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Promoting Inclusive Recruitment Within Children's Social Care Research Trials: Lessons From the Reflective Fostering Study's InCLUDE Project

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ABSTRACT

It is widely acknowledged that those participating in clinical trials generally do not represent the intended beneficiaries of that research. This pattern is mirrored in trials within children's social care settings, where underserved communities are often not adequately represented. This paper shares learning from the Reflective Fostering Study, a clinical trial that evaluated the clinical and cost-effectiveness of the Reflective Fostering Programme, a support programme for foster and kinship carers. The trial included a distinct workstream, the 'InCLUDE (Increasing Collaboration and Learning with Underserved communities for Diversity and Equity.) project', aiming to better understand the barriers preventing specific underserved groups (male carers, South Asian and kinship carers) from taking part in the study, as well as identifying facilitators for their active and meaningful involvement. Learning was used to iteratively modify the recruitment processes within the trial, with the aim of improving representation of groups initially under-represented. Over the course of the trial, representation of specific underserved groups improved, as evidenced by the analysis of study data from the later phases of the study and compared to national data. Drawing on all the learning from InCLUDE, the paper presents broader recommendations for enhancing inclusion and representation in future children's social care research trials.

1 | Background

The importance of inclusive research and representative clinical trials in health and social care is widely recognised (Bodicoat et al. 2021). In order for the outcomes of research to advance the most benefit, participants should reflect the intended beneficiaries or users of findings. Failing to do so limits the extent to which evidence can be assumed to equitably advance quality and care for individuals with differing circumstances. Representativeness in studies ensures higher quality evidence and more credible, and applicable research (Witham et al. 2020). Those who are traditionally excluded from research are often termed as 'underserved'. Despite growing recognition of gaps in evidence from trials specifically, progress has been slow in addressing research inclusion.

Particularly vulnerable communities include those experiencing economic disadvantage (Petkovic et al. 2020), minoritised ethnic groups (Morris et al. 2022; Dawson et al. 2022; Sam et al. 2023), older people (Goodwin et al. 2023), and adults lacking the capacity to consent (Shepherd 2020).

Much of the published literature and guidelines around inclusive research has been in the context of physical and mental health care, highlighting systemic barriers that contribute to exclusion of underserved groups in research. These include narrow eligibility criteria (Bodicoat et al. 2021; Treweek et al. 2021), insufficient research infrastructure for inclusive practices (Witham et al. 2020; Health Services Research UK et al. 2022) biased funding decisions (El Boghdady 2025), rigid governance and ethics systems (Witham

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et al. 2020; Health Services Research UK et al. 2022), poor reporting of ethnicity and diversity data (Trewick et al. 2021) and lack of diversity in research teams themselves (Health Services Research UK et al. 2022). Trial designs frequently fail to consider cultural beliefs and family structures in minority ethnic groups (Sam et al. 2023; Farooqi et al. 2022). In addition, lack of trust in the research process and perceptions of tokenism, and experiences of prejudice and discrimination can deter participation (Bonevski et al. 2014; Sam et al. 2023; Farooqi et al. 2022; Denford et al. 2024). Poor engagement by researchers with specific communities limits co-creation and appropriate methods to support access and participation (Sam et al. 2023; Farooqi et al. 2022). Communication barriers are reinforced by the absence of translated materials and literacy support (Bodicoat et al. 2021; Sam et al. 2023; Farooqi et al. 2022), while logistical barriers around childcare, transport and competing demands for time further limit participation (Bonevski et al. 2014; Bodicoat et al. 2021).

Although healthcare research may offer relevant insights, a clearer understanding of research in children's social care settings is needed to grasp its context and points of intersection with healthcare. However, there is very little explicitly addressing inequity in social care research and even less in the context of children's social care. In a recent scoping review, the authors have highlighted the extent to which specific communities are underserved by children's social care research (Stemp et al. 2025). One challenge is that populations are less well defined in social care settings as data is often not recorded in a way that is adequate for research use (Mendes 2023). This is despite broad consensus at the policy level regarding the importance of inclusive and representative research (Boelman et al. 2021).

Several barriers restrict inclusive research in children's social care. Compared with healthcare, social care services are generally less active in research, with fewer opportunities for research for social care professionals, complex regulations, and limited resources (Oliveira et al. 2022; Mezey et al. 2015). Ethical frameworks which have unintended exclusionary consequences can lead to children and adults from marginalised groups being excluded on the grounds of vulnerability (Seltzer et al. 2018; Radcliffe et al. 2020). Social workers and professionals often act as gatekeepers limiting children's and carers' access to research participation (Dixon et al. 2014; Moody et al. 2021; Oliveira et al. 2022; Sime et al. 2017). Families may mistrust researchers, especially when they have had previous negative experiences with services (Oliveira et al. 2022; Sime et al. 2017). In addition, research designs sometimes fail to reflect the cultural context and lived experience of marginalised groups (Radcliffe et al. 2020; Denford et al. 2024). Communication barriers including insufficient or inaccurate information from service providers can also restrict participation (Moody et al. 2021). The combination of these barriers can result in convenience samples, that do not accurately represent the the diversity of the population.

Given the critical importance of children's social care, it is imperative that research becomes more inclusive so that diverse communities can equally benefit from care innovations. Appropriate strategies should be sought to address the wide variety of challenges to inclusive research (Bodicoat et al. 2021). Based on previous studies, these include broadening eligibility criteria and improving data reporting (Trewick et al. 2021), as well as ensuring adequate funding and time is provided by research funders (Morris

et al. 2022). The voices of marginalised groups need to be prioritised (Bradbury-Jones et al. 2018) supported by culturally sensitive staff training, ethnic matching of researchers and translation of study materials (Sime et al. 2017; Sam et al. 2023; Farooqi et al. 2022). Additional strategies include the use of sensitive language and simplified consent forms (Bonevski et al. 2014), the establishment of diverse community advisory panels, personalised approaches focused on building rapport, and recruitment through family and friend networks (Bodicoat et al. 2021). Effective patient and public involvement is needed from the start, with community engagement strategies and feedback mechanisms (Farooqi et al. 2022; Morris et al. 2022). Coproduction requires sufficient funding, with recognition of lived experience and the involvement of community members at every stage (Health Services Research UK et al. 2022). Finally, systems should be developed to ensure that inclusive engagement of underserved groups is embedded and sustained (Witham et al. 2020).

