

# Research to support an inquiry into young people's future health prospects

## *Invitation to tender*

**Prepared by**

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**Deadline: 12 noon, 5 June 2017**

Attached documents include:

- Tender response form
- Sample contract
- Budget template

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## 1.0 Summary

- 1.1 Our aim in commissioning this Research Project is to inform the work of the inquiry into the future health prospects of today's young people by building a body of work that furthers our understanding of young people's trajectories and the determinants of their future wellbeing and health.
- 1.2 Wellbeing and health can be defined in a number of ways. For the purpose of this work, we are taking a social determinants approach to wellbeing and health, how these factors exert their influence to create the foundations for a healthy life expectancy and an absence of life limiting conditions.
- 1.3 The Health Foundation is seeking a research partner to support their inquiry into young people's future health prospects. The successful partner will be required to:
  - Deliver agreed outputs as described by the two work packages
  - Make recommendations for policy and practice action.
- 1.4 Given the holistic approach the inquiry is taking to explore the factors that shape young people's health prospects, we anticipate the successful partner will bring together relevant experience and expertise in terms of:
  - A track record of high quality policy and practice focused research in the field of young people (specifically between the ages of 12 and 24 years old, and transitions to adulthood).
  - Analysis of large quantitative datasets.
  - The social determinants of health (financial resources, employment, housing, relational and agency issues, habits and behaviours).
  - Inter-disciplinary approaches that reflect the breadth of methods required to understand the social, psychological, educational and economic factors that shape the current and future health prospects of today's young people.
- 1.5 This work is closely related to an engagement exercise which we have recently commissioned. There will be some overlap and consequent complementarity in terms of the timing with the engagement activity which is also being planned as part of the scoping and development of the inquiry.
- 1.6 Based on previous similar work commissioned by the Health Foundation, we anticipate bids up to a maximum of **£180,000** (inclusive of VAT and expenses).
- 1.7 Your tender should be completed using the tender response form that accompanies this ITT. An electronic copy should be sent to Matthew Jordan ([matthew.jordan@health.org.uk](mailto:matthew.jordan@health.org.uk)) by 12 noon, 5 June.

## 2.0 About the Health Foundation

- 2.1. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
- 2.2. Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve

the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

- 2.3. We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.
- 2.4. We believe good health and healthcare are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.
- 2.5. Further details about the organisation can be found at [www.health.org.uk](http://www.health.org.uk).

### **3.0 Background**

- 3.1. A flourishing and prosperous society is dependent on healthy, educated, creative and resilient young people with the life skills to become thriving adults. The factors that shape long-term health and wellbeing exert their influence from an early stage. Ensuring a thriving adult population in the future depends on providing the necessary support and conditions for young people in the here and now.
- 3.2. The influence of social determinants on long-term health outcomes is largely accepted and understood by those working in health and social policy [1, 2]. However, the implications of this are less well understood by decision makers across other sectors and the wider public.
- 3.3. The social determinants approach to health emphasises the importance of creating the conditions that promote good long-term health outcomes across the life course and acting early in life to increase people's ability to build the foundations needed to thrive.
- 3.4. While much has been done to improve the understanding of support needed during early years [3], less is known about the support needed during teenage years and early adulthood to enable young people to reach 'positive destinations'; defined broadly as the ability and opportunity to have 'a home, a job and a friend' [4]. Furthermore, existing debate often tends to focus around either structural factors (e.g. labour market issues, housing market, social cohesion etc.) or agency factors (e.g. resilience, self-esteem etc.). In reality, the solutions lie in a holistic consideration of both, and the ways in which they inter-relate.
- 3.5. The Health Foundation is interested to know how changes in the wider context and experiences of young people has affected them between the ages of 12 and 24 and as they transition into adulthood, and how this is likely to affect their future health prospects.

3.6 The Health Foundation is interested in understanding the future health prospects of young people specifically in terms of:

- The extent to which young people, as they transition into adulthood (taken as aged 25) have the opportunities and foundations for a healthy life, broadly:
  - The potential to engage in good quality work
  - Access to secure, affordable homes in flourishing communities
  - A network of stable, supportive relationships and good social and emotional wellbeing, and
  - Established habits that promote and maintain good health.
- The factors that have the greatest bearing on their ability to build these 'healthy foundations' during the ages of 12 – 24 and critical points that enhanced or diminished their future health prospects.
- The policy and practice changes necessary across the range of Government departments, statutory agencies and other services in order to improve young people's future health prospects.

Through this work, we aim to set out a roadmap for cross sector action to ensure that the experience of young people today ensures that we have a thriving population tomorrow.

