

# GUIDEBOOK POSITION STATEMENT ON EQUALITY, DIVERSITY, INCLUSION & EQUITY (EDIE)

At Foundations, we recognise the impact that disparities across society have on outcomes for children and families from marginalised groups within the early intervention and children's social care sector. We are committed to reducing these disparities through our work, with a particular emphasis on racial equity, and to being a leader in all aspects of equality, diversity, inclusion and equity (EDIE).

## Summary

- This position statement outlines our commitment to advancing Equality, Diversity, Inclusion and Equity (EDIE) principles specifically within the Foundations Guidebook
- We recognise that dominant or Western evidence frameworks, and associated evaluation methods, have limitations that can perpetuate systemic inequities for children and families
- We outline the actions we will take to make the Guidebook more inclusive: new intervention entries will have an EDIE section, summarising what is known from the evidence about an intervention's effects for racially and ethnically minoritised children and families; and EDIE information will be incorporated throughout the entry as appropriate.

At Foundations, anti-racism is an organisational strategic priority, and therefore this position statement focuses on promoting racial equity. However, we are also committed to expanding the Guidebook to better reflect the experiences and needs of a broader range of minoritised groups. We will continue to work to address other forms of marginalisation to ensure the Guidebook is inclusive, representative, and equitable for all.



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## The Guidebook function: context and purpose

The Guidebook is an evidence resource or web-based clearinghouse that provides information about interventions that have been evaluated and shown to improve outcomes for children and families. It provides an evidence rating based on a rigorous assessment of the strength of evidence for interventions, together with other information about the implementation of interventions. Along with the [Practice Guides](#), the Guidebook forms part of [Foundations' Toolkit](#).

Practice Guides set out the strongest available evidence for senior local leaders in children's services to support effective practice and improve how services are commissioned, designed, and delivered through a set of actionable recommendations based on the evidence. The Practice Guides are commissioned by the Department for Education and developed by Foundations.

Foundations' Guidebook is an important resource for commissioners, policymakers, and local leaders who are looking to:

- Use the resource to identify suitable interventions to commission
- Make decisions on which interventions to fund based on evidence of impact and cost effectiveness
- Plan or design a new service
- Update or improve an existing intervention
- Apply for funding
- Commission or conduct research.

As a key player in the evidence space, we recognise that we have the potential to be a platform for change. Our position enables us to advocate for more inclusive evidence generation because:

- **Our assessments shape resource allocation:** Evidence ratings and information more broadly influence which interventions receive funding and support
- **We set evidence standards:** Our criteria and approach determine what counts as evidence of efficacy, or what works, and whose knowledge is valued
- **We influence practice and commissioning decisions:** Commissioners and practitioners consult our guidance when selecting interventions for diverse populations



- **We can perpetuate or disrupt inequities:** Established evidence hierarchies are used to identify well-evidenced interventions and practices; however, they may systematically disadvantage interventions developed by and for minoritised communities. Including a broader range of evidence types can highlight where interventions reduce inequity.

## Why change is necessary: confronting the biases of traditional evidence frameworks

### Historical and current inequities in children's social care and early intervention

Evidence consistently shows that racially minoritised children and families have historically faced, and continue to face, significant inequalities in both their experiences and outcomes within the UK's children's social care and early intervention services (Bywaters et al, 2019; Waddell et al, 2022; Warner et al, 2025). These inequities are reflected in patterns of disproportionate social care involvement, and the overrepresentation of children from certain ethnic groups, such as Black and Mixed/Multiple ethnic backgrounds in the care system (Ahmed et al, 2022).

Once in care, children from racially minoritised backgrounds often face differing and inequitable trajectories. For example, Black and Asian children are less likely to be adopted and are more likely to be subject to the most restrictive forms of care, such as secure accommodation or deprivation of liberty orders (Selwyn and Wijedesa, 2011; Edney, Alrouh and Abouelenin, 2023). These disparities extend to outcomes beyond care; research indicates that Black and Asian children have higher rates of contact with the youth justice system (Ahmed et al, 2022).

The drivers of these disparities are complex and intersectional. They include the interplay of socioeconomic disadvantage, structural and interpersonal racism, and potential biases in decision-making processes within social care systems (Bywaters et al, 2019). Understanding and addressing these factors is essential to promoting equity and ensuring that early intervention and social care services are responsive to the needs of all children and families.

### Limitations of traditional evidence models and standards

As a What Works Centre, we are committed to identifying interventions that make a meaningful difference to children and families. We believe that robust, high-quality evidence which demonstrates causal impact plays a crucial role in improving outcomes for children and families. We acknowledge that established models of evidence are predominantly White and Western; that historical research was sometimes harmful to marginalised groups, forming a barrier to participation in research today; and that current evaluation practice often excludes marginalised groups.

