

SYSTEMATIC REVIEW OF INTERVENTIONS TO SUPPORT CHILDREN & YOUNG PEOPLE WHO HAVE EXPERIENCED CHILD SEXUAL ABUSE

Call for proposals



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Foundations – What Works Centre for Children and Families is seeking proposals from research organisations to deliver a systematic review synthesising interventions aimed at improving outcomes for children and young people who have experienced child sexual abuse. The review must be conducted between June 2025 and September 2026 to inform the development of a Practice Guide.

Introduction to Foundations

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 that will support 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 being published alongside the National Framework to set out the strongest available evidence for leaders in the children’s social care sector to support effective practice and improve how services are commissioned, designed and delivered. The Practice Guides will draw from a range of robust sources of evidence, including systematic reviews, impact evaluations, qualitative research and practice expertise to help senior leaders understand how best to achieve the outcomes identified in the National Framework.

Foundations – What Works Centre for Children and Families – has been tasked with producing a set of Practice Guides. These Guides intend to emphasise interventions and practices that are supported by causal evidence – meaning robust evaluation evidence linking the activity to improved child and family outcomes when delivered to a high standard. Ideally, there will be sufficient quantity and quality of evidence for this review to identify effective practices and interventions that are relevant and implementable within England.



Background and context to the requirements

How is child sexual abuse defined and what is its prevalence?

The Department for Education¹ defines child sexual abuse as: “forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening”. Sexual activities may involve physical contact (including abuse by penetration or non-penetrative acts) but can also include non-contact activities (such as involving children in: looking at sexual images; the production of sexual images; watching sexual activities). Child sexual abuse also includes child sexual exploitation. Child sexual exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator.²

Determining the prevalence of child sexual abuse is challenging since it often goes under-reported and under-identified. Conservative estimates suggest that approximately 500,000 children experience sexual abuse each year in the UK,³ with at least one in 10 children in England and Wales being sexually abused before age 16.⁴ Of these, only a small minority of cases will come to the attention of Children’s Social Care at the time of the abuse. Analysis from the Centre of Expertise on Child Sexual Abuse found 44,830 concerns about child sexual abuse or child sexual exploitation were recorded by local authorities in England in 2023/24, 8% fewer than in 2022/23.⁵

What is the government doing to address child sexual abuse and its impacts?

The Government continues to actively address child sexual abuse, publishing in 2015, the Independent Inquiry into Child Sexual Abuse (IICSA). The IICSA examined how past institutional failures in England and Wales handled their duty of care to protect children from sexual abuse and heard from thousands of victims/survivors. The final report was published in October 2022⁶ and makes over 100 recommendations, 20 of which were highlighted as needing urgent attention. The

¹ HM Government. (2023). *Working Together to Safeguard Children 2023*. Available at: https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf [Accessed 31 March 2025].

² Department for Education. 2017. *Child sexual exploitation: definition and guide for practitioners*. Available at: <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners> [Accessed 31 March 2025].

³ The figure is calculated by using single-year child sexual abuse prevalence estimates from the NSPCC 2009 child maltreatment study for age groups 0–11 and 12–17 (Radford et al, 2011) and the mid-2022 population estimates (Office for National Statistics, 2023a)

⁴ Karsna, K., & Kelly, L. (2021). *The scale and nature of child sexual abuse: Review of evidence*. [Online]. London: Centre of expertise on child sexual abuse. Available at: <https://www.csacentre.org.uk/app/uploads/2023/09/Scale-and-nature-review-of-evidence-2021.pdf>. [Accessed 29 April 2024].

⁵ Kewley, S. & Karsna, K. (2025). *Child sexual abuse in 2023/24: Trends in official data*. Centre of Expertise on Child Sexual Abuse. Available at: <https://www.csacentre.org.uk/app/uploads/2025/03/Child-sexual-abuse-in-2023-24-Trends-in-official-data.pdf> [Accessed 31 March 2025].

