

### Review protocol for interventions to support placement stability for looked-after children and young people

ID	Field	Content
0.	PROSPERO registration number	
1.	Review title	Interventions and approaches to support care placement stability in looked-after children and young people
2.	Review question	<p>1.1a: What is the effectiveness of health and social care interventions and approaches to support care placement stability?</p> <p>1.1b: Are interventions to support placement stability acceptable and accessible to looked-after children and young people and their care providers? What are the barriers to, and facilitators for the effectiveness of these interventions to support placement stability in looked-after children and young people?</p>
3.	Objective	<p><u>Quantitative</u> To determine the effectiveness and harms of health and social care interventions and approaches to support care placement stability in looked after children and young people.</p> <p><u>Qualitative</u></p>

		To determine if interventions to support placement stability are acceptable and accessible to looked after children, their carers, and providers who would deliver them. To determine other barriers and facilitators to the effectiveness of these interventions.
4.	Searches	<p><b>Sources to be searched</b></p> <ul style="list-style-type: none"> <li>• PsycINFO (Ovid)</li> <li>• Embase (Ovid)</li> <li>• MEDLINE (Ovid)</li> <li>• MEDLINE In-Process (Ovid)</li> <li>• MEDLINE Epubs Ahead of Print</li> <li>• PsycINFO (Ovid)</li> <li>• Social policy and practice (Ovid)</li> <li>• Cochrane Central Register of Controlled Trials (CENTRAL)</li> <li>• Cochrane Database of Systematic Reviews (CDSR)</li> <li>• Database of Abstracts of Reviews of Effect (DARE)</li> <li>• EconLit (Ovid) – economic searches only</li> <li>• NHSEED (CRD) - economic searches only</li> </ul> <p><b>Supplementary search techniques</b></p> <ul style="list-style-type: none"> <li>• Studies published from 1st January 1990 to present day.</li> </ul> <p><b>Limits</b></p> <ul style="list-style-type: none"> <li>• Studies reported in English</li> <li>• No study design filters will be applied</li> <li>• Animal studies will be excluded</li> <li>• Conference abstracts/proceedings will be excluded.</li> </ul>

		<ul style="list-style-type: none"> <li>For economic searches, the Cost Utility, Economic Evaluations and Quality of Life filters will be applied.</li> </ul> <p>The full search strategies for MEDLINE database will be published in the final review.</p> <p>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 placement stability in their current care placement.
6.	Population	<p>Looked after children and young people, wherever they are looked after, from birth until age 18 and their families and carers (including birth parents, connected carers, and prospective adoptive parents).</p> <p>Also including:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Children and young people in a prospective adoptive placement.</li> <li>Looked-after children and young people on remand, detained in secure youth custody and those serving community orders.</li> </ul>
7.	Intervention	Health and social care interventions and approaches to support care placement stability.

		<p>Including support for: children and young people themselves; birth families (with children and young people under a full care order); foster carers; key workers in residential care units; connected carers; prospective adopters; special guardians; and social care workers.</p> <p>Example interventions and approaches of interest, include:</p> <ul style="list-style-type: none"> <li>• Interventions to support care planning (e.g. to support transition between care placements; to support continuity of health and social care in new care placements; to prevent crisis situations)</li> <li>• Interventions for preparing a child or young person before entering care or changing placement (not including leaving care)</li> <li>• Approaches and interventions to improve education, information giving, advice, and signposting for carers or LACYP prior to, and during, care placement</li> <li>• Models of multi-agency care placement panel</li> <li>• Interventions to support kinship placements and connected care</li> <li>• Interventions to support keeping siblings together (e.g. supporting sibling relationships and considering the individual needs of siblings)</li> <li>• Interventions to support continuity of significant relationships (e.g. direct and indirect contact with trusted adults)</li> <li>• Interventions and approaches to support positive relationships between LACYP and carer (as relates to placement stability and excluding interventions for attachment disorders)</li> <li>• Mentoring interventions</li> <li>• Day visits and activity-based holidays</li> </ul>
8.	Comparator	<u>Quantitative evidence</u>

