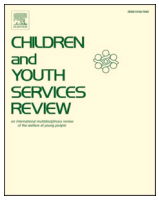
Children and Youth Services Review 177 (2025) 108467

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Factors associated with childhood out-of-home care entry and re-entry in high income countries: A systematic review of reviews

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ARTICLE INFO

Keywords:
Out-of-home care
Foster care
Child welfare
Risk factors
Protective factors
Public involvement
Systematic review

ABSTRACT

Background: Out-of-home care entry can have profound effects on families, society, and a child's development and wellbeing. This review synthesised evidence on the factors contributing to initial entry and re-entry into out-of-home care during childhood (<18 years), as well as those that protect against these outcomes.
Methods: A systematic review of published reviews was conducted. EBSCOhost, ProQuest, the Cochrane Database of Systematic Reviews, and Epistemonikos were searched. Eligible reviews were peer-reviewed, published in English from 2013 to 2024, focused on childhood out-of-home care placement (<18 years), and were conducted primarily in high-income countries. Framework synthesis approach was used to identify key factors associated with care entry.
Results: Of the 711 records identified, seven reviews were included. Key child-level risks included ethnicity, health, and behavioural challenges; family-level risks encompassed parental socioeconomic adversities and substance use; community-level risks involved poor neighbourhood conditions; and system-level risks included prior child welfare involvement and placement characteristics (e.g., placement instability for re-entry into care). Protective factors included child-level factors such as being elementary school-aged (6–12 years) and ethnicity; family-level factors such as high parental income and education; community-level factors, including access to essential services; and system-level factors, such as increased funding for child welfare.
Conclusions: The evidence highlights that the factors contributing to care entry extend beyond the children's social care system, encompassing child, family, and community-level influences. There is potential for policy-makers and practitioners to move beyond reactive child welfare measures by adopting preventative, holistic solutions across various public services.

1. Background

A childhood (<18 years old) that includes out-of-home care can have a profound and long-lasting impact on development, wellbeing, and future outcomes. Care experienced children and young people experience lower high school graduation rates (Gypen et al., 2017), limited employment opportunities (Orri et al., 2021; Stewart et al., 2014), and heightened risks of behavioural challenges (Karki et al., 2023), among other adversities. Evidence comparing outcomes for children in out-of-home care with those of at-risk children who remain in the family home is mixed. In the United Kingdom (UK), some studies suggest that both groups experience poor outcomes, with modest advantages in

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https://doi.org/10.1016/j.childyouth.2025.108467
Received 10 February 2025; Received in revised form 26 May 2025; Accepted 10 July 2025
Available online 14 July 2025
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specific areas, such as educational attainment, for children in care (Forrester et al., 2009; Sinclair et al., 2019). In contrast, studies from other contexts, such as the United States (US), indicate that children who remain at home may experience comparable or even better outcomes in areas such as mental health, delinquency, emergency healthcare use, and employment (Doyle, 2007; Dubois-Comtois et al., 2021; Goemans et al., 2016; Reyes & Kaye, 2024). These findings highlight the complexity of determining the most beneficial course of action for children at risk, particularly given international variation in child protection systems (Connolly & Katz, 2019). Removing a child from their home has profound effects not only on the child, but also on family members (Grant et al., 2023), and communities, especially in deprived areas where care entry is more common (Bywaters et al., 2020). Given the significant financial cost to public services, there is a pressing need for better-targeted interventions and policies to reduce unnecessary care placements and provide stronger support for at-risk families.

An increasing number of children entering care has emerged as a global concern, with varying trends observed across different countries. In England, the rate of children looked after (CLA) by local authorities increased from 57 per 10,000 in 2010 to 70 per 10,000 in 2024 (Department for Education (DfE)., 2024). Similar trends have been reported in other countries such as Australia (Australian Institute of Health and Welfare, 2021), Germany, and the Netherlands (Harder, Zeller, Lo, Ko, & Knorth, 2013). The US, however, has seen a reversal in this trend (Children's Bureau, 2019), highlighting the importance of contextual factors in understanding and addressing care entry. The United Nations Convention on the Rights of the Child (UNCRC) (1989) demonstrates the importance of parental care, while recognising that out-of-home care may be necessary in certain circumstances. These principles reflect the shared consensus among policymakers, social workers, and child welfare organisations on the importance of addressing risk factors for care entry (Department for Education (DfE)., 2018; Didcott & Taylor, 2019), with the aim of enabling children to remain safely with their birth families unless the circumstances are particularly severe.

Recent reviews demonstrate that many factors influence childhood care entry (e.g., Canfield et al., 2017; Jäggi et al., 2022). However, a synthesis that captures the breadth of findings across review-level evidence is currently lacking. This review of reviews aims to answer the question: What are the risk and protective factors associated with childhood entry and re-entry into out-of-home care in high-income countries? By providing an overview of the factors identified in the literature, it aims to support policymakers and practitioners in recognising the multifaceted nature of care entry. It will also highlight gaps in existing evidence. To ensure real-world relevance, individuals with lived experience contributed throughout the development and interpretation of this review. Public involvement included care-experienced young people and parents with personal experience of the child protection, including some who had a child removed from their care. Reviewing the range of contributing factors through this collaborative approach can help inform more meaningful dialogue across research, policy, and practice on preventing unnecessary care placements and supporting at-risk families.

While the review identifies both risk and protective factors associated with care entry and re-entry, it is important to clarify how these terms are conceptualised. In this review, we adopt definitions of risk and protective factors adapted from Jones et al. (2011). Risk factors are defined as any factor that is potentially or actually associated with an increased likelihood of care entry or re-entry, while protective factors are those potentially or actually associated with a decreased likelihood of care entry or re-entry. Jones et al. (2011) refer to outcomes as adverse or beneficial; however, we have reframed this to fit our review's specific focus. In this context, care entry or re-entry is not assumed to be inherently negative or positive in all circumstances. Classifications are based on the direction of associations reported in the included reviews and do not imply that any factor is inherently harmful or beneficial. For example, while some prenatal exposures (e.g., alcohol) may show a lower association with care entry than other exposures (e.g., opioids), they are not interpreted as inherently protective, but rather as relatively less associated with risk of care entry or re-entry.

1.1. Theoretical framework

The ecological model, as articulated by Bronfenbrenner (1979), provides a comprehensive framework for understanding the multifaceted factors that influence human development. It proposes that a child's development is affected by multiple interconnected layers of influences. These include: individual factors; the microsystem (comprising parents, family, and neighbourhood); the mesosystem (such as the child welfare system); and the macrosystem (broader societal and cultural contexts). These levels interact dynamically and influence one another. The model was recently modified to synthesise evidence on re-entry into care (Jones & LaLiberte, 2017). The current review utilised the adapted version to categorise factors across four main levels:

- Child level: Individual characteristics of the child, including age, gender, health status, and behavioural challenges, which may influence vulnerability or resilience.
- Family level: Factors related to parenting capacity, parent–child relationships, household stability, and socioeconomic stressors (e.g., poverty, domestic violence, parental substance use).
- Community level: Broader neighbourhood or local influences, such as access to services, exposure to community violence, social support, and housing conditions.
- System level: Institutional and structural factors, including child welfare policies, service quality, placement practices, and broader systemic inequities.

Public involvement informed the decision to adopt the ecological model as the primary framework for this review (see Section 2.6). Contributors with lived experience highlighted the interconnected nature of the factors affecting care entry, reinforcing the suitability of a multi-level model.

2. Materials and methods

2.1. Review design and protocol registration

This review of reviews using a mixed-method framework synthesis (Noyes et al., 2023) was conducted as the first stage of a larger study analysing linked routine data on vulnerable children in the UK. The protocol was published in the Open Science Framework (OSF) registry and is accessible at doi: 10.17605/OSF.IO/G7D5J.

2.2. Search strategy

A comprehensive search was conducted to identify peer-reviewed review articles across EBSCOhost (covering MEDLINE, Education Research Complete, APA PsycArticles, APA PsycInfo, and CINAHL Ultimate), ProQuest (including Applied Social Sciences Index & Abstracts (ASSIA), Criminal Justice Database, Education Database, and Social Science Database), the Cochrane Database of Systematic Reviews, and Epistemonikos. Grey literature databases were not searched as they typically comprise primary literature, whereas this study focuses exclusively on peer-reviewed evidence reviews. The search strategy was initially developed by one reviewer (R.O.) and refined with input from another three reviewers (K.H., J.N., and S.B.) and PPI members. Additionally, a health librarian contributed specialist input to improve the precision and comprehensiveness of the search.