⁶ See: <https://www.iicsa.org.uk/final-report.html>



report highlights multi-agency working as a key component of child protection and safeguarding practice. This finding is reinforced by government reviews examining how well agencies are working together in local areas to help and protect children.^{7,8}

In a recent (April 2025) progress update,⁹ the government stated its commitment to implement the recommendations of the IICSA and to provide the national and local leadership required to tackle offending, protect children from harm, and support victims and survivors. Amongst other measures, the government announced that it will commission two Practice Guides for local leaders and practitioners on how to prevent child sexual abuse and exploitation, and how to support victims/survivors. These Practice Guides will be delivered by Foundations, and this systematic review will underpin the Practice Guide on how to support victims/survivors. What do we know about interventions aimed at supporting children and young people who are victims/survivors of child sexual abuse?

Various therapeutic models targeting a range of child outcomes have been evaluated using robust evaluation methods. However, it is well recognised that therapeutic support is just one aspect of victim-survivor support services, and not all of these will be amenable to experimental research. Such support includes: immediate support; practical and emotional support; intensive crisis management support; medical assessment and treatment; specialist tailored support; and peer support.¹⁰

Among these, Cognitive Behavioural Therapy (CBT), particularly trauma-focused CBT (TF-CBT), is currently the most well-evidenced intervention. Three systematic reviews^{11,12,13} have demonstrated the positive impact of CBT on reducing PTSD symptoms, both in the short term (0–12 months) and long-term (+1 year), in children and adolescents up to the age of 18. Moreover, these reviews indicated that CBT could also lead to significant decreases in anxiety and depressive symptoms across these timeframes.

⁷ Ofsted. (2020). *The multi-agency response to child sexual abuse in the family environment*. Crown. Available at: <https://www.gov.uk/government/publications/the-multi-agency-response-to-child-sexual-abuse-in-the-family-environment> [Accessed 30 April 2025].

⁸ The Child Safeguarding Practice Review Panel. (2024). *“I wanted them all to notice”*. Available at: https://assets.publishing.service.gov.uk/media/67446a8a81f809b32c8568d3/CSPRP_-_I_wanted_them_all_to_notice.pdf [Accessed 30 April 2025].

⁹ Home Office. 2025. *Tackling Child Sexual Abuse Progress Update*. Available at: https://assets.publishing.service.gov.uk/media/67f6177e563cc9c84bacc39a/Tackling_Child_Sexual_Abuse_-_Progress_Update_-_FINAL_FOR_PUBLICATION.pdf [Accessed 22 April 2025].

¹⁰ Kewley, S., & Breen, S. (2025). *Funding and commissioning child sexual abuse services. Why it's important, and how to do it well*. Centre of Expertise on Child Sexual Abuse. <https://www.csacentre.org.uk/app/uploads/2025/01/Funding-and-Commissioning-Guide.pdf> [Accessed 02 May 2025].

¹¹ Passarela, C. D. M., Mendes, D. D., & Mari, J. D. J. (2010). A systematic review to study the efficacy of cognitive behavioral therapy for sexually abused children and adolescents with posttraumatic stress disorder. *Archives of Clinical Psychiatry (São Paulo)*, 37, 60-65.

¹² Macdonald, G., Higgins, J. P., Ramchandani, P., Valentine, J. C., Bronger, L. P., Klein, P., ... & Taylor, M. (2012). Cognitive-behavioural interventions for children who have been sexually abused: A systematic review. *Campbell Systematic Reviews*, 8(1), 1-111.

¹³ Parker, B., & Turner, W. (2014). Psychoanalytic/psychodynamic psychotherapy for sexually abused children and adolescents: A systematic review. *Research on social work practice*, 24(4), 389-399.



