Strategy for household recruitment

Deliverable D2.2

December 2024 (updated October 2025)

Authors:

Nina Mesiranta, Tampere University
Mari Ainasoja, Tampere University
Martta Vänskä, Tampere University
Sonja Sulankivi, Tampere University

Funded by the European Union

circularhouseholds.eu

CARE: Circular consumption Activities to tRansform households towards material Efficiency. GA No. 101135141

Deliverable Information

Deliverable No.	**D2.2**
Deliverable Title	Strategy for household recruitment
Work Package No.	WP2
Work Package Title	Co-design for advisory services and pilots
Lead Organisation	Tampere University (TAU)
Main author(s)	Nina Mesiranta (TAU), Mari Ainasoja (TAU), Martta Vänskä (TAU), Sonja Sulankivi (TAU)
Contributors	Anssi Nurminen (TAU), Elina Närvänen (TAU), Malla Mattila (TAU)
Reviewers	CARE partners: Anna Kristine Auråen (Asker), Miriam Bätzing (VI), Maja Dahlbom (IVL), Annelise De Jong (IVL), Christian Fuentes (ULUND), Jenni Nummila (EcoF), Rosalyn Old (CSCP), Emma Samsioe (ULUND), Sanna Teinilä (EcoF), Harald Throne-Holst (OsloMet) CARE External Expert Advisory Board members: Albrecht Fritze (City of Berlin), Kersty Hobson (Cardiff University) External Ethics Advisor: Simo Kyllönen (University of Helsinki)
Type	R — Document, report
Dissemination Level	PU – Public
Deliverable Due Date	31/12/2024
Deliverable Date	23/12/2024 (first submission) 10/10/2025 (updated version)
Version	Updated deliverable

CARE project summary

CARE (Circular consumption Activities to tRansform households toward material Efficiency) aims to empower consumer-citizens in European households in the transition to a circular economy (CE). The objective of CARE is to transform a total of at least 100 households in five European countries (Finland, Norway, Sweden, Germany, and Estonia) to circular model households. To achieve its aim, CARE will further develop, test, and validate two pilots related to two critical material flows: food and clothing. They both have high potential for circularity at the household level.

The CARE pilots will be implemented in five regions – both urban and rural – that are part of the Circular Cities and Regions Initiative (CCRI): Tampere, Asker, Gothenburg, Berlin, and Lääne-Harju. The pilots are based on the practice-theoretical approach, which goes beyond state-of-the-art by focusing on holistic, social, and material aspects of everyday life instead of individualistic and awareness-raising interventions. The pilots will contain both customized, inclusive, and cost-free circular advisory services as well as food and clothing related interventions that focus on making changes in consumption practices. CARE will make a strong contribution towards accelerating fair, inclusive and sustainable consumer-based transition to CE.

Abbreviations of CARE partners

Asker	Asker municipality
BOKU	BOKU University of Natural Resources and Life Sciences
CSCP	Collaborating Centre on Sustainable Consumption and Production gGmbH
EcoF	EcoFellows Ltd.
IVL	IVL – Swedish Environmental Research Institute
L-H	Lääne-Harju municipality
OsloMet	Oslo Metropolitan University
TAU	Tampere University
ULUND	Lund University
VI	Verbraucher Initiative e.V.
ZWEE	Zero Waste Estonia Foundation (previously Let's Do It Foundation)

Introduction to the deliverable

The purpose of this deliverable D2.2 Strategy for household recruitment is to support CARE partners in their recruitment efforts to find local households in the five European regions (Asker, Berlin, Gothenburg, Lääne-Harju, and Tampere region) for the CARE pilots. This includes assigning responsibilities and roles for the CARE partners, outlining a schedule for the recruitment and presenting guidelines to follow during the recruitment. Another important goal of this deliverable is to ensure that ethical principles are respected during the recruitment and engagement of households. Recruiting the households is a crucial step in CARE, thus this deliverable also helps to ensure a successful implementation of the project.

This deliverable is part of Task T2.3 Creating a household recruitment strategy (M6-M12). In this task, the partners participated in an online workshop in September 2024 where they shared their best practices for recruiting households and discussed solutions to any possible challenges that might incur during the recruitment process. Before the online workshop, the partners were given the opportunity to share their insights related to recruitment using an online questionnaire. In addition to the online workshop, the content of this deliverable is based on CARE project's Grant Agreement (GA), Consortium Agreement (CA), as well as deliverables D6.1 Project handbook and management plan, and D6.2 Data Management Plan v1.

The local recruitment will be further planned, implemented and coordinated under WPs 3-4 in tasks T3.1 and T4.1 Recruitment of households and planning of regional pilots (January-May 2025; M13-M17). Therefore, this deliverable D2.2 and the task T2.3 supports the work in WPs 3-4, including also the development of deliverables D3.1 Local guidelines for the circular food pilot and D4.1 Local guidelines for the circular clothing pilot (both due in May 2025, M17). This deliverable D2.2 will also inform task T5.2 (Outreach to pilot households, engagement and documentation) for the design of communication materials (e.g., templates for social media communication) that are needed to support the local implementing partners in their communication and engagement with the households. The work related to the ethical principles will continue as part of WP6 under T6.3 Ethics management.

This deliverable is structured into four sections:

Section 1 describes the structure for the recruitment, outlining the phases and schedule for the recruitment.
Section 2 delves into the recruitment phase.
Section 3 discusses the pilot launching phase.
Section 4 describes the engagement phase.

Glossary of abbreviations

CA	Consortium Agreement
CARE	Circular Consumption Activities to Transform Households Toward Material Efficiency
CCRI	Circular Cities and Regions Initiative
CDE	Communication, Dissemination and Exploitation
CE	Circular Economy
D	Deliverable
DMP	Data Management Plan
EST	Estonia
EU	European Union
FIN	Finland
GA	Grant Agreement
GER	Germany
HH	Household
M	Month (M1: Jan 2024, 1st month of CARE; M48: Dec 2027, last month of CARE)
NGO	Non-Governmental Organization
NOR	Norway
REA	European Research Executive Agency
SWE	Sweden
T	Task
WP	Work Package

Disclaimer

The CARE project is funded by the European Union under Grant Agreement No. 101135141. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Research Executive Agency (REA). Neither the European Union nor the granting authority can be held responsible for them.

Table of Contents

List of figures

List of tables

1. Structure for the recruitment

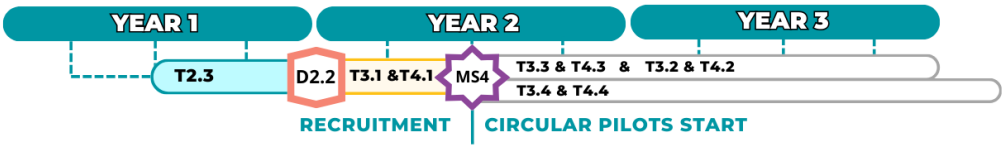
The recruitment of households to participate in CARE pilots is an important step in the project. First, an overview and a timeline of recruitment is described in relation to CARE project plans outlined in the GA. The regional recruitment of households is also elaborated, and target numbers, partners, and timing specified. Then the recruitment process in CARE is outlined, divided into three phases: recruitment, pilot launching and engagement. Each phase contains distinctive practical steps and ethical considerations that are described in this deliverable. Finally, this section concludes with a table summarising the deadlines in the recruitment process collaboration. The purpose and content of actions in this table are further described in sections 2-4.