#### 4.0 Context for the research

4.1. As part of the Health Foundation's strategic plan to enable people in the UK to live healthier lives, we are carrying out an inquiry into the future health prospects of young people. Key themes will be explored within the inquiry via five core work streams, as outlined below:



- a. An **engagement exercise** to understand young people' current experiences, expectations and aspirations and the role they play in shaping their long-term health (already commissioned).
- b. **Research** to build a quantitative picture of what we know about young people's future health prospects, bringing together data and evidence from a range of sources (this tender).
- c. A series of **deliberative site visits** to understand the local factors that can mitigate, mediate or exacerbate young people's ability to build the foundations for a healthy life (planned for early 2018).
- d. A series of **roundtables/workshops** to explore the policy and practices changes required to promote action to improve young people's future health prospects (at various points during the inquiry).
- e. A proactive **communication strategy** to disseminate the conclusions of the work to multiple stakeholders.

The research element (b) will provide an underpinning of the whole work programme, and we will want to ensure that it is appropriately connected to the other streams as they develop, both in terms of helping to frame, and in picking up on emerging themes from those activities.

## 5.0 Factors for consideration

5.1. The Foundation recognises that this is a complex piece of work and will be looking for significant thought leadership from the successful team. Factors needing consideration that have arisen in the development of this specification include:

- Due to variations in what constitutes good wellbeing and health, both subjective and objective assessments are possible. Though we are primarily taking good health to be defined in terms of healthy life expectancy and an absence of life-limiting conditions, we appreciate that in the course of the work different definitions may need to be explored and reflected, and proxies for healthy life expectancy applied.
- Young people's health prospects will have already been shaped by their early childhood experiences, and, therefore, providing insight into how these may have already created differential outcomes at age 12 will be helpful.
- The four foundations<sup>1</sup> of a healthy life are not binary, will connect and influence each other in multiple ways and have shared drivers. This complexity will need to be reflected in the mapping work. In some cases, it may be necessary to identify proxy measures for the four foundations. There is a challenge of how an individual's perceptions of their assets may not be directly correlated with absolute measures. How this affects their trajectories will need to be explored.

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<sup>1</sup> The potential to engage in good quality work; Access to secure, affordable homes in flourishing communities; A network of stable, supportive relationships and good social and emotional wellbeing, and; Established habits that promote and maintain good health. – [Healthy Lives 2017](#)

- In view of the factors above, it will be necessary to use a combination of quantitative information to understand distribution and qualitative methods to unpack the nature of the variation and understand perceptions. In combining these approaches it will be important to avoid inherent biases that may lead to false positives and post hoc rationalisation.
- Achieving the best long term health outcomes for young people will require support and services that are integrated and take a holistic approach: recommendations for action should actively consider how this can be achieved.
- Given that there are a number of social trends that may impact differentially on young people (e.g. impact of social media, austerity, longer term dependence on parents/ guardians, changes in post-16 education and training) the research will need to recognise that the influencing factors are not static and that conclusions are drawn appropriately.
- Within the identified segments, it is likely that there will be individuals that buck the trend of those with comparative assets. Understanding the protective factors that might lead to this sort of positive deviance may help illuminate protective factors and opportunities for intervention.
- The research will need to reflect an understanding of how young people's perceptions may not be defined in absolute terms but rather shaped by the experiences of their proximal peers.
- The Health Foundation would expect a capabilities approach to the work, recognising that today's young people, in many cases, possess assets that enable them to respond effectively to rapidly and unpredictably changing circumstances unique to their generation
- Any qualitative elements will need to demonstrate how they have been able to gather the perspectives of seldom heard groups.

## **6.0 Aims, scope and requirements:**

6.1. The purpose of this research is to understand the current factors that contribute to today's young people having healthy lives in the future by answering the following questions:

- Given our understanding of salutogenesis<sup>2</sup> and the social determinants of health, what can we infer about young people's future health prospects?
- What are the social and economic factors that are having the greatest bearing (positively and negatively) in shaping these future health prospects?
- Where is there greatest opportunity to improve young people's health prospects and reduce health inequalities through action between the ages of 12 and 24 years?