The strategy was designed to be intentionally broad, incorporating terms related to or describing child social care, thereby minimising the risk of omitting relevant reviews. Also, additional search terms

suggested by care experienced children and young people as part of public involvement expanded the scope of the literature search to include terms such as "residential care" and "care leavers." The detailed search strategy employed for EBSCOhost databases is available in Table A1 (see appendix). Review filters available within each database were applied to refine our results. In cases where pre-specified review filters were not available, searches included terms specifically related to review articles to ensure comprehensive coverage. This approach aimed to ensure that the search was both exhaustive and precise, facilitating the identification of relevant literature for inclusion in the review.

2.3. Eligibility criteria

A description of the inclusion and exclusion criteria for this study are presented in Table 1. The description includes the PICO framework adapted for the specific needs of this study.

2.4. Study selection

Covidence software was used to organise and screen the identified records, ensuring the automatic and manual removal of duplicate entries. Six reviewers (R.O., N.J., M.J., M.P., N.K., and K.C.) independently screened the records. Each record was assessed by two reviewers, who categorised it as 'yes,' 'no,' or 'maybe.' Two supervising reviewers (S.B. and K.H.) resolved conflicts and 'maybe' responses. Reasons for exclusion were documented at this stage, and records receiving a 'yes' vote proceeded to full-text screening. In the subsequent phase, two reviewers independently assessed the full texts of each record, classifying them as 'include,' 'exclude,' or 'maybe.' The same conflict resolution strategy was applied during this phase. A record of all decisions was maintained, including the reason for each exclusion. Finally, references for all included articles were exported to Mendeley reference manager. The search results and study selection process were depicted using the PRISMA flow diagram (Fig. 1) (Moher et al., 2015).

2.5. Data extraction and analysis

Before starting the extraction process, the reviewers conducted a pilot exercise to standardise their approach and address potential challenges. Three reviewers (R.O., K.C., and N.J.) independently extracted the data, and two supervising reviewers (M.J. and S.B.) checked the extracted data to minimise errors. We extracted the following data from each included review: author(s), year of publication, title, type of review, number of included studies, type of included studies, country of included studies, review time frame, population, analytical approach, aims/objectives, findings on factors associated with care entry, review authors' interpretations, and quality assessment of included studies.

A mixed-methods framework synthesis with an ecological model framework was used to organise and interpret findings on factors associated with care entry. One reviewer (R.O.) conducted line-by-line coding to extract data into themes based on risk and protective factors according to the four levels of the ecological model: child level, family level, community level, and system level. A second reviewer (N.J.) independently cross-checked the coding to verify consistency and ensure accuracy. While formal inter-rater reliability was not calculated, any discrepancies were resolved through discussion. To ensure the rigour and trustworthiness of the synthesis process, the research team engaged in iterative discussions to review and refine the results following the initial analysis.

2.6. Public involvement

The review of reviews was conducted with input from The Centre for Population Health public involvement group from grant development to the interpretation of findings. This process ensured that the research questions, design, and interpretation of findings were relevant to, and reflective of, the lived experiences of people involved with the child protection system. The public involvement process engaged two key groups: care-experienced children and young people (15–25 year-olds), and parents with personal experience of the child protection system, including some who have had a child removed from the home (Staples, Roberts, Lyttleton-Smith, & Hallett, 2019; Holland et al., 2025). The public involvement group shared valuable insights that highlighted the complex interplay between risk and protective influences. These insights influenced the interpretation of our findings. In particular, their input informed the adoption of the ecological model, guiding how we organised and analysed risk and protective factors across multiple levels. Their contributions also informed the decision to include a more accessible presentation of the results, leading to the development of Fig. 2 to visually summarise the findings. Further details on public involvement meetings, including objectives, activities, and outcomes are provided in the supplementary material.

3. Results

3.1. Study selection results and characteristics of included studies

Fig. 1 and Table 2 present detailed data on the study selection results and characteristics of the included studies respectively. Of the 711 references initially imported, 656 unique reviews were screened based on title and abstract, resulting in 143 full-text assessments. Seven reviews met the eligibility criteria for inclusion in this study; six reviews focused on care entry (Bai et al., 2020; Canfield et al., 2017; Jäggi et al., 2022; Leloux-Opmeer et al., 2016; Peddireddy et al., 2022; Welch et al., 2015), and one focused on care re-entry (Jones & LaLiberte, 2017). These reviews covered literature spanning the period from 1991 to 2021 and employed various methodologies, including systematic, scoping, and rapid review approaches. The US was the leading contributor of primary

Table 1
Inclusion and exclusion criteria.

	Inclusion	Exclusion
Population	Children in out-of-home care (<18 years) or related populations (e.g., parents, carers, or adults with a history of being in out-of-home care) to gather insights into childhood exposure to care.	Reviews solely on children and young people with learning disabilities, receiving inpatient psychiatric care, in specialist institutions for young offenders, in adoption, or living in specialist centres with their mothers.
Interest	Characteristics of children in care and factors associated with care entry or re-entry.	Factors associated with known risk/protective factors of care entry or re-entry.
Comparison	Children in the general population or those at risk of care entry but who remain in the family home.	None.
Outcome	Out-of-home care entry and/or re-entry	None
Review characteristics	Quantitative, qualitative, and mixed-methods reviews with a search strategy. Global reviews or those focused on high-income countries. Records with full-texts available. Published in peer-reviewed academic or professional journals. Published from January 2013 to date. Available in English language.	Reviews focused mainly on non-empirical documents. Reviews focused exclusively on literature from low-and-middle-income settings. Postgraduate thesis, books, and grey literature.

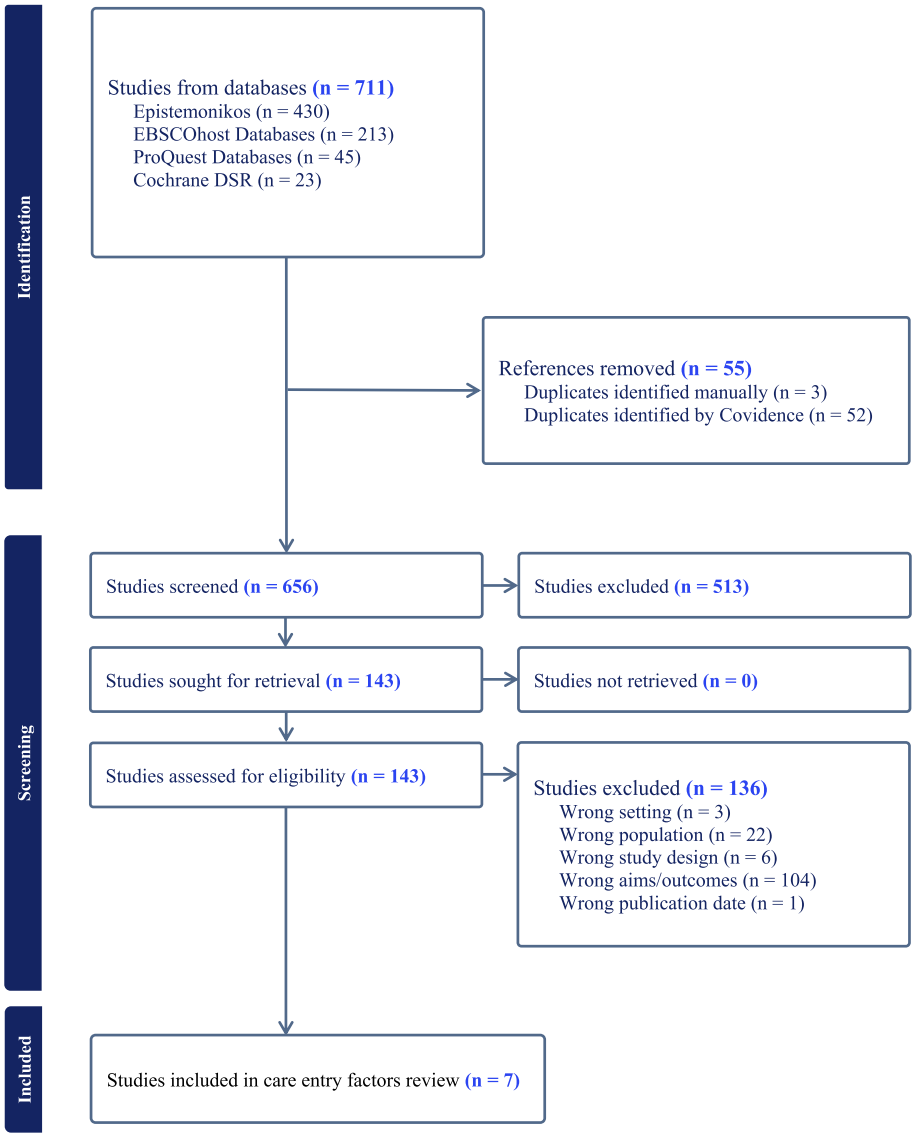

Fig. 1. PRISMA flow diagram illustrating the study selection process.

