

Looked-After Children and Young People (update)

[M] Barriers to, and facilitators for, supporting looked-after children and young people in transition out of care to living with their adoptive or birth parents or special guardians, or into connected care

NICE guideline NGXXX

Evidence reviews underpinning recommendations 1.7.2 to 1.7.4, 1.7.10, 1.7.18, and 1.7.20 to 1.7.23.

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*These evidence reviews were developed
by NICE Guideline Updates Team*

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1 **Barriers to, and facilitators for,** 2 **supporting looked-after children and** 3 **young people in transition out of care** 4 **to living with their adoptive or birth** 5 **parents or special guardians, or into** 6 **connected care**

7 **Review question**

8 What are the barriers to, and facilitators for, supporting looked-after children and
9 young people in transition out of care to living with their adoptive or birth parents or
10 special guardians, or into connected care?

11 **Introduction**

12 This review will consider interventions to support looked-after children and young
13 people transitioning out of care to living with their adoptive or birth parents or special
14 guardians, or into connected care. On 31st March 2019 3% of looked after children
15 (2,190) were placed for adoption. Two thirds (67%) of all looked after children had
16 one placement in the year ending 31 March 2019, 89% of all looked after children
17 had up to two placements, and 11% - a small but substantial number of children -
18 experienced three or more placements. Achieving permanence is associated with
19 better outcomes for looked after children and young people. While placement
20 breakdown is associated with worse outcomes (e.g. health, relationships, and
21 education). Supporting the transition of looked after children out of care into
22 permanent placements may help to reduce the rate of placement breakdown and
23 support permanency.

24 Local authorities may use a range of techniques to help support the movement of
25 looked after children out of care and into permanency. These may include:
26 information, education, training and advice for prospective adopters; continuation of
27 the personal education plan beyond care, family counselling programmes for birth
28 parents, family group conferences, approaches to support contact, concurrent
29 planning, and gradual stepping down of support services. There is currently
30 uncertainty regarding which of these approaches work, and which have been found
31 to be helpful and accessible by looked after children entering permanency, their
32 carers and support providers.

33 The aim of this review is to explore the barriers to, and facilitators for, supporting
34 looked-after children and young people in transition out of care to living with their
35 adoptive or birth parents or special guardians, or into connected care as perceived by
36 looked after children, their carers, their birth parents, and support providers and to
37 synthesise overarching themes that can highlight ways that these transitions to
38 permanency can be improved.

1 **SPIDER table**

2 **Table 1: SPIDER table for barriers to, and facilitators for, supporting looked-**
 3 **after children and young people in transition out of care to living with**
 4 **their adoptive or birth parents or special guardians, or into connected**
 5 **care**

Type of review	Qualitative evidence synthesis
Sample (S)	<p>Looked after children and young people who are transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care.</p> <p>Including:</p> <ul style="list-style-type: none"> • Children and young people who are looked after on a planned, temporary basis for short breaks or respite care purposes, only if the Children Act 1989 (section 20) applies and the child or young person is temporarily classed as looked after. • Children and young people living at home with birth parents but under a full or interim local authority care order and are subject to looked-after children and young people processes and statutory duties. • Children and young people in a prospective adoptive placement. • Looked-after children and young people on remand, detained in secure youth custody and those serving community orders.
Phenomenon of Interest (PI)	Any barriers and facilitators to support and develop looked-after children and young people to transition out of care to living with their adoptive or birth parents or special guardians, or into connected care, and the success of such interventions
Design (D)	<ul style="list-style-type: none"> • Systematic reviews of qualitative data • All other qualitative study designs (mixed methods studies will also be included provided they contain at least some relevant qualitative data).
Evaluation (E)	<ul style="list-style-type: none"> • Experiences and satisfaction of looked after children and young people receiving support to transition out of care to living with their adoptive or birth parents or special guardians, or into connected care • Experiences and satisfaction of families and carers supporting the transition out of care to living with adoptive or birth parents or special guardians, or into connected care for looked-after children and young people • Experiences and satisfaction of practitioners supporting the transition out of care to living with adoptive or birth parents or special guardians, or into connected care for looked-after children and young people <p>With focus on:</p> <ul style="list-style-type: none"> • Experience of interventions to support transition out of care or into connected care and accessing these interventions • Unintended consequences
Research type	Qualitative or mixed methods where relevant qualitative data is presented
Search date	1990

Exclusion criteria

- Countries outside of the UK (unless not enough evidence, then progress to OECD countries)
- Studies older than the year 2010 (unless not enough evidence, then progress to include studies between 1990 to current)
- Studies including mixed populations (i.e. looked after and non-looked after children) without reporting results separately for LACYP

1 Methods and process

2 This evidence review was developed using the methods and process described in
3 [Developing NICE guidelines: the manual](#). For further details of the methods used see
4 Appendix N. Methods specific to this review question are described in this section
5 and in the review protocol in Appendix A.

6 The search strategies for this review (and across the entire guideline) are detailed in
7 Appendix B.

8 The full report for the original qualitative piece of work performed by the University of
9 Central Lancashire can be found in Appendix O.

10 Declarations of interest were recorded according to [NICE's 2018 conflicts of interest](#)
11 [policy](#).

12 Qualitative evidence

13 Included studies

14 A single search was conducted to inform all of the review questions that formed part
15 of this guideline. After removing duplicates, a total of 36,866 studies were identified
16 from the search. After screening these references based on their titles and abstracts,
17 56 studies were obtained and reviewed against the inclusion criteria as described in
18 the review protocol for the barriers to, and facilitators for, supporting looked-after
19 children and young people to transition out of care to living with their adoptive or birth
20 parents or special guardians, or into connected care (Appendix A). Overall, 9 studies,
21 7 original studies, were included (see Appendix D for full evidence tables).

22 Excluded studies

23 In total, 47 references were excluded because they did not meet the eligibility criteria.
24 See Appendix J for a list of references for excluded studies, with reasons for
25 exclusion.

26 Summary of studies included in the qualitative synthesis

27 Of the 9 included studies, there were two examples of papers presenting the same
28 population (Boswell 2014, 2017) and (Kenrick 2009, 2010). In this textual summary
29 these four studies will be counted as two to prevent duplication of themes.

30 The number of participants ranged from five to 96 across all studies. In combination
31 with the evidence presented through the external qualitative project commissioned by
32 NICE, alongside expert testimonies from adoptive parents, a sufficient amount of

1 recent UK-based evidence was identified, meaning that this review focussed on UK-
2 based evidence alone. All studies were published after 2010.

3 The means of data collection in all studies comprised of semi-structured interviews,
4 however, two studies were less clear and simply referred to “in-depth interviews”.
5 There were no studies that considered transition out of care to living with special
6 guardians or into connected care.

7 Notably, only 1 of the studies analysed the opinions of looked after children and
8 young people themselves but were frequently the views of prospective adopters (4
9 studies) or birth parents (2 studies). Additionally, one study considered the views of
10 foster parents and another the views of members of the social team around each
11 child. Two studies considered multiple perspectives. One of the identified studies
12 focused on a sub-population of interest and considered particularly looked after
13 children with complex health and development needs or minority ethnicity.

14 Further study characteristics are presented in [Error! Reference source not found.](#)

15 **Table 2: characteristics of included studies**

Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
Bardsley 2017	Children adopted out of care with high therapeutic need	One local authority in the UK	Semi-structured interviews covering the carers' experiences of looking after the child; how they saw their relationship; their wishes for the child now and in the future; their internal and external supporting factors. Thematic analysis used.	Perspectives were those of the adoptive parents (6)
Bonin 2014	19 looked after children adopted out of care. Particularly those with complex health and development needs or minority ethnicity (mean 23 months \pm 18 months)	UK study. Children adopted out of care.	In-depth interviews were undertaken. Thematic analysis was used.	Perspectives were those of the adoptive parents (27)
Boswell 2014/2017	Five looked after children moving from foster care into adoptive placements (aged between 9 to 14 months)	UK Study. Children adopted from foster care.	Semi-structured interviews were undertaken by a child psychotherapist and a social worker together. Interpersonal Interpretational Analysis (IPA) was used to draw out key themes.	Perspectives were those of the foster carers (5), adopters (10) and at least two members of the social work team around each case
Kenrick 2009/2010	Twenty-seven looked after children placed for adoption by a concurrent planning	UK study. Coram Concurrent	In-depth interviews were conducted using open ended questions (semi-structured) common	Concurrent planning carers (prospective adopters) and birth

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Study (country)	LACYP population (age)	Setting and context	Type of analysis	Perspectives (n)
	project (age not reported)	Planning Project.	themes were drawn from interview data.	parents (26 families total)
Larkins 2021 (UK)	Looked after children and care leavers (aged 6 to 17)	Three local authorities in the UK.	Creative methods and thematic interview schedules were developed in consultation with a steering group of young researchers who were LAC. All fieldwork activities were audio recorded and transcribed verbatim. A hybrid approach of inductive and deductive thematic analysis with a framework analysis approach was used. Data was listened to, read, looked at and reviewed by multiple researchers, young researchers and GUC members.	Perspectives of looked after children and care leavers (47)
Logan 2010	Ninety-six looked after children adopted out of care (age not reported)	UK Study. Children adopted out of care.	Semi-structured interviews were conducted, audio taped and transcribed. Data was analysed thematically.	Adoptive families (61 families total)
Malet 2010 (UK)	Nine looked after children reunified with birth parents (age between 5 and 8 years)	Northern Ireland. Children returning home to birth parents from care.	Semi-structured interviews. Interviews were tape-recorded and themes discussed.	Birth parents (9) of children who had returned home from care.

1 See Appendix D for full evidence tables

1

2 Quality assessment of clinical studies included in the evidence review

3 Studies were critically appraised using the CASP qualitative study checklist. See appendix D for appraisal of individual studies.

1 **Summary of qualitative findings: barriers and facilitators for supporting looked after children in transition out of care to adoption or**
 2 **reunification with birth parents**

Themes	illustrative quotes	Studies	CERQual concerns	CERQual explanation
<p>Adoptive parent anxiety over children’s attachment and need for advice, information, and reassurance</p> <p>Anxiety concerning children’s attachment and need for advice, information, reassurance, (and, in some cases, training) about parenting styles, particularly where children with behavioural or attachment difficulties have been placed.</p>	<p><i>“Anxiety about whether parenting styles were appropriate and met the child’s needs and contact with birth families were common themes and support at an early stage was seen as reassuring and important for the success of the placement.”</i></p> <p><i>“There was a particular need for advice and reassurance where children with behavioural or attachment difficulties had been placed.”</i></p> <p><i>“I think the thing that got me was the first few nights with [the child]. I had no concept of how she was feeling ’cos she was nine months old and I couldn’t read her. You know she woke at night and I was anxious about that and I was thinking, ‘Oh, she’s missing her [foster carer] or it’s new or it’s different,’ and I was trying to read the signs and a few pointers might have been good.”</i></p>	<p>4</p> <p>Bonin 2014 Boswell 2014 Kenrick 2009/2010 Malet 2010</p>	<p>ML: Minor C: Minor A: No concerns R: No concerns</p> <p>Overall: Low</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. The need for training was not consistently reported across stories.</p>
<p>Adoptive parent anxiety over children’s children’s contact with birth parents</p>	<p><i>“Preparation for contact that concentrates solely on the children’s need for contact with little attention being given to helping them anticipate how they would feel about birth relatives and manage contact after the</i></p>	<p>4</p> <p>Bonin 2014 Boswell 2014 Kenrick 2009/2010 Logan 2010</p>	<p>ML: Minor C: Minor A: Minor R: No concerns</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Some</p>

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<p>Need for direct contact with birth families to be safe for all concerned. Anxiety of prospective adopters about contact with birth families and foster carers. Felt benefits of training and preparation around contact issues.</p>	<p><i>adoption order was made: "We were well prepared for the mechanics of it, but how it affects you emotionally and how it affects your relationships with the children is something that isn't very well covered."</i></p> <p><i>"Meeting birth relatives prior to placement was considered a helpful preparation for the placement and contact. While some adoptive parents felt more sympathetic towards birth relatives after preparation groups, they nonetheless described their nervousness, anxiety and apprehension about meeting them. The meetings were always highly significant and emotionally charged and many adopters described how their initial fears dissipated when they were able to talk to birth relatives and see them as real people."</i></p> <p><i>"For some adopters, aspects of preparation group work that were unhelpful included being told horror stories about difficult contact arrangements and being told they would not be approved if they did not agree to contact. In these instances, this merely served to silence them and could potentially create problems in the future."</i></p>		<p>Overall: Very Low</p>	<p>subthemes less coherent. Only three studies contributed to this theme.</p>
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<p>Timing and variability of support needed</p> <p>Timing and variability of support needed. Support often needed most intensely at the beginning of placement, but may decrease over time.</p>	<p><i>“adoptive parents most need social work support at the beginning of the placement. For a few adoptive parents, support needs actually rose as time passed and parents continued to find the children’s behaviour difficult to manage: “I can quite categorically tell you we’ve had no support or help since the day of the Adoption Order. . . . We feel like we’ve just been left basically.” Conversely, a minority of parents did not feel they needed much support even at the beginning of the placement”</i></p> <p><i>Contact support: “as well as the importance of preparing prospective adopters for the realities of adoption, long-term, well-resourced post-adoption support was also essential in contributing to effective contact arrangements. however, identified social workers remained involved in contact arrangements for only a minority of children. In most cases, adoptive parents and birth relatives were left to make arrangements for contact after the adoption order had been made.”</i></p>	<p>3</p> <p>Bonin 2014 Boswell 2014 Logan 2010</p>	<p>ML: Minor C: Minor A: Minor R: No concerns</p> <p>Overall: Very Low Confidence</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Some incoherence concerning when care was most needed. Only three studies supported this theme.</p>
<p>Importance of family support</p> <p>Importance of family support: While SWs provided support and linked families with other services, extended family and peers also played an important role in</p>	<p><i>“Most parents explained how their children had positive relationships with other family members, especially siblings. For example, one mother explained how her daughter had a positive relationship with her extended family (grandmother, aunts, her</i></p>	<p>4</p> <p>Bonin 2014 Kenrick 2010 Larkins 2021 Malet 2010</p>	<p>ML: Minor C: No concerns A: Minor R: No concerns</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Most were high risk of bias. Only</p>

<p>supporting placements. This was particularly felt to be helpful if they were involved from the start. Lack of family support felt if missing (e.g. felt by birth parents after reunification). Feelings of isolation.</p>	<p><i>mother's aunt and other relations).</i>"</p> <p><i>"Where extended family and friends were involved from the start – for example, the father of CP carer Bella collected the child from contact sessions when Bella had to work – the family relationships became and remained strong."</i></p>		<p>Overall: Low</p>	<p>three studies contributed to themes.</p>
<p>Importance of foster carers for preparing and supporting adoptive parents</p> <p>Importance of foster carers for preparing and supporting adoptive parents: e.g. in setting up continuity of routines with adoptive parents, providing tailored advice and information, and ultimately, stepping back.</p>	<p><i>"All of the foster carers revealed an acute sensitivity to the adopters' feelings, their need to feel empowered as parents and an awareness of how threatened or undermined they could feel if the carer were to bring attention to the bond between herself and the child: "You have to be very careful what you say to an adopter; you don't want to come across as if 'You have taken my child' because this has never been my child."</i></p> <p><i>"All these parents relied on information provided by the foster carers, several of whom had met the birth parents and had photos of them that would be passed onto the children. Because the foster carers held information about the birth parents, some CP carers maintained contact with them and hoped that they would be the ones able to talk to the children later about their families of origin."</i></p>	<p>3 Boswell 2014 Kenrick 2009/2010 Malet 2010</p>	<p>ML: Minor C: Minor A: Minor R: No concerns</p> <p>Overall: Very Low</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Some incoherence about the ways foster carers support transition. Only three studies contributed to this theme.</p>

<p>Impact of power imbalance between carers, birth parents, and social workers</p> <p>Power unbalance between carers/birth parents and social workers meaning carers/birth parents are afraid to criticise the process, or expose any difficulties that they were having.</p>	<p><i>“A few CP carers were reluctant to venture their criticisms of the process as they were aware of being continually assessed themselves and feared that if they ‘failed’ in any way, they could lose the child to whom they had become attached. several CP carers felt they had to be careful not to expose too many of their difficulties for fear of being regarded as unsuitable carers, demonstrating the continual effect of the anxiety created by the uncertainties intrinsic to concurrent planning.”</i></p> <p><i>“Some felt the agency had pressurized them into agreeing to contact and regarded it as a condition of their approval. These adopters acknowledged the importance of contact ‘in theory’, but they remained emotionally ambivalent. They felt they had been given no choice if they wanted a child to be placed with them”</i></p> <p><i>“Birth parents during reunification had fear that social services were only checking up on them - afraid to ask for help for fear of losing children again”</i></p>	<p>3</p> <p>Kenrick 2010 Logan 2010 Malet 2010</p>	<p>ML: Minor C: Minor A: Minor R: No concerns</p> <p>Overall: Very Low</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Different subthemes addressed. Only 3 studies contributed to this theme.</p>
<p>Peer supports considered beneficial</p> <p>Peer supports: support groups with other adoptive families or informal supporters felt to be helpful. Contact with other adopters offered the opportunity to talk</p>	<p><i>“These supports were seen as very useful, with satisfaction generally high. In particular, contact with other adopters offered the opportunity to talk about their experiences as adoptive parents: “So having somebody from Adoption UK who has not necessarily</i></p>	<p>2</p> <p>Bonin 2014 Logan 2010</p>	<p>ML: Minor C: No concerns A: Moderate R: Minor</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Half included studies were considered</p>

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<p>about their experiences as adoptive parents.</p>	<p><i>been through the same challenges, but had challenges of their own, it was somebody I felt I could talk to completely honestly, without being judged, without thinking oh I can't say that to the social worker 'cause they might think x, y, z, you know, or I can't say that to a friend because they're not going to understand, and it was great to have that contact.'"</i></p>		<p>Overall: Very Low</p>	<p>high risk of bias. Only two studies contributed, and one had recruited participants earlier than 2010.</p>
<p>Importance of respite support Importance of respite support (often offered by extended families and peers).</p>	<p><i>"My main support need is just having a break every now and then, and I have that with two of my best friends, and also my sister now living here, just having, my sister one morning a week gets up, gets him to school and then she'll try and get home a couple of nights a week. I do know, for me I think the toughest thing being a single parent is after having a very long day then having to then calm yourself and then do dinner and, you know, bath and to bed."</i></p> <p><i>"Due to a perceived inadequate provision of practical after care by Social Services and the perceived pressure 'not to slip up again', some parents were afraid to ask for support from Social Services, and lived with an ongoing fear of losing their children. Many longed for respite care to give them 'a break'.</i></p>	<p>3 Bonin 2014 Larkins 2021 Malet 2010</p>	<p>ML: Minor C: No concerns A: Moderate R: Minor</p> <p>Overall: Very Low</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Most were high risk of bias. Only two studies contributed to themes. One had recruited participants earlier than 2010.</p>

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<p>Availability and access to staff</p> <p>Availability and access to staff a problem, particularly delays: staff constraints limited resources, and feelings of abandonment.</p>	<p><i>Social workers (SWs) can act as gate-keepers or 'link workers' by suggesting and arranging contact with other, more specialist services. While, in the larger sample of adopters, a lot of links were made successfully, in at least one case, such specialist services had proven hard to access despite reassurances from children's services before the placement: "The things that we needed, the waiting lists were incredibly long, and that is a problem when you're dealing with a very small child. . . . I can remember sitting round a table with billions of social workers and them saying, 'Well, you know, if you get any problems we've got access to a lot of healthcare professionals, . . . ring us up and we'll get that sorted out.' Yet when we did have problems and the NHS, you know, waiting lists were too long, it was, 'Oh well we can't really, we haven't really got a budget to do that,' and I had to fight and get nasty and threaten horrible things to in fact get the help that we needed."</i></p>	<p>3</p> <p>Bonin 2014 Kenrick 2010 Larkins 2021</p>	<p>ML: Moderate C: Minor A: Moderate R: Minor</p> <p>Overall: Very Low</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Specifics of how care was affected were less coherent. Both studies had high risk of bias. One had recruited participants earlier than 2010.</p>
<p>Difficulties regarding contact with birth parents</p> <p>Difficulties and support for contact with birth parents: child becoming distressed during contact visits; birth parent need for support during contact, training in</p>	<p><i>"Richard seemed to show no emotion when handed to his mother and then seemed overjoyed when Lila, his CP carer, came to collect him. Lila was worried about the impact of this exchange on birth mother. She also noticed that as he got a bit older, Richard was quite difficult to manage in the taxi on the return journey and would</i></p>	<p>2</p> <p>Kenrick 2009/2010 Malet 2010</p>	<p>ML: Minor C: Minor A: Moderate R: Minor</p> <p>Overall:</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. One study was high risk of bias. Some incoherence about what should be</p>

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<p>responsiveness, and appropriate letterbox contact.</p>	<p><i>throw himself around.”</i></p> <p><i>“After two months of three-times-weekly contact at approximately the age of five and-a-half months, Joe began to become much more distressed during the contact visits. Paula could hear him getting more worked up and crying in quite a different way to any that she had ever heard, different in quality. Increasingly his distress could be seen to start as she left the room. She saw birth mother trying to comfort Joe by jiggling him, she thought much too vigorously, and being unsuccessful.”</i></p>		<p>Very Low</p>	<p>done to support contact. Only two studies contributed to this theme, one recruited participants earlier than 2010.</p>
<p>Frequency of contact and timing, may be disruptive</p> <p>Frequency of contact with birth parents, timing, and disruptiveness, e.g. during concurrent planning. Lack of shared decision making in practice and need for professional support during contact negotiation.</p>	<p><i>“The CP carers complained that if contact was very frequent – three or five times a week – there was not time for recovery, disruption of routines”</i></p> <p><i>“Nearly all the CP carers, although accepting the timeframe, felt that the infants needed more opportunity than had been given to settle with them and inhomes where everything was new and different. The infant might be placed on a Friday and contact would begin on the following Monday. Some reported contact starting the next day, before either infant or CP carer had found or settled into basic care routines and rhythms.”</i></p>	<p>2</p> <p>Kenrick 2009/2010 Logan 2010</p>	<p>ML: Minor C: Minor A: Moderate R: Minor</p> <p>Overall: Very Low</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. One study was high risk of bias. Studies addressed different subthemes. Only two studies contributed. One study recruited earlier than 2010.</p>