In a meta-analysis of 77 studies, Benuto and Donohue (2015) explored a variety of intervention models, including psychoeducation, art therapy, play therapy and CBT.¹⁴ They conclude that CBT was the most effective model in reducing PTSD symptoms and improving behaviours that challenge, while Play Therapy led to the greatest improvements in children's social functioning problems. Similarly, a meta-analysis of 22 studies (Caro et al., 2023) found CBT to have a positive effect on reducing PTSD symptoms in children.¹⁵

Other intervention models such as Prolonged Exposure Therapy, Psychoeducational Group Therapy, and Child-Centred Therapy have been studied but findings are inconsistent.¹⁶ Likewise, interventions focussed on child outcomes such as increasing child sexual abuse knowledge and reducing concerning sexual behaviour have also demonstrated mixed findings. These inconsistencies may stem from methodological issues in the primary studies, which review authors often cite as having limitations in reporting standards and a high risk of study bias.

What do we know about interventions aimed at supporting parents of children and young people who are victims/survivors of child sexual abuse?

Caregivers play an important role in supporting their children's recovery. Interventions can take many forms, including support groups, psycho-educational groups, integrated caregiver–child approaches, or individual support for caregivers.¹⁷

Interventions which involve the non-abusing adult (either alongside the child or independently) have shown positive outcomes. Interventions such as TF-CBT^{18, 19} and the NSPCC led evaluation of *Letting the Future In*,²⁰ have demonstrated evidence of reducing parental emotional distress, enhancing parental support towards the child and improving a caregiver's ability to manage behaviours which challenge.

Other therapies such as child-centred play therapy, which aims to teach caregivers to show acceptance and empathy, have shown improvements in the parent–child relationship.²¹ Likewise,

¹⁴ Benuto, L. T., & O'Donohue, W. (2015). Treatment of the sexually abused child: Review and synthesis of recent meta-analyses. *Children and youth services review*, 56, 52–60.

¹⁵ Caro P, Turner W, Caldwell DM, Macdonald G. Comparative effectiveness of psychological interventions for treating the psychological consequences of sexual abuse in children and adolescents: a network meta-analysis. *Cochrane Database of Systematic Reviews* 2023, Issue 6. Art. No.: CD013361. DOI: 10.1002/14651858.CD013361.pub2.

¹⁶ McTavish, J. R., Santesso, N., Amin, A., Reijnders, M., Ali, M. U., Fitzpatrick-Lewis, D., & MacMillan, H. L. (2021). Psychosocial interventions for responding to child sexual abuse: A systematic review. *Child abuse & neglect*, 116, 104203.

¹⁷ van Toledo, A., & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical psychology review*, 33(6), 772–781.

¹⁸ Deblinger, E., Mannarino, A. P., Cohen, J. A., & Steer, R. A. (2006). A follow-up study of a multisite, randomized, controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(12), 1474–1484.

¹⁹ Deblinger, E., Mannarino, A.P. & Cohen, J.A. (2015). *Child sexual abuse: a primer for treating children, adolescents, and their nonoffending parents*, 2nd edition. Oxford University Press.

²⁰ Carpenter, J., Jessiman, T., Patsios, D., Hackett, S., & Phillips, J. (2016). *Letting the Future In*. NSPCC. Available at: <https://learning.nspcc.org.uk/media/1369/letting-the-future-in-evaluation.pdf> [Accessed 31 March 2025].

²¹ West, B. E. (2010). *A mixed-methods approach to the experiences of non-offending parents of children who have experienced sexual abuse participating in child parent relationship therapy (CPRT)*. Unpublished Doctoral Thesis: University of North Texas.



individual therapy, focusing on the caregivers' own healing process, supports caregivers to understand their own emotional trauma.²²

What do we know about the contextual factors impacting intervention effectiveness?

