

Emotional support for young people scoping review

Scoping review and stakeholder interviews to inform future research on emotional support for young people

Invitation to tender, November 2020

Prepared by

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www.health.org.uk

Deadline date:

17.00, Monday 14 December 2020

Attached documents:

- [Sample contract](#)
- [AIMS user guide](#)

1.0 Summary

- 1.1 The Health Foundation is seeking a supplier to do a scoping review and carry out stakeholder interviews to provide a robust scoping of the research evidence, so we can understand where there are research gaps in what enables families to offer young people aged 12–24 strong emotional support during their transition to adulthood.
- 1.2 The review of the evidence will enable the Health Foundation to answer the following questions:
- What are the available models or conceptual frameworks of emotional support for young people?
 - What are the strengths of each when the Health Foundation is considering which should be used for this programme?
 - What does the evidence suggest a young person needs in their relationship with a family member for them to thrive?
 - Which groups of young people are most likely to have relationships that meet these needs?
 - What evidence is there of the importance of parents and other family members to the emotional support that young people receive?
 - How widely should the parameter of family be drawn?
 - What is known about the societal factors which are likely to be having the greatest impact on the ability of families to provide emotional support to their young people?
 - Which societal factors have the most and least evidence surrounding their impact on a family's ability to provide emotional support?
 - What are the likely trends in these factors, and what is the likely impact of those on the ability of families to provide emotional support to their young people?
 - What are the research gaps that the Health Foundation could helpfully address through an open call for research?
- 1.3 The stakeholder interviews will aim to understand:
- Where do the stakeholders believe there are gaps in the evidence?
 - What type of evidence is most useful to the stakeholders?
 - What types of evidence do they believe are most missing?
- 1.4 We would like the supplier to produce a scoping review incorporating the findings from the stakeholder interviews, written in plain English, and a presentation to inform the discussion of the programme scoping panel. The results of this work will help us to develop a call for research commission on the topic of emotional support for young people.
- 1.5 This work is being commissioned through an open tendering process. The successful team will be appointed in January 2021, ideally with the ability to start soon afterwards.

- 1.6 We would like the draft report to be completed by 12 March 2021, the final report to be delivered by 26 March 2021, and a presentation made to the scoping panel in the week commencing 12 April 2021.
- 1.7 We anticipate bids for the full piece of work of up to £40,000 (inclusive of VAT and expenses).
- 1.8 Applicants must complete their application on an **online portal called AIMS**. **Please familiarise yourself with AIMS** as quickly as possible, as we may not be able to respond in a timely fashion to any technical queries as the deadline for application nears.
- 1.9 The deadline to submit proposals is 17.00 on Monday 14 December 2020.

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 health care 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.

3.0 Background to the project

- 3.1 Between 2017 and 2019, the Health Foundation ran the first phase of the **Young people's future health inquiry**. This inquiry involved an initial research stage which sought to understand better the assets, opportunities and protective factors that develop as young people approach adulthood, and to assess how various wider determinants of health (including employment, housing, relationships and habits) experienced during the transition to adulthood impact on their future health prospects as they age.

3.2 The initial research stage included engagement with young people, literature reviews, and analysis of longitudinal data. There were also a number of site visits around the UK to understand how young people's experience of the transition to adulthood differs around the country and what they have in common. This stage of the inquiry indicated a need for further research on the factors which enable families to offer young people aged 12–24 years strong emotional support during their transition to adulthood, particularly focusing on the external factors which may affect family relationships.

3.3 Three key themes related to emotional support and families emerged from the initial research and engagement work:

- Emotional support from family is an important building block of later health.
- There are societal challenges to families being able to provide emotional support.
- Wider family is important to young people, but under-researched.

3.3.1 **Emotional support from family is an important building block of later health**

The relationships that young people have with their friends, families and communities are important in shaping young people's development and their prospects of good long-term health. The Inquiry identified emotional support as an important asset for young people aged 12–24, if they were to make a successful transition to adulthood.