	<p><i>“David’s carers felt they had to fight for the period of introduction not to be rushed. They realised that the placement at ten months with them was an interruption of his secure and firm attachment to the foster carer, with whom they have continued to be in touch. They have taken care with all changes in his life – to a new house and nursery. They feel his separation at ten months still affects him and shows in his continued sensitivity to change and separation. But they also see a growing independence.”</i></p>			
<p>Benefits and challenges of knowing the birth parents for prospective adoptive carers</p> <p>Challenges and benefits of knowing/meeting birth parents e.g. for the sake of the child’s life story and identity needs, for acquiring information.</p>	<p><i>“The concurrent planning carers had no part in the legal process of concurrent planning and no parental responsibility. This was an issue in one case, where a child became ill and in need of urgent medical intervention for which the CP carer could not give permission. That responsibility lay with children’s services or the birth parents.”</i></p>	<p>2 Kenrick 2010 Logan 2010</p>	<p>ML: Minor C: Minor A: Moderate R: Minor</p> <p>Overall: Very Low</p>	<p>Studies were marked down for ML primarily for poor or limited reporting of their methods. Different subthemes were addressed. Only two studies contributed to this theme, recruitment was earlier than 2010 in one of them.</p>
<p>Insufficient focus on the emotional state of the child during busy transition out of care.</p> <p>Insufficient focus on the emotional state of the child during busy transition out of</p>	<p><i>“The “blind spot” of the child’s emotions and feelings during the transition: No one felt confident about what a young child’s emotional world looks like, how much the loss of a carer might affect them and how they might show it, especially pre-verbal or</i></p>	<p>1 Boswell 2014</p>	<p>ML: Minor C: No concerns A: Serious R: No concerns</p>	<p>Study was marked down for ML primarily for poor or limited reporting of methods. Only one study contributed to this theme.</p>

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Barriers to, and facilitators for, supporting looked-after children and young people in transition out of care to living with their adoptive or birth parents or special guardians, or into connected care

<p>care. Lack of an advocate for the foster carer-child relationship. Emotional distancing by the foster carers has benefits and harms.</p>	<p><i>uncommunicative children.”</i></p> <p><i>“After the heightened anxiety and tension described during the actual move, the foster carers, once alone, spoke of a sudden outpouring of suppressed grief and emotion. They talked about the aftermath of losing the child on a personal level, very much like bereavement: ‘I cried for days when she left.’”</i></p>		<p>Overall: Very Low</p>	
<p>Prospective adoptive carers wanted more information regarding previous care experiences and health</p> <p>Poor passage of information to both foster carers and prospective adoptive carers concerning previous care experiences and current health and development problems</p>	<p><i>“One of the children has hepatitis C and another child’s diagnosis of the same condition was later reversed. Miranda was shocked that the foster carer had not been told that Jade had hepatitis C. Una discovered, as a result of a routine blood test at four months, that Jill had hepatitis C. Una is distressed by the difficulties the condition may pose Jill later in life.”</i></p>	<p>1 Kenrick 2009</p>	<p>ML: Moderate C: No concerns A: Serious R: No concerns</p> <p>Overall: Very Low</p>	<p>Study was marked down for ML primarily for poor or limited reporting of methods. This study was high risk of bias. Only one study contributed to this theme.</p>
<p>Dealing with uncertainty during concurrent planning</p> <p>Dealing with uncertainty during concurrent planning, e.g. the risk that reunification might not happen, especially when this happens late in the process.</p>	<p><i>“As well as respecting them, many concurrent planning carers expressed concern for the ordeal to which continuing contact exposed the birth parents. Vince thought it cruel for the birth mother when contact was prolonged for 12 months, just as it was for his wife, both being left on what he called a ‘rollercoaster of uncertainty’.”</i></p> <p><i>“an event that was unsettling for CP</i></p>	<p>1 Kenrick 2010</p>	<p>ML: Moderate C: No concerns A: Serious R: No concerns</p> <p>Overall: Very Low</p>	<p>Study was marked down for ML primarily for poor or limited reporting of methods. This study was high risk of bias. Only one study contributed to this theme.</p>

	<i>carers was when consideration was given to members of the extended birth family to become adopters well into the concurrent planning process. On the other hand, placements could be delayed if such consideration took place before the placement. Similar crises of uncertainty arose when court hearings for care orders or adoption were contested by birth parents.”</i>			
<p>Difficulties with providing consent for medical treatment</p> <p>Difficulties with providing consent for medical treatment of the looked after child for prospective adoptive carers</p>	<p><i>The concurrent planning carers had no part in the legal process of concurrent planning and no parental responsibility. This was an issue in one case, where a child became ill and in need of urgent medical intervention for which the CP carer could not give permission. That responsibility lay with children’s services or the birth parents.</i></p>	<p>1 Kenrick 2010</p>	<p>ML: Moderate C: No concerns A: Serious R: No concerns</p> <p>Overall: Very Low</p>	<p>Study was marked down for ML primarily for poor or limited reporting of methods. This study was high risk of bias. Only one study contributed to this theme.</p>
<p>Benefits of external agencies and “extra” support</p> <p>Benefits of extra support (e.g. from Coram social workers): arranged outings such as picnics, open door to discuss anxieties, being accompanied to contact sessions if difficult or in a different setting.</p>	<p><i>Extra support from Coram Social Workers: “Most parents valued the support from their Coram social workers and from being a continuing part of the Coram ‘family’, as experienced in outings such as summer picnics. The Coram social worker was usually available to discuss any anxieties or to accompany the CP carer if contact sessions were difficult or in a different setting.”</i></p>	<p>1 Kenrick 2010</p>	<p>ML: Moderate C: No concerns A: Serious R: No concerns</p> <p>Overall: Very Low</p>	<p>Study was marked down for ML primarily for poor or limited reporting of methods. This study was high risk of bias. Only one study contributed to this theme.</p>

<p>Birth parents challenging experience of reunification/ concurrent planning process:</p> <p>Distrust of social services from previous experience - poor communication; lack of being listened to; feeling uninformed; feeling unwelcome; looked after children’s meetings daunting. Importance of relationship with social worker.</p>	<p><i>“Some parents felt that Social Services failed to provide the practical support needed to prevent children being taken into care in the first instance e.g. traumatic past experience from removal into care with lack of warning from social services.”</i></p> <p><i>Looked After Children meetings and the Court Process: “I wasn’t listened to. Being judged, being told what to do and what I haven’t done, and what should be done, and if you don’t co-operate with them, you don’t get your children.”</i></p> <p><i>“where birth parents felt that their social worker did not ‘judge them’ and ‘treated them with respect’, this clearly influenced the nature of the relationship, and allowed the parents to express their views more readily, which helped lead to a positive care outcome.”</i></p>	<p>1 Malet 2010</p>	<p>ML: minor C: No concerns A: Serious R: moderate</p> <p>Overall: Very Low</p>	<p>Study was marked down for ML primarily for poor or limited reporting of methods. Only one study contributed to this theme. Recruitment appeared to have taken place earlier than 2010.</p>
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2 See appendix F for full GRADE tables and CERQual tables.

1

2 **Economic evidence**

3 **Included studies**

4 No existing economic studies were reviewed for this question given its focus on
5 qualitative evidence.

6 **Economic model**

7 No economic modelling was undertaken for this review question.

8 **The committee's discussion of the evidence**

9 **Interpreting the evidence**

10 ***The outcomes that matter most***

11 The committee heard qualitative evidence from an original piece of qualitative work
12 commissioned for NICE (see Appendix O); and several UK-based qualitative studies.
13 The committee noted that qualitative evidence could not provide strong evidence of
14 the effectiveness of any particular approach or intervention to support physical,
15 mental and emotional health and wellbeing but rather could highlight the priorities,
16 values, and perspectives of those involved in the care system as well as the
17 perceived barriers and facilitators to successful care outcomes experienced by their
18 carers and workers. Qualitative evidence could also help to answer the question of
19 "how" interventions and statutory systems of care could be delivered, rather than
20 "what" interventions or systems work best. The committee valued certain themes
21 more highly if they had been derived from many studies or studies at lower risk of
22 bias, if the meaning of the theme was unambiguous, and where themes had been
23 drawn directly from looked after children and young people, or care leavers
24 themselves (see below).

25 ***The quality of the evidence***

26 The methodological quality of the studies included in this review were variable.
27 Common reasons why qualitative evidence was marked down for quality included:
28 unclear descriptions of the method of recruitment and selection of participants;
29 unclear method of interview (for example, the topic guide used for semi-structured
30 interview); unclear method of thematic analysis (for example, were multiple analysts
31 used?); and whether methods to validate findings were employed (for example,
32 triangulation and respondent analysis). Some themes were marked down for quality
33 where data had primarily come from studies with moderate or high risk of bias. In
34 addition, certain themes were marked down for quality where few studies contributed
35 to a theme, themes had become overly disparate (covering several subthemes), or
36 there were contradictions in the direction of the theme.

37 The committee valued qualitative evidence that was direct from the population to
38 which the recommendations would apply, that was recent, and particularly that was
39 from the perspective of looked after children and young people themselves. As such
40 the qualitative evidence collected in this review was generally thought to be high
41 quality since it was all UK-based and all studies were published after 2010.

42 The qualitative work commissioned by NICE and performed by the University of
43 Central Lancashire was considered the highest quality evidence since interview

1 methods were tailored to address the review questions in this guideline, participants
2 recruited into this study were also selected to provide a good cross-section across
3 vulnerable groups of interest, and data was gathered very recently. In addition, this
4 piece of work was rated high quality when assessed using CASP criteria (see
5 evidence table for Larkins 2021, Appendix D).

6 **Benefits and harms**

7 Qualitative evidence was presented from the University of Central Lancashire with a
8 particular focus on the barriers and facilitators for promoting permanency in looked
9 after children young people and care leavers. In addition, evidence was presented
10 from the qualitative evidence review bringing together studies looking at barriers to,
11 and facilitators for, supporting and developing looked-after children and young people
12 to transition out of care to living with their adoptive or birth parents or special
13 guardians, or into connected care.

14 Qualitative evidence suggested the importance of facilitating the involvement of the
15 extended family around the new permanent or long-term carer. One of the most
16 rewarding and reliable sources of support, for example, helping by providing respite
17 or “breaks”, could be the carer’s extended family e.g. parents, friends, or siblings.
18 However, involving family and friend support at an early opportunity was considered
19 particularly important for helping to foster their engagement and ownership. The
20 committee noted that family and friends “training days” were offered in certain local
21 authorities, through adoption agencies, and that these had been found to be helpful.
22 The committee recommended that the involvement of the permanent carer’s
23 extended family is facilitated when LACYP is moving into a new permanent
24 placement, for example, through a family and friends training day.

25 Qualitative evidence suggested the need for a more integrated experience for looked
26 after children and young people that takes into account the significance of previous
27 caregiving relationships. For example, themes expressed the importance of foster
28 carers for preparing and supporting adoptive parents; insufficient focus on the
29 emotional state of the child during the busy transition out of care; and prospective
30 adoptive carers wanting more information regarding previous care experiences and
31 health. The committee felt that, beyond the benefits for prospective adopters offered
32 by foster carers in terms of sharing information (for example, familiar routines,
33 emotional responses, and diet), it was also beneficial for the emotional experience of
34 the looked after person to see positive relationships forming between their current
35 carers, with which they have attachment, and their prospective permanent carers in
36 the period before and after transition. The committee disagreed with certain quotes
37 that suggested it was for the benefit of the looked after child to experience the short
38 sharp shock of a foster carer stepping away completely and immediately. Rather, a
39 less traumatic approach was recommended whereby ongoing communication with
40 current caregivers for the looked after person was facilitated where desired by the
41 child or young person.

42 The committee noted that much of the qualitative evidence was specific to concurrent
43 planning which only comprised a very small proportion of the prospective adoptive
44 placements conducted in the UK.

45 Expert testimony (see Appendix M)

46 An adoptive parent and organisations representing adopters highlighted the
47 importance of language during the transition period. In particular, adoptive parents
48 (who may have no experience of parenting) may feel judged by the child’s foster
49 carers. Often, adopters feel this is a highly sensitive time when they do not want to

1 complain or do anything to jeopardise the placement. The committee therefore
2 highlighted the need for transition teams and foster carers to take these things into
3 account.

4 Expert testimony also highlighted how the relationship between foster carer and
5 adopter could support the move into permanency. Coaching can improve this
6 relationship, for example by helping to manage expectations of the foster carer
7 during the planning stage (such as discussing having the adopter in the house, the
8 importance of using non-judgemental supportive language, the emotional challenges
9 of 'letting go'). These measures could help to avoid an adversarial relationship
10 forming between carers, rather than a supportive relationship that allows for a more
11 integrated experience for the looked-after person during transition.

12 Expert testimony highlighted the power imbalance perceived by adoptive parents,
13 who may feel unable to complain about the transition process because of fears about
14 jeopardising the placement. The committee considered that although there was little
15 that could be done about this during the transition period (other than making
16 permanency carers aware of their rights to receive support) agencies would benefit
17 from seeking feedback from foster carers and adopters after the permanency order is
18 made, and could use this to improve the delivery of transition services.

19 Expert testimony supported that peer support was useful for adopters and permanent
20 carers. Peer support groups could often give the personalised support and availability
21 that social care teams could not. The committee noted that effective peer support
22 could be achieved in various ways, for example by setting up and moderating social
23 media networks and fun group outings for face-to-face peer support.

24 The committee noted, based on expert testimony, that there was also the potential
25 for specialised peer support groups to become to help deal with specific problems in
26 permanency placements, for example, in 'blocked care' situations (emotional
27 distancing in the relationship between adopter and child), children and young people
28 with severe behavioural or mental health problems, and those with SEN.

29 Experienced permanent carers could be linked up with other permanent carers in
30 need of support to provide tailored advice and empathy that may not be covered by
31 the expertise of the support team.

32 **Cost effectiveness and resource use**

33 There were no published cost-effectiveness analyses addressing this review
34 question. The committee made recommendations based on the qualitative evidence
35 presented and, in discussing the evidence, the committee used their expertise to
36 estimate the expected resource use that would be required to deliver each
37 recommendation.

38 The committee recommended that the new carer's extended family (e.g. the carer's
39 parents, existing children) should be involved when a looked after person is moving
40 into a new permanent placement, and this could be facilitated by "family and friends"
41 training days. Some local authorities already offer these training days through
42 adoption agencies, and there is existing provision for this training, so it is unlikely that
43 this recommendation will have any resource implications.

44 The committee discussed the need for a more integrated experience for the looked
45 after person, taking into account the significance of any previous caring relationships.
46 The committee recommended that there should be opportunities for current and new
47 caregivers to meet prior to a placement move, and that ongoing communication
48 should be facilitated. This recommendation would not have substantial resource

1 implications as any transition planning that already exists could incorporate the need
2 for these meetings and ongoing communication.

3

This evidence review supports recommendations 1.7.2 to 1.7.4, 1.7.10, 1.7.18, and 1.7.20 to 1.7.23.

4 **Recommendations:**

5 1.7.3 In the planning stage negotiate the need for longer-term contact with the
6 current foster carer, for example contact by letter or email or meeting up once the
7 looked-after person has settled in their new placement (for example, after 6 months
8 or a year).

9 1.7.4 Encourage and help the new permanent carer's extended family to be
10 involved when a looked-after person moves into their new placement – for example,
11 by offering a family and friends training day before the placement.

12 1.7.10 During transition to a new permanent or long-term placement, consider the
13 need for a more integrated experience for looked-after children (including preverbal
14 children) and young people that takes into account previous significant caregiving
15 relationships. This could be achieved, for example, by creating opportunities for
16 current and new carers to meet, developing positive carer-to-carer relationships, and
17 sharing information (such as familiar routines, emotional responses, and diet) before
18 the placement move.

19 1.7.18 When supporting adoptive parents or other permanent carers, recognise that
20 they may still be learning to parent. Use non-judgemental language and ensure that
21 they are aware of their rights to receive support.

22 1.7.2 During the transition period, facilitate the foster carer and permanent carer
23 relationship. Help to manage foster carer expectations during the planning stage (for
24 example, having the permanent carer in the foster carer's house, the importance of
25 using non-judgemental supportive language with new carers, and understanding the
26 emotional challenges for the foster carer of 'letting go').

27 1.7.20 Ensure that the child or young person can keep in contact with their previous
28 carers after the placement move, if the child or young person wants to and would
29 benefit from it.

30 1.7.21 Agencies should seek feedback from foster carers and adopters to improve
31 their transition services, after the permanency order is made.

32 1.7.22 Facilitate peer support for permanent carers – for example, by setting up and
33 moderating social media networks and fun group outings for face-to-face peer
34 support.

35 1.7.23 Ask experienced volunteer permanent carers to help permanent carers with
36 strategies to manage more specialist problems – for example, in 'blocked care'
37 situations (emotional distancing in the adopter-child relationship), and with children
38 and youth who have severe behavioural or mental health problems, or special
39 educational needs.

40

1 References – included studies

2 Qualitative evidence

3 BARDSLEY Kate; Adopting children with high therapeutic needs: staying committed
4 over the long haul; *Adoption and Fostering*; 2017; vol. 41 (no. 2); 120-130

5 Bonin, Eva-Maria; Beecham, Jennifer; Dance, Cherilyn; Farmer, Elaine; Support for
6 adoption placements: The first six months.; *British Journal of Social Work*; 2014; vol.
7 44 (no. 6); 1508-1525

8 BOSWELL Sophie and CUDMORE Lynne (2014) 'The children were fine':
9 acknowledging complex feelings in the move from foster care into adoption. *Adoption
10 and Fostering* 38(1): 5-21

11 Boswell S.; Cudmore L. Understanding the 'blind spot' when children move from
12 foster care into adoption++; *Journal of Child Psychotherapy*; 2017; vol. 43 (no. 2);
13 243-257

14 KENRICK Jenny; Concurrent planning: a retrospective study of the continuities and
15 discontinuities of care, and their impact on the development of infants and young
16 children placed for adoption by the Coram Concurrent Planning Project; *Adoption
17 and Fostering*; 2009; vol. 33 (no. 4); 5-18

18 KENRICK Jenny; Concurrent planning (2) 'the rollercoaster of uncertainty'; *Adoption
19 and Fostering*; 2010; vol. 34 (no. 2); 38-48

20 Larkins. C; Creating our lives: hope and support for children and young people in
21 care - Research for NICE: looked after children and young people's perspectives on
22 outcomes and interventions (not yet published)

23 Logan, Janette; Preparation and planning for face-to-face contact after adoption: The
24 experience of adoptive parents in a UK study.; *Child & Family Social Work*; 2010; vol.
25 15 (no. 3); 315-324

26 Malet, Montserrat Fargas; Mcsherry, Dominic; Larkin, Emma; Kelly, Greg; Robinson,
27 Clive; Schubotz, Dirk; Young children returning home from care: The birth parents'
28 perspective.; *Child & Family Social Work*; 2010; vol. 15 (no. 1); 77-86

29 Cost effectiveness

30 No cost-effectiveness evidence was identified for this review question

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Barriers to, and facilitators for, supporting looked-after children and young people in transition out of care to living with their adoptive or birth parents or special guardians, or into connected care

1

1 Appendices

2 Appendix A – Review protocols

3

4 Review protocol for RQ5.2: The barriers to, and facilitators for, supporting looked-after children and young people to transition out of care to living with their adoptive or birth parents or special guardians, or into connected care

5

ID	Field	Content
1.	Review title	Barriers to, and facilitators for, supporting and developing looked-after children and young people to transition out of care to living with their adoptive or birth parents or special guardians, or into connected care
2.	Review question	What are the barriers to, and facilitators for, supporting and developing looked-after children and young people to transition out of care to living with their adoptive or birth parents or special guardians, or into connected care?
3.	Objective	To determine if there are certain points, events, or other triggers that impact transition out of care to living with adoptive or birth parents or special guardians, or into connected care for looked-after children and young people, and the success of support given to promote permanency out of care
4.	Searches	<p>Sources to be searched</p> <ul style="list-style-type: none"> • PsycINFO (Ovid) • Embase (Ovid) • MEDLINE (Ovid) • MEDLINE In-Process (Ovid) • MEDLINE Epubs Ahead of Print • PsycINFO (Ovid) • Social policy and practice (Ovid) • Cochrane Central Register of Controlled Trials (CENTRAL)

		<ul style="list-style-type: none"> • Cochrane Database of Systematic Reviews (CDSR) • Database of Abstracts of Reviews of Effect (DARE) • EconLit (Ovid) – economic searches only • NHSEED (CRD) - economic searches only <p>Supplementary search techniques</p> <ul style="list-style-type: none"> • Studies published from 1st January 1990 to present day. <p>Limits</p> <ul style="list-style-type: none"> • Studies reported in English • No study design filters will be applied • Animal studies will be excluded • Conference abstracts/proceedings will be excluded. • For economic searches, the Cost Utility, Economic Evaluations and Quality of Life filters will be applied. <p>The full search strategies for MEDLINE database will be published in the final review. For each search the Information Services team at NICE will quality assure the principal database search strategy and peer review the strategies for the other databases using an adaptation of the PRESS 2015 Guideline Evidence-Based Checklist.</p>
5.	Condition or domain being studied	This review is for part of an updated NICE guideline for looked-after children and young people and concerns the support of looked-after children and young people in transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care
6.	Population	<p>Looked after children and young people, aged <18, who are transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care.</p> <p>Including:</p>

