

Meeting the needs of frequent callers to Samaritans' telephone helpline (research and service development): Invitation to Tender

Commissioners	Samaritans: Jennifer Holly (Service Development Researcher)
Budget	£120K inc. VAT (£60K phase 1 & £60K phase 2)
Proposals submitted	10am, 6 th April 2021
Applicant interviews	12 th April 2021
Contract duration	6-12 months

Background

Samaritans' vision is that fewer people die by suicide. Our mission is to provide round the clock emotional support so people can talk about problems that are causing emotional distress and/or putting them at risk of suicide. Samaritans has 201 branches across the UK and Republic of Ireland, offering emotional support by phone, email, and face to face. We are run by a network of over 20,000 volunteers and we are contacted every seven seconds.

This document provides background to the project and information about Samaritans. It also includes requirements of the project, key milestones, budget, ethical considerations and how to apply.

Project overview

Within Samaritans, frequent callers are defined as those who make 20 or more calls a month. Historic data indicates that frequent callers are relatively few in number but account for a substantial proportion of our calls.

We currently support frequent callers through the use of the helpline service, the same as any other caller, however our recent [Caller Outcomes Study](#) highlighted that people who contact us frequently have less positive outcomes than other groups of callers. This suggests that we need to explore how we can better support frequent callers, who are known to have multiple and complex needs.

Samaritans are seeking experienced researchers and service development specialists to conduct a 12-month project that comprises of two stages. Firstly, primary research into the profile and needs of people who frequently call the Samaritans helpline, and secondly develop and pilot a new model of support. We are looking to gain a better understanding of this group of callers in order to inform our service development work, so that we can more effectively support and improve outcomes for this group of callers.

Evidence gaps

The available evidence about frequent callers to suicide prevention helplines is limited but paints a certain profile of callers that differs to 'one-off' callers. Frequent callers are more likely to be socially isolated (including being unmarried or living alone), be unemployed, have financial worries, have greater levels of

mental health problems (particularly anxiety), and have higher levels of contact with health professionals¹.

In terms of approaches to supporting frequent callers more effectively, the evidence is currently limited to a handful of studies from the 1980s and 1990s². The findings of these studies suggest particular ways to support frequent callers to reduce talk time (e.g. letter writing and limiting calls). However, beyond changes in the amount of talk time, these studies did not collect any data about caller outcomes, so only limited conclusions can be drawn.

We do not know:

- a) The profile of people who frequently call Samaritans, including socio-demographic and clinical characteristics, life experiences, support needs;
- b) How and why frequent callers use the service;
- c) How we can more effectively meet the needs of frequent callers.

Project Remit: guidelines and requirements

Project aim and objectives

The overall aim of the project is to improve support and outcomes for frequent callers.

The objectives are to:

- 1) Understand the evidence base around the needs and behaviours of frequent callers to Samaritans' telephone helpline.
- 2) Understand who calls Samaritans frequently, i.e., twenty or more calls a month.
- 3) Understand how and why frequent callers use the helpline.
- 4) Understand intended and unintended outcomes for frequent callers.
- 5) Explore the needs of frequent callers and how Samaritans can better meet these.
- 6) Identify what changes, if any, could be made to Samaritans' existing services to improve the outcomes for people who become frequent callers.
- 7) Identify what products and services are needed by people who call the Samaritans frequently.
- 8) Identify which products and services, if any, do not exist that Samaritans are best placed to provide which would improve outcomes for people who become frequent callers.

Project structure

The project combines two phases: 1) research and insight gathering and 2) service development. Whilst the two phases are led by separate teams at Samaritans, the project will be highly collaborative and be delivered through a connected research-to-service development approach from inception through to product development. For example, phase 1 of the project has been designed to enable us to learn more

¹ Coveney, C.M., Pollock, K., Armstrong, S. and Moore, J. (2012). Callers' Experiences of Contacting a National Suicide Prevention Helpline: Report of an Online Survey. *Crisis*, 33(6), 313-324.

² Barmann, B. C. (1980). Therapeutic management of chronic callers to a suicide prevention center. *J Community Psychol*, 8:45-8; Hall, B. and Schlosar, H. (1995). Repeat callers and the Samaritan telephone crisis line – a Canadian experience. *Crisis*, 16(2):66-71; Brunet, A. F., Lemay, L. and Belliveau, G. (1994). Correspondence as adjunct to crisis line intervention in a suicide prevention center. *Crisis*, 15(2):65-8.

about our frequent callers as well as contribute to the initial ‘Discovery’ phase of the service/product development process.