2 | Reflective Fostering Study

This paper explores issues of participant representation and inclusivity within fostering research in the context of children's social care. The Reflective Fostering Study (RFS), a National Institute for Health Research (NIHR) funded randomised control trial (RCT) aimed to evaluate the clinical and cost-effectiveness of the Reflective Fostering Programme, a support programme for foster and kinship carers (Midgley et al. 2021). Participants included foster and kinship carers; half of whom took part in the Reflective Fostering Programme. The RCT included an internal pilot phase, during which issues related to recruitment were examined. Review of the demographic data at the end of the pilot phase highlighted that specific groups, including male carers and carers with Asian/Asian British ethnicity, appeared to be under-represented compared to available data on national demographics (Table 1). Although there was no national data available for the sex of foster carers, the proportion of 8.47% male carers during the pilot phase was thought to be under-representative of the national level. Previous literature has indicated that male carers are often under-represented in fostering research, likely because of sample bias in research (e.g. McDermid et al. 2012). In addition, the Trial Steering Committee raised concerns about the possibility that kinship carers might face specific challenges to being included in research. Although kinship carers were not under-represented during the pilot phase, the data of this group was monitored closely given their underrepresentation in research generally (Kinship 2022). To understand all these issues further, and to make necessary changes in the RFS to increase the representativeness of participants, the RFS research team applied for further funding from the NIHR to initiate a project workstream titled 'InCLUDE project' (Increasing Collaboration and Learning with Underserved communities for Diversity and Equity).

3 | The InCLUDE Project

The InCLUDE project was co-produced by a core team of four researchers two with professional research experience (RS and SI) and two with foster carer experience (SAK and SAH). The parameters of the workstream were developed by NM, KI and SS with input from the trial steering committee. The methods

TABLE 1 | Demographic data regarding participants who joined the study during wave one (pilot phase) compared to national data (where available).

| | Wave 1 (pilot phase) | *National data (%**) |
|---|-------------------------------------|---------------------------------|
| Sex | | |
| Males | 5 (8.47) | *** |
| Females | 54 (91.53) | — |
| Type of Carer | | |
| Kinship | 10 (16.95) | 12,285 (16.68) |
| Mainstream | 49 (83.05) | 61,380 (83.32) |
| Ethnicity (mainstream and kinship) | | |
| Asian/Asian British**** | 0 (0) | 4495 (6.21) |
| Black/Black British | 11 (18.64) | 5655 (7.82) |
| White | 47 (79.66) | 60,400 (83.49) |
| Mixed and other ethnicities***** | 1 (1.69) f | 1790 (2.47) |

*National data from the 2021/22 period has been used.

**Column percentages provided for each demographic variable.

***No national data on gender available.

****National data only uses the broad category of Asian/Asian British.

*****From RFS data grouped together Mixed ethnicities/white and black Caribbean/white and black African/‘other’ ethnicities.

for InCLUDE to achieve its aims were refined by the core team, and the work was overseen by the chief investigator (NM) and the trial manager (KI) of the RFS, along with an academic (SS) with expertise in addressing health inequalities and leading research related to diversity and inclusion.

In this project, coproduction involved the active involvement, shared decision making and mutual learning between all team members, with power and decisions shared equally and a strengths-based approach taken to all project tasks (Izzidien and Stemp et al. 2024). The academic researchers were women, and both foster carer researchers were males of South Asian heritage. To explore inclusivity and representation within the Reflective Fostering Study, three aims acted as an overarching framework to guide the work of InCLUDE:

1. To identify the barriers to engagement in the Reflective Fostering Study specific to male, South Asian and kinship carers.
2. To develop engagement strategies, and increase participation of, male, South Asian and kinship carers to take part in the Reflective Fostering Study.
3. To bring together lessons from InCLUDE’s learning about improving recruitment of underserved groups in research with foster and kinship carers and/or children’s social care trials more widely.

4 | Methods

The InCLUDE project was conducted as a coproduced initiative within the RFS, and as such ethical approval from the

University of Hertfordshire ethics committee was not required – however clear guidance was provided about what would be involved for all those who took part, and written consent was provided for the audio-recording of the advisory groups and focus group discussions. All recordings and other data were stored securely on the Anna Freud IT system and only accessible to core team members.

The two foster carer researchers were supported by the academic researchers, who provided guidance and knowledge about the practice of developing surveys, organising focus groups etc. The following data collection approaches were used to help meet the aims of the project.

4.1 | The InCLUDE-ME Advisory Group

The InCLUDE project began with the recruitment of the advisory group, whose members all had lived experience of being part of one of the three groups identified as underserved during the pilot phase of the RFS, or supporting them within their professional roles. Advisory group members were recruited online via social media and via email to RFS participants and contacts (with the aim of supporting wider dissemination of opportunity to contribute). The group comprised 12 active members including foster and kinship carers, therapists, free-lance researchers with expertise in diversity and inclusion, a virtual schools teacher, and social workers. The group included four males and seven carers from minoritised ethnicities.

The advisory group met four times over the course of the project; all meetings were held online and were 90 min long. The meetings were framed around the following topics: barrier and facilitators to inclusive research; examining the recruitment process and materials from the Reflective Fostering Study; recruitment update and review of strategies; and outputs and dissemination. Consent was given electronically for meetings to be recorded, and the transcripts reviewed by all members of the core team and suggestions filed in an excel spreadsheet. Reimbursement was provided to participants for attending each meeting.

At the end of the project, the advisory group felt that a resource targeted for fostering services would be a valuable output from this project, so the toolkit “Square peg in a round hole” was generated to help build inclusivity into fostering services (Stemp and Izzidien 2023a).

4.2 | Focus Group Discussions

Following the first meeting with the advisory group, the core team decided to undertake a series of focus group discussions with each of the identified underserved groups, to expand the range of voices and perspectives heard in the InCLUDE project. The content of these discussions was shaped by the advisory group in the second meeting. Focus group questions focused on people’s experience of research, barriers and facilitators to inclusive research, and how to improve recruitment to the Reflective Fostering Study.

A poster advertising the opportunity to take part was distributed via social media and mailing lists, as well as via local authorities, charities and agencies who supported the project. The inclusion criteria required that participants belong to one of the identified underserved groups within fostering—male carers, kinship carers and foster carers from any minoritised ethnic background.

In total, seven online focus groups were held with 37 participants (two groups with 12 male carers, three groups with 12 carers from minoritised ethnicities and two groups with 13 kinship carers). Although the RFS recruited kinship foster carers, InCLUDE sought to also explore the issues faced by informal kinship carers (i.e. not registered with their local authority) and special guardians. As the discussions were taking place with participants who may have experienced marginalisation, vulnerability and potentially negative experience, a safeguarding and support plan was put in place. This included creating a safe and confidential place, a debrief at the end and signposting to external support. Reimbursement was provided to participants for attending the focus groups. Consent was given electronically for meetings to be recorded, and the transcripts were thematically coded and reviewed by all members of the project core team. Recordings were deleted after transcription, and all transcripts were anonymised to remove any identifying information.

4.3 | Scoping Review on How Inclusive and Representative is Research on Foster Caring in the UK

As the core team explored representation challenges within Reflective Fostering, they sought to understand the extent to which these challenges had been experienced and addressed by others, to draw on their resources and practice. There was a significant gap in the literature around academic publications which explored the representation of foster carers and kinship carers in research. Therefore, the core team conducted a scoping review exploring how foster and kinship carer demographics are reported within literature. The findings of this scoping review are reported in Stemp et al. [2025](#).