1.1 Overview and timeline of recruitment

The planning phases of this recruitment strategy started in task T2.3 (M6-M12), during which WP2 CARE partners participated in a co-design workshop and shared their best practices for recruiting households. An overview of the timeline is summarised in Figure 1.

The official recruitment period will start in January 2025 (M13) in WPs 3-4 under tasks T3.1 and T4.1. The final deadline of the household recruitment process is in June 2025 (M18), which is also the deadline for the project's Milestone number 4: Recruitment of pilot households completed. Directly after this the circular food waste and clothing pilots will begin with tasks T3.2 & T4.2 (Circular food/clothing interventions), T3.3 & T4.3 (Customized advisory services for food/clothing), and T3.4 & T4.4 (Assessing current and new consumption levels through food waste audit/wardrobe study and survey).

OVERVIEW AND TIMELINE OF RECRUITMENT



MILESTONES, TASKS & DELIVERABLES	DESCRIPTION	LEAD BENEFICIARY	DUE DATE/ TIMING
T2.3 Creating a household recruitment strategy	All CARE partners will participate in an online workshop to fine-tune the criteria for HH recruitment at the regional level as well as to share best practices for recruiting HHs. The task supports the work in WP3–4 where recruitment for the pilots is done and create the final HH recruitment strategy (D2.2)(which will further inform T5.2 in the design of materials) and feeds to T3.1 and T4.1.	TAU	M6-M12
D2.2 Strategy for household recruitment	A document outlining the household recruitment at regional level. Task 2.3 feeds to this deliverable.	TAU	M12 31 Dec 2024
T3.1 & T4.1 Recruitment of households and planning of regional pilots	The partners will recruit and engage HHs to the circular food and clothing pilots. IVL, Asker and OsloMet will coordinate the work of the tasks based on output from T2.4 and T2.5 in collaboration with the regional partners. The regional partners will adjust the pilots according to the local infrastructure. The partners will adapt the methodology to local conditions (D3.1& D4.1) and recruit and engage HHs in their respective city/region following the recruitment strategy developed in T2.3.	IVL & Asker	M13-M17
Milestone 4 Recruitment of pilot households completed	A list of >100 households that are committed to pilots	IVL	M18 June 2025
T3.2 & T4.2 Implementation of the regional circular food and clothing interventions	The interventions will be first arranged in NOR, SWE and FIN and next in GER and EST. LU, TAU and OsloMet will assess and provide expertise for the implementation while EcoF, Asker, IVL, ZWEE and VI implement them, learn from their experiences and further adapt and refine the interventions in close cooperation with T2.5.	IVL & Asker	M18-M36
T3.3 & T4.3 Implementation of the customized advisory services for food and clothing	Local partners EcoF, Asker, IVL, L-H, ZWEE and VI will organize at least two advisory service meetings. Academic partners TAU, OsloMet and LU will give local partners support by giving them research-based knowledge and align qualitative data collection (T3.5) with the local partners. In addition to the meetings, local partners will give the participating HHs the opportunity for receiving continuous advice through a service hotline.	EkoF	M18-M36
T3.4 & T4.4 Assessing current and new consumption levels through food waste audit/wardrobe study and survey	The households will conduct a DIY food waste audit OR a DIY wardrobe study and fill out a survey to provide data for WP1 at the baseline and at the end of the project.	LU & OsloMet	M18-M38

Figure 1. Overview and timeline of recruitment

During the recruitment period (M13-M17), the local partners will aim to recruit 178 households in total, to be prepared for up to 40 % of the participating households dropping out during the pilots. This number is slightly higher than what has been reported in the GA (130 households to recruit), as the CARE partners have indicated from previous experience that the dropout rate will most likely be higher than anticipated earlier. The target numbers for households to be recruited and completing the pilot are specified in Table 1.

Table 1. Regional recruitment of households in CARE: target numbers, partners, and timing

Type of pilot	Location	The target number of final selected HHs (with 40% drop-out rate)	The minimum number of HHs completing the pilots	Local partner(s) in charge of recruitment	Duration per pilot	Start & end month
Circular food pilot (WP3)	in total	88	52		approx. 18 months	
	Finland (Tampere)	20	12	EcoF		M18-M34
	Norway (Asker)	20	12	Asker		M18-M34
	Sweden (Gothenburg)	20	12	IVL		M18-M34
	Estonia (Lääne-Harju)	14	8	L-H / ZWEE		M20-M36
	Germany (Berlin)	14	8	VI		M20-M36
Circular clothing pilot (WP4)	in total	88	52		approx. 18 months	
	Finland (Tampere)	20	12	EcoF		M18-M34
	Norway (Asker)	20	12	Asker		M18-M34
	Sweden (Gothenburg)	20	12	IVL		M18-M34
	Estonia (Lääne-Harju)	14	8	L-H / ZWEE		M20-M36
	Germany (Berlin)	14	8	VI		M20-M36

As outlined in the GA, the pilots will start slightly earlier in Asker, Gothenburg, and Tampere region compared to Lääne-Harju and Berlin. This is to enable learning to take place from the experiences of the CCRI Pilot regions (Asker, Gothenburg, and Tampere region) for the CCRI Fellows regions (Berlin and Lääne-Harju). Another reason behind this is that in Finland, Norway and Sweden, the pilots include both a local pilot implementing partner (EcoF, Asker, IVL) as well as a university partner (ULUND, OsloMet, TAU), thus providing more resources and support to the local partners in these areas.

1.2 Recruitment process

The recruitment process in CARE is carried out in three phases (Figure 2). The first phase starts in the beginning of January 2025 and aims to gather contact details and basic background information (suggestions for this specified in section 2.1.3) from a diverse set of households willing to participate in CARE. The second phase takes place in May-June 2025 just before the pilots start. It begins with selecting the final participants (if there are more households willing to participate than our target number) and continues with informing them about the pilots and privacy issues. This includes getting written consent from these final participating households to participate in CARE. The third phase starts and continues simultaneously with the pilots. The key aim is to keep the motivation of the participating households going, and to identify and manage potential dropouts. The general guidelines of implementation are described in the following chapters. Each chapter outlines practicalities, ethical considerations and risk management in the recruitment process. Checklists provided for each phase aim to ensure that ethical questions are covered by each CARE partner in the interactions with households.