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		<ul style="list-style-type: none"> • Children and young people who are looked after on a planned, temporary basis for short breaks or respite care purposes, only if the Children Act 1989 (section 20) applies and the child or young person is temporarily classed as looked after. • Children and young people in a prospective adoptive placement. • Looked-after children and young people on remand, detained in secure youth custody and those serving community orders.
7.	Phenomena of interest	Barriers and facilitators for transition out of care to living with adoptive or birth parents or special guardians, or into connected care for looked-after children and young people, and the success of support given to promote permanency out of care
8.	Comparator	Not applicable
9.	Types of study to be included	<ul style="list-style-type: none"> • Systematic reviews of included study designs • Qualitative studies: including focus groups, unstructured, and semi-structured interview-based studies (mixed-methods studies will also be included provided they contain relevant qualitative data)
10.	Other exclusion criteria	<p>Exclusion</p> <ul style="list-style-type: none"> • Countries outside of the UK (unless not enough evidence, then progress to OECD countries) • Studies older than the year 2010 (unless not enough evidence, then progress to include studies between 1990 to current) • Studies including mixed populations (i.e. looked after and non-looked after children) without reporting results separately for LACYP • Mixed-methods studies reporting qualitative data that cannot be distinguished from quantitative data. <p>Views and experiences relating to</p> <ul style="list-style-type: none"> • Support for transition from children to adult health or social care services • Improving placement stability (covered in review questions 1.1 and 1.2)

		<ul style="list-style-type: none"> • Promoting positive relationships (covered in review questions 2.1 and 2.2) • Promoting mental, physical, and emotional health and wellbeing (covered in review question 3.2 and 3.3) • Improving educational outcomes (covered in review question 4.1, 4.2, 4.3, and 4.4) • Supporting and developing independence on leaving care (covered in review questions 6.1 and 6.2) • Specific interventions and programmes (covered in review question 5.1).
11.	Context	<p>This review will consider support for looked-after children and young people transitioning out of care to living with their adoptive or birth parents or special guardians, or into connected care. On 31st March 2019 3% of looked after children (2,190) were placed for adoption. Two thirds (67%) of all looked after children had one placement in the year ending 31 March 2012, 89% of all looked after children had up to two placements in the year ending 31, March 2012, and 11% - a small but substantial number of children - experienced three or more placements in the year ending 31 March 2012. Achieving permanence is associated with better outcomes for looked after children and young people. While placement breakdown is associated with worse outcomes (e.g. health, relationships, and education). Supporting the transition of looked after children out of care into permanent placements may help to reduce the rate of placement breakdown and support permanency.</p>
12.	Phenomena of interest - themes	<p>Evidence should relate to views concerning barriers and facilitators for successful transition out of care to living with adoptive or birth parents or special guardians, or into connected care in looked after children and young people, among:</p> <ul style="list-style-type: none"> • Looked after children and young people themselves • Carers of looked after children and young people • Other support workers providing and accessing support for achieving permanency

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		<p>With a focus on:</p> <ul style="list-style-type: none"> • Experience of support for placement stability and accessing this support • Unintended consequences
13.	Secondary outcomes (important outcomes)	None
14.	Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into EPPI reviewer and de-duplicated. 10% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer.</p> <p>The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4). Study investigators may be contacted for missing data where time and resources allow.</p>
15.	Risk of bias (quality) assessment	<p>Individual qualitative studies will be quality assessed using the CASP qualitative checklist and classified into one of the following three groups:</p> <ul style="list-style-type: none"> • Low risk of bias – The findings and themes identified in the study are likely to accurately capture the true picture. • Moderate risk of bias – There is a possibility the findings and themes identified in the study are not a complete representation of the true picture.

		<ul style="list-style-type: none"> High risk of bias – It is likely the findings and themes identified in the study are not a complete representation of the true picture
16.	Strategy for data synthesis	<p>Information from qualitative studies will be combined using a thematic synthesis. By examining the findings of each included study, descriptive themes will be independently identified and coded in NVivo v.11. The qualitative synthesis will interrogate these ‘descriptive themes’ to develop ‘analytical themes’, using the theoretical framework derived from overarching qualitative review questions. Themes will also be organised at the level of recipients of care and providers of care.</p> <p>CERQual will be used to assess the confidence we have in the summary findings of each of the identified themes. Evidence from all qualitative study designs (interviews, focus groups etc.) is initially rated as high confidence and the confidence in the evidence for each theme will be downgraded from this initial point.</p>
17.	Analysis of sub-groups	<p>If different barriers or facilitators are observed between subgroups of interest, these will be drawn out under descriptive themes, which will then be used to develop analytical themes. The following constitute subgroups of interest:</p> <p>Age of LACYP:</p> <ul style="list-style-type: none"> LACYP in early years LACYP in primary education LACYP in secondary education and further education until age 18 <p>Other subgroups, of specific consideration:</p> <ul style="list-style-type: none"> Looked-after children looked after under a care order (section 20 (voluntary) or 31 (full care order))

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Barriers to, and facilitators for, supporting looked-after children and young people in transition out of care to living with their adoptive or birth parents or special guardians, or into connected care

		<ul style="list-style-type: none"> • Looked-after children on remand • Looked-after children in secure settings • Looked-after children and young people with mental health and emotional wellbeing needs • Looked-after children who are babies and young children • Looked-after children and young people, who are unaccompanied children seeking asylum, or refugees • Looked-after children and young people who are at risk or victims of exploitation (including female genital mutilation) and trafficking • Looked-after children and young people who are teenage and young parents in care • Looked-after children and young people with disabilities; speech, language and communication needs; special education needs or behaviour that challenges. • Looked-after children and young people who are placed out of area • Looked after children and young people who are LGBTQ
18.	Type and method of review	<input type="checkbox"/> Intervention <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input checked="" type="checkbox"/> Qualitative <input type="checkbox"/> Epidemiologic <input type="checkbox"/> Service Delivery <input type="checkbox"/> Other (please specify)
19.	Language	English
20.	Country	England

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21.	Anticipated or actual start date	<p>[For the purposes of PROSPERO, the date of commencement for the systematic review can be defined as any point after completion of a protocol but before formal screening of the identified studies against the eligibility criteria begins. A protocol can be deemed complete after sign-off by the NICE team with responsibility for quality assurance.]</p>		
22.	Anticipated completion date	<p>[Give the date by which the guideline is expected to be published. This field may be edited at any time. All edits will appear in the record audit trail. A brief explanation of the reason for changes should be given in the Revision Notes facility.]</p>		
23.	Stage of review at time of this submission	<p>Review stage</p>	<p>Started</p>	<p>Completed</p>
		Preliminary searches	<input type="checkbox"/>	<input type="checkbox"/>
		Piloting of the study selection process	<input type="checkbox"/>	<input type="checkbox"/>
		Formal screening of search results against eligibility criteria	<input type="checkbox"/>	<input type="checkbox"/>
		Data extraction	<input type="checkbox"/>	<input type="checkbox"/>
		Risk of bias (quality) assessment	<input type="checkbox"/>	<input type="checkbox"/>
		Data analysis	<input type="checkbox"/>	<input type="checkbox"/>
24.	Named contact	<p>5a. Named contact [Give development centre name]</p> <p>5b Named contact e-mail [Guideline email]@nice.org.uk [Developer to check with Guideline Coordinator for email address]</p> <p>5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE)</p>		
25.	Review team members	From the Guideline Updates Team:		

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Barriers to, and facilitators for, supporting looked-after children and young people in transition out of care to living with their adoptive or birth parents or special guardians, or into connected care

		<ul style="list-style-type: none"> • Caroline Mulvihill • Stephen Duffield • Bernadette Li • Rui Martins
26.	Funding sources/sponsor	This systematic review is being completed by the Guideline Updates Team, which is part of NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: [NICE guideline webpage] .
29.	Other registration details	[Give the name of any organisation where the systematic review title or protocol is registered (such as with The Campbell Collaboration, or The Joanna Briggs Institute) together with any unique identification number assigned. If extracted data will be stored and made available through a repository such as the Systematic Review Data Repository (SRDR), details and a link should be included here. If none, leave blank.]
30.	Reference/URL for published protocol	[Give the citation and link for the published protocol, if there is one.]

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31.	Dissemination plans	<p>NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:</p> <ul style="list-style-type: none"> • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE. <p>[Add in any additional agree dissemination plans.]</p>
32.	Keywords	Looked after children, care transition, qualitative, systematic review
33.	Details of existing review of same topic by same authors	[Give details of earlier versions of the systematic review if an update of an existing review is being registered, including full bibliographic reference if possible. NOTE: most NICE reviews will not constitute an update in PROSPERO language. To be an update it needs to be the same review question/search/methodology. If anything has changed it is a new review]
34.	Current review status	<input type="checkbox"/> Ongoing <input type="checkbox"/> Completed but not published <input type="checkbox"/> Completed and published <input type="checkbox"/> Completed, published and being updated <input type="checkbox"/> Discontinued
35..	Additional information	[Provide any other information the review team feel is relevant to the registration of the review.]
36.	Details of final publication	www.nice.org.uk

Appendix B – Literature search strategies

Effectiveness searches

Bibliographic databases searched for the guideline:

- Cochrane Database of Systematic Reviews – CDSR (Wiley)
- Cochrane Central Register of Controlled Trials – CENTRAL (Wiley)
- Database of Abstracts of Reviews of Effects – DARE (CDSR)
- PsycINFO (Ovid)
- EMBASE (Ovid)
- MEDLINE (Ovid)
- MEDLINE Epub Ahead of Print (Ovid)
- MEDLINE In-Process (Ovid)
- Social policy and practice (Ovid)
- ERIC (ProQuest)

A NICE information specialist conducted the literature searches for the evidence review. The searches were originally run in June 2019 with an additional search of the ERIC database in October 2019.

Searches were run on population only and the results were sifted for each review question (RQ). The searches were rerun on all databases reported above in July 2020 and again in October 2020.

The principal search strategy was developed in MEDLINE (Ovid interface) and adapted, as appropriate, for use in the other sources listed in the protocol, taking into account their size, search functionality and subject coverage.

The MEDLINE strategy below was quality assured (QA) by trained NICE information specialist. All translated search strategies were peer reviewed to ensure their accuracy. Both procedures were adapted from the [2016 PRESS Checklist](#). The translated search strategies are available in the evidence reviews for the guideline.

The search results were managed in EPPI-Reviewer v5. Duplicates were removed in EPPI-R5 using a two-step process. First, automated deduplication is performed using a high-value algorithm. Second, manual deduplication is used to assess 'low-probability' matches. All decisions made for the review can be accessed via the deduplication history.

English language limits were applied in adherence to standard NICE practice and the review protocol.

A date limit of 1990 was applied to align with the approximate advent of the Children Act 1989.

The limit to remove animal studies in the searches was the standard NICE practice, which has been adapted from: Dickersin, K., Scherer, R., & Lefebvre, C. (1994). [Systematic Reviews: Identifying relevant studies for systematic reviews](#). *BMJ*, 309(6964), 1286.

No study design filters were applied, in adherence to the review protocol.

Table 1: search strategy

Medline Strategy, searched 10 th June 2019	
Database: Ovid MEDLINE(R) 1946 to June 10, 2019	
Search Strategy:	
1	child, orphaned/ (659)
2	child, foster/ (71)
3	child, adopted/ (46)
4	adolescent, institutionalized/ (126)
5	("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*).tw. (123)
6	("care leaver*" or "leaving care").tw. (31)

Medline Strategy, searched 10th June 2019

Database: Ovid MEDLINE(R) 1946 to June 10, 2019

Search Strategy:

- 7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (236)
- 8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (111)
- 9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (74)
- 10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (2973)
- 11 "ward of court*".tw. (12)
- 12 or/1-11 (4225)
- 13 residential facilities/ (5286)
- 14 group homes/ (948)
- 15 halfway houses/ (1051)
- 16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1131)

Medline Strategy, searched 10th June 2019

Database: Ovid MEDLINE(R) 1946 to June 10, 2019

Search Strategy:

17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (6595)

18 or/13-17 (13612)

19 orphanages/ (435)

20 adoption/ (4727)

21 foster home care/ (3503)

22 (special adj1 guardian*).tw. (7)

23 ((placement* or foster*) adj2 (care* or family or families)).tw. (3144)

24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (279)

25 or/19-24 (9589)

26 exp Infant/ or Infant Health/ or Infant Welfare/ (1098738)

27 (premat* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (811620)

28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1838706)

Medline Strategy, searched 10th June 2019

Database: Ovid MEDLINE(R) 1946 to June 10, 2019

Search Strategy:

- 29 Minors/ (2505)
- 30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (2212038)
- 31 exp pediatrics/ (55350)
- 32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (768069)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1937435)
- 34 Puberty/ (12990)
- 35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (393509)
- 36 Schools/ (35128)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8591)
- 38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (440583)
- 39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (3651)
- 40 or/26-39 (4935665)

Medline Strategy, searched 10th June 2019

Database: Ovid MEDLINE(R) 1946 to June 10, 2019

Search Strategy:

41 18 and 40 (4519)

42 12 or 25 or 41 (15912)

43 animals/ not humans/ (4554892)

44 42 not 43 (15801)

45 limit 44 to english language (14199)

46 limit 45 to ed=19900101-20190606 (11059)

No study design filters were used for the search strategy

Cost-effectiveness searches

Sources searched:

- Econlit (Ovid)
- Embase (Ovid)
- MEDLINE (Ovid)
- MEDLINE In-Process (Ovid)
- PsycINFO (Ovid)

- NHS EED (Wiley)

Search filters to retrieve cost utility, economic evaluations and quality of life papers were appended to the MEDLINE, Embase and PsycINFO searches reported above. The searches were conducted in July 2019. The searches were re-run in October 2020.

Databases	Date searched	Version/files	No. retrieved with CU filter	No retrieved with Econ Eval and QoL filters	No. retrieved with Econ Eval and QoL filters and NOT out CU results
EconLit (Ovid)	09/07/2019	1886 to June 27, 2019	176 (no filter)	Not run again	Not run again
NHS Economic Evaluation Database (NHS EED) (legacy database)	09/07/2019	09/07/2019	105 (no filter)	Not run again	Not run again
Embase (Ovid)	09/07/2019 15/07/2019	1946 to July 08, 2019 1988 to 2019 Week 28	307	2228	1908
MEDLINE (Ovid)	09/07/2019 15/07/2019	1946 to July 08, 2019 1946 to July 12, 2019	269	1136	1135
MEDLINE In-Process (Ovid)	09/07/2019 15/07/2019	1946 to July 08, 2019 1946 to July 12, 2019	6	122	93
MEDLINE Epub Ahead of Print	09/07/2019 15/07/2019	July 08, 2019 July 12, 2019	12	38	29
PsycINFO (Ovid)	09/07/2019 15/07/2019	1987 to July Week 1 2019	265	Not searched for econ eval and QoL results	Not searched for econ eval and QoL results

		1987 to July Week 2 2019			
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Search strategies: Cost Utility filter

Database: PsycINFO <1987 to July Week 1 2019>

Search Strategy:

-
- 1 Foster children/ (1566)
 - 2 Adopted children/ (1578)
 - 3 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (433)
 - 4 ("care leaver*" or "leaving care").tw. (282)
 - 5 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (772)
 - 6 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (309)
 - 7 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (142)
 - 8 "ward of court*".tw. (0)
 - 9 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (1638)

- 10 or/1-9 (6348)
- 11 group homes/ (884)
- 12 halfway houses/ (114)
- 13 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1917)
- 14 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*).tw. (8380)
- 15 or/11-14 (10954)
- 16 orphanages/ (301)
- 17 adoption/ (2693)
- 18 foster home care/ (0)
- 19 (special adj1 guardian*).tw. (5)
- 20 ((placement* or foster*) adj2 (care* or family or families)).tw. (7275)
- 21 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (790)
- 22 or/16-21 (10189)
- 23 exp Infant/ or Infant Health/ or Infant Welfare/ (0)
- 24 (premat* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (119577)
- 25 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (8166)
- 26 Minors/ (0)
- 27 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (762095)
- 28 exp pediatrics/ (26284)

- 29 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (71640)
- 30 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1874)
- 31 Puberty/ (2287)
- 32 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (291098)
- 33 Schools/ (25726)
- 34 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)
- 35 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (578348)
- 36 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (811)
- 37 or/23-36 (1281612)
- 38 15 and 37 (5647)
- 39 10 or 22 or 38 (18267)
- 40 animals/ not humans/ (4267)
- 41 39 not 40 (18266)
- 42 limit 41 to english language (17063)
- 43 (1990* or 1991* or 1992* or 1993* or 1994* 1995* or 1996* or 1997* or 1998* or 1999* or 2000* or 2001* or 2002* or 2003* or 2004* or 2005* or 2006* or 2007* or 2008* or 2009* or 2010* or 2011* or 2012* or 2013* or 2014* or 2015* or 2016* or 2017* or 2018* or 2019*).up. (3398945)
- 44 42 and 43 (16072)
- 45 Markov chains/ (1336)
- 46 ((qualit* adj2 adjust* adj2 life*) or qaly*).tw. (1638)

- 47 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (1711)
- 48 "Costs and Cost Analysis"/ (14750)
- 49 cost.ti. (7067)
- 50 (cost* adj2 utilit*).tw. (745)
- 51 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*).tw. (29345)
- 52 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*).tw. (7025)
- 53 ((incremental* adj2 cost*) or ICER).tw. (1058)
- 54 utilities.tw. (1742)
- 55 markov*.tw. (3797)
- 56 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (8371)
- 57 ((utility or effective*) adj2 analys*).tw. (2844)
- 58 (willing* adj2 pay*).tw. (2253)
- 59 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 (60767)
- 60 44 and 59 (265)

Database: Ovid MEDLINE(R) <1946 to July 08, 2019>

(line 65)

Search Strategy:

- 1 child, orphaned/ (661)
- 2 child, foster/ (74)
- 3 child, adopted/ (48)
- 4 adolescent, institutionalized/ (126)
- 5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (123)
- 6 ("care leaver*" or "leaving care").tw. (32)
- 7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (240)
- 8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (111)
- 9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (74)
- 10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (2986)
- 11 "ward of court*".tw. (12)
- 12 or/1-11 (4244)
- 13 residential facilities/ (5299)
- 14 group homes/ (950)
- 15 halfway houses/ (1052)
- 16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1136)

- 17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (6631)
- 18 or/13-17 (13661)
- 19 orphanages/ (436)
- 20 adoption/ (4728)
- 21 foster home care/ (3508)
- 22 (special adj1 guardian*).tw. (7)
- 23 ((placement* or foster*) adj2 (care* or family or families)).tw. (3156)
- 24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (282)
- 25 or/19-24 (9605)
- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (1101046)
- 27 (premat* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (813997)
- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1843400)
- 29 Minors/ (2509)
- 30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (2221342)
- 31 exp pediatrics/ (55492)
- 32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (771944)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1942946)
- 34 Puberty/ (13005)

- 35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (395382)
- 36 Schools/ (35299)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8611)
- 38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (442260)
- 39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (3665)
- 40 or/26-39 (4951548)
- 41 18 and 40 (4537)
- 42 12 or 25 or 41 (15959)
- 43 animals/ not humans/ (4563292)
- 44 42 not 43 (15848)
- 45 limit 44 to english language (14243)
- 46 limit 45 to ed=19900101-20190606 (11059)
- 47 limit 45 to dt=19900101-20190611 (10685)
- 48 Markov Chains/ (13500)
- 49 Quality-Adjusted Life Years/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (15718)
- 50 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (6545)
- 51 Cost-Benefit Analysis/ (77012)
- 52 exp Models, Economic/ (14227)
- 53 cost.ti. (60952)

- 54 (cost* adj2 utilit*).tw. (4392)
- 55 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (162969)
- 56 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (26515)
- 57 ((incremental* adj2 cost*) or ICER).tw. (10100)
- 58 utilities.tw. (5428)
- 59 markov*.tw. (16739)
- 60 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (36613)
- 61 ((utility or effective*) adj2 analys*).tw. (14480)
- 62 (willing* adj2 pay*).tw. (4632)
- 63 or/48-62 (287270)
- 64 45 and 63 (311)
- 65 46 and 63 (269)

Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <1946 to July 08, 2019>

(Line 66)

Search Strategy:

-
- 1 child, orphaned/ (0)
 - 2 child, foster/ (0)
 - 3 child, adopted/ (0)

- 4 adolescent, institutionalized/ (0)
- 5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (17)
- 6 ("care leaver*" or "leaving care").tw. (6)
- 7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (45)
- 8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (18)
- 9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (4)
- 10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (361)
- 11 "ward of court*".tw. (0)
- 12 or/1-11 (443)
- 13 residential facilities/ (0)
- 14 group homes/ (0)
- 15 halfway houses/ (0)
- 16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (122)
- 17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (785)
- 18 or/13-17 (897)
- 19 orphanages/ (0)

- 20 adoption/ (0)
- 21 foster home care/ (0)
- 22 (special adj1 guardian*).tw. (0)
- 23 ((placement* or foster*) adj2 (care* or family or families)).tw. (367)
- 24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (31)
- 25 or/20-24 (391)
- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (0)
- 27 (prematu* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (71122)
- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (0)
- 29 Minors/ (0)
- 30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (282655)
- 31 exp pediatrics/ (0)
- 32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (105594)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (0)
- 34 Puberty/ (0)
- 35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (52576)
- 36 Schools/ (0)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)
- 38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (61256)

- 39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (516)
- 40 or/26-39 (410151)
- 41 18 and 40 (260)
- 42 12 or 25 or 41 (962)
- 43 animals/ not humans/ (0)
- 44 42 not 43 (962)
- 45 limit 44 to english language (945)
- 46 limit 45 to ed=19900101-20190606 (256)
- 47 limit 45 to dt=19900101-20190611 (916)
- 48 Markov Chains/ (0)
- 49 Quality-Adjusted Life Years/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (1713)
- 50 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (1364)
- 51 Cost-Benefit Analysis/ (0)
- 52 exp Models, Economic/ (0)
- 53 cost.ti. (9867)
- 54 (cost* adj2 utilit*).tw. (767)
- 55 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*).tw. (29070)
- 56 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*).tw. (4431)
- 57 ((incremental* adj2 cost*) or ICER).tw. (1607)