		<p>Comparator may include standard care, waiting list, or another approach to support care placement stability</p> <p><u>Qualitative evidence</u> Not applicable</p>
9.	Types of study to be included	<p><u>Quantitative evidence</u></p> <ul style="list-style-type: none"> <li>• Systematic reviews of included study designs</li> <li>• Randomised controlled trials</li> </ul> <p>If insufficient evidence, progress to non-randomised prospective controlled study designs</p> <p>If insufficient evidence, progress to non-randomised, non-prospective, controlled study designs (for example, retrospective cohort studies, case control studies, uncontrolled before and after studies, and interrupted time series)</p> <p><u>Qualitative evidence</u></p> <ul style="list-style-type: none"> <li>• Including focus groups and interview-based studies (mixed-methods studies will also be included provided they contain relevant qualitative data). Evidence must be related to acceptability, accessibility of interventions or other barriers to and facilitators for their effectiveness to support care placement stability.</li> </ul>
10.	Other exclusion criteria	<ul style="list-style-type: none"> <li>• Studies including mixed populations (i.e. looked after and non-looked after children) without reporting results separately for LACYP</li> </ul>

		<ul style="list-style-type: none"> <li>• Strategies, policies, system structure and the delivery of care that is covered in statutory guidance about looked after children and young people</li> <li>• Studies relating to transition from children’s to adult health or social care services</li> <li>• Studies of interventions for specific clinical conditions covered in existing NICE guidelines</li> <li>• Interventions for mental health and emotional wellbeing covered in existing NICE guidelines</li> <li>• Health promotion interventions covered in existing NICE guidelines</li> <li>• Interventions focussed on improving permanency of placements out of care (covered in review question 5.1 and 5.2)</li> <li>• Studies and interventions relating to attachment in children and young people who are in care (excluding evidence that is primarily among LACYP with attachment disorders or attachment difficulties, using the definitions outlined in the NICE guideline on attachment difficulties)</li> </ul> <p><u>Quantitative evidence exclusion</u></p> <ul style="list-style-type: none"> <li>• Countries outside of the UK (unless not enough evidence, then progress to OECD countries)</li> <li>• Studies older than the year 2000 (unless not enough evidence, then progress to include studies between 1990 to current)</li> </ul> <p><u>Qualitative evidence exclusion</u></p> <ul style="list-style-type: none"> <li>• Mixed-methods studies reporting qualitative data that cannot be distinguished from quantitative data.</li> </ul>
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11.	Context	<p>This review will consider interventions to support placement stability in children and young people who are looked after. In March 2018, 75,420 children and young people in England were looked after. Care placements for looked after children and young people may include: foster placement (73%), residential accommodation (including secure units, children's homes, and semi-independent living arrangements) (11%), placement with birth parents (6%), placement for prospective adoption (3%), another placement in the community (4%), or placement in residential schools or other residential settings (3%). For looked after children and young people only 29% of placements are long term and 50% of long-term teenage placements have been found to break down. Placement break-down is associated with poor outcomes for looked-after children and young people.</p>
12.	Primary outcomes (critical outcomes)	<p><u>Quantitative outcomes</u></p> <ul style="list-style-type: none"> <li>• Completion of care placement</li> <li>• Number of placements</li> <li>• Adverse events such as prematurely dropping out of a care placement, transitioning from one care situation to another, absconding, or re-entering previous care situation</li> </ul> <p><u>Qualitative outcomes</u></p> <p>Qualitative evidence related to interventions to support placement stability will be examined. Evidence should relate to the views of looked after</p>

		<p>children, their carers, and providers, who would deliver eligible interventions, on:</p> <ul style="list-style-type: none"> <li>• The accessibility and acceptability of the intervention, including information about the source and type of intervention used.</li> <li>• Barriers to and facilitators for intervention effectiveness in supporting placement stability.</li> </ul>
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).</p> <p>Study investigators may be contacted for missing data where time and resources allow.</p>
15.	Risk of bias (quality) assessment	<p>Risk of bias and/or methodological quality will be assessed using the preferred checklist for each study type as described in <a href="#">Developing NICE guidelines: the manual</a>.</p> <p>The risk of bias across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations</p>



		<p>Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group <a href="http://www.gradeworkinggroup.org/">http://www.gradeworkinggroup.org/</a></p> <p><a href="#">GRADE</a> and <a href="#">GRADE CERQual</a> will be used to assess confidence in the findings from quantitative and qualitative evidence synthesis respectively.</p>
16.	Strategy for data synthesis	<p><u>Quantitative data</u></p> <p>Meta-analyses of interventional data will be conducted with reference to the Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al. 2011).</p> <p>Fixed- and random-effects models (der Simonian and Laird) will be fitted for all syntheses, with the presented analysis dependent on the degree of heterogeneity in the assembled evidence. Fixed-effects models will be the preferred choice to report, but in situations where the assumption of a shared mean for fixed-effects model is clearly not met, even after appropriate pre-specified subgroup analyses is conducted, random-effects results are presented. Fixed-effects models are deemed to be inappropriate if one or both of the following conditions was met:</p> <ul style="list-style-type: none"> <li>• Significant between study heterogeneity in methodology, population, intervention or comparator was identified by the reviewer in advance of data analysis.</li> <li>• The presence of significant statistical heterogeneity in the meta-analysis, defined as <math>I^2 \geq 50\%</math>.</li> </ul>