Our engagement work suggested that where young people feel they have emotional support, they are better able to develop skills and qualifications, feel able to use a financial or practical safety-net from their families, and feel confident to make use of personal connections. Emotional support for young people was also linked to high self-esteem and good relationships with friends, families and communities.

A lot of young people who participated in the initial engagement work spoke about their families as important sources of emotional support throughout the 12–24 age group, even among the 20–24-year-olds. This was particularly true when the young person had experienced challenges, although emotional support from families was strongly valued, and often contributed to a smooth transition to adulthood for many.

Quotations like the following were common:

- *My mum is my rock.*
- *I am strongly supported by my friends and family. I don't know what I'd do without them.*
- *My mum is really proud of me. She wants me to get out there and show what [we] are capable of.*

3.3.2 **There are societal challenges to families being able to provide emotional support**

During the inquiry, we also heard of challenges being experienced by families that might have affected the emotional support they were able to provide. In the poll we conducted for Listening to our future, 90% of young people aged 22–26 said that having emotional support from family is important, but just half (49%) felt that they fully had this growing up. As one young woman put it:

- *My mum is a single mum working two jobs. Why would I worry her even more with my problems?*

Our own desk-based research suggests that family relationships might have changed over time. Since 1995, there has been a decline in the strength of family relationships¹; a steady growth in the number of looked after children; and since 2014, there has been a decrease in the emotional support that young people receive from their families², and changing expectations. However, the research overall does not show that family relationships have worsened; and children’s communication with parents (particularly with fathers), has improved over time.³ What emerges is that families have experienced significant change over the last few decades, and that change is continuing. These significant changes may be compounded by a lack of focus on what families can do to support young people during this life stage. As another of our peer researchers in the engagement work put it:

- *Parents aren’t trained to be parents. How do they cope...? Who do they talk to?*

In recent decades there have been changes in several societal factors that might have had an impact on family dynamics, and therefore on the emotional support which young people receive from their families. These factors include: increasing co-residence between young people in their 20s and their parents; a rise in parental relationship breakdown and ‘blended family’ formation; a rise in households led by one adult, and dual-earner households; a rise in flexible working patterns and wider workforce factors; growing working family poverty and housing insecurity among low-income families; and increasing levels of intergenerational caring responsibilities. Despite these significant changes, what remains constant is the importance of emotional support for young people from their family. The evidence is clear that parental support and

¹ Kingman D. 2018 *IF Index: How does the wellbeing of today’s twentysomethings compare to previous cohorts?* Intergenerational Foundation; 2018 (www.if.org.uk/wp-content/uploads/2018/08/2018-IF-Index-final.pdf).

² Brooks F, Klemra E, Chester K, Magnusson J, Spencer N. *Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study. Findings from the 2018 HBSC study for England.* University of Hertfordshire; 2020 (<http://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>).

³ Office for National Statistics. *Children’s well-being and social relationships, UK: 2018.* ONS; 2018 (www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/march2018).

strong family bonds are important for young people's health and well-being.^{4,5,6}

Conversely, the recent *Mental Health of Children and Young People in England, 2020* follow-up report to the 2017 survey highlighted family and societal factors appearing to have an impact on young people's mental health. The report found⁷:

- Among 11- to 16-year-old girls, 63.8% with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder.
- Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%), than children unlikely to have a mental disorder (6.4%).
- Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse.

However, there is very little research looking at the direct impact of these changing societal factors on the emotional support that young people receive from their families.

3.3.3 Wider family is important to young people, but under-researched

The family research literature has tended to focus exclusively on parent–child relationships, ignoring young people and their wider family networks. Our work for the site visits in different parts of the UK showed just how important wider family networks were in providing positive support for young people:

- *I have great people around which helps me to achieve my dreams.*
- *I like my area because I can play football with my cousin, because if you have no friends at least you can call your cousin or brothers.*

4.0 Purpose of this commission

⁴ Bell N, Forthun L, Sun S-W. 'Attachment, adolescent competencies, and substance use: developmental considerations in the study of risk behaviors', *Substance Use & Misuse*; 2015.

