

Systematic Review on Matching in Foster Care

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Summary

The majority of children in care live with a foster carer in the UK. The decision to connect children with a particular foster family is a pivotal moment in the care journey. What Works for Children's Social Care has commissioned the Centre for Evidence and Implementation (CEI) to conduct a systematic review on matching in foster care. This systematic review looks at lived experiences of matching and the aspects that children and young people, foster carers, and children's social care practitioners say are important. It also examines the evidence on the effectiveness of matching practices. For this review, matching involves the connecting of children in care with foster families for emergency, short-term and long-term placements, including:

- The decision-making process
- The process of providing information to the child and family
- The process of introductions and moving the child or children into the household

Dr Ellie Ott is leading the review with Dr Bianca Albers and Rebecca Dean at CEI. Findings will be available in the Spring of 2021.

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Part 1) Rationale and question formulation

Rationale

The majority of children in care are placed in family foster care across the UK (Department for Education, 2019; Information Analysis Directorate, 2019; National Statistics Scotland, 2020; StatsWales, 2019). Globally, across high-income countries and across all countries, the statistics on family foster care are lacking, but there is increasing attention on reducing overall rates of institutional care and increasing the use of family foster care (Goldman et al., 2020; Petrowski et al., 2017). The decision to place children or young people with a particular foster family is a pivotal moment in the care journey. The act of matching involves the connecting of children in care with foster families for emergency, short-term and long-term placements, including:

- The decision-making process
- The process of providing information to the child and family
- Placing the child or children into the household.

In the English context, matching in foster care is engrained in policy and English National Minimum Standard 15 for Fostering (Department for Education, 2011). These require ensuring an appropriate matching and placement process that is consistent with the wishes and feelings of the child and provides all appropriate information to foster carers. Matching in foster care has been identified as a key area of improvement by the Foster Care Review and by Ofsted (Narey & Owers, 2018; Ofsted, 2020). It is important to understand the context in which matching decisions are being made, the experiences of social workers, foster carers, and children and young people, perceptions on how these could be improved, and the evidence on effectiveness of matching practices.

The process for matching in foster care is documented to be different than that for matching in adoption and important for research in its own right. Differences include age and demographic differences in the care population, the resources available for the matching process, and frequently the organisational factors such as the timescale to make a matching decision, known available choices in carers, and completeness of information (Gilbertson & Barber, 2003; *Topic 13: Matching -- Key Messages*, 2014; Waterhouse & Brocklesby, 2001). Matching in foster care requires considering connected carers, also called friends and family or kinship carers, as a priority before matching to other foster carers. Looking across the UK statistics, over half of all children in care are placed with 'non-connected' foster carers (Department for Education, 2019; Information Analysis Directorate, 2019; National Statistics Scotland, 2020; StatsWales, 2019).

Whether with connected carers or new foster carers, matching between foster families and children is crucial for the future of children in care as well as for the wellbeing of the foster carers and their families. Looking across the literature in high-income countries, effective decision-making is linked with placement stability and carer retention. Promoting stability and minimising disruptions is a fundamental principle of foster care practice, as this promotes positive attachments and is linked with better outcomes for children (Conger & Rebeck, 2001; Rubin et al., 2007). In particular, stability

is linked with lower behavioural problems and improved wellbeing and school stability and academic attainment (Rubin et al., 2007; Sebba et al., 2015).

Importantly, research shows that when foster placements disrupt or there is an unproven allegation against foster carers, social workers and foster carers often say that it was a poor original match or that foster carers were not provided with essential information (Phillips, 2004; Plumridge & Sebba, 2016; Rock et al., 2013; Street & Davies, 1999). The correlation between poor matching and placement disruption or other negative outcomes is concerning, as placement disruption can be traumatic for both children in care and foster families. A history of placement disruption positively correlates with future placement disruption, and qualitative literature suggests placement disruptions lead to children 'giving up' or 'withdrawing' from people (Rock et al., 2013). It may contribute to children feeling unloved and decreased wellbeing. Foster carers may experience high levels of stress, feel that they are not fit to foster any child, and may take a break from or leave fostering altogether.