Due to the nature and structure of the project, Samaritans are seeking and would value multidisciplinary, collaborative proposals from individuals and agencies with the relevant expertise to deliver either:

- The objectives in phase 1 only – applicants are welcome to apply for individual or multiple objectives; or
- The objectives in phase 1 and 2 combined.

If we commission only phase 1 at this point, we will go out to tender for phase 2 separately later in the summer. To register your interest in phase 2, please contact Jennifer Holly, Service Development Researcher, by email at j.holly@samaritans.org.

Research questions

The table below provides further detail about the research questions for each objective.

Phase	Objective	Research questions
1. Research and insight gathering	1. Understand the evidence base around the needs and behaviours of frequent callers to Samaritans’ telephone helpline.	<ul style="list-style-type: none"> • What is known about the people who make frequent calls to telephone suicide prevention helplines? • What is known about other models of helpline support (e.g., letter writing, limiting number of calls) for frequent callers from the existing literature? • What is known about other interventions that are effective for frequent callers to helplines from the existing literature?
	2. Understand who calls Samaritans frequently, i.e., twenty or more calls a month.	<ul style="list-style-type: none"> • What are the socio-demographic and clinical characteristics of frequent callers? • Are there clusters of characteristics within the population of frequent callers that significantly distinguish some frequent callers from others? • What concerns do frequent callers talk to us about?
	3. Understand how and why frequent callers use the helpline.	<ul style="list-style-type: none"> • What motivates or triggers frequent callers to contact us? • How do they use the service – what days/times and why do they contact us, e.g., emotional support, human contact? • How do we fit into their lives, i.e., which other support and services do they use?
	4. Understand intended and unintended outcomes for frequent callers.	<ul style="list-style-type: none"> • What are the experiences of frequent callers? • What are the outcomes frequent callers experience over time, e.g., primary and secondary outcomes? • Do frequent callers experience any risk of harm from using the service regularly and over the long-term? • Do frequent callers experience any risk of harm from current approaches used to support them and their use of the service?
	5. Explore the needs of frequent callers and how Samaritans can meet these.	<ul style="list-style-type: none"> • What are callers’ needs in terms of support, and is Samaritans meeting those needs? • What might improved outcomes for callers look like? What would ‘work’ for them?

		<ul style="list-style-type: none"> • Are there other places they could access support or are services missing? • Is Samaritans signposting effective or are they unaware of or being excluded from other services? • What would happen if callers could not use Samaritans' helpline as frequently?
2. Service development	6. Identify what changes, if any, could be made to Samaritans' existing services to improve the outcomes for people who become frequent callers.	To be agreed based on evidence gathered in phase 1.
	7. Identify what products and services are needed by people who become frequent callers.	
	8. Identify which products and services, if any, do not exist that Samaritans are best placed to provide which would improve outcomes for people who become frequent callers.	

Indicative methodology

We invite applicants to propose the most suitable methodology for the objectives they are applying for.

However, for phase 1 we anticipate a combination of:

- Desk research
- Analysis of Samaritans operational data (e.g., telephony data, information about callers recorded by volunteers)
- Primary research with volunteers
- Primary research with frequent callers

The methodology for phase 2 will be dependent on the evidence gathered during phase 1 but is expected to include:

- User research
- Proposition development
- Service prototyping and testing. This may include:
 - Develop and test new journeys for frequent callers.
 - Develop and test new propositions for people with unmet needs who currently call the helpline frequently.
 - Develop and test new conversation handling methods for frequent callers.
 - Involvement from clinical experts.
- Collaboration between product, caller support and safeguarding teams to map unmet needs against existing and planned escalation processes.

Samaritans promotes the inclusion of people with lived experience in all our commissioned research. Applicants should outline how they intend to involve people with relevant lived experience throughout the project, over and above as research participants, ideally at all stages from research design through to analysis and interpretation.

Samaritans staff (research and product development teams) and volunteers will also be part of the project team and support the facilitation of the research in gaining access to callers and volunteers as participants.