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<sup>2</sup> Salutogenic research implies a focus on health maintenance processes rather than disease processes. It asks why people remain healthy rather than why people become ill. *Resilience, Coping and Salutogenic Approaches to Maintaining and Generating Health: A Review*, (2007) Emily Harrop, Samia Addis, Eva Elliott, Gareth Williams, London: NICE / Cardiff Institute of Society Health and Ethics (CISHE)

6.2. Through this research we want to build a body of work that provides:

- An articulation of the assets (e.g. positive self-image [5]), opportunities (e.g. availability of apprenticeships in the local area [6]) and protective factors (e.g. access to a trusted adult for advice and support [5]) that evolve between the ages of 12 and 24 and provide the foundations for a healthy life.
- A compelling picture of the current distribution among young people around the age of 25 of these assets, opportunities and protective factors that provide the foundations for a healthy life (good work, housing, relationships and self-esteem, and healthy habits). This will include:
  - The current social and economic determinants of young people's health
  - The clustering of and inter-relationships between these determinants
  - Experiences of young people that fall outside what might be expected, i.e. those who 'buck the trend'.
  - Protective factors and risks; and how these are likely to impact on quality of life in the long term
- A description of the possible future trajectories of today's young people's health based on the current distribution of the foundations for a healthy life; this would include using available longitudinal data to make predictions of how the suite of factors in the lives of today's young people are likely to influence their health into middle age.
- An analysis of which segments of the population are likely to achieve a healthy life and which are less/ least likely to do so (drawing out where appropriate the most vulnerable groups e.g. those experiencing: disability, emotional ill health, inequalities and poverty, the care, criminal justice and immigration systems).
- An exploration of the action required between the age of 12 and 24 years old to improve young people's prospects based on an evidenced understanding of:
  - Critical opportunities to intervene and the likely effectiveness of these interventions, and
  - How the current social, economic and political context is likely to impact future trends
  - An analysis of the wider societal impact of young people's future health prospects.

6.3. The research will form the basis for longer term advocacy work by the Foundation and others with a commitment to improving young people's health prospects.

## **7.0 Methods and schedule of work**

7.1. We envisage that the research will comprise two complementary and interconnected work packages which are set out below. This will involve scoping work as part of Work Package 1, followed by a meeting to plan and agree the more creative approach envisaged for Work Package 2.

7.2. We would anticipate that the research will involve a range of methods, including analysis of existing data sets and policy analysis. The work will predominantly involve quantitative research but we would welcome ideas where a qualitative element will shed important new insights and assist interpretation. We will work with the successful bidder to optimise the approach.

## **Work Packages**

### **7.3. Work Package 1**

Develop a research protocol capable of answering the questions of Work Package 2 through a thorough review of data sources available for modelling and analysis, existing studies and evidence, and in doing so produce an initial analysis which includes:

- An overview of the current clustering of determinants that have a bearing on young people's health
- Using existing data to provide a mapping of today's young people and their experiences, 'pathways' and transitions through education, training, employment and other statutory services including, for example, care, social care criminal justice and health services from age 12 to 24 years.
- Quantifying flows through these pathways and transition points.
- A provisional analysis of the opportunities for action between the age of 12-24 to improve young people's foundations for long term health and reduce health inequalities in order to identify the most fruitful areas for the Work Package 2.

7.4. The output and research protocol from Work Package 1 will form the basis for a workplan for Work Package 2.

7.5. It is anticipated that it will take 6 months to complete Work Package 1 and the research protocol, and the contractor should allow £30-40,000 for completion of this stage. Following successful completion of Work Package 1 and an agreed research protocol for Work Package 2, the Health Foundation will confirm the second stage of the work – Work Package 2.

### **7.6. Work Package 2**

Analysis of existing data and evidence to:

- Provide a detailed and robust quantitative description of the extent to which young people across the UK, as they transition into adulthood (taken as aged 25), have the assets and opportunities providing the foundations for a healthy life, broadly:
  - the potential to engage in good quality work
  - access to secure, affordable homes in flourishing communities
  - a network of stable, supportive relationships and good social and emotional wellbeing, and
  - established habits that promote and maintain good health.
- Extrapolate from the current evidence, and an understanding of how the assets and opportunities afforded to today's young people are conducive to positive destinations in the more immediate future, map the likely trajectories in terms of long term health (into middle age and beyond),
- Develop a more detailed description of the pathways from 12 to 24 years from Work Package 1 including:
  - how far the pathways young people take are already shaped by their starting points aged 12 (paying attention to the role of adverse childhood experiences),

- how the pathways from 12 to 24 years further influence the ability of young people to build the assets necessary for a healthy life,
- what are the factors that have most influence in enabling movement between the pathways from 12 to 24 years.
- a particular focus on young people's experiences at key points of transition.
- Provide an analysis of the opportunities to act between the ages 12-24 years to increase an individual's ability to build and retain the assets necessary for a healthy life and to reach positive destinations exploring:
  - where there are successful models to learn from, within the UK and internationally
  - the agencies with the potential to make the greatest difference,
  - the issues most amenable to change through policy action and those requiring changes in practice
  - where there is action needed to align and integrate support and services
  - the choices between reducing risk versus ameliorating risk impact.