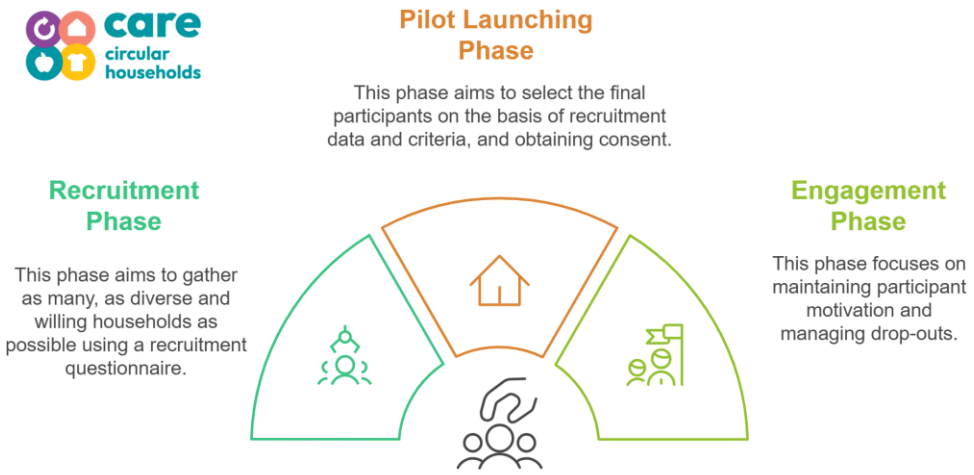


Figure 2. Three phases of CARE recruitment process

1.3 Summary of the deadlines related to recruitment

The recruitment process contains details and documents that need to be coordinated and prepared in collaboration between all CARE partners. The continuous collaboration in the CARE consortium is also important for ensuring the careful and consistent handling of ethical aspects in household participation. Table 2 provides a summary of important deadlines in recruitment process collaboration. The details of each step are described in the following chapters 2-4.

Table 2. Planned deadlines in recruitment process collaboration

Recruitment process	Description	Type of coordination	Deadline date
Recruitment phase 1/2025-4/2025	Strategy for household recruitment ready (including suggested questions for recruitment questionnaire)	D2.2 Strategy for household recruitment submitted to EU	31.12.2024
	Template texts for privacy notice and consent for recruitment questionnaire ready	Template texts shared by TAU in CARE Teams folder	15.1.2025
	Clarifying the regional requirements for ethical reviews	Partners provide information to TAU through an online questionnaire	31.1.2025
	Assigning a person for commenting agreement drafts	Partners provide information to TAU through an online questionnaire	31.1.2025
	Drafts for joint controller agreement and data processing agreements shared to partners	Drafts shared by TAU in CARE Teams folder	31.1.2025
	Applications for needed ethical reviews sent	Applications stored to CARE Teams folder	10.2.2025
	Contents of the documents for the participating HHs discussed and agreed	General project meeting	11.-12.2.2025
	Joint controller agreement and data processing agreements between partners ready for signatures	Agreements stored to CARE Teams folder	28.2.2025
	Templates for documents for the participating HHs provided to partners	Shared in CARE Teams folder	31.3.2025
	Needed ethical reviews by local ethical review boards done	Ethical review board approvals stored to CARE Teams folder	30.4.2025
	Local documents for the participating HHs (consent form, information sheet, privacy notice) ready	Local versions stored to CARE Teams folder	30.4.2025
	Details of pilot data collection and handling specified	Deliverable D1.2 Evaluation method and data collection protocol sent to internal reviewers	30.4.2025
Pilot launching phase 5/2025-6/2025	Data management plan updated	Deliverable D6.2 Data Management Plan annual update ready (to be shared with CARE partners)	30.5.2025
	Final set of participating HHs selected and contacted	A short description of selection criteria applied in	30.6.2025

Recruitment process	Description	Type of coordination	Deadline date
		the region (stored in CARE Teams folder)	
	Written consent forms signed by the participating HHs	Milestone 4 Recruitment of pilot households completed; A list of > 100 households committed to the project (list of names stored by the recruiting partners)	30.6.2025
Engagement phase 7/2025-12/2027	Identifying and motivating potential dropouts, selecting or recruiting additional participants if needed	Continuous reporting by recruiting partners to WP3/WP4 leaders	Until the end of first intervention in each region
	Checkpoint 1 for dropouts	Forms (questionnaire) and/or a WP3/WP4 meeting	3 months after pilot start in each region
	Checkpoint 2 for dropouts	Forms (questionnaire) and/or a WP3/WP4 meeting	6 months after pilot start in each region
	End for replacement of participants. After this, new participants will be involved only if deemed necessary collectively in WP3/WP4		Start of the second intervention in each region

2. Recruitment phase

In this phase, the aim is to gather contact details and basic background information from a diverse set of households that are willing to participate in CARE.

This section opens with practical steps in implementing recruitment, with a focus on choosing versatile recruitment channels, using a recruitment questionnaire and communicating messages and incentives that support the goal of finding a diverse set of households. Second, planning and preparations for the pilot launching phase are described from the perspective of conducting ethical reviews, formulating privacy notices and possible joint controller agreements, and localising the consent forms for participating households. Finally, a checklist for ethical recruiting is provided for all CARE partners, and risks related to difficulty or delay in recruitment are outlined.

2.1 Implementation of recruitment

2.1.1 Finding a diverse set of households: incentives and main messages

One of the objectives of this recruitment strategy is to assist the partners in recruiting a diverse set of households. Initial criteria for selecting the households as outlined in the Grant Agreement include a variety of household sizes and lifestyles, diverse socioeconomic backgrounds, and a willingness to commit to the CARE project for the duration of the pilots (approx. 18 months). Attracting a diverse set of households is a joint effort involving work in several different project tasks:

- planning and designing the project's main message together (WP5, storytelling workshops)
- creating a communication strategy (WP5)
- reflecting on previous experiences on recruiting citizens (WP2, co-creating workshops)
- discussing what benefits households can gain from the project (WP2, co-creating workshops)

Each local partner has the best knowledge of the population and the demographics in their area. Recruitment should be designed with this demographic structure in mind, to attract households with as wide range of backgrounds as possible. One possible way of approaching recruitment is to concentrate recruiting in a particular area, for example in a particular neighbourhood of a city. It is not mandatory to aim for diversity in terms of where the households live. Recruitment can also be focused on a particular area to best support participation and communality.

Incentives for participating households

It is not possible to provide direct monetary rewards for the households (for example gift cards or vouchers) which would be covered as costs in the CARE project. Possible alternatives to incentivize the households include:

1. The households can be rewarded **collectively** through, for example, offering them a meal or refreshments at the events organized for them (in connection with the pilots)

2. Pilots must be free of charge to participants – **the households will be provided with products or services as a part of the pilots** (e.g., a scale to weigh food waste, voucher for a challenge to buy second-hand clothes, personal coaching as a part of advisory services). These are not direct monetary rewards to participants from the project perspective, but integral parts of our pilots (e.g., material elements based on practice theoretical approach).

