



Building a case for investment in involving young people in health research

Request for Proposal

Version: Final

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Owner: Dr Asimina Vergou, Education and Learning



1. Request for Proposal (RFP) background

1.1 Introduction

This RFP is to deliver a rapid evidence review and stakeholder consultation to scope how young people¹ could contribute to key areas of Wellcome's forthcoming science and organisational strategy. In particular, the research will explore the role, benefits and potential of young people's involvement in research in Wellcome's defined health "challenge areas" of mental health, infectious disease, and the direct health impacts of global heating. This research will likely be centred in Low- and Middle- Income Countries (LMICs) alongside work in the UK, hence the proposed work will need to address this global remit.

The primary audience for the deliverables of this study are Wellcome's Education and Learning team as well as other staff across Wellcome including members of the challenge areas teams. It is expected that this study will inform how the Education and Learning team can align with Wellcome's new strategy and work with teams across the organisation. It is also expected that the insights from this study will be useful for future Wellcome partners and grantees.

1.2 The scope of the Wellcome Strategy

Wellcome has recently been undertaking a major review of its portfolio in science research and the organisational strategy. Wellcome intends to be clearer about our aims and more accountable for our outcomes, conscious of our independence as a foundation and the responsibility this brings.

We have reflected upon the changing role of science and explored some of the greatest health threats currently facing humanity and what role we might play in addressing them. Our new strategy will focus on a model with two core dimensions:

1. Challenge-led approach to research that organises and directs science and innovation around the biggest health threats facing human beings. The three challenge areas under consideration in the strategy review are:
 - Infectious diseases
 - Climate and Health (specifically, the effect of global heating² on health)
 - Mental health
2. Support for a broad base of discovery research across a range of fields to create new knowledge that provides an outstanding contribution to science and could generate new ideas that bring new impetus to the health challenges

Integral to achieving the new vision is a commitment to equity, diversity and inclusion and a [research culture](#) that enables people and ideas to thrive. Throughout the new strategy, we will pay attention to *how* research is carried out, as well as to *what* research is done.

¹ For the purposes of this research we will adopt the WHO definition of 'young people' which covers the age range 10-24 years. We acknowledge that the terms young people, youth, adolescents etc. may be used interchangeably or defined differently in the literature and we will be interested to see how people in the field define young people.

² Global heating is an alternative term for global warming, which refers to increases in global temperatures, whereas climate change also includes changes in precipitation, winds and sea levels



1.3 Youth involvement in health research

Meeting the global ambitions and goals of the three health challenges and the base of discovery research will require us to seek out and integrate diverse perspectives informed by personal experience, beliefs and values. Young people offer a unique viewpoint and voice that are not often included in defining research and policy agendas. Young people are often considered the “next generation” who we must prepare for citizenry and the workforce; it is often overlooked that young people are also the ‘now’. There are 1.8 billion young people between ages 10-24, in the world today; half the world is under 30 and nine in ten of these people live in developing countries. This is the largest youth population there has ever been.

At this moment, an entire generation of young people is having their world fundamentally reshaped by one of our identified health challenges. Their lives will be defined by the strategies that governments around the world employ to manage COVID-19 and the subsequent impacts on mental health and planetary health will also be shaped by this pandemic. They are likely to reassess their relationship with science and research making it imperative that they be involved in this discussion and have agency in shaping the post COVID-19 world.

Young people thus have a stake in Wellcome’s mission and ambitions. We need young people as influential voices to shape and participate in research and policy agendas now even as some prepare to become contributors to the research enterprise to solve these challenges and sustain the solutions in the future. There is also a growing body of work in health research taking into consideration the perspectives, knowledge and experiences from those who are the focus of the research. We are interested in exploring if and how we can bring young people and youth voice into work related to our health priorities.

2. Aim, Objectives and Research Questions

The aim of the research is to explore the potential of young people’s involvement in health research, with a particular focus on the challenge areas of mental health, infectious disease, and the direct health impacts of global heating.

The research is expected to include two phases: i.e. a rapid evidence review, followed by stakeholder consultation. The objectives for each distinct phase and some key questions to explore are described below.

2.1 Objectives and key questions for the research

2.1.1 To conduct a rapid evidence review of current published credible international research in young people’s (ages 10-24) involvement in health research, strengths, weaknesses and gaps in the literature and develop a framework for youth involvement in health research.

