SYSTEMATIC REVIEW OF EDGE OF CARE AND FAMILY PRESERVATION INTERVENTIONS

Call for research proposals

CONTENTS

Foundations – What Works Centre for Children & Families is seeking proposals from research organisations to deliver a systematic review aimed at identifying family preservation interventions and interventions and services for families with children at the edge of care. The review must be conducted between May 2026 and June 2028 to inform the development of a Practice Guide that will cover evidence-based interventions or services for supporting families with children at the edge of care, whose children are at risk of entering care.

Introduction to Foundations – What Works Centre for Children & Families

At Foundations we research, generate, and translate evidence into practical solutions that shape better policy and practice and lead to more effective family support services, so more vulnerable children have the foundational relationships they need to thrive in life.

Foundations was founded in December 2022, following a merger of What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF). Both organisations were proud members of the What Works Network, and the new organisation maintains this status. As a What Works Centre, Foundations will continue to improve child and family outcomes by conducting research and promoting the use of evidence-based interventions and approaches.

Aim of this review

The purpose of this review is to inform the development of a Practice Guide to support families whose children are at risk of entering care. This will form part of a set of Practice Guides aimed at supporting the implementation of the Children's Social Care National Framework. The National Framework was recommended by the Independent Review of Children's Social Care to establish the purpose, principles, and outcomes of the children's social care system. Practice Guides are published alongside the National Framework to set out the most current practice expertise supported by evidence. Practice Guides draw from a range of robust sources of evidence, including systematic reviews, qualitative research, and practice expertise to understand how best to achieve the outcomes identified in the National Framework.

Foundations – What Works Centre for Children & Families has been tasked with producing Practice Guides, one of which will focus on children and young people who are at the edge of care. Families with children at the 'edge of care' are those involved with the child protection system, where a child is at risk of being taken into care. It is intended that the Practice Guides will emphasise interventions and practices that are supported by causal evidence – meaning that there is robust evaluation evidence linking the activity to improved child and family outcomes when delivered to a high standard. Ideally, there will be sufficient evidence for this review to identify effective practices and interventions that are relevant and implementable within the United Kingdom.

The aim of this review is to use robust systematic methods to:

1. Identify the **effectiveness of different types of interventions** or programmes for improving outcomes for children who are at the edge of care. This will include family preservation interventions targeted at families whose children are at risk of entering care. **We are still determining our exact population ([see PICOTs later in this document](#)) and how to operationalise these within the evidence synthesis (e.g., at study screening stage) and would welcome recommendations from those applying.**
2. Identify how such interventions can be effectively targeted and delivered towards the **different needs and risks** faced by families and children aged between 0 and 18 who are at the edge of care.
3. Ideally, identify **practice elements and intervention components** within programmes targeted at children and families at the edge of care, and provide guidance to practitioners on 'best practice'.
4. Identify the **enablers and barriers** to successful implementation of interventions and services for children and young people at the edge of care and their families.
5. Identify themes within the **perspectives of children, young people, parents/carers, and practitioners** on the acceptability and usefulness of edge-of-care interventions.

Background and context to the requirement

What do we know about this topic?

Families with children at the 'edge of care' are those involved with the child protection system, where a child is at risk of being taken into care. However, definitional differences across the literature and inconsistent use of the term 'edge of care' by local authorities in England mean that no formal national figures exist on the number of children and young people (CYP) who are at the edge of care. Children at the edge of care are typically subject to a Child Protection Plan (CPP), though only a small proportion of these children are considered to be at the edge of care.[1] In England, as of 31 March 2025, there were 49,400 children subject to CPPs[2] and 81,770 looked-after children.