Evidence suggests that certain therapeutic approaches may be more effective for specific populations. A 2020 systematic review,²³ found that: TF-CBT was beneficial for highly vulnerable and traumatised children; group therapy appeared to be more effective for girls; and briefer therapeutic approaches were effective for younger children. Additionally, psychotherapeutic interventions have shown promising results for deaf children.²⁴ Although research on ethnicity is limited, some evidence suggests that it doesn't significantly moderate intervention effectiveness.²⁵

Systematic reviews^{25, 26} indicate that longer treatment duration is associated with superior therapeutic gains. Impact of other modalities such as delivery mode (online versus in-person) and format (individual versus group) are less known, although Benuto et al. (2015) concluded that individual and group treatments were equally effective as one another.²⁶ Evidence also shows that caregiver involvement improves the acceptability and successful completion of interventions by children, suggesting caregiver participation could be a moderating factor in intervention effectiveness.²⁷

What do we know about implementation of interventions?

A 2022 Cochrane review examined barriers and enablers of intervention implementation.²⁸ The review found that family members valued interventions that were easy to locate and near their homes, while young people appreciated accessible, community-based venues that provided a sense of safety and comfort. Young people also valued having a sense of choice and control within the intervention, including the ability to co-produce their treatment plans and make decisions about the tasks and activities they engaged with. Lastly, the timing of the intervention played an important role in how it was experienced. Children and young people were more likely to engage fully and complete the intervention when they felt ready to discuss their experiences. This readiness was vital for processing trauma effectively. Perspectives from families suggested that children found enjoyment in life again after engaging in supportive interventions.

²² Carter, B. J. (1999). *Who's to blame? Child sexual abuse and non-offending mothers*. Toronto: University of Toronto Press Incorporated.

²³ Tichelaar, H. K., Deković, M., & Endendijk, J. J. (2020). Exploring effectiveness of psychotherapy options for sexually abused children and adolescents: A systematic review of randomized controlled trials. *Children and Youth Services Review*, 119, 105519.

²⁴ Sullivan, P. M., Scanlan, J. M., Brookhouser, P. E., Schulte, L. E., & Knutson, J. F. (1992). The effects of psychotherapy on behavior problems of sexually abused deaf children. *Child Abuse & Neglect*, 16(2), 297-307.

²⁵ Trask, E. V., Walsh, K., & DiLillo, D. (2011). Treatment effects for common outcomes of child sexual abuse: A current meta-analysis. *Aggression and violent behavior*, 16(1), 6-19.

²⁶ Benuto, L. T., & O'Donohue, W. (2015). Treatment of the sexually abused child: Review and synthesis of recent meta-analyses. *Children and youth services review*, 56, 52-60.

²⁷ Cummings, M., Berkowitz, S. J., & Scribano, P. V. (2012). Treatment of childhood sexual abuse: An updated review. *Current Psychiatry Reports*, 14, 599-607.

²⁸ Brown, S.J., Carter, G.J., Halliwell, G., Brown, K., Caswell, R., Howarth, E., Feder, G., & O'Doherty, L. (2022). Survivor, family and professional experiences of psychosocial interventions for sexual abuse and violence: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2022.



On the other hand, high staff turnover served as a barrier to implementation, with children often struggling to re-establish trusting bonds when practitioners changed frequently. Moreover, the influence of social networks – particularly the involvement of parents and carers – was also found to be important. Children dependent on their parents or carers to access interventions often faced challenges if these adults were inconsistent or resistant to the therapeutic process. The lack of stable support from these social networks can prevent children from fully benefitting from the interventions.

Professionals emphasised the importance of considering the cognitive capacity, verbal comprehension, and communication skills of children when designing and implementing interventions. Cognitive ability and developmental stage, often shaped by the effects of trauma, can influence the extent to which children engage with and benefit from interventions. Moreover, a stable home environment was perceived as an influence on whether interventions can be effective. Children who were removed from the abusive home, may be experiencing additional emotional stress impacting intervention acceptability, delivery and effectiveness.

