

Request For Tender

A review of the international literature addressing external support for school-based sex education provided by personnel or agencies other than regular teaching staff, geared towards Post-Primary students and appropriate to the Irish setting.

Opportunities exist within the Relationship and Sexuality Education (RSE) curriculum, in the context of Social, Personal and Health Education (SPHE), where outside facilitators, or 'visitors' to the classroom, may be of particular benefit; these include supporting the delivery of lessons devoted to developing relationship skills, sexual and reproductive health, sexual identity, sexual harassment and building sexual health literacy. In order to develop a greater understanding of the potential and role of facilitators/visitors assisting teachers and schools to implement RSE, a comprehensive review of the international literature is required. A review of the international literature could focus on programmes within States with a potential for working well in the Irish setting. It could include the issues of structures, process, training and resource materials, recruitment and selection, as well as policy and ethical considerations.

The outputs from this initiative by the Crisis Pregnancy Agency (CPA, the Agency) and supported by Department of Education and Science (DES) will provide information that can, in the longer term, inform the development of a set of guidelines or supports for schools and teachers. In the short term the outputs may also support the development of a set of recommendations for how schools, teachers and students can be best supported to use/engage outside agencies in RSE/SPHE delivery.

Aims

- i. The overall aim is to support the full implementation of RSE/SPHE by developing an evidence base of the range, type and role of outside facilitators/visitors in supporting the teaching of RSE/SPHE in post-primary schools.
- ii. The specific purpose of the review is to document programmes capable of identifying the needs of students and teachers, and the range and expertise of professionals that ideally meet these needs.

- iii. Ultimately it is envisaged that the review may feed into the production of 'good practice' guidelines and/or models for RSE support by outside facilitators ('visitors') at post-primary level.

Objectives

1. The review should document the models / approaches to 'outside' supports for school sex education programmes in the international literature.
2. The review should document how the models might be 'translated' into working in the Irish context. (This would extend to consideration of how resources in Ireland, such as HSE community health professionals, could be involved in RSE facilitation).
3. The review would consider evidence in the literature of characteristics of successful programmes for sex education supports and of those who deliver them (in terms of training, qualifications etc).
4. The review would highlight aspects of sex education supports in the international literature that focus on, or have a proven track record in delaying first sex.
5. The reviewer(s) would critique the literature found on the subject matter and examine the feasibility of developing recommendations from research that would feed into the development of standards of best practice for RSE/SPHE facilitation by 'visitors' to the Irish classroom.
6. The review should fully address methodological issues arising, including limitations with respect to the reliability, validity and generalisability of research findings and provide recommendations for how research findings can be further tested, supported and validated.
7. The review may consider a case-study approach. This could involve identifying a specific example(s) of successful partnerships in sex-education supports in the classroom and consideration of their suitability in an Irish setting.

About the Crisis Pregnancy Agency

The Crisis Pregnancy Agency was established in 2001 with the purpose of bringing strategic focus to bear on the issue of crisis pregnancy and so add further value to the work of existing service providers. The Agency has three mandates, which are set out in the Statutory Instrument:¹

¹ Crisis Pregnancy Agency (Establishment) Order 2001; S. I. No. 446 of 2001, amended by the CPA (Establishment) Order 2001 (Amendment) Order 2007, S. I. No. 175 of 2007.

Mandate A: a reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services;

Mandate B: a reduction in the number of women who opt for abortion by offering services and supports which make other options more attractive;

Mandate C: the provision of counselling services, medical services and such other health services for the purpose of providing support after crisis pregnancy as may be deemed appropriate by the Agency. The Agency's 2007-2011 Strategy² outlines how the Agency will continue to extend crisis pregnancy counselling services as well as improving standards of service provision. This includes extending service provision to at risk groups such as young people with special needs and women with an intellectual disability.

Background to this research:

Issues identified in a research report, jointly commissioned by the DES and the CPA in 2004, set the context for this project. The report, entitled 'Relationships and Sexuality Education in the context of Social, Personal and Health Education: An Assessment of the Challenges to the Full Implementation of the Programme in Post-primary Schools', was launched by the Minister for Education and Science, Ms. Mary Hanafin in March 2007³.

The research found that while RSE/SPHE implementation levels improved since previous assessments, barriers to full RSE/SPHE implementation remain. Identifying and removing barriers to RSE/SPHE implementation is the impetus for the CPA in addressing the issue of outside facilitators. Some of the findings of particular interest from the Mayock et al. (2007) study are outlined below:

- 40% of post-primary schools have not yet finalised an agreed RSE/SPHE policy, yet Junior Cycle Guidelines for teachers (page 8) indicate "*Planning for relationships and sexuality education should be undertaken in the light of school policy in this area.*"
- The study found considerable inconsistencies within the broad perspective of 'supportive whole-school environment' for RSE/SPHE.
- 90% of schools teach RSE/SPHE in First Year; this declines to 48% by Leaving Certificate year.
- Early school leavers (ESLs) are particularly vulnerable to early sexual debut and a series of associated negative outcomes subsequently, yet 30% of schools reported not teaching RSE/SPHE in 3rd year – effectively the final year for ESLs.