Children are subject to CPPs if they are assessed as suffering or likely to suffer significant harm, often due to abuse and/or neglect.[3] Such exposure is associated with adverse impacts, particularly

---

[1] National Institute for Health and Care Excellence. (2015) *Children's attachment: Attachment in children and young people who are adopted from care, in care or at high risk of going into care* (NICE Guideline No. 26). https://www.ncbi.nlm.nih.gov/books/NBK356178/

[2] Department for Education (2025). *Children in need.* https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need/2025

[3] Department for Education (2025). *Children in need.* https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need/2025

on emotional, behavioural, and mental wellbeing.[4] If children are taken into care, research suggests they tend to have poorer outcomes compared to children in the general population, including poorer mental and physical health.[5] In 2024–25, local authorities spent over £9 billion caring for looked-after children, which accounted for over half (55.9%) of local authority gross expenditure on children's and young people's services.[6]

Children living in poverty are more likely to be in care or subject to a Child Protection Plan. However, there is evidence that local authorities in high deprivation (and therefore high demand) areas are under greater financial pressure (the 'inverse care law') and therefore are able to devote fewer resources to families, exacerbating existing inequalities.[7] Similarly, ethnically minoritised children, who are also disproportionately affected by poverty, are overrepresented in the children's social care system. The March 2025 Child Safeguarding Practice Review Panel report found, in common with previous national reviews, a lack of consideration to the impact of race or ethnicity on practice and a reluctance to consider and name racism, bias, and wider systemic experiences of discrimination.[8]

Although there is no single, agreed definition of what constitutes 'edge of care', it most commonly applies to children at imminent risk of becoming looked after, and edge-of-care interventions aim to prevent entry to care. Adapted from Assmussen et al. (2012),[9] children (0–18) at the edge of care typically include:

- Children suffering or likely to suffer significant harm due to parental abuse or neglect
- Children whose parents are not able to keep their children safe due to extra-familial harms outside of the home

[4] Department for Education (2017). The impacts of abuse and neglect on children; and comparison of different placement options. https://assets.publishing.service.gov.uk/media/5a823e3c40f0b6230269b9a7/Childhood_neglect_and_abuse_comparing_placement_options.pdf

[5] NSPCC Learning (2024). *Statistics briefing: Children in care*. https://learning.nspcc.org.uk/media/mjrls2ci/statistics-briefing-children-care.pdf

[6] Department for Education (2025). *LA and school expenditure, financial year 2024-25*. https://explore-education-statistics.service.gov.uk/find-statistics/la-and-school-expenditure/2024-25

[7] Hood, R, Goldacre, A., Gorin, S., Bywaters, P. & and Webb, C. (2020) Identifying and understanding the link between system conditions and welfare inequalities in children's social care services. Nuffield Foundation. https://www.nuffieldfoundation.org/wp-content/uploads/2019/11/Final-Report-Identifying-and-understanding-the-link-between-system-conditions-and-welfare-inequalities-in-children%E2%80%99s-social-care-services-March-2020.pdf

[8] Child Safeguarding Practice Review Panel (March 2025) '*It's silent': Race, racism and safeguarding children*. Panel Briefing 4. https://assets.publishing.service.gov.uk/media/67cb0a9d5993d41513a45c5b/Race_Racism_Safeguarding_March_2025.pdf

[9] Asmussen, K., Doolan, M. & Scott, S. (2012). *Intensive interventions suitable for Children on the Edge of Care: Report and recommendations for Social Finance.* King's College, National Academy for Parenting Research. https://www.researchgate.net/publication/330292446_Intensive_interventions_suitable_for_Children_on_the_Edge_of_Care_Report_and_recommendations_for_Social_Finance

- High family conflict
- Children whose parents suffer from poor mental health, a severe disability, or substance misuse
- Children who have offended or are at serious risk of offending
- Children who have previously been looked after.

A number of factors explain why efforts to prevent children from entering care are playing an increasing role in policy and practice, including the crucial role parents play in children's development, the poorer outcomes found for looked-after children, the significant financial costs associated with caring for looked-after children, as well as the current focus on family first and keeping children with their family.

Critics of the term 'edge of care' have argued that establishing whether a child is at the edge of care is more complicated in families whose difficulties are significant and often chronic, but less crisis driven.[10] Therefore, it can be difficult to set clear boundaries for service intervention and for the appropriate level of service intensity. Different localities and regions have varying definitions for what constitutes 'edge of care' (sometimes linked to service resources and capacity), creating diversity in service provision.[11] As such, we welcome recommendations from applicants on the PICOTs for the systematic review and how these will be operationalised during the review (e.g. at study screening stage).

What do we know about the effectiveness of interventions supporting children and families at the edge of care?