A systematic review ²⁹ focusing on African, Asian and Caribbean-heritage children, identified multiple barriers to disclosing, identifying and responding to sexual abuse. These included language barriers, family and community pressures, and the pressure to remain strong and silent. The review also highlighted a lack of specialist services accommodating the needs of different communities, which inhibited the ability of services to bring about change.

Aims, objectives and research questions

Research aims

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

1. Identify interventions with strong evidence of improving outcomes for children and young people who have experienced sexual abuse. **We are still determining our exact population (see PICOTs later in this document) and would welcome recommendations from those applying.**
2. Identify the types of support available which can help improve these outcomes for children and young people. This includes components of intervention delivery and population characteristics that may influence effectiveness.
3. Identify the enablers and barriers to successful implementation of interventions for children and young people who are victims/survivors of child sexual abuse.

We are also potentially interested in the systematic review exploring interventions for children and young people who display harmful sexual behaviour, and who have used abusive behaviours. These interventions often share similar theoretical foundations as interventions for victims/survivors of child sexual abuse, and are therapeutic in nature.

²⁹ Dhaliwal, S. (2024). *Child sexual abuse of African, Asian and Caribbean heritage children: A knowledge review*. Centre of expertise of child sexual abuse. Available at: <https://www.csacentre.org.uk/app/uploads/2024/07/Child-sexual-abuse-of-African-Asian-and-Caribbean-heritage-children-A-knowledge-review.pdf> [Accessed 30 April 2025].



In your bid, please outline the advantages/disadvantages of doing this and the feasibility of this work in relation to budget, team capacity/experience, and timelines. This strand of work could build from relevant NICE Guidelines³⁰ last published in 2016. However, it may be more sensible to complete this project as a separate systematic review. **Bidders' advice on this is welcome.**

Research questions

- 1. What works:** Which intervention are effective in supporting and improving outcomes in children and young people aged between 0–25 who are victims/survivors of child sexual abuse?
- 2. For whom:** What are the different types of interventions, how are they defined, and which models are effective for different populations of children and young people aged between 0–25?
- 3. How and why:** What practice elements and intervention components are associated with successful interventions when supporting this population?
- 4. Implementation:** What are the enablers and barriers to successful implementation of interventions when supporting victims/survivors and their families?
- 5. User perspectives and needs:** What are the views of intervention users and practitioners about the acceptability and usefulness of child sexual abuse interventions?

Suggested approach and analysis

We invite bidders 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 bidders to build upon the findings and methodologies used in recent meta-analyses when feasible.

Population	Children and young people aged 0-25 who have experienced child sexual abuse, including child sexual exploitation, including in online contexts. Parents/carers of children and young people aged 0-25 who have experienced child sexual abuse and/or child sexual exploitation, including in online contexts. We would also appreciate discussion around the potential to include interventions for children and young people who display harmful sexual behaviours and use abusive behaviours within this review.
Intervention	Interventions delivered by Early Help Services and Children's Social Care; voluntary and community sector services; health services; police and youth justice; and private intervention delivery partners. These can include school-based interventions, parenting interventions, 1-2-1 interventions, whole family

³⁰ See: <https://www.nice.org.uk/guidance/ng55/resources/harmful-sexual-behaviour-among-children-and-young-people-pdf-1837514975173>



	interventions, psychotherapeutic and psychoeducational interventions, and cognitive behavioural therapy. We would also appreciate discussion around the potential to include interventions for children and young people who display harmful sexual behaviours and use abusive behaviours and the similarities/differences in intervention design.
Comparison	Business as usual or a comparable intervention with the same population.
Outcomes	Outcomes include child mental health (e.g., depression, PTSD, anxiety); child behaviour (externalising & internalising); child sexual abuse knowledge and awareness; child's psychosexual & psychosocial development; barriers and enablers to successful implementation of interventions; view/perspectives and acceptability of interventions users and practitioners.
Time	≤ 12 months; > 12 months

We encourage applicants to suggest robust methods that can identify commonalities shared by intervention models, 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 inform decisions about 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 the extraction criteria utilise a high threshold for reducing study bias. Other critical appraisal tools (e.g., Robbins-I, CASP) may be relevant where non-randomised studies and qualitative research could be synthesised to answer specific research questions. To ensure inclusiveness and contemporary relevance, we also recommend that the search strategy encompass evaluation studies from 2000 onwards – though we welcome bidder feedback on this.