⁵ Inchley J, Currie D, Young T, Samdal O, Torsheim T, Augustson L, et al. *Growing up unequal: Gender and socioeconomic differences in young people's health and well-being. Health behaviour in school-aged children (HBSC) study: International report from the 2013/2014 survey*. WHO Regional Office for Europe; 2016.

⁶ Brooks F, Zaborskis A, Tabak I, del Carmen Granado-Alcón, M Zemaitiene, N, de Roos, S, Klemnera E. 'Trends in adolescents' perceived parental communication across 32 countries in Europe and North America from 2002 to 2010', *European Journal of Public Health*; 2015.

⁷ NHS Digital. *Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey*. NHS Digital; 2020 (<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>).

- 4.1 The work of the **Young people's future health inquiry**, so far, has indicated that this is an important area. Initial conversations with academic researchers have indicated that there is real potential to add value for young people here by addressing these important gaps in the literature; leading us to conclude that this topic would be a good candidate for possible research funding.
- 4.2 However, before progressing with designing a research funding programme in this area we need more clarity on:
- what is already known in relation to this topic
 - where the Health Foundation could fill gaps in knowledge
 - whether we could add value if we were to run a large-scale research grant programme in this area.
- 4.3 We intend that this commission will help us to understand more about the factors which enable families to offer young people strong emotional support during the transition to adulthood, particularly focusing on the external factors which may influence the level and kind of emotional support available to young people.

5.0 Overview of the work

5.1 Objectives

5.1.1 The aim of the work is to provide a robust scoping of the research evidence and allow the Health Foundation to understand where there are research gaps in what enables families to offer young people aged 12–24 strong emotional support during their transition to adulthood. This should have two elements:

- factors internal to the family
- external factors, including broader societal factors which may affect how a family is functioning.

5.2 Overview of the work required

5.2.1 We are seeking a contractor to undertake a scoping review of the evidence and a series of stakeholder interviews.

6.0 The scoping review of the evidence

6.1 The review of the evidence will explore and clarify what is known and what are the research gaps in relation to the following:

- What are the available models or conceptual frameworks of emotional support for young people? What are the strengths and weaknesses of each?
- What does the evidence suggest a young person needs in their relationship with a family member for them to thrive?

- What evidence is there about which groups of young people are most likely to have relationships that meet these needs?
- What evidence is there of the importance of parents and other family members to the emotional support that young people receive?
- How does the research evidence draw the parameter of ‘family’?
- What is known about the societal factors which are likely to be having the greatest impact on the ability of families to provide emotional support to their young people?
- Which societal factors have the most and least evidence surrounding their impact on a family’s ability to provide emotional support?
- What does the evidence suggest are the likely trends in these factors, and the likely impact of those on the ability of families to provide emotional support to their young people?
- What are the research gaps that the Health Foundation could helpfully address through an open call for research?

6.2 The scoping review of the evidence should be based primarily on relevant academic literature, and to a lesser extent the grey literature. We will give the supplier a literature search of relevant academic and grey literature, an in-house scoping summary paper, the results of initial stakeholder mapping, and a presentation on causal impact mapping at the project inception meeting.

7.0 Stakeholder interviews

7.1 The stakeholder interviews will aim to understand:

- Where do the stakeholders believe there are gaps in the evidence?
- What type of evidence is most useful to the stakeholders?
- What types of evidence do they believe is most missing?

7.2 The stakeholder interviews will be conducted with relevant public sector and third sector partners who use evidence in this space in order to inform policy decision-making, for example, central government officers working on family programmes, local level service commissioners, research leads in charities interested in families. We also expect the interviews to include leading thinkers in the field. In total, we would expect 15–20 stakeholder interviews to be conducted.

7.3 Proposals that involve young people would be welcome, but we are aware that this may be challenging within the budget and timescales.