3. **Other benefits beyond direct monetary rewards** should be emphasized in communicating about the pilots (for examples of these, see the section "Communicating the benefits" below).

4. If absolutely necessary, the recruiting partners are allowed to use any **other funding** to reward the participating households. As an example, the households might be given a free temporary membership to an association. Please note that these costs are not eligible for EU funding from this project, so they cannot be reported as costs in CARE financial reporting. However, to ensure consistency in the benefits provided for the households in the five regions as well as equality between the participating households, **this is not recommended as the primary method of attracting households**. If these are given, they should be reported to the Coordinator (TAU).

Communicating the benefits

Emphasizing benefits that the households can gain from participating in the CARE project is important in attracting and motivating households. However, it is worth bearing in mind that the benefits presented can be experienced subjectively and not all things motivate all people equally. The benefits presented should also be considered from a cultural perspective; local partners know what the most attractive benefits might be in their region.

Listed below are examples of benefits that the households can expect to gain from our project (based on the WP2 co-creation workshop):

1. Personalized insights on circular consumption. Unique knowledge about the household's own consumption and environmental footprint can be an attractive benefit as there is no comparable information available elsewhere.
2. CARE advisory services provide tailormade advice that are specific for each household's needs. The advisory services can help with specific issues and solve problems relating to food waste or clothing consumption.
3. Saving resources (costs, time etc.) in the long term. For example, receiving financial benefits by saving money in food and clothing purchases. This can also be demonstrated to the households through data.
4. Becoming part of a community. The CARE project offers opportunities for the households to find new connections, socialize and compare experiences with others (e.g., local workshops, regional events and CARE online community platform)
5. Getting to participate in an interesting set of interventions covering various everyday household activities, for example cooking or clothing repair workshops (details to be confirmed when interventions have been finalised).
6. Gaining knowledge and skills, learning and being empowered. Through the interventions CARE will offer valuable materials and guidance in circularity.
7. Sustainability and helping the environment. The project aims to reduce the households' carbon footprint and guide them towards a more sustainable lifestyle.
8. CARE interventions can add ease to household's everyday life. A clean fridge or a tidy wardrobe can bring calmness to everyday life.
9. Interventions can increase personal well-being, for example act as a contributor to improving social relations or relieving climate anxiety.
10. Being part of a European-wide scientific project and contributing significantly to its success and the results created.

More inspiration for the key messages to households and slogans to elevate recruitment efforts can be found in deliverable D5.1 Communication and dissemination strategy (p. 19-21, 25-26). It is recommended that communications related to recruitment should be checked for alignment with the CARE project identity, including, for example, the EU logo and disclaimer as well as the CARE logo (see more in deliverable D5.1 p. 36-42). Remember to re-use the messages found viable in recruiting for human-centred design workshops in task T2.2 (in CARE Teams: Guidance: preparing human-centred

design workshops with households in the CARE project p. 8-16, contains also links to Miro board) and CARE communication materials available in Canva.

2.1.2 Recruitment channels

Another important consideration regarding the recruitment of potential participating households is related to which channels to use to find a diverse set of households. It should be kept in mind that different channels can be used to reach different types of households. In other words, partners can deliberate what kinds of households (profiles and lifestyles) they can expect to reach using a specific channel. For example, are households with kids best reached through kindergartens or schools? Also, the context of the pilots can give hints as to where to find the best channels to reach potential households. For example, events and spaces related to food might prove fruitful for reaching households for the food pilot (and likewise, clothing related for recruiting for the clothing pilot).

We recommend at least some face-to-face interaction to recruit households, because the commitment made by the household during such interactions might be more binding than a comment or a like in a social media post.

Suggested recruitment channel options include (but are not restricted to):

- **the recruiting partners' (mostly municipalities and NGOs) existing communication channels and networks which have direct contact with the citizens of the region**. These can include channels such as social media, websites, newsletters or mailing lists, citizen opinion panels or existing events.
- **community centres**, such as libraries or adult education centres.
- **cooperating with local NGOs.** Some partners have designated budgets for sub-contracting pilots to local NGOs. However, every recruiting partner can cooperate with local relevant NGOs to help in recruitment. Some of these relevant stakeholders have been identified as part of WP5 Stakeholder Mapping (Excel list available on Teams).
- **food or clothing related spaces and events.**

Hard-to-reach households

One challenge that project partners may face during the recruitment process is the difficulty in recruiting households not already involved in sustainability issues or with diverse socio-economic backgrounds.

The recruitment of these households may require additional planning, for which the project partners have proposed the following approaches and solutions:

1. Being present at specific public spaces and services that are directly related to the target groups in the region/municipality/city.

2. Cooperating with local organizations to share CARE information material and/or allow to organize recruiting events onsite.

3. Recruiting at specific hobby sites, for example through sports clubs.

4. Meeting people in public spaces (e.g., stores, shopping malls, outdoor events) and communicating about specific topics (food waste and clothing) instead of sustainability. Rephrasing the CARE messages (using understandable language, see deliverable D5.1 p. 19-21,

25-26 and Guidance for human-centred design workshops in CARE Teams) and highlighting benefits of participating in the pilots.

5. Using (targeted) ads on social media for different target groups. This can also mean reaching out to pre-existing groups on Facebook or other social media platforms.

The recruitment should not discriminate or exclude minorities, for example different ethnic backgrounds or religions. However, some practical, resource-based considerations can be made for example by focusing on households that understand language(s) used in advisory services and interventions (e.g., Finnish in Finland and German in Germany). In case the local partner feels that they need to make sure the potential household members are able to communicate in this language, this might be explicitly enquired, for example, as a question in the recruitment questionnaire (see section 2.1.3).

2.1.3 Recruitment questionnaires

It is recommended that the local recruiting partners in each region (see the list of recruiting partners in Table 1) ask the potential participants some questions that give an overview of the households' profiles. This can be carried out by a short recruitment questionnaire. The potential participating households can be directed to fill out this questionnaire (e.g., a link in social media post) or it can be filled together with households (e.g., in face-to-face encounters in events).

By filling out the questionnaire, the respondents will apply to become considered as a CARE participating household. The purpose of collecting these questionnaires is to give the recruiting partners an overview of potential participating households' profiles. This will be necessary for the selection of the final set of participating households, and to ensure some diversity in their profiles (based on, for example, number of household members, residential area, age of household members, self-perceived level of current skills). Suggestions for questions are listed below, but local adaptations are possible. The guiding principle is to **collect only the essential information needed for this purpose, avoiding any unnecessary data collection** in this phase. Questions regarding sensitive information, which are not relevant for recruitment in CARE (e.g., religion or ethnic background) should be avoided.