- 58 utilities.tw. (947)
- 59 markov*.tw. (4984)
- 60 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (4280)
- 61 ((utility or effective*) adj2 analys*).tw. (2504)
- 62 (willing* adj2 pay*).tw. (911)
- 63 or/48-62 (45705)
- 64 45 and 63 (28)
- 65 46 and 63 (6)
- 66 47 and 63 (27)

Database: Ovid MEDLINE(R) Epub Ahead of Print <July 08, 2019>

(Line 64)

Search Strategy:

-
- 1 child, orphaned/ (0)
 - 2 child, foster/ (0)
 - 3 child, adopted/ (0)
 - 4 adolescent, institutionalized/ (0)
 - 5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*).tw. (8)

- 6 ("care leaver*" or "leaving care").tw. (5)
- 7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (13)
- 8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (8)
- 9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (3)
- 10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (170)
- 11 "ward of court*".tw. (0)
- 12 or/1-11 (198)
- 13 residential facilities/ (0)
- 14 group homes/ (0)
- 15 halfway houses/ (0)
- 16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (60)
- 17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*)).tw. (232)
- 18 or/13-17 (288)
- 19 orphanages/ (0)
- 20 adoption/ (0)
- 21 foster home care/ (0)
- 22 (special adj1 guardian*).tw. (0)

- 23 ((placement* or foster*) adj2 (care* or family or families)).tw. (185)
- 24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (11)
- 25 or/20-24 (191)
- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (0)
- 27 (prematu* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (14304)
- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (0)
- 29 Minors/ (0)
- 30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (49388)
- 31 exp pediatrics/ (0)
- 32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (19442)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (0)
- 34 Puberty/ (0)
- 35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (12671)
- 36 Schools/ (0)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)
- 38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (11661)
- 39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (95)
- 40 or/26-39 (72744)
- 41 18 and 40 (102)

- 42 12 or 25 or 41 (409)
- 43 animals/ not humans/ (0)
- 44 42 not 43 (409)
- 45 limit 44 to english language (407)
- 46 limit 45 to ed=19900101-20190606 (0)
- 47 limit 45 to dt=19900101-20190611 (382)
- 48 Markov Chains/ (0)
- 49 Quality-Adjusted Life Years/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (419)
- 50 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (316)
- 51 Cost-Benefit Analysis/ (0)
- 52 exp Models, Economic/ (0)
- 53 cost.ti. (1350)
- 54 (cost* adj2 utilit*).tw. (162)
- 55 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*)).tw. (4696)
- 56 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*)).tw. (838)
- 57 ((incremental* adj2 cost*) or ICER).tw. (342)
- 58 utilities.tw. (155)
- 59 markov*.tw. (807)
- 60 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (712)

61 ((utility or effective*) adj2 analys*).tw. (482)

62 (willing* adj2 pay*).tw. (178)

63 or/48-62 (7346)

64 45 and 63 (12)

Database: Embase <1988 to 2019 Week 27>

Search Strategy:

1 orphaned child/ (606)

2 foster child/ (72)

3 adopted child/ (507)

4 institutionalized adolescent/ (16)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (239)

6 ("care leaver*" or "leaving care").tw. (60)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (328)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (137)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (66)

- 10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (3301)
- 11 "ward of court*".tw. (13)
- 12 or/1-11 (4918)
- 13 residential home/ (5797)
- 14 halfway house/ (616)
- 15 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1546)
- 16 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*).tw. (8776)
- 17 or/13-16 (15272)
- 18 orphanage/ (851)
- 19 foster care/ (3851)
- 20 (special adj1 guardian*).tw. (7)
- 21 ((placement* or foster*) adj2 (care* or family or families)).tw. (4024)
- 22 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (359)
- 23 *adoption/ (2710)
- 24 or/18-23 (6865)
- 25 exp juvenile/ or Child Behavior/ or Child Welfare/ or Child Health/ or infant welfare/ or "minor (person)"/ or elementary student/ (2784798)
- 26 (prematu* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,ad,jw. (990094)
- 27 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,ad,jw. (3070275)

- 28 exp pediatrics/ (89360)
- 29 (pediatric* or paediatric* or peadiatric*).ti,ab,in,ad,jw. (1438284)
- 30 exp adolescence/ or exp adolescent behavior/ or adolescent health/ or high school student/ or middle school student/ (88098)
- 31 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,ad,jw. (568613)
- 32 school/ or high school/ or kindergarten/ or middle school/ or primary school/ or nursery school/ or day care/ (91653)
- 33 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jw. (588621)
- 34 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (6349)
- 35 or/25-34 (5334085)
- 36 17 and 35 (5115)
- 37 24 and 35 (5358)
- 38 12 or 24 or 36 or 37 (14911)
- 39 nonhuman/ not human/ (3937063)
- 40 38 not 39 (14760)
- 41 (letter or editorial).pt. (1540594)
- 42 (conference abstract or conference paper or conference proceeding or "conference review").pt. (4222564)
- 43 41 or 42 (5763158)
- 44 40 not 43 (12196)
- 45 limit 44 to dc=19900101-20190606 (11884)
- 46 limit 45 to english language (11023)

- 47 Markov chain/ (4090)
- 48 quality adjusted life year/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (30409)
- 49 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (15875)
- 50 "cost benefit analysis"/ (76518)
- 51 exp economic model/ (1504)
- 52 cost.ti. (88995)
- 53 (cost* adj2 utilit*).tw. (8688)
- 54 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*).tw. (264435)
- 55 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*).tw. (44462)
- 56 ((incremental* adj2 cost*) or ICER).tw. (20797)
- 57 utilities.tw. (10291)
- 58 markov*.tw. (26990)
- 59 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (49359)
- 60 ((utility or effective*) adj2 analys*).tw. (25580)
- 61 (willing* adj2 pay*).tw. (8767)
- 62 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 (437018)
- 63 46 and 62 (307)
- 64 (conference abstract or conference paper or conference proceeding or "conference review" or letter or editorial).pt. (5763158)
- 65 63 not 64 (307)

Database: Econlit <1886 to June 27, 2019>

Search Strategy:

- 1 [child, orphaned/] (0)
- 2 [child, foster/] (0)
- 3 [child, adopted/] (0)
- 4 [adolescent, institutionalized/] (0)
- 5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (3)
- 6 ("care leaver*" or "leaving care").tw. (2)
- 7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (15)
- 8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (34)
- 9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (6)
- 10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (111)
- 11 "ward of court*".tw. (0)
- 12 or/1-11 (163)
- 13 [residential facilities/] (0)

- 14 [group homes/] (0)
- 15 [halfway houses/] (0)
- 16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (42)
- 17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*).tw. (208)
- 18 or/13-17 (250)
- 19 [orphanages/] (0)
- 20 [adoption/] (0)
- 21 [foster home care/] (0)
- 22 (special adj1 guardian*).tw. (0)
- 23 ((placement* or foster*) adj2 (care* or family or families)).tw. (154)
- 24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (23)
- 25 or/20-24 (172)
- 26 [exp Infant/ or Infant Health/ or Infant Welfare/] (0)
- 27 (premat* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (5404)
- 28 [exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/] (0)
- 29 [Minors/] (0)
- 30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (45263)
- 31 [exp pediatrics/] (0)
- 32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (168)

- 33 [Adolescent/ or Adolescent Behavior/ or Adolescent Health/] (0)
- 34 [Puberty/] (0)
- 35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (8812)
- 36 [Schools/] (0)
- 37 [Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/] (0)
- 38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (47608)
- 39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (56)
- 40 or/26-39 (91121)
- 41 18 and 40 (71)
- 42 12 or 25 or 41 (359)
- 43 limit 42 to yr="2009 -Current" (176)

Database: NHSEED (CRD)

1 MeSH DESCRIPTOR Child, Orphaned EXPLODE ALL TREES IN NHSEED 0

2 MeSH DESCRIPTOR Adoption EXPLODE ALL TREES IN NHSEED 3

3 (("looked after" NEAR2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*))) IN NHSEED 0

4 ("care leaver*" or "leaving care") IN NHSEED 0

5 ("in care") IN NHSEED 40

6 ("care experience") IN NHSEED 1

7 (nonparent* or non-parent* or parentless* or parent-less) IN NHSEED 0

8 (relinquish* or estrange*) IN NHSEED 0

9 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*);TI IN NHSEED 22

10 ("ward of court*") IN NHSEED 0

11 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 64

12 (((residential or supported or remand* or secure or correctional) NEAR1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*))) IN NHSEED 88

13 MeSH DESCRIPTOR orphanages EXPLODE ALL TREES IN NHSEED 0

14 (guardian) IN NHSEED 13

15 (((placement* or foster*) NEAR2 (care* or family or families))) IN NHSEED 7

16 (((kinship or nonkinship or non kinship or connected or substitute*) NEAR1 care*)) IN NHSEED 1

17 #13 OR #14 OR #15 OR #16 21

18 (infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler* or child* or minor or minors or boy* or girl* or kid or kids or young* or adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*) IN NHSEED 5275

19 #12 AND #18 23

20 #11 OR #17 OR #19 105

Search strategies: Economic Evaluation and Quality of Life filters

Database: Ovid MEDLINE(R) <1946 to July 12, 2019>

Search Strategy:

-
- 1 child, orphaned/ (664)
 - 2 child, foster/ (74)
 - 3 child, adopted/ (48)
 - 4 adolescent, institutionalized/ (126)
 - 5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (123)
 - 6 ("care leaver*" or "leaving care").tw. (32)
 - 7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (240)
 - 8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (111)
 - 9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*)).tw. (74)
 - 10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*)).ti. (2989)
 - 11 "ward of court*".tw. (12)

- 12 or/1-11 (4249)
- 13 residential facilities/ (5301)
- 14 group homes/ (951)
- 15 halfway houses/ (1052)
- 16 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1136)
- 17 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*).tw. (6640)
- 18 or/13-17 (13672)
- 19 orphanages/ (438)
- 20 adoption/ (4729)
- 21 foster home care/ (3508)
- 22 (special adj1 guardian*).tw. (7)
- 23 ((placement* or foster*) adj2 (care* or family or families)).tw. (3156)
- 24 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (282)
- 25 or/19-24 (9924)
- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (1101512)
- 27 (prematu* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,jn. (814530)
- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1844269)
- 29 Minors/ (2509)
- 30 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,jn. (2223285)

- 31 exp pediatrics/ (55515)
- 32 (pediatric* or paediatric* or peadiatric*).ti,ab,in,jn. (772838)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1944098)
- 34 Puberty/ (13005)
- 35 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,jn. (395763)
- 36 Schools/ (35334)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8611)
- 38 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jn. (442578)
- 39 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (3674)
- 40 or/26-39 (4954893)
- 41 18 and 40 (4538)
- 42 12 or 25 or 41 (16193)
- 43 animals/ not humans/ (4565244)
- 44 42 not 43 (16082)
- 45 limit 44 to english language (14416)
- 46 limit 45 to ed=19900101-20190714 (11278)
- 47 limit 45 to dt=19900101-20190715 (10852)
- 48 Markov Chains/ (13507)
- 49 Quality-Adjusted Life Years/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (15740)

- 50 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (6562)
- 51 Cost-Benefit Analysis/ (77068)
- 52 exp Models, Economic/ (14240)
- 53 cost.ti. (61003)
- 54 (cost* adj2 utilit*).tw. (4395)
- 55 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*).tw. (163128)
- 56 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*).tw. (26542)
- 57 ((incremental* adj2 cost*) or ICER).tw. (10113)
- 58 utilities.tw. (5434)
- 59 markov*.tw. (16747)
- 60 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (36633)
- 61 ((utility or effective*) adj2 analys*).tw. (14500)
- 62 (willing* adj2 pay*).tw. (4638)
- 63 or/48-62 (287514)
- 64 45 and 63 (314)
- 65 46 and 63 (272)
- 66 47 and 63 (267)
- 67 Economics/ (27059)
- 68 exp "Costs and Cost Analysis"/ (226218)

- 69 Economics, Dental/ (1906)
- 70 exp Economics, Hospital/ (23683)
- 71 exp Economics, Medical/ (14107)
- 72 Economics, Nursing/ (3986)
- 73 Economics, Pharmaceutical/ (2868)
- 74 Budgets/ (11138)
- 75 exp Models, Economic/ (14240)
- 76 Markov Chains/ (13507)
- 77 Monte Carlo Method/ (26889)
- 78 Decision Trees/ (10615)
- 79 econom\$.tw. (220798)
- 80 cba.tw. (9569)
- 81 cea.tw. (19685)
- 82 cua.tw. (941)
- 83 markov\$.tw. (16747)
- 84 (monte adj carlo).tw. (28270)
- 85 (decision adj3 (tree\$ or analys\$)).tw. (12136)
- 86 (cost or costs or costing\$ or costly or costed).tw. (428019)
- 87 (price\$ or pricing\$).tw. (31251)
- 88 budget\$.tw. (22462)

- 89 expenditure\$.tw. (46305)
- 90 (value adj3 (money or monetary)).tw. (1946)
- 91 (pharmacoeconomic\$ or (pharmac adj economic\$)).tw. (3350)
- 92 or/67-91 (869079)
- 93 "Quality of Life"/ (178315)
- 94 quality of life.tw. (210147)
- 95 "Value of Life"/ (5653)
- 96 Quality-Adjusted Life Years/ (11173)
- 97 quality adjusted life.tw. (9768)
- 98 (qaly\$ or qald\$ or qale\$ or qtime\$).tw. (8028)
- 99 disability adjusted life.tw. (2374)
- 100 daly\$.tw. (2184)
- 101 Health Status Indicators/ (22927)
- 102 (sf36 or sf 36 or short form 36 or shortform 36 or sf thirtysix or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).tw. (21132)
- 103 (sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six).tw. (1258)
- 104 (sf12 or sf 12 or short form 12 or shortform 12 or sf twelve or sftwelve or shortform twelve or short form twelve).tw. (4470)
- 105 (sf16 or sf 16 or short form 16 or shortform 16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).tw. (28)
- 106 (sf20 or sf 20 or short form 20 or shortform 20 or sf twenty or sftwenty or shortform twenty or short form twenty).tw. (370)
- 107 (euroqol or euro qol or eq5d or eq 5d).tw. (7790)

- 108 (qol or hql or hqol or hrqol).tw. (39934)
- 109 (hye or hyes).tw. (58)
- 110 health\$ year\$ equivalent\$.tw. (38)
- 111 utilit\$.tw. (158839)
- 112 (hui or hui1 or hui2 or hui3).tw. (1208)
- 113 disutili\$.tw. (351)
- 114 rosser.tw. (82)
- 115 quality of wellbeing.tw. (11)
- 116 quality of well-being.tw. (367)
- 117 qwb.tw. (186)
- 118 willingness to pay.tw. (3952)
- 119 standard gamble\$.tw. (763)
- 120 time trade off.tw. (981)
- 121 time tradeoff.tw. (223)
- 122 tto.tw. (848)
- 123 or/93-122 (455927)
- 124 92 or 123 (1261859)
- 125 45 and 124 (1599)
- 126 46 and 124 (1395)
- 127 47 and 124 (1345)

128 125 not 64 (1300)

129 126 not 65 (1136)

130 127 not 66 (1090)

Database: Embase <1988 to 2019 Week 28>

Search Strategy:

1 orphaned child/ (608)

2 foster child/ (73)

3 adopted child/ (510)

4 institutionalized adolescent/ (16)

5 ("looked after" adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*).tw. (239)

6 ("care leaver*" or "leaving care").tw. (60)

7 (("in care" or "care experience*") adj1 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*).tw. (328)

8 ((nonparent* or non-parent* or parentless* or parent-less) adj3 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*).tw. (137)

9 ((relinquish* or estrange*) adj2 (juvenile* or child* or adolescen* or toddler* or infant* or infancy* or teen* or tween* or young* or baby* or babies* or twin* or sibling* or youth*).tw. (66)

10 ((child* or infancy or adolescen* or juvenile* or toddler* or infant* or teen* or tween* or young* or baby or babies or twin* or sibling* or youth*) adj2 (orphan* or foster* or adopt* or abandon* or unwanted or unaccompanied or homeless or asylum* or refugee*).ti. (3308)

- 11 "ward of court".tw. (13)
- 12 or/1-11 (4928)
- 13 residential home/ (5806)
- 14 halfway house/ (618)
- 15 (("out of home" or " out-of-home" or placement* or "semi independent" or "semi-independent") adj2 care*).tw. (1548)
- 16 ((residential or supported or remand* or secure or correctional) adj1 (accommodation* or institut* or care or lodging or home* or centre* or center* or facilit*).tw. (8794)
- 17 or/13-16 (15298)
- 18 orphanage/ (851)
- 19 foster care/ (3854)
- 20 (special adj1 guardian*).tw. (7)
- 21 ((placement* or foster*) adj2 (care* or family or families)).tw. (4029)
- 22 ((kinship or nonkinship or non kinship or connected or substitute*) adj1 care*).tw. (360)
- 23 *adoption/ (2704)
- 24 or/18-23 (9315)
- 25 exp juvenile/ or Child Behavior/ or Child Welfare/ or Child Health/ or infant welfare/ or "minor (person)"/ or elementary student/ (2788952)
- 26 (premat* or pre-matur* or preterm* or pre-term* or infan* or newborn* or new-born* or perinat* or peri-nat* or neonat* or neo-nat* or baby* or babies or toddler*).ti,ab,in,ad,jw. (991635)
- 27 (child* or minor or minors or boy* or girl* or kid or kids or young*).ti,ab,in,ad,jw. (3075545)
- 28 exp pediatrics/ (89475)
- 29 (pediatric* or paediatric* or peadiatric*).ti,ab,in,ad,jw. (1440596)

- 30 exp adolescence/ or exp adolescent behavior/ or adolescent health/ or high school student/ or middle school student/ (88253)
- 31 (adolescen* or pubescen* or prepubescen* or pre-pubescen* or pubert* or prepubert* or pre-pubert* or teen* or preteen* or pre-teen* or juvenil* or youth* or under*age*).ti,ab,in,ad,jw. (569652)
- 32 school/ or high school/ or kindergarten/ or middle school/ or primary school/ or nursery school/ or day care/ (91782)
- 33 (pre-school* or preschool* or kindergar* or daycare or day-care or nurser* or school* or pupil* or student*).ti,ab,jw. (589614)
- 34 ("under 18*" or "under eighteen*" or "under 25*" or "under twenty five*").ti,ab. (6369)
- 35 or/25-34 (5342804)
- 36 17 and 35 (5123)
- 37 24 and 35 (6834)
- 38 12 or 24 or 36 or 37 (16935)
- 39 nonhuman/ not human/ (3943285)
- 40 38 not 39 (16745)
- 41 (letter or editorial).pt. (1542836)
- 42 (conference abstract or conference paper or conference proceeding or "conference review").pt. (4231963)
- 43 41 or 42 (5774799)
- 44 40 not 43 (13711)
- 45 limit 44 to dc=19900101-20190606 (13274)
- 46 limit 45 to english language (12254)
- 47 Markov chain/ (4122)
- 48 quality adjusted life year/ or (qualit* adj2 adjust* adj2 life*).tw. or qaly*.tw. (30497)

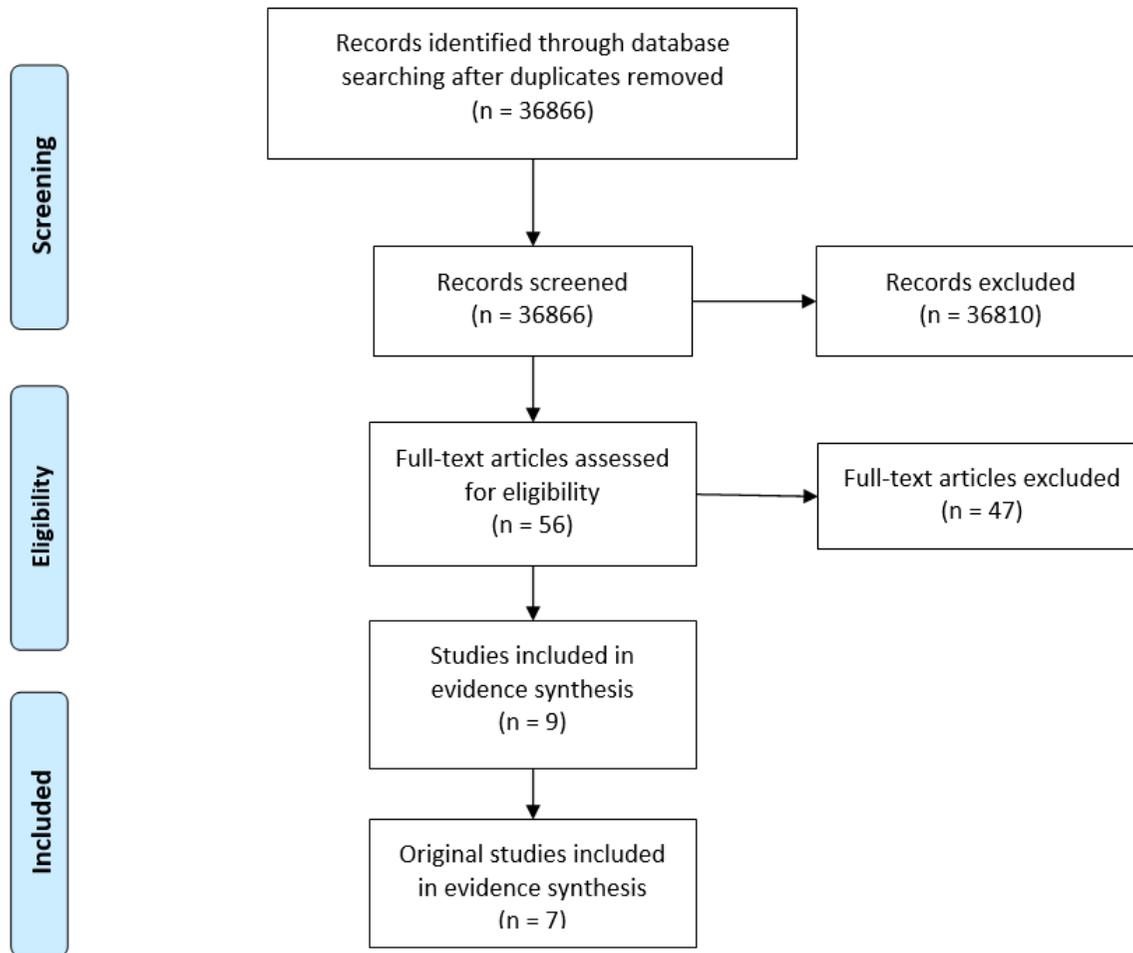
- 49 (EQ5D* or EQ-5D* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european* adj2 quality adj3 ("5" or five))).tw. (15926)
- 50 "cost benefit analysis"/ (76622)
- 51 exp economic model/ (1511)
- 52 cost.ti. (89185)
- 53 (cost* adj2 utilit*).tw. (8710)
- 54 (cost* adj2 (effective* or assess* or evaluat* or analys* or model* or benefit* or threshold* or quality or expens* or saving* or reduc*).tw. (264961)
- 55 (economic* adj2 (evaluat* or assess* or analys* or model* or outcome* or benefit* or threshold* or expens* or saving* or reduc*).tw. (44536)
- 56 ((incremental* adj2 cost*) or ICER).tw. (20854)
- 57 utilities.tw. (10311)
- 58 markov*.tw. (27064)
- 59 (dollar* or USD or cents or pound or pounds or GBP or sterling* or pence or euro or euros or yen or JPY).tw. (49454)
- 60 ((utility or effective*) adj2 analys*).tw. (25652)
- 61 (willing* adj2 pay*).tw. (8797)
- 62 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 (437885)
- 63 46 and 62 (336)
- 64 exp Health Economics/ (754904)
- 65 exp "Health Care Cost"/ (271264)
- 66 exp Pharmacoeconomics/ (183070)
- 67 Monte Carlo Method/ (36411)