We are interested in questions that seek to explore some of these issues:

1. What are the current interests, concerns and needs of young people in relation to health and health research?
2. To what extent are young people considered stakeholders in health research?



3. What are the challenges and benefits of involving young people in health research (including benefits for young people and benefits to the quality and integrity of research etc.)?
 - 3.1 What can young people bring to research agendas that older adults might overlook?
4. How do cultural, social, political contexts and socioeconomic background affect the status of young people and their roles in health research in different geographies?
5. What are the different approaches to involving young people in health research (highlighting any research related to mental health, infectious disease, and the direct health impacts of global heating)?
 - 5.1. What were the types of health research projects they were involved in?
 - 5.2. What were the strengths and weaknesses of these approaches?
 - 5.3. Under what conditions were the approaches most effective?
 - 5.4. How equitable were these approaches in including young people from a diverse range of backgrounds?
6. How does young people's knowledge and understanding of science and/or a health issue affect their ability to engage with and contribute to health research?
7. What are the skills and capabilities young people need and what additional support do they need (preparation) for effective involvement in health research?
8. How do adults working with young people need to be supported to work effectively with young people's involvement in health research?

2.1.2 To gather the views of a variety of stakeholders on how young people can be most effectively involved in health research and how Wellcome can best support them to contribute.

We expect the rapid evidence review to inform the stakeholder consultation. Some indicative questions that can guide the stakeholder consultation include:

- 1. What are the key stakeholders' views on the findings of the rapid evidence review?**
- 2. How can Wellcome involve young people in setting the shape and direction of the challenge area priorities and how can they be involved in awarding funding?**
- 3. What can Wellcome do to enable young people to be meaningfully involved in health research?**
 - 3.1 What are the key themes and research questions on health and the three challenge areas that could benefit from youth involvement and are relevant to young people?
 - 3.2 How can Wellcome better support young people and researchers to enable meaningful involvement of a wide range of young people in health research?
 - 3.3 How can Wellcome support innovation and change in research culture by enabling young people to be involved in health research, including its dissemination, in the challenge areas?



- 3.4 Who would be the key agents/stakeholders to be engaged in the implementation of the future work on involving young people in health research at Wellcome?
- 3.5 What can Wellcome do to work with partners to catalyse young people's involvement in research on the challenge areas based on examples of best practice from the field?

3. Scope of Requirements

3.1 Project methodology

A detailed methodology for the work is open for suppliers to propose. We expect the design and implementation of this study to take into consideration restrictions and limitations posed by COVID-19 now and until its completion.

As this study has a strong focus on young people, suggestions on how young people could be involved throughout the study are welcome. For example, how have young people been involved in developing the proposal; how will the supplier work with young people to co-design the methodology; what participatory or peer methods may the supplier use to involve young people in the review and stakeholder engagement?

This work will also be informed and build on landscape analysis conducted currently by a consultancy as part of the Education and Learning team's scoping.

We anticipate that the research will include two main phases:

3.1.1 Rapid evidence review

The rapid evidence review will include current peer reviewed studies on young people's involvement in health research including Wellcome's three health challenge areas (see Appendix for the list of criteria that will be used to assess the quality of the evidence review). Depending on the number of publications on young people's involvement in health research, it may be decided to widen the scope of the review to include studies on youth involvement in research in general.

The review may differentiate evidence between different age brackets within the definition of young people's age ranges, 10-24 years old.

We are interested in looking at different approaches to involving young people in health research which may include different ways, different levels of power and influence etc.

The scope of the review will include recently published international research (within the last 10-15 years), with a particular interest in LMICs in Africa and Asia, as well as the UK.

The evidence review may benefit from an external advisory group (EAG) of researchers and other relevant stakeholders with expertise on health research and the challenge areas that will provide recommendations for inclusion of relevant publications. A young person may also be included in this expert advisory group.

We expect the evidence review to feed in the second phase of the study, the stakeholder consultation.

3.1.2 Stakeholder consultation

Following the rapid evidence review key stakeholders will be consulted from the UK and LMICs in Asia and Africa. The different groups of stakeholders will be identified in collaboration with Wellcome and are likely to include young people, researchers, funders,



policy makers, NGOs, staff across Wellcome etc. The aforementioned EAG may also help to identify relevant stakeholders.

We might further develop the stakeholder consultation research questions of the stakeholder consultation based on the results of the rapid evidence review.