² Strategy 2007-2011: Leading to an integrated approach to reducing crisis pregnancy <http://www.crisispregnancy.ie/pub/Strategy%202007%20-%202011.pdf>

³ Relationships and Sexuality Education in the context of Social, Personal and Health Education: An Assessment of the Challenges to the Full Implementation of the Programme in Post-primary Schools' Paula Mayock, Karl Kitching, Mark Morgan. February 2007. Dublin. ISBN: 1-905199-09-0

- 71% of schools agreed 'discomfort' of some teachers in teaching RSE was an important barrier to full RSE implementation.
- 40% of schools reported using 'outside facilitators' to teach RSE/SPHE; 80% of respondents thought that having more outside facilitators would help enhance future RSE delivery.
- Government level respondents interviewed for this study felt the role of 'outside facilitators' merits further development and expansion.
- Regional level respondents interviewed for this study expressed strong views on *"the need for outside facilitators to complement the schools existing RSE programme as a way of ensuring that holistic and consistent messages are delivered to students and to avoid an over-emphasis on preventive messages"*.

It is crucial that where outside facilitators are teaching RSE in post-primary schools that they are doing so in a way that supports the RSE/SPHE model of delivery as part of an enabling curriculum; the aim is to *assist* teachers and schools when agreeing to allow facilitators/visitors input into the school curriculum and environment.

The origins of the proposed project lie in recommendations contained in the report; it made the following recommendations with regard to the use of outside facilitators in the teaching of RSE in post-primary schools:

- In schools where outside agencies are involved in facilitating RSE, greater care should be taken to ensure that their input is in line with school policy. Schools also need to ensure that the work of outside facilitators complements, rather than substitutes, the work of RSE teachers in the school.
- Schools should be encouraged to seek advice from the SPHE Support Service and RSE Co-ordinator on assessing the benefits of having an outside facilitator teaching RSE in the school.
- Further research is required on the role of outside agencies in the delivery of school-based RSE. This research needs to address the apparent lack of co-ordination/standardisation in this area and take account of who is doing this work and how often. Consideration also needs to be given to the content (and emphasis therein) of outside-agency teaching within RSE.

Outputs of the research:

Expected outputs from this literature review include:

- A systematic review of literature relating to models for delivery of sex education by non-regular teaching staff for post-primary students.
- A systematic review of literature relating to issues that promote or constrain best practice in the delivery of sex education by non-regular teaching staff for post-primary students.

- An understanding of how best practice models or approaches may apply in the Irish setting. This would involve the reviewer having a working knowledge of current RSE/SPHE delivery as detailed in relevant DES documentation and as evidenced in existing research and commentary on the subject.
- An understanding of models for sex-education supports for specific groups, e.g. youth vulnerable to truancy and/or early school leaving; children with learning difficulties; children with mental or physical disability; children of migrant parents where cultural issues like language or religion might 'set them apart'; other groups identified in the literature as possibly requiring targeted supports.
- An understanding of the challenges to adopting international models for the Irish situation.
- An understanding of the degree to which delaying the onset of sexual activity is a focus of sex education supports internationally, and models that have a proven track record in promoting delay of sexual debut.
- A series of reliable and valid conclusions with respect to the feasibility of identifying suitable models of sex education supports adaptable to the Irish setting.

Tender requirements

The Agency would like prospective tenders to focus exclusively on *how* they will identify, summarise, synthesise and critique the relevant literature. Tenders should outline more specifically:

1. The skills required to conduct an analysis of this type.
2. The approach to be taken in conducting this literature review. This should include an outline of how the study protocol will be developed; what methods for searching the literature will be used and what criteria will be used by the researcher for the inclusion/exclusion of research material.
3. The challenges in conducting a review of this type and suggestions for how these challenges can be addressed.
4. How they will liaise with the Agency over the course of the project.
5. Who is going to write this review and how the skills and experience of the individual meet the challenges outlined.
6. A breakdown of the budget required, inclusive of VAT.
7. A timeline for the project. The Agency would like work to begin on the study protocol before year-end.

Budget guidance:

The budget allocated for this piece of research is €15,000 inclusive of VAT.

Timetable for reporting process:

The deadline for the final report will be the end of March 2009.