4.4 | Share Your Voice Survey

The InCLUDE-Me advisory members were concerned that many intersectional voices and personal experiences were not reflected among the group members. They highlighted that traditional discussion groups may also exclude those lacking confidence or time and recommended an online survey to broaden participation in conversations around children's social care research. The core team developed the "Share Your Voice" survey which explored the barriers to research participation in children's social care, for researchers and community members.

The survey was distributed by Reflective Fostering social media and mailing lists, as well as via local authorities, charities and agencies who supported the project. The survey was advertised using a poster and video explaining its purpose and intended respondents. It gathered input from 101 anonymous participants with both personal and professional connections to children's social care. Inductive thematic coding was used to analyse responses to open-ended question, following the Braun and Clarke ([2006](#)) framework.

5 | Results: Learning From the InCLUDE Project

At the end of the project, the core team collated all their learning from discussions within advisory group sessions, focus groups and the Share Your Voice survey. In what follows, the authors describe the learning from this process starting with the barriers to research participation as experienced by the study's underserved groups. This draws on data from the advisory group and focus groups. The next section outlines systematic barriers to research identified within the project by the core team along with the advisory group. Finally, the survey findings which look more broadly at the barriers and facilitators to research participation within children's social care are presented.

5.1 | Barriers to Research Participation From the Main Study's Underserved Groups

The first step to improve representation within the RFS, was to identify and understand the barriers which had prevented carers from the identified groups from joining the research. InCLUDE focused primarily on the barriers for the three demographic groups previously identified as underserved: male carers, South Asian carers and kinship carers.

5.1.1 | Barriers to participation for male carers

Male carers told the core team that they encountered biases that arose from gender stereotypes around the caring role of men. Men are often viewed as secondary carers, regardless of the actual nature of their caring role within the household. As a result, in mixed-gender households, communications and support from the fostering services was directed to female partners. Gender stereotypes also led to some male carers feeling that their motivations for taking care of children were questioned (more so than for women), and that they experienced additional scrutiny and safeguarding checks, which led them to be more cautious and less open about their caring roles. Male carers felt excluded from support or research opportunities as spaces were either female-oriented or did not cater for their specific support needs. Some male carers created their own support spaces, where they felt more able to be honest about their experiences. Several male carers also said that due to their working commitments, they were excluded from daytime research or support activities, which they would otherwise like to attend. They also felt that research was often marketed towards a female audience and does not appeal to male carers.

I am the main carer, this is what I do. My wife, as I said, works, but [...] in all the emails, they're always addressed to my wife.

When I was levelling up to be an advanced carer, they said are you sure? You know men can't multitask as well as ladies. You're not taking too much on? And I'm like yes! You know, but we accept it.

5.1.2 | Barriers to participation for South Asian carers

South Asian (and other minoritised ethnic carers) can be discouraged from research that includes inaccessible language, that

has too many academic words, making individuals feel uncertain about participation. Carers also expressed concerns about their involvement being superficial or tokenistic and research being unimpactful. Some minority ethnic carers lacked trust in their local authority and fostering services which means they are less likely to take part in research opportunities facilitated by them. This lack of trust was extended to researchers, if the research was being promoted by, or taking place in, their fostering agency. Lack of confidence was a barrier to participation, fearing judgement for saying something that might be perceived as wrong or not having sufficient language skills. This was especially true for non-primary carers (i.e., carers in a household who share caring responsibilities but are not the nominated carer in the fostering arrangement) and kinship carers, who may have limited or no English language. Additionally, previous experiences of discrimination and racism sometimes prevented South Asian carers from participating in fostering support groups and research opportunities. This is because they did not have the mental capacity and energy to take part or were worried they may face similar negative experiences. These experiences also meant that some South Asian carers chose to foster with smaller independent agencies who have a better understanding and appreciation of cultural differences or faith practices.

I think with BAME (Black, Asian, and Minority Ethnic) there's a lack of participants because they think they might say something 'wrong' compared to the white person next to them. So, for that reason, I think they're reluctant to speak up.

And the children are coming to my care, I know I've sort of known their families as well, and they didn't want to take their own nieces and nephews because of the distrust of social services getting involved and they've just closed their door.

5.1.3 | Barriers to participation for kinship carers

Kinship carers shared that their role was significantly different to mainstream foster carers, due to the complexity of relationships with the child in their care and their family, and the difference in practical and financial support for kinship foster carers. As such, they felt they were either excluded from support and research offered to mainstream carers and left without any opportunities or included in mainstream groups which felt inappropriate or insensitive to their unique needs. These negative experiences result in a lack of trust in local authorities making them less likely to participate in research promoted by, or taking place in them. Research can be experienced as invasive for this group as it may require examination of the difficult experiences of becoming carers for children of relatives. Carers shared that they often perceived judgement and a lack of warmth from mainstream carers in mixed settings.

We're doing a job that's saving lots of money for the government...But again, I feel like that maybe that's partly because the kinship carers are a cheap option and whether we'll still get the same amount of support that maybe foster carers get.

It involves too much introspection and it's not something that they're [family members] willing to do. So, you know, there was some horrendous difficulties, or incidences which meant the children ended up, you know, as having [us] for guardians.

5.1.4 | Intersectionality

The core team also heard from those participating in our discussions about carers who belonged to multiple underserved groups, whose intersectional identities led to compounding barriers. For example, InCLUDE-ME members spoke about hidden kinship carers from minoritised ethnicity communities, who took on caring roles but whose limited English prevented services from communicating with them or offering them support. They can also face stigma from their own community due to the new caring roles. It was recognised that stacked disadvantages may further limit research opportunity for carers with intersectional identities.

Being a kinship carer obviously means that children are not with their biological parents for whatever reason. And that's a bit of a stigma. And you know, especially within the community, you get a lot of people talking and stuff like that.

5.2 | Identifying Systemic Barriers

In addition to identifying the barriers which prevented underserved carers from joining the research, the core team simultaneously examined potential barriers in the design of the study itself. When linking the issues raised to the specific context of the RFS, certain factors emerged.

5.2.1 | Barriers created by the study recruitment model

The RFS set out with the intention to be inclusive with its recruitment of participants. The RFS research team attempted to select partner sites which were geographically and ethnically diverse to ensure that the study could be representative of the wider fostering community in the UK. However, the fostering organisations that initially took part in the study tended to be in areas with smaller South Asian populations than the national average. The lack of research infrastructure and experience limited recruitment from smaller, specialist Independent Foster Agencies (IFA), such as faith-based organisations, which tend to have more users from underserved groups. In the interests of pushing forward to begin recruitment, the RFS research team went ahead with LAs who had interest and capacity to be part of the study, even if they were serving communities that were less diverse, especially in terms of ethnicity.

