

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 1 of 7
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.4
	Issue Date: 22/02/2021
Form Type: Tender Information Document	Issued By: Director Food Science

## **RESEARCH TENDER CALL**



## **TENDER INFORMATION DOCUMENT**

**Project Reference No.: 02-2022**

**Project Title: Food messaging to children and adolescents – what works?**

### **1. Objective/Knowledge Gap**

Nutrition and food related information can be confusing and difficult to understand. Both children and adults should be empowered to make healthier choices about food. This is only possible if nutrition and food literacy is developed in a useful and understandable way that is accessible to all (1).

Health attitudes and behaviours formed during childhood greatly influence adult health patterns (2). The development of health literacy and food literacy is a key transformational tool in bringing about the desired changes to food systems and improving health (3, 4). Traditional approaches to health and food education have largely failed to improve health outcomes and there is an urgent need for new approaches to food education that takes account of food and health literacy. These approaches need to consider how the messaging can be developed to be more engaging and effective for children and young people.

This research project will collate the evidence and best practice models on food education internationally and will gather views of stakeholders in food education including children (2 to 12 years of age) and adolescents (13 to 18 years of age) , teachers, other educators, and parents on the island of Ireland. It should consider how families think about healthy eating and food practices at home and will also look the framework of school messages on food safety and healthy eating as well as in other settings (sports clubs, camps, after-school facilities).

 safefood	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 2 of 7
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.4
	Issue Date: 22/02/2021
Form Type: Tender Information Document	Issued By: Director Food Science

This research project will also collate best practice models on co-creating with children and young people while also involving them in systems redesign.

Ultimately, this research project and its recommendations should support more effective communications on food and food skills in a way that is age and developmentally appropriate for children and adolescents.

## **2. Background**

The WHO Shanghai Declaration (2016) (5) recognises that health literacy is central to improving health outcomes and commits to recognising health literacy as a critical determinant of health and investing in its development. This includes the use of strategies for strengthening health literacy in all populations and in all educational settings and increasing citizens' control of their own health and its determinants.

Food literacy is a concept that encompasses a range of skills and knowledge required by consumers to navigate an increasingly complex foodscape and ensure healthy dietary behaviours.

The World Health Organization recommendations on ending childhood obesity, include the 'integration of nutrition and health literacy and practical skills into the core curriculum' of schools. Organisations must ensure that nutrition information and guidelines for both children and adults are communicated appropriately, and including messaging that is simple, understandable and delivered in an accessible manner to all.

On its Nutrition Strategy 2020–2030, UNICEF recommends that organisations work closely with education systems to protect, promote and support diets, services and practices that prevent malnutrition in school-age children. One of the five priority areas to achieve this is via curricula that improve nutrition literacy and promote physical activity (6).

Food literacy is not only knowledge about food and eating but also a range of skills related to what people understand about and do with the information being communicated. Decisions about food are not always made rationally or logically; rather, they may happen unconsciously in a very emotional way. A goal of food literacy should be to bridge the gap

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 3 of 7
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.4
	Issue Date: 22/02/2021
Form Type: Tender Information Document	Issued By: Director Food Science

between what experts know and want to communicate and what children and young people know, need and want. This communication does not happen solely by pushing messages at people. It happens, when people understand and take meaning from those messages. Closing the communication gap requires starting with the child or young person; thinking about their perspective, experience, and needs; and finding solutions that enable them, rather than serving the communicators' organisational or other needs (7).

The outcomes from this research can be used to:

- Improve current and develop new public health programmes and campaigns
- Scale up best practices and strategies so that organisations address the food literacy needs of the children and young people on the island of Ireland
- Inform future approaches to co-creation and design of interventions for young people

### **3. Approach**

It is proposed that the project include an initial literature review of existing data (from both the island of Ireland and internationally). It is proposed that the aims and objectives of the current research are met by using a mixture of methods including qualitative and quantitative methods.

### **4. Technical Specification**

#### **(a) Scope of research**

The research should:

- Focus on children (2 to 12 years of age) and adolescents (13 to 18 years of age).
- Ensure that public participants in the qualitative work reflect different groups in terms of social class, age, region and rural/urban.
- Be collaborative across a number of relevant disciplines including experts in health literacy, education, psychology, communication, behaviour change, public health, policy and co-creation.

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 4 of 7
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.4
	Issue Date: 22/02/2021
Form Type: Tender Information Document	Issued By: Director Food Science

- This research should collate evidence and best practice models on food education internationally.
- Gather the views of stakeholders in food education including children, young people, teachers, other educators, and parents on the island of Ireland.
- Consider how families think about healthy eating and food practices at home and will also consider the framework of school messages on food safety and healthy eating as well as in other settings that may be appropriate (sports clubs, camps, after-school facilities).

**It should be noted that safefood is not an active participant in the project and sole responsibility lies with the successful tenderer.**

#### **(b) Literature review**

The literature review should include peer-reviewed publications and a systemised search of the grey literature. Detail must be provided regarding how the literature review will be structured and completed along with quality assurance mechanisms e.g., review by more than one researcher.