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 at Foundations and 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 lived experience, etc.). We also encourage applicants to make use of the PRISMA-Equity checklist and other relevant tools to guide the conduct and reporting of the systematic review.

Research outputs

The appointed bidder 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 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards, and the PRISMA-Equity checklists, 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

Note, the timeline below is indicative, subject to negotiation with successful bidder.

Dates	Activity
W/c 12 May 2025	Grant call published
Midday, 28 May	Deadline for Expressions of Interest
Midday Friday, 13 June 2025	Deadline for responses submitted to Foundations
By Friday, 4 July 2025	Notify successful bidder
7 July 2025 – 1 August 2025	Start-up period: This would include the signing of a grant agreement, development of a protocol, and the carrying out of due diligence processes



Dates	Activity
W/c 4 August 2025	Official start of work, including protocol development with input from advisory group
W/c 5 October 2025	Final draft of protocol
W/c 8 June 2026	Early findings shared with advisory group
W/c 22 June 2026	First draft of final report out for peer review
W/c 22 June 2026	Work on Practice Guides commences (undertaken by Foundations) with input from advisory group
W/c 7 September 2026	Systematic review draft finalised and work by Foundations on Practice Guide continues
February 2027	Systematic review published alongside a Practice Guide produced by Foundations.

Detailed requirements

1. Reporting

The output is expected to be a full systematic review and/or meta-analysis if applicable, with an executive summary.

2. 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.

3. 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.

4. Budget

Foundations will assess and score bids on value for money and can make **£125,000** available for this project.



5. Risk management

Please include in proposals a risk plan with any mitigations.

6. 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.
- Produce a short 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.
- 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 5 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

The six elements of bids that will be assessed for those passing the initial sift stage are outlined below.

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 RQ 4 & 5 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.

Where a meta-analysis has been conducted, we require sensitivity analysis to be conducted if high-risk of bias studies are included in the meta-analysis.

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 vulnerable children. 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 bidder's response will be evaluated using the following scoring system against each of the six 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 the way proposed solutions will deliver the desired outcomes.



Assessment	Score	Summary	Interpretation
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 toward 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. Bidders 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

Date	Activity
w/c 12 May 2025	Grant call issued
By midday of Wednesday 28 May 2025	Deadline to complete the online Expression of Interest form: https://forms.monday.com/forms/0328d415b171942de370f9694ec99f8b?r=use1
By Wednesday 28 May 2025	Deadline for submission of clarification questions
By Friday 30 May 2025	Issue clarification document
Midday/noon, Friday 13 June 2025	Deadline for bid submissions via the online portal: https://forms.monday.com/forms/4586649772256b11010d3bf450bc9891?r=use1
w/c 16 June 2025	Evaluation of bids
23 to 27 June 2025	Rebuttal period for clarification questions
By Friday 4 July 2025	Notify successful bidder

How to apply

1. Please submit your expression of interest using the online form by midday/noon on Wednesday 28 May 2025: <https://forms.monday.com/forms/0328d415b171942de370f9694ec99f8b?r=use1>
2. Please submit your completed application to our online application portal by midday/noon on Friday 13 June 2025:
<https://forms.monday.com/forms/4586649772256b11010d3bf450bc9891?r=use1>

The format of the application is at the discretion of the bidder. All the section headers included in the '[Detailed requirements](#)' section of this document should be easily located within the supplier's response.



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 format below.

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.

Further information on how we process your personal data in relation to your application can be found in [our Privacy Policy](#).