studies supporting reported factors in the reviews, followed by the UK, Australia, Finland, and Sweden. Notably, while Jäggi et al. (2022) focused on a sample of care alumni, the review did not examine care alumni status as a predictive factor for care entry for their children. Rather, the findings focused on broader determinants, such as parental substance misuse and socioeconomic vulnerability.

3.2. Risk factors of childhood care entry

All included reviews provided information on risk factors for out-of-home care placement. Details on these factors are summarised in Table A2 (see appendix).

3.2.1. Child level

Two reviews examined the role of sex in children entering care (Leloux-Opmeer et al., 2016; Welch et al., 2015). The findings were inconsistent; some studies reported that girls were more frequently represented in foster care (Leloux-Opmeer et al., 2016), while others found a higher representation of boys in care (Leloux-Opmeer et al., 2016; Welch et al., 2015). The absence of formal hypothesis testing or risk estimates (e.g., odds ratios) limits the ability to draw definitive conclusions that sex is a determining factor.

Age was identified as a factor influencing care re-entry in one review (Jones & LaLiberte, 2017). Infants (≤1 year), pre-teens (10–12 years), and teenagers (13–19 years) faced higher care re-entry rates compared to preschool children (3–5 years) and younger school-aged children (6–9 years). This suggests that vulnerability to re-entry may fluctuate across different developmental stages. However, these results were only reported in studies from the US and UK.

Health and behavioural challenges were commonly reported as influences for care entry (Leloux-Opmeer et al., 2016) and re-entry (Jones & LaLiberte, 2017). Emotional and behavioural difficulties, often assessed using the Child Behaviour Checklist (CBCL), were reported among children entering care across multiple US and European studies. (Leloux-Opmeer et al., 2016). Physical and mental health issues, along with externalising behaviours, were found to increase the likelihood of re-entry into care in nine US-based studies, as well as in one study from the UK and one from Canada (Jones & LaLiberte, 2017). Additionally, four US-based studies reported in the same review indicated that educational challenges were associated with a higher likelihood of re-entry.

Three reviews reported findings from studies focusing on certain racial or ethnic groups entering foster care (Canfield et al., 2017; Welch et al., 2015) or facing a higher risk of re-entry (Jones & LaLiberte, 2017).

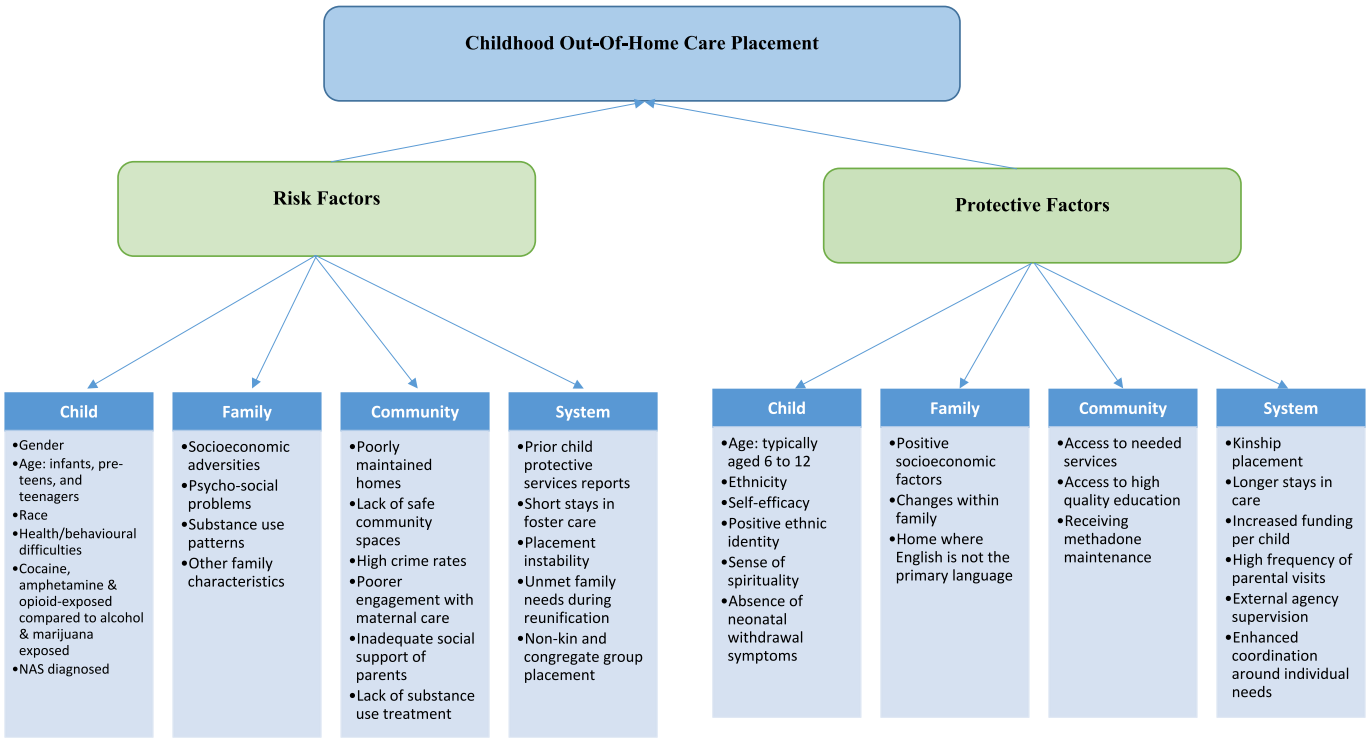

Fig. 2. Summary of the factors associated with childhood care entry using the Ecological Model of risk and protective factors.

In the US, African-American heritage was associated with a higher risk of care entry (Canfield et al., 2017; Welch et al., 2015). One Canadian study found that children of Aboriginal descent in Quebec had an increased risk of re-entry (Jones & LaLiberte, 2017).

Substance exposure during pregnancy was also identified as a risk factor. In a US-based study cited by Peddireddy et al. (2022), infants exposed to cocaine, amphetamines, or opioids were more likely to enter care than those exposed to alcohol or marijuana. Among infants with Prenatal Substance Exposure (PSE), those diagnosed with Neonatal Abstinence Syndrome (NAS) had a higher risk of placement in foster care than those without NAS.

3.2.2. *Family level*

3.2.2.1. Parental socioeconomic adversities. Five reviews focused on parental socioeconomic adversities, including unstable housing, low educational attainment, unemployment, low socioeconomic status, and poverty (Bai et al., 2020; Canfield et al., 2017; Jäggi et al., 2022; Jones & LaLiberte, 2017; Leloux-Opmeer et al., 2016). Maternal unstable housing, homelessness and, frequent and prolonged stays in emergency housing significantly increased the risk of children entering care (Bai et al., 2020; Canfield et al., 2017).

Low educational attainment was another key factor. Jäggi et al. (2022) reported that studies from Sweden and Denmark linked low education among care alumni with their children entering care, while Canfield et al. (2017) found that maternal low education was associated with infant care loss in Finland, the US, and Australia. Maternal unemployment at birth correlated with losing child custody in early and later childhood in Finnish and US samples (Canfield et al., 2017). This finding was supported by studies reported in Jäggi et al. (2022), which noted that unemployment among care alumni increased risk of losing child custody in Denmark and Sweden.