- 68 Decision Tree/ (11234)
- 69 econom\$.tw. (313756)
- 70 cba.tw. (8890)
- 71 cea.tw. (29221)
- 72 cua.tw. (1304)
- 73 markov\$.tw. (27064)
- 74 (monte adj carlo).tw. (42778)
- 75 (decision adj3 (tree\$ or analys\$)).tw. (20246)
- 76 (cost or costs or costing\$ or costly or costed).tw. (667335)
- 77 (price\$ or pricing\$).tw. (48966)
- 78 budget\$.tw. (32761)
- 79 expenditure\$.tw. (65082)
- 80 (value adj3 (money or monetary)).tw. (3103)
- 81 (pharmacoeconomic\$ or (pharmaco adj economic\$)).tw. (8274)
- 82 or/64-81 (1524839)
- 83 "Quality of Life"/ (429148)
- 84 Quality Adjusted Life Year/ (24150)
- 85 Quality of Life Index/ (2640)
- 86 Short Form 36/ (26202)
- 87 Health Status/ (117486)

- 88 quality of life.tw. (394895)
- 89 quality adjusted life.tw. (17693)
- 90 (qaly\$ or qald\$ or qale\$ or qtime\$).tw. (18129)
- 91 disability adjusted life.tw. (3574)
- 92 daly\$.tw. (3505)
- 93 (sf36 or sf 36 or short form 36 or shortform 36 or sf thirtysix or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).tw. (38927)
- 94 (sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six).tw. (1902)
- 95 (sf12 or sf 12 or short form 12 or shortform 12 or sf twelve or sftwelve or shortform twelve or short form twelve).tw. (8636)
- 96 (sf16 or sf 16 or short form 16 or shortform 16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).tw. (51)
- 97 (sf20 or sf 20 or short form 20 or shortform 20 or sf twenty or sftwenty or shortform twenty or short form twenty).tw. (403)
- 98 (euroqol or euro qol or eq5d or eq 5d).tw. (18036)
- 99 (qol or hql or hqol or hrqol).tw. (87193)
- 100 (hye or hyes).tw. (123)
- 101 health\$ year\$ equivalent\$.tw. (41)
- 102 utilit\$.tw. (256882)
- 103 (hui or hui1 or hui2 or hui3).tw. (2074)
- 104 disutili\$.tw. (837)
- 105 rosser.tw. (116)
- 106 quality of wellbeing.tw. (38)

- 107 quality of well-being.tw. (464)
- 108 qwb.tw. (234)
- 109 willingness to pay.tw. (7664)
- 110 standard gamble\$.tw. (1054)
- 111 time trade off.tw. (1611)
- 112 time tradeoff.tw. (279)
- 113 tto.tw. (1529)
- 114 or/83-113 (891635)
- 115 82 or 114 (2273922)
- 116 46 and 115 (2228)
- 117 116 not 63 (1908)

Appendix C – Evidence study selection



Appendix D – Qualitative evidence

Qualitative studies

Bardsley 2017

Study type	Semi structured interviews
Aim of study	to explore factors affecting adopters' commitment to the care of children with high therapeutic needs
Study location	UK
Study setting	Adopters of looked after children with high therapeutic need in one local authority in London
Study methods	Semi-structured interviews were used. Interviews lasted between 45 and 75 minutes and, with permission, were recorded and transcribed. They were initially analysed thematically with the specific information on commitment and support explored later. Within the adopters' interviews, the questions were therefore designed to assess the above TIMB indicators by enquiring into areas such as the carers' experiences of looking after the child, how they saw their relationship with him or her and their wishes for the child now and in the future. Answers to these questions enabled the researcher to calculate an overall score for carer commitment. Initial interview questions were designed to elicit the sharing of adopter experiences in these areas. The subsequent interview analysis then looked at how positive or otherwise adopters were in these responses. When placed into each adoptive context, this gave what was deemed to be a fairly reliable indicator of general feelings of commitment felt by the adopter at the time of the interview. The second half of the interview contextualised the adopter's experiences through consideration of their internal and external supporting factors.
Population	Adopters parenting children preidentified with high therapeutic needs.
Study dates	Not reported

Sources of funding	Not reported
Inclusion Criteria	<p>Intervention received They were all in receipt of post-adoption support from the local authority's specialist Child and Adolescent Mental Health Services (CAMHS) service for children who either are or have been 'looked after'.</p> <p>Mental health Participating adopters were all already parenting children preidentified with high therapeutic needs.</p>
Exclusion criteria	None reported
Sample characteristics	<p>Sample size Six adoptive parents were included</p> <p>Mental health problems The challenges faced by parents covered a range of attachment and emotional coping problems, significant practical and self-care needs and a cluster of aggressive and harmful behaviours. One adopter also reported significant sexualised behaviour.</p> <p>Behavioural problems the six adopters taking part were all circumstantially at increased risk of experiencing disruption to their placements. All their children had experienced previous adversity and five of them were displaying extremely challenging behaviour. In four cases, the children were older when placed and all their carers said that the difficulties were worse than expected, with two noting that they were having to deal with behaviours that had not been anticipated. Another adopter had adopted a child she had been fostering, so she was familiar with her behaviour, albeit still noting that it was very challenging. Only one adopter said her parenting experience was easier than expected.</p>
Relevant themes	<p>Theme 1 Commitment despite difficulty of parenting children with a range of attachment and emotional coping problems, significant practical and self-care needs and a cluster of aggressive and harmful behaviours - It was certainly true that five of the six respondents found the experience of parenting their children extremely difficult, describing how they had developed serious health problems, of being unable to go anywhere or do anything due to the overwhelming and constant needs of their child, of putting their children to bed and then going away 'to cry . . . because it's horrible'. They spoke of losing friends, of being physically hurt, of permanent damage to their property and of being unable to spend quality time with their spouse or birth children. The one adopter who had not had this experience still reported difficulties but on a significantly lower level. Yet despite these pressures, all six participants showed strong and consistent commitment to their children. Surprisingly, it was the adopter who reported facing fewer problems than she expected who displayed the lowest commitment scores from her interview, whereas the respondent with the highest commitment scores reported one of the most challenging and wide-ranging set of behavioural difficulties identified in the study.</p> <p>Theme 2 Fears about the future - while remaining hopeful, the adopters uniformly expressed serious uncertainties about their child's future. These uncertainties included issues such as knowing their child was 'preloaded' for future mental health difficulties, awareness that their child would never completely overcome their traumatic history, worry about the possibility of the difficult behaviours escalating in adolescence and wondering if their child would ever be able to live independently in the community as an adult. Hopes and fears were sometimes mentioned alongside one another: "I know that the match we have will last; it's a lifelong, good match. But at its worst I have feared [my child] will kill me . . . because I might not admit it, but yeah I worry . . . I do worry that [my child] might cause devastation in our whole family . . ."</p>

Theme 3

The importance of hope - The issue that appeared to be most salient across all the interviews was not the child's level of need but the adopters' ability to be positive about their chance of making future progress – what one interviewee called 'hope': "You've just got to kind of learn not to panic when something happens and think, 'This will be it forever' . . . ' . . . more recently I thought it might break down . . . again it was [the CAMHS professional], talking to her . . . it gave me more hope again, yeah I lost hope and to get that back again . . ." A third adopter remarked, after describing a physical assault by her child on her partner: "It's not easy, but having said that . . . we have seen [our children] grow . . . because if it was all, you know, that level, we wouldn't be able to continue with it . . ."

Theme 4

The need for help - The idea that it was impossible to do the job without help from others was repeated: "With these kids . . . it isn't straightforward . . . we are the primary carers, we are not abdicating our caring, but we needed the support . . ." Three specific areas of support were identified in the interviews as being linked to adopters' ability to have hope, remain committed and carry on: (1) support for children in helping them start to understand themselves; (2) support for adopters in understanding their children's needs and behaviour; (3) support from professional agencies and friends and family that includes a genuine understanding of what it means to care for a challenging child.

Theme 5

Adopters highlighted two areas that had made most difference to the care of their children: the quality of preparation given to their children before adoption and the availability of specialist CAMHS/therapeutic interventions after their child had been placed.

Theme 6

Preparing children for adoption - Preparing the children for adoption was described in terms of good quality life story work and skilful preparation for moving into their new homes. Inevitably, views varied with some feedback unreservedly positive: "I was very lucky [my children] had an amazing social worker . . . really that has made a huge difference because there's understanding . . . it's helped them make sense of what's happening to them and feel safe . . ." Others were less complimentary "The specific thing was [my child] not understanding that he couldn't have stayed forever where he was . . . almost daily . . . 'Why have I been moved?', um, and therefore I think anger directed at us, which hasn't helped things . . . it's a real issue, he needs to trust us . . . um, we haven't, kind of, come in to steal you."

Theme 7

Importance of therapeutic CAMHS support - In terms of sources of support, adopters placed great emphasis on the value of the therapeutic/CAMHS support (described later) which they and their children received. This was closely linked to their own ability to hope that things would turn out well: "It will take quite a while . . . but with the help of the play therapy . . . I think there is a light at the end of the tunnel . . ." Several adopters gave examples of immediate benefits from the intervention. For example: "I can already see in [my children] . . . the fruits of going through it [CAMHS], in terms of our understanding of them and their understanding of themselves . . . they are becoming emotional beings, which they weren't before."

Theme 8

Supporting adopters to understand their children's needs and behaviour - All six adopters spoke of the difficulties of not understanding their child and not knowing how to interpret his or her behaviour: "He shifts mood; you don't understand why . . . you don't know what to do." Again, the most significant help identified was the specialist CAMHS service, sometimes complemented by one-off training and social work support: ". . . it was more challenging in the beginning because it was inexplicable; the challenging behaviour goes on, but it is explicable now, I know now." Adopters also stressed the much needed opportunity to 'talk through and understand what was happening . . . I needed that professional'. Indeed, one adopter stated that vital support from a specialist CAMHS professional had prevented the placement from breaking down on two occasions. It is important to note that all the participants were receiving a specialist post-adoption CAMHS service offered within the hosting local authority. In referring to this, they had in mind a skilled, well-resourced and long-term service and not the more typical generic community CAMHS provision.

Theme 9

Support from professional agencies, families and friends - Five of the six adopters also had very positive things to say about the help they had received from the local authority after placement and from the professionals involved, noting that they had appreciated having 'a really good social worker' and 'good preparation' of their child, and contact with schools that were understanding.

Theme 10

Support at the pre-adoption stage - Views on pre-adoption services were noticeably mixed. Three respondents said that the care their child had received before being placed had not reflected an understanding of his or her needs. One family related that prior to the adoption, their children's additional needs seemed to have been overlooked and no plans had been made for post-adoption support; they had to request this and fight to get the help they needed. They recalled that the description of their children they were given pre-placement had been far 'too black and white', the behavioural methods they were advised to use 'didn't help the situation' and the understanding of the children's needs appeared limited: "Nothing really happened [while they were in foster care] . . . I'm not trying to diss the foster carer, she had a lot on her plate . . . [but] I think what they needed was some serious attention" They concluded that 'the issues we are seeing and have been identified were exacerbated by the nature of their previous care situation'. There were, in contrast, one or two exceptions to this view. One adopter said that her child had several years of skilled therapeutic intervention before being placed and that the previous foster carer was 'outstanding . . . absolutely brilliant'. These differences in practice appear to reflect variations in the levels of skill among the different social workers and foster carers involved.

Theme 11

Support at the post-adoption stage - Once the placements had been made, the provision of continuation of understanding and emotional support was again highlighted as vital: 'just being understood actually makes you feel better . . .' Five respondents stressed the importance of having not been 'left on their own' to manage: "What we want, really, is the assistance, which we have had help with . . . I do believe, it's almost like a village that does bring up a child, I really do see it now. . ." . . . the mere fact of knowing that [agencies] are there makes a difference." . . . having a variety of people I can call on, social workers and [CAMHS workers], is really important because . . . it is luck whether you have an understanding social worker, whether they understand and if they are not available then you need someone else you can be able to call upon, who understands; that's the main thing I think, someone who understands . . . understands that you are totally exhausted and . . . what the kids are going through . . ."

Theme 12

Poor support at post-adoption - In one instance, however, there was considerable dissatisfaction: "The local authority is useless . . . it all goes back to having somebody . . . to realise how difficult it is, because they talk about it all before, we had to go to a big meeting – 'Do you understand the implications of this? How do you feel?' We had to go through all that before we could adopt [our child], so they know all that information, and then when the placement is signed and sealed, it's almost like, 'See you later,' and they have forgotten about all of that. This parent went on to remark: " This parent went on to remark "[Our child] is priority for everything when [they're] a foster child and then when you adopt, you get nothing. It stops. But their issues don't stop, their anxieties don't stop, they still need the same things. Just because I have signed a piece of paper to say we adopt [our child] and we will keep [them] forever, it's not a miracle cure."

Theme 13

Financial and practical support post adoption - Participants also said that it made a big difference when this understanding of their situation was solidly reflected in the provision of financial and practical supports to help them manage, particularly regular financial payments as this allowed them to spend more time with their children rather than having to go out to work. The other main source of support was funding for respite care, which enabled the adopters to have a break from their children when it became 'incredibly intense' and there was no time 'to read, even to sleep'. In fact, respite was highlighted by one adopter as having (alongside CAMHS support) saved the placement from breakdown, first by making it possible for her to 'go and sleep' and second, having enabled her, as a single adopter with siblings, to spend one-to-one time with each of her children: "She behaves so much better when we've had time, our relationship is so much better."

Theme 14

Loss of social connections - Family and friends were also mentioned often but, again, in the context of people who 'understood'. Two adopters noted that they had actually lost friends as a result of the adoption. For example: "We have had some good friends who have found it quite hard to remain, wanting to come and see us, because [our children] are quite challenging and they see how the challenge goes for [us] . . . and I think that's what they find hard . . ."

Theme 15

Suggestions for practice - Recommendations were made for structural changes that might affect organisational cultures. For instance, there was a suggestion for universal, earlier and fuller therapeutic assessments of children's needs with problems identified at the start of family-finding rather than later on, as this was seen as essential in constructing effective post-adoption support packages. More multi-agency working between post-adoption services and children's and adopters' social workers was also highlighted, again to be facilitated by structural changes that enable the learning of workers across different departments to be shared and enhanced. Finally, at the practice level, the adopters felt that a major cultural shift was needed among some social workers who seemed to believe that a 'good' adopter was one who did not request any long-term support from the local authority, noting instead that in light of their children's special needs, the opposite should be the case. These observations suggest that adoptive placements of the type discussed in this article require attention as a specific group within a generic adoption service. This would promote a better appreciation that the long-term commitment of adopters who care for challenging children is more complex than in other situations, and is closely linked to the quality of the support available.

Risk of Bias

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes <i>(However, no discussion regarding why some people chose not to take part)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(setting for data collection not justified; interview methods were not made explicit; No discussion of saturation of data.)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Unclear that researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location? How did the researcher respond to events during the study)</i>

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(No in depth description of thematic analysis. Unclear that researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation)</i>
Findings	Is there a clear statement of findings?	Yes <i>(and respondent validation was used)</i>
Research value	How valuable is the research?	The research is valuable <i>(However, sample size was small and specific to parents adopting children at high risk of breakdown)</i>
Overall risk of bias and directness	Overall risk of bias	Low
	Directness	Directly applicable

Bonin 2014

Study type	Interviews (unclear how structured) Mixed methods
Aim of study	To examine the effectiveness, outcomes and costs of different practices and decision-making processes in family finding and matching in adoption services

Study location	UK
Study setting	Interviews following the first 6 months of adoption
Study methods	Combined qualitative and quantitative approach with interviews and questionnaires. Follow-up in-depth interviews for 19 cases were undertaken with twenty-seven adoptive parents six months after the adoptive placements had started. Nvivo 8 was used to explore these data, addressing key themes identified at the start of the research.
Population	Adoptive parents of children adopted out of care in the first 6 months. In the broader study cases were purposively selected to include as many children as possible with complex needs (specifically, children who were older at recommendation, black and minority ethnic (BME) children and those with health or developmental problems) because these children are harder to place and this makes the family finding task more complex/challenging.
Study dates	Not reported (published 2013)
Sources of funding	Department for Education Adoption Research Initiative.
Inclusion Criteria	None reported
Exclusion criteria	<p>Criteria 1 Where siblings were placed together, the eldest of the group was selected</p> <p>Criteria 2 cases were excluded if the child had been/ was planned to be placed for adoption with kin or with an existing foster carer</p>
Sample characteristics	<p>Sample size 27 adoptive parents of 19 children</p> <p>Mean age (SD) 23 months \pm 18 months</p> <p>Gender</p>

	<p>68.4%</p> <p>Emotional or behavioural problems 21%</p> <p>Health problems or disability 26.3%</p> <p>Learning difficulty/developmental delay 31.6%</p> <p>Mental Health 10.5% moderate risk</p>
<p>Relevant themes</p>	<p>Theme 1 When social work support was most needed: adoptive parents most need social work support at the beginning of the placement. For a few adoptive parents, support needs actually rose as time passed and parents continued to find the children's behaviour difficult to manage: "I can quite categorically tell you we've had no support or help since the day of the Adoption Order. . . .We feel like we've just been left basically." Conversely, a minority of parents did not feel they needed much support even at the beginning of the placement: "To be honest with you, I just think it's the law and you just have to grin and bear it and it lasts for such a short period of time in the big scheme of things that, well if they want to come, it's not like I have to drive there, they have to come."</p> <p>Theme 2 Anxiety about parenting styles and contact with birth families: Anxiety about whether parenting styles were appropriate and met the child's needs and contact with birth families were common themes and support at an early stage was seen as reassuring and important for the success of the placement.</p> <p>Theme 3 Behavioural or attachment difficulties: There was a particular need for advice and reassurance where children with behavioural or attachment difficulties had been placed.</p> <p>Theme 4 Peer supports. Peer supports were used by fifteen families. They spent between one and sixty-eight hours (mean seventeen hours) with support groups, other adoptive families or informal supporters. These supports were seen as very useful, with satisfaction generally high. In particular, contact with other adopters offered the opportunity to talk about their experiences as adoptive parents: "So having somebody from Adoption UK who has not necessarily been through the same challenges, but had challenges of their own, it was somebody I felt I could talk to completely honestly, without being judged, without thinking oh I can't say that to the social worker 'cause they might think x, y, z, you know, or I can't say that to a friend because they're not going to understand, and it was great to have that contact."</p> <p>Theme 5 Family support: While SWs provided support and linked families with other services, extended family and peers also played an important role in supporting placements. Among the nineteen adoptive families who completed the CSRI, seven families received good or very good support from their extended family, and it was highly valued: "My main support need is just having a break every now and then, and I have that with two of my best friends, and also my sister now living here, just having, my sister one morning a week gets up, gets him to school and then she'll try and get home a couple of nights a week. I do know, for me I think the toughest thing being a single parent is after having a very long day then having to then calm yourself and then do dinner and, you know, bath and to bed." The remaining families in the sample either did not have an extended family (n = 3) or the information was missing or inconclusive (n = 6). Where family supports were unavailable, the placement could put strain on the adopters, as illustrated by this comment from an adopter whose child had trouble settling into the family: I think it would have been nice to have had some physical support and that's not something that the</p>

social workers could do, I found I've missed out because my family don't live close by and I have felt very isolated, and I think as an older mum . . . , people have just assumed that you don't need any help."