The review outlined in this protocol fills a gap in the evidence base in relation to foster care specifically: little is synthesised about impact from matching decisions or about the experience of children and young people and foster carers in the whole matching process. The existing literature reviews on matching in foster care come from teams in the Netherlands (Zeijlmans et al., 2017) and Australia (Haysom et al., 2020). These reviews focus purely on the decision-making process (Zeijlmans et al., 2017) and on the child and household factors that are thought of as fit in both adoption and fostering (Haysom et al., 2020). Neither review asks either of the questions below and neither aims to be a systematic review. As such, they omit studies already preliminarily identified as potentially useful for this review. The inclusion of evidence on children and young people's lived experience also aligns with a key priority of What Works for Children's Social Care.

The review also aims to be helpful in understanding the strength of evidence around current practices in matching. The review results may also challenge current beliefs about the causality between matching processes (e.g., sufficient information) and outcomes or whether third factors are at play (e.g., externalising behaviours, supports). A meeting with an advisory group has helped shape this protocol and confirmed the importance of the review to inform policy and practice in this area of children's social care.

Research question(s)

This review will answer the following two questions:

1. **Experiences and perceptions.** From the research literature, what factors do social workers, foster carers, and children and young people say are important for matching based on their lived experience of matching in foster care in the UK?
2. **Impact and attribution.** What is the evidence from high-income countries about how matching decisions in foster care (e.g., based on foster carer skill level) can be attributed to outcomes (e.g., placement stability, child wellbeing, foster carer wellbeing)?

Using the qualitative PICo framework, the first question uses the following framework:

Population: Children and young people (0-18) in family-based foster care

Perspectives: Children and young people, foster carers, and children's social care practitioners directly involved in matching (e.g. social worker perspectives, but not managers talking third hand about matching)

Interest: Aspects expressed as important in "matching" -- the process of decision-making, information-sharing, introductions, and moving children and young people into a family-based foster care setting

Context: Matching in family-based foster care (to connected and non-connected carers) in the UK

Using the quantitative PICO framework, the second question uses the following framework:

Population: Children and young people (0-18) in family-based non-connected foster care in high-income countries

Intervention: Any changes in processes, interventions, or policy or guidance related to matching in foster care, including:

- The decision-making process
- The process of providing information to the child and family
- Moving the child or children into the household.

Comparison: A matched group of children and young people in non-connected foster care where that change in process, intervention, policy, or guidance has not been applied or adhered to

Outcomes: Any child-level, foster carer-level or 'case-level' outcomes, such as child wellbeing, foster carer wellbeing, foster carer retention, and placement stability. Outcomes must be measured and quantifiable.

Study designs: Experimental study designs (RCTs, cluster RCTs), and quasi-experimental methods with a valid counterfactual including:

- Natural experiment
- Different-in-difference
- Propensity score-matching
- Doubly robust methods
- Regression adjustment
- Regression discontinuity
- Instrumental variable

Part 2) Identifying relevant work

Search Strategy

Electronic databases

We will search the following databases:

- British Education Index via EBSCO
- Campbell Library
- Cinahl via EBSCO
- Conference Proceedings Citation Index (CPCI) via Web of Science
- ERIC via Proquest
- PsycINFO via Ovid
- MEDLINE via Ovid
- SCOPUS
- Social Sciences Citation Index (SSCI) via Web of Science