8.0 Inclusions and exclusions

8.1 All family members will be in scope for the review. This includes parents, siblings and grandparents. It includes wider relatives (eg cousins, uncles, aunts) and different types of families (eg non-resident parents, step-parents). This scoping review is not limited to these family members, but an aim of the scoping review is to explore gaps,

and to highlight if there are particular family relationships it would be useful to focus on for an open call for research.

- 8.2 Family structure varies hugely across different communities, and whether or not you are from first generation migrant, refugee, Gypsy, traveller and Roma communities, have English as a first language, etc greatly influences the way families give and seek emotional support. We would expect this cultural dimension to be part of the scoping review.
- 8.3 All broad societal changes over the past 25 years are in scope, ie changes which have occurred since the oldest people in the age group were born. These include, but are not limited to: the rising number of households where both parents work; parental working patterns; the increasing changes to family structures, including higher divorce and separation rates; the increasing ages at which young people continue to live with their parents; trends towards increasing paternal involvement in the lives of their children; the impact of technology and social media on family life; and changes in housing, such as tenure and overcrowding.

9.0 Assumptions

- 9.1 We anticipate that there will be limited published research on the impact of the COVID-19 pandemic on factors internal to the family, and external factors and how they enable or hinder the ability of families to offer strong emotional support to young people. However, it is expected that the stakeholder interviews may provide some insights in relation to this, which could inform further research.
- 9.2 This work will be limited by the data which is available on emotional support, which is frequently qualitative or uses proxies. During the research strand of the **Young people's future health inquiry**, the researchers highlighted the difficulties of finding quantitative data in this area.
- 9.3 The review will help to refine the research questions, develop a view on the parameters, and establish the capacity and capability of the field to respond. The insights from this scoping work will contribute to the decision about funding further research in this area.

10.0 Working with us

- 10.1 The supplier's responsibilities:
- We expect regular updates from the chosen supplier; and will agree the frequency and nature of updates with the supplier at the inception meeting, either in person (at our offices) or via telephone/Skype. Any costs incurred for attending meetings should be factored into the budget.
 - We anticipate the supplier will recruit a range of stakeholders to interview, as set out in section 7 above.

- We expect the supplier to set the scoping review in the context of our wider strategic narrative to help us develop the future call for research as part of the **Young people's future health inquiry**. We would also ask the supplier to present the findings to the programme scoping panel in April 2021.
- Applicants are responsible for making sure their proposals make reasonable allowances for the time required to fulfil these obligations.

10.2 The Health Foundation's responsibilities:

- We will work with the chosen supplier to confirm the design of the work before the work begins. The work will be overseen by a Project Management Group, composed of a Research Manager and with content input provided by a strategic lead from the Health Foundation's Healthy Lives team.
- At the inception meeting, we will provide the supplier with desk research which has already been undertaken by members of the Health Foundation research team.
- We will provide feedback on drafts and audit some of the stakeholder interviews.

10.3 We will work with the supplier to ensure the final report and presentation to the scoping panel is appropriate.

11.0 Deliverables

11.1 The deliverables for this project are:

- a draft summary report of the desk research and the stakeholder interviews by 12 March 2021
- a summary report of the desk research and the stakeholder interviews by 26 March 2021
- a presentation of findings to a decision meeting of the research scoping panel to be arranged in the week commencing 12 April 2021.

12.0 Costs

12.1 Based on previous similar work commissioned by the Health Foundation, we anticipate bids up to a maximum of £40,000 (inclusive of VAT and expenses).

12.2 We will commission this work 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.

12.3 Responses to this invitation should include accurate pricing, inclusive of expenses and VAT. Please note that assessment of responses to this tender invitation will be on perceived quality of service and demonstrable ability to meet the brief, rather than lowest cost, but value for money is a selection criterion.

13.0 Tender response requirements

13.1 Suppliers are requested to complete a tender response form on our online portal, [AIMS](#).

13.2 You should be able to provide detailed information about your organisation, including:

- organisation name, address, registered address (if different) and website address
- description of the organisation's activities or services
- history and ownership
- organisational governance and management structure
- most recent company accounts.