5.2.2 | Barriers related to study inclusion criteria

One of the study's criteria was that carers needed to have English language proficiency to take part in the intervention

programme. This criterion was not initially considered a barrier, based on guidance from local authorities that all registered foster carers in the UK needed to have sufficient English language ability to work as foster carers. However, findings from InCLUDE indicate that some foster carers in the UK do not speak English fluently, resulting in a lack of confidence to take part in research. In some two-carer households, only one of the two carers could communicate in English. Furthermore, some kinship carers, in particular grandparents who are informal kinship carers, may not relate to the term 'kinship carer' and might not speak English at all. While the exclusion of such carers is valid within the scope of the RCT, future research into the specific support needs of this group would be valuable.

5.2.3 | Barriers related to trust in service providers and researchers

The core team learnt that some carers from our underserved groups do not trust their local authority, do not feel included in their support groups and would not participate in research advertised through them. By extension, these potential barriers applied to the research team itself, if researchers were also not representative of the diversity of the UK community. A range of opinions regarding the type of researcher participants would prefer to engage with were gathered through the focus groups. The findings were mixed. Some South Asian carers mentioned that having a minority ethnic researcher as a first port of call, who is sensitive to cultural norms, can speak their language, and can clearly explain the purpose of the research would encourage participation. However, some participants expressed distrust towards researchers from their own communities, questioning their motivations and confidentiality assurances, and feared being judged. Others highlighted that the researcher's background was not a concern for them; they prioritised professionalism and neutrality.

5.3 | Barriers and Facilitators to Inclusive Research Within Children's Social Care

The "Share Your Voice" survey gathered input from 101 participants with both personal and professional connections to children's social care.

Responses in the survey around barriers to participation included inaccessible research design (academic language, inconvenient timing), limited resources (time, technology), lack of awareness or confidence, scepticism about research impact, and discomfort or distrust stemming from previous negative experiences or concerns about confidentiality. A quarter of participants (25.7%) said they would worry that if they took part in research, there would not be other people like them involved in the research.

Suggestions for making research more inclusive emphasised community outreach through trusted organisations, building relationships, clearly demonstrating the value and impact of participation, targeted advertising, accessible research methods, and offering incentives or reimbursement (See supporting material for participant quotes on barriers and facilitators to inclusive research).

6 | Steps Taken to Make the Reflective Fostering Study's Recruitment Process More Inclusive

Having identified key barriers to participation for the three groups underserved in the pilot phases of the evaluation and more broadly through the Share Your Voice survey, the core team worked with the InCLUDE-ME advisory group and the wider RFS research team to coproduce a series of iterative changes to the study recruitment process. This began with modifying study recruitment materials and training for sites before, more drastically, changing the process of recruitment to the study.

6.1 | Making Study Materials More Inviting to Underserved Carers

In collaboration with the InCLUDE-ME advisory group, the recruitment poster was updated with a clearer message using simple language, less text and more diverse images. This included a message explicitly encouraging minoritised carers to consider taking part in the research (See supporting material for design of poster before and after the changes were made). The core team updated the Reflective Fostering recruitment animation with more images of minority ethnic and male carers and included content about the importance of diversity and representation. The materials were used by our partner fostering services and later in collaboration with fostering charities and community organisations, who had pre-existing relationships of trust with the underserved groups we were trying to reach.

6.2 | Supporting Study Sites With Inclusive Recruitment

To support our fostering service partners, who provided the first information to their carers about the study, the RFS research team integrated the importance of inclusive recruitment into the study's site initiation training for new sites, considered who might be underserved in their locality and made recommendations on how to recruit inclusively. The core team also organised two webinar meetings with existing partners to discuss the InCLUDE findings to date, and to look at practical ways for sites to be more proactive in recruiting from the identified underserved groups. To aid with this process, the core team developed a video resource and a top tip guide (See supporting material). Partnering sites were also requested to actively prioritise contacting carers who are more likely to be underserved in research. A simple example of this was to ask them to contact both male and female carers in a mixed gendered household and to actively promote the opportunity to male carers. Additionally, sites were asked to ensure that both kinship and mainstream fostering teams are advertising the study.

6.3 | Promoting the Study More Widely

The core team needed to develop an approach that would enable carers from the smaller specialist IFAs to recruit carers without having to run the study, target carers who do not join research via their local authorities due to lack of trust and look

TABLE 2 | Demographic data regarding participants who joined the study split by waves compared to national data (where available).

| | Wave 1 (pilot phase) | Waves 1–4 (%) | Waves 5–8 (%) | Total (%) | *National data (%**) |
|---|----------------------|---------------|---------------|-------------|----------------------|
| Sex | | | | | |
| Males | 5 (8.47) | 31 (12.06) | 58 (20.07) | 89 (16.30) | *** |
| Females | 54 (91.53) | 226 (87.94) | 231 (79.93) | 457 (83.70) | — |
| Type of Carer | | | | | |
| Kinship | 10 (16.95) | 34 (13.23) | 62 (21.45) | 96 (17.58) | 12,285 (16.68) |
| Mainstream | 49 (83.05) | 223 (86.77) | 227 (78.55) | 450 (82.42) | 61,380 (83.32) |
| Ethnicity (mainstream and kinship) | | | | | |
| Asian/Asian British | 0 (0) | 7 (2.72) | 13 (4.50) | 20 (3.66) | 4495 (6.21) |
| Black/Black British | 11 (18.64) | 31 (12.06) | 12 (4.15) | 43 (7.88) | 5655 (7.82) |
| White | 47 (79.66) | 212 (82.49) | 256 (88.58) | 468 (85.71) | 60,400 (83.49) |
| Mixed and other ethnicities**** | 1 (1.69) | 7 (2.72) | 8 (2.77) | 15 (2.75) | 1790 (2.47) |

*National data from the 2021/22 period has been used.

**Column percentages provided for each demographic variable.

***No national data on gender available.

****From RFS data grouped together Mixed ethnicities/white and black Caribbean/white and black African/'other' ethnicities.

at opportunities to increase carers confidence in research and the Reflective Fostering Programme intervention. The solution and the most significant change implemented through InCLUDE was to set up a new recruitment model. This new approach was set up alongside the on-going recruitment via the partner fostering agencies. Carers could now join the study by sharing an expression of interest directly with the RFS research team, in response to publicity that was widely shared. This meant that foster and kinship carers could take part from anywhere in the UK, even if their own local authority or IFA was not part of the study, so smaller fostering services could also promote the study to their carers.

The nationwide approach to recruitment made it necessary to build alliances and publicise the research opportunity to foster and kinship carers within community spaces across the UK. On the suggestion of the InCLUDE-ME Advisory Group, the core team engaged with fostering organisations and charities who had reputations for promoting inclusive fostering, including Fostering Network, Kinship, and Muslim Fostering Network, to help reach a more diverse range of foster and kinship carers. They were asked to help advertise the study through newsletters, email, and social media. The Fostering Network held a webinar on the study, one of the core team went on the Adoption and Fostering Podcast and advertised via interviews with a Muslim-based radio station and a Christian-based radio station. One of the InCLUDE-ME members also recommended specifically targeting male foster care support groups.