The local partners responsible for recruiting the households will:

1. **Choose a suitable format for the questionnaire and act as data controller.** The format can be an online questionnaire (for example a Microsoft Forms questionnaire) or a paper questionnaire. Whichever format is chosen, special attention should be directed at following the procedures for protecting personal data as explained in D6.2 Data management plan of the project. The purpose of processing personal data is to contact and communicate with potential participants. The data will be stored by the data controller until the end of the project (December 2027) at the latest (for the possible need to replace dropouts) and destroyed after this.

2. **Make sure that the recruitment questionnaire includes the necessary CARE subject information (including a privacy notice) and asks for participant consent.** Template texts for including these will be provided in the CARE Teams folder. The purpose of the subject information sheet is to provide a short description of the aims of the project and how project data will be processed and stored. The purpose of the participant consent is to inform the participants on what their data will be used for and to establish voluntary and informed consent for the participation. Both documents are also included to satisfy a legal requirement for the collection of participant data and the creation of a data registry. The recruiting partners are data controllers of local registers that include contact details and answers to recruitment questions from all households interested

in participating CARE pilots. This questionnaire data is not allowed to be shared with other partners or saved to shared CARE folders. The potential conversations between partners about their data should not include sharing personal details of any individual households. Discussing households on a general level (e.g., types and numbers of recruited households) is fine.

3. **Create recruitment questionnaire in your own local language and adapt it to your local context.** The suggestions for questions are listed below. In addition to choosing and translating the questions to the local language, it is also recommended that the local partners make any other necessary adaptations to the suggested questions to make sure the questionnaire content fits best in their local context and with local needs. For the participant consent form, take special care that the translated version of the form does not modify or leave out any use cases for the participants' data that are described on the English version of the form.

4. **Make sure that the questionnaire data will be handled securely.** The register should be processed with due care and the data processed by the information systems should be adequately protected. When the data is stored on Internet servers, the physical and digital security of their hardware shall be adequately ensured. The controller will ensure that the data stored, including server access rights and other information critical to the security of personal data, are treated confidentially and only by the members of the team.

Suggested questions for the recruitment questionnaire

The local partners will create the questionnaire in their local language based on the questions suggested in the following list. The recommended questions to include in the recruitment questionnaire are:

- **Location of the household** (at the level of postcode) to make sure the household lives in the designated area covered by the project (Asker, Berlin, Gothenburg, Lääne-Harju, Tampere region) and to allow the selection of households from specific regions (e.g., to pursue diversity and/or to determine between the selection of households from urban and/or possibly rural areas). For some activities of the pilots, it might be beneficial for a sub-set of households to be located near each other (e.g., to encourage sharing between the households), therefore asking the postcode of the household would enable also this (if deemed necessary when the pilot activities are further developed under WP3 and WP4).

- **Household composition** to ensure that the participating households have varying sizes and compositions. This is necessary because the practices related to circular consumption can substantially differ between, for instance, single households or households with children. It is suggested that the potential households are asked:
    - the number of adults in the household;
        - for households with more than one adult, it is suggested to ask the relationship between the adults: for example, are they living with a partner/spouse/adult child or with a housemate
    - the ages and genders of the adult household members;
    - the number of children (i.e., minors, under the age of 18) in the household; and
    - the ages of the children.

- **Employment situation of the contact person** of the household can be enquired to ensure diversity of households. The question to address this can be formulated for example like this: Which of the following describes your current employment situation the best?
    - Employed full-time (including self-employed)
    - Employed part-time (including self-employed)

  - Unemployed or laid off
  - Student
  - Retired
  - Homemaker/Stay-at-home parent
  - On long-term sick leave
  - Other: please specify_____

- **Financial situation** to ascertain the household profiles of potential participants. However, potential households are to be asked about their own perception of their financial well-being rather than an absolute measure, such as household income. Two examples of possible questions on this are:

  - How satisfied are you with the current financial situation of your household? (to be evaluated on a scale from 1-10 with 1 as the lowest satisfaction level and 10 as the highest). OR
  - How would you describe your household's current financial situation? (By ticking the right one: We need to make compromises on almost everything. / We need to make compromises occasionally on some purchases. / We manage if we plan our purchases carefully. / We get by reasonably well. / We get by very well. / No opinion or Don't know.)

- **Skill level related to circular/sustainable consumption practices** should be included as a subjective evaluation by the participant rather than using any objective measures. It is recommended to include a separate evaluation for the skills related to food waste reduction and sustainable consumption of clothes.

  - On a scale of 1-10 (with 1 as the lowest level and 10 as the highest), how would you evaluate your current skills on how to reduce your household's food waste?
  - On a scale of 1-10 (with 1 as the lowest level and 10 as the highest), how would you evaluate your current skills on how to change your household's clothing consumption to more sustainable?

- **Motivation to participate in the CARE pilots** is suggested to be asked as this information not only can be used as a way to advance diversity in the households to be selected, but also can build meaningful engagement and manage expectations related to participation. For example, the respondent can be given a list of possible reasons to join the project and advised to select their three most important reasons for joining.
  - Getting knowledge about my household's consumption and environmental footprint
  - Getting customized advice
  - Saving money
  - Saving time and effort in the long run
  - Getting to know other people with shared interests
  - Participating in interesting workshops
  - Gaining new knowledge and skills
  - Helping the environment
  - Being part of an international scientific project
  - Other, please specify_____

- **Interest in participating in food waste reduction and/or clothing related pilots**. At this stage it is essential that the recruiting partners can divide potential households into the food waste (WP3) and clothing (WP4) pilots. Therefore, the households are asked to indicate if they are more

interested in participating in the food waste or clothing pilot. The households should also be given an option of 'either one/it doesn't matter which one/both are interesting'.

- **Contact information** (of at least one member of the household) for contacting the household in the recruitment related issues. These include name, email address, and phone number.

2.2 Preparations for the pilot launching phase

Before moving on to the pilot launching phase, CARE partners should have finalised the following documents:

Documents to enable the pilots and their data collection in CARE (see details in 2.2.1-2.2.2):

1) **Ethical approvals:** applications to the local ethical review boards in those regions where this is required by the local ethical review boards and/or regulations.
2) **Joint controller agreement(s):** agreements between CARE research institute partners to exchange information and personal data for research purposes.
3) **Data processing agreement(s):** agreements to collect and process data for use in the CARE research project. These agreements are made between the recruiting partners and partners in the joint controller agreement.

Documents for the participating households (different from the ones used in the recruitment questionnaires, see details in 2.2.3):

1) **Consent form:** required to be signed by all adult members of participating households before the pilots start.
2) **Information sheet:** gives participants general information on CARE as a project and on CARE pilots.
3) **Privacy notice:** explains the key points of data management in CARE to participants.

Each partner is responsible for following their own region's ethical guidelines and regulations (see Project handbook, p. 42). An important first step for all partners is to clarify the regional requirements for ethical concerns and data management. The clarifications are essential for coordinating the ethical reviews, as well as for formulating the data management and privacy policy documents and data processing agreements among CARE partners.

