INVITATION TO TENDER

Advising how Bliss can develop our work to improve care for all babies born premature or sick, by increasing participation and involvement of families who experience inequalities relating to ethnicity and/or socio-economic disadvantage.

Our use of language in this document

Throughout this document we refer to health inequality or health inequalities. These terms refer to the unequal access to and experiences of healthcare services, support and information, and the unequal healthcare outcomes which are apparent across the UK population, and across the population of families who experience neonatal care.

When we refer to 'ethnic minority' babies, families or parents and carers, we mean all ethnic groups except White British.

About Bliss

Bliss was founded in 1979 by a group of concerned parents who discovered that no hospital had all the equipment nor the trained staff it needed to safely care for premature and sick babies. Determined to do something, these volunteers formed a charity to give vulnerable babies the care they deserve. Almost 45 years later, Bliss has grown into the leading UK charity for the 90,000 babies born premature or sick every year and who require neonatal care.

Our ambition is for every baby born premature or sick in the UK to benefit from our work and to have the best chance of survival and quality of life.

Our mission

Bliss exists to ensure all babies in neonatal care:

- Have the best chance of survival
- Have well-supported parents playing an active role in their decision-making and care
- Are cared for in neonatal environments that best support their development
- Benefit from neonatal research that can lead to practical improvements in their care
- Receive high-quality care within a neonatal health system which is appropriately funded, structured and staffed.

What we do

We achieve our mission by:

- Campaigning for change
- Supporting all neonatal families

- Improving care for babies
- Putting research into practice
- Working with our amazing supporters and staff

Bliss' understanding of health inequalities and how they affect those who access neonatal systems

Bliss exists for every baby born premature or sick in the UK to have the best chance of survival and quality of life. As our strategy for 2022-25 explains, we recognise that neonatal care is not experienced equally, with many vulnerable babies and families experiencing health inequality. These inequalities exist due to many different and often interconnected factors, including ethnicity, socio-economic status, characteristics which are protected by the Equality Act 2010 (such as age, sex, religion or belief, and sexual orientation) as well as factors such as digital access and skills, literacy, language, education, and employment status.

In relation to neonatal care, these inequalities often relate to access to, experience of and outcomes of, health services. Babies born to minority ethic mothers are more likely to be born premature, and, as reported in the MBRRACE State of the Nation report published in September 2023: "Wide ethnic inequalities in perinatal mortality continue, but stillbirth and neonatal mortality rates for babies of Black ethnicity increased at a higher rate than for babies of Asian and White ethnicity. Babies of Black ethnicity now have the highest rates of both stillbirth and neonatal death." This report also shows there are "higher rates of stillbirth and neonatal death associated with deprivation."[1]

This report, and many others, show how health inequality can impact many outcomes and experiences for babies who enter the neonatal system. Our research[2] has identified how ethnicity and financial hardship can result in inequality, and that this inequality can often lead to parents not being as likely to be treated as partners in their baby's care. While we recognise the intersectionality of many of the factors that lead to inequality, within this project brief we are particularly focussing on inequalities relating to ethnicity and/or socio-economic status, either in combination or separately.

In our current strategy we have committed to tackling inequalities across our work, including our support for families and how we improve practice. One way in which we aim to do this is by working closely with specific communities within the neonatal population to develop and deliver our work in ways which better meet the needs of people who experience these inequalities.

---

[1] Draper ES, Gallimore ID, Smith LK, Matthews RJ, Fenton AC, Kurinczuk JJ, Smith PW, Manktelow BN, on behalf of the MBRRACE-UK Collaboration. MBRRACE-UK Perinatal Mortality Surveillance, UK Perinatal Deaths for Births from January to December 2021: State of the Nation Report. Leicester: The Infant Mortality and Morbidity Studies, Department of Population Health Sciences, University of Leicester. 2023.

[2] Bliss (2022) Impact of cost-of-living crisis in neonatal care; Bliss (2022) South Asian Families' Experiences Report; Bliss (2021) Neonatal care through a young parent lens.

Project scope

Since our foundation as a charity in 1979 by parents of babies born premature and sick, Bliss has always recognised the importance of parent voice across all our work. While we hear from and involve many parents in our work, we recognise that we are not currently hearing the voices of enough parents who are affected by health inequalities relating to ethnicity and socio-economic deprivation. We think there is an opportunity for us to do more to tackle these inequalities by hearing from, understanding and responding to those most affected by them.

