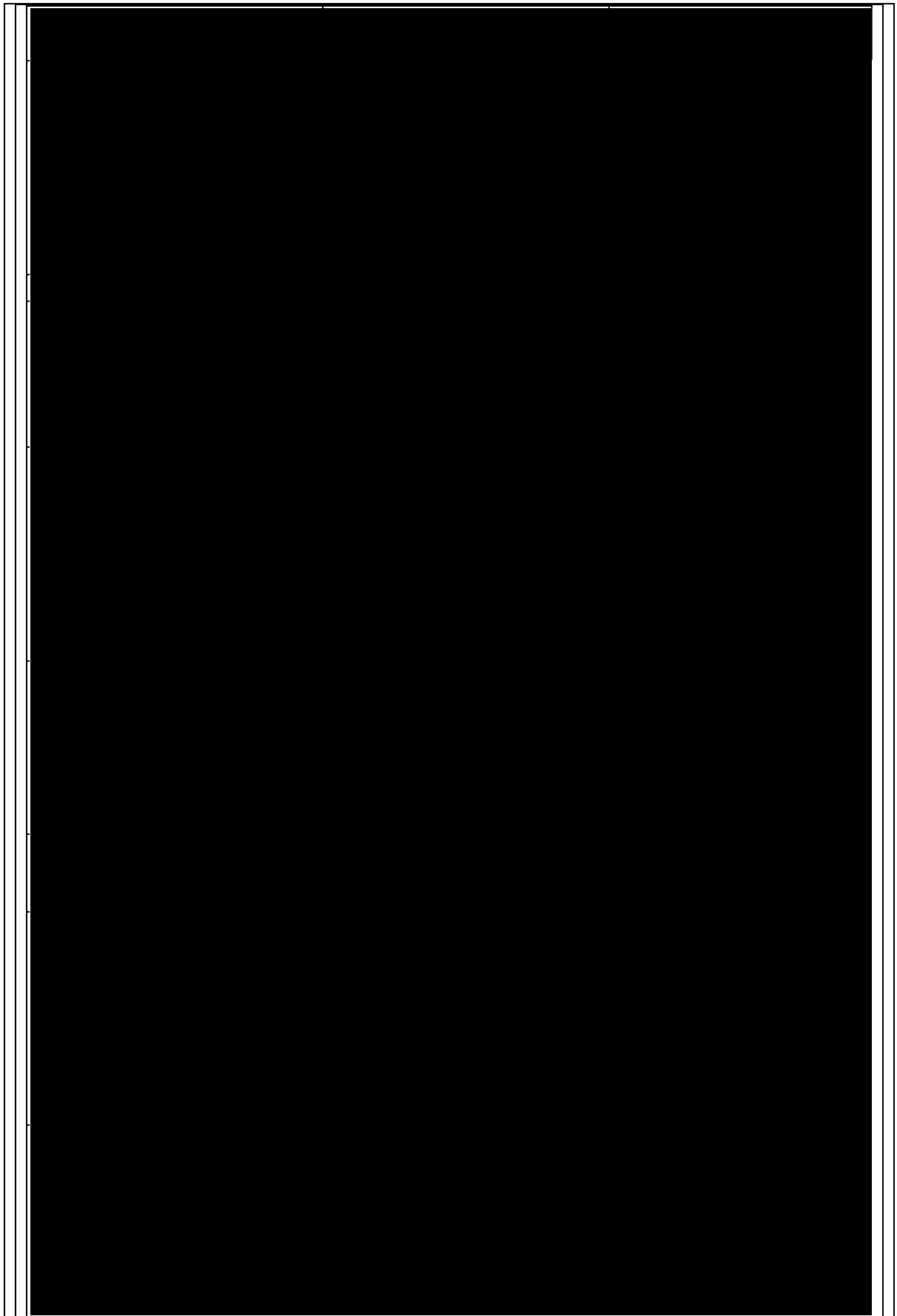
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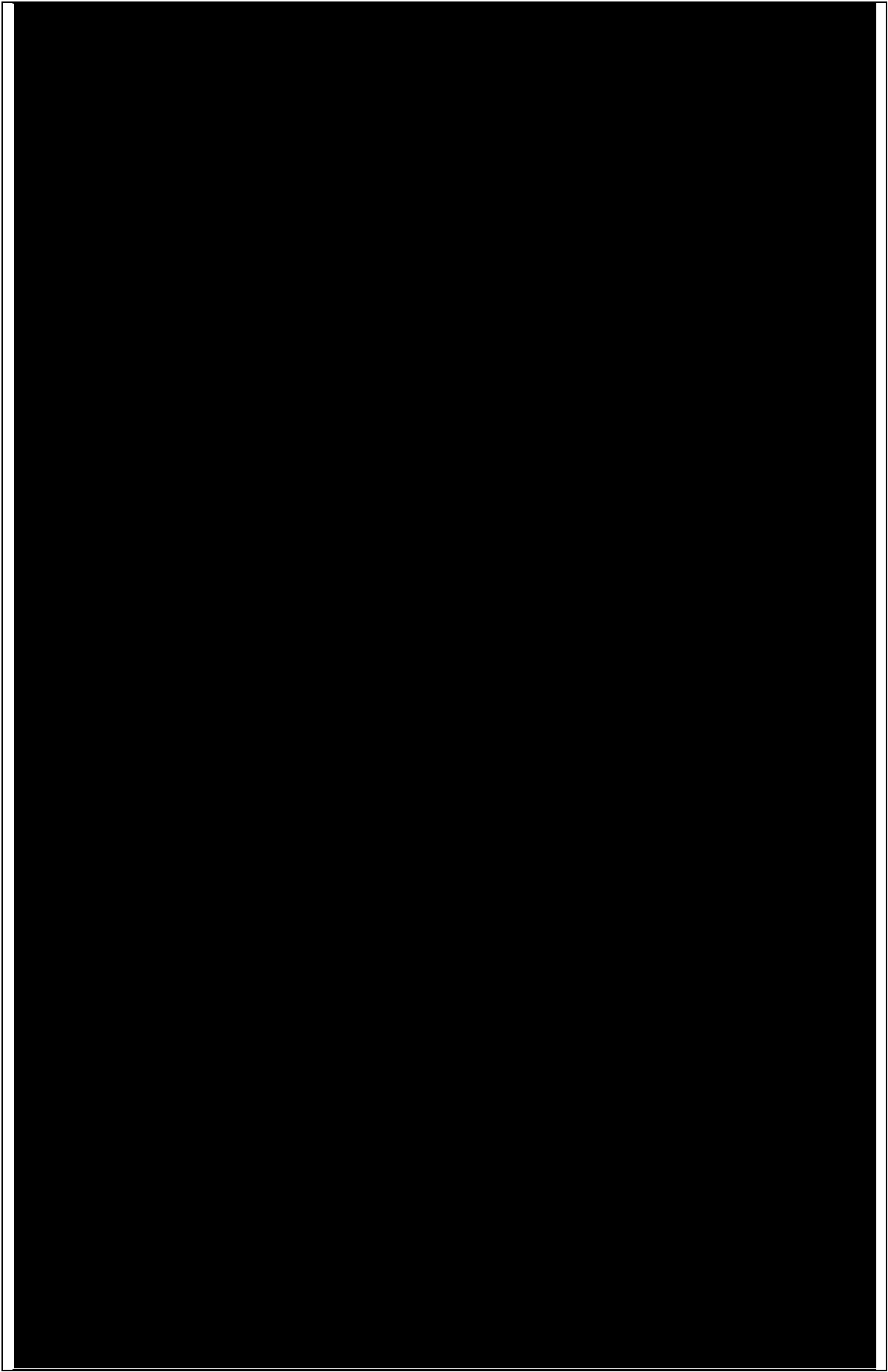
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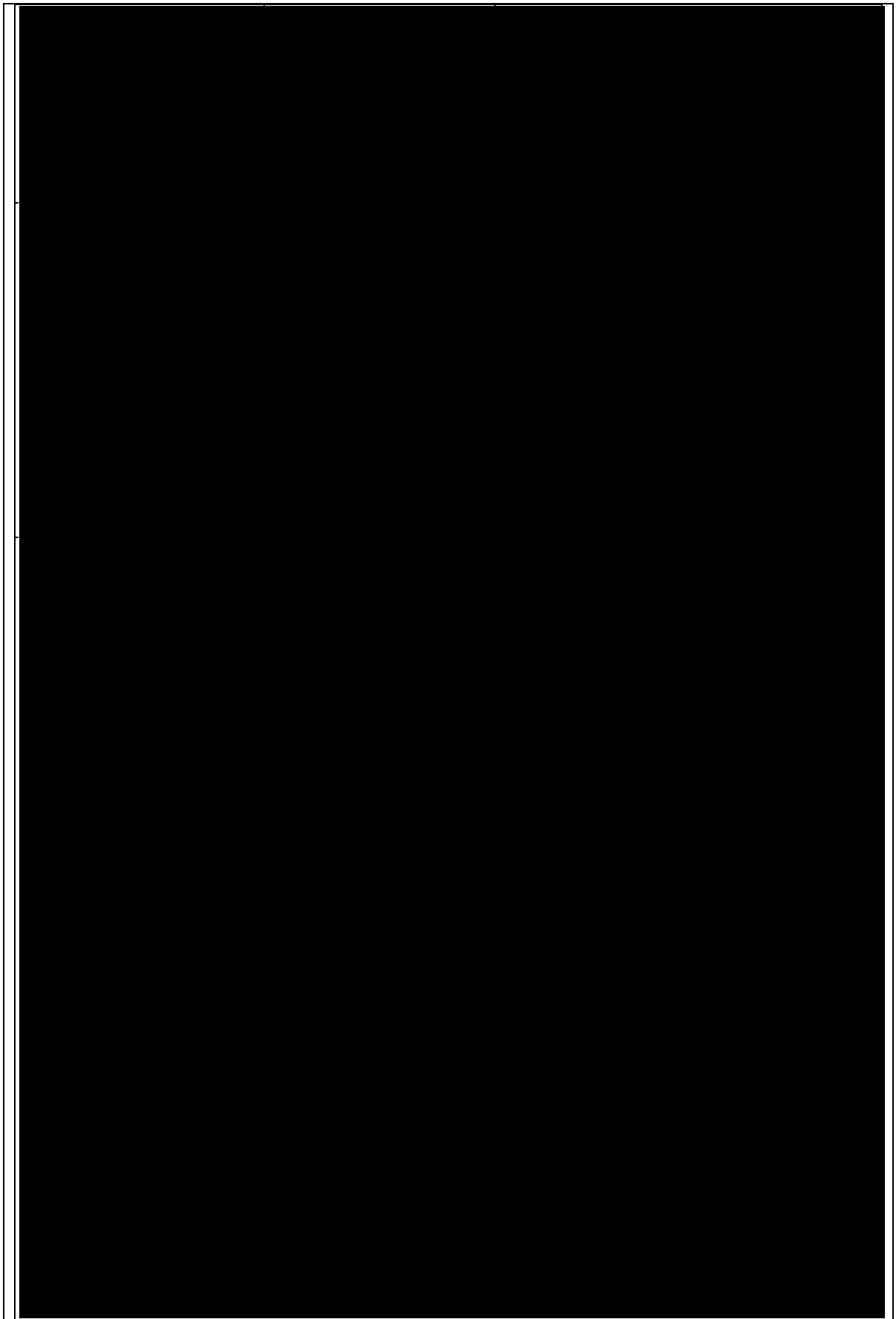
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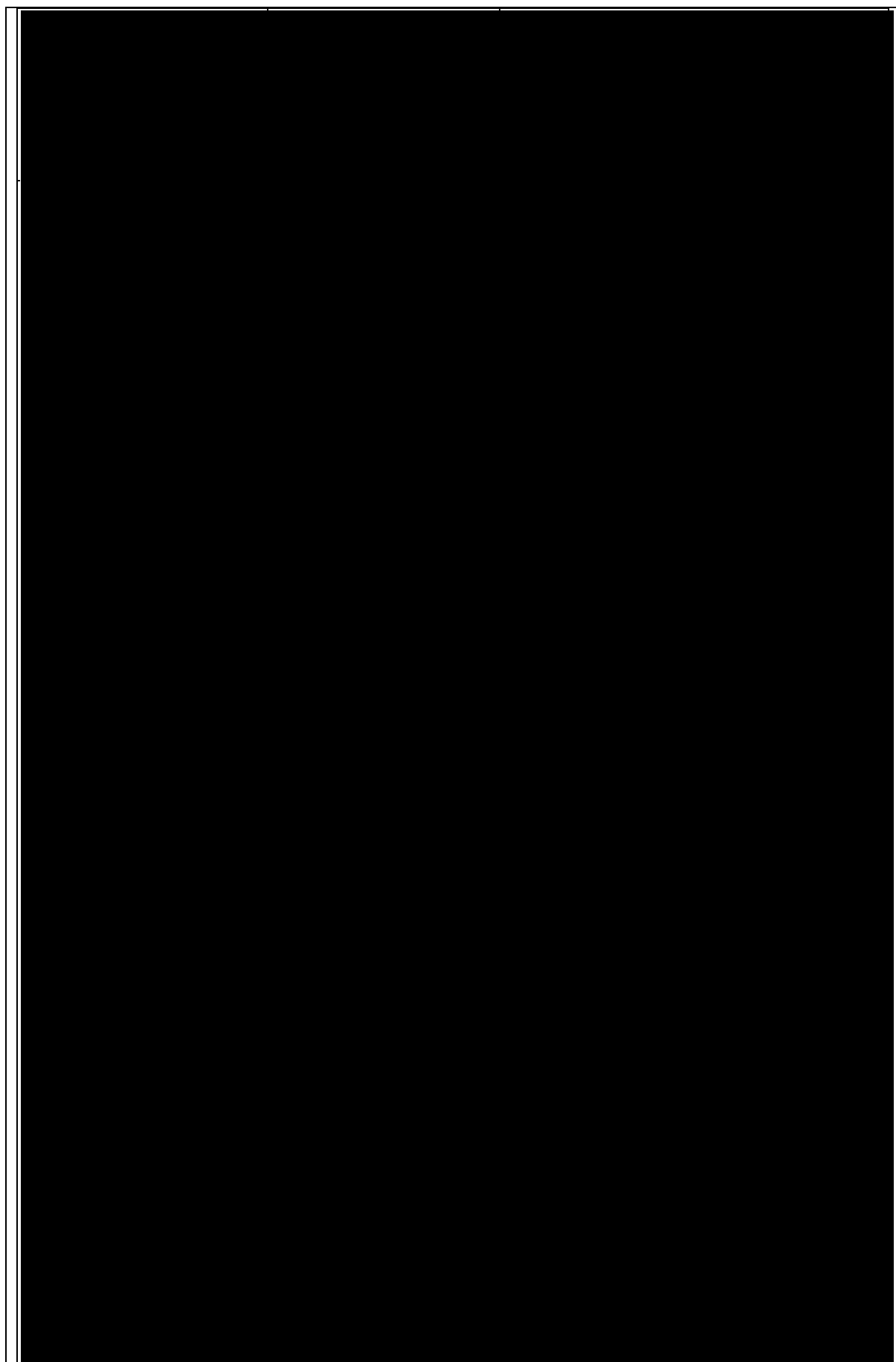