	<ul style="list-style-type: none"> • Social Services Abstracts via ProQuest • Sociological Abstracts via ProQuest
<p>Other sources</p>	<p>We will search the grey literature through basic sources in the following websites: British Association of Social Workers (BASW); Centre for Excellence and Outcomes in Children and Young People's Service (C4EO); Chapin Hall; CoramBAAF (British Association of Adoption and Fostering); The Fostering Network; Google Scholar (first 100) Joanna Briggs Institute; National Children's Bureau (NCB); National Society for the Protection of Children against Cruelty (NSPCC); The Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (USA); and Ofsted.</p> <p>In addition, we will ask our advisory group for any key literature, screen the citations of relevant literature reviews, and contact key authors as applicable.</p>
<p>Key search terms</p>	<p>("foster care*" OR "foster parent*" OR "foster famil*" OR "foster placement*" OR "foster home*" OR "foster household" OR "foster child*" OR "substitute famil*" OR "looked after" OR "looked-after" OR "child in care" OR "alternative care" OR "out-of-home care" OR "out of home care" OR "kinship care*" OR "connected care*" OR "friends and family care*") NEAR/15 (("match*" OR "care plan*" OR "fit" OR "placement*" or "move"))</p>
<p>Draft search strategy</p>	<p>The search terms have been developed by our team, and reviewed by an advisory group including professionals, care experienced adults, and academics with experience of systematic reviews. The search terms have been designed to capture both quantitative and qualitative studies. No date or study design restrictions will be imposed on the search. We will search for English publications only.</p> <p>Example strategy (Web of Science):</p> <p>(TI=("foster care*" OR "foster parent*" OR "foster famil*" OR "foster placement*" OR "foster home*" OR "foster household" OR "foster child*" OR "substitute famil*" OR "looked after" OR "looked-after" OR "child in care" OR "alternative care" OR "out-of-home care" OR "out of home care" OR "kinship care*" OR "connected care*" OR "friends and family care*") NEAR/15 ("match*" OR "care plan*" OR "fit" OR "placement*" OR "move"))</p> <p>OR</p> <p>(AB=("foster care*" OR "foster parent*" OR "foster famil*" OR "foster placement*" OR "foster home*" OR "foster household" OR "foster child*" OR "substitute famil*" OR "looked after" OR "looked-after" OR "child in care" OR "alternative care" OR "out-of-home care" OR "out of home care" OR "kinship care*" OR "connected care*" OR "friends and family care*") NEAR/15 ("match*" OR "care plan*" OR "fit" OR "placement*" OR "move"))</p> <p>OR</p> <p>(KP=("foster care*" OR "foster parent*" OR "foster famil*" OR "foster placement*" OR "foster home*" OR "foster household" OR "foster child*" OR "substitute famil*" OR "looked after" OR "looked-after" OR "child in care" OR "alternative care" OR "out-of-home care" OR "out of home care" OR "kinship care*" OR "connected care*" OR</p>

"friends and family care*") NEAR/15 ("match*" OR "care plan*" OR "fit" OR "placement*" OR "move")))
 OR
 (AK=(("foster care*" OR "foster parent*" OR "foster famil*" OR "foster placement*" OR "foster home*" OR "foster household" OR "foster child*" OR "substitute famil*" OR "looked after" OR "looked-after" OR "child in care" OR "alternative care" OR "out-of-home care" OR "out of home care" OR "kinship care*" OR "connected care*" OR "friends and family care*") NEAR/15 ("match*" OR "care plan*" OR "fit" OR "placement*" OR "move")))
AND LANGUAGE: (English)
Indexes=SSCI, CPCI-S, CPCI-SSH Timespan=All years

Study selection criteria

Inclusion criteria

The inclusion criteria are specified below:

- **Study and publication type:** The review will include only empirical studies in any published or manuscript form (e.g., journals, books, unpublished article, or online).
- **Years:** Currently all years are considered per advice from the advisory group. This group also recommended re-assessing this decision, if it was deemed to lead to too many irrelevant or disparate results. In this case, we will prioritise research conducted since 1990, after the Children Act 1989.
- **Language:** We will only search for included studies in English. In the review process, publications written in Danish, English, German, French, Norwegian and Swedish will be considered for inclusion
- **Geography:** For question one, we will include all UK geographies but conduct our analysis by geographies. For question two, all studies from high-income countries (as determined by the World Bank) will be included.
- **Population for matching:** For question 1, connected and non-connected foster carers, social workers or other practitioners directly involved in matching, and children and young people placed in foster care or discussing their placement in family foster care will be included. Studies will be included that include other populations (e.g. residential care or adoption) if they disaggregate to include matching in family foster care. For question 2, this will only involve non-connected foster care.
- **Topic (matching):** Matching to family foster care, as defined in the background
- **Outcomes** depend on the review question:
 - For question 1 on experiences and perceptions, any outcomes referenced in relation to the matching process will be included. We anticipate a broad range of aspects being captured which are viewed to make the matching process or outcomes better. This may include aspects such as the importance of information, of including aspects such as pets, or of a certain process for matching. Outcomes for children and young people need not be measured or measurable, and may include feeling accepted, feeling loved, and feeling settled.

