Citation

Review question

1. For children from developed countries, are lower compared to higher childhood SECs associated with the risk of being taken into out of home care? And if so,

2. How strong is the association between SECs and the risk of OHC?

3. What potential explanations are proposed for the association between SECs and the risk of OHC?

Searches

Search strategies have been developed and devised in collaboration with an experienced information specialist, who will carry out electronic searching of MEDLINE, Scopus, Web of Science Core Collection, CINAHL, PsycINFO, Social Care Online and HMIC. The search terms were piloted prior to selection and comprise specific terms related to synonyms of OHC for children and to comparable measures of socioeconomic and inequality terms. Results will be restricted to English language publications from 1980 to present only. As social conditions within countries change over time through development, and methods of classifying SECs are also modified over time, restricting to publications from 1980 onwards will ensure that the results are as relevant as possible to the present day.

Reference lists of included studies will be screened to identify further relevant studies.

A targeted search of the grey literature will also be undertaken using Google Scholar, NICE Evidence Search and websites of organisations and charities working on topics of relevance to OHC data (e.g. What Works for Children Services). Finally, we will contact our extended international research network to identify additional relevant studies. Documents in original language will be included on the basis of experts' suggestions, and the research team's language abilities.

Search strategy

https://www.crd.york.ac.uk/PROSPEROFILES/266991_STRATEGY_20210709.pdf

Types of study to be included

Observational studies reporting quantitative results and analysis of empirical data on the prevalence, incidence or risk of OHC status will be included.

Family SECs can be measured by occupation, income, education, employment or deprivation at individual or aggregate level, and synonyms and comparable measures of these will be included in the search terms, such as material and financial hardship.

Only studies conducted OECD countries, published after 1980 will be included. For countries that joined the OECD after 1980, data collection must have occurred after the date the country became a member of the OECD.

Studies not meeting the above criteria, including case studies, case series, literature reviews will be excluded.

Condition or domain being studied

Improving health outcomes for children in the social care system is a public health priority. In the UK, Canada and Australia, increasing numbers of children are being taken into out of home care (OHC),

especially in disadvantaged areas (Bennett et al., 2020; O'Donnell et al., 2016). Amongst the possible explanations, rising levels of poverty and decreased spending on preventive family support and children services have been highlighted.

Academics and social care practitioners have long advocated a public health approach to children's social care (Gilbert, Woodman, & Logan, 2012). Differential exposure and vulnerability to risk factors for being taken into OHC are likely pathways to inequalities in OHC rates. For example, childhood adversities such as household dysfunction and child maltreatment are major causes of child removal into OHC, and a growing number of studies indicate that low-income groups are at increased risks of adverse childhood experiences (Straatmann et al., 2020; Walsh, McCartney, Smith, & Armour, 2019).

Our review therefore aims to assess the current knowledge of the relationship between socioeconomic conditions (SECs) and prevalence or risk of OHC status in developed countries, assess the magnitude of any association, and explore possible explanations.

Participants/population

Children under the age of 18 years who have been in OHC placement in developed countries will be included. A developed country is defined as being a member country of the Organisation for Economic Co-operation and Development (OECD). The OECD aims to continually monitor economic developments of its member countries and provides policy recommendations to help governments tackle poverty through economic growth and stability. We expect some bias in the representativeness of this population as we will be only monitoring academic literature published in English and grey literature published in languages known to the research team and network.

We do not aim to assess those studies on children who are in OHC as unaccompanied migrants and those in correctional facilities.

Intervention(s), exposure(s)

The exposure of interest is lower compared to higher family SECs, measured at the individual or aggregate level by, for instance, income, education, occupation, employment or deprivation of area of residence. These and comparable measures and indicators of SECs will be included as search terms in the electronic databases.

Comparator(s)/control

Not applicable.

Main outcome(s)

The primary outcome of interest will be the incidence, prevalence, or risk of OHC status measured using population-level studies or routine data systems on children from birth up to and including 17 years of age, through meta-analysis if the quality of the data collected allows it. The secondary outcomes would be based on exploratory and narrative work on explanations for and mechanisms behind the social gradient in OHC.

Measures of effect

Relative risk; Risk difference; Rates

Additional outcome(s)

None

Data extraction (selection and coding)

Titles, abstracts and key words of the publications identified through search databases will be screened independently by two authors to ensure consistency in the application of inclusion and exclusion criteria. Any discrepancies will be discussed and reviewed until an agreement is reached between both reviewers, with the help of a third reviewer. The full text for studies deemed relevant after screening, will be sought and reviewed in the same way. Where full texts are not available, they will be sought via institutional library sharing agreements. All full text studies will be screened independently by the same two reviewers to ensure that they meet the inclusion and exclusion criteria.

To organise these data and to facilitate comparison, tables will be created by extracting the data from each study into a standardised Excel spreadsheet. Data to be extracted will include, for instance: aim/hypothesis; study design; level of analysis; country; sample size; age; age category; OHC measure; SEC measure and data source; covariates in analysis; mediators; results (significant and non-significant, as well as adjusted and non-adjusted, when available); conclusions; levels of generalisability of results; quality assessment. Extracted data will be checked for accuracy by at least one other reviewer.

Risk of bias (quality) assessment
Risk of bias and quality assessment of the identified studies will be conducted by the review team, independently and then reconciled. The Liverpool University Quality Assessment Tool (LQAT) will be used for this review, which will allow studies to be assessed using a validated tool specific to each study design.

Strategy for data synthesis
The synthesis strategy will be driven by the data available. If the data allow, we will further group studies by potential typology of explanation given for the found association between OHC outcomes and SECs, that is, for instance whether mediating factors are considered or not, in order to gather information on explanations and mechanisms hypothesised. Study-design factors will also aid the categorisation of results for synthesis.

Where homogenous data allow, meta-analyses will be conducted on combined results. The synthesis strategy outlined above will assist in identifying data suitable for meta-analysis.

Data Extraction fields:

Year of publication

Aim/hypothesis

Study design

Level of analysis

Country

Country- or local-level coverage

Sample size

Sampling design (census; cohort; stratified; clustered; random; purpose sample)

Level of generalisability of sample (specific; national; local)

Age (years)

Age category

OHC measurement

OHC data source

Reason(s) for OHC placement mentioned (all, list)

Method of sampling for SEC

SEC at individual/family/area level

General SEC

SEC measure

SEC data source

Statistical model(s) applied

Mediation/path/causal analysis performed?

 Mediator(s)

Covariates

Significant results OHC rate, risk etc & SEC (p<0.05): UNADJUSTED

Significant results OHC rate, risk etc & SEC (p<0.05): ADJUSTED

Nonsignificant results OHC rate, risk etc & SEC: effect size and CIs

Conclusion1: lower SEC is associated with increased risk, incidence or prevalence of OHC

Conclusion2: no significant relation OHC & SEC

Conclusion3: higher SEC is associated with increased risk, incidence or prevalence of OHC

Conclusion4: This hypothesis was not tested

Conclusion5: other

Analysis of subgroups or subsets
None

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Type and method of review
Epidemiologic, Meta-analysis, Narrative synthesis, Systematic review

Anticipated or actual start date
20 June 2021

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01 November 2021

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Conflicts of interest

Language
English

Country
England, Sweden

Stage of review
Review Ongoing

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Developed Countries; Home Care Services; Humans; Socioeconomic Factors

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13 July 2021

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09 July 2021

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions
13 July 2021