Theme 6

Social work support and waiting for services: Social workers (SWs) can act as gate-keepers or 'link workers' by suggesting and arranging contact with other, more specialist services. While, in the larger sample of adopters, a lot of links were made successfully, in at least one case, such specialist services had proven hard to access despite reassurances from children's services before the placement: "The things that we needed, the waiting lists were incredibly long, and that is a problem when you're dealing with a very small child. . . . I can remember sitting round a table with billions of social workers and them saying, 'Well, you know, if you get any problems we've got access to a lot of healthcare professionals, . . . ring us up and we'll get that sorted out.' Yet when we did have problems and the NHS, you know, waiting lists were too long, it was, 'Oh well we can't really, we haven't really got a budget to do that,' and I had to fight and get nasty and threaten horrible things to in fact get the help that we needed."

Risk of Bias	Section	Question	Answer
	Aims of the research	Was there a clear statement of the aims of the research?	No <i>(A clear statement of the aims of the qualitative research was not given)</i>
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Can't tell
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(qualitative methods not provided in detail)</i>
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
	Ethical Issues	Have ethical issues been taken into consideration?	Yes

	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(little information provided on qualitative methods)</i>
	Findings	Is there a clear statement of findings?	Can't tell <i>(However, more than one analyst was used)</i>
	Research value	How valuable is the research?	The research has some value <i>(authors discuss more research is needed in the post-placement period.)</i>
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Boswell 2014/2017

Study type	Semi structured interviews
Aim of study	To explore the factors that drive current procedures around speed of move and contact with foster carers after adoption.
Study location	UK
Study setting	Children moving from foster care into adoptive placements
Study methods	Semi-structured interviews with foster carers, adopters and at least two members of the social work team around each case were carried out Wherever possible each interview was carried out by a child psychotherapist and a social worker together. Interview questions were kept brief and were designed to encourage participants to tell their story. Follow-up

	<p>questions were used sparingly so that authors could follow the interviewees’ train of thought. Once the data had been transposed verbatim we carried out a lengthy analysis under the consultation of an experienced IPA researcher. Analysis was limited to foster carer and adopter interviews due to volume of data. Interpersonal Interpretational Analysis (IPA) was used.</p>
Population	<p>Cases where chosen where the adoption order had been finalised at between one and two years prior to the interview, so that enough time had elapsed for people to have a capacity to reflect on the transition period while it was still relatively fresh in their minds.</p>
Study dates	<p>not reported (published 2010)</p>
Sources of funding	<p>Westminster Children’s Services</p>
Inclusion Criteria	<p>Criteria 1 cases where the adoption order had been finalised at between one and two years prior to the interview</p> <p>Criteria 2 foster carers and adopters</p>
Exclusion criteria	<p>None reported</p>
Sample characteristics	<p>Sample size five children, five foster carers, ten adoptive parents</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) aged between 9 - 14 months</p> <p>Health problems or disability one child with suspected foetal alcohol syndrome</p>

Relevant themes**Theme 1**

A strong initial bond with foster carers felt to be important (adopters' perspective): Having a strong bond with their foster carer was generally agreed to be very important for the child's emotional development. One adoptive parent expressed a worry that her child may not have been passionately attached to her foster carer and wondered whether this could have an impact on the child's capacity to form attachments. Another couple expressed concern about having been told that their adopted child had shown no overt distress when he had to change foster carer at a few months old. The importance of the quality of these early attachments was very much in the adopters' minds, especially where children had a history of instability with their birth parents. There was also a depth of emotion attributed to these children, so that they came across as having their feelings understood and responded to by carers and prospective adopters alike.

Theme 2

Formality and emotional distancing in the planning stage (foster carer perspective): As the focus shifted to making plans for the introductory visits, it seemed more difficult to focus on the emotional complexity of the child's experience during this upheaval in their lives. Although a great deal of attention was given to the need for continuity of routine – food, toys, smells, bedtime arrangements, life story books – it seemed much harder for the adults to remain fully in touch with the children's emotional state and the fact that they would be losing a very significant relationship. It was clear that foster carers were processing some very painful feelings and many of them were explicit about how giving in to these feelings was incompatible with retaining a professional stance. The most common reason given for this was the need to support the adopters in their role as new parents. All of the foster carers revealed an acute sensitivity to the adopters' feelings, their need to feel empowered as parents and an awareness of how threatened or undermined they could feel if the carer were to bring attention to the bond between herself and the child: "You have to be very careful what you say to an adopter; you don't want to come across as if 'You have taken my child' because this has never been my child. People say, 'How can you give her?' Well, she's not mine to give away, she's never been mine, you know. I'm looking after her. So, saying to an adopter, 'I'm really going to miss her and I don't know what I'll do without her and it'll absolutely break my heart' – that's not helpful."

Theme 3

Formality and emotional distancing in the planning stages (adopters): Adopters, although highly aware of the personal pain the foster carers were experiencing, were grateful to them for keeping it to themselves. Already in a state of high anxiety, they felt they could not have coped with the foster carer bombarding them with her own feelings of loss, or with the level of attachment between herself and the child. "It's probably very good to focus on the practicalities, and to take all the emotion out of it because the week of transitions was going to be pretty emotional all round, so it was good to have a sort of business-like approach to it all and just focus on the practicalities."

Theme 4

Discontent about the lack of emotion during the planning stage (foster carer): There were occasional murmurs of discontent about the lack of emotion during this process. One of the carers, who was moving a baby for the first time, was troubled by the way in which the others involved appeared to disapprove of her expressing her feelings of sadness "It doesn't give you any time to think and readjust. I found it difficult. Maybe I'm just, you know, there's love involved. That's why sometimes I think the professionals involved [think] you're just a foster carer, so . . ."

Theme 5

Discontent about the lack of emotion during the planning stage (adopter): Even though all of the adopters appreciated the formality of the planning process, some also voiced ambivalence about how little room was given for emotions "That [the planning meeting] was an empty sort of debate . . . the rest of it was processed and there was nothing else in terms of the emotional aspect that was talked about."

Theme 6

Lack of focus on what might be going on in the child's mind: With so much preoccupation with how the adults were managing their feelings, it seemed difficult for them to keep fully in mind what might be going on in the child's mind and this spilled over into plans for contact after adoption. Most of the interviewees spoke of contact as something that was considered either for the sake of the foster carers who would be missing the children, or for the sake of the adopters who might benefit from the carers' support: Foster carer: "I think what's discussed at the meetings is, oh yeah, the carer is, I suppose, for want of a better word, is entitled to see the child a few months after they've left . . . You wouldn't really want to see the child before three months, you've got to give the child that . . ." Interviewer: "Is that your view or is that what you've heard?" Foster carer: "No, but that's the initial offer you would get. Put it that way, you would get an offer of maybe one visit after the child's gone." Adoptive parent: "If you were distressed about something, you would

have felt you couldn't call them under any circumstances because the three months isn't up yet. So it was nice being told you could do that." What seemed more absent from people's minds at this stage was imagining what it might mean for the child to see their carer again after the move, or what it might feel like not to see her.

Theme 7

Exhaustion in moving homes and lack of time to remain open to what was happening for the child emotionally: All of the children were moved to their adopters' home in a period of between seven and 10 days, in line with the national average. The adults all spoke of how quickly the time went and although this was described as quite overwhelming and exhausting, there was an almost universal agreement that it was better not to 'drag things out'. The children were described as being very compliant, showing surprisingly little outward sign of emotion. The adopters, carers and social workers clearly felt anxious about a child becoming openly distressed, and they put much effort into minimising the disruption for the children, maintaining continuity in every way possible; they all described their relief when the children did not appear to be upset by the move. Deep emotions were described but only in relation to the adults, while the children were frequently described as 'fine': "Foster carer: From the child's point of view it wasn't a big deal. She was quite relaxed and happy. She had only had one carer, me, and she was moving to another. Interviewer: You mean, you could tell she was managing it at the time? Foster carer: The attachment was just going to be transferred straight over and it did go straight over." The moment of final separation was described by adopters and foster carers as emotionally intense and even the more experienced carers could not completely hide their feelings. However, the children were still described as 'fine'.

Theme 8

(foster carers) After the move outpouring of suppressed emotion and grief: After the heightened anxiety and tension described during the actual move, the foster carers, once alone, spoke of a sudden outpouring of suppressed grief and emotion. They talked about the aftermath of losing the child on a personal level, very much like bereavement: 'I cried for days when she left.' In contrast, almost all of them said that they did not imagine the child would be missing them.

Theme 9

(adopters) After the move being in the dark about child's emotional state: Adopters also tended to describe the emotions of the children as hard to read or as apparently quite bland, as if they were hardly affected at all "I thought they'd wake up in the morning and be crying because they wouldn't know where they were but they were both standing up in their cots smiling at us and I thought this is a fluke. But they never ever cried. It was lovely." There was a huge sense of relief that the child had not shown open distress or fear following the move. One adopter described a niggling sense of being in the dark about the child's underlying emotional state. She depicted herself as hoping for the best – that the child was really as 'fine' as she appeared – but unsure about whether this was really such a good thing, and wondering whether she was missing her foster carer "I think the thing that got me was the first few nights with [the child]. I had no concept of how she was feeling 'cos she was nine months old and I couldn't read her. You know she woke at night and I was anxious about that and I was thinking, 'Oh, she's missing her [foster carer] or it's new or it's different,' and I was trying to read the signs and a few pointers might have been good."

Theme 10

(adopters) Fears of contact between child and foster carer - hard to judge whether child wanted contact with their foster carer and fears that it might disturb the new attachment: Adoptive parents, left to make the decision about whether or not the child would have contact with their foster carer, described being unsure about what to do. They found it hard to judge whether or not the child wanted to see her carer and being preoccupied with helping the child to settle with them, feared that it might disturb this new attachment. In the event, one set of adopters delayed the first contact for about six months; another family arranged a one-off contact after three months; and another family did not pursue contact at all. The one family who kept up an informal contact with the foster carer and her family described this as more for the adopters' own sake than for the child's.

Theme 11

(foster carers) contact after transition, and fears of disturbing the new arrangement: The foster carers were the most vocal in advocating a gap of several months prior to contact. Most expressed fears of intruding, forcing themselves in and stirring up distress for the new family. They spoke of themselves like unwelcome guests, using expressions like 'stepping on the adopters' toes', 'standing between' the child and the new parents, not knowing when they weren't wanted, perhaps burdening the happy family with their own feelings of grief: "Foster carer: I mean I would hate to go and visit a child and the child is screaming and clinging on to me. I'd be horrified that I'd do that to a child, it means you've gone there too soon, it shouldn't be happening. Interviewer: So, do you mean that you think that first attachment has to be pretty much broken first? Foster carer: Yeah, 'cos I think if you're standing in the middle of the child and the couple or the child and the other person, the child gets very confused and I think that you're taking that away from . . . Am I making it too complicated?"

	<p>Theme 12 The "blind spot" of the child's emotions and feelings during the transition: No one felt confident about what a young child's emotional world looks like, how much the loss of a carer might affect them and how they might show it, especially pre-verbal or uncommunicative children.</p> <p>Theme 13 A lack of an authoritative voice advocating for the importance of the relationship between child and carer for the child's development or the importance of maintaining this relationship before, during and after the move takes place: The carers, often looked to for guidance during planning, almost always minimised their own importance to the child from the planning meeting onwards from a fear of being seen as unprofessional and over attached, or entering into a rivalrous relationship with adopters. The adopters, often left to make the final decision about contact after the move, reported feeling reliant on carers or social workers for guidance about speed of move and postplacement contact. Once the child had moved their preoccupation tended to be with helping the child attach to them and they expressed concern that the child might be unsettled by early contact. many of the social workers spoke a great deal about being guided by the foster carers and adopters throughout and were especially driven by a desire to protect the adopters from pain, distress or anything that might undermine their confidence. This sensitivity to the adopters seemed to become an implicit reason for not highlighting the child's loss, and by extension, not considering the arguments for a slower transition or ongoing contact. The children concerned were all under three, mostly pre-verbal and mostly did not show signs of overt distress, so that it was difficult for adopters or social workers to identify how much/whether they were missing their carers or reacting in any way to having been separated from them. Passivity, lack of tears or any other obvious signs of unhappiness led to an assumption that the child was coping well.</p> <p>Theme 14 Low key support for adopters: support for adopters tends to be quite low key during this period. The early training on attachment and loss appears to lose impetus during and after the move itself, and adopters are left to make key decisions even though they feel most in the dark, most anxious and most in need of help and support in thinking through what is happening for the child.</p>		
Risk of Bias	Section	Question	Answer
	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(there was limited information on recruitment strategy, e.g. it was not mentioned how many people were approached or why some people chose not to take part.)</i>

Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(While a semi-structured approach was used, and the style of interview was described (with sparing use of follow up questions). There was no more in-depth discussion of interview methods, how data was recorded and transcribed, or data saturation.)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No <i>(there is no discussion of the relationship between the researcher and the participant, in terms of introducing bias.)</i>
Ethical Issues	Have ethical issues been taken into consideration?	No <i>(There is no discussion of study ethics)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(There is little description of the thematic approach or use of coding. Some contradictory data was discussed however researchers did not seem to critically examine their own role and potential bias in selection of data for presentation)</i>
Findings	Is there a clear statement of findings?	Can't tell <i>(however evidence for and against the researchers arguments were not presented, only one limitation was really discussed (the unintended restriction to younger children))</i>
Research value	How valuable is the research?	The research is valuable <i>(The research is discussed in depth in relation to existing research, practice, and policy)</i>
Overall risk of bias and directness	Overall risk of bias	Moderate
	Directness	Directly applicable

Kenrick 2009

Study type	Semi structured interviews
Aim of study	To provide the prospective adoptive (concurrent planning) carers with an opportunity to reflect on the impact that contact with their biological parents had on the children. To establish a focus on the experience and needs of the children during the period of supervised contact with their birth parents as part of the placement process of the Concurrent Planning Project based within Coram.
Study location	UK
Study setting	Carers of looked after children placed for adoption by a concurrent planning project
Study methods	An open-ended questionnaire was produced to achieve consistency across the interviews, but in the event, it was used mainly as a prompt. Using modified Grounded Theory (Holloway and Jefferson, 2000), this account extracted common themes from the data from the 27 interviews, each taking between 1.5 and 2.5 hours. It also uses quotations from the narratives. This was a retrospective study. The CP carers were asked to think back to the process of contact as it had happened.
Population	Concurrent planning carers of 27 children who were later adopted and of one who was rehabilitated to birth parents
Study dates	between February 2006 and July 2007
Sources of funding	not reported
Inclusion Criteria	Criteria 1 families who had adopted children through the Concurrent Planning Project at Coram

Exclusion criteria	None reported
Sample characteristics	<p>Sample size 27 children, of 26 families</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) not reported</p>
Relevant themes	<p>Theme 1 Children becoming distressed during contact: particular difficulties, at around 6 months, in separating from the primary caregiver</p> <p>Theme 2 Concurrent planning concerns regarding frequency of contact: The CP carers complained that if contact was very frequent – three or five times a week – there was not time for recovery, disruption of routines</p> <p>Theme 3 Arranging handovers so that parents were not upset if infants showed a preference to be with the carers</p> <p>Theme 4 The need of the child to establish and re-establish eye or physical contact with the carer</p> <p>Theme 5 behavioural issues before and after contact</p> <p>Theme 6 Concerns about the experience of the child during contact sessions</p> <p>Theme 7 Importance of foster carers in easing the transition to prospective adoptive parents, for continuity of routines</p> <p>Theme 8 Realisation by CP carers of how much the infants were missing the foster carers to whom they were already attached.</p> <p>Theme 9 how long children and CP carers should be given to get to know one another and settle following the move from foster carers or hospital before contact starts.</p> <p>Theme 10</p>

	<p>Children born to drug/alcohol misusing parents: When the infant was a long time in hospital, the CP carers expressed great concern for what that experience might have meant to the child e.g. being alone during hospitalised detoxification, concerns regarding development and health fallout</p> <p>Theme 11 Poor passage of medical information about health issues to the foster carers/CP carers: e.g. hepatitis infections.</p> <p>Theme 12 continuing sensitivity to separation and change following adoption placements</p> <p>Theme 13 Comments from contact supervisor: The supervisor felt that what can confuse the children is when the birth parents do things with them differently from the carers; even more so when they do the same things but differently, for example, feeding and bathing.</p> <p>Theme 14 Comments from the contact supervisor: the need to help the parent to play with the child during contact sessions</p> <p>Theme 15 Comments from the contact supervisor: help the parent to recognise the child's gesture towards them and to find ways to help them to respond</p> <p>Theme 16 Comments from the contact supervisor: how difficult it was for some birth parents when the infant showed a preference for the CP carers and would offer suggestions on how they might help the child (particularly 5 to 8 months)</p> <p>Theme 17 Continuing contact: CP carers have concerns about these wider contacts when the extended family may still be in touch with birth parents. Feeling that direct contact does need to be safe for all concerned.</p>		
Risk of Bias	Section	Question	Answer
	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	No <i>(researchers do not justify the research design or how they decided which method to use)</i>

Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Researchers were not clear about how participants were selected, why those particular participants were selected. There were no discussions around recruitment.)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Researchers did not justify the setting for data collection; were not explicit in how interviews were carried out; were not clear about the form the data took; there was no discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(There was no critical examination of the researchers own role, potential bias, or influence)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(No discussion of ethics was included)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(unclear how thematic analysis was performed and how many researchers were involved. Unclear if researchers took into account contradictory findings; unclear researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)</i>
Findings	Is there a clear statement of findings?	Can't tell <i>(evidence for and against researchers' arguments are not discussed; or the credibility of findings (e.g. triangulation, respondent validation, more than one analyst))</i>
Research value	How valuable is the research?	The research has some value <i>(There is no in-depth discussion of how research contributes to current understanding and literature; or new areas where new research was necessary)</i>

	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Kenrick 2010

Study type	Semi structured interviews See also Kenrick 2009
Aim of study	To provide the prospective adoptive (concurrent planning) carers with an opportunity to reflect on the impact that contact with their biological parents had on the children. To establish a focus on the experience and needs of the children during the period of supervised contact with their birth parents as part of the placement process of the Concurrent Planning Project based within Coram.
Study location	UK
Study setting	Carers of looked after children placed for adoption by a concurrent planning project
Study methods	An open-ended questionnaire was produced to achieve consistency across the interviews, but in the event, it was used mainly as a prompt. Using modified Grounded Theory (Holloway and Jefferson, 2000), this account extracted common themes from the data from the 27 interviews, each taking between 1.5 and 2.5 hours. It also uses quotations from the narratives. This was a retrospective study. The CP carers were asked to think back to the process of contact as it had happened.
Population	Concurrent planning carers of 27 children who were later adopted and of one who was rehabilitated to birth parents

Study dates	February 2006 and July 2007
Sources of funding	not reported
Inclusion Criteria	Criteria 1 families who had adopted children through the Concurrent Planning Project at Coram
Exclusion criteria	None reported
Sample characteristics	<p>Sample size 27 children, of 26 families</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) not reported</p>
Relevant themes	<p>Theme 1 Uncertainty leading to uncertainty in attachment (of the CP caregiver): CP carers had opted to be part of Coram's Concurrent Planning Project, hoping at the end of the day that they would have the chance of adopting a very young child. They had also chosen to take the risk that the adoption might not happen.</p> <p>Theme 2 Difficulties with consent: The CP carers had no part in the legal process of concurrent planning and no parental responsibility. This was an issue in one case, where a child became ill and in need of urgent medical intervention for which the CP carer could not give permission. That responsibility lay with children's services or the birth parents.</p> <p>Theme 3 Benefits of training: the Coram training had led them not to expect the infants to attach too quickly, helping to ensure that attachments developed at a pace that was right for the infants, who were still totally dependent on others for their survival.</p> <p>Theme 4 More time needed to settle between placement and start of contact: Nearly all the CP carers, although accepting the timeframe, felt that the infants needed more opportunity than had been given to settle with them and in homes where everything was new and different. The infant might be placed on a Friday and contact would begin on the following Monday. Some reported contact starting the next day, before either infant or CP carer had found or settled into basic care routines and rhythms. It would seem that the peace and quiet the CP carers asked for initially could make sense for these vulnerable children, all of whom had experienced at least one previous move. Those who had been through a hospital detoxification were arguably most in need of a peaceful time; some still had difficulties sleeping and feeding and were physically jittery.</p> <p>Theme 5</p>

Disruptive frequency of contact: journeys and scheduling could actively disrupt routines – getting up, feeding, bathing, and so on. Furthermore, it meant there was little time just to 'be', as is possible for most infants. Some comments on how attending contact sessions three or more times a week made it difficult to access the community resources to which most new mothers turn, for example, mother and toddler groups or health visitor sessions at local health clinics.

Theme 6

Length of time taken on journeys to contact visits: All the CP carers had to live within a 20-mile radius of Coram, later within the boundary of the M25. For some, this could entail a journey of up to two hours by car or public transport.

Theme 7

Importance of knowing birth parents for children's identity needs: the CP carers who had the most contact with birth parents seemed to value the relationship most. All felt they would be able to tell the children about the 'real' parents, not ones just described in social work files as interpreted by local authority social workers, who might not themselves have known the people involved. One of the real benefits emerging from concurrent planning: it enables CP carers to give their children a truthful, balanced account of their birth parents as they grow older, incorporating both positives and negatives in age appropriate ways.

Theme 8

Concern for the birth parents: As well as respecting them, many CP carers expressed concern for the ordeal to which continuing contact exposed the birth parents. Vince thought it cruel for the birth mother when contact was prolonged for 12 months, just as it was for his wife, both being left on what he called a 'rollercoaster of uncertainty'. Many expressed sadness for the plight of birth parents, especially those struggling with drug problems.

Theme 9

Importance of contact supervisor: e.g. during concern about contact with dysfunctional birth families

Theme 10

Implications for matching and placement if CP carers voice their concerns: A few CP carers were reluctant to venture their criticisms of the process as they were aware of being continually assessed themselves and feared that if they 'failed' in any way, they could lose the child to whom they had become attached. Several CP carers felt they had to be careful not to expose too many of their difficulties for fear of being regarded as unsuitable carers, demonstrating the continual effect of the anxiety created by the uncertainties intrinsic to concurrent planning.