Interventions at the edge of care can be conceptualised in different ways. Interventions may seek to reduce risks to children by improving parenting outcomes and/or by supporting decision-making for their care. Many different types of interventions have demonstrated improved outcomes for children and families at the edge of care. Some types of interventions are designed to improve parenting practices or the parent–child relationship, and in doing so, increase the chance that the child can stay within their immediate family. They may also improve child outcomes, such as wellbeing and behaviour. Administrative indicators of statutory intervention, such as CPPs and Child in Need (CIN) status, may be other relevant measures of impact.

Other interventions used at the edge of care, including Family Group Conferencing, are designed to support permanency planning and family-led decision-making to ensure children's safety. The best outcome does not always mean that a child stays with their birth parents, although this may be right for some children. In some cases, the best decision may be for a child to live with relatives or to enter foster care or residential care. Important outcomes in these situations include how stable

---

[10] Dixon, J., Lee, J., Ellison, S. & Hicks, L. (2015). *Supporting adolescents on the edge of care: The role of short term stays in residential care.* NSPCC and Action for Children. https://media.actionforchildren.org.uk/documents/EOC_REPORT_Final.pdf

[11] Dixon, J., Lee, J., Ellison, S. & Hicks, L. (2015). *Supporting adolescents on the edge of care: The role of short term stays in residential care.* NSPCC and Action for Children. https://media.actionforchildren.org.uk/documents/EOC_REPORT_Final.pdf

the placement is, whether it becomes permanent, whether the child later (re-)enters care, and how long they spend in out-of-home care. Any proposed systematic review should therefore consider the full range of outcomes relevant to different types of edge of care interventions.

Our systematic review and Practice Guide on support for parents of children aged 0–10 did not find parenting interventions for families with multiple and complex needs to be effective at reducing child maltreatment.[12] However, various modalities of therapy, including family therapies, have been shown to reduce periods in local authority care as well as to improve child and parent wellbeing, offending behaviour, family communication, and parenting skills. Examples include Multisystemic Therapy, Multisystemic Therapy for Child Abuse and Neglect, and Functional Family Therapy.[13]

Service models built around multi-agency working, such as multi-disciplinary teams and family preservation services, have been trialled with families at the edge of care. Intensive Family Preservation Services/Programmes (IFPSs) have shown positive impacts in reducing the likelihood of out-of-home placements.[14,15] In the UK, an evaluation of a multi-disciplinary service in Essex found preliminary evidence of impact.[16]

Finally, Family Group Conferences (FGCs) have been delivered internationally to families at the edge of care. An evaluation of FGCs at pre-proceedings stage in two local authorities in England produced promising findings but lacked a robust comparison group.[17] A subsequent randomised controlled trial (RCT) in England found a positive impact of FGCs on the number of children

[12] Foundations. (2025) *Parenting Through Adversity Parents of babies & children 0 to 10*. https://foundations.org.uk/wp-content/uploads/2025/02/full-guide-parenting-through-adversity-0-10.pdf

[13] Asmussen, K., Doolan, M. & Scott, S. (2012). *Intensive interventions suitable for Children on the Edge of Care: Report and recommendations for Social Finance.* King's College, National Academy for Parenting Research. https://www.researchgate.net/publication/330292446_Intensive_interventions_suitable_for_Children_on_the_Edge_of_Care_Report_and_recommendations_for_Social_Finance

[14] Bezeczky, Z. El-Banna, A., Petrou, S., Kemp, A., Scourfield, J., Forrester, D. & Nurmatov, U. B. (2020). Intensive Family Preservation Services to prevent out-of-home placement of children: A systematic review and meta-analysis. *Child Abuse & Neglect.* 102, 104394. https://doi.org/10.1016/j.chiabu.2020.104394

[15] Lippens, L. De Clercq, L., Vandevelde, S., De Pauw, S. & Stams, G.-J. (2025). Evaluating the effectiveness of intensive family preservation services: A multi-level meta-analysis. *Child Abuse & Neglect.* 160, 107198. https://doi.org/10.1016/j.chiabu.2024.107198

[16] Baxter, V., Boydell, V. & McPherson, S. (2023). Multi-disciplinary support for families with complex needs and children on the edge of care in the UK: A mixed methods evaluation. *Journal of Social Welfare and Family Law.* 45 (4), 307–325. https://doi.org/10.1080/09649069.2023.2281840

