**Addressing the impact of parental substance misuse on children**

1. Project outline

The main deliverables included within this tender specification are:

* Provide estimates of the number of children likely to be affected by the drug or alcohol misuse of their parents in England, this does not include those affected by dependent use as these will be produced separately\*.
* Conduct a review on the evidence on the likely harms caused by parental / carer substance use, to provide advice to national and local government on:
	+ what are the most effective interventions and what are the associated costs and benefits
	+ where action could have the greatest impact on improving the life chances of affected children
	+ the available national and local data sources where information on parental substance use is collected and which could be used to inform a resource for local authorities
* Produce a toolkit / resource for Local Authorities to include:
	+ the prevalence and incidence of parental parental/carer drug and alcohol misuse
	+ the associated health and social harms of this use to individuals, families and the wider community, including likely costs
	+ guidance and information effective interventions that they might take at a local level to address the harms, including likely costs and benefits

This project is split into two component parts:

* Part A –conducting an evidence review and providing estimates of the wider prevalence and incidence of harmful (non-dependent) parental drug and alcohol use
* Part B – Producing a resource for local authorities that allows them understand the likely local levels of harm to children from parental substance use and the most effective ways to target and tackle these harms

This tender is for parts A and B and applications can be made for just the first component or both (**though not just part B**)

**\* PHE is separately commissioning prevalence estimates of the number of individuals who are dependent on opiates, crack, or alcohol and have children living with them. Therefore, this tender does not include the requirement to produce these estimates although they will be expected to be a component in the resource for local authorities (part B above).**

1. **Background**

Public Health England (PHE) is committed to delivering accessible and high quality care to families across the health system, including the most vulnerable.

PHE has four key functions to protect and improve the health of the population, achieved in part through building the capability and capacity of the public health system. This is done by working with national and local government, the NHS, industry, academia, the public and the voluntary and community sector.

The Government has commissioned PHE to review the evidence and provide advice to Ministers on the estimated number of children likely to be affected by the drug or alcohol misuse of their parents or carers, and provide advice to national and local government on where action could have the greatest impact.

Increasing access to services for vulnerable families is vital if we are to improve health outcomes. The engagement of children, young people and families forms part of PHE’s commitment to raise the profile of the public health of children and young people and to support improved outcomes through community engagement.

1. **Context**

Parental drug and alcohol dependence has a significant impact on the life chances of children. Adverse consequences can include neglect, domestic violence and abuse, failure to thrive, a wide range of emotional, and behavioural difficulties and poor educational attainment.

Parental substance dependence may also increase the likelihood of children misusing drugs and alcohol themselves, and taking on inappropriate caring roles for their addicted parent/carer(s). An important protective factor for the child is whether a drug or alcohol dependent parent is drug or alcohol treatment. In 2014-15, just over half of adults starting drug and alcohol treatment were parents and / or had children living with them.

Non-dependant parental alcohol and drug use which is harmful to children is also covered by this project. This type of use may have similar adverse consequences to dependence, and should be explored as part of the the evidence review.

The Social Research Unit at Darlington have undertaken some work in this area in Scotland which we would like successful candidates to consider as they develop their methodological approaches (see: <http://childrencountscotland.dartington.org.uk/>).

Other work is happening across government that focusses on families, parents and children and the successful organisation should ensure that this work on parental alcohol and drug use is aligned with these policies. Work includes, but may not be limited to:

* The Troubled Families programme
* The Mental Health Taskforce
* Adverse Childhood Experiences
* Tackling Child Sexual Exploitation
1. **Aims and objectives**
2. **Overarching Aims**
	* 1. The over-arching aim is to improve local authority and other key partners’ response to children and young people affected by parental substance misuse
		2. To provide local information and guidance on cost effective interventions
		3. To identify good practice which can be shared to illustrate what can be improved and achieved locally
		4. To produce a comprehensive report that presents an appraisal of the intelligence gathered and makes good practice recommendations
		5. To develop a toolkit for local authorities to support them to plan and implement local responses, including identifying examples of good practice and issues of transferability and implementation.
		6. To obtain and analyse all relevant data eg: from stakeholder reports, from other available data, and to appraise and interpret this data to inform further work
3. **Objectives - Part A conducting an evidence review**
4. Work in an effective, coordinated way with the PHE project team including to develop the methodology and a conceptualisation of the types of harm under review
5. Develop and implement a systematic literature search strategy and prepare data extraction tables detailing all of the studies and their findings
6. To synthesise the findings through a narrative, conclusion and summary.
7. To identify gaps in the evidence and make recommendations for future research.
8. To collate the information and findings into a written report
9. To prepare a response and required revision to the report on the basis of independent peer review
10. Participate in regular liaison and update sessions with the PHE project team.

Part A of this tender includes the carrying out a rapid evidence assessment (REA). An REA is used by UK government departments, allied agencies and universities to quickly search and evaluate published research on a selected topic.[[1]](#footnote-1) REAs are intended to offer policy makers a balanced assessment of what is known about a policy or practice issue based on a systematic search of published studies and a critical appraisal of the evidence.

This method is of particular value where a topic is broad, where there may be a large extant literature in scientific journals, and where there is uncertainty about the effectiveness of policy and future research needs. Due to the priority for speed, the REA makes concessions to the breadth or depth of the process by limiting the search process and emphasising prior systematic reviews and meta-analysis of research on health and social care services and treatment systems (and in this way, taking the form of a review-of-reviews).

The REA will form a significant part of the responses to Part A. The REA scope described here is indicative rather than final. A comprehensive literature search strategy and data extraction template will need to be developed.

Given the multiple components for this work, there will be a requirement for the evidence reviewer(s) to work closely and collaboratively with the project team, PHE’s Evidence Application Team, and PHE management.

For more detail on carrying out an evidence review please see Annex A

1. **Objectives - Part B providing a resource for local authorities**
2. Work in a coordinated way with the PHE project team to develop the specification for the content of the resource for local authorities.
3. Provide a data toolkit that includes information on incidence, prevalence, harms and costs associated with parental substance use, that is simple and straightforward for local authorities to use.
4. Provide guidance and any relevant training packages to support use of the resource by local authorities and others, which allows them to identify and address need.
5. To identify gaps in the information contained in the toolkit and make recommendations how it could be improved in the future.
6. Participate in regular liaison and update sessions with the PHE project team.
7. **Standard information for applicants**
	1. The sections below provide standard information on different aspects of the project and will contain details relevant to your application.
	2. *Governance Issues*
		1. Day-to-day management of the evaluation will be by an identified project lead within the provider organisation.
		2. The successful provider must adhere to the Data Protection Act (1998) and the Freedom of Information Act (2000). Effective security management, and ensuring personal information and assessment data are kept secure, will be essential. In particular:
	3. *Risk Issues and Management*
		1. Applicants should submit, as part of their application, a summary explaining what they believe will be the key risks to delivering this project, and what contingencies they will put in place to deal with them.
		2. A risk is defined as any factor which may delay, disrupt or prevent the full achievement of a project objective. All risks should be identified. The summary should include an assessment of each risk, together with a rating of the risks likelihood and its impact on a project objective (using a high, medium or low classification for both). The risk assessment should also identify appropriate actions that would reduce or eliminate each risk, or its impact.
8. **Dissemination**

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Intellectual Property

Background Intellectual Property” means any Intellectual Property and Intellectual Property Rights, other than Foreground Intellectual Property, that is used in connection with any part of the Services. “Foreground Intellectual Property” means any Intellectual Property and Intellectual Property Rights that arises or is obtained or developed by, or by the Contractor on behalf of, either party in the course of or in connection with the performance of the Services.

All Foreground Intellectual Property shall vest in and be owned absolutely by the Authority and the Contractor agrees to execute all documents and assignments and do all such things as may be necessary to perfect the Authority's title to the Intellectual Property or to register the Authority as owner of registrable rights.