The consultation methods may include surveys, focus groups, individual interviews, other creative methods and can be conducted face to face or using online tools e.g. Zoom, WhatsApp, Twitter, Facebook etc. The method and tool should be decided based on what is appropriate to engage effectively each different stakeholder group.

We expect the consultation to include a breadth of stakeholder groups including those who are often be marginalised and overlooked e.g. due to disadvantage, in a way that is inclusive and with enough depth that their ideas are heard. The approach should be also accessible and sufficiently flexible to support the participation of those who may have particular needs.

It is up to the supplier to decide the number and type of the stakeholder groups that will be consulted and this needs to be specified in the proposal. In Africa and Asia the supplier may choose to conduct a deep dive consultation in a maximum of three countries in each continent or have a cross continent approach to cover as many LMIC countries as possible. The findings of the rapid evidence can also inform this decision.

3.2 Other requirements

We expect the study to be delivered in collaboration with Wellcome. We are looking for a supplier who understands issues around youth involvement in research and who can act as a critical friend and learning partner to support the Education and Learning team align with the new Wellcome strategy.

4. Contract management

At the end of Phase 1, Wellcome shall review the quality of the deliverables under Phase 1 against the criteria outlined in Appendix 1 of this document. In the event that Wellcome does not wish to proceed on to Phase 2, Wellcome will have the right to terminate the contract at the end of Phase 1 without any further liability to the supplier.

5. Deliverables

Wellcome will expect the following deliverables in accordance with the following timetable as a minimum:

| Deliverable | Deadline |
|---|--------------------------|
| A rapid evidence review, of maximum 50 pages, on current evidence of youth involvement in health research, including 2-4 pages summary of findings, and recommendations and a framework explaining different models/approaches. | 15 September 2020 |
| Presentation to Wellcome staff of the rapid evidence review findings | September 2020 |
| Stakeholder consultation plan including stakeholder target audiences and methods for engagement | 15 September 2020 |
| Draft structure of final report | 15 November 2020 |



| | |
|--|-------------------------|
| Final report, max 50pp. including stakeholder consultation analysis and findings, and implications for the future work of the Education and Learning team. A summary report for external publication online [format, content and length to be agreed in discussion with the supplier, but likely to be no more than 10 pages. | 15 December 2020 |
| Presentation of the stakeholder consultation findings and implications to Wellcome staff | TBC |

We are open about the format of the deliverables, though we would expect the reports to answer the key questions and have the following characteristics: compelling, actionable and shareable. This could include a range of visual outputs and written outputs – detailing the findings, strategic recommendations, methodology and any raw data. All reports to include appendices as agreed between Wellcome and the supplier. The contents and structure of the reports to be agreed in advance of writing.

The successful supplier will be expected to discuss and present findings at appropriate times, to internal and external audiences (if appropriate). The purpose of these presentations will be to disseminate the findings of this work and encourage engagement and discussions on the issues of youth involvement in health research.

Reports will be made available on Wellcome's website and disseminated through various channels to maximise reach and influence.

6. Ethics

We expect the research to adhere to the Social Research Association (SRA) ethical guidelines, the [BERA Ethical Guidelines for Educational Research](#) (especially the guidance relevant to young people) and [DFID's Ethical guidance for research, evaluation and monitoring activities](#). The Nuffield Council on Bioethics [Research in Health Emergencies: ethical issues](#) also need to be considered during the period of this work. If your proposal raises particular ethical issues (e.g. related to the involvement of young people), you must indicate what they are and what your strategy for addressing them is.

7. Time allocation and parameters

7.1 RFP Timeline

| # | Activity | Date |
|---|--|------------------------|
| 1 | RFP issued to Suppliers | 7 May 2020 |
| 2 | Expression of interest submitted to the Wellcome Contact | 15.00 on 21 May 2020 |
| 3 | Submission of Suppliers' questions to Wellcome Contact | 15.00 on 21 May 2020 |
| 4 | Wellcome's response issued to Suppliers' questions | 26 May 2020 |
| 5 | Submission of RFP Response | 11.00 am 8 June 2020 |
| 6 | RFP Evaluation Period | 8 June to 19 June 2020 |
| 7 | Clarification meetings may be held with shortlisted suppliers | 15 June 2020 |



| | | |
|----|--------------------------------|-----------------------|
| 8 | Notification of Contract Award | 22 June 2020 |
| 9 | Contract negotiation period | 22 June – 6 July 2020 |
| 10 | Contract Start Date | 6 July 2020 |