Socioeconomic disadvantage, including low socioeconomic status (SES), was associated with child custody loss in the US and Canada (Canfield et al., 2017; Leloux-Opmeer et al., 2016). Studies from three Nordic countries linked poverty and receipt of income support to an increased likelihood of mothers losing custody of their children (Canfield et al., 2017; Jäggi et al., 2022). Multiple US-based studies found that poverty was a significant risk factor for re-entry into care (Jones & LaLiberte, 2017).

3.2.2.2. Parental psycho-social issues. Four reviews addressed parental psychosocial problems, such as history of custody loss (Canfield et al., 2017; Jäggi et al., 2022; Jones & LaLiberte, 2017; Leloux-Opmeer et al., 2016). In Finland, among mothers who used substances during pregnancy, those who had previously lost custody were at higher risk of losing custody of subsequent children (Canfield et al., 2017). The risk was also greater if parents themselves had been placed in care, based on studies from Australia and three Nordic countries (Canfield et al., 2017; Jäggi et al., 2022). Two of the Nordic studies showed that the risk was highest when both parents, rather than just one, were care alumni; when a parent had been placed into care during early childhood rather than adolescence; or when the mother, rather than the father, was a care alumnus (Jäggi et al., 2022).

Parental criminal history was another recurrent theme. One review cited evidence from the UK and Australia showing that a maternal history of incarceration and police involvement was associated with a higher risk of losing child custody (Canfield et al., 2017). Similarly, studies from two Nordic countries were cited, showing that parental criminal history significantly increases the risk of care entry among children of care alumni (Jäggi et al., 2022). Additionally, a separate review cited two US-based studies linking parental criminal history to a greater likelihood of care re-entry (Jones & LaLiberte, 2017). One of the reviews cited evidence from the UK, indicating that maternal involvement in prostitution was a risk factor for care entry (Canfield et al., 2017).

Two reviews focused on psychological distress and mental disorders (Canfield et al., 2017; Jäggi et al., 2022) while one focused on physical health challenges (Canfield et al., 2017). Substance-using mothers experiencing psychological distress (e.g., depression and lack of adaptive coping mechanisms) were less likely to retain custody of their children in Australia and Sweden (Canfield et al., 2017). In the US and

Table 2
Characteristics of included reviews.

Author, year	Type of review	Number of IS (#relevant IS)	Type of IS	Country of IS	Review time frame	Population	Objectives/Questions	Summary conclusion
(Canfield et al., 2017)	Rapid review	13 (13)	Q1, Qa	US = 5, Australia = 2, Finland = 2, Canada = 1, France = 1, Israel = 1, UK = 1	2004—2015	Children placed in out-of-home care after being removed from their mothers' care.	To identify factors associated with mothers who use substances losing care of their children	This review identified complex factors among substance-using mothers: socioeconomic challenges, mental health issues, substance use patterns, and inadequate support, impacting their ability to care for children.
(Jäggi et al., 2022)	Systematic Review	38 (27)	Q1, Qa, Md	US = 16, UK = 11, Sweden = 4, Canada = 2, Argentina = 1, Australia = 1, Denmark = 1, France = 1, South Africa = 1	1996—2021	Care alumni parents or children currently in child welfare system whose parents are care alumni.	What are risk and protective factors that influence the likelihood of intergenerational out of home care and child welfare system (CWS) involvement?	This systematic review shows that care alumni parents experience compounding disadvantage across multiple domains and life stages, which may increase their children's risk of CWS involvement.
(Welch et al., 2015)	Selective review	90 (90)	Qa, Q1, Md	US = 54, UK = 20, Canada = 10, Australia = 4, China = 1, Netherlands = 1.	1998—2013 (search period)	Children and young people in foster care and adoption	The study aimed to review international literature in order to identify and explore what is and is not known about achieving permanence for disabled children and young people in foster care and adoption.	Disabled children face multiple challenges in permanence outcomes and stability. Addressing this necessitates changing attitudes, educating decision-makers, workers, carers, and reforming systemic barriers.
(Bai et al., 2020)	Systematic review	12 (8)	Q1	US	2003–2016	Low-income caregivers in the United States, caregivers who experienced housing insecurity, or were at-risk or involved in the child welfare system for child maltreatment.	To conduct a systematic review of the literature regarding various forms of housing insecurity and its relationship to various types of child welfare involvement.	Housing insecurity was associated with higher likelihood of child maltreatment investigation, foster care placement and prolonged stay in foster care.
(Peddireddy et al., 2022)	Scoping review	23(7)	Q1, Qa	US	2001—2020	Children with involvement in welfare services in the US following prenatal substance exposure (PSE)	To identify critical gaps in the literature, we conducted a scoping review of factors involved in decision-making throughout different phases of the child welfare process.	Results suggest a need for increased resources and guidance for caseworkers and a need for wider reporting of provision, uptake, and familial outcomes related to child welfare services.
(Jones and LaLiberte, 2017)	Systematic review	52(52)	Q1, Qa	Not reported	1991–2016	Children in foster care	This systematic review examines the current empirical research on the risk and protective factors of foster care re-entry	The review highlighted child (age, race, health, behaviour), parental (substance abuse, criminal history, poverty), and administrative factors (short foster care stays) influencing re-entry risk, emphasizing protective measures like kin placement and targeted services.
(Leloux-Opmeer et al., 2016)	Scoping review	36 (36)	Q1, Qa	US = 10, The Netherlands = 8, Australia = 3, Belgium = 3, Canada = 1, Norway = 1,	1997–2014	Average intelligence school aged children (6–12 years) in foster care, residential care or family-style group care.	Compiled and compared characteristics of school-aged children of average intelligence and their families at the time of each child's admission to	Regarding the severity of child and family difficulties at admission, these tend to be most severe in residential care, except for specific parental

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Table 2 (*continued*)

Author, year	Type of review	Number of IS (#relevant IS)	Type of IS	Country of IS	Review time frame	Population	Objectives/Questions	Summary conclusion
				Spain = 1, Sweden = 1			one of the three care modalities	issues like mental illness, addiction, and incarceration. Additionally, children in residential care have the highest number of previous placements, reflecting the view of it as a 'last resort' treatment. Problematic family circumstances, rather than children's individual issues, seem to be the primary reason for foster care placement.

Note: #primary studies in reviews that are relevant to the objectives of this review of reviews; IS = Included studies; Qa = qualitative design; Q1 = quantitative design; Md = mixed-methods design.

UK, mental health issues among care alumni were linked to care entry for their children (Jäggi et al., 2022). One review cited a study from the US and another from Finland, showing that mothers without health insurance in the US and those diagnosed with hepatitis C in Finland were more likely to lose custody of their children (Canfield et al., 2017).

Family structure was a notable theme. One review cited studies from two Nordic countries, showing that the increased risk of children of care alumni entering care was associated with single-parent households, highlighting the potential challenges faced by these families in accessing support and resources (Jäggi et al., 2022). One review cited studies from the Netherlands, indicating that parental divorce was a common characteristic among children in various care settings (Leloux-Opmeer et al., 2016). One review cited studies from the United States, showing that large family sizes were associated with a heightened risk of care re-entry (Jones & LaLiberte, 2017). Evidence from one study indicated that the risk of early childhood custody loss was highest among Australian substance using mothers who had high number of children (Canfield et al., 2017). Inadequate parenting skills and parental ambivalence about parenting were found to increase the likelihood of re-entry (Jones & LaLiberte, 2017).

The history of maltreatment emerged as a critical risk factor. One review reported studies from the US and Australia, showing that substance-using mothers with a history of childhood neglect, abuse, or trauma were more likely to lose custody of their children (Canfield et al., 2017). In another review, US-based studies showed that families involved with Child Protective Services (CPS) due to neglect faced a higher risk of children re-entering foster care (Jones & LaLiberte, 2017). One review cited US-based studies showing that the severity and frequency of maltreatment incidents were significant factors, with more severe and frequent incidents correlating with a higher risk of care re-entry (Jones & LaLiberte, 2017). A US-based study indicated that domestic violence among caregivers increased the risk of care re-entry (Jones & LaLiberte, 2017). One review cited studies from multiple high-income countries, indicating that child abuse—particularly physical, emotional, and sexual abuse—was a common characteristic among children in care (Leloux-Opmeer et al., 2016). One review emphasised the cumulative effect of multiple risk factors on care re-entry. Families with co-occurring challenges, such as low education, mental health problems, and substance abuse, exhibited higher rates of re-entry into care (Jones & LaLiberte, 2017).