[17] Munro, E. R., Meetoo, V., Quy, K. & Simon, A. (2017). *Daybreak Family Group Conferencing: Children on the edge of care.* Children's Social Care Innovation Programme Evaluation Report 54, Department for Education. https://assets.publishing.service.gov.uk/media/5a821d3b40f0b62305b928ed/Daybreak_Family_Group_Conferencing.pdf

entering care when delivered at pre-proceedings stage.[18] If passed, the Children's Wellbeing and Schools Bill will require all local authorities in England to offer a type of Family Group Decision-Making (FGDM) meeting to families with children at the pre-proceedings stage. Updates to national children's social care policy and guidance aim to further embed the offer of FGDM across the system as a way to support families throughout their involvement with children's services. These changes are likely to increase interest in the effectiveness of FGCs and other types of FGDM meetings for children and families. **We would expect any proposed systematic review to include up-to-date international evidence (where it is available) on the effectiveness and key practice elements of FGC and other types of FGDM meetings for children at the edge of care, to support potential inclusion in Foundations' Practice Guide.**

What do we know about programme implementation?

There is a range of evidence regarding the delivery of interventions for families at the edge of care. Some interventions have been subject to mixed methods and implementation and process evaluations,[19] while there is also a body of qualitative research with families regarding their experiences of children's social care and other services.[20]

Practitioners and parents often view edge of care support and interventions positively, especially when the support is non-judgemental, provided over the long term, and well integrated with other key services such as mental health or substance misuse support. Some identified enablers for effective implementation include practitioners who are able to encourage families' engagement, including through setting achievable goals, ensuring interventions are culturally adapted, and allowing families to participate in decision-making, for example through FGCs. On the other hand, familial financial issues (especially related to housing) were rarely the focus of intervention support, which both parents and professionals feel to be a barrier to achieving long-term positive and stable outcomes for the family. Parents reported feeling shame and stigma at being unable to financially meet their child's basic needs.

---

[18] Taylor, S., Blackshaw, E., Lawrence, H., Stern, D., Gilbert, L. & Raghoo, N. (2023). *Randomised controlled trial of family group conferencing at pre-proceedings stage.* Foundations. https://foundations.org.uk/wp-content/uploads/Reports/Randomised-controlled-trial-family-group-conferencing.pdf

[19] Landers, A. L., McLuckie, A., Cann, R., Shapiro, V., Visintini, S., MacLaurin, B., ... & Carrey, N. J. (2018). A scoping review of evidence-based interventions available to parents of maltreated children ages 0-5 involved with child welfare services. *Child Abuse & Neglect.* 76, 546–560. https://doi.org/10.1016/j.chiabu.2017.09.012

[20] Bacon, G., Sweeney, A., Batchelor, R., Grant, C., Mantovani, N., Peter, S., ... & Lever Taylor, B. (2023). At the edge of care: A systematic review and thematic synthesis of parent and practitioner views and experiences of support for parents with mental health needs and children's social service involvement. *Health & Social Care in the Community.* https://doi.org/10.1155/2023/6953134

Aims, objectives, and research questions

Research aims

The aims of this systematic review are to:

1. Identify and summarise evidence on the effectiveness of different types of interventions for improving outcomes for children and families who are at the edge of care. Edge of care refers to families of children who are at risk of entering care – where the option of removal from the family environment is being seriously considered by Children's Social Care. This includes ascertaining how programmes are effectively targeted and delivered to address different needs and risks among parents, carers, and children and young people with different characteristics.
2. Identify what effective practice looks like within interventions for families at the edge of care and identify barriers and enablers to successful implementation of effective interventions.

Research questions

1. **What works:** Which interventions are most effective in preventing out-of-home placement and promoting positive outcomes for children at imminent risk of entering care and their parents?
2. **For whom:** What are the different types of edge of care interventions, how are they defined, and which models are more or less effective for different populations of children and young people?
3. **How and why:** What are the key practice elements and components of successful edge of care interventions?
4. **Implementation:** What are the enablers and barriers to successful implementation of effective edge of care interventions for children, young people, and their families?
5. **Beneficiary perspectives:** What are the views of children, young people, parents/carers, and practitioners on the acceptability and usefulness of edge of care interventions?

For each of the above research questions, we expect separate synthesis to be carried out for the different population groups.