7.2 Response Format

If invited to submit a proposal for the work, we would expect to see:

1. Description of your understanding of the project's purpose
2. Explanation of how your research and output design will meet the aims and objectives of this study and the characteristics set out in the deliverables section.
3. Detailed methodology for undertaking the study, separating clearly the rapid evidence review and the stakeholder consultation
4. Any anticipated challenges with this RFP clearly set out, as well as how you will project manage the commission and quality assure your work.
5. Details of staff allocated to the project, together with experience of the contractor and staff members in carrying out similar projects and expertise in the thematic areas of this study. The project manager / lead contact should be identified.
6. A detailed budget including all costs, expenses and VAT, specifying all day rates of individuals involved, the allocation of days between members of the team; and the cost of particular activities (separating the rapid evidence review from the stakeholder consultation).
7. A timeline for the work, including key milestones and deliverables against each of these.
8. Contact details of two previous or current clients with direct knowledge or experience of your work relevant to this RFP. Please specify how the referees know your work and if they can be contacted by us straightaway.
9. Examples of similar types of work i.e. rapid evidence review and stakeholder analysis conducted in the past. These could be sent as a separate document/appendix to the proposal.

A proposal for undertaking the work should be maximum 10 pages. Submitting a proposal more than 10 pages will automatically result in the rejection of the proposal.

We recognise one individual or organisation may not feel equally able to deliver all strands of this evaluation and are therefore be happy to accept applications from a group of individuals or partner organisations. We will want one of these individuals or organisations to be identified as the lead contact.

- Suppliers submitting proposals as a registered company should review this [document](#).
- Individuals submitting proposals as a sole trader (not registered) should review this [document](#).
- Individuals submitting proposals through their own personal services company should highlight this to the Wellcome contact immediately.

7.3 Supplier Q&A



Prior to the submission of your RFP response, Suppliers are provided the opportunity to submit any questions they have about the exercise. All questions are to be submitted to the Wellcome Contact by e-mail in accordance with the RFP timetable.

7.4 Budget

The budget available for the work, to include all expenses and VAT, is £200,000

Any costs to support participation in the research, for example, participant expenses, incentives or meeting room costs should be included and clearly specified within the budget. The budget should also cover all costs associated with quality assurance, proof-reading and design of the final outputs. An appropriate allowance for expenses and management time should be included. In presenting your budget, please indicate VAT where this applies.

7.5 Scoring

Your proposal will be scored out of 100%

80% of the marks will be awarded to Quality

The proposal will be assessed against the following Quality Questions (80% of the total score):

| Quality questions | Weighting |
|---|---------------|
| 1. To what extent does the RFP response demonstrate a clear understanding of the aim, objectives and research questions, and main issues related to this study, including youth involvement in research? | Weighting 10% |
| 2. To what extent does the RFP response demonstrate relevant experience in conducting rapid evidence reviews? | Weighting 20% |
| 3. To what extent is the proposed methodology robust and appropriate to fulfil the research aim and answer the research questions? | Weighting 20% |
| 4. To what extent does the RFP response demonstrate the supplier has expertise in most of the following areas: youth involvement in research/health research, mental health, infectious diseases, climate change. | Weighting 15% |
| 5. To what extent does the tender response demonstrate the supplier's experience in conducting stakeholder consultations that have influenced strategic directions and producing high quality outputs including actionable recommendations? | Weighting 20% |
| 6. To what extent does the tender response demonstrate a clear and realistic project plan, to successfully deliver the work to the budget and timetable required and a well-structured team with clear roles and responsibilities? | Weighting 20% |

20% of marks will be awarded for Price.

The evaluation of price will be carried out on the Schedule of charges you provide in response to Table A

Table A - Schedule of Charges

Please show in your proposal submission, the number of staff and the amount of time that will be scheduled to work on the contract with the daily charging rate.



Please complete the table below providing a detailed breakdown of costs against each description. Suppliers may extend the tables to detail additional elements/costs if required.

If VAT is chargeable on the services to be provided, this should be taken into account in the overall cost of this contract.

Suppliers shall complete the schedule below, estimating the number of days, travel and subsistence costs associated with their proposal submission.