To achieve our strategic aim of using the lens of health inequality to identify how we can make the biggest difference for babies born premature or sick, it is imperative that we take action to address this imbalance within our involvement work. We need to not only hear more from families affected by these inequalities, but to also ensure that they are fully involved in influencing and shaping our work and evaluating its impact.

Bliss would like to commission an expert to work with us to research and outline clear and practical recommendations for how we can hear from and include the voices of those families who have experienced health inequalities in our work more fully, with a focus on how to do so sensitively while meeting their individual needs.

Project objectives

- Develop recommendations for how Bliss can engage parents and carers in our work who experience inequalities in healthcare related to ethnicity and/or socio-economic deprivation.
- Consider the role and purpose of Bliss' existing Insight and Involvement Group (see appendix) and develop recommendations for how to ensure that this forum is best suited to support these communities to play a central role in our work going forward.
- Consider how Bliss can work with established and new community partners who represent racially marginalised communities and communities who experience deprivation, to increase our reach and understanding.

What we are looking for

We are looking to engage a person or organisation who has extensive knowledge of issues relating to health inequalities and the inclusion and participation of people who experience inequalities in work designed to support them. An expert knowledge of neonatal services is not essential for this project, though we would expect them to understand how knowledge of inequalities in neonatal care will be explored. We would also expect to see a strong commitment to actively involving relevant stakeholders and service users in shaping the research methodology and outputs.

Outputs

At the end of the project, we would expect a report to be completed with recommendations detailing how Bliss can more effectively and sensitively involve parents and carers who experience health inequalities in our work. The recommendations should be:

- Practically actionable and achievable by Bliss.
- Considerate of Bliss' current resourcing capabilities.
- Relevant to Bliss' ongoing work and recognise our work to date in addressing health inequalities.
- Specific to neonatal care and to parents/carers who experience neonatal care.
- Evidence-based and co-produced with relevant stakeholders.

The final report and recommendations should be submitted as a word document which is primarily intended to be used as an internal document. We will agree with the appointed person/organisation whether the finished report, or elements of it, will also be externally published.

The successful person/organisation will be expected to maintain regular contact with Bliss throughout the duration of the project timeline, reporting at key stages to ensure that the project remains to brief.

Project Specifications

- The project will start as soon as possible and will need to be completed by 31st March 2024.
- The project budget is £5000 inclusive of VAT. Costs for service-user involvement, or any other costs, to be agreed with Bliss in advance.

Tender submission

Your tender submission should include the following:

Information

- Details of key personnel who will be involved in the project including their expertise and skills.
- A brief outline of your values, structure, size and capabilities in general.
- An explanation of the unique benefit you will bring to this work.

Project plan

- An introduction illustrating your understanding of the brief
- An outline of your research methodology for the project
- A timeline including key dates to demonstrate how you would meet the proposed deadline

- A plan for how you would intend to work with the Bliss project lead and any other capacity you would require from Bliss.

Project dates

Invitation to tender released	29th November 2023
Deadline for bids	11th December 2023
Interviews for shortlisted candidates	w/b 18th December 2023
Contract awarded	21st December 2023
Project start	w/b 1st January 2024
Final report due	31st March 2024

Instructions for the return of tenders

Tenders should be submitted by email to **Anna Moore** annam@bliss.org.uk by Monday 11th December.

Please get in touch with Anna Moore, Bliss Involvement and Special Projects Programme Lead, if you would like to discuss the project prior to submitting a bid for the tender.

Appendix

Bliss' Insight and Involvement Group

The Insight and Involvement Group was created to help ensure that the lived experience of people affected by neonatal care is central to Bliss' work. It is there to make sure the voices and experiences of those closest to neonatal care are listened to, learnt from, and inform our plans, services and activities. The group is currently made up of approximately 180 parents and carers of babies born premature and sick, as well as some adults who were born premature and sick.

Members of the group are regularly sent opportunities to be involved in our work right across the charity. They are also sent opportunities to contribute to projects led by external research organisations or health care professionals who share Bliss' vision - to give babies born premature or sick the best chance of survival and quality of life.

Some examples of opportunities members of the group have recently been invited to participate in have included:

- Responding to a survey about Bliss' Winter Appeal (our seasonal fundraising campaign)
- Taking part in user testing for Bliss' website
- Reviewing Bliss' website information about necrotising enterocolitis (NEC)
- An opportunity to be interviewed as part of a research project about Surfactant Protein Deficiency led by the Oxford Biomedical Research Centre.
- An opportunity to be part of a research project at the University of Leicester looking at whether children born premature are more at risk of being admitted to a Paediatric Intensive Care Unit (PICU) after going home from the neonatal unit.