13.3 Your tender response must include:

- detailed information on your proposed approach
- a summary of the experience of the key staff who will be involved in the project
- costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
- potential risks and your risk and project management approach, including information governance and ensuring data protection
- any other relevant information the Health Foundation should consider
- the name of the primary contact and their contact details
- details of the team carrying out the work – names, roles and expertise relevant to the tender.

13.4 In addition, you should be able to provide:

- client references that include a list of comparable organisations to which you have supplied a similar service and a brief project description for each
- a statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties.

14.0 Selection criteria

14.1 Responses will be evaluated by the Foundation using the following criteria in no particular order:

- ability to deliver on all required services or outputs
- the quality and clarity of the proposal, products or services
- evidence of proven success of similar projects
- responsiveness and flexibility
- transparency and accountability
- value for money
- financial stability and long-term viability of the organisation (due diligence will be undertaken on all shortlisted organisations)
- ability to work with others (if the piece of work requires this).

- 14.2 It is important to the Health Foundation that the chosen provider is able to demonstrate that the right calibre of staff will be assigned to the project; therefore, the project leader who will be responsible for the project should be present during the panel interviews if you are selected.

15.0 Selection process

- 15.1 Please complete the online tender response form on the AIMS system by 17.00, Monday 14 December 2020.
- 15.2 Please read the [AIMS user guide](#) before starting to complete the form. This is available on our website and via the form on the AIMS system.
- 15.3 We will respond to your application by 18 December 2020.
- 15.4 If you have any queries about the application process which are not addressed in this document, please email: Hardeep Aiden (hardeep.aiden@health.org.uk) or Martina Kane (martina.kane@health.org.uk) in the first instance. We will try to reply within one working day, making sure that relevant information is shared with all applicants.
- 15.5 Interviews will be held on Zoom/Skype on 7 January 2021.
- 15.6 It is important for suppliers to demonstrate that the right calibre of staff would be managing the project from the outset. Therefore, we would encourage you to make sure that the core project team members are available for interview if you are shortlisted.
- 15.7 The exact start date will be agreed following the final decision, but we are hoping to have an inception meeting with the chosen supplier in the week commencing 18 January 2020.

16.0 Other information

- 16.1 The Health Foundation reserves the right to adjust or change the selection criteria at its discretion. The Foundation also reserves the right to accept or reject any and all responses at its discretion, and to negotiate the terms of any subsequent agreement.
- 16.2 This invitation to tender (ITT) is not an offer to enter into an agreement with the Foundation, it is a request to receive proposals from third parties interested in providing the deliverables outlined. Such proposals will be considered and treated by the Foundation as offers to enter into an agreement. The Foundation may reject all proposals, in whole or in part, and/or enter into negotiations with any other party to provide such services whether it responds to this ITT or not.

- 16.3 The Foundation will not be responsible for any costs incurred by you in responding to this ITT and will not be under any obligation to you with regard to the subject matter of this ITT.
- 16.4 The Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.
- 16.5 Your bid is to remain open for a minimum of 180 days from the proposal response date.
- 16.6 You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided it is delivered before the original proposal response date.
- 16.7 Please note that any proposals received which fail to meet the specified criteria contained in this ITT will not be considered for this project.

17.0 Confidentiality

- 17.1 By reading/responding to this document you accept that your organisation and staff will treat information as confidential and will not disclose it to any third party without prior written permission being obtained from the Health Foundation.
- 17.2 The Foundation may request suppliers to complete a non-disclosure agreement.

18.0 Conflicts of interest

- 18.1 The Health Foundation's **conflicts of interest policy** describes how it will deal with any conflicts which arise as a result of the work which the charity undertakes. All external applicants intending to submit tenders to the Foundation should familiarise themselves with the contents of the conflicts of interest policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are bidding for.