All Background Intellectual Property owned by either Party shall remain the property of that Party but the Contractor shall, where it has the right to do so, grant the Authority and any Beneficiary a non-exclusive, perpetual, royalty free, global license to use any Background Intellectual Property to the extent necessary for the purpose of the Services and for the use or exploitation of any Foreground Intellectual Property.

The Authority shall be entitled to negotiate and agree provisions for the ownership of Intellectual Property Rights which deviate from the above to the extent that such other provisions, in the authority’s opinion, are more suitable for the services under that Order.

1. **Budget and Timescale**
	1. The project has a budget of up to £60,000 excluding VAT.
	2. The toolkit and evaluation must report by 31st March 2017
2. **Application Process**
	1. Applications should be submitted electronically through the Bravo portal and include the following documentation:
3. Supporting statement setting out establishing suitability to undertake the project.
4. Outline project plan & methodology
5. Risk statement
6. Budget
7. Project team CVs
	1. Word limit on the tender application (excl. any CVs) 2,000
	2. Applications will be reviewed by an internal PHE panel and candidates will be informed electronically of the result.
	3. If two applications are scored identically then both applicants will be invited to a verbal presentation.
8. **Selection Criteria**

Criteria used by members of the review panel to assess applications for funding from the project will include:

* RELEVANCE of the proposed evaluation plan and methodology to the aims and objectives of the project
* QUALITY of the work plan and proposed management arrangements
* STRENGTH of the project team
* VALUE for money (justification of the proposed costs)
* INVOLVEMENT of key stakeholders

The scoring methodology will be:

Unacceptable = 0 marks

Weak = 5 marks

Satisfactory = 10 marks

Good = 15 marks

Excellent = 20 marks

1. **Timetable**

It is anticipated that commissioning of this project will occur to the following timetable:

* Issue of invitation to tender
* Deadline for receipt of applications: Noon on the 2nd November 2016
* Notification of outcome of applications review: 9th November 2016
* Award of contract: 11th November 2016
* Project completion: 31st March 2017
1. **Contacts**
	1. Questions regarding this tender can be directed via the Bravo platform.

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| **Annex A Rapid Evidence Review Standards and Task**PHE is committed to producing information, guidance and research based on the best available evidence from a range of disciplines. The quality of evidence varies depending on a range of factors, with systematic reviews and meta-analysis of multiple randomized controlled trials (RCTs) published in scientific, peer-reviewed journals at the top of the hierarchy. Other types of evidence, including well-conducted observational studies, and information gathered from experts by experience, may not carry the same evidential weight but can add to the understanding of systems that are necessarily complex and interlinked.To enable us to draw on the broadest range of high-quality evidence possible we have developed a hierarchy of evidence that allows us t accurately the quality and type of the evidence being reviewed. • Strong research evidence – evidence syntheses from the Cochrane Collaboration and NICE, other systematic reviews and individual high quality RCTs • Research evidence – evidence from quasi-experimental designs, matched (or case-controlled) studies, confounder adjusted observational studies• Emerging research evidence – evidence from descriptive or comparative studies, correlation studies, surveys or evaluationsWe will use an adapted version of GRADE[[2]](#footnote-2) to inform the interpretation of the three categories of evidence above and, in particular, to enable a quantitative measure of the effectiveness of interventions and policies as follows:\* No evidence or minimal effect; any estimate of effect is very uncertain (insufficient evidence to recommend)\*\* Somewhat effective; further research very likely to change estimate (insufficient evidence to recommend)\*\*\* Moderate; further research may change estimate (estimate of effect sufficient to recommend)\*\*\*\* Strong; further research very unlikely to change estimate (estimate of effect strong and consistent – recommended) |

The REA reviewer(s) will be expected to advise on the starting time period for the search (e.g. published material after 1980). Where a systematic review incorporates a minority of data and evidence predating the starting period, it will still be considered for inclusion and there will be no attempt to disaggregate older findings from the more recent.

1. http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/what-is [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)