First, we recognise that the traditional evidence models we use have important limitations for promoting equity. These models have largely developed within Western academic settings, and they often prioritise certain types of knowledge over other important forms, including lived



experience and indigenous knowledge systems. This means that interventions developed by and for racially minoritised communities may be less likely to demonstrate effectiveness – not necessarily because they are less effective, but because intervention developers are likely to define and capture impact in different ways which are aligned with the resources, contexts and values of the communities they serve. And when such interventions are evaluated using What Works methods and approaches, the impact may not be accurately reflected because the measures or tools used are not grounded in the same cultural values as the intervention itself.

Second, there is a weighty legacy of racism and exploitation in research. Historical abuses, such as the Tuskegee Syphilis Study, have caused lasting trauma and fostered deep mistrust toward research institutions, particularly among racially minoritised communities. These are not just distant events but represent a continuing pattern in which certain groups are more likely to be marginalised or harmed by research, whilst also being less likely to see its benefits.

Third, while randomised controlled trials (RCTs) are often considered the ‘gold standard’ in evidence hierarchies to answer questions about the causal relationship between an intervention and its outcomes, they frequently fail to include racially minoritised communities (Hussain-Gambles et al, 2004). Racially minoritised communities are often excluded or underrepresented in trials due to a range of structural and systemic barriers. These include language requirements, inaccessible or culturally insensitive recruitment approaches, and assumptions that certain groups are ‘hard to reach’ or disengaged from research (Boden-Albala, 2022). In practice, many individuals are willing to participate when invited in meaningful and respectful ways (Boden-Albala et al, 2015). However, when equity is not recognised as a core component of research quality and an ethical responsibility for researchers to uphold (Treweek et al, 2021), the additional costs and complexities of designing inclusive trials can lead to this work being deprioritised. More broadly, the focus on RCTs has meant that the differences across different groups and individuals, shaped by complex social and systemic issues, has historically been ignored (Murry et al, 2024). Furthermore, interventions developed by and for minoritised communities face structural barriers such as unequal access to funding, limited capacity for formal evaluation, and cultural biases in assessment tools; this means that there is underrepresentation of these interventions in the evidence base (Javed et al, 2025).

Recognising these challenges is an important step for us. It highlights the need to question whose knowledge is valued, how impact is defined, and which voices are included in shaping the evidence base. Without this reflection, we risk reinforcing inequities in intervention funding, access, and outcomes, and failing to support local leaders working with diverse communities in selecting the right interventions for the families they are working with.

As an organisation, we are committed to a broad understanding of what counts as evidence to answer a range of questions to help children and families thrive in life, for example across our Evidence into Practice offer, our grant-funded evaluations, and our Toolkit. We also want to explore different ways to better reflect context and lived experience in the Guidebook and ensure that the Guidebook supports equitable outcomes for all children and families, while maintaining our commitment to high standards of evidence which are clear and transparent about what works.



# Our anti-racist and inclusive vision for Guidebook evidence

## Valuing inclusive interventions and targeted interventions

The interventions included on the Guidebook have the potential to contribute to the reduction in disparities for minoritised children, particularly racial disparities in early intervention and children's social care.

Interventions can be designed to be beneficial to all families, or targeted to benefit some minoritised groups; both types of intervention have the potential to be effective and to improve outcomes for minoritised families. Targeted interventions can be developed by and/or for a particular group by developing specific core content or components, or a particular delivery method that suit the group. Function (what makes the intervention work) can often remain the same across interventions – for example, core components like responsive caregiving or communication skills – while form (how it's presented or who delivers it) can be adapted to increase engagement and promote equity across different adapted and by-and-for interventions.

To date, there is little evidence on the effectiveness of interventions developed by-and-for or adapted to specific minoritised groups in UK. However, taking a more global perspective, systematic review evidence suggests that parenting interventions are not less effective with minoritised groups (Foundations, 2024; Gardner et al., 2017; Gardner et al., 2019); and they can often be used effectively to support families in different contexts (Gardner et al 2016; Leijten et al 2016).

Throughout our Guidebook, we aim to reflect this complexity and support equity-informed decision-making for local leaders. We include interventions that are designed for all families and those developed by-and-for minoritised families. We also highlight the populations included in the evidence base, and whether adaptations are available or have been evaluated. By making visible both the strengths and the limitations of the current evidence, we enable users to select and implement interventions in ways that are both evidence-based and responsive to the structural inequalities that shape families' lives, while also highlighting areas where further research is needed.

