

Frequently Asked Questions (FAQs): Invitations to tender (ITTs)

Links to the relevant invitations to tender:

- [Analytics for Wellbeing Randomised Controlled Trials \(RCT\) Project](#) (Ref: TASO/34)
- [Evaluation of mental health and wellbeing interventions using Quasi-Experimental Designs \(QED\) Project](#) (Ref: TASO/35)

May 2024

General FAQs

What are the eligibility criteria for higher education providers (HEPs) to bid on these projects?

The eligibility criteria are different for the ITTs, please see the relevant section of this document or the ITTs linked above.

Can a single institution bid on more than one project?

Yes, and the bids will be considered independently of each other.

Would a proportion of institutional overheads (e.g., estates and indirect costs) be expected within the budget?

A maximum overhead rate of 25% on staff costs will be considered (for HEP applications). Please note that value for money forms part of the assessment criteria for applications.

For the ITTs that provide funding for HEPs, please provide some more specific information on what costs are eligible to be claimed within the budget?

To buy out staff time or recruit a research assistant, travel costs for attending workshops (if applicable), compensation for staff/students who participate in focus groups/interviews that relate to the project.

For both projects, will there be one independent evaluator for each, or is there a possibility that several evaluators will be appointed, each to work with one HEP (or group of HEPs)?

We will appoint a single evaluator per project, so one for the RCTs and one for the QEDs. For each project this evaluator will work with all the HEPs (or groups of HEPs).

Will TASO broker the relationship between HEPs and evaluator and commit to publishing the results? Thinking specifically of situations where null or negative results might be found.

Yes, TASO will be the project managers and will ensure that HEPs and evaluators are well introduced from the start, with inception meetings and workshops as appropriate, in addition to holding regular meetings throughout the project timeline. TASO is committed to publishing results from all of our evaluations, regardless of the results, and has done so with all of our commissioned projects in the past.

When will TASO's implementation and process evaluation (IPE) guidance be published?

By mid-May 2024.

Can we make a submission with a Students' Union who provide the intervention?

Yes, if the wellbeing intervention is delivered within a HEP.

Why is there a difference in the responsibility for the implementation and process evaluations (IPEs) across the two tenders?

The funding streams differ between the two projects which means we have been able to try differing approaches. There is a balance between supporting HEPs to develop their skills in evaluation, and ensuring a high quality IPE. We are keen for HEPs to carry out IPEs where appropriate but are mindful of capacity and capability within HEPs.

The RCT project seems to refer to mental wellbeing, whereas the QED project seems to refer to mental health. Is this a deliberate distinction?

Yes this distinction is deliberate. An RCT of a mental health intervention would be a clinical trial and TASO are not set up to manage them, hence the RCT is limited to interventions (often light-touch) that aim to improve students' wellbeing.

Both projects are evaluating interventions in a non-clinical setting so will measure non-clinical outcomes of mental health and wellbeing. By non-clinical we mean interventions or initiatives that aim to support student mental health and wellbeing but do not involve medical or clinical procedures, medications, or therapies (see our [outcome guidance document for more information](#)).

Would you consider applications from HEPs where matched funding is provided by an external company (e.g. the developer of a wellbeing intervention) who are interested in robust evaluation of the intervention?

TASO's position is that we would not accept proposals that include matched funding from a commercial company, because of concerns around transparency and independence.

That said, we will consider proposals from HEPs that are collaborating with an external company or a commercial provider - for example, to evaluate a wellbeing intervention that may be delivered via an app that a company provides, or to evaluate interventions by using wellbeing data that is collected via a paid-for analytics system - as long as the intervention is being delivered within a HEP.

Analytics for Wellbeing RCT Project FAQs

What are the eligibility criteria for HEPs to bid on the Analytics for Wellbeing RCT project?

The lead applicant must be a registered UK higher education provider.

Can you define "analytics system"?