3.2.2.3. Substance use patterns. Three reviews examined the influence of parental substance use on care entry (Canfield et al., 2017; Jäggi et al., 2022) and re-entry (Jones & LaLiberte, 2017). One review reported studies linking substance use during pregnancy, including heavy cocaine use, daily smoking, positive urine toxicology, alcohol consumption, and polysubstance use, to increased risk of infant care placement (Canfield et al., 2017). Studies on mothers in drug treatment associated injected drug use, cocaine/crack use, alcohol, heroin, overdose, and needle sharing with higher custody loss. (Canfield et al., 2017). However, evidence from a US-based study showed that a later onset of substance use, beginning at age 15 years or older, was associated with a lower risk for mothers who used crack-cocaine in retaining custody of their children (Canfield et al., 2017). One review cited a study indicating that a higher number of prior substance use treatments and younger age at first treatment increased the risk of custody loss (Canfield et al., 2017), while another cited a study in Sweden showing that care alumni's offspring were more likely to enter care due to higher prevalence of substance misuse problems (Jäggi et al., 2022). Jones & LaLiberte (2017) cited multiple US-based studies linking parental substance abuse to an increased risk of children re-entering care. However, it is unclear whether these studies referred to specific substances or substance abuse in general.

3.2.3. *Community level*

One review focusing on community environments cited a US-based study, which found that living in lower-quality neighbourhoods was associated with a higher risk of re-entry into care (Jones & LaLiberte, 2017). Such neighbourhoods were characterised by higher crime rates, limited safe play spaces, and poorly maintained homes. Two reviews focused on inadequate utilisation of support services and their impact on placement decisions (Canfield et al., 2017; Jones & LaLiberte, 2017). Poor engagement with prenatal and postnatal care was linked to custody loss in the one US study, while transfer of new born into an intensive care unit was associated with custody loss in Finland (Canfield et al., 2017). One review cited US-based studies, showing that insufficient social support for parents was associated with a higher risk of care re-entry (Jones & LaLiberte, 2017). Furthermore, a lack of treatment for substance use was shown in a study in the UK to increase the likelihood of losing custody among substance using mothers (Canfield et al., 2017).

3.2.4. *System level*

All identified systemic risk factors were from one review in relation to care re-entry (Jones & LaLiberte, 2017). The review cited studies showing that children with prior involvement in the child welfare system were more likely to re-enter care in the US and Canada. The review cited studies showing that shorter initial placements, particularly those lasting less than six months, were associated with a higher risk of care re-

entry in the US. Placement instability, where children experience multiple transitions within foster care, also emerged as a significant predictor of re-entry among studies in the US. Multiple studies showing that non-kinship placements were associated with a higher risk of care re-entry in the US. Additionally, two studies found that placement in congregate group care was linked to an increased risk of re-entry into care in the US.

3.3. Protective factors

Four of the included reviews provided information on protective factors for out-of-home care placement. Details on these factors are provided in Table A3 (see appendix).

3.3.1. Child level

Three reviews examined the role of child characteristics as protective factors in preventing care entry or re-entry, focusing on age, self-efficacy, and ethnicity (Canfield et al., 2017; Jones & LaLiberte, 2017; Peddireddy et al., 2022). One review cited US-based studies, showing that age was a factor in care re-entry, with elementary school-aged children (6–12 years) being at lower risk compared to younger children (5 and under) and adolescents (13–18 years) (Jones & LaLiberte, 2017). Ethnicity also emerged as a protective factor, with some studies showing that Hispanic children were less likely to re-enter care (Jones & LaLiberte, 2017). One review cited a review study identifying protective factors against care re-entry in the US, including the ability to cope with negative experiences, a strong sense of control, high self-efficacy (belief in one's ability to succeed), likability, a positive ethnic identity (a strong sense of belonging to one's ethnic group), and spirituality (a personal connection to something greater than oneself) (Jones & LaLiberte, 2017). Moreover, one study in Israel was cited to show that mothers of infants without neonatal withdrawal symptoms were less likely to lose custody (Canfield et al., 2017).

3.3.2. Family level

Three reviews explored family-related protective factors, including socioeconomic stability, and family cohesion (Canfield et al., 2017; Jäggi et al., 2022; Jones & LaLiberte, 2017). Families with higher socioeconomic status—specifically those with higher education, intellectual functioning, high income, and marital stability—were associated with substance-using mothers retaining custody of their children based on studies from Israel and the US (Canfield et al., 2017), as well as Sweden in the case of higher education (Jäggi et al., 2022). One review cited two US-based studies showing that changes within the family, such as a family member leaving or joining the immediate household to which the child was returning, served as protective factors against care re-entry (Jones & LaLiberte, 2017). Children from homes where English was not the primary language were found to have a reduced risk of re-entering care, according to a US-based study (Jones & LaLiberte, 2017). One review cited a US-based study showing that a later onset of substance use, beginning at age 15 or older, served as a protective factor for mothers who used crack-cocaine in retaining custody of their children (Canfield et al., 2017).

3.3.3. Community level

Two reviews identified community-level factors that acted as protective mechanisms for children at risk of entry (Canfield et al., 2017) and re-entry into care (Jones & LaLiberte, 2017). One review cited a US study and a UK study, showing that receipt of methadone maintenance treatment was a significant protective factor for mothers with substance use problems, helping them to retain custody of their children. (Canfield et al., 2017). Another review cited two US-based studies, showing that participation in special education services, as well as individual, family, or group therapy, contributed to a lower risk of care re-entry (Jones & LaLiberte, 2017).

3.3.4. System level

One review highlighted systemic conditions as protective against care re-entry (Jones & LaLiberte, 2017). Multiple US studies and one UK study were cited, showing that placement in kinship foster care was a consistent protective factor, with children placed with relatives being less likely to re-enter care compared to those in non-kinship settings (Jones & LaLiberte, 2017). A US study and a UK study were cited, showing that longer stays in foster care, regardless of placement type, were associated with lower re-entry rates (Jones & LaLiberte, 2017). Additionally, multiple US studies found that placement stability was a protective factor against care re-entry (Jones & LaLiberte, 2017). Three US studies were cited, highlighting the importance of external factors—including increased funding per child (average cost per child in out-of-home care), frequent parental visits, and involvement of an additional supervising agency—as protective factors supporting reunification (Jones & LaLiberte, 2017).

4. Discussion

4.1. Summary of evidence

The findings highlight the complex interplay of risk and protective factors influencing childhood care entry (see Fig. 2). Child-specific risks include health and behavioural challenges such as emotional difficulties, externalising behaviours, and mental health disorders. Although boys are over-represented in some care settings, the role of sex remains inconclusive. Vulnerability to re-entry varies by age, with infants, pre-teens, and teenagers at higher risk. Ethnic disparities contribute to the over-representation of certain groups in care and higher re-entry rates. Substance-exposed infants, particularly those with Neonatal Abstinence Syndrome, are at greater risk of care entry. Family-related risk factors include unstable housing, low educational attainment, unemployment, parental trauma, criminal justice involvement, psychiatric disorders, and substance use patterns. At the community level, factors such as poor neighbourhood conditions and limited access to social support increase risk, while strong social networks and access to quality education serve as protective factors. System-level factors, including kinship placements and placement stability, also influence care entry and re-entry. Protective factors include higher maternal education and income, family cohesion, and therapeutic interventions that support resilience and stability.

4.2. Implications for practice, policy and research

The findings of this review add to our understanding of the multifaceted nature of childhood care entry, reinforcing the need for a comprehensive approach to support at-risk children by mitigating harm and promoting health and wellbeing. The evidence highlights that interventions focusing exclusively on the children's social care system are insufficient in addressing the underlying factors for care entry. While this review of reviews does not assess the strength or causal impact of individual factors, the breadth of associated influences identified—including poverty, housing instability, limited access to healthcare, and community-level disadvantage—suggests that upstream, cross-sectoral responses may be necessary. Although much of mainstream practice in high-income countries has historically focused on parental behaviour (Featherstone, Gupta, Morris, & White, 2018), the patterns observed in this review point to the potential value of preventative and holistic approaches across public services.