Theme 11

Not getting to know the birth parents: For the four families where there had been no contact with birth parents, there was a feeling of disappointment after the build-up from the preparatory training groups, together with loss and regret that they could not talk later to the children about parents who were real to them. They felt this would be a lost opportunity for the children. Admittedly, they could see how they had gained from the quiet time they had had to get to know the children without the disruption of the contact visits.

Theme 12

Reliance on foster parents: parents relied on information provided by the foster carers, several of whom had met the birth parents and had photos of them that would be passed onto the children. Because the foster carers held information about the birth parents, some CP carers maintained contact with them and hoped that they would be the ones able to talk to the children later about their families of origin.

Theme 13

Avoiding problematic continuing direct contact and letter box contact: one couple were clear that direct contact would only continue while it was in the child's best interest. Letterbox contacts can be problematic, but most are directed through Coram, which can filter or encourage rewriting if the contents are inappropriate or disturbing either to child, CP carers or birth parents. This degree of care, not always taken by other organisations, is enormously helpful to all concerned. Indeed, many of the birth parents regularly seek advice from Coram when writing their annual letter to the adoptive parents of their child.

	<p>Theme 14 Concerns about contact with extended family: Some CP carers had concerns about these wider contacts when the relatives were themselves in touch with the birth parents. Direct contact does need to be safe for all concerned.</p> <p>Theme 15 Involvement of CP families extended family: Where extended family and friends were involved from the start – for example, the father of CP carer Bella collected the child from contact sessions when Bella had to work – the family relationships became and remained strong. Some CP carers commented on how the children now adopted were accepted and on a par with biological grandchildren – as one would hope.</p> <p>Theme 16 Extra support from Coram Social Workers: Most parents valued the support from their Coram social workers and from being a continuing part of the Coram ‘family’, as experienced in outings such as summer picnics. The Coram social worker was usually available to discuss any anxieties or to accompany the CP carer if contact sessions were difficult or in a different setting.</p> <p>Theme 17 Undersupport from local authority workers: If at times some CP carers found it difficult to request as much support from Coram as they felt they needed, more were openly critical about the local authority social workers. The majority of these criticisms centred on chaos as they experienced it within the local authority departments, leading to delays in placement and in preparation for court hearings. Where some birth parents presented difficulties, e.g. with aggression, they felt the local authority workers backed off, leaving the carers exposed. Several wondered if the needs of birth parents were being put before those of the child by professionals involved with the process.</p> <p>Theme 18 Helpfulness of children's guardians appointed by the courts: Parents had equally differing views of the helpfulness or otherwise of children's guardians appointed by the courts for the child. One had recommended trial rehabilitation rather late in the process, which had profoundly upset the CP carers. Others had intervened helpfully when there had been difficulties during contact with birth parents, in one case recommending the termination of contact.</p> <p>Theme 19 Changes late in the concurrent planning process being especially unsettling: an event that was unsettling for CP carers was when consideration was given to members of the extended birth family to become adopters well into the concurrent planning process. On the other hand, placements could be delayed if such consideration took place before the placement. Similar crises of uncertainty arose when court hearings for care orders or adoption were contested by birth parents.</p>		
Risk of Bias	Section	Question	Answer
	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes

	Research Design	Was the research design appropriate to address the aims of the research?	No <i>(researchers do not justify the research design or how they decided which method to use)</i>
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Researchers were not clear about how participants were selected, why those particular participants were selected. There were no discussions around recruitment.)</i>
	Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Researchers did not justify the setting for data collection; were not explicit in how interviews were carried out; were not clear about the form the data took; there was no discussion of data saturation)</i>
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(There was no critical examination of the researchers own role, potential bias, or influence)</i>
	Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(No discussion of ethics was included)</i>
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(unclear how thematic analysis was performed and how many researchers were involved. Unclear if researchers took into account contradictory findings; unclear researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)</i>
	Findings	Is there a clear statement of findings?	Can't tell <i>(evidence for and against researchers' arguments are not discussed; or the credibility of findings (e.g. triangulation, respondent validation, more than one analyst))</i>

	Research value	How valuable is the research?	The research has some value <i>(There is no in-depth discussion of how research contributes to current understanding and literature; or new areas where new research was necessary)</i>
	Overall risk of bias and directness	Overall risk of bias	High
		Directness	Directly applicable

Larkins 2021

Study type	Focus Groups Semi structured interviews
Aim of study	<p>1. To adopt a participatory approach, enabling looked after children and young people (LACYF) to guide and shape research that could inform the work of the NICE LAC Guideline Update Committee.</p> <p>2. To understand LACYF’s perspectives on the themes and questions identified by the NICE committee and to allow understanding of these themes to arise from LACYF’s perspectives</p> <p>3. To promote rights, safety and inclusion - ensuring that looked after children and young people could exercise choice in how they express their views, that a diversity of perspectives are sought, valued and represented.</p>
Study location	UK
Study setting	looked after children from three UK local authorities

Study methods	Creative methods and thematic interview schedules were developed in consultation with a steering group of young researchers who were LAC. The cocreated research activities eventually used included: <ul style="list-style-type: none"> • Individual interviews (sometimes involving theme card prompts, prioritisation of cards or drawing/collage) • Visual arts-based activities (using paint, fabrics and drawing materials to create representations of wellbeing, and one-to-one discussions about these) • Music-based activities (choosing or writing songs that evoke feelings of wellbeing, and individual and group discussions of these) • Group discussions (usually centred around an undulating line on a 5m length of paper, which represented the progression of a movie script and the ups and downs of life). All fieldwork activities were audio recorded and transcribed verbatim. A hybrid approach of inductive and deductive thematic analysis with a framework analysis approach was used to ensure that analysis is driven by participants' perspectives. data was listened to, read, looked at and reviewed by multiple researchers, young researchers and GUC members.
Population	Looked after children and young people from 3 areas (10 South, 17 Midlands, 20 North).
Study dates	2020 to 2021
Sources of funding	The National Institute of Health and Care Excellence (NICE)
Inclusion Criteria	Looked after children and young people - The nature of interventions and outcomes for LACYP vary according to geographical and associated differences. Three sites (local authorities or boroughs) were identified for inclusion in the study in order to obtain a spread of experience, according to the factors listed: geography; placement stability; local authority performance; innovation of practice; educational success; socio-economic conditions; numbers of missing children; and ethnicity.
Exclusion criteria	None reported
Sample characteristics	<p>Sample size 47 LACYP aged 6-17 from 3 areas (10 South, 17 Midlands, 20 North).</p> <p>Ethnicity Of these 47 participants, 8 were Black, 3 South Asian, 2 Dual Heritage and 34 were white.</p> <p>Type of care 19 in foster care, 6 in kinship care, 5 in residential care, 3 in specialist non-secure care, 4 in semi-supported/semi-independent living, 55 in independent house/flat, 4 not known</p>

	<p>Education 10 reported SEND labels and 3 were in special schools and 3 were home tutored</p> <p>Mental and emotional health 4 had EBD; 17 had pronounced mental health or wellbeing concerns,</p> <p>Risk of Exploitation 14 were at risk of exploitation; 11 had a history of going missing,</p> <p>Parents 11 were young parents,</p> <p>Placed out of county 6 were placed out of county,</p> <p>LGBTQ 2 identified as LGBTQ,</p>
<p>Relevant themes</p>	<p><u>Transition out of care to permanence</u></p> <p>Theme 1 Transition out of care is facilitated by continuity of relationships with workers who demonstrated care, conveyed fair expectations and provided leisure activities. The availability of beds in a respite unit with high staff ratios is also vital. Access to respite care or adolescent support units as soon as needed are also support this transition.</p> <p>Theme 2 Direct access to supportive workers and places (by phone, drop in and outreach) provides continuity and safeguarding for the young person. This is facilitated by continuity of caring relationships with workers and accessible welcoming 24-hour services. Slow transitions, with young people maintaining contact with specialist services and dropping back into more intensive support when needed, was a facilitator of returning home when staff took the time to understand and address any difficulties that were being faced.</p> <p>Theme 3 Moving to special guardianship or home was facilitated by involvement in decision making. This was with the support of an advocate, keyworker or parent who ensured that children and young people's views were heard. Good communication skills and the creation of safe spaces in which children can name their wishes may enable return home sooner.</p> <p>Theme 4 Slow transitions, with young people maintaining contact with specialist services and dropping back into more intensive support is a facilitator of returning home when staff took the time to understand and address any difficulties that were being faced.</p>

	<p>Theme 5 At the early stages of considering a move back home, and during the early stages of a return home, specialist support to develop relationships within family units and troubleshooting with parents is beneficial.</p> <p>Theme 6 For some participants, returning to live with family was facilitated when young people were integrated into large family networks.</p>		
Risk of bias	Section	Question	Answer
	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Data collection	Was the data collected in a way that addressed the research issue?	Yes
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Yes
	Findings	Is there a clear statement of findings?	Yes
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Low

	Directness	Directly applicable
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Logan 2010

Study type	Semi structured interviews
Aim of study	to explore with adoptive parents, how agencies had prepared them for adopting a child in a climate of openness; how far had they been involved in planning subsequent contact arrangements for their particular child/children and how this may have affected subsequent experiences of face-to-face contact.
Study location	UK
Study setting	Prospective adopters making decisions about open adoption
Study methods	Three local authorities and one voluntary agency took part in the study. They contacted adoptive families whom they knew were involved in face-to-face contact arrangements and asked them if they would be willing to take part in the research. Background information about the adoptive families and their children and the contact arrangements they were engaged in was provided by the agencies. Semi-structured interviews were carried out with adoptive parents, birth relatives and children where possible. The findings presented are from interviews with adoptive parents. Adoptive mothers and adoptive fathers were interviewed separately, and interviews were audiotaped and transcribed. The data were analysed thematically.
Population	61 families with 96 adopted children. The majority of adoptive families, 69% (n = 42) were approved as prospective adopters, 30 (71%) of whom wanted to adopt because of infertility problems. Nineteen adoptive families had initially acted as foster carers for the children they subsequently adopted.
Study dates	between 1997 and 1999

Sources of funding	the Nuffield Foundation.
Inclusion Criteria	Criteria 1 adoptive families involved in face-to-face contact arrangements
Exclusion criteria	None reported
Sample characteristics	<p>Sample size 61 families with 96 adopted children. Adopters were interviewed.</p> <p>Health problems or disability nine children had physical or learning disabilities</p> <p>Non-white ethnicity 8%</p>
Relevant themes	<p>Theme 1 Transition out of care is facilitated by continuity of relationships with workers who demonstrated care, conveyed fair expectations and provided leisure activities. The availability of beds in a respite unit with high staff ratios is also vital. Access to respite care or adolescent support units as soon as needed are also support this transition.</p> <p>Theme 2 Direct access to supportive workers and places (by phone, drop in and outreach) provides continuity and safeguarding for the young person. This is facilitated by continuity of caring relationships with workers and accessible welcoming 24-hour services. Slow transitions, with young people maintaining contact with specialist services and dropping back into more intensive support when needed, was a facilitator of returning home when staff took the time to understand and address any difficulties that were being faced.</p> <p>Theme 3 Moving to special guardianship or home was facilitated by involvement in decision making. This was with the support of an advocate, keyworker or parent who ensured that children and young people's views were heard. Good communication skills and the creation of safe spaces in which children can name their wishes may enable return home sooner.</p> <p>Theme 4 Slow transitions, with young people maintaining contact with specialist services and dropping back into more intensive support is a facilitator of returning home when staff took the time to understand and address any difficulties that were being faced..</p> <p>Theme 5 At the early stages of considering a move back home, and during the early stages of a return home, specialist support to develop relationships within family units and troubleshooting with parents is beneficial.</p> <p>Theme 6</p>

For some participants, returning to live with family was facilitated when young people were integrated into large family networks..			
Risk of Bias	Section	Question	Answer
	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Yes <i>(although no in-depth discussion justifying research design)</i>
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(no in depth discussion regarding why the participants selected were most appropriate, also no discussion regarding why people chose not to take part)</i>
	Data collection	Was the data collected in a way that addressed the research issue?	Yes <i>(however no discussion of data saturation)</i>
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(no consideration of the relationship between researcher and participants (critically examined their own role, potential bias and influence)</i>
	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(thematic analysis was used however unclear how the categories/themes were derived from the data; no discussion of how researcher may have introduced</i>

			<i>potential bias and influence during analysis and selection of data for presentation)</i>
	Findings	Is there a clear statement of findings?	Can't tell <i>(contradictory findings presented, however, no discussion of credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))</i>
	Research value	How valuable is the research?	The research is valuable <i>(searchers discuss the contribution the study makes to existing knowledge or understanding)</i>
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Partially applicable <i>(Study data was collected earlier than 2010)</i>

Malet 2010

Study type	Semi structured interviews Mixed methods
Aim of study	to specify the types of long-term placements provided for these children (i.e. adoption, non-relative foster care, relative foster care, Residence Order or return to birth parents); to identify factors that predict the type of placement provided; and to explore how the children and their parents (or current carers) fare in the different types of long-term placement.
Study location	Northern Ireland

Study setting	Birth parents of children who had returned home from care
Study methods	Interviews were tape-recorded (with the permission of the participants) and lasted on average one and a half hours. The interview schedules were constructed to reflect some of the research questions of the study (how do foster, adoptive and birth parents perceive their children to be faring in their placements; how do they view their role in the care planning process; and what support is available to them).
Population	Eight interviews were conducted with birth parents of nine returned home children (one parent having two children from the study population), these children were returned home on a care order
Study dates	between January 2003 and February 2004
Sources of funding	not reported
Inclusion Criteria	Criteria 1 birth parents of children returning home on a care order
Exclusion criteria	None reported
Sample characteristics	<p>Sample size Eight interviews of nine birth parents were conducted with birth parents of nine returned home children</p> <p>Reason for stopping recruitment Considerable effort was made to recruit a larger number of birth parents, with several letters being sent to families (where addresses where made available), and repeated visits made. However, this is a particularly hard-to-reach population, and numerous obstacles were faced by the research team, even in terms of making initial contact with the families.</p> <p>Mean age (SD) between 5 and 8 years old (0-3 when taken into care)</p> <p>time in care varied between 1 and 2 years</p>

	<p>Care order Three of the children were at home subject to a Care Order, one child had a Care Order discharged, two of the children had entered care on a voluntary basis and subsequently returned home with no legal Orders in place, while three children had been subject to care proceedings, but these had been withdrawn after several months, with the children then being returned to the birth parents.</p>
<p>Relevant themes</p>	<p>Theme 1 Lack of trust in social services due to past experiences: Some parents felt that Social Services failed to provide the practical support needed to prevent children being taken into care in the first instance; traumatic experience from removal into care with lack of warning from social services.</p> <p>Theme 2 Happy with previous support from social services: Three interviewees, however, were relatively happy with the support they received from Social Services while the children were in care. For instance, Social Services provided financial support for a child's mother, who was only 15 years old when the child was born, as well as aftercare services and a registered child minder to look after the child while the mother was at school, enabling her to obtain 'O' Levels; contrast voluntary removal of children from home.</p> <p>Theme 3 Previous hurt experienced during time of separation: e.g. when child began to call foster parents mum and dad</p> <p>Theme 4 Negative experiences of the looked after children meetings and court process: Not given enough information to be properly involved in the decision-making process, and not being listened to, feeling unwelcome, repetition of allegations and threats</p> <p>Theme 5 Ability to voice opinions at looked after children meetings: daunting, being listened to</p> <p>Theme 6 Importance of relationship with social workers</p> <p>Theme 7 Emotional difficulty of contact visits, and adverse effects on relationship with kids</p> <p>Theme 8 the way in which the contact visits were organized and conducted influenced how positively or negatively they were viewed.</p> <p>Theme 9 Attachment and bonding following return home</p> <p>Theme 10 importance of extended family support</p> <p>Theme 11 The importance of contact with foster family coming to a close</p>

	<p>Theme 12 Insufficiency of support from social services on return - longing for respite</p> <p>Theme 13 Fear that social services were only checking up on them - afraid to ask for help for fear of losing children again</p> <p>Theme 14 lack of family support due to breakdown in relationships</p>		
Risk of Bias	Section	Question	Answer
	Aims of the research	Was there a clear statement of the aims of the research?	Yes
	Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
	Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(no real discussion or justification for research methods used)</i>
	Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Data collection	Was the data collected in a way that addressed the research issue?	Yes
	Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(no discussion or critical examination of researchers own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i>

	Ethical Issues	Have ethical issues been taken into consideration?	Yes
	Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(There was no in-depth discussion of the analytic process, e.g. thematic analysis, or how categories/themes were derived from the data. No consideration of the bias of the researcher during analysis and selection of data for presentation)</i>
	Findings	Is there a clear statement of findings?	Yes <i>(However, researcher did not discuss credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))</i>
	Research value	How valuable is the research?	The research is valuable
	Overall risk of bias and directness	Overall risk of bias	Moderate
		Directness	Partially applicable <i>(Study participation took place earlier than 2010)</i>

Appendix E – Forest plots

No forest plots were produced for this review question as meta-analysis was not attempted.

Appendix F –CERQual tables

Experience of carers supporting looked after children moving out of care

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
Anxiety regarding children’s attachment and need for advice, information, reassurance, (and, in some cases, training) about parenting styles, particularly where children with behavioural or attachment difficulties have been placed.	4	Minor concerns All four studies had methodological concerns. Two were “moderate” risk of bias and two “high” risk of bias. Authors frequently provided insufficient information to determine how data collection or analysis was performed.	Minor concerns (There was a strong sense of concern from carers about attachment state of their child across all studies, however the need for training was less coherent)	No concerns	No concerns Recruitment in one study appeared to have taken place earlier than 2010	Low
Timing and variability of support needed. Support often needed most intensely at the beginning of placement but may decrease over time.	3	Minor concerns All three studies had methodological concerns. Two were “moderate” risk of bias and one “high” risk of bias. Authors frequently provided insufficient information to determine how data collection or analysis was performed.	Minor concerns (complex aspects of when care needed, sense from all studies that support need can change over time but that lack of support was felt at the beginning of placement)	Minor concerns Only 3 studies.	No concerns Recruitment in one study appeared to have taken place earlier than 2010	Very Low
Need for direct contact with birth families to be safe for all concerned. Anxiety of prospective adopters about contact with birth families. Felt benefits of training and preparation around contact issues.	3	Minor concerns All studies had methodological concerns. two was “moderate” risk of bias and one “high” risk of bias. Authors frequently provided insufficient information to determine how data collection or analysis/synthesis was performed. Unclear if authors	Minor concerns (There was a strong sense of anxiety from carers about contact with birth parents, and contact with extended family who may be in touch with birth parents, need for extra	Minor concerns Only 3 studies.	No concerns Recruitment in one study appeared to have taken place earlier than 2010	Very Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
		took into account contradictory findings.	support apparent in two studies, other sub-themes less coherent)			
Importance of family support: While SWs provided support and linked families with other services, extended family and peers also played an important role in supporting placements. This was particularly felt to be helpful if they were involved from the start. Lack of family support felt if missing (e.g. felt by birth parents after reunification). Feelings of isolation.	4	Minor concerns All studies had methodological concerns. Two were “high” risk of bias and one “moderate” risk of bias. Authors frequently provided insufficient information to determine how data collection or analysis/synthesis was performed. Often unclear if authors considered contradictory findings or considered own bias)	No concerns	Minor concerns Only 3 studies.	No concerns Recruitment in one study appeared to have taken place earlier than 2010	Low
Importance of foster carers for preparing and supporting adoptive parents: e.g. in setting up continuity of routines with adoptive parents, providing tailored advice and information, and ultimately, stepping back.	3	Minor concerns All studies had methodological concerns. two was “moderate” risk of bias and one “high” risk of bias. Authors frequently provided insufficient information to determine how data collection or analysis/synthesis was performed. Unclear if authors took into account contradictory findings.	Minor concerns (There was a strong sense of the role of foster carers in helping “set up” adoptive parents, though in some cases this involved stepping back. Some incoherence about the way foster carers support transition)	Minor concerns Only 3 studies.	No concerns Recruitment in one study appeared to have taken place earlier than 2010	Very Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
Power unbalance between carers/birth parents and social workers meaning carers/birth parents are afraid to criticise the process, or expose any difficulties that they were having.	3	Minor concerns All studies had methodological concerns. Two had moderate risk of bias, one high risk of bias. Studies were limited in how well they explained their methods particularly.	Minor concerns (fear of birth parents or carers voicing concerns about the process or need without feeling that process is threatened. One study focused on carers feeling pressurised to have contact)	Minor concerns Only 3 studies	No concerns Recruitment in one study appeared to have taken place earlier than 2010	Very Low
Peer supports: support groups with other adoptive families or informal supporters felt to be helpful. Contact with other adopters offered the opportunity to talk about their experiences as adoptive parents.	2	Minor concerns Both studies had methodological concerns. One was “moderate” risk of bias and one “high” risk of bias. Authors frequently provided insufficient information to determine how data collection or analysis/synthesis was performed. Unclear if authors took into account contradictory findings.	No concerns	Moderate concerns Only 2 studies.	Minor concerns Recruitment in one study appeared to have taken place earlier than 2010 (half or more studies)	Very Low
Importance of respite support (often offered by extended families and peers).	3	Minor concerns All studies had methodological concerns. One study of moderate risk of bias was identified. This study did not clearly report the method thematic analysis used. One study of high risk gave no clear detail about	No concerns	Moderate concerns Only 2 studies	Minor concerns Recruitment in one study appeared to have taken place earlier than 2010 (half or more studies)	Very Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
Availability and access to staff a problem, particularly delays: staff constraints limited resources, and feelings of abandonment.	2	Methodological limitations method of data collection or analysis. Moderate concerns All studies had methodological concerns. Both studies had high risk of bias. No clear detail about method of data collection or analysis.	Coherence Minor concerns (There was a strong sense of how limited resources and delay impacted care. However, specific aspects of how care was affected were less coherent)	Adequacy Moderate concerns Only 2 studies	Relevance Minor concerns Recruitment in one study appeared to have taken place earlier than 2010 (half or more studies)	Very Low
Difficulties and support for contact with birth parents: child becoming distressed during contact visits; birth parent need for support during contact, training in responsiveness, and appropriate letterbox contact.	2	Methodological limitations Minor concerns All studies had methodological concerns. One study of moderate risk of bias was identified. This study did not clearly report the method thematic analysis used. One study of high risk gave no clear detail about method of data collection or analysis.	Coherence Minor concerns (There was a strong sense of anxiety about prospective adoptive parents concerning experience of child during contact, however some incoherence about what should be done to support contact)	Adequacy Moderate concerns Only 2 studies	Relevance Minor concerns Recruitment in one study appeared to have taken place earlier than 2010 (half or more studies)	Very Low
Frequency of contact with birth parents, timing, and disruptiveness, e.g. during concurrent planning. Lack of shared decision making in practice and need for professional support during contact negotiation.	2	Methodological limitations Minor concerns All studies had methodological concerns. One study of moderate risk of bias was identified. This study gave limited information about data analysis and synthesis. One study of high risk gave no clear detail about method of data collection or analysis.	Coherence Minor concerns (Concerns about contact covered two main areas: starting too soon, being too frequent, and disruptiveness. One study suggested the need for more shared decision making)	Adequacy Moderate concerns Only 2 studies	Relevance Minor concerns Recruitment in one study appeared to have taken place earlier than 2010 (half or more studies)	Very Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
Challenges and benefits of knowing/meeting birth parents e.g. for the sake of the child's life story and identity needs, for acquiring information.	2	Minor concerns All studies had methodological concerns. One study of moderate risk of bias was identified. This study gave limited information about data analysis and synthesis. One study of high risk gave no clear detail about method of data collection or analysis.	Minor concerns (One study focussed on the benefit of contact for life story and identity, another focussed on easing the fears about contact)	Moderate concerns Only 2 studies	Minor concerns Recruitment in one study appeared to have taken place earlier than 2010 (half or more studies)	Very Low
Insufficient focus on the emotional state of the child during busy transition out of care. Lack of an advocate for the foster carer-child relationship. Emotional distancing by the foster carers has benefits and harms.	1	Minor concerns This study had "moderate" risk of bias. This study had limited information on recruitment strategy, and data collection, analysis, and synthesis.	No concerns	Serious concerns Only 1 study	No concerns	Very Low
Poor passage of information to both foster carers and prospective adoptive carers concerning previous care experiences and current health and development problems	1	Moderate concerns One study of high risk of bias was identified. This study gave no clear detail about method of data collection or analysis.	No concerns	Serious concerns Only 1 study	No concerns	Very Low
Dealing with uncertainty during concurrent planning, e.g. the risk that reunification might not happen, especially when this happens late in the process.	1	Moderate concerns One study of high risk of bias was identified. This study gave no clear detail about method of data collection or analysis.	No concerns	Serious concerns Only 1 study	No concerns	Very Low