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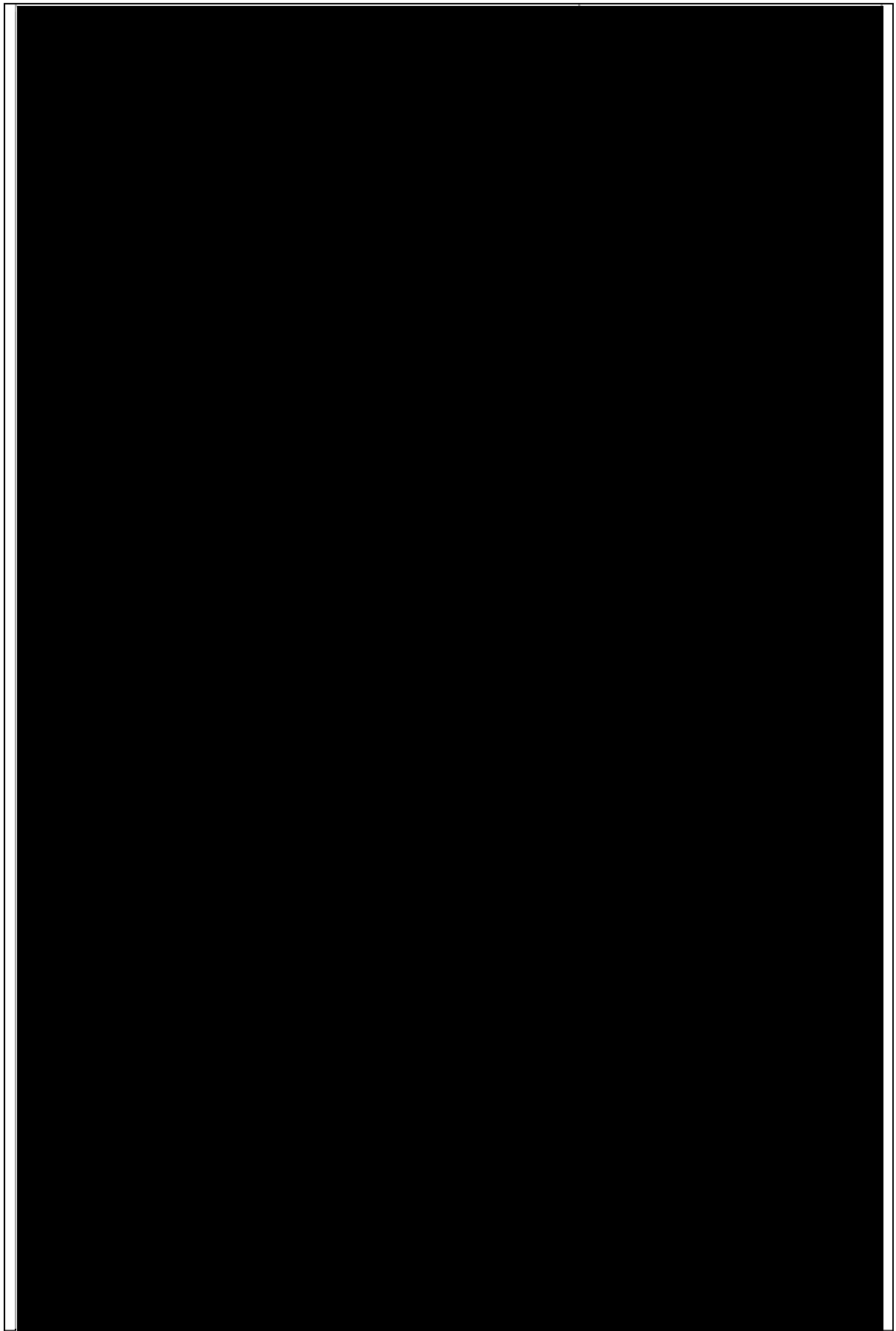
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For completion by [REDACTED]
<p>I confirm that the assurances provided under the GDPR section of this form have been reviewed and that:</p> <ul style="list-style-type: none">• <i>research can commence on the assurances provided</i>
Completed by [REDACTED]
Date: 02/12/2021

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



A tenderer should include in his tender the extent of any discounts or rebates offered against their normal day rates or other costs during each year of the contract. Please provide full details below:

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NAME			
DATE		22-Nov-2021	
REVISION DATE			Enter the effective date if this version of the template replaces an earlier version

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Total	£ 30,000.00
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* 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

Year 1

Financial Year (Update as applicable in YYYY-YY format)			Total
Total Amount			£ 30,000.00