Closing date for receipt of tenders is Monday 17th November 2008. Tenders should be received at the above address not later than 12 noon on Monday 17th November, 2008. Proposals will be opened at 2.30 p.m. by two officials of the Agency. Tenders received after the deadline will be returned unopened to the tenderer

General conditions of Tender

Contractual arrangements are not within the scope of this document. However, the following conditions should be noted as they will form part of the final contract:

1. Any conflicts of interest involving a contractor must be fully disclosed to the Crisis Pregnancy Agency, particularly where there is a conflict of interest in relation to any recommendations or proposals put forward by the tenderer.
2. Any registerable interest involving the contractor and the Crisis Pregnancy Agency must be fully disclosed in the response to this Invitation to Tender, or should be communicated to the Administration Manager immediately upon such information becoming known to the contractor. The terms 'registerable interest' and 'relative' shall be interpreted as per Section 2 of the Ethics in Public Office Act, 1994.
3. Without prejudice, the Agency will endeavour to give potential respondents an accurate description of the requirements. However, tenderers should form their own conclusions about the methods and resources needed to meet those requirements. The Agency will not accept responsibility for the tenderers' assessment of the requirements.
4. The Crisis Pregnancy Agency will accept no responsibility for any costs incurred in formulating or presenting proposals.
5. Information supplied by tenderers will be treated as contractually binding. However, the Crisis Pregnancy Agency reserves the right to seek clarification or verification of any such information.
6. All materials and information disclosed to the tenderer during the course of the project shall be treated as confidential by the tenderer and any third parties engaged or consulted by them. Materials and any copies of the information to be returned on completion of the project will be identified to the tenderer when the material is provided.
7. All information provided by tenderers will be treated in strict confidence subject to the provisions of the points above. Similarly, the Crisis Pregnancy Agency requires that all information provided pursuant to this invitation to tender will be treated in strict confidence by tenderers.
8. The Crisis Pregnancy Agency undertakes to ensure the confidentiality of information provided in response to this invitation to tender, subject to obligations under the law. The tenderer should notify the Crisis Pregnancy Agency

if it considers that any of the information it supplies should not be disclosed because of its sensitivity.

9. Where a Tax Clearance Certificate expires within the course of the contract, the Crisis Pregnancy Agency reserves the right to seek a renewed certificate. All payments under the contract are conditional on the contractors being in possession of a valid certificate at all times.
10. Payment for all services covered by the contract issued to the successful tenderer will be on foot of appropriate invoices. Payment will be linked to the successful completion of tasks or project stages. Tasks / project stages will be discussed with the successful tenderer. Invoicing arrangements will be agreed with the successful tenderer, subject to the terms of the Prompt Payments Act.
11. Under the terms of the Prompt Payments Act the Crisis Pregnancy Agency undertakes to pay invoices within 30 days of receipt of invoice (or delivery of service whichever is later). However, this is subject to the following:
 - the invoice must be properly addressed to The Administration Manager, Crisis Pregnancy Agency, 4th Floor, 89-94 Capel Street, Dublin 1.
 - incorrect invoices will be returned for correction with consequential effects on the due date of payment in accordance with the Prompt Payments Act.
12. The Agency is not bound to accept the lowest tender or any tender offered.
13. Prices and rates quoted should be expressed in Euro and exclusive of VAT. The VAT rate(s) applicable should be indicated separately. The tender cost quoted will hold good for 30 days after the closing date for receipt of tenders. Prices quoted in the tender cannot be increased during the currency of the contract.
14. The cost stated must be the tenderer's best and final offer.

Evaluation of Tenders and Award Criteria

The contract will be awarded from the qualifying tenders on the basis of the most economically advantageous tender applying the following award criteria, listed in order of priority (weights in brackets):

1. Comprehensiveness and quality of the approach to the assignment (50%)
2. Expertise, experience and resources allocated to the research (30%)
3. Value for money (20%)

Timetable for reporting process

The deadline for the final report will be March 31st , 2009.

Submitting Tenders:

Proposals (3 copies) in a sealed envelope, marked "Research Tender" and addressed to:

Ms Mary Smith
Research Officer
Crisis Pregnancy Agency
4th Floor
89-94 Capel Street
Dublin

Disclaimer

The Request for Tender contains no contractual offer of any kind. Any submission will be regarded as an offer by the tenderer and not as an acceptance by the tenderer of an offer made by the partners. No contractual relationship will exist except pursuant to a written contract signed by the partners and any successful service provider(s) for specific services. The partners are under no obligation to appoint any service provider as a result of this competition. Tenderers should note that receipt of an offer does not guarantee appointment as a service provider even if that offer contains what appears to be an acceptable proposal.

Notes

Tenders will be awarded in accordance with Article 45, EU Directive 2004/18/EC of 31 March 2004 (co-ordinating procedures for the award of public works contracts, public supply contracts and public service contracts).

If you have any queries in relation to this brief, please contact Mary Smith, Research Officer, Crisis Pregnancy Agency, 01-8146292 or msmith@crisispregnancy.ie