Suggested approach and analysis

We invite tenderers to suggest the most robust and cost-effective methodologies to meet the aims of the review within time and budget, providing costed options where appropriate. However, we encourage tenderers to build upon the findings and methodologies used in recent meta-analyses when feasible.

Foundations encourages responsible and transparent use of AI innovation in our in-house and commissioned evidence synthesis work. Suppliers are welcome to suggest AI-based methodological innovations; however, they should ensure adherence with the latest methodological guidelines on the use of AI such as the RAISE framework jointly published by Cochrane, the Campbell

Collaboration, JBI, and the Collaboration for Environmental Evidence.[21] We would also be interested in ideas from bidders on how this review could become a living systematic review longer term, covering potential methodologies, costs, and frequency of updates.

Our draft PICOTs are as follows, though we welcome further refinement of these by bidders and at protocol development stage.

Population	Families with children from pre-birth to 18 and who are at the edge of care. This includes families where children are at risk of entering care, where care proceedings are being actively considered by Children's Social Care. These children may have a CPP and/or the local authority may have initiated pre-proceedings. 'Care' may include within foster care, kinship care, children's homes, and other out-of-home placements. For transferability purposes, families must be residing in the UK or countries with comparable child welfare system to the UK, including the United States, Australia, Canada, Ireland, and other European countries.
Intervention	Intensive, family-focused interventions delivered either in the community or at home, where the primary purpose is to prevent entry into local authority care where children can safely remain with related carers. These interventions are characterised by high intensity and duration, involving frequent contact over weeks or months, such as family preservation programmes, edge-of-care teams, multi-systemic therapy (MST) and other intensive family therapies, or other structured, high-intensity support services. Interventions may include 24-hour or crisis-response availability. Interventions may have structured, time-limited models used specifically to divert children from care at the pre-proceedings or edge of care stage, such as Family Group Conferencing (FGC) and other family-led decision-making approaches, where their primary purpose is to prevent care entry through supporting family decision-making and planning of support.
Comparison	No intervention (business as usual), or comparable intervention.
Outcomes	Effectiveness or efficacy of interventions in reducing entry to care and other associated outcomes such as family functioning, child behaviour, parenting capacity, parental mental health, child maltreatment, child wellbeing, and quality of the parent–child relationship (e.g. sensitivity, emotional availability). Barriers and enablers to successful implementation of edge of care interventions and view/perspectives and acceptability of edge of care interventions for children and families.
Time	≤ 12 months; > 12 months

These outcomes may be measured using approaches that employ systematic direct observational techniques, administrative data, or self-report measures.

---

[21] See: https://www.cochrane.org/about-us/news/setting-standards-responsible-ai-use-evidence-synthesis

We encourage applicants to suggest robust methods that can identify commonalities shared by intervention models, different populations, and outcomes, as well as interventions/populations/ outcomes where these commonalities do not apply, or where specific activities are contraindicated. For effectiveness-based questions, we anticipate the need for these to be answered via synthesis of RCTs and QEDs.

We also encourage applicants to make use of robust critical appraisal tools (for example, Cochrane RoB2) to assess the quality and validity of the studies included in the review. Given that a primary aim of this review is to identify interventions with strong causal evidence, it is important that a critical appraisal tool with a high threshold for reducing study bias is selected. Other critical appraisal tools (e.g. ROBINS-I, CASP) may be relevant where non-randomised studies and qualitative research are included to answer particular research questions in the review. To ensure inclusiveness, we recommend that the search strategy encompasses evaluation studies from 1990 onwards, though we welcome applicants' feedback.

We also recommend that applicants discuss the need for different research questions to be answered using different searches, inclusion/exclusion criteria, and critical appraisal tools reflecting the nature of the evidence that is most relevant and available to answer each research question (i.e., quantitative/qualitative).

Equality, Diversity, Inclusion, and Equity (EDIE)

At Foundations, we are committed to promoting Equality, Diversity, Inclusion, and Equity (EDIE) both in terms of the people who work in Foundations and the suppliers who lead, design, and deliver our work. To achieve this, we are keen to work more closely with organisations which actively promote diversity and inclusion. Within our evidence synthesis work, we expect suppliers to search for, synthesise, and report on variations in intervention effectiveness across populations and subgroups, as well as consider EDIE in project design and implementation. Within applications for this grant, we expect applicants to explain how the project will cover considerations around equality, diversity, inclusion, and equity (e.g., in review design, analyses, reporting, involvement of experts by experience, etc.). We also encourage applicants to make use of the PRISMA-Equity checklist or other relevant tools to guide the conduct and reporting of the systematic review.