		<ul style="list-style-type: none"> <li>• Meta-analyses will be performed in Cochrane Review Manager V5.3</li> </ul> <p>If the studies are found to be too heterogeneous to be pooled statistically, a simple recounting and description of findings (a narrative synthesis) will be conducted.</p> <p><u>Qualitative data</u></p> <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><u>Evidence integration</u></p> <p>A segregated and contingent approach will be undertaken, with sequential synthesis. Quantitative and qualitative data will be analysed and presented separately. For non-UK evidence, the data collection and analysis of qualitative data will occur after and be informed by the collection and analysis of quantitative effectiveness data. Following this, all qualitative and quantitative data will be integrated using tables and matrices. By intervention, qualitative analytical themes will be presented next to quantitative effectiveness data. Data will be</p>
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		compared for similarities and incongruence with supporting explanatory quotes where possible.
17.	Analysis of sub-groups	<p>Results will be stratified by the following subgroups where possible. In addition, for quantitative synthesis where there is heterogeneity, subgroup analysis will be undertaken using the following subgroups.</p> <p>Age of LACYP:</p> <ul style="list-style-type: none"> <li>• LACYP in early years</li> <li>• LACYP in primary education</li> <li>• LACYP in secondary education and further education until age 18</li> </ul> <p>Subgroups, of specific consideration, will include:</p> <ul style="list-style-type: none"> <li>• Looked-after children on remand</li> <li>• Looked-after children in secure settings</li> <li>• Looked-after children and young people with mental health and emotional wellbeing needs</li> <li>• Looked-after children and young people who are babies and young children</li> <li>• Looked-after children and young people who are unaccompanied children seeking asylum, or refugees</li> <li>• Looked-after children and young people who are at risk or victims of exploitation (including female genital mutilation) and trafficking</li> <li>• Looked-after children and young people who are teenage and young parents in care</li> </ul>

		<ul style="list-style-type: none"> <li>• Looked-after children and young people with disabilities; speech, language and communication needs; special education needs or behaviour that challenges.</li> <li>• Looked-after children and young people who are placed out of area</li> <li>• Looked-after children and young people who are LGBTQ</li> </ul>															
18.	Type and method of review	<input checked="" type="checkbox"/> Intervention <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input type="checkbox"/> Qualitative <input type="checkbox"/> Epidemiologic <input type="checkbox"/> Service Delivery <input type="checkbox"/> Other (please specify)															
19.	Language	English															
20.	Country	England															
21.	Anticipated or actual start date	June 2019															
22.	Anticipated completion date	September 2021															
23.	Stage of review at time of this submission	<table border="1"> <thead> <tr> <th>Review stage</th> <th>Started</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Preliminary searches</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Piloting of the study selection process</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Formal screening of search results against eligibility criteria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Data extraction</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Review stage	Started	Completed	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"/>
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		Risk of bias (quality) assessment	<input type="checkbox"/>	<input type="checkbox"/>
		Data analysis	<input type="checkbox"/>	<input type="checkbox"/>
24.	Named contact	<p><b>5a. Named contact</b> Guideline Updates Team</p> <p><b>5b Named contact e-mail</b> LACYPupdate@nice.org.uk</p> <p><b>5c Organisational affiliation of the review</b> National Institute for Health and Care Excellence (NICE)</p>		
25.	Review team members	<p>From the Guideline Updates Team:</p> <ul style="list-style-type: none"> <li>• Caroline Mulvihill</li> <li>• Stephen Duffield</li> <li>• Bernadette Li</li> <li>• Rui Martins</li> </ul>		
26.	Funding sources/sponsor	This systematic review is being completed by the Guideline Updates Team, which is part of NICE.		
27.	Conflicts of interest	<p>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.</p>		

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 <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10121">https://www.nice.org.uk/guidance/indevelopment/gid-ng10121</a>
29.	Other registration details	N/ A
30.	Reference/URL for published protocol	
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: <ul style="list-style-type: none"> <li>• notifying registered stakeholders of publication</li> <li>• publicising the guideline through NICE's newsletter and alerts</li> <li>• 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.</li> </ul>
32.	Keywords	Looked after children, looked after young people, children in care, placement stability, interventions, systematic review, quantitative,
33.	Details of existing review of same topic by same authors	N/ A
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	
36.	Details of final publication	<a href="http://www.nice.org.uk">www.nice.org.uk</a>