6.4 | Fostering Individual Connections

By working with one IFA that specialises in recruiting and supporting foster carers from diverse cultural and faith backgrounds, the core team hoped to overcome some of the barriers relating to trust and lack of confidence in research. This was achieved by inviting the manager and social workers to an event

which celebrated the impact that the RFS was having on participants and communities. This gave the core team the opportunity to explain the purpose of the study, so that the IFA could communicate the study more clearly to their foster carers. InCLUDE's two foster carer researchers were both male and of South Asian heritage and worked closely with the IFA by attending support groups and taking a more 'personalised and culturally sensitive approach' with the foster carers.

7 | Impact of the InCLUDE Project on Recruitment to the Reflective Fostering Study

In this section, the impact of iterative changes made to the RFS's recruitment process are examined. The aim is to assess whether the adjustments made led to improved inclusion and representation of carers from underserved groups within the study sample.

To assess any change in representation of our underserved groups, a comparison was made between the demographic data of our participants before and after the implementation of InCLUDE strategies with national data for 2021–2022 (which reflects the profile of carers when we started the project). National data was only available for fostering services in England, however this is less of an issue as most study participants were from England.¹ Although one of the groups focused on in our project was South Asian carers, national data is limited because it only uses the broad category Asian and does not list the subcategories (Indian, Pakistani, Bangladeshi, Chinese, and any other Asian background). Consequently, our analysis also used Asian as a broad category.

Table 2 illustrates the frequency of underrepresented groups who provided consent to join the study split by 'waves' of recruitment, compared to national data (where available). Wave 1 was the pilot phase; because of the timing of the additional

project, recruitment to waves 1-4 took place before implementing the changes that arose from the InCLUDE project; and waves 5-8 after the implementation of the changes to the recruitment process.

Post-InCLUDE changes (i.e. during waves 5-8), there was a significant difference in the proportion of male carers recruited in comparison to the earlier recruitment waves χ^2 (1, $N = 546$) = 6.392, $p = 0.011$. The lack of national data means it was not possible to compare this to the overall proportion of male carers in fostering.

In the pilot wave of the study, no individuals of Asian ethnicity took part. In the earliest waves of the study (waves 1-4, pre-InCLUDE) there was a significant difference in the proportion of Asian carers in the study, compared to the proportion of Asian carers nationally χ^2 (3, $N = 72,597$) = 11.017, $p = 0.012$. In the period following introduction of the changes informed by InCLUDE, the proportion of Asian carers showed a significant increase compared to the first half of the study χ^2 (3, $N = 546$) = 12.567, $p = 0.006$. By the end of the study there was no significant difference between the study's proportion of Asian carers and what is reported nationally χ^2 (3, $N = 72,886$) = 6.177, $p = 0.103$.

In the pilot wave of the study, there was no significant difference in the proportion of kinship carers in the study, compared to the proportion of kinship carers nationally χ^2 (1, $N = 73,724$) = 0.0031, $p = 0.955$. There was a slight reduction in the proportion of kinship carers in the earliest waves of the study (13.23%) (pre-InCLUDE) although there was no significant difference in the proportion of kinship carers in the study, compared to the proportion of kinship nationally χ^2 (1, $N = 73,922$) = 2.192, $p = 0.139$. In the period following introduction of the changes informed by InCLUDE, the proportion of kinship carers showed a significant increase compared to the first half of the study X^2 (1, $N = 546$) = 6.349, $p = 0.012$. So that by the end of the study the proportion of kinship carers increased to 21.45% and there remained no significant difference between the study's proportion of kinship carers and what is reported nationally χ^2 (1, $N = 74,211$) = 0.320, $p = 0.572$.

8 | Discussion

For clinical trial findings to be applicable to the wider society, participants should reflect the population they aim to represent. This includes representation of communities who are typically excluded in research. Within children's social care research, there is a lack of consideration for underserved groups historically, and minimal guidance for increasing inclusivity (Stemp et al. 2025). Similarly, research in children's social care often faces complex challenges around recruitment, which may lead researchers to prioritise overall recruitment numbers to have sufficient statistical power to detect meaningful effects, with inclusive and representative recruitment being a secondary or neglected element.

The InCLUDE project identified barriers that often leave underserved carers feeling marginalised within both fostering services and research, with the barriers to services often mirroring the

barriers to research participation. Overall, underserved communities are not averse to research participation: the barriers to participation generally exist further upstream within fostering services and society itself. Barriers identified in the data can be classed as intuitional, trust- and power-dynamics, cultural and logistical. Although there were common themes, the barriers manifested in different ways between the groups based on their everyday lived experience. Moreover, these barriers were multiplied for carers with intersectional identities.

Previous studies in both health and social care highlight general institutional barriers related to inadequate research infrastructure and rigid governance and ethics systems (Witham et al. 2020; Health Services Research UK et al. 2022; Oliveira et al. 2022; Mezey et al. 2015). The InCLUDE project also highlighted system-level capacity and logistical gaps within local authorities and independent fostering agencies making it difficult for them to support inclusive recruitment. In addition, the project identified structural barriers that are context and group specific to social care setting. This included gender bias with male carers being viewed as secondary carers, and communication often being directed to female carers. Kinship carers experienced being excluded from mainstream (financial and practical) support, and they felt they were not seen as equally valuable as mainstream foster carers, while South Asians faced structural inequalities within fostering.

Lack of trust in the research process is highlighted in the literature (Bonevski et al. 2014 Sam et al. 2023; Farooqi et al. 2022) as well as the impact of prejudice/discrimination on research participation (Denford et al. (2024). InCLUDE data demonstrated how mistrust is group specific in its manifestation. For male carers it was because they were scrutinised about their caring role. For South Asians carers due to experiences of racism and discrimination and feeling research as tokenistic, and for kinship carers due to negative relationships with local authorities.

Power imbalances between authorities, researchers and participants are particularly pertinent in research involving marginalised communities (Sime et al. 2017; Denford et al. 2024). They also manifest through gatekeeping practices in children's social care research (Dixon et al. 2014; Moody et al. 2021; Oliveira et al. 2022; Sime et al. 2017). For the three underserved groups examined in this project, power was exercised through stereotypes, institutional processes and aspects of research design that resulted in them being marginalised.

Trial designs can fail to consider cultural beliefs and family structures (Sam et al. 2023; Farooqi et al. 2022). Male carers faced cultural barriers in the form of gender stereotypes around their caring role and their motivations for caring is sometimes questioned. Kinship carers spoke of finding mainstream fostering settings judgemental or unwelcoming, feeling judged for their challenging family dynamics. In health research, language barriers are framed in structural terms with lack of translated material and interpreters (Bodicoat et al. 2021; Sam et al. 2023; Farooqi et al. 2022), but in the case of InCLUDE, while some carers did not speak English fluently, the language barrier also extended to lack of confidence, fear of being judged for saying the wrong thing, and not relating to terms such as 'kinship carer'.