As well as effective targeted family interventions, support services are required that address socio-economic challenges. Evidence suggests that economic support policies can reduce child abuse (Maguire-Jack et al., 2022). Investment in affordable housing and secure, long-term accommodation, particularly for vulnerable populations such as care alumni and substance-using mothers, could be important in preventing children from entering foster care. Educational and employment support

initiatives, especially for parents and care alumni, could also mitigate the risks of care entry. Given the association of care entry with the quality of neighbourhoods, urban planning and community development policies are also relevant. These need to emphasise safe, supportive environments for families, particularly in marginalised areas. Stabler et al. (2022) have noted the need for more evaluation of community- and policy-level interventions to prevent the need for care entry.

Cultural competence training programs could be important, given ethnic disparities in care entry. Support outside of child welfare services is also very relevant, e.g. education suitable for children with additional needs. Mental health and substance abuse interventions should be integrated into child welfare services, with a particular focus on maternal substance use patterns and the provision of consistent, evidence-based treatment programs to support family stability and reduce the risk of care entry or re-entry. Enhanced funding for child welfare services is also crucial, given the extent of the demand (Jay et al., 2018). The "Independent Review of Children's Social Care" for England (MacAlister, 2022), highlighted that financial investment directly affects service availability and quality.

The systemic factors highlighted in this study call for holistic policy reforms in child welfare systems. Policies that promote kinship placements and intensive family reunification processes can mitigate the adverse effects of care entry and support long-term family stability. Furthermore, cross-agency collaboration and coordinated care approaches are necessary to address the complex, multi-dimensional needs of children and families, as evidenced by findings from a *meta*-analysis showing that mothers who participated in integrated treatment programmes were significantly less likely to have their children removed from their care (Neo et al., 2021).

Despite growing interest in the structural determinants of care entry, the evidence base remains disproportionately focused on individual- and family-level risk factors. Protective factors at the community level are underrepresented in the literature. Additionally, there is limited comparative analysis across national contexts, even though care entry thresholds, legal frameworks, and social support systems vary considerably between countries. This makes it difficult to draw generalisable conclusions about which factors are most salient or modifiable in different settings. Addressing these gaps through cross-national, context-sensitive research that prioritises community-level influences is critical to informing effective interventions. Future research should delve deeper into understanding the nuanced interactions between the identified risk and protective factors. Longitudinal studies examining the long-term outcomes of children entering care due to various risk factors can provide insights into effective intervention points. Moreover, there is a need for studies focusing on the voices and experiences of children in care, to inform child-centred policies and practices.

4.3. Strengths and limitations of the study

The strengths of this study lie in its comprehensive and methodologically rigorous approach. The use of multiple academic databases and a broad search strategy minimises the risk of omitting relevant reviews. The inclusion of both quantitative, qualitative, and mixed-methods reviews enriches the analysis, offering a multifaceted understanding of the factors associated with childhood care entry. Additionally, public involvement throughout the process of the study added contextual relevance and helped ensure practical applicability. The iterative discussions with care-experienced young people and parents were invaluable in interpreting the findings, particularly in understanding the interconnectedness of factors at different levels of the ecological model.

However, several limitations should be acknowledged. A key limitation is that some factors may be context-specific, influenced by local policy, practice, or socio-political and economic conditions. Care entry thresholds vary widely across high-income countries, and aggregating factors into a single model risks creating a false picture, as not all factors apply equally to specific contexts like the UK. It is also not possible to weight the factors or their relevance to different settings. Additionally, some reviews included studies conducted 20–30 years ago, which may not reflect current practice. We also note gaps in the literature, such as the limited evidence on protective community-level factors and the scarcity of cross-national comparative studies—points which are further explored in Section 4.2. Importantly, we did not assess the quality of the included reviews or the studies within them, which limits our ability to comment on their robustness. A key challenge in the systematic review process is the lack of specificity in findings reported by reviews. For example, some broadly reference "mental health problems" without detailing specific psychiatric conditions (Jäggi et al., 2022). This lack of detail, compounded by primary studies using aggregated data, limits the ability to draw nuanced conclusions or identify targeted interventions in the review. Also, limitations in the public involvement such as the use of online sessions and the absence of male participants may have constrained the diversity of perspectives, highlighting the need for a more gender-balanced approach in future public involvement activities.

4.4. Conclusion

This review found evidence on the role of a range of influences on out-of-home care entry, including poverty, housing instability, parental substance use, and the overrepresentation of certain demographic groups. Additionally, the different levels of influences on re-entry into care highlight the need for targeted strategies to promote placement stability and long-term family reunification. Understanding how these factors interact in specific contexts will be crucial for designing effective, evidence-based policies and interventions to improve outcomes for children and families. Public involvement not only aligned this review with the lived experiences of vulnerable children and families but also strengthened the contextual relevance of the findings.

Funding

This study is funded by the NIHR Health and Social Care Delivery Research Programme (NIHR156826 - CARELINK Wales - Comprehensive Analysis of Risk factors and outcomes for vulnerable children through LINKed Welsh Data), UK. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care. Additional support is provided by the Economic and Social Research Council – Administrative Data Research UK (ESRC-ADR UK) through a PhD studentship.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

We would like to express our gratitude to The Centre for Population Health PPI group for their invaluable contributions during the grant development and submission process, which informed the PPI strategy for the project. We also extend our heartfelt thanks to CASCADE Voices, a partnership of the Children's Social Care Research and Development Centre (CASCADE) and Voices from Care Cymru, for facilitating access to care-experienced children, young people, and parents involved with child welfare during the planning and execution of this review of reviews. CASCADE receives infrastructure funding from Health and Care Research Wales.

Appendix

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Table A1
Search Strategy in EBSCOhost Databases (MEDLINE, Education Research Complete, APA PsycArticles, APA PsycInfo, CINAHL Ultimate).

Step	Query	Limiters/Expanders	Results
1	"foster care" OR "foster home" OR "foster family" OR "foster parent" OR "foster carer" OR "substitute family" OR "family foster home" OR "kin* care" OR "child* in care" OR "out#of#home care" OR "looked#after" OR "child* in need" OR "vulnerable child*" OR "social service*" OR "child welfare" OR "residential care" OR "group home*" OR "relative care" OR "guardian care" OR "care experience" OR "care leaver"	Limiters − Publication Date: 2013/01/01–2024/01/31	129,301
2	TI "foster care" OR "foster home" OR "foster family" OR "foster parent" OR "foster carer" OR "substitute family" OR "family foster home" OR "kin* care" OR "child* in care" OR "out#of#home care" OR "looked#after" OR "child* in need" OR "vulnerable child*" OR "social service*" OR "child welfare" OR "residential care" OR "group home*" OR "relative care" OR "guardian care" OR "care experience" OR "care leaver"	Limiters − Publication Date: 2013/01/01–2024/01/31	127,548
3	TI "foster care" OR "foster home" OR "foster family" OR "foster parent" OR "foster carer" OR "substitute family" OR "family foster home" OR "kin* care" OR "child* in care" OR "out#of#home care" OR "looked#after" OR "child* in need" OR "vulnerable child*" OR "social service*" OR "child welfare" OR "residential care" OR "group home*" OR "relative care" OR "guardian care" OR "care experience" OR "care leaver"	Limiters − Full Text; Peer Reviewed; Publication Date: 2013/01/01–2024/01/25 Narrow by Methodology: −metasynthesis −meta analysis −systematic review −literature review Narrow by Language: −English Narrow by Subject Major: −foster care −social support −foster home care −social services −family −residential care −child welfare	213

Table A2
Risk factors associated with childhood care entry and re-entry.