## **8.0 Management of the project**

- 8.1 The provider will be responsible for designing, managing and conducting the research; analysing the findings; and producing a coherent report that synthesises key findings into a core set of lessons.
- 8.2. Once the work has been commissioned, the aim will be to have it completed within **18 months** of the start.
- 8.3. The provider should provide a research proposal to the Health Foundation for agreement, which establishes the approach to be taken to ensure a thought-provoking and valuable piece of work. In particular, please ensure that your proposal explicitly ring fences an appropriate number of days to:
- attend up to 6 formal meetings with the Health Foundation;
  - two meetings with members of the Inquiry;
  - follow up Research Advisory Group suggestions / feedback; and
  - contribute to our post reporting dissemination work.
- 8.4. We will work with the successful provider to refine the overarching research questions and approach before they submit a final research protocol. We will also work with the provider to agree on a final report structure.

## **9.0 Expected outputs**

9.1. This work will result in a number of outputs:

- A research protocol for Work Package 1.
- A scoping review of what is currently known in terms of available data, studies and evidence in relation to young people's pathways and transitions, key points along those pathways, and critical gaps in the evidence to inform the inquiry team.
- A research protocol for Work Package 2

- A report on the findings from Work Package 2, mapping the distribution of assets and opportunities that provide the foundation for a healthy life across young people in the UK aged 24; their likely trajectories in terms of long term health; a description of a range of different pathways through adolescence and the factors that influence key points of transition; and an analysis of the opportunities for policy and practice action to build the assets for a healthy life and mitigate adverse factors.

### ***Audiences and presentation***

9.2. In commissioning any piece of research, we ensure that an outline communications plan accompanies the research plans from the start and this is fully developed through to completion.

9.3. There will be a range of audiences for this work which will include:

- The Health Foundation young people's health prospects inquiry team
- External stakeholders
- Young people

9.4. The Foundation may draw on the support of a research project advisory group or network to support the project, comprised of representatives of these audience groups and key stakeholders. Feedback from the advisory group would be integrated into the review process, and structure and design of the report.

9.5. We will plan and oversee all communications and public affairs (including media) related to the research and its findings. This will involve working together closely, particularly on developing these lines and to draw out the implications of the findings.

9.6. We will work with the provider to consider different presentational options for the different audiences. We are keen to ensure that the development process of this work supports our wider stakeholder engagement work.

9.7. Our aim in terms of dissemination is to provide outputs that are useable by those in policy and practice who are research-literate but time poor. We may, therefore, commission an independent writer to produce a Health Foundation Learning Report (or similar) based on the provider's research report. In such an instance we expect our provider to work with the writer to provide insight into the key findings; and feedback on early drafts of the learning report.

9.8. We will also expect our provider to join us for any roundtable meetings with key stakeholders that may be necessary, to add to the debate about the findings and/or test and validate the findings.

9.9. Please ensure that your proposal makes reasonable allowance for the time required to fulfil these obligations surrounding dissemination.

### ***Peer review***

9.10. The Health Foundation's peer review process is undertaken to ensure the credibility and rigour of our work and provides both a technical and subjective function. We know

that our target audience is looking for the highest quality work from a trusted organisation; as such it is our policy to conduct a peer review of our products to help ensure that the research meets such standards. In addition, the peer review helps to add to the spirit of the debate. It gives profile to the work and the authors and the feedback has generally been considered helpful in framing the report. The peer review does not substitute internal review and feedback, which will also be sent to the author, nor does it substitute review and feedback from the research project advisory group.

- 9.11. Peer reviewers may be suggested by the authors. They will be aware of the experts in the field and should provide names and contact details. We ensure that those being approached are amongst the international best in the business, and we may add to amend the list of peer reviewers should we see fit. We may also have the work reviewed by representatives of the 'end-users', such as policy-makers. All comments sent back to the authors will be anonymous.
- 9.12. Authors will be asked to give detailed information on how they have incorporated internal and external review comments when redrafting.

### ***Intellectual property***

- 9.13. In commissioning this research, the Health Foundation will own the intellectual property generated (please see the intellectual property clause in Schedule 6 of the sample contract).

### ***Working with us***

- 9.14. Where at all possible, the Health Foundation takes a partnership approach to its work. We will want to meet or speak with the provider regularly (any costs incurred for meetings should be factored into the budget). The work will be managed by a Research Manager, with strategic and content input provided by a strategic lead at The Health Foundation.