Logistical barriers identified from the survey related to inconvenience, lack of time and limited access to technology. Previous literature has also noted that lack of childcare, transport and competing demands for time can limit participation (Bonevski et al. 2014; Bodicoat et al. 2021). However, difficulties varied across the groups in this study – male carers feeling excluded due to work commitments, kinship carers finding research invasive as it requires revisiting traumatic family circumstances, and a lack of safe spaces for the participation of minoritised carers.

The second aim of InCLUDE was to develop engagement strategies to increase participation of, male, South Asian and kinship carers in the Reflective Fostering study. As previous research has demonstrated, there is no one single strategy that helps to make recruitment to a clinical trial more inclusive (Bodicoat et al. 2021); rather it is a matter of keeping the importance of inclusivity at the front of everyone's minds and using a range of strategies to try and address it.

In response to feedback from those consulted, changes to our study were made to the recruitment materials being used so they were more inclusive and representative. To improve outreach, the research team complemented recruitment via the fostering agencies with a national approach via social media, charities and organisations supporting foster and kinship carers. This allowed the team to target recruitment to the specific groups by promoting the study in local communities or directly to kinship carers. Furthermore, InCLUDE highlighted the importance of targeting representative research partners. This helped overcome some of the barriers faced by carers identified through the project, from mistrust of services, experiences of discrimination, language and confidence. The strategies developed had much in common with those identified in previous studies, such as simplified recruitment material (Bonevski et al. 2014) and the use of community engagement strategies (Farooqi et al. 2022; Morris et al. 2022). However previous research has not so clearly identified the value of flexible research design and recruitment, moving beyond agency recruitment to a national approach. This project also highlighted the impact of hearing about research from a 'trusted' organisation, and how this may help to overcome some of the concerns that underserved groups may have about taking part in research.

One of the key recommendations in the literature for improving representation in trials is the establishment of a diverse community advisory panel to provide input into the research process (Bodicoat et al. 2021 and Morris et al. 2022). The involvement of two South Asian foster carer researcher alongside the InCLUDE-Me advisory group helped to bridge the gap between academia and the lived experiences of social care. Two RFS researchers from minoritised backgrounds also anecdotally observed that their identity helped some carers feel comfortable raising concerns about exclusion and representation. However, the focus groups also highlighted nuance, as while some carers valued similar background, others prioritised professionalism, echoing the findings of Farooqi et al. (2022).

In terms of impact, as a result of the changes made to the Reflective Fostering Study there was a significant increase in the proportion of male carers recruited following the introduction of InCLUDE, increasing from 12.56% to 20.07%. Previous research has suggested

that male carers are consistently underrepresented in foster care research (Stemp et al. 2025; McDermid et al. 2012). Recruitment of Asian carers improved following the introduction of InCLUDE. In the second half of the study, the recruited sample was representative of the national data for Asian carers and all ethnic groups (although the percentage in the total sample remained lower than national levels due to under-recruitment in the first half). One of the successful strategies was the use of a 'personalised approach' (Bodicoat et al. 2021) where the South Asian foster carer researchers personally approached South Asian foster carers. Although kinship carers were not underrepresented during the pilot phase of the study, the proportion of kinship carers joining the study increased by the end of the study due to a conscious effort to get local authorities to better target this group of carers and publicising through charities and organisations. Reviews have shown that there is an increasing amount of research about and involving kinship carers (Hunt and Family Rights Group 2020), but this is still outweighed by the far greater proportion of research focused on mainstream foster carer.

The InCLUDE project demonstrated that by understanding barriers, it is possible to make changes to improve inclusive recruitment within a research trial. The strategies used within the RFS were generally successful, as evidenced by the analysis of study data from the later phases of the study. While the findings support previous evidence from health care settings, they also reveal context-specific challenges in children's social care. Strategies need to address structural inequality, consider trust, power and cultural dynamics, while remaining flexible and community focused. Furthermore, when the data on barriers and facilitators from our focus groups with foster and kinship carers was compared with the findings from the broader survey of individuals involved in children's social care, similarities between the two emerged. This alignment suggests that while InCLUDE was conducted within the specific context of foster care, the project's recruitment strategies could have broader relevance and applicability across research in children's social care more widely.

9 | Recommendations

Building inclusivity into study design and delivery of clinical trials is essential for ensuring that research is equitable, representative and generalisable. By understanding and mapping the barriers to inclusive research with the RFS, the core team was able to come up with five core strategies to help improve participation of the underserved groups within children's social care research. This learning was further adapted into an A-Z of Inclusive Research (Stemp and Izzidien 2023b), designed for children's social care researchers, and hosted on NIHR's *Learning for Involvement* website. While these recommendations were developed in the context of a fostering study, the implications can be relevant to other research and RCTs within children's social care.

9.1 | Building System-Level Capability and Capacity

The project identified a significant challenge in that many local authorities and IFAs lacked capability and capacity for research, including recruitment of participants, which left them ill-

equipped to support inclusive research practices. This limitation led to changing the recruitment process midway through the study. This experience highlights the need for better infrastructure, increased resources, and additional time and funding to enable social care research to better serve the diversity of the population and ensure research is inclusive and impactful.

9.2 | Embedding Inclusivity into the Research Design

Inclusive recruitment strategies should be embedded in the recruitment process from the start. The need to adapt strategies and allocate more resources mid-study highlighted the importance of planning for inclusivity from the outset. Researchers and site staff need to proactively analyse local data to identify underserved groups in their area and develop a strategic plan to engage them as part of recruitment efforts. This process should be continuously monitored and evaluated, as participant demographics may change in real time.

9.3 | Understanding Inclusivity

Acknowledging that marginalisation manifests differently for each group (e.g. male carers viewed as secondary carers, kinship carers feeling undervalued, South Asian carers experiencing discrimination and lacking confidence) means that one-size-fits-all approaches are not effective. Instead, research must be tailored to address the unique barriers faced by different underserved groups. Materials need to be more inclusive and representative, and the research design should address specific concerns and preferences of each group.

9.4 | Coproduction

Recognising that traditional recruitment materials and approaches are often not inclusive or accessible highlights the importance of involving individuals with lived experience. This can help ensure that recruitment strategies are culturally sensitive and relevant. Involving people with lived experience allows research teams to continually learn and adapt their approaches to enhance inclusivity. Individuals with lived experience are also more likely to have the connections, language skills, and insights needed to access spaces typically closed to outsiders. Co-producing research with members of minoritised communities embeds inclusivity and impact at the core of the research process.