TABLE A: (firm and fixed costs)

| Cost | Post 1 cost per day (No of days) e.g. Project Manager/ Director @ £2 | Post 2 cost per day (No of days) e.g. Senior Consultant/manager/researcher @£1.5 | Post 3 cost per day (No of days) Junior Consultant /equivalent e.g. £1 | Total days | Total fees |
|--|--|--|--|-------------------|-------------------|
| Inception meeting to agree plans and finalise requirements | Example 0.5 | 1 | 1.5 | 3 | £4 |
| [Add as necessary] | | | | | |
| [Add as necessary] | | | | | |

| Cost Type | Value (£) |
|--------------------|------------------|
| Sub - Total | |
| VAT | |
| Total* | |

8 Non-Disclosure and Confidentiality

Prospective Suppliers should be aware that inappropriate publicity could have a serious effect upon Wellcome's business. The information contained within this document or subsequently made available to prospective suppliers is deemed confidential and must not be disclosed without the prior written consent of Wellcome unless required by law.

9 Independent Proposal

By submission of a proposal, prospective Suppliers warrant that the prices in the proposal have been arrived at independently, without consultation, communication, agreement or understanding for the purpose of restricting competition, as to any matter relating to such prices, with any other potential supplier or with any competitor.

10 Accessibility



Wellcome is committed to ensuring that our RFP exercises are accessible to everyone. If you have a disability or a chronic health condition, we can offer adjustments to the response format e.g. submitting your response in an alternate format. For support during the RFP exercise, contact the Wellcome Contact.

If, within the proposed outputs of this RFP exercise, specific adjustments are required by you or your team which incur additional cost then outline them clearly within your commercial response. Wellcome is committed to evaluating all proposals fairly and will ensure any proposed adjustment costs sit outside the commercial evaluation.

11 Wellcome Contact Details

The single point of contact within this RFP exercise for all communications is as indicated below

Name: Dr Asimina Vergou
Role: Education Research Programme Lead
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Email: a.vergou@wellcome.ac.uk

12 About Wellcome

Wellcome exists to improve health by helping great ideas to thrive. We support researchers, we take on big health challenges, we campaign for better science, and we help everyone get involved with science and health research. We are a politically and financially independent foundation. Find out more about Wellcome and our work: wellcome.ac.uk.



Appendix 1

Young People's involvement in health research - Rapid Evidence Review Criteria

| Category | Criterion | 1 | 2 | 3 |
|---|--|---|--|--|
| 1.Coverage | Justified criteria for inclusion and exclusion from review. | Did not discuss the criteria inclusion or exclusion | Discussed the literature included and excluded | Justified inclusion and exclusion of literature |
| 2.Synthesis | Distinguished what has been done in the field from what needs to be done-gaps | Did not distinguish what has and has not been done | Discussed what has and has not been done | Critically examined the state of the field |
| | Placed the topic or problem in the relevant policy and research contexts | Topic not placed in the relevant policy and research contexts | Some discussion of relevant policy and research context | Topic clearly situated in relevant policy and research context |
| | Synthesized and gained a new perspective on the literature | Accepted literature at face value | Some critique of literature | Offered new perspective |
| 3.Methodology | Identified methodologies and methods used in this area and critically examined these | Relevant methodologies and methods not identified or discussed | Some discussion of relevant methodologies and methods | Justified/reviews advantages and disadvantages for relevant methodologies and methods |
| 4.Significance | Rationalized the research, practice and policy implications of the reviewed evidence | Research, practice and policy implications of the reviewed evidence not discussed | Research, practice and policy implications of the evidence discussed | Critiqued research, practice and policy implications of the evidence |
| 5.Coherency and relevance to target audience | Was written with a coherent, clear structure in a language and style relevant to Wellcome staff and other stakeholders | Poorly conceptualized, using difficult to understand language | Some coherent structure and relevant to some extend to Wellcome staff and other stakeholders | Well developed, coherent, using language easy to understand and related to Wellcome staff and other stakeholders |
| 6.Usefulness | Produced insightful recommendations, applicable and relevant to Wellcome and other health stakeholders | Did not produce any recommendations | Produced some recommendations relevant to Wellcome and health stakeholders | Produced realistic and compelling recommendations for Wellcome and other health stakeholders |

Collins, A., Coughlin, D., Miller, J. and Kirk, S. (2015) [The Production of Quick Scoping Reviews and Rapid Evidence Assessments: A How to Guide](#). London: Defra/London: NERC.