Theme	Studies	Methodological limitations	Coherence	Adequacy	Relevance	Confidence
Difficulties with consent for medical treatment	1	Moderate concerns One study of high risk of bias was identified. This study gave no clear detail about method of data collection or analysis.	No concerns	Serious concerns Only 1 study	No concerns	Very Low
Benefits of extra support (e.g. from Coram social workers): arranged outings such as picnics. Open door to discuss anxieties, being accompanied to contact sessions if difficult or in a different setting.	1	Moderate concerns One study of high risk of bias was identified. This study gave no clear detail about method of data collection or analysis.	No concerns	Serious concerns Only 1 study	No concerns	Very Low
Birth parents challenging experience of reunification/ concurrent planning process: distrust of social services from previous experience - poor communication; lack of being listened to; feeling uninformed; feeling unwelcome; looked after children's meetings daunting. Importance of relationship with social worker.	1	Minor concerns One study of moderate risk of bias was identified. This study gave limited detail about method of data collection or analysis.	No concerns	Serious concerns Only 1 study	Moderate concerns Recruitment appeared to have taken place earlier than 2010	Very Low

Appendix G – Economic evidence study selection

This question was not considered in the review of existing economic studies given its focus on qualitative evidence.

Appendix H – Economic evidence tables

No economic evidence was identified for this review question.

Appendix I – Health economic model

No economic modelling was undertaken for this review question.

Appendix J – Excluded studies

Qualitative studies

Study	Code [Reason]
(2002) Evaluation of Family Preservation and Reunification Programs: Final Report.: 1-487	- Unclear that population are LACYP [children on the edge of care (focus on family preservation)]
BAER, Lauren and DIEHL David, K. (2019) Foster care for teenagers: motivators, barriers, and strategies to overcome barriers. Children and Youth Services Review 103: 264-277	- non-UK qualitative study
Bergsund, Hans Bugge, Drozd, Filip, Hansen, Marit Bergum et al. (2018) Pre-adoption training: Experiences and recommendations from adoptive parents and course trainers. Children and Youth Services Review 95: 282-289	- non-UK study
Biehal, Nina, Ellison, Sarah, Sinclair, Ian et al. (2011) Intensive fostering: An independent evaluation of MTFC in an English setting. Children and Youth Services Review 33(10): 2043-2049	- no outcomes of interest to this research question
Butlinski, Anna, Rowe, Heather, Goddard, Christopher et al. (2017) The adoption of children from out-of-home care: The understandings of key decision makers in Victoria, Australia. Child abuse & neglect 72: 120-130	- non-UK study

Study	Code [Reason]
Carlson, Lyndsey, Hutton, Stephanie, Priest, Helena et al. (2020) Reunification of looked-after children with their birth parents in the United Kingdom: A literature review and thematic synthesis. <i>Child & Family Social Work</i> 25(1): 192-205	- systematic review
Castellanos-Brown, Karen and Lee, Bethany (2010) Transitioning foster youth to less restrictive settings: Perspectives of treatment foster parents. <i>Families in Society</i> 91(2): 142-148	- non-UK study
Chance, Sarah, Dickson, Daren, Bennett, Patricia Marrone et al. (2010) Unlocking the doors: How fundamental changes in residential care can improve the ways we help children and families. <i>Residential Treatment for Children & Youth</i> 27(2): 127-148	- non-UK study
Chanmugam, Amy, Madden, Elissa E, Hanna, Michele D et al. (2017) Agency-related barriers experienced by families seeking to adopt from foster care. <i>Adoption Quarterly</i> 20(1): 25-43	- non-UK study
Chambers, Ruth M, Crutchfield, Rashida M, Willis, Tasha Y et al. (2020) "Be supportive and understanding of the stress that youth are going through:" foster care alumni recommendations for youth, caregivers and caseworkers on placement transitions. <i>Children and Youth Services Review</i> 108	- non-UK qualitative study
Cody, Patricia A, Farr, Rachel H, McRoy, Ruth G et al. (2017) Youth perspectives on being adopted from foster care by lesbian and gay parents: Implications for families and adoption professionals. <i>Adoption Quarterly</i> 20(1): 98-118	- non-UK study

Study	Code [Reason]
Cudmore, Lynne and Boswell, Sophie (2018) Identifying 'blind spots' when moving children from foster care into adoption. What social workers need to know: A psychoanalytic approach.: 89-105	- Book
DEVANEY, Carmel; MCGREGOR, Caroline; MORAN, Lisa (2019) Outcomes for permanence and stability for children in care in Ireland: implications for practice. British Journal of Social Work 49(3): 633-652	- non-UK qualitative study
DIXON Jo (2011) How the care system could be improved. Community Care 17211: 16-17	- No outcome of interest reported (meta-research)
Farmer, Elaine (2014) Improving reunification practice: Pathways home, progress and outcomes for children returning from care to their parents. British Journal of Social Work 44(2): 348-366	- Survey extracted views (not true qualitative)
Fernandez, Elizabeth (2013) Accomplishing permanency: Reunification pathways and outcomes for foster children. Accomplishing permanency: Reunification pathways and outcomes for foster children.	- No outcome of interest reported
Frantsman-Spector, A. and Shoshana, A. (2020) The home-self and out-of-home placement: The home concept among adults educated in their childhood at a residential care setting. Journal of community psychology 48(5): 1583-1602	non-UK qualitative study
Hiles, Dominic, Moss, Duncan, Wright, John et al. (2013) Young people's experience of social support during the process of leaving care: A review of the literature. Children and Youth Services Review 35(12): 2059-2071	- Systematic review checked for relevant citations

Study	Code [Reason]
Howse, Robin B; Diehl, David C; Trivette, Carol M (2010) An asset-based approach to facilitating positive youth development and adoption. <i>Child welfare</i> 89(4): 101-16	- Survey extracted views (not true qualitative)
Huscroft-D'Angelo, Jacqueline, Trout, Alexandra, Epstein, Michael et al. (2013) Gender differences in perceptions of aftercare supports and services. <i>Children and Youth Services Review</i> 35(5): 916-922	- non-UK study
HUSCROFT- D'ANGELO, Jacqueline and et, al (2019) Legal professional perspectives on barriers and supports for school-aged students and families during reunification from foster care. <i>Children and Youth Services Review</i> 107: 104525	- non-UK qualitative study
JONES, Loring (2019) Remaining in foster care after age 18 and youth outcomes at the transition to adulthood: a review. <i>Families in Society</i> 100(3): 260-281	- Review article but not a systematic review
Lanigan, Jane D and Burleson, Elizabeth (2017) Foster parent's perspectives regarding the transition of a new placement into their home: An exploratory study. <i>Journal of Child and Family Studies</i> 26(3): 905-915	- non-UK study
Lee, Bethany R, Hwang, Jeongha, Socha, Kerri et al. (2013) Going home again: Transitioning youth to families after group care placement. <i>Journal of Child and Family Studies</i> 22(4): 447-459	- non-UK study

Study	Code [Reason]
Lee, Bethany R, Kobulsky, Julia M, Brodzinsky, David et al. (2018) Parent perspectives on adoption preparation: Findings from the Modern Adoptive Families project. <i>Children and Youth Services Review</i> 85: 63-71	- non-UK study
Madden, Elissa E, Maher, Erin J, McRoy, Ruth G et al. (2012) Family reunification of youth in foster care with complex mental health needs: Barriers and recommendations. <i>Child & Adolescent Social Work Journal</i> 29(3): 221-240	- non-UK study
Mariscal, E. Susana, Akin, Becci A, Lieberman, Alice A et al. (2015) Exploring the path from foster care to stable and lasting adoption: Perceptions of foster care alumni. <i>Children and Youth Services Review</i> 55: 111-120	- non-UK study
Mateos, Ainoa, Vaquero, Eduard, Balsells, M. Angels et al. (2017) 'They didn't tell me anything; they just sent me home': Children's participation in the return home. <i>Child & Family Social Work</i> 22(2): 871-880	- non-UK study
McKay, Katherine and Ross, Lori E (2011) Current practices and barriers to the provision of post-placement support: A pilot study from Toronto, Ontario, Canada. <i>British Journal of Social Work</i> 41(1): 57-73	- non-UK study
Miller, J. Jay, Sauer, Christine, Bowman, Karen et al. (2018) Conceptualizing adoptive parent support groups: A mixed-method process. <i>Adoption Quarterly</i> 21(1): 41-57	- non-UK study

Study	Code [Reason]
Mitchell, Monique B and Kuczynski, Leon (2010) Does anyone know what is going on? Examining children's lived experience of the transition into foster care. <i>Children and Youth Services Review</i> 32(3): 437-444	- non-UK study
Mitchell, Monique B, Kuczynski, Leon, Tubbs, Carolyn Y et al. (2010) We care about care: Advice by children in care for children in care, foster parents and child welfare workers about the transition into foster care. <i>Child & Family Social Work</i> 15(2): 176-185	- non-UK study
Newquist, Jennifer; Ladd, Linda D; Cooley, Morgan E (2020) Processing the Removal and Managing the Moves or Removals of Foster Children: A Qualitative Exploration of Foster Parents' Experiences. <i>Child & adolescent social work journal</i> : C & A: 1-9	- non-UK qualitative study
ORLANDO, Laura; BARKAN, Susan; BRENNAN, Kathryn (2019) Designing an evidence-based intervention for parents involved with child welfare. <i>Children and Youth Services Review</i> 105: 104429	- Intervention description/practice report development of an intervention
PAGE, Genevieve; POIRIER, Marie-Andree; CHATEAUNEUF, Doris (2019) Being a foster-to-adopt parent: experiences of (un)certainty and their influence on the sense of being the parent. <i>Adoption Quarterly</i> 22(2): 95-115	- non-UK study
Palacios, Jesus, Rolock, Nancy, Selwyn, Julie et al. (2019) Adoption breakdown: Concept, research, and implications. <i>Research on Social Work Practice</i> 29(2): 130-142	- Systematic review checked for relevant citations

Study	Code [Reason]
Perez, Alfred G (2017) Classifying relational permanence among young adults who exited foster care through legal permanence as adolescents. <i>Families in Society</i> 98(3): 179-189	- non-UK study
RAPSEY, C.M. and ROLSTON Cassandra, J. (2020) Fostering the family, not just the child: exploring the value of a residential family preservation programme from the perspectives of service users and staff. <i>Children and Youth Services Review</i> 108: 104505	- non-UK qualitative study
Scott, Diane L, Lee, Chang-Bae, Harrell, Susan W et al. (2013) Permanency for children in foster care: Issues and barriers for adoption. <i>Child & Youth Services</i> 34(3): 290-307	- non-UK study
SOARES, Joana and et, al (2019) Adoption-related gains, losses and difficulties: the adopted child's perspective. <i>Child and Adolescent Social Work Journal</i> 36(3): 259-268	- non-UK qualitative study
Somervell, Ann M; Saylor, Coleen; Mao, Chia-Ling (2005) Public health nurse interventions for women in a dependency drug court. <i>Public health nursing (Boston, Mass.)</i> 22(1): 59-64	- non-UK study
STOTHER, Anid; WOODS, Kevin; MCINTOSH, Sarah (2019) Evidence-based practice in relation to post-adoption support in educational settings. <i>Adoption and Fostering</i> 43(4): 429-444	- systematic review checked for citations
Tregeagle, Susan, Moggach, Lynne, Trivedi, Helen et al. (2019) Previous life experiences and the vulnerability of children adopted from out-of-home	- non-UK study

Study	Code [Reason]
care: The impact of adverse childhood experiences and child welfare decision making. Children and Youth Services Review 96: 55-63	
Trout, Alexandra L and Epstein, Michael H (2010) Developing aftercare: Phase I: Consumer feedback. Children and Youth Services Review 32(3): 445-451	- non-UK study
Trout, Alexandra L, Hoffman, Steven, Huscroft-D'Angelo, Jacqueline et al. (2014) Youth and parent perceptions of aftercare supports at discharge from residential care. Child & Family Social Work 19(3): 304-311	- non-UK study - no outcome of interest
WATSON Debbie; LATTER Sandra; BELLEW Rebecca (2015) Adopters' views on their children's life story books. Adoption and Fostering 39(2): 119-134	- participants had been out of care for some time (between 1 to 8 years)
WOODMAN-WORRELL, Asher and HIGGINS, Martyn (2019) Successful adoption for disabled children or children with mental health conditions: a systematic review. Practice: Social Work in Action 31(5): 311-328	- systematic review

Appendix K – Research recommendations – full details

Research recommendation

No research recommendations were drafted for this review question

Appendix L – References

Other references

None

Appendix M – Other appendix

Two expert testimonies were included among evidence presented in this review chapter.

1. Expert testimony to inform NICE guideline development – Adoption UK Practitioner

Section A: Developer to complete	
Name:	Eleanor Haworth
Role:	Practitioner - Director of Service Delivery
Institution/Organisation (where applicable):	Adoption UK

Contact information: xxxxxxxxxxxxxxxxxxxx	
Guideline title:	Looked After Children and Young People (LACYP)
Guideline Committee:	Advisory committee
Subject of expert testimony:	Views of adoptive parents
Evidence gaps or uncertainties:	<p>It was highlighted by the committee that the evidence review looking at the barriers to, and facilitators for, supporting LACYP in transition out of care to living with their adoptive or birth parents or special guardians, or into connected care was lacking the views and perspective of an adoptive parent. Expert testimony was sought to fill this gap.</p> <p>Adoption UK is the leading charity providing support, community and advocacy for all those parenting or supporting children who cannot live with their birth parents.</p>

Section B: Expert to complete

Summary testimony: [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

References to other work or publications to support your testimony' (if applicable):

N/ A

Disclosure:
Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

None

Declaration of interests: Please complete NICE’s declaration of interests (DOI) form and return it with this form.

Note: If giving expert testimony on behalf of an organisation, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.

Presentation – Eleanor Haworth

NICE Looked After Children Guidelines

Eleanor Haworth

Director of Service Delivery,
Adoption UK

adoptionuk
for every adoptive family

Early Intervention

- Impact of trauma is not erased by adoption
- Lack of information at point of placement contributes to longer term problems
- Families often reach crisis point before accessing support
- Power dynamics and service rationing delay support until the help is often too late

Disruptions

- In extreme cases, children and young people return to the care system
- Specialist, tailored support is necessary to help repair and rebuild relationships when this happens
- Our Barometer results tell us that there are not plans for children to return to care.

A Charter of Rights

- It's pivotal that adoptive parents are aware of their rights from day one
- They must be empowered to exercise these rights
- Services need to be resourced to fulfil their obligations, and held to account when they fail to

Participation

- Adopters are the experts on their children but too often their voice is not heard
- Families need to be actively involved in the development of support services, not just passive recipients
- Without obligatory research in family experience, the agencies are not accurately learning and improving

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for every adoptive family

Peer Support

- Access to support from fellow adoptive parents complements professional support
- It can be rapidly delivered when families are facing problems
- It's an effective form of early intervention which can prevent families spiralling into crisis
- It is sustainable and palatable to families reluctant to have professional involvement

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Conclusion

- The problems adoptive families face are well-documented, but support services are not responsive to their needs
- Families should be active participants in service development
- Peer support should be available to all adopters
- If adoption is to be a major route out of the care system it needs to be supported accordingly

2. Expert testimony to inform NICE guideline development – Adoptive Parent

Section A: Developer to complete	
Name:	xxxxxxx
Role:	Lay - adoptive parent
Institution/Organisation (where applicable):	N/ A
Contact information: xxxxxxxxxxxxxxxxxxxx	
Guideline title:	Looked After Children and Young People (LACYP)
Guideline Committee:	Advisory committee
Subject of expert testimony:	The view of an adoptive parent
Evidence gaps or uncertainties:	It was highlighted by the committee that the evidence review looking at the barriers to, and facilitators for, supporting LACYP in transition out of care to living with their adoptive or birth parents or special guardians, or

into connected care was lacking the views and perspective of an adoptive parent. Expert testimony was sought to fill this gap.

Section B: Expert to complete

Summary testimony: [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

References to other work or publications to support your testimony' (if applicable):

N/ A

Disclosure:
Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

None

Declaration of interests: Please complete NICE’s declaration of interests (DOI) form and return it with this form.

Note: If giving expert testimony on behalf of an organisation, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.

Presentation by Lay - adoptive parent

Parent (by adoption) views

- I am a parent by adoption to one child. They came home (I prefer this phrase to 'placed' or 'placement'), 11 and a half years ago.
- I have lived experience of adoption and also professional experience in the adoption field (as a psychologist).
- I have many links with parents by adoption all over the country through social media platforms – some of which are friendships which have lasted over 14 years. Some of my reflections are based on listening to their stories too.

Thank you for inviting me.

Some thoughts on transitions between being in care and moving to permanency

- No one size fits all as every child's experience will be different, as will that of the foster carer and adoptive family too, however...
- Everyone is bringing high emotion to the transition. Needs careful management. Are there opportunities for all to be honest and transparent around the transition, from a place of no judgement?
- Can everyone 'hear'? High emotion might mean that sharing of information needs to be done carefully and thoughtfully in a timely fashion.
- What are the dynamics in the people around the child? Are some perceived as 'winners' (the adopter) and 'losers' (the foster carer/birth family)? If so, how is that explored and addressed?

What might help to make a better transition? Knowledge is Power...

Issue	Questions/suggestions
Does the prospective family really know what they are taking on?	<ul style="list-style-type: none"> • Quality of prep. Therapeutic re -parenting and understanding of all the gains and losses is a must! • Is there a standard across all adoption agencies as to what is shared with prospective adopters? Postcode lottery as to who can have access to what (child's files). Editing history, might not help in the future.
Access to child's story	High quality life story book that is as accurate as possible needs to be in place some time before the child comes home – not a year or two later or perhaps never passed on. Accuracy is very important as can be devastating for the child where there are inaccuracies. This is very skilled work and should be given the recognition it deserves, if a family is to continue that work into the future.
Managing complex dynamics	How well supported are foster carers (FC) to manage the loss of a child that has lived with them? How well are they facilitated to pace what they can offer to the transition, alongside whether an adopter is ready and able to 'hear'?

What might help to make a better transition?

Issue	Questions/suggestions
Contact with foster carer(s)	<ul style="list-style-type: none"> • DURING TRANSITION: contact before and during: small things can make a significant difference. • ONGOING : How this is openly addressed between social care, foster carers and adopters, in the interests of the child?
Ongoing support	<ul style="list-style-type: none"> • Although there is increased support for children who are adopted in education (as an acknowledgement of their ongoing needs), perhaps continuing their plans is useful. 'Transition PEP' for e.g. 3 terms after coming home, if in education. Not all have SEND so may not be captured by this system, but are likely to have additional needs. Formal, structured system would facilitate the understanding of the education system too. • Would contact with the foster carer at a later review point be useful (when people can 'hear'?).
What interventions work well	<p>Unsure. Just knowing there is easy and smooth access to support systems is probably most helpful. Adopters need and want to be heard. The transition time is full of judgement and it can be hard to access suitable support for fear of being judged and 'failing'.</p>