	<ul style="list-style-type: none"> ○ For question 2 on impact, any child-level, ‘case’-level, or foster-carer level outcomes will be included such as child wellbeing, child academic achievement, placement disruption, or foster carer wellbeing.
<p style="text-align: center;">Exclusion criteria</p>	<p>The exclusion criteria are as below:</p> <ul style="list-style-type: none"> ● Study and publication type: Any non-empirical publication will be excluded, including purely theoretical literature, opinion pieces, literature reviews, and evidence syntheses. Although literature reviews and evidence syntheses will be excluded from this review, we will check relevant reviews for their included studies for eligibility for our review ● Language: Materials not written in English will only be reviewed if easily accessible by the reviewers. Publications not written in Danish, English, German, French, Norwegian and Swedish will be excluded. ● Geography: For question 1, we will exclude all non-UK geographies. For question 2, all studies from low- and middle-income countries (as determined by the World Bank) will be excluded. ● Population of interest for matching: We will exclude studies focused on matching for young people aged 18 or older. ● Topic (matching): Studies about matching in adoption will be excluded, as the process is viewed differently in terms of adoption matching systems, motivation, and ‘demand.’ Studies focused on matching to kinship carers (also called family and friends carers), residential homes, children’s homes, semi-independent living, or other types of accommodation settings will not be considered. If studies include information about matching to both foster care and other types of placements, and data can be disaggregated to findings about matching in foster care, then that study will be included and information on foster care matching extracted. Additionally, for question 2, we will exclude matching to kinship carers (also known as friends and family carers or connected carers).
<p style="text-align: center;">Process of study selection</p>	<p>Duplicates will be removed prior to screening. Screening will then take place in a three-part process.</p> <p>Firstly, all titles and abstracts will be double screened, blind to the other screener’s findings using Covidence. When in disagreement, the papers will go onto the full text screening.</p> <p>Secondly, the full text will be screened by two reviewers against the inclusion and exclusion criteria. Relevant primary investigators will be contacted if necessary, to establish eligibility. When disagreement exists about inclusion in the full study, the studies will be discussed with a third reviewer, an experienced moderator.</p> <p>One search will apply for the two research questions (RQs), but they will be screened into RQ 1 and/or 2. For the final recorded inclusion criteria, we will refer both to the number of studies and the number of papers in the PRISMA flow chart (Moher et al., 2009).</p>

Study records

Data collection	We will pilot the forms for extracting data in Covidence using the data items described below and meet to discuss any revisions of the data collection forms. We will email the listed contact for studies for any major queries around missing data or unclear information. We do not plan to follow up with authors beyond more than one reminder.
Data management process	Covidence will be used to manage the data processes.
Data items	<p>We will extract data for the following categories. The initial data extraction form will be piloted first and then revised for use with all included studies.</p> <p>Q1.</p> <ul style="list-style-type: none"> Article title Authors Year of publication Place of publication Article type Demographic information Population UK nation (England, Scotland, Wales, Northern Ireland) Setting Number of participants Methodology Analysis methods Findings, including: <ul style="list-style-type: none"> ● Views and experiences with the decision-making process for matching ● Views and experiences on the process of providing information to the child and family ● Views and experiences on the child or children into the household. ● Influence of these aspects on the lives of children and young people in foster care and foster carers <p>Whose voice is represented in findings</p> <p>Q2. For Question 2, we will use the EMMIE framework for each aspect of matching. Data extraction categories are expected to include the following information:</p> <ul style="list-style-type: none"> Article title Authors Year of publication Place of publication Article type Demographic information Population Setting Inclusion criteria Number of participants Methodology Intervention Randomisation methods

	<p>Comparison group Outcome assessments/measures and validity Analysis methods Results (EMMIE framework for each aspect of matching, to the extent possible, from the study or related papers):</p> <ol style="list-style-type: none"> 1. Effect size/s produced (the magnitude of any impact) 2. Mechanism/s activated (how interventions/processes work), including if this is a statement of assumed theory, detailed description of theory, includes predictions from the theory of change, and includes analysis about whether this is operating as expected 3. Moderators/contexts for the activation of the mechanism/s, (where it works best), including references to relevant contextual conditions, tests of contextual conditions, and analysis of any moderators 4. Implementation conditions that supported/obstructed delivery (how to do it), including the completeness of documentation of implementation challenges and information for replication 5. Economic assessment of interventions/processes (what it costs). <p>Missing data</p>
<p>Outcomes and prioritisation</p>	<p>Specific outcomes are not a limiting factor in the search or the inclusion criteria.</p> <p>The three primary outcomes will be:</p> <ul style="list-style-type: none"> ● Placement disruption (unplanned endings) ● Child wellbeing ● Foster carer wellbeing <p>These outcomes are central to the matching process as discussed in the background. However, given the state of the evidence, we are not specifying how these are measured.</p> <p>For question 2, as a primary outcome we expect child wellbeing and foster carer wellbeing to be based on validated and standardised scales. We expect these wellbeing scales to include measures of socio-emotional functioning (e.g., Strengths & Difficulties Questionnaire, Warwick-Edinburgh Mental Well-being Scale, Behavioural and Emotional Rating Scale, Outcome Rating Scale). Other interpretations and non-standardised measures of wellbeing will be included as secondary outcomes.</p> <p>For question 1, we will take a broader expression of these three concepts as primary outcomes. For wellbeing, this may include expressions of happiness, fulfilment, quality of life, and wellness.</p> <p>Additionally, given the nature of the field, we are not creating an exhaustive list of secondary outcomes. Secondary outcomes will include aspects such as: scores on clinical mental health and mental disorder scales, educational outcomes, placement duration, and foster carer retention (or lack of de-registration).</p>