Research outputs

The appointed tenderer will supply the following outputs:

1. Regular slide packs to be presented to the advisory group at regular time points.
2. A final report consistent with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) of Equity-focused systematic reviews summarising the rationale of the project, the methodology, results, and discussion.
3. A list of interventions and effective practices detailing: the intervention/practice's model, target population, eligibility requirements, format, duration, and delivery requirements.

Delivery timeline

Dates	Activity
w/c 16 March 2026	Grant call published
12:00pm noon Friday 10 April 2026	Deadline for grant call responses submitted to Foundations: https://forms.monday.com/forms/6e5cb3a8428caa548352c7ada3e04a8f?r=use1
By Friday 1 May 2026	Notify successful bidder
1 May to 26 June 2026	Set-up period: this would include the signing of a grant agreement, development of a protocol, and the carrying out of due diligence processes. Please find details of what we will need from you in order to perform due diligence checks in the 'Detailed requirements' section below and ensure that you are able to provide the required documents within a week of being appointed.
29 June 2026	Official start of work, including protocol development with input from advisory group
9 October 2026	Drafted protocol near completion for publication
w/c 9 August 2027	Early findings shared with Foundations Guidance Writing Advisory Group
17 September 2027	First draft of systematic review report out for peer review
17 September 2027	Work on Practice Guide commences (undertaken by Foundations) with input from advisory group
January 2028	Systematic review draft finalised
June 2028	Systematic review published

Detailed requirements

1. Due diligence

All grantees are required to undergo due diligence checks as part of their onboarding. This is so we can determine if you have all the measures in place to suitably and safely deliver the project. If you are successful, we will require you to complete a full due diligence form, and as part of this we may request from you your organisational policies, which may include but are not limited to:

- A copy of your whistleblowing policy

- A copy of your audited accounts from the last financial year
- A copy of your safeguarding policy
- A copy of your annual report from the last financial year
- A copy of your insurance policies (public liability, research, IT, etc.)
- A copy of your Equality, Diversity, Inclusion, and Equity (EDIE) policy.

Please also confirm you have a staff code of conduct in place. Note that you do not need to share this with us.

Lastly, please answer the following questions on data protection:

1. Have all your organisation's employees/researchers completed data protection training, and do they do so on a yearly basis?
2. Are security measures applied to your work, such as use of password, access control, and antiviruses?
3. Does your organisation have any IT certification such as ISO or Cyber Essentials?
4. Does your organisation review your security measures regularly or perform audits?
5. Do you ensure your own processors are compliant?
6. How many data breaches have you reported to the ICO in the last year?
7. Do you have a Data Protection Officer (DPO)?
8. Do you have the appropriate data protection policies?
9. Do you have processes that would enable the performance of individuals' data protection rights?

2. Reporting

The output is expected to be a full systematic review and/or meta-analysis if applicable, with an Executive Summary and Plain English Summary.

3. Project management

Concerns the regularity of team meetings, ways of working, allocation of tasks and time to project team members, and project responsibilities for each team member.

4. Data collection, sharing, and management

Brief outline of data collection methods and how data will be stored and shared between teams. Please outline approaches necessary to comply with GDPR and data protection.

5. Equality, Diversity, Inclusion, and Equity (EDIE)

The outputs (including the review protocol and final report) are expected to include a section on EDIE outlining the approaches that have been taken to cover considerations around equality, diversity, inclusion, and equity (e.g. in review design, analyses, reporting, involvement of experts by experience, etc.). The successful applicant would be expected to search for, synthesise, and report on variations in intervention effectiveness across populations and subgroups, as well as consider EDIE in project design and implementation. Please include in proposals how this would be covered.

6. Budget

Foundations will assess and score bids on value for money and can make up to **£130,000** available for this project.

7. Risk management

Please include in proposals a risk plan with any mitigations.

8. Conflicts of interest

Please confirm if you are aware of any potential or actual conflicts of interest.