The preparation work also requires collective efforts from CARE partners to jointly agree and prepare the needed agreements and guidelines. The following sections 2.2.1-2.2.3 describe these responsibilities, processes and cooperation of partners in detail. The important deadlines can be found summarized in Table 2 in section 1.3.

2.2.1 Conducting ethical reviews

Research institute partners located in Finland (TAU), Sweden (ULUND and IVL), and Norway (OsloMet), and local partners VI in Germany and L-H and ZWEE in Estonia are responsible for **checking whether there is a need to apply for an approval from a local ethical review board.** As outlined in GA in section 4.2, this is important to ensure that CARE as a project complies with the ethical principles and applicable international, EU, and national law in the implementation of its research activities. As the CARE pilots will be conducted in five countries/regions, the ethical guidelines and local requirements for an ethical review might be different from region to region. For example, the reviews might not be required for CARE

research activities in some regions (e.g., in Tampere region, Finland). However, checking whether there is a requirement for this evaluation in each region is the first step that should be conducted as soon as possible after this D2.2 Strategy for household recruitment is published (in M13).

If there is a need to conduct a review by a local ethical review board, the application to the review board should be submitted **as soon as possible** to ensure that the recruitment of the households will not be delayed because of this. Please note that the ethical review board that conducts the review should be in the same region that the participating households come from (unless there is a national review board that handles all areas within a given country). This document (Deliverable D2.2 Strategy for household recruitment) will help the partners in charge of this in providing their ethical review boards with necessary information.

TAU as the coordinator will monitor whether the need for ethical review board approval has been checked in all CARE regions and, in case an approval is needed, whether the applications are under preparation. This will be done by sending a Forms questionnaire that should be filled by the responsible partners by the end of January 2025 (M13).

Applications should be sent and stored (both in original language and translated by the partners into English) to CARE Teams folder as soon as they are ready but by 10 February 2025 at the latest. The aim is that the ethical reviews are done and decisions by the review boards are stored to CARE Teams folder by the end of April 2025. Please note that processing the ethical reviews by the board can take time as the review boards might be busy.

2.2.2 Signing joint controller agreement and data processing agreement(s)

The general guidelines for data management in CARE have been agreed in CA, GA and in deliverable D6.2 Data management plan (DMP). The overall principle is that all partners are responsible for the secure storing and processing of data they are collecting from households. TAU, as the coordinator will instruct, monitor and support partners in this with the help of the project's designated Data Manager.

Additional agreements between CARE partners are necessary to achieve the scientific goals (for example publishing research that combines data sets from different regions) and to ensure the ethical data handling in CARE pilots. These agreements need to be finalised before drafts of privacy notices for the final set of participating households can be made (different from those used in the recruitment questionnaires). These additional agreements are:

- **Joint controller agreements**: for scientific use of data, TAU suggests that research institute partners in CARE (BOKU, IVL, ULUND, OsloMet, TAU) will sign a joint controller agreement. Joint controlling means that these partners are jointly defining the means and purposes of data processing related to scientific research in CARE. This agreement will clarify the roles on personal data processing related to research data like questionnaires and interview transcripts. It will also elaborate how the partners will exchange information and data for the purposes of research in CARE.
- **Data processing agreements:** For the regional collection and use of data in contacting, collecting consent, providing advisory services and organizing meetings, data processing agreements are relevant. These agreements enable local recruiting partners (and those partners who conduct the advisory services, if they are different) to process personal data on behalf of the research institute partners. Each local recruiting partner will sign a data processing agreement with partners in the joint controller agreement.

TAU will provide the first drafts for these agreements during January 2025 (M13). All partners are responsible for assigning a person to comment on these agreement templates. It is suggested that this person is someone with expertise or experience in data management/protection (for example a legal expert or data processing officer). Some regional differences in data collection requirements may exist, for example, the legal basis for processing information (scientific research vs. consent). These and other possible differences in requirements must be clarified and considered in the agreements as a cooperation between CARE partners.

The aim is that these internal project agreements are ready to be signed by the end of February 2025. At the General Project Meeting 2025 (in mid-February 2025), the guidelines for data management and local recruitment documents will be discussed and agreed on, building on CA, GA, DMP and the drafts of these agreements. Later in the pilot launching phase, the data processing roles agreed in the joint controller agreement and data processing agreements will be communicated to participating households in privacy notices.

2.2.3 Localising consent forms, information sheets, and privacy notices

TAU will provide templates of documents for the participating households (different from the ones used in the recruitment questionnaires) in March 2025 after the internal project agreements have been finalised and joint discussions in the General project meeting have been carried out. As listed at the beginning of section 3.2, three documents are provided to the participating households in the pilot launching phase: consent form, information sheet, and privacy notice. The templates will be available to partners in the CARE Teams folder.

In April 2025, the local recruiting partners will translate and adapt the consent forms and information sheets to the local context (as part of WP6, T6.4 Ethics management). This includes both translating the text to the local language and filling in the local details. Partners can make small adaptations to suggested templates to fit in the local context, but the main points for consent and data processing should follow the jointly agreed principles. These sections will be highlighted in the template.

Local documents for the participating households (consent form, information sheet, and privacy notice) should be ready and local versions stored to the CARE Teams folder by the end of April 2025 (M16).

2.3 Checklist for ethical recruiting in CARE

Implementing ethical recruiting for CARE involves several key practices that promote fairness, transparency, and respect for all individuals. To ensure that everyone involved in the project adheres to these ethical standards while recruiting a diverse range of households, we have created the following checklist. This checklist outlines the key actions necessary to uphold our commitment to ethical practices in our recruitment efforts.

- ☐ I have described what the CARE project is to a potential participant (for example in the recruitment questionnaire). I have truthfully elaborated on the benefits they receive from participating in the pilot as well as clarified what they will commit to (including the project's timeframe and that participation is free, and no direct monetary rewards are given).
- ☐ I have made clear that participation in the research is voluntary and participating households are free to withdraw at any time throughout the pilot. Any form of coercion is forbidden.

- ☐ I have informed the potential participant that the whole household must commit to the project. If the household includes children, I have explained that minors/children can participate as members of the household, but the CARE project does not study them. Those who fill out the recruitment questionnaire should be adults (over 18 years old).
- ☐ I have made sure that the recruiting of participants is comprehensible and non-discriminatory/non-biased. Adequate measures to protect individuals and minimise the risk of harm and/or stigmatisation must be taken throughout the CARE project, including the recruitment phase.
- ☐ I have given the potential participant an opportunity to ask clarifying questions, and I have answered with understandable language.
- ☐ I will follow the procedures concerning the processing and storing of all personal data as described in the CARE Data Management Plan and section 2.1.3 of the Strategy for household recruitment.

2.4 Risk management: difficulty or delay in recruitment

As outlined in the CARE Project Handbook (D6.1), the risks related to recruitment are identified during the planning phase as a part of List of Critical Risks (see GA, Description of the action part A, p. 30). Risk management is part of the continuous reporting on the progress of the action in the Portal Continuous Reporting tool and in accordance with the timing and conditions it sets out (as agreed with the granting authority).