Part 3) Risk of bias assessment

Risk of bias assessment criteria	<p>Study quality assessment (including relevance and risk of bias) will be assessed using the CASP checklists at the study-level for Question 1 (qualitative study checklist (2018)) and Question 2 (randomised controlled trials checklist (2020) and case control study checklist (2018)).</p> <p>The advisory group was also consulted about the risk of bias and evidence summary plans.</p>
Purpose of risk of bias assessment	<p>The authors will use the risk of bias assessment to make educated judgement calls if the research design was appropriate to address the aims of the research (part A of the checklists). In the event that there are studies where there are assessed to be fundamental methodological design issues and the methodology is determined not to be appropriate to meet the aims, these studies will be excluded, but listed in an appendix.</p> <p>Study quality will feed directly into the synthesis (Part 4) and will also help explore heterogeneity and inform decisions regarding the strength of inferences, suitability of meta-analysis, and ability to make recommendations based on the data.</p>

Part 4) Summarising the evidence

Data synthesis	<p>We will synthesise the findings in narrative form, paying particular attention to different voices are being represented in synthesis, differences across contexts and populations, and relevance for policy and practice.</p> <p>For question 1, we will pay particular attention to heterogeneity. We will look at findings separately for matching in 'non-connected' foster care and kinship care. We will assess the heterogeneity by UK country and either separate analysis by UK country or provide subgroup analyses based on country</p> <p>For question 2, we anticipate that heterogeneity will be too great for any quantitative meta-analysis. Heterogeneity by study demographics, setting, intervention characteristics, and study quality will be noted in a narrative format and in a table. If appropriate, we will do an exploratory meta-analysis</p> <p>If meta-analysis is used, statistical heterogeneity will be reported using the I^2 statistic, and by visual inspection of forest plots. Given differences in the population studied, we anticipate using a random effects model. Experts on meta-analysis will be consulted as necessary.</p> <p>If quantitative meta-analysis is appropriate, we will standardise measures of effects.</p> <p><i>Issues around standardising measures, unit of analysis in the event of a quantitative meta-analysis</i></p> <p>Binary data</p>
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For dichotomous outcomes, such as unplanned ending or no unplanned ending, we will report relative risks (i.e., risk ratios).

Continuous data

For outcomes that are continuous variables, such as salary, and reported on the same scale of measurement, we plan to use the mean difference (i.e., weighted mean difference). For outcomes reported on different scales, we plan to use Hedges' g to report standardized mean differences (SMDs). We will report the 95% confidence intervals for mean differences and standardized mean differences.

Synthesising binary and continuous data

If measures arise that may report results across studies using both binary and continuous data (e.g., salary), two authors of this review will assess and discuss whether it is logical and appropriate in the context of the study and wider field to convert the continuous data into dichotomous data. The cut-off point for the dichotomous data must be meaningful and reasonable. We will consult experts from CEI as necessary.

Unit of analysis issues

Cluster-randomised trials

We anticipate that allocation to a particular matching intervention or process change will be on the individual level. In the event of clustering, for example on the community level, we anticipate that investigators will have controlled for a clustering effect in their results. We will contact authors for further information if this is unclear. If the clustering effect was not controlled for, we will request individual participant data to calculate an estimate of the intra-cluster correlation coefficient (ICC), and, if that is not available, we will obtain external estimates of the ICC from similar studies. We will analyse effect sizes and confidence intervals using appropriate software (such as RevMan).