Themes/subthemes	Factor	Outcome: Care entry (✓) Care re-entry (✓✓)	Summary of review findings	Location and number of primary evidence	Review (s)
1. Child characteristics	Gender	✓	Some studies indicate that girls are more represented in foster care, while some report a higher percentage of boys.	US = 5, The Netherlands = 3, Belgium = 2, Norway = 1, UK = 1	(Leloux-Opmeer et al., 2016; Welch et al., 2015)
	Age [infants (aged ≤ 1 year), pre-teens (typically 10 to 12 years), and teenagers (typically 13 to 19 years) generally have vs. preschool children (3 to 5 years) and younger school-aged children (6 to 9 years)]	✓✓	Non-linear; higher rates among infants, pre-teens and teenagers.	UK = 2, US = 9	(Jones & LaLiberte, 2017)
	Health/behavioural difficulties	✓✓	Health problems, mental health disorders and externalising behaviours: increase likelihood of re-entry.	US = 9, Canada = 1, UK = 1	(Jones & LaLiberte, 2017)
		✓	Emotional problems: identified as risk factors. Externalising behaviours and attachment problems: defining characteristics of children who entered care.	US = 3, Spain = 1, UK = 1, Australia = 1, Belgium = 2	(Leloux-Opmeer et al., 2016)
	Educational problems	✓✓	Children's difficulties, including educational challenges, were associated with a higher likelihood of re-entry.	US = 4	(Jones & LaLiberte, 2017)
	Race/ethnicity	✓	African-American children: have higher risk of care entry.	US = 3	(Canfield et al., 2017; Welch et al., 2015)
		✓✓	African-American youths: face a higher risk of re-entry into care.	US = 5, Canada = 1	(Jones & LaLiberte, 2017)

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Table A2 (*continued*)

Themes/subthemes	Factor	Outcome: Care entry (✓) Care re-entry (✓✓)	Summary of review findings	Location and number of primary evidence	Review (s)
			In one study Aboriginal children in Quebec had increased risk of re-entry.		
	Cocaine, amphetamine and opioid-exposed infants	✓	Higher risk compared to those exposed to alcohol or marijuana.	US = 1	(Peddireddy et al., 2022)
	PSE infants with Neonatal Abstinence Syndrome (NAS)	✓	Higher risk compared to infants without NAS.	US = 1	(Peddireddy et al., 2022)
2. Family dynamics Parental socioeconomic adversities	Housing	✓	Housing insecurity (e.g., frequent and prolonged stays in emergency housing/ shelters) among low-income parents: associated with a higher risk.	US = 4	(Bai et al., 2020)
		✓	Homelessness and unstable housing among substance using mothers at delivery time: linked to infant care loss during early years.	US = 2, Australia = 2, Finland = 2, UK = 1	(Canfield et al., 2017)
	Low educational attainment	✓	Increased risk of child care loss among care alumni with low education levels.	Sweden = 2, Denmark = 1	(Jäggi et al., 2022)
		✓	Maternal low educational attainment: linked to infant care loss during the early years.	Finland = 1, US = 1, Australia = 1	(Canfield et al., 2017)
	Unemployment	✓	Unemployment at the time of delivery was linked to child care loss both in early and later childhood.	Finland = 2, US = 1	(Canfield et al., 2017)
		✓	Increases risk of children from unemployed care alumni entering care.	Denmark = 1, Sweden = 1	(Jäggi et al., 2022)
	Low socioeconomic status (SES) and parental poverty	✓	Socioeconomic disadvantages (e.g., low SES): associated with mothers losing custody of their children.	US = 1, Canada = 1	(Canfield et al., 2017)
		✓✓	Families experiencing poverty: consistently at greater risk of re-entry into foster care.	US = 4	(Jones & LaLiberte, 2017)
		✓	Increased risk of children from care alumni entering care was linked to poverty.	Denmark = 1, Sweden = 1	(Jäggi et al., 2022)
		✓	Receiving income support was associated with losing custody among mothers in substance use treatment.	Finland = 1	(Canfield et al., 2017)
		✓	Over 80 % of children in foster care were living in poverty, based on the proportion receiving Medicaid.	US = 2	(Leloux-Opmeer et al., 2016)
Parental psycho-social problems	Maternal history of child custody loss	✓	Mothers who used substances in pregnancy and previously lost custody faced a higher risk of subsequent child removal.	Finland = 1	(Canfield et al., 2017)
	History of OHC	✓	Mothers who used substances during pregnancy and lost custody were at higher risk of child removal if they had been in care during childhood.	Finland = 1, Australia = 1	(Canfield et al., 2017)
		✓	Children were more likely to enter care if both parents, rather than one, were care alumni; if a parent entered care in early childhood rather than adolescence; and if the mother, rather than the father, was a care alumnus.	Denmark = 1, Sweden = 1	(Jäggi et al., 2022)
	Involvement with criminal justice	✓	A history of incarceration and problems with the police, increased the risk of losing custody of children.	UK = 1, Australia = 1	(Canfield et al., 2017)
		✓✓	Parental criminal history was frequently linked with a higher likelihood of care re-entry.	US = 2	(Jones & LaLiberte, 2017)
		✓	The increased risk of children from care alumni entering care was attributed to criminal conviction.	Denmark = 1, Sweden = 1	(Jäggi et al., 2022)
	Involvement in prostitution	✓	Engagement in prostitution was linked to children being taken into care.	UK = 1	(Canfield et al., 2017)
	Psychological distress and mental disorders	✓	Mothers who used substances, including cocaine, experienced psychological distress (e.g., depression, neurotic disorders, low self-esteem, powerlessness), or were prescribed psychiatric medication were less likely to retain custody of their children, with custody loss linked to heightened psychoticism, anxiety, hostility, maladaptive coping (e.g., denial, substance use), and a lack of adaptive strategies like planning.	US = 1, UK = 1, Australia = 2, Sweden = 1	(Canfield et al., 2017; Jäggi et al., 2022)

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Table A2 (*continued*)

Themes/subthemes	Factor	Outcome: Care entry (✓) Care re-entry (✓✓)	Summary of review findings	Location and number of primary evidence	Review (s)
	Physical health challenges	✓	Children were more likely to be removed from their mothers' care if the mothers lacked health insurance or had a diagnosis of hepatitis C.	US = 1, Finland = 1	(Canfield et al., 2017)
	Household substance use	✓	Having another substance user living in the household of a substance using mother was associated with the loss of custody of children.	Finland = 1	(Canfield et al., 2017)
	Single parent household	✓	The increased risk of children from care alumni entering care was linked to single parent household.	Denmark = 1, Sweden = 1	(Jäggi et al., 2022)
		✓	The proportion of divorced parents is significantly higher in both foster and residential care. A study reported that 84 % of children in foster care came from divorced families. Similarly, studies indicated that the percentage of children from divorced parents in residential care ranged from 72 % to 80 %.	The Netherlands = 2	(Leloux-Opmeer et al., 2016)
	Large families with more siblings	✓✓	Larger families with more siblings were associated with a heightened risk of re-entry into care.	US = 3	(Jones & LaLiberte, 2017)
		✓	Mothers who used substances during pregnancy and had more children faced a higher risk of losing custody shortly after birth or in early childhood.	Australia = 1	(Canfield et al., 2017)
	Ambivalence about parenting and insufficient parenting skills	✓✓	Parental uncertainty about parenting, alongside inadequate parenting skills, are both associated with an increased risk of re-entry into care.	US = 6	(Jones & LaLiberte, 2017)
	Maternal younger age	✓	The elevated risk of children of care alumni entering care was attributed to giving birth at a younger age.	Denmark = 1, Sweden = 1	(Jäggi et al., 2022)
		✓	Two studies found that among mothers who used substances during pregnancy younger mothers were more likely to have their children removed.	Canada = 1, Australia = 1	(Canfield et al., 2017)
	Unplanned pregnancy	✓	Among mothers who used substances during pregnancy those who had unplanned pregnancies were at higher risk of losing custody of their infant shortly after birth or in early childhood.	Finland = 1	(Canfield et al., 2017)
	History of maltreatment	✓✓	Generally, families involved with child protective services due to neglect were at a higher risk of children re-entering foster care. Also, at least one instance of physical abuse heightened the risk of re-entry.	US = 5	(Jones & LaLiberte, 2017)
			A study found that experiencing even a single instance of physical abuse heightened the risk of re-entry.	US = 1	(Jones & LaLiberte, 2017)
			The number and severity of initial maltreatment incidents were found to correlate with a higher risk of re-entry in some studies.	US = 2	(Jones & LaLiberte, 2017)
			Domestic violence experienced by caregivers was associated with higher re-entry rates.	US = 1	(Jones & LaLiberte, 2017)
		✓	Substance using mothers who had experienced childhood neglect, abuse, or trauma were more likely to lose care of their children.	US = 1, Australia = 1	(Canfield et al., 2017)
		✓	Child abuse, particularly physical, emotional, and sexual abuse, was commonly	Spain = 1, US = 3, The Netherlands = 3, Australia = 1, UK = 1	(Leloux-Opmeer et al., 2016)