Once appointed, the successful research team will be expected to:

- Work with Foundations to refine the appropriate research questions, methodology, and approaches
- Submit due diligence documents (as listed above)
- Produce a research protocol that will be published on the Foundations website and the Open Science Framework (OSF)
- Seek appropriate ethical approval, if required
- Conduct the systematic review process and analysis as set out in the protocol
- Produce monthly progress reports
- Attend monthly KIT meetings with the Foundations team
- Produce a full systematic review report with an Executive Summary and Plain English Summary
- Engage with an Advisory Group, to be set up by Foundations, through sharing of the review protocol with the group for feedback, presentation of initial findings from the review, and attending meetings as may be required
- Conduct all activities in line with relevant Data Protection laws including, and without limitation, the UK General Data Protection Regulation, the UK Data Protection Act 2018, and all other relevant country-specific legislation
- When requested and if required, assist with writing the project's Data Protection Impact Assessment (DPIA)
- Delete all data captured for the project in line with a Data Sharing Agreement we have with you or at least five years after the project has completed, whichever is the least amount of time, and confirm the deletion in writing to Foundations shortly after deletion.

Evaluation of bids

We will score all bids initially on criteria 1 (strength of the proposed methodology) and criteria 4 (relevant expertise and experience of the project team). We reserve the right to exclude any bid not scoring at least 4 or more out of 5 for each of these sift criteria (see later evaluation criteria for a description of the scoring system from 0–5 on each scoring criteria).

The six elements of the bid that will be assessed for those passing the initial sift stage include:

1. Strength of the proposed methodology [Criteria Weighting 30%]

Proposals will be assessed in terms of the following methodological characteristics:

  a. Systematic search strategy, critical appraisal tools, inclusion and exclusion criteria, and population selection
    - Please include a rationale for the population(s) that reviewers propose to focus on
    - Please also include an explanation and rationale for the search strategy to be undertaken for the different review research questions, and the critical appraisal tools relevant to each search and synthesis strategy.
  b. Analysis strategy (e.g., core components work, thematic synthesis, and/or where relevant statistical analyses).

We anticipate the systematic review consisting of a mixed-methods review, where RQ1, RQ2, and RQ3 are answered quantitatively (e.g., through means of a meta-analysis where viable, or through other approaches such as narrative synthesis if more appropriate) and RQ4 and RQ5 have a qualitative component, reflecting 'lived experience' and implementation enablers where possible. However, we welcome recommendations from bidders on the review methodology and options within the available budget and timescales.

2. Considerations around Equality, Diversity, Inclusion, and Equity principles [Criteria Weighting 10%]

It is expected that applicants will provide explicit statements on their approach to EDIE, in terms of ensuring diversity of the research team, and a diverse panel of experts by lived experience, PPI/user involvements, as well as the approaches that have been or would be taken to cover considerations around EDIE in the systematic review design, development of search strategies, data collection, synthesis, and reporting.

3. Methods for gaining sufficient information for inclusion in a practice guide [Criteria Weighting 20%]

A primary aim of this review is to gain sufficient information about effective practice elements so that they can be adequately described in a guide that will be used by commissioners and practitioners. We are therefore interested in understanding how the researchers will gather this information so that it can be communicated in a way that is consistent with the intervention model. This also includes suppliers' suggested approaches to PPI/user involvement in the systematic review.

4. Relevant expertise and experience of the project team [Criteria Weighting 20%]

It is expected that the research team will have previous experience of conducting systematic reviews and meta-analyses of interventions of interest to child welfare services. Knowledge of interventions or programmes for children at the edge of care is also desirable. Please describe the roles, expertise, and experience of each team member, including the principal investigator and other team members.

5. Approaches to project governance, project management, and quality assurance [Criteria Weighting 10%]

It is expected that the research team will have previous experience of managing and conducting research projects. Knowledge of systematic review standards to ensure quality assurance is essential. Please outline in the proposal how the project will be managed, staff roles and responsibilities of all team members, include an indicative timeline with key milestones, and how project risks and issues will be escalated. Please summarise approaches to be used for quality assurance of all deliverables, tasks, and outputs from the project.