#### **(c) Qualitative and quantitative research**

A full justification and rationale for the proposed methodology and analytical approach will be required. It will be necessary to indicate for all aspects of the project how the proposed data will be collected, analysed and reported. The research should be mixed in nature. The contractor is responsible for developing and piloting any topic guide which will be used to facilitate the qualitative discussions. The contractor is encouraged to use tools such as vignettes or visual aids to facilitate a more relevant and open discussion for the participants. These vignettes should be developed from the formal literature and policy reviews. They could focus on how the interviewees or members of focus groups respond to stories.

#### **(d) Outline of proposed data sources**

For this study, different data sources will be required. The researcher must enumerate the sources they intend to use and demonstrate access and experience in the use of the

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 5 of 7
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.4
	Issue Date: 22/02/2021
Form Type: Tender Information Document	Issued By: Director Food Science

proposed data sources, as well as the relevant permissions to do so. The data sources will include data from:

- Review of relevant literature
- Focus groups and/or qualitative methods with key stakeholders (including children, young people, teachers, other educators, and parents on the island of Ireland).

#### **(e) Analysis**

A full and detailed methodology must be provided on how the data sources are going to be identified, utilised, analysed and interpreted to meet the objectives of the project.

#### **(f) Data handling and Reporting**

- The contractor will submit to **safefood**, on a six-monthly basis, an interim report containing details of the progress for each deliverable of the project.
- The contractor is responsible for collating all results and a final report will be submitted to **safefood** on completion of the study.
- All forms, documentation and electronic files must be retained by the contractor for **safefood** for a minimum period of 7 years in case of issues arising after the completion of the research.

#### **(g) Quality assurance**

- Ethical approval will be an essential component where data collection from participants is involved.
- The contractor will use validated methods where applicable and will apply best practice quality controls to approaches.
- To ensure transparency and reproducibility, all data sources used in the research must be specified, and all data used must be explicitly specified and justified.
- **safefood** may visit the contractors during the course of the research to assess how the work is being carried out.

#### **5. Proposed Activities/Deliverables**

- Recommendations on how to communicate food messages to children and adolescents.

	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 6 of 7
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.4
	Issue Date: 22/02/2021
Form Type: Tender Information Document	Issued By: Director Food Science

- Clear guidance to stakeholders on the most effective ways to communicate to children and young people to enable them to develop food literacy skills.
- Dissemination of report & findings to the relevant stakeholders.
- Submission on a 6-monthly basis of an interim report on progress.
- Analysis of the final dataset, collation of the results and drafting of a final report to be submitted to **safefood** at the end of the 18-month study period.

## **6. Evaluation of Tenders**

Tender bids will be evaluated according to the quality of proposals and applicants using the following criteria:

### **Quality of the proposal:**

- ✓ Anticipated deliverables
- ✓ Research method and facilities
- ✓ Value for money including added value and innovation in the research approach
- ✓ Potential for application
- ✓ Work plan, including the overall timeframe.

### **Quality of Applicants:**

- ✓ Experience in subject areas including food poverty and media analysis;
- ✓ Quality Assurance and Quality Control measures in place.

## **7. Duration of Project**

Estimated duration of the project: Total of 18 months. A detailed timescale of research should be submitted by the applicant.

## **8. Tender Application Forms and Guidelines**

The Tender Application Form and associated Guidelines can be downloaded from [www.safefood.net/research-tender-2022](http://www.safefood.net/research-tender-2022). They can also be obtained by emailing [research@safefood.net](mailto:research@safefood.net), quoting the project reference number. Alternatively, please contact:

 safefood	<b>safefood Research</b>
Research Administration Manual	Section: Part 1
Type of Research: Commissioned and Non-commissioned Research	Sheet No.: Page 7 of 7
Process: To be completed by <b>safefood</b> Specialist	Issue No.: 1.4
	Issue Date: 22/02/2021
Form Type: Tender Information Document	Issued By: Director Food Science

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**The closing date** for receipt of applications by **safefood** is no later than **4pm on Thursday 14<sup>th</sup> April 2022.**

#### References

1. World Health Organization (WHO) (2017). Report of the Commission on Ending Childhood Obesity. Geneva.
2. Nash, R., Elmer, S., Osborne, K., MacIntyre, R., Shelley, K., Murray, B., Harpur L., Webb, S., (2018). "HealthLit4Kids study protocol; crossing boundaries for positive health literacy outcomes." BMC Public Health 18(1): 690.
3. Monash University (2020). "Investigate a transformational school food education model that will contribute to improving household food environments in Pacific coastal communities." from <https://research.monash.edu/en/projects/investigate-a-transformational-school-food-education-model-that-w>.
4. Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H.,(2012). "Health literacy and public health: A systematic review and integration of definitions and models." BMC Public Health 12(1): 80.
5. World Health Organization (WHO) (2016). Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. Shanghai.
6. UNICEF, (2020). Nutrition, for Every Child Nutrition Strategy 2020-2030. New York.
7. NCBI Bookshelf. (2016). "Session 1: Food Literacy and the Role of Communications Relating to Food Safety, Nutrition, and Other Health Matters." from <https://www.ncbi.nlm.nih.gov/books/NBK367600/>.