All consortium members have an obligation to report risks related to recruitment as soon as a risk is identified. First, risks are reported to the WP leader and the Coordinator. The Coordinator will evaluate the risk and, if necessary, will take the issue to the General Assembly and/or consult the project's External Ethics Advisor.

Potential risks identified in this phase:

- Difficulty or delay in recruiting the participating households as planned
    - *Likelihood: Medium, Severity: High*

- Difficulty in recruiting households beyond those already highly involved in sustainability issues or that have diverse socio-economic backgrounds
    - *Likelihood: Medium, Severity: Medium*

Recruiting the planned number of households for participation may face challenges, particularly in meeting timelines and in ensuring diverse socio-economic representation. Delays in recruitment could critically impact project milestones, while the tendency to attract primarily sustainability-minded households or those of similar backgrounds might limit the diversity needed for comprehensive data.

To proactively address these risks, partners will benchmark each other's successful recruitment practices, leveraging shared resources and support from CSCP. Recruitment efforts will also be strengthened by collaborating with NGOs, municipalities, and other local networks. If households cannot be recruited otherwise, a market research company may be used to recruit the participants. Additionally, identifying opportunities to engage with lower socio-economic households will help broaden participant diversity and inclusivity. By outlining the measures in sections 2.1.1, 2.1.2, and 2.1.3 of this deliverable (for example, using various communication channels and tailored messages), CARE project aims for as heterogeneous sample of households as possible. However, it should be noted that as participation in the

project is voluntary, statistical representativeness cannot be achieved through this type of sampling (i.e. recruitment includes a selectivity bias) and thus the results achieved cannot be directly generalized to the whole population in each country.

3. Pilot launching phase

In this phase, the aim is to select the final participating households to CARE pilots, inform them about contents of the pilots (and what data will be collected from them), communicate our data and privacy policy, and obtain written consent from the final set of households. This section first elaborates on the steps in selecting the final participants. Second, the important aspects of collecting consent and communicating data management details to participating households are described. Finally, a checklist for an ethical pilot launch is provided for all CARE partners and risks related to data management in recruitment are outlined.

3.1 Selecting the final pilot households

While the goal in the recruitment phase is to identify as many households as possible who are willing to be selected as CARE pilot households, the pilot launch phase starts with selecting the final set of households and contacting them to confirm their willingness to participate in the pilot. There might be regional differences in the need to select.

Recruiting partners will make the decisions in cooperation with the other partners in WP3/WP4. The decisions are based on the data collected with the recruitment questionnaires (outlined in section 2.1.3). However, data sharing related to recruitment questionnaires should be minimized, for example by keeping the conversations on a general level. As outlined in the GA, the criteria for selecting the households include a variety of household sizes and lifestyles (e.g., singles, couples, families with children; age groups), diverse socioeconomic backgrounds (e.g., financial situation), and a willingness to commit to the CARE project for the duration of the pilots (approx. 18 months). Keeping in mind the project's goal of increasing households' material efficiency (50 % reduction in food waste and in purchase of new clothes), one key criterion is to include households that could have the interest and the opportunity (e.g., not struggling with daily living) to change their behaviour towards circularity but have not managed to do it yet. There should be some room for improvement in participating households' consumption level.

3.2 Collecting consent and communicating privacy policy

For the final set of households:

1. The content of the pilots and the data that will be collected from them need to be described in greater detail than in the recruitment phase.
2. All participating households will receive three documents prepared during the recruitment phase: the consent form, information sheet and privacy notice. It is recommended these documents are introduced to participants, so they have an opportunity to ask questions if necessary (for example to organize a joint (offline or online) event for the households where the documents are explained and questions answered). Make sure to follow the checklists for ethical recruiting and pilot launch provided in this deliverable.

3. Signed consent from all adult household members is needed before starting the pilots. One of the adults will be named as the household contact person, who will be the primary contact point in CARE communications. Even though the CARE project does not study household members under 18, adults (of those households with children) give parental consent to minors to participate as members of the household, even though the CARE project does not study them. Issues related to parental consent will be addressed in detail in the data processing agreements.
4. The recruiting partners will store the signed consent forms and, after receiving consent, personal data of participating households is handled according to data processing and joint controller agreements that will be made. The recruiting partners write a short description of selection criteria in the region and share it in CARE Teams folder.

3.3 Checklist for ethical pilot launch in CARE

In this phase the following checklist should be considered:

- ☐ I have researched whether ethical reviews are required in my region and applied for an ethical review if required by my local/national authorities before any activities related to pilots are organized, including signing of the consent forms and starting data collection.
- ☐ I have made sure that all participants have been adequately informed about the study, their involvement, and any relevant ethical implications (e.g., use of data).
- ☐ I have provided all participants the CARE information sheet and privacy notice documents.
- ☐ Participants have read, understood, and signed the CARE informed consent form.

3.4 Risk management: Data management and other ethical concerns

Potential risks identified in this phase:

- Privacy breaches during recruitment phase, pilot launching phase and pilots (incl. third-party access to generated research data)
    - *Likelihood: Low, Severity: High*

Effective data management and the protection of personal data are critical to maintaining ethical standards and participant trust throughout the project. The primary risk lies in potential privacy breaches during the pilot phase, including unauthorized access to research data.

To prevent such breaches, all data is required to be kept in restricted access data storage systems, with strict adherence to data protection protocols supported by each partner's institutional guidelines. A comprehensive Data Management Plan (DMP), established and agreed upon by all partners, will further ensure consistency and rigour in handling data responsibly. Given the importance of privacy concerns, preventive measures are paramount to safeguarding participant information and upholding ethical standards.

4. Engagement phase

In this phase, the aim is to keep up the interest and motivation of participants and manage possible dropouts. Maintaining active participation from all recruited households throughout the pilots is essential, though some may withdraw or lose interest, potentially reducing engagement in key activities.

The sections below first provide a general description of keeping the motivation of participants. Then, a checklist for engagement is provided for all CARE partners, followed by risk mitigation procedures related to managing dropouts.

4.1 Keeping the motivation of households

Activating and engaging with households during the project will mostly take place through circular pilot activities: interventions and advisory services. The specific content and implementation of the pilots are developed in WP3 and WP4, but keeping the participants motivated may require individualized and targeted actions that local partners can invent as the pilots are in progress. In this section we highlight actions that can help motivate participants beyond and between the interventions and advisory service meetings.

Building a relationship with the participating households through different channels (i.e., those that are most convenient for the participants to use) is important. Getting to know the households, their members, and their motivation to participate can help create a personalized feeling for the participant. Scientific partners can support this with the insights they gain in ethnographic studies and interviews. Knowing the households' personal goals and how to match them can prevent the feelings of disappointment and thus dropping out.