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Table A2 (*continued*)

Themes/subthemes	Factor	Outcome: Care entry (✓) Care re-entry (✓✓)	Summary of review findings	Location and number of primary evidence	Review (s)
			identified as a defining characteristic of children in care.		
	Multiple risk factors	✓✓	Children whose parents had multiple risk factors (e.g., low educational attainment, mental health issues, and substance abuse) at the time of case opening had higher rates of re-entry into care.	US = 2	(Jones & LaLiberte, 2017)
Substance use patterns	Parental substance use	✓	During pregnancy heavier cocaine use, daily smoking, positive urine toxicology results, daily alcohol consumption before and during pregnancy, and the use of four or more substances were linked to infants being placed in care. Among studies on mothers in drug treatment, two linked injected drug use to higher child custody loss. Two associated cocaine/crack use with custody loss, while another identified alcohol, heroin, and multiple drug use as predictors. Additional factors included early heroin use, overdose, and needle sharing. A study revealed that a higher number of prior substance use treatment episodes and a younger age at first treatment were linked to custody loss. A later onset of substance use, beginning at age 15 or older, was found to be a protective factor for mothers who used crack-cocaine in retaining care of their children.	US = 5, Finland = 2, France = 1, UK = 1, Australia = 1	(Canfield et al., 2017)
		✓	The elevated risk of care alumni's offspring entering care was attributed to a higher prevalence of substance misuse problems.	Sweden = 1	(Jäggi et al., 2022)
		✓✓	Parental substance abuse significantly increased the risk of children re-entering care.	US = 6	(Jones & LaLiberte, 2017)
3. Community environments	Poorly maintained homes, lack of safe community spaces, and high crime rates	✓✓	Living in poorer quality areas (i.e., higher crime rates, fewer safe play spaces, and poorly maintained homes) was associated with an increased risk of re-entry into care.	US = 1	(Jones & LaLiberte, 2017)
	Maternal care	✓	Poor engagement with both pre-natal and post-natal care were linked to the loss of custody, with inadequate participation in antenatal care being particularly associated with this outcome. Transfer of new-born into intensive care unit was associated with custody loss in Finland.	US = 1, Finland = 1	(Canfield et al., 2017)
	Inadequate social support of parents	✓✓	Insufficient social support for parents was consistently associated with a higher risk of children re-entering care.	US = 3	(Jones & LaLiberte, 2017)
	Lack of substance use treatment	✓	Mothers using substances who were not receiving treatment, assistance, or advice for their addiction faced an increased risk of losing custody of their children.	UK = 1	(Canfield et al., 2017)
4. Systemic conditions	Prior child protective services reports	✓✓	Previous involvement with the child welfare system heightened the risk of re-entry into foster care after reunification.	US = 2, Canada = 1	(Jones & LaLiberte, 2017)
	Length of stay in foster care.	✓✓	Increased re-entry rates into foster care were associated with shorter initial stays in care, with some studies noting stays of less than three months, while others included stays of between three to six months.	US = 10	(Jones & LaLiberte, 2017)
	Placement instability while in foster care	✓✓	Risk of re-entry was associated with the total number of placements a child experiences while in foster care.	US = 4	(Jones & LaLiberte, 2017)
	Unmet family needs at point of reunification	✓✓	Case closures that occurred before all issues had been resolved were identified as a risk factor for re-entry, often due to limited	US = 4	(Jones & LaLiberte, 2017)

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Table A2 (*continued*)

Themes/subthemes	Factor	Outcome: Care entry (✓) Care re-entry (✓✓)	Summary of review findings	Location and number of primary evidence	Review (s)
			access to services in rural areas and the use of contracted services.		
	Type of placement (Non-kin and congregate group placement)	✓✓	Many studies found that non-kinship placements were associated with a higher risk of re-entry into care. Two studies showed that placement in congregate group care is linked to an increased risk of re-entry into care.	US = 10	(Jones & LaLiberte, 2017)

Table A3
Protective factors associated with childhood care entry and re-entry.

Themes/ subthemes	Factor	Outcome: Care entry (✓) Care re-entry (✓✓)	Summary of review findings	Number and location of primary evidence	Review(s)
1. Child characteristics	Age: elementary school age children	✓✓	Children in elementary school (typically aged 6 to 12) are at a lower risk of re-entering the care system compared to younger children (typically aged 5 and under) or adolescents (typically aged 13 to 18).	US = 3	(Jones & LaLiberte, 2017)
	Ethnicity	✓✓	Some studies found that Hispanic children had a reduced risk of re-entering care.	US = 3	(Jones & LaLiberte, 2017)
	The ability to cope with negative experiences, a strong sense of control, high self-efficacy, likability, a positive ethnic identity, and spirituality.	✓✓	Protective factors included the ability to manage negative experiences, a sense of control, high self-efficacy, being likeable, having a positive ethnic identity, and spirituality.	US = 1 (review)	(Jones & LaLiberte, 2017)
	Absence of neonatal withdrawal symptoms	✓	One study found that mothers of newborns who showed no neonatal withdrawal symptoms were less likely to lose custody of their babies.	Israel = 1	(Canfield et al., 2017)
2. Family dynamics	High income	✓	Being less impoverished at the time of birth contributed to substance-using mothers retaining custody of their infants.	Israel = 1, US = 1	(Canfield et al., 2017)
	Being married	✓	Being married at the time of birth contributed to substance-using mothers retaining custody of their infants.	Israel = 1, US = 1	(Canfield et al., 2017)
	High education	✓	Better education and higher intellectual functioning at the time of birth contributed to substance-using mothers retaining custody of their infants.	Israel = 1, US = 1	(Canfield et al., 2017)
		✓	Care alumni parents who attained an upper secondary education significantly reduced the risk of their children entering care.	Sweden = 1	(Jäggi et al., 2022)
Other family characteristics	Changes within family	✓✓	Multiple studies found that changes in family circumstances, such as a family member leaving or joining the immediate family to which the child was returning, served as a protective factor.	US = 2	(Jones & LaLiberte, 2017)
	Home where English is not the primary language	✓✓	Children coming from homes where English was not the primary language were at reduced risk of re-entering care.	US = 1	(Jones & LaLiberte, 2017)
3. Community environments	Access to methadone maintenance	✓	Mothers receiving methadone maintenance treatment were more likely to retain care of their children.	UK = 1, US = 1	(Canfield et al., 2017)
	Access to special education and therapy	✓✓	Children who accessed special educational services or participated in individual, family, or group therapy were less likely to experience re-entry.	US = 2	(Jones & LaLiberte, 2017)
4. Systemic conditions	Kinship placement	✓✓	Most studies showed that placement in kinship foster care is a protective factor against re-entry into care.	US = 5, UK = 1	(Jones & LaLiberte, 2017)
	Longer stays in foster care and placement stability	✓✓	Some studies suggested that longer durations in foster care, regardless of the type of placement, were linked to lower rates of re-entry.	US = 1, UK = 1	(Jones & LaLiberte, 2017)
			Protective factors included longer placements and placement stability before exiting care.	US = 5	(Jones & LaLiberte, 2017)

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Table A3 (*continued*)

Themes/ subthemes	Factor	Outcome: Care entry (✓) Care re-entry (✓✓)	Summary of review findings	Number and location of primary evidence	Review(s)
	Increased funding per child, frequency of parental visits, and external agency supervision	✓✓	Additional protective factors that supported successful reunification included frequent parental visits, higher per-child funding, and the involvement of another agency overseeing the case.	US = 3	(Jones & LaLiberte, 2017)

Data availability

All data generated or analysed during this study are included in this paper and its supplementary material. All included reviews are published in the public domain.

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