6. Value for money [Criteria Weighting 10%]

It is expected that the outputs will demonstrate value for money. This reflects the need for the costings of the deliverable to be reflective of the output quality, the number of outputs, and the breadth and depth of topic matter to which each output covers. Bids will also be scrutinised for how staff time is allocated and costed for various project tasks and outputs (see price/costs table later).

Evaluation criteria

Each grant call response will be evaluated using the following scoring system against each of the five criteria:

Assessment	Score	Summary	Interpretation
Excellent	5	Very strong evidence of appropriate knowledge, skills, or experience.	As well as addressing all, or the vast majority of, bullet points under each criteria heading, it will demonstrate a deep understanding of the project. All solutions offered are linked directly to project requirements and show how they will be delivered and the impact that they will have.
Good	4	Sufficient evidence provided of appropriate knowledge, skills, or experience. Have confidence in their ability to deliver the required service.	Will reflect that bidders will have addressed, in some detail, all or the majority of the bullet points listed under each criteria heading. Evidence will have been provided to show not only what will be provided but will give some detail of how this will be achieved. Bidders should make clear how their proposals relate directly to the aims of the project and be specific, rather than general, in

Assessment	Score	Summary	Interpretation
			the way proposed solutions will deliver the desired outcomes.
Acceptable	3	Reasonable evidence of appropriate knowledge, skills, or experience. Meets requirements in many areas but not all.	Will again address the majority of the bullet points under each criteria heading but will lack some clarity or detail in how the proposed solutions will be achieved. Evidence provided, while giving generic or general statements, is not specifically directed towards the aims/objectives of this project. Any significant omission of key information as identified under each criteria heading will point towards a score of 3.
Minor Reservation	2	Some evidence of appropriate knowledge, skills, or experience. Meets requirements in some areas but with important omissions.	Will reflect that the bidder has not provided evidence to suggest how they will address a number of bullet points under the evaluation criteria heading. Tenders will in parts be sketchy with little or no detail given of how they will meet project requirements. Evidence provided is considered weak or inappropriate and is unclear on how this relates to desired outcomes.
Serious Reservations	1	Very little evidence of appropriate knowledge skills or experience	Will reflect that there are major weaknesses or gaps in the information provided. The bidder displays poor understanding and there are major doubts about fitness for purpose.
Unacceptable	0	No evidence/response	Will result if no response is given and/or if the response is not acceptable and/or does not cover the required criteria.

Grant call timetable

Activity	Date
Grant call issued	w/c 16 March 2026
Inform Foundations via Expression of Interest Form of intention to submit a bid by the deadline for submission of full applications: https://forms.monday.com/forms/31769db7e01c333e56213ced076640a1?r=use1	By 12:00pm noon, Friday 27 March
Deadline for submission of clarification questions	3 April 2026
Issue clarification document	7 April 2026
Tender submissions: https://forms.monday.com/forms/6e5cb3a8428caa548352c7ada3e04a8f?r=use1	By 12:00pm noon, Friday 10 April 2026
Evaluate tenders	w/c 13 April 2026
Rebuttal period for clarification questions	20–24 April 2026
Notify successful bidder	By Friday 1 May 2026

How to apply

The format of the application is at the discretion of the bidder. All the section headers included in the 'Detailed requirements' should be easily located within the supplier's tender response.

1. **Please submit your expression of interest by 12:00pm noon on Friday 27 March 2026**:
   https://forms.monday.com/forms/31769db7e01c333e56213ced076640a1?r=use1
2. **Please submit your completed application to our application portal by 12:00pn noon on Friday 10 April 2026**:
   https://forms.monday.com/forms/6e5cb3a8428caa548352c7ada3e04a8f?r=use1

Further information on how we process your personal data in relation to your application can be found in our Privacy Policy here.

If you have any questions that have not been answered in this document, please email practice_guides@foundations.org.uk. We will aim to reply to your queries in two working days.

Budget

Please include a detailed breakdown of staff costs (stating the number of days allocated to each staff member, and the associated day rate). As a minimum, please also indicate what proportion of the budget is allocated to each of the research activities, analysis, and reporting. Please also produce a summary budget table as per the below format.

Activity	Costs
Total cost	

Questions or clarifications

Any queries ahead of the proposal submission deadline should be directed to practice_guides@foundations.org.uk. Foundations will endeavour to respond to queries within two working days.