An important element in the CARE project is an online community platform for the participating households. This platform is a closed platform moderated by CARE partners and adapted for the purpose of engaging participating households throughout the pilots. The coordinating team (TAU) in cooperation with WP3 and WP4 will provide each pilot implementing partner some content for the platform, but developing various kinds of activating and engaging content is highly encouraged. The platform can be used to provide relevant information related to the CARE topics. This can include news, articles, and social media posts or videos (e.g., influencers to follow or websites to visit). A newsletter is an easy way to stay in contact with participants and can contain tips and messages from other participating households (even from a different country). Sharing personal stories, experiences or recipes (with one's permission) are great ways to build community among the participants.

The community platform provides ways to activate the participants, for example by playful questionnaires, quizzes, tests, tasks or competitions (e.g., tip of the week, picture of the month). One option to keep participants coming back to these activities and the platform is to provide them with feedback. This can include feedback after they have completed a task or providing them with motivational messages. Participants can feel more motivated if they can contribute to something themselves, such as being able to co-create something or being valued as citizen scientists. The participants could be given an opportunity to give feedback to the project as well. The community platform is also a good place to inform participants about developments in the project, for example, how the other households are doing (with household's permission). Some people are motivated by a little friendly competition and others by statistics about the impact they are making.

After the CARE pilots have ended, it is important to enable and encourage the participating households to continue to engage with the project and to continue the circular consumption practices that they have learned during the pilots. These engagement activities will be planned later as part of WP5's CDE activities.

4.2 Checklist for engagement in CARE

In this phase the following checklist should be considered:

- ☐ In all interaction with participating households, I act in a positive, supporting way that is sensitive to diverse socio-economic backgrounds and gender aspects. I am careful to not direct any engagement efforts specifically at minors in households.
- ☐ In case of dropout, I avoid pressure and respect participants' right to withdraw from the study.
- ☐ I make sure that all adult participants have access to the community platform, and I activate the adult household members through the platform in different ways. No participating individual should experience any discrimination, harassment, or harm. I contribute to ensuring a feeling of security and community to all participants for example by reporting any inappropriate behaviour in the community platform to the moderators.

4.3 Risk management: Managing dropouts

Potential risks identified in this phase:

- Participating households either withdrawing from pilots or losing engagement (e.g., not participating in events) before the end of the pilots
    - *Likelihood: Medium, Severity: Medium*

The primary method to prevent participant dropouts is the continuous interaction (described above) to keep households involved in meaningful ways. Regular communication will be maintained through phone, email, or the CARE community platform to sustain engagement. The target is to recruit and select around 40% higher number of households initially, with an objective that a minimum of 100 households completes the pilots even if some of them drop out.

However, the risk management plan for too many dropouts is still needed as a precaution, due to the length and effort needed from participating households in the CARE pilots. All recruiting partners are responsible for following the activity level of participants and identifying the silent ones. The signs of this might be for example missing answers to study questionnaires, inactivity in inputs to the community platform, or opting out of participating in events. All scientific partners are responsible for informing recruiting partners if they notice during an ethnographic data collection or in an interview that a household is considering dropping out.

When **potential dropouts are identified**, regional partners, for example through advisory service providers, will proactively reach out to inactive households to address any concerns or barriers they might have regarding participation. The use of alternative and personal contact channels (e.g., phone) is recommended in this situation. This enables the partners to make small adjustments to their actions to

make them more meaningful and to try to convince the participant about the benefits of participation. This should always be done without pressure and with sensitivity to backgrounds and life situations of participants.

In the event of dropouts, replacements can be recruited as needed **until the end of first intervention (first of three planned interventions) in the region.** In the current plans, this takes place a bit over 6 months after pilot start in each region. The partner who has recognized a dropout will immediately inform the WP3/WP4 leader on this and either select replacements from the list collected in the recruitment phase or start additional recruitment efforts. If additional recruitment efforts are needed, these efforts can use the same channels of regional partners and should follow the same principles as in the initial recruitment phase.

It is not recommended to replace every dropout, because of the extra recruitments in the first place. **Local partners can assess the need based on the local context and set of participants**, but keeping in mind our minimum target number of households completing the pilots. If the replacement of the dropouts is used in a region, those households that join the pilots later, will go through the same process to obtain their consent as the households who joined in the first place. It is also suggested that the first advisory service meeting will be organised for them. However, any other events or activities (related to the first intervention) are not organised again specifically for them. This means that these new households enter the pilot from the second intervention onwards (without experiencing the first intervention activities). Furthermore, if this strategy for replacing dropouts is used, it is important for reporting purposes that the recruiting partners document precisely which households have joined later and when they have joined.

All partners are responsible for taking the needed actions of handling the data already collected from dropout households. These actions will be explained in detail the forthcoming updates of the Data Management Plan (DMP).

To maintain the consistency of research data, we have planned two checkpoints to get an overall view of participant motivation and number of dropouts in all CARE regions. This enables us to share experiences and jointly reflect on the possible needs to adjust the upcoming plans from the perspective of participating households. This also serves the need to document dropouts and newcomers in order to be able to report the number of households in deliverables and/or research reports. In practice, these checkpoints are organized by work packages WP3 and WP4 either by collecting the number of dropouts from all partners or by asking this question as part of meetings. The first collective checkpoint will be **three months** after the pilot start in each region and the second one **six months** after the pilot start in each region.

After the second interventions for food waste or clothing have started in the region, new participant recruitment is not recommended. If necessary, new participants will be involved only if deemed feasible collectively with WP3 and WP4 partners.

5. Conclusions: recruitment in CARE

This document outlines the crucial steps related to the recruitment process, assigns roles for the various partners involved as well as gives suggestions for the recruiting partners how to proceed in the practical implementation of the recruitment process. Some of the actions outlined in the document are required from the partners (e.g., the agreements that are needed for the data sharing as well as the ethical requirements) whereas some are more recommendations and thus give more room for local adaptations

and evaluations. Overall, the recruitment process is a lot about risk management and finding a balance on where to use resources and when. As an example, if more resources are used to involve and recruit as much households as possible in the first phase, even though this means also using more resources in the engagement phase (e.g., more resources to provide more households with advisory services and materials related to the interventions), this might avoid replacing dropouts later during the process.

Recruiting and engaging households to the two pilots for food waste reduction and circular clothing consumption is a crucial step in the CARE project. The recruitment of households most likely will incur some challenges, for example because the households need to engage to the pilot activities for a relatively long period (18 months). Also, there might be some regional differences as the recruiting CARE partners in the five regions have varying relationships to the citizens in the pilot areas (e.g., municipalities vs. NGOs vs. research institutions). However, it is hoped that by focusing on communicating clearly the foreseen benefits of participation for the households and – after the pilots have started – keeping them engaged, the CARE partners will be able to involve, engage, and empower at least 100 households to transform their consumption practices towards circularity in the five CARE regions.

Project partners