Ethical considerations

Whilst the methodology would need to be agreed with the commissioned consultant(s), Samaritans Research Ethics Policy must be considered and adhered to. People who call the Samaritans frequently often have very complex mental health needs and can be particularly vulnerable. Samaritans research ethics process will be followed in line with research governance in Samaritans; this will involve applying for ethical approval to Samaritans Research Ethics Board (SREB). It will be necessary to develop clear inclusion/exclusion criteria to minimise the risk to these callers as part of this process. Ethical issues will therefore need full consideration.

Deliverables

The table below outlines the deliverables expected from each phase of the project. Alternative outputs can be proposed by the commissioned team(s).

	Phase 1	Phase 2
Purpose	To produce outputs that address the key questions and provides evidence of impact of caller support. These should also suggest areas that would benefit from further investigation, research, or training.	Demonstrate viable products and service concepts that would improve outcomes for people who become frequent callers.
Composition	<ul style="list-style-type: none"> An interim report from initial data. A final full report that includes an executive summary and appendices. A PowerPoint presentation summarising the key findings. 	To be determined.
Sign off and dissemination	The outputs will be endorsed and signed off by Samaritans.	N/A
Dissemination	<p>The findings will be disseminated within Samaritans without any limitations. The Samaritans project team may want to write further publications or present the findings from this report more widely.</p> <p>The commissioned external team may also want to write publications or present the findings. This can only be done in agreement with Samaritans.</p>	Internal use only

Budget

The budget for this work is set at a maximum £120,000, including VAT (if you are VAT registered) and all expenses; split equally between the 2 phases. Criteria for payments will be agreed via contracts.

Description of work	Amount
Phase 1: Research and Insight Gathering	£60,000
Phase 2: Service development	£60,000

Timeline

Each phase of this project last six months from the contract start date. The timescales outlined below are a broad guide for applicants, who will be expected to produce a more detailed plan.

Date	Action
Tender process	
April 6 th 2021	Submission of proposals
April 12 th 2021	Interviews with shortlisted applicants
April 19 th 2021	Contract start date
Phase 1 – Research and Insight Gathering	
May 2021	Study design and ethics application Desk research and review of organisational data
June-August 2021	Primary research with volunteers and frequent callers, including data analysis
September- October 2021	Reporting and final deliverables
Phase 2 – Service Development	
August 2021	Recruitment of contractor(s) if not already appointed
October 2021 – March 2022	Delivery timeline to be determined dependant on the findings of phase 1

Contract

The successful applicant(s) will be required to enter into a contract with Samaritans, within Samaritans' standard terms and conditions. This will include conditions such as:

1. Completion of the services within the timeframe specified.
2. Reduction of payment or non-payment for work not completed.
3. The work cannot be sub-contract to a third party without the prior written consent of Samaritans.
4. Agreed input from Samaritans during reviewing and editing stages.
5. Terms related to intellectual property.

Once the contract is agreed and signed, the successful applicant(s) and Samaritans will be required to adhere to all terms and conditions.

How to apply

We encourage all interested parties to contact us prior to submitting their proposal. Please contact Jennifer Holly, Service Development Researcher, by email at j.holly@samaritans.org or on 07866 105 093.

To be considered for this work, please submit a document outlining:

- Background of you/your organisation
- Previous experience and examples of research and/or service development work. Include anything specifically relevant to this project such as work on suicide prevention and/or helplines
- Previous experience and examples of embedding people with lived experience into research and service development
- Proposed methodology
- Ethical considerations and practices
- Proposed timelines, including milestones to take account of the dates included above
- Breakdown of costs
- Two references

All criteria listed above are weighted equally and must be addressed in the proposal submitted. While the proposals should be comprehensive, they should also be concise, and ideally no more than 10 pages. A short summary of each member of the research team's relevant experience should be included as part of the proposal.

All applications must be submitted in writing by **10am on 6th April 2021**. Samaritans may contact the applicant to clarify aspects of the submission. We will invite shortlisted applicants to an interview to discuss their proposal in detail, and this will be held on **12th April 2021**. The successful candidate/organisation will be notified no later than **14th April 2021**.

Please apply to Jennifer Holly, Service Development Researcher, by email to j.holly@samaritans.org

Further information

For any further information please contact Jennifer Holly by email at j.holly@samaritans.org or call on 07866 105 093.