## **10.0 Deliverables**

- 10.1. We intend to commence work on 17th July, with the final draft report submitted by 21<sup>st</sup> December 2018.
- 10.2. The following deliverables should be provided:
- Research protocol for Work Package 1(31 July)
  - Work Package 1 scoping report (15 December)
  - Research protocol for Work Package 2 (10 January 2018)
  - Final draft of report on Work Package 2 (21 December 2018)
  - Final draft incorporating peer review comments (28 February 2019)
  - Sign-off on a final pre-production report and working with editors and designers (16 March 2019).

## 11.0 Budget

- 11.1. Based on previous similar work commissioned by the Health Foundation, we anticipate bids up to a maximum of **£180,000** (inclusive of VAT and expenses).
- 11.2. We will commission this research by issuing a contract for services and as such we expect VAT is likely to be payable on all aspects of the work.  
*Please consult your contracting team and / or finance team to ensure that VAT has been included appropriately before submitting your proposal and budget.*
- 11.3. Assessment of applications will be on value for money rather than the lowest bid. The Health Foundation shall not be responsible for any costs incurred by you in responding to this tender and shall not be under any obligation to you whatsoever with regard to the subject matter of this tender.

## 12.0 Assessment and selection process and criteria

- 12.1. Please complete the attached tender response form (in Arial typeface, minimum font 10 points). The Health Foundation will only accept proposals submitted using this form.
- 12.2. Your application should be sent to Matthew Jordan by 12 noon 5 June. Please email electronic copies of the full application and accompanying documents to Matthew Jordan at [matthew.jordan@health.org.uk](mailto:matthew.jordan@health.org.uk)
- 12.3. We intend to interview a selection of shortlisted bidders on 30<sup>th</sup> June to explore proposals in more depth. Please ensure you are available to interview on this date. We will have reached our final decision in the week commencing 3rd July.
- 12.4. Proposals will be assessed using the following criteria:
- knowledge of the topic;
  - experience, expertise and connection to the relevant community of practice;
  - appropriate methodology;
  - ability to analyse large datasets
  - experience of developing creative research programmes based on scoping a data rich area
  - appropriate project management, risk management and quality assurance;
  - capacity to deliver; and
  - value for money
  - experience in partnership working with effective communication skills
- 12.5. The Health Foundation will provide an information call on Wednesday 17<sup>th</sup> May to answer any questions relating to this call (e.g. queries relating to the tendering process or the nature of the service required). Please let Matthew Jordan know via the email address above if you wish to join the information call and submit any particular queries which you would like addressed as part of the 90 minute discussion by Monday 15 May.

## 13.0 Timetable

13.1. The table below lists the key dates for this project.

Date	Deadline
25 April	Invitation to tender published
17 May	Information call for prospective applicants
5 June	Applications close
30 June	Interviews with shortlisted applicants
17 July	Inception meeting
31 July	Research protocol for Work Package 1 received
10 January 2018	Research protocol for Work Package 2 received
21 December 2018	Final draft of Work Package 2 report
28 February 2019	Final draft incorporating peer review comments
16 March 2019	Signoff of final pre-production report and working with editors and designers

## 14.0 Contract arrangements

14.1. The Health Foundation's standard contract for delivery of services is embedded within the attached tender response form at Annex 2. Please ensure that you have read our sample contract and agree to the terms. Any queries about the contract terms should be detailed in your application.

## 15.0 References

1. Marmot Review Team (2010) *Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010 (The Marmot Review)*, London: Marmot Review Team.
2. C Bambra, M Gibson, A Sowden, K Wright, M Whitehead, M Petticrew (2010) Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews, *J Epidemiol Community Health*, 64, pp284-291.
3. L Dearden, L Sibieta, K Sylva (2011) The socio-economic gradient in early child outcomes: evidence from the Millennium Cohort Study, *Longitudinal and Life Course Studies*, Volume 2, Issue 1, pp19–40.
4. Public Health England (2017). *Duncan Selbie's Friday message 27<sup>th</sup> January 2017*. Accessed from: <https://publichealthmatters.blog.gov.uk/2017/01/27/duncan-selbies-friday-message-27-jan-2017/>
5. Public Health England (2014). *Improving young people's health and wellbeing – A framework for public health*. Accessed from: <https://www.gov.uk/government/publications/improving-young-peoples-health-and-wellbeing-a-framework-for-public-health>
6. Child Poverty Action Group (2016). *Improving Children's Life Chances*. Accessed from: [http://www.cpag.org.uk/sites/default/files/cpag\\_book\\_summary.pdf](http://www.cpag.org.uk/sites/default/files/cpag_book_summary.pdf)