9.5 | Community Engagement

Distrust of fostering organisations and researchers can be a significant barrier, especially among communities sceptical of research or those in positions of power. Carers are more likely to participate in research if they hear about it from peers or trusted community members, rather than from unfamiliar researchers or services. Outreach through social media, charities, and organisations supporting foster and kinship carers tends to be more effective. Therefore, researchers should collaborate

with established networks and organisations that already have trusting relationships with minoritised communities. This approach helps build trust, demonstrates the legitimacy of the project, and ensures that recruitment efforts reach the intended communities. Word-of-mouth is also a powerful tool for engaging marginalised groups.

10 | Strengths and Limitations

InCLUDE is one of the first projects to specifically examine barriers to participation in research among underserved groups of foster and kinship carers in the UK. While this attempt to map recruitment against populations was important, there were inconsistencies in how ethnicity data was collected across partner sites, which made comparing data unreliable. The number of participants at some sites was also too small to allow for meaningful statistical comparison. The core team therefore focused on using a single national data source to compare with our data. This highlights the need for better data collection on ethnicity at both national and local levels.

Furthermore, it is important not to lose sight of other groups who may be underserved or become underserved during the course of a trial. Review of the demographic data at the end of the pilot phase highlighted that the study was over-representing Black carers. This was a result of working with fostering services where representation of Black carers was high, which is why this demographic group was not made a specific focus of the InCLUDE project. The RFS research team continued to promote the involvement of Black carers during the study, but as the fostering services from the pilot phase had approached all eligible participants for the study, this led to a natural tapering off of their involvement towards the later stages of the research. This resulted in fewer Black participants in the final waves. By the end of the study, Black carers were represented in a way that more closely represented the overall picture of carers in the UK. However, the RFS research team recognise that it is important that future research pays attention to being inclusive of Black carers in the UK.

Carers also told the core team that certain characteristics that were central to their identity should also be considered, including disability, sexuality, and religious belief. Data on these characteristics was not collected as part of the study, which meant it was not possible to review whether recruitment was representative of these groups. Collecting data on disability, sexuality and religious belief can be challenging due to the need for clinical trials to balance the ethical issues related to collecting demographic information not directly related to the outcomes of the research with the need to monitor EDI goals. Furthermore, UK government data on foster and kinship carer demographics is limited. There is no data on gender, disability, sexuality or religious belief—and ethnicity is classed under broad categories. There is also a discrepancy in the way demographic data is collected and reported at a local level.

In relation to the aims of the study, the project was not able to improve representation of South Asian kinship foster carers. The study requirement to speak/understand English was a significant barrier that could not be addressed. Focus group

participants reported that many kinship carers from this community are informal kinship carers (i.e. not registered with their local authority) and do not speak English, and therefore would not have been eligible to take part in the research study.

Although the study sample included men from minoritised ethnicities, most of the men who took part in these focus groups were in different-sex partnerships. The experiences of single male carers and men in same-sex couples may be different; it is important to increase their representation and explore the individual circumstances and caring role of in research.

11 | Conclusion

The InCLUDE project was a coproduced initiative that aimed to improve representation within the Reflective Fostering Study, examining the effectiveness of a support programme for foster carers and kinship carers. By engaging with the InCLUDE-Me advisory group and using a range of methods involving male, kinship carers and minority ethnic carers, we were able to evidence barriers preventing participation. The InCLUDE team used the findings to iteratively modify the recruitment process working both with existing partner local authorities and IFAs and by enabling carers who were not linked to one of our partner social care organisations to join the study directly. At the end of the study, recruitment to the trial was representative of all mainstream foster carer ethnicity groups and the proportion of kinship carers in the study matched national data. The number of male carers entering the study also increased. Various strategies were used to strengthen inclusive recruitment while also recognising that no single solution can improve representation of all groups.

The work of InCLUDE highlights the importance and need to focus on equality, diversity and inclusion across children's social care trials within the unique setting of each population. In this project, the focus was on foster and kinship carers within a fostering research trial, and although the changes were made midway through the trial, the InCLUDE team were able demonstrate that it is possible to improve inclusivity and representation. The project also highlights the importance of being flexible, adaptable and creative to challenges that occur during the study. While the main aim was to generate local knowledge to inform the Reflective Fostering Study, the learning gained is broadly applicable more widely. These insights can be used to enhance the design of future RCTs in children's social care and can be adapted to a variety of other research designs and setting.

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Conflicts of Interest

The authors declare no conflicts of interest.

Endnotes

¹ 94.44% from England, 4.41% from Wales/Scotland or Northern Ireland and 1.15% were unknown.

References

- Bodicoat, D. H., A. C. Routen, A. Willis, et al. 2021. "Promoting Inclusion in Clinical Trials-A Rapid Review of the Literature and Recommendations for Action." *Trials* 22, no. 1: 880. <https://doi.org/10.1186/s13063-021-05849-7>.
- Boelman, V., A. Bell, and L. Harney. 2021. *Far To Go: Diversity and inclusion in UK social research*. The Young Foundation, July.
- Bonevski, B., M. Randell, C. Paul, et al. 2014. "Reaching the Hard-To-Reach: A Systematic Review of Strategies for Improving Health and Medical Research With Socially Disadvantaged Groups." *BMC Medical Research Methodology* 14: 42. <https://doi.org/10.1186/1471-2288-14-42>.
- Bradbury-Jones, C., L. Isham, and J. Taylor. 2018. "The Complexities and Contradictions in Participatory Research With Vulnerable Children and Young People: A Qualitative Systematic Review." *Social Science & Medicine* 215: 80–91.
- Braun, V., and V. Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3, no. 2: 77–101. <https://doi.org/10.1191/1478088706qp0630a>.
- Dawson, S., K. Banister, K. Biggs, et al. 2022. "Trial Forge Guidance 3: Randomised Trials and How to Recruit and Retain Individuals From Ethnic Minority Groups-Practical Guidance to Support Better Practice." *Trials* 23, no. 1 (August): 672. Erratum in: *Trials*. 2022 Sep 7; 23(1): 760. doi: 10.1186/s13063-022-06669-z. <https://doi.org/10.1186/s13063-022-06553-w>.
- Denford, S., L. Holt, R. Essery, et al. 2024. "Engagement in Rapid Public Health Research Among Young People From Underserved Communities: Maximising Opportunities and Overcoming Barriers." *BMC Public Health* 24: 2217. <https://doi.org/10.1186/s12889-024-19762-6>.
- Dixon, J., N. Biehal, J. Green, I. Sinclair, C. Kay, and E. Parry. 2014. "Trials and Tribulations: Challenges and Prospects for Randomised Controlled Trials of Social Work With Children." *British Journal of Social Work* 44, no. 6 (September): 1563–1581. <https://doi.org/10.1093/bjsw/bct035>.
- El Boghdady, M. 2025. "Equality and Diversity in Research: Building an Inclusive Future." *BMC Research Notes* 18: Article Number 14. <https://doi.org/10.1186/s13104-025-07096-4>.
- Farooqi, A., K. Jutla, R. Raghavan, et al. 2022. "Developing a Toolkit for Increasing the Participation of Black, Asian and Minority Ethnic Communities in Health and Social Care Research." *BMC Medical Research Methodology* 22: 17. <https://doi.org/10.1186/s12874-021-01489-2>.
- Goodwin, V. A., M. S. A. Low, T. J. Quinn, et al. 2023. "Including Older People in Health and Social Care Research: Best Practice Recommendations Based on the INCLUDE Framework." *Age and Ageing* 52, no. 6 (June): afad082. <https://doi.org/10.1093/ageing/afad082>.
- Health Services Research UK, (2022) *Improving inclusion in health and care research: Reflections and next steps*. <https://hsruk.org/sites/default/files/upload/Improving%20inclusion%20inclusion%20in%20health%20and%20care%20report%202022%205BFINAL%5D.pdf>.
- Hunt, J., and Family Rights Group. Two Decades of UK Research on Kinship Care: An Overview. N.p., 2020. Print.
- Izzidien, S., R. Stemp, S. Akram, et al. 2024. "The Lived Experience of Co-Production: Reflective Accounts From the InCLUDE Project." *Research Involvement and Engagement* 10: 104. <https://doi.org/10.1186/s40900-024-00639-2>.
- Kinship. (2022) *Out of the Shadows: A Vision for Kinship Care in England*. March 2022.
- McDermid, S., L. Holmes, D. Kirton, and P. Signoretta (2012) *The demographic characteristics of foster carers in the UK: Motivations,*

