

Supplementary file 1: Inclusion/Exclusion Criteria

To support the screening of title and abstracts check that a study meets the following criteria (Table 1). Further details on each inclusion criteria are provided in the full inclusion and exclusion criteria presented in Table 2.

Table 1: Title and Abstract Inclusion/Exclusion Criteria

Inclusion Criteria
Population: Were children in need of care or in care when ≤ 18 years old? YES= Include
Intervention: Does the study consider a change to the social care system (discrete intervention, process or policy) intended to address the specified outcome? YES= Include
Outcome: Does the intervention address at least one of the following outcomes? YES= Include <ul style="list-style-type: none">• Number of children and young people entering care• Number of days children and young people are in care• Number of children and young people re-entering care• Number of children and young people reunified with their family following a period in care• Number of care plans/care orders?
Countries: Was the study conducted in England, Wales, Scotland, Northern Ireland, USA, Canada, Australia, New Zealand, France, Germany, Sweden, Finland, Norway, Denmark, Netherlands, Ireland. YES= Include
Years: Was the study conducted after 1991? YES= Include

Table 2: Extended Inclusion/Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<p>Population Children and young people who are in need of care or have been in care when ≤ 18 years old.</p> <p>Need for entry into care is defined as: Abuse and neglect (e.g. sexual abuse, emotional abuse, physical abuse, supervisory neglect); acute family problems (e.g. parental substance misuse); family in acute stress (e.g. financial crisis); child's disability; carer's illness or disability; socially unacceptable behaviour (care required due to involvement with juvenile court system).</p> <p><i>Include children going into care for mental health/psychiatric conditions and tag for discussion</i></p> <p>Respondents Any respondent. Includes: child/young person; parent/carer/guardian; social care or other professional.</p> <p>Intervention/Phenomenon of Interest Any study where the intervention or phenomenon of interest addresses one or more of the specified outcome.</p> <ul style="list-style-type: none"> • Intervention is defined as a 'system disruption' that modifies the course of action/practice within the social care system. It can be a discrete intervention (e.g. Signs of Safety) or modification to system processes (e.g. factors such as care meetings that improve 	<p>Population Children and young people who are in need of care or have been in care when ≥ 18 years old.</p> <p>Intervention/Phenomenon of Interest Any study where the intervention or phenomenon of interest is not one or more of the specified outcomes.</p>

<p>chance of reunification). <i>Tag for discussion interventions that include training to social workers to improve decision making about entering a child into care.</i></p> <ul style="list-style-type: none">• Intervention may comprise introduction of de novo intervention, adaptation of an intervention, or withdrawal of an existing approach.• Interventions may operate across the socio-ecological domains (intrapersonal; interpersonal; organisational; community; policy).• Interventions may be targeted or universal where population is considered as a population subgroup. <p>Comparator Usual care; Alternative intervention; No alternative specified.</p> <p>Outcome Intervention or phenomenon of interest is at least one of the following:</p> <p>Primary Outcome</p> <ul style="list-style-type: none">• Number of children and young people entering care• Number of days children and young people are in care• Number of children and young people re-entering care• Number of children and young people reunified with their family following a period in care <p>Interim outcomes on causal pathway (<i>Tag for discussion</i>)</p> <ul style="list-style-type: none">• Number of care plans/care orders?	<p>Outcome</p> <ul style="list-style-type: none">• Behavioural, socio-emotional, health, education and social care outcomes following a period of care during or following a period in care.• Care placement as a risk factor for other outcomes.
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<p>Care includes a child or young person being looked after by a local authority (or international equivalents), including those subject to care orders under Section 31 of the Children's Act 1989 (kinship care; foster care; residential care) and those looked after on a voluntary basis through an agreement with their parents (Section 20). Care must specify statutory provision.</p> <p>Evaluation (Linked to EMMIE Framework)</p> <p>Studies must focus on an intervention assessing at least one of the primary or interim outcomes. Data in relation to the intervention should assess effectiveness AND/OR mechanisms AND/OR moderators AND/OR implementation AND/OR economic costs</p> <ul style="list-style-type: none">• Effectiveness: Effect size; Measurement / consideration of unanticipated effects• Mechanisms: Map of possible mechanisms / logic maps; Mediator or mechanism-based moderator analysis; Assessment / statements of most likely mechanisms and any contextual conditions (these can be narratives)• Moderator: Context-based moderator analysis / subgroup analysis (analysis testing the differences that context makes to outcome; theoretically driven/conducted due to data availability/not theoretically driven/not mentioned prior to analysis; Statements qualifying contextual variations (these can be narratives)• Implementation: A list/statement/description of key components effecting implementation success (inc. fidelity issues, barriers	<p>Informal care arrangements that do not specify statutory involvement; adoption (Where it is adoption breakdown and child goes into care this should be included). Homeless shelters that do not have statutory involvement. Informal kinship care.</p> <p>Evaluation (Linked to EMMIE Framework)</p> <ul style="list-style-type: none">• Description of an intervention (without being linked to set of papers reporting evaluation). These should be noted for the intervention it describes but not included.• Epidemiology reporting on risk factors / prevalence (e.g. risk of parental substance use on reunification).• Effects of gender/ethnicity on placement decisions.• Testing of the theory of change (mechanisms and/or contexts related to achieving our 3 entering care outcomes) of a reviewed intervention with <i>a different population</i> (e.g. adults). These should be noted for future reference, especially where expect to find little 'direct' and/or qualitative or mixed methods evidence, but not included.• Implementation of a reviewed intervention in different context/s (including population). These should be noted
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<p>and facilitators to implementation, acceptability, feasibility and so on); A list/statement/description of key components deemed necessary for replication elsewhere</p> <ul style="list-style-type: none">• Economic effectiveness: Quantification of inputs to the intervention/intervention outputs; Quantification of intensity (e.g. spend per head); Estimate of cost of implementation (inc. by sub-group); Estimate of cost-effectiveness by unit output or by sub-group; Estimate of cost-benefit (inc. by sub-group) <p>Study Design/ Publication Type Randomised controlled trial (RCT) (pilot; feasibility; effectiveness); natural experiment; time-series analysis; quasi-experimental; pre-post evaluation; cross-sectional; Process evaluation; mixed methods; qualitative (all qualitative study designs included); systematic reviews (to identify primary research meeting the inclusion criteria).</p> <p>Countries England, Wales, Scotland, Northern Ireland, USA, Canada, Australia, New Zealand, France, Germany, Sweden, Finland, Norway, Denmark, Netherlands, Ireland.</p> <p>Languages All languages.</p> <p>Years 1991 to present. Published since the coming in to force of the Children's Act (1989), which allocated duties to local authorities, courts, parents, and other agencies in the United Kingdom, to ensure the safeguarding and welfare of children.</p>	<p>for the intervention reviewed but not included.</p> <p>Study Design/ Publication Type Letters; commentary; expert opinion; case reports, book chapters if no sign they are evidence based, literature reviews.</p>
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