Repeated observations on participants

Some studies may report on the same outcome (e.g. wellbeing, mental health assessment scores) at multiple time points. In order to address this problem, all findings meeting the criteria of this review will be coded, but, for meta-analysis, we plan to use the data from the longest follow-up that is based on the full sample (i.e. not affected by attrition). We will use the attrition guideline standards set by What Works Clearinghouse, accounting for different levels of overall and differential attrition as well as the primary investigator's judgment about whether the source of attrition is at random or endogenous.

Dealing with missing data

Where a study has missing data, we will contact the listed author to request additional information. For trials reporting outcomes only for participants completing the trial, the primary author will be asked to provide additional information to permit intention-to-treat analyses. Studies in which participants are analysed as members of the groups to which they were originally assigned (intention-to-treat analysis), studies that include only those participants who were willing or able to provide data (available-case analysis), and studies that analyse participants who adhered to the study's design (per-protocol analysis) will be analysed separately.

	<p>Where obtaining missing data is not possible or investigators are unresponsive, we will make assumptions regarding whether the data are ‘missing at random’ or ‘not missing at random’ and will follow the recommendations of the Cochrane Handbook for Systematic Reviews of Intervention. We will conduct sensitivity analysis on the basis of our assumptions. Where studies have missing summary data, such as missing standard deviations, we will derive these where possible, using calculations provided in the Cochrane Handbook for Systematic Reviews of Interventions.</p> <p>We will specify the methods used to address any missing data in the results tables. If imputation was not possible, we will outline the reasons for this in the text.</p>
Meta-bias(es)	<p>If relevant, we will produce a funnel plot to check for the existence of publication bias.</p>
Confidence in cumulative evidence	<p>For question 1, we will assess the confidence in the cumulative evidence using GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) (Lewin, Bohren, et al., 2018; Lewin, Booth, et al., 2018) which examines the methodological limitations, coherence, adequacy of data, and relevance and allows for an overall assessment in confidence in the findings.</p> <p>For question 2, we anticipate that an assessment in the confidence in cumulative evidence will be most helpful in a narrative form due to the amount and strength of the evidence we anticipate receiving. However, if deemed helpful for interpretation, we will assess the body of evidence using GRADE.</p>
Reporting and interpreting findings	<p>Tables will summarise the relevant findings from included studies. An accompanying narrative will explain, explore, and contextualise findings. Preliminary findings will be shared with the advisory group for their input on relevance and implications for policy and practice.</p> <p>For question 1, a ‘summary of findings’ table from CERQual will be used (Lewin, Bohren, et al., 2018).</p> <p>For question 2, the discussion will be arranged around the EMMIE framework that covers the effect, mechanism, moderators, implementation and economic impact of the policies, programs or interventions included in the analysis.</p> <p>Findings from question 1 and 2 will be synthesised to explore the conceptualisation and relevance of matching in foster care.</p>

Registration

This review will be registered with the Open Science Foundation (OSF) and/or PROSPERO, and the registry will be updated with outcomes at the end of the project.

Personnel

Dr Ellie Ott (CEI Senior Advisor) is the principal investigator and lead on this systematic review.

Dr Bianca Albers (CEI Associate Director) is a senior member of the systematic review team. She will provide methodological expertise and mediate between disagreements for inclusion of studies.

Rebecca Dean (CEI Research Assistant) is an experienced research assistant on systematic reviews. She will provide research assistance including in organising advisory group meetings, searching, screening, and assessment of risks of bias.

Other CEI Research Assistants, including **Georgina Mann**, will provide research assistance as needed.

Timeline

Dates	Activity	Staff responsible/leading
Oct and Nov 2020	Draft protocol, revise based on advisory group and WWCS feedback	Dr Ellie Ott (EO) Rebecca Dean (RD), Dr Bianca Albers (BA)
Dec 2020	Searches	EO, RD
Dec 2020 – Jan 2021	Abstract and full text screening	EO, RD & GM (Overseen by EO)
Feb 2021	Data extraction and risk of bias/quality assessment	RD & GM (Overseen by EO)
March 2021	Report drafting & second meeting of advisory group	EO
31 March 2021	Submission of draft review to WWCS	EO, BA
30 April 2021	Submission of final review to WWCS	EO, BA

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