barriers and messages for recruitment and retention. Report for Childhood Wellbeing Research Centre, UK, May.

Mendes, D., R. Wood, M. Seif, and S. L. Collings. 2024. "Social Care Data in the UK: Current Landscape, Challenges, and Future Recommendations." *Expert Review of Pharmacoeconomics & Outcomes Research* 24, no. 2: 303–314. <https://doi.org/10.1080/14737167.2023.2274843>.

Mezey, G., F. Robinson, R. Campbell, et al. 2015. "Challenges to Undertaking Randomised Trials With Looked After Children in Social Care Settings." *Trials* 16: 206. <https://doi.org/10.1186/s13063-015-0708-z>.

Midgley, N., K. Irvine, B. Rider, et al. 2021. "The Reflective Fostering Programme—Improving the Wellbeing of Children in Care Through a Group Intervention for Foster Carers: A Randomised Controlled Trial." *Trials* 22: 841. <https://doi.org/10.1186/s13063-021-05739-y>.

Moody, G., L. Brookes-Howell, R. Cannings-John, et al. 2021. "What Are the Challenges When Recruiting to a Trial in Children's Social Care? A Qualitative Evaluation of a Trial of Foster Carer Training." *Trials* 22, no. 1 (April): 241. <https://doi.org/10.1186/s13063-021-05186-9>.

Morris, L., J. Dumville, S. Treweek, N. Miah, F. Curtis, and P. Bower. 2022. "Evaluating a Tool to Improve Engagement and Recruitment of Underserved Groups in Trials." *Trials* 23: 867.

Oliveira, P., E. Stevens, L. Barge, et al. A modified video-feedback intervention for carers of foster children aged 6 years and under with reactive attachment disorder: a feasibility study and pilot RCT. Southampton (UK): National Institute for Health and Care Research; 2022 August (Health Technology Assessment, No. 26.35). <https://www.ncbi.nlm.nih.gov/books/NBK583174/> <https://doi.org/10.3310/SLI11119>.

Petkovic, J., A. Riddle, E. A. Akl, et al. 2020. "Protocol for the Development of Guidance for Stakeholder Engagement in Health and Healthcare Guideline Development and Implementation." *Systematic Reviews* 9: 21. <https://doi.org/10.1186/s13643-020-1272-5>.

Radcliffe, P., M. Canfield, M. Boreham, S. Marlow, and G. Gilchrist. 2020. "How to Capture the Experience of Mothers With Alcohol Problems Involved in English Family Court Proceedings—Lessons From the Field." *Advances in Dual Diagnosis* 13, no. 1 (February): 46–55. <https://doi.org/10.1108/ADD-11-2019-0015>.

Sam, N., J. Hill, and O. Hamer. 2023. "Recruiting Adults of Ethnic Minorities into Clinical Trials: A Synthesis of Strategies." *British Journal of Cardiac Nursing* 18, no. 8 (September): 1–7. <https://doi.org/10.12968/bjca.2023.0032>.

Seltzer, R. R., M. Kasimatis Singleton, E. P. Williams, and R. D. Boss. 2018. "Medically Complex Children in Foster Care: Do Research Protections Make This Vulnerable Population More Vulnerable?" *The Journal of Clinical Ethics* 29, no. 2: 145–149.

Shepherd, V. 2020. "An Under-Represented and Underserved Population in Trials: Methodological, Structural, and Systemic Barriers to the Inclusion of Adults Lacking Capacity to Consent." *Trials* 21, no. 1: 445.

Sime, D., Evens, R., Holt, L., and Skelton, T., ed. 2017. "Challenging Barriers to Participation: Doing Research with Migrant Children and Young People." In *Methodological Approaches. Geographies of Children and Young People*, 2 (1), 135–157. Springer.

Stemp, R., and S. Izzidien Square Peg in a Round Hole: A toolkit for including underserved carers in fostering services. 2023a. <https://www.learningforinvolvement.org.uk/content/resource/square-peg-in-a-round-hole-a-toolkit-for-including-under-served-carers-in-fostering-services/>.

Stemp, R., and S. Izzidien A – Z of inclusive recruitment in children's social care research. 2023b. <https://www.learningforinvolvement.org.uk/content/resource/a-z-for-inclusive-recruitment/>.

Stemp, R., S. Izzidien, S. Sharma, K. Irvine, and N. Midgley. 2025. "How Inclusive and Representative Is Research on Foster Caring in the UK? Findings From a Scoping Review." *Adoption & Fostering* 49, no. 1: 7–34. <https://doi.org/10.1177/03085759251315749>.

Treweek, S., K. Banister, P. Bower, et al. 2021. "Developing the INCLUDE Ethnicity Framework-A Tool to Help Trialists Design Trials That Better Reflect the Communities They Serve." *Trials* 22, no. (May) 1: 337. <https://doi.org/10.1186/s13063-021-05276-8>.

Witham, M. D., E. Anderson, C. Carroll, et al. 2020. "Developing a Roadmap to Improve Trial Delivery for Under-Served Groups: Results From a UK Multi-Stakeholder Process." *Trials* 21, no. 1 (August): 694. <https://doi.org/10.1186/s13063-020-04613-7>.

Supporting Information

Additional supporting information can be found online in the Supporting Information section.
Supplementaryfile_INCLUDE.