## Contextualising and understanding transferability

In the Guidebook, we include interventions with evidence from studies conducted in high-income countries. This includes interventions that are implemented and evaluated in the UK, implemented in the UK but evaluated elsewhere, or implemented and evaluated elsewhere, because identifying interventions which could be transported to UK is useful. The studies underpinning evidence ratings therefore include a broad range of population characteristics, including many different minoritised ethnic groups.



We acknowledge that race and ethnicity, country context, as well as many other intersecting factors, may make a difference to how interventions are received. For example, the experience of Black children and families in the US (a group commonly represented in studies underpinning Guidebook evidence ratings) is likely to be different in some ways from the experience of Black children and families in the UK. It is challenging to represent and convey all this information on the Guidebook, even where it is present in studies (which it often is not).

We do include this information where we can, because showing which groups an intervention has been implemented with, or has evidence of impact for, can indicatively give confidence in implementing the intervention with a similar or different group. For example, if an intervention has evidence of working with diverse populations, this might suggest that it could be implemented with or adapted for a new group. Similarly, if there is evidence that an intervention is effective with a particular group, this can give confidence in implementing it with a similar group elsewhere.

On the Guidebook, we give as much information as possible about population characteristics of participants in studies underpinning the evidence rating, as well as a narrative summary of for whom an intervention is best evidenced. We are also transparent about how we use language and terminology to describe participants' characteristics.

## **Working towards an inclusive and equitable Guidebook**

Recognising the limitations of our current approach is just the starting point, and we are committed to taking meaningful, practical steps to address them. This EDIE position statement is one part of a much broader effort to make our Guidebook more inclusive and equitable. Our goal is to ensure that the equity-related information we present is not only visible, but relevant, accessible, and actionable for local leaders. Below, we outline some of the changes we're making to turn these commitments into practice.

### **Narrative EDIE summaries**

#### ***1. Evidence of impact on disparities***

Each new or updated intervention page will include a narrative summary focused on the intervention's potential to reduce disparities for the outcomes of that intervention. This summary will follow a standardised template and draw from Level 3 studies that report on subgroup analyses or impacts on specific populations. It will be reported using established tools such as the PRO-EDI tool (Trial Forge, 2024), and will be extracted during our assessment process.

#### ***2. Evidence on implementation and family experience***

As part of our effort to centre equity in our Guidebook, we are introducing a second type of narrative EDIE summary for each intervention, focusing on implementation and the lived experiences of children and families who receive the intervention. This summary will highlight how interventions are delivered in practice and how acceptable, relevant, and effective they are for different groups, particularly racially minoritised communities and other marginalised groups. To create this summary, we will draw on a broad range of evidence sources for the specific



intervention, including implementation and qualitative studies, as well as Level 3, Level 2, and NL2 studies. This is a deliberate decision, based on the reality that studies focused on marginalised or racially minoritised groups often face systemic barriers to achieving a Level 3 rating under our current standards, and yet often contain valuable insights into how interventions are experienced by families and practitioners, particularly within marginalised or minoritised communities.

These summaries will follow a structured template and use a tool such as the PRO-EDI tool. Incorporating a broad range of types of research reflects our organisational approach to evidence: this allows us to offer local leaders a more complete picture of how interventions are being implemented and experienced across different communities, helping them make better-informed decisions about what might work in their own local context. While acknowledging the valuable contributions of a broader range of sources of evidence, we are still committed to high standards of evidence of quantitative trials to demonstrate efficacy and effectiveness, shown in our evidence ratings.

## **Highlighting equity-focused design**

Where applicable, intervention pages will identify and describe design features which aim to promote equity within the description of the intervention model. This includes approaches that were developed with or for specific communities, or that intentionally address access and inclusion. These details will be documented using the same EDIE frameworks to ensure consistency, using information from intervention developers or providers.

We will also include mention of or links to adapted models, and have clear guidelines on when we will assess adaptations separately or together with the original intervention.

## **Improving how we work internally**

Our commitment to EDIE goes beyond how we present information. We are taking a series of actions to strengthen equity considerations throughout our internal processes, ensuring they are embedded at every stage of the assessment process.

We are embedding EDIE considerations more deeply into every stage of our assessment process by enhancing our screening methods to better flag and prioritise studies that include cultural adaptations or target racially minoritised or underserved groups. We are also adopting structured tools, such as the PRO-EDI tool, to help us extract and record equity-related information more consistently across all studies we review. For more information, please see the [\*Guidebook Handbook v 2.0: Procedures and standards for assessment of evidence for interventions\*](#).



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