An analytics system is one which collects data about students' interactions with their provider and, based on that data, makes a decision about whether or not a student should be flagged for further support. The data collected could be attendance at lectures, records of taking library books out, and interactions with the virtual learning environment (VLE). These systems are commonly referred to as learning analytics systems.

Is there an expected approx. sample size for the RCT Project?

We would anticipate requiring at least 200 students per arm of the trial; e.g. if you are comparing the effect of a phone-call versus an email intervention then your prior expectations should be that at least 400 students would receive an intervention - 200 receive phone-calls and 200 receive emails.

If you are considering primary data collection via a survey, these figures refer to the final achieved survey samples (not the initial starting samples, who may not all complete the survey).

Regarding the examples of the RCT designs (e.g. communications to lecturers and referrals of at-risk students) can you apply to evaluate multiple interventions or do you need to select one only?

We would ask you to submit a single application and outline the different interventions. The final decision about which intervention(s) to evaluate would be made in consultation with the evaluator and based on the feasibility of running them as an RCT.

I fully get the rationale for needing RCTs but have had substantial pushback from ethics board and data governance leads as HEPs don't want to implement whole-provider approaches where 'some students' don't receive something that may benefit their mental wellbeing. I was wondering what the views of the panels were in ways to address this?

If there is no evidence either way as to the effectiveness of the intervention (the principle of equipoise, [see our ethics guidance](#)) then it is possible there may be backfire effects, i.e. the intervention may do more harm than good. Here it is important to understand whether the intervention works and one of the most robust ways to do this is through a well-designed RCT with an associated implementation and process evaluation.

When introducing a new intervention with the intention of running it as a whole provider approach we would recommend piloting it on a small (but sufficiently large) sample through an RCT with an associated implementation and process evaluation.

Other options that can satisfy ethics boards:

- *Temporarily withholding the intervention from half of the sample. E.g. in our learning analytics project non-engaging students could receive either a support email or a phone-call. In the email-only group, students who were flagged as non-engaging a second-time received the phone-call intervention.*
- *Giving students in one group the option to receive the intervention. E.g. in our learning analytics project non-engaging students could receive either a support email or a phone-call. In the email-only group, students were given the option to book a support phone call.*

Will you be looking for systems diversity when granting applications for RCT ?

No. The wellbeing interventions are the target of the evaluation not the underlying systems.

Is it likely that the interventions for the RCT project will be completely novel or more likely that they will have been implemented in previous terms/years? (I ask with the initiation and scoping phase in mind)

A new intervention that will be delivered in the 2024 autumn term would be perfectly acceptable as long as it has already been designed for delivery when the scoping phase kicks off in June.

Quasi-Experimental Designs (QED) Project FAQs

What are the eligibility criteria for HEPs to bid on the QED project?

The lead applicant must be a registered English higher education provider in the approved (fee cap) category.

Will the outcome data collection be led by the evaluator or by the HEPs?

For the impact evaluation, there is a range of outcome data that could be collected as part of the evaluation, for instance, survey-based mental health and wellbeing data (such as via the [GP-CORE](#)) and/or secondary data about student attendance, attainment and continuation. This data will be collected by the HEP and shared with the evaluator for analysis. The evaluator will lead on what data to collect and how, as appropriate.

For the implementation and process evaluation, the evaluator will be responsible for the collection of data through methods such as qualitative observations, focus groups or interviews with intervention participants and with service delivery staff, as determined by the design agreed during the inception phase. HEPs are expected to facilitate access to contact details for this part of the evaluation.

Are you expecting to evaluate new or established interventions, as interventions such as modules/curriculum changes take time to implement and be approved?

Interventions can be well-established or yet to be delivered, as long as they will be delivered during the project timeline (delivered across the Autumn 2024 academic term). For instance, a HEP may want to propose an intervention that they have been delivering for a number of years but they have not evaluated yet. Equally, HEPs can propose a new intervention that has been designed and will be rolled out for the first time next academic year. Either way, HEPs need to provide sufficient detail on the intervention, as per the application form, to include information on the activities, target sample and the data to be (or which has been) collected.